



BASUTOLAND

ANNUAL MEDICAL
AND PUBLIC HEALTH
REPORT

*For the Year ending
31st December 1945*

BASUTOLAND

Annual Medical and Public Health Report 1945

SECTION I—ADMINISTRATION

(A) Staff as on 31st December 1945

European

- Director of Medical Services for High Commission Territories
Deputy Director of Medical Services
Medical Superintendent, Leper Settlement
- 10 Medical Officers
1 District Surgeon
1 Temporary Medical Officer
1 Senior Matron, Maseru
5 Matrons (1 Leper Settlement, 4 District Hospitals)
- 12 Nursing Sisters (1 Leper Settlement, 11 District Hospitals)
- 1 Housekeeper
1 Senior Clerk
2 Lady Clerks and Typists
1 Head Nurse, Discharged Soldiers' Hospital
1 Senior Sanitary Inspector (second not yet replaced)
1 Clerk, 1 Compound Manager, 1 Farm Bailiff, 1 Artisan (all Leper Settlement)
1 Supervisor, Mental Centre, Mohale's Hoek

African

- 1 Interpreter, Leper Settlement
- 24 Dispensers
8 Leprosy Inspectors
9 Certificated Nurses
2 Ambulance Drivers
- 59 Probationer Nurses and Ward Attendants
8 Attendants, Mental Centre, Mohale's Hoek
- 95 Other Native Staff, Guards at Leper Settlement, Gardeners,

Sanitation and Public Health Employees, etc. (Not included
Casual Staff, Mental Centre)

Distribution of European Medical and Nursing Staff

as on 31st December 1945

Maseru

- Sir Walter Johnson, C.M.G., M.B., F.R.C.S., Director of Medical
Services for High Commission Territories
K. H. Dyke, M.B., Ch.B. (Glas.), Deputy Director of Medical
Services
A. E. Young, M.R.C.S., L.R.C.P., L.D.S., Medical Officer
R. Jacobson, M.B., Ch.B. (W.W. Rand), Medical Officer
B. D. Whitworth, B.A., M.B., B.Chir. (Cantab.), M.R.C.S.,
L.R.C.P. (London). (Seconded from Leper Settlement)
J. D. Strachan, M.B., Ch.B. (Cape Town). Relieving Medical Officer
(six months)
Miss E. Edwards, Senior Matron, and 5 European Sisters
J. A. Wilson, M.S.R., B.P.A. (Eng.), Head Nurse, Discharged
Soldiers' Hospital

Leper Settlement, Botšabelo

- R. Nixon, O.B.E., M.B., Ch.B. (Liverpool), D.T.M., H., D.P.H.
Medical Superintendent
Mrs. C. van Rhyn, Matron, and 1 European Sister

Leribe

- C. H. de la Harpe, M.B., Ch.B. (Edin.), Medical Officer
Miss L. Meredith, Matron, and 1 European Sister
E. J. Dyke, M.B., Ch.B. (Glas.), District Surgeon (Sub-district,
Butha-Buthe)

Berea

- J. A. Gill, M.B., B.A.O. (Belf.), Medical Officer

Mafeteng

- D. H. R. Vollet, M.B., Ch.B. (Cape Town), Medical Officer
Miss C. Wegelin, Matron, and 1 European Sister

Mohale's Hoek

E. T. Hodgkinson, B.Sc., M.B., Ch.B. (W.W. Rand), Medical Officer
Miss A. M. Pigott, M.B.E., succeeded by Miss I. P. Bower, Matron,
and 1 European Sister

Quthing

R. C. Germond, M.D. (Lausanne), M.R.C.S., L.R.C.P., Medical
Officer, and 2 Certificated African Nurses

Qacha's Nek

R. C. Ogg, M.B. Ch.B., (Edin.), Medical Officer
Miss G. Evans, succeeded by Miss B. Harris, A.R.R.C., Matron,
and 1 Certificated African Nurse

Mokhotlong (Sub-district)

H. H. Cooper, M.B., Ch.B. (W.W. Rand), Temporary Medical
Officer (six months) and 1 Certificated African Nurse

Dr. H. W. Dyke, C.B.E., ex-D.M.S., has been performing the duties
of Pensions Medical Officer during the year.

In the New Year Honours the following members of the African
staff were awarded the British Empire Medal: Trained African
Nurse Adele Monyake, Senior Nurse in charge of the Quthing
Hospital; and Dispenser David Nyathe, Head Dispenser at the
Maseru Dispensary.

Training of Africans as future Medical Officers

The Basutoland Government is paying for the training of four
Africans, who are studying medicine at the Witwatersrand Univer-
sity. The Education Department has been responsible for the pay-
ment of fees for these men previously, but this has now been taken
over by the Medical Department.

