

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

### **Contributors**

Durban (South Africa). Public Health Department.

### **Publication/Creation**

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*13/10/17*

# DURBAN CORPORATION



## REPORT

OF

## MEDICAL OFFICER of HEALTH

FOR THE

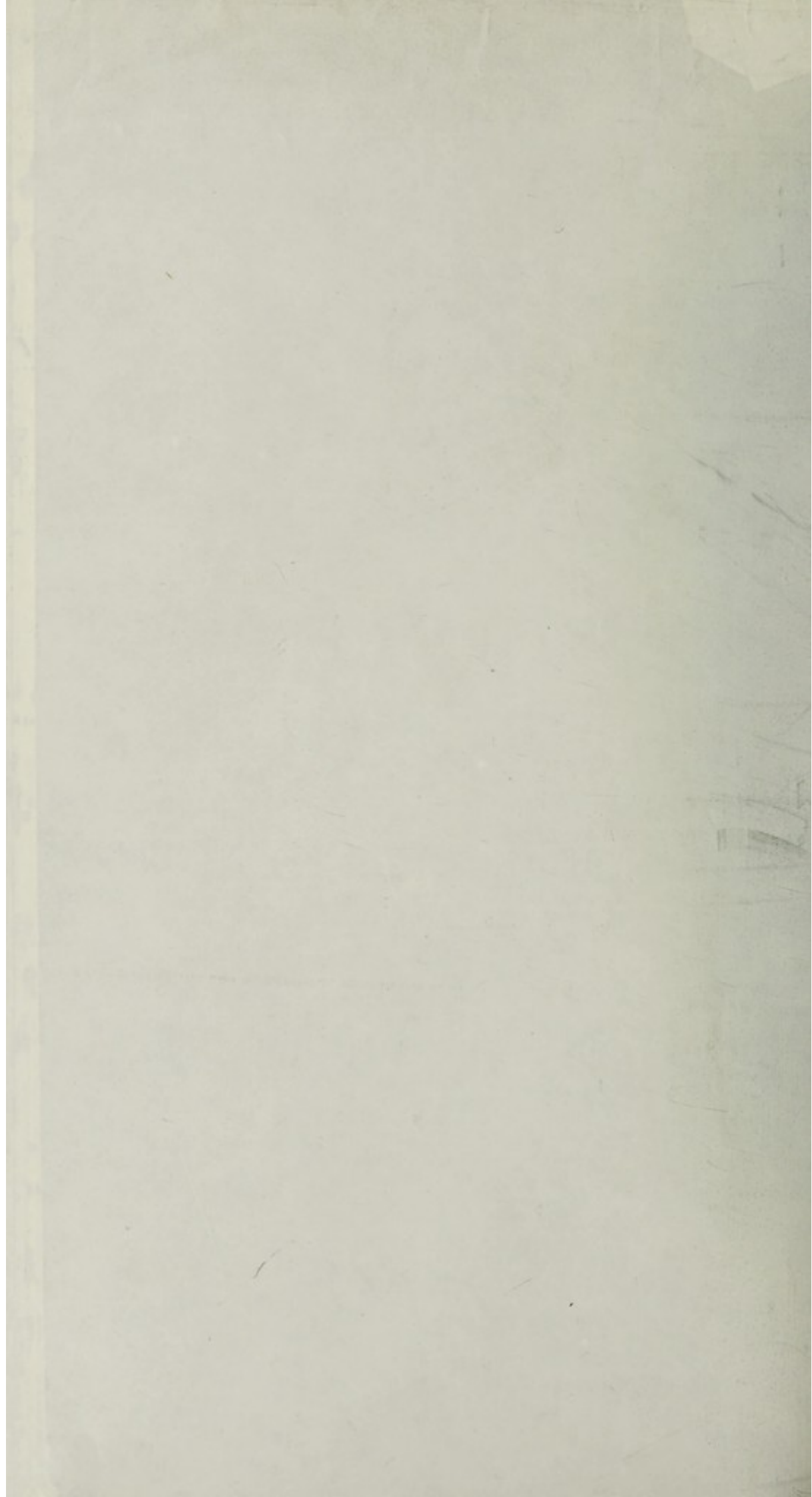
Municipal Year ended 31st July, 1916.

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DURBAN

H. DAVIS & SONS, LIMITED, Printers, Grey and Saville Streets

1917.





# POPULATION

The following table shows the estimated population of the Borough of Durban for the various Census of the Borough for comparison with the

	1910 Borough Census	1911 Census of the Province
Europeans	30,190	30,190
Coloured	2,019	2,019
Asiatics	10,131	10,131
Natives	15,489	15,489

## MEDICAL OFFICER'S REPORT.

TABLE SHOWING ESTIMATED POPULATION OF DURBAN (REPRODUCED FROM THE BOROUGH CENSUS, 1911)

Wards	1	2	3	4
Population	4,822	5,294	7,481	7,481

Municipal Buildings,

Durban. 1st August, 1916.

For Public Health Purposes, the following are the estimated population of the Borough of Durban, for the year ended 31st July, 1916.

TO HIS WORSHIP THE MAYOR

TABLE SHOWING THE NAMES AND TOWN COUNCILLORS OF THE BOROUGH OF DURBAN.

GENTLEMEN,

I have the honour to submit to you my Fourteenth Annual Report relating to the Health and Sanitary Conditions of the Borough of Durban, for the year ended 31st July, 1916.

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

Medical Officer of Health.

1915	1	2	3	4
August	35	1	54	30
September	39	1	52	31
October	39	0	50	31
November	31	0	51	30
December	37	0	50	30
1916	1	2	3	4
January	39	0	50	30
February	35	0	50	30
March	39	0	51	30
April	40	1	50	30
May	42	0	50	30
June	37	1	50	30
July	44	0	50	30
Totals	457	4	525	481

Ward Distribution of Births in 1917 Report



# MEDICAL OFFICER'S REPORT.

Manitoba Building,

Winnipeg, 1st August, 1916.

To His Excellency the Minister

and Trust Corporation of the Province of Manitoba.

Sir,

I have the honor to submit to you my Fourth Annual Report relative to the Health and Sanitary Conditions of the Province of Manitoba, for the year

ended 31st July, 1915.

I am, Sir, very respectfully,  
Yours faithfully,

Medical Officer of Health.

## POPULATION.

The following table shows the estimated population for 1915-16, and previous Census of the Borough for comparison are shown.

	1910 Borough Census	1911 Government Census	1913 Borough Census	1916 Estimate
Europeans ...	30,030	31,896	33,428	36,400
Coloured ...	2,039	} 19,535	2,420	3,100
Asiatics ...	16,131		18,010	19,400
Natives ...	16,489	17,756	20,302	20,800
	64,689	69,187	74,160	79,700

TABLE SHOWING ESTIMATED POPULATION IN WARDS  
(EUROPEANS), 1915-16.

Wards ...	1	2	3	4	5	6	7	Total.
Population ...	4,622	5,384	7,697	3,835	7,634	3,260	7,068	39,500

For Public Health Purposes, the "Coloured" population is included with the European, and the Birth Rates, Death Rates, etc., shown in this Report as European are calculated on the combined figures.

## BIRTHS.

1.—TABLE SHOWING MONTHLY DISTRIBUTION OF ALL BIRTHS  
FOR RACE AND SEX, 1915-16.

MONTHS.	MALES.			FEMALES.			TOTALS.		
	Europeans	Natives	Asiatics	Europeans	Natives	Asiatics	Europeans	Natives	Asiatics
1915									
August ...	35	1	34	40	0	44	75	1	78
September ...	39	1	22	31	0	19	70	1	41
October ...	39	0	20	51	0	31	90	0	51
November ...	31	0	21	36	0	24	67	0	45
December ...	37	0	30	31	1	29	68	1	59
1916									
January ...	39	0	33	47	0	30	86	0	63
February ...	35	2	39	31	0	39	66	2	68
March ...	39	0	27	38	1	37	77	1	64
April ...	40	1	25	40	0	18	80	1	43
May ...	42	0	26	44	1	25	86	1	51
June ...	37	1	25	34	0	30	71	1	55
July ...	44	0	23	41	0	26	85	0	49
Totals ...	457	6	325	464	3	342	921	9	667

*Ward Distribution of Births in 1917 Report*





## 2.—TABLE OF BIRTHS OCCURRING AMONGST NON-RESIDENTS IN MONTHS.

1913-14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...</
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European Birth Rate (gross)	26.7	per 1,000
European Birth Rate (corrected) for non-residents	23.3	"
Asiatic Birth Rate	34.4	"
Native Birth Rate	.4	"
Birth Rate England and Wales, 1915	21.9	"

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

	1910	1911	1912	1913	1914	1915	1916	1916
No of Births	907	952	1030	1015	1030	1025	1054	921
Birth Rate	28.5	27.7	28.3	28.3	28.1	27.4	26.7	23.3

[Corrected]

## 4.—TABLE SHOWING LEGITIMATE AND ILLEGITIMATE BIRTHS, EXCLUDING IMPORTED BIRTHS, 1915-16.

	Males.	Females.	Total.
Legitimate	444	448	892
Illegitimate	13	16	29
	457	464	921

## MARRIAGES CONTRACTED IN DURBAN BOROUGH, 1915-16.

During the past Municipal Year 494 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.
17	64	368	368	45	45

Gross Marriage Rate for Durban	12.5	per 1,000
Corrected Marriage Rate for Durban	11.4	per 1,000

# 2—TABLE OF BIRTHS OCCURRING AMONGST NON-RESIDENTS 12 MONTHS

1915-16		1914-15		1913-14	
1915		1914		1913	
Age	Sex	Age	Sex	Age	Sex
0-4	M	0-4	M	0-4	M
5-9	M	5-9	M	5-9	M
10-14	M	10-14	M	10-14	M
15-19	M	15-19	M	15-19	M
20-24	M	20-24	M	20-24	M
25-29	M	25-29	M	25-29	M
30-34	M	30-34	M	30-34	M
35-39	M	35-39	M	35-39	M
40-44	M	40-44	M	40-44	M
45-49	M	45-49	M	45-49	M
50-54	M	50-54	M	50-54	M
55-59	M	55-59	M	55-59	M
60-64	M	60-64	M	60-64	M
65-69	M	65-69	M	65-69	M
70-74	M	70-74	M	70-74	M
75-79	M	75-79	M	75-79	M
80-84	M	80-84	M	80-84	M
85-89	M	85-89	M	85-89	M
90-94	M	90-94	M	90-94	M
95-99	M	95-99	M	95-99	M
100+	M	100+	M	100+	M
Total		Total		Total	

European Birth Rate (gross) 26.7 per 1,000  
European Birth Rate (corrected) for non-residents 22.2  
Asian Birth Rate 34.4  
Native Birth Rate 4  
Birth Rate England and Wales 1915 21.9

# 3—TABLE SHOWING TOTAL REGISTERED EUROPEAN BIRTHS AND BIRTH RATES FOR THE LAST SEVEN YEARS

Year	No. of Births	Birth Rate
1915	907	27.7
1914	902	28.1
1913	1015	28.1
1912	1030	28.1
1911	1051	27.4
1910	1051	28.7
1909	951	28.2

# 4—TABLE SHOWING LEGITIMATE AND ILLEGITIMATE BIRTHS EXCLUDING IMPORTED BIRTHS, 1915-16

Category	Legitimate	Illegitimate	Total
1915	141	13	154
1914	148	10	158
1913	157	10	167

# MARRIAGES CONTRACTED IN DUBLIN BOROUGH, 1915-16

During the past Municipal Year 454 European marriages were contracted in Dublin. The following table shows the distribution as to domicile of non-foreign parties:

Of whom one party domiciled in Dublin		Of whom both parties domiciled in Dublin		Of whom neither party domiciled in Dublin	
M	F	M	F	M	F
17	54	368	308	42	42

(Gross Marriage Rate for Dublin 12.5 per 1,000  
Corrected Marriage Rate for Dublin 11.4 per 1,000)

## DEATHS.

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

Race.	Male.	Female.	Total.
European ... ..	191	160	351
Native ... ..	106	39	145
Asiatic ... ..	103	77	180
Totals ... ..	400	276	676

2.—AGE DISTRIBUTION OF DEATHS (EUROPEANS).

	Male.	Female.	Total.
Under 1 year ... ..	40	45	85
1—5 years ... ..	17	15	32
5—10 „ ... ..	2	3	5
10—15 „ ... ..	4	2	6
15—20 „ ... ..	2	1	3
20—25 „ ... ..	7	5	12
25—35 „ ... ..	10	11	21
35—45 „ ... ..	28	15	43
45—55 „ ... ..	28	11	39
55—65 „ ... ..	23	13	36
65—75 „ ... ..	18	21	39
75—85 „ ... ..	9	14	23
85 and over ... ..	3	4	7
Totals ... ..	191	160	351

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

Race.	1911-12	1912-13	1913-14	1914-15	1915-16
European ...	362	311	314	328	351
Native ...	110	129	123	127	145
Asiatic ...	296	235	189	177	180
Totals ...	768	675	626	632	676
Rate per 1,000					
European ...	9.9	8.7	8.6	8.8	8.9
Native ...	6.0	6.4	5.9	6.2	7.0
Asiatic ...	16.9	13.0	10.3	9.4	9.3

4.—TABLE FOR COMPARISON SHOWING RECORDED DEATH RATES  
PER 1,000 IN ENGLAND AND WALES IN 1915.

England and Wales ... ..	15.1
96 Great Towns, including London ... ..	15.6
145 Smaller Towns ... ..	14.0
England and Wales, less the 241 Towns ... ..	14.8
London ... ..	16.1

TO BE RETURNED

LIBRARY



# DEATHS

TABLE SHOWING RACE AND SEX DISTRIBUTION OF DEATHS DURING THE LAST YEAR

Race	Male	Female	Total
European	101	100	201
Native	100	20	120
Asiatic	101	77	178
<b>Totals</b>	<b>402</b>	<b>277</b>	<b>679</b>

2.—AGE DISTRIBUTION OF DEATHS IN HONGKONG

Age	Male	Female	Total
Under 1 year	40	40	80
1-5 years	17	15	32
5-10	2	3	5
10-15	4	2	6
15-20	2	1	3
20-25	7	2	9
25-30	10	11	21
30-35	28	15	43
35-40	28	11	39
40-45	31	13	44
45-50	18	21	39
50-55	9	14	23
55-60	3	1	4
60-65	101	100	201
65-70	100	20	120
70-75	101	77	178
75-80	100	20	120
80 and over	101	77	178
<b>Totals</b>	<b>402</b>	<b>277</b>	<b>679</b>

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

Race	1911-12	1912-13	1913-14	1914-15	1915-16
European	302	311	314	328	321
Native	110	120	120	127	142
Asiatic	296	285	299	177	180
<b>Totals</b>	<b>708</b>	<b>716</b>	<b>733</b>	<b>632</b>	<b>643</b>
Rate per 1,000					
European	9.9	9.7	9.6	9.8	9.9
Native	3.0	3.4	3.3	3.3	3.9
Asiatic	8.9	8.0	8.1	4.4	4.3

TABLE FOR COMPARISON SHOWING UNIFORM DEATH RATES PER 1,000 IN ENGLAND AND WALES IN 1915

England and Wales	10.1
Great Towns, including London	10.0
Small Towns	14.0
Rural and Wales less the 241 Towns	14.8
London	10.1

5.—TABLE SHOWING MONTHLY DISTRIBUTION OF DEATHS  
AMONGST RESIDENTS (EUROPEANS), 1915-16.

MONTHS.	MALES.	FEMALES.	TOTAL.
1915.			
August ...	12	9	21
September ...	22	9	31
October ...	20	10	30
November ...	15	19	34
December ...	23	22	45
1916.			
January ...	17	17	34
February ...	12	14	26
March ...	10	12	22
April ...	14	5	19
May ...	13	18	31
June ...	16	12	28
July ...	17	13	30
Totals ...	191	160	351

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

	EUROPEAN.		NATIVE.		ASIATIC.		TOTAL.	
	M.	F.	M.	F.	M.	F.	M.	F.
Addington Hospital	54	20	21	7	15	7	90	34
Durban Gaol ...	...	...	4	...	...	...	4	...
Point Convict Station	...	...	3	...	1	...	4	...
Sanatorium, Chelmsford Road	5	4	...	...	...	...	5	4
Indian Immigration Depot Hospital	...	...	...	...	1	2	1	2
Private Hospitals ...	3	1	...	...	...	...	3	1
S.A.R. Hospital ...	...	...	8	...	7	1	15	1
Corporation Hospital	3	1	...	...	...	...	3	1
Native Womens Hostel	...	...	...	1	...	...	...	1
Totals ...	65	26	36	8	24	10	125	44

TABLE SHOWING MONTHLY DISTRIBUTION OF DEATHS  
AMONG RESIDENTS (RECORDS), 1915-16

Month	Males	Females	Total
1915			
August	12	8	20
September	22	8	30
October	20	10	30
November	15	10	25
December	20	22	42
1916			
January	17	15	32
February	12	14	26
March	10	12	22
April	14	6	20
May	10	10	20
June	10	12	22
July	15	10	25
Totals	191	160	351

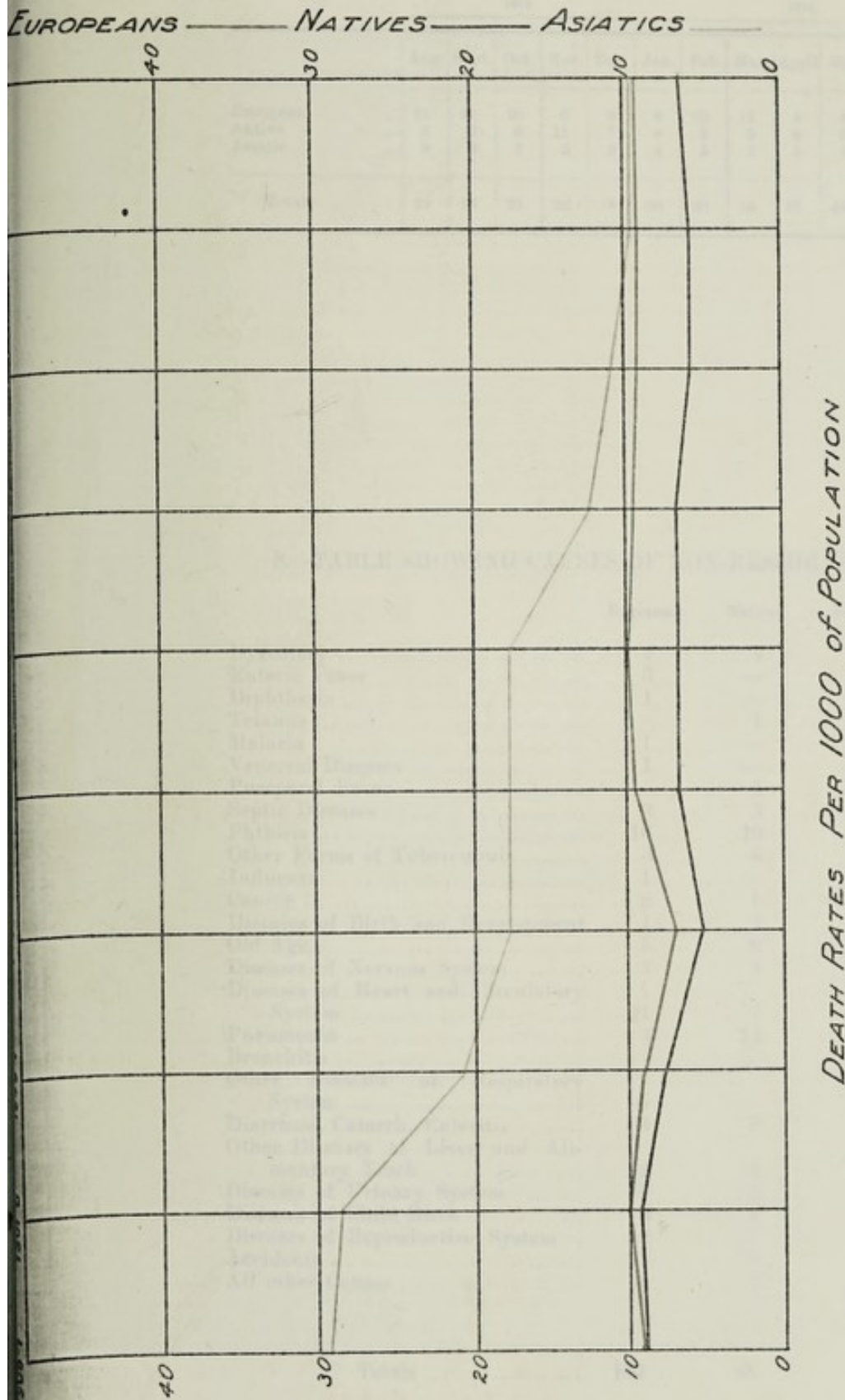
TABLE OF DEATHS IN INSTITUTIONS OR NURSING HOMES, ETC.

Institution	European		Native		Total	
	M.	F.	M.	F.	M.	F.
Adelphi Hospital	54	20	21	7	75	27
British Indian Hospital	—	—	1	—	1	—
Central Convalescent Hospital	—	—	1	—	1	—
General Hospital, Calcutta	—	—	—	—	—	—
General Hospital, Calcutta	2	4	—	—	2	4
Indian Hospital	—	—	—	—	—	—
Indian Hospital	—	—	1	—	1	—
Private Hospital	4	1	—	—	4	1
S. A. H. Hospital	—	—	1	—	1	—
Thames Hospital	2	1	—	—	2	1
White Women Hospital	—	—	1	—	1	—
Totals	63	26	30	8	93	34



## CHART 1.

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





7.—TABLE OF NON-RESIDENT DEATHS IN DURBAN NOT INCLUDED IN TABLE 3.

