

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

Contributors

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PUBLIC HEALTH DEPARTMENT

1st August, 1943.

TO HIS WORSHIP THE MAYOR AND
CITY COUNCILLORS OF THE CITY OF DURBAN.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present the Forty-First Annual Report of the activities of the City Health Department during the year ended 30th June, 1943.

CLIMATIC DATA. Latitude: 30 degrees. Longitude: 31 degrees.

Temperature: (Statistics kindly supplied by the City and Water Engineer:—

1942.	Temperature Average. 9 a.m.	Humidity Maximum. 9 a.m.	Rainfall.
July	58.1 (58)	73.6 (74)	0.48 (0.74)
August	57.7 (55.4)	75.3 (71)	2.63 (0.40)
September	58.3 (66.4)	73.4 (76)	1.32 (4.22)
October	63.0 (64)	78.1 (58)	3.54 (1.88)
November	63.0 (63.7)	75.1 (79)	7.15 (3.79)
December	66.9 (67.7)	74.5 (74)	9.10 (1.57)
1943.			
January	80.5 (65.7)	73.7 (81)	2.08 (4.61)
February	75.0 (82)	76.7 (80)	10.35 (3.51)
March	78.9 (66.1)	85.0 (83)	5.78 (6.81)
April	73.8 (68)	66.2 (82)	5.82 (2.18)
May	69.9 (59.9)	78.0 (75)	4.91 (4.75)
June	66.0 (56)	71.0 (72)	1.22 (0.64)

AREA OF MUNICIPALITY: The area of Durban and Suburbs inclusive of Townlands is 43,050 acres (67.26 sq. miles). The City is built on ground rising from sea level, being backed by hills running north and south, the soil of the valleys being very fertile.

ANNUAL RATEABLE VALUES:

Gross value of land	£20,924,960	(£20,772,140)
Gross value of buildings	£32,923,010	(£31,668,560)
Total:	£53,847,970	(£52,440,700)

For the year under review, the rates imposed were 7d. on land and 3½d. on buildings (including water rate).

REPORT "A."

1. VITAL STATISTICS:

POPULATION:

	Census May, 1936.	Estimated at 30th June, 1943.
European	88,065	106,760 (105,742)
Coloured	7,336	8,564 (8,469)
Natives	63,762	73,284 (74,132)
Asiatics	80,384	94,284 (92,183)
	239,547	282,892 (280,526)



The principal Vital Statistics for the year, corrected for outward transfer are:

	European	Coloured	Native	Asiatic	Total
Population Estimate (30.6.43)	106,760 (105,742)	8,564 (8,469)	73,284 (74,132)	94,284 (92,183)	282,892 (280,526)
Birth Rates—corrected for outward transfer	19.4 (19.01)	39.6 (47.1)	21.1 (18.3)	45.0 (44.1)	28.9 (27.8)
Death Rates—corrected for outward transfer	9.9 (9.3)	28.1 (22.9)	32.7 (26.4)	22.7 (18.3)	20.6 (17.2)
Infantile Mortality Rate 1,000 live births	45.0 (44.03)	115.04 (115.28)	397.5 (483.82)	110.1 (98.74)	148.5 (152.2)
Percentage of illegitimate to live births	3.6 (4.0)	27.4 (30.3)	56.1 (50.9)	* (1.4)	12.6 (12.1)
Death Rates all forms Tuberculosis per 1,000 of population	0.40 (0.34)	4.78 (4.1)	3.47 (3.31)	2.33 (2.1)	1.94 (1.7)

* Advice from the Protector of Indian Immigrants indicates that no Indian births are registered as illegitimate as unmarried parents of children eventually marry.

BIRTHS: The following births were registered in Durban during the year (figures for previous year in brackets):

	European	Coloured	Native	Asiatic	Total
Local Births — — —	2,069 (2,021)	339 (399)	1,547 (1,360)	4,247 (4,071)	8,202 (7,851)
Local illegitimate births	75 (81)	93 (121)	868 (693)	— (57)	1,036 (952)
Still births — — —	46 (70)	13 (21)	159 (210)	156 (238)	374 (539)

BIRTH RATES:

European	Coloured	Native	Asiatic
19.4 (19.01)	39.6 (47.1)	21.1 (18.3)*	45.0 (44.1)

*This figure is inaccurate and unreliable owing to incomplete registration of births.

Rates of natural increase, being the excess of births over deaths in proportion to population are as follows:

European — — —	9.5 (9.7) per 1,000
Coloured — — —	10.8 (24.2) " "
Asiatic — — —	22.3 (25.7) " "

Illegitimacy accounted for 3.6 (4.0) per cent. of the total European births, 27.4 (30.3) for Coloureds, 56.1 (50.9) for Natives.

DEATHS: (Figures for 1941-42 in brackets).

	European	Coloured	Native	Asiatic	Total
Local deaths all ages — —	1,059 (988)	246 (196)	2,395 (1,961)	2,137 (1,694)	5,837 (4,837)
Non-local residents — —	272 (212)	33 (20)	1,120 (1,132)	150 (160)	1,575 (1,601)

DEATH RATES:

European	Coloured	Native	Asiatic
9.9 (10.4)	28.1 (22.9)	32.7 (26.4)	22.7 (18.3)

INFANTILE MORTALITY:

	European	Coloured	Native	Asiatic	Total
Local deaths — — —	95 (89)	39 (46)	615 (658)	468 (402)	1,217 (1,195)
Death of infants whose mothers came to Durban for confinement or were brought in suffering from illness which caused death —	17 (15)	2 (—)	421 (301)	20 (31)	460 (347)

The European infantile mortality rate per 1,000 for the year is 45.9 (44.03); Coloured 115.04 (115.28); Native 397.54 (483.82) and Asiatic 110.19 (98.74).

Causes of death were as follows:

	European	Coloured	Native	Asiatic	Total
Congenital Causes — —	14 (15)	5 (4)	78 (84)	80 (62)	177 (165)
Prematurity — — —	29 (20)	5 (15)	66 (82)	42 (49)	142 (166)
Diarrhoea etc. — — —	10 (15)	8 (12)	263 (255)	145 (91)	426 (373)
Bronchitis & Pneumonia	18 (9)	8 (6)	124 (138)	131 (123)	281 (276)
Others — — —	24 (30)	13 (9)	84 (99)	70 (77)	191 (215)
	95 (89)	39 (46)	615 (658)	468 (402)	1,217 (1,195)
	European	Coloured	Native	Asiatic	Total
Births, Male — — —	1,092 (1,038)	165 (209)	803 (712)	2,159 (2,066)	4,219 (3,768)
" Female — — —	977 (983)	174 (190)	744 (648)	2,088 (2,005)	3,983 (3,676)
Infantile Deaths:					
Male — — —	60 (55)	25 (29)	303 (358)	276 (222)	664 (664)
Female — — —	35 (34)	14 (17)	312 (300)	192 (180)	553 (531)
Still Births:					
Local — — —	49 (70)	15 (21)	216 (210)	260 (238)	540 (539)
Imported — — —	4 (5)	— (3)	134 (182)	8 (17)	146 (207)
Illegitimate Births:					
Local — — —	75 (81)	93 (121)	866 (693)	— (57)	1,036 (952)
Imported — — —	8 (11)	7 (7)	851 (836)	— (2)	866 (856)

The following tables show the percentage of Deaths at various age periods for Europeans (Figures for 1941-42 in brackets).

Age Period :	Number of Deaths.	Percentage of Total Deaths.
Under 1 year	121 (89)	9.1 (8.9)
1 — 2 years	28 (26)	2.1 (2.7)
2 — 5 years	23 (12)	1.7 (1.2)
0 — 5 years	172 (127)	12.9 (12.8)
5 — 15 years	20 (13)	1.5 (1.3)
15 — 25 years	53 (21)	4.0 (2.1)
25 — 45 years	206 (111)	15.5 (11.2)
45 — 65 years	395 (319)	29.7 (32.2)
65 years and over	485 (397)	36.5 (40.1)
Total	1,331 (988)	

The following table indicates the percentage of all deaths in age groups :

	European			Coloured			Native			Asiatic			Total		
	M	F	%	M	F	%	M	F	%	M	F	%	M	F	%
Under 1	75	46	9.1	29	29	24.4	534	525	30.1	311	224	23.4	959	824	23.9
1 — 2	12	16	2.1	7	17	8.6	185	195	10.8	109	105	9.4	313	333	8.8
2 — 5	11	12	1.7	6	8	5.0	94	118	6.0	105	79	8.0	216	217	5.8
0 — 5	98	74	12.9	52	54	38.0	813	838	46.9	525	408	40.8	1,488	1,374	38.5
5 — 15	10	10	1.5	6	4	3.6	76	81	4.5	80	95	7.9	172	190	4.9
15 — 25	38	15	4.0	10	10	7.2	140	123	7.4	89	127	9.5	277	275	7.5
25 — 45	143	63	15.5	34	28	22.2	621	255	24.9	145	149	12.5	943	495	19.4
45 — 65	271	124	29.7	33	26	21.1	339	127	13.4	247	139	16.9	890	416	17.7
Over 65	286	199	36.5	16	6	8.0	70	32	2.9	175	108	12.4	547	345	12.0
	846	485		151	128		2,059	1,456		1,261	1,026		4,317	3,095	

DEATHS FROM CERTAIN MAIN CAUSES — EUROPEANS.

Disease :	Number of Deaths.	Percentage of Total Deaths.
Infective Intestinal Diseases (Enteric Fever, Dysentery, Diarrhoea and Enteritis)	52 (42)	4.9 (4.02)
Cancer	124 (112)	11.7 (11.3)
Heart and Circulatory System	228 (246)	21.5 (24.8)
Diseases of the Nervous System	119 (87)	11.2 (8.8)
Diseases of Birth and Early infancy	50 (44)	4.7 (4.4)
Pneumonia and Bronchitis	103 (76)	9.8 (7.6)
Pulmonary Tuberculosis	39 (34)	3.7 (3.4)
Other Tuberculosis	4 (2)	0.38 (0.202)
Urinary and Genital Systems	75 (79)	7.1 (7.8)

MAIN CAUSES OF DEATH : CITY CASES ONLY.

(Figures for 1941-42 in brackets).

	E.	C.	N.	A.
1. Cancer : Site of Disease—				
Buccal Cavity and Pharynx	— (2)	— (—)	— (—)	— (—)
Oesophagus	5 (4)	— (—)	1 (—)	2 (—)
Stomach and Duodenum	42 (21)	4 (3)	11 (3)	15 (12)
Rectum	12 (5)	— (—)	2 (—)	2 (2)
Liver	6 (5)	— (—)	1 (4)	4 (1)
Pancreas	5 (1)	— (—)	1 (—)	1 (—)
Other Digestive Organs	3 (10)	— (—)	— (1)	— (2)
Larynx	5 (2)	— (—)	— (—)	— (—)
Lung	13 (5)	— (1)	1 (1)	— (3)
Uterus	5 (1)	1 (3)	1 (1)	5 (1)
Other Female Genital Organs	2 (2)	— (1)	— (—)	— (—)
Breast	14 (17)	— (2)	1 (—)	2 (1)
Prostate	3 (2)	— (—)	— (—)	— (—)
Male and Female Urinary Organs	5 (3)	— (—)	1 (1)	1 (—)
Other Organs	17 (32)	1 (4)	2 (1)	5 (12)
TOTAL	137 (112)	6 (14)	22 (12)	37 (34)
2. Diseases of the Heart	148 (106)	17 (12)	49 (46)	146 (91)
3. Bronchitis, Pneumonia	81 (76)	33 (18)	394 (278)	520 (442)
4. Influenza	1 (2)	— (—)	4 (1)	3 (3)
5. Typhoid	6 (10)	2 (1)	34 (39)	15 (10)
6. Appendicitis	5 (5)	1 (—)	2 (2)	3 (4)
7. Tuberculosis	43 (36)	41 (35)	256 (246)	210 (199)
8. Diabetes	21 (16)	1 (—)	2 (—)	14 (10)
9. Apoplexy	34 (31)	1 (2)	5 (18)	22 (28)

	E.	C.	N.	A.	E.	C.	N.	A.
10. Diseases of the Arteries	73	(119)	3	(2)	18	(12)	22	(63)
11. Diseases of the Kidneys—								
Nephritis	64	(62)	14	(9)	23	(27)	67	(54)
Other diseases of kidneys	6	(4)	—	(—)	4	(—)	1	(5)
12. Diseases of the Liver	4	(14)	3	(2)	18	(25)	17	(13)
13. Accidents of Parturition	8	(1)	2	(—)	9	(2)	20	(4)
14. Old Age	43	(28)	5	(1)	15	(8)	50	(22)
15. Suicide—								
Poisoning	2	(5)	2	(2)	—	(1)	2	(1)
Hanging or strangulation	2	(2)	—	(—)	—	(3)	2	(3)
Drowning	—	(1)	—	(—)	—	(—)	—	(—)
Firearms	3	(1)	2	(—)	—	(—)	—	(—)
Cutting or piercing instruments	—	(—)	1	(—)	26	(—)	1	(—)
16. Accidents—								
Railways	1	(1)	—	(—)	5	(6)	3	(—)
Trolley buses	2	(1)	1	(1)	3	(—)	2	(—)
Motor-driven vehicles	20	(2)	3	(1)	36	(7)	20	(7)
Motor-driven cycles	—	(1)	—	(—)	—	(—)	—	(—)
Absorption of gases	—	(—)	—	(—)	1	(2)	—	(1)
Burns	3	(2)	2	(—)	16	(7)	17	(27)
Injury by firearms	—	(2)	—	(—)	—	(1)	—	(—)
Cutting or piercing instruments	—	(—)	—	(—)	—	(—)	—	(—)
Fall	6	(12)	—	(1)	14	(4)	1	(2)
Drowning	7	(3)	—	(—)	9	(5)	1	(—)
Other	1	(1)	—	(—)	1	(1)	1	(3)

CAUSES OF DEATH

Code.	Disease.	Borough				Imported			
		E.	C.	N.	A.	E.	C.	N.	A.
Infectious and Parasitic Diseases—									
001	Typhoid Fever	6	2	34	15	4	1	30	5
008	Cerebro spinal meningitis	1	—	3	2	1	—	1	—
011	Whooping Cough	—	—	—	—	—	—	—	1
012	Diphtheria	9	2	2	3	1	—	1	—
013	Erysipelas	1	—	—	1	2	—	—	—
014	Tetanus	2	—	12	4	—	—	5	—
015	T.B. Respiratory System	39	38	227	174	20	4	196	39
016	" Central nervous system	1	—	3	4	—	—	2	1
017	" Intestines and peritoneum	—	2	1	13	—	—	3	—
018	" (Vertebral Column)	—	—	3	4	—	—	4	—
019	Other Bones and Joints	—	—	—	1	—	—	1	—
021	Lymphatic system	—	—	1	1	—	—	—	—
022	Genito-urinary system	—	—	—	1	—	—	1	—
023	T.B. other organs	1	1	4	6	1	—	5	—
024	T.B. Miliary	2	—	16	6	1	1	13	—
027	Purulent infection and septicaemia	—	—	1	—	—	—	—	—
032	Dysentery : bacillary	23	16	116	145	3	—	60	3
033	do. : amoebic	3	5	298	40	2	—	108	5
034	Other	—	—	1	4	—	—	—	—
036	Malaria	—	—	—	—	8	3	—	—
040	Locomotion Ataxia	1	—	—	—	—	—	—	—
042	Aneurysm of the aorta	2	1	5	—	—	—	2	—
043	Congenital Syphilis	1	3	22	—	—	—	13	1
044	Other forms	2	—	9	3	1	—	5	1
048	Influenza	1	—	4	3	—	—	2	—
052	Measles	2	—	—	—	—	—	2	—
053	Acute Poliomyelitis	2	—	—	1	—	—	1	—
062	Typhus (louse born)	1	—	—	—	1	—	—	—
064	Tick-bite fever	1	—	—	—	—	—	—	—
066	Ankylostomiasis	—	—	—	—	—	—	1	—
077	Other Infectious Diseases	—	—	—	1	—	—	—	—
Cancer and Other Tumours—									
101	Cancer of Oesophagus	5	—	1	2	2	—	—	—
102	" Stomach and Duodenum	42	4	11	15	7	—	5	2
103	" Rectum	12	—	2	2	1	—	1	—
104	" Liver	6	—	1	4	2	1	5	1
105	" Pancreas	5	—	1	1	2	—	—	—
106	" other Digestive Organs	3	—	—	—	2	—	—	—
107	" Larynx	5	—	—	—	1	—	—	—
109	" Lung	13	—	1	—	1	—	—	—
110	" Uterus	5	1	1	5	1	—	—	—
111	" Other female genital organs	1	—	—	—	—	—	1	—
112	" Breast	14	—	1	2	7	—	3	—
113	" Prostate	3	—	—	—	1	—	—	—
114	Male Genital Organs	—	—	—	1	1	—	—	—
115	" Male and female urinary organs	5	—	1	—	2	—	2	1
117	Brain and other parts of Nervous System	4	1	—	2	1	—	—	—
118	Bones	1	—	1	—	—	—	1	—
130	Female Genital Organs	1	—	—	—	—	—	1	—
131	Other and Unspecified Organs	12	—	1	3	2	—	1	—

Code.	Disease.	Borough				Imported			
		E.	C.	N.	A.	E.	C.	N.	A.
Rheumatism, Diseases of Nutrition and Other General Diseases—									
149	Acute rheumatic fever	2	—	3	5	2	—	—	—
150	Chronic rheumatism	1	—	—	2	—	—	—	—
152	Diabetes	21	1	2	14	3	1	1	1
163	Malnutrition	9	5	30	21	1	—	28	—
164	Other general diseases	—	—	1	—	—	—	—	—
167	Beri-Beri	—	—	—	1	—	—	1	—
168	Pellagra	—	—	2	—	—	—	4	—
169	Rickets	—	2	1	1	—	—	1	—
Diseases of the Blood and Blood-forming Organs—									
201	Haemophilia	—	—	—	1	—	—	—	—
203	Pernicious Anaemia	6	—	3	5	1	—	1	—
207	Leukaemia	5	—	1	—	1	—	—	1
210	Banti's Disease	1	—	—	—	—	—	—	—
Chronic Poisonings and Intoxication—									
250	Acute Alcoholism	1	—	—	1	1	—	1	—
258	Unspecified Poisoning	1	—	1	3	1	—	1	1
Diseases of the Nervous System—									
300	Intra-cranial abscess	—	—	1	1	—	—	—	—
301	Encephalitis	3	4	4	8	3	—	1	1
302	Pneumococcal Meningitis	5	1	3	1	—	—	1	—
303	Meningitis — other forms	4	1	3	9	—	—	1	1
305	Cerebral haemorrhage	34	1	5	22	4	1	3	—
306	Cerebral embolism and thrombosis	62	2	5	56	9	—	4	3
307	Hemiplegia	2	1	—	4	—	—	—	—
309	Epilepsy	2	2	4	5	—	1	2	—
310	Convulsions	2	—	8	12	—	—	2	1
313	Parkinson's disease	2	—	—	—	—	—	—	—
314	Dessiminated sclerosis	—	—	1	—	—	—	—	—
315	Other diseases of nervous system	3	—	3	1	—	—	1	—
317	Diseases of the ear	—	—	1	1	—	—	—	—
Diseases of Circulatory System—									
350	Chronic Pericarditis	1	—	—	1	1	—	—	—
351	Other Pericarditis	1	—	1	1	1	—	—	—
352	Acute Endocarditis	11	—	4	6	1	—	6	—
353	Valvular disease—rheumatic	2	—	6	3	—	—	—	—
354	Chronic affection of the valves	1	—	—	—	—	—	—	—
355	Acute myocarditis	8	3	9	30	4	—	4	—
356	Chronic Myocarditis specified as Rheumatic	33	3	7	35	8	—	7	4
357	Other Chronic myocarditis	22	3	5	31	5	—	8	1
358	Diseases of coronary arteries and Angina pectoris	17	—	7	7	5	—	1	—
359	*Heart disease—rheumatic	—	—	—	1	—	—	2	—
360	Heart Disease not specified as Rheumatic	52	8	21	31	7	1	26	6
362	Arteria Sclerosis	57	3	12	21	5	1	2	2
363	Gangrene	1	—	—	—	—	—	—	—
364	Other Diseases of the Arteries	1	—	2	—	—	—	1	—
365	Diseases of the veins	15	—	4	1	1	—	—	—
366	Diseases of lymphatic system	—	—	—	—	—	—	1	—
367	High blood pressure	3	1	—	3	—	—	—	—
368	Other diseases of circulatory system including hypotension	3	2	3	5	—	—	3	—
Diseases of Respiratory System—									
401	Diseases of Larynx	—	1	1	1	—	—	—	—
402	Bronchitis—acute	14	5	112	135	4	—	25	6
403	Bronchitis—chronic	6	—	33	44	—	1	3	4
404	Pneumonia—broncho	42	22	202	257	7	2	91	8
405	—lobar	16	5	46	78	3	2	23	4
406	—unspecified	3	1	1	6	1	—	4	—
407	Empyema	2	—	2	3	1	—	—	1
408	Unspecified Forms of Pleurisy	1	—	2	4	1	—	—	—
410	Chronic congestion of lungs	7	—	2	9	4	—	2	—
411	Asthma	12	1	6	15	2	—	5	1
412	Pulmonary emphysema	—	—	1	—	1	—	—	—
413	Miners' Phthisis	—	—	—	1	2	—	—	—
417	Abscess of lung	—	1	4	1	1	—	1	—
418	Other diseases of respiratory system	—	—	2	—	—	—	1	—
Diseases of Digestive System—									
452	Other diseases of pharynx and tonsils	1	—	1	—	—	—	—	—
455	Ulcer of stomach	6	—	3	1	—	—	4	—
456	Ulcer of duodenum	5	—	—	—	—	—	1	—
457	Other diseases of the stomach	4	—	3	1	—	—	—	—
458	Diarrhoea and enteritis under 2 yrs.)	13	25	485	231	2	3	137	—