It is hoped that one man will qualify at the end of 1946 and that
he will be able to assume duties in the Service during 1947.

Appointments and Changes of the European Staff

Dr. H. H. Cooper was appointed Temporary Medical Officer in
January 1945, and, after relieving in the lowlands for six months,

replaced Dr. J. D. Strachan at Mokhotlong till December.

Miss E. Edwards, who was the Matron at Qacha's Nek for three years was transferred to Maseru as Senior Matron on 1st April 1945, in place of Miss G. Evans, the temporary Matron, who was sent to Qacha's Nek.

Miss A. M. Pigott who was Matron at Mohale's Hoek retired on pension after 21 years' service. In the New Year Honours His Majesty conferred on her the honour to be a Member of the Most Excellent Order of the British Empire (Civil Division).

Miss B. Harris, A.R.R.C., who had been Matron at Mafeteng from 1936 to 1944 and retired on pension on account of ill health, after which she lived in England, returned to the Service in December and assumed the Matronship of Qacha's Nek Hospital.

Miss I. P. Bower was promoted to Matron and was placed at Mohale's Hoek. She resigned at the end of December to get married to Dr. D. H. Vollet.

The following Sisters were appointed to the Service during the year: Miss W. M. Ridley, Miss C. R. Head, Miss T. C. Stewart, Miss E. Paine, Miss H. M. Marais, Miss M. R. Skinner, and Miss M. Palmer. The following resigned during the year: Miss M. Thomson, Miss C. M. Groenewald, Miss W. M. Ridley, Miss A. M. Pigott, Miss E. Blaas, Miss G. Evans, Mrs. M. Heering, and Miss I. P. Bower.

Miss C. S. Dyke was appointed Lady Clerk and Typist in place of Mrs. R. McKissack.

Mr. W. Drew was appointed First Grade Clerk to the Medical Department. This is a new appointment.

(B) List of Ordinances affecting the Medical Department during the year 1945

(a) High Commissioner's Notice 215, reference to the appointment of Dr. K. H. Dyke as Deputy Director of Medical Services, Basutoland.

(b) High Commissioner's Notice 129, appointment of Dr. B. D. Whitworth to the fixed establishment.

(c) Proclamation No. 21 of 1945 amending the Basutoland Medical, Dental and Pharmacy Proclamation. Allows for registration of doctors in Basutoland whose qualifications are accepted for the Medical Registration in Great Britain.

(d) Proclamation 147 of 1945. Basutoland Nurses and Midwives Nursing Council.

(e) High Commissioner's Notice No. 82, amendment of High Commissioner's Notice No. 156/42: "No. permit necessary for sales of glycerine for medicinal purposes."

(C) Financial

Revenue—1944/45

Hospital, Dispensary and other Fees £6,051 7 8

Expenditure—1944/45

Medical Department, Leper Settlement and Sanitation

Personal Emoluments, Medical	£28,243	3	0
Personal Emoluments, Leper Settlement	£8,412	5	11
Other Charges, Medical	£27,205	5	10
Other Charges, Leper Settlement	£18,348	10	11
Sanitation	£3,566	6	9

Total £85,775 12 9

SECTION II—PUBLIC HEALTH

(A) General Remarks

The population shown by the Census of 1936 was: Europeans 1,434, Natives 660,546, Coloured (other than Bantu) 1,604 distributed thus:—

District	Europeans	Bantu	Coloured (other than Bantu)
Leribe including Butha Buthe Sub-district	204	132,245	522
Berea	94	55,522	119
Maseru	583	108,237	331
Mafeteng	189	70,864	248
Mohale's Hoek	150	65,309	233
Quthing	106	44,552	70
Qacha's Nek including Mokhotlong Sub-district	108	82,544	81
Absentees	1,434	559,273	1,604
	—	101,273	—
TOTAL	1,434	660,546	1,604

There are no records from which Vital Statistics can be compiled. Registration of births, deaths, and marriages exists for Europeans living in the country but not for any section of the Native popula-

tion. Therefore, in forming an estimate of the health of the Natives living in the Territory, one has to be guided by the records of diseases of the patients attending the out-patient departments, or of those admitted to the Government Hospitals.

(B) Communicable and General Diseases

As has been stated in previous reports, Basutoland is fortunate in its freedom from tropical diseases such as Malaria, Dengue, Tropical Ulcer and Hook Worm. This is mainly due to its temperate climate with sharp frosts throughout the four Winter months—May to August—which create conditions that are not favourable to the propagation of Tropical Diseases and their vectors.

