

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

### **Contributors**

Durban (South Africa). Public Health Department.

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CITY OF DURBAN

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# **Annual Report**

**OF**

## **CITY MEDICAL OFFICER OF HEALTH**

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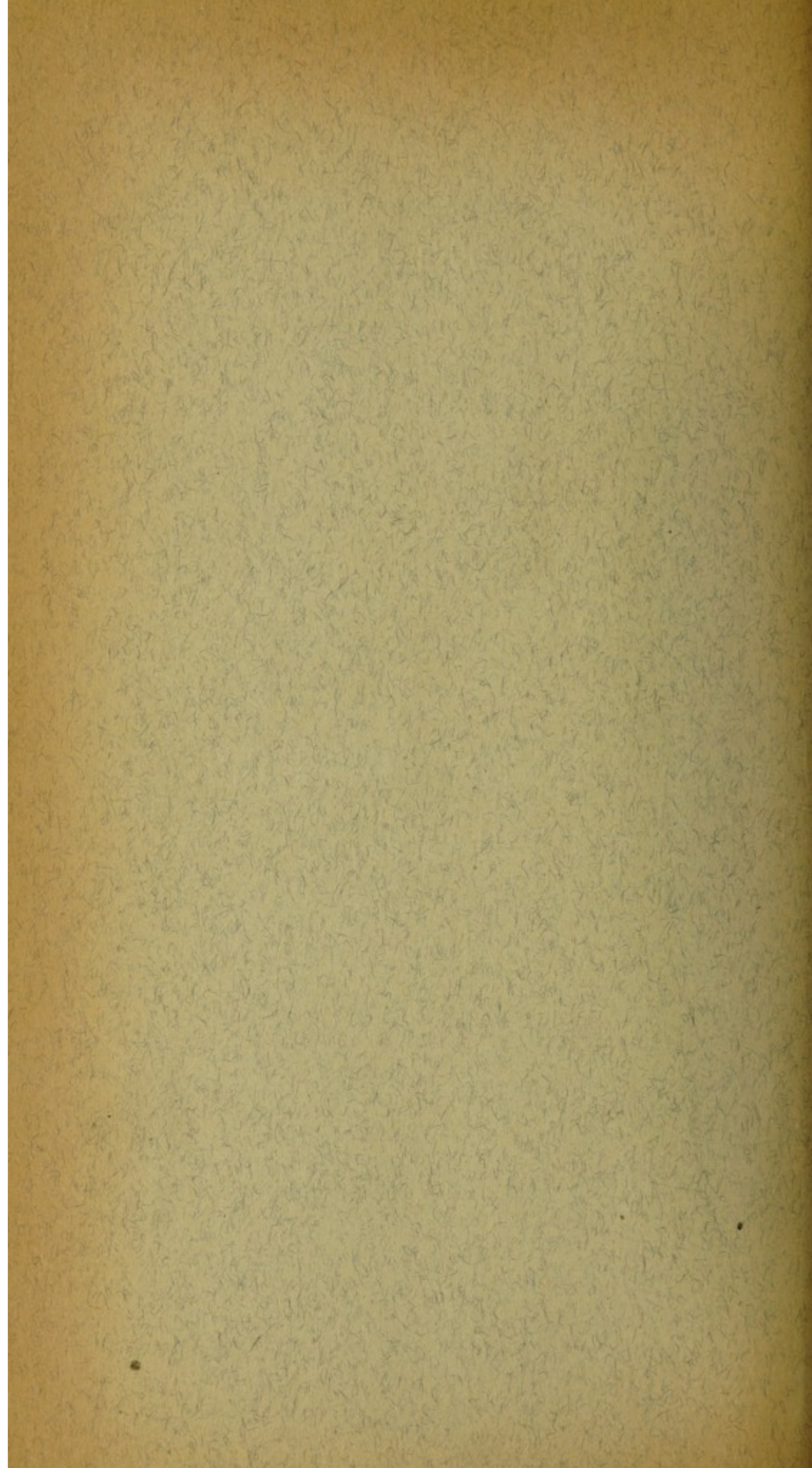
YEAR ENDING 30th JUNE, 1944.

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DURBAN  
1945









# CITY HEALTH DEPARTMENT.

1st August, 1944.

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-Third Annual Report of the activities of the City Health Department during the year ended 30th June, 1944.

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

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

Figures in brackets represent previous year.

1942.		Temperature Average. 9 a.m.			Humidity Maximum. 9 a.m.	Rainfall.
Barometer.		Maximum	Minimum	Mean		Rainfall.
August, 43	—	30.800	29.820	30.215	Total rainfall for the year — 39.77 inches.	
September	—	30.490	29.920	30.178		
October	—	30.340	29.770	30.087		
November	—	30.240	29.782	30.043		
December	—	30.290	29.730	30.035	Total number of days rain fell — 119.	
January, 44	—	30.186	29.776	29.984		
February	—	30.220	29.810	30.024		
March	—	30.500	29.920	30.091		
April	—	30.376	29.870	30.099		
May	—	30.560	29.778	30.165		
June	—	30.500	29.870	29.230		

AREA OF MUNICIPALITY: The area of Durban and Suburbs inclusive of Townlands is 43,124 acres (67.38 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	£21,130,840	(£20,924,960)
Gross value of buildings	£33,553,970	(£32,923,010)
<b>Total:</b>	<b>£54,684,810</b>	<b>(£53,847,970)</b>

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, 1944.
European	88,065	108,245 (106,760)
Coloured	7,336	8,773 (8,564)
Natives	63,762	72,305 (73,284)
Asiatics	80,384	96,683 (94,284)
	<b>239,547</b>	<b>286,006 (282,892)</b>

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

	European	Coloured	Native	Asiatic	Total
Population — Estimate (30.6.44)	108,245 (106,760)	8,773 (8,564)	72,305 (73,284)	96,683 (94,284)	286,006 (282,892)
Birth Rates	23.44 (19.4)	49.01 (39.6)	26.89 (21.1)	46.87 (45.00)	33.03 (28.9)
Death Rates	9.71 (9.9)	25.42 (28.1)	40.44 (32.7)	22.06 (22.7)	22.14 (20.6)
Infantile Mortality Rate 1,000 live births	36.65 (45.00)	157.4 (115.04)	383.54 (397.5)	112.75 (110.1)	150.12 (148.5)
Percentage of illegitimate to live births	2.96 (3.6)	25.92 (27.4)	49.99 (56.1)	*.69 (—)	12.54 (12.6)
Death Rate Pulmonary Tuberculosis per 1,000 of population	0.39 (0.40)	5.24 (4.78)	5.06 (3.47)	2.4 (2.33)	2.4 (1.94)

\* The small percentage reflected is due to parents of illegitimate children going through a form of religious ceremony, not official marriage, following which such children are not recorded as illegitimate.



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

	European	Coloured	Native	Asiatic	Total
Local Births — —	2,537 (2,069)	432 (339)	1,945 (1,547)	4,532 (4,247)	9,446 (8,202)
Local illegitimate births	75 (75)	112 (93)	972 (868)	27 (—)	1,186 (1,036)
Still births — —	60 (46)	20 (13)	247 (159)	227 (156)	554 (374)

BIRTH RATES:

European	Coloured	Native	Asiatic
23.4 (19.4)	49.0 (39.6)	26.9 (21.1)*	46.9 (45.0)

\*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 — —	13.7 (9.5) per 1,000
Coloured — —	23.8 (10.8) " "
Asiatic — —	24.8 (22.3) " "

Illegitimacy accounted for 2.9 (3.6) per cent. of the total European births, 25.9 (27.4) for Coloureds, 49.9 (56.1) for Natives.

DEATHS: (Figures for 1942-43 in brackets).

	European	Coloured	Native	Asiatic	Total
Local deaths all ages —	1,052 (1,059)	223 (246)	2,924 (2,395)	2,133 (2,137)	6,332 (5,837)
Non-local residents —	282 (272)	28 (33)	1,409 (1,120)	111 (15)	1,830 (1,575)

DEATH RATES:

European	Coloured	Native	Asiatic
9.7 (9.9)	25.4 (28.1)	40.4 (32.7)	22.0 (22.7)

INFANTILE MORTALITY:

	European	Coloured	Native	Asiatic	Total
Local deaths — —	93 (95)	68 (39)	746 (615)	511 (468)	1,418 (1,217)
Death of infants whose mothers came to Durban for confinement or were brought in suffering from illness which caused death —	22 (17)	6 (2)	555 (421)	46 (20)	629 (460)

The European infantile mortality rate per 1,000 for the year is 36.65 (45.9); Coloured 157.4 (115.4); Native 383.54 (397.54) and Asiatic 112.75 (110.19).

Causes of death were as follows:

	European	Coloured	Native	Asiatic	Total
Congenital Causes —	10 (14)	9 (5)	123 (78)	81 (80)	223 (177)
Prematurity — —	17 (29)	12 (5)	38 (66)	60 (42)	127 (142)
Diarrhoea etc. — —	18 (10)	13 (8)	290 (263)	119 (145)	440 (426)
Bronchitis & Pneumonia	20 (18)	20 (8)	198 (124)	192 (131)	430 (281)
Others — — —	28 (24)	14 (13)	97 (84)	59 (70)	198 (191)
	93 (95)	68 (39)	746 (615)	511 (468)	1,418 (1,217)

	European	Coloured	Native	Asiatic	Total
Births, Male — —	1,307 (1,092)	233 (165)	1,025 (803)	2,285 (2,159)	4,850 (4,219)
" Female — —	1,230 (977)	199 (174)	920 (744)	2,247 (2,088)	4,596 (3,983)

Infantile Deaths:

Male — —	51 (60)	31 (25)	394 (303)	280 (276)	756 (664)
Female — —	42 (35)	37 (14)	352 (312)	231 (192)	662 (553)

Still Births:

Local — —	60 (49)	20 (15)	247 (216)	227 (260)	554 (540)
Imported — —	9 (4)	— (—)	166 (134)	15 (8)	190 (146)

Illegitimate Births:

Local — —	75 (75)	112 (93)	972 (868)	27 (—)	1,186 (1,036)
Imported — —	5 (8)	4 (7)	774 (851)	3 (—)	786 (866)



The following tables show the percentage of Deaths at various age periods for Europeans (Figurs for 1942-43 in brackets).

Age Period :	Number of Deaths.	Percentage of Total Deaths.
Under 1 year	105 (121)	10.0 (9.1)
1 — 2 years	15 (28)	1.4 (2.1)
2 — 5 years	17 (23)	1.6 (1.7)
0 — 5 years	137 (172)	13.0 (12.9)
5 — 15 years	21 (20)	2.0 (1.5)
15 — 25 years	19 (53)	1.8 (4.0)
25 — 45 years	119 (206)	11.3 (15.5)
45 — 65 years	313 (395)	29.8 (29.7)
65 years and over	443 (485)	42.1 (36.5)
Total	1,052 (1,331)	

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	62	43	10.0	27	48	33.6	493	458	32.5	275	247	24.5	857	796	26.1
1 — 2	11	4	1.4	9	6	6.7	210	213	14.5	100	86	8.7	330	309	10.1
2 — 5	11	6	1.6	5	3	3.6	120	129	8.5	101	113	10.0	237	251	7.7
0 — 5	84	53	13.0	41	57	43.9	823	800	55.5	476	446	43.2	1,424	1,356	43.9
5 — 15	11	10	2.0	5	5	4.5	54	49	3.5	75	72	6.9	145	136	4.5
15 — 25	9	10	1.8	5	7	5.4	116	82	6.8	86	108	9.1	216	207	6.7
25 — 45	61	58	11.3	22	21	19.3	416	190	20.7	119	140	12.1	618	409	16.2
45 — 65	181	132	29.8	22	17	17.5	243	94	11.5	191	144	15.7	637	387	16.1
Over 65	235	208	42.1	8	13	9.4	38	19	2.0	175	101	13.0	456	341	12.6
	581	471		103	120		1,690	1,234		1,122	1,011		3,496	2,836	

#### DEATHS FROM CERTAIN MAIN CAUSES — EUROPEANS.

Disease :	Number of Deaths.	Percentage of Total Deaths.
Infective Intestinal Diseases (Enteric Fever, Dysentery, Diarrhoea and Enteritis)	35 (52)	3.3 (4.9)
Cancer	122 (124)	11.6 (11.7)
Heart and Circulatory System	271 (228)	25.8 (21.5)
Diseases of the Nervous System	138 (119)	13.1 (11.2)
Diseases of Birth and Early infancy	86 (50)	8.1 (4.7)
Pneumonia and Bronchitis	90 (103)	8.5 (8.8)
Pulmonary Tuberculosis	43 (39)	4.1 (3.7)
Other Tuberculosis	5 (4)	0.47 (0.38)
Urinary and Genital Systems	57 (75)	5.4 (7.1)

#### MAIN CAUSES OF DEATH : CITY CASES ONLY.

(Figures for 1941-42 in brackets).

1. Cancer : Site of Disease—	E.	C.	N.	A.
Buccal Cavity and Pharynx	2 (—)	— (—)	2 (—)	2 (—)
Oesophagus	7 (5)	— (—)	1 (1)	2 (2)
Stomach and Duodenum	29 (42)	4 (4)	5 (11)	9 (15)
Rectum	9 (12)	— (—)	— (2)	3 (2)
Liver	9 (6)	— (—)	7 (1)	1 (4)
Pancreas	3 (5)	— (—)	1 (1)	1 (1)
Other Digestive Organs	3 (3)	— (—)	1 (—)	1 (—)
Larynx	5 (5)	— (—)	1 (—)	— (—)
Lung	7 (13)	— (—)	1 (1)	1 (—)
Uterus	7 (5)	— (1)	1 (1)	5 (5)
Other Female Genital Organs	3 (2)	— (—)	— (—)	3 (—)
Breast	10 (14)	— (—)	— (1)	— (2)
Prostate	5 (3)	— (—)	— (—)	1 (—)
Male and Female Urinary Organs	5 (5)	— (—)	1 (1)	4 (1)
Other Organs	17 (17)	— (1)	4 (2)	2 (5)
Mediastinum	1 (—)	— (—)	1 (—)	— (—)
TOTAL	122 (137)	4 (6)	26 (22)	35 (37)
2. Diseases of the Heart	125 (148)	12 (17)	73 (49)	123 (146)
3. Bronchitis, Pneumonia	73 (81)	35 (33)	549 (394)	639 (520)
4. Influenza	2 (1)	— (—)	5 (4)	2 (3)
5. Typhoid	6 (6)	— (2)	37 (34)	11 (15)
6. Appendicitis	2 (5)	1 (1)	3 (2)	3 (3)
7. Tuberculosis	43 (43)	46 (41)	366 (256)	232 (210)
8. Diabetes	25 (21)	1 (1)	1 (2)	21 (14)
9. Apoplexy	57 (34)	7 (1)	15 (5)	36 (22)



	E.	C.	N.	A.
10. Diseases of the Arteries — — —	105 (73)	8 (3)	19 (18)	24 (22)
11. Diseases of the Kidneys—				
Nephritis — — —	48 (64)	4 (14)	32 (23)	84 (67)
Other diseases of kidneys — — —	8 (6)	1 (—)	2 (4)	9 (1)
12. Diseases of the Liver — — —	12 (4)	4 (3)	13 (18)	13 (17)
13. Accidents of Parturition — — —	4 (8)	— (2)	13 (9)	15 (20)
14. Old Age — — —	42 (43)	3 (5)	5 (15)	40 (50)
15. Suicide—				
Poisoning — — —	3 (2)	— (2)	— (—)	3 (2)
Hanging or strangulation — — —	2 (2)	— (—)	3 (—)	7 (2)
Drowning — — —	2 (—)	1 (—)	3 (—)	1 (—)
Firearms — — —	1 (3)	— (2)	— (—)	— (—)
Cutting or piercing instruments — — —	1 (—)	— (1)	2 (26)	3 (1)
16. Accidents—	5 (1)	— (—)	6 (5)	2 (3)
Railways — — —				
Motor-driven vehicles — — —	7 (20)	3 (3)	22 (36)	19 (20)
Absorption of gases — — —	— (—)	— (—)	2 (1)	1 (—)
Burns — — —	1 (3)	— (2)	4 (16)	38 (17)
Injury by firearms — — —	— (—)	— (—)	1 (—)	— (—)
Cutting or piercing instruments — — —	1 (—)	— (—)	— (—)	— (—)
Fall — — —	10 (6)	— (—)	10 (14)	2 (1)
Drowning — — —	4 (7)	— (—)	4 (9)	7 (1)
Other — — —	1 (1)	— (—)	1 (1)	— (1)

## CAUSES OF DEATH

Code.	Disease.	Borough				Imported			
		E.	C.	N.	A.	E.	C.	N.	A.
Diseases due to Bacteria—									
001	Typhoid Fever .....	6	—	37	11	4	—	13	1
008	Cerebro spinal meningitis .....	1	—	2	4	1	—	7	1
011	Whooping Cough .....	2	—	7	—	—	—	3	—
012	Diphtheria .....	7	—	16	2	3	—	10	1
013	Erysipelas .....	—	—	—	—	1	—	—	—
014	Tetanus .....	1	—	7	1	—	—	2	—
015	T.B. Respiratory System .....	43	46	366	232	18	9	287	20
016	„ Central nervous system .....	2	2	7	8	1	—	8	1
017	„ Intestines and peritoneum .....	—	2	11	7	—	—	8	1
018	„ (Vertebral Column) .....	—	—	—	—	—	—	1	—
021	Lymphatic system .....	—	—	—	—	—	—	1	—
023	T.B. other organs .....	—	—	1	—	—	—	—	—
024	T.B. Miliary .....	3	2	30	7	—	1	16	—
Dysentery—									
032	Dysentery : bacillary .....	11	4	155	60	2	1	75	—
033	do. : amoebic .....	4	5	287	13	—	—	137	1
Diseases due to Protozoa—									
036	Malaria .....	1	—	—	—	2	—	1	—
037	Blackwater Fever .....	—	—	—	—	1	—	—	—
Diseases due to Spirochaetes—									
043	Congenital Syphilis .....	—	3	20	1	—	—	18	—
044	Syphilis, other forms .....	—	1	13	3	—	—	21	—
Diseases due to filterable Viruses—									
049	Influenza without respiratory complications .....	2	—	5	2	1	—	2	—
050	Smallpox .....	—	—	6	3	—	—	15	—
052	Measles .....	—	—	2	1	—	—	—	—
Diseases due to Helminths—									
066	Ankylostomiasis .....	—	—	—	—	—	—	1	—
071	Bilharzia .....	1	—	—	—	—	—	—	—
075	Lymphogranulomatosis .....	—	—	—	—	1	—	1	—
Cancer and Other Tumours—									
100	Buccal Cavity — Pharynx .....	2	—	2	2	—	—	—	—
101	Cancer of Oesophagus .....	7	—	1	2	2	—	1	—
102	„ „ Stomach and Duodenum .....	29	4	5	9	13	—	2	1
103	„ „ Rectum .....	9	—	—	3	5	—	—	—
104	„ „ Liver .....	9	—	7	1	3	—	7	2
105	„ „ Pancreas .....	3	—	1	1	1	—	—	—
106	„ „ other Digestive Organs .....	3	—	1	1	1	—	1	—
107	„ „ Larynx .....	5	—	1	—	3	—	1	—
108	„ „ Mediastinum .....	1	—	1	—	—	—	—	—
109	„ „ Lung .....	7	—	1	1	4	—	—	—
110	„ „ Uterus .....	7	—	1	5	—	—	2	—
111	„ „ Other female genital organs .....	3	—	—	3	—	—	—	—
112	„ „ Breast — Male or Female .....	10	—	—	—	3	—	2	—
113	„ „ Prostate .....	5	—	—	1	3	—	—	—
115	Male and Female Urinary Organs .....	5	—	1	4	—	1	3	—
117	Brain and other parts of Nervous System .....	5	—	1	1	4	—	2	1
118	Bones .....	3	—	—	1	1	—	—	—
119	Unspecified organs .....	8	1	1	—	1	—	1	—
135	Tumour of the Brain .....	1	—	2	—	2	—	—	—



