

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

Contributors

Durban (South Africa). Public Health Department.

Publication/Creation

[Durban] : [The Corporation], [1949]

Persistent URL

<https://wellcomecollection.org/works/x6wwhzth>

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

1C.165

AC.165

U. 64



CITY OF DURBAN



Annual Report

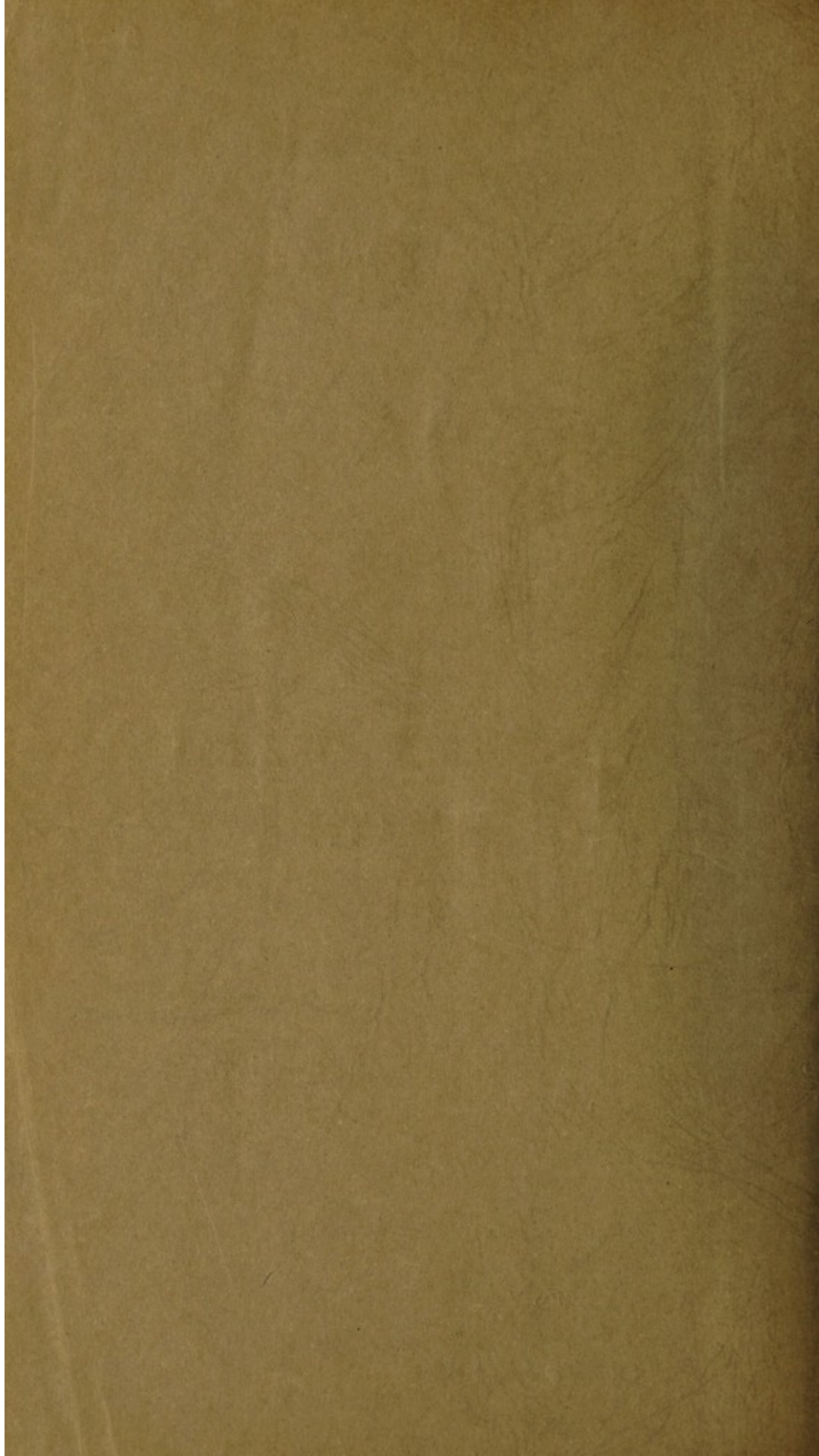
OF

CITY MEDICAL OFFICER OF HEALTH

YEAR ENDING 30th JUNE, 1949.

HAYNE & GIBSON (PTY) LTD.,
DURBAN





CITY HEALTH DEPARTMENT.

1st August, 1949.

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

LADIES AND GENTLEMEN,

I have the honour to present the forty-eighth Annual Report of the activities of the City Health Department during the year ending 30th June, 1949.

CLIMATIC DATA : Latitude 30 degrees : Longitude 31 degrees.

TEMPERATURE : (Statistics kindly supplied by the City and Water Engineer).

	TEMPERATURE			HUMIDITY				No. of days on which rain fell
	Max.	Min.	Mean	Max.	Min.	Mean	Rainfall	
1948 :								
July	93	64	75	83	43	68	0.11	1
August	83	67	74	93	52	67	0.25	6
September... ..	101	66	75	74	29	56	1.40	5
October	89	67	77	84	44	65	6.78	15
November... ..	84	71	77	84	44	63	4.45	13
December... ..	90	69	81	78	40	63	2.42	11
1949 :								
January	90	77	83	80	51	68	2.64	8
February	88	73	81	80	58	68	8.09	15
March	88	75	81	81	51	66	1.41	12
April	86	63	78	78	54	68	3.46	6
May	83	63	76	75	48	65	1.79	4
June	82	67	73	79	51	61	0.39	3

AREA OF MUNICIPALITY : The area of Durban and suburbs inclusive of Townlands is 44,927 acres.

ANNUAL RATEABLE VALUE :

	1949	1948
Gross value of land	£33,226,210	£32,327,020
Gross value of buildings	£54,558,800	£50,896,480
TOTAL (including agricultural and un-developed areas)	<u>£87,785,010</u>	<u>£83,223,500</u>

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

REPORT "A"

1.—VITAL STATISTICS : (Figures in brackets represent the previous year in all cases).

POPULATION :

	CENSUS	ESTIMATE 30/6/49			ESTIMATE 30/6/48		
	May, 1946	Male	Female	Total	Male	Female	Total
European	124,792	63,475	66,208	129,683	60,126	67,948	128,074
Coloured	10,206	5,808	5,572	11,380	5,634	5,357	10,991
Native... ..	108,866	93,235	16,308	109,543	93,348	16,125	109,473
Asiatic... ..	113,440	63,960	59,205	123,165	61,547	58,497	120,044
Total	357,304	226,478	147,293	373,771	220,655	147,927	368,582

The principal vital statistics for the year, corrected for outward transfer, are as follows :

	European	Coloured	Native	Asiatic	Total
Population (Estimated at 30/6/49)	129,683 (128,074)	11,380 (10,991)	109,543 (109,473)	123,165 (120,044)	373,771 (368,582)
Birth Rates	21·62 (20·45)	50·70 (53·50)	21·10 (28·29)	40·14 (42·45)	28·72 (30·93)
Death Rates	9·53 (9·43)	17·14 (19·23)	22·40 (24·36)	14·63 (16·20)	15·21 (16·36)
Infantile Mortality (Rate per 1,000 live Births)	26·75 (31·31)	93·59 (103·74)	369·03 (333·88)	82·23 (91·85)	132·76 (144·30)
Percentage of Illegitimate to Live Births	1·93 (1·55)	26·69 (25·17)	57·66 (52·05)	1·16 (1·69)	15·40 (16·55)
Death Rate: Pulmonary T.B. per 1,000 of population	·31 (·43)	3·51 (3·82)	3·20 (3·52)	1·68 (1·79)	1·71 (1·89)

Mortality in children 1 to 5 years—Note: Returns will be available next year.

BIRTHS : The following births were registered in Durban during the year (Corrected for 'imported' and 'exported' births) :

	European	Coloured	Native	Asiatic	Total
Local Births	2,804 (2,619)	577 (588)	2,409 (3,097)	4,944 (5,096)	10,734 (11,400)
Local Illegitimate Births... ..	54 (34)	154 (110)	1,389 (1,781)	57 (74)	1,654 (1,999)
Still Births	31 (46)	16 (16)	204 (223)	253 (134)	504 (419)
Birth Rates	21·62 (20·45)	50·70 (53·50)	21·10* (28·29*)	40·14 (42·45)	28·72 (30·93)

* These rates are inaccurate because of incomplete registration.

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

European	12·10 (11·02)
Coloured	33·57 (34·21)
Asiatic	25·51 (26·25)

Illegitimacy accounted for 1·93 per cent. of the total European births, 26·69 of Coloureds, 57·66 of Natives and 1·16 of Asiatic.

DEATHS (Corrected for 'exported' deaths) :

	European	Coloured	Native	Asiatic	Total
DEATHS :					
Local Deaths	1,235 (1,208)	195 (212)	2,454 (2,666)	1,802 (1,945)	5,686 (6,031)
Non-Local Residents	260 (241)	25 (32)	1,881 (2,012)	139 (131)	2,305 (2,416)
Death Rates	9·53 (9·43)	17·14 (19·23)	22·40 (24·36)	14·63 (16·20)	15·21 (16·36)
INFANTILE MORTALITY :					
Local Deaths	75 (82)	54 (61)	889 (1,034)	407 (468)	1,425 (1,645)
Deaths of infants whose mothers came to Durban for confinement or were brought in suffering from illness which caused death	14 (13)	3 (9)	428 (558)	26 (25)	471 (605)

The infantile mortality rate per 1,000 live births for the year was European 26·75 (31·31), Coloured 93·59 (103·74), Native 369·03 (333·88) and Asiatic 82·23 (91·85).

Causes of death were as follows :

	European	Coloured	Native	Asiatic	Total
Congenital Causes	10 (18)	3 (3)	96 (116)	51 (62)	160 (199)
Prematurity	34 (35)	15 (11)	137 (129)	84 (77)	270 (252)
Diarrhoea, etc.	3 (9)	6 (7)	283 (301)	74 (92)	366 (409)
Bronchitis, Pneumonia, etc.	9 (6)	11 (25)	222 (415)	120 (155)	362 (601)
Other	19 (14)	19 (15)	151 (73)	78 (82)	267 (184)
	75 (82)	54 (61)	889 (1,034)	407 (468)	1,425 (1,645)

	European	Coloured	Native	Asiatic	Total
BIRTHS :					
Male	1,473 (1,341)	276 (292)	1,211 (1,548)	2,542 (2,582)	5,502 (5,763)
Female	1,331 (1,278)	301 (296)	1,198 (1,549)	2,402 (2,514)	5,232 (5,637)
INFANTILE DEATHS :					
Male	47 (50)	30 (37)	474 (549)	225 (259)	776 (895)
Female	28 (32)	24 (24)	415 (485)	182 (209)	649 (750)
STILLBIRTHS :					
Local	38 (43)	21 (24)	218 (312)	186 (223)	463 (602)
Imported	3 (5)	4 (2)	236 (220)	16 (10)	259 (237)
ILLEGITIMATE BIRTHS :					
Local	33 (41)	138 (148)	1,897 (1,612)	99 (86)	2,167 (1,887)
Imported	5 (12)	8 (16)	1,719 (1,152)	11 (3)	1,743 (1,183)

For every 1,000 Female births there were 1,107 Male.

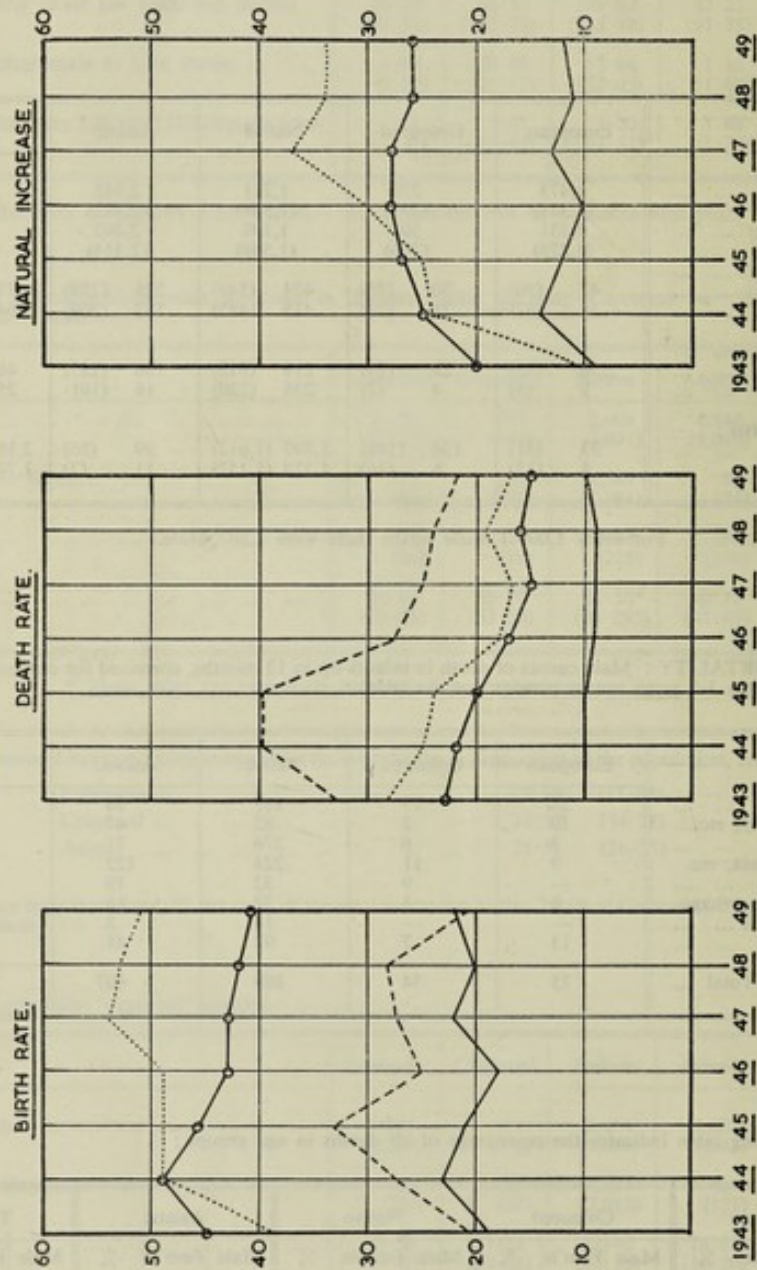
INFANTILE MORTALITY : Main causes of death in infants up to 12 months, corrected for outward transfer are as under (deaths 1-5 years are at present not available) :

	European	Coloured	Native	Asiatic	Total
Prematurity	34	15	137	84	270
Congenital Debility, etc....	10	3	82	47	142
Gastro Enteritis	3	6	276	71	356
Broncho Pneumonia, etc.	9	11	224	122	366
Malnutrition	—	9	32	19	60
Intracranial Haemorrhage	6	3	32	16	57
Congenital Syphilis	—	—	14	3	17
Sundry	13	7	92	45	157
Total ...	75	54	889	407	1,425

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

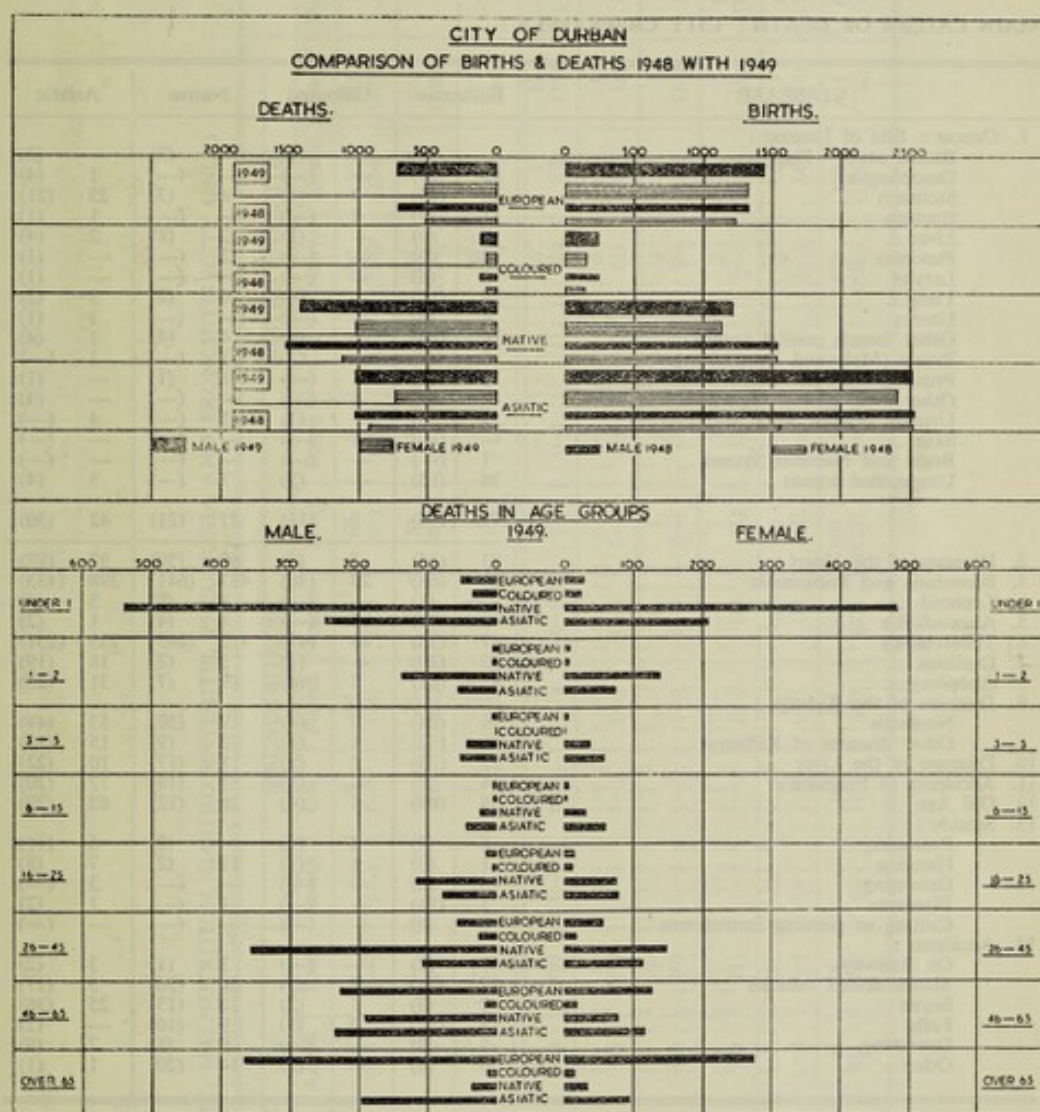
	European			Coloured			Native			Asiatic			TOTAL		
	Male	Fem'le	%	Male	Fem'le	%	Male	Fem'le	%	Male	Fem'le	%	Male	Fem'le	%
Under 1	50	29	6.4	33	24	29.3	539	480	41.5	247	207	25.2	869	740	28.3
1—2	4	6	.8	4	5	4.6	138	138	11.2	53	71	6.9	199	220	7.4
3—5	3	5	.7	1	2	1.5	41	37	3.2	51	58	6.0	96	102	3.4
6—15	57	40	7.9	38	31	35.4	718	655	55.9	351	336	38.1	1,164	1,062	39.1
16—25	5	3	.7	4	2	3.0	22	30	2.1	43	58	5.6	74	93	2.9
26—45	15	12	2.2	7	10	8.7	119	73	7.9	79	78	8.7	220	173	6.9
46—65	57	55	9.0	24	17	21.0	354	148	20.5	107	112	12.1	542	332	15.4
Over 65	229	127	28.8	18	19	19.0	190	78	10.9	233	114	19.3	670	338	17.8
	362	273	51.4	11	14	12.9	36	31	2.7	196	95	16.2	605	413	17.9
Total	725	510	—	102	93	—	1,439	1,015	—	1,009	793	—	3,275	2,411	—

COMPARISON OF BIRTH, DEATH & NATURAL INCREASE RATES
FOR THE PERIOD 1943 TO 1949.



OWING TO INCOMPLETE REGISTRATION OF BIRTHS NATIVE RATE IS UNRELIABLE

GRAPH 5.



DEATHS FROM CERTAIN MAIN CAUSES : EUROPEAN : CITY ONLY :

DISEASE	Number of Deaths		Percentage of Total Deaths	
Infective intestinal diseases (Enteric Fever, Dysentery, Diarrhoea and Enteritis)	11	(14)	·9	(1·1)
Cancer	177	(155)	14·3	(12·8)
Heart and Circulatory System	357	(331)	28·9	(27·4)
Diseases of the Nervous System	122	(105)	9·9	(8·8)
Diseases of Birth and Early Infancy ...	50	(51)	4·1	(4·2)
Pneumonia and Bronchitis	80	(68)	6·5	(5·6)
Pulmonary Tuberculosis	40	(55)	3·2	(4·5)
Other Tuberculosis	7	(3)	·6	(·2)
Urinary and Genital Systems	76	(63)	6·1	(5·2)

MAIN CAUSES OF DEATH : CITY CASES ONLY :

DISEASE	European	Coloured	Native	Asiatic
1. Cancer : Site of Disease :				
Buccal cavity—Pharynx... ..	— (5)	— (1)	— (3)	— (2)
Oesophagus	14 (9)	— (—)	— (—)	1 (4)
Stomach	48 (45)	4 (1)	6 (3)	25 (21)
Rectum	11 (9)	1 (—)	— (—)	1 (1)
Liver	7 (9)	— (1)	2 (8)	2 (4)
Pancreas	8 (6)	— (—)	2 (—)	— (1)
Larynx	2 (4)	— (—)	— (—)	— (1)
Lung	26 (18)	— (4)	9 (2)	3 (2)
Uterus	4 (2)	— (—)	— (—)	1 (1)
Other female genital organs	11 (10)	— (4)	4 (4)	1 (4)
Breast (Male and Female)	7 (9)	— (2)	1 (—)	1 (—)
Prostate	5 (4)	1 (—)	1 (1)	— (1)
Other male genital organs	— (2)	1 (—)	— (—)	— (4)
Urinary organs, Male and Female	9 (8)	— (1)	1 (—)	4 (—)
Skin	— (—)	1 (—)	— (—)	— (—)
Brain and Nervous System	1 (—)	— (—)	— (—)	— (—)
Unspecified organs	24 (15)	— (2)	1 (—)	3 (4)
	177 (155)	8 (16)	27 (21)	42 (50)
2. Diseases of the Heart	83 (85)	7 (7)	60 (50)	97 (97)
3. Bronchitis and Pneumonia	80 (68)	23 (36)	487 (641)	398 (433)
4. Typhoid	— (1)	— (—)	8 (9)	3 (4)
5. Appendicitis	3 (1)	— (—)	1 (4)	1 (2)
6. Tuberculosis	47 (58)	43 (47)	412 (449)	233 (251)
7. Diabetes	22 (20)	— (1)	1 (2)	18 (19)
8. Apoplexy	82 (61)	7 (4)	19 (7)	31 (23)
9. Diseases of the Kidneys :				
Nephritis	16 (24)	7 (4)	19 (30)	53 (49)
Other diseases of Kidneys	55 (32)	1 (1)	12 (9)	15 (12)
10. Diseases of the Liver	22 (23)	2 (1)	11 (17)	10 (22)
11. Accidents of Pregnancy	4 (6)	— (3)	11 (16)	12 (20)
12. Old Age	55 (69)	1 (4)	26 (12)	62 (39)
13. Suicide :				
Poisoning	6 (9)	2 (1)	— (2)	6 (11)
Hanging	1 (3)	1 (1)	11 (2)	7 (8)
Drowning	— (2)	— (—)	— (—)	3 (—)
Firearms	5 (11)	— (—)	1 (—)	1 (2)
Cutting or piercing instruments	2 (6)	— (—)	— (—)	— (—)
14. Accidents :				
On Railways	1 (2)	— (—)	3 (1)	3 (2)
Motor driven vehicles	12 (21)	2 (3)	26 (36)	5 (17)
Burns	1 (3)	1 (2)	11 (13)	25 (36)
Falls	13 (17)	3 (1)	9 (10)	— (2)
Drowning	5 (3)	— (—)	9 (8)	7 (9)
Other	6 (8)	— (2)	14 (20)	1 (1)

DEATHS FROM CANCER IN AGE GROUPS—CITY CASES ONLY :

Age Group	European	Coloured	Native	Asiatic	Total
Under 1	— (—)	— (—)	1 (—)	— (—)	1 (—)
6—15	1 (3)	— (—)	— (—)	— (1)	1 (4)
16—25	1 (—)	— (—)	3 (1)	— (—)	4 (1)
26—45	12 (10)	2 (4)	9 (9)	5 (15)	28 (38)
46—65	70 (63)	3 (9)	14 (8)	22 (22)	109 (102)
65 and Over ...	93 (79)	3 (3)	— (3)	15 (12)	111 (96)
Total	177 (155)	8 (16)	27 (21)	42 (50)	254 (241)

DEATHS IN AGE GROUPS : ENTERIC, MALNUTRITION, GASTRO ENTERITIS, PNEUMONIA AND BRONCHITIS (CITY ONLY) :

	ENTERIC					MALNUTRITION					GASTRO ENTERITIS					PNEUMONIA AND BRONCHITIS				
	Europ.	Col.	Native	Asiatic	Total	Europ.	Col.	Native	Asiatic	Total	Europ.	Col.	Native	Asiatic	Total	Europ.	Col.	Native	Asiatic	Total
Under 1 ...	— (—)	— (—)	1 (—)	— (—)	1 (—)	— (—)	9 (—)	35 (44)	16 (25)	60 (69)	5 (11)	7 (6)	332 (354)	72 (104)	416 (475)	10 (7)	13 (22)	260 (345)	132 (175)	415 (549)
1—2 ...	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (1)	28 (33)	5 (12)	33 (46)	3 (—)	4 (4)	102 (124)	25 (32)	134 (160)	— (4)	3 (7)	90 (141)	58 (79)	151 (231)
3—5 ...	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	1 (—)	2 (5)	5 (4)	8 (9)	— (—)	— (2)	20 (22)	17 (20)	37 (44)	— (5)	1 (3)	20 (45)	47 (60)	68 (113)
6—15 ...	— (1)	— (—)	1 (2)	2 (—)	3 (3)	— (—)	— (—)	— (1)	3 (—)	3 (1)	— (—)	— (1)	6 (2)	6 (7)	12 (10)	— (—)	— (—)	13 (22)	24 (12)	37 (34)
16—25 ...	— (—)	— (—)	4 (3)	— (1)	4 (4)	— (—)	— (—)	— (—)	— (—)	— (—)	— (1)	— (—)	4 (2)	4 (3)	8 (6)	— (1)	— (1)	22 (12)	7 (12)	29 (26)
26—45 ...	— (—)	— (—)	2 (4)	1 (2)	3 (6)	— (—)	— (—)	— (—)	1 (—)	1 (—)	1 (1)	— (—)	4 (6)	— (3)	5 (10)	7 (6)	2 (—)	42 (43)	20 (17)	71 (66)
46—65 ...	— (—)	— (—)	— (—)	— (1)	— (1)	— (—)	1 (—)	— (—)	— (1)	1 (1)	1 (1)	— (—)	2 (—)	2 (2)	5 (3)	17 (15)	1 (1)	30 (25)	57 (41)	105 (82)
Over 65 ...	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	1 (1)	1 (1)	1 (—)	— (—)	2 (—)	4 (4)	7 (4)	46 (30)	3 (2)	10 (8)	53 (37)	112 (77)
Total ...	— (1)	— (—)	8 (9)	3 (4)	11 (14)	— (—)	11 (1)	65 (83)	31 (43)	107 (127)	11 (14)	11 (13)	472 (510)	130 (175)	624 (712)	80 (68)	23 (36)	487 (641)	398 (433)	988 (1,178)

