

## **Medical Officer's annual report [to] Durban Corporation.**

### **Contributors**

Durban (South Africa). Public Health Department.

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# DURBAN CORPORATION.



## MEDICAL OFFICER'S REPORT

FOR  
YEAR ENDING 31st JULY, 1911.

DURBAN:

P. DAVIS & SONS, Printers, West and Saville Streets,

1911.

RESEARCH CORPORATION



MEDICAL OFFICERS

REPORT

ENDING 31 JULY 1941



## MEDICAL OFFICER'S REPORT.

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Municipal Buildings,

Town Hall, Durban.

1st August, 1911.

TO HIS WORSHIP THE MAYOR

AND COUNCILLORS OF THE BOROUGH OF DURBAN.

GENTLEMEN,—

I have the honour to present to you the Annual Report on the Health and Sanitary Conditions of the Borough of Durban for the year ended 31st July, 1911.

### GENERAL REMARKS ON THE HEALTH AND SANITARY CONDITIONS OF THE BOROUGH OF DURBAN, 1910-11.

During the past year public health affairs have been of such a kind as to excite very little public attention. There has been an entire absence of epidemics or even serious outbreaks of infectious diseases. An important aim of public health departments is to *prevent* such occurrences; it is only when this function has not been successfully exercised that the secondary one of "fighting it," as the phrase goes, comes into operation. Plague, Smallpox and Malaria have now been absent from this Borough for several years, and unless any one of these diseases should again appear all reference to these diseases will be omitted in future annual reports. The only disease which occasioned any uneasiness was a somewhat sudden sharp outbreak of Epidemic Diarrhoea, which occurred in January, 1911, and lasted about five weeks. It was diagnosed and notified as Dysentery by some medical practitioners, by others it was considered Muco-Enteritis. Further details concerning this outbreak will be found in the report dealing with these diseases.

The number of cases of Infectious Disease occurring in the Borough during the past year has considerably increased on the figures for the previous year. The diseases that are chiefly responsible for this increase are Dysentery, Enteric, and Phthisis. Diphtheria shows a marked decrease. Each case on being notified by the doctor in attendance is immediately visited and kept under close supervision during the course of the illness and until the process of disinfection has been carried out. The usual advice, instructions, and assistance are given to those in attendance on the sufferer, and the official concerned in this work, Inspector Walker, has carried out his duties with great energy, tact, and ability.



# MEDICAL OFFICER'S REPORT.

Municipal Buildings,

Town Hall, Durham.

1st August, 1911.

To His Worship the Mayor

and Councillors of the Borough of Durham.

GENTLEMEN,—

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The number of cases of Infectious Diseases occurring in the Borough during the past year has considerably increased on the figures for the previous year. The diseases that are chiefly responsible for this increase are Dysentery, Enteric and Pharyngeal Typhoid, and a marked decrease. Each case on being notified by the doctor is immediately visited and kept under close supervision during the course of the illness and until the process of disinfection has been carried out. The usual advice, instructions and assistance are given to those in attendance on the sufferer, and the official concerned in this work, Inspector Walker, has carried out his duties with great energy, tact and ability.

accommodation provided for visitors, and more particularly in the letting of lodgings. It would be a highly appreciated service if an Information Bureau for visitors intending to visit Durban could be inaugurated by the Corporation. In support of this latter suggestion it may be stated that numerous cases are known where visitors after seeing the accommodation provided, and comparing it with the description given during negotiations, are very much dissatisfied. Cases are even known where visitors were prepared to pay for rooms engaged and seek accommodation elsewhere, but, unfortunately, at such a time every place is full. There are a considerable number of householders, who probably to eke out their slender means, crowd themselves and servants into all sorts of odd corners in order to accommodate visitors. The result in many cases for the latter is a holiday mingled with considerably less pleasurable feelings than they had anticipated. It would be quite an easy matter for the Municipality to supply enquirers with indications of the nature and grade of the accommodation offered, more especially by householders. I am satisfied there is occasion for such information being supplied. That there is also necessity for controlling the letting of lodgings is obvious from what has been said above, and the trouble involved in carrying out such work would be extremely slight, and the result would be a decided gain.

#### NATIVE LOCATION.

The establishment of a location for Natives employed in the Borough has recently been under the consideration of the Council. The setting up of such a location under Municipal control would be an arrangement of the highest importance in the interests of Public Health. The principal advantage would be the control and prevention of the spread of infectious diseases amongst our Native population, and also the prevention of their spread from our Native population to Europeans and others. Sickness amongst Natives in a location would be more easily and quickly recognised, and in the case of infectious diseases their removal, isolation, and treatment till cured, would be equally beneficial to the community and the Native. In nearly all Native locations I have visited, medical treatment has been included in the monthly charge made to Natives residing in such locations. In maintaining the Public Health of the Borough the Native has to receive particular attention. I may remind you that when Plague and Smallpox invaded this Municipality these diseases were noticed to spread amongst our Native population quite as rapidly as amongst Indians, and quite as many fatal cases occurred amongst Natives as in any other race. We can take it as a fact founded on experience that our Native population readily contracts any infectious disease existing in the Borough, that they suffer severely themselves, and owing to their habits and circumstances they are exceptionally active agents in the spread of infectious disease.

As a result of my inspection of several locations—Municipal and Governmental—I was strongly impressed with the fact that these locations were, in many instances, powerful agents and influences in the physical and moral deterioration of Natives. In more than one location it would be impossible for any Native to enter it without being immediately assailed by evil influences. This condition of affairs was entirely due to inefficient management and control, and was an absolute disgrace to the individual members of the authority



accommodation provided for visitors, and more particularly in the letting of lodgings. It would be a highly appreciated service if an information bureau for visitors intending to visit London could be inaugurated by the Corporation. In support of this latter suggestion it may be stated that numerous cases are known where visitors after seeing the accommodation provided and comparing it with the description given during negotiations, are very much dissatisfied. Cases are even known where visitors were prepared to pay for rooms engaged and seek accommodation elsewhere, not infrequently at such a time every place is full. There are a considerable number of householders, who probably to ease out their slender means, crowd themselves and servants into all sorts of odd corners in order to accommodate visitors. The result in many cases for the latter is a holiday mingled with considerably less pleasant feelings than they had anticipated. It would be quite an easy matter for the Municipality to supply cupboards with indications of the nature and grade of the accommodation offered, more especially by householders. I am satisfied there is occasion for such information being supplied. That there is also necessity for controlling the letting of lodgings is obvious from what has been said above, and the trouble involved in carrying out such work would be extremely slight, and the result would be a decided gain.

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governing such places. I am satisfied that in any Native location provided by the Municipality of Durban the inhabitants would be housed and controlled under the best moral, hygienic and sanitary conditions. With strict, although sympathetic, supervision, their improved environment would undoubtedly raise the status of their habits and tendencies, and render them better fitted to live and work in a civilised community.

Although it has not been suggested, so far as I am aware, it seems to me that a location for Indians is quite as desirable on Public Health grounds. The greatest difficulty is experienced in obtaining any information relating to sickness or disease amongst this race, and past experience has shown that it is not until death or numerous cases of infectious disease have developed rendering it impossible to hide the condition any longer, that any knowledge of such occurrences can be obtained.

In the meantime, while the subject of locations is being considered, it appears to me highly desirable to raise the standard of structural conditions of that class of building in which coloured employees are usually housed. In addition to mere structure—the hygienic principles of ventilation, lighting, and facilities for maintaining cleanliness, should be kept in view. In the case of domestic coloured servants who will not likely be compelled to utilise any location accommodation, I consider such provision of the greatest importance. It is quite a generous way in referring to this subject to say that at least want of thought characterises the action of a large number of employers of coloured labour in Durban, who provide for their Native and Indian servants housing accommodation consisting of sheds of quite a wretched description.

It may be pointed out that the Corporation during the past year have condemned several blocks of buildings, occupied by their coloured employees, which were erected ten years ago, and to accommodate the population so de-housed, are erecting several blocks of buildings adjacent to the Magazine Barracks that will serve as models for all other employers of coloured labour.

In these dwellings, light, ventilation and air space have received particular attention, and instead of being the usual back to back wood and iron sheds, are built of brick and hollow concrete blocks, and provided with through ventilation.

It is essential to keep in mind that one half of the total population of this Borough consists of Natives and Indians, and as the weakest link of any chain determines its strength, so the health of the European population depends to a considerable extent on the health and sanitary conditions of those with whom they are brought into contact. It may also be mentioned that the large Sugar Estates and Colliery proprietors in Natal, probably looking from the economic standpoint rather than that of health, have recognised that better housing accommodation increases the amount and quality of labour of their employees, and have recently commenced the erection of housing accommodation for their employees of such a character as to set an example to other employers.

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## ADDITIONAL PUBLIC HEALTH AND SANITARY POWERS.

The Municipal Corporations' Law Amendment Ordinance (1911) has received the assent of the Governor-in-Council and been gazetted. This Ordinance includes several sections dealing with health matters of considerable importance to Durban. Power is now available to make Bye-Laws with respect to the class and character of future buildings which will enable the Town Council, amongst other things, to insist on improved housing accommodation being provided for domestic coloured servants.

Under previously existing powers difficulties were experienced in closing buildings or parts of buildings unfit for habitation and prohibiting their further use as such. This new Ordinance affords powers to effectually deal with this subject.

Fairly wide powers are now available for controlling all food-stuffs sent into the Borough, and more particularly for the examination of all foods, and articles intended for human food, their seizure, removal, and destruction if found to be diseased, unsound, or unfit for food of man, and imposing penalties including imprisonment on conviction of any person exposing for sale, selling, transmitting, or depositing for sale, such food or articles. Under previous legislative powers it was impossible to deal with persons living outside the Borough who sent into Durban for sale food or articles unfit for human consumption. Under powers conferred by this Ordinance such persons can be dealt with in a similar manner to those whose trading premises are within the Borough.

It is recognised that the stabling, shedding and kraaling of animals in Municipalities should be under more efficient control, and amongst several important provisions of this Ordinance there is one dealing with the power to restrict the number of animals to be kept in such places. It is highly undesirable to kraal animals within the Borough unless remote from all dwelling-houses or work-places.

Powers have also been given for dealing with Hairdressers' and Barbers' premises, in order to secure, amongst other things, protection of customers from inoculation of cutaneous or other diseases.

Extended powers as to ensuring the proper cleanliness and ventilation of premises, buildings, or rooms, and several other highly useful provisions relating to sanitary efficiency have also been obtained.

Suitable Bye-Laws for carrying the provisions of the Public Health and Sanitary Sections of this Ordinance into effect will be submitted for the consideration of the Town Council at an early period.

## BYE-LAWS—OFFENSIVE TRADES.

During the past year Bye-Laws relating to the setting up and carrying on of offensive trades in the Borough of Durban were gazetted. The term "Offensive Trade" refers to a few specified businesses all of which are recognised as being liable, from the nature of the processes carried on, to produce highly objectionable odours





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which if allowed to escape from the premises in which the work is conducted, may be the cause of much discomfort and even ill-health to those working or residing in the neighbourhood. These offensive trades are almost solely confined to that class of traders who deal with the by-products of animals slaughtered for human food. The object of these Offensive Trade Bye-Laws is essentially one of public health, and particularly to maintain in their neighbourhood where such businesses are carried on a certain degree of atmospheric purity. The proprietors of such trades are required to take certain precautionary measures in order to prevent the escape from their premises of noxious effluvia, vapours, and gases. The Bye-Laws sanctioned for the Borough of Durban are in no instance as drastic as those obtaining for similar businesses in the United Kingdom. Nothing has been demanded but what is reasonable and practicable. In the past such businesses were allowed to be set up merely on the exhibition and passing by the Town Council of the plans concerning the structure of the building. Under these Bye-Laws the sanction of the Town Council to the setting up of such a business and also to the proposed site are required. In future these points will first be determined before any consideration of the building plans submitted.

The remainder of the Bye-Laws merely inform the applicant of the necessity for certain structural arrangements as to the method of carrying on his particular business so as to prevent nuisance being generated, or when generated, from escaping from his premises. These Bye-Laws have naturally been built up on a wide experience of such businesses. The fullest consideration has been shown for the manufacturer on the one hand, and for the interests of those residing in the neighbourhood of such works, on the other.

The trades specified under this heading are not generally considered desirable to have within a Municipality, and should only be permitted in localities solely devoted to industries or manufactories.

#### GOVERNMENT PRIMARY SCHOOLS.

During 1906 a careful inspection of all Primary Schools in Durban was made by this Department, the result of which was to show that in many of these schools various kinds and degrees of insanitary and defective conditions existed. On the strength of a detailed Report, submitted in November, 1906, the Town Council communicated with the Education Department and Government on the subject. As an immediate result the more pressing objectionable conditions were abated as far as possible, but the situation thus revealed clearly pointed to the necessity and urgency of extensive radical changes being desirable. It was recognised by all parties that modern school buildings must be provided, sufficient in number and size to cope with the wants of this community. The history of progress in Durban during the past three years in the direction of school accommodation can only be regarded as phenomenal, and it will be sufficient for our purpose to summarise what has been done in this direction.

#### NEW SCHOOL BUILDINGS.

Gale Street Infants' School, capable of holding 500 infants, had a wing opened in 1908, another in 1909, and was completed to accommodate the above number in 1910;

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Gale Street Infants' School, capable of holding 500 infants, had a wing opened in 1908, another in 1909, and was completed to accommodate the above number in 1910.



Bulwer Road School, with accommodation for 400 boys, girls, and infants, was opened in 1910;

Addington School had its accommodation increased from 250 to 400 pupils in 1910;

In 1911 Mansfield Road School was opened, providing accommodation for 500 boys; Stamford Hill School, with accommodation for 400 boys, girls and infants; and a temporary building used as an Infant School in Umbilo Road, providing for 140 infants.

It is anticipated that in 1912, the Stellawood School will be opened, which will immediately accommodate 250 mixed pupils, and when completed 400.

There are also arrangements in hand for other schools to be erected, which will probably be opened in 1912 or 1913. They include an Infants' School at the corner of Frere and McDonald Roads, capable of accommodating 400 infants; a Preparatory School for Boys at Gordon Road; and a large Infants' School at Addington, and a similar one in Stamford Hill district. It will thus be seen that Durban is in a fair way of being provided with good, adequate, and up-to-date school accommodation.

With all this additional school accommodation, the only school premises thrown into disuse has been the rear block of the Boys' Model School, Smith Street, the ground on which it stood being required for part of the site of the new Law Courts. At the time of closure it was used for coloured scholars. Extensive alterations are to be made to the Albert Street School, particular attention being directed to light and ventilation. After the alterations are carried out it will be occupied by the coloured children of the Borough.

The number of pupils attending Government and Government-aided schools in the Borough of Durban on 31st March, 1911, was as follows:—

	Government.	Government Aided.	Total.
European ... ..	3,833	1,618	5,451
Coloured ... ..	234	318	552
Indian ... ..	409	333	742
Totals ... ..	4,476	2,269	6,745

Approximate number of European children attending private schools—900.

#### MEDICAL INSPECTION OF SCHOLARS.

During the past few years a movement in every civilised country has been in process for directing attention to all that makes for the health and efficiency of the human race, and more particularly "to the formation of good citizenship in healthy infancy and sound school life."

Bruce Road School, with accommodation for 400 boys, girls, and infants, was opened in 1910.

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There are also arrangements in hand for other schools to be erected, which will probably be opened in 1912 or 1913. They include an Infant School at the corner of Fane and Melbourn Roads, capable of accommodating 400 infants; a Preparatory School for Boys at Gordon Road; and a Junior Infant School at Addington, and a similar one in Stamford Hill district. It will thus be seen that Durban is in a fair way of being provided with good, adequate, and up-to-date school accommodation.

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It will be perceived from what has been stated regarding schools that the Borough of Durban will shortly be supplied with adequate and proper school accommodation. However desirable and essential that provision may be another important factor exists requiring careful consideration. It is now recognised that children attending schools may require attention for the purpose of discovering any physical or mental defect capable of prejudicially affecting a scholar's physical development or intellectual progress into a perfect citizen. Such defects may not be recognised by or known to their parents or guardians.

In considering this question the first point requiring to be settled is: Does the same necessity exist in Durban for medical inspection of scholars as in other parts of the world where such inspection has been found so necessary and advantageous? That question can only be answered by a trial examination of a considerable number of mixed pupils. Through the agency of the Natal Board of Health, an application has been made to Government recommending that permission be granted for such trial examination, and the suggestion has been made that a medical inspection of the scholars attending Bulwer Road School—a mixed school—would furnish sufficient statistical facts to answer the above question. I expect to hear shortly that the Government has sympathetically considered this proposal, and as soon as the necessary permission is obtained Dr. Adams and myself will carry out a medical examination of scholars on the lines and methods adopted in Great Britain, and the results of such examination will be duly communicated to the Town Council when the work is completed.

### INFECTIOUS DISEASES.

During the year the Health Officer for the Colony made certain recommendations to the Education Department, and amongst these recommendations was a reference to the closure of schools to prevent the spread of infectious diseases.

This step would only be taken in exceptional circumstances, but the power and responsibility to order the closing of a school should certainly be in the hands of the local Medical Officer of Health. This is what the Health Officer in Natal recommended. The Town Council approved, and that duty will now be carried out by this Department. Any action is duly notified to the Health Officer for the Colony, the date of closure of the school, the reasons for the closure, and the date of re-opening.

### MUNICIPAL ABATTOIR.

Although the necessity for providing a Municipal Abattoir has been fully recognised for many years, it was only during the past year that any real progress towards its accomplishment has been made.

The excellent designs and plans furnished by the Borough Engineer leave nothing to be desired as regards suitability and completeness.

Undoubtedly a Municipal Abattoir is one of the most pressing public health requirements of this Borough. When erected and in



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working order it will act as an efficient safeguard in securing to the public of this Borough a meat supply of irreproachable character.

The Union Government made a declaration in Parliament in December, 1910, that the erection and maintenance of an Abattoir was a Municipal provision. This naturally implies that the Government Abattoir at the Point, which was erected to meet an emergency condition, will be closed when the Municipality has provided the necessary premises.

## VITAL STATISTICS—POPULATION.

### CENSUS.

For several years past the Municipality has caused a Census of the inhabitants to be taken, and this work has been carried out in an excellent manner by the Chief Constable. On account of the Union Government having determined to carry out a Census throughout South Africa on 7th May, 1911, it was not considered necessary to duplicate such work. Up to the latest moment of sending in this Report (October 20) only a preliminary uncorrected census return has been made, consisting of the total numbers of the different races as follows:—

Europeans ... ..	31,903
Natives ... ..	17,750
Indians and other Coloured Races ... ..	19,512
<b>Total ... ..</b>	<b>69,165</b>

In the new method of grouping of Races the only points of possible approximation to correctness in the above table is the number of Natives and the total population. The preliminary return is not comparable with any previous censuses in its grouping. It will be noticed that St. Helenas, Mauritians, etc., are classed with Indians. In previous returns these persons have been grouped into a separate class, "Mixed and others," and as these people adopt European habits, all returns of Vital Statistics relating to Natal or Durban have included them in the European population. Five months after the census it is impossible to get any further information regarding necessary particulars, and therefore it becomes necessary to form an estimate of the population of this Borough for the past year. The total population as given in the Government preliminary return will be taken as a sufficient basis.

### ESTIMATE OF POPULATION, 1910-11.

Europeans ... ..	31,903	} 34,400 34,403 60 165
Coloured and Half-Caste ... ..	2,497	
Natives ... ..	17,750	
Indians ... ..	17,015	

These figures show that a very healthy increase has taken place. If last year's Annual Report is examined it will be seen that the lowest limit of population caused by the exodus from this Borough was reached in 1907, and although it remained at that level to the



working order it will act as an efficient safeguard in securing to the public of this Borough a most supply of irreplaceable character.

The Union Government made a declaration in Parliament in December, 1910, that the erection and maintenance of an Abattoir was a Municipal provision. This naturally implies that the Government Abattoir at the Point, which was erected to meet an emergency condition, will be closed when the Municipality has provided the necessary premises.

## VITAL STATISTICS—POPULATION

### CENSUS

For several years past the Municipality has caused a Census of the inhabitants to be taken, and this work has been carried out in an excellent manner by the Chief Constable. On account of the Union Government having determined to carry out a Census throughout South Africa on 7th May, 1911, it was not considered necessary to duplicate such work. Up to the latest moment of sending in this Report (October 20) only a preliminary uncorrected census return has been made, consisting of the total numbers of the different races as follows:—

Europeans	31,903
Natives	17,730
Indians and other Coloured Races	18,512
<b>Total</b>	<b>68,145</b>

In the new method of grouping of Races the only points of possible approximation to correctness in the above table is the number of Natives and the total population. The preliminary return is not comparable with any previous census in its grouping. It will be noticed that the Hottentots, Malaysians, etc., are classed with Indians. In previous returns these persons have been grouped into a separate class, "Mixed and others," and as these people adopt European habits, all returns of Vital Statistics relating to Natal or Durban have included them in the European population. Five months after the census it is impossible to get any further information regarding necessary particulars, and therefore it becomes necessary to form an estimate of the population of this Borough for the past year. The total population as given in the Government preliminary return will be taken as a sufficient basis.

## ESTIMATE OF POPULATION, 1910-11.

Europeans	31,903
Coloured and Half-Caste	2,497
Natives	17,730
Indians	17,012
<b>Total</b>	<b>69,142</b>

These figures show that a very healthy increase has taken place. If last year's Annual Report is examined it will be seen that the lowest limit of population caused by the exodus from this Borough was reached in 1907, and although it remained at that level to the

beginning of 1909 the increase since then has been steady and pronounced.

TABLE 1—SHOWING THE RESULTS OF THE SEVERAL CENSUSES TAKEN SINCE 1904. THE 1904 AND 1911 CENSUSES WERE TAKEN BY GOVERNMENT, THE OTHERS UNDER THE DIRECTION OF THE CHIEF CONSTABLE OF THE BOROUGH.

	April 1904.	Nov. 1907.	Feb. 1909.	May 1910.	May 1911
Europeans ... ..	31,302	27,386	27,327	29,836	31,903
Coloured and Half-Caste	1,980	1,442	1,960	2,039	2,497
Natives ... ..	18,929	16,329	15,900	16,489	17,750
Asiatics ... ..	15,631	15,815	15,057	16,131	17,015
Totals ... ..	67,842	60,972	60,244	64,495	69,165

The increase of the population of the Borough during the past year is as follows:—

Europeans ... ..	2,067	Increase of	6.5 per cent.
Mixed ... ..	458	„	18.3 per cent.
Natives ... ..	1,261	„	7.2 per cent.
Indians ... ..	884	„	5.2 per cent.

Total increase ... .. 4,670

#### NATURAL INCREASE OF POPULATION OF DURBAN, 1910-11.

Births ... ..	952
Deaths ... ..	301

651—Natural increase of population.

Anyone desiring information as to Ward Distribution of population, etc., of the different Races, may refer for approximate figures to the various tables in my Annual Report for year ending 31st July, 1910, the Government census returns of 1911 not being available for supplying similar information for the past year.

It is of considerable importance in other respects than that of Public Health to have a census of the population of a community taken at frequent intervals. To know whether a population is stationary, increasing or decreasing, and more particularly if it is increasing, at what rate, affords valuable information of economic interest. If vital statistics are to be correct an accurate enumeration of the inhabitants of a community is essential. An estimate of population is sometimes very far off the mark—it is at the best a rough guess—and the vital statistics computed on such an estimate can only be regarded as more or less approximations. Every endeavour however, should be made to have a census taken at a date when the population will be as normal as possible. Some years ago I recommended that our Municipal census should be taken either in the month of October or February. There is, however, a further advantage in selecting February, because it would show our normal popu-



beginning of 1909 the increase since then has been steady and pronounced.

