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ANNUAL REPORT

OF THE

Public Health Department of the City of
Port-of-Spain

FOR THE YEAR

1944

BY

MAJOR RODERICK MARCANO, O.B.E., M.D. (Lond.), M.R.C.P. (Lond.), D.P.H. (Lond.),
MEDICAL OFFICER OF HEALTH

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Public Health Department, City of

San Francisco

1944

1944

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Local Authority in the Urban Sanitary District of the City of Port-of-Spain.

1943-44.

The City Council.

HIS WORSHIP THE MAYOR (COUNCILLOR H. O. B. WOODING, J.P.).

Deputy-Mayor :

COUNCILLOR ALBERT GOMES.

Aldermen :

DR. T. P. ACHONG.

J. M. THORNE.

H. A. DE FREITAS.

R. V. VIDALE.

E. W. HARRIS.

Councillors :

G. CABRAL.

G. J. MCCARTHY.

V. E. HENRY.

E. M. MITCHELL.

H. W. HUDSON PHILLIPS, L.L.B. (Lond.)

Q. O'CONNOR.

R. KUMAR, B.SC., A.M.I.C.E. (Lond.)

L. A. PUJADAS.

B. T. KYDD.

ALFRED RICHARDS.

R. MAINGOT.

L. B. THOMAS.

C. WARD.

Annual Report of the Public Health Department of the City of Port-of-Spain, 1944.

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PUBLIC HEALTH DEPARTMENT,
35, FREDERICK STREET,
PORT-OF-SPAIN,
TRINIDAD, B.W.I.

16th October, 1945.

URBAN SANITARY DISTRICT OF THE CITY OF PORT-OF-SPAIN.

SECRETARY, LOCAL AUTHORITY,

SIR,

I have the honour to submit for the information of the Local Authority the Annual Report on the health and sanitary condition of the Urban Sanitary District of the City of Port-of-Spain for the year ended 31st December, 1944.

Nothing untoward occurred in the year under report to affect adversely the state of the public health, and during this the fifth year of War a not unsatisfactory standard of general health and sanitation was maintained, a state of affairs which was well reflected in the vital statistics under the various headings.

In the annual reports for 1942 and for 1943 the fear was expressed that some deterioration in health and sanitation, the result of the deprivation and hardship inevitable to war and of the congestion and overcrowding of the various sub-districts of the City, was to be expected. In fact, the trend of the figures for the general death-rate, the infant mortality rate, the infectious diseases death-rate, &c., &c., seemed to point in that direction, but I am in the happy position of being able to record that, with one or two exceptions, the figures for death rates, general as well as specific, all show a decrease on the corresponding figures for the two previous years and the improvement which has been effected in scavenging due to better and more up-to-date equipment, the diminution of overcrowding and the amelioration of the unsatisfactory food situation with the consequent more equitable distribution of essential food-stuffs, have all resulted in the better health of the population and a more satisfactory sanitary condition of the Urban Sanitary District.

The population has been estimated at 104,175; the birth rate worked out at 39.95 per 1,000, the general death rate at 15.55 per 1,000, the infant mortality rate at 59.60 per 1,000 live births, the maternal mortality rate at 2.64 per 1,000 live births and the natural increase of the population at 2,541. According to the Registrar General's figures the Colony's mean population for the year under report has been estimated at 540,794 and the population of the City to 31st December, 1944, at 105,195.

As regards individual diseases the death rate from pulmonary tuberculosis was 1.52 per 1,000 population, from pneumonia .93 per 1,000, from enteric fever, .09 per 1,000, from diarrhoea and enteritis .55 per 1,000 whilst the death rates from chronic system diseases like diseases of the heart and blood vessels was 2.78 per 1,000 population, from Bright's Disease and nephritis .79 per 1,000, from diseases of the nervous system including cerebral haemorrhage 1.79 per 1,000 and from cancer and other malignant diseases .81 per 1,000. With the exception of those for pulmonary tuberculosis and for diseases of the nervous system including cerebral haemorrhage these figures are all lower than the corresponding figures for the previous two years.