Code.	Disease.	Borough				Imported			
		E.	C.	N.	A.	E.	C.	N.	A.
General and Vitamin deficiency diseases—									
149	Acute rheumatic fever	6	—	—	4	—	—	—	—
150	Chronic rheumatism	3	1	1	3	—	—	1	—
152	Diabetes	25	1	1	21	3	—	1	4
155	Exophthalmic goitre	—	—	—	—	1	—	—	—
163	Malnutrition	3	5	71	46	2	—	88	3
164	Other general diseases	—	—	5	—	1	—	1	—
165	Scurvy	—	—	1	—	—	—	—	—
167	Beri-Beri	—	1	5	—	—	—	1	—
168	Pellagra	—	—	1	2	—	—	2	—
169	Rickets	—	—	—	5	—	—	—	—
Diseases of the Blood—									
203	Pernicious Anaemia	5	—	1	4	—	—	—	—
206	Other Anaemias	1	—	—	1	1	1	1	—
207	Leukaemia	5	1	—	—	1	—	—	—
Chronic Poisoning and Alcoholism—									
250	Acute Alcoholism	—	—	1	—	—	—	—	—
251	Chronic Alcoholism	3	—	—	—	1	—	—	—
258	Unspecified Poisoning	5	—	10	4	1	—	4	1
Diseases of the Nervous System—									
300	Intra-cranial abscess	—	—	1	—	—	—	—	—
301	Encephalitis	2	2	1	4	—	—	—	—
302	Pneumococcal Meningitis	2	1	6	1	—	—	3	—
303	Meningitis—other forms	7	1	7	7	3	—	4	—
304	Diseases of the Spinal Cord	4	—	1	2	2	—	—	—
305	Cerebral haemorrhage	57	7	15	36	7	—	5	3
306	Cerebral embolism and thrombosis	54	2	5	33	9	1	2	—
307	Hemiplegia	4	—	1	7	—	—	—	—
308	Mental Disorders	—	—	—	—	—	—	1	—
309	Epilepsy	1	—	1	8	—	—	—	—
310	Convulsions (under 5 years)	2	2	—	15	—	—	—	—
312	Neuritis	2	—	—	—	—	—	—	—
313	Paralysis agitans	2	—	—	1	1	—	—	—
315	Other diseases of nervous system	1	—	—	—	—	—	—	—
317	Diseases of the Mastoid process	—	—	—	3	—	—	3	—
Diseases of Circulatory System—									
350	Chronic Pericarditis	—	—	2	—	—	—	1	—
351	Other Pericarditis	—	—	1	1	1	—	1	—
352	Acute Endocarditis	2	—	4	4	—	—	—	—
353	Valvular disease—rheumatic	10	1	4	9	2	—	1	2
354	Valvular Disease (Other forms)	—	—	—	1	—	—	—	—
355	Acute myocarditis	—	—	1	6	—	—	—	—
356	Chronic Myocarditis specified as	—	—	—	—	—	—	—	—
	Rheumatic	6	1	8	11	2	—	6	1
357	Other Chronic myocarditis	91	7	36	73	17	1	19	1
358	Diseases of coronary arteries and	—	—	—	—	—	—	—	—
	Angina pectoris	3	—	2	5	3	—	—	—
359	*Heart disease—rheumatic	3	1	2	6	2	—	2	—
360	Heart Disease not specified as Rheumatic	10	2	13	7	5	1	9	1
361	Aneurysm	—	—	1	—	—	—	—	—
362	Arteria Sclerosis	103	8	10	21	14	2	8	1
363	Gangrene	—	—	—	1	—	—	1	—
364	Other Diseases of the Arteries	2	—	7	3	1	—	2	—
365	Diseases of the veins	1	—	2	—	—	—	—	—
367	High blood pressure	3	—	4	1	—	—	—	—
368	Hypotension and other	37	3	—	13	8	—	8	1
Diseases of Respiratory System—									
401	Diseases of Larynx	1	—	3	—	1	—	—	—
402	Bronchitis—acute	8	5	89	125	1	—	27	1
403	Bronchitis—chronic	4	—	4	56	2	—	5	3
404	Pneumonia—broncho	44	23	390	342	11	5	127	5
405	—lobar	17	7	66	116	2	—	27	—
406	—unspecified	—	—	1	—	—	—	—	—
407	Empyema	2	—	9	1	—	—	5	—
410	Chronic congestion of lungs	5	—	12	8	3	—	1	2
411	Asthma	7	—	6	31	3	—	3	3
412	Pulmonary emphysema	2	—	3	6	—	—	1	1
417	Abscess of lung	—	—	8	1	1	—	2	—
Diseases of Digestive System—									
452	Other diseases of pharynx and tonsils	1	—	1	—	—	—	—	—
455	Ulcer of stomach	3	—	—	2	1	—	—	—
456	Ulcer of duodenum	3	—	1	1	2	—	—	—
457	Other diseases of the stomach	3	—	5	3	1	—	1	—
458	Diarrhoea and enteritis under 2 yrs.)	12	22	555	136	5	—	171	5
459	Diarrhoea and enteritis over 2 yrs.)	2	1	105	59	3	—	42	1
461	Appendicitis	2	1	3	3	—	1	—	—
462	Hernia	2	—	1	—	—	—	1	—



Code.	Disease.	Borough				Imported			
		E.	C.	N.	A.	E.	C.	N.	A.
463	Intestinal obstruction	6	1	8	11	7	—	3	1
466	Cirrhosis of liver with alcoholism	—	—	1	—	—	—	—	—
467	Cirrhosis of liver without alcoholism	6	3	8	11	2	—	2	—
468	Acute yellow atrophy of liver	4	—	1	—	1	—	3	—
469	Other diseases of the liver	2	1	4	2	1	—	4	—
470	Biliary Calculi	—	—	—	—	1	—	—	—
471	Cholecystitis	2	—	—	—	1	—	—	—
472	Diseases of the pancreas	1	—	—	—	—	—	—	—
473	Peritonitis without stated cause	8	—	20	9	3	—	4	1
<b>Diseases of the Urinary and Genital Systems—</b>									
500	Acute nephritis	18	2	18	42	5	—	13	1
501	Chronic nephritis	30	2	14	42	4	1	8	2
503	Pyelitis, pyelonephritis	8	1	2	7	—	—	2	—
506	Cystitis	—	—	—	—	2	—	—	—
507	Other diseases of the bladder	2	—	—	—	—	—	—	—
508	Diseases of the Urethra	1	—	—	—	—	—	—	—
509	Hypertrophy	1	—	—	—	—	—	2	—
510	Other diseases of the prostate	4	—	—	—	—	—	—	—
511	Diseases of the Male Genital organs	—	—	—	—	—	—	3	—
512	Diseases of the ovaries	—	—	1	1	—	—	—	—
513	Diseases of the uterus	1	1	—	6	—	—	—	—
514	Diseases of the Breast	1	—	—	—	1	—	—	—
<b>Diseases of Pregnancy—</b>									
551	Abortion, induced other than therapeutic reasons	—	—	—	1	—	—	1	1
554	Ectopic gestation	—	—	2	—	—	—	—	—
557	Unspecified haemorrhages of pregnancy	—	—	1	1	1	—	—	2
558	Eclampsia of Pregnancy	2	—	—	1	—	—	1	—
562	Other diseases of pregnancy	—	—	2	1	—	—	—	—
563	Haemorrhage of Childbirth	—	—	1	—	—	—	—	—
570	Puerperal Eclampsia	—	—	—	1	—	—	—	—
571	Puerperal albuminuria	—	—	—	1	—	—	3	—
573	Other puerperal toxæmias	1	—	5	8	—	—	1	2
574	Other accidents of childbirth	1	—	2	2	—	—	—	—
<b>Diseases of the Skin and Cellular Tissue—</b>									
600	Carbuncle, boils	—	—	—	—	1	—	—	—
601	Cellulitis, acute abscess	1	1	4	2	1	—	1	—
602	Other Diseases of the Skin	—	—	1	2	—	—	—	—
<b>Diseases of the Bones and organs of movement—</b>									
650	Osteomyelitis and periostitis	2	—	1	1	—	—	1	—
651	Other diseases of the bones	3	—	—	—	1	—	1	—
652	Diseases of the Joints	—	—	—	1	—	—	1	—
653	Diseases of other organs of movement	1	—	—	1	—	—	1	—
<b>Congenital Malformations—</b>									
700	Congenital hydrocephalus	—	—	1	—	—	—	—	—
703	Monstrosities	1	—	—	—	—	—	—	—
705	Cleft palate, harelip	1	—	—	—	—	—	—	—
706	Imperforate anus	—	—	1	—	—	—	—	—
709	Unspecified congenital malformations	—	1	—	1	—	—	—	—
<b>Diseases Peculiar to the First Year of Life—</b>									
750	Congenital debility	4	2	118	67	1	—	29	4
751	Premature birth	16	9	62	63	3	2	30	6
752	Haemorrhage — birth injury	7	1	13	2	1	—	2	1
753	Other birth injuries	—	2	5	4	—	—	1	—
754	Asphyxia during or after birth	5	1	2	5	—	—	—	—
758	Other specified diseases	12	3	38	28	4	—	14	—
<b>Senility—</b>									
800	Senility (age 65 and over)	42	3	5	40	5	—	2	1
<b>Violent or Accidental Deaths—</b>									
850	Suicide: Corrosive substances	3	—	—	3	—	—	—	—
856	" Hanging or strangulation	2	—	3	7	2	—	—	—
857	" Drowning	2	1	3	1	—	—	—	—
858	" Firearms and explosives	1	—	—	—	—	—	—	1
860	" Jumping from High Places	1	—	—	—	—	—	—	—
863	" Unspecified Means	1	—	2	3	—	—	1	1
<b>Homicide—</b>									
864	Infanticide	1	—	—	—	—	—	—	—
866	" by cutting or piercing instruments	1	2	7	4	—	—	—	—
867	" by unspecified means	1	1	1	1	1	—	—	—

Code.	Disease.	Borough				Imported			
		E.	C.	N.	A.	E.	C.	N.	A.
Accidental Deaths—									
868	Accidents on railways	5	—	6	2	5	—	—	—
871	" motor-driven vehicles	7	3	22	19	4	—	8	3
883	Injury by venomous animals	1	1	—	1	1	—	—	—
886	Injury by machinery	—	—	1	—	—	—	—	—
888	Accidental absorption of gases	—	—	2	1	—	—	—	—
889	Accidental Poisoning	2	1	—	—	—	—	1	—
891	" burns	1	—	4	38	—	—	13	8
892	" mechanical suffocation	2	—	2	1	1	—	1	—
893	" drowning	4	—	4	7	8	1	2	—
894	" injury by firearms	—	—	1	—	—	—	—	—
895	Accident by Cutting or Piercing Instrument	1	—	—	—	—	—	1	—
896	" injury by fall	10	—	10	2	3	—	—	—
899	Injury by animals	1	—	—	—	—	—	—	—
904	Accidents due to electric currents	2	—	—	—	—	—	—	—
905	Attack by venomous animals	—	—	—	—	1	—	2	—
906	Anaesthetic accidents	1	—	—	—	—	—	—	—
907	Lack of care of the newborn	1	—	—	1	—	—	—	—
908	Unspecified Accidents	1	—	1	—	—	—	1	1
910	Deaths from wounds military service	2	—	—	—	1	—	—	—
914	Exposure	—	—	—	—	3	—	—	2
916	Open verdict	—	—	6	1	1	—	1	—
950	Sudden death	1	—	1	—	1	—	—	—
951	Ill-defined causes	14	3	15	22	1	—	8	1
952	Found dead — cause unknown	—	—	—	3	—	—	—	1
TOTAL		1,052	223	2,924	2,133	282	28	1,409	111

## 2. INFECTIOUS DISEASES NOTIFIED DURING THE YEAR :

(Figures for 1942-43 in brackets).

	European	Coloured	Native	Asiatic
<b>1. Enteric or Typhoid Fever.</b>				
Local cases	37 (68)	3 (10)	108 (156)	46 (71)
Imported cases	11 (32)	2 (3)	27 (21)	29 (2)
Deaths (local)	6 (6)	— (2)	37 (34)	11 (15)
Deaths (imported)	4 (4)	— (1)	13 (30)	1 (5)
<b>2. Cerebro-Spinal Meningitis.</b>				
Local cases	10 (12)	3 (1)	16 (4)	11 (4)
Imported cases	3 (13)	— (1)	52 (13)	2 (—)
Deaths (local)	1 (1)	— (—)	2 (3)	4 (2)
Deaths (imported)	1 (1)	— (—)	7 (1)	1 (—)
<b>3. Scarlet Fever.</b>				
Local cases	191 (131)	4 (4)	— (4)	1 (—)
Imported cases	24 (26)	— (—)	— (1)	— (—)
<b>4. Diphtheria.</b>				
Local cases	416 (295)	74 (24)	73 (44)	36 (15)
Imported cases	65 (87)	1 (3)	48 (13)	7 (5)
Deaths (local)	7 (9)	— (2)	16 (2)	2 (3)
Deaths (imported)	3 (1)	— (—)	10 (11)	1 (—)
<b>5. Erysipelas.</b>				
Local cases	9 (22)	1 (5)	2 (2)	— (1)
Imported cases	1 (—)	— (—)	— (—)	— (—)
Deaths (local)	— (1)	— (—)	— (—)	— (1)
Deaths (imported)	1 (2)	— (—)	— (—)	— (—)
<b>6. Poliomyelitis.</b>				
Local cases	3 (3)	— (—)	— (—)	— (—)
Imported cases	— (7)	— (—)	— (—)	— (—)
Deaths (local)	— (2)	— (—)	— (—)	— (—)
Deaths (imported)	— (—)	— (—)	— (1)	— (—)
<b>7. Gon. Ophthalmia.</b>				
Local cases	2 (7)	3 (3)	47 (37)	25 (8)
Imported cases	— (8)	— (—)	1 (1)	— (—)
No deaths recorded.				
<b>8. Leprosy.</b>				
Local cases	— (—)	— (—)	2 (2)	— (—)
Imported cases	— (—)	— (—)	2 (3)	— (—)
No deaths recorded.				
<b>9. Puerperal Sepsis.</b>				
Local cases	— (6)	— (2)	4 (10)	8 (5)
Imported cases	— (2)	— (—)	— (—)	— (6)
Deaths (local)	1 (—)	— (—)	5 (2)	8 (—)
Deaths (imported)	— (—)	— (—)	1 (—)	2 (—)



				European	Coloured	Native	Asiatic
10. Trachoma.							
Local cases	—	—	—	— (—)	— (—)	— (—)	— (1)
Imported cases	—	—	—	— (2)	1 (—)	— (3)	— (1)
No deaths recorded.							
11. Typhus.							
Local cases	—	—	—	7 (4)	— (—)	4 (1)	2 (1)
Imported cases	—	—	—	2 (8)	— (—)	— (1)	2 (—)
Deaths (local)	—	—	—	— (1)	— (—)	— (—)	— (—)
Deaths (imported)	—	—	—	— (1)	— (—)	— (—)	— (—)
12. Relapsing Fever.							
Local cases	—	—	—	1 (—)	— (—)	1 (—)	— (—)
Imported cases	—	—	—	— (—)	— (—)	1 (—)	— (—)
No deaths recorded.							
13. Encephalitis.							
Local cases	—	—	—	4 (2)	— (—)	1 (1)	2 (—)
Imported cases	—	—	—	1 (3)	— (—)	— (—)	— (—)
Deaths (local)	—	—	—	2 (3)	2 (4)	2 (5)	4 (1)
Deaths (imported)	—	—	—	— (3)	— (—)	— (1)	— (1)
14. Bilharzia.							
Imported cases	—	—	—	— (—)	— (—)	1 (—)	— (—)
Deaths (local)	—	—	—	1 (—)	— (—)	— (—)	— (—)
15. Smallpox.							
Local cases	—	—	—	— (—)	1 (1)	53 (22)	11 (—)
Imported cases	—	—	—	— (—)	— (—)	75 (4)	— (—)
Deaths (local)	—	—	—	— (—)	— (—)	6 (—)	3 (—)
Deaths (imported)	—	—	—	— (—)	— (—)	15 (—)	— (—)
16. Dysenteric Diseases.							
Local cases	—	—	—	771 (196)	57 (46)	5,722 (3,128)	445 (370)
Imported cases	—	—	—	360 (110)	54 (25)	1,793 (720)	85 (20)
Deaths (local)	—	—	—	29 (26)	32 (21)	1,102 (415)	268 (189)
Deaths (imported)	—	—	—	10 (5)	1 (—)	425 (168)	7 (8)

Dysenteric diseases were made notifiable for the periods 1st July, 1943 to 14th July, 1943 and 1st November, 1943 to 3th April, 1944. In the previous year from 15th January, 1943 to 30th June, 1943.

Dysenteric diseases grouped as under (City Cases only).

Under 2 years	—	—	—	87	13	1,700	32
2 years and over	—	—	—	684	44	4,022	413
Deaths in age groups (City cases only):							
Under 1	—	—	—	15	20	357	94
1 — 2	—	—	—	2	6	219	50
2 — 5	—	—	—	4	—	104	40
5 — 15	—	—	—	1	—	28	23
15 — 25	—	—	—	—	1	41	12
25 — 45	—	—	—	—	3	215	22
45 — 65	—	—	—	4	2	122	19
Over 65	—	—	—	3	—	16	8
Total	—	—	—	29	32	1,102	268
Under 1	—	—	—	—	—	2	—
1 — 2	—	—	—	1	—	—	—
2 — 5	—	—	—	—	—	3	—
5 — 15	—	—	—	—	—	4	3
15 — 25	—	—	—	1	—	8	3
25 — 45	—	—	—	1	—	16	4
45 — 65	—	—	—	1	—	3	1
Over 65	—	—	—	2	—	1	—
Total	—	—	—	6	—	37	11

# DEATH RATES FOR DYSENTERY & GASTRO ENTERITIS FOR THE PAST 5 YEARS. (CITY CASES ONLY).

	European.	Coloured.	Native.	Asiatic.	All Races.	Non-European.
Dysentery.						
1940	.07	.37	1.20	.13	.49	.73
1941	.09	.48	1.79	.20	.61	.88
1942	.11	.82	3.14	.36	1.02	1.56
1943	.25	2.45	5.66	2.01	2.30	3.55
1944	.14	1.03	6.11	.76	1.90	2.95
Gastro Enteritis (Under 2 years).						
1940	.18	2.11	3.63	1.12	1.49	2.23
1941	.29	2.66	4.08	1.41	1.77	2.54
1942	.24	2.59	5.47	1.53	2.12	3.25
1943	.12	2.92	6.62	2.46	2.31	4.32
1944	.11	2.51	7.67	1.41	2.54	4.01

		European.	Coloured.	Native.	Asiatic.	All Races.	Non-European.
<b>Gastro Enteritis (2 years and over).</b>							
1940	—	.03	—	.18	.29	.16	.23
1941	—	.02	.12	.31	.54	.27	.42
1942	—	.05	.47	.65	.60	.40	.62
1943	—	.07	.58	.80	.78	.51	.79
1944	—	.02	.11	1.45	.61	.57	.93
<b>All Dysenteries.</b>							
1940	—	.28	2.48	5.01	1.54	2.14	3.19
1941	—	.40	3.26	6.18	2.15	2.65	3.84
1942	—	.40	3.88	9.26	2.49	3.54	5.43
1943	—	.44	5.95	13.08	5.25	5.12	8.66
1944	—	.27	3.65	15.24	2.77	5.00	7.89

## DEATH AND INCIDENCE.

Rate per 1,000 of the Population for Enteric and Diphtheria.