TABLE I.—SHOWING THE RESULTS OF THE SEVERAL CENSUSES TAKEN SINCE 1861 THE 1861 AND 1911 CENSUSES WERE TAKEN BY GOVERNMENT THE OTHERS UNDER THE DIRECTION OF THE CHIEF CONSTABLE OF THE BOROUGH.

	April 1861	May 1867	July 1868	May 1870	May 1881
Europeans	31,302	37,388	37,337	38,838	31,908
Coloured and Half-Caste	1,880	1,442	1,900	2,038	2,487
Natives	18,930	18,339	18,900	18,489	17,780
Asiatics	18,931	18,818	18,057	18,131	17,018
Totals	67,842	66,973	60,344	64,495	60,193

The increase of the population of the Borough during the past year is as follows:—

Europeans	2,087	increase of	6.5 per cent.
Mixed	458	"	18.2 per cent.
Natives	1,301	"	7.2 per cent.
Indians	884	"	5.2 per cent.
Total increase	4,730		

#### NATURAL INCREASE OF POPULATION OF DURBAN. 1910-11

Births	832
Deaths	301

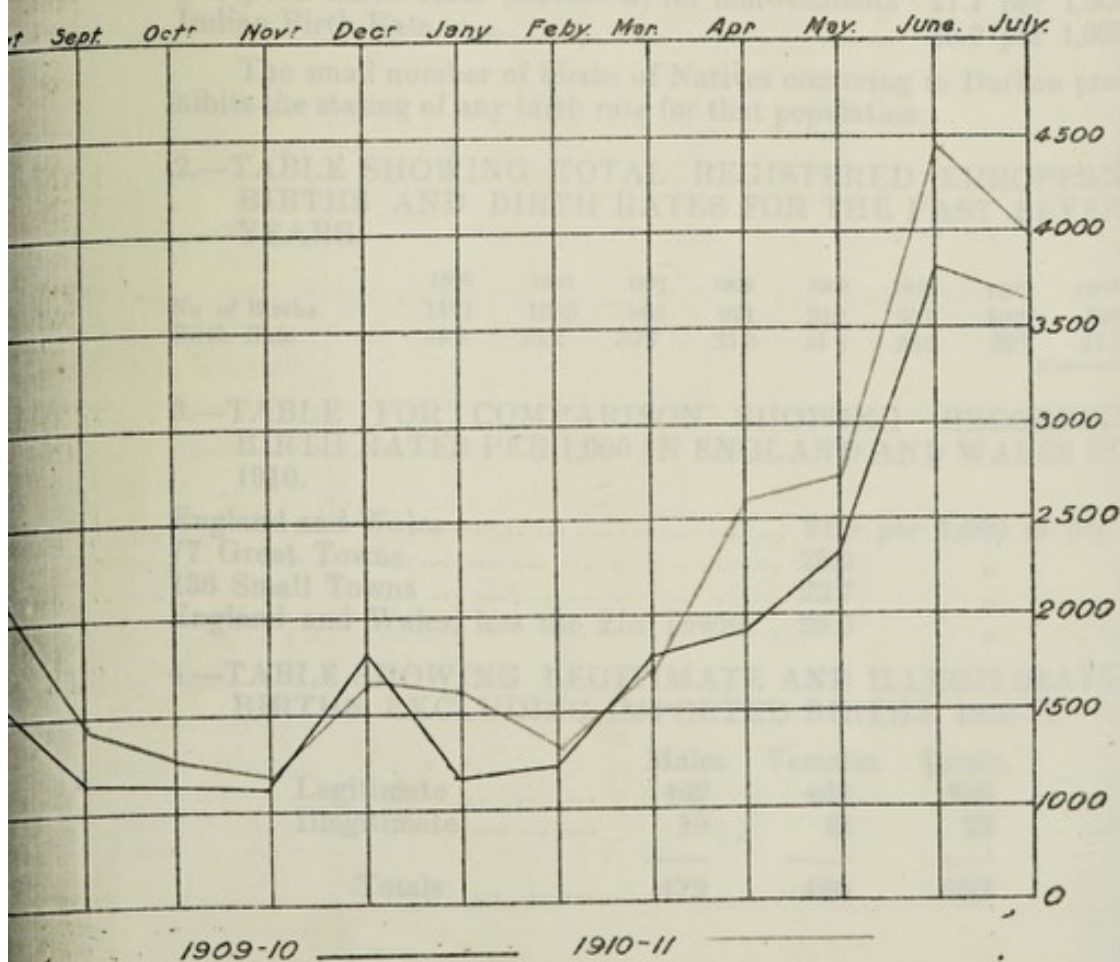
681—Natural increase of population.

Anyone desiring information as to Ward Distribution of population, etc., of the different races may refer for approximate figures to the various tables in my Annual Report for year ending 31st July, 1910, the Government census returns of 1911 not being available for supplying similar information for the past year.

It is of considerable importance in other respects than that of Public Health to have a census of the population of a community taken at frequent intervals. To know whether a population is stationary, increasing or decreasing, and more particularly if it is increasing, at what rate, affords valuable information of economic interest. If vital statistics are to be correct an accurate enumeration of the inhabitants of a community is essential. An estimate of population is sometimes very far off the mark—it is at the best a rough guess—and the vital statistics computed on such an estimate can only be regarded as more or less approximations. Every enumeration, however, should be made to have a census taken at a date when the population will be as normal as possible. Some years ago I recommended that our Municipal census should be taken either in the month of October or February. There is, however, a further advantage in selecting February, because it would show our normal population in the best light.

lation at the middle of the Municipal year. In 1910 the Municipal census was taken in May, and in last year's Annual Report I ventured to express the opinion that a census of Durban taken during that month must include a considerable number of visitors and consequently such returns would show, more especially of Europeans, a larger population than actually should be credited to Durban. The Government census, which, however, extended over the whole of South Africa, was taken in May, 1911, and naturally the same remarks apply so far as the population of the Borough of Durban is concerned.

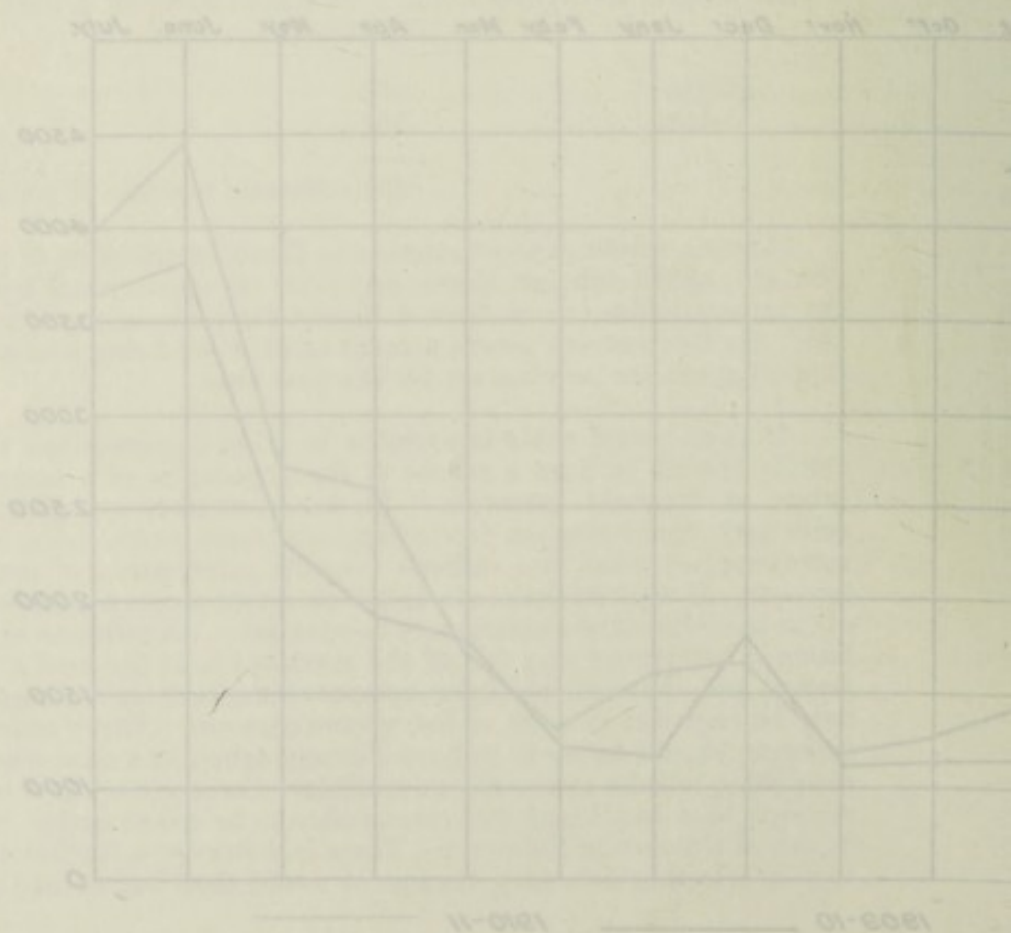
These remarks can perhaps be better illustrated by means of the subjoined chart which I have had prepared. This chart shows the passenger traffic from the Transvaal and Orange Free State to Durban for the years 1909-10 and 1910-11. There is, of course, a normal passenger traffic existing between those two Provinces and Durban, and in 1909 I ventured to estimate this normal travelling public at 1,200 per month. This normal passenger traffic has during the past year considerably increased, and a probable estimate would be on an average 200 persons more per month. The principal point, however, to note on the chart is that in both years from the month of March visitors began to come to Durban, and this continued until it reached its maximum in June, after which it decreased during July and August till it reached its minimum in October. It will therefore be readily seen from this chart that a census taken in May will probably include at least 1,000 visitors. My object therefore in making this chart is to show the practical utility of having any Municipal census taken in future for preference in February.





at the middle of the Municipal year. In 1910 the Municipal year was taken in May, and in last year's Annual Report I ventured to express the opinion that a census of Durban taken during that month must include a considerable number of visitors and consequently such returns would show, more especially of Europeans, a population than actually should be credited to Durban. The present census, which, however, extended over the whole of Africa, was taken in May, 1911, and naturally the same rules apply so far as the population of the Borough of Durban is concerned.

These remarks can perhaps be better illustrated by means of the line chart which I have had prepared. This chart shows the passenger traffic from the Transvaal and Orange Free State to Durban for the years 1909-10 and 1910-11. There is, of course, a considerable passenger traffic existing between these two Provinces and Durban, and in 1909 I ventured to estimate this normal travelling at 1,200 per month. This normal passenger traffic has during the last year considerably increased, and a probable estimate would be an average 200 persons more per month. The principal point, however, to note on the chart is that in both years from the month of August till it reached its minimum in October. It will therefore be readily seen from this chart that a census taken in May will probably include at least 1,000 visitors. My object therefore in drawing this chart is to show the practical utility of having any Municipal census taken in future for preference in February.



## BIRTHS.

1.—TABLE SHOWING MONTHLY DISTRIBUTION OF BIRTHS FOR RACE AND SEX, 1910-11.

MONTHS.	MALES.			FEMALES.			TOTALS.		
	Europeans	Asiatics	Natives	Europeans	Asiatics	Natives	Europeans	Asiatics	Natives
1910									
August ...	33	31	1	42	19	1	75	50	2
September ...	42	25	0	49	25	3	91	50	3
October ...	42	27	0	43	24	1	85	51	1
November ...	45	30	1	37	37	1	82	67	2
December ...	44	23	0	36	11	0	80	34	0
1911									
January ...	49	27	1	45	27	2	94	54	3
February ...	41	23	1	44	23	1	85	46	2
March ..	42	25	0	47	27	0	89	52	0
April ...	36	20	1	55	21	0	91	41	1
May ...	43	49	1	45	25	0	88	74	1
June ...	41	27	1	36	15	0	77	42	1
July ...	43	26	1	41	23	0	84	49	1
Totals ...	501	333	8	520	277	9	1,021	610	17

European Birth Rate (gross) ...	29.7 per 1,000
European Birth Rate (corrected) for non-residents ...	27.7 per 1,000
Indian Birth Rate ...	35.9 per 1,000

The small number of births of Natives occurring in Durban prohibits the stating of any birth rate for that population.

2.—TABLE SHOWING TOTAL REGISTERED EUROPEAN BIRTHS AND BIRTH RATES FOR THE PAST SEVEN YEARS.

	1905	1906	1907	1908	1909	1910	1911	1911
No of Births	1171	1089	968	971	919	907	1021	952
Birth Rate	34.9	33.2	30.7	33.3	31.4	28.5	29.7	27.7
							(Corrected)	

3.—TABLE FOR COMPARISON SHOWING RECORDED BIRTH RATES PER 1,000 IN ENGLAND AND WALES IN 1910.

England and Wales ...	24.8 per 1,000 of pop.
77 Great Towns ...	25.0
136 Small Towns ...	23.7
England and Wales, less the 213 Towns...	25.0

4.—TABLE SHOWING LEGITIMATE AND ILLEGITIMATE BIRTHS, EXCLUDING IMPORTED BIRTHS, 1910-11.

	Males.	Females.	Totals.
Legitimate ...	462	468	930
Illegitimate ...	10	12	22
Totals ...	472	480	952



**BIRTHS**  
**1—TABLE SHOWING MONTHLY DISTRIBUTION OF BIRTHS FOR RACE AND SEX, 1910-11**

Month	Males			Females			Totals		
	European	Indian	Chinese	European	Indian	Chinese	European	Indian	Chinese
1910									
August	33	61	1	18	1	1	51	62	2
September	43	35	0	35	0	0	78	35	0
October	43	27	0	34	0	0	77	34	0
November	45	30	1	37	0	0	82	37	0
December	44	23	0	31	0	0	75	34	0
1911									
January	40	37	1	27	0	0	77	37	1
February	41	33	1	23	0	0	74	33	0
March	42	32	0	27	0	0	79	32	0
April	38	30	1	21	0	0	69	31	0
May	43	40	1	29	0	0	82	40	1
June	41	37	1	30	0	0	78	37	1
July	43	35	1	30	0	0	78	35	1
Totals	401	330	8	277	0	0	1,001	610	17

European Birth Rate (per 1,000) 29.7  
 Indian Birth Rate (per 1,000) 27.7  
 Chinese Birth Rate (per 1,000) 22.9

The small number of births of Natives occurring in Durban prohibits the stating of any birth rate for that population.

**2—TABLE SHOWING TOTAL REGISTERED EUROPEAN BIRTHS AND BIRTH RATES FOR THE PAST SEVEN YEARS**

Year	No. of Births	Birth Rate
1905	1171	24.2
1906	1099	23.2
1907	952	20.7
1908	971	21.2
1909	919	21.4
1910	907	23.2
1911	1021	22.7

**3—TABLE FOR COMPARISON SHOWING REGISTERED BIRTH RATES PER 1,000 IN ENGLAND AND WALES IN 1910**

England and Wales	24.8 per 1,000 of pop.
77 Great Towns	25.0
138 Small Towns	23.7
England and Wales less the 215 Towns	25.0

**4—TABLE SHOWING LEGITIMATE AND ILLEGITIMATE BIRTHS EXCLUDING IMPORTED BIRTHS, 1910-11**

	Legitimate	Illegitimate	Totals
Males	402	10	412
Females	488	12	490
Totals	890	22	912

5.—TABLE OF BIRTHS OCCURRING AMNGST NON-RESIDENTS OF DURBAN.

Aug.		Sept.		Oct.		Nov.		Dec.		Jan.		Feb.		Mar.		April.		May.		June.		July.		Total.	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
4	6	0	5	1	3	4	4	3	1	2	0	2	2	0	3	1	3	3	2	6	3	3	8	29	40

MARRIAGES CONTRACTED IN DURBAN BOROUGH,  
1910-11.

During the past Municipal Year 534 European marriages were contracted in Durban. The following table shows the distribution as to domicile of contracting parties:—

Of whom one party domiciled in Durban.		Of whom both parties domiciled in Durban.		Of whom neither party domiciled in Durban.	
M.	F.	M.	F.	M.	F.
9	34	473	473	18	18

Gross Marriage Rate for Durban ... 15.52 per 1,000.  
Corrected Marriage Rate for Borough ... 13.75 per 1,000.

DEATHS.

1.—TABLE SHOWING RACE AND SEX DISTRIBUTION OF DEATHS DURING THE PAST YEAR.

Race.	Male.	Female.	Total.
European ...	176	125	301
Native ...	82	27	109
Asiatic ...	172	133	305
Totals ...	430	285	715

2.—TABLE SHOWING CHIEF STATISTICS OF DEATHS OF ALL RACES IN THE BOROUGH DURING THE PAST FIVE YEARS.

Race.	1906-07	1907-08	1908-09	1909-10	1910-11
European ...	284	280	254	210	301
Native ...	198	154	120	88	109
Asiatic ...	475	459	316	274	305
Totals ...	957	893	690	572	715
European rate per 1,000 ...	9.0	9.7	8.7	6.6	8.7
Native do. ...	8.5	9.8	7.5	5.3	6.1
Asiatic do. ...	29.7	29.0	21.0	17.0	17.9



# TABLE OF BIRTHS OCCURRING AMONGST NON-RESIDENTS OF DURBAN

Year	1906-07			1907-08			1908-09			1909-10			1910-11			Total
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	
1906-07	60	51	111	44	31	75	31	20	51	28	18	46	20	18	38	40

## MARRIAGES CONTRACTED IN DURBAN BOROUGH 1910-11

During the past Municipal Year 334 European marriages were contracted in Durban. The following table shows the distribution as to the sex of contracting parties:—

Of whom one party domiciled in Durban		Of whom both parties domiciled in Durban		Of whom neither party domiciled in Durban	
M	F	M	F	M	F
9	31	473	473	18	18

Marriage Rate for Durban ..... 16.92 per 1,000  
 Married Marriage Rate for Borough ..... 13.75 per 1,000

## DEATHS

### TABLE SHOWING RACE AND SEX DISTRIBUTION OF DEATHS DURING THE PAST YEAR

Race	Male	Female	Total
European	178	122	301
Native	83	27	109
Asiatic	173	132	305
<b>Totals</b>	<b>434</b>	<b>281</b>	<b>715</b>

### TABLE SHOWING CHIEF STATISTICS OF DEATHS OF ALL RACES IN THE BOROUGH DURING THE PAST FIVE YEARS

Race	1906-07	1907-08	1908-09	1909-10	1910-11
	European rate per 1,000	Native do	Asiatic do	European rate per 1,000	Native do
European	284	280	251	210	301
Native	108	154	120	88	109
Asiatic	475	430	316	374	305
Totals	867	864	687	672	715

3.—TABLE FOR COMPARISON SHOWING RECORDED  
DEATH RATES PER 1,000 IN ENGLAND AND WALES  
IN 1910.

England and Wales ... ..	13.4	per 1,000 of pop.
77 Great Towns ... ..	14.3	"
136 Small Towns ... ..	12.9	"
England and Wales, less the 213 Towns ...	12.8	"

4.—TABLE OF DEATHS SHOWING MONTHLY DISTRIBUTION  
AMONGST RESIDENT EUROPEANS, 1910-11.

Months.		Males.	Females.	Total.
1910	August ... ..	9	5	14
	September ... ..	16	14	30
	October ... ..	13	15	28
	November ... ..	20	8	28
	December ... ..	9	10	19
1911	January ... ..	15	12	27
	February ... ..	27	12	39
	March ... ..	13	7	20
	April ... ..	6	11	17
	May ... ..	13	12	25
	June ... ..	12	9	21
	July ... ..	23	10	33
Totals		176	125	301



3—TABLE FOR COMPARISON SHOWING RECORDED  
DEATH RATES PER 1,000 IN ENGLAND AND WALES  
IN 1910.

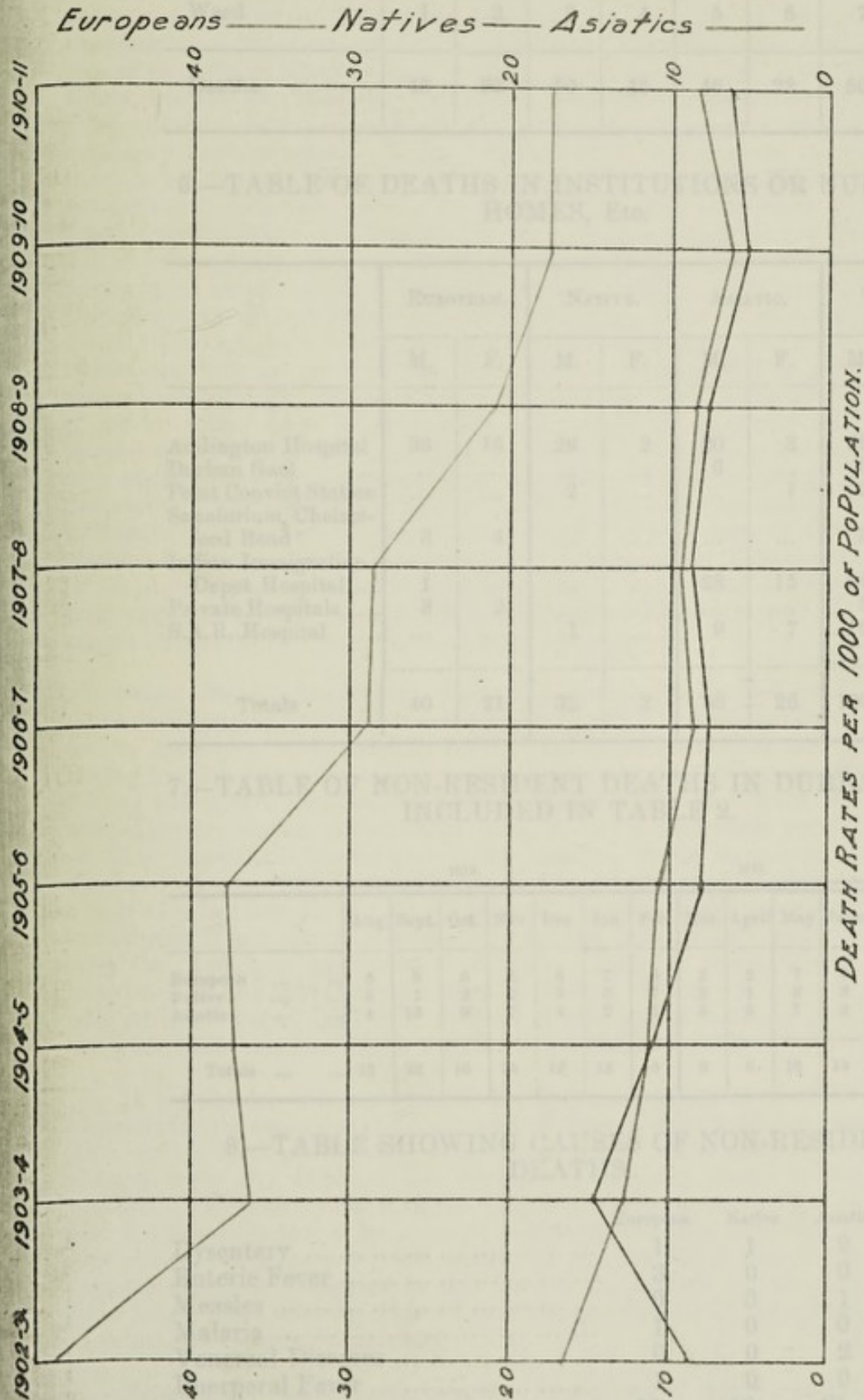
England and Wales	13.4 per 1,000 of pop.
77 Great Towns	14.3
138 Small Towns	13.8
England and Wales, less the 77 Towns	12.8

4—TABLE OF DEATHS SHOWING MONTHLY DISTRIBUTION AMONGST RESIDENT EUROPEANS, 1910-11.

Month	Males	Females	Total
August 1910	9	8	14
September	10	14	20
October	13	15	28
November	20	8	28
December	9	10	19
January 1911	13	12	27
February	27	13	40
March	18	7	25
April	6	11	17
May	13	12	25
June	12	9	21
July	23	10	33
<b>Total</b>	<b>170</b>	<b>129</b>	<b>301</b>

CHART 4.

