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

CITY OF DURBAN

Annual Report

OF

CITY MEDICAL OFFICER

OF HEALTH

YEAR ENDING 30th JUNE, 1952.

HAYNE & GIBSON LTD.,
DURBAN

CITY HEALTH DEPARTMENT.

REPORT "A" — Page No.

1. Vital Statistics ... 6
2. Infectious Diseases ... 22
3. Tuberculosis ... 25
4. Venereal Diseases ... 31
5. Plague and Rodent Control ... 37
6. Other Communicable or Preventable Diseases ... 37
7. Water Supply ... 40
8. Nightsoil, Slop-water and Refuse ... 40
9. Meat Supplies ... 41
10. Milk Supplies ... 42
11. Other Food Supplies ... 43
12. Family Health Service ... 45
13. General Sanitation ... 54
14. Health Inspection ... 55
    Field Hygiene ... 56
    Public Health Education ... 61
15. Health Staff ... 67

REPORT "B"

Housing ... 68

1st August, 1952.

To His Worship the Mayor and

City Councillors of the City of Durban.

Ladies and Gentlemen,

I have the honour to present the Annual Report on the health, sanitary and housing conditions of the City of Durban for the year ending 30th June, 1952.

In this introduction to the Report, the intention is not only to comment on certain aspects of the work of the City Health Department which may not be mentioned in the body of the Report itself but also to discuss one or two matters which lie outside the strict province of preventive medicine and public health but which, nevertheless, are indirectly related and allied to these disciplines.

Generally speaking, steady progress has been maintained by the Department throughout the year under review. Certain policies have taken a more definite shape and the pattern of their future development has become clearer. At its best, public health work is never spectacular for except in often distant retrospect there is nothing in any of its solid achievements to fire the imagination. But a comparative review of the principal Vital Statistics for an area will indicate trends and it is pleasing to report that, except for a negligible increase in the European Death Rate, the figures for all races in respect of Birth Rates, Death Rates and Infantile Mortality show a favourable trend and are better than those which appeared last year. The Infantile Mortality rates for all races, in fact, are the best ever recorded in the City.

For the second year in succession, the town has been fortunate in not experiencing any epidemic or outbreak of disease. At one stage, an increase in the notification of poliomyelitis cases presaged an outbreak of the disease and gave rise to a certain degree of apprehension. But in the course of a few weeks the threat passed.

Whilst, therefore, there is cause for satisfaction in several directions, there are two problems which cast their shadows over the public health scene. I refer to the abnormal prevalence of tuberculosis amongst all racial groups and to the high incidence of severe amoebiasis suffered by members of the Bantu community. The former is a social disease, the solution of which predicates improved standards of housing and nutrition. Possibly the same holds true, up to a point, for Bantu amoebiasis in Durban, but there are so many gaps in our knowledge of the local problem that one can only speculate on the aetiology and pathogenesis of the disease insofar as it affects our indigenous population.

This brings one to a point where it would be material and relevant to furnish a survey of the numerous avenues through which this Department is assisted and served by external institutions and agencies whether they be governmental, state-aided or voluntary in nature.

Within the City is situated the largest Tuberculosis Hospital in the Union with a capacity of approximately 1,200 beds. In a few months' time, it is likely that the number of beds will be increased to 1,350 and probably in the next year or so to 1,500. Staffed by experts and equipped with every modern device, the Hospital forms one of the City's principal bastions in its fight against tuberculosis.

Another Government institution which plays a prominent part, not only in the health activities of the town but elsewhere in the country, is the Institute of Family and Community Health—the headquarters and training school of the Union's Health Centre Service. Particularly in the southern area of the City, the work of the Department and the Institute are closely integrated and I am glad to report that the relationships between the two organisations, founded as they are on a common objective, have always been cordial and co-operative. It has been felt that this Report would be incomplete without some reference to the work carried out by the Institute during the year and, for this reason, a brief review of the Institute's activities has been included. For this, I am indebted to Dr. S. Kark, Medical Officer in Charge, to whom I tender my grateful acknowledgments.

The Amoebiasis Research Unit, sponsored by the Council for Scientific and Industrial Research and by the Natal Provincial Administration, was established in 1949 and is based on the King Edward VIII Hospital. Since its inception, the Unit has published more than a score of papers dealing with its research projects. Largely as a result of its investigation, improvements in the diagnosis and treatment of the disease have been established and the death rate amongst Bantu patients in the Hospital has been reduced within a few years from ten to two per cent.

Whilst most of the work of the Unit has, hitherto, been devoted to clinical trials with drugs supplied from all over the world, certain features of the disease as it appears locally and elsewhere in Southern Africa have not been overlooked. The results of these investigations are dealt with in the Report and it will readily be appreciated that the conclusions arrived at by this Unit may, in time, be of considerable importance and benefit to the Department in its endeavours to control the incidence of the disease especially in the local Bantu, amongst whom it forms a major health problem.

After protracted negotiations, the University of Natal is in the process of establishing a Faculty of Medicine in Durban for the training of non-Europeans. This is most appropriate in view of the large Bantu and Indian populations in and around the City. There can be no doubt that this development is destined to play an important role in the medical and public health life of the Union and the Medical School must now be numbered amongst one of Durban's major cultural assets. It may be anticipated that, in the near future, representations will be made to the Council for the facilities of this Department to be placed at the disposal of the School for training purposes.

Whilst on the subject of the University of Natal, mention must be made of its numerous research activities especially in the fields of economic and social studies, with particular reference to incomes, housing and nutrition. These researches cover all racial groups and have now been carried out over a period of several years. They represent a most valuable contribution for the guidance of those interested in the welfare of the town.

The Tuberculosis Settlement of the Friends of the Sick Association is performing most valuable work in the control of tuberculosis amongst the Indian community in Natal. Owing its foundation to the vision and inspiration of one man, Paul Sykes, the Settlement celebrated its first decade of its history this year. The record of the Association represents a striking example of what can be achieved by voluntary effort in the field of public health, when a section of the community is prepared to serve unstintingly the cause of the more unfortunate members of its group.

Whilst on the subject of Tuberculosis, one is reminded of the fact that Durban is the headquarters of the Natal Anti-Tuberculosis Association which, in its early days, helped so much to formulate public opinion and to stir the Government to action in a crusade against the disease. It is to Durban's everlasting credit that, some twenty years ago, it provided a voluntary organisation which was to promote several projects of great benefit to tuberculosis sufferers and their families and which was ultimately to culminate in a movement of a national character.

The Department is grateful to the Association for its aid in alleviating the economic hardship suffered by families affected by the disease.

Another organisation which is interested in the problem of tuberculosis with its headquarters in Durban is the Christmas Stamp Fund. Its Sales Campaign last year was a record when an amount of just over £47,000 was collected. The establishment by the Fund of a Sunshine Home in Pietermaritzburg has been a boon to the Department in ensuring that child contacts of tuberculosis patients can be accommodated and cared for under optimum conditions.

There are, of course, other voluntary organisations in the City which more or less indirectly supplement the work of the Department but only two can be mentioned in bringing this brief review to a close. These are the St. John's Ambulance Association and Brigade and the Natal Branch of the South African Red Cross Society. During more than one emergency over the last few years, the town has had cause to be grateful for the services of these humanitarian bodies and I am glad to report that close liaison is continuously maintained between each of these organisations and the Department. It is certainly a comforting thought to know that in any future difficulties, this Department is in a position, at short notice, to call on the services of hundreds of well-trained and disciplined volunteers. A laudable objection which the Red Cross Society has in hand at the present time is the erection of a hall to complete its building programme. The intention is to so design the hall that it can be converted into an auxiliary hospital should the need arise. As a matter of fact, it should be an easy matter to utilise all the Society's buildings for this purpose and, if necessary, to make available other buildings in the immediate neighbourhood or the accommodation of the staff and the provision of storerooms.

Financial.—During the year, practically every hospital, to which Durban's infectious diseases cases are admitted, increased its tariff of fees. But against this adverse factor, it must be borne in mind that, with two exceptions, refunds are now authorised on a higher percentage basis and that, in certain diseases, owing to advances made in treatment, the length of hospital stay of patients has been lessened. Even so, the mounting costs of hospital services must be viewed with some concern, though in fairness to the Provincial Administration it must be pointed out that its current hospital charges actually represent a loss when the costs per patient day of the different institutions are taken into account.

But the problem is, of course, by no means limited to infectious cases nor peculiar to this country.

The following table shows how hospital costs have risen during the period 1946/1952 :—

Hospital Fees.

Municipal Year	Infectious Diseases	Tuberculosis	Venereal Diseases	Total
1946/47	5,694	30,395	10,236	46,325
1947/48	4,892	37,418	8,595	50,905
1948/49	7,471	37,930	7,746	53,147
1949/50	16,495	43,880	6,224	66,599
1950/51	13,409	53,004	7,000	73,413
1951/52	28,215	84,482	9,115	121,812

One financial matter of some importance was brought to finality in December 1951. It will be recalled that the Natal Provincial Administration had a large outstanding claim against the City Council for the costs of treatment of cases of amoebic dysentery admitted to its hospitals during the period the disease was notifiable within the Province of Natal, i.e. from the 1st January 1945 to the 28th November 1947. Owing to the fact that the payment of the purchase price of the City Fever Hospital could not be made until the Honourable the Minister of Health had approved the agreement regarding the transfer of the Hospital, the Provincial Administration acceded to a request that the claim for amoebic dysentery fees be permitted to stand over so as to allow for a simultaneous settlement by exchange of cheques. As a compromise, the City Council paid the Administration a sum of ten thousand pounds in full and final settlement of its claim in regard to the costs of treating dysentery.

As regards the City Fever Hospital, it will also be recalled that, in pursuance of a resolution of the City Council, dated 20th September 1948, and pending transfer of the buildings, administrative responsibility for the Hospital was transferred to the Natal Provincial Administration on 1st October 1948. During the year under review, the City Council approved the final draft agreement in connection with the transfer of the buildings of the Hospital and, although payment had been made, final transfer had not been effected by the end of June as further negotiations in regard to the site of the new Medical School had not been concluded. The assets purchased by the Administration embraced the following :—

(a) City Fever Hospital buildings and Administration Block;
(b) The site of the Hospital in extent approximately 8 acres;
(c) Venereal Diseases Wards and Clinic;
(d) Laundry and Disinfecting Station and ancillary buildings;
(e) Council's interest in the European Venereal Diseases Block at Addington Hospital.

It will thus be observed that the final steps towards the fulfilment of the scheme for the co-ordination of hospital services have now been taken, bringing to a close a matter which had been under consideration for a great number of years.

As a result of an increased incidence of gastro-enteritis in the Cato Manor area to which reference was made in the Annual Report for last year, the City Council approved the establishment of a static clinic for non-Europeans at the end of January, 1951, in buildings situated at its Social Farm property, off Bellair Road. Application was thereupon made to the Secretary for Health for his approval to conduct the Clinic on a part-refund basis but no information is, as yet, available as to his decision.

In order to render the buildings suitable, it was necessary to carry out certain alterations, repairs and demolitions and, in addition, to provide certain services. The cost of these improvements amounted to £2,480 and, in October, 1951, the Council resolved to apply to the Secretary for Health, in terms of the relevant Regulations, for a 50% part-refund in respect of the costs of such repairs and improvements to the Clinic. The decision of the Secretary for Health is still awaited.

Another important project, the non-European clinic in Brook Street made no headway during the year, pending the approval of the Union Department of Health for its establishment.

Proposed Establishment of a Dental Clinic.—During May, 1951, the Natal Branch of the Dental Association of South Africa notified the Council that it had decided to establish a Dental Clinic for certain classes of persons and sought financial assistance and accommodation from the Council so as to place the matter on a practical basis. The intention was to organise the proposed Clinic on the same lines as those voluntary established in recent years in other urban centres by means of a subsidy from the Union Department of Health, with the control vested in a Board approved by that Department. Under the Government-sponsored scheme, the Clinic gives its services as a priority to ante-natal and post-natal cases, pre-school children and indigent adults. One condition attached to the Government subsidy lays down that the local authority in whose area the Clinic is established is required to make a contribution at least equal to that granted by the Government and, furthermore, in the event of the Clinic providing a dental service for school children, the Provincial Administration concerned is also required to make a like contribution.

On the 25th July, 1951, the Public Health Committee, after meeting representatives of the Dental Association, resolved that the Association be informed that it should submit evidence before the Provincial Committee of Enquiry into Hospital Services in Natal regarding the adequacy of the existing dental services for Natives and Indians and the need for similar services for Europeans and Coloureds of the classes referred to in the Association's application. The City Treasurer was also directed to report on the financial implications. Since then, there have been no further developments.

Formidable Epidemic Diseases Hospital Accommodation.—During 1951, the Director of Provincial Medical and Health Services, whilst satisfied as regards hospital accommodation for non-European cases of formidable epidemic diseases provided the Fynnland Quarantine Station could be utilised, expressed his concern regarding the position of Europeans and suggested that the solution lay in building a small block at the Wentworth Hospital. As a matter of fact, similar small isolation-quarantine units for suspect cases had been suggested by the City Medical Officer of Health in 1945 and again in 1948.

Following an exchange of correspondence between the three interested authorities on the question of the Provincial Administration's application for a refund on the expenditure of the proposed block, the Secretary for Health and the Director attended a meeting of the Public Health Committee held on the 18th September, 1951, at which the former expressed the view that, owing to low incidence of smallpox amongst Europeans, the building of a separate block was not warranted. He indicated, however, that the accommodation at the Fynnland Quarantine Station would be placed at the disposal of the Director whenever circumstances permitted.

Following this meeting, a joint inspection of the Quarantine Station was held in October, 1951, at which representatives of the Union Department of Health, the Provincial Administration and the City Council attended. During the course of the inspection, it emerged that a block with accommodation for 44 patients would be available at all times for the isolation of non-European cases of smallpox and that the odd European cases could be suitably housed in an isolation portion of the Hospital Block. As a result of the inspection, it was evident that the Government Quarantine Station at Fynnland could provide adequate accommodation for cases of formidable epidemic disease to meet the needs of the Durban area in the immediate future.

From the above, it is clear that this matter, which has been in a fluid state for several years, has at last been placed on a proper basis thanks to the spirit of co-operation manifested between the Union and Provincial Health Departments.

City Health (Tuberculosis) Clinic.—Since 1946, it has been Council's policy to transfer the City Health (Tuberculosis) Clinic to the Union Department of Health, but the negotiations to that end were held up for various reasons: chief of these was disagreement as to the price which should be paid for the land on which the Clinic buildings were erected. Final agreement was reached during the year and the Government eventually acquired the Clinic on the 29th March, 1952. The price paid for the land, which represents half its market value at the time negotiations were initiated was £8,000. Since then, discussions have been held between the authorities of King George V/Springfield Hospital, who administer the Clinic, and representatives of this Department. These have been concerned mainly with the question of the integration of the duties of the Tuberculosis Health Visitors with the work of the Clinic.

As a result of these discussions, a co-ordinated programme of Tuberculosis control in the City has been devised. It should be noted that, with a change in ownership, the Clinic was re-designated the Durban Chest Clinic.

Financial Relationships in Regard to Health Services.—On 23rd November, 1949, a Committee comprising representatives of the Central Government, the Provincial Administration, the United Municipal Executive and the Association of the Divisional Councils of the Cape was appointed by the Honourable the Minister of Finance (The Honourable F. C. Havenga) to investigate and make recommendations regarding, inter alia, the financial relations concerning health services in the Union. The Committee submitted both long-term and interim proposals, the nature of which is now common knowledge.

In paragraph 13 of the Report of the above Committee, often referred to as the "Havenga Committee," attention was drawn to the question of allowable and disallowable expenditure for part-refund purposes, which it was suggested should be the subject of discussion between representatives of the Union Department of Health and local authorities. In consequence, and pending the introduction of the necessary amending legislation to implement the Havenga Committee's interim recommendations, the Honourable the Minister of Health invited the United Municipal Executive to send delegates to discuss the above question with representatives of his Department. In effect, the issue revolved around the meaning of the expression "approved nett cost" as defined in the Public Health Act and the interpretations of this expression in relation to various personal health services as reflected in the relevent regulations and directives issued by the Union Department of Health.

A Committee of the United Municipal Executive met in Pretoria on the 7th and 8th January 1952, at which a comprehensive memorandum on the subject, which had been prepared by the City Treasurer, formed the basis of discussion. Thereafter, the Committee met the Secretary for Health and representatives of his Department. Several of the recommendations of the Committee were favourably received by the Department and a number of these were later incorporated in the Public Health Amendment Act of 1952. Both the City Treasurer and the Acting City Medical Officer of Health attended the meetings as Council's representatives and they were accompanied by one of the senior officials of this Department as adviser.

Certain recommendations were rejected by the Union Department of Health for reasons which were either undisclosed or regarded as inadequate, and these formed the subject of a further memorandum by the City Treasurer.

This document was discussed during March at the Annual Meeting of the United Municipal Executive and was subsequently revised in the light of the provisions of the Public Health Amendment Act, 1952. Nevertheless, although by the end of the year, no further meetings had been held with representatives of the Union Department of Health on the outstanding items which require clarification or reconsideration for refund purposes, it may be said that the negotiations, so far, have gone a long way to meet the submissions of local authorities and to that extent progress may be regarded as satisfactory.

Public Health Amendment Act, 1952.—The Act was passed during the last session of Parliament and became law in June. Save as provided in a couple of sections, its operation has retrospective effect to the 1st April 1952.

It will be recalled that the interim recommendations of the Havenga Committee were designed to bring immediate financial relief to the local authorities to the tune of £300,000 which would be borne by the Central Government. No basic principles of the Public Health Act were violated by these proposals which simply aimed at placing these personal health services, which were refundable, on a uniform subsidised basis of seven-eighths of approved nett expenditure.

These proposals have now been incorporated in the new Amendment Act and naturally provide substantial relief to local authorities. In addition, further relief has been accorded by removing the limitation of £750 per annum previously imposed on salary refunds to local authorities and providing that the salaries of all full-time 'health officers' shall be, subject to certain conditions, refundable to the extent of one-third. Furthermore, the salaries of a wider range of health officials have become eligible for part refund. As an indication of the amount of relief which will be forthcoming to the Council, the City Treasurer has computed that additional refunds to the extent of approximately £27,000 will be paid during the coming year.

Section 32 of the Amendment Act is, of course, highly contentious in that it vests the Minister of Health with powers which may react unfavourably on the salary scales of health officials. So much has been spoken and written on the subject that I shall only allude to one aspect of the question.

It has now become necessary to refer to Pretoria for approval of all recommendations which may, in any way, affect the emoluments of those health officials whose salaries are refundable. It is therefore absolutely necessary that all applications of this nature should be dealt with expeditiously by the Union Department of Health if efficiency is to be maintained in local Health Departments. No one is more aware than the writer of the nature of the task which has now been placed on the Central Authority in this regard, but for the sake of the local authority services, it is essential that this aspect of public health administration be conducted on the highest level of co-operation.

Medal Awards to Student Nurses.—On consideration of an application from the Matron of the Addington Hospital, the Council decided to identify itself with the training activities of the institution by the grant of gold and silver medals to the most outstanding student nurse and runner-up respectively amongst those students completing their course during the year. A Selection Committee comprising the Matron and members of her staff and representatives of this Department was appointed and conditions governing the awards were laid down and approved. In making the awards, not only are the results of examinations taken into consideration but also the standard of practical work attained by the candidates throughout their training. In addition, the possession of those personal qualities and attributes which best endow a nurse to follow the practice of her profession and to subscribe to its high ideals is also taken into account.

Health Officials' Association of Southern Africa : Ninth Annual Congress.—At the invitation of the City Council, the Congress was held in Durban from the 17th to the 21st September, 1951. The delegates were welcomed to the City by His Worship the Mayor (Councillor P. Osborn) and the Congress was thereafter officially opened by the Honourable the Minister of Health and Social Welfare. The local organisation was mainly in the hands of a Committee, the members of which were practically all drawn from the staff of the City Health Department. It is pleasing to record that the delegates unanimously agreed that the Durban Congress was one of the most successful ever held by the Association.

Protective Foodstuffs.—For any community to maintain a good standard of health, an adequate supply of protective foodstuffs such as butter, cheese, meat and vegetables is predicated. A warning was recently issued that Durban, which has already suffered a meat shortage, may well experience a severe shortage within ten years of the other commodities mentioned. The position may not be as gloomy as it is painted but there are certainly one or two features which require examination at this stage.

With the rapid growth of the City and its unprecedented industrial development, the Indian market gardener is slowly but surely being displaced further afield or, worse still, is changing his means of livelihood by entering into one of the numerous channels of industrial employment. This, surely, is not in the public health interests of the town and it seems clear that, whenever possible, the market gardeners should be encouraged to continue in their present work by taking steps to ensure that they are displaced, if this be absolutely necessary, with as little dislocation of their activities as possible. Furthermore, a useful purpose may be served if a survey could be carried out to ascertain what is likely to be the position as regards the future supplies of fresh vegetables to Durban and how these can be supplemented, if necessary, to meet the increasing demands of the community.

As regards milk supplies, the future does not appear promising. Durban's consumption of milk has now reached 30,000 gallons a day which means that the demand has doubled itself in just over ten years and is still increasing.

In a recent address to a meeting in Pietermaritzburg, Mr. C. Lyle (Senior Dairy Officer, Natal) had some pertinent remarks to make on this question. Reminding his audience that there was one particular zone in Natal known as the "milk shed", which was especially favourable for dairying and which was bounded by lines connecting Ixopo, Greytown and Mooi River, Mr. Lyle stated :—

". . . Up and down the coast, and as far inland as it can possibly be grown, is little but a waving sea of sugar cane. Coming inland, the main road traverses a narrow 'white corridor' between two large Native reserves, and by the time the suburbs, townships and growing residential areas have been left behind, one is practically at Cato Ridge, and within 20 miles or so of Pietermaritzburg. From thereabouts, the 'white corridor' fans out into the zone of potentially high milk production, or 'milk shed.' Down the corridor between Cato Ridge and Durban, the only milk produced is by isolated dairymen grimly holding on in face of pressure from advancing built-up areas.

"The nearest source of supply, then, for Durban's main requirements—for practical purposes, for all her requirements—is the 'milk shed' area surrounding Pietermaritzburg, from which Pietermaritzburg draws her own. With the North and South Coast quite unproductive of milk, and with large Native reserves at her door, Durban can only look well inland.

"Producers in the 'milk shed' have for many years been supplying Durban, some direct, and others through old-established depots at Umlaas Road, Nels Rust and Merrivale. There was a time when these arrangements, together with the milk produced in and around Durban, sufficed. In fact, there was even a time when cheese was made at Umlaas Road and at Thornville Junction. But those times are past. The greatly increased demand for nature's best food has resulted in much heavier calls on the milk producing areas. . . .

"The necessity for milk having to be brought from afar is not due only to increased demand and to seasonal drop in production. Undoubtedly, the labour difficulties experienced by producers, and the high cost of concentrate feeds (with its depressing effect on the general level of production), do have their influence. But a very disturbing factor is the greatly increased interest being shown in tree-growing, and the vast acreage being devoted to it, within the area of highest potential milk production.

"Wattles have, for many years, been grown extensively in the belt roughly between Ixopo and Greytown, which constitutes a good deal of the 'milk shed' area. Latterly, however, favourable markets have been responsible for vastly increased acreages of land being devoted to these, and other varieties of trees. They are, no doubt, paying very well; and the degree of confidence in the future is amply demonstrated by the extent of development taking place. But the reaction of the ordinary person to all this is—'It's all very well; but can one eat trees?' Problems connected with food are exercising the ordinary person, and more particularly the housewife, to an ever-increasing degree these days.

"A well-known and respected local farmer has been heard to express the feeling of concern in a different way. He points out that Natal has enjoyed the reputation of being 'the larder of South Africa.' 'And what,' he asks, 'are we putting into our larder?—Timber!' . . ."

Mr. Lyle then drew attention to the fact that the growing of sugar cane has spread from the coast inland, past Eston to Umlaas Road, and across to Thornville Junction and that the effects of this encroachment in these areas as well as elsewhere were being felt now. As the demand for milk grows, it must be met, even at the further expense of industrial milk. It was dispiriting, Mr. Lyle said, to see the extent of the encroachment by trees on land which was not only of high-milk producing potential, but was also some of the nearest to the largest consuming centres.

From information gathered, it is definitely known that at least 50,000 acres in the Natal Midlands have been sold to companies for afforestation purposes. This does not include land diverted to the same operations by individual owners of farms, or by small, private syndicates nor does it take into account land being used for sugar production. That individual farmers are still placing big acreages under timber is apparent from a recent notification in the Press regarding the dispersal sale of a large and well-known dairy and stock-breeding herd because of the owner's intention to plant timber on an extensive scale. The herd in question had been established many years ago and comprised a breed of heavy milk producers.

The subjects of soil and water conservation and the preservation and promotion of this country's food resources transcend in importance all its other problems whatever they may be—racial, financial or political. These comprise the foundations on which the health of the people must rest. It is for this reason that the public health worker cannot view, with any degree of complacency, the big swing over from dairying to forestry in Natal and the replacement of excellent pasture lands by plantations of wattles and saligna gums to meet the demands of new South African factories and the export trade to overseas countries.

Briefly then, it would seem that we are fast reaching a stage when our agricultural resources cannot meet urban demands. When demand exceeds supply, the price of milk will rise and will be further out of reach of thousands of people living in towns who need milk desperately. But what the solution is under our present economic and social structure, is by no means clear. Certainly, it is that industry is on the march in Natal and all we can hope for is that the Province's agricultural resources will measure up to the demands of the new economy.

Industrial Expansion.—With the social and public health evils which followed in the wake of the English Industrial Revolution as a lesson and a guide to this country, it would be a great pity if the mistakes of the past were repeated. Durban is playing a permanent part in the Union's industrial expansion and, for this reason, it may not be out of place to quote the same views recently expressed by His Excellency, the Governor-General. Opening an industrial exhibition in Pretoria, he said :—

". . . No one can deny that industrial development has done a great deal to lessen the evils of poverty and unemployment in South Africa, but the indiscriminate engagement of Native employees without regard to their housing and living conditions has brought about a most unhealthy state of affairs.

"I feel it would be in the public interest if no new industry were started without adequate provision having been made for the housing and living conditions of the prospective employees. This aspect should form one of the main considerations in planning for and estimating the costs of establishing any new industry . . ."

Acknowledgments.—I wish sincerely to thank your Worship and the members of the City Council and particularly the Chairman and members of the Public Health Committee for their assistance and support accorded me during the year. I am grateful to the Heads of other Departments for their co-operation and help in various directions. To the staff of the Department, I am much indebted. In the absence of the City Medical Officer of Health throughout the year, the loyal co-operation and high standard of efficiency of the staff have eased my position considerably and to one and all I express my thanks. Lastly, I wish to acknowledge the unfailing courtesy and co-operation I have, at all times, received from the Press.

I have the honour to be,

Ladies and Gentlemen,

Your obedient servant,

G. D. ENGLISH.

Acting City Medical Officer of Health.

CLIMATIC DATA : Longitude 30 degrees : Latitude 31 degrees.

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

Month		Barometer	Temperatures		Relative Humidity	Rainfall Total for Month	No. of days on which rain fell
			Max.	Min.			
1951 :							
July	Mean	30·246	71·15	53·35	63·04	0·52"	4
	Max.	30·610	87·00	60·00	84·00		
	Min.	29·704	64·00	48·00	34·00		
August	Mean	30·179	70·38	55·23	76·04	4·80"	7
	Max.	30·506	78·00	63·00	94·00		
	Min.	29·928	58·00	48·00	44·00		
September	Mean	30·141	71·88	59·76	77·00	2·21"	10
	Max.	30·400	85·00	67·00	95·00		
	Min.	29·832	59·00	53·00	56·00		
October	Mean	30·065	75·76	64·56	79·96	2·68"	14
	Max.	30·342	88·00	70·00	95·00		
	Min.	29·700	65·00	58·00	61·00		
November	Mean	30·013	78·42	65·81	70·54	1·64"	12
	Max.	30·284	91·00	73·00	95·00		
	Min.	29·642	71·00	59·00	44·00		
December	Mean	30·013	78·95	68·30	79·78	5·57"	19
	Max.	30·346	87·00	76·00	96·00		
	Min.	29·506	71·00	60·00	59·00		
1952 :							
January	Mean	30·031	80·92	70·12	79·12	6·23"	16
	Max.	30·242	92·00	75·00	96·00		
	Min.	29·846	70·00	64·00	58·00		
February	Mean	30·041	82·00	71·50	78·21	1·88"	12
	Max.	30·220	87·00	76·00	95·00		
	Min.	29·800	74·00	65·00	62·00		
March	Mean	30·051	81·12	70·27	77·58	3·035"	12
	Max.	30·218	86·00	75·00	90·00		
	Min.	29·862	73·00	64·00	62·00		
April	Mean	30·111	78·86	66·00	78·18	6·17"	7
	Max.	30·434	88·00	71·00	86·00		
	Min.	29·844	73·00	61·00	69·00		
May	Mean	30·194	75·50	61·12	71·84	1·54"	6
	Max.	30·570	86·00	69·00	95·00		
	Min.	29·806	70·00	54·00	50·00		
June	Mean	30·289	73·28	56·68	72·24	0·45"	4
	Max.	30·526	80·00	61·00	89·00		
	Min.	30·130	66·00	49·00	51·00		

AREA OF MUNICIPALITY : The area of Durban and suburbs inclusive of Townlands is 44,927 acres or 70·20 sq. miles.

ANNUAL RATEABLE VALUE :

	1952	1951
Gross value of land	52,340,940	33,700,880
Gross value of buildings	61,455,300	58,301,220
	£113,796,240	£92,002,100

For the year under review, the rates imposed were 7¼d. on land and 3¼d. on buildings (including water rate).

REPORT "A"

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

POPULATION :

	Census	Estimated as at 30/6/52			% of Total	% of Total
	May, 1951	Male	Female	Total	1952	1951
European	129,227	64,810	68,451	133,261	30·3	33·0
Coloured	14,895	7,349	8,172	15,521	3·5	3·2
Native	134,273	95,725	45,449	141,174	32·1	31·9
Asiatic	144,916	76,213	73,519	149,732	34·1	31·9
	423,311	244,097	195,591	439,688	100·0	100·0

The following represent the ratio of the sexes :—

European	... ...	1,000	males to	1,056	females.
Coloured	... ...	1,000	„ „	1,112	„
Native...	... ...	2,106	„ „	1,000	„
Asiatics	... ...	1,036	„ „	1,000	„
Total	... ...	1,248	„ „	1,000	„

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

	European	Coloured	Native	Asiatic	Total
Population (Estimated at 30/6/52)	133,261 (129,380)	15,521 (14,958)	141,174 (134,451)	149,732 (145,371)	439,688 (424,160)
Birth Rates	20·23 (19·97)	54·25 (49·00)	29·45 (29·51)	37·10 (35·32)	30·13 (29·21)
Death Rates	9·14 (9·02)	12·76 (13·37)	22·82 (24·43)	10·33 (10·61)	14·06 (14·63)
Infantile Mortality (Rate per 1,000 live Births)	21·51 (28·65)	59·38 (79·13)	301·66 (369·27)	69·85 (85·30)	132·08 (163·90)
Percentage of Illegitimate to Live Births	2·45 (2·94)	23·87 (26·88)	47·54 (50·28)	2·27 (2·51)	17·88 (19·31)
Death Rate: Pulmonary T.B. per 1,000 of population	·26 (·26)	1·80 (2·61)	2·81 (2·86)	·70 (·99)	1·28 (1·41)

Analysis of Preliminary Census Figures, 1951.—It has now been possible to study the Preliminary Census figures of May, 1951 and, after adjustments to 30th June 1951, the population of the City over the period 1942 to 1951 has increased by 143,634. These figures, broken down into racial groups, gives the position as under :—

	European	Coloured	Native	Asiatic	Total
Estimate 1951	129,380	14,958	134,451	145,371	424,160
Estimate 1942	105,742	8,469	74,132	92,183	280,526
Increase	23,638	6,489	60,319	53,188	143,634
Increase %	22·4	76·6	81·4	57·7	51·2

The natural increases in the various groups (births in excess of deaths) for the same period are reflected in the following :—

	European	Coloured	Native	Asiatic	Total
Births 1942/1951...	24,769	5,222	25,460	48,033	103,484
Deaths 1942/1951	11,179	2,038	27,175	18,555	58,947
Natural increase...	13,590	3,184	—1,715	29,478	44,537

The increase over and above the natural increase (Natives omitted) is therefore :—

	European	Coloured	Asiatic
Increase as per Census ...	23,638	6,489	53,188
Natural increase	13,590	3,184	29,478
Additional increase	10,048	3,305	23,710

These figures reveal that for every additional 1,000 Europeans, 2,360 Asiatics have taken up residence in the City.

Industrialisation of Durban was stepped up in 1946 and has gone forward with increased tempo since then and the schedules set out below go a long way to prove that the increase of 38,312 in the Asiatic population between the years 1946/1951 is mainly due to this cause. Whilst the European population reflects a 10% increase over the five years, the Asiatic reflects a 36% increase.

	European	Coloured	Asiatic
Population 1951	129,227	14,902	144,916
Population 1946	117,226	11,393	106,604
Increase 1946/1951	12,001	3,509	38,312
Increase 1942/1951	23,638	6,489	53,188
Increase 1946/1951	12,001	3,509	38,312
Increase 1942/1946	11,637	2,980	14,876

Native indifference to birth registration adversely affects the vital statistics of any City and Durban particularly suffers from this factor over the period 1942/1951, as more deaths than births are recorded to the extent of 1,715; it is therefore obvious that statistics affecting Natives must, in the intervals between census years be of a hypothetical nature.

The limitations of Census figures must also be taken into consideration as, apart from the Natives' distrust of official forms, a total count in areas such as Cato Manor and the Bluff is fundamentally impossible.

The overall picture would not be complete without reference to the under and over 21 age groups for Europeans and Asiatics, as revealed by the 1951 preliminary figures.

