

42343

Pr 26 1892

GOVERNOR  
NORTHEY 770

COMMUTATION OF LEAVE

1920

16th July

Last previous Paper

Trans letter from Gen Manager Uganda re cases of Mr D. R. Horne and Mr A. D. Southcombe and recommends apps should be granted

37006/

Mr. Eastwood

As these officers are entitled to come to ground on leave, they are not to be considered over at 1892

Yes

act

27/7/20

James

1916

Subsequent Paper

1907/20

ations of favourable consideration.

I have the honour to be,  
Your Lordship's  
humble, obedient servant,

*Edmund Northey*

GOVERNOR.

INCLOSURE

In Dispatch No. 770 of 16/5/1920

Memorandum

M.50/369

5th June, 1920

The Hon. General Manager,  
Uganda Railway,  
NAIROBI.

The Secretary  
to the Government,  
East Africa Protectorate,  
NAIROBI.

Through the Hon. Treasurer, Nairobi.

RE COMMUTATION OF LEAVE

Sir,

I have the honour to advise you that Messrs D.E. Harne, Permanent Way Inspector, and A.D. Southcombe, Carriage Examiner, of this Railway, have applied for permission to commute a certain portion of their leave in terms of Secretariat Circular No. 114 of 1919.

Both the above were on leave in India, and under the rules, they were required to make their decision before the 1st April, 1920, but did not do so, as they were not aware that they could commute a portion of their leave.

3. The rules were not communicated to the European staff on leave in India, and they were to the staff on leave in England. Under the special ~~special~~ circumstances, I recommend for His Excellency the Governor's sanction that Messrs Harne and Southcombe be allowed to commute whatever leave is admissible.

I have etc.

21 - 5 - 1920

GENERAL MANAGER  
UGANDA RAILWAY

31 August 1820

Minute

No. 1260

for meeting

MINUTE.

I have to read the act of

your despatch, (No 720, of the

16<sup>th</sup> of July, regarding

applications, by M<sup>r</sup>. D. E. Home,

Parliamentary Inspector

of the, and by M<sup>r</sup>. A. J. ...

... ..

for ... ..

permission to ... ..

- Mr. ... ..
- Mr. Robinson
- Mr. ... ..
- Mr. Orville
- Sir H. Lambert
- Sir E. Hall
- Sir G. Fiddes
- Col. Amory
- Lord ... ..

My Lord,

Pension Form.

Proceedings of  
Medical Board.

I have the honour to transmit  
the usual form of particulars showing  
the pension to which Mr. F. J. de Gans,  
2nd Grade Clerk in the Secretariat,  
is eligible, together with a copy of  
the proceedings of a Medical Board,  
which was held on him in Nairobi on  
the 9th ultimo and which pronounced  
him unfit for further service in the  
East Africa Protectorate.

Mr. de Gans's services date  
from the 1st of June 1904 and he is  
therefore eligible for a pension  
after a completed term of  
service of 20 years. In addition, he is  
entitled to a gratuity from the 31st July  
1920 inclusive.

For the purpose of the  
pension, I have authorised the pay-  
ment of a gratuity allowance at the  
rate of £20 per annum with effect from  
the 31st July.

I have the honour to be,  
Your Lordship's  
Obedient servant,

SECRETARY OF THE PROTECTORATE

NAIROBI

S. W.

In Form No. 77 of 16-1-1911

COLONIAL PENSIONS, &c.

THIS FORM requires to be filled in reference to persons who are entitled to a pension or gratuity.

Name of Applicant Francisco Janin de Cans

Office of Situation Second Grade Clerk, Secretariat

Recommended for a pension of £ 46:16:8 a year

Age Forty two (42) years

Service in Years and Months 16 years, 1 month and 15 days

Salary or Wages ( Actual ) £176-0-0

Emoluments £ - - -

Total of Salary or Wages and Emoluments, on which superannuation, &c., is claimed £ 176-0-0

Cause of Retirement Ill-health

Dates of Appointment and Termination of the several Appointments held by Applicant with their Emoluments, distinguishing Salary from other allowances, and specifying such Allowances.

Title of Appointment	Date of Appointment	Date of Termination	Salary	Allowances	Total of Salary & Allowances
2nd Typist	1896-04	31-3-07	88/-		88/-
2nd Grade Clerk	1-4-09	31-3-10	104/-		104/-
100/- by 24/6 to £100/- year	1-4-10	31-3-11	100/-		100/-
2nd Grade Clerk	1-4-11	31-3-12	108/-		108/-
128/- by 24/6 to £130/- year	1-4-12	31-3-13	136/-		136/-
	1-4-13	31-3-14	144/-		144/-
	1-4-14	31-3-15	152/-		152/-
	1-4-15	31-3-16	160/-		160/-
altered to £128/- by 1-4-16 to £130/- a year	1-4-16	31-3-17	136/-		136/-
	1-4-18	31-3-19	176/-		176/-

10. Whether each of the Appointments held by the Applicant has been on the Establishment of the Colony.

11. Whether the Applicant has been recommended by the Public Service Commission to require that the holder should give his whole time to the Public Service.

Yes.

12. Whether holding any other Public Appointment, or receiving or claiming to receive Public Money by Commission, Half-Pay or otherwise.

No.

13. If any kind of Pension or other Allowance has been commuted under the In-  
Pensions, Computation Acts, 1893 and 1871, the annual amount of Pension  
Allowance so Committed and the date of Commutation should be inserted.

None.

14. Absence, beyond ordinary Vacation leave, in each of the last 10 years:-

Year	Period of Absence	Number of Days	Causes of Absence
1907	From 12-8-07 To 22-9-07	42	Extension of leave on half pay, on medical grounds
1909	19-6-09 " 30-6-09	12	Local leave, without pay, on urgent private affairs.
1911	6-10-11 " 11-10-11	4	Extension of leave without pay, on steamer sailing
1914/15	27-12-14 " 26-2-15	68	Extension of leave without pay, on medical grounds
1918	27-2-18 " 4-3-18	6	Extension of leave without pay, on steamer sailing

15. Date of Cessation of Duty 22nd July 1920  
(Granted leave, with pay, from 23-6-20 to 30-7-20).

16. Date of Cessation of Salary 30th July 1920.

17. Date from which, inclusively, Pension will commence 31st July 1920.

18. Statement if the circumstances warrant it, that the Applicant has discharged his duties with due care and fidelity, to the satisfaction of the Head of the Department.

"services of the Person recommended, embracing a period of the Public Service, as can be authentically stated, of an exceptional character, Services, Superior and Reprimand, and with full participation of any injuries received on duty, or other duties or matters, for commutation."

*I certify that Mr. J. J. de Gama has discharged his duties with due care and fidelity to my satisfaction.*

*Secretary  
Nairobi  
12<sup>th</sup> July 1920*

*W. Morrison  
Public Secretary  
to Government*

19. Computation, by the Treasurer, of the Pension, An

I certify that the Pension which may be paid to the Applicant according to the Rules of the Colonial Service, amounts to forty six pounds, eighteen shillings and eight pence (£46:18:8) a year, and I have my Certificate on the following calculation:-

of 1st Appointment - 16th June 1904  
of Retirement - 31st July 1920

Actual service  
Deduct period of leave, without pay

Years	Months	Days
16	1	18
0	0	22
<b>TOTAL</b>	<b>16</b>	<b>0 28</b>

Eligible services - 16 years,  
Annual salary - £176/- a year  
Whereof 16/- = £280:0:0 a year.  
60ths

*W. Morrison*  
Treasurer  
East Africa Protectorate.

*Secretary  
Nairobi, 20th July 1920.*

INSTRUCTIONS REFERRED TO ON PAGE 1

If this Paper of Particulars and the Certificates connected with it, be not sent in original, the copies must be duly attested.

HEAD 1 OF PAPER.—In the case of an Officer serving on the West Coast of Africa, a statement is to be furnished (whether he is a native of that Coast. (Colonial Regulations, 1897.)

HEAD 2.—State the description of Allowance for which the Applicant is recommended, viz. Superannuation, Compensation, Compassionate Allowance, or Gratuity, and its amount. In the case of Officers claiming an addition to their Pensions in respect of Professional or other special qualifications, such additions should be stated, and a reference should be given to the authority under which the claim is made.

HEAD 5.—If the service has been interrupted by two or more breaks, the word "broken" should be used before or after the number of years and months, and the causes, dates, and circumstances of each break or breaks should be stated under heading 9.

HEAD 6.—If the Person retiring has been in receipt of the same Salary, or in the class from which he retires, for the 36 months immediately before the date of his retirement, the actual amount of Salary or Wages at that date should be inserted, preceded by the word "actual" in cases where the average annual amount of Salary or Wages for the 36 months next preceding the retirement should be inserted, preceded by the word "average," but if the whole period of service is less than three years, then the average for the whole period of service should be inserted.

HEAD 7.—A separate statement should be inserted of the average Annual Value, for the 36 months immediately preceding retirement, of each Emolument, exclusive of salary or wages which is claimed included in the calculation of the Pension or Gratuity.

Whenever the value of a House or House Allowance, so ascertained, exceeds one-sixth of the salary and other emoluments which count for Pension purposes, it is to be reduced to one-sixth that amount, so that it shall not exceed one-seventh of the whole.

Fees which an officer is allowed to retain for his own use will be taken into account in Pension purposes, with regular salary, at the annual average of the net receipts of the 36 months next preceding the Officer's retirement. These net receipts are to be ascertained by deducting from the gross amount of Fees such Office Expenses, &c. as an officer may be allowed to deduct from his own resources, in performing the services for which he was remunerated by Fees, and the amount deducted, however from the Fees should be taken in receipt of the Public Funds, for the due discharge of those duties to which a Fixed Salary is attached. The "Particulars" when forwarded to the Colonial Department should be accompanied by Declarations from the retiring Officers, showing the amount received by them for Fees, and the amount deducted as above for Office Expenses, &c. in each of the 36 months immediately preceding the retirement. It will be the duty of the Colonial Government, in order to ensure the accuracy of such statements before forwarding them to the Colonial Office, to require the Officers receiving Fixed Salaries and Fees, the Fees will not in ordinary circumstances be allowed to count for Pension purposes to the extent of more than one-quarter of the Salaries, and Fees not in any case be allowed to count for Pension purposes during any period in which the time of the Officers receiving them was not given to the Public Service.

HEAD 8.—In cases of infirmity, if the Applicant is below the ordinary age for retirement, a Medical Certificate is to be furnished showing that he is disqualified by infirmity of mind or body for discharging the duties of his situation, and that such infirmity is likely to be permanent.

In case of ten years' service or more, this Certificate should be signed by two Officers whom at least one should, if possible, be a Salaried Officer of the Government.

HEAD 9.—As to "broken" service see HEAD 5.

If the Applicant has had any "acting" service, the details must be fully given, a statement whether or not, during the "acting" service, he was connected with the permanent Service of the Colony.

HEAD 11.—If, in special circumstances, a professional Officer is allowed to have "retiring pay" without forfeiting his claim to Pension, the facts are to be fully stated.

HEAD 14.—If the Applicant is liable to any deduction from his service under Clause 102 of the Colonial Regulations, the facts should be fully stated.

HEAD 15.—The length of service and other particulars of the compensation are to be given. When an average Salary, &c. is taken, the method of averaging is (whether by months &c.) to be explained.



# EAST AFRICA PROTECTORATE

Proceedings of the

A Medical Board composed as under assembled on the 9th of June 1900 for the purpose of reporting on the case of Dr. J. H. Anderson Secretary to the

- President Dr. F. L. Henderson, B.S.
- Members { Dr. H. G. Bell  
Dr. V. J. Fisher, B.S.

The Board having assembled proceed to read over the history of the case and to examine Mr. Anderson. The members of the Board are of opinion that he is unfit for further service with the Govt. of the East Africa Protectorate, and should be invalided out of the service.

President

*J. H. Anderson*

Members

*H. G. Bell*  
*V. J. Fisher*

Remarks by P. M. O.—

*P. M. O.*

MEDICAL HISTORY.

OF

Mr. J. D. D. (Name None). Secretary

MEDICAL DEPARTMENT  
HEAD OFFICES  
NAIROBI, K.E.A.  
11/5/1920

In 1908 suffered from ...  
... was transferred to ...  
... in Lamu and was retransferred  
to Nairobi after being boarded medically in 1914. Present  
condition of health very poor, feels a nervous breakdown,  
had a severe attack of Bronchial asthma and was sent to  
the Coast but with no improvement. Complains of sleepless-  
ness, headache, poor appetite and loss of weight. He is  
dyspeptic and suffers from constant constipation. Has  
attended Hospital continually drug treatment has been of  
no avail to improve his condition. He looks very old for  
his age which is 44 years and in appearance looks more  
like a man of 55 years.

*J. H. ...*

... Medical Officer,  
... Hospital,

Nairobi, 11/5/1920.

Gov/42344/20 Kenya

Gov/42307/20 Kenya

4

7 September 1920

Sir,

DRAFT.

Kenya  
No. 1363  
Gov. Worthy  
MINUTE.

Amud 59314

I have etc track. The receipt of  
your despatches No. 741 of the  
12<sup>th</sup> of July & No. 759 of the 16<sup>th</sup>

Mr. Limbani 6.9.20  
Mr. Pasterson

of July, and No. 772 of the  
16<sup>th</sup> of July, and to inform  
you that I approve the grant

of pension to the following officer  
on his retirement, at the rates  
shown:

Mr. Coverjee B. Makasha, 9<sup>th</sup> grade  
Clerk in the Treasury Dept., a  
pension of Rs. 1300 per annum with

Mr. B. J. ...  
Mr. G. ...  
Mr. A. ...

M. A. M. Coutinho, 3<sup>rd</sup> Grade Administrative  
Clerk, a pension of 700.00 \$, <sup>per annum,</sup> with  
effect from the 31<sup>st</sup> of July 1920, inclusive.

M. J. de Souza, a pension of  
246.00 \$ per annum, with effect from  
the 31<sup>st</sup> of July 1920, inclusive.

2. I should be glad if you will cause

(the Proceedings of a Medical Board slated

to be enclosed with your despatch, No 759.

of the 14<sup>th</sup> of July, to be forwarded, as

they were not received with that despatch.

I have it

(SIGNED) MILNER

From the Governor of the Colony of Uganda  
to the Secretary of State for the Colonies

(Received Colonial Office 12.45 p.m. 19th July, 1920)

*File  
1463*

369. July 17th. Your telegram 3rd July Usain  
Gism railway Birch sent to contractors not to Uganda  
Railway. Have appointed General Manager Uganda Railway  
Survey Engineer and Chief Accountant Uganda Railway  
Accountant vide terms of preliminary survey agreement  
pending arrival of officers from England.

NORTHBY.

3549

From the Secretary of the ...  
to the ...  
(Received Colonial Office 12.45 p.m. 19th July, 1920)

*File*  
*1463*

369. July 17th. Your telegram 3rd July Usin  
Gism railway Birch lent to contractors not to Uganda  
Railway. Have appointed General Manager Uganda Railway  
Survey Engineer and Chief Accountant Uganda Railway  
Accountant vide terms of preliminary survey agreement  
pending arrival of officers from England.

WORTHLEY...

C O  
35700

URGENT

From the Governor of the ...  
to the ...  
(Received Colonial Office 12.45 p.m. 19th July, 1920)

*File*  
*1468*

369. July 17th. Your telegram 3rd July Uasin  
Gishu railway Birch lent to contractors not to Uganda  
Railway. Have appointed General Manager Uganda Railway  
Survey Engineer and Chief Accountant Uganda Railway  
Accountant vide terms of preliminary survey agreement  
pending arrival of officers from England.

NORTHERN

REQUIRE CONTACT OF...  
 RECORD...  
 SPECIAL...  
 TO...  
 TO...  
 TO...

# THE EASTERN TELEGRAPH COMPANY, LIMITED

LONDON STATIONS 285

ISSUED FROM  
 142, PARLIAMENT STREET, S.W.

No. 110735

TERMS AND CONDITIONS

ELECTRA HOUSE  
 FINCHLEY PARKWAY, LONDON, N. 2  
 4, LEADENHALL STREET, E.C. 3  
 26, MARK LANE, E.C. 4

1, BUCKINGHAM PALACE GARDENS, W. 1  
 11, ADELPHI, W. C. 2  
 1, THE BALFOUR BUILDING, W. 1  
 1, DENMAN STREET, W. 1

To Chapeln

The following is the message received from London

From London

Time 11.07.35

No. of 110735

Words 110735

369 July 11 hour tel 3 July

contractors not to Uganda Railway

Have approved General Manager Uganda Railway

of estimate at that Uganda Railway

cancel and about Uganda Railway

accountant under stayed preliminary

surveys agreement pending approval of Uganda Railway

from England at the Uganda Railway

branches Uganda Railway Northey

REPLIES SHOULD BE ORDERED Via East

No inquiry respecting this Telegram should be made at the post-office of this City.  
 W. & A. G. Telephone No. 1000. Telegrams: "East".

R. Battersby

Final part from C. annexed

p. 8. Reference to ... confidential

p. 10. Should prefer ...  
to B.E.A.

Not return to C. for ...

by word

21/12/21

*[Faint, mostly illegible handwritten notes]*

Returned by ...

The Flood in Battersby

Extract from minutes of the ...

Meeting of 1st ... 1921

~~The Committee decided to defer consideration of the  
Gold Coast Report for 1921.~~

The Committee considered Dr. Kauntze's report on the  
Bacteriological Laboratory in Kenya.

Professor Simpson asked whether there had been cases  
of plague and the figures were furnished.

It was decided that the monthly letters should be  
sent to the Committee.

*[Handwritten note in margin]*

Sir P. Manson enquired whether *Leishmania* had ever been found, and also whether *Scistosoma haematodes* had been observed. He would also be glad of further information as to the vaccine treatment of *Leishmania*.  
The Committee considered the report of the Commission on the *Leishmania* occurring.

Professor Blagden called attention to the condition of the water supply at Nairobi. He said it was not safe from contamination, and that the top of the slope should be cleared. The Committee commended the report.

