

**[Report 1958-1959] / Medical Officer of Health, Salisbury (New Sarum) City.**

**Contributors**

Salisbury (England). City Council.

**Publication/Creation**

1959

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City of



Salisbury

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# REPORT

by the

MEDICAL OFFICER OF HEALTH

for the year

1958 - 1959



1875

# REPORT

ON THE

PROGRESS OF THE

WORK OF THE

COMMISSIONERS



CITY OF SALISBURY.

REPORT OF THE MEDICAL OFFICER OF HEALTH  
FOR THE YEAR 1958/59.

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His Worship the Mayor,  
Aldermen and City Councillors.

Ladies and Gentlemen,

I have the honour to present my twenty-sixth Annual Report for the year ended the 30th June, 1959.

When I assumed duty as Medical Officer of Health over twenty-five years ago, the total population within the Municipal Area was estimated to be 24,112, with a very small European and African population residing in the peri-urban areas; the growth and expansion which has taken place during this period can be gauged to some extent by comparing these figures with the present estimated population of 175,368 within the Municipal Area and 30,730 Europeans and many thousands of Africans residing in the peri-urban areas.

At the present time the City has on its perimeter no less than seven Town Management Boards, one large African Township controlled and governed by the Southern Rhodesia Government and a number of areas in which the Civil Commissioner is the Local Authority; in fact the City is almost surrounded by such areas and authorities. Few persons with a sound knowledge of local government would deny that this arrangement is administratively, organisationally and financially unsound and there is no doubt that, at least in the field of public health, the present position is prejudicial to the best interests of the very people local government is intended and is best able to serve. The position is aggravated by the absence of legislation permitting the City Council and its neighbours to formulate and operate a joint health programme.

This problem has been sadly neglected by the Central Authorities for many years and now has reached dimensions where an entirely satisfactory solution will be difficult to find and bring into operation.

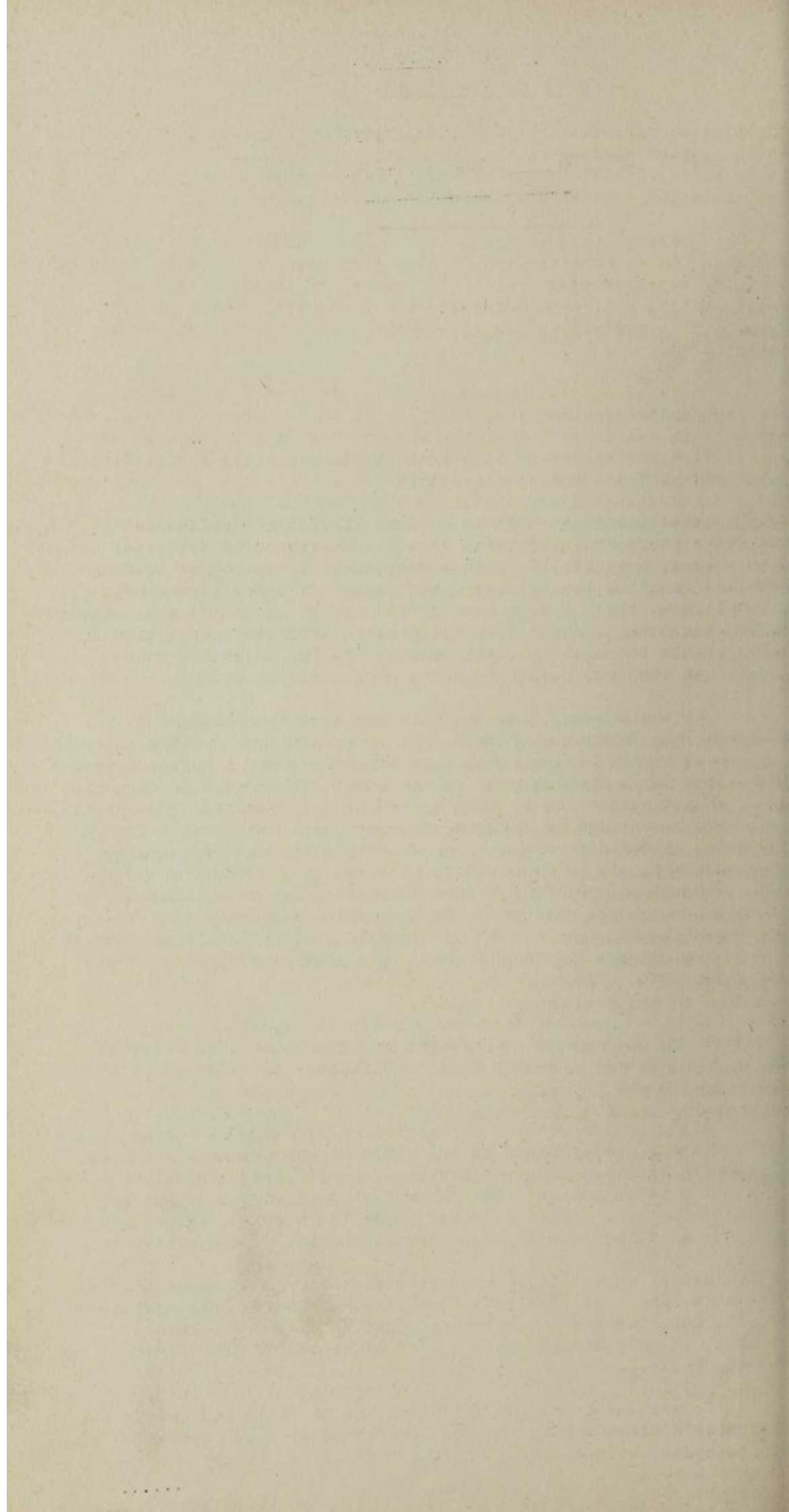
Although the present and past Councils may take considerable credit for their achievements in the field of communicable diseases, I believe the time has been reached when Councillors should look beyond the present horizon and interest themselves in diseases of a non-communicable nature. This is a very wide field which, if entered into enthusiastically, could bring tremendous benefits to the citizens.

Except in the field of environmental hygiene where for a considerable time there has been a shortage of Health Inspectorate staff, the Department has endeavoured, and I believe has been successful, in maintaining satisfactory standards in the services given to the community.

Consideration of the infant mortality rates indicate a satisfactory decline insofar as the Europeans, Asiatics and Coloureds are concerned. Unfortunately, in the absence of the compulsory

/notification .....





notification of African births, no statistical evidence of the trend in the infant mortality for this race can be produced. Nevertheless it is believed that there has been a marked improvement both in the morbidity and mortality in African infants and children.

Except for tuberculosis, the low incidence of infectious diseases can be considered as very satisfactory. This does not mean that the Department can relax its operations in the fields of environmental hygiene and immunisation, in fact, if anything, the Department's activities should be continued and wherever possible intensified.

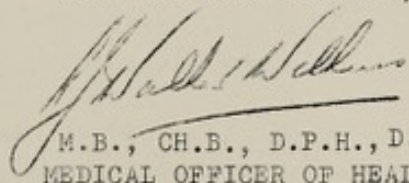
The position in respect of the incidence of tuberculosis, and particularly pulmonary tuberculosis, in the African has worsened not only in Salisbury but throughout the Territory. The Rhodesian Association for the Prevention of Tuberculosis has played a very important part in drawing the attention of the public to the seriousness of the situation and in stimulating the authorities to their responsibilities in this field. This is basically a social disease and, if it is to be eradicated finally, attention must be given to the provision of adequate but not necessarily expensive housing, good nutrition and the general economic wellbeing of the community. This does not mean that other measures such as B.C.G. vaccination, adequate treatment of those affected and the search for early and infectious cases should be neglected, but rather that, until the major social causes are removed, activity in the medical field must be intensified.

In the year under review there were two outstanding advancements in Salisbury in the public health field. Firstly, the opening of the new one hundred and twenty bedded block at the Native Infectious Diseases Hospital for the reception and treatment of cases of pulmonary tuberculosis which brings the total number of African beds available for this disease in this Hospital to two hundred and twenty. Secondly, the decisions taken by the City Council in November, 1958, to introduce a Mass Miniature Radiography unit and to take over from the Federal Government the Chest Clinic situated in Lobengula Road. Tenders were called for a 100mm Mass Miniature Radiography unit which was installed and came into operation in October, 1959, and the Chest Clinic including X-Ray was operated by the City Council from the 1st July, 1959. Details of the operation of these units will be included in the next annual report.

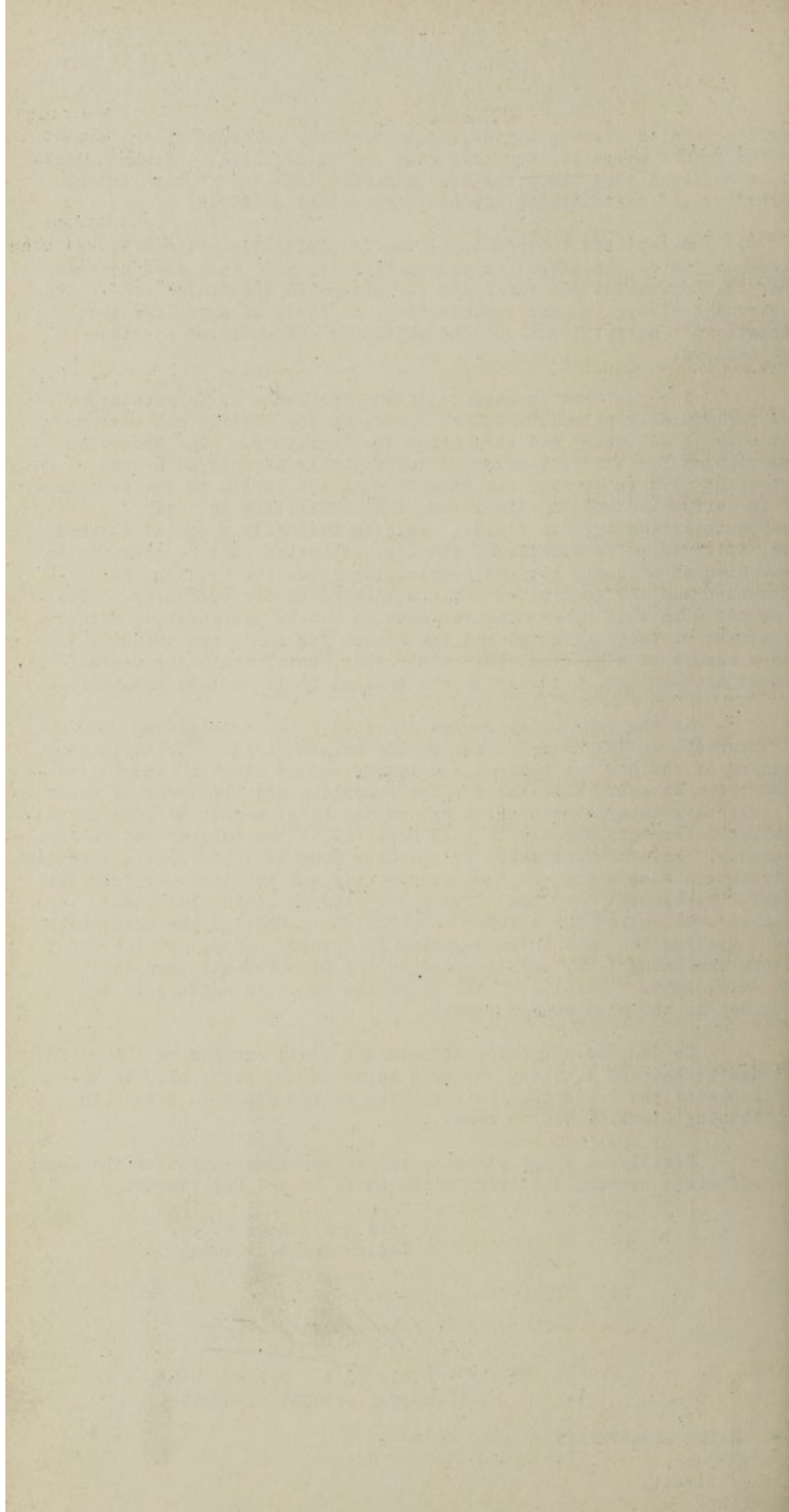
To you and Council's officials I would express my thanks for the assistance and courtesy extended to me in the past, also to the gentlemen of the Press for their willing co-operation in regard to publicising items of Health news.

Finally, I would place on record my appreciation of the loyal and efficient service rendered by the staff of the Department.

I have the honour to be,  
Ladies and Gentlemen,  
Your obedient servant,

  
M.B., CH.B., D.P.H., D.T.M. & H.  
MEDICAL OFFICER OF HEALTH.

CITY HEALTH DEPARTMENT,  
Equity House,  
Rezende Street,  
SALISBURY.  
January, 1960.



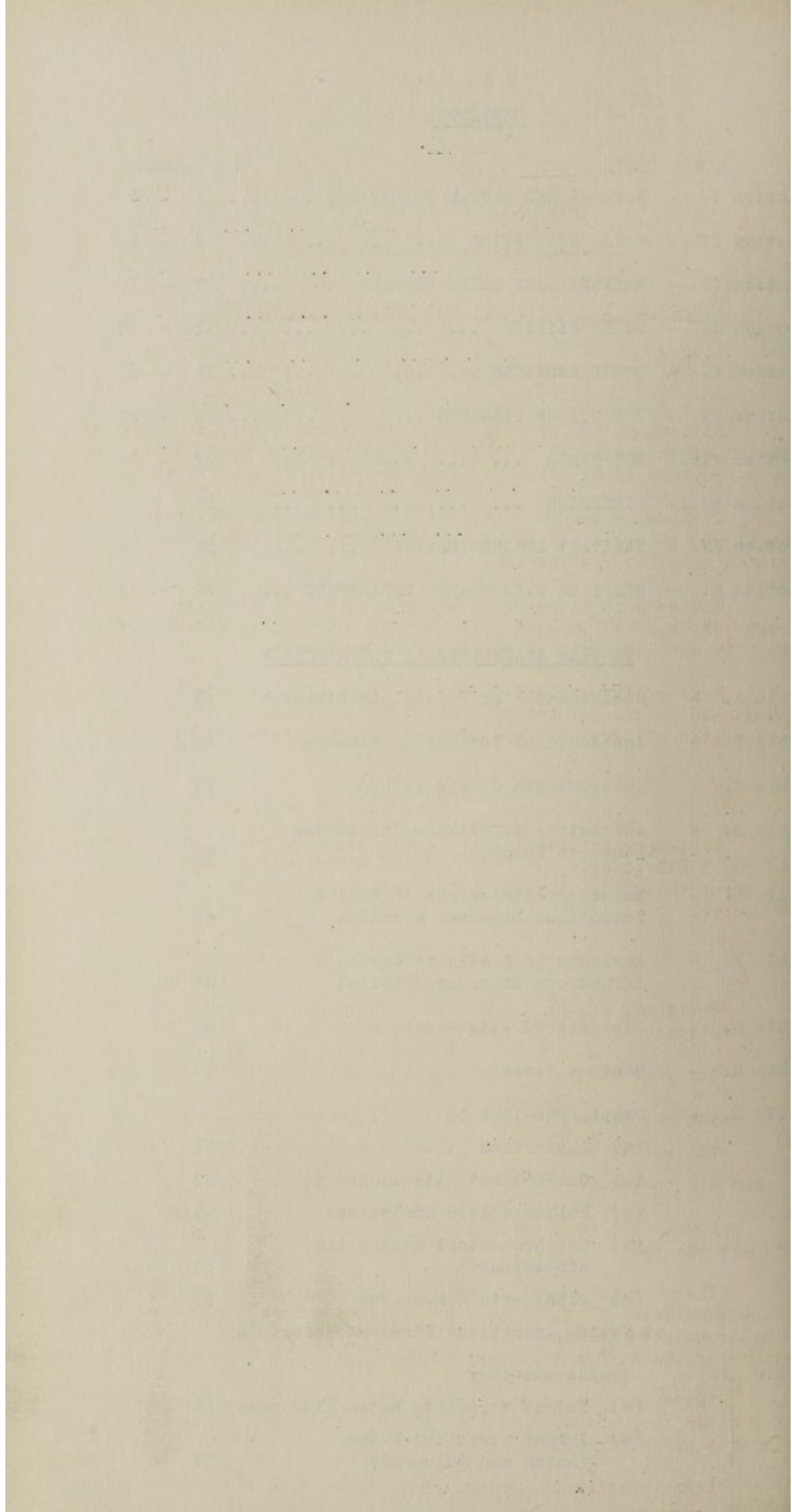


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R E P O R T  
of the  
M E D I C A L   O F F I C E R   O F   H E A L T H  
FOR THE YEAR 1958/59.

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SECTION I.   NATURAL AND SOCIAL CONDITIONS.

PHYSICAL GEOGRAPHY.

Salisbury, the Capital City of Southern Rhodesia and of the Federation of Rhodesia and Nyasaland, is situated in what is now the Northern Province of Southern Rhodesia at an altitude of 4,780 ft.

It lies on the watershed or highveld so that the rivers are small and there is little of the dense riverine vegetation associated with lower altitudes.

The soil is mixed, red, black and light sandy with rocky outcrops and "kopjes" in Salisbury and its surrounding district. In the City area the soil is mainly of the red variety.

Most of the vegetation can be classified as open Brachystegia (Msasa-Mnondo) woodland, interspersed with the semi-aquatic flora characteristic of treeless, grassy, wet hollows, known as "vleis".

AREA.

Excluding African Townships and European residential areas beyond the 5 mile radius, the area of the Municipality covers some 24,111 acres whilst Greater Salisbury covers an area of approximately 50,000 acres.

CLIMATE.

Salisbury enjoys a particularly pleasant climate and for this its altitude is largely responsible.

The year may be conveniently divided into three seasons, viz.

the hot season	-	September to mid-November;
the wet season	-	mid-November to March;
and the cool season	-	April to August.

Really hot days occur infrequently and pleasantly cool nights are the rule.

The average range of temperature remains moderate owing to the almost unbroken sunshine in winter. The extreme cold experienced at similar heights in South Africa is unknown and severe ground frosts are found in limited areas only.

The rains are generally reliable, usually of the shower or thunder storm type and even in the wettest months the sunshine averages more than 5 hours per day.

Light breezes predominate and the average wind speed is less than 10 m.p.h.

/SOCIAL :.....



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SOCIAL AND ECONOMIC CONDITIONS.

Europeans form the second largest group of the population; as a general rule they are adequately housed and their economic position is satisfactory. Those requiring economic aid may receive assistance from the Southern Rhodesia Government Departments concerned.

A number of privately run creches and nursery schools care for European children whose parents wish to place them in such institutions. The responsibility for the registration and supervision of creches rests with the Department of Social Welfare and of nursery schools with the Department of Education. The position in this regard is not entirely satisfactory to the authorities concerned and the question of the City Council assisting is under consideration.

Certain voluntary organisations have made provision for homes for the aged which would be a credit to any City. However, it is believed that more could and should be done in this field as, with the increase in population and the fact that more aged Europeans continue to live in Salisbury on retirement, the problem of the adequate care and attention of such persons will increase rather than decrease. In more advanced countries Local Authorities interest themselves in this problem and their Health Departments are called upon to operate in this important field.

"The total African population of the Salisbury Urban Town Planning Scheme Area at the end of August, 1958, is estimated to be not less than 175,000 and not more than 180,000 (Approximately 70% of the total population) and of this total approximately 48,000 were females.

Not including the 8,000 Africans in employment missed in the survey, the following information is supplied of the 94,000 (employees) covered by the survey:-

4,350 were rationed heads of families.

13,130 were un-rationed heads of families.

1,260 were working wives.

35,560 were rationed males without dependants in town

(3,500 employed by Salisbury Municipality)

(27,020 in private domestic service)

37,340 were un-rationed males without dependants in town

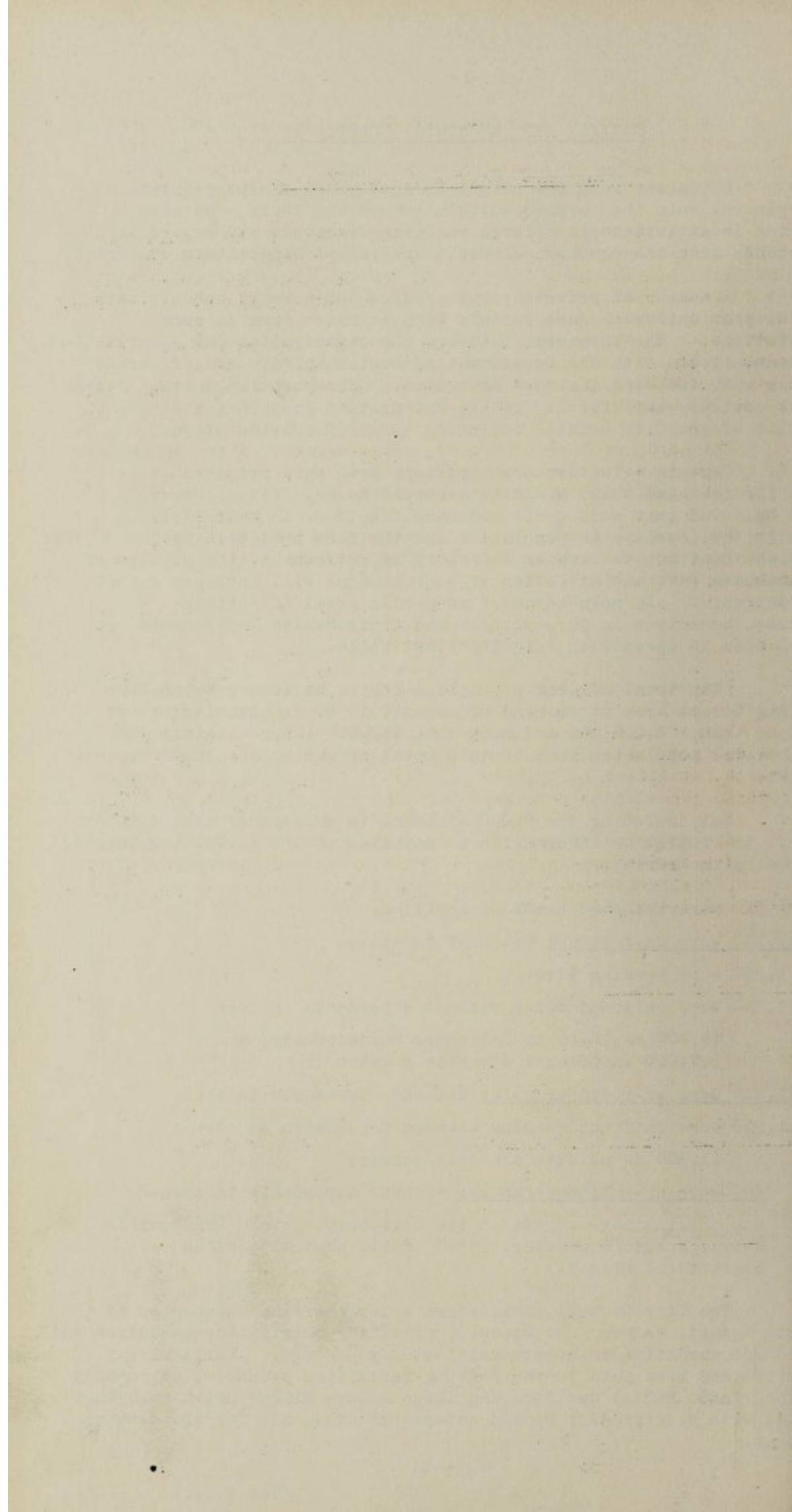
1,960 were rationed females without dependants in town

(1,800 in private domestic service)

400 were un-rationed females without dependants in town."

See "Preliminary Report on the Salisbury African Demographic Survey August/September, 1958" Publ. Central African Statistical Office.

The City Council administers 4 large African townships at Harari, Matapi, Nenyere and Mabvuku, providing married accommodation and single accommodation in modern multi-storey hostels. Particular attention has been paid to the cooking facilities provided, especially for the single hostel dweller, and large modern dining halls have been erected with electrically heated hot-plates available for the cooking of meals.





The nutrition of African children of pre-school and school ages is taken care of by the provision of subsidised meals by the City Council, whilst a Municipal creche provides for infants whose parents are unable to give them proper care and attention at home.

Registration laws intended to restrict to a minimum the number of unemployed and unemployable Africans living within the Municipal Area are in force and all immigrants are required to obtain a "Pass to Seek Work" prior to employment in Salisbury. A preliminary medical examination to exclude infectious diseases and crippling disabilities is a requirement before such a pass is issued. These requirements are not in force in the peri-urban areas and a further restriction precludes Africans from Portuguese East Africa from employment in Salisbury.

The Asian and Coloured communities together form little more than 2% of the total population and there are Municipal creche facilities available to the Coloured children.

The immediate environs of Salisbury comprise 7 Local Authority areas covering a total acreage of some 29,000 acres, with an estimated European population of 30,000.

#### WATER SUPPLY.

The water consumption in the City averages approximately 13.6 million gallons per day. The supply is drawn principally from Lake McIlwaine which has a capacity of 55,000 million gallons, and which is 22 miles from Salisbury and has been developed as a natural pleasure resort with facilities for yachting, etc. 7 Other Local Authorities also look to these water resources for their supplies.

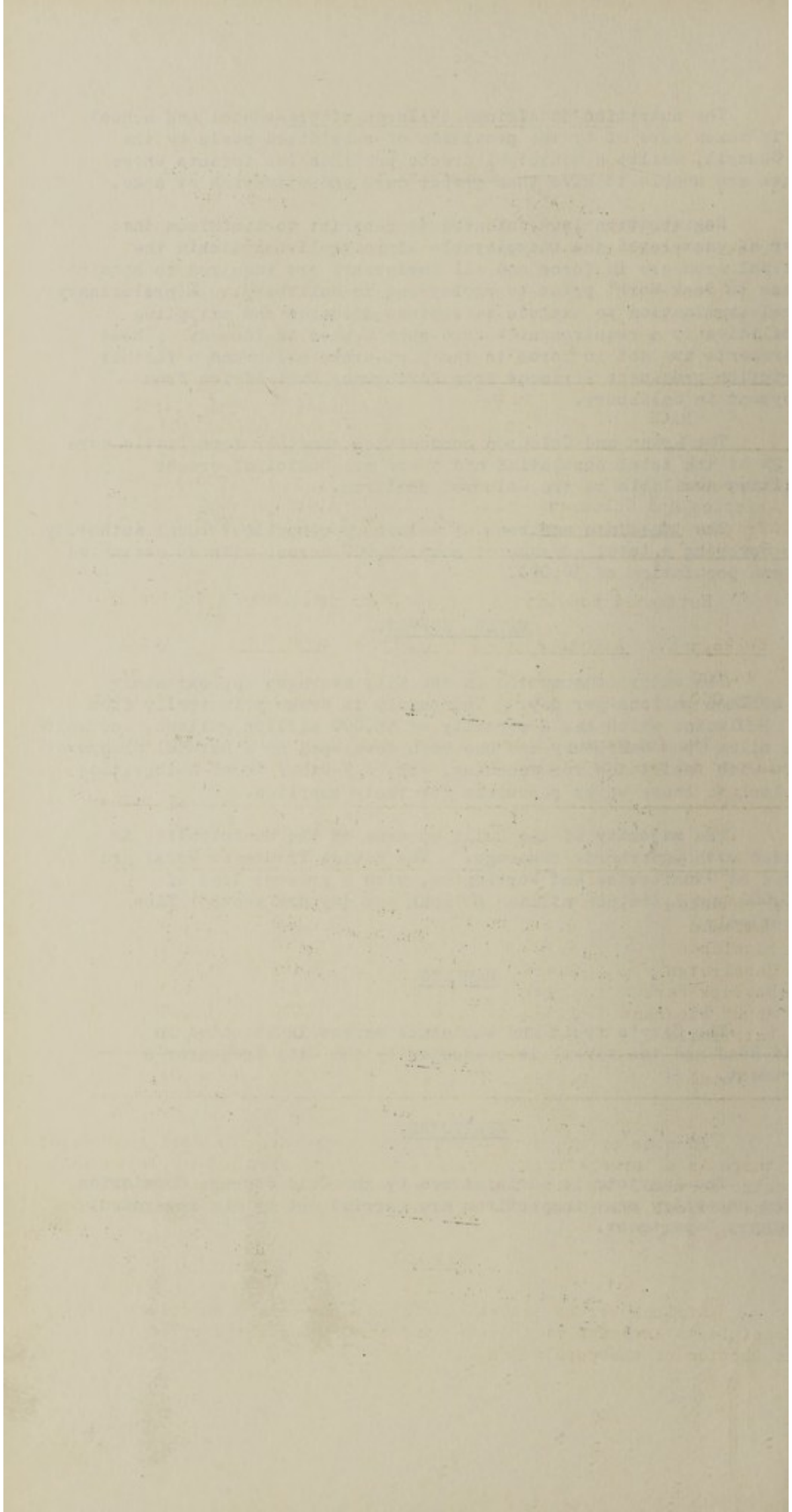
The majority of the built up area of the Municipality is provided with waterborne sewerage. The Sewage Treatment Works are located at Graniteside and Workington, with a present load of 3,630,000 and 1,466,886 million gallons per day dry weather flow respectively.

#### MARKETS.

The City's fruit and wholesale market is situated in Untali Road and the market is conducted by the City Treasurer's Department.

#### ABATTOIRS.

The Abattoir is administered by the Cold Storage Commission and the necessary meat inspections are carried out by the Government Veterinary Department.



## SECTION II. VITAL STATISTICS.

### POPULATION.

On the 8th May, 1956, a census of the Europeans, Asiatic and Coloured population was carried out in the Federation.

The census figures for the area under the jurisdiction of the City Council since 1936 were as follows:-

RACE	1936 (Census)	1941 (Census)	1946 (Census)	1951 (Census)	1956 (Census)
Europeans	9,422	14,630	15,531	27,700	34,400
Asiatics and Coloureds	1,231	1,544	1,686	2,620	3,080
Africans <u>in employment</u>	17,598	26,609	36,873	60,000	75,400

Estimated population for the Municipal Year 1958/59:

<u>Europeans.</u>	<u>Asiatics and Coloureds.</u>	<u>Africans.</u>	<u>Total.</u>
46,000 (43,000)	4,000 (3,400)	125,368 (122,400)	175,368 (168,800)

The following figures illustrate the growth of the European population in the peri-urban Town Management Board areas.

	Acreage		Estimated European Population	
Greendale	5,580	(5,440)	5,600	(5,000)
Hatfield	6,400	(5,896)	5,240	(4,200)
Highlands	5,200	(3,840)	6,000	(5,000)
Mabelreign	2,424	(2,399)	6,405	(6,000)
Meyrick Park	267	(267)	485	(485)
Mount Pleasant	1,480	(1,467)	2,000	(1,850)
Waterfalls	8,040	(7,040)	6,000	(5,556)
Total	29,391	(26,349)	30,730	(28,091)

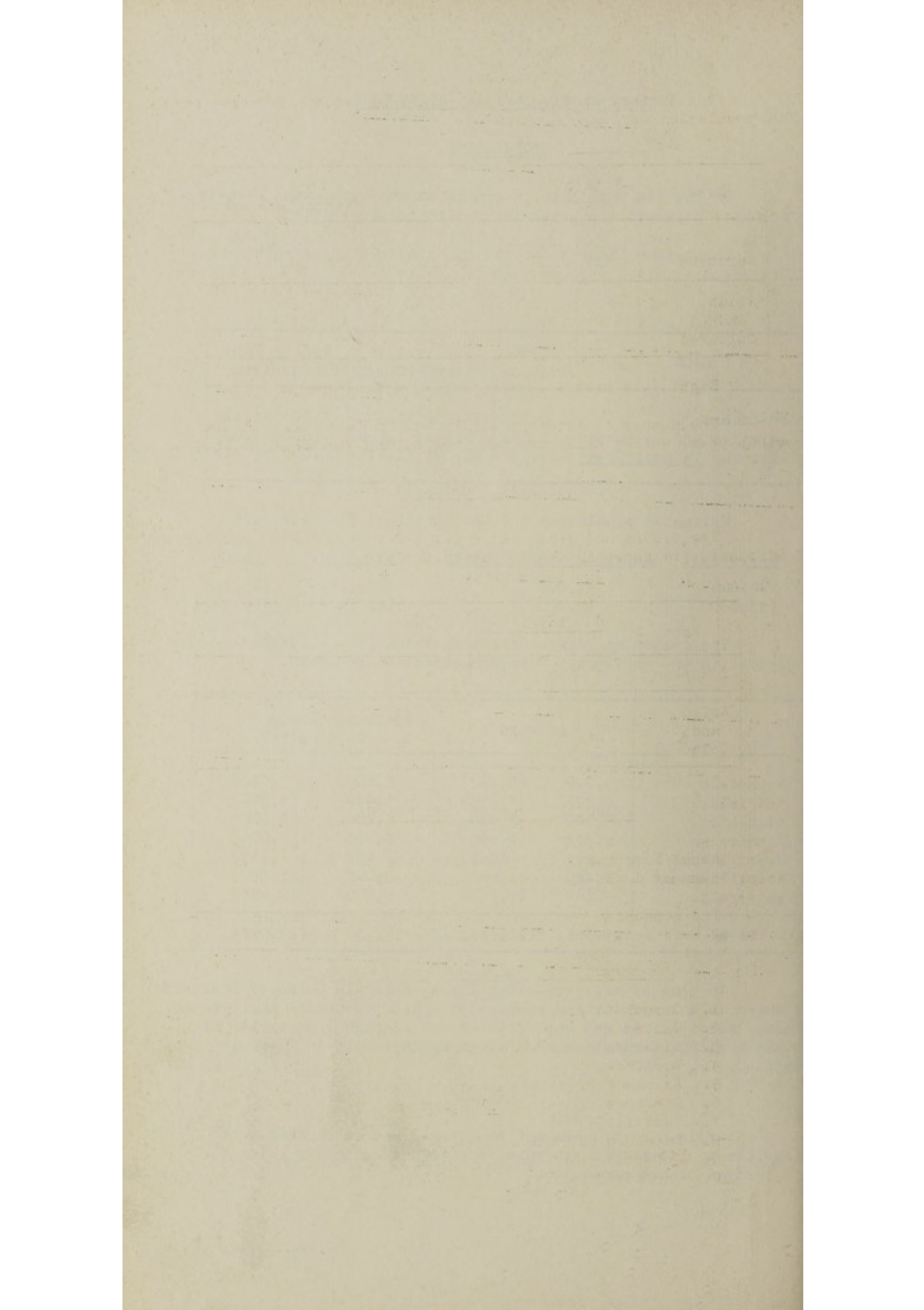
In some of the peri-urban areas there are Coloured residents and there is a large African population many of whom are employed in domestic service. As has been pointed out on page 3 no system of routine medical examination of African employees is in force in these areas.

### BIRTHS.

African births are not registered and it is therefore impossible to estimate birth rates and infant mortality rates for this section of the population.

The births .....





The births, birth rates and rates of natural increase per 1,000 population were as follows:-

Race	Total Live Births		Birth Rate	Rate of Natural Increase
	M	F		
European	510	513	22.23	17
Asian and Coloured	105	76	45.25	38.5

Eight twin births were reported, all European.

The number of European births was 23 fewer than in the previous year, whilst Asian and Coloured births increased by 15.

#### GENERAL MORTALITY.

The deaths and death rates per 1,000 population (exclusive of Africans) are shown in the following table:-

Race	Total		Death Rate	Death Rate 1957/58
	M	F		
European	158	90	5.39	6.06
Asian and Coloured	12	15	6.75	5.88

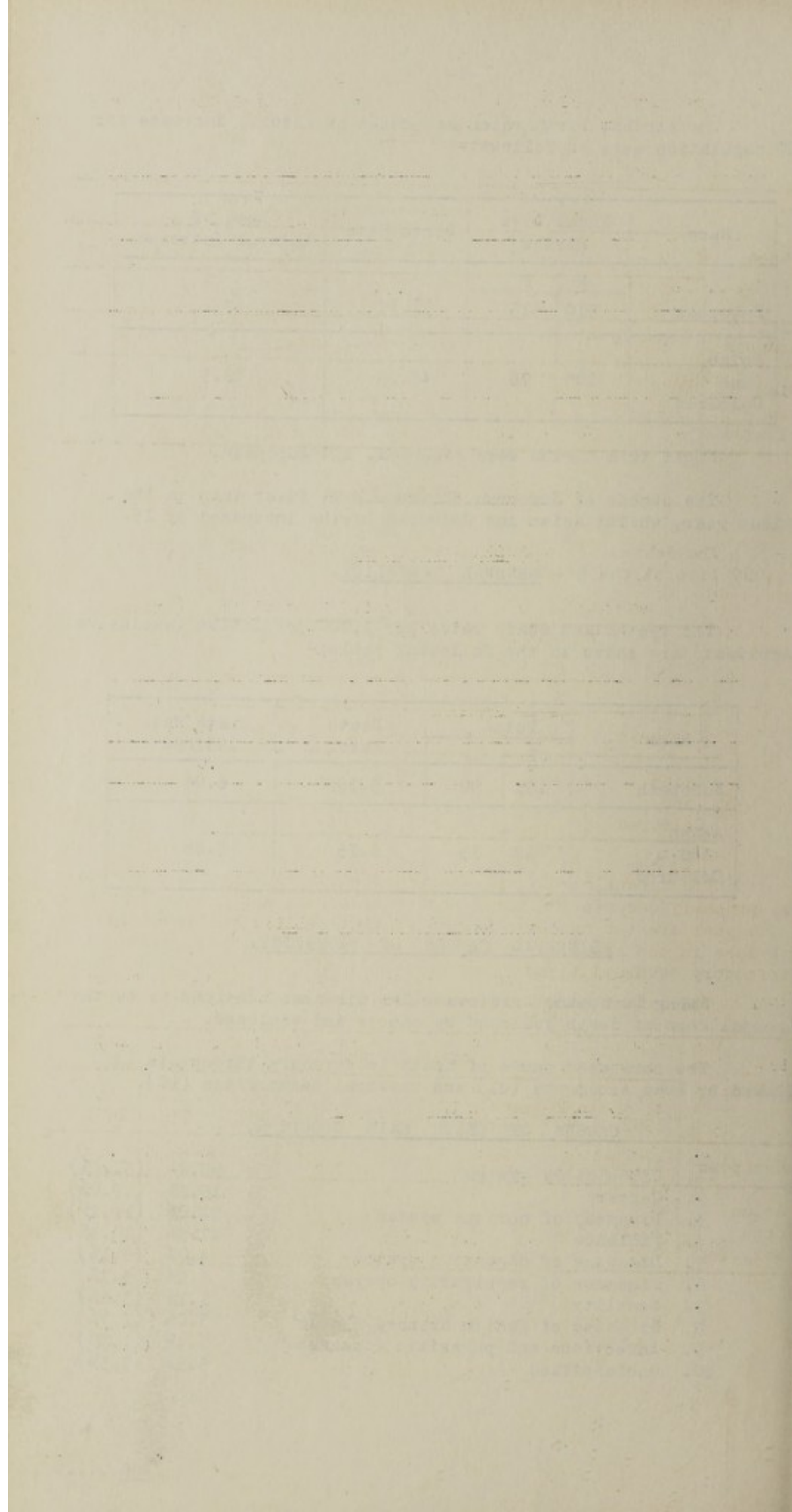
#### PRINCIPAL CAUSES OF MORTALITY.