		European.		Coloured.		Native.		Asiatic.		All Races.		Non-European.	
		D.R.	I.R.	D.R.	I.R.	D.R.	I.R.	D.R.	I.R.	D.R.	I.R.	D.R.	I.R.
<b>Enteric..</b>													
1940	—	.07	.56	—	.49	.17	.60	.08	.26	.09	.47	.10	.42
1941	—	.02	.26	—	.12	.32	.98	.07	.17	.12	.48	.17	.51
1942	—	.09	1.17	.12	1.42	.54	2.28	.11	.24	.22	1.15	.29	1.14
1943	—	.06	.64	.23	1.17	.47	2.13	.16	.75	.21	1.09	.23	1.35
1944	—	.05	.34	—	.34	.51	1.49	.11	.47	.19	.69	.28	.89
<b>Diphtheria.</b>													
1940	—	.03	2.10	—	2.60	.04	.23	.01	.02	.98	.10	.02	.35
1941	—	.05	2.45	—	2.18	.09	.59	.01	.05	1.13	.17	.05	.40
1942	—	.02	2.48	.12	3.07	.05	.85	—	.03	1.03	.29	.02	.59
1943	—	.09	2.77	.23	2.81	.03	.60	.03	.01	1.30	.23	.04	.49
1944	—	.06	3.84	—	8.44	.22	1.01	.02	.09	2.09	.28	.11	1.02

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

		European		Coloured		Native		Asiatic		Total
C.S. Meningitis	—	11	(14)	2	(2)	19	(3)	6	(2)	38 (21)
Chickenpox	—	100	(114)	12	(7)	362	(210)	21	(13)	495 (344)
Cowpox	—	—	(—)	—	(—)	—	(3)	—	(1)	— (4)
Diphtheria	—	331	(254)	63	(15)	68	(35)	38	(10)	500 (314)
Diphtheria Suspects	—	100	(93)	7	(5)	47	(24)	6	(6)	160 (128)
Eczema	—	—	(2)	—	(—)	—	(—)	—	(—)	— (2)
Measles	—	174	(427)	16	(23)	636	(402)	11	(32)	837 (884)
Mumps	—	25	(122)	5	(4)	104	(69)	1	(9)	135 (204)
Pertussis	—	92	(63)	10	(14)	111	(45)	—	(3)	213 (125)
Rubella	—	19	(12)	1	(2)	5	(—)	—	(—)	25 (14)
Scarlet Fever	—	163	(118)	5	(1)	—	(2)	—	(—)	168 (121)
do. Suspects	—	34	(18)	—	(—)	—	(—)	—	(—)	34 (18)
Smallpox	—	—	(—)	1	(—)	113	(22)	6	(—)	120 (22)
do. Suspects	—	1	(—)	—	(—)	11	(14)	—	(—)	12 (14)
do. Contacts	—	—	(1)	—	(—)	38	(50)	1	(—)	39 (51)
Trachoma	—	—	(—)	—	(—)	—	(1)	—	(1)	— (2)
Typhoid	—	—	(—)	—	(—)	—	(3)	—	(—)	— (3)
Typhus	—	3	(7)	—	(—)	4	(2)	—	(—)	7 (9)
Vaccinia	—	—	(—)	—	(—)	2	(—)	—	(—)	2 (—)
V.D.	—	1	(9)	—	(5)	—	(—)	—	(—)	1 (14)
<b>Sundry :</b>										
Observation	—	4	(—)	—	(—)	1	(—)	1	(—)	6 (—)
Lodgers	—	3	(1)	—	(—)	1	(3)	—	(3)	4 (7)
		1,061	(1,255)	122	(78)	1,522	(888)	91	(80)	2,796 (2,301)

**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 —	958 (1,095)	312 (50)	113 (181)	80 (16)	1,463 (1,342)
Government Hospital	113 (167)	106 (38)	83 (122)	42 (73)	344 (400)
Other Hospitals —	30 (41)	285 (7)	186 (95)	24 (53)	525 (196)
	1,101 (1,303)	703 (95)	382 (398)	146 (142)	2,332 (1,938)





**Disinfecting Station and Laundry.****Municipal Departments.**

City Fever Hospital	—	Disinfections	—	70,381	(88,818)
do.	—	Articles Laundered	—	237,785	(231,872)
City Baths	—	do.	—	79,366	(95,045)
Ocean Beach	—	do.	—	53,664	(105,032)
Other Departments	—	do.	—	92,585	(107,908)
				533,781	(628,675)

**(a) Routine :**

Private premises	—	Disinfections of articles	—	77,607	(90,987)
do.	—	Disinfection of rooms	—	2,795	(2,333)

**(b) Contract :**

Child Welfare Society	—	Articles Laundered	—	5,511	(6,735)
Chronic Sick Home	—	—	—	—	(128,400)
C.P.S.	—	—	—	—	(133)
Durban Turf Club	—	Disinfections	—	5,300	(4,100)
Entabeni Nursing Home	—	Disinfections	—	246,287	(205,685)
Indian Depot Hospital	—	Articles Laundered	—	45,027	(25,586)
King Edward VIII Hospital	—	Articles Laundered	—	1,213,455	(1,173,558)
do.	—	Disinfections	—	42,463	(41,848)
King George V Hospital	—	Articles Laundered	—	191,833	(210,311)
S.A.W.A.S. Residential Club	—	Articles Laundered	—	497,734	(627,237)
				2,328,012	(2,516,913)

**Vaccinations. (Courtesy, Deputy Chief Health Officer).**

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

	Infant Vaccination	
Births entered in Vaccination Register	3,327	(2,810)
Successfully vaccinated	1,074	(1,298)
Insusceptible to vaccination	9	(30)
Postponed owing to illness	54	(59)
Deaths of infants under 2 yrs.—registered	309	(236)
Exempted under Act 15 of 1928	64	(70)
Exemptions refused	3	(3)

Vaccinations by the Medical Officer, Native Administration Department were as follows :

Number of Natives examined	100,071
do. vaccinated	5,559
do. rejected	1,094

**3. TUBERCULOSIS.****1. VITAL STATISTICS.****Notifications.**

Pulmonary :	European	Coloured	Native	Asiatic	Total
Local	114 (98)	60 (55)	862 (593)	410 (352)	1,446 (1,098)
Imported	94 (206)	10 (12)	661 (537)	78 (75)	843 (830)

**Non-Pulmonary :**

Local	1 (1)	2 (2)	34 (45)	19 (19)	56 (67)
Imported	— (23)	1 (—)	82 (43)	7 (4)	90 (70)

**Deaths.**

Pulmonary :	European	Coloured	Native	Asiatic	Total
Local	43 (39)	46 (38)	366 (227)	232 (174)	687 (478)
Imported	18 (20)	9 (4)	287 (196)	20 (39)	334 (259)

**Non-Pulmonary :**

Local	5 (4)	6 (3)	49 (28)	22 (36)	82 (71)
Imported	1 (2)	1 (1)	34 (29)	2 (1)	38 (33)

**TUBERCULOSIS.**

A total of 1,446 cases of Pulmonary Tuberculosis was notified among City residents during the year as compared with the figure of 1,098 during the previous year. Deaths among Borough residents numbered 687 as compared with 478 in the previous year. The increases affected all races but, as usual, were greatest among Natives and Indians.

The fact that tuberculosis is gaining ground is a reflection of the encouragement given by war-time conditions to all factors which favour tuberculosis. There has been a worsening of housing conditions resulting from the continuous large influx to the City in the absence of appropriate housing accommodation. Nutrition was worsened through the prevailing high prices for staple and protective foodstuffs. Warm clothing is expensive and difficult to obtain. As regards hospitalization, so far from there being any improvement in sight, it is likely that shortage of medical and nursing staffs, particularly the latter, will tend to deteriorate the situation still further. The depressing outlook in regard to tuberculosis is common to most civilised countries in the world during war-time and cannot fail to be accentuated here where so large a proportion of the working population consists of the primitive Bantu and Asiatic races.



## DEATHS from TUBERCULOSIS in Age Groups (City Cases only).

Pulmonary T.B.				E.	C.	N.	A.	Total.
Under 1	—	—	—	1	—	12	4	17
1 — 2	—	—	—	—	1	18	2	20
2 — 5	—	—	—	2	2	24	9	37
5 — 15	—	—	—	—	2	16	21	39
15 — 25	—	—	—	—	9	71	87	167
25 — 45	—	—	—	20	18	152	83	273
45 — 65	—	—	—	10	9	70	20	109
Over 65	—	—	—	10	5	4	6	25
				43	46	367	232	687

## Non-Pulmonary T.B.

Under 1	—	—	—	—	2	2	1	5
1 — 2	—	—	—	—	—	2	—	3
2 — 5	—	—	—	—	1	4	2	7
5 — 15	—	—	—	—	—	3	5	8
15 — 25	—	—	—	—	1	9	5	15
25 — 45	—	—	—	3	1	22	7	33
45 — 65	—	—	—	2	1	5	2	10
Over 65	—	—	—	—	—	1	—	1
				5	6	48	22	82

## T.B. All Forms and Classes.

Under 1	—	—	—	1	2	14	5	22
1 — 2	—	—	—	—	1	20	2	23
2 — 5	—	—	—	2	3	28	11	44
5 — 15	—	—	—	—	2	19	26	47
15 — 25	—	—	—	—	10	80	92	182
25 — 45	—	—	—	23	19	174	90	306
45 — 65	—	—	—	12	10	75	22	119
Over 65	—	—	—	10	5	5	6	26
				48	52	415	254	769

DEATH AND NOTIFICATION RATES FOR THE PREVIOUS 5 YEARS.  
(City Cases only).

	Europeans.		Coloureds.		Native.		Asiatic.		All Races.		Non-European.	
	D.R.	I.R.	D.R.	I.R.	D.R.	I.R.	D.R.	I.R.	D.R.	I.R.	D.R.	I.R.
<b>Pulmonary Tuberculosis :</b>												
1940 — —	.33	.76	3.34	6.32	2.50	5.36	1.65	2.88	1.46	2.91	2.10	4.11
1941 — —	.44	.90	4.24	4.10	3.59	5.94	2.36	2.62	2.07	2.96	2.96	4.09
1942 — —	.32	.70	3.89	5.55	3.00	5.72	1.99	2.71	1.69	2.83	2.52	4.11
1943 — —	.36	.91	4.44	6.43	3.09	8.09	1.84	3.73	1.69	3.88	2.50	5.67
1944 — —	.39	1.05	5.24	6.84	5.06	11.92	2.40	4.24	2.40	5.05	3.62	7.49
<b>Non-Pulmonary Tuberculosis :</b>												
1940 — —	.09	.20	.24	1.11	.17	.74	.14	.45	.13	.44	.14	.60
1941 — —	—	.05	.12	.38	.08	.93	.33	.47	.10	.42	.16	.63
1942 — —	.02	.06	.33	1.06	.32	.43	.17	.41	.15	.31	.23	.46
1943 — —	.04	.01	.24	.23	.39	.62	.42	.20	.25	.24	.38	.38
1944 — —	.05	—	.69	.23	.67	.47	.24	.19	.29	.20	.43	.31
<b>Tuberculosis—All Forms :</b>												
1940 — —	.42	.96	3.58	7.42	2.67	6.10	1.79	3.33	1.59	3.35	2.24	4.71
1941 — —	.44	.95	4.36	4.48	3.67	6.81	2.69	3.09	2.17	3.38	3.12	4.72
1942 — —	.34	.76	4.13	6.61	3.32	6.15	2.16	3.12	1.84	3.14	2.75	4.57
1943 — —	.40	.92	4.77	6.66	3.48	8.71	2.26	3.93	1.94	4.12	2.88	6.05
1944 — —	.44	1.06	5.93	7.07	5.74	12.39	2.64	4.45	2.69	5.25	4.05	7.80

The Acting Tuberculosis Officer (Dr. D. H. Hooper) comments as follows :

## 2. TUBERCULOSIS SCHEME.

**THE CLINIC :** Originally planned in 1942, this building has made slow but steady progress, and it is expected that the work will be completed in a few months' time. The Clinic is intended to undertake the functions of diagnosis by mass-radiography in all races except Natives, who will be x-rayed at the Native Administration Department, and of out-patient treatment in all races including Natives.

The Mass Miniature X-Ray Sets which were ordered in January, 1942, have not yet been shipped from overseas. The delay is due entirely to war-time difficulties.

**Additional Hospital Accommodation.** The original plan to erect a 200-bed hospital for Natives and Indians was abandoned at the end of 1942 owing to the large increase in the estimated cost, the time which would be taken to erect this hospital, and the serious shortage of nurses. Several attempts have this year been made to find accommodation elsewhere; firstly at Renishaw Hospital and then at the Children's Hospital, Durban, then at the Springfield Military — C.P.S. wards, and later, efforts were made to obtain the vacated military wards at King Edward VII Hospital and after further attempts it was finally proposed that new wards should be erected by the City Council adjacent to King George V Hospital.



All these efforts failed to materialise. Finally it was decided to refer the whole problem to a special Technical Committee consisting of representatives of the Union Health Department, the Provincial Government, S.A. Medical Corps and the Durban City Council. This Committee met in February, 1944, when it was resolved to recommend that the Provincial Government should erect additional tuberculosis beds on land adjacent to Springfield Military Hospital. Negotiations in this regard between the Provincial Government and the City Council are still proceeding.

And so three years of continuous planning and negotiating have so far failed to produce a single additional tuberculosis bed. The waiting-lists for admission to hospital for all races are becoming progressively larger and it is essential that extra beds be provided as soon as possible. This will be all the more imperative once the Clinic is opened and mass radiography commences.

3. PRESENT CLINIC FACILITIES. These remain as reported last year. The following are the routine Tuberculosis Out-Patient Clinics and the total attendances by City residents :

European and Coloureds :	Addington Hospital Clinic :	2,427 attendances.
Indians and Natives :	King Edward VIII Hospital Clinic and McCord Hospital Clinic :	7,626 attendances.
	Total :	10,053 attendances.

This reflects an increase during the year of 3,455 attendances.

In addition, numerous out-patients are examined at King George V Hospital, and the staff at this hospital also voluntarily holds an artificial pneumothorax clinic each week. The McCord Zulu Hospital conducts artificial pneumothorax clinics weekly for Indian and Native patients.

4. PRESENT HOSPITAL FACILITIES. The total number of beds in Durban has not altered materially since last year. These are—

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	

A little over half of this total is usually occupied by Durban city cases. Durban requires about another 700 beds.

In addition, a few City cases are admitted to Addington and King Edward VIII Hospitals in Durban, and to Springkell, Nelspoort, Nongoma and other hospitals outside Durban.

5. TUBERCULOSIS STAFF AND ACTIVITIES. The staff of the Tuberculosis Section of the City Health Department has been augmented slightly during the year, and now consists of a Tuberculosis Medical Officer, four European Health Visitors, three Native and three Indian Health Assistants, two Clerks and one typiste.

The same routine has been carried out during the previous years. Every notified case is followed-up, and full details regarding each patient and his contacts and environment are recorded on the patient's file. Very much valuable time, which might have been devoted to other purposes, has had to be spent by the Staff in dealing with numerous problems arising entirely out of the shortage of hospital beds.

The following are the numbers of patient-visits during the year by the European and Non-European Health Visiting Staff :

European Patients	3,566
Coloured patients	1,455
Native patients	3,287
Asiatic patients	3,005
Total :	11,313

6. CARE COMMITTEE (Natal Anti-Tuberculosis Association).

Each year shows a progressive increase in the amount of work undertaken by the Committee. The number of cases to whom grants were given in the form of payment of rent, provision of food, etc., was 251. The total expenditure was £2,365 during the year.

The Tuberculosis Medical Officer and Health Visitor are members of this Committee.

7. FRIENDS' OF THE SICK ASSOCIATION. The formation and work of this Association was mentioned in the last two annual reports. These voluntary workers have steadily increased the scope of their work particularly amongst the Indian race. Two distinct types of work are undertaken; firstly Care Work, and secondly the establishment and administration of the F.O.S.A. Settlement at Newlands for non-communicable cases and for contacts.

As regards Care Work, the Association has paid out from its own funds considerably more than £1,000 in domiciliary grants.

At the Fosa Settlement eight cottages have been erected so far, and the plans for further buildings are contemplated. Ten patients and forty-two contacts are accommodated at the Settlement at present.







#### 4. VENEREAL DISEASE.

As regards this endemic disease, the year reflects a more satisfactory position in regard to a decrease in the number of European cases and a vast improvement in the accommodation for Non-European patients. Thanks to the decrease in Smallpox incidence, it became possible to open up the new V.D. Block at Congella for Non-European patients thus effectively relieving the overcrowded conditions under which these patients suffered for some considerable time.

In regard to prevention, very considerable progress has been made with the development of health educational facilities designed to encourage the early disclosure of venereal lesions among Natives. The early prospect of greatly improved methods of treatment for venereal disease is another most encouraging sign of the times. Much of the success of anti-venereal work among the Bantu will depend upon the improved methods of specific treatment (penicillin) which may become freely available in the not too distant future.

The City Venereologist reports as follows:—

"The number of occupied male beds at Addington has decreased since the diminution of the number of visiting seamen and the lesser number of convoys passing through.

The female ward at Addington is still unoccupied owing to lack of the necessary staff. The Special Clinics instituted during the year for Coloured patients are meeting a real need and attendances at them especially on the female side, are increasing.

The new V.D. wards at Congella in the early part of the year under review were used for Smallpox cases but are now occupied by V.D. patients. They are fully occupied all the time and are a great improvement on the overcrowded and unsatisfactory wards in which the in-patients were formerly housed.

Owing to the large number of juvenile cases of V.D. brought to the Congella Clinic and which were acquired by sexual intercourse, special measures for dealing with them were instituted. In cases where the girls are obviously under the age of consent, they are admitted to the Wards and the Police are notified with a view to taking criminal proceedings against their violators. Before these cases are discharged from the Wards the Government Welfare Officer is advised with a view to their future supervision. These arrangements, recently organised, are working satisfactorily.