DEATHS FROM ALL CAUSES :

Code No.	DISEASE	CITY				IMPORTED			
		Eur.	Col.	Native	Asiatic	Eur.	Col.	Native	Asiatic
Diseases due to Bacteria :									
001	Typhoid...	—	—	8	3	2	—	11	1
008	Cerebral Spinal Meningitis...	2	—	3	3	1	—	1	1
011	Whooping Cough ...	—	1	7	5	—	—	3	—
012	Diphtheria ...	—	2	12	6	1	—	12	1
014	Tetanus ...	1	—	3	2	1	—	1	1
Tuberculosis of :									
015	Respiratory System ...	40	40	351	207	22	8	513	37
016	Central Nervous System ...	5	1	16	13	—	—	15	—
017	Intestines and Peritoneum ...	—	1	5	1	—	—	13	—
018	Vertebral Column ...	—	—	6	1	—	—	7	—
019	Other bones and joints ...	—	—	—	1	—	—	—	—
021	Lymphatic System ...	—	1	—	—	—	—	—	—
022	Genito-urinary System ...	1	—	—	—	—	—	2	—
023	Other Organs ...	—	—	1	—	—	—	2	—
024	Miliary ...	1	—	33	10	1	—	38	1
Dysentery :									
032	Bacillary ...	—	—	13	2	—	1	17	—
033	Amoebic ...	—	2	76	12	—	3	84	1
Diseases due to Spirochaetes :									
042	Aneurysm of the Aorta ...	12	1	2	1	1	—	3	1
043	Congenital Syphilis ...	—	—	15	3	—	—	13	—
044	Other forms ...	—	—	7	3	—	—	9	1
Diseases due to filterable Viruses :									
049	Influenza...	3	—	1	3	—	—	2	—
052	Measles ...	1	1	2	1	—	—	3	—
053	Poliomyelitis ...	—	—	—	1	2	—	1	—
054	Encephalitis ...	2	—	—	2	—	—	—	—
Typhus, etc. :									
064	Tick bite fever ...	—	—	—	—	1	—	—	—
Infective and Parasitic Diseases :									
075	Lymphogranulomatosis ...	1	—	—	—	1	—	—	—
Cancer and other Tumours :									
101	Oesophagus ...	14	—	—	1	3	—	3	—
102	Stomach and duodenum ...	48	4	6	25	18	1	7	—
103	Rectum ...	11	1	—	1	1	—	3	1
104	Liver ...	7	—	2	2	4	—	12	—
105	Pancreas ...	8	—	2	—	1	—	2	—
107	Larynx ...	2	—	—	—	—	—	—	—
109	Lung ...	26	—	9	3	7	—	3	—
110	Uterus ...	4	—	—	1	1	—	1	—
111	Other Female genital organs ...	11	—	4	1	2	—	7	3
112	Breast ...	7	—	1	1	2	2	1	—
113	Prostate ...	5	1	1	—	2	—	1	1
114	Other male genital organs ...	—	1	—	—	—	—	—	—
115	Male and female urinary organs ...	9	—	1	4	4	—	—	1
116	Skin...	—	1	—	—	—	—	—	—
117	Brain and Nervous system...	1	—	—	—	—	—	—	—
119	Unspecified Organs ...	24	—	1	3	5	1	5	1
Tumours of Undetermined Nature :									
135	Brain ...	2	—	2	1	—	—	1	—
Rheumatism :									
149	Acute Rheumatic Fever ...	1	—	—	2	—	—	1	1
150	Osteo Arthritis ...	7	—	—	4	—	—	—	—
152	Diabetes ...	22	—	1	18	1	—	1	—
Other General Diseases :									
163	Malnutrition ...	—	11	65	31	—	—	144	6
Vitamin Deficiency Diseases :									
167	Beri-beri ...	—	—	1	—	—	—	—	—
168	Pellagra ...	—	—	7	1	—	—	6	—
169	Rickets ...	—	—	1	1	—	—	—	—
Diseases of the Blood :									
203	Pernicious Anaemia ...	5	1	—	2	—	—	—	—
206	Unspecified Anaemias ...	1	—	2	8	—	—	1	2
207	Leukaemia ...	15	—	5	2	2	—	1	—
210	Bantis Disease ...	—	—	1	1	—	—	—	—
211	Diseases of the Spleen ...	—	—	—	—	1	—	—	—
Chronic Poisoning and Intoxication :									
250	Acute Alcoholism...	—	—	1	—	—	—	1	—
251	Chronic alcoholism ...	1	—	—	1	—	—	—	—
258	Unspecified Poisoning ...	1	—	9	7	—	—	11	—

Code No.	DISEASE	CITY				IMPORTED			
		Eur.	Col.	Native	Asiatic	Eur.	Col.	Native	Asiatic
Diseases of the Nervous System :									
300	Intra cranial abscess	—	—	1	—	—	—	—	—
303	Meningitis	3	—	11	21	2	—	7	1
305	Cerebral Haemorrhage	82	7	19	31	14	—	4	2
306	Cerebral Thrombosis	23	—	6	7	5	—	3	1
307	Hemiplegia	8	1	3	33	1	—	3	2
309	Epilepsy	1	1	1	5	—	—	2	1
310	Convulsions	1	—	3	3	—	—	3	—
312	Neuritis	—	—	—	—	—	—	1	—
313	Paralysis Agitans	3	—	—	—	—	—	—	—
316	Diseases of the Organs of Vision ...	—	—	—	—	—	—	2	—
317	Mastoiditis	1	—	3	—	—	—	3	—
Diseases of the Circulatory System :									
350	Chronic Pericarditis	—	—	1	—	—	—	—	—
351	Other Pericarditis	1	1	1	1	1	—	3	—
352	Acute endocarditis	3	1	1	5	—	—	2	—
353	Valvular disease	2	1	—	3	1	—	—	—
356	Myocarditis specified as rheumatic ...	3	—	8	18	2	—	7	3
357	Other Myocarditis	80	7	52	79	19	1	38	5
358	Diseases of the Coronary arteries ...	147	4	10	38	24	1	2	1
362	Arterio Sclerosis	54	4	13	17	9	—	13	—
363	Gangrene	1	—	1	1	1	—	—	—
364	Other diseases of the Arteries	3	—	6	3	2	—	1	—
366	Diseases of the Lymphatic System ...	1	—	1	—	—	—	—	—
367	High Blood Pressure	1	—	—	4	—	—	—	—
368	Other diseases of the Circulatory system	61	7	36	84	15	—	25	3
Diseases of the Respiratory System :									
401	Diseases of the Larynx	1	—	1	1	—	—	—	—
402	Acute Bronchitis	9	1	7	72	3	—	3	—
403	Chronic Bronchitis	9	1	6	40	1	—	—	—
404	Broncho Pneumonia	46	16	354	230	7	1	196	4
405	Lobar Pneumonia... ..	16	5	120	56	5	—	59	2
407	Empyema	1	—	2	—	—	—	2	—
408	Unspecified forms of Pleurisy	—	—	1	2	1	—	—	—
409	Pulmonary Embolism	8	3	2	1	1	—	4	—
410	Congestion of the Lungs	3	—	3	2	—	—	—	—
411	Asthma	19	1	2	35	2	—	3	1
413	Miners-phthisis without Tuberculosis	2	—	—	—	—	—	—	—
416	Gangrene of the Lungs	—	—	—	—	—	—	2	—
417	Abscess of the Lungs	1	1	5	2	1	—	3	—
418	Other diseases of the respiratory system	1	—	—	1	1	—	—	—
Diseases of the Digestive System :									
455	Ulcer of the Stomach	3	—	—	1	—	—	—	—
456	Ulcer of the duodenum	6	—	1	1	1	—	1	—
457	Other diseases of the Stomach	1	—	—	—	—	—	—	—
458	Diarrhoea and Enteritis (under 2 years of age)	8	11	437	101	3	2	149	3
459	Diarrhoea and Enteritis (2 years of age and over)	3	—	35	29	1	—	21	2
461	Appendicitis	3	—	1	1	—	—	—	—
462	Hernia	2	—	3	2	—	—	—	—
463	Intestinal Obstruction	8	2	10	7	1	—	7	2
466	Cirrhosis of Liver without mention of alcoholism	9	—	2	4	1	—	2	—
467	Cirrhosis of Liver with mention of alcoholism	5	—	2	3	1	—	11	—
468	Yellow atrophy of Liver	5	1	5	2	—	—	2	1
469	Other diseases of the Liver	3	1	2	1	—	—	1	1
471	Cholecystitis	2	—	—	1	—	—	1	—
472	Diseases of the Pancreas	—	—	4	—	—	—	1	—
473	Peritonitis	7	2	6	4	1	1	19	1
Diseases of the Urinary and Genital System :									
500	Acute Nephritis	2	2	11	37	—	—	8	—
501	Chronic Nephritis... ..	14	5	8	16	2	—	8	—
503	Pyelitis	4	—	2	1	—	—	2	—
504	Others	51	1	10	14	7	1	15	2
505	Calculi of the urinary system	1	—	—	—	—	—	—	—
506	Cystitis	—	—	—	—	—	—	1	—
507	Diseases of the bladder	—	—	—	1	—	—	—	—
510	Diseases of the Prostate	4	—	—	—	—	—	2	—
512	Diseases of the Ovaries	—	—	1	—	—	—	—	—
513	Diseases of the uterus	—	—	1	—	—	—	2	—
514	Diseases of the breast... ..	—	—	1	—	—	—	—	—
Diseases of Pregnancy :									
550	Abortion—spontaneous	1	—	1	—	—	—	3	—
554	Ectopic Gestation... ..	—	—	1	—	—	—	1	—
555	Haemorrhage from Placenta Praevia ...	—	—	—	—	—	—	1	—
558	Eclampsia of Pregnancy	1	—	3	3	—	—	2	1
573	Puerperal Toxaemias	—	—	1	1	—	—	2	—
574	Accidents of Child Birth	2	—	5	8	1	—	9	1

Code No.	DISEASE	CITY				IMPORTED			
		Eur.	Col.	Native	Asiatic	Eur.	Col.	Native	Asiatic
	Diseases of the Skin :								
601	Cellulitis	1	—	1	1	—	—	—	—
602	Other diseases of the Skin... ..	1	—	—	—	—	—	—	—
	Diseases of the Bones :								
650	Osteomyelitis	—	—	—	—	—	—	3	—
653	Diseases of the organs of Movement	1	—	—	1	1	—	—	—
	Congenital Malformations :								
700	Congenital Hydrocephalus	1	2	—	1	—	—	1	—
701	Spina Bifida	2	—	1	1	1	—	—	—
702	Congenital Malformation of the heart	1	—	—	2	—	—	—	—
703	Monstrosities	1	—	—	—	—	—	—	—
705	Cleft Palate	—	—	—	2	—	—	—	—
709	Unspecified Malformations	—	—	1	1	—	—	—	—
	Diseases Peculiar to first year of Life								
750	Congenital debility	2	1	77	46	—	—	23	1
751	Prematurity	34	15	142	93	6	—	79	4
752	Intra cranial birth injuries	3	2	33	14	—	1	33	1
754	Asphyxia—atelectasis	2	—	4	2	—	—	—	1
755	Maternal Toxaemia	1	—	—	—	—	—	—	—
758	Other Specified diseases	8	3	39	16	1	1	18	2
	Senility and Old Age :								
800	Senility	55	1	26	62	11	—	20	6
	Violent and Accidental Deaths :								
	Suicide :								
850	Corrosive Poisoning	6	2	—	6	—	—	—	1
856	Hanging or strangulation	1	1	11	7	1	—	2	—
857	Drowning	—	—	—	3	—	—	—	—
858	Firearms	5	—	1	1	1	—	—	1
859	Cutting or piercing instruments	2	—	—	—	1	—	—	—
860	Jumping from High Places	2	—	—	—	1	—	—	—
861	Crushing on Railways	1	—	1	—	—	—	—	—
863	Unspecified means	2	1	2	2	—	—	—	—
	Homicide :								
865	Firearms	1	—	1	—	—	—	—	1
866	Cutting or piercing instruments	—	2	60	25	—	—	7	—
867	Unspecified means	1	1	1	—	—	—	—	—
	Accidental Deaths :								
868	Accidents on Railways	1	—	3	3	1	—	5	1
871	Accidents—Motor driven road Vehicles	10	2	22	5	—	—	12	—
874	Accidents—Motor driven cycles	1	—	—	—	—	—	—	—
875	Accidents—Trams and Trolley buses	1	—	4	—	—	—	—	—
877	Accidents—Pedal Cycles	2	—	3	—	—	—	—	—
879	Accidents—Air Transport	—	—	—	—	1	—	—	—
881	Accidents—In Quarries	—	—	1	—	—	—	—	—
882	Accidents—Farm Machinery Vehicles	—	—	—	—	—	—	1	—
886	Accidents—Machinery	2	—	1	—	—	—	—	—
889	Accidents—Accidental Poisoning	—	—	2	—	—	—	1	—
891	Accidents—Burns	1	1	11	25	—	—	14	8
892	Accidents—Mechanical Suffocation	—	—	—	—	—	—	1	—
893	Accidents—Drowning	5	—	9	7	1	—	5	4
894	Accidents—Injury by Firearms	1	—	3	—	—	—	1	—
895	Accidents—Injury by cutting instruments	—	—	1	—	—	—	—	—
896	Accidents—Injury by fall	13	3	9	—	3	—	2	—
897	Accidents—Injury by landslide or crushing	—	—	3	—	—	—	2	—
900	Hunger or thirst	—	—	3	—	—	—	1	—
904	Accidents due to Electric Currents	1	—	3	—	—	—	1	1
906	Anaesthetic Accidents	—	—	—	1	—	—	—	—
907	Lack of Care of the Newborn	—	—	1	—	—	—	—	—
908	Unspecified Accidents	—	—	—	—	—	—	1	—
916	Open Verdict... ..	11	—	12	—	2	—	—	—
951	Ill defined causes	11	1	46	40	4	—	24	6
952	Found dead, cause unknown	—	—	—	1	—	—	—	—
		1,235	195	2,454	1,802	260	25	1,881	139

2. INFECTIOUS DISEASES NOTIFIED DURING THE YEAR :

DISEASE	European		Coloured		Native		Asiatic	
Cerebro Spinal Meningitis :								
Local Cases	4	(13)	—	(2)	15	(15)	7	(5)
Imported Cases	2	(3)	—	(—)	4	(4)	3	(2)
Local Deaths	2	(2)	—	(—)	3	(2)	3	(7)
Imported Deaths	1	(1)	—	(1)	1	(1)	1	(2)
Diphtheria :								
Local Cases	95	(73)	21	(8)	66	(93)	39	(18)
Imported Cases	34	(21)	2	(3)	47	(40)	11	(8)
Local Deaths	—	(1)	2	(—)	12	(12)	6	(5)
Imported Deaths	1	(2)	—	(—)	12	(16)	1	(—)
Encephalitis :								
Local Cases	1	(4)	—	(—)	—	(2)	—	(—)
Imported Cases	—	(—)	—	(—)	—	(1)	—	(—)
Local Deaths	2	(1)	—	(—)	—	(2)	2	(2)
Erysipelas :								
Local Cases	11	(9)	1	(5)	2	(2)	—	(—)
Imported Cases	—	(—)	—	(—)	1	(1)	—	(—)
No Deaths recorded								
Leprosy :								
Local Cases	—	(1)	—	(—)	11	(17)	—	(—)
Imported Cases	1	(—)	—	(—)	3	(3)	—	(—)
No Deaths recorded								
Malaria :								
Local Cases	—	(—)	—	(—)	—	(—)	—	(—)
Imported Cases	—	(4)	—	(—)	—	(4)	—	(1)
Local Deaths	—	(4)	—	(—)	—	(2)	—	(—)
Malta Fever :								
Local Cases	—	(—)	—	(1)	—	(—)	—	(—)
No Deaths recorded								
Poliomyelitis :								
Local Cases	14	(89)	3	(14)	8	(16)	3	(22)
Imported Cases	9	(7)	—	(—)	2	(23)	1	(4)
Local Deaths	—	(5)	—	(1)	—	(1)	1	(4)
Imported Deaths	2	(2)	—	(—)	1	(—)	—	(—)
Puerperal Sepsis :								
Local Cases	—	(1)	—	(1)	—	(8)	1	(5)
Imported Cases	—	(—)	—	(—)	—	(1)	—	(1)
Local Deaths	—	(—)	—	(—)	1	(1)	1	(3)
Imported Deaths	—	(1)	—	(—)	2	(4)	—	(—)
Scarlet Fever :								
Local Cases	83	(72)	—	(4)	—	(—)	—	(—)
Imported Cases	9	(6)	1	(—)	2	(1)	—	(—)
No Deaths recorded								
Smallpox :								
Local Cases	—	(—)	—	(—)	—	(1)	—	(—)
Imported Cases	—	(—)	—	(—)	1	(1)	—	(—)
No Deaths recorded								
Tick Bite Fever :								
Local Cases	2	(1)	—	(—)	—	(1)	—	(—)
Imported Cases	—	(1)	—	(—)	—	(1)	—	(—)
No Deaths recorded								
Trachoma :								
Local Cases	—	(1)	—	(—)	1	(—)	—	(—)
Imported Cases	2	(—)	—	(—)	—	(—)	—	(—)
No Deaths recorded								
Typhoid :								
Local Cases	12	(7)	5	(7)	21	(57)	10	(24)
Imported Cases	27	(9)	4	(2)	44	(27)	17	(18)
Local Deaths	—	(1)	—	(—)	8	(9)	3	(4)
Imported Deaths	2	(2)	—	(—)	11	(16)	1	(1)
Typhus (Murine) :								
Local Cases	—	(3)	—	(—)	—	(—)	—	(—)
No Deaths recorded								
Undulant Fever :								
Imported Cases	—	(1)	—	(—)	—	(—)	—	(—)
No Deaths recorded								

2. INFECTIOUS DISEASES : Apart from the 'fade out' of the Poliomyelitis epidemic—which began in March, 1948—the City was singularly free from outbreaks of notifiable infectious disease during the period under review, i.e., twelve months from 1st July, 1948.

FORMIDABLE EPIDEMIC DISEASES

SMALLPOX : In view of the prevalence of Smallpox in the Transvaal, a circular letter was sent to all Durban medical practitioners in June, 1949, drawing their attention to the virulent nature of the infection and to the risk of its introduction into the Durban area. Within a few days, the Boksburg health authorities advised the Department that one Indian family, suspected to be suffering from Smallpox, had left that town with the intention of residing in Durban, and two others had left Boksburg Asiatic Bazaar, where there had been an outbreak of the disease, for a specified local address.

Despite an intensive search, none of these families was traced. Later, the Department was notified that the first-mentioned family had returned to Boksburg with all its members showing signs of having recently recovered from Smallpox. It transpired that this family, at any rate, had not visited Durban.

As a precautionary measure, however, arrangements were made for emergency vaccination facilities to be made available to all racial groups.

The Government Health Centres at Clairwood, Springfield and Newlands materially assisted the Department in this connection by carrying out intensive vaccination programmes in their respective areas. The Natal Indian Congress also assisted voluntarily by opening up vaccination stations for members of their own community at Clairwood and Mayville. Grateful acknowledgment is hereby made to these agencies for their support and co-operation.

On 20th June, 1949, a four year old Indian child died of Smallpox at Edendale near Pietermaritzburg. Later in the month, two further cases occurred in the same family.

The year thus closed under a threat of Smallpox being introduced from inland areas, a situation which could be met with steady confidence owing to the high degree of immunity which was known to exist amongst the town's people.

This was a legacy from the mass vaccination programme carried out during the epidemic of 1944/1945, when practically the whole population was protected. In the interim, municipal programmes of vaccination had been considerably expanded and actively maintained from 1947 onwards as reflected in the figures shown in the subjoined table. There was, therefore, good reason to be optimistic.

Some recent trends in the etiology, pathogenesis and control of Smallpox appeared in 'The Lancet' of 11th December, 1948, in the form of an article 'The Pathogenesis of the Acute Exanthems' by Dr. Frank Fenner of Melbourne. Interpreting the results of his experimental investigations on mice with a murine pox representative of the mammalian diseases, the author concluded that a complicated series of events occur between infection and the end of the incubation period in Smallpox, Chickenpox and Measles and that virus multiplies in the skin for several days before any lesions appear.

Dr. Fenner refers to the work of Paschen (1932) who 'reported he had obtained evidence of the infections of the throat, with multiplication of the virus in that site in contacts examined during the incubation period.'

This mode of infection is also discussed in the 'Medical Officer' of 30th July, 1949, in a commentary on a paper published by Dr. C. W. Dixon of the University of Leeds on an outbreak of Smallpox in Tripolitania in 1946.

"Dr. Dixon holds that the main conveyance of Smallpox is by respiratory droplets and that any other way is exceptional. If this is true, and we believe it is, the most satisfactory way of controlling outbreaks is by what he calls 'Expanding Ring Vaccination' on the supposition, that Smallpox behaves like other droplet infections and that the maximum incidence would be expected in the family concerned, the chance of infection decreasing as the distance from the family centre increased." He rejects general mass vaccination not only 'because the cost and complications from mass vaccination may be more important than the disease itself but also because, if his theory of the spread of the disease is correct, mass vaccination is theoretically unsound.'

Whilst the arguments regarding mass vaccination may be applicable to the circumstances of Britain and Tripolitania where the well-being and interests of closed and stable communities are at stake, they are certainly not valid here in the proximity of several extensive Native reserves. Between the City and the Reserves there is a constant flow of human traffic such that the chances of infection being introduced to the town require no emphasis. Nor does the argument relating to complications apply to local circumstances in that Encephalitis is conspicuously absent and vaccinia only rarely encountered.

The third paper related to a report on the subject of vaccination which appeared in the 'American Journal of Public Health' of April, 1948, in which Dr. M. S. Muckenfuss briefly discusses the experience of the New York health authorities in connection with an intensive campaign in that City, when more than six million vaccinations were performed. It is interesting to note that well over half of those vaccinated in a follow-up group showed either primary or accelerated reactions, 'evidence that the susceptible population was sufficient to make a major epidemic possible.'

Thus, mass vaccination must remain the sheet-anchor of preventive control against Smallpox locally. **VACCINATIONS :** Returns submitted by the courtesy of Deputy Chief Health Officer for Natal, Union Department of Health, and compiled from Government records :

Infants :

Births in vaccination register	4,406
Successfully vaccinated	1,797
Insusceptible to vaccination	84
Postponed owing to illness	8
Previously had Smallpox	—
Deaths of children under 2 years registered	191

12 Years Old and Others :

Successfully vaccinated	45
Insusceptible to vaccination	3
Postponed owing to illness	—
Exemption certificates granted	18
Exemption certificates refused	—

Indian Immigration Vaccination :

Births entered in register	3,349
Successfully vaccinated	247
Insusceptible to vaccination	1
Postponed owing to illness	5
Deaths of children under 12 years registered	705

12 Years Old and Others :

Successfully vaccinated —

City Health Department :

Europeans	6,880
Coloureds	2,917
Natives	18,914
Asiatics	27,604
	<u>56,315</u>

Government Health Centres :

Europeans	400
Coloureds	1,550
Natives	14,403
Asiatics	3,890
	<u>20,243</u>

Municipal Native Administration Department :

Natives 100,260

Natal Indian Congress (June, 1949) :

Asiatics 528

TYPHUS : No City cases of either the epidemic or the endemic (murine) types of this disease were notified. This compares favourably with the previous year's return of nine cases of murine typhus, seven of which occurred amongst Europeans.

There has been no improvement as regards the provision of cleansing and de-lousing facilities to which attention has been directed in previous reports. The introduction of D.D.T. has modified previous conceptions and simplified practice in regard to de-verminisation so that the proposal to establish a public cleansing station may safely be deferred.

No notifications of **Plague, Asiatic Cholera, Yellow Fever or African Sleeping Sickness** were received during the year.

The provision of a hot water supply at barracks and compounds is a matter of more immediate public health import and is being actively prosecuted.

TYPHOID : There was a sharp and gratifying decline in the incidence of this disease, only 48 cases being notified as compared with 95 last year and 210 the year previous. The racial distribution was as follows :

EUROPEANS : 12 ; COLOURED : 5 ; NATIVES : 21 ; ASIATICS : 10.

The lessened incidence was mainly reflected in the Bantu section of the population with a decrease of 36 cases. This happy result may be partly due to the extensive programme of health education in food-handling and immunisation which the Department has developed.

The administrative problem of dealing with Typhoid 'carriers' is well illustrated by the following :

During a routine follow-up, it was discovered that a Typhoid patient (female) had been discharged from a nursing home without the terminal pathological examinations having been performed and that she had proceeded to another Province to convalesce. As she owned a small boarding establishment where she also acted as a cook, she was forbidden on her return from preparing or handling food, pending the result of laboratory examinations. These disclosed that she was a chronic 'bowel' and 'urinary' excretor of Typhoid bacilli. It is of further interest to record that the Vi-reaction was negative and that her strain of *Salmonella Typhi* could not be 'typed.'

In another instance, a neighbouring local authority reported that a Typhoid 'carrier'—a young adult Bantu male—had come to work in Durban. He went home to Umzinto before he could be traced. The Municipal Native Administration Department was duly notified and requested to communicate with this office should this Native report for registration. Within a few weeks, the Department notified his return to Durban and his engagement as a domestic servant. He was immediately admitted to hospital where the 'carrier' state was confirmed. The determination of this patient's phage type proving difficult, it was ultimately referred to Dr. Felix of London, who reported that the strain was possibly a new type.

The Vi-testing programme for the year included members of the following food-handling groups : Dairies, Ice-cream Factories, Tea-rooms, Milk-bars, etc., Margarine Factories, Native Eating-houses.

