

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

Contributors

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DURBAN CORPORATION



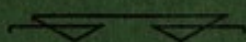
REPORT

OF

MEDICAL OFFICER of HEALTH

FOR THE

Municipal Year ended
31st July, 1922.



DURBAN:

COMMERCIAL PRINTING COMPANY, 365 PINE STREET.

1923.





MEDICAL OFFICER'S REPORT.

Municipal Buildings,

Durban. 1st August, 1922.

TO HIS WORSHIP THE MAYOR

AND TOWN COUNCILLORS OF THE BOROUGH OF DURBAN.

LADIES AND GENTLEMEN,

I have the honour to submit herewith the Twentieth Annual Report relating to the Health and Sanitary Conditions of the Borough of Durban, for the year ending 31st July, 1922.

KATHARINE McNEILL, M.B., Ch.B., D.P.H.,

Acting Medical Officer of Health.

European Birth Rate (gross)	26.83
European Birth Rate (corrected for non-residents)	22.88
Asiatic Birth Rate	51.62
Native Birth Rate	.689
Birth Rate, England and Wales, 1921	22.4

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

	1916	1917	1918	1919	1920	1921	Gross 1922	Boro' only 1922
No of Births	1054	1063	1105	1128	1252	1338	1350	1151
Birth Rate	26.7	26.09	25.6	23.8	24.9	26.65	26.83	22.88

4. TABLE SHOWING LEGITIMATE AND ILLEGITIMATE BIRTHS
(EUROPEANS), EXCLUDING IMPORTED BIRTHS, 1921/22.

	Males.	Females.	Totals.
Legitimate	548	564	1,112
Illegitimate	24	15	39
Total	572	579	1,151

Percentage of Illegitimate Births (Borough Residents) .. . 3.38

DEATHS.

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

Race.	Male.	Female.	Total.
European	286	190	476
Native	182	16	198
Asiatic	173	133	306
Totals	641	339	980

2.—AGE DISTRIBUTION OF DEATHS (EUROPEANS).

	Male.	Female.	Total.
Under 1 year	54	35	89
1—5 years	21	15	36
5—10	3	2	5
10—15	4	4	8
15—20	5	8	13
20—25	10	6	16
25—35	19	10	29
35—45	30	22	52
45—55	52	20	72
55—65	37	27	64
65—75	27	24	51
75—85	17	10	27
85 and over	7	7	14
Totals	286	190	476

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

Race.	1917-18	1918-19	1919-20	1920-21	1921-22
European ...	400	487	481	449	476
Native ...	149	224	204	172	198
Asiatic ...	199	338	355	329	306
Totals ...	748	1,049	1,040	950	980
Rate per 1,000					
European ...	9.1	10.3	9.6	8.9	9.4
Native ...	5.7	8.0	6.7	5.6	6.8
Asiatic ...	9.9	15.6	15.7	14.6	21.5

4.—TABLE FOR COMPARISON SHOWING RECORDED DEATH RATES PER 1,000 IN ENGLAND AND WALES IN 1921.

England and Wales	12.1
96 Great Towns, including London	12.3
145 Smaller Towns	22.7
England and Wales, less the 241 Towns	—
London	22.8

5.—TABLE SHOWING MONTHLY DISTRIBUTION OF DEATHS AMONGST RESIDENTS (EUROPEANS), 1921/22.

MONTHS.	MALES.	FEMALES.	TOTAL.
1921.			
August ...	22	16	38
September ..	27	18	45
October ...	34	12	46
November ..	23	21	44
December ..	21	22	43
1922.			
January ...	25	14	39
February ...	20	15	35
March ...	23	19	42
April ...	23	12	35
May ...	23	19	42
June ...	24	9	33
July ...	21	13	34
Totals ...	286	190	476

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

	EUROPEAN.		NATIVE.		ASIATIC.		TOTAL.	
	M.	F.	M.	F.	M.	F.	M.	F.
Addington Hospital	86	42	52	3	15	2	153	47
Durban Gaol	...	...	3	...	...	...	3	...
Point Convict Station	...	...	...	...	...	...	..	...
Sanatorium, Chelmsford Road	15	8	...	...	...	...	15	8
Indian Immigration Depot Hospital	...	...	...	...	2	2	2	2
Private Hospitals	14	5	...	...	1	1	15	6
S.A.R. Hospital	...	...	56	...	10	3	66	3
Corporation Hospital	2	2	...	...	...	...	2	2
Influenza Hospital	...	...	8	...	...	...	8	...
Totals	117	57	119	3	28	8	264	68

7.—CLASSIFICATION OF DEATHS.

BOROUGH RESIDENTS: EUROPEANS.

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

1. Typhoid Fever	12
2. Typhus Fever	—
3. Relapsing Fever	—
4. Malaria	1
5. Small-pox	—
6. Measles	4
7. Scarlet Fever	—
8. Whooping Cough	3
9. Diphtheria and Croup	6
10. Influenza	30
11. Biliary Fever	—
12. Asiatic Cholera	—
13. Cholera Nostras	—
14. Dysentery	4
15. Plague	—
16. Yellow Fever	—
17. Leprosy	—
18. Erysipelas	—
19. Other Epidemic Diseases	—
20. Purulent Infection and Septicæmia	3
21. Glanders	—
22. Anthrax	—
23. Rabies	—
24. Tetanus	3
25. Mycoses	—
26. Pellagra	—
27. Beri-beri	—
28. Tuberculosis of the Lungs	21
29. Acute Miliary Tuberculosis	4
30. Tuberculous Meningitis	—
31. Abdominal Tuberculosis	—
32. Pott's Disease	—
33. White Swelling	—

34. Tuberculosis of other Organs	—
35. Dessiminated Tuberculosis	—
36. Rickets	—
37. Syphilis	1
38. Gonococcus Infection	—
39. Cancer and other Malignant Tumours of Bucal Cavity	3
40. Cancer and other Malignant Tumours of Stomach, Liver	20
41. Cancer and other Malignant Tumours of Peritoneum, Intestines, Rectum	9
42. Cancer and other Malignant Tumours of Female Genital Organs	4
43. Cancer and other Malignant Tumours of Breast	3
44. Cancer and other Malignant Tumours of Skin	1
45. Cancer and other Malignant Tumours of other Organs and of Organs not specified	7
46. Other Tumours (Tumours of Female Genital Organs excepted)	1
47. Acute Articular Rheumatism	1
48. Chronic Rheumatism and Gout	1
49. Scurvy	—
50. Diabetes	5
51. Xophthalmic Goitre	—
52. Addison's Disease	—
53. Leucæmia	1
54. Anæmia, Chlorosis	2
55. Other General Diseases	2
56. Alcoholism (Acute or Chronic)	1
57. Chronic Lead Poisoning	1
58. Other Chronic Occupation Poisonings	—
59. Other Chronic Poisonings	1
60. Encephalitis	1
61. Simple Meningitis	8
61a. (Including Cerebrospinal Fever)	—
62. Locomotor Ataxia	2
63. Other Diseases of Spinal Cord	—
64. Cerebral Hæmorrhage, Apoplexy	10
65. Softening of the Brain	—
66. Paralysis without specified cause	5
67. General Paralysis of Insane	2
68. Other Forms Mental Alienation	—
69. Epilepsy	1
70. Convulsions (Non-Puerperal)	—
71. Convulsions of Infants	4
72. Chorea	—
73. Neuralgia and Nenuritis	—
74. Other Diseases of Nervous System	1
75. Diseases of Eyes and their Annexa	—
76. Diseases of the Ears	—
77. Pericarditis	—
78. Acute Endocarditis	4
79. Organic Diseases of Heart	49
80. Angina Pectoris	—
81. Diseases of Arteries, Atheroma, Aneurysm, etc.	7
82. Embolism and Thrombosis	1
83. Diseases of Veins (Varices, Hæmorrhoids, Phlebitis, etc.	—
84. Diseases of Lymphatic System (Lymphangitis, etc.)	1
85. Hæmorrhage: Other Diseases of Circulatory System	—
86. Diseases of Nasal Fossæ	—
87. Diseases of Larynx	1
88. Diseases of Thyroid Body	—
89. Acute Bronchitis	5
90. Chronic Bronchitis	6
91. Broncho-Pneumonia	12
92. Pneumonia	13
93. Pleurisy	1
94. Pulmonary Congestion, Pulmonary Apoplexy	3
95. Gangrene of the Lung	—
96. Asthma	2

97.	Pulmonary Emphysema	—
98.	Other Diseases of Respiratory System (Tuberculosis excepted)	3
99.	Diseases of Mouth and Annexa	—
100.	Diseases of Pharynx	1
101.	Diseases of Œsophagus	2
102.	Ulcer of Stomach	1
103.	Other Diseases of Stomach (Cancer excepted)	5
104.	Diarrhœa and Enteritis (under 2 years)	28
105.	Diarrhœa and Enteritis (over 2 years)	6
106.	Ankylostomiasis	—
107.	Intestinal Parasites	—
108.	Appendicitis and Typhlitis	5
109.	Hernias, Intestinal Obstructions	3
110.	Diseases of the Intestines	1
111.	Acute Yellow Atrophy of the Liver	—
112.	Hydatid Tumour of Liver	—
113.	Cirrhosis of Liver	1
114.	Biliary Calculi	—
115.	Other Diseases of Liver	3
116.	Diseases of the Spleen	—
117.	Simple Peritonitis (Non-Puerperal)	4
118.	Other Diseases of Digestive System (Cancer and Tuberculosis excepted)	—
118a.	Abscess of Liver	—
119.	Acute Nephritis	2
120.	Bright's Disease	13
121.	Chyluria	—
122.	Other Diseases of Kidneys and Annexa	2
123.	Calculi of Urinary Passages	1
124.	Diseases of Bladder	—
125.	Diseases of the Urethra, Urinary Abscess, etc.	—
126.	Diseases of Prostate	—
127.	Non-Venereal Diseases of Male Genital Organs	—
128.	Uterine Hæmorrhage (Non-Puerperal)	—
129.	Uterine Tumour (Non-Cancerous)	—
130.	Other Diseases of Uterus	2
131.	Cysts and other Tumours of Ovary	1
132.	Salpingitis and other Diseases of Female Genital Organs	2
133.	Non-Puerperal Diseases of Breast (Cancer excepted)	—
134.	Accidents of Pregnancy	4
135.	Puerperal Hæmorrhage	—
136.	Other Accidents of Labour	1
137.	Puerperal Septicæmia	—
138.	Puerperal Albuminuria and Convulsions	—
139.	Puerperal Phlegmasia Alba Dolens, Embolus, Sudden Death	1
140.	Following Child-Birth (not otherwise defined)	—
141.	Puerperal Diseases of Breast	—
142.	Gangrene	—
143.	Furuncle	—
144.	Acute Abscess	—
145.	Other Diseases of Skin and Annexa	—
146.	Diseases of Bones (Tuberculosis excepted)	—
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)	8
151.	Congenital Debility, Icterus and Sclerema	24
152.	Other Diseases Peculiar to Early Infancy	2
153.	Lack of Care	—
154.	Senility	22
155.	Suicide by Poison	4
156.	Suicide by Asphyxia	—
157.	Suicide by Hanging or Strangulation	1
158.	Suicide by Drowning	—
159.	Suicide by Firearms	5

