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CITY OF DURBAN



Annual Report

OF THE

CITY MEDICAL OFFICER OF HEALTH

YEAR ENDED 31 DECEMBER 1982



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ANNUAL REPORT 1982

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DURBAN

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To

THE DIRECTOR GENERAL FOR HEALTH AND WELFARE

and

HER WORSHIP THE MAYOR AND COUNCILLORS OF THE CITY OF DURBAN

Ladies and Gentlemen

In terms of Section 23 of the Health Act No. 63 of 1977 I have much pleasure in presenting the 80th Annual Report on the health of the inhabitants and the health conditions prevailing in the City of Durban. Following my past practice I have coupled it with an account of the main activities of the City Health Department for the same period.

In view of my intention to retire in the forthcoming year this will be my last annual contribution.

The estimated population of the City at the year end was 829 202, the crude overall birth rate for all community groups being 18,6, ranging from 9,92 for the White community through 21,46 for the Indian and 22,93 for the Black to 25,79 for the Coloured community. Contrary to the trend in recent years there was a slight increase in rates. There was also a slight increase in overall illegitimate births.

Except for the Coloured community where accidents, poisonings and violence predominated the main cause of death in all other communities was diseases of the circulatory system. The infant mortality rate, that is to say the deaths under one year per 1 000 live births was 17,18. The rate for the Black community was the highest at 30,15 whilst that of the Coloured group was lowest at 8,10. The Indian rate was 16,19 and the White 13,11. Whilst the situation obviously leaves no room for complacency the position is a far cry from 1962 when the figures were 148,2 for the Black, 54,77 for the Indian, 49,62 for the Coloured and 27,23 for the White communities respectively.

It will be recollected that cholera broke out in the Republic in 1980, persisted through 1981 and into 1982 when Durban's first cholera cases were recorded early in the year. This year 34 City cases of cholera were reported, a small number indeed when compared with the 8 316 cases treated at one local Provincial Hospital. The City cases, with the exception of a worker at a waste water treatment centre, were undoubtedly infected by visitors from elsewhere.

The first two cases of poliomyelitis since 1977 were recorded and only one case of diphtheria. Two deaths occurred from poisoning during methyl bromide fumigation by a private firm. The fifteen cases of typhoid fever were the same number as 1981 while viral hepatitis notifications dropped to 114. Despite there being seven cases of proven B virus, there were no deaths. Acute haemorrhagic conjunctivitis

reached Durban in epidemic proportions in March and although no statistics of Durban cases are available, an Outpatient Department of a local hospital reported hundreds of cases receiving attention daily at the height of the epidemic. The incidence in the Black community was particularly high.

Although there were no City cases of malaria, 44 cases from other areas were treated; of those 37 were *Plasmodium falciparum* and seven were *P. vivax* infections. These cases reflected the general world situation which indubitably must be a serious cause for concern, added to which the emergence of drug resistant strains in several countries, increased the problem even more. In view of the potential vector position in Durban post therapy surveillance was continued in the City throughout the year.

Notification of measles appeared to be particularly poor whilst that of primary carcinoma of the bronchus, lung and pleura was good, a circumstance arising from a special request to thoracic surgeons to notify these conditions. Of the four City cases of tetanus, two died. Since this disease was made notifiable in 1964, 254 cases with 116 deaths have been recorded, undoubtedly a singularly high figure although the decrease in number of deaths in recent years speaks well for the tetanus unit in the City.

In so far as sexually transmitted diseases are concerned a most unusual epidemic of secondary gonococcal conjunctivitis occurred concomitantly with the viral conjunctivitis epidemic. This occurred because some of the community irrigated their painful eyes with their own urine, said to be a treatment of tribal or traditional custom. No cases of AIDS were noted and in fact only two cases occurred in the Republic; cases of herpes genitalis were extremely rare at sexually transmitted disease clinics and this, on enquiry appeared to tally with the findings of local gynaecologists and urologists.

Otherwise there was an overall decrease in notifiable medical conditions and the general public health circumstances remained at a satisfactory level.

The number of known current cases of pulmonary tuberculosis on the register was 2 990 of which 1 344 were City cases. The number of notifications was 662 representing an attack rate of 0,80 which is nearly the same as for 1981. In 1962 the register reflected 11 087 cases and the notifications 2 070 with an attack rate of 3,35. The vast majority of notifications were from the Black (296) and Indian (246) communities. Medical staff at the clinics remained below strength. The 26 week intensive therapy course proved most satisfactory in the light of results achieved. Much field work embracing defaulters, contact tracing, welfare, hospital liaison and general treatment reinforcement was carried out. Despite the low infectivity rate in Durban reported by the Medical Research Council the attack rate and so the incidence of the disease leaves no room for complacency, whilst the number of cases on the register and treated from outside the City (1 646) i.e. more than double the City cases was indeed most alarming, even more so as the number of new cases continued to increase. Obviously no attack rate for these can be calculated.

The alarming world population growth rate, due to natural increase especially in the developing world (over 2 %) according to United Nations reports has resulted in most governments introducing programmes aimed at planning the growth of their population. That South Africa should be amongst them is obvious for the natural resources of food, water and human shelter in the country are limited as is the ability to provide proper health care, education and employment. Thus family planning must be regarded as one of the most powerful weapons in the public health armamentarium. So it is with consternation that it is reported that the Department of Health and Welfare froze

approximately seven of the 21 posts of family planning advisers just at a time when reinforcement appeared to be most urgent. None the less family planning received one of the highest priorities in the Department. The work ranged from training of family planning advisers through home and place of employment education visits, clinic and hospital motivation talks, to surveys and symposia. Sterilization was arranged when requested and carried out at Provincial and State Hospitals free of charge.

Community involvement, long since established by the Community Liaison section of this Department, was called for by the Department of Health and Welfare and thus this Department which was already practising this concept intensified its work in this direction and community groups increased accordingly. Clinic services were available throughout the City but attendances continued to show a small fall off. That family planning strategies should be developed in co-operation with all three tiers of government is a *sine qua non*, but I must emphasize that it is my belief that each should have its distinctive role and administer that to the maximum of its ability. Overlapping just cannot be afforded. For those more deeply interested a full account of the activities relating to family planning will be found in the main body of the report.

The essential activities of well baby and immunisation clinics played their vital role in ensuring that the future families will be as fit and well as preventive medical knowledge can make them. In all there were 47 operative venues in the City at which a total of almost half a million attendances were recorded, despite continued staff shortages, reductions in clinic sessions and a positive policy of reducing all unnecessary attendances. Home visiting, regrettably had to be limited. Despite these factors the new attendance figures of 14 822 as opposed to the new births of 15 480 in the City indicated a most satisfying degree of coverage.

Supplementary feeding schemes sponsored by the State (PVM and skimmed milk powder), Malnutrition Relief Fund (full cream milk powder and Pro-nutro) and Feed the Babies Fund (Pro-nutro and skimmed milk powder) coupled with a wealth of advice on baby and child management and care played a most significant role in reducing infant mortality and in fact only four deaths due to malnutrition including kwashiorkor were found and investigated. All came from surrounding rural areas.

Immunisation services covered poliomyelitis protection (53 545 doses); diphtheria-pertussis-tetanus (54 695 injections); measles (14 387 injections) all of which compare reasonably with the number of births, bearing in mind the number of doses given for each. In addition diphtheria-tetanus vaccine was administered as a booster, particularly to school entrants. Tetanus, typhoid, cholera and rubella vaccine were given to exposed groups and school children. Tetanus boosters were given to injured adults, typhoid vaccine to those with a poor water supply and typhoid and cholera vaccine to sewerage workers.

Psychiatric aftercare services, geriatric services of a limited nature, antenatal clinics, supervision of listed midwives, liaison with other agencies such as Child Welfare Societies and hospital paediatric and obstetric departments all received their fair share of attention, whilst creches and old aged homes were not forgotten,

It is worthwhile to study the student training given in the Department and particularly the section which will be found in the chapter dealing with Family Health and which covers the largest spectrum.

Health education, catered for by a special section in the Department, covered a vast field with its aim of changing attitudes and developing new habits and customs. Whilst all members of the staff of the Department were expected to carry out health education in the course of their duties, this is more on a person to person basis and directly related to the subject in hand. Members of the section address audiences on request, community groups, some of which the section had started and others arising spontaneously in the community, school children and a host of other audiences. They then set themselves the task, by question and answer and later follow up as to whether the practices that they preached were actually being undertaken. To do this much day to day parochial knowledge is required so that the relationships are not only binding but also self reminding. Special activities deal with the preparation of charts, diagrams, slides, photographs and with the advent of the commercial artist posters, flip charts, sketches, drawings and paintings all designed for particular audiences. Apart from exhibitions and displays National Health drives were well supported and good use was made of the South African Broadcasting Corporation who were ever willing to feature health programmes on their various services. The attacks on the epidemics of cholera and haemorrhagic conjunctivitis were well supported and the campaigns were appreciated well beyond the City boundaries. Dairy hygiene on the farms of registered milk producers was not forgotten and proved a fertile field for the educators. The co-operation of the members of the Pharmaceutical Society in the distribution and explanation if needed of pamphlets was greatly appreciated.

Lastly but by no means least, eminent speakers were brought to the Department so that apart from the departmental efforts, ongoing education of the staff was maintained at a reasonable level.

The Community Liaison section of the department suffered the loss of their highly qualified leader whilst other losses of staff hampered the work of the section, which has yet to reach full strength. Posts of field assistants were established but none began work during the year. Obviously such persons can only be trained in these posts, mundane as they are, by social workers well versed in community liaison work, so only a few can be recruited at a time.

None the less, this small band did sterling work during the year in defining the needs of various communities in the City as perceived by themselves and then guiding them in reaching their goals through their own efforts and resources.

Existing community and neighbourhood groups continued and more were established. The frail aged home project at Austerville which had been progressing most satisfactorily received a severe set back when the site was re-zoned; however, it is hoped that 1983 will see a resolution of the problem.

It is my sincere belief that this type of work entailing so much self help will ultimately form one of the main pillars of public health strategy.

The backbone of local authority public health, namely environmental hygiene and general health inspectional work continued at a high standard, 'frozen' posts being released by the Department of Health and Welfare. Some 2 800 complaints were received and dealt with expeditiously. Heading the list were unclean/overgrown vacant land, refuse dumping and uncleanliness of premises, an obvious indication of where public education is needed.

The introduction of free garden refuse disposal sites in strategic areas of the City

did much to reduce this type of dumping. Large hoppers placed in industrial areas however, led to increased littering by scavengers and strong winds added to the wide dispersal of rubbish. The re-siting of hoppers within the confines of factory premises did much to remedy the situation and even evoked such a degree of environmental awareness that several firms beautified their own verges with lawns, shrubs and flower beds.

Water sampling continued to show the potability of the City's water supplies and generally the standard of public swimming pool water was good.

In 1979 monitoring of sewers and waste water treatment plants was introduced but it was not until the beginning of last year that isolates of *V. cholerae* were found. Surveillance points were increased during the year from 10 to 38 and thereafter the programme was expanded to include more sewer junctions, river and marine waters. Positive results showed that 65 were of sewage origin, 19 from rivers and seven from the Bay. Positive results were also recorded from sewers entering the City sewer reticulation and rivers from adjacent local authorities, emphasising the extent of cholera around and very close to Durban. Laboratory services had to be curtailed at the height of the epidemic due to overloading of the State Health Laboratory so reducing the planned testing programme. Positive isolates ceased during winter months but were recorded again towards the year end.

Food hygiene, so essential in a subtropical cosmopolitan City such as Durban was vigorously pursued. Incoming fresh produce was examined, and where necessary, condemned; chemical analyses and food labelling in terms of delegated powers from the Department of Health resulted in 11 prosecutions and numerous warnings whilst bacteriological examinations of ready to eat foods, utensils and even kitchen walls received attention. Naturally, with cholera organisms abounding and the dangers of filter feeding bivalves, mussels and oysters along the local coastline received attention as well as the seawater itself. Positive results were found in all; however, the high dosage of vibrio required to cause infection ruled out the dangers of sea bathing in contradistinction to the concentration of vibrio found in the filter feeders. These latter received special attention and all selling outlets were warned of the dangers of eating these delicacies. The public were alerted to the hazard through the good offices of the media. In two instances contamination was found and appropriate action taken.

Meat continued to be inspected at 22 designated premises, mainly for deterioration due to faulty refrigeration in transit. Public gatherings, food promotions, horse racing, beer festivals and banquets all received the closest watch, as did caterers along the beach fronts. Early morning and later evening inspections were not omitted and surveys of all food preparation premises in the City were repeatedly undertaken to the extent that 13 330 inspections were performed. This with the co-operation of establishments maintained the City's good name for safe "eating out".

None the less illegal selling and hawking of foodstuffs especially in the Dalton/Williams Road area continued as has been the case for many years. The practice has however not grown, thanks to the willing assistance of the South African Police, the Railway Police and City Police forces.

Pest control, in particular against mosquito vectors was maintained at a high level to ensure protection from malaria, dengue fever and yellow fever. Especial vigilance for the presence of *Anopheles gambia* and *funestus* led to almost 100 000 specimens being examined with a yield of some 1 700 possible vectors. Sources of development were treated and the regular maintenance of natural streams and removal of overgrowth and other measures including biological control were continued as in the past although somewhat intensified due to the increasing numbers of imported malaria patients.

Rodent control, carried out in close liaison with the Harbour Authority was maintained throughout the year and flea and plague indices checked as a routine measure. Only one case of a very high infestation rate was found. In the Phoenix Township burrows were discovered in road verges, vacant land, banks of streams and under domestic refuse sites and usually in close proximity to dwellings. An intensive campaign to eliminate the situation was launched and was still in hand at the end of the year. Insecticidal treatment of street drains and sewer manholes, especially in the City centre and Port area was routinely carried out. Continued checks for insecticidal resistance were made. Domestic Pest Control Officers continued to be examined for their practical knowledge of the subject as a prerequisite for the issuance of a licence.

Milk supplies to the City arrive from 356 dairymen who achieve an average daily production of some 455 000 l, of which an average of about 340 000 l was used in pasteurising and bottling plants serving the City, the remainder being diverted, mainly for cheese making. All milk and milk products actually used in Durban were heat treated by pasteurisation, ultra high temperature or sterilization.

Compliance with structural and hygienic standards on the farms fell under the care of the dairy inspectors, whilst the Veterinary Medical Officer visited dairy farms to offer assistance of an advisory nature aimed at improving hygiene, maintaining the quality of milk, mastitis control and measures for the exclusion of antibiotics from the milk supply, as well as many other facets of herd health. It is interesting to note that although there were fewer producers, the mean daily production of raw milk increased and that the mean daily sales of pasteurised milk were estimated at 193 000 l of which an estimated 103 100 l were sold within the City. A similar if more exaggerated picture can be found in the sale and in-city consumption of sterilized whole and skimmed milk as well as in cream, low fat flavoured milk and cultured products. Mean daily sales of ice cream, sorbet and iced milk confections in the City amounted to 18 000 l. Thus by implication nearly half of the milk was sold outside of the City and consumed in adjacent authorities. Much work was performed in the milk laboratory of this Department so that quick results could be obtained on all samples submitted and if necessary unsatisfactory batches held back at distributor level wherever possible.

The slum clearance programme continued and because the City Treasurer allocated 383 units of accommodation as a priority for slum dwellers reasonable progress was made. Of the 74 premises processed for the Slums Court, 71 were Indian occupied, one by various community groups and two were vacant. In all 1 118 persons made up of 398 family units were involved.

Monitoring of Durban's bathing beach waters under the direction of the Steering Committee with the work performed by the National Institute for Water Research (division of the C.S.I.R.) revealed that the City's bathing beaches appear to be bacteriologically sound as measured by probably one of the most stringent routine microbiological systems in use anywhere in the world. The work of this committee to some extent supplemented that of the Steering Committee for the sea disposal of sludge and at the very least showed that the beaches were unaffected by the disposal of sludge into the sea through the ocean outfall pipes during that time.

The net cost per capita of population to maintain the Health Department rose from R5,47 in 1981 to R6,35 in 1982. 78% of the expenditure was absorbed by staff salaries and allied matters, the same as in the preceding year. It is considered that in the light of the economic state of affairs in the country the rise in cost per capita was very reasonable, more especially as the staff complement was set by the Management Committee at 688 (728 on establishment) as compared with the figure of 649 set in 1981.

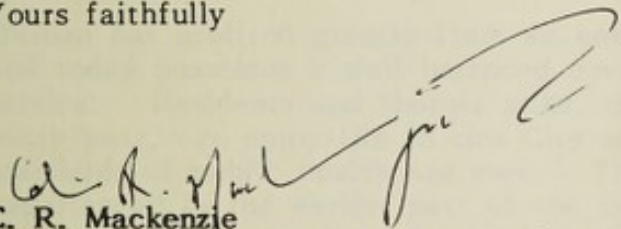
My thanks are due to the Mayor and City Councillors for their interest in matters of public health and particularly to members of the Health and Housing Committee for their support and active assistance at all times.

The Department of Health and Welfare both local and head offices and of course to a much lesser extent other Departments of State have all played a most encouraging and helpful part in assisting and resolving a wide variety of problems. This happy relationship, so much in the spirit of the Health Act is indeed greatly valued. The helpfulness afforded me by other Municipal Departments is acknowledged with appreciation.

During my entire term of office spanning some 21 years, the health and welfare of the City and its associated problems have always been of deep concern to Durban's Press and the South African Broadcasting Corporation. At all times I have been able to rely on their co-operation and assistance. In fact they have been my main means of communicating with the citizens about general health matters and in particular specific problems in the health sphere. This co-operation has been much treasured, more especially as through their circumspect reporting it has been possible to reassure residents when necessary and call for their help and assistance in counteracting hazards, whilst disseminating public health knowledge from time to time. Indeed it would be no exaggeration to say that this spirit of ready support has materially contributed to the successes of the Department in carrying out its daily, if sometimes unexpected tasks.

In conclusion it is with pride and also humility that I pay a special tribute to each and every member of the City Health Department for their loyalty and team spirit throughout the years which has only been matched by the consistently high standard of work they have achieved.

Yours faithfully



C. R. Mackenzie

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CITY MEDICAL OFFICER OF HEALTH

1. HISTORICAL AND GEOGRAPHICAL

(a) Historical

The first sighting of the landmarks of what today is the City of Durban were recorded by Vasco da Gama on Christmas Day A.D. 1497. A further 300 years were to elapse before the arrival of the early settlers led by that intrepid pioneer, Lieutenant Francis Farewell. In 1835 the sprawling settlement was named D'Urban after the popular Governor of the Cape Colony at that time.

It was not until 1874 that Durban established a Health Department. The burgeoning little outpost, being a busy port, became doubly vulnerable to many epidemics: dengue fever in 1897 which directly led to the passing of the Natal Public Health Act in 1901; plague in 1902 - this epidemic lasted a full year and carried a high mortality rate, and many valuable lessons were learned, not the least of which was the vital need for rodent control. Perhaps that is why there has been no case of plague in Durban since 1912!

With the great influenza pandemic in 1918 the need for uniform health legislation for the whole country was highlighted and led to the Public Health Act 36 of 1919 which proved to be a sound endeavour to consolidate health legislation on a national basis resulting in more personal health services and proper controls for environmental problems. This Act stood the test of many years and it was only in 1977 that it was repealed and replaced by the Health Act No. 63 of 1977.

By 1928 Durban had its own milk bylaws to ensure an improved standard of milk supplies and this was followed by the appointment of a veterinary officer some three years later. In 1932 the five adjoining Health Boards were incorporated into the Borough of Durban, thereby increasing its size fivefold and adding enormously to the problems of sewerage reticulation and public health generally. Three years later Durban was granted City status.

Durban has profited greatly from an energetic approach to health matters and today possesses a well balanced environmental and promotive health service. Residents and visitors alike, the latter approaching one million every year, can enjoy life in this City secure in the knowledge that high standards of public health are met. This is in contrast to the sufferings experienced in the earlier part of the century from malaria, typhoid, diphtheria, dysentery, enteritis and even dengue fever.

(b) Geography

The City is situated on the south eastern sea-board of the African continent, at longitude 31° east and latitude 29° south. This geographical position has contributed to Durban's status as one of the finest general ports in the southern hemisphere, whilst the ideal year-round climate continues to attract tourists to this premier holiday resort of South Africa. Details of temperature and other meteorological data are set out in the accompanying table.

METEOROLOGICAL DATA

1982	24 hours Shade Temperature (0°C)				Relative Humidity			Barometer Readings (millibars)			Rainfall		Sunlight
	Max.	Min.	Mean		Max.	Min.	Hourly Aver.	Max.	Min.	Mean	mm	No of days on which rain fell	
Jan.	33,5	18,3	25,90		81	50	74	1 020,4	997,4	1 008,90	144,7	19	5,63
Feb.	32,1	16,3	24,20		78	51	70	1 023,2	1 004,1	1 013,65	45,1	14	6,67
Mar.	31,8	15,8	23,80		78	45	68	1 024,8	1 004,9	1 014,85	94,2	14	7,02
Apr.	28,9	9,4	19,15		78	29	67	1 027,1	1 002,8	1 014,95	50,1	14	7,99
May	33,2	10,0	21,60		75	33	62	1 031,2	1 003,5	1 017,35	20,6	4	7,31
June	27,3	5,8	16,55		74	32	60	1 032,4	1 012,3	1 022,35	17,9	3	7,70
July	29,4	7,8	18,60		70	29	58	1 033,6	1 004,2	1 018,90	5,2	3	7,68
Aug.	28,9	6,8	17,85		74	34	63	1 039,5	1 006,4	1 022,95	14,7	6	7,39
Sept.	27,8	12,2	20,00		78	47	70	1 033,4	1 013,7	1 023,55	115,0	13	6,11
Oct.	28,4	13,0	20,70		78	21	71	1 030,2	1 003,7	1 016,95	111,3	15	5,82
Nov.	30,5	13,6	22,06		76	40	68	1 025,6	1 001,4	1 013,50	38,9	15	6,21
Dec.	31,8	17,3	24,55		77	44	68	1 026,5	1 000,1	1 013,30	79,6	15	6,89
Total for the year 1982											737,3	135	6,87 daily average for year

(c) General Layout

The foreshore area extends from the harbour entrance in the south to the Umgeni River mouth in the north. Amenities include hotels, restaurants, amusement park, snake park, aquarium, and dolphinarium. Holiday flats, playing fields, parks, golf courses, bowling greens, swimming baths and other recreational facilities are suitably distributed throughout the City.

The principal commercial area extends due west from the foreshore with modern multi-storey buildings, many of which overlook the natural harbour.

The southern portion of the City is characterised by major industries well separated from the adjacent residential areas of the Bluff to the east and Woodlands - Montclair to the west. Industrial development to the north will not be long in developing, once the current recession is over.

(d) Municipal Data

Area: 30 065 hectares

No areas were incorporated or excised from the City during the year under review.

Valuation

R1 487 651 120 (land)
(R1 470 231 410)

R3 010 253 790 (buildings)
(R2 890 012 260)

Rates: (Excluding water rate - figures quoted are cents in the rand):

<u>Code 1</u>	<u>Land</u>	<u>Buildings</u>
Residential property - dwellings, maisonettes etc.	2,28 cents (less 25 % rebate of rates levied)	2,28 cents

Code 2

Residential property - flats, boarding houses etc.	2,28 cents (less 15 % rebate of rates levied)	2,28 cents
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Code 3

Other than residential property	6,936 cents	0,578 cents
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(a) General

The following are the results of the investigation conducted by the Department of the Interior, Bureau of Land Management, in the year 1900, in relation to the lands of the United States, which are now being offered for sale.

The principal results of the investigation are as follows:

1. The lands of the United States are now being offered for sale in large tracts, and the sale is being conducted in a systematic and efficient manner.

2. The lands are being offered for sale at a low price, and the sale is being conducted in a manner which will result in the highest possible return to the Government.

3. The lands are being offered for sale in a manner which will result in the highest possible return to the Government.

4. The lands are being offered for sale in a manner which will result in the highest possible return to the Government.

(b) Particulars

The following are the particulars of the investigation conducted by the Department of the Interior, Bureau of Land Management, in the year 1900, in relation to the lands of the United States, which are now being offered for sale.

The principal particulars of the investigation are as follows:

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4. The lands are being offered for sale in a manner which will result in the highest possible return to the Government.

(c) Summary

The following are the summary of the investigation conducted by the Department of the Interior, Bureau of Land Management, in the year 1900, in relation to the lands of the United States, which are now being offered for sale.

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(d) Conclusion

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II. VITAL STATISTICS

POPULATION (Estimated)

Community	Number	% of Total Population
White	238 357	(28,75 %)
Coloured	62 231	(7,50 %)
Black	111 360	(13,43 %)
Indian	417 254	(50,32 %)

The White group continued to decline as a percentage of total population.

1982 BIRTHS

Community	Male	Female	Total	1981
<u>Legitimate</u>				
White	1 067	1 071	2 138	1 966
Coloured	426	433	859	899
Black	366	360	726	637
Indian	4 286	4 058	8 344	7 941
Total	6 145	5 922	12 067	11 443
<u>Illegitimate</u>				
White	105	122	227	215
Coloured	383	363	746	598
Black	942	886	1 828	1 690
Indian	291	321	612	667
Total	1 721	1 692	3 413	3 170
<u>Total Births</u>				
White	1 172	1 193	2 365	2 181
Coloured	809	796	1 605	1 497
Black	1 308	1 246	2 554	2 327
Indian	4 577	4 379	8 956	8 608
Total	7 866	7 614	15 480	14 613

CRUDE BIRTH RATES (Number of births per 1 000 population)

Group	1982	1981
White	9,92	9,30
Coloured	25,79	24,81
Black	22,93	21,48
Indian	21,46	21,21
All Groups	18,67	18,06

All community groups show a slight increase in rates which is contrary to the trend in recent years.

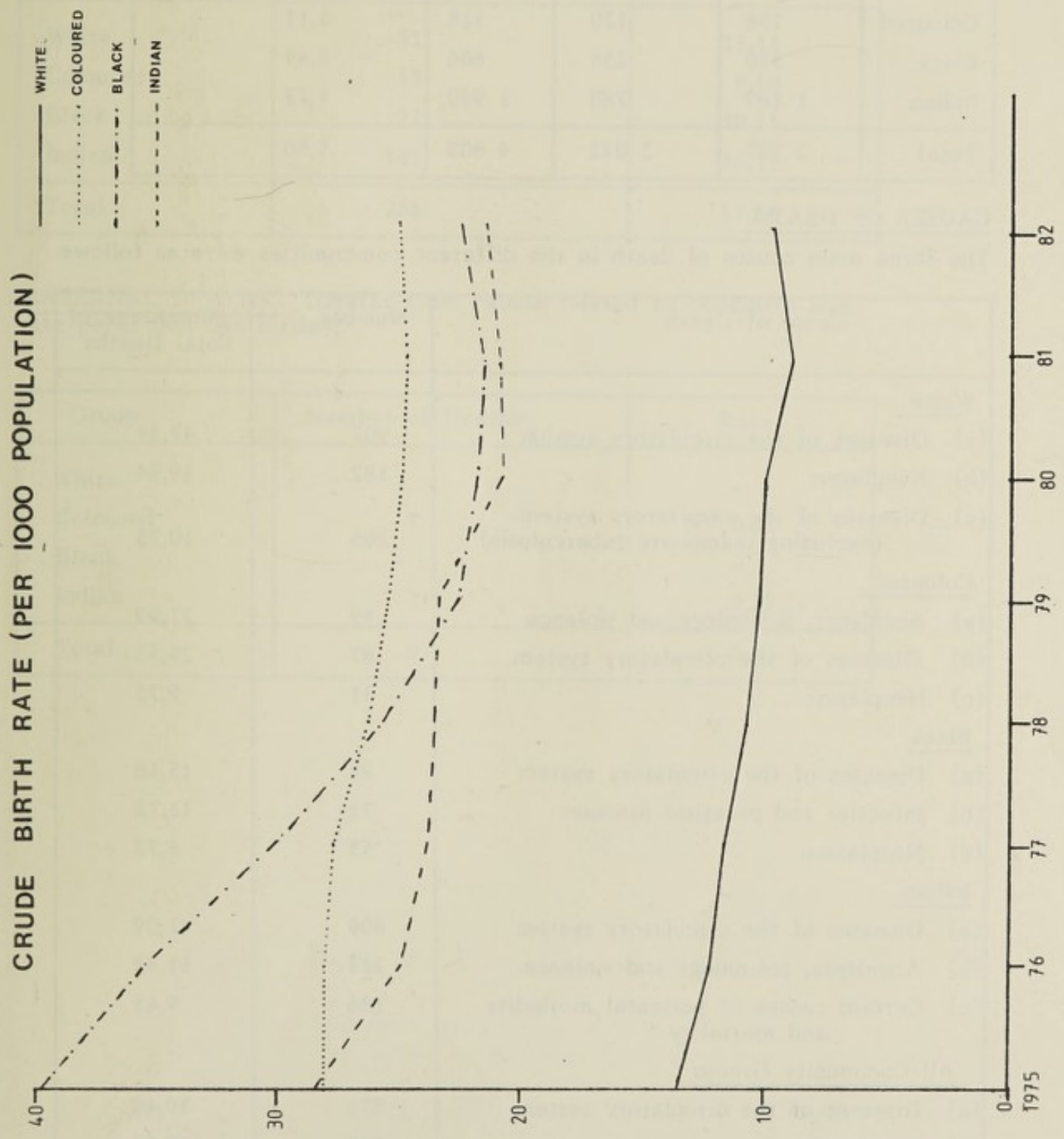
ILLEGITIMATE BIRTHS (As a percentage of total births)

Group	1982	1981
White	9,60	9,86
Coloured	46,48	39,95
Black	71,57	72,63
Indian	6,83	7,75
All Groups	22,05	21,69

STILLBIRTHS

Community	Number		Rate per 1000 live births	
	1982	1981	1982	1981
White	9	11	3,82	5,07
Coloured	16	22	10,07	14,91
Black	76	88	30,67	39,30
Indian	109	98	12,32	11,51
Total	210	219	13,75	15,21

With the exception of the Indian community group all other community groups show a decrease in rates.



DEATHS

Group	Total Deaths			Crude death rate per 1 000 population
	Male	Female	Total	
White	1 020	896	1 916	8,04
Coloured	198	120	318	5,11
Black	370	236	606	5,44
Indian	1 189	780	1 969	4,72
Total	2 777	2 032	4 809	5,80

CAUSES OF DEATH

The three main causes of death in the different communities were as follows:

Cause of Death	Number	Percentage of Total Deaths
<u>White</u>		
(a) Diseases of the circulatory system	907	47,34
(b) Neoplasms	382	19,94
(c) Diseases of the respiratory system (excluding pulmonary tuberculosis)	206	10,75
<u>Coloured</u>		
(a) Accidents, poisonings and violence	89	27,99
(b) Diseases of the circulatory system	87	27,36
(c) Neoplasms	31	9,75
<u>Black</u>		
(a) Diseases of the circulatory system	92	15,18
(b) Infective and parasitic diseases	71	11,72
(c) Neoplasms	53	8,75
<u>Indian</u>		
(a) Diseases of the circulatory system	809	41,09
(b) Accidents, poisonings and violence	223	11,32
(c) Certain causes of perinatal morbidity and mortality	186	9,45
<u>All Community Groups</u>		
(a) Diseases of the circulatory system	1 895	39,40
(b) Neoplasms	588	12,23
(c) Accidents, poisonings and violence	457	9,50

Deaths from motor vehicle accidents totalled 261 (60 White, 24 Coloured, 110 Black and 67 Indian) while the total of known suicides was 85 (45 White, 4 Coloured and 36 Indian).

INFANT MORTALITY (Deaths under the age of one year, excluding stillbirths and rate per 1 000 live births).

Group	Number of Deaths	Rate
White	31	13,11
Coloured	13	8,10
Black	77	30,15
Indian	145	16,19
Total	266	17,18

MATERNAL DEATHS (Deaths from causes related to childbirth and rate per 1 000 live births).

Group	Number of Deaths	Rate
White	-	-
Coloured	1	0,62
Black	-	-
Indian	2	0,22
Total	3	0,19

III COMMUNICABLE DISEASES

INTRODUCTION

Two formidable epidemic diseases or Diseases Subject to the International Health Regulations occurred in the Republic of South Africa during the year. Cholera continued for the third successive year and a localised outbreak of plague occurred in the Eastern Cape Province. Reference to these is made hereunder.

GLOBAL EPIDEMIOLOGY

Continuing reference to the Department of Health and Welfare monthly "Epidemiological Comments" and the World Health Organisation (W.H.O.) Weekly Epidemiological Record was made to keep informed on disease prevalence in South Africa and neighbouring states and world trends.

1. DISEASES SUBJECT TO THE INTERNATIONAL HEALTH REGULATIONS

Cholera

An international overview shows that since the start of the seventh cholera pandemic in South East Asia in 1961, the disease has continued to spread on a worldwide basis with an endemic pattern being established in Asia and Africa. The importance of monitoring for antibiotic resistant strains was emphasised by the emergence of ten such strains of O - group 1 *Vibrio cholerae* biotype El Tor, serotype Inaba, in Bangladesh.

In Africa the disease was again widespread and the following summarises the notifications from the African continent during 1982:

Benin 3; Burundi 628; Cameroon 6; Ghana 1784; Ivory Coast 34; Kenya 3312; Liberia 1387; Mozambique 2014; Nigeria 182; Rwanda 182; South Africa 12141; Swaziland 590; Tanzania 3748; Zaire 9653.

In the Republic of South Africa, as early as 1974, 32 cases and 32 carriers of cholera had occurred on a gold mine in a localised outbreak. In the 1980/81 epidemic, administratively designated Cholera 1 (30.09.80 to 7.07.81), there were 3950 bacteriologically proven cases with 42 deaths. In the 1981/82 epidemic, Cholera 11 (7.08.81 to 6.08.82), there were 11141 bacteriologically proven cases with 218 deaths. Areas most heavily affected were Natal (6123), Kwa Zulu (3367) and Lebowa (966). Case fatality rates for Cholera 1 and 11 were 1,1 % and 2,0 % respectively.

Cholera 111 was deemed to have started on 7 August 1982. At the year end, when the seasonal summer upswing in cases was evident, it was clear that the geographic distribution of greatest activity was ten districts along the eastern seaboard which accounted for 72 % of all known treated cases.

Up to mid December the cumulative annual total for the Republic and Black National States was 13127 bacteriologically proven cases.

In Asia significant incidence was reported from Indonesia.

In the Americas and Europe several cases of imported cholera were reported.

In Oceania an explosive outbreak started in the Trust Territory of Pacific Islands in September and although the peak appeared to have been passed, cases were still being notified at the year end.

Plague

During March 1982, an outbreak of plague occurred at Coega, a small village 18 km from Port Elizabeth. The population at risk numbered 100 persons. Eighteen cases were serologically proven.

