During the year under review there was a widespread prevalence of influenza. It was of a mild type and the mortality was small. 178 cases of Pneumonia, including those of influenza origin, with 71 deaths were notified. Other conditions reported during the year are as follows, namely, Tuberculosis, 62 cases with 38 deaths ; 1 case of Gonorrhœal ophthalmia ; 1 of Beriberi ; 3 of Dysentery ; and 1 fatal case of puerperal fever and 2 fatal cases of tetanus.

There was a small outbreak of chickenpox at Keetmanshoop towards the end of the year.

Remarks on the Prevalence of certain Diseases.

(i) *Acute Polyomyelitis* has not been met with either during the German regime or since the occupation by the Union Forces.

(ii) *Anthrax* is not infrequently met with amongst natives owing to the practice of eating the meat of animals dying from disease. The native, however, appears to have acquired a considerable degree of immunity against Anthrax as it is remarkable what a small percentage of those who eat infected meat subsequently contract the disease. The lesions in the majority of cases remain localised and circumscribed and, as the disease is well known to the natives, are either cauterised or excised. In 1879, known as " Ojondimba " or " the year of the Anthraxpox " there was an extensive outbreak among the Herero and many natives died.

Since 1917 only four cases have been dealt with locally and all recovered. Two fatal cases among the natives were reported from Gobabis in 1921 and during the past year nine cases, without any deaths, were reported from the Okambahe Reserve.

(iii) *Beri-Beri.*—Localised outbreaks are stated to have occurred during the Herero war, but the disease is seldom met with nowadays.

(iv) *Black Water Fever* is of infrequent occurrence. Isolated cases occur from time to time in the districts of Otjiwarongo, Outjo, Grootfontein and Gobabis. During the year 1921 there were six cases with three deaths in the Grootfontein district, but none have been met with since.

(v) *Cholera.*—There is no record of the occurrence of this disease in South West Africa.

(vi) *Diphtheria* is endemic, but has never been very prevalent. Serious outbreaks are rare. Of seventeen cases notified during 1921, the diagnosis was doubtful in two, while twelve cases with two deaths occurred in connection with a small school outbreak at Omaruru, the disease only having been recognised after the sudden death of a pupil who had not received medical attention. During the year 1922 three cases were notified and there were no deaths.

(vii) *Dysentery.*—The bacillary form of dysentery was widely prevalent during the German regime and usually occurred in early summer and towards the end of the rainy season. During the Herero and Hottentot wars the disease took a considerable toll among the troops and prisoners of war, and among infants and young children. Since 1916 there has been a steady decrease in its prevalence and during the last year or two only a few sporadic cases have been met with.

(viii) *Enteric Fever.*—According to Missionary Irle (" Die Herero ") typhoid fever was unknown prior to the year 1898. During the Herero war the disease became widely disseminated throughout the country and was accompanied by a considerable mortality. Subsequently annual epidemic outbreaks occurred in the urban areas generally towards the end of the rainy season. Owing to the general insanitary conditions, infection was usually spread by flies. During recent years, there have been no serious outbreaks. During the year 1921 thirteen cases were notified, namely, two from Windhoek, and eleven from Kolmanskop, in the Luderitz district. There were no deaths. Fourteen sporadic cases with three deaths were notified during the year under review.

(ix) *Framboesia.*—The existence of this disease among the Hottentots in the south was established from specimens sent to the Institut fuer Schiffs und Tropen Hygiene in Hamburg. It is of uncommon occurrence.

(x) *Epidemic Cerebrospinal Meningitis.*—Only two cases have been met with. Both occurred in Ovambo labourers in 1917 and ran a very acute and rapidly fatal course.

(xi) *Influenza.*—An extensive epidemic, affecting a large percentage of both European and native communities, occurred in July and August, 1907. The disease was of a mild character among Europeans, but caused a considerable mortality among the natives. Between the years 1907 and 1918 there was a certain prevalence generally during the winter and this seasonal incidence is believed to have been the cause of the frequency of respiratory disease among the natives during this period.