COMMUNICABLE DISEASES

Influenza. 1,835 cases were reported from the dispensaries. Most of these were of a mild nature with few complications.

Typhus Fever. 103 cases were reported by the Medical Officers of which 34 were admitted to hospital with 10 deaths. The majority of these were from the Qacha's Nek and Quthing districts. All of them occurred in mountainous areas to which access is difficult. It is likely that there were more cases than the number reported. Prophylactic inoculation with Alum-Precipitated Anti-Typhus vaccine was carried out and the spread in each case was soon checked.

A supply of D.D.T. powder has recently been obtained but no outbreaks have occurred since its arrival. Disinfestation with the Serbian Barrel has been carried out till now.

Typhoid and Paratyphoid Fever. 310 cases were reported of which 168 were treated in hospital with 28 deaths. This shows a decrease of 79 cases as compared with 1944. This is accounted for by the fact that there was very little rain during the year. Most of the cases occurred at the end of the year after there had been some rain.

Plague. An outbreak of Bubonic plague was reported from the Mafeteng district in a village on the Caledon River where there was an outbreak in 1936. Four deaths had occurred before the Medical Officer had been notified. Four other cases occurred with no deaths. The whole village was inoculated with Live Avirulent Anti-plague vaccine and no further cases developed. All the houses were fumigated with Cyanogas and rodents in the area were poisoned.

The rodent population has greatly diminished throughout the

territory but a great deal of baiting is carried out with Strychnine-poisoned wheat which is prepared by the Medical Department and distributed to the natives in specially marked containers.

Small Pox. 277 cases were reported by Medical Officers of which 19 were treated in hospital. This does not reveal the true picture of the incidence of the disease as many outbreaks were reported by Chiefs, Headmen and Leprosy Inspectors.

As recorded during the last two years the majority of these cases were of a mild nature and the death rate small. Most of the outbreaks occurred in the Centre and South of Basutoland and vaccination of affected areas was carried out by engaging temporary vaccinators. 80,000 vaccinations were given. All the labour recruits going into the Union were vaccinated.

Diphtheria. 40 cases were notified during the year, 39 of which were treated in the Quthing hospital, with 2 deaths and 1 case at Mafeteng. The source of infection could not be traced. The number of cases is higher than for many years past. It is actually seldom that it occurs in epidemic form in Basutoland.

Whooping-Cough. 1,778 cases were reported most of which were of a mild nature.

Leprosy. The report of the Superintendent of the Leper Settlement will be found as Appendix B to this report. It shows that the number of patients at the institution has decreased from 678 on 31 December 1944 to 675 on 31 December 1945. The number of deserters was 8 as compared with 21 in 1944.

The population of the Settlement has remained fairly constant between 650 and 700 for the last 10 years. The smaller number of desertions is proof of the general contentment in the Settlement. This is attributable to the general lack of restriction, the fact that the lepers have their own Headmen's Court which is supervised by a representative of the Paramount Chief, occupational therapy consisting of various crafts, general and hen farming, sports (the most popular of which is football), Girl Guides and Cinematograph entertainments.

There is always a large number of patients, over 100, who are no longer infectious but who cannot be discharged as they are so maimed that they cannot work or support themselves, and have no relatives who could look after them. The problem of what can be done for these derelicts has not been solved.

It has not been possible to carry out any leprosy survey by a Medical Officer since 1937 but there are 8 African Leprosy in-

spectors touring the country constantly inspecting villages for possible Lepers.

Tuberculosis. 670 cases of Pulmonary tuberculosis were reported from the various dispensaries of which 82 were treated in hospital with 13 deaths. The total percentage of deaths is 3.49 for all forms of tuberculosis.

The incidence of the disease has risen by 37.4% during the ten year period 1935 to 1945 but the ratio of all forms of tuberculosis to the number of outpatients has dropped from 1.18% to .97%.

In addition to the above 51 cases of pulmonary tuberculosis were admitted to the Discharged Soldiers' Hospital, of which there were 4 deaths, and 17 other types (no deaths). These were men who had been evacuated from the Middle East and treated in hospitals in the Union till they were discharged from the Army.

Syphilis. Syphilis continues to be one of the major problems of the Territory. The yearly attendances at the Government dispensaries have not varied much, as will be seen from the following table, for the last fifteen years at five-yearly intervals.

Year	Number of Cases of Syphilis attending Government Dispensaries					Ratio of Syphilis Cases to total Out-patients
	Primary Stage	Secondary Stage	Tertiary Stage	Hereditary	Total	
1930	450	3,002	1,736	520	5,708	13.5%
1935	315	3,126	1,091	1,050	5,841	12.2%
1940	322	4,326	1,568	1,212	7,438	9.6%
1945	352	3,937	2,085	1,354	7,788	8.2%

In addition to the above numbers 3,365 cases have been treated in Mission hospitals and dispensaries.

