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C/ORG/200/10 - Medical Branch (Monthly Health Reports)

30/11/1962 - 06/07/1965

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No 4084/MED-5
Medical Branch
HQ ONUC Leo
29 Dec 62

To Force Commander
Chief Administrative Officer
From Chief Medical Officer

Subject:- MONTHLY HEALTH REPORT - NOV 62

A copy of the Monthly Health Report for Nov 62 in respect of ONUC personnel both military and civilian in Congo, is forwarded herewith for information.

R. D. Kamat
Colonel
CHIEF MEDICAL OFFICER
(R D KAMAT)

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26	2 Congolese Bn Kamina	(1 copy)

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MONTHLY HEALTH REPORT FOR NOVEMBER 1962

ACCOMMODATION

- 1 (a) The report on the accommodation and allied problems in STANLEYVILLE, KINDU and BUKAVU, to which a reference was made in the last month's Health Report, is now available and is attached to this report. This confirms almost all defects and inadequacies concerning accommodation in these stations, which were reported earlier in these reports. Remedial measures are being taken.
- (b) Meanwhile clogging of the sewage system in Lido camp ELISABETHVILLE is reported without relief.

Mosquito Nets

There is a shortage of mosquito nets for troops and this is true of most ONUC stations. In an uncontrolled region like the CONGO, use of nets is a very important item of personal protective measures against malaria.

WATER SUPPLY

- 2 (a) No change is reported since last month's report. During the first week of the month under report, the water engineers Regidesco KINDU, did not add any bleaching powder as their stocks ran out. The local Senior Executive Medical Officer promptly arranged a loan of 250 Kilogram bleaching powder and normalcy was restored.
- (b) The safety of drinking water rests on chlorination under unit arrangements or boiling as reported in the previous month.

NUTRITION

- 3 After a breakdown in the smooth and continuous supply of fresh vegetables in Oct in LEOPOLDVILLE & LULUABOURG, the position improved in the current month, with daily issues of fresh vegetables in these stations.

NIGHT SOIL DISPOSAL

- 4 The sub-standard and wrongly constructed deep trench latrines continue to exist in LULUABOURG, LEOPOLDVILLE and elsewhere. The matter must be pursued more energetically and the situation corrected. Full notes on details of construction including the sketches were supplied to all concerned.

DISPOSAL OF NON-EXCRETAL WASTE PRODUCTS

- 5 The situation continues to be wholly unsatisfactory as reported previously.

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INOCULATION AND VACCINATION

- 6 The vaccination and inoculation state of all troops and the international staff is kept up to date to ensure whole-time protection against some prescribed communicable diseases.

CIVIL HEALTH SERVICE AND CONDITIONS

- 7 The health of the ONUC civilian community (International civil staff and locally employed staff) has remained satisfactory.

(a) New cases in outdoors

Total outdoor consultations for minor ailments from the International staff is 389 of whom 26 were admitted to ONUC Hospitals.

805 locally employed ONUC persons came for outdoor treatment of whom 44 were admitted to ONUC Hospitals.

- (b) There was no outbreak of any notifiable disease in the civil population.

HEALTH OF TROOPS IN THE CONGO

- 8 (a) General state of troops' health continued to be satisfactory. There was no case of notifiable infectious disease.

- (b) The hospital admission rate remains within permissible limits.

(c) Venereal Diseases

There were 2 cases: 1 from Congo Contingent and 1 from the Swedish Contingent.

- (d) A total of 20 cases of malaria has been admitted to ONUC Hospitals.

Danish	1
Ethiopian	11
Indian	2
Malayan	1
Pakistan	5

- (e) Admission to ONUC Hospitals

SEP	OCT	NOV
370	388	348

A total of 348 cases was hospitalized against a total of 388 in OCT. The variation is seasonal.

INFECTIVE HEPATITIS

SEP	OCT	NOV
3	2	2

- 9 There were two cases of Infective Hepatitis among Indian Unbrigaded units.

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HOSPITAL ADMISSIONS

- 10 The attached appendix 'A' gives outdoor attendance and hospital admissions for all causes by contingents and appendix 'B' shows hospital admissions for preventable diseases.

REPATRIATION ON MEDICAL GROUNDS

<u>SEP</u>	<u>OCT</u>	<u>NOV</u>
<u>6</u>	<u>27</u>	<u>13</u>

- 11 The month under review records a total of 13 ONUC military personnel repatriated to home countries for illnesses and injuries rendering them unsuitable for service in the Congo. The invaliding disabilities and the contingents affected are tabulated in appendix 'C'. The disabilities have been as follows:-

<u>Category</u>	<u>No. repatriated due to</u>	
(a) Infections	(i) Pleuro-pulmonary tuberculosis	- 3
(b) Injuries	Injuries due to non-enemy action	- 1
(c) Constitutional disorders	(i) Cardiovascular	- 3
	(ii) Metabolic	- 1
	(iii) Idiopathic Epilepsy	- 2
(d) Others	-	- 3
		<u>Total -13</u>

DEATHS

- 12 Military

<u>SEP</u>	<u>OCT</u>	<u>NOV</u>
<u>5</u>	<u>1</u>	<u>4</u>

Death claimed 4 soldiers of which one was preventable (vehicular accident). Details are as follows:-

<u>No</u>	<u>Rank</u>	<u>Name</u>	<u>Nationality</u>	<u>Cause of death</u>
6261886	NCE	CHHAGAN LAL	Indian	Acute appendicitis with acute lt heart failure.
2911	1CC	O ITA	Nigerian	Head injury & injury to lung(vehicular accident)
158616	Pte	GEORGE ADOMAH	Ghanian	Cerebral Haemorrhage
@18149858	Pte	ANDREWS	Nigerian	Trypanosomiasis

A CASE OF TRYPANOSOMIASIS ENDING FATALLY @

This case is of a 29 years old soldier from Nigeria who on the eve of his departure to Nigeria on completion of 6 months tour of duty in the Congo took ill on 2 Nov 62.

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Clinical History

There were no relevant diseases recorded in his previous history. The patient came to the hospital on 3 Nov 62 with the complaints of vomiting, diarrhoea and fever of a day's duration. He had in all two loose stools without blood or mucus, and vomited once in the last 24 hours. He had a rise of temperature to 101° F.

On examination, he was a thin-built individual with 101° fever, pulse 90 and respiration 18. He looked ill, a special feature being his disinterestedness and apathy, from the start of his illness. His diarrhoea and fever left him after 48 hours while the nausea, vomiting (once or twice a day), listlessness & apathy, and depression persisted, the latter slowly deepening.

On examination at this stage, the patient was pale, ill looking and thin (weight 120 lbs). After an initial fever of 101-99° in the first 48 hours of his hospital stay, his temperature remained normal, pulse 80 and respiration 18 per minute. The patient was apathetic, morose and lethargic. Clinically no abnormalities were detected in the chest and abdomen. Neurologically, languor and lassitude were striking. Otherwise nothing abnormal was detected. No neck rigidity was present, neither lymph node enlargement was noticed.

Investigations 3 Nov 62

Urine :- Nil abnormal detected

Blood :- Hb 14.4 grm %, WBC 8000/cmm P 64, E 3, L 30, M 3.

Erythrocytic sedimentation rate 12 mmm fall in 1st hour.

Chest X-Ray :- Nil abnormal

Progress in Hospital

The temperature and 2 or 3 vomits he had in the first 48 hours of his admission apart, the patient was lying apathetic languid and indifferent to the surroundings & to the food and drink. The apathy growing into somnolence was the only commanding symptom and he was going down hill. He was fed through Ryle's tube & by intravenous glucose and electrolytes and plasma. Between 5 Nov and 21 Nov, laboratory investigations continued and at last on 21 Nov Trypanosomes were seen in peripheral blood. The lymph node juice aspirated from inguinal glands showed the offending parasite. The Cerebral Spinal fluid remained extra-ordinarily unaffected and showed little change. The laboratory findings on 21 Nov 62 were:

Blood - Thick and thin smears:- Trypanosomes +

Lymph gland juice - showed Trypanosomes

Lumbar puncture - clear, normal tension

Proteins 25 mmm %

Globulins not increased

Chlorides 720 mmm %

Microscopically 3 cells/cmm

No Trypanosomes seen on Leishman's stain.