Code.	Disease.	Borough				Imported			
		E.	C.	N.	A.	E.	C.	N.	A.
459	Diarrhoea and enteritis over 2 yrs.)	7	5	59	74	4	—	16	—
461	Appendicitis	5	1	2	3	1	—	—	—
462	Hernia	2	—	2	1	1	—	1	—
463	Intestinal obstruction	4	—	3	5	1	—	1	—
465	Other diseases of the intestines	—	—	2	7	1	—	1	—
466	Cirrhosis of liver with alcoholism	—	—	—	1	—	—	—	1
467	Cirrhosis of liver without alcoholism	2	—	7	11	4	—	2	1
468	Acute yellow atrophy of liver	1	1	4	3	—	—	1	—
469	Other diseases of the liver	1	2	7	2	1	1	3	1
471	Cholecystitis	1	—	—	—	—	—	—	—
472	Diseases of the pancreas	1	—	—	1	—	1	1	—
473	Peritonitis without stated cause	7	1	5	4	6	1	9	1
Diseases of the Urinary and Genital Systems—									
500	Acute nephritis	14	3	5	25	3	—	—	1
501	Chronic nephritis	37	9	17	38	4	—	8	2
502	Nephritis—other	13	2	1	4	4	—	6	2
503	Pyelitis, pyelonephritis	2	—	3	—	—	—	1	—
504	Other diseases of kidneys	4	—	1	1	3	—	—	—
507	Other diseases of the bladder	—	—	—	2	1	—	1	1
509	Hypertrophy	2	—	—	—	1	—	—	—
510	Other diseases of the prostate	2	—	2	2	2	—	1	1
513	Diseases of the uterus	1	—	1	—	1	—	3	—
Diseases of Pregnancy—									
551	Abortion	2	—	—	1	—	—	1	—
554	Ectopic gestation	—	—	—	2	—	—	—	—
558	Eclampsia of Pregnancy	2	—	—	7	—	—	1	—
559	Nephritis of Pregnancy	—	—	—	1	—	—	—	—
562	Other diseases of pregnancy	4	1	—	—	—	—	1	—
565	Haemorrhages during Childbirth	—	—	—	1	—	—	—	—
566	Other haemorrhages	—	—	1	1	—	—	—	—
570	Puerperal Eclampsia	1	—	1	—	—	1	1	—
573	Other puerperal toxæmias	2	—	—	6	—	—	2	—
574	Other accidents of childbirth	—	—	7	9	—	—	4	—
Diseases of the Skin—									
600	Carbuncle	—	—	—	1	1	—	—	—
601	Cellulitis	2	—	1	—	—	—	—	—
602	Other Diseases of the Skin	2	—	3	2	1	—	2	—
Diseases of the Bone—									
650	Osteomyelitis	—	—	1	—	—	—	—	—
652	Diseases of the Joints	1	—	2	1	—	—	—	—
Congenital Malformations—									
700	Congenital hydrocephalus	—	—	1	1	—	—	—	—
705	Harelip	—	—	—	1	—	—	—	—
708	Other Stated Congenital Malformations	—	—	—	1	—	—	—	—
Diseases Peculiar to the First Year of Life—									
750	Congenital debility	4	3	64	69	—	—	16	5
751	Premature birth	28	9	80	49	—	1	35	4
752	Intra-cranial haemorrhage	5	1	12	2	1	—	15	1
753	Other birth injuries	2	—	3	1	—	—	1	—
754	Asphyxia, atelectasis	4	1	6	4	—	—	7	—
756	Infections of the New Born	6	—	21	18	—	—	10	—
758	Other specified diseases	1	—	4	2	—	—	1	1
Senility—									
800	Senility	43	5	15	50	10	2	4	—
Violent or Accidental Deaths—									
850	Suicide: Corrosive substances	—	—	—	1	—	—	—	—
852	" Poisoning	2	2	—	1	1	—	—	—
856	" Hanging or strangulation	2	—	—	2	—	1	—	—
858	" Firearms and explosives	3	2	—	—	1	—	—	—
859	" Cutting or Piercing instru.	—	1	26	1	—	1	9	—
860	" Jumping from High Places	1	—	—	—	—	—	—	—
863	" Unspecified Means	2	—	14	1	1	—	3	1
Homicide—									
866	Homicide: cutting instruments	3	1	14	2	—	—	6	1
867	" : other means	1	2	10	2	—	—	1	—
Accidental Deaths—									
868	Accidents on railways	1	—	5	3	4	—	1	—
871	" motor-driven vehicles	13	2	26	14	5	—	6	—
874	" motor-driven cycles	7	1	10	6	2	—	2	—
875	" Trams or Trolley Buses	2	1	3	2	—	—	1	—
879	Air Transport Accidents	—	—	—	1	—	—	—	—
888	Accidental absorption of gases	—	—	1	—	—	—	—	—

Code.	Disease.	Borough				Imported			
		E.	C.	N.	A.	E.	C.	N.	A.
889	Accidental Poisoning	2	—	—	—	—	—	—	—
891	" burns	3	2	16	17	1	—	9	7
893	" drowning	7	—	9	1	15	—	4	—
894	" injury by firearms	—	—	—	—	1	—	—	—
895	Accident by Cutting or Piercing Instrument	—	—	—	—	—	—	1	—
896	" injury by fall	6	—	14	1	4	—	2	1
897	Injury by Crushing	—	—	—	1	—	—	—	—
900	Hunger and thirst	—	1	—	—	—	—	—	—
905	Snake Bite	—	—	2	1	—	—	—	—
906	Anaesthetic accidents	—	—	—	1	—	—	1	—
908	Unspecified Accidents	1	—	1	1	1	—	—	2
910	Deaths from wounds military service	—	—	1	—	7	—	—	—
951	Ill-defined causes	24	6	46	58	7	1	31	6
TOTAL		1,059	246	2,395	2,137	272	33	1,120	150

2. INFECTIOUS DISEASES NOTIFIED DURING THE YEAR :
(Figures for 1941-42 in brackets).

	European	Coloured	Native	Asiatic
1. Enteric or Typhoid Fever.				
Local cases	68 (123)	10 (13)	156 (164)	71 (22)
Imported cases	32 (6)	3 (—)	21 (6)	2 (4)
Deaths (local)	6 (10)	2 (1)	34 (39)	15 (10)
Deaths (imported)	4 (7)	1 (—)	30 (31)	5 (8)
2. Cerebro-Spinal Meningitis.				
Local cases	12 (12)	1 (1)	4 (6)	4 (—)
Imported cases	13 (22)	1 (—)	13 (2)	— (—)
Deaths (local)	1 (1)	— (—)	3 (—)	2 (—)
Deaths (imported)	1 (—)	— (—)	1 (—)	— (—)
3. Scarlet Fever.				
Local cases	131 (195)	4 (2)	4 (—)	— (—)
Imported cases	26 (22)	— (—)	1 (—)	— (—)
Deaths (local)	— (1)	— (—)	— (—)	— (—)
4. Diphtheria.				
Local cases	295 (262)	24 (26)	44 (63)	15 (14)
Imported cases	87 (55)	3 (3)	13 (18)	5 (7)
Deaths (local)	9 (2)	2 (1)	2 (4)	3 (—)
Deaths (imported)	1 (1)	— (—)	11 (3)	— (1)
5. Erysipelas.				
Local cases	22 (11)	5 (7)	2 (3)	1 (—)
Imported cases	— (4)	— (—)	— (—)	— (—)
Deaths (local)	1 (—)	— (—)	— (—)	1 (—)
Deaths (imported)	2 (—)	— (—)	— (—)	— (—)
6. Poliomyelitis.				
Local cases	3 (2)	— (—)	— (—)	— (—)
Imported cases	7 (—)	— (—)	— (—)	— (—)
Deaths (local)	2 (1)	— (—)	— (—)	1 (—)
Deaths (imported)	— (—)	— (—)	1 (—)	— (—)
7. Gon. Ophthalmia.				
Local cases	7 (8)	3 (3)	37 (53)	8 (18)
Imported cases	8 (—)	— (—)	1 (3)	— (—)
No deaths recorded.				
8. Leprosy.				
Local cases	— (1)	— (—)	2 (4)	— (1)
Imported cases	— (—)	— (—)	3 (—)	— (—)
9. Puerperal Sepsis.				
Local cases	6 (—)	2 (—)	10 (19)	5 (8)
Imported cases	2 (—)	— (—)	— (—)	6 (—)
Deaths (local)	— (1)	— (—)	2 (—)	— (12)
Deaths (imported)	— (1)	— (—)	— (4)	— (3)
10. Trachoma.				
Local cases	— (—)	— (—)	— (1)	1 (—)
Imported cases	2 (1)	— (—)	3 (—)	1 (3)
11. Murine Typhus.				
Local cases	4 (6)	— (—)	1 (2)	1 (—)
Imported cases	8 (—)	— (—)	1 (—)	— (—)
Deaths (local)	1 (—)	— (—)	— (—)	— (—)
Deaths (imported)	1 (—)	— (—)	— (—)	— (—)

	European	Coloured	Native	Asiatic
12. Typhoid Carrier.				
Local cases	— (—)	— (—)	— (5)	— (—)
Imported cases	— (—)	— (—)	— (3)	— (—)
13. Malta Fever.				
Local cases	— (—)	— (—)	— (—)	— (—)
Imported cases	— (1)	— (—)	— (—)	— (—)
14. Typhus Carrier.				
Local cases	— (—)	— (—)	— (—)	— (—)
Imported cases	— (2)	— (—)	— (—)	— (—)
15. Smallpox.				
Local cases	— (—)	1 (—)	22 (—)	— (—)
Imported cases	— (—)	— (—)	4 (—)	— (—)
Suspect :				
Local cases	— (—)	— (—)	7 (—)	— (—)
Imported cases	— (—)	— (—)	2 (—)	— (—)
Contacts :				
Local cases	— (—)	— (—)	10 (—)	— (—)
Imported cases	— (—)	— (—)	37 (—)	— (—)
16. Encephalitis.				
Local cases	2 (—)	— (—)	1 (—)	— (—)
Imported cases	3 (—)	— (—)	— (—)	9 (—)
Deaths (local)	3 (—)	4 (—)	5 (—)	1 (—)
Deaths (imported)	3 (—)	— (—)	1 (—)	1 (—)
17. Dysenteric Diseases. These were made notifiable for the period 15th January to 15th June, 1943. Cases were notified and deaths registered as follows :				
Local cases	196	46	3,128	370
Imported cases	110	25	720	20
Deaths (local)	26	21	415	189
Deaths (imported)	5	—	168	8
18. Tick Bite Fever.				
Imported cases	5 (—)	— (—)	— (—)	— (—)
Deaths (local)	1 (—)	— (—)	— (—)	— (—)

INFECTIOUS DISEASES ADMITTED TO CITY FEVER HOSPITAL, CONGELLA, DURING THE YEAR.

	European	Coloured	Native	Asiatic	Total
Diphtheria	254 (191)	15 (22)	35 (33)	10 (12)	314 (258)
Diphtheria Suspects	93 (97)	5 (3)	24 (22)	6 (1)	128 (123)
Scarlet Fever	118 (145)	1 (2)	2 (—)	— (—)	121 (147)
do. Suspects	18 (24)	— (—)	— (—)	— (—)	18 (24)
Chickenpox	114 (121)	7 (1)	210 (123)	13 (6)	344 (251)
Measles	427 (90)	23 (—)	402 (81)	32 (3)	884 (174)
Mumps	122 (70)	4 (4)	69 (41)	9 (6)	204 (128)
Pertussis	63 (95)	14 (3)	45 (26)	3 (4)	125 (128)
Rubella	12 (92)	2 (2)	— (2)	— (1)	14 (97)
V.D.	9 (7)	5 (—)	— (—)	— (—)	14 (7)
C.S. Meningitis	14 (16)	2 (—)	3 (3)	2 (—)	21 (19)
do. Contacts	— (6)	— (—)	— (—)	— (—)	— (6)
Smallpox	— (—)	— (—)	22 (—)	— (—)	22 (—)
do. Suspects	— (—)	— (—)	14 (—)	— (—)	14 (—)
do. Contacts	1 (—)	— (—)	50 (—)	— (—)	51 (—)
Peritonitis	— (1)	— (—)	— (—)	— (—)	— (1)
Typhus	7 (7)	— (—)	2 (—)	— (—)	9 (7)
Eczema	2 (—)	— (—)	— (—)	— (—)	2 (—)
Typhoid	— (—)	— (—)	3 (10)	— (—)	3 (10)
Tick Fever	— (1)	— (—)	— (—)	— (—)	— (1)
Trachoma	— (5)	— (—)	1 (1)	1 (—)	2 (6)
Scabies	— (2)	— (—)	— (—)	— (—)	— (2)
Cox Pox	— (—)	— (—)	3 (—)	1 (—)	4 (—)
Lodgers	1 (2)	— (—)	3 (—)	3 (—)	7 (—)
	1,255 (979)	78 (37)	888 (342)	80 (33)	2,301 (1,391)

Ambulance Removals : The following table sets out the number of cases conveyed in the Infectious Diseases Ambulances :

	European	Coloured	Native	Asiatic	Total
City Fever Hospital	1,095 (759)	50 (38)	181 (63)	16 (13)	1,342 (873)
Government Hospital	167 (131)	38 (40)	122 (47)	73 (55)	400 (273)
Other Hospitals	41 (40)	7 (4)	95 (68)	53 (33)	196 (145)
	1,303 (930)	95 (82)	398 (178)	142 (101)	1,938 (1,291)

Disinfecting Station and Laundry.

Municipal Departments.

City Fever Hospital — Disinfections	88,818	(105,672)
City Fever Hospital — Articles laundered	231,872	(207,798)
City Baths — Articles laundered	95,045	(85,676)
Ocean Beach — Articles laundered	105,032	(118,054)
Other Departments — Articles laundered	107,908	(98,391)
Total	628,675	(615,591)

Articles from private premises Disinfection	90,987	(75,148)
Rooms disinfected	2,333	(1,907)
King Edward VIII Hospital — Articles laundered	1,173,558	(1,213,145)
King Edward VIII Hospital — Disinfections	41,848	(54,541)
King George V Hospital — Articles laundered	210,311	(221,440)
Entabeni Nursing Home — Disinfections	205,685	(186,665)
Durban Turf Club — Disinfections	4,100	(3,400)
Chronic Sick Hospital — Articles Laundered	128,400	(191,380)
Indian Depot Hospital — Articles laundered	25,586	(34,925)
Child Welfare Society — Articles laundered	6,735	(8,367)
S.A.W.A.S. Residential Club — Articles laundered	627,237	(486,682)
C.P.S. — Disinfections	133	

Vaccination. (Courtesy, Deputy Chief Health Officer).

The following vaccinations of local residents were carried on during the year :

	Infant Vaccination	12 year old Vaccination
Births entered in Vaccination Register	2,810 (3,148)	— (—)
Successfully vaccinated	1,298 (1,285)	80 (58)
Insusceptible to vaccination	30 (84)	— (—)
Postponed owing to illness	59 (103)	— (—)
Deaths of infants under 2 yrs.—registered	236 (225)	— (—)
Exempted under Act 15 of 1928	70 (99)	98 (155)
Exemptions refused	3	

The vaccination campaign undertaken by the City Health Department consequent upon the introduction of Smallpox into Durban, resulted in 216,907 persons of all races being vaccinated or re-vaccinated i.e. 77 per cent. of the entire population.

3. TUBERCULOSIS.

Notifications.

Pulmonary :	European	Coloured	Native	Asiatic	Total
Local	98 (74)	55 (47)	593 (424)	352 (249)	1,098 (794)
Imported	206 (27)	12 (2)	537 (66)	75 (14)	830 (109)
Non-Pulmonary :					
Local	1 (6)	2 (9)	45 (32)	19 (39)	67 (86)
Imported	23 (2)	— (—)	43 (2)	4 (—)	70 (4)

Deaths.

Pulmonary :	European	Coloured	Native	Asiatic	Total
Local	39 (34)	38 (33)	227 (225)	174 (182)	478 (474)
Imported	20 (27)	4 (18)	196 (263)	39 (38)	259 (346)
Non-Pulmonary :					
Local	4 (2)	3 (2)	28 (21)	36 (17)	71 (42)
Imported	2 (4)	1 (1)	29 (38)	1 (2)	33 (45)

1,098 City cases of Pulmonary Tuberculosis, all races, were notified as against 794 in the previous year. Deaths numbered 478 as against 474 and 544 respectively in the two preceding years. European deaths were 39 as compared with 34 and 41 in the two preceding years. Native deaths were 227 as compared with 225 and 256 in the two preceding years. Asiatic deaths were 174 as compared with 182 and 212 in the two preceding years.

Thus, although more cases were notified, the mortality from the disease showed no tendency to increase. The latter fact is somewhat remarkable having regard to the 'lowering' effect of wartime overcrowding and food shortage on the constitutional powers of resistance to disease, particularly among non-Europeans.

It is possible that the 'crest of the wave' in the process of Bantu tubercularisation has been reached and that the incidence of the disease will, in future, take a steady downwards trend.

That would be a signal, not for slackening, but for intensifying special efforts to limit the spreading of infection from known foci i.e. 'open' cases and to raise the constitutional resistance by improved housing, feeding, clothing, education, recreation and rehabilitation generally.

During the year, erection of the new City Health Clinic (Tuberculosis) on a central site (University Avenue) was commenced. It appears likely that difficulties and delays will be experienced in importing X-ray equipment for the new Tuberculosis clinic. Notified cases of Tuberculosis, all races, were efficiently followed up by the Health Visitor and Health Assistant staff employed in the Tuberculosis control section. During the year 101 European and 72 Coloured cases were admitted to Hospital or Sanatoria and 691 non-European cases were hospitalised.

During the year negotiations were promoted with the Minister of Health and Provincial Administrator for the extension of accommodation for tuberculous in-patients by 200 beds in the case of non-Europeans and 66 beds in the case of Europeans. No finality has yet been reached. From the administrative viewpoint, the most acceptable arrangement would be to provide the necessary beds by suitable extension of the King George V Hospital for Tuberculosis at Springfield.

The Acting Tuberculosis Officer reports as follows :

(1) **Tuberculosis Scheme :** This has been a most disappointing year as far as progress with the Tuberculosis Scheme is concerned. As mentioned in last year's Annual Report this Scheme was decided upon in July 1941 and consists of the following :

(a) **The Clinic.** The plans of this building was approved by the Secretary for Public Health in August, 1942, tenders were invited, and a start has just recently been made with the erection of the building on a site lying between Lancers Road and Warwick Avenue. The estimated cost of the building is £34,000. It has been decided that the building be designated "The City Health Clinic," and to omit altogether the term "Tuberculosis."

The Clinic has been designed so as to cater for all races, at the same time maintaining complete separation between Europeans and non-Europeans. Functionally, it will be possible to undertake mass diagnosis by means of miniature radiography, and at the same time, and quite distinctly, ordinary routine out-patient clinics. Mass radiography of Natives will, however, not be undertaken at this Clinic but at the main Municipal Registration Office where a similar X-ray set will be installed. All Native cases discovered at this office will then be referred to the Main Clinic for disposal.

(b) **Two X-ray Sets** were ordered by the City Council in January, 1942, and to date these have not left the United States of America, although the local agents of this apparatus have succeeded in establishing complete ownership of the sets. Numerous difficulties arising out of the war are responsible for the delay, but it is confidently expected that these sets will be available by the time the Clinic has been erected.

(c) **A 200-bed Non-European Hospital** to be situated at Congella adjacent to the City Fever Hospital and King Edward VIII Government Hospital.

In July, 1942, the Secretary for Public Health gave his approval to the plans of this building, at the same time requesting certain minor alterations.

By this time, agreement with the Provincial Council regarding Co-ordination of Hospitals had almost materialised, and as the City Council had in July, 1942, requested the Provincial Government to administer this proposed hospital, the Provincial Architect was invited to co-operate in making the necessary amendments to the plans as required by the Secretary for Public Health.

The cost of this building which in July, 1941, was estimated to be £46,000, had by the end of 1942 risen to £70,000.

In December, 1942, the Provincial Council indicated its final approval in principle to the co-ordination of hospitals scheme, but stipulated that numerous additional buildings be added to the proposed Tuberculosis Hospital at Congella, so that this Hospital could be administered as a self-contained unit. This stipulation led to the drawing-up of additional plans and to a series of meetings which terminated in May, 1943, from which it was concluded that the enlarged tuberculosis hospital would cost approximately between £150,000 to £200,000; and that owing to the time it would take to erect this hospital and also owing to the shortage of nurses, it would not be possible to administer this hospital until after at least another two years.

And so after nearly two years of effort to obtain urgently-needed beds, the matter has ended in deadlock, and fresh avenues will required to be explored.

(d) **Beds for European and Coloured Patients.** Owing to the war, many of the European beds at King George V Hospital usually occupied by Durban cases, were being used to accommodate merchant seamen, evacuees, etc., with the result that the list of ordinary civilian cases awaiting admission to King George V Hospital was becoming steadily larger.

To meet this demand the Secretary for Public Health, at an interview in Pretoria in November, 1942 recommended the erection at King George V Hospital of two 33-bed wards at a cost of approximately £40,000. The Secretary for Public Health provided suitable ward-plans and offered to provide a site and to administer the wards on condition that the City Council undertook to erect the wards, subject to 50% refund. However, in June, 1943, the City Treasurer questioned the legality of the City Council erecting wards on land owned by the Government. And so this matter too is held in abeyance.

In the meantime, attempts to obtain temporary accommodation at Renishaw Hospital, and at the Springfield Military Hospital, and at the Childrens' Hospital, Durban, have all met with no success.

2. Tuberculosis Staff and Activities. During the year, the Tuberculosis section staff has been increased by the addition of one European Health Visitor, one Native Health Assistant and one Indian Health Assistant, the total staff now engaged on this work consisting of a Tuberculosis Medical Officer, three European Health Visitors, three Native Health Assistants, three Indian Health Assistants, one clerk and one typiste.

As detailed in last year's annual report, every case notified to the Department is followed-up by a Health Visitor and full records are kept on each patients' personal file. Owing to the very large numbers of notifications and the hopeless inadequacy of hospital beds, the health visiting staff are kept more than fully occupied dealing with matters such as home isolation and precautions to be observed as regards prevention of spread of infection, referring contacts to the various clinics, investigating economic circumstances of numerous families with a view to obtaining financial assistance from the Care Committee, and generally assisting patients with numerous problems.

The office accommodation for the Tuberculosis section of the Department is now quite inadequate, but this position will be rectified as soon as the new Clinic is completed.

3. **Present Clinic Facilities.** These remain the same as during the previous year.