													1915.		1916.												
													Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July	Total		
European	...	...	11	11	10	6	9	8	10	11	4	4	14	6	104												
Native	...	...	5	2	6	11	7	8	5	5	6	5	4	4	68												
Asiatic	...	...	8	3	7	5	2	4	5	3	5	4	8	10	64												
Totals													...	...	24	16	23	22	18	20	20	19	15	13	26	20	231

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

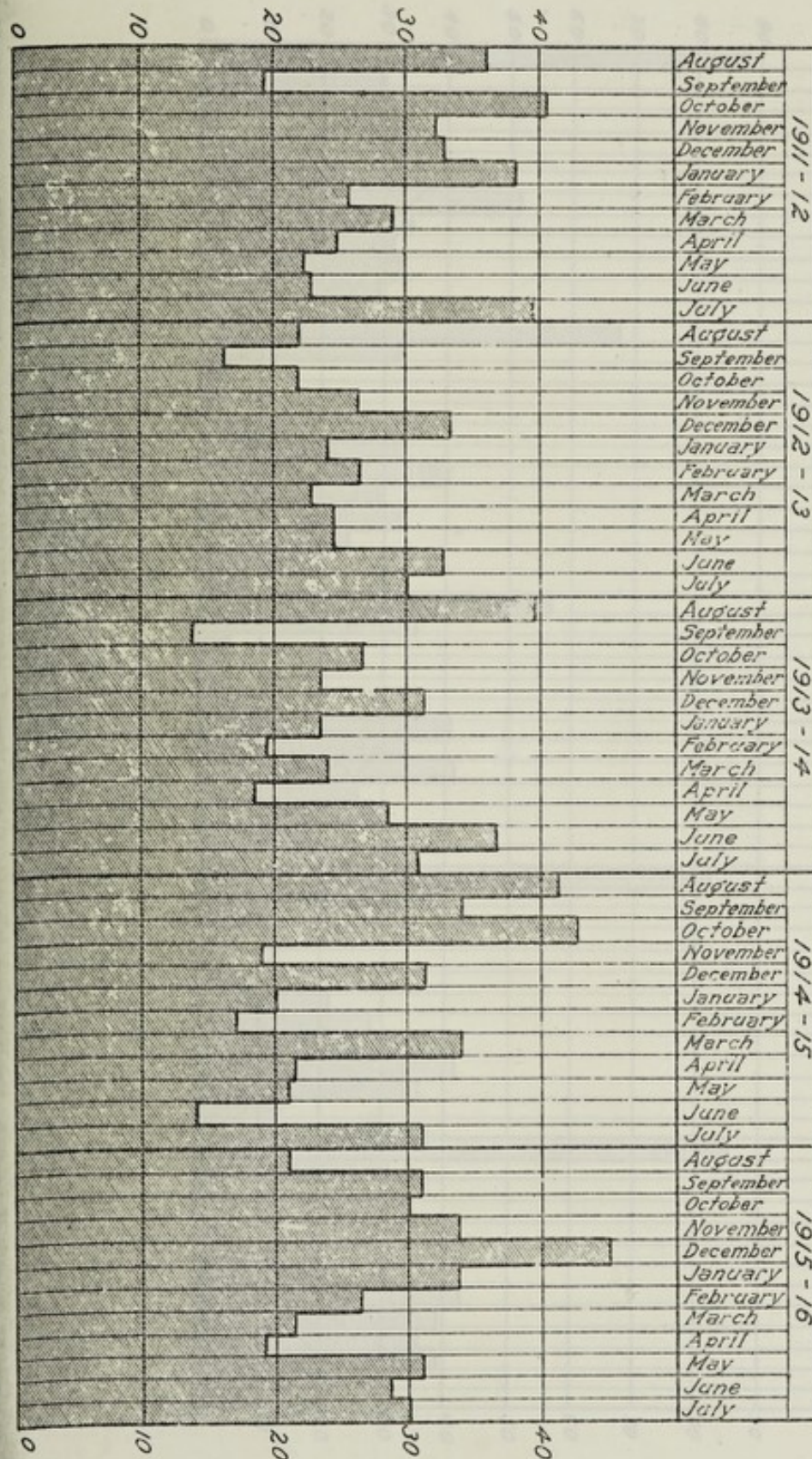
	European	Native	Asiatic	Total
Dysentery ... ..	2	4	5	11
Enteric Fever ... ..	3	—	—	3
Diphtheria ... ..	1	—	—	1
Tetanus ... ..	—	1	—	1
Malaria ... ..	1	—	1	2
Venereal Diseases ... ..	1	—	1	2
Puerperal Fever ... ..	—	1	—	1
Septic Diseases ... ..	3	3	—	6
Phthisis ... ..	16	10	8	34
Other Forms of Tuberculosis ... ..	3	6	3	12
Influenza ... ..	1	—	—	1
Cancer ... ..	8	1	1	10
Diseases of Birth and Development ... ..	1	1	—	2
Old Age ... ..	5	0	7	12
Diseases of Nervous System ... ..	3	1	5	9
Diseases of Heart and Circulatory System ... ..	21	7	10	38
Pneumonia ... ..	3	12	4	19
Bronchitis ... ..	—	—	1	1
Other Diseases of Respiratory System ... ..	5	—	0	5
Diarrhœa, Catarrh, Enteritis ... ..	3	7	2	12
Other Diseases of Liver and Alimentary Tract ... ..	2	6	3	11
Diseases of Urinary System ... ..	11	2	6	19
Diseases of Child Birth ... ..	1	1	—	2
Diseases of Reproductive System ... ..	1	—	—	1
Accidents ... ..	3	3	2	8
All other Causes ... ..	6	2	5	13
Totals ... ..	104	68	64	236





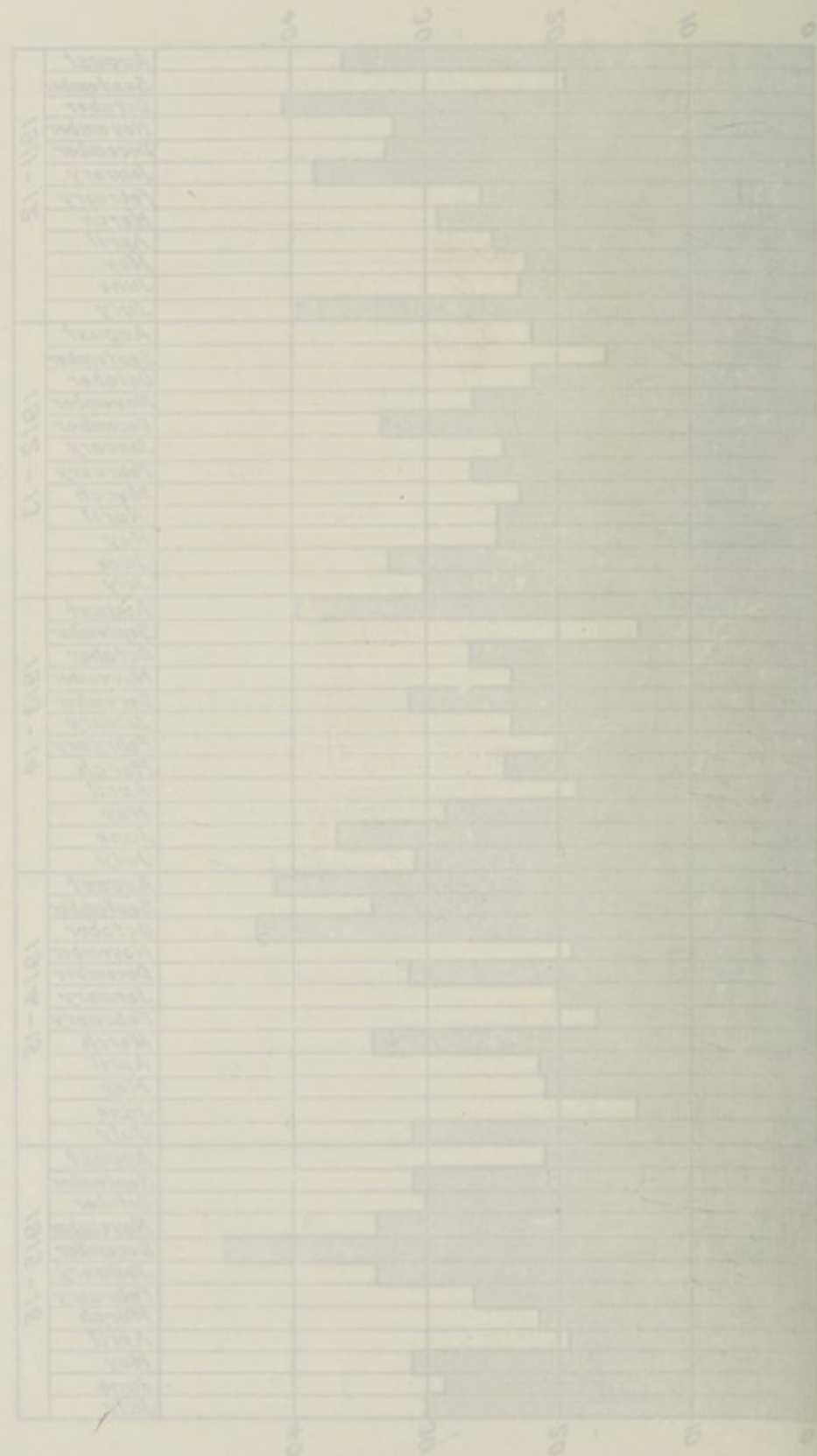
## CHART 2.

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



## CHART 2

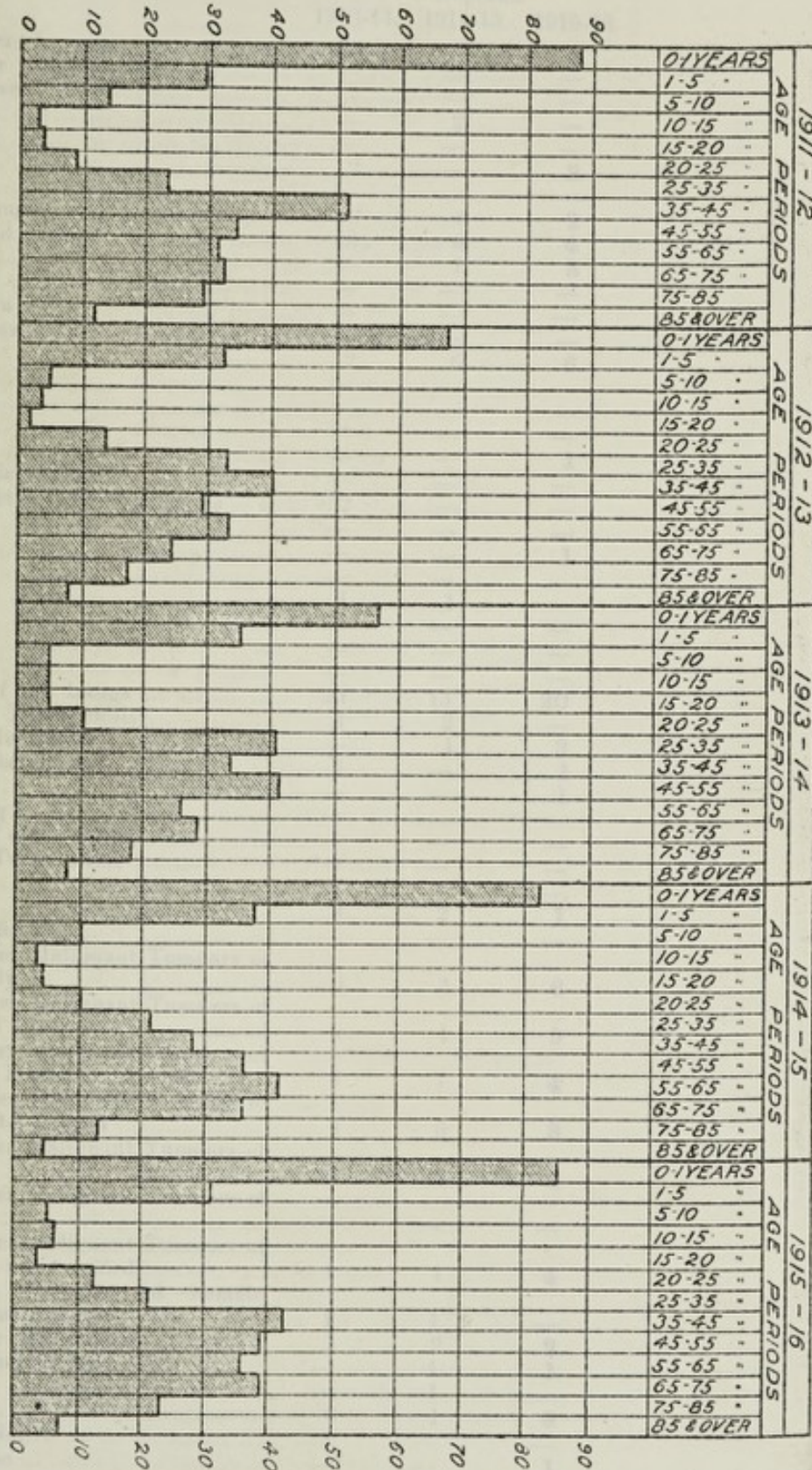
Table of Columns showing the European Monthly Deaths for past five years.





## CHART 3.

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







## CLASSIFICATION OF DEATHS.

Deaths classified according to the International Classification of Causes of Sickness and Death:—

		Europeans.		
		1913-14.	1914-15.	1915-16.
1.	Typhoid Fever .....	16	4	8
2.	Typhus Fever .....	—	—	—
3.	Relapsing Fever .....	—	—	—
4.	Malaria .....	—	2	—
5.	Small-pox .....	—	—	—
6.	Measles .....	2	—	3
7.	Scarlet Fever .....	—	—	—
8.	Whooping Cough .....	3	3	2
9.	Diphtheria and Croup .....	6	6	4
10.	Influenza .....	—	1	3
11.	Biliary Fever .....	—	—	—
12.	Asiatic Cholera .....	—	—	—
13.	Cholera Nostras .....	—	—	—
14.	Dysentery .....	2	6	6
15.	Plague .....	—	—	—
16.	Yellow Fever .....	—	—	—
17.	Leprosy .....	—	—	—
18.	Erysipelas .....	—	—	1
19.	Other Epidemic Diseases .....	—	—	—
20.	Purulent Infection and Septicæmia .....	2	—	—
21.	Glanders .....	—	—	—
22.	Anthrax .....	—	—	1
23.	Rabies .....	—	—	—
24.	Tetanus .....	1	1	—
25.	Mycoses .....	—	—	—
26.	Pellagra .....	—	—	—
27.	Beri-beri .....	—	—	—
28.	Tuberculosis of the Lungs .....	20	13	20
29.	Acute Miliary Tuberculosis .....	1	2	—
30.	Tuberculous Meningitis .....	—	1	3
31.	Abdominal Tuberculosis .....	1	—	1
32.	Pott's Disease .....	—	—	1
33.	White Swelling .....	—	—	—
34.	Tuberculosis of other Organs .....	—	—	—
35.	Disseminated Tuberculosis .....	—	—	—
36.	Rickets .....	—	—	—
37.	Syphilis .....	3	2	1
38.	Gonococcus Infection .....	—	—	—
39.	Cancer and other Malignant Tumours of Buccal Cavity .....	6	3	6
40.	Cancer and other Malignant Tumours of Stomach and Liver .....	5	4	5
41.	Cancer and other Malignant Tumours of Peritoneum, Intestines, Rectum .....	3	7	4
42.	Cancer and other Malignant Tumours of Female Genital Organs .....	4	5	3
43.	Cancer and other Malignant Tumours of Breast .....	4	2	2
44.	Cancer and other Malignant Tumours of Skin .....	—	—	—
45.	Cancer and other Malignant Tumours of other Organs not specified .....	1	4	4
46.	Other Tumours (Tumours of Female Genital Organs excepted) .....	1	1	—
47.	Acute Articular Rheumatism .....	1	2	2
48.	Chronic Rheumatism and Gout .....	—	1	1
49.	Scurvy .....	—	1	—
50.	Diabetes .....	6	1	9
51.	Exophthalmic Goitre .....	3	—	—
52.	Addison's Disease .....	—	—	1





## Europeans.

1913-14. 1914-15. 1915-16.

53.	Leucemia ... ..	—	—	1
54.	Anæmia, Chlorosis ... ..	1	2	1
55.	Other General Diseases ... ..	3	7	2
56.	Alcoholism (Acute or Chronic) ... ..	2	—	1
57.	Chronic Lead Poisoning ... ..	—	—	—
58.	Other Chronic Occupation Poisonings ... ..	—	—	—
59.	Other Chronic Poisonings ... ..	—	—	—
60.	Encephalitis ... ..	1	1	—
61.	Simple Meningitis ... ..	8	6	3
61a.	(Including Cerebrospinal Fever) ... ..	—	—	—
62.	Locomotor Ataxia ... ..	2	1	1
63.	Other Diseases of Spinal Cord ... ..	2	1	2
64.	Cerebral Hæmorrhage, Apoplexy ... ..	10	10	15
65.	Softening of Brain ... ..	—	1	4
66.	Paralysis without specified cause ... ..	1	3	1
67.	General Paralysis of Insane ... ..	—	—	—
68.	Other Forms Mental Alienation ... ..	—	—	—
69.	Epilepsy ... ..	—	—	1
70.	Convulsions (Non-Puerperal) ... ..	—	—	—
71.	Convulsions of Infants ... ..	1	4	7
72.	Chorea ... ..	—	—	—
73.	Neuralgia and Neuritis ... ..	—	—	—
74.	Other Diseases of Nervous System ... ..	—	2	—
75.	Diseases of Eyes and their Annexa ... ..	—	—	—
76.	Diseases of the Ears ... ..	—	1	—
77.	Pericarditis ... ..	—	—	—
78.	Acute Endocarditis ... ..	1	2	1
79.	Organic Diseases of Heart ... ..	19	19	45
80.	Angina Pectoris ... ..	—	1	—
81.	Diseases of Arteries, Atheroma, Aneurysm ... ..	5	3	2
82.	Embolism and Thrombosis ... ..	—	1	—
83.	Diseases of Veins (Varices, Hæmor- rhoids, Phlebitis, etc.) ... ..	—	—	—
84.	Diseases of Lymphatic System (Lym- phangitis, etc.) ... ..	—	—	—
85.	Hæmorrhage: Other Diseases of Circu- latory System ... ..	—	—	—
86.	Diseases of Nasal Fossæ ... ..	—	—	—
87.	Diseases of Larynx ... ..	1	1	—
88.	Diseases of Thyroid Body ... ..	—	1	1
89.	Acute Bronchitis ... ..	2	3	3
90.	Chronic Bronchitis ... ..	3	3	7
91.	Broncho-Pneumonia ... ..	7	6	4
92.	Pneumonia ... ..	6	12	6
93.	Pleurisy ... ..	2	—	2
94.	Pulmonary Congestion, Pulmonary Apoplexy ... ..	—	—	1
95.	Gangrene of the Lung ... ..	—	—	—
96.	Asthma ... ..	—	—	2
97.	Pulmonary Emphysema ... ..	—	—	—
98.	Other Diseases of Respiratory System (Tuberculosis excepted) ... ..	—	2	1
99.	Diseases of Mouth and Annexa ... ..	—	—	1
100.	Diseases of Pharynx ... ..	—	—	—
101.	Diseases of Œsophagus ... ..	—	—	1
102.	Ulcer of the Stomach ... ..	3	—	2
103.	Other Diseases of Stomach (Cancer excepted) ... ..	5	1	5
104.	Diarrhœa and Enteritis (under 2 years) ... ..	29	43	32
105.	Diarrhœa and Enteritis (over 2 years) ... ..	9	12	10
106.	Ankylostomiasis ... ..	—	—	—
107.	Intestinal Parasites ... ..	1	—	—
108.	Appendicitis and Typhlitis ... ..	—	4	3



1913-14 1914-15 1915-16

1	—	—	1	1	1
2	—	—	—	—	—
3	—	—	—	—	—
4	—	—	—	—	—
5	—	—	—	—	—
6	—	—	—	—	—
7	—	—	—	—	—
8	—	—	—	—	—
9	—	—	—	—	—
10	—	—	—	—	—
11	—	—	—	—	—
12	—	—	—	—	—
13	—	—	—	—	—
14	—	—	—	—	—
15	—	—	—	—	—
16	—	—	—	—	—
17	—	—	—	—	—
18	—	—	—	—	—
19	—	—	—	—	—
20	—	—	—	—	—
21	—	—	—	—	—
22	—	—	—	—	—
23	—	—	—	—	—
24	—	—	—	—	—
25	—	—	—	—	—
26	—	—	—	—	—
27	—	—	—	—	—
28	—	—	—	—	—
29	—	—	—	—	—
30	—	—	—	—	—
31	—	—	—	—	—
32	—	—	—	—	—
33	—	—	—	—	—
34	—	—	—	—	—
35	—	—	—	—	—
36	—	—	—	—	—
37	—	—	—	—	—
38	—	—	—	—	—
39	—	—	—	—	—
40	—	—	—	—	—
41	—	—	—	—	—
42	—	—	—	—	—
43	—	—	—	—	—
44	—	—	—	—	—
45	—	—	—	—	—
46	—	—	—	—	—
47	—	—	—	—	—
48	—	—	—	—	—
49	—	—	—	—	—
50	—	—	—	—	—
51	—	—	—	—	—
52	—	—	—	—	—
53	—	—	—	—	—
54	—	—	—	—	—
55	—	—	—	—	—
56	—	—	—	—	—
57	—	—	—	—	—
58	—	—	—	—	—
59	—	—	—	—	—
60	—	—	—	—	—
61	—	—	—	—	—
62	—	—	—	—	—
63	—	—	—	—	—
64	—	—	—	—	—
65	—	—	—	—	—
66	—	—	—	—	—
67	—	—	—	—	—
68	—	—	—	—	—
69	—	—	—	—	—
70	—	—	—	—	—
71	—	—	—	—	—
72	—	—	—	—	—
73	—	—	—	—	—
74	—	—	—	—	—
75	—	—	—	—	—
76	—	—	—	—	—
77	—	—	—	—	—
78	—	—	—	—	—
79	—	—	—	—	—
80	—	—	—	—	—
81	—	—	—	—	—
82	—	—	—	—	—
83	—	—	—	—	—
84	—	—	—	—	—
85	—	—	—	—	—
86	—	—	—	—	—
87	—	—	—	—	—
88	—	—	—	—	—
89	—	—	—	—	—
90	—	—	—	—	—
91	—	—	—	—	—
92	—	—	—	—	—
93	—	—	—	—	—
94	—	—	—	—	—
95	—	—	—	—	—
96	—	—	—	—	—
97	—	—	—	—	—
98	—	—	—	—	—
99	—	—	—	—	—
100	—	—	—	—	—
101	—	—	—	—	—
102	—	—	—	—	—
103	—	—	—	—	—
104	—	—	—	—	—
105	—	—	—	—	—
106	—	—	—	—	—
107	—	—	—	—	—
108	—	—	—	—	—

