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REPORT

ON

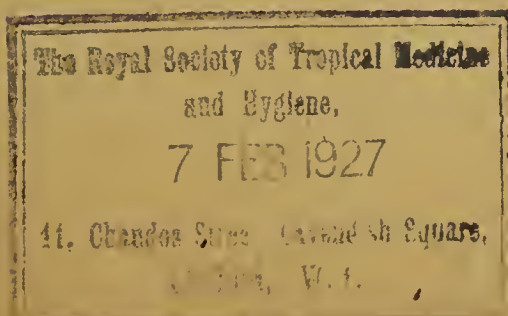
MEDICAL & HEALTH WORK

IN

THE SUDAN

FOR THE YEAR

1925.



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**SUDAN MEDICAL SERVICE
REPORT ON MEDICAL AND HEALTH WORK
IN THE SUDAN FOR THE YEAR 1925.**

The general health of the Sudan during the year has been satisfactory. The incidence of disease is dealt with under epidemic and communicable diseases.

GENERAL PROGRESS.

The completion of the Sennar Dam marks the successful conclusion of a sanitary as well as an engineering achievement. The difficult problem of keeping as many as 10,000 Egyptian labourers healthy and fit to work in a highly malarious area was successfully carried out. The further problem of rendering and keeping the canalised area malaria-free throughout the whole year remains to be solved. It should be possible in the course of the next two years, *i.e.*, when the water holding properties of the canals have been improved and certain low-lying areas in which water accumulates have been drained, to keep the canalised area mosquito free during the dry weather, but the abolition of malaria during the rainy season will be dependent on a progressive and carefully thought out drainage scheme carried out over a series of years; in the meanwhile as much as possible will have to be done by popularising the use of the mosquito net, by providing immediate treatment, and by the issue of quinine on a generous scale. During the rainy season the roads of the canalised area are almost impassable; this condition of affairs will improve with time, but at present it renders sanitary inspection and anti-mosquito work very difficult during

PROGRESS IN THE TREATMENT OF ENDEMIC DISEASES.

Considerable progress has been made with the treatment of bilharziasis, yaws and syphilis, and some progress with that of ankylostomiasis (hook worm disease), trachoma (Egyptian ophthalmia), yaws and kala-azar.

BILHARZIASIS.

Dongola.—A rough survey made last winter showed that, out of a total of 4,338 males examined, 6.9 per cent. were found to be infected with bilharzia. The percentage rate in all school children taken in 1921 was 20 per cent. Those examined were largely male children so that these percentages are higher than would be given by a complete examination of the whole population.

Up to the present it has only been possible to detail a Medical Inspector to Dongola Province for two months of the winter season. From January next year, however, it is hoped to be able to keep one in the Province throughout the year. It should then be possible to get this disease under control as

In the course of the coming year we are opening seven new dispensaries and we are starting anti-bilharzial work in four new areas, *viz.*, Southern Kordofan, the White Nile Province, Berber Province and Nuba Mountains Province (Dilling District). Subordinate staff has to be provided for this work and to enable increased staff to be sent to Dongola and Central Kordofan.

In addition to this we have to provide well-trained hospital attendants to accompany the Irrigation parties working in the Sudd area, and native sanitary overseers to work on the irrigated areas and in the towns. In 1927 we must be prepared to face still further development.

PROGRESS IN HOSPITAL WORK.

That there has been rapid progress in hospital work is evidenced by the following figures contrasting the work in 1919-1920 with 1924-1925:—

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It is probable that the number of bacillary cases is still understated owing to the failure to recognise such cases at some of the smaller and more isolated hospitals.

Year.	Disease.					Total.
1916	Amoebic	}	...	...	...	197
	Bacillary					
1917	Amoebic	}	...	...	...	220
	Bacillary					

SUDAN MEDICAL SERVICE STAFF—(Continued).

APPOINTMENT.								Establishment.
Clerical Staff.								
Superintendent	...	...	...	...	...	...	...	1
Clerks, British..	...	...	...	...	...	...	...	1
Translators (Grade VI)	..	...	...	...	...	...	...	4

All the 229 new cases were diagnosed by actually finding the Trypanosome and not merely clinically.

PROVINCE.	New cases.	EXAMINATIONS		Injections of Atoxyl.
		by palpation.	by Gland puncture.	
Mongalla :—				
Yei	—	128,049	86	781
Kajo-Kaji	10	94,252	569	2,487
Nimule	9	90,625	263	334
Ikotos	—			

TABLE I.

Shows number of out-patients during 1925.

	Total.	%	Free.	%	On Payment.	%
Government Employees ...	161,173	34.2	155,123	38.6	6,050	8.93
School Children	52,103	11.1	52,001	12.9	102	0.01
Prisoners	35,243	7.5	35,243	7.5	—	—
All others	222,178	47.2	160,401	39.8	61,777	91.06
Grand Total	470,697	100	402,768	100	67,929	100

TABLE II.

Shows periods spent by classified officials on the sick
list or on sick leave.

Nationality.	Total No. of days spent on sick list or on sick leave.
British	2,552
Other Europeans	340
Syrians and Egyptians	3,315
Sudanese	2,848
Total	9,055

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TABLE III.

Registration of births and deaths by Provinces, 1925.

PROVINCE.	BIRTHS.		STILL BIRTHS		DEATHS.	
	Europeans.		Europeans.		Europeans.	
	M.	F.	M.	F.	M.	F.
	Natives.		Natives.			

TABLE IV.

Shows the death rate per 1,000 births—Children under one year of age.

Province.								Births registered.	Deaths under one year.	Rate per 1,000.
Khartoum	...	...	...	...	...	...	...	3,429	212	61.8
Halfa	...	...	...	...	...	...	...	1,353	111	82.0
Red Sea	...	...	...	...	...	...	...	297	5	

TABLE V.

Shows the admissions and deaths by disease.

Disease.	TOTAL.							
	Europeans.				Natives.			
	Male.		Female.		Male.		Female.	
	A.	D.	A.	D				

TABLE VI.

Shows births, deaths by ages and still births, 1925.

NATIONALITY.	Births.		Deaths by ages.						Total deaths.		Total still births.	
	Male.	Female.	Under 1	1-5	5-10	10-20	20-40	40-60	Over 60	Male		

TABLE VII.

Vaccinations performed during the year 1925.

PROVINCE.	Primary.			Re-vaccination.			Total.		
	Success.	Failed.	Unknown.	Success.	Failed.	Unknown.	Success.	Failed.	Unknown.
Khartoum	1,538	236	1,538	260	104	76	1,798	340	1,614
Halfa ...	765	71	2,857	—	—	—	765	71	2,857

TABLE XIII.

Statement of estimated expenditure during the year 1925 and Budgetary estimates for 1926.

Item.							1925. Actual Expenses £E.	1926. Budget Estimates £E.
Personnel :—								
1. HEADQUARTERS :—								
(a) Classified ...	...	...	...	...				