Europeans and Coloureds attend the clinic at Addington Hospital whilst Natives and Indians are catered for at King Edward VIII Hospital and McCord Zulu Hospital. The functions of these clinics are mainly diagnostic in nature, but McCord Hospital in addition holds a weekly artificial pneumothorax clinic for Native and Indian out-patients.

King George V Hospital medical staff has also voluntarily undertaken to conduct an artificial pneumothorax clinic weekly for all races, and this hospital, whilst not equipped for out-patient purposes, nevertheless renders very great assistance by screening and X-raying numerous patients.

The out-patient attendances for the year at these clinics are as follows :

Addington Hospital Tuberculosis Clinic	1,355 attendances
King Edward VIII Tuberculosis Clinic	1,889 attendances
McCord Zulu Hospital Tuberculosis Clinic	3,354 attendances
Total	6,598 attendances

4. **Present Hospital Facilities.** The following are the numbers of beds used for tuberculosis patients in the various hospitals in Durban. Approximately half of these beds are used by City cases, the remainder being occupied by Imported cases. At one or two of these hospitals the number of beds devoted to tuberculosis cases varies from time to time :

Hospital	Total No. of T.B. Beds.	Races Admitted.
King George V Hospital	129	Europeans, Coloureds and Indians
McCord Zulu Hospital	70	Natives and Indians
Indian Immigration	94	Natives and Indians
St. Aidan's Hospital	12	Indians
Umlazi Mission Hospital	20	Natives and Indians.
Total	325	

In addition, a few European and Coloured cases are admitted to Addington Hospital and a few Native and Indian patients to King Edward VIII.

As regards hospitals outside Durban, very occasional cases are admitted to Nelspoort Sanatorium, Nongoma Mission Hospital and one or two smaller mission hospitals in Natal.

5. **Preventorium (Pietermaritzburg).** During the last twelve months, 32 European children from Durban, as compared with 28 the previous year, were admitted to the Preventorium. They were all tuberculosis contacts and have benefitted considerably from the care and attention given them.

6. **Care Committee (Natal Anti-Tuberculosis Association).** The work of this Committee has increased considerably during the past year, owing to the growing number of applications for domiciliary grants. In addition to assisting the dependants of patients whilst the patients are in hospital, the Committee has also felt obliged to provide assistance to many of the patients themselves who are unable to obtain admission to hospital and who therefore require to obtain nourishing food as well as medical attention at their own homes.

The Committee meets once or twice monthly and consists of medical officers dealing with tuberculosis, of the Tuberculosis Health Visitors and of lay members of the Anti-Tuberculosis Association.

The King George V Jubilee Fund increased its annual grant to £1,300, from £900 the previous year, and the total funds dispensed by the Care Committee during the last twelve months amounted to approximately £1,900.

544 cases were investigated during the past year and the vast majority of them received assistance.

7. **Friends of the Sick Association.** The formation of this Association of voluntary workers was mentioned in last year's Annual Report. Their object is to assist in all matters concerning tuberculosis amongst Indians. The Association has acquired a suitable area of land at Newlands immediately beyond the City boundary, and to date has erected four cottages to house Indian families who have been in close contact with tuberculosis patients.

The Association is planning considerable building extensions to their settlement, and through their numerous care committees throughout the City, are rendering very great financial help to Indian cases and contacts.

This Association is deserving of the highest commendation for the work it has undertaken and the scope for this work amongst Indians in Durban is tremendous.

8. **General Observations : Statistics.** Whilst during the two preceding years the total numbers of notifications of City cases were about equal, this last year shows a large increase viz. 1,165 from 880 the previous year. Europeans showed a 25% increase, but the main reason for this increase was amongst the non-Europeans, viz. approximately a 30% increase in Indians and a 40% increase in Natives. This cannot be accounted for by the increase in populations during the year, nor by the improvement in the state of notification which has arisen. It is probably partly due to the more intensive campaign instituted by the Department towards the examination of selected contacts of notified cases, as reflected in the increase in attendances at the clinics — approximately a 50% increase.

Coincidentally with this large increase, the total number of deaths amongst City cases has risen only very slightly, being 549 as compared with 516 last year, each race showing only an infinitesimal increase. It is anticipated that the large increase in the number of notifications will be reflected in an increase in the number of deaths during the ensuing year or two.

In May, 1942, measures were taken to tighten-up the notification of tuberculosis cases and the result of this is shown by the large increase in respect of imported cases notified. This is reflected chiefly as regards Native cases. The increase in imported European cases — from 27 to 206 — is largely accounted for by notification of patients in the Armed Forces.

Hospital Accommodation. Again this year the serious lack of sufficient beds is the main handicap towards all progress in tuberculosis control. This refers particularly to non-European beds. The waiting-list for the various hospitals grows month by month. Many patients die at home before beds become available. Numerous Native patients leave hospital against medical advice and return to their kraals in the country, and there is no point in enforcing their detention in hospital as their beds are always immediately filled by other cases. No Native cases, however, are permitted to remain in Durban should they refuse to stay in hospital, unless this Department is completely satisfied regarding the facilities which exist for their isolation.

As can be readily imagined the lack of hospital beds increases the work many times over, undertaken by the Health Visitors of this Department. Those acquainted with tuberculosis follow-up work will realise the numerous problems which confront Health Visitors. Under present conditions their work is very trying and disheartening and they are due great credit for the conscientious way in which they carry on their work.

Situation of Tuberculosis Hospitals. Owing to the shortage of beds in Durban this Department has for the past two or three years attempted to make use of numerous rural hospitals throughout the Province. One fact which emerges from our experience in this respect is that the vast majority of patients are strongly adverse to going any considerable distance from their home environment and from their relations and friends, and prefer even to spend months in their own homes awaiting vacant beds in local hospitals. This applies particularly to non-Europeans. It is felt therefore that any arguments that are so frequently advanced regarding climate are more than over-ruled by this factor alone.

Native cases returning to rural areas. As reported last year all notified Native cases who leave Durban are reported to the Union Health Department, which then makes arrangements for some degree of check and control at their kraals. During the year, 395 Natives suffering from tuberculosis voluntarily returned to their homes. Only a few of these have returned to Durban and these have, on application at the Native Registration Office, been referred to this Department.

Housing. As is by now well realised, bad housing conditions constitute one of the main factors in the spread of tuberculosis. When this is coupled with a serious shortage of hospital beds for isolating infectious cases, the results are tragic. This is borne out by the investigations made by this Department and is exemplified by the numbers of Native cases found in Native barracks and hostels, and in slum areas such as Booth Road, as well as by the high degree of family tuberculosis and childhood tuberculosis occurring in the overcrowded dwellings occupied by so many of Durban's Indian population. It is indeed a fortunate matter that the majority of Durban's Natives are unable to bring their families with them into town.

Until far more adequate housing and far more hospital beds are provided, no improvement in the incidence rate of tuberculosis in this City can be expected.

In conclusion, I wish again to record this Department's appreciation of the assistance rendered by Dr. B. A. Dormer, Tuberculosis Officer for Natal, in all matters concerning tuberculosis in Durban, and also to acknowledge the ready co-operation given by the staffs of the various hospitals which accommodate tuberculosis patients in this City.

4. VENEREAL DISEASE. The statistics of clinical attendances and admission to hospital, all races, indicate the steady advance of Venereal Disease, resulting in heavy pressure on hospital and clinical facilities, especially for non-Europeans.

Encouraging features were —

- (1) the near prospect of increased accommodation for non-European in-patients in the new V.D. Block at Congella; and
- (2) active development of the health educational side of Venereal Disease prevention.

To a degree, war-time conditions are responsible for increased V.D. prevalence in Durban as elsewhere. In the case of Natives, however, the continued unsatisfactory state of housing and health services and, indeed, of basic living conditions, could hardly fail to produce the like result. Under modern conditions of life and work, the industrial worker class of Native can exist healthily only under conditions of family life.

The administrative aspects of Venereal Disease control in Durban are now developing to such an extent that the City Venereologist (Dr. G. D. H. Wallace) should be relieved of routine clinical work in order to enable him to devote most of his time to their furtherance. When the new V.D. Block for non-Europeans at Congella is opened, institutional facilities for both in- and out-patient treatment, all races, may be regarded as adequate. Many administrative tasks remain to be undertaken in order to build up a sound and sufficient health service for V.D. control e.g. health educational lectures for 'risk' groups, organisation of improved facilities for prophylaxis, and post-clinical 'follow-up' health examination of domestic servants, more rigid enforcement of the law in regard to compulsory examination of all occupants of 'suspected' premises and contact control generally.

The City Venereologist reports as follows :

European. During the year the male V.D. Wards at Addington were fully occupied almost entirely by Merchant Seamen, who at present constitute the most serious problem in Durban as regards Europeans. The female wards remained unoccupied owing to the difficulty in obtaining

staff. In co-operation with the Port Seamen's Welfare Committee and the Port Health Officer, the preventive side of the work has been strengthened and measures have been taken to ensure that every visiting seaman is made cognisant of the dangers of V.D. in Durban and of the facilities for treatment.

Clinics are held daily at Addington at fixed hours but immediate treatment as well as preventive measures are available at any hour of the day.

Separate clinics are now held for Coloureds.

Non-European. The new Venereal Disease Wards at Congella have been used for various infectious diseases other than Venereal Disease throughout the year and the Venereal Disease in-patients have remained in their unsatisfactory and overcrowded quarters.

Increased attention has been paid to the preventive side in the way of lectures, plus leaflets and personal talks. In addition to lectures in the factories, locations, barracks, etc., talks have also been given in the schools and to various Native organisations of both sexes.

Extremely important experimental work is now being done in America and elsewhere by which it is becoming probable that Syphilis may be cured in a matter of weeks or even days instead of many months as at present. If this eventuates it will prove of the greatest benefit to the non-European population, in whom for various reasons the present campaign against Venereal Disease is largely ineffective.

We have been treating large numbers of soldiers and sailors at both Addington and Congella and this has resulted in the wards at Congella being seriously overcrowded at times. This position will improve with the disbanding of the Native troops.

The clinics at Congella are open daily from 9 a.m. to 5 p.m. with a late clinic for working people on Tuesday evenings.

Figures for the year 1943 as compared with 1942 :

	Congella.		King Edward		Addington		McCord's		Total		Total
	M	F	M	F	M	F	M	F	M	F	
Admissions to Hospital :											
1943			3,383	1,730	446		149	40	3,978	1,770	5,748
1942			2,924	1,550	371		146	41	3,441	1,591	5,032
* New Cases :											
	3,931	2,089			629	68	168	157	4,728	2,314	7,042
Clinic Attendances :											
1943	24,437	15,002			15,241	1,511	1,990	1,969	41,668	18,482	60,150
1942			36,600		9,838		3,892		50,330		50,330

* From December, 1942 to June, 1943 only.

Follow-up Statistics. The following reflects the activities of the European Health Visitor and the Native and Indian Health Assistants in following-up contacts and defaulters and, in addition the European Health Visitor also gave lectures to various schools on Tuberculosis :

	Total Visits	Contacts Located	Defaulters Located	Absconders Located	Firms, Schools & Compounds Visited	Approx. Attendances at Lectures
European Health Visitor	580	142	216	—	40	1,469
Native and Indian Health Assistants	3,337	1,460	1,200	15	259	18,166
	3,917	1,602	1,416	15	299	19,635

5. PEST CONTROL.

Anti-Plague Sanitation. Despite difficulties associated with shortage of building and rat-proofing materials, very considerable progress has been made during the year with programmes for rodent-proofing of premises and the 'building-out' of rodents. The areas principally concerned are the commercial and industrial centres and the dockside areas such as Point and Maydon Wharf. In the commercial areas, trouble is experienced with the older type of shop and store having wooden floors, inter-spaces between ceilings and floors in multi-storied buildings, hollow walls, etc., in marked contrast to the modern type of store with its solid, pest-proof, construction throughout.

Before the war, the most effective means for securing the demolition of old-style shops and stores and their replacement by buildings of solid construction throughout, was objection to licence renewal on the ground of faulty structural conditions favouring rodent infestation. Usually it was found that the cost of a rodent-proofing scheme to satisfy the Department's requirements would go a long way towards the cost of a new building, with the result that re-building schemes were generally preferred and put in hand.

The pre-war drive for 'building-out' rodents coincided with a phase of exceptional building activity and trading enterprise, with the result that literally hundreds of rodent-infested shop and store premises — relics of Old Durban — were pulled down and replaced by fine buildings of the most modern rodent-proof design and construction.

This active and highly successful programme was interrupted by the outbreak of war before all the old-style trading premises in West Street, Smith Street, Pine Street and Commercial Road areas had been dealt with. Owing to the virtual cessation of new building since the war, the plague control programme, in this connection, has been confined to 'rodent-proofing' schemes and rodent-destructive measures i.e. routine trapping, poisoning and gassing.

In the Maydon Wharf area, where anti-plague sanitation is conducted under the joint supervision of the Union and City Health Departments, a long list of substantial improvements has been carried out during the year. Co-operation between the two Departments has, however, been impeded by difference in interpretation of Section 1 (Definitions) of the Rodent Infestation Regulations (Government Notice No. 1380). The City Health Department takes the view — supported by the City and Water Engineer and Building Inspector — that a shop or store does not come within the scope of the Regulations unless or until the premises are used for business purposes and for the storage of grain, forage, hides, meat, or other foodstuff, material, or article, likely to attract or harbour rodents.

The Union Health Department takes the view that the Regulation applies to any shop or store capable of being used to store such rodent-attractive goods or, alternatively that, any kinds of goods — edible or otherwise — is to be regarded as rodent-attractive if stored in premises located in Maydon Wharf or areas of that type.

It is agreed that in areas of special plague risk such as Maydon Wharf, all premises should originally be constructed of rodent-proof design and material or subsequently rendered rodent-proof in accordance with a duly-specified and approved scheme. It was recommended that the Rodent Infestation Regulations be amended to afford the requisite powers to the local authority, but the Union Health Department would not agree that any amendment was necessary.

Neither would the Department agree that an amendment was necessary to enable the local authority to require an owner (a) to give notice of intention to demolish any building; and (b) to furnish a certificate prior to commencing demolition, that the premises in question had been properly fumigated for the destruction of rodents.

Despite this lack of support from a sister Department, the City Health Department is continuing to represent its case for appropriate amendment of the Rodent Infestation Regulations. **Rodent Control.** Apart from 'building-out' and 'rodent-proofing' programmes, the work of rat-destruction by trapping, poisoning and gassing in all types of harbourages, in- and out-of-doors, has progressed favourably.

'Black-out' conditions, heavy calls on Transport facilities and goods storage space have all tended to encourage rodent travel and harbourage. All forms of temporary control — poisoning, trapping, gassing — have been successfully employed in the form of (a) set programmes carried out in public ownership (barracks, markets, drains, tips, parks, gardens etc.) and (b) programmes for observance by owners of shops and stores in terms of Section 5 of the Rodent Infestation Regulations.

Poison-bait materials continued to be in short supply. Barium carbonate mixed with waste batter from fish-frying depots was found to be a very effective bait. Traps were almost unobtainable. Sufficient cage-traps were made departmentally to ensure the capture of live specimens for routine 'plague index' examinations.

The Secretary for Public Health was sought to advance the import priority for phosphorous-based rat-poisons. As a result supplies can be expected about March 1944.

Roach Control suffered most from restriction of supplies of material for spray-mixtures. Instead of three field-units normally engaged on Anti-roach spraying in Old Borough sewers, drains, markets, locations etc., only one unit could be kept at work. The other two units were transferred to rodent-control work temporarily.

For the destruction of roaches by spraying, it is essential to use a 'contact' spray-fluid of high penetrative power, rapid lethal effect and low cost such as to encourage its generous use in high-pressure pumps. Spray-fluids and spray-pumps as commonly used for the destruction of mosquitoes are useless for destroying roaches. The Council spent approximately £3,000 during the year on Roach Control.

Mosquito Control gave rise to anxiety during the hot summer months owing to ultra-favourable breeding conditions — unparalleled since 1933/34. *A. Gambiae* — the malaria vector — endeavoured to establish itself at Springfield, Sea Cow Lake, Durban North, Fynnland and Merebank. At Springfield, breeding was prolific during January and February. Energetic anti-larval and anti-adult measures were successfully applied to all threatened areas with the result that no indigenous Malaria occurred.

During the winter, extensive light drainage works were carried out departmentally at Springfield, in the proximity of the Military Hospital where Malaria convalescents — ex North — were accommodated. In other areas, where swampy conditions threatened to develop, surface-drains were cleared and new ditches cut wherever necessary. Swampy areas not amenable to surface drainage, were oiled and sprayed as a routine.

Mosquito control was maintained at the Municipal water-works undertakings at Table Mountain and Umgeni Heights. At the former site, the Union Health Department collaborated effectively to eliminate *Gambiae* breeding which at one stage was prolific. The City and Water Engineer's resident staffs at these schemes were instructed in mosquito and malaria control measures.

Cimex Control. The number of cyanide fumigations for the destruction of bed-bugs increased greatly during the year. More contracts are being set by large employers of Native labour for the quarterly fumigation of their Native compounds. The new Government Regulations for the control of fumigation by Cyanide were promulgated during the year, replacing the relevant Municipal by-laws. The effect of the new Regulations is to strengthen safety factors in the

practice of fumigation by Cyanide without unduly hampering it or raising the cost of fumigation. General prosecutions were initiated by the Department for breach of the new Regulations. Pest Control Research. A small but well-equipped laboratory is maintained by the Department's Pest Control section where research is carried out in all phases of the work, including the testing of materials and equipment used in field operations, preparation of poison-bait and spray-fluids, dissection of rodents for plague index, identification of mosquito species etc., etc.

The importance of Pest Control can best be appreciated by realising that Plague and Murine Typhus is spread by rat-fleas, Epidemic Typhus is spread by lice, Malaria, Dengue and Yellow Fever by mosquitoes — and that, in all likelihood, Amoebic Dysentery can be spread by cockroaches.

An appreciation of the ever-growing scope and significance of Pest Control work during war-time and its aftermath, leads to the conviction that the Section should be strengthened by the appointment of an Ecologist, i.e. a research director of professional status. The success of Pest-Control depends upon the scientific adequacy of its technical policy and this can only be assured by continuous research work of the best quality.

In regard to routine works commitments of the Pest Control section, such as drainage, bush-clearing, swamp-oiling, manhole-spraying etc. involving the employment and overseeing of labour gangs, it is considered that the City Engineer's Department employs large labour staffs on similar work i.e. street cleaning, refuse-tipping, bush-clearing, drainage, etc. At present, the Pest Control Estimates are overloaded with costs chargeable to what really amounts to public works — the proper function of the City Engineer's Department.

Statistics :

Rodents :	Premises Trapped for Plague Index	544	(82)
	Baits Laid	89,872	(202,824)
	Traps Set	21,167	(9,802)
	Cyanogas used (lbs.)	495	(481)
	Rodents Destroyed	7,453	(3,510)
	Rodent Specimens sent to Government Laboratory	656	(122)
	Rodent Specimens sent to Departmental Laboratory	755	(258)
Mosquitoes:	Ditches and Foci Sprayed (gals.)	15,023	(10,142)
	Ditches Cleared (yards)	487,763	(519,008)
	Vacant Lands cleared (acres)	65	(60)
	Disinfectant Used (gals.)	69	(109)
	Larval Specimens examined	3,415	(1,208)
Cimex :	Premises Fumigated under supervision	2,487	(2,413)
	Premises Fumigated by this Department	55	(68)
Roaches :	Sewer Manholes Sprayed	11,376	(20,806)
	Stormwater Manholes	30,162	(83,313)
	Gutter Bridges	17,888	(38,287)
	Corporation Properties	32	(64)
	Government Properties	2	(5)
	Private Properties	342	(336)
	Spray Mixture (Departmental) used (gals.)	3,164	(4,510)
	Pyagra Used (gals.)	38	(34)
	Other Mixtures used (gals)	124	(120)
Examiner's Visits		16,131	(19,603)
Activities :	Complaints Investigated :		
	Rodents	695	(490)
	Mosquitoes	275	(456)
	Roaches	152	(128)
	Flies	22	(14)
	Fleas, Ticks, etc.	6	(12)
	Premises corrected :		
	Rodents	194	(275)
	Mosquitoes	503	(1,027)
	Roaches	21	(75)
	Flies	12	(20)
	Fleas, Ticks, etc.	2	(3)
Native Health Assistants' Activities :			
	Visits to Corporation Premises	1,930	(9,344)
	Visits to Non-European Premises	7,368	(15,800)
	Mosquito Advice given	3,378	(12,329)
	Mosquito Advice complied with	1,923	(8,070)

6. ENDEMIC CONTROL.

(a) **Zymotics.** Admissions to the City Fever Hospital numbered 2,301 as against 1,391 in the previous year. The increase, 910, equivalent to 65 per cent., was due to Diphtheria (56 more cases), Chickenpox (93 more), Measles (710 more), Mumps (76 more) and Smallpox (22 cases and 14 contacts). Of the total increase, Measles alone was responsible for 78 per cent.

The increases noted reflect the increasing overcrowding of hotels and boarding-houses by families evacuated from overseas and others attracted to Durban as a result of wartime conditions. During the winter months, the hospital accommodation was overtaxed for minor diseases. Two successive plans for enlarging the accommodation having been turned down after provisional approval, a third was prepared involving —

- (1) conversion of the existing Administration and Kitchen Block into a 40-bed ward-block for cases of European minor Infectious Disease;
- (2) erection of a new Administration and Kitchen block to replace that existing; and
- (3) conversion of an existing change-room into a Mortuary (European).

As compared with previous plans, the present scheme will have the following advantages:

- (1) congestion-on-site will be avoided; and
- (2) no part of the site provisionally earmarked for new buildings under the scheme for co-ordination of hospital services will be involved. Such new buildings comprise Nurses' Homes, both European and non-European, Servants' Quarters, a non-European Tuberculosis Hospital and possibly an isolation block for formidable epidemic disease.

Overcrowding of the Native ward compelled the temporary use of the recently-completed block for V.D. in-patients. It should be noted that of the two non-European fever wards at the City Hospital, one had been loaned (in 1938) to the King Edward VIII Hospital for temporary use as a V.D. ward.