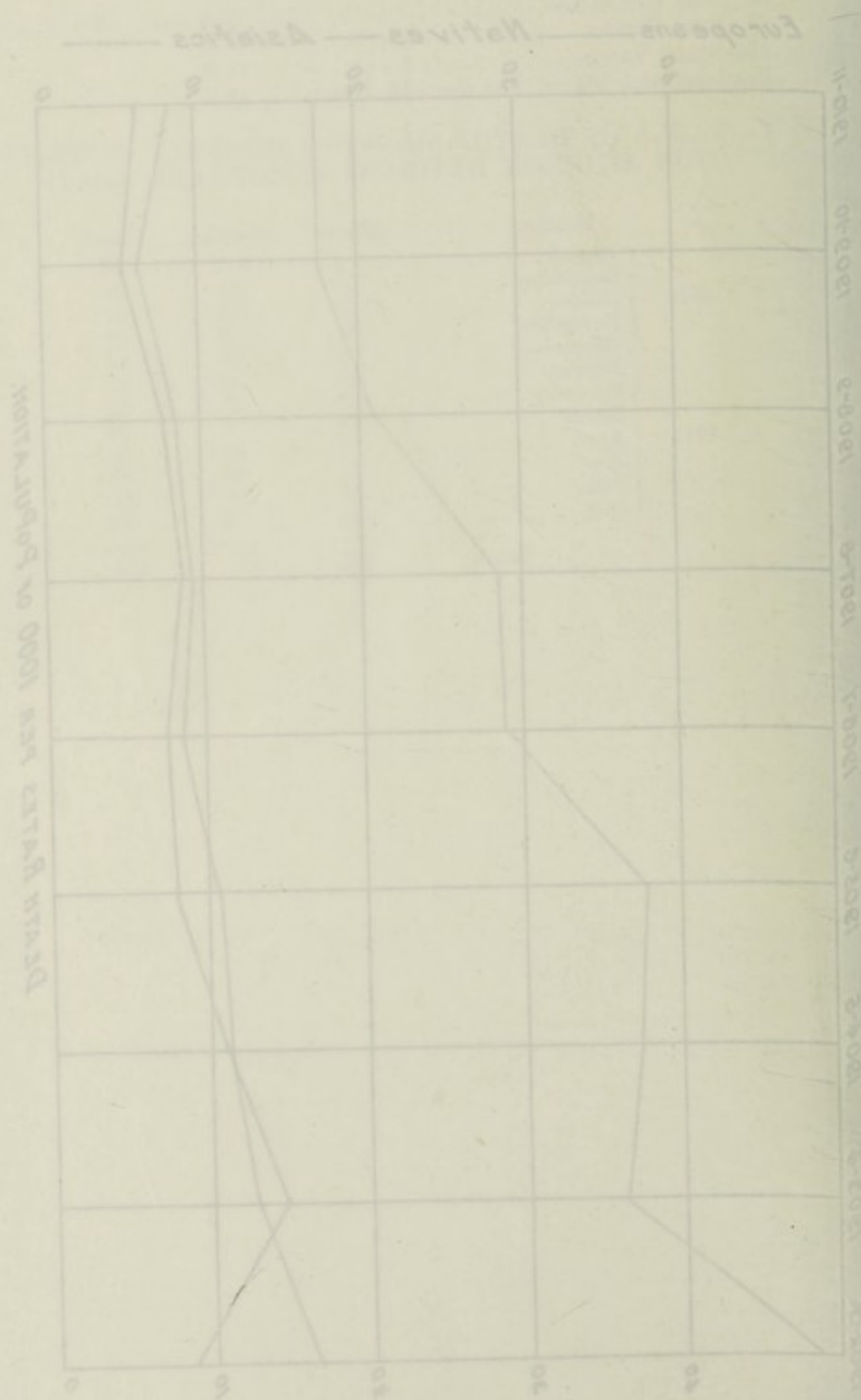
Chart showing Death Rate of the different Races during the past nine years:—





## CHART 4

Chart showing Death Rate of the different Races during the past nine years—



5.—TABLE SHOWING WARD DISTRIBUTION OF EUROPEAN DEATHS, 1910-11.

Ward ... ..	1	2	3	4	5	6	7	Total
Deaths ... ..	43	32	50	46	46	28	56	301

6.—TABLE OF DEATHS IN INSTITUTIONS OR NURSING HOMES, Etc.

	EUROPEAN.		NATIVE.		ASIATIC.		TOTAL.	
	M.	F.	M.	F.	M.	F.	M.	F.
Addington Hospital	33	15	29	2	20	3	82	20
Durban Gaol ... ..	...	...	...	...	6	...	6	0
Point Convict Station	...	...	2	...	...	1	2	1
Sanatorium, Chelmsford Road	3	4	...	...	...	...	3	4
Indian Immigration Depot Hospital ...	1	...	...	...	23	15	24	15
Private Hospitals ...	3	2	...	...	...	...	3	2
S.A.R. Hospital ...	...	...	1	...	9	7	10	7
Totals ... ..	40	21	32	2	58	26	130	49

7.—TABLE OF NON-RESIDENT DEATHS IN DURBAN NOT INCLUDED IN TABLE 2.

	1910.					1911.							Total
	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July	
European ... ..	6	8	5	5	6	7	6	2	2	7	9	7	70
Native ... ..	3	1	2	2	2	3	7	2	1	2	3	3	31
Asiatic ... ..	4	13	9	7	4	2	2	5	3	7	2	6	64
Totals ... ..	13	22	16	14	12	12	15	9	6	16	14	16	165

8.—TABLE SHOWING CAUSES OF NON-RESIDENT DEATHS.

	European	Native	Asiatic	Total.
Dysentery ... ..	1	1	2	4
Enteric Fever ... ..	3	0	0	3
Measles ... ..	0	0	1	1
Malaria ... ..	1	0	0	1
Venereal Diseases ... ..	0	0	2	2
Puerperal Fever ... ..	1	0	0	1
Phthisis ... ..	11	13	25	49



5—TABLE SHOWING WARD DISTRIBUTION OF  
EUROPEAN DEATHS, 1910-11

Ward	1	2	3	4	5	6	7	Total
Deaths	43	32	50	40	40	28	50	301

6—TABLE OF DEATHS IN INSTITUTIONS OR NURSING  
HOMES, Etc.

	European		Native		Asiatic		Total	
	M.	F.	M.	F.	M.	F.	M.	F.
Admission Hospital	32	15	29	2	20	3	52	20
Durban Gaol	...	...	2	...	8	...	10	0
Police Station	...	...	...	...	1	...	1	1
Sanatorium, Chelms-	...	...	...	...	...	...	...	...
ford Road	3	4	...	...	...	...	3	4
Indian Institution	...	...	...	...	...	...	...	...
Deputy Hospital	1	...	...	...	13	...	14	15
Private Hospitals	...	...	1	...	...	...	1	2
S.A.R. Hospital	...	...	...	...	7	...	10	7
Total	40	21	32	2	58	20	130	49

7—TABLE OF NON-RESIDENT DEATHS IN DURBAN NOT  
INCLUDED IN TABLE 2

	1910												Total
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
European	2	2	2	2	2	2	2	2	2	2	2	2	20
Native	2	2	2	2	2	2	2	2	2	2	2	2	20
Asiatic	2	2	2	2	2	2	2	2	2	2	2	2	20
Total	12	12	12	12	12	12	12	12	12	12	12	12	180

8—TABLE SHOWING CAUSES OF NON-RESIDENT  
DEATHS

	European	Native	Asiatic	Total
Dysentery	1	1	2	4
Enteric Fever	3	0	0	3
Malaria	0	0	1	1
Malnutrition	1	0	0	1
Veneral Diseases	0	0	2	2
Pneumonia	1	0	0	1
Phthisis	11	13	26	49

A community that has all the appearance of steady and probably rapid development necessitates constant vigilance on the part of a Health Department in order not only to maintain but to improve on present conditions. This duty demands the exercise of certain imaginative conceptions of future conditions. Examples are often met of conditions which do not conform to our present day requirements, but the plea that they have been sanctioned or passed by the Town Council raises very often an insuperable barrier to obtain necessary improvements. It may therefore be necessary in many cases to advise the restriction or even refusal of certain applications in order to prevent the setting up of conditions that will ultimately prove unsatisfactory problems to the Municipality owing to growth and developments. Such advice advocating of restrictions or refusals may appear at the moment hypercritical and even probably absurd. Opposition to the setting up of a small dairying business in a residential district, or to the setting up on a small scale of certain industries in some parts of the Borough may very readily be considered in that light, and at times great difficulty attends the giving of advice under such circumstances. The rapid development with necessary extensions of businesses in Durban has recently become very marked, and the best solution in my opinion, is for the Council to determine a locality or localities in the Borough to be set apart for industrial and manufacturing processes and to which area or areas applicants for new industrial sites might be referred. This is part of all town planning schemes, and from recent experience of industrial applications for sites I think this subject should receive the consideration of the Town Council at an early period.

Since 1907 a considerable change has come over Durban owing to its development as a health and holiday resort, which has produced one or more points demanding notice from a public health aspect. Owing to the permanent as well as the changing attractions provided during the winter months, we have a sudden influx of a European temporary population added to our own. A very considerable portion of this population consists of young children liable to infectious diseases. These visitors crowd hotels and boarding-houses, and when a case of infectious disease occurs in such places a certain amount of uneasiness, if not alarm, is produced amongst other guests, particularly the parents or guardians of children. Many of these children have brought the infection with them to Durban; others are undoubtedly infected here. The only method of allaying such alarm is by the immediate removal of the sufferer to a suitable isolation hospital.

In my opinion it is highly desirable that more adequate provision be made for the isolation and treatment of cases of infectious diseases. This want is more particularly noticed during the winter and summer seasons when the Borough has its housing capacity tested to the utmost. I have prepared a fairly complete report on the subject of hospital accommodation for cases of infectious diseases, occurring in Durban, which is now in your hands. I am convinced that if the recommendations contained in that Report are carried out we shall have much more effective control over the prevention of the spread of infectious diseases in Durban.

From some considerable personal experience I would venture to suggest that it would be highly advantageous both to the Borough and visitors if the Municipality would exercise greater control over



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Tuberculosis, other than Phthisis ...	4	0	9	13
Cerebro-Spinal Meningitis ... ..	0	0	6	6
Cancer ... ..	7	1	0	8
Old Age ... ..	2	0	1	3
Dis. of Nervous System ... ..	5	1	5	11
Dis. of Heart & Circulatory System	9	1	4	14
Pneumonia ... ..	2	6	3	11
Bronchitis ... ..	2	0	0	2
Other Diseases of Respiratory System	2	0	0	2
Diarrhœa, Enteritis, and Catarrh ...	2	1	2	5
Other Diseases of Alimentary Track	5	2	0	7
Diseases of Urinary System ... ..	5	1	3	9
Diseases of Child-birth ... ..	1	0	0	1
Accident ... ..	5	3	1	9
Suicide ... ..	2	0	0	2
Execution ... ..	0	1	0	1
Totals ... ..	70	31	64	165

The above table shows that a considerable number of people who do not usually reside in the Borough come here to be treated for disease or injuries and succumb while here. Consumption of the Lungs stands conspicuous at the head of the list, whilst Heart Complications and Cancer come next in order of numbers. It may be mentioned that in the case of a person not usually residing in Durban who dies here of some disease contracted in the town, the death is included with those belonging to the Borough.

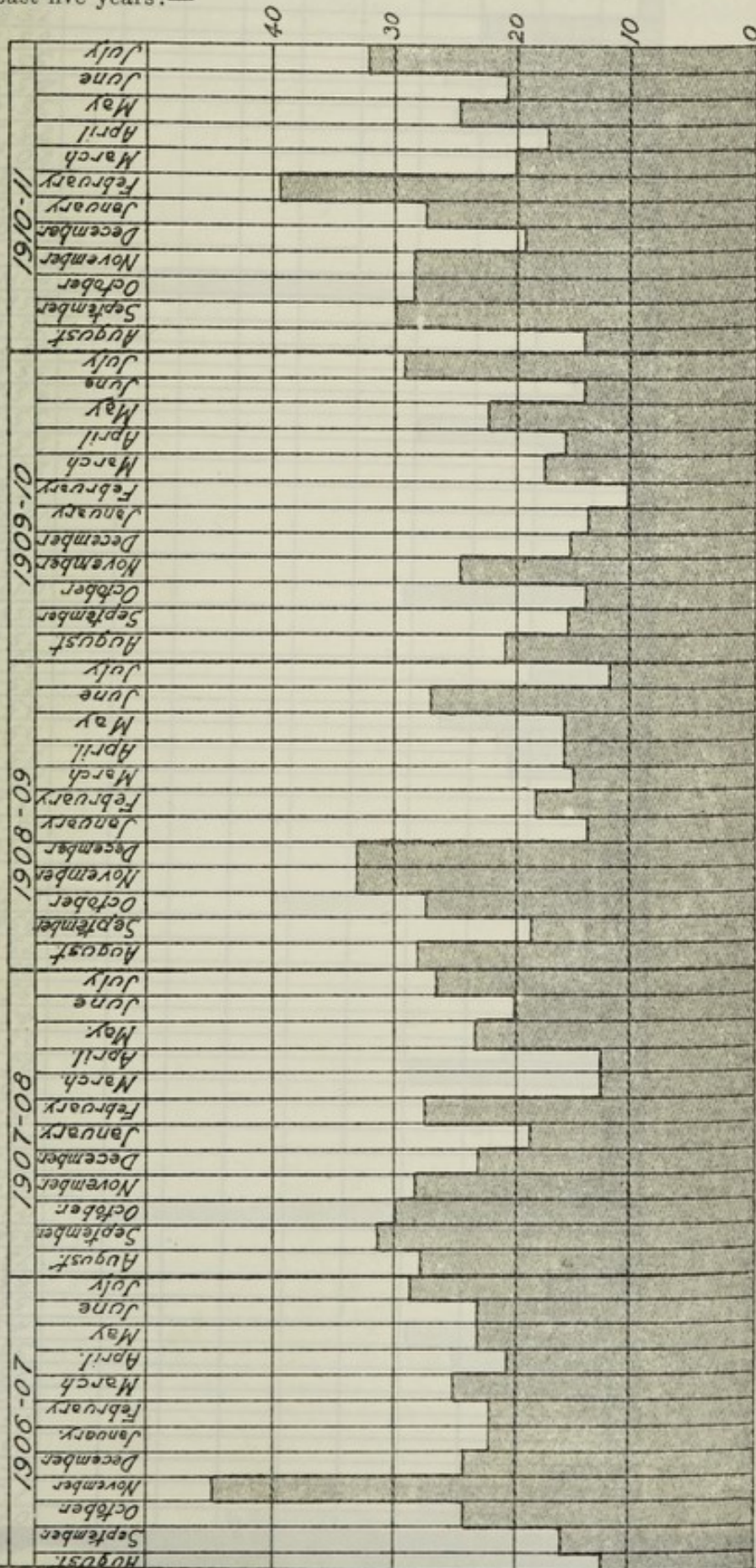


Execution	0	1	0	1
Suicide	2	0	0	0
Accident	2	3	1	0
Diseases of Child-birth	1	0	0	0
Diseases of Urinary System	5	1	3	0
Other Diseases of Alimentary Tract	5	2	0	0
Diphtheria, Enteritis, and Catarrh	2	1	2	0
Other Diseases of Respiratory System	2	0	0	0
Bronchitis	2	0	0	0
Pneumonia	2	0	0	0
Diseases of Heart & Circulatory System	6	1	4	0
Diseases of Nervous System	5	1	4	0
Old Age	2	0	1	0
Cancer	7	1	0	0
Cerebro-Spinal Meningitis	0	0	0	0
Tuberculosis, other than Pulmonary	4	0	0	0
Totals	70	81	84	102

The above table shows that a considerable number of people who do not usually reside in the Borough come here to be treated for disease or injuries and succumb while here. Consumption of the lungs stands conspicuous at the head of the list, whilst Heart Complaints and Cancer come next in order of number. It may be mentioned that in the case of a person not usually residing in Ipswich who dies here of some disease contracted in the town, the death is included with those belonging to the Borough.

## CHART 7.

Table of Columns showing the European Monthly Deaths for past five years:—



## CHART 7.

Table of Columns showing the European Monthly Deaths for  
past five years:—

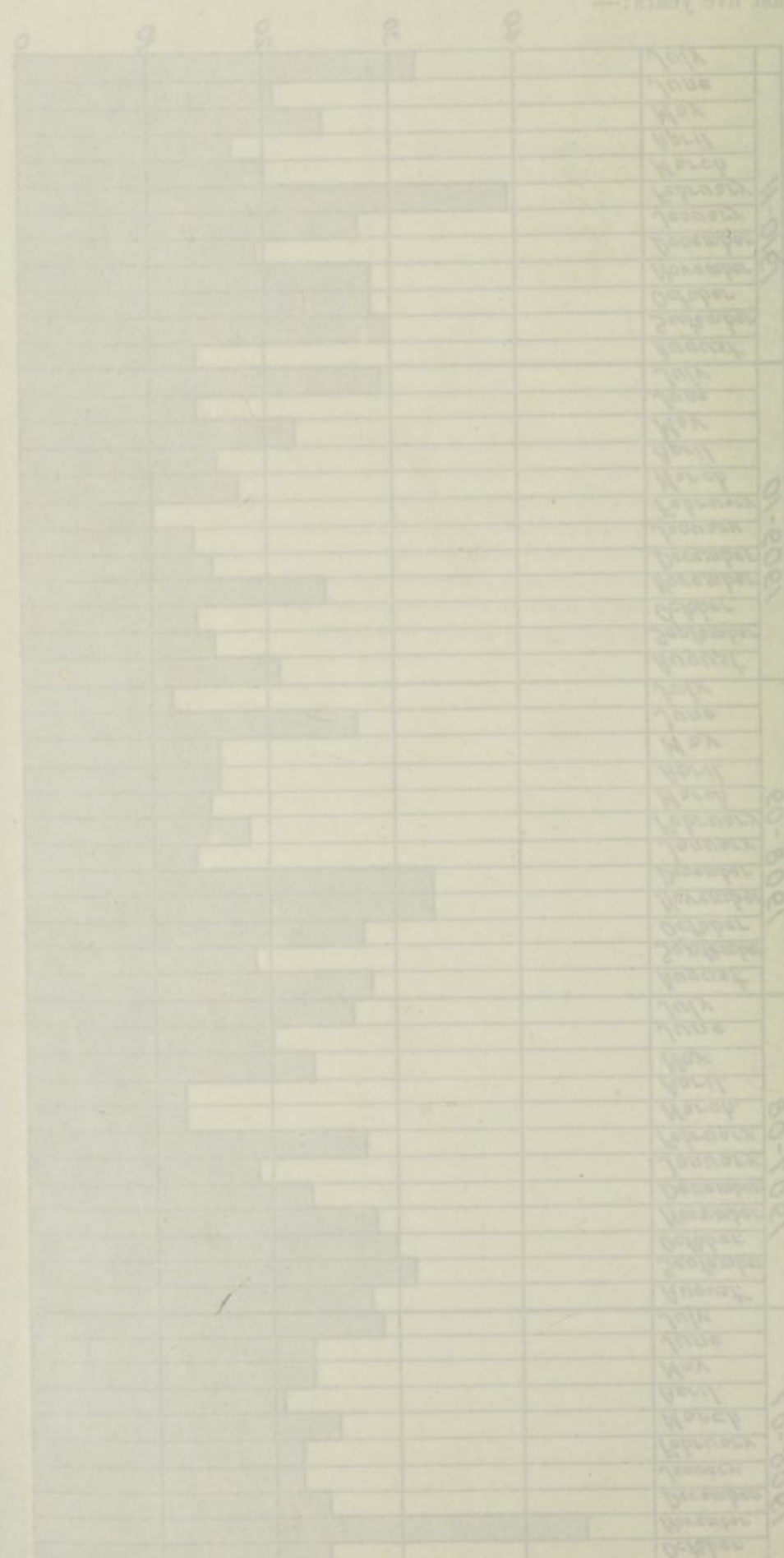
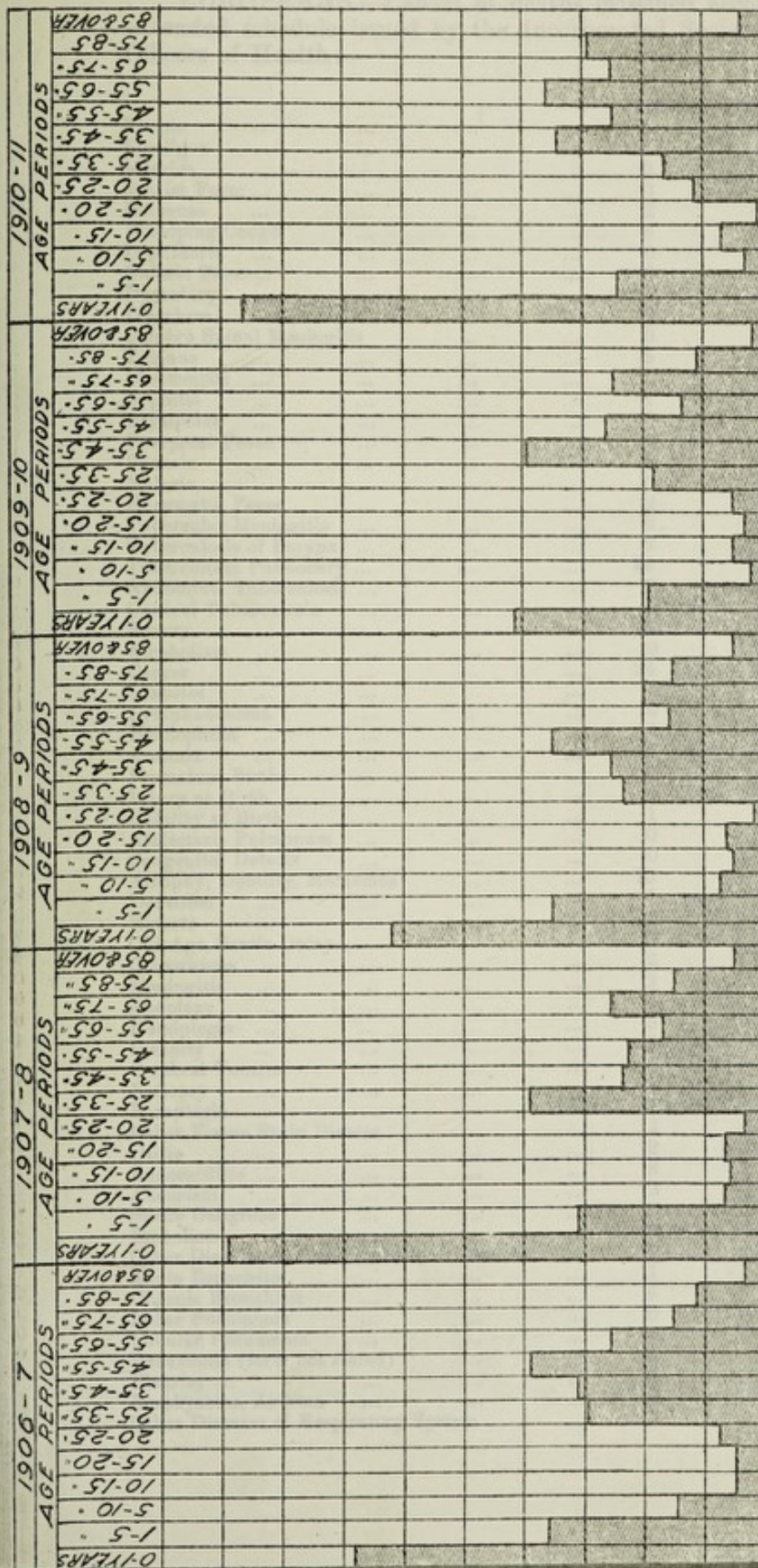




CHART 8.