	European				Asiatic			
	Under 21	%	21 and Over	%	Under 21	%	21 and Over	%
Male ...	21,366	16·5	41,353	32	43,353	30	30,491	21
Female ...	21,060	16·3	45,448	35·2	43,474	30	27,598	19
	42,426	32·8	86,801	67·2	86,827	60	58,089	40

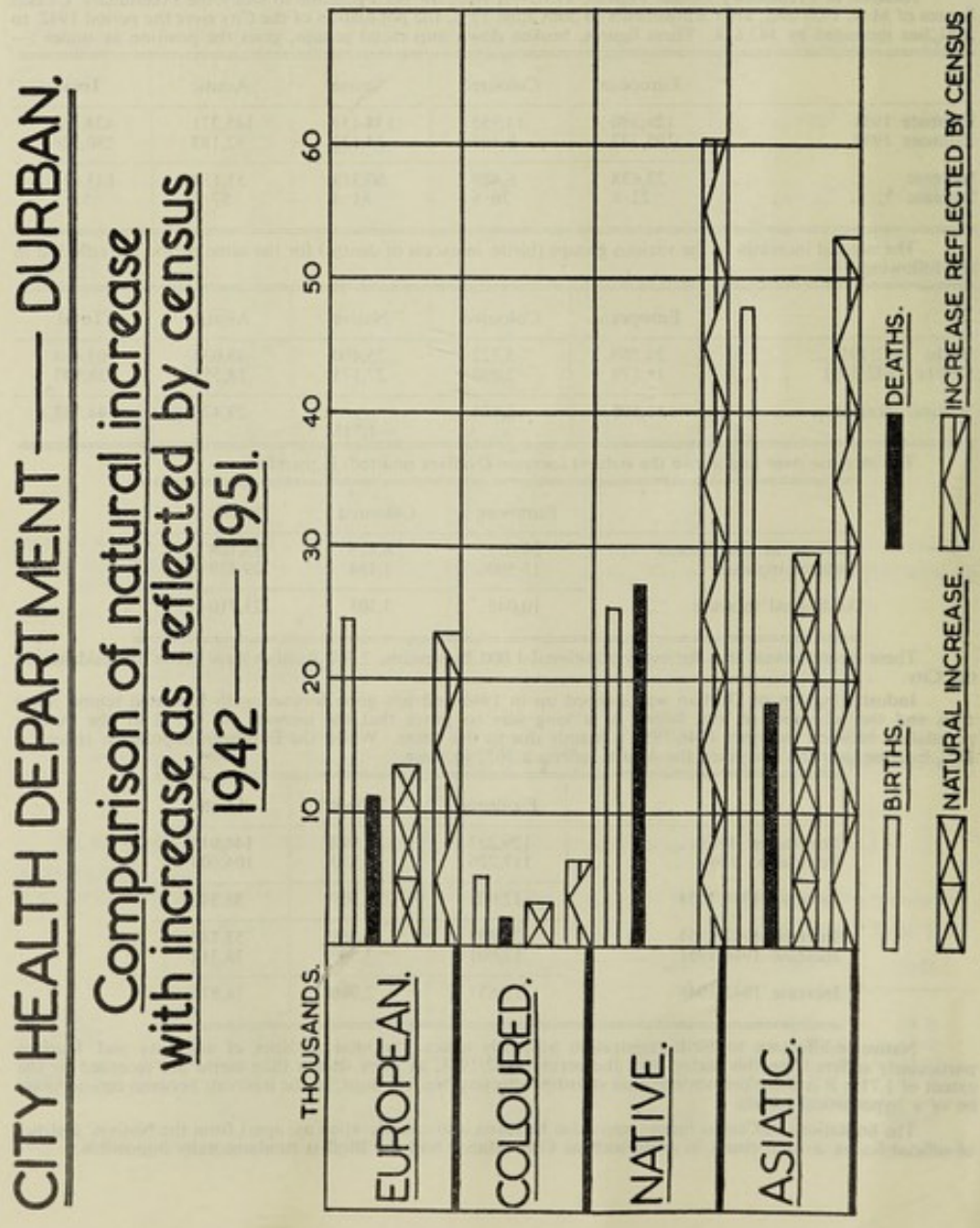
	Under 21			21 and over		
	Male	Female		Male	Female
Asiatic	43,353	43,474	European ...	41,353	45,448
European ...	21,366	21,060	Asiatic	30,491	27,598
Difference ...	21,987	22,414	Difference ...	10,862	17,850

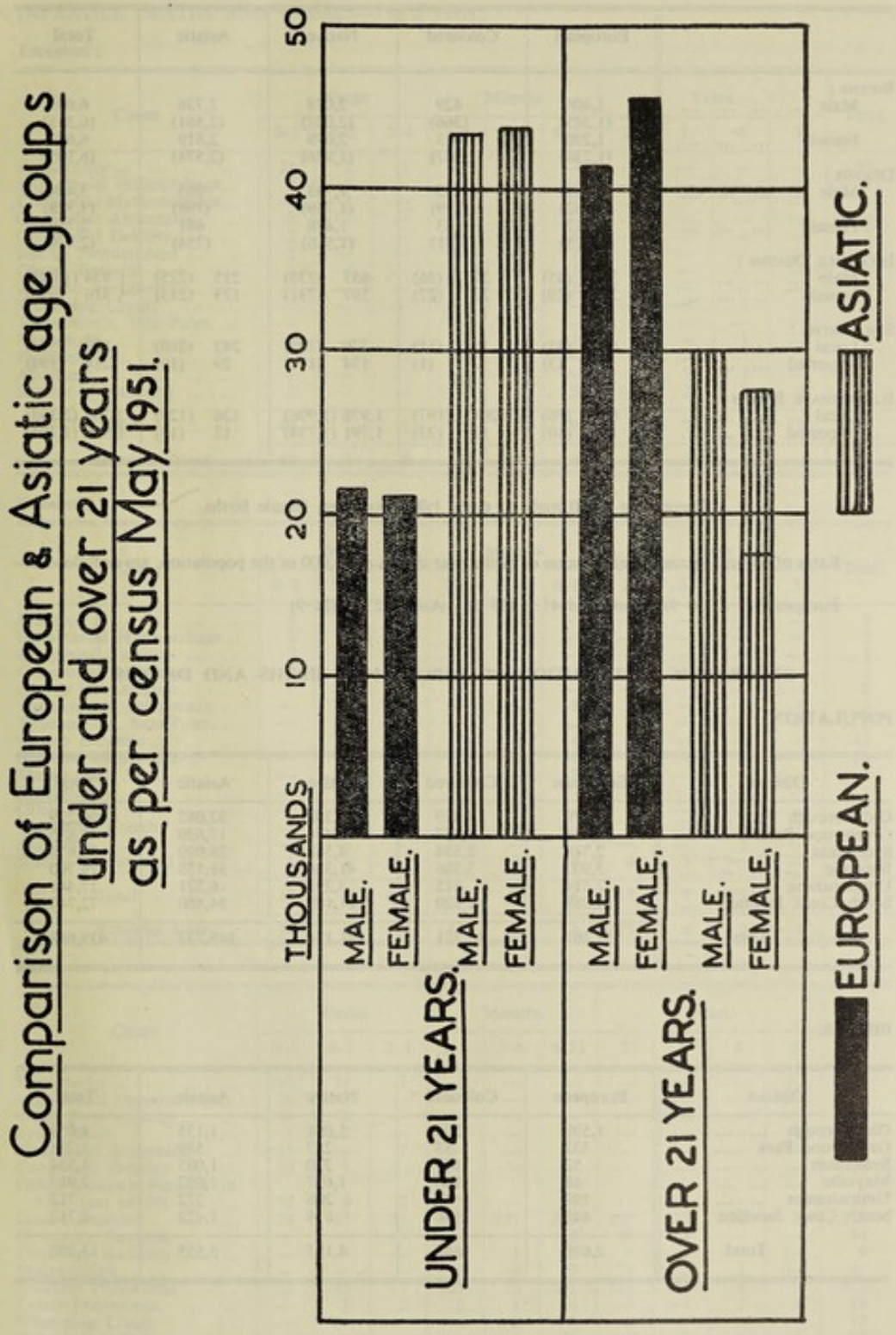
We therefore have in the under 21 group 44,401 Asiatics in excess of Europeans, whilst in the group 21 years and over, an excess of 28,712 Europeans over Asiatics, this gives a ratio in the under 21 group of 2,046 Asiatics to 1,000 Europeans and in the group 21 years and over 1,494 Europeans to 1,000 Asiatics.

Over the past few years, owing to the enormous increase in attendances at clinics for children, post- and ante-natal clinics and immunisation services have had to be increased and the consequential benefits have also had considerable bearing on the population increase.

Whilst the birth-rates for the past ten years for all races have remained fairly steady, death- and infantile-mortality rates have shown considerable declines.

The following graph gives a reflection over the past ten years, with the exception of Natives, which owing to the incomplete registration of births, the various rates are unreliable.





BIRTHS : The following births were registered in Durban during the year (corrected for outward transfer).

	European	Coloured	Native	Asiatic	Total
Local Births	2,696 (2,583)	842 (733)	4,157 (3,969)	5,555 (5,135)	13,250 (12,420)
Local Illegitimate Births...	33 (76)	201 (197)	1,976 (1,996)	126 (129)	2,369 (2,398)
Still Births	42 (33)	19 (11)	279 (229)	242 (260)	582 (533)
Birth Rates	20·23 (19·97)	54·25 (49·00)	29·45* (29·51)*	37·10 (35·32)	30·13 (29·21)

*These rates are inaccurate owing to incomplete registrations.

	European	Coloured	Native	Asiatic	Total
BIRTHS :					
Male	1,406 (1,345)	429 (366)	2,078 (2,043)	2,736 (2,561)	6,649 (6,315)
Female	1,290 (1,238)	413 (367)	2,079 (1,926)	2,819 (2,574)	6,601 (6,105)
DEATHS :					
Male	701 (642)	115 (119)	1,743 (1,769)	865 (798)	3,424 (3,328)
Female	517 (525)	83 (81)	1,478 (1,516)	681 (754)	2,759 (2,876)
INFANTILE DEATHS :					
Male	35 (45)	27 (36)	657 (735)	215 (225)	934 (1,041)
Female	23 (29)	23 (22)	597 (731)	173 (213)	816 (995)
STILLBIRTHS :					
Local	42 (33)	19 (11)	279 (229)	242 (260)	582 (533)
Imported	9 (3)	2 (1)	174 (171)	29 (19)	214 (194)
ILLEGITIMATE BIRTHS :					
Local	66 (76)	201 (197)	1,976 (1,996)	126 (129)	2,369 (2,398)
Imported	12 (10)	11 (23)	1,791 (1,738)	12 (13)	1,826 (1,784)

There were 1,090 male to every 1,000 European female births.

Rates of natural increase, being excess of births over deaths per 1,000 of the population, are as follows :—

European 11·1 (10·9) : Coloured 41·5 (35·6) : Asiatic 27·0 (24·9)

GEOGRAPHIC DISTRIBUTION OF POPULATION, BIRTHS AND DEATHS.

POPULATION.

District	European	Coloured	Native	Asiatic	Total
Old Borough	89,979	5,829	62,338	32,083	190,229
Greenwood Park	14,494	1,037	8,474	17,830	41,835
Sydenham	2,784	2,334	4,548	28,010	37,676
Mayville	3,902	3,386	41,334	31,138	79,760
Umhlatuzana	7,514	415	3,291	6,221	17,441
South Coast Junction ...	14,588	2,520	21,189	34,450	72,747
Total ...	133,261	15,521	141,174	149,732	439,688

BIRTHS.

District	European	Coloured	Native	Asiatic	Total
Old Borough	1,599	273	1,051	1,135	4,058
Greenwood Park	332	53	257	589	1,231
Sydenham	52	147	270	1,085	1,554
Mayville	68	166	1,697	1,052	2,983
Umhlatuzana	197	37	206	272	712
South Coast Junction ...	448	166	676	1,422	2,712
Total ...	2,696	842	4,157	5,555	13,250

DEATHS.

District	European	Coloured	Native	Asiatic	Total
Old Borough	903	69	561	281	1,814
Greenwood Park	103	23	123	166	415
Sydenham	45	32	157	309	543
Mayville	10	38	1,871	291	2,210
Umhlatuzana	61	7	110	74	252
South Coast Junction ...	96	29	399	425	949
Total ...	1,218	198	3,221	1,546	6,183

INFANTILE DEATHS AND CAUSES—0 to 5 Years :

European :

Cause	Weeks			Months			Years				Total
	0–1	1–2	2–4	1–3	3–6	6–12	2	3	4	5	
Prematurity	21	2	1	—	1	—	—	—	—	—	25
Intracranial Haemorrhage...	1	—	—	—	—	—	—	—	—	—	1
Congenital Malformations...	—	1	—	—	—	—	—	—	—	—	1
Congenital Atelectasis ...	8	—	—	—	—	—	—	—	—	—	8
Congenital Debility	2	—	—	—	—	1	—	—	—	—	3
Icterus Neonatorum	5	—	—	—	—	1	—	—	—	—	6
Gastro Enteritis	1	—	—	—	2	1	2	—	—	—	6
Broncho Pneumonia	—	—	—	2	—	2	1	—	—	—	5
Whooping Cough	—	—	—	—	—	—	—	—	1	—	1
Tuberculosis, Non-Pulm. ...	—	—	—	—	—	—	1	—	—	—	1
Diphtheria	—	—	—	—	—	1	1	—	1	—	3
Encephalitis	—	—	—	—	—	—	1	—	—	—	1
Accidents	—	—	—	—	—	—	1	1	1	—	3
Sundry Unclassified	2	—	—	1	2	3	—	1	1	1	11
Total	40	3	1	3	5	9	7	2	4	1	75
Previous Year ...	48	3	2	9	4	8	8	1	1	4	88

Coloured :

Cause	Weeks			Months			Years				Total
	0–1	1–2	2–4	1–3	3–6	6–12	2	3	4	5	
Prematurity	8	—	—	1	—	—	—	—	—	—	9
Intracranial Haemorrhage...	2	—	—	—	—	—	—	—	—	—	2
Congenital Debility	2	—	—	—	—	—	—	—	—	—	2
Congenital Atelectasis ...	3	—	—	—	—	—	—	—	—	—	3
Icterus Neonatorum	1	—	1	—	—	—	—	—	—	—	2
Tuberculosis, Pulmonary ...	—	—	—	—	—	1	1	—	1	—	3
Tuberculosis, Non-Pulm. ...	—	—	—	—	—	—	1	—	—	—	1
Gastro Enteritis	—	—	1	1	2	4	5	—	—	—	13
Broncho Pneumonia	—	1	1	2	2	4	2	1	1	—	14
Malnutrition	—	—	—	—	—	2	—	—	—	—	2
Encephalitis	—	—	—	—	1	—	—	—	—	—	1
Otitis Media	—	—	—	1	1	—	2	—	—	—	4
Whooping Cough	—	—	—	—	—	—	2	—	—	—	2
Accidents	—	—	—	—	—	—	—	—	3	—	3
Sundry Unclassified	1	3	—	—	3	3	4	5	—	—	19
Total	17	4	3	5	9	14	17	6	5	—	80
Previous Year ...	16	3	1	13	8	17	15	4	2	1	80

Native :

Cause	Weeks			Months			Years				Total
	0–1	1–2	2–4	1–3	3–6	6–12	2	3	4	5	
Prematurity	105	14	5	3	—	—	—	—	—	—	127
Intracranial Haemorrhage...	24	3	—	—	—	—	—	—	—	—	27
Other Birth Injuries	16	2	—	—	—	—	—	—	—	—	18
Spina Bifida	1	2	—	—	—	—	—	—	—	—	3
Congenital Atelectasis ...	15	—	1	—	—	—	—	—	—	—	16
Congenital Debility	18	1	—	1	—	—	—	—	—	—	20
Other Diseases Peculiar to First year of life	32	8	2	3	—	5	—	—	—	—	50
Gastro Enteritis	24	25	31	146	135	205	209	25	10	8	818
Dysentery Amoebic	—	—	—	—	1	2	10	1	—	—	14
Dysentery Bacillary	—	—	—	1	1	2	4	1	—	—	9
Malnutrition	—	—	—	8	4	9	37	2	1	—	61
Broncho Pneumonia	22	15	17	103	73	141	128	11	4	5	519
Lobar Pneumonia	—	1	2	2	1	6	4	—	1	1	18
Whooping Cough	—	—	—	—	2	5	6	—	—	—	13
Tuberculosis Pulmonary ...	—	—	—	—	1	13	34	5	5	5	63
Tuberculosis, Non-Pulm. ...	—	—	—	1	3	6	12	3	4	3	32
Cerebro Spinal Meningitis...	—	—	—	—	1	1	—	—	—	—	2
Other Meningitis	—	—	—	2	—	3	1	—	—	—	6
Congenital Syphilis	7	—	1	1	1	1	—	—	—	—	11
Diphtheria	—	—	—	—	2	—	11	1	—	—	14
Measles...	—	—	—	—	—	3	5	1	1	1	11
Otitis Media	1	—	—	11	9	12	8	1	—	—	42
Convulsions	2	1	—	—	—	—	—	—	—	—	3
Empyema	—	—	—	—	—	3	2	1	—	—	6
Accidents	1	—	—	—	1	2	—	1	2	—	7
Unspecified and Unknown...	12	7	1	29	16	23	18	9	5	5	125
Total	280	79	60	311	251	442	489	62	33	28	2,035
Previous Year ...	283	97	97	320	234	435	503	62	20	24	2,075

Asiatic :

Cause	Weeks			Months			Years				Total
	0–1	1–2	2–4	1–3	3–6	6–12	2	3	4	5	
Prematurity	72	9	6	2	—	—	—	—	—	—	89
Intracranial Haemorrhage...	11	1	—	—	—	—	—	—	—	—	12
Congenital Atelectasis ...	8	—	—	—	—	—	—	—	—	—	8
Congenital Debility	4	2	4	4	—	2	1	—	—	—	17
Other Diseases Peculiar to first year of life	14	7	5	9	2	—	—	—	—	—	37
Gastro Enteritis	1	5	3	28	26	34	27	7	—	1	132
Malnutrition	—	—	1	4	4	5	4	2	—	—	20
Broncho Pneumonia	8	2	8	25	29	30	36	21	5	8	172
Lobar Pneumonia	1	1	2	5	2	3	4	4	—	—	22
Whooping Cough	—	—	—	1	—	1	1	2	—	—	5
Tuberculosis, Pulmonary ...	—	—	—	—	2	1	3	2	1	1	10
Tuberculosis, Non-Pulm. ...	—	—	—	—	—	2	5	4	—	—	11
Measles...	—	—	—	—	—	1	—	—	—	—	1
Congenital Syphilis	—	1	—	—	—	—	—	—	—	—	1
Bronchitis	—	—	—	—	7	7	3	2	1	—	20
Meningitis	—	—	—	—	2	1	2	2	—	1	8
Convulsions...	1	—	—	—	2	—	1	—	—	—	4
Diphtheria	—	—	—	—	—	—	1	2	—	—	3
Nephritis	—	—	2	—	—	1	2	2	2	1	10
Cerebro Spinal Meningitis	—	—	—	—	—	—	—	1	—	—	1
Epilepsy	—	—	—	—	—	—	—	1	2	—	3
Accidents	—	—	—	—	—	—	4	3	1	—	8
Unclassified and Unknown	5	6	5	2	2	3	3	6	3	2	37
Total	125	34	36	80	78	91	97	61	15	14	631
Previous Year ...	127	20	21	87	80	103	122	48	30	15	653

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

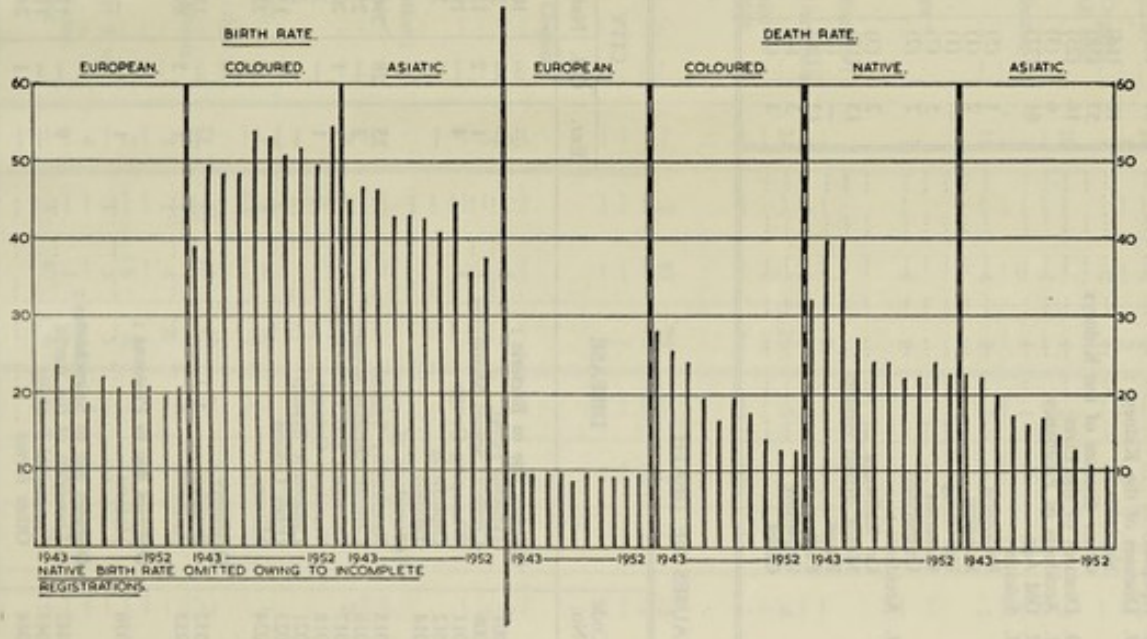
	European			Coloured			Native			Asiatic			TOTAL		
	Male	Fem'le	%	Male	Fem'le	%	Male	Fem'le	%	Male	Fem'le	%	Male	Fem'le	%
Under 1	36	25	5·0	26	26	26·2	725	694	44·1	242	202	28·8	1,029	947	31·9
1— 2	4	3	·6	10	7	8·6	228	268	15·4	48	47	6·1	290	325	10·0
3— 5	5	2	·6	9	2	5·6	57	63	3·7	52	40	5·9	123	107	3·7
0— 5	45	30	6·2	45	35	40·4	1,010	1,025	63·2	342	289	40·8	1,442	1,379	45·6
6 –15	3	5	·7	3	2	2·5	30	29	1·8	36	47	5·4	72	83	2·5
16—25	13	12	2·0	10	2	6·1	106	97	6·3	38	53	5·9	167	164	5·4
26—45	73	45	9·7	22	14	18·1	346	185	16·5	103	107	13·5	544	351	14·5
46—65	213	131	28·2	16	17	16·7	201	101	9·4	184	110	19·0	614	359	15·7
Over 65	354	294	53·2	19	13	16·2	50	41	2·8	162	75	15·4	585	423	16·3
Total	701	517		115	83		1,743	1,478		865	681		3,424	2,759	
	1,218			198			3,221			1,546			6,183		

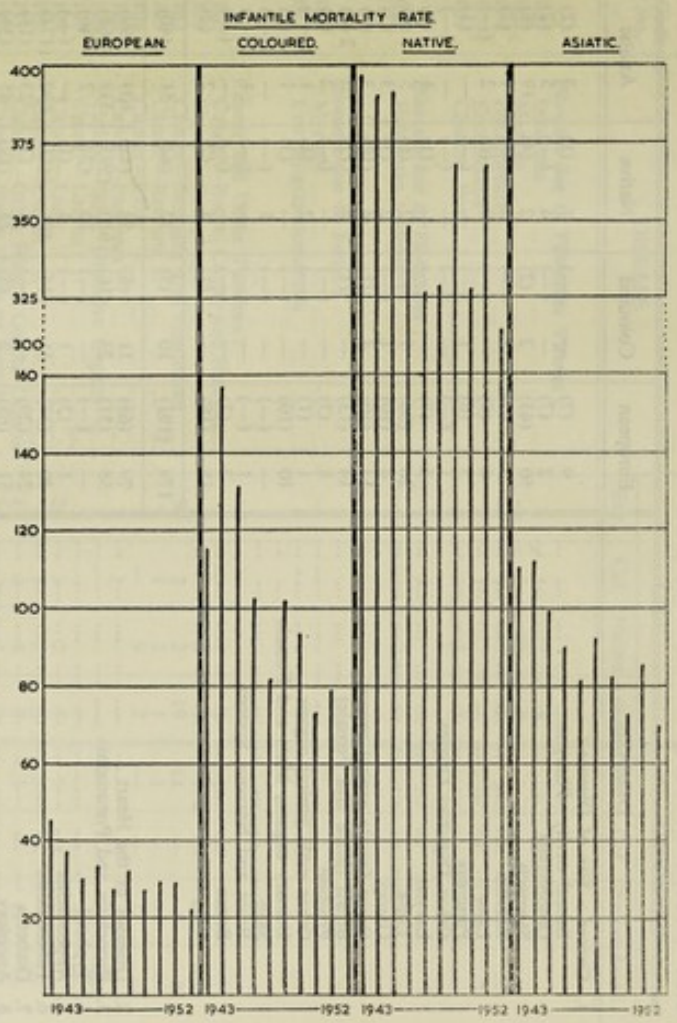
DEATHS FROM CERTAIN MAIN CAUSES : EUROPEAN : CITY ONLY :

DISEASE	Number of Deaths		Percentage of Total Deaths	
Infective intestinal diseases (Enteric Fever, Dysentery, Diarrhoea and Enteritis)	8	(10)	·7	(·8)
Cancer	179	(191)	14·7	(16·4)
Heart and Circulatory System	399	(336)	32·8	(28·8)
Diseases of the Nervous System	95	(100)	7·8	(8·6)
Diseases of Birth and Early Infancy ...	46	(56)	3·8	(4·8)
Pneumonia and Bronchitis	58	(50)	4·8	(4·3)
Pulmonary Tuberculosis	35	(33)	2·9	(2·8)
Other Tuberculosis	5	(4)	·4	(·3)
Urinary and Genital Systems	84	(65)	6·9	(5·6)

Comparison of Birth, Death and Infantile Mortality rates for the years

1943——————1952.





MAIN CAUSES OF DEATH : CITY CASES ONLY :

DISEASE	European		Coloured		Native		Asiatic	
1. Cancer : Site of Disease :								
Buccal cavity—Pharynx	9	(7)	—	(—)	1	(1)	3	(2)
Oesophagus	2	(7)	—	(—)	4	(—)	5	(2)
Stomach	50	(43)	2	(2)	2	(4)	19	(8)
Rectum	9	(9)	1	(—)	2	(—)	1	(2)
Liver	6	(9)	—	(—)	9	(6)	2	(—)
Pancreas	5	(6)	1	(—)	—	(—)	—	(1)
Other Digestive Organs	1	(—)	—	(—)	—	(—)	—	(—)
Larynx	3	(7)	—	(—)	—	(1)	1	(1)
Lung	26	(36)	1	(—)	2	(6)	5	(3)
Uterus	4	(10)	1	(—)	2	(3)	3	(7)
Other female genital organs	13	(10)	4	(1)	4	(10)	3	(3)
Breast (Male and Female)	14	(13)	—	(1)	4	(2)	2	2 (4)
Prostate	8	(3)	—	(—)	—	(—)	2	(1)
Other male genital organs	1	(1)	—	(—)	2	(1)	1	(—)
Urinary organs, Male and Female	10	(10)	—	(—)	—	(3)	1	(3)
Skin	—	(—)	—	(—)	1	(—)	—	(—)
Brain and Nervous System	1	(—)	—	(—)	—	(—)	1	(—)
Bones	2	(2)	—	(—)	—	(—)	—	(—)
Unspecified organs	15	(18)	—	(1)	4	(7)	2	(3)
	179	(191)	10	(5)	37	(44)	51	(40)
2. Diseases of the Heart	79	(68)	11	(6)	58	(48)	109	(99)
3. Bronchitis and Pneumonia	58	(51)	23	(16)	610	(593)	339	(368)
4. Typhoid	—	(—)	—	(—)	10	(24)	2	(6)
5. Appendicitis	1	(3)	1	(—)	4	(1)	—	(—)
6. Tuberculosis	40	(37)	31	(44)	491	(451)	130	(174)
7. Diabetes	24	(29)	—	(—)	3	(3)	23	(15)
8. Apoplexy	51	(65)	2	(5)	23	(19)	45	(36)
9. Diseases of the Kidneys :								
Nephritis	18	(16)	1	(2)	18	(18)	25	(33)
Other diseases of the Kidneys	57	(58)	3	(3)	15	(17)	15	(15)
10. Diseases of the Liver	16	(25)	1	(2)	27	(32)	7	(8)
11. Accidents of Pregnancy	6	(3)	2	(—)	11	(14)	11	(19)
12. Old Age	61	(77)	1	(5)	30	(27)	23	(28)
13. Suicide :								
Poisoning	1	(5)	1	(1)	2	(—)	6	(3)
Hanging	2	(1)	—	(—)	3	(8)	2	(3)
Drowning	—	(1)	—	(—)	—	(—)	—	(—)
Firearms	5	(7)	—	(2)	—	(—)	—	(—)
Unspecified	2	(2)	1	(—)	4	(3)	3	(2)
14. Accidents :								
On Railways	2	(3)	1	(2)	2	(9)	1	(1)
Motor driven vehicles	13	(17)	6	(3)	44	(44)	21	(14)
Burns	—	(4)	2	(3)	11	(7)	11	(6)
Falls	12	(20)	4	(—)	8	(17)	1	(—)
Drowning	3	(4)	2	(3)	5	(5)	5	(3)
Other	3	(8)	3	(—)	28	(22)	4	(2)

CAUSES OF DEATH :

Code No.	DISEASE	CITY				IMPORTED			
		Eur.	Col.	Native	Asiatic	Eur.	Col.	Native	Asiatic
	Diseases due to Bacteria :	—	—	10	2	1	1	24	2
001	Typhoid Fever	—	—	5	1	—	—	2	—
008	Cerebral Spinal Meningitis	1	2	13	6	—	1	11	1
011	Whooping Cough	4	—	19	11	2	—	26	2
012	Diphtheria	—	1	3	3	1	—	1	—
014	Tetanus								
	Tuberculosis of								
015	Respiratory System	35	28	396	105	12	5	426	21
016	Central Nervous System	3	—	25	17	1	—	41	6
017	Intestines and Peritoneum	1	1	20	2	—	—	10	1
018	Vertebral Column	1	—	3	—	—	—	4	—
021	Lymphatic System	—	—	2	—	—	—	—	—
023	Other Organs	—	1	13	4	—	—	3	—
024	Miliary	—	1	32	2	—	—	21	1
	Dysentery :								
032	Bacillary	—	—	18	—	—	—	12	—
033	Amoebic	1	5	89	6	—	—	76	1
	Diseases due to Protozoa :								
036	Malaria	1	—	—	—	1	—	—	—
	Diseases due to Spirochaetes :								
042	Aneurysm of the Aorta	9	—	13	—	1	—	3	—
043	Congenital Syphilis	—	—	11	—	—	—	7	—
044	Other forms	—	1	24	1	—	—	11	—

Code No.	DISEASE	CITY				IMPORTED			
		Eur.	Col.	Native	Asiatic	Eur.	Col.	Native	Asiatic
	Diseases due to Filterable Viruses :								
049	Influenza	4	1	3	8	—	—	—	—
052	Measles	—	1	12	2	—	—	9	—
053	Poliomyelitis	—	1	—	—	1	—	—	—
054	Encephalitis	1	1	—	—	—	—	1	3
059	Chicken Pox	—	—	1	1	—	—	—	—
	Diseases due to Helminths :								
072	Helminths undefined	—	—	2	—	—	—	—	—
	Diseases due to Fungi :								
073	Mycosis	—	—	—	—	—	—	1	—
075	Lymphogranulomatosis	4	—	1	1	—	—	1	—
	Cancer and Other Tumours :								
100	Cancer—Buccal Cavity and Pharynx...	9	—	1	3	1	—	1	1
101	Cancer—Oesophagus	2	—	4	5	1	—	5	—
102	Cancer—Stomach and duodenum ...	50	2	2	19	11	—	5	4
103	Cancer—Rectum	9	1	2	1	1	—	—	—
104	Cancer—Liver	6	—	9	2	—	—	18	1
105	Cancer—Pancreas	5	1	—	—	—	—	2	—
106	Cancer—Other Digestive Organs ...	1	—	—	—	—	—	—	—
107	Cancer—Larynx	3	—	—	1	—	—	—	—
109	Cancer—Lung	26	1	2	5	9	1	7	—
110	Cancer—Uterus	4	1	2	3	1	—	4	—
111	Cancer—Other Female Genital Organs	13	4	4	3	5	—	11	—
112	Cancer—Breast (Male or Female) ...	14	—	4	2	—	—	1	1
113	Cancer—Prostate	8	—	—	2	1	—	—	—
114	Cancer—Other Male Genital Organs...	1	—	2	1	—	—	—	—
115	Cancer—Urinary Organs (Male and Female)	10	—	—	1	2	—	4	1
116	Cancer—Skin...	—	—	1	—	—	—	—	—
117	Cancer—Brain and Nervous System ...	1	—	—	1	1	—	—	—
118	Cancer—Bones	2	—	—	—	—	—	2	—
119	Cancer—Unspecified Organs	15	—	4	2	2	—	6	1
	Tumours of Undetermined Nature :								
135	Brain and Nervous System	3	—	5	2	—	—	3	—
	Rheumatism and Nutritional Diseases :								
149	Rheumatic Fever	—	—	—	9	—	—	—	—
150	Chronic Rheumatism, Osteo Arthritis	1	1	1	2	—	—	1	—
152	Diabetes	24	—	3	23	6	—	2	4
153	Diseases of the Pituitary Gland ...	—	—	1	—	—	—	—	—
157	Diseases of the Thyroid Glands ...	—	—	—	—	—	—	—	1
	Vitamin Deficiency Diseases :								
163	Malnutrition	—	2	63	23	—	1	127	5
167	Beri-beri	—	—	—	—	—	—	—	1
168	Pellagra	—	—	—	1	—	—	—	—
169	Rickets	—	—	—	1	—	—	—	—
	Diseases of the Blood Forming Organs :								
200	Primary Purpura	—	—	—	—	—	—	1	—
203	Pernicious Anaemia	7	—	1	4	4	—	6	2
207	Leucaemia	3	—	1	3	2	—	1	1
211	Diseases of the Spleen	—	—	1	—	—	—	—	—
	Chronic Poisonings and Intoxication :								
250	Acute Alcoholism...	—	—	—	—	1	—	—	—
251	Chronic Alcoholism	—	—	—	—	1	—	—	—
258	Unspecified Poisoning...	4	—	3	2	1	—	2	2
	Diseases of the Nervous System :								
303	Meningitis (non-Meningococcal) ...	1	3	10	14	1	—	13	1
304	Diseases of the Spinal Cord	—	—	—	2	—	1	—	—
305	Cerebral Haemorrhage (not due to birth injury)	51	2	23	45	10	—	8	2
306	Cerebral Embolism and Thrombosis...	31	1	4	9	1	—	3	—
307	Hemiplegia	7	1	4	21	—	—	2	—
308	Mental Disorders...	—	—	—	1	—	—	—	—
309	Epilepsy	2	—	6	4	1	—	2	—
310	Convulsions in Children under 5 yrs.	—	1	3	5	—	—	1	—
313	Paralysis Agitans	4	—	—	—	3	—	—	—
316	Diseases of the Organs of Vision ...	—	—	1	—	—	—	—	—
317	Diseases of the Mastoid Process ...	—	4	40	4	—	—	17	—