During the year, the Government Quarantine Station on Salisbury Island ceased to be available for City cases of formidable epidemic disease. In the absence of alternative facilities, the old administrative block was used for the accommodation of Smallpox cases and suspects. At one stage, the number of contacts — all from rural areas — requiring isolation compelled the temporary use of the new V.D. block for this purpose. Provided the number of cases and suspects remains small and the disease affects non-Europeans only, the old administrative block — a dilapidated wood-and-iron building — should suffice until new alternative accommodation can be provided. This would best be supplied under arrangement with the Union Health Department to receive City cases into the new Government Quarantine Station at Fynnlands now in course of erection.

Throughout the year, the difficulty of maintaining a trained nursing staff at the hospital has been severe. Apart from the Matron, there are now only two members of the permanent nursing staff left out of an establishment of 12. Four members have gone on military service, one has transferred to the City Health Visiting staff and seven have left the service. The service has, however, been maintained by the temporary engagement of nurses undergoing a six months' course of practical experience in fever nursing subsequent to their general training, and general-trained nurses engaged for varying spells at 'special' rates.

Five cases of the epidemic type of Typhus from ex-borough sources were admitted to hospital and 120 contacts were cleansed and de-verminised at the Public Cleansing Station. In view of the need for extending public cleansing facilities to meet expanding requirements and the special risks of Epidemic Typhus as a wartime contingency, a scheme for the erection of a new Public Cleansing Station is under consideration. As a central site is essential for this service, conversion of the old Borough Police Station premises at Lancers Road has been recommended.

The Council has since agreed to proceed with the post-war proposal as a current scheme — this will involve the abandonment of the Lancers Road project in favour of new premises in Centenary Road.

(b) **Smallpox.** In November, 1942, several Natives were found to be suffering from the mild type of Smallpox known locally as Kafir-pox or Amaas. The previous occurrence of an 'out-break' of Smallpox occurred as far back as 1928 when the infection was of the virulent Eastern type.

Control measures including the vaccination and where necessary isolation of contacts, 'cordon' vaccination of shack areas and groups at special risk, succeeded in localising the outbreak to its original focus in the Booth Road area. The infection had been introduced from Vryheid rural district.

No secondary cases occurred in the City as the result of this outbreak or following upon the several cases which later entered the City from several rural areas particularly Ndwedwe.

Public vaccination stations were opened at eight convenient points in the City and Suburbs, whereat free vaccination was available to all races at scheduled times. The response was excellent. It was estimated that some 200,000 persons were vaccinated or re-vaccinated in course of the original control programme. Later, a mobile vaccination unit was organised in order to ensure that the vaccination state of special 'risk' groups of Natives housed in compounds and locations, large staffs of labourers engaged on war contracts etc., was maintained.

A compulsory vaccination area which included the Sontseu Road, Umgeni Road, Railway Street and lower Pine Street districts was proclaimed in terms of Section 100 of the Public Health Act by reason of the refusal of certain employees of the Corporation Native Brewery to become vaccinated.

Later in the year, the persistence of Smallpox in certain rural areas whence Durban draws its labour supply made it clear that the routine vaccination programme of the City should be strengthened. Ordinarily, Natives applying for registration at the Municipal Native Administration Department's five stations are not vaccinated if they show good vaccinated marks. It was pointed out, however, that such marks could only be accepted as proof of successful vaccination in infancy and that by the time adult working age was reached, the immunity thereby conferred had doubtless lost much of its potency. Owing to the very large numbers of Natives being introduced at intervals into the City for work on wartime constructional programmes, the Native Administration Department's facilities proved inadequate to the task of ensuring that all entrant Natives were vaccinated or re-vaccinated on the occasion of their registration. Until such time as facilities were extended, the work was overtaken — subsequent to registration — by the City Health Department's mobile units. It is expected however, that early in the succeeding year, the Native Administration Department will be enabled to vaccinate — as a routine — all Natives applying for registration unless proof is shown that, in each case, vaccination had been performed within the previous five years. Such proof will be furnished by departmental records relating to lists of vaccinations performed in the course of special control programmes ('contact' and 'cordon' vaccination) or as a routine in the course of medical examination and registration by the Native Administration Department.

In connection with vaccination, another problem presented itself in regard to vaccination of the non-registrable dependents of Native workers. As these are housed in illegally-erected shacks, particularly in the Booth Road area, it was decided to follow-up the work of mobile units by establishing a permanent vaccination centre in the district. Pending the erection of a polyclinic Health Centre at the adjoining Blackhurst Location, the use of one of the newly erected 'scheme' houses at Blackhurst was sought for the purpose (and the cognate work of Health Education and Anti-Enteric Immunisation). It is expected that this temporary clinic will become available early in the coming year.

(c) - Enteric or Typhoid Fever. 363 City and Imported cases were notified as against 338 in the previous year. Of these totals, City cases dropped from 322 to 305 whereas Imported cases increased from 16 to 58. Of the City cases, Europeans dropped from 123 to 68, Natives from 170 to 156, whilst Coloureds increased from 1 to 10 and Asiatics from 22 to 70 — all as compared with the previous year.

Of the Imported cases, Europeans increased from 6 to 32, Coloureds from 0 to 3, Natives from 9 to 21, whilst Asiatics decreased from 4 to 2.

The marked increase in Asiatic City cases (22 to 70) was due to outbreaks of water-borne infection in the Clairwood Amanzimnyama Block) and the Bellair (River View Road) districts. In the former case, the outbreak resulted from the pollution of shallow wells by seepage from adjacent latrines. In the latter case, the use, for domestic purposes, of polluted river water was suspected as the source. Control measures carried out were:

- (a) regular chlorination of shallow wells followed by their closure (53 wells closed);
- (b) fly control of infected and adjacent premises by routine cleansing and disinfection of yards and privies;
- (c) laying-on of Corporation water by stand-pipe (11);
- (d) immunisation of contacts and 'cordon' immunisation of residents in vicinity (1,412).

These measures proved rapidly effective.

The marked decrease in European City cases (123 to 68) was due to the absence of milk-borne infection. A number of the cases notified in the first month of the year (July) were attributable to milk-borne infection recorded in the previous year's report. With this exception, European cases notified during the year were of the 'sporadic' type attributable to human or fly 'carrier' sources of polluted water-supplies (other than the Municipal gravitation supply).

Among Natives and Indians generally the occurrence of sporadic cases was associated with environmental conditions ultra-favourable to infection by human and fly 'carrier' or the drinking of locally-derived water-supplies open to gross surface pollution.

The increase in imported cases is attributable to similar sources of infection in the rural areas adjacent to Durban and emphasises the growth of the ultimate source of enteric infection — the insanitary environment of groups of dwellings lacking a pure water supply or proper means for the disposal of nightsoil.

Since the outbreak of war, these insanitary conditions have worsened and multiplied in the City by reason of:

- (a) the huge influx of Natives into the City area (estimated at 12,000 working Natives apart from dependants);
- (b) the failure of housing, water supply and sewerage or conservancy service programmes to keep pace with the influx; and
- (c) the absence of an interim scheme of control based on the provision of a temporary gravitation water supply and sanitary service to existing settlements, particularly those of the shack type.

Here lies the crux of Durban's problem in regard to the endemic and potential epidemic prevalence of enteric and dysenteric diseases. The non-European population of the suburban areas are directly and primarily affected but through the agency of food-producers, food-handlers and domestic servants, the health of the European population is threatened by the leakage of infection from these reservoirs of disease. Generally understood to be the motive impelling extension of the Borough boundaries in 1932, the timely abolition of non-European slum-housing and associated insanitary conditions has proved, in the event, to be an insuperable task. Until the outbreak of war in 1939, it was possible to visualise a solution within a measurable period of time despite the deterrent effects of a restricted policy of expenditure from rate revenues, the immaturity of projected water-supply and sewerage extension schemes and the absence of a comprehensive town-plan of basic development for the Added Areas — all of which are prior requisites for the expeditious promotion of housing and the concomitant abolition of slums and their associated conditions of insanitation and disease-potential.

Additional difficulties encountered at the start were the unsuitability of housing-scheme sites for intensive or concentrated building (Lamont, Cato Manor and Springfield) and in the case of Indians, the cry of segregation. As a result, the provision of new housing fell short of current requirements for additional housing accommodation not to mention housing needed to replace slums scheduled for demolition. The inadequacy of the various Housing Acts and amendments as a financial basis for housing enterprise by local authorities, particularly in the sub-economic sphere, has perhaps best been realised by those local authorities like Johannesburg and Port Elizabeth which have been most active in applying their provisions.

In addition, Durban lacked the essential structural and functional bases for immediate and extensive housing development. Corporation-owned land was largely unsuitable, interminable delays and unaccountable difficulties were experienced in the effort to acquire or expropriate suitable land in private ownership. The essential service programmes relating to necessary ad-

additional water-supply, roads and sewerage were destined to be 'behind schedule' before they were out of the 'blue-print' stage. At no stage, did they hold the promise that they would be completed in time to support the enlarged City's urgent housing and slum-clearance programmes. Until the preparation of the Post-war Development Programme in April 1943, little success had attended attempts to integrate and articulate the complex programme of financial, administrative and technical measures relating to land acquisition, town-planning, essential services, transport, slum-clearance, decrowding etc. which of necessity must precede, inform and direct such a vast venture as the elimination of Durban's slums and the re-housing and rehabilitation of Durban's slum population in a fresh, clean and healthy environment.

Prejudiced from the start by these fundamental limitations, the progress of Durban's 'post-incorporation' slum-clearance and re-housing programme was virtually paralysed by the impact of war-time stresses and strains. Internally, the departure of large numbers of skilled — and virtually irreplaceable — employees reduced the cadres of many departments including Health to skeleton dimensions, with a corresponding loss of working efficiency. The Health Department, in particular, had barely completed a thorough reorganisation of its staff involving promotion to new charge posts on the basis of efficiency in preference to seniority. This reorganisation scheme involved all administrative and inspectional sections, removed anomalies following upon the absorption of former Health Board staffs and for the first time since incorporation, provided the Greater City with a well-balanced instrument of health administration capable of efficiently discharging its manifold duties over the greatly-enlarged City area.

This was late in 1938. Before the departure of employees on war service in June, 1940, the entire field of slum clearance had been surveyed and scheduled as a preliminary to the submission of a co-ordinated programme of Slum Clearance and Re-housing which was taken as the basis for both the Eight-Year Plan of 1940 and relevant sections of the Post-war Development plan of 1943.

Until such time as the 1940 slum clearance and re-housing programme can be implemented, the best defence against the rising tide of disease-potential in the Added Areas will be to promote the interim control plan finally recommended in May, 1943 (although mooted earlier) and which relates to the provision of basic sanitary protection i.e. the extension of (a) gravitation water-supplies (by communal) stand-pipe and (b) night-soil removal or suitable alternative method of sterco disposal — for shack-areas wherever possible giving priority to the denser settled and those threatened with the spread of enteric infection.

External factors operative since the outbreak of war relate to shortage of essential plant, materials and transport necessary for housing development in all its aspects. In due course, it had to be recognised that in the ruling circumstances the normal post-incorporation or 'pre-war' programme could not be sustained other than fractionally. Moreover, during the present year, war service requirements in respect of land have encroached upon sites earmarked for a 'pivotal' township scheme for non-Europeans. Further encroachments may be expected. In view of the likelihood that building and water-supply materials and skilled labour for Municipal housing purposes will continue to be restricted, preference should be given to the use of those materials for the interim control programme as indicated.

If the 'pre-war' programme cannot be substantially sustained in existing circumstances, what are the prospects for adjusting and enlarging that plan to meet the additional needs of the war-time influx of population particularly working Natives and their dependants in addition to the natural increment of the prolific Indian section. The 1943 Post-War Development Plan approved by Council supplies a provisional answer. But the Post-war Plan hovers on the distant horizon relying as it does on a new water supply which must take eight more years to complete and a sewerage scheme which must take even longer whereas the problem of a fast-growing disease-susceptible population is here and now.

The only possible answer is the interim plan to afford (a) basic sanitary protection (communal water supply and individual sanitary service) to shack areas where it is possible to instal such services; (b) to restrict shack-building to such areas ('salvage areas'); and (c) to evacuate shack-dwellers from all other areas ('evacuation' areas) where basic sanitary protection cannot feasibly be given.

During the year, a full list of proposed 'salvage' and 'evacuation' areas throughout the enlarged borough was surveyed, scheduled and submitted for Council's consideration which it is now receiving.

(d) Dysentery, Enteritis and Diarrhoea: During the year, approval of the Minister was sought and obtained to make notifiable under Section 18 of the Public Health Act 'all forms of dysentery, diarrhoea and enteritis having an acute febrile onset and with blood and mucus in the stools.' Although this definition excludes "non-diarrhoeal" types of Amoebic Dysentery owing to the technical difficulty in confirming a diagnosis, it was considered that useful information respecting the prevalence of related forms of acute intestinal disease would be obtained. Over the six months (January to June) when these diseases were compulsorily notifiable, the following cases were reported:

	European.	Coloured.	Native.	Asiatic
Local cases — — — — —	196	46	3,128	370
Imported cases — — — — —	110	25	720	20
Deaths :				
Local — — — — —	26	21	413	189
Imported — — — — —	5	—	168	8

The statistics showed that Natives were the chief sufferers and that the Old Borough and Mayville areas were the worst affected. Yet Mayville showed the least infection among European, Greenwood Park excepted. The explanation is that the dense shack settlements in rural Mayville are hot-beds of dysenteric infection and town Natives — normally well-housed — acquire the infection during the weekend visits to the Mayville shack settlements. The same basic

control measures as already described for Enteric Fever are indicated. A special control programme was carried through for all non-European schools and certain South Coast Indian shack settlements where the disease threatened to assume epidemic proportions.

All water-supply and sanitary defects at those schools were notified to the Provincial Education Department or to Managers in the case of private schools. Notices requiring the correction of structural or service defects were served and complied with. To affected Indian shack dwellers in the Clairwood area, supplies of anti-dysenteric medicine and disinfectants for yards and privies were supplied free during the 'risk' period.

The incidence of dysenteric diseases at the Corporation Indian (Magazine) Barracks was studied and found to be associated with the use of communal latrines. Families occupying the new block ("A") at Magazine Barracks escaped the infection. Families having a water-supplied sink in their kitchens but no attached closet, suffered more than those lacking such sinks in their kitchens. This result is to be explained by the abuse of kitchen sinks for the disposal of night-soil and washing of dirty clothing in the case of dwellings equipped with sinks but lacking individual closets. The abandonment of the system of communal sanitation and its substitution by that of individual closets for each dwelling were recommended to Council, with the result that in due course Council approved the inclusion of £20,000 in the 1944/45 Estimates for the purpose.

The continued relative scarcity and high cost of staple and 'protective' foodstuffs have undoubtedly contributed to the mortality from acute intestinal infections among non-Europeans through lowering of specific resistance.

The question of supplementing the rations issued to Corporation Indian employees is under consideration. A scheme for improved nutrition should satisfy two postulates:

- (1) additional or 'balancing' rations should be available in two categories, one for infants of 12 months and under and the other for the old age-groups and adults; and
- (2) the balancing ration should be available as follows:
 - (a) free to the employed adult as part of his monthly or weekly ration;
 - (b) at cost, so that supplies can be purchased at least cost by the worker for his family; and
 - (c) free or at reduced cost in the case of infants attending a child health clinic regularly and deemed to be needy by the medical officer in charge.

As a further means of preventing the spread of dysentery and improving the general health of the Magazine Barracks population, it is proposed to establish a Health Centre at the Barracks, comprising premises to house the following health and medical services:

- (1) Child Health, Ante-natal care, Health Education, Immunization;
- (2) General medical and dental out-patient care; including dispensary and home visiting service; and
- (3) Ablution and cleansing service rendering available hot water for bathing and steam disinfection for cleansing purposes.

It is intended that the general medical out-patient service for Corporation Indian employees to be established at the Magazine Barracks in replacement of the present Indian Depot Hospital out-patient service at Shepstone Street, Point will also be available for workers' families at a small annual charge (about 17/9d.) per worker.

Pending erection of the proposed Health Centre, regular Child Health, Health Education and Immunisation clinics will be held in portion of the new Administrative Block, and a portable hot-air or steam disinfector and hot-water boiler will be put into use at these Barracks.

(e) Food-Handler Control: General: Draft Food (including Milk) By-laws were prepared and submitted for approval during the year. These By-laws provide, inter alia, for the control of food-handlers by means of medical examinations and blood-tests designed to detect the 'carriers' of such communicable diseases as Enteric Fever, Dysentery, Diphtheria, Scarlet Fever, Septic Sore Throat, Venereal Disease etc. In the case of milk-handlers, immunisation against Enteric can also be required at the discretion of the Medical Officer of Health.

During the year, immunisation of food-handlers against Enteric Fever has been actively prosecuted — priority being given to the staffs of dairies and milk-depots, ice-cream factories, bakeries, hotels and restaurants in that order.

Food-handlers attend a special Food Hygiene Clinic held each Friday at the Gale Street offices, where they are medically examined, health educated in food-handling and immunised against Enteric. Each 'passed' food-handler receives a Card whereon the record of his name, identification, medical examination, immunity etc. is inscribed. A duplicate record is kept by the Food Hygiene Clinic.

Routine Vi-testing of milk-handlers for the enteric 'carrier' state was intermitted in January, owing to the inability of the Government Laboratory to carry on the work as a free service — or indeed at all, for the time being, by reason of shortage of essential equipment. In future, vi-tests would be done by the Government Laboratory only for the purpose of confirming results otherwise obtained in the course of investigating outbreaks of disease.

In view of the continued high prevalence of Enteric Fever among Native communities, it is safe to conclude that the enteric 'carrier' state has remained high among Natives seeking employment as food-, including milk- handlers. Moreover, as the prime sources of enteric fever infection i.e. polluted water supplies and improper sewage disposal threatens to worsen in the overcrowded shack settlements, there is every prospect that the enteric 'carrier' state among Native food-handlers will continue to remain high for years.

One inevitable consequence is that milk — the most 'enteric-susceptible' foodstuff — must continue to be boiled before use. Nor can this precaution be relaxed unless or until the following conditions are satisfied:

- (1) All milk is pasteurised in approved depots before distribution;
- (2) All handlers of milk after pasteurisation are purged of potential 'carriers' as indicated by the Vi-antigen test and fully immunised against Enteric Fever; and
- (3) Failing compulsory pasteurisation of all milk supplies, both Vi-testing and immunizing regimes will have to apply to handlers of raw milk supplies at any stage.

As Durban's milk supply is presently constituted, this would imply the making of 100 — 150 Vi-antigen tests monthly. It has not so far been possible to arrange for the performance of more than a small number of those tests locally. There are certain technical objections to send sera long distances e.g. to Johannesburg, for the routine performance of this test.

There would appear to be only two alternatives —

- (1) for the Municipality to organise its own laboratory wherein this among other routine tests would be undertaken; and
- (2) for all Municipal routine laboratory work to be given out to private contract.

Efforts to establish a Municipal laboratory during the year were held up through uncertainty in regard to the availability of skilled personnel and supply of materials.

(f) **Immunization.** During the year considerable progress was made in the development of facilities for immunization against Diphtheria, Enteric Fever and Smallpox.

In the case of Diphtheria, the work was limited to contacts of discovered cases. Preparations are in hand for commencing a public immunization service during the coming year, based on the following:

- (1) priority for pre-school-aged children and scholars up to the age of ten years;
- (2) service to be available:
 - (a) through the family doctor who will receive a fee of 2/6d. for each completed immunization;
 - (b) at regular clinics held at the Health Offices, Gale Street;
 - (c) at Child Health Clinics in outlying districts; and
 - (d) by mobile units at schools—by arrangement with the Education Department.

In the case of Enteric Fever, immunization has been carried out by the Department: (a) as a routine in the case of food- including milk- handlers and 'contacts' of notified cases of Enteric; (b) as a special control measure in the case of localities where water-borne enteric was active; and (c) as a 'mass' protection in the case of shack settlements such as Booth Road, where extreme congestion and lack of basic sanitary protection emphasises the protection — albeit temporary — which can be given by immunization.

In all 12,158 persons were immunised, being 1,562 for Diphtheria and 10,596 for Enteric. (g) **Research.** Research is urgently necessary for the guidance and improvement of endemic control technique particularly in the case of the dysenteries. Is it possible to break the chain of infection between 'carrier' and victim by any new hygiene or therapeutic expedient? What types of dysentery infection are responsible for local endemic prevalence or epidemic risk? Are the different types selective for different age-groups? Which is the more effective transmitting agent — infected food or the infected food-handler? Is raw milk a vehicle of dysentery infection? Do cockroaches harbour and void active amoebic cysts?

It is generally accepted that the prevalence of bacillary dysentery affords the best index of local sanitary conditions, particularly in regard to the lack of proper water-supply and sanitation. The control of all forms of Dysentery and Enteric is, indeed, basically a problem of health engineering. In Durban many years must elapse before post-war programmes of water-supply and sewerage extension, housing and slum clearance can eradicate the prime sources of those infections.

This interim period of several years duration calls for special measures of control both of a health-engineering nature and otherwise. Skilled research is necessary to establish the data required for developing adequate interim programmes embracing both environmental and personal aspects of control.

(h) **Health Education.** Health education has an important role to play in the control of endemic and epidemic diseases such as Plague and Typhus — which are spread by insect pests or vermin — and Dysentery and Enteric, which — apart from the water-borne types — are spread most commonly through faulty food-handling.

During the year, Health educational work was extended in several directions. Suitable pamphlets were prepared and distributed by Health Assistants in non-European areas threatened by Enteric Fever, Dysentery and Smallpox. Correct habits of personal and domestic hygiene, including food-handling, were described whilst the benefits of immunization against Enteric Fever, Diphtheria and Smallpox were stressed.

A series of lecture/demonstrations — usually accompanied by the showing of appropriate films — was organised for industrial and school groups of non-Europeans on the subjects of Tuberculosis and Venereal Disease control.

Talks on V.D. Control were given to groups of European and Coloured female workers after or during shop or factory hours. These talks — given by the Municipal Bantu Medical Officer and one of our European Health Visitors — were greatly appreciated by the listeners.

Employers generally extended their willing co-operation to the Department in arranging for health educational programmes for their employees.