Table of Columns showing the European Total Deaths occurring at various ages during the past five years:—



## CHART 8

Table of Columns showing the European Total Deaths occurring at various ages during the past five years:—

1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2460	2461	2462	2463	2464	2465	2466	2467	2468	2469	2470	2471	2472	2473	2474	2475	2476	2477	2478	2479	2480	2481	2482	2483	2484	2485	2486	2487	2488	2489	2490	2491	2492	2493	2494	2495	2496	2497	2498	2499	2500	2501	2502	2503	2504	2505	2506	2507	2508	2509	2510	2511	2512	2513	2514	2515	2516	2517	2518	2519	2520	2521	2522	2523	2524	2525	2526	2527	2528	2529	2530	2531	2532	2533	2534	2535	2536	2537	2538	2539	2540	2541	2542	2543	2544	2545	2546	2547	2548	2549	2550	2551	2552	2553	2554	2555	2556	2557	2558	2559	2560	2561	2562	2563	2564	2565	2566	2567	2568	2569	2570	2571	2572	2573	2574	2575	2576	2577	2578	2579	2580	2581	2582	2583	2584	2585	2586	2587	2588	2589	2590	2591	2592	2593	2594	2595	2596	2597	2598	2599	2600	2601	2602	2603	2604	2605	2606	2607	2608	2609	2610	2611	2612	2613	2614	2615	2616	2617	2618	2619	2620	2621	2622	2623	2624	2625	2626	2627	2628	2629	2630	2631	2632	2633	2634	2635	2636	2637	2638	2639	2640	2641	2642	2643	2644	2645	2646	2647	2648	2649	2650	2651	2652	2653	2654	2655	2656	2657	2658	2659	2660	2661	2662	2663	2664	2665	2666	2667	2668	2669	2670	2671	2672	2673	2674	2675	2676	2677	2678	2679	2680	2681	2682	2683	2684	2685	2686	2687	2688	2689	2690	2691	2692	2693	2694	2695	2696	2697	2698	2699	2700	2701	2702	2703	2704	2705	2706	2707	2708	2709	2710	2711	2712	2713	2714	2715	2716	2717	2718	2719	2720	2721	2722	2723	2724	2725	2726	2727	2728	2729	2730	2731	2732	2733	2734	2735	2736	2737	2738	2739	2740	2741	2742	2743	2744	2745	2746	2747	2748	2749	2750	2751	2752	2753	2754	2755	2756	2757	2758	2759	2760	2761	2762	2763	2764	2765	2766	2767	2768	2769	2770	2771	2772	2773	2774	2775	2776	2777	2778	2779	2780	2781	2782	2783	2784	2785	2786	2787	2788	2789	2790	2791	2792	2793	2794	2795	2796	2797	2798	2799	2800	2801	2802	2803	2804	2805	2806	2807	2808	2809	2810	2811	2812	2813	2814	2815	2816	2817	2818	2819	2820	2821	2822	2823	2824	2825	2826	2827	2828	2829	2830	2831	2832	2833	2834	2835	2836	2837	2838	2839	2840	2841	2842	2843	2844	2845	2846	2847	2848	2849	2850	2851	2852	2853	2854	2855	2856	2857	2858	2859	2860	2861	2862	2863	2864	2865	2866	2867	2868	2869	2870	2871	2872	2873	2874	2875	2876	2877	2878	2879	2880	2881	2882	2883	2884	2885	2886	2887	2888	2889	2890	2891	2892	2893	2894	2895	2896	2897	2898	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## CAUSES OF DEATH.

EUROPEANS.—Causes of deaths classified according to the extended schedule issued by the Incorporated Society of Medical Officers of Health:—

	1908-9	1909-10	1910-11
Plague ... ..	0	0	0
Smallpox ... ..	0	0	0
Measles ... ..	9	0	2
Scarlet Fever ... ..	0	0	0
Influenza ... ..	2	2	6
Whooping Cough ... ..	6	0	1
Diphtheria ... ..	0	6	2
Enteric Fever ... ..	3	1	3
Dysentery ... ..	4	2	9
Diarrhoea ... ..	2	1	4
Cerebro Spinal Meningitis ... ..	0	1	0
Tetanus ... ..	5	0	1
Chickenpox ... ..	1	0	0
Syphilis ... ..	1	0	2
Erysipelas ... ..	0	1	1
Puerperal Fever ... ..	0	1	3
Pyæmia ... ..	1	1	0
Malaria ... ..	0	2	0
Rheumatic Fever ... ..	2	3	1
Tubercular Meningitis ... ..	2	0	2
Tuberculosis of Larynx ... ..	2	1	0
Tuberculosis Pulmonary ... ..	14	17	18
Abdominal Tuberculosis ... ..	2	1	0
General Tuberculosis ... ..	0	0	1
Scurvy ... ..	1	0	0
Alcoholism ... ..	0	4	1
Cancer ... ..	24	10	23
Diabetes ... ..	1	0	6
Lymphadenoma ... ..	0	1	0
Hæmophilia ... ..	1	0	0
Anæmia ... ..	2	1	0
Premature Birth ... ..	9	4	12
Injury at Birth ... ..	0	0	5
Debility at Birth ... ..	1	5	1
Atelectasis Pulmonum ... ..	0	0	1
Congenital Defects ... ..	0	3	2
Atrophy, Debility, Marasmus ... ..	10	1	6
Dentition ... ..	1	0	0
Rickets ... ..	1	0	0
Old Age, Senile Decay ... ..	8	7	8
Convulsions ... ..	2	2	3
Meningitis ... ..	2	3	2
Apoplexy ... ..	4	6	9
Hemiplegia ... ..	3	1	0
Insanity ... ..	1	0	0
Cerebral Tumour ... ..	1	0	0
Epilepsy ... ..	1	2	4
Paraplegia ... ..	1	2	1
Other Forms Brain Disease ... ..	1	3	1
Otitis ... ..	2	0	1
Endocarditis ... ..	8	2	7
Aneurism ... ..	3	0	4
Senile Gangrene ... ..	0	0	1
Embolism ... ..	0	1	2
Other Diseases of Heart and Blood Vessels ... ..	12	20	17
Acute Bronchitis ... ..	1	1	5
Chronic Bronchitis ... ..	6	3	2
Lobar Pneumonia ... ..	0	1	1
Lobular Pneumonia ... ..	4	3	8
Pneumonia (form not stated) ... ..	14	15	9
Pleurisy ... ..	1	1	0
Emphysema, Asthma ... ..	0	1	0
Other Diseases of Respiratory System ... ..	1	0	1





## CAUSES OF DEATH—(Continued).

## EUROPEANS.—Causes of death classified, etc.—(Continued).

	1908-9	1909-10	1910-11
Gastro intestinal Catarrh	5	8	12
Diseases of Stomach	1	0	1
Enteritis	23	16	33
Appendicitis	0	2	4
Obstruction of Intestine	2	3	4
Other Diseases of Intestine	0	1	2
Cirrhosis of Liver	2	0	0
Abscess of Liver	0	5	2
Other Diseases of Liver	3	0	0
Peritonitis	1	0	1
Other Diseases Digestive System	0	1	1
Diseases of Lymphatic System and Glands	0	2	0
Acute Nephritis	1	0	1
Bright's Disease	10	11	18
Diseases of Bladder and Prostate	0	1	2
Other Diseases of Urinary System	1	1	0
Diseases of Ovaries	0	1	1
Disease of Uterus and Appendages	0	0	1
Puerperal Thrombosis	0	1	0
Puerperal Convulsions	2	0	1
Other Diseases Pregnancy and Child-birth	1	0	0
Diseases of Osseous System	0	0	1
ACCIDENTS:—			
Vehicular Traffic	0	1	2
On Railways	0	1	2
Building Operations	0	0	1
By Burns and Scalds	6	0	1
Poisons, Poisonous Vapours	1	0	0
Surgical Narcosis	0	1	2
Drowning	2	3	2
Suffocation	0	1	1
Falls not Specified	2	3	2
Homicide	2	0	0
SUICIDES:—			
By Poison	1	0	2
By Hanging and Strangulation	0	1	0
By Drowning	0	0	1
By Shooting	3	2	0
By Cut or Stab	1	0	0
By Crushing	1	0	0
Ill-defined and Unspecified Causes	0	1	1
Totals	254	210	301

## REMARKS.

The foregoing causes of deaths amongst the European population of Durban for the past three years shows that there has been a considerable increase in the number of deaths during the past year as compared with the two previous years. This increase in the number of deaths is not confined to the Borough of Durban. Statistics are available for the first six months of 1911 for the whole of Natal, and they show an increase of nearly 50 per cent. of deaths as compared with the corresponding six months of the previous year. It has also to be remembered that our European population has somewhat increased. It will be noticed that the deaths from Tuberculosis remain practically steady at an average of 20 European deaths per annum. It is to be remembered that these 20 deaths were those of people





domiciled in the Borough. Diseases of the intestinal track account for a large proportion of the increase of deaths occurring during the past year. These have been variously classified under the headings of Dysentery, Gastro Intestinal Catarrh, Enteritis, etc. These comparative lists of deaths also show that a fair proportion of the increase of deaths is due to injury and weakness at birth.

### EUROPEAN DEATHS—MONTHLY INCIDENCE.

	August.	September.	October.	November.	December.	January.	February.	March.	April.	May.	June.	July.	Totals.
Dysentery ...	0	1	1	1	0	2	3	1	0	0	0	0	9
Enteric Fever ...	0	0	0	0	1	0	2	0	0	0	0	0	3
Diphtheria ...	0	1	0	0	0	0	0	0	1	0	0	0	2
Scarlet Fever ...	0	0	0	0	0	0	0	0	0	0	0	0	0
Measles ...	0	0	0	0	0	0	0	0	0	0	0	2	2
Whooping Cough ...	0	0	1	0	0	0	0	0	0	0	0	0	1
Tetanus ...	0	0	0	0	0	0	0	0	0	0	0	1	1
Venereal Diseases ...	0	0	0	0	0	1	1	0	0	0	0	0	2
Puerperal Fever ...	0	0	0	1	0	0	0	0	1	0	0	1	3
Phthisis ...	2	1	2	0	0	0	4	1	3	0	2	3	18
Other forms of Tuberculosis ...	0	0	2	1	0	0	0	0	0	0	0	0	3
Other Infective Diseases ...	0	2	2	0	0	1	0	0	0	2	1	0	8
Influenza ...	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancer ...	1	0	2	4	4	0	3	2	1	2	3	1	23
Diseases of Birth and Development ...	0	2	6	2	2	1	1	1	1	2	1	1	20
Old Age ...	2	0	1	0	0	3	1	0	0	1	0	0	8
Disease of Nervous System ...	3	2	3	2	1	2	2	2	1	3	2	4	27
Dis. of Heart and Circulatory System ...	2	1	1	4	2	1	1	2	4	6	2	5	31
Pneumonia ...	1	1	0	2	1	1	1	1	1	2	3	4	18
Bronchitis ...	0	2	0	0	0	2	1	0	1	1	0	0	7
Other Diseases Respiratory System ...	0	0	1	0	0	0	0	0	0	0	0	0	1
Diarrhoea, Catarrh, Enteritis ...	3	7	6	6	6	7	9	5	1	1	4	2	57
Other Diseases of Liver and Alimentary Track ...	0	2	0	2	0	2	2	0	1	0	0	4	13
Diseases of Urinary System ...	0	7	1	0	0	0	5	3	0	2	1	2	21
Diseases of Child-Birth ...	0	0	0	0	0	0	0	1	0	0	0	0	1
Diseases of Reproductive System ...	0	0	0	0	0	0	0	0	1	1	0	0	2
Accident ...	0	1	0	2	1	5	0	0	0	1	1	2	13
Suicide ...	0	0	0	0	1	0	0	0	0	1	0	1	3
All other Causes ...	0	0	0	0	0	1	2	0	1	0	0	0	4
	14	30	29	27	19	27	39	20	17	25	21	33	301

### NATIVE DEATHS.

NATIVES (Population, 1911, 17,750).—During the past year 109 Natives have died in Durban.

	Adults.	Children.	Total.
Males ...	54	28	82
Females ...	6	21	27
Totals ...	60	49	109

"Child" means under 12 years.





# 1.—NATIVE DEATHS ARRANGED ACCORDING TO MONTHS AND CERTAIN DISEASES.

Diseases.	August	September	October	November	December	January	February	March	April	May	June	July	Totals
1. Plague ...	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Small Pox ...	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Dysentery ...	1	0	1	1	2	1	0	0	0	1	0	1	8
4. Enteric Fever ...	0	0	0	0	0	0	0	1	0	0	0	0	1
5. Diphtheria ...	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Scarlet Fever ...	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Measles ...	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Whooping Cough ...	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Tetanus ...	0	0	0	1	0	0	0	0	0	0	0	0	1
10. Malaria ...	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Venereal Disease ...	0	2	0	0	1	1	1	0	0	0	1	0	6
12. Puerperal Fever ...	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Septic Diseases ...	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Phthisis ...	0	1	0	0	0	0	0	0	0	0	1	0	2
15. Other forms of Tuberculosis ...	0	0	1	0	0	2	0	0	1	0	1	0	5
16. Other Infectious Diseases ...	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Cancer ...	0	0	0	0	1	0	0	0	0	0	0	0	1
18. Diseases of Birth and Development ...	0	0	0	1	0	0	0	0	0	0	0	0	1
19. Old Age ...	0	0	1	0	0	0	0	0	0	0	0	0	1
20. Diseases of Nervous System ...	0	2	0	0	1	0	0	0	0	0	0	0	3
21. Dis. of Heart & Circulatory System ...	0	1	0	0	0	1	0	2	0	0	0	0	4
22. Pneumonia ...	5	2	3	4	4	1	0	0	1	2	2	2	26
23. Bronchitis ...	1	0	0	0	1	0	0	0	0	0	2	0	4
24. Other Dis. of Respiratory System ...	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Diarrhoea, Catarrh, Enteritis ...	1	2	2	1	2	2	1	1	1	0	1	1	15
26. Other Dis. of Liver and Alimentary Track ...	0	0	0	0	0	0	0	1	0	0	1	0	2
27. Diseases of Urinary System ...	0	0	0	0	0	1	0	0	0	0	0	0	1
28. Diseases of Child Birth ...	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Diseases of Reproductive System...	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Accident ...	0	3	1	4	0	1	0	1	0	3	0	1	14
31. Homicide ...	1	0	0	0	0	0	0	0	0	0	0	0	1
32. Suicide ...	0	0	0	0	0	0	0	0	0	1	0	0	1
33. Execution ...	0	0	0	0	0	0	0	0	0	0	0	0	0
34. Ill-defined Causes ...	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Natural Causes ...	0	0	0	0	0	0	0	0	0	0	0	0	0
36. Still Born ...	2	1	1	0	0	2	2	1	1	0	0	2	12
Totals ...	11	14	10	12	12	12	4	7	4	7	9	7	109

## ASIATIC DEATHS.

INDIANS (Population, 1911, 17,015).—During the yast year 305 Indians have died in Durban.

	Adults.	Children.	Total.
Males ...	67	105	172
Females ...	43	90	133
Totals ...	110	195	305

"Child" means under 12 years.

# I.—NATIVE DEATHS ARRANGED ACCORDING TO MONTHS AND CERTAIN DISEASES

Disease	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1. Plague	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Small Pox	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Dysentery	1	1	1	1	1	1	1	1	1	1	1	1	12
4. Enteric Fever	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Scarlet Fever	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Measles	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Whooping Cough	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Tetanus	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Malaria	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Venereal Disease	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Puerperal Fever	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Septic Diseases	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Phthisis	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Other forms of Tuberculosis	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Other Infectious Diseases	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Diseases of Birth and Development	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Old Age	0	0	0	0	0	0	0	0	0	0	0	0	0
20. Diseases of Nervous System	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Diseases of Heart & Circulatory System	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Pneumonia	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Bronchitis	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Other Diseases of Respiratory System	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Diarrhoea, Colic, Enteritis	1	1	1	1	1	1	1	1	1	1	1	1	12
26. Other Diseases of Liver and Alimentary Tract	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Diseases of Urinary System	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Diseases of Child Birth	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Diseases of Reproductive System	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Accidents	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Homicide	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Suicide	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Execution	0	0	0	0	0	0	0	0	0	0	0	0	0
34. Un-defined Causes	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Natural Causes	0	0	0	0	0	0	0	0	0	0	0	0	0
36. Still Born	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	14	14	14	14	14	14	14	14	14	14	14	14	168

## ASIATIC DEATHS

INDIANS (Population, 1911, 17,013).—During the year 305 Indians have died in Durban.

	Adults	Children	Total
Males	87	108	195
Females	43	90	133
Totals	130	198	328

"Child" means under 15 years



# ASIATIC DEATHS ARRANGED ACCORDING TO MONTHS AND CERTAIN DISEASES.

Diseases.	August	September	October	November	December	January.	February	March	April	May	June	July	Totals
1. Plague ...	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Small Pox...	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Dysentery...	0	1	0	1	1	0	2	0	0	0	0	1	6
4. Enteric Fever	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Diphtheria	0	0	0	0	0	0	0	1	0	0	0	0	1
6. Scarlet Fever	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Measles ...	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Whooping Cough	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Tetanus ...	1	0	0	1	0	0	1	0	0	1	1	0	5
10. Malaria ...	0	0	0	0	0	0	0	0	0	0	1	0	1
11. Venereal Disease	0	0	0	0	2	2	0	1	0	1	0	1	7
12. Puerperal Fever	0	0	0	0	0	0	1	1	0	0	0	0	2
13. Septic Diseases	0	0	1	0	0	0	0	0	1	0	1	0	3
14. Phthisis ...	4	6	1	0	2	2	1	3	3	2	1	3	25
15. Other forms of Tuberculosis	0	1	1	0	1	0	0	0	0	0	0	0	3
16. Other Infectious Diseases	0	0	0	0	0	0	0	0	0	1	0	0	1
17. Influenza ...	1	1	0	0	0	0	0	0	0	0	0	0	2
18. Cerebro-Spinal Meningitis	0	1	0	0	0	0	0	0	0	0	0	0	1
19. Cancer ...	0	0	0	0	0	0	0	0	0	0	1	0	1
20. Diseases of Birth and Development	3	3	3	0	1	2	0	1	0	0	1	0	14
21. Old Age ...	0	0	1	0	0	0	0	1	0	1	0	1	4
22. Diseases of Nervous System	2	0	2	0	0	1	1	1	1	1	0	1	10
23. Dis. of Heart & Circulatory System	3	3	2	0	0	4	0	1	0	3	0	1	17
24. Pneumonia	2	5	1	3	2	3	2	2	4	5	3	5	37
25. Bronchitis...	1	1	4	4	1	2	1	1	2	0	1	6	24
26. Other Dis. of Respiratory System...	0	0	0	0	1	1	0	0	1	0	0	0	3
27. Diarrhœa, Catarrh, Enteritis	4	3	10	9	6	3	5	2	4	3	7	3	59
28. Other Dis. of Liver and Alimentary Track ...	0	0	1	3	1	1	0	1	0	0	1	0	8
29. Diseases of Urinary System	0	0	0	0	0	0	0	2	0	0	0	0	2
30. Diseases of Child-Birth	1	0	0	1	0	0	1	0	1	0	0	1	5
31. Dis. of Reproductive System	0	0	0	0	1	0	0	0	0	0	0	0	1
32. Accidents ...	4	0	2	1	3	0	2	1	1	1	2	2	19
33. Homicide ...	0	1	0	0	0	0	0	0	0	0	0	0	1
34. Suicide ...	0	0	0	0	0	0	0	0	0	0	0	0	0
35. Execution ...	0	0	1	0	0	1	0	0	0	0	0	0	2
36. Ill-defined Causes	0	1	0	1	1	0	0	0	0	0	0	0	3
37. Natural Causes	2	1	0	1	0	0	0	0	0	0	0	0	4
38. Still-born ...	4	5	4	3	1	0	0	4	1	2	5	5	34
Totals	32	33	34	28	24	22	17	20	19	21	25	30	305

## ABSTRACT OF DEATHS OF NATIVE AND ASIATIC RACES FOR THE PAST TWO YEARS.

Year	Asiatic	Native	Total
1909-10	374	87	461
1910-11	363	100	463





COMPARATIVE TABLE OF DEATHS FROM DISEASES  
AMONGST NATIVE AND ASIATIC RACES FOR THE  
PAST TWO YEARS.

No.	DISEASES.	ASIATICS.		NATIVES.	
		1909-10	1910-11	1909-10	1910-11
	Population ...	16131	17015	16489	17750
1	Plague ...	0	0	0	0
2	Smallpox ...	0	0	0	0
3	Dysentery ...	1	6	3	8
4	Enteric Fever ...	0	0	0	1
5	Diphtheria ...	0	1	0	0
6	Scarlet Fever ...	0	0	0	0
7	Measles ...	0	0	0	0
8	Whooping Cough ...	0	0	1	0
9	Tetanus ...	2	5	2	1
10	Malaria ...	2	1	0	0
11	Venereal Disease ...	2	7	2	6
12	Puerperal Fever ...	0	2	0	0
13	Septic Diseases ...	0	3	0	0
14	Phthisis ...	31	25	6	2
15	Other Forms of Tuberculosis ...	3	3	2	5
16	Other Infectious Diseases ...	0	1	1	0
17	Influenza ...	0	2	0	0
18	Cerebro-Spinal Meningitis...	0	1	0	0
19	Cancer ...	4	1	0	1
20	Dis. of Birth and Development ...	9	14	1	1
21	Old Age ...	5	4	0	1
22	Diseases of Nervous System ...	16	10	3	3
23	Dis. of Heart and Circulatory System ...	12	17	5	4
24	Pneumonia ...	26	37	13	26
25	Bronchitis ...	23	24	1	4
26	Other Dis. of the Respiratory System ...	5	3	1	0
27	Diarrhoea, Catarrh, Enteritis, ...	20	59	9	15
28	Other Dis. of Liver and Alimentary Track ...	29	8	5	2
29	Diseases of Urinary System ...	14	2	3	1
30	Diseases of Child-Birth ...	5	5	1	0
31	Diseases of Reproductive System ...	1	1	1	0
32	Accident ...	16	19	15	14
33	Homicide ...	2	1	0	1
34	Suicide ...	2	0	0	1
35	Execution ...	1	2	0	0
36	Ill-Defined Causes ...	5	3	2	0
37	Natural Causes ...	5	4	1	0
38	Still Born ...	33	34	10	12
	Totals ...	274	305	88	109

ABSTRACT OF DEATHS OF NATIVE AND ASIATIC RACES  
FOR THE PAST TWO YEARS.