The numbers examined in the above categories are shown in the subjoined table :

	Europeans	Natives	Asiatics	Total
Dairies	6	1,259	29	1,294
Tea-rooms, milk bars, etc.	11	69	24	104
Ice-cream factories	3	90	3	96
Margarine factories	7	41	—	48
Native Eating-houses	—	121	—	121
Miscellaneous	—	52	4	56
Typhoid Contacts and ex-cases	1	8	—	9
Total	28	1,640	60	1,728
Vi-negative	27	1,586	58	1,671
Vi-positive	1	54	2	57

Percentage positive = 3.3%.

In March, 1949, the principals and matrons of 29 residential institutions, mainly schools, were invited to co-operate in vi-testing and health supervising food-handlers employed by them. The response has not been wholly satisfactory and further representations are being made.

On 29th August, 1948, the S.S. 'Toscana' left Zanzibar with 16 cases of Typhoid on board, en route to Durban. A conference was convened by the Port Health Officer to discuss precautionary measures to be adopted on the ship's arrival. By agreement with the Provincial Administration, arrangements were made to accommodate

the patients at the Infectious Diseases Hospital (which was then administered by the City Health Department) on the basis that medical and nursing services would be provided by the Medical Superintendent, King Edward VIII General Hospital.

On 3rd September, 20 seriously ill patients, all passengers, were removed to Hospital.

Of the 60 cases in all, none occurred amongst the first-class passengers or crew. It appeared, from the history, that the first case occurred in a young European woman, who fell ill about the 14th September, on the voyage between Mogadicio and Mombasa, and died a few hours before landing.

The outbreak subsided a few days before the arrival of the ship at Durban and no further cases occurred amongst the passengers after disembarkation. Officials of this Department collaborated with the Port Health authorities in probing into the origin of the outbreak. It was obvious that an enquiry instituted at the termination of a voyage into an outbreak which had commenced three weeks previously was beset with many difficulties. As a result of the investigation, it appeared that the source of infection was unrelated to any food-handler on the ship. A contamination of utensils through the medium of those used by the first patient may be suspected.

POLIOMYELITIS : The Poliomyelitis outbreak which commenced in March, 1948, subsided by the end of June, but odd cases occurred until the beginning of November.

19 Cases were notified during the first four months of the period under review. Sporadic cases occurred in January, March and April, whilst in June 5 cases were reported, bringing the total notifications for the year up to 28.

DIPHTHERIA : 221 Cases comprising 95 Europeans, 21 Coloureds, 66 Natives and 39 Indians were notified as compared with 192 cases for the previous year.

Immunisation against the disease amongst the non-European section of the community is unsatisfactory owing to the fact that many do not report for the second inoculation. A 'one-shot' method would prove a great boon, particularly for non-Europeans, among whom the disease is yearly becoming more prevalent.

SCARLET FEVER : Incidence was practically the same as for the preceding year, 83 cases being notified as against 76. All the patients were Europeans.

CEREBRO-SPINAL MENINGITIS : The number of notifications decreased, 26 cases being reported as against 35 last year. Amongst Europeans, cases declined from 13 to 4, whilst the number of Native cases remained the same, namely 15.

OTHER INFECTIOUS DISEASES :

INFECTIVE HEPATITIS : Two small outbreaks, one in a boarding-house and the other in a block of flats, were investigated. From a scrutiny of the records of two Durban hospitals, it would emerge that the disease is not uncommon amongst all local racial groups.

According to information, hospital nurses appear to be a vulnerable group.

As infective hepatitis is not notifiable, its true incidence is not known. The disease certainly seems to offer a useful field for further investigation.

IMMUNISATION : The immunisation programme continues to expand and definite results are beginning to accrue in the prevention of Enteric or Typhoid Fever, Diphtheria, Whooping Cough and Smallpox.

Among all races, statistics show a general increase in the popularity of this free service. A study of the relevant graph will indicate the marked decrease in the incidence of Diphtheria among Europeans.

Many more Asiatics were immunised against Diphtheria as compared with last year. This was largely due to the fact that, after the January riots, a large number of Asiatics concentrated in various camps, which were accessible for completion of the course of injections. Although every effort is made to ensure that immunisation courses are completed, immunisation against Diphtheria and Typhoid has not proved successful at the Mobile Clinics in the outlying non-European districts.

SCHOOL SESSIONS : By arrangement with the Natal Education authority, approximately 60 schools, comprising Europeans, Coloureds, Natives and Asiatics, were visited by a mobile unit and all children, not previously protected, were immunised against Diphtheria and vaccinated against Smallpox.

Owing to the threat of Smallpox from the hinterland, the number of people vaccinated against the disease increased by over 30,000 as compared with the previous year.

At the request of industrialists, many factories were visited and employees were vaccinated against Smallpox.

CANCER : Tables compiled from the returns of the Register of Births and Deaths are appended. These show the number of deaths in various age groups during the year 1947/1948 and the anatomical sites affected in respect of the various racial groups, for the period 1945/1949.

DEATHS FROM CANCER IN AGE GROUPS, 1947-1949 :

Age Group	European			Coloured			Native			Asiatic		
	1947	1948	1949	1947	1948	1949	1947	1948	1949	1947	1948	1949
0-1	—	—	—	—	—	—	—	—	1	—	—	—
1-2	—	—	—	—	—	—	—	—	—	—	—	—
3-5	—	—	—	—	—	—	—	—	—	—	—	—
6-15	1	3	1	—	—	—	—	—	—	—	1	—
16-25	—	—	1	—	—	—	1	1	3	2	—	—
26-45	7	10	12	2	4	2	11	9	9	10	15	5
46-65	43	63	70	2	9	3	12	8	14	22	22	22
Over 65	67	79	93	2	3	3	2	3	—	16	12	15
Total	118	155	177	6	16	8	26	21	27	50	50	42

DEATHS FROM CANCER, 1945-1949 :

	EUROPEAN					COLOURED					NATIVE					ASIATIC				
	1945	1946	1947	1948	1949	1945	1946	1947	1948	1949	1945	1946	1947	1948	1949	1945	1946	1947	1948	1949
Pharynx	1	5	3	5	14	—	—	—	1	—	—	—	—	3	—	1	—	—	2	—
Oesophagus	5	5	33	9	48	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—
Stomach	60	43	12	45	11	—	—	—	1	4	—	—	—	3	6	22	10	21	21	25
Rectum	5	11	9	9	7	—	—	—	—	—	—	—	—	—	—	—	—	3	1	1
Liver	7	11	5	6	8	—	—	—	—	—	—	—	—	—	—	—	—	4	4	2
Pancreas	5	10	5	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Other Digestive Organs...	—	8	—	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Larynx	7	3	18	18	26	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—
Lung	7	21	1	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Uterus	8	12	5	10	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Female Genital Organs	5	6	5	5	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Breast	10	13	17	9	5	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
Prostate	4	1	3	2	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Male Genital Organs	1	1	—	2	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
M. & F. Urinary Organs	12	8	2	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Skin	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brain	3	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bones	1	3	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other and Unspecified	3	7	—	14	24	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
Total	145	169	118	155	177	11	6	6	16	8	28	41	26	21	27	37	26	50	50	42
Rate per 1,000 of Population	1.4	1.4	.9	1.2	1.4	1.2	.6	.6	1.5	.7	.4	.4	.3	.2	.3	.4	.2	.3	.3	.3

TOTAL DEATHS AND PERCENTAGE OF DEATHS FROM CANCER, 1945-1949 :

	1945	%	1946	%	1947	%	1948	%	1949	%
Pharynx	2	.9	5	2.1	—	—	11	4.5	—	—
Oesophagus	6	2.7	5	2.1	6	3.0	13	5.4	15	5.9
Stomach	89	40.3	57	23.5	64	32.0	70	28.9	83	32.7
Rectum	7	3.1	13	5.4	15	7.5	10	4.3	13	5.1
Liver	16	7.2	23	9.5	16	8.0	22	9.0	11	4.3
Pancreas	7	3.1	14	5.8	5	2.5	7	2.9	10	3.9
Other Digestive Organs	—	—	8	3.3	—	—	1	.4	—	—
Larynx	9	4.1	3	1.2	4	2.0	5	2.1	2	.8
Lung	8	3.6	26	10.8	23	11.5	26	10.8	38	15.0
Uterus	11	5.0	19	7.9	1	.5	3	1.2	5	2.0
Other Female Genital Organs	8	3.6	14	5.8	12	6.0	22	9.0	16	6.3
Breast	13	5.9	20	8.6	25	12.5	11	4.5	9	3.1
Prostate	7	3.1	3	1.2	6	3.0	6	2.4	7	2.8
Other Male Genital Organs	1	.4	1	.4	2	1.0	6	2.4	1	.4
M. & F. Urinary Organs	23	10.4	11	4.5	4	2.0	9	3.7	14	5.5
Skin	1	.4	—	—	1	.5	—	—	1	.4
Brain	3	1.4	1	.4	1	.5	—	—	1	.4
Bones	3	1.4	7	2.9	1	.5	—	—	—	—
Other and Unspecified	7	3.1	12	5.0	14	7.0	20	8.6	28	11.0
Total	221		242		200		242		254	
Rate per 1,000 of Population ...	.8		.8		.6		.7		.7	
ALL RACES										

3. TUBERCULOSIS :

MORTALITY AND MORBIDITY.

(a) The number of known cases of Tuberculosis in Durban is as follows :

	European	Coloured	Native	Asiatic	All Races
Respiratory	791	415	3,176	1,355	5,737
Non-Respiratory	141	62	213	76	492
All Forms	932	477	3,389	1,431	6,229

(b) The following tables of vital statistics refer to the numbers of new cases of Tuberculosis notified and of deaths recorded, City and Imported, during the previous twelve months both are set out hereunder. City cases are also tabulated in age-groups. In addition, notifications and deaths and their respective rates per thousand of the population, are compared over the previous seven-year period. These comparative rates are also illustrated graphically.

(c) As regards City cases, the death-rate for all races combined has dropped from 1.89 to 1.71 per thousand. This is the first occasion on which the death-rate has declined simultaneously in each of the four races concerned. In addition to this, reference to the graph will show over the last few years a more or less steady and satisfactory diminution in the Pulmonary Tuberculosis death-rate in respect of each race, but particularly as regards the three non-European Sections.

With regard to age-groups, it will be observed that the incidence of the disease is highest in the age-group 26-45 years, in all races, Asiatics who suffered most at an earlier age, viz., 16-25 years. It should also be noted that this year there has been an unusual incidence among Coloured infants. The greatest number of deaths also occurred in the age-group 26-45 years, but in the case of Europeans the preponderance this year has shifted to the age-group 46-65 years.

STATISTICS

	European	Coloured	Native	Asiatic	Total
(a) Notifications :					
(i) Pulmonary :					
Local cases	189 (176)	153 (139)	1018 (1163)	465 (543)	1825 (2021)
Imported cases	52 (55)	21 (21)	1373 (1328)	106 (149)	1552 (1553)
(ii) Non-Pulmonary :					
Local ... cases	9 (10)	7 (15)	86 (78)	54 (35)	156 (138)
Imported cases	— (—)	— (—)	208 (168)	10 (20)	218 (188)
(b) Deaths :					
(i) Pulmonary :					
Local ... cases	40 (55)	40 (42)	351 (385)	207 (216)	638 (698)
Imported ... cases	22 (11)	8 (12)	513 (489)	37 (39)	580 (551)
(ii) Non-Pulmonary :					
Local ... cases	7 (3)	3 (5)	61 (64)	26 (35)	97 (107)
Imported ... cases	1 (1)	— (—)	77 (75)	1 (1)	79 (77)

NOTIFICATIONS OF/AND DEATHS FROM TUBERCULOSIS (ALL FORMS) IN AGE GROUPS (CITY CASES ONLY) :

Age Group	NOTIFICATIONS					
	European		Coloured		Native	
0—5	9	(16)	47	(18)	101	(107)
6—15	13	(7)	19	(26)	72	(148)
16—25	31	(44)	24	(35)	254	(284)
26—45	83	(62)	48	(51)	475	(522)
46—65	45	(43)	19	(20)	175	(160)
Over 65	17	(14)	3	(4)	27	(20)
Total ...	198	(186)	160	(154)	1,104	(1,241)
					519	(578)
					1,981	(2,159)

Age Group	DEATHS					
	European		Coloured		Native	
0—5	3	(1)	3	(4)	68	(65)
6—15	1	(1)	2	(—)	26	(21)
16—25	5	(10)	8	(10)	76	(90)
26—45	11	(27)	18	(22)	157	(189)
46—65	21	(12)	9	(8)	89	(75)
Over 65	6	(7)	3	(3)	6	(9)
Total ...	47	(58)	43	(47)	422	(449)
					233	(251)
					745	(805)

NOTIFICATION AND DEATH RATES PER 1,000 OF THE POPULATION (CITY CASES ONLY) :

	European		Coloured		Native		Asiatic		All Races		Non-Europ.	
	N/R	D/R	N/R	D/R	N/R	D/R	N/R	D/R	N/R	D/R	N/R	D/R
Pulmonary :												
1949	1.46	.31	13.44	3.51	9.29	3.20	3.77	1.68	4.88	1.71	6.70	2.45
1948	1.38	.43	12.64	3.82	10.62	3.52	4.52	1.79	5.48	1.89	7.67	2.07
Non-Pulmonary :												
1949	.07	.05	.61	.27	.80	.56	.44	.21	.42	.31	.51	.31
1948	.08	.02	1.34	.45	.71	.59	.29	.29	.38	.29	.53	.43
All Forms :												
1949	1.53	.36	14.05	3.78	10.09	3.76	4.21	1.87	5.30	1.92	7.21	2.76
1948	1.45	.45	13.98	4.27	11.33	4.11	4.81	2.09	5.86	2.18	8.20	2.50

N/R — Notification Rate.

D/R — Death Rate.

	European	Coloured	Native	Asiatic	Total
Hospital Admissions ...	172	83	753	372	1,380
Clinic Attendances ...	5,845	815	2,190	2,612	11,462
Patients Visited... ..	4,228	1,865	4,544	4,141	14,778
Hospital Discharges... ..	273	93	1,779	476	2,621

PULMONARY TUBERCULOSIS. Comparison for the period 1943 to 1949.

	EUROPEANS							COLOURED							NATIVES					ASIATICS								
	1943	1944	1945	1946	1947	1948	1949	1943	1944	1945	1946	1947	1948	1949	1943	1944	1945	1946	1947	1948	1949	1943	1944	1945	1946	1947	1948	1949
City :																												
Notifications	98	114	131	118	153	176	189	55	60	105	66	122	139	153	593	862	952	945	944	1163	1,018	325	410	435	527	429	543	465
Notification Rate per 1,000	.93	1.05	1.19	.94	1.21	1.38	1.46	6.43	6.84	11.66	6.44	11.49	12.64	13.44	8.08	11.92	13.25	8.67	8.65	10.62	9.29	3.73	4.24	4.57	5.63	3.67	4.52	3.77
Deaths	39	43	42	47	57	55	40	38	46	43	44	41	42	40	227	366	446	461	364	385	351	174	232	233	245	188	216	207
Death Rate per 1,000 ...	.36	.39	.38	.38	.45	.43	.31	4.44	5.24	4.78	4.29	3.86	3.82	3.51	3.98	5.06	6.21	4.23	3.33	3.52	3.20	1.84	2.40	2.19	2.15	1.61	1.79	1.68
Imported :																												
Notifications	206	94	53	53	12	55	52	12	10	19	5	8	21	21	537	661	667	820	770	1328	1,373	75	78	53	58	43	149	106
Deaths	20	18	14	10	12	11	22	4	9	1	4	5	12	8	196	287	134	361	389	489	513	39	20	22	29	21	39	37

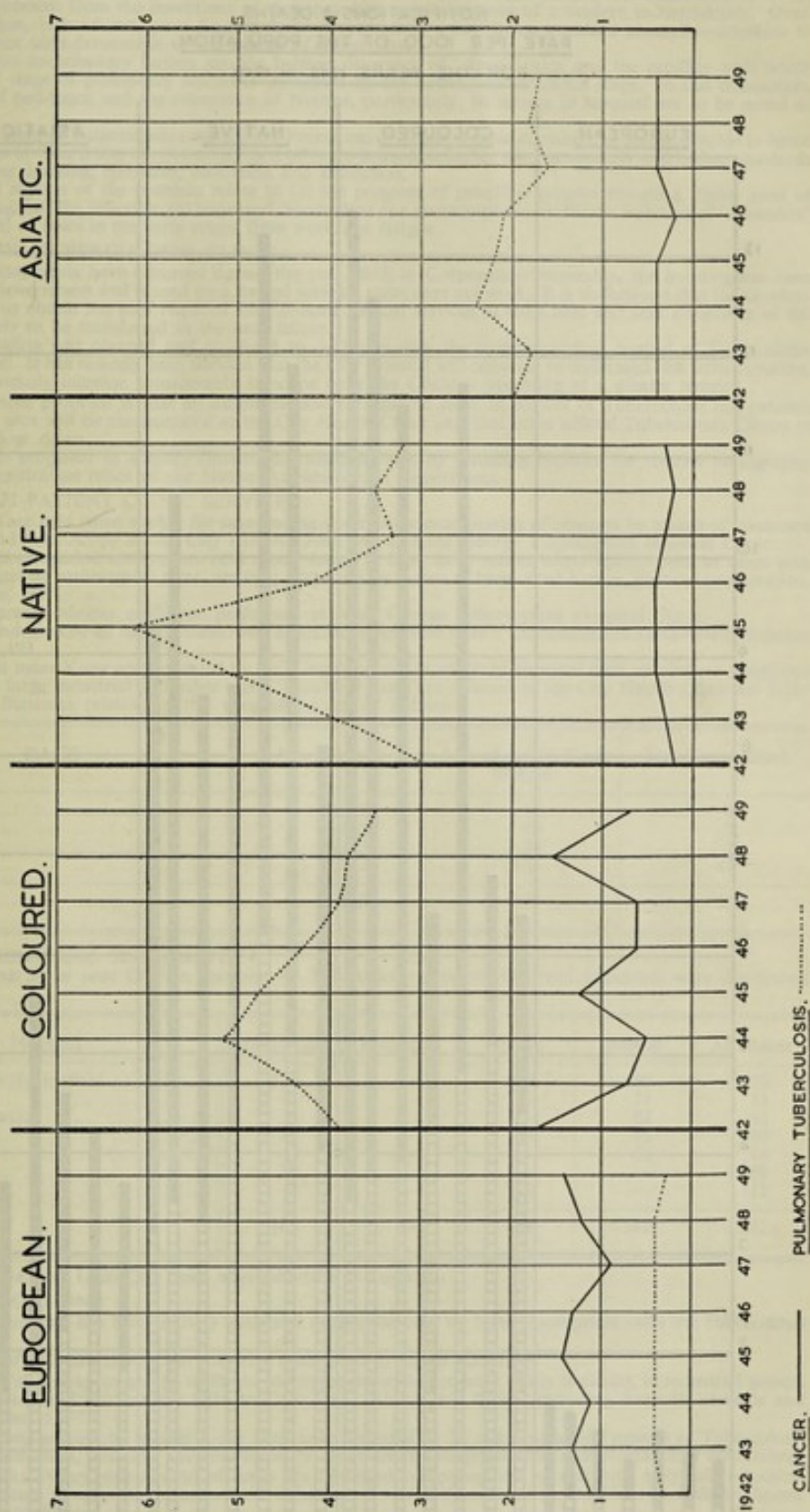
NON-PULMONARY TUBERCULOSIS.

	EUROPEANS							COLOURED							NATIVES							ASIATICS						
	1943	1944	1945	1946	1947	1948	1949	1943	1944	1945	1946	1947	1948	1949	1943	1944	1945	1946	1947	1948	1949	1943	1944	1945	1946	1947	1948	1949
City :																												
Notifications	1	1	10	2	15	10	9	2	2	7	10	11	15	7	45	34	88	55	99	78	86	19	19	41	32	37	35	45
Notification Rate per 1,000	.01	.01	.09	.01	.12	.08	.07	.23	.23	.77	.97	1.03	1.34	.61	.61	.47	1.22	.50	.91	.71	.80	.20	.19	.41	.28	.31	.29	.44
Deaths	4	5	1	10	10	3	7	3	6	6	1	4	5	3	28	49	40	51	59	64	61	36	22	25	16	17	35	26
Death Rate per 1,000 ...	.04	.05	.01	.08	.08	.02	.05	.35	.69	.66	.09	.38	.45	.27	.38	.67	.55	.47	.54	.59	.56	.38	.24	.25	.14	.14	.29	.21
Imported :																												
Notifications	23	—	1	—	1	—	—	—	1	3	—	1	—	—	43	82	175	102	173	168	208	4	7	7	5	25	20	10
Deaths	2	1	3	4	1	1	1	1	1	1	2	1	—	—	29	34	39	29	59	75	77	1	2	5	1	6	1	1

GRAPH 2.

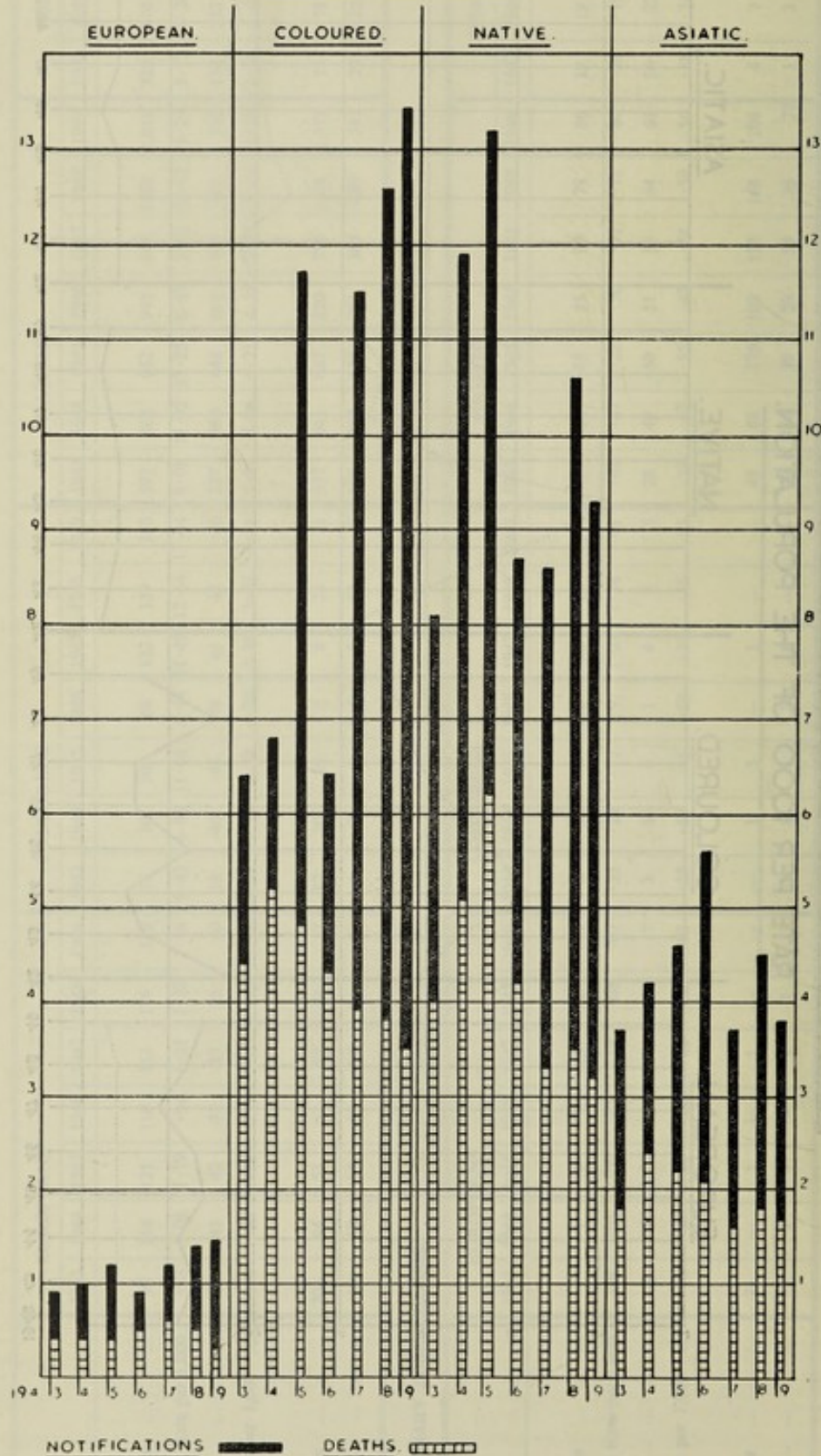
COMPARISON OF DEATHS FROM PULMONARY TUBERCULOSIS & CANCER.

RATE PER 1000 OF THE POPULATION.



GRAPH 4. PULMONARY TUBERCULOSIS.—DURBAN.

NOTIFICATIONS & DEATHS
RATE PER 1000 OF THE POPULATION
FOR THE YEARS 1943 — 1949



(2). LOCAL FACTORS.

The low prevalence of Tuberculosis among Durban Europeans rules out the sub-tropical climate with its trying heat and humidity in summer, as a factor in the etiology of tuberculosis locally.

The basic environmental factor is industrialisation of the Non-European races, who suffer heavily in the process of adjustment from the conditions of their primitive origin to those of a modern industrial city. Over-crowding, fatigue, lack of rest, poor feeding, lack of recreation, a low living standard generally—combine to create conditions ultra-favourable to the spread of tuberculosis.

Important contributory factors are the belated discovery of 'open' cases and the rapidity with which the 'minimal' stage of pulmonary lesions is succeeded by the 'open' or infectious stage. In this connection, the shortage of bed-space and the reluctance of Natives, particularly, to remain in hospital are to be noted as important.

The problem of Tuberculosis among Non-Europeans is largely a socio-economic problem, soluble in terms of improvement in their living environment, their advance towards a higher earning capacity and higher standards of living—better housing, nutrition, education and recreation.

Medical aspects of the problem relate to (a) the progress of primitive peoples toward a higher level of immunisation against the infection, (b) improved case-finding as a prerequisite to (i) efficient isolation of 'spreaders' and (ii) removal of cases in the early stages from work and fatigue.

CITY HEALTH (TUBERCULOSIS) CLINIC :

No developments have occurred during the year. Still in Corporation ownership, the building has been loaned to the Government and is used on a limited scale on three days per week. It is understood that the Government is about to obtain the staff required for full-scale clinical services at the Clinic and that ownership of the building is likely to be transferred in the near future.

The building was planned and equipped to deal also with the epidemiological control of Tuberculosis cases in Durban. It has recently been decided that the City Council will continue to undertake this latter function, which will obviously increase considerably in scope once the Clinic is operating at a greater tempo.