## Europeans.

	1913-14.	1914-15.	1915-16.
109. Hernias, Intestinal Obstructions .....	2	2	3
110. Diseases of the Intestines .....	—	2	—
111. Acute Yellow Atrophy of the Liver .....	—	—	—
112. Hydatid Tumour of Liver .....	—	—	1
113. Cirrhosis of Liver .....	3	1	3
114. Biliary Calculi .....	2	1	—
115. Other Diseases of Liver .....	1	—	1
116. Diseases of Spleen .....	—	—	—
117. Simple Peritonitis (Non-Puerperal) .....	—	2	1
118. Other Diseases of Digestive System (Cancer and Tuberculosis excepted) .....	—	—	2
118a. Abscess of Liver .....	2	3	1
119. Acute Nephritis .....	—	1	—
120. Bright's Disease .....	14	11	9
121. Chyluria .....	—	—	—
122. Other Diseases of Kidneys and Annexa .....	1	1	—
123. Calculi of Urinary Passages .....	—	2	—
124. Diseases of Bladder .....	1	—	1
125. Diseases of the Urethra, Urinary Abscess .....	—	1	—
126. Diseases of Prostate .....	1	—	1
127. Non-Venereal Diseases of Male Genital Organs .....	—	—	—
128. Uterine Hæmorrhage (Non-Puerperal) .....	—	—	—
129. Uterine Tumour (Non-Cancerous) .....	2	—	—
130. Other Diseases of Uterus .....	—	—	1
131. Cysts and other Tumours of Ovary .....	1	—	—
132. Salpingitis and other Diseases of Female Genital Organs .....	2	—	—
133. Non-Puerperal Diseases of Breast (Can- cer excepted) .....	—	—	—
134. Accidents of Pregnancy .....	1	—	1
135. Puerperal Hæmorrhage .....	—	—	—
136. Other Accidents of Labour .....	1	—	1
137. Puerperal Septicæmia .....	—	1	2
138. Puerperal Albuminuria and Convulsions .....	2	1	—
139. Puerperal Phlegmasia, Alba Dolens, Embolus, Sudden Death .....	—	—	—
140. Following Child-Birth (not otherwise defined) .....	—	—	—
141. Puerperal Diseases of Breast .....	—	—	—
142. Gangrene .....	1	—	—
143. Furuncle .....	1	1	—
144. Acute Abscess .....	—	1	—
145. Other Diseases of Skin and Annexa .....	1	1	—
146. Diseases of Bones (Tuberculosis ex- cepted) .....	—	1	—
147. Diseases of the Joints (Tuberculosis and Rheumatism excepted) .....	—	—	—
148. Amputations .....	—	—	—
149. Other Diseases of Organs of Locomotion .....	—	—	—
150. Congenital Malformations (Still-Births not included) .....	1	3	6
151. Congenital Debility, Icterus and Sclerema .....	20	22	19
152. Other Diseases peculiar to Early Infancy .....	1	2	1
153. Lack of Care .....	—	—	—
154. Senility .....	11	14	9
155. Suicide by Poison .....	2	1	—
156. Suicide by Asphyxia .....	—	—	—
157. Suicide by Hanging or Strangulation .....	—	1	—
158. Suicide by Drowning .....	—	—	—
159. Suicide by Firearms .....	4	2	—
160. Suicide by Cutting or Piercing Instru- ments .....	—	1	1

Hepatic			1913-14 1914-15 1915-16		
100	100	100	100	100	100
99	99	99	99	99	99
98	98	98	98	98	98
97	97	97	97	97	97
96	96	96	96	96	96
95	95	95	95	95	95
94	94	94	94	94	94
93	93	93	93	93	93
92	92	92	92	92	92
91	91	91	91	91	91
90	90	90	90	90	90
89	89	89	89	89	89
88	88	88	88	88	88
87	87	87	87	87	87
86	86	86	86	86	86
85	85	85	85	85	85
84	84	84	84	84	84
83	83	83	83	83	83
82	82	82	82	82	82
81	81	81	81	81	81
80	80	80	80	80	80
79	79	79	79	79	79
78	78	78	78	78	78
77	77	77	77	77	77
76	76	76	76	76	76
75	75	75	75	75	75
74	74	74	74	74	74
73	73	73	73	73	73
72	72	72	72	72	72
71	71	71	71	71	71
70	70	70	70	70	70
69	69	69	69	69	69
68	68	68	68	68	68
67	67	67	67	67	67
66	66	66	66	66	66
65	65	65	65	65	65
64	64	64	64	64	64
63	63	63	63	63	63
62	62	62	62	62	62
61	61	61	61	61	61
60	60	60	60	60	60
59	59	59	59	59	59
58	58	58	58	58	58
57	57	57	57	57	57
56	56	56	56	56	56
55	55	55	55	55	55
54	54	54	54	54	54
53	53	53	53	53	53
52	52	52	52	52	52
51	51	51	51	51	51
50	50	50	50	50	50
49	49	49	49	49	49
48	48	48	48	48	48
47	47	47	47	47	47
46	46	46	46	46	46
45	45	45	45	45	45
44	44	44	44	44	44
43	43	43	43	43	43
42	42	42	42	42	42
41	41	41	41	41	41
40	40	40	40	40	40
39	39	39	39	39	39
38	38	38	38	38	38
37	37	37	37	37	37
36	36	36	36	36	36
35	35	35	35	35	35
34	34	34	34	34	34
33	33	33	33	33	33
32	32	32	32	32	32
31	31	31	31	31	31
30	30	30	30	30	30
29	29	29	29	29	29
28	28	28	28	28	28
27	27	27	27	27	27
26	26	26	26	26	26
25	25	25	25	25	25
24	24	24	24	24	24
23	23	23	23	23	23
22	22	22	22	22	22
21	21	21	21	21	21
20	20	20	20	20	20
19	19	19	19	19	19
18	18	18	18	18	18
17	17	17	17	17	17
16	16	16	16	16	16
15	15	15	15	15	15
14	14	14	14	14	14
13	13	13	13	13	13
12	12	12	12	12	12
11	11	11	11	11	11
10	10	10	10	10	10
9	9	9	9	9	9
8	8	8	8	8	8
7	7	7	7	7	7
6	6	6	6	6	6
5	5	5	5	5	5
4	4	4	4	4	4
3	3	3	3	3	3
2	2	2	2	2	2
1	1	1	1	1	1

		Europeans.		
		1913-14.	1914-15.	1915-16.
161.	Suicide by Jumping from High Places	—	—	—
162.	Suicide by Crushing	—	—	—
163.	Other Suicides	—	1	—
164.	Poisoning by Food	—	—	—
165.	Other Acute Poisonings	2	4	—
166.	Conflagration	—	1	—
167.	Burns (Conflagration excepted)	4	—	2
168.	Absorption of Deleterious Gases (Conflagration excepted)	2	—	—
169.	Accidental Drowning	1	2	2
170.	Traumatism by Firearms	—	1	—
171.	Traumatism by Cutting or Piercing Instruments	—	—	—
172.	Traumatism by Fall	1	—	2
173.	Traumatism in Mines or Quarries	—	—	—
174.	Traumatism by Machines	—	1	—
175.	Traumatism by other Crushing (Vehicles, Railways, Landslides, etc.)	3	5	2
176.	Injuries by Animals	—	—	—
177.	Starvation	—	—	—
178.	Excessive Cold	—	—	—
179.	Effects of Heat	—	—	—
180.	Lightning	—	1	—
181.	Electricity (Lightning excepted)	—	—	—
182.	Homicide by Firearms	—	—	—
183.	Homicide by Cutting or Piercing Instruments	—	—	—
184.	Homicide by other means	—	—	—
185.	Fractures (cause not specified)	1	—	2
186.	Other External Violence	—	—	—
187.	Ill-defined Organic Disease	—	—	—
188.	Sudden Death	1	—	—
189.	Cause of Death not specified or ill-defined	5	7	18
Totals		314	328	351



European  
1913-14, 1914-15, 1915-16

161	Deaths by jumping from high places	—	—	—
162	Deaths by falling	—	—	—
163	Other suicides	1	—	—
164	Poisoning by food	—	—	—
165	Other acute poisonings	2	—	—
166	Contaminated	1	—	—
167	Drugs (contaminated excepted)	4	—	2
168	Abortion of children (cases of non-legal abortion excepted)	2	—	—
169	Accidental drowning	1	2	2
170	Poisoning by firearms	—	1	—
171	Poisoning by cutting or piercing instruments	—	—	—
172	Poisoning by fall	1	—	2
173	Poisoning in mines or quarries	—	—	—
174	Poisoning by machines	1	—	—
175	Poisoning by other crushing machines, rollers, lathes, etc.	2	2	2
176	Injury by animals	—	—	—
177	Blowings	—	—	—
178	Electricity (not specified)	—	—	—
179	Effects of heat	—	—	—
180	Lightning	1	—	—
181	Electricity (lightning excepted)	—	—	—
182	Deaths by firearms	—	—	—
183	Deaths by cutting or piercing instruments	—	—	—
184	Deaths by other means	—	—	—
185	Deaths (cases not specified)	1	—	2
186	Other Eastern diseases	—	—	—
187	Unlabeled diseases	—	—	—
188	Deaths from	1	—	—
189	Cases of death not specified or labeled	2	7	10
Total				
		214	208	261

EUROPEAN DEATHS—ARRANGED ACCORDING TO  
MONTHS AND CERTAIN DISEASES

Diseases.	August.	September.	October.	November.	December.	January.	February.	March.	April.	May.	June.	July.	Total 1915-16	Total 1914-15.
1. Plague	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Smallpox	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Dysentery	0	0	0	3	2	0	0	0	1	0	0	0	6	6
4. Enteric Fever	0	0	0	0	2	2	1	2	0	1	0	0	8	4
5. Diphtheria	0	0	1	0	0	1	1	0	0	0	1	0	4	6
6. Scarlet Fever	0	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	3	3	0
8. Whooping Cough	0	1	0	0	0	0	0	0	0	0	0	1	2	3
9. Tetanus	0	0	0	0	0	0	0	0	0	0	0	0	0	1
0. Malaria	0	0	0	0	0	0	0	0	0	0	0	0	0	2
1. Venereal Diseases	0	0	0	0	0	0	1	0	0	0	0	0	1	2
2. Puerperal Fever	0	0	0	0	0	0	0	1	0	0	0	0	1	1
3. Septic Diseases	0	0	0	0	0	0	1	0	0	0	0	0	1	2
4. Phthisis	0	4	0	2	4	1	1	1	2	0	1	4	20	13
5. Other Forms of Tuberculosis	0	0	1	1	0	0	0	0	2	0	1	0	5	3
6. Other Infectious Diseases	0	1	0	0	0	0	0	0	0	0	0	0	1	0
7. Influenza	1	0	0	0	0	0	0	0	0	0	2	3	3	1
8. Cancer	2	2	1	1	3	2	2	1	3	3	3	1	24	25
9. Diseases of Birth and Development	1	1	4	0	2	0	3	2	3	6	3	1	26	27
0. Old Age	0	0	1	2	3	1	0	0	0	1	0	1	9	14
1. Diseases of Nervous System	6	5	4	2	0	7	2	1	0	5	2	0	34	27
2. Diseases of Heart and Circulatory System	3	4	3	7	5	6	2	4	1	0	6	7	48	26
3. Pneumonia	0	0	0	0	0	0	5	0	2	1	1	2	11	18
4. Bronchitis	2	1	1	0	1	0	0	3	0	1	0	1	10	6
5. Other Diseases Respiratory System	1	0	0	0	0	1	1	0	0	2	0	1	6	4
6. Diarrhoea, Catarrh, Enteritis	1	4	5	8	10	8	1	0	1	2	2	0	42	55
7. Other Diseases of Liver and Alimentary Track	1	2	3	2	2	2	1	2	1	3	2	3	24	16
8. Diseases of Urinary System	0	2	3	0	2	1	0	0	0	1	2	0	11	16
9. Diseases of Child-Birth	0	0	0	0	0	0	0	2	0	1	0	0	3	1
0. Diseases of Reproductive System	0	0	0	0	1	0	0	0	0	0	0	0	1	0
Accidents	1	1	1	0	2	1	0	0	1	1	1	1	10	15
Homicide	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Suicide	1	0	0	0	0	0	0	0	0	0	0	0	1	6
Execution	0	0	0	0	0	0	0	0	0	0	0	0	0	0
All other Causes	1	3	2	6	6	1	4	3	3	2	3	2	36	28
TOTALS	21	31	30	34	45	34	26	22	19	31	28	30	351	328



NATIVE DEATHS ARRANGED ACCORDING TO  
MONTHS AND CERTAIN DISEASES.

Diseases.	August	September	October	November	December	January	February	March	April	May	June	July	Total 1915-16	Total 1914-15
1. Plague ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Smallpox ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Dysentery ...	0	2	1	3	2	1	0	0	0	0	1	1	11	9
4. Enteric Fever ...	0	0	0	0	0	0	1	1	0	0	0	0	2	7
5. Diphtheria ...	0	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	0
7. Measles ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Whooping Cough ...	0	0	0	0	0	2	0	0	0	0	0	0	2	2
9. Tetanus ...	1	1	0	1	0	2	0	0	0	0	0	1	6	1
10. Malaria ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Venereal Diseases ...	0	0	0	0	0	0	0	1	0	0	0	0	1	2
12. Puerperal Fever ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Septic Diseases ...	0	0	2	1	0	0	1	0	0	0	1	0	5	3
14. Phthisis ...	1	2	2	0	0	1	0	0	1	0	1	0	8	9
15. Other forms of Tuberculosis ...	0	0	0	1	1	1	0	1	0	0	0	0	4	4
16. Other Infectious Diseases ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Influenza ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Cancer ...	0	0	0	0	0	0	0	0	0	0	0	0	0	1
19. Diseases of Birth and Development ...	1	1	1	1	3	2	0	0	1	0	0	2	12	8
20. Old Age ...	0	1	0	0	0	0	0	0	0	0	0	0	1	0
21. Diseases of Nervous System ...	1	1	1	0	3	0	0	0	0	0	0	1	7	2
22. Dis. of Heart & Circulatory System ...	0	1	1	2	1	0	1	2	0	1	0	1	10	6
23. Pneumonia ...	2	1	4	1	1	3	1	1	0	2	3	1	20	19
24. Bronchitis ...	0	1	0	0	1	1	1	0	0	0	0	1	5	5
25. Other Dis. of Respiratory System ...	0	0	0	0	0	0	1	0	0	0	0	0	1	3
26. Diarrhoea, Catarrh, Enteritis ...	1	1	0	4	8	3	2	1	0	0	0	1	21	15
27. Other Dis. of Liver and Alimentary Track ...	0	0	0	0	0	0	1	0	1	1	0	0	3	4
28. Diseases of Urinary System ...	1	1	0	0	1	0	0	0	0	0	1	0	4	6
29. Diseases of Child Birth ...	0	0	0	0	0	0	0	0	0	0	0	0	0	1
30. Diseases of Reproductive System...	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Accident ...	1	1	2	1	1	1	2	3	3	0	1	0	16	14
32. Homicide ...	0	0	0	0	0	0	0	0	0	2	0	0	2	1
33. Suicide ...	0	0	0	0	0	0	1	0	0	0	0	0	1	0
34. Execution ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35. All Other Causes ...	1	0	1	0	0	0	0	0	0	0	1	0	3	5
Totals ...	10	14	15	15	22	17	12	10	6	6	9	9	145	127





# ASIATIC DEATHS ARRANGED ACCORDING TO MONTHS AND CERTAIN DISEASES.

Diseases.			August	September	October	November	December	January	February	March	April	May	June	July	Total, 1915-16.	Total, 1914-15.
1.	Plague	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	Smallpox	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	Dysentery	...	0	1	1	0	1	1	1	0	0	0	1	0	6	1
4.	Enteric Fever	...	0	0	0	0	0	0	0	0	0	0	0	0	0	1
5.	Diphtheria	...	0	0	0	0	0	0	0	0	0	0	0	0	0	2
6.	Scarlet Fever	...	0	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	0
8.	Whooping Cough	...	0	0	0	0	0	0	0	0	0	0	1	0	1	0
9.	Tetanus	...	0	0	0	0	0	0	0	2	0	0	0	1	3	1
10.	Malaria	...	0	0	0	0	0	0	0	0	0	0	0	0	0	1
11.	Venereal Disease	...	0	0	0	0	1	0	0	0	0	0	0	0	1	5
12.	Puerperal Fever	...	0	0	0	0	0	0	0	0	0	1	0	0	1	3
13.	Septic Diseases	...	0	0	0	0	0	0	0	1	2	0	1	1	5	5
14.	Phthisis	...	0	2	2	1	1	2	1	1	1	0	1	1	13	15
15.	Other forms of Tuberculosis	...	0	1	1	1	0	0	1	1	0	2	1	1	9	8
16.	Other Infectious Diseases	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.	Influenza	...	0	0	0	0	0	0	0	0	0	0	0	0	0	1
18.	Cancer	...	0	1	0	0	0	0	0	0	0	0	0	0	1	4
19.	Diseases of Birth and Development	...	1	2	2	0	2	1	0	2	2	2	0	6	14	14
20.	Old Age	...	0	0	0	0	0	1	0	1	0	0	1	0	3	3
21.	Diseases of Nervous System	...	0	2	1	1	1	0	0	0	0	0	2	0	7	10
22.	Dis. of Heart and Circulatory System	...	1	3	0	0	0	1	1	1	0	4	2	0	13	11
23.	Pneumonia	...	4	0	0	1	2	0	3	2	1	6	2	5	26	25
24.	Bronchitis	...	2	0	0	0	0	0	0	0	3	0	1	1	7	13
25.	Other Dis. of Respiratory System	...	0	0	0	0	0	0	0	0	0	1	0	0	1	3
26.	Diarrhœa, Catarrh, Enteritis	...	0	4	2	2	4	4	0	2	0	0	2	3	23	22
27.	Other Diseases of Liver and Alimentary Track	...	0	2	0	0	1	2	1	0	1	2	1	0	10	9
28.	Diseases of Urinary System	...	1	0	0	0	0	1	1	1	0	0	1	0	5	9
29.	Diseases of Child-Birth	...	1	0	1	0	1	0	0	0	1	0	1	0	5	1
30.	Dis. of Reproductive System	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31.	Accidents	...	0	1	4	0	1	1	1	2	2	2	2	0	16	9
32.	Homicide	...	0	0	0	0	0	0	0	0	0	0	0	0	0	1
33.	Suicide	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34.	Execution	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35.	All other Causes	...	1	3	1	0	0	0	1	1	1	0	2	0	10	3
Totals			11	22	15	6	15	14	11	17	14	20	22	13	180	177

# ASIATIC DEATHS ARRANGED ACCORDING TO MONTHS AND CERTAIN DISEASES

Disease.	January	February	March	April	May	June	July	August	September	October	November	December	Total
1. Plague	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2. Smallpox	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
3. Typhoid	0.1	1.0	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.2
4. Enteric Fever	0.0	0.0	0.0	0.0	0.0	0.0	0.0	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	0.0	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	0.0	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	0.0	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	0.0	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	0.0	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	0.0	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	0.0	0.0	0.0	0.0	0.0	0.0	0.0
12. Paratyphoid Fever	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
13. Septic Disease	0.0	0.0	0.0	0.0	0.0	0.0	0.0	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	0.0	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	0.0	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	0.0	0.0	0.0	0.0	0.0	0.0	0.0
17. Infestations	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
18. Cancer	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
19. Diseases of Birth and Develop- ment	1.3	2.0	2.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.4
20. Old Age	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
21. Diseases of Nervous System	0.2	1.1	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.3
22. Dis. of Heart and Circulatory System	1.2	0.0	0.1	1.1	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.7
23. Fractures	1.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.1
24. Bronchitis	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0
25. Other Dis. of Respiratory System	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
26. Typhus, Catarrh, Enteritis	0.4	2.2	4.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.9
27. Other Diseases of Liver and Alimentary Tract	0.2	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.0
28. Diseases of Urinary System	1.0	0.0	0.1	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.1
29. Diseases of Child-Birth	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
30. Dis. of Reproductive System	0.1	0.0	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	1.8
31. Accidents	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
32. Homicide	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
33. Suicide	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
34. Execution	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
35. All other Causes	1.3	1.0	0.0	1.1	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.6
Total	11.2	12.2	21.2	14.1	17.4	22.2	15.0	18.2	17.7	18.2	17.7	18.2	177



SHOWING INFANTILE DEATHS IN WALES FOR THE  
FAST FIVE YEARS. INFANTILE MORTALITY.

	Male.	Female.	Total.
Infantile Deaths during 1915-16	40	45	85
Registered Births	457	464	921
Infantile Deaths	40	45	85

This equals 92.3 infantile deaths per 1,000 births and represents the "Infantile Mortality Figure" for Durban, 1915-16.

The following table shows the Infantile Mortality Figure for England and Wales during 1915:—

All England and Wales	110
96 Great Towns, including London	117
145 Smaller Towns	114
England and Wales, less the 241 Towns	98
LONDON	112

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

Weeks and Months	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total 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 under 1 year
Deaths	15	9	5	0	29	9	5	8	4	3	8	3	4	4	2	6	85
Previous Year	16	8	0	7	31	5	7	3	4	3	7	3	7	8	1	3	82

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

Months	1915					1916							Total
	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July	
Deaths	1	10	9	7	13	8	10	4	5	9	7	2	85
Previous Year	15	11	11	4	11	4	3	7	4	4	3	5	82

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

Months	1915					1916							Total.
	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July	
Premature Birth	0	0	2	0	1	0	3	1	1	1	1	0	10
Congenital Debility	0	1	1	0	0	0	0	0	0	4	1	0	7
Enteritis	0	3	3	5	9	2	1	0	1	0	0	0	24
Gastric Catarrh	0	0	0	0	0	1	1	1	0	0	1	0	4
Marasmus	1	1	1	2	2	1	1	0	0	0	1	0	10

## INFANTILE MORTALITY

Infantile Deaths during 1915-16	Male	Female
145	40	45
Infantile Deaths during 1914-15	Male	Female
147	40	45

This shows 82.2 infantile deaths per 1,000 births and represents "Infantile Mortality Figure" for London, 1915-16.