Satisfactory as these figures are, it cannot by any means be said that all sanitary conditions are satisfactory in the Urban Sanitary District. There are many problems which remain to be solved and some of them are a cause of great anxiety to the Public Health Department though it must be admitted that the situation is much improved to what it was a year or two ago.

The water situation is still not satisfactory and is not conducive to that peace of mind which every public health officer is entitled to have in the course of his routine work. The trouble is chronic and recurring and needs to be tackled vigorously and conclusively once and for all.

Overcrowding is still prevalent, the shortage of housing accommodation continues to be acute, the food situation is far from being normal and the nutrition of the populace is still inadequate and unsatisfactory.

Suffice it to say that these problems are well known and are being tackled and the solution of our difficulties is not likely to be prolonged too far in the future.

Individually and collectively the members of the Local Authority contributed greatly to the satisfactory state of the health and sanitary condition of the Urban District by the unfailing help and co-operation they always give in all matters relating to health and sanitation and our heartfelt thanks are due for the keen interest they take in all matters affecting the Department and for the unstinting support of all measures directed to the improvement of the sanitary condition of the City that engaged their attention.

The work of the Public Health Department would be a nullity without the co-operation and loyalty of the City Engineer's and the Town Clerk's Departments and I am to record my appreciation of the ready help and willing co-operation always accorded to myself and the members of my Department by not only the City Engineer and the Town Clerk personally but by each and every member of their respective Departments.

I have the honour to be,

Sir,

Your obedient Servant,

RODERICK MARCANO,
Medical Officer of Health.

SANITARY CIRCUMSTANCES.

Water.

No one who has the slightest connection with the City's waterworks system will pretend that all is well with the water supply that is provided for the citizens of the Urban Sanitary District. In fact, this is a question that is perplexing not only the City Council but the Central Government as well. Actually it is true to say that the water situation of the Colony as a whole is beset with perplexing difficulties both for Government and the City Council. And the anomaly of the situation is that this island of ours is actually floating on a bed of water if only the means and, I might even say, the will to harness it to our use existed.

For years we have been harping on the perennial topic: the City needs more water and a raw product of better initial quality as far as the river sources are concerned, the catchment areas are becoming more and more denuded and more and more subject to pollution, the river sources are not as good as they used to be and are more and more subject to flooding, creating the paradox of less and less water in the midst of more and more rain, &c., &c.; yet we go on and on with comparatively very little change from year to year.

Happily, the potability of the treated water shows no deterioration, the percentage of samples pronounced fit for human consumption being well up to standard but the cost of the final product is likely, as things are, to show an increase from year to year.

The well sources continue to furnish a product of well known good quality necessitating a very small dose of sterilising chemical whereas the river sources need the constant presence of a residual of sterilising chemical near the source of supply if safety is to be assured.

Bacteriological Examination of Water Supply. (Mixed.)

No. of daily samples examined.	No. of samples with B. Coli present (B. Coli in 50 C.C.)	Percentage of Samples with B. Coli present.	No. of samples with B. Coli absent. (B. Coli in 50 C.C.)	Percentage of samples with B. Coli absent.
366	38	10.38	328	89.62

Bacteriological Examination of Water Supply. (Weekly Samples).

WHERE DERIVED.	No. of Samples taken.	RESULTS OF EXAMINATION.					
		Safe : Up to Standard of Purity	Safe : Not up to Standard of Purity	Total No. Safe.	Unsafe : B. coli present.	Unsafe : B. pyocyaneus present.	Total No. Unsafe.
*Cocorite (Wells)	51	38	3	41	8	2	10
*Diego Martin (Wells)	52	43	3	46	6	—	6
†St. Clair—Pumping Station	50	47	—	47	2	1	3
‡St. Clair (Wells)—Raw Water	27	15	6	21	5	1	6
†Maraval (River)	52	51	—	51	1	—	1
§Cascade (River)	53	42	1	43	9	1	10
||Quare River Flow into Knagg's Hill (Reservoir)	50	44	1	45	5	—	5
§St. Ann's (River)	47	45	1	46	—	1	1
<i>On Private Property :</i>							
Laundry, Ajax Street (Well)—Raw Water	1	1	—	1	—	—	—
Trinidad Trading Company, Richmond Street (Well)—Raw Water	4	4	—	4	—	—	—
Trinidad Electricity Board (Well)—Raw Water	1	1	—	1	—	—	—
	388	331	15	346	36	6	42

Standard of Purity : B. coli absent in 100 c.c.