The present proposal is that all diagnostic and therapeutic work in respect of Tuberculosis out-patients in the Durban area will be concentrated at the City Health Clinic and that other official Tuberculosis Clinics in Durban will close down.

It is also proposed to amplify clinical diagnostic services by installing facilities for routine radiography at the main registration office of the Native Administration Department.

PRESENT OUT-PATIENT CLINIC SERVICES :

Sessions are held twice weekly for case-finding and routine examination of contacts by means of miniature radiography and fluoroscopy at the City Health Clinic and at King George V/Springfield Hospital Clinic.

Special investigation sessions are held thrice weekly at both these venues where known cases or cases with suspicious clinical or pathological signs, are fully examined by means of large-sized X-rays, physical examination, laboratory tests, etc.

Artificial pneumothorax referrals are performed at King George V/Springfield Hospital Clinic.

The attendances by all races at these two Clinics during the year were : Europeans 8,853 and Non-Europeans 9,340, total 18,193.

A mobile mass-X-ray unit operated by the King George V/Springfield Hospital staff, carried out numerous surveys among large industrial and other staffs. Doubtful cases are referred to the City Health Clinic for fuller investigation. Statistics relating to this programme are as follows :

RACE	No. X-rayed	No. of Active Cases Found	No. Hospitalised
European	8,075	12	4
Coloured	1,225	10	2
Asiatic	4,943	24	2
Native	19,172	185	47
All Races	33,415	231	55

(3). TREATMENT AND SEGREGATION :

1,242 beds in or near Durban occupied by Tuberculosis patients (City and Imported) were distributed as follows :

Hospital	European	Coloured	Native	Asiatic	All Races
King George V/Springfield	146	64	508	180	898
F.O.S.A.	—	—	—	71	71
Indian Immigration	—	—	—	62	62
McCord's	—	—	31	15	46
St. Aidan's	—	—	—	14	14
Wentworth	39	—	—	—	39
Umlazi	—	—	112	—	112
	185	64	651	342	1,242

During the year 1,380 City cases were admitted to hospitals.

HEALTH EDUCATION :

This programme has been actively sustained during the year by films, appropriate talks on Tuberculosis and Nutrition.

FILMS. Of 112 film shows, the majority were given to Bantu audiences.

TALKS. Talks given to groups of Bantu seeking registration for work (daily sessions), to industrial groups during lunch hours and loudspeaker talks to Coloureds, Asiatics and Bantu, including domestic servants and nurse-girls, totalled 5,777.

Case finding surveys by mobile X-ray Unit were preceded by 34 talks explaining aspects of Tuberculosis control such as infection, isolation, the need for early diagnosis and hospitalisation and avoidance of absconding.

At all talks, X-ray photographs of lungs are displayed comparing the normal with early and advanced stages of the disease in order to counteract the influence of untakati and legends, traditional beliefs on disease current among the Bantu.

NUTRITION. The relationship of Nutrition of Tuberculosis was explained in 143 talks (27 with film shows) following-up previous talks on Tuberculosis.

LITERATURE. Pamphlets in appropriate language medium are distributed following all talks and film-shows.

TUBERCULOSIS STAFF AND ACTIVITIES :

The Tuberculosis Section of this Department consists of one Medical Officer, five European Health Visitors

four Indian and four Native Health Assistants. Home-treated cases are visited, family and work-contacts are investigated as a routine.

Close co-operation is maintained with the staffs of the Tuberculosis Hospitals and Clinics, the Friends of the Sick Association, Government Health Centres and the Natal Anti-Tuberculosis Association.

TUBERCULOSIS CONTROL AMONG NATIVES :

NOTIFICATION TO THE LOCAL AUTHORITY. Notifications are received from private medical practitioners, hospitals, other local authorities and, more recently, from the Government's mobile 'mass X-ray' unit which has been conducting surveys amongst Non-European industrial staffs and other groups. From these various sources over 2,000 Native pulmonary cases are notified annually.

EXAMINATION OF CONTACTS. Close contacts of every notified case, are visited and encouraged to visit the clinics for X-ray examination.

The Migrant labourer who has recently been in contact with his family, is advised to ensure that all members thereof are examined by X-ray. In some instances the advice is acted upon, but generally, it is impracticable for large numbers of Natives to proceed to Durban, or to some other town for this purpose. A possible alternative would be the provision of mobile X-ray units for use in rural areas.

As regards the investigation of work-contacts in Durban employers co-operate willingly in allowing their employees to visit the Clinics. As a result, the entire staffs of numerous industrial and commercial concerns have undergone X-ray chest examinations over the last few years.

There is one category of Tuberculosis contact in Durban that this Department is seldom possible to locate, the immediate contacts of 'casual' Natives who sleep in the public dormitories at Municipal Native Barracks.

TREATMENT AND ISOLATION OF CASES IN HOSPITALS. The majority of Native cases are in the communicable stage of the disease before they seek medical advice. As the relatively few non-communicable cases invariably become communicable within a few months, it becomes advisable to isolate all notified Native cases. Despite the fact that since 1946 the last census year—the death-rate from Tuberculosis amongst Natives has shown a slight but gradual decline, the position as regards hospitalisation is far from satisfactory.

Among other reasons, the majority of Natives have two homes, one in the Reserves and another in Durban, albeit the latter is often a mere shack. Wearying of the monotonous hospital regime, about 1,000 Native cases annually decide to go home and either return to their kraals, or remain in Durban where they successfully evade all efforts to locate them. Return to the kraals is dictated by anxiety for the welfare of their dependents. Those remaining in Durban usually change their names and merge themselves into the great mass of surplus Natives occupying the shack areas.

But often there are no hospital beds available for new cases who are anxious to be admitted. Their employers naturally having refused to house them any longer and most of these cases return to their kraals. As they are unable to remain in Durban indefinitely, they are also refused registration for employment.

It may be argued that a local authority should forcibly isolate and detain in hospital all notified cases, in terms of Section 25 and 29 of the Public Health Act. Such a procedure is quite impracticable in dealing with a large scale problem such as exists in Durban. Apart from the fact that another thousand or two beds would be immediately needed, compulsory isolation would invoke hostility to the programme as a whole among the Bantu.

CONTROL MEASURES :

ISOLATION AND TREATMENT. With the exception of a small Mission Hospital, Native cases are accommodated in urban hospitals mainly because the majority of cases are diagnosed in the towns. The large number of hospital beds in Durban should not be greatly increased, but should rather be reserved for detribalised Natives and those requiring specialised medical treatment. Cases requiring merely isolation, bed-rest and general care, should be evacuated to some form of settlement-colony. Three such settlements should be established, one inland, one on the South Coast and one on the North Coast, so as to facilitate reasonable access to families. Such settlements would consist of simply constructed isolation wards, ordinary Native huts for patients' families together with administrative adnexa. Routine examination of family contacts could also be carried out at or from such settlements.

Patients would be transferred from urban hospitals to these rural settlements under controlled conditions of travelling and not, as at present, in vehicles used by the general public.

Strict disciplinary measures would require to be enforced regarding transportation and the prevention of absconding from urban hospitals. The incentives to absconding would of course be greatly reduced.

CASE FINDING. The local authority should press for the examination of as many Natives in Durban as possible, commencing with those in 'risk' occupations such as heavy manual labourers and also Natives applying for registration for employment.

In this connection, radiographical services are about to be instituted at the Native Administration Department's offices. The Union Health Department has for more than a year, been undertaking radiographic surveys among employees of industrial firms. There is ample scope for a second unit of the type.

The main objects in advocating intensification of case-finding are firstly, to isolate as many 'open' cases—positive spitters—as possible; secondly, to ensure adequate control of early and treatable cases in order to conserve their powers of resistance to the disease and to forestall the danger of infecting others subsequently.

In addition, all known contacts should be re-X-rayed at regular periods of from six to twelve months.

CONTROL OF INFLUX OF NATIVES. Appropriate measures contemplated under authority of the Native Urban Areas Act will by excluding 'surplus' natives from the City, materially assist the control of Native Tuberculosis. The follow-up of known cases and contacts will be simplified and in addition the shack position will tend to improve.

NATIVE HOUSING. Overcrowding and under-ventilation are recognised only too well as indirect causes of Tuberculosis. The crowding of casual dormitories in locations requires remedial attention.

FEEDING. The selection of adequately balanced diets is not an easy matter for Natives. Health-education in food-budgetting is being propagated with the limited facilities available. The Natal Chamber of Industries has initiated a programme in advising and assisting staffs of industrial concerns in this connection.

Additional Municipal native eating-houses and beer-halls are a prime requisite in supplementary nutrition.

HEALTH EDUCATION. A great deal is being done by the Departments programme of film-shows and health talks. It is developing fast, but is still hampered by the lack of suitable all-weather venues. The scope for this work is almost unlimited.

RECREATION. Durban is not adequately served as regards the provision of adequate play-grounds and sports-fields for City Natives.

REHABILITATION. Although the survival-rate for Tuberculosis is lower in the Bantu than in the case of Europeans and Indians, it is nevertheless essential to assist those patients who recover either fully or sufficiently to undertake suitable employment. The possibility of providing 'sheltered' employment, temporary or permanent, through a central Municipal employment agency should be explored.

CONCLUSION :

The Administrative and Technical aspects of the control of native Tuberculosis are complex in the extreme and rendered all the more so because the problem really extends beyond the City into the provincial sphere whilst the financial implications are national in character.

The problem can best be tackled by a closer inter-relationship of all interests concerned, viz., those of the City Council (City Health Department and Native Administration Department), and of the Union Health Department, neighbouring local authorities, the Native Affairs Department, the Social Welfare Department, the Natal Anti-Tuberculosis Association, and the Durban Hospitals which admit Native Tuberculosis cases.

THE FOLLOWING COMPRISE A LIST OF OCCUPATIONS OF PERSONS WHO DIED FROM TUBERCULOSIS DURING THE YEAR :

EUROPEAN : PULMONARY :

CITY		IMPORTED	
Male	Female	Male	Female
Bricklayer... .. 2 (1)	Bookkeeper ... 1 (—)	Crane Driver... — (1)	Housewife ... 6 (2)
Bus Driver ... — (2)	Hairdresser ... 1 (—)	Defence Force 1 (—)	Nurse ... 1 (—)
Clerks 4 (6)	Housewife ... 8 (13)	Diamond Diggr. 1 (—)	Receptionist ... — (1)
Caretaker 1 (—)	Invalid 1 (—)	Engine Driver 1 (—)	
Chemist 1 (—)	Nurse — (1)	Fitter 2 (—)	
Cutter — (1)	Scholar — (1)	Farmer 2 (—)	
Compound Man. — (1)	Sister of Mercy 1 (—)	Hairdresser ... 1 (—)	
Caterer — (1)		Independant ... — (1)	
Coach Builder... — (1)		Lorry Driver ... 1 (—)	
Draughtsman ... — (1)		Miner 1 (—)	
Electrician ... 1 (1)		Mechanic — (1)	
Engine Driver ... 1 (1)		Nurseryman ... — (1)	
Foreman — (1)		Retired 2 (1)	
Ganger 1 (—)		Salesman... .. 1 (—)	
Gen. Storekeeper 1 (—)		Seaman 1 (1)	
Gold Miner — (1)		Scholar — (2)	
Hotel Manager ... — (1)		Transport	
Handyman 2 (2)		Manager 1 (—)	
Independant ... 1 (2)			
Lorry Driver ... — (1)			
Mechanic 1 (1)			
Messenger... .. 1 (—)			
Medical Pract... 1 (—)			
Metal Worker ... — (1)			
Male Nurse — (1)			
Plumber 1 (1)			
Painter — (1)			
Pattern Maker... — (1)			
Retired 6 (3)			
Rigger 1 (—)			
Radio Engineer ... — (1)			
Storeman 1 (2)			
Shunter — (1)			
Seaman — (1)			
Surveyor — (1)			
Tiler — (1)			
Wicker Worker 1 (—)			
28 (40)	12 (15)	15 (8)	7 (3)

EUROPEAN : NON-PULMONARY :

CITY		IMPORTED	
Male	Female	Male	Female
Infants 4 (—)	Infant — (1)	Retired 1 (—)	Housewife ... — (1)
Painter 1 (—)			
Electrician ... 1 (—)			
Invalid 1 (—)			
Handyman — (1)			
Railworker — (1)			
7 (2)	— (1)	1 (—)	— (1)

COLOURED : PULMONARY :

CITY		IMPORTED	
Male	Female	Male	Female
Bricklayers ... — (2)	General Assist. 1 (—)	Defence Force — (1)	Housewife ... 4 (1)
Clerk 1 (1)	Housewife ... 16 (6)	Handyman ... — (1)	Infant 1 (1)
Cook — (1)	Infant 1 (2)	Labourer 2 (4)	Machinist ... — (2)
Electrician ... — (1)	Machinist ... 2 (2)	Painter 1 (—)	
Fitter — (1)	Scholar 3 (1)	Plumber — (1)	
Groom 1 (—)	Shop Assist ... 1 (—)	Scholar — (1)	
Infant 1 (2)			
Iron Moulder ... — (1)			
Jockey 1 (—)			
Labourer 8 (14)			
Lorry Driver ... — (3)			
Motor Trimmer ... — (1)			
Machinist — (1)			
Painter 1 (3)			
Seaman 2 (—)			
Shoemaker 1 (—)			
16 (31)	24 (11)	3 (8)	5 (4)

COLOURED : NON-PULMONARY :

CITY		IMPORTED	
Boiler Maker ...	1 (—)	Housewife ...	1 (—)
Infant ...	— (2)	Infant ...	— (1)
Labourer ...	1 (1)	Scholar ...	— (1)
	2 (3)		1 (2)

4. VENEREAL DISEASE :

Venereal Disease is prevalent mainly among the Bantu as an outcome of the socio-economic problem of detribalisation and industrialisation.

Measures taken to combat the disease locally are case-finding and treatment, both in- and out-patient and organised health education.

- (a)
 - (i) Clinics are available at Addington and Wentworth General Hospitals for European and Coloured patients.
 - (ii) There are five clinics per week for males and one per week for females.
 - (iii) Separate clinics are available for each race.
- (b)
 - (i) Non-European cases (Coloureds, Natives and Asiatics) are treated at the Special Clinic, Congella. McCord's Zulu Hospital Clinic caters for Natives.
 - (ii) The Special Clinic, Congella, is open all day on each working day. The McCord's Zulu Hospital Clinic is also open on Saturday afternoons.
 - (iii) The Special Clinic, Congella, is concerned only with Venereal Diseases. The Clinic at McCord's Zulu Hospital is associated with its general out-patient hospital activities.
- (c)
 - (i) Medical Officers (full-time) employed at Wentworth Hospital—one European ; and at Special Clinic, Congella—one European male, one European female, one Bantu male.
 - (ii) Part-time Medical Officers at Addington Hospital—two Europeans and at McCord's Zulu Hospital—one European.
 - (iii) Nurses on full- or part-time at Addington Clinic—one male nurse (full-time), one nursing sister (part-time) ; and at Wentworth Clinic—one nursing sister and one staff nurse, three Orderlies (European), 2 Native males and one Native female (all full-time). At Special Clinic, Congella—four Bantu nurses, three Orderlies, two Laboratory Assistants and one Dispenser (all full-time).
- (d)
 - (i) Contacts are traced by a staff consisting of one European Health Visitor, five Bantu and one Indian Health Assistants (males).
 - (ii) Follow-up work is undertaken by the aforesaid staff in locating defaulters and absconders.
 - (iii) Propaganda work is regularly undertaken by the Health Educational Section of the Department and includes group talks and film shows and the issue of pamphlets in English and Zulu.
- (e) Ante-natal clinics are held by the Department at Brook Street and arrangements are in hand to undertake Wassermann testing of all expectant mothers in the near future.
- (f) No patient is discharged until a minimum of twenty injections have been given. About 75% of the patients living in Durban receive this number of injections. Defaulters are more numerous among patients living outside Durban than among City cases.

VENEREOLOGY :

There have been several changes in the administration and clinical aspects of Venereal Disease control during the past year. On the administrative side, we have had the advantage of increased medical assistance by the appointment of a female Clinical Medical Officer who has enabled the treatment of female patients, both European and non-European, to be undertaken on a satisfactory basis.

Suitable accommodation has been provided for female European and Coloured in-patients at Wentworth Hospital, thus ending the hitherto unsatisfactory arrangement whereby Coloured females were treated in Native wards and European females, needing in-patient treatment, had to be treated as out-patients or, in exceptionally bad cases, accommodated in a room at the Fever Hospital. There is now no difficulty in finding beds for all classes of Venereal Disease patients requiring in-patient treatment. On the clinical side, the most satisfactory improvement has been the free provision of Penicillin by the Union Health Department which now enables Syphilis to be treated by intensive methods.

As previously emphasised, the outlook for Syphilis control amongst the non-Europeans must be depressing unless a rapid and safe schedule of treatment can be devised. Few non-Europeans can attend regularly for a long enough period to effect a cure by the older methods. The search for a safe method of intensive treatment has virtually ended with the advent of Penicillin, which besides being a very powerful remedy for Syphilis, has the tremendous advantage of being non-toxic even in very large doses. Since the free issue of Penicillin, a new and hopeful era has opened.

Several hundreds of patients have been treated by a seven-day in-patient course which, it is hoped, will finally cure a large percentage without further treatment being necessary. As many as possible of these cases will be followed-up for re-examination and blood testing at monthly or quarterly intervals. The immediate results (healing of sores, etc.) are extremely satisfactory but it will be at least two years before it can be ascertained whether the 'apparent' cures are permanent or not.

In the treatment of Gonorrhoea, the results of Penicillin therapy are as nearly perfect as can be expected from any drug, 95% of the acute cases being cured by a single injection. There is, of course, the disadvantage that patients, realising the ease of cure, are inclined to be promiscuous in their sexual relations. In some cases, patients have returned three and four times, having contracted fresh infections of Gonorrhoea during a period of twelve months.

V.D. STATISTICS :

	EUROPEAN				COLOURED				NATIVE				ASIATIC				TOTAL				GRAND TOTAL
	City		Imported		City		Imported		City		Imported		City		Imported		City		Imported		
	M	F	M.	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
New Cases	367 (434)	74 (86)	415 (579)	7 (7)	140 (166)	107 (88)	31 (59)	46 (43)	5,890 (6,234)	2,027 (2,026)	3,307 (2,800)	1,681 (1,363)	686 (637)	190 (194)	167 (187)	32 (43)	7,083 (7,471)	2,398 (2,394)	3,920 (3,625)	1,766 (1,456)	15,167 (14,946)
Ward Admissions... ..	93 (98)	7 (3)	121 (167)	— (—)	54 (73)	21 (24)	12 (18)	5 (6)	1,079 (1,397)	964 (983)	937 (1,156)	1,171 (1,276)	17 (34)	11 (21)	9 (15)	4 (2)	1,243 (1,602)	1,003 (1,031)	1,079 (1,356)	1,180 (1,284)	4,505 (5,273)
Out-patient Attendances	2,384 (3,243)	1,142 (1,305)	1,277 (1,449)	69 (20)	1,534 (1,797)	2,611 (2,956)	111 (210)	507 (520)	27,175 (28,565)	10,272 (11,954)	9,618 (10,787)	5,635 (6,214)	1,863 (2,192)	569 (757)	239 (425)	57 (103)	32,956 (35,797)	14,594 (16,972)	11,245 (12,871)	6,268 (6,857)	65,063 (72,497)
Clinics held					295 (297)				560 (565)												855 (862)

FOLLOW UP STATISTICS :

The following table reflects the activities of the European Health Visitor and the Native and Indian Health Assistants in the following up of cases, defaulters, absconders and contacts.

	New Cases	CONTACTS LOCATED	DEFAULTERS LOCATED	ABSCONDERS LOCATED	VISITS ...	CLINICS ATTENDED
European Health Visitor	53 (73)	39 (32)	667 (457)	21 (17)	2,108 (1,659)	155 (132)
Native Health Assistants	1,497 (1,638)	833 (910)	1,085 (1,065)	5 (11)	5,635 (5,164)	80 (102)
Indian Health Assistant	170 (108)	139 (83)	962 (905)	1 (1)	1,527 (1,402)	55 (60)
Total	1,720 (1,819)	1,011 (1,025)	2,714 (2,427)	27 (29)	9,270 (8,225)	290 (294)

V.D. STATISTICAL COMPARISONS 1945 TO 1949 :

	EUROPEAN				COLOURED				NATIVE				ASIATIC				TOTAL				GRAND TOTAL
	City		Imported		City		Imported		City		Imported		City		Imported		City		Imported		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
New Cases :																					
1945...	238	135	369	11	172	88	218	21	4,168	1,942	1,801	867	532	155	300	77	5,110	2,320	2,688	976	11,094
1946...	302	85	316	109	150	86	186	114	5,527	1,971	1,758	1,017	242	232	36	34	6,221	2,374	2,296	1,274	12,165
1947...	420	116	740	5	154	108	130	23	6,590	2,205	2,274	1,198	457	278	37	39	7,621	2,707	3,181	1,265	14,774
1948...	434	86	579	7	166	88	59	43	6,234	2,026	2,800	1,363	637	194	187	43	7,471	2,394	3,625	1,456	14,946
1949...	367	74	415	7	140	107	31	46	5,890	2,027	3,307	1,681	686	190	167	32	7,083	2,398	3,920	1,766	15,167
Ward Admissions :																					
1945...	15	—	95	—	42	34	66	26	1,675	1,159	805	852	161	235	95	108	1,893	1,428	1,061	986	5,368
1946...	20	—	94	—	68	—	54	—	1,750	732	1,259	779	255	231	84	94	2,005	1,051	1,343	1,021	5,420
1947...	80	—	243	—	68	—	180	—	1,409	1,042	1,230	1,157	420	287	96	99	1,977	1,329	1,749	1,256	6,311
1948...	98	3	167	—	73	24	18	6	1,397	983	1,156	1,276	34	21	15	2	1,602	1,031	1,356	1,284	5,273
1949...	93	7	121	—	54	21	12	5	1,079	964	937	1,171	17	11	9	4	1,243	1,003	1,079	1,180	4,505
Outpatient Attendances :																					
1945...	2,510	1,240	1,008	490	2,055	1,017	660	351	19,553	11,271	8,859	4,940	2,439	747	1,118	339	26,557	14,275	11,645	6,120	58,597
1946...	2,627	2,148	648	485	2,212	1,464	328	258	22,786	13,241	4,304	3,628	2,375	1,707	56	49	34,500	18,560	5,336	4,520	62,916
1947...	3,004	1,467	1,561	54	1,694	3,030	522	825	30,301	13,307	10,531	6,448	2,715	2,239	177	133	37,714	20,043	12,791	7,460	78,006
1948...	3,243	1,305	1,449	20	1,797	2,956	210	520	28,565	11,954	10,787	6,214	2,192	757	425	103	35,797	16,972	12,871	6,857	72,497
1949...	2,384	1,142	1,277	69	1,534	2,611	111	507	27,175	10,272	9,618	5,635	1,863	569	239	57	32,956	14,594	11,254	6,268	65,063

5. PLAGUE AND MEASURES TAKEN AGAINST PLAGUE—RODENTS INCLUDING RAT-PROOFING OF STORES AND OTHER BUILDINGS.

During the year, the Home Disinfection Unit, previously controlled by the City Fever Hospital, was seconded to the Field Hygiene Section. The staff, accordingly, was increased by one European General Assistant and one Indian Labourer. The only re-arrangement of existing staff was the allocation of one General Assistant (European) to full-time employment with the eight Native Health Assistants on surveys of Anopheline mosquito breeding foci.

All anti-pest measures were well maintained and, on the whole, results were very satisfactory.

MOSQUITOES :

Field experiments with phenolic sprays and D.D.T. emulsion as larvicides were carried out during the year. As a result, phenolic materials were regarded as being unsatisfactory for use in Durban, by reason of their rapid decomposition in the presence of 'organic' matter (rotting vegetation, etc.) in swamp areas under treatment.

D.D.T. in most instances gave excellent results. Exceptions were in pools polluted with household waste-water. Soap and other scum present caused most of the D.D.T. crystals to clot, so preventing contact with larvae. Thus, repeated applications of emulsion were required to kill the first, second and third stage larvae, whilst fourth stage larvae and pupae remained virtually unaffected.

In the absence of surface scum, D.D.T. gave highly satisfactory results particularly in view of the low concentration used, i.e., 0.08% D.D.T.

Experiments with emulsions continue and should result in establishing the efficacy of D.D.T. under all conditions. With improved emulsifying agents and spraying technique, it should be possible to force the D.D.T. solution well under the surface of the water being treated.

Oil as a larvicide should be entirely superseded by D.D.T. before long.

The normal anti-mosquito programmes of oil-spraying, ditch digging and cleaning, reclamation and bush removal were maintained.

ENTOMOLOGY :

Of 9,030 Anopheline larvae collected, none was a Malaria vector. The following species were identified :

A. Leesonii	68	A. Marshalli	5
A. Demeilloni	2,492	A. Squamosis	2
A. Maculipalpis	531	A. Squamosis Var.	57
A. Pretoricnsis	2,773	A. Longipalpis	14
A. Cinereus	2,408	A. Natalensis	18
A. Coustoni... ..	661	A. Ardensis	1

BUGS :

The anti-cimex programme in Municipal institutions employed D.D.T. alone or D.D.T./B.H.C. solutions. The lasting results obtained with these materials indicate their superiority to Hydrogen Cyanide, which is no longer used by the Department.

ROACHES :

Benzene Hexachloride and D.D.T. in solution has proved its efficacy in dramatic fashion. The roach has almost vanished from Municipal premises under regular control. This applies particularly to the much maligned sewerage system where manholes treated at intervals of 10 to 12 weeks remain entirely free of roaches.

The roach problem to-day is confined to private premises and, in the main, it is an educational problem, i.e., to instruct the public in proper methods of applying the new insecticide. A pamphlet 'Family Forum No. 6' on the subject is now being prepared and, on completion, will be issued to all householders.

Practical demonstrations in restaurant kitchens have proved conclusively that the roach can be eliminated.

PLAGUE AND RODENT CONTROL :

The programme of rodent destruction, coupled with sampling for Plague index, proceeded without respite.

Cyanogas dust, supplemented by poison baiting and trapping, were the chief weapons of destruction.

Of the poisons, phosphorus was chiefly relied on, barium carbonate being no longer used. Arsenic and strychnine were used under favourable conditions.

Some 10,521 rodent carcasses were recovered, of which 953 were examined for B. Pestis with negative results.

There was full co-operation between the Rodent Staff and District Health Inspectors. Numerous rodent-proofing programmes were carried out as a result of close liaison between the Rodent staff and District Health Inspectors.

FLIES AND LICE :

To forestall outbreaks of Typhus and Typhoid Fever at refugee camps, used in connection with January riots, all horizontal surfaces were dusted with 10% D.D.T. in talc. All vertical surfaces were sprayed with D.D.T. and Benzene Hexachloride solution. Further, all areas fouled with waste-water and dejecta were dosed with disinfectant.