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Gastric juice - No Trypanosomes seen.

WBC - 15800/cmm

P 90, L 8, E 2

Hb 15.3 g %

PCV 41 %

ESR 12 mm fall in 1st hour.

Urine - Albumin present. A few pus cells. No casts seen.

To the relief of the attending physician and all, the patient responded satisfactorily to Pentamidine therapy started on 21 Nov and the patient's somnolence was slowly giving place to alertness and change in facial expression of the patient. Unhappily the improvement was short-lived, and from 24 Nov, ~~he~~ lapsed into somnolence and bilious vomiting. He developed swelling of the sub-mandibular salivary glands and right parotid gland. There appeared transient spasms of the limbs without any evidence of localising neurological signs. On 25 Nov he was given ARSOBAL (MEL B) intravenus. Mel B is a compound of Melarsen oxide with BAL containing trivalent arsenic. From now till his death on 27 Nov the patient went down hill rapidly inspite of all treatment.

Autopsy was done. The relevant findings were : the leptomeninges were thickened and opaque over the dome and at places were adherent to dura-mater. Brain itself (weight 1280 g) was slightly smaller in size. Externally and on section marked congestion and minute haemorrhages were seen.

Rest of the viscera did not show any change visible to the naked eye.

Report of histopathological examination of tissues is awaited.

The patient was under-weight on admission and probably the disease was in a sub-clinical state for some time before admission and the chances of recovery were loaded against him. The persisting nausea and vomiting which made the task of keeping up his nutrition a very difficult problem and the somnolence are explained by the oedema of the brain and meninges - Meningo-encephalitis.

An extraordinary feature of the case is the almost total absence of characteristics laboratory changes in the cerebro-spinal fluid, although clinically the patient presented the typical apathetic, lethargic and somnolent symptoms & emaciation.

Epidemiologically, it was difficult to trace the source of infection; Patient's recent movements covering the incubation period were all within the built-up municipal limits of the city LEOPOLDVILLE which is known to be free from the vector glossina.

Did he contract the infection long before he came into the Congo which was lying dormant and made its appearance when the patient's general condition was run down under the stress and

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strain of field service? Or is it one of the occasional instances of great variations in the incubation period lasting apparently 2 to 5 years before the appearance of the clinical symptoms ?

No other case occurred so far.

13 Civilians - Nil

HYGIENE CHEMICALS

14 Stocks of hygiene chemicals meant for consumption commencing from 1 Oct 62 have not yet arrived in the Congo. The supply depots are devoid of essential items like bleaching powder and DDT.

This situation is totally unsatisfactory in view of the undependability of safety of water supplies and also the difficulties in connection with insect control work in the absence of insecticides.

R. L. Rao

Lt Col

Deputy CHIEF MEDICAL OFFICER(HEALTH)
(R R RAO)

Date 27 DEC 1962

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SECRETStatistics of sickness
All causesAppendix 'A'

NOV 62										OCT 62			
Name of Contingent		Strength of contingent	Total sickness (outdoor and in- door cases	Ratio per 1000 total sickness	Ratio		Total sickness (outdoor and in- door cases	Ratio		Total sickness (outdoor and in- door cases	Ratio		
					Hosp per sick bay adm	per 1000 hosp/sick bay adm		Hosp per sick bay adm	per 1000 hosp/sick bay adm				
1	Argentina Contingent	52	8	153.84	Nil	Nil	8	156.86	Nil	Nil			
2	Austrian Contingent	47	5	106.38	Nil	Nil	12	255.31	Nil	Nil			
3	Brazilian Contingent	2	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil			
4	Canadian Contingent	316	157	496.83	6	19.10	191	610.22	7	22.36			
5	Congo Contingent	618	137	221.68	15	24.27	157	254.87	31	50.32			
6	Danish Contingent	100	9	90.00	2	20.00	9	90.00	3	30.00			
7	Ethiopian Contingent	3005	731	243.26	67	22.29	760	249.92	70	23.01			
8	Ghanian Contingent	711	137	192.68	2	2.81	164	232.95	3	4.26			
9	Indian Indep Bde Gp	4615	359	77.78	59	12.78	317	68.64	66	10.82			
10	Indian Unbrigaded Units	1089	108	99.17	21	19.28	112	99.73	15	13.35			
11	Irish Contingent	893	74	82.86	4	4.47	30	40.54	6	8.10			
12	Italian Contingent	63	13	206.34	1	15.87	21	333.33	Nil	Nil			
13	Liberian Contingent	247	87	352.22	8	32.38	81	329.22	Nil	Nil			
14	Malayan Contingent	1627	216	132.75	30	18.43	379	234.23	54	33.37			
15	Netherland Contingent	6	Nil	Nil	Nil	Nil	1	166.66	1	166.66			
16	Nigerian Contingent	1172	593	505.97	64	54.60	791	437.25	70	38.69			
17	Norwegian Contingent	124	90	725.80	1	8.06	93	709.91	1	7.63			
18	Pakistan Contingent	689	81	117.60	16	23.22	104	149.42	19	27.29			
19	Sierra Leone Contingent	122	40	327.86	7	57.37	51	418.03	4	32.78			
20	Swedish Contingent	984	290	294.71	33	33.53	252	246.33	23	22.48			
21	Tunisian Contingent	1043	72	69.03	12	11.50	60	57.52	15	14.38			
TOTAL		17525	3207	182.99	348	19.25	3593	198.37	388	21.42			

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NOV 62

Oct 62

MALARIA

	Total No of new cases	Ratio Per 1000	Total No of new cases	Ratio per 1000
Ethiopian Contingent	11	3.66	5	1.64
Indian Unbrigaded Units	2	1.83	1	0.89
Malayan Contingent	1	0.61	1	0.61
Danish Contingent	1	10.00	-	-
Pakistan Contingent	5	7.25	-	-
Total	20	1.14	7	0.39

SKIN DISEASES

Congo Contingent	-	-	1	1.62
Indian Indep Bde Gp	1	0.21	2	0.43
Indian Unbrigaded Units	1	0.99	-	-
Malayan Contingent	2	1.22	3	1.85
Algerian Contingent	7	5.96	1	0.55
Pakistan Contingent	1	1.45	4	5.74
Swedish Contingent	1	1.01	1	0.97
Ethiopian Contingent	2	0.67	-	-
Irish Contingent	1	1.11	-	-
Total	16	0.91	12	0.66

RESPIRATORY INFECTIONS

Canadian Contingent	-	-	1	3.19
Congo Contingent	2	3.23	-	-
Ethiopian Contingent	6	1.99	13	4.27
Indian Indep Bde Gp	5	1.08	6	1.29
Indian Unbrigaded Units	1	0.99	1	0.89
Irish Contingent	1	15.87	-	-
Malayan Contingent	-	-	3	1.85
Nigerian Contingent	2	1.70	1	0.55
Pakistan Contingent	-	-	1	1.43
Swedish Contingent	-	-	3	2.93
Tunisian Contingent	3	2.87	3	2.87
Total	20	1.14	32	1.21

INTESTINAL DISEASES

Canadian Contingent	3	9.49	-	-
Congo Contingent	1	1.62	3	4.87
Danish Contingent	-	-	1	10.00
Ethiopian Contingent	21	6.96	33	10.85
Indian Indep Bde Gp	11	2.38	22	4.76
Indian Unbrigaded Units	2	1.98	-	-
Irish Contingent	1	1.11	2	2.68
Malayan Contingent	-	-	5	3.09
Nigerian Contingent	2	1.70	1	0.55
Pakistan Contingent	1	1.45	5	7.18
Sierra Leone Contingent	1	8.19	2	16.39
Swedish Contingent	11	11.17	3	2.93
Tunisian Contingent	4	3.83	3	2.87
Total	58	3.30	80	4.41

VENEREAL DISEASES

Congo Contingent	1	1.62	2	3.24
Indian Unbrigaded Units	-	-	1	0.89
Nigerian Contingent	-	-	2	1.11
Swedish Contingent	1	1.01	-	-
Total	2	0.11	5	0.27