Code No.	DISEASE	CITY				IMPORTED			
		Eur.	Col.	Native	Asiatic	Eur.	Col.	Native	Asiatic
	Diseases of the Circulatory System :								
351	Pericarditis	3	1	9	2	1	—	—	—
352	Endocarditis	5	1	5	5	—	—	3	—
353	Valvular Disease	2	—	2	1	—	1	3	—
356	Chronic Myocarditis (Rheumatic)	4	3	4	17	—	—	3	1
357	Other Chronic Myocarditis	65	6	38	84	13	—	36	5
358	Diseases of the Coronary Arteries	156	7	5	54	31	—	5	2
361	Aneurysm (except of heart and aorta)	—	—	1	—	—	—	—	—
362	Arterio Sclerosis	84	5	20	26	13	1	5	—
363	Gangrene	3	—	3	1	—	—	2	1
364	Other Diseases of the Arteries	3	—	1	1	—	—	1	—
367	High Blood Pressure	3	—	1	4	1	—	—	1
368	Hypotension	71	8	36	90	16	1	35	3
	Diseases of the Respiratory System :								
401	Diseases of the Larynx	—	—	1	—	—	—	—	—
402	Acute Bronchitis	6	1	6	40	—	—	4	2
403	Chronic Bronchitis	12	2	8	8	3	—	1	1
404	Bronchopneumonia	30	17	542	246	2	2	240	6
405	Lobar Pneumonia	10	3	53	45	2	1	32	1
407	Empyema	1	1	7	1	—	—	2	—
408	Pleurisy	1	—	1	—	—	—	—	1
409	Pulmonary Embolism	24	3	5	11	6	—	6	—
410	Congestion of the Lungs	5	—	—	1	—	1	—	—
411	Asthma	15	—	3	34	—	—	2	—
413	Miners' Phthisis (without Tuberculosis)	1	—	—	—	—	—	—	—
417	Abscess of the Lung	—	—	5	—	—	—	8	—
418	Other Diseases of the Respiratory System	1	—	—	1	—	—	—	—
	Diseases of the Digestive System :								
452	Diseases of the Pharynx and Tonsils	—	—	1	—	—	—	—	—
454	Diseases of the Oesophagus	1	—	—	—	—	—	—	—
455	Ulcer of the Stomach	1	—	—	—	—	—	—	—
456	Ulcer of the Duodenum	16	—	—	4	3	—	—	2
458	Diarrhoea and Enteritis (2 years and under)	6	11	775	124	6	—	255	4
459	Diarrhoea and Enteritis (over 2 years)	1	2	53	17	1	—	15	1
461	Appendicitis	1	1	4	—	2	—	1	—
462	Hernia	2	—	2	—	—	—	—	—
463	Intestinal Obstruction	8	—	6	8	2	—	6	—
466	Cirrhosis of the Liver (Alcoholic)	6	—	3	2	1	—	2	1
467	Cirrhosis of the Liver (Non-Alcoholic)	5	—	5	2	1	—	5	—
468	Yellow Atrophy of the Liver	1	—	2	2	—	—	2	—
469	Other Diseases of the Liver	4	1	17	1	1	—	9	1
472	Diseases of the Pancreas	3	—	1	2	1	—	—	—
473	Peritonitis	7	1	17	4	—	—	8	2
	Diseases of the Urinary and Genital Systems :								
500	Acute Nephritis	3	—	9	15	—	—	3	2
501	Chronic Nephritis	15	1	9	10	2	—	3	2
503	Pyelitis	4	1	3	5	1	—	2	—
504	Unspecified	53	2	12	10	13	1	7	1
507	Diseases of the Bladder	1	—	—	—	—	—	—	—
509	Hypertrophy	1	—	—	1	—	—	—	—
510	Other Diseases of the Prostate	5	—	—	1	1	—	1	—
512	Diseases of the Ovaries and Fallopian Tubes	2	—	—	1	1	—	1	—
513	Diseases of the Uterus	—	—	2	—	—	—	1	—
	Diseases of Pregnancy :								
550	Abortion of Unspecified Origin	1	—	—	1	—	—	—	—
554	Ectopic Gestation	1	—	1	1	—	—	1	—
558	Eclampsia of Pregnancy	2	1	3	2	—	—	5	1
566	Haemorrhages after Child Birth	—	—	2	—	—	—	—	—
572	Yellow Atrophy of Liver (Post Partum)	1	—	—	—	—	—	—	—
573	Puerperal Toxaemias	—	—	—	1	—	—	—	—
574	Other Accidents of Childbirth	1	1	5	6	—	—	8	1
	Diseases of the Skin and Cellular Tissue :								
601	Cellulitis	—	—	1	3	1	—	—	—
602	Other Diseases of the Skin	1	—	—	—	—	—	—	—
	Diseases of the Bones and Organs of Movement :								
650	Osteomyelitis	—	—	—	1	—	—	—	—
651	Other Diseases of the Bones	—	1	—	—	—	—	—	—
653	Diseases of the Organs of Movement	—	—	—	—	1	—	—	—

Code No.	DISEASE	CITY				IMPORTED			
		Eur.	Col.	Native	Asiatic	Eur.	Col.	Native	Asiatic
	Congenital Malformations :								
700	Congenital Hydrocephalitis	—	—	3	—	—	—	1	—
701	Spina Bifida	—	1	3	—	1	—	—	—
706	Imperforate Anus	—	—	2	—	—	—	2	—
709	Unspecified Malformations	1	—	—	—	—	—	—	—
	Diseases Peculiar to First Year of Life :								
750	Congenital Debility	3	2	20	16	1	—	5	3
751	Premature Birth	25	9	127	89	6	—	101	6
752	Injury at Birth	1	—	36	9	—	—	37	—
754	Asphyxia—Atelectasis	8	3	18	7	1	—	12	—
758	Other Specified Diseases	8	4	52	30	1	1	38	1
	Senility—Old Age :								
800	Senility (65 years and over)	61	1	30	23	14	—	25	1
	Violent or Accidental Deaths :								
	Suicide :								
850	Poisoning	1	1	2	6	—	—	—	1
856	Hanging or Strangulation	2	—	3	2	—	—	1	—
858	Firearms or Explosives	5	—	—	—	2	—	—	—
859	Cutting or Piercing Instruments ...	—	—	1	—	—	—	—	—
860	Jumping from high place	1	—	—	1	—	—	—	—
862	Crushing...	—	—	1	—	—	—	—	—
867	Unspecified Means	1	1	2	2	—	—	2	1
	Homicide :								
865	Firearms	2	—	1	—	—	—	—	—
866	Cutting or Piercing Instruments ...	2	—	43	2	1	—	9	—
867	Unspecified Means	1	—	2	—	—	—	1	—
	Accidental Deaths :								
868	Accidents on Railway	2	1	2	1	—	—	3	—
871	Accidents—Motor-driven Vehicles ...	13	6	44	21	5	—	9	—
874	Accidents—Motor-driven Cycles ...	3	—	3	—	1	—	2	—
877	Other Accidents including pedal cycles	2	—	3	3	—	—	2	—
885	Agricultural and Forestry Accidents ...	—	—	—	—	—	—	1	—
886	Accidents caused by Machinery ...	2	1	2	—	—	—	—	1
887	Food Poisoning	—	1	—	—	—	—	—	—
888	Poisoning Gas Absorption...	—	—	4	—	—	—	—	—
889	Accidental Poisoning	—	1	1	—	1	—	1	—
891	Accidental Burns	—	2	11	11	—	—	15	3
893	Accidental Drowning	3	2	5	5	1	—	4	—
894	Accidental Injury by Firearms	2	—	1	—	—	—	—	—
896	Accidental Injury by Fall	12	4	8	1	2	—	4	—
897	Accidental Injury by Landslide ...	—	1	1	—	—	—	1	—
900	Hunger or Thirst...	—	—	2	—	—	—	2	—
902	Excessive Heat	—	—	1	—	—	—	—	—
903	Lightning	—	—	1	—	—	—	1	—
905	Attack by Venomous Animals	—	1	—	1	—	—	—	—
906	Anaesthetic Accidents	3	—	9	—	1	—	9	—
908	Unspecified Accidents	1	—	—	—	—	—	1	—
951	Ill-defined Causes	—	—	—	3	2	—	2	—
952	Found Dead cause Unknown	—	—	—	—	—	—	1	—
953	Unknown and Unspecified Causes ...	13	6	166	19	3	1	103	7
		1,218	198	3,221	1,546	255	20	2,063	132

NATIVE DEATHS FROM MALNUTRITION, GASTRO ENTERITIS AND BRONCHO-PNEUMONIA :

GEOGRAPHICAL AND MONTHLY DISTRIBUTION :

Malnutrition :

	1951 July	Aug.	Sept.	Oct.	Nov.	Dec.	1952 Jan.	Feb.	Mar.	April	May	June	Total
Old Borough ...	1	2	1	—	—	—	1	1	1	1	—	2	10
Greenwood Park	—	1	—	—	—	1	1	—	—	—	—	1	4
Sydenham... ...	2	—	—	—	—	—	—	—	—	—	—	—	2
Mayville	4	3	1	2	2	4	7	3	—	2	—	3	31
Umhlatuzana ...	—	—	—	—	1	—	—	2	—	—	—	1	4
S.C. Junction ...	2	1	—	1	—	2	2	2	1	—	—	1	12
Total ...	9	7	2	3	3	7	11	8	2	3	—	8	63

Gastro Enteritis :

	1951 July	Aug.	Sept.	Oct.	Nov.	Dec.	1952 Jan.	Feb.	Mar.	April	May	June	Total
	3	5	4	2	6	19	7	5	3	4	10	9	77
Old Borough ...	2	—	1	1	2	3	2	1	—	1	1	1	15
Greenwood Park	3	1	1	3	2	3	4	3	4	3	3	2	32
Sydenham... ...	27	21	34	47	78	88	63	68	43	41	51	48	609
Mayville	2	1	2	2	—	—	3	1	5	—	—	1	17
Umhlatuzana ...	7	2	4	5	8	6	8	9	12	3	6	8	78
S.C. Junction ...													
Total ...	44	30	46	60	96	119	87	87	67	52	71	69	828

Broncho-Pneumonia :

	1951 July	Aug.	Sept.	Oct.	Nov.	Dec.	1952 Jan.	Feb.	Mar.	April	May	June	Total
Old Borough ...	4	4	5	9	9	14	1	5	7	10	4	4	76
Greenwood Park	2	3	3	1	4	1	—	2	1	—	3	3	23
Sydenham... ...	1	2	3	2	3	—	3	1	3	1	1	2	22
Mayville	23	16	21	43	36	48	34	23	20	24	13	30	331
Umhlatuzana ...	3	1	—	1	2	2	4	1	2	2	2	2	22
S.C. Junction ...	7	8	4	6	3	11	2	5	4	9	2	7	68
Total ...	40	34	36	62	57	76	44	37	37	46	25	48	542

DEATHS FROM CANCER IN AGE GROUPS (CITY CASES ONLY) :

Age Group	European		Coloured		Native		Asiatic		Total	
0—5	—	(—)	—	(—)	1	(—)	—	(—)	1	(—)
6—15	1	(—)	—	(—)	1	(1)	—	(1)	2	(2)
16—25	1	(1)	—	(—)	7	(—)	—	(—)	8	(1)
16—45	12	(10)	2	(1)	13	(21)	13	(8)	40	(40)
46—65	63	(67)	5	(2)	12	(19)	26	(23)	106	(111)
Over 65	102	(113)	3	(2)	3	(3)	12	(8)	120	(126)
Total ...	179	(191)	10	(5)	37	(44)	51	(40)	277	(280)

PERCENTAGE OF DEATHS FROM CANCER ACCORDING TO SITE FROM 1947 TO 1952 : (CITY CASES : ALL RACES)

Site	1947	%	1948	%	1949	%	1950	%	1951	%	1952	%
Pharynx	—	—	11	4·5	—	—	13	4·9	10	3·6	13	4·6
Oesophagus	6	3·0	13	5·4	15	5·9	6	2·3	9	3·2	11	4·0
Stomach	64	32·0	70	28·9	83	32·7	64	24·2	57	20·4	73	26·4
Rectum	15	7·5	10	4·3	13	5·1	13	4·9	11	3·9	13	4·6
Liver	16	8·0	22	9·0	11	4·3	22	8·3	15	5·4	17	6·1
Pancreas	5	2·5	7	2·9	10	3·9	5	1·9	7	2·6	6	2·1
Other Digestive Organs	—	—	1	·4	—	—	—	—	—	—	1	·4
Larynx	4	2·0	5	2·1	2	·8	6	2·3	9	3·2	4	1·5
Lung	23	11·5	26	10·8	38	15·0	36	13·6	45	16·1	34	12·2
Uterus...	1	·5	3	1·2	5	2·0	9	3·4	20	7·1	10	3·6
Other female genital organs	12	6·0	22	9·0	16	6·3	20	7·6	24	8·6	24	8·8
Breast	25	12·5	11	4·5	9	3·6	21	8·0	20	7·1	20	7·2
Prostate	6	3·0	6	2·4	7	2·8	10	3·8	4	1·4	10	3·6
Other male genital organs	2	1·0	6	2·4	1	·4	—	—	2	·7	4	1·5
Male and female urinary organs	4	2·0	9	3·7	14	5·5	14	5·3	16	5·7	11	4·0
Skin	1	·5	—	—	1	·4	—	—	—	—	1	·4
Brain	1	·5	—	—	1	·4	1	·4	—	—	2	·7
Bones	1	·5	—	—	—	—	2	·8	2	·7	2	·7
Unspecified	14	7·0	20	8·6	28	11·0	22	8·3	29	10·3	21	7·6
Total	200		242		254		264		280		277	
Rate per 1,000 of the population		·6		·7		·7		·7		·7		·6

SITE CLASSIFICATION : (EUROPEANS ONLY) :

Buccal Cavity and Pharnyx—9

Metal worker 1	Clerk 1	Schoolmaster 1
Music Teacher 1	Fitter 1	Architect 1
Agent 1	Shedman 1	Hotel Proprietor... 1

Oesophagus—2

Independent... 1	Housewife 1	

Stomach—50

Bricklayer 1	Machinist 1	Clerks 10
Roadmaker 1	Housewives 21	Quarryman 1
Policeman 1	Hotel Proprietor... 1	Author 1
Superintendent 1	Inspector 1	Overseer 1
Accountant 1	Park Ranger 1	Commercial Traveller ... 1
Platelayer 1	Lorry Driver 1	Plumber 1
Independent... 1	Company Director 1	Fitter 1

Rectum—9

Housewives 7	Farmer 1	Carpenter 1

Liver—6

Male Nurse... 1	Bus Driver 1	Yard Inspector 1
Housewives 2	Infant 1	

Pancreas—5

Housewives 3	Stevedore 1	Clerk 1

Other Digestive Organs—1

Housewife 1		

Larynx—3

Jeweller... 1	Dental Mechanic 1	Taxi Driver... 1

Lung—26

Painters... 3	Housewives 5	Bricklayers 2
Fitters 3	Station Master 1	Missionary 1
Tiler 1	Tearoom Proprietor 1	Storekeeper 1
Fishing Inspector 1	Mechanic 1	Engine Driver 1
Clerk 1	Barman... 1	Warder 1
Plumber 1	Builder 1	

Uterus—4

Housewives 4		

Other Female Genital Organs—13

Housewives 13		

Breast—Male and Female—14

Housewives 12	Nursing Sister 1	Manageress 1

Prostate—8

Clerks 2	Electrician 1	Engineer 1
Yardmen 2	General Dealer 1	Accountant 1

Other Male Genital Organs—1

Invalid 1		

Urinary Organs—10

Yardman 1	Clerk 1	Housewives 4
Manager 1	Battery Hand 1	Mechanic 1
Company Director 1		

Brain—1

Housewife 1		

Bones—2

Housewife 1	Clerk 1	

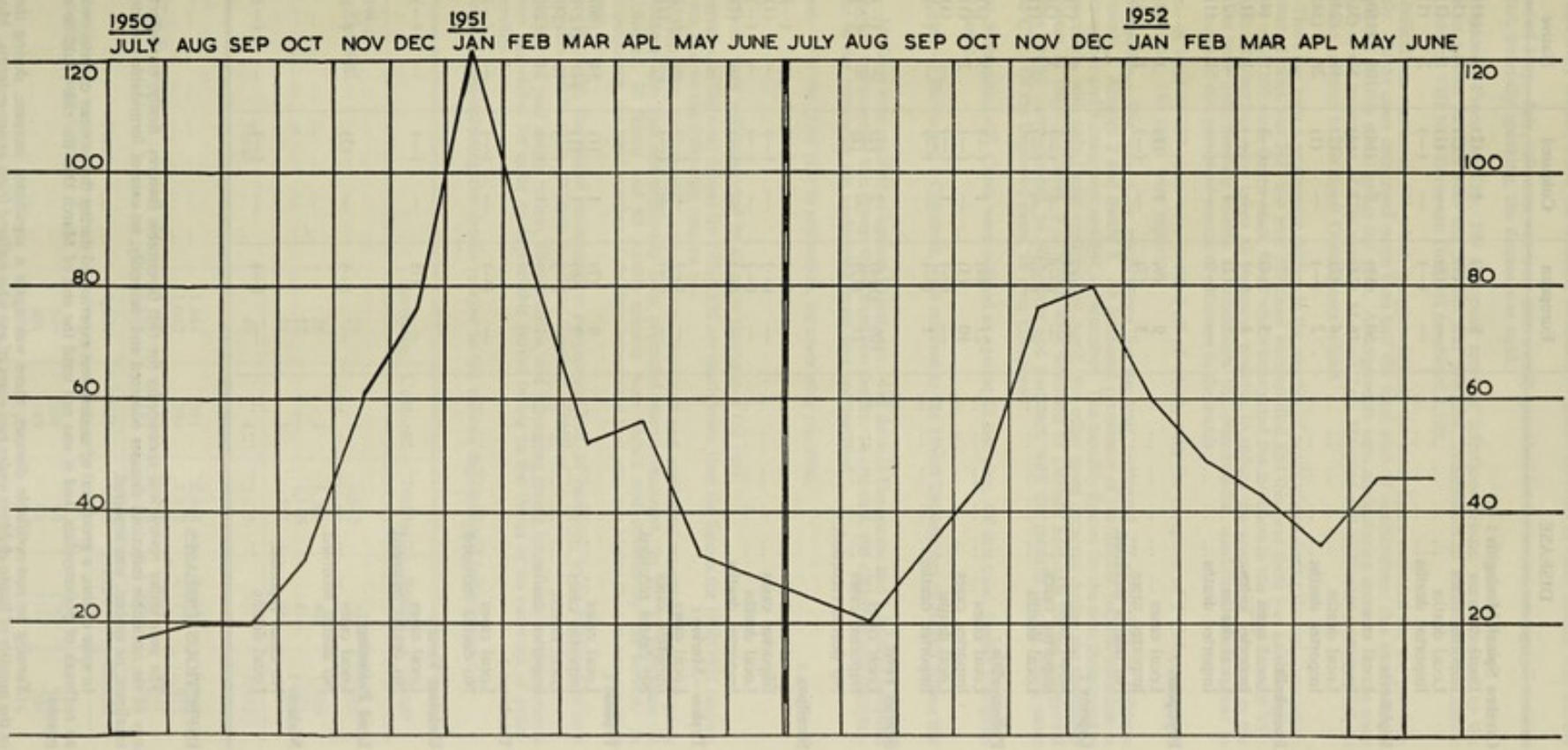
Unspecified—15

Housewives 3	Carpenter 1	Jeweller... 1
Mechanic 1	Engine Driver 1	Handyman 1
Fitter 1	Cabinet Maker 1	Director 1
Superintendent 1	Scholar 1	Clerk 1
Painter 1		

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

Age Group	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 ...	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	2 (2)	21 (75)	14 (15)	37 (92)	4 (6)	8 (22)	566 (598)	97 (103)	675 (729)	5 (4)	10 (5)	371 (367)	102 (144)	488 (520)
1— 2 ...	— (—)	— (—)	1 (—)	— (—)	1 (—)	— (—)	— (2)	36 (57)	4 (6)	40 (65)	2 (2)	3 (4)	209 (240)	27 (24)	241 (270)	— (2)	3 (5)	128 (126)	36 (53)	167 (186)
3— 5 ...	— (—)	— (—)	1 (2)	— (—)	1 (2)	— (—)	— (1)	4 (4)	2 (3)	6 (8)	— (—)	2 (—)	43 (30)	8 (8)	53 (38)	— (—)	1 (—)	20 (28)	34 (39)	55 (67)
6—15 ...	— (—)	— (—)	1 (9)	— (2)	1 (11)	— (—)	— (—)	— (1)	1 (3)	1 (4)	— (—)	— (—)	— (7)	5 (2)	5 (9)	— (—)	— (—)	3 (6)	16 (17)	19 (23)
16—25 ...	— (—)	— (—)	3 (6)	2 (2)	5 (8)	— (—)	— (—)	— (3)	1 (—)	1 (3)	— (—)	— (—)	1 (—)	1 (1)	2 (1)	— (—)	— (—)	1 (9)	4 (8)	5 (17)
26—45 ...	— (—)	— (—)	4 (6)	— (2)	4 (8)	— (—)	— (—)	— (1)	1 (2)	1 (3)	— (—)	— (—)	6 (3)	— (2)	6 (5)	2 (2)	2 (5)	7 (25)	13 (17)	24 (49)
46—65 ...	— (—)	— (—)	— (1)	— (—)	— (1)	— (—)	— (—)	— (3)	— (1)	— (4)	1 (1)	— (—)	2 (2)	1 (2)	4 (5)	2 (10)	1 (—)	8 (23)	16 (43)	27 (76)
65 and over	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	2 (—)	— (—)	2 (—)	— (—)	— (—)	1 (—)	2 (3)	3 (3)	21 (32)	— (1)	4 (7)	25 (47)	50 (87)
Total ...	— (—)	— (—)	10 (24)	2 (6)	12 (30)	— (—)	2 (5)	63 (144)	23 (30)	88 (179)	7 (9)	13 (26)	828 (880)	141 (145)	989 (1,060)	30 (50)	17 (16)	542 (591)	246 (368)	835 (1,025)

DEATHS OF NATIVES FROM GASTRO ENTERITIS (2 YEARS & UNDER) IN THE MAYVILLE AREA.



(2) INFECTIOUS DISEASES NOTIFIED DURING THE YEAR :

DISEASE	European		Coloured		Native		Asiatic	
Cerebro Spinal Meningitis :								
Local cases	9	(2)	1	(2)	10	(11)	6	(7)
Imported cases	3	(5)	—	(2)	9	(5)	2	(3)
Local deaths	—	(3)	—	(1)	5	(1)	1	(8)
Imported deaths	—	(—)	—	(—)	2	(1)	—	(1)
Diphtheria :								
Local cases	50	(58)	7	(14)	103	(150)	51	(47)
Imported cases	16	(24)	1	(4)	52	(51)	4	(18)
Local deaths	4	(2)	—	(2)	19	(24)	11	(11)
Imported deaths	2	(—)	—	(1)	26	(38)	2	(3)
Encephalitis :								
Local cases	5	(4)	—	(—)	5	(4)	4	(2)
Imported cases	1	(—)	—	(—)	1	(1)	4	(—)
Local deaths	1	(2)	1	(—)	—	(2)	—	(—)
Imported deaths	—	(—)	—	(—)	1	(1)	3	(1)
Erysipelas :								
Local cases	9	(9)	1	(1)	3	(2)	—	(1)
Imported cases	3	(3)	—	(—)	1	(4)	—	(1)
No deaths recorded.								
Leprosy :								
Local cases	—	(1)	1	(—)	7	(7)	—	(1)
Imported cases	—	(—)	—	(—)	5	(3)	—	(—)
Local deaths	—	(—)	—	(—)	—	(1)	—	(—)
Poliomyelitis :								
Local cases	21	(4)	1	(—)	3	(1)	2	(2)
Imported cases	10	(3)	—	(—)	2	(1)	1	(1)
Local deaths	—	(—)	1	(—)	—	(1)	—	(1)
Imported deaths	1	(—)	—	(—)	—	(—)	—	(—)
Scarlet Fever :								
Local cases	105	(114)	2	(2)	—	(—)	—	(—)
Imported cases	21	(12)	—	(1)	—	(—)	—	(—)
No deaths recorded.								
Smallpox :								
Local cases	—	(—)	—	(—)	—	(—)	—	(—)
Imported cases	—	(—)	—	(—)	—	(1)	—	(—)
Local deaths	—	(—)	—	(—)	—	(—)	—	(—)
Imported deaths	—	(—)	—	(—)	—	(1)	—	(—)
Typhus—Murine :								
Local cases	—	(—)	—	(—)	—	(—)	—	(—)
Imported cases	—	(—)	—	(—)	—	(1)	—	(—)
No deaths recorded.								
Typhoid :								
Local cases	9	(7)	1	(1)	54	(66)	37	(24)
Imported cases	3	(6)	1	(1)	141	(127)	35	(42)
Local deaths	—	(—)	—	(—)	10	(24)	2	(6)
Imported deaths	1	(—)	1	(—)	24	(29)	2	(3)
Trachoma :								
Local cases	—	(—)	—	(—)	—	(—)	—	(1)
No deaths recorded.								
Undulant Fever :								
Local cases	—	(1)	—	(—)	—	(—)	—	(—)
No deaths recorded.								
Lead Poisoning :								
Local cases	—	(—)	—	(5)	—	(—)	—	(—)
No deaths recorded.								
Malaria :								
No cases reported.								
Local deaths	—	(—)	—	(—)	—	(—)	—	(1)

INFECTIOUS DISEASES :

The year under review was noteworthy for two favourable features: firstly, no outbreak or epidemic of any of the notifiable infectious diseases occurred and, secondly, no case of formidable epidemic disease, such as smallpox, or typhus, was reported.

In spite of this, a great deal of anxiety was experienced during the summer months owing to the threat of an outbreak of poliomyelitis, and it was not until the end of March that the risk could be regarded as having passed.

Turning to non-notifiable diseases, there was again a significant increase, during the summer months, in the number of Bantu children under two years of age who suffered from gastro-enteritis. Most of these children resided in the Cato Manor area. However, on account of the services introduced by the Council last year, the summer incidence of the disease at Cato Manor was approximately half that recorded during the corresponding

period of 1950/51. Unfortunately this improvement, for some unknown reason, was not relatively maintained during the autumn and early winter, when the seasonal incidence of gastro-enteritis at Cato Manor was unduly high.

During the period May—July, influenza was more than usually prevalent for the season amongst all sections of the community but, generally speaking, the disease was mild.

Hospital Admissions.—From the City, 599 European cases of infectious disease were admitted to the Wentworth Hospital as against 565 last year and 598 the year previous. Admissions to the Infectious Disease Section of the King Edward VIII Non-European Hospital numbered 1,199.

Typhoid.—Notifications numbered 101 which is approximately the same figure recorded for the previous two years respectively. Bantu cases comprised more than half the total with 54 notifications: this was 12 fewer than the number reported for this racial group last year. Arrangements were made during the year for the costs of chloromycetin used in the treatment of City cases at McCord Zulu Hospital and at St. Aidan's Hospital, to be borne by the Council subject to the usual Government refund.

Diphtheria.—There has been a progressive decline in the number of notifications during the last three years. In 1949/50, the number of cases was 361; last year 269 cases were notified and this year there was a further drop to 211. Of this year's total, 103 were Bantu cases, 59 of which contracted the infection in the King Edward VIII Hospital. The Hospital Authorities have taken all measures possible to reduce the amount of infection in the Children's Section, but were unfortunately unable to ameliorate the overcrowded conditions which appear to be one of the prime causes of this persistent source of infection in the wards.

Scarlet Fever.—A total of 107 cases were notified all of which, with the exception of 2 Coloured cases. were Europeans. Last year, 110 cases were reported.

Anterior Poliomyelitis.—The total City notifications for the year numbered 27, comprised as follows: Europeans 21, Coloureds 1, Asiatics 2 and Bantu 3. An increased prevalence of the disease became manifest in the second half of November and 9 cases were notified in December. The monthly figures for the next three months were 6, 5 and 4 respectively, with only 1 case reported for April. No other cases occurred during the remainder of the year. There were 13 Imported cases, 9 of which were admitted to Durban hospitals during the period October to April: this period corresponded, to all intents and purposes, with the months during which cases were occurring in the City. Of the Imported cases, 10 were Europeans.

Cerebro-spinal Meningitis.—26 Cases were notified as against 22 last year. Of this total, 9 were European cases and 10 were Bantu.

Leprosy.—8 Cases—7 Bantu and 1 Coloured, were referred to the Union Department of Health during the year for disposal.

Encephalitis.—14 Cases were notified as against 10 last year. 4 of these (3 Europeans and 1 Asiatic) followed measles as a complication and amongst this group, there were two deaths. In one case, the diagnosis was encephalitis lethargica, whilst in the remainder the underlying cause was not specified.

Murine Typhus.—For the third year in succession, no cases were reported.

IMMUNISATION :

The various clinics were well supported by all races throughout the year.

It will be observed that the total figures for 1951/1952 are much lower than the figures for 1950/1951 (shown in brackets). This was due to the following reasons :—

(a) In 1950/1951, an intensive campaign was organised and conducted whereby all school-going children who had not previously been protected were immunised. In all, 82 European, 11 Coloured, 30 Bantu and 85 Asiatic schools were visited and covered by the service. In consequence, the total number of children immunised that year was higher than in any previous year.

(b) In 1951/1952, the school immunisation programme had, of necessity, to be restricted to new entrants and to those children requiring 'booster' injections.

(c) During the year under review, all diphtheria and whooping cough immunisation programmes were suspended for quite an appreciable period owing to the threat of an outbreak of poliomyelitis.

Set out below is a table reflecting the details relative to the various departmental programmes :—

	European	Coloured	Native	Asiatic	Total
Enteric Fever Control :					
Total Number Vi-tested	25	7	1,845	78	1,955
1st Injection	26	3	1,561	40	1,630
2nd Injection	12	—	1,116	43	1,171
Booster	11	1	551	48	611
Total	49	4	3,228	131	3,412
Diphtheria Control :					
1st Injection	1,461	381	2,494	5,528	9,864
2nd Injection	1,042	299	1,377	4,137	6,855
3rd Injection (T.A.F. only)	148	54	314	905	1,421
Booster	1,623	115	41	959	2,738
Total	4,274	849	4,226	11,529	20,878
Diphtheria and Whooping Cough Control :					
1st Injection	549	168	61	176	954
2nd Injection	401	149	41	118	709
3rd Injection	380	112	38	86	616
	1,330	429	140	380	2,279

The number of persons immunised during the year were as under :—

	Diphtheria		Combined		Typhoid		Total	
	Partial	Complete	Partial	Complete	Partial	Complete	Partial	Complete
European	1,461 (565)	2,813 (1,569)	950 (1,321)	380 (683)	26 (40)	23 (37)	2,437 (1,926)	3,216 (2,289)
Coloured	381 (983)	468 (1,730)	317 (261)	112 (123)	3 (7)	1 (—)	701 (1,251)	581 (1,853)
Native	2,494 (4,706)	1,732 (4,190)	102 (284)	38 (64)	1,561 (3,781)	1,667 (2,050)	4,157 (8,771)	3,437 (6,304)
Asiatic	5,528 (13,196)	6,001 (12,311)	294 (159)	86 (40)	40 (115)	91 (113)	5,862 (13,470)	6,178 (12,464)
	9,864 (19,450)	11,014 (19,800)	1,663 (2,025)	616 (910)	1,630 (3,943)	1,782 (2,200)	13,157 (25,418)	13,412 (22,910)

Vaccination against smallpox was vigorously pursued throughout the year and the total number of persons immunised was greater than the figure for the previous year.

Smallpox Control.

	European	Coloured	Native	Asiatic	Total
Vaccinations by Department	1,479	1,651	11,924	19,755	34,809
Vaccinations by Native Administration Department	—	—	109,693	—	109,693
Total ...	1,479	1,651	121,617	19,755	144,502

The decision to suspend the diphtheria and whooping cough immunisation programmes was carried out only after careful examination of the position and, naturally, was one which was not lightly taken. At the end of October, it was apparent that the incidence of poliomyelitis was on the increase not only in Durban but also in the surrounding districts. By then, the Department had carried out for many months a heavy programme of immunisation in practically all the Durban schools and very little remained to be done. It was evident that, by and large, the level of immunity amongst the City's children was higher and that the chances of an outbreak of diphtheria were meagre.

At a special staff meeting, attended by the Chairman of the Public Health Committee, the Municipal Pathologist and a representative of the Union Department of Health, the problem was reviewed in much detail, and the decision made to suspend the services relating to diphtheria and whooping cough. All medical practitioners in the area were thereupon notified of the action taken by the Department.

The number of poliomyelitis cases increased early in December and with the closing of the schools it was felt that matters should remain as they were and that the course of events should be carefully watched during the holidays. However, when schools reopened, the position had neither improved nor worsened and sporadic cases of poliomyelitis continued to occur. At the beginning of April it was becoming evident that the situation was returning to normal and about the middle of the month all immunisation services were resumed.

Thence until the closing of schools in June an intensive campaign was conducted to make up the leeway. This was accomplished by trebling the immunisation staff in consequence of which it was possible to deal with many hundreds of children daily. The maximum number dealt with in one day occurred on the 25th June 1952, when 1,008 children were injected.

It will be recalled that, through articles appearing in the medical press since 1949, much publicity had been given in the lay press to a possible relationship between immunisation procedures and the severity and location of paralysis in poliomyelitis. Unfortunately, the public mind everywhere has been much disturbed by these reports. There has even been an impression amongst some laymen that the immunisation injections per se are responsible for the disease. This is, of course, very wide of the mark.

In the United States, it would seem that no uniform policy has been laid down regarding the suspension of immunisation procedure in the face of a possible poliomyelitis outbreak. For instance, in June 1951, the Department of Health of the City of New York suspended immunisation against diphtheria and pertussis for some weeks in its 76 child health centres. The order did not apply to infants under six months of age. In the same months, the President of the Board of Health of Chicago issued a statement that immunisation would be continued during the summer "in the City's 34 infant welfare stations unless Chicago was threatened with a poliomyelitis epidemic."

In Durban, there was neither an epidemic or even an outbreak of poliomyelitis—only a slightly abnormal incidence. With an intensive programme in progress it was on the cards that, sooner or later, a European child would develop poliomyelitis for which his injections would be blamed. In a town the size of Durban it would not be long in such a case before the history of the case became common gossip and led to loss of confidence in the immunisation service.

Needless to say, a careful watch was kept on the diphtheria position during the period of suspension but no abnormal incidence was noted.