160. Suicide by Cutting or Piercing Instruments	—
161. Suicide by Jumping from High Places	—
162. Suicide by Crushing	—
163. Other Suicides	—
164. Poisoning by Food	2
165. Other Acute Poisonings	1
166. Conflagration	—
167. Burns (Conflagration excepted)	2
168. Absorption of Deleterious Gases (Conflagration excepted)	—
169. Accidental Drowning	1
170. Traumatism by Firearms	—
171. Traumatism by Cutting or Piercing Instruments	—
172. Traumatism by Fall	2
173. Traumatism in Mines and Quarries	—
174. Traumatism by Machines	—
175. Traumatism by other Crushing (Vehicles, Railways, Landslides, etc.)	5
176. Injuries by Animals	—
177. Starvation	—
178. Excessive Cold	—
179. Effects of Heat	—
180. Lightning	—
181. Electricity (Lightning excepted)	—
182. Homicide by Firearms	—
183. Homicide by Cutting or Piercing Instruments	1
184. Homicide by other means	—
185. Fractures (cause not specified)	6
186. Other External Violence	1
187. Ill-defined Organic Disease	—
188. Sudden Death	1
189. Cause of Death not specified or ill-defined	1
Total	476

8. EUROPEAN DEATHS—ARRANGED ACCORDING TO
MONTHS AND CERTAIN DISEASES

Diseases.	1921					1922							Total.
	August.	September.	October.	November.	December.	January.	February.	March.	April.	May.	June.	July.	
1. Plague	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
3. Dysentery	1	0	0	1	1	0	0	0	0	0	1	0	4
4. Enteric Fever	0	3	2	0	4	2	0	1	1	1	0	1	12
5. Diphtheria	0	1	0	2	1	0	0	0	0	1	1	0	6
6. Scarlet Fever	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Measles	1	0	2	0	0	0	0	1	0	0	0	0	4
8. Whooping Cough	0	0	0	0	1	1	1	0	0	0	0	0	3
9. Tetanus	1	0	0	0	0	0	0	0	0	0	0	2	3
10. Malaria	0	0	0	0	0	0	0	1	0	0	0	0	1
11. Venereal Diseases	0	1	1	0	0	0	0	0	0	0	0	0	2
12. Puerperal Fever	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Septic Diseases	0	0	1	0	0	0	1	0	0	0	0	0	2
14. Phthisis	0	0	1	0	3	0	1	3	5	2	2	2	19
15. Other Forms of Tuberculosis	0	0	0	0	0	2	2	0	1	0	0	0	5
16. Other Infectious Diseases	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Influenza	4	1	3	0	1	2	3	2	2	5	3	3	29
18. Cancer ...	0	5	5	4	4	5	5	4	2	7	3	3	47
19. Diseases of Birth and Development	2	2	2	8	4	6	3	7	2	2	1	2	39
20. Old Age	2	3	1	4	1	0	0	1	1	0	3	4	20
21. Diseases of Nervous System	2	5	2	1	3	4	2	2	1	1	4	5	32
22. Diseases of Heart and Circulatory System	7	8	3	5	6	5	3	6	8	5	6	4	66
23. Pneumonia	2	7	3	2	1	1	0	1	0	5	2	1	25
24. Bronchitis	2	1	3	1	1	0	0	1	0	0	0	1	10
25. Other Diseases Respiratory System	1	2	1	0	1	1	0	0	3	1	1	0	11
26. Diarrhœa and Catarrh.	0	2	6	9	8	2	3	0	0	0	0	0	30
27. Other Diseases of Liver and Alimentary Track	3	4	3	1	0	2	5	2	4	7	1	1	33
28. Diseases of Urinary System	1	2	2	1	1	3	2	1	0	4	2	1	20
29. Diseases of Child-Birth	0	0	1	1	0	0	0	1	1	0	0	0	4
30. Diseases of Reproductive System	0	0	0	0	1	0	0	3	0	0	0	0	4
31. Accidents	2	0	1	3	0	2	2	1	2	0	2	1	16
32. Homicide	0	0	0	0	0	1	0	0	0	0	0	0	1
33. Suicide ...	4	1	1	0	0	0	1	1	2	2	0	1	11
34. Execution	0	0	0	0	0	0	0	0	0	0	0	0	0
35. All other Causes	3	0	2	1	1	0	1	3	2	1	1	2	17
TOTALS	38	45	46	44	43	39	35	42	35	42	33	34	476

9. NATIVE DEATHS ARRANGED ACCORDING TO MONTHS
AND CERTAIN DISEASES.

Diseases.	1921					1922							Total
	August	September	October	November	December	January	February	March	April	May	June	July	
1. Plague ...	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
3. Dysentery ...	0	1	3	0	3	2	0	1	5	1	2	0	18
4. Enteric Fever ...	0	0	0	0	0	0	1	2	0	0	0	0	3
5. Diphtheria ...	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Scarlet Fever ...	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Measles ...	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Whooping Cough ...	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Tetanus ...	0	0	0	0	1	1	0	0	1	0	0	1	4
10. Malaria ...	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Venereal Diseases ...	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Puerperal Fever ...	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Septic Diseases ...	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Phthisis ...	0	0	0	2	1	2	0	0	0	1	1	0	7
15. Other forms of Tuberculosis ...	0	0	0	1	0	0	0	1	0	1	0	1	4
16. Other Infectious Diseases ...	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Influenza ...	2	4	5	2	4	7	4	2	0	1	2	1	34
18. Cancer ...	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Diseases of Birth and Development ...	0	1	2	0	1	0	0	0	0	4	0	0	8
20. Old Age ...	1	0	0	1	1	1	0	0	0	0	0	1	5
21. Diseases of Nervous System ...	0	0	0	0	2	0	0	0	0	0	0	1	3
22. Dis. of Heart & Circulatory System ...	2	0	0	0	2	0	0	4	0	1	1	0	10
23. Pneumonia ...	4	5	2	5	8	9	2	2	10	2	3	0	52
24. Bronchitis ...	0	0	0	0	0	0	0	1	0	1	0	0	2
25. Other Dis. of Respiratory System ...	0	2	0	0	0	0	0	1	0	0	0	0	3
26. Diarrhoea and Catarrh ...	1	0	1	2	1	0	0	0	0	0	0	1	6
27. Other Dis. of Liver and Alimentary Track ...	1	0	0	2	0	2	0	0	0	0	0	1	6
28. Diseases of Urinary System ...	0	1	0	0	0	0	2	0	1	0	0	0	4
29. Diseases of Child Birth ...	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Diseases of Reproductive System...	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Accidents ...	1	1	3	3	0	1	1	1	2	1	1	0	15
32. Homicide ...	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Suicide ...	1	0	0	0	0	0	0	0	0	0	0	0	1
34. Execution ...	0	0	0	0	0	0	0	0	0	0	0	0	0
35. All Other Causes ...	1	0	0	0	0	2	1	4	2	2	0	1	13
Totals ...	14	15	16	18	24	27	11	19	21	15	10	8	198

10. ASIATIC DEATHS ARRANGED ACCORDING TO MONTHS
AND CERTAIN DISEASES.

Diseases.	1921					1922							Total.
	August	September	October	November	December	January	February	March	April	May	June	July	
1. Plague ...	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
3. Dysentery ...	0	0	4	0	2	0	1	3	0	0	0	0	10
4. Enteric Fever ...	0	0	0	0	1	1	0	0	0	0	0	0	2
5. Diphtheria ...	1	0	0	0	0	0	0	0	0	0	0	0	1
6. Scarlet Fever ...	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Measles ...	0	0	0	0	0	0	0	0	0	2	0	0	2
8. Whooping Cough ...	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Tetanus ...	1	0	0	0	1	0	0	0	0	0	0	0	2
10. Malaria ...	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Venereal Disease ...	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Puerperal Fever ...	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Septic Diseases ...	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Phthisis ...	1	5	2	1	2	0	2	3	3	0	3	1	23
15. Other forms of Tuberculosis ...	0	0	0	0	0	0	0	0	1	1	0	0	2
16. Other Infectious Diseases ...	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Influenza ...	1	1	1	1	2	2	1	1	0	3	3	2	18
18. Cancer ...	0	0	0	0	1	0	1	0	0	0	0	0	2
19. Diseases of Birth and Development ...	0	3	2	0	1	3	2	2	8	2	2	8	33
20. Old Age ...	0	0	2	0	0	0	1	2	2	0	0	1	8
21. Diseases of Nervous System ...	0	1	1	1	5	3	1	0	0	4	1	1	17
22. Dis. of Heart and Circulatory System ...	1	2	1	2	1	1	1	2	0	3	2	2	18
23. Pneumonia ...	4	6	3	6	6	2	4	2	1	2	3	8	47
24. Bronchitis ...	4	0	4	3	1	2	1	4	3	0	2	4	28
25. Other Dis. of Respiratory System ...	0	3	1	2	1	0	1	0	0	1	0	0	9
26. Diarrhoea and Catarrh ...	1	4	10	4	4	3	3	1	0	1	1	4	36
27. Other Diseases of Liver and Alimentary Track ...	0	0	1	1	2	1	0	0	0	0	0	2	7
28. Diseases of Urinary System ...	1	1	1	0	0	1	0	1	0	1	0	0	6
29. Diseases of Child-Birth ...	0	0	1	0	0	0	0	0	0	0	1	0	2
30. Dis. of Reproductive System ...	0	0	0	0	1	0	0	0	0	0	0	0	1
31. Accidents ...	2	0	2	2	0	1	1	2	0	0	3	2	15
32. Homicide ...	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
34. Execution ...	0	0	0	0	0	0	0	0	0	0	0	0	0
35. All other Causes ...	3	2	1	2	2	3	0	1	2	1	0	0	17
Totals ...	20	28	37	25	33	22	20	24	20	21	21	35	306

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

	1921					1922							Total.
	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mch.	Apl.	May	June	July	
European	16	11	9	8	13	12	10	6	13	16	14	7	135
Native	15	11	13	12	13	14	18	3	12	3	11	11	136
Asiatic	7	4	5	6	3	7	4	5	4	1	5	6	37
Totals	38	26	27	26	29	33	32	14	29	20	30	24	328

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

	European	Native	Asiatic	Totals.
Dysentery	3	9	2	14
Enteric Fever	6	3	—	9
Diphtheria	1	—	—	1
Scarlet Fever	—	—	—	—
Measles	—	—	—	—
Whooping Cough	—	—	—	—
Tetanus	—	—	—	—
Malaria	3	1	—	4
Venereal Diseases	3	1	—	4
Puerperal Fever	—	—	—	—
Septic Diseases	3	2	—	5
Phthisis	8	9	5	22
Other forms of Tuberculosis	2	6	4	12
Other Infectious Diseases	—	—	—	—
Influenza	6	19	5	30
Cancer	10	4	—	14
Dis. of Birth & Development	6	3	—	9
Old Age	1	8	5	14
Diseases of Nervous System	7	2	3	12
Dis. of Heart & Circulatory System	22	9	8	39
Pneumonia	4	23	9	36
Bronchitis	6	3	2	11
Other Dis. of Respiratory System	—	4	1	5
Diarrhoea & Catarrh	7	5	6	18
Other Dis. of Liver & Alimentary Track	14	6	2	22
Dis. of Urinary System	4	1	1	6
Diseases of Childbirth	—	—	—	—
Diseases of Reproductive System	4	—	—	4
Accidents	14	11	4	29
Homicide	—	—	—	—
Suicide	—	1	—	1
Execution	—	—	—	—
Leprosy	—	—	—	—
All other causes	1	6	4	7
Totals	135	136	57	328

TABLE OF CASES OF NOTIFIABLE INFECTIOUS DISEASES
ARRANGED ACCORDING TO RACES, 1921-22.