During the pandemic of 1918, infection was introduced from the Union in the month of October and the disease spread over the whole Territory with alarming rapidity. All sections of the population were affected and in some localities the mortality was very high. With the exception of an epidemic of a mild type among the natives of Ovamboland, the year 1919 was free from Influenza. A widespread prevalence also of a mild character and mainly affecting the native population occurred in October and November, 1920. In July, 1921, there was a further extensive recrudescence, attended by a very considerable mortality among natives in some localities, while in 1922 the disease was prevalent towards the end of the year.

The total number of deaths from Influenza from the 7th October, 1918, to the 31st December, 1922, is as follows :—

	European.	Native.
1918	416	2,338
1919	—	—
1920	—	28
1921	21	307
1922	3	30

(xii) *Leprosy.*—The existence of Leprosy in South West Africa was first discovered when a native from Barotseland sought advice at the Windhoek Native Hospital on the 26th January, 1918. He had been suffering from the disease since shortly after his arrival in this country about ten years previously. On the 27th June, 1918, another patient, a Hottentot male, who had been treated for Syphilis for years, was admitted with Leprosy to the same hospital and died from nephritis three weeks later. He was a native of this country and had lived in the Gibeon and Keetmanshoop districts all his life. At about the same time a case of which the particulars are not available was reported from Outjo. This patient also died before his removal to an institution could be effected.

Steps are being taken to investigate the prevalence of the disease among the natives inhabiting the banks of the Okavango River among whom it is said to exist.

Lepers are removed to institutions in the Union as soon as they are certified.

(xiii) *Madura Foot.*—Only four cases of this disease have been recorded, namely, two in 1910 and two in 1918. In each instance the patient was a Hottentot.

(xiv) *Malaria* is endemic over the greater portion of South West Africa. It is more prevalent in the north and east than in the south-west. In the south it is common along the banks of the Fish River, and is also met with along the Auob and Nosob Rivers. A few sporadic cases have also been reported from isolated farms having storage dams in close proximity to the homestead in the Keetmanshoop district. In the west the disease is met with only after seasons with an exceptionally heavy rainfall and then only along the Kuiseb River and in the Swakop and other river valleys. One primary infection was recorded in Walvis Bay in May, 1921, in a patient who had not previously suffered from malaria, and had not been out of the place for nine months.

While the disease is common in the north and north-east, a special prevalence is met with only in years with an abnormally heavy rainfall, usually at intervals of five or six years. The District Surgeon at Grootfontein in a report on the subject, writes :—

> " The Malaria may better be called seasonal, lasting from February to May inclusive (that is, towards the end of and immediately after the rainy season) and during these months small epidemic outbreaks may appear in schools, etc., where numerous persons live together without sufficient protection. There are no areas as far as I know where it is epidemic, although cases of relapse may occur throughout the year. There are two prevailing types, namely, the Irregular Remittent and the Simple Tertian. In my experience the Irregular Remittent is the more frequently met with. The Simple Tertian is not so common as the Remittent and closely resembles typical benign Tertian."

Under favourable conditions the disease is often attended by a considerable mortality among natives. In the years 1909 and 1917 large numbers of Bushmen died from Malaria along the north-eastern and eastern borders of this Territory.

There would appear to have been an epidemic prevalence of the disease in the years 1847 and 1892, known as " Ojotjindjumba " or " year of the Malaria " by the Herero. According to Missionary Irle, there was a similar prevalence in 1874, when " all the inhabitants were down with it."

(xv) *Malta Fever.*—The existence of this disease in South West Africa was first established by the Institut fuer Schiffs und Tropen Hygiene in Hamburg, in October, 1908, in a patient who had contracted it in the Windhoek District. Though it is more prevalent in the small stock-farming districts of the south than in the north, sporadic

cases have since been reported from all the districts of the interior, including Ovamboland. The largest number of cases recorded during any one year is 15. In 1921 four were notified all from the Grootfontein district, and in 1922 one case from Tsumeb and one from Keetmanshoop.

(xvi) *Measles* is said to have existed among the native population prior to the German occupation but there is no record of any serious epidemic. Localised outbreaks occurred from time to time during the German regime. In 1918 a widespread epidemic of mild type prevailed among the natives and since then sporadic cases have occurred in various localities.

(xvii) *Pellagra* ; and

(xviii) *Plague*, are unknown in South West Africa.