The following table shows the Infantile Mortality Figure for England and Wales during 1915—

110	11 England and Wales
117	11 Great Towns including London
114	116 Smaller Towns
98	England and Wales less the 241 Towns
112	112

TABLE 1—INFANTILE DEATHS GROUPED ACCORDING TO AGE IN WEEKS AND MONTHS

Weeks and Months	Deaths	Proportion
up to 1 week	12	8
up to 2 weeks	12	8
up to 3 weeks	12	8
up to 4 weeks	12	8
up to 5 weeks	12	8
up to 6 weeks	12	8
up to 7 weeks	12	8
up to 8 weeks	12	8
up to 9 weeks	12	8
up to 10 weeks	12	8
up to 11 weeks	12	8
up to 12 weeks	12	8

TABLE 2—INFANTILE DEATHS GROUPED ACCORDING TO MONTHLY INCIDENCES

Month	Deaths	Proportion
Jan.	12	8
Feb.	12	8
Mar.	12	8
Apr.	12	8
May	12	8
Jun.	12	8
Jul.	12	8
Aug.	12	8
Sep.	12	8
Oct.	12	8
Nov.	12	8
Dec.	12	8

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

Month	Deaths	Proportion
Jan.	12	8
Feb.	12	8
Mar.	12	8
Apr.	12	8
May	12	8
Jun.	12	8
Jul.	12	8
Aug.	12	8
Sep.	12	8
Oct.	12	8
Nov.	12	8
Dec.	12	8

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

YEARS.	WARDS.							TOTAL.
	1	2	3	4	5	6	7	
1911-12	13	8	14	12	10	11	19	87
1912-13	6	5	8	16	10	10	13	68
1913-14	5	8	8	11	7	9	8	56
1914-15	13	7	10	17	12	11	12	82
1915-16	5	8	19	18	10	10	15	85

### INFANTILE MORTALITY.

#### CHART.

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

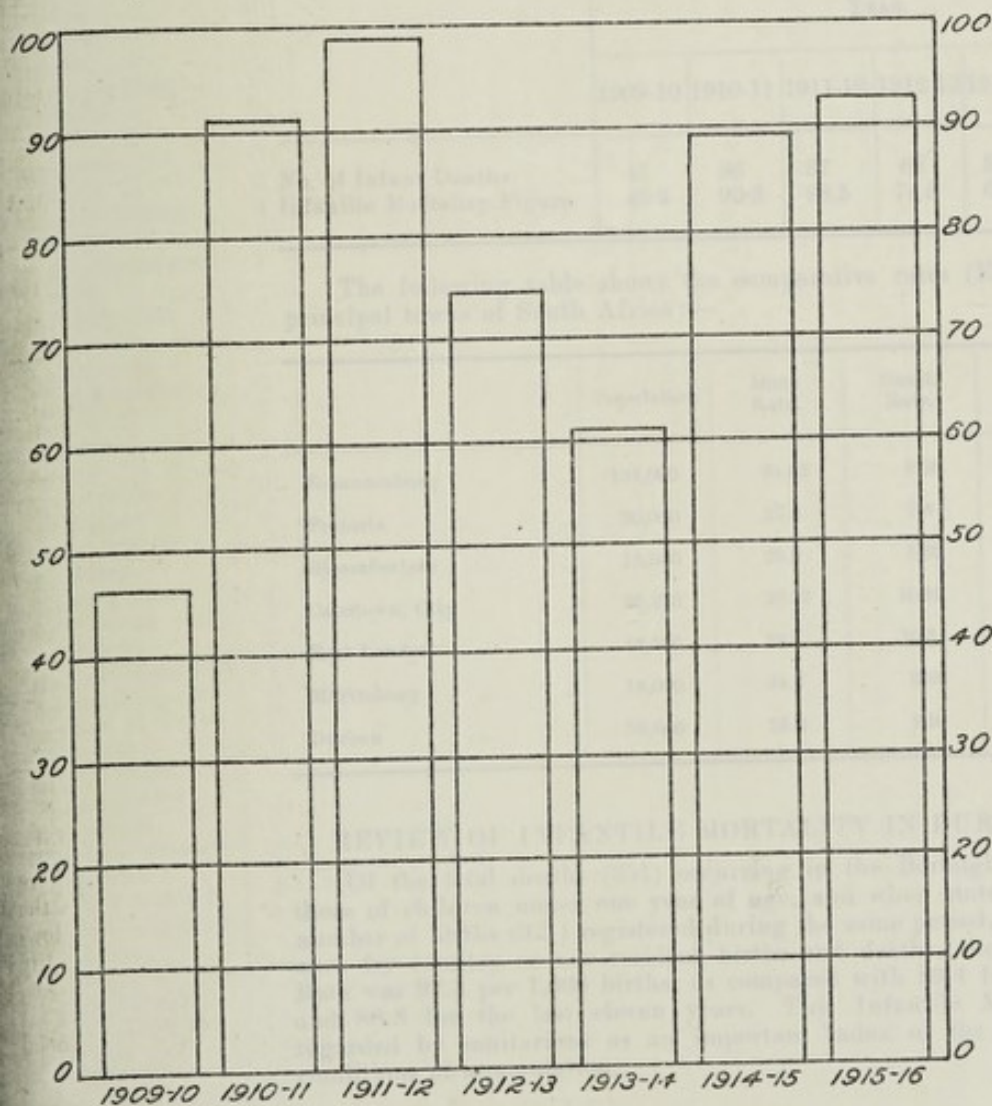




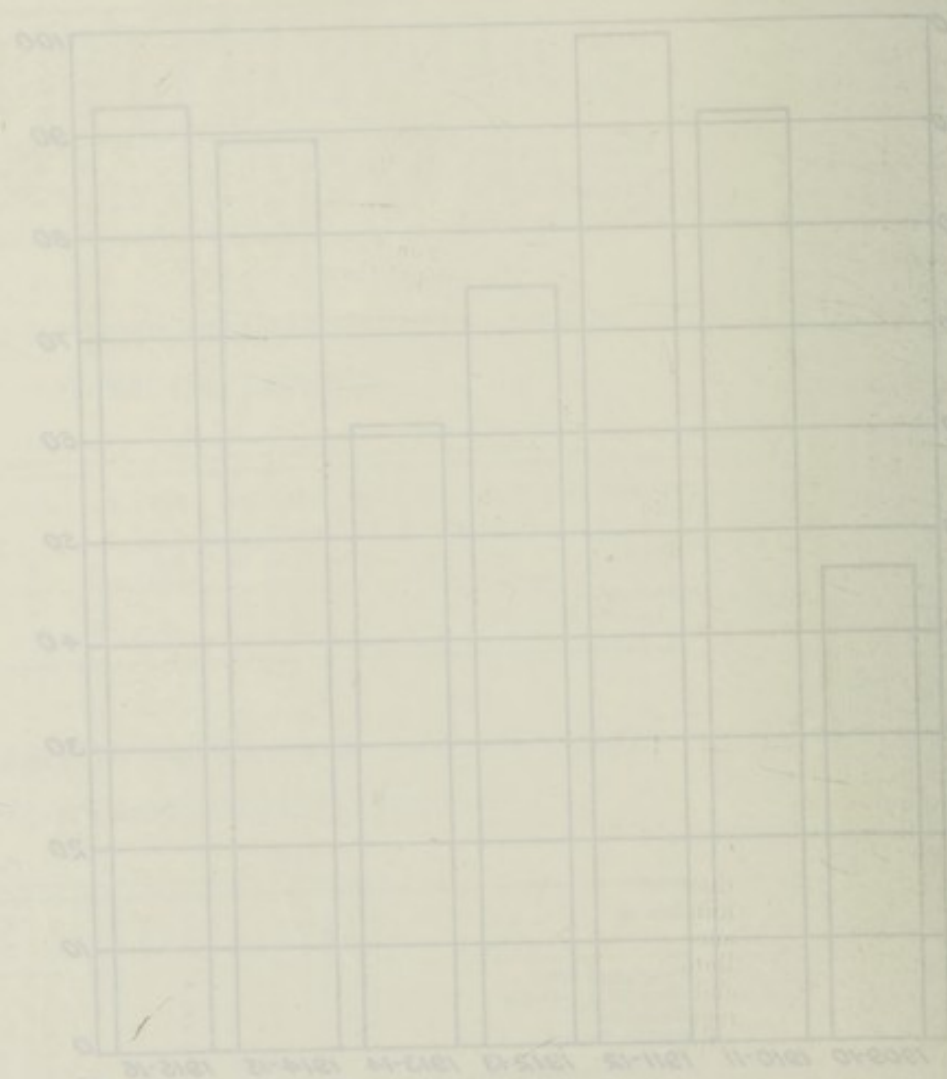
TABLE 4—SHOWING INFANTILE DEATHS IN WARDS FOR THE  
LAST FIVE YEARS

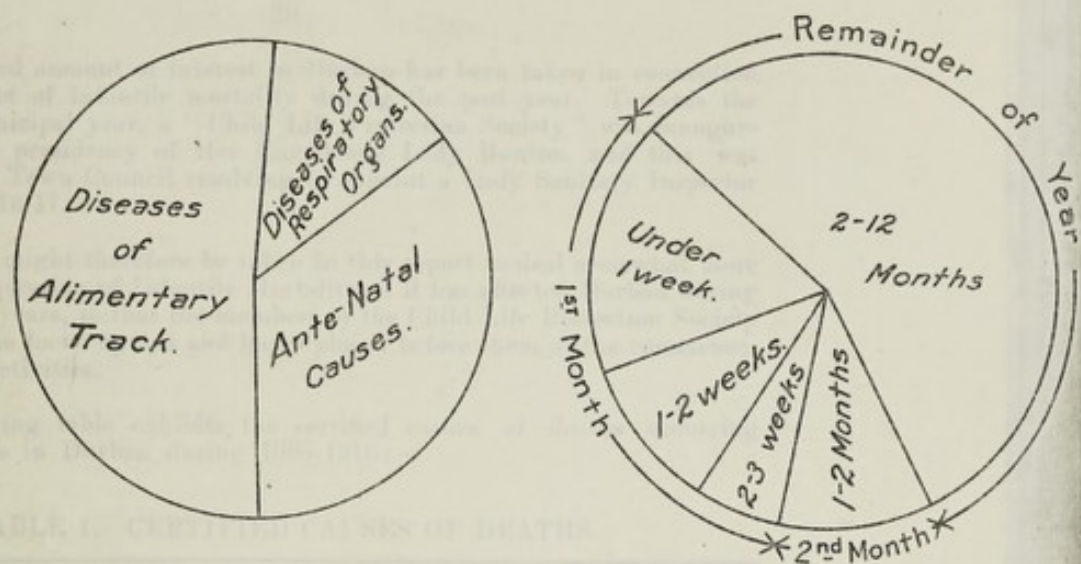
Year	Wards							Total
	1	2	3	4	5	6	7	
1911-12	19	8	14	12	10	11	10	87
1912-13	6	5	8	10	10	10	13	62
1913-14	5	8	8	11	7	9	8	56
1914-15	13	7	10	12	13	11	12	82
1915-16	8	8	19	18	10	10	12	85

# INFANTILE MORTALITY

## CHART

The following columns and table exhibit the Infantile Mortality Rates for the past seven years:





The above diagrams show the proportion of infant deaths due to certain causes, also the proportion of deaths at various ages up to the first twelve months of life.

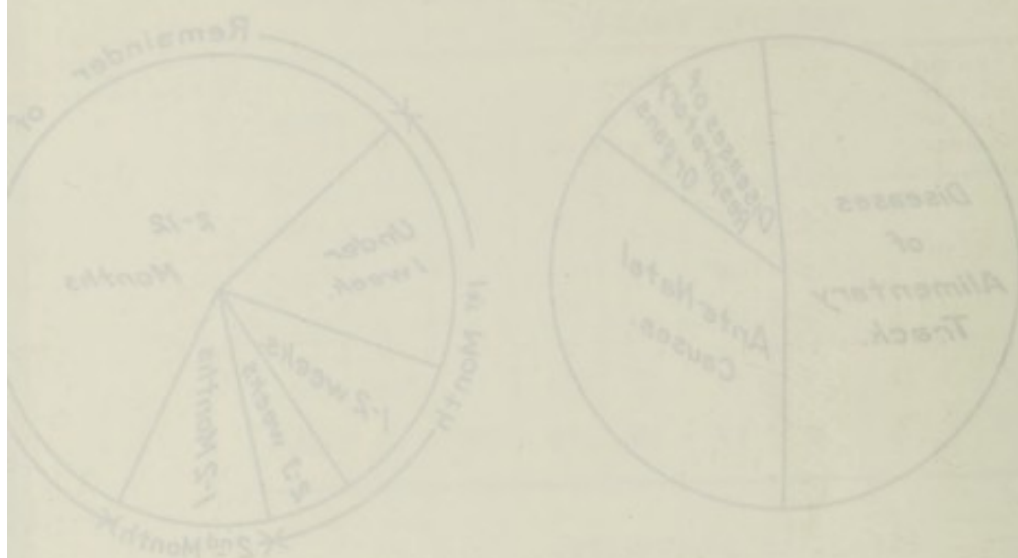
	YEAR.						
	1909-10	1910-11	1911-12	1912-13	1913-14	1914-15	1915-16
No. of Infant Deaths ...	41	86	87	68	56	82	85
Infantile Mortality Figure	45.4	90.3	98.5	74.8	60.9	89.4	92.3

The following table shows the comparative rates (Europeans) from the principal towns of South Africa:—

	Population	Birth Rate.	Death Rate.	Infantile Mortality.	Phthisis Death Rate.
Johannesburg ...	134,000	31.02	9.98	79.62	.5
Pretoria ...	30,000	25.5	7.8	91.3	.366
Bloemfontein ...	13,500	29.9	5.92	62.02	.022
Capetown, City ...	86,370	26.37	10.82	79.45	.99
East London ...	13,566	28.7	10.3	61.5	.58
Maritzburg ...	15,000	34.3	9.66	62.2	...
Durban ...	39,500	23.3	8.9	92.3	.51

#### REVIEW OF INFANTILE MORTALITY IN DURBAN, 1905-1916.

Of the total deaths (351) occurring in the Borough last year, 85 were those of children under one year of age, and when stated in relation to the number of births (921) registered during the same period, after making allowance for country or non-resident births and deaths, the Infantile Mortality Rate was 92.3 per 1,000 births, as compared with 89.4 for the previous year, and 80.8 for the last eleven years. This Infantile Mortality Figure is regarded by sanitarians as an important index of the hygienic and social conditions of a population.



The above diagrams show the proportion of infant deaths due to certain causes, also the proportion of deaths at various ages up to the first twelve months of life.

Year		1900-1910 1911-1912 1913-1914 1915-1916 1917-1918 1919-1920					
No. of Infant Deaths		41	58	57	65	56	52
Infantile Mortality Rate		45.4	60.3	59.5	72.5	60.3	59.4

The following table shows the comparative rates (European) from the principal towns of South Africa:

Town	Population	Birth Rate	Death Rate	Infantile Mortality Rate
Johannesburg	125,000	21.5	9.0	17.0
Pretoria	50,000	22.5	7.5	15.0
Kimberley	12,000	20.5	4.0	10.0
Cape Town, City	60,000	20.0	10.5	18.5
East London	12,000	20.2	10.2	17.5
Port Elizabeth	10,000	20.5	10.0	17.5
Durban	20,000	21.5	8.0	16.5

#### REVIEW OF INFANTILE MORTALITY IN DURBAN, 1900-1919

Of the total deaths (351) occurring in the Durban last year, 55 were those of children under one year of age, and when stated in relation to the number of births (321) registered during the same period, after making allowance for deaths of non-resident births and deaths, the infantile mortality rate was 17.5 per 1,000 births, as compared with 20.4 for the previous year and 20.8 for the last eleven years. This infantile mortality figure is regarded by authorities as an important index for the hygienic and social conditions of a population.



An increased amount of interest in Durban has been taken in connection with the subject of infantile mortality during the past year. Towards the end of this municipal year, a "Child Life Protection Society" was inaugurated under the presidency of Her Excellency Lady Buxton, and this was followed by the Town Council resolving to appoint a Lady Sanitary Inspector for the year 1916-17.

Advantage might therefore be taken in this report to deal somewhat more fully with the question of Infantile Mortality as it has affected Durban during the past eleven years, so that the members of the Child Life Protection Society might have some facts, figures and hopes placed before them at the commencement of their activities.

The following table exhibits the certified causes of deaths occurring amongst infants in Durban during 1905-1916:—

TABLE 1.—CERTIFIED CAUSES OF DEATHS.

	1905/06	1906/07	1907/08	1908/09	1909/10	1910/11	1911/12	1912/13	1913/14	1914/15	1915/16
Malaria ...	19	2	1	0	1	0	0	0	0	0	0
Smallpox ...	0	0	0	0	0	0	0	0	0	0	0
Measles ...	1	0	0	3	0	0	3	2	1	0	0
Whooping Cough...	0	2	2	2	0	1	1	1	2	1	2
Diphtheria ...	0	0	0	0	1	0	1	0	0	0	0
Dysentery...	1	0	2	2	1	1	0	0	0	0	1
Erysipelas ...	0	0	0	0	1	1	0	0	0	0	0
Pyæmia ...	0	0	0	0	1	0	0	0	0	0	0
Blood Poisoning ...	0	0	1	0	0	0	0	0	0	0	0
Tetanus ...	1	0	0	3	0	2	1	0	0	0	0
" Neonatorum	1	1	0	1	1	0	0	0	0	1	0
General											
Tuberculosis ...	0	0	1	0	0	0	0	0	0	0	0
Tubercular											
Meningitis ...	0	1	0	0	0	1	0	0	0	0	0
Tabes Mesenterica	0	0	0	1	1	0	0	0	0	0	0
Rickets ...	0	0	0	1	0	0	0	0	0	0	0
Syphilis ...	1	0	1	1	0	2	0	0	1	2	1
Scurvy ...	0	1	0	0	0	0	0	0	0	1	0
Haemophilia ...	0	0	0	1	0	0	0	0	0	1	1
Meningitis ...	0	0	1	0	0	0	0	1	0	1	0
Spinal Disease ...	0	0	0	0	0	0	1	0	0	0	0
Epileptoid											
Convulsions ...	0	0	0	0	0	1	0	0	0	0	0
Convulsions ...	2	1	3	0	2	2	2	3	1	2	2
Cretinism ...	0	0	0	0	0	0	0	0	0	1	0
Septic Endocarditis	0	0	0	0	0	0	0	0	0	1	0
Venous Thrombosis	0	0	1	0	0	0	0	0	0	0	0
Oedema of Glottis	0	0	0	0	0	0	0	1	0	0	0
Bronchitis...	1	1	0	0	0	2	2	5	0	3	4
Acute Catarrh of											
Respiratory											
Passages ...	0	0	0	0	0	0	1	0	0	0	0
BronchoPneumonia	2	0	2	4	2	2	6	2	1	2	2
Pneumonia ...	2	0	1	2	3	3	0	1	1	2	3
Lobar Pneumonia	0	0	0	0	0	1	0	0	0	1	0
Double Pneumonia	0	0	0	1	0	0	0	0	0	0	0
Pulmonary											
Congestion ...	0	0	1	0	0	0	0	0	0	0	0
Septic Thrush ...	0	0	0	0	0	0	0	0	0	0	1
Gastric Catarrh ...	6	3	4	0	3	4	9	2	1	1	4
Gastritis ...	0	0	1	1	0	0	0	0	0	0	0
Pyloric Stenosis ...	0	0	0	0	0	0	1	0	0	0	0
Haematemesis ...	0	0	0	0	0	0	0	1	0	0	0
Enteritis ...	12	15	13	5	1	14	16	15	14	21	17





TABLE 1. CERTIFIED CAUSES OF DEATHS (Continued).

	1905/06	1906/07	1907/08	1908/09	1909/10	1910/11	1911/12	1912/13	1913/14	1914/15	1915/16
Athrepsia ...	0	1	0	0	0	0	0	0	0	0	0
Muco-Enteritis ...	5	3	2	3	1	2	0	3	0	0	0
Gastro-Enteritis ...	4	5	9	4	6	2	8	5	2	6	0
Infantile Diarrhoea	2	3	4	3	1	3	7	1	1	0	3
Catarrh of Bowels	2	2	6	0	4	0	0	0	0	0	1
Gastro Intestinal Disturbance ...	1	0	0	0	0	0	0	0	0	0	0
Gastro Intestinal Catarrh... ..	0	0	1	3	0	8	6	0	1	3	1
Ileo-Colitis ...	0	0	0	0	0	1	0	1	1	0	0
Chronic Dyspepsia and Diarrhoea ...	0	0	0	0	0	1	0	0	0	0	0
Acute Catarrhal Colitis ...	0	0	0	0	0	0	0	0	1	0	2
Acute Appendicitis	0	0	0	0	0	0	0	0	0	1	0
Intussusception ...	0	0	1	0	0	1	1	0	0	0	0
Intestinal Obstruction ...	0	0	0	1	0	0	0	0	0	0	1
Peritonitis ...	0	0	0	0	0	0	1	0	0	0	0
Nephritis ...	0	0	0	0	0	1	0	0	0	0	0
Cystitis ...	0	0	0	0	0	0	0	0	1	0	0
Circumcision ...	0	0	0	0	0	0	0	0	1	0	0
Boils (Toxaemia)	0	0	0	0	0	0	0	0	0	1	0
Spina Bifida ...	1	0	0	0	0	0	0	0	0	0	0
Imperforate Anus	1	0	0	0	0	0	0	0	0	0	0
Congenital Malfor- mation of Heart	0	0	0	0	1	0	0	0	0	0	0
Congenital Intesti- nal Obstruction	0	0	0	0	0	0	0	0	0	1	0
Congenital Deform- ity of Mouth and Throat ...	0	0	0	0	0	0	0	0	0	3	0
Imperfect Development ...	0	0	0	0	0	0	1	1	0	0	1
Congenital Malformation ...	0	0	0	0	0	0	0	1	0	0	2
Hydrocephalus ...	0	0	0	0	0	0	0	0	1	0	0
Premature Birth ...	14	16	13	10	4	11	9	11	11	9	9
Congenital Cardiac Weakness ...	2	0	0	0	0	0	0	0	0	0	2
Debility at Birth...	1	1	0	0	5	1	3	3	1	4	5
Jaundice ...	0	1	1	1	1	2	0	0	1	1	0
Infantile Weakness	0	0	0	0	0	1	1	0	0	0	3
Inanition ...	7	3	0	1	1	2	1	0	5	3	3
Marasmus...	14	5	13	7	0	3	3	3	6	5	11
Malnutrition ...	2	0	0	0	0	1	0	0	0	0	1
Asthenia ...	0	0	0	0	0	0	0	1	0	0	0
Atelectasis Pulmon:	0	0	2	0	0	1	0	0	0	2	1
Injury at Birth ...	1	0	1	0	0	5	0	2	0	1	1
Umbilical Haemorrhage ...	0	0	0	0	0	0	0	1	0	0	0
Poisoning (Accidental)	1	0	0	0	0	0	0	0	0	0	0
Burning do. ...	0	0	1	1	0	0	0	0	1	0	0
Fall do. ...	0	0	0	0	0	0	0	1	0	0	0
Asphyxia do. ...	0	0	0	0	0	1	0	0	0	0	0
Teething ...	1	0	0	0	0	0	0	0	0	1	1
Hyperpyrexia ...	1	0	0	0	0	0	0	0	0	0	0
Surgical Narcosis...	0	0	0	0	0	1	0	0	0	0	0
Pyrexia ...	0	0	0	0	0	1	0	0	0	0	0
Totals ...	109	67	89	62	41	86	87	68	56	82	85





A cursory examination of this table shows that *the* serious causes of deaths amongst infants are those related to diarrhoea and other diseases of the digestive system. During the past eleven years, out of a total of 832 infant deaths, 348 have had their source or origin in the alimentary track. Premature births, congenital malformations, injury at birth and conditions generally which precluded the infant having a proper start in life's race numbered during the period mentioned 288 deaths. Diseases of the respiratory passages amounted to 67 deaths and infectious diseases to 88 deaths. The remaining 49 deaths were distributed amongst twenty different certified causes of deaths giving an average of 2.45 deaths per disease.

