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WESTERN REGION OF NIGERIA

Annual Report of the
Department of Medical Services
Western Region of Nigeria
for the year 1955

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ANNUAL REPORT

of the

Department of Medical Services Western Region of Nigeria

1st January, 1957-31st December, 1957

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LIVERPOOL
SCHOOL OF
TROPICAL
MEDICINE

FOREWORD

By

THE HONOURABLE J. O. ADIGUN
Minister of Health and Social Welfare

The year was noteworthy for the marked progress in the construction of divisional hospitals at Ikeja, Epe, Okitipupa, Iddo Ekiti, Ilaro, Auchi and Kwale. A combined hospital at Owo and the Rural Health Centre at Ughelli have been opened. The Government is subsidising the construction of twenty-six new Local Government maternity centres.

The Western Region Local Government Law, has come into effect and the new local councils have been charged with responsibility for various functions concerning Public Health including the control of infectious diseases. The Department realises the necessity of proper training facilities for the Local Government sanitary staff and dispensary attendants. The training scheme for them will be started soon.

The mass treatment of yaws in the Afenmai and Ishan Divisions has been completed. As the subsequent surveys have shown, the incidence of yaws in these divisions has been brought down from around 30 per cent to 1 per cent. The population of Asaba Division is now being treated. The Department hopes that Local Government bodies will assist in the yaws eradication scheme by taking over the control of the disease after the initial treatment has been completed.

It is great pleasure to me to present this Annual Report for it shows that the year 1955 has been one of considerable achievement on the part of the Medical Department of this Region.

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Mission Maternity Centres

Province	No. of Maternity Centres	New Cases	Deliveries	Total Attendances
Benin	13	40,528	3,392	104,652
Abeokuta	1	3,644	1,493	40,103
Delta	9	3,983	1,687	43,657
Ondo	6	39,311	1,515	90,836
Ijebu	—	—	—	—
Oyo	23	103,957	2,534	103,453
Colony	—	—	—	—
TOTAL	52	191,423	10,620	382,701

VIII.—MENTAL HEALTH

157. Progress in building Aro Hospital for Nervous and Mental Diseases continues and while some parts, which include the treatment section, occupational therapy centre and the administrative centre, are ready for use, delay in the installation of electricity holds up the opening of the wards for in-patients.

158. The planning of all the various departments of this hospital shows considerable architectural skill on the part of the architect who designed it. It is being equipped to treat nervous and mental disease by the most modern methods.

159. The hospital is nicely situated in beautiful grounds of about a mile square. Its unique feature is its community development. All the members of the staff are resident, and there is a programme to accommodate the essential labourers and other artisan employees in a proposed village community centre also in the hospital grounds.

160. In order to make a preliminary study of the neuro-psychiatric problems with which the hospital may have to deal in the future and to enable the staff to discover the best avenue of approach in the interests of the patient, the "Psychiatric Day Hospital" was started in October 1954. At the Day Hospital patients are boarded out in the neighbouring villages and come in every day for treatment, spend the rest of the day in the department of occupational therapy and only return to the village late in the afternoon. Thus a patient is able to maintain contact with his social background and the process of rehabilitation after recovery or improvement becomes more easily facilitated.

161. The present senior staff consists of a Psychiatrist, one Chief Nursing Superintendent, two Tutors, one Occupational Therapist and one Nursing Superintendent. The system of accommodation and care of mentally ill persons is still amorphous and plans will be made to co-ordinate the asylums in the Western Region and administer them under the heading of "Mental Health". A great deal of time has been spent on selecting and ordering hospital equipment and by the time the hospital is due to open most of the essential equipment should have arrived.

162. There are three Government Asylums in the Western Region with a total capacity of 100 patients. All the inmates are certified and, about a third are "criminal" patients referred from Magistrate Courts. The largest of these asylums is Lantoro Institution situated at Abeokuta.

163. At Aro, the present clinical facilities consist of electrical treatment (E.C.T., Electro-narcosis, subconvulsive stimulation), insulin therapy (modified and coma), abreactive techniques, and various psychotherapeutic measures and drug medication. In addition to these, special emphasis is placed on occupational therapy and other group activities. The occupational therapy centre is planned in such a way as to afford every opportunity to patients of diverse social backgrounds. Little huts have been built to present a village atmosphere and to enable patients to carry out any rough type of occupational activities. More sophisticated patients paint, weave, knit, etc., in a well designed building.