Health Education, as promoted by the Department, falls into two phases. In the first, contact is made with individual and family units through child health and cognate clinical activities and house-to-house visitation by Health Visitors. In the second, contact is made with groups — either small groups of 15 to 25 or large groups of 50 to 100 or more. Among groups, the work entails the showing of films or filmlets of suitable type. Films are obtained on loan from the S.A. Red Cross Society, Johannesburg and the National Film Library, Pretoria.

The following films were shown during the year :

V.D.: "Two Brothers."

T.B.: "Tuberculosis."

"John Smith & Son."

"Let's Open Our Eyes."

This phase of the work has been considerably developed since the close of the Municipal year.

(i) **Food-Handler Control.** Foods which are consumed raw — including cold meats — are specially liable to transmit the infections of Dysentery and Enteric as a result of contamination by an infected food-handler at any stage in their production and preparation. The examination of food-handlers for the 'carrier' state of communicable diseases is a laborious and expensive procedure. The general consensus of opinion today is that routine examination of food-handlers should be limited to such groups of handlers and methods of examination as are indicated in the special circumstances of each control area.

In Durban food-handler control is specially indicated as a means of 'closing' one important avenue of Dysenteric and Enteric infection i.e. the contamination of food by an otherwise healthy 'carrier.'

Priority is given to the control of milk-handlers against the risk of transmitting the specific infection of Enteric or Typhoid Fever. From July until January, when the survey had perforce to be interrupted, all Natives employed in or seeking employment at dairies and milk-depots were Vi-tested for the Enteric 'carrier' state. The survey involved 1,539 blood-tests and disclosed seventy-six 'positive' or 'suspicious' reactors to the test, indicating the potential 'carrier' state. These reactors were precluded from employment as food-handlers. Particulars of identification in each case were recorded in a special register and also in the index files of the Municipal Native Administration Department.

Vi-testing of food-handlers ceased in January as the Government Laboratory found itself unable, owing to shortage of equipment, to carry on with the work. Until Vi-testing could be revived as a routine, it was decided to immunize all milk-handlers against Enteric. This procedure greatly reduces the risk of frank typhoid among a food-handler staff, but does not exclude the potential 'carrier' or the mild ambulant case. Coupled with a Vi-testing routine, immunization of personnel represents the limit of biological control which is exercisable for the prevention of food-borne Enteric Fever.

It is justifiable locally in the case of all handlers of raw milk and of milk after pasteurisation. This procedure is made compulsory in the new Food (including Milk) By-laws which were drafted and submitted for approval during the year but which have not yet been promulgated.

Apart from the biological instruments of control — Vi-testing and Immunization — in the case of food-handlers, reliance is to be placed on Health Education to inculcate habits of personal cleanliness among food-handlers. In particular, the wearing of clean overalls and the care of hands — trimming of nails and scrubbing of hands after visiting toilet, use of clean towels etc. — must be emphasised and re-iterated. Good supervision of a food-handler staff educated in the simple essentials of food hygiene will go a long way towards reducing the chances of food-borne endemic or epidemic disease.

During the year, a Food-handler control clinic was established at the Department's Gale Street office, whereat milk-handlers and intending milk-handlers are medically examined, immunised and health educated. Each is given a card recording details of his identification and medical history. Vi-testing will be added to the control procedure as soon as available.

Immunization (anti-enteric) of food-handlers on the staffs of food-factories, hotels and restaurants has been undertaken by the Department's mobile unit, but office accommodation must be enlarged and staff strengthened before further progress can be made.

A plan for enlarged office accommodation was prepared and approved during the year.

Immunization as a control procedure is not applicable in the case of the Dysenteries. Reliance must therefore be placed on health educational methods and the investigation of cases of dysentery reported among food-handlers.

(j) The foregoing relates to the phase of food-handler control by biological and educational methods applied to the individual by technical facilities coming within the Department's routine administration. Its object is to ensure, as far as possible, that food-handler staffs are (a) recruited from healthy individuals; and (b) supervised by the City Health Department in regard to periodic health examination, health education and immunisation (wherever applicable). Although, owing to staff shortage and lack of office accommodation, the work has had to be restricted to the more vulnerable food-trades, the intention is to extend its scope to all food-handlers as the means become available.

In regard to the environmental phase of food-handler control, the question of housing immediately obtrudes itself as a problem urgently demanding a solution. It is verging on futility to develop expensive procedures involved in the individual phase of control without a commensurate effort to improve the environment phase i.e. the housing of that section of the population concerned.

The lop-sidedness, the lack of balance which appears to characterise most health administrative schemes nowadays cannot be better illustrated than by this spectacle of developing food-handler control in Durban. On the one hand, the City Health Department immunises, health educates and card-indexes the individual food-handler; on the other, the dearth of a co-ordinated slum clearance and housing policy exposes the food-handler population to the worst risks of acquiring Dysentery and Enteric which it is possible to conceive. Although but a minority of Native food-handlers live in the 'Umkumbaan' slum settlements, the majority find occasion to visit this plague-spot at week-ends. By reason of site-overcrowding in the absence of safe water-supply and proper means for disposal of sterco, the Umkumbaan settlements and their lesser prototypes in various parts of the Added Areas, provide natural reservoirs for the infections of food-borne diseases and ample opportunities for the infection of Food-handlers.

The growth of illegally erected shack settlements during wartime is paralleled by a heavily increased prevalence of acute intestinal diseases among Natives and Indians and — through the medium of infected Native and Indian food-handlers — also among Europeans. Expectations that the erection of new Native housing would enable such slum conditions to be abolished have not been realised. Indeed, in the case of Native housing, new construction has been outpaced since the war by the development of new slums of the shack type.

Outside the City area and generally wherever de-tribalised Natives are trying to establish themselves in the neighbourhood of towns and villages, similar shack settlements are rapidly developing with exactly similar results as regards the prevalence of the acute intestinal infections, the progressive infection of food-handlers an ever-increasing menace to the European.

This is borne out by the fact that since the outbreak of war, the annual increase in the number of deaths from Dysentery, Enteritis and Enteric occurring among non-residents of Durban (i.e. imported deaths) is proportionately the same as for Durban residents. In other words, the causes of increasing prevalence of Dysentery and Enteric Fever are not confined to the City area but are operative outside the City — in Health Board areas and Magisterial districts — in exactly comparable degree.

In fact, so far as Enteric Fever is concerned, the statistics show that whereas it has increased three-fold among Durban Natives, it has increased five-fold among imported Natives since 1940.

In the case of non-Europeans, powers of resistance to disease have definitely been sapped by malnutrition, following scarcity and inflated prices of staple and protective foodstuffs. This factor has undoubtedly contributed to the high and increasing mortality from acute intestinal diseases. But it would not necessarily contribute to increased prevalence — which is due essentially to the mushroom growth of shack housing — both in and outside the City — housing which is uncontrolled as regards planning and construction and — worst of all — lacking the basic sanitary protection of a safe water-supply and proper system of sterco disposal.

This 'basic sanitary protection' must be given to selected shack areas until the new housing schemes of the future shall have materialised. Preliminary planning must ensure that roads, water-mains, sewers or other essential services provided for the 'salvage' of shack areas, will be capable of incorporation in future orthodox housing schemes.

During the year, a list of shack areas suitable for treatment as described was submitted together with a list of areas which should be cleared of shacks as unsuitable for installing the services necessary for basic sanitary protection.

(k) Diphtheria showed increased prevalence as compared with the previous year. Among Europeans there were 295 notifications and 9 deaths as against 262 notifications and 2 deaths in 1941/1942. Non-European figures showed little change.

Two developments in Diphtheria control were (a) restriction of the Government Laboratory free service for the examination of throat swabs with effect to intermit examination of swabs from 'contacts,' and (b) establishment of a clinical service for free immunisation against Diphtheria.

With respect to (a) it was pointed out that until a national policy of diphtheria prophylaxis was adopted, it would be necessary to continue swabbing of 'contacts' as a means of controlling diphtheria in a city such as Durban, where visitors from all parts were accommodated. The Union Health Department was sought to restore the restricted service and in the meantime, arrangements were made to have the swabs examined by a private pathologist.

With respect to (b) the future of diphtheria control lies with immunisation of particularly pre-school aged children and scholars up to the age of twelve. Arrangements are in hand for the organisation of a Public Immunisation Service whereby free facilities will be available through the medium of (a) the family doctor or (b) special clinics to be organised by the City Health Department.

During the year, 180 persons were immunised against Diphtheria at the Department's Gale Street Clinic.

DEATHS : INTESTINAL INFECTIONS.

1932 — 1943.

	ENTERIC				DYSENTERY				ENTERITIS (under 2)				ENTERITIS (over 2)			
	BOROUGH		IMPORTED		BOROUGH		IMPORTED		BOROUGH		IMPORTED		BOROUGH		IMPORTED	
	E.	C.	N.	A.	E.	C.	N.	A.	E.	C.	N.	A.	E.	C.	N.	A.
1932	4	1	7	2	3	2	15	1	2	2	16	2	4	3	71	—
1933*																
1934†	4	1	24	9	2	—	6	—	4	3	96	14	1	—	27	1
1935	7	2	15	8	—	—	4	2	10	—	66	18	1	1	22	1
1936‡	3	1	5	2	1	—	1	3	3	1	81	11	2	—	16	—
1937	3	—	9	3	—	—	18	4	2	3	53	24	—	—	63	1
1938	2	—	8	7	—	—	17	2	1	3	35	20	—	—	125	—
1939	6	—	7	4	—	—	16	3	7	1	53	13	1	—	99	—
1940	5	—	12	7	—	—	6	4	7	3	105	12	—	—	45	1
1941	2	—	23	6	2	—	28	2	9	4	128	18	2	1	74	2
1942	10	1	39	10	7	—	31	8	12	7	233	33	2	—	104	3
1943	6	2	34	15	4	1	30	5	26	21	415	189	5	—	168	8

* Deaths (Borough and Imported) from Intestinal Diseases —
European 22; Coloured 3; Native 125; Asiatic 31.

† 10 months only.

‡ 8 months only.

7. WATER SUPPLY. (By courtesy of the City and Water Engineer).

Water : Chemical and Bacteriological Analysis.

(a) Chemical :

Colour	—	—	—	—	Good	Sediment	—	—	—	—	Nil
Turbidity	—	—	—	—	Nil	Re-action	—	—	—	—	0.5

Results expressed in parts of 100,000 :

Total Solids	—	—	—	—	—	11.00	(9.76)
Loss on Ignition	—	—	—	—	—	1.84	(1.96)
Chlorine	—	—	—	—	—	2.84	(1.76)
Nitrites and Nitrates	—	—	—	—	—	Nil	(Nil)
Saline Ammonia	—	—	—	—	—	0.006	(0.005)
Albumoid Ammonia	—	—	—	—	—	0.007	(0.007)
Total Hardness	—	—	—	—	—	3.25	(3.90)
Permanent Hardness	—	—	—	—	—	1.27	(1.27)
Iron	—	—	—	—	—	Trace	(Trace)
Poisonous Metals	—	—	—	—	—	Nil	(Nil)

(b) Bacteriological : Usual high standard maintained throughout the year.

Average daily consumption is in the vicinity of 15,947,200 gallons.

Bacteriological Examination : Regular bacteriological and chemical examinations are made at the Government Laboratory in Durban, and the results compare with any other in the world.

208 samples were taken and submitted to the Government Laboratory for bacteriological examination and 52 samples were submitted to the City Analyst for chemical examination.

All samples were certified to be satisfactory.

8. CLEANSING SECTION : (By courtesy of City and Water Engineer).

Cemeteries : The Municipal Cemeteries continue to be properly conducted and maintained, necessary extensions are in progress and future requirements are under consideration.

Interments :

Municipal Cemeteries (Private)	—	6,611
Cemeteries	—	1,449
Total :	—	8,060

Cremations :

Europeans	—	260
Asiatics	—	111
Total :	—	371

Free Burials :

Europeans	—	7
Asiatics	—	3
Natives	—	133
Mixed	—	7
Total :	—	150

Conservancy. Notwithstanding considerable difficulties of transport, etc., this service was carried out with regularity and efficiency. With the exception of the South Coast area, where the service was extended to approximately 300 shack dwellings in a locality in which a number of cases of Enteric had occurred, no extension to unserved areas was found possible.

The disposal site in Booth Road, which had always been unsatisfactory owing to the nature of the soil, was closed down in January, and the Contractor for the Mayville area, by whom it was used, was required to transfer to the Department's Stercus Station at Bellair Road, where the soil, washing facilities, etc., are entire satisfactory.

No. of Pails in use at end of year :

1943	— — — — —	10,376
1942	— — — — —	9,951
Increase :		425

Refuse Removal and Disposal : Total amount collected and removed 256,684 cub. yds. shows a decrease of 20,726 cub. yds. from the total for the previous year, probably due to the reduction of output from many premises following the collection of waste paper under Government Regulations. The service was carried out regularly as in past years, but inability to get supplies of spraying materials, and flooding of certain of the disposal sites by excessive rains caused temporary difficulties on a few occasions, but the work was otherwise carried out with the customary success.

Street Cleaning. The presence of large numbers of visitors on the streets at intervals and the continuance of black-out conditions tended to hamper the work of keeping the streets clean, but never seriously impaired the usual high standard for which Durban is noted. The total quantity of refuse collected and removed was 43,993 cub. yds.

Dead Animals. 456 carcasses of animals were removed and disposed of by burial.

Public Conveniences. A start was made on the erection of several new blocks of public conveniences, but, owing to difficulty and delay in getting certain essential materials, only one, that at Parker Road, Maydon Wharf, was completed during the year.

9. MEAT SUPPLIES : The number of animals slaughtered during the year was as follows :

Bovines.	Swine.	Sheep.	Goats.
72,686 (62,043)	76,695 (65,533)	312,030 (382,810)	15,144 (12,467)

Carcasses, Organs or Parts Condemned :

No. of Cases :

1,707 (1,782)	3,130 (2,994)	1,879 (1,662)	251 (252)
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Portion of Carcasses weight in lbs.:

77,912 (55,846)	4,320 (4,630)	362,978 (630,226)	— (—)
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Routine health supervision over butchers' shop, cold storages, markets, meat transport vehicles etc. continues to be maintained at high level of efficiency.

10. MILK SUPPLY. During the year it was estimated that of the total 15,000 gallons of fresh milk supplied to Durban daily 5,000 gallons were raw and 10,000 gallons pasteurised. Of the latter quantity, 3,500 gallons were pasteurised in Durban milk-depots and the balance 6,500 gallons, in up-country milk-depots.

Raw milk supplies were 1,786 gallons less than in the previous year, while pasteurised supplies were 1,267 gallons more.

The contraction of raw milk supplies reflects the stress of war-time economic conditions in the town-dairying industry. Dairymen, who had over-capitalised their business, found it impossible or unprofitable to carry on in the face of excessively high production costs and distribution difficulties. Several gave up dairying, others went in for production of milk for pasteurisation.

Cleanliness of Milk Supplies. During the year, the 'plate count' examination of milk samples was revived and replaced the Disc Test as the routine test of milk cleanliness.

The 'plate count' indicates the number of (a) total organisms, mostly of the lactic acid or 'souring' types; and (b) 'presumptive' B. Coli, which is taken as indication of animal-derived excremental contamination.

In general, plate-counts were found to be high as a result of depreciation in producer-dairy plant and equipment, much of which is of highly-specialised design and equipment, obtainable only by importation. Many large-producing dairies have found it impossible to obtain replacements and even repairs of such plant as boilers, coolers, sterilisers, bottling machines, thermometers etc., or equipment such as cans. Despite these disabilities, several dairies tried to expand their output to meet the demand for fresh milk with the result that the handling capacity of their dairies became overtaxed. The efficiency of sterilising and cooling declined, leading to (a) excessive contamination of each successive batch of milk with the 'souring' (but otherwise harmless) bacteria surviving from the previous batch; and (b) excessive multiplication of souring bacteria especially in summer.

It is only when dairying conditions permit the general attainment of low plate counts, that plate counts are of any real value as an indicator of cleanliness.

Safety of Milk Supplies. Whereas cleanliness of milk reflects normality at every stage of production and preparation of a milk supply, safety essentially concerns three factors only :

- (a) health of cows;
- (b) health and personal hygiene of milk-handlers; and
- (c) efficiency of heat-treatment.

As regards (a) unhealthy cows can pass the infections of Tuberculosis, Brucellosis (Malta or Relapsing Fever), Septic Sore Throat, etc. directly into the milk.

As regards (b) unhealthy and careless or ignorant milk-handlers can pass the infections of Enteric Fever, Dysentery, Diarrhoea, Enteritis, Diphtheria and Scarlet Fever into the milk.

Both animal and human sources of danger to milk can be counteracted or neutralised by heat-treatment of milk — and only by such treatment.

No matter what precautions are taken to exclude animal or human infection from a milk-supply, that milk-supply remains a "dangerous commodity" unless it has been pasteurised before distribution.

That is the consensus of modern scientific opinion — and people only delude themselves if they entertain any other belief respecting the safety of a milk supply.

Thus the milk-supply to all large centres of population should be efficiently pasteurised before distribution — irrespective of whether, in its pre-pasteurisation stages, it was handled to perfection or not.

Cleanliness of milk, whether raw or pasteurised, is to be striven for at every stage of production, preparation and distribution and is to be ensured by the use of clean premises, clean equipment, and clean methods of milk-handling including efficient sterilisation of apparatus and efficient cooling of milk.

Milk is to be rendered safer by excluding — as far as possible — unhealthy animals from milch herds and unhealthy milk-handlers from the dairy staffs — but the highest attainable degree of safety in a milk supply can be ensured only by means of pasteurisation before distribution. Handlers of milk after pasteurisation must of course be healthy.

During the year, a higher standard of dairy hygiene and sanitation than that which could be required under existing by-laws was aimed at as a pre-requisite for licence renewal. This measure was adopted as a matter of policy in consequence of the threat of milk-borne Enteric which developed during the previous year following a sudden and widespread increase of Enteric among Natives in both rural and urban peripheral areas.

The requirements in question had been observed by the larger dairies for years as a matter of co-operation with the Department in the campaign to improve the milk-supply. They were incorporated in the dairy section of new Food (including Milk) By-laws which were drafted and submitted during the year, but which have not yet been adopted and promulgated.

Simply explained, the salient new requirements were as follows :

- (1) Installation of a mechanical brine or gas-operated Cooler instead of a water-cooler, the object being to effect the more rapid and efficient cooling of milk as a deterrent to bacterial multiplication;
- (2) Medical examination, Vi-testing and immunisation of milk-handlers at request of City Medical Officer of Health as a measure of Enteric prevention;
- (3) Installation of steam steriliser in order to substitute pressure steam sterilisation for current steam, hot-water or chemical sterilisation;
- (4) Water-borne sanitation (including septic tanks) to replace Pail conservancy; and
- (5) Limitation of size of dairy herds to 25 animals per acre.

The majority of large raw-milk dairies already possess equipment and sanitation of the type and standard specified. Twenty-one raw-milk dairies, representing 60 per cent. of the total raw-milk output, are now on water-borne sanitation and an even larger percentage are fully equipped with the type of plant and equipment specified.

The new by-laws contain a provision whereby the City Medical Officer of Health can permit the treatment of unsound food (including the heat-treatment of 'suspected' milk) as an alternative to destruction of such food — if by such treatment the food can be rendered fit for human consumption.

It should be noted that the working economy of a raw-milk dairy can be unbalanced in the course of a week or two by the attempt to produce and handle more milk than the premises are designed and equipped to produce and handle. The effect of war-time prices induced many dairymen to 'boost' their output beyond the capacity of their plant and premises to handle properly.

The task of rendering raw-milk supplies as safe as possible involves medical examination and Vi-testing of all milk-handlers employed in a dairy, immunisation of those passing these tests, discharge of those failing to pass and similar control for all new employees subsequently engaged.

Although medical examination and immunisation has been carried out during the year for all dairy staffs on a voluntary basis, it has not yet been possible to arrange for the performance, as a routine, of the very large number of Vi-test (1,200 — 1,500 yearly) necessary to control both raw and pasteurised sections of the industry.

A survey of all dairy and depot premises was completed during the year and afforded the data for setting out improvement programmes for dairies and milk-depots in accordance with the advanced standards adopted as a matter of policy and briefly described in the foregoing.

Until these programmes could be completed and the fresh-milk dairying industry stabilised on a more satisfactory footing, the public were warned by periodic notice in the Press, to boil all milk used for domestic purposes.

The problem of controlling a milk-supply in the interests of public health cannot rest only with consideration of cleanliness and safety. There is the nutritional aspect to be evaluated as one of increasing importance nowadays more especially in regard to the lower economic grades of the population, both European and non-European, resident in outlying suburban areas.

The distance of such areas from the town milk-depots (which purvey the cheapest milk) together with the unmade state of many of the roads, are such as to discourage licensed milk-traders from operating in these districts. Consequently, very many people resident in such areas have no access to any milk-supply except those surreptitiously purveyed by local cow-keepers (illicit milk-sellers) or 'pirate' suppliers sending in small quantities under 'permit' by train. In the case of local cow-keepers, the quantities of milk produced are so small and the radius of distribution so short, that no expensive apparatus or equipment is necessary in handling it. Being too poor to afford refrigerators, the users of such milk usually boil it to ensure keeping and in so doing, also ensure its safety.

During the year, a stricter control of such 'illicit' and 'pirate' supplies was instituted. Permits were issued only to those ex-City suppliers who were prepared to comply with the by-law requirements for producer-distributor premises. Several 'illicit' sellers were trapped (it is always very difficult to get evidence of 'sale' in such cases) prosecuted and obliged to stop.

Two 'random' surveys each of some 200 families resident in various parts of the Bluff and South Coast Junction revealed that very many families with several young children could obtain dried milk only. Some obtained a little fresh milk occasionally in addition to dried milk, many although desirous of using fresh milk, could not get access to it. There were some families who got no milk of any kind.

An acute shortage of milk developed in all the Bluff districts during the autumn and winter months. The Department organised an emergency milk service by relaxing the by-laws to permit of a producer-distributor purchasing supplies from a pasteurised milk-depot, and later encouraged a City depot to establish a regular milk service in the district.

In the case of such a polyglot community or rather series of communities as in Durban, it is a question of high policy as to whether the availability of 'low-grade' milk-supplies of undoubted nutritional value should be subordinated — in the poorest residential areas at least — to by-law standards.

During the year, the Department of Agriculture was sought to obtain higher priority rating for the importation of dairy plant and apparatus.