Disease.	Europeans.		Natives.		Asiatics.		Total.	
	Boro'.	Imp.	Boro'.	Imp.	Boro'.	Imp.	Boro'.	Imp.
Diphtheria ...	66	5	2	—	1	—	69	5
Scarlet Fever ...	15	5	—	—	—	—	15	5
Phthisis ...	15	20	8	6	20	14	43	40
Enteric Fever ...	72	48	15	—	4	—	91	48
Erysipelas ...	4	—	—	—	1	—	5	—
Infantile Paralysis ...	6	1	—	—	—	—	6	1
Smallpox ...	1	—	—	3	—	—	1	3
Other forms of Tuberculosis ...	5	3	—	2	1	3	6	8
Puerperal Fever ...	—	1	—	—	—	—	—	1
Cerebro Spinal Meningitis ...	—	1	—	—	—	—	—	1
Leprosy ...	—	—	—	—	1	—	1	—
Typhus ...	—	1	—	—	—	—	—	1
Ophthalmia Neonatorum ...	1	—	—	—	—	—	1	—
Totals ...	185	85	25	11	28	17	238	113
Treated in Hospital	116	71	22	11	13	7	151	89
Treated at home or privately	69	14	3	—	15	10	87	24

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

Plague, Cholera, Membranous Croup, Relapsing Fever, Glanders, Rabies, Malta Fever, Yellow Fever, Sleeping Sickness.

TABLE SIMILAR TO THE FOREGOING FOR COMPARISON CONTAINING NUMBER OF NOTIFICATIONS OF PREVIOUS YEAR, 1920-21.

Disease.	Europeans.		Natives		Asiatics		Total	
	Boro'.	Imp.	Boro'.	Imp.	Boro'.	Imp.	Boro'.	Imp.
Diphtheria ...	61	2	1	2	3	—	65	4
Scarlet Fever ...	23	1	—	—	—	—	23	1
Phthisis ...	12	18	4	17	25	8	41	43
Enteric Fever ...	58	38	7	5	2	—	67	43
Erysipelas ...	10	1	—	—	—	—	10	1
Infantile Paralysis ...	2	—	—	—	—	—	2	—
Smallpox ...	1	—	—	—	—	—	1	—
Other forms of Tuberculosis ...	3	1	—	9	—	1	3	11
Puerperal Fever ...	2	2	—	—	2	—	4	2
Cerebro-Spinal Meningitis ...	—	1	—	—	—	—	—	1
Totals ...	172	64	12	33	32	9	216	106
Treated in Hospital	102	55	7	12	6	8	115	75
Treated at home or privately	70	9	5	21	26	1	101	31

The only incidences of infectious disease to cause any alarm during the year 1921-22 were the occurrence of four cases of Small-pox and a small outbreak of Influenza amongst Natives.

Of the four cases of Small-pox which were notified, one was in a European female and three were in Native males.

The source of infection in the European case was not traced. She had been nursing a sister who, along with her husband, was said to be suffering from Chicken-pox; this sister died (there were other complications to account for this), but the one who developed Small-pox recovered.

Although this case occurred in a block of flats where many people were living, there was no spread of either disease. All vaccination precautions were taken.

The three Native were imported cases. A fourth Native case was sent to Salisbury Island for observation, but this proved not to be a case of Small-pox.

In connection with the above cases, vaccination of contacts was carried out by the Department as under:—

European	90
Native	104
Asiatic	100
Total	294

No Deaths occurred from this disease.

The outbreak of Influenza amongst Natives occurred in the months of January, February, and March, 1922, and was chiefly confined to one Native Barracks.

Thirty-two Natives were isolated and treated at a temporary hospital in Victoria Street. The cases treated in this hospital were of a severe type, and there were eight deaths.

ENTERIC FEVER.

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

Year	1916-17	1917-18	1918-19	1919-20	1920-21	1921-22	
						Boro.	Imptd.
Cases	142	232	103	259	110	91	48
Deaths	26	48	21	36	11	17	9

Case Mortality: Borough, 18.68; Imported, 18.75.

Case Incidence per 1,000 of population equals .97.

RACE AND SEX DISTRIBUTION.

	Male.	Female.	Total.	Deaths.
European	34	38	72	12
Native	15	—	15	3
Asiatic	1	3	4	2
	50	41	91	17

WARD DISTRIBUTION.

Wards	...	1	2	3	4	5	6	7	8	9	Impt.	Total.
Cases	...	28	14	10	6	2	13	2	8	8	48	139

SIZE OF HOUSE.

Rooms	1	2	3	4	5	6	7	Over 7	Institution.	Total
European	13	4	3	11	19	2	7	3	10	72
Native	1	0	0	0	0	0	0	0	14	15
Asiatic	0	0	0	0	1	1	0	0	2	4
Totals	14	4	3	11	20	3	7	3	26	91

The houses of 87 cases were provided with water-closets, and at 4 the pail system was used. //

MONTHLY DISTRIBUTION OF CASES AND DEATHS.

	1921.						1922.						
	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Tot.
Cases	4	4	5	10	16	11	13	9	10	2	4	3	91
Deaths	0	0	2	0	5	3	1	3	1	1	0	1	17

AGE DISTRIBUTION—EUROPEANS.

Age	...	0-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	Total.
Male	...	4	4	5	3	5	5	4	2	2	34
Female		0	2	5	6	7	7	5	2	4	38
Totals		4	6	10	9	12	12	9	4	6	72

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

Good.	Fair.	Poor.	Bad.	Institution.	Total.
27	38	—	—	26	91

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

Clean.	Fair.	Dirty.	Institution.	Total.
49	16	—	26	91

DIPHTHERIA.

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

Year	1916-17	1917-18	1918-19	1919-20	1920-21	1921-22	
						Boro.	Imptd.
Cases	37	130	79	94	69	69	5
Deaths	3	8	8	2	5	6	1

RACE DISTRIBUTION: Europeans, 66; Natives, 2; Asiatics, 1.

Case Mortality: 8.69 per cent. (Borough); 20 per cent. (Imported).

Case Incidence per 1,000 of population equals .73.

WARD DISTRIBUTION.

Wards	...	1	2	3	4	5	6	7	8	9	Imptd.	Total.
Cases	...	5	6	13	8	6	11	9	3	8	5	74

NUMBER OF ROOMS IN INFECTED HOUSES.

Rooms.	1	2	3	4	5	6	7	Over 7	Institution.	Total.
European	6	1	6	9	22	12	2	5	3	66
Native	2	0	0	0	0	0	0	0	0	2
Asiatic	1	0	0	0	0	0	0	0	0	1
Totals	9	1	6	9	22	12	2	5	3	69

MONTHLY DISTRIBUTION OF CASES AND DEATHS.

	1921					1922							Total
	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March.	April.	May.	June.	July.	
Cases	4	6	2	7	3	4	8	7	3	8	7	10	69
Deaths	0	1	0	2	1	0	0	0	0	1	1	0	6

AGE DISTRIBUTION OF CASES.

Age	0—5	5—10	10—15	15—20	20—25	25—35	35—45	45—85	TOTAL
European Males	15	21	5	1	0	1	0	0	43
European Females	5	4	4	1	3	5	1	0	23
Native and Asiatic Males	0	1	0	0	1	0	0	0	2
Native and Asiatic Females	0	0	0	0	0	1	0	0	1
TOTALS	20	26	9	2	4	7	1	0	69

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

Good.	Fair.	Poor.	Bad.	Institution.	Total.
30	36	—	—	3	69

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

Clean.	Fair.	Dirty.	Institution.	Total.
50	15	1	3	69

SCARLET FEVER.

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

Year.	1916-17	1917-18	1918-19	1919-20	1920-21	1921-22	
						Boro.	Imptd.
Cases	29	39	34	30	24	15	5
Deaths	0	0	1	0	0	0	0

WARD DISTRIBUTION.

Wards	...	1	2	3	4	5	6	7	8	9	Impt.	Total.
Cases	...	4	0	1	0	2	2	0	0	6	5	20

AGE AND SEX DISTRIBUTION (EUROPEANS).

Age	Under 5	5-10	10-15	15-20	20-25	25-35	35 & over	Total
Male	0	1	2	1	0	0	1	5
Female	0	1	2	2	4	1	0	10
Totals	0	2	4	3	4	1	1	15

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.
1915-16	25	·66	20	·31	12	·58	8	·38	22	1·13	13	·68
1916-17	29	·71	22	·54	7	·32	6	·27	27	1·36	20	1·01
1917-18	21	·47	16	·36	12	·46	10	·38	21	1·04	19	·94
1918-19	27	·57	20	·42	10	·36	7	·25	30	1·39	23	1·06
1919-20	20	·39	18	·35	16	·52	7	·23	32	1·02	27	1·2
1920-21	19	·37	17	·33	5	·16	4	·13	25	1·11	21	·97
1921-22	24	·47	19	·37	11	·37	7	·24	25	1·76	23	1·62

TABLE 2.—DEATHS FROM ALL FORMS OF TUBERCULOSIS
SINCE 1916.

	1915-16	1916-17	1917-18	1918-19	1919-20	1920-21	1921-22	Total Deaths for 7 Years.	Annual Average Mortality
European ...	25	29	21	27	20	19	24	165	23
Native ...	12	7	12	10	16	5	11	73	10
Asiatic ...	22	27	21	30	32	25	25	182	26
Totals ...	59	63	54	67	68	49	60	420	59

PHTHISIS.

EUROPEANS.

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

Wards ...	1	2	3	4	5	6	7	8	9	Imported.	Total.
Cases ...	2	4	1	0	0	4	2	2	0	20	35
Deaths ...	2	5	2	1	0	1	3	2	3	8	27

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

EUROPEANS.

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

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

NATIVES.

Wards	...	1	2	3	4	5	6	7	8	9	Imported.	Total.
Cases notified		3	1	0	0	0	4	0	0	0	6	14
Deaths	...	3	1	0	0	0	3	0	0	0	9	16

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

ASIATICS.

Wards	...	1	2	3	4	5	6	7	8	9	Imported.	Total.
Cases notified		3	0	0	4	1	11	0	0	1	14	34
Deaths	...	4	0	0	10	1	8	0	0	0	5	28

TABLE 7.—SIZE OF HOUSE.

Rooms	...	1	2	3	4	5	6	7	Over 7	Not found	Institution.	Total.
European	...	5	1	1	1	3	1	0	1	0	1	15
Native	...	0	0	0	0	1	0	0	0	0	8	9
Asiatic	...	6	3	0	0	2	1	0	0	3	5	20
Totals	...	11	4	1	1	6	2	0	1	3	14	43

The houses of three notified Asiatic cases were not found.

TABLE OF NOTIFICATION OF TUBERCULOSIS ARRANGED IN
MONTHS AND RACES.

	Europeans.		Natives.		Asiatics.		TOTAL.	
	Boro.	Imp.	Boro.	Imp.	Boro.	Imp.	Boro.	Imp.
1921								
August ...	0	4	0	1	2	1	2	6
September ...	2	3	2	0	3	2	7	5
October ...	0	2	0	1	2	0	2	3
November ...	0	3	0	1	2	2	2	6
December ...	3	0	0	1	0	2	3	3
1922								
January ...	0	1	0	1	0	2	0	4
February ...	2	0	1	0	1	1	4	1
March ...	2	0	0	0	1	0	3	0
April ...	3	2	0	0	4	0	7	2
May ...	1	1	1	1	0	0	2	2
June ...	2	2	3	0	2	1	7	3
July ...	0	2	1	0	3	3	4	5
Totals ...	15	20	8	6	20	14	43	40

TUBERCULOSIS BUREAU.

The work of the Tuberculosis Bureau ceased in August, 1921, when the Assistant Medical Officer of Health resigned from the service. The position of Assistant Medical Officer of Health has not been refilled, and as it was found impossible to carry on the work begun in this Bureau with the depleted condition of the Staff, it was closed from the date of the Assistant Medical Officer of Health's resignation.

In connection with any Tuberculosis scheme, it is necessary to have some place to which cases of Tuberculosis diagnosed in the early stages can be sent for treatment, and also a place where advanced cases who are a danger to the rest of the community can be sent in order to prevent the spread of the disease. A Tuberculosis Bureau where the disease is only diagnosed can do very little good in preventing the spread of the disease.