Among Europeans cardiovascular diseases continue to be the principal cause of death followed by cancer and violence.

The commonest cause of death is coronary thrombosis (46) followed by Road Accidents (21) and cerebral haemorrhage (20).

#### CAUSES OF DEATH MAIN GROUPS %.

1. Circulatory system	28.4%	(31.6%)
2. Cancer	18.2%	(19.0%)
3. Diseases of nervous system	11.0%	(12.2%)
4. Violence	17.5%	(10.4%)
5. Diseases of digestive system	4.0%	(8.1%)
6. Diseases of respiratory system	9.9%	(5.1%)
7. Senility	1.1%	(3.6%)
8. Diseases of genito urinary system	3.0%	(2.7%)
9. Infectious and parasitic diseases	1.4%	(1.8%)
10. Unclassified	5.5%	(5.5%)





AGE AT DEATH.

Race	Age Groups.									
	0 - 1		1 - 5		5 - 25		25 - 65		65 and over	
	M	F	M	F	M	F	M	F	M	F
European	9	8	3	1	16	3	82	32	48	46
Asian and Coloured	-	3	1	1	2	3	6	8	3	-

INFANT MORTALITY.

The deaths of infants under 1 year of age and the rate per 1,000 live births are shown below.

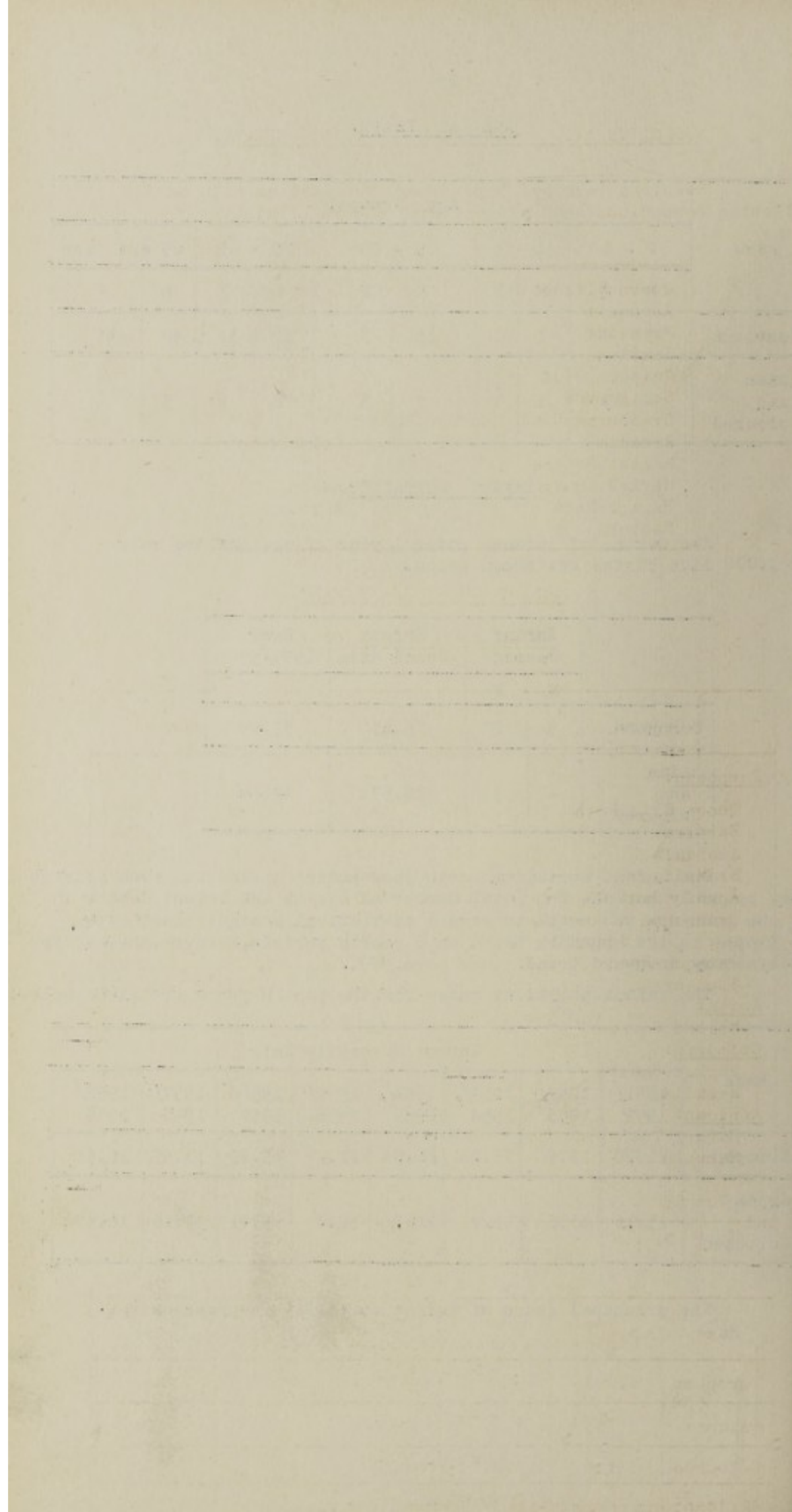
	Infant deaths		Infant Death Rate	Rate 1957/58
	M	F		
European	9	8	16.61	33.55
Asian and Coloured	-	3	16.57	42.16

The infant mortality rates show sudden deviations from year to year, probably because the total number of births and infant deaths in any one year are too small to give a statistically significant rate. The graphs in the appendix based on 5 yearly periods, however, show a very satisfactory downward trend (see page 56).

The infant mortality rates for the past 8 years are given below.

Race	Infant Mortality Rate							
	1951/ 1952	1952/ 1953	1953/ 1954	1954/ 1955	1955/ 1956	1956/ 1957	1957/ 1958	1958/ 1959
European	21.28	11.5	23.29	16.94	21.27	19.72	33.55	16.61
Asian and Coloured	25.16	36.6	61.2	22.3	32.4	5.71	42.16	16.57

The principal cause of infant mortality is prematurity.



### SECTION III. MATERNAL AND CHILD WELFARE.

Sessions (average 3 per week) are held at each of the following commodious and well equipped modern clinics:-

Queen Elizabeth	European
Avondale	"
Braeside	"
Eastlea	"
Gatooma Road	"
Southernton	"
Cranborne Kindergarten School	"
Arcadia	Coloured
Market Square	"
Market Square	Asian
Harari Female	African
Mabvuku	"

### INFANT AND CHILD WELFARE.

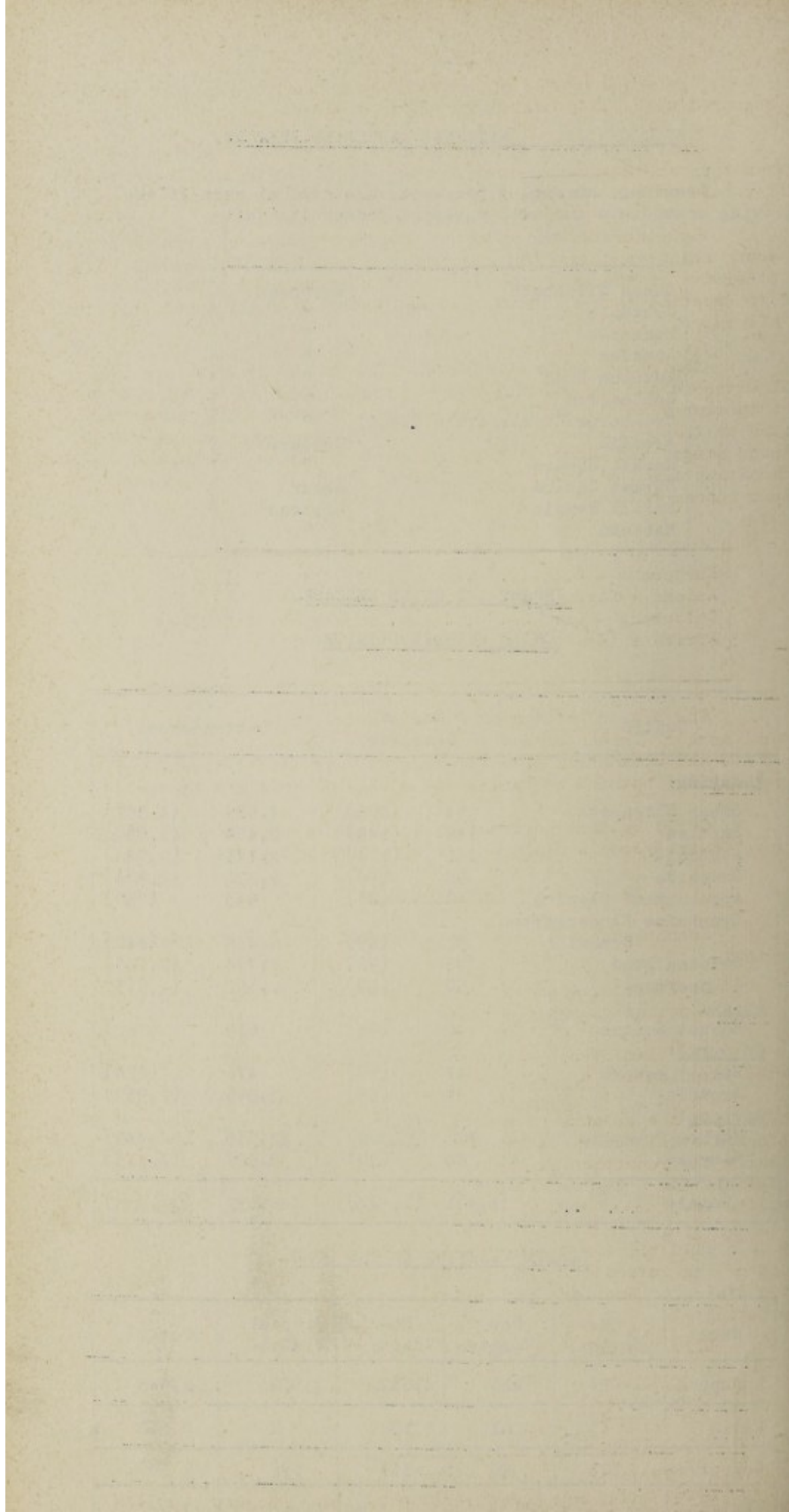
#### CHILD WELFARE CLINICS.

Centre	No. of Sessions		Attendances	
<u>European:</u>				
Queen Elizabeth	194	(205)	4,555	(4,357)
Eastlea	148	(149)	2,434	(3,038)
Avondale	141	(114)	2,743	(2,744)
Braeside	98	(98)	2,891	(2,474)
Appointment Clinics	50	(46)	843	(756)
Cranborne Kindergarten School	51	(49)	435	(840)
Gatooma Road	97	(98)	1,774	(2,745)
Southernton	50	(50)	1,362	(1,013)
<u>Asian:</u>				
Market Square	46	(51)	619	(782)
<u>Coloured:</u>				
Market Square	47	(50)	476	(826)
Arcadia	95	(98)	2,845	(2,932)
<u>African:</u>				
Harari Township	300	(302)	22,935	(14,449)
Mabvuku	84	(50)	4,985	(2,515)
Totals ... ..	1,401	(1,360)	48,897	(39,471)

### HEALTH VISITING IN THE HOME.

Race	New Births	New Visits	Re-Visits	Special Visits	Total
European	1,094	213	4,632	1,009	6,948
Asian	43	61	158	6	268
Coloured	125	46	333	396	900
African					4,591





The total number of visits paid by Health Visitors was 8,116 as compared with 7,143 during the previous year.

Health Visitors are increasing their home visiting work and a system approaching door-to-door survey is planned in order to obtain fuller information concerning pre-school-age child welfare problems.

Considerably more information is required concerning the care of young children during the absence of parents at work, the adequacy or otherwise of the existing creche and nursery school facilities and the special care of physically and mentally handicapped children of all races.

The child welfare clinics at Harari and Mabvuku are very well attended and the healthy and happy appearance of regular attenders is a testimony to the work of the staff. Skimmed milk powder is issued at these clinics to assist in rearing underfed babies at the weaning stage, and whole milk is issued to European, Asian and Coloured communities also on a subsidised basis. Details of the quantity so issued appear below.

*What is the force*

Europeans - City ... ..	1,152(pts)	(1,296)
Asians - City ... ..	1,809 "	(3,120)
Coloureds - City ... ..	28,816 "	(31,084)
Africans (dried milk) Harari	22,509 lbs	
Mabvuku	6,092 lbs	

The Health Visitor at Harari visits seven African schools weekly and all senior African school girls receive instruction in Mothercraft, First Aid and Elementary Home Nursing, with practical demonstrations of cot making, bathing of babies and advice on toddlers diets.

Child welfare instruction is also given to members of the various Church Women's Clubs on one afternoon per week.

#### IMMUNISATION.

Immunisation services are provided against the following diseases:-

Diphtheria, whooping cough, tetanus, poliomyelitis and vaccination against small pox.

The clinics are situated at strategic points in the City for the immunisation of all races.

In the absence of severe epidemics public apathy to diphtheria still occurseven amongst European children in Salisbury. Similarly the reduction in the number of poliomyelitis cases is responsible for a degree of apathy in respect of immunisation against this disease.

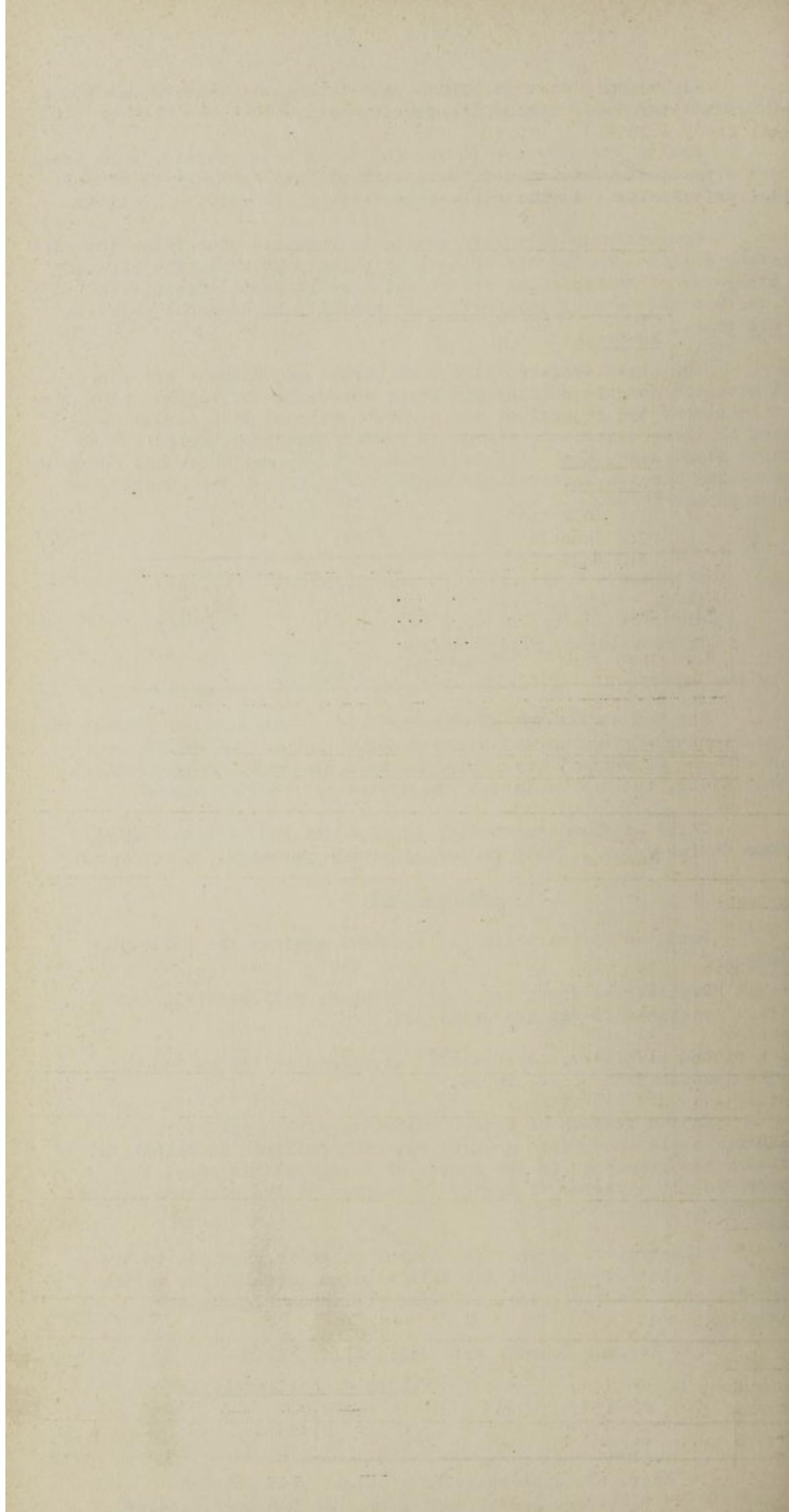
Illustrative of what is thought to be in part due to the effect of the introduction of the Salk vaccine inoculations in the United States of America, the following published figures are interesting:-

D.I. Medical Journal 42: 256: April, 1959.

#### "Cases of Poliomyelitis

1954	39,000
1957	5,485
1958	5,995

There now appears to be a slight upward trend. Of 24 million children, not more than 50% have received a full series of Salk vaccination."





The Medical Research Council of Britain now advises a fourth or booster dose of vaccine inoculation. (British Medical Journal 1:609 - 1959.)

The number of immunisations carried out by this Department against poliomyelitis during the year was:

Race	Age Group 1 - 16 *
<u>European:</u>	
1st Injection	551
2nd Injection	480
3rd Injection	578
<u>Asian and Coloured:</u>	
1st Injection	51
2nd Injection	37
3rd Injection	65

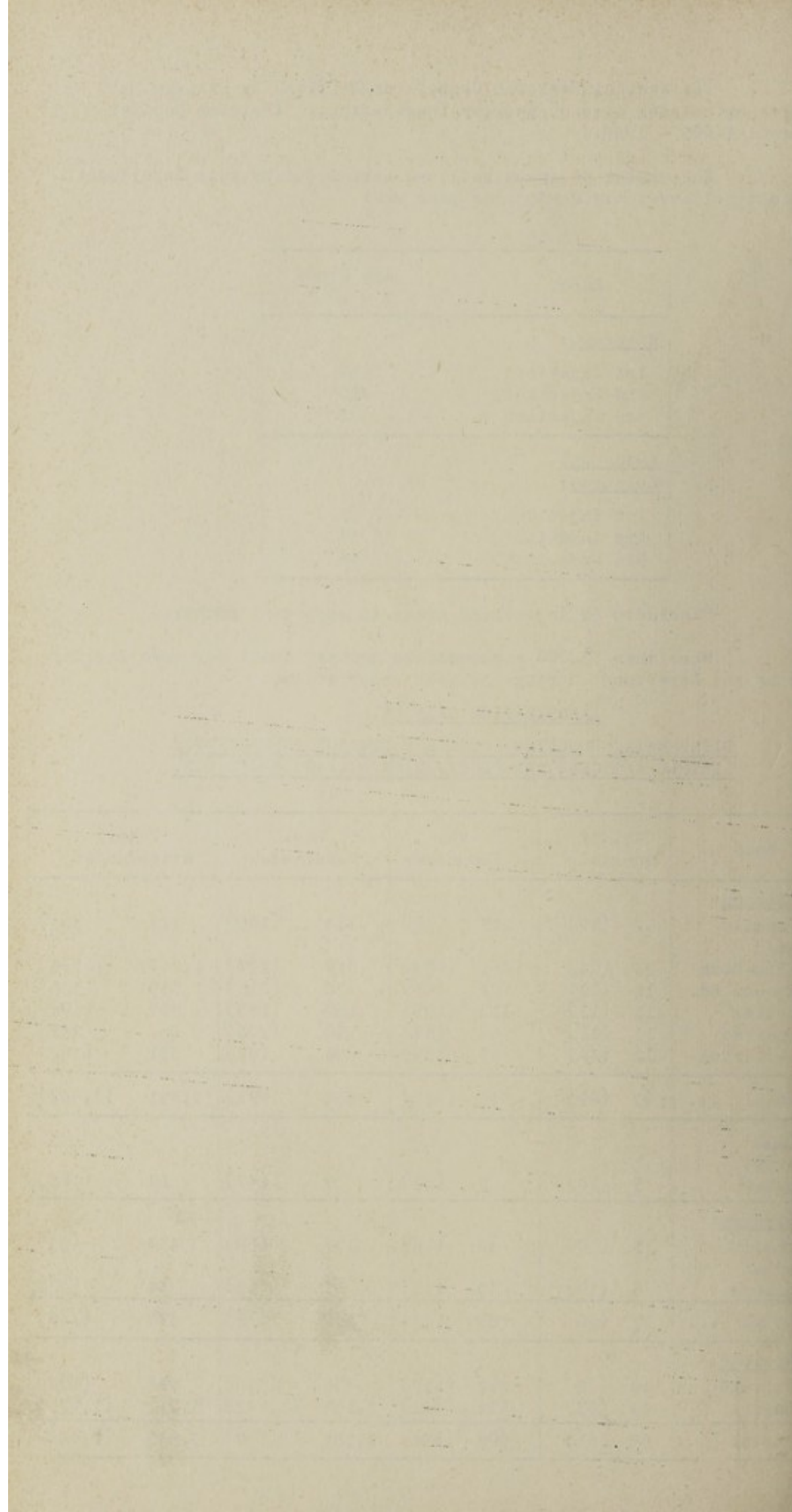
\*Includes 98 injections given to expectant mothers.

More than 53,000 vaccinations against small pox were carried out by the Department during the year under review.

#### IMMUNISATION CLINICS.

#### DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNISATION (TRIPLE ANTIGEN) AND VACCINATION AGAINST SMALL POX.

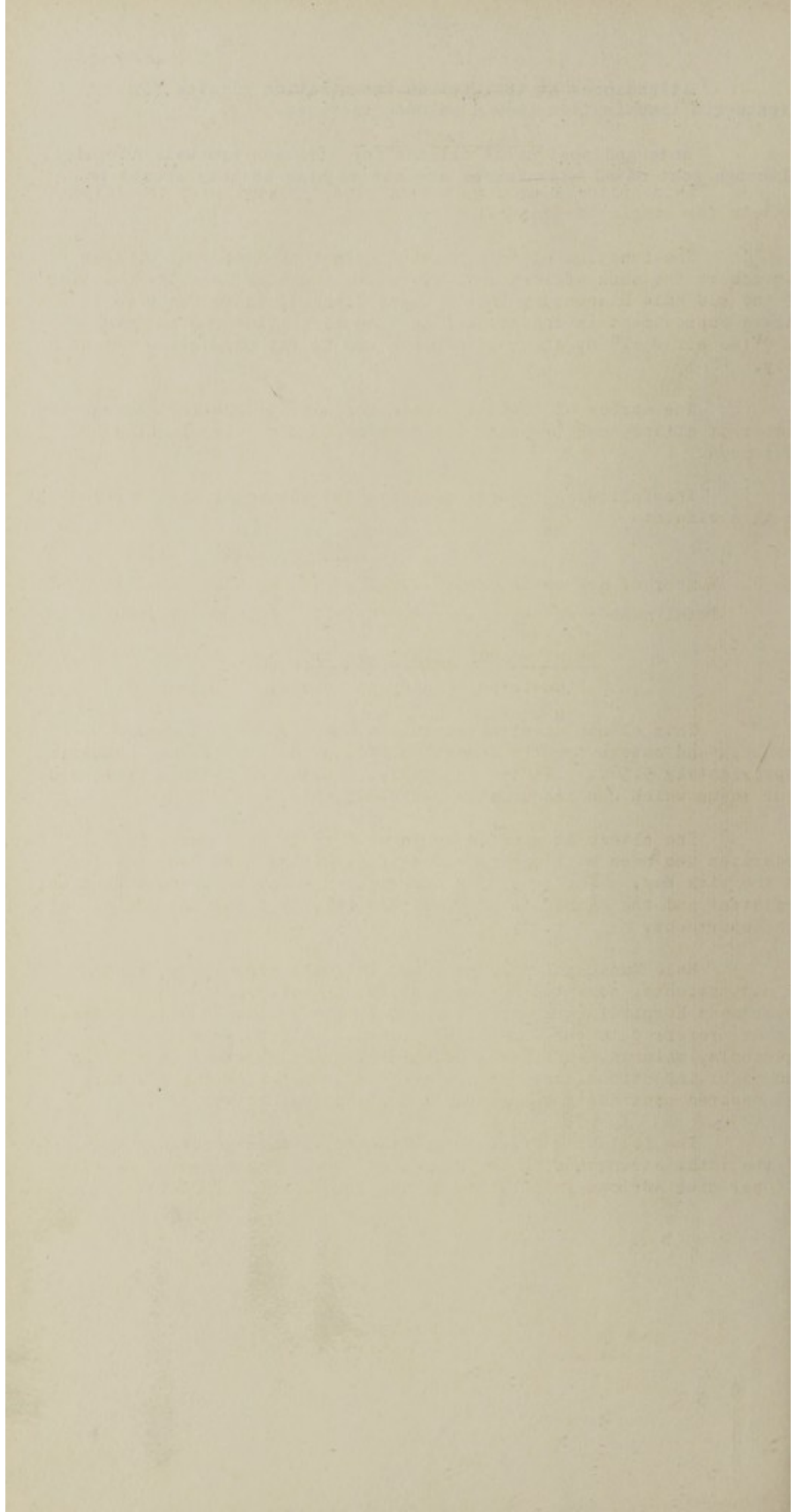
Race	No. of Sessions	No. Immunised	No. Vaccinated	Total Attendances
<u>European:</u>				
Avondale	12 (12)	127 (42)	114 (106)	417 (323)
Queen Elizabeth	24 (24)	462 (664)	310 (297)	1,260 (1,245)
Gatooma Rd.	12 (12)	72 (53)	78 (116)	339 (328)
Eastlea	11 (11)	113 (95)	150 (159)	587 (406)
Braeside	11 (11)	68 (64)	110 (106)	457 (293)
Southerton	12 (12)	93 (39)	96 (87)	331 (352)
Total ...	82 (82)	935 (957)	858 (871)	3,391 (2,947)
<u>Asian:</u>				
Market Square	5 (10)	8 (52)	7 (47)	17 (108)
<u>Coloured:</u>				
Arcadia	11 (10)	48 (16)	117 (50)	434 (99)
Market Square	6 (10)	35 (21)	13 (25)	44 (47)
Total ...	17 (20)	83 (37)	130 (75)	478 (146)
<u>African:</u>				
Mabvuku	49 (28)	292 (133)	436 (328)	935 (572)
Harari	49 (33)	614 (361)	2,159 (1,842)	3,011 (2,073)
Total ...	98 (61)	906 (494)	2,595 (2,170)	3,946 (2,645)



Attendances at the African immunisation clinics for diphtheria immunisation show a welcome increase.

Ante and post natal clinics for Africans are well attended although post natal attendances are not as high as they should be.





SECTION IV. OTHER CLINICS.

MATAPI GENERAL CLINIC.

This building is situated in close proximity to the large hostels for single African males in Harari.

The function of this clinic is that of a medical officer service to the sick African and, since its transfer from the building of the old Male Dispensary (now a Chest Clinic), there has been a marked improvement in the medical service facilities and a saving of "time off work" by the sick African who is fit for duty or light duty.

The number of new cases seen has almost doubled, whereas the number of attendances (repeats for treatment) has only slightly increased.

The following figures indicate the volume of work carried out at this clinic:-

	<u>1959</u>	<u>1958</u>	<u>1957</u>
Number of new cases seen ...	32,417	19,839	17,872
Total number of attendances	76,212	69,905	81,980

MBARI HOSTEL CLINIC AND SICK BAY.

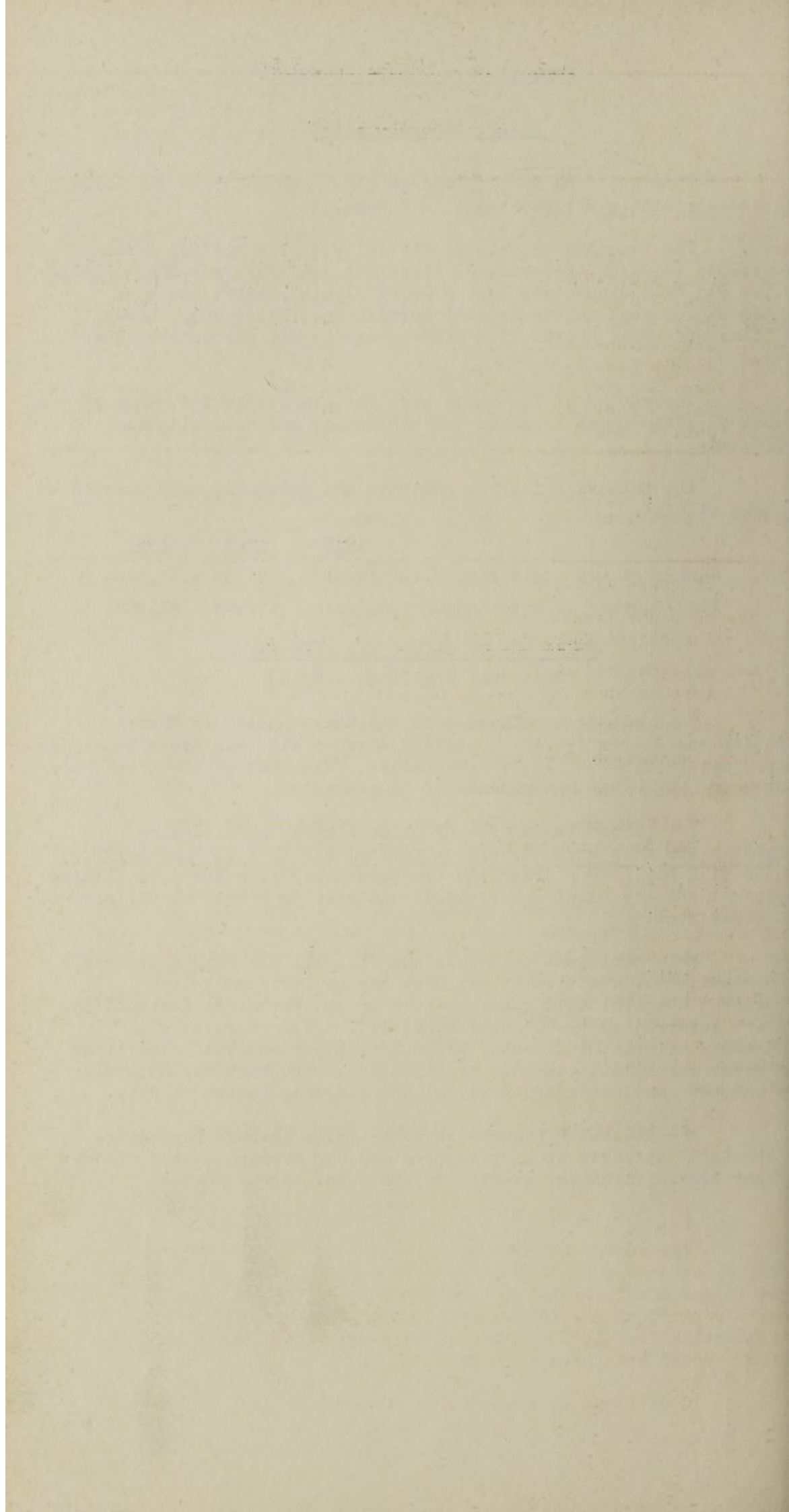
(Municipal Employees - Male)

This clinic is situated in the Mbari Hostel in Harari Township and caters for the Council's African male employees numbering approximately 5,500. It is open daily. Attached to the clinic are four rooms which can accommodate 24 in-patients.

The clinic is staffed by three African male nursing orderlies who each work eight-hour shifts, giving a 24 hour service at the sick bay. The orderlies are supervised by a European Clinical Assistant and the clinic is visited regularly by a Medical Officer of the Department.

Male Municipal employees who fall ill are either treated as out-patients, admitted to the sick bay or referred to the Government Hospital (all cases covered by the Workmen's Compensation Act are referred to the General Hospital). Illnesses such as pneumonia, malaria, influenza, bilharzia, minor surgical conditions and minor infectious diseases are treated in the sick bay and this has ensured continuity of treatment and a speedy return to duty.

The following figures show the daily average percentage of the total strength sick or injured and the average number of days off per sick African in relation to the total labour force:-





	Average Total Strength of African Employees.	Mean of Daily % Average of Total Strength Sick and Injured.	Average Days off per Sick African.
1954 (Jan. - June)	4,444	0.47	6.05
1954 (July - Dec.)	4,776	0.39	5.13
1955 (Jan. - June)	4,502	0.38	5.85
1955 (July - Dec.)	4,769	0.32	6.16
1956 (Jan. - June)	4,817	0.33	5.38
1956 (July - Dec.)	4,809	0.46	6.11
1957 (Jan. - June)	4,826	0.35	6.06
1957 (July - Dec.)	5,426	0.40	9.56
1958 (Jan. - June)	5,673	0.396	9.64
1958 (July - Dec.)	5,722	0.441	12.05
1959 (Jan. - June)	5,545	0.643	12.5

The following figures give the number of general and surgical cases attended to during the year:-

No. of cases admitted to the Hostel Sick Bay ...	221	(327)
No. of cases transferred to the Native Infectious Diseases Hospital ...	84	(54)
No. of cases referred to the Government African Hospital ...	450	(344)
No. of working out-patients ...	6,774	(7,336)
Total number of new cases treated ...	7,539	(8,061)
Total number of attendances ...	*46,361	(69,707)
*This figure includes repeat attendances the same day for treatment and medicines.		

A routine medical examination of all new male African recruits for the Municipal service and their re-examination at regular intervals of approximately six months is carried out at the clinic by the European Clinical Assistant. This examination is more comprehensive than the one carried out on non-Municipal Africans to guard against possible future disability and to ensure suitability for a particular type of employment. It is proposed to include all Municipal African employees in the Mass Miniature Radiography programme next year.

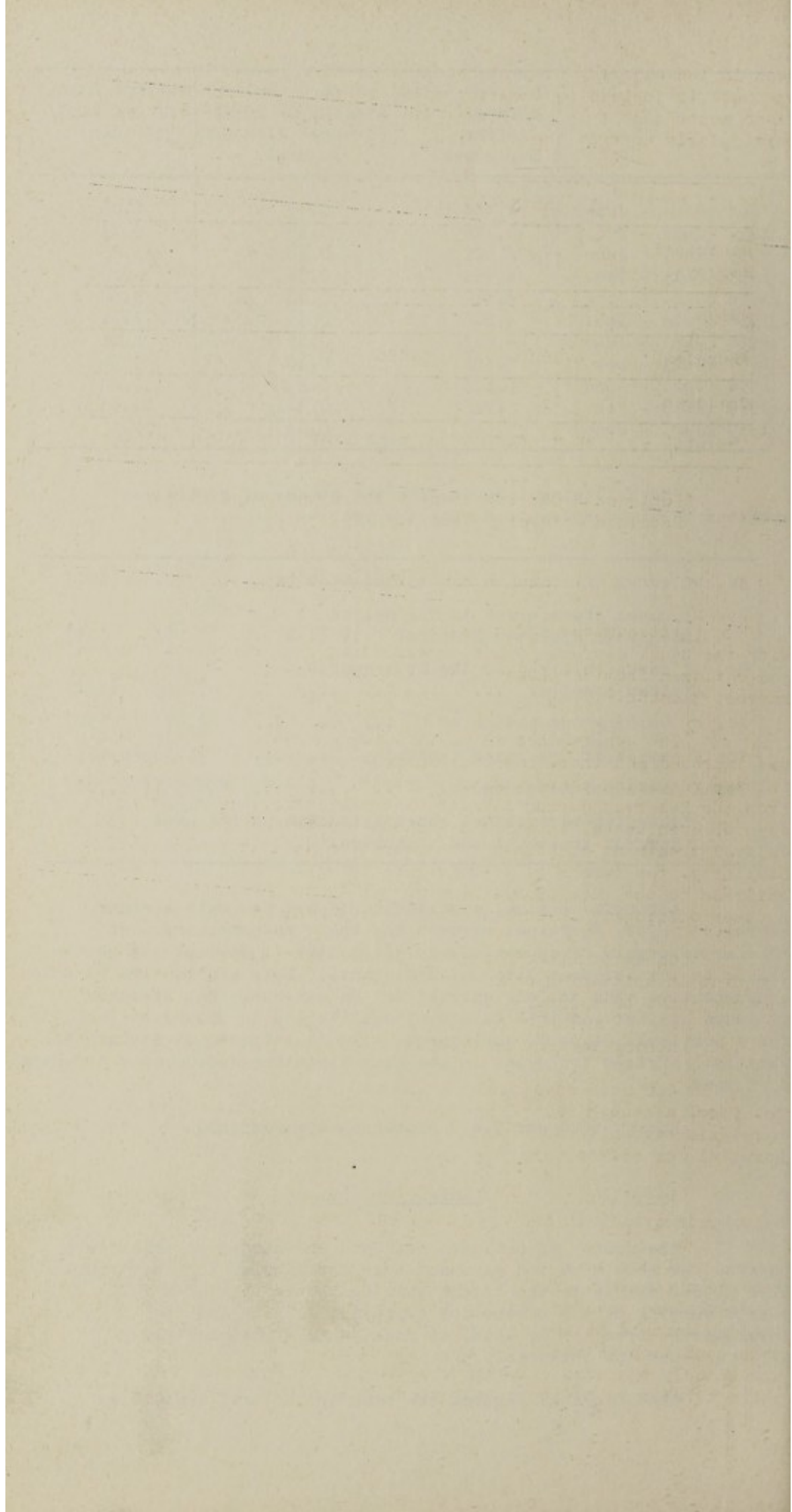
During the year 9,427 Africans were examined.