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Appendix 'C'

CONTINGENT	NO. REPATRIATED	REPATRIATING DISABILITIES				TOTAL
		Infections	Injuries non-enemy action	Constitutional diseases	Others	
Ethiopian	2	Pulmonary tuberculosis - 1	-	Diabetes Mellitis - 1	-	2
Indian	5	-	1	Myocardial infarction (effects of) - 1 Idiopathic Epilepsy- 1 Spina Bifida and Spondy-lolisthesis of 5 LV - 1	4	5
Malayan	2	-	-	Idiopathic Epilepsy - 1	1	2
Nigerian	3	Pleurisy with effusion left - 1	-	Essential hypertension - 1	1	3
Tunisian	1	Pulmonary tuberculosis - 1	-	-	-	1
TOTAL	13	3	1	6	3	13

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INSPECTION REPORT OF ONUC ACCOMMODATION
AT STANLEYVILLE, KINDU AND BUKAVU
BY SO2 ENGINEERS LOGISTICS HQ ONUC

1 I carried out the inspection of accommodation at STANLEYVILLE, KINDU and BUKAVU along with HQ Accommodation Officer from 7 November 62 to 16 November 62. During the inspection local Civil Administrative Officer or Accommodation Officers were present. At KINDU inspection was carried out in the presence of Mr. AZZAM, HQ Administrative Inspector. The details of inspection are given in succeeding paragraphs.

2 STANLEYVILLE

(a) HQ Ethiopian Bde

This unit is in Wagenia hotel which is a good accommodation. The building requires running repairs specially to air conditioners, electrical fittings, water closets, etc. Also supply of water is not regular which requires to be looked into. Some timings should be fixed with Civil Authorities for regular supply of water.

(b) 27 Ethiopian Bn

The unit now stays in villas with a lot of open area around it. But here the services are in a bad shape. There is no cookhouse and temporary arrangement of cooking on empty drums is most unsatisfactory and unhygienic. The underground pipes have burst at several places creating cesspools of dirty water. Number of toilets are clogged and electricity does not function in one building. Following must be undertaken immediately:

- (i) Construction of a cookhouse - the drawing has been handed over to local Administrative Officer. It must be provided with flyproofing, taps and proper drainage.
- (ii) Some tradesmen are employed to repair water pipes sewage lines, electrical fittings, etc. immediately.
- (iii) Dining hall however can exist under canvas but furniture needs to be provided. They have some dining tables but have no benches to sit on. They will require approximately 24 benches. Wooden planks 1 $\frac{1}{4}$ " thick and 3" square timber be issued with about two carpenters. The unit can make it themselves.

(c) Bde HQ Coy

Accommodation is reasonable but additional six showers and six latrines are required as they are being shared between Bde HQ Coy and Pakistan Tpt Platoon. One cookhouse has been constructed which requires modifications which have been explained to local Administrative Officer. This should be got done immediately.

(d) Pakistan Tpt Platoon

One cookhouse is constructed which is not being used. This also requires modification to the cooking range and flyproofing of the cookhouse, which has been explained to local Administrative Officer. The Coy is housed in a shed which may be provided with six fans. Another shed is being used by the Unit, partly which has no side walls. The Unit is using that as living accommodation by covering the sides with some canvas. It is suggested that some asbestos cement sheets and timber posts are issued to the Unit who can get this done with their own troop labour. If this is accepted, store list will be submitted separately. Six showers and six latrines are required in the area as the Unit is sharing them with the Ethiopian Coy living in the same area.

(e) ONUC Hospital

The hospital is good but they require accommodation for six more beds. This may be made available either in the same building or any nearby villas.

3

KINDU

- (a) The Ethiopian Bn here urgently require four cook-houses, four bathrooms (consisting of six showers in each) and four latrines (consisting of six seats in each). Sites for cookhouses have been selected along with Mr. Azzam and local Medical and the Administrative officers. The drawing for a cooking range has been handed over to local Administrative Officer who should undertake immediate construction. One bathroom consisting of five showers has been constructed near the airfield but its floor is only loose gravel. This must be made into a cement concrete floor with proper slope and water drained into a main drain nearby. At other places where showers and cookhouses are to be constructed proper covered drains should be provided and water discharged into a main drain or into a soakage pit.
- (b) There is a swimming pool in the station which may be hired and filled with water. This will add to the amenities, in the town, for all troops and also help in additional bathing facilities for all troops there.

4

BUKAVU

- (a) The accommodation for 2nd Royal Malay Bn was inspected along with Accommodation Officer and Major Latif 2 IC of that Bn. The five villas earmarked are quite good and accepted by the Unit, but they will require extra showers, latrines and cookhouses. These will be at the scale of one cookhouse per Coy or sub unit and one bathroom with six showers and one latrine with six seats for each sub unit in addition to what is existing in villas. However these requirements will crystallize when the unit has fully moved in. The accommodation in Bukavu may be reviewed after a month when the present changes have taken place.

(b) Hiring of accommodation

A case came to light in this place where the owner has issued a notice to ONUC to vacate the villa and the owner has asked in the same letter that it can be rehired by ONUC at three times its present rent. The present rent is 4000 francs per month and he has offered for rehiring at 12,000 francs per month after it is vacated. This letter of the owner is attached as Appendix 'A' for reference. This amounts to black marketing. It appears that owners at other stations will demand the same, i.e. vacation or increase in rent. I feel our Article III of the agreement be revised on the following lines. The Agreement form is attached as Appendix B.

- (i) The houses will be hired for one year initially and if vacated within one year, one month's notice will be given.
- (ii) Hire agreement can be extended beyond one year at the discretion of ONUC.
- (iii) The bungalow will be dehired without notice if ONUC operations cease in the area.
- (iv) Annual repairs will be the responsibility of owners.
- (v) Bungalows will be taken over by owners immediately on dehiring and terminal compensation paid as assessed by ONUC authorities.

5

General Recommendations

- (a) Cookhouses, showers and latrines are constructed immediately wherever required. Since there is a scarcity of local labour in outstations, it is recommended that Units are asked to construct deep trench field latrines themselves if Chief Medical Officer agrees. Wooden seats, some timber and one or two carpenters are provided to the Unit by the Accommodation Officer. Unit labour may be used to construct cookhouses and showers where local contractors are not available provided units are given stores and some tradesmen.
- (b) There is no system of carrying out running repairs to taps, pipes, WCs, sewage lines, septic tanks and electrical fittings at many places. This requires to be organized. The unit should maintain a demand register wherein all demands are entered. The Engineer Representative or Administrative Officer should visit units at least once a fortnight and attend to all these repairs and sign in the demand register. A return should be asked from Administrative/Accommodation Officers regarding repairs carried out by them unitwise. This will keep us in the picture about the work being done.
- (c) Each Administrative Officer should have a technical foreman or Building Overseer who knows his job and can get these repairs carried out. Also he should be able to read drawings and get work done from contractors or locally employed labour. I am afraid the Administrative Officers at outstations

are not aware of technical details nor are they qualified to get anything executed from contractors. It is strongly recommended that each outstation should be allowed to employ a technical foreman or building overseer who can get technical work done.

- (d) It is recommended that hiring or dehiring agreements are revised suitably so that ONUC does not have to pay black market prices or vacate the villas at the discretion of landlords. Since the conditions are stabilizing, owners are likely to press for vacation or increase in rent. The situation should be reviewed early to check this.
- (e) The Field Administrative Inspector should coordinate his inspection of outstation accommodation with Engr Officer this HQ for technical advice and decisions on the spot.

No 4101/6/Logs
23 November 62

sd/ xxx Major
S02 Engineers

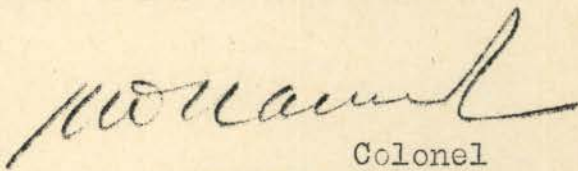
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No 4084/MED-5
Medical Branch
HQ ONUC Leo
29 Dec 62

To Force Commander
Chief Administrative Officer
From Chief Medical Officer

Subject:- MONTHLY HEALTH REPORT - NOV 62

A copy of the Monthly Health Report for Nov 62 in respect of ONUC personnel both military and civilian in Congo, is forwarded herewith for information.


