

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

Contributors

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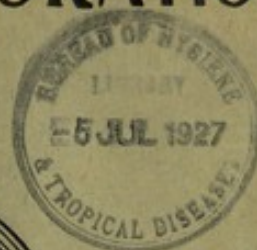
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DURBAN CORPORATION



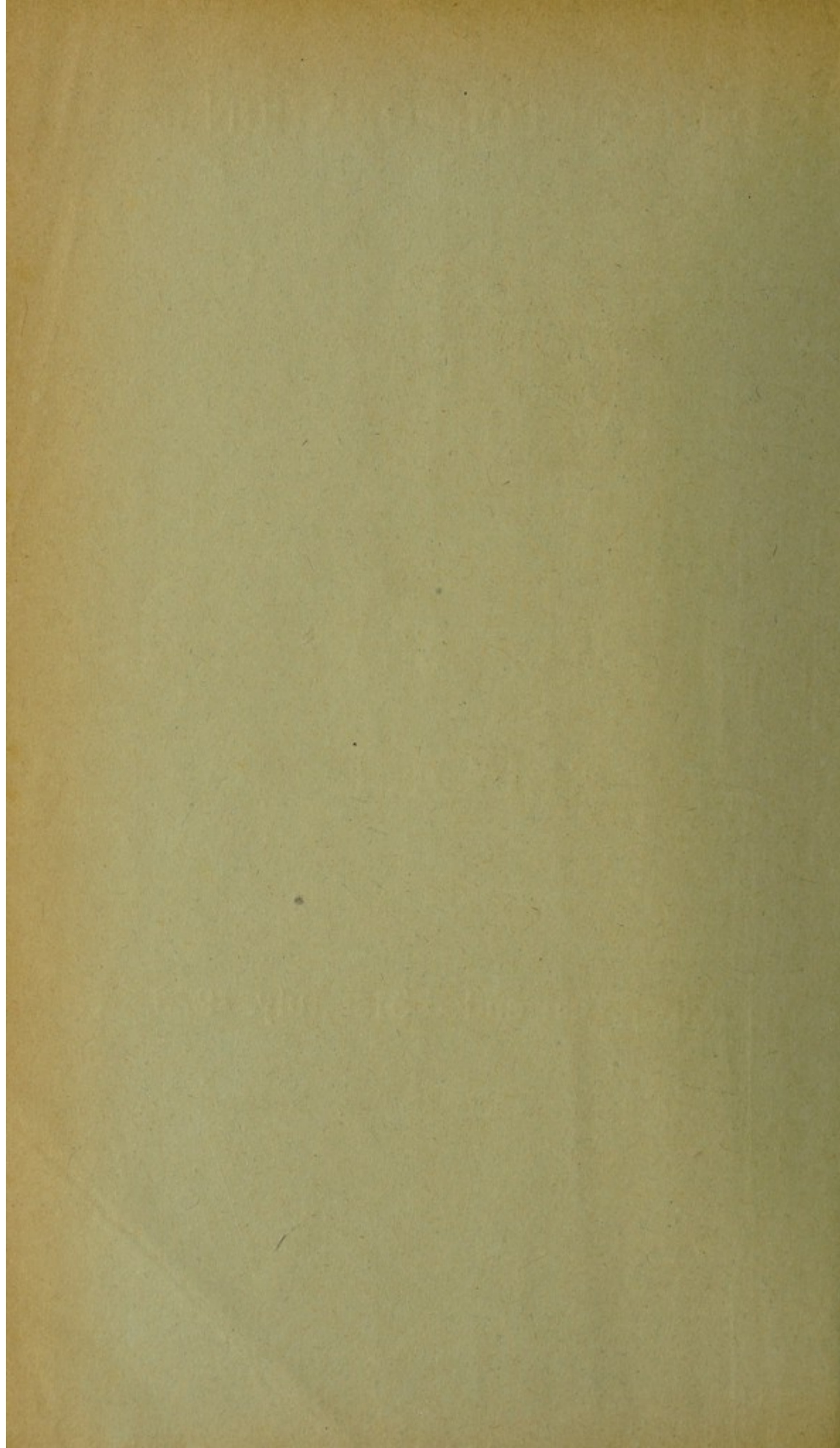
MEDICAL OFFICER'S REPORT

FOR THE

Municipal Year ended ~~31st July, 1926.~~

30 JUL 1926

[Oegg S.J., M.O.H.]





REPORT of the MEDICAL OFFICER OF HEALTH.

PUBLIC HEALTH COMMITTEE, 1925-26.

COUNCILLOR MRS. E. A. BENSON.
COUNCILLOR MRS. A. M. SIEDLE.
COUNCILLOR MRS. E. L. KNIGHT.
COUNCILLOR H. H. KEMP.
COUNCILLOR S. J. SMITH.
COUNCILLOR J. K. MURRAY.
COUNCILLOR DR. J. A. S. SAGE.
THE MAYOR—(EX OFFICIO)

PUBLIC HEALTH DEPARTMENT.

STAFF.

ADMINISTRATIVE AND OFFICE:

1 Medical Officer of Health ..	S. J. CLEGG, O.B.E., M.D., Ch.B., D.P.H.
1 Asst. Med. Officer of Health	G. H. GUNN, M.D., Ch.B., D.P.H.
1 Clerk	E. POSNER.
1 Typiste	Vacant.
1 Junior Clerk. .. .	H. E. DUFF, Cert. R.S.I. (S.A.)

LABORATORY:

1 Indian (Attendant.)

MATERNITY AND CHILD WELFARE:

1 Medical Officer-in-charge ..	K. McNEILL, M.B., Ch.B., D.P.H.
4 Health Visitors	A. DAVIES, General Nursing Training Certificate, C.M.B.
	S. G. STANDING, R.S.I. Certificates (2) Nursing Certificate C.M.B., Cert. R.S.I. (S.A.)
	E. A. WOODWARD, Trained Nurses Certificates C.M.B., R.S.I.
	V. I. SHIRTLIFF, Trained Nurses Certificate, C.M.B.
1 Midwife	L. FRANCE, General Nursing Certificate, C.M.B.
1 Typiste	A. HUNTER.
1 Attendant	F. HAWKINS.

INFECTIOUS DISEASES HOSPITAL, CONGELLA.

1 Matron	A. S. DAVIES, R.G.N., Scotland.
2 Ward Sisters	
1 Staff Nurse.	
8 Probationers.	
1 Seamstress.	
11 Indians (1 Cook, 6 Ward Orderlies, 2 Domestic Boys, 2 Housemaids.)	

DISINFECTING STATION.

1 Superintendent	C. D. MORNING.
2 Assistant Disinfectors ..	P. W. ANDERSON, J. DRISCOLL.
12 Indians (2 Dhobies, 1 Sirdar, 9 Assistants)	

SANITARY DEPARTMENT:

1 Chief Sanitary Inspector ..	R. WALKER Cert. R.S.A., Scotland.
10 Asst. Sanitary Inspectors ..	T. HYSLOP, Cert. R.S.A., Scotland, Cert. Registered Plumber.
	J. D. WOOD, Cert. R.S.I. (Eng.), City and Guilds of London Inst., Cert. Dept. Science and Art, London.
	F. W. HOLMES, Cert. R. S. I. (S.A.).
	A. E. MOORMAN, Cert. R.S.I. (S.A.)
	A. A. MICHIE, Cert R.S.I. (S.A.)
	J. W. H. MCGREAVEY, Cert. R.S.I. (S.A.)
	E. H. SURGESON, Cert R.S.I. (Eng.)
	C. C. de LUCY, Cert Sant. Meat and Food. Inspection (Manchester,) Cert. Sanitary Science (Hons.), Cert. City and Guilds of London Inst. Cert. R.S.I. (Eng.)
	H. M. TEDDER, Cert. R.S.I. (S.A.).
	A. KELSO.
1 Chief Clerk	A. M. Mc IVER.
1 Second Clerk	S. A. WOOD, Cert. R.S.I. (S.A.)
1 Third Clerk	R. E. BOUTLE.
1 Junior Clerk	H. S. HELLETT.

SANITARY SUB-DEPARTMENTS:

ANTE-MALARIA:

1 European Overseer ..	A. E. CLARKE.
12 Indians.	

ANTI-PLAGUE:

1 European Overseer ..	F. DRAKE, M.B.E., Cert R.S.I. (S.A.)
2 Rat-catchers.	

BARRACKS MANAGEMENT:

1 European Caretaker ..	T. J. ESPITALIER.
15 Indians	

CLEANSING SERVICE:

1 Chief Overseer ..	J. H. LOWE.
4 Assistant Overseers ..	
4 Sirdars and 106 Rubbish Collectors (Indian)	
5 Sirdars and 183 Street Cleaners (Indian).	

NIGHTSOIL REMOVAL:

1 Sirdar.	
14 Indian Labourers.	

PUBLIC CONVENIENCES:

10 European Attendants.	
6 Indian Attendants.	

CORPORATION CEMETERIES:

2 European Overseers	Stellawood, J. BULLOUGH; General, L. LOWE.
24 Indian Labourers.	

Public Health Department,

Municipal Buildings,

Durban.

1st August, 1926.

TO HIS WORSHIP THE MAYOR AND

TOWN COUNCILLORS OF THE BOROUGH OF DURBAN.

LADIES AND GENTLEMEN,

I have the honour to submit the twenty-fifth Annual Report dealing with the health and sanitary conditions of the Borough of Durban for the year ending 30th June, 1926.

POPULATION.

The following table shews the estimated population for the year 1925/26, the previous Census of the Borough being shown in comparison:

		Government.			Municipal Estimate	
		Census 1919	Census 1921	1924	Census 1924	1926
European	.....	41,865	46,113	50,792	49,025	52,203
Coloured	.....			4,471	1,838	1,881
Asiatic	.....	19,872	18,391	16,150	16,417	16,804
Natives	.....	17,925	29,011	35,000	27,861	38,000
TOTAL		79,662	93,515	106,413	95,241	108,888

BIRTHS.

One thousand and twenty-five European births were registered, giving a birth-rate per 1,000 population of 19.63, as against 19.9 the previous year. The corresponding figure for England and Wales was 18.3.

DEATHS.

A total of 1,097 deaths of Borough residents occurred during the year—460 Europeans; 59 Coloured; 275 Natives and 303 Asiatics. The European Death rate corrected for non-residents was 8.81 as against 10.95 for 1924-1925.

The following tables are set out for comparison and show the percentage number of Deaths in Europeans at various age periods, the number of deaths from certain main causes, and the proportion per thousand deaths from all causes.

PERCENTAGE OF DEATHS AT VARIOUS
AGE PERIODS—EUROPEANS.

Age Period	No. of Deaths	Percentage of total deaths at all ages	
		Durban	England Wales 1924.
Under 1 year	47	10.2	11.6
1—2 years	13	2.8	
2—5 "	18	3.8	
1—5 "	31	6.6	6.1
5—15 "	16	3.4	2.8
15—25 "	13	2.8	4.2
25—45 "	75	10.6	11.1
45—65 "	137	29.8	24.3
65—over	141	30.6	39.9
TOTAL	460		

EUROPEANS.

Diseases.	No. of deaths.		Proportion per 1,000 deaths from all causes		
			Durban		England
	1924/25	1925/26	1924/25	1925/26	1924/25
Infective Intestinal Disease (Enteric Fever, Dysentery, Diarrhoea and Enteritis)	75	42	139	91	17
Cancer	63	50	117	108	106
Heart and Circulatory System	64	85	119	184	168
Diseases of Nervous System	31	26	57	56	100
Diseases of Birth and Develop- ment	35	23	64	50	45
Pneumonia and Bronchitis	32	24	59	52	162
Pulmonary Tuberculosis	29	19	54	41	69
Other forms of Tuberculosis	4	7	7	15	18
Genito-urinary	34	35	63	76	39

Below, the figures for Coloured, Natives and Asiatics for 1924-25 & 1925-26, are similarly classified:—

Diseases.	No. of Deaths.						Proportion per 1,000 deaths from all causes					
	Coloured		Native		Asiatic		Coloured		Native		Asiatic	
	1924/25	1925/26	1924/25	1925/26	1924/25	1925/26	1924/25	1925/26	1924/25	1925/26	1924/25	1925/26
Infective Intestinal Disease (Enteric Fever, Dysentery, Diarrhoea and Enteritis.	13	8	43	48	71	46	236	135	177	174	208	151
Cancer	—	5	—	3	3	6	—	84	—	11	9	19
Heart & Circulatory System	1	5	13	14	14	19	18	84	54	51	41	62
Diseases of Nervous System	3	2	11	7	25	9	54	34	45	25	73	29
Diseases of Birth and De- velopment —	8	3	7	18	34	41	145	50	198	65	99	135
Pneumonia and Bronchitis	8	10	48	40	65	58	145	169	198	145	190	191
Pulmonary Tuberculosis	3	6	37	31	37	32	54	101	153	112	109	105
Other forms of Tuberculosis	—	1	8	18	3	7	—	17	33	65	9	23

STATISTICAL.

Compared with the Municipal Census figures of 1924, there is a big increase in the estimated numbers of population for the year 1925/26, due almost entirely to the figures for the Native population. These were received from the Manager of the Native Affairs Department and are considered to be a more accurate representation of the actual conditions of the Borough than were revealed by Census.

From the above figures it is seen that, in Europeans, the general death rate is the low one of 8.8. The deaths from Infective Intestinal diseases are much lower than the previous year; the Zymotic death rate is almost halved; and there is a drop in the number of deaths from Pulmonary Tuberculosis and Respiratory Diseases generally; whilst the infant mortality rate for the town as a whole is the record one of 45 per thousand births. The figures, therefore, generally represent a very satisfactory year indeed, but must not be taken to indicate that there can be any cessation in public health activities.

Of the chief causes of death there is an increase in those from diseases of the heart and the circulatory system, but on analysis it appears that 50% of these deaths occur in persons of 65 years of age or over, and 34% in persons between the ages of 45 and 65. These figures, therefore, cannot be taken to show that Durban is unsuitable from the point of view of this class of disease. It is more probable that the climatic conditions attract people from high altitudes up-country who are already suffering from cardiac trouble and whose subsequent deaths are credited to Durban.