Year.	Asiatic.	Native.	Total.
1909-10 ...	274	88	362
1910-11 ...	305	109	414

COMPARATIVE TABLE OF DEATHS FROM DISEASES  
AMONGST NATIVE AND ASIATIC RACES FOR THE  
PAST TWO YEARS

No.	Disease	Asiatics		Natives	
		1909-10	1910-11	1909-10	1910-11
1	Typhoid	0	0	0	0
2	Scarlet Fever	0	0	0	0
3	Dysentery	1	0	0	0
4	Epidemic Typhus	0	0	0	0
5	Typhoid	0	0	0	0
6	Scarlet Fever	0	0	0	0
7	Measles	0	0	0	0
8	Whooping Cough	0	0	0	0
9	Tetanus	0	0	0	0
10	Malaria	0	0	0	0
11	Veneral Diseases	0	0	0	0
12	Paratyphoid Fever	0	0	0	0
13	Septic Diseases	0	0	0	0
14	Polio	0	0	0	0
15	Other Forms of Typhoid	0	0	0	0
16	Other Infectious Diseases	0	0	0	0
17	Influenza	0	0	0	0
18	Cerebro-spinal Meningitis	0	0	0	0
19	Cancer	0	0	0	0
20	Dis. of Birth and Development	0	0	0	0
21	Old Age	0	0	0	0
22	Disease of Nervous System	0	0	0	0
23	Dis. of Heart and Circulatory System	0	0	0	0
24	Pneumonia	0	0	0	0
25	Bronchitis	0	0	0	0
26	Other Dis. of the Respiratory System	0	0	0	0
27	Diphtheria, Croup, Whooping Cough	0	0	0	0
28	Other Dis. of Liver and Biliary System	0	0	0	0
29	Disease of Urinary System	0	0	0	0
30	Disease of Child-Birth	0	0	0	0
31	Disease of Reproductive System	0	0	0	0
32	Accidents	0	0	0	0
33	Homicide	0	0	0	0
34	Suicide	0	0	0	0
35	Execution	0	0	0	0
36	Un-Defined Causes	0	0	0	0
37	Un-Defined Causes	0	0	0	0
38	Still Born	0	0	0	0
Total		374	302	68	109

ABSTRACT OF DEATHS OF NATIVE AND ASIATIC RACES  
FOR THE PAST TWO YEARS

Year	Asiatic	Native	Total
1909-10	374	68	442
1910-11	302	109	411





DISEASES	No. of cases	MONTHS												TOTAL		
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Year	Rate	Per 1000
Smallpox	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Scarlet fever	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Diphtheria	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Measles	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Whooping cough	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Polio	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Typhoid	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Cholera	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Disentery	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Leptospirosis	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Brucellosis	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Tuberculosis	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Syphilis	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Gonorrhea	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Chancroid	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Granuloma inguinale	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Herpes	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Scabies	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Eczema	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Psoriasis	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Acne	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Ringworm	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Onychomycosis	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12
Unidentified	1	1	1	1	1	1	1	1	1	1	1	1	1	12	1.2	12

## DISEASES 1910-11

COMPARATIVE TABLE OF DISEASES REPORTING FROM "HIGHLIGHTS" BY "HIGHLIGHTS" AND "HIGHLIGHTS"



## INFANTILE MORTALITY.

	Male.	Female.	Total.
Infantile deaths during 1910-11 . . . . .	49	37	86
Registered births . . . . .		952	
Infantile deaths . . . . .		86	

This equals 90.3 infantile deaths per 1,000 births, and represents the "Infantile Mortality Figure" for Durban, 1910-11.

The following table shows the Infantile Mortality figure for England and Wales during 1910:—

England and Wales . . . . .	106
77 great towns . . . . .	115
136 small towns . . . . .	104
England and Wales, less the 213 towns . . . .	96

TABLE I.—INFANTILE DEATHS GROUPED ACCORDING  
TO AGES IN WEEKS AND MONTHS.

Deaths	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total deaths under 1 month	1-2 Months	2-3 Months	3-4 Months	4-5 Months	5-6 Months	6-7 Months	7-8 Months	8-9 Months	9-10 Months	10-11 Months	11-12 Months	Total deaths under 1 year
18	6	3	2	29	4	6	3	9	9	4	6	5	4	4	3	86	

TABLE 2.—INFANTILE DEATHS GROUPED ACCORDING  
TO MONTHLY INCIDENCES.

Months	1910					1911							Total
	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July	
Deaths	4	11	12	7	7	10	10	6	4	4	3	8	86

TABLE 3.—MONTHLY DISTRIBUTION OF SOME OF THE MORE COMMON CAUSES OF INFANT DEATHS.

[illegible]





TABLE 4.—SHOWING INFANTILE DEATHS IN WARDS FOR THE PAST FIVE YEARS.

YEARS.	WARDS.							TOTAL.
	1	2	3	4	5	6	7	
1906-7	14	7	12	13	7	2	12	67
1907-8	20	4	11	12	18	13	11	89
1908-9	13	6	10	10	7	6	10	62
1909-10	6	9	5	7	7	4	3	41
1910-11	12	13	9	16	11	9	16	86

The following columns and table exhibit the Infantile Mortality Figure for the past eight years:—

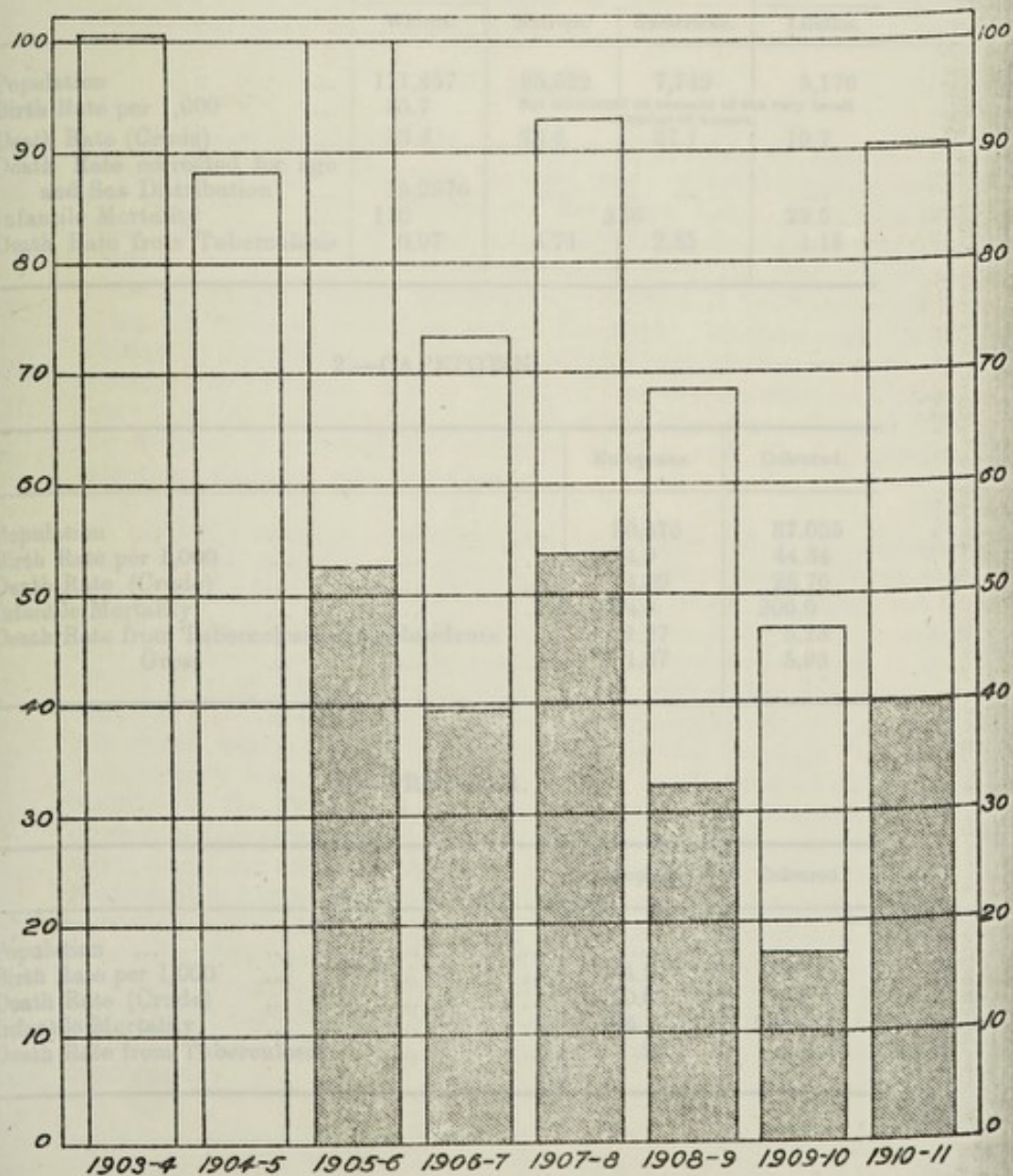
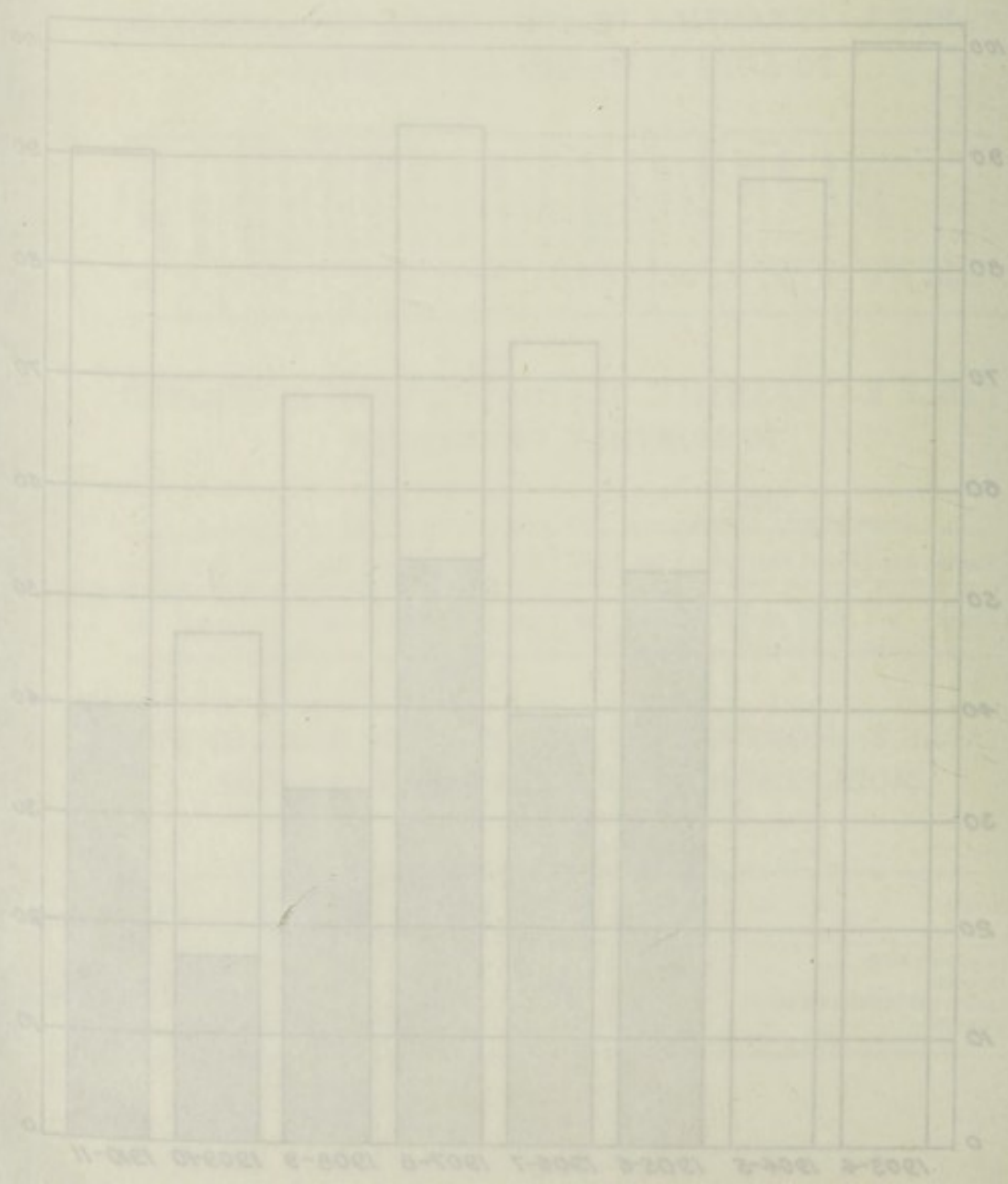




TABLE 4.—SHOWING INFANTILE DEATHS IN WARDS FOR THE PAST FIVE YEARS.

Year	Wards							Total
	1	2	3	4	5	6	7	
1906-7	14	7	12	12	7	2	12	67
1907-8	20	4	11	12	12	12	11	80
1908-9	12	6	10	10	7	6	10	62
1909-10	6	6	5	7	7	4	7	42
1910-11	12	12	8	10	11	8	10	80

The following columns and table exhibit the Infantile Mortality Figure for the past eight years:—



	YEAR.							
	1903-4	1904-5	1905-6	1906-7	1907-8	1908-9	1909-10	1910-11
No. of Infant Deaths.	112	105	109	67	89	62	41	86
Infantile Mortality Figure.	100.3	88	100	69.2	91.7	67.3	45.4	90.3

The shaded portions of the columns represent the proportion of infantile deaths due to diseases of the Alimentary Track.

## VITAL STATISTICS.

### 1.—JOHANNESBURG.

	European.	Coloured.		Asiatics.
	Whites.	Natives.	Eurafrican.	
Population	111,857	95,522	7,749	5,176
Birth Rate per 1,000	35.7	Not calculated on account of the very small number of women.		
Death Rate (Crude)	13.3	33.6	31.1	19.7
Death Rate corrected for age and Sex Distribution	15.2976	...	...	...
Infantile Mortality	110	...	326	29.5
Death Rate from Tuberculosis	0.97	4.74	2.45	1.15

### 2.—CAPETOWN.

	Europeans.	Coloured.
Population	30,476	37,055
Birth Rate per 1,000	24.9	44.34
Death Rate (Crude)	14.89	28.76
Infantile Mortality	94.8	206.6
Death Rate from Tuberculosis, Non-Residents	1.27	5.23
Gross	1.87	5.93

### 3.—PRETORIA.

	Europeans.	Coloured.
Population	...	...
Birth Rate per 1,000	34.2	17.
Death Rate (Crude)	10.6	14.1
Infantile Mortality	104	244
Death Rate from Tuberculosis	.2	2.4

Year	No. of Infant Deaths						
	1903-4	1904-5	1905-6	1906-7	1907-8	1908-9	1909-10-11
Infantile Mortality (per 1,000)	112	102	100	97	80	62	41
	100.0	90.0	89.0	87.0	71.0	51.0	36.0

The shaded portions of the columns represent the proportion of infantile deaths due to diseases of the Alimentary Tract.

## VITAL STATISTICS

### 1—JOHANNESBURG

Year	European		Coloured	
	White	Native	European	Coloured
Population	111,887	88,032	7,748	5,178
Birth Rate per 1,000	32.7	38.8	31.1	19.7
Death Rate (Crude)	13.2	13.2	13.2	19.7
Death Rate corrected for age and Sex Distribution	15.970	13.2	13.2	19.7
Infantile Mortality	110	330	330	30.5
Death Rate from Tuberculosis	0.97	4.74	2.49	1.19

### 2—CAPETOWN

Year	European		Coloured	
	White	Native	European	Coloured
Population	...	...	30,478	37,055
Birth Rate per 1,000	...	...	34.9	44.34
Death Rate (Crude)	...	...	14.89	28.78
Infantile Mortality	...	...	0.48	20.8
Death Rate from Tuberculosis, Non-Residents	...	...	1.37	5.33
Crude	...	...	1.87	5.98

### 3—PRETORIA

Year	European		Coloured	
	White	Native	European	Coloured
Population	...	...	...	...
Birth Rate per 1,000	...	...	34.5	17
Death Rate (Crude)	...	...	10.8	14.1
Infantile Mortality	...	...	104	34
Death Rate from Tuberculosis	...	...	2	2.4



## 4.—BLOEMFONTEIN.

	European.	Coloured.
Population ... ..	10,908	10,106
Birth Rate per 1,000 ... ..	32.8	...
Death Rate (Crude) ... ..	10.0	34.0
Death Rate (Corrected) ... ..	7.59	...
Infantile Mortality ... ..	79.2	...

## 5.—SYNOPTICAL TABLE FOR EUROPEAN POPULATIONS.

	Population.	Birth Rate.	Death Rate.	Infantile Mortality.	Phthisis Death Rate.
Johannesburg ...	111,857	35.7	13.3	110.	.97
Cape Town ...	30,476	24.9	14.89	94.8	1.87
Pretoria ...	...	34.2	10.6	104.	.2
Bloemfontein ...	10,968	32.8	10.0	79.2	...
Durban ...	34,400	27.7	8.7	90.3	.52

## PLAGUE.

No cases of Plague have occurred in Durban or amongst the shipping in Port Natal during the past year. Several cases, however, are reported to have occurred on the West Coast of Africa and Mauritius. On the latter island, during 1909, 248 deaths occurred from Plague, and during the first ten months of 1910, 165 deaths were reported. Should Plague re-appear in Durban it will undoubtedly obtain entrance as before by way of the Port. In the event of such a calamity happening, as the material interests of this Borough are considerably involved, it is to be hoped that Government will afford every possible assistance to their Port officials, who are charged with the duty of preventing the entrance of this and other dangerous infectious diseases into the Colony.

Another invasion of this Borough by Plague will entail, amongst other things, considerable expense to this community. There are others far more able to deal with this aspect of the question, but it seems to me scarcely equitable that a community should be pecuniarily penalised because of the spread of infection from a port in the affairs of which they have not voice or part, and which is exclusively controlled by Government. During our first outbreak of Plague, I contended that—when Plague extended to the Borough from the Government area, owing to its not having been stamped out while confined to the Point—all expenses incurred by the Borough should be met by Government. I believe this was done in the case of Cape-town, and I am also informed that at the present time Johannesburg Municipality has an arrangement with Government by which all cases occurring within that Municipality are taken charge of and treated in hospital free of charge. I think it very necessary that while Plague is non-existent, some definite arrangements between this Municipality and Government should be made in anticipation of a possible outbreak of this disease, so far, at least, as financial arrangements are concerned.

## 4.—BLOEMFONTEIN.

Population	Birth Rate per 1,000	Death Rate (Crude)	Death Rate (Corrected)	Infantile Mortality
10,952	32.8	10.0	7.59	78.2
10,108				

## 5.—SYNOPTICAL TABLE FOR EUROPEAN POPULATION.

Population	Birth Rate	Death Rate	Infantile Mortality	Infantile Death Rate
Johannesburg ...	111,857	36.7	18.8	110
Cape Town ...	30,478	34.8	14.50	34.8
Pretoria ...	...	34.2	10.8	104
Bloubaarsburg ...	10,888	32.8	10.0	78.2
Durban ...	34,400	27.7	8.7	30.8

## PLAGUE.

No cases of Plague have occurred in Durban or amongst the shipping in Port Natal during the past year. Several cases, however, are reported to have occurred on the West Coast of Africa and Mauritius. On the latter island, during 1909, 248 deaths occurred from Plague, and during the first ten months of 1910, 165 deaths were reported. Should Plague re-appear in Durban it will undoubtedly obtain entrance as before by way of the Port. In the event of such a calamity happening, as the material interests of this Borough are considerably involved, it is to be hoped that Government will afford every possible assistance to their Port officials, who are charged with the duty of preventing the entrance of this and other dangerous infectious diseases into the Colony.

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## SMALLPOX.

No cases of Smallpox have occurred within the Borough of Durban during the past year. The s.s. "Sultan" arrived on the 28th September, 1910, having had a case of Smallpox on board during the voyage in an Indian passenger. The Port Health Officer informed me that 90 Indian contacts were ready to be discharged from the ship so soon as the Municipality were prepared to take them over. As the incubation period of Smallpox had not elapsed since these people had been exposed to infection, and as I had reason to believe that efficient vaccination and re-vaccination had not been carried out, I objected to the Indian contacts being allowed to come into this Borough. All these contacts were then removed to and quarantined on Salisbury Island by the Port Health Department.

## VACCINATION.

We still continue to act as a lymph depot for the convenience of medical practitioners in Durban. During the past year several complaints have been sent to the Health Officer for Natal concerning the lymph supply, some parcels of which seemed to be impotent or nearly so. These complaints were not confined to Durban. By June, 1911, they had become so general that the Government stopped the issue of lymph pending the carrying out of some experiments as to its potency and efficiency. The lymph supply has not yet been renewed, but there is a sufficient stock in the Province of a potent strain to inoculate contacts should an outbreak of Smallpox occur in the meantime. I would again repeat that the vaccination laws are not sufficiently administered. The Indian population is not well vaccinated; the European population very much less so. The protection of a community from Smallpox is retained in the hands of Government, which does not sufficiently carry out this work. Still, when Smallpox appears, say, in the Borough of Durban, it is the Municipality which has to pay the expenses connected with the hospital treatment, nursing, and stamping out of this disease.

## DYSENTERY.

Sporadic cases of this disease continue to be notified from time to time, and from all over the Borough. The cases of Dysentery, however, that are now notified are not to be compared with the cases of Dysentery occurring eight or nine years ago. People are now being notified as suffering from Dysentery who are able to attend to their duties and even play such exciting games as tennis. About the 20th December the number of notifications of Dysentery commenced to slightly increase, and by the beginning of January it was noticed that in the ten days 12 cases had been notified. These cases were not grouped in any one part of the town, nor did there seem any circumstances common to the cases reported. The disease occurred amongst people of all ages, and races, and both sexes. On making inquiries amongst medical men, I found that cases were occurring similar to those notified which were not believed by the medical attendants to be Dysentery, but a condition known as Muco-Enteritis. It may be stated that the greatest number notified by any one medical man was four cases, and that the greater number of the medical profession did not notify these cases of Dysentery. During the five weeks this outbreak existed there were 52 cases notified as Dysentery.



## SMALLPOX

No cases of Smallpox have occurred within the Borough of Durban during the past year. The s.s. "Sultan" arrived on the 23rd September, 1910, having had a case of Smallpox on board during the voyage in an Indian passenger. The Port Health Officer informed me that 90 Indian contacts were ready to be discharged from the ship as soon as the Municipality were prepared to take them over. As the incubation period of Smallpox had not elapsed since these people had been exposed to infection, and as I had reason to believe that efficient vaccination and re-vaccination had not been carried out, I objected to the Indian contacts being allowed to come into this Borough. All these contacts were then removed to and quarantined on Salisbury Island by the Port Health Department.

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## DYSENTERY.

Spontaneous cases of this disease continue to be notified from time to time, and from all over the Borough. The cases of Dysentery, however, that are now notified are not to be compared with the cases of Dysentery occurring eight or nine years ago. People are now being notified as suffering from Dysentery who are able to attend to their duties and even play such exciting games as tennis. About the 20th December the number of notifications of Dysentery commenced to slightly increase, and by the beginning of January it was noticed that in the last days 12 cases had been notified. These cases were not grouped in any one part of the town, nor did there seem any circumstances common to the cases reported. The disease occurred amongst people of all ages, and races, and both sexes. On making inquiries amongst medical men, I found that cases were occurring similar to those notified which were not believed by the medical attendants to be Dysentery, but a condition known as Mucous Enteritis. It may be stated that the greatest number notified by any one medical man was four cases, and that the greatest number of the medical profession did not notify these cases of Dysentery. During the five weeks this outbreak existed there were 52 cases notified as Dysentery.

## ENTERIC FEVER.

From the tables relating to this disease it will be seen that the number of cases of Enteric occurring in the Borough during 1910-11 was more than double that for the previous year. Although the increase was fairly general all over the Borough it will be noted that it was most marked in Wards 1 and 7. In the former there were in each of two families three cases, and in another two cases, and in the latter there was one instance of three cases in a family and another of two cases. These occurrences would seem to point to the need for more stringent measures of isolation than can be obtained in most of the small houses in Durban. Many people still cling to the belief that Enteric is not infectious, and that consequently the restrictions imposed by this Department are unnecessary, but it should be clearly understood that in this disease infection can readily be communicated from a person who is suffering from the disease, and in a number of cases from persons who have previously had the disease, in various ways. It is therefore imperative that every person suffering from Enteric should be isolated, that is, completely separated from all others except those in attendance on the patient, that the nurse should not cook food for herself or the other members of the family, that throughout the attack the most scrupulous care and cleanliness should be maintained, and that at the end of the illness everything exposed to infection should be thoroughly disinfected.

In considering the increase so far as Ward I. is concerned, it should be borne in mind that this Ward embraces the greater part of the area to which most of our season's visitors flock for accommodation, and that many of these visitors are only just convalescent from disease. It is certain that some of them have just recovered from Enteric, and some may not be free from infection.