164. In the proposed Mental Health Programme this new Hospital is to be used essentially for relatively early and acute cases with fairly good prognosis. It is hoped that the average stay of a patient will be for not longer than nine months to a year. The existing asylums are to be retained and improved to receive the chronic refractory patients and the main bulk of "criminal" mental patients.

165. During the last fifteen months, in the Day Hospital at Aro, observations have been made on, and treatment given to, thirty-five patients suffering from schizophrenia, fifteen from affective disorders, twelve from psychoneurosis, three from confusional states (toxic-infective psychotic reactions), eight from mixed psychosis (psychoneurotic-psychotic syndromes), three from mental defectiveness, nine from cerebro-vascular disorders with psychiatric symptoms, two from Parkinson's disease, seven senile psychotics, four from neurosyphilis, one from neuropathy (Avitaminosis B) twenty-three from convulsive disorders, two patients who presented the syndromes of depersonalisation exclusively as their main disorder, one psychosomatic dermatological manifestation, twenty women classified into psychosomatic (gynaecology) group and one drug addiction (pethidine). Many other patients were seen on domiciliary visits.

166. The Preliminary Training School at Aro opened in July 1955, and twenty-nine students passed the Preliminary Examination in January 1956. The next class will comprise fifty students. It is hoped that more United Kingdom trained Nigerian nurses will be back in time for the opening of the wards.

167. The concept of Mental Health in Nigeria is new. With the problems as great as those envisaged by the experience gained at the Day Hospital at Aro, in addition to lack of adequate provision for psychiatric care, mental hygiene might seem to have a task in the future for which no adequate programme could at present be outlined. However, the programme of mental hygiene should include among its problems that of the fairly large proportion of ill-health in the entire community, due to nervous or mental disorders, often masquerading under the form of physical illness.

IX.—DENTAL HEALTH

168. Dental services are now provided in three Centres, namely, Ibadan, Benin and Abeokuta. The dental clinic at Abeokuta was opened in May 1955, and work is being temporarily carried on in the old maternity ward of the General Hospital. A site has been chosen for a new centre which should be built during the next financial year.

169. In Ibadan, the Senior Dental Surgeon has devoted all his time to treatment of the general public. We have been able to secure the services of an expatriate lady dental officer to take charge of the school clinic on a temporary basis.

170. In Benin, the dental surgeon has been kept quite busy and had little time for touring. Although most of the doctors carry out extractions, cases for filling and dentures are referred to the dental unit from the whole Medical Division. Some school dental work, dental propaganda and health education in oral hygiene has been carried out.

171. In Abeokuta, the dental surgeon was also able to do some school dental work. He carried out intensive dental propaganda and education by giving lectures and talks in schools and at antenatal clinics, and by broadcasts and film shows. This has resulted in the immediate popularity of this new centre.

172. In Ibadan, in collaboration with the department of Anaesthetics at the University College Hospital, Ibadan, a weekly session of general operative dentistry is held regularly and the treatment of maxillo-facial fractures continued with success.

173. Here as in other fields, the shortage of technicians remains a serious problem. Although every vacancy at the Dental Technical Assistants' school in Lagos is taken up, it will be difficult to cope with the programme of expansion of dental services envisaged and to provide reliefs for leave.

174. Below is a summary of the work carried out at the three centres during 1955—

	Ibadan	Benin	Abeokuta (five months only)
Extractions	2,443	376	295
Fillings	685	101	108
Crowns and Inlays	6	—	—
Gum Treatments	1,052	135	190
Dentures	477	269	157
Patients under eighteen	563	318	223
Total Attendances	9,061	2,141	2,847

Area	Treatment	Centres	Patients on	Treatment
	Dec. 1956	Dec. 1957	Dec. 1956	Dec. 1957
Ondo				
Owo Division	10	11	539	923
Ondo Division	*	2	*	354
Ekiti Division	—	1	—	5
TOTAL	10	14	539	1,282

*Akure Segregation Village, about 300 patients, was taken over during the year and this exaggerates the increase during the year. Other areas have no comparable figures for last year.

It is of interest to note the slight declines in the figures for Afenmai Division and Kwale Division. These are the two areas in which full co-operation of the local people has been available for many years. Comparable figures are not available for other areas.