As regards the Natives, there is also a decrease in the relative number of deaths from Infective Intestinal Diseases, Respiratory Diseases and Pulmonary Tuberculosis. In the Asiatic population the high figures for Respiratory Diseases are practically unaltered, whilst there is an increase in the number of deaths from Diseases of Birth and Development.

EPIDEMIC AND INFECTIOUS DISEASES.

There is nothing under the above heading of outstanding importance to report. No cases of PLAGUE or SMALLPOX were notified, but it is again necessary to draw attention to the continued unsatisfactory position with regard to vaccination, as, during the year, only 33.8% of infants born during the year were vaccinated—a figure practically similar to that of the previous year.

Sporadic cases of TYPHUS FEVER occurred during the year but there was nothing in the nature of an outbreak, and it would appear that the routine procedure of de-verminising, which has been carried out at the Cleansing Station for the past three years, is not without its good effect.

There were 83 cases of DIPHTHERIA in Europeans, which was the same figure as for the previous year.

TUBERCULOSIS.

The report of the Assistant Medical Officer of Health, (Dr. G. H. Gunn), who is also Tuberculosis Medical Officer, shows that there was a distinct decrease in the numbers of deaths from Pulmonary Tuberculosis in all races, but a definite increase from non-Pulmonary Tuberculosis, i.e. Tuberculosis of bones, joints, glands, etc. In previous reports it has been pointed out that between 50% and 60% of all deaths from this type of Tuberculosis are due to bovine infection, i.e., from the drinking of tuberculosis infected milk. There is almost a 100% increase over the corresponding figures for the previous year, and, although this may only be temporary, it is an indication that we have, as is pointed out in another section of this report, a definite potential danger from this cause.

The Tuberculosis Care Committee, formed in the early part of the year, has carried out its functions in co-operation with the Tuberculosis Medical Officer, and has done very useful work on practical lines which do not come within the scope of a Municipal service. This work, which is entirely voluntary, is a very essential part of an anti-Tuberculosis programme and is worthy of every encouragement.

INFECTIOUS DISEASES HOSPITAL.

A total of 304 cases were admitted to the INFECTIOUS DISEASES HOSPITAL during the year, a decrease on the previous year's figure of 42. The cases comprised 15 different infectious diseases, the isolation of which could only be done on the modified cubicle system which was adopted some three years ago. It is to be regretted that, although the work is increasing, provision for improved accommodation at a new Fever Hospital appears to be as far off as ever.

The courses of lectures to the Nurses with subsequent examinations in the management and treatment of infectious diseases have been continued, and appear to be appreciated, and the certificates given to the successful candidates in the examinations, although having no official status, have the approval of the Natal Medical Council, and are, I think, of value to the Nurses.

The work of the VENEREAL DISEASES CLINIC at Addington Hospital has continued, and 467 new cases reported at the Clinic, at which there was a total attendance of 5,467, whilst 466 cases were treated as in-patients. Certain modifications in the scheme require to be made, particularly towards the more economical management of the Native cases, all of whom at present have to be retained as in-patients until cured, and a practical alternative to this is under consideration.

MATERNITY AND CHILD WELFARE DEPARTMENT.

The report of the Medical Officer in charge of the Maternity and Child Welfare Department, (Dr. K. McNeill) (page 39) should receive special attention. The infantile mortality rate for the town as a whole is the lowest yet recorded, and whilst it is not claimed that this is entirely due to the efforts of the Department, the influence of such work is indicated by comparing the total number of infantile deaths in the town with the deaths amongst those infants under one year on the books of the Health Department. Of these there were 745, in whom 12 deaths occurred, giving a mortality rate of 16.1, as against that for the town as a whole of 45.8.

The importance of ANTE-NATAL work has been stressed in previous reports, and receives emphasis from the consideration of the figures for the current year. Skilled ante-natal supervision reveals conditions which would certainly be deleterious, not only to the mother, but to the child, and the relief of such conditions definitely prevents many tragedies which might otherwise occur. Of the 47 European children who died during the year, the cause of death in 17 was prematurity or congenital debility, and it is certain that with better ante-natal supervision, many of these could have been prevented. Nine maternal deaths also occurred, giving a maternal mortality rate of 8.1 per thousand births, which although considerably lower than in the previous year, is still enormously high as compared, for example, with a similar rate of 3.7 for England and Wales, which is causing the health authorities there considerable concern.

Ante-natal supervision has also indirect effects which are of the greatest importance, as recent research has divulged the very interesting fact that a deficiency in the diet of the pregnant mother reacts adversely upon the future wellbeing of the child, which becomes predisposed to bad teeth, rickets and catarrhal conditions generally. These deficiencies refer, particularly, to lack of vitamin content of foods, and, although the diet of the mother may be entirely adequate in quantity, it may also be sadly deficient in quality, due to the incorrect selection of foods.

Ante-natal supervision is, therefore, of very great importance, not only for the safety of the mother, but for the future welfare of the child, and it is satisfactory to note that the attendances at the ante-natal clinic are increasing and that the mothers are taking more interest in this particular branch.

The provision of more adequate quarters for the Maternity and Child Welfare Department is under consideration and some improvement is urgently required, as it will be seen that the work of all sections is increasing rapidly and the present accommodation is quite inadequate.

INSPECTIONS OF FOOD AND DRUGS, etc.

The Chief Sanitary Inspector (Mr. R. Walker) reports that 54,066 visits of inspection were paid by the District Sanitary Inspectors to premises within the Borough; 11,877 notices were issued and reports made; 1,008 nuisances of various kinds were abated and 180 instances of contravention of the Borough Bye-laws in respect of bake houses and foodstuffs dealt with.

Two hundred and eighty samples of food and drugs were taken during the year, of which 257 were genuine. Twenty-one prosecutions under the Adulteration of Food Act were instituted and 20 Convictions obtained. Two hundred samples of water, from different parts of the town, were submitted to the Government Laboratory for bacteriological examinations, and 52 samples to the Borough Analyst for chemical examination.

The bacteriological examination of 38 samples of ice revealed that, whilst the ice delivered at the Laboratory was very definitely contaminated, after a period of an hour in the ice chest in which a certain amount of melting took place, it had become considerably purified.

One hundred and sixty-five samples of milk were examined for the total bacterial content and for the presence of *Bacillus Coli Communis*, and the table below shows the results obtained.

	Organisms per c.c.	Organisms per c.c.
Of 45: 27.2% samples contained less than	50,000	
" 20: 12.1% " " " "	100,000 & more than	50,000
" 25: 15.1% " " " "	200,000 " " "	100,000
" 23: 13.9% " " " "	300,000 " " "	200,000
" 9: 5.4% " " " "	400,000 " " "	300,000
" 3: 1.8% " " " "	500,000 " " "	400,000
" 15: 9.0% " " " "	1,000,000 " " "	500,000
" 25: 15.1% " " " "	5,000,000 " " "	1,000,000

It is interesting to note that, whereas during the first six months when these tests were instituted in 1923, only 5% of the samples taken came within the standard of the proposed Milk Bye-laws, i.e., a maximum total content of 50,000 organisms per cubic centimetre, there has been a steady improvement each year, and it will be seen from the above, that in the year 1925/26, 27.2% of samples would have attained the standard required for grade "A" milk, as far as the total bacterial content was concerned.

Eighty-three samples were also examined for the presence of Tubercle bacillus, which was found in four, a percentage of 4.8, this being about the average for the previous two years. Reference has been made previously to the relation which exists between Tuberculosis in cattle and non-Pulmonary Tuberculosis in human beings, and it is regrettable that the proposed Milk Bye-laws, the intention of which is to eliminate possibilities of this infection, have not yet been put into operation.

Regulations for the better protection of food supplies in their preparation and transit are also under consideration and are urgently necessary.

The routine examinations of the WATER SUPPLY have been satisfactory, and an average report is submitted below.

Colour	Good	Good	Good	Good
Sediment	Nil	Nil	Nil	Nil
Turbidity	Nil	Nil	Nil	Nil
Reaction	1.16 Alk.	1.28 Alk.	1.0 Alk.	1.0 Alk.

ANALYSIS.

(Results expressed in parts per 100,000)

Total Solids	13.52	13.00	13.52	12.56
Loss on Ignition	3.20	2.68	2.28	2.36
Chlorine	3.55	3.20	3.37	3.37
Nitrates & Nitrites	Nil	Nil	Nil	Nil
Saline Ammonia	0.002	0.002	0.003	0.002
Albuminoid Ammonia	0.008	0.008	0.010	0.009
Total Hardness	6.57	6.43	6.29	5.71
Permanent Hardness	3.12	2.34	2.60	3.25
Iron	Trace	Trace	Trace	Trace
Poisonous Metals	Nil	Nil	Nil	Nil

HOUSING.

During the year 554 new dwellings were erected, all by private enterprise and including 216 flats and 49 blocks, this type of property showing a continued tendency to increase. It must again be pointed out, however, that this increase in houses is affecting to a very slight degree the continued overcrowding which exists amongst certain of the poorer paid sections of the community, and the lack of suitable accommodation for this class makes progress very slow. The "housing problem," which certainly exists in the Borough, is not one that in my opinion can be solved by private enterprise alone and requires the urgent consideration of the housing Committee recently appointed by the Council. With regard to individual houses and their arrangements, the hard work carried out by the plans Sub-Committee in recent months is already bearing fruit and the principles of planning for a sub-tropical climate, which were recommended by the Committee are being in many instances adopted, although not as yet incorporated in the bye-laws.

The report of the Town Amenities Committee made reference to the extension of Borough Boundaries, a policy which will present increasing difficulties the longer it is delayed. There is nothing to recommend in the existence of six or seven small Local Authorities on the outskirts of the town, and although there are many points upon which a conflict of opinion will arise, it would appear that upon the main principle of the advisability of incorporation within the Borough, the general feeling is decidedly in favour.

GENERAL.

During the past three years, a number of Public Health activities have been carried out or put in train and the work of the department continually expands in extent and in interest. I have, however, to again draw attention to the necessity of divorcing from the duties of the Sanitary Department those relating to actual executive work in connection with Refuse Disposal, Street Cleaning, Scavenging, Conservancy, and the control of Cemeteries and Indian Barracks. Such duties are extraneous to the true function of the department and their continued retention is not conducive to its development in conformity with the growth of the town.

I would again like to express by appreciation of the loyal service of each member of the staff of the Department, and my thanks to you, Sir, to the members of Council, and of the Public Health Committee in particular, for the continued kindness and courtesy which have been extended to me.

I have the honour to be,

Ladies and Gentlemen,

Your Obedient Servant,

S. J. CLEGG, O.B.E., M.D., Ch.B., D.P.H.

MEDICAL OFFICER OF HEALTH.

EUROPEANS—BOROUGH.

[illegible]

BIRTHS.

Table showing the Monthly Distribution of Births occurring among Borough Residents, giving Race and Sex, 1925-26:—

	European		Coloured		Native		Asiatic		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1925										
July	43	32	3	4	1	2	46	23	93	61
August	54	47	3	5	5	2	36	46	98	100
September	50	31	4	3	2	2	49	36	105	72
October	32	40	5	2	1	—	25	38	63	80
November	49	42	5	8	2	1	34	34	90	85
December	40	48	2	2	—	2	53	30	95	82
1926										
January	48	38	8	4	3	—	31	38	90	80
February	42	41	4	5	1	2	45	37	92	85
March	46	41	4	1	2	1	56	51	108	94
April	48	42	4	4	2	3	32	34	86	83
May	49	40	4	3	2	1	44	20	99	64
June	49	33	2	3	—	—	37	34	88	70
TOTALS	550	475	48	44	21	16	488	421	1,107	956

Table showing Monthly Distribution of Births occurring among Non-Residents, giving Race and Sex, 1925-1926:—

	European		Coloured		Native		Asiatic		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1925										
July	11	7	1	—	9	8	—	—	21	15
August	18	8	—	—	10	9	—	—	28	17
September	9	12	—	—	12	13	—	—	21	25
October	12	13	—	2	8	14	1	—	21	29
November	13	9	—	2	12	10	1	2	26	23
December	8	9	—	—	11	9	—	—	19	18
1926										
January	11	10	1	—	15	12	—	—	27	22
February	10	12	—	2	20	17	—	—	30	31
March	15	6	—	—	19	13	1	1	35	20
April	10	15	1	—	15	10	2	1	28	26
May	8	8	1	—	14	18	—	2	23	28
June	14	11	—	1	14	15	—	—	28	27
Totals	139	120	4	7	159	140	5	6	307	281

European Birth Rate (gross)	24.59
European Birth Rate (corrected for non-residents)	19.63
Coloured Birth Rate (corrected for non-residents)	48.91
Native Birth Rate (corrected for non-residents)	.97
Asiatic Birth Rate (corrected for non-residents)	54.09
Birth Rate, England and Wales 1925	18.3

TABLE SHOWING TOTAL REGISTERED EUROPEAN BIRTHS AND BIRTHRATES FOR THE PAST SEVEN YEARS.

	1920	1921	1922	1923	1924	1925	1926 Gross	1926 Boro. only
Births	1,252	1,338	1,350	1,301	1,139	1,272	1,284	1,025
Rates	24.9	26.6	26.8	23.7	22.4	25.94	24.59	19.63

TABLE SHOWING ILLEGITIMATE BIRTHS OCCURRING AMONG BOROUGH RESIDENTS, 1925-1926.

	European		Coloured		Native		Asiatic		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Births	18	17	8	6	5	6	1	—	32	29
Percentages	3.41		15.21		29.72		.11		—	

INFANTILE MORTALITY—AGES AND CAUSES OF DEATHS.