## TUBERCULOSIS.

For the first nine months of the past Municipal year the work of carrying out measures for the prevention of the spread of Consumption of the Lungs was performed by the Public Health Department on the same lines as detailed in previous annual reports. Dr. Adams on his arrival took over the duties connected with Tuberculosis, and the Tuberculosis Bureau commenced its operations at the beginning of May, 1911.

It will be remembered that in some of my previous health reports attention was drawn to the fact that although Consumption of the Lungs was an infectious disease, the ordinary methods of dealing with infectious diseases were not reasonably applicable in cases of Tuberculosis.

It is common knowledge that dirty and insanitary houses and impure air predispose to the spread of all communicable diseases. Although great sanitary improvements have been effected in Durban in connection with such conditions, and have produced excellent results as regards many other infectious diseases, the yearly statistics relating to Consumption clearly show that sanitary improvements have not produced any practical diminution.



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In considering the increase so far as Ward 1 is concerned, it should be borne in mind that this Ward embraces the greater part of the area to which most of our season's visitors flock for accommodation, and that many of these visitors are only just convalescent from disease. It is certain that some of them have just recovered from Enteric, and some may not be free from infection.

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Tuberculosis generally makes its appearance amongst the occupants of houses where the minimum sanitary conditions obtain, and particularly where over-crowding and deficient ventilation exists, still numerous examples can be recorded in Durban where this disease has invaded homes where, in addition to the highest comfort, the very best hygienic and sanitary conditions were maintained.

The opinion of those best able to judge is that Tuberculosis is a preventible disease. Suggestions were made to the Town Council of what appeared to be the best methods for preventing the spread of this disease and consequently its eradication from this Borough. The first of these suggestions was that a medical man be appointed to control this work, and for this purpose it was considered necessary that the man appointed should have specialised in the treatment and cure of Consumption. The services of such a medical expert would be available to all races and classes of this community affected or suspected of being affected with Tuberculosis, and it was hoped that by such appointment every case in the Borough would become known, and every case would be kept under proper supervision and control. In order more effectively to maintain control the Tuberculosis Medical Officer would take in charge all such cases as were not under the care of a medical practitioner.

Particulars regarding the work carried on in the Bureau from its opening until 31st July will be found in the attached report of the Tuberculosis Medical Officer. A brief perusal of this report shows that the European portion of the community has already taken good advantage of his services. The Coloured races, however, have not come to the Bureau in anything like the numbers anticipated, from statistics of Consumption amongst these races spread over many years. This apparent unwilling or reluctant attitude on their part may be as yet due to lack of knowledge or appreciation of the existence or purpose of the Tuberculosis Bureau. Up to the present the great majority of the Indians who have sought advice belong to the more intelligent and better class members of that race. In order to prevent the spread of the disease to others it is highly desirable that the lower class Indian suffering from Tuberculosis be got at so that they may obtain the best advice and supervision, and be themselves put under the best conditions possible for their treatment and cure. Before another annual report is submitted, it is hoped that all cases of Consumption in our Native and Indian populations will be as completely known to your officer as are those of Europeans.

Indeed there are some grounds for entertaining such a hope. The leaders of opinion amongst the Indian community are now beginning to awaken to a knowledge of the fact that the Tuberculosis Bureau exists for the purpose of preventing the spread of a dangerous infection amongst their compatriots, and also to assist in the cure of those already attacked. A large and influential committee has been formed by them to assist Dr. Adams in his work, and by the aid of this body of volunteers it is hoped to overcome any objections or apathy on the part of Indians. It is believed that visitations and encouragement from prominent members of their community will produce excellent results, and assist in keeping officialdom more or less in the background. Any method or scheme that will tend to stimulate the Indian population to avail themselves of Dr. Adams' professional knowledge and wide experience in the treatment of a

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disease, which has yearly a greater number of victims amongst Indians than all other infectious diseases put together, will be willingly adopted.

Since the inauguration of the Bureau a regrettable, although very pathetic, feature has occurred, viz., the immigration to Durban of many persons suffering from this disease. Some of these sufferers it was found had taken the journey on the recommendations of their medical attendants. As this Bureau was provided by the Municipality in order to assist and deal with its own consumptive inhabitants, or those working in the Borough, the Town Council considered it advisable to communicate with every medical practitioner in the Transvaal, Orange Free State, and Natal outwith Durban, drawing their attention to the immigration of consumptives, informing them of the aspirations of the Municipality in tackling the question of Tuberculosis in this community, and inviting their co-operation to dissuade any of their patients from proceeding to Durban for professional services.

## INFECTIOUS DISEASES.

1910-11.

TABLE OF CASES OF NOTIFIABLE INFECTIOUS DISEASES, ARRANGED ACCORDING TO RACES.

Disease.	Europeans		Natives.		Asiatics.		Total.	
	Boro'.	Imp.	Boro'.	In p.	Boro'.	Imp.	Boro'.	Imp.
Plague ...	0	0	0	0	0	0	0	0
Dysentery ...	85	6	16	8	30	8	131	22
Smallpox ...	0	0	0	0	0	0	0	0
Diphtheria ...	39	5	0	0	2	0	41	5
Erysipelas ...	8	0	1	0	0	0	9	0
Scarlet Fever ...	14	0	0	0	0	0	14	0
Enteric Fever ...	52	27	2	2	1	0	55	29
Puerperal Fever ...	5	0	1	0	3	0	9	0
Leprosy ...	1	0	0	0	1	0	2	0
Phthisis ...	69	44	7	16	55	52	131	112
Cerebro-Spinal Meningitis	1	0	0	0	0	9	1	9
Totals ...	274	82	27	26	92	69	393	177
Treated in Hospital	67	46	14	13	47	55	128	114
Treated at home or privately	207	36	13	13	45	14	265	63



disease, which has yearly a greater number of victims among Indians than all other infectious diseases put together, will be well-nigh adopted.

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# INFECTIOUS DISEASES

1910-11.

TABLE OF CASES OF NOTIFIABLE INFECTIOUS DISEASES, ARRANGED ACCORDING TO RACES.

Disease.	Europeans		Natives		Asiatics		Total.	
	Home.	Imp.	Home.	Imp.	Home.	Imp.	Home.	Imp.
Typhoid	0	0	0	0	0	0	0	0
Dysentery	85	0	10	0	20	0	105	0
Smallpox	0	0	0	0	0	0	0	0
Leptospirosis	0	0	0	0	0	0	0	0
Hydrophobia	0	0	0	0	0	0	0	0
Scarlet Fever	14	0	0	0	0	0	14	0
Epidemic Fever	52	27	2	0	1	0	55	27
Enteric Fever	0	0	0	0	0	0	0	0
Leptospirosis	1	0	0	0	0	0	1	0
Phthisis	0	0	0	0	0	0	0	0
Cerebro-Spinal Meningitis	1	0	0	0	0	0	1	0
Total	274	62	22	0	21	0	307	62
Treated in Hospital	07	40	14	13	47	0	128	53
Treated at home or privately	207	22	18	13	14	0	255	53

TABLE SIMILAR TO THE FOREGOING FOR COMPARISON  
CONTAINING NUMBER OF NOTIFICATIONS OF  
PREVIOUS YEAR, 1908-09.

Disease.	Europeans.		Natives		Asiatics		Total	
	Boro'.	Imp.	Boro'.	Imp.	Boro'.	Imp.	Boro'.	Imp.
Plague ...	0	0	0	0	0	0	0	0
Dysentery ...	35	12	9	6	10	8	54	26
Smallpox ...	0	0	0	0	0	0	0	0
Diphtheria ...	59	2	0	0	1	0	60	2
Erysipelas ...	8	3	0	0	0	0	3	3
Scarlet Fever ...	9	1	0	0	0	0	9	1
Enteric Fever ...	19	21	3	0	1	1	23	22
Puerperal Fever ...	1	0	0	1	0	0	1	1
Leprosy ...	0	0	0	0	3	0	3	0
Phthisis ...	29	26	9	19	62	53	100	98
Totals ...	155	65	21	26	77	62	253	153
Treated in Hospital	33	40	14	19	47	53	94	112
Treated at home or privately ...	122	25	7	7	30	9	159	41

### DYSENTERY.

The following table shows the cases notified and deaths registered during the past six years:—

Year	1905-6	1906-7	1907-8	1908-9	1909-10	1910-11	
						Borough.	Imported.
Cases	276	93	101	72	80	131	22
Deaths	†7	†4	35	15	15	23	4

† Are only European deaths.

Case Mortality, 17.557 per cent.

Incidence per 1,000 of population, 1.894 (all Races).

### RACE AND SEX DISTRIBUTION.

	Male.	Female.	Total.	Deaths.
European ...	53	33	86	9
Native ...	16	0	16	8
Asiatics ...	17	12	29	6
Totals ...	86	45	131	23

### WARD DISTRIBUTION.

Wards ...	1	2	3	4	5	6	7	Imptd.	Total.
European ...	16	10	9	11	16	13	11	5	91
Native ...	3	2	1	2	1	5	2	8	24
Asiatic ...	3	2	0	9	0	15	0	9	38
Totals ...	22	14	10	22	17	33	13	22	153



TABLE SIMILAR TO THE FOREGOING FOR COMPARISON  
CONTAINING NUMBER OF NOTIFICATIONS OF  
PREVIOUS YEAR, 1908-09.

Disease	Europeans		Natives		Asiatics		Total	
	Born.	Imp.	Born.	Imp.	Born.	Imp.	Born.	Imp.
Plague	0	0	0	0	0	0	0	0
Dysentery	35	12	0	0	10	3	35	15
Smallpox	0	0	0	0	0	0	0	0
Diphtheria	50	2	0	0	1	0	50	2
Erysipelas	3	3	0	0	0	0	3	3
Scarlet Fever	9	1	0	0	0	0	9	1
Bubonic Fever	19	21	3	0	1	1	23	22
Septicemic Fever	1	0	0	1	0	0	1	1
Leptosy	0	0	0	0	0	0	0	0
Phthisis	29	20	9	10	62	53	100	29
Totals	125	62	21	20	77	63	223	152
Treated in Hospital	33	40	14	19	47	63	94	112
Treated at home or privately	132	22	7	1	30	0	139	41

### DYSENTERY

The following table shows the cases notified and deaths re-  
ported during the past six years—

Year	1908-9	1907-8	1906-7	1905-6	1904-5	1903-4
Cases	275	101	78	60	121	23
Deaths	17	20	12	12	23	4

† Are only European deaths.

Case Mortality, 17.567 per cent.  
Incidence per 1,000 of population, 1.894 (all Races).

### RACE AND SEX DISTRIBUTION.

	Total	Female	Male
European	68	33	35
Native	10	0	10
Asiatic	29	12	17
Totals	127	45	82

### WARD DISTRIBUTION.

Wards	1	2	3	4	5	6	7	Total
European	16	10	9	11	16	13	11	86
Native	3	2	1	2	1	2	2	14
Asiatic	3	2	0	0	0	12	0	17
Totals	22	14	10	13	17	25	13	132

The houses of 113 were provided with water closets, and at 15 the pail system was in use.

#### NUMBER OF ROOMS IN INFECTED HOUSES.

Rooms	...	1	2	3	4	5	6	7	Over 7.	Institu- tions.	Totals.
European	...	11	7	5	17	22	13	7	2	2	86
Native	...	14	—	—	—	—	—	—	—	1	15
Asiatic	...	20	5	—	1	—	—	—	—	1	27
Totals	...	45	12	5	18	22	13	7	2	4	128

#### AGE DISTRIBUTION—EUROPEAN.

1910-11.

Age	0.5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75	Total
Male	10	14	2	5	—	6	9	3	2	2	53
Female	13	2	2	—	3	8	4	—	—	1	33
Totals	23	16	4	5	3	14	13	3	2	3	86

#### COLOURED RACES.

	Adults.	Children.	Total.
Natives	16	—	16
Asiatics	17	12	29

**SANITARY CONDITIONS.**—The structural and sanitary conditions of buildings and surroundings at the houses where the cases resided were:—

Good.	Fair.	Poor.	Bad.	Total.
28	71	24	5	128

**CLEANLINESS.**—So far as cleanliness of the interior of the dwelling and its surroundings was concerned, they might be classed as:—

Clean.	Fair.	Dirty.	Total.
69	44	15	128

The houses of 113 were provided with water closets, and at 15 the pail system was in use.

### NUMBER OF ROOMS IN INFECTED HOUSES

Rooms	1	2	3	4	5	6	7	Over 7	Infected houses	Total
European	11	7	5	17	22	18	7	2	2	80
Native	14	—	—	—	—	—	—	—	1	15
Asiatic	20	5	—	1	—	—	—	—	1	27
Total	45	12	5	18	22	18	7	2	4	128

### AGE DISTRIBUTION—EUROPEAN

1910-11

Age	0-5	5-10	10-15	15-20	20-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70	Total
Male	10	14	7	5	—	5	8	4	—	2	—	—	—	—	53
Female	13	2	2	—	8	8	—	—	—	—	—	—	—	—	35
Total	23	16	9	5	13	16	12	4	—	2	—	—	—	—	88

### COLOURED RACES

	Adults	Children	Total
Natives	10	—	10
Asiatics	17	12	29

SANITARY CONDITIONS—The structural and sanitary conditions of buildings and surroundings at the houses where the cases resided were:—

Good	Fair	Poor	Bad	Total
28	71	24	5	128

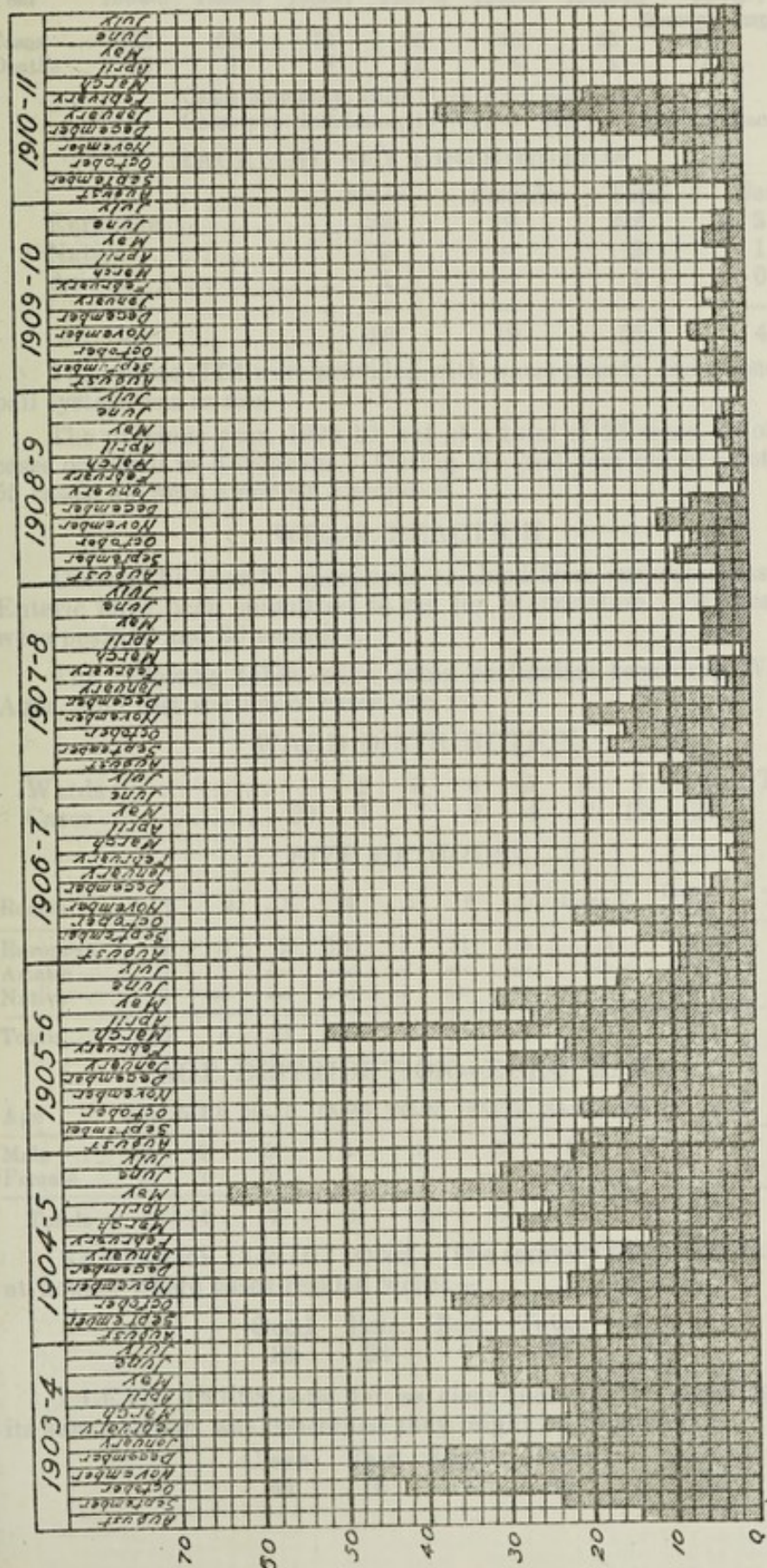
CLEANLINESS—So far as cleanliness of the interior of the dwelling and its surroundings was concerned, they might be classed as:—

Clean	Fair	Dirty	Total
69	44	15	128



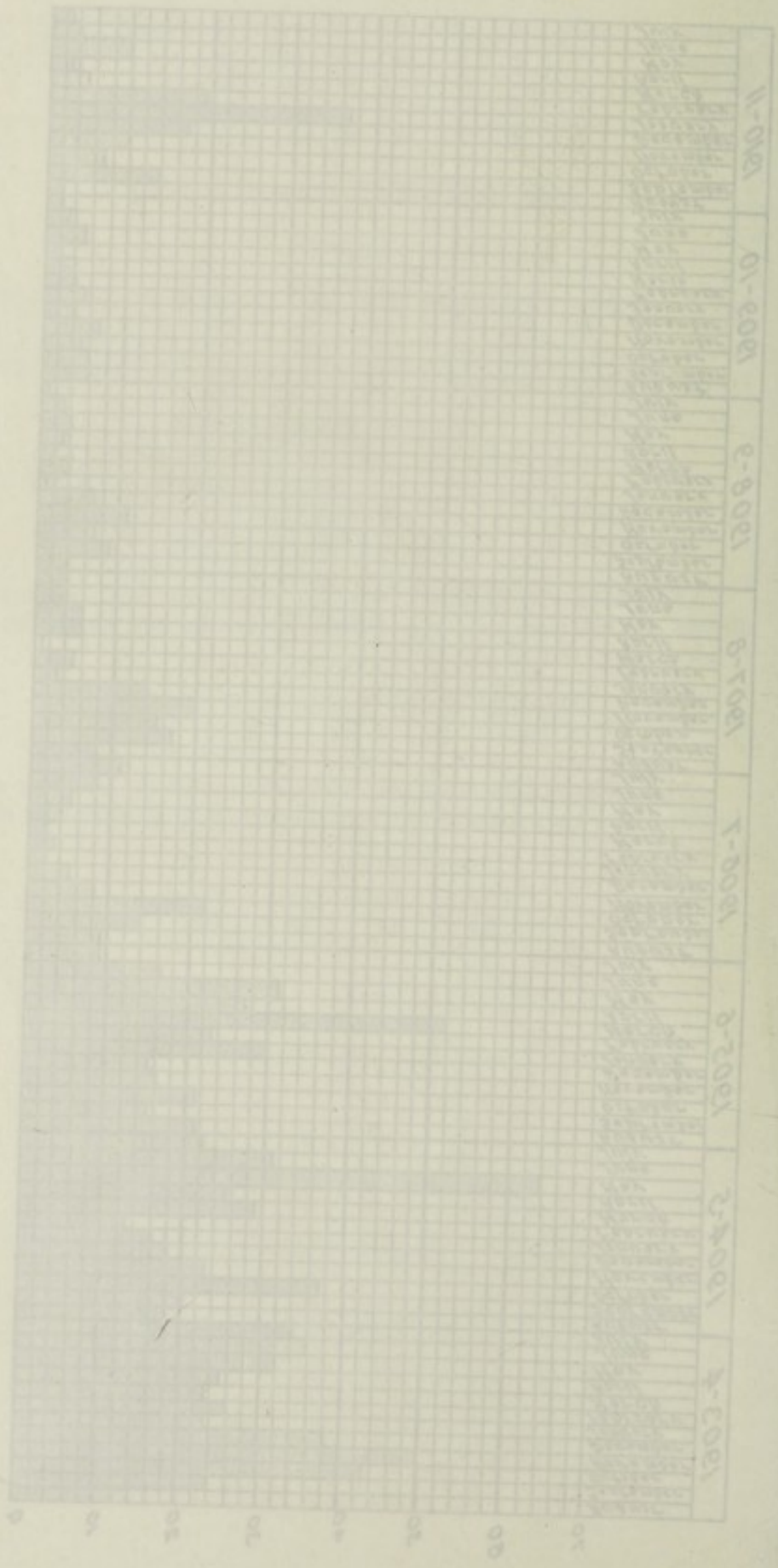
The following Chart shows graphically the monthly notifications of Dysentery for the past seven years:—

### DYSENTERY NOTIFICATIONS.



The following Chart shows graphically the monthly notifications of Dysentery for the past seven years:—

DYSENTERY NOTIFICATIONS.





## ENTERIC FEVER.

The following table shows the total number of cases of Enteric Fever notified and deaths recorded during the past seven

Year	1904-5	1905-6	1906-7	1907-8	1908-9	1909-10	Boro
Cases ...	143	62	72	95	48	45	
Deaths ...	20	9	8	12	4	4	

Cases Mortality, 1910-11 = 7.272 per cent.  
Cases pop. Incidence, 1910-11 = .795 per 1,000

## RACE AND SEX DISTRIBUTION.

	Male.	Female.	Total.
European ...	33	19	52
Native ...	2	—	2
Asiatic ...	1	—	1
	36	19	55

The houses of 54 were provided with water closets, and a pail system was in use.

The previous year, 1909-10, out of a total of 23 cases, 15 cases occurred in Europeans. During the past year out of 55 cases, 52 were amongst Europeans.

## WIDAL REACTION.

During the year 51 specimens of blood from suspected Enteric have been submitted to me for examination. 39 were positive and 38 negative.

The following tables show some particulars regarding Ages, and distribution of cases, etc.:—

## WARD DISTRIBUTION.

Wards ...	1	2	3	4	5	6	7	In
Cases ...	20	7	7	2	4	2	13	

## SIZE OF HOUSE.

Rooms ...	1	2	3	4	5	6	7	Over 7.	In
European ...	8	3	2	15	7	11	4	1	
Asiatic ...	0	1	—	—	—	—	—	—	
Native ...	2	—	—	—	—	—	—	—	
Totals ...	10	4	2	15	7	11	4	1	

## AGE DISTRIBUTION—EUROPEANS.

Age ...	0-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55
Male ..	2	4	5	3	3	8	5	2
Female	2	7	2	5	2	—	1	—
Totals	4	11	7	8	5	8	6	2

SANITARY CONDITIONS.—The sanitary conditions at houses where cases resided were:—

Good.	Fair.	Bad.	Total.
16	34	5	55

CLEANLINESS.—So far as cleanliness of the district and its surroundings was concerned they might be classed as

Clean.	Fair.	Dirty.	Total.
41	10	4	55



## ENTERIC FEVER

The following table shows the total number of cases of Enteric Fever notified and deaths recorded during the past seven years:—

Year	1904-5	1905-6	1906-7	1907-8	1908-9	1909-10	1910-11
Cases	143	53	75	25	45	45	55
Deaths	20	0	8	12	4	4	3

Cases Mortality, 1910-11 = 7.27% per cent.  
Cases per 1,000, 1910-11 = 7.95 per 1,000 (all cases).