The tendency towards a more intensive treatment of Syphilis, in which important work is being done in America and elsewhere is being closely studied. Some of these early experiments were attended with disastrous results but improved methods are gradually being evolved which entail less risk to the patients. It is necessary to stress the enormous benefit that would result if Syphilis could be cured, or even if infectious relapses could be prevented, in a matter of days instead of months as at present. A series of cases is now being done at the Non-European Clinic with a "ten-day" treatment in which the patients receive an injection every day for ten days instead of once weekly. It entails increased risk of undesirable complications but it may be that the results on a large scale would justify the extra risk. It will be a year or more until the results can be finally assessed as it will be necessary to check the results of the blood tests of these patients for at least a year after cessation of treatment.

In Gonorrhoea we are still handicapped by the inability or unwillingness of the Union Health Department to supply us with M & B 760 instead of Sulphonilamides. There is overwhelming evidence of the immense superiority of M & B in the treatment of Gonorrhoea as I have repeatedly pointed out to the Union Health Department. Another adverse factor is that Non-European patients do not attend in the early stages when a cure with M & B can be almost certainly effected whereas after the infection has been present for some weeks M & B or indeed any other form of treatment, is largely ineffective and the patient becomes a chronic carrier of the disease.

We have now started to do our own blood testing in the Clinic and by this modified test we are able, in the majority of cases, to get the result in 24 hours instead of a week or more when we send bloods to the Government Laboratory.

Supplies of Penicillin, extremely effective in the treatment of Gonorrhoea, and from the use of which good results have been reported in Syphilis, are promised in the near future.

With these various improvements the treatment of V.D. is in a much more favourable position than even a few short years ago. The chief improvement needed now is more intense propaganda amongst the Non-European population laying continual and added emphasis on the need for early treatment. The early and successful treatment of V.D. is now comparatively easy matter but the cases where treatment is only commenced in the later stages remain the greatest obstacle to the success of the campaign against V.D. in Durban."

The following cases were diagnosed by the Medical Officer attached to the Native Administration Department during the year:

Syphilis.	Gonorrhoea.	Balanitis.	Warts.	Bubo.
226	146	302	92	37

5. PEST CONTROL. Despite the shortage of staff, equipment and materials, pest control measures were sustained during the year with the result that no pest-borne diseases occurred apart from the uncertain proportion of acute intestinal conditions such as dysentery and enteric of the sporadic type which are associated with fly vector.

War-time conditions, such as black-out restrictions, large convoys of troops passing through and the littering of streets with fruit peels and food scraps, shortage of refuse bins, etc., have all mitigated against efficient rodent and roach control. This section has been under-staffed for some time and this handicap has been added to by the field staff having to carry out duties of lay-vaccinators, de-verminizing of typhus contacts, chlorination of well water, etc.



**Mosquito Control.** A routine 'adult survey' was maintained in outlying areas by means of huts selected at strategic points, a room in each hut sprayed fortnightly over sheets laid on the floor. No *A. Gambiae* or *Funestus* (Malaria Vectors) were found and among numerous culicines there were only eight *Aedes Egypti* (Dengue and Yellow Fever Vectors).

Of five malaria cases investigated during the year, three were definitely imported cases and two were probable importations.

**Springfield.** Special attention was given to this area where the Military Hospital is located and malaria convalescents are housed. The establishment of a sub-depot staffed by one European Overseer and 12 Indian labourers saved transport and enabled close control to be maintained. A large drainage scheme was carried out in Klein Zeekoe Valley, as a result of which scores of acres of swamp were converted into well-drained vegetable gardens.

Valuable help was received from the City and Water Engineer's Department in combatting soil erosion in connection with swamp drainage.

A swampy area requires draining. Pest Control Section spray oil in the first instance and follow-up with a ditch or furrow which, although serving the immediate purpose, requires constant attention in clearing away silt; soil erosion results due to continuous clearing and flowing water. At the end of a year the conditions still exist. The cost of clearing and maintaining has probably been higher than would have been the cost of the Engineer's Department laying down a piped job to permanently eliminate the offending conditions.

**Materials.** No great difficulty has been met with in securing materials and equipment for mosquito control although householders have been unable to obtain hand spray pumps. Details of the activities of this branch of Pest Control are:

Gallons of Larvacide used	11,177
Lineal yards of ditches cleaned	472,238
Larvae examined in Laboratory	2,771
Native Health Assistants visits (Non-European)	12,409

**Umgeni Dam.** Several visits were made by Pest Control staff to advise and instruct in various branches of hygiene including Typhus, rodent and mosquito control. The Resident Engineer's staff maintained anti-larval and anti-adult measures, no malaria was reported from the area and no *A. Gambia* identified.

**Cockroaches.** A total of 59,244 manholes and gutter-bridges were sprayed and 4,206 gallons of spray fluid used in routine work on Corporation lands, roads, markets and barracks.

As regards private premises legislation is required to place the onus of specific control measures upon occupiers and/or owners. This must await further knowledge of the utility of the new war-time insecticides such as 'D.D.T.'

Meantime, occupiers are advised to maintain routine spraying and destruction instead of spasmodic 'blitzing' after infestation in all stages from eggs to outsize adults has become evident.

**Anti-Plague.** Rodent control has been materially obstructed by the 'black-out' conditions.

Rodents generally are nocturnal and shy of light; the 'black-out' regulations created conditions which encouraged rodents above ground and they developed habits of travelling away from their normal haunts.

Overcrowding of the streets during the convoy periods and the consequent scattering of food-waste encouraged excessive breeding and larger litters.

Break-back traps were unobtainable during 1943/44. A small supply of cage-traps was offered at 26/6d. each, a price few householders were prepared to pay. Effective rat poisons were unobtainable. An appeal to the Secretary for Public Health for assistance in this direction brought the reply that they found it more satisfactory to carry out trapping and gassing rather than poisoning. In England, Australia and the United States, poisoning is now the method of choice. The Union Public Health Department does not approve of poisoning (although suggesting three alternate poisons, one of which is too dangerous for urban use), in preference to trapping and gassing, not appreciating that gas pumps and rat-traps were virtually unobtainable.

Owing to a shortage of refuse bins, food scraps and refuse were stored in unprotected receptacles. Many householders now grow their own vegetables using a home-made compost which is rat-attractive. The high prices and scarcity of meat and eggs have encouraged the keeping of fowls on an excessive scale resulting in further rodent-attraction.

Overcrowding in living rooms, especially in Non-European quarters resulted in out-houses being overstocked with badly-stacked heaps of furniture, boxes, etc., created rodent-harbourage close to these newly-found sources of food supply.

**Commercial Areas:** Enforced storage of unusually large stocks of rice, peanuts, etc., and empty containers has been a factor ultra-favourable to rodents. It is common knowledge that many warehouses and sheds — irrespective for what purpose they were originally intended — have been packed to overflowing with merchandise. The position has been so bad in some areas that stacks of foodstuffs have been built up on open ground and left undistributed for months on end with only tarpaulins for protection. Increased rail traffic has also added to the exceptional conditions favouring rodent travel and harbourage. The pre-war routine of fumigating trucks en route from inland plague zones may be difficult to maintain, especially as gas pumps are unobtainable and those in use are probably like ours, worn out.



The Central Railway Station is known to be rat-infested and the position at the lesser publicised Cato Creek sheds may also have deteriorated. The effect of these conditions on rodent control is obvious.

Rodent Control is divided into two categories, temporary and permanent. Temporary control is effected through trapping, gassing, poisoning, and the removal of temporary harbourage. Permanent control is established through complete reconstruction, structural alterations to control rodents and general rodent-proofing measures.

By acting through the licensing Ordinance, we have in Durban generally gone very much further than the Government Rodent Regulations require. For instance, a wooden floor may be rodent proofed but we have insisted on concrete wherever possible.

In the past, the rodent problem has chiefly concerned the Old Borough or Town Area there being a naturally rodent-free belt around the outskirts of the city. A survey taken six months after the relaxation of black-out conditions resulted in the following:

#### Rodent Complaints Received.

Month.	Total.	Town.	Residential.
December, 1943	94	37	57
January, 1944	120	40	80
February	116	45	71
March	167	48	119
April	141	48	93
May	115	32	83

Hitherto complaints from the town area exceeded those from residential areas.

**Rodent Proofing:** This feature of anti-plague work was pushed to its limits, the wharf area naturally being the chief zone. If due regard is had to the lack of suitable materials for the completion of these works, one must acknowledge the co-operation of owners and occupiers in trying to meet a difficult and expensive situation.

As soon as materials and skilled labour is available every reasonable demand for rodent-proofing will doubtless be met.

**Rodent Extermination:** Trapping, poisoning and gassing have been increased despite the scarcity of materials. A substantial reserve of poisons and Cyanogas was fortunately on hand to carry over the critical period when no supplies were forthcoming, but traps were virtually unobtainable. Householders were given every assistance in trapping and quarterly routine poisoning of beach rubbles, rockeries and drains and sewers was stepped up into a monthly job. All Municipal properties were dealt with by gassing, especially at compounds and barracks, the largest of these jobs was performed at the Magazine Barracks when, on one occasion, 605 rats were collected. The following is a summary of this section of pest control:

Premises trapped for plague index	890
Rodents examined for B. Pestis	1,660
Traps	33,959
Poison baits laid	264,373
Cyanogas used lbs.	879
Rodents actually collected	14,867

**Typhus.** Typhus measures at the principal compounds, both Municipal and privately owned, were collated with rodent control measures. Anti-plague units co-operated as a works section and portable steam-disinfectors were demonstrated on the spot when de-verminising and rodent extermination measures were conducted simultaneously. The Newmarket Stables adjoining Kings Park, and the housing sites at the Umgeni Dam being examples. Many owners of large compounds installed hot water and de-verminising plant on request.

**Cimex Control.** In this connection the large total of 3,895 fumigations by H.C.N. were carried out by the 5 firms operating in Durban. Fumigations on Corporation premises reached the figure of 129. All Municipal housing schemes, European and Non-European are fumigated immediately following occupation by new tenants.

Hotels, boarding houses and privately-owned properties are serviced by private enterprise, many on the basis of monthly contracts in respect of Native quarters.

The Government's amended Fumigation Regulations are being rigidly enforced in Durban and several prosecutions for infringements have been undertaken. Nevertheless, a steady increase in the number of fumigations is being maintained.

Attached hereto is a condensed summary of Pest Control activities for the year under review:

A. Rodents:	Total
Premises trapped for Plague Index	890
Baits laid by patrolmen generally	190,382
Baits laid, areas contiguous to harbour	73,991
Traps set (Patrolmen general)	24,478
Traps set, areas contiguous to harbour	9,481
Cyanogas lbs. used	879
Rodents destroyed, areas contiguous to harbour	4,777
Rodents destroyed (actually seen) general	10,090
Rodents sent to Government Laboratory	632
Rodents sent to Pest Control Laboratory	1,028
Other poison lbs.	114



<b>B. Mosquitoes :</b>			
Ditches and foci sprayed (gallons used)	11,177		
Ditches cleared (yards)	472,238		
Land cleared (acres)	93		
do. (roods)	—		
do. (perches)	17.4		
Disinfectant (gallons used)	55		
Other spraying fluids	9½		
Larvae examined in Pest Control Laboratory	2,771		
<b>A Cimex :</b>			
Premises fumigated by this Department	129		
<b>D. Cockroaches :</b>			
Sewer, manholes sprayed	12,598		
Stormwater, manholes sprayed	30,565		
Gutter-bridges sprayed	16,081		
Corporation properties sprayed	65		
Government properties sprayed	4		
Private properties sprayed	354		
Other Conditions	38,940		
Spray used gallons (Stewart's Mixture)	4,206½		
Spray used gallons (Pyragra)	15 gals.	3 pints	
Powder lbs. (Try-it)	161		
Other mixtures (gallons)	61		
<b>Vehicles Number of Miles :</b>			
Anti-Malarial sanitation	11,494		
Anti-Plague Units	7,740		
General (N.D.C. 613)	15,074		
<b>Examiners Visits and Activities :</b>			
Total number of visits	21,076		
<b>Complaints Investigated :</b>			
Rodents	1,252		
Mosquitoes	285		
Roaches	49		
Flies	64		
Fleas and Ticks	5		
<b>Premises Corrected :</b>			
Rodents	449		
Mosquitoes	615		
Roaches	21		
Flies	39		
Fleas and Ticks	5		
Cimex by private enterprise	—		
<b>Defects Referred to Health Inspectors</b>			
Staff	480		
<b>Native Health Assistants Activities :</b>			
Visits to Corporation Properties	3,973		
Visits to Non-European properties	8,436		
Mosquito control advices given	1,859		
Mosquito control advices complied with	1,063		
<b>Meteorological : Mitchell Park 8.30 a.m.</b>			
Barometer :	29.477		
Min.)	63.79		
Max.)	76.45		
Average Tempt. Fall)	12.64		
Humidity	77.3819		
Rainfall (inches)	3.469		

## 6. ENDEMIC CONTROL.

(a) **Zymotics.** Admissions to the City Fever Hospital numbered 2,796 as against 2,301 in the previous year. The increase of 495 was due to Diphtheria (186 more cases), Chicken-pox (151 more), Smallpox 120 cases and 39 contacts in all.

Further accommodation for minor fevers is necessary and plans are in hand for an additional cubicle-ward pavilion of 32 beds.

(b) **Smallpox.** After a lull over the summer months, cases of Smallpox began to reappear towards the close of the year under review. The great majority of the cases were ex-borough. Arrangements were made to re-open public vaccination stations and the old Native V.D. ward at Congella was prepared to receive the expected rush of cases from rural districts. As the year closed, it was apparent that the disease had assumed endemic proportions in many areas of Natal, necessitating the immediate adoption of sterner repressive measures. Thanks to the excellent response to vaccination in the City, no serious focal extensions of the disease occurred within its jurisdiction.

(c) **Enteric or Typhoid Fever.** Incidence of this disease was sporadic only and pressure was maintained for the introduction of the various sanitary and hygienic measures stressed in the previous year's Annual Report.

(d) **Dysentery, Enteritis and Diarrhoea.** Notification of these diseases having lapsed during the previous year, a system of information from hospitals was arranged to note their progress. Incidence was normal. Pressure was maintained for the adoption or extension of all control measures specified in the previous year's Annual Report.



Death from the acute intestinal infections ((c) and (e) above) were as follows :

Borough :	Enteric				Dysentery				Enteritis (under 2 yrs.)				Enteritis (over 2 yrs.)			
	E.	C.	N.	A.	E.	C.	N.	A.	E.	C.	N.	A.	E.	C.	N.	A.
1944	6	—	37	11	15	9	442	73	12	22	555	136	2	1	105	59
1943	6	2	34	15	26	21	415	189	13	25	485	231	7	5	59	74
Imported :																
1944	4	—	13	1	2	1	212	1	5	—	171	5	3	—	42	1
1943	4	1	30	5	5	—	168	8	2	3	137	3	4	—	16	—

(e) **Food-handler Control.** This new clinical service was accelerated following the opening of the new polyclinic wing at the Gale Street Offices of the Department.

Blood specimens for Vi-testing having exceeded the quota capable of being handled locally, was forwarded to the S.A. Institute for Medical Research, Johannesburg in weekly batches for examination.

Other specific developments foreshadowed in the previous year's Annual Report were pressed forward towards a conclusion.

It became increasingly clear that the necessary additional laboratory facilities could not be supplied by either the Government Laboratory or private enterprise locally and that the solution lay in organising a Municipal Public Health Laboratory.

(f) **Immunisation.** Satisfactory progress was made during the year with the service of artificial protection against Diphtheria, Enteric and Whooping Cough by inoculation. Statistics were as follows :

(a) Complete immunizations :	E.	C.	N.	A.	Total
Diphtheria	2,741	252	31	13	3,037
Diphtheria and Whooping Cough	276	4	—	1	281
Enteric	259	14	2,332	857	3,462

(b) The number of injections given were as follows :

**Diphtheria :**

**1. Gale Street Clinic :**

Adults — 1st	329	3	35	14	381
Adults — 2nd	217	3	19	3	242
Children — 1st	679	63	12	13	767
Children — 2nd	629	22	12	9	672
Sub-Total :	1,854	91	78	39	2,062

**2. Child Health Clinic :**

Children — 1st	9	—	—	—	9
Children — 2nd	6	—	—	—	6
Sub-Total :	15	—	—	—	15

**3. Schools :**

Children — 1st	2,006	408	—	—	2,414
Children — 2nd	1,653	203	—	—	1,856
Sub-Total :	3,659	611	—	—	4,270

Grand Total : 5,528 702 78 39 6,347

**Diphtheria and Whooping Cough :**

**1. Gale Street Clinic :**

Children — 1st	194	11	—	5	210
Children — 2nd	157	4	—	3	164
Children — 3rd	95	4	—	—	99
Sub-Total :	446	19	—	8	473

**2. Schools :**

Children — 1st	543	79	—	—	622
Children — 2nd	543	—	—	—	543
Children — 3rd	181	—	—	—	181
Sub-Total :	1,267	79	—	—	1,346

Grand Total : 1,713 98 — 8 1,819

**Enteric :**

**1. Gale Street Clinic :**

Adults — 1st	269	14	3,371	709	4,363
Adults — 2nd	84	5	227	17	333
Adults — 3rd	77	—	28	8	113
Children — 1st	86	3	10	12	111
Children — 2nd	74	3	10	3	90
Children — 3rd	56	3	10	3	72
Sub-Total :	646	28	3,656	752	5,082



## 2. Magazine Barracks :

Adults — 1st	—	—	—	609	609
Adults — 2nd	—	—	—	262	262
Adults — 3rd	—	—	—	—	—
Children — 1st	—	—	—	1,240	1,240
Children — 2nd	—	—	—	336	336
Children — 3rd	—	—	—	64	64
Sub-Total :	—	—	—	2,511	2,511

## 3. Booth Road :

Adults — 1st	—	1	886	153	1,040
Adults — 2nd	—	—	322	31	353
Adults — 3rd	—	—	—	—	—
Children — 1st	—	—	272	288	560
Children — 2nd	—	—	128	37	165
Children — 3rd	—	—	9	—	9
Sub-Total :	—	1	1,617	509	2,127

## 4. Dairies, Bakeries and Food Shops :

Adults — 1st	129	11	2,000	297	2,437
Adults — 2nd	84	6	1,722	119	1,931
Sub-Total :	213	17	3,722	416	4,368
Grand Total :	859	46	8,995	4,188	14,088
Vi-Tests	3	2	834	36	875
Diphtheria Swabs	517	71	41	41	670
Vaccinations	—	—	—	—	36,129

(g) Typhus Control. In August, 1943, the Deputy Chief Health Officer directed the City Council's attention to the fact that Typhus Fever was on the increase in Pondoland and in view of the fact that a large proportion of the City's labour was recruited from that area, it was advisable that additional facilities be provided at:

- (a) Registration Offices.
- (b) Municipal Compounds and
- (c) Private Barracks

for the deverminisation of personal effects of Natives.