My  
321

Put this in a draft to Gov

D. 10.3.11

C. C. W. 10.3.11  
atm

Annual Report

Bacteriological Laboratory

EAST AFRICA PROTECTORATE

For the Year 1919

Dr. W. H. KANTZ

M.B., B.A., M.R.C.S. (Gen.), M.D., D.P.H. (Lond.), M.R.C.P. (Edin.),  
L.R.C.P. (Lond.)

Senior Bacteriologist, E.A.P.

107/106/500

Annual Report

Bacteriological Laboratory

EAST AFRICA PROTECTORATE

For the Year 1919

D. W. H. KAGITZ

M.B. BA, M.B. Ch.B. (Walt), M.B. Ed. (Lond), M.D. (Walt),  
L.V.C.P. (Lond)

Senior Bacteriologist, E.A.P.

1920/6/500

Annual Report  
Bacteriological Laboratory

EAST AFRICA PROTECTORATE

for the Year 1919.

DR. W. H. FAUNTZEN

Senior Bacteriologist, East Africa Protectorate

Senior Bacteriologist, E.A.P.

# Annual Report

## Government Bacteriological Laboratory,

### 1919.

#### I.—ORGANISATION.

As intimated in the Annual Report for 1918, Dr. Ross, Director of Laboratories, was invalided from the service on health grounds, and though he did not leave the country till April, 1919, he was not for duty from January 23, 1919, to that date.

From January 1st, 1919, to January 6th, 1919, Capt. Hughes, I.M.S., remained in charge of the Bacteriological Laboratory, but on Dr. Kauntze's release from military service on January 5th, the latter officer took over charge and assumed the duties of his appointment as Pathologist and Assistant Bacteriologist. On the separation of the Bacteriological Laboratory from the Chemical Laboratory, and its reversion to the control of the Medical Department on April 1st, 1919, Dr. Kauntze was appointed Senior Bacteriologist. The post of Pathologist and Assistant Bacteriologist thus left vacant remained unfilled during the remainder of the year, and was unfilled throughout owing to the absence of an officer in the Medical Department. Dr. Kauntze had to take over the duties of Resident Surgical Officer at the European Hospital, Bombay, from November 1st, 1919, in addition to his duties as Senior Bacteriologist, and has naturally curtailed all research work in the Laboratory from that date to the close of the year. Only essential routine work could be carried on and most of this had to be entrusted to the Indian assistants, Mr. Pilly and Mr. Ramji Das, to whom an acknowledgment of their invaluable services is due.

In the early months of the year an attempt was made to secure a European Laboratory Assistant, but negotiations fell through, and so far this position has been filled.

Clerk J. X. Ross returned from leave on January 11th, 1919.

The main advance in organisation that has been made during the year is the separation of the chemical and bacteriological divisions of the Laboratory, the former becoming a department of its own, the latter forming a section of the Medical Department, retaining, however, its entity in that its staff remains separate from the Protectorate medical staff.

The Laboratory Staff now consists of:—

- 1 Senior Bacteriologist.
- 1 Assistant Bacteriologist.
- 2 Indian Laboratory Assistants.
- 1 Goan Clerk.
- 9 African Laboratory boys.

This is but the commencement of a much larger scheme which involves a new Laboratory building (the present one being most unsuited to the needs of bacteriological work), and an extension of staff. It is obvious that a building, situated in the centre of the town, on the main thoroughfare, with motor vehicles in large numbers passing within a few yards of the windows, is most unsuited for bacteriological work in the Tropics, where it is impossible to have dust-tight windows owing to the heat. Indeed this year has seen a constant struggle to produce uncontaminated media and cultures. This is not only wasteful but heart-breaking to those working in the Laboratory. Furthermore, the accommodation is very limited, and it is almost impossible to find room for all the research one wants to do. (See Appendix IV.) Routine work during the year has increased enormously, particularly in the line of public health work, and with the present staff and accommodation it is almost impossible to carry out any research work worthy of the name; in other words, the value of the Laboratory as a source of original knowledge is being restricted. There are, however, some very important medical research problems which require investigation, not only for the light which may be thrown by them on

disease, but also for their economic value in regard to the labour question. It does not seem to be sufficiently realised that disease, in relation to its effect on birth rate and death rate, is of great economic importance in a country where the monetary welfare of the great majority of the Europeans depends on the African labour supply. A deficiency of labour means not only increased difficulty in developing farms, but also higher wages. Dr. Ross, in submitting his estimates for 1919-20, stated that to the Europeans in this Protectorate the death of a cow was apparently of greater importance than that of a native, and I quite endorse this opinion. While a large sum of money has been spent in fitting up a large and up-to-date veterinary research laboratory, the human research laboratory is allowed to stagnate with insufficient accommodation in unsuitable surroundings. Now cows can be replaced by importation from other countries, but once epidemic disease has raised the death rate so that it largely exceeds the birth rate in human beings, the native labour supply cannot be supplemented in a similar way. Dr. Clewkin, Medical Officer, Nyanza Province, in his annual report for 1919, gives the following information:

The percentage of children under 10 to women is—

In the Nandi District	81%
South Kavirondo District	64%
Lambwa District	74½%
North Kavirondo District	100%
Kisumu District (Nilotic)	87%
Kisumu District (Bantu)	125%
Nyasore District	90%

In the Nyanza Province, therefore, children under 10 only number 91% of the number of adult women. Inasmuch as it may be taken that every native woman marries and becomes pregnant five times in her life at least, if we allow an average of three pregnancies to each woman enumerated in these districts, we shall have made ample allowance for women too young to have had five pregnancies, and for women so old that their children have grown up (old women are comparatively scarce in these districts). We may conclude, therefore, that 67% of all pregnancies either do not come to parturition





Orders were received from the Colonial Office to cease cultivation of smallpox virus except for experimental purposes, and to obtain seed virus from England for the vaccination of paste calves. When this arrived it was possible to obtain a pulp from typical vesicles maturing between 90 and 120 hours after vaccination.

A second improvement was made by obtaining a local supply of ice from March onwards, and although this only maintained a temperature of about  $4^{\circ}\text{C}$ . in the ice box, this was the best that could be done pending the arrival of an ice plant, an order for which was placed in England at the beginning of the year.

The third improvement effected was in the provision of proper accommodation for the calves. Two calf sheds were built, the larger one of which was divided into two, one-half holding calves prior to vaccination, the other half calves after the pulp had been collected. The second shed contained a room in which vaccination of the calves and collection of the pulp was carried out, and four stalls for calves during the incubation period.

These improvements had been effected before the arrival in April of a despatch from the Colonial Office embodying the recommendations of the Advisory Medical and Sanitary Committee for Tropical Africa. This Committee advocated a Central Lymph Institute for East Africa and Uganda, to be situated preferably in Uganda, and, as a temporary expedient, that seed lymph should be sent from England for vaccination of paste calves, only lymph from such calves being issued to the public. The strain previously in use in D.F.A. was to be maintained only for further investigation. Other recommendations were made in regard to the preparation of the lymph, but as all these had already been carried out with one exception, it is unnecessary to detail them. The exception was in regard to the storage of the lymph. Dr. Ross was so convinced that the potency of lymph was maintained by storing the pulp underground with glycerine and water that this method was retained, but on the receipt of the despatch, the method advocated of grinding the pulp immediately after collection was substituted. No statistics are available to test the relative value of the two methods.

The method of vaccination of calves now employed in the Laboratory is as follows:—

- (1) Heifers 6-12 months old are kept a week or more for feeding up and to determine freedom from disease.
- (2) The abdomen of the calf is shaved, scathed, and seed lymph rubbed in.
- (3) After 22 hours, the heifers are examined at 24 hours intervals to determine maturation of the vesicles.
- (4) When the vesicles are matured, usually about 120 hours after vaccination, the scabs are carefully removed from the vesicles, and the vesicles collected.
- (5) The pulp so obtained is mixed with twice its weight of glycerine and twice its weight of water, and ground.
- (6) The ground lymph is kept in bulk for six days at room temperature, and following this, for five weeks at  $4^{\circ}\text{C}$ . in the ice chest.
- (7) The lymph is then filled into capillary tubes as required for issue.

It is difficult to judge the lymph in the absence of reports. Only one unfavourable one has been received, however, and there is strong reason to believe that the technique of vaccination was at fault and not the lymph. From conversations on the subject with a few medical officers, the lymph is apparently taking quite satisfactorily, though there is no information available as to its immunising qualities.

The question of a combined Lymph Institute for East Africa and Uganda is a question which needs serious consideration. There is no doubt that it would economise staff, but whether it would produce a lymph equally potent in the hot climate of Uganda and in the cold parts of the Highlands of British East Africa, is open to grave doubt. Uganda has consistently complained of the lymph produced in Nairobi, both as regards its taking and its immunising qualities.

orders were received from the Colonial Office to cease cultivation of smallpox virus except for experimental purposes, and to obtain seed virus from England for the vaccination of paste calves. Where this arrangement was possible to obtain a pulp from typical vesicles maturing between 5 and 72 hours after vaccination.

A second arrangement was made by obtaining a local supply of ice from March onwards, and although this only maintained a temperature of about 3° C. in the ice box, this was the best that could be done pending the arrival of an ice plant, an order for which was placed in England at the beginning of the year.

The third improvement effected was in the provision of proper accommodation for the calves. Two calf sheds were built, the larger one of which was divided into two, one-half holding calves prior to vaccination, the other half calves after the pulp had been collected. The second shed contained a room in which vaccination of the calves and collection of the pulp was carried out, and four stalls for calves during the incubation period.

These improvements had been effected before the arrival in April of a despatch from the Colonial Office embodying the recommendations of the Advisory Medical and Sanitary Committee for Tropical Africa. This Committee advocated a Central Lymph Institute for East Africa and Uganda, to be situated preferably in Uganda; and, as a temporary expedient, that seed lymph should be sent from England for vaccination of paste calves, only lymph from such calves being issued to the public. The strain previously in use in B. K. A. was to be maintained only for further investigation. Other recommendations were made in regard to the preparation of the lymph, but as all these had already been carried out with one exception it is unnecessary to detail them. The exception was in regard to the storage of the lymph. Dr. Ross was so convinced that the potency of lymph was maintained by storing the pulp underground with glycerine and water that this method was retained, but on the receipt of the despatch, the method advocated of growing the pulp immediately after collection was substituted. No statistics are available to judge the relative value of the two methods.

The method of vaccination of calves now employed in the Laboratory is as follows:—

(1) Heifers 6-12 months old are kept a week or more for feeding up and to determine freedom from disease.

(2) The abdomen of the calf is shaved, scurfed, and soap lymph rubbed in.

(3) After 72 hours, the heifers are examined at 24 hours intervals to determine maturation of the vesicles.

(4) When the vesicles are matured, usually about 120 hours after vaccination, the scabs are carefully removed from the vesicles, and the vesicles collected.

(5) The pulp so obtained is mixed with twice its weight of glycerine and twice its weight of water, and ground.

(6) The ground lymph is kept in bulk for six days at room temperature, and, following this, for five weeks at 3° C. in the ice chest.

(7) The lymph is then filled into capillary tubes as required for issue.

It is difficult to judge the lymph in the absence of reports. Only one unfavourable one has been received, however, and there is strong reason to believe that the technique of vaccination was at fault and not the lymph. From conversations on the subject with a few medical officers, the lymph is apparently taking quite satisfactorily, though there is no information available as to its immunising qualities.

The question of a combined Lymph Institute for East Africa and Uganda is a question which needs serious consideration. There is no doubt that it would economise staff, but whether it would produce a lymph equally potent in the hot climate of Uganda and in the cold parts of the Highlands of British East Africa is open to doubt. Uganda has consistently complained of the lymph produced in Nairobi, both as regards its taking and its immunising qualities.

The Medical Officer of Health, Kampala, states that he had better results with the Dar-es-Salaam lymph. Uganda is now making its own lymph, so no reports on Nairobi lymph since improvements were introduced in its manufacture are available. It is suggested, however, that lymph prepared in a hot climate, such as that of Dar-es-Salaam, works better in the heat of Uganda than lymph produced in the cool climate of Nairobi. Dar-es-Salaam lymph, however, has been tried in Nairobi and proved to be ineffective. It seems possible, therefore, that lymph produced in a hot climate is unsuitable for use in a cool climate. Certainly it is a matter to be enquired into before attempting to produce a lymph for B.E.A. in a Central Lymph Institute situated in Uganda. Otherwise B.E.A. might be in the same position that Uganda was with Nairobi lymph. Another fact which has been recorded by medical officers both in Uganda and in B.E.A. is that cases who have previously had small-pox have been fully vaccinated. The writer himself has seen two cases of confluent small-pox in natives who were well marked by an attack of small-pox only two and three years previously, but of these cases dying. In view of these observations, it is within the bounds of possibility that more than one strain of small-pox exists, and this is a matter also requiring investigation before it is assumed that one strain of calf lymph will serve the needs of all parts of East Africa.

One of the main problems in connection with calf lymph transport from the Laboratory to the country, where it is used, is well known that glycerinated lymph rapidly loses its potency. In the case of the vaccine exposed to the air for periods of 24 hours, the dried lymph dried in some over concentrated ampoules, and by the method of Adair and Marie, Physiol., and the use of concentrated ampoules. This lymph was found to retain its vaccinating properties for two years at 15°C. The vaccine was found to be stable for a considerable time, and was apparently more effective. It was also been supplied to the Air Station, and was used for the first time in 1940. It is, however, more wasteful in use and

requires more skill in making up on the part of the vaccinator. It has therefore not attained any great popularity in places where glycerinated lymph has been in use. One of the disadvantages that has occurred has been the breaking of the exhausted ampoules in the post. It is hoped to rectify this shortly by filling the ampoules with an inert gas after exhaustion. In the West African Colonies laminated lymph has been much used and is apparently more resistant to heat than glycerinated lymph. An attempt was therefore made to manufacture it in Nairobi. Only a small quantity was prepared, as only commercial lanoline was available, and although it was prepared as far as could be done with the apparatus available, it did not exist as to its freedom from chlorine and free iodine. The doubts were justified, as it was a complete failure. It is, however, hoped to make a further attempt as soon as the apparatus is available from England.

#### 2. MALARIA.

The following shows the incidence of malaria in the month of January in East Africa. As previously noted in the Annual Report from the Laboratory, there was a large increase in the number of cases of malaria following the long rains in March and April. Usually this is followed by a decrease during the short rains, but as these rains were not so heavy there was no marked decrease in the malaria curve.

A comparison of the incidence of malaria in the month of January in the British East Africa type. In 1945 there were 438 cases of malaria in the British East Africa type, and 500 cases of malaria in the British East Africa type. This increase is probably due to the departure of military units, although when the incidence of malaria in the British East Africa type is compared with the incidence of malaria in the British East Africa type, it is very necessary to take into account the

survey showing the distribution of the various mosquitoes, particularly the varieties known to carry malaria.

	Indigo Termites Malaya	Common Mosquitoes	Subgenus Malaya	Culex	Large Mosquitoes in Upper Part of Mountains	Total cases showing positive reaction by Widal test	Total rainfall, inches
January	7	2	17	1	2	28	0.24
February	8	1	32	4	1	46	3.28
March	5	1	39	4	1	45	7.69
April	6	1	39	2	1	43	6.88
May	4	1	38	1	1	43	3.46
June	83	1	154	2	2	137	0.22
July	17	1	106	4	4	122	2.43
August	2	2	50	5	1	58	1.12
September	1	1	21	1	1	24	4.34
October	0	1	28	2	1	30	3.64
November	0	1	14	1	1	18	3.15
December	1	1	13	1	1	22	1.85
TOTAL	90	12	540	31	29	664	30.24

#### C. TYPHOID AND ALLIED FEVERS.

A small outbreak of typhoid fever occurred in the spring. Practically all these cases yielded *B. typhosus* on cultivation of the blood. The method used was to add 1 cc. of the patient's blood drawn aseptically from a vein to 10 cc. of fluidized ox bile in a test tube, incubating for 24 hours at 37° C., plating out a loopful of the culture on to a MacConkey plate and testing any resultant growth for *B. typhosus*, *B. paratyphosus*, and by sugar reactions. A diagnosis could thus be given in 48 hours, and therefore if the blood was taken in the early days of the disease, much earlier than the Widal reaction.

The agglutination test (Widal reaction) for typhoid and allied

fevers has given much ground for thought during the year. It is the exception rather than the rule, in the cases tested, to find a positive result with the test before the end of 14 days even in the cases where *B. typhosus* has been isolated from the blood at an earlier date. For some reason there is an apparent delay in the production of the agglutinins in the blood in this country. In some cases the Widal reaction has not appeared till the third week of the disease when the temperature was falling. In one case the patient ran a temperature of 101° to 102° F. for three weeks. During this time she felt quite fit. The spleen was enlarged. No malarial parasites were found in the blood, and a differential leucocyte count was normal. At the end of this period the temperature came down for a couple of days, then rose again. A week later there was a positive Widal reaction (up to this time quite negative) in a dilution of 1/180, the spleen, which had almost disappeared, enlarged again, and rose spots appeared. It is difficult to believe that the second febrile period was dissociated in its causation from the first. In the spring epidemic the disease was marked by the early appearance and severity of the toxic symptoms, and at that time the delayed Widal reaction was considered to be an indication of the failure of the tissues to react to the disease. The delayed reaction also occurred, however, in the mild cases which have appeared since, and this explanation must therefore be considered insufficient. Furthermore, some cases do not show delay. This phenomenon was noted both with microscopic and macroscopic methods of testing the reaction.

All the European cases which were positive by a blood culture yielded a bacillus agglutinating in high dilutions with the standard anti-typhoid serum, and giving the sugar reactions of a typical *B. typhosus*. The remaining European cases which were diagnosed by the results of the agglutination reaction, gave positive reactions with *B. typhosus* only.