Colonel
CHIEF MEDICAL OFFICER
(R D KAMAT)

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MONTHLY HEALTH REPORT FOR NOVEMBER 1962

ACCOMMODATION

- 1 (a) The report on the accommodation and allied problems in STANLEYVILLE, KINDU and BUKAVU, to which a reference was made in the last month's Health Report, is now available and is attached to this report. This confirms almost all defects and inadequacies concerning accommodation in these stations, which were reported earlier in these reports. Remedial measures are being taken.
- (b) Meanwhile clogging of the sewage system in Lido camp ELISABETHVILLE is reported without relief.

Mosquito Nets

There is a shortage of mosquito nets for troops and this is true of most ONUC stations. In an uncontrolled region like the CONGO, use of nets is a very important item of personal protective measures against malaria.

WATER SUPPLY

- 2 (a) No change is reported since last month's report. During the first week of the month under report, the water engineers Regidesco KINDU, did not add any bleaching powder as their stocks ran out. The local Senior Executive Medical Officer promptly arranged a loan of 250 Kilogram bleaching powder and normalcy was restored.
- (b) The safety of drinking water rests on chlorination under unit arrangements or boiling as reported in the previous month.

NUTRITION

- 3 After a breakdown in the smooth and continuous supply of fresh vegetables in Oct in LEOPOLDVILLE & LULUABOURG, the position improved in the current month, with daily issues of fresh vegetables in these stations.

NIGHT SOIL DISPOSAL

- 4 The sub-standard and wrongly constructed deep trench latrines continue to exist in LULUABOURG, LEOPOLDVILLE and elsewhere. The matter must be pursued more energetically and the situation corrected. Full notes on details of construction including the sketches were supplied to all concerned.

DISPOSAL OF NON-EXCRETAL WASTE PRODUCTS

- 5 The situation continues to be wholly unsatisfactory as reported previously.

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INOCULATION AND VACCINATION

- 6 The vaccination and inoculation state of all troops and the international staff is kept up to date to ensure whole-time protection against some prescribed communicable diseases.

CIVIL HEALTH SERVICE AND CONDITIONS

- 7 The health of the ONUC civilian community (International civil staff and locally employed staff) has remained satisfactory.

(a) New cases in outdoors

Total outdoor consultations for minor ailments from the International staff is 389 of whom 26 were admitted to ONUC Hospitals.

805 locally employed ONUC persons came for outdoor treatment of whom 44 were admitted to ONUC Hospitals.

- (b) There was no outbreak of any notifiable disease in the civil population.

HEALTH OF TROOPS IN THE CONGO

- 8 (a) General state of troops' health continued to be satisfactory. There was no case of notifiable infectious disease.

- (b) The hospital admission rate remains within permissible limits.

(c) Venereal Diseases

There were 2 cases: 1 from Congo Contingent and 1 from the Swedish Contingent.

- (d) A total of 20 cases of malaria has been admitted to ONUC Hospitals.

Danish	1
Ethiopian	11
Indian	2
Malayan	1
Pakistan	5

- (e) Admission to ONUC Hospitals

SEP	OCT	NOV
370	388	348

A total of 348 cases was hospitalized against a total of 388 in OCT. The variation is seasonal.

INFECTIVE HEPATITIS

SEP	OCT	NOV
3	2	2

- 9 There were two cases of Infective Hepatitis among Indian Unbrigaded units.

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HOSPITAL ADMISSIONS

- 10 The attached appendix 'A' gives outdoor attendance and hospital admissions for all causes by contingents and appendix 'B' shows hospital admissions for preventable diseases.

REPATRIATION ON MEDICAL GROUNDS

<u>SEP</u>	<u>OCT</u>	<u>NOV</u>
<u>6</u>	<u>27</u>	<u>13</u>

- 11 The month under review records a total of 13 ONUC military personnel repatriated to home countries for illnesses and injuries rendering them unsuitable for service in the Congo. The invaliding disabilities and the contingents affected are tabulated in appendix 'C'. The disabilities have been as follows:-

<u>Category</u>	<u>No. repatriated due to</u>	
(a) Infections	(i) Pleuro-pulmonary tuberculosis	- 3
(b) Injuries	Injuries due to non-enemy action	- 1
(c) Constitutional disorders	(i) Cardiovascular	- 3
	(ii) Metabolic	- 1
	(iii) Idiopathic Epilepsy	- 2
(d) Others	-	- 3
		<u>Total -13</u>

DEATHS

- 12 Military

<u>SEP</u>	<u>OCT</u>	<u>NOV</u>
<u>5</u>	<u>1</u>	<u>4</u>

Death claimed 4 soldiers of which one was preventable (vehicular accident). Details are as follows:-

<u>No</u>	<u>Rank</u>	<u>Name</u>	<u>Nationality</u>	<u>Cause of death</u>
6261886	NCE	CHHAGAN LAL	Indian	Acute appendicitis with acute lt heart failure.
2911	1CC	O ITA	Nigerian	Head injury & injury to lung(vehicular accident)
158616	Pte	GEORGE ADOMAH	Ghanian	Cerebral Haemorrhage
@18149858	Pte	ANDREWS	Nigerian	Trypanosomiasis

A CASE OF TRYPANOSOMIASIS ENDING FATALLY @

This case is of a 29 years old soldier from Nigeria who on the eve of his departure to Nigeria on completion of 6 months tour of duty in the Congo took ill on 2 Nov 62.

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Clinical History

There were no relevant diseases recorded in his previous history. The patient came to the hospital on 3 Nov 62 with the complaints of vomiting, diarrhoea and fever of a day's duration. He had in all two loose stools without blood or mucus, and vomited once in the last 24 hours. He had a rise of temperature to 101° F.

On examination, he was a thin-built individual with 101° fever, pulse 90 and respiration 18. He looked ill, a special feature being his disinterestedness and apathy, from the start of his illness. His diarrhoea and fever left him after 48 hours while the nausea, vomiting (once or twice a day), listlessness & apathy, and depression persisted, the latter slowly deepening.

On examination at this stage, the patient was pale, ill looking and thin (weight 120 lbs). After an initial fever of 101-99° in the first 48 hours of his hospital stay, his temperature remained normal, pulse 80 and respiration 18 per minute. The patient was apathetic, morose and lethargic. Clinically no abnormalities were detected in the chest and abdomen. Neurologically, languor and lassitude were striking. Otherwise nothing abnormal was detected. No neck rigidity was present, neither lymph node enlargement was noticed.

Investigations 3 Nov 62

Urine :- Nil abnormal detected

Blood :- Hb 14.4 grm %, WBC 8000/cmm P 64, E 3, L 30, M 3.

Erythrocytic sedimentation rate 12 mgm fall in 1st hour.

Chest X-Ray :- Nil abnormal

Progress in Hospital

The temperature and 2 or 3 vomits he had in the first 48 hours of his admission apart, the patient was lying apathetic languid and indifferent to the surroundings & to the food and drink. The apathy growing into somnolence was the only commanding symptom and he was going down hill. He was fed through Ryle's tube by intravenous glucose and electrolytes and plasma. Between 5 Nov and 21 Nov, laboratory investigations continued and at last on 21 Nov Trypanosomes were seen in peripheral blood. The lymph node juice aspirated from inguinal glands showed the offending parasite. The Cerebral Spinal fluid remained extra-ordinarily unaffected and showed little change. The laboratory findings on 21 Nov 62 were:

Blood -Thick and thin smears:- Trypanosomes +

Lymph gland juice - showed Trypanosomes

Lumbar puncture - clear, normal tension

Proteins 25 mgm %

Globulins not increased

Chlorides 720 mgm %

Microscopically 3 cells/cmm

No Trypanosomes seen on Leishman's stain.

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Gastric juice - No Trypanosomes seen.

WBC - 15800/cmm

P 90, L 8, E 2

Hb 15.3 g %

PCV 41 %

ESR 12 mm fall in 1st hour.