On the City Medical Officer of Health's recommendation, the Council, on the 6th September, 1943, agreed to the following steps being taken:

- (a) all Natives arriving from Pondoland and the districts of Stanger, Umhlali and Umzinto, who apply at Municipal Native Administration Offices for registration or accommodation, to be cleansed and deverminised at the Cleansing Station, Somtseu Road Location;
- (b) employers to be requested by means of public advertisement, to arrange for employees returning from the aforesaid areas to be cleansed and deverminised at the Congella or Somtseu Road Cleansing Stations;
- (c) cleansing service facilities at the Congella and Somtseu Road Stations to be enlarged and improved by the addition to each of a conveniently situated Ablution Block;
- (d) the instalment and use at (1) all Municipal compounds and locations (excepting Somtseu Road); and (2) all private compounds housing 50 or more Natives — of a simple type of Field Disinfector plant adequate for the purpose of ensuring that the personal belongings (bed and body clothing) of Natives accommodated on the premises can be deverminised, as a routine, at least twice in one month;
- (e) supplies of de-lousing soaps or emulsions to be made available at all Native compounds such that the occupants may have a deverminising shower or bath at least once weekly;
- (f) for the information of — and necessary action by employers of Native Labour, medical practitioners and others, Sections 2, 4, 5, 7, 15, 15(a), 16 and 23 of the Typhus Fever Regulations made under Sections 36, 38 and 44 of the Public Health Act No. 36 of 1919 be published in the press;
- (g) that the City and Water Engineer, after consultation with the Manager, Municipal Native Administration Department and the City Medical Officer of Health prepare plans and estimates for plants suitable for installation in the various Municipal Native compounds and locations.

A survey of all compounds and barracks disclosed that out of a total of 69 private compounds, only four were provided with steam disinfectors, while anti-louse soap and oil were available for the residents in 13. Only one Municipal compound (Somtseu Road) possessed a disinfector, and no issue of anti-louse soap and oil was being made at any.

As a result of the issue of 71 written notices and 38 verbal intimations, together with regular advertisement in the press, owners of 69 private compounds have complied with the Council's requirements. The types of premises involved were:

Industrial compounds	—	—	—	51
Hotels and fuats	—	—	—	10
Ricksha compounds	—	—	—	4
Native recruiting agencies	—	—	—	4



Since commencement of the campaign the following anti-typhus measures have been adopted :

Measure.	No. of Premises.
Disinfectors installed	62
Anti-louse soap and oil provided	69
Adequate bathing facilities provided	63
Hot water supply made available	57

Except for two compounds, where deverminisation is by dry heat, disinfestation is effected by steam.

To meet the urgent need for deverminisation facilities, a cheap portable type of steam disinfector was designed by this Department on the "Serbian Barrel" principle, and this appliance has been found to be admirably suited for deverminisation of clothing and effects in all except the very large compounds. 53 Demonstrations of this disinfector were given during the year under review.

Although, on the 4th August, 1944, the City Council agreed to the expenditure of £2,320 on the installation of disinfector units at the Dalton Road and Bell Street locations, municipal compounds at present reflect little improvement, as regards anti-typhus facilities on their condition in August, 1943, the position at present being :

(a) No provision whatsoever :

Ordnance Road	Brook Street
Municipal Abattoir	Beatrice Street
Native brewery	Police barracks.

(b) Anti-louse soap and oil available, but not distributed :

Jacobs	Dalton Road
Bell Street	Native Women's Hostel.

(c) Satisfactory :

Somtseu Road.

During the year cases or suspected cases of Typhus were notified on the following premises :

Newmarket Stables, Umgeni  
Durban Club, Esplanade  
Patent Rickshas Ltd., 106 Williams Road.  
H.T. Bettum-Hansen, 178 Umgeni Road.

Emergency cleansing and deverminisation were carried out under direct supervision of this Department. Similar steps were taken at the Table Mountain water project, where a typhus case occurred amongst Natives employed by the contractors.

The passengers and crew of a military transport vessel were taken to the Municipal Disinfecting Station, Congella, for deverminisation.

Although, in most cases, employers of Native labour and their employees have proved most co-operative, it was necessary, on three occasions, to institute legal proceedings for non-compliance with the provisions of the Typhus Fever Regulations. In one instance an employer was fined £7 10s. 0d. for failing to ensure that cleansing facilities were made use of by his employees, and in another a Native, resident on premises where a case of typhus fever had occurred, was fined £15 (of which £12 10s. 0d. was suspended) for refusing to submit himself to deverminisation. The remaining case was discharged, the Magistrate ruling that the accused had not come from an infected area, had not been in contact with a case of typhus and there was no suggestion that their clothing and effects were verminous.

This ruling has revealed an anomaly in regard to application of the Typhus Fever Regulations. Whereas the Council has, by advertisement in the daily press, required all persons housing ten or more Natives to provide disinfesting facilities as a preventive measure, there is no legal means of enforcing Natives to submit themselves and their clothing to deverminisation unless they are found to be dirty or verminous or have come from a typhus-infected area. Numerous employers have installed disinfectors in accordance with the department's requirements and have requested demonstrations. In the light of the foregoing ruling, it would appear that anti-typhus appliances and facilities which have been provided are now "white elephants" as, even though the Native employees are shown the deverminising process, this Department has no power to require them to make use of the facilities as a routine.

It is therefore suggested that legal opinion be sought in regard to the interpretation of Section 16, of the Typhus Regulations, viz: "every owner or occupier of \_\_\_\_\_ premises having Natives \_\_\_\_\_ residing thereon \_\_\_\_\_ shall provide means, etc. \_\_\_\_\_ and as far as possible ensure that such facilities are made use of, etc."

(h) Health Education. During this, the second year of its existence the section devoted to Health Education continued to expand its programme of educative contact with commercial, industrial and other 'groups' varying in number from 25 to five or six hundred. Lectures supported by film-demonstrations on the subjects of V.D., T.B. and I.D. control were organised on a routine basis.

Invariably, these are well received both by employers and employees and it is obvious that in supply 'group' health education, the Department is meeting a vital need. The I.D. series included instruction on the prevention of Smallpox, Typhus, Enteric or Typhoid Fever, the Dysenterics in relation to personal and domestic hygiene. Stress was laid upon the importance of food-handler hygiene in the prevention of food-borne diseases.



The list of defined groups which now collaborate in the work of Health Education, is as follows:

Commercial and Industrial	—	—	Various.
Social, cultural, educational, religious (all denominations)	—	—	do.
Night-Schools	—	—	do.
Locations	—	—	do.
Slum Areas	—	—	do.
Parent groups (Bantu)	—	—	do.

In connection with the last-mentioned, attendance of parents was very satisfactory. New types of pamphlet, poster, dodger or card in English and/or Zulu were issued as follows:

V.D.	—	—	—	—	3.
Fly	—	—	—	—	1.
Food-handler Hygiene	—	—	—	—	2.
Sneeze	—	—	—	—	1.
Louse	—	—	—	—	1.
Immunization	—	—	—	—	1.

Special care has been given to the development of health education for the Bantu with the object of transmuting traditional beliefs into positive conceptions of health promotion and disease prevention.

In the course of presenting evidence to the National Commission on Adult Education, the Section was complimented on its grasp of the subject and encouraged to prepare a full syllabus of Adult Health Education for the Bantu.

For non-European work generally, the lack of suitable halls for holding health educational sessions is a serious drawback. 'Open Air' shows are subject to interruption by weather vagaries.

The following films were shown:

Subject.	Film.
V.D.	"Two Brothers." "John Smith & Son." "With These Weapons."
T.B.	"Tuberculosis" (2).
I.D.	"Serving the Community." "Fly Danger." "How to Prevent Disease." "Diphtheria." "How Disease is Spread."
Nutrition.	"Bantu grow New Food."
General.	"Red Army (Bugs)." "Confessions of a Cold." "Personal Hygiene for Natives."

A mobile unit, consisting of a panel van with loud-speaker equipment and film-projector is urgently required to support the Section's activities.

Health Education for family units and small family 'groups' remain in the province or other service sections such as Child Health and I.D. Control. Co-ordination of the Department's health educational work as a whole is desirable and the necessary preliminaries are receiving attention.

**V.D. — Europeans and Coloureds.** V.D. talks have been given throughout Durban to Women's Institutes, adolescent groups of colleges, business girls and commercial and factory workers. Business women of West and Smith Streets were particularly appreciative of this amenity.

**Food-Handler Hygiene.** Tabloid talks have been given to men and women of all races handling food; literature has also been distributed.

**Domestic Hygiene** has chiefly been given to Bantu, Asiatic and Coloured women, its special emphasis being fly control, sanitation, food handling and personal hygiene.

**Staff.** The choice of staff for Health Education work has a unique requirement calling for a type of personality that can compel the attention of an even indifferent crowd, keep its attention and get the lecture 'over the footlights.' In pioneering Health Education in Durban the difficulties and discouragements are legion, but given support and encouragement, they are not unsurmountable.

Because many groups, male and female, are accessible only at night, staff must be prepared to do night and Sunday work.

Tribute must be paid to two Bantu members of this section who, willing to sacrifice anything to help 'our people' as they say, have given up many Saturday afternoons, Sundays and nights in order to teach their compatriots a better way of health.

**Conclusion.** Health Education must not become a mere academic phrase. "One tooth higher in the wheel every day" is the Section's objective for health education.

Consideration of the year's statistics hereunder should be in the light of a well-known American authority's definition of such work:

"Health Education is one of the answers to the lag between scientific knowledge and healthy people. Until information and motivation reach the masses, optimum health is impossible. The drugs which obliterate syphilis are no good on supply shelves. Infected individuals want treatment. They must take time to go to Clinics. Preventive measures, such as immunisation, sanitation and isolation are possible which could reduce to a fraction the annual toll of many communicable diseases" . . . .



HEALTH EDUCATION PROGRAMME.  
JULY, 1943 — JUNE, 1944.

(A) SUBJECTS :

Venue	Venereal Talks	Disease Films	Tuberculosis Talks	Films	Typhus Talks	Films	Infectious Talks	Disease Films	Immunisation Talks	Films	Food Hygiene Talks	Films	Domestic Hygiene Talks	Films
Old Borough	116	17	59	10	43	—	14	18	2	—	34	—	6	—
Greenwood Park	—	1	—	2	2	—	—	2	2	—	—	—	—	—
Sydenham	—	—	—	—	2	—	2	—	6	—	—	—	1	—
Mayville	8	—	5	—	6	—	—	—	—	—	2	—	1	—
Umhlathuzana	—	—	—	—	1	—	—	1	—	—	3	—	—	—
South Coast Junction	8	3	4	—	30	—	1	3	—	—	2	—	—	—
Ex-City	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Total :	132	21	68	12	84	—	17	24	11	—	41	—	8	—

(B) ATTENDANCES :

Venue	E.	C.	N.	A.	Total
Old Borough	3,282	468	16,005	4,819	24,574
Greenwood Park	—	—	1,130	—	1,130
Sydenham	—	20	379	—	399
Mayville	15	150	1,250	—	1,415
Umhlathuzana	—	—	152	—	152
South Coast Junction	20	8	3,275	996	4,299
Ex-City	—	—	85	—	85
Total :	3,317	646	22,226	5,815	32,004



7. WATER SUPPLY. (By courtesy of the City and Water Engineer).  
Water : Chemical and Bacteriological Analysis.

Colour : Good.	Sediment : Nil.
Turbidity : Nil.	Reaction : 0.8 Alk.
(Results expressed in parts per 100,000).	
Total Solids	11.64 (11.00)
Loss on Ignition	1.96 (1.84)
Chlorine	2.49 (2.84)
Nitrates and Nitrites	Nil (Nil)
Saline Ammonia	0.002 (0.006)
Albuminoid Ammonia	0.006 (0.007)
Total Hardness	3.77 (3.25)
Iron	Trace (Trace)
Poisonous Metals	Nil (Nil)

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

**Cemeteries.** The various Municipal Cemeteries have been properly conducted and maintained, although the impossibility of getting mowing machines has rendered the work of maintenance very difficult.

As in the past years, close supervision has been maintained over the private Cemeteries which have generally been well conducted and properly maintained.

**Interments.** 7,071 Burials took place in Municipal and 1,378 in private Cemeteries. The total of 8,449 compares with 8,052 in the previous year.

**Cremations.** 457 Cremations, 323 of Europeans and 134 of Asiatics were carried out compared with 372 in the previous year.

**Free Burials.** The free burials authorised by the Department totalled 210, consisting of 7, Europeans, 7 Mixed, 5 Asiatics and 191 Natives, compared with 150 in the previous year.

**Cleansing Services.** All the cleansing services were carried out regularly and efficiently notwithstanding war-time handicaps and difficulties.

**Conservancy.** There was no extension of the service into new areas, but the total of pails in use at the end of the year 10,656, compared with 10,298 for the year before shows the tendency to a steady increase in the serviced areas.

**Refuse Removal and Disposal.** The total amount of refuse collected and removed again showed a decrease on that for the previous year, viz.: 1943/44, 213,252 cub. yards; 1942/43, 240,875 cub. yards.

As in former years, a small proportion of the refuse was disposed of at the Point Destructor, the remainder being tipped to reclaim low-lying and swampy areas of land.

The reclamation of the land adjoining Mansfield Road and the Botanic Gardens was completed early in January, 1944, and after that date the tip was transferred to the Brickfield Road area adjacent to Westridge Park, Mayville. This site had previously been the site for indiscriminate and heterogeneous rubbish including old motor car bodies.

The tipping site at Rossburgh, leased from a private company, had been for a number of years the most useful outlet the Department had for the disposal of refuse. In addition to the domestic refuse, including that from shops and offices, which the Council is committed by its Health By-laws to remove, the Department was able to afford ample facilities for the disposal of almost the whole of the industrial and trade wastes of the City at this point.

Towards the end of 1943 the S.A. Railways and Harbours Administration expropriated a large area of land at the Bayhead including the refuse disposal site, and requested the Department to make arrangements to discontinue the use of this site.

After careful consideration the only alternative site that appeared to be a feasible proposition was the unreclaimed portion of the J. M. Harris Park and a start was made with the disposal of refuse there about the middle of February, 1944.

Mention has been made of the facilities afforded private manufacturers and traders to dispose of their waste materials at Rossburgh tip. Among these were many old motor car bodies, and with the loss of that tip there is now no suitable place available for the disposal of such bodies. Consideration has been given to various proposals but so far no practicable solution has been found for what will constitute a difficult problem after the conclusion of the war.

**Street Cleaning.** This was carried out as in previous years. The presence of large bodies of troops passing through from time to time and the "blackout" resulted in many complaints of misuse and pollution of lanes, passages and even streets in the centre of the City, and for a time there was some agitation for street washing to be carried out. The Department is strongly in favour of this method of cleansing and hopes to inaugurate it as soon as circumstances make it possible, but it will be obvious that this must await the completion of the Umgeni Dam.

**Dead Animals.** The services for the removal of dead animals was continued and 347 carcasses were removed and disposed of.

**Public Conveniences.** Difficulties in obtaining supplies of labour and materials have seriously hampered building operations generally, and the erection of new public conveniences was almost at a standstill, but the following were completed and brought into use during the year :

Europeans :	Victoria Embankment.
Non-Europeans :	Victoria Embankment, Overport.



The number of public conveniences in use now numbers Europeans 55, Non-Europeans 54, including those in the various public parks, etc.

**Barracks Management.** In order to overcome the insanitary conditions due to ignorant and dirty habits of many of the children and the apathy and indifference of many of the mothers which result in disgusting and dangerous fouling in the barracks, the Council approved of recommendation:

- (a) to provide a W.C. and shower for each flat.
- (b) to employ two Indian women as monitors to check dirty habits on the part of children and endeavour to educate the mothers to realize the necessity for training their children in good habits.

Provision has been made in the 1944/45 Estimates for the cost of the W.C.'s etc., and if permission is obtained from the Controller to erect these structural additions it is expected that a start will be made on the work during the next year.

The two monitors authorised by the Council have done useful work since their appointment, and fully justified the experiment.

The Council has also authorised the erection of a library in the barracks for the use of the residents.

The usual repair and maintenance operations were carried on throughout the year.

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

Bovines.	Swine.	Sheep.	Goats.
62,796 (72,686)	65,496 (76,695)	253,548 (312,030)	4,935 (15,144)

Carcases, organs or parts condemned:

No. of cases:			
1,835 (1,707)	2,898 (3,130)	1,153 (1,879)	27 (251)

Portion of Carcasses weight in lbs.:

74,107 (77,912)	822 (4,320)	238,589 (362,978)	— (—)
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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 SUPPLIES.** During the year, the number of dairies operating under licence or permit as producer-distributors dropped from 62 to 49.

A number of dairymen went in for production only, others closed down owing to failure to comply with licence or permit requirements. The total supply was not materially affected, except in the Bluff Area where arrangements were made with a town depot to increase supplies to that area.

A new town milk-depot has opened up, increasing the number from 5 to 6.

1,566 Dairy inspections were carried out. 289 Supplies were examined for chemical content. 277 for bacterial content and 99 for the T.B. test. 177 Phosphatase tests for efficient pasteurization at depots were carried out, of which 15 were satisfactory. Improvements were called for, and complied with, in connection with the latter.

67 Prosecutions were taken for infringements of the milk by-laws, including 14 of statutory offences (chemical deficiencies) under the Foods, Drugs and Disinfectants Act. Fines obtained amounted to £164.

Increasing use was made of Phosphates, Breed and Plate Count Tests in checking the quality of current milk supplies.

The draft Food (including Milk) By-laws have not yet been promulgated.

**Bovine Tuberculosis.** One milk sample was found to contain bovine tubercle bacilli. The herd concerned was examined and the diseased animal was located and destroyed. No other clinical cases were discovered on routine veterinary examination. Four dry dairy cows when slaughtered for beef, were found to be tuberculous.

**Mastitis.** A clinical survey revealed the incidence of this udder disease as occurring in 11 per cent. All advanced and recognisable cases were culled from herds, usually for slaughter.

Bacterial counts showed a falling-off in standard during the year, reflecting the war-time difficulties in replacing worn dairy plant and utensils and cooling apparatus.

Pressure continues to be maintained in the enforcement of sound standards of dairy hygiene and sanitation throughout the raw milk producing area, but outlying producers of milk-for-pasteurization are outwith direct Municipal jurisdiction. A scheme for imposing adequate control over outlying producers is in course of preparation.

11. **OTHER FOOD SUPPLIES.** Owing to the lack of transport and staff shortage, the activities of the Food Hygiene section have, of necessity, been limited. The Food Hygiene Inspector was also obliged to assist the General Sanitation division. The inspection and licensing of bakeries have been carried out by the District Inspectional staff.

Propaganda has been carried out amongst all food handlers by means of suitably-printed and illustrated posters illustrating the elementary principles of food hygiene.



Some food traders display indifference in the manner in which they handle foodstuffs, particularly on the distribution side. In all discovered cases of this nature the Food By-laws have been rigorously enforced resulting in 34 prosecutions being instituted successfully, fines amounting to £103 being imposed.

**Ice Cream.** The position regarding the manufacture of ice cream can be considered very satisfactory. There are, at present, three local manufacturing firms which have practically centralised the industry.

Some time ago, it was the common practice for various tearooms to manufacture their own ice cream. Owing to the difficulty of maintaining the standard required under the Act, they were virtually driven out of business and have now in every case, resorted to obtaining their supplies direct from one or other of the manufacturing depots. With the exception of one, these depots are modernly equipped. In the other case, the owners are anxious to erect new and well-equipped premises as soon as it is possible to do so. Butter is now being substituted for cream. All milk used for making ice-cream is efficiently pasteurised.