PLAGUE.

No cases of Plague have occurred during the 12 months ending 31st July, 1922.

ANTI-PLAGUE PRECAUTIONS.—A European Overseer is continuously employed on the examination of premises, and more particularly such as are used for the preparation storage and sale of foodstuffs and produce, for the presence of rats. Defective conditions which give these vermin access to the premises are pointed out to the occupiers, who are advised on the best means of extermination and future protection. As this officer concentrates on this one section of the work, he is able to keep in touch with each of the infested premises until improvement is effected. He does not carry out any trapping or poisoning for private individuals, but every three months he arranges with the various firms having premises in the Congella Wharf Area, and gets them all to distribute poison over the whole area on a given day.

Owing to the continuance of plague infection of rodents in the Orange Free State, and to the fact that Durban is a seaport to which grain is brought for export, the necessity for doing everything possible to exterminate rats—which spread the disease—is a matter of great importance.

To keep this matter well in hand, a considerable increased staff for this work alone is required.

VENEREAL DISEASE.

No statistics are available as to the prevalence of the various forms of the disease, nor the races or classes affected.

No scheme has yet come into operation for the treatment of Venereal Disease. In 1920 negotiations were entered into with the Government with the object of having a Municipal Venereal Disease scheme run in conjunction with the Addington Hospital. In December, 1921, this scheme fell through, and as a matter of urgency an alternative scheme was brought forward whereby the necessary treatment could be carried out at a Central Bureau in the town, while cases requiring bed treatment would be dealt with at the Congella Infectious Diseases Hospital.

This scheme was approved of by the Government, but as there are already at Addington Hospital beds and provision for the treatment of Venereal Disease cases arising in patients non-resident in the Borough, the alternative scheme would lead to an unnecessary duplication of staff and equipment, and would in many ways be an expensive scheme. For this reason negotiations were re-opened with the Government and the Provincial Authorities, and it is hoped that these will lead to an establishment of a Municipal Clinic for Venereal Diseases in conjunction with the Addington Hospital. In the meantime a practitioner in Durban is treating Venereal Disease cases for the Corporation gratuitously. The patients thereby receive the necessary medical attention, but the position is very unsatisfactory, as there are neither nurses nor orderlies available to carry out the treatment ordered, which the patients cannot carry out for themselves, and no further control can be exercised over the patients to see that they continue the treatment.

The institution of a scheme for the treatment of Venereal Disease is an urgent matter.

INFECTIOUS DISEASE HOSPITAL.

The accommodation for cases of Infectious Disease at the Municipal Infectious Disease Hospital, Congella, has been much extended during the year:—

1. By means of alterations to the buildings already existing.

2. By means of coming to an arrangement with the Government whereby cases of Small-pox arising in the Borough are now treated at the Government Infectious Diseases Hospital on Salisbury Island instead of at Congella (the Municipality being responsible for the cost of treatment).

Before these changes were made, it was only possible to provide satisfactory accommodation for cases of Diphtheria and Scarlet Fever in Europeans, and Measles and Chicken-pox in Natives. A few cases of Measles and Whooping Cough in Europeans could be admitted at times when it was not necessary to reserve accommodation for Small-pox cases, but when outbreaks of Measles or Whooping Cough occurred beds had to be provided elsewhere, causing an unnecessary duplication of staff.

There are now the following number of beds available for treatment of infectious diseases:—

EUROPEANS:—

- 10 beds for Diphtheria Cases.
- 9 beds for Scarlet Fever Cases.
- 10 beds for Measles.
- 10 beds for Whooping Cough.

Two wards of four beds each for Observation cases, Chicken-pox or other cases as required.

NATIVES:—

12 beds for Measles cases.

12 beds for Chicken-pox cases.

Emergency tents for cases requiring observation.

A total of 47 beds for Europeans, 24 for Natives, and Emergency tents.

Alterations have also been made in the Staff at Congella Infectious Diseases Hospital.

In March, 1922, the Matron and three Nurses resigned their positions at the Hospital.

In reorganising the Staff since then, it has been decided that no nurse shall be trained there in Fever Nursing who has not already had a general nursing training. There is still one probationer who was in the Hospital before March, 1922, with no other nursing experience, who is completing her three years' training in fever nursing, but all other probationers now employed there are trained nurses and are taken on for six months' experience in fever nursing.

When this appointment for probationers was advertised applications were received from nurses all over the Union showing the need there was for this training.

The Staff now consists of:—

A Matron, with General Nursing Certificates and Fever Training.

Two sisters with General Nursing Certificates and Fever Training.

Two Probationers with General Nursing Certificates, taking six months' training in Fever Nursing.

One Probationer, completing a three years' course in Fever Nursing.

INFECTIOUS DISEASES HOSPITAL.

During the past year 158 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.
Diphtheria	23	4	3	0	1	0	0	0	27	4
Scarlet Fever	5	4	0	1	0	0	0	0	5	5
Measles	44	2	0	0	11	0	0	0	55	2
Chicken Pox	0	0	0	0	39	0	0	0	39	0
Mumps	0	0	0	0	1	0	0	0	1	0
Whooping Cough	7	0	0	0	0	0	0	0	7	0
Observation	2	1	0	0	3	0	0	0	5	1
Smallpox	1	0	0	0	0	2	0	0	1	2
Veneral Diseases	4	0	0	0	0	0	0	0	4	0
Total	86	11	3	1	55	2	0	0	144	14

DIPHTHERIA.

AGE AND SEX DISTRIBUTION.

Ages ...	0—5	5—10	10—15	15—20	20—55	Total
Male ...	6	8	2	0	1	17
Female ..	4	3	1	1	5	14
Total ...	10	11	3	1	6	31

The number of swabs examined at the Municipal Bacteriological was 164.

Results:—

Positive	27
Negative	137

Three negative swabs, taken after the 10th day of illness at two-day intervals, have been insisted upon before the patient was allowed to return to work or school, although there is now considerable difference of opinion as to the reliability of this test.

DEATHS: 2. In one case Tracheotomy had been performed.

The average length of stay in hospital for the above 31 patients was 32 days.

SCARLET FEVER.

AGE AND SEX DISTRIBUTION.

Ages ...	0—5	5—10	10—15	15—20	20—55	Total
Male ...	0	0	1	0	1	2
Female ..	2	4	1	1	0	8
Total ...	2	4	2	1	1	10

DEATHS: 1.

The average length of stay in hospital for the above 10 patients was 34 days.

TOTAL DEATHS AT INFECTIOUS DISEASES HOSPITAL.

	European.		Coloured		Native		Asiatic		Total
	B	I	B	I	B	I	B	I	
Diphtheria ...	0	2	0	0	0	0	0	0	2
Scarlet Fever, ...	0	1	0	0	0	0	0	0	1
Measles ...	1	0	0	0	0	0	0	0	1
Total ...	1	3	0	0	0	0	0	0	4

BACTERIOLOGICAL LABORATORY.

	Positive.	Negative.	Total.
Tubercle Bacilli	2	9	11
Diphtheria Bacilli	27	137	164
Gonococci	5	13	18
Malaria	1	—	1
	<u>35</u>	<u>159</u>	<u>194</u>

TOTAL EXAMINATIONS FOR PAST EIGHT YEARS.

1914-15.	1915-16.	1916-17.	1917-18.	1918-19.	1919-20.	1920-21.	1921-22.
1,266	1,171	785	1,367	1,134	1,471	545	194

WATER EXAMINATIONS.

Three hundred and seventy-three samples of water from various parts of the system have been examined throughout the year and reports submitted thereon.

Only specimens from the various departments in connection with the Public Health Service are examined in the Municipal Bacteriological Laboratory.

Specimens from private practitioners are now sent to the Government Bacteriological Laboratory.

DISINFECTING STATION.

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

AUGUST, 1921, TO JULY, 1922.

Months.	Rooms or Houses Disinfected.	Articles Washed and Disinfected.	Totals.
1921.			
August	39	3,790	3,829
September	28	2,579	2,607
October	33	2,365	2,398
November	42	3,339	3,381
December	38	2,415	2,453
1922.			
January	29	2,653	2,682
February	27	2,177	2,204
March	33	3,143	3,176
April	32	3,483	3,515
May	29	3,094	3,123
June	36	2,546	2,582
July	32	2,296	2,328
Totals	<u>398</u>	<u>33,880</u>	<u>34,278</u>

OCEAN BEACH BATHING ENCLOSURE AND OPEN AIR
SWIMMING BATH.

Months.	Towels.	Costumes.	Slips.	Totals.
1921.				
August	6,676	3,868	1,150	11,694
September	5,168	3,446	899	9,513
October	6,499	3,972	934	11,405
November	9,476	5,966	1,190	16,932
December	12,180	9,072	2,107	22,359
1922.				
January	13,086	7,964	1,952	23,002
February	9,040	5,219	1,248	15,507
March	8,527	4,878	1,264	14,669
April	6,038	3,918	694	10,650
May	2,356	2,089	251	4,696
June	1,941	1,681	143	3,765
July	3,580	3,891	297	7,768
Totals	84,567	55,964	11,429	151,960

PUBLIC BATHS (WEST STREET), OCEAN BEACH BATHING
ENCLOSURE AND SWIMMING BATHS.

Months.	Towels.	Costumes.	Turkish Towels.	Sheets.	General Articles.	Totals.
1921.						
August	7,015	142	93	51	65	7,366
September	5,195	117	147	48	39	5,546
October	5,551	68	177	29	38	5,863
November	5,432	62	146	58	84	5,782
December	4,950	63	166	52	72	5,203
1922.						
January	4,828	63	166	82	41	5,180
February	4,340	52	207	68	46	4,713
March	4,687	24	190	59	69	5,029
April	4,179	72	190	39	182	4,662
May	4,311	42	109	48	94	4,604
June	5,976	74	119	58	163	6,390
July	8,527	160	156	44	62	8,949
Totals	64,991	939	1,866	636	955	69,387

INFECTIOUS DISEASES PATIENTS REMOVED TO VARIOUS
HOSPITALS, 1921/22.

Hospital.	European.	Native.	Asiatic.	Coloured.	Total.
Infectious Diseases Hospital ..	94	55	—	4	153
Addington Hospital	45	22	2	—	71
Sanatorium	16	—	—	—	16
Other Hospitals	6	39	2	—	47
Totals	161	116	4	6	287

WORK DONE FOR OTHER CORPORATION DEPARTMENTS.

Departments.	Towels.	Coats.	Trousers.	Blankets.	Totals.
Sanitary	10,476	—	—	—	10,476
Abattoir	1,687	358	212	—	2,257
Electrical	290	—	—	—	290
Foreman of Works	162	—	—	—	162
Fire	120	104	—	382	606
Stone Depot	60	—	—	—	60
Tramways	180	—	—	—	180
Water	123	—	—	—	123
Police	—	—	—	3,247	3,247
Totals	13,098	462	212	3,629	17,401

BATHS TO VERMINOUS PERSONS AND SCABIES PATIENTS.

Verminous Persons	10,763
Scabies Patients	482
Total	11,245

INFANTILE MORTALITY.

	Male.	Female.	Total.
Infantile Deaths during 1921-22	54	35	89
Registered Births	572	579	1,151

This equals 77.3 infantile deaths per 1,000 births, and represents the "Infantile Mortality Figure" for Durban, 1921-22.

The following table shows the Infantile Mortality Figure for England and Wales during 1921:—

All England and Wales	83
96 Great Towns, including London	87
145 Smaller Towns	84
England and Wales, less the 241 Towns	—
LONDON	79

TABLE 1.—MONTHLY DISTRIBUTION OF SOME OF THE MORE COMMON CAUSES OF INFANT DEATHS.