REGIONAL LEPROSY STATISTICS AT DECEMBER 1957

	Treat- ment Centres	Patients on treatment	New Admissions during year	Discharged symptom free during year	Segregation Villages (including Settlements)	Patients segregated
Ossiomo Settlement	1	663	1,325	578	1	585
Benin Area ...	43	2,933			17	880
Delta Area ...	26	2,299			11	635
Ondo Area ...	14	1,285			1	*
Ijebu Area ...	2	175	*	*	—	—
Abeokuta Area ...	3	122	*	*	2	*
Ibadan Area ...	1	27	20	6	—	—
Central Area ...	1	*	*	*	1	6
Ogbomosho Area...	20	1,427	*	*	10	921
TOTAL ...	111	8,931	1,774	604	43	3,027

*Figure not available.

X.—MENTAL HEALTH

Aro Hospital for Nervous and Mental Diseases is approaching completion and it is possible that most of the wards will be handed over in 1958. The electrical contractors have not quite completed their work, the laundry equipment is still in process of installation and the kitchen has no equipment installed. A good deal of work has yet to be done to complete the wards and bring them up to standard. The hospital is not functioning as such yet. Part of the Junior Service quarters are in use as an outpatient clinic and dispensary, and a shed near the outpatient clinic is used as an occupational therapy centre for outpatients. Two neighbouring villages are used to house psychiatric patients and their relatives during treatment at the outpatient clinic. In Aro village, one hut is used as a nursing centre where nurses carry out observation and treatment of the patients domiciled in the village.

The existing treatment facilities in the Region are meagre and are as follows: Aro outpatient clinic, most types of psychosis and neurosis are treated here. Tranquilising drugs, stimulating drugs, sedatives, electro-convulsive therapy and occupational therapy are employed. Psychotherapy is also used. Many of the

patients are chronic schizophrenics and drug treatment is not too effective. At Lantoro Institution, the patients are largely those who are a danger to themselves or others, or are "criminally insane", tranquilisers are extensively used. At the psychiatric out-patient clinic at the University College Hospital, Ibadan, which is held once a week, it is found that the patients are largely psychoneurotics and are a more sophisticated group than those seen at Aro. There are two Prison Lunatic Asylums, one at Warri and one at Sapele.

The pressing psychiatric need at the present time is hospital accommodation for the chronic psychiatric patients who are at present roaming about the villages, chained in huts, or incarcerated in prisons. It is realised that the most prevalent mental disease is schizophrenia and that arrangements should be made to treat this condition, especially before it has reached a chronic stage.

Aro Hospital continues to be the only Hospital for the training of Mental Nurses in Nigeria. It has a preliminary training school and after successfully passing out of this school student nurses can remain and finish their training at this hospital. A shortage of tutors is a handicap in this training. The occupational therapy department is following a training programme for instructors to be presented to the Nursing Council for Nigeria. The fourth intake to the preliminary training school in January numbered nineteen; thirteen passed and one resigned. Several Nigerians, about thirty, have proceeded to the United Kingdom for further training in mental nursing.

There are three asylums in the Region with a total capacity of 135 beds. All the inmates are certified and approximately a third are criminal patients referred from the law courts. At Lantoro Asylum there is provision for 121 beds, sixteen of which are for females. A new water tank is being constructed in the male wing. The staff shortage has been considerably eased by the recruitment of seventeen warders. Fifteen patients were discharged during the year and more could be, but unfortunately their relatives were not forthcoming to take over their custody.

The Senior Medical Staff at Aro are the Medical Superintendent (the Specialist Psychiatrist), a contract psychiatrist recruited during the year, and a Medical Officer who proceeded during the year to the United Kingdom to study for the Diploma in Psychological Medicine. Other senior staff establishments are the Chief Nursing Superintendent, the Senior Nursing Superintendent (vacant), the Senior Nursing Sister (vacant), two Male Tutors with one vacancy, three Nursing Sisters with one vacancy, four Nursing Superintendents with two vacancies, two Occupational Therapists, one Pharmacist (a temporary appointment), a Hospital Secretary post which is vacant, and an electro-encephalogram technician/radiographer.

There are several special features in Nigeria that deserve investigation as far as mental diseases are concerned, for example, the emotional climate of the polygamous family structure and its effect on the child's stability, the relatively long period of breast feeding and the abrupt weaning process, the pressures produced by the rapidly changing cultures, the struggle between tribal loyalties and customs and European loyalties and customs.

The Specialist Psychiatrist was requested to carry out during the year, an investigation into the reported high incidence of psychosis and neurosis among Nigerian students undergoing training in the United Kingdom. His report is awaited.