Propaganda has been carried out by means of pamphlets and lectures to all patients by the Medical Officers. All syphilitics are treated free in both Government and Mission Dispensaries. The Government makes a free issue of drugs, of Arsenicals and Bismuth injections to the latter.

As mentioned in previous reports, it is still true that in many instances, once the visible lesions have disappeared, the patients do not continue to attend for treatment.

The total number of injections given in both Government and

Mission dispensaries was 36,803 (7,620 given by Mission Hospitals) compared with 17,145 in 1940. This suggests strongly that propaganda is having an effect and that the Basuto are appreciating the beneficial effects of this type of treatment. The majority of the injections both of Arsenicals and Bismuth preparations are given intra-muscularly.

Gonorrhoea. 1,946 cases of Gonorrhoea and its complications were treated to which many cases of other complications such as Salpingitis (84) could be added.

Free treatment, including the issue of Sulpha drugs, is given in Government and Mission dispensaries. A survey of the number of blind people in the Territory is being made and the results will be interesting to find out what proportion is attributable to the effects of Gonorrhoeal infection of the eyes. My opinion is that the number will be found to be surprisingly small.

General and Other Diseases. As has been mentioned in previous years, badly balanced diets contribute to many prevalent ailments from which the Basuto suffer, among those dyspepsia (12,560) and constipation (8,741) which are attributable to errors of diet.

Pellagra and Deficiency Diseases. 1,909 cases of pellagra and 205 cases of other deficiency diseases were reported during the year. The greater number of cases of pellagra is seen in the lowlands where White Maize Meal is the staple diet. In the mountain area where Wheat Meal is used more frequently, the incidence of pellagra is much smaller.

In spite of constant advice from the Medical and Agricultural Departments to use Yellow Maize Meal, the Basuto persist in the use of White Meal, the finest mill ground being preferred. At the present time on account of the shortage of White Maize most of the mill ground Meal is a mixture of Yellow and White Maize. This has been enforced by legislation. It will be interesting to note if there will be any diminution in the prevalence of the disease as the result of this. The Agricultural Department is encouraging the cultivation and use of Soya beans with varied success. A very large number of village vegetable gardens are in existence and many of these produce good crops. It is interesting to note that in many instances the Basuto are unwilling to sell their vegetables unless they have a surplus. This was not the case a few years ago when most of them grew these as a cash crop. The traders report that an increasing amount of vegetable seeds is bought by the natives.

Investigations are being made for the purchase of Food Yeast

and experiments in its use will be carried out. This substance would seem to contain the necessary Vitamin B complex, which may help to solve the problem of this lack in the Native diet, provided that it can be sold commercially and made popular.

Deficiency diseases in children are usually due to lack of protein which they should normally get in milk. The problem of milk production in sufficient quantities under present Agricultural conditions seems to be impossible to solve. If sufficient quantities of powdered milk were put on the market at a reasonable price there would be a very ready sale to the natives.

The production of Hydrolysed Protein made from any meat, whether from beef or whale, would seem to be a solution to many of our problems of protein deficiency. As soon as this is obtainable it will be used therapeutically in the first instance with hopes of commercializing it in the future.

Propaganda on food and diet is carried on through the Agricultural Department, whose officers and inspectors are constantly touring their various districts, by the Medical Department in dispensaries, by lectures during teachers' post graduate meetings and through a native women's club called the "Home Makers" which is having an increasing effect throughout the country.

SECTION III—SANITATION AND HYGIENE

Water Supplies. The supply of water in government Stations or Camps, as they are usually called, leaves much to be desired. The population of these, both European and Native, has been increasing and during the dry months of the year the problem of supply becomes acute, when water can be turned on for a few hours per day for domestic uses only.

In Maseru the installation of water borne sewerage must be visualized in the not too distant future as with the large number of houses being built and the expansion of government institutions the present system of night soil buckets will have to be stopped. It is extremely difficult to get a contractor to take on the work and his labour has largely got to be imported as very few Basuto will handle night soil. The present contractor is finding it increasingly difficult to fulfil the terms of his contract. It must be admitted that the installation of a water borne sewerage, with the scattered layout of the town, will be a most costly and formidable undertaking. Plans and an application for funds have been submitted by the

Public Works Department for the increased supply of water storage both in Maseru and the Camps.