* Chlorinated, not filtered.

† Filtered after Chlorination.

‡ Chlorinated before distribution.

§ Filtered before Chlorination.

|| Filtered before Chloramination.

Scavenging and Refuse Disposal.

Much progress has been made under this heading since my last annual report. The position then was far from satisfactory; there was at the time a shortage of labour, a shortage of carts and motor vehicles and the condition of the dump was, because of a series of difficulties associated with lack of earth with which to cover the garbage and with disorder on the dump due to attempts by all and sundry at salvaging valuable material dumped mainly by the trucks of the American Army, far from satisfactory. Besides we had closed down the Cocorite Dump and had resorted to dumping at the Eastern Dump only, with the inevitable irregularity and lack of controlled tipping always associated with indiscriminate dumping by vehicles belonging to a variety of owners.

I am happy to be able to record a much healthier state of affairs now. The new scavenging trucks are in service, we have our full quota of drivers, carters and loaders and the scavengers themselves are more amenable and are giving us a fairly good day's work.

The result is that the City presents a much cleaner appearance, the streets are being swept punctually, refuse collected regularly and but for a few spots here and there in the East Dry River District particularly, the Urban Sanitary District bears today no comparison to the unkempt and generally unclean state it presented a year ago when we were in the very midst of our difficulties.

There is however one aspect of the scavenging problem that calls for urgent solution and it is the question of scavenging on Sundays. For a long time it has been known that the state of the streets in the various subdistricts on a Sunday afternoon leaves much to be desired due to the fact that no scavenging of premises is done on Sundays. That this must be undertaken cannot now be long delayed and the necessary vote for performing this service should be provided without further delay in the estimates for 1946 now in course of preparation.

SANITARY INSPECTION OF THE DISTRICT.

Anti-Rat and Anti-Mosquito Measures.

Nothing untoward, in so far as these services are concerned, occurred in the year under report, there being no unusual outbreak of diseases of which rats or mosquitoes are vectors and the routine work of the Department continued without interruption.

More and more rats are being caught in the Urban Sanitary District, a feature undoubtedly associated with the increase in poultry rearing and in the growing of foodstuffs by individual householders coupled with the increase in the number of relatively safe harbourages under and about houses. More intensive work is necessary and it would be productive of much better results if it were possible so to increase the strength of the gangs as to enable regular house to house visits of inspection to be made, but with the funds available for this work it is practically impossible to add more operatives to the various gangs.

DESTRUCTION OF RATS AND MICE.

Rats caught by Trappers	14,951
Rats bought	93
Total	15,044
Mice caught and destroyed	6,957

EXAMINATION OF RATS BY GOVERNMENT BACTERIOLOGIST.

Rats examined for Plague	15,044
Rats found infected with Plague	—
Immature Rats not examined	—

SPECIES.

	<i>Decumanus.</i>	<i>Rattus.</i>	Total.
Males	4,310	2,845	7,155
Females	4,374	3,515	7,889
Total	8,684	6,360	15,044

Inspection of Eaves Gutters, &c.

Number of Inspections of Premises (Anti-Mosquito Unit)	80,487
Number of Inspections of Eaves Gutters	15,703
Number of occasions found in good order	14,374
Number of occasions found defective	1,329
Number of occasions found containing water	319
Number of occasions found containing water and larvae	232
*Number of occasions mosquito larvae were found in tubs, anti-formicas, tin cans, &c.	8,292
Yards cleared of receptacles	7,765

N.B.—* Occasions on which mosquito larvae were found by Sanitary Inspectors, during the course of 78,527 inspections of premises, are included in above figure.

Larval Index.

Year.						Premises with mosquito larvae per cent. of number visited.
1938	..	..	..	..	..	2.58
1939	..	..	..	..	..	1.70
1940	..	..	..	..	..	1.45
1941	..	..	..	..	..	1.83
1942	..	..	..	..	..	2.94
1943	..	..	..	..	..	3.27
1944	..	..	..	..	..	5.4

(A) Premises and Occupations Controlled by Bye-Laws and Regulations.