During the year there were four cases of paratyphoid fever diagnosed by the Widal reaction, two being positive to *B. paratyphosus* A and two to *B. paratyphosus* B. All four cases were in natives, and blood cultures were unsuccessful.

survey showing the distribution of the various mosquitoes, particularly the various species to carry malaria.

	Deep River, Malaya	American Malaya	Singapore Malaya	Ceylon	Large Mosquitoes in which the Parasite was Found	Total number of positive reactions by Widal's	Total number of positive reactions by Widal's
January	7	2	17	4	2	28	10.24
February	6	4	38	4	1	45	2.52
March	0	0	39	8	1	43	7.69
April	0	0	38	8	1	42	6.88
May	4	1	38	7	2	42	3.48
June	13	0	164	2	2	173	9.22
July	17	0	106	4	4	122	2.43
August	10	2	59	5	3	55	3.12
September	0	1	37	3	2	42	2.34
October	0	0	39	3	2	36	3.64
November	1	0	34	3	2	38	3.35
December	0	1	13	3	1	22	1.95
TOTAL	56	12	540	31	23	664	30.24

C. TYPHOID AND ALLIED FEVERS.

A small outbreak of typhoid fever occurred in the spring. Practically all these cases yielded *B. typhosus* on cultivation of the blood. The method used was to add 5 cc. of the patient's blood drawn directly from a vein to 10 cc. of overlaid ox bile in a test tube, incubated for 24 hours at 37°C., placing out a loopful of the culture on to a blood-agar plate and tracing any resultant growth under a low-power microscope, and by Widal reactions. A diagnosis could thus be given in 48 hours, and therefore if the blood was taken at the early days of the disease, much easier than the Widal reaction.

The agglutination test (Widal reaction) for typhoid and allied

fevers has given much ground for thought during the year. It is the exception rather than the rule, in the cases tested to find a positive result with the test before the end of 14 days even in the cases where *B. typhosus* has been isolated from the blood at an earlier date. For some reason there is an apparent delay in the production of the agglutinins in the blood in this country. In some cases the Widal reaction has not appeared till the third week of the disease when the temperature was falling. In one case the patient ran a temperature of 101° to 102° F. for three weeks. During this time she felt quite fit. The spleen was enlarged. No malarial parasites were found in the blood, and a differential leucocyte count was normal. At the end of this period the temperature came down for a couple of days, then rose again. A week later there was a positive Widal reaction (up to this time quite negative) in a dilution of 1:180, the spleen, which had almost disappeared, enlarged again, and rose spots appeared. It is difficult to believe that the second febrile period was dissociated in its causation from the first. In the spring epidemic the disease was marked by the early appearance and severity of the toxic symptoms, and at that time the delayed Widal reaction was considered to be an indication of the failure of the tissues to react to the disease. The delayed reaction also occurred, however, in the mild cases, which have appeared since, and this explanation must therefore be considered insufficient. Furthermore, some cases do not show delay. This phenomenon was noted both with microscopic and macroscopic methods of testing the reaction.

All the European cases, which were positive by a blood culture yielded a bacillus agglutinating in high dilutions with the standard anti-typhoid serum, and giving the same reactions of a typical *B. typhosus*. The remaining European cases which were diagnosed by the results of the agglutination reaction gave positive reactions with *B. typhosus* only.

During the year there were four cases of paratyphoid fever diagnosed by the Widal reaction, two being positive to *B. paratyphosus* A and two to *B. paratyphosus* B. All four cases were in natives, and blood cultures were unsuccessful.

survey showing the distribution of the various mosquitoes, particularly the varieties known to carry malaria.

	Large Tertian Malaria	Intermittent Malaria	Subtertian Malaria	Chancres	Large Mononucleic Inclusion Body Mononuclear Leucocytes	Total cases showing presence of evidence of Malaria	Total malarial Malaria, mites
January	7	2	17	1	2	28	0-24
February	6	2	35	4	4	41	3-28
March	0	0	39	4	4	45	7-69
April	0	0	30	6	1	33	6-88
May	4	0	38	7	0	42	5-40
June	83	0	154	2	2	171	6-22
July	17	0	106	4	4	122	2-43
August	0	2	50	5	3	55	1-12
September	1	0	31	1	3	42	4-24
October	0	0	28	2	2	30	2-64
November	0	0	14	2	0	18	3-35
December	1	1	13	1	0	22	1-85
TOTAL	97	12	540	31	23	604	30-24

### C. TYPHOID AND ALLIED FEVERS.

A small outbreak of typhoid fever occurred in the spring. Practically all these cases yielded *B. typhosus* on cultivation of the blood. The method used was to add 1 cc. of the patient's blood to a sterile 10 cc. of from a vein, to 10 cc. of fertilised ox bile in a test tube, incubated for 24 hours at 37°C., staining out a loopful of the blood on to a MacConkey plate and testing any resultant growth for the known *B. typhosus* serum, and by sugar reactions. A diagnosis could also be given in 48 hours and often in 12 hours from a count of the cells, much earlier than the Widal reaction.

The agglutination test (Widal reaction) for typhoid and allied

fevers has given much ground for thought during the year. It is the exception rather than the rule, in the cases tested, to find a positive result with the test before the end of 14 days, even in the cases where *B. typhosus* has been isolated from the blood at an earlier date. For some reason there is an apparent delay in the production of the agglutinins in the blood in this country. In some cases the Widal reaction has not appeared till the third week of the disease when the temperature was falling. In one case the patient ran a temperature of 101° to 102° F. for three weeks. During this time she felt quite fit. The spleen was enlarged. No malarial parasites were found in the blood, and a differential leucocyte count was normal. At the end of this period the temperature came down for a couple of days, then rose again. A week later there was a positive Widal reaction (up to this time quite negative) in a dilution of 1/180, the spleen, which had almost disappeared, enlarged again, and rose spots appeared. It is difficult to believe that the second febrile period was disseminated in its causation from the first. In the spring epidemic the disease was marked by the early appearance and severity of the toxic symptoms, and at that time the delayed Widal reaction was considered to be an indication of the failure of the tissues to react to the disease. The delayed reaction also occurred, however, in the mild cases, which have appeared since, and this explanation must therefore be considered insufficient. Furthermore, some cases do not show delay. This phenomenon was noted both with microscopic and macroscopic methods of testing the reaction.

All the European cases, which were positive by a blood culture, yielded a bacillus agglutinating in high dilutions with the standard anti-typhoid serum, and giving the sugar reactions of a typical *B. typhosus*. The remaining European cases, which were diagnosed by the results of the agglutination reaction, gave positive reactions with *B. typhosus* only.

During the year there were four cases of paratyphoid fever, diagnosed by the Widal reaction, two being positive to *B. paratyphosus* A and two to *B. paratyphosus* B. All four cases were in natives, and blood cultures were unsuccessful.

survey showing the distribution of the various mosquitoes, particularly the varieties known to carry malaria.

	Design Female Mosquitoes	Common Mosquitoes	Suburban Mosquitoes	Culexites.	Large Mosquitoes (Culex, Anopheles, and other species)	Total cases showing positive reaction to Widal's reaction	Total number of cases.
January	7	2	17	1	2	28	0-24
February	5	4	32	4	4	47	3-28
March	6	1	39	4	4	48	7-60
April	6	1	38	4	1	43	6-88
May	4	1	35	3	1	42	3-46
June	85	1	154	1	4	142	6-22
July	0	1	106	4	4	112	7-43
August	0	1	50	5	1	55	1-12
September	0	1	37	3	1	41	2-34
October	0	1	28	3	2	30	3-64
November	0	1	34	3	2	38	3-35
December	1	1	43	3	2	47	1-85
TOTAL	96	12	540	34	22	604	36-24

### C. TYPHOID AND ALLIED FEVERS.

A small outbreak of typhoid fever occurred in the spring. Practically all these cases yielded *B. typhosus* on cultivation of the blood. The method used was to add 5 cc. of the patient's blood drawn aseptically to 100 cc. of sterilized ox bile in a test tube, incubating for 24 hours at 37°C., plating out a loopful of the culture on a MacConkey plate and testing any resultant growths on a known *B. typhosus* serum and by agglutination. A diagnosis could thus be given in 48 hours, and therefore if the blood was taken in the early days of the disease, much earlier than the Widal reaction.

The agglutination test (Widal reaction) for typhoid and allied

fevers has given much ground for thought during the year. It is the exception rather than the rule, in the cases tested, to find a positive result, with the test before the end of 14 days even in the cases where *B. typhosus* has been isolated from the blood at an earlier date. For some reason there is an apparent delay in the production of the agglutinins in the blood in this country. In some cases the Widal reaction has not appeared till the third week of the disease when the temperature was falling. In one case the patient ran a temperature of 101° to 102° F. for three weeks. During this time she felt quite fit. The spleen was enlarged. No bacteria parasites were found in the blood, and a differential leucocyte count was normal. At the end of this period the temperature came down for a couple of days, then rose again. A week later there was a positive Widal reaction (up to this time quite negative) in a dilution of 1:180, the spleen, which had almost disappeared, enlarged again, and rose spots appeared. It is difficult to believe that the second febrile period was dissociated in its causation from the first. In the spring epidemic the disease was marked by the early appearance and severity of the toxic symptoms, and at that time the delayed Widal reaction was considered to be an indication of the failure of the tissues to react to the disease. The delayed reaction also occurred, however, in the mild cases, which have appeared since, and this explanation must therefore be considered insufficient. Furthermore, some cases do not show delay. This phenomenon was noted both with microscopic and macroscopic methods of testing the reaction.

All the European cases which were positive by a blood culture yielded a bacillus agglutinating in high dilutions with the standard anti-typhoid serum, and giving the agar reactions of a typical *B. typhosus*. The remaining European cases which were diagnosed by the results of the agglutination reaction gave positive reactions with *B. typhosus* only.

During the year there were four cases of paratyphoid fever, diagnosed by the Widal reaction, two being positive to *B. paratyphosus* A and two to *B. paratyphosus* B. All four cases were in natives, and blood cultures were unsuccessful.

curves showing the distribution of the various mosquitoes, particularly the various species that carry malaria.

	Jaeger-Trensch Malaria	Common Malaria	Subtertian Malaria	Chenensis	Large Malarial Parasite that Resembles Leucocytozoon	Total cases, including patients in which parasites of Plasmodium	Yellow Malaria, Nonfatal
January	7	2	17	1	2	28	0-24
February	5	5	38	4	2	47	3-23
March	5	—	39	4	—	45	7-69
April	0	—	15	2	1	18	0-88
May	4	—	15	3	—	22	3-45
June	83	—	154	2	—	137	0-22
July	17	—	109	4	—	122	2-43
August	3	2	50	5	—	58	1-12
September	3	1	37	—	—	41	2-34
October	0	—	25	—	—	25	3-64
November	0	—	14	—	—	14	3-35
December	1	1	13	—	—	15	1-85
TOTAL	97	12	540	31	23	604	30-24

TYPHOID AND ALLIED FEVERS.

A small outbreak of typhoid fever occurred in the spring. Practically all these cases yielded *B. typhosus* on cultivation of the blood. The method used was to add 5 cc. of the patient's blood drawn aseptically to 100 cc. of sterilized ox bile in a test tube, incubating for 24 hours at 37°C., plating out a loopful of the culture on a MacConkey plate and testing any resultant growth for the presence of *B. typhosus* serum and by agglutination. A diagnosis could thus be given in all cases, and therefore if the blood was taken in the early days of the disease, much earlier than the Widal reaction.

The agglutination test (Widal reaction) for typhoid and allied

fevers has given much ground for thought during the year. It is the exception rather than the rule, in the cases tested, to find a positive result with the test before the end of 14 days, even in the cases where *B. typhosus* has been isolated from the blood at an earlier date. For some reason there is an apparent delay in the production of the agglutinins in the blood in this country. In some cases the Widal reaction has not appeared till the third week of the disease when the temperature was falling. In one case the patient ran a temperature of 101 to 102° F. for three weeks. During this time she felt quite fit. The spleen was enlarged. No malarial parasites were found in the blood, and a differential leucocyte count was normal. At the end of this period the temperature came down for a couple of days, then rose again. A week later there was a positive Widal reaction (up to this time quite negative) in a dilution of 1:150, the spleen, which had almost disappeared, enlarged again, and rose spots appeared. It is difficult to believe that the second febrile period was dissociated in its causation from the first. In the spring epidemic the disease was marked by the early appearance and severity of the toxic symptoms, and at that time the delayed Widal reaction was considered to be an indication of the failure of the tissues to react to the disease. The delayed reaction also occurred, however, in the mild cases, which have appeared since, and this explanation must therefore be considered insufficient. Furthermore, some cases do not show delay. This phenomenon was noted both with microscopic and macroscopic methods of testing the reaction.

All the European cases, which were positive by a blood culture yielded a bacillus agglutinating in high dilutions with the standard anti-typhoid serum, and giving the same reactions of a typical *B. typhosus*. The remaining European cases, which were diagnosed by the results of the agglutination reaction, gave positive reactions with *B. typhosus* only.

During the year there were four cases of paratyphoid fever, diagnosed by the Widal reaction, two being positive to *B. paratyphosus A* and two to *B. paratyphosus B*. All four cases were in natives, and blood cultures were unsuccessful.

survey showing the distribution of the various mosquitoes, particularly the varieties known to carry malaria.

	Single Strain Malaria	Parasitic Malaria	Subsistent Malaria	Crickets	Large Mosquitoes In Grasses and Pigmented Leucocytes	Total cases showing positive evidence of Malaria	Total rainfall, Natural, inches.
January	7	17	1	2	28	0.24	
February	1	4	4	4	41	3.22	
March	1	19	4	4	45	7.69	
April	1	30	4	1	41	6.88	
May	2	20	1	1	42	3.40	
June	4	34	2	1	47	0.22	
July	10	106	4	1	121	4.43	
August	5	50	5	1	61	6.74	
September	4	12	3	1	18	2.14	
October	9	48	2	4	63	2.01	
November	6	12	2	1	18	2.46	
December	1	1	1	1	4	1.86	
TOTAL	49	340	34	22	664	36.24	

### C. TYPHOID AND ALLIED FEVERS

A small outbreak of typhoid fever occurred in the spring. Practically all the cases yielded *B. typhosus* on cultivation of the blood. The method used was to add 1 cc. of the patient's blood drawn aseptically from a vein, to 10 cc. of distilled saline in a test tube incubating for 24 hours at 37° C. placing on a loopful of the sediment on a Miesocopy plate and testing any resultant growth against a known *B. typhosus* strain, and by sugar reactions. A diagnosis could thus be given in 48 hours and the case if the blood was taken in the early days of the disease much earlier than the Widal reaction.

The agglutination and Widal reaction for typhoid and allied

fevers has given much ground for thought during the year. It is the exception rather than the rule, in the cases seen, to find a positive result with the test before the end of 14 days, even in the cases where *B. typhosus* has been isolated from the blood at an earlier date. For some reason there is an apparent delay in the production of the agglutinin in the blood in this country. In some cases the Widal reaction has not appeared till the third week of the disease when the temperature was falling. In one case the patient ran a temperature of 101° to 102° F for three weeks. During this time she felt quite fit. The spleen was enlarged. No malaria parasites were found in the blood, and a differential leucocyte count was normal. At the end of this period the temperature came down for a couple of days, then rose again. A week later there was a positive Widal reaction (up to this time quite negative) in a dilution of 1/180, the spleen, which had almost disappeared, enlarged again, and rose spots appeared. It is difficult to believe that the second febrile period was dissociated in its causation from the first. In the spring epidemic the disease was marked by the early appearance and severity of the toxic symptoms, and at that time the delayed Widal reaction was considered to be an indication of the failure of the tissues to react to the disease. The delayed reaction also occurred, however, in the mild cases which have appeared since, and this explanation must therefore be considered insufficient. Furthermore, some cases do not show delay. This phenomenon was noted both with microscopic and macroscopic methods of testing the reaction.

All the European cases which were positive by a blood culture yielded a bacillus agglutinating in high dilutions with the standard anti-typhoid serum, and giving the sugar reactions of typical *B. typhosus*. The remaining European cases were correctly diagnosed by the results of the agglutination reaction, gave positive reactions with *B. typhosus* only.

During the year there were four cases of paratyphoid fever diagnosed by the Widal reaction as being positive to *B. paratyphosus* α and 1 cc. to *B. paratyphosus* β. All four cases were in infants, and blood cultures were unsuccessful.



As regards the actual findings in the Laboratory during the year, the number of stools in which the various worms or their ova were found was as follows:

885 stools examined.

- Ova of *A. duodenale* were found in 161 cases = 18.0%
- " " *T. saginata* were found in 123 cases... = 13.9%
- " " *T. trichiura* were found in 73 cases... = 8.2%
- " " *A. lumbricoides* were found in 31 cases... = 3.5%
- " " *S. mansoni* were found in 15 cases... = 1.7%
- Larva of *S. stercoralis* were found in 9 cases... = 1.0%

Double infections occurred in 54 cases = 6.1%. They were as follows:

- Ova of *A. duodenale* and *T. saginata*, 32 cases
- " " *A. duodenale* and *T. trichiura*, 9 cases
- " " *T. saginata* and *T. trichiura*, 2 cases
- " " *A. duodenale* and *A. lumbricoides*, 3 cases
- " " *A. lumbricoides* and *T. trichiura*, 1 case

Triple infections occurred in 18 cases = 2.0%. They were as follows:

- Ova of *A. duodenale*, *T. saginata* and *T. trichiura*, 13 cases
- " " *A. duodenale*, *A. lumbricoides* and *T. trichiura*, 3 cases

At the beginning of the year the occurrence of bilharzia in natives living close to Nairobi on shambas, suggested the possibility of the source of their infection being the local streams, and the systematic examination of the streams around Nairobi was commenced. This programme ceased in November when the duties of the R.S.O. European Hospital fell on the Senior Bacteriologist. Up to that time, however, the search for infection snails was abortive, all examined proving negative.