	1921					1922							
	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July	Total
Gastro-Intestinal Diseases	—	2	7	6	7	3	2	—	2	—	—	—	29
Prematurity, Debility, Marasmus and Congenital Defects	2	2	2	8	3	5	3	8	—	2	1	2	38
Respiratory Diseases	—	—	1	1	2	2	1	1	—	2	—	—	10
All other Causes	2	1	1	—	2	—	1	1	—	1	1	2	12
Totals	4	5	11	15	14	10	7	10	2	5	2	4	89
Previous Year	6	2	7	8	11	5	6	3	2	3	4	3	63

TABLE 2.—SHOWING INFANTILE DEATHS IN WARDS FOR THE PAST FIVE YEARS.

YEARS.	WARDS.									TOTAL.
	1	2	3	4	5	6	7	8	9	
1917-18	11	8	5	10	10	10	9	0	0	63
1918-19	8	10	6	4	7	15	6	3	8	67
1919-20	18	10	9	6	3	24	10	3	14	97
1920-21	10	6	6	12	3	13	0	3	7	60
1921-22	18	17	6	9	6	10	4	8	11	89

MORTALITY FIGURE FOR THE PAST SIX YEARS.

	YEAR.					
	1916-17	1917-18	1918-19	1919-20	1920-21	1921-22
No. of Infant Deaths ...	77	63	67	97	60	89
Infantile Mortality Figure	85.4	66.5	71.5	90.4	54.2	77.8

Table 3

DEATHS UNDER 5 YEARS—GROUPED ACCORDING TO AGES—IN WEEKS, MONTHS AND YEARS.

	Under 1 Year.							1-5 Years.					Totals under 5 Years.
	Weeks.				Months.			Years.					
	0-1	1-2	2-4	1-3	3-6	6-12	Total.	1-2	2-3	3-4	4-5		
Measles	—	—	1	—	—	1	2	1	—	—	—	3	} 16 Infectious Diseases.
Whooping Cough ..	—	—	—	1	—	2	3	—	—	—	—	3	
Diphtheria or Croup ..	—	—	—	—	—	1	1	—	2	—	—	5	
Influenza	—	—	—	—	1	1	2	1	1	1	—	5	
Tuberculosis	—	—	—	—	—	—	—	—	—	1	—	1	
Epilepsy	—	—	—	—	—	—	—	—	—	—	—	—	} 21 Lung Diseases.
Meningitis (not T.B.) ..	—	—	—	1	1	—	2	2	2	—	—	6	
Convulsions	3	—	—	—	1	—	4	—	—	—	—	4	
Pneumonia	1	—	—	1	1	4	7	4	1	4	—	16	
Bronchitis	—	—	—	—	—	2	2	2	—	—	1	5	
Diarrhoea and Enteritis ..	—	—	—	5	11	11	27	2	2	—	—	29	} 33 Gastro-Intestinal Diseases.
Other Digestive Diseases ..	1	1	—	—	1	—	3	1	—	—	—	4	
Atrophy, Debility, Marasmus ..	5	—	2	3	1	1	12	2	—	—	—	14	
Congenital Malformations ..	2	—	1	—	—	3	6	1	—	—	—	7	
Prematurity	10	1	1	—	—	—	12	—	—	—	—	12	
Atelectasis	—	—	—	—	—	—	—	—	—	—	—	—	} 22 Natal and Prenatal Diseases.
Birth Asphyxia	1	—	—	—	—	—	1	—	—	—	—	1	
Birth Injury	2	—	—	—	—	—	2	—	—	—	—	2	
Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	
All other causes	—	1	—	—	—	2	3	2	—	—	3	8	
Totals.	25	3	5	11	17	28	89	20	4	8	4	125	

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

	Population.	Birth. Rate.	Death. Rate.	Infantile Mortality	Phthisis Death Rate.
Johannesburg	160,000	28.16	10.98	86.60	0.32
Pretoria	—	27.04	8.34	61.75	0.28
Bloemfontein	18,000	27.6	7.5	50.3	0.16
Capetown City	103,520	24.21	10.63	69.03	0.97
Port Elizabeth	—	28.30	—	91.7	—
East London	—	27.0	9.2	75.0	0.35
Maritzburg	18,400	28.26	9.18	53.84	0.38
Durban	50,310	22.88	9.48	77.3	0.39

MATERNITY AND CHILD WELFARE.

The work of the Maternity and Child Welfare was inaugurated in Durban in April, 1920.

The Staff for the work consists of:—

A Medical Officer-in-Charge (at present acting as Medical Officer of Health).

Two Health Visitors.

The Health Visitors have a general nursing training, hold the C.M.B. certificate, and certificates either from the Royal Sanitary Institute or special Child Welfare certificates. Both Health Visitors have had considerable experience in the work of Health Visiting.

WORK OF HEALTH VISITORS.—The Health Visitors visit every infant born in the Borough (where homes are suitable for visits) as soon as possible after the tenth day, and advise the mothers as to the importance of breast feeding and general hygiene. At their visits they also make notes on the sanitary surroundings and report any defects in their daily reports to the Medical Officer-in-Charge. Where mothers cannot attend the Clinics, the Health Visitor aims at paying a visit once a month in the first year of life and every three months after that to the age of five years. They distribute educational leaflets to the mothers and advise them to bring their babies to the Clinic. A Health Visitor attends on alternate mornings at the Clinic, at the Town Hall, to assist the Doctor. She weighs the babies and keeps in touch with the mothers who are attending. In the afternoon the same Health Visitor attends the Treatment Centre in the Town Hall to give treatment for minor ailments.

The Health Visitors hold classes in "Mothercraft" for all mothers who are sufficiently interested to attend; they also hold classes in "Mothercraft" for the older girls in the secondary schools.

One Health Visitor attends the Greyville Day Nursery along with the doctor once a week to assist in weighing and general inspection of children.

The Health Visitors also inspect the ladies' lavatories in the town.

The work of the Health Visitors is varied and is a very important part of the Child Welfare Scheme.

It has been recommended by the Ministry of Health in England that there should be a Health Visitor for every 400 births, i.e., where the Health Visitor is doing nothing but visiting—where there is a treatment centre a nurse is employed for that alone.

Here, the health visiting conditions are much more difficult than in England, owing to the climate, and to the fact that people are constantly changing their addresses, and to carry out the work satisfactorily two more Health Visitors could very easily be employed in whole time work.

When the work was begun in Durban, Clinics were instituted in various parts of the town. I found that at the outlying Clinics the attendance was poor and much time was wasted. I have, therefore, during the last year concentrated the work to one bureau in the Town Hall, and hold a Clinic here every morning. These Clinics are well attended, the average attendance being between 500 and 600 a month.

A treatment centre has been started in connection with this bureau, where minor ailments in infants and children up to five years of age who are not sufficiently ill to be taken into hospital, are treated daily. I hoped that by treating the milder cases of Enteritis, the mortality from this cause might be lessened, but the Treatment Centre has not been in operation long enough to show any appreciable change in this matter.

The work done at the Clinic is educative and preventative. Maternity and Child Welfare is a very important branch of public health work, because observations—not only of the Infantile Mortality statistics but of the Infantile Morbidity in the town, as seen at the Infant Clinics, and from reports made by the Health Visitors of the children as seen in their own surroundings—lead to very definite conclusions of reforms necessary in various branches of the Public Health Department in order to ensure the production of a healthy race.

Recent statistics* have shown that the chances of survival of newly-born infants are not materially influenced by the social and sanitary conditions under which the mother lives before the child is born, and given equally favourable surroundings, the infants of the various classes have equal chances of survival after birth; but these same statistics also show that the mortality amongst the infants of the rich in the first year of life is less than one half the mortality amongst the infants of the very poor, and that the mortality from gastro-intestinal disease is seven times greater in the poorest families than in the families of the well-to-do.

In this connection also, Newsholme, in some of his statistics, has shown that in every hundred deaths from gastro-intestinal disease, 90 per cent. are in bottle fed infants and 10 per cent. in breast fed infants, and figures from other statistics correspond very closely with these.

The importance of breast feeding can only be brought home to the mothers by keeping them under constant supervision, and to this end many Health Visitors are necessary.

Infant Welfare Clinics have done a tremendous lot of good in lowering the Infantile Mortality wherever they have been established, but even so, the mortality is still excessive, and other means must be sought to help to get at the root of the trouble.

A glance at the table of Causes of Death of Infants under one year shows that the chief causes are:—

1. Gastro-intestinal disease.
2. Prematurity, Congenital Debility and Marasmus.
3. Acute Respiratory disease.

In the first the cause is unquestionably due to bad feeding; in the second class, bad feeding has much to do with it also, as premature and debilitated infants are difficult to feed, and Marasmus is the direct result of wrong feeding. The third class appears to have nothing to do with feeding, but it is, however, directly connected with it. The infants which succumb to respiratory diseases are the fat, over-fed babies of whom the mothers are so proud, but who are flabby, and have no resistive power when attacked by disease.

* "Lancet," 4th March, 1922.

The mortality from wrong feeding is great, but it is not to be compared with the morbidity from this cause, as seen in the infant clinics, where a large proportion of infants are found to be either partly or wholly bottle fed when first brought to the clinics for advice.

Infant clinics are necessarily too much curative rather than preventative.

Preventive measures must deal with the ante-natal period and the time of birth as well as the time after birth, and although ante-natal supervision is attempted at the Clinics, a great deal more is needed, and it seems to me that this ought to be done by the midwives who are going to attend the cases, and who could use the ante-natal Clinic as a consultative centre.

From what I have seen in Durban, both at the Infant Clinics and in visiting the Maternity and other Nursing Homes in the town, it appears to me that the one thing that is most urgently wanted in Durban to-day is greater facilities for the training of Midwives.

Many Midwives are trained in Durban; but under the existing conditions in the Maternity Homes, the training is totally inadequate to turn out efficient Midwives.

The result of this inefficient training is seen daily at the Infant Clinics. Midwives are not sufficiently impressed with the importance and are seldom taught the technique of breast feeding.

I pointed out that the Infantile Mortality from Diarrhoea is seven times greater in the poorer classes than what it is in the well-to-do. It is this class of people who rely largely on the advice of Midwives, and for their sakes I think a better training of Midwives should be insisted upon. One must keep in mind that it is not only the mortality one is trying to reduce but the morbidity.

In my Clinic many infants are brought to me in a very debilitated condition, and the history is almost invariably as follows:—The child seemed healthy at birth; the midwife advised two-hourly feeding and gave a dose of castor oil the second day, and perhaps advised regular doses of castor oil. This in itself is enough to make the child a weakling for life. Most of the seeds of chronic ill-health are sown in the first fortnight of life. Many strong, healthy babies survive this treatment, but in many instances the effect of even one dose of castor oil on a delicate intestinal tract of any infant may last for life.

There is nothing which accounts for constipation through life with the other diseases which it brings in its train—anaemia, gastric ulcers, appendicitis, etc.—so much as does this dose of castor oil, administered as a routine measure in the first few days of life, and there is nothing which accounts so largely for infants being fed by artificial means.

The further history of this infant which has been given a routine dose of castor oil, is, that it becomes very constipated; the midwife then advises the mother to give it a daily enema, or to use glycerine suppositories, thus further damaging the function of the intestinal canal. When the habit of constipation has been thoroughly established, it is decided that the breast milk is at fault, and the infant is put on the bottle; and as very few milk supplies in Durban are such as an infant can be fed on without danger, it is given either a dried milk or an infant food, the quantities of which as advised on the tins are totally unsuited for the majority of infants, and when brought to the Clinic for advice, it is not then a case where preventive measures can be brought to bear. An attempt has been made to cure the more or less seriously disturbed conditions of the gastro-intestinal canal before satisfactory feeding can be established. These children are all debilitated and succumb readily to lung disease and infection.