Urine - Albumin present. A few pus cells. No casts seen.

To the relief of the attending physician and all, the patient responded satisfactorily to Pentamidine therapy started on 21 Nov and the patient's somnolence was slowly giving place to alertness and change in facial expression of the patient. Unhappily the improvement was short-lived, and from 24 Nov, ~~he~~ lapsed into somnolence and bilious vomiting. He developed swelling of the sub-mandibular salivary glands and right parotid gland. There appeared transient spasms of the limbs without any evidence of localising neurological signs. On 25 Nov he was given ARSOBAL (MEL B) intravenus. Mel B is a compound of Melarsen oxide with BAL containing trivalent arsenic. From now till his death on 27 Nov the patient went down hill rapidly inspite of all treatment.

Autopsy was done. The relevant findings were : the leptomeninges were thickened and opaque over the dome and at places were adherent to dura-mater. Brain itself (weight 1280 g) was slightly smaller in size. Externally and on section marked congestion and minute haemorrhages were seen.

Rest of the viscera did not show any change visible to the naked eye.

Report of histopathological examination of tissues is awaited.

The patient was under-weight on admission and probably the disease was in a sub-clinical state for some time before admission and the chances of recovery were loaded against him. The persisting nausea and vomiting which made the task of keeping up his nutrition a very difficult problem and the somnolence are explained by the oedema of the brain and meninges - Meningo-encephalitis.

An extraordinary feature of the case is the almost total absence of characteristics laboratory changes in the cerebro-spinal fluid, although clinically the patient presented the typical apathetic, lethargic and somnolent symptoms & emaciation.

Epidemiologically, it was difficult to trace the source of infection; Patient's recent movements covering the incubation period were all within the built-up municipal limits of the city LEOPOLDVILLE which is known to be free from the vector glossina.

Did he contract the infection long before he came into the Congo which was lying dormant and made its appearance when the patient's general condition was run down under the stress and

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strain of field service? Or is it one of the occasional instances of great variations in the incubation period lasting apparently 2 to 5 years before the appearance of the clinical symptoms ?

No other case occurred so far.

13 Civilians - Nil

HYGIENE CHEMICALS

14 Stocks of hygiene chemicals meant for consumption commencing from 1 Oct 62 have not yet arrived in the Congo. The supply depots are devoid of essential items like bleaching powder and DDT.

This situation is totally unsatisfactory in view of the undependability of safety of water supplies and also the difficulties in connection with insect control work in the absence of insecticides.

R L Rao

Lt Col

Deputy CHIEF MEDICAL OFFICER(HEALTH)
(R R RAO)

Date 27 DEC 1962

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Statistics of sickness
All causes

Appendix 'A'

NOV 62										OCT 62		
Name of Contingent		Strength	Total	Ratio	Ratio		Total	Ratio	Ratio			
		of contingent	sickness (outdoor and in- door cases	per 1000 total sickness	Hosp per sick bay adm	per 1000 hosp/sick bay adm	sickness (outdoor and in- door cases)	per 1000 total sickness	Hosp per sick bay adm	per 1000 hosp/sick bay adm		
1	Argentina Contingent	52	8	153.84	Nil	Nil	8	156.86	Nil	Nil		
2	Austrian Contingent	47	5	106.38	Nil	Nil	12	255.31	Nil	Nil		
3	Brazilian Contingent	2	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil		
4	Canadian Contingent	316	157	496.83	6	19.10	191	610.22	7	22.36		
5	Congo Contingent	618	137	221.68	15	24.27	157	254.87	31	50.32		
6	Danish Contingent	100	9	90.00	2	20.00	9	90.00	3	30.00		
7	Ethiopian Contingent	3005	731	243.26	67	22.29	760	249.92	70	23.01		
8	Ghanian Contingent	711	137	192.68	2	2.81	164	232.95	3	4.26		
9	Indian Indep Bde Gp	4615	359	77.78	59	12.78	317	68.64	66	10.82		
10	Indian Unbrigaded Units	1089	108	99.17	21	19.28	112	99.73	15	13.35		
11	Irish Contingent	893	74	82.86	4	4.47	30	40.54	6	8.10		
12	Italian Contingent	63	13	206.34	1	15.87	21	333.33	Nil	Nil		
13	Liberian Contingent	247	87	352.22	8	32.38	81	329.22	Nil	Nil		
14	Malayan Contingent	1627	216	132.75	30	18.43	379	234.23	54	33.37		
15	Netherland Contingent	6	Nil	Nil	Nil	Nil	1	166.66	1	166.66		
16	Nigerian Contingent	1172	593	505.97	64	54.60	791	437.25	70	38.69		
17	Norwegian Contingent	124	90	725.80	1	8.06	93	709.91	1	7.63		
18	Pakistan Contingent	689	81	117.60	16	23.22	104	149.42	19	27.29		
19	Sierra Leone Contingent	122	40	327.86	7	57.37	51	418.03	4	32.78		
20	Swedish Contingent	984	290	294.71	33	33.53	252	246.33	23	22.48		
21	Tunisian Contingent	1043	72	69.03	12	11.50	60	57.52	15	14.38		
TOTAL		17525	3207	182.99	348	19.25	3593	198.37	388	21.42		

SECRET

NOV 62

OCT 62

MALARIA

	Total No of new cases	Ratio Per 1000	Total No of new cases	Ratio per 1000
Ethiopian Contingent	11	3.66	5	1.64
Indian Unbrigaded Units	2	1.83	1	0.89
Malayan Contingent	1	0.61	1	0.61
Danish Contingent	1	10.00	-	-
Pakistan Contingent	5	7.25	-	-
Total	20	1.14	7	0.39

SKIN DISEASES

Congo Contingent	-	-	1	1.62
Indian Indep Bde Gp	1	0.21	2	0.43
Indian Unbrigaded Units	1	0.99	-	-
Malayan Contingent	2	1.22	3	1.85
Nigerian Contingent	7	5.96	1	0.55
Pakistan Contingent	1	1.45	4	5.74
Swedish Contingent	1	1.01	1	0.97
Ethiopian Contingent	2	0.67	-	-
Irish Contingent	1	1.11	-	-
Total	16	0.91	12	0.66

RESPIRATORY INFECTIONS

Canadian Contingent	-	-	1	3.19
Congo Contingent	2	3.23	-	-
Ethiopian Contingent	6	1.99	13	4.27
Indian Indep Bde Gp	5	1.08	6	1.29
Indian Unbrigaded Units	1	0.99	1	0.89
Irish contingent	1	15.87	-	-
Malayan Contingent	-	-	3	1.85
Nigerian Contingent	2	1.70	1	0.55
Pakistan Contingent	-	-	1	1.43
Swedish Contingent	-	-	3	2.93
Tunisian Contingent	3	2.87	3	2.87
Total	20	1.14	32	1.21

INTESTINAL DISEASES

Canadian Contingent	3	9.49	-	-
Congo Contingent	1	1.62	3	4.87
Danish Contingent	-	-	1	10.00
Ethiopian Contingent	21	6.96	33	10.85
Indian Indep Bde Gp	11	2.38	22	4.76
Indian Unbrigaded Units	2	1.98	-	-
Irish Contingent	1	1.11	2	2.68
Malayan Contingent	-	-	5	3.09
Nigerian Contingent	2	1.70	1	0.55
Pakistan Contingent	1	1.45	5	7.18
Sierra Leone Contingent	1	8.19	2	16.39
Sweidsh Contingent	11	11.17	3	2.93
Tunisian Contingent	4	3.83	3	2.87
Total	58	3.30	80	4.41

VENEREAL DISEASES

Congo Contingent	1	1.62	2	3.24
Indian Unbrigaded Units	-	-	1	0.89
Nigerian Contingent	-	-	2	1.11
Swedish Contingent	1	1.01	-	-
Total	2	0.11	5	0.27

SECRETAppendix 'C'

CONTINGENT	NO. REPATRIATED	REPATRIATING DISABILITIES				TOTAL
		Infections	Injuries non-enemy action	Constitutional diseases	Others	
Ethiopian	2	Pulmonary tuberculosis - 1	-	Diabetes Mellitis - 1	-	2
Indian	5	-	1	Myocardial infarction (effects of) - 1 Idiopathic Epilepsy- 1 Spina Bifida and Spondy-lolisthesis of 5 LV - 1	4	5
Malayan	2	-	-	Idiopathic Epilepsy - 1	1	2
Nigerian	3	Pleurisy with effusion left - 1	-	Essential hypertension - 1	1	3
Tunisian	1	Pulmonary tuberculosis - 1	-	-	-	1
TOTAL	13	3	1	6	3	13

SECRET

INSPECTION REPORT OF ONUC ACCOMMODATION
AT STANLEYVILLE, KINDU AND BUKAVU
BY SO2 ENGINEERS LOGISTICS HQ ONUC

1 I carried out the inspection of accommodation at STANLEYVILLE, KINDU and BUKAVU along with HQ Accommodation Officer from 7 November 62 to 16 November 62. During the inspection local Civil Administrative Officer or Accommodation Officers were present. At KINDU inspection was carried out in the presence of Mr. AZZAM, HQ Administrative Inspector. The details of inspection are given in succeeding paragraphs.