Because of early case detection and prompt introduction of control measures the situation was not considered of significance for international travel and no restrictive measures with respect to travellers or trade could be justified by the World Health Organisation. The incident confirmed the need for continued surveillance of known enzootic foci throughout the world and the importance of preventing the build up of dense rodent populations in villages with attendant risk of spill-over into human populations.

Madagascar again reported significant plague incidence with 29 cases and a mortality of 41 %. Other African countries notifying cases were Tanzania 3, Zaire 3 and Zimbabwe 3.

Yellow Fever

Yellow fever remained endemic in South America with significant incidence particularly in Bolivia for the third successive year. Peru, Brazil and Colombia also reported cases.

In Africa the Ghanaian outbreak which began in 1977 and declined steadily over the next four years appears now to be virtually under control following intensive immunisation campaigns.

Ivory Coast reported 25 deaths in May and Nigeria three cases with one death in March and mid year a further 96 unconfirmed cases.

Smallpox

Smallpox vaccination of the civilian population has been abandoned in 154 of World Health Organisation's 159 Member States and Associated Members. Information on vaccination policy in the remaining five countries (Albania, Chad, Egypt, France and the Democratic People's Republic of Korea) is awaited.

World Health Organisation has also been notified that the following five countries have discontinued smallpox vaccination of military personnel: Denmark, Finland, Netherlands, Switzerland and the United Kingdom.

The current policy announced by World Health Organisation, on the recommendation of the Immunization Practices Advisory Committee of the Public Health Service is that smallpox vaccination of civilians is now indicated only for laboratory workers directly involved with smallpox virus or closely related orthopoxes, e.g. monkey-pox and vaccinia.

World Health Organisation's post-smallpox eradication surveillance programme, with regard both to investigation of suspect cases, control of production and storage of reserve vaccine stocks and inspections of laboratories retaining variola virus continued.

2. SURVEILLANCE OF OTHER DISEASES

Influenza

During the 1981 - 1982 season, influenza activity was generally low and almost entirely associated with influenza A(H3N2). Nevertheless more extensive influenza outbreaks occurred in several European countries and in North America than occurred during the previous season. Sporadic cases and outbreaks associated with H3N2 virus were also reported in Asia.

Viruses of the influenza A(H1N1) subtype and influenza B played a minor role during the season.

Antigenic analysis of isolates from Africa, Asia and Europe showed that influenza B viruses related antigenically to B/Singapore 222/79; influenza A(H1N1) viruses related to A/Brazil/11/78 and A/England/333/80; influenza A(H3N2) isolates from all parts of the world were antigenically heterogeneous and viruses resembling A/Texas/1/77, A/Bangkok/1/79, A/Bangkok/2/79, A/Shanghai/31/80 and A/Belgium/2/81 were identified with the last strain accounting for 75 % of isolates.

World Health Organisation has recommended that vaccines for use in the 1983 - 1984 season should contain the following antigens:

A/Philippines/2/82 (H3N2) - like strain

A/Brazil/11/78 (H1N1) - like strain

B/Singapore/222/79 - like strain.

Malaria

The world malaria situation continues to cause concern, not the least of which is the emergence of chloroquine resistant strains of *Plasmodium falciparum*. This has been reported in certain countries of East Asia and South America, in Panama, Kenya and the United Republic of Tanzania. Because of the risk to travellers the World Health Organisation issued an up-dated "Information on Malaria Risk for International Travellers", which includes a detailed schedule on chemoprophylaxis.

Viral Haemorrhagic Fevers

Marburg Disease

Marburg Disease was diagnosed in an 18 year old male in March 1982, some two weeks after he had left his home near Fort Victoria, Zimbabwe and travelled to Newcastle, Natal, where he was admitted to the Provincial Hospital and subsequently transferred to Rietfontein Hospital, Johannesburg. Initially malaria parasites were isolated and treatment instituted. However, persistent nose bleeding and blood in the stools indicated a haemorrhagic condition and antibody to Marburg Disease was detected in the blood. The patient recovered and there were no secondary cases.

Dengue Fever

In Africa, a large number of dengue virus isolates have been made recently in West Africa. Dengue types 1 and 2 were isolated from humans in Nigeria from 1966 to 1970 and in Senegal in 1970 and 1979. Since 1974 about 200 isolations of dengue type 2 have been made in Senegal, Upper Volta, Ivory Coast and Guinea from six species of sylvatic *Aedes* mosquitoes and from a monkey. These findings strongly suggest the existence of a dengue fever jungle cycle in certain parts of West Africa.

In East Africa on the other hand, there have been few dengue virus isolations, although during early 1982 an epidemic of a dengue like illness occurred in Kenya and dengue virus type 2 was isolated. Type 2 epidemics also occurred in the Seychelles Islands in 1976 - 1977 and 1978 - 1979 and in Reunion Island.

Acute Haemorrhagic Conjunctivitis (A.H.C.)

The acute haemorrhagic conjunctivitis pandemic caused by enterovirus 70 which swept through many countries during 1981, particularly in warmer and tropical zones of the world, continued into 1982 with reports of epidemics in the Pacific Islands and Zaire in particular and with the first reported cases of neurological complications from India.

In South Africa outbreaks occurred commencing in mid-March 1982 in Natal, Kwa Zulu, Transkei and also on the Witwatersrand (mainly in Soweto).

The incidence of A.H.C. in Durban was particularly high and whilst no statistics are available, an out-patient department of a local hospital was reported to be attending to hundreds of cases per day at the height of the epidemic. Incidence in the Black community group was particularly high.

Poliomyelitis

Paralytic poliomyelitis outbreaks were reported in various countries of the world during the year. One such epidemic occurred in the North-Eastern Transvaal, which commenced in May in a rural population in Gazankulu which is a sub-tropical area. Other areas involved were parts of Lebowa and the Letaba district of the Northern Transvaal Health Region. Ninety per cent of the cases were in children under five years of age and the attack rates were highest in those under four years of age. Poliovirus type 1 was the predominant isolate.

Immunisation history of cases indicated that 74 % had not received poliomyelitis vaccine before the outbreak, 6,6 % had received three doses and $\pm$ 0, 7 % the full course of polio immunisation.

Acquired Immune Deficiency Syndrome (A.I.D.S.)

During the period June 1981 to December 1982 this condition was found in nearly 1 000 Americans. Attention was drawn to the occurrence of AIDS by the comprehensive disease surveillance system in the United States of America, which in the United States summer of 1981 recorded an undue increase of Kaposi's Sarcoma and Pneumocystis carinii pneumonia. The former is a malignant growth affecting mainly the skin and the latter an opportunistic infection with a predilection for the lungs. An underlying feature of both diseases was a depression of cell-mediated immunity but the actual cause is as yet unknown.

A special task force has been formed by the Centers for Disease Control, Atlanta, Georgia to undertake further intensive surveillance of AIDS. To date epidemiological analysis of known cases shows that in 90 % of cases either Kaposi's sarcoma or P.carinii or both were found; 95 % of patients have been males and of these 75 % were either homosexual or bisexual; the age group most affected was 25 - 44 years; all racial groups have been affected; high risk groups in the United States of America include homosexuals, haemophiliacs, intra-venous drug abusers and immigrants from Haiti; case fatality rate has been high; about 50 % of the cases occurred in New York and 20 % in California (mostly in San Francisco and Los Angeles).

Cases have also been reported in other countries with 60 occurring in ten countries of Europe and virtually all cases had visited the United States of America or had contact with Americans.

In South Africa two cases of AIDS were reported during 1982. Both cases died and both had a P.carinii pneumonia and were in a severe state of immuno-suppression. Other common features were that both were White adult males, aged 42 and 40 years respectively and both were air stewards who had been to New York prior to onset of a very severe and dramatic illness.

DURBAN EPIDEMIOLOGY

A. NOTIFIABLE MEDICAL CONDITIONS

Notifications

Notifications of City cases reflected a decrease of 29 % compared to the previous year. However with imported cases increasing by 17 % there was an overall increase of 12 % in total notifications.

Late in 1981 Durban's first cholera cases were recorded and constituted only 2 % of the total number of confirmed cases treated in local hospitals.

There was a decrease of 43 % in City measles cases notified by hospitals and medical practitioners with the total number of notifications for measles (City, imported and ex-City) also decreasing by 43 %.

City cases of primary carcinoma of the bronchus showed a 27 % decrease and primary carcinoma of the lung a 38 % decrease. The total notifications (City, imported and Ex-City) reflected decreases of 10 % and 17 % respectively.

The first two City cases of poliomyelitis since 1977 were recorded during 1982 and total notifications received showed an increase of 17 % compared with 1981.

Total City cases of tetanus and typhoid fever reflected little change, whilst there was a 33 % decrease in notifications of viral hepatitis.

The following table reflects City, imported and ex-City cases reported on during 1982. Where imported and ex-City cases were implicated locally the necessary investigations and actions were carried out.

DISEASE	CITY **					IMPORTED **					EX-CITY **					GRAND
	W.	C.	B.	I.	Total	W.	C.	B.	I.	Total	W.	C.	B.	I.	Total	TOTAL
Brucellosis	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1
Cholera	-	3	28	3	34	-	1	70	3	74	-	3	1298	1	1302	1410
Diphtheria	-	1	-	-	1	-	-	1	-	1	-	1	24	-	25	27
Leprosy	-	-	-	-	-	-	-	-	-	-	-	-	11	-	11	11
Malaria	-	-	-	-	-	13	-	4	1	18	11	-	14	1	26	44
Measles	47	8	70	10	135	-	-	17	2	19	5	1	879	9	894	1048
Meningococcal Meningitis	2	5	-	1	8	-	-	-	-	-	1	-	10	-	11	19
Poisoning *	1	-	1	-	2	-	-	-	-	-	-	-	-	-	-	2
Poliomyelitis	-	-	1	1	2	-	-	-	-	-	-	-	59	-	59	61
Primary Carcinoma Bronchus	68	5	11	12	96	-	-	-	-	-	45	2	102	4	153	249
Primary Carcinoma Lung	40	2	-	3	45	-	-	-	-	-	16	1	47	1	65	110
Primary Carcinoma Pleura	2	-	-	-	2	-	-	-	-	-	-	-	-	-	-	2
Tetanus	-	-	2	2	4	-	-	-	1	1	-	-	74	2	76	81
Toxoplasmosis	1	-	-	-	1	1	-	-	-	1	-	-	-	-	-	2
Trachoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	3	1	3	8	15	-	-	7	1	8	-	-	300	2	302	325
Viral Hepatitis	65	6	4	39	114	8	-	1	1	10	10	-	111	15	136	260
Totals	229	31	120	79	459	22	1	100	9	132	88	8	2930	35	3061	3652

* Poisoning from any agricultural or stock remedy registered in terms of the Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act 1947.

**** City Case:** A case who while resident in the City contracts the disease in the City.

Imported Case: A case who contracts the infection outside the City and enters the City either within the incubation period or already ill, does not report directly to hospital or a private medical practitioner and has contact with other individuals in the City within that time.

Ex-City Case: A case who contracts the disease and falls ill outside the City boundaries and is admitted direct to hospital or is directly attended by a private medical practitioner within the City.

Government Case: A case who is infected whilst on Government property or in a Government institution.

An analysis of all City cases of notifiable medical conditions appears below with the appropriate attack rate per 1 000 population.

Disease	W	C	B	I	Total	Attack rate per 1000 population
Cholera	-	3	28	3	34	0,0410
Diphtheria	-	1	-	-	1	0,0012
Measles	47	8	70	10	135	0,1628
Meningococcal Meningitis	2	5	-	1	8	0,0096
Poisoning	1	-	1	-	2	0,0024
Poliomyelitis	-	-	1	1	2	0,0024
Primary Carcinoma Bronchus	68	5	11	12	96	0,1158
Primary Carcinoma Lung	40	2	-	3	45	0,0543
Primary Carcinoma Pleura	2	-	-	-	2	0,0024
Tetanus	-	-	2	2	4	0,0048
Toxoplasmosis	1	-	-	-	1	0,0012
Typhoid Fever	3	1	3	8	15	0,0181
Viral Hepatitis	65	6	4	39	114	0,1375

Cholera

A total of 34 local cases of cholera was reported in 1982. This represented a very small minority of the 1 410 bacteriologically proven cases and 8 316 cases treated for cholera at a local Provincial hospital.

Whilst source of infection of local cases could not positively be confirmed, it was presumed that the majority were infected by visitors from outside the City. One of the cases, an Indian male, was employed at a waste water treatment works in the City.

Diphtheria

The single case, a ten year old Coloured female from Greenwood Park, who had been fully immunised, was a diphtheria carrier (oral). The adjoining table sets out the notifications, deaths and appropriate rates for Durban since 1950.

DIPHTHERIA : NOTIFICATIONS AND DEATHS : 1950 TO 1982

(Notification Rate per 1 000 Population · Mortality as a percentage of Total Notifications)

DIPHTHERIA : NOTIFICATIONS AND DEATHS : 1950 TO 1982																														
(Notification Rate per 1 000 Population · Mortality as a percentage of Total Notifications)																														
Year	WHITE						COLOURED						BLACK						INDIAN						ALL RACES					
	Notifications			Deaths			Notifications			Deaths			Notifications			Deaths			Notifications			Deaths			Notifications			Deaths		
	No.	Rate	%	No.	%	No.	Rate	%	No.	Rate	%	No.	Rate	%	No.	Rate	%	No.	Rate	%	No.	Rate	%	No.	Rate	%	No.	Rate	%	
1950	145	1.10	1	0.69	34	2.65	2	5.88	18	0.97	124	14.52	58	0.45	7	12.07	361	0.90	28	7.75										
1955	75	0.50	1	1.33	34	1.82	2	5.88	16	0.61	102	15.69	69	0.42	15	21.74	280	0.56	34	12.14										
1960	9	0.06	1	11.11	7	0.28	-	-	6	0.31	56	10.71	22	0.10	4	18.17	94	0.16	11	11.70										
1965	1	0.006	-	-	2	0.07	-	-	13	0.07	2	15.38	3	0.01	-	-	19	0.03	2	10.53										
1966	2	0.01	-	-	1	0.03	1	100.00	16	0.08	3	18.75	21	0.08	6	28.57	40	0.06	10	25.00										
1967	1	0.005	-	-	2	0.07	-	-	18	0.09	5	27.78	8	0.03	2	25.00	29	0.04	7	24.14										
1968	1	0.005	-	-	6	0.19	-	-	9	0.04	1	11.11	14	0.05	3	21.43	30	0.04	4	13.33										
1969	-	-	-	-	1	0.03	-	-	14	0.07	4	28.57	14	0.05	3	21.43	29	0.04	7	24.14										
1970	-	-	-	-	1	0.02	-	-	3	0.01	1	33.33	1	0.003	1	100.00	5	0.006	2	40.00										
1971	-	-	-	-	4	0.09	-	-	4	0.02	-	-	3	0.01	-	-	11	0.01	-	-										
1972	-	-	-	-	2	0.04	-	-	3	0.01	-	-	2	0.01	1	50.00	7	0.01	1	14.29										
1973	1	0.005	-	-	-	-	-	-	3	0.01	1	33.33	2	0.01	-	-	6	0.01	1	16.66										
1974	1	0.005	-	-	3	0.006	-	-	6	0.03	1	16.67	-	-	-	-	10	0.01	1	10.00										
1975	1	0.005	-	-	-	-	-	-	2	0.009	-	-	-	-	-	-	3	0.004	-	-										
1976	-	-	-	-	-	-	-	-	2	0.008	1	50.00	1	0.003	-	-	3	0.004	1	33.33										
1977	-	-	-	-	-	-	-	-	2	0.02	-	-	1	0.003	-	-	3	0.004	-	-										
1978	2	0.009	-	-	-	-	-	-	1	0.01	-	-	-	-	-	-	3	0.004	-	-										
1979	-	-	-	-	-	-	-	-	1	0.01	1	100.00	-	-	-	-	1	0.001	1	100.00										
1980	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-										
1981	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-										
1982	-	-	-	-	1	0.02	-	-	-	-	-	-	-	-	-	-	1	0.001	-	-										

Malaria

There were no City cases. Of the 18 imported and 26 ex-City cases notified five were seamen off ships that had visited ports where malaria is endemic and six were South African Defence Force personnel from the operational area.

The remaining cases were from the following areas or countries:

Hluhluwe (Natal)	1	East Africa	1
Ingwavuma (Natal)	2	Kenya	1
Maputo	7	Upper Volta	1
Swaziland/Maputo	2	North and Central	
Malawi	7	Africa & S.E.Asia	1
Zimbabwe	5	India	1
Zambia	3	Unknown	1

Of the total number of cases reported 37 were Plasmodium falciparum and seven were P. vivax infections. One of the former cases, an adult female from Chatsworth who had visited Malawi, died.

Post-therapy surveillance of malaria patients residing in Durban continued throughout the year.

Measles

There were 135 City cases notified, of whom 58 % were hospitalised and 13 % gave a record of previous immunisation. There were two deaths, both Black males aged five and seven months respectively and both from a Lamontville infants' home.

The impression that the annual notifications do not reflect the true picture of the disease was again substantiated during 1982, when in addition to official notifications, a further 1 360 cases were reported by White, Coloured and Indian schools. The particularly poor notification of Indian cases may be partly attributable to many cases being seen by a priest and not a medical practitioner.

Meningococcal Meningitis

There were eight cases reported which was five less than the previous year, and there were no deaths. The following table sets out notifications since 1972, with deaths in parenthesis.

Year	White	Coloured	Black	Indian	Total
1972	7	1(1)	8(1)	4(1)	20(3)
1973	2	3	2(1)	-	7(1)
1974	3	-	2	5	10
1975	4(1)	3	1	3	11(1)
1976	3	-	1	4	8
1977	5	3	1	12(1)	21(1)
1978	3	1	-	5(1)	9(1)
1979	4	3	3(1)	2	12(1)
1980	5	4	-	3	12
1981	2	5(1)	2	4	13(1)
1982	2	5	-	1	8

Poisoning

There were two cases notified during 1982. Both cases were poisoned during methyl bromide fumigation and one case, a Black male, died.

Poliomyelitis

There had been no local cases notified since 1977 but during 1982 there were two such cases. One case, an adult Indian female from Chatsworth was diagnosed on virus isolation in the urine during hospital investigation of an unrelated illness.

The other case was a partially immunised Black infant from an infants' home in Lamontville.

The following table sets out notifications since 1966:

Year	White	Coloured	Black	Indian	Total
1966	1	-	12	6	19
1967	-	-	-	-	-
1968	-	3	10	-	13
1969	1	2	17	2	22
1970	-	-	2	1	3
1971	-	-	33	2	35
1972	-	2	16	3	21
1973	-	-	2	1	3
1974	-	-	5	-	5
1975	-	1	18	1	20
1976	-	-	5	1	6
1977	-	-	1	-	1
1978	-	-	-	-	-
1979	-	-	-	-	-
1980	-	-	-	-	-
1981	-	-	-	-	-
1982	-	-	1	1	2

Primary Carcinoma Bronchus

There were 96 City cases notified. The following table reflects the number of cases, and in parenthesis, the percentage distribution in community groups since the disease was made notifiable:

Year	White	Coloured	Black	Indian	Total
1979	14 (65 %)	2 (10 %)	4 (20 %)	1 (5 %)	21
1980	52 (74,1 %)	2 (2,8 %)	10 (14,2 %)	6 (8,5 %)	70
1981	81 (61,1 %)	15 (11,4 %)	16 (12,2 %)	19 (14,5 %)	131
1982	68 (70,8 %)	5 (5,2 %)	11 (11,4 %)	12 (12,5 %)	96

The following table reflects age distribution with percentage distribution in parenthesis

Age in Years	Cases
30 - 39	1 (1 %)
40 - 49	11 (11,4 %)
50 - 59	25 (26 %)
60 - 69	27 (28,1 %)
70 - 79	20 (20,8 %)
80 upwards	8 (8,3 %)
Unknown	4 (4,1 %)
Total	96

Primary Carcinoma Lung

A total of 45 City notifications were received. The following table shows the number of cases and in parenthesis the percentage distribution in the different community groups:

Year	White	Coloured	Black	Indian	Total
1979	15 (88,2 %)	- (0 %)	- (0 %)	2 (11,7 %)	17
1980	37 (77 %)	2 (4,1 %)	3 (6,2 %)	6 (12,5 %)	48
1981	60 (82,1 %)	4 (5,4 %)	4 (5,4 %)	5 (6,8 %)	73
1982	40 (88,8 %)	2 (4,4 %)	- (0 %)	3 (6,6 %)	45

The following table reflects age distribution with percentage distribution in parenthesis:

Age in Years	Cases
30 - 39	- (0 %)
40 - 49	3 (6,6 %)
50 - 59	6 (13,3 %)
60 - 69	13 (28,8 %)
70 - 79	15 (33,3 %)
80 upwards	6 (13,3 %)
Unknown	2 (4,4 %)
Total	45

Primary Carcinoma Pleura

The two notifications were both Whites aged 64 and 69 years respectively.

Tetanus

There were four City notifications compared with five in 1981. Two of the cases died.

The following table sets out notifications of tetanus since the disease became notifiable in 1964, with deaths in parenthesis:

Year	White	Coloured	Black	Indian	Total
1965	-	4 (2)	15 (5)	9 (1)	28 (8)
1966	-	-	22 (14)	9 (4)	31 (18)
1967	-	-	24 (12)	3 (2)	27 (14)
1968	-	-	9 (4)	8 (6)	17 (10)
1969	-	1 (1)	17 (5)	10 (5)	28 (11)
1970	-	-	12 (8)	10 (4)	22 (12)
1971	-	-	6 (3)	5 (4)	11 (7)
1972	-	1 (1)	9 (5)	7 (6)	17 (12)
1973	-	-	9 (5)	1	10 (5)
1974	-	-	6 (1)	3	9 (1)
1975	-	-	5 (2)	5 (2)	10 (4)
1976	-	-	9 (2)	2 (1)	11 (3)
1977	-	-	4 (2)	5 (1)	9 (3)
1978	-	2	-	3 (1)	5 (1)
1979	-	-	2 (1)	-	2 (1)
1980	-	1	4 (1)	3 (2)	8 (3)
1981	1	-	3 (1)	1	5 (1)
1982	-	-	2 (1)	2 (1)	4 (2)
Total	1	9 (4)	158 (72)	86 (40)	254 (116)

Toxoplasmosis

This single notification was a White female aged 29 years from Morningside. Tests taken from her one month old baby and pet cat were negative for toxoplasmosis.

Typhoid Fever

Fifteen City cases of typhoid fever were notified during 1982, which was the same number as for 1981.

One of the cases was a laboratory acquired infection in a White pharmacology student, who passed the infection on to a close contact.

Another case, an elderly White female was a known carrier, She was hospitalised and treated.

The following table indicates the age and population distribution of the cases:

Age	White	Coloured	Black	Indian	Total
0 - 4 yrs	-	-	1	2	3
5 - 9 "	-	-	-	-	-
10 - 14 "	-	1	-	1	2
15 - 19 "	-	-	-	-	-
20 - 24 "	2	-	1	2	5
25 - 29 "	-	-	-	1	1
30 - 39 "	-	-	-	2	2
40 - 49 "	-	-	1	-	1
50 and over	1	-	-	-	1
Total	3	1	3	8	15

The adjoined table sets out notifications of deaths and appropriate rates for Durban since 1950.

Viral Hepatitis

During 1982 there were 114 City cases of viral hepatitis notified compared with 170 cases the previous year.

A total of 46 cases (40,3 %) were hospitalised and seven cases were proven Hepatitis B virus infections including one carrier. There were no deaths.

B. OTHER NON-NOTIFIABLE INFECTIOUS DISEASES

The only statistics available to indicate the prevalence of non-notifiable infectious disease are obtained from two courses:

- (i) Admission of cases to hospital for isolation and treatment; and
- (ii) Monthly returns from school principals.

These are presented in the following tables:

TYPHOID : NOTIFICATIONS AND DEATHS : 1950 TO 1982

(Notification Rate per 1 000 Population : Mortality as a percentage of Total Notifications)

Year	WHITE						COLOURED						BLACK						INDIAN						ALL RACES					
	Notifications			Deaths			Notifications			Deaths			Notifications			Deaths			Notifications			Deaths			Notifications			Deaths		
	No.	Rate	No.	%	No.	%	No.	Rate	No.	%	No.	%	No.	Rate	No.	%	No.	Rate	No.	%	No.	Rate	No.	%	No.	Rate	No.	%		
1950	16	0.12	-	-	2	50.00	36	0.28	15	41.67	40	0.31	2	5.00	94	0.24	18	19.15												
1955	8	0.05	-	-	3	-	73	0.44	4	5.48	16	0.10	-	-	100	0.20	4	4.00												
1960	8	0.05	1	12.50	4	-	71	0.39	3	4.22	7	0.03	-	-	90	0.16	4	4.44												
1965	5	0.03	-	-	1	-	23	0.12	-	-	10	0.04	-	-	39	0.06	-	-												
1966	-	-	-	-	3	-	37	0.18	3	8.11	12	0.05	-	-	52	0.08	3	5.77												
1967	2	0.01	-	-	2	-	23	0.11	1	4.35	10	0.04	-	-	37	0.05	1	2.70												
1968	4	0.02	-	-	-	-	20	0.10	3	15.00	19	0.07	-	-	43	0.06	3	6.98												
1969	6	0.03	-	-	5	-	24	0.11	8	33.00	9	0.03	-	-	44	0.06	8	18.18												
1970	2	0.01	-	-	-	-	30	0.15	3	10.00	5	0.02	-	-	37	0.05	3	8.11												
1971	16	0.08	1	6.25	3	33.33	31	0.15	5	16.13	14	0.05	-	-	64	0.08	7	10.94												
1972	2	0.01	-	-	1	-	39	0.18	4	10.26	6	0.02	-	-	48	0.06	4	8.33												
1973	12	0.06	1	8.33	4	-	17	0.07	-	-	10	0.03	-	-	43	0.05	1	2.32												
1974	3	0.01	-	-	1	-	15	0.07	1	6.67	5	0.02	-	-	24	0.03	1	4.17												
1975	3	0.01	-	-	1	-	17	0.07	-	-	14	0.04	-	-	35	0.04	-	-												
1976	27	0.13	-	-	1	-	21	0.09	1	4.76	7	0.02	-	-	56	0.07	1	1.79												
1977	-	-	-	-	-	-	4	0.04	-	-	3	0.008	-	-	7	0.009	-	-												
1978	6	0.03	-	-	2	-	6	0.06	-	-	4	0.01	-	-	18	0.02	-	-												
1979	1	0.004	-	-	1	-	5	0.05	-	-	9	0.02	-	-	16	0.02	-	-												
1980	3	0.01	-	-	3	-	6	0.06	-	-	8	0.02	-	-	20	0.03	-	-												
1981	-	-	-	-	10	-	1	0.01	-	-	4	0.01	-	-	15	0.02	-	-												
1982	3	0.01	-	-	1	-	3	0.03	-	-	8	0.02	-	-	15	0.02	-	-												

TABLE 1 - ADMISSION OF CASES TO HOSPITALS

Disease	White	Coloured	Black	Indian	Total
Chicken Pox	-	1	12	4	17
Mumps	-	-	1	-	1
Pertussis	-	-	16	-	16
Total	-	1	29	4	34

TABLE 11 - SCHOOL NOTIFICATIONS (WHITE, COLOURED AND INDIAN)

Month	Measles	Rubella	Mumps	Chicken Pox	Pertussis	Viral Encephalitis and Meningitis	Scarlet Fever	Total
January	69	3	70	40	5	2	-	189
February	132	7	100	29	7	2	-	277
March	61	3	98	-	-	-	-	162
April	71	-	106	22	4	4	10	217
May	72	1	170	16	3	4	12	278
June	88	4	216	47	9	-	40	404
July	83	2	123	29	5	1	6	249
August	203	2	158	71	4	5	11	454
September	214	10	188	109	4	4	38	567
October	186	4	164	67	9	4	6	440
November	119	1	150	39	6	1	6	322
December	62	4	19	50	4	3	2	144
Total	1360	41	1562	519	60	30	131	3703

IV. TUBERCULOSIS

INTRODUCTION

The established successful case finding and ambulant therapy policy continued throughout the year. A further part-time clinic was introduced at the Chesterville Black township.

The incidence of new City cases of pulmonary tuberculosis is little changed but the number of new ex-City cases continued to rise.

Although the total number of suspects and contacts examined were unchanged, the total attendances and X-rays were both reduced by some 25% essentially as a result of the policy of expansion of external supervision of treatment, and reviews at fixed intervals.

Influx control X-rays were finally discontinued as a result of a policy decision of the Port Natal Administration Board.

The number of cases receiving B.C.G. dropped sharply as a result of adverse publicity relating to an unfortunate incident elsewhere in the Republic.

Medical staff remained below strength. However the Senior post at the Central Clinic which has been vacant for 6 years is at last about to be filled. Two retirements occurred, both being partly filled later but relief duties at peripheral and **the Sexually Transmitted Diseases Clinics, interspersed with periods of leave often stretched capabilities to the utmost limit.**

STATISTICAL DATA (1981 figures in parenthesis throughout)

City cases are permanent city residents, ex-City cases are persons commuting to work in the City, whilst imported cases are those from other areas attending the City Clinic for diagnosis and treatment.

A. PULMONARY TUBERCULOSIS

The number of known current cases registered with the department at the end of the year was as follows:

GROUP	CITY		EX-CITY		TOTAL	
White	45	(56)	1	(14)	46	(70)
Coloured	99	(129)	16	(17)	115	(146)
Indian	534	(569)	43	(43)	577	(612)
Black	666	(672)	1 586	(1 269)	2 252	(1 941)
	1 344	(1 426)	1 646	(1 343)	2 990	(2 769)

A further 344 cases completed the 26 week intensive therapy course and were discharged before the end of the year.

NOTIFICATIONS

- (i) The number of new City cases and corresponding attack rates per 1 000 population are reflected below:

YEAR	WHITE		COLOURED		INDIAN		BLACK		TOTAL	
1978	44	0,20	83	1,51	263	0,70	322	3,23	712	0,95
1979	22	0,10	89	1,57	275	0,72	368	3,59	754	1,02
1980	20	0,09	71	1,21	266	0,67	301	2,85	658	0,83
1981	35	0,15	68	1,12	221	0,54	319	2,94	643	0,79
1982	33	0,14	87	1,40	246	0,59	296	2,66	662	0,80

The slight improvement amongst Blacks is offset by a small increase in Coloured and Indian cases, so that the overall attack rate was almost identical to that of 1981.

- (ii) New City cases by Community, sex and age group were as follows:

AGE GROUP	WHITE		COLOURED		INDIAN		BLACK		SUB-TOTAL		TOTAL
	M	F	M	F	M	F	M	F	M	F	
0 - 4	-	-	2	2	2	3	5	7	9	12	21 (19)
5 - 14	-	1	2	-	6	1	3	1	11	3	14 (22)
15 - 24	1	-	10	5	37	35	28	16	76	56	132 (127)
25 - 44	9	3	27	19	64	36	122	37	222	95	317 (286)
45 - 64	9	2	12	4	38	17	62	9	121	32	153 (167)
65+	5	3	1	3	4	3	5	1	15	10	25 (22)
Total by sex	24	9	54	33	151	95	225	71	454	208	662 (643)
Total by community	33		87		246		296		662		

The pattern of recent years is repeated with even further reduction in the number of children notified, this year being most noticable in Blacks.

The adult male : female ratio remains at 2.5 : 1 in the potential wage earning groups irrespective of whether employed or not.

(iii) Sources of new notifications:

	NEW CITY	EX CITY	IN TRANSIT
Municipal clinics	438 (390)	697 (557)	365 (367)
Hospitals (chiefly Provincial)	217 (247)		
Other	7 (6)		
	662 (643)		

More City and ex-City cases initially presented at municipal clinics while the number of cases in transit continued unabated, but for whom local out patient treatment is impracticable.

(iv) Method of Detection : New City Cases:

	NOTIFICATIONS
Voluntary suspects	392
Home contacts	9
Hospital direct	102
G.P. referral	126
Employer referral	29
Other	2
TOTAL	662

Apart from those detected as home contacts, case finding is essentially related to persons with symptoms and not the result of routine mass X-ray. This year no cases were detected in 9 600 pre-employment or 1 100 statutory industrial X-rays, which is most significant from a cost effectiveness aspect.

ANALYSIS OF SUSPECT AND HOME CONTACT ATTENDANCES

	Durban Chest Clinic	Chesterville	Lamontville	Phoenix	Arena Park	Bay View	Merebank	Austerville	Totals Mean
Suspects	13 297	214	811	204	523	262	192	354	15 857
P.T.B. found	1 312	2	28	3	15	10	3	6	1 379
% Pick-up	9,86	0,94	3,45	1,47	2,86	3,8	1,56	1,7	8,7
Contacts	1 469	62	275	213	404	162	46	264	2 895
P.T.B. found	5	-	3	2	2	-	-	3	15
% Pick-up	0,35	-	1,1	0,93	0,5	-	-	1,13	0,52

This table illustrates the constant comparative pick-up variations from the Durban Chest Clinic and the peripheral/residential area clinics in respect of suspects with the former dealing mainly with working age group, most of whom are ex-City commuters, and the latter catering for domestic groups together with some unemployed.

Of the ten adults home contacts notified, nine were active symptomatic patients, at least five of whom were more likely to have been the true index case. The other adult was a case of pleural effusion. All five children had a primary complex.

Despite the large numbers of patients being treated at their places of work on short course ambulant therapy, no work contact cases were detected.

- (v) Forms of Pulmonary Tuberculosis (new and re-notifications) at the time of notification are presented on the accompanying table.