The importance of breast feeding cannot be too strongly emphasised. Every mother can feed her baby if taught how to do so, except in occasional cases where the mother is suffering from some disease and it is not advisable for her to do so.

During the Siege of Paris in 1871, while the general mortality doubled, the infant mortality fell by 40 per cent., this being due to the fact that the mothers although themselves half starved, were compelled to nurse their babies.

I have observed at the Clinic (as has also been frequently commented upon at other centres) that one of the most frequent causes of ante-natal trouble leading to the birth of poorly developed infants is dental sepsis in the mother, and a frequent reason why babies do not thrive well is again dental sepsis in the mother. If the teeth are attended to, the result can be seen at once by the increase in the weight of the babies.

I have also found that about 1 per cent. of the children attending the Infant Welfare Clinics are mentally defective. In the majority of cases, this is probably due to Venereal Disease in the parents. This form of mental deficiency could be entirely prevented if there were a Clinic where the mother could get treatment before the child was born.

The other most frequent cause of mental deficiency is due to accident occurring at the birth of the child. This form can also be prevented if the mother is under medical supervision during pregnancy, and in every case this could be done. Where the mother is unable to afford a doctor's fee, the midwife engaged could use the Child Welfare Clinic as a consultative centre where she might send any of her patients about whom she was doubtful, for advice.

Mentally defective and unstable children are not only an expense to the State as such, but as they grow up, mentally defective girls are more liable than any other type to take to a life which leads to the contraction of, and further spread of Venereal Disease.

I have dwelt on the conditions found at the Infant Welfare Clinics at considerable length because I want to make it clear why I say that the following reforms are (a) directly connected with the Infant Welfare Centre, and (b) indirectly connected with the Infant Welfare Centre are necessary if we are to improve the physique of the coming generation, and I think no one will dispute that this improvement is urgently called for.

(a) Suggested improvements directly connected with the Infant Welfare Centre.

1. The establishment of a Maternity Hospital or Maternity Wards in connection with the General Hospital where mothers can get better attention at their confinements, and more especially where Midwives could be trained. (It has been suggested that mothers with first babies should be kept in hospital four weeks instead of two, to teach them the management of their infants, as well as their own health. This is a very wise suggestion, and if it could be carried out, it would minimise the work of Health Visitors.)
2. Better training of Midwives.
3. Supervision of the work of Midwives by the Public Health Authorities.
4. The establishment of an Infants' Hospital for treating the serious digestive disorders such as I have described as being seen at the Clinics, and for teaching the importance and technique of breast feeding.
5. The employment of a dentist in connection with the Maternity and Child Welfare Clinic.
6. The revision of the Milk Bye-Laws.

(b) Indirectly connected with the Infant Welfare Centre:—

1. A satisfactory scheme dealing with Venereal Disease.
2. The provision of more housing accommodation.
3. The disposal of refuse by means of destructors in order to minimise the risk of infantile gastro-intestinal disorders being carried by flies.

MILK SUPPLIES.

Owing to the great depletion of the Staff of the Public Health Department, it has not been possible to examine specimens of milk in the bacteriological laboratory this year, but there is no reason to suppose that the milk is any purer in this respect than it was during the previous year when the bacteriological results of the specimens examined (except in a few isolated cases) were found to be very unsatisfactory.

At the present time the milk supply in Durban is such as to cause alarm. For the most part it is not only absolutely unsafe for the feeding of infants and children (which is what its main use should be), but it might at any time serve as a starting point of an epidemic of serious disease.

In a place like this, where Natives and Indians are largely employed in the production and distribution of milk, it is necessary to boil the milk immediately after delivery, and as daily inspections of premises could never be carried out to see that regulations were being put in force, this fact would probably hold good even with the most stringent regulations.

The provision of a reliable milk supply is an urgent matter.

New regulations for the dairy trade, framed under the powers contained in the Public Health Act and Provincial Ordinances have been before the Town Council since 1920. If these regulations were put in force and sufficient inspection could be carried out to see that they were kept enforced, they would undoubtedly lead to an improved milk supply.

But these regulations are somewhat drastic, and their enforcement would be a difficult matter. One of their requirements, and the most essential one, is that milk should be delivered in sterilised, sealed bottles. This provision alone would either lead to an increased cost of milk, or to loss on part of the farmers who are producing milk on a small scale, and who cannot compete with those who are doing it on a large scale.

The cost to the Municipality of the sanitary inspection of the dairies at a long distance from the Borough would be great, as also would be the cost of veterinary inspection.

In some countries in sub-tropical zones, certain Municipalities have set up Municipal Clearing Stations for milk, where all milk coming into the town is treated by one of the up-to-date methods of sterilization before being distributed. In other countries a bacteriological standard has been set up.

It seems to me that, in a town like this where the climate makes it almost impossible to keep fresh milk after delivery at the house for twenty-four hours (unless this milk be produced under ideal conditions, and subsequent to delivery be kept on ice), the most satisfactory manner of getting over the many difficulties would be to insist that all milk sold in the Borough must be sterilised (**not** pasteurised), and must be delivered in sterilised sealed bottles. This would not lead to any rise in the price of milk, as the large firms can deliver milk to-day in this manner at the same price as the milk which is untreated, and the farmer on a small scale need not suffer any financial loss, as those who are unable to provide a sterilising and bottling plant could sell their milk to one of the larger firms possessing a plant for dealing with this part of the process. To insist on the milk sold in the Borough being sterilised and being delivered in sterilised, covered bottles

would simplify matters in every way. It would not plunge the Municipality into any fresh expense and would result in a supply of milk which could be relied upon as not varying from day to day and not containing the germs of harmful disease.

There is in the Province of Natal at the present time, what appears to be the most up-to-date plant for the sterilisation of milk. This plant has the most ingenious process of filtration, which removes all extraneous particles of matter which should be, but never are, absent from pure fresh milk. When the process of sterilisation is completed, the milk has a pleasant taste—not the taste that milk usually has when sterilised by any other process I know.

This fact should be made use of in the interests of the inhabitants of Durban.

One objection to these regulations would be that sterilised milk is not so good for the purpose of infant feeding as fresh cow's milk; however, in Lane Claypon's book, which is a standard experimental work on milk, the conclusions come to are:—

“That where a series of animals were fed simultaneously over fairly prolonged periods on raw and boiled cow's milk respectively, no essential difference in the nutritive value between the two forms of food could be detected. In some cases the boiled milk gave distinctly better results than the raw milk, whereas in isolated cases the reverse was found.”

If any unsterilised milk is to be sold in the Borough at all, it should conform with the following standards:—It must be produced from healthy cows which have passed the tuberculin test. It must be bottled on the farm, and must satisfy a somewhat severe bacteriological test.

WATER SUPPLY.

(From Report of Water Engineer.)

SOURCE: UMLAAS RIVER.—Neither under control nor in the district of the Local Authority with the exception of the Lands immediately surrounding the storage Dam at Camperdown also the farm “Clifton” which has been purchased in connection with the New Scheme and a small area at the Existing Intake.

The total acreage of the above properties is 8,796 acres.

STORAGE: The total reservoir capacity is made up as follows:—

EXISTING IMPOUNDING RESERVOIRS.

Storage Reservoirs:

	Original capacity.	Present capacity.
Camperdown	500 million galls.	220 million galls.
Intake	11 million galls.	11 million galls.
Clear Water	107 million galls.	100 million galls.
Total	618 million galls.	331 million galls.

SERVICE RESERVOIRS.

	Gallons.
Congella	7,300,000
Stella	2,000,000
Cato Road	10,000
Campbell's	110,000
St. Thomas	300,000
Murchie's	30,000
Botanic Gardens	100,000
Florida Road	650,000
Goble Road	20,000
Total	10,520,000

SUMMARY OF AVAILABLE RESERVOIR CAPACITY.

Storage Reservoirs	33½ million gallons.
Service Reservoirs	10.5 million gallons.
Total	341.5 million gallons.

PURIFICATION.—When necessary the raw water is treated with alumina ferric for the purpose of sediment before entering the lines of supply. Two sets of filter beds are in operation, one at Umlaas and the other at Coedmore; both are of the slow sand type.

The Umlaas filters, feeding the low level supply, treat on an average $2\frac{1}{2}$ million gallons per day. The Coedmore filters feeding the high level supply treat on an average $2\frac{1}{2}$ million gallons per day. The effluent from each of the beds is sterilised by treatment with liquid chlorine.

SYSTEM OF SUPPLY.—From the Intake the water is conveyed by means of open conduits, tunnels, syphons, and conveyed purely by means of cast iron and steel pipes.

ADEQUACY.—The present supply is inadequate in view of the rapidly increasing population and growing trade demands.

PURITY.—The source of supply is liable to pollution, as it consists of 343 square miles of catchment area down to the existing intake, much of which is under agriculture and on which there is a large Native population.

ADDITIONS.—In connection with the existing works, six additional filters are being constructed at Coedmore.

NEW SCHEMES.—An entirely new scheme is now projected, consisting of a storage reservoir to hold 2,600 million gallons much further down stream than the existing Camperdown Storage Reservoir. The available catchment area will, therefore, be enlarged from 172 square miles at Camperdown to 310 square miles at Shongweni.

From this storage reservoir the water will be conveyed to Durban through tunnels, conduits, and pipe lines. Filtration arrangements will be established at Northdene on the route of the pipe line.

The length of the aqueduct from the new reservoir to Durban will be 17.25 miles. A start has already been made with two of the new tunnels and the other two will shortly be commenced. The preliminary work in connection with the Shongweni Dam is well advanced.

Additions to the Service Reservoir capacity in the Borough are now being carried out.

Bacteriological examinations for the presence of bacillus coli are made in the Municipal Bacteriological Laboratory twice weekly.

HOUSING.

The Inspector of Buildings reported that during the 18 months ending 30th June, 1922, that 401 new buildings have been erected and completed and 773 additions made to dwellings. As the latter figure includes such out-buildings as garages, the amount of relief to the housing difficulty by such additions is not so great as might at first glance appear.

On the whole, it is considered that the situation is slightly easier than it was. Although there is still a very great shortage of houses, and more particularly at a rental to suit the reduced income of the average working man. There are a number of instances of families living in shops and other buildings have not been approved of for habitable purposes, but in the circumstances it is not possible to take proceedings for such illegal housing. Even if vacant houses were available for this class of the population the existing rents would make it impossible for many families to occupy houses solely for their own use. In many districts it is the exception to find a house without lodgers, or not shared by two or more families. No doubt in some cases the practice of sharing a house or keeping lodgers is due to a desire to make money, but when one takes into account the troubles and unpleasant incidents which so frequently arise from such joint occupation it can only be concluded that in the majority of cases people accept such conditions only under the compulsion of the circumstances.

Included in the number of new houses erected are the Corporation houses. The Council drew up a scheme which received the approval of the Central Housing Board for the erection of 220 new houses. Fifty-five of these houses have now been completed, and up to the end of June, 1922, 46 had been sold.

The houses have been erected in four lots, all in districts convenient to the trams, and with hardened roads, sewerage, and stormwater drainage, Corporation water supply, and electric light. They range from three to five rooms with all modern conveniences, and of good architectural design. A few of the houses are semi-detached, but the majority are of the cottage type.

LORDS GROUNDS.—There are still 16 families housed in two buildings in these grounds. The Agricultural Society deposed some of the family residents there when it removed buildings belonging to it. Government is expected to take over those grounds at an early date, and the present occupants of the buildings only remain there on sufferance.

Whilst the following remarks apply generally to the housing of all races it should be made clear that the new houses erected are practically all for the occupation of Europeans. The housing of Asiatics, Natives, and the Coloured community cannot be said to have improved at all.