No tests were done bacteriologically in the absence of laboratory facilities. The Union Health Authorities will not undertake this work. This, of course, would not be the case if the Department had its own laboratory.

There has been no reported case of infectious disease or other illness attributable to ice-cream.

**Immunization.** All employees engaged in the manufacture of ice-cream have been immunised against enteric. Routine immunisation is being carried out in the case of new employees.

**Sampling and chemical analyses of food (excluding milk):** Samples have been taken regularly during the year and the City Analyst's reports reflect a very satisfactory position.

The number of samples allowed under contract is 350 per annum. Of this number, the Dairies Section take six per week (312 per annum) which leaves approximately 40 for other foodstuffs.

It is considered that the number of samples should at least be doubled.

#### **Markets :**

(a) **City Market.** The amount of foodstuffs handled during the year increased considerably and much time was given to the examination of consignments. It is now proposed to appoint an additional food inspector for full-time duty at the market. There was also a very large increase in the number of venison carcasses consigned to the market.

The Department has circularised — through the Market Master — all up-country consignees of dressed poultry with an illustration of a suitably ventilated and vermin-proof box for the packing and despatch of dressed fowls. A Pietermaritzburg firm has intimated their intention to consider the manufacture of this type of container.

**Live Fowl Pens.** The Department was instrumental in the demolition of the inferior concrete pens, which were accommodated in the Bulk Sales Hall. These pens were most insanitary and harboured and attracted rodents. The pens have now been replaced by portable wire-cage pens.

The rodent position generally is very satisfactory. Routine gassing is done by the Department.

(b) **Indian Market.** At the instance of the Department the Council has agreed in principle to the erection of a new market after the war.

In the meantime, regular gassing and spraying are being carried out to control rodents and cockroach infestation.

**Poultry Abattoir.** The building was originally erected principally to cater for the poultry dealers who, at that time, were slaughtering fowls under most unhygienic conditions at the Indian Market.

Between 700-800 fowls, turkeys, etc., are now being slaughtered daily at this depot — mostly by the larger dealers. The premises have now become very congested and are due for expansion.

This institution has helped considerably in preventing the 'back-yard' slaughtering of poultry. There is, of course, no legislation enforcing persons to slaughter at these premises such as applies to other meat intended for sale.

The question of enlarging this building has been discussed with the Market Master, who has intimated that provision has been made in the post-war programme for enlarging the premises and the inclusion of cold-storage facilities.

**Squatters Market.** Improvements to the wooden tables and platforms were suggested. These fittings were installed when the market was first opened. They are generally in bad state of repair and favour rodent harbourage because of being too near the floor. The provision of water trough connected to running water was also recommended for the purpose of washing vegetables.

A large sum has been voted for this work and the scheme is now in the hands of the City and Water Engineer. Delay may, however, occur due to shortage of materials. The new tables will be erected in concrete thus allowing of flushing and the better control of vermin.



**Fruit and Vegetable Hawking.** No progress has been made with the popular type of distribution. The position can only be described as bad from the hygiene viewpoint.

Each hawker is obliged to take out a licence and before being approved, he must satisfy the City Health Department that suitable storage facilities are available for overnight keeping of surplus supplies at a known address.

The storage facilities usually insisted upon comprise a metal box. It is almost impossible to keep an effective check on these hawkers as the address given on the licence application is not in use once the licence is issued and the applicant is thereafter lost track of completely.

These hawkers are mostly of the poorest class of Indian, ignorant of hygiene and virtually beyond education.

It is proposed to introduce legislation to deal with this class of trade, the effect of which will be to encourage the better class of trader operating from approved premises with light-draught vehicles or trucks.

**Water Supply.** Weekly samples were taken for bacteriological and chemical examination from various high and low level points within the City. All samples were found to be satisfactory.

**Auction Sale Rooms.** Weekly inspections of Auction Sale rooms for the purpose of examination of foodstuffs have been carried out during the year. All foodstuffs were examined and found sound.

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

Dressed Poultry	334	Eggs, doz.	33
Dressed turkeys	25	Potatoes, bags	19
Live poultry, lbs.	48	Green beans, bags	124
Venison, carcasses	8	Vegetables, bags	18
Venison, lbs.	14,874	Beans	2
Tongues, trays	1	Flour	24
Sausages, lbs.	1	Tomatoes, trays	63
Bacon, lbs.	19	Fruit, trays	239
Poultry, lbs.	4	Brains, lbs.	77

**Food condemned at other premises:**

Butter, lbs.	4	Meat, fish, etc., tins	78
Cheese, lbs.	4	Nuts, bags and cases	15
Cheese, bots.	2	Peas, dried	2
Cocoa, tins	7	Pepper, tins	1
Coffee, tins	7	Pickles, bots.	19
Cooking oil, tins	3	Pigeons	14
Cordial drinks, bots.	14	Porridge, cartons	2
Currie powder, tins	1	Sardines, tins	391
Fruit, tins	25	Soup paste, cartons	13
Fruit, boxes	85	Sugar, pockets	7
Giblets, pkts.	2	Sweets, lbs.	70
Honey, jars	5	Sweets and fruit, cartons	262
Ice Cream	13	Trivita fat, tins	249
Jam, containers	179	Worcester sauce	1

**Condemned at the Native Meat Market:**

Beef, lbs.	500
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**12. CHILD HEALTH.** The continued expansion of the Child Health Clinical Services will shortly necessitate increase in both premises and staff. Such increase should coincide with the development of all the Departments field clinical activities on the lines of a comprehensive Family Health Service. Meanwhile, the Child Health Medical Officer (Dr. K. McNeill) reports as follows:

In 1938-39 the number of **Registered Births** was: Europeans, 1,804; Coloured, 378; Native, 529; Asiatics, 3,927; Total, 6,638.

The number of professional staff to deal with this number of births was two doctors and 14 health visitors.

In 1943-44 the number of **Registered Births** was: European, 2,537; Coloured, 432; Native, 1,945; Asiatic, 4,532; Total 9,446. The increase was: European, 733; Coloured, 54; Native, 1,416; Asiatic, 605; Total 2,808.

The number of professional staff to deal with this increase of births was still two doctors and 14 health visitors.

I think it is obvious from the above that there is a very great increase in the work undertaken by this Section. Quite apart from the introduction of immunisation etc., as part of the work of this Section, the basic work has to remain the education of mothers. At the present stage of civilisation when, in this country, there is no preparation in the schools or colleges for the profession of parenthood (perhaps the only profession that this can be said of) the task presented to a Child Health Section of a Public Health Department is anything but an enviable one.

In a community where there is no continuity of effort the task of teaching mothers how to look after their babies and toddlers is still a very hard one. What I mean by no continuity of effort is that when a new life is called into being, until such life sees the



light of day as a baby — a most important part of its existence really — the mother may or may not be under the supervision of her own family doctor or of a maternity hospital in which there is no mothercraft teaching. She is probably examined regularly but the object of such examination is to ensure a normal confinement. At a hospital she does not get instruction in dietetics — including infant feeding, buying and cooking, etc., for a household; she does not get instruction in personal and family hygiene; she does not get instruction in the importance of physical culture in the fashioning of a healthy body, nor does she get instructed in the importance and place of mental guidance in the fashioning of a healthy mind. The result of this lack of vital health instruction both at school and during pregnancy is what has to be dealt with in a Child Health Clinic to-day. Enlightened people would hardly credit such a tale as the following, yet it is true and the mother was not one who would be classified with the ignorant classes. The mother was told to make porridge in a double boiler — she came back to complain that it was uneatable. After much questioning it was elicited that she had put the meal only — without water — in the inner pan and the water in the outer pan and was then surprised that the result was uneatable! When one has to go into such minute details of instruction the effort is unending.

It is almost a regular occurrence when a small child is brought to a clinic for the first time to hear, "He won't eat so-and-so," "He won't do what I tell him," and see toddlers who take a delight in doing things which they know will annoy.

These are the preventable problems which have to be tackled all too late. The only way to help mothers who have had no previous health instruction is to see their children regularly before such problems develop — at each visit it is possible to find some object lesson on which to give the mother a little friendly talk.

That is why we ask mothers to attend a clinic once a week in the first six months of a baby's life, once a fortnight between 6 and 12 months, once a month from one to two years and once in three months after that. This means for each baby 38 visits for the first year, 12 visits the second and 4 after that.

It will now be clear what an increase in 733 births (taking Europeans only from 1938 to 1943) means to a section of this sort. It means  $733 \times 38 = 27,856$  more visits to the clinic in one year. The attendances at the clinics have not been increased in such large numbers as these because some mothers do not attend the clinic at all, others do not continue to attend after the first few visits on account of the long waiting time necessitated by overcrowded clinics combined with present difficulties in transport.

While non-Europeans do not attend clinics in the same proportion as Europeans, the increase in attendances at non-European Clinics during the war years has been remarkable — over 200 attendances at certain Native sessions is now a regular occurrence and it is obvious that it is impossible to give health instruction adequately to such numbers. Although sessions of this size are difficult to deal with it is gratifying to find that these non-Europeans come to the clinics not for what they can get in the way of food and medicine but for the instruction which they now know is all that is given at such clinics, even when a doctor is in attendance.

It is to be noted that the number of staff dealing with this increased infant population is the same as before the war. During the war years it has frequently been less and while I am glad to be able to put on record that all the members of the staff in the section have been only too willing to do extra work in the present circumstances, there has been a considerable amount of ill-health amongst the staff which has made their task all the more difficult.

Before any constructive post-war work in Child Health can be undertaken it would be well to bring the staff up to the strength required for dealing with routine. The health visiting staff in Durban does not compare very favourably with those in other towns where the health of the child is considered to be of paramount importance. Even in Port Elizabeth, where the total number of births during 1942-43 in all races was 3,442, the number of health visitors was 9. To bring the Durban staff to pre-war standard would mean the appointment of 5 to 6 health visitors for European work only, while if the non-European work is to be of the use it should be, a second clinical medical officer is essential along with a proportionate number of Europeans and non-European health visitors in accordance with the increased number of births. At the present time it is only possible for clinics to have the services of a doctor once a fortnight.

Such increases in staff would necessitate new central premises for non-European work — the need for this was pointed out before the war; the greater need now is real and urgent.

There are many directions in which a section of this sort should branch out to keep in line with the modern trend of health instruction. When the staff and activities are once more brought up to pre-war standard, the necessary expansion can be contemplated, but without a solid basis, expansion of the activities undertaken would be of little use.

There are indications that in the future more attention is going to be paid to the teaching of health in the schools — that is perhaps the most urgent need in solving child health problems but it is to be hoped that one of the first post-war activities so far as child health is concerned will be the equally important one of the establishment of Mothercraft as part of the training given in maternity hospitals for "The needs of men are manifold and men must know their needs."



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 Centres and Mobile Clinics (Vans)	Total	C.	N.	A.	
TOTAL NUMBER OF SESSIONS	186	516	702	116	193	520	1,531
Sessions for children	—	500	651	101	193	422	1,367
Number of ante-natal sessions	35	16	51	15	—	98	164
TOTAL ATTENDANCE AT CLINICS	*10,529	26,968	37,497	3,376	13,482	22,658	77,013
New cases out of above number	1,000	1,863	2,863	406	2,525	5,899	11,693
Number of infants under 1 year attending clinic	597	1,133	1,730	220	1,353	1,530	4,893
Total attendance of infants	4,681	10,316	14,997	1,276	3,724	7,163	29,160
Number of toddlers and pre-school children attending clinic	449	1,066	1,515	163	421	929	3,028
Total attendance of toddlers and pre-school children	2,616	9,424	12,040	1,109	2,225	5,683	21,057
Number of nursing mothers attending clinic	371	770	1,141	165	1,327	1,446	4,079
Total attendance of nursing mothers	3,104	7,107	10,211	928	5,497	6,330	22,966
Number of expectant mothers attending clinic	69	4	73	41	—	2,875	2,989
Total attendance of expectant mothers	128	18	146	63	—	3,482	3,691
Number of test feeds given	260	415	675	33	24	70	802
Number of mothers instructed in treatment of minor ailments	587	1,129	1,716	217	1,830	2,373	6,136
Number of health talks and demonstrations given	1,410	5,336	6,746	586	4,749	4,871	16,862

\* Of this figure 1,633 were children attended to at Nursery Schools and Homes for Protected Infants.

#### NO. OF CASES.

	E.	C.	N.	A.
Referred to Doctors	99	11	—	93
" " Hospital	52	26	626	640
" " District Nurses	5	2	—	—
" " Societies	14	—	3	18
Passed for Day Nursery	38	13	—	—

#### PHYSICAL CULTURE. (From 7.10.42)

	E.
No. of postures assessed	276
No. attending classes	163
Total attendance	1,785



## EXAMINATION OF ENTRANTS TO SERVICE.

114 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	26	15	9	33
Amount of dried milk given free in lbs.	628	280	145	834
Number of cases receiving dried milk at cost and reduced prices	5	5	3	29
Amount of dried milk sold at cost and reduced prices in lbs.	32	123	60	784
Number of cases receiving cow's milk free	37	5	—	—
Amount of cow's milk given free in pints	10,939	1,915	—	—

## BIRTHS.

Notifications :	E.	C.	N.	A.	Total.
DURBAN	1,715	232	1,035	1,210	4,192
GREENWOOD PARK	221	14	94	429	758
SYDENHAM	65	57	179	607	908
MAYVILLE	56	50	608	880	1,594
UMHLATUZANA	158	7	77	139	381
SOUTH COAST JUNCTION	186	50	226	719	1,181
	2,401	410	2,219	3,984	9,014
IMPORTED	354	14	1,798	186	2,352
TOTAL :	2,755	424	4,017	4,170	11,366

Number of Illegitimate Births occurring among those notified.

	E.	C.	N.	A.	Total.
DURBAN	40	41	55	7	143
GREENWOOD PARK	3	1	4	4	12
SYDENHAM	—	9	25	10	44
MAYVILLE	—	10	33	6	49
UMHLATUZANA	5	2	2	—	9
SOUTH COAST JUNCTION	3	9	3	4	19
	51	72	122	31	276
IMPORTED	3	4	90	4	101
TOTAL :	54	76	212	35	377

## Registrations.

	E.	C.	N.	A.	Total.
DURBAN	1,871	236	761	1,157	4,025
GREENWOOD PARK	230	22	93	468	813
SYDENHAM	55	50	173	806	1,084
MAYVILLE	45	57	617	854	1,573
UMHLATUZANA	152	12	94	333	591
SOUTH COAST JUNCTION	184	55	207	914	1,360
	2,537	432	1,945	4,532	9,446
IMPORTED	346	22	2,030	218	2,616
TOTAL :	2,883	454	3,975	4,750	12,062

Number of Illegitimate Births occurring among those registered.

	E.	C.	N.	A.	Total.
DURBAN	60	63	427	8	558
GREENWOOD PARK	8	4	45	3	60
SYDENHAM	1	7	92	7	107
MAYVILLE	—	20	295	1	316
UMHLATUZANA	2	1	37	—	40
SOUTH COAST JUNCTION	4	17	76	8	105
	75	112	972	27	1,186
IMPORTED	5	4	774	3	786
TOTAL :	80	116	1,746	30	1,972



Stillbirths — Notifications.					E.	C.	N.	A.	Total.
DURBAN	—	—	—	—	34	11	51	36	132
GREENWOOD PARK	—	—	—	—	7	—	9	17	33
SYDENHAM	—	—	—	—	1	2	19	17	39
MAYVILLE	—	—	—	—	—	1	49	29	79
UMHLATUZANA	—	—	—	—	4	—	1	5	10
SOUTH COAST JUNCTION	—	—	—	—	6	2	13	28	49
					52	16	142	132	342
IMPORTED	—	—	—	—	8	—	146	15	169
TOTAL :					60	16	288	147	511

Number of Illegitimate Stillbirths occurring among those notified.

					E.	C.	N.	A.	Total.
DURBAN	—	—	—	—	1	1	8	—	10
GREENWOOD PARK	—	—	—	—	—	—	—	1	1
SYDENHAM	—	—	—	—	—	1	1	—	2
MAYVILLE	—	—	—	—	—	—	1	1	2
UMHLATUZANA	—	—	—	—	—	—	—	—	—
SOUTH COAST JUNCTION	—	—	—	—	—	—	2	—	2
					1	2	12	2	17
IMPORTED	—	—	—	—	—	—	11	1	12
TOTAL :					1	2	23	3	29

Stillbirths — Registrations.					E.	C.	N.	A.	Total.
DURBAN	—	—	—	—	41	14	66	51	172
GREENWOOD PARK	—	—	—	—	6	—	14	27	47
SYDENHAM	—	—	—	—	—	—	28	51	79
MAYVILLE	—	—	—	—	—	2	103	41	146
UMHLATUZANA	—	—	—	—	5	—	8	7	20
SOUTH COAST JUNCTION	—	—	—	—	8	4	28	50	90
					60	20	247	227	554
IMPORTED	—	—	—	—	9	—	166	15	190
TOTAL :					69	20	413	242	744

Number of Illegitimate Stillbirths occurring among those registered.

					E.	C.	N.	A. **	Total.
DURBAN	—	—	—	—	2	2	36	—	40
GREENWOOD PARK	—	—	—	—	—	—	7	—	7
SYDENHAM	—	—	—	—	—	—	11	—	11
MAYVILLE	—	—	—	—	—	1	43	—	44
UMHLATUZANA	—	—	—	—	—	—	4	—	4
SOUTH COAST JUNCTION	—	—	—	—	—	1	12	—	13
					2	4	113	—	119
IMPORTED	—	—	—	—	—	—	73	—	73
TOTAL :					2	4	186	—	192

\*\* 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	—	—	—	—	60	2,537	2,597	23.10
COLOURED	—	—	—	—	20	432	452	44.24
NATIVES	—	—	—	—	247	1,945	2,192	112.67
ASIATICS	—	—	—	—	227	4,532	4,759	47.69

#### INFANTILE DEATHS.

					E.	C.	N.	A.	Total
DURBAN	—	—	—	—	61	34	148	101	344
GREENWOOD PARK	—	—	—	—	13	4	31	49	97
SYDENHAM	—	—	—	—	1	9	56	92	158
MAYVILLE	—	—	—	—	2	7	385	119	513
UMHLATUZANA	—	—	—	—	8	2	36	30	76
SOUTH COAST JUNCTION	—	—	—	—	8	12	90	120	230
					93	68	746	511	1,418
IMPORTED	—	—	—	—	20	6	599	32	657
TOTAL :					113	74	1,345	543	2,075



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 .....	51	42	93	1,307	1,230	2,537	36.65
COLOURED .....	31	37	68	233	199	432	157.40
NATIVE .....	394	352	746	1,025	920	1,945	383.54
ASIATIC .....	280	231	511	2,285	2,247	4,532	112.75

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

				E.	C.	N.	A.				
				9	10	12	9				
Attended only.				Health Visited only.				Health Visited and Attended.			
E.	C.	N.	A.	E.	C.	N.	A.	E.	C.	N.	A.
1	1	5	9	4	5	—	—	4	4	7	—

CAUSES OF INFANTILE DEATHS.