	Weeks.			Months			Total Under 1 year
	0-1	1-2	2-4	1-3	3-6	6-12	
Typhoid Fever	—	—	—	—	—	1	1
Whooping Cough	—	—	—	—	1	—	1
Dysentery	—	—	—	2	—	—	2
Tubercular Meningitis	—	—	—	—	—	2	2
Convulsions	1	1	—	—	—	—	2
Broncho-pneumonia	—	—	—	—	—	3	3
Congestion of lungs	1	—	—	—	—	—	1
Enteritis	—	1	1	1	—	7	10
Chronic Nephritis	—	—	—	—	—	1	1
Congenital Debility	—	—	—	—	3	—	3
Premature Birth	12	—	2	—	—	—	14
Diseases peculiar to early infancy	2	1	1	2	—	—	6
Cause ill defined	—	—	—	—	1	—	1
Total	16	3	4	5	5	14	47

EUROPEAN INFANTILE MORTALITY.

	Male	Female	Total
Infantile Deaths during 1925-1926	25	22	47
Registered Births	550	475	1,025

This equals 45.814 infantile deaths per 1,000 births and represents the "INFANTILE MORTALITY FIGURE" for Durban.

The following table shows the Infantile Mortality figure for England and Wales during 1925:—

England and Wales	75
705 Great Towns, including London	79
157 Smaller Towns	74
London	67

INFANTILE DEATHS IN WARDS FOR THE PAST FIVE YEARS.

Wards	1	2	3	4	5	6	7	8	9	Total
1921-22	18	17	6	9	6	10	4	8	11	89
1922-23	6	9	3	8	5	12	6	4	11	64
1923-24	14	6	7	5	5	16	5	3	7	68
1924-25	11	16	3	11	9	10	11	5	6	82
1925-26	5	8	6	6	1	8	2	6	5	47

INFANTILE MORTALITY RATE FOR PAST SIX YEARS.

	1920-21	1921-22	1922-23	1923-24	1924-25	1925-26
Infant Deaths	60	89	64	68	82	47
Mortality Figure	54.2	77.8	58.34	73.99	83.84	45.81

DEATHS

BOROUGH DEATHS, EUROPEAN AND COLOURED—AGE AND SEX DISTRIBUTION.

	European		Coloured		Total	
	M.	F.	M.	F.	M.	F.
Under 1 year	25	22	12	6	37	28
1—2 years	6	7	2	—	8	7
2—5 years	12	6	2	—	14	6
5—15 years	10	6	1	—	11	6
15—25 years	7	6	—	4	7	10
25—45 years	44	31	5	4	49	35
45—65 years	91	46	4	8	95	54
65—and over	77	64	7	4	84	68
Totals	272	188	33	26	305	214

IMPORTED DEATHS: EUROPEAN AND COLOURED: AGE AND
SEX DISTRIBUTION.

	European		Coloured		Total	
	M.	F.	M.	F.	M.	F.
Under 1 year	16	2	2	1	18	3
1—2 years	1	1	—	2	1	3
2—5 years	2	2	—	—	2	2
5—15 years	4	1	—	—	4	1
15—25 years	4	2	2	1	6	3
25—45 years	21	12	—	3	21	15
45—65 years	46	9	—	2	46	11
65—and over	13	5	1	1	14	6
Totals	107	34	5	10	112	44

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

Races	1921-22	1922-23	1923-24	1924-25	1925-26
European	276	450	473	537	460
Coloured	—	—	23	55	59
Native	198	133	234	242	275
Asiatic	306	288	300	341	303
Totals	780	871	1,030	1,175	1,097

DEATH RATE PER 1,000 OF POPULATION:—

Race	1921-22	1922-23	1923-24	1924-25	1925-26
European	9.4	8.2	9.31	10.95	8.81
Coloured	—	—	5.14	29.92	31.36
Native	6.8	3.9	6.68	8.65	7.23
Asiatic	20.19	18.4	18.57	20.77	18.03

TABLE FOR COMPARISON SHOWING RECORDED DEATH RATE
IN ENGLAND AND WALES IN 1925.

England and Wales	12.2
105 Great Town including London	12.2
157 Smaller Towns	11.2
London	11.7

TABLE OF ALL DEATHS IN INSTITUTIONS AND NURSING HOMES.

	European		Coloured		Natives		Asiatic		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Salisbury Island	—	—	—	—	—	—	1	—	1	—
Addington Hospital	155	60	13	14	276	63	38	25	482	162
Gaol Hospital	—	—	—	1	10	1	—	—	10	2
Sanatorium	32	19	1	1	—	—	—	—	33	20
Indian Depot Hospital	—	—	—	—	—	—	14	3	14	3
S.A.R. Hospital	—	—	1	—	17	—	3	—	21	—
Musgrave Nursing Home	17	8	—	—	—	—	—	—	17	8
Corporation Hospital	8	5	1	1	1	1	1	—	11	7
Private Hospitals	18	15	1	1	3	6	3	1	25	23
Totals	230	107	17	18	307	71	60	29	614	225

DEATHS.

1. Table showing monthly distribution of deaths of all races, among BOROUGH RESIDENTS.

	European		Coloured		Native		Asiatic		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1925.										
July	18	14	2	4	20	7	12	15	52	40
August	25	7	5	3	16	1	11	8	57	19
September	26	10	4	5	23	1	13	8	66	24
October	24	17	3	—	30	7	21	14	78	38
November	28	24	4	3	21	4	15	12	68	43
December	22	11	—	3	13	5	11	11	46	30
1926										
January	27	21	3	2	19	—	11	16	60	39
February	16	17	2	—	21	2	8	12	47	31
March	26	17	3	—	16	2	15	9	60	28
April	20	16	2	1	19	4	8	6	49	27
May	13	16	1	2	18	3	16	11	48	32
June	27	18	4	3	14	9	24	16	69	46
Totals	272	188	33	26	230	45	165	138	700	397

2. Table showing monthly distribution of deaths of all Races, among NON-RESIDENTS.

	European		Coloured		Native		Asiatic		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1925.										
July	11	7	1	2	18	2	2	1	32	12
August	7	2	2	—	20	5	1	1	30	8
September	9	2	—	—	16	5	5	1	30	8
October	9	3	1	2	9	4	4	—	23	9
November	10	3	1	—	10	9	2	1	23	13
December	10	1	—	1	15	2	2	1	27	5
1926										
January	7	3	—	1	16	4	3	—	26	8
February	10	3	—	—	21	6	2	—	33	9
March	8	4	—	2	19	3	8	—	35	9
April	11	1	—	2	10	5	2	—	23	8
May	6	2	—	—	9	4	2	1	17	7
June	9	3	—	—	17	3	4	1	30	7
Totals	107	34	5	10	180	52	37	7	329	103

Causes of All Deaths registered during 1925-26.

DISEASE.	BOROUGH & IMPORTED							
	E.	C.	N.	A.	E.	C.	N.	A.
EPIDEMIC AND INFECTIOUS DISEASES.								
1. Enteric Fever	3	1	17	2	5	—	13	—
a. Typhoid Fever	—	—	2	1	—	—	2	—
a. Paratyphoid Fever ..	—	—	1	—	—	—	—	—
2. Typhus Fever	—	—	1	—	—	—	—	—
3. Relapsing Fever	1	—	—	—	—	—	—	—
5. Malaria	—	—	6	1	4	—	5	—
7. Measles	—	—	1	1	—	—	—	—
9. Whooping Cough	1	2	3	3	1	—	—	—
10. Diphtheria	8	—	—	—	—	—	—	—
11. Influenza	2	—	8	4	—	—	1	—
a. With pulmonary complications	7	—	2	2	—	—	—	—
b. Without pulmonary complications	—	—	1	4	—	—	—	1
16. Dysentery	4	—	9	7	1	1	14	2
a. Amoebic	3	—	1	2	1	2	4	—
b. Bacillary	11	2	2	—	5	—	4	—
21. Erysipelas	—	—	—	—	—	1	—	1
23. Encephalitis Lethargica ..	1	—	—	—	—	—	—	—
24. Meningococcal Meningitis ..	5	—	2	1	4	—	—	—
25. Other Epidemic Diseases ..	—	—	—	—	1	—	—	—
29. Tetanus	1	—	2	1	—	—	—	—
31. Tuberculosis of the Respiratory System	19	6	31	32	5	2	45	11
32. Tuberculosis of the Meninges, etc.	4	—	—	—	—	—	1	—
33. Tuberculosis of the Intestines, etc.	—	—	—	1	—	—	1	1
34. Tuberculosis of the Vertebral Column	—	—	2	2	—	—	4	—
36. Tuberculosis of Other Organs	1	—	—	—	—	—	4	1
37. Disseminated Tuberculosis	2	1	16	4	—	—	17	3
38. Syphilis	—	1	3	—	—	—	4	2
d. Hereditary	1	—	—	—	—	1	4	—
e. Other stages	—	—	—	—	—	—	—	1
41. Purulent Infection, Septicaemia	3	—	1	1	4	—	1	—
GENERAL DISEASES (Not included above)								
43. Malignant Tumours of the Buccal Cavity	3	—	—	—	2	—	—	—
44. Malignant Tumours of the Stomach and Liver	25	3	1	3	2	—	4	—
45. Malignant Tumours of the Intestines	6	1	—	—	3	—	—	—
46. Malignant Tumours of the Female Genital Organs ..	4	1	—	2	2	—	—	—
47. Malignant Tumours of the Breast	7	—	—	—	—	—	1	—
48. Malignant Tumours of the Skin	1	—	—	—	—	—	—	—
49. Malignant Tumours of Other Organs	4	—	2	1	7	—	1	—
50. Benign Tumours	1	—	—	—	—	—	—	—
51. Rheumatic Fever	1	—	—	—	—	—	—	—

	BOROUGH				IMPORTED			
	E.	C.	N.	A.	E.	C.	N.	A.
52. Chronic Rheumatism	2	—	1	—	—	—	—	—
57. Diabetes	8	—	—	—	4	—	—	—
58. Anaemia	—	—	—	1	2	—	—	—
a. Pernicious	—	—	—	3	1	—	—	—
65. Leukaemia, Lymph-adenoma	—	—	—	1	—	—	—	—
66. Alcoholism	6	—	—	—	—	—	—	—
DISEASES OF THE NERVOUS SYSTEM.								
70. Encephalitis	1	1	1	—	—	—	—	—
71. Meningitis	2	—	4	—	1	—	1	—
72. Tabes Dorsalis	1	—	—	—	—	—	—	—
73. Other Diseases of the Spinal Cord	1	—	—	—	1	—	—	—
74. Cerebral Haemorrhage, Apoplexy	7	—	—	2	3	—	1	1
a. Cerebral Haemorrhage	1	—	—	—	—	—	—	—
b. Thrombosis	3	—	—	—	—	—	—	—
75. Paralysis	—	—	—	1	—	—	—	—
a. Hemiplegia	1	—	—	—	—	—	—	—
76. General Paralysis of the Insane	—	—	—	—	—	—	1	—
77. Other forms of Mental Alienation	1	—	—	—	—	—	—	—
78. Epilepsy	2	—	2	1	1	—	—	—
79. Convulsions (non puerperal)	—	—	—	—	1	—	—	—
80. Infantile Convulsions	3	1	—	5	—	—	—	—
82B. Neuritis	1	—	—	—	—	—	—	—
84. Other diseases of the Nervous System	1	—	—	—	—	—	1	—
86. Diseases of the Ear and Mastoid Sinus	1	—	—	—	1	—	—	—
DISEASES OF THE CIRCULATORY SYSTEM								
87. Pericarditis	1	—	1	1	1	—	—	—
88. Acute myocarditis and endocarditis	28	—	4	7	6	—	6	2
89. Angina Pectoris	5	3	—	—	—	—	—	—
90. Other diseases of heart	32	1	9	10	4	1	6	—
91. Diseases of arteries	4	—	—	—	2	—	—	—
b. Arterial Sclerosis	14	1	—	1	3	—	2	—
c. Other diseases of Arteries	1	—	—	—	—	—	—	—
92. Embolism and Thrombosis	—	—	—	—	—	1	—	—
96. Other diseases of circulatory system	—	—	—	—	1	—	—	—
DISEASES OF RESPIRATORY SYSTEM.								
98. Diseases of larynx	1	—	—	—	—	—	—	—
99. Bronchitis	4	2	2	17	1	—	—	1
a. Acute Bronchitis	2	—	5	7	—	—	1	—
b. Chronic Bronchitis	4	—	1	2	—	—	1	1
d. Not otherwise defined (over 5)	—	1	—	2	—	—	—	—
100. Broncho-Pneumonia	7	4	7	17	2	1	7	—
101. Pneumonia	4	2	14	6	2	1	3	1
a. Lobar	3	1	11	5	1	1	10	1
b. Not otherwise defined	—	—	—	2	—	—	—	—
102. Pleurisy	—	—	—	1	1	—	1	—