## RACE AND SEX DISTRIBUTION

	Male	Female	Total	Deaths
European	33	19	52	3
Native	2	—	2	1
Asiatic	1	—	1	0
	36	19	55	4

The houses of 54 were provided with water closets, and at one the pail system was in use.

The previous year, 1909-10, out of a total of 53 cases, 19 of the cases occurred in Europeans. During the past year out of a total of 55 cases, 52 were amongst Europeans.

## WIDAL REACTION

During the year 51 specimens of blood from suspected cases of Enteric have been submitted to me for examination. Of these 13 were positive and 38 negative.

The following table shows some particulars regarding Wards, Ages, and distribution of cases, etc:—

## WARD DISTRIBUTION

Wards	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Total
Cases	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	54

## SIZE OF HOUSE

Houses	1	2	3	4	5	6	7	Over 7	Total
European	3	3	2	10	7	11	4	1	38
Native	0	1	—	—	—	—	—	—	1
Asiatic	2	—	—	—	—	—	—	—	2
Total	10	4	2	10	7	11	4	1	52

## AGE DISTRIBUTION—EUROPEANS

Age	0-5	5-10	10-15	15-20	20-25	25-30	30-35	35-40	40-45	45-50	Total
Male	2	4	5	3	3	3	3	3	3	3	33
Female	2	3	2	2	2	2	2	2	2	2	23
Total	4	7	7	5	5	5	5	5	5	5	56

SANITARY CONDITIONS.—The sanitary conditions existing at houses where cases resided were:—

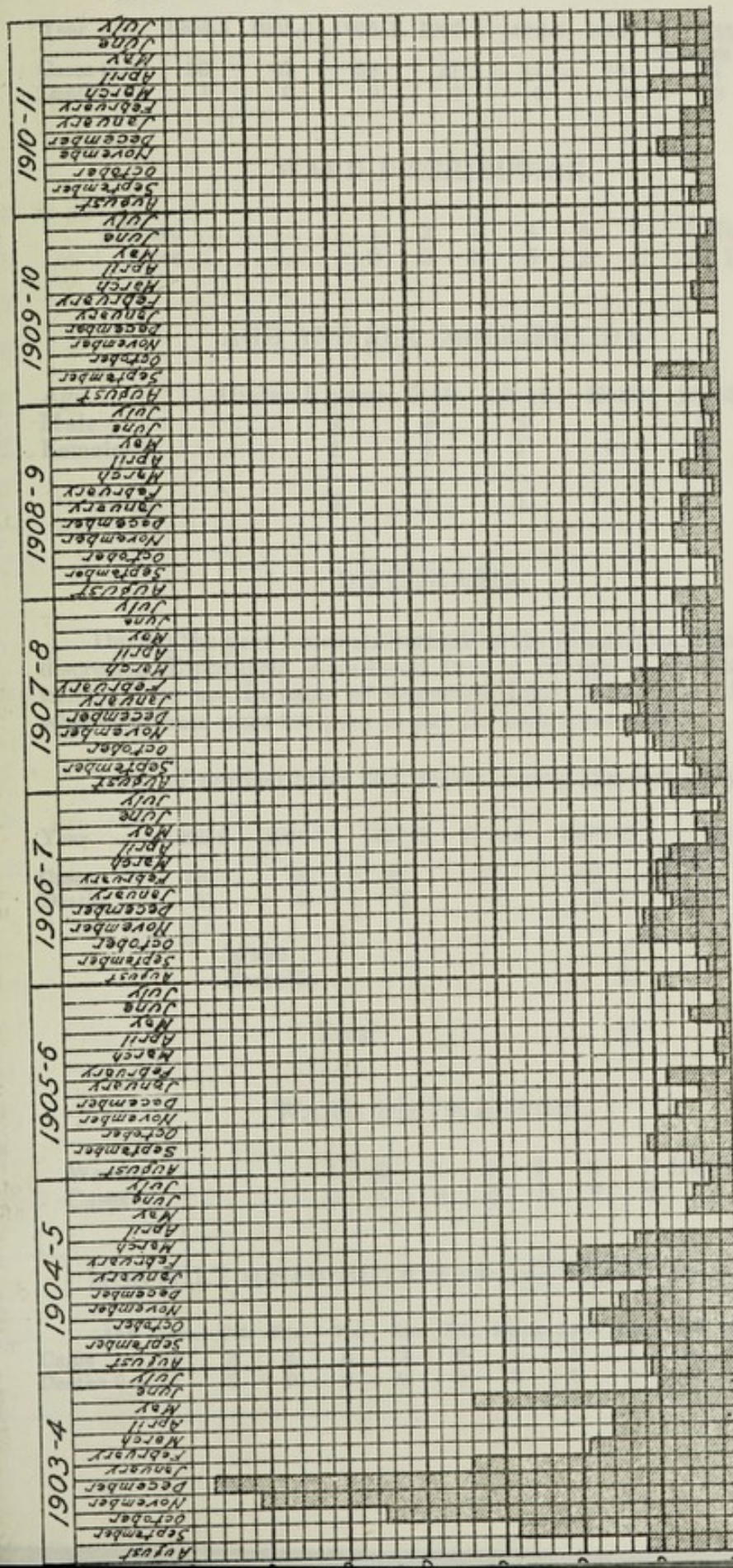
Good	19
Fair	34
Bad	5
Total	58

CLEANLINESS.—So far as cleanliness of the dwelling and its surroundings was concerned they might be classed as:—

Clean	41
Fair	19
Dirty	4
Total	64

The subjoined Chart shows the Monthly Distributions of Enteric during the past seven years:—

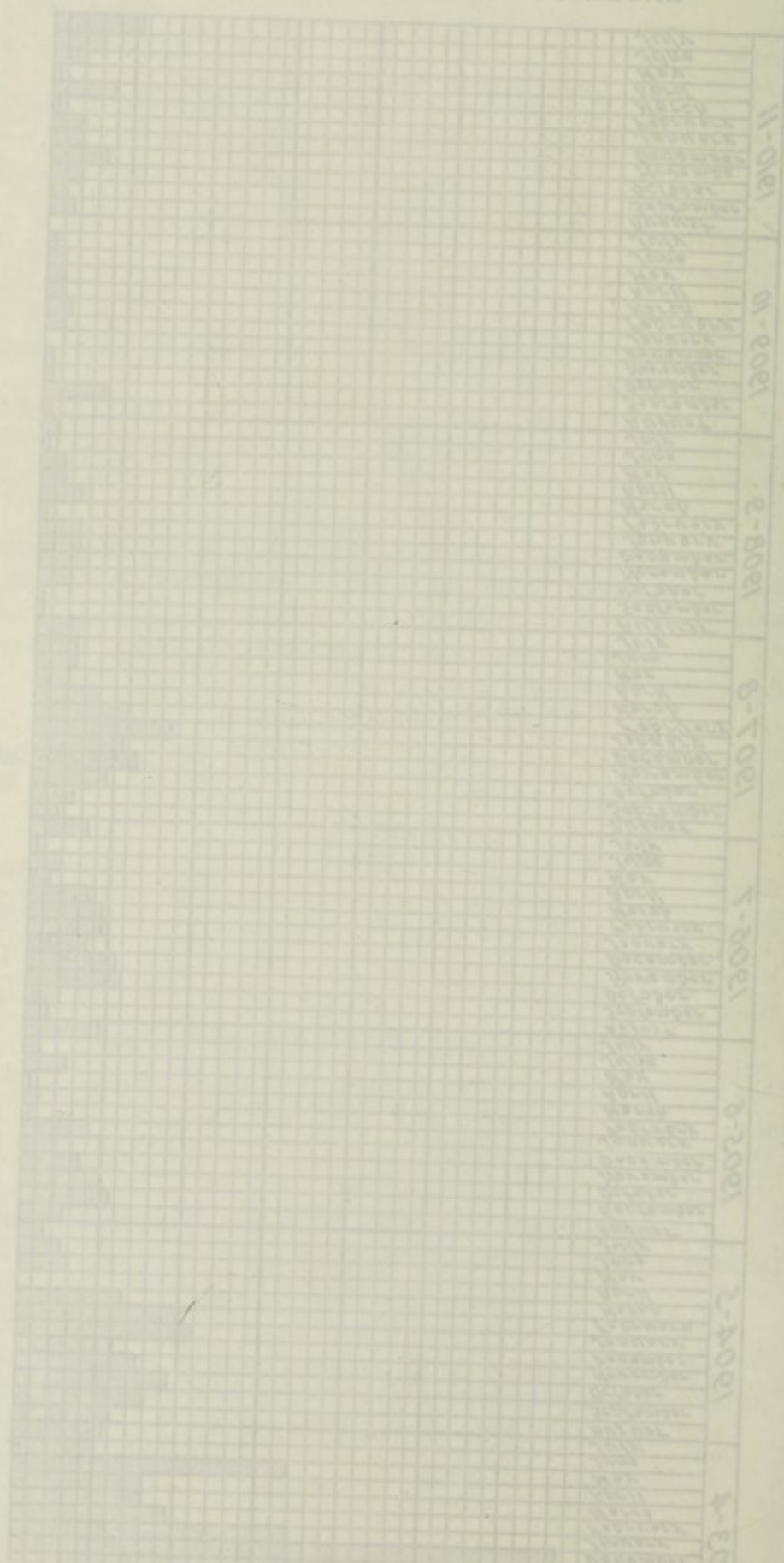
### ENTERIC FEVER NOTIFICATIONS.





The adjoining Chart shows the Monthly Distributions of Enteric during the past seven years. —

# ENTERIC FEVER NOTIFICATIONS





## SCARLET FEVER.

The following table shows the cases notified and deaths from Scarlet Fever registered during the past seven years:—

Year ...	1904-5	1905-6	1906-7	1907-8	1908-9	1909-10	1910-11
Cases ...	33	47	38	21	11	10	Borough 14 Imported 0
Deaths ...	1	0	0	0	0	0	0 0

## WARD DISTRIBUTION.

1904-05	33	Ward ... ..	1	2	3	4	5	6	7	Total.
1905-06	47	Cases ... ..	0	3	2	0	2	1	6	14

## AGE AND SEX DISTRIBUTION.

Age.	Under 5 years.	5-10.	10-15.	15-20.	20-25.	Total.
1908-09 Male ... ..	1	3	2	1	0	7
1909-10 Female ... ..	1	4	1	0	1	7
1910-11 Totals ... ..	2	7	3	1	1	14

## TABLE 2.—DEATHS FROM ALL FORMS OF TUBERCULOSIS SINCE 1905.

## DIPHTHERIA.

During the year I was authorised by the Council to supply at my discretion Diphtheria Anti-toxin free of charge to medical practitioners for use in cases of suspected Diphtheria in the Borough where patients were too poor to pay for such treatment.

Table of notified cases and deaths during the past six years:—

Year ...	1905-6	1906-7	1907-8	1908-9	1909-10	1910-11
Cases ...	38	58	37	35	62	Borough 41 Imported 5
Deaths ...	5	8	2	0	6	2 0
Males ... ..					17	
Females ... ..					24	
Total ... ..					41	

## WARD DISTRIBUTION.

Wards ... ..	1	2	3	4	5	6	7	Imptd.	Total.
Cases ... ..	5	7	9	6	5	7	2	5	46

## MONTHLY DISTRIBUTION OF CASES AND DEATHS.

No. of Cases	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March.	April.	May.	June.	July.	Total.
Cases	1	4	3	2	0	3	6	4	5	4	4	5	41
Deaths	0	1	0	0	0	0	0	0	1	0	0	0	2

## SCARLET FEVER

The following table shows the cases notified and deaths from Scarlet Fever registered during the past seven years:—

Year	1904-5	1905-6	1906-7	1907-8	1908-9	1909-10	1910-11
Cases	28	47	28	21	11	10	13
Deaths	1	0	0	0	0	0	0

## WARD DISTRIBUTION.

Ward	1	2	3	4	5	6	7 Total
Cases	0	2	2	0	2	1	6 14

## AGE AND SEX DISTRIBUTION.

Age	Under 5 years	5-10	10-15	15-20	20-25	Total
Male	1	3	2	1	0	7
Female	1	4	1	0	1	7
Total	2	7	3	1	1	14

## DIPHTHERIA

During the year I was authorised by the Council to supply at my discretion Diphtheria Anti-toxin free of charge to medical practitioners for use in cases of suspected Diphtheria in the Borough where patients were too poor to pay for such treatment.

Table of notified cases and deaths during the past six years:—

Year	1904-5	1905-6	1906-7	1907-8	1908-9	1909-10	1910-11
Cases	28	28	27	27	22	22	21
Deaths	2	2	2	2	0	2	0
Male	17	17	17	17	17	17	17
Female	11	11	10	10	5	5	4
Total	28	28	27	27	22	22	21

## WARD DISTRIBUTION.

Wards	1	2	3	4	5	6	7 Total
Cases	5	7	8	8	7	2	48

## MONTHLY DISTRIBUTION OF CASES AND DEATHS.

Month	Jan	Feb	Mar	Apr	May	June	July	Total
Cases	1	2	2	2	4	4	2	17
Deaths	1	0	0	0	0	0	0	1

## TUBERCULOSIS.

TABLE 1.

YEAR.	EUROPEANS.				NATIVES.				ASIATICS.			
	All Tuber- culosis.		Phthisis.		All Tuber- culosis.		Phthisis.		All Tuber- culosis.		Phthisis.	
	Deaths.	Rate per 1,000 of Pop.	Deaths.	Rate per 1,000 of Pop.	Deaths.	Rate per 1,000 of Pop.	Deaths.	Rate per 1,000 of Pop.	Deaths.	Rate per 1,000 of Pop.	Deaths.	Rate per 1,000 of Pop.
1904-05	33	·98	28	·8	30	1·40	27	1·3	79	4·90	69	4·30
1905-06	27	·80	24	·7	20	1·00	17	0·9	76	4·60	68	4·10
1906-07	30	·95	22	·7	36	2·20	23	1·1	82	5·10	61	3·80
1907-08	21	·70	18	·6	29	1·48	23	1·77	80	5·06	75	4·74
1908-09	20	·68	14	·48	20	1·25	13	0·82	58	3·85	51	3·39
1909-10	19	·59	18	·56	8	·49	6	·36	34	2·11	31	1·92
1910-11	21	·61	18	·52	7	·40	2	·11	28	1·64	25	1·47

TABLE 2.—DEATHS FROM ALL FORMS OF TUBERCULOSIS  
SINCE 1904.

	1904-5	1905-6	1906-7	1907-8	1908-9	1909-10	1910-11	Total Deaths for 7 Years.	Annual Average Mortality.
Europeans,	33	27	30	21	20	19	21	171	24
Natives,	30	20	36	29	20	8	7	150	21
Indians,	79	76	82	80	58	34	28	437	62
Totals,	142	123	148	130	98	61	56	758	108

TABLE 3.—CONSUMPTION OF THE LUNGS (1910-11).

	No. of Cases Notified.	No. of Deaths.	Mortality Rate per 1,000 of Population.	Annual Average Number of Deaths for past 6 Years.
Europeans,	69	18	·52	19
Natives,	7	2	·11	14
Indians,	55	25	1·47	52
Totals,	131	45		

## EUROPEANS.

TABLE 4.—DISTRIBUTION OF NOTIFIED CASES AND  
DEATHS IN WARDS, 1910-11.

Wards	1	2	3	4	5	6	7	Imported.	Total
No. of Cases...	11	14	12	5	11	7	9	44	113
Deaths	3	4	5	1	3	1	1	11	29





TABLE 5.—AGE AND SEX DISTRIBUTION OF NOTIFIED CASES.

															To-						
Under 11	11—15	15—20	20—25	25—35	35—45	45—55	55—65	65—75	75—85	85—95	95—100	Total.									
M	F	M	F	M	F	M	F	M	F	M	F	M	F								
Cases	0	0	1	1	0	0	2	2	14	13	15	6	4	1	1	3	0	0	0	1	39.30
Deaths	0	0	0	1	0	0	0	0	1	0	3	2	6	2	2	0	0	0	0	1	12.6

## NATIVES.

TABLE 6.—DISTRIBUTION OF NOTIFIED CASES AND DEATHS IN WARDS, 1910-11.

Wards ...	1	2	3	4	5	6	7	Imported.	Total.
Cases notified ...	1	0	0	3	1	2	0	16	23
Deaths ...	1	0	0	1	0	0	0	13	15

## ASIATICS.

TABLE 7.—DISTRIBUTION OF NOTIFIED CASES AND DEATHS IN WARDS.

Wards ...	1	2	3	4	5	6	7	Imported.	Total.
Cases Notified ...	9	2	4	12	3	22	3	52	107
Deaths ...	11	1	0	4	0	9	0	25	50

TABLE OF NOTIFICATIONS ARRANGED IN MONTHS AND RACES.

	Europeans.		Natives.		Asiatics.		TOTAL.	
	Boro.	Imp.	Boro.	Imp.	Boro.	Imp.	Boro.	Imp.
1910								
August ...	1	4	0	1	6	7	7	12
September ...	6	1	1	0	4	5	11	6
October ...	6	2	0	0	5	2	11	4
November ...	1	0	0	0	1	4	2	4
December ...	3	3	1	2	6	7	10	12
1911								
January ...	5	2	1	0	3	3	9	5
February ...	3	1	0	2	1	2	4	5
March ...	4	2	0	2	5	9	9	13
April ...	1	1	0	2	8	2	9	5
May ...	13	7	1	2	3	4	17	13
June ...	18	10	2	3	8	5	28	18
July ...	8	11	1	2	5	2	14	15
Totals ...	69	44	7	16	55	52	131	112

TABLE 5.—AGE AND SEX DISTRIBUTION OF NOTIFIED CASES.

Cases	Under 15												Total
	M	F	M	F	M	F	M	F	M	F	M	F	
Deaths	0	0	0	0	0	0	0	0	0	0	0	0	0
Cases	0	0	1	0	0	0	2	2	12	12	4	1	30

TABLE 6.—DISTRIBUTION OF NOTIFIED CASES AND DEATHS IN WARDS, 1910-11.

Wards	...	1	2	3	4	5	6	7	Imported	Total
Cases notified	...	1	0	0	0	1	2	0	10	20
Deaths	...	1	0	0	1	0	0	0	10	10

TABLE 7.—DISTRIBUTION OF NOTIFIED CASES AND DEATHS IN WARDS.

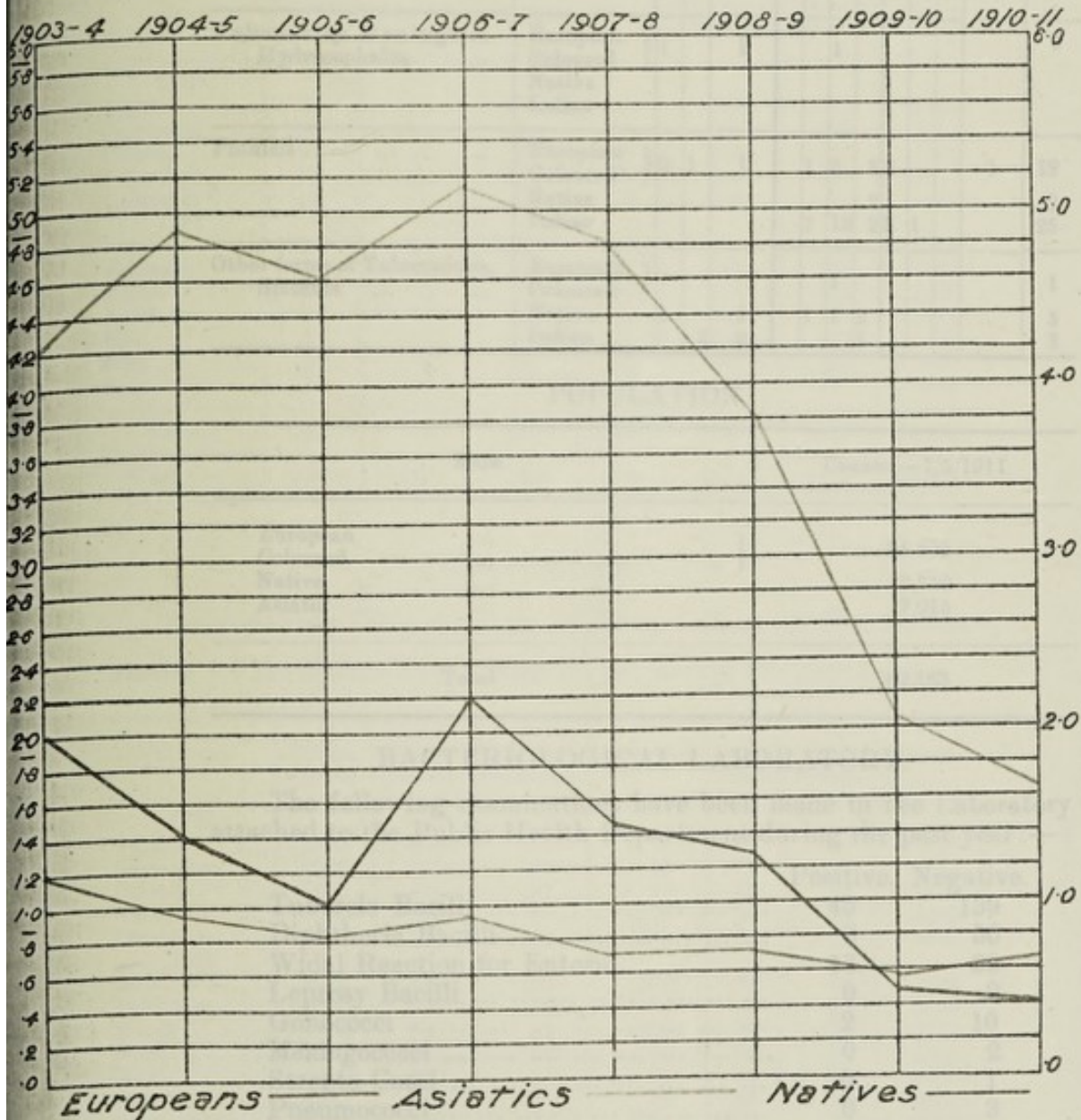
Wards	...	1	2	3	4	5	6	7	Imported	Total
Cases notified	...	0	2	4	12	5	22	3	50	107
Deaths	...	11	1	0	4	0	0	0	25	30

TABLE OF NOTIFICATIONS ARRANGED IN MONTHS AND RACES.