#### DENTAL CLINIC.

The number of patients seen and the number of treatments carried out show a marked increase over the figures for last year. This is due mainly to the totals showing the results of a full year's working of the scheme for expectant mothers and the introduction from April, 1958, of free dental treatment for African women and children.

Conditions as regards the standard of oral hygiene as

/seen .....





seen in the majority of patients remains very low. Constant efforts are made to impress on them the value to their general health of a clean mouth and it is hoped that, in time, some result will be seen, particularly amongst the children.

	Inspections	Extractions	Fillings	Dressings
Municipal Employees	350	402	7	2
Males	915	838	14	64
*Females	4,880	3,086	135	15
Children	250	264	11	
Totals ...	*6,395(3876)	4,590(3265)	167(150)	81(148)

\*Includes 2,059 expectant mothers inspected at the Location Maternity Clinic.

#### FEMALE DISPENSARY, HARARI.

Attendances and numbers have increased throughout the year, with the usual decrease twice a year during the return of the women and children from the Location to the Reserves in the planting and harvest seasons.

The general health of this large community on the whole has improved and there has been much less incidence of serious illness requiring admission to hospital. The delay in returning from the Reserves during illness or other injuries, amounting to days or even weeks, is still a serious handicap and the results of delayed treatment creates much frustration and disappointment. Similarly, the custom of transferring the first born or other children to the care of the grandmother in the Reserves creates another difficulty in ensuring early treatment at our clinics.

Cases of bronchitis and tracheo-bronchitis have been frequent in spite of a mild winter, but pneumonias, lobar and broncho, have been rare.

Meningitis and encephalitis have been very rarely seen.

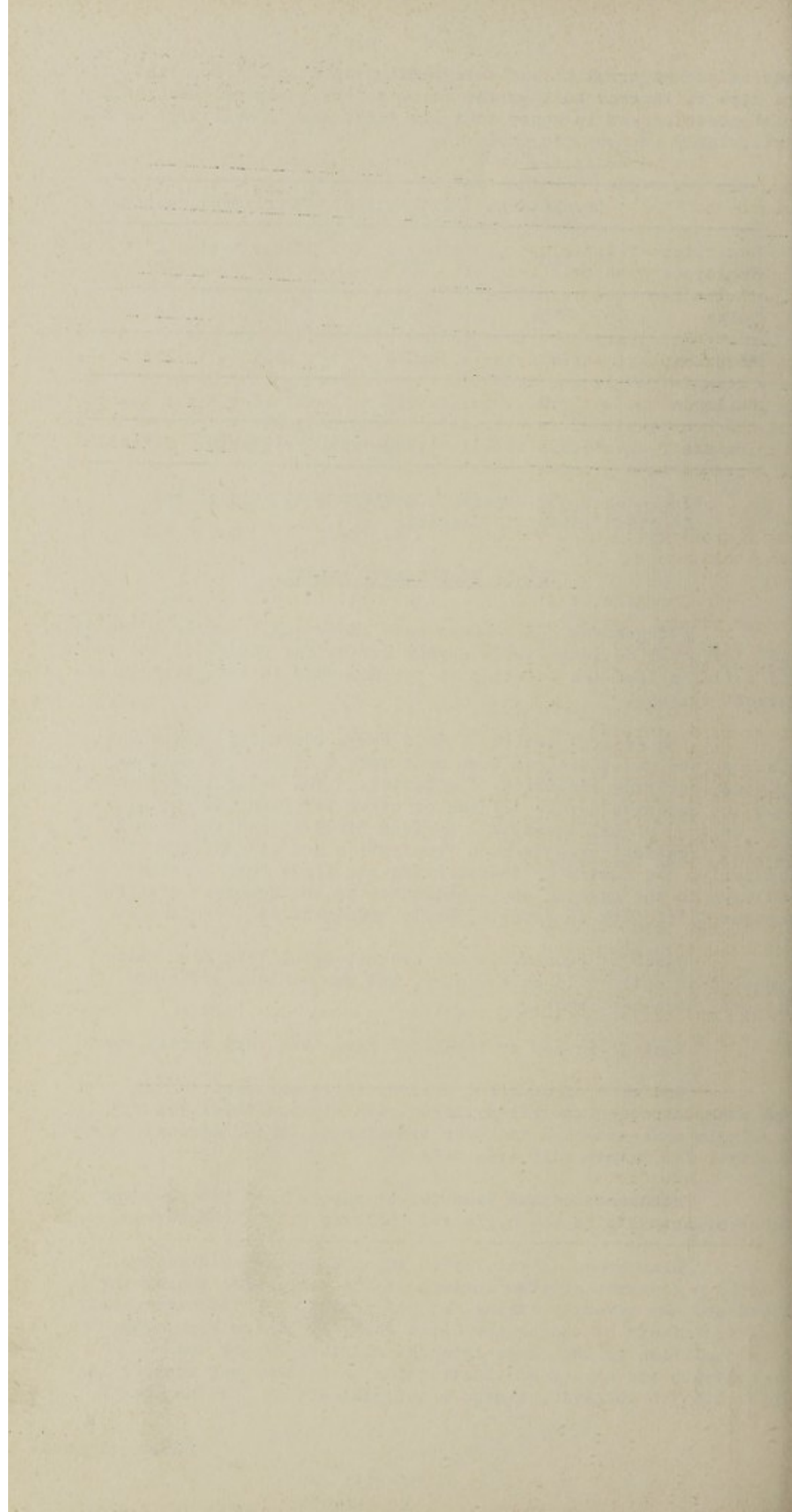
One case of doubtful poliomyelitis was seen during the year, although several children with old poliomyelitis paralysis have attended and been transferred to the African General Hospital for orthopaedic treatment.

Malnutrition and Kwashiorkor appear less frequent and occur principally in the neglected children from the Reserves.

Diarrhoea, especially in infants and young children, remains a constant problem throughout the year, with increasing incidence and severity during the hot months. It is noticeable that in infants attending the Child Welfare Clinics regularly this condition is much less frequent and less severe and undoubtedly the advice and instruction in feeding and hygiene at these clinics is having a most beneficial effect both in the

/prevention.....





prevention and treatment of these enteritis conditions. The new type of skimmed milk powder is very popular and a great help in the feeding and recovery of these children.

Dehydration has been less common than in previous years and very few cases have been serious enough to require hospital treatment.

Throat infections, especially follicular tonsillitis and pharyngitis, have been very common throughout the year but diphtheria has been relatively rare.

Pulmonary tuberculosis has apparently increased, especially in children where early chest signs, and occasionally advanced signs, have been fairly frequent. The establishment of the Chest Clinic in the Location, with the provision of transport for X-Ray examination and the continuity of investigation and treatment by the medical and nursing staff there have made the detection, treatment and "follow-up" of these cases a greater possibility.

Conjunctivitis, mild and severe, is common but, with twice daily treatment, cases respond well and very few have required hospitalisation.

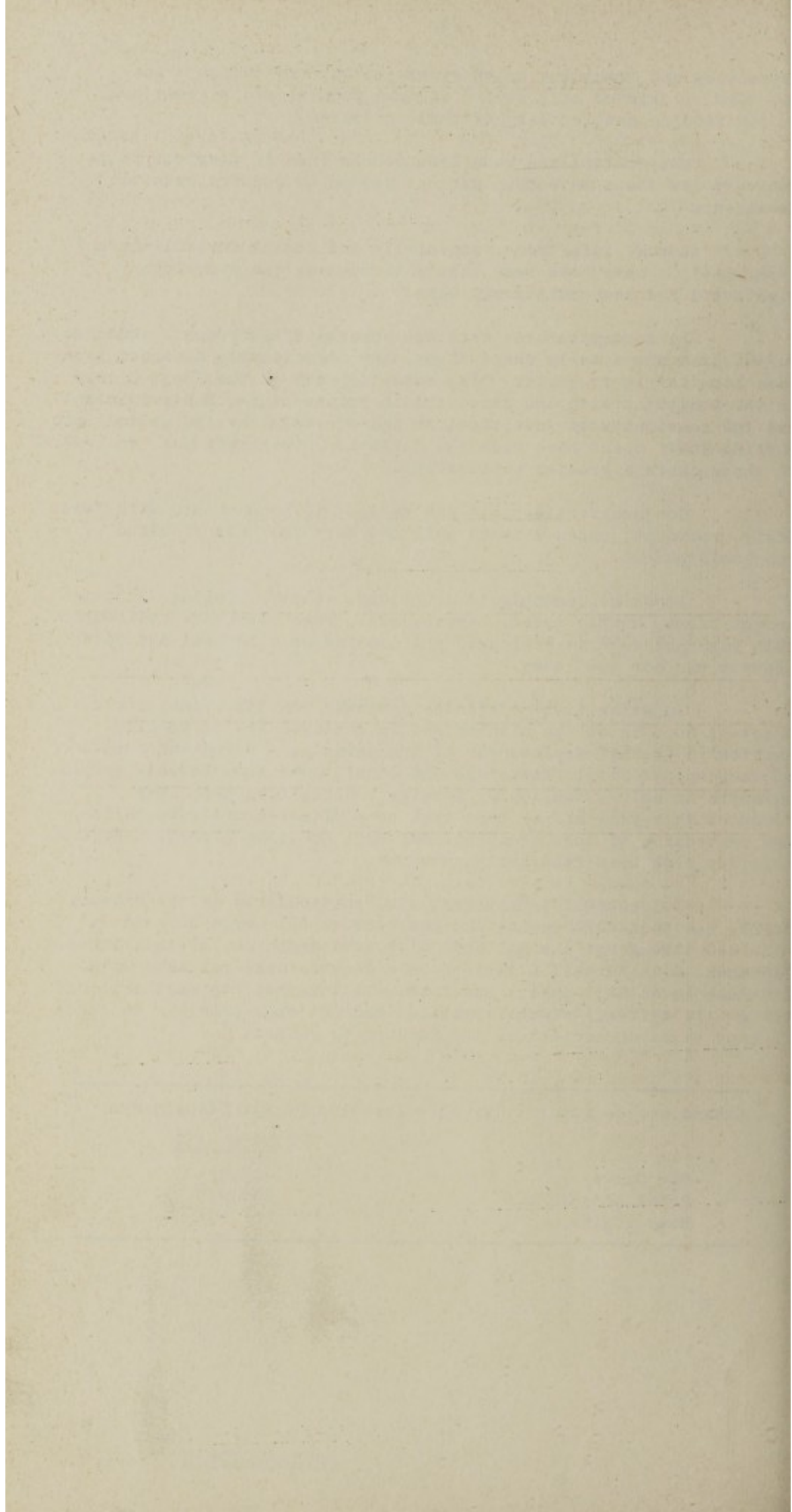
Impetigo, pemphigoid eruptions, eczema, scabies, infected insect bites, septic sores, herpes, etc., have been more noticeable this year and require prolonged and continuous treatment and patience. Leprosy has not been seen.

Injuries from accidents, domestic and otherwise, are a constant feature at the clinics and in children can be usually attributed to the carelessness of the parents. Burns and scalds of varying severity, contusions and lacerations from bicycle spokes, paraffin drinking, swallowing foreign bodies, have been less frequent this year and we hope that some of our propaganda talks on the prevention of home accidents may have had some effect. Serious injuries have been remarkably uncommon.

Evidence of schistosomiasis, particularly in the urinary tract, has been more common and numerous school children have attended throughout the holidays with haematuria due to this cause. Treatment with Mirocil D tablets in adequate doses combined with Anthisan as an anti-emetic has been well tolerated by most children though the efficacy of the treatment has not been possible to check in many cases on account of the failure to return.

Attendances - General Clinic - Location Female Dispensary:

	<u>1958 - 59</u>
New Cases	17,725
Total Attendances	104,975
Home Visits	36





SUB-DISPENSARY, BEATRICE ROAD COTTAGES.

In June this year this additional general clinic was opened as an adjunct to the Female Dispensary at Harari. It is more accessible to the women and children resident in the Beatrice Road area. A clinic is held every morning with a senior African Nurse from the Female Dispensary staff on duty and supervised by a European Sister. The Senior Health Visitor also holds two Child Welfare Clinics here weekly. These clinics are well attended and fully justify their establishment and continuation.

The incidence of infective venereal disease in all clinics, as well as admissions to the Native Infectious Diseases Hospital, is less than last year; the numbers admitted either from African clinics, private medical practitioners or from Harari African Hospital have been very low, amounting to about 40 cases. All have responded well to treatment.

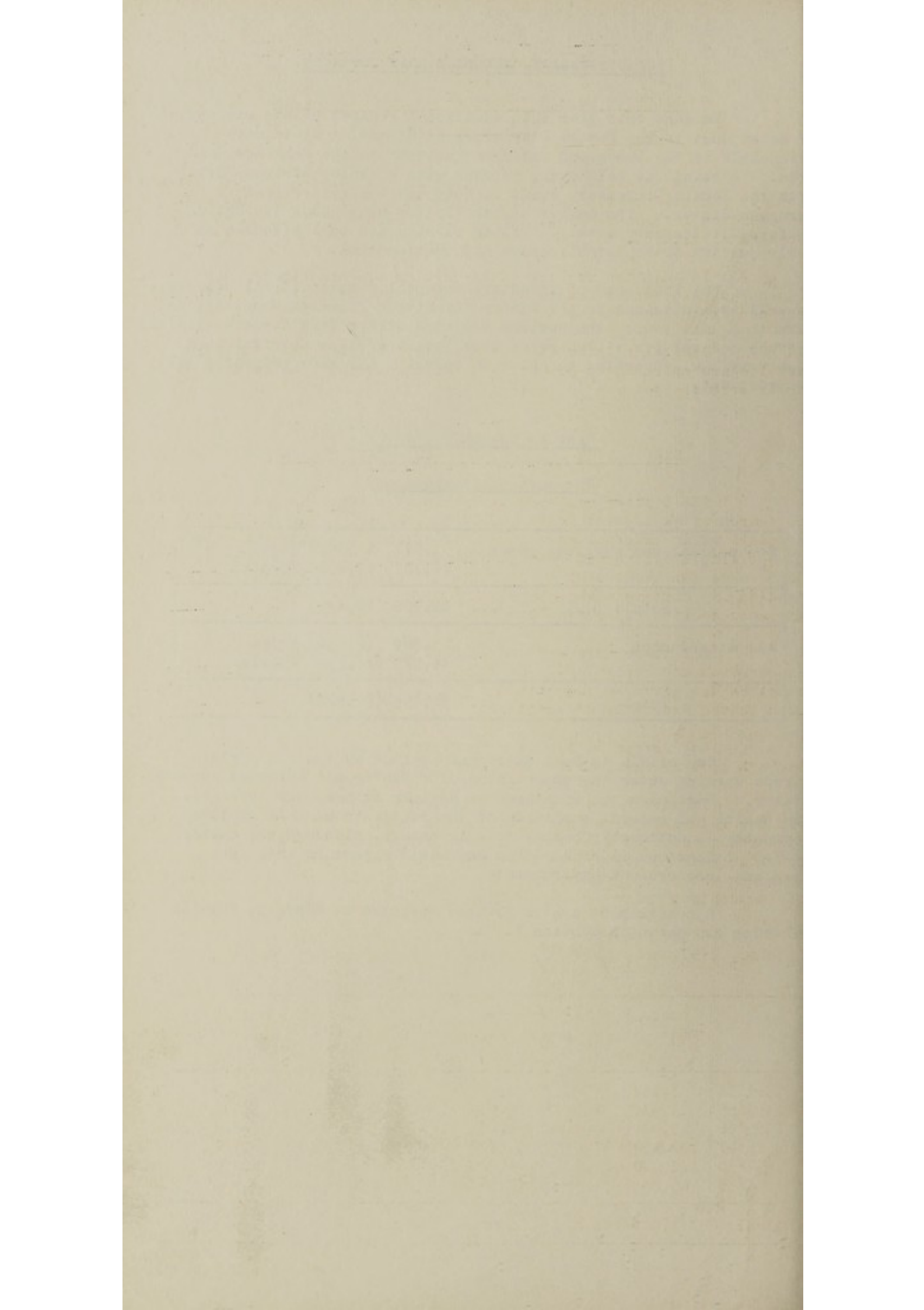
MABVUKU TOWNSHIP CLINIC.

Out-patient Attendances.

New medical and surgical cases	1,571	(792) Males
" " " " "	10,137	(7,650) Females
Total: ... ..	11,708	(8,442)
All Attendances	3,882	(4,090) Males
	46,513	(47,132) Females
Total: ... ..	50,395	(51,222)

The clinic is open daily and staffed by trained African nurses working under the supervision of a Doctor and European nursing sister. Here also the incidence of serious illness has lessened. The health and general condition of the residents in this smaller community is noticeably better than in Harari, although the number of T.B. infections is higher than one would expect in this more open and less crowded environment.

A confinement centre is also operated at Mabvuku, details of which are shown in Section V.



SECTION V. OTHER SERVICES.

DISTRICT NURSING SERVICES - EUROPEAN, ASIAN  
AND COLOURED.

This valuable service is greatly appreciated and extensively used by general practitioners for patients requiring home nursing. In addition to home nursing, the district nurses hold ante-natal and post-natal clinics.

In addition minor ailment clinics are held in Arcadia (Coloured) and Market Square (Asian) under the direction of a medical officer of the department.

General clinics and a domiciliary nursing and midwifery service are operated by Council's district nurses; the details of their work are set out in Table G.

EXAMINATION OF AFRICAN MALES - MARKET SQUARE.

The African employee is examined on entering the Municipality in search of employment and annually thereafter. The examination consists of an external examination to exclude possible infectious or notifiable diseases and venereal diseases. This is of particular importance for those seeking domestic employment or engaged in food handling. Unfortunately, this examination is only required by Africans seeking employment within the Municipal boundaries.

All these Africans are Mantoux tested on the day of examination and report 3 - 4 days later for reading. Negative reactors are given an injection of B.C.G. vaccine. The preparation used is the Freeze Dried vaccine.

No African is issued with a pass to seek work until he has had his medical examination completed.

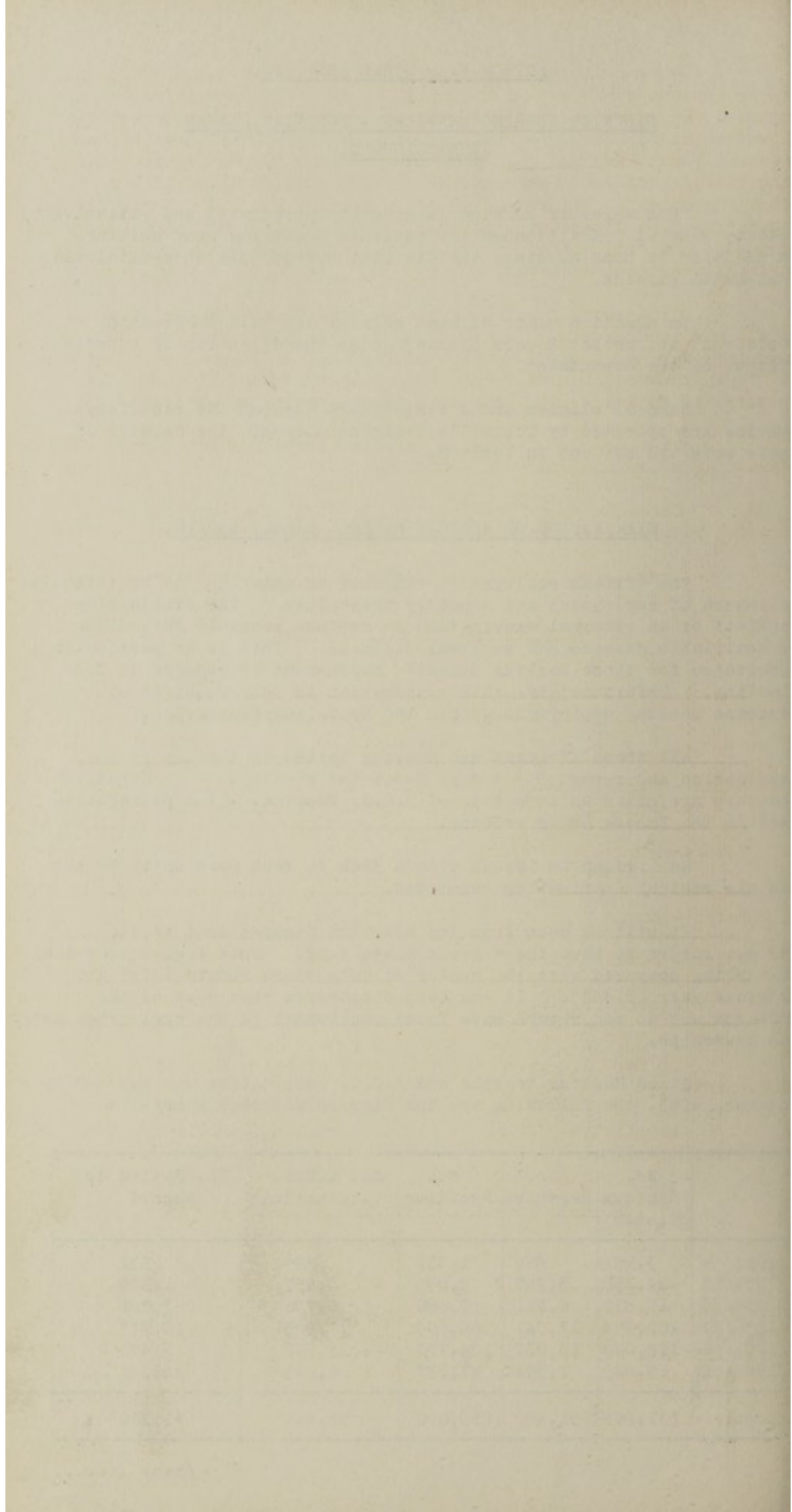
It will be seen from the attached figures that 14,246 did not return to have the Mantoux tests read. This figure is rather disturbing compared with the number of defaulters recorded for the previous year (3,452). It has been discovered that most of the Africans who do not return have found employment in the peri-urban areas and townships.

Since Mantoux testing and B.C.G. vaccination was started in October, 1953, the following are the figures for each year:-

	No. Mantoux Tested	No. Negative	No. Positive	No. B.C.G. Vaccination	No. Failed to Report
1953/54	3,154	889	1,732	889	532
1954/55	14,430	3,957	9,095	3,957	1,378
1955/56	19,812	6,811	9,580	6,790	3,381
1956/57	102,194	17,941	65,976	17,925	18,277
1957/58	122,070	13,837	104,720	13,975	3,452
1958/59	69,849	7,994	47,897	8,865	14,246
Total:	331,509	51,429	239,000	52,401	41,266

/Many .....





Many employers and firms prefer annual re-examination of their African employees on the site and, while vaccinations are carried out, Mantoux testing is not done because this necessitates a second visit which is not practicable with the staff available. Several firms have had Mass Miniature Radiography examinations of their staff at the Government operated Salisbury Chest Clinic during the year. Employees found on examination to be suspicious or suffering from disease are brought to the Market Square Clinic, whence they are admitted either to the Native Infectious Diseases Hospital or the Government Hospital.

Other work carried out at the examination centre includes small pox vaccination. Approximately 43.2% (58%) of the total examined were vaccinated against small pox. All Africans indigenous to Southern Rhodesia are vaccinated, while immigrant Africans are vaccinated on entry into the Colony at the ports of entry.

Vi-tests are taken from milk and food handlers for the Dairy Marketing Board and Cranborne Hostel.

Cases of gonorrhoea found on medical examination are treated with a single injection of 600,000 units of procaine penicillin.

Dressing of wounds and septic sores is also carried out.

#### MEDICAL EXAMINATION OF AFRICANS.

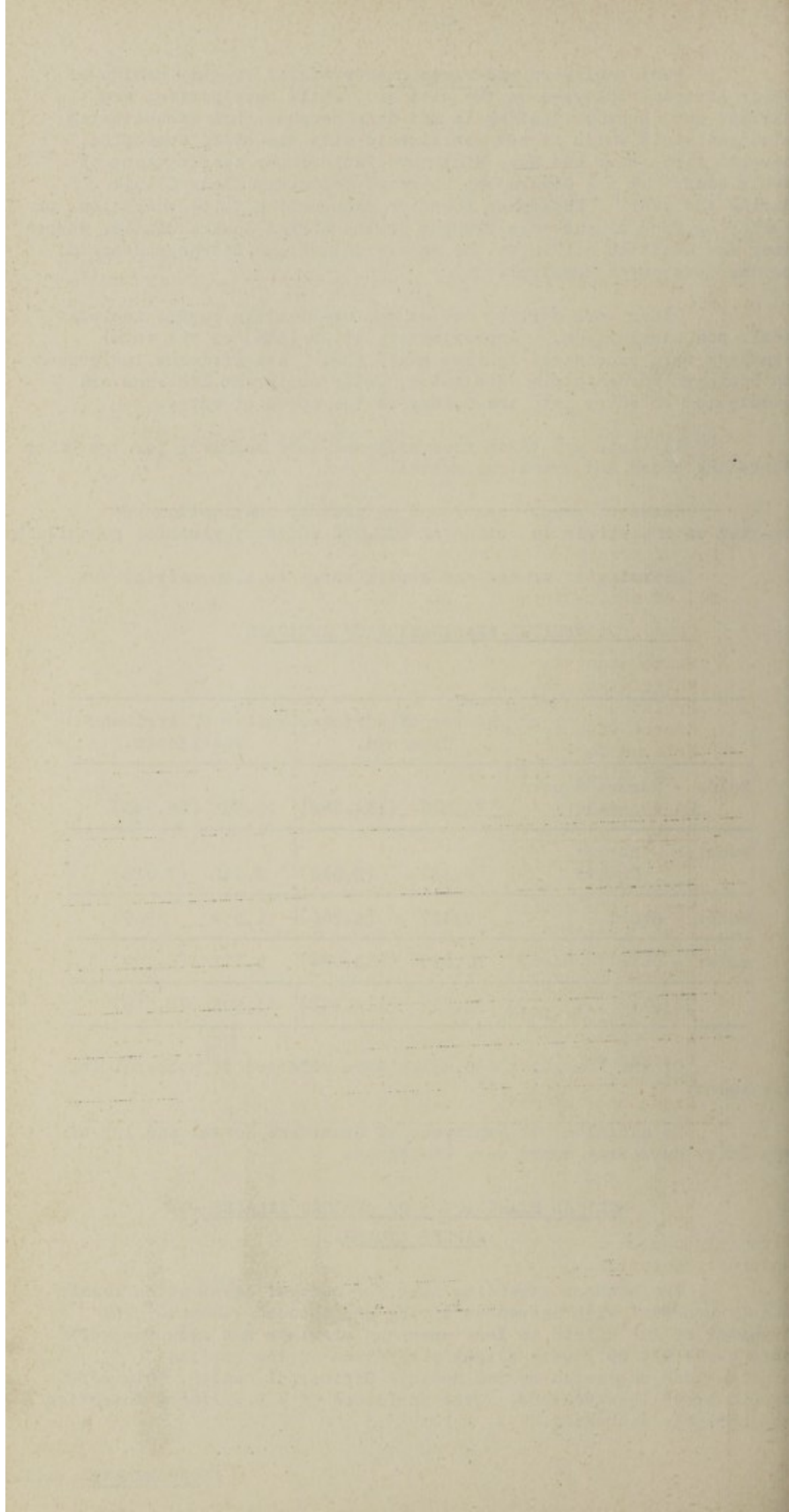
	Number of Africans Examined.	Number of Africans Vaccinated.
Males - Market Square and Avondale	74,818 (114,888)	23,955 (66,940)
Females - Market Square	2,142 (2,016)	2,142 (2,016)
Males - Mbari	9,427 (9,866)	1,554 (969)
Males - Outside Firms	10,899 (13,984)	5,177 (6,192)
Total: ... ..	99,222 (114,751)	33,908 (78,275)

Of the foregoing 688 males were referred to hospital for treatment.

In addition, 71 employees of Cranborne Hostel and 122 of the Dairy Marketing Board were Vi-tested.

#### MEDICAL EXAMINATION OF AFRICAN FEMALES - MARKET SQUARE.

The numbers attending here for medical examination remain fairly constant with increases during the tobacco season. The transfer of the clinic to less spacious premises has made the work more difficult but, with slight alteration in the routine examinations suggested by the Medical Officer of Health, this work should prove less tedious. The incidence of V.D. primary infection has markedly decreased.





CONFINEMENT CENTRES.

(a) HARARI.

The number confined has increased and should continue to do so. The standard of work of the African nursing staff is satisfactory and it is believed that the availability of this Centre is much appreciated by the residents of the Township.

The co-operation of the Harari Maternity Hospital is much appreciated.

The number of women confined was 1,510, with 175 of these requiring transfer to Harari Maternity Hospital for the abnormal conditions listed below.

Eight (8) pairs of twins were successfully delivered and the number of still-births was eleven (11), i.e. less than 1%.

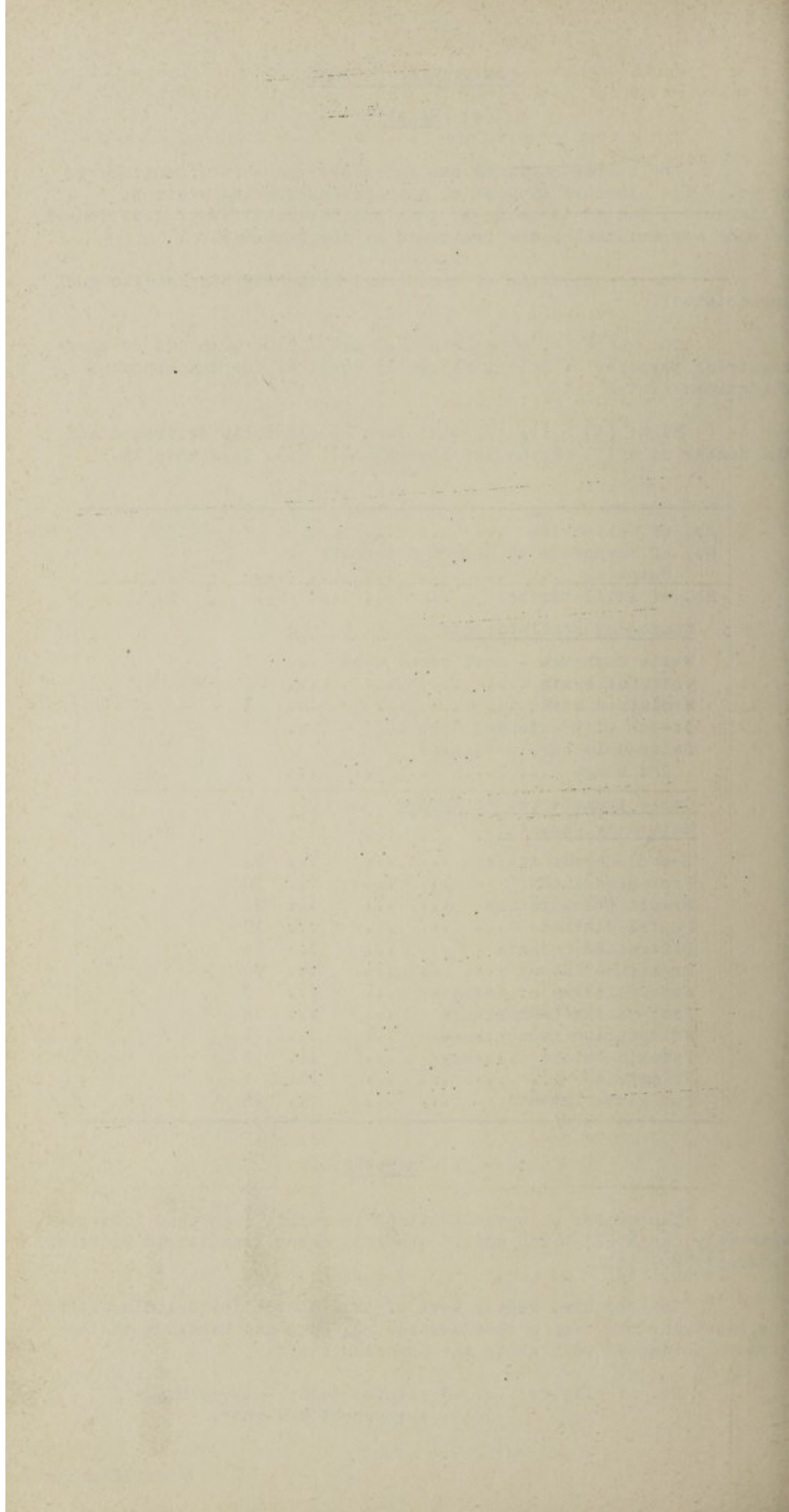
No. of deliveries ... ..	1,335
No. of transfers to Harari Maternity Hospital ... ..	175
No. of still-births ... ..	11
<u>Causes of still-births:</u>	
White asphyxia - cord round neck ...	1
White asphyxia ... ..	1
Prolapsed cord ... ..	1
Breech with extended legs ... ..	1
Delayed labour, prolonged 2nd stage ... ..	7
<u>Cases transferred to Harari Maternity Hospital.</u>	
Second degree tears ... ..	22
Prolonged labour ... ..	30
Breech presentation ... ..	21
Foetal distress ... ..	10
Distressed infants ... ..	9
Premature labour ... ..	20
Abnormalities of infants ... ..	3
Post-partum haemorrhage ... ..	2
Ante-partum haemorrhage ... ..	6
Pyrexia before delivery ... ..	4
Eclampsia ... ..	1
Premature infants ... ..	25

(b) MABVUKU.

The number of women confined is rather less than last year, with only one still-birth and 25 abnormal cases transferred to Harari Maternity Hospital.

The repeated repair work of this attractive building during the last year has been a considerable nuisance and handicap to the African nurses as well as to the European staff.

No. of clinics ... 3 clinics daily - every day - throughout the year.



Confinements and ante-natal attendances have increased and the work of the African nursing staff is very satisfactory.

The number of confinements was 228 as compared with 276 in the previous year.

Abnormal cases transferred to Harari Maternity Hospital.				
Prolapsed cord ...	...	...	...	2
Premature labour ...	...	...	...	4
Twin pregnancy ...	...	...	...	1
Thrombosis of leg ...	...	...	...	1
Acute partum haemorrhage ...	...	...	...	4
Post partum haemorrhage ...	...	...	...	2
Uterine inertia ...	...	...	...	6
Breech presentation ...	...	...	...	2
Failed foetal heart ...	...	...	...	2
Third degree perineal tear ...	...	...	...	1
				25

#### SUBSIDISED MEALS SCHEME.

The following table shows the number of subsidised children's meals distributed in Harari Township since its commencement in 1942/43:-

1942/43 ...	...	...	19,194
1943/44 ...	...	...	73,497
1944/45 ...	...	...	80,164
1945/46 ...	...	...	78,485
1946/47 ...	...	...	42,600
1947/48 ...	...	...	69,415
1948/49 ...	...	...	51,275
1949/50 ...	...	...	46,390
1950/51 ...	...	...	79,785
1951/52 ...	...	...	65,752
1952/53 ...	...	...	84,092
1953/54 ...	...	...	13,665
1954/55 ...	...	...	12,958
1955/56 ...	...	...	166,972
1956/57 ...	...	...	263,852
1957/58 ...	...	...	239,839
1958/59 ...	...	...	588,753

In consultation with the Native Administration Department a modification of the diet offered was agreed giving greater variety and palatability. As a result a decline in the number of meals being sold was halted and the scheme is now more popular than before.





ARCADIA COLOURED CRECHE.

The number of children on the register remains in the 130 average, with a daily attendance of approximately 100 although an outbreak of whooping cough had some effect in reducing attendances.

The proposed extension to the existing buildings is still pending a final decision.

The admission fee of 6d per child per diem remains and it has been possible to avoid any increase.

Staff:

European Superintendent Matron, who is also in charge of the Harari African Creche.

European Matron	1
Coloured maids	4
African, male, cleaners	3

The total attendances from 1st July, 1958, to 30th June, 1959, were as follows:-

July	...	...	...	2,015	(1,977)
August	...	...	...	1,911	(2,005)
September	...	...	...	1,932	(2,150)
October	...	...	...	2,261	(2,549)
November	...	...	...	2,031	(2,282)
December	...	...	...	1,953	(1,952)
January	...	...	...	1,914	(2,095)
February	...	...	...	1,835	(2,204)
March	...	...	...	1,744	(2,223)
April	...	...	...	1,864	(2,001)
May	...	...	...	1,454	(1,947)
June	...	...	...	2,011	(1,964)

HARARI AFRICAN CRECHE.

This new venture was opened on the 2nd February, 1959, and has proved a great success.

The children are brought to the creche at approximately 7 a.m. and collected before 6 p.m.

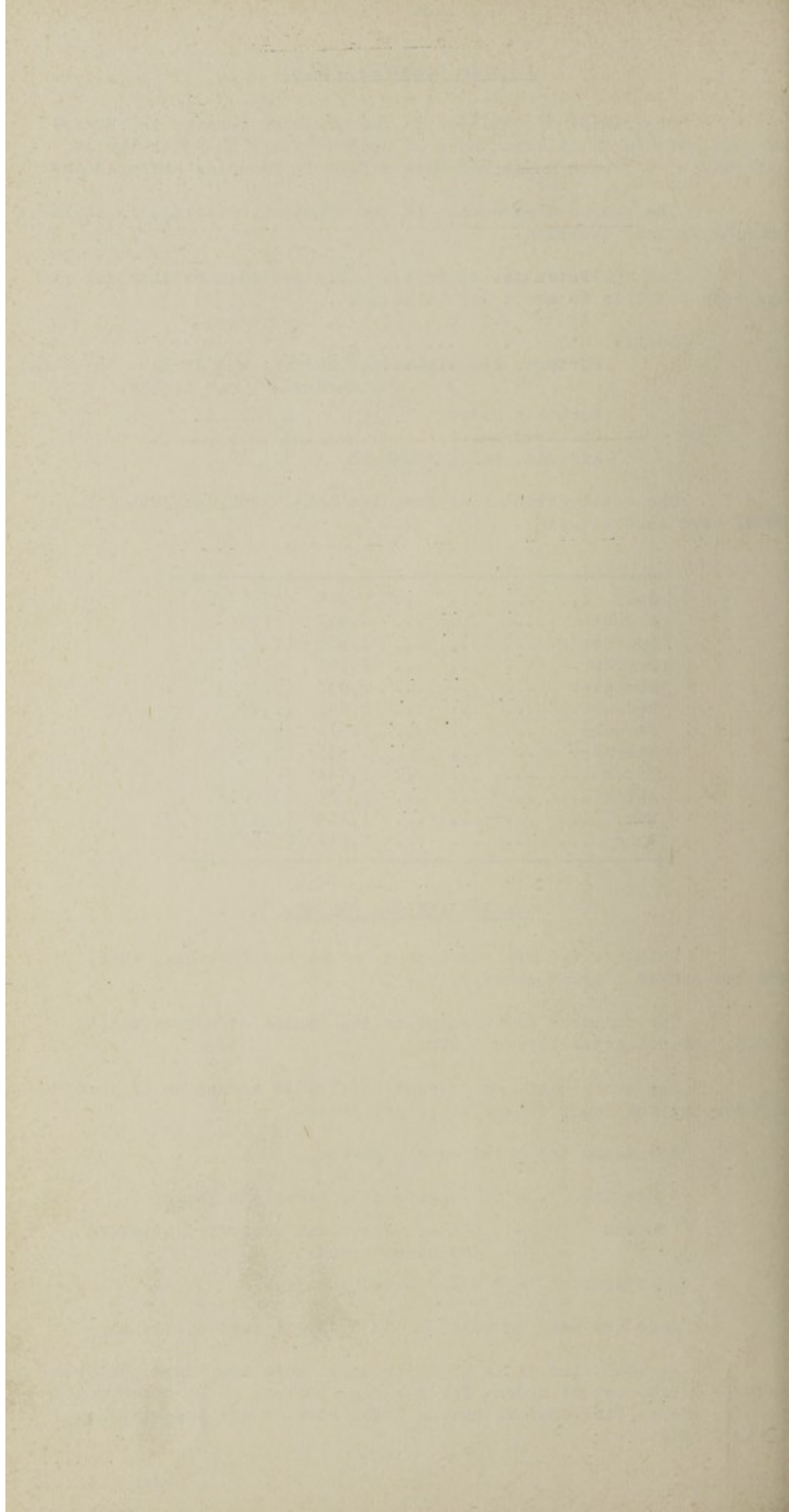
The numbers are at present limited to a maximum of 100 per day and the daily charge is 1d per child.