FORM OF PULMONARY TUBERCULOSIS (NEW AND RENOTIFICATIONS)

Form of Pulmonary Tuberculosis	WHITE						COLOURED						BLACK						INDIAN					
	Hospital			Out-patient			Hospital			Out-patient			Hospital			Out-patient			Hospital			Out-patient		
	City		ex-City	City		ex-City	City		ex-City	City		ex-City	City		ex-City	City		ex-City	City		ex-City	City		ex-City
Unilateral	-	-	-	7	4	-	9	-	-	26	1	20	34	72	171	3	22	48	2					
Bilateral	3	-	-	2	-	-	7	2	8	3	21	65	45	106	25	40	10							
Unilateral Effusion	-	-	-	3	2	2	9	2	7	1	14	34	28	41	25	55	3							
Bilateral Effusion	-	-	-	-	-	-	-	-	-	-	-	2	2	1	1	-	-	-						
Unilateral Pulmonary Tuberculosis with Effusion	-	-	-	-	-	-	3	-	-	-	-	-	4	3	6	-	5	6	-					
Bilateral Pulmonary Tuberculosis with Effusion	-	-	-	1	-	-	-	-	1	-	-	-	5	1	3	-	1	-	-					
Unilateral plus Cavitation	1	-	-	7	1	1	13	1	8	2	19	43	51	177	15	27	3							
Bilateral plus Cavitation	10	-	-	8	3	3	11	2	12	1	53	110	51	171	21	38	3							
Unilateral plus Cavitation with Effusion	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	-	-	-	-					
Bilateral plus Cavitation with Effusion	-	-	-	-	-	-	-	-	-	-	2	2	-	-	3	1	-	-	1					
Primary Pulmonary Tuberculosis	-	-	-	2	-	-	1	-	8	-	10	3	10	3	5	7	9	-						
Primary Pulmonary Tuberculosis with Effusion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
Miliary Pulmonary Tuberculosis	-	-	-	-	-	-	1	-	-	-	2	1	-	-	-	3	1	-	-					
Unspecified	1	-	-	-	-	-	-	-	1	-	-	2	-	-	1	-	2	-	-					
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
TOTAL	15	-	-	30	10	54	7	71	8	79	143	307	264	683	127	39	229	22						
	15			40		61					450		947		166		251							
	55						140						1 397						417					

GRAND TOTAL..... 2 009

- (vi) Sputum state at diagnosis:
(All new, reactivated city cases and ex-City cases seen at clinics).

	Smear Pos.	Smear Neg.	Cult. Pos.	Cult. Neg.	No report
City cases	480	200	15	6	48
ex-City	678	199	13	4	59
	1 158	399	28	10	107

The above tables indicate the continuing preponderance of apparently highly infectious, (i.e. cavitating smear positive) features in the majority of cases. Relating this to the equally persisting paucity of City contact cases detected may raise some epidemiological doubts, but, on the other hand is most reassuring in support of health education and the safety of ambulant therapy.

- (vii) Mortality rates per 1 000 population, City residents:

YEAR	WHITE		COLOURED		INDIAN		BLACK		TOTAL	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1979	1	0,01	5	0,09	15	0,04	17	0,17	38	0,05
1980	1	0,01	3	0,05	15	0,04	15	0,14	34	0,04
1981	3	0,01	6	0,10	11	0,03	21	0,19	41	0,05
1982	-	-	1	0,02	6	0,01	9	0,08	16	0,02

Deaths in 1982 show a considerable reduction compared to recent years.

B. NON-PULMONARY TUBERCULOSIS

NOTIFICATIONS

- (i) Notifications of cases of non-pulmonary tuberculosis for the past 5 years are set out below:

YEAR	WHITE	COLOURED	INDIAN	BLACK	TOTAL
1978	-	6	28	18	52
1979	2	3	45	30	80
1980	-	1	31	19	51
1981	1	5	22	21	49
1982	-	2	32	19	53

The incidence has remained rather static over the years and is a puzzling feature in the light of the steady decline in the attack rate of pulmonary tuberculosis amongst the Indian and Black communities presuming infection is by human strains of *M. tuberculosis*.

The age group analysis of these cases was as follows:

Age Group	White	Coloured	Indian	Black	Total
0 - 4	-	-	2	2	4
5 - 14	-	-	-	1	1
15 - 24	-	1	5	1	7
25 - 44	-	-	13	7	20
45 - 64	-	1	9	6	16
65 +	-	-	3	2	5
TOTAL	-	2	32	19	53

Comment:

This table reveals the majority to be in the middle and older age group and not in growing children, which pattern has not only been consistent but also applies to pulmonary tuberculosis.

A further six cases were notified as suffering from concurrent pulmonary tuberculosis. The sites of infection in these 59 cases were:

Lymphadenitis	16
Meningitis	9
Bones and joints	8
Pericarditis	7
Peritonitis	5
Genito-urinary	3
Other	11
	59

(ii) Deaths

There were five deaths, three being adult cases of meningitis. Deaths for the last five years corrected for inward and outward transfers were as follows:

YEAR	WHITE	COLOURED	INDIAN	BLACK	TOTAL
1978	-	1	1	-	2
1979	-	-	2	2	4
1980	-	-	3	1	4
1981	-	-	-	1	1
1982	-	-	2	3	5

1. TREATMENT SERVICES

Distribution of new City cases:

INITIAL NOTIFICATION	NUMBER	TREATED AT	
		O.P. CLINICS	T.B. HOSPITALS
Municipal Clinic	438 (390)	333 (345)	105 (45)
Provincial Hospital	217 (253)	102 (77)	115 (176)

While there was an increase in the number of hospital diagnosed cases being referred for ambulant therapy there was an increase in the number of clinic cases referred to TB hospitals. This latter was largely due to a large number of unemployed persons who requested admission.

Patients are hospitalised either at King George V (State) Hospital or at one of the nearby SANTA centres.

12 City patients absconded from TB hospitals but were all successfully traced and continued their treatment at municipal clinics.

2. TREATMENT REGIMES

Despite financial limitations no drug shortages occurred and all patients with proven parenchymal lung disease received a Rifampicin - containing intensive short course therapy for 26 weeks.

254 Durban Chest Clinic, 119 peripheral clinic and 532 ex-City cases commenced such treatment throughout the year. As at 1 March 1983 14 had relapsed and were associated with:

Diabetes	=	2	)	
Alcoholism	=	1	)	not detected on initial notification
Persistent default	=	9	)	Had less than 70% of treatment or did not
No reason	=	2	)	complete the course. Culture/sensitivity etc. all normal.

There was a considerable ($\pm 15\%$) swing away from schedule I which involves streptomycin to the entirely oral regimes with no apparent diminution of effect. Intermittent therapy was an uncommon practice as it tends to be confusing to the layman particularly if shift work and public holidays are involved. Standard 5 day a week therapy is the policy.

<u>I</u>		<u>II</u>	
HRSZ		HREmbZ	) for 10 weeks
HRS	or	HR Emb	) for 8 weeks
HR		HR	) for 8 weeks

Patient supervision is initiated by the doctor notifying the employer when agreement is reached and a supervisor nominated. The patient receives the first days treatment

at the clinic, thereafter at work. The medication is taken to the supervisor the following morning by the field nursing staff where further supporting advice is given and any problems resolved. The same procedure takes place when there are reviews and changes in treatment.

Again this year routine glycosuria testing was of value with 11 new cases of Diabetes being detected.

Active chemo-prophylaxis was pursued in child home contacts of smear positive cases followed by BCG if indicated at the end of 26 weeks.

Financial restrictions on non-tuberculostatic drugs prevented a continuance of the trial of combining an antibiotic initially in toxic states, radiological pneumonic consolidation and cases with purulent sputum.

3. CLINIC SERVICES

A twice a week session commenced in August in the Black township of Chesterville and was well supported.

STATISTICAL DATA OF CLINICS

Details	Durban Chest Clinic	Chesterville	Merebank	Bay View	Arena Park	Lamontville	Austerville	Phoenix	TOTAL
Sessions	254	43	80	102	129	102	101	102	913
Attendances	73 587	1 089	1 407	1 906	4 750	7 664	3 379	1 869	95 651
B.C.G.	1 185	25	45	88	189	517	186	146	2 381
X-rays	40 546	327	382	620	1 211	1 081	819	581	45 567
Suspects seen	13 297	214	192	262	523	811	354	204	15857
Contacts seen	1 469	62	46	162	404	275	264	213	2 895
Streptomycin Injections	30 878	294	354	273	817	2 723	820	231	36 390
Skin tests	938	106	91	171	390	757	249	185	2 781
% Read	54,2	76,4	73,6	79,5	74	90	80	69	68,5
Positive	388	72	67	116	266	536	180	114	1 739
Negative	121	9	10	20	22	143	19	14	358

There was a marked (25%) reduction in attendances and X-rays although numbers of suspects, contacts and actual notifications were little changed.

B.C.G. IMMUNISATION

The following table sets out B.C.G. immunisations administered during the year.

Venue	Numbers		
Municipal Clinics			
Tuberculosis	2 356	(8 372)	Down 72%
Family Health	363	(5 836)	Down 93,8%
School Programme	18 064	(18 991)	
Provincial and other Maternity Hospitals	32 624	(30 229)	
	53 407	(63 428)	

FIELD CONTROL

A staff of two White community health nurses, one health inspector and 15 health assistants carried out 21 935 field visits in connection with defaulters, contact tracing, welfare, hospital liaison and general treatment reinforcement.

WELFARE

Virtually all domiciliary investigations and recommendations for assistance are made by the above field staff, the actual funds came from the two main local organisations to the following extent:

Natal Anti-Tuberculosis Association	R13 835	(13 499)
Friends of the Sick Association	R21 817	(18 633)

V. SEXUALLY TRANSMITTED DISEASES

GENERAL

City facilities remained unchanged with the large full-time Municipal Congella Clinic for Non-Whites being almost totally utilised by Black patients, and at Addington Provincial Hospital casualty department where Whites and Coloureds received attention.

New doctors from the latter hospital attended the Municipal Clinic for training sessions, whilst the clinic staff also experienced several changes. This may account for fluctuations in numbers of these diseases where diagnosis is based on clinical experience only.

STATISTICAL SUMMARY

The table below sets out the numbers of new cases and total attendances of all persons who attended clinics. New cases dropped to 29 732 compared with 31 073 in 1981 and similarly total attendances fell to 56 621 as against 62 357 the previous year.

STATISTICAL SUMMARY : CITY AND EX-CITY PATIENTS TREATED IN 1982

(S.T.D. AND NON- S.T.D.)

DETAILS	WHITE		COLOURED		BLACK				INDIAN				TOTAL		GRAND TOTAL
	CITY		CITY		CITY		EX-CITY		CITY		EX-CITY		CITY	EX CITY	
	M	F	M	F	M	F	M	F	M	F	M	F			
First visits	482	64	184	72	11906	3023	8367	5356	180	20	58	20	15931	13801	29 732
Total attendances	598	75	281	137	23887	6759	14092	10061	511	72	109	39	32320	24301	56 621

CLINIC SERVICES

ADDINGTON HOSPITAL

Although the following table sets out new cases and total attendances, a break-down of actual disease diagnosed was not recorded at this clinic.

CATEGORY	NEW CASES				TOTAL ATTENDANCES			
	WHITE		COLOURED		WHITE		COLOURED	
	M	F	M	F	M	F	M	F
S.T.D.	264	44	86	39	598	75	281	137
NON S.T.D.	218	20	98	33				
Sub Total	482	64	184	72	598	75	281	137
TOTAL	546		256		673		418	

CONGELLA CLINIC

The following table reflects new cases and total attendances at this clinic which is situated in the grounds of King Edward VIII Hospital.

CATEGORY	NEW CASES						TOTAL ATTENDANCES					
	COLOURED		INDIAN		BLACK		COLOURED		INDIAN		BLACK	
	M	F	M	F	M	F	M	F	M	F	M	F
S.T.D.	9	2	194	28	15506	5794	28	7	501	83	30022	12225
NON S.T.D.	-	-	44	12	4767	2585	-	2	119	28	7957	4595
Sub-Total	9	2	238	40	20273	8379	28	9	620	111	37979	16820
TOTAL	11		278		28652		37		731		54799	

SEXUALLY TRANSMITTED DISEASES - DURBAN 1982

N.B. This table refers to number of diseases diagnosed and not number of cases.

Details	NEW CASES						TOTAL ATTENDANCES					
	BLACK		INDIAN		TOTAL		BLACK		INDIAN		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F
1. Sero-negative primary syphilis	8	5	-	-	8	5	13	12	-	-	13	12
2. Sero-positive primary syphilis	352	244	1	-	353	244	1029	726	11	3	1040	729
3. Secondary syphilis	1164	1236	8	7	1172	1243	2522	2610	32	15	2554	2625
4. Tertiary syphilis (clinically recognised)	2	-	-	-	2	-	2	-	-	-	2	-
5. Latent syphilis (diagnosed on result of serological test alone)	1543	1568	14	2	1557	1570	3365	3451	43	23	3408	3474
6. Neuro-syphilis	4	-	-	-	4	-	11	-	1	-	12	-
7. Congenital syphilis (under 1 year)	-	-	-	-	-	-	-	-	-	-	-	-
8. Congenital syphilis (over 1 year)	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL SYPHILIS	3073	3053	23	9	3096	3062	6942	6799	87	41	7029	6840
9. Gonorrhoea	6289	1978	132	17	6421	1995	11986	4089	285	31	12271	4120
10. G.C. vulvo-vaginitis	-	-	-	-	-	-	-	-	-	-	-	-
11. G.C. opthalmia	1	-	-	-	1	-	1	-	-	-	1	-
TOTAL G.C. INFECTIONS	6290	1978	132	17	6422	1995	11987	4089	285	31	12272	4120
12. Ulcus Molle Chancroid	1693	227	7	-	1700	227	3306	402	58	4	3364	406
13. Lymphogranuloma venereum	160	20	1	-	161	20	312	32	2	1	314	33
14. Granuloma inguinale	12	5	-	-	12	5	21	9	1	-	22	9
15. Venereal Warts	858	160	6	1	864	161	1565	282	14	4	1579	286
16. Non-Gonococcal urethritis	3420	351	25	1	3445	352	5889	612	54	2	5943	614
TOTAL S.T.D.	15506	5794	194	28	15700	5822	30022	12225	501	83	30523	12308
17. Non-S.T.D.	4767	2585	44	12	4811	2597	7957	4595	119	28	8076	4623
GRAND TOTAL	20273	8379	238	40	20511	8419	37979	16820	620	111	38599	16931
TOTAL OF RACES	28652		278		28930		54799		731		55530	

SYPHILIS

Diagnosis is made on clinical and serological grounds.

It was interesting to note that while the R.P.R. non-specific test was positive in the same proportion as the former V.D.R.L. test (31%), the false factor was completely reversed. In 1 209 cases of negative R.P.R. on initial test and where clinical or circumstantial evidence suggested otherwise, 413 were positive on specific T.P.H.A. or F.T.A. testing on the same serum. This is quite a disconcerting number of false negatives whereas the V.D.R.L. had the feature of excess false positives. This phenomenon may be due to the "prezone" effect found in high antibody concentrations in sera of late primary or in secondary stages.

However, initial positive R.P.R. correlated extremely well (93,5%) with specific tests and were 100% on follow up after one month or later.

A high proportion of syphilis cases (15,5%) are still being detected in patients attending for other conditions and without signs or history of the disease. These largely appear as "latent" or "late latent" patterns of steady low titres. Many have received antibiotics for illnesses other than S.T.D. and so presumably a variable degree of masking occurred.

The finding of many of the cases in the age-group 16 - 20 years raises the question of possible endemic treponemal disease other than syphilis, such as yaws. Almost all such cases detected were normally resident in the lower Natal South Coast or immediate inland areas. This feature will be further investigated.

Basic treatment remains Benzathine Penicillin 2,4 mega units and where possible repeated after one week.

Erythromycin was an alternative in cases of potential anaphylaxis.

GONORRHOEA

This disease remained in an easily treatable form with virtually all cases responding to a single dose of 3,0 mega units procaine penicillin supplemented with 1 gm Probenecid. No penicillin resistant organisms were detected including the small proportion (5 - 6%) of apparent persisting gonorrhoea where re-infection with untreated partners was the likely cause. All cases resolved with a repeat course of penicillin. Patients allergic to penicillin received cotrimoxazole or tetracycline.

A most unusual "epidemic" of secondary gonococcal conjunctivitis occurred in mid year. This was found to be a result of tribal/traditional irrigation of painful eyes with urine, mostly personal, which in this instance was a consequence of a widespread outbreak of viral conjunctivitis. Unfortunately, separate records were not kept but it seems there were approximately 100 cases. Quite a number of spouses and partners were found to have the customary form of gonorrhoea which may otherwise have gone undetected.

Approximately 40% of initial gonorrhoea cases, essentially males, had a residual non-gonococcal urethritis which was considered as a concomitant N.G.U. and responded to tetracycline.

NON-GONOCOCCAL URETHRITIS/VAGINITIS

Because no facilities exist for the identification of such organisms as Chlamydia, the diagnosis was made in the absence of gonococci in urethral, vaginal or cervical smears and/or culture of leucocyte containing discharges. Tetracycline remained the standard therapy, together with metronidazole in the presence of co-existing, suspect or proven, trichomonal vaginitis. High dose, short duration, seven day, courses were frequently prescribed in an attempt to improve patient compliance and prospects of cure.

It was of interest to note that despite the high incidence of presumed Chlamydial infection, no cases of associated ophthalmia were reported during the conjunctivitis epidemic.

CHANCROID, LYMPHOGRANULOMA VENEREUM AND GRANULOMA INGUINALE

These are entirely clinically diagnosed conditions which fortunately responded to standard empirical treatment in the uncomplicated stages. There was a moderate relative increase in all three diseases but no further cases were found of resistant chancroid strains apparently emanating from neighbouring Swaziland last year. There was a general policy shift from simple sulphonamide drugs to either cotrimoxazole or erythromycin for cases of chancroid.

Tetracycline proved suitable for lymphogranuloma venereum and granuloma inguinale patients as cases were in early and uncomplicated stages.

HERPES GENITALIS

Contrary to continuing publicity, this disease was extremely rare in clinic attenders. Communication with local gynaecologists tended to confirm this finding. Only topical palliative treatment and advice was given. The new Acyclovir anti-viral agent remained far too expensive and in any case is of unproven efficiency.

GENITAL ULCERATION

This merits a separate heading due to the diagnostic difficulties encountered. Proportionate to the extent of investigation, tends to be the finding of atypical lesions. At least 20 % of proven primary syphilis cases initially presented with local painful lesions and tender inguinal adenopathy. Many other sores varied from apparent chancroid or lymphogranuloma venereum but proved to be syphilis both serologically and in response to penicillin, whereas many more were simple pyogenic infections of post-local trauma associated with poor personal hygiene or vice-versa usually following excessive application of antiseptics. Several attendances were often necessary to finalise and treat the condition and consequently many complaints were received from employers or alternatively the patient was lost. There is no effective answer to this problem.

ANTE-NATAL CASES

Ante-natal clinic referrals with doubtful or positive serology number 486. The statistical summary is set out below:

Retested	Confirmed POS	Already POS	Previously treated	Total attendances.
321 (384)	110 (152) (34%)	165	126	540

Those referrals with R.P.R. non-specific tests in excess of 8 dils were accepted as positive and those with lower titres were retested as shown above.

One hundred and eighty-nine other pregnant women attending as suspects or contacts were shown to have the disease. Many of the latter group failed to return for adequate treatment.

In an attempt to trace those cases resident in rural or peri-urban areas, and with the approval of the relevant authorities, a modified notification form was sent to patient at the given address, which in turn was to be presented at the nearest medical facility. Feed-back on efficacy is awaited.

CONTACTS

This is a major community health problem in the control of these diseases. Despite intensive individual and group health education sessions both in the clinic and in industry, attendance remains disappointing. Of 8 631 notices issued to index cases, only 1 398 returned as "official" contacts (16,2 %) but a further 420 cases who attended also proved to be contacts, so resulting in a total of 21 % return.

DEFAULTERS

Of the 4 771 patients requiring further treatment or investigation only 483 (10,1 %) returned promptly as a result of field tracing. It is estimated that a similar number subsequently re-attended during the ensuing months.

TREATMENTS

No cases of anaphylaxis occurred during the year. An indication of main drug usage is illustrated as:

Benzathine Penicillin	=	7 646 injections
Procaine Penicillin	=	9 640 "
Tetracycline	=	202 000 caps/tabs.
Sulphadimethoxine	=	218 000 "
Erythromycin	=	74 000 "
Co-Trimoxazole	=	18 500 "

LABORATORY TESTS

(a) CLINIC

Direct microscopy (Gram Stain) of smears or spun urine deposits were performed and the results are tabulated hereunder:

	No. tested	Positive G.C.	%
Smear	18 774	6 804	36,25
Urine	10 112	625	6,2

(b) STATE LABORATORY SEROLOGY

	No. tested	Positive Syphilis	%
R.P.R. non-specific	33 065	10 251	31
T.P.H.A./F.T.A specific	11 861	10 448	88

VI. FAMILY HEALTH

A. MATERNAL HEALTH

1. FAMILY PLANNING

(i) MOTIVATION

Among all concerned with the promotion of health and social well-being of the communities in South Africa, there is a need for increased awareness of the priority that should be given to the promotion and practice of Family Planning.

The Family Planning Advisers of this department, supervised and controlled by the Family Planning Liaison Officer, are a team specifically trained to persuade the public that planned pregnancies and small families are basic in promoting the health of the individual, the family and the community. Motivational work is done mainly on a face to face basis, although opportunities for group discussions are taken wherever possible.

It is with more than some concern to have to report that the Department of Health and Welfare froze all posts which became vacant, with the result that approximately one third of the 21 posts were frozen during 1982. This unfortunately came at a time when posts not only needed to be unfrozen, but expansion of the section was urgently required. This severely hampered progress in this section and negotiations at top level with the Department of Health and Welfare were initiated.

Training of Family Planning Advisers

It is the policy of the Department of Health and Welfare that each new adviser employed should undergo a four week intensive training course and pass the set examination. Once a year thereafter, a five day refresher course should be attended. This training, which includes lectures on the sociological and medical aspects of fertility control, discussions, role playing and public speaking, is particularly important in ensuring that advisers are adequately equipped to deal with the public's questions and even arguments in a persuasive and tactful manner.

As no new advisers were employed during the year, no-one from this department attended the initial training course, but all did attend the refresher course. In addition, the Senior Adviser underwent special supervisory training.

Due to a variety of problems, the Department of Health and Welfare did not have experienced personnel to conduct the abovementioned refresher courses. The Family Planning Liaison Officer of this department therefore assisted by running six courses during the year. A full-time Training Officer has since been appointed by the Department of Health and Welfare.

Field Motivation

Most of the advisers' motivational work is still conducted in the homes in the community. An endeavour is made by the adviser to systematically visit each home within the geographical area allocated to her. It has been found that most women respond better when in the privacy of their own home where they can freely express their opinions, fears and questions regarding the contraceptives and other facets of family planning.

In many cases, several follow-up visits are indicated, particularly in homes where a variety of social and economic problems exist. The adviser is required to spend time gaining the confidence and trust of each family. If a woman attending the Family Planning Clinic fails to attend regularly, it is

the responsibility of the adviser to call at her home to ascertain whether she has encountered any difficulties. The appropriate advice and encouragement is then given.

The number of initial visits made totalled 7 281. Of those interviewed 1 061 were Coloured women, 6 173 Indian and 47 Blacks. The low latter figure is for two reasons. Firstly the two Black residential areas in Durban are relatively small and over the years each home has been visited and secondly the number of posts frozen involved mainly Black advisers. A further 19 334 revisits were made as follow-up visits to women at home.

Community Involvement

During the year the Department of Health and Welfare made known its plan to embark on a programme of community development. Initially suitable Family Planning Advisers will be used to start projects in various communities. It is felt that by increasing community involvement of families in health promotion aspirations will be raised and so engender a desire for a small family.

This department already has a well-established Community Liaison Section utilising social workers whose activities are directed at community development. The co-operation between this latter section and the Family Planning Liaison Section has always been an important factor in the success of this section and will be intensified even further.

Advisers have in some instances actually formed community groups which have been handed over to the Community Liaison Section. They have also played a very active part in encouraging people to attend, or render assistance with groups organised by Community Liaison Workers.

A series of Youth Seminars were run during the midyear school vacation. In most cases these were supported and sponsored by Women's Organisations. The aim of the seminars was to encourage teenagers to plan for their future and their careers. The subjects covered included parent-child communication, alcoholism, rape prevention and disadvantages of early marriage and large families. The advisers were mainly instrumental in organising the seminars but much co-operation was received from the Health Education and Community Liaison Sections. Attendances in Chatsworth varied between 200 - 350 but smaller attendances were had at seminars in Avoca and Phoenix. At some of these seminars large numbers of teenagers were recruited to form Youth Clubs in their community.

Very successful discussions have been held with small groups of teenage girls in private homes where parents have requested that this be done. Use has been made of films and other aids. The involvement of parents has been welcomed.

An adviser in a Black township was able to be actively involved in the organisation of a "Year of the Aged" Programme arranged by the Family Health Section. Her ability to generate and stimulate the interest of a wide variety of people within the community caused many influential persons to view family planning and the family planning adviser in a more favourable light.

In all, 602 talks and film shows were conducted within the community with over 11 000 people attending.

Motivation at Clinics

Motivation at clinics has mainly been conducted at busy Family Health Clinics where it was found that large numbers of mothers bringing children for immunisation, were not practising any form of contraception. The number of talks given was 413 and 4 930 women were present. Individual counselling was received by 995.

Hospital Motivation

Advisers motivating in hospitals concentrate their efforts in the ante and post-natal clinics and post-delivery wards. In addition some work is done in other out-patient departments and certain gynaecological wards. Women who are either pregnant or have just delivered show a keen interest in family planning.

Whenever possible group discussions are conducted and the benefits to be derived from planning one's family explained.

During the year an adviser continued work at the R.K. Khan Hospital on a full-time basis and at St. Aidans, McCord's Zulu Hospital and Clairwood on a part-time basis only. Motivation at King George V Hospital was handed over to Department of Health and Welfare, as this is a State Hospital. However, it was possible to recommence work at Addington Hospital. Owing to internal organisational changes at St. Aidans and Addington Hospitals it was not possible to conduct group discussions so the advisers spent their time with individual counselling.

During the year 19 891 people attended 1 294 group discussions and talks and 8 158 people were referred to the Family Planning Clinics.

Sterilisation

Sterilisation as a permanent method of contraception for both males and females is available, free of charge, at Provincial and State Hospitals provided request is made through a Family Planning Clinic. A decline in the number of operations carried out has been noted. It is thought that the initial demand having been met during the past few years, a levelling off in the number of requests for sterilisation is to be expected.

A set-back was experienced at King George V Hospital when the theatre was closed for renovations for about five months. Some of the patients were taken to other hospitals including the Polyclinic in the Clermont Township (Kwa Dabeka). Many of the Durban patients were unhappy with this arrangement and cancelled their bookings. However, a big improvement can be anticipated in that most cases are now able to have a sterilisation under local anaesthetic only. This means that a woman can be discharged late on the day of admission to hospital.

In addition, each patient is taken home in the afternoon by transport provided by the Department of Health and Welfare. Most women are able to resume household duties by the next day and relatively few side effects have been reported. These advantages have been appreciated by women who were unable to leave their families for the two nights which had been necessary in the past.

Motivation at Places of Employment

This section's staff shortage affected the amount of motivation which was carried out at places of work. The number reached at 714 talks was 15 725. In most cases advisers have spoken to employees during the lunch break which is very short. In order to overcome these problems and the need to deal tactfully with a subject of such an intimate nature, advisers visit the same factory for several consecutive weeks. This enables her to talk to small groups and answer each woman's queries. Over a period of time she gains the trust and confidence of the women and the overall response is better than that of one talk to a large audience.

It has been possible in certain factories to speak to limited numbers during production time, mainly in situations where personnel are already undergoing in-company training. Lectures at the Clothing Industry Training Centre have been worthwhile as many of the students are young and keen to listen.

Work amongst males has continued with much assistance from the Health Education Section. Until a full-time adviser can be employed in Durban progress in this field must of necessity, be limited.

Teaching Media

A new film entitled "Never be Sorry" was produced by the Department of Health and Welfare and was used very effectively amongst teenagers. A picture-story book related to the film is also available. The theme shows that premarital pregnancies create untold problems and should be avoided. However, the use of contraceptives is not actively advocated. This latter aspect is raised at the discretion of the adviser showing the film.

Two slide series - "Boys Grow Up" and "Girls Grow Up" have also been made available for use amongst teenagers.

These and several other family planning films may be borrowed from the Department of Health and Welfare and are useful in consolidating information and advice given by advisers.

Daily, advisers use a diagrammatic flip chart to explain the menstrual cycle and occurrence of pregnancy, as well as a demonstration set of the different contraceptives, i.e. pills, injection, intra-uterine devices and condoms.

Liaison Officer

The main function of the Family Planning Liaison Officer is to ensure that family planning is effectively and efficiently promoted throughout the City. Weekly statistics submitted by the advisers are analysed regularly, as is feed-back obtained from the community and other sources. It is important to constantly re-evaluate the methods of approach and presentation and thereafter make the necessary adjustments.

Close co-operation with Heads of Sections within the department was maintained as well as with the Family Planning Association and the Department of Health and Welfare. The latter has held Family Planning Co-ordinating meetings each quarter which were attended by the Family Planning Liaison Officer and the Senior Community Health Nurse (Family Planning).

An attempt was made to encourage more Welfare Agencies and employers in commerce and industry in Durban to support the family planning programme which is dependant on the participation at all levels of the community for its success.

(ii) CLINIC SERVICES

Family Planning Clinics, although an integral part of family health services, are a specialist service operating in the main concurrently with child health clinic sessions. Services are offered at three venues for Whites, seven for Coloureds, three for Blacks and seventeen for Indians. An additional clinic was opened for Indians at Reservoir Hills and one for Whites at Flamingo Court during the year.

Certain of the other Family Health Clinics operate as distribution points for repeat oral, and long-acting injectable contraceptives only. This type of service is offered at two of the White clinics, two of the Coloured clinics and five of the Indian clinics.

Clinics operate mainly from 08h00 to 16h30 on weekdays, except for a few which operate from 08h00 to 12h30. Details of clinic sessions and attendances at all departmental family planning clinics are tabulated overleaf.

Community and Venue	Sessions	First Attendance	Re-Attendance	Total 1982	Total 1981
WHITE					
Hillary	50	29	333	362	221
Flamingo Court	4	0	16	16	-
¹ Old Fort Place	76	23	448	471	-
Warwick Ave.	24	22	334	356	1 764
Totals	154	74	1 131	1 205	1 985
COLOURED					
Austerville	222	10	4 186	4 196	4 346
Lancers Rd.	506	4	597	601	189
Mayville	52	3	382	385	408
Newlands East	174	16	1 827	1 843	1 854
Red Hill	50	10	757	767	844
Sparks Estate	100	0	1 260	1 260	2 049
Sydenham	64	0	592	592	51
Heights	18	2	99	101	545
² Warwick Ave.	18	2	99	101	545
Totals	1 186	45	9 700	9 745	10 286
BLACK					
Chesterville	177	196	1 376	1 572	1 922
Lamontville	209	118	2 571	2 689	3 568
Lancers Rd.	506	126	12 246	12 372	11 469
Various Coloured Clinics		18	1 437	1 455	1 511
Totals	892	458	17 630	18 088	18 470
INDIAN					
Asherville	100	54	1 879	1 933	2 223
Bayview	302	100	7 962	8 062	8 728
Clairwood	77	10	1 089	1 099	1 510
Clare Estate	193	43	3 361	3 404	4 127
Clayfield	186	18	1 815	1 833	1 890
Greenbury	143	33	2 054	2 087	2 143
Lancers Rd.	506	19	5 648	5 667	6 511
Mayville	100	15	793	808	976
Merebank	252	62	6 796	6 858	8 330
Newlands	228	22	2 136	2 158	3 107
Redfern	109	14	3 604	3 618	2 699
Red Hill	143	18	1 112	1 130	1 638
Reservoir Hills	8	3	149	152	-
Rydalvale	112	16	2 535	2 551	1 419
Stonebridge	124	15	1 868	1 883	1 862
Chatsworth	454	23	14 575	14 598	13 461
Township Centre	252	64	6 528	6 592	7 194
Woodhurst	252	64	6 528	6 592	7 194
Totals	3 289	529	63 904	64 433	67 818
Grand Total 1982	5 521	1 106	92 365	93 471	
1981	5 717	1 853	96 706	98 559	

1. Clinic transferred to Old Fort Place on 6 May 1982.
2. Warwick Avenue Clinic closed 30 September 1982.

Clinic attendances continued to decrease as in the two previous years. The downswing in first attendances (new cases) is no doubt a contributing factor in the situation. Also, many post-natal women are already enrolled as new cases at the hospitals where they are confined.

Woman year coverage is a more accurate statistic for estimating true family planning coverage, including tubal ligations. This is determined by expressing the total number of woman years as a percentage of the number of fertile women (i.e. 15 - 44 years) in each population group. These statistics are reflected in the following table:

Year	Women Years as a % of Fertile Women		
	Coloured	Indian	Black
1978	18,5	23,6	27,1
1979	20,8	32,5 *	29,3
1980	21,9	29,2	32,4
1981	18,8	24,0	22,4
1982	20,8	24,2	30,0

* From 1979 the Indian figures were adjusted to include sterilisations at the R.K. Khan Hospital.

Services at Places of Employment

The high percentage of women in full-time employment has established family planning services at places of employment as the single most important aspect of the family planning programme in reaching the greatest percentage of the fertile female population. This year attendances at these clinics comprised 23 % of all family planning attendances and showed a steady increase over previous years (19,75 % 1981).

Beside oral and long-acting injectable contraceptives being used, physical examinations and the insertion of I.U.C.D.'s were carried out by a departmental doctor and specially trained nursing staff at those places of employment where there were suitable facilities. During the year 1 848 (1 353 in 1981) examinations were carried out, and 121 (99 in 1981) I.U.C.D.'s were inserted. At the year's end 267 places of employment were involved in this service and a further 21 firms provided family planning services using their own nursing staff under this department's direction. These organisations obtained supplies of contraceptives from the department and submitted monthly statistics reflecting services rendered. Details of attendances at various places of employment are reflected in the following table.

Community Group	First Attendances	Re-Attendances	Total 1982	Total 1981
White	17	267	284	326
Coloured	35	1 897	1 932	2 152
Black	366	12 109	12 475	10 757
Indian	215	12 540	12 755	14 109
Totals	633	26 813	27 446	27 344

Training Courses

Three Clinic Sisters successfully completed the Department of Health and Welfare Family Planning Course and obtained certificates. A further two Sisters completed a departmental in-service training course on the insertion of intra-uterine devices.

2. MATERNITY SERVICES

Ante-Natal Clinics

An Ante-Natal Clinic is conducted once a month for those women who wish to be confined at home by private registered and enrolled midwives, who were listed and authorised to practise in Durban in terms of regulations framed under the (repealed) Public Health Act 36/1919, and whose activities are still supervised by this department.

A doctor is in attendance at these clinics and medical examinations and serological tests are carried out on all patients, and exfoliative cytology smears are taken from selected patients.

Although this service continued to diminish it still serves a need for residents in certain Indian areas where hospital services are not readily accessible.

Details of clinic sessions and attendances are reflected in the table below:

Details	Coloured	Indian	Total 1982	Total 1981
Sessions	12	12	12	12
First Attendances	2	7	9	13
Re-Attendances	3	12	15	44
Totals	5	19	24	57

The numbers of serological and exfoliative cytology tests are reflected in the table below:

Details	Total 1982	Total 1981
Haemoglobin	9	14
Rhesus Factor	10	14
Kolmer/V.D.R.L.	10	14
Exfoliative Cytology	7	15

Supervision of Listed Midwives

Listed midwives are supervised by departmental Senior Community Health Nurses who instruct them in the legal requirements of their practice and carry out regular inspections of their registers and equipment.