(xix) *Relapsing Fever*.—During the last year two cases were reported from Tsumeb.

(xx) *Scarlet Fever* is stated never to have been prevalent among the natives in this country, nor do the natives appear to have been affected to any extent by any of the local outbreaks, including an extensive epidemic among school children in Windhoek, in 1918 and 1919. Seven sporadic cases were notified during each of the years 1921 and 1922.

(xxi) *Scurvy*.—During the Herero war scurvy frequently occurred among the troops and prisoners of war and was responsible for over fifty per cent. of the high mortality among the latter. Some idea of its ravages among the prisoners of war may be obtained from the fact that of 2,000 Witbooi prisoners who were placed on Shark Island in September, 1906, 840 had died from scurvy within a period of four months. The disease was still prevalent when this country was occupied by the Union, but owing to the general improvement in the condition of the natives and the steps taken by the Chamber of Mines and other large employers of labour at the instance of the Administration it is of infrequent occurrence now.

(xxii) *Sleeping Sickness* is unknown. The Tsetse fly is not found in this territory.

(xxiii) *Smallpox*.—It is stated that smallpox was unknown to the Herero until the year 1864, known as " Ojojtikoroha " or " Year of the Pox " among the Herero, when it was introduced into Hereroland by the Nama. Large numbers of Herero and Nama died from the disease. There is no record of any other epidemic outbreaks in this country prior to the German occupation. In 1897 and 1898 there was an epidemic prevalence with a considerable mortality among the Hereros and Damaras in the north-western portion of Damaraland and in the Kaokoveld.

" Amaas " or " Kaffirpox " is said to be endemic among the Hottentots in the south, but up to the present only Chickenpox has been identified among them.

2861 Europeans and 18,600 natives were vaccinated during the years 1921 and 1922. In 1921 vaccination was carried out at Windhoek and in the southern districts but, owing to the attitude of the natives, the programme for 1922 was abandoned after only a few districts had been vaccinated.

(xxiv) *Tuberculosis*.—Tuberculosis was unknown to the natives of South West Africa, with the exception of the Hottentots, up to the beginning of the present century, but a rapid and widespread dissemination took place during and subsequent to the Herero War. It is met with mainly among natives living under the artificial conditions obtaining in the urban locations and is not prevalent among those resident on farms and reserves in the rural areas. The population of Ovamboland, and of the Okavango and Kalahari regions, is practically free from it. All the local tribes, especially the Ovambo and Bushmen when removed from their natural surroundings, are very susceptible to pulmonary affections and a considerable proportion of those who have suffered from Bronchitis, Pneumonia, etc., subsequently succumb to Tuberculosis.

Pulmonary tuberculosis is the form usually met with. Abdominal joint and other lesions are comparatively rare. The disease runs a very rapid and acute course and treatment is of very little, if any, avail. As the vast majority of natives suffering from acute respiratory and other diseases are treated in the various native hospitals, it has been possible not only to minimise to some extent the risk of infection of such patients by ensuring a complete restoration of health before discharge from hospital but also to prevent to a considerable degree the spread the infection by consumptive persons. On the other hand the Luderitzbucht Chamber of Mines is devoting special attention to the feeding, clothing, etc., of the native labourers employed on the Diamond Mines and is systematically carrying out prophylactic inoculation with Lister's pneumococcal vaccine.

Coincident with the improvement in the general health conditions of the native population during recent years there has been a steady diminution in the incidence of tuberculosis among them.

There is no marked prevalence of the disease among Europeans. Abdominal tuberculosis affecting infants and young children is very rare.

(xxv) *Typhus Fever.*—There is no record of the occurrence of Typhus Fever in this territory.

(xxvi) *Venereal Disease.*—Syphilis is met with among all native races of this territory with the exception of the Bushmen. While it has been in existence for a long period among the Hottentots it was unknown to the Herero and other races in the north, until comparatively recent times. It is more prevalent in the urban locations than in the rural areas. Two factors contributed largely to the rapid and extensive dissemination of the disease since the German occupation, namely, the Herero War and the compulsory periodical examination of natives for Venereal disease. The native naturally did not like these examinations and tried every means of evading them with the result that there was not only a constant migration of infected persons from the urban to the rural areas but also a greater inclination to rely entirely upon the native method of treatment. Among the Herero and other Bantu races the majority of cases coming under treatment are suffering from either primary or secondary syphilis while among the Hottentots the tertiary and congenital forms are principally met with.