Every assistance was given to Health Visiting staff in 'body-dusting' louse-ridden refugees. This treatment was repeated where the need was indicated.

Complete freedom from flies and a remarkable absence of illness in the forty-seven camps concerned prove the value of the pest control measures adopted.

HOUSE DISINFECTION :

The normal programme of disinfection of furniture and rooms by Formalin and removal of bedding and clothing to a steam disinfectant was maintained.

STATISTICS :

Rodents :

Premises trapped for Plague index	2,003
Baits laid	123,130
Traps set	21,624
Cyanogas used—lbs*	1,056½
Rodent carcasses recovered	10,521
Rodents examined for B. Pestis	953

Mosquitoes :		
Larvicide used—gallons	...	16,842
Ditches cleared—yards	...	632,956
Land cleared—acres	...	97
Larvae identified in Section Office	...	9,030
Other spraying fluids (Pyagra, Jeyes, etc)	...	4
Roaches :		
Sewer manholes sprayed	...	54,096
Stormwater manholes sprayed	...	38,222
Gutter-bridges manholes sprayed	...	22,510
Water valves, gullies, etc., sprayed	...	18,921
Spray used—gallons (D.D.T./B.H.C.)	...	2,847½
Spray used—gallons—Carbolic	...	—
Bugs :		
Premises fumigated by Section	...	—
Premises fumigated by private firms	...	2,400
No. of rooms treated with D.D.T.	...	36
No. of rooms treated with D.D.T./B.H.C.	...	119
Refugee Camps :		
Treated with D.D.T.—lbs.—10%	...	3,405
Treated with Disinfectant—gallons	...	264½
Treated with D.D.T./B.H.C. solution—gallons	...	352
Vehicles : Mileage :		
Anti-Plague Van—NDC. 913	...	6,741
Anti-Malaria truck—NDC. 1163	...	7,497
Anti-Roach van—NDC. 4873	...	17,498
General Duties van—NDC. 907	...	10,321
Health Assistants :		
Visits	...	17,612
Complaints investigated :		
Rodents	...	168
Mosquitoes	...	196
Roaches	...	14
Fleas/Ticks	...	—
Bugs	...	—
Premises corrected :		
Rodents	...	57
Mosquitoes	...	196
Roaches	...	4
First Grade Assistants :		
Visits	...	7,908
Native Health Assistants :		
Visits to Municipal properties	...	6,185
Visits to non-European properties	...	6,600
Control advice given	...	2,460
Control advice complied with	...	3,746
Tubes of Larvae for identification	...	996
Bottles of Snails for identification	...	24

6. OTHER COMMUNICABLE OR PREVENTABLE DISEASES :

AMOEBIASIS :

The heavy incidence of Amoebic Dysentery amongst the Bantu population remains unchanged as is reflected in the high number of admissions, namely 1,663 to the King Edward VIII Hospital during 1949. Most of the cases were domiciled in the City. The number of Indian patients admitted to the hospital during the same period was 17.

When it is realised that several hundred of cases are also admitted to the McCord Zulu Hospital every year, the magnitude of the problem becomes evident. There would appear to be little prospect of improvement in the situation until the Bantu section of the community has been re-housed under conditions assuring a safe water supply and proper sanitation and until group consciousness has been awakened as regards food-handling and nutrition.

The exceedingly low incidence of the disease among Europeans stresses the view that Amoebiasis is largely a socio-economic problem, like Tuberculosis.

Of outstanding interest is the formation recently in Durban of an Amoebiasis Research Unit under the joint auspices of the Council of Scientific and Industrial Research and the Natal Provincial Administration. The Unit is accommodated at the King Edward VIII (non-European) General Hospital, Congella. The Hon. Director, Dr. R. Elsdon-Dew, and the Hon. Assistant Director, Dr. T. G. Armstrong, are assisted by an Advisory Committee consisting of sectional specialists in the promotion of research into Amoebiasis. The following memorandum is contributed by the Hon. Director :

"There are certain fundamental features, however, which require emphasis. Firstly, Amoebiasis affects the three different races here in Durban in different ways. In the European, the disease is vague and ill-defined in its manifestations and the usual complications such as liver abscess are relatively uncommon. In the Indian, the acute dysenteric disease is seldom ever seen, while right on the other hand, complications are not uncommon. In the African, the local African, acute Amoebic Dysentery is common, and I think I am right in saying that nowhere else in the world except, possibly, Batavia and Northern China, are such acute manifestations seen. There was an outbreak of this type on the building of the famous death railway in the Malay States during the war.

The second point is that this disease is apparently confined in Natal. I have made extensive enquiries and also have had experience in other parts of tropical Africa, but nowhere else have I seen the same manifestations of Amoebic infections as one sees here in Durban. Shortly before I left for the States, I had a visit from a Dr. Sapero, who was heading the American medical scientific expedition which toured Africa studying conditions, and he made a special point of a visit to Durban because he was sceptical of our story. He felt that as he had not seen Amoebiasis in an acute form anywhere else that possibly we were being mistaken in our diagnosis. However, some five minutes in my laboratory at King Edward was adequate to more than convince him that we had something entirely unknown in the remainder of tropical Africa.

The initial work, of course, was the establishment of the facts and that I think appeared in my original paper. Subsequent to that, we have been working along two main lines.

(1) The question of therapy : With the wealth of material at our disposal, we have an unrivalled opportunity of testing various forms of therapy under the strictest of criteria. It has been our policy to follow such favourable results as we have had with therapy more from the point of view of an understanding of the underlying conditions and there is no doubt that one has had to make a radical change in one's appreciation of the condition. We have found, for example, that the commonly used anti-Amoebic drugs are not very effective but when these are supplemented by the use of what one might call anti-bacterial drugs, the results are very much better. This suggests that there are certain organisms, bacteria, which are particularly favourable to the survival of the Amoebae in the human host. When these are destroyed, as they are by the anti-biotics or the sulphonamides, then the amoebae has a very little chance of survival. What the particular organisms are, we do not as yet know, but investigations are proceeding along these lines. Suffice it to say that the ordinary dysentery organisms do not enter the picture to any great extent and, consequently, one has to investigate what would normally be termed the normal faecal flora. This investigation, of course, is very complex, but we are tackling it to the best of our ability.

While I was in America, I initiated experiments into the dietetic factors in the causation of acute Amoebic Dysentery. There, I infected rats which had been on diets representative of the European, Indian and African diets with varying doses of amoebae by laparotomy and intracaecal injection. Arguing by analogy, one might have expected that the 'African diet' would have given the highest incidence of acute Amoebic Dysentery. But, in the way that Nature has of showing us our place, the animals most infected by Amoebiasis were the best fed. This, of course, acted as a spur and we are planning more extensive experiments.

There is no doubt that the African diet is deficient in many respects and we are initiating experiments into the deficiencies which are found in our Amoebiasis cases and which are not found in the Indian, European and the healthy African populations. This is also an extensive piece of work and will take a considerable time. Naturally, we are going to follow-up the suggestion made by Dr. Sampson that alcohol in the form of Shimuyana and the like may have some effect. This seems to be extremely probable but, until we have proved the case, we cannot say more. It does not, of course, explain the high incidence of infantile Amoebiasis that we see.

The peculiarly high incidence of Amoebiasis following the rains and the short incubation of the disease as it presents in our hospital lead us to suspect that the local streams may be a very potent source of infection and we propose to carry out some investigations of these streams. In this matter, we will of course require your co-operation.

There are many other aspects of the disease which we are investigating, some of which may seem somewhat academic but, nevertheless, they probably have some importance. We are studying the question of immunity in the disease in co-operation with the National Institutes of Health at Bethesda, Maryland, United States of America. We are arranging to send them specimens of blood for comparison of the immunity as against our amoebae and their amoebae. We are also investigating certain rather unusual taxonomic features of the local amoebae. Also, we are examining the local amoebae from the point of view of the symbiotic organisms necessary for its survival in vitro. There is one rather strange feature which we are following up. It seems as if there is a higher incidence of acute amoebic dysentery amongst Africans showing the so-called sickly cell trait. Whether this is significant or not must await an extensive survey not only of the incidence in amoebiasis cases, but an establishment of the normal distribution.

I think I have said enough to indicate to you the importance of the problem and the unrivalled opportunities which Durban has to lead the world in investigation of a condition which is internationally important."

LIST OF PUBLICATIONS BY DURBAN WORKERS DURING THE LAST FEW YEARS :

- " SOME ASPECTS OF AMOEBIASIS IN AFRICANS "—R. Elsdon-Dew. S.A.M.J.—October 12th and 26th, 1946
- " INTESTINAL PARASITES IN NATAL "—R. Elsdon-Dew. S.A. Journal of Science—Vol. XLIII, 305-307—July, 1947.
- " Zinc Sulphate Flotation of Faeces "—R. Elsdon-Dew. Trans. of the Royal Society of Tropical Medicine and Hygiene. Vol. 41(2), 213-216, 1947.
- " CHLOROBEXOL—CLINICAL TRIAL OF A NEW TREATMENT FOR AMOEBIASIS "—T. G. Armstrong, N. R. Pooler, R. Elsdon-Dew. S.A.M.J.—13th November, 1948. 691-692.
- " ENDEMIC FULMINATING AMOEBIC DYSENTERY "—R. Elsdon-Dew. Am. Journal of Tropical Medicine, 29(3), 337-340, 1949.
- " AMOEBIASIS IN THE AFRICAN "—A report on the treatment of 600 Cases. T. G. Armstrong, R. Elsdon-Dew and R. J. Marot. S.A.M.J.—14th May, 1949. Vol. 23, 369-374.
- " THE TREATMENT OF AMOEBIC DYSENTERY IN THE BANTU AFRICAN " T. G. Armstrong, A. J. Wilmot and R. Elsdon-Dew. Trans. of the Royal Society of Tropical Medical and Hygiene 42(6), 597-604, 1949.

IMMUNISATION :

Individual immunisations for the year were as under :

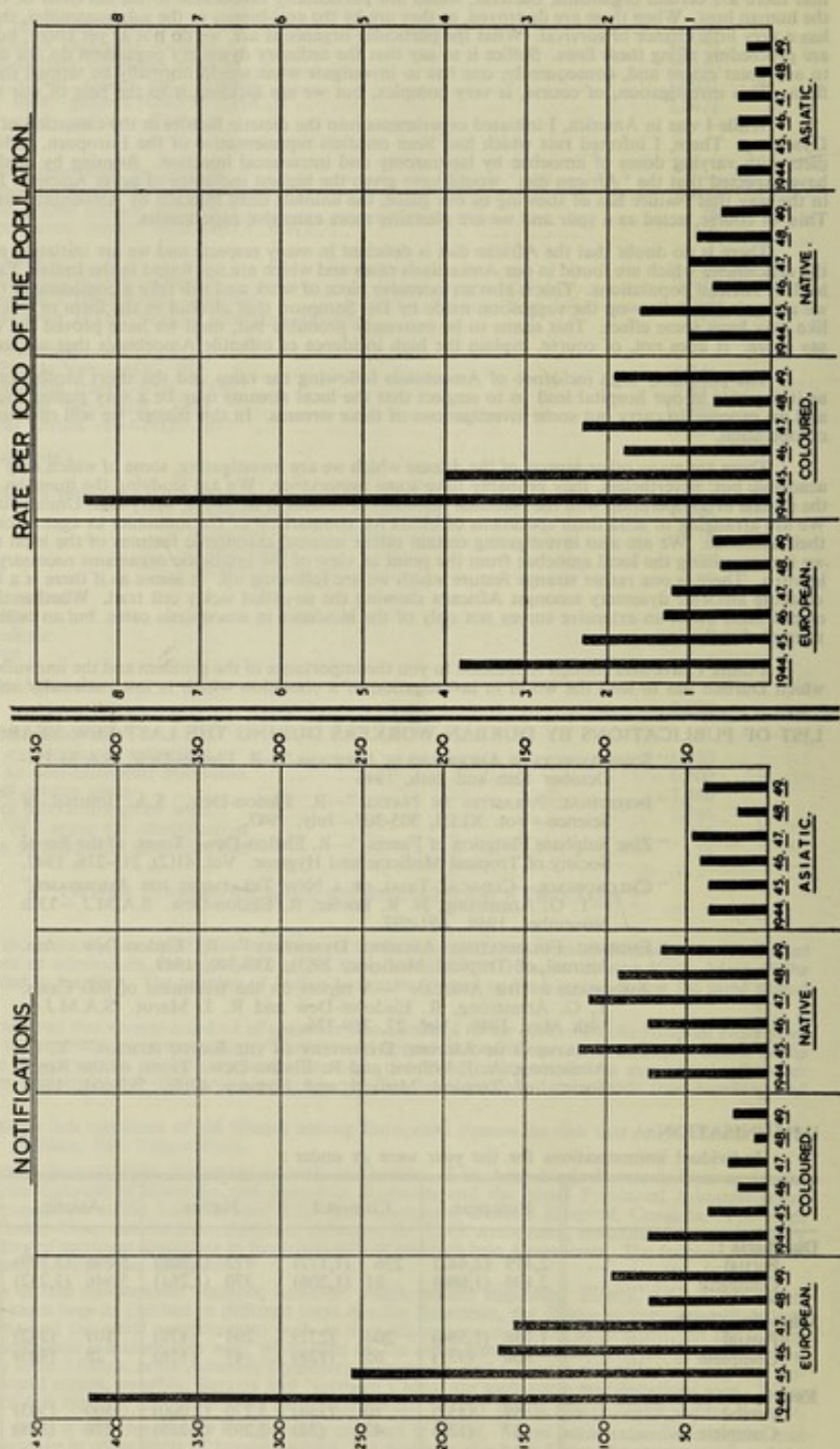
	European	Coloured	Native	Asiatic	Total
Diphtheria :					
Partial	2,419 (2,442)	236 (1,177)	772 (1,806)	5,098 (3,789)	8,525 (9,214)
Complete	2,896 (1,690)	81 (1,206)	370 (1,261)	5,946 (3,232)	9,293 (7,389)
Whooping Cough :					
Partial	1,738 (1,584)	204 (272)	203 (78)	109 (372)	2,254 (2,306)
Complete	900 (931)	65 (128)	47 (16)	29 (435)	1,041 (1,510)
Enteric :					
Partial	59 (152)	10 (144)	3,270 (2,000)	360 (543)	3,699 (2,839)
Complete	67 (120)	43 (32)	2,295 (1,258)	276 (358)	2,681 (1,768)
Vi-Tests :					
No. Taken	36 (83)	3 (7)	1,656 (1,391)	55 (244)	1,750 (1,725)
Positive Reactors ...	— (2)	— (—)	50 (86)	— (6)	50 (94)
Swabs taken	326 (201)	88 (19)	55 (87)	125 (67)	594 (374)
Vaccinations	6,739 (1,918)	2,857 (985)	119,174 (91,463)	26,626 (13,244)	155,396 (107,610)

GRAPH 3.

DIPHTHERIA.

EFFECT OF IMMUNISATION.

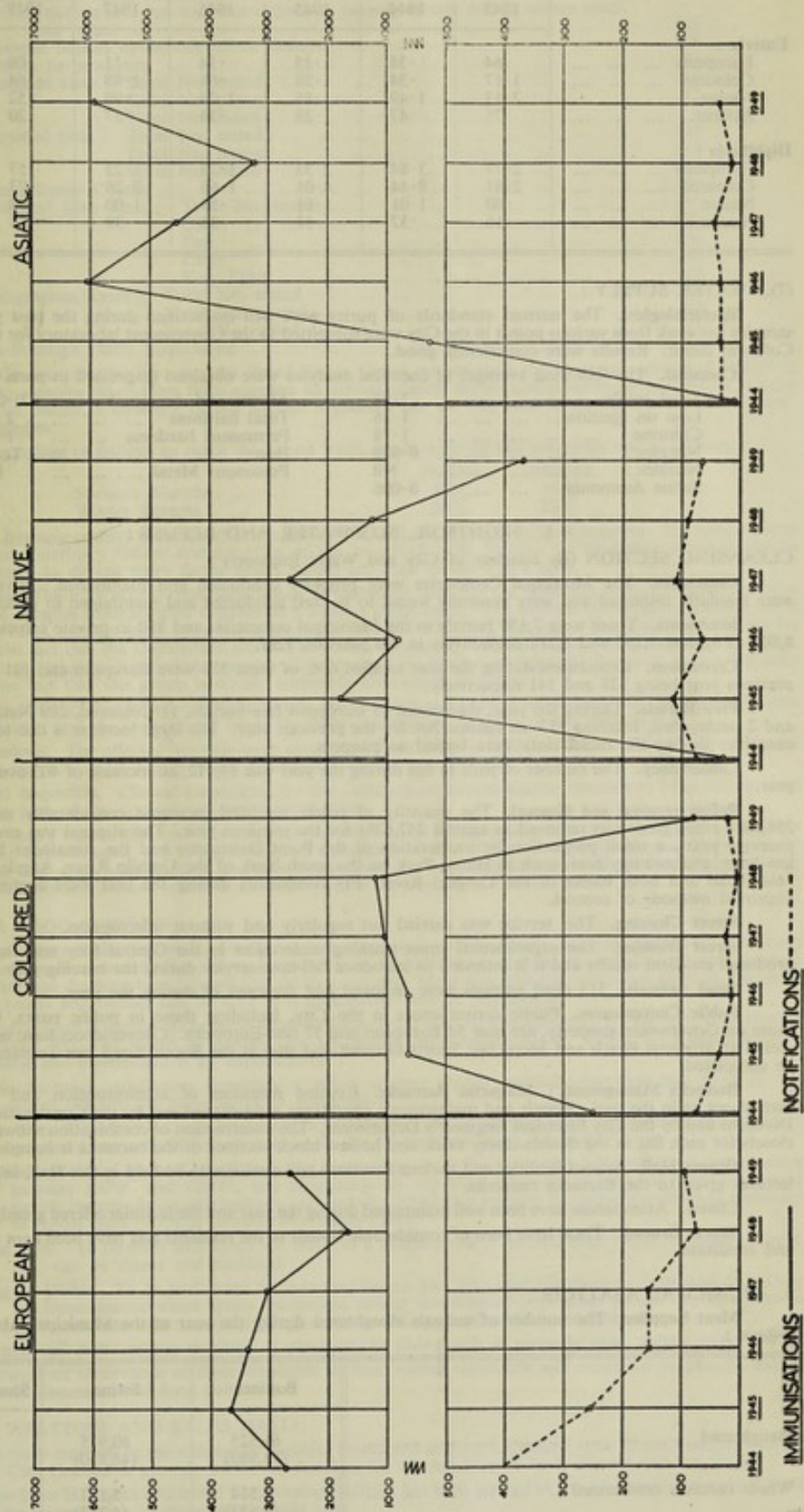
COMPARISON OF NOTIFICATIONS OVER THE YEARS — 1944 TO 1949



GRAPH 6.

CITY OF DURBAN.

IMMUNISATION AND INCIDENCE OF DIPHTHERIA FOR THE PERIOD 1944 TO 1949.



Notification rate for Diphtheria and Enteric per 1,000 of the population for the year 1943 to 1949.

	1943	1944	1945	1946	1947	1948	1949
Enteric :							
European	·64	·34	·15	·14	·11	·06	·09
Coloured	1·17	·34	·58	·68	1·98	·64	·44
Native	2·13	1·49	·86	1·04	·99	·52	·19
Asiatic... ..	·75	·47	·28	·34	·57	·20	·09
Diphtheria :							
European	2·77	3·84	2·33	1·23	1·23	·57	·73
Coloured	2·81	8·44	4·01	1·66	2·26	·73	1·84
Native	·60	1·01	1·61	·59	1·00	·85	·60
Asiatic... ..	·16	·37	·37	·33	·39	·15	·32

(7). WATER SUPPLY :

Bacteriological. The normal standards of purity were well maintained during the past year, the four samples per week from various points in the City were submitted to the Government laboratory for the differential Coliform count. Results were consistently good.

Chemical. The following averages of chemical analyses were obtained (expressed in parts per 100,000) :

Total solids	7·88	Albuminoid Ammonia ...	0·006
Loss on ignition... ..	1·36	Total hardness	2·60
Chlorine	1·78	Permanent hardness ...	1·11
Nitrates... ..	0·020	Iron	Trace
Nitrates... ..	Nil	Poisonous Metal	Nil
Saline Ammonia	0·006		

8. NIGHTSOIL, SLOP-WATER AND REFUSE :

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

Cemeteries. The Municipal Cemeteries were properly conducted and maintained. Private cemeteries were regularly inspected and were generally found to be well conducted and maintained in good order.

Interments. There were 7,150 burials in the Municipal cemeteries and 850 in private cemeteries, totalling 8,000 as against 7,295 and 1,212 respectively in the previous year.

Cremations. Cremations during the year totalled 666, of these 556 were European and 101 Asiatics. The previous year being 528 and 141 respectively.

Free Burials. During the year, there were 13 European free burials, 11 Coloured, 289 Native, 38 Asiatic and 2 unclassified, totalling 353, as against 206 for the previous year. The large increase is due to the fact that casualties during the racial riots were buried as paupers.

Conservancy. The number of pails in use during the year was 13,412, an increase of 403 over the previous year.

Refuse removal and disposal. The quantity of refuse removed increased considerably and a total of 258,108½ cubic yards was removed as against 247,628½ for the previous year. The disposal was carried out as in previous years, a small proportion by incineration at the Point Destructor and the remainder by tipping on low-lying and swampy areas such as Harris Park on the south bank of the Umbilo River, Argyle Road, Brickfield Road and both banks of the Umgeni River. Fly complaints during the year were negligible owing to improved methods of control.

Street Cleaning. This service was carried out regularly and without interruption.

Street Washing. The experimental street washing undertaken in the Central City and Beach areas has produced excellent results and it is intended to introduce full-time service during the ensuing year.

Dead Animals. 515 dead animals were removed and disposed of during the year.

Public Conveniences. Public conveniences in the City, including those in public parks, but excluding those on Government property, are now 58 European and 57 non-European. Conveniences have now been completed at Brighton Beach and Montclair Sports Ground and that at the Booth Road Bus Terminus has still to be completed.

Barracks Management : Magazine Barracks. Routine measures of administration and control were carried out as in the past. Repair and maintenance operations were carried out by the Construction and Water Divisions and by the City Electrical Engineer's Department. The construction of combination shower- and water-closets for each flat in the double-storey brick and hollow block sections of the barracks is complete.

Drama Hall. School facilities and various functions still continue to be held in this Hall, including health lectures given to the Barracks residents.

Clinics. Attendances have been well maintained during the year and the facilities offered greatly appreciated.

Sports Ground. These have been of considerable benefit to the residents and have been kept in good order and condition.

9. MUNICIPAL ABATTOIR :

Meat Supplies. The number of animals slaughtered during the year at the Municipal Abattoir was as follows :

	Bovines	Swine	Sheep & Goats
Slaughtered	66,525 (73,989)	80,975 (46,330)	114,351 (123,391)
Whole carcasses condemned	2,514 (2,653)	5,127 (4,252)	271 (413)
Portions of carcasses in lb. weight	287,779 (300,564)	72,153 (117,545)	131,435 (171,436)

10. DAIRIES AND MILK :

Total No. of dairy inspections	3,794
Written notices sent out with instructions to remedy certain defects within specified times	496
Personal notices to remedy minor defects	393
Notices to producers	985
Chemical tests : Total No. tested	257
Total No. passed	252
Total No. failed	5
Bacterial tests : Total No. tested	240
Total No. passed	133
Total No. failed	107
Breed Smear Counts	2,562
Sediment Disc Tests : Total No. tested	1,983
Clean	179
Fair	866
Dirty	716
Very Dirty	222
Phosphatase Tests : Total No. tested	517
Total No. passed	496
Total No. failed	21
Ex-Borough Dairy Inspections	68

Breed Counts. During the year, the Breed Smear Count, to ascertain the bacterial content of milk, has been applied to samples taken from farm supplies on arrival at milk depots and prior to pasteurisation. In the interpretation of results, a base-line of one million organisms per c.c. was used to distinguish between 'good' and 'bad' supplies.

The percentage of failures to make the 'good' milk grade over the last two years was as follows :

	1947/48	1948/49
Summer Months	51%	54%
Winter Months	20%	23%

Unless hygienic control is exercised at the production-end, the position will not improve. The appointment of an Assistant Veterinary Officer and adoption of the new draft Milk By-laws are necessary pre-requisites to extending control to distant dairy farms which supply the bulk of the City's milk.

Mastitis. The microscopic-cum-bacteriological technique used for the detection of this disease has been carried out on samples from all milk supplies as a regular programme. The average incidence was found to be 20% amongst farm supplies (milk for pasteurisation) as compared to 29% last year. This improvement may be attributed to the fact that the Department advised dairymen concerned when the disease was found to be present, so that they might undertake remedial measures. Incidence of the disease amongst the raw milk dairies was only 5%, due to the fact that this group is readily accessible for control purposes.

As with milk grading based on Breed Count, the position can only improve when the new Milk By-laws have been adopted and the inspectional range has been extended to all parts of the milk-shed.

Tuberculosis. The affected animals were eliminated from a dairy herd in which Tuberculosis was found by biological test, the milk supply being pasteurised during the process.

Clinical Inspection. Clinical inspections for the detection of communicable diseases at local dairies were undertaken as part of the routine veterinary programme.

In last year's report, the need for extended control of milk-for-pasteurisation was stressed. The urgency of the situation has increased, due to the increasing demand for milk. There are early prospects of securing the passage of the new draft Milk-By-laws and of strengthening the dairy inspectional staff by the appointment of an Assistant Veterinary Officer, whose main duties will be concerned with milk control.

11. OTHER FOOD SUPPLIES :

Unsatisfactory methods prevailing in the various food catering trades for the washing of crockery, glassware and other food-handling utensils give rise to grave concern. Inspection reveals that the majority of establishments use a small sink and draining-board insufficient for the purpose. Most sinks are old, worn and chipped, draining-boards have rotted and neither can be kept in a satisfactory state of cleanliness.

A common fault is the use of the same water for long periods so that crockery, etc., is 'washed' in a solution of ever-increasing filth and wiped on clothes that are merely dried before re-use. Under such circumstances, proper cleansing and disinfection is an impossibility.

In order to reach satisfactory standards, a policy of food utensil sanitation has been laid down by the Department, which requires the following as a minimum :

Sinks. Two. Construction to be of glazed porcelain or stainless steel, both to be equipped with an adequate supply of hot and cold water and to be provided with efficient drainage.

First Sink. For the removal of all traces of grease from utensils, etc., using hot water at a temperature between 110°F. and 120°F., and containing an approved cleansing compound (detergent) used strictly in accordance with maker's instructions. Cleansing water to be changed as often as necessary to render each batch of utensils thoroughly clean.