Patients are visited both antenatally and post-natally from time to time to ensure safe and proper standards of practice. A total of 20 ante-natal and six post-natal visits were carried out. In addition 12 visits were undertaken to midwives in their homes and 54 inspections of registers and equipment were carried out.

The table below reflects the number of confinements undertaken by registered and enrolled midwives:

Details	Total 1982	Total 1981
Registered midwives	6	11
Enrolled midwives	0	1
Totals	6	12

Facilities for Maternity Cases

Accommodation for confinement in hospital is provided at Provincial and private hospitals. Details of the number of beds available at these institutions are reflected in the following table:

Institution	White	Coloured	Indian/Black	Total 1982	Total 1981
<u>Provincial Hospitals</u>					
Addington	27	33	-	60	60
King Edward VIII	-	-	215	215	215
R.K. Khan	-	-	89	89	89
<u>Private Hospitals</u>					
McCords	-	-	61	61	61
Parklands	35	-	-	35	35
Shifa	-	-	8	8	8
St. Aidan's	-	-	30	30	30
St. Augustines	29	-	-	34	29
+ emergency	5	-	-	-	-
Totals	96	33	403	532	527

Cervical Exfoliative Cytology

PAP smears are taken at departmental family health clinics on selected women who on examination appear to require such a test done and who would not be able to avail themselves of the services of a private medical practitioner. These tests are examined by the National Cancer Association who receive a grant-in-aid from the City Council to cover costs.

The table below reflects an analysis of PAP smears submitted to the National Cancer Association in 1982:

Age in years	Whites		Coloureds		Blacks		Indians		Grand Total PAP smears	Grand Total Suspected Malignancy
	Total PAPS	Suspect Malig.	Total PAPS	Suspect Malig.	Total PAPS	Suspect Malig.	Total PAPS	Suspect Malig.		
Under 19	-	-	5	-	12	-	23	-	40	-
20 - 24	-	-	212	1	717	6	736	3	1 665	10
25 - 29	13	-	262	-	683	8	1 844	4	2 802	12
30 - 34	8	-	176	2	466	9	985	4	1 635	15
35 - 39	6	-	60	1	194	5	473	4	733	10
40 - 44	3	-	20	1	83	4	210	2	316	7
45 - 49	-	-	6	-	19	-	73	1	98	1
50 +	2	-	1	-	5	-	10	-	18	-
Unknown	1	-	3	-	17	-	16	-	37	-
Totals	33	-	745	5	2 196	32	4 370	18	7 344	55

1982 Grand Total = 7 344
1981 Grand Total = 8 411

% Positive Smears 0,74 %
% Positive Smears 1,28 %

Suspected Malignancy

All positive smears are followed up and repeats are carried out if required by the laboratory, or patients are referred to Provincial Hospitals for further investigation and treatment.

Details of positive smears are tabulated below:

Age in years	Confirmed Malignancy	Found non-Malignant	Address Unknown	Total pos. smears 1982	Total pos. smears 1981	Total confirmed malignancy 1981
20 - 24	2	2	6	10	9	4
25 - 29	5	-	7	12	26	16
30 - 34	8	2	5	15	37	24
35 - 39	5	-	5	10	20	13
40 - 44	2	-	5	7	7	7
45 - 49	1	-	-	1	1	1
50 +	-	-	-	-	2	1
Unknown	-	-	-	-	11	8
Totals	23	4	28	55	113	74

B. CHILD HEALTH

Clinics

Child health services are rendered to infants and pre-school children, and embrace infant care, child development, immunisation and health education. These clinics are conducted at 47 venues throughout Durban. Eight are purpose-designed clinics and of these five are situated in Indian areas, two in Coloured areas and one in a Black area. A further six premises have been converted into Clinics, including the centrally situated Lancers Road premises for Coloureds, Blacks and Indians. The remaining thirty-two clinics are conducted in halls and in the case of Phoenix Township and Newlands East, houses.

Clinic premises at Warwick Avenue were closed during the year and replaced by clinics in halls in St. Andrews Street and Brand Road, so providing alternative and more convenient venues for mothers. The few Coloured mothers remaining in the area now attend the clinic at Lancers Road.

In November a new clinic for Indians was opened in Reservoir Hills in a private Community Centre. There was a large number of attenders at this clinic from its inception which has caused a corresponding drop in attendances at the Clare Estate Clinic.

A total of 5 274 clinic sessions were conducted at departmental clinics throughout the year and there was a total of 240 402 attendances for all race groups. Continued shortages of staff led to a rationalisation of clinic sessions. The overall reduction in clinic sessions and attendances is mainly accounted for in Indian areas where in addition, limited home visiting has no doubt reduced clinic attendance. The falling birth rate is an influencing factor as well.

Details of clinic sessions and attendances at individual clinics are set out in the following tables.

CLINIC SESSIONS AND ATTENDANCES

WHITES

Venue	Sessions	Attendances
Bellair	18	185
Brand Road	38	2 702
Brighton Beach	50	1 428
Cunningham Road	12	259
Durban North	101	6 343
Flamingo Court	50	2 333
Fynnlands	50	2 292
Hillary	50	2 007
Island View	51	2 184
Montclair	51	3 411
Old Fort	50	927
Overport	87	3 250
Point	50	2 721
Sea View	50	1 677
St. Andrew's	43	1 463
St. James'	51	2 120
St. Mary's	52	2 875
Warwick Avenue	29	895
Wentworth	52	2 310
Westridge	51	2 005
Woodlands	52	1 511
Total 1982	1 038	44 898
Total 1981	1 094	42 453

Attendances at White clinics show a small increase over previous years and can be regarded as most satisfactory.

COLOURED

Venue	Sessions	Attendances
Austerville	202	15 094
Lancers Road	13	186
Mayville	52	1 439
Newlands East	174	7 681
Red Hill	51	2 298
Sparks Estate	100	4 361
Sydenham Heights	64	2 117
Warwick Avenue	43	715
Total 1982	699	33 891
Total 1981	753	34 931

Attendances at Coloured clinics remained much the same as the previous year although there has been a slight decline in recent years. The coverage obtained is considered more than was anticipated.

BLACKS

Venue	Sessions	Attendances
Chesterville	176	7 980
Lamontville	324	13 276
Lancers Road	124	5 096
Total 1982	624	26 352
Total 1981	755	23 598

In Black areas time for home visiting remained adequate, there was no shortage of staff and clinic attendances are more than satisfactory.

INDIANS

Venue	Sessions	Attendances
Asherville	100	6 070
Bayview (2)	304	19 493
Clairwood	76	3 272
Clare Estate	193	7 968
Clayfield	186	3 992
Greenbury	143	4 225
Lancers Road	238	5 838
Mayville	101	3 118
Merebank	252	11 070
Newlands	228	4 386
Redfern	109	7 691
		Contd./....

Indians (Contd.)

Venue	Sessions	Attendances
Red Hill	143	3 924
Reservoir Hills	8	589
Rydalvale	111	5 891
Stonebridge	124	3 994
Chatsworth Township Centre (6)	345	29 815
Woodhurst (10)	252	13 925
Total 1982	2 913	135 261
Total 1981	3 170	141 386

Summary

The total number of clinic sessions, attendances and new cases for all population groups is reflected in the table below:

Details	White	Coloured	Black	Indian	Grand Total 1982	Grand Total 1981
Clinic Sessions	1 038	699	624	2 913	5 274	5 772
Attendances	44 898	33 891	26 352	135 261	240 402	242 368
New Cases	2 566	1 710	1 854	8 692	14 822	13 799

With a total of 15 480 births having been recorded in Durban the attendance of 14 822 new cases indicates a high degree of coverage, which is gratifying.

Supplementary Feeding Schemes

The intention of supplementary feeding is to assist parents to provide the necessary protein for their children within their financial means. The children in receipt of supplementary feeding are carefully assessed and their progress monitored. The following schemes were administered by this department:

(i) State Subsidised Feeding Scheme

The department obtains P.V.M. and skimmed milk powder from this scheme. P.V.M. is sold at twenty cents per 400 gm packing, which is sufficient for a two week supply and skimmed milk is sold at ten cents per 500 gm packing which is sufficient for one week's supply. Some issues are given free of charge.

The following table reflects the distribution of these commodities:

Population Group	P.V.M. Sold	P.V.M. Free	Skimmed Milk sold	Skimmed Milk free	Total Issues
Coloured	47	1	68	-	116
Black	179	2	248	-	429
Indian	265	17	731	42	1 055
Total 1982	491	20	1 047	42	1 600
Total 1981	1 058	172	1 659	140	3 029

(ii) Malnutrition Relief Fund

This fund is a registered welfare organisation supported by the Community Chest. Full cream milk is available for sale at forty cents per 500 gm packing and Pro Nutro at twenty cents per 500 gm packing.

Full cream milk is issued to infants under one year old and Pro Nutro to pre-school children of all ages.

The following table reflects the distribution of these commodities:

Population Group	Full-Cream Milk Sold	Pro Nutro Sold	Total Issues
White	521	23	544
Coloured	2 713	2 219	4 932
Black	3 513	1 448	4 961
Indian	4 720	4 436	9 156
Total 1982	11 467	8 126	19 593
Total 1981	11 478	8 800	20 278

(iii) Feed the Babies Fund

This fund is a registered welfare organisation which provides protein foods to pre-school children of poor families. Skimmed milk powder is sold at ten cents per 500 gm packing and Pro Nutro is sold at twenty cents per 500 gm packing. A large amount of these issues were given free of charge.

The table below reflects the distribution of these commodities:

Population Group	Skimmed Milk sold	Skimmed Milk free	Pro Nutro Sold	Pro Nutro Free	Total Issues
White	16	-	25	-	41
Coloured	342	3	652	1 152	2 149
Black	11	1 142	-	2 060	3 213
Indian	726	99	4 725	5 012	10 562
Total 1982	1 095	1 244	5 402	8 224	15 965
Total 1981	586	1 011	3 689	11 324	16 610

Four deaths of Black children under five years of age, due to malnutrition (including kwashiorkor) were reported and investigated. They were found to have come from surrounding rural areas just prior to admission to hospital.

Home Visiting

Promotion of health is a long term process which is not necessarily related to any type of crisis intervention but depends for its effectiveness on a continuing relationship with families in the community over a number of years. Home visiting is the most effective means of establishing and maintaining contact with families who are not experiencing active illness, and introducing preventive health services to them.

All new births occurring in Provincial and private hospitals are notified to the department, and the family is visited as soon as possible after discharge from hospital. A total of 14 687 visits or 31 % of all home visits were undertaken in this connection by Community Health Nurses during the year.

A detailed analysis of home visits and the reasons therefor is set out in the following table:

HOME VISITING BY FAMILY HEALTH STAFF

YEAR ENDED : 1982

Community	No. of Premises Visited	INVESTIGATIONS														
		New Births (a)	Behaviour Problems (b)	Routine (c)	Family Planning (d)	Defaulters Family Planning (d i)	Feeding Advice (e)	Illness (f)	Immunisation (g)	Mental Health (h)	Health Education (i)	Miscellaneous (j)	Wasted (k)	Geriatric (m)	Ante-Natal (2)	TOTAL
White	15 524	2 442	87	1 649	20	83	921	488	1 133	507	130	2 013	5 497	1 191	274	16 435
Coloured	5 293	1 493	87	202	109	16	152	268	1 291	545	30	639	1 120	171	308	6 431
Black	3 574	620	4	836	123	10	309	240	569	82	109	352	998	123	87	4 462
Indian	18 678	10 132	5	544	37	21	618	97	3 605	258	51	413	2 575	1 340	27	19 723
Total	43 069	14 687	183	3 231	289	130	2 000	1 093	6 598	1 392	320	3 417	10 190	2 825	696	47 051

Liaison With Other Agencies

(i) Registered Child and Family Welfare Societies

Referrals are received from all registered Child Welfare Societies in Durban and reports on the health of the children are submitted to the societies concerned. In addition reports are regularly submitted to these societies in respect of protected infants.

Investigations	White	Coloured	Black	Indian	Total 1982	Total 1981
Referrals	118	109	-	19	246	99
Protected Infants	65	14	56	80	215	204
Totals	183	123	56	99	461	303

(ii) Provincial Hospitals Paediatric and Obstetric Departments

Referrals are received from Provincial Hospitals for follow-up and after-care services in respect of children or mothers and infants with specific problems. Some of those referred from Paediatric Departments are also in connection with suspected or actual non-accidental injury.

Details of referrals from Paediatric and Obstetric Departments of Provincial Hospitals are set out in the table below:

Investigations	White	Coloured	Indian	Total 1982	Total 1981
General Paediatric cases	18	73	21	112	268
Non-accidental injury	98	58	53	209	153
Obstetric (Post Natal)	7	10	14	31	58
Totals	123	141	88	352	479

Immunisation Services

Immunisation is vital in the control of infectious and communicable disease. To achieve as high a coverage as possible vaccines are administered free of charge and immunisation services are available at all child health clinics. In addition an immunisation service is offered at Old Fort Place Clinic on Saturday mornings from 08h00 to 12h00.

Children attending registered creches and pre-primary schools in Coloured, Indian and Black areas are checked annually and immunised when necessary. Children attending these institutions in White areas are checked on admission and referred to the clinics or general practitioners in their area as required. All children resident in Children's Homes are checked and immunised annually.

The school immunisation team visits all schools annually to administer booster doses of diphtheria and tetanus vaccine to all Class I children, and booster doses of tetanus vaccine to all Standard II children. In addition, B.C.G. vaccine is given to Class I and Standard 8 children in Coloured and Indian Schools and Class I, Standard 6 and Standard 10 in Black schools. Rubella vaccine is administered to certain Standard 6 girls.

Details of the number of schools, pre-school institutions and children's homes visited are reflected in the following table:

Institution	White	Coloured	Black	Indian	Total 1982	Total 1981
High Schools	21	5	4	36	66	56
Primary Schools	64	18	5	115	202	206
Creches/Pre Primary Schools	1	-	11	4	16	12
Children's Homes	6	7	-	4	17	19
Totals	92	30	20	159	301	293

(i) Poliomyelitis Vaccine

The following table reflects an analysis of poliomyelitis vaccine administered during the year:

Age Group	Dose	White	Coloured	Black	Indian	Total 1982
Under 1 year	1st	2 469	1 560	1 525	9 376	14 930
	2nd	2 376	1 547	1 249	9 403	14 575
	3rd	2 288	1 419	939	9 020	13 666
	4th	32	24	21	104	181
	Totals	7 165	4 550	3 734	27 903	43 352
1 - 4 years	1st	80	50	142	117	389
	2nd	70	63	163	137	433
	3rd	150	93	224	257	724
	4th	1 293	677	508	4 979	7 457
	Totals	1 593	883	1 037	5 490	9 003
5 - 9 years	1st	25	27	10	34	96
	2nd	19	33	6	33	91
	3rd	29	30	5	42	106
	4th	160	56	28	224	468
	Totals	233	146	49	333	761
10 - 19 years	1st	15	7	1	9	32
	2nd	15	5	-	6	26
	3rd	18	1	4	20	43
	4th	88	52	1	86	227
	Totals	136	65	6	121	328
20 + years	1st	35	-	-	1	36
	2nd	22	-	-	1	23
	3rd	17	-	-	-	17
	4th	25	-	-	-	25
	Totals	99	-	-	2	101
Grand Totals 1982		9 226	5 644	4 826	33 849	53 545
Grand Totals 1981		8 829	5 371	4 881	34 169	53 750

(ii) Combined Diphtheria - Pertussis - Tetanus Vaccine

The combined triple antigen is administered to children up to the age of three years. The following table reflects the number of doses given during the year:

Age Group	Dose	White	Coloured	Black	Indian	Total 1982
Under 1 year	1st	2 379	1 548	1 520	9 102	14 549
	2nd	2 295	1 507	1 207	9 109	14 118
	3rd	2 222	1 400	902	8 776	13 300
Totals		6 896	4 455	3 629	26 987	41 967
1 - 3 years	1st	22	42	112	57	233
	2nd	36	33	139	84	292
	3rd	86	54	193	154	487
	Booster	1 757	1 234	562	8 163	11 716
Totals		1 901	1 363	1 006	8 458	12 728
Grand Totals 1982		8 797	5 818	4 635	35 445	54 695
Grand Totals 1981		8 082	5 640	4 286	34 610	52 618

(iii) Combined Diphtheria - Tetanus Vaccine

This combined vaccine is administered to children over the age of three years and then mainly used to give booster doses of vaccine to school entrants.

The following table reflects an analysis of the doses of combined vaccine administered according to age group in 1982:

Age Group	Dose	White	Coloured	Black	Indian	Total 1982
Under 1 year	1st	22	8	11	16	57
	2nd	29	12	3	13	57
	3rd	35	9	2	13	59
Totals		86	29	16	42	173
1 - 6 years	1st	27	26	45	75	173
	2nd	26	23	39	73	161
	3rd	29	25	48	84	186
	Booster	239	115	200	584	1 138
Totals		321	189	332	816	1 658
Over 6 years	1st	4	17	2	27	50
	2nd	6	17	5	20	48
	3rd	2	16	3	7	28
	Booster	1 502	1 140	557	8 118	11 317
Totals		1 514	1 190	567	8 172	11 443
Grand Totals 1982		1 921	1 408	915	9 030	13 274
Grand Totals 1981		2 351	1 722	1 039	9 279	14 409

(iv) Tetanus Vaccine

Tetanus vaccine is administered mainly to school children in Standard II. The table below reflects an analysis of the doses of tetanus vaccine administered to both school children and adults:

Age Group	Dose	White	Coloured	Black	Indian	Total 1982
School Age	1st	7	11	2	4	24
	2nd	-	2	2	2	6
	3rd	3	-	-	-	3
	Booster	2 133	1 348	489	9 816	13 786
Totals		2 143	1 361	493	9 822	13 819
Adults	1st	3	-	1	2	6
	2nd	6	6	2	-	14
	3rd	1	1	-	2	4
	Booster	26	5	16	10	57
Totals		36	12	19	14	81
Grand Totals 1982		2 179	1 373	512	9 836	13 900
Grand Totals 1981		2 407	1 502	567	9 277	13 753

(v) Measles

This vaccine is mainly administered to children from one to four years of age. However under certain circumstances it is given at six months followed by a booster at 15 months of age.

The table below reflects the number of doses of measles vaccine administered during the year according to age group:

Measles	White	Coloured	Black	Indian	Total 1982
Under 1 year	16	1 399	1 128	436	2 979
1 - 4 years	924	1 419	741	8 324	11 408
Grand Total 1982	940	2 818	1 869	8 760	14 387
Grand Total 1981	1 044	3 011	1 408	8 775	14 238

(vi) Rubella Vaccine

This vaccine is administered to certain Standard 6 schoolgirls and a total of 1 123 doses were administered during the year. In addition this vaccine is administered to selected women referred from Addington Hospital Obstetric Department. A total of 39 doses were administered to these women in 1982.

In 1981, 1 018 doses were administered to schoolgirls and 36 doses were administered to adultwomen.

(vii) Typhoid Control

In addition to the immunisation of selected foodhandlers, typhoid vaccine is offered routinely at all clinic sessions at Chatsworth Unit 6, and Newlands, to the inhabitants of the Welbedacht and Newlands areas where water supplies used in these areas constitute a continual threat.

The following table reflects an analysis of the number of doses of typhoid vaccine administered during the year to both foodhandlers and non-foodhandlers:

Tab Vaccine	White	Coloured	Black	Indian	Total 1982	Total 1981
1st Dose	229	6	690	1 170	2 095	2 997
2nd Dose	160	6	375	951	1 492	2 565
Booster	14	-	12	118	144	224
Totals	403	12	1 077	2 239	3 731	5 786

(viii) Cholera Immunisation

Due to the continued threat of cholera to Durban, from surrounding rural areas, cholera vaccine is administered to all Durban Municipal workers engaged in sewage disposal.

The table below reflects the number of doses of cholera vaccine administered during the year:

Cholera Vaccine	White	Coloured	Black	Indian	Total 1982	Total 1981
1st Dose	40	5	536	279	860	544
2nd Dose	36	-	416	234	686	316
Booster	219	5	1 673	1 495	3 392	2 752
Totals	295	10	2 625	2 008	4 938	3 612

C. PSYCHIATRIC AFTER-CARE SERVICES

Clinics

The department made certain of its clinics available to the Department of Health, Welfare and Pensions who run Psychiatric Out-Patient Services once a week at Austerville Clinic for Coloureds, twice a week at both Unit 2 and 10 clinics in Chatsworth for Indians, and once a week at Lamontville and Chester-ville Clinics for Blacks.

Home Visiting

Routine home visits were carried out to all uncomplicated conditions in patients discharged from King George V and Addington Hospitals. These visits were undertaken to assist the patient and the family in the initial adjustment at home. Visits were also carried out to defaulters referred from the various out-patient clinics.

The table below reflects an analysis of referrals received and home visits undertaken during the year by Community Health Nurses:

Details	White	Coloured	Black	Indian	Total 1982	Total 1981
Discharges	56	5	-	16	77	51
Defaulters	16	57	11	209	293	419
Totals	72	62	11	225	370	470
Total Home Visits	742	604	100	317	1 763	1 398

D. GERIATRIC SERVICES

In terms of the Health Act the department offers a promotive health service to all aged persons over the age of 65 years. One White and two Indian Clinic Sister posts were allocated to the department for geriatric services by the Department of Health and Welfare. However, with the resignation of the White Clinic Sister, this post, together with one Indian post, was frozen.

Elderly persons are visited irrespective of their socio-economic circumstances and general health conditions and needs are assessed. Revisits are undertaken according to assessed health circumstances and social needs.

A close liaison exists between departmental services and Provincial hospitals, District Surgeon services and welfare organisations providing services for the aged.

The table below reflects an analysis of home visits undertaken during the year:

Visits	White	Indian	Total 1982	Total 1981
First Visits	636	661	1 297	505
Re-visits	454	764	1 218	28
Totals	1 090	1 425	2 515	533

E. GENERAL

Creches, Places of Care and Day Care Centres

In addition to registration with government departments, these premises are also licensed by the City Council as places of business. The City Health Department provides the health clearance certificate for both registration and licensing procedures and is responsible for the ongoing supervision of health aspects in the conduct and management of these institutions. This is achieved by routine visits carried out every three months by the Community Health Nurse in the area.

Child Minders

Persons providing full and half-day care for six or less infants and pre-school children are licensed as child minders and the department inspects these premises and provides a health clearance certificate for licensing purposes. These premises are also kept under constant surveillance by the Community Health Nurse in the area on the same basis as for places of care.

Details of inspections carried out in respect of registration and licensing of creches, places of care, day care centres and child minders are set out in the following table:

Details	Day Places of Care	Child Minders	Total 1982	Total 1981
Proposed new premises	20	14	34	16
Registration/Licensing	4	7	11	10
Illegal premises	1	1	2	4
Investigations of complaints	-	-	-	1
Totals	25	22	47	31

Old Aged Homes

Inspections for registration are carried out in conjunction with the Department of Health and Welfare. Four inspections were carried out for the purpose of registration during the year. Two of these were in respect of accommodation for frail aged. A new wing was completed so allowing an existing old aged home to accommodate 166 persons. A new old aged home was registered to accommodate 66 frail aged persons in the Greyville area. The remaining two were in respect of extensions to an existing home to accommodate an additional 39 persons and the opening of a new home to accommodate 43 elderly residents in the Montclair area.

Student Training

The department provides facilities for the practical training of medical, nursing and paramedical students, as well as a wide range of other students such as pharmacy and veterinary students from Universities, Technikons and Hospitals. Each student spends a varying amount of time in the department observing and undertaking field functions related to their particular disciplines.

While the overall number of students attending the department is comparable with previous years, the amount of time spent in the department continues to increase. In 1982 students spend 4 266 hours more in the department than in 1981.

Details of the number and category of students, and number of hours are reflected in the following table:

Category	White	Coloured	Black	Indian	Total Students	Total Hours
<u>University of Natal</u>						
5th year Medical Students	-	3	20	29	52	186
4th year B.Soc.Sc. (Nursing)	11	-	-	-	11	864
Dip. in Nursing Administration	8	1	9	3	21	520
<u>University of Pretoria</u>						
6th year B.Vet.Sc. Students	2	-	-	-	2	40
4th year B.Vet.Sc. Students	26	-	-	-	26	720
4th year Medical Students	6	-	-	-	6	216
<u>University of Durban-Westville</u>						
Pharmacy Students	-	-	-	11	11	88
<u>B.A.(Cor) Unisa</u>						
<u>University of the North</u>						
<u>University of Zululand</u>	3	-	4	1	8	600
<u>Dip. in Community Health Nursing Science:</u>						
Natal, M.L. Sultan, Edendale Technikons, University of O.F.S.	50	1	22	7	80	8 266
<u>Diploma in Midwifery</u>	172		107	36	315	2 760
<u>3rd year Diploma in General Nursing Science</u>	7	-	56	12	75	888
<u>3rd year National Diploma in Public Health Technikons</u>	15	-	7	4	26	2 064
<u>T.B. In-Service training for Nurses King George V Hospital</u>	-	-	40	-	40	160
<u>Grand Total 1982</u>	300	5	265	103	673	17 372
<u>Grand Total 1981</u>	210	5	264	196	675	13 106

Staff

(i) Study Leave

(a) Diploma in Psychiatric Nursing

One White Community Health Nurse was granted a year's study leave to undertake this course at Tara Hospital, Johannesburg. She completed the course successfully and is now registered as a Psychiatric Nurse.

(b) Learner Community Health Nurses

Six White Learner Community Health Nurses were appointed for the 1981 academic year, two from within the service and four from outside.

(ii) Promotions

Three Clinic Sisters who successfully completed the course in Community Health Nursing Science in 1981 were promoted to vacant Community Health Nurse posts.

(iii) In-Service Training

All registered nursing staff attend monthly lectures from a Paediatrician and a Psychiatrist and in addition have group case conferences once a month with the Paediatrician and a Clinical Psychologist.

Lectures, Seminars, Symposia, Conferences

Staff are encouraged to attend lectures, seminars, symposia and conferences relevant to their work, and a number of these were attended by various members of staff during the year. One deserving of special mention was a research methods workshop organised by the University of Natal Nursing Department. This was a week's duration and attended by four Senior Community Health Nurses.

International Year of the Aged

A number of functions designed to promote the International Year of the Aged were initiated by staff of the Family Health Section and organised in conjunction with departmental Health Education, Community Liaison and Family Planning Motivation sections, as well as neighbourhood and other community groups.

The aim of these functions was to promote the health and welfare of elderly persons by creating greater community awareness and focussing attention on the health and social needs of old people.

(i) White Areas

A combined project was undertaken by all White neighbourhood groups in Durban, initiated by the Kensington Neighbourhood Group. This took the form of an afternoon function at the Bellhaven Memorial Hall. Each neighbourhood group invited a number of elderly people in their areas as guests and the Bellhaven Geriatric Group were also included. The programme consisted of a fashion show for older people and young children and competitions with prizes. Tea was provided by the Neighbourhood Groups and an extremely successful function was enjoyed by all. A collection initiated by the guests raised R40,00 for the Bellhaven Geriatric Group.

(ii) Coloured Areas

A function initiated by Community Liaison Workers and Community Health Nurses was arranged by the Sydenham Sunshine Club in conjunction with the Hibiscus Branch of the South African Nursing Association. An afternoon programme was arranged, including plays, singing and dancing.

(iii) Black Areas

Under the leadership of the Community Health Nurses of Lamontville, the total health team in conjunction with community leaders, community and neighbourhood groups, arranged a function at the Lamontville Community Hall.

A programme of talks, films, songs and dances was arranged. Lunch was served to approximately 800 people, the vast majority of whom were elderly residents of Lamontville, and at the end of the proceedings each old person was presented with a food parcel. This was an outstanding example of total community involvement and co-operation.

(iv) Indian Areas

A function was arranged at Clare Estate Clinic by the Clare Estate Neighbourhood Group in conjunction with the Community Health Nurses. A programme of talks on services and facilities for elderly people and traditional dancing and singing was thoroughly enjoyed by over 200 elderly residents of Clare Estate and Reservoir Hills. A cooked lunch was served, the ingredients of which were provided by local butchers, grocers and confectioners. This extremely active Neighbourhood Group is very committed to community service.

A specimen of this plant was collected by the author in the mountains of the State of Tennessee, near the town of Knoxville, in the month of June, 1843. It was found growing in a rocky crevice, and was the only specimen of the kind that I saw. The plant was a small, upright, branched shrub, with the leaves alternate, ovate, and entire. The flowers were small, and the fruit was a small, round, black berry.

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VII HEALTH EDUCATION

INTRODUCTION

The major task of the health education section is to promote the physical, mental and social wellbeing of the population of Durban through the dissemination of health information. The activities of the section during 1982 were varied and widespread with major emphasis on prevention of cholera during the summer months.

STAFF AND TRAINING

a) Staff

The commercial artist post was filled early in 1982 and the consequent increased production of visual aids served greatly to facilitate health education programmes.

The staff establishment as at 31 December 1982 was as follows:

Posts filled:

1 Health Educator; 1 Community Health Nurse (Health Education);
1 Audio-visual technician; 1 Commercial Artist; 2 Senior Lecturers; 20 Lecturers;
1 Assistant to the Technician; 1 General Assistant; 1 Assistant Grade III.

Posts Vacant:

1 Community Health Nurse; 3 Lecturers.

b) In-Service Training

Staff training was conducted throughout the year in the form of:

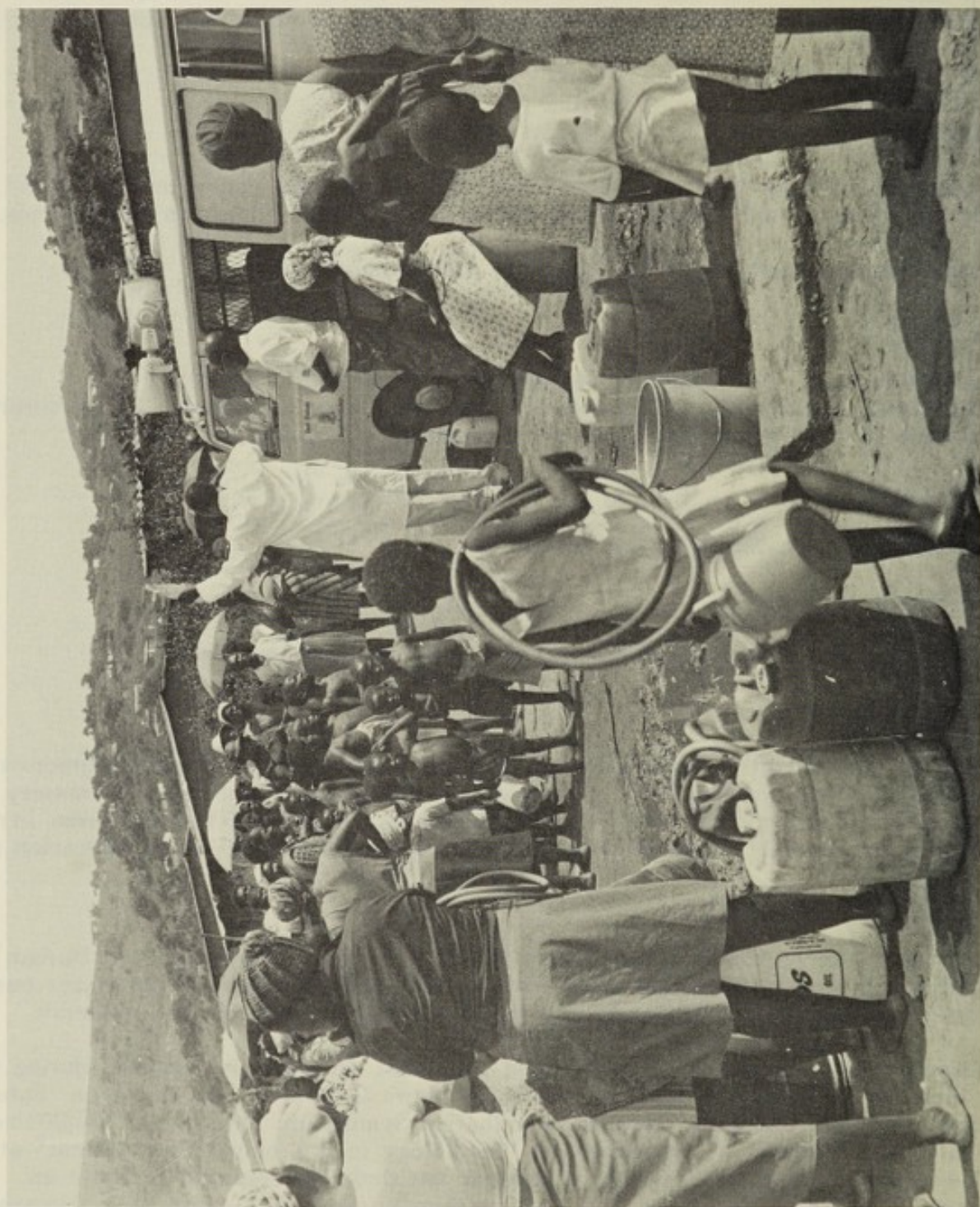
(i) Demonstrations:

A nutrition demonstration on methods of protein complementation and a demonstration of cardio-pulmonary resuscitation were given by the Health Education Community Health Nurses. The operation of a new heating apparatus, capable of heating seven litres of water in approximately three minutes was also demonstrated to health education staff.

(ii) Field Trips and Seminars:

A visit was made to the Northern Waste Water Treatment Works and the Durban Heights Water Works to provide staff with a clear understanding of the water purification process and waste water treatment in the light of the cholera epidemic.

Representatives from the section attended a number of seminars/symposia during the year including a 'Rape Seminar' at the Daily News Centre, a symposium on 'Safety for the Aged' at Addington Hospital, a Bilharzia Symposium held by the Department of Health and Welfare, a symposium on 'Cardiology in a Tropical Environment' at the University of Durban Westville, a seminar entitled 'Be Prepared to Meet an Emergency' at Natal Technikon and a symposium on Sexually Transmitted Diseases at the University of Natal.



Cholera campaign: demonstration on the use of household bleaches to render river water safe.

(iii) Guest Lecturers

A talk on alcoholism was given by a member of S.A.N.C.A. and a horticulturist from the Department of Parks, Recreation and Beaches gave a lecture on poisonous plants. A group discussion on family planning was conducted by the department's Family Planning Liaison Officer and the Personnel Officer addressed the staff on "Working in the Corporation."

Health education lecturers presented talks on various health topics to the rest of the staff. Evaluation of these talks was undertaken by the staff and provided valuable feedback to the lecturers, and learning opportunities for the whole staff. Staff were also asked to examine the role and duties of a health educator and by means of a group evaluation exercise, critically examined their own performance.