EUROPEANS:

Cause.	Weeks			Months			Total
	0-1	1-2	2-4	1-3	3-6	6-12	
Prematurity .....	13	—	2	2	—	—	17
Intra-cranial haemorrhage .....	5	—	—	1	—	—	6
Malaena Neonatorum .....	1	—	—	—	—	—	1
Congenital Atelectasis .....	3	1	—	—	—	—	4
Congenital Malformations .....	1	—	2	—	—	1	4
Congenital Debility .....	2	—	—	—	—	—	2
Intoxication due to maternal toxæmia .....	1	—	—	—	—	—	1
Other Diseases peculiar to Infancy .....	1	1	1	—	1	—	4
Gastro Enteritis .....	—	—	—	4	6	4	14
Bacillary Dysentery .....	—	—	—	—	2	—	2
Other Diseases of the Intestines .....	—	—	—	—	—	2	2
Malnutrition .....	—	—	—	1	1	—	2
Nutritional Oedema .....	—	—	—	—	1	—	1
Bronchitis .....	—	—	—	1	—	1	2
Broncho Pneumonia .....	—	—	—	5	3	8	16
Lobar Pneumonia .....	—	—	—	—	1	—	1
Empyema .....	—	—	—	—	1	—	1
Diphtheria .....	—	—	—	—	—	2	2
Whooping Cough .....	—	—	—	—	2	—	2
Meningitis .....	—	—	—	—	—	3	3
Encephalitis .....	—	—	—	—	—	1	1
Convulsions .....	1	—	—	—	—	—	1
Diseases of the Joints .....	—	—	—	1	—	—	1
Accidental Mechanical Suffocation .....	—	—	—	1	1	—	2
Natural Causes .....	—	—	—	—	—	1	1
<b>TOTAL :</b>	<b>28</b>	<b>2</b>	<b>5</b>	<b>16</b>	<b>19</b>	<b>23</b>	<b>93</b>

COLOURED:

Cause.	Weeks			Months			Total
	0-1	1-2	2-4	1-3	3-6	6-12	
Prematurity .....	11	1	—	—	—	—	12
Intra-cranial haemorrhage .....	3	—	—	—	—	—	3
Congenital Malformations .....	1	2	—	—	—	—	3
Congenital Debility .....	1	—	1	1	1	—	4
Other Diseases peculiar to Infancy .....	1	—	—	—	—	—	1
Gastro Enteritis .....	—	—	—	2	2	6	10
Bacillary Dysentery .....	—	—	—	—	1	1	2
Dysentery (unspecified) .....	—	—	—	—	—	1	1
Malnutrition .....	—	—	—	—	—	2	2
Bronchitis .....	—	—	1	1	1	1	4
Broncho Pneumonia .....	—	—	1	2	2	6	11
Lobar Pneumonia .....	—	—	—	1	1	3	5
Congenital Syphilis .....	—	1	—	1	—	—	2
Meningitis .....	—	—	—	—	—	1	1
Tuberculous Meningitis .....	—	—	—	1	—	2	3
Cerebro Spinal Meningococcal Meningitis .....	—	—	—	—	1	—	1
Convulsions .....	—	—	—	—	—	1	1
Sudden Death .....	—	—	—	—	—	2	2
<b>TOTAL :</b>	<b>17</b>	<b>4</b>	<b>3</b>	<b>9</b>	<b>9</b>	<b>26</b>	<b>68</b>

NATIVES:

Cause.	Weeks			Months			Total
	0-1	1-2	2-4	1-3	3-6	6-12	
Prematurity .....	28	4	4	2	—	—	38
Intra-cranial haemorrhage .....	10	1	—	—	—	—	11
Other Birth Injuries .....	1	2	—	—	—	—	3
Malaena Neonatorum .....	6	5	1	—	—	—	12
Congenital Malformations .....	3	1	—	—	1	—	5
Congenital Atelectasis .....	3	—	—	—	—	—	3
Congenital Debility .....	61	18	8	6	4	2	99



	Weeks			Months			Total
	0-1	1-2	2-4	1-3	3-6	6-12	
Tetanus Neonatorum	2	—	—	—	—	—	2
Intoxication due to maternal toxæmia	1	—	1	—	—	—	2
Other Diseases peculiar to Infancy	8	5	1	—	—	—	14
Gastro Enteritis	1	9	20	66	69	118	283
Bacillary Dysentery	—	—	—	—	—	1	1
Amoebic Dysentery	—	—	—	—	—	3	3
Typhoid Fever	—	—	—	—	—	1	1
Other Diseases of the Intestines	—	—	—	1	—	—	1
Peritonitis	—	—	—	1	—	—	1
Diseases of the Stomach	—	1	—	—	—	—	1
Nephritis	—	—	—	—	—	1	1
Malnutrition	—	—	1	1	2	—	4
Nutritional Oedema	—	—	—	1	2	9	12
Starvation	—	—	—	1	—	—	1
Bronchitis	2	2	5	17	9	11	46
Broncho Pneumonia	4	7	9	22	29	62	133
Lobar Pneumonia	—	—	2	1	3	5	11
Pleurisy	—	1	—	3	1	1	6
Influenza	—	—	—	—	—	2	2
Acute Myocarditis	—	—	—	—	2	—	2
Pulmonary Tuberculosis	—	—	—	1	1	3	5
Miliary Tuberculosis	—	—	—	—	—	1	1
Congenital Syphilis	3	—	1	8	2	2	16
Diphtheria	—	—	—	—	—	1	1
Measles	—	—	—	1	—	4	5
Whooping Cough	—	—	—	1	—	2	3
Smallpox	—	—	—	—	—	1	1
Meningitis	—	1	1	1	1	2	6
Diseases of the Skin	—	1	1	2	—	1	5
Natural Causes	—	—	—	1	1	3	5

TOTAL : 133 58 55 137 127 236 746

## ASIATICS:

Prematurity	48	4	4	2	2	—	60
Intra-cranial Haemorrhage	4	—	—	—	—	—	4
Melaena Neonatorum	—	1	—	—	—	—	1
Congenital Atelectasis	5	—	—	—	—	—	5
Congenital Malformations	1	1	—	—	1	2	5
Congenital Debility	31	16	6	9	2	5	69
Other Diseases peculiar to Infancy	—	1	—	—	—	—	1
Gastro Enteritis	1	1	3	22	26	44	97
Bacillary Dysentery	—	—	—	4	4	4	12
Dysentery (unspecified)	—	—	—	—	—	1	1
Helminths	—	—	—	1	—	4	5
Intestinal Obstruction	1	—	—	1	1	1	4
Appendicitis	—	—	—	1	—	—	1
Nephritis	—	—	—	—	—	3	3
Malnutrition	1	—	1	1	4	3	10
Nutritional Oedema	—	—	—	—	1	1	2
Rickets	—	—	—	1	2	1	4
Bronchitis	1	3	6	14	15	22	61
Broncho Pneumonia	—	6	4	21	18	46	95
Lobar Pneumonia	1	—	—	—	3	12	16
Pneumonia (unspecified)	—	—	—	2	1	1	4
Unspecified forms of Pleurisy	—	—	1	—	1	—	2
Coryza	4	2	3	3	—	2	14
Pulmonary Tuberculosis	—	—	—	—	1	1	2
Tuberculosis Meningitis	—	—	—	—	—	1	1
Miliary Tuberculosis	—	—	—	—	—	1	1
Congenital Syphilis	1	—	—	1	—	—	2
Influenza	—	—	1	2	1	1	5
Measles	—	—	—	—	—	3	3
Chicken Pox	—	—	—	1	—	—	1
Meningitis	—	—	—	1	—	3	4
Encephalitis	—	—	—	—	—	1	1
Diseases of the Skin	—	—	1	—	—	—	1
Diseases of the Ear	—	—	—	—	1	—	1
Convulsions	—	—	—	1	—	—	1
Lack of Care of the Newborn	1	—	—	—	—	—	1
Drowning by Accident	—	—	—	—	—	1	1
Natural Causes	1	1	1	—	1	4	8
Ill Defined Causes	—	—	1	—	—	1	2

101 36 32 88 85 169 511



## FEEDING OF INFANTS WHO DIED FROM:—

Enteritis.	E.	C.	N.	A.	Total
Breast Fed	—	1	11	13	25
Breast Fed with cow's milk	2	—	2	1	5
Breast Fed with Dried Milk	—	—	1	4	5
Breast Fed with sweetened condensed milk	1	—	2	3	6
Breast Fed with cereal	—	—	2	—	2
Breast Fed with Extras	—	1	2	4	7
Cow's milk	1	1	1	1	4
Cow's Milk with Cereal	5	—	4	2	11
Dried milk	1	—	2	10	13
Sweetened condensed milk	1	—	—	5	6
Sweetened Condensed Milk with Cereal	—	2	3	4	9
Cereal	—	—	1	1	2
Unable to trace	3	5	252	48	308
<b>TOTAL :</b>	<b>14</b>	<b>10</b>	<b>283</b>	<b>96</b>	<b>403</b>

Malnutrition, Nutritional Oedema and Rickets.	E.	C.	N.	A.	Total
Breast Fed	1	1	2	—	4
Breast Fed with Cow's Milk	—	—	1	—	1
Breast Fed with Sweetened Condensed Milk	1	—	—	—	1
Cow's Milk	—	—	—	1	1
Cow's Milk with Cereal	1	—	—	—	1
Sweetened Condensed Milk	—	—	—	1	1
Cereal	—	—	1	—	1
Unable to trace	—	1	12	12	25
<b>TOTAL :</b>	<b>3</b>	<b>2</b>	<b>16</b>	<b>14</b>	<b>35</b>

## MATERNAL MORTALITY.

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

	Number of Deaths from Causes due to Childbirth	Number of Births Live	Number of Births Still	Total	Death Rate on Live Births	Death Rate on Live and Stillbirths
Europeans	3	2,537	60	2,597	1.18	1.15
Coloureds	1	432	20	452	2.31	2.21
Natives	9	1,945	247	2,192	4.62	4.10
Asiatics	19	4,532	227	4,759	4.19	3.99

Maternal Deaths attended by :	E.	C.	N.	A.	Total.
Doctor	—	—	—	4	4
Midwife	—	—	—	3	3
Born at home — removed to hospital	—	—	1	6	7
No midwife or doctor	—	—	1	3	4
Hospital or Nursing Home	3	1	6	3	13
No Particulars	—	—	1	—	1
<b>TOTAL :</b>	<b>3</b>	<b>1</b>	<b>9</b>	<b>19</b>	<b>32</b>

Causes of Maternal Deaths :	E.	C.	N.	A.	Total.
Puerperal Sepsis	—	—	2	9	11
Eclampsia	—	—	—	1	1
Toxaemia	2	—	2	1	5
Ante-partum Haemorrhage	—	—	—	2	2
Post-partum Haemorrhage	—	—	1	2	3
Obstructed Labour	—	1	—	—	1
Ruptured Ectopic Gestation	—	—	2	—	2
Shock	1	—	—	1	2
Abortion — Shock	—	—	1	—	1
Embolism	—	—	—	1	1
Acute Nephritis	—	—	1	1	2
Cardiac Failure	—	—	—	1	1
<b>TOTAL :</b>	<b>3</b>	<b>1</b>	<b>9</b>	<b>19</b>	<b>32</b>



## SUPERVISION OF MIDWIVES.

Midwives.	E.	C.	N.	A.	Total
No. of trained midwives practising in Durban	40	2	—	—	42
No. of trained midwives who have ceased to practise in Durban	9	1	—	—	10
No. of trained midwives deceased	1	—	—	—	1
No. of untrained midwives practising in Durban	9	2	1	153	165
No. of untrained midwives who have ceased to practise or who cannot be traced	—	—	—	13	13
No. of untrained midwives whose names have been removed from the List	—	1	—	—	1
No. of untrained midwives deceased	—	—	—	4	4
No. of women practising midwifery who have been warned not to practise unless they apply to be put on the List	1	2	2	24	29

## Supervision of Midwives.

No. midwives' appliances examined	141	9	9	1,338	1,497
No. of midwives' bags replenished	1	4	6	1,384	1,395
No. of midwives' dressings sterilized	—	4	2	1,465	1,471
No. of midwives' bags sterilized after septic cases	—	—	—	9	9
No. of visits to midwives at their homes or at patients' houses	10	7	—	76	93

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.	E.	C.	N.	A.	Total
No. of lectures and demonstrations given to untrained midwives	—	—	—	37	37
No. of times maternity film shown	—	—	—	1	1
No. of untrained midwives attending classes	—	—	—	18	18
No. of untrained midwives examined	—	—	—	18	18
No. of untrained midwives passed examination	—	—	—	18	18

Maternity bags are equipped and sold to untrained midwives who have attended the full course of lectures and demonstrations and passed the examination set by the Child Health Clinic.

Takings for maternity bags during the year amounted to £11 5s. 0d.

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

	E.	C.	N.	A.	Total
No. of homes inspected	12	—	2	1	15
No. of times homes inspected	43	—	8	4	55

## Ante-Natal Work.

No. of expectant mothers attending clinic	73	41	—	2,875	2,989
Total No. of attendances	146	63	—	3,482	3,691
No. of ante-natal clinics	42	12	—	96	150
No. of ante-natal visits	193	35	328	186	742
No. of post-natal visits	9	1	—	136	146

## Other Visits.

No. of cases of Puerperal Sepsis	—	—	4	5	9
No. of visits of cases of Puerperal Sepsis	—	—	5	9	14
No. of Maternal Deaths	3	1	9	18	31
No. of visits in connection with Maternal Deaths	5	1	12	24	42
No. of cases of Ophthalmia Neonatorum	2	4	37	35	78
No. of visits to cases of Ophthalmia Neonatorum	10	11	47	59	127
No. of Stillbirths	11	8	138	147	304
No. of visits in connection with Stillbirths	11	8	147	153	319
Other visits	89	—	1	—	90



## HEALTH VISITORS WORK.

Infants under 1 year :					E.	C.	N.	A.	Total.
First visits — Feeding	Breast	—	—	—	967	371	5,726	3,569	10,633
	Mixed	—	—	—	95	18	486	291	890
	Artificial	—	—	—	195	39	61	235	530
TOTAL :					1,257	428	6,273	4,095	12,053
Re-visits — Feeding									
	Breast	—	—	—	1,396	310	791	2,800	5,297
	Mixed	—	—	—	1,022	153	1,081	2,689	4,945
	Artificial	—	—	—	1,720	275	99	1,535	3,629
TOTAL :					4,138	738	1,971	7,024	13,871
Older Children :					E.	C.	N.	A.	Total.
First visits					301	85	2,736	4,658	7,780
Re-visits					6,999	1,649	6,865	14,432	29,945
TOTAL :					7,300	1,734	9,601	19,090	37,725
No. of above visits made to Protected Infants					326	67	—	—	393
Other visits :					E.	C.	N.	A.	Total.
Infant deaths					39	30	173	329	571
Pemphigus Neonatorum					—	—	—	1	1
Other Infectious Diseases or Contacts					51	1	4	4	60
Inspection of Lavatories					—	—	—	523	523
Reports to Sanitary Office					9	2	3	23	37
No. of visits to Nursery Schools and Homes for Protected Infants					97	—	—	—	97
Lectures and demonstrations to students					34	—	—	—	34
Other work					31	1	—	111	143
TOTAL :					261	34	180	991	1,466
No. of Infants under 1 year visited					E.	C.	N.	A.	Total
					1,840	571	1,343	4,429	8,183

## TOTAL VISITS.

First visits — Infants	12,053
Re-visits — Infants	13,871
Older children	37,725
Other visits	1,466
TOTAL :	65,115

## 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 children found to be suffering from dental caries	93	13	123	13	242
No. of cases of dental caries which received attention	59	1	2	6	68

13. PROSECUTIONS. The undermentioned list of prosecutions were undertaken during the year, resulting in a total sum of £736 10s. 0d. in fines as compared with a total of £179 5s. 0d. in the previous year.

This improvement represents the strengthening of the Department and its increased efficiency resulting from the return of key staff from military service and the better dispositions rendered possible thereby :



Prosecutions : Year Ended 30th June, 1944.

Nature of Offence.	RESULT						Fines		
	Total Cases	Guilty	Not Guilty	With-Drawn	Pending		£.	s.	d.
<b>Public Health By-laws :</b>									
<b>Nuisances :</b>									
Use of food stores/shops for sleeping	2	2	—	—	—		9	0	0
Unclean food stores/shops	5	5	—	—	—		25	0	0
Improper disposal of carcasses, etc.	1	1	—	—	—		4	0	0
Unclean yards, drains etc.	10	8	—	—	2		33	0	0
Improper depositing of refuse	1	1	—	—	—		1	0	0
Discharge of foul water into street	2	2	—	—	—		14	0	0
Unclean premises	1	1	—	—	—		2	0	0
Improper keeping of animals	4	3	—	1	—		4	0	0
Fly development	9	9	—	—	—		24	0	0
<b>Collection and Removal of Refuse :</b>									
Conveyance of offensive matter through streets	3	3	—	—	—		7	0	0
<b>Slaughtering of animals :</b>									
Unauthorised slaughtering	6	6	—	—	—		27	0	0
<b>Manufacture, Storage and Sale of Food :</b>	22	18	—	—	4		57	0	0
<b>Hairdressers :</b>									
Failure to wear overall garment	1	1	—	—	—		3	0	0
<b>Dairies and Milk Depots :</b>									
Trading without registration	18	17	1	—	—		57	0	0
Transfer of milk in street, etc.	10	8	—	—	2		18	0	0
Milk below bacterial standard	25	25	—	—	—		51	0	0
<b>Building By-laws :</b>									
Use of unauthorised buildings, etc. as dwellings	2	2	—	—	—		30	0	0
<b>Abattoir By-laws :</b>									
Sale of unstamped meat	3	1	2	—	—		3	0	0
<b>Public Health Act :</b>									
Failure to attend V.D. Clinic	2	1	—	—	1		—	—	—
Contamination of foodstuffs	18	18	—	—	—		43	10	0
Defective dwelling premises	5	1	—	—	4		4	0	0
Obstruction of Health Inspector	2	—	—	2	—		—	—	—
Attempted bribery	1	1	—	—	—		20	0	0
<b>Rodent Infestation Regulations :</b>	6	4	—	1	1		17	0	0
<b>Fumigation Regulations :</b>	4	4	—	—	—		47	0	0
<b>Typhus Regulations :</b>	1	1	—	—	—		*15	0	0
<b>Slums Act — Zonal Regulations :</b>									
Failure to register premises	74	60	—	2	12		178	0	0
Unclean premises	3	2	—	1	—		20	0	0
<b>Food, Drugs and Disinfectant Act :</b>									
<b>Regulations :</b>									
Milk below standard or adulterated	14	14	—	—	—		38	0	0
	255	219	3	7	26		736	10	0
Year ended 30th June, 1943	66	66	—	—	—		£179	5	0

\* Fine not paid — underwent imprisonment.

## 14. OTHER MATTERS OF HEALTH AND SANITATION.

Inspections by District Inspectors.