There is one lesson to be learned from this experience, namely, that when poliomyelitis is absent from a community, full advantage must be taken of the situation to promote immunisation measures to the fullest extent possible. Making hay while the immunisation sun shines will always pay dividends.

The following summarises the vi-testing programme conducted during the year :—

	European	Coloured	Native	Asiatic	Total
Dairies	2	—	1,219	7	1,228
Tea Rooms, Milk Bars, etc.	9	1	41	16	67
Ice Cream Factories	4	1	60	—	65
Margarine Factories	6	1	46	—	53
Native Eating Houses	—	—	36	—	36
Pedlars	—	—	2	2	4
Miscellaneous	2	4	121	35	162
Typhoid Contacts and Cases	2	—	3	—	5
D.C. Water Department	—	—	317	18	335
Total	25	7	1,845	78	1,955
Positive	—	—	14	—	14
Negative	25	7	1,831	78	1,941

(3) TUBERCULOSIS

(1) MORBIDITY AND MORTALITY.

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

	European	Coloured	Native	Asiatic	All Races
Respiratory	1,035	567	3,399	2,028	7,029
Non-Respiratory	42	47	153	75	317
All Forms	1,077	614	3,552	2,103	7,346

(b) and (c) **Notifications and Deaths.**—Set out below are statistics relating to New Cases Notified and Deaths Recorded during the year, as well as Notification and Death Rates per one thousand of the population, and also the numbers of Notifications and Deaths arranged according to Age-Groups. In addition, Deaths amongst Europeans and Coloureds during the year have been classified according to Occupational Groups. Finally, in order to illustrate the trend of this disease locally, there is a comparative table of statistics commencing from 1946, which was, incidentally, a Census Year.

(2) LOCAL FACTORS.

The low incidence of tuberculosis among Europeans, compared with non-Europeans, absolves Durban's sub-tropical climate as an aetiological factor in the high prevalence of this disease amongst non-Europeans, particularly amongst the Bantu race. The main contributing factors which operate among the non-European races are shortage of houses and overcrowding, poor feeding, ignorance, lack of rest and fatigue, and insufficient recreation —a low standard of living generally. In the case of the Bantu, the high prevalence of tuberculosis is one of the results emanating from the process of industrialisation amongst a primitive community. The rate of infection amongst the Bantu is further augmented by the existence of large and insanitary shack areas, by a shortage of facilities for isolating communicable cases and by inherent difficulties encountered in controlling the movements of tuberculosis sufferers.

(3) LOCAL FACILITIES FOR TREATMENT AND SEGREGATION.

(a) Institutional.

(i) The following is a list of hospitals situated in or near Durban, together with the approximate numbers of beds reserved for tuberculosis cases :—

Hospital	Authority	European	Coloured	Native	Asiatic	Total
King George V/ Springfield*	Union Health Dept.	150	140	580	330	1,200
Wentworth*	Provincial Government	200	—	—	—	200
Depot	Provincial Government	—	—	110	7	117
McCord Zulu*	Private Board	—	—	40	10	50
St. Aidan's	Mission	—	—	—	21	21
Umlazi	Mission	—	—	50	—	50
Fosa Settlement	Private	—	—	—	74	74
		350	140	780	442	1,712

*The proportion of the 1,000 non-European beds at Springfield Hospital and at McCord Zulu Hospital, allocated to each of the three races, varies from time to time according to the demands of each race.

At Wentworth Hospital, it has been possible to utilise only approximately one-half of these beds owing to inadequacy of nursing staff.

In addition, a considerable number of cases of Tuberculosis are diagnosed after admission to General Hospitals, such as Addington, King Edward VIII and the S.A. Railway (Greyville) Hospitals.

(ii) During the year, 1,483 Durban cases were admitted to hospital, this total being constituted as follows:—

Europeans	209
Coloureds	82
Natives	776
Asiatics	416
	1,483

(b) Extra-Institutional.

(i) Tuberculosis Out-patient Clinics, diagnostic and therapeutic, were held at the City Health (Tuberculosis) Clinic and at Springfield Hospital. In March 1952, the City Health Clinic was acquired by the Government, when it was redesignated the "Durban Chest Clinic." The majority of the European and Coloured out-patients were dealt with at the City Health Clinic, whilst most of the Native and Indian patients were attended to at the Springfield Hospital Clinic.

The following are the attendances at these two Clinics during the year :—

City Health Clinic.

Europeans :	City	13,632
	Imported	1,122
Coloureds :	City	956
	Imported	26
		15,736

King George V/Springfield Hospital Clinic.

Europeans : City cases				1,174
Coloureds, Natives, Asiatics	Ex-hospital cases ... 5,639 New attendances ... 11,425		City cases	17,064
				18,238

(ii) Artificial pneumothorax and pneumoperitoneum treatment has been undertaken at King George V/Springfield Hospital throughout the year, but since the beginning of April, at which time the Government took ownership of the Clinic, refills on European cases have been carried out at the Durban Chest Clinic. It is understood that this type of treatment will be made available to all races at the Durban Chest Clinic later in the year.

(4) PERSONNEL AND EQUIPMENT FOR CASE FINDING :

(a) Radiological and Fluoroscopic Services.—These services are available in Durban at the Durban Chest Clinic and at the King George V/Springfield Hospital Clinic. In addition, most of the local hospitals undertake radiographical work. With the permission of the Minister of Native Affairs, an X-ray set, which was purchased by the Native Administration Department some years ago, has been loaned to the Durban Chest Clinic for the purpose of X-raying Native patients.

Finally, diagnostic surveys were carried out by the Mobile X-ray Units of the Union Health Department during the year amongst some ninety-five institutions in Durban, including schools and the staffs of large industrial and commercial concerns such as clothing and textile factories and metal workshops. These X-rays are taken on miniature films: approximately 5% of these show chest abnormalities, and in these cases the patients concerned are re-X-rayed on large films.

Separate statistics for Durban itself are not available, but the following reflect the total numbers examined by the Mobile Units both within and beyond the boundaries of this local authority.

(i) Industrial and commercial concerns, Government and Corporation Departments, etc., during the year under review :—

Europeans	8,787
Coloureds	2,091
Natives	19,881
Asiatics	6,222
	36,981

(ii) European and Non-European School Children during the period 4/9/50 to 31/12/51 :—

Europeans	7,184
Coloureds	3,215
Natives	4,607
Asiatics	19,981
	34,987

At the request of the City Council, the Medical Superintendent, King George V Hospital, kindly consented to carry out an X-ray of Municipal employees, using the Mobile X-ray Unit during the months September to December 1951. This was undertaken on a voluntary basis, and approximately one-third of the employees volunteered for examination. The results are summarised as follows :—

Race	No. X-rayed	No. of T.B. cases found	Incidence rate per cent.
European ...	1,397	2	0·14
Native	1,713	13	0·76
Asiatic	710	3	0·42
All races ...	3,820	18	0·47

In May 1952, a comparison in incidence rates, occurring in large groups of non-European employees in Durban, was compiled from statistics kindly supplied by the Mobile X-ray survey unit of the Union Health Department. These are as follows :—

Survey	Race	No. X-rayed	No. of T.B. cases	Rate per 1,000	Rate per cent.
Municipal Employees. Sept./Dec. 1951.	Native Indian	1,713 710	13 3	7·59 4·23	0·759 0·423
Industry and Commerce. Jan. 1949/Dec. 1951.	Native Indian	16,565 6,638	204 60	12·32 9·04	1·232 0·904
Native Administration Dept., Registration Office. Mar./June 1950.	Native	31,400	244	7·77	0·777
S.A.R. Staff, Jan. 1949/ Dec. 1951.	Native Indian	8,655 206	114 —	13·17 —	1·317 —

(b) Tuberculin Testing.—Tuberculin testing is being undertaken extensively in Durban mainly at the two Tuberculosis Clinics and also in conjunction with the surveys carried out by the Government's Mobile X-ray Units. In addition, the Government Health Centres and the Health Visitors carry out a certain amount of tuberculin testing at patients' homes, and this procedure is also performed in various hospitals amongst infants admitted to these institutions. Both the Patch and intradermal methods are in use.

(c) Routine Follow-up Work.—This is one of the main functions of the Tuberculosis Sub-section of this Department. Every notified case is investigated at his home address, and, where practicable, at his place of work. Every home contact is advised to attend a Clinic for examination. When possible, re-examination at subsequent intervals is also recommended, but the Health-Visiting staff is inadequate for the thorough checking-up in this latter regard, with the result that every now and then a home-contact, who was initially free from evidence of the disease, is notified to this Department as a fresh case. This deficiency refers mainly to the non-European section of the population, amongst whom much persistence of effort and persuasion on the part of this Department is frequently required in order to ensure the attention of contacts at Clinics.

In the case of work-contacts, our main efforts are concentrated on the immediate and close contacts of cases. Here we are more successful owing to the valuable assistance and co-operation received from the management-staffs of large business concerns. Furthermore, in many instances, this examination of work-contacts is adequately covered by means of the Government Mobile Survey Units.

(d) Personnel engaged in Public Health Control of Tuberculosis.—The Tuberculosis Sub-section of the Department contains the following staff : 1 Medical Officer, 5 European Health Visitors, 3 Clerks, 4 Bantu and 4 Indian Health Assistants. During the year, it has been rather more difficult than usual to keep abreast of the work, owing to changes of staff-personnel and to considerable depletion of staff-time through sick leave.

The European Health Visitors undertake domiciliary work amongst European and Coloured patients, and assist when necessary with non-European cases. They also assist with applications for grants for needy cases, and attend meetings of the Care Committee at which these applications are given consideration.

The non-European Health Assistants perform similar duties amongst the Native and Indian communities, but are not members of the Care Committee. They also visit numerous cases in hospitals and at the Government Clinics.

Throughout the year, the Health Education Section of this Department has undertaken a full programme of health-talks and film-shows to large groups of non-Europeans, in barracks and compounds, in residential districts and shack areas, and at industrial and commercial houses. There is no doubt that these efforts are having the effect of making our non-European population far more tuberculosis-minded than they were hitherto. Health Education is, of course, further supplemented by the Health-Visiting staff in the domestic sphere.

(e) Domiciliary Assistance.—During the year, 386 cases (53 Europeans, 54 Coloureds, 211 Natives, 68 Asiatics) were assisted by the Care Committee, out of the funds of the King George V Silver Jubilee Fund. The total amount expended in this regard by the Natal Anti-Tuberculosis Association was £6,711.

Over and above this amount, financial grants to the amount of £15,788 were dispersed to Indian families during the year 1951, by the various Care Committees of the Friends of the Sick Association.

In addition, a large number of cases, mainly non-Europeans, were granted Government Disability and Maintenance Grants.

(f) Transfer of City Health Clinic to Government.—As mentioned earlier in this report, the Clinic was taken over by the Government during the year. It is of interest to recall very briefly that this Clinic was designed in 1941, and was erected during the war years by private contract, and finally completed in 1945. Owing to the scarcity of materials at the time, and to financial handicaps, many of the "finishing touches" were not completed. These were mostly of a decorative and ornamental nature. In 1946, negotiations for its transfer to the Government commenced, and as mentioned in previous annual reports these negotiations were extremely protracted.

In the meantime, the Clinic was loaned to the Government under a special agreement, and in September 1946, the institution commenced to function under the control of the Medical Superintendent of King George V Hospital, whose staff carried out all the clerical and X-ray work. The City Health Department staff undertook all clerical and nursing duties associated with the Clinic.

On the 20th August 1951, the City Council approved the terms of an Agreement with the Union Government for the transfer of the City Health Clinic to the Government, on payment to the Council of a sum of £8,000, being half the market value of the land.

On the 29th March 1952, the registration of the Deed of Transfer was executed, and the Union Government thereupon assumed occupation and control of the Clinic. The institution was then redesignated "The Durban Chest Clinic."

The activities of the Clinic are still confined, more or less, to European and Coloured patients, the intention being to transfer the Native and Indian Clinic sessions from Springfield hospital to the Clinic within the next few months.

TUBERCULOSIS—STATISTICS :

	European		Coloured		Native		Asiatic		Total	
(a) **Notifications :**										
(i) *Pulmonary :*										
Local cases	182	(181)	108	(120)	1188	(1052)	385	(516)	1863	(1869)
Imported cases ...	79	(107)	33	(31)	1172	(1282)	94	(122)	1378	(1542)
(ii) *Non-Pulmonary :*										
Local Cases	5	(5)	4	(11)	114	(103)	47	(46)	170	(165)
Imported Cases ...	2	(—)	—	(—)	228	(247)	20	(20)	250	(267)
(b) **Deaths :**										
(i) *Pulmonary :*										
Local Cases	35	(33)	28	(39)	396	(385)	105	(143)	564	(600)
Imported cases ...	12	(18)	5	(5)	426	(515)	21	(21)	464	(559)
(ii) *Non-Pulmonary :*										
Local cases	5	(4)	3	(5)	95	(66)	25	(31)	128	(106)
Imported cases ...	1	(2)	—	(2)	79	(57)	8	(9)	88	(70)

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

NOTIFICATIONS :

Age Groups	European		Coloured		Native		Asiatic		Total	
0— 5	6	(10)	32	(40)	260	(144)	79	(125)	377	(319)
6—15	9	(5)	5	(13)	65	(91)	60	(68)	139	(177)
16—25	20	(35)	24	(26)	275	(252)	128	(178)	447	(491)
26—45	87	(75)	36	(29)	522	(494)	113	(149)	758	(747)
46—65	49	(46)	12	(20)	166	(150)	47	(38)	274	(254)
65 and over ...	16	(15)	3	(3)	14	(24)	5	(4)	38	(46)
Total	187	(186)	112	(131)	1202	(1155)	432	(562)	2033	(2034)

DEATHS :—

Age Groups	European		Coloured		Native		Asiatic		Total	
0— 5										
6—15	1	(3)	4	(6)	95	(75)	21	(28)	121	(112)
16—25	1	(1)	—	(2)	27	(21)	14	(12)	42	(36)
26—45	—	(4)	5	(7)	96	(83)	39	(56)	140	(150)
46—65	14	(10)	13	(17)	161	(172)	41	(52)	229	(251)
65 and over ...	13	(11)	7	(11)	95	(82)	15	(24)	130	(128)
	11	(8)	2	(1)	17	(18)	—	(2)	30	(29)
Total	40	(37)	31	(44)	491	(451)	130	(174)	692	(706)
% of Deaths to Notifications	21·4	(20·0)	27·7	(33·7)	37·8	(39·1)	30·1	(30·9)	34·0	(34·7)

NOTIFICATION AND DEATH RATES PER 1,000 OF THE POPULATION—CITY CASES :—

	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 :												
1952	1·37	·26	6·96	1·80	8·42	2·81	2·58	·70	4·24	1·28	5·49	1·73
1951	1·39	·26	8·02	2·61	7·91	2·89	3·58	·99	4·44	1·42	5·78	1·94
Non-Pulmonary :												
1952	·04	·04	·26	·19	·87	·67	·31	·17	·39	·29	·54	·40
1951	·04	·03	·73	·33	·77	·50	·32	·22	·39	·25	·55	·35
All Forms :												
1952	1·41	·30	7·22	1·99	9·29	3·48	2·89	·87	4·63	1·57	6·03	2·13
1951	1·43	·29	8·75	2·94	8·68	3·39	3·90	1·21	4·83	1·67	6·33	2·29

OTHER ACTIVITIES IN CONNECTION WITH TUBERCULOSIS CONTROL :

	European		Coloured		Native		Asiatic		Total	
Admissions to Hospital ...	209	(195)	82	(125)	776	(603)	416	(442)	1483	(1365)
Discharges from Hospital...	156	(180)	40	(72)	295	(382)	208	(302)	699	(936)
Left Hospital against advice	30		30		296		87		443	
Cases Recovered...	14	(32)	7	(9)	34	(85)	66	(93)	121	(219)
Visits to Patients	5875	(4976)	1488	(1777)	4325	(4940)	4451	(4501)	16139	(16194)
Clinic Attendances	11671	(9721)	825	(1135)	825	(1030)	1272	(1791)	14593	(13677)

THE FOLLOWING COMPRISE A LIST OF OCCUPATIONS OF PERSONS WHO DIED FROM TUBERCULOSIS DURING THE YEAR (City Cases Only.)

EUROPEAN.

PULMONARY				NON-PULMONARY			
Male		Female		Male		Female	
Builder	2	Dressmaker ...	1	Infant	1	Housewives ...	2
Borehole Inspector	1	Housewives ...	8	Timekeeper ...	1	Scholar	1
Commercial Traveller	1	Machinist	1				
Checker	3						
Clerks	4						
Cable Layer	1						
Fitters	2						
Goldminers	2						
Jockey	1						
Labourers	2						
Mechanic	1						
Master Mariner ...	1						
Painter	1						
Supervisor	1						
Soldier	1						
Storeman	1						
	25		10		2		3

COLOURED.

PULMONARY				NON-PULMONARY			
Male		Female		Male		Female	
Fitter	1	Housewives ...	8	Driller...	1	Housewife	1
Handyman	1	Infant	1	Infant	1		
Infant	2	Nurse Aid	1				
Labourer	5						
Machine O/p. ...	1						
No Occupation ...	1						
Plumber	1						
Painters	2						
Radio Mechanic ...	1						
Stable Boy	1						
Seaman	1						
Teacher	1						
	18		10		2		1

PULMONARY TUBERCULOSIS. Comparison for the period 1946 to 1952.

	EUROPEAN							COLOURED							NATIVE							ASIATIC							TOTAL						
	1946	1947	1948	1949	1950	1951	1952	1946	1947	1948	1949	1950	1951	1952	1946	1947	1948	1949	1950	1951	1952	1946	1947	1948	1949	1950	1951	1952	1946	1947	1948	1949	1950	1951	1952
City :																																			
Notifications ...	118	153	176	189	160	181	182	66	122	139	153	133	120	108	945	944	1163	1018	1035	1052	1188	527	429	543	465	419	516	385	1656	1648	2021	1825	1747	1869	1863
Notification rate per 1,000 of population	·94	1·21	1·38	1·46	1·21	1·39	1·37	6·44	11·49	12·64	13·44	10·37	8·02	6·96	8·67	8·65	10·62	9·29	8·13	7·91	8·42	5·63	3·67	4·52	3·77	3·29	3·58	2·58	4·62	4·54	5·48	4·88	4·37	4·44	4·24
Deaths	47	57	55	40	34	33	35	44	41	42	40	28	39	28	461	364	385	351	378	385	396	245	188	216	207	142	143	105	797	650	698	638	582	600	564
Death rate per 1,000 of population ...	·38	·45	·43	·31	·26	·26	·26	4·29	3·86	3·82	3·51	2·18	2·61	1·80	4·23	3·33	3·52	3·20	2·97	2·89	2·81	2·15	1·61	1·79	1·68	1·11	·99	·70	2·23	1·79	1·89	1·71	1·45	1·42	1·28
Imported :																																			
Notifications ...	53	12	55	52	91	107	79	5	8	21	21	23	31	33	820	770	1328	1373	1366	1282	1172	58	43	149	106	126	122	94	936	833	1553	1552	1606	1542	1378
Deaths	10	12	11	22	15	18	12	4	5	12	8	7	5	5	361	389	489	513	497	515	426	29	21	39	37	32	21	21	404	427	551	580	551	559	464

NON-PULMONARY TUBERCULOSIS.

	EUROPEAN							COLOURED							NATIVE							ASIATIC							TOTAL						
	1946	1947	1948	1949	1950	1951	1952	1946	1947	1948	1949	1950	1951	1952	1946	1947	1948	1949	1950	1951	1952	1946	1947	1948	1949	1950	1951	1952	1946	1947	1948	1949	1950	1951	1952
City :																																			
Notifications ...	2	15	10	9	3	5	5	10	11	15	7	7	11	4	55	99	78	86	88	103	114	32	37	35	45	30	46	47	99	162	138	156	128	165	170
Notification rate per 1,000 of population	·01	·12	·08	·07	·02	·04	·04	·97	1·03	1·34	·61	·55	·73	·26	·50	·91	·71	·80	·69	·77	·87	·28	·31	·29	·44	·23	·32	·31	·28	·44	·38	·42	·32	·39	·39
Deaths	10	10	3	7	3	4	5	1	4	5	3	4	5	3	51	59	64	61	81	66	95	16	17	35	26	32	31	25	78	90	107	97	120	106	128
Death rate per 1,000 of population ...	·08	·08	·02	·05	·02	·03	·04	·09	·38	·45	·27	·31	·33	·19	·47	·54	·59	·56	·63	·50	·67	·14	·14	·29	·21	·25	·22	·17	·22	·22	·29	·31	·30	·25	·29
Imported :																																			
Notifications ...	—	1	—	—	1	—	2	—	1	—	—	3	—	—	102	173	168	208	223	247	228	5	25	20	10	20	20	20	107	200	188	218	247	267	250
Deaths	4	1	1	1	1	2	1	2	1	—	—	—	2	—	29	59	75	77	79	57	79	1	6	1	1	2	9	8	36	67	77	79	82	70	88

(4) VENEREAL DISEASES.

The position as regards venereal disease control in Durban is somewhat complex. Independent venereal disease clinics are run by the Natal Provincial Administration, McCord Zulu Hospital and the Public Health Department, but large numbers of cases are treated by private medical practitioners, Health Centres, District Surgeons, Railway Medical Officers and in the Tuberculosis Hospitals from whom returns are not available. Any figures quoted are therefore based on returns from the Natal Provincial Administration and City Health Department units only. It is unfortunate that there is so little administrative co-ordination with regard to venereal disease control although a certain amount of co-operation exists particularly between the Natal Provincial Administration and the Municipal units.

CLINICAL SERVICES.

(a) EUROPEANS : There is only one clinic for Europeans in this area, situated at Addington Hospital where it is associated with the local polyclinic. This clinic is run by the Wentworth Isolation Hospital staff. In-patients being accommodated at the isolation hospital. There are *four* one-hour sessions (one being in the evening) for males and *one* three-hour session (extending into the evening) for females, weekly. Urgent cases are seen during the 1½ hour session on Saturday mornings. Evening clinics cater for those who cannot attend at other times.

(b) (i) NON-EUROPEANS : The Addington Clinic also caters for Coloured cases by having two one-hour sessions each for males and females, weekly.

(ii) The McCord Zulu Hospital caters for Asiatics, Bantu and Coloured male and female cases at one three-hour clinic weekly; and

(iii) The Municipal non-European Clinic (within the precincts of King Edward VIII Hospital, Congella) has twelve sessions of from one to four hours each (total 50 hours) weekly, when males and females of Asiatic, Bantu and Coloured can attend. The one evening session at this clinic is very well attended and more than 150 patients per hour are dealt with.

These clinical services are associated with the polyclinics at Addington Hospital, McCord Zulu Hospital and King Edward VIII Hospital respectively.

STAFF.

(c) (i) MEDICAL : The only full-time medical officers are at the Municipal non-European Clinic. They are the Senior Clinical Medical Officer (City Venereologist) (European male), Clinical Medical Officer (European female) and a Bantu Medical Officer (male). It is worthy of note that the Bantu Medical Officer is the only full-time non-European Medical Officer in Public Health Service in the Union.

(ii) The part-time Medical Officers employed in Venereal Disease work are one Specialist (European male) and one Senior Medical Officer (European female)—at the Addington Clinic and Wentworth Hospital—and one Senior Medical Officer (European female) at the McCord Zulu Hospital.

Note : At Wentworth Hospital, there has been a reduction of staff by one full-time Medical Officer and an increase by one part-time Medical Officer which has reduced the efficiency of the section concerned.

(iii) NURSING AND HEALTH ASSISTANTS : AT WENTWORTH HOSPITAL (NATAL PROVINCIAL ADMINISTRATION)

1 Head Male Nurse, European, full-time, attached to Special Clinic, Addington Hospital ;
1 Sister, European, part-time, attends Special Clinic, Addington Hospital, for female clinic :
1 Staff Nurse, European, part-time, Fever Trainee, attends Special Clinic, Addington Hospital, for female clinic ;
1 Male Orderly, European ; and
1 Female Orderly, Coloured.

AT KING EDWARD VIII HOSPITAL (NATAL PROVINCIAL ADMINISTRATION)

1 Sister, European, full-time;
1 Charge Male Nurse, European, full-time;
5 Staff Nurses, Bantu, full-time; and
6 Male Ward Orderlies, Bantu, full-time.

AT THE NON-EUROPEAN CLINIC (MUNICIPAL)

4 Staff Nurses, Bantu, full-time ;
1 Senior Clinic Orderly, Bantu, full-time;
2 Junior Clinic Orderlies, Bantu, full-time;
1 Clinic Assistant, Bantu, full-time;
1 Senior Laboratory Assistant, Bantu, full-time;
1 Junior Laboratory Assistant, Bantu, full-time;
4 Clerks, Bantu, full-time; and
1 Cleaner, Bantu, full-time.

AT THE CITY HEALTH DEPARTMENT (MUNICIPAL)

1 Health Visitor, European, full-time;
4 Health Assistants, Bantu, full-time; and
1 Health Assistant, Asiatic, full-time.

(d) (i) and (ii) CONTACTS AND DEFAULTERS : European and Coloured female contacts and defaulters are followed up by the European Health Visitor (who has independent transport) but no provision has been made for the tracing and follow-up of males (European and Coloured). The tracing of Bantu and Asiatic contacts and defaulters is also unsatisfactory. One Bantu Health Assistant has to attend the Non-European Clinics to interrogate patients and prepare lists of contacts and defaulters for the four field workers who have to cover the 70·20 square miles of the municipal area and its population of 141,174 Bantu and 149,732 Asiatics with inadequate transport facilities. In addition, as overtime is not encouraged there is no opportunity of tracing cases of all racial groups who are away from home during Municipal working hours. The ruling that the Health Visitor is not permitted to transport cases to the Clinics has resulted in the further spread of venereal disease by irresponsible contacts and defaulters who, when located, fail to make their own way to the clinics and change their names and addresses to avoid legal action.

(iii) PROPAGANDA WORK : Every opportunity to disseminate information about Venereal Disease is taken by the Municipal non-European clinic staff and the field staff by talks to patients, by lectures to factory workers, teachers, student nurses and other interested bodies and by schooling of members of the Health Education Section's field staff. The Health Education Section of the City Health Department powerfully assists in this work by talks, lectures and film shows to vulnerable groups.

(e) ANTE-NATAL CLINICS : Routine Wassermann tests are performed on all cases at the ante-natal clinics of the hospitals in the City. At the Municipal Ante-natal Clinics, such tests are performed as a routine on European and Coloured cases and, during the year, there were 2·94% positive reactors among the former and 3·70% positive reactors among the latter. The total number of tests was small so that these figures have no statistical significance. From all the ante-natal clinics, doubtful and positive reactors are referred to the special clinics for further investigations and treatment.

(f) SYPHILIS : There has been a fall in the attendance rate of European and Coloured syphilitics, probably due to the efficacy of early treatment. The rise in the case of syphilitic attendances at the non-European clinic (2·61% increase on last year) is due to attendance by the patients being possible at more convenient times. The average attendances per patient were :—

	Males	Females
Addington special clinic (Europeans and Coloureds)	6·25	9·07
Municipal non-European clinic (Asiatics, Bantu and Coloureds) ...	3·82	3·85

GONOCOCCAL OPHTHALMIA : 307 Cases were treated in King Edward VIII Hospital during the past year, the majority being Bantu babies. Fortunately, there were no serious consequences in any of the cases, all of which responded rapidly to penicillin therapy.

NON-GONOCOCCAL URETHRITIS : Although this condition is fairly common among Europeans, it is comparatively rare among non-Europeans. Of some 3,955 male cases of urethritis at the non-European Clinic, only 240 were non-gonococcal. The commonest cause of these was bilharzia, there being 143 cases (i.e. 59·57%).

VENEREAL WARTS (CONDYLOMATA ACCUMINATA) : Electrical cauterisation has been the method of treatment for some years. Although effective, it has the drawback of delayed healing after treatment. Podophyllin resin applications have been used on the less extensive lesions with good results. Since early in 1952, liquid Nitrogen has been used instead of the cautery or podophyllin and excellent results have been obtained. Further experience with this form of treatment is necessary before it can be fully evaluated.

Note : This treatment is based on the paper "Liquid Nitrogen in the Treatment of Warts" by Dr. J. K. Morgan, which appeared in the "British Journal of Dermatology" Vol. 64, No. 2—February 1952. Liquid Nitrogen is a waste product in the manufacture of liquid oxygen and boils at minus 195·8°C. This is equivalent to 320·44 degrees of frost! It has been supplied by the local oxygen manufacturing company for the purpose of our experiments).

(g) LABORATORY INVESTIGATIONS : Improvements in technique in serum testing for Syphilis have been incorporated in our own laboratory where 18,446 such tests were performed last year. Close liaison has been maintained with the Government Laboratory and the Pathological Laboratories of the Natal Provincial Administration both in routine work and research projects.

CO-ORDINATION OF V.D. SERVICES.

This subject was discussed, inter alia, at a meeting held in Capetown on the 8th February, 1951, at which representatives of the City Council interviewed the Secretary for Health. The minutes of that meeting refer to this matter in the following terms :—

> "Further discussion disclosed that the nature of the future set-up as visualised by the Union Department of Health and by the City Council differed mainly as follows :—
>
> 1. The Union Health Department considered that the Province should provide all in-patient services except the medical services including the medical staff which should be the accepted responsibility of the City Council, headed by the City Venereologist responsible also for the out-patient work.
> 2. The City Council wishes the entire service to be delegated to the Province although Dr. English was inclined to concede the desirability of the City Venereologist functioning under the Council.
>
> "Reference was made to the draft agreement regarding the co-ordination of hospital services recently submitted to the Department and Dr. Stevenson expressed the view that there was already a large measure of agreement between the City Council, the Province and the Department, and could see no objection to the Department's proposals in this connection . . ."

At that time, whilst it was an open question whether the City Venereologist should be a member of the staff of the City Medical Officer of Health, it was not regarded as essential that the remainder of the medical staff should be members of his staff. However, as the salaries of the Medical Officers were subject to 100% refund, whether they were engaged by the Provincial Administration or by the Council, the point from the financial angle was academic.

Since then, of course, the refunds of their salaries have been reduced to 87½% and the issue has to be reviewed in the light of this new development.

By the end of the year under review, the transfer of Council's assets to the Provincial Administration under the scheme of the co-ordination of hospital services had not been brought to finality, but when this takes place the question of the transfer of the out-patient staff will require consideration.

Both out- and in-patient clinical work is almost purely diagnostic and therapeutic and therefore it would appear necessary for the City Venereologist to have unrestricted authority over his supporting administration, clinical and ward staffs. This is not practicable unless he is employed by the same authority as employs the supporting staff. At the same time, he should be a member of the City Health Department, responsible to the City Medical Officer of Health for the supervision, planning and co-ordination of the Venereal Disease Service, and for the administration of such district clinics as may be established in the future. It is evident that the solution lies in the City Venereologist being able to hold a joint appointment with the Council and with the Administration, such as he holds at present. Whether the Council's other Medical Officers should be transferred to the establishment of the King Edward VIII Hospital or else hold joint appointments is a matter which will require investigation when the remainder of the staff is transferred.

Field work such as the investigation and follow-up of contacts and discharged cases, health education and statistical functions will continue to form part of the City Health Department's programme.

When responsibility for both in-patient and all out-patient services is assumed by the Provincial Administration, these services should be integrated and should function as a separate and distinct hospital department with a fixed Establishment to which permanent appointments should be made. Administered as they are at present, the efficiency of the V.D. services is imperilled as often as staff changes are made to accommodate exigencies arising in other sections of the hospital.

REPATRIATION OF V.D. PATIENTS.

Owing to the removal of the European and Coloured V.D. wards from Addington Hospital to Wentworth Hospital, it is necessary to transfer cases in the fever ambulances from the out-patient clinic at Addington to the wards. Provision was not made for repatriation of treated cases, causing undue hardship to indigent persons. This anomaly was rectified by a resolution of the City Council subsequently approved by the Minister of Health whereby bus tickets and sundry cash grants can be issued for travelling expenses in these cases.

EXTENSION OF NON-EUROPEAN V.D. SERVICES.

A scheme to extend V.D. Services for non-Europeans was discussed and the principle thereof provisionally approved by the Secretary for Health when he met the Public Health Committee in September, 1951. As the first development of this, it is intended to open a part-time clinic in the Cato Manor area, where only minor alterations to existing buildings are required. Plans have been drawn and estimates prepared of the proposed alterations. Permission to proceed is now awaited from the Minister of Health.

SOURCE OF NON-EUROPEAN PATIENTS.

A survey was carried out at the Municipal non-European clinic to determine the source (residence) of all patients attending the clinic. The distribution of City cases was :—

27·50% came from Cato Manor;
2·77% came from Sydenham/Overport (area served by McCord Zulu Hospital);
7·14% came from North of the Umgeni River;
10·54% came from Clairwood, Wentworth and Jacobs;
13·86% came from Lamont/Cavendish; and
38·18% came from the remainder of the City.

Of all the patients attending the clinic during this survey, only 9·36% came from beyond the municipal boundary.

EXTENDED CLINIC HOURS (MUNICIPAL NON-EUROPEAN CLINIC).

The City Council granted permission for the staggering of the hours of duty of the staff at the Congella Clinic, no overtime being incurred. The period during which patients may receive attention has thereby been extended from 35 to 44 hours per week. This change has been appreciated by patients who were greatly inconvenienced by the previous arrangements.

The increased numbers of patients attending the *only* evening clinic of the week has necessitated some of the staff working overtime so as to finish the work of the clinic. No payment has been made for this overtime pending a reply from the Secretary for Health to a request for approval of the expenditure involved.

TRANSFER OF BUILDINGS.

The buildings of the Municipal non-European clinic and the specially built V.D. wards (now used for amoebiasis cases) were transferred to the Natal Provincial Administration early in 1952. Renovation of the clinic buildings is urgently required and the hospital authorities are preparing estimates for the extensive repairs necessary. There is no immediate prospect of any repairs being effected as funds have not yet been made available for the purpose.

STAFF.

Dr. R. S. Dewar assumed the post of Senior Clinical Medical Officer (City Venereologist) in September, 1951. Since October, 1950, he had acted as locum tenens for the same post while on the staff of Wentworth Hospital.

STAFF HEALTH.

Following the admission of two of the staff (from the Municipal Non-European Clinic) to Springfield Hospital with active pulmonary tuberculosis, arrangements were made to provide every member of the staff with a hot, nutritious midday meal; since then a great improvement in general health has been noted.

RATES OF NEW CASES OF V.D. (CITY ONLY).

From the returns available, the incidence of new cases of V.D. in the total population is 20·742 per 1,000 and the fall in this incidence since 1947 has been continued.

In the individual sex racial groups, an increase has been noted in the rates per 1,000 for Coloured males 38·917 (38·62) and Native males 57·40 (56·32).

INCIDENCE PER 1,000 OF NEW CASES OF V.D. (CITY ONLY).