Second Sink. To be filled with clean hot water at a temperature of not less than 170°F., wherein utensils, etc., can be rinsed and sterilised.

Drying of Dishes. To be performed by inverting dishes, etc., and allowing them to drain and dry. Only in circumstances where space restrictions render this method impossible should drying cloths be used and then only provided they are clean and replaced at frequent intervals.

An approved dish-washing machine in place of the above will, if properly used, satisfy requirements.

Conscientious observance of these standards of food utensil sanitation will materially reduce the risk of transmission of disease and of food poisoning.

POULTRY ABATTOIR AND SALES HALL:

The steady increase in the volume of business transacted and the congested state of the Poultry Abattoir induced the City Council to provide additional facilities for the handling of both dressed and live poultry.

A new Sales Hall with additional slaughtering facilities has been erected at a cost of approximately £20,000 and should be in operation in November of this year.

The number of poultry handled during the past year was :

Dressed poultry and ducks	279,076
Dressed turkeys	1,137

Condemnations, mainly on the grounds of decomposition, were 494 and 19 respectively.

CONDEMNATIONS : CITY MARKET :

Apples, cases	2	Eggs, doz.	72	Onions, pockets	8
Buck, carcasses	4	Fruit, trays	203	Potatoes, bags	17
Carrots, bags	7	Garlic, pockets	1	Pumpkins	107
Cream, cartons	6	Green peas, pockets	117	Pigeons	14
Cream cheese, cartons	20	Guinea Fowls	17	Snoek, bags	5
Dressed ducks	194	Greenbeans, pockets	10	Tomatoes, trays	50
Dressed fowls	665	Hares	13	Turnips, bags	3
Dressed turkeys	29	Oranges, pockets	31	Venison, lbs.	598

SURRENDERED FOR EXAMINATION AND CONDEMNED AS UNSOUND :

Apples, cases	75	Dripping, lbs.	42	Mustard, lbs.	14
Asparagus, tins	79	Dried peas, packets	24	Mustard, jars	601
Baked beans, tins	133	Fat, lbs.	2	Nuts, lbs.	332
Barley, lbs.	97	Fish, jars	34	Oats, packets	3
Baby food, packets	27	Fish, tins	5,769	Olives, bottles	985
Beans, lbs.	202	Figs, lbs.	29	Peas, split, lbs.	204
Biscuit, lbs.	26	Flour, lbs.	109	Pickles, bottles	233
Bisto, tins	8	Fruit, tins	5,324	Rice, lbs.	132
Breakfast Foods, tins	1	Fruit, dried, lbs.	562	Rusks, lbs.	5
Buckwheat, packets	6	Ham, tins	13	Rye, lbs.	147
Cake Mix, packets	186	Holsum, lbs.	12	Salt, lbs.	528
Cake, lbs.	50	Horseradish, jars	27	Samp, lbs.	34
Cheese, tins	146	Icing Sugar, lbs.	100	Sardines, tins	2,432
Cheese, lbs.	34	Instant Postum, tins	11	Sandwich spread, jars	260
Chicken Haddies, tins	43	Jam, tins	200	Shortbread, lbs.	1
Chocolate, lbs.	5	Jam, 10 lb. tins	5	Soup, tins	82
Chutney, bottles	46	Jelly, tins	45	Spaghetti, packets	453
Cooking Oil, tins	1	Konfy, jars	4	Snoek, bags	6
Cooking fat, lbs.	24	Lactogen, tins	3	Sugar, lbs.	5,872
Coffee, lbs.	16	Lard, cartons	12	Suet, lbs.	8
Cocoonut, desiccated, lbs.	15	Mabella, tins	23	Syrup, tins	3
Cornflakes, packets	1,219	Macaroni, lbs.	117	Sweets, lbs.	985
Cornflower, packets	56	Metzies, packets	1	Tea, lbs.	490
Cocktail juice, tins	9	Mealies, lbs.	201	Tamirind, lbs.	167
Cinnamon, tins	1	Mealie meal, lbs.	1,688	Tomato sauce, bottles	186
Cream, tins	2	Mealie rice, lbs.	270	Tomato juice, tins	2
Dates, lbs.	147	Meat, tins	790	Vegetables, tins	898
Dressed turkeys	60	Milk, tins	35	Vitamite, tins	204

SAMPLES OF FOODSTUFFS TAKEN (FOOD, DRUGS AND DISINFECTANTS ACT 13 OF 1929) :

Article	No. of Samples			Action Taken
	Total	Genuine	Deficient	
Milk	251	249	2	Prosecuted and fined £4 each.
Cream	8	8	—	
Ice Cream	33	33	—	Prosecuted and fined £5 each.
Sausages	10	7	3	
Honey	1	1	—	Prosecuted and fined £5 each.
Coffee Mixture	13	13	—	
Brine	1	1	—	Prosecuted and fined £5 each.
Mealie Meal	1	1	—	
Butter	1	1	—	Prosecuted and fined £5 each.
Total	319	314	5	

FOOD POISONING :

Thirteen occurrences of food poisoning were investigated during the year. In one, the patient was a seaman who had not partaken of any food ashore. In three instances, only one member of the family was affected and, in two of these, the infection was traceable to a *Salmonella* infection. It would seem that these solitary cases are liable to occur in poorer families as a result of the breadwinner consuming sandwiches composed of 'left overs.'

The consumption of stale fish showing a heavy and almost pure growth of *Staphylococcus aureus* was implicated in the case of two members of another family. The same organism was most probably the cause of three members of a family taking ill after eating chocolate eclairs. In another family, seven persons were affected after eating corned beef which, on bacteriological examination, revealed a growth of *Staphylococcus*.

An investigation into an outbreak affecting five residents in a boarding-house establishment was carried out with inconclusive results. The conditions in the kitchen were very poor and no licence had been applied for.

Some 48 out of about 250 Native delegates to a Church Congress sickened after eating mince-meat sandwiches. From the stool of one of the patients, *Salmonella Typhimurium* was recovered.

During February, the hottest month of the year, an outbreak of food poisoning occurred in an hotel in which at least sixteen residents and a number of the non-European members of the staff were affected. No common item of food was traced and the discovery of a *Salmonella* organism in the stool of one of the patients may have been casually related.

12. MATERNITY AND CHILD WELFARE :

A decrease of 596 in the number of registered births refers mainly to the Native section. European births increased by 277. The number of attendances at all the clinics increased by 3,034.

Infantile Mortality. The European Infantile Mortality Rate of 26.7 per 1,000 births is now the lowest on record for Durban and has also noticeably decreased among Coloureds and Asiatics. While this is gratifying, it is disturbing to note that 45% of Infantile Deaths among Europeans were due to Prematurity and that the vast majority—32 out of 34—occurred in the first week of life. Often premature infants from hospitals or nursing homes before they have attained a reasonable weight of 5 to 5½ lbs. In Britain, a number of Maternity Hospitals have organised special units where premature infants are treated by a specially trained staff. The case for setting up similar facilities in Durban is under investigation.

A decrease in the Maternal Mortality Rates for Europeans was noted. No Coloured case of death due to child-birth was registered.

The number of cases of Ophthalmia Neonatorum notified for all races has decreased from 173, to 134, of which 93 were Native.

Many clinics could not be attended by a doctor by reason of shortage of medical staff.

There has been no increase in the number of Health Visitors for some years. Out of a total of 29 Health Visitors in the Family Health Service, 15 are seconded to work in the Child Health Section, and of these, one or two are on leave or sick leave every month. Only nine of these Health Visitors are Mothercraft trained and these have had to bear the full responsibility of those clinics where no Medical Officer has been able to attend.

As the Mothercraft Training Centre in Cape Town can cater for only a limited number of trainees, there is ample justification for the establishment of a Mothercraft Training School in Durban. The additional qualification should be made essential for employment in the City Council's Health Visitor ship. Further facilities should be created to encourage members of the staff to obtain Mothercraft training as soon as possible.

It is noted with pleasure that an ever-increasing number of general medical practitioners are co-operating with the Family Health Service Staff of Health Visitors in regard to Maternal and Child Welfare throughout the City.

Supervision of Midwives. The number of registered and unregistered midwives on the list kept by the City Council was as follows :

	European	Coloured	Asiatic	Native	Total
Registered ...	25	4	1	1	31
Unregistered ...	5	3	138	1	147

The number of confinements attended by midwives in the various racial groups was as follows :

	ATTENDED BY		Total
	Registered Midwives	Unregistered Midwives	
Europeans	192	54	246
Coloureds... ..	14	9	23
Asiatics	27	2,766	2,793
Natives	—	89	89

For the first time, trained Bantu Midwives (2) have engaged in the private practice of midwifery in Durban.

Ante-Natal and Infant Clinics. The number of clinics in operation during the year was as follows :

EUROPEAN	COLOURED	NATIVE	ASIATIC
856	164	200	605

For Europeans, two Ante-Natal and one post Natal Clinics were held monthly. Clinics were held for Asiatics twice weekly and for Coloureds, once monthly.

It is proposed to improve the Ante-Natal and Post Natal clinical service by the appointment of Specialist Medical Officer next year.

The accommodation available for maternity cases was as follows :

Beds At	European	Coloured	Asiatic	Native	Total
Hospitals ...	42	12	32	104	190
Nursing Homes	140	—	14	—	154

The number of health visitors, district nurses and district midwives employed by various authorities in Durban was as follows :

	Health Visitors				District Midwives				District Nurses			
	E.	C.	N.	A.	E.	C.	N.	A.	E.	C.	N.	A.
City Council	29	—	3	6*	—	—	—	—	—	—	—	—
Prov. Administration	8	—	4	—	5	—	—	—	1	—	1	—
School Nurses	4	3	17	—	—	—	—	—	3	—	—	—
Union Govt. Health	—	—	—	—	—	—	—	—	—	—	2	—
Centre Nurses	—	—	—	—	—	—	—	—	—	—	—	—
Private	—	—	—	—	—	—	—	—	—	—	—	—

* Untrained.

	EUROPEAN CLINICS			NON-EUROPEAN CLINICS				GRAND TOTAL	
	Gale Street	Mobile Clinics	Total	Brook Street and Gale Street Centres and Mobile Clinics				1948-49	1947-48
				Coloured	Native	Asiatic	Total		
Total Number of Sessions	229	627	856	164	200	605	969	1,837	1,848
Total Sessions for Children	205	627	832	152	200	508	860	1,692	1,706
No. of ante-natal sessions	24	—	24	12	—	97	109	133	130
No. of post-natal sessions	12	—	12	—	—	—	12	12	12
Total Attendance at Clinics	12,547	28,492	41,039	9,335	25,177	36,436	70,948	111,987	108,953
New cases out of above number	1,308	1,950	3,258	672	4,678	5,633	10,983	14,241	15,124
No. of Infants under 1 year attending clinic	773	1,326	2,099	463	2,630	1,622	4,715	6,814	7,109
Total attendance of Infants	5,879	11,995	17,874	3,352	11,222	10,992	25,566	43,440	43,216
No. of toddlers and pre-school children attending clinic	563	1,477	2,040	462	659	1,447	2,568	4,608	4,952
Total attendance of toddlers and pre-school children	2,779	10,497	13,276	3,545	3,110	11,345	18,000	31,276	29,616
No. of nursing mothers attending clinic	510	906	1,416	290	2,570	1,551	4,411	5,827	6,201
Total attendance of nursing mothers	3,663	6,000	9,663	2,415	10,845	11,094	24,354	34,017	32,625
No. of expectant mothers attending clinic	75	—	75	21	—	2,767	2,722	2,863	3,007
Total attendance of expectant mothers	113	—	113	23	—	3,005	3,028	3,141	3,423
No. of post-natal cases attending clinic	89	—	89	—	—	—	—	89	87
Total attendance of post-natal cases	113	—	113	—	—	—	—	113	98
No. of test feeds given	286	329	615	53	4	20	77	692	815
No. of mothers instructed in treatment of minor ailments	965	1,719	2,684	750	4,603	7,355	12,708	15,392	15,365
No. of health talks and demonstrations given	1,227	3,498	4,725	743	2,528	4,330	7,601	12,326	11,203

NUMBER OF CASES.

	European	Coloured	Native	Asiatic
Referred to Doctors	12	—	—	13
" " Hospital	23	30	556	593
" " Societies	15	1	—	5
Passed for Day Nursery	120	8	—	—

FOOD DISTRIBUTED.

	Gale Street and Mobile Clinics	Gale Street and Brook Street Centres and Mobile Clinics		
	Europeans	Coloured	Native	Asiatic
Number of cases receiving dried milk free	81	61	63	79
Amount of dried milk given free in lbs.	1,678	379	1,596	2,615
No. of cases receiving dried milk at cost and reduced prices	5	17	11	41
Amount of dried milk sold at cost and reduced prices in lbs.	75	257	52	1,113
Number of cases receiving cows' milk free	59	15	—	—
Amount of cows' milk given free in pints	15,582	3,426	—	—

PHYSICAL CULTURE :

	European	Coloured
Total No. of children attending	68	—
Total No. of attendances	525	—
Total No. of antenatal cases attending	14	6
Total attendances of antenatal cases	30	6
Total No. of postnatal cases attending	10	—
Total attendances of postnatal cases	11	—

SPECIMENS SENT FOR PATHOLOGICAL REPORT :

Total No. of stool specimens	523
Total No. of swabs and slides	65

EXAMINATION OF ENTRANTS TO SERVICE :

163 Female Entrants to the Municipal Service were Medically Examined.

BIRTHS.

Notifications :

	European	Coloured	Native	Asiatic	TOTAL	
					1948-49	1947-48
DURBAN	1,854	222	897	1,245	4,218	4,291
GREENWOOD PARK	300	28	218	433	979	941
SYDENHAM	56	90	184	690	1,020	1,177
MAYVILLE	70	110	1,150	997	2,327	2,122
UMHLATUZANA	162	11	132	161	466	597
SOUTH COAST JUNCTION	380	106	455	892	1,833	1,577
IMPORTED	2,822	567	3,036	4,418	10,843	10,705
	519	27	3,631	210	4,387	3,766
TOTAL	3,341	594	6,667	4,628	15,230	14,471

Number of Illegitimate Births occurring among those notified :

	European	Coloured	Native	Asiatic	Total
DURBAN	30	51	686	27	794
GREENWOOD PARK	2	4	148	13	167
SYDENHAM	—	27	127	11	165
MAYVILLE	—	32	637	19	688
UMHLATUZANA	—	3	67	6	76
SOUTH COAST JUNCTION	1	21	232	23	277
IMPORTED	33	138	1,897	99	2,167
	5	8	1,719	11	1,743
TOTAL	38	146	3,616	110	3,910

Stillbirths—Notifications :

	European	Coloured	Native	Asiatic	Total
DURBAN	22	6	67	37	132
GREENWOOD PARK	4	1	8	17	30
SYDENHAM	—	3	19	31	53
MAYVILLE	2	6	85	47	140
UMHLATUZANA	4	—	9	7	20
SOUTH COAST JUNCTION	6	5	30	47	88
IMPORTED	38	21	218	186	463
	3	4	236	16	259
TOTAL	41	25	454	202	722

Number of Illegitimate Stillbirths occurring among those notified.

	European	Coloured	Native	Asiatic	Total
DURBAN	—	5	49	2	56
GREENWOOD PARK	—	—	8	—	8
SYDENHAM	—	1	11	—	12
MAYVILLE	—	—	58	1	59
UMHLATUZANA	—	—	6	—	6
SOUTH COAST JUNCTION	—	—	18	3	21
IMPORTED	—	6	150	6	162
	—	2	126	1	129
TOTAL	—	8	276	7	291

Registrations :

	European	Coloured	Native	Asiatic	TOTAL	
					1948-49	1947-48
DURBAN	1,838	225	695	1,087	3,845	4,145
GREENWOOD PARK	295	29	197	555	1,076	1,061
SYDENHAM	50	84	169	936	1,239	1,349
MAYVILLE	81	112	897	953	2,043	2,219
UMHLATUZANA	163	12	96	205	476	653
SOUTH COAST JUNCTION	377	115	355	1,208	2,055	1,973
IMPORTED	2,804	577	2,409	4,944	10,734	11,400
	605	51	2,994	181	3,831	3,761
TOTAL	3,409	628	5,403	5,125	14,565	15,161

Birth Rate (Rate per 1,000 of Population) :

	European	Coloured	Native	Asiatic	Total
1948-49	21·62	50·70	21·10	40·14	28·72
1947-48	20·45	53·50	28·29	42·45	30·93

Number of Illegitimate Births occurring among those registered.

	European	Coloured	Native	Asiatic	Total
DURBAN	40	56	390	9	495
GREENWOOD PARK	5	7	111	2	125
SYDENHAM	—	26	114	19	159
MAYVILLE	2	34	457	10	503
UMHLATUZANA	—	—	87	3	90
SOUTH COAST JUNCTION	7	31	230	14	282
IMPORTED	54	154	1,389	57	1,654
	14	17	1,242	1	1,274
TOTAL	68	171	2,631	58	2,928

Stillbirths—Registered :

	European	Coloured	Native	Asiatic	Total
DURBAN	15	4	51	49	119
GREENWOOD PARK	5	1	11	29	46
SYDENHAM	—	3	18	47	68
MAYVILLE	2	2	88	54	146
UMHLATUZANA	2	1	10	12	25
SOUTH COAST JUNCTION	7	5	26	62	100
IMPORTED	31	16	204	253	504
	3	3	133	15	154
TOTAL	34	19	337	268	658

Number of Illegitimate Stillbirths occurring among those registered :

	European	Coloured	Native	Asiatic	Total
DURBAN	1	1	40	—	42
GREENWOOD PARK	—	—	16	—	16
SYDENHAM	—	1	20	—	21
MAYVILLE	—	1	32	—	33
UMHLATUZANA	—	—	8	—	8
SOUTH COAST JUNCTION	—	—	8	—	8
IMPORTED	1	3	124	—	128
	—	2	70	—	72
TOTAL	1	5	194	—	200

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

RACE	Number of Stillbirths	Number of Live Births	Total	Stillbirth Rate
EUROPEANS	31	2,804	2,835	10.9
COLOURED	16	577	593	26.9
NATIVES ...	204	2,409	2,613	78.07
ASIATICS ...	253	4,944	5,197	48.6

INFANTILE DEATHS.

	European	Coloured	Native	Asiatic	Total
DURBAN	60	10	187	71	328
GREENWOOD PARK	5	5	38	34	82
SYDENHAM	2	12	57	81	152
MAYVILLE	—	14	432	82	528
UMHLATUZANA	2	3	62	26	93
SOUTH COAST JUNCTION	6	10	113	113	242
IMPORTED	75	54	889	407	1,425
	14	3	428	26	471
TOTAL	89	57	1,317	433	1,896

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

RACE	NUMBER OF DEATHS			NUMBER OF LIVE BIRTHS			MORTALITY RATE	
	Male	Female	Total	Male	Female	Total	1948-49	1947-48
EUROPEAN...	47	28	75	1,473	1,331	2,804	26.7	31.3
COLOURED...	30	24	54	276	301	577	93.5	103.7
NATIVE...	474	415	889	1,211	1,198	2,409	369.03	333.8
ASIATIC ...	225	182	407	2,542	2,402	4,944	82.3	91.8

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

European	Coloured	Native	Asiatic
2	3	6	17

ATTENDED ONLY				HEALTH VISITED ONLY				HEALTH VISITED AND ATTENDED			
Europ.	Col.	Native	Asiatic	Europ.	Col.	Native	Asiatic	Europ.	Col.	Native	Asiatic
1	1	6	10	—	—	—	—	1	2	—	7

CAUSES OF INFANTILE DEATHS :

CAUSES	WEEKS			MONTHS			TOTAL
	0—1	1—2	2—4	1—3	3—6	6—12	
Prematurity	32	1	1	—	—	—	34
Intra-cranial Haemorrhage	5	1	—	—	—	—	6
Erythroblastosis Foetalis	2	—	—	—	—	—	2
Congenital Malformations	3	1	—	—	—	—	4
Congenital Atelectasis	2	1	—	—	—	—	3
Congenital Debility	2	—	—	—	—	—	2
Congenital Hydrocephalus... ..	—	—	—	1	—	—	1
Gastro Enteritis	—	—	—	2	—	1	3
Rickets	—	—	1	—	—	—	1
Broncho Pneumonia	2	1	—	4	—	2	9
Cerebellar Tumor	—	—	—	1	—	—	1
Explosion at Natal Oil Products	—	—	—	—	1	—	1
Other Diseases peculiar to Infancy	5	—	—	1	—	—	6
Natural Causes	—	—	—	1	—	—	1
Undetermined	1	—	—	—	—	—	1
	54	5	2	10	1	3	75

COLOURED :

CAUSES	WEEKS			MONTHS			TOTAL
	0-1	1-2	2-4	1-3	3-6	6-12	
Prematurity	10	3	1	1	—	—	15
Intra-cranial Haemorrhage	2	—	—	1	—	—	3
Congenital Atelectasis	1	—	—	—	—	—	1
Congenital Debility	1	—	—	—	—	—	1
Hydrocephalus	—	—	—	—	1	—	1
Gastro Enteritis	—	1	—	2	1	2	6
Malnutrition	—	—	2	2	2	3	9
Nephritis	—	—	—	—	—	1	1
Bronchitis	—	—	—	—	1	—	1
Broncho Pneumonia	1	3	—	1	1	3	9
Lobar Pneumonia	—	—	—	1	—	—	1
Abscess of Lung... ..	—	—	—	—	—	1	1
Pulmonary Tuberculosis	—	—	—	1	—	—	1
Whooping Cough	—	—	—	1	—	—	1
Diphtheria	—	—	—	1	—	—	1
Convulsions	—	1	—	—	—	—	1
Other diseases peculiar to Infancy... ..	1	—	—	—	—	—	1
	16	8	3	11	6	10	54

NATIVES :

CAUSES	WEEKS			MONTHS			TOTAL
	0-1	1-2	2-4	1-3	3-6	6-12	
Prematurity	108	18	7	4	—	—	137
Intra-cranial Haemorrhage	26	3	3	—	—	—	32
Congenital Malformations	4	—	—	—	—	—	4
Congenital Atelectasis	3	1	—	—	1	—	5
Congenital Debility	52	8	4	4	3	2	73
Tetanus Neonatorum... ..	1	1	—	—	—	—	2
Gastro Enteritis	11	15	20	68	54	108	276
Amoebic Dysentery	—	—	—	3	—	3	6
Dysentery (unspecified)	—	—	1	—	—	—	1
Intussusception	—	—	—	1	—	—	1
Tumour of Abdomen	1	—	—	—	—	—	1
Nephritis	—	—	—	—	—	1	1
Pyelitis	—	—	—	—	1	1	2
Malnutrition	—	—	—	11	5	16	32
Anaemia	—	—	1	—	—	—	1
Bronchitis	—	—	—	—	—	3	3
Broncho Pneumonia	19	15	24	32	34	72	196
Lobar Pneumonia	1	3	1	5	3	10	23
Whooping Cough	—	—	1	—	—	1	2
Pulmonary Tuberculosis	—	—	—	1	2	6	9
T.B. Meningitis	—	—	—	1	1	1	3
Miliary Tuberculosis	—	—	—	—	—	3	3
Meningitis	—	—	—	—	—	2	2
Congenital Syphilis	4	1	1	3	3	2	14
Diphtheria	—	—	—	—	—	2	2
Convulsions	2	—	—	—	—	—	2
Status Lymphaticus	—	—	1	—	—	1	2
Status Lymphaticus, with vomiting and diarrhoea	—	—	—	1	—	—	1
Endocarditis... ..	—	—	—	1	—	—	1
Hypertension	—	—	—	1	—	—	1
Mastoiditis	—	—	—	—	—	1	1
Jaundice	—	—	—	1	—	—	1
Other Diseases peculiar to Infancy	17	2	—	—	2	—	21
Acute Septicaemia	—	—	—	—	—	1	1
Toxaemia due to Panophthalmitis	—	—	—	—	—	1	1
Starvation	—	—	—	1	—	1	2
Exposure	1	—	—	—	—	—	1
Suffocation : Open Verdict	1	—	—	1	—	—	2
Accidental Drowning... ..	—	—	—	—	—	1	1
Accidental Death	—	—	—	—	—	1	1
Heart Failure	—	1	—	1	—	—	2
Natural Causes	—	2	1	2	2	4	11
Sudden : Open Verdict	1	—	—	—	—	—	1
Malena Neonatorum	2	3	—	—	—	—	5
	254	73	65	142	111	244	889

ASIATICS :

CAUSE	WEEKS			MONTHS			TOTAL
	0-1	1-2	2-4	1-3	3-6	6-12	
Prematurity	54	11	9	9	1	—	84
Intra-cranial Haemorrhage	15	1	—	—	—	—	16
Congenital Malformation	4	1	—	—	—	—	5
Congenital Atelectasis	5	2	—	—	—	1	8
Congenital Debility	23	4	4	2	1	—	34
Malaena Neonatorum	—	1	—	—	—	—	1
Gastro Enteritis	—	2	3	12	23	31	71
Intestinal Obstruction	2	—	—	—	—	—	2
Exhausted through Vomiting Worms	—	—	—	—	—	1	1
Malnutrition	—	1	2	7	7	2	19
Rickets	—	—	—	1	—	1	2
Bronchitis	1	1	9	9	5	5	30
Broncho Pneumonia	4	3	6	15	16	29	73
Lobar Pneumonia	—	1	—	2	1	4	8
Pneumonia	1	—	—	3	1	3	8
Acute Nephritis	—	—	—	1	1	1	3
Asthma	—	—	—	—	—	1	1
Whooping Cough	—	—	—	—	1	1	2
Pulmonary Tuberculosis	—	—	—	—	—	2	2
Miliary Tuberculosis	—	—	—	—	—	1	1
Generalised Tuberculosis	—	—	—	—	—	1	1
T.B. Meningitis	—	—	—	—	1	1	2
Meningitis	—	—	—	1	—	3	4
Meningocele Meningitis	—	1	—	—	—	1	2
Congenital Syphilis	—	—	1	1	1	—	3
Diphtheria	—	—	—	—	—	2	2
Measles	—	—	—	—	—	1	1
Chickenpox	—	—	—	—	—	1	1
Hodgkins Disease	—	—	—	—	1	—	1
Acute Septicaemia	1	—	—	—	—	1	2
Valvular Heart Disease	—	1	—	—	—	—	1
Encephalitis	—	—	—	—	—	1	1
Convulsions	1	—	—	—	—	1	2
Accidental Burns	—	—	—	—	—	1	1
Heart Failure	2	—	—	—	—	—	2
Natural Causes	—	—	—	2	1	—	3
Other Diseases peculiar to Infancy	5	—	1	1	—	—	7
	118	30	35	66	61	97	407

FEEDING OF INFANTS WHO DIED FROM :