A comprehensive training course was given to new staff members of the section. Lectures on health education methodologies and content were included in the induction course, and fieldwork observation was provided.

SPECIAL ACTIVITIES

One of the main activities of the health education section during the year concerned the prevention of cholera. Talks were given at all possible venues and displays were placed at various Municipal premises. Pamphlets describing the symptoms and methods of preventing cholera were produced in English and Zulu and were widely distributed.

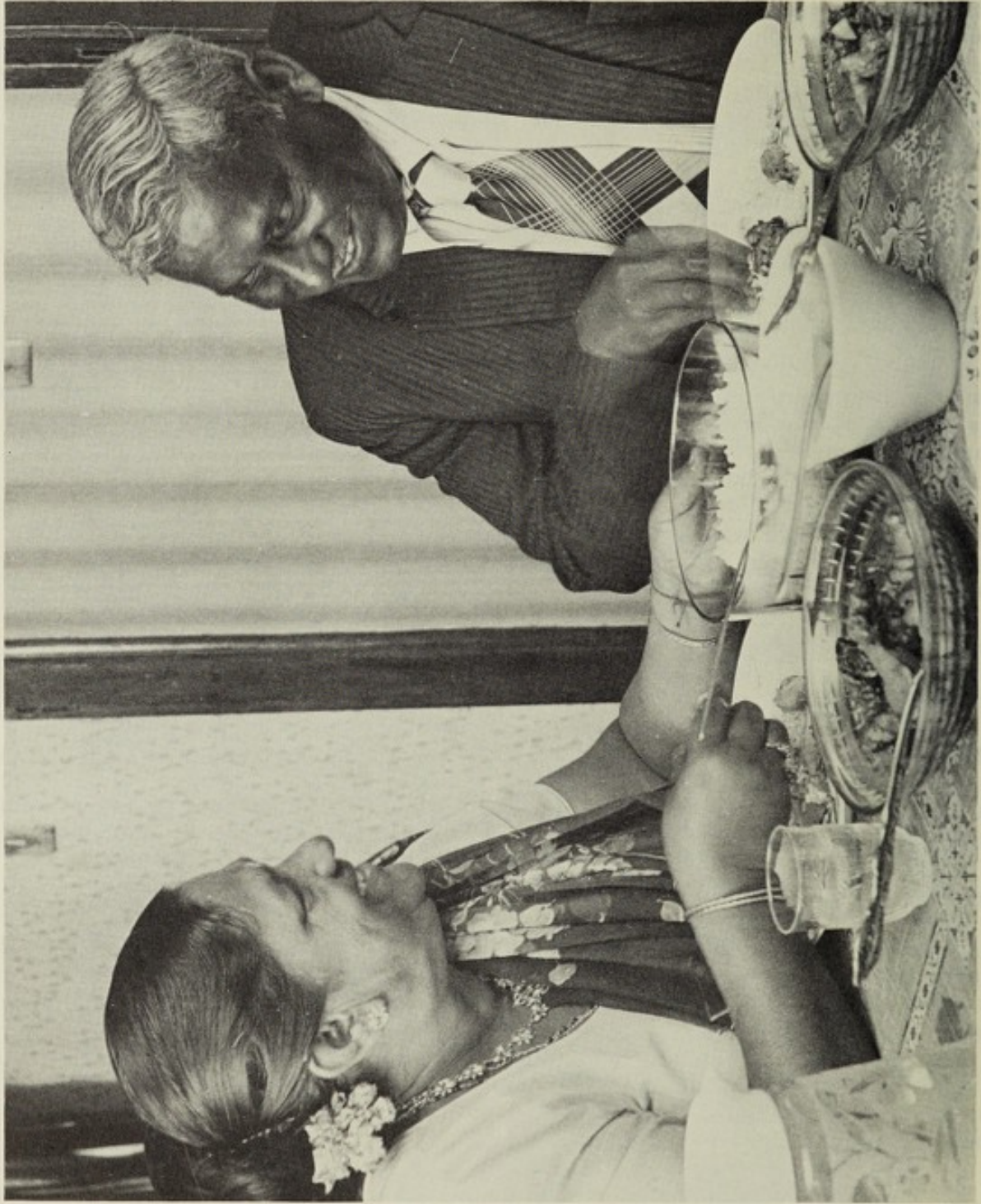
An article on cholera was also published in the Durban Corporation Information Bulletin and distributed with the electricity accounts. A slide on cholera prevention was shown in all the Indian cinemas by courtesy of the proprietors.

Assistance was rendered to the Department of Health and Welfare and methods of preventing cholera were communicated to inhabitants of areas surrounding Durban such as the Inanda area, the Umbumbulu district and in the Demet and Welbedagt areas. Loudspeaker vans were used and water purification methods were demonstrated.

In response to an outbreak of haemorrhagic conjunctivitis, lectures on the prevention of conjunctivitis were given at many venues, particularly at hospitals, hostels and factories. A talk on the subject was also broadcast on the Zulu radio programme of the South African Broadcasting Corporation.

Due to reports of a large number of infestations of headlice, pamphlets providing information on the prevention of headlice and methods of their removal from hair were distributed to Durban chemists through the auspices of the Pharmaceutical Society of South Africa.

The health education section was also involved in spearheading the anti-rabies campaign. Broadcast vans were used to notify residents of dates, times and venues of rabies inoculations for pets.



Nutrition and budgeting advice is given in preparation for retirement.

An environmental hygiene campaign was conducted and talks and loudspeaker broadcasts on the rodent problem in Phoenix were given. Assistance was also given to the 'Keep Durban Tidy Association' in their anti-litter campaign at Chesterville, Lamontville and the Dalton Road Hostel.

Talks on immunisation with specific reference to poliomyelitis were given at many venues, particularly to people who may have had unimmunised children under five years of age.

National Health Drives

The year 1982 was declared the 'International Year of the Aged', and in support of this theme talks on 'Preparing for Old Age' and 'Coping with Old Age' were given at numerous venues throughout the year. Open days were held at clinics and community halls and displays on topics of relevance to old age were produced and exhibited.

Displays and posters were produced to mark "SANTA Week" (May), "National Dental Hygiene Week" (August) and "National Heart Week" (September). During these weeks emphasis was placed on relevant topics and posters and pamphlets were distributed.

AUDIO VISUAL PRODUCTIONS

The production of health education resource material increased greatly during 1982. Aids were produced by means of various art techniques such as silk screening, air-brushing and printing, as well as photographically.

The visual and audio-visual aids prepared included the following:

(i) Slide Series

A slide series, with synchronised tape commentary, entitled 'The Health Media Machine' was produced. This slide series depicts the activities of the Health Education Section and has proved an invaluable aid in student training.

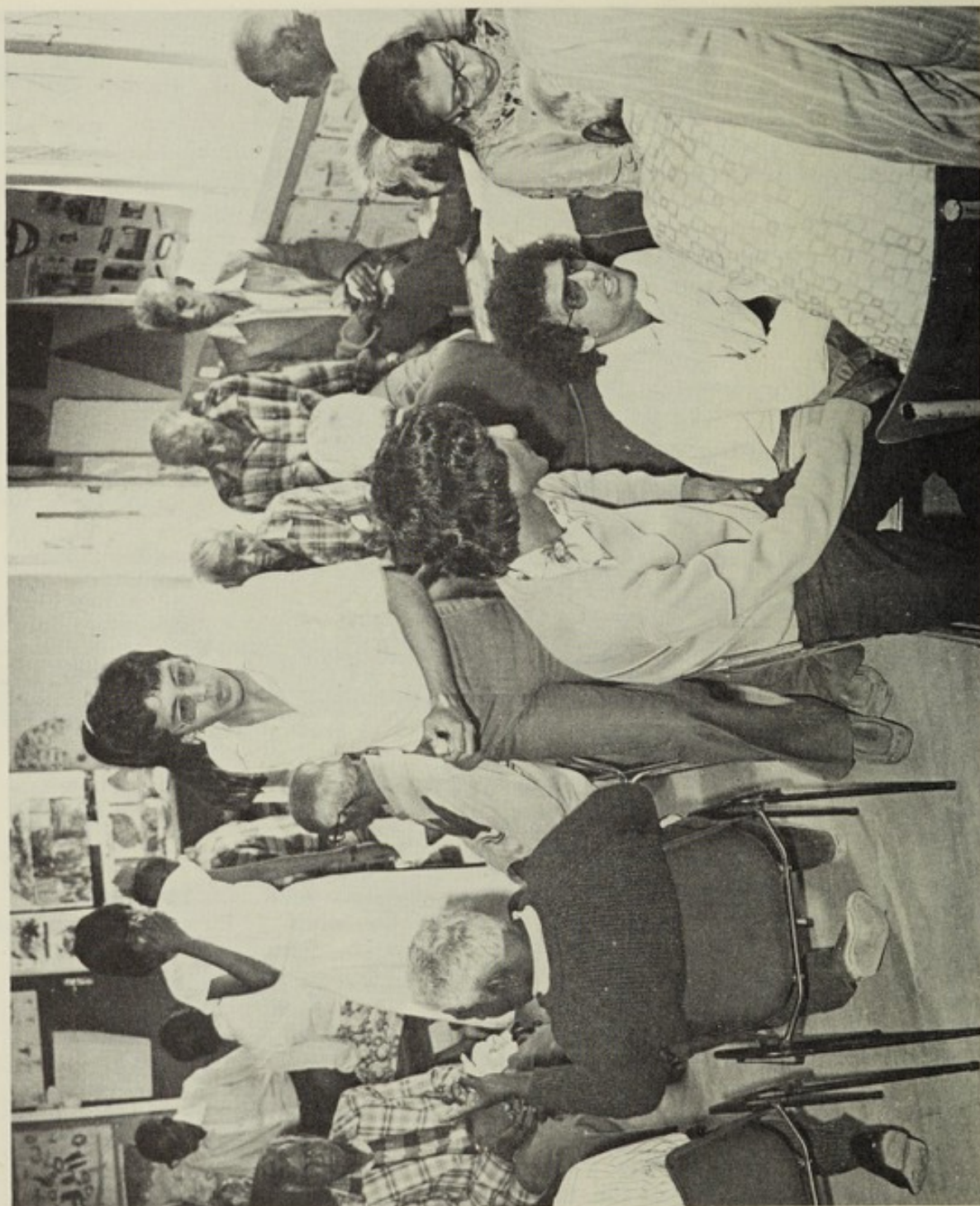
Other slide series produced include home hygiene, safety for children at home, school and on the road, and one on home nursing. In addition, existing slide series were updated.

(ii) Charts and Flipcharts on the following topics - care of the aged, home safety for the aged, nutrition, protein complementing, obesity, introduction to solids, child development, development and play, immunisation, dental care, poisoning, correct use of medication, and safety in the car.

(iii) Posters available in English and Zulu, on immunisation, personal hygiene, home safety, dental care and nits and lice.

(iv) Flannelgraphs on bilharzia, cholera and safety on the beach.

(v) Displays Numerous displays were created and exhibited at functions in support of health campaigns on the following topics:- preparation for old age, cholera prevention, bilharzia, housing and family planning, dental hygiene, and cardio-pulmonary resuscitation.



Drug education project — pharmacy students at a hospital Outpatients' Department.

In addition to the photographic work produced for visual and audio-visual aids and for display, photographs of the activities of other Municipal departments were undertaken by the Audio-Visual Technician for publication in the Durban Municipal Review.

DEPARTMENTAL AUDITORIUM

This venue was regularly used for lectures, films and slide shows as part of in-service training of staff, induction training of new staff, student training and for departmental visitors.

The auditorium was also used for meetings of the Institute of Water Pollution Control, the National Building Research Institute, the Community Health Nurses' Discussion Group and the Natal Coastal Branch of the South African Medical Association Annual General Meeting. This latter gives the Head of Department an opportunity to address his colleagues if he so desires. A most successful seminar on "The Young of Today are the Old of Tomorrow" was held in the auditorium by community health nursing students from Natal Technikon.

The auditorium was also used by guest lecturers arranged by the department in conjunction with various organisations. Amongst these were : Professor F.A. Oski, Chairman of the Department of Paediatrics at the State University of New York, Syracuse, New York, United States of America, who gave a lecture and slide presentation on "The Kindness of Human Milk", and Dr. Bryce Pitt, a Psycho-Geriatician from the London University Hospital, whose lecture was entitled "Community Care of the Psycho-Geriatic Patient."

STUDENT TRAINING

Community health nursing students, medical students, pharmacy students, B. Social Science students, health inspector students, student midwives and student nurses were given the opportunity of observing the activities of this section throughout the year. Community health nursing students and health inspector students also gave talks at family health clinics and other venues under the supervision of health education and family health staff, and their performance was evaluated.

A new training programme was arranged for student midwives from Addington Hospital which involved lectures on various aspects of health education relevant to the practice of midwifery. Demonstration of health education methods was also provided.

Pharmacy students from the University of Durban-Westville were involved in a drug education programme launched by this section to a group of pensioners in Chatsworth. The students gave talks on drug related topics, such as compliance, and were also available to answer particular questions regarding medication being taken by the pensioners.

FIELD WORK

Black Community

Black staff of the Health Education Section were very active during the year, especially in the prevention of cholera. This topic was particularly stressed to factory workers, foodhandling staff and hostel dwellers. Night-time programmes were organised at many venues to ensure that all shifts of factory staff were provided with information about cholera and its spread.

In addition to health education programmes conducted at regular venues, many new programmes were initiated during the year. This included a programme at Inqalabutho Technical College for Black pupils and programmes at many factories and restaurants not visited before. Lectures were given at the City Engineer's Department Training Centre during labourer induction courses, talks on cholera and tuberculosis were given to family planning motivators at the Department of Health and Welfare throughout the year, and youth programmes were conducted in Chesterville and Lamontville during school holidays.

Health education talks were broadcast on the Zulu programme of the South African Broadcasting Corporation on topics such as personal hygiene, conjunctivitis, care of the aged, breast-feeding, infant feeding and family responsibility.

Outstation visits were made during the year to dairy farms and workers were given talks on dairy hygiene and personal hygiene.

Indian Community

Much emphasis was placed on health education to the school child, and intensive programmes were launched in schools in all Indian areas. Parents were also reached at parents' days and in mothers' groups. Programmes were also conducted for the youth during their school holidays.

Since it was the 'International Year for the Aged', programmes for senior citizens were arranged at old age homes, pensioner groups, hospitals and geriatric clinics.

Health education programmes covering a broad range of topics were conducted at all the regular venues such as family health clinics, the chest clinic, geriatric clinics, factories, hospitals, schools, children's homes, old age homes, restaurants and hotels. Many new neighbourhood groups were formed for the purpose of providing health education.

Coloured Community

Health education activities in Coloured areas were somewhat curtailed due to difficulties experienced in filling the vacant lecturer posts. Nevertheless many programmes were carried out with emphasis on health education in the schools. Holiday health education programmes were run for youth groups during the school holidays. Programmes were also conducted for groups of pensioners, and new neighbourhood women's groups were formed.

Topics emphasised in the Coloured areas were :- personal hygiene, food hygiene, spread of disease, cholera, gastro-enteritis, care of the aged, home safety, budgeting, nutrition, heart disease, immunisation, child care, adolescence, alcoholism, and dental care.

White Community

Programmes covering a wide variety of topics were provided at numerous venues. Topics emphasised included child care and development, immunisation, ante-natal care, first aid and cardio-pulmonary resuscitation, safety in the car, epilepsy, heart disease, cholera and personal hygiene, tuberculosis, nutrition, care of the feet, and activities of the department.

Many new programmes were initiated during the year such as health education at the Blind Society, a programme which offered a new challenge since different health education techniques have to be used with the blind.

Puppets were most successfully used as a means of promoting personal hygiene to pre-school children. A talk on the use and abuse of over-the-counter medicines was given to a neighbourhood group and a talk on the correct use of medication was given to senior citizens of the Montwood Care Centre in Montclair.

Intensive programmes were conducted at family health clinics and at pre-primary schools. 'Mystery Tours' were held in the auditorium throughout the year. A talk on 'Hygiene in Emergency Situations' was given by one of the community health nurses at the seminar 'Be Prepared to Meet an Emergency' at Natal Technikon. The community health nurses were also involved in training students who visited this department.

STATISTICS AND SUMMARY OF ACTIVITIES

A total of 9 533 sessions were held throughout the year:-

White	524
Coloured	661
Indian	4 007
Black	4 341

There were 357 006 attendances at these sessions and 8 149 home visits were made.

A summary of activities for all groups is as follows:

Media	Venues	Topics
Talks Discussions Radio broadcasts Loudspeaker van talks Demonstrations Slides Slide-tape presentations Films Overhead transparencies Models Flipcharts Flannelgraphs Pamphlets Posters Photographs Exhibits and displays.	Family health clinic, Chest Clinic, Special Clinic, Ante-Natal Clinic, Psychiatric Clinic, Geriatric Clinic, hospitals, schools, pre-schools, universities, Technikons, creches neighbourhood groups, Church groups, Scout, Cub and Brownie groups, Colleges of Nursing, children's homes, old age homes, homes for unmarried mothers, hostels, factories, community halls, restaurants, hotels, supermarkets, dairy farms, Municipal departments, S.A.B.C.	Activities of the department, child care, breast feeding, ante-natal care, child development, family planning, dental care, care of the feet, home safety, road safety, care of the aged, adolescence, menstruation, immunisation, tuberculosis, sexually transmitted diseases, gastro-enteritis, cholera, conjunctivitis, measles, malaria, rabies, nutrition, budgetting, vegetable gardening, obesity, personal hygiene, foodhandling, food hygiene, dairy hygiene, environmental hygiene, headlice, scabies, bilharzia, parasitic infestation, how disease is spread, first aid, emergency resuscitation, smoking, drug abuse, alcoholism, heart disease, early detection of cancer, mental wellbeing, physical fitness, poisoning.

The first of these is the fact that the school is a small one, with only a few teachers and a few pupils. This is a disadvantage, for it means that the school is not able to offer a wide range of subjects or to employ specialist teachers. However, it is also an advantage, for it means that the school is able to offer a more personal and individual education. The second of these is the fact that the school is a day school, and not a boarding school. This is a disadvantage, for it means that the pupils are not able to live in a boarding school, which would allow them to receive a more rounded education. However, it is also an advantage, for it means that the pupils are able to live at home, which allows them to receive a more practical education.

TABLE 1. SUMMARY OF ACTIVITIES

The following table gives a summary of the activities carried out by the school during the year. The total number of hours spent on each activity is given in the last column.

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Activity		Hours
1. Teaching of English		100
2. Teaching of Mathematics		80
3. Teaching of Science		60
4. Teaching of History		40
5. Teaching of Geography		20
6. Teaching of Art		20
7. Teaching of Music		20
8. Teaching of Physical Education		20
9. Teaching of Languages		20
10. Teaching of Other Subjects		20
11. School Management		20
12. Other Activities		20
Total		360

VIII. COMMUNITY LIAISON

INTRODUCTION:

This year saw many staff changes. In May, the Community Liaison Officer retired and one of the Community Liaison workers was appointed as an acting senior in order to bridge the gap as no appointment of a Community Liaison Officer was made. In addition a Community Liaison worker resigned but on the other hand three new Community Liaison workers joined the staff. Thus at December 1982, the staff comprised five Community Liaison workers under the guidance of an Acting Senior Community Liaison Worker. The allocation of workers was two in Phoenix, two in Chatsworth and one in Austerville.

It was decided to establish ten posts of field assistant to help the Community Liaison workers who are registered Social Workers with the more mundane, routine aspects of the work. These assistants will have to receive special in-service training and once this has been programmed early in 1983, appointments will be made.

AUSTERVILLE

Durban Senior Citizens Association (DSCA)

1982, being the international year for the aged, was a very busy and exciting year for DSCA. It was also fraught with major disappointments and set-backs.

In January, in conjunction with other bodies involved in the care of the aged, DSCA presented a successful exhibition at the City Hall. Handcrafts made by members of the five clubs affiliated to DSCA were exhibited, together with photographs and plans of the proposed frail aged home.

A training programme was arranged for members of the executive committee of DSCA by the community liaison section in conjunction with Earlswood Jaycees. This programme included lectures on meeting procedures, roles of executive personnel, project planning, public speaking and like topics. An evaluation of the programme carried out by the Jaycees proved that the members had learned and implemented a great deal from the training programme and their functioning as an executive committee had improved.

In September DSCA held its Annual General Meeting with 50 persons attending. The guest speaker was Mrs. Knipe, the retired Senior Social Worker of TAFTA.

In October representatives from DSCA attended the National Council for the Aged's symposium and Annual General Meeting.

(a) Frail Aged Home

At the end of last year the prospects for the continued progression of this project seemed bright. However, 1982 brought with it major setbacks in regard to the site. The Department of Community Development offered DSCA a site in Austerville Drive, zoned "indeterminate". The small group of residents on the site raised a vociferous protest about the proposed rezoning to "institutional" use and lodged an appeal with the Town Planning Appeals Board which appeal was upheld.

This constituted a major set-back as three years of preparation had gone into the project.

A meeting was held with officials of DSCA, Department of Community Development and the Mayor. At this meeting the Department of Community Development spelled out their intention to apply for rezoning for a large portion of land in Austerville for developing duplex units, special residential development comprising a creche and institutional development comprising a frail aged home. In view of these broader proposals for the site it is anticipated that the re-zoning will be effected during 1983.

Fund raising towards the frail aged home project progressed well. The annual street collection held in July raised R2 000 and the "Granny of the Year" contest held among all five clubs affiliated to DSCA raised over R15 000 and culminated in a dance at the City Hall where the winning grannies from each club were crowned and awarded prizes for their clubs.

(b) Home Help Service

At the beginning of the year a home help service was launched in Austerville. This service assists housebound old people with laundry, cooking, cleaning, bathing and home nursing. It is run on a completely voluntary basis and at present recipients do not pay for the service. Local Church and women's groups were approached by the community liaison worker in order to obtain a core of volunteers.

Initially the group boasted 15 volunteers who provided a service to about 50 pensioners. Inevitable teething problems were experienced, volunteers dropped out, failed to visit their pensioners and failed to attend meetings. Consequently the service was re-organised in August and was operating effectively at the year end. At present there are approximately 25 volunteers providing a service to 150 pensioners.

(c) Club Activities

1982 was a very busy year for all clubs affiliated to DSCA. In May they participated in a sport olympiad arranged by the International Year of the Aged committee. Although none of DSCA clubs won this event they all derived a great deal of pleasure and enjoyment. The Directorate for the Advancement of Sport who provided the logistical back-up for this event, encouraged by this success, intend holding a similar competition in 1984.

Activities engaged in by the clubs included visits to the circus and military tattoo as well as outings to Mitchell Park, Japanese Gardens and the beach. Concerts were arranged for all clubs by the Sydenham and the Marrianridge Clubs.

Each club also held some celebration when they crowned their winning "granny" in the "Granny of the Year" contest. The Austerville Happy Hearts Club was the winning club in this competition. They raised over R6 000 towards the frail aged home. In view of the negative publicity DSCA has received over the site for the proposed frail aged home and the relative poverty of the community, this was a most commendable effort.

(d) Evaluation

From the foregoing it can be seen that DSCA is active and providing a well rounded service to Coloured pensioners throughout Durban. The competence displayed by the executive committee has meant that the Community Liaison Section has been able to play a minor role.

Wentworth Housewives Club

This club was initiated to provide the housewives in Austerville with the opportunity of involving themselves in such activities as exercise classes, homecrafts, educational films etc.

At the first meeting 30 women attended and during the year membership increased to over 50 members.

Initially, the group identified the problems of teenage truancy as a priority matter. They contacted all the schools in the Austerville area and visited the principals to discuss truancy and other school problems. After these discussions and with the support of 1 500 residents they sent a request to the Department of Internal Affairs, asking for the appointment of a Truancy Officer for the Austerville area.

Their next project was to work with the schools to arrange a parent/teachers' day at each school to promote better contact between parents, teachers and pupils. They undertook to motivate parents to attend. Although initial work has been done to arrange these meetings, they are scheduled to take place early in 1983.

The Club members attended health lectures at Addington Hospital aimed at giving people a practical understanding of the problems and needs of the aged. They have also received talks from this department's Health Education Section on a variety of topics.

The Club also invited the South African Police Station Commander in Wentworth to address them on the escalating crime problem in their area.

Paddington Centre

Renovations to the Paddington Centre were completed in 1982. Electricity was installed and this enabled the centre to function effectively. The centre suffered a severe set-back when parts of the roof of the ablution block were stolen by vandals. Fortunately, through generous donations from a number of individuals, the welfare group was able to replace the roof.

Paddington Welfare Group

The major activity of the welfare group during 1982 was raising funds for the renovation of Paddington Centre. They held two successful dances as well as other fund raising activities.

The visiting of the sick and elderly, which the welfare group has been engaged in for many years was partially taken over by the home help service. However, most of the members of the Paddington Welfare Group have volunteered their services to the home help service.

The crisis home in Beaunoir Avenue which was established by the Welfare group now has a management committee and operates independently of both the Welfare Group and the Community Liaison Section.

Membership of this group has dwindled to only eight members. It is hoped that membership will increase in 1983.

Paddington Youth Group

This group meets daily from 16h00 to 18h00 in the Paddington Welfare Centre and occupies children from 5 - 13 years with extra-mural activities and supervised after-school care.

The group planned an educational tour to the Cape for the school holidays. Although several fund raising ventures, e.g. cake sales, jumble sales, film shows and dances were undertaken, the group had insufficient funds by the end of the year. Consequently the tour was postponed until 1983.

A Drama Workshop was organised for the youth club. This proved a great success and provided a positive growth and learning experience for all who participated.

An outing to Midmar dam was also arranged and approximately 40 children went on this outing.

Throughout the year the Health Education and Family Planning Sections provided the club with educational films and lectures on various topics of interest. The children found these both interesting and informative.

The club has also been engaged in improving the garden at Paddington Centre. This project resulted in an improvement to the appearance of the centre.

Paddington Play Centre

The play centre functioned very efficiently throughout the year and ended with an enrolment of 45 children. In November a Graduation Ceremony was held and was attended by approximately 80 parents. A concert and nativity play were presented by the pupils.

The play centre became an autonomous body functioning independently of Paddington Welfare Centre. It has a Parent's Committee responsible for any future renovations which might be necessary and for supplying the school with equipment.

Crime Prevention Campaign

The Ad hoc Sub-Committee on crime prevention in Austerville, initiated by the department, continued to function under the chairmanship of a City Councillor. The achievements of this committee may be summarised as:

- (i) Improved street lighting;
- (ii) development of parks and recreational sites;
- (iii) motivation for the appointment of a recreational officer for Wentworth area;
- (iv) painting and renovating of Department of Community Development Buildings, and
- (v) extra police patrols over week-ends and public holidays.

In an effort to combat crime, a research committee was established in August to determine the nature and extent of the crime in Austerville and to make recommendations on how to tackle this problem.

The investigation was directed by the Centre for Social and Economic Research of the University of Durban-Westville. The manpower to organise the surveys was obtained from members of the community. The results of this survey will be available early in 1983.

Patchwork Classes

This group was initiated by a community member. The object of these classes was to initiate a patchwork "home industry" in Wentworth. To date these classes have been enthusiastically received by the women.

Wentworth Improvement Project (WIP)

WIP made little progress during 1982. It lacks positive and dynamic leadership and there was little co-operation between members. The role of the community liaison worker during 1982 was confined to liaison with the Parks, Recreation and Beaches Department re Lot 219 and liaison with the State Department of Community Development and City Estates regarding the possibility of securing a long term lease on the Jute Hall in Goshen Road. No positive outcome has as yet been achieved.

SPARKS ESTATE

No new work was done in Sydenham and the only two projects which deserve note are:

Sydenham Heights

A dynamic group of residents from the Sydenham Heights complex started a youth programme, catering for approximately 300 children of all ages. They made good use of the clinic cottage every week-day evening and over week-ends.

Sydenham Sunshine Club

This club continued to run smoothly and meet weekly on a Saturday. They participated in all aspects of the International Year for the Aged celebrations as well as in the "Granny of the Year" contest, in which they came third.

NEWLANDS EAST

Due to staff shortages only minimal contact was maintained with the community in this area.

Jolly Hearts Club

This club is affiliated to DSCA (See Austerville report) and functions as a social club for pensioners in Newlands East. Members participated in the sports olympiad arranged by the International Year for the Aged committee. Although they came last, they felt a sense of achievement at having participated in the occasion.

The members went on several outings organised by the other four clubs. They arranged a joint outing to the Japanese Gardens and visited the military tattoo and the circus.

In May premises were allocated to DSCA for use as a service centre. It is hoped that next year the club will grow and develop.

PHOENIX

There are now two workers in the Phoenix area. This meant that many more projects could be initiated, and some projects which were floundering because of the lack of attention given to them, were revived.

All the women's groups in Phoenix operate primarily on a handcraft level. Most also run pre-schools in the primary schools, but their ongoing involvement in this is minimal. It is hoped that during 1983 some development and growth will take place in these groups and that they will become more involved in broader community issues and self-help.

Bluehills Women's Club

This women's group was initiated and was engaged mainly in handcraft activities. They also initiated a pre-school at the local primary school.

Greenbury Women's Circle

This group was re-started, after having closed down for several months. It was initiated by the family planning motivator. The group is a handcraft group but not much development has taken place at this stage.

Stonebridge Women's Club

This group was also restarted, after having closed down for several months. They were purely handcraft orientated.

Whetstone Women's Group

This group has been established for some time. They operate on a handcraft level and have also initiated a pre-school in a local primary school. A graduation ceremony for the pre-school was organised.

Rydalvale Women's Group

This group has operated successfully over the last two years. It is essentially a handcraft group and members are all very committed.

A pre-school which caters for 80 children is run at the local primary school and close co-operation is maintained with the Parent/Teachers' Association. A successful graduation ceremony was held for the pre-school.

Lotus Women's Group

For the past two years this group of 20 members has been meeting in Dura House. They are actively involved in handcrafts and proved willing to help other groups in the area whenever requested, by passing on their skills.

A pre-school facility for approximately 120 children is also provided daily. They arranged an extremely successful graduation ceremony for those children who intended starting primary school the following year.

Protea Women's Circle

This very successful group has been in operation for the past three years. They meet weekly and practice handcrafts. They plan to build a creche in the Redfern area. The group held a very successful dance and sarie queen contest and raised over R600,00. They also ran a pre-school in the local primary school and arranged a sports day for pre-school children which 2000 people attended. A graduation ceremony was held for the pre-school and 120 children commencing primary school the following year, received certificates.

Westham Women's Circle

This group comprises about 20 women who meet regularly to teach and exchange handcraft skills. They also run a pre-school, catering for approximately 50 children at the local primary school.

Rockford Women's Group

This very small group of twelve women met in the Phoenix Advice Centre weekly and engaged in handcraft activities. For a combined exhibition held they presented a play called "The Creche". It was well performed and received.

Combined Women's Group Exhibition

All the women's groups participated in a combined exhibition at the year end. All the handcrafts produced by the various groups throughout the year were displayed and a full day's entertainment was arranged. The occasion was well supported by the public and could boast an attendance of over 400 people. This is the second exhibition held in Phoenix and the groups plan to make it an annual affair.

Redfern Pensioners' Group

This group was initiated as a social club for pensioners in the area. Initially attendance was disappointing but gradually increased. Members were entertained and fed by the Redfern Women's Circle, and to an Eastern evening presented by a cultural group.

Durban Association for the Indian Aged - Phoenix Branch

This is an autonomous body which was initiated by the Community Liaison Section but remains fairly heavily reliant on the Community Liaison workers' support and guidance.

An outing for over 300 pensioners to Hazelmere Dam and outings for pensioners to the Military Tattoo and the Circus were arranged. All outings were well attended and much appreciated by the pensioners.

A day care centre was opened in the Greenbury area and the Umgeni Jaycees agreed to furnish the centre and to pay the rental initially. The Social Worker from the Durban Association for the Indian Aged was in attendance every Friday.

Casscreen Academy

This academy was established by a physical education teacher, as a youth movement in 1980. The members engaged in a number of activities including speech and drama, karate, weight lifting and body building. This has been a very successful venture and it presently operates almost totally independently of the Community Liaison Section.

Club 99 - Social Club

This club, very powerful and popular since its inception in 1980, suffered a major set-back this year due to personality clashes as a result of a change in leadership. Although membership is now very small, members met regularly and raised funds to help a needy student with a R500,00 study bursary.

Greenage Social Club

This club, in existence since 1980, also suffered a severe set-back this year due to change in leadership. Members met weekly and raised funds to provide a study bursary.. This club has tremendous potential which it is hoped will be realised during next year.

Rockford Social Club

This youth group was initiated in 1981 with the teenagers expressing an interest in and desire to serve their community. They have raised funds to assist the local Child Welfare Society and early in 1982 they arranged a very successful family fun run. Unfortunately, interest of members began to wane during the year. It is hoped that with a Community Liaison worker giving this group more attention, the club can be revived.

Westham Social Club

The Westham Social Club was initiated by a concerned member of the Westham Womens' Circle. At present the club has a membership of approximately 20 children aged 12 - 16 years. Because they meet in a private home and their activities include indoor games such as chess and cards, a more suitable venue needs to be found.

Phoenix Garden Club

This project has progressed slowly but surely during the year. About six people have developed gardens and they provide fresh vegetables to the residents living nearby at very low cost. The R2 000,00 loan from Urban Foundation is slowly being repaid.

Saiva Sithanda Sungam - Tamil School

Tamil vernacular classes are still being run in the Greenbury Hall. This school entered the Tamil Music **Eisteddfod** and fared very well. Recently operations have been extended to adult Tamil and music classes in the Stonebridge area.

Phoenix Tamil Institute

To meet the cultural and religious needs of the Stonebridge community this group was initiated and daily Tamil classes were conducted for children. This organisation functions autonomously.

Redfern Tamil School

After a shaky start, Tamil classes were conducted daily in the Redfern Hall for the children of this area, approximately 50 children attending regularly.

Phoenix Table Tennis Club

This club was started for youths at the beginning of the year and proved very popular and successful.

Natal Indian Dance Theatre

This was established in 1981 and has remained popular amongst the residents of Redfern. The tutor, trained in classical dancing in India has a great following.

Natal Indian Blind and Deaf Society

Classes for approximately 20 blind and deaf children have been run over the past two years by this organisation in the Stonebridge Community Hall. A closing party was held for the children of the school which will not be re-opening next year because the school in Newlands is now completed.

CHATSWORTH

Havenside Women's Activity Services

(a) Creche Project

A great deal of growth and development has occurred in this project. At the beginning of the year cheaper alternatives to a purpose built creche structure were explored. The idea of a precast concrete building and a prefabricated structure was discarded as unsuitable.