It is noteworthy that recently in Great Britain the onus of controlling the hygiene and sanitation of milk-supplies has been transferred from the Ministry of Health to the Ministry of Agriculture. It is considered that the time has come in this country when —

- (1) a national policy of milk control should be framed and made consistently applicable in the major Municipal areas and their immediate environs;
- (2) all supplies of milk for consumption in those areas should be pasteurised before distribution; and
- (3) the onus of control should be vested in the Ministry of Agriculture so as to ensure the full co-operation of producers in the campaign for more, better and cheaper milk.

The City Veterinary Officer (Col. A. F. Harber) reports:

During the year, the dairy industry met with a somewhat severe setback. Cattle feed was rationed rather heavily, and some concentrates such as bran and oilcake foods were unobtainable, and later, mealie products were withheld — grain merchants made up or prepared feeding mixture as well as they were able with the materials in hand. Notwithstanding this, however, there was a general drop in the milk yield, as the foods available were insufficient for both the maintenance and milk production upkeep — more proteins were required.

This diminution in the milk production, coupled with increased wages and difficulty, and in some instances inability to obtain certain building materials and other dairy essentials required under the regulations was the cause of some dairymen giving up business. Towards the end of the year, however, conditions improved, more foodstuffs were available but the price was high which was unavoidable under present circumstances, but matters will doubtless improve as conditions return to normal.

Bacterial Plate Counts of Milk. Owing to the lack of staff — away on military duty — this test had been discontinued for some considerable time but with the return of two Inspectors the work was resumed and it was found that the bacterial counts of the various samples were found to be much above the standard requirement.

This was due in the main to insufficient sterilization of dairy utensils chiefly of the metal type — buckets, cans, strainers and coolers. Steam sterilisation, to be effective, must be carried out at a definite temperature for a specific time. Previously, the steam cabinets of the various dairies had thermometers installed in a suitable position to regulate the temperature, but these had become broken and today they are unobtainable. However, it is satisfactory to note that the bacterial counts have been much improved by the application of remedial measures directed chiefly to the metal utensils. These utensils are the chief source of trouble as probably

90% of the bacteria emanate from this source. Bottles are not difficult to clean, but milk leaves a film of casein and the albumens on all metal surfaces which are removed only with some difficulty, and such film affords an excellent medium for bacterial growth. Once, however, this film has been removed effectively it is not a difficult matter to keep the utensils in a clean condition, and in this way the bacterial content of the milk can be kept to a satisfactory standard.

For some considerable time, a stain test has been used to gauge the cleanliness of these utensils. Carbol-Fuchsin, sprayed on the surface of the utensils, stains any film there may be present and the amount of such film can be gauged by the depth or density of the colouring. It is efficient, practical and simple and could be made use of occasionally with advantage by any dairyman for his own guidance.

Mastitis. The incidence of this condition of the udder has decreased considerably. This result has been brought about by the disposal or elimination of the more advanced cases from the herds, thus removing to a very large extent the foci or sources of infection. Dairymen realise the futility of attempting to treat severe cases, as they are very protracted and the result in the main is unsatisfactory, terminating usually in the destruction of one or more quarters of the udder with the consequent loss of milk, up to even as much as 50% in some instances; furthermore, there is always the probable recrudescence of the trouble at the next lactation period, and so such cows become a distinct liability. The majority of cases of the mild type, if taken in hand in the early stages, usually recover but the milk yield is always affected to some extent — evidence that there has been some destruction of milk secreting tissue, and even in these cases, there is always the possibility that the condition may recur at some future date resulting in a still further deminution of the milk yield in proportion to the severity of the attack.

Tuberculosis. In four instances during the year positive results were obtained as the result of biological test — evidence of tubercular contamination of milk samples. In one case the offending animal was located and destroyed, but in the other three, the animals responsible for the infection were not found in the herds concerned at the time of inspection as they had either been destroyed or disposed of. Subsequent tests of milk samples, however, from these herds after inspection had been completed gave negative results, evidence that infection had been eliminated from the milk supply. This shows the difficulty that is met with in tracing the source of infection in the milk in some instances but it will be realised that this is unavoidable when the time factor taken by the test control period of from 6—8 weeks duration is taken into consideration — that is the time that elapses from the date of inoculation of the guinea-pig with the milk sample, until the reaction to the test has become apparent.

During this period, many movements or deaths may have taken place among the animals of a dairy herd. Should, however, a cow excreting tubercle bacilli in the milk be present in the herd at the time of inspection, it can be located by clinical inspection supported by microscopical examination of milk smears from suspected cows.

It is of interest to put on record the position regarding bovine tuberculosis as it has existed in this area for the past few years.

Tuberculosis is prevalent among bovines and it can be assumed that 30% of the dairy stock would be found infected in some degree, a result which would be disclosed by the application of a tuberculin test. A large proportion of these reactors would be so slightly affected that clinical evidence of, or even suspicion of disease, during their lifetime would be absent. In others, that is those animals with a less resistance, the disease would progress more or less rapidly, giving rise to clinical symptoms.

Malnutrition cannot be looked upon as a contributory factor to tubercle infection among dairy stock, as all dairy animals are well fed with balanced rations. In fact, good food is essential if the milk yield is to be maintained. The disease is more prevalent among dairy animals that are house and well fed than those that live under more natural outdoor conditions.

The following figures show the number of animals removed from herds as showing clinical evidence of the disease; the number sent to the Abattoir from various dairies for slaughter and evidenced tubercular lesions upon post-mortem examination; and also the number of contaminated milk supplies as disclosed by the biological test for the past few years. Dairy Stock slaughtered at the Abattoir 1937/43, which showed tubercular lesions upon post-mortem:

Extent of Lesions.

No. of Animals.	Generalised.	Localised.
180	65	115

Many of these cows were sent to the Abattoir upon my instructions following routine inspections while others were sent in by the owners for various reasons as being unprofitable.

In addition to this number, 56 have been destroyed by me or under my supervision as showing clinical evidence of the disease. Post-mortem examination showed well marked lesions and in four of them tubercle lesions were present in the udder. Records show that the majority of these cows were in the "dry" stage and were destroyed during the early part of the period 1932/33. The percentage of udder infection in this number is somewhat high, but since that time, as a result of routine inspection and the elimination of clinically diseased animals, such cases i.e. those with udder infection are only occasionally met and are dealt with as they occur.

The number of milk samples which returned a positive result to the biological test during the period 1936/43:

No. of Samples tested.	No. positive.
800	19

Each milk sample required for this test is obtained from the milk sent out from individual dairies, and is collected during delivery at the rate of 100 per year. These 100 samples represent the milk from 4,000 cows, so this means that the milk from this number of animals has been subjected to the test annually, or of 28,000 cows over the period under review.

Assuming that one-third of these cows are tubercular in some degree, then out of 9,000 odd, 19 of them had passed tubercle bacilli in the milk at some period. This is a low degree of contamination as compared with other countries, and can be viewed with satisfaction under the conditions which exist as regards the incidence of bovine tuberculosis in the country generally.

The number of contaminated milk samples as they occurred yearly during the period is as follows:

1936	1937	1938	1939	1940	1941	1942	1943
3	1	2	4	2	2	1	4

Should a cow with a tubercular udder be present in a herd, it can be detected by clinical inspection supported by microscopical examination of the milk from suspected cases and in these instances where no milk is obtainable, such as when a cow is "dry", or the affected quarter of the udder is not secreting milk due to induration or fibrosis resulting from mastitis infection — a puncture smear prepared from the tissue of the affected quarter is quite satisfactory for microscopical examination.

This method of diagnosis is quite successful and can be carried out without any delay and it will be realised that the advantage of being able to detect and eliminate such cows from a herd in a few hours instead of having to resort to a further biological test of 6—8 weeks to locate the offending animal is evident.

It has been stated that cows heavily infected with tuberculosis may pass tubercle bacilli in the milk although the udder is healthy. Theoretically, the possibility of this happening exists to some extent — but in practice cases very rarely occur and I consider the risk can be looked upon as negligible.

11. OTHER FOOD SUPPLIES. Draft Food (including Milk) By-laws submitted during the year make provision for improved standards as regards the manufacture, storage, handling and distribution of foods. Requirements in respect of structure and equipment of premises are specified to ensure freedom from contamination by dust, dirt, pests, vermin and last but not least — by handlers suffering from communicable diseases or capable of 'carrying' infection although to outward appearance well.

Stress is laid on the provision of adequate toilet and ablution facilities for Native food-handlers, the wearing of clean overalls, habits of personal hygiene and in the case of milk-handlers, blood-testing and immunization against Enteric.

Provision is also made for the establishment of food-inspection depots and for a more expeditious method of food examination, and where necessary condemnation and destruction, than exists in the present by-laws or under the Public Health Act. Moreover, as an alternative to destruction of a tainted consignment of food, treatment designed to render the food fit for human consumption, when available, can be authorised by the City Medical Officer of Health.

Besides very materially advancing the efficiency of hygienic control over the production, handling and distribution of foods, the new set of by-laws amends and consolidates the several sets of relevant by-laws now in force, at the same time preserving such of the salient features as have proved their efficacy in the past.

As a result of the daily supervision exercised by the Department at the City Market, the following foods were condemned:

Dressed Fowls	989	Mushrooms (lots)	17
do. Turkeys	27	Eggs (doz.)	6
do. Ducks	37	Apricots (boxes)	7
do. Geese	10	Cabbages (bags)	102
do. Pigeons	57	Onions (bags)	66
do. Guinea Fowl	29	Sweeds (bags)	6
do. Partridges	3	Turnips (bags)	10
do. Rabbits and Hares	5	Cauliflower (bags)	85
Venison (Carcases)	6	Carrots (bags)	39
do. lbs.	1998	Green Mealies (bags)	8
Potatoes (bage)	62	Prunes, Dried (lb.)	21
Parsnips (bags)	1	Chutney (btt.)	16
Green Peas (pkts.)	424	Lettuce (Cartons)	2
Oranges (pkts.)	1	Cheese (lbs.)	40
Lemons (pkts.)	18	Butter (lbs.)	13
Green Beans (pkts.)	52	Sultanas (lbs.)	25
Giblets (pkts.)	33		

Foods Condemned at other Premises:

Assorted Jams (tins)	3524	Macaroni (lbs.)	65
Fish (tins)	49	Beans (tin)	1
Peas (tins)	6		

12. CHILD HEALTH. Signs are evident that Child Health activities can no longer limit themselves to the health educational aspects of mother and child care. New tasks await this department of public administration — for example, immunisation of the pre-school aged groups against Diphtheria; development of group health services comprising maternal and child health, ante-natal care, social welfare, district midwifery and lying-in facilities, nutritional clinical service, food depot organisation and for specified low-income groups, an out-patient general medical and dental service.

All the foregoing health and social welfare services are comprised in the modern conception of a 'Polyclinic' and although different authorities are responsible for its various services, the advantages of co-ordinating their several activities are obvious.

During the year, plans for a model polyclinic were evolved, such as would be required to serve a community of low-income groups e.g. barracks or locations of from 5,000 to 10,000 population.

The plan provides for the following :

- (a) an administrative section connected by a short covered way to—
- (b) a waiting-room large enough to permit projection of health educational films and separating two wings whereof one houses the general medical and dental out-patient department and dispensary services for both sexes and all ages; the other wing houses all health clinical functions relating to women and children only i.e. maternal and child health, immunisation, nutrition and health education; a covered way leads to—
- (c) a lying-in hospital block of 12 beds and ante-natal clinic, connected by a short covered way with—
- (d) a cottage (for housing staff) and kitchen.

A further plan shows a combined cleansing and Laundry Block comprising :

- (a) a cleansing, disinfecting and ablution section fully equipped—
 - (i) to facilitate cleansing and deverminisation of persons and personal effects; and
 - (ii) to provide hot baths or showers at nominal cost; and
- (b) a laundry section equipped with washing 'stances' and ironing boards, which can be hired at nominal rates to housewives for their own or bespoke laundering.

The addition of a Food Depot connected with the Administration section would complete the conception of a modern Health Centre such as it is proposed to establish :

- (a) in non-European locations such as Blackhurst and Lamont for Natives, the Magazine Barracks for Indians; and
- (b) under the post-war works Programme, for the suburban districts of Greenwood Park, Mayville and South Coast Junction.

The opportunity lying with Child Health Clinics to develop nutritional service for mal-nourished families under ideal conditions of supervision must be exploited. 'Protective' foods of high protein, fat and vitamin content can be issued (a) free or (b) at reduced or bare cost at the discretion of the medical officer in charge. Such a privilege would ensure full attendance at the child clinics and ensure the maximum 'spread' of their healthful activities. In these times of frequent scarcity and inflated cost of protective foods, the availability of such supplies in small quantities and cut prices must rank as an essential health (nutritional) service to families of the low-income groups.

The Child Health Medical Officer (Dr. K. McNeill) submits the following report :

In presenting the twenty-third annual report of the Child Health Section of the City Health Department, I have little new to add to what I have said on many previous occasions. It is still very obvious from current vital statistics that all is not well with the health of children and that further effort to improve this ought to be initiated.

I should like to draw attention to three facts :

- (1) The stationary position of the infantile death rate, noting specially the lack of improvement in natal and neonatal deaths — many of which are known to be due to parental malnutrition;
- (2) The stationary position of physical and mental health of toddlers and pre-school children;
- (3) The stationary position of health of school entrants.

These three factors support my contention that Child Health activities are at a stationary and stagnant stage and that while it is vitally necessary to maintain them at this unsatisfactory level in order to prevent conditions relapsing into an even worse state, the time is definitely overdue for revolutionising Child Health services if it is desired to improve the health of children and consequently national health.

The stationary plight of Child Health activities noted above would appear to be due to —

- (i) Unsatisfactory methods of maternity work including hospitalisation and training of midwives; and
- (ii) Malnutrition.

While an annual report is not the place to detail methods for improving services relative to national health, I should like here to re-affirm the opinions I have expressed in various previous reports and to point out that in my opinion certain matters are long overdue for discussion, viz :

- (a) The future of midwifery and allied services including hospitalisation and training of staff;
- (b) The future training of public health officials;
- (c) Nutrition — including such subjects as communal feeding for all races and dehydration of vegetables, drying of milk etc. for every day use; and
- (d) The establishment of a system of Health Education.

If there is any substratum of truth in the popular aphorisms such as "The child is father to the man," "A Nation walks on the feet of little children" etc., which everywhere are sentimentally plastered over walls of Child Health Clinics and used extensively at health weeks etc., is it not time that those who have views based on experience, came together to discuss what is probably the most important public health problem in post-war reconstruction viz. ways and means of ensuring the Health of the Child.

The following are statistics of Child Health activities and interest during the year :

	EUROPEAN CLINICS			NON-EUROPEAN CLINICS			Grand Total
	Gale Street Mobile Clinics Caravan and Vans	Brook Street and Gale Street Mobile Clinics (Vans)	Total	Brook Street and Gale Street Mobile Clinics (Vans)	Total	Total	
TOTAL NUMBER OF SESSIONS	216	487	703	265	329	614	1,317
Sessions for children	183	487	670	205	232	505	1,175
Number of ante-natal sessions	33	—	33	—	97	109	142
TOTAL ATTENDANCE AT CLINICS	*10,871	20,142	31,013	9,514	13,392	25,976	56,989
New cases out of above number	960	1,490	2,450	1,885	4,501	6,767	9,217
Number of infants under 1 year attending clinic	502	1,033	1,535	985	1,081	2,319	3,854
Total attendance of infants	4,961	8,387	13,348	3,959	4,146	9,390	22,738
Number of toddlers and pre-school children attending clinic	537	950	1,487	336	472	1,014	2,501
Total attendance of toddlers and pre-school children	2,668	6,677	9,345	1,773	2,824	5,477	14,822
Number of nursing mothers attending clinic	386	627	1,013	968	1,057	2,224	3,237
Total attendance of nursing mothers	3,032	5,367	8,399	3,777	3,587	8,160	16,559
Number of expectant mothers attending clinic	88	—	88	—	2,413	2,463	2,551
Total attendance of expectant mothers	150	—	150	—	2,935	3,005	3,156
Number of test feeds given	224	241	465	15	48	103	568
Number of mothers instructed in treatment of minor ailments	539	772	1,311	1,299	792	2,384	3,695
Number of health talks and demonstrations given	1,406	4,735	6,141	433	2,105	4,293	10,434

* Of this figure 1,236 were children attended to at Nursery Schools and Homes for Protected Infants.

NO. OF CASES.

	E.	C.	N.	A.
Referred to Doctors	236	2	—	—
Referred to Hospital	78	95	311	316
Referred to District Nurses	11	—	—	—
Referred to Societies	12	8	2	5
Passed for Day Nursery	59	13	6	—

PHYSICAL CULTURE. (From 7.10.42)

	E.
No. of postures assessed	184
No. attending classes	383
Total attendance	698

EXAMINATION OF ENTRANTS TO SERVICE.

160. Female entrants to the Municipal Service were medically examined.

FOOD DISTRIBUTED.

	Gale Street and Mobile Clinics (Caravan and Vans)	Brook Street and Gale Street Centres and Mobile Clinics (Vans)		
	E.	C.	N.	A.
Number of cases receiving dried milk free	23	14	11	20
Amount of dried milk given free in lbs.	347	399	66	423
Number of cases receiving dried milk at cost and reduced prices	2	14	—	25
Amount of dried milk sold at cost and reduced prices in lbs.	5	294	—	560
Number of cases receiving cow's milk free	48	8	—	—
Amount of cow's milk given free in pints	13,673	1,937	—	—

VACCINATIONS.

Vaccinations carried out at Child Health Centres during November and December, 1942.	E.	C.	N.	A.	Total.
— — — — —	2,358	172	1,654	13,193	17,377

BIRTHS.

Notifications :	E.	C.	N.	A.	Total.
DURBAN	1,412	193	1,030	1,142	3,777
GREENWOOD PARK	189	15	88	415	707
SYDENHAM	47	61	196	650	954
MAYVILLE	58	32	605	837	1,532
UMHLATUZANA	162	6	73	112	353
SOUTH COAST JUNCTION	181	42	238	725	1,186
IMPORTED	2,049	349	2,230	3,881	8,509
— — — — —	265	18	1,344	212	1,839
TOTAL :	2,314	367	3,574	4,093	10,348

Birth Rate :

E.	C.	N.	A.
19.38	39.58	21.11	45.04

Number of Illegitimate Births occurring among those notified.

	E.	C.	N.	A.	Total.
DURBAN	41	34	39	5	119
GREENWOOD PARK	—	6	—	1	7
SYDENHAM	1	18	27	6	52
MAYVILLE	1	5	16	4	26
UMHLATUZANA	—	1	—	—	1
SOUTH COAST JUNCTION	2	2	1	—	5
IMPORTED	45	96	83	16	240
— — — — —	5	4	98	1	108
TOTAL :	50	100	181	17	348

Registrations.

	E.	C.	N.	A.	Total.
DURBAN	1,519	210	601	1,003	3,333
GREENWOOD PARK	165	16	68	399	648
SYDENHAM	29	32	143	738	942
MAYVILLE	32	29	448	868	1,377
UMHLATUZANA	162	11	73	417	663
SOUTH COAST JUNCTION	162	41	214	822	1,239
IMPORTED	2,069	339	1,547	4,247	8,202
— — — — —	258	14	1,886	338	2,496
TOTAL :	2,327	353	3,433	4,585	10,698

Number of Illegitimate Births occurring among those registered.

	E.	C.	N.	A. **	Total.
DURBAN	67	52	368	—	487
GREENWOOD PARK	2	7	37	—	46
SYDENHAM	—	10	86	—	96
MAYVILLE	2	12	243	—	257
UMHLATUZANA	1	6	39	—	46
SOUTH COAST JUNCTION	3	6	95	—	104
	75	93	868	—	1,036
IMPORTED	8	7	851	—	866
TOTAL :	83	100	1,719	—	1,902

Stillbirths — Notifications.

	E.	C.	N.	A.	Total.
DURBAN	32	4	71	35	142
GREENWOOD PARK	3	—	8	29	40
SYDENHAM	2	3	10	14	29
MAYVILLE	1	3	47	32	83
UMHLATUZANA	6	—	5	5	16
SOUTH COAST JUNCTION	2	3	18	41	64
	46	13	159	156	374
IMPORTED	2	—	95	13	110
TOTAL :	48	13	254	169	484

Number of Illegitimate Stillbirths occurring among those notified.

	E.	C.	N.	A.	Total.
DURBAN	2	1	3	—	6
GREENWOOD PARK	—	—	—	—	—
SYDENHAM	1	1	—	—	2
MAYVILLE	1	1	—	—	2
UMHLATUZANA	—	—	—	—	—
SOUTH COAST JUNCTION	—	—	—	—	—
	4	3	3	—	10
IMPORTED	5	—	1	—	6
TOTAL :	9	3	4	—	16

Stillbirths — Registrations.

	E.	C.	N.	A.	Total.
DURBAN	35	5	67	53	160
GREENWOOD PARK	3	—	11	36	50
SYDENHAM	2	2	13	49	66
MAYVILLE	2	5	96	54	157
UMHLATUZANA	4	—	7	10	21
SOUTH COAST JUNCTION	3	3	22	58	86
	49	15	216	260	540
IMPORTED	4	—	134	8	146
TOTAL :	53	15	350	268	686

Number of Illegitimate Stillbirths occurring among those registered.

	E.	C.	N.	A. **	Total.
DURBAN	4	1	39	—	44
GREENWOOD PARK	—	—	5	—	5
SYDENHAM	1	—	11	—	12
MAYVILLE	1	—	42	—	43
UMHLATUZANA	—	—	3	—	3
SOUTH COAST JUNCTION	—	1	12	—	13
	6	2	112	—	120
IMPORTED	—	—	58	—	58
TOTAL :	6	2	170	—	178

** The Protector of Indian Immigrants advises that no births are noted as Illegitimate as the unmarried parents of children eventually marry — thus legitimising the births.

Stillbirth Rate or number of stillbirths per 1,000 live and stillbirths.

	No. of Stillbirths.	No. of Live Births.	Total.	Stillbirth Rate.
EUROPEANS	49	2,069	2,118	23.13
COLOURED	15	339	354	42.37
NATIVES	216	1,547	1,763	122.51
ASIATICS	260	4,247	4,507	56.67

INFANTILE DEATHS.