#### (F) PYREXIAS

During the year there have occurred several cases of fever in which the pyrexia has lasted for three or more weeks. In some the initial pyrexia was high, about 104° F., and this was especially

the case in one instance. In all cases the pyrexia was comparatively low, being about 102-103° F. In all these cases, except for a slightly enlarged and tender spleen, there were very few other symptoms. Slight headache, slightly furred tongue, and in a few cases a slight feeling of malaise, were all the symptoms that were noticed. The Widal reaction was consistently negative to *B. typhosus*, to *B. paratyphosus*  $\alpha$  and  $\beta$ , and to *M. melitensis*. Blood culture failed in every case, except for one child from whose blood a staphylococcus was isolated. This was agglutinated by the patient's serum in a dilution of 1 in 150. As the staphylococcus corresponded to *S. albus*, it may have been a contamination, and the high agglutinin content of the patient's serum a coincidence. It is intended to conduct further investigations into these anomalous fevers as soon as staff and accommodation are available.

#### (G) RHEUMATOID ARTHRITIS

This subject is still under investigation. Five cases have come up for vaccine treatment during the year. The first of these was in a young man who had suffered for some years, and was getting progressively worse. The left shoulder was immovable, his right wrist had practically no movement, and his elbows were only movable to a limited extent. His feet had become so painful at times as to prevent him walking. His pain and disability were worse in wet weather. There was no sign of pyorrhoea or gonorrhoea, and no history of any previous venereal disease. From his stool eight or nine lactose-fermenting bacilli were isolated. These were tested against the patient's serum, and one of them was agglutinated in a dilution of 1 in 300 of the serum. From this bacillus a vaccine was made up and inoculations were commenced with a dose of 10 million bacilli. In a week's time the dose was doubled, and the doubling of the dose was continued at intervals of 10 to 14 days. After four injections the patient said he felt better, after six injections there was a little increase in movement in the affected joints, and after ten injections the amount of recovery in the joints was appreciable. At the same time weather conditions ceased to affect the pain. After 20 injections the patient was feeling very fit, he had recovered a considerable amount of movement in his arms.

and all pain had disappeared. Some time after this patient began to recover, a lady came in the early stages of rheumatoid arthritis. A bacillus was isolated from her stool, which was agglutinated 1 in 250 by her blood serum. These injections cured this case completely. No pain and no disability remained. Shortly after this three more cases arrived in rapid succession. These were all much more advanced ones, almost as much so as the first case. They are still under treatment, but already exhibit a good deal of improvement. In all three the vaccine made was from the bacillus in the stool, which was agglutinated by the individual's serum. It would seem that here the arthritis was due to infection from the intestine by a definite bacillus and that such infection could be dealt with by a vaccine. Naturally, once bony changes have taken place in a joint, the most that can be hoped for is the arrest of the disease and partial recovery from the disability. Five cases are of course too few to judge from, and much more work must be done before one can draw any certain conclusions.

(H) WATER ANALYSES.

As stated above, these have occupied much time and thought during the year. The number of such analyses which had been previously carried out were very few, and had been limited practically to plating out on MacConkey's plates, the salt neutral red agar and then isolating lactose fermenters therefrom. When the question of a bacteriological examination of the Nairobi water supply came up, it seemed necessary to elaborate the technique, especially as the Principal Sanitation Officer requested that the water might be examined at regular intervals. Consequently it was decided to make the tests as exhaustive as possible without taxing the laboratory staff and equipment too much. Naturally the whole labour of the analyses fell on the bacteriologist, as it was obviously work which could not be left to Indian assistants accustomed to it.

The first examination of the Nairobi water supply was made soon after the reservoir was cleaned out. The supply is obtained from a number of springs at Kakuyu, roughly 15 miles to the north from Nairobi, and the water is collected in a small valley which

has a dam built across it. The original reservoir, which is formed by the floor of the valley, is surrounded by a cement catchment drain to collect surface water. This catchment drain, at the time of the first examination of the water, was in bad repair, and allowed surface water to leak into the reservoir. The sides of the valley are covered by long grass and bush. A corrugated iron fence runs round the valley, not at the top of the slope, but at a little distance down. Outside this corrugated iron fence there is a horse boma full of dung. The surface water from this is bound to travel down into the valley whenever there is heavy rain. On the top of the hill is situated Kakuyu Station, with a number of native huts. The water from the reservoir passes unfiltered into the main to the westward, 10 miles to Nairobi. The reservoir being open requires cleaning every year owing to the growth of stems and tops of plants. The cleaning is accomplished by grazing in most of the rain, and sending a number of natives into the reservoir, who work about in the water, pull up the plants and usually remain in the reservoir the whole day. It is witnessed that both animals and detrition by these natives actually take place into the reservoir. The reservoir is then allowed to fill again, and left for another year. Nairobi, when an outbreak of typhoid occurred in Nairobi soon after the cleaning of the reservoir, the water was analysed by the above method, was never found, but the examination of the water had failed at the water that various steps were taken to improve the water. It was decided, as an experiment, that bleaching powder should be added in certain proportions to the water, and the first filtering removed by the addition of sediment to the water in the filter is just beyond the reservoir. This plan has not yet been carried out, as no supply of bleaching powder has been available.

The next article to which attention was given was the water supply from the various factories in Nairobi. Some of these factories are situated in the immediate neighbourhood of the reservoir, and are not so far from the reservoir as the water shown in most cases, however, a high bacterial count, and an unsatisfactory chemical count, indicated many of the factories were getting their water from the reservoir, and were not getting their water from the main.

The source of the occasional contamination was located, and the two points at which it apparently occurred, were in the storage of the water after filtration in an open tank exposed to dust, etc., and in the use of bottles cleaned out with Nairobi water by means of a wire brush of doubtful cleanliness. Since the discovery that the soda water was liable to contamination, control of the factories has been maintained by bacteriological examinations at regular intervals.

The main difficulty has been the bringing of some standard by which the purity of the water could be judged. It is obvious that the quantity of *B. coli* may be large owing to their entrance into the water, etc., but in a water which is free from *B. coli* and its allies, it is possible to find a high standard and hold that it is safe for use, either by the provision of a certain amount of chlorine, followed by filtration, or by chemical disinfection. As Shays lays down in his book, "The Examination of Milk and Water Supplies," that

"Inland and Moorland surface waters, collected in reservoirs, may be regarded as satisfactory if they afford no evidence of the presence of the *Bacillus coli communis* in 100 c.c., and especially if the *B. coli* spores and spores cannot be detected in 100 c.c. at 77° F."

The results of the above-mentioned analyses for the various *B. coli* groups and for the spores of *B. enteritidis* and spores may be grouped as under:

1. Waters 100 c.c. of which contain no *B. coli* capable of fermenting bile salt glucose broth, and which contain no spores of the *B. coli* group or its allies in 100 c.c. of the water.

2. Waters 100 c.c. of which contain no *B. coli* capable of fermenting bile salt glucose broth, but which contain

spores of *B. enteritidis* sporogenes in 100 c.c. It was generally to be found that a little surface water is gaining access to the water, and that otherwise it would be of excellent quality.

3. Waters 100 c.c. of which contain bacteria capable of fermenting bile salt glucose broth, but not lactose broth, and which are free from the spores of *B. enteritidis* sporogenes and its allies. Waters of this character are very common. They are not of so high a degree of bacterial purity as those of Group 1, but they afford no evidence of contamination with sewage, manure, or surface water.

4. Waters 100 c.c. of which contain bacteria capable of fermenting bile salt glucose broth, but not lactose broth, and giving the milk reaction for *B. enteritidis* sporogenes and its allies. Such waters will almost invariably prove to be more or less affected by admixture with surface water or imperfectly filtered subsoil water.

5. Waters giving with 100 c.c. or less the presumptive and confirmatory reactions for the presence of colon bacilli, but not sustaining the true *B. coli* (flagellar, saccharic, and agglutinative) and not giving the *B. enteritidis* sporogenes reaction with the milk test. These waters give indications of surface relationship or of being derived from subsoil which has been affected by manurial matter. Whilst not admitting signs of dangerous pollution, some knowledge of the source would be required before giving a definite opinion. Repeated analyses should also be made, and especially of samples collected after heavy rainfalls.

6. Waters as Group 5, but containing also the *B. enteritidis* sporogenes in 250 c.c. or under. This status gives a decisive indication of the presence of impurities derived from an objectionable source and requires careful inspection should be made before giving any definite opinion.

7. Waters containing bacteria of the true colon type, but spores of *B. enteritidis* sporogenes in 250 c.c.

Here the question of relative abundance, and the source of the water have to be taken into consideration. The majority

give rise to endless disputes among the members. The water may contain colon bacilli in 1 c.c. and yet be derived from a source beyond the risk of pollution, or it may only contain a single colon bacillus in 100 c.c., and yet this come from a dangerous source. If the *B. coli* is not found in 20 c.c., and streptococci cannot be found in 50 c.c., or *B. enteritidis sporogenes* in 500 c.c., the pollution at the time the sample was taken could scarcely have been of a dangerous character, but further examinations alone can tell whether more serious contamination ever occurs. Moorland and upland waters may not reach even this standard, and yet be perfectly wholesome, if the source upon examination is found free from the risk of contamination by human beings.

" 8. Waters containing both *B. coli* and the spores of *B. enteritidis sporogenes*. Such waters must be regarded as contaminated with sewage or manurial matter, but whether dangerous or not can only be ascertained (if at all) by an examination of the source. I have known the presence of a large number of gulls on a reservoir cause pollution of this character. I could not say that the water was unwholesome, but it enabled me to press the necessity for careful filtration.

" It is perfectly obvious that a chemical or bacteriological examination of a sample of water can only justify an opinion upon that particular sample, and not upon the source from which it was obtained. Yet a large number of people who send odd samples of water for examination conclude that if the report is satisfactory the source is also satisfactory. It is quite true that if the water is found to be polluted, the source is unsatisfactory (assuming that the sample was properly taken), but it does not follow that if the sample is of good quality the source is a safe one from which to derive water. The source which yielded the impure sample may be inherently unsatisfactory and incapable of being made satisfactory, or, on the other hand, it may admit of being adequately protected, possibly with very little trouble or expense." (Loc. cit. p. 234)

10 c.c. and 500 c.c., and *B. enteritidis sporogenes* and allied organism in 500 c.c., and if from the appearance of the collecting vessel it is obviously open to pollution with sewage or manurial matter, it has seemed best to consider its use in an unboiled or unfiltered condition.

As regards soda waters, inasmuch as these are supposed to be subject to adequate filtration, it has been customary to demand that no colonies should grow on 1 c.c. of sterile salt neutral red agar from 1 c.c., and that *B. coli*, streptococci and *B. enteritidis sporogenes* should be absent from 50 c.c. With the present laboratory equipment and staff the testing of larger quantities of water, except in special cases, is impossible as a routine measure. The soda water from two of the factories has given consistently good results after bacteriological control of soda water was instituted, except for one sample from the Uganda Railway Soda Water Factory. This was traced to dirty bottles, and since adequate methods of cleaning retained empties were instituted, the soda water from this factory has been practically sterile.

In appendix II. will be found a summary of the results of the various water analyses.

W. H. KAUNZEL,

Senior Bacteriologist, F. S. P.











any particular organism. It is necessary to ensure that it really has been obtained from a particular case and is not merely a contaminant.

Again, there is no plant on order from England. When it arrives there is no accommodation for it. The Analytical Laboratory, which occupies a portion of the Laboratory building, is pressing for more room. The Bacteriological Laboratory is still more cramped, especially as the staff is being increased. The present site of the Laboratory forbids extension enough to supply three rooms for each laboratory. Consequently it would seem better policy to use the money that would otherwise be spent on building these six rooms in the erecting of a part of a new Bacteriological Laboratory building on a fresh site, the Analytical Laboratory taking over the rooms in the present building that will then be vacated by the Bacteriological Department. (Dust does not interfere to any extent with the Analytical Laboratory work.)

The question is apparently one of finance. It is estimated that to meet the present requirements of the Protectorate a sum of £22,000 must be expended over Laboratory buildings, stables and staff quarters with a further £23,000 to complete the Laboratory as extensions of its work are rendered necessary. Now if the work done in the Laboratory during 1919 is estimated on the same scale as the charge to the outside public, the actual revenue or saving of expenditure to the Government amounted to £9,749, distributed as follows:

Examinations	£5,145
Half hygienic	£3,002
Vaccines	£1,412
	-----
Total	£9,749

This sum is £20,000 in excess of the actual estimate of expenditure of the Laboratory for the financial year April, 1919, to March, 1920, and this does not include the value to the country of any research work done as it cannot be calculated. Even from the financial point of view, therefore, the Laboratory is a paying investment.

Plan of  
**SURROUNDINGS OF BACTERIOLOGICAL LABORATORY**  
 TO ACCOMPANY APPENDIX IV.

N.B. Huts marked WC are actually pit latrines without provision for the covering of excreta.

Scale  
 41.66 Feet = 1 inch.



Map drawn by Major General of London Wall, London.

GOVERNMENT

W.C.  
 Administrator  
 General  
 Inspector  
 General  
 of Police

Government

Bacteriological

Analytical  
 Laboratory

W.C.  
 Boys  
 Quarters

W.C.  
 (Photographers)  
 A.M. Jeyanjee  
 Hairdressing Shop

Boma  
 Trading Co  
 (J. Tate)

ROAD

EIGHTH AVENUE

## APPENDIX V.—VACCINATION RETURN.

A table is appended showing the returns of all vaccinations performed in East Africa during the year 1919. It will be noted that an extremely large number of results unknown is recorded. This is inevitable in certain places, but is unexpected in such places as Nairobi Prison and the Police Depot. As an indication of the value of the lymph, the result is valueless, partly on the ground that a mass result is not possible. The ground that of the lymph is not perfect. The table has been made up to the latest possible date. It may be taken that the children are all first vaccinations. Some of the adults have been vaccinated probably at least once previously. It will be noted that the calf lymph does not seem to have been so satisfactory from December, 1919, to April, 1920, these being the months when the day air temperature is highest in East Africa, and the defect in transport being the real cause of inefficiency. It would seem that, given good technique, the lymph is satisfactory. In transportation, the present lymph is not so good as the previous one, and the results are inferior.

STATEMENT SHOWING THE PLACE AND NUMBER OF VACCINATIONS  
PERFORMED AT EACH STATION DURING THE YEAR 1919

Stations	Vaccination			Unknown
	Number	Failed	Partial	
Mombasa	16,424	—	—	12,424
Lamu	4,000	700	881	2,417
Malindi	3,110	9	17	3,083
Kilindini	26	6	12	8
Machakos	17,328	—	—	11,328
Nairobi Prison	1,050	105	60	885
Nairobi	62,496	—	—	62,496
Kyambui	1,048	19	65	954
Makindu	2,241	15	154	2,056
Kitui	268	34	168	66
Nakuru	1,840	—	—	1,840
Naivasha	329	77	14	238
Eldama Ravine	1,751	—	—	1,751
Kabarnet	900	—	—	900
Kachelba	126	40	37	49
Fort Hall	51,206	508	334	50,364
Nyeri	48,270	500	1,501	46,269
Embu	11,548	—	—	11,548
Meru	500	92	140	19
Kisumu	30,300	—	—	30,300
Kisumu Native Civil Hospital	131	—	—	131
Mumias	1,172	—	—	1,172
Mericho	3,550	19	307	3,224
Nandi	222	4	33	185
Mombasa Prison	73	64	250	159
Eldoret	1,068	163	676	249
Nyamira	1,146	1,025	94	110
Kisii	362	44	113	205
Police Depot	276	—	—	276
Archers' Post	177	—	—	177
Sereni	500	—	—	500
TOTAL	601,629	3,802	6,155	591,672

RESULTS OF VACCINATION IN NYSWA PROVINCE

Year	Vaccinations		Adults		Children		Of those vaccinated, percentage successful
	Observed	Successful	Observed	Successful	Observed	Successful	
August, 1919	222	122	307	84.4	9	9	100.0
September, 1919	32	9	9	100.0	15	15	100.0
October, 1919	68	6	—	—	18	14	100.0
November, 1919	83	44	44	100.0	11	11	100.0
December, 1919	39	20	27	111.1	55	55	94.5
January, 1920	10	0	—	—	16	7	57.1
February, 1920	11	11	2	39.1	3	3	100.0
March, 1920	44	0	2	—	0	0	—
April, 1920	14	14	3	85.7	0	6	80.0
May, 1920	32	23	23	71.9	49	47	95.9
TOTAL	464	286	207	82.1	185	176	95.1

APPENDIX VII - METEOROLOGICAL RETURN FOR THE YEAR 1949

GOVERNMENT LABORATORY, NAIROBI

Month	TEMPERATURE						RAINFALL			WINDS		Relative Humidity
	Star Maximum	Maximum in Shade	Mean Maximum	Mean Minimum	Range Mean to Mean	Mean Minimum and Mean in Shade	Amount in inches	Number of days	Direction	Average Force		
January	80.4	55.3	25.1	67.89	0.24	36.80	—	—	—	—	—	
February	82.1	58.1	24.6	70.07	3.22	50.66	—	—	—	—	—	
March	84.2	57.3	26.0	70.28	7.46	60.23	—	—	—	—	—	
April	77.5	56.2	19.3	67.71	6.88	62.03	—	—	—	—	—	
May	76.6	56.2	20.1	66.43	3.46	65.63	—	—	—	—	—	
June	78.8	52.4	33.4	64.70	0.22	61.35	—	—	—	—	—	
July	68.6	52.6	16.3	60.68	8.43	71.39	—	—	—	—	—	
August	75.0	51.8	24.7	65.91	1.12	64.70	—	—	—	—	—	
September	77.1	54.4	22.7	65.72	2.14	63.93	—	—	—	—	—	
October	74.7	56.3	18.5	65.44	3.64	66.20	—	—	—	—	—	
November	74.0	56.0	18.0	65.48	3.35	67.75	—	—	—	—	—	
December	76.6	54.0	22.6	65.38	1.86	62.45	—	—	—	—	—	
Year average	77.0	55.2	21.8	66.11	36.24	64.01	—	—	—	—	—	