The Urban Foundation was approached to give assistance in the form of expertise as well as finance and plans were drawn by their architect. The initial cost for a creche for 100 children was R218 000,00. However by catering for only 80 children and by using a slightly cheaper finish, the final costs were reduced to R165 000,00.

This amount of money was still very large. However the architect has undertaken to sketch plans along the lines of a prototype which has been used in other areas. The total cost of the project on this basis should be in the region of R60 000,00 which is more realistic.

Letters of appeal were sent out to various large companies. South African Breweries interviewed representatives of the group and they promised R25 000,00 towards the project in 1983. This brings the group's total assets to R32 000,00. This is a very commendable effort and provides a good example of grass-roots involvement to provide for a lacking community resource.

The group also participated in an inter pre-school sports day arranged by the Chatsworth Early Learning Centre. Useful contacts with other pre-schools in the Chatsworth area were forged on this occasion. At the end of the year a pre-school graduation ceremony was held which was well supported by the parents.

(b) Women's Group

The Women's Group is now in its fourth year of existence. They continue to meet on a regular weekly basis to exchange handcraft skills. This year they broadened their activities to include keep-fit classes and netball. Fund raising activities continued to be directed to the creche project. This included cake sales and a jumble sale.

Crossmore Women's Club

This group was initiated by the Family Planning Liaison Section of this department and thereafter taken under the auspices of this section. Initially it had an enrolment of approximately 12 members who met in one of the members' home for handcrafts and keep fit exercises. During the year the group expanded but the lack of a suitable alternative venue remained a problem throughout the year.

The club negotiated with the Headmaster of the Crossmoor High School for the use of the sports fields and tennis courts. Permission was granted and they play volley ball, netball and tennis twice weekly, in addition to their normal group meetings.

Ten-a-city Women's Circle

This club was initiated in response to a request for this type of group from the Family Planning Liaison Officer. The Caretaker's Office was initially the venue for this group but it became apparent that this was totally unsuitable and they moved to the Woodhurst Library.

Initially the group operated as a handcraft group but a seminar for teenage girls was arranged by them in conjunction with the Family Planning Liaison section. As a result the teenagers expressed an interest in forming a youth group which was then initiated by the women's group. As part of the International Year of the Aged celebrations the group initiated and maintained a Pensioners' Club in Unit 10.

Thus, in a relatively short space of time an activity based housewives' group developed an interest in broader community issues and created resources for both the youth and the aged in the area. The group has a great deal of leadership potential and should be able to function more independently of the community liaison worker in 1983.

Protea Women's Circle

This handcraft and keep fit group has now been running for two years and they have also initiated a pensioners' club which operated once a month and provided refreshments for the pensioners who were taken on an outing to Mitchell Park.

Later this group became affiliated to the Natal Association of Handcraft Circles so broadening their horizons. The members have the potential which can be developed.

Montford Women's Activity Group

This club is now in its fourth year of existence. It continued to operate on a handcraft level although it has broadened its activities to cater for community needs.

A pensioners' club was launched and operated throughout the year with the women providing refreshments at the fortnightly meetings. A seminar for teenagers in conjunction with the Family Planning Liaison Section was arranged and as a consequence of this seminar a youth club was launched.

The women arranged a trip to the circus for 70 primary school children. Their fourth anniversary celebration took the form of a trip together with the pensioners and the youth group, to Isipingo Beach and the occasion was thoroughly enjoyed by all.

The broadening of the group's interests from their own needs to those of other sectors of the population is very encouraging. It is hoped that this group will develop further along these lines in 1983.

Vani Women's Circle

This group started as a result of a woman, who had been a member of the Daffodil Women's Circle in Merebank, approaching women in her area, with the assistance of the community liaison worker to form a women's group.

The group met in a classroom in the local school and a tutor attended their group every week. They produced a large number of varied handcrafts in a relatively short time, played netball, and the Marriage Guidance Association conducted a series of lectures for them.

This group is dynamic and well organised and has accomplished a great deal in a relatively short time.

Moorton Women's Circle

This large group was initiated by the Health Education Section and was handed over to the Community Liaison Section. When members expressed a desire to expand their activities they began a pensioner's club and took the pensioners to Mitchell Park.

They also arranged a seminar for teenagers which was run by the Family Planning Liaison Section. This occasion was well supported.

Throughout the year the group arranged cake sales to raise funds. They acquired 50 cups, plates and glasses for use at functions arranged by them and are planning to purchase a sewing machine with any future funds raised.

This group is dynamic and enthusiastic and shows a great deal of concern in community issues.

Combined Women's Circle Exhibition

Late in the year the second combined women's circle exhibition was held. Eight women's groups operating in different areas throughout Chatsworth participated in this event.

The exhibition comprised a display of handcrafts as well as a variety of entertainments which included a keep fit display by members of women's groups, a play, classical and modern dances. The exhibition is an important milestone because of the valuable learning experience of planning such a large scale event and the links forged between the various groups.

Natal Association of Handcraft Circles

The Havenside, Moorton, Bayview and Vani Women's Groups became affiliated to the National Congress of Handcraft circles which is an international body. This organisation could help the groups by providing demonstrators for a wide variety of handcraft skills.

Representatives from the groups attended a National Congress held in Newcastle and found this a very inspiring and motivating experience.

Tennessee Social Club

This club, begun as a result of the seminar for teenage girls held by the Ten-a-city Women's Circle, met in the caretaker's office, but as this proved totally inadequate, they moved to the Woodhurst Library.

A major project held by this club was a month long educational programme run in conjunction with the Family Planning Section and included films and group discussions. A cake sale was held to raise funds for the purchase of indoor games equipment for the club.

However this club failed due to the lack of interest and involvement of the members and the general atmosphere of apathy which is prevalent in Unit 10. Failure of this sort is frequent in Community Social Work as it cannot be expected that every community project will succeed.

Moorton Primary Youth Group

This club is an off-shoot of the Moorton Senior Youth Club, which was becoming inundated with younger children. When the two groups were first separated numbers in the junior youth club began to dwindle. However, the Community Liaison worker launched an intensive advertising campaign and re-organised the club along the lines of a Brownie or Cub pack.

The response was overwhelming and in the first few months the club had a membership of over 100 children. These children are divided into eighteen "patrols" with six to eight members in each. Activities vary from competitive games to educational games.

The Liaison worker has been very involved in the organisation and running of the club to date. A member from the Moorton Women's Circle has been assisting her and it is hoped next year that she will have developed sufficient skills, knowledge and confidence for the worker to withdraw her involvement from this group.

Havenside Youth Club

This club was started and had an initial membership of 20. A varied educational and recreational programme is planned for 1983.

Montford Youth Club

This club came about in 1982 as a result of a seminar held by the family planning section. At present the group engages in a variety of educational and recreational activities e.g. indoor games, volley ball, debates and the like.

The group held a dance to commemorate the official opening of the club and to raise funds and this was a tremendous success and raised over R100,00. They also participated in the combined exhibition by presenting a modern dance for the occasion. The group is dynamic and self directed and needs encouragement for the development of the leadership potential which exists amongst group members.

Bayview Pensioners' Club

This group arose from the Protea Women's Circle as their contribution towards the International Year of the Aged. At present it has a membership of 30. The pensioners were engaged in activities such as indoor games, cards and the like. They enjoyed outings, one to Mitchell Park and the other to the Aquarium and Snake Park.

Montford Pensioners' Club

This club was begun by the Women's Group, to commemorate the International Year of the Aged. It has a regular membership of 25, the majority of whom are men, and met fortnightly in the Community Hall.

At present members engage in playing cards, bingo and so on and they are given refreshments at each meeting for which they give a donation.

Outings enjoyed by this group were to Mitchell Park, together with the Unit 9 and Unit 2 pensioners' clubs and one to Isipingo Beach as part of the Women's Group celebrations. Outings proved a great source of entertainment and interest for pensioners.

Moorton Pensioners' Club

This club meets once a month during the women's group meeting. The women provide refreshments and they are entertained with indoor games. They enjoyed an outing to Mitchell Park with the other Pensioners' group.

Woodhurst Pensioners' Club

Ten-a-city Women's Circle started this club as their contribution towards the International Year of the Aged Celebrations. The Women's group were responsible for the club and provided refreshments. They also arranged a big celebration for Christmas which was enjoyed by both pensioners and women's group members. At present membership is very small and all members are women.

Sports Workshop

The Community Liaison Worker approached the Chief Sports Organiser of the Directorate for the Advancement of Sport in regard to the possibility of running a sports clinic for the children in the Chatsworth area.

Fifteen schools were contacted and the venues finalised but unfortunately because of a lack of response this project had to be cancelled. Once it had been cancelled a great deal of interest was expressed in the idea, thus there is a need for such a facility. However, the timing must be right and the cost not too high if it is to succeed in future.

Drama Workshop

The Community Liaison Section was instrumental in introducing a drama teacher to Chatsworth. He began classes in the Bayview Community Hall and had an enrolment of 65 students. Later in the year he increased his operation to include the Moorton area. Response here was not good and it was discontinued. The drama academy of Bayview presented an item at the combined women's circle exhibition.

The popularity of the drama classes indicated that they answered a need felt by the community.

Family Planning Advisors Lectures

The Community Liaison Worker in Chatsworth has given a series of eight lectures to family planning advisors from the whole of Natal. These lectures included topics such as committee procedures and the art of communication, which was well received.

MEREBANK

Due to staff limitations little time was spent at Merebank, consequently several groups floundered and ceased to operate.

Daffodils Women's Circle

This group continued to be involved in handcrafts, keep fit classes and swimming. They have also begun serving teas at the geriatric clinic. Numbers dropped drastically and the women are now displaying little interest in a women's group.

Daffodils Pensioners' Club

This group was very dynamic and self-directed. They arranged several outings to the beach, Snake Park, Japanese Gardens and Mitchell Park. They attended the Military tattoo and the circus. When not engaged in outings group activities involve indoor games. Involvement of the Community Liaison Section in organising these outings and group meetings has been minimal. The group functions almost autonomously which of course is the aim of the section.

Navy Senior Citizens' Club

This club has continued to function almost autonomously during 1982. They have also been on a number of outings, making full use of free buses provided by the municipality. They have also been engaged in fund raising and raised R300,00 for catering for the club. At present they are negotiating with the Durban Association for Indian Aged with a view to affiliating as a branch.

OTHER ACTIVITIES

Community Workers' Forum

Staff of the Community Liaison Section have attended and hosted meetings of the Community Workers' Forum. The aim of the forum is to encourage the interchange of knowledge and experience amongst community workers in Durban. This afforded an excellent opportunity to improve public opinion of the functioning of the Community Liaison Section.

IX. HEALTH INSPECTION

No major changes occurred in the health inspectional section during 1982. The overall staff complement improved as a result of health inspection posts previously frozen by the Department of Health and Welfare being made available and new incumbents being appointed as quickly as possible.

COMPLAINTS

The department received 2 840 complaints (3 381 in 1981) from the public excluding those in respect of pests, which feature elsewhere in this chapter. These complaints are analysed as follows:

Animal keeping	10	Poultry keeping	200
Conservancy services	1	Refuse dumping	413
Drainage - appurtenances	5	Refuse removals	57
- defects	241	Sanitary accommodation	54
Food - unhygienic handling	7	Shacks - illegal	10
- unsound	113	Smoke/air pollution	11
Housing - illegal	6	Structural defects	58
- overcrowding	9	Uncleanliness of premises	407
Miscellaneous	148	Vacant land	915
Offensive smells	175		
		Total	2 840

These nuisances were promptly investigated and appropriate action taken.

INSPECTIONS

Visits carried out to all classes of premises by the Health Inspectorate and ancillary personnel are summarised hereunder, with the previous year's figures in parenthesis:

Food Handling Premises

Bakeries	1461 (983)	Hotels (liquor licensed)	1920 (1973)
Boarding Houses/ Private Hotels	1226 (1147)	Milk bars	16 (70)
Butcheries	4976 (4301)	Offensive trades	46 (34)
Dairies (mainly ex-City)	4457 (4398)	Restaurants / eating houses	12946 (10937)
Food manufactories	2647 (1699)	Tea Rooms	2116 (1731)
General/fresh produce dealers	14732 (13603)	Sundry	5776 (5299)

Other Premises:

Barracks/compounds	997 (432)	Lodging houses/flats	4986 (5971)
Dwellings	89483 (71163)	Offensive trades	2884 (2276)
General dealers	4200 (3950)	Sundry - trading	19445 (17401)
Hairdressers	753 (756)	- non-trading	56378 (48099)
Laundries/dry cleaners and depots	355 (387)		

Arising from these inspections, which totalled 231 795 (196 605), the following action was taken:

Personal notices issued at time of inspection	13365 (10055)
Statutory notices served	3051 (2835)
Letters written	1038 (869)
Prosecutions instituted (Counts)	547 (382)

LICENSING/REGISTRATION(a) Trade Licence Applications:

Reports on public health implications, respecting the state of premises and trades to be conducted thereon, were submitted in connection with 3 948 (4 314) new applications lodged with the Licensing Officer. In certain instances there were departmental requirements or bylaw shortcomings to be complied with which required re-inspection. As a result 1 697 (1 515) further reports were submitted.

(b) Animal Keeping Permits:

Twenty permits for the keeping of animals were renewed in terms of the Public Health Bylaws during the year. The number of animals registered was as follows:

372 (370)	equines
372 (175)	dogs (kept for reward in kennels)
1 (1)	bovine
12 (-)	sheep
66 (-)	goats
20 (-)	cats

(c) Food Vending Vehicles/Machines:

Registration under the Food Bylaws was granted for the following:

(i) Mobile soft dairy mix dispensers	10 (11)
(ii) Hawkers' vehicles (3 Ex-City)	50 (32)

(d) Modification of Food Bylaw Requirements:

In accordance with powers contained in the Food Bylaws, the City Medical Officer of Health granted 57 (60) certificates authorising the relaxation of minimum requirements, mainly in respect of storage areas.

(e) Dry Cleaners/Laundry Vehicles:

Certificates of registration totalling 1 (2) were issued.

(f) Fumigators/Disinfestors:

Eight (10) certificates were issued in respect of new applications.

(g) Mattress Makers/Upholsterers:

Twenty-three (30) renewal certificates and no new permits in terms of the Mattress Makers and Upholsterers Regulations were issued.

(h) Offensive Trades:

The number of trades registered was 84 (86) of which 25 (26) operated on the basis of unlimited time periods and 59 (60) for restricted periods. Of the latter 50 (49) were renewal certificates for 1983

(i) Scheduled Trades and Occupations Bylaws:

The above bylaws were promulgated on 22 March 1979, and during the year 191 (160) applications for registration in terms of these bylaws were received. The trades involved ranged from welding and spray painting through food manufacturers and ship building to upholstery and engineering works.

ENVIRONMENTAL SANITATION

Illegal Dumping

Despite the erection of notices prohibiting dumping, the use of posters and the distribution of handbills, the indiscriminate dumping of all forms of refuse continued on vacant land and road verges in various parts of the City. Items disposed of in this way included garden refuse, decomposing fish and meat, bones, industrial waste, motor vehicle parts, off-cuts of plastic, cloth and timber as well as disused household furniture and appliances.

Regular observations during normal working hours and over weekends resulted in the apprehension of 103 offenders who paid a total of R2 120 in fines.

The commissioning of free garden refuse disposal sites by the City Engineer at various points throughout the City however resulted in a marked decrease in the dumping of this type of refuse.

Refuse

The increasing tendency among industrialists to use large waste hoppers for the temporary storage of waste material and off-cuts led to a severe littering problem in the industrial areas of the City. In most instances the premises concerned were not designed to accommodate these large bins with the result that they were placed on the adjoining road verge. Scavengers in search of salvageable items often emptied considerable quantities of contents onto the road verge causing littering of the immediate area. The problem was compounded by strong winds which scattered the materials further defacing the surroundings and incurring considerable costs in the collection and removal by the municipality.

At the beginning of the year a campaign was instituted by this department requiring hoppers to be placed within the confines of the premises or, where this was not possible, reversion to the use of standard type refuse receptacles. The results were encouraging and a definite improvement was evident. That this action evoked an awareness of the environment was evidenced by the fact that certain firms have beautified their road verges by planting lawns, shrubs and flowers.

Public Gatherings

Numerous large public gatherings were held during the year, including rugby, cricket and soccer matches, a canoe marathon, horse racing meetings and a Military Tattoo. Inspectors were on duty at such events to ensure maintenance of satisfactory and adequate sanitary accommodation, refuse storage and removal and general cleanliness. Travelling shows and religious gatherings were also supervised.

Scheduled Trade and Occupation Bylaws

An application in terms of the Scheduled Trade and Occupation Bylaws to carry on a business involving the dehydration of waste sorghum was received during the year. This legislation requires that the applicant's intention be publicly advertised and in this instance the Ratepayers' Association for the area lodged formal objection to the proposal on the grounds of an odour nuisance. This objection was given due consideration by the City Medical Officer of Health and the City Engineer, who acts as the Medical Officer's consultant in matters regarding pollution, and it was decided that as there would be no danger to the public health the objection was over-ruled and the application approved subject to certain necessary safeguards.

The Ratepayers' Association exercised its right in terms of the bylaws and requested that the matter be considered by the Council. This appeal was put before the Health and Housing Committee which established that the odour complained of did not constitute a danger to health and accordingly upheld the decision of the Medical Officer of Health.

Water Sampling

During the period under review 599 samples were taken from the Municipal supply at various points throughout the City for bacteriological analysis, 23 of which gave unsatisfactory results. Repeat samples the following day proved to be satisfactory. Fifty-three samples taken for chemical analysis proved to be satisfactory.

One hundred and ninety-nine samples of public swimming pool waters were taken and sixteen were found to be in conflict with bylaw standards. Appropriate action was taken in each instance.

Cholera Surveillance in Sewers/Natural Waters

This department started the monitoring of sewers and waste water treatment works in this area in October 1979 and the first isolate of Vibrio cholerae bio-type ELTOR serotype INABA was found in February 1981. Thereafter the programme was expanded to include the monitoring of river and marine waters and during 1981 there were five sewage-related positive results with all rivers remaining negative.

During 1982 the number of surveillance points was further increased from 10 to 38 sites because it was deemed necessary to check additional rivers and sewers particularly where these entered the City from adjacent local authority or other areas such as Umlazi-Glebe, Umlazi, Queensburgh and Westville. Moore swabs were placed at these 38 points weekly on a Friday, collected on the following Monday and submitted to the Department of Health Laboratory where V.cholerae was isolated on 91 occasions. During the peak cholera incidence in Natal that laboratory was subjected to extreme pressures and this department was required to decrease frequency of sampling at 10 sampling points to once per month.

Analysis of the positive results revealed that 65 were of sewage origin, 19 were from rivers and 7 were from the Bay sampling point. The period of highest positivity was January to April with a marked decline in May and June. Between July and November no V.cholerae was isolated and a return to positivity was noted in December.

Positive results were recorded on 25 occasions in sewers where they entered the City from adjacent local authorities and similarly on ten occasions in rivers, emphasising the extent of cholera around and adjacent to Durban.

V. cholerae was isolated from all sampling points except the final effluent from two of the four local sewerage disposal works, a central city pump station, one sewer entering the City and two rivers.

Rabies

Two Senior General Assistants assisted in the annual rabies campaign of the Division of Veterinary Services of the Department of Agriculture for the inoculation of dogs and cats in the Durban area.

Food Hygiene

In terms of the Regulations Relating to Food Inspection (framed under the Public Health Act, 1919, and in force under the Health Act 63/1977) large quantities of a variety of foodstuffs and produce were inspected and, where found to be unsound were either seized by the Health Inspectorate or voluntarily surrendered by the owners. Inspections at the National Fresh Produce Market, together with examinations of foodstuffs at wholesale and retail premises resulted in the condemnation and destruction of a considerable amount and variety of food as unfit for human consumption, as summarised below:

(a) National Fresh Produce Market

17 586 cartons/pockets/trays/
bunches vegetables

Amadumbi, asparagus, baby marrows, beans, beetroot, brinjals, broccoli, butternuts, calabash, carrots, cauliflower, cabbages, celery, chillies, cucumber, garlic, green mealies, green peppers, lettuce, marrows, onions, parsley, peas, potatoes, radish, squash, sweet potatoes and tomatoes.

506 cartons/pockets/trays/
boxes - fruit

Apricots, avocado pears, bananas, custard apples, guavas, mangoes, paw paws, peaches, plums, rhubarb and spanspek.

(b) Other Traders

593 820 tins/bottles/packets/
articles

Fish, meat, poultry, offal, jam, fruit, vegetables, soup, condiments, cereals, bakery and confectionery products, pasta, milk, fruit juices, dairy products, frozen confectionery, cooking fat and savouries (This total includes fresh milk, cream etc., which are being shown as units rather than as litres.)

42 271 kg

Fresh and frozen poultry, meat, fish, processed meats, dried fish, biltong, cheese, confectionery, pulses, grains, infant foods, malt, salt, sugar and spices.

(c) Illegal Hawkers

1 622 packets/cartons/
articles

Items included cooked and raw meat, fish and offal, bread, sandwiches, cakes, confectionery, samp, cooked mealies as well as tinned foods, packets of chips, peanuts and sweets.

Reasons for condemnation included containers which were blown, excessively rusted or dented, leaking or broken, farinaceous food products which were weevil infested; foodstuffs damaged/contaminated by rodents and other vermin, chemicals or mould, decomposition and exposure to contamination.

In addition, refrigeration breakdowns at supermarkets, butchers and other food outlets resulted in food spoilage/decomposition which necessitated subsequent condemnation of the following

16 555 packets/articles	Frozen meat, poultry, fish, frozen vegetables, pastry, cereal products, fruit juices and ice cream.
4 170 kg	Frozen meat, poultry, fish, frozen vegetables, and pastry products.
360 litres	Fresh milk and dairy products.

Food Sampling

Chemical Analyses and Food Labelling

In accordance with the powers delegated in terms of the Foodstuffs, Cosmetics and Disinfectants Act No. 54 of 1972, 687 samples of foodstuffs were purchased at shops and food manufactories throughout the City and submitted for free analysis to the State Chemical Laboratories in Pretoria. Arising from sub-standard results legal proceedings were instituted in 11 cases (Total fines R580) and warning letters sent to 8 manufacturers.

Resulting from contraventions of the Foodstuffs, Cosmetics and Disinfectants Act No. 54 of 1972 and Regulations framed thereunder relating to the labelling of foodstuffs, warning letters were sent to forty-two firms where routine inspection disclosed that the labelling of food products was in contravention of the aforementioned legislation.

Bacteriological Examinations

In respect of the Food Bylaws which require ready-to-eat foodstuffs to comply with prescribed bacteriological standards, 106 samples were taken from various food premises and submitted for examination. Where the results were unsatisfactory, appropriate action was taken.

Culture specimens using the modified "Agar Sausage" method were taken from food utensils, equipment, wall surfaces and food workers' hands at 349 food establishments during the year. Proprietors were advised of the results and, where necessary, were given advice on improving their sanitation methods.

In addition 14 swabs of food equipment, utensils, and food handlers' hands were taken from four food premises and where results proved to be unsatisfactory, appropriate action was also taken.

Seafood Sampling

The sampling of mussels, oysters and crayfish along the local coastline to monitor the presence of faecal contamination continued on a weekly basis. Eight samples of oysters and 11 of mussels were positive for *Vibrio cholerae* Biotype EL TOR serotype INABA compared with the nil return in these filter-feeding bivalves in 1981. *V. Cholerae* was also isolated in five samples of sea water. These findings resulted in numerous warnings being issued via the media by this department against the consumption of local raw bivalves likely to be eaten by members of the public.

In addition, letters were hand delivered by Health Inspectors to managements of hotels and restaurants, supermarkets and other outlets, both early and later in the year, alerting them to the public health implications and seeking their full co-operation.

The programmed sampling of oysters purchased from various retail outlets in the City on a regular basis was continued and samples were submitted to either the departmental laboratory or the State Health Laboratory for bacteriological testing. Two instances of contamination by *V. cholerae* were established, one being in commercially harvested oysters from the local coast line, whilst the other was in oysters from Knysna. Appropriate action was taken in both instances.

Meat Inspection

Following the takeover of the Municipal abattoir by the Abattoir Commission in August, 1975, the re-inspection of meat imported into Durban from other areas became the responsibility of this department in terms of the Animal Slaughter, Meat and Animal Products Hygiene Act, 1967.

As a result 22 firms' premises were approved by this department as suitable venues where introduced meat could be consigned and examined, if necessary, for any possible deterioration that might have set in. Inspections carried out in this regard confirmed all meat supplies to be generally satisfactory for human consumption.

Food Complaints

Numerous complaints from members of the public were received and investigated during the year. These included foreign matter in bread, cool drinks and ready-to-eat foodstuffs, a piece of wire in a packet of frozen food, illegal food preparation in premises not approved for the purpose and unsatisfactory refrigeration at a food wholesaler's premises.

Other complaints such as "old stock", mouldy or stale foodstuffs, weevil infested foodstuffs and insect/vermin infested foodstuffs also received attention.

Appropriate action was taken in all instances including prosecution of offenders when the complaint was substantiated by affidavit and the occurrence was considered to be due to negligence.

No serious instances of food poisoning were reported during the year. Several minor complaints were however received, investigated and remedial measures implemented where necessary.

Public Gatherings and Food Promotions

Health Inspectors were in attendance at all large-scale public functions held during the year. These included athletic meetings, cricket matches, rugby matches, the canoe marathon, beer festivals, boxing matches and numerous shows and fairs held in the Pavilion Centre.

Inspection of one such event involving a banquet for 1 600 guests, revealed that food had been served up on plates and laid on the table at approximately 11h30 for a meal scheduled for 19h30. As there was a very real risk of food poisoning, immediate action was taken against the caterers and a large quantity of food was destroyed.

The beaches were well patronised during holiday seasons and long week-ends and inspectors were on duty to ensure that hygienic standards were maintained by the beachfront caterers.

Regular early morning, lunch hour, and evening inspections of food premises, food deliveries and food hawkers were also carried out and, where necessary, appropriate action was taken.

Inspections were also carried out on food sales promotions conducted in shopping complexes and supermarkets to ensure satisfactory food handling standards.

Food Surveys

Premises involved in the manufacture, preparation, serving and handling of food were paid particular attention by the inspectorate with emphasis on structural, furnishing and hygienic standards.

The particulars of these inspections are summarised as follows:

Establishment	Premises	Inspections	Notices served
Butcheries	283	3 363	398
Restaurants	509	5 984	1 307
Liquor-licensed premises	147	1 363	284
Food Factories	99	817	118
Boarding Houses etc.	169	1 803	221
Total	1 207	13 330	2 328

Illegal Hawking/Selling

The problem of illegal hawking of foodstuffs continued with the central city, dock, Dalton Road/Williams Road and the southern industrial areas respectively being the worst affected.

Raids in conjunction with the South African Police, the South African Railways Police, and the City Police continued, with the emphasis on early morning and late afternoon periods, when illegal hawking is most prevalent.

Resulting therefrom, substantial quantities of foodstuffs which had been exposed to contamination and deemed unsound and unfit for human consumption, were confiscated and removed for destruction.

This action applied particularly to the sale of meat, notably offal, a cause for considerable concern for many years.

CHATSWORTH

Housing

No further Council constructed dwellings were erected, however the improvement programme entailing the renovation and repainting of the Unit 3 B sub-economic flats was completed. The use of colours in this programme improved the overall appearance of this area.

The conversion of adjacent one bedroom sub-economic flats to three bedroom flats in Unit 2 continued whenever two adjoining flats became vacant.

Many home owners in houses purchased from the Council continued to effect improvements and in some instances major construction work was undertaken.

With the completion of a sewer pump station in Umhlatuzana Township, this entire area together with Kharwastan Township now has reticulated sewerage disposal available. Approximately 90 % of the premises in these two areas are presently connected to the Municipal sewer.

Shopping Facilities

The situation with regard to shopping facilities continued to improve particularly in respect of food shops which increased in number from 192 to 213.

The sale of foodstuffs from dwellings decreased towards the middle of the year but observations later indicated that this practice may be on the increase again, a possible reason being the present economic climate which has resulted in a higher rate of unemployment.

Marquees

The use of marquees, mainly by religious organisations, continued throughout the year with no public health problems being experienced. The number of marquees in use at any one time fluctuated between 7 and 11.

Amenities/Recreational Facilities

A new Municipal library was opened in the community area of Woodhurst.

A large Old Age Home in Montford was completed and occupied during the year, fulfilling an ever increasing need amongst the community. This home, together with the adjoining children's home was erected by the Aryan Benevolent Society who administer both projects.

A "hopper" depot for the disposal of garden refuse was opened in Road 1021 and proved most useful in combating the indiscriminate dumping of this type of refuse.

Following an approach by this department an additional deterrent to dumping of refuse on the Klaarwater Road in close proximity to the disused tip site, was the placing of concrete bollards along the road verge at this point, by the City Engineer's Department. This too proved most successful.

General

An increase in the development of illegal shacks taking place in the Silverglen area was noted and immediately reported to the Port Natal Administration Board, who liaised with the staff of this department in identifying the shacks and causing their removal.

PHOENIX

Housing

This township continued to expand during the year with a further 3 280 dwelling units being erected and occupied. The total number of units completed and occupied by the year end totalled 14 685.

Shopping Facilities

The total of permanent shops increased from 14 to 19 with the six temporary shops remaining in existence.

Amenities

A new Municipal library was opened in the community area of Whetstone and is proving popular.

The erection of a large complex for residential accommodation and schooling for cerebral-palsy patients has been commenced in the Lenham/Northcroft community area.

NEWLANDS EAST

Housing

No further Council constructed dwellings were erected.

A new housing estate known as "New Dawn Township" is being developed by a leading Building Society and by the year end 143 houses were completed and occupied.

All the shack type dwellings previously situated in the area known as "Temple Farm" were demolished and the occupants re-housed.

Shopping Facilities

Three new privately developed shops were erected, two of which were completed and are now trading. The existing shop situated in the old homestead building is still operating.

Amenities

A community hall was completed and is in use.

NEWLANDS WEST

Housing

Building of 398 housing units was commenced by the City Council, and progressed rapidly but by the year end no units had been occupied.

Amenities

A large complex comprising residential accommodation and school facilities was erected for the use of the Indian deaf and was completed by the year end.

BUILDING CONTROL

Building Applications

During the period under review 6 349 (6582) plans having an estimated value in excess of R238 million (R209 million) were received from the City Engineer for scrutiny from a public health point of view, and out of these 2 020 (1612) necessitated the submission of a report. In addition a further 898 (750) sets of drawings were returned to this office for further report and possible clearance. In all a total of 7 247 (7 332) plans were examined.

Particulars of the plans dealt with, excluding housing development which is reflected elsewhere, are as follows:

Non-Residential	Plans	Cost
New Commercial and Industrial	119	60 859 400
New State and Municipal	33	33 148 750
Other non-residential	38	1 786 350
Additions to all non-residential	1 132	38 128 960
Additions to State and Municipal	21	2 625 787
Total	1 343	136 549 247

Artificial Ventilation and Lighting

In terms of section 127 of the Building Bylaws the City Engineer may consent to the relaxing of certain standards of natural ventilation and natural lighting laid down in sections 126 and 129 thereof, but before doing so requests comments from this department on possible public health implications.

These applications, fully motivated by the applicants or their professional representatives, require careful consideration and often joint consultation with the parties concerned together, where necessary, with other departments, to ensure the incorporation of adequate safeguards.

During 1982 eighteen such applications were recommended for approval. These applications were for an extension to a laboratory, control rooms, ladies bar, restaurant, maternity clinic, showroom, shops, treatment rooms of a hospital, punch room, darkrooms, talcum room, computer room, two museum exhibit rooms and floors of offices, where natural ventilation and/or natural light would affect the process or where an area was too large for natural ventilation and natural light to be obtained.

Sectional Titles

One hundred and thirty-five applications for local authority approval of sectional title were referred to this office for comment. All received a favourable recommendation. A total of 1 762 living units and 42 commercial units were involved.

Building Bylaws Liaison Committee

This department's representation on this committee continued during the year. Amongst the items of public health significance discussed was a proposed amendment to the bylaw to permit mobile homes being sited within the City.

PEST CONTROL

Anti-fly, mosquito, rodent and other pest control measures, including bush clearing and ditching of open drains and streams, are carried out on a regular basis. A good standard of work was maintained in this section which has developed into a highly trained and efficient unit comprising some 185 persons.

The Field Hygiene Section's activities are summarized as follows:

Mosquitoes

A total of 597 (798) complaints were received and investigated during the year. An analysis of breeding foci is shown hereunder:

Miscellaneous containers	330
Obstructed stormwater drains	6
Other drains and sub-floor areas	8
Defective septic tanks and soakpits	5
Buildings under construction/ demolition	8
Natural swamps and streams	23
Umgeni River canalisation project	81
Sanitary fitments	5
Swimming pools	8
Fish ponds and bird baths	19
Blocked sewers	2
Undetermined	59
Unsubstantiated	43

597

Mosquito breeding sources showed a similar pattern to previous years with one noticeable exception. Whilst the majority of foci were found to be old motor car tyres dumped on vacant land, the canalisation project of the Umgeni River on the Springfield Flats created a serious mosquito nuisance.

The problem was overcome by treating sources of development as they occurred in stagnant pools and isolated collections of water and such temporary measures were necessary until the old course of the river was in-filled and levelled thus eliminating breeding sites.

Anti-Malarial Precautions

The continual search for malaria vectors was maintained during the year. Field surveys carried out by a team of 17 mosquito "spotters" resulted in the collection of 97 041 (73 872) anopheline larvae. On examination in this department's entomology laboratory, the following anopheline species were identified:

gambiae complex	333	maculipalpis	21
funestus complex	1 383	marshalli	113
confusus	69	natalensis	12
leesoni	19	pretoriensis	1 482
cinereus	535	squamosus	1 649
coustani	80 723	longipalpis	25
cydippis	12	ardensis	5
demeilloni	10 660		
GRAND TOTAL		97 041	

Regular maintenance of natural streams and open drains resulted in a total of 620 929 metres being ditched and cleared of overgrowth to regulate the free flow of water therein. However, in spite of all these precautions, a total of 333 *A.gambiae* complex and 1 383 *A.funestus* complex larvae were found.

Flies

The number of complaints received and investigated and sources of nuisance were as follows:

Refuse on vacant land	12
Compost heaps	8
Refuse bins	11
Poultry keeping	8
Manure/stables	7
Miscellaneous conditions	6
Undetermined	27
Unsubstantiated	29
Municipal refuse site	8
	116

Development was mainly localised except for heavy fly breeding at the Springfield refuse tip site and at the Kwa Mashu Waste Water Treatment Works. Remedial measures were undertaken in conjunction with the City Engineer's Department.

Rodents

During the year 533 complaints were investigated and appropriate action was taken where necessary. A total of 1 362 kg of anti-coagulants were used in addition to the setting of 13 254 cage and 19 257 break-back traps respectively.