Village Water Supplies. The construction of village springs is carried out by the Senior Sanitation Inspector. This consists of finding the eye of the spring and building a cement chamber round it, then leading the water by piping to a concrete container of 60 gallon capacity from which the water is drawn by bucket. The labour is performed by the inhabitants of the village. There are constant applications from headmen for help in the constructing of these springs. Several applications have been received from villages for advice and help in leading water by piping to a site nearer the villages for the purpose of watering vegetable gardens. The villages collect the money for the piping, which is obtained from the nearest trader at an agreed price and the work of laying the line is supervised by the inspector. This is an innovation that is being encouraged.

During the severe drought that existed in 1945, only a few of the springs protected by this department dried out although many of them were only producing a mere trickle of water, which, without protection, would most likely not have come to the surface. The number of new springs protected during the year was 40 bringing the total of these to 967 throughout the Territory.

Diets. The severe drought that existed in 1945 has reduced the production of food to a most serious extent and the problem of obtaining supplies of all types of food in 1946 is going to be a formidable one with the present general shortage of all cereals. Reference has been made to diets under the heading of pellagra and deficiency diseases (vide supra).

SECTION IV—HOSPITALS AND DISPENSARIES

Hospitals

Government Hospitals

The addition to the temporary hospital at Mokhotlong was completed during the year to accommodate 12 beds. Though this cannot be said to be satisfactory, it is a great improvement on the small hut hospital which comprised the old building. The addition of a small operating theatre has added to the convenience of the work which had to be performed in a small ward previously.

It is regrettable that on account of lack of money it has not been

possible to build a new hospital in Maseru, as the old one is most inadequate for present requirements. It was built in 1904, has been added to many times, and is in poor repair. It is a most inconvenient institution to run.

The construction of a much needed hospital at Teyateyaneng as well as extensions to several hospitals have had to be postponed for the same reason as stated above.

One ward of the Discharged Soldiers' Hospital has been used as an overflow from the Maseru hospital mainly for cases not needing constant and expert nursing.

The following table shows the distribution of beds now available at Government hospitals and the numbers treated in 1945.

District	Beds		Number of In-Patients	
	Native	European	1944	1945
Maseru	66	6	1,936	1,599
Leribe	50	2	1,017	954
Mafeteng	44	2	1,288	1,184
Mohale's Hoek	22	2	469	440
Qacha's Nek	32	1	450	431
Quthing	26	—	742	725
Teyateyaneng	6	—	55	63
Mokhotlong	12	—	316	249
Discharged Soldiers' Hospital, Maseru	63	—	60	100
TOTAL	321	13	6,333	5 475

There were 326 deaths, giving a mortality ratio of 5.67%.

The Maternity Ward (14 beds) at Maseru admitted 322 patients compared with 440 in 1944. The decrease in the figure is due to the fact that previously all maternity cases were admitted, and conditions were becoming progressively chaotic when half the cases in the ward were lying on the floor. In 1944 the ruling was made that only cases of a first labour and cases likely to have a difficult labour or complications could be admitted.

It is regretted that until a larger ward can be built and the staff increased this practice must continue.

The Sister in charge of the Maternity ward conducts an Antenatal clinic twice a week, and a child welfare clinic is conducted as well.

Only two probationer midwives can be accommodated at present, and therefore no district nursing can be undertaken although there

are frequent requests from women in the Maseru location for such service. It is hoped that in 1947, when four probationers, who are undergoing their general training, will be taken on as pupil-midwives, it will be possible to undertake this service.

Mission Hospitals

The following table shows the accommodation available and the numbers of patients admitted during 1945.

Hospital	Beds	No. of In-Patients	
		1944	1945
Roma Hospital	40	531	551
Scott Hospital, Morija	28	440	561
Paray Hospital, Ntaote's	18	367	388
TOTAL	86	1,338	1,500

Since April 1935 the Government has paid a subsidy to each Mission hospital, based on the number of beds, trained European Nurses, trained African Nurses, African Probationers in training, cost of drugs, and doctor's salary. A total sum of £947 was paid in subsidies in 1945. The Paray hospital is paid £200 per annum over and above the subsidy, for services rendered by the doctor by doing medico-legal work and attending to Government servants in that area, which is two days' ride from the nearest Government Medical Officer. The Scott Hospital is also paid £50 per annum or services rendered to Government servants living at Morija.

The work performed by the Mission hospitals is fully appreciated, special mention being made of the work done by Dr. Hardegger at Paray Mission, which is situated in the centre of the mountains, where she has to contend with difficulties of transport, climate, and isolation.

Operations

During the year under review 3,488 operations were performed at Government hospitals, of which 565 were majors compared with 2,213 (704 majors) in 1935.