For meals the children are given:

Morning	-	Orange juice, bread and jam.
Lunch	-	Beans, rice, meat or curry, potatoes and brown bread.
Afternoon	-	Milk, bread and jam.

They are made to rest on cot beds for part of the day.

At meal time it is of interest to note how these children respond to the use of spoons for feeding, whereas it is often noted how the adults (in hospital and no doubt some of the parents) use their fingers.

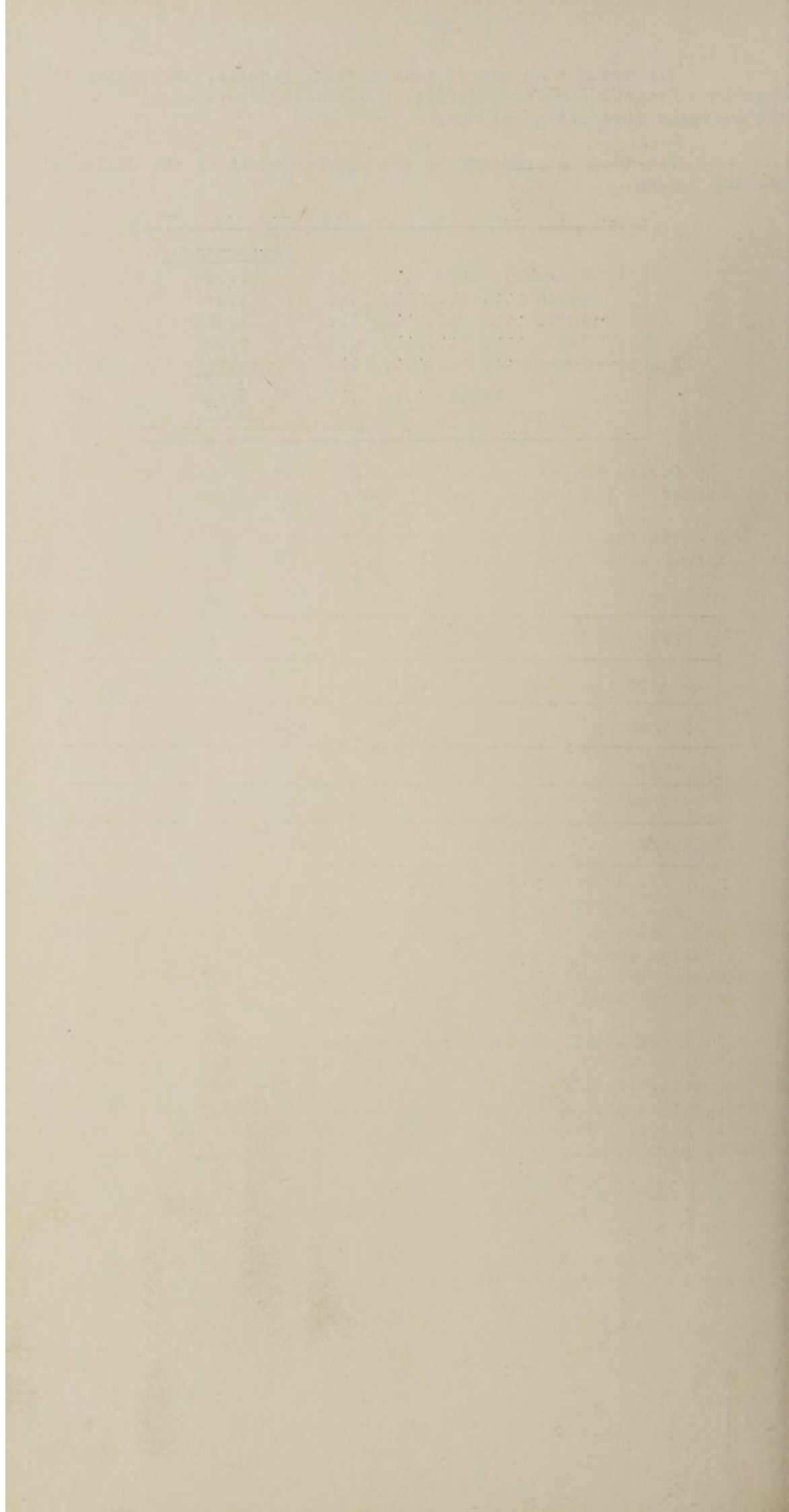




The staff consists of four African females, the senior of whom is a trained nursing orderly, under the supervision of the European Superintendent Matron.

The food is prepared by the kitchen staff of the Children's Feeding Scheme.

					<u>Attendances.</u>
February, 1959	...	...	...	...	1,299
March	...	...	...	...	1,244
April	...	...	...	...	1,491
May	...	...	...	...	2,270
June	...	...	...	...	<u>1,994</u>
Total	...	...	...	...	<u>8,298</u>



SECTION VI. INFECTIOUS DISEASES.

The total number of cases of notifiable infectious diseases reported during the year totalled 309 as compared with 319 in the previous health year 1957/58.

A table of notifications will be found in Table A to this report.

SMALL POX.

1 African case was reported from within the Municipal area.

ENTERIC FEVER (TYPHOID FEVER).

During the year 1 (African) case was notified, as compared with 5 cases in the previous year.

The following table indicates the incidence of enteric fever in Salisbury since the year 1954/55.

Year	European	Coloured	Asian	African	Total
1954/55	12	1	-	4	17
1955/56	1	-	-	3	4
1956/57	3	-	1	3	7
1957/58	2	-	-	3	5
1958/59	-	-	-	1	1

Insofar as the incidence of typhoid fever constitutes a reasonable index of the standard of environmental hygiene and general public health control in any area, the year's figures are very satisfactory and reflect credit on the work of the Health Inspectorate Section of the Department.

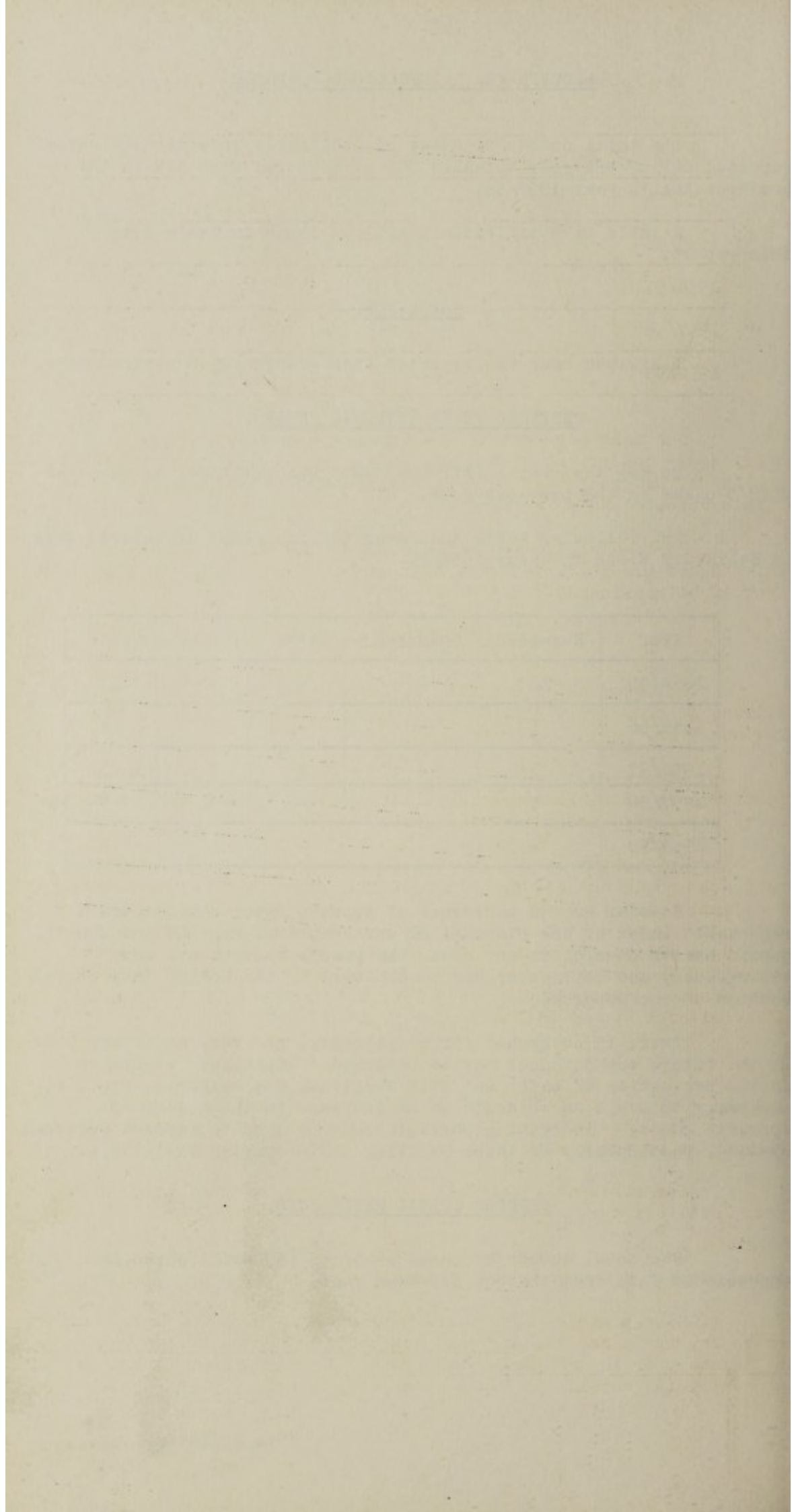
There is no ground for complacency, however, as at any time in the future our defences may be breached. Continued vigilance in the protection of water and milk supplies, fly breeding, etc., is necessary to avoid an epidemic or an increase in the number of sporadic cases. Everything possible must be done to improve personal hygiene, particularly of those handling and preparing foodstuffs.

CEREBRO-SPINAL MENINGITIS.

The total number of cases notified (5) still shows an appreciable fall from that of previous years.

/The following .....





The following table indicates the incidence since 1954.

Year	European	Coloured	Asian	African	Total
1954/55	4	-	1	105	110
1955/56	3	1	-	53	57
1956/57	7	-	-	17	24
1957/58	-	-	-	5	5
1958/59	3	1	-	1	5

The last outbreak of the disease occurred in 1954/55. In Salisbury conditions of housing, etc., particularly in the African population, are such that at some future date an explosive outbreak of this disease can be expected.

Fortunately modern methods of therapy are such that, if patients are brought under treatment at an early stage, the mortality rate can be considerably reduced.

#### DIPHTHERIA.

13 Cases of diphtheria, 2 European and 11 African, were notified as compared with 1 European and 23 African cases in the previous year.

As stated in previous reports, the actual incidence of diphtheria is probably appreciably higher than these figures indicate due to unreported and untreated cases.

As diphtheria is a preventable disease, this degree of incidence should not occur. It is difficult to obtain the necessary co-operation from some African mothers, either for primary immunisation or the giving of a "booster" dose. The difficulties experienced in securing a satisfactory level of immunisation amongst the African population is further increased by the migratory habits of many of these people. Amongst urbanised Africans, however, the propaganda at the clinics appears to bear some fruit.

#### LEPROSY.

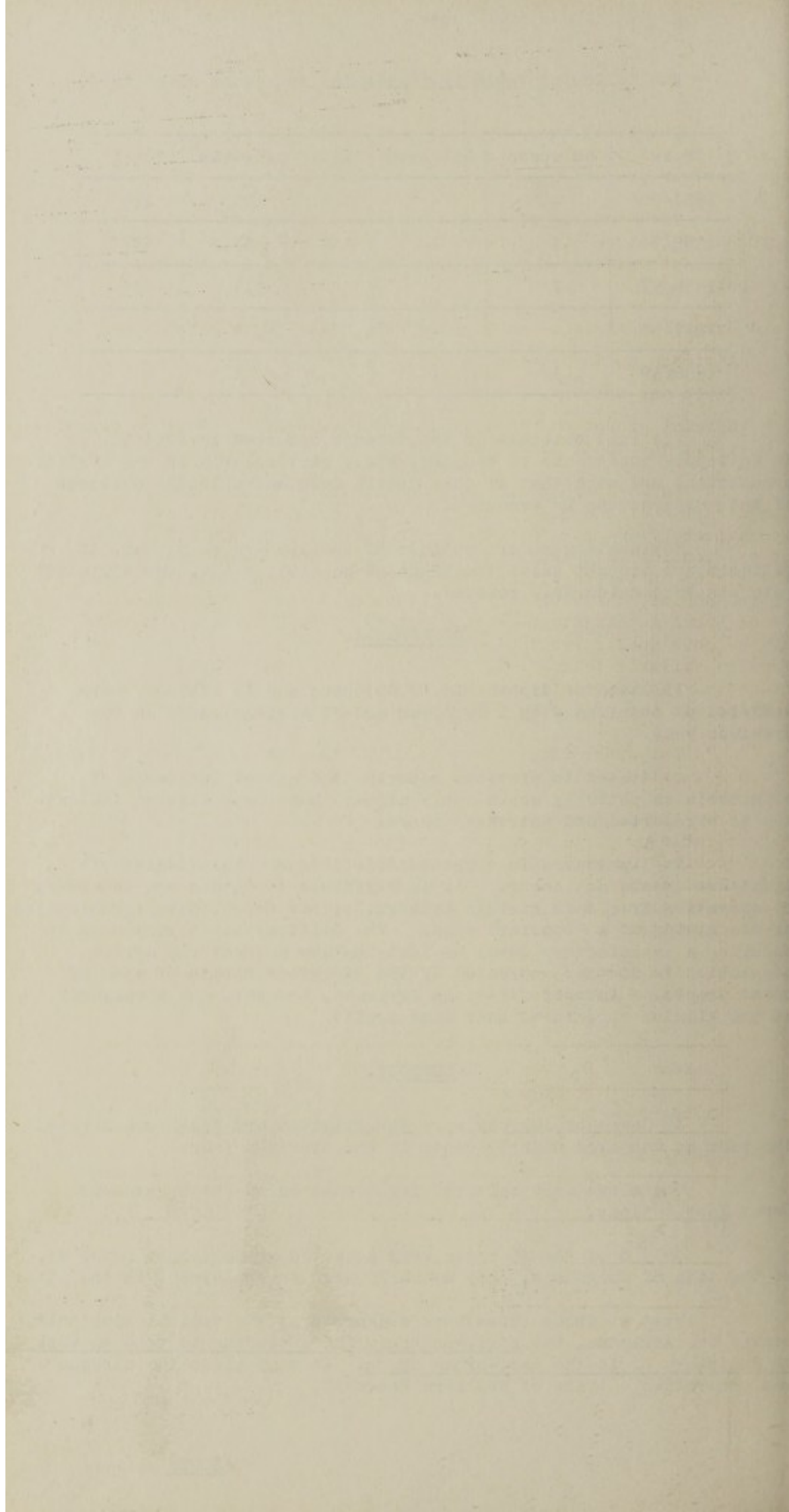
45 Cases of leprosy were investigated and diagnosed during the year as compared with 52 cases in the previous year.

The cases were referred for admission to the Government Leper Institutions.

Only 6 of the 45 cases were accepted as Salisbury cases as, at the time of diagnosis, they actually were in employment in the City.

Most of these cases were diagnosed at the medical examination centre for Africans, the Africans concerned intending to take up work in Salisbury or in the peri-urban areas. In many cases the disease was contracted outside of Southern Rhodesia.

/ACUTE .....





# ACUTE POLIOMYELITIS.

The total number of cases of Acute Poliomyelitis notified during the year in the Municipal area was 6 compared with 16 in the previous year.

The Ministry of Health continues to import poliomyelitis vaccine (Salk type) from overseas and supplies are made available to Local Authorities at 50% of the imported cost for the following groups:-

Europeans, Asians and Coloureds up to 17 years of age.

Africans up to 7 years of age.

Expectant mothers.

Special groups at risk, i.e. doctors, nurses, ambulance drivers, etc., and their families.

In early 1958 the City Council introduced a scheme for the immunisation of the age groups 17 - 39 years inclusive, at approximately 5/- per injection, and for this purpose 5,000 doses of the vaccine were imported. Only 2,204 doses were required for the giving of two injections to the 1,102 persons who took advantage of the scheme, the remainder of the vaccine being disposed of to other Local Authorities, medical practitioners, etc. As a result of the poor public response and the fact that vaccine had become freely available to medical practitioners through normal trade channels, the importation by the Council of further supplies of vaccine was not proceeded with and the scheme was discontinued.

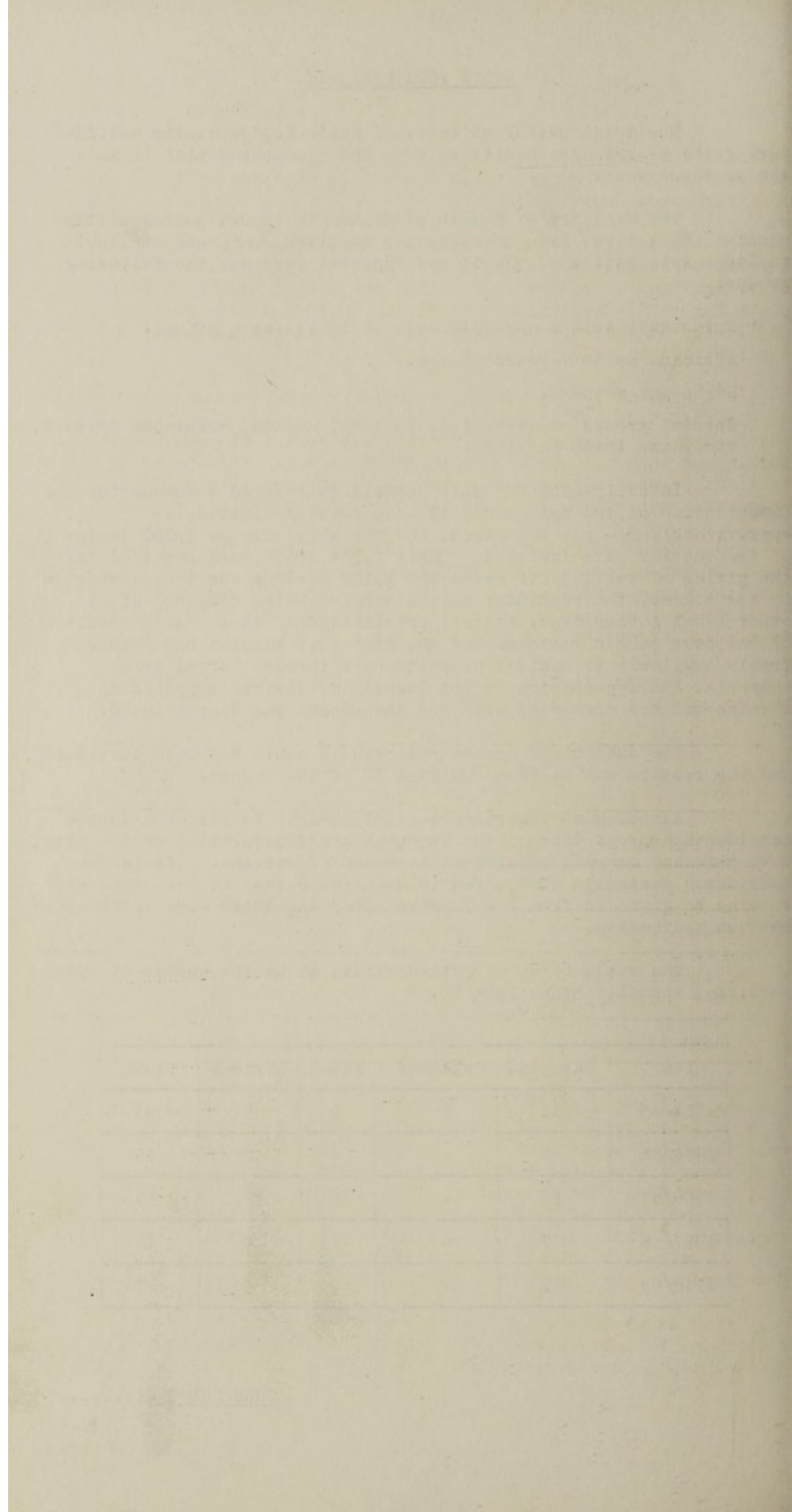
The subsidised scheme referred to above has been continued and the results can be found on page 10 of the report.

Although no figures are available, it is believed that a considerable proportion of the European child population of the City have received or will receive three doses of vaccine. It is now considered desirable that a fourth or booster dose of this type of vaccine be given in from 1 - 2 years after the third dose to secure maximum protection.

The table below of poliomyelitis shows the number of cases occurring annually since 1954/55.

Year	European	Coloured	Asian	African	Total
1954/55	32	3	1	5	41
1955/56	8	-	-	2	10
1956/57	26	-	3	22	51
1957/58	7	-	-	9	16
1958/59	2	1	-	4	7

/TUBERCULOSIS .....



# TUBERCULOSIS.

During the year 129 cases of pulmonary tuberculosis were notified compared with 119 in the previous year. Of this number 4 were European, 2 Asian and 123 African - no cases from the Coloured community were notified.

This disease has become the most important notifiable infectious disease to be dealt with in this City and it is gratifying to record that in recent years there has been a general public awakening to its seriousness, especially amongst the African population in Southern Rhodesia and an increasing awareness of the implications of this incidence.

The City Council is playing an active part in the provision of hospital beds for the reception of cases, the search for cases, the testing of persons for susceptibility to the disease and the raising of the degree of immunity of the African population by B.C.G. vaccination and in November, 1958, the City Council decided to introduce Mass Miniature Radiography for the detection of cases.

Up to 20 (7) beds in the Wilkins Infectious Diseases Hospital for European cases and 220 (140) beds at the Native Infectious Diseases Hospital are now available for the reception and treatment of cases. The Princess Margaret Hospital, which is operated by the Federal Government, provides accommodation for Asiatic and Coloured cases.

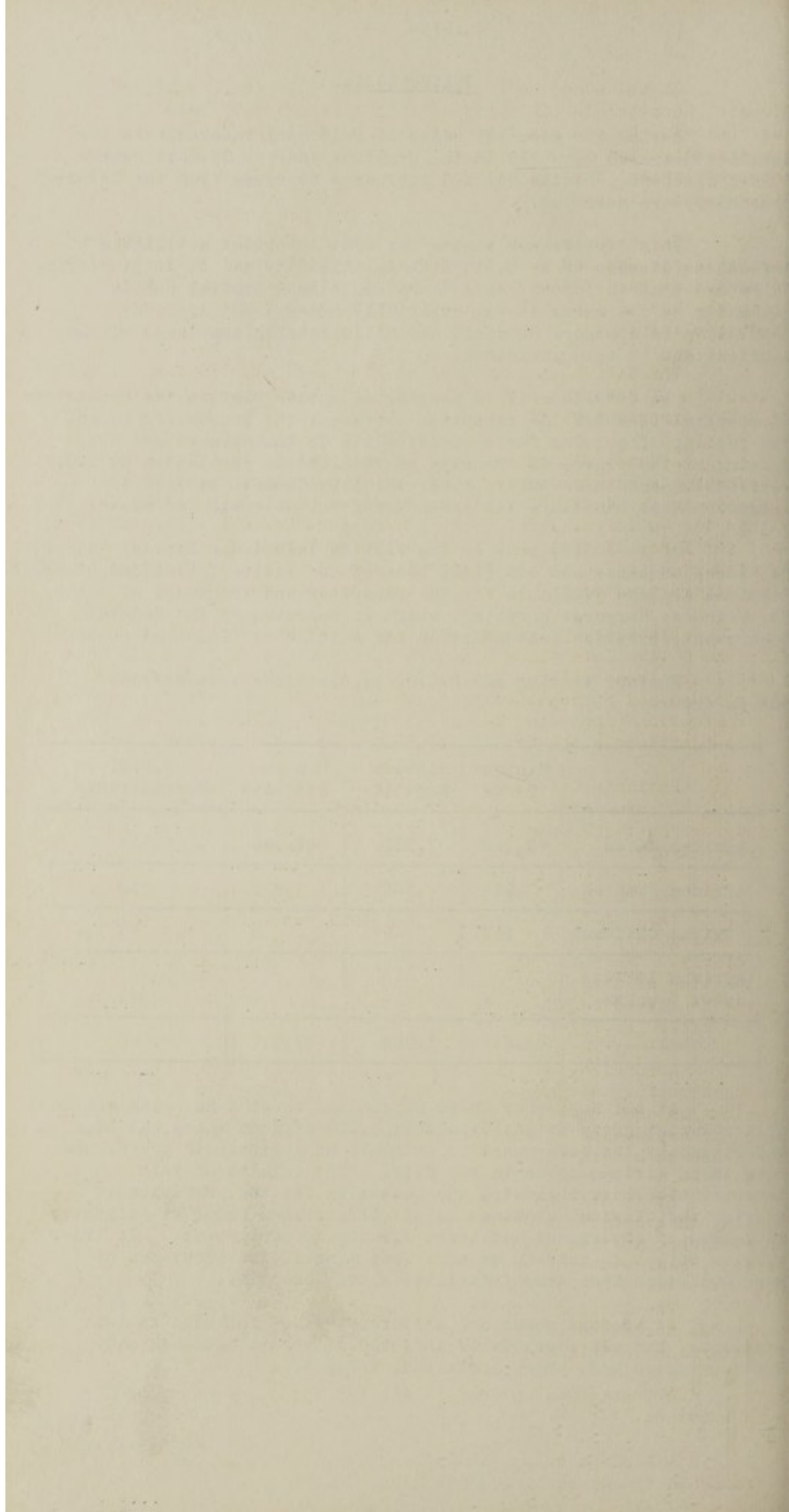
Mantoux testing and B.C.G. vaccinations were carried out as under.

	Mantoux Tests	Mantoux Negative	Mantoux Positive	B.C.G. Vaccination
African Males	67,468	7,322	46,686	7,322
African Females	2,228	586	1,203	582
African Children	153	86	8	86
African Infants under 3 weeks	-	-	-	875
Total: ...	69,849	7,994	47,897	8,865

At the Salisbury Chest Clinic the chest X-Ray examination of a selected group of approximately 5,000 African males has been undertaken by the Government to estimate an approximate prevalence rate among African males in the City. The results of this investigation have indicated the necessity for the provision of routine radiological examination of all Africans entering Salisbury in search of employment and those already in employment. In order to give effect to this in an efficient manner, the provision of Mass Miniature Radiography facilities are essential.

At present women and children are not included in this programme, but all contacts of infected males are examined and Mantoux tested and, where indicated, X-Rayed.





Of the women and children admitted to the Infectious Diseases Hospital in Salisbury suffering from active pulmonary tuberculosis, only a small number have been discovered through the investigation of contacts. The majority have been discovered through clinical investigation at the General Hospital and Municipal Out-Patient Clinics.

In November, 1957, the out-patient treatment of selected African cases who had been treated in hospital previously was commenced at one of the Harari Township clinics. From November up to the end of June, 1958, 143 patients were treated as out-patients at this clinic.

The Salisbury Branch of the Rhodesia Association for the Prevention of Tuberculosis kindly supplied a quantity of dried skimmed milk for distribution to these patients.

A Chest Clinic has been established at the old Male Dispensary in Harari and all contacts of pulmonary tuberculosis patients in the Native Infectious Diseases Hospital, if they reside within the Municipal Area, including Mabvuku Township, are examined, sent for X-Ray of chest and if found to be infected are dealt with by either admission to the Native Infectious Diseases Hospital or put on domiciliary treatment - attending the clinic regularly.

Likewise, patients resident in the Municipality discharged from the Native Infectious Diseases Hospital are referred for domiciliary treatment and attend the clinic regularly to obtain their drugs and powdered milk and arrangements are made for periodic re-examination (including X-Ray). Occasional cases relapse and are re-admitted to the Native Infectious Diseases Hospital.

Patients discharged from the Native Infectious Diseases Hospital to rural areas are referred, through the Government Health Inspector and the Provincial Medical Officer of Health, to the nearest clinic for follow-up treatment and examination.

In the Municipal Area it requires determined efforts on behalf of the health visitors and clinical assistants to ensure that domiciliary treatment and periodic check ups are carried out regularly. Whereas cases discharged from hospital are non-infectious at the time of discharge (usually about 2 months after becoming sputum negative) follow up is of first importance for a prolonged period after leaving hospital.

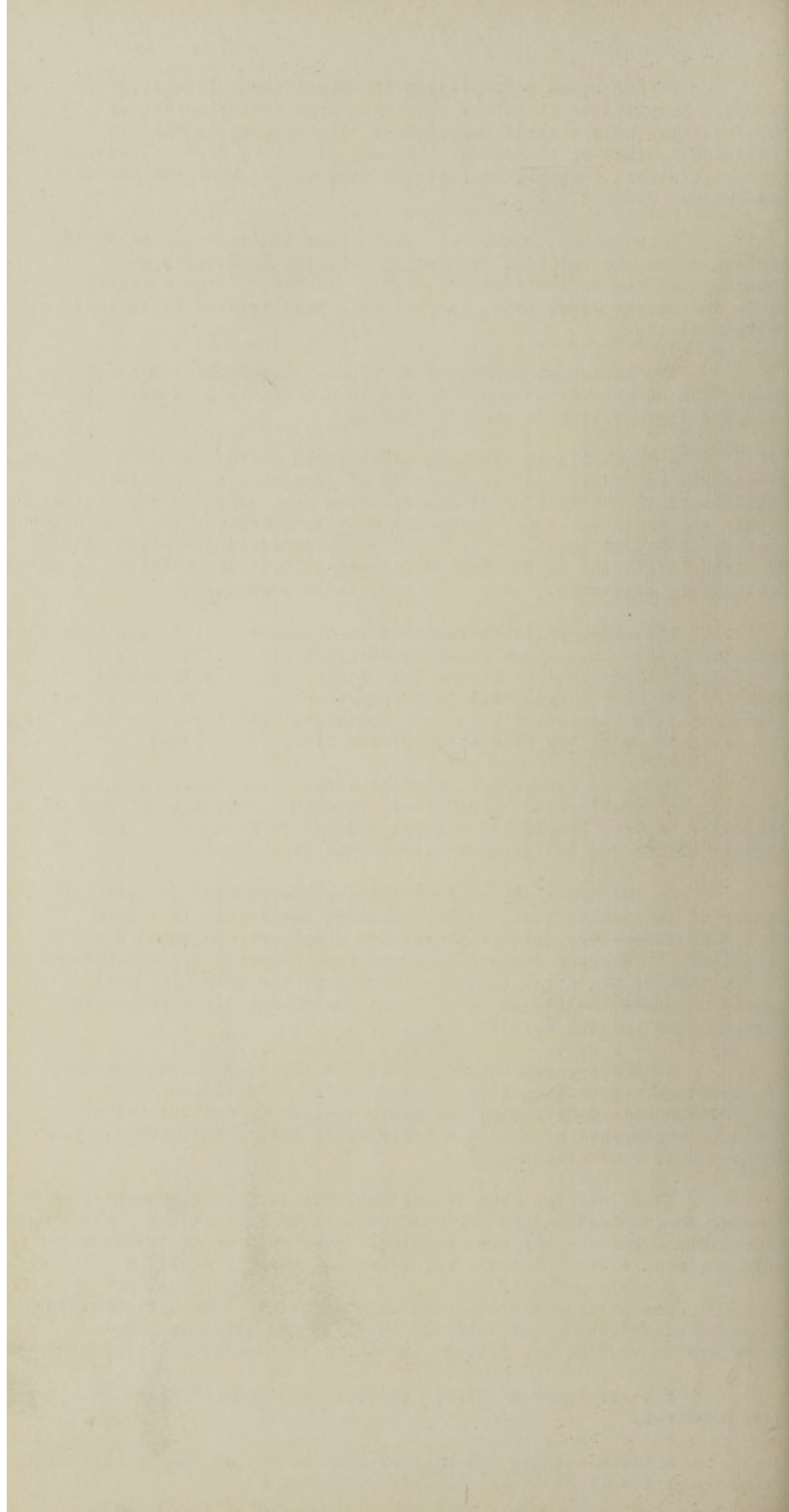
A considerable amount of work is involved in the tracing of contacts, organising their attendance for medical and X-Ray examination and interviewing employers concerning contacts at the place of employment of infected individuals and making arrangements for these to be examined.

It is all too common, particularly in Harari Township, when tracing the contacts of an infected patient to find at his place of residence that he has been sharing a room with up to twenty other persons, men, women and children, sleeping there at night.

The African microscopist at this clinic examines specimens of sputum for presence of tubercle bacillus and urine specimens to determine whether the patient is taking the prescribed treatment.

675 specimens of sputum and 557 specimens of urine were examined.

A Table showing out-patient attendances at this clinic will be found in the appendix to this report (Tabel C).





# SECTION VII. CITY HOSPITALS.

Two hospitals are operated by the Department.

1. Wilkins Infectious Diseases Hospital.
2. Native Infectious Diseases Hospital.

## 1. WILKINS INFECTIOUS DISEASES HOSPITAL.

On 1st July, 1959, there were in hospital 14 cases.

Admissions during year ending 30th June, 1959, 289

Total cases treated ... .. 303

The usual Christmas party was held for the patients, when His Worship the Mayor and Mayoress, Aldermen, Councillors and their wives graced the party. The Mayoress kindly distributed presents to the patients donated from the Mayor's Good Cheer Fund.

In February, 1959, their Excellencies, the Governor General and the Countess of Dalhousie, paid a visit to the hospital.

The Ward I (old block) is now in full use for patients suffering from pulmonary tuberculosis.

Several of the inside doors have been widened and the hospital has been completely redecorated.

In establishing a routine fire drill for the staff it was found necessary to extend heavy duty water supply to the far wards.

There has been a gradual replacement of African male orderlies by African ward maids, with a consequent need for increased living accommodation for the female employees.

## Hospital Establishment.

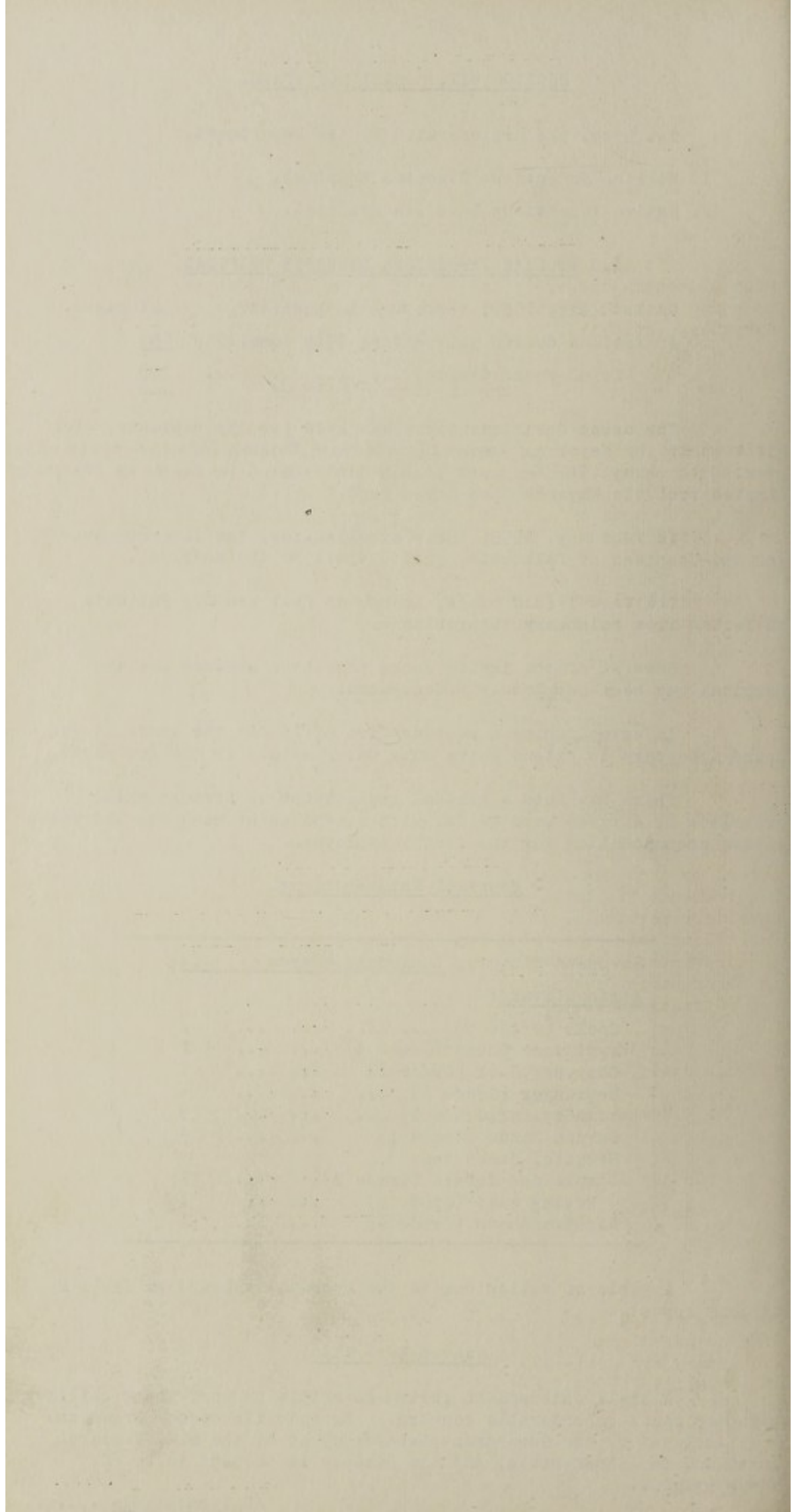
European Sisters, including Matron	14
<u>African Staff:</u>	
Cooks (Grade 5) ... ..	2
Assistant Cooks (Grade 4) ... ..	2
Compound Cook (Grade 1) ... ..	1
Messenger (Grade 2) ... ..	1
Laundrymen (Grade 1) ... ..	5
Garden Hands (Grade 1) ... ..	5
Hospital domestics:	
male and female (Grade 2) ... ..	12
sewing maid (Grade 2) ... ..	1
Nightwatchman (Grade 2) ... ..	1

A table of admissions to the hospital appears in Table D of this report.