For plague index purposes the carcasses of 136 trapped rodents were submitted to the State Health Department's laboratory, all with negative results. To establish flea indices, 4 838 live rodents were checked and 8 186 fleas obtained giving a flea to rodent ratio of 1.86. In addition, the fleas recovered from these rodents were submitted to the National Institute for Virology for positive flea identification.

An intensive rodent survey in the residential area of Phoenix disclosed a high infestation rate in rodent burrows situated in road verges, vacant land, banks of streams and in close proximity to occupied housing units. Measures to effect control were the use of Cyanogas (Calcium cyanide) in burrows and baiting with a new single-feed anti-coagulant to prevent re-infestation. A total of 5 880 rodents were recovered in this survey.

Bed Bugs

Routine anti-cimex measures were carried out in the hostels administered by the Port Natal Administration Board on a routine basis. In all 3 090 rooms were treated.

Cockroaches

The department implements measures for the control of cockroaches in Municipal buildings the work being carried out mainly over weekends when the premises are not occupied. Further a total of 14 443 street drains and sewer manholes mainly in the City centre and Point areas, were sprayed with an insecticide.

Two restaurants, the interiors of which were painted with different brands of an insecticidal paint, were monitored during the year. Results obtained indicate that such paints may play a role in the control and elimination of cockroaches and other insect pests in food handling premises.

Snails

The department's bilharzia snail collecting programme continued. All snails collected were examined and identified in the department's laboratory and possible intermediate hosts of the bilharzia parasite were submitted to the Research Institute for Diseases in a Tropical Environment for detailed classification and study.

The following table records identification and numbers of snails examined:

Bulinus physopsis africanus	2 224
Bulinus bulinus	2 519
Biomphalaria spp.	2 496
Limnea natalensis	1 484
Physa spp.	8
Limnea columella	96
	8 827

Bush Clearing

The department undertakes the removal of undergrowth from vacant land on a tariff basis and the removal of miscellaneous refuse dumped thereon on a time and labour basis. On occasions the work is done in default of the terms of a notice. During the year a total of 151 hectares of vacant land was cleared of rank weeds and vegetation throughout the City.

Domestic Pest Control Operators

This department undertakes to examine aspirant operators in regard to their knowledge of the dangers attached to the use and misuse of pesticides. This ensures that only responsible persons, adequately trained, are able to obtain a trading licence. Three persons were examined during the year, only one being successful.

X. MILK SUPPLIES

FRESH MILK PRODUCTION

Durban's milk supply originates very largely from central, southern and western Natal and the nearer northern parts of the province with a minor portion presently coming from East Griqualand.

For the fourth successive year climatic conditions made dairying difficult with the mid and late summer rainfall being much below average generally. An average daily production of some 455 000 ℓ was achieved by registered producers with production being at its lowest during March and reaching a peak in November. At times much of this milk was diverted for industrial manufacturing purposes, largely cheese-making, as an average of some 340 000 ℓ daily was transported to the pasteurisation and bottling plants serving the City. Volume diverted varies greatly throughout any year as both milk consumption and milk production are subject to wide fluctuation. At the end of 1982, 356 dairymen were registered as suppliers of fresh milk for consumption in Durban.

Producers are registered to supply milk to the Durban market provided certain structural and hygienic bylaw requirements are fulfilled in respect of farm dairy premises and milking equipment. Registration is an annual requirement. Three dairy inspectors and a senior dairy inspector are responsible for approving new registrations and for ensuring the maintenance of satisfactory structural and hygienic standards of existing registered dairy premises.

Machine milking is practised by 97,2 % of registered producers and the bulk refrigerated storage of milk continued to expand with 95,5 % of farms presently using this method of storing milk.

A rise in the price of fresh milk was permitted in June when the consumer price rose by 6,5 c per ℓ with producers receiving 3,85 c of this and distributors 2,65 c. The "on-farm" price of fresh milk thus became 36,35 c per ℓ .

Assistance largely of an advisory nature is given to dairy farmers during farm visits made by the Veterinary Medical Officer and the dairy inspectors. This is aimed at improving the hygiene and keeping quality of milk, encouraging the application of mastitis control measures, the exclusion of antibiotic contaminants from the milk supply and general herd health and milk quality matters. A penalty scheme operated by the department in conjunction with the milk distributors continued to be used to limit antibiotic residue contamination to a minimum (see tables). The testing of vacuum levels and pulsation efficiency of milking machines was carried out at the request of producers.

No unusual or unexpected diseases or conditions affecting dairy animals occurred in the region during the year. Bovine mastitis, both clinical and sub-clinical, and extended intercalving periods for various reasons continued to be the major causes of economic loss to dairy farmers. Tickborne protozoal diseases, leptospirosis, brucellosis and quarter-evil all occurred sporadically although vaccination and other control measures available have made these diseases rather rare.

TRANSPORTATION AND PROCESSING

Farm refrigerated milk tanks are emptied into farm collection road tankers either every day or every other day. This milk is further bulked into large mainroad tankers and trailers either at the roadside or at one of three up-country bulking depots for further transportation to one of the pasteurising plants. The milk of the handful of can suppliers is bulked at one of two up-country receiving platforms. Most milk is transported by the dairy companies' own tanker vehicles although a few farmers and a private company have their own tankers.

Two pasteurisation and packing plants serve the bulk of the City's milk needs. One of these dairies is situated within the borough and one is at Pinetown. A third plant, at Thornville, some 80 kilometers from Durban, supplies a minor portion of milk to Durban. Various milk by-products such as yoghurt, maas, cream, flavoured milk, etc. are imported into the borough from approved centres in other provinces. U.H.T. pasteurised milk and milk products are received from factories in Kimberley, Port Elizabeth, Johannesburg and Pinetown. Frozen milk products are made at two factories in Durban and are also imported from dairies in Pretoria, Johannesburg and Pinetown.

All milk and milk products available to Durban consumers must have undergone adequate heat treatment, either pasteurisation, U.H.T. pasteurisation or sterilisation. Most pasteurised milk was sold in board (53 %) or plastic containers (16 %) although home-delivered milk in glass bottles accounted for almost 30 % of sales.

The volume of milk and milk products (excluding frozen milk products) produced by the three pasteurisation plants under the direct control of the department averaged some 337 000 ℓ daily during 1982. Of this amount some 142 000 ℓ (42,2 %) was sold in Durban. The only real growth in consumption is seen in milk by-products such as low-fat milk, yoghurt and maas as indicated in the table below.

STATISTICS RELATIVE TO DURBAN'S MILK SUPPLY

	<u>1982</u>	<u>1981</u>
A. <u>Raw Milk Production and Intake</u>		
Number of registered producers at year end	356	362
Mean total daily production of fresh milk	455 000 ℓ	414 000 ℓ
Mean daily intake by local factories	340 000 ℓ	338 000 ℓ
Industrial milk introduced - total for year	397 500 ℓ	684 200 ℓ
B. <u>Heat-treated Milk and Milk Products</u>		
(i) <u>Pasteurised Wholemilk</u>		
(a) Mean daily sales total	193 000 ℓ	190 800 ℓ
(b) Mean daily sales within the City (estimated)	103 100 ℓ	105 300 ℓ
(ii) <u>Sterilised Wholemilk and Skim Milk</u>		
(a) Mean daily sales total	64 900 ℓ	66 800 ℓ
(b) Mean daily sales within the City (estimated)	26 000 ℓ	26 500 ℓ
(iii) <u>Cream, Skim, Low-fat Milk</u> <u>Flavour Milk and Cultured Products</u>		
(a) Mean daily sales total	78 800 ℓ	70 100 ℓ
(b) Mean daily sales within the City (estimated)	16 900 ℓ	17 500 ℓ
(iv) <u>Ice-Cream, Sorbet and Iced Milk</u> <u>Confections</u>		
Estimated mean daily sales within the City	18 000 ℓ	14 000 ℓ

(v) <u>U.H.T. Pasteurised Milk and Milk Products</u>	1982	1981
(a) Annual volume of locally produced U.H.T. whole milk sold within the City	48 600 £	44 600 £
(b) Annual volume of introduced U.H.T. whole milk sold within the City	292 500 £	355 000 £
(c) Annual volume of locally produced U.H.T. milk products sold within the City	Nil	50 £
(d) Annual volume of introduced U.H.T. milk products sold within the City	341 000 £	331 800 £

QUALITY CONTROL OF MILK SUPPLIES

Inspectional staff consists of three dairy inspectors who are responsible for farm dairy and bulking depot inspections and for up-country milk sampling and one inspector working within the borough responsible for the sampling of pasteurised products and for follow-up work. All fall under the direct control of the Senior Dairy Inspector. During the year these officials carried out the following inspections, the figures in parenthesis being relative to 1981:

(i) Inspections of farm dairy premises	829	(850)
(ii) Inspections of country bulking depots	123	(180)
(iii) Inspections of City milk handling premises	1 047	(964)

Routine sampling of herd milks is undertaken by the inspectors but this was not as frequent as desired because of the time-consuming nature of the work, samples having to be collected on each farm before the milk is uplifted. Farm samples were therefore only tested on average every seven to eight weeks. These samples were returned to the departmental laboratory under refrigeration for testing. In addition sampling and testing of bulked road-tanker milk was regularly done.

All testing is done with a view to monitoring the standard of clean milk production methods, the hygiene of milk-contacting surfaces and the efficiency of milk cooling. Test results are given to each producer and the inspector and distribution company concerned so that prompt corrective action can be taken where necessary.

A change was made during 1982 in one of the bylaw standards relating to raw milk whereby a total plate count standard was substituted for the previous thermophilic organism standard. This is in line with modern thinking and has resulted in a higher bacterial standard. The maximum total bacterial count allowed is 200 000 organisms per ml.

The department was of assistance to the State Health Department in sampling raw milk supplies for subsequent testing for the presence of pesticide residues. While initial results showed a variety of such residues to be present in many farm milk samples, the only product found in concentrations above the legal limit was dieldrin. Extension and follow-up work was initiated among offending milk producers.

The inspectors also collected samples of farm dairy waters for testing as and when required. This aspect received greater attention this year due to the presence of cholera and dairymen were impressed with the desirability of using only effectively chlorinated water.

Pasteurised milk and milk products are sampled each weekday from factories of origin and from retail outlets such as supermarkets, tearooms, restaurants and hotels. In this way the hygiene of the production line and the hygiene of handling and serving of these products is monitored. Where test results do not comply with bylaw standards a follow-up system was brought into operation and prosecutions instituted where appropriate. Samples bought at retail outlets were generally bacteriologically inferior to products sampled at processing plants indicating that ambient temperatures, especially those experienced during Durban's summer months, play a very big part in bringing about a deterioration of bacteriological and keeping quality.

The departmental laboratory is staffed by a Medical Technologist and a trained laboratory assistant who are responsible for the testing of milk and milk product samples as well as prepared foods, seafoods, waters etc.

TYPHOID CONTROL IN MILK HANDLERS

Stool and urine culturing for *S. typhi* was instituted after State Health Department withdrew their vi-testing facility in 1981. Testing and immunising of milk line production workers and persons operating from soft dairy mix vehicles continued. There were no positive findings for Salmonella typhi.

The results are summarised below:

Total Persons Tested	Total Stool Specimens	Total Urine	Total Tests	S. Typhi Results
84 (6 White 13 Indian 65 Black)	246	247	493	All specimens negative

Where other pathogens were found the necessary action was taken.

STATISTICS OF SAMPLES TAKEN AND TESTS PERFORMED

A. Samples

a) Samples taken under the Foodstuffs, Cosmetics and Disinfectants Act and tested by State Chemical Laboratory:

	1982	1981
(i) Milk	27	26
(ii) Cream	9	12
(iii) Frozen milk products	16	4
(iv) Other milk products	28	40

b) Samples submitted to departmental laboratory;

Raw bulked milk	3 322	3 592
Pasteurised milk	2 279	2 348
Pasteurised cream	431	305
Separated and lowfat milk	394	382
Cultured milk products	1 374	972
Ice cream, soft serve, iced confections	1 957	1 923
U.H.T. pasteurised products	124	148
Milk and Milk-shakes	84	69
Flavoured milk	223	135
Swabs, rinses, agar sausage surveys	371	339
Prepared foods	141	48
Fresh seafoods	107	43
Waters and effluents	536	412
Equipment sterility	467	397
Miscellaneous samples	8	18

B. Tests Performed in Departmental Laboratory

a) Milk and Milk Products

Coliform counts	7 145	6 572
Eijkmann tests	16 017	10 118
Thermoturic Counts	3 091	3 540
Total plate counts	221	203
Methylene blue reductions	3 178	3 367
Resazurin reductions	57	403
Phosphatase tests	5 172	4 706
Brucellosis (stained antigen)	2 617	2 746

	1982	1981
Mastitis (electronic cell counts)	3 340	2 563
Inhibitory Substances (TTC and thermocult)	3 979	4 287
Flavour, sterility, stability	309	292
Sediment tests	103	410
Miscellaneous tests	467	806
b) <u>Prepared Foods</u>		
Eijkmann tests, staphylococci, enterobacteria and clostridia determinations	613	333
c) <u>Water and effluent Samples</u>		
Coliform and E.coli I counts and cultures	1 746	1 935
d) <u>Fresh Seafoods</u>	1 310	1 705
e) <u>Miscellaneous</u> - swabs, rinses, equipment sterility, impression culture surveys etc.	888	

C. Results of Tests on Producer (Farm) Milk
 Figures in parenthesis are in respect of 1981.

Test	Number of Samples		Percentage Satisfactory	
Resazurin - one hour	57	(403)	78,9%	(92%)
Sediment	103	(410)	93,2%	(94%)
Inhibitory Substances (thermocult)	2 591	(2 593)	98,9%	(99%)
Thermoduric Count	2 463	(2 715)	92,7%	(89%)
Total Plate Count	153		72,5%	
Somatic cell count	2 606	(2 449)	94,3%	(93%)
Brucellosis - ring test	2 616	(2 715)	98,4%	(91%)
Eijkmann - using 0,01ml	2 616	(2 715)	87,4%	(84%)

Note : The Standards used in interpreting the above tests are:

- i) One hour resazurin test - fail if disc reading below 3 1/2
- ii) Thermoduric organisms - > 50 000 per ml. unsatisfactory
- iii) Total plate count - > 200 000 per ml. unsatisfactory
- iv) Somatic cell count - > 10^6 cells per ml. unsatisfactory.

D. Results of Tests on Routine Samples of Pasteurised Milk and Milk Products:

Figures in parenthesis are in respect of 1981.

PRODUCT	No. of Samples		Test and percentage satisfactory			
			Meth. Blue Reduction	Phosphatase	Coliform Count	Eijkmann Test
a) Pasteurised Milk						
i. Glass bottles	501	(493)	85,4 (86)	100 (100)	87 (90)	99 (99,4)
ii. Plastic bottles and sachets	639	(651)	90,7 (93)	100 (99,8)	93,3 (95)	100 (99,2)
iii. Board containers	971	(1035)	88,7 (82)	100 (99,9)	95,5 (90)	99,8 (98,5)
iv. Cans	162	(158)	87 (90)	100 (100)	95,1 (93)	100 (99,4)
b) Cream	421	(304)	85,3 (80)	99,7 (99,7)	90 (82)	97,9 (97,4)
c) Separated and Low-fat Milk	394	(376)	87,9 (87)	100 (99,5)	88,3 (94)	98 (97,9)
d) Cultured Products	1359	(961)			97,3 (95)	99,2 (98,3)
e) Flavoured Milks	220	(135)			89,5 (87)	98,6 (99,3)
f) Dispensed Milk/ Milk Shakes	84	(69)		100 (100)	58,3 (45)	91,7 (94,2)
g) Frozen Milk Products						
i. Factory Icecream	316	(323)		100 (100)	88,9 (87)	98,1 (98,1)
ii. Retailled scoop icecream	866	(870)		100 (100)	67,6 (67)	95,7 (92,8)
iii. Factory soft mix	241	(257)		100 (100)	95,4 (96)	100 (100)
iv. Retailled soft mix	229	(173)		100 (100)	56,8 (56)	95,2 (97,1)
v. Iced Confections	243	(263)		100 (100)	85,2 (90)	97,1 (98,5)

XI. PROSECUTIONS

The department generally only resorts to the institution of legal proceedings for contraventions of legal codes when either health education or warning measures have not been effective, or else serious deviations from prescribed standards are encountered.

The total number of prosecution cases finalised during the year amounted to 413, the majority of these cases (327) being referred through the Durban Magistrates' Courts and the balance of 86 to the Regional Court at Chatsworth.

The total number of prosecutions is much higher than that of previous years and it would appear at least that an attitude of indifference exists in a certain section of the general public.

It is again extremely satisfying to record the high degree of success achieved in analysing the results of these prosecutions - in fact no verdict of "not guilty" was returned during the year. This may well be attributable to several factors, including the professional services of the Town Clerk's legal section for prosecuting defended cases, intensive departmental screening of all facets of the case in exercising a discretion to prosecute and finally a proper presentation of evidence by the inspectorate.

It was necessary to recommend the withdrawal of a number of prosecutions (29) during the year, mainly for reasons that the accused could no longer be traced and/or a considerable time had elapsed since the date of the offence.

The number of "counts" reflecting the actual sections of the law contravened numbered 547, and are summarised hereunder:

CONTRAVENTION	ADMITTED GUILT (COUNTS)	FOUND GUILTY (COUNTS)	FINES	REMARKS
1. <u>ACTS AND GOVERNMENTAL REGULATIONS</u>			R	
<u>Foodstuffs, Cosmetics and Disinfectants Act 54/1972</u>				
Minced meat: preservative present	2		140	
Ice Cream : fat other than milk fat	1		80	
Sausages: excess pres- ervative	1		80	
Boerewors: less than 90 % total meat	4		240	
Sausages: less than 1,75 % protein nitrogen	1		60	
Spices: Illegal colour- ant	1		60	

CONTRAVENTION	ADMITTED GUILT (COUNTS)	FOUND GUILTY (COUNTS)	FINES	REMARKS
<u>Slums Act</u>			R	
Breach of Slum Court Order	6	3	550	1 withdrawn
<u>Malaria Regulations No. 35 of 1967</u>				
Mosquito breeding	8		520	1 withdrawn
2. <u>ORDINANCES</u>				
<u>Licences & Business Hours Ordinance</u>				
Trading outside scope of licence				1 withdrawn
Hawking without licence	3	1	145	
3. <u>BYLAWS</u>				
<u>Building Bylaws</u>				
Lack of sanitary accommodation	11	5	870	5 withdrawn
<u>Food Bylaws</u>				
Dirty conditions	27	4	1 710	3 withdrawn
Unregistered food vehicle	39	8	2 025	5 withdrawn
Food kept at incorrect temperature	13	5	870	1 withdrawn
No overalls provided	15	4	770	
Premises not purpose designed	4		240	
Food exposed to contamination	17	5	1 085	1 withdrawn
Dirty food vehicle	9	3	720	1 withdrawn
Dirty plant and equipment	3		100	
Sold food illegally from dwelling	14	1	1 120	
Unsound food for sale	9		600	1 withdrawn
Food conveyed in unsuitable vehicle	6		320	
No toilet paper provided	1		40	
No towel, soap etc. provided	9	1	470	1 withdrawn

CONTRAVENTIONS	ADMITTED GUILT (COUNTS)	FOUND GUILTY (COUNTS)	FINES	REMARKS
<u>Food Bylaws</u> (contd.)			R	
Food wrapped in newspaper				2 withdrawn
Clothing in food room	2		45	
Incompatible articles in food room	7	1	220	1 withdrawn
Dirty utensils	2		100	
No hot water supplied	2		80	
Unsound fittings and fixtures	4		250	
Food not protected from rodents	1		40	1 withdrawn
<u>General Bylaws</u>				
No proof of rabies vaccination	3	2	135	2 withdrawn
Unauthorised dumping	98	5	2 120	3 withdrawn
Failure to remove dumped refuse	2		30	
Derelict vehicle	4		160	1 withdrawn 1 cautioned and discharged
<u>Milk (and Milk Products) Bylaws</u>				
Contaminated milk	1		80	
Contaminated ice cream	8		550	
Contaminated low fat milk	3		240	
Contaminated cream	4		320	
Ice Cream stored at incorrect temperature	1		60	
Dirty conditions	1		60	

CONTRAVENTION	ADMITTED GUILT (COUNTS)	FOUND GUILTY (COUNTS)	FINES	REMARKS
<u>Public Health Bylaws</u>			R	
Dirty conditions	42	3	2 560	1 cautioned and discharged 5 withdrawn
Using privy where sewerage is available	1		20	
Sanitary fitments in disrepair	3		160	1 withdrawn
Drains in disrepair	2		90	
No toilets for employees	3		180	
Fly and mosquito development	5	1	380	
Illegal poultry keeping	5		260	
Defective water pipes	6		270	
Defective waste pipes	1		60	
Building in disrepair	12	2	730	2 withdrawn
Slaughtering of birds on unapproved premises	1		80	
Fowl house incorrectly sited	2		80	
Polluted water flowing onto public road	1		40	
People sleeping in unapproved room	1		60	
Failing to maintain water supply				1 withdrawn
No refuse recept- acle	2		60	
Uncovered refuse bins	1		20	
Rodent harbourage	3		160	1 withdrawn
Bedbug infestation				1 withdrawn
Insufficient chlorine in swimming pool	1		60	
<u>Scheduled Trades & Occupations Bylaws</u>				
Conducting unregistered trades without permission	8	2	550	
TOTAL	447	56	R23 125	

XII ALLIED HEALTH SERVICES

Certain ancilliary public health services are undertaken by other authorities and municipal departments. I am indebted to the Branch Manager of the Meat Board and the Director, Parks, Recreation and Beaches Department for supplying the following information for the year under review:

ABATTOIR SERVICES

The ultra-modern abattoir plant at Cato Ridge now supplies the meat requirements for not only Durban, but Pietermaritzburg and other areas as well.

It is therefore not possible to isolate the meat quantities introduced to Durban alone; however the following table reflects the abattoir throughput of carcasses for 1982, figures for the previous year being given in parenthesis:

ANIMAL	SLAUGHTERED	CONDEMNED
Bovine : Mature	216 006 (182 688)	4 030 (3 538)
Calves	6 892 (6 986)	452 (536)
Swine	64 353 (64 097)	1 124 (1 108)
Sheep and Goats	1 196 452 (1 034 765)	15 219 (11 902)

CEMETERY SERVICES

(a) Interments and Cremations

COMMUNITY	INTERMENTS	CREMATIONS	TOTAL
White	631	2 757	3 388
Coloured	338	-	338
Black	226	-	226
Indian	1 363	932	2 295
Total	2 558	3 689	6 247

The position in regard to the burial of Blacks remains unchanged and the majority were buried at the Ntuzuma Township Cemetery outside Durban.

From 1 April 1981 the Port Natal Administration Board accepted responsibility for the burial of Black paupers who die in the City. In the period under review there were 298 such pauper burials.

(b) GENERAL

The anticipated increase in burials at Red Hill Cemetery has not materialised to any extent, but the cemetery still remains the major cemetery for the White group with the decrease in available sites in Stellawood.

The City Council appointed a firm of Management Consultants to undertake a feasibility study into the establishment of a further crematorium in the City and its cost effectiveness on the resultant saving in land for earth burial.

The subject of regionalisation of cemeteries continued to receive the attention of the Durban Metropolitan Consultative Committee.

ENGINEERING SERVICES

Within the Durban local authority, water purification and reticulation, cleansing services and the control of sewerage and air pollution fall under the jurisdiction of the City Engineer. Information concerning these services may be found in his annual report.

XIII. GENERAL

MEDICAL BUREAU

The activities of this section included the following:

- (a) The pre-employment medical examination of White, Coloured, Indian and graded Black entrants to the Municipal Service;
- (b) a medical consultative service for members of the Fire and Police Departments;
- (c) the convening of Medical Boards and special medical examinations at the request of various departments;
- (d) scrutiny of Injured on Duty certificates;
- (e) classification of mortality statistics in terms of international coding;
- (f) relief duties at departmental clinics;
- (g) annual re-examination of all Municipal drivers for public service vehicle certificates.

Medical examinations performed during the year were as follows:

Examination	White	Coloured	Black	Indian	Total
Pre-employment	741	41	256	393	1 431
Consultations	264	-	-	-	264
Medical Boards	35	-	118	38	191
Public Vehicle Certificates	46	2	763	103	914

CONFERENCES, SEMINARS, APPOINTMENTS AND TOURS

During 1980 the City Medical Officer of Health received two Ministerial appointments from the Minister of Health and Welfare, to serve on the Committee of Inquiry into Hospital and Public Health Services, and the Health Matters Advisory Committee. These commitments required Dr. Mackenzie's frequent attendance at a number of Committee Meetings at various centres throughout the year, and the submission and collation of various reports in connection therewith.

Dr. Mackenzie attended two Conferences during the year, both being held in Pretoria, on each occasion being accompanied by one of the Deputy Medical Officers of Health. The conferences concerned 'Computers in Medicine' (February), and an Epidemiological Work Conference (March).

Other conferences and seminars attended by Executive Staff were:

International Tuberculosis Conference, Pretoria - Assistant Medical Officer of Health, Dr. R.H. Brown (April)

Symposium: Transvaal and Natal Branches of the Royal Society of Tropical Medicine and Hygiene, with the Parasitological Society of Southern Africa, Johannesburg - Deputy City Medical Officer of Health, Dr. M.B. Richter (July)

Biennial Meeting of the Council in Session : South African National Council for Child and Family Welfare, Johannesburg - Deputy City Medical Officer of Health, Dr. N.L. Becker (September)

South African Conference on Care of the Aged, Johannesburg - Deputy City Medical Officer of Health
- Dr N.L. Becker (September)

Symposium of Cardiology in a Tropical Environment, Durban - Deputy City Medical Officer of Health,
Dr. M.B. Richter (September)

Symposium/Workshop: Institute of Public Health and Health Officers' Association, Durban - Deputy City Medical Officer of Health,
Dr. M.B. Richter (September)

Symposium : Sexually Transmitted Diseases, Durban - Assistant Medical Officer of Health, Dr. R.H. Brown (November)

Conference : Health Realities in Southern Africa, Pretoria - Deputy City Medical Officer of Health,
Dr. M.B. Richter (November)

Throughout the year the City Council also authorised various personnel of the department to attend Symposia, courses and lectures where this was considered to be in the Council's best interests. These are recorded in the various sectional reports.

In March 1982 the Deputy City Medical Officer of Health, Dr. M.B. Richter, was appointed (vice Dr. Mackenzie) to represent the United Municipal Executive on the Advisory Committee on the Animal Slaughter, Meat and Animal Products Hygiene Act.

During the months of May and June, Deputy City Medical Officer of Health Dr. N.L. Becker undertook an overseas study tour to visit Health Departments in the United States of America, Canada, Eire and the United Kingdom. The purpose of the tour was to ascertain their range of functions and relationship with the various tiers of government and to gain insight into their method of operation and funding. Much valuable information was gained from the experience.

EXECUTIVE, POLICY AND PROFESSIONAL MEETINGS

During the course of the year the City Medical Officer of Health or one of the Deputies attended the monthly meetings of the Health and Housing Committee of the City Council, and either attended personally or arranged for departmental representation at other Sub-Committees as and when necessary. Periodic meetings of the Departmental Scrutiny and Review Sub-Committee, and Staff Liaison meetings, were held from time to time.

In addition, Dr. Mackenzie attended, chaired or was represented by one of his Deputies at numerous other meetings, including the following:-

The Coastal Branch Committee of the Medical Association of South Africa,
Steering Committee for the Monitoring of Durban's Bathing Beaches,
Durban Psychiatric Co-Ordinating Committee,
Natal Laboratory Services Advisory Committee,
Natal Regional Council of the South African Red Cross Society,
Preventive and Community Medicine Group of Medical Association of South Africa,
Institute of Public Health,
Steering Committee for the Sea Disposal of Sludge,
Technical Sub-Committee for the Sea Disposal of Sludge,
Steering Committee for the Indian Housing Study for the Durban and
Pietermaritzburg Metropolitan Areas,
Working Party re Municipal Health Services of the Durban Metropolitan
Consultative Committee,
Natal Regional Research Liaison Committee of the C.S.I.R.,
Cholera Liaison Committee,
Kwa Zulu/Natal Health Liaison Committee,
Durban Port Health Committee
Advisory Committee on the Animal Slaughter, Meat and Animal Products
Hygiene Act,
Executive Committee meeting of the Durban Metropolitan Consultative Committee.

Throughout the year a number of other meetings were held with various organisations, authorities or bodies, to discuss matters of policy and importance which required consideration or consultation at executive level. An appreciation of the range of subject discussion may be gleaned from the following examples:

Possible de-registration of East Griqualand Milk Suppliers :
Dairy Control Board/Producers' Union/Distributing Company,
Administration of Slums Act : Attorneys of aggrieved party,
Air Pollution : Bluff - Ratepayers' Association/Refinery Management/State
Health and City Engineers' officials,
Sociological and Crime Related Problems : Austerville Working Party,
Proposed refund procedure under Health Act 63/1977 : Department of
Health and Welfare,
Offensive Trade Liaison Meetings : Company management.

TRAINING

As in previous years, the department continued to provide practical training facilities for students in medical and allied health disciplines from various universities and training colleges. Specially prepared programmes were given with the object of permitting optimum coverage of study fields, taking into account the nature, duration and intensity of in-service training required.

Students who received the benefit of organised practical training, lectures, topic teaching, or panel discussion sessions came from the medical, veterinary, pharmacy, social science, health inspection, community nursing and nursing disciplines. With regard to the latter categories of students, where the greatest amount of training is involved, a full report hereon features in the Chapter on Family Health.

In latter years the department has noticed that the demands for practical training have increased considerably. It has therefore been necessary to require educational/training institutions to give adequate notice of their training requirements to facilitate planning of programmes, having due regard to all the department's commitments.

NURSING AWARDS

The City Council annually makes certain awards and presents commemorative certificates to outstanding nursing students undergoing training courses at general hospitals in Durban. The objective is to provide a form of incentive to trainees, and during 1982 the following awards were made by the Selection Committee:

Addington Provincial Hospital:

Diploma	Gold Medal	:	Miss L. Dougherty
	Silver Medal	:	Miss P.M. Spooner
Enrolled	Travel Clock	:	Miss S.J. Holland

Entabeni Private Hospital

Diploma	Gold Fob Watch	:	Miss S.L. Harms
	Steel Fob Watch	:	Miss N.M. Hodgson
Enrolled	Travel Clock	:	Mrs. E.F. Campbell-Gillies

King Edward VIII Provincial Hospital:

Diploma	Gold Fob Watch	:	Miss L.R. Mqwati
	Steel Fob Watch	:	Miss Z.R. Mkhize

McCord Zulu Hospital:

Diploma	Gold Fob Watch	:	Mrs. Z.B. Ally
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R.K. Khan Provincial Hospital:

Diploma	Gold Fob Watch	:	Miss P.A. Callaghan
	Steel Fob Watch	:	Miss S. Govender

St. Augustine's Hospital:

Diploma	Gold Fob Watch	:	Mrs. L.C. Coetzee
Enrolled	Travel Clock	:	Miss L.K. Wood

LEGISLATION

In view of the plenary powers conferred by the City Council upon the Medical Officer of Health to comment on proposed public health legislation, this is done as standard procedure where so considered necessary.

In this regard comment was offered by this department on the following draft legislation or amendments to existing legislation of national or provincial import:

Regulations relating to Pest Control Operators,
 Regulations : Milk and Milk Products : Foodstuffs, Cosmetics and Disinfectants Act,
 Regulations : Prevention of Transmission of Communicable Disease from Animals to Human Beings : Health Act,
 Regulations : Subsidies Payable to Local Authorities : Health Act,
 Regulations : Communicable/Infectious Diseases : Health Act,
 Regulations : Undertakers : Health Act,
 Draft Animal Diseases and Parasites Control Bill,
 Uniform Cremation Ordinance.

Local bylaws received attention as follows:

- (a) The department motivated amendments to the standards prescribed in the Milk (and Milk Products) Bylaws aimed at achieving an improved raw milk quality and ultimate shelf life of the pasteurised product.
- (b) Comprehensive comments were provided to the Town Clerk's Legal Section on proposed Animal Bylaws as the existing were out-dated and required consolidation and revision.

XIV. STAFF AND FINANCIAL SUMMARY

Amendments to Staff Establishment

Section	Designation of Post	No. of Posts	Remarks	Council Authority
(a) <u>Additions</u>				
Epidemiology	Typist Part-time	1	Post converted from full-time	3/5/82
Personnel	Clerk II "	1	Post converted from full-time	2/8/82
Administration	Chief Assistant Technical	1	Re-designation of post of Senior Assistant Technical	
Family Health	Clinic Sister	1	Conversion of post from Community Health Nurse	30/8/82
Personnel	Senior Staff Assistant	1	Expansion of Personnel function	30/8/82
Family Planning	Clinic Sister Part-time	2	Expansion of Family Planning function	15/12/82
Community Liaison	Field Assistant	10	Expansion of Community Liaison section to relieve Social Workers of mundane functions.	15/12/82
(b) <u>Deletions</u>				
Finance	Senior Assistant	1	Function transferred to City Treasurer	2/3/82
	Chief Clerk I	1	Replaced by Senior Accountant and Accountant	2/3/82
	Senior Clerk II	1	Transferred to City Treasurer's Department.	2/3/82
	Clerk I	1	"	2/3/82
	Clerk II	2	"	2/3/82
	Clerk II	1	Redundant post	2/3/82
Epidemiology	Typist	1	Full-time post converted to part-time	3/5/82
Personnel	Clerk II	1	"	2/8/82
	Clerk	2	Redundant posts	30/8/82
Administration	Senior Assistant Technical	1	Re-designation of post	
Family Health	Community Health Nurse	1	Conversion of post to Clinic Sister	30/8/82

Ancillary Staff Matters

(i) Housing Loan Guarantee Scheme

The City Council on 1 February 1982 agreed to increase the amount of the Council guarantee from 15% to 20% to facilitate 95% loans for "lower income category" employees and on 20 September 1982 resolved that this category would include incomes ranging from R0 - R10 000. On 15 November 1982 this was amended to include **all** employees contributing to one of the three pension funds, but subject to certain conditions.

(ii) Housing Subsidies

On 1 February 1982 the City Council approved an amendment to the rules governing the grant of subsidies by increasing the amount on which subsidies are payable from R20 000 to R40 000.

(iii) Pension Fund

The City Council on 1 February 1982 approved, in principle, an amendment to the Durban Municipal Pension Fund rules permitting ungraded employees to retire at 60 years of age.

On 7 June 1982 the Council agreed in principle to contribute to additional pension benefits on a cost shared basis which would provide for pensions to be:

- (a) calculated on basis of average pensionable salary over last 30 months service instead of last 36 months;
- (b) pensions not being subject to discount for early retirement subject to member having had 40 years pensionable or qualifying service;
- (c) gratuity not to be subject to discount for early retirement subject to member having had 40 years service.