FOOD.

The food situation through much improved to what it was a year ago when I wrote my last report cannot yet be said to be satisfactory. Shortage of essential foodstuffs still occurs and though we are now without the long queues of prospective buyers waiting for rice, flour, and milk there still is at times a scarcity of rice, of butter and eggs, of cheese, of bacon and ham and even again recently of meat and fish. Fruit and green vegetables are on the increase and vegetables generally are plentiful.

As regards the cleanliness of food generally and the sanitary condition under which food is prepared and sold to the general public, there is much leeway to be made up. The work of educating food vendors of registering foodshops, &c., of examining medically food handlers and of registering itinerant vendors continues, but the progress made during the year under report was comparatively small due to the difficulty in obtaining material for the proper screening of trays and carts and even, at times, the wood, galvanized iron, &c., &c., for the making of suitable trays and carts.

Again great difficulty was experienced in procuring the necessary badges for itinerant vendors, none could be obtained from the United Kingdom and a makeshift had to be adopted whereby some of the badges left over from previous years had to be recommissioned into service. Many vendors failed to come in and with the shortage of Sanitary Inspectors the hunting down process had, perforce, to be curtailed.

In time of great hardship and with the difficulties inevitable to war, it is not such an easy thing to insist upon and obtain at all times the clean clothes, the protected trays, uniforms, aprons, &c., which play such an important part in securing and maintaining food that is exposed for sale free from contamination by dirt, dust, flies, &c.

As I write conditions are improving and the situation has quite definitely taken a turn for the better.

Sale of Milk Bye-Laws.

DAIRIES AND MILK SHOPS.

Sub-District.						Cowshed Licences Issued.
City proper	..	..	..	..	..	1
East Dry River (unsewered)	..	..	..	..	..	—
Belmont (unsewered)	..	..	..	..	..	—
Woodbrook (partly unsewered)	..	..	..	..	..	2
St. James	..	..	..	..	..	11
Total 1944	..	..	..	..	..	14
Total 1943	..	..	..	..	..	18

DAIRYMEN'S LICENCES.

Dairyman's Licences issued to cowkeepers and other purveyors of milk	..	..	..	..	..	14
Dairyman's Licences issued to shops, milk bars and refreshment parlours	..	..	..	..	..	54
Total 1944	..	..	..	..	..	68
Total 1943	..	..	..	..	..	80

MILK VENDORS' LICENCES AND BADGES.

City and Out-Districts.	Milk Vendors' Licences.	Cows Tuberculin Tested.	Badges.
Port-of-Spain
Out-Districts
Total 1944
Total 1943

Sale of Foodstuffs Bye-Laws.

REGISTRATION OF SHOPS, &c.

Provision, Meat and Spirit Shops, Restaurants, Hotels, Refreshment Parlours	271
Ground Provision and Fruit Shops	9
Bakehouses	15
Confectionery Shops	4
Aerated Water Factories	9
Other Factories	7
Total 1944	315
Total 1943	362

REGISTRATION OF VENDORS.

Bread and Cakes	14
Confectionery	14
Cooked Food including Fries, Souse, &c.	20
Meat, Fish and Cheese	2
Ice Cream and Palets	47
Sweet Drinks	34
Vegetables, Greens and Fruits	33
Miscellaneous	47
Total 1944	211
Total 1943	287
Number of Badges issued to itinerant vendors	210 (1943-287)
Number of Oyster Vendors licensed under Sale of Oyster Bye-laws	13 (1943-5)

FOODSTUFFS SEIZED OR SURRENDERED AND DESTROYED.

Under Part X of the Public Health Ordinance, Ch. 12. No. 4.