With these facts before us, it is possible to determine to some extent the direction to pursue in order to combat the infantile mortality as it exists in Durban. So far as the deaths from diseases of the digestive system are concerned, it will be noticed that a very large proportion is certified as due to Enteritis. Now Enteritis means that some substance has obtained entrance into the stomach and intestines of an infant, which has produced such a degree of irritation there, that death has been the result. We have no means of knowing how many more children have suffered from such a condition, but in whom the disease has stopped short of a fatal result.

From careful enquiries made during the years 1906 and 1907, it was found that European babies reared on the breast alone were practically exempt from Enteritis, and other intestinal diseases. It was found that from all causes of infantile deaths those reared by hand died in the proportion of ten to one, as compared with the breast fed infant, and during the year 1906-1907, only one breast reared infant died from Enteritis.

The striking difference between the mortality of breast and hand fed infants in Durban only corroborates what is found in other communities, and carries with it a definite remedial principle, viz., that Health Visitors should emphasise and re-emphasise the necessity for mothers to suckle their infants on every possible occasion. An erroneous impression has developed that the modern woman is less able to breast feed her infant than previous generations; this idea requires to be combatted. Health Visitors have done splendid work on this point in Great Britain. They have, by their advice enormously increased the average number of breast fed infants, with a corresponding decrease in the artificially fed.

When artificial feeding is or has to be resorted to, danger to the life of the infant is continually present, particularly from diarrhoea. Milk being the principal food of an infant, the importance of this being kept in a state of purity will be evident. Contamination of milk is liable to take place at the cow-shed, en route to the consumer, and at the home supplied. No bye-law can be too stringent which aims at the prevention of impurities obtaining access to milk supplies at the place of production and during transportation. The Borough of Durban only recently acquired powers to make standards for this purpose (Ordinance 14 of 1916, Section 11, sub-section 5, para. f). The onus of preventing contamination in the home must rest with the householder, but the Lady Health Visitor must draw suitable attention to the necessity for such being carried out and advise as to the best methods of so doing.

Unfortunately, investigations have shown that want of knowledge regarding infant feeding on the part of the mother has been a potent factor in maintaining a high rate of infantile mortality. Advice tendered by well meaning but equally ignorant individuals has assisted towards this result. It is therefore necessary that facilities be afforded to instruct mothers and expectant mothers in sound principles of child life and infant hygiene. For such work it is essential that the services of a skilled woman be obtained. She must possess (1) tact, (2) be trained in the nursing of infants, and (3) have a knowledge of midwifery and sanitation.

In Great Britain women are now being trained and certificates of competency granted to those who, in the opinion of the examiners, are skilled to carry on this work. In many towns Lady Doctors with this special training are in charge of measures connected with the reduction of Infantile

A survey examination of this table shows that the serious cases of deaths amongst infants are those related to diseases and other diseases of the digestive system. During the past three years out of a total of 1075 infant deaths, 316 have had their cause ascribed to the digestive tract. Twenty-two further, congenital malformations, refers to birth and conditions generally which preceded the infant having a proper share in this year numbered during the period mentioned 200 deaths. The cause of the respiratory pneumonia amounted to 67 deaths and infectious diseases to 50 deaths. The remaining 19 deaths were distributed amongst twenty different causes of deaths giving an average of 2.45 deaths per group.

With these facts before us it is possible to determine to some extent the direction to pursue in order to combat the infantile mortality as it exists in London. So far as the deaths from diseases of the digestive system are concerned, it will be noticed that a very large proportion is confined to the colic. Now colic is a name that some children have obtained during the stage of and indicates of an infant, which has received such a degree of irritation that it has been the result. It is more or less of a condition, but knowing how many more children have suffered from such a condition, but in whom the disease has stopped short of a fatal result.

From careful enquiries made during the years 1900, 1901, and 1902, it was found that European babies reared on the breast alone were particularly exempt from infantile and other intestinal diseases. It was found that from all causes of infantile deaths there were by far the largest proportion of infants reared with the breast fed infant, and during the year 1902, 1907, only one breast reared infant died from infantile.

The striking difference between the mortality of breast and bottle fed infants in London only corroborates what is found in other communities, and carries with it a definite remedial principle, viz., that Health Visitors should emphasize and emphasize the necessity for mothers to receive their infants on every possible occasion. As strenuous opposition has developed that the modern woman is unable to breast feed her infant then previous conditions, this also requires to be considered. Health Visitors have done splendid work on this point in Great Britain. They have by their advice successfully increased the average number of breast fed infants with a corresponding decrease in the infantile fat.

When artificial feeding is or has to be resorted to, danger to the life of the infant is continually present, particularly from diarrhoea. With breast the principal food of an infant, the importance of the being kept in a state of purity will be evident. Contamination of milk is liable to take place at the source, on route to the consumer, and at the home supplied. The danger can be the stringent which aims at the prevention of impurities obtaining access to milk supplies at the place of production and during transportation. The Borough of London only recently reported progress to make standards for the purpose (Borough of London, Report, 1910, section 11, sub-section 2, page 12). The aim of preventing contamination in the home must rest with the householder, but the Lady Health Visitor must draw suitable attention to the necessity for each being carried out and advise as to the best methods of so doing.

Unfortunately, investigation has shown that want of knowledge regarding infant feeding on the part of the mother is a factor in the infantile mortality. A high rate of infantile mortality, which is not to be well meaning and equally ignorant individuals has reached our ears this year. It is therefore necessary that facilities be afforded to breast mothers and occasional mothers in sound principles of child life and infant hygiene. For each week it is essential that the services of a skilled woman be obtained. The most common (1) that (2) be trained in the nursing of infants, and (3) have a knowledge of infectivity and sanitation.

In Great Britain women are now being trained and certified as nurses, many granted to those who in the opinion of the committee are skilled to carry on this work. In many towns Lady Visitors with this special training are in charge of measures connected with the reduction of infantile



Mortality. Even Voluntary Health Visitors must be practically acquainted with the daily routine of an infant's life,—its feeding, clothing, sleep and possible ailments, and must also be possessed of great tact.

It will doubtless have struck the thoughtful person that the time to start educating a woman in the conduct of infant life and hygiene is surely not when she is a mother or about to enter motherhood, who will ask "Cannot something be done in this direction for older girls at school or in continuation classes?" In competent hands this can be done, and if *education* is what it pretends to be, viz., to fit a person for her after life work, it ought to be done. Part of every girl's education should be to instil the cardinal principle of breast feeding of infants, to show that cow's milk, however pure, is the secretion intended for that animal's young, the digestive system of which is vastly different from that of the human being, and that the composition of cow's milk—meant for a different order of animal—is quite different from human milk. Instruction might be given as to how to make the best of a bad job by preparing cow's milk to resemble in quality that of the human secretion. Much more could be taught, but a start on infant food would be of prime importance and more useful for 99 per cent. of young women than algebra, etc.

The following interesting table exhibits the ages at which infants have died in Durban during the period 1906-1916:—

Year ended July	AGE PERIODS.											
	Under 1 Week	1 Week to 1 Month	1 Month to 3 Months	3 Months to 6 Months	6 Months to 1 Year	1 Year to 2 Years	2 Years to 3 Years	3 Years to 4 Years	4 Years to 5 Years	5 Years to 6 Years	6 Years to 7 Years	7 Years to 8 Years
1906	12	15	18	14	12	10	8	6	4	3	2	1
1907	13	16	19	15	13	11	9	7	5	4	3	2
1908	14	17	20	16	14	12	10	8	6	5	4	3
1909	15	18	21	17	15	13	11	9	7	6	5	4
1910	16	19	22	18	16	14	12	10	8	7	6	5
1911	17	20	23	19	17	15	13	11	9	8	7	6
1912	18	21	24	20	18	16	14	12	10	9	8	7
1913	19	22	25	21	19	17	15	13	11	10	9	8
1914	20	23	26	22	20	18	16	14	12	11	10	9
1915	21	24	27	23	21	19	17	15	13	12	11	10
1916	22	25	28	24	22	20	18	16	14	13	12	11
Total	200	240	280	220	180	140	110	80	60	50	40	30



TABLE 2.

## INFANTILE MORTALITY—1906-1916.

## AGE PERIODS.

Year ended 31st July	Under Weeks.				Under Months.												Total Infants' Deaths	Infantile Mortality Figure	Sex.		Total Births.	
	1	2	3	4	1	2	3	4	5	6	7	8	9	10	11	12			Male	Female	Male	Female
1906	17	4	4	1	26	13	15	12	14	7	8	6	3	1	2	2	109	100.0	64	45	569	520
1907	15	1	2	3	21	7	1	8	9	2	3	3	5	1	4	3	67	69.2	39	28	481	487
1908	12	6	2	4	24	6	6	9	5	12	9	0	3	7	5	3	89	91.7	52	37	512	459
1909	12	5	3	1	21	3	3	4	7	2	6	5	2	2	4	3	62	67.3	43	19	461	458
1910	10	3	3	0	16	4	2	4	1	4	4	1	1	0	2	2	41	45.4	30	11	457	397
1911	18	6	3	2	29	4	6	3	9	9	4	6	5	4	4	3	86	90.3	49	37	472	480
1912	12	4	3	2	21	6	9	5	4	10	5	5	2	7	7	6	87	98.5	53	34	474	409
1913	16	3	1	2	22	3	3	9	3	2	6	5	6	4	3	2	68	74.8	48	20	464	445
1914	11	4	3	0	18	5	5	5	6	0	3	2	4	2	5	1	56	60.9	34	22	465	454
1915	16	8	0	7	31	5	7	3	4	3	7	3	7	8	1	3	82	89.4	51	31	493	424
1916	15	9	5	0	29	9	5	8	4	3	8	3	4	4	2	6	85	92.3	40	45	457	464
Total ...	154	53	29	22	258	65	62	70	66	54	63	39	42	40	39	34	832	879.8	503	329	5,305	4,997





One point of general interest shown in this table is that over the period 1906-1916, 308 more males than females were born, and that 174 more males than females died, the first year of life tending very largely towards equalization of number of the sexes. Were the sex mortality followed up during the succeeding years, it would be found that the increased mortality among males still continues until in a few years the females predominate, and this is maintained to the end of life.

In the first four columns, the deaths of infants under four weeks of age are shown, and it will be noticed that out of a total of 258 deaths occurring during that period, 154 took place during the first week of infant life.

It will thus be seen that over 30 per cent. of the deaths occur during the first month of life, and that with each succeeding month from the first to the twelfth, the tendency is for the deaths to decrease.

One outstanding fact can be deduced from such figures, and that is that a large number of infants are born unfit to survive. The chief causes of death during this period are premature birth, congenital debility and injury at birth. The proximate causes, that have produced such results, have undoubtedly been acting on the child before its birth. It will, therefore, be seen that in order to satisfactorily take up the matter of infantile mortality, it is not sufficient to deal with the infant after birth only, and that where conditions and circumstances warrant it, agencies must be in operation to give assistance and advice to expectant mothers previous to the birth of the child.

Another point of importance requiring recognition is that of efficient attendance at the mother's confinement, and here let me state that none of the deaths recorded in this table come under the heading of still-births. These have in the past constituted in all communities a considerable number of deaths, many of which might possibly have been prevented with proper and skilled attendance on the mother. Many of these still-births are caused by unnecessarily prolonged labour, owing to the mother being in the hands of unskilled attendants. In order to deal with this phase of the question, legislation is desirable, so that only trained and certified midwives should attend lying-in women. All midwives practising in a community should be under the direct supervision of the Health Department of such a community, and when from poverty, the mother is unable to provide such skilled assistance, the community must provide it.

In Durban we are perhaps content to look upon these infant deaths as being inevitable, from the fact that we are not aware of what is being done in other towns. It might therefore be advisable to finish these notes with a concrete example and see what the town of Bradford in Yorkshire has done to deal with Infantile Mortality. Bradford has adopted a wholly municipal scheme. They have an Ante-natal Clinic and Maternity Home, an Infants' Hospital and Consultation, a Milk Depot, meals for expectant and nursing mothers, a pre-school and a post-school clinic, and a special department for the treatment of diseases of the eye, ear, throat and nose in children. The whole is controlled by the Health Committee of the Corporation, and the Local Government Board contributes half the cost of administering the scheme. The Infants' Department consists of a three storey building—the Clinic is on the first floor, and has waiting, dressing, weighing, and recording rooms, doctor's consultation room, an isolation room, and a dispensary; there are three whole-time lady doctors, a dispenser, and nurses. The mothers are not taught in classes, for it is felt that instruction to be really helpful must be individual and practical. Appliances such as ear syringes are lent; drugs are prescribed if necessary, but the treatment required is found to be very largely dietetic and hygienic. The work is followed up by the Health Visitors who visit the homes. Situated over the Clinic is the Infants' Hospital, containing twenty beds for infants suffering from mal-nutrition. On the ground floor is the milk depot. There are also cooking kitchens where meals for expectant and nursing mothers are prepared. Connected with the Infants' Department is a scheme for training probationer nurses and also student nurses; the latter are trained for three years, practically and theoretically in all the branches of the Department, Clinic, Hospital, and Milk Depot.

One point of general interest shown in this table is that over the period 1900-1910, 202 more males than females were born, and that 111 more males than females died. The fact of the tendency very largely towards equalization of numbers of the sexes. When the sex mortality followed up during the succeeding years, it would be found that the increased mortality among males still continues until a few years the female predominates, and this is maintained to the end of life.

In the first four columns the deaths of infants under four weeks of age are shown, and it will be noticed that out of a total of 538 deaths occurring during that period, 107 took place during the first week of infant life.

It will thus be seen that over 20 per cent of the deaths occur during the first month of life, and that with such a high percentage from the first to the fourth, the tendency is for the deaths to decrease.

The outstanding fact can be deduced from each figure, and that is that a large number of infants are born still in utero. The chief causes of death during this period are premature birth, congenital defects, and injury at birth. The premature cases, that have produced such results, have undoubtedly been acting on the child before its birth. It will therefore be seen that in order to substantially take up the matter of infantile mortality, it is not sufficient to deal with the infant after birth only, and that where conditions and circumstances warrant it, agencies must be in operation to give assistance and advice to expectant mothers previous to the birth of the child.

Another point of importance requiring recognition is that of efficient attendance at the mother's confinement, and here let me state that none of the deaths recorded in this table came under the heading of still-births. These have in the past constituted in all communities a considerable number of deaths, many of which might possibly have been prevented with proper and skilled attendance on the mother. Many of these still-births are caused by unnecessarily protracted labour, owing to the mother being in the hands of unskilled attendants. In order to deal with this phase of the question, legislation is desirable, so that only trained and certified midwives should attend (even in women). All midwives practicing in a community should be under the direct supervision of the Health Department or such a committee, and when from necessity the mother is unable to procure such skilled assistance, the community must provide it.

In Dublin we are perhaps content to look upon these infant deaths as being inevitable, from the fact that we are not aware of what is being done in other towns. It might therefore be advisable to finish these notes with a summary of what is being done in Dublin in this respect. Dublin has been to deal with infantile mortality. Dublin has adopted a wholly municipal scheme. The case of Dublin is a unique one, and Dublin is unique. Dublin and London are the only two towns in the world which have a separate and distinct department for the treatment of diseases of the eye, ear, nose and throat, and now in children. The whole is controlled by the Health Committee of the Corporation, and the Local Government Board contributes half the cost of maintaining the scheme. The infant department consists of a three-story building—the Clinic is on the first floor, and has waiting, dressing, weighing, and recording rooms, doctor's consultation room, an isolation room, and a dispensary. There are three whole-time lady doctors, a dispenser and nurse. The mothers are not brought in classes, for it is felt that instruction to be really helpful must be individual and practical. Appliances such as ear syringes are sent direct, are prescribed if necessary, but the treatment required is found to be very largely domestic and hygienic. The work is followed up by the Health Visitor, who visits the mother. Situated over the Clinic is the Infant Hospital, containing twenty beds for infants suffering from malnutrition, the two grounds floor is the birth department. There are also waiting rooms where mothers for expectant and nursing mothers are prepared. Connected with the infant department is a scheme for training professional nurses and also midwives; the latter are trained for three years, practically and theoretically in all the branches of the department, Clinic, Hospital, and Midwifery.



Every precaution is taken to prevent abuse when food is given either to mothers or children. All expectant mothers must visit the Ante-natal Clinic for advice; when they become nursing mothers, they must take their infants regularly to the consultations in order that they might be supervised. At the Pre-school Clinic, the medical inspection and treatment previously carried out at the Infants' consultation department is continued until the child passes into the care of the Education Committee; there are two doctors and four fully trained nurses. In addition they have a Post-school Clinic designed to bridge the gulf between school age and insurance age, viz., fourteen to sixteen years. By means of this department it is hoped to form a junction with the medical work in connection with factory employment, street trading, and the like. A special department has been established at the City Hospital—for the treatment of eye, ear, nose, and throat diseases occurring during childhood. It consists of a waiting room, consultation room, dispensary, operating theatre, and three wards with twenty beds. This is under the care of a consulting surgeon, a resident doctor and an efficient staff. Ophthalmia neonatorum is treated here in a special ward. The other wards are designed for the treatment of deafness, adenoids, enlarged tonsils, etc. There is a staff of twenty women health visitors, who carry out visitation under the Notification of Births Act.

I append a few tables of Infantile Mortality rates for comparison with Durban's Infantile Mortality rate.

TABLE 3.  
INFANTILE MORTALITY RATE FOR DURBAN, 1906-1916.

Year ended 31st July, 1906	100.0 per 1,000.
" " 1907	69.2 "
" " 1908	91.7 "
" " 1909	67.3 "
" " 1910	45.4 "
" " 1911	90.3 "
" " 1912	98.5 "
" " 1913	74.8 "
" " 1914	60.9 "
" " 1915	89.4 "
" " 1916	92.3 "
Rate for 11 years	80.8 "

For comparison I append the Infantile Mortality in some large towns in Great Britain in 1913:—

Glasgow	129 per 1,000.
Birmingham	129 "
Liverpool	132 "
Manchester	129 "
Nottingham	131 "
Portsmouth	90 "
Bristol	98 "
Edinburgh	101 "
Leicester	119 "
Bradford	127 "
Hull	130 "
Newcastle	122 "
Sheffield	129 "
Stoke	169 "
Leeds	136 "
Salford	143 "
West Ham	107 "



The following table shows the Infantile Mortality Figure for *England and Wales during 1914*:—

All England and Wales .....	105 per 1,000.
97 Great Towns, including London .....	113 "
145 Smaller Towns .....	104 "
England and Wales, less the 242 Towns .....	93 "
LONDON .....	103 "

Mr. John Burns, President of the Local Government Board, pointed out in 1913, that—

Medical Men's babies died at the rate of .....	40 per 1,000.
Upper and Middle Classes .....	77 "
Artisans' .....	100—130 "
Miners' .....	160 "
Unskilled Labourers' .....	150—250 "
Agricultural Labourers' .....	97 "

The following table shows the comparative Infantile Mortality Rates (Europeans) in the principal towns of *South Africa in the year 1915*:—

Johannesburg .....	111.38 per 1,000.
Pretoria .....	94.0 "
Bloemfontein .....	97.0 "
Cape Town, City .....	100.46 "
East London .....	98.4 "
Maritzburg .....	46.0 "
DURBAN .....	89.4 "

Table showing Infantile Deaths in WARDS in the Borough of Durban for the past seven years:—

Years.	WARDS							Total.
	1	2	3	4	5	6	7	
1909-1910	6	9	5	7	7	4	3	41
1910-1911	12	13	9	16	11	9	16	86
1911-1912	13	8	14	12	10	11	19	87
1912-1913	6	5	8	16	10	10	13	68
1913-1914	5	8	8	11	7	9	8	56
1914-1915	13	7	10	17	12	11	12	82
1915-1916	5	8	19	18	10	10	15	85

The above table does not give any definite information owing to the fact that each Ward comprises large numbers of persons living under different social conditions, and it is the social conditions of life which very largely influence Infantile Mortality.

A spot map showing the distribution of cases of Infantile Mortality in the Borough hangs in my office and may be inspected by those interested in it at any time. A glance at that map will show that infantile deaths chiefly occur in localities inhabited by the lowest wage paid members of this and all other communities. The inability of that class to obtain early and adequate medical services is a factor of much importance and must be provided for in any scheme dealing with this subject.