	BOROUGH				IMPORTED			
	E.	C.	N.	A.	E.	C.	N.	A.
103. Congestion and haemorrhage, infarct of lung ..	2	—	1	—	—	—	—	—
104. Gangrene of Lung	—	—	—	—	—	—	1	—
105. Asthma	2	1	—	4	1	—	—	—
107. Other diseases of respiratory system	2	—	—	2	—	—	—	—
a. Chronic interstitial pneumonia, etc.	2	—	—	—	—	—	—	—
c. Other diseases	1	—	—	—	—	—	—	—
DISEASES OF THE DIGESTIVE SYSTEM.								
109. Diseases of the Pharynx and Tonsils	2	—	2	—	—	—	—	—
110. Diseases of the Oesophagus	1	—	—	—	—	—	—	—
111. Ulcer of the Stomach	3	—	—	—	3	—	—	—
a. Ulcer of the Stomach	3	—	—	—	—	—	—	—
b. Ulcer of the Duodenum	3	—	—	1	1	—	—	—
113. Diarrhoea and Enteritis (under two years)	15	4	7	22	7	2	4	—
114. Diarrhoea and Enteritis (over two years)	6	1	9	12	5	—	8	—
115. Ankylostomiasis	—	—	—	1	—	—	—	—
117. Appendicitis and Typhlitis	6	—	—	—	—	—	—	—
118. Hernia and Intestinal Obstruction	—	—	—	1	—	—	—	—
119B Other Diseases of the Intestines	1	—	—	—	—	—	—	—
122. Cirrhosis of the Liver ..	5	1	—	1	—	—	—	1
123. Biliary Calculi	3	—	—	1	1	—	—	—
124. Other Diseases of the Liver	4	1	2	1	—	—	4	—
126. Peritonitis	3	—	4	1	—	—	2	1
NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM.								
128. Acute Nephritis	1	—	3	6	—	—	3	—
129. Chronic Nephritis	20	1	3	5	2	1	3	3
131. Other diseases of the Kidneys	5	2	—	2	3	—	4	2
132. Calculi of the Urinary Passages	1	—	—	—	1	—	—	—
133. Diseases of the Bladder	1	—	—	—	—	—	—	—
134. Diseases of the Urethra and Urinary Abscess ..	1	—	—	—	—	—	—	—
a. Stricture of the Urethra	1	—	—	—	—	—	—	—
135. Diseases of the Prostate	3	—	—	—	2	—	—	—
136. Non-Venereal Diseases of the Male Genital Org.	—	—	—	—	—	—	1	—
137. Cysts and other benign tumours of the Ovary	—	1	—	—	—	—	—	—
138. Salpingitis and Pelvic Abscess	1	—	—	—	—	—	1	—
139. Benign Tumours of the Uterus	1	—	—	—	—	—	—	—
140B. Other diseases of the Female Genital Organs	—	—	—	—	2	—	—	1

	BOROUGH				IMPORTED			
	E.	C.	N.	A.	E.	C.	N.	A.
THE PUERPERAL STATE.								
143.B. Accident of Pregnancy	5	1	1	1	—	—	—	—
145. Other accidents of Child-birth	2	1	—	3	—	—	1	—
146. Puerperal Sepsis	1	1	—	1	—	—	1	—
148. Puerperal Albuminuria and Convulsions	1	—	—	—	1	—	—	—
DISEASES OF THE SKIN AND CELLULAR TISSUE.								
151. Gangrene	—	—	1	—	—	—	—	—
DISEASES OF THE BONES AND ORGANS OF LOCOMOTION.								
155. Diseases of the Bones	—	—	1	—	1	—	—	—
DISEASES OF EARLY INFANCY.								
160B. Congenital Debility	3	1	3	18	1	—	—	—
161. Premature Birth	14	2	8	9	5	—	3	—
162. Other Diseases peculiar to Early Infancy	6	—	7	14	2	—	—	—
OLD AGE.								
164. Senile Decay	17	4	3	7	2	—	1	1
EXTERNAL CAUSES								
165. Suicide by solid or liquid poisons	3	—	—	—	2	—	—	—
168. Suicide by hanging or strangulation	3	—	—	—	—	—	—	—
169. Suicide by drowning	1	—	—	—	1	—	—	—
170. Suicide by firearms	3	—	—	—	3	—	—	—
171. Suicide by cutting or piercing instruments	3	—	—	—	—	—	—	—
177. Acute accidental poisoning	2	—	—	1	1	—	—	—
179. Burns	1	—	—	3	—	—	—	—
182. Accidental drowning	—	—	2	—	1	—	—	—
184. Accidental injury by cutting instruments	1	—	—	—	—	—	—	—
185. Accidental injury by fall	3	—	2	—	3	—	1	—
186. Accidental injury in mines and quarries	—	—	4	—	—	—	—	—
188. Accidental injury by other forms of crushing (vehicles, railways, &c.)	7	—	3	—	3	—	1	—
196. Electricity	1	—	—	—	—	—	—	—
198. Homicide by cutting or piercing instruments	—	—	—	—	1	—	—	—
199. Homicide by other means	—	1	—	—	—	—	—	—
201c. Fracture	—	—	—	—	—	—	—	1
ILL DEFINED DISEASES.								
205A. Cause of death un-stated or ill-defined	3	1	33	19	—	—	22	4
	460	59	275	303	141	15	232	44

The following table shows the Comparative Rates (Europeans, not including Coloured,) from the principal towns of South Africa:—

Town	Population.	Birth Rate	Death Rate	Infantile Mortality	Tuberculosis Death Rate
Pretoria	40,000	22.55	7.725	50.99	—
Johannesburg	—	—	—	—	—
Capetown	—	20.93	9.66	65.18	0.63
Bloemfontein	—	—	—	—	—
Maritzburg	19,146	19.3	8.6	48.6	.26
East London	—	—	—	—	—
Durban	52,203	19.63	8.81	45.814	.365
Port Elizabeth	28,979	25.26	9.76	61.437	—

TABLE OF CASES OF NOTIFIABLE INFECTIOUS DISEASES.

ARRANGED ACCORDING TO RACES, 1925-1926.

Diseases.	European Bor. Imp.		Coloured Bor. Imp.		Native Bor. Imp.		Asiatic Bor. Imp.		Total Bor. Imp.	
Diphtheria	83	11	2	—	—	4	2	—	87	15
Scarlet Fever	42	2	—	—	—	—	—	—	42	2
Enteric Fever	34	17	2	1	31	23	8	4	75	45.
Pulmonary Tuberculosis	57	25	15	3	40	49	28	18	140	95
Non-Pulmonary Tuberculosis	7	7	—	2	9	22	5	5	21	36
Puerperal Fever	1	—	—	—	—	4	5	2	6	6
Cerebro Spinal Meningitis	7	4	—	—	4	—	—	2	11	6
Leprosy	—	—	—	2	4	1	—	—	4	3
Erysipelas	5	—	—	—	—	—	—	—	5	—
Typhus Fever	11	3	3	1	4	3	1	—	19	7
Acute Anterior Poliomyelitis	—	—	—	—	—	—	—	1	—	1
Trachoma	2	—	—	—	—	—	—	—	2	—
Pneumonia	3	—	—	—	16	12	5	2	24	14
Ophthalmia Neonatorum	8	—	1	—	3	5	1	—	13	5
Ophthalmia Gonorrheal	2	—	—	—	—	—	—	—	2	—
Encephalitis Lethargica	1	—	—	—	—	—	—	—	1	—
Malta Fever	1	—	—	—	—	—	—	—	1	—
TOTAL	264	69	23	9	111	123	55	34	453	,235
Cases treated in Hospital	190	64	13	9	103	115	35	32	341	220
Cases treated at home or privately	74	5	10	—	8	8	20	2	112	15

SCARLET FEVER.

The following table shows the Cases Notified and Deaths from Scarlet Fever during the past six years:—

Year	1920-21	1921-22	1922-23	1923-24	1924-25	1925-26	
						Boro.	Imptd.
Cases	24	20	32	30	19	42	2
Deaths	—	—	1	1	—	—	—

Borough Europeans only:

Case Incidence per 1,000 of population equals .804

CASES: WARD DISTRIBUTION.

Wards.	1	2	3	4	5	6	7	8	9	Impt.	Total,
European	3	—	25	3	5	5	—	—	1	2	44
Coloured	—	—	—	—	—	—	—	—	—	—	—
Native	—	—	—	—	—	—	—	—	—	—	—
Asiatic	—	—	—	—	—	—	—	—	—	—	—
TOTAL	3	—	25	3	5	5	—	—	1	2	44

BOROUGH CASES: AGE AND SEX DISTRIBUTION.

Ages	European		Coloured		Native		Asiatic		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0—1 year	—	—	—	—	—	—	—	—	—	—
1—2 "	1	—	—	—	—	—	—	—	1	—
2—5 "	—	2	—	—	—	—	—	—	—	2
5—15 "	7	27	—	—	—	—	—	—	7	27
15—25 "	—	5	—	—	—	—	—	—	—	5
25—45 "	—	—	—	—	—	—	—	—	—	—
45—65 "	—	—	—	—	—	—	—	—	—	—
TOTAL	8	34	—	—	—	—	—	—	8	34

DEATHS — — — Nil

DIPHTHERIA.

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

Year	1920-21	1921-22	1922-23	1923-24	1924-25	1925-26	
						Boro.	Impt.
Cases	69	74	58	88	103	87	15
Deaths	5	7	2	6	4	8	—

Borough Europeans only.

Case Mortality 10.84 per cent.

Case Incidence per 1,000 of population, 1.59

Death Rate per 1,000 of population .172

CASES: WARD DISTRIBUTION.

Wards.	1	2	3	4	5	6	7	8	9	Impt.	Total
European	11	20	17	5	5	11	6	3	5	11	94
Coloured	—	—	—	2	—	—	—	—	—	—	2
Native	—	—	—	—	—	—	—	—	—	4	4
Asiatic	—	—	—	1	—	1	—	—	—	—	2
Totals	11	20	17	8	5	12	6	3	5	15	102

BOROUGH CASES, AGE AND SEX DISTRIBUTION.

	European		Coloured		Native		Asiatic		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0— 1 year	—	—	—	—	—	—	—	—	—	—
1— 2 years	4	2	—	—	—	—	—	—	4	2
2— 5 "	15	6	1	1	—	—	1	—	17	7
5—15 "	21	24	—	—	—	—	—	—	21	24
15—25 "	4	3	—	—	—	—	—	1	4	4
25—45 "	1	3	—	—	—	—	—	—	1	3
45—65 "	—	—	—	—	—	—	—	—	—	—
65 and over	—	—	—	—	—	—	—	—	—	—
Total	45	38	1	1	—	—	1	1	47	40

DEATHS: WARD DISTRIBUTION.

Wards	1	2	3	4	5	6	7	8	9	Impt.	Total
European	1	1	1	1	—	3	1	—	—	—	8
Coloured	—	—	—	—	—	—	—	—	—	—	—
Native	—	—	—	—	—	—	—	—	—	—	—
Asiatic	—	—	—	—	—	—	—	—	—	—	—
Total	1	1	1	1	—	3	1	—	—	—	8

BOROUGH DEATHS: AGE AND SEX DISTRIBUTION

	European		Coloured		Native		Asiatic		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0— 1 year	—	—	—	—	—	—	—	—	—	—
1— 2 years	—	—	—	—	—	—	—	—	2	—
2— 5 "	2	—	—	—	—	—	—	—	3	3
5—15 "	3	3	—	—	—	—	—	—	—	—
15—25 "	—	—	—	—	—	—	—	—	—	—
25—45 "	—	—	—	—	—	—	—	—	—	—
45—65 "	—	—	—	—	—	—	—	—	—	—
65 and over	—	—	—	—	—	—	—	—	—	—
Total	5	3	—	—	—	—	—	—	5	3

ENTERIC FEVER.

The following table shows the cases notified and deaths from Enteric Fever registered during the past six years.

Year	1920-21	1921-22	1922-23	1923-24	1924-25	1925-26	
						Boro.	Impt.
Cases	110	139	353	125	148	75	45
Deaths	11	26	52	37	36	27	20

Borough Europeans only.

Case Mortality	8.82 per cent
Case incidence per 1,000 population	.65 " "
Death Rate per 1,000 population	.057 " "

CASES: WARD DISTRIBUTION.

Wards	1	2	3	4	5	6	7	8	9	Impt.	Total
European	7	9	3	1	3	3	4	2	2	17	51
Coloured	—	—	—	—	1	—	—	—	1	1	3
Native	18	1	1	4	—	5	—	1	1	23	54
Asiatic	3	—	—	3	—	2	—	—	—	4	12
Total	28	10	4	8	4	10	4	3	4	45	120

BOROUGH CASES: AGE AND SEX DISTRIBUTION.

Ages.	European		Coloured		Native		Asiatic		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0—1 year	—	1	—	—	—	—	—	—	—	1
1—2 years	—	—	—	—	—	—	—	—	—	—
2—5 "	2	—	—	—	—	—	—	—	2	—
5—15 "	—	4	—	—	1	—	—	1	1	5
15—25 "	6	7	—	1	15	—	3	2	24	10
25—45 "	6	4	—	1	13	1	2	—	21	6
45—65 "	2	2	—	—	1	—	—	—	3	2
Total	16	18	—	2	30	1	5	3	51	24

DEATHS: WARD DISTRIBUTION.

Wards	1	2	3	4	5	6	7	8	9	Impt.	Total
European	—	1	1	—	—	—	—	1	—	5	8
Coloured	—	—	—	—	—	1	—	—	—	—	1
Native	13	—	—	1	—	3	—	2	1	15	35
Asiatic	1	—	—	2	—	—	—	—	—	—	3
Total	14	1	1	3	—	4	—	3	1	20	47

BOROUGH DEATHS: AGE AND SEX DISTRIBUTION.

Ages.	European		Coloured		Native		Asiatic		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0—1 year	—	1	—	—	—	—	—	—	—	1
1—2 years	—	—	—	—	—	—	—	—	—	—
2—5 "	—	—	—	—	—	—	—	—	—	—
5—15 "	—	—	—	—	—	—	—	1	—	1
15—25 "	—	—	—	1	9	1	1	1	10	3
25—45 "	—	—	—	—	8	1	—	—	8	1
45—65 "	1	1	—	—	1	—	—	—	2	1
Total	1	2	—	1	18	2	1	2	20	7

INFECTIOUS DISEASES HOSPITAL.

During the past year 304 cases of Infectious Diseases have been isolated at the Infectious Diseases Hospital, Congella, viz:—

	European Bor. Imp.		Coloured Bor. Imp.		Native Bor. Imp.		Asiatic Bor. Imp.		Total Bor. Imp.	
Diphtheria	69	12	1	2	1	2	1	—	72	16
Scarlet Fever	35	3	—	—	—	—	—	—	35	3
Measles	6	—	—	—	4	2	—	—	10	2
Chicken Pox	6	—	—	—	41	1	—	—	47	1
Mumps	15	4	—	—	12	—	—	—	27	4
Whooping Cough	19	4	—	—	—	1	—	—	19	5
Cerebro-Spinal Meningitis	4	3	—	—	4	—	1	2	9	5
Pulmonary Tuberculosis	3	—	—	—	—	—	—	—	3	—
Typhus Fever	6	3	3	—	5	2	1	1	15	6
Influenza	—	—	—	—	2	—	—	—	2	—
Observation	6	—	1	—	2	1	—	—	9	1
Erysipelas	2	—	—	—	1	—	—	—	3	—
Venereal Disease	2	—	—	—	—	—	—	—	2	—
Diphtheritic Ophthal- mia	—	—	—	—	—	3	1	—	1	3
Diphtheria Carriers	4	—	—	—	—	—	—	—	4	—
Total	177	29	5	2	72	12	4	3	258	46

DIPHTHERIA: AGE AND SEX DISTRIBUTION.