Figures corrected for sex difference.

	EUROPEANS			COLOUREDS			NATIVES			ASIATICS			TOTAL		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1945	—	—	3·41	—	—	28·93	—	—	85·03	—	—	6·93	—	—	25·67
1946	5·16	1·28	3·09	28·41	17·30	23·03	59·09	127·99	68·83	4·13	4·20	4·16	28·80	16·70	24·00
1947	7·06	1·73	4·23	28·17	20·96	24·68	70·53	104·32	80·58	7·62	4·89	6·45	34·90	18·68	28·43
1948	7·22	1·27	4·06	29·46	16·43	23·11	66·78	125·64	75·45	10·35	3·32	6·92	33·86	16·18	26·76
1949	5·78	1·12	3·40	24·10	19·20	21·70	63·10	124·29	72·27	10·73	3·21	7·12	31·27	16·28	25·37
1950	5·49	1·64	3·55	32·87	28·78	30·89	53·97	106·98	61·92	10·81	3·34	7·17	29·14	16·97	24·41
1951	5·31	1·47	3·33	38·62	27·75	32·89	56·32	49·10	54·06	7·63	2·12	4·93	26·97	13·49	21·00
1952	4·71	0·79	2·69	38·92	21·66	29·83	57·40	48·25	54·43	6·39	1·67	4·08	26·93	13·00	20·74

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	314 (333)	59 (98)	156 (198)	5 (5)	245 (273)	144 (219)	23 (16)	6 (45)	5,533 (5,202)	2,208 (2,066)	2,084 (2,133)	1,185 (1,221)	487 (565)	113 (151)	101 (90)	22 (28)	6,579 (6,373)	2,524 (2,534)	2,364 (2,437)	1,218 (1,299)	12,685 (12,643)
Ward Admissions... ...	25 (52)	31 (57)	11 (38)	2 (3)	49 (95)	113 (182)	5 (3)	4 (2)	1,195 (1,078)	1,176 (1,195)	897 (851)	1,167 (1,092)	44 (24)	49 (20)	9 (7)	2 (2)	1,313 (1,249)	1,369 (1,454)	922 (899)	1,175 (1,099)	4,779 (4,701)
Out-patient Attendances	1,630 (1,965)	1,209 (1,392)	410 (424)	97 (93)	1,534 (1,802)	3,751 (4,249)	153 (107)	308 (210)	30,316 (27,310)	14,091 (13,375)	10,960 (10,525)	6,464 (5,715)	2,132 (2,055)	741 (630)	314 (347)	55 (77)	35,612 (33,132)	19,792 (19,646)	11,837 (11,403)	6,924 (6,095)	74,165 (70,276)
Clinics held	420 (407)								534 (528)												954 (935)

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
Europeans	6 (14)	7 (36)	89 (122)	2 (1)	623 (743)	83 (79)
Coloureds	55 (51)	36 (50)	737 (712)	8 (9)	1,470 (1,521)	50 (52)
Natives	790 (715)	664 (491)	830 (669)	6 (8)	2,947 (3,023)	15 (27)
Asiatic	158 (98)	107 (73)	874 (876)	2 (3)	1,536 (1,627)	65 (57)
Total	1,009 (878)	814 (650)	2,530 (2,379)	18 (21)	6,576 (6,914)	213 (215)

V.D. STATISTICAL COMPARISONS 1946 TO 1952 :

	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 :																					
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
1950...	353	111	305	7	217	179	21	49	5,849	2,046	2,542	1,348	706	208	110	40	7,125	2,634	2,978	1,444	14,181
1951...	333	98	198	5	273	219	16	45	5,202	2,066	2,133	1,221	565	151	90	28	6,373	2,534	2,427	1,299	12,623
1952...	314	59	156	5	245	144	23	6	5,533	2,208	2,084	1,185	487	113	101	22	6,579	2,524	2,364	1,218	12,685
Ward Admissions :																					
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
1950...	57	51	52	2	94	138	9	6	874	935	858	1,172	7	16	5	1	1,039	1,127	921	1,179	4,266
1951...	52	57	38	3	95	182	3	2	1,078	1,195	851	1,092	24	20	7	2	1,249	1,454	934	1,093	4,730
1952...	25	31	11	2	49	113	5	4	1,195	1,176	897	1,167	44	49	9	2	1,313	1,369	922	1,175	4,779
Outpatient Attendances :																					
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	6,286	65,063
1950...	2,133	1,396	632	46	1,410	2,804	62	133	28,248	12,934	10,604	6,221	2,049	650	201	109	33,833	17,587	11,499	6,509	69,428
1951...	1,965	1,392	424	93	1,802	4,249	107	210	27,310	13,375	10,525	5,715	2,055	630	347	77	33,132	19,646	11,403	6,095	70,276
1952...	1,630	1,209	410	97	1,534	3,751	153	308	30,316	14,091	10,960	6,464	2,132	741	314	55	35,612	19,792	11,837	6,924	74,165

5. PLAGUE AND RODENT CONTROL

(See report under Section 14, Field Hygiene).

6. OTHER COMMUNICABLE OR PREVENTABLE DISEASES

Amoebiasis.—As amoebic dysentery ceased to be notifiable on the 28th November 1947, the extent of the disease in Durban must now be gauged by the annual admissions to the larger hospitals in the area. It is considered that these figures give a fairly reliable index of the prevalence of the disease.

An outstanding feature in this region is the variation in the susceptibility of the several racial groups. Amongst Europeans, the disease is mild with a vague and indefinite symptomatology. Dysenteric signs are not pronounced and complications are rare. As regards its incidence, the general impression is that the infection amongst Europeans has definitely decreased during the last few years. Apart from a lessened incidence, amoebaphobia, too, does not appear to be so widespread as it was in the past and there can be no doubt that the publication of local research findings has done much to dispel a good deal of the confused thought and some of the misconceptions which befogged this subject in recent years. A better perspective and a more rational outlook has now been gained.

Manifestations of the disease in the Indian are similar to those in the European but although dysentery is not prominent, complications are noted more often.

The pattern changes dramatically when we come to consider the Bantu. It is described by Dr. R. Elsdon-Dew, Hon. Director of the Amoebiasis Research Unit, King Edward VIII Hospital, in the following words :—

". . . The African here in Durban is probably the most susceptible of all humans to the depredations of the parasite. In the (Durban) African, the disease takes an acute fulminant form—the history is short, the dysentery severe and the prostration great. Death frequently supervenes, but should the patient survive, liver developments are not uncommon and they are usually severe . . . The African susceptibility seems to be confined to Natal. What is the cause of this African susceptibility? Frankly, we do not know."

In another description, Dr. Elsdon-Dew says : "The disease presents as an acute fulminating dysentery with numerous stools consisting of little else than pus, blood and mucus. The stool differs from that of a bacillary dysentery only in the presence of innumerable actively-motile haematophagous amoebae. It is not uncommon to find fields in which there are anything between two or three hundred amoebae, and the appearance of amoebae attached to the edge of a piece of mucus has been likened to a row of sucking pigs. Clinically, too, the disease is much more severe. It is, generally speaking, easy to see the ulcers by means of a sigmoidoscope, for in those cases which come to post-mortem the ulcers are found from end to end of the large colon and not infrequently as high up as the ileum. The mortality rate is very high being about 10% and the two commonest immediate causes of death being perforation and dehydration. Cases not infrequently present with an acute abdominal condition. Perforation is the commonest cause of death and is usually found to be multiple. Other complications such as liver abscesses are very common indeed and we have, for example, seen several cases of perforation of liver abscess into the pericardium."

Turning now to the subject of hospital admissions, the figures for King Edward VIII Hospital over the last three-and-a-half years are tabulated below and, for comparative purposes, the figures for dysentery admissions other than amoebic are also included :—

	1949		1950	
	Bantu	Indian	Bantu	Indian
Amoebic Dysentery	1,654	?	2,666	49
Bacillary and other Dysentery ...	204	17	195	12

	1951		1952 (Jan.—June)	
	Bantu	Indian	Bantu	Indian
Amoebic Dysentery	4,253	88	1,813	38
Bacillary and other Dysentery ...	289	4	228	8

Unfortunately, no information is available as to how many of the above cases of amoebic dysentery were imported. From surveys carried out in previous years, it is known, however, that the majority of the Bantu patients admitted to the Hospital suffering from the disease, are domiciled in the City : the greater number being resident in the Cato Manor shack area—a well-known nidus of infection.

For the period 1st July, 1951 to 30th June, 1952, the admissions to the McCord Zulu Hospital were as follows :—

Local Cases		Imported Cases	
Males	251	Males	23
Females	46	Females	16
	297		39

Practically all these cases were Bantu. Working on an assumption that half of the Bantu cases admitted to the King Edward VIII Hospital for the calendar year sickened during the second half of that year, it emerges that the total number of Bantu cases admitted to the two hospitals abovementioned during the year under review amounted to over 4,000. It is safe to assume that a high percentage of those were resident in the City.

When the admissions to Addington Hospital are analysed, a totally different picture is revealed for only 36 Europeans suffering from amoebiasis were admitted to that institution during the year 1951/1952. Although quite a proportion of European patients must have been treated by their own medical attendants, it is justifiable to assume that the European community was not seriously affected during the year. Coloured patients are also treated at Addington Hospital. With an admission of 86 cases for the year it appears that, having regard to their comparatively small numbers, they are racially slightly more susceptible than Europeans.

From the foregoing, it is clear that during 1951/52 :—

(a) Bantu males continued to be highly susceptible to amoebic infection;

(b) Bantu females, prima facie, did not appear to exhibit the same degree of susceptibility; and

(c) The incidence of the disease amongst the European and Indian sections of the community was very slight in comparison with the severe incidence amongst the Bantu.

During the early part of 1950, Dr. Elsdon-Dew visited Lourenco Marques at the invitation of the Government of the Colony of Mocambique in order to study the prevalence of the disease at that centre.

Situated on the same coast-line, Lourenco Marques is approximately 300 miles from Durban and both towns are geographically and climatically very similar. Whilst the marked difference in the incidence of Bantu amoebiasis in Durban as compared with other South African towns, such as Johannesburg and Port Elizabeth, has been recognised for many years, it was expected that surveys carried out at Lourenco Marques would disclose

an incidence at least in some degree comparable with that found in Durban. But surprisingly enough, it was discovered that Lourenco Marques showed "no comparable amoebiasis either as regards incidence or as regards severity."

When comparisons are made of the socio-economic circumstances of the Native populations of the two towns, one is struck by certain similarities. In both centres, the Bantu have been attracted to work in industry and generally have to provide their own accommodation. Sanitation in the Native areas of both towns is primitive.

Several theories have been advanced to explain the peculiar and exceptional susceptibility of the Durban Bantu to the disease. None is satisfactory and there remains a baffling epidemiological problem, the solution of which, if we only knew it, is probably quite simple and would, in all likelihood, throw a good deal of light on the nature of the disease. Fundamentally, of course, the disease arises from coprophagy but there is much which is still obscure, both in its mode of transmission and its pathogenesis.

The different patterns found in Durban and Lourenco Marques are so interesting that it is considered advisable to record Dr. Elsdon-Dew's views on the subject, which he expressed in a fairly recent letter to the "South African Medical Journal." He wrote as follows :—

". . . Why is it that two towns relatively close to each other should have such a differing incidence of a disease of this nature? The town with the lesser incidence is, if anything, more tropical and one would expect that the incidence of a 'tropical' condition would be higher. There is no doubt that we have something to learn from the Portuguese in this respect though it is my own war-time experience that endemic fulminating amoebic dysentery does not occur in towns such as Dar-es-Salaam or Mombasa. This visit confirmed my impression that Durban is forming a nidus for this condition and I took note of several differences between the towns which might explain the difference in the incidence of the disease.

"**Hygiene and Housing.**—The peri-urban Bantu of Lourenco Marques live in somewhat ill-defined areas around the town and there is no sharp dividing line from those occupied by Europeans. The houses are, as a rule, constructed of reeds and each house is fenced off by a reed fence. There is generally room enough around each house for some form of agriculture. Disposal of faeces is into pits in a somewhat sandy soil and the water supply is mainly by purchase from local stores. There was no great prevalence of flies when I was there. This was attributed to extensive operations with D.D.T. against mosquitoes. In general, they had no 'Cato Manor' conditions.

"**Diet.**—The natives' habits differ considerably from those of the Natal Zulu mainly in that they eat fish, which is readily obtainable so that they are able to have an adequate supply of protein. Their cereal diet is much more varied than is that of the South African Native as they eat (in addition to maize) marioc and rice. Much more use is made of vegetables than in Durban. Alcohol, though not of the 'shimiyane' type, is regularly used by the natives, who also run illicit stills.

"The native life in the peri-urban area is more primitive than that around Durban and the incidence of tuberculosis and typhoid is low, though parasitization is high. I had the opportunity of examining 121 stool specimens from 121 Africans and 40 specimens from 40 Europeans, all hospital cases. The results were as follows:—

Stool Examinations	Lourenco Marques		Durban (1946)
Total No. of Cases	Africans—121	Europeans—40	Africans—4,852
E. histolytica	3 = 2%	—	1,335 = 28%
E. coli...	34 = 28%	5	413 = 9%
A. lumbricoides ...	26 = 21%	4	1,822 = 38%

(Percentages are not given for the Europeans as the number examined was small).

"These figures, though small, are comparable with the figures for a similar Native hospital population in Durban as they were examined by the same observer. The first and most striking figure is the incidence of the two commoner amoebae. In the Durban hospital population, there is a higher percentage of *E. histolytica* than of *E. coli*, whereas the reverse holds true in Lourenco Marques—and, as a rule, elsewhere. Infection with Ascaris is also higher in Durban. These are the parasites carried by the ingestion of relatively recently passed dejecta. This forms, in part, an index to the faecal contamination of food . . ."

Reverting to the local problem, a striking feature is the abnormal incidence amongst adult Bantu males which invites the thought as to whether some of the 'gut-rot' alcoholic potions consumed by the Bantu, such as 'ishimiyane' and 'gaveen' may not have some bearing on the incidence. At this stage, one can only speculate: possibly, in addition to alcoholism, some other factor such as a low consumption of protein is also required to adapt the bowel for the invasion process.

In this connection, it may be stated that, at present, the Department is co-operating with the Amoebic Research Unit in carrying out an extensive stool survey in the Cato Manor area. At the same time, the dietetic and 'alcoholic' histories of all the subjects examined are being investigated, and it is possible that this survey may throw some light on the problem.

Intestinal Parasites in the Durban Bantu.—In order to examine the peculiar susceptibility of the Durban Bantu to amoebic infection, Dr. R. Elsdon-Dew and Mr. L. Freedman carried out surveys during the period 1950/1951 so as to compare the incidence of *Entamoeba histolytica* in newcomers to Durban with those who had resided in the City for some time. The object was to determine whether the raw African was exposed to new parasites on his arrival in this area or if there was some factor in the cities which lit up a previously quiescent infection in these people.

Stools were collected from Bantu presenting themselves for registration at the Municipal Native Administration Department. The first survey was confined to Bantu arriving from the country and registering for the first time whilst the second survey comprised those Natives who were seeking re-registration and who had lived for some time in Durban.

The results were published in a paper which appeared during the course of the year under review in the "South African Journal of Clinical Science." The following information is extracted from the article in question:—

Results of Single Stool Examinations.

Parasite	Survey 'A' 1st Registration No. of cases 504	%	Survey 'B' 2nd Registration No. of cases 509	%	Total No. of cases 1,013	%
Entamoeba histolytica.						
Vegetative forms	5	0·98	2	0·40	7	0·69
Cysts...	18	3·54	30	5·95	48	5·57
Total ...	22	4·52	32	6·35	54	5·33
Entamoeba coli.						
Vegetative forms	0	0	0	0	0	0
Cysts...	198	38·90	155	30·75	353	34·85
Total ...	198	38·90	155	30·75	353	34·85
Trichocephalus trichiura...	155	30·45	312	61·90	467	46·10

The only difference between the two surveys was :—

1. There seemed to be a change from trophozoite-passers to cyst-passers of *Entamoebae histolytica*, but this was not statistically significant.
2. There was a doubling of the incidence of *Trichocephalus trichiura*.

The survey revealed an extremely high incidence of parasites of all kinds, over 85% of the subjects having one or more parasites. The highest incidence was in respect of *Ascaris lumbricoides* and *Tricephalus Trichiura*, both of which had an incidence in a single stool examination of over 45%, when the results of both surveys were combined.

Entamoeba coli was encountered in about 35% and *Entamoeba histolytica* in 5% of the total number of cases (1,013) examined.

FOOD POISONING.

Early in 1948, this Department reported upon the advisability of making Food Poisoning outbreaks compulsorily notifiable within the City limits. Similar legislation had been operative throughout England and Wales for nearly ten years and, if necessary in such temperate climatic conditions, it was obviously essential in sub-tropical Durban, whose heat and humidity greatly favour bacterial multiplication.

It is therefore very pleasing to report that, in terms of Government Notice No. 2126 of 17th August 1951, the Minister of Health exercised certain powers conferred upon him by the Public Health Act to declare that, as from the date of his notice, food poisoning would be a 'notifiable disease within the Municipal area of Durban where two or more persons being resident in or boarding at any hotel, boarding house or hostel or any premises, other than a private dwelling, where people are lodged or boarded, are suspected to be suffering from poisoning due to ingestion of food or drink.'

On receipt of this Notice, a circular letter was addressed to all local medical practitioners and interested bodies setting out its text in full.

In previous years, food poisoning outbreaks were brought to the notice of this Department almost solely through the goodwill of those local hospitals and doctors who voluntarily co-operated in so doing. Accurate statistics could not therefore be kept and the position was further aggravated by the not infrequent cases reported many days (or even weeks) after recovery. It is regretted therefore that there are no standards with which we can compare our figures of the last ten and a half months. The most that can be said is that there seems to have been a definite increase in the number of outbreaks reported to this Department, but many of them did not fall within the compulsorily notifiable category. They included single cases, cases occurring in private dwellings and cases of suspect suicidal or homicidal poisoning. Information of suspect food poisoning outbreaks also reached the Department through other channels which included direct notification by lay members of the public and reports in the local Press. All were promptly and thoroughly investigated unless or until proved that there was no further danger to public health. Some notifications continue to be received at so late a stage that samples for bacteriological analysis are no longer available and investigation serves no useful purpose, but fortunately these are in the minority.

Suicidal and homicidal poisoning are matters which should theoretically be dealt with only by the Police and not by this Department. However, it is obvious that the cause of most outbreaks will only come to light after full investigation and it would be a dangerous policy for this Department to neglect such investigation where the slightest doubt exists. A case in point arose in January 1952, when seven Coloured persons resident in the Cato Manor area fell ill after partaking of 'mahewu' (non-alcoholic fermented porridge). One of the patients, a child, died.

Despite most prompt and active investigation conducted by the S.A. Police and by this Department in their respective spheres, the cause has never been found. When every possible avenue had been explored without result and repeated bacteriological tests of the 'mahewu' remained negative, there remained a strong possibility that the 'mahewu' might contain a chemical poison such as, for instance, arsenic.

The Police, naturally, were interested lest such substance had been added with criminal intent and this is usually the first deduction of the lay public when chemical poisoning is mentioned. But this Department had to give most urgent attention to the possibility that arsenic or some similar poison had accidentally entered the food through contamination of mealie meal, of sugar or any other ingredient used in its preparation. In such case, similarly-poisoned meal or salt might have found its way into numerous other homes throughout the City, with widespread and catastrophic results.

Fortunately, a full chemical analysis was also completely negative. Less fortunately, the cause is still a mystery.

On the cases reported which were not compulsorily notifiable, every possible investigation was performed. Doctors who notified such cases in error were informed accordingly though, as always, their co-operation in reporting any significant private case is encouraged. This policy involves a great deal of tedious investigation but occasionally it pays handsome dividends through the discovery of disease-carriers in private households.

In one such case, some months ago, a local doctor reported that a European baby had died of acute gastro-enteritis. On investigation, the Department discovered that, since engagement of a Native servant a short time previously, four such cases had occurred in the household concerned. The recovery of Salmonella (possible food poisoning organisms) from this servant suggested that a carrier had been traced. Following hospital treatment, the tests from the employee were negative.

A certain variety of prepared meat which is manufactured locally by various firms and which is also imported into the City from other centres was suspected as a possible cause of two food poisoning outbreaks during the latter half of 1951. Neither outbreak was compulsorily notifiable in terms of the present legislation. Nevertheless considerable significance attached to them as it was possible that both samples of the prepared meat were from the same factory which fell outside the jurisdiction of this Department. Accordingly, the Medical Officer of Health of the area concerned and the local office of the Union Health Department were informed. A number of samples of similar 'prepared meat' were collected—from local manufactories as well as from the importer of the suspect factory's products.

Bacteriological investigation disclosed the presence of organisms in samples from two firms (one a local concern) but further tests in each case showed the organisms to be apparently harmless non-pathogenic varieties. Nevertheless, it was deduced that if they could survive it would also be possible for more dangerous varieties to remain active, should contamination with the latter occur.

Meetings were therefore held with the factory managers, directors and other officials concerned. New measures were introduced to ensure sterility and subsequent bacteriological examinations failed to find any organisms at all in samples submitted by this Department. Nor has any further food poisoning outbreak engendered suspicion that any of these factory's products were responsible.

Finally, a large number of employees of a factory were reported to be suffering from acute gastro-enteritis during May 1952. No food-products were made by the factory but workers were fed from a canteen on the premises. Although impossible to prove, the cause was most probably from nearby latrines, via profuse fly infestation, to food in the canteen. No carrier was found and the outbreak subsided promptly when the source of the fly development was located and dealt with at the investigation of this Department.

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

(a) Sources of Supply.

Durban's water supply is derived from the Umlaas and Umgeni Rivers.

The Umlaas River provides water for the old Umlaas Waterworks and the Shongweni Water Scheme and can be relied upon to provide a total of thirteen million gallons daily. Both of these Waterworks are situated on Durban Corporation owned property outside the City boundaries.

The Umgeni River provides water for the Umgeni Water Scheme, which, at present, has a capacity of 20 million gallons daily and is in process of being augmented. The headworks of this scheme are situated near Table Mountain, in the Inanda Native Reserve, outside the City.

(b) Treatment of Water.

Water from the Shongweni Water Scheme is stored in a reservoir at Shongweni, originally of 2,657,000,000 gallons capacity, chemically treated and conditioned in sedimentation basins at its headworks and then sent to Northdene, where it is filtered by a Patterson Rapid Gravity Filter Plant, chlorinated and, after storage in balancing reservoirs, passed through a twenty-four inch steel aqueduct to the City.

Water for the older Umlaas Waterworks is taken from the Umlaas River at the old Umlaas Intake near Mariannhill where it is chemically treated, clarified in open sedimentation basins and thereafter filtered through slow sand filters at Umlaas and Coedmore, chlorinated and sent to the City.

Water from the Umgeni River is conserved in a reservoir of 5,500,000,000 gallons capacity formed by the Nagle Dam at the Table Mountain Headworks of the Umgeni Water Scheme. Being situated in a horseshoe bend in the Umgeni River, these works have been constructed so that it is possible to completely by-pass all normal floods—up to 94,000 cusecs capacity—and keep the reservoir free of silt. After conservation, the water flows through the Umgeni Scheme Aqueduct to the purification works at Durban Heights where it is passed through a Candy Rapid Gravity Filter Plant, Slow Sand Filters, chlorinated and finally passed through a steel aqueduct to the service reservoirs and distribution system of the City.

(c) Distribution.

Durban's water never sees the light of day from the time it leaves the various filtration works until it emerges from the consumers' taps. The water is distributed by means of a network of steel, cast iron, spun iron and asbestos cement pressure piping. Reinforced concrete service reservoirs, all totally enclosed, having an aggregate total capacity of 31,390,000 gallons have been provided. A five million gallon reservoir is nearing completion at Mobeni and work has been commenced on a further two million gallon reservoir at Wentworth.

(d) Adequacy and Purity.

Durban's average daily consumption during the financial year ended 31st July 1952, was 26,415,661 gallons and the peak daily consumption was 32,396,000 gallons. At present, the City enjoys waterworks facilities having a total daily capacity of 33 million gallons. Steps have been taken to obtain Parliamentary authority to augment the Umgeni Water Scheme by duplicating the aqueduct and purification works and a Bill for this purpose was promoted in 1952.

Every precaution is taken to ensure that Durban's water supply is maintained at the highest state of purity. A staff of chemists and bacteriologists is continuously employed on chemical and bacteriological examination during all phases of the water's treatment and distribution. An average of 1,200 samples taken from various points in the City are examined bacteriologically each year and the results reveal a high state of purity throughout the entire distribution system. Independent and regular examinations are made by the Government Pathologist.

(e) Development and Progress.

During the year under review, considerable progress has been made on the extension of the Purification Works at Durban Heights by an additional five million gallon per day unit, the first stage of the improvements to the Shongweni Flood Diversion Scheme, that is the raising of the Floor Diversion Weir has been completed and the canal enlargement is now half complete. Tenders are being invited for the driving of the new Flood Diversion Tunnel. The concrete work on the Mobeni reservoir—five million gallons—is complete and work on concrete of the two million gallon reservoir at Wentworth has been commenced.

The excavations for the new pumping station to supply water to the Umgeni Power Station and the Pinetown Regional Water Supply Corporation have been commenced.

Approximately 34 miles of new water mains of various sizes were laid during the financial year ended 31st July, 1952.

(f) Bacteriological Examination.

The normally high standards of purity were maintained throughout the year. Four samples per week were taken from various points in the City and submitted to the Government Laboratory for the differential coliform count. The results were consistently good.

(g) Chemical Analysis.

The following is an average of the chemical analysis that has obtained over the year (expressed in parts of 100,000) :—

Colour	Good	Sediment	Nil
Turbidity	Nil	Reaction	0·6
Total Solids	6·64	Chlorine	0·84
Loss on ignition	1·06	Nitrates	0·008
Nitrites	Nil	Saline Ammonia	0·005
Albuminoid Ammonia	0·005	Total hardness	3·12
Permanent hardness	1·56	Iron	Trace
Poisonous metal	Nil		

8. NIGHTSOIL, SLOP WATER AND REFUSE (By courtesy of the City and Water Engineer.)

Cemeteries.—The Municipal Cemeteries were properly conducted and maintained. During the course of the year, the Municipal Native Cemetery at Lamontville became full and was closed down. Burials, which would have previously been at that cemetery are now being diverted to the Native section of the Stellawood Cemetery.

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

Interments.—There were 7,847 burials in the Municipal cemeteries and 684 in private cemeteries, totalling 8,531 as against 8,165 and 892 respectively in the previous year.

Cremations.—Cremations during the year totalled 632, of these 536 were European and 96 Asiatic, the previous year being 539 and 105 respectively.

Free Burials.—During the year, there were 4 European free burials, 7 Coloured, 257 Native, 4 Asiatic and 8 unclassified, totalling 280 as against 342 for the previous year.

Conservancy.—The number of pails in use during the year was 14,987—an increase of 729 over the previous year.

Refuse Removal and Disposal.—The quantity of refuse removed during the year increased slightly and a total of 259,865 cu. yds. was removed, as against 259,453 for the previous year. The disposal was carried out as in previous years, a small portion by incineration at the Point Destructor, and the remainder by tipping on low-lying and swampy areas. Harris Park and Randles Road Tips continue to receive the greater proportion of the trade refuse. As from the 24th March, a new tip was opened at Lamontville. This tip is intended primarily to receive trade refuse from the growing industrial area of Mobeni, but a small quantity of domestic refuse from Woodlands and South Coast areas is also being dumped there.

A strict watch is kept for any signs of fly breeding and prompt action when they are discovered has practically eliminated this source of complaint.

Street Cleaning.—The streets of the City are swept regularly and approximately 39,390 cu. yards of sweepings were collected and disposed of during the year.

Street Washing.—The washing at night of streets and pavements in the central areas of the City continues regularly. During the course of the year, over four and three-quarter million square yards of streets and pavements were washed. Both the general appearance as well as the cleanliness of the City has improved as a direct result of the introduction of this service.

Dead Animals.—603 Dead animals were removed and disposed of during the year.

Public Conveniences.—Public conveniences in the City, including those serving public parks but excluding those on Government property, are 59 European and 62 non-European, compared with a total of 120 in the previous year. The decrease of one European convenience is due to the fact that the European Ladies' Convenience in Field Street has been demolished, whilst two new non-European conveniences were built, one in Northway, Durban North, and the other at the old Rocket Station, corner West Street and Marine Parade.

9. MEAT SUPPLIES (By courtesy of the Director, Municipal Abattoir and Chief Veterinary Officer.)

System of Slaughtering.—The methods used are governed by the Humane Slaughter of Animals Act No. 26 of 1934. Bovines are stunned by means of humane killers of the captive bolt type. Animals for Kosher and Mohammedan consumption are slaughtered by means of throat cutting in accordance with the religious scruples of these sections of the community. In all cases, races and stunning or casting pens of approved types are used. Pigs are slaughtered by means of electrically-operated stunners. Owing to the objections raised by the Asiatic section of the community to stunning, all sheep and goats are slaughtered by the throat cutting method.

Slaughterhouses.—Two slaughterhouses are situated in Durban, viz. :—

(a) the Municipal Abattoir, operated by the local authority; and

(b) the Federated South African Meat Industries Ltd., Maydon Wharf, where meat inspection falls under the jurisdiction of the Government.

This latter abattoir is only operated during the glut season which occurs during the summer months. Any carcases intended for local consumption are brought to the Municipal Abattoir for inspection and stamping.

Disposal of Waste Products.—Condemned meat and offal, and the blood of slaughtered animals, are converted into valuable farm foods of which there is a national shortage, and tallow, which is sold to soap manufacturers. Pigs' bristles are collected and sold by contract and a firm of manufacturing chemists collects glands, spinal cords, pigs' and calves' stomachs, ox gall, etc., for the production of pharmaceutical preparations. An arrangement has also been entered into whereby this firm is supplied with the sound tissue of livers affected with Distomiasis.

Butchers' Shops.—The City Health Department exercises supervision of these premises throughout the City. All meat exposed for sale must have been inspected, passed and stamped at the Municipal Abattoir. Actual distribution of the meat to the butchers at the Abattoir is carried out by the Livestock and Meat Industries Control Board.

Condemned Meat.—Actual quantities are set out below. An efficient by-product plant is operated in accordance with the provisions of Government Notice No. 2118 of 1924, whereby all condemned meat is satisfactorily treated.

Improvements during the Year.—No major improvements were placed in hand during the year. Provision has however been made for extensions to the by-product plant, change-room and canteen accommodation for both Europeans and non-Europeans, improvements to gut-cleaning factory and additions to pens and slaughtering facilities.

Uninspected Meat entering Local Authority Area.—The Livestock and Meat Industries Control Board is in complete control of the movement of meat into Durban which is classified as a controlled area. Meat brought into this Abattoir from other centres has already been inspected at these points, but is always re-inspected by the Abattoir staff before release.

Occasional cases of illegal slaughter are detected by the City Health Department Inspectors, or the South African Police, and charges laid.

The Livestock and Meat Control Board also has inspectors who detect occasional cases of illegal importation of meat into the controlled area; in these cases, the Board takes action.

The number of animals slaughtered and condemnations during the year was as under :—

	Bovines	Swine	Sheep & Goats
Slaughtered	70,961 (63,149)	55,311 (67,418)	284,836 (140,961)
Whole carcases condemned	1,538 (1,268)	2,150 (2,611)	2,117 (275)
Portions of carcases in lb. weight condemned ...	288,919 (496,329)	72,721 (49,243)	685,001 (147,409)

10. MILK SUPPLIES

Total number of dairy inspections	2,208
Written notices with instructions to remedy certain defects	431
Personal notices to remedy minor defects	163
Chemical tests...	241
Bacterial tests (B. coli and Plate-official)...	148
Laboratory Presumptive B. coli tests	579
Phosphatase tests	564
Biological tests (Tuberculosis)	86
Breed Smear Counts	9,623
Sediment Disc Tests (Visible Dirt)	4,352
Mastitis tests	9,070
Methylene Blue tests	1,031
Contagious Abortion Ring tests...	1,814
Butter-fat tests	32
Acidity and P.H. tests	77
Ex-City Dairy inspections	346
Dairy personnel inoculated and vi-tested...	1,251
Dairy personnel positive; Vi-tests	5

General Control Programme.

(a) Registration of Farm Producers.—Since the promulgation of the new Milk and Milk Products By-laws in January 1951, a general re-organisation of the whole scheme of milk control has taken place. This has been mainly due to the fact that more attention has been directed to the production end in the country areas. The primary objective of such control has been to obtain conditions on individual producers' farms, which would be conducive to a clean, safe and wholesome milk. To this end, individual routine inspections of country producers' premises have commenced. The inauguration of such a scheme has, of necessity, to be one of a gradual change, as 'shock' tactics would otherwise cause considerable hardship and discontent among farmers, who hitherto have not been subject to or accustomed to any form of control. Drastic measures at this stage might very well lead to a switch-over to other avenues of farming which could precipitate a milk shortage in the City.

With this in view, this Department has addressed farmers' association meetings in different parts of Natal, and in each case the Department's policy towards Durban's milk requirements has been carefully and fully explained. Registration of producers was initially given without prejudice, but since 1952 registration has only been granted on the verbal assurance of a bona fide farmer that the Department's requirements will eventually be complied with.

(b) Up-country Depots or Balancing Stations.—Farm milk supplies are collected at country balancing stations, where they are both filtered and cooled and then dispatched to Durban.

There are eight registered balancing stations situated throughout Natal and East Griqualand. Registration of these depots has been granted, but as these depots handle large quantities of milk and are furthermore well capitalised, the terms of registration have been made more stringent. In one instance, the alterations carried out were tantamount to a complete rebuilding scheme. In Southern Natal, another is undergoing major structural alterations and improvements. Registration of other balancing stations has been granted on receipt of written assurance from the respective managers that improvements and alterations called for will be complied with. A close liaison has been arranged between this Department, the Union Health Department, the Department of Labour and the dairy control officer, wherein copies of letters, incorporating the Department's requirements are exchanged between this Department and each of the aforementioned departments.

Nature of Supplies.

The daily consumption of milk is approximately 29,000 gallons of which approximately 28,000 gallons is pasteurised. Raw milk is produced by twelve producer/distributors, and milk for pasteurisation by some 1,000 farm producers situated throughout Natal, East Griqualand and a portion of the Orange Free State.

Future Supply Position.