(iv) Salaries

The City Council on 1 February 1982 authorised improved salary scales for certain refundable health personnel and on 2 July 1982 approved a general increase in salaries of approximately 7% with effect from 1 August 1982.

(v) Senior Clinic Sister

On 2 March 1982 authority was obtained from the City Council for the creation of two posts of Senior Clinic Sister to take charge of nursing services at the Durban Chest Clinic and the Special Clinic, subject to the deletion of two vacant posts of Clinic Sister.

The approval of the Department of Health and Welfare was not forthcoming and accordingly the proposal was shelved.

(vi) Subsidised Locomotion Scheme

The City Council on 15 March 1982 resolved that the locomotion allowance scheme be amended by increasing the rate per kilometre from 8,7 cents to 9,1 cents. This was further increased on 15 November to 9,7 cents per kilometre.

The Council on 19 April 1982 increased the maximum loan for purchase of a motor car from R7 500 to R8 600. This was further increased on 15 December 1982 to R10 000. The Council's share of interest and depreciation payable was increased accordingly.

The garaging allowance was increased to R300 per annum with effect from 1 May 1982.

STAFF ESTABLISHMENT

The authorised establishment as at 31 December 1982 was **728** staff members, subdivided as shown below and on the following pages. However, as an anti-inflationary measure the Council's Management Scrutiny and Review Sub-Committee limited the number of posts in this department which may be filled to **688**, 5,5 % below the authorised establishment. This revised establishment could be increased by the Sub-committee upon receipt of motivation of the urgent necessity to fill a critical post.

Administration Section

	<u>NO</u>
City Medical Officer of Health	1
Dr. C. R. Mackenzie , M.B.; B.Ch.; (Witwatersrand) D.P.H.; D.T.M. & H. (Witwatersrand); F.R.S.H.; F.I.P.H. (Life).	
Deputy City Medical Officer of Health	2
Dr. N. L. Becker , M.B.; Ch.B (Cape Town) B.Comm.; D.P.H. (Cape Town); D.I.H. (RCP Lond. RCS Eng.) Dr. M. B. Richter , M.B.; B.Ch.; (Witwatersrand) D.P.H. (Cape Town); D.I.H. (Dundee); D.T.M. & H. (Witwatersrand)	
Assistant Medical Officer of Health	2
Dr. R. H. Brown , M.B.; Ch.B. (Edin.); D.P.H. (Edin.); D.I.H. (RCP Lond. RCS Eng.) Dr. H. R. J. Wannenburg , M.B.; B.Ch.; (Witwatersrand)	
Personal Assistant	1
Johnston, M.J. , (National Diploma for Health Inspectors)	
Principal Assistant (Administration)	1
Behn, A. L. (Cert. R.S.H.)	
Chief Assistant (Technical)	1
Senior Assistant (Technical)	1
Senior Sister (Civil Defence)	1
Chief Clerk (Grade II)	2
Senior Clerk	7
(Grade II ... 4) (Grade III ... 3)	
Technician - Audiometry	1
Records Clerk	1
Clerk	15
(Grade I 4) (Grade II 11)	
Secretarial Assistant	2

	<u>NO</u>
Chief Typist	1
Typist	5
Switchboard Operator	1
Overseer (Level IV)	1
Health Assistant	1
Assistant (Grade III)	7
Watchman	2
Labourer	1
TOTAL	<u>57</u>

Personnel Section

Personnel Officer	1
Knight, Mrs. M. (Dip. Pers. Management)	
Senior Staff Assistant	1
Senior Clerk	2
(Grade I1)	
(Grade III1)	
Clerk II (1 Part-time)	2
TOTAL	<u>6</u>

Epidemiology Section

(embracing Tuberculosis, Infectious Diseases and Sexually Transmitted Disease Control)

a. Tuberculosis

Senior Clinical Medical Officer	2
Dr. A. F. L. Chathury , M.B.; Ch.B. (Natal)	
Dr. J. Duncan , M.B.; Ch.B. (Edin). (Acting Senior)	
Clinical Medical Officer	4
Dr. R. W. W. Bowes M.R.C.S.; L.R.C.P.; M.A. (Cantab.)	
Dr. W. E. Laufer M.D.; D.P.H.; D.T.M. & H. (Edin.)	
Dr. J. C. Stuart , M.B.; Ch.B.: (Cape)	
(1 vacant)	
Part-time Consultant : Radiologist	1
Dr. E. H. Fine , M.B.; B.Ch.; D.M.R.D.; R.C.P. (London); R.C.S.(Eng.)	
Senior Assistant (Administration)	1
Health Inspector	1
X-ray Technician	2
Radiographer	2

	NO.
Community Health Nurse	1
Clinic Sister	5
Clerk	1
Clinic Assistant	3
Typist (Part-time)	1
Health Assistant	26
Nurse Aide	10
Interpreter/Cleaner	4
Labourer	5
TOTAL	69

b. Infectious Diseases

Senior Health Inspector	1
Community Health Nurse	1
General Assistant	1
TOTAL	3

c. Sexually Transmitted Disease Clinic

Senior Clinic Medical Officer	1
Dr. J. S. P. Mattelaer, M.D. (Leuven)	
Clinical Medical Officer	2
Dr. I. D. Baboolal, L.R.C.P. L.R.C.S. (L.M.)	
Dr. K. R. Ramiah, M. Med. (Com. Health) F.F.C.M.(C.M.)	
Clinic Sister	4
Health Assistant	9
Interpreter/Cleaner	1
TOTAL	17

Health Inspection Section

	<u>NO.</u>
Chief Health Inspector	1
Hogan, J. P. Cert. R.S.H. Cert. Meat and other Foods	
Deputy Chief Health Inspector	2
Marsh, H. N. Cert. R.S.H. Cert. Meat and other Foods	
Spencer, D.W. Cert. R.S.H. Cert. Meat and other Foods Cert. Trop. Hygiene.	
Divisional Health Inspector	5
Senior Health Inspector	10
Health Inspector	56
Laboratory Assistant (Entomology).....	1
Pest Control : Supervisor	1
Assistant Supervisor	1
Senior General Assistant	32
General Assistant	13
Clerk II	1
Assistant	9
Senior Spotter	1
Spotter	16
Labourer	133
TOTAL	<u>282</u>

Veterinary Hygiene Section

Veterinary Medical Officer	1
Dr. W. B. Hobbs, B.V.Sc.	
Medical Laboratory Technologist	1
Laboratory Assistant	1
Assistant (Level IV)	1
TOTAL	<u>4</u>

Family Health and Immunisation

	<u>NO.</u>
Senior Clinical Medical Officer	1
Dr. H. E. Rose, M.B.; Ch.B. (Acting)	
Clinical Medical Officer	2
Dr. J. L. B. Slabbert, M.B.; B.S.	
Dr. C. A. Pieterse, M.B.; Ch.B. (Birmingham)	
Part-time Consultant : Paediatrician	1
Dr. J. H. Clyde, M.B.; B.Ch.; D.C.H.;	
R.C.P. (London); R.C.S. (England); F.C.P. (S.A.)	
Part-time Consultant : Obstetrician and Gynaecologist	1
Dr. S. T. Trezise, M.B.; Ch.B; M.R.C.O.G.	
Part-time Clinical Medical Officer	10
Chief Nursing Officer	1
Miss P. M. Burton, R.N. R.M. H.V. SHN Nurse Cert.	
Dip. H.V. Tutor. B.A.	
Deputy Chief Nursing Officer	1
Mrs. J. W. Sutherland, R.N. R.M. H.V. SHN Nurse Cert.	
Assistant Chief Nursing Officer	1
Mrs. P. A. Ross, R. N. R.M. D.N.E. D.N.A. Dip. C.H.N. Sc.	
Senior Community Health Nurse	8
Community Health Nurse	58
Clinic Sister (2 part-time)	36
Clinic Assistant	9
Part-time Clinic Assistant	2
Health Assistant	7
Nurse Aide	49
General Assistant	3
(2 grade - 329)	
(1 grade - 759)	
Assistant III	2
Interpreter/Cleaner	14
Labourer	1
	207

Family Planning Liaison Section

Family Planning Liaison Officer	1
Mrs. A. E. Adams, B. Soc.S. (Nursing)	
Senior Field Worker	2
Field Worker	19
TOTAL	22

Community Liaison Section

Community Liaison Officer	1
(V a c a n t)	
Deputy Community Liaison Officer	1
(V a c a n t)	
Senior Community Liaison worker	3
(V a c a n t)	
Community Liaison Worker	10
(V a c a n t 4)	
Field Assistant	10
(V a c a n t 10)	
TOTAL	25

Health Education Section

Health Educator	1
Smit. Mrs. J. A. B.Pharm. M.Sc.(Health Education)	
Commercial Artist	1
Technician	1
Community Health Nurse	2
Senior Lecturer	2
Lecturer	23
General Assistant	1
Technical Assistant	1
Assistant III	1
TOTAL	33

Medical Bureau

	NO.
Senior Clinical Medical Officer	1
Dr. G. N. P. Jackson. M. B.; Ch.B. (Cape Town)	
Part-time Clinical Medical Officer	1
Dr. G. E. Goldblatt. M.B.; Ch.B. (Cape Town)	
Part-time Clinic Assistant	1
TOTAL	3

GRAND TOTAL **728**

POST SUMMARY AS AT 31 DECEMBER 1982

	Assistant (Level IV)	1
	Assistant III	19
	Assistant Supervisor	1
	Clerical	45
	Clinic Assistant	12
	Clinic Assistant (Part-time)	3
	Clinic Sister	45
	Commercial Artist	1
	Community Health Nurse	73
	Community Liaison Officer/worker	25
	Family Planning Liaison Officer	1
	Field Worker (Family Planning)	21
	General Assistant	18
	Health Assistant	43
	Health Educator	1
	Health Inspector	76
	Interpreter/cleaner	19
	Laboratory Assistant	2
	Labourer	140
	Lecturer	25
	Medical Laboratory Technologist	1
	Medical Officer	18
	Nurse Aide	59
	Overseer	1
	Personal Assistant	1
	Personnel Officer	1
	Principal Assistant	1
	Radiographer	2
	Senior General Assistant	32
	Senior Sister (Civil Defence)	1
	Spotter	17
	Supervisor	1
	Technical Assistant	1
	Technician	1
	Technician (Audiometry)	1
	Veterinary Medical Officer	1
	Watchman	2
	X-ray Technician	2
Part-time	Clinical Medical Officer	11
Medical	Consultant Obstetrician and Gynaecologist	1
	Consultant Paediatrician	1
Personnel	Consultant Radiologist	1
TOTAL		728

FINANCIAL SUMMARY

An abbreviated statement of the cost, excluding capital expenditure, of the services undertaken by the City Health Department for the financial year ended 31 July 1982, with comparative figures for the preceding year, is set out below:

<u>Expenditure</u>	1981/82	1980/81
	R	R
Salaries, wages and allowances	6 153 891	5 038 887
Medical requisites	47 435	33 814
Tuberculosis hospitalisation	146 732	136 316
Hospitalisation of infectious diseases including sexually transmitted diseases	215 702	219 306
Transport and subsidised locomotion	426 660	334 374
Miscellaneous, including electricity, insurance, rents, rates, telephones, stationery, maintenance and loan charges	781 716	707 095
	7 772 136	6 469 792

	1981/82	1980/81		
<u>Income</u>	R	R		
General including hospital fees recovered	157 757	131 165		
Government part refunds: (Public Health Act)	2 233 352	1 847 973		
Health Services debited to Black hostels and locations	116 713	62 342	2 507 822	2 041 480
			5 264 314	4 428 312
		<u>NET COST</u>		

1981 / 1982

WHERE IT CAME FROM	GROSS EXPENDITURE: R7 772 136 FOR EACH	WHERE IT WENT
BOROUGH FUND REVENUE ACCOUNT 68 c GOVERNMENT PART REFUND ON SALARIES, HOSPITAL FEES, CLINIC AND HOSPITAL FEES RECOVERED 29 c FEES AND GENERAL INCOME 2 c P.N.A.B. 1 c	R	SALARIES, WAGES, ALLOWANCES AND ALLIED STAFF EXPENDITURE 78 c MISCELLANEOUS, INCLUDING ELECTRICITY, TRANSPORT, WATER, TELEPHONE, RENT, RATES, INSURANCE ETC. 12 c HOSPITAL AND AMBULANCE FEES MEDICINES AND LABORATORY SERVICES 7 c LOAN CHARGES ON CAPITAL 2 c REPAIRS, MAINTENANCE AND RENEWALS 1 c

APPLIED TO
INDIVIDUAL SERVICES

HEALTH INSPECTION INCLUDING FIELD HYGIENE	32 c
FAMILY HEALTH	30 c
TUBERCULOSIS CONTROL AND CLINICS	14 c
ADMINISTRATION	13 c
HEALTH EDUCATION	5 c
RENT, RATES, ELECTRICITY, TELEPHONE AND CLEANING	3 c
SEXUALLY TRANSMITTED DISEASES	3 c

NET COST PER CAPITA : R6.35 PER ANNUM

POPULATION : 829202

CAUSE OF DEATH - 1982
(Classified according to the International Basic Tabulation List of the ninth Revision, World Health Organisation 1975)

Code Number	Cause of Death	WHITE			COLOURED			BLACK			INDIAN			TOTAL			TOTAL		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
001-008	Intestinal Infectious Diseases	-	-	-	-	-	-	4	1	5	-	-	-	4	1	5	-	-	1
009	Ill-defined intestinal infections, including gastro-enteritis	-	2	2	-	1	1	10	11	21	13	5	8	23	19	42	16	19	35
011	Pulmonary tuberculosis	-	-	-	2	1	3	12	6	18	5	5	10	19	12	31	29	4	13
010, 012-018	Other tuberculosis	-	-	-	-	-	-	2	1	3	3	-	3	5	1	6	-	1	1
037	Tetanus	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1	-	-	-
038	Septicaemia	6	7	13	2	1	3	6	7	13	11	4	15	25	19	44	10	6	16
020-036 039-041	Other bacterial diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
055	Measles	-	-	-	-	-	-	2	5	7	1	-	1	3	5	8	1	-	1
070	Viral Hepatitis	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1	-	-	-
045-054 056-069 071-079	Other viral diseases	-	-	-	-	-	-	1	-	1	-	-	-	1	-	1	-	-	-
084	Malaria	-	-	-	-	1	1	-	-	-	-	-	-	-	1	1	1	-	1
090-099	Sexually transmitted diseases	-	-	-	-	-	-	2	1	3	-	-	-	2	1	3	-	-	-
100-139	Other infectious and parasitic diseases and late effects of infectious and parasitic diseases	1	1	2	-	-	-	-	-	-	-	2	2	1	3	4	1	-	1
140-149	Malignant neoplasm of lip, oral cavity and pharynx	8	6	14	-	-	-	1	1	2	4	4	8	13	11	24	5	4	9
150	Malignant neoplasm of oesophagus	4	1	5	2	3	5	10	1	11	3	2	5	19	7	26	15	9	24
151	Malignant neoplasm of stomach	16	10	26	-	-	-	1	3	4	12	9	21	29	22	51	17	12	29
153	Malignant neoplasm of colon	18	26	44	-	-	-	-	-	-	1	3	4	19	29	48	8	16	24
157	Malignant neoplasm of pancreas	9	4	13	-	-	-	1	-	1	6	2	8	16	6	22	12	4	16
152, 154-156 158-159	Malignant neoplasms of other digestive organs and peritoneum	15	10	25	-	1	1	3	2	5	5	7	12	23	20	43	16	6	22
162	Malignant neoplasm of trachea, bronchus and lung	61	28	89	6	2	8	5	1	6	12	3	15	84	34	118	88	37	125
160-161 163-165	Malignant neoplasm of other respiratory and intrathoracic organs	7	2	9	-	-	-	1	1	2	4	-	4	12	3	15	8	5	13
174	Malignant neoplasm of female breast	-	26	26	-	2	2	-	2	2	-	5	5	-	35	35	-	30	30

Code Number	Cause of Death	WHITE			COLOURED			BLACK			INDIAN			TOTAL			TOTAL		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
170-173 175	Other malignant neoplasm of bone, connective tissue, skin and breast	2	6	8	1	-	1	-	-	-	2	1	3	5	7	12	8	1	9
180	Malignant neoplasm of cervix uteri	-	8	8	-	1	1	-	4	4	-	5	5	-	18	18	-	13	13
185	Malignant neoplasm of prostate	16	-	16	2	-	2	1	-	1	-	-	-	19	-	19	17	-	17
179 181-184 186-189	Malignant neoplasm of other genito-urinary organs	12	16	28	1	1	2	-	3	3	2	10	12	15	30	45	7	18	25
191	Malignant neoplasm of brain	6	3	9	1	2	3	1	-	1	-	2	2	8	7	15	6	6	12
190 192-199	Malignant neoplasm of other and unspecified sites	23	19	42	2	3	5	4	1	5	5	4	9	34	27	61	20	9	29
200-208	Malignant neoplasm of lymphatic and haemopoietic tissue	13	7	20	1	-	1	5	-	5	6	1	7	25	8	33	12	9	21
210-239	Benign and unspecified neoplasms	-	-	-	-	-	-	1	-	1	1	1	2	2	1	3	1	-	1
250	Diabetes mellitus	9	8	17	2	-	2	3	5	8	27	44	71	41	57	98	36	39	75
240-249 251-259 270-279	Endocrine and metabolic diseases, immunity disorders	1	-	1	-	-	-	3	6	9	8	5	13	12	11	23	5	3	8
260-269	Nutritional deficiencies	-	-	-	-	1	1	5	1	6	2	1	3	7	3	10	4	3	7
280-289	Diseases of blood and blood-forming organs	4	3	7	2	-	2	-	-	-	1	6	7	7	9	16	5	5	10
290-319	Mental disorders	-	1	1	-	-	-	-	-	-	1	3	4	1	4	5	1	1	2
320-359	Diseases of the nervous system	3	2	5	3	3	6	7	5	12	12	8	20	25	18	43	21	15	36
380-389	Diseases of the ear and mastoid process	-	-	-	-	-	-	-	-	-	1	-	1	1	-	1	-	-	-
390-398	Rheumatic fever and rheumatic heart disease	3	6	9	-	-	-	1	1	2	8	8	16	12	15	27	2	4	6
401-405	Hypertensive disease	11	16	27	8	2	10	4	1	5	32	47	79	55	66	121	41	47	88
410-414	Ischaemic heart disease	204	127	331	10	6	16	-	-	-	228	104	332	442	237	679	291	153	444
415-429	Diseases of pulmonary circulation and other forms of heart disease	139	170	309	13	22	35	30	18	48	111	92	203	293	302	595	241	271	515
430-438	Cerebrovascular disease	86	104	190	10	14	24	19	13	32	97	77	174	212	208	420	172	176	348
440-459	Diseases of the circulatory system	27	14	41	-	2	2	4	1	5	4	1	5	35	18	53	19	16	35
480-486	Pneumonia	52	79	131	7	5	12	20	9	29	34	15	49	113	108	221	116	94	210
466 490-493	Bronchitis, emphysema and asthma	24	10	34	5	2	7	4	3	7	36	20	56	69	35	104	29	20	49

Code Number	Cause of Death	WHITE			COLOURED			BLACK			INDIAN			TOTAL			TOTAL					
		M		F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total			
460-465 470-478 487 494-519	Other diseases of respiratory system	20	21	41	5	2	7	9	7	16	22	14	36	56	44	100	40	19	59			
571 609	Cirrhosis of liver	12	6	18	3	1	4	3	5	8	15	3	18	33	15	48	19	8	27			
530-570 572-579	Diseases of other parts of digestive system	37	36	73	7	1	8	15	8	23	56	23	79	115	68	183	80	37	117			
580-589	Nephritis	15	23	38	3	2	5	5	9	14	29	24	53	52	58	110	33	37	70			
590-599	Other diseases of urinary system	1	2	3	-	2	2	1	-	1	-	4	4	2	8	10	1	1	2			
600-629	Diseases of genital organs	-	-	-	-	-	-	-	-	-	1	-	1	1	-	1	-	-				
630-676	Abortion, direct and indirect obstetric causes	-	-	-	-	1	1	-	-	-	1	2	3	1	3	4	-	2	2			
680-709	Diseases of skin and subcutaneous tissue	-	4	4	-	-	-	-	-	-	1	3	4	1	7	8	1	1	2			
710-739	Diseases of musculoskeletal system and connective tissue	-	3	3	-	-	-	-	-	-	1	2	3	1	5	6	1	6	7			
740-759	Congenital anomalies	3	-	3	2	2	4	7	4	11	10	9	19	22	15	37	8	6	14			
764-765	Prematurity	5	5	10	1	1	2	8	2	10	19	17	36	33	25	58	41	21	62			
760-763 767-779	Certain conditions originating in the perinatal period, including stillbirths	14	7	21	6	8	14	21	10	31	75	75	150	116	100	216	63	65	128			
780-796 798	Signs, symptoms and ill-defined conditions	2	5	7	2	-	2	3	1	4	9	7	16	16	13	29	22	14	36			
797	Senility	5	6	11	-	-	-	1	-	1	8	13	21	14	19	33	11	13	24			
799	Respiratory failure, natural causes (exact cause unknown)	22	16	38	13	11	24	123	76	199	65	32	97	223	135	358	232	164	396			

		WHITE			COLOURED			BLACK			INDIAN			TOTAL			TOTAL		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
E.800-807	Railway accidents	3	-	3	-	-	-	-	-	-	2	-	2	5	-	5	8	1	9
E.810-848	Motor vehicle, road vehicle and other transport accidents	52	12	64	26	5	31	-	-	-	80	21	101	158	38	196	122	24	146
E.850-869	Accidental poisoning	-	1	1	-	-	-	-	-	-	-	1	1	-	2	2	2	-	2
E.870-879	Misadventures during medical care, abnormal reactions, late complications	1	1	2	-	-	-	-	-	-	3	1	4	4	2	6	1	1	2
E.880-929	All other accidents, including accidental falls	7	4	11	8	2	10	1	-	1	26	11	37	42	17	59	32	10	42
E.930-949	Drugs, medicaments causing adverse effects in therapeutic use	2	3	5	-	1	1	-	-	-	1	1	2	3	5	8	-	-	-
E.950-959	Suicide and self-inflicted injury	31	14	45	1	3	4	-	-	-	31	5	36	63	22	85	35	22	57
E.960-969	Homicide	6	4	10	40	2	42	-	-	-	34	3	37	80	9	89	59	8	67
E.970-999	Other violence	2	1	3	1	-	1	-	-	-	2	1	3	5	2	7	6	2	8
	TOTAL	1 020	896	1 916	198	120	318	370	236	606	1 189	780	1 969	2 777	2 032	4 809	2 101	521	3 622

INFANTILE DEATHS - 1982

(Classified according to the International Basic Tabulation list of the ninth Revision, World Health Organisation 1975)

International Code Number	Cause of Death	WHITE			COLOURED			BLACK			INDIAN			TOTAL		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
009	Ill-defined intestinal infections	-	-	-	-	1	1	8	7	15	6	4	10	14	12	26
038	Septicaemia	-	1	1	-	-	-	4	4	8	3	-	3	7	5	12
055	Measles	-	-	-	-	-	-	2	4	6	-	-	-	2	4	6
090-097	Syphilis	-	-	-	-	-	-	2	1	3	-	-	-	2	1	3
170	Malignant neoplasm of bone and articular cartilage	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1
191	Malignant neoplasm of brain	-	-	-	-	1	1	-	-	-	-	-	-	-	1	1
240-259 270-279	Endocrine and metabolic diseases immunity disorders	-	-	-	-	-	-	1	3	4	1	-	1	2	3	5
261	Nutritional Marasmus	-	-	-	-	-	-	-	-	-	1	-	1	1	-	1
262, 263	Other protein calorie malnutrition	-	-	-	-	-	-	1	-	1	-	-	-	1	-	1
280-289	Diseases of blood and blood-forming organs	-	-	-	1	-	1	-	-	-	-	-	-	1	-	1
320-322	Meningitis	-	-	-	-	-	-	2	-	2	1	-	1	3	-	3
330, 331 333-336	Other degenerative and hereditary disorder of the central nervous system	-	-	-	-	-	-	-	-	-	1	-	1	1	-	1
415-429	Diseases of Pulmonary circulation and other forms of heart disease	-	-	-	-	-	-	-	-	-	2	-	2	2	-	2
440-459	Other diseases of the circulatory system	-	-	-	-	-	-	1	-	1	-	-	-	1	-	1
460-462 465	Other acute upper respiratory infections	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
466, 488-519	Other diseases of the respiratory system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
480-486	Pneumonia	1	-	1	1	1	1	7	5	12	5	3	8	14	8	22
490-493	Bronchitis chronic and unspecified, emphysema and asthma	-	-	-	-	-	-	2	1	3	1	-	1	3	1	4
500-508	Pneumoconiosis and other lung disease due to external agents	-	-	-	-	-	-	-	2	2	2	4	6	2	6	8
530-579	Diseases of other parts of the digestive system	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
550-553	Hernia of abdominal cavity	-	-	-	-	-	-	1	-	1	-	-	-	1	-	1
581-599	Diseases of the urinary system	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1
660	Obstructed labour	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1
740	Other deformities of central nervous system	-	-	-	-	-	-	1	-	1	1	-	1	2	-	2
741-742	Spina bifida and hydrocephalus	1	-	1	-	-	-	1	-	1	-	1	1	2	1	3

International Code Number	Cause of Death	WHITE			COLOURED			BLACK			INDIAN			TOTAL		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
743-744 748-759	Congenital anomalies	1	-	1	1	2	3	2	1	3	4	1	5	8	4	12
745-747	Congenital anomalies of heart and circulatory system	1	-	1	1	-	1	1	1	2	2	4	6	5	5	10
750, 751	Other deformities of digestive system	-	-	-	-	-	-	-	-	-	-	3	3	-	3	3
754 - 756	Other congenital anomalies of musculoskeletal system	-	-	-	-	-	-	1	2	3	-	-	-	1	2	3
760	Maternal conditions affecting fetus or newborn	1	-	1	-	-	-	-	-	-	-	2	2	1	2	3
761-763	Obstetric complications affecting fetus or newborn	2	-	2	1	3	4	-	-	-	2	2	4	5	5	10
764-765	Slow fetal growth, fetal malnutrition and immaturity	5	5	10	1	1	2	8	2	10	19	17	36	33	25	58
767	Birth trauma	1	-	1	-	-	-	1	-	1	2	3	5	4	3	7
768-770	Hypoxia, birth asphyxia and other respiratory conditions	2	1	3	1	-	1	13	9	22	20	19	39	336	29	65
771-779	Certain conditions originating in the perinatal period	8	1	9	4	5	9	7	1	8	51	49	100	70	56	126
785	Symptoms involving heart	-	-	-	-	-	-	-	-	-	1	-	1	1	-	1
798	Respiratory failure	2	5	7	2	-	2	26	18	44	3	4	7	33	27	60
799	Sudden infant death syndrome	-	-	-	2	-	2	-	-	-	1	-	1	3	-	3
E.900-929	Other accidents, including late effects	1	-	1	1	-	1	-	-	-	1	-	1	3	-	3
E.930-949	Drugs medicaments causing adverse effect in therapeutic use	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1
	TOTAL	26	14	40	16	13	29	92	61	153	132	12	254	266	210	476

AGE AT DEATH

The Number of deaths at various ages, with the percentage of total deaths, is summarised in the following table:

1 9 8 2

RACE GROUPS	AGE GROUP													
	0 - 1		1 - 4		5 - 14		15 - 24		25 - 44		45 - 64		65 and over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Number of Deaths														
White	26	14	3	1	3	1	34	7	76	27	284	142	594	704
Coloured	16	13	4	1	3	2	40	5	40	22	53	21	42	56
Black	92	61	14	8	9	4	11	6	76	41	122	67	46	49
Indian	132	122	16	12	22	10	61	14	191	83	458	284	309	255
Total Non-white	240	196	34	21	34	16	112	25	307	146	633	372	397	360
Total of all races	266	210	37	22	37	17	146	32	383	173	917	514	991	1 064
Percentage Deaths														
White	2,55	1,56	0,29	0,11	0,29	0,11	3,33	0,78	7,45	3,01	27,84	15,85	58,24	78,58
Coloured	8,08	10,83	2,02	0,83	1,52	1,67	20,20	4,17	20,20	18,33	26,77	17,50	21,21	46,67
Black	24,86	25,85	3,78	3,39	2,44	1,69	2,97	2,54	20,54	17,37	32,97	28,39	12,44	20,77
Indian	11,10	15,64	1,35	1,54	1,85	1,28	5,13	1,79	16,06	10,64	38,52	36,42	25,99	32,69
Total Non-white	13,66	17,25	1,94	1,85	1,94	1,41	6,37	2,20	17,47	12,85	36,02	32,75	22,60	31,69
Total of all races	9,58	10,33	1,33	1,08	1,33	0,84	5,26	1,57	13,79	8,51	33,02	25,30	35,69	52,37

APPENDIX "D"HOUSINGStaff

The present housing inspectorate is made up of one Senior Health Inspector, two Health Inspectors and a Senior General Assistant. Their duties involve housing matters generally, demolitions, conversions and slum clearance.

Building Plans

Plans for residential development referred during the year by the City Engineer to this department for comment on public health grounds are summarised below.

RESIDENTIAL	ROOMS	UNITS	PLANS	VALUE
A. Dwellings	1 & 2	-	2	R 58 000
	3	-	13	319 900
	4	-	144	4 653 067
	5	-	422	15 287 731
	6 +	-	371	22 231 025
Total A			952	42 549 723
B. Flats	1			
	2	25		
	3	192		
	4 +	265		
Total B		482	69	18 854 660
C. Other Residen- tial			1	50 000
Additions to all Residential			3 984	40 045 379
Total C			3 985	40 095 379
Total A + B + C			5 006	101 499 762

Demolitions and Conversions

In terms of the Housing Act no person may demolish or convert to other use accommodation used for housing without the approval of the Minister, for which purpose application must be lodged first with the Local Authority.

During the year 167 applications were submitted in respect of premises which were occupied by 48 White, 72 Indian and nine Coloured families. The remaining 38 premises were vacant. Of the 129 occupied premises 92 were owner occupied and 37 were occupied by tenants.

In regard to the latter, departmental recommendations were conditional upon the occupiers obtaining alternative accommodation in 23 instances, whilst there were no public health grounds for supporting the remaining 14 applications.

The applications for permission to demolish/convert were lodged with the following projects in view:

(a) Demolitions

- 81 for new dwellings/additions to dwellings
- 11 for new flat development
- 17 for business/industrial development
- 1 for a church
- 4 with no immediate development

(b) Conversions

- 6 for enlarging or reducing existing flat units
- 1 for converting a dwelling to a maisonette
- 42 for commercial/industrial use
- 4 for miscellaneous usage

Slum Clearance

This department's programme continued throughout the year under the overall direction of a Deputy Medical Officer of Health.

Of the 74 premises processed, 71 were occupied by Indians, one by persons of more than one community group and two were vacant. The total number of persons involved was 1 118, made up of 398 family units.

The Slum Clearance Court was convened on 50 occasions and after due enquiry, issued slum declarations in respect of 108 premises. The Court ordered demolition in the majority of cases, the remainder of the orders being for partial repair/demolition. Seven premises were struck off the roll as the nuisances had been removed before the cases could be heard by the Court. In addition the Slum Clearance Court rescinded 94 declarations.

During the course of the year the City Treasurer, the letting authority for Municipal schemes, allocated housing accommodation as a priority to 383 Indian families and four Coloured families who were residing in declared slum premises.

In order to appreciate the extent of this department's activities from the time slum clearance was resuscitated in 1965 to the end of this year, the following data is set out:

1. (a)	Number of premises processed	2 210
(b)	Community group of occupants	
	White	128
	Coloured	178
	Indian	1 457
	Black	27
	Mixed races	367
	Chinese	1
	Vacant	52
2. (a)	Building units involved	3 120
(b)	Family units housed therein	11 575
(c)	Persons involved	43 727
3.	Slum Clearance Court sittings	820

4. The Slum Clearance Court ordered:

(a) Total demolition	1 272
(b) Partial repair/demolition	206
(c) Renovation to satisfaction of local authority	58

<u>Total Slum Declarations</u>	1 536
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5. Rescission orders granted	1 170
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6. Voluntary demolitions without declaration	)	
7. Voluntary repair/renovation/partial demolition	)	
8. Cases withdrawn because of	)	651
(a) ownership passing to a public authority	)	
(b) permits to demolish granted under the Housing Act	)	

9. Appeals to Minister against declaration:

(a) Dismissed	13
(b) Upheld	1

10. Premises pending Slum Court Hearing	23
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11. Prosecutions for non-compliance

(a) cases instituted	110
(b) Admission of Guilt fines	R4 140

The position respecting the 2 210 premises processed can therefore be summarised as follows:

Slum declarations	1 536
Voluntary compliance	651
Pending	23
	2 210

There were no appeals during the year under review. A Court order was challenged, however, in the Supreme Court, which Court ruled the order of the Slums Clearance Court void, and instructed that the case be heard "de novo".

Housing

As of 1979 the City Engineer decided to publish his own annual report, and as this information was not available at the time of compilation of this report, this department has restricted its report to the current housing situation as supplied by the City Treasurer, as follows:

(a) Housing Developments finalised during 1982:

Whites	:	Nil	
Coloureds	:	Nil	
Indians	:	Phoenix	
Community Area 7	-	Eastbury	- 1 554 units
Community Area 15	-	Sunford	- 1 576 units

(b) Housing Developments initiated during 1982

Whites	:	Nil	
Coloured	:	Nil	
Indians	:	(i) Phoenix	
Community Area 17	-	Stanmore	1 194 units
Community Area 18	-	Grove End	1 170 units
Indians	:	(ii) Newlands West	
Community Area 7	-	Briardale	398 units

(c) Letting Units as at 31 December 1982Whites:

1 325 Letting Units

651 Old Age Home Units - administered by the Bill Buchanan Association for the Aged.

Coloured:

2 262 Letting Units

957 Saleable units of which 592 had converted to selling by 31 December 1982.

Indians:

2 464 Letting units in Chatsworth

7 964 Letting units in Phoenix

18 601 Saleable units in Chatsworth, of which 16 993 had converted to selling by 31 December 1982

7 425 Saleable units in Phoenix of which 5 468 had converted to selling by 31 December 1982.

648 Saleable units in Springfield of which 418 had converted to selling by 31 December 1982.

(d) Letting Statistics

During the calendar year 1982 the undermentioned number of units were let and re-let.

<u>Racial Group</u>	<u>New Accommodation let</u>	<u>Units Re-let</u>
Whites	Nil	346
Coloureds	Nil	115
Indians	1 351	436