2 STANLEYVILLE

(a) HQ Ethiopian Bde

This unit is in Wagania hotel which is a good accommodation. The building requires running repairs specially to air conditioners, electrical fittings, water closets, etc. Also supply of water is not regular which requires to be looked into. Some timings should be fixed with Civil Authorities for regular supply of water.

(b) 27 Ethiopian Bn

The unit now stays in villas with a lot of open area around it. But here the services are in a bad shape. There is no cookhouse and temporary arrangement of cooking on empty drums is most unsatisfactory and unhygienic. The underground pipes have burst at several places creating cesspools of dirty water. Number of toilets are clogged and electricity does not function in one building. Following must be undertaken immediately:

- (i) Construction of a cookhouse - the drawing has been handed over to local Administrative Officer. It must be provided with flyproofing, taps and proper drainage.
- (ii) Some tradesmen are employed to repair water pipes, sewage lines, electrical fittings, etc. immediately.
- (iii) Dining hall however can exist under canvas but furniture needs to be provided. They have some dining tables but have no benches to sit on. They will require approximately 24 benches. Wooden planks 1½" thick and 3" square timber be issued with about two carpenters. The unit can make it themselves.

(c) Bde HQ Coy

Accommodation is reasonable but additional six showers and six latrines are required as they are being shared between Bde HQ Coy and Pakistan Tpt Platoon. One cookhouse has been constructed which requires modifications which have been explained to local Administrative Officer. This should be got done immediately.

(d) Pakistan Tpt Platoon

One cookhouse is constructed which is not being used. This also requires modification to the cooking range and flyproofing of the cookhouse, which has been explained to local Administrative Officer. The Coy is housed in a shed which may be provided with six fans. Another shed is being used by the Unit, partly which has no side walls. The Unit is using that as living accommodation by covering the sides with some canvas. It is suggested that some asbestos cement sheets and timber posts are issued to the Unit who can get this done with their own troop labour. If this is accepted, store list will be submitted separately. Six showers and six latrines are required in the area as the Unit is sharing them with the Ethiopian Coy living in the same area.

(e) ONUC Hospital

The hospital is good but they require accommodation for six more beds. This may be made available either in the same building or any nearby villas.

3 KINDU

- (a) The Ethiopian Bn here urgently require four cook-houses, four bathrooms (consisting of six showers in each) and four latrines (consisting of six seats in each). Sites for cookhouses have been selected along with Mr. Azzam and local Medical and the Administrative officers. The drawing for a cooking range has been handed over to local Administrative Officer who should undertake immediate construction. One bathroom consisting of five showers has been constructed near the airfield but its floor is only loose gravel. This must be made into a cement concrete floor with proper slope and water drained into a main drain nearby. At other places where showers and cookhouses are to be constructed proper covered drains should be provided and water discharged into a main drain or into a soakage pit.
- (b) There is a swimming pool in the station which may be hired and filled with water. This will add to the amenities, in the town, for all troops and also help in additional bathing facilities for all troops there.

4 BUKAVU

- (a) The accommodation for 2nd Royal Malay Bn was inspected along with Accommodation Officer and Major Latif 2 IC of that Bn. The five villas earmarked are quite good and accepted by the Unit, but they will require extra showers, latrines and cookhouses. These will be at the scale of one cookhouse per Coy or sub unit and one bathroom with six showers and one latrine with six seats for each sub unit in addition to what is existing in villas. However these requirements will crystallize when the unit has fully moved in. The accommodation in Bukavu may be reviewed after a month when the present changes have taken place.

(b) Hiring of accommodation

A case came to light in this place where the owner has issued a notice to ONUC to vacate the villa and the owner has asked in the same letter that it can be rehired by ONUC at three times its present rent. The present rent is 4000 francs per month and he has offered for rehiring at 12,000 francs per month after it is vacated. This letter of the owner is attached as Appendix 'A' for reference. This amounts to black marketing. It appears that owners at other stations will demand the same, i.e. vacation or increase in rent. I feel our Article III of the agreement be revised on the following lines. The Agreement form is attached as Appendix B.

- (i) The houses will be hired for one year initially and if vacated within one year, one month's notice will be given.
- (ii) Hire agreement can be extended beyond one year at the discretion of ONUC.
- (iii) The bungalow will be dehired without notice if ONUC operations cease in the area.
- (iv) Annual repairs will be the responsibility of owners.
- (v) Bungalows will be taken over by owners immediately on dehiring and terminal compensation paid as assessed by ONUC authorities.

5 General Recommendations

- (a) Cookhouses, showers and latrines are constructed immediately wherever required. Since there is a scarcity of local labour in outstations, it is recommended that Units are asked to construct deep trench field latrines themselves if Chief Medical Officer agrees. Wooden seats, some timber and one or two carpenters are provided to the Unit by the Accommodation Officer. Unit labour may be used to construct cookhouses and showers where local contractors are not available provided units are given stores and some tradesmen.
- (b) There is no system of carrying out running repairs to taps, pipes, WCs, sewage lines, septic tanks and electrical fittings at many places. This requires to be organized. The unit should maintain a demand register wherein all demands are entered. The Engineer Representative or Administrative Officer should visit units at least once a fortnight and attend to all these repairs and sign in the demand register. A return should be asked from Administrative/Accommodation Officers regarding repairs carried out by them unitwise. This will keep us in the picture about the work being done.
- (c) Each Administrative Officer should have a technical foreman or Building Overseer who knows his job and can get these repairs carried out. Also he should be able to read drawings and get work done from contractors or locally employed labour. I am afraid the Administrative Officers at outstations

are not aware of technical details nor are they qualified to get anything executed from contractors. It is strongly recommended that each outstation should be allowed to employ a technical foreman or building overseer who can get technical work done.

- (d) It is recommended that hiring or dehiring agreements are revised suitably so that ONUC does not have to pay black market prices or vacate the villas at the discretion of landlords. Since the conditions are stabilizing, owners are likely to press for vacation or increase in rent. The situation should be reviewed early to check this.
- (e) The Field Administrative Inspector should coordinate his inspection of outstation accommodation with Engr Officer this HQ for technical advice and decisions on the spot.

No 4101/6/Logs
23 November 62

sd/ xxx Major
S02 Engineers

SECRET

Seen by S. H. A.

REGISTRY
25 NOV 1962
ONUC

No 4084 / MED-5
Medical Branch
HQ ONUC Leo

21 Nov 62

ORS 200/10

To Force Commander
Chief Administrative Officer

From Chief Medical Officer

Subject:- MONTHLY HEALTH REPORT - SEP 62

A copy of the Monthly Health Report for SEP 62 in respect of ONUC personnel both military and civilian in Congo, is forwarded herewith for information.

[Signature]

Colonel

CHIEF MEDICAL OFFICER

(R D KAMAT)

Copy to:- (together with the report)

- | | | |
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| 10 | Dr A.Bellerive, Senior WHO Rep (less appx A&B) | (2 copies) |
| 11 | All Formations/Bde HQ | (1 copy) |

Action as considered necessary may please be taken where indicated.