	Europeans		Natives		Asians		Total	
	Notified	Deaths	Notified	Deaths	Notified	Deaths	Notified	Deaths
1910								
August	1	4	0	1	0	7	7	12
September	5	1	1	0	4	5	11	6
October	6	2	0	0	0	2	11	4
November	1	0	0	0	1	4	2	4
December	2	3	1	2	0	7	10	12
1911								
January	5	2	1	0	3	3	9	5
February	2	1	0	2	1	2	4	5
March	4	2	0	2	0	9	9	13
April	1	1	0	2	2	2	9	5
May	13	7	1	3	3	4	17	15
June	18	10	2	3	8	5	28	18
July	3	11	1	2	3	2	14	15
Totals	69	44	7	18	55	52	131	112



Chart showing the Death Rate per 1,000 from Tuberculosis amongst Europeans, Asiatics, and Natives during the past eight years:—

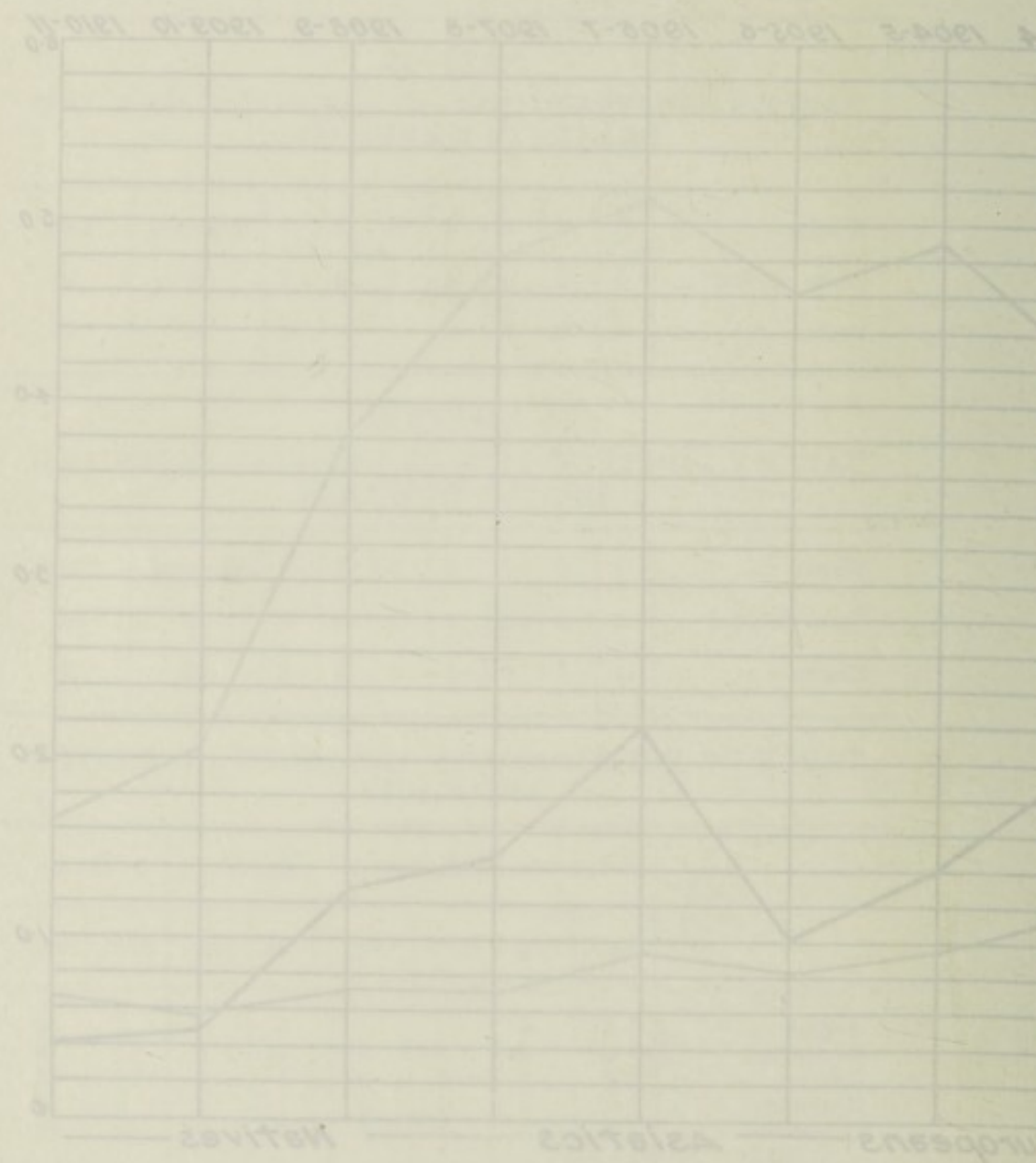


TO BE RETURNED TO MEDICAL LIBRARY

Total	1903-4	1904-5	1905-6	1906-7	1907-8	1908-9	1909-10	1910-11
Examinations	870	1000	1000	1000	1000	1000	1000	1000

\* Clearly Pigeon Examination

Chart showing the Death Rate per 1,000 from Tuberculosis amongst Europeans, Asiatics, and Natives during the past eight years:—



TO BE RETURNED TO MEDICAL LIBRARY

Form for recording Deaths from Tuberculosis, recommended by the United Municipal Association of South Africa (9th August, 1910).

### DEATHS FROM TUBERCULOSIS.

For Year from 1st August, 1910, to 31st July 1911.

	Race.	0 to 1	1 to 5	Total under 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 and over	Total
Tubercular Meningitis Hydrocephalus ...	European } Coloured } Native } Indian }	1		1		1							2
Phthisis ...	European } Coloured } Native } Indian }	0	1	1	1	5	8	2				1	18
					7	12	2	23	1				2
													25
Other forms of Tuberculosis, Scrofula ...	European } Coloured } Native } Indian }	1		1	1	1	2						5
			2	2		1	1						3

### POPULATION.

Race.	Census.—7/5/1911.
European ...	34,400
Coloured ...	17,750
Native ...	17,015
Asiatic ...	
Total ...	69,165

### BACTERIOLOGICAL LABORATORY.

The following examinations have been made in the Laboratory attached to the Public Health Department during the past year:—

	Positive.	Negative.
Tubercle Bacilli	45	139
Diphtheria Bacilli	9	50
Widal Reaction for Enteric	13	38
Leprosy Bacilli	0	2
Gonococci	2	10
Meningococci	0	2
Strepto-Cocci	0	1
Pneumococci	0	3
Other Micro-organisms	0	1
Malaria	0	8
Totals	69	254

Total Examinations	1903-4	1904-5	1905-6	1906-7	1907-8	1908-9	1900-10	1910-11
	872	14936	12898	5919	137	187	226	323

\* Chiefly Plague Examinations.



Form for recording Deaths from Tuberculosis, recommended by  
the United Municipal Association of South Africa (1910 August  
1910).

### DEATHS FROM TUBERCULOSIS

For Year from 1st August, 1910, to 31st July, 1911.

Race	Age	Sex	Date of Death	Place of Death	Cause of Death	Duration of Illness	Previous History	Treatment	Remarks
European	1	1	1	1	1	1	1	1	1
Coloured	1	1	1	1	1	1	1	1	1
Native	1	1	1	1	1	1	1	1	1
Indian	1	1	1	1	1	1	1	1	1
Total	1	1	1	1	1	1	1	1	1

### POPULATION

Race	Sex	Age	Date of Birth	Place of Birth	Cause of Death	Duration of Illness	Previous History	Treatment	Remarks
European	1	1	1	1	1	1	1	1	1
Coloured	1	1	1	1	1	1	1	1	1
Native	1	1	1	1	1	1	1	1	1
Indian	1	1	1	1	1	1	1	1	1
Total	1	1	1	1	1	1	1	1	1

### BACTERIOLOGICAL LABORATORY

The following examinations have been made in the Laboratory  
attached to the Public Health Department during the past year:

Examination	Positive	Negative	Total
Tubercle Bacilli	45	138	183
Diphtheria Bacilli	2	50	52
Widal Reaction for Enteric	13	38	51
Leprosy Bacilli	0	2	2
Gonococci	2	10	12
Meningococci	0	2	2
Strepto-Cocci	0	1	1
Pneumococci	0	2	2
Other Micro-organisms	0	1	1
Malaria	0	2	2
Total	62	224	286

Total	Examinations	Positive	Negative	Total
1905-6	127	187	138	325
1906-7	127	187	138	325
1907-8	127	187	138	325
1908-9	127	187	138	325
1909-10	127	187	138	325
1910-11	127	187	138	325

\* Chief Types Examined.

## DISINFECTING STATION.

The following is a summary of the work performed at the Disinfecting Station during the past year:—

## DISINFECTIONS.

Month	Houses or Rooms	Mattresses	Blankets	Sheets	Articles of Clothing	General Articles	Totals
1910							
August ...	60	70	171	93	723	666	1783
September ...	38	39	87	103	571	678	1516
October ...	30	29	67	77	468	423	1094
November ...	31	63	106	130	643	640	1613
December ...	29	36	71	103	478	529	1246
1911							
January ...	61	64	105	136	461	748	1575
February ...	54	64	100	88	526	629	1461
March ...	39	48	75	90	356	518	1126
April ...	36	44	87	84	429	467	1147
May ...	35	44	97	51	250	244	721
June ...	55	77	130	98	441	474	1275
July ...	71	95	139	145	615	870	1935
Totals ...	539	673	1235	1198	5961	6886	16,492
Previous Year's Work ...	348	539	1337	928	7881	4800	15,833

## PUBLIC BATHS.

The following Table shows the Washing done at the Disinfecting Station for the Public Baths, West Street, during the past year:—

Months.	Brown Towels.	White Towels.	Ladies' Costumes.	Drawers.	Ladies' Sheets	Plain Sheets.	Totals.
1910							
August ...	5940	880	121	79	68	28	7116
September ...	4285	620	95	56	72	29	5157
October ...	5280	820	91	79	73	36	6379
November ...	7052	780	95	54	86	20	8087
December ...	8550	820	104	137	94	28	9733
1911							
January ...	8524	660	139	184	103	28	9638
February ...	8805	640	73	92	61	25	9696
March ...	8105	760	95	138	79	33	9210
April ...	4740	620	98	94	64	28	5644
May ...	4250	520	77	80	62	29	5018
June ...	5120	590	111	74	86	20	6001
July ...	7120	520	142	86	175	45	8088
Totals ...	77,771	8230	1241	1153	1023	349	89,767
Previous Year's Total. ...	66,420	8300	1536	1378	887	347	78,868

## DISINFECTING STATION

The following is a summary of the work performed at the Disinfecting Station during the past year:—

## DISINFECTIONS

Month	Houses or Houses	Mattresses	Blankets	Shoes	Articles of Clothing	General Articles	Totals
1910							
August	60	70	121	92	733	666	1782
September	38	39	67	108	371	678	1311
October	30	32	67	77	458	423	1094
November	31	63	168	150	643	640	1615
December	29	36	71	103	478	320	1247
1911							
January	61	64	106	136	461	746	1875
February	54	54	103	98	356	620	1481
March	38	48	78	80	326	318	1120
April	36	44	67	84	436	467	1137
May	35	44	67	81	350	344	1221
June	54	77	136	98	441	473	1275
July	71	62	139	142	613	670	1395
Totals	530	673	1236	1196	5661	6966	16,492
Previous Year's Work	348	459	1387	825	7681	4890	15,530

## PUBLIC BATHS

The following Table shows the Washing done at the Disinfecting Station for the Public Baths, West Street, during the past year:—

Months	Brown Towels	White Towels	Ladies' Costumes	Drawers	Ladies' Shirts	Flies	Totals
1910							
August	3040	560	121	79	66	26	7112
September	4285	620	82	26	73	26	5127
October	3280	820	81	79	73	36	6979
November	7082	780	88	54	66	20	8087
December	8830	620	104	137	94	26	9733
1911							
January	8654	660	120	184	103	26	9687
February	8605	640	73	92	81	26	9296
March	8103	780	68	138	79	32	9210
April	4740	620	98	94	64	26	5644
May	4250	320	77	68	62	20	4618
June	6120	560	111	74	66	20	6901
July	7120	820	142	66	173	42	8088
Totals	77,771	9230	1241	1168	1023	240	88,707
Previous Year's Total	66,450	8200	1630	1376	887	247	78,890



The following Table shows the Washing done during the past year at the Disinfecting Station in connection with the Ocean Beach Bathing Enclosure:—

Months.	Towels.	Ladies' Costumes.	Gents' Costumes.	Drawers.	Totals.
1910					
August ...	7840	815	3920	104	12679
September ...	5700	529	2580	123	8932
October ...	4400	431	2517	73	7421
November ...	4840	357	2100	87	7384
December ...	6520	565	3690	134	10909
1911					
January ...	12,800	1271	8300	240	22,611
February ...	7860	616	3790	118	12,384
March ...	7420	640	3880	63	12,003
April ...	8120	827	4575	60	13,582
May ...	8260	668	3605	66	12,599
June ...	9880	1005	5250	82	16,217
July ...	13,840	1814	7980	88	23,722
Totals ...	97,480	9538	52,187	1238	160,443
Previous Year's Totals ...	70,480	8237	34,055	482	113,254

#### INFECTIOUS DISEASES: PAIL SERVICE.

The following Table shows the number of Infectious Diseases Pails supplied and dealt with at cases of Enteric Fever and Dysentery where sewerage is not connected up or available:—

Months.	PAILS.
1910.	
August ...	0
September ...	0
October ...	7
November ...	4
December ...	0
1911.	
January ...	21
February ...	16
March ...	0
April ...	0
May ...	0
June ...	0
July ...	0
TOTAL PAILS ...	48
Previous year's work ...	80

#### STAFF.

The constitution of the Staff is as follows:—

Medical Officer of Health ...	P. Murison
Chief Inspector of Nuisances ...	W. C. Daugherty
Special Sanitary Inspector ...	R. Walker
	J. Kendall
	Thos. Hyslop
	W. Thomson
	J. Wood
Assistant Inspectors of Nuisances ...	A. Kelso
	W. C. Dawber
	F. W. Holmes
	W. G. Smith

The following Table shows the Wastings done during the past year at the Hasting station in connection with the Green House Bathing Machine:

Months	Men's	Boys' Costumes	Boys' Costumes	Boys' Costumes	Total
1910					
August	7800	815	2000	101	10716
September	2000	820	2200	101	5021
October	4000	421	2015	73	6509
November	4000	427	2100	87	6614
December	4000	450	2000	101	6551
1911					
January	12000	1271	2200	210	15781
February	7000	610	2100	110	9820
March	7100	610	2000	65	9775
April	8100	607	2000	65	10772
May	8000	600	2000	60	10660
June	8000	600	2000	60	10660
July	12000	1271	2000	60	15531
Total	67,400	6000	22,100	1000	100,600
Previous Year's Total	20,000	8000	24,000	600	45,400

## INFECTIOUS DISEASES: PAID SERVICE

The following Table shows the number of Infectious Diseases Paids supplied and dealt with at cases of Enteric Fever and Dysentery where sewerage is not connected up or available:

Year	Enteric Fever	Dysentery	Total
1910	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0
1911	0	0	0
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
Total	0	0	0
Previous year's work	0	0	0

## STAFF

The constitution of the Staff is as follows:

Medical Officer of Health	W. G. Smith
Chief Inspector of Nuisances	W. C. Dwyer
Special Sanitary Inspector	N. W. Smith
Assistant Inspector of Nuisances	W. G. Smith
	A. K. Smith
	A. Wood
	W. Thomas
	Thos. H. Smith
	J. K. Smith
	H. W. Smith
	W. C. Dwyer
	F. H. Smith

Typist ... ..	I. I. Daddy
Clerk ... ..	A. M. McIver
2nd Clerk ... ..	F. W. Burne
Superintendent, Disinfecting Station ... ..	E. Schulthess
Assistant Disinfecter ... ..	C. Morning

#### TUBERCULOSIS BUREAU :

Tuberculosis Medical Officer ... ..	B. Adams
Nurse ... ..	Sister A. Twamley, A.N.S.R.

#### REPORT BY TUBERCULOSIS MEDICAL OFFICER.

P. MURISON, M.D., B.Sc., D.P.H.,

Medical Officer of Health.

The main plan of Anti-Tuberculosis measures was modelled on the Edinburgh Scheme as outlined by Dr. Philip, of which the Bureau is the centre.

In the words of Dr. Philip, "we must not be content with treating the Consumptive patients who present themselves with more or less advanced disease. We must search for cases at home. We must follow the Consumptive patient to his dwelling and inspect it, and as much as possible, inspect all members of the household, so as to detect cases at the earliest stage. This is a very important aspect of prevention, and forms especially the function of the Consumptive Dispensary," or Bureau as it is called in Dublin. This Bureau is in intimate connection with the Department of the Medical Officer of Health.

The compulsory notification of "Phtisis" has been in operation for many years in the Borough, but has not been rigidly enforced, owing to the fact that, when the notification has been received, it was not possible to do anything for the cases notified. But now that the Borough has a Medical Officer, Nurse and Indian Health Visitor attached to the Bureau, every notified case, and all cases notified for the past even years, who are still living, have been visited, advised and supervised.

The other elements in the Edinburgh scheme are the establishment of a sanatorium, where early cases could be treated, and of a hospital where advanced cases could be segregated, and cared for until either they became fit to undergo sanatorium treatment, or to resume work, or until released by death. In the Annual Report of last year the recommendations of the Sanitary Committee included "the creation of two homes for the reception respectively of the two classes of patients referred to." The Council resolved on "the fitting up of a Châlet in which to treat Consumptive patients." Up to the present no definite steps have been taken in this direction, but it is hoped that before long the scheme may be completed by these additions.

From the opening of the Bureau to the end of the Municipal Year July 31st, 1911 (three months), 302 persons presented themselves for examination, distributed according to the following table:



Typist ...	I. E. Kelly
Clerk ...	A. M. Melver
Lab Clerk	F. W. Hume
Superintendent, Embalming Station	E. Schellman
Assistant Inspector	C. Manning

## Tuberculosis Bureau:

Tuberculosis Medical Officer	B. Adams
Nurse	Miss A. Twiss, A.R.S.N.

P. MURISON, M.D., B.Sc., D.P.H.,

Medical Officer of Health.

## Durban Municipal Tuberculosis Bureau.

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### REPORT BY TUBERCULOSIS MEDICAL OFFICER.

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In the words of Dr. Philip, "we must not be content with *treating* the Consumptive patients who present themselves with more or less advanced disease. We must *search* for cases at home. We must follow the Consumptive patient to his dwelling and inspect it, and as much as possible, inspect all members of the household, so as to detect cases at the earliest stage. This is a very important aspect of prevention, and forms especially the function of the Consumptive Dispensary," or Bureau as it is called in Durban. This Bureau is in intimate connection with the Department of the Medical Officer of Health.

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The other elements in the Edinburgh scheme are the establishment of a sanatorium, where early cases could be treated, and of a hospital where advanced cases could be segregated, and cared for until either they become fit to undergo sanatorium treatment, or to resume work, or until released by death. In the Annual Report of last year the recommendations of the Sanitary Committee included "the erection of two homes for the reception respectively of the two classes of patients referred to." The Council resolved on "the fitting up of a Chalet in which to treat Consumptive patients." Up to the present no definite steps have been taken in this direction, but it is hoped that before long the scheme may be completed by these additions.

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# Durban Municipal Tuberculosis Bureau

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The compulsory notification of "Tuberculosis" has been in operation for many years in the Borough, but has not been rigidly enforced, owing to the fact that when the notification has been received, it was not possible to do anything for the cases notified. But now that the Borough has a Medical Officer, Nurse and Indian Health Visitor attached to the Bureau, every notified case, and all cases notified for the past seven years, who are still living, have been visited, advised and supervised.

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From the opening of the Bureau to the end of the Municipal Year July 31st, 1911 (three months), 302 persons presented themselves for examination, distributed according to the following table:



	European.	Coloured.	Native.	Asiatic.	Totals.
May ...	44	9	5	17	75
June ...	56	8	3	28	95
July ...	60	16	6	50	132
Totals ...	160	33	14	95	302

Of these 115 were found to be suffering from Pulmonary Tuberculosis, as follows:—

	European.	Coloured.	Native.	Asiatic.	Totals.
May ...	20	5	1	6	32
June ...	29	3	3	8	43
July ...	21	5	3	11	40
Totals ...	70	13	7	25	115

Many of these Tubercular cases attended on more than one occasion, 152 attendances of these old cases being recorded. In addition the Medical Superintendent paid 115 visits to them in their homes, the Bureau Nurse 247 visits (in two months, as she undertook her duties on June 1st), and the Indian Health Visitor 61 visits (in one month, as he was appointed on July 1st). The Nurse visits European and Coloured patients, while the Indian visits Asiatics and Natives.

Of the 115 cases who attended the Bureau, 6 European, 3 Coloured, 2 Indian, and 0 Native cases died, and a number have left the Borough, while the remainder are under supervision.

No medicines are given away as at some of the Tuberculosis Dispensaries at Home, but to a few Tubercular cases only prescriptions were given. The majority of the patients who attended regularly gained weight, and improved in health on the advice given. Many persons attended in whom no signs of Tuberculosis could be found, whose sputum was examined with a negative result, and who did not react to von Pirquet's test. These cases were sent either to Medical Practitioners in the town or to Addington Hospital. No non-tubercular patients were allowed to attend after a negative diagnosis had been made.

The social status of the large majority of European cases of Tuberculosis is very much higher than that obtaining at the Dispensaries in England, and a large proportion of cases found to be suffering from Consumption are well able to work and are actually working. Further, nearly one quarter of those attending were not

	European	Coloured	Native	Asiatic	Total
May ...	44	9	2	17	72
June ...	56	8	8	28	90
July ...	60	16	6	50	132
Totals ...	160	33	16	95	304

Of these 115 were found to be suffering from Pulmonary Tuberculosis, as follows:—

	European	Coloured	Native	Asiatic	Total
May ...	20	5	1	6	32
June ...	20	8	3	8	39
July ...	21	5	2	11	40
Totals ...	61	18	6	25	110

Many of these Tubercular cases attended no more than one occasion, 152 attendances of these old cases being recorded. In addition the Medical Superintendent paid 115 visits to them in their homes, the Bureau Nurse 247 visits (in two months, as she undertook her duties on June 1st), and the Indian Health Visitor 61 visits (in one month, as he was appointed on July 1st). The Nurse visits European and Coloured patients, while the Indian visits Asiatic and Native.

Of the 115 cases who attended the Bureau, 8 European, 2 Coloured, 2 Indian, and 6 Native cases died, and a number have left the Borough, while the remainder are under supervision.

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domiciled in the Borough. A large number came from the surrounding area—Mayville, Overport, Umgeni, Sea View, South Coast Junction, while many visitors to the town from Johannesburg, Harrismith, Volksrust, etc., have consulted the Medical Superintendent. Among this number have been found a large proportion of cases of Pulmonary Tuberculosis.

The Medical Superintendent has notified to the Medical Officer of Health 59 cases of Pulmonary Tuberculosis who had not previously been notified by the Medical Practitioners, and who have been included in the preceding tables.

Owing to the work of visitation carried out by the Nurse, Indian Health Visitor, and Medical Superintendent, it has been possible to keep in touch with practically all the cases of Pulmonary Tuberculosis, in spite of the fact that the Indian population in particular are frequently moving their residences. The Department of the Medical Officer of Health has been kept informed of any changes of residence, and any departures from the Borough, and a large number of rooms with linen, clothing, etc., have been disinfected when vacated by patients.

The Medical Superintendent and Indian Health Visitor have inspected all the Indian and Native Barracks in the Borough, in their endeavour to find out cases of Pulmonary Tuberculosis, but these visitations have not brought to light many sufferers.

The Tuberculosis Bureau has already got into touch with a large number of persons suffering from Pulmonary Tuberculosis, in spite of the short time since its opening, and the fact that only for the last month it has had its full staff. One result of its inauguration has been to awaken popular interest in Tuberculosis and its prevention and treatment, as evidenced by the number of articles in the lay Press.

Durban is the first Municipality to establish a Bureau in South Africa, or indeed in the British possessions, consequently it should be a model scheme, and it is hoped that before long, as pointed out above, the necessary sanatorium and hospital will be forthcoming.

These need not be expensive structures, nor to accommodate large numbers, but it would be satisfactory to provide the required accommodation for those cases who need it, and thus amplify the working of the Borough.

BASIL ADAMS, M.D.,

Tuberculosis Medical Officer.



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The Medical Superintendent has notified to the Medical Officer of Health 50 cases of Pulmonary Tuberculosis who had not previously been notified by the Medical Practitioner, and who have been included in the preceding tables.

Owing to the work of visitation carried out by the Native, Indian Health Visitor, and Medical Superintendent, it has been possible to keep in touch with practically all the cases of Pulmonary Tuberculosis, in spite of the fact that the Indian population in particular are frequently moving their residence. The Department of the Medical Officer of Health has been kept informed of any changes of residence, and any departure from the Borough, and a large number of rooms with linen, clothing, etc., have been disinfectant when vacated by patients.

The Medical Superintendent and Indian Health Visitor have inspected all the Indian and Native Houses in the Borough, in their endeavour to find out cases of Pulmonary Tuberculosis, but these visitations have not brought to light many sufferers.

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HARVEY ADAMS, M.D.

Tuberculosis Medical Officer.