	0-1 year	1-2 years	2-5 years	5-15 years	15-25 years	25 and over	Total
Male	—	1	22	17	6	1	47
Female	1	—	8	24	2	6	41
Total	1	1	30	41	8	7	88

The average length of stay in Hospital for the above 88 patients was 37 days.

DEATHS: 8.

SCARLET FEVER: AGE AND SEX DISTRIBUTION.

	0-1 year	1-2 years	2-5 years	5-15 years	15-25 years	25 and over	Total
Male	—	—	—	4	—	1	5
Female	—	—	—	26	7	—	33
Total	—	—	—	30	7	1	38

The average length of stay in Hospital for the above 38 patients was 26 days.

DEATHS: Nil.

TOTAL DEATHS AT INFECTIOUS DISEASES HOSPITAL.

	European Bor. Imp.		Coloured Bor. Imp.		Native Bor. Imp.		Asiatic Bor. Imp.		Total Bor. Imp.	
Whooping Cough	2	—	—	—	—	—	—	—	2	—
Diphtheria	6	1	1	—	—	—	—	—	7	1
Cerebro-Spinal Meningitis	2	2	—	—	1	—	—	2	3	4
Measles	—	—	—	—	—	1	—	—	—	1
Total	10	3	1	—	1	1	—	2	12	6

PULMONARY TUBERCULOSIS.

The following table shows the Cases Notified and Deaths from Pulmonary Tuberculosis registered during the past six years:—

Year	1920-21	1921-22	1922-23	1923-24	1924-25	1925-26	
						Boro.	Impt.
Cases	84	83	115	166	254	140	95
Deaths	79	61	107	84	174	88	63

Borough Europeans only:

Case Incidence per 1,000 of population equals 1.091
 Death Rate per 1,000 of population equals .365

CASES: WARD DISTRIBUTION.

Wards	1	2	3	4	5	6	7	8	9	Im'pt.	Total
European	12	4	10	8	5	7	2	4	5	25	82
Coloured	2	2	1	—	1	6	1	—	2	3	18
Native	24	1	1	3	—	7	—	2	2	49	89
Asiatic	6	3	—	10	1	7	—	—	1	18	46
Total	44	10	12	21	7	27	3	6	10	95	235

BOROUGH CASES: AGE AND SEX DISTRIBUTION.

Ages.	European		Coloured		Native		Asiatic		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0—1 year	—	—	—	—	—	—	—	—	—	—
1—2 years	—	1	—	—	—	—	—	—	—	1
2—5 "	—	—	—	—	—	—	—	—	—	—
5—15 "	—	7	—	1	—	—	—	1	—	9
15—25 "	5	2	2	1	12	—	7	3	26	6
25—45 "	16	7	2	6	24	2	8	7	50	22
45—65 "	18	1	1	2	2	—	2	—	23	3
Totals	39	18	5	10	38	2	17	11	99	41

DEATHS: WARD DISTRIBUTION.

Wards	1	2	3	4	5	6	7	8	9	Im'pt.	Total
European	5	—	2	6	—	3	1	1	1	5	24
Coloured	—	—	—	1	1	4	—	—	—	2	8
Native	26	—	1	1	—	4	—	1	—	45	76
Asiatic	3	—	—	14	4	8	—	3	1	11	43
Totals	34	—	3	22	5	19	1	5	2	63	151

BOROUGH DEATHS: AGE AND SEX DISTRIBUTION.

Ages.	European		Coloured		Native		Asiatic		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0—1 year	—	—	—	—	—	—	—	—	—	—
1—2 years	—	—	—	—	—	—	—	—	—	—
2—5 "	—	—	—	—	—	—	—	—	—	—
5—15 "	—	—	—	—	—	—	1	1	1	1
15—25 "	—	1	—	—	6	1	4	8	10	10
25—45 "	7	2	3	2	18	—	9	7	37	11
45—65 "	9	—	1	—	6	—	1	1	17	1
Total	16	3	4	2	30	1	15	17	65	23

NON-PULMONARY TUBERCULOSIS.

The following table shows Cases Notified and Deaths from Non-Pulmonary Tuberculosis, registered during the past six years:—

Year	1920-21	1921-22	1922-23	1923-24	1924-25	1925-26	
						Boro.	Impt.
Cases	14	14	18	58	70	19	48
Deaths	7	11	23	52	29	33	32

Borough Europeans only:—

Case Incidence per 1,000 of population equals 0.114

Death Rate per 1,000 of population equals 0.134

BOROUGH CASES: AGE AND SEX DISTRIBUTION

	European		Coloured		Native		Asiatic		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0—1 year	—	2	—	—	—	—	—	—	—	2
1—2 years	—	—	—	—	—	—	—	—	—	—
2—5 "	1	1	—	—	—	—	—	1	1	2
5—15 "	1	—	—	—	—	—	—	—	1	—
15—25 "	—	1	—	—	2	1	1	—	3	2
25—45 "	—	—	—	—	4	1	1	—	5	1
45—65 "	—	—	—	—	1	—	1	—	2	—
Total	2	4	—	—	7	2	3	1	12	7

DEATHS: WARD DISTRIBUTION.

Wards	1	2	3	4	5	6	7	8	9	Im'pt.	Total
European	1	—	1	3	—	1	—	—	1	—	7
Coloured	—	—	—	—	—	1	—	—	—	—	1
Native	9	—	1	—	—	7	—	1	—	27	45
Asiatic	3	—	—	3	—	1	—	—	—	5	12
Total	13	—	2	6	—	10	—	1	1	32	65

CASES: WARD DISTRIBUTION.

Wards	1	2	3	4	5	6	7	8	9	Im'pt.	Total
European	—	1	—	2	—	2	1	—	—	4	10
Coloured	—	—	—	—	—	—	—	—	—	2	2
Native	3	—	—	—	1	4	—	—	1	20	29
Asiatic	—	1	—	2	—	1	—	—	—	3	7
Total	3	2	—	4	1	7	1	—	1	29	48

BOROUGH DEATHS: AGE AND SEX DISTRIBUTION.

	European		Coloured		Native		Asiatic		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0— 1 Year	—	2	—	—	—	—	—	—	—	2
1— 2 Years	—	—	—	—	1	—	1	—	2	—
2— 5 "	—	1	—	—	—	—	—	—	—	1
5—15 "	1	—	1	—	—	—	1	—	3	—
15—25 "	—	—	—	—	6	—	—	—	6	—
25—45 "	1	—	—	—	9	—	3	1	13	1
45—65 "	2	—	—	—	1	1	1	—	4	1
65 and over	—	—	—	—	—	—	—	—	—	—
Total	4	3	1	—	17	1	6	1	28	5

VENEREAL DISEASES.

PATIENTS TREATED AT SPECIAL CLINIC, ADDINGTON HOSPITAL.

FROM 1st July, 1925, to 30th June, 1926.

Out Patients—New Cases.

European—						
Male	.....	.....	.....	.....	.....	234
Female	.....	.....	.....	.....	.....	65
Indian—						
Male and Female	.....	.....	.....	.....	.....	48
Native—						
Male and Female	.....	.....	.....	.....	.....	105
Coloured—						
Male and Female	.....	.....	.....	.....	.....	20
Non-Venereal	.....	.....	.....	.....	.....	15

Injection of N.A.B.

European—						
Male and Female	.....	.....	.....	.....	.....	803
Indian, Native and Coloured	.....	.....	.....	.....	.....	366

Irrigation.

European—						
Male	.....	.....	.....	.....	.....	2,202
Female	.....	.....	.....	.....	.....	

Dilatations.

European	.....	.....	.....	.....	.....	83
Coloured and Indian	.....	.....	.....	.....	.....	Nil
Wassermann Tests	.....	.....	.....	.....	.....	225
Slides and Smears	.....	.....	.....	.....	.....	320
Vaccine Injection	.....	.....	.....	.....	.....	252
Intramaine	.....	.....	.....	.....	.....	7

TOTAL ATTENDANCES AT CLINIC 5,467

IN-PATIENTS.

[illegible]

Injection of N.A.B.

European—					
Male and Female	124				
Native, Indian and Coloured: Male & Female	1,556				

Irrigation.

European—									
Male	{	-----	-----	-----	-----	-----	-----	-----	} 3,698
Female		-----	-----	-----	-----	-----	-----	-----	
Native, Asiatic & Coloured: Male & Female									7,980

RETURN OF WORK DONE AT DISINFECTING STATION

1st July, 1925, to 30th June, 1926.

1. Number of Houses and Rooms disinfected.
2. Number of Articles washed and disinfected: Private houses.
3. Number of Articles washed and disinfected: Infectious Diseases Hospital.
4. Number of Articles disinfected: Typhus precautions.

Months.	1 Rooms, etc.	2 Private Houses	3 Hospital	4 Typhus
1925				
July	39	1,227	3,557	11,424
August	29	842	3,431	11,736
September	40	2,972	2,380	10,308
October	34	890	2,776	10,904
November	31	860	2,593	10,776
December	39	962	3,090	10,720
1926				
January	45	1,336	2,872	15,616
February	33	921	2,445	15,332
March	32	852	2,672	13,668
April	42	1,732	3,142	11,452
May	39	1,222	2,989	10,404
June	50	2,331	3,741	11,448
Total	453	16,147	35,698	143,788

AMBULANCE REMOVALS.

Hospital	European	Coloured	Native	Asiatic	Total
Infectious Diseases Hospital	190	6	73	7	276
Addington Hospital	49	10	54	3	116
Other Hospitals	30	2	4	5	41
Total	269	18	131	15	433

CORPORATION DEPARTMENTS.

Departments.	Towels	Coats	Trousers	Blankets	Total
Sanitary	7,303	—	—	—	7,303
Abattoir	680	481	102	—	1,263
Electrical	526	—	—	—	526
Fire	—	60	—	562	672
Foreman of Works	338	—	—	—	338
Water	416	—	—	—	416
Tramways	476	—	—	—	476
Market	456	761	25	—	1,242
Police	—	—	—	2,630	2,630
Total	10,195	1,302	127	3,192	14,816

CLEANSING STATION.

1st July, 1925, to 30th June, 1926	EUROPEANS Cleansed	8,221
1st July, 1925, to 30th June, 1926.	NATIVES Cleansed	35,435
		<u>43,656</u>

OCEAN BEACH.

Month.	Costumes	Towels	Slips	Totals
1925				
July	4,262	5,302	689	10,253
August	3,696	4,716	772	9,184
September	2,435	2,829	622	5,886
October	2,893	4,148	1,029	8,069
November	4,370	6,764	1,615	12,749
December	6,218	9,315	2,273	17,806
1926.				
January	8,891	10,856	2,100	21,847
February	6,542	7,481	1,489	15,512
March	5,701	6,786	1,127	13,614
April	5,148	5,561	835	11,544
May	2,614	3,205	391	6,210
June	2,004	2,799	225	5,028
	54,773	69,762	13,167	137,702

TOWN BATHS.

Month	Towels	Cost-umes	Turkish Towels	Sheets	Sundry Articles	Blank-ets.	Totals
1925							
July	8,398	139	242	74	75	16	8,944
August	7,193	84	199	67	93	8	7,644
September	5,508	58	165	63	81	13	5,888
October	6,034	89	236	52	91	13	6,512
November	5,973	51	155	65	105	20	6,069
December	5,262	73	171	47	76	16	5,645
1926.							
January	4,649	91	189	50	77	16	5,072
February	4,264	56	136	44	74	17	4,591
March	4,803	87	195	83	79	15	5,262
April	3,679	75	119	43	143	21	4,080
May	5,067	59	123	47	80	17	5,393
June	5,800	80	154	79	102	20	6,235
	65,630	942	2,084	714	1,076	192	71,638

Public Health Department,

1st August, 1926.

The Medical Officer of Health,

Durban.

Dear Sir,

I submit herewith report on Tuberculosis for the year ending 30th June, 1926:

TUBERCULOSIS.

During 1925-1926, Pulmonary Tuberculosis was decidedly less prevalent than in the previous year. There were 19 deaths among European residents in the Borough, as against 29 in 1924-1925. The corresponding figures for Coloured, Natives and Asiatics were as follows:

	1925	1926
Coloureds	3	6
Natives	37	31
Asiatics	37	32

The total number of deaths among all races was 88 as compared with 106 in the previous year.

Fewer Native and Asiatic cases were notified than in the previous year, but there were more European and Coloured notifications. For Coloureds, both notifications and deaths show an increase of 100% over the previous year. For Europeans, although the notifications are 36% more, the deaths are 33% less than in the previous year, indicating a definite improvement in the control of the disease among Europeans.

Among Europeans, Pulmonary Tuberculosis caused one death in every eleven from all causes in 1905 and 1910, one in twenty-five in 1920, one in sixteen in 1925 and one in twenty four in 1926.

Among Natives, the disease caused one death in every seven in 1905, one in ten in 1915, one in five in 1925 and one in nine in 1926.

Among Asiatics, the corresponding figures were, one in seven in 1905, one in eleven in 1915, one in nine in 1925 and one in ten in 1926.

Since 1921, Pulmonary Tuberculosis has shown an increased prevalence for all races, but from the figures for 1926 it appears that the upward trend of the last endemic wave has stopped. Periods of minimum prevalence occur at five yearly intervals, 1911, 1916, 1921. If the 1926 is to be regarded as a minimum point for the next quinquennium, the outlook is none too good.