The following table shows the Infantile Mortality figures for England and Wales during 1914—

All England and Wales	105 per 1,000
97 Great Towns, including London	113
145 Smaller Towns	101
England and Wales, less the 97 Towns	93
1913-1914	103

Mr. John Hume, President of the Local Government Board, pointed out in 1915, that

Medical Men's Children died at the rate of	10 per 1,000
Unpaid and Middle Classes	77
Artisans	100-130
Miners	100
Unskilled Labourers	150-200
Artisanal Labourers	97

The following table shows the comparative Infantile Mortality Rates (per 1,000) in the principal towns of Great Britain in the year 1914—

Johnstonburg	111.38 per 1,000
Pictoria	94.0
Thornhill	97.0
East Town, City	100.40
East London	98.4
Manchester	100.0
DEATHS	100.4

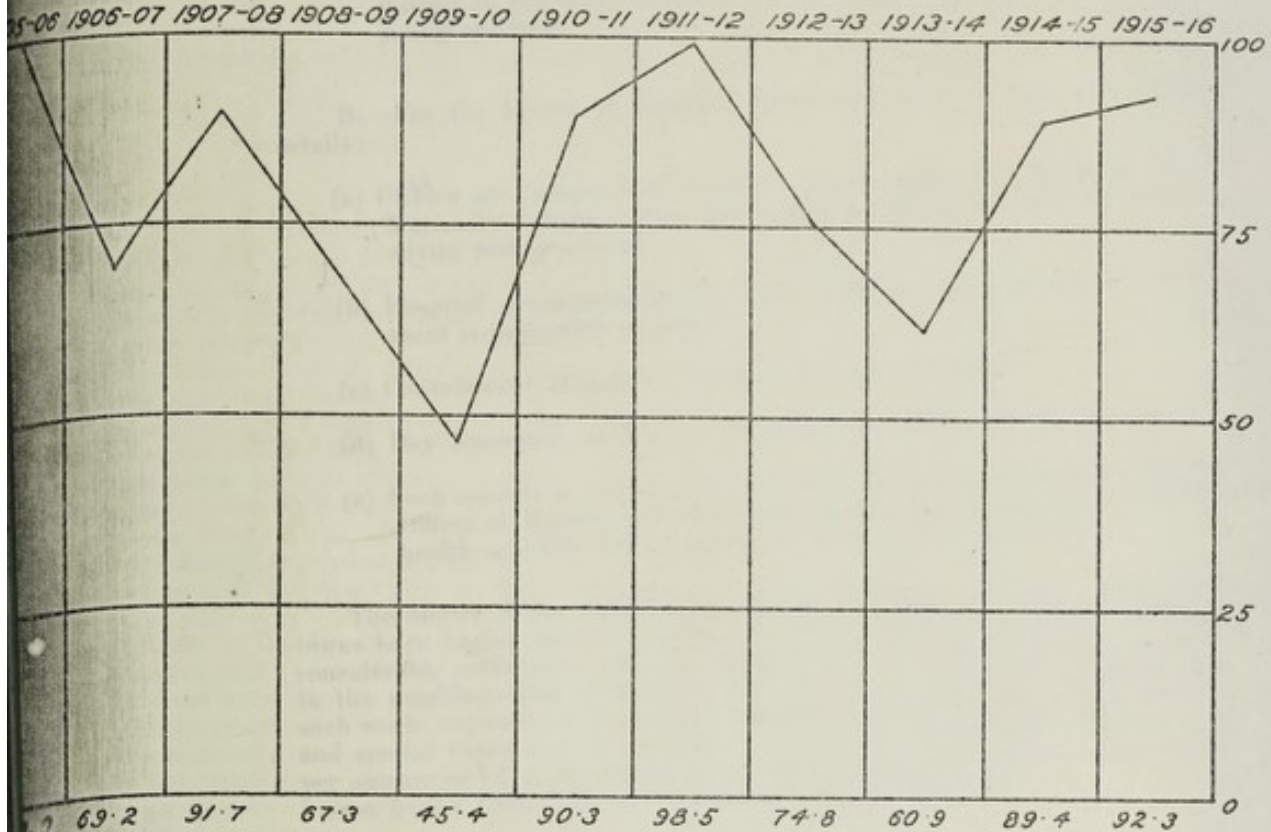
Table showing Infantile Deaths in WALES in the Borough of Cardiff for the past seven years—

Year	WALES							Total
	1	2	3	4	5	6	7	
1900-1910	6	9	9	7	7	4	8	41
1910-1911	12	18	9	10	11	9	10	80
1911-1912	12	9	14	12	10	11	10	87
1912-1913	8	5	8	10	10	10	12	63
1913-1914	5	8	8	11	7	9	8	56
1914-1915	10	7	10	17	12	11	12	80
1915-1916	5	8	10	16	10	10	10	80

The above table does not give any definite information owing to the fact that each of the various large numbers of persons living under different social conditions and it is the social conditions of life which very largely influence Infantile Mortality.

A good way showing the distribution of cases of Infantile Mortality in the Borough is in my office and may be inspected by those interested in it at any time. A glance at that map will show that infantile deaths chiefly occur in localities inhabited by the lower wage earners of the town and all other communities. The inability of that class to obtain early and adequate medical advice is a factor of much importance and must be provided for in any scheme dealing with this subject.

# CHART OF INFANTILE MORTALITY RATES FOR THE PAST 11 YEARS.



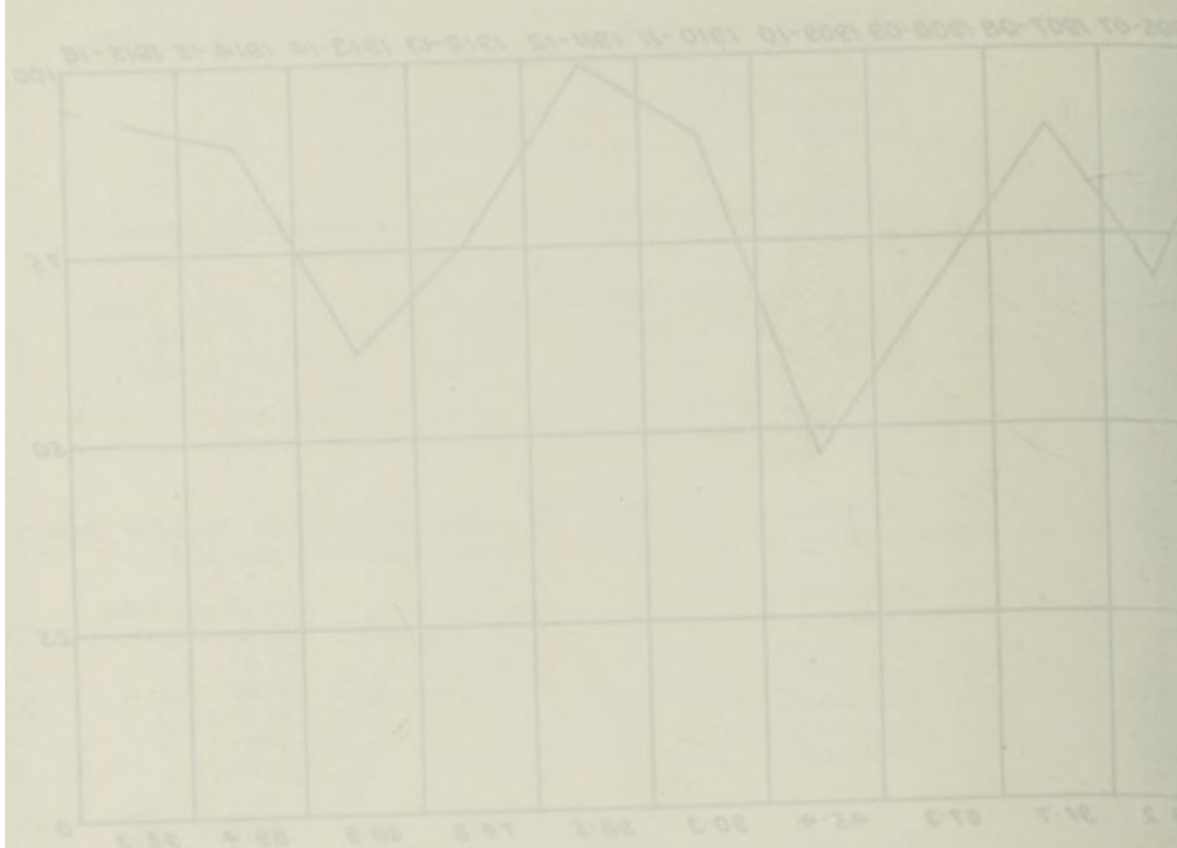
It has already been stated that none of the figures in these tables refer to still-births, which may be taken to amount to between thirty and forty a year. Abortions and miscarriages are of course not included. It is recognised that for every five births, there will occur an abortion or miscarriage, and that would give for Durban over 180 of these per annum. Many of these need not occur if provision is made to spread information regarding antenatal precautions that should be taken by pregnant women.

The foregoing facts and figures are merely given for purposes of information. An example (Bradford) of one of hundreds of towns carrying out schemes on practically the same lines is here illustrated. The past fifteen years has been the pioneer stage, but enough data has now been collected to enable a general outline of a practical and reasonable scheme to be formulated. The Local Government Board has put forward the following as being the necessary minimum, viz.:—

A.—For the health of expectant and nursing mothers, the scheme states that the Local Authorities should provide:—

- (a) Maternity centres where expectant and nursing mothers may come for medical advice and treatment.
- (b) A system of home visitation of expectant and nursing mothers.
- (c) Such assistance, when confinement takes place at home, as to assure that the mother shall have skilled and prompt attention.
- (d) Hospital accommodation when the woman to be confined suffers from illness or any deformity, or when other conditions exist involving danger to mother or child.

# CHART OF EXANTHEMATIC MORTALITY RATES FOR THE YEAR 11 YEARS



It has already been stated that none of the figures in these tables refer to still-births, which may be taken to amount to between thirty and forty a year. Abortions and miscarriages are of course not included. It is recognized that for every five births, there will occur an abortion or miscarriage, and that would give for London over 100 of these per annum. Many of these need not occur if provision is made to spread information regarding antenatal precautions that should be taken by pregnant women.

The foregoing facts and figures are merely given for purposes of information. An example (Huddersfield) of one of hundreds of towns carrying out schemes on practically the same lines is here illustrated. The point to be noted is that the figures are not complete, but enough data has now been collected to enable a general outline of a practical and reasonable scheme to be formulated. The Local Government Board has put forward the following as being the necessary minimum, viz.:

A.—For the health of expectant and nursing mothers, the scheme should include the following:

- (a) Maternity centres where expectant and nursing mothers may come for medical advice and treatment.
- (b) A system of home visitation of expectant and nursing mothers.
- (c) Such assistance, when convenient, takes place at home, or in some other place, that the mother shall have skilled and prompt attention.
- (d) Hospital accommodation when the woman is to be confined, either from illness or any difficulty, or when other conditions exist involving danger to mother or child.



- (e) Hospital accommodation for treatment of complications following the birth of a child.
- (f) Co-operation with the School Board or Secondary Education Committees in the organisation and conducting of schools for mothers or young children.

B.—For the health of children under five years of age, the scheme details:—

- (a) Clinics or Consultation Centres (which may be conducted at a Maternity Centre), where the children may be brought for medical advice and treatment.
- (b) Hospital accommodation for sick children when satisfactory treatment is impossible at home.
- (c) Convalescent Homes for children in impaired health.
- (d) Day Nurseries, or Nursery Schools, for children of suitable age.
- (e) Such records as may enable the Local Authority, through its Medical Officer of Health, to furnish any child of school age with a certified health schedule for presentation on admission to school.

The object of the above is to prevent Infantile Mortality; some towns have higher rates than others of infant deaths, but all are capable of considerable reductions. By the adoption of a scheme in Durban, probably in the neighbourhood of thirty infant deaths a year would be saved. For such work, expenditure for service, equipment and accommodation is required, and special experience on the part of those actively engaged. Twenty lives per annum saved to the community and the state would be no mean contribution to the Empire from Durban and could be achieved.

## INFECTIOUS DISEASES.

### SMALL-POX.

Towards the end of May, 1916, Small-pox was stated in the daily press to have made great strides in the Lichtenburg district, where it had been epidemic for at least two months, 2,000 cases having been reported. Early in June a serious outbreak was discovered in Krugersdorp, where several Europeans had been attacked, and later in the month cases were reported from Potchefstroom, infection being believed to have been brought from Mafeking district.

In June, 1916, a case of Small-pox was discovered within the Borough at the African Boating Company's Barracks in Point Road. The patient, a native, arrived in Durban from Mafeking on the 21st June, 1916, he complained of feeling ill on the journey, and the day before his arrival in Durban, signs of a papular eruption were noticed on him. He went to work on the 22nd June, but was feeling too ill the day following to continue his duties. He was seen by a doctor on the 27th idem, by which time a vesicular eruption had fully developed and was characteristic in distribution. On the 28th idem, the contents of the vesicles were pustular. The date of infection can thus be fairly traced back to the 6th June, 1916, on which date this native was in Mafeking. The patient was taken to hospital on the 27th June, and those who had been in direct contact with him, more particularly his fellow travellers from Mafeking, were removed and segregated for 16 days, while the other occupants of the premises above mentioned, about 800 natives and 400 Indians, were immediately vaccinated or re-vaccinated and the barracks disinfected. Arrangements were made with the employers of these labourers that they were to be kept under strict surveillance for 18 days, and that under no conditions whatever were they to permit them to leave their work or the





premises until after the expiry of that period. The patient had a moderately severe attack, and he recovered and was discharged after eight weeks in hospital. He stated he had never been vaccinated and there were no signs of any previous vaccination on him. The medical profession in Durban were circularised of the occurrence of this case, in order that they might be on the outlook for others when any suspicious case came to their notice.

Up to 31st July no further cases have occurred.

### DIPHTHERIA.

Anti-toxic serum is given by this Department to medical men free of charge for the use of necessitous cases. Serum is administered in all cases immediately on admission to the Municipal Infectious Diseases Hospital, the quantity being regulated by two factors, the day of the disease and the extent of the tissue involved. Bacteriological examinations of 735 specimens of swabs were made during the year, of which 524 gave negative results and 211 positive. It is necessary in the case of scholars and teachers affected with Diphtheria to have three successive swabs proved negative by bacteriological examination, before a clearing certificate to resume school attendance can be granted by this Department. Among the patients admitted to the Infectious Diseases Hospital last year, there were five members from one family who were suffering from this disease at or about the same time. The first case had been mild and overlooked until the others were infected and showed more serious signs and symptoms. It is difficult at times to diagnose clinically mild cases of the disease, but bacterioscopic examination is both speedy and conclusive as to such cases being either positive or negative. During the year there were 20 cases notified which had not been confirmed by bacteriological examination. In several cases the germs have persisted in the throats of convalescents for considerable periods, when to all appearances the patient had quite recovered. As periodic visitations for the purpose of taking swabs became irksome to the doctor and expensive to the patient, arrangements have been made for the Lady Sanitary Inspector to be appointed to assist in this work. It has to be remembered, however, that the doctor's duty to the patient and the household cannot be considered completed until the throat of the sufferer is free from the disease. One case sent in to hospital as Diphtheria was found on arrival to be Scarlet Fever. The nurse fortunately recognised the disease and at once removed the patient to the Scarlet Fever pavilion. No cross infection resulted. The greater preponderance of cases of Diphtheria among European females is again shown, out of 81 cases there being 50 females and 31 males. Of the 85 cases occurring during the year, 25 were removed and treated at the Infectious Diseases Hospital, Congella. The principle adopted is that if the patient is so housed as to possibly spread infection to others, the case is removed to hospital and treated free of charge.

### SCARLET FEVER.

There have been fewer cases of Scarlet Fever during the past year than for the three preceding years, and it will be noticed that during the past six years not a single death has occurred among the 156 cases that were notified. The type of this disease usually prevalent in Durban is of a mild nature, but occasionally a fairly severe form appears, and complications such as nephritis, ear and granular troubles arise in these cases. Three of the cases reported during the past year were treated at the Infectious Diseases Hospital.

### NON-NOTIFIABLE INFECTIOUS DISEASES.

During the past year the following non-notifiable infectious diseases have been very prevalent in Durban, viz., Measles, Whooping Cough, Chickenpox, Influenza, etc. It is impossible even to estimate the number of cases of these diseases that occurred, but Chickenpox and Measles were extremely rife for part of the year. Statistics show that there were 5 deaths from Measles, 5 from Whooping Cough, and 4 from Influenza.





TABLE OF CASES OF NOTIFIABLE INFECTIOUS DISEASES  
ARRANGED ACCORDING TO RACES, 1915-16.

Disease.	Europeans.		Natives.		Asiatics.		Total.	
	Boro'.	Imp.	Boro'.	Imp.	Boro'.	Imp.	Boro'.	Imp.
Smallpox	0	0	0	1	0	0	0	1
Diphtheria	81	4	0	0	4	0	85	4
Scarlet Fever	13	2	0	0	0	0	13	2
Enteric Fever	90	38	2	2	2	1	94	41
Puerperal Fever	2	0	0	0	2	0	4	0
Anthrax	1	0	0	0	0	0	1	0
Phthisis	25	35	10	16	19	18	54	69
Totals	212	79	12	19	27	19	251	117
Treated in Hospital	85	51	3	12	7	12	95	75
Treated at home or privately	127	28	9	7	20	7	156	42

The following also are Notifiable Infectious Diseases, but there have been no cases during the past year:—

Plague, Cholera, Membranous Croup, Leprosy, Typhus Fever, Relapsing Fever, Glanders, Rabies, Malta Fever, Yellow Fever, Cerebro-Spinal-Meningitis, Sleeping Sickness.

TABLE SIMILAR TO THE FOREGOING FOR COMPARISON CONTAINING NUMBER OF NOTIFICATIONS OF PREVIOUS YEAR, 1914-1915.

Disease.	Europeans.		Natives.		Asiatics.		Total.	
	Boro'.	Imp.	Boro'.	Imp.	Boro'.	Imp.	Boro'.	Imp.
Plague	0	0	0	0	0	0	0	0
*Dysentery	53	11	16	12	5	3	74	26
Smallpox	0	0	0	0	0	0	0	0
Diphtheria	109	5	1	0	4	0	114	5
Erysipelas	8	1	0	1	0	0	8	2
Scarlet Fever	22	1	0	0	0	0	22	1
Enteric Fever	41	35	13	3	2	1	56	39
Puerperal Fever	1	1	0	0	3	0	4	1
Leprosy	0	0	0	0	0	1	0	1
Phthisis	28	35	17	34	30	36	75	105
Totals	262	89	47	50	44	41	353	180
Treated in Hospital	74	61	29	36	14	32	117	129
Treated at home or privately	188	28	18	14	30	9	236	51

(\*For nine months ending April, 1915.)





## ENTERIC FEVER.

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

Year	1910-11	1911-12	1912-13	1913-14	1914-15	1915-16	
						Borough Imported	
Cases	55	123	188	174	95	94	41
Deaths	4	18	19	34	9	10	3

Case Mortality: 10.638 per cent.

Case Incidence per 1,000 of Population = 1.18.

## RACE AND SEX DISTRIBUTION.

	Male.	Female.	Total.	Deaths.
European ... ..	48	42	90	8
Native ... ..	1	1	2	2
Asiatic ... ..	—	2	2	—
	49	45	94	10

## WARD DISTRIBUTION.

Wards ... ..	1	2	3	4	5	6	7	Impt.	Total.
Cases ... ..	11	7	8	10	36	10	12	41	135

## SIZE OF HOUSE.

Rooms	1	2	3	4	5	6	7	Over 7	Institution.	Total
European	8	5	8	19	23	7	13	4	5	90
Native	1	1	0	0	0	0	0	0	0	2
Asiatic	1	1	0	0	0	0	0	0	0	2
Totals	10	7	8	19	23	7	13	4	5	94

The houses of 90 cases were provided with water closets, and at 4 the pail system was in use.

## WIDAL REACTION.

During the year 118 specimens of blood from suspected cases of Enteric and Paratyphoid have been submitted to me for examination. Of these 12 were positive and 106 negative.

## ENTERIC FEVER

The following table shows the total number of cases of Enteric Fever killed and deaths recorded during the past six years—

Year	1910-11	1911-12	1912-13	1913-14	1914-15	1915-16
Cases	55	123	148	174	92	94
Deaths	4	18	19	34	9	10
						3

Case Mortality: 10.628 per cent.

Case Incidence per 1,000 of Population—1.18

## RACE AND SEX DISTRIBUTION

	Male	Female	Total	Deaths
European	42	42	84	8
Native	1	1	2	2
Asian	—	2	2	—
Total	43	45	88	10

## AGE DISTRIBUTION

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
Cases	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

## SIZE OF HOUSE

Size of House	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
Cases	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

The houses of 60 cases were provided with water closets and at 2 the system was in use.

## WIDAL REACTION

During the year 118 specimens of blood from suspected cases of Enteric Fever had been submitted to me for examination. Of these 12 were positive and 106 negative.