The following table shows the number performed in each hospital:—

Hospitals	Major	Others	Total
Maseru	235	860	1,095
Mafeteng	73	472	545
Leribe	180	467	647
Mohale's Hoek	15	474	489
Quthing	10	314	324
Qacha's Nek	36	130	166
Mokhotlong	11	176	187
Teyateyaneng	5	30	35
TOTAL	565	2,923	3,488

Government Dispensaries

The total number of attendances and injections for Syphilis in the Government dispensaries in 1945 was 187,357 as shown in the following table.

District	New Attendances	Subsequent Attendances	Injections for Syphilis	Total
Maseru	26,721 (a)	10,493 (b)	10,101	47,315
Mafeteng	18,854	7,410	3,150	29,414
Leribe	17,845	6,449	5,924	30,218
Mohale's Hoek	10,908	4,526	2,181	17,615
Quthing	9,067	2,062	1,138	12,267
Qacha's Nek	8,503	5,332	1,611	15,446
Mokhotlong	5,636	2,810	1,947	10,393
Teyateyaneng	16,774	3,101	3,131	23,006
Butha Buthe				1,683
TOTAL	114,308	42,183	29,183	187,357
1935	45,454	21,862	550	67,316
1940	77,048	39,364	13,423	131,030

(a) Includes 901 first attendances at the Ante-natal clinic.

(b) Includes 1,414 subsequent attendances at the Ante-natal clinic.

These figures show an increase of New Attendances and Subsequent Attendances of 151% and 93% respectively above those for 1935 and 49.6% and 7.2% respectively over 1940.

Medical Mission Dispensaries

Mission	First Attendants	Subsequent Attendants	Injections for Syphilis	Total
Roma Mission	7,104	9,991	3,313	20,408
Scott Hospital, Moriya	9,222	3,675	3,688	16,567
Paray Mission, Ntaote's	5,331	2,706	1,050	9,087
Total	21,657	16,354	8,051	46,062
1940	16,441	8,657	3,722	28,820

The above figures prove that the Basuto show an increasing appreciation of medical services rendered to them and that there is a very pressing need for the expansion of accommodation and new centres with extra staff.

In spite of this appreciation one must have no illusions that many Basuto have no faith in their witch doctors and their magic power. The influence of the witch doctor is still very strong and will take a very long time to eradicate.

Venereal Clinics

Reference has been made in a previous section in this report to the treatment of Gonorrhoea and Syphilis carried out by the Government in its dispensaries and through Mission hospital dispensaries. Patients attend twice a week for injection of Anti-Syphilitic drugs and a total of 36,803 injections were given in 1945.

Ante-Natal Clinic in Maseru

Reference has been made in a previous section of this report, under hospitals, to the work carried out at the Maternity Block where 901 new cases were seen and 1,414 subsequently attended. The need for many more clinics throughout the territory is appreciated but with the present staff, who are already overworked, and the lack of suitable accommodation it is quite impossible to do more than we are doing.

SECTION V—PRISONS AND ASYLUMS

Prisons

The daily average of prisoners throughout the Territory in 1945 was 421.28 (men 384.27, women 23.20, juveniles 13.88). 50 prisoners were admitted to hospital, with 4 deaths. There were 13 judicial deaths by hanging. Prisons are inspected by Medical Officers regularly once a week.

Asylums

Owing to the congestion of patients in the Asylums in the Union no lunatics have been admitted from Basutoland for several years. 36 lunatics, admitted some years ago, are still in Union Asylums, and the Basutoland Government contributes 2*s.* 6*d.* per day towards their maintenance.

The Mental Centre at Mohale's Hoek which was originally built to house 35 patients was added to, and an extra 15 can now be accommodated.

The total number treated in the centre during the year was 62. There were 21 new admissions, 12 releases, and 4 deaths. The accommodation and treatment cannot be said to be ideal. The construction of the centre was carried out to tide us over the period till we can get lunatics admitted to Union Institutions.

* * *

In conclusion I wish to place on record my appreciation of all the work performed by Medical Officers, Matrons, Sisters, Medical Superintendent, Botsabelo, Clerical, Sanitation Staff, African Nurses, Dispensers, and all other members of the Medical Department for their loyalty and co-operation in the performance of their work, which has been heavy.