Full advantage has been taken of available treatment facilities. During the year, the number of cases sent to Sanatoria was as follows:

	Nelspoort	Springkell
Europeans	6	6
Coloureds	1	—

The results obtained from the Sanatorium treatment was uniformly good. The accommodation at Nelspoort for European Cases, especially female, was not always able to cope with the waiting list. Certain male cases were sent to Springkell in consequence.

It is expected that the additional accommodation which is being provided at Nelsport Sanatorium will relieve the situation as regards female European cases from the Durban area.

Institutional treatment facilities are, however, incomplete, inasmuch as no accommodation is available for the so-called "pre-tuberculous or "observation" case. In consequence, only frank cases of lung disease more or less advanced can be dealt with. Modern tuberculosis policy recognises the paramount importance of obtaining control of the threatened case, before the disease establishes itself. On the principle that prevention is better than cure, the policy of treating those cases is sound economically.

With regard to home-treatment of pulmonary tuberculosis cases, the activities of the After-Care Committee of the South African Red Cross Society have been organised on up-to-date lines. Domiciliary grants for special food, drugs and appliances are made in suitable cases. The cost is largely borne by the Society's private funds, and much excellent work has been achieved by the After Care Committee. The Benevolent and Child Welfare Societies have contributed to the work of supporting the families of patients sent to sanatoria.

Domiciliary treatment, properly organised, can do much to relieve the demand for hospital and sanatorium treatment apart from its primary function, which is to supplement the benefit obtained from institutional treatment.

NON-PULMONARY TUBERCULOSIS.

Thirty-two deaths occurred during 1926, as compared with fifteen in the previous year. The average number of deaths for the previous five years was fifteen, so that mortality from other than pulmonary forms of tuberculosis appears to be definitely on the increase.

With regard to the Europeans, the increase over the previous five years' average is very slight. Asiatic mortality in 1926 however, is almost double of that of the previous five years' average, and that of the Native more than treble.

A noteworthy feature of the incidence of non-pulmonary tuberculosis is that of the age-selection of the disease among the different races. Whereas the European age-group fifteen years and under is largely affected, the same age-group among Asiatics and Natives escapes the disease. On the other hand, European adults are relatively much more immune than Asiatics and Natives.

The housing conditions of non-Europeans are all in favour of the heavy incidence of Tuberculosis of all forms and at all ages. The fact that despite adverse conditions, non-European children are remarkably free from the disease, can only be ascribed to the protective effect of breast-feeding in infancy, which is the rule among the Asiatic and Native races.

Artificial feeding of infants is unfortunately common among Europeans, and is undoubtedly connected with the relatively high incidence of tuberculous disease in the juvenile age-group.

Notification of Non-pulmonary Tuberculosis is not satisfactory in the case of non-Europeans. Whereas during 1926 twentyfive deaths occurred among this section, only thirteen cases were notified. The reason for this is to be found in the fact that the treatment of non-communicable forms of Tuberculosis does not devolve upon the Local Authority. Under the provisions of the Public Health Act of 1919, all forms of tuberculosis are notifiable, and an improvement in notification of those cases is looked for in order to facilitate the control and prevention of the disease.

Yours faithfully,

G. H. GUNN, M.D., Ch.B., D.P.H.,

Assistant Medical Officer of Health.

Maternity and Child Welfare Dept.

1st August, 1926.

The Medical Officer of Health,

Durban.

Dear Sir,

The accompanying figures show the work done in the Child Welfare Department during the Year, ended 30th June, 1926.

The points shown by these figures which appear to me to be of special interest are:—

1.—CLINIC ATTENDANCES.

The total number of attendances of mothers and babies at the Clinic was 17,923, compared with 9,053 for the previous year. This figure shows a large increase in the popularity of the Clinics.

During the year ending 30th June, 1925, Infant Clinics were held on four mornings a week, but with the increase in attendances since then it has been found necessary to hold more Clinics, in order to give sufficient attention of the mothers and children attending.

At the present time Clinics are held for infants and young children on five mornings a week, and ante-natal clinics on two afternoons.

As the attendances at one session have frequently been over 100, it would be better to have some of these further split up, and to hold sessions in the afternoon as well, but this would not be possible with the present staff.

The Ministry of Health in England hold that not more than 40 mothers with babies can be dealt with satisfactorily at one session: if there are more, the babies may be dealt with thoroughly, but the toddlers are usually neglected—and the time between 1 and 5 years is one of great importance in a child's life, especially in view of the recent work of Professor Mellanby on dietary in relation to disease.

2.—ANTE-NATAL WORK.

The Ante-natal work has also been extended. Attendances at the Ante-Natal Clinics have increased considerably.

In Sir George Newman's latest report "On the state of the Public Health in England", he states "it is necessary to remind Local Authorities that the number of patients who can probably be seen at an ante-natal clinic is much smaller than can be dealt with at an Infant Welfare Centre—the doctor can seldom see more than a dozen in the time available, especially if most of them are new patients".

The numbers attending the Clinics in the Town Hall have been as high as 20 at one session—most of whom were new and had to be examined. With this number several of the mothers are kept waiting a long time and therefore do not return to the Clinic again for some time. If another session were held for European cases there would be even more attendances.

The midwives are now beginning to see the value of these Clinics and some of them send or bring patients they are going to attend, for a report on their condition.

The Municipal Midwife assists at all the Ante-natal Clinics and all patients to be attended by her are kept under regular supervision there.

3.—INFANTILE MORTALITY.

Perhaps the most gratifying figure in this statement is that of the death rate amongst European infants. This figure is 45.85 per thousand births, and is by a long way the lowest on record for Durban.

In itself this figure shows the value of the increased activities during the year and points to a necessity of still further increasing them.

The Mortality for Coloured infants is high, being 206 per thousand births, but the majority of these people are not yet of the intellectual standard to benefit by the teaching provided and live in such overcrowded and poverty-stricken surroundings that the rate is not a surprising one.

Of the 47 European Children which died during the year, 17 died from Prematurity or Congenital debility. This is more than a third of the total. Many of these children only lived a few hours, and most of them were dead before the time came for the Health Visitors to pay their first visit.

If the Mothers had been under ante-natal supervision many of these premature births could have been prevented.

Twelve infants died from Enteritis, and of these only two were breast fed infants. This points to the necessity of further broadcasting the importance of breast feeding in the prevention of disease.

In this connection it is important to note the figures given in the report of the Health Visitors' work. The Health Visitors visit babies for the first time as soon as possible after the tenth day of life (when the midwife in charge ceases to attend), but even at this early age out of 1,067 babies visited 122 were already found to be artificially fed and 48 were mixed feeding (i.e. breast and some artificial food). That means that one baby out of every six born is put on artificial food at the age when breast feeding is all-important. When babies are put on artificial food at this early age they are invariably difficult to rear, and succumb readily to any infection such as Enteritis.

There is still a great deal too much use made of patent foods, and foods containing starch which are bad for growing and developing infants, not only at the time when they are given, but at a later date when they are recognised as having been the starting point of Rickets, Carious teeth, etc.

Of the 745 infants under 1 year who were brought to the Clinic 12 died. If the proportion of deaths for the whole of the borough had been the same as this, the Infantile Death Rate for the year would have been 16.1.

The Infantile Mortality Rate for the past year is good in comparison with former years, but Sir George Newman in his report sounds a note of warning on this matter. While pointing out that the Infantile Mortality Rate for the latest recorded year in England was higher than that of the previous year, he states "the increase last year serves as a timely reminder that we must not rest on our oars, and regard past achievements with complacency, but rather continue to exercise increasing watchfulness in all matters relating to Infant Welfare."

4.—MATERNAL MORTALITY.

The Maternal Mortality figure is again a very high one, viz: 8.1 per 1,000 births in Europeans and 21.7 per thousand in Coloured cases.

The latest mortality rate recorded for England was 3.70 and the figure has been much the same for some years.

In Sir George Newman's report, referring to this number of 3.70 he states "the question of the HIGH RATE OF MATERNAL MORTALITY has continued to engage the attention of the Ministry and considerable interest in the question has been displayed by Local Authorities and by the medical profession, etc." If 3.70 is considered a high rate, what comment would be made on a figure of 8.1?

In the prevention of Maternal Mortality, the importance of routine ante-natal supervision cannot be too strongly emphasized.

Of the nine cases which died in childbirth it is possible that five might have been saved if they had realised the importance of consulting a doctor in the early months.

One was a case of Eclampsia. She had had no treatment until she started to have fits.

Another died of uraemia. Although two doctors were called in when the condition became serious, the child was not even born.

A third died from a ruptured extra-uterine pregnancy. She had not been examined so that the abnormal condition was not known, or this need not have happened.

A fourth died from haemorrhage due to placenta praevia. Owing to there being no ante-natal supervision, this condition had not been diagnosed in time to save her life.

A fifth died from Hyperemesis Gravidarum (excessive vomiting during pregnancy.) She was in a collapsed condition before medical help was called in.

Of the other four cases two died from sepsis (one at full term, one at three months). They had had no ante-natal supervision.

Only two of the nine had had supervision. One of these died from pelvic abscess following placenta praevia, the other from hyperemesis and exhaustion.

It is interesting to note the patient who died from uraemia had had twelve previous confinements. She had come through all these successfully, and therefore probably did not see any necessity for consulting a doctor during pregnancy. This is a strong point in favour of the view that all women should have medical attention during pregnancy.

The recent research work done on the influence of the Maternal Diet during pregnancy on the susceptibility of the offspring to disease, has made the question of ante-natal supervision even more important than before. It has been shown that underfeeding during pregnancy, as long as the diet is properly proportioned and contains sufficient vitamins, has very little effect on the offspring. If, however, the mother is malnourished—fed on plenty of food, but of the quality that contains little vitamin—it is found that she transmits undesirable weakness and tendencies to pathological change to her offspring. This is very marked in the case of Rickets.

Another step to be taken in Durban in order to reduce this high wastage of life is the supervision of the work of midwives by the Public Health Department. Of the 127 midwives known to be practising in Durban 52 are unqualified women.

This supervision of midwives also applies when considering the question of Ophthalmia Neonatorum. Ophthalmia Neonatorum (meaning any purulent discharge from the eyes of an infant occurring within the first 21 days of life) is a notifiable disease, but in many of the cases the confinement has not been attended by a doctor—cases are therefore not notified. There are no regulations in existence requiring an unqualified midwife, attending at a confinement, to report the occurrence of Ophthalmia Neonatorum to anyone.

During the last year 13 cases of Ophthalmia Neonatorum were dealt with by this department (8 being in European babies). Most of these cases were simply found by the Health Visitors in their daily round. When first seen several of the cases were being treated with the mother's breast milk on the advice of the midwife in attendance, who said the child had a cold in the eye. One of the children lost the sight of both eyes.

The procedure in the Department with cases of Ophthalmia Neonatorum is to take smears of the discharge from the eyes, and when, from the laboratory report, the condition is found to be due to venereal disease, these cases (both child and mother) are either referred to Addington Hospital, where they are seen by an eye specialist and otherwise kept under observation, or to their own Doctor. When it is found to be due to some simple cause they are either treated in the Department or referred to their own Doctor according to their circumstances.

In Sir George Newman's report Post-Natal Clinics are advocated, i.e. systematic arrangements for the examination of women a month or six weeks after labour, with a view to detecting unobserved injury which has resulted from the confinement.

This is a very necessary institution but if more clinics of any sort were started, there would not be time for the present staff to undertake the necessary amount of visiting on the district. Much suffering might, however, be prevented if they could be instituted.

It seems to me that one of the most important points shown by these figures is the necessity to obtain power for the Supervision of Midwives by the Public Health Department.

By getting into closer touch with the midwives in this way, they could very easily be convinced of the benefit (to themselves as well as to the patients) of sending their patients to an ante-natal clinic. If an abnormal condition were found at the Clinic it would then be a simple matter to engage a Doctor to be in attendance at the confinement, instead of waiting, as is so often done at present, until some time during the actual confinement, when it may be found that a Doctor will have to be sent for. Delay may then occur in getting a Doctor and with the one thing and the other (i.e. with not recognising the abnormality beforehand and with delay in getting a doctor) the life of either mother or child, or both, may have to be sacrificed.

The midwives could also be impressed with the necessity of post-natal examination, and their assistance would be invaluable in getting patients to come to a post-natal clinic if such can be established.

Yours faithfully,

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

Medical Officer in Charge,

Maternity & Child Welfare Department.

Total Medical Sessions	266
Total Ante-Natal Sessions	65
Total attendances at Clinic	17,923
New cases out of above number	1,620
No. of infants under 1 year who attended clinic	745
No. of expectant mothers who attended clinic	250
Health Talks	43
Attendances	291
No. of cases who received dry food at cost price	59
" " " " " " " free	79
" " " " " " " sterilised milk free	36
Amount of dry food bought	560 lbs.
" " " " " " " given free	1,930 lbs.

BIRTHS—

Notifications	1,169
Registrations—	
European	1,025
Coloured	92
Imported (European & Coloured)	270
	1,387
Still Births—	
Notified	21
Registered	39

DEATHS—

European	47
Coloured	19
Rate E.	45.85
" C.	206
No. of Above deaths who attended clinic—	
European	12
Coloured	8
No. of above deaths who were visited by Health Visitors—	
European	17
Coloured	8
No. of above deaths who attended clinic and were visited by Health Visitors—	
European	8
Coloured	4

MATERNAL MORTALITY—

No. of deaths directly due to pregnancy or childbirth—	
European	9
Coloured	2
Mortality Rate—	
European	8.1
Coloured	21.7

HEALTH VISITORS' WORK.

INFANTS: Under 1 Year	1st Visit	Re-visits.
Breast fed	897	1,625
Mixed	48	609
Artificial	122	1,045
OLDER CHILDREN.	528	4,214

Still Births	Deaths	Expt. Mothers	Wasted Visits	Maternal Deaths	Ophth. Neon.	Inspection of Lavatories	Reports Sanitary Department.	Contacts
33	66	505	1,275	9	17	51	26	156

TOTAL VISITS. 8,596.