- | | | |
|----|---|------------|
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| 14 | Senior Executive Medical Officer - | |
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No 4084 / MED-5
Medical Branch
HQ ONUC Leo

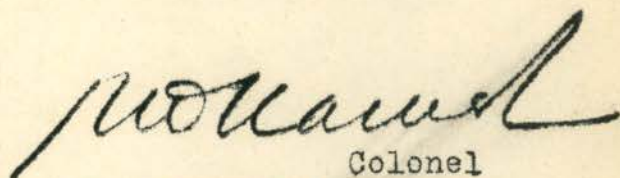
21 NOV 62

To Force Commander
Chief Administrative Officer

From Chief Medical Officer

Subject:- MONTHLY HEALTH REPORT - SEP 62

A copy of the Monthly Health Report for SEP 62 in respect of ONUC personnel both military and civilian in Congo, is forwarded herewith for information.



Colonel
CHIEF MEDICAL OFFICER
(R D KAMAT)

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| 9 | Chief of Civil Personnel | (1 copy) |
| 10 | Dr A.Bellerive, Senior WHO Rep (less appx A&B) | (2 copies) |
| 11 | All Formations/Bde HQ | (1 copy) |

Action as considered necessary may
please be taken where indicated.

- | | | |
|----|--|------------|
| 12 | All Contingent Commanders-For necessary action
where indicated. | (1 copy) |
| 13 | ADMS Katanga Area Elisabethville | (2 copies) |
| 14 | Senior Executive Medical Officer - | |
| | (a) SMSO Indian Indep Bde Gp E'Ville | (1 copy) |
| | (b) Albertville (OC ONUC Hospital) | (1 copy) |
| | (c) Luluabourg (OC ONUC Hospital) | (1 copy) |
| | (d) Kamina Base (OC ONUC Hospital) | (1 copy) |
| | (e) Stanleyville (OC ONUC Hospital) | (1 copy) |
| | (f) Kindu (OC ONUC Hospital) | (1 copy) |
| 15 | OC ONUC Hospital Leopoldville | (1 copy) |
| 16 | Base Commander ATB N'Djili | (1 copy) |
| 17 | Medical Officer Canadian Signal Regt Leo | (2 copies) |
| 18 | Medical Officer ATB N'Djili | (1 copy) |
| 19 | Medical Officer 2 Malay MSF Regt Goma | (1 copy) |
| 20 | Medical Officer 7 Malay MSF Regt Albertville | (1 copy) |

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23	Canberra Sqn N'Djili	(1 copy)
24	4 QONR Leo	(1 copy)
25	2 Irish Armd Car Sqn Leo	(1 copy)
26	38 Irish Bn E'Ville	(1 copy)
27	Swedish Bn Kamina	(1 copy)
28	2 Congolese Bn Kamina	(1 copy)

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MONTHLY HEALTH REPORT FOR SEPTEMBER 1962

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NUTRITION

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- 9 (a) Water-carriage system into septic tanks exists in almost all the buildings and villas occupied by troops. The occupants far exceed the capacity of these buildings and their ancillaries. That is water-closets and septic tanks have been overworked, and in some cases undoubtedly subjected to excess wear and tear. Unfortunately and with some reason, repair and maintenance programme has lagged behind, and in some places the water-closets have remained in a very poor state of repair. Add to this the difficulties arising from insufficiency of piped water supplies and the intermittent nature of supplies in some stations. The only way in which overloading on these services can be overcome is by frequent and efficient maintenance and even emptying.
- (b) The force of this remedial measure, namely periodic cleansing and emptying, will become obvious from the working yard-stick applicable to the septic tanks. The capacity of the septic tanks is about 1 cubic foot for 80 to 100 man-days with arrangements for the subsoil absorption of the effluent. The capacity of these septic tanks now under use by troops has been related to smaller numbers (the house holders living in the villas). More users use them now. Frequent cleansing, better maintenance and timely repairs and emptying alone can cope with the situation.

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- 10 Disposal is chiefly by contractors and in some cases by burning or burying. As recorded in the last month's report, the working of the civil agencies engaged in rubbish removal is not satisfactory. ONUC has got to depend for this service on the existing civil agencies whose operations are outside the control and influence of ONUC. Thus the rubbish removal is not uniformly satisfactory.

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Total outdoor consultations for minor ailments from the International staff is 431, of whom 16 were admitted to ONUC Hospital.

913 locally employed ONUC persons came for outdoor treatment of whom 39 were admitted to hospital.

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HEALTH OF TROOPS IN THE CONGO

- 13 (a) General state of troops' health continued to be satisfactory. There was no case of notifiable infectious disease.
- (b) The Malayan and Nigerian troops record a higher hospital admission rate. These fluctuations are seasonal.

SECRET

(c) 2 Congolese Battalion reported one case of venereal disease. No other cases during the month, a very satisfactory situation indeed!

(d) A total of 13 cases of malaria has been admitted to ONUC Hospitals.

Ethiopian	10
Malayan	2
Indian	1

(e) Admission to ONUC Hospitals	<u>(JUL</u>	<u>AUG</u>	<u>SEP)</u>
	<u>(278</u>	<u>313</u>	<u>370)</u>

A total of 370 cases was hospitalized against a total of 313 in AUG. The variation is seasonal.

INFECTIVE HEPATITIS	<u>(JUL</u>	<u>AUG</u>	<u>SEP)</u>
	<u>(6</u>	<u>2</u>	<u>3)</u>

14 There was one case each of Infective Hepatitis among Indian, Nigerian and Ghanaian troops.

REPATRIATION ON MEDICAL GROUNDS	<u>(JUL</u>	<u>AUG</u>	<u>SEP)</u>
	<u>(19</u>	<u>13</u>	<u>6)</u>

15 6 soldiers were repatriated to their home countries on account of illness and disabilities which rendered them unfit for continued service in the Congo.

Military

<u>Contingent</u>	<u>No. repatriated</u>	<u>Repatriating disability</u>
Nigerian	3	Dracontiasis -2 (Guinea worm) Fibrositis Back -1
Tunisian	2	Ischaemic Contracture -1 right fore-arm Hysterical reaction -1
Canadian	1	Delerium Tremens (alcoholic) -1

These repatriating diseases originated long before they arrived in the Congo. has a long incubation period (8 to 12 months).

No Civilian (International Staff) had to leave the Congo on account of any illness during the month.

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DEATHS

16 Military

JUL	AUG	SEP
2	1	5

Out of 5 deaths, 2 were due to injuries from enemy action (anti-personnel mines) and 2 from Gun Shot Wounds (accidental). Myocardial infarction accounted for the remaining one. Details are as follows:-

<u>No</u>	<u>Rank</u>	<u>Name</u>	<u>Nationality</u>	<u>Cause of death</u>
500767	Cpl	BEDIKE GABRIEL	Nigerian	Myocardial infarction (brought in dead)
350118 -233	WO3	RAOUL COLMGREN	Swedish	Gun Shot Wound Abdomen
270428 -233	WO3	OLUF SOLVESTAD	Swedish	Gun Shot Wound Head & Neck
5431922	Nk	TIKE THAPA	Indian	Multiple Injuries (anti-personnel mines)
5435989	Rfn	PURNA BAHADUR GURUNG	Indian	Multiple Injuries (anti-personnel mines)

17 Civilians - Nil

NY OTHER MATTER OF INTEREST

18 -Nil

19 The attached appendix 'A' gives outdoor attendance and hospital admissions for all causes by contingents and appendix 'B' shows hospital admissions for preventable diseases.