APPENDIX VII - METEOROLOGICAL RETURN FOR THE YEAR 1949

GOVERNMENT LABORATORY, NAIROBI

Month	TEMPERATURE						RAINFALL			WINDS			Relative Humidity
	Mean Maximum	Maximum	Mean	Mean Minimum	Range	Mean Minimum	Mean Maximum	Amount in inches	Direction	Force	Direction	Force	
January	86.4	55.3	25.1	62.80	0.24	56.90	—	—	—	—	—	—	—
February	82.1	58.1	24.0	70.07	3.22	56.66	—	—	—	—	—	—	—
March	84.2	57.3	26.6	70.78	7.69	60.23	—	—	—	—	—	—	—
April	77.5	58.2	19.0	67.81	6.88	67.03	—	—	—	—	—	—	—
May	70.6	56.2	20.4	66.43	3.46	68.63	—	—	—	—	—	—	—
June	75.8	52.4	23.4	64.70	0.22	63.75	—	—	—	—	—	—	—
July	68.6	52.0	16.0	60.08	8.43	71.39	—	—	—	—	—	—	—
August	78.0	51.8	24.3	63.91	1.12	64.70	—	—	—	—	—	—	—
September	72.1	54.4	23.7	65.72	2.14	63.93	—	—	—	—	—	—	—
October	74.7	56.3	18.5	65.44	3.64	66.20	—	—	—	—	—	—	—
November	74.0	56.0	18.9	65.48	3.35	67.75	—	—	—	—	—	—	—
December	76.6	54.0	22.6	65.32	1.86	62.45	—	—	—	—	—	—	—
Year average	77.0	55.2	21.8	66.11	36.24	64.01	—	—	—	—	—	—	—

APPENDIX VII - METEOROLOGICAL RETURN FOR THE YEAR 1949

GOVERNMENT LABORATORY, NAIROBI

Month	TEMPERATURE						RAINFALL		WINDS	
	Mean Maximum Celsius	Mean Maximum Shade	Mean Minimum	Range Mean to daily	Mean and Minimum	Amount in inches	Direction	Force		
January	80.4	55.3	25.1	67.59	0.24	56.90	—	—		
February	82.1	56.1	24.0	70.07	3.22	50.06	—	—		
March	84.2	57.3	20.0	70.28	7.69	60.23	—	—		
April	77.5	50.2	19.3	67.81	6.88	67.03	—	—		
May	76.6	50.2	20.4	66.43	3.46	63.63	—	—		
June	75.8	52.4	23.4	64.70	0.22	63.75	—	—		
July	68.6	52.6	16.6	60.68	2.43	71.36	—	—		
August	75.0	51.8	24.7	63.91	1.12	64.70	—	—		
September	77.1	54.4	22.7	65.72	2.14	63.93	—	—		
October	74.7	56.2	18.5	65.44	3.64	66.20	—	—		
November	74.0	56.0	18.9	65.48	3.35	67.75	—	—		
December	76.6	54.0	22.6	65.38	1.86	62.95	—	—		
Year's average	77.0	55.2	21.8	66.11	36.24	64.01	—	—		

APPENDIX VII - METEOROLOGICAL RETURN FOR THE YEAR 1949  
 GOVERNMENT LABORATORY, NAIROBI

Month	TEMPERATURE					RAINFALL			WINDS		Remarks
	Maximum Excess	Maximum Mean	Range Mean to daily	Minimum Mean	Minimum and Maximum	Amount in inches	Direction	Average Force	General Direction	Average Force	
January	86.4	55.3	25.1	62.59	—	0.24	—	—	—	—	—
February	82.3	58.1	24.0	70.07	—	3.22	—	—	—	—	—
March	84.2	57.3	26.9	70.78	—	7.69	—	—	—	—	—
April	77.5	58.2	19.3	67.81	—	6.88	—	—	—	—	—
May	76.6	56.2	20.4	66.43	—	3.46	—	—	—	—	—
June	75.8	52.4	23.4	64.10	—	0.22	—	—	—	—	—
July	68.6	52.6	16.0	60.68	—	2.43	—	—	—	—	—
August	79.0	51.8	27.2	63.91	—	1.12	—	—	—	—	—
September	77.3	54.4	22.9	65.72	—	2.14	—	—	—	—	—
October	74.7	56.2	18.5	65.44	—	3.64	—	—	—	—	—
November	74.0	56.0	18.0	65.42	—	3.35	—	—	—	—	—
December	76.6	54.70	21.6	65.32	—	1.85	—	—	—	—	—
Year average	77.0	55.2	21.8	66.1	—	36.24	—	—	—	—	—

APPENDIX VII - METEOROLOGICAL RETURN FOR THE YEAR 1949  
 GOVERNMENT LABORATORY, NAIROBI

Month	TEMPERATURE				RAINFALL		WINDS		Relative Humidity
	Star Maximum	Maximum Ceiling	Mean Shade	Mean Minimum	Mean 24 hourly	Maximum and Minimum	Amount in inches	Direction	
January	86.4		55.3	25.1	62.89	0.24	58.91		
February	82.1		58.1	24.0	70.07	3.22	56.66		
March	84.2		57.3	26.0	70.78	7.69	60.23		
April	77.5		56.2	19.3	67.81	6.88	62.03		
May	76.6		56.2	20.4	66.43	3.46	63.63		
June	75.8		52.4	23.4	64.10	0.22	61.75		
July	68.6		52.0	16.0	60.68	2.43	71.39		
August	75.0		51.8	24.3	63.91	2.12	64.70		
September	77.1		54.4	22.7	65.72	2.14	63.93		
October	74.7		56.2	18.5	65.44	3.64	66.20		
November	74.0		56.0	18.9	65.42	3.35	67.75		
December	76.6		54.0	22.6	65.32	1.85	62.25		
Year average	77.0		55.2	21.8	66.1	36.24	64.03		

JANUARY, 1910

Date	Maximum Temperature				Minimum Temperature						
	Wet bulb	Dry bulb	Low point	Humid. rel.	Wet bulb	Dry bulb	Low point	Humid. rel.			
1	74.6	57.5	0.00	66.0	62.0	58.5	88.0%	63.0	64.0	59.1	68.0%
2	75.0	57.0	0.00	66.0	62.0	58.5	88.0%	63.0	64.0	59.1	68.0%
3	75.5	56.5	0.00	61.0	63.0	59.5	88.0%	65.0	74.0	59.7	62.0%
4	75.5	55.0	0.00	61.0	64.0	58.5	82.0%	65.0	73.0	59.1	62.0%
5	80.0	60.0	0.00	63.0	68.0	59.1	73.0%	65.0	74.0	58.4	68.0%
6	76.0	58.0	0.00	62.0	67.0	58.0	73.0%	62.0	71.0	53.0	81.0%
7	77.0	55.0	0.00	60.0	63.0	57.5	82.0%	65.0	74.0	55.4	88.0%
8	79.5	53.0	0.00	63.0	68.0	56.1	73.0%	64.0	74.0	55.5	41.0%
9	82.0	57.0	0.00	64.0	71.0	55.7	65.0%	65.0	78.0	56.8	42.0%
10	79.5	57.0	0.00	62.0	67.0	58.0	73.0%	64.0	76.0	55.5	49.0%
11	80.5	59.0	0.00	62.0	67.0	58.0	73.0%	65.0	78.0	57.0	47.0%
12	80.5	58.0	0.00	59.0	67.0	57.1	88.0%	64.0	77.0	54.0	47.0%
13	79.0	58.0	0.00	62.0	66.0	58.0	80.0%	63.0	74.0	57.0	47.0%
14	79.0	55.0	0.00	62.0	68.0	57.5	68.0%	63.0	77.0	54.2	48.0%
15	77.0	54.0	0.00	60.0	64.0	56.7	87.0%	63.0	77.0	54.4	47.0%
16	79.0	56.0	0.00	58.0	64.0	56.7	88.0%	62.0	77.0	54.4	47.0%
17	82.0	55.0	0.00	63.0	67.0	59.5	73.0%	65.0	74.0	57.0	47.0%
18	80.5	53.0	0.00	63.0	71.0	60.0	61.0%	65.0	80.0	57.0	41.0%
19	79.0	53.0	0.19	63.0	70.0	59.5	61.0%	65.0	78.0	56.0	45.0%
20	80.0	56.0	0.00	63.0	70.0	57.0	65.0%	64.0	80.0	57.0	47.0%
21	80.0	56.0	0.00	63.0	68.0	55.5	80.0%	63.0	80.0	57.0	47.0%
22	81.0	57.0	0.00	62.0	72.0	54.5	54.0%	64.0	80.0	57.0	47.0%
23	81.5	58.0	0.03	61.0	70.0	54.0	57.0%	65.0	80.0	57.0	47.0%
24	81.0	52.0	0.00	61.0	68.0	55.5	64.0%	65.0	80.0	57.0	47.0%
25	83.0	51.0	0.00	61.0	69.0	54.3	60.0%	66.0	81.0	57.0	47.0%
26	83.0	53.0	0.00	61.0	67.0	56.3	68.0%	65.0	80.0	57.0	47.0%
27	82.0	54.0	0.08	60.0	65.0	55.0	73.0%	66.0	80.0	57.0	47.0%
28	84.0	55.0	0.22	64.0	66.0	57.0	71.0%	67.0	80.0	57.0	47.0%
29	84.0	54.0	0.00	62.0	70.0	55.8	61.0%	66.0	81.0	57.0	47.0%
30	84.0	55.0	0.00	63.0	71.0	56.0	61.0%	66.0	82.0	57.0	47.0%
31	85.0	55.0	0.00	62.0	73.0	55.2	67.0%	66.0	83.0	57.0	47.0%

Mean maximum temperature 80.40 F  
 Mean minimum " 53.49 F  
 Maximum recorded " 84.00 F  
 Minimum recorded " 51.00 F  
 Extreme daily range " 33.00 F  
 " monthly range " 35.00 F  
 Mean monthly range " 25.71 F  
 " temperature " 46.72 F

KADAMBA

Total rainfall

Number of wet days

Mean humidity %

FEBRUARY, 1910

Date	Maximum Temperature				Minimum Temperature						
	Wet bulb	Dry bulb	Low point	Humid. rel.	Wet bulb	Dry bulb	Low point	Humid. rel.			
1	85.5	57.0	0.00	61.0	71.0	58.0	61.0%	63.0	81.0	67.0	62.0%
2	86.0	57.0	0.00	62.0	70.0	55.0	61.0%	63.0	81.0	40.1	60.0%
3	85.0	55.0	0.00	62.0	71.0	55.0	85.0%	62.0	81.0	48.0	60.0%
4	85.0	50.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
5	84.0	55.8	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
6	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
7	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
8	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
9	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
10	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
11	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
12	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
13	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
14	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
15	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
16	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
17	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
18	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
19	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
20	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
21	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
22	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
23	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
24	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
25	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
26	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
27	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
28	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
29	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
30	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%
31	83.0	56.0	0.00	63.0	70.0	55.0	85.0%	63.0	81.0	40.1	60.0%

Mean maximum temperature

Mean minimum " "

Maximum recorded " "

Minimum recorded " "

Extreme daily range " "

" monthly range " "

Mean monthly range " "

" temperature " "

Date	Max. temp. Degree F.	Min. temp. Degree F.	A. S. Rain. Inches	4 p.m.							
				Wet bulb	Dry bulb	Dew point	Humid. %	Wet bulb	Dew point	Humid. %	
1	79.0	68.0	0.75	64.0	70.0	59.4	69.0%	64.0	70.0	59.4	69.0%
2	86.0	58.5	0.00	61.0	65.0	61.4	88.0%	64.0	72.0	58.0	61.0%
3	76.0	58.0	0.00	62.0	65.0	59.5	83.0%	65.0	75.0	57.8	55.0%
4	82.0	57.5	0.00	62.0	65.0	59.5	83.0%	65.0	77.0	56.6	50.0%
5	80.5	58.0	0.00	63.0	68.0	59.1	73.0%	65.0	70.0	55.4	44.0%
6	80.0	57.0	0.00	63.0	67.0	59.8	78.0%	64.0	77.0	54.9	47.0%
7	81.0	58.0	0.00	63.0	67.0	59.8	78.0%	64.0	80.0	53.1	39.0%
8	80.0	58.0	0.00	64.0	67.0	61.4	88.0%	65.0	70.0	55.4	44.0%
9	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	78.0	54.3	44.0%
10	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	65.0	80.0	54.8	41.0%
11	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	76.0	53.7	42.0%
12	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	80.0	53.1	39.0%
13	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	80.0	53.7	42.0%
14	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	80.0	53.1	39.0%
15	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	80.0	53.7	42.0%
16	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	80.0	53.1	39.0%
17	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	80.0	53.7	42.0%
18	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	80.0	53.1	39.0%
19	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	80.0	53.7	42.0%
20	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	80.0	53.1	39.0%
21	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	80.0	53.7	42.0%
22	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	80.0	53.1	39.0%
23	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	80.0	53.7	42.0%
24	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	80.0	53.1	39.0%
25	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	80.0	53.7	42.0%
26	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	80.0	53.1	39.0%
27	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	80.0	53.7	42.0%
28	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	80.0	53.1	39.0%
29	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	80.0	53.7	42.0%
30	80.0	57.0	0.00	64.0	67.0	61.4	88.0%	64.0	80.0	53.1	39.0%

Mean maximum temperature	77.42 F	
Mean minimum	58.15 E	
Maximum recorded temperature	86.0 F	RAINFALL
Minimum recorded temperature	51.20 F	Total rainfall
Extreme daily range	34.80 F	Number of wet days
Monthly range	26.80 F	Mean humidity
Mean monthly range	47.78 F	9-43.0%

Date	Max. temp. Degree F.	Min. temp. Degree F.	A. S. Rain. Inches	4 p.m.							
				Wet bulb	Dry bulb	Dew point	Humid. %	Wet bulb	Dew point	Humid. %	
1	74.0	58.0	0.34	63.0	62.0	58.1	88.0%	64.0	70.0	57.0	65.0%
2	74.0	60.0	0.08	62.0	64.0	60.2	88.0%	64.0	72.0	58.0	61.0%
3	76.0	58.0	1.45	63.0	65.0	60.3	88.0%	64.0	71.0	58.7	65.0%
4	78.0	56.0	0.05	65.0	66.0	61.4	88.0%	64.0	78.0	55.5	64.0%
5	73.0	59.0	0.02	65.0	67.0	60.1	88.0%	64.0	63.0	59.5	88.0%
6	73.0	59.0	0.31	64.0	65.0	59.3	88.0%	64.0	66.0	58.8	78.0%
7	77.0	56.0	0.83	64.0	62.0	60.1	94.0%	63.0	75.0	56.7	84.0%
8	77.0	56.5	0.35	62.0	66.0	58.8	78.0%	63.0	74.0	55.0	84.0%
9	79.0	57.0	0.54	63.0	70.0	57.6	64.0%	62.0	70.0	58.0	73.0%
10	79.0	56.0	0.19	63.0	70.0	57.6	64.0%	64.0	74.0	56.7	65.0%
11	73.0	59.0	0.00	61.0	65.0	57.7	78.0%	63.0	72.0	56.2	67.0%
12	77.0	56.0	0.00	64.0	68.0	59.1	71.0%	64.0	75.0	56.4	68.0%
13	78.0	53.0	0.00	62.0	68.0	57.3	68.0%	64.0	75.0	56.1	68.0%
14	78.0	54.0	0.00	64.0	68.0	55.3	64.0%	64.0	75.0	54.4	49.0%
15	81.0	56.0	0.00	62.0	68.0	57.3	68.0%	64.0	78.0	56.9	39.0%
16	82.0	60.0	0.00	64.0	70.0	59.4	69.0%	64.0	78.0	54.3	44.0%
17	85.0	60.0	0.11	64.0	67.0	59.8	78.0%	64.0	73.0	57.3	58.0%
18	85.0	57.0	0.20	64.0	68.0	59.1	71.0%	65.0	75.0	56.8	55.0%
19	79.0	58.0	0.13	63.0	70.0	57.6	66.0%	64.0	66.0	57.0	63.0%
20	80.0	58.0	0.22	64.0	70.0	59.4	69.0%	64.0	66.0	59.5	81.0%
21	77.0	60.0	0.29	63.0	68.0	59.1	71.0%	65.0	76.0	57.8	58.0%
22	75.0	58.0	0.00	63.0	66.0	60.6	83.0%	64.0	64.0	62.2	94.0%
23	74.0	58.5	0.05	62.0	67.0	58.0	71.0%	63.0	72.0	56.2	57.0%
24	76.5	59.0	0.00	63.0	67.0	59.8	78.0%	65.0	75.0	57.8	55.0%
25	76.5	59.0	0.00	64.0	70.0	59.4	69.0%	65.0	75.0	57.8	55.0%
26	77.0	58.0	0.04	62.0	66.0	58.8	78.0%	63.0	74.0	55.0	64.0%
27	78.0	58.0	0.00	62.0	67.0	57.3	68.0%	65.0	75.0	58.0	64.0%
28	80.0	57.0	0.00	64.0	66.0	60.1	73.0%	65.0	76.0	57.2	54.0%
29	81.5	61.0	0.00	65.0	72.0	59.7	65.0%	65.0	80.0	54.8	41.0%
30	78.5	60.5	0.00	63.0	68.0	59.3	74.0%	64.0	75.0	54.4	49.0%

Mean maximum temperature	77.42 F	
Mean minimum	58.15 E	
Maximum recorded temperature	86.0 F	RAINFALL
Minimum recorded temperature	51.20 F	Total rainfall
Extreme daily range	34.80 F	Number of wet days
Monthly range	26.80 F	Mean humidity
Mean monthly range	47.78 F	9-43.0%