	E.	C.	N.	A.	Total
DURBAN	75	21	132	102	330
GREENWOOD PARK	6	2	31	22	61
SYDENHAM	2	5	47	100	154
MAYVILLE	1	3	286	95	385
UMHLATUZANA	7	5	25	25	62
SOUTH COAST JUNCTION	4	3	94	124	225
	95	39	615	468	1,217
IMPORTED	17	2	421	20	460
TOTAL :	112	41	1,036	488	1,677

Infantile Mortality Rate or number of infant deaths per 1,000 births.

	Number of Deaths			Number of Live Births			Mortality Rate.
	Male	Female	Total	Male	Female	Total	
EUROPEAN	60	35	95	1,092	977	2,069	45.91
COLOURED	25	14	39	165	174	339	115.04
NATIVE	303	312	615	803	744	1,547	397.54
ASIATIC	276	192	468	2,159	2,088	4,276	110.19

Number of infants who died, who had previously attended clinic or had been visited by a health visitor :

				E.	C.	N.	A.				
				14	8	19	11				
Attended only.				Health Visited only.				Health Visited and Attended.			
E.	C.	N.	A.	E.	C.	N.	A.	E.	C.	N.	A.
8	2	18	9	4	3	—	2	2	3	1	—

CAUSES OF INFANTILE DEATHS.

EUROPEANS:

Cause.	Weeks			Months				Total
	0-1	1-2	2-4	1-3	3-6	6-12		
Prematurity	27	1	1	—	—	—		29
Intra-cranial haemorrhage	7	—	—	1	1	—		9
Other Birth Injuries	1	—	—	—	—	—		1
Congenital Atelectasis	3	—	—	1	—	—		4
Other Diseases peculiar to Infancy	—	1	—	1	—	—		2
Congenital Malformations	1	—	2	—	—	1		4
Congenital Pyloric Stenosis	—	—	—	—	2	—		2
Gastro Enteritis	—	—	—	—	3	2		5
Bacillary Dysentery	—	—	—	—	1	3		4
Other Diseases of the Intestines	—	—	—	—	—	1		1
Malnutrition	—	—	—	1	2	—		3
Nutritional Oedema	—	—	—	2	2	—		4
Bronchitis	—	—	—	—	1	—		1
Broncho Pneumonia	1	1	—	1	2	5		10
Lobar Pneumonia	—	—	—	2	1	1		4
Congestion of Lungs	—	1	—	—	—	—		1
Unspecified Forms of Pleurisy	1	—	—	—	—	—		1
Whooping Cough	—	—	—	—	—	1		1
Measles	—	—	—	—	—	1		1
Diphtheria	—	—	—	—	—	1		1
Meningitis	—	1	—	—	—	2		3
Tuberculosis Meningitis	—	—	—	—	—	1		1
Congenital Syphilis	—	—	1	1	—	—		2
Accidental Death	—	—	—	—	—	1		1
TOTAL :	41	5	4	10	15	20		95

COLOURED:

Prematurity	3	1	—	1	—	—		5
Congenital Debility	1	—	—	—	—	—		1
Other Diseases peculiar to Infancy	—	1	—	—	—	—		1
Congenital Jaundice	—	—	1	—	—	—		1
Congenital Malformations	—	1	—	—	—	—		1
Gastro Enteritis	1	1	—	1	2	3		8
Nephritis	—	—	—	—	—	1		1
Malnutrition	—	—	1	—	1	1		3
Rickets	—	—	—	—	—	2		2
Bronchitis	—	—	—	—	—	1		1
Broncho Pneumonia	—	—	2	1	—	3		6
Diseases of the Larynx	—	—	—	—	—	1		1
Whooping Cough	—	—	—	—	1	—		1
Miliary Tuberculosis	—	—	—	—	1	—		1
Diphtheria	—	—	—	1	1	—		2
Encephalitis	—	—	—	—	—	1		1
Congenital Syphilis	—	—	—	2	—	—		2
Accidental Death	—	—	—	—	—	1		1
TOTAL :	5	4	4	6	6	14		39

NATIVES: Cause.	Weeks			Months			Total
	0-1	1-2	2-4	1-3	3-6	6-12	
Prematurity	53	7	4	1	—	1	66
Congenital Debility	18	17	5	8	6	1	55
Intra-cranial haemorrhage	5	2	—	1	—	—	8
Other Birth Injuries	2	—	—	—	—	—	2
Atelectasis	5	—	—	—	—	—	5
Malaena Neonatorum	6	2	1	1	—	—	10
Congenital Malformations	1	—	1	1	—	—	3
Tetanus Neonatorum	2	8	—	—	—	—	10
Other Diseases peculiar to Infancy	3	1	—	—	—	—	4
Gastro Enteritis	2	7	10	54	59	121	253
Bacillary Dysentery	—	—	—	1	1	1	3
Amoebic Dysentery	—	—	—	1	—	5	6
Dysentery (unspecified)	—	—	—	—	1	—	1
Typhoid Fever	—	—	—	—	—	1	1
Diseases of the Liver	—	—	—	—	1	5	6
Malnutrition	—	2	—	3	7	1	13
Nutritional Oedema	—	—	—	—	1	2	3
Rickets	—	—	—	1	—	—	1
Bronchitis	—	—	2	9	11	22	44
Broncho Pneumonia	1	11	4	13	20	25	74
Lobar Pneumonia	—	—	—	—	2	2	4
Unspecified Forms of Pleurisy	—	1	—	1	—	—	2
Retro Pharyngeal Abscess	—	—	—	—	—	1	1
Laryngismus Stridulus	—	—	—	1	—	—	1
Pulmonary Tuberculosis	—	—	—	—	—	3	3
Miliary Tuberculosis	—	—	—	1	1	1	3
Diphtheria	—	—	—	1	—	—	1
Measles	—	—	—	1	—	—	1
Meningitis	—	—	1	—	—	3	4
Congenital Syphilis	8	5	—	4	2	1	20
Convulsions	—	1	1	—	—	1	3
Accidental Burns	—	—	1	—	—	—	1
Natural Causes	—	—	—	—	—	3	3
TOTAL :	106	64	30	103	112	200	615

ASIATICS:

Prematurity	33	2	4	3	—	—	42
Congenital Debility	43	11	8	3	2	—	67
Intra-cranial Haemorrhage	8	—	1	—	—	—	9
Congenital Atelectasis	4	1	—	—	—	—	5
Pemphigus Neonatorum	—	1	—	—	—	—	1
Malaena Neonatorum	1	—	—	—	—	—	1
Congenital Malformations	3	—	1	1	1	—	6
Congenital Pyloric Stenosis	1	—	1	—	—	—	2
Diseases of the Circulatory System	1	—	—	—	—	—	1
Gastro Enteritis	1	3	6	31	30	51	122
Bacillary Dysentery	—	—	1	1	3	13	18
Amoebic Dysentery	—	—	—	—	—	2	2
Dysentery (unspecified)	—	—	—	—	—	3	3
Helminths	—	—	—	—	—	1	1
Other Diseases of the Intestines	—	—	—	—	1	—	1
Biliary Calculi	—	—	—	1	—	—	1
Nephritis	—	—	—	—	—	2	2
Malnutrition	2	—	2	5	3	6	18
Rickets	—	—	—	1	—	—	1
Bronchitis	—	4	4	11	14	10	43
Broncho Pneumonia	1	4	3	10	12	35	65
Lobar Pneumonia	—	—	—	1	2	6	9
Coryza	7	4	—	1	2	—	14
Acute Mastoid	—	—	—	—	—	1	1
Pulmonary Tuberculosis	—	—	—	—	1	—	1
Congenital Syphilis	—	—	—	—	1	—	1
Gonococcal Infections	—	—	1	—	—	—	1
Diphtheria	—	—	—	—	—	2	2
Measles	—	—	—	—	—	1	1
Whooping Cough	—	—	—	—	—	2	2
Chicken Pox	—	—	—	1	—	—	1
Parotitis	—	—	—	1	—	—	1
Meningitis	—	—	—	—	1	1	2
Intra-cranial Abscess	—	—	—	—	—	1	1
Convulsions	1	3	1	—	—	1	6
Natural Causes	4	2	—	2	1	3	12
Ill Defined Causes	1	—	—	1	—	—	2
TOTAL :	111	35	33	74	74	141	468

FEEDING OF INFANTS WHO DIED FROM:—

Enteritis.	E.	C.	N.	A.	Total
Breast Fed	1	1	12	21	35
Breast Fed with cow's milk	—	—	1	1	2
Breast Fed with Dried Milk	1	—	—	1	2
Breast Fed with sweetened condensed milk	—	—	2	4	6
Breast Fed with cereal	—	—	1	2	3
Breast Fed with Extras	—	1	1	1	3
Cow's milk	—	1	—	2	3
Cow's Milk with Cereal	1	1	2	—	4
Cow's Milk with Extras	—	—	1	—	1
Dried milk	1	1	—	6	8
Dried Milk with Extras	1	—	—	—	1
Sweetened condensed milk	—	—	1	15	16
Sweetened Condensed Milk with Extras	—	—	—	2	2
Cereal	—	—	3	—	3
Unable to trace	—	3	229	67	299
TOTAL :	5	8	253	122	388

Malnutrition, Nutritional Oedema and Rickets.	E.	C.	N.	A.	Total
Breast Fed	—	—	—	3	3
Breast Fed with Sweetened Condensed Milk	—	—	—	3	3
Cow's Milk	2	—	—	—	2
Dried Milk	—	2	—	—	2
Unsweetened Condensed Milk	1	—	—	—	1
Sweetened Condensed Milk	1	—	—	2	3
Sweetened condensed milk and cereal	—	—	2	—	2
Continual Changes	2	—	—	—	2
Unable to trace	1	3	15	11	30
TOTAL :	7	5	17	19	48

MATERNAL MORTALITY.

Maternal Mortality or number of maternal deaths per 1,000 births.

	Number of Deaths from Causes due to Childbirth		Number of Births		Total	Death Rate on Live Births	Death Rate on Live and Stillbirths
	Live	Still	Live	Still			
Europeans	6	2,069	49	2,118	2.89	2.83	
Coloureds	1	339	15	354	2.94	2.82	
Natives	14	1,547	216	1,763	9.04	7.94	
Asiatics	15	4,247	260	4,507	3.53	3.32	

Maternal Deaths attended by :	E.	C.	N.	A.	Total.
Doctor	—	—	—	4	4
Midwife	—	—	—	1	1
Born at home — removed to hospital — no midwife in attendance	1	—	—	—	1
No midwife or doctor	—	—	—	1	1
Hospital or Nursing Home	5	1	8	9	23
No Particulars	—	—	6	—	6
TOTAL :	6	1	14	15	36

Causes of Maternal Deaths :	E.	C.	N.	A.	Total.
Puerperal Sepsis	2	—	1	1	4
Eclampsia	2	—	6	1	9
Toxaemia	1	—	—	2	3
Ante-partum Haemorrhage	—	—	—	3	3
Placenta Praevia	—	—	—	1	1
Post-partum Haemorrhage	—	—	1	2	3
Instrumental Labour — Complications	—	—	—	1	1
Ruptured Uterus	—	—	4	2	6
Post-operative Dilatation of Stomach following Caesarian Section	1	—	1	1	3
Typhoid Fever	—	—	1	—	1
Dysentery	—	—	—	1	1
Suicide by Burning	—	1	—	—	1
TOTAL :	6	1	14	15	36

SUPERVISION OF MIDWIVES.

Midwives.	E.	C.	N.	A.	Total
No. of trained midwives practising in Durban	33	3	1	—	37
No. of trained midwives who have ceased to practise in Durban	3	—	—	—	3
No. of trained midwives unable to trace	1	—	—	—	1
No. of trained midwives deceased	—	1	—	—	1
No. of untrained midwives practising in Durban	10	3	1	166	180
No. of untrained midwives who have ceased to practise or who cannot be traced	—	—	—	16	16
No. of untrained midwives whose names have been removed from the List	2	1	—	—	3
No. of untrained midwives deceased	—	—	—	3	3
No. of women practising midwifery who have been warned not to practise unless they apply to be put on the List	3	3	2	11	19
Supervision of Midwives.	E.	C.	N.	A.	Total
No. midwives' appliances examined	129	15	5	1,527	1,676
No. of midwives' bags replenished	—	2	—	891	893
No. of midwives' dressings sterilized	1	5	2	559	567
No. of midwives' bags sterilized after septic cases	1	3	—	7	11
No. of visits to midwives at their homes or at patients' houses	46	12	6	228	292

Trained practising midwives' registers are examined every three months and their appliances every six months.

Untrained practising European and Coloured midwives' appliances and registers are examined every three months.

Untrained practising Native and Indian midwives' appliances are examined every month.

Tuition.

Tuition.	E.	C.	N.	A.	Total
No. of lectures and demonstrations given to untrained midwives	—	—	—	5	5
No. of times maternity film shown	—	—	—	1	1
No. of untrained midwives' new bags sterilized and equipped at Child Health Clinic	—	—	—	18	18
No. of untrained midwives attending classes	—	—	—	18	18

Inspection of Nursing Homes and Lying-in-Home Registers.

	E.	C.	N.	A.	Total
No. of homes inspected	9	—	2	1	12
No. of times homes inspected	49	—	8	6	63

Ante-Natal Work.

	E.	C.	N.	A.	Total
No. of expectant mothers attending clinic	88	50	—	2,413	2,551
Total No. of attendances	150	71	—	2,935	3,156
No. of ante-natal clinics	33	12	—	97	142
No. of ante-natal visits	207	131	45	1	384
No. of post-natal visits	9	—	2	22	33
No. of talks given at ante-natal sessions	—	—	—	7	7

Other Visits.

	E.	C.	N.	A.	Total
No. of cases of Puerperal Sepsis	3	2	10	6	21
No. of visits of cases of Puerperal Sepsis	4	6	14	9	33
No. of Maternal Deaths	6	1	11	4	22
No. of visits in connection with Maternal Deaths	10	1	15	16	42
No. of cases of Ophthalmia Neonatorum	4	2	32	11	49
No. of visits to cases of Ophthalmia Neonatorum	11	3	58	27	99
No. of Stillbirths	22	10	164	176	372
No. of visits in connection with Stillbirths	32	11	174	189	406
Other visits	68	—	—	—	68

HEALTH VISITORS WORK.

Infants under 1 year :	E.	C.	N.	A.	Total.
First visits — Feeding					
Breast	856	266	2,512	3,001	6,635
Mixed	96	9	115	295	515
Artificial	165	17	44	109	335
TOTAL :	1,117	292	2,671	3,405	7,483
Re-visits — Feeding					
Breast	1,655	240	521	1,055	3,471
Mixed	1,166	141	542	897	2,746
Artificial	2,075	222	64	411	2,772
TOTAL :	4,896	603	1,127	2,363	8,989

Older Children :	E.	C.	N.	A.	Total.
First visits	356	21	1,188	3,515	5,080
Re-visits	7,181	1,433	2,279	3,877	14,770
TOTAL :	7,537	1,454	3,467	7,392	19,850

No. of above visits made to Protected Infants — 160 104 — — 264

Other visits :	E.	C.	N.	A.	Total.
Infant deaths	61	24	39	183	307
Pemphigus Neonatorum	—	—	3	—	3
Other Infectious Diseases or Contacts	15	—	2	—	17
Inspection of Lavatories	—	1	6	—	7
Reports to Sanitary Office	18	9	4	7	38
No. of visits to Nursery Schools and Homes for Protected Infants	66	1	—	—	67
Other work	9	4	49	9	71
TOTAL :	169	39	103	199	510

TOTAL VISITS.

First visits — Infants	7,485
Re-visits — Infants	8,989
Older Children	19,850
Other visits	510
TOTAL :	36,834

	E.	C.	N.	A.	Total
No. of Infants under 1 year visited	1,575	301	2,689	4,082	8,647

Lectures and Demonstrations.

Demonstrations and talks to Domestic Science students from Natal Technical College	24
Demonstrations and talks to Domestic Science students at Government Schools	7
TOTAL :	31

Dental Caries.

	E.	C.	N.	A.	Total
No. of Dental Caries found during visits	112	15	51	201	379
No. of Dental Caries received attention	102	—	1	6	109

13. PROSECUTIONS.

Nature of Offence.	No of Cases.	Result		Remarks.	Fines.
		Guilty.	Not Guilty.		
Milk — below Chemical standard	15	15	—		62 10 0
do. — transferring in unauthorised places	4	4	—		11 0 0
do. — trading without registration	3	3	—		12 0 0
do. — unhygienic handling	8	8	—		29 0 0
Other Foodstuffs — Unhygienic handling	1	1	—		3 0 0
do. — Unwholesome or Contaminated	4	4	—		11 0 0
do. — Sleeping in Shop Premises	1	1	—		1 0 0
Slums Act Zonal Regulations	20	20	—		47 0 0
I.D. — Refusal to be Vaccinated	2	2	—	1 month each suspended	
				3 — £10 or 2 months	
V.D. — Refusal to attend for Treatment	4	4	—	& 1 — £15 or 3 mths.. All suspended. *	
Nuisances — Drainage	1	1	—		2 0 0
do. — Privy	3	3	—		15 0
	66	66	—		179 5 0

* Suspended sentence of 2 and 3 months respectively in two cases, subsequently put into operation.

14. OTHER MATTERS OF HEALTH AND SANITATION.

Inspections by District Inspectors.

Hotels, boarding houses and lodging houses	1,915	(1,958)
Restaurants, tearooms and eating houses	2,816	(2,623)
Bakeries	121	(98)
Butcheries	1,961	(1,752)
Dairies and Milk Depots.	1,634	(1,245)
Laundries	667	(463)
Markets	426	(183)
Offensive Trades	167	(153)
General	23,119	(22,793)
Night Inspections	—	(2)
	32,826	(31,270)

Personal notices in respect of unsatisfactory and defective conditions	2,286
Written notices in respect of unsatisfactory and defective conditions	2,380
Reports on licence applications	9,346
Reports on applications for Native accommodation	96
Complaints received and investigated	2,235

SAMPLES OF FOODSTUFFS TAKEN
(Food, Drugs and Disinfectants Act No. 13 of 1929).

Article.	Number of Samples Taken.	No. of Samples Genuine.	No. of Samples Defective.	Action taken.
Lard	1	1	—	—
Sausages	5	5	—	—
Mince-meat	5	3	2	Warned
Curry Powder	4	4	—	—
Lentils	4	4	—	—
Sago	3	3	—	—
Sugar	1	1	—	—
Rice	3	3	—	—
Tea	7	7	—	—
Mealie Meal	2	2	—	—
Sweets	2	2	—	—
Dholl	2	2	—	—
Coffee	3	3	—	—
Ghee	1	1	—	—
Polony	1	1	—	—
Mealie Rice	1	1	—	—
Cloves	1	1	—	—
Cream of Tartar	1	1	—	—
Baking Powder	1	1	—	—
Mixed Spice	1	1	—	—
Cheese	1	1	—	—
Dried Fruit	1	1	—	—
Chutney	1	1	—	—
Ice Cream	4	3	1	Warned
Oxo	1	1	—	—
Vegetable Fat	1	1	—	—
Butter	1	1	—	—
Oats	1	1	—	—

Native Administration. The following returns were submitted by the Medical Officer, Native Administration :

No. of Natives examined	86,914	(88,260)
No. of Natives vaccinated	3,839	(3,559)
No. of Natives rejected	999	(1,040)

Of the total number of rejections, 764 (787) were on account of Venereal Disease.

Report of the Plans Inspector. During the year, the normal duties of this Section have been supplemented by District inspectional work and by dairy reconstructional activities i.e. consultations with architects and dairymen regarding new buildings, structural lay-outs and inspection of sites. Officials of the Sewerage Department co-operated in regard to siting of septic installations.

Numerous tentative plans were discussed with architects and owners. Of 1,596 plans referred or — after amendment — re-submitted to the Department for examination and report, 687 were finally approved by Council.

These plans represent a total value of £522,752, made up as follows :

Dwellings	134,682
Flat Blocks	81,047
Additions to dwelling/flats	35,804
Shops, stores, hotels, Clubs, factories etc.	204,426
Adds. to Shops, Stores, hotels, Clubs, factories etc.	67,693
	£522,752

Inspections of premises and/or sites in all parts of Greater Durban were carried out, frequently in company with architects, owners and/or other officials in the Municipal service.

In addition, numerous plans were discussed in offices of interested parties. Consistent efforts to obtain full co-operation with other officials and the public have been made and it is pleasant to record satisfactory progress in this direction. It is evident, however, that much remains to be done to influence building planning and construction towards better conceptions of hygiene including pest control.

Concurrently with the above, inspectional and supervisory duties were undertaken in the Umhlatuzana and South Coast Junction areas.

15. HEALTH STAFF.

Administration and Inspectional :

1 Medical Officer of Health	—	—	—	Gunn, Dr. G. H., M.D. Ch.B., D.P.H.
1 Asst. Medical Officer of Health (Actg. T.B. Officer).	—	—	—	Hooper, Dr. D. H., M.B., Ch.B., D.P.H.
1 Clinical Medical Officer	—	—	—	Casson, Dr. M., M.R.C.S. (Eng.) L.R.C. (Lond.)
1 Venereologist	—	—	—	Wallace, Dr. G. D. H., M.D., D.P.H., M.R.C.S. L.R.C.P.
1 Asst. Medical Officer of Health	—	—	—	Skinner, Dr. A. H., M.D., D.P.H., D.T.M.
1 Veterinary Officer	—	—	—	Harber, A. F. Lt. Col., M.R.C.V.S.
1 Bantu Medical Officer	—	—	—	Dhlamini, Dr. C. N., L.R.C.P. (Edin.) L.R.F.P.S. (Glas.) L.R.C.S. (Edin.)
1 Indian (female) Medical Officer (part time)	—	—	—	Ismail, Dr. M., M.B., Ch.B.
1 Administrative Officer.	—	—	—	Boutle, R. E., R.S.I.
1 Asst. Administrative Officer	—	—	—	Michie, A. A., R.S.I.
1 Chief Clerk	—	—	—	Tedder, H. M., R.S.I.
10 Divisional Officers.				
9 District Inspectors.				
7 Health Visitors.				
3 Clerks.				
6 Junior Clerks.				
5 Typistes.				
1 Switchboard operator.				

Non-European.

- 1 Indian interpreter.
- 3 Indian messengers.