## Gastro-Enteritis.

A small outbreak of gastro-enteritis in very young children gave the staff considerable concern. No specific casual organisms were isolated by the Government Laboratory or by the S.A. Research Institute in Johannesburg, and the disease is thought to be of virus origin.

/Poliomyelitis .....



### Poliomyelitis.

Cases of poliomyelitis were sporadic, 15 in all, with no deaths. It is of note that again the majority, 13, were admitted from the rural areas. Positive stool specimens were reported as: Type 1, 10 cases; Type 3, 1 case; and Cocksackie, 1 case.

### Pulmonary Tuberculosis.

It will be noted that admissions of Europeans suffering from pulmonary tuberculosis rose to 24 cases during the year, compared with 10 cases last year. Only 5 of these cases were Salisbury residents.

### Occupational Therapy.

By arrangement with the Salisbury Regional Branch of the British Red Cross Society Mrs. McKechnie, an Occupational Therapist, visits the hospital regularly to instruct long term patients (such as tuberculous and also poliomyelitis victims with impaired function of arms or hands) in handicrafts appropriate to their capabilities.

Full use of Mrs. McKechnie's services is enjoyed by many of the patients whose absorbed but controlled interest in their work has exerted a beneficial effect on their progress towards recovery.

## 2. NATIVE INFECTIOUS DISEASES HOSPITAL.

The outstanding event at the Native Infectious Diseases Hospital was the completion and handing over of the New Tuberculosis Block early in 1959 and a visit to the hospital by their Excellencies the Governor General and the Countess of Dalhousie.

The New Block, with its six airy wards and three floors, served by a double-stretcher size lift, is expected to meet the full requirements for hospital beds for the foreseeable future. The ancillary service rooms, viz. laboratory, occupational therapy, duty rooms, side rooms and ward kitchens, conform to modern hospital requirements. The New Block, with 120 beds, together with 100 beds in other parts of the hospital, give a total of 220 beds available for patients suffering from pulmonary tuberculosis.

An innovation this year was a Christmas Party for the African staff which proved a very great success.

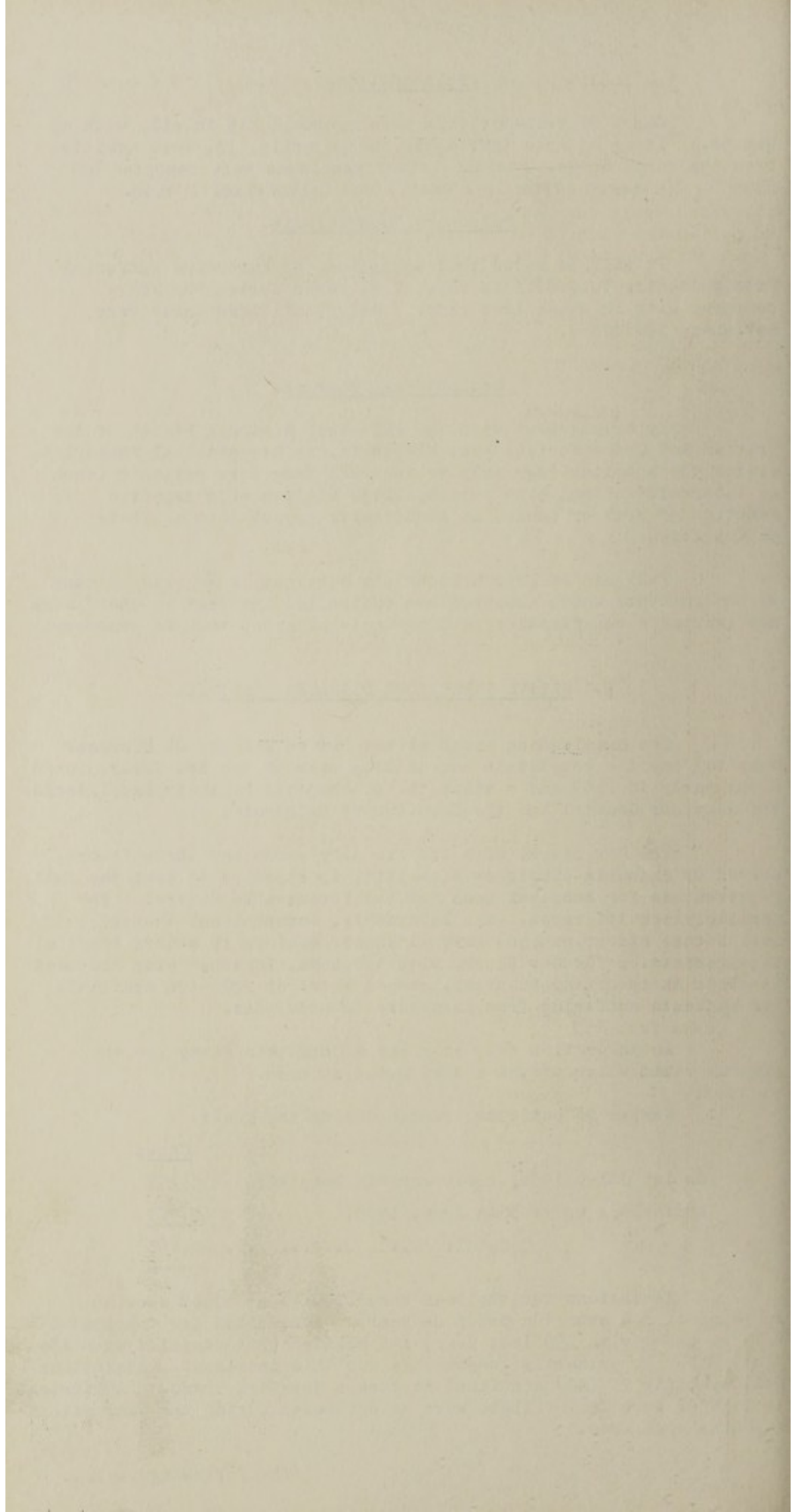
Number of patients treated during the year:

	<u>Cases.</u>
On 1st July, 1958, there were in hospital	197
Admissions up to 30th June, 1959,	<u>2,569</u>
Total: ... ..	<u>2,766</u>

Admissions for the year under review at 2,569 show an increase of 340 over the previous year. Admissions for tuberculosis (315 compared with 199 last year) and measles (284 compared with 136 last year) are primarily responsible for this increase. Admissions of poliomyelitis 25 (40) continued to show a downward trend. Admissions in 1956/57 were 102. There were no epidemics during the year within the Municipal Area.

/The following .....





The following are the main diseases dealt with during the year:-

Poliomyelitis.

As mentioned above, there was a welcome decline in admissions, only one case in an adult (male) being recorded, from the peri-urban area of Northwood. The remainder were all children - 9 male children under 5 years of age and 14 female children under 5 years of age and 1 female child of 12 years.

Fortunately none of the paralytic poliomyelitis cases were of the Bulbar type, the predominant type being amongst children and limited to the lower limbs.

<u>Age Group</u>	<u>Cases</u>
0 - 1 year	6
1 - 5 years	15
5 - 10 years	-
10 + years	<u>2</u>
Total ... ..	25 (of which 4 were from — the Municipal Area)

Stool Examinations (S.A.I.M.R.)

Number Type I (Brunhilde) virus isolated	14
" " III (Leon) virus isolated	3
No result	2
Results not yet received	<u>10</u>
Total ... ..	<u>29</u>

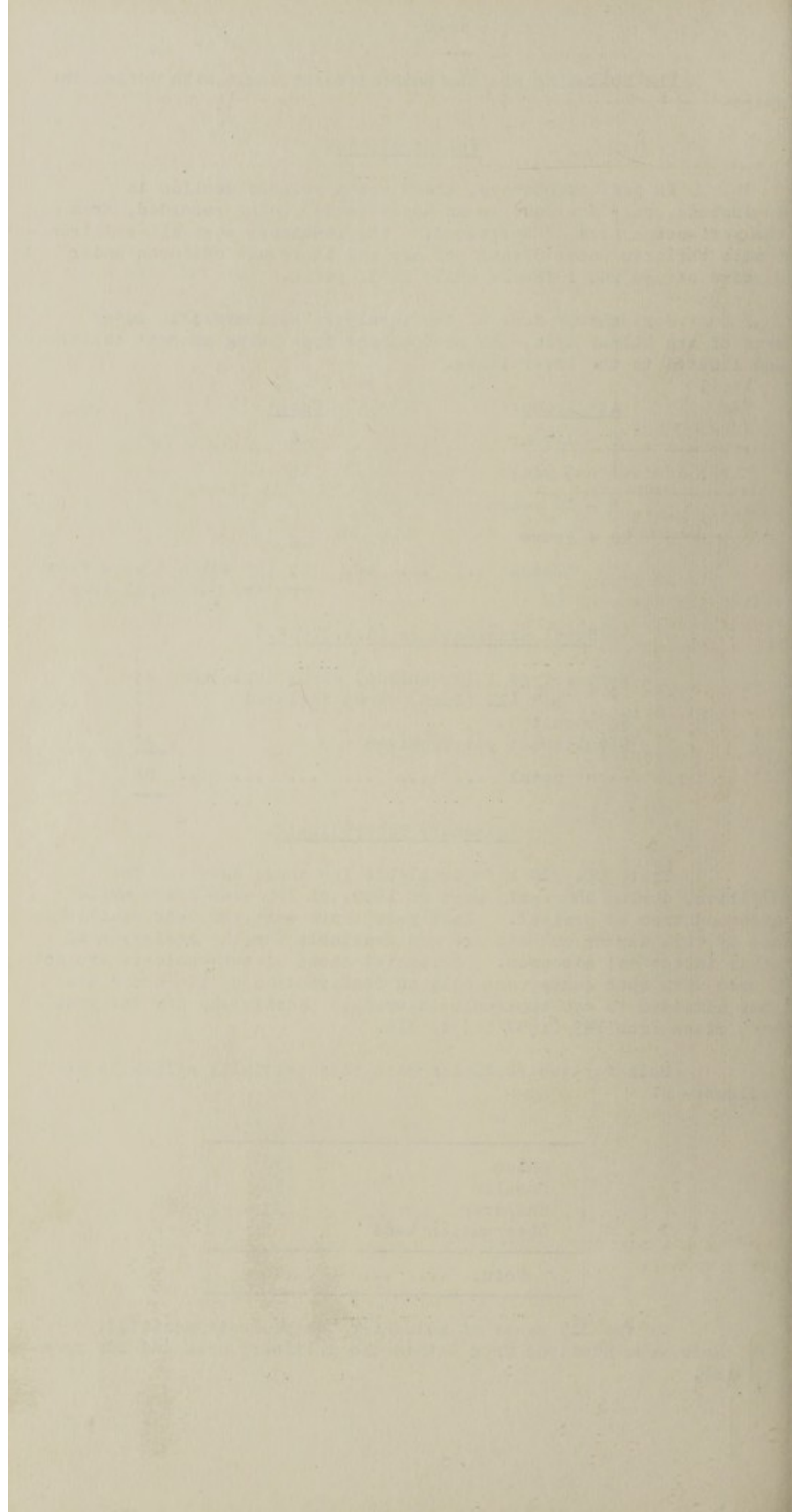
Pulmonary Tuberculosis.

There are 220 beds available for these cases. The addition, during the early part of 1959, of 120 beds gives ample accommodation at present. Last year there were 120 beds available, but of this number 20 beds are now available for the admission of other infectious diseases. Suspected cases of tuberculosis are not housed with open cases, and only on confirmation of diagnosis are they admitted to the tuberculosis wards. Admissions for the year have risen from 199 (1957/58) to 315.

Beds for tuberculosics have been initially allocated as follows:-

Males	130
Females	58
Children	25
Observation beds	7
Total ... ..	220

Of the 315 cases of pulmonary tuberculosis admitted, 133 cases were admitted from within the Salisbury area and 182 from outside.





Cases of Pulmonary Tuberculosis  
Admitted to Native Infectious Diseases Hospital.

	Salisbury Cases	Outside Salisbury Cases	Totals
July 1958	9	7	16
August	9	22	31
September	5	19	24
October	10	15	25
November	15	17	32
December	17	13	30
January	7	27	34
February	10	20	30
March	14	18	32
April	10	10	20
May	20	3	23
June 1959	7	11	18
Total Admissions	133 (42.2%)	182 (57.8%)	315
Total Deaths	10	22	32

An African teacher of the Native Education Department visits the hospital to give elementary teaching to the patients and approximately 20 patients attend these classes of which 5 are children. These lessons are a great boon to long term patients.

The part time services of Mrs. McKechnie, Occupational Therapist, arranged with the Salisbury Regional Branch of the British Red Cross Society are also of great value to these patients. An African Therapist helps with the work and a separate workshop has been set up for ambulant patients.

Diphtheria.

There is a slight reduction in the number of cases admitted this year, 32 admissions compared with 43 in 1957/58.

<u>Age Group</u>	<u>Cases</u>
0 - 1 year	6
1 - 5 years	12
5 - 10 years	4
10 + years	10
	32 (15 from the Municipal Area)

Total deaths 9.

Leprosy.

A total of 45 cases were investigated and diagnosed as leprosy and referred to the Government Native Affairs Department for disposal.



SECTION VIII. LICENSING.

A schedule of the types and numbers of certificates dealt with by this Department under the requirements of the Licence Control Act, 1954, as amended is submitted, and shows an increase of 40 applications over the previous year.

Applications for certificates authorising the removal of a business are included in the schedule, but these represent only a small proportion of the applications, most of which are for new licences.

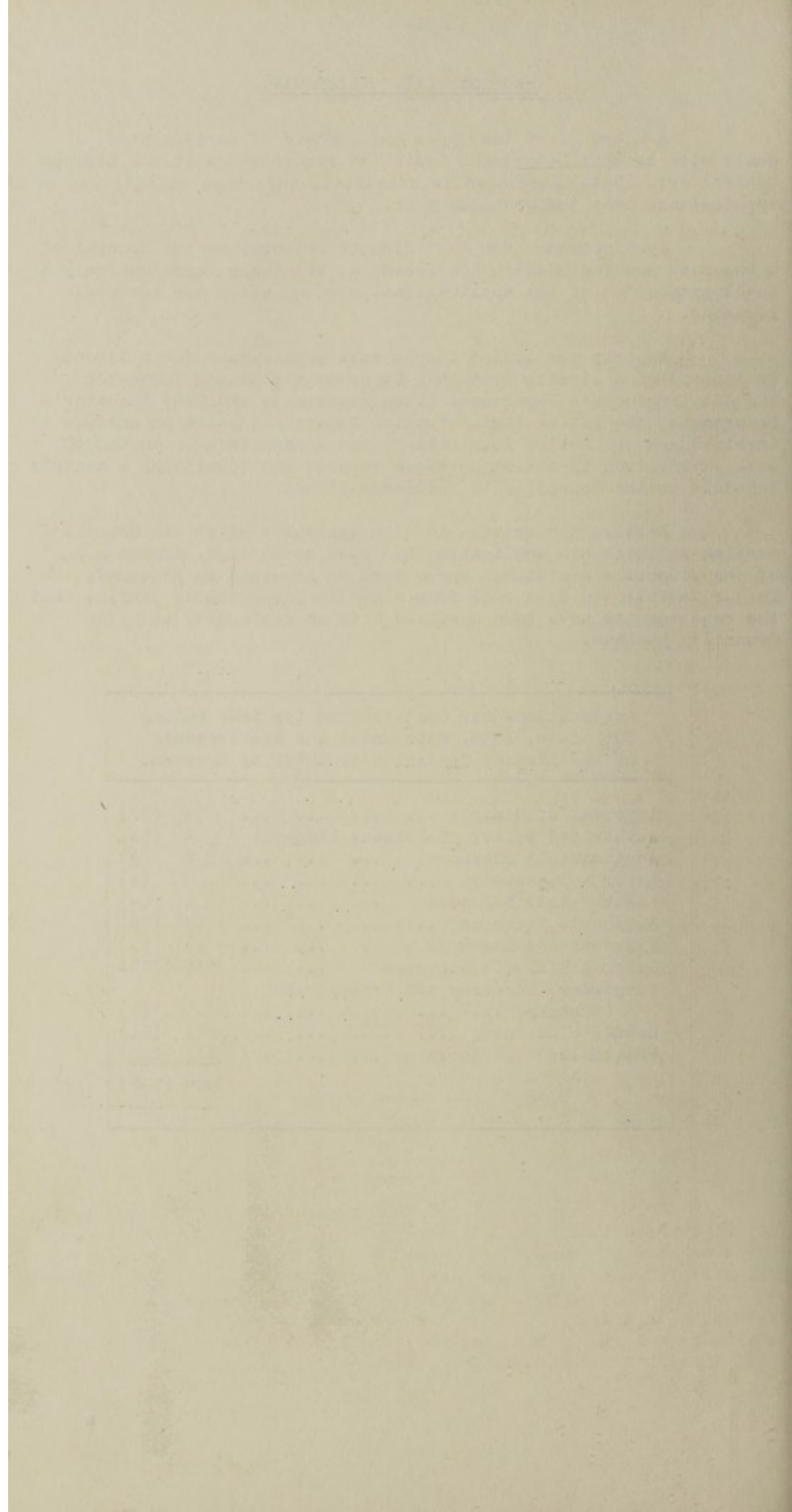
Reports are called for on each application for a licence or removal of a licence from this Department's Health Inspectors, the City Engineer's Department (Town Planning), the City Valuator's Department, the Native Administration Department (where an African is involved) and the Police Authorities, and a considerable amount of work is involved in collating these reports and submitting a monthly schedule to the Council with recommendations.

Letters are written to each applicant after the Council meeting at which his application has been considered, advising him of the Council's decision; where work on premises is required, the letter is followed by a call from a Health Inspector to confirm that the requirements have been complied with in conformity with the Council's By-Laws.

Applications for Certificates for Year Ending  
30th June, 1959, made under the Requirements  
of the Licence Control Act, 1954, as amended.

Approval of Manager ... ..	54	(38)
Authorised seller of Poisons Licences	4	(12)
Auctioneer's Licences ... ..	3	(3)
Baker's Licences ... ..	8	(4)
Baker's Sale Licences ... ..	1	(-)
Butcher's Licences ... ..	17	(26)
Fishmonger's Licences ... ..	11	(8)
General Dealer's Licences ... ..	536	(503)
Gunpowder, Firearms and Explosives Licences ... ..	-	(1)
Hawker's Licences ... ..	63	(61)
Wholesaler's Licences ... ..	<u>111</u>	<u>(112)</u>
	808	(768)





## SECTION IX. SANITARY ADMINISTRATION.

### STAFF.

Once again it has to be recorded that this Section of the Department has been forced to curtail its activities due to a shortage of qualified Inspectors. After a number of advertisements in the Press and Public Health Journals had failed to attract suitable recruits, the City Council gave favourable consideration to a recommendation by the Establishments Committee to increase the salary grades for Health Inspectors. When the vacancies were re-advertised on the new salary grade several applications were received from suitably qualified personnel. Although no new appointees had assumed duties at the 30th June, 1959, it is anticipated that this Section will be able to report a favourable staff position at the conclusion of the forthcoming year.

### ENVIRONMENTAL HYGIENE.

Inspections in connection with environmental hygiene are carried out by Health Inspectors in charge of districts who are also responsible for approving premises in respect of certain licences, sampling of food and water and investigating infectious diseases. In order to maintain uniformity in newly established premises requiring Municipal licences these applications have been dealt with by a senior Health Inspector and a high structural standard has been maintained. This official has also reported on hotels, restaurants, clubs, bars and bottle stores for the Liquor Licensing Court.

### HOUSING.

Salisbury is very fortunate indeed in having such a high standard of European housing due to the many recently established residential suburbs consisting of new and modern houses. Housing for Coloureds and Asiatics in the suburbs of Arcadia and Ridgeway respectively is also of a good standard. Slum conditions still exist on 3 freehold plots on the Commonage and one plot at Avondale, where families of mixed Races are being accommodated. The problem of houses for these families has been under discussion for some time and it is hoped that during the coming year it will prove possible to have these families rehoused.

### LEGISLATION.

No progress appears to have been made with the draft Public Health By-Laws submitted to the legal department approximately twelve months ago. Amendments to the Protection of Food By-Laws have been drawn up and are awaiting promulgation.

### PROTECTION OF FOOD.

"Clean food campaigns" have figured prominently in newspapers and health magazines recently and this Department was asked whether it intended to embark upon a campaign of this nature. Unfortunately the staff position made this difficult during the past year, but it may be possible to consider such a campaign in the near future. In drives of this nature voluntary organisations and consumers can play a big part in the improvement in the standards of cleanliness of the food suppliers in the City.

THE HISTORY OF THE  
CITY OF BOSTON  
FROM THE FIRST SETTLEMENT  
TO THE PRESENT TIME  
BY  
JOHN H. COLEMAN  
OF THE CITY OF BOSTON  
IN TWO VOLUMES  
VOL. I.  
BOSTON: PUBLISHED BY  
J. B. LEECH, 15 N. MARKET ST.  
1845.

The history of the city of Boston, from the first settlement to the present time, is a subject of great interest and importance. It is a subject which has attracted the attention of many writers, and which has been the subject of many valuable works. The history of the city of Boston is a subject which is of great interest to all who are interested in the history of the United States. It is a subject which is of great importance to all who are interested in the history of the city of Boston. The history of the city of Boston is a subject which is of great interest to all who are interested in the history of the United States. It is a subject which is of great importance to all who are interested in the history of the city of Boston.



### FOOD HAWKERS.

This Department views with concern the large number of African food hawkers to be found daily offering bread, buns and mineral waters for sale from carrier cycles, particularly in the Industrial Areas and in sanitary lanes in the vicinity of multi-storey buildings in course of erection. The standard of hygiene of these vendors is, to say the least, deplorable, both in the state of their clothing and their method of handling their commodities. Numerous prosecutions with maximum fines of £10 have had no deterrent effect. In a number of cases the carrier cycles are on loan from local bakeries and bear the name and address of the bakery.

A similar state of affairs exists with fruit and vegetable hawkers. Apart from the endless stream of Africans bringing vegetables from Missions and outside areas and hawking them around the residential areas on bicycles, a large number of Africans appear to be purchasing from the Municipal Market and from wholesalers and hawking on their own behalf. Here again the carrier cycles frequently bear the name and address of wholesale fruiterers.

It is hoped that during the forthcoming year it will be possible to organise a combined campaign with the Police to put a stop to this undesirable form of food hawking which in many cases is unlicensed.

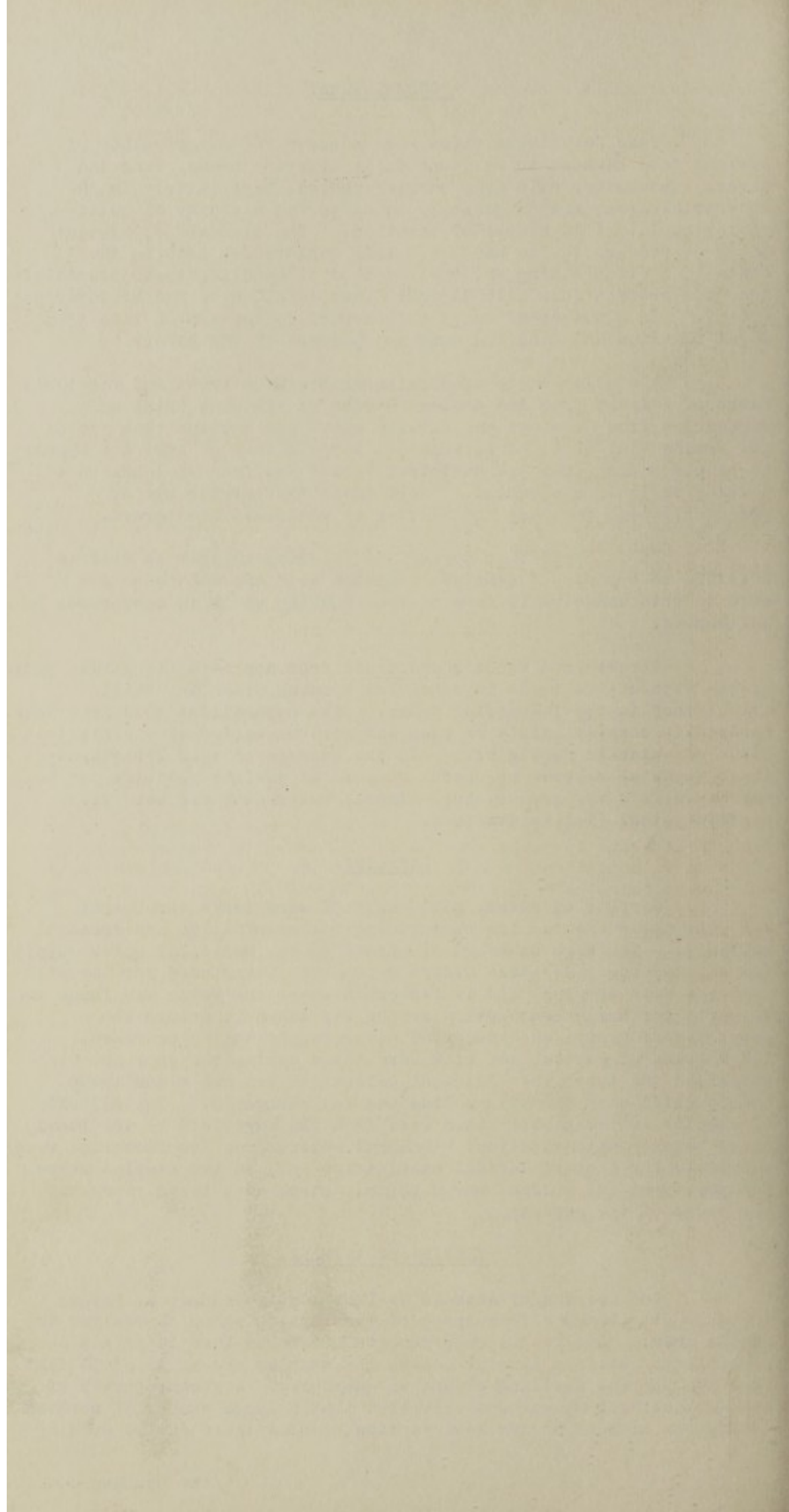
Street Food Vendors who trade from approved foodstalls parked at the side of the roads in scheduled trading areas are still established in the Industrial areas. The commodities sold from these foodstalls consist mainly of buns and mineral waters, the dietetic value of which is negligible. In the opinion of this Department these foodstalls serve no useful purpose as similar articles can be purchased from any grocer shop, mineral water shop and even from certain petrol filling stations.

### SAMPLING.

Samples of water, milk and food were taken throughout the year and submitted for bacteriological examination and chemical analysis. The high standard of purity of the Municipal water supply was maintained. Borehole waters which were being used for domestic purposes were sampled, and in two cases where the water was found to be unfit for human consumption action was taken to ensure the provision of a pure and wholesome water supply to the premises. 137 Samples of pasteurised milk were taken during the year and all satisfied the tests for efficient pasteurisation and cleanliness and complied with the milk solids and fats standards. The majority of samples of fresh milk taken were from the suppliers to the local dairy before pasteurisation. Mineral waters from the factories were submitted for bacteriological examination and, in two samples where the purity of the product was doubtful, steps were taken to rectify the cause of the impurity.

### KEEPING OF ANIMALS.

The Keeping of Animals By-Laws require owners of horses to take out a licence in respect of premises on which he desires to stable them. Due to the requirements of the By-Laws it is not possible to obtain a licence unless the stables are at least 50 feet from the nearest dwelling or Native quarters. A recent survey of the Agricultural Showgrounds revealed that a large number of persons owning one or more horses were renting stables there and so evading





the By-Laws which were not applicable to the Showgrounds. This Department made application to amend the By-Laws to include the Showgrounds which are now licensed to accommodate 49 horses.

#### PEST CONTROL.

This work was carried out by a section consisting of ten Africans under the direction of a European Health Inspector. During the months December to May the section concentrated on the control of mosquito breeding, particularly Anopheles mosquitoes in the streams and vleis within the City boundaries. For the remainder of the year treatment of the streams to free them of Bilharzia snails was carried out.

#### COMPLAINTS.

The number of complaints received during the year totalled 568. The majority of these concerned overgrown stands and mosquitoes, both after effects of the rainy season, and in many cases the overgrowth was considered by the complainants to be responsible for the prevalence of the mosquitoes. Although this Department was successful in having the long grass and weeds cut in the majority of cases, there is no legislation at the present time to enforce this.

#### NATIVE URBAN AREAS.

##### 1. Harari Township.

An additional African Health Aid was engaged during the year bringing the total to six. Improvements in housing in the township were effected by the completion of three new hostels and the demolition of a number of Nissen huts which were in a bad state of repair. Two new kitchens well equipped with electric cookers and washing-up facilities were erected and are a considerable improvement over the type of kitchens formerly provided. A number of houses which were affected with dampness have been waterproofed. The old tank huts which were being used as rubbish dumps have been removed. Overcrowding still exists in certain areas but not to the same extent as in the previous year. There was also a decrease in the number of chokages drains, the majority of which occurred in the community wash houses and drains. At the Mburi Hostel kitchen improved facilities were provided for the handling of rations. Conditions at the Market area remain unchanged. The old beer hall is still in use and the floor and walls behind the counter are in a bad state of repair. Steps are being taken to have the necessary repairs carried out.

##### 2. Mabvuku Township.

This township is visited by a Health Inspector once a week. The disposal of septic tank effluent over the ground surface is still the cause of much concern to the inhabitants. This matter is at present under consideration by Council.

##### 3. African Beer Gardens.

Beer gardens are in operation in the African townships and in the European areas and have been the cause of complaints received by this Department during the past year. As a result of pressure from this Department improvements were effected in the nature of better washing-up and sanitary facilities.

/The following .....



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The following are the records of the inspections carried out by the Health Inspectorate Staff, nuisances dealt with, samples taken, foodstuffs condemned and prosecutions instituted during the year under review.

INSPECTIONS CARRIED OUT BY HEALTH INSPECTORS.

Abattoirs, Hides and Skins	37
Aerated Water and Ice Factories	324
Bakeries, Sweet Factories	589
Barbers and Hairdressers	848
Bars, Clubs, Bottle Stores	102
Butcheries	1,835
Brickfields, Quarries	73
Dairies, Milk Depots and Ice Cream Factories	400
Factories (other)	2,058
Fish Mongers and Fish Friers	1,394
Food delivery vehicles and Hawkers	2,194
Food Stalls and Street Food Vendors	1,695
Fruit and Vegetable Dealers	2,829
General Dealers	6,603
Hotels and Boarding Houses	574
Keeping of Animals	257
Laundries, Dry Cleaners and Depots	625
Markets and Market Gardens	496
Native Eating Houses	968
Tea Rooms and Restaurants	1,506
Sandwich, Cake and Sweet Shops	749
Dwellings and Native Quarters	10,451
Wholesalers	193
Miscellaneous	6,153
Night and Early Morning Inspections	74
Infectious Diseases investigated	50
Total number of inspections ... ..	<u>43,091</u>
Matters referred to other Departments	26
Vaccinations carried out by Health Inspectors	7,000
Building plans examined	1,765

NUISANCES DEALT WITH.

Absence of sanitary accommodation	159
Dampness	64
Demolitions	158
Disinfestations	287
Lighting and ventilation	961
Overcrowding	307
Painting and cleaning	798
Repairs to drainage	476
Repairs (general)	632
Closets and urinals	1,494
Drainage	687
Flies	295
Manure	132
Mosquitoes	638
Refuse	1,862
Septic tanks	128
Smoke	94
Waste water	972
Vacant stands overgrown	302
Unspecified	2,439
Food protection contraventions	496

/Complaints .....





Complaints dealt with	568
Interviews	3,405
Notices served: Statutory	981
Others	4,861

MUNICIPAL LICENCES APPROVED.

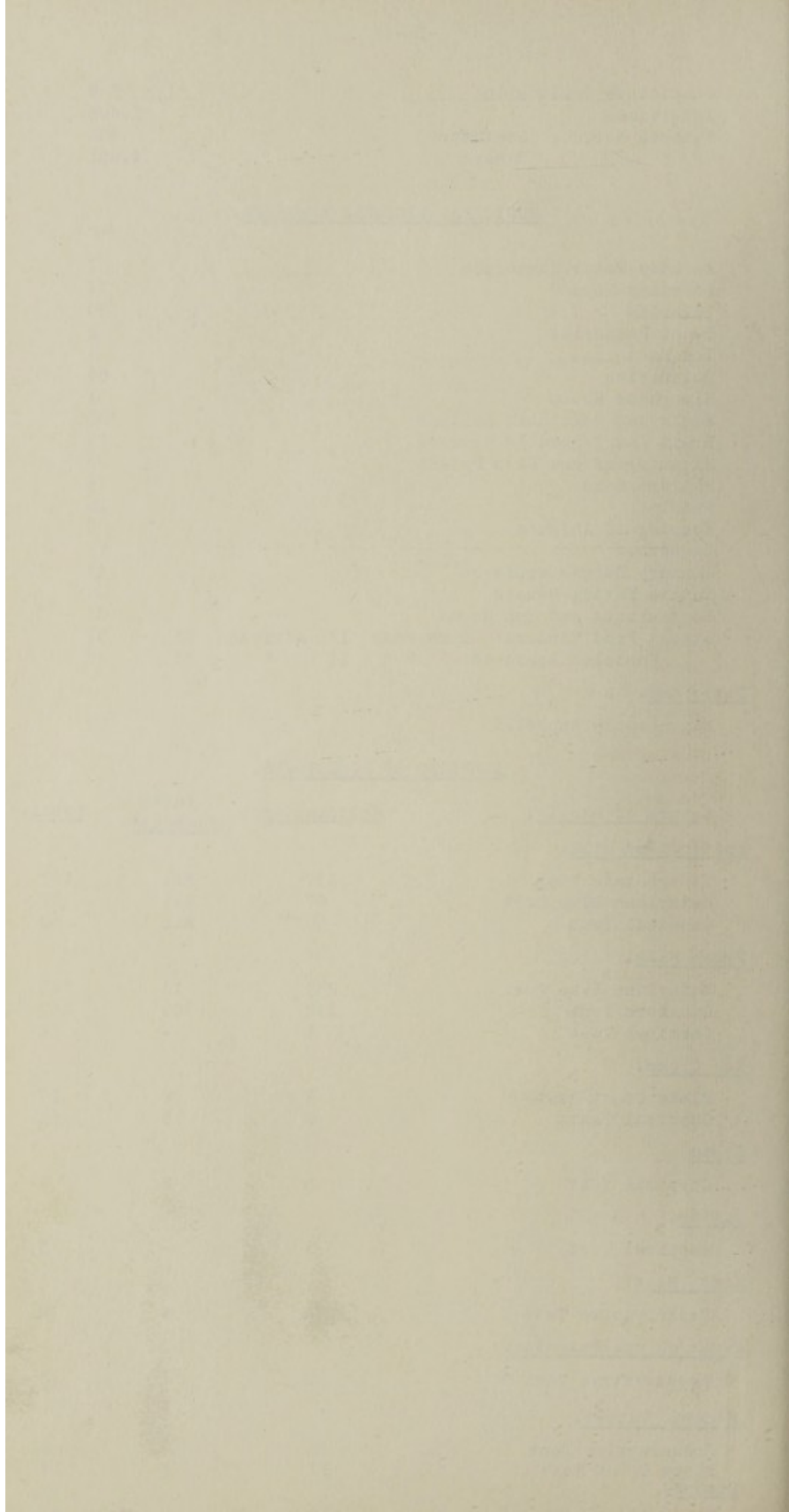
Aerated Water Factories	7
Boarding Houses	24
Bakeries	20
Sweet Factories	2
Ice Factories	3
Butcheries	66
Slaughter House	1
Fruit and Vegetable Dealers	80
Fruit and Vegetable Growers	25
Fishmongers and Fish Friers	76
Hairdressers	79
Hotels	11
Keeping of Animals	9
Laundries	15
Laundry Depots approved	43
Native Eating Houses	28
Restaurants and Tea Rooms	83
Street Food Vendors: Europeans	14
Africans	23
Vehicles Approved: "	19
"	23

Dairy Act.

Milk Depots approved	52
----------------------	----

SAMPLING OF FOODSTUFFS.

<u>Nature of Sample.</u>	<u>Satisfactory.</u>	<u>Below Standard.</u>	<u>Total.</u>
<u>Pasteurised Milk.</u>			
Phosphatase Test	137	Nil	137
Methylene Blue Test	87	Nil	87
Chemical Test	50	Nil	50
<u>Fresh Milk.</u>			
Methylene Blue Test	235	12	247
Coliform Test	138	109	247
Chemical Test	1	-	1
<u>Ice Cream.</u>			
Plate Count Test	9	8	17
Chemical Test	8	3	11
<u>Cream.</u>			
Chemical Test	5	2	7
<u>Butter.</u>			
Chemical Test	3	-	3
<u>Mince Meat.</u>			
Preservative Test	74	4	78
<u>Sausages and Polonies.</u>			
Preservative Test	2	1	3
<u>Mineral Waters.</u>			
Preservative Test	8	-	8
Plate Count Test	12	2	14
<u>Cheese.</u>			
Chemical	12	1	13



MUNICIPAL WATER SUPPLY AND SWIMMING BATH WATER.

Number of samples taken 295

BOREHOLE WATER SUPPLY.