Total number of infants under 1 year visited 1,439
 Total number of expectant mothers visited 183

TABLE FOR 1925/26 AND PREVIOUS 5 YEARS SHOWING NUMBER OF DEATHS ON INFANTS UNDER ONE YEAR BY AGE PERIODS.

	Under 1 week	Under 1 month	4-12 weeks	Total under 3 ms.	3-5 months	6-12 months	Total under 1 year	Infant Mort. Rate	Total under 3 months as % age of total under 1 year
1920/21	14	6	5	25	15	20	60	54.2	41.6
1921/22	25	8	11	44	17	28	89	77.8	49.4
1922/23	14	7	10	31	12	21	64	58.34	48.4
1923/24	18	5	11	34	14	20	68	73.99	50
1924/25	18	6	13	37	11	34	82	83.844	45.1
1925/26	16	7	5	27	5	14	47	45.85	57.4

TABLE SHOWING PERCENTAGE TO ALL DEATHS OF DEATHS FROM CHIEF CAUSES 1925/26 AND 5 PREVIOUS YEARS.

	Prematurity Marasmus Con. Debility		Enteritis Gastro. Ent. Gastric Catarrh Dysentery Diarrhoea		Pneumonia (including Br. Pneu.) Bronchitis		Measles Whooping Cough		Other Causes		Total Deaths
	Deaths.	%	Deaths.	%	Deaths.	%	Deaths.	%	Deaths.	%	Deaths.
1920/21	19	31.6	22	36.6	5	8.3	1	1.6	13	21.6	60
1921/22	24	26.9	30	33.7	9	10.1	5	5.6	21	23.5	89
1922/23	17	26.5	16	25.	7	10.9	2	3.1	22	34.3	64
1923/24	27	39.7	24	35.2	5	7.3	1	1.4	11	16.1	68
1924/25	31	37.8	24	29.2	10	12.1	3	3.6	14	17.	82
1925/26	17	36.	12	25.5	4	8.5	1	2.1	18	27.6	47

TABLE SHOWING DEATHS FROM CHIEF CAUSES BY MONTHS,

Months	Prematurity Marasmus Con. Debility	Enteritis Gastro Enteritis etc.	Pneumonia Br. Pneu. Bronchitis	Measles Whooping Cough	Other Causes	Total per month
1925						
July	2	—	1	—	—	3
Aug.	—	—	1	—	1	2
Sept.	2	—	—	—	—	2
Oct.	—	1	—	—	1	2
Nov.	4	1	1	—	1	7
Dec.	—	1	—	—	1	2
1926.						
Jan.	1	2	—	—	2	5
Feb.	—	3	—	2	2	5
Mar.	2	2	1	—	—	5
Apr.	3	—	—	1	2	6
May	—	1	—	—	1	2
June	3	1	—	—	2	6
Totals	17	12	4	1	13	47

INFANT DEATHS—ENTERITIS.

FEEDING:—

Breast	Cows Milk (fresh)	Dried Milk	Mixed	Breast and Solid Food	Nestle's Milk with Barley Water or Nutrine
2	1	—	5	1	3

TOTAL 12.

MUNICIPAL MIDWIFE.

Emergency Cases 5

Premature Births 2

1 at 6½ months—lived 7 days.

Attendance at Ante-natal Clinic once.

1 at 5½ months—lived 2½ hours.

Attendance at Ante-natal Clinic once.

Stillborn 1

Attendance at Ante-natal Clinic once.

TOTAL NUMBER OF CASES FOR YEAR 60

ANTE-NATAL CLINIC.

TOTAL ATTENDANCES 585

Of the 250 cases attending the Ante-Natal Clinic the majority were found to be normal cases and were kept under supervision during pregnancy, and given the opportunity of attending Health Talks on the hygiene of pregnancy, etc.

Special care was taken to instruct mothers of first babies and mothers who said they had never been able to feed their babies on the breast.

Four cases were referred to Addington under suspicion of suffering from Venereal Disease.

One case came who meant to engage a midwife only. Her condition was found to be abnormal and she was advised to go into a Nursing Home and engage a Doctor. This she did and was thus able to have a living child.

Another case came because she did not feel the same as she felt with other pregnancies. The baby was found to be dead and she was referred to a doctor to have the necessary treatment.

One case was found to have a seriously deformed pelvis and was referred to Addington, where she was delivered by Caesarean section.

Another case was that of a woman with defective vision. She had been told by a doctor who examined her eyes that if she had another child she would go blind. When first seen the pregnancy had not made the eye-sight any worse, but she needed constant visiting and assuring that she would not go blind, as she frequently got into a very depressed condition. The confinement did not affect her eye sight and she is now well and happy again.

Two cases were found to have pre-eclamptic symptoms and were kept under appropriate treatment with satisfactory results.

Any cases where the pelvic measurements were doubtful and where the presentation was not a vertex were referred to a doctor or to Hospital for treatment.

A midwife brought down five of her cases to be examined. Four of the cases were found to be normal, the fifth case had a mal-presentation and small pelvic measurements, so the midwife was advised to be prepared to call in a doctor. The patient, however, was not able to pay for this, so went to hospital, with the approval of the midwife.

Many minor ailments were treated in other cases.

MATERNAL DEATHS.

Attended by:

Midwife throughout	Doctor	Both	Institution	Nursing Homes.	TOTAL FOR YEAR 1925/26
		3	2	4	9

Causes of Maternal Deaths.

Puerperal Sept.	Septic Abortion	Ruptured Ectopic Gestation	Hyperemesis Gravidarum	Placenta praevia	Eclampsia	Uraemia
1	1	1	2	2	1	1

None of these cases attended Municipal Clinic for Ante-Natal treatment. Two were known to have had ante-natal treatment from their own doctors, of the others it was not possible to make sure from the person giving particulars of death whether they had had ante-natal treatment or not.

OPHTHALMIA NEONATORUM.

Thirteen cases, as follows:—

European	8
Coloured	1
Native	3
Asiatic	1
	13

EUROPEANS:

Attended by:—

Doctor	Midwife	Handywoman	Total
3	—	5	8.

Precautions at birth. None.

Slides were taken of all cases for bacteriological examination. Three were found to be suffering from Gonorrheal Ophthalmia: two of these were sent to Addington Hospital, where both mother and child received treatment. One was referred to its own Doctor for treatment. The other five were found to be non-Gonorrheal and were treated at the Child Welfare Department.

Office of the Chief Sanitary Inspector,

Old Court House Buildings.

Durban, 1st August, 1926.

The Medical Officer of Health,

Durban.

Dear Sir,

I beg to submit the following summarised report on the work of the Sanitary Department for the year ended June 30th, 1926:—

Complaints investigated	1,072
Notices issued—Personal intimations	6,986
Notices issued—Written Notices	2,555
Reports made on applications for licenses	1,082
Inspection of cyanide fumigations	493
Visits made in connection with Infectious Diseases	575
Reports made by letter to other departments	807

INSPECTIONAL WORK.

NATURE OF PREMISES.	NO. OF VISITS
Hotels and Boarding Houses	1,568
Restaurants, Tea Rooms, and Eating Houses	4,154
Bakeries	411
Butcheries	3,378
Dairies (within the Borough)	375
Dairies (Outside the Borough)	332
Laundries	1,786
Markets	845
Offensive Trades	253
Night inspections	227
General Inspections	41,069
Total Inspections	54,398

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

NUISANCES—

From defective or dirty stables, kraals, cow-sheds, abated	178
From Factories or Trade premises abated	242
From dirty yards, gullies, w.c.'s, etc. abated	2,598
From discharge of foul water to street discontinued	337
From unauthorised deposits of refuse discontinued	459
From accumulation of offensive matter abated	319
From smoke abated	9
From overgrown lands, etc., cleared.	151
Measures taken to prevent breeding and to destroy:	
1. Flies on private premises	198
2. Rats on private premises	275
3. Mosquitoes on private premises	338

STRUCTURAL REPAIRS:—

General repairs to premises	132
Chimneys—repaired or renewed	22
Roofs—repaired or renewed	199
Gutters and down-pipes—repaired or renewed	282
Floors—repaired or renewed	124
Lighting—improved or provided	64
Ventilation—improved or provided	90
Yards paved or repaired	37
Kitchens provided	1

SANITARY FITTINGS:—

W.C. pans, sinks, baths and gullies repaired or renewed	352
W.C. cisterns repaired or renewed	344
Waste and flush pipes—repaired or renewed	257
Waterclosets—repaired	62
Privies—provided or repaired	18
SEWERAGE—installed and privies abolished	166
—Native type was provided	7
—extra waterclosets provided	7
—Sinks provided	8
Manholes, traps, vents, etc—repaired or renewed	154
Drains—connected with sewer—	27
Drains—(stormwater)—disconnected from sewer	36

Cast Iron pipes laid across the footpath	96
Bathrooms or kitchens re-built in brick	16
Drains (Storm water)—provided or repaired	48

GENERAL.

Water supply—installed or improved	24
defective fittings repaired	159
Overcrowding—discontinued	50
Verminous premises: Vermin eradicated	194
Other premises—lime-washed or colour-washed	331
Other premises—cleaned	242
Receptacles—manure and refuse provided or renewed	867
covered	174
Shanties unfit for habitation—vacated or demolished	92
HOUSING:—Illegal of Natives discontinued	87
Sleeping in unapproved premises discontinued	129
Unlawful erections demolished	26

BAKE HOUSES, FOOD FACTORIES, DAIRIES, ETC.

Change rooms provided	1
Lavatory basins provided	Nil
Overalls provided	34
Fly screening provided	22
Floors repaired or renewed	7
W.C's, drains, etc., removed from buildings	Nil
Walls etc, limewashed, painted, or otherwise cleaned	67
Sleeping in store or work-room discontinued	1
Unsuitable receptacles (food) replaced or improved	25
Unclean clothes	15
Meat conveyances improved	8

OFFENSIVE TRADES.

NUISANCES from smells abated— 4 From dust abated	1
Offensive liquids discharging	1

REPORTS TO OTHER DEPARTMENTS.

WATER ENGINEER.

Choked drains—99	Defective water fittings	99
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DAIRIES AND MILK SUPPLIES.

Three hundred and seventy-five inspections representing an average of 19 to each dairy in the Borough was made, and 332 inspections representing an average of 4.25 to each dairy were made to those places outside the Borough licensed to sell milk within the Borough Boundaries.

No. of Dairies in the Borough—20 including 6 milk distributing depots.
No. of Dairies outside the Borough—78.

The following improvements were effected at the instance of this department, viz:

COWSHEDS—Within the Borough, newly erected	Nil
Outside the Borough, newly erected	10
Erected to replace unsatisfactory building	8
Extensions to existing buildings	7
General repairs effected	29
New Dairies licensed (outside)	9
New applications refused (outside)	8
Repairs to walls, floors, etc.	33
Overcrowding of cow-sheds abated	5
Water supply improved	7
Dairies given up or closed down	5
Dairies changed ownership	6
Premises lime-washed after Notice given	33
Servants' quarters limewashed	12

MILK-ROOMS.

Erected	17
Fly screened	31

BOILERS.

Provided	9
Repaired	3
Renewed	8
Not regularly used—warnings given	57

MILK SAMPLES.

Of the 197 samples of new milk submitted to the Borough Analyst, 32 were certified by him to be under the required standard of 3.0% Milk Fat, and 8.5% of Solids not Fat.

In thirteen cases as the deficiency was slight, letters of warning only were sent to the Dairymen concerned.

In the remaining nineteen cases legal proceedings were instituted, and in all these cases convictions were secured.

In three cases the Dairymen concerned applied for a test sample to be taken at the time of milking, and the analysis of the sample in each case proved that the milk being produced was below standard. The dairymen concerned were warned to take necessary steps to improve the quality of the milk given by their cows.

For the whole of the milk samples, including those under standard, the average composition was:

Milk Fat	3.38
Solids not Fat	8.65
Total	12.03

UNSOUND FOOD SEIZED AND DESTROYED.

Beef	40 lbs.
Mutton	2 legs
Pigeons	10
Tomatoes	33 boxes

UNSOUND FOOD HANDED OVER TO THIS DEPARTMENT FOR
DESTRUCTION BY PRIVATE PERSONS.

Breakfast meats	3 cases
Chow-chow	16 cases
Condensed Milk	12 dozen
Cheese	864 lbs.
Dill seed	1 case
Fish paste	12 cases
Indian Pickles	1 case
Salmon	34 tins
Pickles	3 cases
Sardines	17 cases and 51 tins

UNSOUND FOOD HANDED OVER BY THE BOROUGH MARKET
MASTER FOR DESTRUCTION.

Apples	9 cases
Cheese	73 lbs.
Eggs	2 cases
Pork	641 lbs.
Pears	28 cases
Raisins (Dried)	138 packets
Sausages	15 lbs.

FOOD AND DRUGS.

During the year, the following samples were taken and submitted to the Borough Analyst, viz:—

Article	No. of Samples	Genuine	Below Standard
Milk	197	165	32
Lard	2	2	—
Cream	3	3	—
Pepper	8	7	1 Mxd
Butter	3	1	2
Marmalade	1	1	—
Sausages	1	1	—
Honey	4	3	1
			adulterated
Tinned Apricots	3	3	—
Olive Oil	2	2	—
Tinned sardines	1	1	—
Total	225	189	36

In addition to the above, 205 samples of milk and 200 samples of water were submitted for bacteriological examination.

ANTI PLAGUE, FLY PREVENTION AND ANTI MALARIAL PRECAUTIONS.

The usual attention has been given to these activities, and the paucity of complaints received shows that operations for the keeping down of vermin were very successful.

The following figures shew the work carried out in connection with rodent destruction.

Total inspections made	6,597
Rats destroyed on Corporation premises	2,376
Rats reported to have been destroyed on private premises	1,923
Rats destroyed by departmental Rat catchers	2,565
Notices served on persons in terms of the Rodent Infestation Regulations	271
Structural repairs or alterations carried out to prevent rodents gaining access to premises or to prevent rodents obtaining harbourage on premises	587

Towards the end of the year, the whole of the coolie gardens and fowl houses attached to the Magazine and Stable Barracks were abolished. The elimination of the harbourage afforded by fences and fowl runs resulted in a very marked decrease in the number of rats caught in these barracks.