In 1941, 14,642 gallons of milk were consumed daily in the City, whereas to-day the gallonage is approximately 29,000 gallons. Although milk consumption has nearly doubled within a period of about eleven years, the dairy industry is to-day at the cross-roads and the supply position for the future presents a bleak picture indeed. Unlike other centres, where the city is the hub, and supplies can be drawn from north, south, east and west, Durban, is faced on the east by the Indian Ocean, on the north and south sugar-growing predominates and in the far north, and north-west an area only recently freed of Tsetse Fly, the vector of Nagana, which has virtually made this area a non-dairy farming area. All our supplies must thus originate from the Natal Midlands, Orange Free State and East Griqualand. The supply available and the demand for milk to-day appears to be in balance and, with the increase in demand which may be expected in the future, the position is fast arising where shortages of milk may occur, particularly during periods of adverse farming conditions. At present, Natal and East Griqualand do not produce sufficient butter and cheese for their own use, and have to draw additional supplies from elsewhere. This position is likely to become worse because of the inroads sugar-cane, wattle growing and afforestation are making in areas which were previously predominantly dairy-farming regions.

Sugar-cane is being grown inland as far as Richmond and consideration is being given to the erection of a sugar mill at Pietermaritzburg. Wattlebark has increased in price and the value of the timber has enhanced because of its use for a variety of purposes. Hard-board and masonite factories are already in production on the North Coast and in the Midlands of Natal. A six million pound Rayon Factory is already in the course of construction within 30 miles south of the City. Overseas and local wattle extract and paper manufacturing companies have purchased large tracts of land for afforestation purposes. Strong temptation is thus offered farmers to either sell land at inflated prices or to commercialise their farms for afforestation purposes, at the expense to the province of some of the best food-producing land available.

With these facts before us, it has been necessary for this Department to formulate a policy which will not antagonise existing dairy farmers and, if possible, encourage new applicants; also it has stressed the necessity of preserving animal health and keeping production to a maximum.

Distribution.

Milk is dispatched to city depots by road and rail in cans and also by road in stainless steel tankers, which are filled at up-country balancing stations. In the city, milk is distributed from seven pasteurising depots and ten raw milk producer/distributors' premises.

System of Supervision and Control.

This is carried out by a Veterinary Officer and three Dairies Inspectors. All dairies and milk depots are inspected in relation to health of dairy herd, general hygiene and building construction. The dairy inspectional staff was augmented during the year for the purpose of undertaking the control of up-country 'balancing' stations and farm dairies supplying milk to the city. Although the programme must perforce be a gradual one, very satisfactory progress is being made and a considerable measure of co-operation has been forthcoming from the farming interests concerned.

Samples of milk have regularly been taken from supplies in the course of delivery to consumers, for the purpose of ensuring compliance with the prescribed legal standards. Chemical analyses in this connection are carried out by the Government Chemical Laboratory, Johannesburg, bacterial examinations are performed by the Municipal Pathologist whilst the biological Tuberculosis tests are undertaken by the Union Health Department. All other tests, including the very large number emanating from farm dairy control are done in the departmental Milk Laboratory which is staffed by two Lady Assistants, who work under the direct supervision of the Veterinary Medical Officer.

The results of tests on milk samples purchased in terms of the law are set out below :—

Chemical Analysis (Food, Drugs and Disinfectants Act):

247 samples examined : 3 failed to conform.

Bacterial Count :

No. of Samples	B. coli test		Plate Count	
	Passed	Failed	Passed	Failed
134	76	58	58	76

Biological Tuberculosis Test :

2 Samples in total of 86 were found to be positive.

MILK LABORATORY TESTING : LOCAL DEPOTS AND CONSUMER MILK.

(a) Pasteurising efficiency : 452 samples tested : 6 samples or 1·3% failed.

(b) B. coli Presumptive Tests: The Departmental Milk Laboratory undertook 579 B. coli tests in order to trace unsatisfactory conditions in local depots. As a result of this work, attention has been focussed on defects in most of our local depots. The managements of these depots have co-operated as these conditions have become known to them. Steps taken by this Department, in conjunction with results from our Milk Laboratory, have been primarily responsible for improvements. Alterations and improvements, also the installation of new plant in one depot are nearing completion. This has involved expenditure of £15,000. Plans for a proposed major alteration scheme to another depot have been submitted for approval. The renewal of certain plant and equipment in another depot cost £10,000. During the last six months, two large depots amalgamated and plans to suitably house the new concern are at present in the hands of the architects.

(c) For the purpose of obtaining data necessary for the direction of the farm dairies and local depots control scheme, extensive testing of milk supplies has been conducted, as will be noted from the following :—

Visible Dirt.—Of 4,352 samples tested, 45·3% were unsatisfactory.

Bacterial Count.—Using a dividing line of 1,000,000 organisms per cubic centimeter to distinguish between 'good' and 'bad', 9,623 samples were tested. The failure percentage over the last four years is as follows :—

Season	1948/49	1949/50	1950/51	1951/52
Summer	54%	54%	49%	45·8%
Winter...	23%	23%	44%	18·8%

(d) Keeping Quality.—Of 1,031 Methylene Blue tests conducted, 26·5% showed poor keeping quality.

Veterinary.

Tuberculosis.—A total of 86 samples of milk were examined biologically for the presence of M. tuberculosis. Two samples were found positive and whilst the herds concerned were under investigation, their milk supply was pasteurised. Four cows with tuberculosis were eventually detected and slaughtered. Numerous requests have been received from farm-producers to have their herds tested. This work is being carried out by this Department under the Government interim scheme, and at present 222 cattle have been tested and reactors reported.

Mastitis.—Special pamphlets are circulated to producers when this disease is detected in a herd. As a result of furnishing detailed information on the disease and of addresses to farmers' meetings given by the officials of this Department, milk producers have become aware of the damage being caused to their dairy herds. Numerous requests have been received from farmers for special herd tests. From 9,070 tests made, 35% of up-country producers have been found to have infected herds. This work is still in progress.

Brucellosis.—All 'A' Class dairymen's herds are tested regularly by the Double Ring test every two months and all reactors are eliminated. Bulk milk supplies from 'B' Class dairymen are tested regularly, and to date 1,814 tests have been conducted mainly on country producers. As this work is not yet complete, it is not possible to compute the percentage infection of farms in Natal and East Griqualand yet, but a survey should be completed shortly. Detection of the disease, and advice to farmers will eventually lead to control of infection and thus more and safer milk for the city.

Pirate Milk.—This practice appears to be on the wane. Assistance in this direction has been obtained by the close liaison which exists with the Government Veterinary Department for no permit to move cattle or to introduce cattle into the city is issued by the Government Veterinary Department, unless a letter of recommendation can be produced duly signed by the Medical Officer of Health to the effect that the bearer has suitable premises for keeping of cattle.

11. OTHER FOOD SUPPLIES

City Market.—Daily inspections of perishable foods, including live poultry, arriving at the City Market, have been carried out throughout the year. Unsound foods and sick poultry were condemned and destroyed.

Unsound Foods.—Various firms handling foods were visited during the year and, in a number of cases, consignments of unsound foods were found. These foods were condemned and delivered to the Municipal Destructor for disposal. The main grounds for condemnation were 'blown', 'rusted' and 'leaking' tins. Other conditions included 'decomposition' and 'weevil-infestation'.

Cafes-de-Move-on.—With the introduction of the new Food By-laws, steps were taken to improve the hygienic standards of the three cafes-de-move-on then operating in the City. Two of them were not able to comply with the requirements and closed down, thus leaving one such type of business now operating. The City Counci

have agreed to this cafe-de-move-on being licensed to the present applicant only, and should he discontinue trading, the cafe-de-move-on will be a thing of the past.

Liquor-licensed Hotels.—During the year under review, the Department worked in conjunction with the Police authorities and submitted reports to the Liquor Licensing Board. This action resulted in two hotels closing down, a portion of a third hotel being demolished and a fourth being completely remodelled and renovated.

Ice Cream.—Three applications to introduce ice cream were received during the year from a firm manufacturing ice cream and situated outside the City. The applications were refused on the grounds that bore-hole water supply was not suitable and that the premises and equipment did not conform to the standards required by this Department. The firm in question went on appeal to the Public Health Committee on two occasions and on both the decision of this Department was upheld. This firm was subsequently found introducing ice cream into the City, without the necessary authority, and four successful prosecutions were taken against it.

Beach Catering and the like.—Inspections have been made from time to time to ascertain the manner in which food and drinks were being supplied to persons on beaches and other places of public resort. All the firms engaged in this type of business were duly warned, and it was found necessary to institute legal proceedings in a number of instances. The position has improved, however, and suitable equipment is now in use. It was also found necessary to institute legal proceedings in the case of waiters' clothing. The latter feature has since also shown a marked improvement.

Delivery of Meat to Butchers.—The Food By-laws call for a 'purpose-designed' vehicle for the delivery of meat, fish, etc. No mention, however, is made of any particular pattern, and this matter is receiving the Department's attention. Several meetings were held with the Director of the Municipal Abattoir and members of the Meat Traders' Association. The above meetings have resulted in several suggested solutions and no great difficulty is expected in finalising the matter.

Control will be greatly assisted as the Director of the Municipal Abattoir has signified his agreement to the general principle, and will take steps to deal with the offenders at the Abattoir before the vehicles are actually loaded. Several successful prosecutions were instituted in respect of the conveyance of meat in open lorries or vehicles unsuitable for the purpose.

Municipal Institutions.—Liaison has been maintained with the City Market Master, the Manager of the Native Administration Department, the Architectural Section of the City and Water Engineer's Department, in connection with plans for new premises and alterations to existing buildings. Results have been very satisfactory as, at the outset, plans embody the requirements of this Department ensuring that buildings will be designed, equipped and fitted to conform with a good standard of hygiene.

Agreement has been reached in connection with plans for the proposed new Meat and Fish Stalls to be erected at the Indian Markets in Victoria Street. It is regretted that, due to financial restriction, no progress can yet be made with the proposed reconstruction.

A new beer hall and various shops including caterers, general dealers and other food premises have been erected at Booth Road, Cato Manor. When the premises are brought into use, new and improved standards of hygiene in Native institutions will be inaugurated.

General.—During the course of the year, weekly samples of the City's water supply have been submitted for chemical analysis and bacterial examination and, in all cases, the results have been satisfactory. In addition, samples of ice cream, fresh cream, sausages, minced meat, pepper, curry powder, honey, etc., have been submitted for chemical analysis in terms of the Food, Drugs and Disinfectants Act. Generally speaking, the samples conformed with the standards laid down in the Regulations. In cases of minor discrepancies, the seller concerned was warned, and legal proceedings were instituted in respect of the balance.

Yearly Summary of Chemical Samples.

Article	No. of Samples taken			Action taken
	Total	Genuine	Deficient	
Sausages	48	44	4	4 prosecuted.
Water	42	42	—	
Ice Cream	39	38	1	Warned.
Fresh cream	14	14	—	
Minced meat	10	4	6	2 warned—4 prosecuted.
Curry powder	9	9	—	
Pepper	3	3	—	
Butter	2	2	—	
Malted Milk	2	2	—	
Candy Fudge	2	2	—	
Honey	2	2	—	
Milk (ex Milk Bar) ...	3	2	1	Warned.
Dripping	1	1	—	
Mealie meal	1	1	—	
Flour...	1	1	—	
Sour porridge	1	1	—	
Milk	247	244	3	Prosecuted.
	427	412	15	

Poultry Killing Depot.—Owing to the unsatisfactory conditions under which live poultry was being slaughtered at the Indian Market, the City Council in 1937 authorised the erection of a Poultry Killing Depot in Market Road.

The Poultry Killing Depot comprising three rooms was opened on 20th May 1938, and the users paid a fee per bird for slaughtering purposes.

These premises eventually became inadequate for slaughtering poultry and, in consequence, an additional Poultry Killing Depot, adjacent to the existing premises, was completed in January 1950.

The old Poultry Killing Depot was divided into three rooms for use by Indian dealers and in the New Poultry Killing Depot six rooms were provided for European dealers, one large room for the Jewish community, and one large room for use by the general public.

Hot and cold water facilities are provided in both buildings, and change rooms and conveniences are also available for all users.

CONDEMNATIONS—CITY MARKET :—

Apricots, boxes	1	Mushrooms, lots	5
Apples, cases	1	Madumbies, bags	5
Butter, lbs.	25	Mangoes, trays	1
Beans, pockets	220	Onions, bags	3
Broad beans, bags	2	Oranges, pockets	91
Carrots, bags	15	Pigeons	2
Cucumbers, pockets	9	Peas, pockets	177
Cabbages, bags	38	Potatoes, bags	11
Chillies, pockets	29	Peaches, trays	18
Ducks, dressed	20	Polony, lbs.	122
Ducks, dead on arrival	5	Pears, trays	6
Fowls, dressed	412	Rabbits	4
Fowls, dead on arrival	137	Turkeys	7
Fowls, alive and sick	51	Turnips, bags	10
Geese	2	Tomatoes, trays	59
Guinea fowl	88	Venison, lbs.	1,652
Hares	23	Lettuce, cartons	5

SURRENDERED FOR EXAMINATION AND CONDEMNED AS UNSOUND :—

Almond icing, packets	695	Honey, jars	2
Bananas, crates	37	Jam, tins	112
Biltong, lbs.	1	Kippers, 14 lb. boxes	15
Baby food, tins	134	Lunch loaf, lbs.	480
Breakfast food, packets	27	Meat, various, tins	1,417
Chocolates, boxes	4	Mayonnaise, jars	296
Cheese, lbs.	530	Milk concentrate, tins	645
Chutney, bottles	13	Onions, 100 lb. bags	20
Coffee, tins	8	Onions, 30 lb. pockets	2
Fish paste, jars	167	Pickles, jars	115
Fish, tins	1,245	Polony, lbs.	133
Fish, lbs.	568	Sausages, lbs.	2,386
Fruit glace, packets	33	Snoek, lbs.	108
Fruit, tins	164	Sauce, bottles	1
Fowls, dressed	162	Squash, bottles	1
Hams	20	Soup, tins	1,284
Horlick's milk, bottles	7	Vegetables, various, tins	199

12. MATERNITY AND CHILD WELFARE

The statistical report of the Family Health Section this year reflects the following salient facts :—

Registration of Births.—This year, there has been an increase in the number of births registered in all races, whereas last year there was a considerable decrease in Europeans and Asiatics. The total increase is 830, distributed among the various races as follows :—

	1950/51	1951/52	Increase
Europeans	2,583	2,696	113
Coloureds	733	842	109
Natives	3,969	4,157	188
Asiatics	5,135	5,555	420
	12,420	13,250	830

Birth Rates.—The birth rate for Europeans, Coloureds and Asiatics all reflect increases over the previous year, whilst that for Natives remains practically the same.

	1950/51	1951/52
European	19·97	20·23
Coloured	49·00	54·25
Native	29·51	29·45
Asiatic	35·32	37·10

Infantile Mortality.—The statistical returns reveal a considerable decrease in the Infantile Mortality Rates in all sections of the community and for all races are the lowest on record in Durban.

This is most gratifying, but is no reason for complacency, as the stark fact remains that most of these infant deaths are preventable. Whilst there has been no major outbreak of disease, this year, the main causes of death among Natives and Asiatic infants were Gastro-enteritis and Broncho-pneumonia, with malnutrition as a precursor of the disease in most instances. In this age of successful antibiotic treatment, this should not be so, but chronic malnutrition is so rife among the non-European races that the whole system is undermined and these unfortunate infants lack the stamina to withstand the onslaught of any infection.

Maternal Mortality.—An appreciable decrease in Native and Asiatic Maternal Mortality Rates was recorded, but that of the Europeans and Coloureds has slightly risen. There was one Coloured death due to child-birth after three consecutive years in which none was recorded.

Still births.—The still-birth rate among Asiatics shows a slight decrease this year, but that of the other three races is much increased.

Family Health Service.—Although there has been no major development or extension in the Family Health Services throughout the year under review, there has been a progressive increase in its activities.

Maternal and Child Health Clinics.—Recorded total attendances at the Clinics reveal a record number of 138,930, being 22,370 in excess of the previous record of 1949/1950 and 32,189 more than last year. This increase has been mostly Native and Asiatic. A reduction in the number of European attendances was noted last year, and this year there has been a further reduction.

There were more preliminary home visits to infants this year, but the subsequent visits to infants and toddlers were much reduced. As commented on in last year's report, this is due to a shortage of Health Visitors, to the seconding of Health Visitors to Cato Manor Clinic during the first part of the year and to the fact that this essential function does not qualify for financial subsidisation by the Union Government. The importance of frequent home visiting by well-qualified experienced personnel, who are able to gain the confidence of the family and who can adapt any advice to the home circumstances and the capabilities of the mother, cannot be stressed too strongly.

Child Health Clinics at present are organised as Static Clinics and Mobile Clinics.

STATIC CLINICS are maintained at Gale Street, Overport, Mayville, Brook Street, Cato Manor and Magazine Barracks.

MOBILE CLINICS are held at Durban North, Red Hill, Montclair, Sea View, Bellair, Hillary, Point, Morningside, Stamford Hill, Merebank, Wentworth, and Wentworth Government Village. Fynnland, Chesterville (Bantu), Overport (Asiatic) and Clairwood (Asiatic).

These are conducted in various public halls which necessitates the carrying of all necessary equipment such as files, scales and weights, folding tables and certain treatment and medical requisites, etc., in vans or station wagons. Besides loading and unloading these vehicles before and after a clinic is held, it frequently happens that the halls are not in a fit state for the holding of an infant welfare clinic and require to be swept and dusted before the clinic can commence. If any of the vehicles are being repaired or serviced, difficulty is experienced in providing substitutes for the various clinics. Mobile clinics have definitely not proved satisfactory and while they have served a most useful pioneering purpose, earnest consideration should be given to the establishment of Static Clinics in all areas.

Ante-natal and Post-natal Clinics.—During the latter part of the year, the Durban City Council appointed a part-time Medical Specialist to conduct the Municipal Ante- and Post-natal Clinics.

Abridged Mothercraft Course.—During the year, a request by the Natal Education Department to the City Council resulted in an abridged mothercraft course being held for Domestic Science Teachers. The Natal Education Department has introduced a new syllabus of Housecraft which includes mothercraft and home nursing and which will be taught in the schools by the Domestic Science teachers. The course of instruction consisted of demonstration-lectures on the care of infant and toddler, visits to Cato Manor Clinics, King Edward VIII Hospital and Health Education Film Shows, and was attended by 54 teachers from various Natal schools.

Creches and Nursery Schools.—In order to effect registration of creches and nursery schools under the Welfare Organisations Act and in terms of the Children's (Amendment) Act, it is necessary that these institutions be furnished with a certificate from the Local Health Authority to the effect that the particular institution complies with the necessary regulations. During the year, a number of the Durban creches and nursery schools were inspected and reported on for this purpose.

The Durban Municipality does not conduct or supervise creches and nursery schools as these institutions are not considered to be the responsibility of the Local Authority.

Proposed New Non-European Clinic.—Brook Street : Ministerial approval is still awaited for the building of the proposed new Clinic. Last year, the City Council made application to the Minister of Health for general approval of a scheme for a new clinic on a nearby site at an estimated capital expenditure of £30,000.

ATTENDANCES AT BROOK STREET, GALE STREET AND MOBILE CLINICS

	EUROPEAN CLINICS			NON-EUROPEAN CLINICS				GRAND TOTAL	
				Brook Street and Gale Street Centres and Mobile Clinics					
	Gale Street	Mobile Clinic	Total	Coloured	Native	Asiatic	Total	1951-52	1950-51
Total Number of Sessions	323	660	983	165	654	521	1,340	2,323	2,112
Total Sessions for children	280	660	940	153	654	427	1,234	2,174	1,969
Total ante-natal sessions	31	—	31	12	—	94	106	137	131
Total post-natal sessions	12	—	12	—	—	—	—	12	12
Total Attendance at Clinics	8,272	24,493	32,765	10,870	59,364	35,931	106,165	138,930	106,741
New cases out of above number	951	1,717	2,668	1,074	16,894	8,339	26,307	28,975	18,580
No. of infants under 1 year attending clinic	497	1,164	1,661	644	5,947	2,796	9,387	11,048	8,263
Total attendance of infants	3,886	10,728	14,614	4,358	22,432	11,166	37,956	52,570	42,920
No. of toddlers and pre-school children attending clinic	502	1,207	1,709	554	6,023	2,108	8,685	10,394	5,971
Total attendance of toddlers and pre-school children attending clinic	1,761	8,254	10,015	3,099	13,517	10,094	26,710	36,725	25,962
No. of nursing mothers attending clinic ...	314	804	1,118	645	6,294	2,382	9,321	10,439	7,404
Total attendance of nursing mothers	2,464	5,511	7,975	3,351	23,415	10,863	37,629	45,604	34,131
No. of expectant mothers attending clinic ...	37	—	37	29	—	3,087	3,116	3,153	2,954
Total attendance of expectant mothers ...	98	—	98	62	—	3,808	3,870	3,968	3,643
No. of post-natal cases	46	—	46	—	—	—	—	46	72
Total attendance of post-natal cases	63	—	63	—	—	—	—	63	85
No. of test feeds given	164	178	342	33	46	27	106	448	535
No. of mothers instructed in treatment of minor ailments ...	509	1,226	1,735	961	9,791	5,959	16,711	18,446	16,654
No. of health talks and demonstrations ...	969	3,266	4,235	1,263	14,926	5,949	22,138	26,373	17,783
No. of cases seen by Doctor	3,025	1,003	4,028	2,628	3,261	3,923	9,812	13,840	13,446

NUMBER OF CASES

	European	Coloured	Native	Asiatic
Referred to Doctors	22	—	31	62
„ „ Hospitals	12	12	430	338
„ „ Societies...	3	4	28	56
Passed for Day Nursery	90	1	—	—

SPECIMENS SENT FOR PATHOLOGICAL REPORT :

Total No. of stool specimens 392

Total No. of swabs and smears 132

EXAMINATION OF ENTRANTS TO SERVICE :

140 Female entrants to the Municipal Service were medically examined.

BIRTHS

Notifications :

	European	Coloured	Native	Asiatic	Total 1951–52	Total 1950–51
DURBAN	1,617	240	1,086	1,166	4,109	4,259
GREENWOOD PARK	351	54	229	579	1,213	1,120
SYDENHAM	50	168	308	1,147	1,673	1,621
MAYVILLE	64	181	1,773	1,106	3,124	2,761
UMHLATUZANA	177	20	164	207	568	535
SOUTH COAST JUNCTION... ...	470	164	765	1,474	2,873	2,663
	2,729	827	4,325	5,679	13,560	12,959
IMPORTED	564	46	4,722	397	5,729	4,785
TOTAL	3,293	873	9,047	6,076	19,289	17,744

Number of **Illegitimate Births** occurring among those notified :

	European	Coloured	Native	Asiatic	Total
DURBAN	46	56	739	14	855
GREENWOOD PARK	4	12	156	3	175
SYDENHAM	—	39	182	19	240
MAYVILLE	—	48	1,070	21	1,139
UMHLATUZANA	5	7	85	5	102
SOUTH COAST JUNCTION... ...	6	19	384	23	432
	61	181	2,616	85	2,943
IMPORTED	5	16	2,174	31	2,226
TOTAL	66	197	4,790	116	5,169

Stillbirths—Notifications :

	European	Coloured	Native	Asiatic	Total
DURBAN	25	8	40	23	96
GREENWOOD PARK	7	—	9	15	31
SYDENHAM	1	2	9	32	44
MAYVILLE	1	3	75	33	112
UMHLATUZANA	1	—	7	7	15
SOUTH COAST JUNCTION... ...	4	4	30	43	81
	39	17	170	153	379
IMPORTED	7	1	202	22	232
TOTAL	46	18	372	175	611

Number of **Illegitimate Stillbirths** occurring among those notified :

	European	Coloured	Native	Asiatic	Total
DURBAN	2	3	33	—	38
GREENWOOD PARK	—	—	6	1	7
SYDENHAM	—	1	10	—	11
MAYVILLE	—	—	53	2	55
UMHLATUZANA	—	—	3	—	3
SOUTH COAST JUNCTION... ...	—	1	17	—	18
	2	5	122	3	132
IMPORTED	—	1	102	3	106
TOTAL	2	6	224	6	238

Number of **Illegitimate Births** occurring among those registered :

	European	Coloured	Native	Asiatic	Total
DURBAN	48	61	451	23	583
GREENWOOD PARK	3	12	111	9	135
SYDENHAM	1	36	170	26	233
MAYVILLE	—	53	675	30	758
UMHLATUZANA	4	7	84	4	99
SOUTH COAST JUNCTION	10	32	485	34	561
	66	201	1,976	126	2,369
IMPORTED	12	11	1,791	12	1,826
TOTAL	78	212	3,767	138	4,195

Stillbirths—Registered :

	European	Coloured	Native	Asiatic	Total
DURBAN	30	8	62	41	141
GREENWOOD PARK	4	—	14	29	47
SYDENHAM	—	6	22	42	70
MAYVILLE	—	3	140	51	194
UMHLATUZANA	3	—	8	10	21
SOUTH COAST JUNCTION... ...	5	2	33	69	109
	42	19	279	242	582
IMPORTED	9	2	174	29	214
TOTAL	51	21	453	271	796

Number of **Illegitimate Stillbirths** occurring among those registered :

	European	Coloured	Native	Asiatic	Total
DURBAN	1	2	42	—	45
GREENWOOD PARK	—	—	8	—	8
SYDENHAM	—	1	14	—	15
MAYVILLE	—	—	92	—	92
UMHLATUZANA	—	—	4	—	4
SOUTH COAST JUNCTION... ...	—	1	24	—	25
	1	4	184	—	189
IMPORTED	—	2	79	—	81
TOTAL	1	6	263	—	270

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

Race	Number of Stillbirths	Number of Live Births	Total	Stillbirth Rate
EUROPEANS...	42	2,696	2,738	15·3
COLOUREDS	19	842	861	22·06
NATIVES	279	4,157	4,436	62·8
ASIATICS	242	5,555	5,797	41·7

INFANTILE DEATHS

	European	Coloured	Native	Asiatic	Total
DURBAN	35	19	198	55	307
GREENWOOD PARK	9	4	53	35	101
SYDENHAM	—	6	64	85	155
MAYVILLE	1	16	732	74	823
UMHLATUZANA	4	2	44	17	67
SOUTH COAST JUNCTION... ...	9	3	163	122	297
	58	50	1,254	388	1,750
IMPORTED	13	5	592	28	638
TOTAL	71	55	1,846	416	2,388

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	1951–52	1950–51
EUROPEAN...	35	23	58	1,406	1,290	2,696	21·51	28·6
COLOURED...	27	23	50	429	413	842	59·38	79·1
NATIVE ...	657	597	1,254	2,079	2,079	4,157	301·66	369·2
ASIATIC ...	215	173	388	2,736	2,819	5,555	69·85	83·3

Number of Infants who died, who had previously attended Clinic or had been visited by a Health Visitor :

European	Coloured	Native	Asiatic
3	2	27	23

ATTENDED ONLY				HEALTH VISITED ONLY				HEALTH VISITED AND ATTENDED			
Europ.	Col.	Native	Asiatic	Europ.	Col.	Native	Asiatic	Europ.	Col.	Native	Asiatic
1	1	18	8	—	—	—	—	2	1	9	15

Maternal Mortality :

RACE	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		1951–52	1950–51
European	5	2,696	42	2,738	1·8	1·8	·76
Coloured	1	842	19	861	1·1	1·1	—
Native	11	4,157	279	4,436	2·6	2·4	3·09
Asiatic	7	5,555	242	5,797	1·2	1·2	3·3

Maternal Deaths attended by :

	European	Coloured	Native	Asiatic	Total
Doctor	—	—	—	3	3
Midwife	—	—	—	1	1
No Midwife or Doctor	—	—	—	—	—
Hospital or Nursing Home	5	1	9	2	17
No particulars	—	—	2	1	3
	5	1	11	7	24

Causes of Maternal Deaths :

	European	Coloured	Native	Asiatic	Total
Postpartum Haemorrhage	—	—	4	1	5
Haemorrhage—Incomplete Abortion	—	—	—	1	1
Ruptured Uterus	—	—	3	2	5
Obstructed Labour	—	—	1	—	1
Caesarian Section	1	—	—	—	1
Ectopic Pregnancy	1	—	1	—	2
Ruptured Ectopic Pregnancy...	—	—	—	1	1
Eclampsia	2	—	2	1	5
Toxaemia of Pregnancy	—	1	—	1	2
Yellow Atrophy of Liver	1	—	—	—	1
	5	1	11	7	24

SUPERVISION OF MIDWIVES

Midwives :

	European	Coloured	Native	Asiatic	Total
No. of trained Midwives practising in Durban	50	3	12	2	67
No. of trained Midwives who have ceased to practise	1	—	—	—	1
No. of untrained Midwives practising in Durban	4	3	—	151	158
No. of untrained Midwives who have ceased to practise	—	—	—	—	—
No. of trained Midwives deceased	—	—	—	—	—
No. of untrained Midwives deceased	—	—	—	2	2
No. of women practising midwifery who have been warned not to do so unless they apply to have their names put on the list	—	—	—	4	4
No. of Midwives prosecuted	—	—	—	—	—
No. of difficult midwifery cases attended to and delivered	—	—	—	2	2
No. of Midwives put on the list during the year	1	—	—	8	9
No. of Midwives reinstated during the year	—	—	—	1	1
No. of Midwives appliances examined	44	49	3	1,513	1,609
No. of Midwives bags replenished	—	48	1	2,813	2,862
No. of Midwives dressings sterilized	—	68	1	2,518	2,587
No. of Midwives dressings sterilized after septic cases	—	—	—	14	14
No. of visits to Midwives at their homes or at patients' houses	7	10	—	340	357

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.

No. of Registered and Unregistered Midwives on List (Private practising in Durban) :

	European	Coloured	Native	Asiatic	Total
Registered	18	3	—	2	23
Unregistered	4	3	1	151	159

No. of Confinements attended by Midwives :

Attended by :

	Registered	Unregistered	Total
European	151	60	211
Coloured	72	34	106
Native	—	3	3
Asiatic	64	3,556	3,620

Ante-natal Clinics :

European	Coloured	Native	Asiatic	Total
31	12	—	94	137

The City Council does not provide any accommodation for Maternity cases but the following Provincial Hospitals and Private Nursing Homes have services available as set out hereunder :—

EUROPEAN : Addington Hospital and the Mothers' Hospital include district midwifery service. Maternity cases are accepted at:— Sanitorium, Florida Nursing Home, Parklands Nursing Home and Innes Road Nursing Home.

COLOURED : Addington and McCord Hospitals include district midwifery service. St. Aidan's Hospital accepts maternity cases.

NATIVES : King Edward VIII and McCord Hospitals include district midwifery service, as do the various Health Centres.

ASIATICS : King Edward VIII and McCord Hospitals include district midwifery service. St. Aidan's Hospital accepts maternity cases.

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

	European	Coloured	Native	Asiatic	Total
No. of homes	6	—	1	1	8
No. of times visited	39	—	5	4	48

Ante-Natal Work :

	European	Coloured	Native	Asiatic	Total
No. of expectant mothers attending Clinic ...	37	29	—	3,087	3,153
Total attendances	98	62	—	3,808	3,968
No. of Ante-Natal sessions	31	12	—	94	137
No. of Ante-Natal visits	152	13	783	1,242	2,190
No. of Post Natal visits	14	9	3	569	595

Accommodation available for Maternity Cases :

Beds at	European	Coloured	Native	Asiatic	Total
Hospitals	50	18	142	57	267
Nursing Homes	182	—	—	—	182

Other Visits :

	European	Coloured	Native	Asiatic	Total
No. of cases of Puerperal Sepsis...	—	1	6	8	15
No. of visits to cases of Puerperal Sepsis... ...	—	1	4	7	12
No. of maternal deaths	5	1	11	7	24
No. of visits to maternal deaths	1	—	—	6	7
No. of cases of Ophthalmia Neonatorum (notified)	1	4	79	67	151
No. of visits to cases of Ophthalmia Neonatorum	1	11	28	132	172
No. of Stillbirths	42	19	279	242	582
No. of visits in connection with stillbirths ...	9	9	6	92	116

Tuition :

	European	Coloured	Native	Asiatic	Total
No. of lectures and demonstrations to untrained Midwives	—	—	—	26	26
No. of times maternity film shown to untrained midwives	—	—	—	4	4
No. of untrained midwives attending classes ...	—	—	—	12	12

Ophthalmia Neonatorum (notified) :

Confinements attended by :	European	Coloured	Native	Asiatic	Total
Hospital or Nursing Home	1	1	72	9	83
Midwife at home	—	2	—	55	57
No skilled attention	—	1	1	2	4
Insufficient address	—	—	6	1	7
	1	4	79	67	151

Causes of Disease :

	European	Coloured	Native	Asiatic	Total
Symptoms indicating maternal Venereal Disease	—	—	67	4	71
Other causes	1	4	12	63	80
	1	4	79	67	151
Referred to own doctor or hospital	—	1	9	—	10
Already under Hospital treatment	—	—	57	19	76
Treated by Clinic	1	3	13	48	65
	1	4	79	67	151

Ophthalmia Neonatorum Rate (or number of cases of Ophthalmia Neonatorum notified per 1,000 live births)

	Number of Cases of Ophthalmia Neonatorum notified	Number of Live Births	Rate Calculated on Live Births
European	1	2,696	·37
Coloured	4	842	4·7
Native	79	4,157	19·0
Asiatic	67	5,555	12·06

Diphtheria Injections :

	Under 1 year				1 to 6 years				School Age				Adults				Total
	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	
1st ...	10	—	6	1	65	13	344	380	1,385	368	2,144	5,147	1	—	—	—	9,864
2nd ...	4	—	9	—	58	7	224	323	980	292	1,144	3,814	—	—	—	—	6,855
3rd ...	—	—	—	—	1	—	—	—	147	54	314	905	—	—	—	—	1,421
	14	—	15	1	124	20	568	703	2,512	714	3,602	9,866	1	—	—	—	18,140

Diphtheria Boosters :

	Under 1 year				1 to 6 years				School Age				Adults				Total
	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	
	—	—	—	—	77	2	—	2	1,546	113	41	957	—	—	—	—	2,738

Combined Injections (Whooping Cough and Diphtheria) :

	Under 1 year				1 to 6 years				School Age				Adults				Total
	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	
1st ...	256	69	19	3	192	99	42	173	1	—	—	—	—	—	—	—	954
2nd ...	197	51	9	—	204	98	32	118	—	—	—	—	—	—	—	—	709
3rd ...	213	31	12	2	167	81	26	84	—	—	—	—	—	—	—	—	616
	766	151	40	5	563	278	100	375	1	—	—	—	—	—	—	—	2,279

Typhoid Injections (General) :

	Under 1 year				1 to 6 years				School Age				Adults				Total
	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	
1st ...	—	—	—	—	—	—	5	—	2	—	13	3	24	3	1,543	37	1,630
2nd ...	—	—	—	—	—	—	—	—	4	—	7	3	8	—	1,109	40	1,171
	—	—	—	—	—	—	5	—	6	—	20	6	32	3	2,652	77	2,801

Typhoid Boosters :

	Under 1 year				1 to 6 years				School Age				Adults				Total
	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	
	—	—	—	—	—	—	—	—	3	—	2	2	8	1	549	46	611

HEALTH VISITORS' WORK

Infants Under 1 Year:

	European	Coloured	Native	Asiatic	Total
First Visits—Feeding: Breast	1,094	356	7,869	3,902	13,221
Mixed	79	11	1,666	479	2,235
Artificial	235	31	397	296	959
	1,408	398	9,932	4,677	16,415
Re-visits—Feeding: Breast	1,014	120	346	3,939	5,419
Mixed	647	84	405	2,761	3,897
Artificial	2,200	119	73	1,113	3,505
	3,861	323	824	7,813	12,821

Older Children :

	European	Coloured	Native	Asiatic	Total
First visits	415	80	6,697	6,061	13,253
Re-visits	5,617	1,348	1,758	16,309	25,032
	6,032	1,428	8,455	22,370	38,285
No. of above visits made to protected infants	219	98	44	—	361

Other Visits :

	European	Coloured	Native	Asiatic	Total
Infant deaths	15	4	34	47	100
Infectious Diseases or contacts	5	3	1	—	9
Reports on insanitary conditions	18	2	23	3	46
No. of visits to nursery schools and homes for protected infants	6	—	49	—	55
	44	9	107	50	210

Lectures and Demonstrations :

	European	Coloured	Native	Asiatic	Total
To students	15	—	2	—	17
To classes at schools	10	—	—	—	10
To expectant mothers	14	—	—	8	22
	39	—	2	8	49

Students :

	European	Coloured	Native	Asiatic	Total
University students	11	—	—	2	13
Health Visitor students	20	—	6	—	26
Domestic Science teachers	54	—	—	—	54
Domestic Science students	8	—	—	—	8
	93	—	6	2	101

	European	Coloured	Native	Asiatic	Total
No. of infants under 1 year visited	1,692	431	9,987	5,563	17,673

TOTAL VISITS :

First visits—Infants	16,415
Re-visits—Infants	12,821
Older Children	38,285
Other Visits	210
	67,731

DENTAL CARIES

	European	Coloured	Native	Asiatic	Total
No. of children found to be suffering from dental caries	78	—	161	163	402
No. of cases of dental caries which received attention	69	—	10	10	89

DETAILS OF PATHOLOGICAL SPECIMENS

STOOL SPECIMENS	European	Coloured	Native	Asiatic	Total
Total No. of stool examinations	345	20	18	9	392
Negative results	256	8	11	5	280
POSITIVE RESULTS :					
Round worm (Ascaris)	39	9	1	2	51
Treated at Clinic	39	9	1	2	
Trichuris Trichuris Ova (Whipworm)	7	1	—	1	9
Referred to own doctor or hospital	7	1	—	1	
Entamoeba Coli Cysts	5	—	1	—	6
Referred to own doctor or hospital	5	—	1	—	
Giardia Lamblia Cysts	18	—	—	—	18
Referred to own doctor or hospital	18	—	—	—	
Entamoeba Histolytica	2	—	1	—	3
Referred to own doctor or hospital	2	—	1	—	
Intestinal Flagellates	1	—	3	—	4
Referred to own doctor or hospital	1	—	3	—	
Multiple Infections	17	2	1	1	21
Referred to own doctor or hospital	17	2	1	1	
SWABS AND SMEARS :					
Total No. of swabs	90	4	11	13	118
Results : Positive	1	—	3	—	4
Negative	89	4	8	13	114
Total No. of Smears	5	—	7	2	14
Results : Positive	1	—	3	—	4
Negative	4	—	4	2	10
WASSERMAN TESTS :					
Total No. of tests	34	27	1	—	62
Results : Positive	1	1	—	—	2
Negative	33	26	1	—	60
RHESUS FACTOR :					
Total No. of tests	35	24	—	—	59
Results : Positive	30	16	—	—	46
Negative	5	8	—	—	13

13. GENERAL SANITATION

Over the past year, this Section's activities have largely been concentrated on bringing food establishments up to the standards required by the recently promulgated Food By-laws. Special attention has been directed to equipment, fittings and fixtures, hot water supplies and adequate washing and kitchen facilities. Improvements have been effected :—

(a) by direct action; and

(b) through reports to the Licensing Officer on applications for issue of renewals of trading licences.