City Fever Hospital.

1 Matron	—	—	—	Ewels, Miss E. M.
1 Night Superintendent	—	—	—	Mitchell, Miss M.
1 Senior Sister.				
5 Ward Sisters.				
7 Staff Nurses.				
16 Ward Nurses.				
1 Housekeeper.				
1 Seamstress.				
1 Typiste.				

Non-European.

- 1 Indian Sirdar.
- 38 do. Orderlies.
- 1 do. Female Assistant.
- 1 do. Messenger.
- 12 Native (male) Watchmen and
Labourers.
- 9 do. (females) Ward Maids.

Disinfecting Station and Laundry.

1 Superintendent	—	—	—	Morning, C. D.
3 Disinfectors.				
1 Laundryman.				
2 Drivers.				

Non-European.

- 3 Indian Sorters.
- 16 Indian Ironers.
- 30 Indian Calendar hands.
- 3 Indian Ambulance attendants.
- 4 Indian Boiler attendants.
- 3 Native Van attendants.

Child Health.

1 Medical Officer	—	—	—	McNiel, Dr. K. N., M.B., Ch.B., D.P.H.
1 Asst. Medical Officer	—	—	—	Robertson, Dr. W. L., M.B., Ch.B.
1 Clinic Matron.				
1 Supervisor of Midwives.				
1 Assistant of midwives.				
14 Health Visitors.				
4 Clinic Assistants.				
2 Clerks.				
1 Typiste.				
1 Switchboard Operator.				

Non-European.

- 5 Indian Health Visitors (female).
- 2 Native " " "
- 2 Native Messengers.
- 4 Indian Messengers.

Pest Control.

1 Supervisor	—	—	—	Stewart, R. O., R.S.I.
1 Field Supervisor	—	—	—	Clemenson, J. L. R.S.I.
1 Senior Overseer.				
6 Overseers.				
15 Patrolmen.				
1 Assistant Chemist.				

Non-European.

- 2 Indian Sirdars.
- 38 Indian Labourers.
- 8 Native Health Assistants.
- 2 Native Indunas.
- 22 Native Labourers.

INFECTIOUS DISEASE AND T.B. CONTROL

Non-European.

- 4 Indian Health Assistants.
- 4 Native Health Assistants.

V.D. CONTROL.

Non-European.

- 1 Indian Health Assistant.
- 5 Native Health Assistants.
- 4 Native Dispensers.
- 2 Native Clerks.
- 4 Native Female nurses.

PERMANENT STAFF ON ACTIVE SERVICE.

Administration.

- 1 Deputy Medical Officer of Health — English, Dr G. D., M.D., Ch.B., D.P.H., D.T.M.
- 3 Clerks.
- 4 Junior Clerks.
- 1 Divisional Officer.
- 1 District Inspector.

Non-European.

- 1 Indian Messenger.

City Fever Hospital.

- 1 Asst. Matron.
- 3 Ward Sisters.

Pest Control.

- 1 Assistant Supervisor.
- 3 Overseers.
- 10 Patrolmen.
- 1 Indian Sirdar.
- 1 Labourer.

Child Health.

- 3 Health Visitors.

Laundry and Disinfecting Station.

- 1 General Assistant.
- 1 Driver.

REPORT "B."

REPORT "B." The chronic shortage of housing for all races has been aggravated by (a) the dearth of either private or Municipal enterprise in building construction; and (b) overcrowding, especially among the poorer elements, following the abnormal war-time increase in the City's population and the continued influx of newcomers from the country

The housing shortage affects the various races in the following order to severity:

- (1) Indian; (2) Native; (3) Coloured and European Sub-economic; (4) European — Economic.

Slum Areas. Although slum areas of the Old Borough and adjacent built-up Zones have not increased in size during the year, the structural condition of dwellings within these areas continues to deteriorate steadily. Improvements to dwellings have virtually ceased. This process of deterioration is of the nature of a "blight" in that it is apt to spread to property in the immediate vicinity. In the Added Areas, the most notable development is the accelerated growth of the Native shanty settlements in the Booth Road district of Mayville, adjacent to Blackhurst Native Location. These shanties are built of any available scrap material in contravention of all building and sanitary standards. But by far their most unhealthy defects are the lack of proper privy accommodation and a wholesome water supply. Erected on land leased from private individuals, the shanties are put up without regard to layout resulting in dense congestion-on-site. A housing survey of Booth Road area — when about one-third completed — revealed the existence of —

715	shanties aggregating 2,016 rooms occupied by
1,362	Native families comprising
2,566	adults
1,811	children, together with
651	detached persons giving a population of
5,028	Natives.

Factors responsible for the recent rapid growth of the Native community includes the attraction of civilised amenities such as hospital and school facilities, better working conditions of hours and wages and a greatly increased demand for labour brought about by the War.

The problem presented by the Booth Road shanty settlement is being given very serious consideration and it is hoped, in the next year, to see the position 'pegged' in respect of the erection of new structures together with a reduction in the number of existing shanties by transfer of their occupants to new Municipal housing at Blackhurst Location. The provision of basic sanitary protection to the remainder is necessary to sustain an interim phase of control pending availability of new alternative housing and gradual elimination of the slum.

Viewed in the broad perspective, Municipal re-housing activities at Springfield (Indians) and Blackhurst (Natives) must appear as but modest contributions to relief of the housing shortage. Housing conditions of the poorer European and shack-dwelling non-European sections of the community continue to deteriorate in regard to overcrowding, inadequacy or lack of ample and safe water supply, inadequacy or lack of sewerage or stercus removal and refuse removal services. Drastic remedial measures are necessary. To "peg" the erection of Native shacks and to expel unwanted shack-dwellers (illegal Native immigrants) are drastic control measures, but the only alternative will be to organise temporary water-supply and sanitary services to selected shack areas so that they may serve the purpose of 'shelter-housing' during the possibly long interim pending the construction of proper housing.

This programme must be energetically promoted if the growth of 'epidemic potentials' of Enteric Fever, Dysentery and Enteritis is to be prevented.

The development of such 'disease-potentials' is positively encouraged by the high cost and scarcity of protective foodstuffs and clothing as well as shortage of housing accommodation.

A comprehensive plan embracing the major squatter settlements within the City has been prepared with the object of harmonising the installation of basic sanitary services, including water-supply and roads, with current or post-war housing programmes. This interim housing policy is intended to bridge the gap between the present unstable stage and ultimate permanent re-housing.

It is regretted that up-to-date figures relating to the housing deficiency cannot be given but it is pleasing to record that the City Council has arranged for such housing survey to be carried out. The lack of recent data has been an impediment in the preparation of post-war housing and slum clearance programmes. These were based on the comprehensive slum clearance and housing surveys completed by this Département in 1938.

Slum Clearance.

In pursuance of Council's instructions intermitting demolition of slum houses, the Department's housing programme has been directed towards the preservation, indeed it might be termed salvage, of existing dwelling structures irrespective of their condition and character and enjoining priority repairs to meet the lowered standards of housing which must be condoned in existing circumstances.

Work has proceeded steadily in the seven slum zones defined in the Zonal Regulations framed under Section 32 (1)(b) of the Slums Act. Although nothing spectacular is aimed at in these times, useful spadework has been accomplished, providing a basis for rehabilitating these "blight" Zones in the immediate post-war period. As a measure of housing control in decaying localities — which nevertheless are equipped with essential services of roads, water supply and sewerage — that these Regulations will, in due course, provide the necessary stimulus to private enterprise in the construction of dwellings.

During the year, the Zonal Regulations were applied to the first suburban shanty-settlement, i.e. a portion of Riverside in the Greenwood Park Area. Application has been made for extension of the Regulations to two other suburban districts in the Mayville and South Coast Junction areas.

Many minor improvements of an urgent nature have been effected under written notices. As a result of the release from military service of certain members of the Department's field staff, a complete survey of all properties in defined zones is now being undertaken.

Prosecutions. 20 prosecutions were instituted for contravention of the Regulations framed under Section 32 (1)(b) of the Slums Act.

Post-war Programme. It is estimated that the post-war housing and slum clearance programmes will involve the provision of 31,040 dwellings by the year 1953 in order to effect the clearance of existing slums. Details of the post-war housing programme are set out in the attached schedule.

1944 - 1953 : CURRENT AND POST-WAR HOUSING SCHEMES.
 ALLOCATION OF PROPOSED HOUSING WITH DUE REGARD TO CARRYING
 CAPACITY OF APPROVED SCHEMES AS INDICATED BY CITY & WATER ENGINEER.

Type of Scheme, Dwelling.	Total	Suburban							Schemes	Balance to be alloc. to approved schemes.			
		Southern			Western		Northern						
Urban		Merebank Wentworth	M. — W. Extns. S. Bluff. (Woodlands)	Montclair Extn.	Lamont.	Umlazi (Glebe and adjacent land).	Black- hurst	Black- hurst Extns.	Sparks Estate Extns.	Spring- field & Extn.	Duffs Road or other approved alterns.	Current.	Post-war
ECONOMIC :													
E.	2,800	1,800	—	1,000	—	—	—	—	—	—	—	2,800	—
C.	1,140	600	350*	—	—	—	—	—	190*	—	—	540	600
A.	3,600	—	1,600*	500	—	—	—	—	—	—	1,500	1,600	2,000
	7,540	2,400	1,950	500	1,000	—	—	—	190	—	1,500	2,140	5,400
SUB-ECONOMIC :													
E.	500	—	—	500	—	—	—	—	—	—	—	—	500
C.	1,800	—	350*	—	—	—	—	—	210*	—	—	560	—
N.	7,200	—	—	—	182*	4,200	1,260*	1,558	—	—	—	1,442	5,758
A.	14,000	—	1,600	—	—	—	—	—	—	1,400*	11,000	3,000	11,000
	23,500	—	1,950	500	182	4,200	1,260	1,558	210	1,400	11,000	5,002	17,258
													1,240

* Current Schemes.
 29th July, 1943.

Re-housing Schemes. It is obvious that the day of small, dispersed housing schemes is over so far as Durban is concerned. Only extensive township projects will meet housing requirements on the scale now necessary.

An interesting trend in regard to Asiatic housing has been the suggested establishment of an Indian satellite township, laid out on modern town-planning lines and complete with all amenities as opposed to a number of dispersed housing schemes of limited carrying capacity and scope for extension.

During the year, Ministerial approval was received for the undermentioned proposed new housing schemes. Incidentally, it is disappointing to record that the consent of the Administrator — a pre-requisite for further progress — has not yet been obtained.

	No. of Houses.			
	Economic		Sub-Economic	
	Coloured	Asiatic	Coloured	Asiatic
Merebank/Wentworth	350	1,600	350	1,600
Sparks' Estate Extension	190	—	210	—
Springfield Extension	—	450	—	—
	540	2,050	560	1,600

Sydenham — (European — approximately 160 houses, subject to additions — no decision yet taken re type of housing).

Total number of houses embraced in above scheme — 4,910.

Opposition to the proposed scheme for the elimination of Riverside Slum and re-development of the area north of the Umgeni River has so far been effective in delaying appropriate action.

Unlike the majority of South African Municipalities, Durban is not endowed with extensive town-lands or large tracts of available undeveloped land within or adjacent to the City confines. In consequence, the preliminary organisation of housing schemes necessitate the carrying on of lengthy negotiations with a multitude of individual owners of property. It can readily be understood that such a procedure has a mortifying effect on the promotion of major housing development.

Sites for Future Housing. A joint survey conducted by the City and Water Engineer and City Valuator and Estates Manager revealed that a total of 21,393 sites reasonably suitable for housing were available within or adjacent to the present City boundaries and that such land could accommodate 21,965 families of all races. It becomes obvious, therefore, that a shortfall of accommodation for approximately 9,000 families is involved and it would seem that this can only be made good by concentrated housing development in existing "blight" areas of the Old Borough in the form of 'family' flat-blocks of the Kirkwood Gardens type.

New Housing Estate. During the year, progress with provision of new Municipal housing has been recorded, as follows:

- Kirkwood Gardens (European Economic — 72 flats): 36 Flats completed.
- Springfield (Indian — 925 houses): 25 Sub-economic houses completed.
- Blackhurst (Native — 1,260 houses): 100 houses completed.

Town Planning. Many districts of the City and more particularly of the incorporated areas have been laid out haphazardly in deference to the interest of speculative landowners rather than in conformity with the postulates of town planning for the City as a whole. The remedy at this late hour is likely to prove an onerous and expensive undertaking but it must nevertheless be attempted. No opportunity is lost of applying town-planning principles wherever practicable. To this end, a special Town Planning Section of the City and Water Engineer's Department has been formed but, as is now the rule rather than the exception, the demands of War have so depleted technical staffs that little progress can be shown.

During the year, the Council purchased a block of approximately 500 acres of land at the northern boundary of the City abutting Durban North and in the direction of anticipated future residential extension. A scheme of sub-divisional development for this estate will be prepared in co-operation with owners of land lying northward of the City boundary.

The need for a comprehensive town-plan for the development of Durban as a whole is such that its preparation should be undertaken with all speed. The time is opportune inasmuch as gross shortage of plant and materials, scarcity of technical personnel and general concentration on war service essentials, render it at present impracticable, if not impossible, to expedite extensive constructional programmes of civic development, including unfortunately, those health-engineering works and services such as housing, water-supply, sewerage, slum clearance etc. which are essential to the maintenance of public health. The time is overdue for a functional co-ordination of the various departmental programmes of land acquisition, essential services, e.g. roads, transport, water-supply, sewerage and drainage, slum clearance, housing, hospital, medical, clinical, educational and recreational services and facilities — and in short to shape the civic "scheme of things entire" to accommodate the residential, commercial, industrial, social and economic necessities and amenities of a still greater, post-war Durban.

It is, unfortunately, inherent in forward planning that it tends to distract attention from the necessity to undertake certain measures of interim control which are urgently necessary in order to stabilise the immediate situation beset as it is with numerous problems of health administration. We have reached that stage in Durban's war-time history when the tremendous internal stresses set up by overcrowding and over-loading of all essential services and facilities

— housing, food-supply and distribution, water-supply, rubbish and sterco removal and disposal, hospitalisation for communicable disease, etc. have strained the existing depleted administrative machine to the uttermost and call for immediate and not less than heroic measures of reinforcement and remedy.

In many, if not all respects, old — indeed five years old — conceptions are proving inadequate for the necessities of the present, still less the future situation of Durban.

Consider, for example, the question of Native housing and sanitary accommodation. How many more years will it take to erect the 7,000 houses needed for Durban's working Native population? Even at the rate of 1,000 houses per year, it will take seven years and that rate of construction is not yet in sight. In the interim, what is to be done about the 2,500 slum shanties which in the 'Umkumbaan' district of Mayville alone are estimated to shelter some 15,000 Native people for whom the scantiest provision exists in the way of such basic health essentials as water-supply, sterco disposal, ambulant sick care and supervision. These are no more than the bare postulates of prevention or protection against endemic prevalence and epidemic risk of such 'environmental' diseases as Enteric and the Dysenteries — but supported by mass immunisation and health education, their provision would ensure an 'austerity' type of housing and health control adequate for interim requirements.

With all possible expedition, the Umkumbaan area should be supplied with gravitation water by communal standpipes strategically placed, with sterco and refuse removal and disposal services adequate to the need, with roads to carry these life-lines and with a modern polyclinic to uncover, survey and control the frank manifestations of disease and the seeds of epidemics.

It is merely a matter of co-ordinated forward planning for this area to ensure that the cutting of the necessary roads, and laying of water-mains etc. would fit into the future programme of permanent development.

The Department has always advocated the development of the entire Umkumbaan area i.e. between the Cato Manor-Bellair Road, Wiggins Road, the City boundary with Westville and the left bank of the Umbilo River — as a Native location. Only part of it — the Blackhurst Estate — has been so acquired and developed by the Municipality.

It is noted that the Provincial view is that this area should in future be devoted to Indian housing. But it is submitted that roads and water-mains laid to 'salvage' the area now for what amounts to an 'austerity' type of Native housing, would, with proper planning, also serve the purpose of Indian housing later.

In this connection, it must be said that City Health is not the only Municipal Department which shares the conviction that the Umkumbaan area naturally selects itself as suitable for Native housing on approved township lines. It is understood, however, that Provincial opinion tends to the opposite viewpoint, even to the extent of abandoning the Blackhurst Section — where a Native housing scheme is now under construction — in favour of a township site on the more distant South Coast.

This divergence of opinion in regard to forward planning for the Umkumbaan area is a distinct embarrassment to the taking of measures designed to convert the present chaotic 'slum' situation at Umkumbaan into an interim or intermediate type of 'shelter' — housing established on 'austerity' lines providing for basic sanitary protection and adequate for the dual purpose of (a) accommodating a large Native population pending the construction of proper housing; and (b) controlling the incidence of endemic and epidemic diseases by the most efficient and economical means possible in these abnormal times.

Moreover, the organisation of the whole Umkumbaan area on lines as suggested, would enable many other smaller shanty settlements established or springing up in various parts of the Added Areas — including certain Corporation-owned lands — to be 'evacuated' from their present uncontrolled and uncontrollable sites with immediate and lasting benefit to the public health.

Housing of Natives. Existing Native housing comprises the following :

- | | |
|-------------------------------------|-----------------------------------|
| (a) Municipal villages and hostels; | (c) Private residential premises; |
| (b) Industrial compounds; | (d) Slum settlements. |

The total estimated Native population of the City is 73,284.

(a) **Municipal Native Housing** comprises:

Accommodation in hostels	— — —	9,154 beds
Accommodation in houses	— — —	664 houses.

Scheme approved and in course of construction or due to be commenced include :

Blackhurst	— — —	1,260 houses
Lamont (extension)	— — —	182 houses.

All the foregoing are serviced with Corporation water supply and sanitary services and are under constant European supervision.

(b) **Industrial Compounds.** Many of the older type of establishment are now in need of overhaul and modernisation, more especially in connection with diminution of vermin harbourage and provision of improved cooking, messing, ablution and sanitary facilities.

(c) **Private Residential Premises.** In the Old Borough Natives employed on such premises are, on the whole, fairly satisfactorily accommodated and the position here is being steadily improved with the erection of new and the repair or alteration of existing quarters.

In the Added Areas, however, conditions are far from satisfactory. Not more than ten per cent. of European residences are provided with proper living quarters and sanitary conveniences and washing facilities for Native servants.

A pre-requisite for requiring the installation of Native latrines in unsewered areas is the extension of Municipal sterco removal services. Apparently, unsurmountable difficulties have been experienced by the City and Water Engineer's Department in effecting the extension of these services — particularly since the outbreak of war — with the result that even such a well-built and 'exclusive' suburban area as Puntan's Hill has not yet — a decade since incorporation — been served with sterco and refuse removal services or with more than a modicum of street cleansing service. In these discouraging circumstances, it can well be imagined how inadequately the outlying, lower-valued but densely populated non-European settlements have been catered for. In this connection the repercussions of a dearth of forward planning and provision for essential health services — i.e. basic sanitary protection — are well exemplified by the failure of recent efforts by the City Health Department to secure the extension of water-supply to two enteric-threatened areas (Ridge View Road, Bellair and Mandalay Road, Riverside) by reason of the fact, elicited from the City and Water Engineer's Department, that the existing roads along which water-mains should be laid, had not been registered as road-servitudes.

In many districts, therefore, the service basis for requiring the provision of sanitary conveniences for Native servants in the Added Areas, does not yet exist. Worse still, the legal basis for enforcement of such provision can only be regarded, in present-day circumstances, as weak to the point of futility. Section 27 of the Public Health By-laws lays the onus — in the unsewered areas — of providing sanitary convenience for Native servants upon either the owner or the occupier of dwelling premises. If the owner is called upon to provide the convenience he is entitled to recuse himself on the plea that he lets the dwelling on the basis that no Native servants are employed by the occupier. If the occupier is called upon to provide the convenience, he has the option of building on someone else's property or getting rid of his Native servant. Moreover, in the event of either owner or occupier being willing to provide a sanitary convenience for Native servants, there are still three possible fallacies :

- (a) the soil may not be suitable for the installation of a pit privy or septic tank system;
- (b) a pail privy cannot be installed unless the Municipal sterco removal service is available; and
- (c) the site selected for a pail privy or septic tank installation cannot (in the absence of a district sewerage reticulation plan) be guaranteed as suitable later for conversion and connection to water-borne sewerage.

These difficulties have not obtruded themselves in the sewered (Old Borough) areas for the reason that when Old Borough dwellings were built, competition among speculative builders ensured that privies and Native quarters were included as a selling attraction. But in the unsewered Added Areas, factors tended to produce the opposite result and the vast majority of dwellings were built without approved living quarters or sanitary convenience for Native servants.

As regards living quarters for Native servants, similar disabilities operate as in the case of sanitary conveniences in so far as the legal and economic stimuli for their erection are concerned.

Thus, it appears that while there are adequate by-laws for regulating the design, construction and servicing of living quarters, sanitary conveniences and washing facilities for Native servants, when and where such facilities are provided and another by-law provides that wherever Native servants are resident or employed, the owner or occupier may be required to instal sanitary convenience for Native servants, there is no law which required that when a dwelling is constructed, there shall also be constructed, as a necessary adjunct, adequate living quarters, sanitary convenience and washing facilities for Native servants.

Modern conceptions of hygiene and sanitation demand such provision as an automatic requirement in the case of dwellings intended for occupation by persons adhering to Western standards of civilisation and of the class which habitually employs Native domestics. Following the precedent of the Public Health Act which lays the onus of abating 'structural' nuisance on the owner of the premises concerned, this onus should be laid upon the property-owner and not upon the occupier.

Because of its repercussions upon the public health in relation to the control of dysenteric and enteric diseases, it is considered that the Public Health Act should be amended to require such provision to be made in respect of all dwellings situated in zones of defined 'economic' residential character.

(d) **Slum Settlements.** This type of housing has already been dealt with under the heading of 'Slum Areas.'

Appreciation. I wish to express my appreciation of the loyal service rendered by my staff, a considerable number of whom were kindly released during 1943 by the military authorities. My thanks are also conveyed to you, Sir, and to the other members of the City Council for courtesy and assistance extended to me throughout the past year.

I have the honour to be,

Ladies and Gentlemen,

Your obedient servant,

G. H. GUNN, M.D., Ch.B., D.P.H.
City Medical Officer of Health.