Of actual overcrowding within the meaning of the Bye-Law—which only allows 300 cubic feet per person—there is very little. When cases are found, it is usually possible by moral suasion to get the offence discontinued. In one case where the overcrowding was wilful and not occasioned by necessity the occupier was prosecuted for failing to discontinue such overcrowding and was fined.

INSANITARY OR SLUM AREAS.—The Brickhill Road extension area is unchanged except for the inevitable progression deterioration. In a previous report it was mentioned that there were in the Borough four houses which in normal times would be classed as unfit for human habitation. Of these one is demolished; one has been completely renovated; one was reported to the Town Council for closure as unfit, but on the lessee undertaking to have it put in good order the case was allowed to stand over; and in the other case nothing has been done. Forty-one houses are classified as generally insanitary owing to extensive disrepair, but in a number of these cases repairs are either actually in progress or arrangements have been made to have them carried out.

NIGHT SOIL, SLOP-WATER, AND REFUSE.—Practically no change has been made in the working arrangements under this section during the last year.

A short extension of the sewerage system was carried out in Stamford Hill district, and about two dozen premises have so far been connected with it. Arrangements are in hand for the connection of the Umgeni School and a few other properties, and the owners of the remaining properties for which this sewer is available are under notice to instal the water carriage system of the sewerage removal.

Some houses and business premises have been built in the unsewered areas, and at the end of July the position was that

- 326 private dwellings,
- 39 business premises,
- 7 Government institutions, and
- 13 Municipal institutions,

had a night-soil removal service from this Department. The average number of pails in use was 804.

HOUSING OF NATIVES.—Native or Asiatic Locations or Barracks, Municipal Institutions (Natives). From the Report of Manager of Native Affairs Department for 18 months ending June, 1922:—

The buildings mentioned in the last report (December, 1920) as being in course of erection, viz., Togt Barracks at Dalton Road, accommodating 635 men, cost £35,000, and the additional block at the Location, Depot Road, accommodating 500 men, cost £23,000, have been completed and are fully occupied.

There are two features in connection with the location which should be mentioned. One is a school for Native children designed on the best modern lines of school architecture and providing accommodation for 300 children. It was erected by the Town Council at a cost of £5,000, and is administered by the Education Department. The other matter is a separate block of rooms fenced off from the remainder of the location, buildings in which married couples are housed when the wife of a resident comes in from the country to visit him.

During the period of 18 months, ending June 30, 1922, 72,808 Natives were examined by the Medical Officer attached to Native Affairs Department. These Natives are only seeking work, and presumably they feel physically well.

GENERAL HEALTH OF NATIVES.—Speaking broadly, this has been excellent. There has been no outbreak of disease, no serious cases of illness, and there has been no death in any Municipal institution.

INFLUENZA.—During the first two months of the current year, there were a good many cases of influenza. As already mentioned, an Emergency Hospital at Victoria Street was opened, where 32 Natives were treated, eight of whom died. This high mortality figure is not attributed to any particular or special virulence of the outbreak. Natives hate institutional treatment of any kind, and it may be assumed that the above 32 cases were probably the very worst in the district.

VENEREAL DISEASE.—The number of cases which have come under notice is 134. This figure is of little statistical value, as Natives with obvious lesions would not present themselves for examination.

TUBERCULOSIS.—One hundred and fifty-one cases (151) have come under notice. As this figure applies to Natives who have only been in the Borough a few days for the purpose of registration, it is not included in the returns under Table 5 (Phthisis).

SMALL-POX.—There were three cases discovered in the Borough.

CHICKEN-POX.—Twenty-six cases were reported and treated at the Infectious Diseases Hospital. There was nothing in the nature of an epidemic.

MEASLES.—Seven cases, sporadic, reported.

SCABIES.—This is evidently fairly common amongst the Natives; 90 cases were reported.

OTHER DISEASES.—Cases other than those mentioned are very rarely encountered.

VACCINATION.—Of the Natives examined by the Medical Officer, Native Affairs Department, 22,939 (over 30 per cent.), showed no vaccination marks, and were vaccinated.

CORPORATION INDIAN BARRACKS.—No new buildings have been erected under this heading, but about £5,000 has been spent on repairs to the old barracks, most of which are now in very good repair. The health of the inmates of these barracks has been very good. No outbreaks of infectious disease have occurred other than the number of cases of influenza, which were of a mild type and sporadic in incidence.

PRIVATE BARRACKS (NATIVE).—There are 101 private barracks or compounds (in which not less than ten men are housed), and the total number of residents was 5,700. Of these, 75 are under direct European supervision and the remainder are managed by Natives or Indians. Whilst all have Corporation water supply and most are connected to the sewerage system, there are twelve of such premises in the unsewered areas served by the Night Soil Department.

The structural and sanitary classification is:—Good 55, Fair 32, Poor 9.

Ten barracks were closed and the inmates removed to the Corporation Locations. In five cases the closing was at the instance of this Department, owing to defective structural or insanitary conditions.

INDIAN BARRACKS.—These number 16 and contain a total population of 857. Half of these places are under European control and supervision, the remainder being managed by Indians. All have the Corporation water supply, but five are out of the sewerage areas. They are classified as:—Good 5, Fair 9, Poor 2.

It is believed that the health of the Natives and Indians living in private barracks has been good, and no outbreaks of infectious disease, other than the outbreak of influenza already mentioned, have occurred among them.

MEAT SUPPLIES.

(From Report of Abattoir Director.)

The Municipal Abattoir is a public abattoir where all meat for consumption within the Borough has to be inspected and stamped. Sales are held each day, except Saturdays, when all beef, etc., is sold by public auction. There has been no change in this method of disposing of meat since this Abattoir was opened in 1914.

METHOD OF SLAUGHTERING.—Cattle are pole-axed, except of those intended for Kosher, which are killed in the Jewish manner. Sheep have their throats cut and spinal cord dislocated. Pigs are stunned with a mallet and throats cut.

The water supply and sewerage connections are part of the general sewerage and water scheme of the town.

NUMBERS OF CATTLE, ETC., SLAUGHTERED DURING YEAR
ENDING 31/7/22.

1921.	Cattle.	Sheep and Goats.	Pigs and Calves.
August	1,422	15,305	605
September	1,505	10,908	778
October	1,381	10,061	622
November	1,461	8,760	534
December	1,650	12,542	991
1922.			
January	1,311	10,400	555
February	1,543	12,296	354
March	2,218	11,750	884
April	1,938	14,079	481
May	2,401	15,020	839
June	2,287	15,456	1,296
July	2,318	11,480	1,845
	<u>21,435</u>	<u>148,057</u>	<u>9,784</u>

CARCASSES AND OFFALS COMPLETE CONDEMNED.

1921.	Beef.	Mutton.	Pork.	Veal.
August	16	80	57	1
September	25	69	74	4
October	14	33	76	18
November	24	33	33	4
December	30	51	67	6
1922.				
January	18	11	54	4
February	14	46	38	1
March	36	30	111	5
April	21	35	37	—
May	19	162	48	5
June	31	105	104	5
July	27	42	189	10
	<u>275</u>	<u>697</u>	<u>888</u>	<u>63</u>

PORTIONS OF CARCASSES AND OFFALS CONDEMNED YEAR ENDING 31/7/22.

Month	Shoulders	Briskets	Legs	Top-sides	Chucks	Rumps	Heads	Necks	Quarters	Thicks	Ribs	Blades	Tongues	Hearts	Tails	Lungs	Livers	Stomachs	Intestines
August 1921	16	1	2	2	4	1	60	0	1	4	1	2	9	11	7	996	3,592	7	16,280
September "	11	0	3	1	2	1	92	3	1	1	1	1	1	3	3	801	2,437	3	10,568
October "	22	1	1	0	1	3	83	1	0	2	1	0	10	14	9	753	1,170	2	7,039
November "	30	1	1	4	6	2	46	3	0	7	1	3	5	10	4	861	1,381	0	8,188
December "	22	2	1	2	2	3	64	3	0	5	0	4	12	21	12	739	2,177	11	10,587
January 1922	28	3	5	1	3	7	21	0	0	3	1	2	1	7	1	604	1,848	0	9,218
February "	19	0	3	1	3	3	30	1	2	5	1	0	2	6	3	1,034	2,848	31	12,297
March "	29	3	2	5	3	3	80	0	0	12	1	5	8	16	9	1,003	3,414	13	10,689
April "	8	1	0	1	0	0	22	0	2	1	0	1	2	5	4	1,278	4,325	2	13,711
May "	19	0	1	0	2	1	52	2	2	2	0	3	5	6	5	1,694	5,929	4	15,075
June "	13	0	7	2	1	2	66	0	0	2	0	4	15	21	15	1,896	5,545	27	14,915
July "	18	0	2	1	2	3	70	0	5	2	0	2	9	6	5	1,212	3,555	27	12,312
Totals ...	235	12	28	20	31	29	686	13	13	46	7	27	79	126	77	12,871	38,271	127	140,879

BUTCHERS' SHOPS.

The Borough Bye-Laws, which require all fresh meat other than game exposed for sale within the Borough to be stamped, showing that it has been examined and passed at the Municipal Abattoir, practically eliminate the possibility of diseased meat being sold so long as the bye-laws are enforced. All butchers' shops are inspected at least once a week by District Sanitary Inspectors, and all meat examined to see that it is stamped. A total of 1,927 inspections were made. No diseased or unsound meat was found, but in four cases meat was found which did not bear the stamp of the Municipal Abattoir, and the butchers in default were prosecuted.

OFFENSIVE TRADES.

Offensive Trades' Regulations in substitution for the section of the Public Health Bye-Laws applicable to such businesses were promulgated on 12th December, 1921. They apply to several trades not previously classed as offensive trades, such as wool scouring or washing works and wattle bark grinding factories.

Subjoined is a list of the trades on our register at the end of July:—

Soapmakers	3
Dealers in Hides, Skins and Wool	18
Brewery	1
Wattle Bark Grinding	3
Refuse Depositing Sites	7
Wool Washeries	2
Abattoir	1
Manufacture of Fertilisers	1
Refuse Destructor	1

The Abattoir, Refuse Destructor, and Refuse depositing sites are Municipal institutions. At the Abattoir gut scraping and the manufacture of fertilisers from by-products are carried on.

No night soil is put down at any of the refuse depositing sites.

One prosecution was taken against a firm of hide and skin dealers for causing nuisance by drying wet hides and skins in proximity to dwelling-houses.

CYANIDE FUMIGATIONS.—Bye-Laws for the control of the trade of cyanide fumigation have been promulgated.

All persons carrying on this trade have to be licensed, and their work is supervised by the Inspectors of this Department.

FLY PREVENTION.

A good deal of attention is paid by the District Sanitary Inspectors to stables and other premises where flies are likely to breed out.

One place, however, where flies are to be found in great abundance, in spite of all precautions which are taken to prevent them, is on the dumps where the refuse of the town is deposited.

For the last thirteen years the refuse of Durban has been deposited on tips in various quarters of the town, on marshy, waste land. The tops of these tips are covered with sand or earth as the tip grows, but the part where the rubbish is tipped is a very favourable breeding place for flies. Although this part of the tip is continually sprayed with arsenite of soda, and fly traps are set about all over the tips baited with the Government formula of arsenite of soda and sugar, the flies at all the tips are very numerous, especially at certain seasons of the year, and when a high wind blows these flies may be carried to any quarter of the town, taking with them the germs of many diseases.

It is not possible to keep the flies under control as long as all refuse is dumped on places of this sort.

The ideal way of disposing of rubbish is by burning it in destructors. There is at the present time one destructor in Durban which is only used for certain areas of the town.

This destructor could deal with much more rubbish than it has to deal with at present, and if four more furnaces were built in connection with it, could probably deal with all the rubbish of the town.

The destructor would deal with household rubbish and stable manure; such things as trade refuse (leather, tin), and tin cans, bottles, etc., could be taken as at present to the tips, and the reclamation of the land carried on without these places serving as at present as a place to attract flies.