Reconstruction of buildings has to some extent been held up by reasons of shortages of building materials and refusal of building permits. However, due to continued pressure by the Department, a number of wood and iron structures have been demolished and replaced by modern buildings.

Since the Municipal sewer has been extended to parts of the incorporated areas, pressure has been exerted to secure connection thereto wherever public health nuisances exist.

Action has been taken in connection with liquor-licensed premises where necessary and, in certain cases, demolition has taken place and re-building schemes complying with modern requirements are in hand.

Keeping of Animals.—Thanks to co-operation with the Government Veterinary Officer, movement of animals, particularly bovines, into and within the City area has been brought under control and permits have been issued only when all public health requirements have been complied with.

Industrial Hygiene.—Several factory concerns have now provided canteen facilities for their employees apart from the requirements of Factory and Public Health legislation. The firms concerned are co-operating in every way with the Department in regard to food-handler hygiene.

Nuisances : Durban North Beach.—Public health propaganda and lectures were carried out by the Department for Indian fishermen using this Beach area with the object of securing the proper disposal of all waste products (waste paper, fish bait, bottles, miscellaneous refuse, etc.) On the whole, fishermen concerned have proved very co-operative in striving to eliminate public health nuisances in this area.

Offensive Trades.—A large chemical factory producing chromates, bichromates and other products is still endeavouring to comply with requirements laid down by the City Council. Although much has been done, there remain certain problems relating mainly to dust which appears to emanate partly from the interior of the factory, partly from its chimneys and partly from spillage on the surrounding yard area. The respective proportions contributed by these or other sources cannot be accurately assessed but the Company appears confident that an efficient dust-collection system (which it has undertaken to install) will solve the problem to the satisfaction of all concerned. The factory's offensive trade permit has therefore been further extended for the six months ending 31st December 1952.

Illegal Trading at Cato Manor.—Prior to the riots of January 1949, trading in the Cato Manor area was conducted mainly by Asiatics on legitimate lines in approved and properly-constructed premises. Direct results of these riots was the general exodus of the Asiatic population from, and influx of Natives to, the area and a temporary closing down of Asiatic-owned stores.

Cutting off of supplies afforded certain Native entrepreneurs the opportunity to take advantage of the position to open up sub-standard shops and, on the resumption of normal conditions, continued their activities in shops built of scrap iron, unlighted, unventilated and with earth floors, lacking water and sanitary accommodation and, of course, unlicensed. The danger to public health from these fly and vermin-infested shacks, with open stocks laid out on floors and riddled timber, was serious. Closure of one 'shop' was countered by the opening of another. Prosecution of these illegal traders was instituted and met with a certain amount of success but did not prevent circumvention as Natives formed 'Buying Clubs' with scattered depots in the same unhygienic conditions.

These Clubs consisted of several hundred members and their instability was increased by an ever-changing executive. Despite the difficulty of locating and prosecuting officiating members, several prosecutions were instituted under the Food By-laws.

The following schedule reflects details of the work carried out by the Health Inspectorate during the year:—

Classification	No of Inspections.	
Food Handling Trades :		
Bakeries	319	
Boarding houses and Private hotels	1,153	
Butcheries	1,270	
Dairies and Milk Depots	2,334	
Food Manufacturers	468	
General and Fresh Produce Dealers	7,539	
Hotels (Liquor Licences)	929	
Milk Bars	27	
Offensive Trades	47	
Restaurants and Eating-houses	2,067	
Tearooms	1,620	
Sundry	1,561	
		19,361
Non-Food Handling Trades :		
General Dealers	2,085	
Hairdressers	505	
Laundries and Dry Cleaners	620	
Lodging Houses	5,385	
Offensive Trades	346	
Sundry	6,623	
		15,564
Non-Trading Premises :		
Barracks and Compounds	521	
Dwellings	17,153	
Sundry	14,073	
		31,747
		66,672
Complaints received and investigated		2,900
Notices issued : Personal		6,274
Notices issued : Written		5,375
Reports on Trading Licences		2,839
European Health Assistant's inspections		27,705
Native Health Assistants' inspections		4,961
Tubes of larvae collected		159
Letters written in connection with health matters		4,116

14. OTHER MATTERS OF HEALTH AND SANITATION

Plague and Rodent Control.—The rodent position in Durban remains well under control. The staff comprises of 5 European officials and 5 Indians who are highly experienced in the conduct of anti-rodent measures.

The programme is based on routine destruction of rodents specially in relation to potential points of entry and colonisation in industrial and commercial areas. Sampling for Plague-index purposes is run concurrently.

Field surveys of peri-urban areas are a routine feature and, when necessity arises, prompt action is taken against veld rodents.

Rodent destruction measures are confined :—

(a) to the use of the poisons, phosphorus and barium; and

(b) to a gassing and trapping programme.

A blood anti-coagulant is also being used as a poison and the results to date are satisfactory.

Maydon Wharf.—The Maydon Wharf and warehouse area can be regarded as a 'priority' danger point for the introduction of Plague into Durban, via sea-borne traffic from Eastern ports.

Beneath the wharf (which is constructed on piles) there are ample facilities for rat-harbourage. In consequence, rodent control in this area demands special measures which are administered by three separate authorities acting in co-operation, i.e.:—

(a) The Port Health Department and S.A. Railways attend to routine trapping, gassing and rodent destruction on all Government-owned and -occupied properties.

(b) The City Health Department is concerned with all privately-occupied Government properties in respect of :—

(1) trapping for Plague-index;

(2) rodent-proofing measures being carried out to its satisfaction in all premises and stores containing foodstuffs;

(3) elimination of harbourage on all warehouse and other properties; and

(4) proper storing and stacking on dunnage.

Close liaison between the Port Health Department, S.A. Railways and City Health Departments is maintained and joint inspections are carried out at regular intervals.

Outer Point Area.—Occupiers of premises adjacent to the harbour were called upon to make them rodent-proof, notices have been served and co-operation to date has left nothing to be desired. It must be borne in mind that the majority of buildings in this area are old, many are dilapidated and will have to be rebuilt before one can say they are 100% rodent-proof. Every measure is being taken to reduce the rat population in this area to a minimum.

Statistics.—The following schedule summarises the activities of the section :—

Rodents :

Premises trapped for Plague-index	693
Traps set (general)	6,136
Traps set (contiguous to harbour)	1,699
Cyanogas used, lbs.	652½
Rodents destroyed	3,873
Rodents to Government Laboratory for B. Pestis	305
Poison used, lbs.	43½
Baits laid	76,548

During the year, every effort was made to extend the anti-pest programmes for roach and bug control. Other pests dealt with were flies, fleas, lice and mites. All operations were attended with satisfactory results.

Mosquitoes.—The anti-mosquito programme kept 5 European General Assistants and 63 non-European labourers fully occupied on ditching, draining, reclamation, bush clearing and spraying. Constant spotting of likely anopheline breeding places and collection of specimens were undertaken by 6 Native Health Assistants.

Of 1,560 anopheline larvae examined, no A. Gambiae (Malaria vector) was found.

Set out below is a table showing the relative incidence of the various species :—

	1950/51	1951/52
A. gambiae	57	—
A. funestus	—	—
A. leesoni	113	—
A. audensis	—	—
A. constani	960	400
A. demeilloni	1,169	187
A. listeri	—	—
A. longipalpis	13	4
A. maculipalpis	780	533
A. marshalli	222	23
A. natalensis	39	—
A. pretoriensis	893	98
A. squamosis	126	36
A. squamosis var	269	157
A. cinereus	916	121

Yellow Fever Control.—Owing to the likelihood of planes arriving at the Reunion Airport from endemic areas, more rigorous measures were taken within the danger zone, i.e. within a 1½ mile radius of the Airport. One European General Assistant, 3 Native Health Assistants (fully trained spotters) and 6 Native labourers were employed on a full-time basis on spotting, spraying and a house-to-house inspection in the area.

The large swampy area between the Natal Cane By-Products dam and the Umlaas River, also the swamp known as the Mere, are a constant source of danger of extensive mosquito breeding which can only be eliminated by major permanent drainage or reclamation works. These should be undertaken without delay.

Bugs.—The position in Municipal barracks and institutions may be regarded as highly satisfactory. The use of 5% D.D.T. and 2½% B.H.C. as insecticide continues and, during the year, 25 premises involving 495 rooms were treated and 184½ gallons of this solution used.

There is a further decrease in the number of fumigations notified by private contractors in the City, which proves that the use of Hydrogen Cyanide gassing for bugs is dying out, due to the availability of effective and safer insecticides.

Roaches.—Spraying operations in the City and Outer Areas was continued throughout the year and the position is well under control. Quarterly 'blitzes' were carried out at the Indian and Native Markets, together with the main stormwater culverts in Grey Street and Field Street. All anti-roach measures carried out by the Department have been on Municipal properties with the exception of the sewerage systems on private property which link up with the main sewer. A total of 3,800 gallons of D.D.T./B.H.C. Solution was used during the year.

Flies.—The shack area of Cato Manor is constantly under strict observation for the development of flies and, whenever found, the site is immediately sprayed.

The bulk of fly development is to be found on privately owned property and when this Department is requested, by the owners, to carry out anti-fly measures, the cost is recovered. To date, 7,878 gallons of 5% D.D.T. Emulsion have been used.

Several complaints of flies were received from other sources and these have been dealt with satisfactorily.

Summary of the work carried out is as under :—

Mosquitoes :

Larvicide used : Oil : gallons	125
D.D.T. Emulsion : gallons	34,446
Other spraying fluids : gallons	35½
Ditches cleared : yards	527,599
Land cleared : acres	241
Larvae examined in Municipal Laboratory	1,560

Bugs :

Premises fumigated by private firms	543
Premises treated with D.D.T./B.H.C. Solution	25
Number of rooms treated	497

Roaches :

Sewer manholes sprayed	44,725
Stormwater manholes sprayed	35,228
Gutter-bridges sprayed	19,958
Properties sprayed	23,477
Water valves, gullies, etc., sprayed	15,703
D.D.T./B.H.C. Solution used : gallons	3,800

Vehicles : Milage :

Anti-Plague : Unit	8,647
Anti-Malaria : Unit	13,794
Anti-Roach : Unit	9,677
General duties unit	7,596

Native Health Assistants :

Visits to Municipal properties	2,269
Visits to non-European properties	2,592
Control advices given	886
Control advices complied with	673
Tubes of larvae examined	160

Yellow Fever Prevention.—Early in July 1951, the Secretary for Health addressed to the Town Clerk an assurance that the new Durban Airport would not be declared a 'Sanitary Airport' until major drainage schemes in the locality were completed (to permit of satisfactory Aedes mosquito control). In other words, no aircraft flying direct from Yellow Fever endemic areas may land locally until the aerodrome and its vicinity accords with the 'safety standards' laid down by International Agreement.

On 22nd August 1951, the Secretary for Health met representatives of interested authorities in Durban and laid down a provisional radius of one mile from the centre of the new Airport within which each authority concerned should institute control in its respective area of jurisdiction. This Department had, however, already commenced its Intensive Control Measures about eight months before, though over a much wider area. Immediate steps were taken to reduce the control area to that requested by the Minister but when marked on a map it was found that in places the one-mile radius of control was actually overlapped by the airport boundaries. Also, numerous swamps lay immediately outside this radius and could not justifiably have been ignored.

Accordingly, the Intensive Control Zone since maintained by this Department has been that area of the City lying within 1½ miles from the centre of the airport, and in addition the Umlazi Glebe Lands. Inspections from house-to-house are now maintained on an approximate 15-day cycle and a special gang is constantly at work spraying, clearing vegetation, drains, etc. An office-cum-store at S. J. Smith Hostel serves as headquarters for these workers, who are under European supervision. (This room kindly provided by courtesy of the Manager, Native Administration Department).

During recent months, the attention of the City and Water Engineer was drawn to the desirability of large-scale drainage and reclamation works in the area around the new Airport at Reunion. He was given the necessary co-operation in locating and according priority to various swamps in the area, to facilitate formulation of his report, which is presently under consideration by the appropriate Committee of the City Council.

Mosquito Nuisance : Bayhead.—With the advent of summer, complaints of mosquito nuisance began to reach this Department from residents on the Bluff. The increasing frequency of these complaints and their wide distribution soon left little doubt that ordinary domestic development could not be the sole cause. Special night inspections confirmed this view and the amazing number of mosquitoes found in various dwellings showed that the complaints were fully justified. Dwellings showing heaviest infestation were located within that portion of the Bluff which lies reasonably near the Bayhead Reclamation Scheme. These reclamation works had been in progress for some years and their stage of construction was such that certain swamps and collections of water were encircled by high earthern walls or 'moles' which apparently precluded natural flushing of the area by high tides.

The area of reclamation fell within the jurisdiction of the S.A. Railways, whose local Hygiene Section, in consequence of this Department's request for co-operation, greatly augmented its routine spraying activities in the area. Unfortunately, complaints continued to reach this Department on a scale rivalling, in frequency and vehemence, those formerly received. By this time, three intensive house-to-house surveys throughout the affected City area failed to disclose any major breeding focus.

A specially prepared map, marked with the position of each complaint's premises, showed that all the latter lay within the flight range of mosquitoes breeding therein. Coupled with the identification of swamp-breeding mosquitoes in infested dwellings, these facts clearly indicted the Reclamation area whose deep swamps and abundant vegetation denied access, in many parts, to sprayers.

As the local Railway Hygiene Section was obviously doing all within its immediate power to co-operate, this Department sought the advice and assistance of the Union Health Department, in terms of Section 3(1) of the Public Health Act No. 36 of 1919, as amended. Through the co-operation and teamwork of all concerned, the necessary remedial measures (which proved to be essentially engineering in nature) were carried out with a consequential complete abatement of the nuisance.

The thanks of this Department are due to the Union Health Department and to both Head and Local Offices of the S.A. Railways Health Department, for prompt co-operation rendered by them.

Building Plans.—There was an increase of 359 building plans submitted to this Department for approval during the year: the areas most affected being the Old Borough with an increase of 376 and South Coast Junction with 77; the remaining districts being slightly below. A steady average was, moreover, maintained throughout the year.

Plans finally passed showed a considerable drop, being 2,517 as against 3,022 for the previous year, with a consequent drop in estimated cost of £1,787,149. Dwelling house plans dropped from 685 to 511 and on estimated costs by £286,695, and also reflect an increase in the average cost per dwelling of £309, which is indicative of the ever-rising building costs.

The passing of 63 plans for the building of flats reflects a decrease of 39 on the previous year with a corresponding decrease in estimated costs of £1,191,042.

PLANS PASSED FOR NEW BUILDINGS AND ALTERATIONS TO EXISTING BUILDINGS—JULY 1951 TO JUNE 1952.

	DWELLINGS							FLATS						ADDITIONS TO DWELLINGS AND FLATS		SHOPS, STORES OFFICES & FACTORIES		ADDITIONS TO SHOPS STORES OFFICES AND FACTORIES		CLUBS HALLS HOTELS		ADDITIONS TO CLUBS HALLS HOTELS		TOTAL No. of PLANS	TOTAL ESTIMATED COST
Month	No. of Plans	Cost	1/2 Rms	3 Rms	4 Rms	5 Rms	6 & over	No. of Plans	Cost	1 Rms	2 Rms	3 Rms	4/5 Rms	No. of Plans	Cost	No. of Plans	Cost	No. of Plans	Cost	No. of Plans	Cost	No. of Plans	Cost	Total	Cost
		£							£						£		£		£		£		£		£
1951 :																									
July ...	50	113,063	1	5	6	34	4	5	60,520	3	27	3	6/1	130	38,718	15	264,949	50	110,911	1	8,208	10	35,353	264	631,722
Aug. ...	36	77,244	4	2	5	23	2	5	118,037	22	32	14	—	88	23,705	11	911,517	48	129,221	3	81,800	6	3,480	197	1,345,004
Sept. ...	42	108,912	1	3	9	24	5	8	110,110	1	28	48	4	101	37,744	10	766,865	58	69,016	—		4	1,065	233	1,093,712
Oct. ...	50	115,098	1	3	16	27	3	8	107,250	10	27	17	8	132	44,525	4	21,750	49	51,307	3	18,100	14	58,590	263	416,620
Nov. ...	30	73,578	1	3	6	15	5	8	131,550	7	15	27	23	104	28,271	7	47,142	59	83,706	1	6,000	6	4,076	216	374,323
Dec. ...	25	63,920	2	3	8	10	2	1	4,087	—	—	1	2	51	10,173	8	189,005	22	25,405	2	8,000	5	1,541	114	302,131
1952 :																									
Jan. ...	50	111,396	5	4	13	22	6	8	124,400	12	38	22	8	81	33,318	3	59,500	65	128,783	1	6,500	10	3,204	235	467,101
Feb. ...	47	110,184	5	9	9	22	2	3	10,500	—	1	2	2	74	21,607	6	69,400	49	31,457	1	54,384	10	8,840	190	306,372
Mar. ...	24	61,842	1	2	5	12	4	3	60,200	—	25	10	2	39	9,414	7	105,143	34	114,564	—		7	3,080	114	354,243
April ...	73	430,923	2	3	22	43	3	5	31,700	—	18	6	—	127	40,583	13	461,937	74	251,021	6	38,360	7	18,253	308	1,271,777
May ...	63	152,956	1	4	23	33	2	8	166,604	—	32	9	50	100	28,797	9	128,330	61	47,741	6	62,660	9	4,133	267	591,221
June ...	21	45,670	3	4	6	7	1	1	4,000	—	—	—	2	57	20,150	3	5,150	28	28,867	1	88,164	1	250	116	192,251
TOTAL ...	511	1,464,786	27	45	128	272	39	63	928,958	55	243	159	107/1	1,084	337,005	96	3,030,688	597	1,071,999	25	372,176	89	141,865	2,517	7,347,477

GEOGRAPHICAL DISTRIBUTION OF PLANS SUBMITTED FOR APPROVAL

MONTH	Old Borough	Green-wood Park	Syden-ham	Mayville	Umhla tuzana	S.C. Junction	Total
1951 :							
July	134	53	29	42	22	78	358
August	116	36	18	16	15	45	246
September	156	83	14	25	22	75	375
October	102	52	14	16	14	52	250
November	148	42	18	25	18	69	320
December	94	32	11	18	8	65	228
1952 :							
January	74	19	13	12	9	37	164
February	114	42	20	20	15	87	298
March	130	44	27	22	12	83	318
April	80	21	19	18	7	62	207
May	143	43	22	21	13	69	311
June	142	48	25	27	18	85	345
TOTAL ...	1,433	515	230	262	173	807	3,420

LEGISLATION

(i) AMENDMENTS

Demolition of Dwellings.—Regulation 30 of the Regulations made under Section 2 of the Housing (Emergency Powers) Act, 1945, in respect of the Province of Natal, was further amended to provide for the procedure to be followed in securing the Administrator's consent to demolition or conversion of premises used as dwellings.

Demolition of Shacks.—Powers were conferred on the Council, in terms of Section 8(1) of Ordinance 21 of 1949, to exercise control measures relating to the illegal erection of shacks in the Added Areas. Under these powers, the Council can demolish :—

(a) shacks in the course of erection;

(b) unoccupied new shacks;

(c) existing shacks which become vacant; and

(d) existing occupied shacks where suitable alternative accommodation has been offered to the occupants.

The indiscriminate erection of unauthorised buildings in the areas in question has to all intents been halted in consequence of the exercise of these powers.

International Sanitary Regulations Act. 38 of 1952.—This statute has the effect of applying the International Sanitary Regulations (World Health Organisation Regulation No. 2) to the Union of South Africa and also has the effect of repealing the Aviation Health Act, 1935. The Act, which comes into force on 1st October 1952, is of particular local concern owing to the possibility of the Reunion Airport, which is situate on Durban's boundary, being designated a 'sanitary station' and the dangers which may arise in connection with aircraft from yellow fever endemic areas.

Public Health Amendment Act No. 44 of 1952.—The amendments contained in the Act cover a wide field and a number are of considerable interest and importance to all local authorities throughout the country. Briefly, these confer considerable financial benefits by way of increased refund for health services carried out by local authorities and for increased refunds on the salaries of health officials. Though refunds in the case of two health services are decreased, the Act provides for radical changes in the financial relationship between the Central Government and the local authorities generally favourable to the latter.

Prevention of Illegal Squatting Act No. 52 of 1951.—The Act, which was applied to the Magisterial Area of Durban by Proclamation 263 of 1951, provides inter alia for :—

(a) the prevention and control of illegal squatting on public or private land;

(b) the establishment of emergency camps by local authorities; and

(c) the repeal of the Regulations for the Ejectment of Persons unlawfully occupying land (War Measure No. 31 of 1944).

Slum Zones.—Regulation 14 of the Regulations for the Control and Inspection of Premises in Defined Zones, framed under Section 32 of the Slum Act No. 53 of 1934, was amended to remedy an omission in the original Regulation by prescribing the number of latrines and bathrooms required in cases where the occupiers exceeded 125 in number.

(ii) PROPOSED AMENDMENTS

Conveyance of Compost, Manure, Abattoir Waste and Sewerage Sludge.—The Government invited criticism of draft proposed regulations to control the conveyance of such waste. After due consideration, the City Council has signified its approval of the draft.

Emergency Camps.—In 1950, rules for the administration and control of an emergency camp for Natives on the Umlazi Glebe Lands, situate in the Municipal area of Durban and the Magisterial District of Umbumbulu, were promulgated under War Measure No. 31 of 1944. It is now proposed to repeal these Rules and substitute Regulations framed under the Prevention of Illegal Squatting Act, 1951, to govern the emergency camps at Umlazi Glebe Lands and Cato Manor. Such Regulations embody certain public health safeguards.

Offensive Trade Regulations.—The suggestion was made by the Provincial Administration that consideration should be given to the adoption of a uniform code of practice for the whole Province of Natal, based on the Regulations applicable to the Cape. Such a step would require the repeal of the existing Offensive Trade Regulations for the City of Durban. The City Council was, however, of the opinion that the opportunity should be taken to review and modernise the code and that before proceeding further in the matter, a round-table conference of interested authorities in Natal should be held so that the matter could be discussed in all its aspects. The decision of the Provincial Administration is awaited.

Poultry By-laws.—Owing to the increasing tendency to keep poultry on a fairly large scale within the City, it is proposed to amend the By-laws so as to control the numbers to be kept on small building plots. Certain other minor amendments will also be incorporated.

Smoke Control.—The new code to give the City Council increased powers in this matter has not yet been finally approved.

(iii) CODES OF PRACTICE

During the year under review, codes to standardise, as far as possible, the Department's requirements, have been extended to cover the following activities :—

Circuses, Fetes, Travelling Shows, etc.
Dairies;
Hairdressers;
Laundries;
Receiving Depots (Dry Cleaning, etc.).

(iv) APPEALS

Magistrate's Court.—Following upon successful prosecution by the Department, two cases were taken to appeal to the Natal Provincial Division of the Supreme Court. In the first case (Bux vs. Durban Corporation), the appellant, the owner of the property, had been charged with and convicted of a contravention of Regulations14, 16(b) and 17 of the Regulations for the Control and Inspection of Premises in Defined Zones framed under the Slums Act, 1934. The appeal was dismissed.

In the second case (Moola vs. Durban Corporation), the appellant appealed against his convictions of two contraventions of the Public Health By-laws, i.e. By-laws 3(ii) and 27. The appeal was dismissed in respect of By-law 3(ii) which requires that whenever any set of premises is occupied by a member of occupiers the owner of such premises shall at all times maintain in a clean condition all parts thereof used in common by such occupiers. However, the appeal in respect of By-law 27, which requires that every owner or occupier of premises shall make necessary privy provision as shall be requisite for the proper accommodation of the persons using the premises, was upheld as it was found that the shack-dwellers were trespassers upon appellant's land.

Milk (and Milk Products) By-laws.—Appeals against the decision of the Medical Officer of Health to issue certificates of registration are decided by the Public Health Committee of the City Council. During the year, two appeals were heard, one being in respect of the introduction into the City of Durban of ice cream and the other for the introduction of raw milk for conversion to sour milk, without pasteurisation. The ice cream appeal was dismissed but the milk appeal was upheld.

(v) PROSECUTIONS.

During the year, the amount collected in fines has increased considerably due mainly to increased prosecutions under the Food By-laws and for insanitary conditions in the 'shack' areas. Details are appended :—

OFFENCE	Brought Forward	New	Total	Guilty	Not Guilty	With-drawn	Pend-ing	Fines
FOOD, DRUGS & DISINFECTANTS ACT :								
Milk :								
Under chemical standard	2	2	4	3	—	1	—	25 0 0
Under-pasteurised	—	1	1	1	—	—	—	10 0 0
Dirty milk bottles	—	1	1	1	—	—	—	5 0 0
Transfer in open street	—	1	1	1	—	—	—	2 0 0
PUBLIC HEALTH BY-LAWS :								
Nuisances :								
Defective buildings	4	19	23	20	—	1	2	165 0 0
Unclean yards	13	57	70	58	1	2	9	481 10 0
Cow-keeping without permit	3	8	11	10	—	1	—	54 10 0
Defective privies	3	4	7	7	—	—	—	46 0 0
Fouling by waste water	—	2	2	2	—	—	—	10 0 0
No privy accommodation	—	6	6	3	—	1	2	15 0 0
Urinating in roadway	—	7	7	7	—	—	—	4 10 0
Food :								
Trading without licence	1	27	28	16	3	2	7	218 0 0
Exposure to contamination	10	27	37	36	—	1	—	329 10 0
Filthy conditions	1	9	10	10	—	—	—	150 10 0
Unclean clothing	—	4	4	4	—	—	—	22 10 0
Under-standard	—	8	8	7	—	—	1	40 0 0
Unwholesome meat	—	3	3	3	—	—	—	15 0 0
Foreign substance in food	—	2	2	1	—	1	—	15 0 0
Introduction of milk products without permit	—	7	7	6	—	1	—	45 0 0
Sleeping in food store	—	1	1	1	—	—	—	5 0 0
Rodents :								
Harbourage	1	6	7	5	—	—	2	52 10 0
Mosquitoes :								
Breeding	1	4	5	3	—	—	2	31 0 0
Fumigation :								
Careless supervision		1	1	1	—	—	—	10 0
Mattress Makers :	—							
Regulations regarding mattress makers, etc.	1	—	1	1	—	—	—	10 0 0
Hairdressers :								
Dirty conditions	—	1	1	1	—	—	—	3 0 0
Slums Act :								
Zonal regulations	17	36	53	51	—	—	2	899 10 0
TOTAL	57	244	301	259	4	11	27	£2,655 10 0
PREVIOUS YEAR	20	224	244	175	1	11	57	£1,603 0 0

PUBLIC HEALTH EDUCATION

(i) AUDIO/VISUAL METHOD.

Whether instruction is to be given to Europeans or Non-Europeans, to literate or illiterate, it has been proved over a period of years that the film and film-strip with sound commentary make a greater impact on the mind than any other form of approach because of its dual and simultaneous presentation to eye and ear.

In the midst of a multi-racial population with widely divergent traditions such as distinguish the Indians and Bantu, it soon became evident that overseas film and film-strip productions failed to cut the pattern of health to be applied in a sub-tropical climate to a community of people who see only "through a glass darkly" the necessity for the prevention and control of communicable diseases.

The Department therefore two years ago pioneered the venture of making film-strips with Native characters, drawing from a wealth of Bantu health tradition and folk lore to enrich the scenarios. The results were phenomenal. Where formerly the Walt Disney health films had been popular, the departmentally produced film-strip romped to first place. During this year, although embarrassed by shortage of European staff, it was felt imperative to continue with strip production.

Film-strip Production.

(i) Bantu series : Title—"A Ngi Katali" (I don't care).—(104 frames) : The theme is typhoid fever in which two children in shack areas become infected with disease—'A' through drinking polluted water, 'B' through drinking fly-infected milk, the flies having become infected from 'A's excreta. Invariably, as the teaching moves to a climax at one dramatic point where 'A' is hesitating before drinking what she knows may be infected water, there are cries from the audience "Don't!—No." It is the old story of the observer projecting his ego into what he sees on the screen so that when 'Nomusa' drinks infected water every Native identifies himself with Nomusa!

(ii) **Indian series.**—The first strip made for Indians (135 frames) : The title—"When Eating becomes Dangerous." There is a section in this strip for every part of the Asiatic food-handling community (a) the waiters: (b) housewife: (c) mother: (d) European hotels where Indians are chefs or cooks, with strong emphasis on refrigeration in relation to avoidance of food poisoning.

The production has a second and subsidiary theme of the dedication of an Indian girl to the vocation of nursing. It is hoped thus to help influence girls in Indian schools to enter this profession. There are sound recordings for all the strips which, to date, include :—

(a) "Hand to Mouth": Bantu (44 frames).
(b) "Then and Now": Tuberculosis theme (104 frames).
(c) "This is War!": All races: Yellow Fever (77 frames).
(d) "Over the Hill": Europeans: Social and Environmental (65 frames).
(e) "A Ngi Katali": Bantu: Typhoid (104 frames).
(f) "When Eating becomes dangerous": Indian: Food-borne diseases (135 frames).

Film-strips made for non-Europeans are frequently shown to European audiences to illustrate the work being done in the city for non-Europeans—on such occasions, the remark is frequently heard: "I've learnt something myself."

(ii) MOBILE LOUDSPEAKER.

The "Mpo Mpo", as the Natives call it, has through the years become a symbol of friendship to the non-European. Whatever the emergency, a broadcast over the Public Address Unit, with interchangeable health slogan panels in Zulu and English, is listened to with marked respect and interest.

Apart from its use for routine broadcast talks on the entire range of communicable diseases, as well as nutrition and isishimuyane, the loudspeaker is frequently employed in liaison with Health Inspectional and other Departmental sections; for instance, owners of houses in Cato Manor were reminded of their obligation to provide proper privy accommodation as well as of their responsibility for anti-fly measures.

Burning Accidents.—When, at the Cato Manor clinic, it was observed that burning accidents to children were frequent, the loudspeaker combed the areas with exhortations to parents and warnings of the danger of primus stoves which appeared to be a common cause.

(iii) NEW MOBILE VAN WITH EQUIPMENT FOR DAYLIGHT FILM SHOW.

It is hoped that this will be in operation before long. It will not only fulfil the functions of the present Public Address Unit but will also project films and strips in the highways and by-ways during the day.

There is an ever-increasing difficulty at modern factories with their immense windows, impossible of blacking out, to continue the lunch-hour programmes to the vast crowds of non-Europeans in industry which were a regular feature at buildings where windows were smaller. This means that the V.D., T.B. and Food-handler programmes are meanwhile restricted. With the daylight van in operation, these difficulties will evaporate. An added advantage will be that the show will be in the open-air.