R. R. Rao

Lt Col
Deputy Chief Medical Officer (Health)
(R R RAO)

Date 21 Nov 1962

SECRET

Statistics of sickness
All causes

SECRET

Appendix 'A'

		SEP 62					AUG 62			
Name of contingent		Strength of contingent	Total sickness (outdoor & indoor cases)	Ratio per 1000 total sickness	Hosp per sick bay adm	Ratio per 1000 Hosp/sick bay adm	Total sickness (outdoor & indoor cases)	Ratio per 1000 total sickness	Hosp per sick bay adm	Ratio per 1000 hosp/sick bay adm
1	Argentina Contingent	50	6	120.00	Nil	Nil	1	20.00	1	20.00
2	Austrian Contingent	47	11	234.04	Nil	Nil	14	261.54	Nil	Nil
3	Brazilian Contingent	2	Nil	Nil	Nil	Nil	1	111.11	Nil	Nil
4	Canadian Contingent	325	124	381.53	4	12.31	100	327.87	6	19.67
5	Congo Contingent	616	57	92.53	20	32.46	Nil	Nil	Nil	Nil
6	Danish Contingent	99	6	60.60	2	20.20	7	72.92	1	10.41
7	Ethiopian Contingent	3039	762	250.74	70	23.03	843	276.76	93	30.53
8	Ghanian Contingent	703	54	76.81	4	5.69	187	263.75	1	1.41
9	Indian Indep Bde Gp	4620	291	62.99	57	12.23	346	74.94	31	6.71
10	Indian Unbrigaded Units	1119	140	125.11	22	19.66	142	127.38	12	10.77
11	Irish Contingent	738	40	54.20	13	17.62	197	268.03	6	8.16
12	Italian Contingent	68	6	87.64	Nil	Nil	2	29.41	2	29.41
13	Liberian Contingent	240	57	237.50	2	8.33	127	529.17	5	20.83
14	Malayan Contingent	1620	245	147.53	38	23.46	173	106.74	48	29.61
15	Netherland Contingent	6	Nil	Nil	Nil	Nil	2	333.33	2	333.33
16	Nigerian Contingent	1828	901	492.88	78	41.58	720	369.36	68	37.48
17	Norwegian Contingent	147	61	414.96	2	13.54	7	52.63	2	15.03
18	Pakistan Contingent	695	82	117.98	12	17.27	90	157.62	5	8.75
19	Sierra Leone Contingent	122	40	327.87	9	73.77	45	368.85	6	49.18
20	Swedish Contingent	952	148	155.46	33	34.68	216	228.57	16	16.71
21	Tunisian Contingent	1046	66	63.09	4	3.82	312	298.28	8	7.64
TOTAL		18082	3097	171.28	370	20.46	3532	204.17	313	18.09

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Appendix 'B'

	SEP 62		AUG 62	
	Total No of new cases	Ratio per 1000	Total No of new cases	Ratio per 1000
<u>MALARIA</u>				
Ethiopian Contingent	10	3.29	21	6.89
Indian Unbrigaded units	1	0.89	-	-
Malayan Contingent	2	1.23	3	1.85
Pakistan Contingent	-	-	2	3.50
Sierra Leone Contingent	-	-	2	16.39
Total	13	0.71	28	1.61
<u>SKIN DISEASES</u>				
Congo Contingent	1	1.62	-	-
Indian Indep Bde Gp	3	0.64	3	0.64
Indian Unbrigaded Units	1	0.89	1	0.89
Malayan Contingent	1	0.61	1	0.61
Nigerian Contingent	6	3.28	1	0.55
Pakistan Contingent	-	-	3	5.25
Sierra Leone Contingent	3	24.59	-	-
Swedish Contingent	1	1.05	1	1.05
Total	16	0.88	10	0.58
<u>RESPIRATORY INFECTIONS</u>				
Canadian Contingent	-	-	1	3.27
Congo Contingent	2	3.24	-	-
Danish Contingent	1	10.10	-	-
Ethiopian Contingent	4	1.31	7	2.29
Ghana Contingent	1	1.42	-	-
Indian Unbrigaded Units	2	1.78	1	0.89
Malayan Contingent	5	3.09	2	1.22
Nigerian Contingent	3	1.64	5	2.75
Norwegian Contingent	1	7.48	1	7.51
Pakistan Contingent	1	1.43	2	3.50
Sierra Leone Contingent	1	8.19	1	8.19
Swedish Contingent	8	8.40	3	3.15
Tunisian Contingent	1	0.95	-	-
Total	30	1.65	23	1.32
<u>INTESTINAL DISEASES</u>				
Canadian Contingent	2	6.15	1	3.27
Congo Contingent	3	4.87	-	-
Ethiopian Contingent	16	5.26	35	11.49
Ghana Contingent	-	-	1	1.41
Indian Indep Bde Gp	15	3.24	10	2.16
Indian Unbrigaded Units	1	0.89	1	0.89
Irish Contingent	-	-	2	2.58
Malayan Contingent	4	2.46	2	1.22
Nigerian Contingent	3	1.64	1	0.55
Pakistan Contingent	-	-	1	1.75
Sierra Leone Contingent	4	32.78	2	16.39
Swedish Contingent	7	7.35	6	6.30
Tunisian Contingent	-	-	2	1.91
Total	55	3.04	64	3.70
<u>VENEREAL DISEASES</u>				
Congo Contingent	1	1.62	-	-
Ethiopian Contingent	-	-	1	0.32
Malayan Contingent	-	-	5	3.05
Nigerian Contingent	-	-	1	0.55
Total	1	0.05	7	0.40

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R. R. Rao

Lt Col
Deputy Chief Medical Officer (Health)
(R R RAO)

Date 21 Nov 1962

SECRET

Statistics of sickness
All causes

SECRET

Appendix 'A'

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20 Swedish Contingent	952	148	155.46	33	34.68	216	228.57	16	16.71
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TOTAL	18082	3097	171.28	370	20.46	3532	204.17	313	18.09

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SECRETAppendix 'B'SEP 62AUG 62MALARIA

	<u>Total No of</u> <u>new cases</u>	<u>Ratio</u> <u>per 1000</u>	<u>Total No of</u> <u>new cases</u>	<u>Ratio</u> <u>per 1000</u>
Ethiopian Contingent	10	3.29	21	6.89
Indian Unbrigaded units	1	0.89	-	-
Malayan Contingent	2	1.23	3	1.85
Pakistan Contingent	-	-	2	3.50
Sierra Leone Contingent	-	-	2	16.39
Total	13	0.71	28	1.61

SKIN DISEASES

Congo Contingent	1	1.62	-	-
Indian Indep Bde Gp	3	0.64	3	0.64
Indian Unbrigaded Units	1	0.89	1	0.89
Malayan Contingent	1	0.61	1	0.61
Nigerian Contingent	6	3.28	1	0.55
Pakistan Contingent	-	-	3	5.25
Sierra Leone Contingent	3	24.59	-	-
Swedish Contingent	1	1.05	1	1.05
Total	16	0.88	10	0.58

RESPIRATORY INFECTIONS

Canadian Contingent	-	-	1	3.27
Congo Contingent	2	3.24	-	-
Danish Contingent	1	10.10	-	-
Ethiopian Contingent	4	1.31	7	2.29
Ghana Contingent	1	1.42	-	-
Indian Unbrigaded Units	2	1.78	1	0.89
Malayan Contingent	5	3.09	2	1.22
Nigerian Contingent	3	1.64	5	2.75
Norwegian Contingent	1	7.48	1	7.51
Pakistan Contingent	1	1.43	2	3.50
Sierra Leone Contingent	1	8.19	1	8.19
Swedish Contingent	8	8.40	3	3.15
Tunisian Contingent	1	0.95	-	-
Total	30	1.65	23	1.32

INTESTINAL DISEASES

Canadian Contingent	2	6.15	1	3.27
Congo Contingent	3	4.87	-	-
Ethiopian Contingent	16	5.26	35	11.49
Ghana Contingent	-	-	1	1.41
Indian Indep Bde Gp	15	3.84	10	2.16
Indian Unbrigaded Units	1	0.89	1	0.89
Irish Contingent	-	-	2	2.58
Malayan Contingent	4	2.46	2	1.22
Nigerian Contingent	3	1.64	1	0.55
Pakistan Contingent	-	-	1	1.75
Sierra Leone Contingent	4	32.78	2	16.39
Swedish Contingent	7	7.35	6	6.30
Tunisian Contingent	-	-	2	1.91
Total	55	3.04	64	3.70

VENEREAL DISEASES

Congo Contingent	1	1.62	-	-
Ethiopian Contingent	-	-	1	0.32
Malayan Contingent	-	-	5	3.05
Nigerian Contingent	-	-	1	0.55
Total	1	0.05	7	0.40

SECRET