## AGE DISTRIBUTION—EUROPEANS.

Age	...	0-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	Total.
Male	...	7	8	8	4	4	9	6	1	1	48
Female	...	1	7	5	8	6	11	4	0	0	42
Totals	...	8	15	13	12	10	20	10	1	1	90

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

Good.	Fair.	Poor.	Bad.	Total.
28	53	12	1	94

CLEANLINESS.—So far as cleanliness of the dwellings and the surroundings were concerned, they might be classed as:—

Clean.	Fair.	Dirty.	Total.
70	21	3	94



## 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	7	8	8	4	4	7	6	1	1	1	43
Female	1	7	5	8	6	11	4	0	0	0	43
Total	8	15	13	12	10	18	10	1	1	1	86

SAVITARY CONDITIONS—The sanitary conditions existing at houses where cases occurred were—

Good	Fair	Poor	Total
26	51	12	89

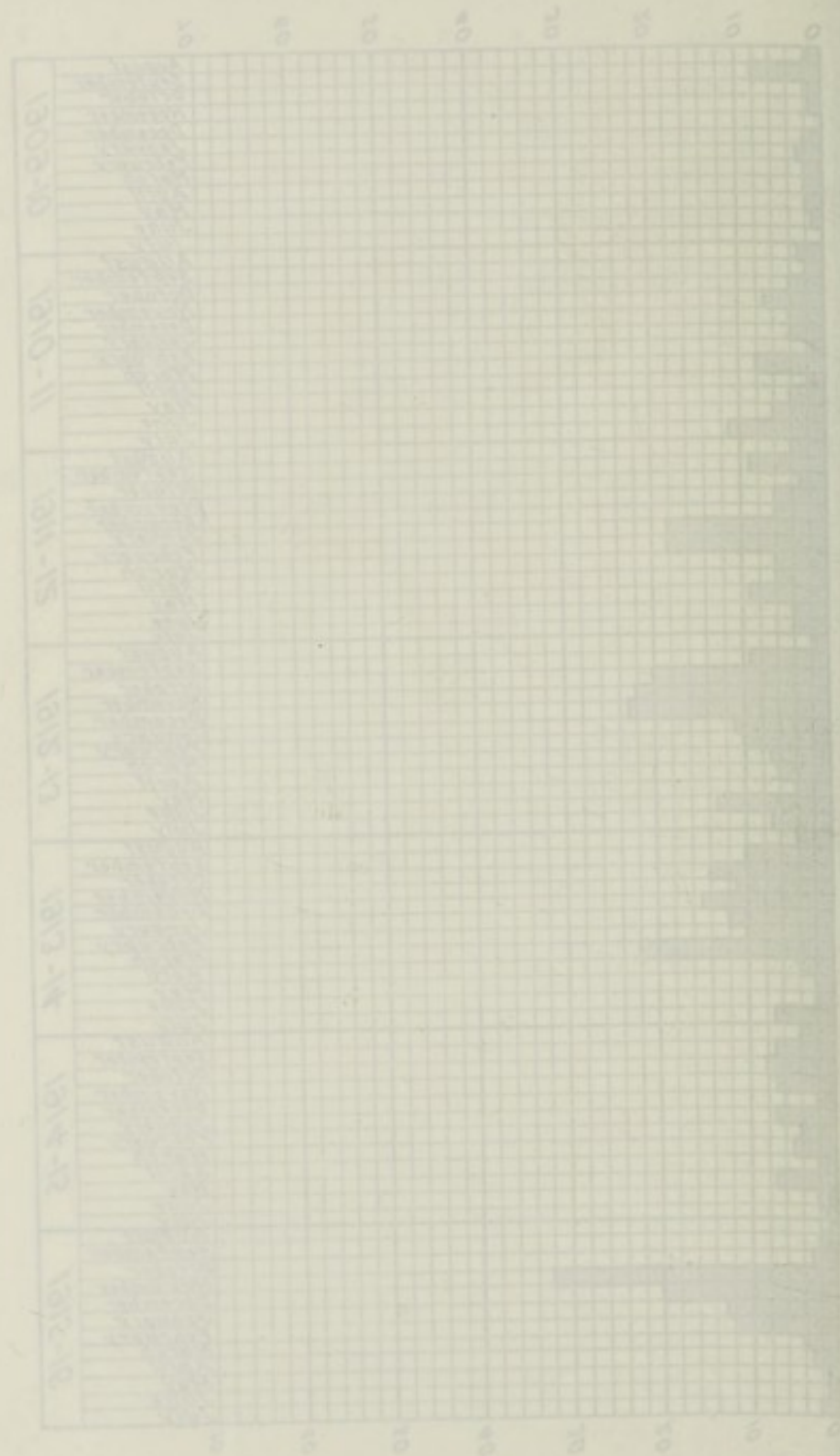
CLIMATICAL.—So far as the influence of the dwellings and the surroundings were concerned, they might be classed as—

Good	Fair	Poor	Total
70	21	3	94

### KEY WORDS

The enclosed chart shows the Monthly Distribution of Expenditure during the past seven years:—

### EXPENDITURE FOR THE MONTHS





# MONTHLY DISTRIBUTION OF CASES OF SCARLET FEVER.

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

Year.	1910-11	1911-12	1912-13	1913-14	1914-15	1915-16	
						Borough Imported	
Cases	14	12	27	65	23	13	2
Deaths	0	0	0	0	0	0	0

## WARD DISTRIBUTION.

Wards	1	2	3	4	5	6	7	Impt.	Total.
Cases	1	1	3	1	2	0	5	2	15

## AGE AND SEX DISTRIBUTION (EUROPEANS).

Age	Under 5	5-10	10-15	15-20	20-25	Total
Male	3	1	1	0	0	5
Female	1	5	1	1	0	8
Totals	4	6	2	1	0	13

## DIPHTHERIA.

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

Year	1910-11	1911-12	1912-13	1913-14	1914-15	1915-16	
						Borough Imported	
Cases	46	130	160	127	119	85	4
Deaths	2	11	11	6	9	4	1

RACE DISTRIBUTION.—Europeans, 81; Asiatics, 4.

## WARD DISTRIBUTION.

Wards	1	2	3	4	5	6	7	Impt.	Total.
Cases	4	9	21	8	17	9	17	4	89

## NUMBER OF ROOMS IN INFECTED HOUSES.

Rooms.	1	2	3	4	5	6	7	Over 7	Institution.	Total
European	9	3	3	15	25	11	2	8	1	77
Coloured	0	0	0	4	0	0	0	0	0	4
Native	0	0	0	0	0	0	0	0	0	0
Asiatic	3	0	1	0	0	0	0	0	0	4
Totals	12	3	4	19	25	11	2	8	1	85

In the houses of 82 water closets were in use, and in 3 cases the pail system was in use.



## MONTHLY DISTRIBUTION OF CASES AND DEATHS.

	1915					1916							
	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March.	April.	May.	June.	July.	Total.
Cases	7	6	7	4	5	4	4	22	6	8	5	7	85
Deaths	0	0	1	0	0	1	1	0	0	0	1	0	4

## AGE DISTRIBUTION OF CASES.

Age	0—5	5—10	10—15	15—20	20—25	25—35	35—45	45—85	TOTAL
European Males	11	15	4	0	0	1	0	0	31
European Females	10	17	9	3	4	4	3	0	50
Native and Asiatic Males	3	0	0	0	0	0	0	0	3
Native and Asiatic Females	1	0	0	0	0	0	0	0	1
TOTALS	25	32	13	3	4	5	3	0	85

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

Good.	Fair.	Poor.	Bad.	Total.
18	52	15	0	85

CLEANLINESS.—So far as cleanliness of the dwellings and surroundings was concerned, they may be classed as:—

Clean.	Fair.	Dirty.	Total.
59	26	0	85

PHTHISIS.

EUROPEANS.

TABLE 2.—DISTRIBUTION OF NOTIFIED CASES AND DEATHS IN WARDS.

Wards	1	2	3	4	5	6	7	8	Total
Cases	2	3	4	5	3	1	7	35	60
Deaths	1	2	1	1	3	1	0	16	26



## MONTHLY DISTRIBUTION OF CASES AND DEATHS

Year	1918											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Cases	7	0	7	4	5	4	4	25	8	2	5	85
Deaths	0	0	1	0	1	1	0	0	0	1	0	1

## AGE DISTRIBUTION OF CASES

Age	0-5	5-10	10-15	15-20	20-25	25-30	30-35	35-40	40-45	45-50	Total
European Males	11	15	4	0	0	1	0	0	0	0	31
European Females	10	17	2	2	4	1	2	0	0	0	30
Native and Asiatic Males	2	0	0	0	0	0	0	0	0	0	2
Native and Asiatic Females	1	0	0	0	0	0	0	0	0	0	1
Totals	24	32	16	2	4	2	2	0	0	0	78

SANITARY CONDITIONS.—The sanitary conditions relating to houses and streets visited were:—

Good	Fair	Poor	Total
18	52	18	88

CLEANLINESS.—As far as cleanliness of the streets and surroundings was concerned, they may be classed as:—

Good	Fair	Poor	Total
20	25	0	45

## TUBERCULOSIS.

TABLE 1.

YEAR.	EUROPEANS.				NATIVES.				ASIATICS.			
	All Tuberculosis.		Phthisis.		All Tuberculosis.		Phthisis.		All Tuberculosis.		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.
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
1911-12	26	71	23	63	5	27	5	27	54	3.09	49	2.8
1912-13	19	53	18	50	7	34	5	25	31	1.72	26	1.44
1913-14	22	6	20	55	6	27	2	1	27	1.47	19	1.03
1914-15	16	43	13	35	13	62	9	43	23	1.22	15	.8
1915-16	25	66	20	51	12	58	8	38	22	1.13	13	.68

TABLE 2.—DEATHS FROM ALL FORMS OF TUBERCULOSIS  
SINCE 1909.

	1909-10	1910-11	1911-12	1912-13	1913-14	1914-15	1915-16	Total Deaths for 7 Years.	Annual Average Mortality.
European ...	19	21	26	19	22	16	25	148	21
Native ...	8	7	5	7	6	13	12	58	8
Asiatic ...	34	28	54	31	27	23	22	219	31
Totals ...	61	56	85	57	55	52	60	425	61

## PHTHISIS.

## EUROPEANS.

TABLE 3.—DISTRIBUTION OF NOTIFIED CASES AND DEATHS  
IN WARDS.

Wards	1	2	3	4	5	6	7	Imported.	Total
Cases	2	3	4	5	3	1	7	35	60
Deaths	1	2	4	1	3	3	6	16	36

## TUBERCULOSIS

TABLE I.

Year	European				Native				Asiatic			
	All Tuberc.		Pulmonary		All Tuberc.		Pulmonary		All Tuberc.		Pulmonary	
	actual	per 1000 pop.	actual	per 1000 pop.	actual	per 1000 pop.	actual	per 1000 pop.	actual	per 1000 pop.	actual	per 1000 pop.
1899-1900	19	50	18	50	8	40	8	50	84	5.11	81	1.93
1900-1901	21	61	18	55	7	40	7	41	78	1.64	82	1.47
1901-1902	26	71	23	63	6	37	5	37	74	3.09	40	2.8
1902-1903	19	55	18	50	7	34	5	32	81	1.72	86	1.44
1903-1904	23	6	20	55	6	37	7	4	77	1.47	19	1.09
1904-1905	16	45	16	52	13	62	9	42	59	1.22	15	8
1905-1906	22	68	20	61	13	68	8	68	72	1.13	13	68

TABLE 2.—DEATHS FROM ALL FORMS OF TUBERCULOSIS SINCE 1900.

Year	Deaths from all forms of tuberculosis since 1900											
	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	Total
European	10	21	50	10	25	16	35	198	21			21
Native	8	7	5	6	13	12	28	8				8
Asiatic	34	28	64	61	57	23	22	210	81			81
Total	61	56	65	57	55	51	65	422	61			61

## PHTHISIS

## BY SEXES.

TABLE 3.—DISTRIBUTION OF NOTIFIED CASES AND DEATHS BY SEXES.

Year	Cases							Total
	1	2	3	4	5	6	7	
Male	1	2	4	1	3	3	10	24
Female	2	3	4	2	1	1	12	20



TABLE 4.—AGE AND SEX DISTRIBUTION OF NOTIFIED CASES  
AND DEATHS.  
EUROPEANS.

Under 1	1—5	5—10	10—15	15—20	20—25	25—35	35—45	45—55	55—65	65—85	Total.										
M	F	M	F	M	F	M	F	M	F	M	F										
Cases	0	0	0	0	0	0	1	2	2	3	4	7	2	2	0	2	0	0	0	16	9
Deaths	0	0	0	0	0	0	0	0	2	3	1	7	1	4	0	1	0	0	1	15	5

TABLE 5.—DISTRIBUTION OF NOTIFIED CASES AND DEATHS  
IN WARDS.  
NATIVES.

Wards ...	1	2	3	4	5	6	7	Imported.	Total.
Cases notified ...	1	1	1	1	3	2	1	16	26
Deaths ...	0	1	0	1	2	4	0	10	18

TABLE 6.—DISTRIBUTION OF NOTIFIED CASES AND DEATHS  
IN WARDS.  
ASIATICS.

Wards ...	1	2	3	4	5	6	7	Imported.	Total.
Cases notified ...	1	0	0	4	3	8	3	18	37
Deaths ...	4	0	0	3	0	5	1	8	21

TABLE 7.—SIZE OF HOUSE.

Rooms ...	1	2	3	4	5	6	7	Over 7	Institution.	Total.
European ...	6	2	0	6	9	0	0	1	1	25
Native ...	8	0	0	0	0	0	0	0	2	10
Asiatic ...	14	5	0	0	0	0	0	0	0	19
Totals ...	28	7	0	6	9	0	0	1	3	54



TABLE OF NOTIFICATIONS OF TUBERCULOSIS ARRANGED IN  
MONTHS AND RACES.

	Europeans.		Natives.		Asiatics.		TOTAL.	
	Boro.	Imp.	Boro.	Imp.	Boro.	Imp.	Boro.	Imp.
1915								
August ...	0	2	0	3	3	2	3	7
September ...	2	7	2	1	0	2	4	10
October ...	3	5	0	4	1	4	4	13
November ...	0	2	1	1	4	1	5	4
December ...	1	3	1	1	0	1	2	5
1916								
January ...	3	1	1	2	1	0	5	3
February ...	5	1	1	2	0	0	6	3
March ...	3	1	1	0	2	0	6	1
April ...	2	4	0	0	2	4	4	8
May ...	0	3	2	1	2	0	4	4
June ...	2	1	1	0	2	0	5	1
July ...	4	5	0	1	2	4	6	10
Totals ...	25	35	10	16	19	18	54	69

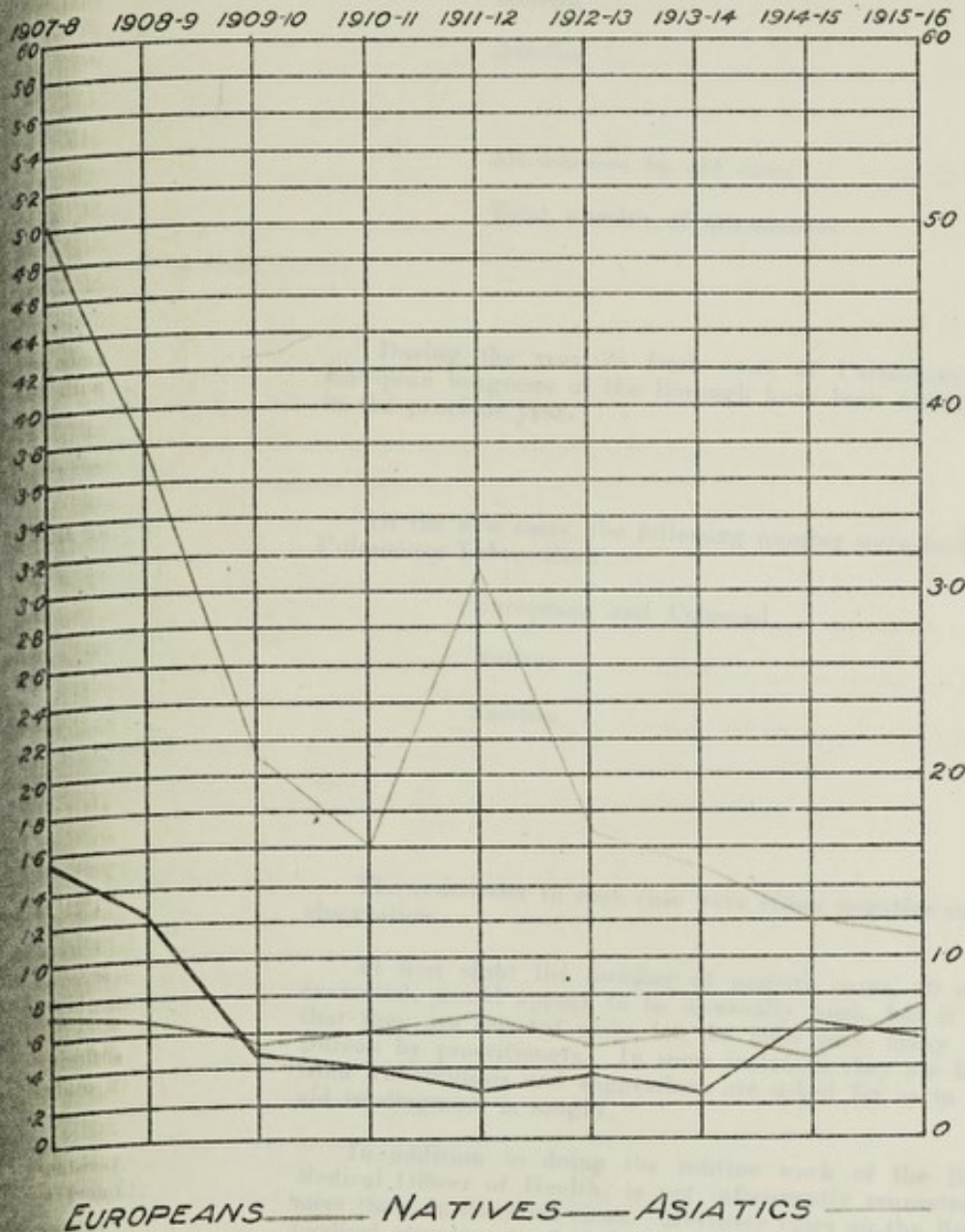


TABLE OF NOTIFICATIONS OF TUBERCULOSIS ARRANGED BY MONTHS AND RACES

	European		Native		Total	
	Male	Female	Male	Female	Male	Female
July	4	2	1	2	5	4
June	2	1	0	3	2	4
May	0	2	1	2	1	4
April	2	2	0	2	2	4
March	2	1	0	0	2	1
February	2	1	2	0	4	1
January	2	1	2	0	4	1
1910						
December	1	2	1	0	2	2
November	0	2	1	0	1	2
October	2	0	1	1	3	1
September	2	2	1	0	3	2
August	0	2	0	2	0	4
1911						
Total	22	20	10	10	32	30

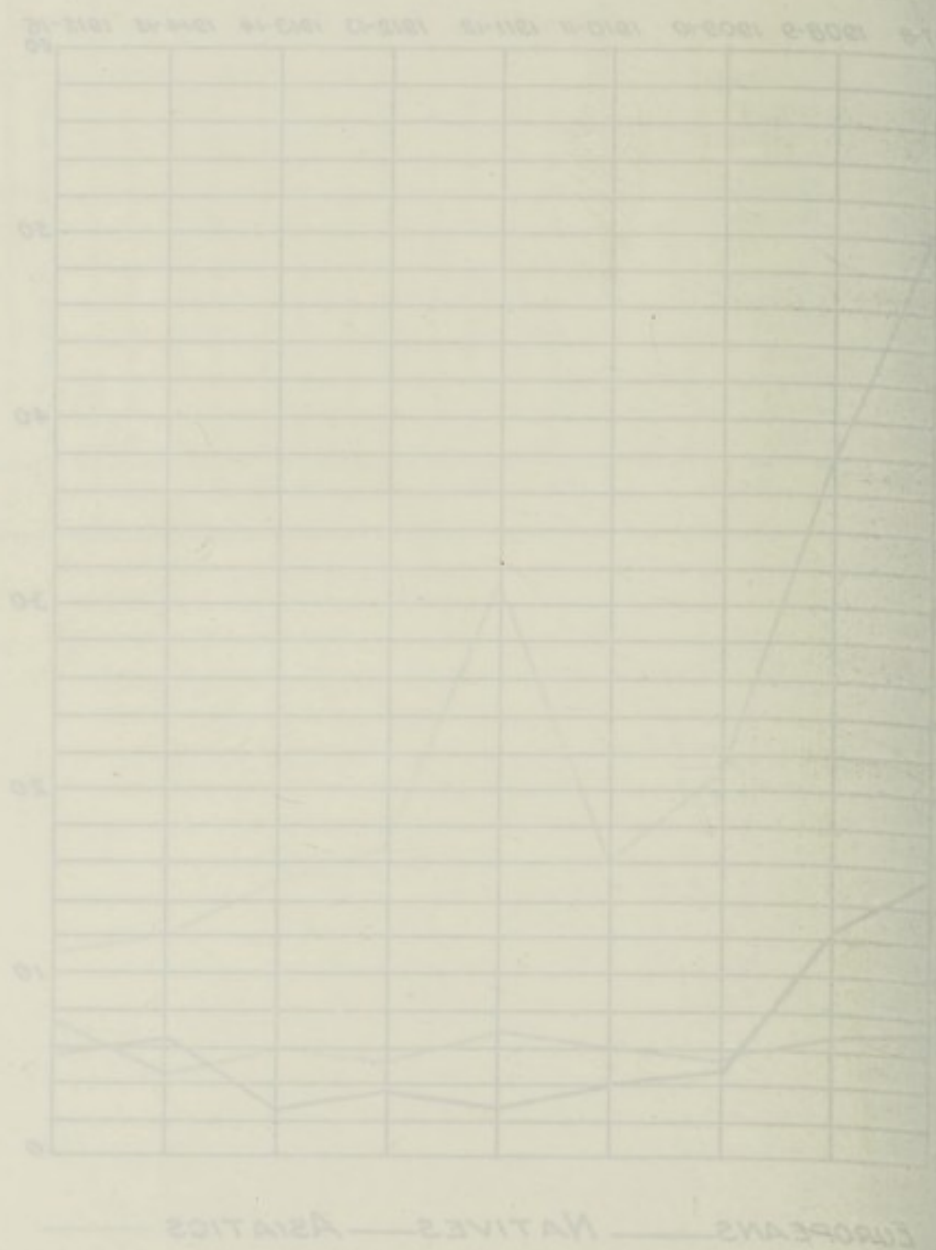
## DEATH RATE FROM TUBERCULOSIS.

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



## DEATH RATE FROM TUBERCULOSIS

Chart showing the death rate per 1,000 from Tuberculosis amongst  
European Asiatics and Natives during the past nine years:—





## TUBERCULOSIS BUREAU.

The following are the figures for the number of new patients examined at the Bureau during the past year ending 31st July, 1916:—

Europeans ... ..	98
Coloured ... ..	14
Natives ... ..	24
Asiatics ... ..	41
	<hr/>
	177
Attendances by old cases ... ..	227
	<hr/>
Total number of attendances ... ..	404
	<hr/>

During the year 25 fresh cases of Pulmonary Tuberculosis amongst European burgesses of the Borough have been notified as compared with 28 in the previous year.

Of the new cases, the following number were found to be suffering from Pulmonary Tuberculosis:—

Europeans and Coloured ... ..	42
Natives ... ..	11
Asiatics ... ..	7
	<hr/>
	60
	<hr/>

The remainder in each case were either negative cases or cases requiring observation.

At first sight the number of positive cases, 60 out of 177 new cases examined, would appear to be unusually high, but it must be remembered that they are selected cases for the most part, many being sent on to the Bureau by practitioners. In some instances they are known to be suffering from Tuberculosis and suggestions are asked for as to treatment; in others aid in diagnosis is sought.

In addition to doing the routine work of the Bureau, the Assistant Medical Officer of Health, is not infrequently requested by practitioners to meet them in doubtful cases. Moreover cases on the Bureau books requiring medical attention in their homes are, when they apply, visited by him, provided there is no doctor attending the case.

It is hoped that in the future more contacts of notified cases of Tuberculosis will present themselves for examination at the Bureau. At present all new cases are visited on notification by the Special Sanitary Inspector, and where necessary on his report by the Assistant Medical Officer of Health.