To make the system possible it would require some considerable re-arrangement of the present method; it would require quicker transport—two or three motor lorries suitably equipped could deal with all the rubbish of Durban. The rubbish would require to be taken to certain collecting centres in different areas of the town in carts as it is taken at present. At the centres, the rubbish would be sorted, and anything unsuitable for the destructor would be put on one side for the tips. The rest of the rubbish would be collected by the motor lorries and taken to the destructor.

The cost would not be great. There would be on one hand the purchase of the motor lorries, the employment of more Indians at the destructor, building more furnaces; but, on the other hand, there would be considerable saving of horses and carts and in the Indian labour at present employed in looking after them. One motor lorry could do the work of six horse carts.

The present destructor is of an old pattern, but with the necessary number of furnaces would be quite sufficient to carry on with until a destructor or destructors of more modern pattern are decided upon, and the positions in the town.

The refuse from the destructor would be of great use in the reclamation of land and would not be a material to attract flies.

SANITARY.

Report, in summarised form, of the work and operations of the Sanitary Department during the Municipal Year, ending 31st July, 1922.

(Submitted by Chief Sanitary Inspector.)

INSPECTIONAL WORK.—Sixty thousand, four hundred and forty-four inspections of premises were made by the District Sanitary Inspectors, including 1,445 to hotels and boarding-houses, 3,089 to restaurants, eating-houses and tea rooms, 232 to bakeries, 1,927 to butcheries, 2,014 to laundries, 669 to dairies and cowsheds, 583 to markets, 224 to offensive trades, 6,471 in connection with the protection of premises from rats, and 32 night inspections of premises.

Three hundred and forty-nine visits were made in connection with infectious diseases and 144 inspections of cyanide fumigation.

NOTICES AND REPORTS.—Two thousand and four written notices were served having reference to faulty sanitary conditions, 4,746 notices were given direct by the District Sanitary Inspectors, 2,679 applications were reported to the Licensing Officer, and 664 reports made to other departments of the Corporation of defective public works, sewerage and water installations and other matters.

DISTRICT SANITARY INSPECTORS' REPORTS ON DEFECTIVE OR INSANITARY CONDITIONS REMEDIED.

NUISANCES:

From defective or dirty stables, kraals, cowsheds, etc., abated	142
From factories or trade premeises, abated	374
From dirty yards, gulleys, W.C.'s, etc., abated	1,669
From discharge of foul water to street, discontinued	201
From unauthorised deposits of refuse, discontinued	448
From accumulation of offensive matter, abated	245
From smoke, abated	18
From overgrown lands, etc., abated	138
From keeping animals, abated	95

FLIES, RATS AND MOSQUITOES:

Measures taken to prevent breeding and to destroy	302
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STRUCTURAL REPAIRS:

General repairs to premises	15
Chimneys, repaired or renewed	16
Roofs, repaired or renewed	152
Gutters and downpipes, repaired or renewed	179
Floors, repaired or renewed	98
Lighting, improved or provided	33
Ventilation, improved or provided	40

SANITARY FITTINGS:

W.C. pans, sinks, baths and gullies, repaired or renewed	177
W.C. cisterns, repaired or renewed	412
Waste and flush pipes, repaired or renewed	192
Water-closets, repaired	5
Privies, provided or repaired	31

SEWERAGE, installed (Native type)	9
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DRAINS:

Manholes, traps, vents, etc., repaired or renewed	174
Drains, connected with sewerage system	38
Drains (stormwater), disconnected from sewerage system	38
Drains (stormwater), provided or repaired	63
Drains (stormwater), C.I. pipes across footpath	62
Drains, yard paving carried out	33

GENERAL:

Water Supply, installed or improved	29
Water Supply, defective fittings repaired	3
Overcrowding, discontinued	56
Vermin, eradicated from premises	74
Other premises, lime or colour washed	52
Other premises, cleaned	3
Receptacles, manure and refuse provided or renewed	514
Shanties, unfit for habitation, vacated or demolished	100

HOUSING:

Illegal housing of Natives, discontinued	1
Sleeping in unapproved premises, discontinued	2

BAKEHOUSES, FOOD FACTORIES, DAIRIES, Etc.:

Change rooms provided	8
Lavatory basins provided	4
Overalls provided	14
Fly screening provided	9
Floors repaired or renewed	8
W.C.'s, drains, etc., removed from building	4
Walls, etc., lime-washed, painted, or otherwise cleansed	88
Sleeping in store or workrooms, discontinued	5
Unsuitable receptacles (food), replaced or improved	7
Unclean clothes	41
Vehicles, cleansed or improved	25
Boilers renewed	2

OFFENSIVE TRADES (NUISANCES):

From smells, abated, 11; from dust, abated	4
Offensive liquids discharging	3

REPORTS TO OTHER DEPARTMENTS:

WATER ENGINEER:

Choked drains, 150; defective water fittings	169
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BOROUGH ENGINEER:

Defective or insanitary conditions	172
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OTHER DEPARTMENTS	28
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COMPLAINTS.—Four hundred and eighty-seven complaints were received, investigated and action taken wherever necessary.

UN SOUND FOOD.

Article.	Quantity.	Remarks.
Condensed Milk	425 tins.	Seized and destroyed on order signed by His Worship the Mayor.
Herrings	24 tins.	do.
Cocoa	261 tins.	do.
Ox Hearts	19 tins.	do.
Sild in Tomatoes	7 tins.	do.
Mutton	83½ lbs.	do.
Condensed Milk	3,410 tins.	Handed over by owner and destroyed.
Muscateles	18 cases.	do.
Cocoa	10 tins.	do.
Fillets	28 cases.	do.
Filleted Haddock	29 cases.	do.
Almonds	24 cases.	do.
Prunes	3 cases.	do.
Sultanas	17 cases.	do.
Baking Powder	22 cases.	do.
Jam, assorted	75 cases.	do.
Fruit	21 cases, 6 tins.	do.
Gong Soup	192 packets.	do.
Cake Flour	19 packets.	do.
Post Toasties	12 packets.	do.

ANALYSIS OF FOOD.

Article.	No. of Samples.	Genuine.	Adulterated.
Milk	179	136	43
Butter	3	3	—
Coffee	5	4	1
Honey	2	2	—
Condensed Milk	1	1	—
Pepper (White and Black)	6	6	—
Iodine, Tincture of	5	4	1
Margarine	2	2	—
Camphorated Oil	2	—	2
Cheese	4	4	—
Vinegar	3	1	2
Borax—Purified	2	2	—
Cream	1	1	—
	215	166	49

The average quality of all samples of Milk was as follows:—

		Minimum as required by law.
Milk Fat	3.46 per cent.	3.0 per cent.
Solids (not fat)	8.69 per cent.	8.5 per cent.
Total Solids	12.15 per cent.	11.5 per cent.

COWSHEDS AND DAIRIES.

Two hundred and sixty-three visits were made to 62 cowsheds outside of the Borough. It was recommended that license to sell milk within the Borough, in respect of 10 of such cowsheds, should be refused owing to the unsatisfactory conditions of the dairy premises.

There are 17 premises within the Borough where milk is produced for sale.

PROSECUTIONS.

Law or Bye-Law relating to	Cases	Con- victions	Dis- missals	With- drawals	Bails Forfeited
Nuisances	15	15	—	—	3
Examination of Meat and Food	4	4	—	—	—
Manufacture of Food	9	9	—	—	4
Overcrowding	1	1	—	—	—
Cowsheds, Dairies, and Milkshops	1	1	—	—	—
House Drainage	6	6	—	—	1
Adulteration of Food Act	13	13	—	—	—
Amended Abattoir	1	1	—	—	—
Collection and Removal of Refuse	4	3	—	1	—
	54	53	—	1	8

The Fines inflicted and Bails forfeited amounted to £122 15s.

SANITARY SERVICES.

Sixty-seven thousand, two hundred and fifty-four cart and van loads of refuse and sweepings were collected and removed. The greater portion of such refuse and sweepings was, as usual, used for filling in low lying and swampy lands, such operations being mostly carried out at the Eastern Vlei, Stamford Hill, Botanic Gardens, the New Sports Area, and also at Umbilo District.

Four thousand, three hundred and ninety-nine cart loads of earth were used for top-dressing the refuse tips.

One hundred and seventy-five truck loads of manure, equal to 2,279 tons, were consigned to a Sugar Estate.

Eight hundred and nineteen pails (average) were in use at houses receiving the usual alternate night removal service.

Three hundred and eight carcasses of dead animals were removed and buried.

Two thousand and seventy-four rats were captured at the Indian Barracks under the management of this Department, and in connection with other anti-Plague operations there is information of 2,511 rodents having been destroyed in shops and stores in the town.

Two thousand, three hundred and forty-five gallons of larvæcides were used in connection with anti-Malarial work, and the labour gang, when not employed in such operations, was engaged in clearing and opening ditches and other public works.

Measures for the destruction of flies at the Indian Barracks and refuse tips were carried out as usual.

Three hundred and thirty-one new pails were made and 1,955 other utensils and implements were repaired, tarred, etc., at the Tinsmith's Shop.

TRANSPORT.

An average daily number of 61 rubbish and street cleaning carts and vans, three night soil tank carts, all with attendant drivers, were required for the carrying out of the services by Transport Department. Twelve carts were employed in connection with certain services on Sunday mornings.

CORPORATION CEMETERIES.

GENERAL CEMETERY:

INTERMENTS.—Forty European, 137 Asiatic and Coloured interments were made, a total of 177. The bodies of 102 persons (European 41, Asiatic 13, Native 38, and Coloured 10) were received at the Public Mortuary for examination.

STELLAWOOD CEMETERY:

INTERMENTS.—Three hundred and twelve European, 255 Asiatic, and 368 Native interments were made, a total of 935. Two hundred and seven grave sites were purchased in perpetuity and 21 grave sites are being maintained following application to the Curator, with guarantee of payment.

PUBLIC HEALTH DEPARTMENT.

STAFF.

HEALTH DEPARTMENT:

Medical Officer of Health (Medical Officer-in-Charge of Maternity and Child Welfare, Acting-Medical Officer at present), K. McNeill.

1 Clerk.

1 Typist.

2 Indians (one Office Messenger and one Laboratory Attendant).

MATERNITY AND CHILD WELFARE DEPARTMENT:

Medical Officer-in-Charge, K. McNeill.

2 Health Visitors.

1 Indian Female Attendant.

INFECTIOUS DISEASE HOSPITAL, CONGELLA:

1 Matron (A. Davies).

2 Nursing Sisters.

3 Probationers.

8 Indians.

DISINFECTING STATION:

1 Superintendent of Disinfecting Station (C. D. Morning).

1 Assistant Disinfecter.

12 Indians.

SANITARY DEPARTMENT:

1 Chief Sanitary Inspector (R. Walker).

8 Assistant Sanitary Inspectors.

2 Clerks.

1 Junior.

2 Indians (Interpreter and Messenger).

SUB-DEPARTMENTS:

ANTI-MALARIA:

1 European Overseer.

14 Indians.

ANTI-PLAGUE:

1 European.

BARRACKS MANAGEMENT:

1 European Caretaker.

14 Indians.

CLEANSING SERVICE:

4 European Overseers.

4 Sirdars and 99 Rubbish Collectors (Indian).

5 Sirdars and 138 Street Cleaners (Indian).

NIGHT SOIL REMOVAL:

2 Sirdars.

19 Indian Labourers.

PUBLIC CONVENIENCES:

7 European Attendants.

5 Indian Attendants.

CORPORATION CEMETERIES:

2 European Overseers.

15 Indians.

K. McNEILL, M.B., Ch.B., D.P.H.,

Acting Medical Officer of Health.

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