Number of samples taken 27

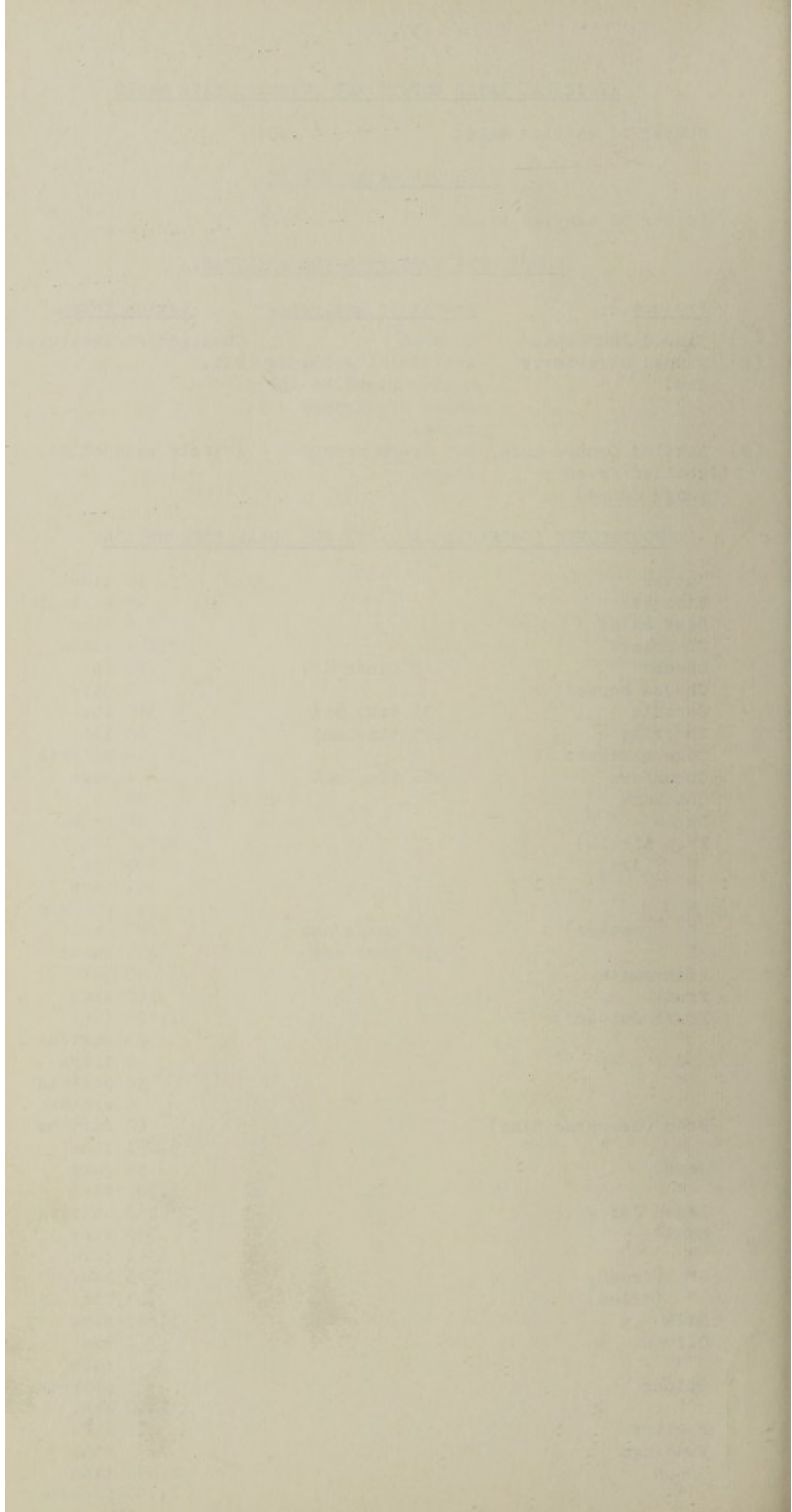
FOODSTUFFS SUBMITTED FOR ANALYSIS.

Product.	Result of Analysis.	Action Taken.
(1) Tinned Anchovies	Unsound	Consignment destroyed.
(2) Tinned Strawberry Jam.	Artificial colouring matter might be the cause of strange taste.	Nil.
(3) Bottled Orange Juice (labelled Fresh Orange Juice)	Not fresh orange juice.	Article relabelled.

FOODSTUFFS CONDEMNED AS UNFIT FOR HUMAN CONSUMPTION.

Butter	13 tins
Biscuits	45 cartons
Beet Salad	840 tins
Chocolate	2,094 slabs
Cheese	3 Cases and 290 lbs
Cheese spread	34 jars
Cereals	31 tins and 356 lbs.
Cherries	195 tins and 99 lbs.
Cake mixtures	10 packets
Cucumbers	266 tins and 4 bags
Chickens	20
Dates	18 cases
Fish (fresh)	4,756 lbs.
" (dry)	160 lbs.
"	181 jars
"	816 packets
" (smoked)	268 cases and 207 lbs.
"	918 tins and 296 cases
Fish paste	89 jars
Fruit	167 tins
Fruit Juices	2,396 tins
" "	22 cartons
"	20 trays
"	38 packets
"	6 crates
Food (assorted tins)	10 cartons
" " "	5,093 tins
Jams	54 jars
"	1,207 tins
Lemon Juice	269 bottles
Meat	352 tins
"	74 jars
" (fresh)	23 lbs.
" (dried)	723 lbs.
Milk	3,982 tins
Olives	1 tin
"	1 case
Onions	935 pockets
"	13,440 lbs.
Poultry	172 lbs.
Puddings	5 tins
Soups	2,496 tins
"	2,766 packets
	/Sausages .....





(Foodstuffs Condemned Cont'd.)

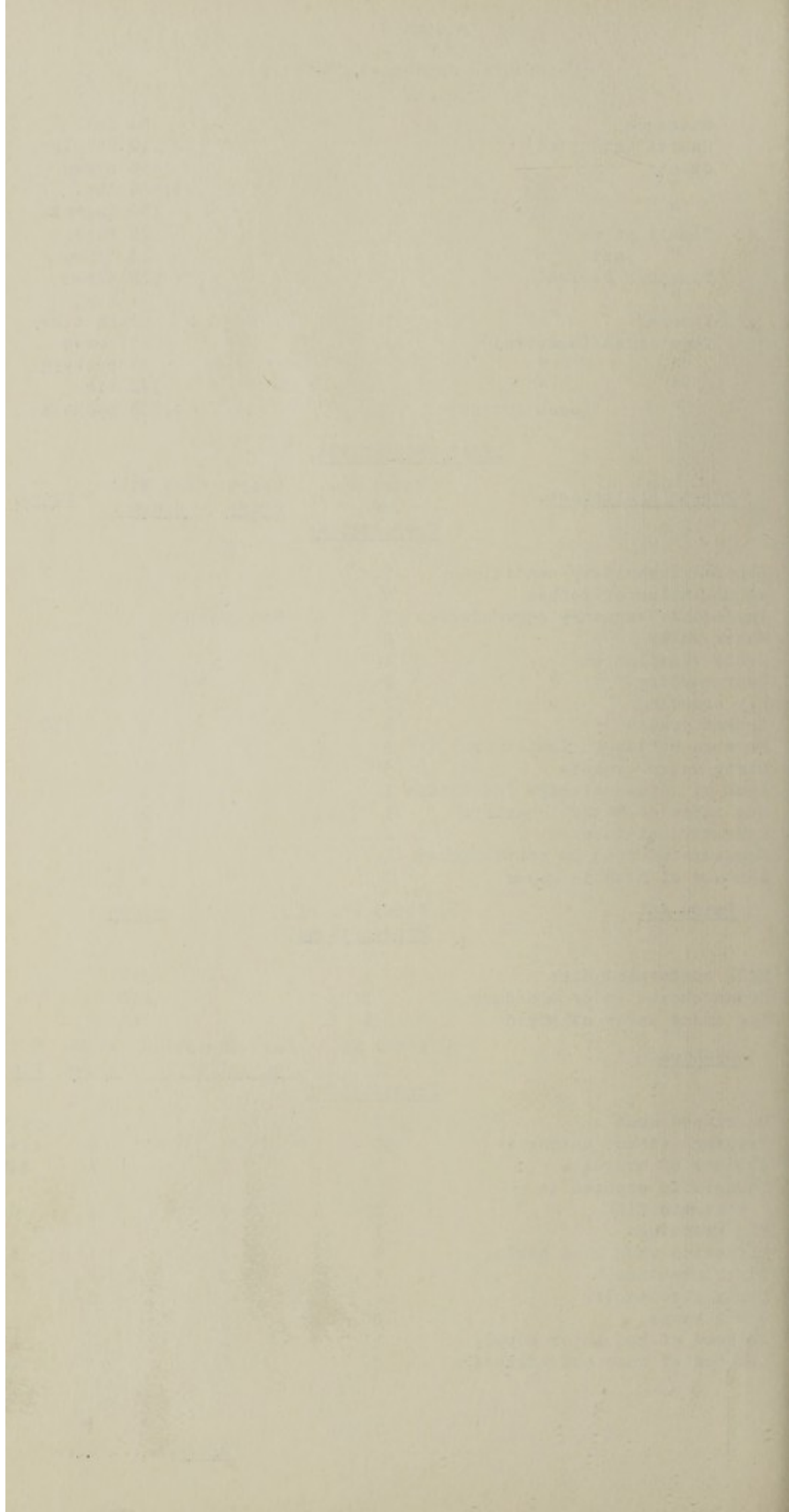
Sausages	54 lbs.
Sauces (assorted)	120 bottles
Sweets	95 boxes
"	4,886 lbs.
"	179 packets
Tomato puree	106 tins
" paste	13 tins
Tomatoes Peeled	519 tins
"	1 box
Vinegar	83 bottles
Vegetables (assorted)	15 boxes
" "	73 pockets
" "	342 tins
" (deep freeze)	4,338 packets

LEGAL PROCEEDINGS.

<u>Public Health Act.</u>	Total No. of <u>Prosecutions</u>	Court Order	Case With- drawn	<u>Fines</u>
General Insanitary conditions	7		7	
Accumulation of refuse	6		6	
Inadequate sanitary conveniences	1	Not given		
Waste water	2		2	
Cross ventilation	1		1	
Overcrowding	1		1	
Fly breeding	2		1	
Choked drains	3		3	£10
Foreign bodies in foodstuffs	2			
Dirty water closets	5		5	
Lack of refuse storage facilities	1		1	
Bug infested Native quarters	1		1	
Defective cisterns	1		1	
Exposure of food to contamination	1		1	
Absence of manhole cover	1		1	

<u>Dairy Act.</u>	Total No. of <u>Prosecutions</u>	<u>Fines</u>
Milk containing dirt	1	£10
Cream cheese under standard	1	£10
Ice cream under standard	1	£3

<u>By-Laws.</u>	Total No. of <u>Prosecutions</u>	Paid admission of Guilt	With- drawn	Total <u>Fines</u>
Unstamped meat	1	1		£15
Trading without authority	50	44	6	£142
Absence of overalls	8	7	1	£40
Foodstuffs exposed to contamination	3	2	1	£4
Fly breeding	1	1		£1
Defective wash hand basin	1	1		£1
Dirty premises	5	3	2	£3
Dirty receptacles	2		2	
Waste water	2	2		£2
Absence of hot water supply	1	1		£2
Absence of name and address	2	2		£2





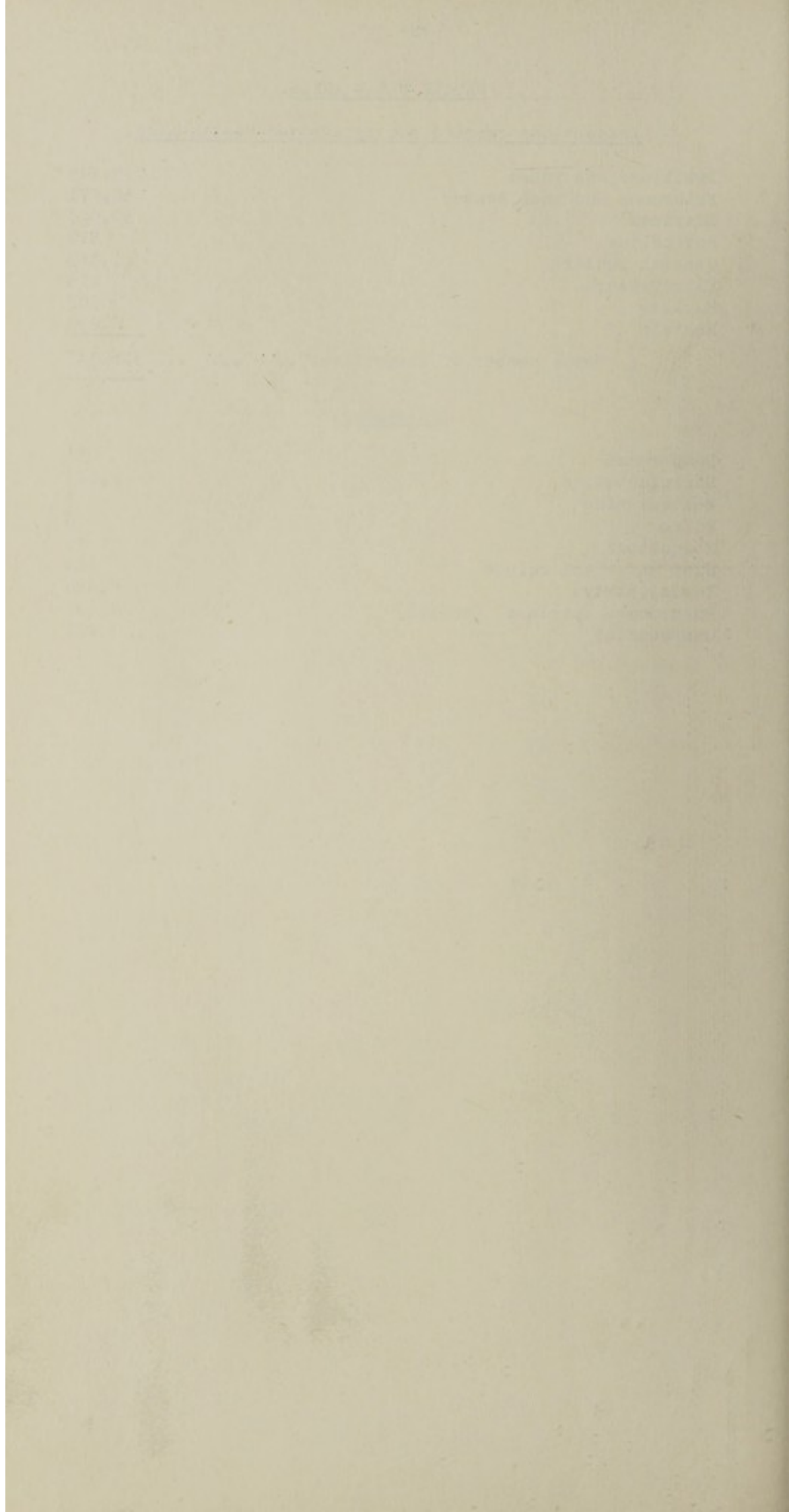
NATIVE URBAN AREAS.

Inspections carried out by African Health Aids.

Dwellings and rooms	175,445
Bathrooms and wash houses	56,271
Latrines	90,023
Butcheries	813
General Dealers	2,162
Hairdressers	225
Markets	208
Hostels	896
Total number of inspections ... ..	<u>326,043</u>

Nuisances.

Damp rooms	33
Disinfestation	2,144
Whitewashing	3
Flies	8
Mosquitoes	75
Slop water and refuse	140
Yards (dirty)	6,485
Bathrooms, latrines, (choked)	2,498
Unspecified	3,262



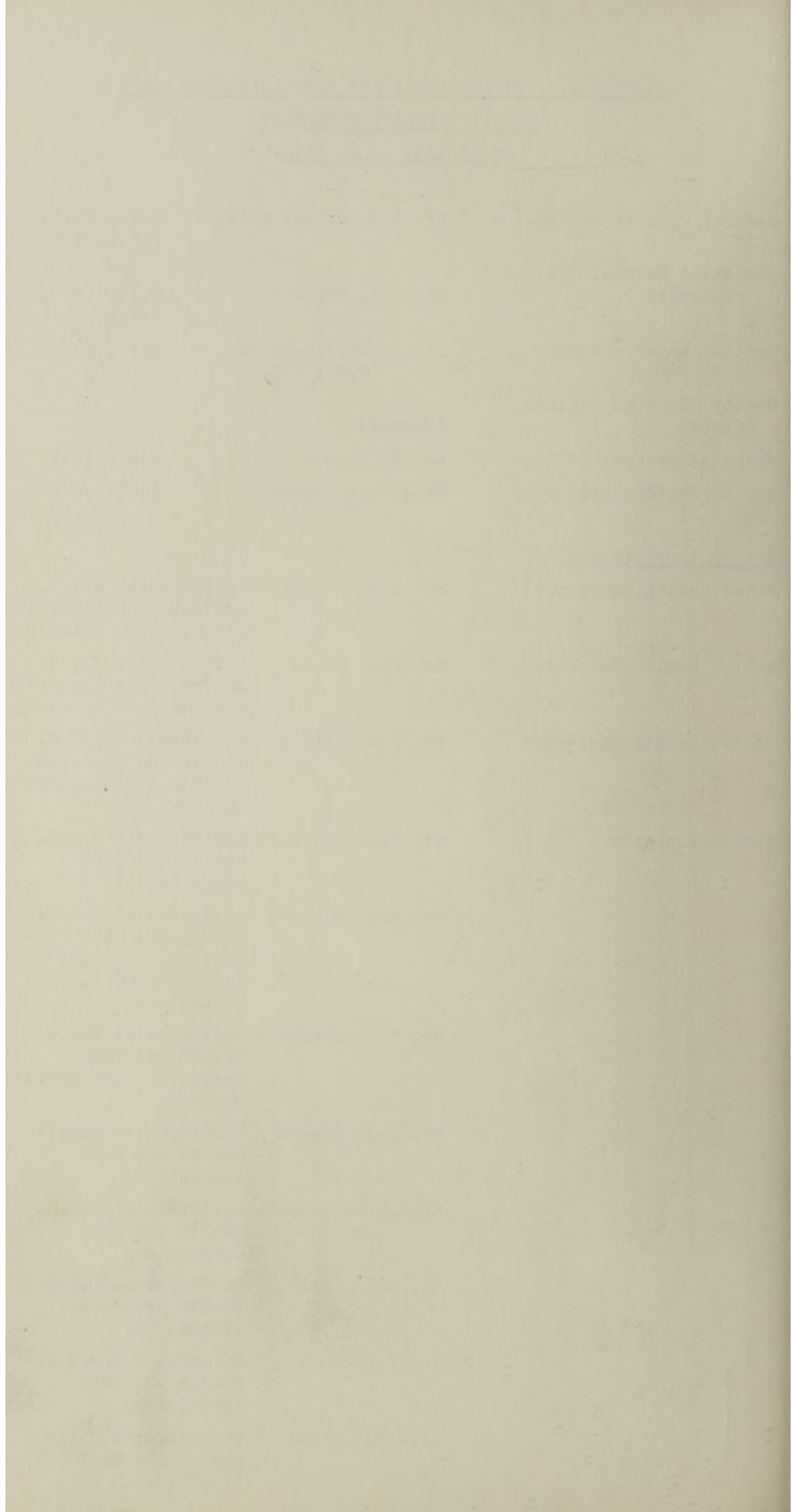
SECTION X. PROFESSIONAL AND ADMINISTRATIVE STAFF  
OF CITY HEALTH DEPARTMENT  
as at 30th June, 1959.

Medical Officer of Health	Dr. A.J. Walker Wilkins,	M.B., Ch.B., D.P.H., D.T.M. & H.
Assistant Medical Officer of Health	Dr. A.J. Board	M.B., Ch.B., D.T.M., D.P.H.
Medical Superintendent	Dr. J. Melvin, C.B.E., M.C., T.D.	M.B., Ch.B.
Senior Clinical Medical Officer	(Vacant)	
Clinical Medical Officer	Dr. M. Melvin	M.B., Ch.B.
Senior Dental Officer	Col. S.D. Badman	L.D.S., R.C.S. (ENG.)

Health Inspectorate.

Chief Health Inspector	Mr. C.E. Hodder	Certificates R.S.H. Health, Food Inspection and Sanitary Science.
Senior Health Inspector	Mr. F.D. Hardy	Certificates R.S.H. Health, Food Inspection and Sanitary Science.
Senior Health Inspector	Mr. J.W. Thomas	Certificates R.S.H. Health and Food Ins- pection and Tropical Hygiene.
Health Inspectors	Mr. L.W. Bates	Certificates R.S.H. Health and Food Inspection.
	Mr. R.J. Thompson	Certificates R.S.H. Health and Food Ins- pection. Testamur of the Institute of Public Cleansing.
	Mr. T.J.A. Harries	Certificates R.S.H. Health and Food Inspection and Tropical Hygiene.
	Mr. A.J. Haynes	Certificates R.S.H. Health and Food Inspection.
	Mr. J.A. Mackenzie- Smith	Certificates R.S.H. Health and Food Inspection.
	Mr. A.T. Pirie	Certificates R.S.H. Health and Food Inspection.
	Mr. T.R. Puzey	Certificates R.S.H. Health and Food Inspection.
	Mr. E.W. Layland	Certificates R.S.H. Health and Food Inspection.





Health Inspectors  
(Cont'd.)

Mr.W.A.Tunbridge    Certificates R.S.H.  
Health and Food  
Sanitary Science,  
Advanced Knowledge.

Clerical.

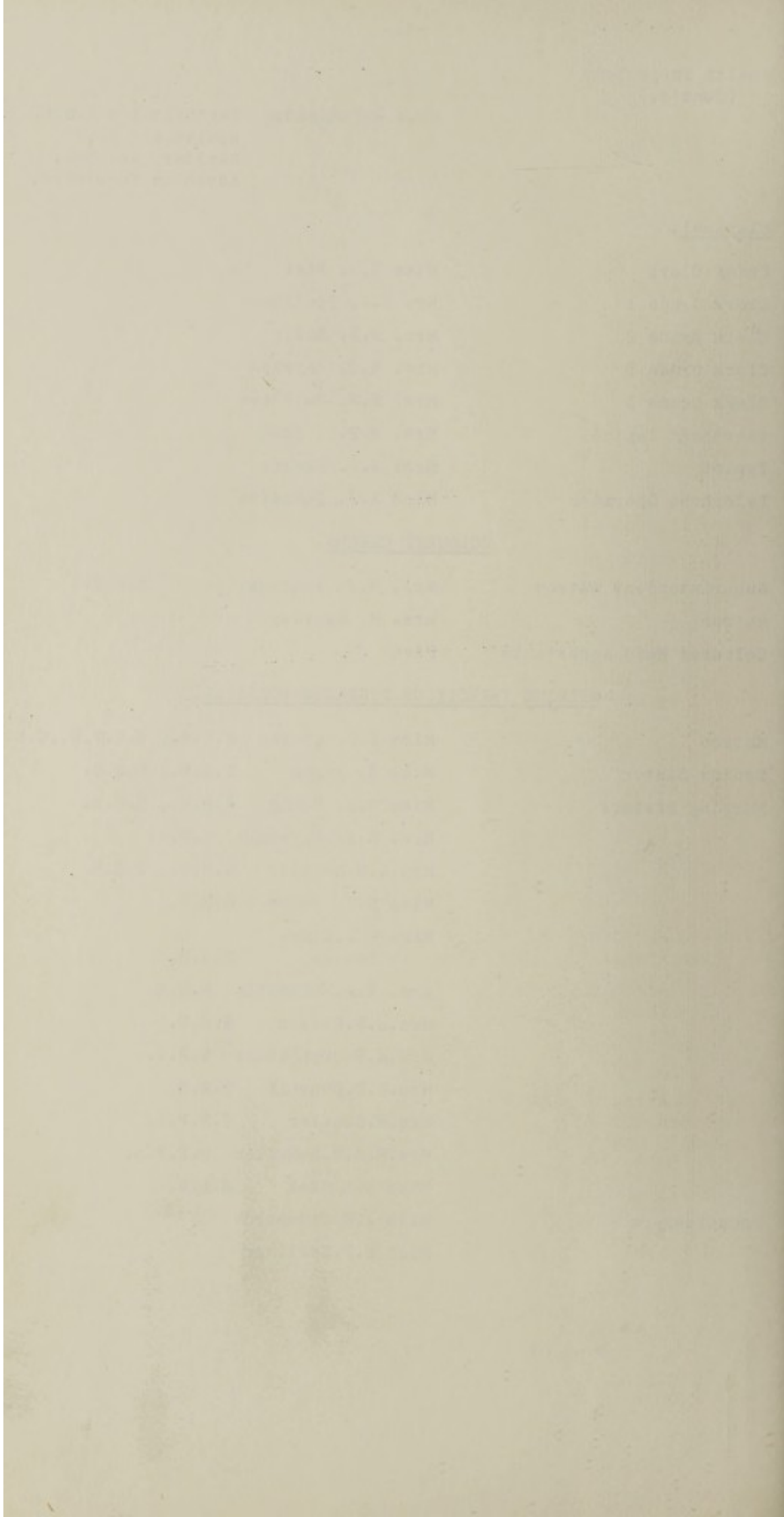
Chief Clerk	Miss I.H. Rees
Clerk Grade 1	Mr. C.J. Tomlinson
Clerk Grade 2	Mrs. P.R. Baily
Clerk Grade 3	Mrs. M.C. Harries
Clerk Grade 3	Mrs. S.M. Matthews
Shorthand Typist	Mrs. E.P.G. Skea
Typist	Mrs. G.L. Fraser
Telephone Operator	Miss A.J. Bennetts

COLOURED CRECHE.

Superintendent Matron	Mrs. M.J. Tomlinson	N.N.C.
Matron	Mrs. M. Byerley	
Coloured Maid Assistants	Five	

WILKINS INFECTIOUS DISEASES HOSPITAL.

Matron	Miss J.G. Steven	S.R.N., S.R.F.N., C.M.B.
Senior Sister	Miss J. Angus	S.R.N., O.N.C.
Nursing Sisters	Miss G.S. Konig	S.R.N., S.C.M.
	Mrs. S.A. Marshall	S.R.N.
	Mrs. A.H. Menzies	S.R.N., S.C.M.
	Miss N.V. Jones	S.R.N.
	Miss M.P. Sims-	
	Davies	S.R.N.
	Mrs. V.A. Mackenzie	S.R.N.
	Mrs. E.B. Steeds	S.R.N.
	Mrs. A. Raubenheimer	S.R.N.
	Mrs. F.D. Duncalf	S.R.N.
	Mrs. R. Scouler	S.R.F.N.
	Mrs. M.S.M. McMullen	S.R.F.N.
	Miss M.K. Shea	S.R.N.
Housekeepers	Miss A.M. Crathorne	
	Miss E.P. Sullivan	





CHILD WELFARE.

Health Visitors	Mrs. M.P. Beveridge	S.R.N., C.M.B., H.V.
	Miss C. Keenan, M.B.E.	S.R.N., C.M.B., H.V.
	Miss H.A. Birnie	S.R.N., S.C.M., H.V.
	Mrs. W.J. Marshall	S.R.N., C.M.B., H.V.
	Miss M. Moore	S.R.N., C.M.B., H.V.

DISTRICT NURSES.

District Sisters	Mrs. R.L. Clarke	S.R.N., S.C.M.
	Mrs. F. McCormack	S.R.N., S.C.M., S.R.S.C.N.

NATIVE INFECTIOUS DISEASES HOSPITAL.

Senior Clinical Assistant	Mr. S. Kennedy	S.R.N., R.M.P.A.
Clinical Assistants	Mr. R. Jones	S.R.N.
	Mr. E. Smith	S.R.N.
Clerk Grade 1	Mr. A.E. Snowden	
Qualified African Nursing Orderlies - Male and Female	Thirty-eight.	

AFRICAN CLINICS.

Clinical Assistants	Mr. C.S. Jeffery	S.R.N.
	Mr. B.J. Foster	S.R.N., B.T.A.
Nursing Sisters	Mrs. J.T. Watkinson	S.R.N., C.M.B.
	Miss A.R. Holmes	S.R.N., R.S.C.N.
Qualified African Nursing Orderlies (Female)	Twenty	
Qualified African Nursing Orderlies (Male)	Twelve	

AFRICAN CRECHE, HARARI.

Qualified African Nursing Orderlies (Female)	Three.
--	--------

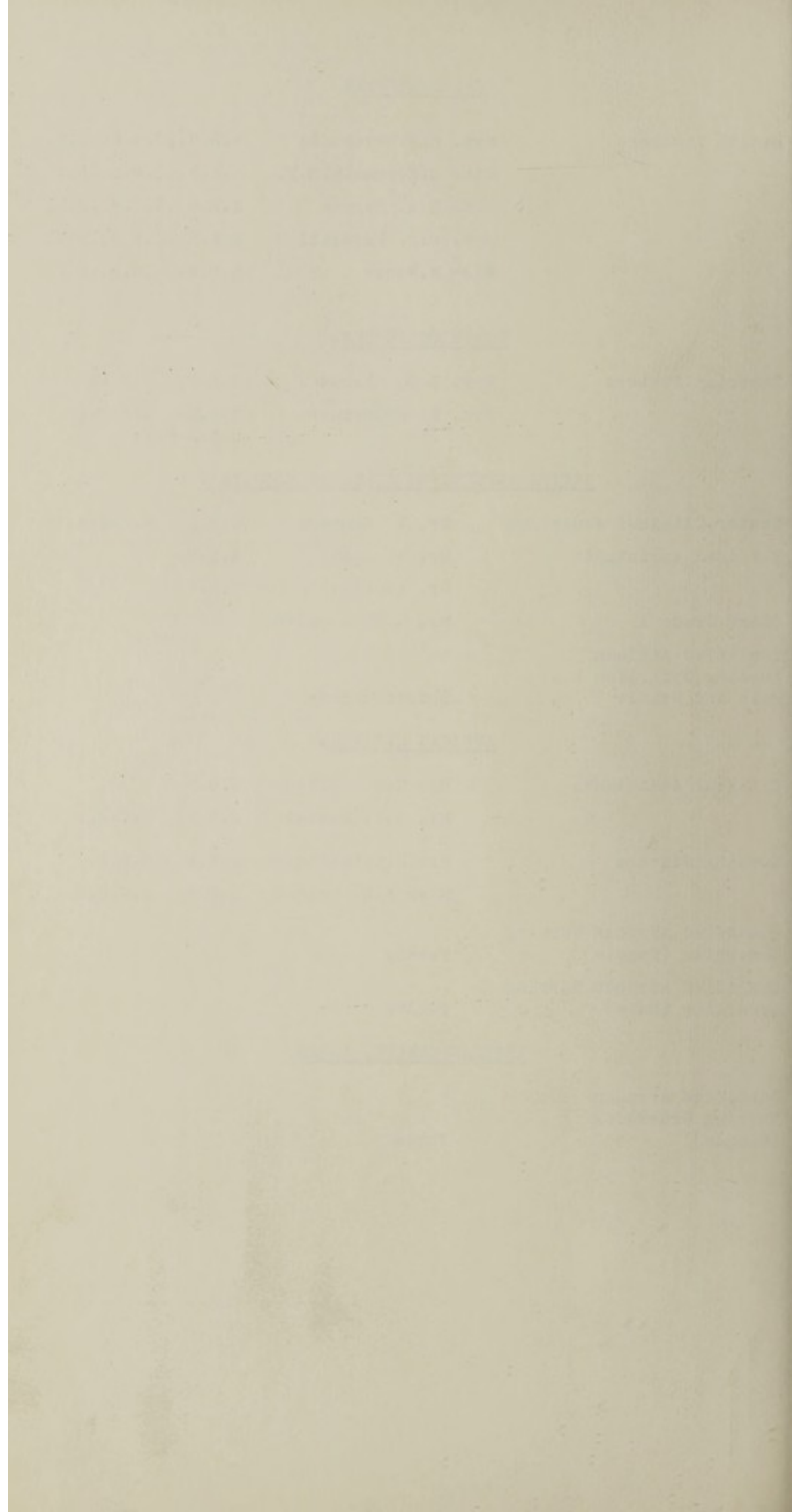


TABLE A.

NOTIFICATIONS OF INFECTIOUS DISEASES  
1958/59.

Disease	Europeans	Asians	Coloureds	Africans	Total
Cerebro-spinal meningitis	3 (-)	- (-)	1 (-)	1 (5)	5 (5)
Chicken pox	28 (28)	- (2)	- (1)	91 (93)	119 (124)
Diphtheria	2 (1)	- (-)	- (-)	11 (23)	13 (24)
Encephalitis	1 (-)	- (-)	- (-)	- (-)	1 (-)
Typhoid (including paratyphoid)	- (2)	- (-)	- (-)	1 (3)	1 (5)
Leprosy	- (-)	- (-)	- (-)	6 (8)	6 (8)
Malaria	2 (7)	- (-)	1 (-)	1 (9)	3 (16)
Polio-myelitis	2 (17)	- (-)	1 (-)	4 (-)	7 (17)
Scarlet Fever	12 (-)	- (-)	3 (-)	- (-)	15 (-)
Small pox	- (4)	- (1)	- (3)	1 (85)	1 (93)
Tuberculosis pulmonary	4 (-)	2 (1)	- (-)	123 (85)	129 (93)
Tuberculosis Miliary	- (-)	- (-)	2 (1)	8 (25)	10 (26)
Tuberculosis Primary Focus	- (-)	- (-)	- (-)	- (-)	- (-)
Tuberculosis Meningitis	- (-)	- (-)	- (-)	- (-)	- (-)
Totals: ... ..	54 (59)	2 (3)	7 (5)	247 (251)	310 (318)



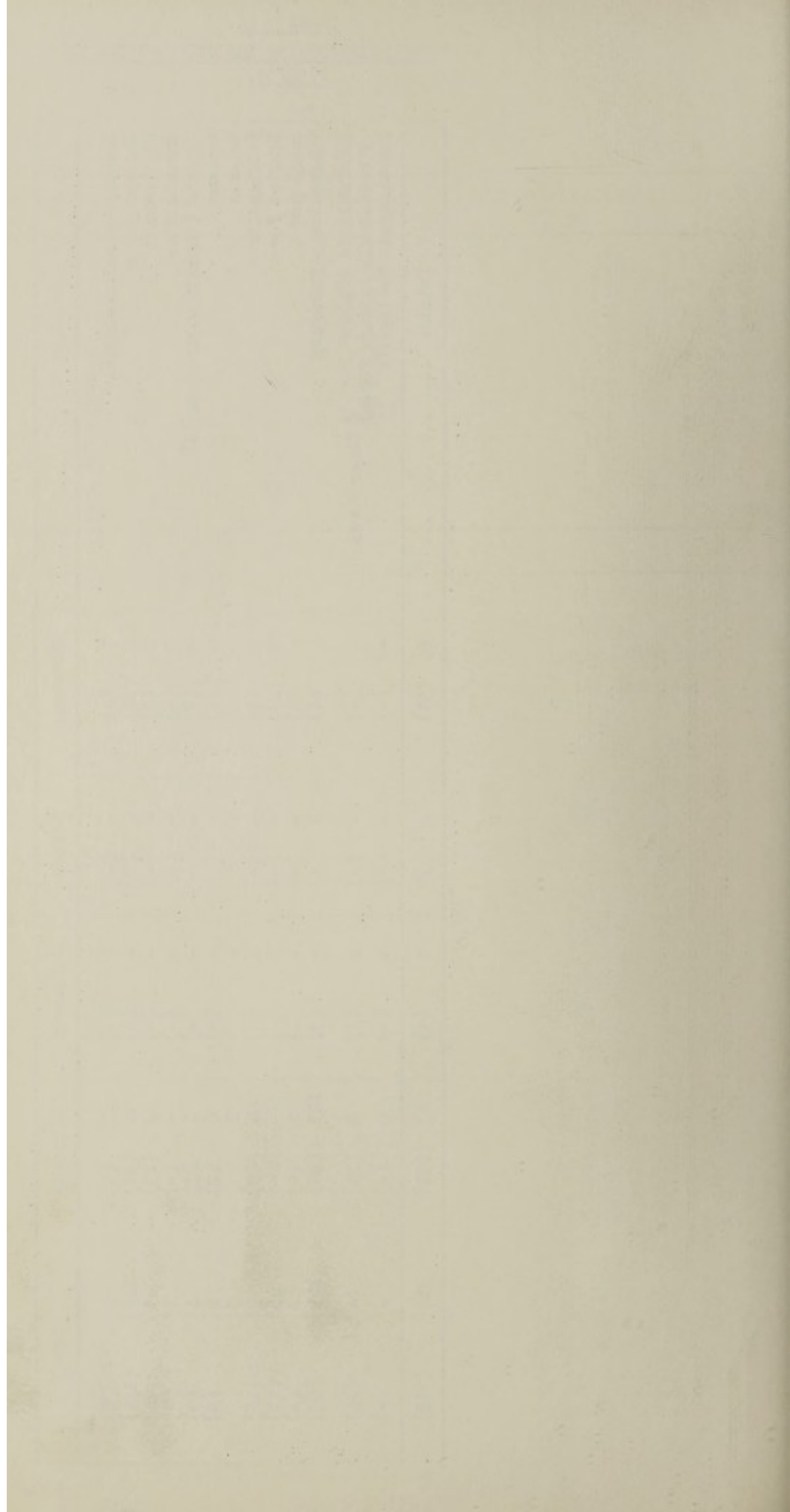


TABLE B.

INCIDENCE OF INFECTIOUS DISEASES.

Month	Diphtheria	Meningitis	Pulmonary T.B.	Chicken Pox	Measles	Whooping Cough	Para. Polio
July	4	2	16	4	14	5	1
August	1	1	31	18	24	3	-
September	1	1	24	4	34	40	1
October	5	-	25	23	19	-	-
November	2	-	32	11	51	10	-
December	1	1	30	11	37	3	-
January	1	-	34	7	23	4	1
February	3	-	30	3	9	6	1
March	3	-	32	7	14	13	2
April	3	-	20	11	5	15	3
May	5	-	23	11	27	13	7
June	3	-	18	9	20	15	9
Total:	32	5	*315	119	277	127	25

\*Monthly average ; admissions of tuberculotics : 26.25;

i.e. one per industrial working day.