The need for Sanatorium accommodation for patients suffering from Pulmonary Tuberculosis still remains a pressing one before the full value for the work done at the Bureau can be obtained.

## TUBERCULAR HEMIA

The following are the figures for the number of new patients at the Bureau during the year ending July, 1910:

European	58
Colored	14
Native	34
Total	106
Admission by old cases	237
Total number of admissions	401

During the year 25 fresh cases of Pulmonary Tuberculosis at the Bureau have been notified as compared with 23 in the previous year.

Of the new cases the following number were found to be suffering from Tuberculosis:

European and Colored	42
Native	11
Total	53

The remainder in each case were either negative cases or cases of other diseases.

At first sight the number of positive cases, 53 out of 177 new patients, would appear to be unusually high, but it must be remembered that they are selected cases for the most part, many being sent to the Bureau by practitioners. In some instances they are known to be suffering from Tuberculosis and symptoms are noted for as to treatment; in other cases in diagnosis is sought.

In addition to doing the routine work of the Bureau, the Medical Officer of Health, is not infrequently consulted by practitioners in doubtful cases. Numerous cases on the Bureau books require medical attention in their homes and when they apply, visited by him, if such there is no doctor attending the case.

It is hoped that in the future more contacts of notified cases of Tuberculosis will present themselves for examination at the Bureau. At present new cases are visited on notification by the Special Sanitary Inspector, a visit necessary on his report by the Assistant Medical Officer of Health.

The need for Sanatorium accommodation for patients suffering from Pulmonary Tuberculosis will remain a pressing one before the full value of the work done at the Bureau can be obtained.

## INFECTIOUS DISEASES HOSPITAL.

During the past year, 40 cases of infectious disease have been isolated at the Infectious Diseases Hospital, Congella, viz.:—

DISEASES	European		Coloured		Native		Asiatic		Total	
	B.	I.	B.	I.	B.	I.	B.	I.	B.	I.
Scarlet Fever ...	3	0	0	0	0	0	0	0	3	0
Diphtheria ...	19	2	1	0	0	0	3	0	23	2
Chicken Pox ...	0	0	0	0	11	0	0	0	11	0
Measles ...	0	0	0	0	1	0	0	0	1	0
Total ...	22	2	1	0	12	0	3	0	38	2

## SCARLET FEVER.

## AGE AND SEX DISTRIBUTION.

Ages ...	0—5	5—10	10—15	15—20	20—25	Total
Male ...	0	1	0	0	0	1
Female ...	1	0	1	0	0	2
Total ...	1	1	1	0	0	3

DEATHS.—No deaths from Scarlet Fever have taken place during the year.

The average length of stay in hospital for the above three cases was 32 days.

One patient was admitted to hospital as a case of Diphtheria, but was found on examination to be a case of Scarlet Fever. One patient underwent an operation for removal of tonsils before being discharged.

## DIPHTHERIA.

## AGE AND SEX DISTRIBUTION.

Ages ...	0—5	5—10	10—15	15—20	20—25	35—40	Total
Male ...	5	3	2	0	0	0	10
Female ...	3	4	3	2	1	2	15
Total ...	8	7	5	2	1	2	25



## INFECTIOUS DISEASES HOSPITAL.

During the past year, 10 cases of infectious diseases have been isolated at the Infectious Diseases Hospital, Campbell, N.Y.

Disease	European		Coloured		Native		Asiatic		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Scarlet Fever	2	0	0	0	0	0	0	0	2	0
Diphtheria	12	2	1	0	0	0	0	0	13	2
Measles	0	0	0	0	11	0	0	0	11	0
Whooping Cough	0	0	0	0	1	0	0	0	1	0
Total	22	2	1	0	12	0	0	0	35	2

## SCARLET FEVER.

## AGE AND SEX DISTRIBUTION.

Age	0-5	5-10	10-15	15-20	20-25	Total
Male	0	1	0	0	0	1
Female	1	0	1	0	0	2
Total	1	1	1	0	0	3

NOTE: The deaths from Scarlet Fever have been during the

average length of stay in hospital for the above cases was 22

patients were admitted to hospital as a case of Diphtheria, but were  
examined to be a case of Scarlet Fever. The patient underwent  
the removal of tonsils before being discharged.

## DIPHTHERIA.

## AGE AND SEX DISTRIBUTION.

Age	0-5	5-10	10-15	15-20	20-25	25-30	Total
Male	2	2	2	0	0	0	6
Female	2	4	2	2	1	0	12
Total	4	6	4	2	1	0	18

During the previous year, 17 cases of Diphtheria were isolated at the hospital.

DEATHS.—There were three deaths from Diphtheria during the year at the hospital. In two of the cases Tracheotomy was performed; one patient died a few hours after the operation, the other was moribund on arrival and died almost immediately, before the operation was completed. The third death occurred in a patient who, after being in hospital for twelve days and all local signs of the disease having disappeared, developed Hemiplegia—embolic—and died within twelve hours. Infantile Hemiplegia is a somewhat rare affection and I can only find one case following Diphtheria recorded.

One patient on whom Tracheotomy was performed made a good recovery.

The average length of residence in hospital for the above cases of Diphtheria was 17 days.

The various types of this disease from which the patients were found to be suffering were:—Faucial 20, Laryngeal 3, Nasal 2.

All cases show three successive negative swabs before discharge.

For 52 days during the past year, there were no patients under treatment at the hospital.

## HOSPITAL.

GENERAL.—It will be noticed that the imported cases of infectious disease amount to a considerable proportion of the total numbers: during 1915-16, one-third of the infectious disease cases were imported. The imported cases of Enteric Fever amount to 30.3 per cent. of the total cases, and Phthisis 56.1 per cent.

One of the most pressing public health requirements of this Municipality is adequate and proper hospital accommodation. The present hospital buildings are inadequate to deal with cases of infectious disease occurring in this Borough. Numerous complaints have been received during the year from residents, hotel and boarding-house keepers, visitors, etc., and a deputation from the Durban Medical Society interviewed the Public Health Committee to express their views on the subject.

I have been requested by the Public Health Committee to submit an exhaustive report on the incidence of infectious disease in the Borough, in order to satisfy the Town Council as to the necessary requirements for efficiently dealing with such cases, together with the estimate of probable cost, maintenance, staff, etc., and the revenue that may be expected.

During the past year the Town Council resolved to isolate in the wood and iron buildings at Congella—used during the Boer War as a hospital for war prisoners—all natives discovered to be suffering from infectious disease in the Borough, the cost of which was to be a charge against the Native Administration Fund. Since the necessary structural alterations were completed, natives have been isolated and treated in this building.

The Horse Ambulance Wagon was handed over to this Department during the past year for the purpose of transporting cases of infectious disease.

## BACTERIOLOGICAL LABORATORY.

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

During the previous year 17 cases of Diphtheria were isolated at the hospital.

**DEATHS.** There were three deaths from Diphtheria during the year at the hospital. In two of the cases Tracheotomy was performed; one patient died a few hours after the operation, the other was moribund on arrival and died almost immediately, before the operation was completed. The third death occurred in a patient who, after being in hospital for twelve days and all local signs of the disease having disappeared, developed Diphtheritic exanthema and died within twelve hours. Infants Diphtheria is a somewhat rare affection and I can only find one case following Diphtheria recorded.

One patient on whom Tracheotomy was performed made a good recovery.

The average length of residence in hospital for the above cases of Diphtheria was 17 days.

The various types of this disease from which the patients were found to be suffering were:—Vocal 20, Laryngeal 3, Nasal 2.

All cases show those successive negative swabs before discharge.

For 52 days during the past year, there were no patients under treatment at the hospital.

## HOSPITAL.

**GENERAL.**—It will be noticed that the reported cases of infectious disease amount to a considerable proportion of the total number during 1915-16, one-third of the infectious disease cases were reported. The reported cases of Infective Fever amount to 30.4 per cent. of the total cases, and Diphtheria 36.1 per cent.

One of the most pressing public health requirements of this Municipality is adequate and proper hospital accommodation. The present hospital buildings are inadequate to deal with cases of infectious disease occurring in the Borough. Numerous infectious cases have been received during the year from residents, hotel and boarding-house keepers, visitors, etc., and a department from the Medical Society interviewed the Public Health Committee to express their views on the subject.

I have been requested by the Public Health Committee to submit an extensive report on the incidence of infectious disease in the Borough, in order to assist the Town Council as to the necessary requirements for infectious dealing with such cases, together with the estimate of probable cost, maintenance, staff, etc., and the revenue that may be expected.

During the past year the Town Council resolved to isolate in the new and two buildings at Conyngham Road during the year 1915 as a hospital for infectious diseases. All patients described to be suffering from infectious disease in the Borough, the cost of which was to be a charge against the Public Health Committee Fund. Since the necessary structural alterations were completed, patients have been isolated and treated in this building.

The House "Ambulance" was handed over to the Department during the past year for the purpose of transporting cases of infectious disease.

## BACTERIOLOGICAL LABORATORY.

The following examinations have been made in the laboratory during the past year:—



TABLE 1.

	Negative.	Positive.	Total.
Tubercle Bacilli . . . . .	187	64	251
Diphtheria Bacilli . . . . .	524	211	735
Widal Reaction for Enteric Fever . . . . .	63	5	68
Serum Reaction for Paratyphoid Fever . . . . .	43	7	50
Gonococci . . . . .	13	6	19
Malaria . . . . .	16	1	17
Malta Fever (Serum Reaction) . . . . .	13	3	16
Bilharzia . . . . .	4	0	4
Pneumococci . . . . .	2	1	3
Plague . . . . .	1	0	1
Amoeba Histolytica . . . . .	2	1	3
Ringworm . . . . .	1	0	1
Anthrax . . . . .	1	0	1
Urine for Casts . . . . .	0	1	1
Urine for Sugar . . . . .	1	0	1
Totals . . . . .	871	300	1,171

## TOTAL EXAMINATIONS FOR THE PAST EIGHT YEARS.

1908-9	1909-10	1910-11	1911-12	1912-13	1913-14	1914-15	1915-16
187	226	323	*1,970	1,367	1,324	1,266	1,171

\* Chiefly Plague Examinations.

With regard to the above figures in Table 1, since there were 94 cases of Enteric Fever and Paratyphoid Fever notified in the year and only 12 blood examinations found to give a positive result when tested, it would seem that practitioners do not utilise the facilities offered by the laboratory to the best advantage; it must be remembered, however, that many specimens are sent to other laboratories.

TABLE 2.

Showing number of examinations carried out each month and the results in certain diseases during the past two years.

1914-1915	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July
Tubercle Bacilli { N	22	14	18	13	21	18	17	28	23	11	15	19
{ P	8	9	8	4	7	13	6	8	7	5	3	3
Diphtheria { N	25	47	28	28	32	20	23	20	49	33	163	129
{ P	4	9	6	10	10	9	14	6	13	16	64	55
Enteric and Para-typhoid Fever { N	4	3	3	2	3	4	5	12	2	6	4	2
{ P	0	0	0	0	0	0	1	1	2	0	0	1
1915-1916	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July
Tubercle Bacilli { N	20	22	16	16	9	13	14	16	12	14	13	22
{ P	5	7	3	4	4	2	5	5	6	7	12	4
Diphtheria { N	87	32	37	28	26	20	13	78	74	40	37	52
{ P	40	9	11	9	14	10	13	33	28	19	14	11
Enteric and Para-typhoid Fever { N	1	4	1	30	13	18	19	9	3	4	1	3
{ P	0	1	0	0	0	2	5	1	1	0	1	1

N. = Negative. P. = Positive.



In respect of Table 2, no comment suggests itself as regards the figures for Tubercle Bacilli and Diphtheria examinations, but the large number of negative Enteric and Paratyphoid examinations in certain months is interesting. Certain other factors which have been noted during the year suggest the possibility that there is a febrile illness which occurs in Durban, which is neither Enteric nor Paratyphoid Fever, but which has certain symptoms in common with these diseases. Moreover in these cases, tests for Malaria and Malta Fever have been negative and the typical signs of Dengue Fever are absent. The point would seem to require investigation.

### WATER EXAMINATIONS, ETC.

In addition to the routine bacteriological examinations above detailed, there has this year been undertaken the examination bacteriologically of a considerable number of samples of the Durban water. These examinations were commenced in November, 1915, and the samples have been taken from various parts of the water system both inside and outside the Borough. Many laboratory experiments have also been carried out as a necessary preliminary and adjunct to these tests. In all 64 samples have been examined during these nine months and the complete results are embodied in a report which will be shortly completed.

In addition to these water examinations which have necessitated a considerable increase in the work of the laboratory, the Rideal-Walker Coefficient Test for disinfectants has been performed on eight occasions on samples received from the Stores Department.

Seven samples of Chloride of Lime have also been examined for the percentage of available Chlorine therein contained.

### DISINFECTING STATION.

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

#### DISINFECTIONS.

Months	Houses or Rooms	Mattresses	Blankets	Sheets	Articles of Clothing	General Articles	Totals
<b>1915</b>							
August ...	39	44	96	148	590	618	1535
September ...	46	83	138	128	639	777	1811
October ...	43	46	64	169	340	369	1031
November ...	42	69	95	203	441	644	1494
December ...	66	97	130	224	688	886	2091
<b>1916</b>							
January ...	42	57	95	162	582	625	1563
February ...	41	58	76	113	461	677	1426
March ...	45	60	72	234	837	855	2103
April ...	27	42	77	159	526	566	1397
May ...	36	32	52	63	485	559	1227
June ...	26	37	94	72	592	492	1313
July ...	31	49	100	117	583	840	1720
Totals ...	484	674	1089	1792	6764	7908	18711
Previous Year's Work ...	515	722	1391	1487	7464	10169	21748



In regard to Table 2, no comment suggests itself as regards the figures for Tubercle Bacilli and Bifidobacteria examinations but the large number of negative Bacteriophage and Bifidobacteria examinations in certain months is interesting. Certain other factors which have been noted during the year suggest the possibility that there is a seasonal illness which occurs in London, which is neither Bacteriophage nor Bifidobacteria, but which has certain symptoms in common with these diseases. However, in these cases, tests for Bacteriophage and Bifidobacteria have been negative and the typical signs of Bacteriophage are absent. The point would seem to require investigation.

## WATER EXAMINATIONS, ETC.

In addition to the routine bacteriological examinations above detailed, there has this year been suggested the examination bacteriologically of a considerable number of samples of the London water. These examinations were commenced in November, 1915, and the samples have been taken from various parts of the water system both inside and outside the Borough. Many bacteriological experiments have also been carried out as a necessary preliminary and adjunct to these tests. In all of samples have been examined during these nine months and the complete results are embodied in a report which will be shortly completed.

In addition to these water examinations which have necessitated a considerable increase in the work of the laboratory, the Bacteriophage Laboratory has been performing as usual on all occasions on samples received from the Water Department.

Great samples of Chloride of Lime have also been examined for the percentage of available Chlorine therein contained.

## DISINFECTING STATION.

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

### DISINFECTIONS.

Months	Household or Business	Maternity Hospitals	Public Places	Articles of Clothing	General Articles	Total
1915						
August	38	44	86	148	300	576
September	46	32	108	126	429	641
October	43	36	64	169	340	612
November	43	69	68	201	442	723
December	67	97	150	254	608	1176
1916						
January	41	37	67	167	367	612
February	41	36	70	113	451	611
March	43	61	73	214	477	868
April	37	42	77	130	308	694
May	36	32	53	63	468	652
June	36	37	64	78	563	778
July	41	49	110	117	563	880
Total	461	674	1089	1792	6704	10710
Previous Year's Work	512	723	1301	1857	7464	12857

## List of Articles Washed and Disinfected for various

## CORPORATION DEPARTMENTS.

Departments.	Towels	Blankets	Felts	Bandages	Coats	Trousers	Cushion Covers	Table Cloths.	Totals
Main Police Station	120	324	466	...	...	...	...	...	910
Sanitary Department	4,854	...	...	...	...	...	...	...	4,854
Borough Engineer ...	389	...	...	...	...	...	...	...	389
Electrical Engineer	346	...	...	...	...	...	...	...	346
Tramways Dept. ...	385	...	...	...	...	...	...	...	385
Water Department...	150	...	...	...	...	...	...	...	150
General Stores Dept.	...	...	...	...	22	22	...	108	152
Municipal Abattoir...	151	...	...	...	240	109	...	...	500
Mayor's Motor Car...	...	...	...	...	55	32	526	...	613
Fire St'n Ambulance	7	321	...	28	...	...	...	...	356
Town Council ...	220	...	...	...	...	...	...	...	220
Totals ...	6,622	645	466	28	317	163	526	108	8,875
Previous Year ...	4,733	506	331	50	144	...	306	...	6,070

The following tables show the WASHING DONE during the past year in connection with the Public Baths, West Street, and the Beach Bathing Enclosure and Swimming Baths:—

## PUBLIC BATHS, WEST STREET.

Months.	Towels.	Ladies' Costumes.	Drawers.	Ladies' Sheets	Plain Sheets.	Other Articles	Totals.
1915							
August ...	3750	107	36	102	18	43	4056
September ...	2360	76	...	56	28	40	2560
October ...	2850	84	50	48	17	42	3091
November ...	2880	36	...	54	10	44	3024
December ...	2470	55	40	50	25	51	2691
1916							
January ...	2860	53	60	70	21	40	3104
February ...	2874	42	50	75	29	37	3107
March ...	2737	53	...	78	15	47	2930
April ...	1600	32	...	63	12	46	1753
May ...	1971	47	...	67	23	43	2151
June ...	2562	75	...	94	25	57	2813
July ...	4131	194	...	180	43	41	4589
Totals ...	33045	854	236	937	266	531	35869
Previous Year	38290	619	78	499	263	502	40251

of Articles Wanted and Distributed for various

### CORPORATION DEPARTMENT

Year	Books	Periodicals	Maps	Charts	Photographs	Other	Total
1900	120	321	400	...	...	...	841
1901	120	321	400	...	...	...	841
1902	120	321	400	...	...	...	841
1903	120	321	400	...	...	...	841
1904	120	321	400	...	...	...	841
1905	120	321	400	...	...	...	841
1906	120	321	400	...	...	...	841
1907	120	321	400	...	...	...	841
1908	120	321	400	...	...	...	841
1909	120	321	400	...	...	...	841
1910	120	321	400	...	...	...	841
1911	120	321	400	...	...	...	841
1912	120	321	400	...	...	...	841
1913	120	321	400	...	...	...	841
1914	120	321	400	...	...	...	841
1915	120	321	400	...	...	...	841
1916	120	321	400	...	...	...	841
1917	120	321	400	...	...	...	841
1918	120	321	400	...	...	...	841
1919	120	321	400	...	...	...	841
1920	120	321	400	...	...	...	841

Following tables show the *WASHINGTON* INDEX during the past year  
from with the Public Health, West Street, and the Health Building  
and Swimming Baths:

### PUBLIC BATHS, WEST STREET.

Year	Towels	Ladies' Costumes	Drawers	Ladies' Sheets	Flats	Other Articles	Total
1900	3750	107	50	100	10	40	4057
1901	3750	107	50	100	10	40	4057
1902	3750	107	50	100	10	40	4057
1903	3750	107	50	100	10	40	4057
1904	3750	107	50	100	10	40	4057
1905	3750	107	50	100	10	40	4057
1906	3750	107	50	100	10	40	4057
1907	3750	107	50	100	10	40	4057
1908	3750	107	50	100	10	40	4057
1909	3750	107	50	100	10	40	4057
1910	3750	107	50	100	10	40	4057
1911	3750	107	50	100	10	40	4057
1912	3750	107	50	100	10	40	4057
1913	3750	107	50	100	10	40	4057
1914	3750	107	50	100	10	40	4057
1915	3750	107	50	100	10	40	4057
1916	3750	107	50	100	10	40	4057
1917	3750	107	50	100	10	40	4057
1918	3750	107	50	100	10	40	4057
1919	3750	107	50	100	10	40	4057
1920	3750	107	50	100	10	40	4057



OCEAN BEACH BATHING ENCLOSURE AND OPEN AIR  
SWIMMING BATH.

Months.	Towels.	Ladies' Costumes.	Gent's Costumes	Drawers.	Totals.
<b>1914</b>					
August ... ..	12230	1625	6917	2972	23744
September ... ..	6770	938	3795	2014	13517
October ... ..	6000	845	3190	2885	12920
November ... ..	7040	915	3350	3820	15125
December ... ..	9780	1564	4016	4240	19600
<b>1915</b>					
January ... ..	11600	2213	7020	6205	27038
February ... ..	11940	1610	7934	7675	29159
March ... ..	10980	1250	6360	5678	24268
April ... ..	10840	1769	7082	6379	26070
May ... ..	7240	987	4580	4155	16962
June ... ..	7880	955	5135	4725	18695
July ... ..	14520	1914	8926	7446	32806
Totals ... ..	116820	16585	68305	58194	259904
Previous Year ...	120565	15829	66467	21815	224676

INFECTIOUS DISEASE PATIENTS REMOVED BY AMBULANCE  
TO HOSPITALS.

The following table shows the number of patients removed to Hospitals during the past year:—

Hospitals.	Europe'n	Coloured	Native	Asiatic	Total.
Infectious Diseases Hospital ... ..	23	1	13	3	40
Addington Hospital ... ..	18	3	—	—	21
The Sanatorium ... ..	5	—	—	—	5
Military Base Hospital... ..	4	—	—	—	4
Berea Nursing Home ... ..	1	—	—	—	1
Other Nursing Homes ... ..	1	—	—	—	1
	52	4	13	3	72



# MEDICAL OFFICER OF HEALTH.

## STAFF.

The constitution of the Staff is as follows:—

Medical Officer of Health ... ..	P. Murison.
Assistant Medical Officer of Health ... ..	N. H. Walker.
Chief Inspector of Nuisances ... ..	W. C. Daugherty.
Special Sanitary Inspector ... ..	R. Walker.
Assistant Inspectors of Nuisances ... ..	{ J. Kendall. T. Hyslop. W. Thomson. J. Wood. A. Kelso. W. G. Pearce. W. G. Smith. F. W. Holmes.
Clerk ... ..	E. Posner.
Clerk ... ..	A. McIver. ✓
Clerk ... ..	F. W. Burne. ✓
Office Messenger ... ..	J. Kirk.
Superintendent, Disinfecting Station ... ..	E. Schulthess.
Assistant Disinfecter ... ..	C. D. Morning.
Municipal Nurse, Congella Hospital ... ..	P. G. Salmon.
Housekeeper ... ..	K. Salmon.

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

Medical Officer of Health.



