REPORT ON NORTHERN NIGERIA

Lieutenant-Colonel F. G. NEILD
M.R.C.S., D.P.H., D.I.H., R.A.M.C.
Officer Commanding

Major C. G. B. DOWNIE
M.B., M.R.C.P.(Edin.), R.A.M.C.
Medical Specialist

Major D. D. O'BRIEN
M.B., R.A.M.C.
Surgical Specialist
Military Hospital, Kaduna

Work is increasing here all the time, for all our wards have recently been rebuilt and an ever-widening range of medical care is being offered to the families of our Nigerian troops and the Nigeria Police. The infant mortality rate among these families is comparable to that of the United Kingdom in Miss Nightingale’s day. Of 1,000 children born in rural areas, where 95 per cent of the population live, 400 do not reach the age of five. For expatriates and their families, health conditions, providing they observe the normal precautions, are extremely good. Young children live in the swimming pool and do particularly well, mothers have adequate help in the home, and there is reasonable schooling up to the age of nine. For families with children at home there are quite good assisted rates out. For instance I have two daughters here, aged ten and six, and my son who is at prep. school, comes out twice a year at Government expense. For a medical officer with a young family, who is both keen on hard work and interested in the problems of Africa, the opportunities are unlimited.

F.G.N.

In the Military Hospital, Kaduna, there are 30 medical beds in one ward, a separate ward of 17 beds for officers, warrant officers, and their families, and an other rank families ward of 14 beds and cots. We hope to double the other rank accommodation in the near future. There are also eight beds for infectious diseases, and four each for tuberculosis and leprosy, usually occupied. The laboratory is equipped to deal with all routine bacteriological, haematological, biochemical, and histological demands. There is a direct writing electrocardiograph, and an up-to-date X-ray plant with facilities for screening and tomography has recently been installed.

Sick parades from nearby units are held at the hospital. These sessions resemble a busy G.P.’s surgery in the United Kingdom for more time is spent with families than with troops, but incidence of organic diseases is very high. In the families ward acute respiratory illness forms the largest group. Many pneumonias are seen, often initiated by measles or pertussis. Lung abscess and empyema occur, and respiratory
obstruction from acute laryngotracheo-bronchitis gives worrying problems. Diphtheria and smallpox occur sporadically in the district. Diarrhoea leads to a surprisingly small number of admissions, for it usually responds to outpatient treatment. Meningitis is common and is sometimes otogenic, suppurative ear conditions being another common complication of measles. Amoebic infection occurs at all ages, and an interesting rarity seen recently was amoebic pericarditis in a child of two. Anaemia causes many admissions, for hookworm infestation, haemoglobinopathies, and iron-deficient diets are all common. Children from the remoter areas may be frankly malnourished. Poliomyelitis is rarely seen in the acute stage, but its effects require treatment.

Among the troops respiratory illness is again common and diarrhoea is often severe enough for admission. Intestinal worms and all kinds of filariasis occur. Trachoma and other eye infections are usually treated in out-patients. We see some undiagnosed fevers; at present any non-malarial fever that remains undiagnosed after 72 hours is treated with chloramphenicol, for we have found that otherwise preventable deaths from enteric occur. Infective hepatitis and amoebic hepatitis are often in the wards together. Schistosomiasis is very common in Northern Nigeria and may lead to chronic urinary infections. Hypertension is fairly frequent, and puzzling cardiac lesions present themselves. Peptic ulceration is infrequent, but it does occur. Leprosy and pulmonary tuberculosis are treated both in the ward and in out-patients. There is a moderate amount of venereal disease, but little skin disease even among Europeans. Trypanosomiasis is rare in the centres of population, and malignant disease is uncommon.

There is a very busy General Hospital in Kaduna and extremely friendly liaison exists between the military and civilian practitioners. The members of the consultant staff of University College Hospital, Ibadan always give ready and helpful advice. I have attempted to give impressions rather than an exhaustive survey. There is no doubt that it is possible to gather much more clinical experience in a shorter time than in similar work in the United Kingdom. C.G.B.D.

Surgery in Kaduna often presents unexpected problems. One recalls a Nigerian child whose face was virtually bitten off by a hyena, and a soldier, undergoing treatment for a fractured femur, being bitten during the night by a snake. One has recently been obliged to kill a snake, when setting out to perform a caesarean section. The bread and butter surgery differs little from that seen in military hospitals throughout the world. Hernia and hydrocele are particularly common, but appendicitis is rare in the African. Fourteen appendicectomies were performed last year, of which five came from the rapidly dwindling European population. Thyroid adenomata are common in certain regions, with occasional toxic complications. Such cases would not be accepted for military service, but two or three thyroidectomies a year are performed on relatives. Burns are very common and the exposure treatment is particularly suitable here, where weeping surfaces become dry in a matter of hours. Malignant tumours are not infrequent. We recently operated upon a pyloric carcinoma and we have encountered such rarities as perithelioma and Kaposi tumours. There are no specialized units in Northern Nigeria, so one occasionally has to do a hare-lip
Report from Northern Nigeria

repair, a craniotomy for brain abscess, or open reduction of fractured jaws, to give a few examples. Orthopaedic cases are few but wide-ranging and include tuberculous joints, talipes equino-varus and dropped foot (poliomyelitis or leprosy being commonly responsible). Trauma causes a surprisingly small number of admissions compared with military hospitals elsewhere, but the occasional fracture requires intramedullary or plate fixation, and tendon injuries are relatively common. Osteomyelitis in its various stages is seen much more frequently than it would be in the United Kingdom.

Uterine and ovarian tumours present frequently. Salpingitis is very common, and infertility (a major disaster in Africa, for it commonly leads to the wife being discarded) presents problems at almost every out-patient clinic. Vaginal repairs and vesico-vaginal fistulae are occasionally encountered, though not as frequently as they are in civil practice. There are only two beds in the maternity ward at the military hospital, so obstetrics is limited to the wives of officers and senior N.C.Os.

Schistosomiasis presents various genito-urinary problems and I have performed about 250 cystoscopies in this condition. Intestinal worms have been found to cause perforations, obstructions and inflammations resembling Krohn's disease. Onchocercal cercomata are frequently encountered, as are guinea-worms, but there is as yet no surgical treatment of these worms so good as the old method of twisting them on a stick. Research into the cause of tropical pyomyositis has been carried out for the past two and a half years and may yield sufficient information to warrant publication. Sepsis accounted for the majority of the 1,083 operations performed in 1960, and there were many hand infections in stages one rarely sees in the United Kingdom. Resistant strains of staphylococci are also an increasing problem. Our ward and theatre facilities and equipment are now very good, and the variety of our clinical experience compares favourably with that of military hospitals elsewhere. Until the recent appointment of a civilian surgeon the army surgeon acted as honorary consultant to three civilian hospitals in Kaduna. This opened up a vastly fascinating field, such as no consultant would encounter nowadays in the United Kingdom.

D.D.O'B.