(iv) FOOD-HANDLER DEMONSTRATIONS.

With food poisoning problems engaging attention overseas, food-handling and the prevention of food-borne diseases becomes a priority teaching theme. Special demonstrations have been evolved for the Bantu and Indians—the two races from which the majority of the City's cooks, chefs and waiters are recruited.

Such demonstrations are staged on the premises of large hotels but, on smaller premises, are often crowded into the garage. Beach waiters have their instruction in the open air; the 'props' are cutlery, cups, glasses, service cloths and paraphernalia used in the serving of meals. All markets, Indian and Bantu eating-houses, and food-stall holders at locations and housing schemes fall within the purview of this teaching.

(v) GROUP TALKS.

Group talks with their intimate personal touch still hold an unassailed position in the media of Health Education. There are both occasions and people for which only the personal contact is suitable and harvest-bearing.

Gastro-enteritis.—During February, when there was an increased incidence of gastro-enteritis amongst infants and young children in the Cato Manor area, the loudspeaker van performed excellent service by warning mothers of the nature of the disease and the urgent necessity of taking their babies to the local clinic immediately they showed signs of being unwell. Health Educators (Bantu) were also seconded for duty amongst the shacks for the purpose of giving group talks and, during the course of their work, were able to discover some of the reasons why delays occurred in presenting the sick children for treatment.

Many babies were illegitimate and some mothers found them an incubus especially when the consort of the moment was not the child's father; one woman, a isishimuyane queen, with a neglected sick baby indignantly enquired "who will stir my brew if I go to the clinic?". Such cases were by no means isolated and explained the delay in seeking clinical help in many instances and also tied up with the existence of an unclaimed group of Bantu children in the malnutrition wards at King Edward VIII Hospital.

Indian women respond to group talks rather than loudspeaker education although in neither medium are they as responsive as Bantu women.

(vi) YELLOW FEVER CONTROL.

See report under Yellow Fever.

(vii) DOMESTIC SERVANTS : BANTU.

This is one of the most difficult cross sections of the non-European community to assemble for instruction. In the light of their disease potential in the homes of Europeans, it is essential that they should be instructed in Personal and Food-handler Hygiene. A three-way approach is covered :—

(a) All Native males register at the Native Administration Department. A Bantu Health Lecturer is stationed daily where he is able to instruct the queues as they await their turn for medical examination. As every male passes through the doctor's hands so everyone receives instruction on V.D., T.B. and Food-handler Hygiene.

(b) Loudspeaker talks are given in European residential areas for Bantu males and females—usually in the early afternoons during their free period when the sound of music over the air from the loudspeaker will attract a croud. Following a talk, a relevant pamphlet in Zulu is distributed. Parks, Beaches and the Esplanade are visited to reach nurse-maids who congregate at such places.

(c) Open-air shows at night in residential areas always thronged with hundreds of Native servants—the peak number on one occasion was 2,000. These are never commenced before 8 p.m. to allow of the servants finishing their domestic chores.

viii) VENEREAL DISEASE.

(a) Special lectures or what might be called 'tabloid' talks are given on the premises of large flats to Bantu domestic servants;

(b) Lectures to factory girls (Coloured) have been resumed; and

(c) Lunch-hour talks are also given to Asiatic factory employees.

ix) MIDWIVES.

When the European midwives report every quarter, they are shown, as a routine, films of an appropriate nature.

(x) LITERATURE.

A further illustrated pamphlet on food-handling (English) has been added to the health literature library.

(xi) FILMS.

Two 16 m.m. films for use amongst Europeans are on order; both on mental hygiene. Films on any variety of this theme are very popular.

(xii) INDUSTRIAL FAIR.

Giving audio-visual education at a fair was an experimental innovation which more than justified the hazard of hiring a marquee and chairs. The fair was held under the aegis of a local sports club, and the Health Education Section applied for and was given an excellent stand. A bold cardboard poster announced times of sessions. The problem was, would the public replete with film displays want to see health films? The answer was found in a marquee full for every session, night after night, with audiences comprising quiet family groups and not the roughnecks which often frequent such events. Favourite themes were Mental Hygiene, Nutrition, T.B. and Food-borne Diseases.

(xiii) HEALTH OFFICIALS' CONGRESS.

An Exhibition Stand illuminated with coloured lights displayed departmentally-produced pamphlets on health subjects, the Zulu productions of which are a notable feature of the educational work in the City. Judging by the many requests from visiting delegates for specimens, it would appear that there is a paucity of this type of production in other centres. Another feature of the display was the viewing cabinets, internally lit to illustrate the transparency shots of film-strips made by the Section. Delegates were also given an opportunity of seeing the film-strips in one of the Committee Rooms in the City Hall.

(xiv) "IS IT WORTHWHILE?"

This is the question inevitably asked by Europeans observing the work done by this Section. The answer to which is that while Health Education can only be fully assessed on a long-term retrospect, there is no lack of evidence in regard to worthwhile immediate benefits, e.g.:—

(a) Venereal Disease.—In 1944, the Inyanga was a very real obstacle in the matter of V.D. treatment. A well-known Zulu leader, member of The Representative Council, wrote demanding that the V.D. film, then being shown to Natives, should be removed from programmes because it exposed the failure of Izinyanga (Bantu medicine men)! Since then, reputable Inyangas have accepted the fact that they cannot treat the disease and refer sufferers to the V.D. Clinic.

(b) Tuberculosis.—In the matter of Izinyanga opposition to medical treatment, a moment of triumph occurred when, after listening to a loudspeaker talk on T.B., a well-known local Inyanga stepped forward and said "What this man says is right." He then told of how his daughter, a hospital nurse, took ill with chest complaint. He insisted she abscond from hospital and return to the kraal; he treated her in vain; he publicly urged Natives not to dally with useless treatment but follow the Lecturer's advice and go early to the clinic. Recently, when the Department's T.B. film-strip was being shown in the shack area, a mother realised that her daughter was ill with such a sickness. Within 24 hours her child was in a vacant bed at King George V Hospital.

(c) Typhus.—Bantu are completely astonished to learn from the Typhus film that the disease is carried by lice; the Pondo is more content to be lice-ridden than the Zulu.

Health education is more than mere instruction, it is the guide to a way of life, a way of right thinking, behaviour and personal discipline. With its teeming community of literate, pseudo-literate and illiterate non-Europeans, Durban should have more than two Europeans, two Bantu and two Asiatics to carry the message of health. The lack of Government subsidy is responsible for the restricted scope of particularly the highly successful audio-visual type of health education.

HEALTH EDUCATION TALKS AND FILMS

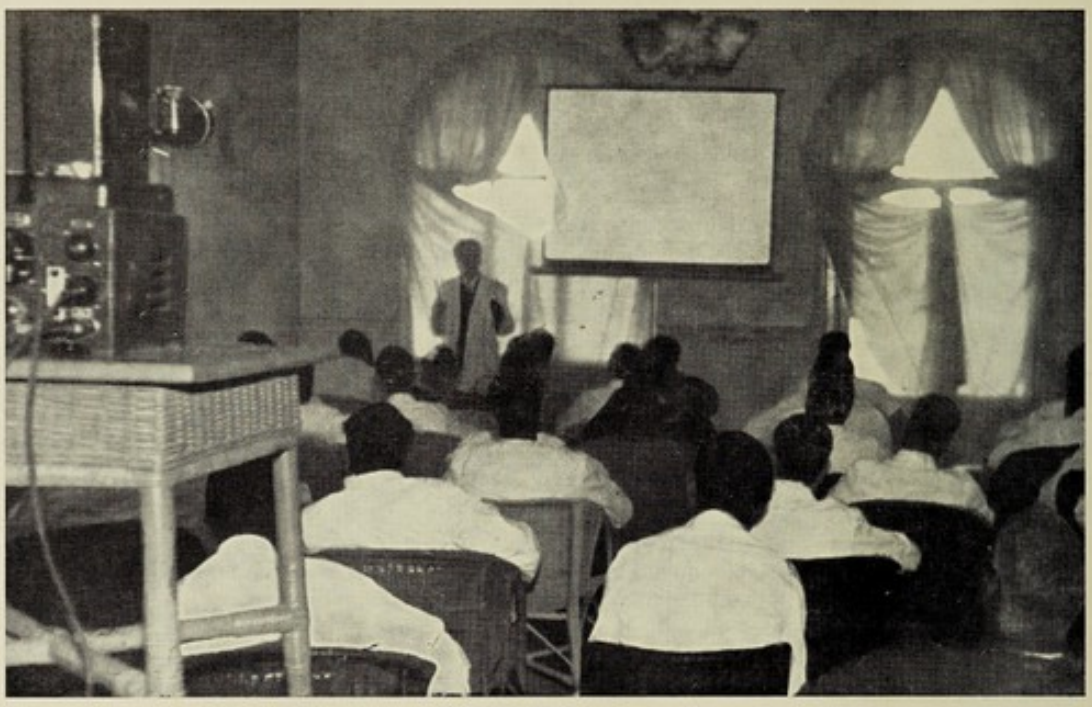
	Old Borough	Green-wood Pk.	Syden-ham	May-ville	Umhla-tuzana	S.C. Junction	Total
Talks :							
Bilharzia	35	36	35	38	25	33	202
Burns	—	1	—	30	13	2	46
Food Handler Hygiene	1,004	48	39	140	19	46	1,296
Gastro Enteritis	12	—	—	841	62	—	915
Infectious Diseases	393	110	163	835	106	114	1,721
Immunisation	209	105	124	448	87	91	1,064
Nutrition	37	18	28	24	14	18	139
Personal Hygiene	208	50	54	59	28	41	440
Pest Control	183	66	116	1,062	63	53	1,543
Pest Control D.D.T.	38	25	23	105	16	24	231
Refuse Dumping	37	33	22	15	8	22	137
Scabies	28	19	25	16	14	20	122
Septic Tanks	12	28	—	—	—	—	40
Tuberculosis	1,157	41	57	1,209	34	43	2,541
Tuberculosis x-Ray	59	—	—	—	—	—	59
Venereal Disease	828	32	56	192	15	32	1,155
Vi-testing	128	1	—	1	—	—	130
Worms	8	1	3	5	3	5	25
Yellow Fever	2	1	4	6	1	6	20
Isishimuyana	9	3	3	116	5	9	145
	4,387	618	752	5,142	513	559	11,971
Films :							
Bilharzia	9	5	3	4	2	4	27
Cleanliness Brings Health	3	—	1	8	—	2	14
Care of Eyes	1	—	—	1	—	1	3
Dysentery	—	—	—	9	—	—	9
Dental Caries	5	—	1	—	—	1	7
Hook Worm	7	3	4	5	—	4	23
Human Body	18	5	4	13	3	11	54
Immunisation	13	—	—	7	1	7	28
Insects as Carriers	7	—	5	10	1	7	30
Its Up to You	7	—	—	—	—	—	7
Infant Care	—	2	—	—	—	—	2
Journey into Medicine	1	—	—	—	—	—	1
Malaria	13	12	8	6	—	1	40
Mental Hygiene	8	1	—	—	—	—	9
Morning Milk	1	—	—	—	—	—	1
Mother and Child	2	—	—	—	—	—	2
Nutrition	3	5	5	12	—	8	33
Over the Hill	4	—	—	—	—	—	4
Over Dependency	8	—	—	—	—	—	8
Play Ground Safety	3	4	6	—	1	3	17
Poliomyelitis	1	—	—	—	—	—	1
Road Safety	7	1	—	3	—	—	11
Red Army	—	—	—	3	—	—	3
Smallpox	1	1	—	7	—	2	11
Transmission of Disease	2	—	—	6	—	1	9
Tuberculosis	13	3	4	14	2	10	46
Two Families	3	—	—	21	—	3	27
Typhoid Carrier	1	—	—	8	—	—	9
Typhus	—	—	2	15	—	1	18
Venereal Disease	4	—	1	5	—	1	11
What is Disease	3	—	2	7	1	—	13
Water	3	—	—	—	—	—	3
Yellow Fever	4	4	4	8	2	6	28
	155	46	50	172	13	73	509
Film Strips :							
African Mirror	3	5	2	5	6	6	27
A Ngi Katali	14	1	5	12	3	10	45
Burns	—	1	—	—	—	—	1
Bantu Grows New Food	1	—	1	2	—	2	6
Double Thread	2	—	—	1	—	1	4
Hand to Mouth	27	1	1	12	1	5	47
Kia Lami	4	—	—	2	1	4	11
Shadow to Sun	—	—	—	3	—	—	3
Then and Now	29	7	2	15	2	6	61
This is War	14	2	2	8	—	3	29
Typhus	—	—	2	2	—	—	4
	94	17	15	62	13	37	238

NUMBER OF ATTENDANCES AT HEALTH EDUCATION TALKS AND FILMS

District	European	Coloured	Native	Asiatic	Total
Old Borough	4,326	700	88,098	14,754	107,878
Greenwood Park	1,302	—	7,809	19,349	28,460
Sydenham	—	350	4,726	19,225	24,301
Mayville	538	200	150,552	8,501	159,791
Umhlatuzana	50	—	16,967	8,184	25,201
South Coast Junction ...	624	—	18,502	19,488	38,614
	6,840	1,250	286,654	89,501	384,245

Health Education Unit giving talk on T.B. in shack areas; *Senior Bantu Lecturer displaying X-Ray pictures of healthy and diseased lungs to disprove the idea that "umtakata" (witchcraft) is responsible for the condition.

Bantu Lecturer (Health Education Unit) explaining pollution of water from seepage and why children must not drink unboiled water unless supplied from municipal tap.



Health Education Unit showing departmentally made filmstrip. *"When Eating Becomes Dangerous" to waiters in hotel

Food Handler Demonstration being given to food handler personnel of hotel by Health Education Unit.

15. STAFF ESTABLISHMENT

Position	No.	Occupant
Administration :		
City Medical Officer of Health	1	Gunn, Dr. G. H. (M.D., D.P.H.)
Deputy City Medical Officer of Health (Acting City Medical Officer of Health)	1	English, Dr. G. D. (M.B., Ch.B., D.P.H., D.T.M. & H.)
Administrative Officer	1	Thomson, A. H. (M.R. San. I.)
Chief Clerk (Legal & Technical)	1	Poplett, D. J. (M.R. San. I.)
Chief Clerk (Administration & Finance ...	1	Donkin, F. D.
Senior Clerks	2	
Clerk—Grade I	3	
Clerk—Grade II	1	
Clerk—Grade III	3	
Clerk—Grade IV	9	
Lady Assistant	1	
Chief Typist	1	
Senior Typist	1	
Typist	9	
Enquiry Clerk...	1	
Non-European :		
Indian Office Assistant	1	
Indian Messenger	7	
Medical Bureau :		
Senior Clinical Medical Officer	1	Casson, Dr. M. (M.D., M.R.C.S., L.R.C.P.)
Epidemiology and Endemiology :		
Assistant Medical Officer of Health	1	Hooper, Dr. D. H. (M.B., Ch.B., D.P.H.)
General Assistant	1	
Driver/Assistant	1	
Lady Assistant	1	
Non-European :		
Health Assistant	13	(Indian 6 ; Bantu 7)
Indian Messenger	1	
Bantu Night Watchman/Cleaner...	5	
Health Inspection :		
Assistant Medical Officer of Health	1	Gilbert, Dr. P. S. (M.B., Ch.B., D.P.H.)
Chief Health Inspector...	1	Groom, G. F. (Cert. R.S.I.)
Deputy Chief Health Inspector	1	Johnston, M. M. (Cert. R.S.I.)
*Health Inspector (1st Grade)	8	(Plans and Industrial Hygiene, Food Hygiene, Dairies, Slums and Housing, Field Hygiene, Infectious Diseases, District Sanitation and Licences 2)
*Health Inspector (2nd Grade)	13	(District 1 to 11, 2 Dairies)
*Health Inspector (3rd Grade)	10	
*Assistant Health Inspector	9	
Health Assistant	6	
*Health Assistant (Lady)	1	
*(Certificate R.S.I.)		
Veterinary Hygiene :		
Assistant Veterinary Medical Officer... ...		Cavanagh, Dr. F. E. (B.V.Sc.)
Lady Assistant	2	
Field Hygiene :		
Senior Assistant Supervisor...	1	
Assistant Supervisor (Field)...	1	
General Assistant (1st Grade)	5	(Rodent Control)
General Assistant (2nd Grade)	11	(Gang Overseers 10 ; plus House Disinfections 1)
Non-European :		
Indian Sirdar	1	
Indian Field Assistant	6	
Indian Labourer	13	
Bantu Health Assistant...	4	
Bantu Labourer	75	
Health Visiting :		
Chief Health Visitor	1	Eckhoff, Sister E. J.
Senior Health Visitor	1	Robinson, Sister, S. E. H.
Health Visitor...	30	Child Hygiene 18, Tuberculosis 5, V.D. 1, I.D. 1,) Immunisation 4, Maternity 1
Lady Assistant	8	
Driver Assistant	1	
Driver/Lady Assistant	1	
Non-European :		
Indian Clinic Assistant...	6	
Indian Messenger	5	
Bantu Health Visitor	3	
Bantu Cleaner...	1	
Family Health Service :		
Senior Clinical Medical Officer	1	Chapman, Dr. L. E. J. (M.B., Ch.B., B.Sc., D.P.H.)
Clinical Medical Officer	1	McDonald, Dr. E. K. (M.B., Ch.B.)
Medical Specialist (Part-Time)	1	Raftery, Dr. L. (M.R.C.O.G., M.R.C.S., L.R.C.P.)
Non-European Health Services :		
Senior Clinical Medical Officer ... ... (City Venereologist)	1	Dewar, Dr. R. S. (M.B., Ch.B.)
Clinical Medical Officer (Female)	1	McAuliffe, Dr. M. (M.B., M.R.C.S.)
Bantu Medical Officer	1	Dhlamini, Dr. C. N. (M.D., L.R.C.P., L.R.F.P.S.)

Position	No.	Occupant
Non-European :		
Bantu Health Assistant...	6	
Bantu Clerk	4	
Bantu Nurse (Female)	4	
Bantu Laboratory Assistant...	2	
Bantu Clerical Assistant	1	
Bantu Orderly...	3	
Bantu Cleaner...	1	
Indian Health Assistant	1	
Public Health Education :		
Health Educator	1	
Technician	1	
Non-European :		
Indian Lecturer	1	
Indian Health Assistant	1	
Bantu Lecturer	1	
Bantu Health Assistant...	2	
Staff Changes :		
Dr.G. H. Gunn		Seconded to Technical Sub-Committee on Race Zoning.
Dr. E. K. McDonald		Assumed duty 1st April 1952.
Dr. L. Raftery		Assumed part-time duty 1st May 1952.

REPORT "B"

HOUSING

The shortage of housing accommodation for all races still prevails. Although many housing schemes have been completed, the City's current requirements have not been met and a great back-log accumulates. The supply of Indian and Coloured housing has remained static for a number of years. No provision has been made for further development meantime.

The housing position is serious in that more evidence of severe overcrowding in Indian and Coloured housing areas is being revealed daily, through routine health inspections.

By virtue of his sub-economic standard, the housing of the Bantu provides the greatest difficulty of all. Now that illegal shack erection has stopped, overcrowding in shack areas is increasing.

The necessity to make available large areas of land for Native housing is basic. Approximately 500 buildable acres are required to provide 6,000 families with houses under the required conditions stipulated for the Cato Manor temporary housing scheme. As there are 18,000 families presently living in this Cato Manor area, there will be a short-fall of approximately 12,000 homes when the allocations shall have been made.

It is obvious that space must be obtained somewhere else to provide for the balance. The acquisition of land adjoining the boundaries of the City, i.e. the Umlazi Reserve/Umbumbulu Reserve in the south-west and a portion of the Zeekoe Vallei (787) in the North is accordingly suggested.

Furthermore, the provision of Native housing to serve the area north of the Umgeni River is clearly necessary. Apart from sundry private compounds and the Coronation Brick & Tile Co. housing scheme, no suitable provision exists in this extensive area.

SHACK DISTRIBUTION

AREA	June, 1951	June, 1952
South Coast Junction	954	967
Umhlatuzana	263	268
Sydenham	371	381
Mayville	7,811	8,018
Greenwood Park	246	250
Old Borough	219	224
TOTAL	9,864	10,108

The above figures include extensions as well as new structures. The number of shacks increased only during the months of July, August, September and October as, thereafter, the introduction of shack demolition gangs, which became operative on 29th October 1951, brought illegal shack building to a virtual standstill.

ESTIMATED SHACK POPULATION (ALL RACES).

AREA	June, 1951	June, 1952
South Coast Junction	8,395	8,509
Umhlatuzana	2,314	2,358
Sydenham	3,264	3,352
Mayville	68,736	70,558
Greenwood Park	2,164	2,200
Old Borough	1,927	1,971
TOTAL	86,800	88,948

Note.—The above figures are based on the Shack Survey Section of the Native Administration Department's figure of 8·8 persons per shack. It will be noted that the population for the Mayville shack area is estimated at 70,558 whilst the population figure for 1952, based on the 1951 Census is only 41,334.

Slum Areas—Town Zones.—Although the Council's ban on demolitions under the Slums Act is still in force, a number of inferior dwellings have been demolished with the consent of the Administrator and replaced by new buildings.

Inspection reveals a general improvement through structural renovation and alteration of individual dwellings in these zones.

Suburban Zones

Slum Zone 8.—Situated on the north bank of the Umgeni River, remains unchanged.

Slum Zone 9.—Situated in Cato Manor. There is a marked improvement in the general cleanliness of this zone. Notices have been served from time to time calling upon land-owners to clean up dirty conditions, provide sanitary accommodation and destroy fly development. Failure to comply resulted in prosecution and Departmental implementation of fly control measures, cost being charged against the owners.

Control of the greater part of this area will fall under the jurisdiction of the Native Administration Department under the proposed expropriation and re-housing scheme, when planned improvements on a large scale will be possible. A refuse scheme may also be inaugurated in this area in the near future.

Slum Zone 10.—This zone is situate in the Bluff Valley. The position here has improved in that a number of new dwellings have been erected; and approximately 40 shacks have been demolished and the inmates re-housed in Municipal institutions on the Glebe Lands. This is a progressive scheme and eventually no shacks will remain in the area.

Slum Zone 11.—Situate in South Coast Road; certain premises within this zone have improved but many re-building schemes are being held up pending reticulation to the Municipal sewer.

During the year under review, 119 applications to demolish or convert buildings were received by this Department for report. In most instances, the projects involved the replacement of sub-standard dwellings by modern buildings.

NEW HOUSING

1. European :

(a) **Partly Paid Housing Schemes :**

No. of houses completed	794
No. of houses awaiting commencement	67

(b) **Flats for Ex-Volunteers :**

Umbilo Road	48
Kenneth Gardens	282
Currie Road	48
Westgate Gardens	84
Kirkwood Gardens	72
	534

(c) **Flats for Women :**

Rapson Road	55
Sub-economic (elderly women of limited means—Clayton Cottages)	50

(d) **Housing for Ex-Volunteers (Woodlands Scheme) :**

Housing completed	412
Houses not completed	88

Sherwood and Virginia Estates :

Virginia houses completed	85
Virginia houses commenced	—
Sherwood houses completed	—
Sherwood houses proposed	43

2. Indian Sub-economic :

(a) Springfield completed	720
(b) Cato Manor completed (1 destroyed by fire—January 1949)	100

Economic :

(c) Cato Manor (1 destroyed by fire—January 1949).	50

3. Coloured (Shaik's Estate) :

Sub-economic completed	49
No. of houses under construction	—
Economic houses completed	36

4. Native (Chesterville Scheme) :

No. of houses completed	1,268

Merebank Native Men's Hostel :

Completed	4,128 beds
1 block for visiting wives	48 units
Recreation Hall	Completed

Magazine Barracks.—Most of the buildings in the barracks have been extensively renovated, in accordance with the City and Water Engineer's progressive improvement scheme.

MUNICIPAL NATIVE HOUSING

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

Lamont homes completed	775
Lamont houses under construction	—
Lamont flats completed	586
Lamont flats under construction	—
Baumannville	118
Jacobs	64
Chesterville	1,261
	2,804

(b) **Location for Native males :**

Somtseu Road	4,456
Merebank	4,128
Dalton Road	1,656
Jacobs	625
	10,865

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

Grey Street	590
Jacobs	64
	654

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

Bell Street and Plymouth Road	1,154
Ordnance Road	440
	1,594

(e) **Glebe Lands :**

Houses completed	237
Total sites available	828
	1,065

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

	LOCATIONS				
	Glebe Lands	Lamont	Baumannville	Jacobs	Chesterville
Houses with water laid on	—	1,149	120	—	1,268
Houses with communal supply	237	212	—	64	—
No. of communal taps	13 (Provision for 64)	31	—	4	—

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

	Glebe Lands	Lamont	Baumannville	Jacobs	Chesterville
Houses with showers	—	1,149	120	—	—
Houses with bathrooms	—	1,149	—	—	1,265
Showers for Males	—	—	—	6	—
Showers for Females	—	—	—	6	—
Washing gullies	—	393	120	2	1,265
Latrines (pail)	4	—	—	—	—
Latrines (pit)	75	212	—	—	—
Latrines (waterborne)	—	1,149	120	—	1,265
Latrines (males)	—	—	—	6	—
Latrines (females)	—	—	—	6	—

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

	Ordnance Road	Merebank	Somtseu Road	Dalton Road	Bell Street	Jacobs
Latrines	13	388	235	66	42	72
Urinals	—	100	13	6	7	58
Showers	9	446	216	38	38	48
Washing Areas	3	100	21	11	22	5
Water Taps	9	1,082	50	50	36	58
Fireplaces	15	64	62	26	15	16
Kitchens	—	2 (large)	10	5	—	2
Kitchen Taps	—	238	24	17	—	7
Dining Halls	—	4	3	2	—	1

(b) **Hostels for Women :**

	Grey Street	Jacobs
Latrines	40	5
Showers and Baths	28	3
Washing Areas	10	1
Water Taps	43	8
Fireplaces	36	4
Kitchens	4	—
Kitchen Taps	6	—
Dining Halls	1	—

4. Summary :

	Houses	Beds	Persons
Family Housing	2,729	—	17,726
Women Housed	—	654	654
Men Housed	—	14,919	14,919
	2,729	15,573	33,299

Umlazi Glebe Lands.—There are now 237 completed houses in this camp and steady progress is being made in the erection of dwellings of a good standard.

The Cleansing Section are presently investigating the possibility of a refuse removal service, an urgent necessity. Funds have been voted for the installation of water-borne sewerage but this scheme has not yet been put in hand.

With the introduction of the loans to individuals scheme, it is anticipated that the remaining sites will very soon be built on. Much more land will be required if the scheme to remove all Natives from the Bluff Valley is to be continued, and it is evident that the goal can only be reached by the acquisition of additional land for Native housing.

The Natal Housing Board are now nearing completion of the No. 1 Village containing 550 house units on the Umlazi Mission Reserve.

Their aim is to complete one village per year and Government funds have been furnished by the Native Affairs Department sufficient to complete six such villages, giving a total of 3,300 units.

Duranta Road Indian Settlement.—This settlement was brought about by the removal of Indian shack dwellers from the Done Road/Collingwood Road area at the instance of the City Estates Department. No provision was made for sanitary (pail) or refuse removal services resulting in self-servicing and consequent fouling of the area. Fly development was taking place in uncovered refuse and pit privies. There was also evidence of rodent infestation.

Although this Department enjoys a standing authority to carry out anti-fly and rodent measures, a refuse and stercus removal service are immediate necessities if the incidence of filth-borne diseases are to be avoided.

Palmiet (Wansbeck) Native Shack area.—This area has been watched very closely for some considerable time. General conditions have improved and shack building is static. It is doubtful if the approved type of building will ever be erected here.

Water supply is now available and several owners have made connection.

Pit privies situated on the stream bank have been demolished and the pits filled in.

The shortage of Native housing derives essentially from the rapid growth of the City's industries whose demand for labour has been allowed to outstrip elementary human needs of non-European workers and their families, who often accompany the wage-earner to town. Something, admittedly, has been done in the way of sub-economic schemes such as Lamont and Chesterville Locations but they have been costly and insufficient in extent, touching no more than the fringe of the problem and amounting to less than half-measures. Little, moreover, has been done to design and erect economic types of buildings within the reach of the Bantu in such numbers as to make the ever-increasing and unhygienic shack settlements a diminishing evil.

Delay in tackling the problem at the outset and possible misunderstandings of the Government's intentions have led to the present unhappy situation. Intensive efforts to root out these disease-ridden "black spots" are long overdue.

Council's plan in terms of the Group Areas Act proposes to demarcate Cato Manor for eventual European occupation. In the meantime, a portion of the area is being acquired in order to establish a temporary "emergency" camp in the area. This temporary scheme will not clash with the establishment of a European township later and meantime will afford much needed housing relief for the expanding shack population. It is only reasonable to suppose that Native occupation of Chesterville will persist for a long time. Under departmental supervision, the emergency camp should maintain a high standard of hygiene sufferency.

Moving approximately 90,000 Natives from the shack areas will prove to be an enormous problem. Healthy Native labour is of paramount importance to our ever-growing industries. Housing under hygienic conditions should therefore be a first priority. A long-term policy should be embarked upon, visualising townships with facilities for recreation and rapid transport to the industrial areas, together with loans to enable individual Native family-heads to erect their own dwelling to approved design on prepared sites rented to them at low cost.

APPENDIX

INSTITUTE OF FAMILY AND COMMUNITY HEALTH (UNION HEALTH DEPARTMENT) : By courtesy of Dr. S. Kark, Medical Officer in Charge.

The Institute of Family and Community Health was established in Durban in 1946 by the Union Department of Health. The functions of the Institute may be described as follows :—

1. To investigate the relationship between the health of people and their way of life, including study of methods of assessing the individual situations, such as in the family, at work, and at school, as well as of the community as a whole.
2. To develop suitable methods of providing an integrated personal health service in relation to the varying needs of different communities, including health education and the promotion of health, the prevention of disease, and the treatment of the sick.
3. To organise the above programmes of practice and investigation so as to provide suitable training for such personnel as may be required by the Department of Health. In the first instance, attention was to be given to the needs of the health centre service.

The institute is so organised as to allow for integration of these inter-dependent functions, and includes both practising sections (which operate as Health Centres serving their respective communities) and specialised divisions, e.g. Family and Home Health, Nutrition, Control of Communicable Diseases and Environmental Hygiene, Physiology and Clinical Pathology, and Dentistry and Oral Hygiene. In addition, a Family Health Research Unit has been established at the Institute by the Council for Scientific and Industrial Research.

In Durban, a service is offered not only to the four main racial groups of European, Coloured, Indian and Native, but also to different communities within these groups having wide variations of living conditions. (The Institute also provides a service to communities in Newlands, Tongaat and Pholela).

The following figures indicate the variety of communities included :—
All groups combined.

European : (a) Woodlands Housing Scheme (Economic).
(b) Skilled workers in industries at Mobeni.

Coloured : (a) Housing Scheme—Sydenham (plus other Coloured peoples' homes in neighbourhood).
(b) Varied housing conditions at Merebank, Clairwood and Jacobs.

Indian : (a) Housing Scheme—Springfield (sub-economic).
(b) Varied housing conditions at Merebank.
(c) Workers in industry at Mobeni.

Native : (a) Housing Scheme (Urban) Lamontville.
(b) Urban slum 'shack' conditions at Sydenham, Clare Estate, Merebank.
(c) Labourers in industry at Mobeni.
(d) Native servants in employ of European community, Woodlands.

1. INVESTIGATION AND RESEARCH.

Due to the nature of the population being served, there is unusual opportunity for comparative studies. Also, since the orientation is towards a family practice, investigations give special attention to the influence of the family on the health of its members. Current studies include :—

(a) Community Nutrition Surveys.—The work of the Institute in this field falls into two main categories :

(i) The habits of individual, family and community. This includes the individual's diet, work and other activities, sleep and rest; the family's home economy, meal habits and methods of infant care; the community's culturally determined habits in respect of what foods are eaten, the manner of eating, methods of preparation and how obtained.

(ii) The state of health of the individual. This includes somatometric and clinical assessment and the influence of various diseases on the nutritional state.

(b) Growth and Development of Infants and Children.—These studies are long-term follow-through investigations of groups of children in the various communities we serve, with particular reference to the factors influencing their growth. Several of these studies have been published.

(c) The Health of the Worker in Industry.—Studies include assessments of the state of health of the worker, the major factors influencing this state, and ways of improving it. The type of educational and kind of medical service that could be provided is also being studied.

2. TEACHING.

This consists of :—

(a) Home-service training of medical officers in family practice.

(b) The training of nurses in family and home nursing.

(c) The training of Health Assistants.

(i) **Those concerned with health education:** The major subjects in their training are Family and Community Health (the relations between way of life and health; with methods of survey and assessment) and Health Education (methods of modifying, changing or maintaining aspects of the way of life that affect health). These major subjects are associated with an introductory course in the foundation subjects of Physiology, Housing and Sanitation, Control of Communicable Disease, and Diet and Health. (This is a 3-year course).

(ii) **Those concerned with the maintenance of health records at the Health Centre:** These Health Assistants are given an additional training in elementary statistics and recording methods.

(iii) **Those who undertake clinical side-room procedures commonly required in general practice:** These receive 2½ years' special training that includes an elementary study of pathology, as well as the basic laboratory procedures.

The courses described apply to non-Europeans. European Health Assistants are mainly in possession of a University degree and receive a shorter, modified training that, in all cases, gives the health education bias of category (i) above. These European personnel have been instructed in raising standards and have been found of considerable value as members of the Institute's staff.

3. PRACTICE.

While the nature of the service provided by the Institute varies according to the type of community, the overall aim is the integration of curative and preventive aspects in the context of a neighbourhood family health and medical care programme. The curative service is confined to those who cannot afford the cost of private care and these constitute the vast majority of the people served. The Institute's facilities allow for a high standard of general medical and dental care. This, along with the home nursing service, reduces the need for hospitalisation of a large number of patients.

The main features of the preventive aspect are firstly, the health examination which results in early diagnosis of disease, and assessment of state of health, and secondly, health education which aims to modify those habits and attitudes of the people that influence their state of health.

The service is carried out by a team of family physician, family nurse and health educator, each team dealing with its own group of families.

The European community of Woodlands receives preventive health care, including health education, only. The other communities mentioned receive a comprehensive service.

The Industrial Health Centre is concerned with the workers in a limited number of factories, the service consisting mainly of periodic health examinations and health education, supplemented by treatment on the job in certain cases.

The service to the various communities involved has been developed by arrangement with the City Health Department, thereby avoiding any unnecessary overlap as well as allowing for integration. The response of the communities has been most encouraging as witnessed not only by their extensive use of the facilities offered but also by their self-help towards better health. The result has been that the health indices have improved beyond expectation and are superior to those of other communities placed in similar circumstances in different parts of the country.