Accurate statistics as to the prevalence of the disease are not available, but as the majority of affected persons in the most populous areas are dealt with by the various native hospitals the figures in the Annexures* may be taken as fairly accurate, especially in view of the fact that since the systematic intravenous and intramuscular use of arsenical and other preparations natives have come forward much more readily for treatment. The Administration provides free treatment by District Surgeons for cases among the poor of all races, and in addition facilities for free treatment and maintenance of native patients exist in connection with all the state owned native hospitals. At Grootfontein a compound for dealing with venereal disease among the natives was established in 1921. On the Okavango remedies are distributed through the Missions and the Medical Orderly stationed at Kuring Kuru, while in Ovamboland the Medical Officer attached to the Finnish Mission at Onipa has been appointed District Surgeon and supplied with necessary drugs for the treatment of malaria and venereal disease.

The filling of the vacant District Surgeoncies during the year under review has served to provide further facilities for dealing with the disease in rural areas.

All patients with contagious lesions are detained in hospital and subjected to a systematic course of treatment. In urban areas they are discharged after complete disappearance of the lesions and made to report at weekly intervals until a full course of treatment has been given, while patients from the country districts are discharged only after having undergone such a course.

With one or two exceptions all the District Surgeons' reports for the year 1922 show that syphilis is not becoming more prevalent and in the case of Keetmanshoop, Windhoek and Grootfontein a definite decrease in its prevalence is reported.

(xxvii) *Diseases due to Intestinal and other Parasites.*—Cetode infections are common and in man confined to Taenia Saginata which has a very wide distribution in South West Africa. Taenia Solium is rarely met with. Only one case of Hydatid disease has been recorded up to the present.

Bilharziosis is not common. Of the few recorded cases in only one could infection be traced to this territory.

Elephantiasis is not common and only two cases have come under observation. In each case the patient was a Herero. Parasitic skin affections are seldom seen.

Registration of Medical Practitioners, Dentists and Chemists and Druggists.

The following registrations have been affected under Proclamation No. 3 of 1920 :—

Medical Practitioners	31
Dentists	6
Chemists and Druggists	8

Medical Practitioners.—Of the thirty-one who have registered eighteen hold German, 12 British and 1 Finnish Certificates. Of the 18 holding German Certificates one is undergoing a term of imprisonment, six have left the country and eleven are engaged in practice, while of those holding British Certificates only six are still in practice. There are medical practitioners at the following places : Luderitz 1 ; Keetmanshoop 1, Gibeon 1, Windhoek 1, Karibib 1, Swakopmund 2, Amaruru 1, Otjiwarongo 1, Tsumeb 1, Grootfontein 1, Gobabis 1, Warmbad 1, Ovamboland 1.

Among the Dentists there are none with British Certificates. One has died, one left the country and the remainder are distributed as follows : Luderitz 1, Swakopmund 2, Windhoek 1.

* Not printed.

Chemists and Druggists.—Of the eight registered Pharmacists all hold German Certificates, with the exception of one. They are distributed as follows: Windhoek 2, Swakopmund 1, Luderitz 2, Keetmanshoop 1, while the remainder are not carrying on business.

Mentally Disordered and Defective Persons.

There are no institutions for the reception of mentally disordered or defective persons, but Act No. 38 of 1916 of the Union Parliament makes provision for the removal of mental patients as soon as they are certified to institutions in the Union.

Native patients who are not a danger to themselves or to others are handed over to the care and control of their relatives. The number of patients removed to institutions in the Union is as follows :—

	1920.	1921.	1922.
European	1	2	2
Natives	0	1	1

Vital Statistics.—There is no law in the territory making the registration of births and deaths compulsory and the information available does not render it possible to give any statistics in this respect, which could be of any practical use.

The law in the Union is now being consolidated and, as soon as it has received the assent of Parliament, will be made operative in this territory. I anticipate that from the 1st July next compulsory registration will be effective here as well as in the Union.

I append statistics* dealing with diseases.

* Not printed.

	Price. s.	d.
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