K. H. DYKE,
Director of Medical Services

APPENDIX A

TABLE SHOWING THE MAIN CAUSES OF MORBIDITY AMONG
IN-PATIENTS AND OUT-PATIENTS AT GOVERNMENT
HOSPITALS AND DISPENSARIES IN 1945

Diseases	In-Patients		Out-Patients
	Total Cases treated	Deaths	First Attendances Total Number
1. Epidemic, Endemic, and Infectious Diseases			
Enteric Group	200	28	310
Typhus and Tick Typhus	34	10	103
Malaria	1	—	—
Smallpox	20	1	287
Measles	2	—	637
Scarlet Fever	—	—	1
Whooping-cough	5	4	1778
Diphtheria	40	2	40
Influenza	142	1	1835
Mumps	1	—	180
Epidemic Diarrhoea	11	2	207
Dysentery	21	—	50
Leprosy	—	—	92
Erysipelas	2	—	8
Acute Poliomyelitis	4	—	12
Epidemic Cerebro-spinal Fever	5	2	3
Other Epidemic Diseases	3	—	456
Tetanus	2	—	1
Tuberculosis, Pulmonary and Laryngeal	147	20	670
Other forms of Tuberculosis	96	13	446
Syphilis			
(a) Primary	4	—	252
(b) Secondary	8	—	3937
(c) Tertiary	19	—	2085
(d) Hereditary	1	1	1354
(e) Period not indicated	—	—	60
Soft Chancre	6	—	111
Gonorrhoea	44	1	1955
Other Infectious Diseases	9	1	2
2. General Diseases			
Cancer and other Malignant Tumours	43	7	77
Tumours, Non-Malignant	105	—	243
Acute Rheumatism	24	1	1182
Chronic Rheumatism	34	—	3857
Scurvy (including Barlow's Disease)	16	5	205
Pellagra	58	5	1909
Diabetes (not including Insipidus)	3	—	4
Other General Diseases	47	1	1232
3. Affections of the Nervous System and Organs of the Senses			
Diseases (Organic and Functional) of the Brain, Spinal Cord, and Nerves	85	12	1851
Affections of the Organs of Vision and Hearing	137	1	4820

Diseases	In-Patients		Out-Patients
	Total Cases treated	Deaths	First Attendances Total Number
4. <i>Affections of the Circulatory System</i>			
Diseases of the Heart	144	37	1027
Diseases of the Arteries and Veins	29	2	312
Diseases of the Lymphatic System	24	—	638
Other affections of the Circulatory System	4	—	117
5. <i>Affections of the Respiratory System</i>			
Diseases of the Nasal Passages	15	—	2893
Laryngitis	3	—	481
Bronchitis	17	1	8132
Pneumonia and Broncho-Pneumonia	203	25	448
Other affections of the Lungs	37	3	711
6. <i>Diseases of the Digestive System</i>			
Diseases of Teeth or Gums	42	1	3917
Affections of the Pharynx or Tonsils	172	1	3468
Other affections of the Stomach	81	1	14288
Diarrhoea and Enteritis (under two years)	32	7	2457
Diarrhoea and Enteritis (two years and over)	30	2	2568
Intestinal Parasites	19	—	930
Appendicitis	38	1	83
Hernia	10	—	124
Affections of the Intestines, Constipation	111	1	8836
Affections of the Liver	37	9	129
Other affections of the Digestive System	17	8	20
7. <i>Diseases of the Genito-urinary System</i>			
(Non-Venereal)			
Affections of the Kidneys	60	10	387
Affections of the Male Genital Organs			
Affections of the Bladder and Urethra	75	6	1379
(Non-Venereal)	104	1	276
Affections of the Female Genital Organs :			
Salpingitis	84	2	873
Other affections of Female Genital Organs	265	4	6591
8. <i>Puerperal State</i>			
Normal Labour	310	1	9
Other affections of Puerperal State	425	14	2557
9. <i>Affections of the Skin and Cellular Tissues</i>			
Boils, Cellulitis, Abscesses, etc.	137	9	3776
Other diseases of the Skin	40	—	5221
10. <i>Diseases of Bones and Organs of Locomotion</i>			
(<i>other than Tuberculous</i>)	164	1	1546
11. <i>Malformations</i>	54	—	85
12. <i>Diseases of Infancy</i>	28	10	472
13. <i>Affections of Old Age</i>	4	2	241
14. <i>Affections produced by External Causes</i>			
Burns	146	22	424
Wounds (by cutting or stabbing instruments)	298	5	941
Sprain	69	—	409
Fracture	501	12	661
Other External Injuries	576	6	2671
15. <i>Ill-defined Diseases</i>	95	4	1057
Total	5965 ¹	326	113407 ²

¹ Includes 220 remaining in hospital at the end of 1944.

² This figure does not include 901 first attendances at the anti-natal clinic.

APPENDIX B

BOTSABELO LEPER SETTLEMENT

Annual Report 1945

State during Last Three Years

Year	No. of Patients on 1 January	In	Out	Remaining
1943	659	129	120	668
1944	668	170	151	687
1945	687	110	122	675

Details are given below.