ENTERITIS :

	European	Coloured	Native	Asiatic	Total
Breast Fed	—	1	4	5	10
Breast Fed and Dried Milk	1	1	1	4	7
Breast Fed and Sweetened Condensed Milk	—	—	—	1	1
Breast Fed and Cereal	—	—	1	1	2
Breast Fed, Dried Milk and Cow's Milk	1	—	—	—	1
Breast Fed, Cereal and Cow's Milk	—	—	—	1	1
Breast Fed and Extras	—	—	—	4	4
Cow's Milk	—	—	1	2	3
Cow's Milk and Cereal	—	—	—	1	1
Dried Milk	—	—	—	1	1
Dried Milk, Sweetened Condensed Milk and Cow's Milk	—	—	—	1	1
Sweetened Condensed Milk	—	—	—	3	3
Cereal	—	—	—	1	1
Unable to trace	1	4	269	46	320
	3	6	276	71	356

MATERNAL MORTALITY :

	Number of Registered Deaths from Causes Due to Childbirth	Number of Births			Death Rate Calculated on Live Births	Death Rate Calculated on Live and Stillbirths	
		Live	Still	Total		1948-49	1947-48
Europeans	3	2,804	31	2,835	1.06	1.05	2.6
Coloureds	—	577	16	593	—	—	3.2
Natives	13	2,409	204	2,613	5.3	4.9	4.1
Asiatics	17	4,944	253	5,197	3.4	3.2	3.9

Maternal Deaths attended by :

	European	Coloured	Native	Asiatic	Total
Doctor	1	—	—	6	7
Midwife	—	—	—	3	3
No midwife or doctor	—	—	2	1	3
Hospital or nursing home	1	—	10	7	18
No particulars	1	—	1	—	2
TOTAL	3	—	13	17	33

Causes of Maternal Deaths :

	European	Coloured	Native	Asiatic	Total
Puerperal Sepsis	—	—	1	4	5
Toxaemia of Pregnancy	1	—	—	1	2
Eclampsia	—	—	3	4	7
Ruptured Ectopic Gestation	—	—	3	—	3
Placenta Praevia	1	—	—	—	1
Postpartum Haemorrhage	—	—	2	2	4
Retained Products of Conception	—	—	1	—	1
Ruptured Uterus	—	—	1	2	3
Pulmonary Embolism	—	—	—	2	2
Septic Abortion	—	—	1	—	1
Abortion	1	—	—	—	1
Anaemia	—	—	—	2	2
Circulatory Failure	—	—	1	—	1
	3	—	13	17	33

SUPERVISION OF MIDWIVES :

Midwives :

	European	Coloured	Native	Asiatic	Total
No. of trained midwives practising in Durban ...	25	4	—	1	30
No. of trained midwives who have ceased to practise	—	—	—	—	—
No. of untrained midwives practising in Durban	5	3	—	138	146
No. of Untrained midwives who have ceased to practise	1	—	—	—	1
No. of untrained midwives deceased	—	—	—	5	5
No. of women practising midwifery who have been warned not to do so unless they apply to have their names put on the list	—	—	—	20	20
No. of midwives prosecuted	—	—	—	2	2
No. of difficult midwifery cases attended to and delivered	—	—	—	6	5
No. of midwives' appliances examined	85	34	1	1,237	1,357
No. of midwives' bags replenished	—	25	—	1,915	1,940
No. of midwives' dressings sterilised	—	41	—	2,969	3,010
No. of midwives' dressings sterilised after septic cases	—	—	—	15	15
No. of visits to midwives at their home or at patients' houses	33	2	1	126	162

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

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

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

Inspection of Registers of Nursing Homes and Lying-in-Homes :

	European	Coloured	Native	Asiatic	Total
No. of homes	12	—	2	1	15
No. of times visited	63	—	9	5	77

Ante-natal Work :

	European	Coloured	Native	Asiatic	Total
No. of expectant mothers attending clinic	75	21	—	2,767	2,863
Total attendances	113	23	—	3,005	3,141
No. of ante-natal sessions	24	12	—	97	133
No. of ante-natal visits	296	31	554	1,597	2,478
No. of post-natal visits	26	6	—	68	100
Other Visits :					
No. of cases of Puerperal Sepsis	—	—	2	9	11
No. of visits to cases of Puerperal Sepsis	—	—	2	10	12
No. of maternal deaths	3	—	13	17	33
No. of visits to maternal deaths	2	—	13	17	32
No. of cases of Ophthalmia Neonatorum	14	2	93	25	134
No. of visits to cases of Ophthalmia Neonatorum	47	9	159	70	285
No. of Stillbirths	31	16	204	253	504
No. of visits in connection with Stillbirths	10	9	130	138	287

Tuition :

	European	Coloured	Native	Asiatic	Total
No. of Lectures and Demonstrations to untrained midwives	—	—	—	32	32
No. of lectures to Ambulance Men	6	—	—	—	6
No. of times Maternity Film shown to Ambulance Men and Midwives	3	—	—	2	5
No. of untrained midwives attending classes	—	—	—	12	12

Ophthalmia Neonatorum :

Confinements attended by	European	Coloured	Native	Asiatic	Total
Hospital or Nursing Home	8	2	69	5	84
Doctor at home	3	—	—	2	5
Midwife at home	3	—	2	16	21
No. skilled attention	—	—	12	2	14
Insufficient address	—	—	10	—	10
TOTAL	14	2	93	25	134

Causes of Disease :

	European	Coloured	Native	Asiatic	Total
Symptoms indicating maternal venereal disease	—	1	50	4	55
Other causes	14	1	43	21	79
	14	2	93	25	134
Referred to own doctor and hospital... ..	2	—	5	3	10
Already under hospital treatment	—	1	31	2	34
Treated by Clinic	12	1	57	20	90
	14	2	93	25	134

Ophthalmia Neonatorum Rate or number of cases of Ophthalmia Neonatorum per 1,000 live births :

	Number of Cases of Ophthalmia Neonatorum	Number of Live Births	Rate Calculated on Live Births
European	14	2,804	4.9
Coloured	2	577	3.4
Native	93	2,409	38.6
Asiatics	25	4,944	5.05

IMMUNISATION :

	European	Coloured	Native	Asiatics	Total
No. of cases immunised against Diphtheria ...	2,756	51	961	10,056	13,824
Completed the course ...	2,038	16	352	5,943	8,349
No. of cases immunised against Whooping Cough ...	61	3	40	—	104
Completed the course ...	21	—	—	—	21
No. of cases immunised against Whooping Cough and Diphtheria ...	2,573	266	209	138	3,186
Completed the course ...	872	65	46	29	1,012
No. of cases immunised against Typhoid, General ...	126	53	5,545	633	6,357
Completed the course ...	68	43	2,274	276	2,661
No. of Food Handlers immunised against Typhoid ...	103	2	1,546	54	1,705
No. of cases vaccinated against Smallpox... ..	6,680	2,917	18,914	27,604	56,315

HEALTH VISITORS' WORK.

Infants Under 1 Year :

	European	Coloured	Native	Asiatic	Total
First visits—Feeding { Breast	1,257	311	2,011	3,028	6,607
Mixed	100	11	326	294	731
Artificial	298	17	92	198	605
TOTAL	1,655	339	2,429	3,520	7,943
Re-visits—Feeding { Breast	1,429	135	381	3,844	5,789
Mixed	791	115	702	3,475	5,083
Artificial	2,461	251	89	567	3,368
TOTAL	4,681	501	1,172	7,886	14,240

Older Children :

	European	Coloured	Native	Asiatic	Total
First Visits	436	122	2,678	5,002	8,238
Re-visits	6,377	1,255	1,848	15,175	24,655
TOTAL	6,813	1,377	4,526	20,177	32,893
No. of above visits made to Protected Infants... ..	157	74	—	—	231

Other Visits :

	European	Coloured	Native	Asiatic	Total
Infant Deaths	22	10	47	55	134
Infectious Diseases or Contacts	9	3	—	—	12
Reports on Insanitary Conditions	28	1	1	1	31
No. of visits to Nursery Schools and Homes for Protected Infants	6	—	47	14	67
TOTAL	65	14	95	70	244

Lectures and Demonstrations :

	European	Coloured	Native	Asiatic	Total
Lectures and Demonstrations to Expectant Mothers ...	32	—	—	—	32
Lectures and Demonstrations to Students ...	318	—	—	—	318
TOTAL	350	—	—	—	350

Students :

	European	Coloured	Native	Asiatic	Total
University Students	2	—	—	—	2
Health Visitor Students	11	—	12	—	23
Domestic Science Students	14	—	—	—	14
TOTAL	27	—	12	—	39

	European	Coloured	Native	Asiatic	Total
No. of Infants under 1 year Visited	1,868	357	2,229	4,245	8,699

TOTAL VISITS :

First Visits—Infants	7,943
Re-visits—Infants	14,240
Older Children	32,893
Other Visits	244
Total	<u>55,320</u>

DENTAL CARIES :

	European	Coloured	Native	Asiatic	Total
No. of children found to be suffering from Dental Caries	66	7	15	56	144
No. of cases of Dental Caries which received attention	49	1	1	18	69

DETAILS OF PATHOLOGICAL SPECIMENS :

STOOL SPECIMENS	European	Coloured	Native	Asiatic	Total
Total No. of Stool examinations	490	20	10	3	523
Negative Results	286	9	3	1	299
POSITIVE RESULTS					
Round Worm (Ascaris)	89	4	4	1	98
Treated at Clinic	86	4	4	1	
Referred to own doctor or hospital	3	—	—	—	
Trichuris Trichiuris Ova (Whipworm)	24	1	—	1	26
Referred to own doctor or hospital	24	1	—	1	
Entamoeba Histolytica	2	—	1	—	3
Referred to own doctor or hospital	2	—	1	—	
Entamoeba Coli Cysts	31	—	—	—	31
Referred to own doctor or hospital	31	—	—	—	
Degenerative Amoeba (Indeterminate Type)	1	—	—	—	1
Referred to own doctor or hospital	1	—	—	—	
Giardia Lamblia Cysts	24	1	1	—	26
Referred to own doctor or hospital	24	1	1	—	
Pathological Amoeba	—	1	—	—	1
Referred to own doctor or hospital	—	1	—	—	
MULTIPLE INFECTIONS	33	4	1	—	38
SWABS AND SLIDES :					
Total No. of Swabs	11	3	6	11	31
RESULTS (SWABS) : Positive	—	—	2	11	13
Negative	11	3	4	—	18
Total No. of Slides	2	—	29	3	34
RESULTS (SLIDES) : Positive	—	—	13	3	16
Negative	2	—	16	—	18
WASSERMAN TEST	1	—	—	—	1
Result : Negative	1	—	—	—	1

13. NOTICES AND PROSECUTIONS :

Regrettably, the proposed new Food (including Milk) By-laws have not yet been promulgated.

Under consideration since 1944, the new code was finally adopted by the City Council during the year and forwarded for the approval of His Hon. the Administrator. Certain amendments suggested by the Provincial Authorities have had the effect of still further delaying its promotion.

As certain of the Public Health By-laws, more particularly those in relation to nuisances, do not fully provide for present-day conditions, consideration is being given to a complete revision of the entire code of health by-laws.

The following is a list of prosecutions undertaken during the year :
PROSECUTIONS :

The sub-joined table sets out the record of prosecutions instituted by the Department.

SECTION CONTRAVENED	Brought Forward	New Cases	Total	Guilty	Not Guilty	Withdrawn	Pending	Fines
Dairies :								
Dumping of Milk	—	9	9	7	—	—	2	31 0 0
Contamination by dirt	—	1	1	1	—	—	—	7 10 0
Transfer in street	—	2	2	1	—	1	—	5 0 0
Exposure to contamination	2	1	3	3	—	—	—	9 0 0
Trading without registration	1	5	6	6	—	—	—	58 0 0
Milk below standard... ..	—	1	1	1	—	—	—	7 10 0
Milk fat deficiency	—	2	2	2	—	—	—	8 0 0
Non-sterilisation of Utensils	—	1	1	1	—	—	—	5 0 0
Contraventions during delivery	—	1	1	—	—	—	1	—
Nuisances :								
Defective buildings (2)	4	34	38	29	1	3	5	187 10 0
Defective privies (1) (2)	4	5	9	9	—	—	—	47 0 0
Unclean yards	4	24	28	22	1	4	1	193 10 0
Unclean premises	—	15	15	14	—	—	1	142 0 0
Keeping of animals without consent of Council	1	14	15	8	—	1	6	56 0 0
Sleeping in unauthorised places	1	4	5	3	—	2	—	18 0 0
Depositing rubbish on vacant land	1	—	1	1	—	—	—	1 0 0
Storage of manure	—	1	1	—	—	1	—	—
Broken septic tank	—	1	1	1	—	—	—	5 0 0
Fly development... ..	—	2	2	2	—	—	—	5 0 0
Urinating in roadway	—	3	3	3	—	—	—	2 10 0
Foodstuffs :								
Unhygienic handling	3	2	5	5	—	—	—	38 0 0
Exposure to contamination	—	21	21	21	—	—	—	119 0 0
Sausages below standard	—	3	3	3	—	—	—	15 0 0
Hairdressers :								
Dirty conditions	—	2	2	1	—	—	1	6 0 0
Failure to wear overalls	—	3	3	3	—	—	—	9 0 0
Rodent Regulations :								
Rodent harbourage	—	5	5	4	—	1	—	38 0 0
Fumigation Regulations :								
Non-issue of notice	—	1	1	1	—	—	—	3 0 0
Mosquito Regulations :								
Mosquito breeding	—	4	4	1	—	—	3	10 0 0
Midwifery Regulations :								
Practising without registration... ..	—	1	1	1	—	—	—	2 0 0
Slums Act :								
Zonal regulations	4	43	47	38	—	4	5	246 10 0
TOTAL	25	211	236	192	2	17	25	1,275 0 0
PREVIOUS YEAR	24	142	166	119	4	18	25	636 0 0

(1). Once case fined £5 suspended.

(2). Two cases, cautioned and discharged.

NOTICES :

The number of sanitary notices issued during the year was as follows :

PERSONAL : 4,389 (4,427).

WRITTEN : 4,534 (5,304).

14. OTHER MATTERS OF HEALTH AND SANITATION :

Expansion of Health Inspection Programme.

For the first time since the outbreak of the War it became possible to look beyond the immediate task of overtaking accumulated arrears of health work and to consider an extension of activity in certain directions, more particularly as regards food hygiene, food utensil sanitation and Yellow Fever control.

Prior to the War the Department had steadily pursued a programme of improvement in relation to the construction and equipment of licensed food premises. Of necessity, the programme was curtailed during war-time and at the conclusion of hostilities, abnormal conditions pertaining to staff and the supply of materials enforced a delay in reviving a programme which had formally been producing such good results.

The axiom that governments are unwise to proceed too far in advance of public opinion applies to local as well as to state government. Accordingly, public opinion was prepared for the introduction of a good hygiene programme appropriate publicity methods. The stage has now been reached where the public is demanding a "stepping-up" of food hygiene standards generally.

Similarly, the need for intensifying Yellow Fever control measures in the City is underlined by the rapid development of aerial transport and the pending completion of the Durban National Airport at Reunion. Soon a regular air service direct from the endemic Yellow Fever areas of continental Africa will be inaugurated. Already it has become necessary to apply strict Anti-Aedes measures at the Stamford Hill Aerodrome, following the approval of a weekly air service schedule between Kenya and Durban.

Health Engineering Services.

Nothing contributes more to the promotion of an improved environmental hygiene standard than the provision of such health engineering services as reticulated gravitation water supplies, sewer and stormwater drainage, paved roads, swamp reclamation, etc. Since incorporation of the suburban areas in 1932, notable progress has been made in several of the said respects but, until at least the more densely populated suburban sections of the City are sewered, health risks associated with primitive methods of sanitation cannot be discounted.

The notable sanitary improvement which has resulted from connection of premises to the Municipal sewers in portion of Sydenham underlines the wisdom of enlarging the City's sewered area with as much expedition as possible.

Lodging Houses.

The acute shortage of housing which has obtained in the City for the past few years has provided a stimulus for the establishment of lodging houses.

A goodly percentage of these lodging houses are being conducted in premises which by reason of unsuitable design and lack of adequate sanitary amenities are totally unsuitable for the purpose.

Many of the premises concerned are not readily adaptable to the purpose intended but to press for an acceptable standard of conformity at this stage would merely result in (a) prolonging the existence of sub-standard premises thanks to "make-shift" improvements or (b) de-housing people with effect to aggravate the prevailing housing shortage.

In the circumstances, the policy adopted in dealing with the "improvised" type of lodging house property has been to confine present requirements to minimum sanitary improvements and to review the position annually. As the general housing outlook improves, it will be possible progressively to "weed out" unsatisfactory premises of this type.

Liquor-licensed Premises.

As a result of collaboration with the District Commandant, South African Police, the Department has arranged to furnish the Liquor Licensing Board with full reports on all liquor-licensed premises within the City including details of improvements which should be undertaken in the interests of public health.

The effect of this arrangement will be to prevent overlapping between the two authorities and to secure the assistance of the Liquor Licensing Board in obtaining compliance with requisite standards of hygiene and sanitation.

Non-European Refugee Camps.

Arising out of the non-European racial riots which took place in the City in January, 1949, it became necessary to establish a number of refugee camps, for the reception of homeless Asiatic families and Native families.

In meeting this emergency a large percentage of the Department's staff was seconded to organise and supervise the necessary health and sanitary facilities.

It is pleasing to record that the health control programme proved so effective that there was a complete absence of preventable disease among the refugees.

Unauthorised Dwellings.

By reason of the prevailing housing shortage, the unauthorised use as dwellings, of buildings originally erected as garages, storerooms, etc., together with such places as sub-stair and sub-floor spaces, is rampant throughout the City.

The position in this respect is steadily deteriorating and, unless new housing, mainly for non-Europeans, becomes available at a much faster rate than has hitherto been possible, there is very little prospect for improvement in the situation.

Hotels, boarding and lodging houses	6,435	(4,905)
Restaurants, Tea Room and Eating houses	4,389	(3,003)
Bakeries	150	(60)
Butcheries	972	(803)
Dairies and Milk Depots	3,456	(3,041)
Laundries	400	(386)
Markets	320	(433)
Offensive trades	134	(97)
General	47,018	(36,599)
European Health Assistants	17,112	(16,173)
Native Health Assistants	12,785	(13,278)
	<u>93,171</u>	<u>(78,778)</u>
Complaints received and investigated	2,493	(2,851)
Notices issued—Personal	4,389	(4,427)
Written	4,534	(5,304)
Reports on applications for licenses	4,658	(12,843)
Tubes of larvae collected	996	

A modification of Licence control approved by the Licensing Officer has considerably lessened the work of this Department. Licensed premises in respect of which applications are made for renewals are inspected as in the past, but reports are required only on applications for new licenses or on premises where defects require attention. This is reflected in the record of general inspections 47,018 (36,599) and of reports on applications for licenses 4,658 (12,843).

REVIEW OF BUILDING PLANS :

Activity in the building trade has been well maintained during the year, a total of 3,842 plans representing an increase of 58, being submitted for approval as to the sanitary and hygienic requirements of this Department. Where plans fall short of required standards, the co-operation of interested parties was sought and no difficulty has been experienced in reaching final agreement.

The following was the monthly regional distribution of premises in respect of which plans were submitted for approval :

MONTH	Old Borough	Greenwood Pk.	Sydenham	Mayville	Umhlatuzana	S.C. Junction	Total
1948 :							
July	86	61	28	41	14	79	309
August	141	58	27	40	26	69	361
September	127	89	54	39	25	77	411
October	108	54	20	38	26	76	322
November	119	84	38	43	27	106	417
December	124	57	27	45	19	82	354
1949 :							
January	58	32	18	20	17	36	181
February	134	71	21	21	36	100	383
March	102	57	18	23	15	75	290
April	119	53	25	38	25	52	312
May	63	50	15	19	13	38	198
June	95	49	24	36	34	66	304
TOTAL	1,276	715	315	403	277	856	3,842

Plans finally approved numbered 3,075, a decrease of 275 as compared with the previous year. The estimated value was £4,953,474, a decrease of £778,169.

Of the 910 plans approved for dwellings, the average cost per dwelling was £2,500 as against the previous year's of 1,211 plans, averaging £2,320 per dwelling. In 1948, the cost of 36 blocks of flats averaged £15,900 per block whilst this year 46 averaged £12,270.

The following is a list of approved plans :

PLANS APPROVED FOR ALL BUILDINGS — JULY 1948 - JUNE 1949.

DWELLINGS										FLATS				ADDITIONS TO DWELLINGS AND FLATS		STORES, SHOPS AND OFFICES		ADDITIONS TO STORES, SHOPS AND OFFICES		CLUBS, HALLS AND HOTELS		ADDITIONS TO CLUBS, HALLS AND OFFICES		TOTAL No. of PLANS		TOTAL ESTI- MATED COST	
Month	No. of Plans	Cost	2	3	4	5	6 &	No. of Plans	Cost	1	2	3	4	No. of Plans	Cost	No. of Plans	Cost	No. of Plans	Cost	No. of Plans	Cost	No. of Plans	Cost	No. of Plans	Cost	No. of Plans	Cost
			Rms	Rms	Rms	Rms	Rms			Rms	Rms	Rms	Rms														
1948 :		£							£						£		£		£		£		£		£		£
July ...	117	268,585	3	11	28	64	11	9	150,044	12	70	28	1	132	32,389	19	76,503	64	14,576	3	13,149	6	10,017	350	565,263		
August	82	196,882	4	7	22	43	6	11	106,875	2	26	26	7	108	23,967	11	54,078	25	13,185	2	12,700	2	2,034	241	409,721		
Sept. ...	94	224,182	4	6	24	39	21	2	40,450	—	18	17	—	106	20,669	17	128,087	32	15,301	2	17,359	3	4,250	256	450,298		
October	84	401,837	6	7	26	36	9	3	61,976	—	25	8	—	113	21,351	23	206,063	56	15,381	5	24,581	3	2,897	287	734,086		
Nov. ...	87	216,544	4	11	31	35	6	4	81,494	7	10	14	—	90	30,096	18	112,558	35	15,144	5	74,796	8	2,465	247	533,097		
Dec. ...	95	205,802	7	10	27	42	9	4	23,623	—	8	2	2	118	32,945	13	54,408	61	19,563	8	53,629	14	10,468	313	400,438		
1949 :																											
Jan. ...	50	102,848	10	2	11	20	7	1	7,895	—	1	—	—	95	18,397	10	190,888	37	14,344	2	120,750	3	570	198	455,692		
Feb. ...	80	194,016	—	6	20	47	7	3	39,200	3	10	17	1	98	25,610	7	15,628	32	9,498	6	6,487	—	—	226	290,439		
March	97	224,405	7	6	29	49	6	5	30,425	6	—	2	4	159	34,910	24	198,001	50	29,765	1	10,860	18	16,307	354	544,673		
April ...	30	65,697	1	1	8	17	3	2	7,800	—	—	—	2	52	14,704	2	1,650	21	15,745	—	—	7	2,531	114	108,127		
May ...	44	85,865	2	6	13	17	6	1	3,000	—	6	—	—	120	30,786	15	85,025	38	8,306	—	—	11	2,808	229	215,790		
June ...	50	93,567	8	3	16	19	4	1	11,500	—	—	3	—	128	28,830	23	66,639	49	20,986	2	12,043	7	12,285	260	245,850		
TOTAL :	910	£2,280,230	56	76	255	428	95	46	£564,282	30	174	117	17	1,319	£314,654	182	£1,189,528	500	£191,794	36	£346,354	82	£66,632	3,075	£4,953,474		

15. INDUSTRIAL HYGIENE :

Public Conveniences.

Public conveniences have been well maintained throughout the year. Minor complaints have been dealt with personally, or referred to Departments concerned.

Shops and Factories.

The need for maintaining general cleanliness was brought to the notice of several managements with good results. Other improvements were obtained in collaboration with District Inspectors and the Government Department of Labour (Factory Inspector).

Health Education.

- (a) European, Bantu and Asiatic schools were visited throughout the City to arrange for the showing of appropriate film shows and to advertise similar shows for adult groups.
- (b) Business premises and shops in the centre of the City were canvassed to publicise an adult health film show staged in the Caxton Hall.
- (c) Hotels were visited to arrange health talks and film shows for combined Bantu and Asiatic staffs.
- (d) Anti-Mosquito talks were given to European householders on the Bluff area during October, 1948.
- (e) 187 talks were arranged for presentation by the Bantu Health Assistant at business and factory premises during the year. These talks spot-lighted the prevention of tuberculosis, venereal diseases, infectious diseases and demonstrated food handler hygiene.

Visits and Inspections	1,227
Public Conveniences	452
Shops and Factories	163
General Health Education	413
Schools visited	102
Hotels visited	29
Business Premises and Shops visited (re film shows) ...	63

16. HEALTH EDUCATION :

Further development of the Health Educational programme was stimulated by importing new films on themes which had not hitherto been displayed. These were :

- (i) **Mother and Child**, a Canadian technicolour film of one hour's duration, stressing pre-natal care, which, when shown at cinemas, assembly and public halls in the city and suburbs, was attended by large numbers of expectant mothers. Indian cinemas, including the Avalon Theatre (accommodating 1,200) were used for this "women only" film and filled to capacity.

A fully qualified Zulu nurse commented when films were shown to Bantu female groups at hostels, camps and locations. Bantu women are becoming increasingly clinic-minded.

- (ii) **Typhoid Carrier and Dysentery** films, illustrated Food Handler Hygiene. These films produced in America were popular on programmes for staffs of hotels, eating houses and beer halls and have also been shown with acceptance to European Women's groups and to Bantu domestic servants.

- (iii) **Kill the Louse** was beneficially employed at Refugee Camps for Indian and Bantu victims of the January riots.

- (iv) **Feeling of Rejection**, a mental hygiene film of Canadian origin, traces characteristics of immaturity, i.e., introspection and inability to make decisions as the result of faulty home training.

Other importations were :

- "Planning What to Eat"—(Disney Cartoon). "Vaccinate Against Smallpox."
"Sanitary Market."

During the year, an Indian lecturer was appointed to extend audio/visual programme. His activities included the following :

- (1). Talking daily over the Public Address Unit in the open air to tenants of Housing Scheme, industrial lunch-hour groups, shack dwellers, residents in the Magazine and other barracks and Indian areas generally.
- (2). Film commentation, in Indian languages where English was not well understood.
- (3). School lectures ;
- (4). Group work representing block-to-block surveys and house-to-house teaching, especially in sub-economic and slum areas.

This official is supported by an Indian Health Assistant.

It is noteworthy that shack dwellers were amongst the best behaved and most appreciative of open air audiences, never failing to express thanks and to request a return visit. All new shack communities, Bantu and Indian, have been reached by both Public Address and Visual Education Units. This supports the employed men and their families anxious to establish themselves and to improve their conditions.