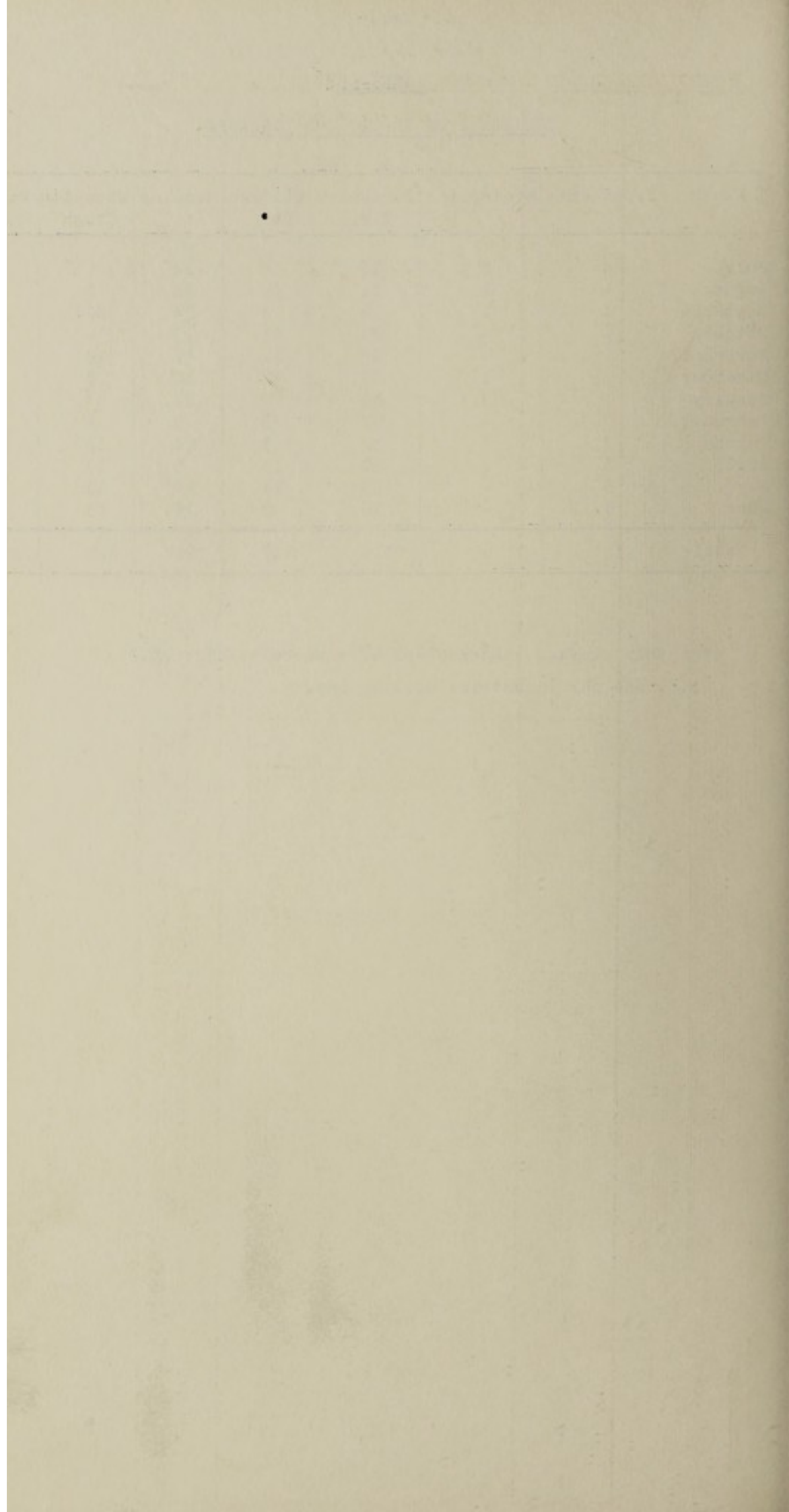




TABLE C.

TUBERCULOSIS CLINIC RETURNS FOR PERIOD JULY, 1958 TO JUNE, 1959.

	Patients Interviewed	Not Interviewed	Employers Visited	Clinical Examinations	Outpatient Attendance	(Examined) Contacts	Positive Contacts	Suspicious Contacts	Follow-up Cases Relapsing	Asiatics, etc. Visited
July	18	5	19	47	121	50	2	5	-	-
August	16	10	9	39	102	62	2	8	-	-
September	15	7	14	39	133	62	-	11	-	-
October	18	2	24	50	152	79	-	-	-	-
November	19	8	13	46	128	42	3	5	-	-
December	24	5	12	36	113	76	5	16	-	-
January	18	-	6	64	136	59	1	6	-	1
February	13	2	10	61	134	49	2	12	-	-
March	9	1	21	55	144	88	1	14	1	-
April	23	-	19	60	139	120	5	13	1	-
May	14	-	24	36	110	116	5	19	3	-
June	12	-	21	24	100	33	-	3	1	-
Totals:	199	40	192	557	1,512	836	26	112	6	1

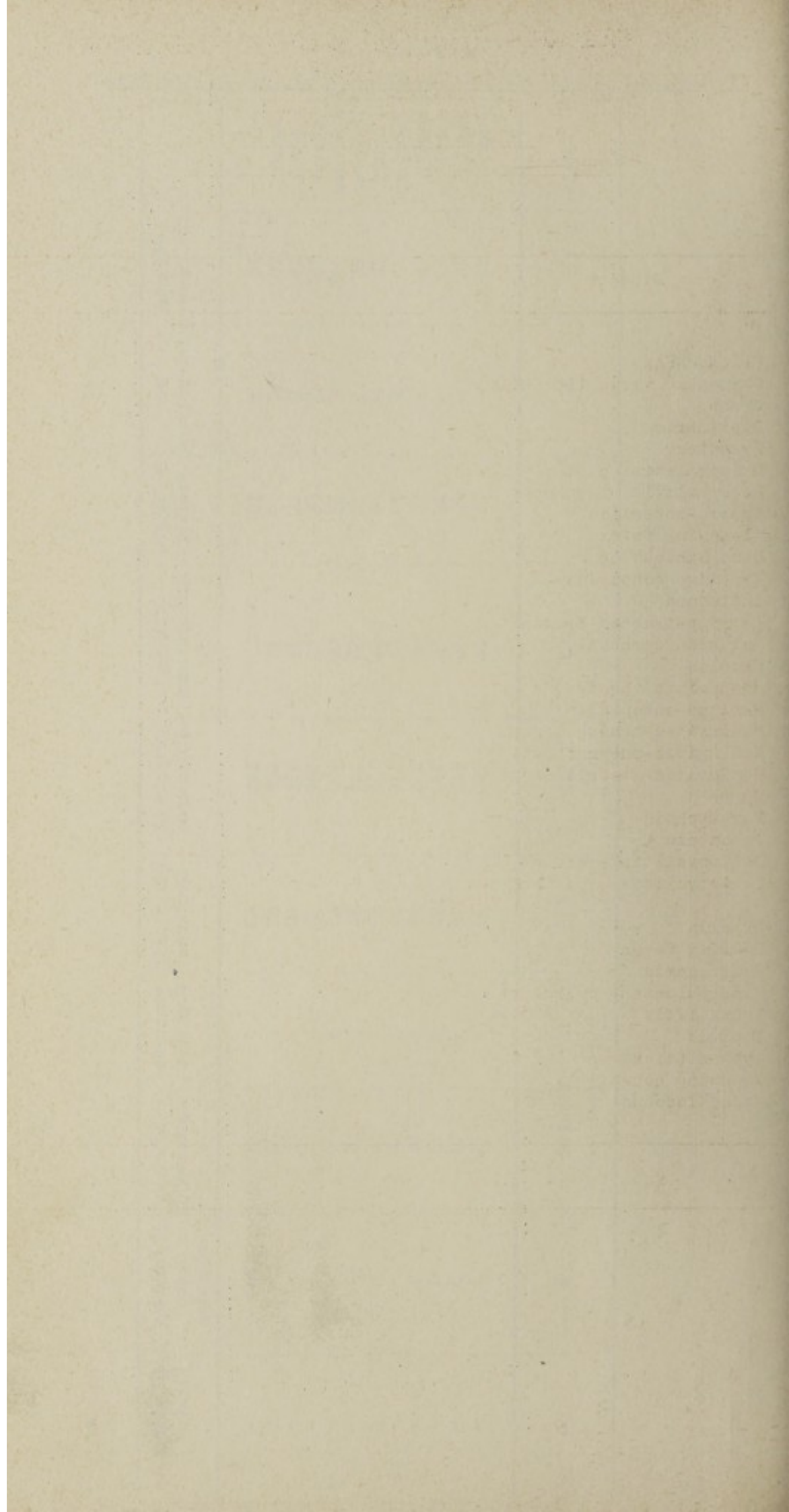


TABLE D.

SCHEDULE OF CASES ADMITTED TO  
THE WILKINS INFECTIOUS DISEASES HOSPITAL  
1958/59.

Disease	Municipal	Non Municipal	Deaths
Chicken Pox	7	5	-
Coxsackie virus (Bornholm)	1	-	-
Croup	2	-	-
Diphtheria	1	6	1
Dysentery	4	4	-
Encephalitis (post measles)	-	1	-
Encephalitis of unknown virus origin	-	2	-
Gastro-enteritis	29	35	2
Glandular fever	2	3	-
Heat Exhaustion	1	4	-
Impetigo contagiosa	-	1	-
Influenza	6	2	-
Laryngo-tracheo-bronchitis	4	1	-
Malaria (cerebral)	-	1	-
Measles	13	9	-
Meningitis (benign)	1	-	-
Meningo-encephalitis	1	-	-
Meningitis-meningococcal	4	1	1
Meningitis-pneumococcal	1	2	1
Meningitis-staphylococcal	-	1	-
Mumps	1	2	-
Paratyphoid	-	4	-
Pneumonia	1	4	2
Poliomyelitis - acute	2	13	-
Poliomyelitis - post chronic	-	20(19 same patient)	-
Rubella	-	1	-
Scarlet fever	3	2	-
Septicaemia	1	3	1
Tuberculosis - pulmonary	5	19	-
Tonsillitis	1	1	-
Typhoid	2	2	-
Typhus (tick)	1	4	-
Whooping cough	7	6	-
Miscellaneous	8	21	-
Total: ... ..	109	180	8



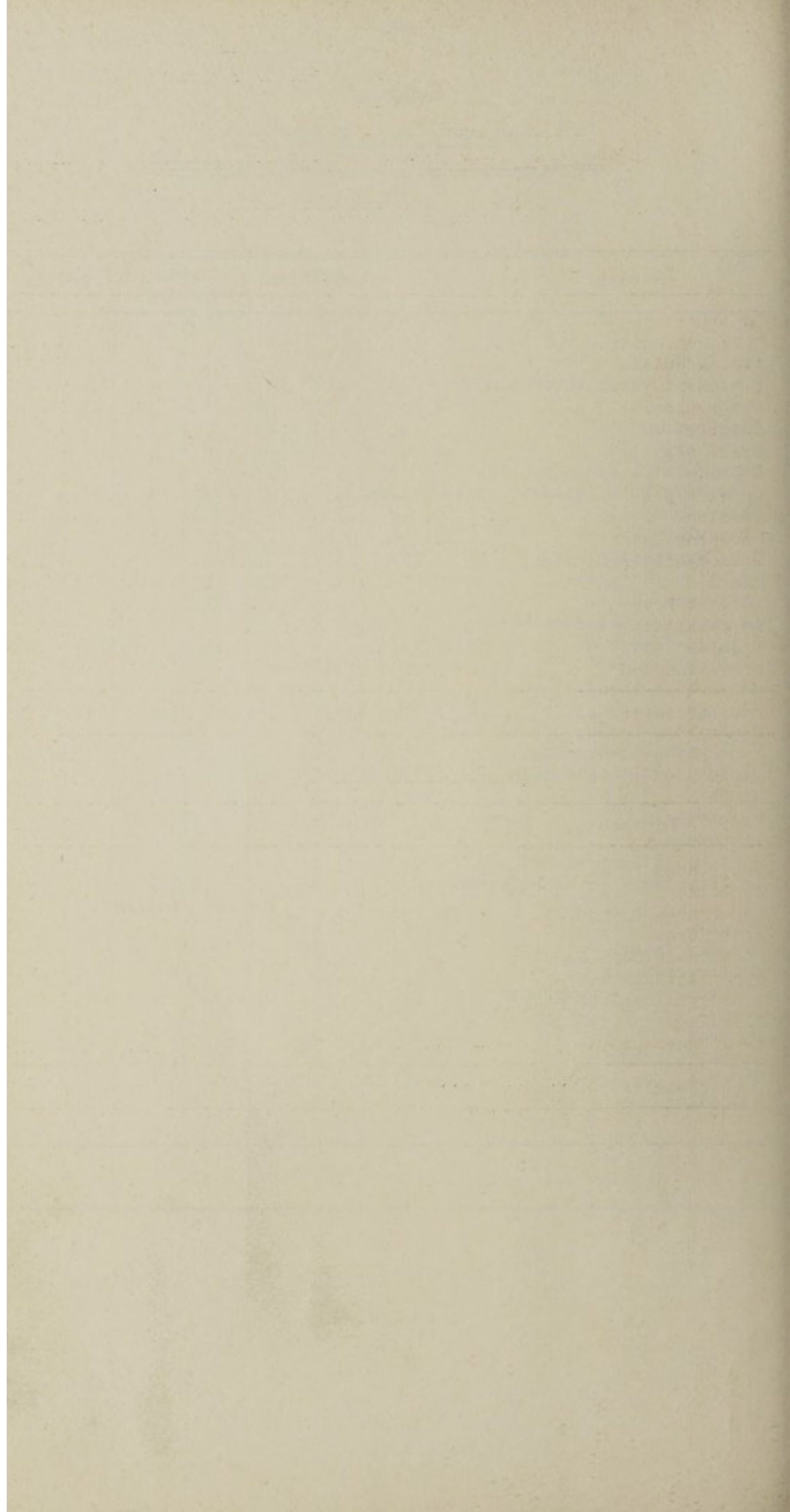


TABLE E.

## NATIVE INFECTIOUS DISEASES HOSPITAL.

RETURN OF ADMISSIONS : 1.7.1958 TO 30.6.1959.

TABLE 1 INFECTIOUS DISEASES.

Disease	Male		Female		Children		Total	
Diphtheria	4	(3)	6	(6)	22	(33)	32	(42)
C.S. Meningitis	4	(7)	-	(1)	1	(3)	5	(11)
T.B. Adenitis	-	(-)	-	(-)	1	(-)	1	(-)
T.B. Meningitis	-	(7)	-	(-)	5	(3)	5	(10)
Tuberculosis	168	(114)	60	(48)	87	(37)	315	(199)
Enteric	2	(2)	-	(-)	1	(-)	3	(2)
Small pox	1	(1)	-	(-)	4	(1)	5	(2)
Leprosy	42	(51)	1	(1)	2	(-)	45	(52)
Chicken pox	101	(91)	4	(2)	44	(25)	149	(118)
Measles	55	(38)	4	(2)	225	(96)	284	(136)
Whooping Cough	-	(-)	-	(-)	97	(83)	97	(83)
Poliomyelitis.Paralytic	1	(1)	-	(1)	24	(38)	25	(40)
Mumps	24	(9)	1	(1)	2	(2)	27	(12)
Scarlet Fever	-	(-)	-	(-)	1	(-)	1	(-)
Encephalitis	-	(-)	-	(-)	1	(1)	1	(1)
Scabies	144	(217)	-	(-)	12	(10)	156	(227)
Miscellaneous	380	(306)	206	(191)	116	(107)	702	(604)
Totals: ...	926	(847)	282	(253)	645	(439)	1853	(1539)

TABLE 2 VENEREAL DISEASES.

Disease	Male		Female		Children		Total	
Gonorrhoea	58	(38)	2	(1)	-	(-)	60	(39)
Syphilis	120	(105)	36	(10)	1	(1)	157	(116)
Gonorrhoea & Syphilis	18	(5)	1	(1)	-	(-)	19	(6)
Soft Sore	370	(410)	-	(1)	1	(3)	371	(414)
Gonorrhoea:Soft Sore	34	(17)	-	(-)	-	(-)	34	(17)
Syphilis:Soft Sore	66	(91)	-	(-)	-	(-)	66	(91)
Gon:Syphilis:Soft Sore	4	(3)	-	(-)	-	(-)	4	(3)
L.G. Inguinale	4	(3)	1	(-)	-	(-)	5	(3)
L.G. Venereum	-	(1)	-	(-)	-	(-)	-	(1)
Totals: ...	674	(673)	40	(13)	2	(4)	716	(690)

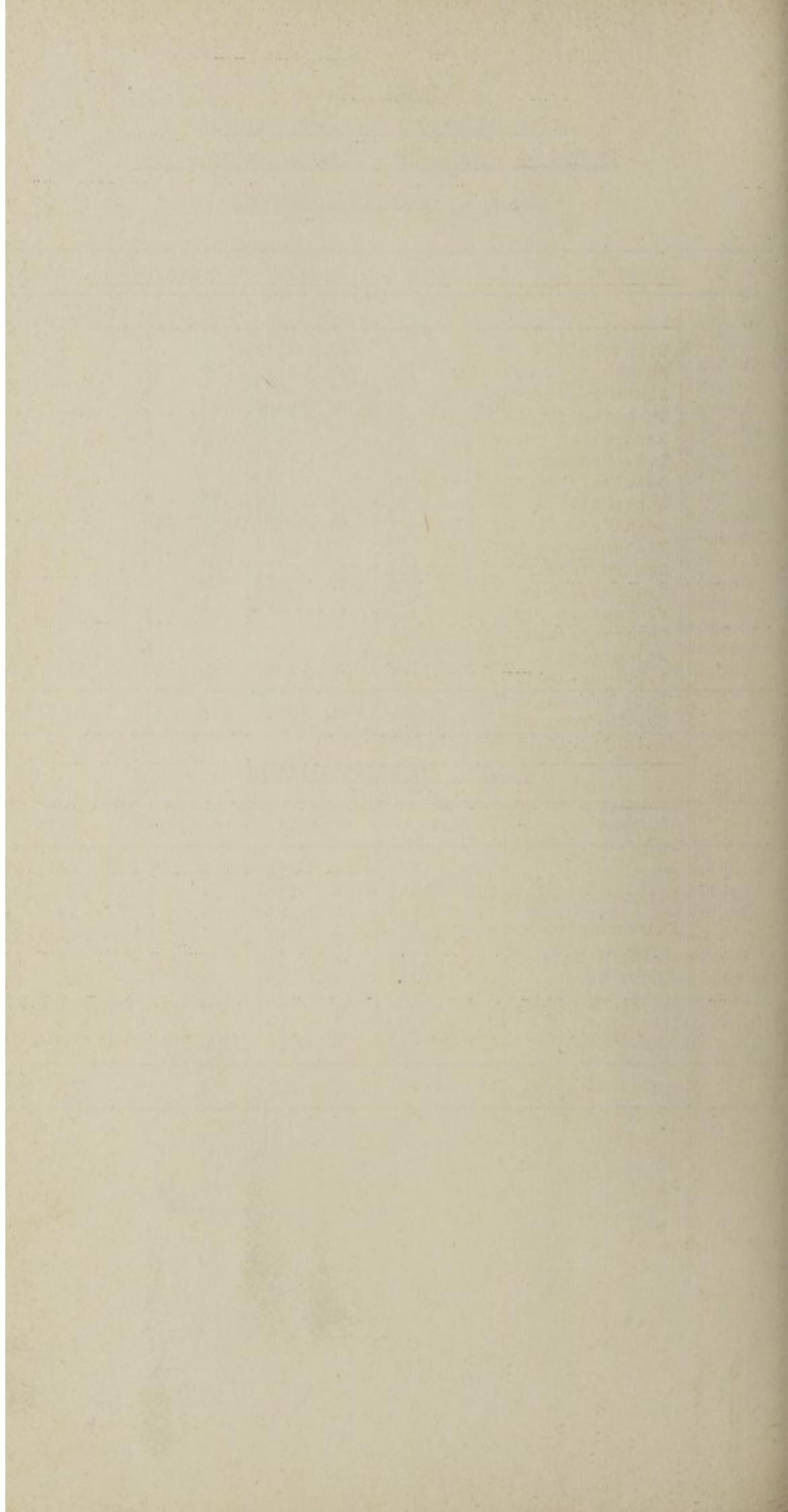




TABLE F.

NATIVE INFECTIOUS DISEASES HOSPITAL.

ANALYSIS OF DEATHS.

Disease	No. of Deaths
Diphtheria	9
Pulmonary tuberculosis	32
Acute tracheo-bronchitis	1
Whooping cough, broncho-pneumonia	6
Aspiration pneumonia	1
T.B. Meningitis	2
Measles, broncho-pneumonia	7
Encephalitis, broncho-pneumonia	1
Cardiac failure, pulmonary tuberculosis	1
Meningo-encephalitis	1
Gastro-enteritis, malnutrition	1
Uraemia, abdominal ascites	1
Meningitis, pulmonary tuberculosis	1
Gastro-enteritis, measles	1
Malnutrition, measles	1
T.B. Meningitis, pulmonary tuberculosis	1
Lung abscess, empyema	1
Cerebro-spinal meningitis	1
Haemoptysis, broncho-pneumonia	1
Total: ... ..	70

	<u>Municipal</u>	<u>Non-Municipal</u>	<u>Total</u>
Diphtheria deaths	2	7	9
Pulmonary tuberculosis deaths	10	22	32

77.7% of diphtheria deaths are from non-Municipal sources.

68.75% of tuberculosis deaths are from non-Municipal sources.

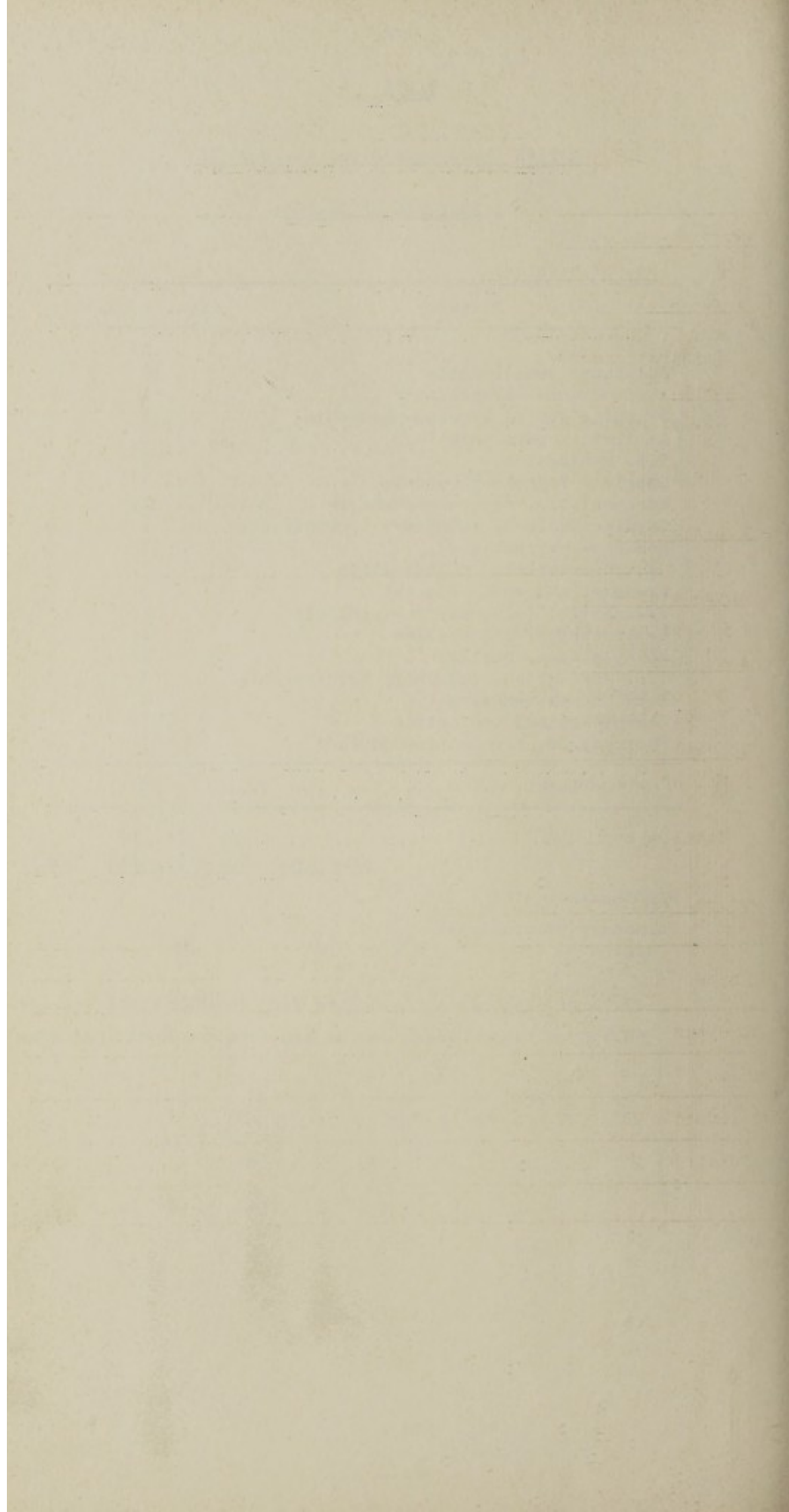


TABLE G.

DISTRICT NURSING SERVICES.  
EUROPEAN, ASIAN AND COLOURED.

Arcadia - Coloured.

No. of sessions 89 (90)

Ante-Natal.

No. of new attendances ... 37 (50)  
Total attendances ... 177 (207)

General.

No. of new cases: Male ... 101 (149)  
Female/Children ... 208 (159)  
Total attendances: Male ... 1,215 (2,192)  
Female/Children ... 3,641 (3,490)

Market Square.

No. of Clinics 66 (90)

Ante-Natal - Coloured.

No. of new attendances ... 19 (27)  
Total attendances ... 75 (135)

Ante-Natal - Asian.

No. of new attendances ... 36 (21)  
Total attendances ... 136 (64)

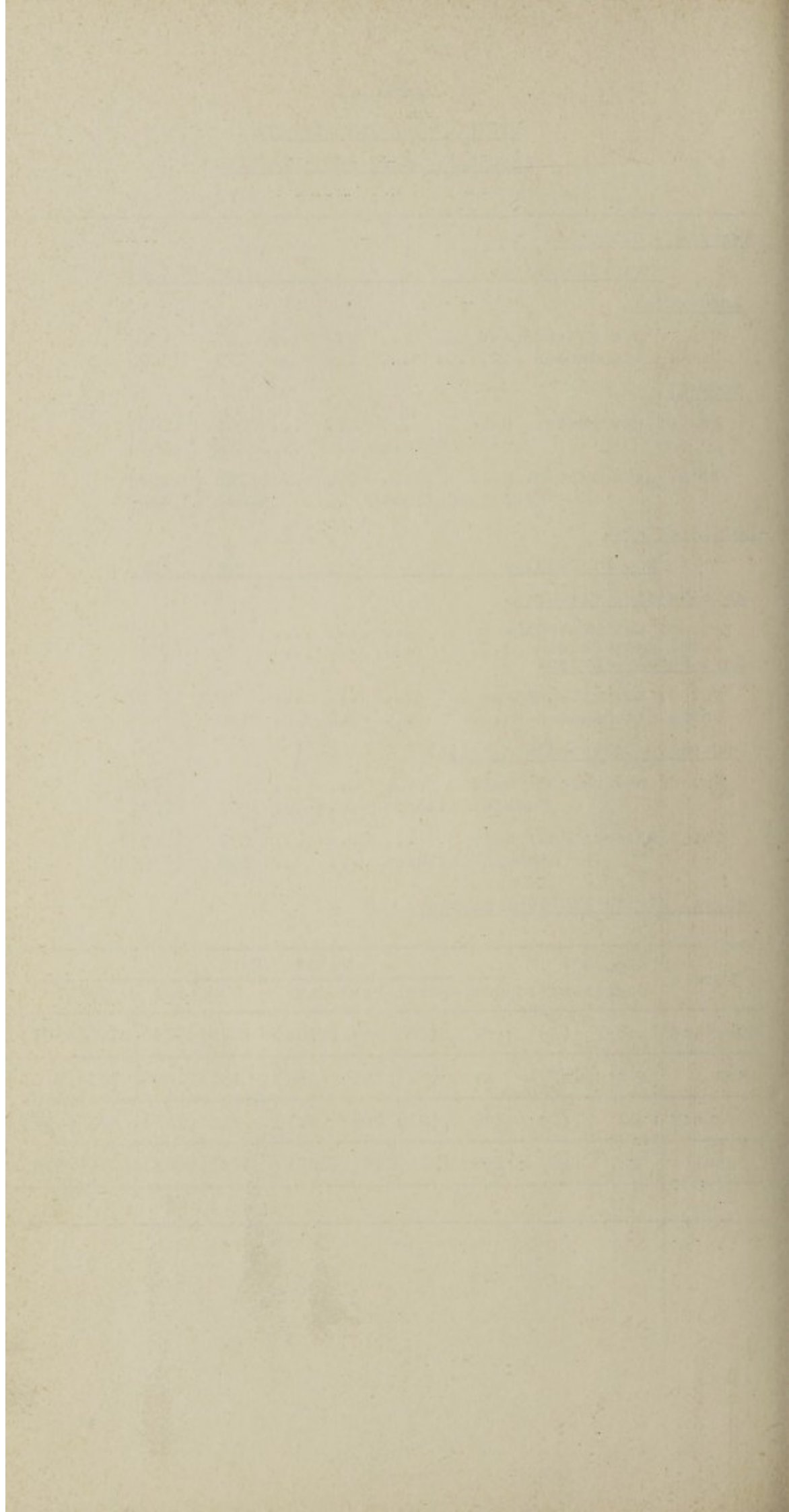
General - Coloured and Asian.

No. of new cases: Male ... 65 (93)  
Female/Children ... 97 (75)  
Total attendances: Male ... 273 (389)  
Female/Children ... 599 (635)

General Visits and Confinements.

Race	No. of Confinements	Visits Paid			
		Ante-Natal	Post-Natal	General	Total
European	8 (4)	82 (88)	864 (1402)	4379 (4773)	5325 (6263)
Asian	8 (12)	27 (71)	185 (252)	151 (188)	363 (511)
Coloured	11 (2)	49 (47)	283 (417)	111 (101)	443 (565)
Total:	27 (18)	158 (206)	1332 (2071)	4641 (5062)	6131 (7339)





## MANTOUX TESTS - (JULY 1958/JUNE 1959)

	Number Mantoux	Number Negative	Number Positive	Total Positive	Number B.C.G.	Number Absent
<u>MARKET SQUARE</u>						
Female	2,054	536	1,152	1,152	532	367
<u>HARARI FEMALE DISPENSARY</u>						
Children: 0 - 5 years	127	72	7	7	72	48
5 - 10 "	22	13	-	-	13	9
10 - 15 "	4	1	1	1	1	2
Infants (under 3 weeks - B.C.G. Only)	-	-	-	-	875	-
Adults	174	50	51	51	50	73
<u>AVONDALE PASS OFFICE (July 1958-Dec. 1958)</u>	1,978	139	1,409	1,409	139	430
<u>MARKET SQUARE</u>						
African Males	65,490	7,183	45,277	45,277	7,183	13,317
Totals: ... ..	69,849	7,994	47,897	47,897	8,865	14,246

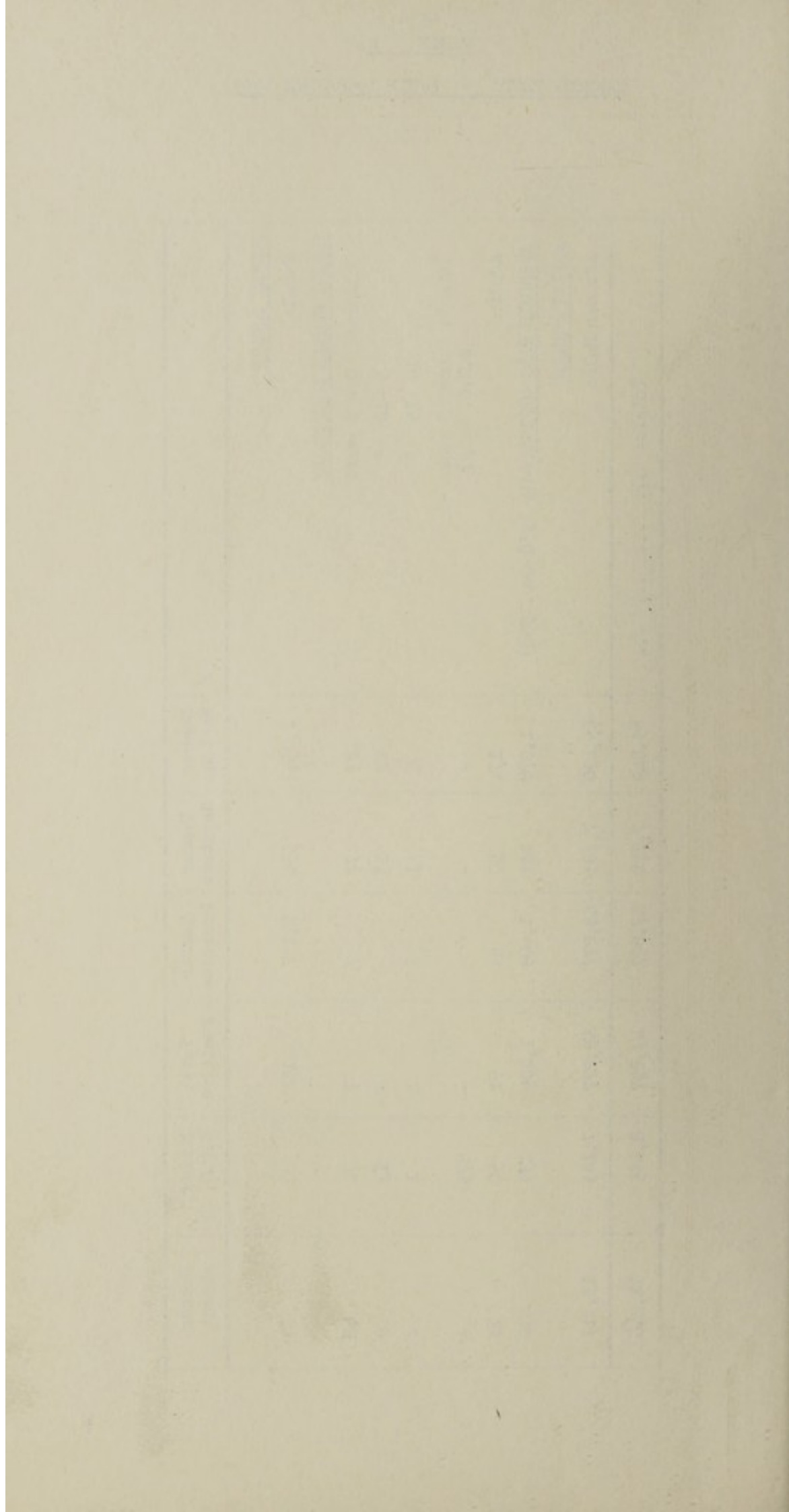
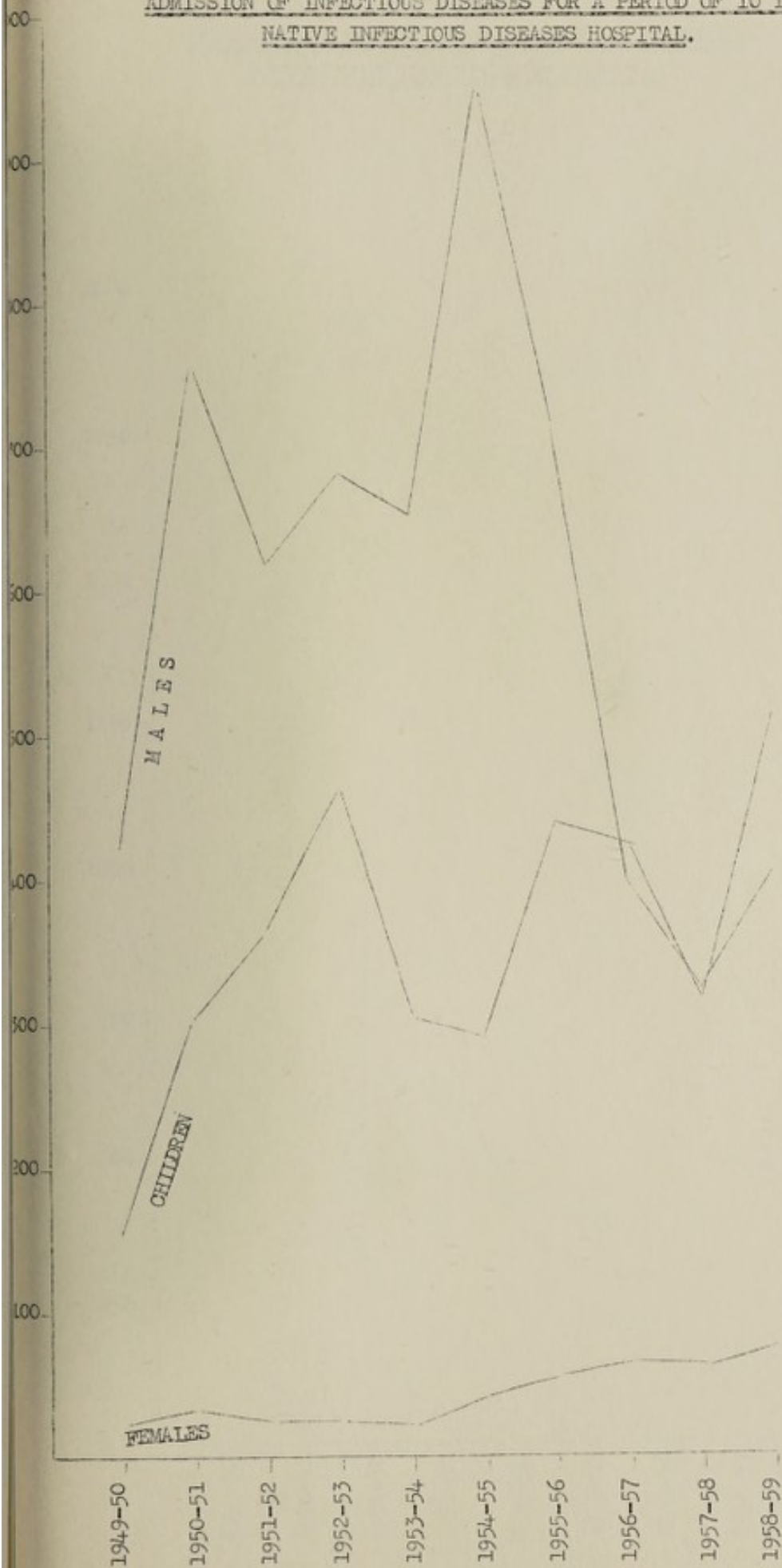




TABLE I.  
GRAPH (a)

ADMISSION OF INFECTIOUS DISEASES FOR A PERIOD OF 10 YEARS.  
NATIVE INFECTIOUS DISEASES HOSPITAL.