Date	Max. temperature		Min. temperature		Wet bulb	Dry bulb	New point	Humidity	Wind	Direction	Rain	Direction	Force	State of sky
	Day	Night	Day	Night										
1	79.0	68.5	67.5	64.0	70.0	70.0	59.4	69.0%						
2	79.0	58.5	66.0	63.0	69.0	67.4	58.0%	64.0		70.0	59.4	69.0%		
3	77.0	58.0	66.0	62.0	67.0	73.6	58.0%	64.0		73.6	58.0	61.0%		
4	82.0	57.5	66.0	62.0	66.0	59.5	81.0%	64.0		75.0	57.8	55.0%		
5	80.5	58.0	66.0	62.0	66.0	59.5	83.0%	65.0		77.0	56.6	50.0%		
6	80.0	57.0	65.0	62.0	65.0	59.1	73.0%	65.0		79.0	55.4	44.0%		
7	81.0	56.0	65.0	62.0	67.0	59.8	78.0%	64.0		77.0	54.9	47.0%		
8	80.0	56.0	65.0	61.0	67.0	59.8	78.0%	64.0		80.0	54.1	39.0%		
9	80.0	56.0	65.0	62.0	67.0	63.4	88.0%	65.0		79.0	54.4	44.0%		
10	81.5	57.0	65.0	62.0	67.0	59.4	69.0%	65.0		80.0	54.8	41.0%		
11	79.5	56.0	65.0	62.0	66.0	58.7	76.0%	64.0		79.0	54.7	42.0%		
12	80.0	55.0	64.0	61.0	66.0	58.3	64.0%	62.0		79.0	53.8	61.0%		
13	82.5	57.0	65.0	62.0	70.0	58.0	61.0%	64.0		80.0	53.1	38.0%		
14	83.5	61.0	65.0	61.0	70.0	57.0	65.0%	64.0		82.0	51.6	35.0%		
15	84.0	60.0	65.0	61.0	68.0	56.1	73.0%	63.0		80.0	51.4	37.0%		
16	82.0	58.0	65.0	61.0	70.0	57.0	68.0%	63.0		80.0	51.4	37.0%		
17	81.0	56.5	65.0	62.0	68.0	55.3	68.0%	61.0		80.0	51.0	39.0%		
18	81.5	58.0	65.0	63.0	69.0	55.3	68.0%	63.0		80.0	51.4	37.0%		
19	80.0	54.0	65.0	62.0	68.0	55.3	68.0%	61.0		80.0	51.4	37.0%		
20	83.0	58.0	65.0	61.0	70.0	57.0	65.0%	63.0		82.0	51.4	37.0%		
21	85.0	61.0	65.0	62.0	72.0	56.7	65.0%	63.0		82.0	50.2	33.0%		
22	86.5	55.0	65.0	61.0	70.0	57.0	65.0%	64.0		83.0	49.7	32.0%		
23	87.0	57.0	65.0	63.0	70.0	57.0	65.0%	64.0		84.0	50.2	30.0%		
24	86.0	56.0	65.0	64.0	71.0	57.0	65.0%	64.0		80.0	49.7	35.0%		
25	84.0	54.0	65.0	61.0	67.0	56.3	78.0%	62.0		79.0	50.3	37.0%		
26	86.5	59.0	65.0	62.0	70.0	55.3	61.0%	62.0		76.0	51.4	41.0%		
27	76.5	59.0	61.0	62.0	70.0	55.3	61.0%	62.0		76.0	51.4	41.0%		
28	71.0	59.0	61.0	62.0	70.0	55.3	61.0%	62.0		74.0	51.4	41.0%		
29	74.0	59.0	61.0	62.0	70.0	55.3	61.0%	62.0		74.0	51.4	41.0%		
30	75.0	59.0	61.0	62.0	70.0	55.3	61.0%	62.0		74.0	51.4	41.0%		
31	70.0	58.0	61.0	61.0	67.0	59.3	88.0%	63.0		67.0	50.8	78.0%		

Mean maximum temperature	84.24 F
Mean minimum	57.34 F
Maximum recorded temperature	87.00 F
Minimum recorded temperature	51.00 F
Extreme daily range	31.30 F
.. monthly range	30.00 F
Mean monthly range	26.80 F
.. temperature	17.78 F

## RAINFALL

Total rainfall	7.66 ins.
Number of wet days	8
Mean humidity, 9 a.m.	73.26%
.. 4 p.m.	47.19%

Date	Max. temperature		Min. temperature		Wet bulb	Dry bulb	New point	Humidity	Wind	Direction	Rain	Direction	Force	State of sky
	Day	Night	Day	Night										
1	74.0	58.0	60.34	63.0	62.0	59.1	88.0%	61.0		70.0	57.0	65.0%		
2	74.0	60.0	60.06	62.0	64.0	60.3	88.0%	64.0		72.0	56.0	61.0%		
3	76.0	58.0	61.45	61.0	65.0	61.4	88.0%	64.0		71.0	54.7	65.0%		
4	78.0	59.0	61.05	61.0	65.0	61.4	88.0%	64.0		68.0	55.5	64.0%		
5	73.0	59.0	60.02	65.0	73.0	60.1	62.0%	61.0		63.0	50.3	88.0%		
6	73.0	59.0	61.31	61.0	63.0	59.3	88.0%	62.0		60.0	56.8	78.0%		
7	77.0	56.0	60.83	61.0	62.0	60.1	64.0%	64.0		75.0	56.1	52.0%		
8	77.0	56.5	60.55	62.0	66.0	58.8	78.0%	64.0		74.0	56.0	52.0%		
9	79.0	57.0	60.54	63.0	70.0	57.0	69.0%	62.0		67.0	58.0	73.0%		
10	77.0	59.0	60.19	65.0	70.0	57.0	68.0%	64.0		69.0	56.7	55.0%		
11	73.0	59.0	60.00	62.0	65.0	57.7	78.0%	64.0		72.0	56.2	57.0%		
12	77.0	59.0	60.00	63.0	68.0	60.1	71.0%	63.0		75.0	56.1	53.0%		
13	78.0	53.0	60.00	62.0	68.0	57.3	68.0%	64.0		75.0	56.1	55.0%		
14	78.0	54.0	60.00	61.0	68.0	55.5	64.0%	63.0		75.0	54.4	49.0%		
15	81.0	56.0	60.00	62.0	68.0	55.3	68.0%	62.0		78.0	56.0	39.0%		
16	86.0	60.0	60.00	64.0	70.0	56.4	69.0%	64.0		88.0	54.3	44.0%		
17	78.0	60.6	60.11	63.0	67.0	59.8	78.0%	64.0		73.0	57.3	58.0%		
18	78.0	57.0	60.30	63.0	68.0	59.3	71.0%	65.0		75.0	57.8	55.0%		
19	79.0	58.0	60.13	63.0	70.0	57.0	65.0%	62.0		66.0	57.0	73.0%		
20	80.0	58.0	60.22	64.0	70.0	59.4	69.0%	62.0		65.0	59.5	83.0%		
21	77.0	60.0	60.29	63.0	68.0	59.1	73.0%	63.0		73.0	57.0	55.0%		
22	75.0	58.0	60.00	63.0	68.0	60.6	83.0%	63.0		64.0	62.2	64.0%		
23	74.0	58.5	60.63	62.0	67.0	58.0	73.4%	63.0		72.0	60.2	64.0%		
24	76.5	59.0	60.00	63.0	67.0	59.8	78.0%	65.0		75.0	57.8	55.0%		
25	76.5	59.0	60.00	64.0	70.0	59.4	69.0%	65.0		75.0	57.8	55.0%		
26	77.0	58.0	60.04	62.0	66.0	58.8	78.0%	63.0		74.0	55.0	52.0%		
27	78.0	58.0	60.00	62.0	63.0	57.3	68.0%	65.0		75.0	57.8	55.0%		
28	80.0	57.0	60.00	64.0	69.0	60.1	70.0%	65.0		76.0	57.2	52.0%		
29	81.5	61.0	60.00	65.0	72.0	59.7	65.0%	66.0		80.0	54.8	41.0%		
30	78.5	60.5	60.00	62.0	68.0	59.1	73.0%	61.0		75.0	54.4	49.0%		

Mean maximum temperature	77.47 F
Mean minimum	58.15 F
Maximum recorded temperature	81.50 F
Minimum recorded temperature	53.00 F
Extreme daily range	28.50 F
.. monthly range	28.50 F
Mean monthly range	19.32 F
.. temperature	6.78 F

## RAINFALL

Total rainfall	6.68 ins.
Number of wet days	17
Mean humidity, 9 a.m.	74.73%
.. 4 p.m.	59.33%

Time	Temp	Wind	Dir	Rel. Hum.	Bar	Wind	Dir	Rel. Hum.	Bar
1	70.5	6.00	0-8	61.0	68.0	54.1	73-0	61.0	73.0
2	80.0	6.00	0-8	61.0	68.0	50.1	73-0	61.0	74.0
3	78.0	6.00	0-8	61.0	68.0	50.2	68-0	61.0	74.0
4	79.0	6.00	0-8	61.0	68.0	50.1	73-0	61.0	76.0
5	80.0	5.30	0-0	62.0	66.0	58.3	68-0	65.0	78.0
6	80.0	5.80	0-0	62.0	67.0	58.0	71-0	63.0	76.0
7	82.0	6.00	0-0	61.0	71.0	57.3	58-0	64.0	78.0
8	78.0	6.00	0-18	62.0	69.0	55.8	78-0	66.0	76.0
9	80.0	5.00	0-0	61.0	67.0	56.2	68-0	65.0	76.0
10	81.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	75.0
11	78.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	76.0
12	78.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	76.0
13	78.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	76.0
14	78.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	76.0
15	78.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	76.0
16	78.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	76.0
17	78.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	76.0
18	78.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	76.0
19	78.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	76.0
20	78.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	76.0
21	78.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	76.0
22	78.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	76.0
23	78.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	76.0
24	78.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	76.0
25	78.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	76.0
26	78.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	76.0
27	78.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	76.0
28	78.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	76.0
29	78.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	76.0
30	78.0	5.00	0-0	62.0	66.0	55.8	78-0	65.0	76.0

Mean maximum temperature 75.7 F  
 Mean minimum temperature 52.2 F  
 Maximum recorded temperature 82.0 F  
 Minimum recorded temperature 50.0 F  
 Extreme daily range 32.0 F  
 Monthly range 34.3 F  
 Mean monthly range 31.1 F

Time	Temp	Wind	Dir	Rel. Hum.	Bar	Wind	Dir	Rel. Hum.	Bar
1	77.0	5.00	0-00	58.0	62.0	54.6	77-0	62.0	73.0
2	77.0	5.50	0-00	60.0	66.0	55.1	68-0	60.0	74.0
3	77.0	5.00	0-00	60.0	64.0	56.7	77-0	60.0	74.0
4	75.0	5.45	0-0	59.0	61.0	55.6	77-0	60.0	74.0
5	74.0	5.30	0-0	58.0	57.0	54.6	77-0	60.0	74.0
6	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
7	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
8	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
9	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
10	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
11	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
12	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
13	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
14	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
15	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
16	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
17	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
18	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
19	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
20	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
21	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
22	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
23	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
24	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
25	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
26	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
27	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
28	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
29	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0
30	74.0	5.30	0-0	60.0	57.0	54.6	77-0	60.0	74.0

Mean maximum temperature 75.7 F  
 Mean minimum temperature 52.2 F  
 Maximum recorded temperature 82.0 F  
 Minimum recorded temperature 50.0 F  
 Extreme daily range 32.0 F  
 Monthly range 34.3 F  
 Mean monthly range 31.1 F







1	75.0	54.0	0.00	0.10	10.0	55.0	72.0	0.00	70.0	57.0
2	76.0	52.0	0.00	0.00	0.00	55.0	71.0	0.00	75.0	50.1
3	76.0	51.0	0.00	0.10	0.20	55.8	70.0	0.00	75.0	50.1
4	78.0	57.0	0.00	0.20	0.30	55.8	71.0	0.00	75.0	50.1
5	78.0	56.0	0.00	0.10	0.00	55.0	70.0	0.00	75.0	50.1
6	76.0	56.0	0.00	0.20	0.20	55.0	70.0	0.00	75.0	50.1
7	77.0	57.0	0.00	0.10	0.10	59.3	78.0	0.00	75.0	52.1
8	78.0	57.0	0.00	0.10	0.10	56.5	78.0	0.00	75.0	50.1
9	77.0	57.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
10	77.0	58.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
11	79.0	56.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
12	76.0	57.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
13	76.0	56.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
14	76.0	56.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
15	76.0	56.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
16	76.0	56.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
17	76.0	56.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
18	76.0	56.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
19	76.0	56.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
20	76.0	56.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1

1. 1000  
 2. 1000  
 3. 1000  
 4. 1000  
 5. 1000  
 6. 1000  
 7. 1000  
 8. 1000  
 9. 1000  
 10. 1000  
 11. 1000  
 12. 1000  
 13. 1000  
 14. 1000  
 15. 1000  
 16. 1000  
 17. 1000  
 18. 1000  
 19. 1000  
 20. 1000

1	75.0	54.0	0.00	0.10	10.0	55.0	72.0	0.00	70.0	57.0
2	76.0	52.0	0.00	0.00	0.00	55.0	71.0	0.00	75.0	50.1
3	76.0	51.0	0.00	0.10	0.20	55.8	70.0	0.00	75.0	50.1
4	78.0	57.0	0.00	0.20	0.30	55.8	71.0	0.00	75.0	50.1
5	78.0	56.0	0.00	0.10	0.00	55.0	70.0	0.00	75.0	50.1
6	76.0	56.0	0.00	0.20	0.20	55.0	70.0	0.00	75.0	50.1
7	77.0	57.0	0.00	0.10	0.10	59.3	78.0	0.00	75.0	52.1
8	78.0	57.0	0.00	0.10	0.10	56.5	78.0	0.00	75.0	50.1
9	77.0	57.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
10	77.0	58.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
11	79.0	56.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
12	76.0	57.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
13	76.0	56.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
14	76.0	56.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
15	76.0	56.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
16	76.0	56.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
17	76.0	56.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
18	76.0	56.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
19	76.0	56.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1
20	76.0	56.0	0.00	0.10	0.10	50.3	78.0	0.00	75.0	52.1

1. 1000  
 2. 1000  
 3. 1000  
 4. 1000  
 5. 1000  
 6. 1000  
 7. 1000  
 8. 1000  
 9. 1000  
 10. 1000  
 11. 1000  
 12. 1000  
 13. 1000  
 14. 1000  
 15. 1000  
 16. 1000  
 17. 1000  
 18. 1000  
 19. 1000  
 20. 1000

42359

C O  
42359  
31  
RECEIVED  
NOV 20 1940

AFRICA PROTECT  
No. 133

GOVERNMENT



Report

copy of the  
of the

42358

Confidential

RIGHT HONORABLE  
VISCOUNT MILNER, K.C., G.C.B., G.C.O., G.C.S.I., G.C.M.G., &c., &c.  
SECRETARY OF STATE FOR THE DOMINIONS,  
DOWNING STREET.

As intimated in Sir Cassel's telegram No. 748 of the 13th September, 1919, the proposal has been in abeyance owing to lack of funds, and I trust that the observations on pages 13-15 of the Report will be taken into account before any definite decision is reached on this question.

(c) The Nairobi Water Supply.

Chemical treatment in the reservoir continues to engage attention and is being undertaken as opportunity offers. Negotiations are proceeding for the transferring the Water Supply to the Nairobi Municipality, and in such an event it is hoped to allocate funds for improving the system from the loan which the Municipality contemplate raising on their own behalf.

4. The congestion of work at the Government Press precludes the possibility of the Report being printed locally, and in view of the importance of its early issue I would ask that 350 copies may be printed in England. A similar procedure for the 1914-1916 Reports was suggested in my despatch No. 605 of the 23rd June, 1916.

4/11/19

52777

320

Doctor Kaun...  
 ... and  
 ...  
 can arrange details of ...  
 the Crown Agents for the ...  
 I shall be glad also if he may be  
 consulted in any question arising  
 out of this Report.

I have the honour to be  
 Your Lordship's  
 humble, obedient, servant

*Edward Northey*

GOVERNOR.

BACTERIOLOGICAL LABORATORY.

EAST AFRICA PROTECTORATE.

FOR THE YEAR

1919.

Dr. W. H. Kauntze

M.B.E., B.A., M.B. Ch. B. (Edin.)

M. B., B. S. (Lond.), M. S. (Lond.)

L. R. C. P. (Lond.).

ASSISTANT BACTERIOLOGIST. E.A.P.

## I. ORGANISATION.

As intimated in the Annual Report for 1918, Dr. Ross, Director of Laboratories, was invalided from the service on health grounds, and, though he did not leave the country till April, 1919, he was unfit for duty from January 1st, 1919 to that date.

From January 1st, 1919 to January 6th, 1919, Capt. Hughes, I.M.S. remained in charge of the Bacteriological Laboratory, but on Dr. Kaunzke's release from military service on January 7th, the latter officer took over charge and assumed the duties of his appointment as Pathologist and Asst. Bacteriologist. On the separation of the Bacteriological Laboratory from the Chemical Laboratory, and its reversion to the control of the Medical Department on April 1st, 1919, Dr. Kaunzke was appointed Senior Bacteriologist. The post of Pathologist and Assistant Bacteriologist thus left vacant remained unfilled during the remainder of the year. It was due to the shortage of staff in the Medical Department, Dr. Kaunzke had to take over the duties of Resident Surgical Officer at the European Hospital, Nairobi, from November 1st, 1919, in addition to the duties of his permanent office, and this naturally curtailed all research work in the Laboratory from

this case to the credit of the year. Only a few results have been ascribed on and most of this had to be entrusted to the Indian assistants, Mr. Pillay and Mr. Murali Das, to whom an acknowledgement of their invaluable services is due.

In the early months of the year, an attempt was made to secure an European Laboratory Assistant, but negotiations fell through, and so far this position has not been filled.

Clark J.X. Rodrigues returned from leave <sup>ON</sup> January 11th, 1919.

The main advance in organisation that has been made during the year is the separation of the chemical and bacteriological divisions of the Laboratory, the former becoming a department of its own, the latter forming a section of the Medical Department retaining however its entity in that its staff remains separate from the Protectorate medical staff.