Health of Patients

The health of the patients has been satisfactory. There have been 70 deaths as compared with 66 in 1944, and 56 in 1943.

The following are the causes of death :

Cause	Males	Females	Total
Acute Leprosy	13	9	22
Senility	7	11	18
Pulmonary Tuberculosis	5	6	11
Laryngeal Obstruction	2	3	5
Septicaemia	2	2	4
Chronic Nephritis	1	1	2
Bronchitis	1	0	1
Ascites	0	1	1
Carcinoma of Cervix	0	1	1
Enteritis	0	1	1
Unknown or died on leave	2	2	4
	33	37	70

Additions to Population during 1945

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Admissions	38	44	82
Recurrences	11	9	20
Re-admitted Deserters	7	1	8
	<hr/> 56	<hr/> 54	<hr/> 110

6 of the admissions (5 males and 1 female) were transfers from Pretoria Institution.

The number of admissions from Basutoland is thus 76 as compared with 71 in 1944, and 62 in 1943.

Recurrences are 20 as compared with 25 last year, and re-admitted deserters 6, as compared with 16.

Losses in Population during 1945

	Males	Females	Total
Deaths	33	37	70
Desertions	6	2	8
Discharges	23	21	44
	<hr/>	<hr/>	<hr/>
	62	60	122

The comparable figures for the last three years are :

	1945	1944	1943
Deaths	70	66	56
Desertions	8	21	17
Discharges	44	64	47
	<hr/>	<hr/>	<hr/>
	122	151	120

The number of deserters is the lowest yet recorded.

Origin of Patients Admitted

<i>District</i>	<i>Admissions</i>	<i>Percentage</i>
Maseru	17	22.4
Quthing	13	17.1
Leribe	12	15.8
Mafeteng	8	10.5
Berea	8	10.5
Qacha's Nek	7	9.2
Butha Buthe	5	6.6
Mohales' Hoek	4	5.3
Mokhotlong	2	2.6
	<hr/>	<hr/>
	76	100
Transfers	6	
Total	82	

Duration of Disease before Admission

<i>Duration</i>	<i>Admissions</i>	<i>Percentage</i>
1—12 months	41	53.9
12—24 months	28	36.9
Over 2 Years	5	6.6
Unknown	2	2.6
	76	100

Six Transfers from Pretoria omitted.

Classification on Admission

<i>Classification</i>	<i>Admissions</i>	<i>Percentage</i>
N1	39	51.3
N2	15	19.8
N3	3	3.9
L1	11	14.5
L2	8	10.5
L3	0	0
	76	100

Neural Cases 57(75%)

Lepromatous Cases 19 (25%)

The figures approximate closely to those of last year but N1 cases (mild neurals) show an increase at the expense of N2 cases (Moderate neurals).

Average Age on Admission

The average age on admission was 33.5 years compared with 33.3 in 1944 and 39.4 in 1943.

Proportion of Children to Total Admissions

There were 12 admissions of children under 16 (14.6% of the total) as compared with 9 in 1944.

Infected Children in the Settlement

The number of children under 16 in the Settlement at the end of 1945 was 45.

Treatment

Outpatient attendances numbered 4,305 as compared with 3,754 in 1944 and 2,699 in 1943.

There were 408 admissions to hospital (169 males and 239 females) as compared with 405 in 1944.

Three major amputations were performed.

Anti-Leprotic Treatment

(a) Intra-dermal Treatment	1945	1944	1943
Total Attendance	7618	7629	7009
Number of Injection Days	125	134	138
Average Daily Attendance	61	57	51
(b) Intra-muscular Treatment			
	1945	1944	1943
Total Attendance	1229	1175	1265
Number of Injection Days	44	48	46
Average Daily Attendance	28	24	28
Total Attendances	8847	8804	8274

R. NIXON,
Superintendent

Laboratory Report, 1945**Smears**

During the year 755 smears were examined for the presence of *Microbacterium leprae*, with the following results :

Skin smears positive	24
Skin smears negative	75
Nasal smears positive	12
Nasal smears negative	644

New Cases on admission gave the following results :

Skin smears positive	20
Skin smears negative	67
Nasal smears positive	9
Nasal smears negative	97

i.e. Total bacteriologically positive 29

i.e. Total bacteriologically positive 164

Thus the percentage of cases positive on admission was 15.0

Blood Sedimentation Rates

Total cases testee gave the following rates :—

	0—19	20—39	40 and over
Male	53	14	8
Female	35	21	10
Total	88	35	18

New cases on admission gave :—

	0—19	20—39	40 and over
Males	23	10	8
Females	17	14	5
	40	24	13

R. NIXON,
Superintendent

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