The Rat catchers continue to devote most of their time to gassing and the laying of poison on all Corporation properties, including rubbish tips and at the various Indian and Native Barracks.

FLIES:—28,004 gallons of poison mixture were used in the spraying or laid down as poison bait at the various refuse tips, and by these means and the careful covering of the Tips with soil the fly development was kept at a minimum.

ANTI-MALARIAL—Owing to the very dry summer, the amount of crude oil used for the spraying of the swampy areas was 2,865 gallons, as compared with 3,659 gallons used during the previous year and no anophelines were discovered breeding in the swamps.

CYANIDE FUMIGATION:—

One of the licensed fumigators met his death by gassing on a ship outside of the Municipal area.

The number of licensed fumigators is now five and 493 premises were fumigated under the supervision of this department.

HOUSING—The building of self contained dwellings and flats has continued steadily during the year, but, unfortunately it has to be recorded, with very little effect on the conditions of the housing of the poorest classes of the community which remain practically as described in last year's report.

Towards the end of the previous year a number of new houses were submitted to the Council for condemnation as being unfit for human habitation, and these were condemned at a meeting of the Council held on May 5th, 1925. Altogether twenty-eight houses, totalling 235 rooms were condemned.

Twenty three of these houses were in the notorious Brickhill Road Extension area, and this unsavoury district has now been wiped out. The whole of these 23 houses were demolished and the materials removed, it is believed, to be in most cases re-erected in other districts outside the Borough. Three other premises were re-built on modern lines and at two of these premises the buildings are still standing empty. The condemna-

tion of these dwellings dis-possessed 179 families comprising some 837 persons. In addition a number of very insanitary premises which were demolished without the condemnation process brings the total number of persons displaced, all of whom were Indians, up to 1,150.

In view of the scarcity of accommodation which has been referred to for this class, the wisdom of condemning premises without providing other accommodation to take their place is more than doubtful.

NATIVE AND ASIATIC COMPOUNDS OR BARRACKS.

INDIAN BARRACKS (PRIVATE):—There are eleven private Indian Barracks in the Borough containing a total population of 521 souls. Of these, two are under European supervision, the remainder being managed by Asiatics.

All have the Municipal water supply, but three are out of the sewered area. They may be classified as follows. viz:—

Good	.....	.....	2
Fair	.....	.....	5
Poor	.....	.....	3
Bad	.....	.....	1
			—
Total	.....	.....	11
			—

NATIVE BARRACKS (PRIVATE) There are 124 private barracks or compounds in the Borough in which not less than 10 men are housed, and the total population is 6,192 souls.

The majority of the barracks are under direct European control and supervision, the remainder being managed by Indians or Natives. All have the Municipal water supply laid on, but nine are situated in the un-sewered area.

The structural and sanitary classification is:—

Good	.....	.....	77
Fair	.....	.....	30
Poor	.....	.....	16
Bad	.....	.....	1
			—
Total	.....	.....	124
			—

Very little progress is being made with the provision of accommodation for Indian and Native labourers excepting in the case of the Government Departments, most of which are now well provided with such accommodation.

OFFENSIVE TRADES.

List of offensive trades on our Register as at June 30th, 1926:—

Abattoirs	.....	.....	2
Breweries	.....	.....	2
Dealers in hides, skins, and wool	.....	.....	34
Fertilizer manufacturers	.....	.....	1
Refuse depositing sites	.....	.....	7
Refuse Destructor	.....	.....	1
Soap-makers	.....	.....	6
Wattle Bark grinders	.....	.....	4
Wool washeries	.....	.....	1

Note: The Refuse Destructor, Depositing Sites, one Abattoir, and one Brewery are Municipal Institutions.

PROSECUTIONS.

Law or Bye-law relating to Public Health Bye-Laws	Cases	Convictions.	Dismissals	Bails forfeited	Fines imposed
Contamination of milk	1	1			(one month without option)
Manufacture of Food	1	1			2 0 0
House Drainage Bye-laws	7	7			14 0 0
Hairdressers and Barbers	1	1			0 5 0
Laundries	2	2			3 0 0
Allowing flies to develop	2	2			8 0 0
Nuisances	9	9			21 0 0
ADULTERATION OF FOOD ACT 45 of 1901					
Section 7	21	20	1		53 0 0
PUBLIC HEALTH ACT 36 of 1919					
Section 113	2	1	1		7 0 0
Total	46	44	2		£108 5 0

SANITARY SERVICES.

The following table shows the average number of carts, vans, and tank carts employed daily and the quantity of material,—rubbish, street sweepings and manure. removed.

CARTS—

Rubbish	53
Street Cleansing	17
Sand for Tips	3
Tank—Night soil—	3

MATERIALS REMOVED—

Rubbish	56,432
Street sweepings	19,616
Manure	1,138
Sand for covering tips	17,444
Total	94,630 Loads

LABOUR.

	Rubbish	Street Cleaning
Sirdars (Indian)	4	5
Collectors (Indian)	110	186
Total	114	191

EUROPEANS—

One chief Overseer.
4 Overseers.

Twenty three premises are receiving a tri-weekly manure removal service, for which a charge is made at the rate of 4/- per animal per month.

Where animals are kept for private use, the manure is removed free of charge.

DISPOSAL OF MANURE.

Two hundred and thirty one loads of manure were consigned under contract to Sugar Plantations, the revenue from this source amounting to £123 10s. 0d.

DEAD ANIMALS REMOVED.

Undermentioned is a list of dead animals removed and/or buried by the department, viz:

Horses	84
Donkeys	14
Mules	18
Sheep	21
Cattle	91
Calves	10
Zebras	1

DISPOSAL OF REFUSE.

	NUMBER OF LOADS	
	Rubbish	Street-Sweeping
Western Vlei	36	6,623
Destructor	4,374	24
Depot Road	3,191	1,153
Botanic Gardens	12,857	2,435
Congella	3,838	350
Show Grounds	3,556	828
Eastern Vlei	23,969	1,846
Miscellaneous (including Umbilo)	4,611	6,357
	<u>56,432</u>	<u>19,616</u>

Reference must again be made to the wide-spread practice of dumping refuse on vacant land and in back lanes.

Many householders cause or allow their Native servants to deposit garden refuse on any convenient place, frequently causing unsightly accumulations of rubbish to disfigure residential areas, and considerable quantities of trade refuse are dumped at many points in the vicinity of the town area.

The reclamation of the low lying and swampy areas adjoining the Kingsmead grounds was completed in January last, and the whole of the Eastern Vlei south of the Depot Road has now been raised to a suitable level.

Approximately 15 acres of swampy land was reclaimed with house and trade refuse at this point in a little over 3½ years.

Rubbish from the Town Area is now being deposited to the north of Depot Road and between Milne's Drain and Brickhill Road. The amount of house refuse which includes the refuse of hotels, shops and business premises, other than manufactories is equal to 518.26 loads per 100 of population per annum, or on the calculation that the average weight of a load is 14 cwt., it would amount to 382.7 tons per 1,000 persons. Compared with English towns this is a very high amount.

The cost per head of the population for the removal and disposal of refuse is equal to 2/7.109d. and with the cost of street cleansing added, is equal to 4/5.707d. per annum.

Transport charges amount to nearly 47% of the total cost.

NIGHT SOIL SERVICES.

The average number of night soil pails in use in the unsewered area during the year under review was 773, a tri-weekly service being given to

Private dwellings	169
Business premises	22
Govt. Institutions	11
Mun. Institutions	6
Private barracks	8
Total	216

It will be noted that with the extension of the sewerage system in the Umbilo district, the number of premises having a night soil service is steadily decreasing.

CEMETERY INTERMENTS.

During the year interments were made as under, viz:—

	Stellawood	General Cemetery
Europeans	475	174
Asiatics	246	68
Natives and Mixed Races	627	—
Total	1,348	242

BODIES RECEIVED AT THE BOROUGH MORTUARY.

Europeans	68
Coloureds	6
Asiatics	23
Natives	59
Total	156

Grave sites sold at Stellawood	420
Graves being maintained in Stellawood	129
Grave Sites being maintained at General Cemetery	6

The Parks Department has had a gang employed for the most of the year in beautifying the General Cemetery, and this has already effected great improvement in the appearance of the Cemetery.

STAFF AND LABOUR.

Inspection and Administration.

Chief Inspector	1
Assistant Inspectors	10
Clerks	3
Juniors	1
Interpreter (Indian)	1
Messenger (Indian)	1

CONSERVANCY (NIGHT SOIL)

Sirdars	1
Collectors	17

Anti-Malarial.

European Overseer	1
Indians	12

Anti-Plague.

European Overseer	1
European Rat-catchers	2

Cleansing Services.

Chief Overseer	1
Overseers	4
Sirdars (Indian)	9
Indians	296

Public Conveniences.

European attendants	10
Indians	6

Barracks Management.

European Caretaker	1
Indians	14

Corporation Cemeteries.

Europeans	2
Indians	25

Yours faithfully,

R. WALKER. R.S.A. (Scotland)

Chief Sanitary Inspector.

WATER SUPPLY.

(By Courtesy of the Borough Water Engineer.)

SOURCE: UMLAAS RIVER:

The catchment area draining to the storage reservoir at Camperdown is 172 square miles in extent. An additional catchment of 138 square miles will drain to the new storage reservoir now under construction at Shongweni. A further area of 33 square miles will drain to the Intake, making an aggregate of 345 square miles. The total acreage within the catchment area owned by the Corporation is 9,940 acres.

POSSIBILITIES OF POLLUTION ON CATCHMENT AREA.

The supply in the river and tributaries from such an extensive catchment area is, of course, subject to pollution, but almost all the human habitations are situated at such distances from streams as renders them innocuous. The Corporation is empowered by the Durban Waterworks Consolidation Act No. 24 of 1921 to take drastic measures if necessary, to prevent serious contamination.

STORAGE.

The total reservoir capacity is made up as follows:—

STORAGE RESERVOIRS

	Original Capacity Million Gallons	Present Capacity Million Gallons
Camperdown	500	190
Intake	11	11
Clear Water, Umlaas	107	100
TOTAL	618	301

SERVICE RESERVOIRS.

Congella	7,300,000 galls.
Stella	2,000,000 "
Cato Road	10,000 "
Campbell's Tank	110,000 "
St. Thomas' Tank	300,000 "
Murchie's Tank	30,000 "
Botanic Gardens	110,000 "
Florida Road	650,000 "
Goble Road	20,000 "
North Ridge	2,000,000 "
	12,520,000 "

SUMMARY OF AVAILABLE RESERVOIR CAPACITY.

	Million Galls.
Storage Reservoirs	301
Service Reservoirs	12.5
Total	313.5

PURIFICATION.

When necessary the raw water is treated with ALUMINO FERRIC for the purpose of sedimentation before entering the lines of supply. Two sets of filter beds are in operation, one to Umlaas and the other at Coedmore; both are of the slow sand type.

The Umlaas Filters, feeding the low level supply, deal with an average $2\frac{1}{2}$ million gallons per day. The Coedmore Filters, feeding the high level supply deal with an average $4\frac{1}{2}$ million gallons per day. The effluent from each of the beds is sterilized by treatment with liquid chlorine on the most modern principles, and with effectual results.

SYSTEM OF SUPPLY.

From the Intake the water is conveyed by means of open conduits, tunnels and syphons to the filters, and from there is conveyed to town by cast iron and steel pipes.

ADEQUACY.

The present supply is inadequate in view of the rapidly increasing population and growing trade demands, although recent filter extensions have relieved the immediate position.

NEW SCHEME.

An entirely new scheme is now under construction, consisting of a storage reservoir to hold 2,600 million gallons, much further downstream than the existing Camperdown storage reservoir. From this storage reservoir the water will be conveyed to Durban through tunnels (at present under construction) conduits and pipe lines. Purification arrangements will be established at Northdene on the route of the pipe line.

BACTERIOLOGICAL EXAMINATIONS.

Regular bacteriological examinations for the presence of bacillus coli have been made in the Bacteriological Laboratory established at Coedmore Filters, and without exception have yielded results comparable with those of any other water supply in the world. It might be stated that the Durban standard of negative Bacillus Coli in 100 c.c is the highest in the country. Weekly tests are made at the Government Laboratory, yielding consistently good results.

RETURN OF ANIMALS, CARCASSES AND MEAT DEALT WITH IN DURBAN MUNICIPAL ABATTOIR WITHIN
THE DISTRICT OF THE DURBAN MUNICIPALITY DURING THE YEAR 30th JUNE, 1926.
ANIMALS, CARCASSES AND MEAT FOUND TO BE AFFECTED WITH DISEASE OR OTHERWISE UNFIT FOR
HUMAN CONSUMPTION.

TOTAL NUMBER SLAUGHTERED.	BOVINES.			SWINE			SHEEP & GOATS.		
	32,065			12,043			148,692		
	Number Infected	Number Condemned		Number Infected	Number Condemned		No. Infected	No. Condemned	
	Carcasses	Whole Carcasses	Portions of Car- casses (App. weight in pounds)	Carcasses	Whole Carcasses	Portions of Car- casses (App. weight in pounds)	Carcasses	Whole Carcasses	Portions of Car- casses (App. weight in pounds)
DISEASES.									
Bladderworm (Measles)	448	413	1,140	831	831				
Dropsy & Emaciation	146	146		2	2		819	819	
Dead in Pen	5	5					49	49	
Dead in Truck	3	3					2	2	
Septicaemia	3	3							
Injuries	24	19	1,650			70	8	7	20
Tuberculosis	19	19		407	10	4,764			
Jaundice	7	7					102	102	
Sarcosporidia	1	1		8	8				
Moribund	3	3					22	22	
Decomposition	1	1	1,500	3	3	2,340			
Acute Inflammation	1	1					1	1	
Actinomycosis	45		1,800						
Purpura Haemorrhagica				1	1				
Pyæmia							39	13	352
Abscesses							10		210