The Laboratory Staff now consists of:-

1. Senior Bacteriologist.
1. Assistant Bacteriologist.
2. Indian Laboratory Assistants.
1. Sean Clerk.
9. African Laboratory Boys.

This is but the commencement of a much longer scheme which involves a new Laboratory building (the present one being most unsuited to the needs of bacteriological work) and an extension of staff. It is obvious that a building situated in the centre of the

324

in a room a few yards of the windows, is unsuited for bacteriological work in the Tropics where it is impossible to have dust-tight windows owing to the heat. Indeed this year has been a constant struggle to attempt to get uncontaminated media and cultures. This is not only wasteful but also breaking in those working in the laboratory. Furthermore, the accommodation is so poor and it is almost impossible to find all the work one wants to do. (See Appendix No. 1) The work during the year has increased considerably, particularly in the case of public health work, and with the present staff and accommodation it is almost impossible to carry out any research work worthy of the name. In other words the scientific value of the laboratory is being reduced as a source of original knowledge. There are however some very important medical research problems which require attention not only for the light which may be thrown on disease, but also for their economical regard to the labour question. It does not seem to be sufficiently realized that disease in relation to its effect on birth rate and death rate, is of great economic importance in a country where the material welfare of the great majority of the Europeans depends on the African labour supply. A deficient labour supply not only means increased difficulty in developing farms, but also higher wages. Dr. Ross in submitting his estimates for 1919-20 stated that in

probationers, the cow was apparently  
 quite endemically. A large sum of money  
 has been spent in fitting up a large and up-to-date  
 veterinary research laboratory. Now cows can be  
 replaced by importation from other countries, but  
 once epidemic disease has raised the death rate so that  
 it largely exceeds the birth rate in human beings,  
 the native labour supply cannot be supplemented in a  
 similar way. Dr. Clearkin, Medical Officer, Nyanza  
 Province, in his annual report for 1919 gives the  
 following information.

The percentage of children under 16 to women  
 is

In the Mandi District	81%
" " South Kavirondo District	65%
" " Lumbwa District	141%
" " North Kavirondo District	109%
" " Kisumu District (Nilotic)	87%
" " Kisumu District (Kalenjin)	125%
" " Nyandere District	99%

In the Nyanza Provinces therefore children under 16  
 only number 91% of the number of adult women, and  
 inasmuch as it may be taken that every native woman  
 marries and becomes pregnant five times in her life  
 at least, if we allow an average of 3 pregnancies for  
 each woman enumerated in these statistics, we shall  
 have made ample allowance for women ~~under 16~~ too  
 young to have had five pregnancies, and for women so  
 old that their children have grown up (old women  
 are comparatively scarce in these districts). We may

...the death of ... apparently of greater importance than ... and I quite endorse this opinion. A large sum of money has been spent in fitting up a large and up-to-date veterinary research laboratory. Now cows can be replaced by importation from other countries, but once epidemic disease has raised the death rate so that it largely exceeds the birth rate in human beings, the native labour supply cannot be supplemented in a similar way. Dr. Clearkin, Medical Officer, Nyanza Province, in his annual report for 1919 gives the following information.

The percentage of children under 15 to women is

In the Nandi District	81%
" " South Kavirondo District	81%
" " Lunenburg District	100%
" " North Kavirondo District	109%
" " Kisumu District (Ndiotie)	87%
" " Kisumu District (South)	125%
" " Nyangore District	93%

In the Nyanza Province therefore children under 15 only number 91 % of the number of adult women, and inasmuch as it may be taken that every native woman marries and becomes pregnant five times in her life at least, it will allow an average of 3 pregnancies for each woman enumerated in these statistics, we shall have made ample allowance for women under 15 too young to have had five pregnancies, and for women so old that their children have grown up (old women are comparatively scarce in these districts). We may

of all pregnancies do not result in children who die under the age of 15, a very serious state of affairs.

In view of these facts it would seem that the future labour supply is in grave danger of depletion, and if any grave epidemic disease breaks out, such as plague, influenza, cerebro-spinal meningitis, diseases which have wrought havoc among the natives in the past, the country will be faced with such a shortage of labour that the continued existence of a farming community will be threatened. The diseases which are apparently producing a diminished birth rate and increased death rate are, however, not the epidemic diseases, but diseases which do not attract the attention they deserve because their effects are not seen in a large and sudden increase in the death rate but in a gradual and insidious diminution in numbers and efficiency of the native population. Such diseases requiring investigation are unclassified fevers (mostly of a typhoid like character and very common), protozoal infections, bacillary dysenteries, leishman infections, etc.. In addition it is of great importance that research work should be carried out on small pox and the possibility of there being various strains of the organism; on the distribution and varieties of malaria and its mosquito hosts; on the isolation of the local strains of pneumococcus and meningococcus; on the endemicity of plague in the Maragoli Hills and its cause; on the endemicity of bacillary dysentery amongst the Lake tribes and its cause; on the isolation of the bacilli causing dysentery and the preparation

periodic outbreaks of disease amongst the Kavirondo and Kiak people; the identification of the bacterial flora of local water supplies and the significance of the various bacteria found; on the occurrence and distribution of *steptococci* with reference to the possibility of the introduction of yellow fever into East Africa; etc. etc.

It is now generally recognized that the future of medicine is more concerned with the prevention of disease than with its cure when developed, and this is still more true of disease in the Tropics where it tends to develop an epidemic form and ~~the~~ wipe out large portions of the native population. Such preventive measures as already exist have been founded on facts discovered in the laboratory, and in the future it must be the Laboratory to which the sanitarian will turn for the solution of the problems with which he is faced. It is therefore from the point of view of economics a sound investment to provide a well equipped and well staffed Laboratory as a preliminary to dealing with medical problems in the country. Such a Laboratory must be situated outside Nairobi yet in touch with the hospital there, and it must be well equipped and well staffed if it is to be of any value.

Improvements have been effected in the present laboratory buildings by the provision of a calf shed, and a small building containing a room for vaccinating calves and four stalls to hold calves during the incubation period. In the Laboratory itself the

from an office and Laboratory for the Senior Bacteriologist, and a work room for the Assistant Bacteriologist, and the old office has been divided to form an additional store room and a small library. A new fence has also been placed round the compound. Minor improvements in organisation include a card index system of filing Laboratory results, with separate divisions for water analysis, <sup>reports,</sup> Wassermann reactions, and stock cultures; and a simplified system of keeping stores and store ledgers.

WORK DONE:

A summary of the work done in the Laboratory during the year will be found in Appendix I. The year has mostly been spent in doing routine work, much of which has formerly not been regarded as a routine measure in the Laboratory. Few methods had consequently to be introduced and taught to the Indian assistants and this has taken much time. During the earlier part of the year the production of an efficient calf lymph was the most urgent necessity, and the first three months of the year were occupied in achieving this, as detailed below. Following on this a small epidemic of typhoid fever occurred amongst Europeans in Nairobi, with a few sporadic

This drew attention to the limited water supply, and the next few months were spent in standardizing a routine method of water analysis which would give all essential facts and yet be capable of accomplishment with the apparatus available in the Laboratory. In addition as no facts existed in the country on which a fair standard of purity of water could be founded, an investigation of such facts had to be made. Hardly had investigations of Nairobi water begun, than the Medical Officer of Health, Nairobi, requested examination of various soda waters sold in the town. It was soon obvious that the preparation of soda water in Nairobi was not carried out with the care necessary to secure a safe water, and in consequence the control of soda water by the Health Officer has necessitated a very large number of examinations during the year. When it is realized that only three incubators of a size 14" x 12" x 12" are available, it will be seen that only by careful arrangement could such water analysis be carried on without interfering too much with the other work of the Laboratory. In the intervals of this work, examinations of milk for typhoid, and elaboration of Wassermann reaction methods had to be carried out.

**A. CALF BREEDING PRODUCTION.**

At the beginning of the year, it was obvious from reports arriving from various Medical Officers

that the calf lymph as issued was not giving as high a percentage of "takes" as might be expected. As unfavourable reports were received, but from conversation with one or two Medical Officers it was gathered that the lymph though more satisfactory than it had been previously, still gave a rather larger proportion of failures than might be expected. On investigation of the methods by which calf lymph was made it would seem that the potency of the lymph was adversely affected by several factors. In the first place since August 1914 practically all building has been at a stand still in the Protectorate, and in consequence no proper accommodation existed for the calves, and vaccination of the calves and collection of the pulp had to be carried out in the open air. There is no doubt that the sun could reach <sup>NOT ONLY</sup> the pulp during its collection <sup>SUN</sup> and also the lymph used for vaccination of the calf. Under such conditions of exposure to sun and dust, the wonder is not that the lymph had a proportion of failures, but that it ever took at all. Open air vaccination also permitted of dust infecting the pulp.

Secondly the pulp was collected on the sixth and again on the ninth day. Now even on the sixth day some scabbing was marked, but on the ninth day the collection could scarcely have been more than material from the scabbing over of raw areas left after the collection on the sixth day, in other words the pulp was largely diluted by scab, and

that the calf lymph as issued was not giving as high a percentage of failures as might be expected. No unfavourable reports were received, but from conversation with one or two Medical Officers it was gathered that the lymph though more satisfactory than it had been previously, still gave a rather larger proportion of failures than might be expected. On investigation of the methods by which calf lymph was made it would seem that the potency of the lymph was adversely affected by several factors. In the first place since August 1914 practically all building has been at a stand still in the Protectorate, and in consequence no proper accommodation existed for the calves, and vaccination of the calves and collection of the pulp had to be carried out in the open air. There is no doubt that the sun could reach <sup>NOT ONLY</sup> the pulp during its collection and also the lymph used for vaccination <sup>BUT</sup> of the calf. Under such conditions of exposure to sun and dust, the wonder is not that the lymph had a proportion of failures, but that it ever took at all. Open air vaccination also permitted of dust infecting the pulp.

Secondly the pulp was collected on the sixth and again on the ninth day. Now even on the sixth day some fermentation was marked, but on the ninth day the collection could scarcely have been more than material from the scabbing over of raw areas left after the collection on the sixth day, in other words the pulp was largely diluted by scab,

and when it is considered that the pulp is adverted into lymph by grinding up with 10 parts by weight of glycerine and twice its weight of water, the dilution of the lymph is still more marked.

Thirdly although an ice chest existed in the Laboratory no ice had been obtainable for some considerable time. The lymph had therefore to be kept at room temperature (77° F) for six weeks before issue.

Fourthly no division of calves into "stock" calves and "paste" calves existed and the lymph was used indiscriminately for issue to the public or for vaccination of stock calves.

Fifthly attempts to rejuvenate the lymph by passage through monkeys had failed owing to the death of the monkeys obtained for the purpose.

The first improvement effected was in the collection of the pulp. Every calf was examined at least once in every 24 hours from the age of 72 hours onwards, and the pulp was collected when the vesicles matured. Unfortunately as might be expected, the strain obtained from a smallpox patient in September, 1917 had apparently degenerated, and typical vesicles were almost unobtainable. It was sought to improve the strain by picking out the best vesicles, and using the pulp so obtained for the vaccination of stock calves, but even this did not result in a satisfactory result. It was therefore decided to scrap the strain as soon as a fresh one could be obtained from a case of human smallpox.

No case of human smallpox became available, and

while waiting for one, the 1917 strain was passed through calves. This apparently caused a certain amount of improvement as better vesiculation was produced, and an increase in yield per calf was obtained. However before a human small pox case became available, orders were received from the Colonial Office to cease cultivation of small-pox virus except for experimental purposes and to obtain seed lymph from England for the vaccination of paste calves. When this arrived, it was possible to obtain a pulp from typical vesicles maturing between 96 and 120 hours after vaccination.

A second improvement was made by obtaining a supply of ice locally from March onwards and although this only maintained a temperature of about 5° C in the ice box, this was the best that could be done pending the arrival of an ice plant, an order for which was placed in England at the beginning of the year.

The third improvement effected was in the provision of proper accommodation for the calves. Two calf sheds were built, the larger one of which was divided into two, one half holding calves prior to vaccination, the other half calves after the pulp had been collected. The second shed contained a room in which vaccination of the calves and collection of the pulp <sup>was</sup> carried out, and four stalls for calves during the incubation period.

These improvements had been effected before the arrival in April of a confidential despatch from the Colonial Office embodying the recommendation of the

Advisory Medical and Sanitary Commission for Tropical Africa, who committed themselves to the recommendation that seed lymph should be sent from England for vaccination of paste calves, only lymph from such calves being issued to the public. The strain previously in use in B.E.A. at the same time was to be maintained only for further investigation.

Other further recommendations were made in regard to the preparation of the lymph, but as all these had already been carried out with one exception, it is unnecessary to detail them. The exception was in regard to the storage of the lymph. Dr. Ross was so convinced that the potency of lymph was maintained by storing the pulp underground with glycerine and water that this method was retained, but on the receipt of the despatch, the method advocated of grinding the pulp immediately after collection was substituted. No statistics are available to judge the relative value of the two methods.

The methods of vaccination of calves now employed in the Laboratory is as follows:-

- (1). Heifers 6-12 months old are kept a week or more for feeding up and to determine freedom from disease.
- (2). The abdomen of the calf is shaved, scarified and seed lymph rubbed in.
- (3). After 72 hours, the heifers are examined at 24 hours intervals to determine maturation of the vesicles.

Advisory Medical and Veterinary Committee for Tropical Africa. This Committee advocated a Central Lymph Station for East Africa and Uganda to be situated preferably in Uganda, and, as a temporary expedient, that seed lymph should be sent from England for vaccination of paste calves, only lymph from such calves being issued to the public. The strain previously in use in E.A.A. at the same time was to be maintained only for further investigation.

Further recommendations were made in regard to the preparation of the lymph, but as all these had already been carried out with one exception, it is unnecessary to detail them. The exception was in regard to the storage of the lymph. Dr. Ross was so convinced that the potency of lymph was maintained by storing the pulp unground with glycerine and water that this method was retained, but on the receipt of the despatch, the method advocated of grinding the pulp immediately after collection was substituted. No statistics are available to judge the relative value of the two methods.

The methods of vaccination of calves now employed in the laboratory is as follows:-

- (1). Heifers 6-12 months old are kept a week or more for feeding up and to determine freedom from disease.
- (2). The abdomen of the calf is shaved, scarified and seed lymph rubbed in.
- (3). After 72 hours, the heifers are examined at 24 hours intervals to determine maturation of the vesicles.

- (4). When the vesicles are matured, usually about 24 hours after vaccination, the contents are removed from the vesicles and vesicles collected.
- (5). The pulp so obtained is mixed with twice its weight of glycerine and twice its weight of water, and ground.
- (6). The ground lymph is kept in bulk for six days at room temperature, and following this for five weeks at 5° C in the ice chest.
- (7). The lymph is then filled into capillary tubes as required for issue.

~~XXXXXXXXXXXXXXXXXXXX~~

It is difficult to judge the lymph in the absence of reports. Only one unfavourable one has been received however, and there is strong reason to believe that the technique of vaccination was at fault and not the lymph. From conversations on the subject with a few medical officers, the lymph is apparently taking quite satisfactorily though there is no information available as to its immunising qualities.

The question of a combined Lymph Institute for East Africa and Uganda is a question which needs serious consideration. There is no doubt that it would economise staff, but whether it would produce

- (4). When the vesicles are matured, usually about 12 hours after vaccination, the scab is carefully removed from the vesicles and vesicles collected.
- (5). The pulp so obtained is mixed with twice its weight of glycerine and twice its weight of water, and ground.
- (6). The ground lymph is kept in bulk for six days at room temperature, and following this for five weeks at 5° C in the ice chest.
- (7). The lymph is then filled into capillary tubes as required for issue.

~~Vaccination Schedule~~

It is difficult to judge the lymph in the absence of reports. Only one unfavourable one has been received however, and there is strong reason to believe that the technique of vaccination was at fault and not the lymph. From conversations on the subject with a few medical officers, the lymph is apparently taking quite satisfactorily though there is no information available as to its immunising qualities.

The question of a combined lymph institute for East Africa and Uganda is a question which needs serious consideration. There is no doubt what it would economise staff, but whether it would produce

a lymph equally potent in the hot climate of Uganda and in the cold parts of the continent. East Africa is open to grave danger. Uganda has consistently complained of the lymph produced in Nairobi both as regards its taking and immunising qualities.

The Medical Officer of Health Kampala states that he had better results with the Dar-es-Salaam lymph. Uganda is now making its own lymph, so no reports on Nairobi lymph since improvements were introduced in its manufacture, are available. It is suggestive however that lymph prepared in a hot climate such as that of Dar-es-Salaam works better in the heat of Uganda than lymph produced in the cool climate of Nairobi. Dar-es-Salaam lymph in Nairobi however has been tried and proved to be ineffective. It seems possible therefore that lymph produced in a hot climate is unsuitable for use in a cool climate. Certainly it is a matter to be enquired into before attempting to produce a lymph for E.E.A. in a Central Lymph Institute situated in Uganda. Otherwise E.E.A. might be in the same position that Uganda was with Nairobi lymph. Another fact which has been recorded by Medical Officers both in Uganda and in E.E.A. is that cases who have previously had small-pox, have been successfully vaccinated. The writer himself has seen two cases of confluent small-pox in natives well marked by an attack of small-pox only two and three years previously, one of these cases dying. In view of

these observations, it is within the bounds of possibility that one strain of calf lymph may be better adapted for use in Uganda, and that further investigation before it can be decided that one strain of calf lymph will serve the needs of Uganda and British East Africa.