The formation of Bantu and Asiatic refugee camps made urgent calls on the Health Education Units with the object of preventing epidemics of disease through the strict observance of sanitary practices, personal hygiene and recourse to immunisation. Group talks were given in the day-time to males and females separately. Health films were nightly shown in the open air.

This special programme included the following :

Asiatic Camps : 16 Film shows to 11,700 people ; 90 Public Address Unit talks to 48,131 people and 27 Group talks to 992 people.

Bantu Camps : 6 Film shows to 1,889 people.

Lunch-Hour Shows were continued throughout the year to industrial staffs both European and non-European. Main subjects handled were T.B. and V.D., supported by Disney Cartoons on a variety of health subjects.

Literature.

Printed leaflets on a wide range of public health subjects were distributed to the literate at all talks and shows, the main language media being English, Afrikaans and Zulu. Most of the literature has been produced by the City Health Department.

A notable production in English was the duo-coloured anti-roach pamphlet entitled "The Secret." Commendations on its unusual and effective lay-out were received from many quarters. An illustrated leaflet in Zulu on nutrition was well received.

Expansion in Health Educational activities during the year is reflected in the following statistics :

The 30,550 talks given were (687 more than in 1948) the 649 films shown were (45 more than in 1948) and the 659,460 attendances were (248,392 more than in 1948).

This growth has been achieved without engaging additional staff. Additional film shows represent improvised use of warehouses, garages, basements as well as open air stands. The programme is being developed to spot and reach new groups in industry, shacks, etc., so that no cross section of any race in the community is overlooked.

The routine programme now includes talks in English, Zulu, Hindustani and Tamil by public address unit in all districts to industrial groups, domestic servants, queues at food-depots, at all Municipal compounds barracks and locations, industrial compounds and shack settlements.

Visual Education is available for all racial groups including hotel personnel, Women's Institutes, Guide and Scout movements, Church Associations and suburban communities in local assembly halls, schools, day and night ; Non-European compounds, open-air shows, domestic servants and other specified groups.

A lecturer daily attends at the Registration Offices of the Native Administration Department for the purpose of health instructing Bantu seeking work.

Another lecturer attends the Indian Immigration offices regularly for the purposes of imparting instruction on health subjects.

Instruction on Food Handler Hygiene and immunisation are given at the weekly Vi-testing clinics held by the Department for staffs of dairies and restaurants.

HEALTH EDUCATION :

ATTENDANCES IN RACES AND DISTRICTS :

	European	Coloured	Native	Asiatic	Total
Old Borough	5,922	502	165,909	53,763	226,096
Greenwood Park	513	120	19,621	42,501	62,755
Sydenham	—	285	16,921	54,537	71,743
Mayville	—	—	53,640	76,364	130,004
Umhlatuzana	427	—	27,510	30,852	58,789
South Coast Junction ...	819	323	43,411	65,520	110,073
Total	7,681	1,230	327,012	323,537	659,460
Previous Year	11,535	1,072	291,813	105,648	411,068

SUBJECT	Old Borough		G.W. Park		Sydenham		Mayville		Umhlatuzana		S. Coast Junction		Total	
	F.	T.	F.	T.	F.	T.	F.	T.	F.	T.	F.	T.	F.	T.
Bilharzia	1	32	—	52	—	38	1	40	1	34	1	43	4	239
Cleanliness brings Health... ..	13	—	4	—	5	—	5	—	2	—	8	—	37	—
Dental Caries	2	—	—	—	—	—	—	—	—	—	—	—	2	—
Elimination	5	—	—	—	—	—	—	—	—	3	—	—	5	3
Environmental Sanitation	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Feeling of Rejection	3	—	—	—	—	—	—	—	—	—	—	—	3	—
Food-handler Hygiene	—	4,421	—	67	—	47	—	58	—	40	—	77	—	4,710
Hookworm	13	—	—	—	2	—	—	—	1	—	1	—	17	—
Human Body	20	—	4	—	7	—	8	—	3	—	—	14	42	14
Infant Care	2	—	2	—	—	—	1	—	—	—	6	—	11	—
Infectious Diseases	—	5,573	—	188	—	169	—	214	—	137	—	241	—	6,522
Immunisation	—	4,572	—	177	—	155	—	206	—	120	—	239	—	5,469
Insects as Carriers of Disease... ..	23	—	2	—	4	—	6	—	4	—	7	—	46	—
Ishimuyane	—	15	—	12	—	8	—	12	—	8	—	31	—	86
Kill the Louse	9	—	1	—	2	—	5	—	—	—	3	—	20	—
Malaria... ..	4	—	3	—	2	—	4	—	2	—	7	—	22	—
Mother and Child	4	—	2	—	—	—	1	—	—	—	3	—	10	—
Nursery School Education	2	—	—	—	—	—	—	—	—	—	6	—	8	—
Nutrition	16	29	—	24	2	13	2	26	1	16	6	35	27	143
Personal Hygiene	—	88	—	96	—	74	—	85	—	66	—	109	—	518
Pest Control	—	511	—	114	—	100	—	116	—	85	—	144	—	1,070
Pest Control—D.D.T.	—	16	—	19	—	10	—	21	—	9	—	21	—	96
Playground Safety	11	—	2	—	3	—	6	—	3	—	10	—	35	—
Prevent Dysentery	2	—	—	—	—	—	1	—	—	—	—	—	3	—
Poliomyelitis	6	—	—	—	—	—	—	—	—	—	—	—	6	—
Sanitary Market	9	—	2	—	1	—	2	—	—	—	2	—	16	—
Scabies	—	50	—	41	—	25	—	39	—	24	—	37	—	216
Smallpox	15	—	1	—	4	—	4	—	3	—	4	—	31	—
Transmission of Disease	36	—	2	—	7	—	7	—	3	—	16	—	71	—
Tuberculosis... ..	62	5,396	3	73	8	73	4	78	5	47	30	110	112	5,777
Tuberculosis—X-ray	—	13	—	—	—	—	—	—	—	—	—	21	—	34
Two Families	9	—	—	—	1	—	3	—	1	—	8	—	22	—
Typhoid Carrier	22	—	—	—	2	—	4	—	2	—	5	—	35	—
Typhus	3	—	—	—	—	—	1	—	1	—	2	—	7	—
Veneral Diseases	6	5,419	—	26	—	20	1	28	1	18	5	67	13	5,578
Water	5	—	—	—	—	—	—	—	—	—	1	—	5	1
What is Disease	10	—	3	—	3	—	5	—	3	—	14	—	38	—
Worms	—	9	—	8	—	7	—	16	—	10	—	11	—	61
Vi-test	—	13	—	—	—	—	—	—	—	—	—	—	—	13
Total Films	314	—	31	—	53	—	71	—	36	—	144	—	649	—
Total Talks	—	26,157	—	897	—	739	—	939	—	614	—	1,204	—	30,550

17. LABORATORY SERVICES :

The development of public health programmes stresses the need for adequate pathological and chemical laboratory service—especially in relation to epidemiology and food hygiene. The extensive range of service supplied by the Municipal Pathologist, the City Analysts and the Government Pathologist (Union Health Department) ensures the necessary support for these programmes as regards the functions of scientific control and research.

The Municipal Pathologist (Dr. B. F. Sampson) reports as follows :

" Looking at the past year from the view point of laboratory specimens examined and the results obtained, one gets the impression that among Europeans the incidence of the following has been remarkably low : Food-poisoning, Enteric Fevers, and Dysentery (both Amoebic and Bacillary).

" One might reasonably have expected more disease of these types, in view of the threat to the public health of the shack settlements. But so far it has not happened.

" Examination of stools for Child Health Clinics also shows a marked falling-off in the incidence of helminthic infestations. It is not known that the type of people attending these clinics has changed much in the past year or two. The results of laboratory examinations, however, suggest that some change has occurred. Poorer class children usually show a high incidence of worm infestation but this is the type of specimen seldom seen to-day."

There is no doubt whatsoever that, through the timeous detection of 'carriers' amongst milk-handlers, the pathological laboratory service can claim a good deal of credit for the complete absence nowadays of milk-borne Enteric outbreaks.

In addition, the pathological service is proving its value in supporting and stimulating the drive for pasteurisation of milk and health education programmes generally.

The following sets out examinations carried out during the year :

Blood	2	Haematological	31
Cake	4	Wine	3
Chocolate	4	Soil	12
Child Health	291	Meat	2
City Fever Hospital	40	Medical Bureau	11
Corned Beef	4	Rappaports	743
Cream	4	Stools	264
Diphtheria Swabs	145	Stools (Foodpoisoning)	23
Fish	4	Vi-tests	961
Foodstuffs	11	Vinegar	4
Vomit	4		
TOTAL : 2,567.			

STAFF LIST :

The establishment of the Department consists of :—

Administration :

1 City Medical Officer of Health	Gunn, Dr. G. H. (M.D., D.P.H.)
1 Deputy City Medical Officer of Health	English, Dr. G. D. (M.B., Ch.B., D.P.H., D.T.H.)
1 Assistant Medical Superintendent	Casson, Dr. M. (M.D., M.R.C.S., L.R.C.P.)
1 Administrative Officer	Boutle, R. E. (R.S.I.)
1 Assistant Administrative Officer	Thomson, A. H. (R.S.I.)
1 Chief Clerk	Tedder, H. M. (R.S.I.)
6 Senior Clerks	
13 Clerical Assistants	
2 Lady Assistants	
1 Chief Typist	
1 Senior Typist	
9 Typists	
1 Enquiry Clerk	
	Non-European :
	1 Indian Office Assistant
	7 Indian Messengers

Epidemiology and Endemiology :

1 Assistant Medical Officer of Health	Hooper, Dr. D. H., (M.B., Ch.B., D.P.H.)
(and T.B. Officer)	
1 Radiographer (Senior)	
1 Radiographer (Junior)	
1 General Assistant	
	Non-European :
	5 Indian Health Assistants
	1 Indian Messenger
	5 Bantu Health Assistants
	2 Night Watchmen (Bantu)
	3 Bantu Cleaners

Health Inspection :

1 Assistant Medical Officer of Health	Vacant.
1 Chief Health Inspector	Michie, A. A. (R.S.I.)
1 Deputy Chief Health Inspector	Bawden, F. G. (R.S.I.)
8 Health Inspectors (1st Grade)	
11 Health Inspectors (2nd Grade)	
9 Health Inspectors (3rd Grade)	
8 Assistant Health Inspectors	
14 Health Assistants	
2 General Assistants	

Dairies and Milk :

1 Veterinary Medical Officer	Wessels, Dr. C. C. (M.R.C.V.S.).
1 Assistant Veterinary Officer	Vacant.
3 Health Inspectors (1st Grade)	Allocated from Health Inspectional).
2 Lady Assistants.	

Health Visiting :

1 Chief Health Visitor	
1 Senior Health Visitor	
33 Health Visitors	
9 Clinic Assistants	
	Non-European :
	6 Indian Clinic Assistants
	5 Indian Messengers
	3 Bantu Health Visitors
	1 Bantu Cleaner

Family Health Services :

1 Assistant Medical Officer of Health	McNeill, Dr. K. (M.B., Ch.B., D.P.H.)
1 Clinical Medical Officer	Chapman, Dr. L. E. J. (M.B., Ch.B., B.Sc., D.P.H.)
1 Clinical Medical Officer	Vacant.
1 Pathologist	Sampson, Dr. B. F. (M.R.C.S., L.R.C.P., M.B., B.Sc.)
1 Physical Culturist	

Field Hygiene :

1 Health Inspector (allocated from Inspectorate)
1 Senior Assistant Supervisor
1 Assistant Supervisor
5 General Assistants (1st Grade)
9 General Assistants (2nd Grade)
1 Assistant Chemist

Non-European :

3 Indian Sirdars
6 Indian Field Assistants
35 Indian Labourers
8 Bantu Health Assistants
29 Bantu Labourers

Non-European Health Services :

1 City Venereologist	Wallace, Dr. G. D. H. (M.D., M.R.C.S., L.R.C.P., D.P.H.)
1 Bantu Medical Officer	Dhlamini, Dr. C. N. (M.D., L.R.C.P., L.R.F.P.S.)
1 Clinical Medical Officer	McAuliffe, Dr. M. (M.B., M.R.C.S.)

Non-European :

1 Indian Health Assistant
6 Bantu Health Assistants
4 Bantu Clerks
4 Bantu Nurses (Female)
2 Bantu Laboratory Assistants
1 Bantu Clinical Assistant
3 Bantu Orderlies
1 Bantu Cleaner

Health Education :

European staff drawn from other sections.
1 General Assistant

Non-European :

1 Indian Lecturer
1 Indian Health Assistant
1 Bantu Lecturer
2 Bantu Health Assistants

Infectious Diseases :

European staff taken from other sections

Non-European :

1 Indian Health Assistant.
2 Bantu Health Assistants

Disinfecting Station and Laundry :

Staff transferred to the Natal Provincial Administration on 1st October, 1948.

City Fever Hospital :

Staff transferred to the Natal Provincial Administration on 1st October, 1948.

REPORT B.**SLUMS AND HOUSING :**

The acute shortage of housing and accommodation for all races particularly Natives, continues to defy solution. Most urgent is the problem presented by the suburban areas of the City.

The growth of these shack towns which now accommodate upwards of 60,000 people can be attributed to certain main causes.

Since the Native Land Tenure Act was promulgated in 1913, Natives have been obliged to live in the Reserves or else in the towns where they could find employment.

In the Native Reserves—whence industry draws its labour force—the deterioration of living conditions through over-stocking and soil erosion, has proceeded to such an extent, in the interior, that Natives are deterred from returning to their tribal homes. Although thus urbanised the Native finds himself unable to acquire land or build a home in the urban area, thanks to the operation of the Natives (Urban Areas) Act, and must depend on the ability of local authorities to house him and his family.

The consequent development of shack towns may be understood as an outcome of the Natives' effort to house themselves following the failure of urban authorities to overtake this task fully. The demand of industry and commerce for Native labour has developed so rapidly that it has outpaced the provision of housing.

Unfortunately so far as Durban is concerned, these settlements have developed on sites where the provision of basic sanitation access roads and public amenities is almost an impossibility. The nature of the soil is such that deep pit-latrines or soak pits in most instances cannot function properly but instead deteriorate into cesspools which eventually overflow to pollute the environment.

The sites first selected were in hilly, market-gardening areas where land was rentable cheaply. Land owners mainly Indians soon realized that shacks were a better paying crop than bananas. Thus to-day these land owners sit back and reap a rich return from their erst-while farms whilst the local authority finds itself on the edge of a volcano of formidable epidemic potential.

As an indication of the growth of shack settlement, the following table is enlightening :

SHACKS :

	Number at January, 1946	Year ending 1948	Year ending 1949
South Coast Junction	377	577	682
Umhlatuzana	31	145	226
Mayville	4,998	5,161	5,688
Sydenham	56	132	253
Greenwood Park	31	137	175
Old Borough	—	119	156
Totals	5,493	6,271	7,180

On the bases of a survey conducted during January, 1946, and subsequently adjusted for additions, the figures shown above represent the number of Native families living under shack conditions in the different City areas. As re-housing must be on the basis of one family per dwelling, subsequent development of each new structure or substantial extension has been recorded as accommodating one family.

Recently, however, multi-roomed shacks which accommodate several families have come into fashion. Thus an increase of 50 per cent. in the population figures assessed below may not be an overestimate today.

ESTIMATED SHACK POPULATION :

	Number at January, 1946	Year ending 1948	Year ending 1949
South Coast Junction	1,885	2,885	3,410
Umhlatuzana	155	725	1,130
Mayville	24,990	25,805	28,440
Sydenham	280	660	1,265
Greenwood Park	155	685	875
Old Borough	—	595	780
Totals	27,465	31,355	35,900

These figures are approximate and very conservative and one of 67,000 is given by another Department. It is certain, however, that the majority of these people are housed under primitive conditions as regards water supply, night soil and refuse removal services.

Climatic conditions, hot sunshine, drenching rains and high winds in season together with the steeply sloping and self-draining nature of the sites have played an immeasurable part in the dissipation of epidemic potential. Programmes of health education (by films and loud-speaker) and immunisation have also played a part.

A pre-requisite to resiting these settlements on 'austerity' lines must be the acquisition of large accessible areas of land sufficiently isolated from existing residential areas. The soil must be of an absorbent nature to allow of establishment of efficient latrines and soak pits to reduce maintenance costs of sanitary services ; alternatively, areas must be such as to justify concentrated housing and water-borne sewerage.

Pending re-housing, there is the problem of dealing with existing shack settlements. The shacks are built on slopes and in terrain which can aptly be described as 'goat country.' Unlike town-planning engineers who work up to an ideal, the Natives have 'built down' to a necessity. In so doing, they have indicated their willingness to endure such hardships as travelling long distances to water points, bush privies, transport termini and provision stores.

The first step would thus appear to be the expropriation of any suitable land whereon these settlements have developed. This would enable Council to proceed expeditiously with certain capital works of housing development such as the laying-on of communal stand-pipes, and the improvement of existing roads to allow freighter access to communal refuse-bins and privies.

Whilst the establishment of communal privies is Hobson's choice, misuse could be reduced to a minimum by allocating a certain number of shacks to each block, the whole to be strictly supervised by trained Native Health Assistants.

Such short term policy would very materially assist and supplement present control measure such as mass health education and immunisation.

The re-siting of shacks on pre-determined layouts with properly-organised basic sanitary services could follow as and when lands and funds become available.

With regard to the type of house to be constructed, it is certain that any attempt to provide outdoor sub-economic housing would be prohibitive because of the high constructional costs.

Assisted perhaps with advice and also supplies, at cost, of such items as wattle or gum poles and roofing material, the Natives must be encouraged to build their own houses.

So doing would ensure some degree of uniformity in austerity housing besides tending to strengthen the confidence of Natives in the ability and willingness of the European to assist him in his needs.

SLUM AREAS :

(a) **Central.** As in previous years, direct action for the elimination of slum premises has not been possible. However, a limited improvement programme promoted in co-operation with the Controller of Letting, Department of Social Welfare and the Natal Housing Board. Acting under the Regulations for Control and Inspection of Premises in Defined Zones framed under Section 32 of Slums Act this Department has induced many property owners to carry out structural improvement schemes. In other instances, written assurances have been accepted in relation to rebuilding on completion of the necessary financial arrangements.

In the Town Zones, the trend is towards replacing sub-standard structures with business premises with super-imposed living accommodation.

(b) Sub-Urban Zones :

- (1). **Slum Zones 8.** This area on the north bank of Umgeni River has not deteriorated in any way. Lack of alternative accommodation has prevented re-housing of the inmates and the demolition of shack structures.
- (2). **Slum Zones 9.** The Cato Manor area is essentially a shack settlement where conditions are rapidly deteriorating through the phenomenal increase in shack construction.
Intensive health education through the medium of public address vans coupled with immunisation against smallpox and typhoid have played a vital part in health control.
- (3). **Slum Zone 10.** The Bluff valley is now attracting the attention of homeless workers in the adjacent large new industrial areas. This development was inevitable in the circumstances and marks the point whereat plans for housing Native workers must crystallise if chaos and disorders are to be avoided.
- (4). **Slum Zone 11.** A recently proclaimed Industrial area at South Coast Junction is at present being sewered. Slum conditions will shortly be eliminated by the consequential rise in land values and industrial development which will follow.

General. It will thus be seen that the major problem confronting this Department is that of housing Non-Europeans, with priority for Native workers and their families who follow them into the towns. The Department has repeatedly stressed the means to be adopted, i.e., organisation of (a) 'austerity' housing on shack areas selected and acquired for the purpose; and (b) long term planning of new housing schemes.

During the year under review, some 178 applications to demolish or convert were received by this Department for report. These projects involved mainly the replacement of sub-standard dwellings by modern buildings. In accordance with the provisions of Circular No. 16 of the Natal Housing Board, the availability of suitable alternate accommodation for any tenants of these buildings is always taken into consideration.

Prosecutions.

Thirty-eight prosecutions were instituted during the year for contraventions of the "Zonal Regulations" resulting in fines totalling £246 10s. 0d.

Applications for Alternative Accommodation.

In January, 1949, following upon a re-arrangement of the Department of Social Welfare, this Department has asked to assist the local Controller of Letting with written reports on any adverse living conditions noted.

Under this arrangement, some 201 cases were investigated and reported on.

(1). **New Municipal Housing.**

(a) Partly paid Housing Schemes.	
No. of Houses completed	612
No. of Houses commenced	19
No. of Houses awaiting commencement	43
(b) Flats for Ex-Volunteers (completed).	
Umbilo Road	48
Kenneth Gardens	282
Currie Road	48
Westgate Gardens	84
Kirkwood Gardens	72
Total	534
(c) Flats for Women.	
Rapson Road—completed	55
(d) Housing for Ex-Volunteers.	
Woodlands Scheme :	
Housing completed	250
Houses under construction	34
Houses awaiting construction	16
(e) Sherwood and Virginia Estates.	
All drainage earthworks and road formations, if not completed, are rapidly nearing completion.	
Sub-Economic.	
Benson Gardens (Elderly women of limited means) :	
Flats completed	50
(Administered by Durban Benevolent Society).	

(2). **Indian—Sub-Economic.**

(a) Springfield Sub-Economic.	
Completed	591
Under construction	57
Total	648
(b) Springfield.	
Plots available for economic Houses	90
(c) Cato Manor.	
Houses completed	50
(1 destroyed during January Riots).	
(d) Springfield (Scott-Inanda).	
Houses completed	72

(3). **Coloured.**

Sparks Estate.	
Sub-Economic completed	24
Economic completed	36

(4). Native.

Chesterville (Blackhurst) Scheme.

No. of houses completed	...	...	...	...	...	...	...	...	1,268
-------------------------	-----	-----	-----	-----	-----	-----	-----	-----	-------

Merebank Native Men's Hostel.

16 blocks completed	...	...	...	...	...	...	...	...	4,032 beds
1 Block visiting wives	...	...	...	...	...	...	...	...	48 units
Recreation Hall	...	...	...	...	...	...	...	...	70% completed

Magazine Barracks.

No major improvements or alterations have been carried out during the year.

Clothes-drying facilities have been installed; certain roads have been tar-macadamised to eliminate dust nuisances; certain redundant communal latrine blocks are being considered for conversion into clothes-washing and ablution units with hot water service.

Housing of Natives.

Existing Native Housing comprises the following:

- (a) Municipal Villages and Hostels.
- (b) Industrial compounds.
- (c) Private residential premises.
- (d) Slum and shack settlements.

MUNICIPAL NATIVE HOUSING COMPRISES THE FOLLOWING:

(1). (a) Locations for Housing Families.

Lamont—Houses completed...	...	...	...	...	...	...	...	...	630
Houses under construction...	...	...	...	...	...	...	...	...	50
Baumannville	...	...	...	...	...	...	...	...	120
Jacobs	...	...	...	...	...	...	...	...	64
Chesterville	...	...	...	...	...	...	...	...	1,268
Total	...	...	...	...	...	...	...	...	<u>2,132</u>

(b) Locations for Native Males.

Somtseu Road	...	...	...	...	...	...	...	...	3,674 beds
Merebank	...	...	...	...	...	...	...	...	4,032 "
Dalton Road	...	...	...	...	...	...	...	...	1,656 "
Jacobs	...	...	...	...	...	...	...	...	625 "
Total	...	...	...	...	...	...	...	...	<u>9,987 "</u>

(c) Hostels for Native Males.

Bell Street	...	...	...	...	...	...	...	...	1,374
Ordinance Road	...	...	...	...	...	...	...	...	440
Total	...	...	...	...	...	...	...	...	<u>1,814</u>

(d) Hostels for Native Females.

Grey Street	...	...	...	...	...	...	...	...	520
Jacobs	...	...	...	...	...	...	...	...	64
Total	...	...	...	...	...	...	...	...	<u>584</u>

(2). (a) Water Supply.

	LOCATIONS			
	Lamont	Baumannville	Jacobs	Chesterville
Houses with water laid on	270	120	—	1,268
Houses with communal supply	360	—	64	—
No. of communal taps	31	—	4	—

(b) Ablution, Washing and Sanitary Accommodation.

	Lamont	Baumannville	Jacobs	Chesterville
Houses with showers	425	120	—	—
Houses with bathrooms	425	—	—	1,268
Showers for males	—	—	6	—
Showers for females	—	—	6	—
Washing gullies	425	120	2	1,268
Latrines (pail)	—	—	—	—
Latrines (pit)	212	—	—	—
Latrines (waterborne)	*425	120	—	1,268
Latrines (for males)	—	—	6	—
Latrines (for females)	—	—	6	—

* The work of providing full sewerage facilities to all Houses is progressing satisfactorily.

(3). (a) Hostels for Men.

	Merebank	Somtseu Road	Dalton Road	Bell Street	Jacobs	Ordnance Road
Latrines	372	235	66	42	72	13
Urinals	174	13	6	7	54	—
Showers	468	216	38	38	48	9
Washing Areas	96	21	11	22	5	3
Water taps	444	50	50	36	58	9
Fireplaces	64	62	26	15	16	15
Kitchens	2 (large)	10	5	—	1	—
Kitchen taps	238	24	17	—	7	—
Dining Halls	4	3	2	—	1	—

(b) Hostels for Women.

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

Proposed Additional Accommodation.

Lamont Location	1,083 houses
(150 completed to date).	
Merebank Hostel	992 beds
Somtseu Road (casuals)	968 beds
Jacobs extension	1,000 beds

5. Native Housing Accommodation other than Municipal (approx. figures).

(a) Industry commerce (excluding S.A.R. & D.C.) ...	17,500
(b) Domestic Servants	23,000
(c) Licensed premises	12,500
(d) Shack settlements	36,000
(e) Miscellaneous including floating population ...	25,000

Estimated Native population 109,543, based on 1946 Census and corrected each month for births and deaths notified.

Native Administration Department estimated that the Native population of Durban is approximately 170,000.

Conclusions.

- There is still an acute shortage of housing for all races.
- There has been no decrease in the steady influx, particularly Bantu, into the City.
- The racial disturbances in January, 1949, did much to aggravate shack settlement conditions. Refugee families had to be accommodated on a priority basis. Many nearly completed sub-economic Indian Houses were used for this purpose.
- Shack settlement areas are growing at an alarming rate and elimination of the attendant insanitary conditions is a matter of extreme urgency.
- Sub-standard properties, apart from shack structures, are being steadily improved under the Regulations for the Control and Inspection of Premises in Defined Zones (framed under the Slums Act).
- The progress of New Municipal Housing, though gratifying, is hopelessly inadequate to meet existing demands.

Appreciation.

I wish to express my appreciation of the loyal services rendered by my staff.

My thanks are also conveyed to you, Sir, and to the other members of the City Council for the 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.