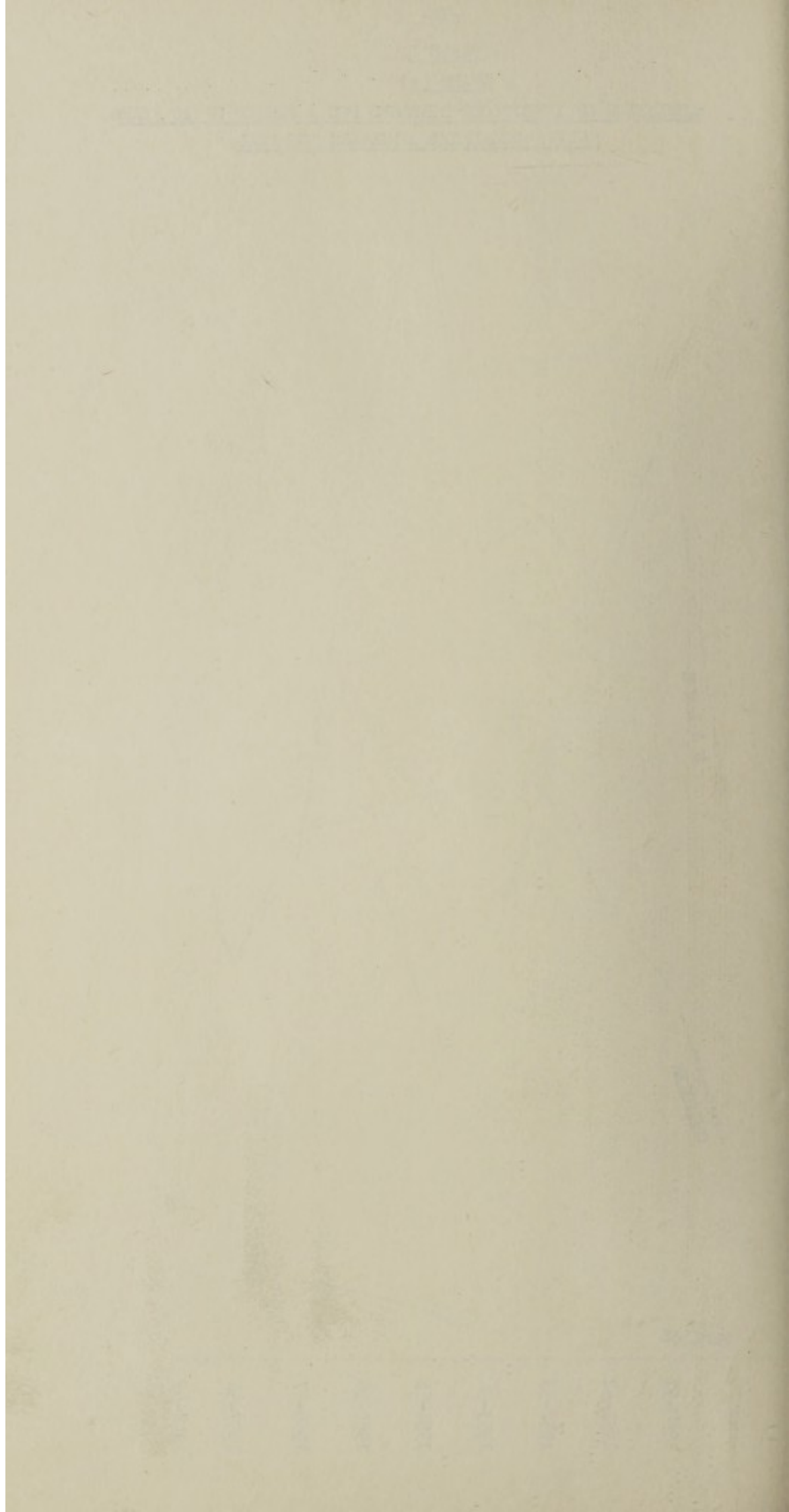
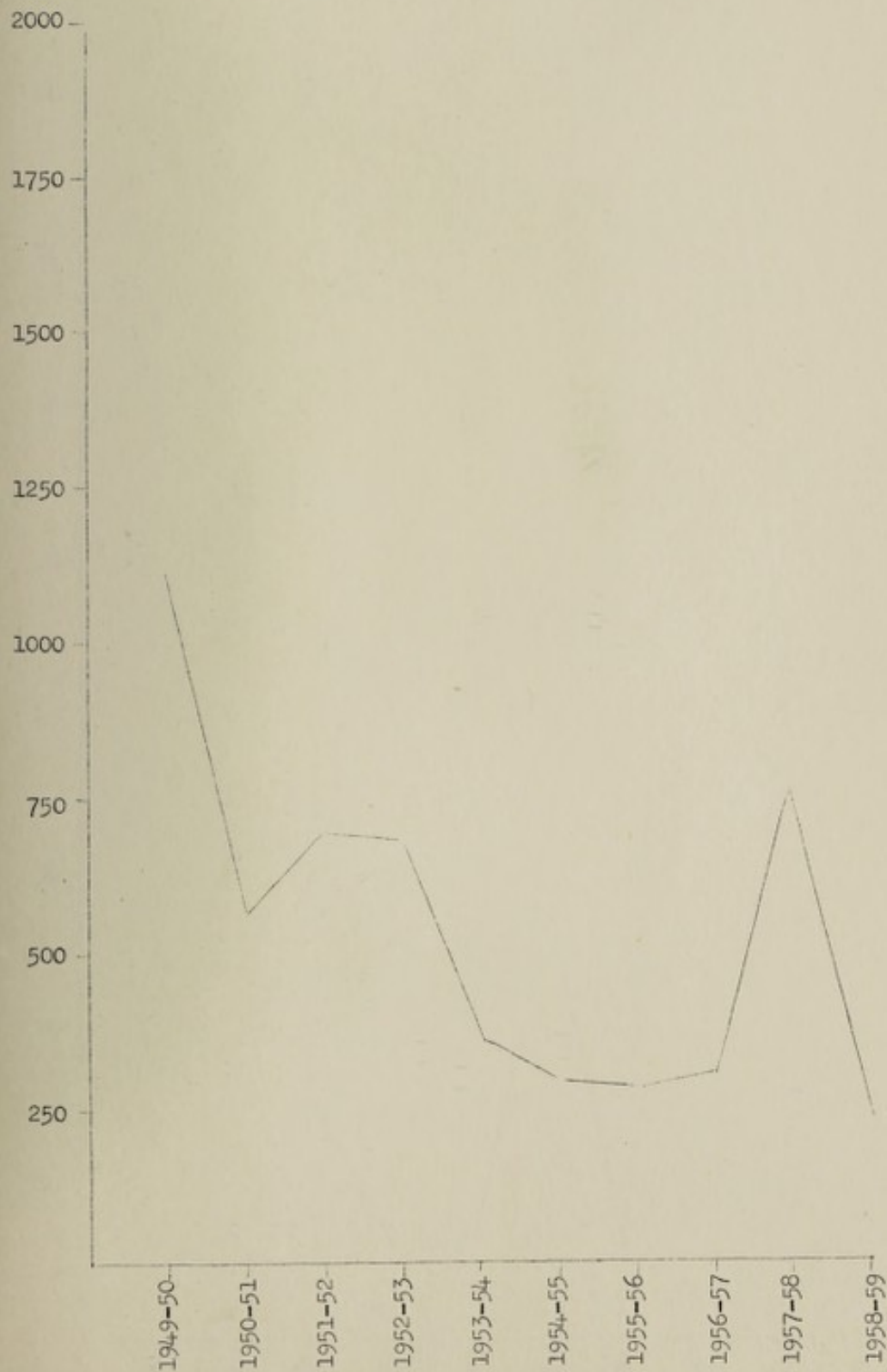


TABLE I.  
GRAPH (b)

OUT-PATIENTS TREATED OVER A PERIOD OF 10 YEARS.  
NATIVE INFECTIOUS DISEASES HOSPITAL.





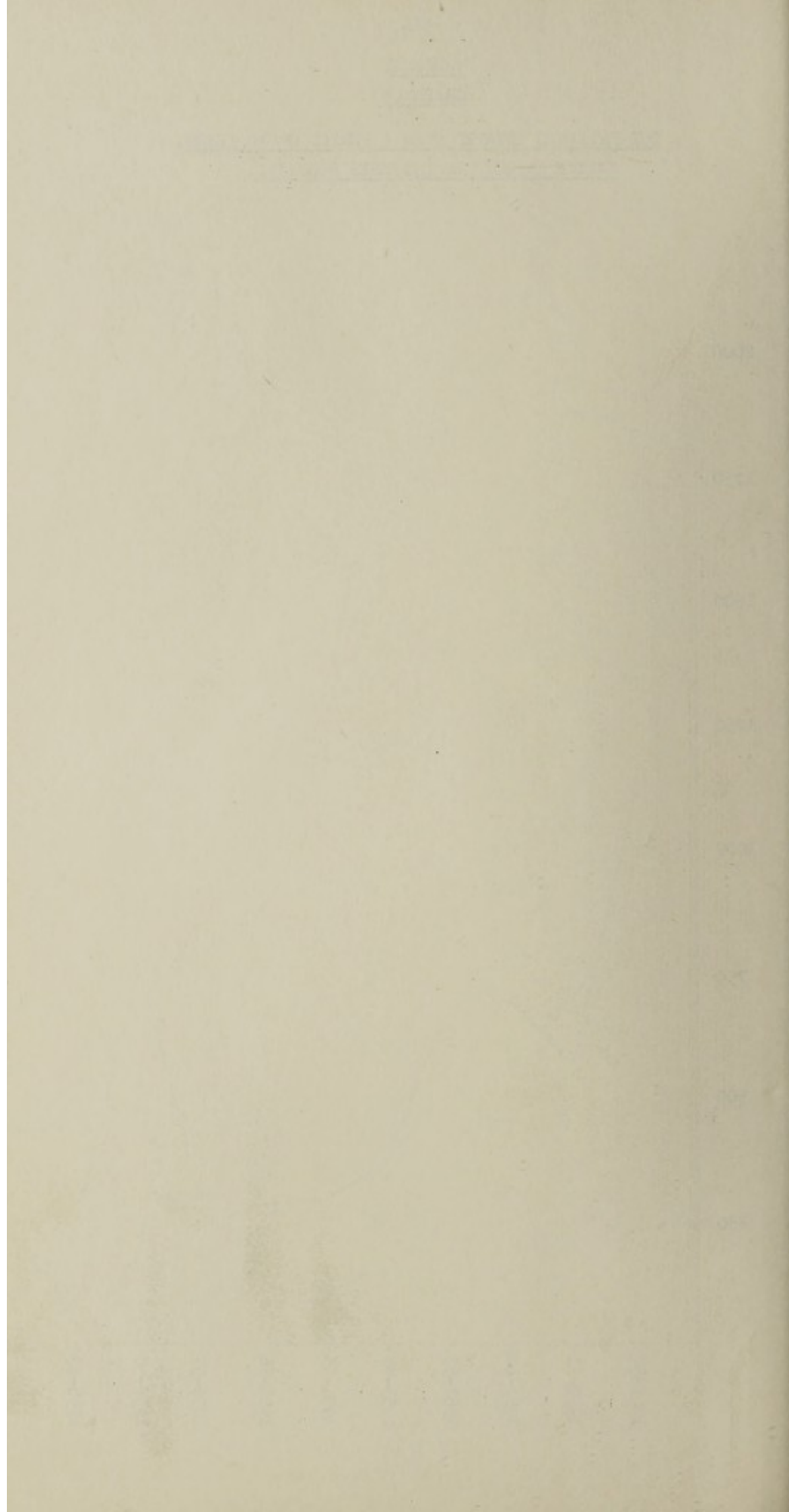
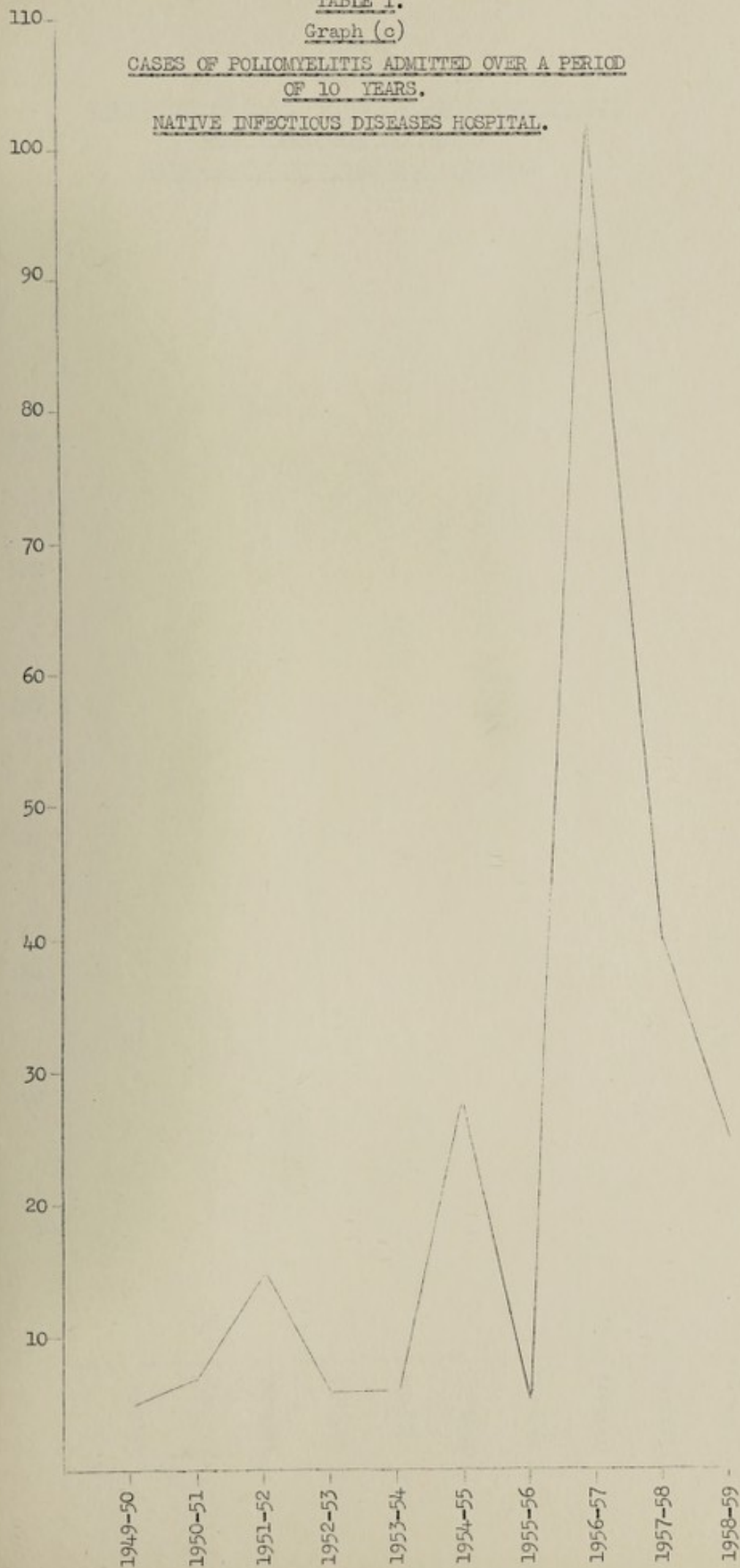


TABLE I.

Graph (c)

CASES OF POLIOMYELITIS ADMITTED OVER A PERIOD  
OF 10 YEARS.

NATIVE INFECTIOUS DISEASES HOSPITAL.



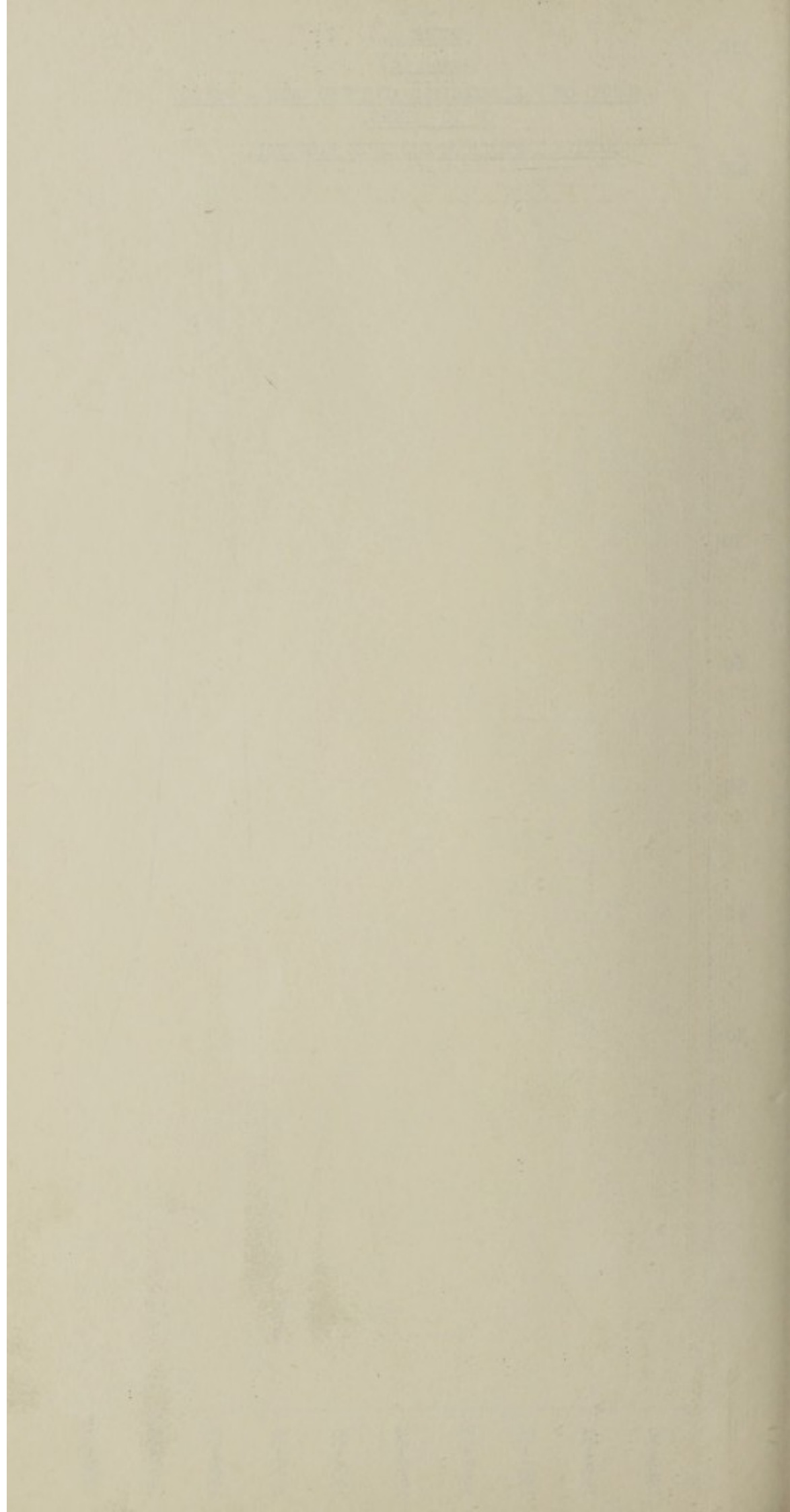
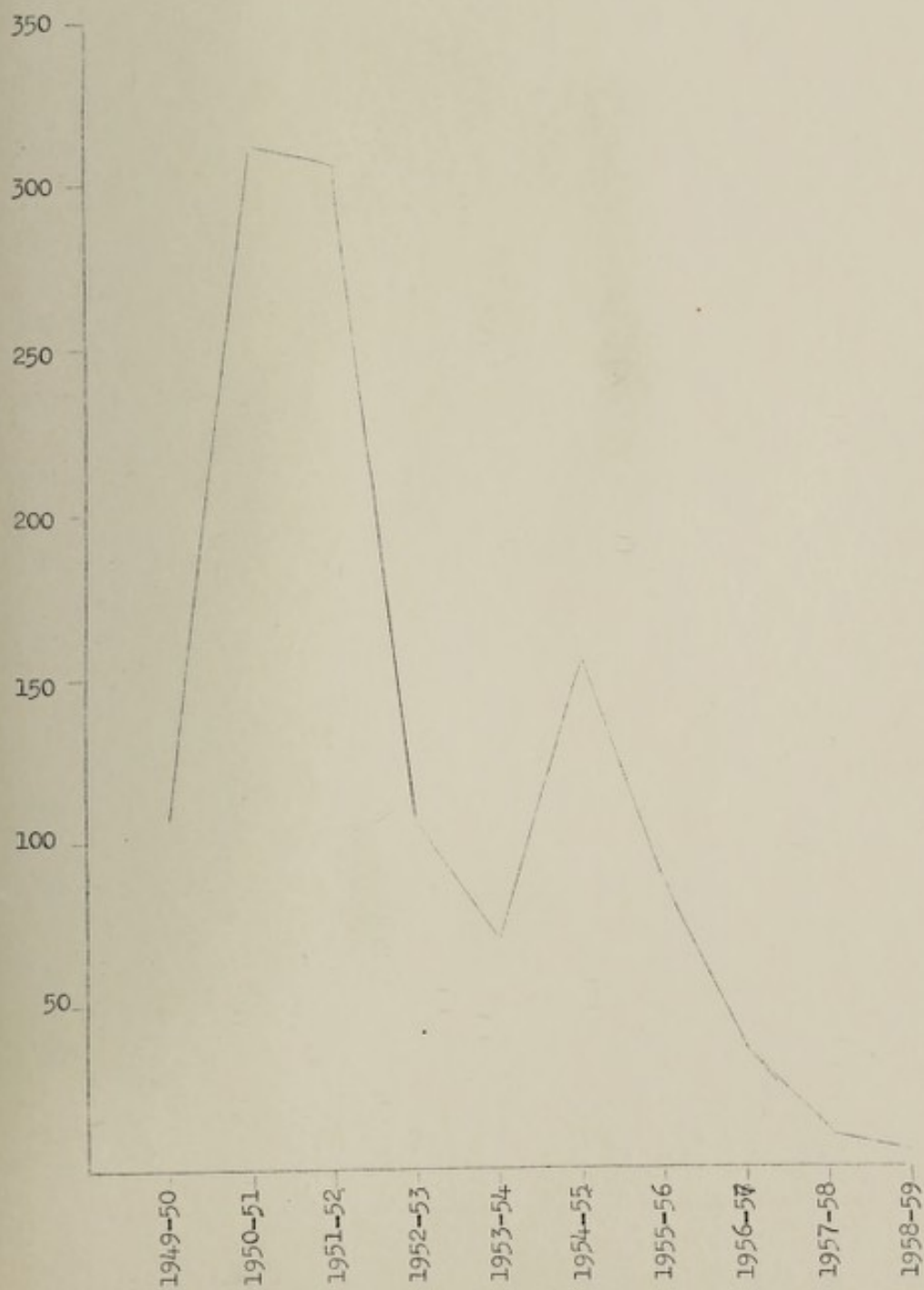




TABLE I.  
GRAPH (d)

ADMISSIONS OF CASES OF CEREBRO-SPINAL MENINGITIS  
OVER A PERIOD OF 10 YEARS.  
NATIVE INFECTIOUS DISEASES HOSPITAL.



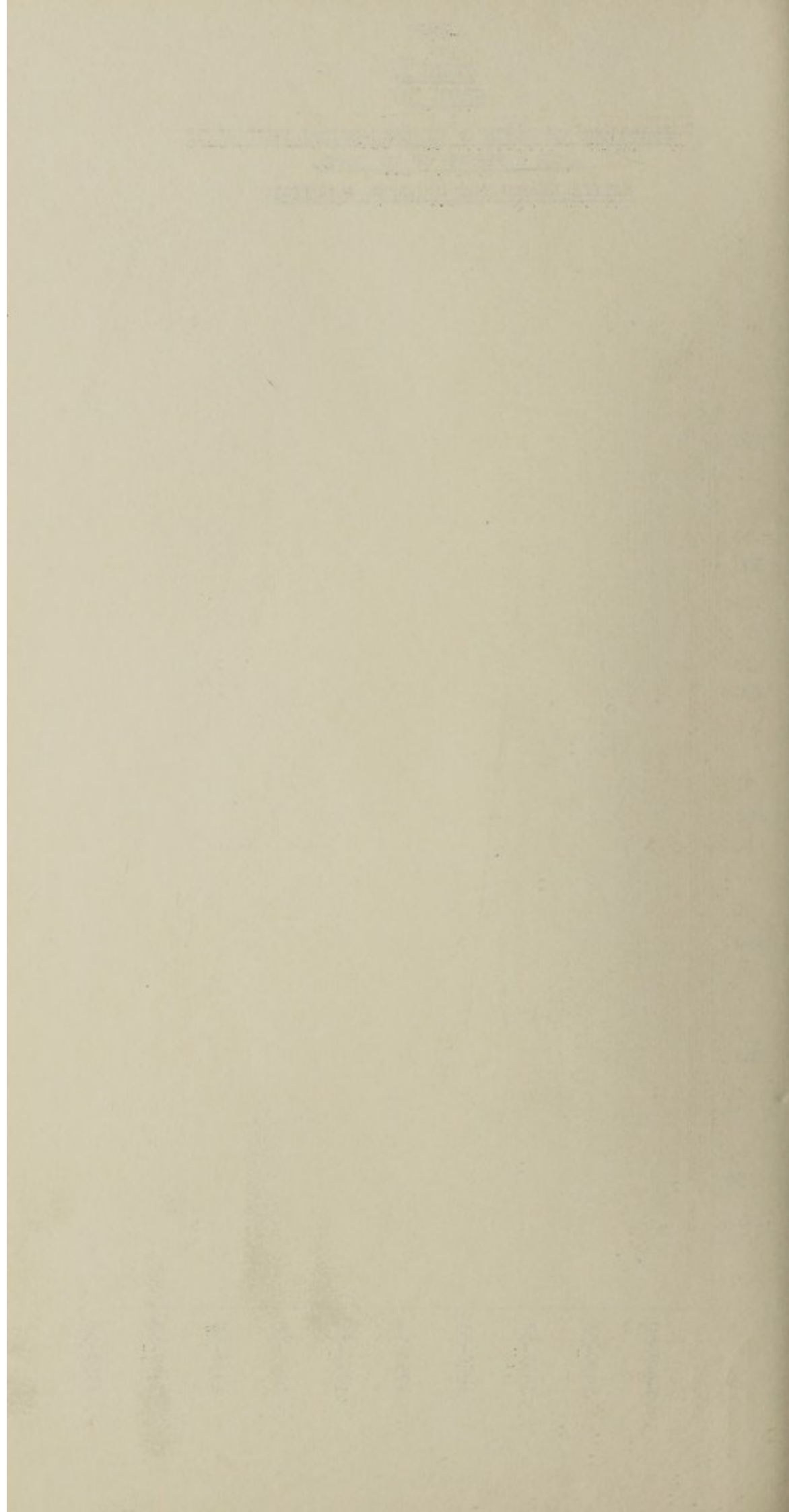
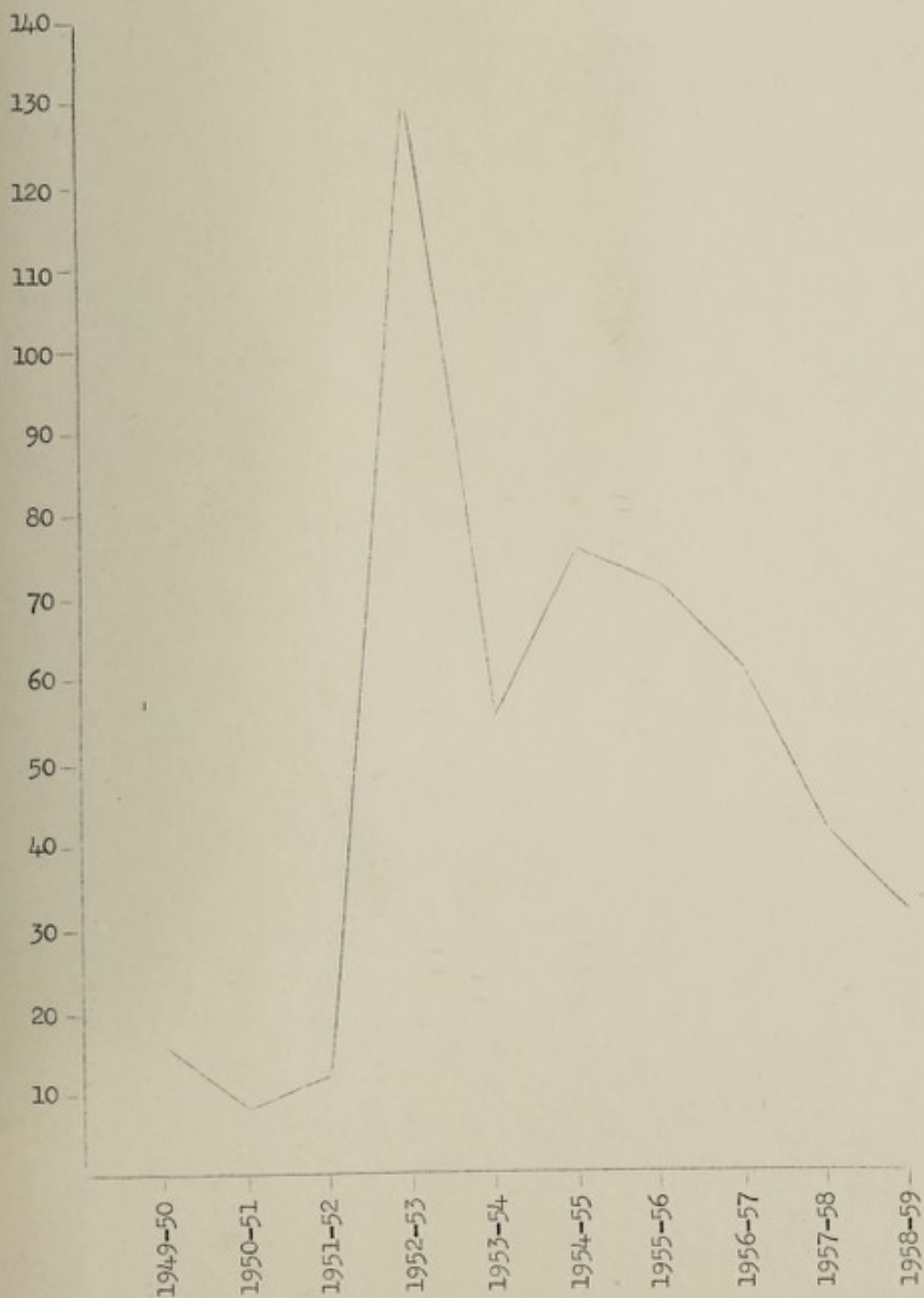


TABLE I.  
GRAPH (c)

ADMISSIONS OF CASES OF DIPHTHERIA OVER A PERIOD OF  
10 YEARS.

NATIVE INFECTIOUS DISEASES HOSPITAL.





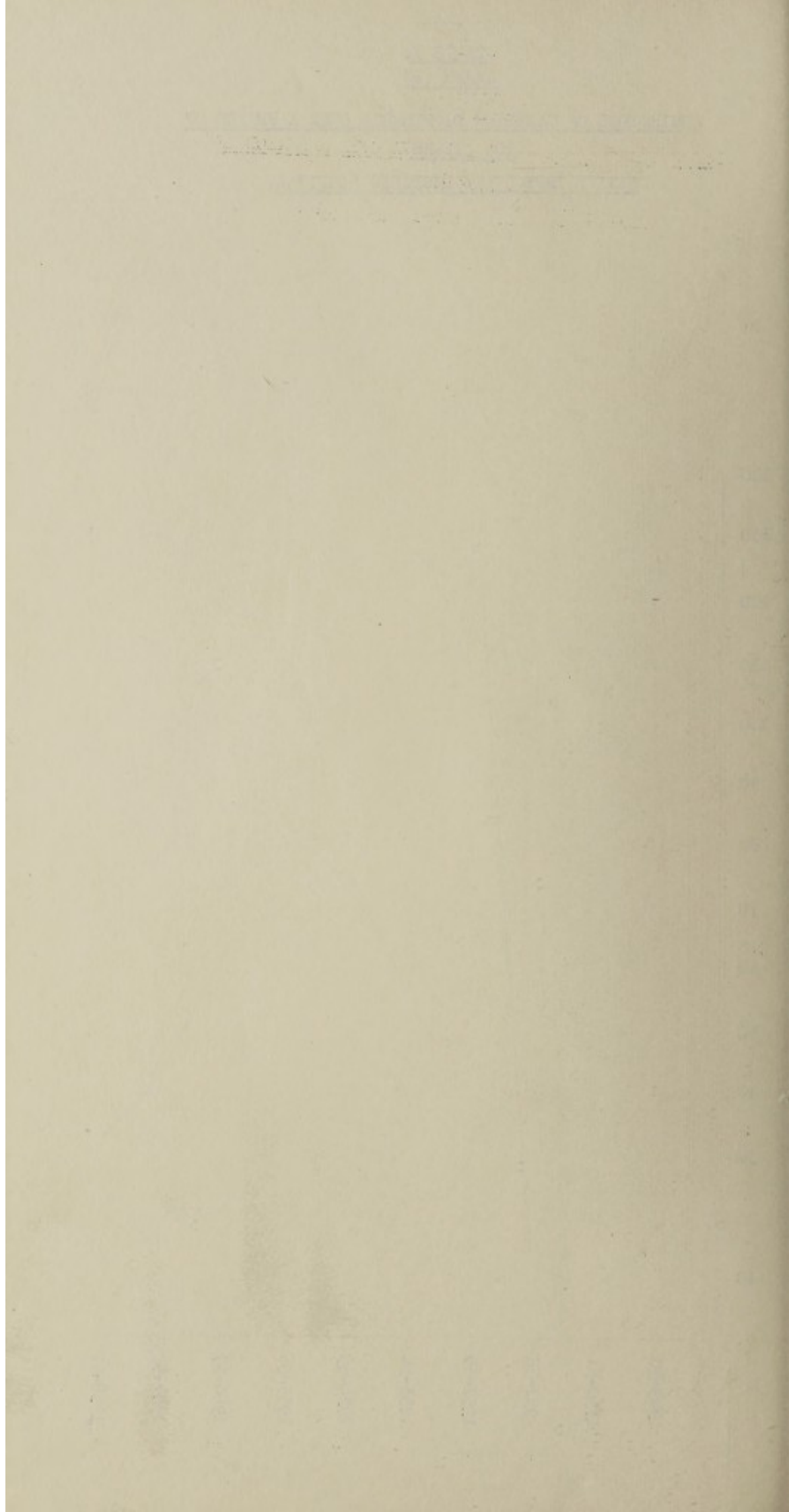


TABLE J.

GRAPH (a)

MEAN INFANT MORTALITY RATE (PER 1,000 BIRTHS)  
EUROPEAN - SHOWN IN 5 YEAR CYCLES.

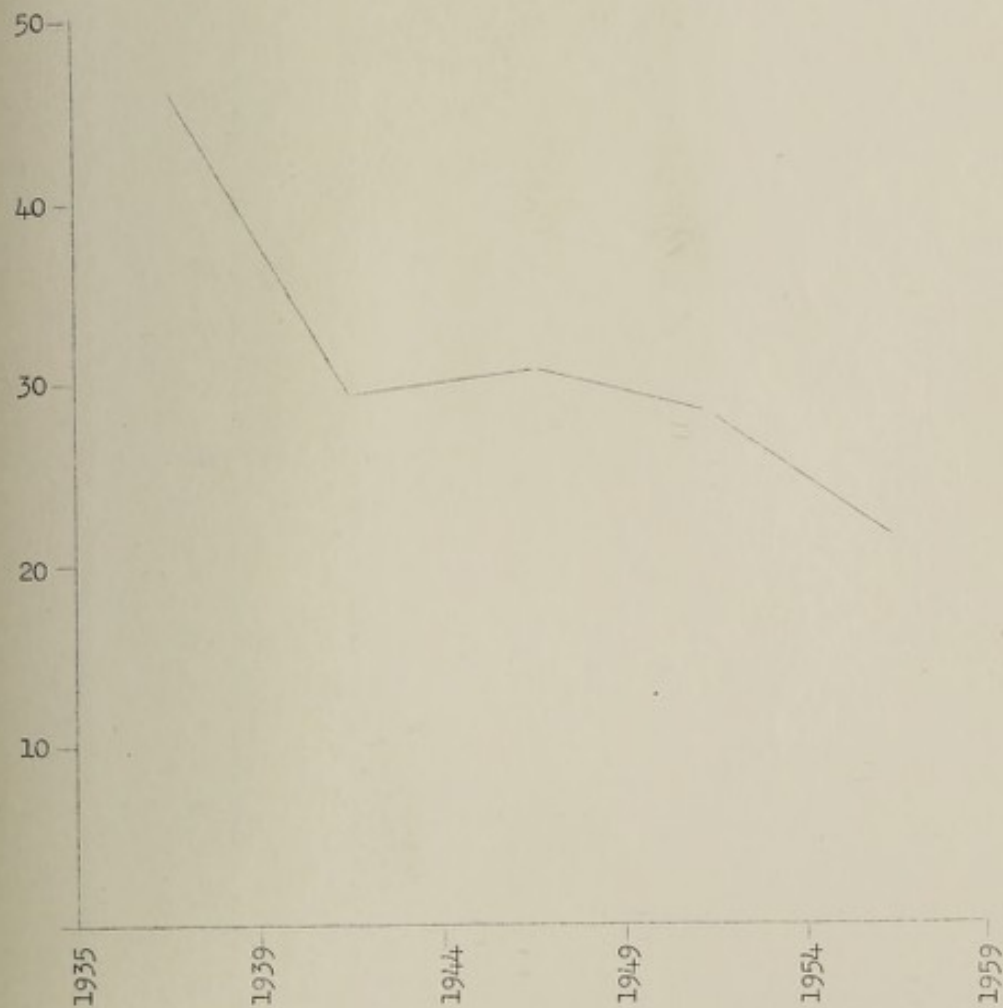




TABLE J.

GRAPH (b)

MEAN INFANT MORTALITY RATE (PER 1,000 BIRTHS)

ASIAN AND COLOURED.

SHOWN IN 5 YEAR CYCLES.