One of the main problems in connection with calf lymph is its transport from the Laboratory to the centres where it is used. It is well known that glycerinated lymph rapidly loses its potency when taken off the ice and exposed to the air temperature. Dr. Ross introduced lymph dried in vacuo over concentrated sulphuric acid by the method of Achalmé & Marie Phisalix and put up in exhausted sealed ampoules. This lymph has been found to retain its taking properties for two years even when kept at room temperature. It has been issued to the posts in the Northern Frontier <sup>District</sup> for some considerable time, and has apparently given satisfaction. It has also been supplied to the Administration, Tanganyika Territory from June, 1919 to date. It is however more wasteful in use and requires more skill in making up on the part of the vaccinator. It has therefore not attained any great popularity in places where glycerinated lymph has been in use. One of the disadvantages that has occurred has been the breaking of the exhausted ampoules in the post. This I hope to rectify shortly by filling the ampoules with an inert gas after exhaustion. In the West African Colonies lanolinated lymph has been much used and is apparently more resistant to heat than glycerinated

lymph. An attempt was therefore made to manufacture it in Nairobi. Only a small quantity was prepared as only commercial lanoline was available, and although it was purified as far as could be done with the apparatus available, grave doubts existed as to its freedom from chlorine and free acid. Apparently the doubts were justified as it was a complete failure. It is however hoped to make a further attempt as soon as pure lanoline is available from England.

#### B. MALARIA.

The attached table shows the incidence of malaria month by month in relation to the rainfall. As previously noted in the Annual Reports from this Laboratory, there was a large increase in number of cases of malaria following the long rains in March and April. Usually there is another increase following the short rains, but as these rains were very light in 1919 there is no apparent effect on the malaria curve.

As regards the varieties of malaria, there is a very marked fall in the number of cases of the benign tertian type. In 1918 there were 308 cases of Benign Tertian malaria and 435 cases of Subtertian malaria. In 1919 there were 90 cases of the former, and 540 cases of the latter. This change in type is probably due to the departure of military units, amongst whom the incidence of Benign Tertian malaria was formerly very high.

A survey of the British India troops stationed at various points throughout the country is very necessary, as also an Entomological Survey showing the distribution of the various mosquitoes particularly the varieties known to carry malaria.

	Benign tertian Malaria	Quartan Malaria	Subtertian Malaria	Crescense	Large Mononuclear Increase & Pigmented Leucocytes.	Fatal cases showing parasites or evidence of malaria.	Total rainfall Nairobi in inches.
January	7	-	17	1	-	28	0.24
February	5	-	32	4	-	41	3.22
March	5	-	39	4	-	45	7.69
April	6	-	35	2	1	43	6.88
May	4	-	38	1	-	42	3.46
June	13	4	154	2	2	173	0.22
July	18	-	100	4	4	122	2.43
August	5	2	50	5	1	58	1.17
September	7	1	31	3	3	42	2.14
October	9	1	18	2	2	30	3.64
November	6	-	12	2	-	16	3.35
December	1	1	13	1	7	22	1.85
TOTAL ...	90	12	540	31	22	664	36.24

(17)

A small amount of blood drawn from the patient in the early stages of the disease yielded *B. typhosus* on cultivation of the blood. The method used was to add 5 c.c. of the patient's blood drawn aseptically from a vein to 10 c.c. of sterilized ox bile in a test tube, incubating for 24 hours at 37° C., plating out a loopful of the culture on to a MacDonkey plate and testing any resultant growth against a known *B. typhosus* serum, and by sugar reactions. A diagnosis could thus be given in 48 hours and therefore if the blood was taken in the early days of the disease, much earlier than the Widal reaction. The agglutination test (Widal reaction) for typhoid and allied fevers has given much ground for thought during the year. It is the exception rather than rule, in the cases tested, to find a positive result with the test before the end of 14 days even in the cases where *B. typhosus* has been isolated from the blood at an earlier date. For some reason there is an apparent delay in the production of the agglutinins in the blood in this country. In some cases the Widal reaction has not appeared till the third week of the disease when the temperature was falling. In one case the patient ran a temperature of 101° to 102° F. for three weeks. During this time she felt quite fit. The spleen was enlarged. No malaria parasites were found in the blood, and a differential leucocyte count was normal. At the end of this period the temperature came down for a couple of days, then rose again. A week later there was a positive Widal reaction (up to this time

quite negative) in a culture by 1/10, the spleen which had almost disappeared, and all red spots appeared. In the Spring epidemic the disease was marked by the early appearance and severity of the toxic symptoms, and at that time the delayed Widal reaction was considered to be an indication of the failure of the tissues to react to the disease. The delayed reaction also occurred however in the mild cases which have appeared since, and this explanation must therefore be considered insufficient. Furthermore some cases do not show delay. This phenomenon was noted both and macroscopic with microscopic methods of testing the reaction.

All the European cases which were positive by a blood culture yielded a bacillus agglutinating in high dilutions with the standard anti-typhoid serum, and giving the sugar reactions of a typical *E. typhosus*. The remaining European cases which were diagnosed by the results of the agglutination reaction gave positive reactions with *E. typhosus* only.

During the year there were four cases of paratyphoid fever diagnosed by the Widal reaction, two being positive to *E. paratyphosus* A and two *E. paratyphosus* B. All four cases were in natives and blood cultures were unsuccessful.

#### B. DYSENTERIA.

The number of cases of dysenteric stools sent to the Laboratory for examination has markedly diminished during this year, and this is apparently coincident with a

diminution in the incidence of the disease in Nairobi  
 1919. It is difficult to account for this as  
 sanitary conditions have not changed during the year  
 as far as can be seen. Possibly it may be associated  
 with the closing of the military camps and hospitals.  
 This however would account only for a diminution in  
 the number of imported cases, not for the lessened  
 incidence amongst the civil population which has actu-  
 ally occurred. The epidemiology of the disease in  
 this country still requires working out. Every  
 facility apparently exists in Nairobi for its spread,  
 yet some years there are but few cases and in other  
 years there are many. There are undoubtedly many  
 carriers both of amoebic and bacillary dysentery  
 present among the population, particularly Asiatics  
 and Africans. The sanitary system or lack of system  
 lends itself to the diffusion of the excreta of these  
 carriers. Flies are always present. Possibly there  
 exists another factor necessary for the propagation  
 of the disease.

The type also of dysentery has altered. During  
 the period of the war, the prevailing type of dysente-  
 ry was bacillary in origin. This has gradually  
 diminished, so that during the whole of 1919, only  
 one dysentery bacillus was isolated. This was a  
*B. dysenteriae* Flexner. On the other hand 32 cases  
 showed *Ent. histolytica*. The protozoon was only  
 diagnosed when an amoeba corresponding in size and  
 appearance to *E. histolytica* and containing red  
 blood corpuscles was found. No amoebae corresponding

to E. coli were seen. E. coli was found in 12 cases. It is probable that the <sup>As</sup> amount of dysentery ~~cases~~ <sup>found in the examination of the laboratory is the true</sup> criterion of the occurrence of dysentery throughout the country. The large increase of dysentery in Nairobi occurred at the time when there was a large military population in the town, mainly made up of African troops and carriers. Amongst these men dysentery was rife. Now of course these men are back for the most part in their own country and returns from the outside districts are hard to obtain for such a disease. The question of dysentery and dysenteric carriers in the native reserves is one requiring investigation, particularly as to the amount of disability it causes, and <sup>As</sup> to the type of the disease, amoebic or otherwise. Until that is done we can form no true opinion on the epidemiology of the disease and its prevention.

#### B. HELMINTHIASIS.

This is a question of the utmost importance to the health of the native. It has not yet been realized to what an extent natives harbour intestinal parasites, and the amount of disability arising therefrom. Of 200 persons examined at Kisumu in 1918 by Dr. Jewell 84.5% were infected with worms. In 362 post mortems performed at the Carrier Corps Hospital Nairobi, 67% showed helminths. In 146 native police examined by Dr. Shiroore 72.6% were infected. In a series of 745 dysentery cases examined by Dr. <sup>THE WATER</sup> ~~Shiroore~~, 90.5% showed infection,

While in 266 reserves or non-dysenteric cases, he found helminths in 100% of the carrier corps recruits (i.e., men who had just come from the reserves and been passed as fit for active service) who contracted dysentery, he found 91% <sup>with intestinal worms</sup> had worms. Out of 819 stools examined for helminths in the Laboratory during 1919, 39.9% gave positive results. This percentage is low, however, since the negative results were increased by stools being sent in again for examination after anti-helminthic treatment, the majority of cases being then negative. Although it is extraordinary how little some natives seem to be affected even by very heavy worm infections, yet there is little doubt that such infections reduce markedly the man's resistance to disease, particularly to intestinal disease, and also reduce a man's capacity for hard work. The subject is one which requires a considerable amount of investigation, not only as to the actual incidence of infection amongst the natives in the reserves, but also as to the intermediate hosts. Undoubtedly many natives infected with ankylostomes while on active service carried the worms back to the reserves, and it would seem that before long we may be faced with the same problem that ankylostomiasis has presented in other parts of the world.

As regards the actual findings in the Laboratory during 1919, the number of stools in which the

Various worms were found as follows:-

Of 819 stools examined,

- Ova of *A. duodenale* were found in 161 cases = 19.6%  
 Ova of *T. saginata* were found in 123 cases = 15.0%  
 Ova of *T. trichiura* were found in 75 cases = 9.2%  
 Ova of *A. lumbricoides* were found in 31 cases = 3.8%  
 Ova of *S. mansoni* were found in 15 cases = 1.8%  
 Larvae of *S. stercoralis* were found in 9 cases = 1.1%

Double infections occurred in 54 cases

= 6.6%. They were as follows:-

- Ova of *A. duodenale* & *T. saginata* 32 cases  
 " " *A. duodenale* & *T. trichiura* 9 cases  
 " " *T. saginata* & *T. trichiura* 7 cases  
 " " *A. duodenale* & *A. lumbricoides* 5 cases  
 " " *A. lumbricoides* & *T. trichiura* 1 case

Triple infections occurred in 18 cases

= 2.2%

They were as follows:-

- Ova of *A. duodenale*, *T. saginata* and  
*T. trichiura* 15 cases

- Ova of *A. duodenale*, *A. lumbricoides* and  
*T. trichiura* 3 cases

At the beginning of the year the occurrence of Bilharzia in natives living close to Nairobi on swamps suggested the possibility of their infection in the local streams and the systematic examination of the streams, around Nairobi was commenced.

This

This preference ceased in 1922 when the duties of R.S.O. European Hospital fell on the Senior Bacteriologist. Up to that time however the search for infected snails was abortive, all examined proving negative.

### P. PYREXIAS.

During the year there have occurred several cases of fever, in which the pyrexia has lasted for three or more weeks. In some the initial pyrexia was high about 103° F. and this was especially the case with children. In other cases the pyrexia was comparatively low running about 100° - 101° F. In all these cases, except for a slightly enlarged and tender spleen, there were very few other symptoms. Slight headache, slightly furred tongue, and in few cases a slight feeling of malaise were all the symptoms that were noticed. The Widal reaction was consistently negative to *S. typhosus*, to *S. paratyphosus* A and B, and to *M. malitensis*. Blood cultures failed in every case, except for one child from whose blood a staphylococcus was isolated. This was agglutinated by the patient's serum. As the staphylococcus corresponded to *S. albus*, it may have been a contamination and the high agglutinin content of the patient's serum a coincidence. It is intended to conduct further investigations into these anomalous fevers as soon as staff and accommodation is available.

SPERMATOPHYTES.

This subject is still under investigation.

Five cases have come up for vaccine treatment during the year. The first of these was in a young man who had suffered for some years, and was getting progressively worse. The left shoulder was unmovable, his right wrist had practically no movement, and his elbows were only movable to a limited extent. His feet had become so painful at times as to prevent him walking. His pain and disability were worse in wet weather. There was no sign of pyorrhoea or gonorrhoea, and no history of any previous venereal disease. From his stool eight or nine lactose fermenting bacilli were isolated. These were tested against the patient's serum, and one of them was agglutinated in a dilution of 1 in 300 of the serum. From this bacillus a vaccine was made up and inoculations were commenced with a dose of 50 million bacilli. In a week's time the dose was doubled, and the doubling of the dose was continued at intervals of 10 to 14 days. After four injections the patient said he felt better, after six injections there was a little increase in movement in the affected points and after ten injections the amount of recovery in the joints was remarkable. At the same time weather conditions ceased to affect the pain. After 20 injections the patient was feeling very fit, he had recovered a considerable amount of movement in his arms, and all pain had disappeared. Some time after this patient began to recover, a lady came in the

early stages of rheumatoid arthritis. A bacillus was isolated from her stool which was agglutinated 1 in 250 by her blood serum. Three injections cured this case completely. No pain and no disability remained. Shortly after this three more cases arrived in rapid succession. These were all much more advanced ones, almost as much so as the first case. They are still under treatment, but already exhibit a good deal of improvement. In all three the vaccine made was from the bacillus in the stool which was agglutinated by the individual's serum. It would seem that here the arthritis was due to infection from the intestine by a definite bacillus and that such infection could be dealt with by a vaccine. Naturally once bony changes have taken place in a joint, the most that can be hoped for is the stopping of the disease from further progress, and partial recovery from the disability. Five cases are of course too few to judge from and much more work must be done before one can draw any certain conclusions.

#### H. WATER ANALYSES.

As stated above these have occupied much time and thought during the year. The number of such analyses which had been previously carried out, were very few, and had been limited practically to plating out on MacConkey's lactose bile salt neutral red agar and then isolating lactose fermenters therefrom. When the question of a bacteriological examination

of the Nairobi water supply came up, it seemed necessary to elaborate the tests, especially as the Principal Sanitation Officer requested that the water might be examined at regular intervals.

Consequently it was decided to make the tests as exhaustive as possible without taxing the Laboratory Staff and equipment too much. Naturally the whole labour of the Analysis fell on the Bacteriologist as it was obviously work which could not be left to Indian Assistants unaccustomed to it.

The first examination of the Nairobi water supply was made soon after the reservoir was cleaned.

The supply is obtained from a number of springs at Kikuyu (roughly situated 10 miles from Nairobi) and the water is collected in a small valley which has a dam built across it.

The actual reservoir which is formed by the floor of the valley, is surrounded by a cement catchment drain to collect surface water. This catchment drain at the time of the first examination of the water was in bad repair and allowed surface water to leak into it.

The sides of the valley were covered by long grass and bush. A corrugated iron fence ran round the valley, not at the top of the slope but at a little distance down. Outside this corrugated iron fence, there was a horse boma full of dung. The surface water from this was bound to travel down into the valley whenever there was heavy rain. On the top of the hill is situated Kikuyu Station with a number of native huts. The water from the reservoir passes

unfiltered into the main to the distributing tanks in Nairobi. The reservoir being open requires cleaning every year owing to the growth of algae and aquatic plants. The cleaning was accomplished by running off most of the water and sending in a number of natives who paddled about in the pools left, pulling up the plants and usually remaining in the reservoir the whole day. I am informed by eye witnesses <sup>STATE</sup> that urination and defecation <sup>BY THESE NATIVES</sup> actually took place into the reservoir, ~~by these natives~~. The reservoir <sup>IS</sup> was then allowed to fill again, and left for another year. Naturally when an outbreak of typhoid occurred in Nairobi soon after the cleansing of the reservoir, the water was suspected. *E. typhosus* however was never found, but the examination showed so bad a state of the water that various plans were proposed for its improvement. It was decided as an experiment that bleaching powder should be added in certain proportions to the water and the free chlorine removed by the addition of sodium sulphite to the water in the main just beyond the reservoir. This plan has not yet been carried out, as no supply of bleaching powder has been available. // The next article to which attention was drawn was the soda water from the various factories in Nairobi. Some of these factories <sup>are</sup> seem fairly reliable from the sanitary point of view, others were not so good. Examination of the soda water showed in most cases however a high bacterial content with an unsatisfactory B. cell count, indeed

many

for  
 water  
 B.H.L.  
 not clean

Indeed many of the samples were somewhat worse than the water from the main public water supply in spite of filtration. The source of the additional contamination was sought, and the two points at which it apparently occurred were in the storage of the water after filtration in an open tank exposed to dust, etc. and in the use of bottles cleaned out with Nairobi water with a wire brush of doubtful cleanliness. Since the discovery that the soda water was liable to contamination, control of the factories has been maintained by bacteriological examinations at regular intervals.

The main difficulty has been the fixing of some standard by which the purity of the water could be judged. It is obvious that the number of B. coli may be large owing to their entrance into water from bird droppings, vegetation etc. But in a water undoubtedly liable to pollution from human sources, it would be unsafe to pass as satisfactory a large B. coli count on these grounds. Rather than give a false sense of security by presenting satisfactory reports, it seems better to maintain a high standard and hope that the water may come to conform to it either by the provision of a proper storage reservoir followed by filtration, or by chemical disinfection. Thresh lays down in his book "The Examination of Waters and Water Supplies" that

- " Upland and moorland surface waters, collected "
- " in reservoirs, may be regarded as satisfactory "
- " if they afford no evidence of the presence of "

indeed many of the samples were secondary cases than the water from the main Nairobi water supply in spite of filtration. The source of the additional contamination was sought, and the two points at which it apparently occurred were in the storage of the water after filtration in an open tank exposed to dust, etc. and in the use of bottles cleaned out with Nairobi water with a wire brush of doubtful cleanliness. Since the discovery that the soda water was liable to contamination, control of the factories has been maintained by bacteriological examinations at regular intervals.

The main difficulty has been the fixing of some standard by which the purity of the water could be judged. It is obvious that the number of B. coli may be large owing to their entrance into water from bird droppings, vegetation etc. But in a water undoubtedly liable to pollution from human sources, it would be unsafe to pass as satisfactory a large B. coli count on these grounds. Rather than give a false sense of security by presenting satisfactory reports, it seems better to maintain a high standard and hope that the water may come to conform to it either by the provision of a proper storage reservoir followed by filtration, or by chemical disinfection. Thresh lays down in his book "The Examination of Waters and Water Supplies" that

- " Upland and moorland surface waters, collected "
- " in reservoirs, may be regarded as satisfactory "
- " if they afford no evidence of the presence of "

# PUBLIC RECORD OFFICE

CONTINUED ON NEXT FILM

TOTAL EXPOSURES →