Hotels, boarding houses and lodging houses	1,876	(1,915)
Restaurants, tearooms and eating houses	2,661	(2,816)
Bakeries	120	(121)
Butcheries	1,553	(1,961)
Dairies and Milk Depots.	1,566	(1,634)
Laundries	506	(667)
Markets	468	(426)
Offensive Trades	198	(167)
General	23,039	(23,119)
Night Inspections	—	(—)
	31,987	(32,826)

Personal notices in respect of unsatisfactory and defective conditions	2,311	(2,286)
Written notices in respect of unsatisfactory and defective conditions	4,079	(2,380)
Reports on licence applications	10,501	(9,346)
Reports on applications for Native accommodation	3,516	(2,235)
Complaints received and investigated	143	(96)



**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.
Butter, Australian	4	3	1	Rancid. Consignment withdrawn.
Coffee	9	9	—	—
Coffee and Chicory	1	1	—	—
Cordial Drinks	2	2	—	—
Curry Powder	1	1	—	—
Golden Syrup	1	1	—	—
Honey	1	1	—	—
Ice Cream	13	12	1	Warned
Meat Extract	1	1	—	—
Pepper	1	1	—	—
Sardines	1	1	—	—
Sausages	9	7	2	Warned
Strawberry Spread	1	1	—	—
Sweets	3	3	—	—
Worcester Sauce	1	1	—	—

**Inspections of Building Plans:** The year under review has shown a very marked increase in the value of plans approved by Council during this period, mainly as regards dwellings and/or flats where the value has been quadrupled, and shops, stores, hotels, factories, etc., represent an increase of over 100%.

The number of plans referred to — or after amendment to meet the requirements of this and other departments re-submitted for — scrutiny and report totalled 1,507, of which number 1,259 were finally approved by Council. These figures are rather significant in relation to the previous year's figures of 1,596 and 687 respectively and appear to indicate a truer conception of hygienic building design. Every effort has been made to co-operate with members of the public, architects and other officials particularly as regards siting, ventilation, elimination of pest and rodent harbourages and it can safely be claimed that progress has been made.

Approved plans represent a total value of £1,599,113 (1942-43 £522,752) distributed over various classes of buildings as follows:

Dwellings	£669,006
Flat Blocks	183,350
Additions Dwellings/Flats	102,939
Shops, stores, factories, including additions	562,271
Clubs, Halls, Hotels, (including additions)	81,547
	<u>£1,599,113</u>

Inspections of sites and/or buildings in all parts of the City have been carried out, frequently in company with owners/architects and various Municipal officials. In furtherance of the policy of securing personal contacts, numerous visits have been made to architect's office, telephonic discussions re suggested improvements in layout and rodent control are routine matters, and interested parties frequently bring sketch plan to this office for preliminary approval.

Difficulty is still experienced on the question of ventilation of living rooms, internal passages and water-closet lobbies, but continual pressure on architects and draughtsmen seems to be effecting some improvement. The real solution appears to lie in the promulgation of a By-law specifically to detail the manner in which cross-ventilation shall be maintained.

In addition to the foregoing, health inspection and supervisory duties have been carried out in the Mayville/Sydenham area. Pressure has been brought to bear on licensed premises with a view to structural improvements, but the paucity of labour and building materials retards progress in this direction. The position as regards house drainage betterment is virtually the same, and coupled with the lack of main drainage schemes, is governed by present-day conditions.

**Progress.** Continual pressure by means of reports on plans and discussions with architects and owners has resulted in more attention being given to ventilation and rodent-proofing, but as mentioned above, such effort must be reinforced by the amendment of By-laws and/or Regulations as recently recommended by Council in respect of rodent control.

**Post-War.** Development in this period should take the form of revision of Health and Building By-laws with special reference to design, construction and finish of dwellings, shops, stores and factories to eliminate all pest and rodent harbourages and travel.

It is also considered that circulars on these and kindred subjects might with advantage be prepared and distributed amongst architects, estate agents and Building Societies. Further, when paper is again available it is suggested that the present form of written reports on plans be replaced by a printed form in triplicate. The original would go to the Building Inspector and the first copy to the owner or architect.

(N.B. Prints of approved methods of rodent-proofing have been obtained, and now await an opportunity to obtain or print copies of the Rodent-proof Regulations, of which an adequate supply cannot be obtained from the Government Printers, for distribution amongst those persons most concerned).



## 15. HEALTH STAFF.

## Administration and Inspectional:

1 City 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.P. (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.
8 Divisional Officers.			
14 District Inspectors.			
9 Health Visitors.			
7 Clerks.			
7 Junior Clerks.			
6 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 B.
1 Senior Sister.			
5 Ward Sisters.			
6 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.
1 Disinfecter.			
1 Laundryman.			
3 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 in Charge	—	—	McNiel, Dr. K. N., M.B., Ch.B., D.P.H.
1 Asst. Medical Officer	—	—	Robertson, Dr. W. I., M.B., Ch.B.
1 Clinic Matron.			
1 Supervisor of Midwives.			
1 Assistant of midwives.			
14 Health Visitors.			
4 Clinic Assistants.			
1 Clerk.			
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.			
7 Overseers.			
17 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 STILL 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.	Non-European.
1 District Inspector.	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". There has been no improvement during the year in regard to housing accommodation for all races.

The demand for new housing continues in the following order of precedence :

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

There is evident a steady migration of Indian and Native families from the country and smaller communities into the City, where they crowd into already congested premises or — as the only other alternative — erect shacks which conflict with all public health and building standards but satisfy the primary objective of shelter from the elements. The advantages of better wages and regulated hours of labour providing leisure periods at week-ends together with hospital, educational and other amenities encourage this steady immigration and will continue to do so as long as urban life offers such concrete advantages over rural.

Overcrowding, in its fullest extent, can only be guessed at, but it is pleasing to record that a cross-section survey, a random survey to assess overcrowding has been undertaken by the Natal University College.

**Slum Areas.** The central 'slum' areas have shown no marked extension but, structural deterioration is insidious although assessable only by comparative surveys which cannot yet be undertaken owing to staff shortage.

An acute housing problem has emerged from the rise of mushroom 'shack' settlements in the outer areas of the City. Occupied mainly by Natives these shanty settlements are difficult if not impossible of adequate control from a health viewpoint. A determined effort is now being made to limit the spread of 'shack' housing and to extend basic sanitary protection in the form of wholesome water supply and suitable privy accommodation. The lag between new housing and the demolition of existing shacks entails a 'risk' period which is best controlled by the adoption of some form of 'interim' housing which at least ensures the essential facilities of water supply and sanitation.

A survey of the Booth Road shack area at Mayville was followed by others at Candella Road/Rickben Crescent area (Mayville), Bluff (including 'Happy' and 'Mission' Valleys) and Umhlatuzana. The surveys were conducted jointly by representatives of the City and Water Engineer's Departments and disclosed the following situation :

	No. of Shanty Dwellings.	No. of Native Occupants.
Cato Manor (Booth Road area)	2,937	17,012
Candella Road/Rickben Crescent area, Mayville	156	676
Bluff and Umhlatuzana	647	2,238
	3,740	19,926

Pursuant to a resolution of the City Council requiring owners of land in shanty settlements to provide approved water supplies and sanitary conveniences for the use of squatters residing upon their properties, some 125 statutory notices have been served on owners of premises comprising 1,789 shanty dwellings in the Cato Manor (Booth Road) and 'Happy' Valley (Bluff) areas. The position is complicated by multiplicity of ownership and the fact that the structures have not been erected by the landowners but by their squatter tenants. The response to the Department's notices has, so far, been negligible. Several 'test' prosecutions are awaiting decision by the Court. Pending the outcome little further progress can be made, but it may be anticipated that many owners concerned will resort to eviction of tenants rather than provide sanitary facilities for their tenants. The shack dweller will, as a result, simply be dispersed and it is unlikely that any real public health benefits will accrue from a policy of slum-shifting and disposal.

**Slum Clearance.** Council's 1940 policy intermitting demolition of slum dwellings still obtains in the absence of any practicable alternative.



In the seven slum zones of the Old Borough defined in the Zonal Regulations framed under Section 32 (1)(b) of the Slums Act, sustained efforts to prevent a further deterioration of dwellings have had considerable success.

During the year, the Zonal Regulations were applied by proclamation to two more suburban shack settlements i.e. Cato Manor (Booth Road area) of Mayville and 'Happy Valley', Bluff. In addition, a portion of the congested area of South Coast Junction was brought within the scope of the Regulations.

Many minor improvements of an urgent service nature have been effected by means of the Zonal Regulations.

**Prosecutions.** 77 Prosecutions were instituted for contraventions of the Slum Zonal Regulations.

**Re-Housing Schemes.** No new housing schemes have been formulated during the year. The post-war housing programme — detailed in last year's report — remains unchanged, except that the distribution of proposed dwellings has had to be adjusted following absorption of part of the proposed Merebank/Wentworth Housing area in the site selected for a National Airport. The lack of suitable areas of easily-developed and accessible land greatly complicates Durban's housing problem. The loss of most of the Merebank/Wentworth area will compel the acquisition of remoter tracts of land involving the factor of rapid and cheap transport facilities as a pre-requisite to development.

**New Housing Estate.** During the year progress with provision of new Municipal housing was recorded as follows:

Kirkwood Gardens (European Economic — 72 flats). Balance 36 flats completed.  
Springfield (Indian Sub-economic — 925 houses). 106 houses.  
Blackhurst (Native — 1,268 houses). 384 houses.

**Housing Management.** It becomes apparent that the proper care, supervision and maintenance of the Corporation's housing schemes calls for the employment of suitably-trained housing managers or assistants. In this connection the City Council has agreed, in principle, to engage two Octavia Hill-trained women housing managers as soon as such are available.

**Health Education.** A programme of health-instructive lectures to meet the needs of the non-European sub-economic housing population has been inaugurated and these will be developed for the health education of rehabilitated slum families. It should, however, be stressed that health education cannot fully achieve its objective unless supported by the provision of essential service facilities including a hall or social centre in conjunction with all sub-economic schemes.

**Natal Indian Commission.** The Department has prepared evidence covering the whole field of Indian housing in Durban and this material is due to be tendered to the Commission on resumption of its sittings.

**Town Planning.** During the year, the City Council decided to engage the services of a Town planning consultant in connection with the Council's Post-war development schemes and the necessary appointment has been made.

Following upon the abandonment of the proposed scheme of acquisition and re-development of the Umgeni North area (in which was included the Riverside slum), Council has sought that the provisions of the Town Planning Ordinance be applied to the area.

Council has approved of the development, for housing purposes, of its property at Woodlands Estate to be followed by the opening-up of Virginia Estate. These Estates are situated in the southern and northern portions of the City respectively, and will provide much-needed sites for European housing. In the case of Woodlands Estate the development will ultimately assume the proportions of a satellite township. One thousand sites in this scheme are being allocated to returned soldiers.

Negotiations between the South African Railway Administration and the City Council in regard to the re-zoning and re-development of part of the Point area entailing the removal and re-siting of Native compounds, have been brought to a satisfactory conclusion.

The Special Committee appointed by the City Council to report on Post-war Development has recommended the following post-war town-planning projects:

- (i) Re-planning of the area bounded by Point Road, Rutherford, Gillespie and Smith Streets;
- (ii) Retention of Cartwrights Flats as an open space and garden;
- (iii) Re-alignment of roads and proposal for ultimate development of the Pine Street-Prince Alfred Street locality;
- (iv) Establishment of a Civic square in the area bounded by Berea Road, Umbilo Road, Moore Road, Smith Street and Warwick Avenue;
- (v) Layout and development of land lying between the western boundary of Aliwal Street (extended), Ordnance Road, Walnut Road, and Pine Street when area has been made available by the Railway Administration;
- (vi) Bridging of Ridge Road over Berea Road.

In addition, the Special Committee recommended that the principle of racial zoning be approved and that steps be taken to promote such legislation as may be necessary to give the Council the powers to give effect to the detailed proposals.



**Magazine Barracks.** These barracks accommodate approximately 6,000 Indians, comprising employees of the Corporation and their families, have occasioned much criticism recently. The Department, many years ago, condemned the inferior and defective wood and iron portion of the accommodation but various reasons have so far contrived to prevent the elimination of this sub-standard accommodation and the position is now rendered doubly difficult by the war-time restriction on building. Proposals for the improvement and conversion of the brick buildings to self-contained flats — each having its own bathroom and water closet — were recommended by this Department and ultimately approved by Council. The estimated cost of this scheme is £20,000. A further necessary improvement is the provision of common ablution and laundry facilities equipped with hot water installation.

**Housing of Natives.** Existing Native housing comprises the following:

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

The estimated total Native population of the City determined by the difference between births and deaths — is 72,305. The figure however, appears to be very far short of the true position when it is borne in mind that the Native Administration Department has some 72,000 Native males registered as being in employment. That Department's estimate of Durban's Native population, taking into account non-registered males, females and children, is between 83,000 and 86,000. Moreover, in the voluntary vaccination campaign against Smallpox, the City Health Department vaccinated 76,811 Natives during six weeks commencing 28th June.

**Municipal Native Housing comprises:**

1. (a) **Locations Housing Native families:**

Lamont	—	—	480 houses.	
Baumanville	—	—	120 do.	
Jacobs	—	—	64 do.	
Blackhurst	—	—	484 do.	(completed out of total complement of 1,268 to be erected).

(b) **Locations for Native Males:**

Somtseu	—	—	3,674 beds.
Dalton Road	—	—	1,656 do.
Jacobs	—	—	625 do.

(c) **Hostels for Native Males:**

Bell Street	—	—	1,374 beds.
Ordinance Road	—	—	440 do.

(d) **Hostels for Females:**

Grey Street	—	—	520 beds.
Jacobs	—	—	64 do.

2. (a) **Water Supply:**

	Locations.			
	Lamont	Baumanville	Jacobs	Blackhurst
Houses with water laid on	—	100	120	—
Homes with communal supply	—	380	—	64
No. of communal taps	—	31	—	4

(b) **Ablution, Washing and Sanitary Accommodation:**

	Lamont	Baumanville	Jacobs	Blackhurst
Houses with showers	—	100	120	—
Houses with bathrooms	—	380	—	—
Showers for males	—	—	—	6
Showers for females	—	—	—	6
Washing gullies	—	380	120	2
Latrines (pail)	—	100	—	—
Latrines (pit)	—	380	—	—
Latrines (water borne)	—	—	120	—
Latrines for Males	—	—	—	6
Latrines for females	—	—	—	6

At Lamont, the provision of full sewerage facilities to houses, offices and staff quarters has been approved by Council.

In the Blackhurst Location, each house is equipped with water-borne drainage and provided with a bathroom, shower, water closet and an ample supply of water for domestic purposes.

3. (a) **Hostels for Males:**

	Somtseu Road	Dalton Road	Bell Street	Jacobs	Ordinance Road
Latrines	235	66	42	72	13
Urinals	13	6	7	54	—
Showers	216	38	38	48	9
Washing Areas	21	11	22	5	3
Water Taps	50	36	58	19	7
Fireplaces	62	26	15	16	15
Kitchens	10	5	—	1	—
Kitchen Taps	24	17	—	7	2
Dining Halls	3	2	—	1	—



## (b) Hostels for Females :

	Grey Street	Jacobs
Latrines	37	5
Urinals	—	—
Showers and baths	23	3
Washing areas	6	1
Water Taps	42	8
Fireplaces	36	4
Kitchens	1	—
Kitchen Taps	6	—
Dining Halls	1	—

A refuse removal service is also provided at all locations and hostels.

4. Central Housing Board Schemes. Of the above schemes, Lamont and Blackhurst Locations have been financed by Central Housing Board loans. Lamont was completed in 1937 and Blackhurst is still in course of construction.

## 5. Proposed additional accommodation :

Lamont Location	182 houses.
Hostel for males — Merbank	5,000 beds.
Additions to Somtseu Road	250 „
Extensions to Jacobs	1,000 „

## 6. Accommodation other than Municipal :

(a) Industrial and Commercial (including S.A. Railways and Durban Corp.)	15,228
(b) Domestic servants	21,000
(c) Rented out by private individuals	2,265
(d) Shanty Settlements	21,976

## Conclusions :

(i) Due to war-time restrictions of building, the housing position has undoubtedly worsened during the year.

(ii) The influx of non-Europeans — both Indian and Native — attracted by urban amenities and the labour demands of the City, still continues and, in the absence of surplus housing accommodation, overcrowding of existing premises has been intensified and illegal shack housing encouraged.

(iii) The "pegging surveys" of suburban shack settlements intended to control shack erection cannot be viewed optimistically. Although the main vents of the volcano might be sealed off, the contained pressure will result in a series of lesser and dispersed out-breaks aggregating the original in combined volume. An amelioration of the shack problem appears to lie in the organisation of shack housing as an "interim phase" designed to control the immediate dangers to public health. Such organisation will include the provision of basic sanitary protection. This plan as recommended to the City Council visualises the laying-out of fresh areas of land — preferably Municipal-owned in regular plots, serviced by means of light roads sufficient to facilitate a conservancy service and gravitation water supply drawn from conveniently-placed standpipes. So 'organised' shack housing might be condoned during the interim pending the provision of new housing.

(iv) The problem of housing low-income groups requires a fresh approach from legislative, technical and financial angles. There is no prospect of a solution on the present basis whereby local authorities are expected to bear crushing accumulative financial burdens in respect of the loss sustained in the promotion of sub-economic housing.

(v) Application of the Zonal Regulations framed under Section 32 of the Slums Act continues to produce improvements in the central sub-standard housing areas of the City but it is yet too early to assess their value as a means of enforcing basic sanitary protection in the suburban shack settlements.

(vi) New housing at Springfield and Blackhurst whilst affording much-needed new accommodation, has not visibly affected the 'slum' situation.

(vii) The decision of the City Council to secure the services of Ocavia Hill-trained housing managers for the supervision of Council's housing schemes is a step in the right direction.

(viii) Inauguration of health education programmes for sub-economic housing scheme tenants is expected to yield handsome dividends in future years in the promotion of health and cleanliness. It is futile, however, to teach health unless common cleanliness and healthy living are encouraged by the provision of hot water ablution and washing facilities.

(ix) The housing survey of the City conducted by the Natal University College at the instance of the City Council should produce useful data for future guidance.

(x) Appointment by the City Council of a Town Planning expert to report on post-war reconstruction schemes will ensure application of the latest town-planning principles in the lay-out and design of the various housing projects.

(xi) Development of Council's Woodlands Estate for European housing marks what will ultimately become a "satellite" township.



(xii) Amendment by Parliament of the Housing Act, 1920, to provide for the establishment of a National Housing Council and a National Housing and Planning Commission can only be productive of good results and should provide a much-needed stimulus to large-scale dwelling construction in South Africa.

(xiii) The staff employed on the Housing and Slum Clearance Section of the Department has been seriously depleted by war-time necessities. It cannot cope expeditiously with the amount of work on hand and must be strengthened in order to cope with post-war commitments.

(xiv) Post-war housing requirements covering the period 1944-53 were set out in detail in a schedule attached to last year's report and there has been no reason to advise amendment of the amount of accommodation therein allocated to the various races. A vast amount of preliminary work will need to be faced before actual construction can be put in hand and this will refer to the provinces of legislation, finance and technology. A 'new deal' is necessary to hearten local authorities in this difficult task.

(xv) To persist with obsolete, orthodox methods and conceptions will merely postpone the day of reckoning and ensure laying up more trouble for the future in the shape of a vast debit balance in the "Health Ledger."

**Appreciation.** I wish to express my appreciation of the loyal service rendered by my staff, a considerable number of whom were kindly released during 1944, 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.