Butter	tins .. 94	Milk (preserved—sweetened and unsweetened) {	cases .. 197
Biscuits (sweet) and Confectionery	pounds 144	tins .. 150	
Ice Cream Cones .. .. .	.. 50	Sausage	{ pounds .. 35
Fish (fresh)	pounds 7,500	tins .. 2,837	
Fish (preserved)	{ cases 1	Vegetables, including	
	{ pounds 260	ground provision.	{ cases .. 96
	{ tins .. 1,933	soups, tomato ..	{ pounds .. 505
Meats (preserved), including	{ cases .. 25	paste, &c.	{ tins .. 76
beef, chicken, ham, lamb,	{ tins .. 1,934		
pork, &c.	{ pounds 3,948		

(B) Premises used for Human Habitation, Houses Let in Lodgings, Common Lodging Houses.

Whilst it cannot be said truthfully that any appreciable amelioration of the acute housing situation was evident during the year under report, it is yet a fact that at no time during the previous 5 years were the portents more auspicious for the clearance of slums in the lower down-town areas of the City and the erection thereon of suitable dwellings more in keeping with modern standards of accommodation and free from those insanitary features that were such a blot on the fair name of the City.

This has been brought about by the labours of the Slum Clearance Committee appointed under the Slum Clearance and Housing (Temporary Provisions) Ordinance, 1944 which have set about in earnest to survey the various blocks in the slum areas of the City and have drawn up plans for their elimination and replacement by blocks of flats. At the time I write various areas in these blocks have been declared Slum Clearance Areas, certain premises have been acquired and demolished and flats, which are already largely occupied, have been erected in the place of the insanitary range of primitive barracks which formerly accommodated the slum dwellers.

As regards the housing problem generally there still exists an acute shortage of houses and overcrowding particularly of the central and eastern areas of the City is still extreme. There is no doubt that with the overcrowding and congestion that is such a marked feature in these areas the spreading of acute infectious disease would be greatly facilitated. Happily, no serious outbreak of any such disease has taken place, to prevent which the very best efforts of the Public Health Department are being expended.

The erecting of houses to accommodate the overcrowded population has been left almost entirely to the Planning and Housing Commission, but their efforts are admittedly inadequate and must, of necessity, be directed to the alleviation of sufferers in the Slum Clearance Areas who must first be provided with alternative accommodation before evacuation of their premises, preliminary to

reconstruction, is possible. Private enterprise which in the past has been of considerable benefit is now almost at a standstill due, it is claimed, to the difficulty in obtaining the necessary material for building. Now that hostilities have come to a close it is to be hoped that there will be no further deterioration of the situation, that houses for all sections of the community will go up as a result not only of the efforts of the State but also through the energies of private firms and contractors. In this latter direction already very commendable efforts have been and are being made by certain private firms for the accommodation of their employees and it is to be hoped that these very fine and generous examples will be multiplied by other progressive firms in the not too far distant future.

Because of the acute housing shortage the work of the Department directed to the ridding of the City of insanitary property has had to be curtailed considerably, it being a practical impossibility to get alternative accommodation for tenants of property which need reconstruction or reconditioning. As usual, Statutory Notices continue to be served but not enforced, except in those cases where a definite risk to life and limb exists, and at the moment only repairs and reconditioning are being called for where the obvious remedy is reconstruction.

Housing.			
<i>Details.</i>	<i>Resulting from services of Notices.</i>	<i>Voluntarily on Owners' part.</i>	<i>Total.</i>
Barracks and other premises reconstructed or reconditioned	30	163	193
Barracks demolished and sites left vacant	21	2	23
Barracks vacated	13	—	13
Total	64	165	229
New buildings .. .. .	..	..	60

VITAL STATISTICS OF THE DISTRICT.

Comparative Summary of Vital Statistics.

(Unless otherwise stated rates are per 1,000 population.)

	1921	1942	1943	1944
Area of City Acres (pastures and open spaces included) ..	1,793	2,540	2,540	2,540
Estimated Population (Mean) ..	61,386	99,058	101,870	104,175
Density of Population (persons per acre)	34.2	38.6	40.1	41
Total Live Births	1,687	3,399	3,751	4,161
Birth Rate	27.28	34.31	36.82	39.95
Still Births Registered	154	257	230	265
*Still Birth Rate	91.3	75.61	61.32	63.69
Marriages Registered	534	1,882	1,557	1,308
Marriage Rate	8.64	19.00	15.29	12.56
Total Deaths	1,659	1,912	1,862	1,620
Death Rate	26.83	19.30	18.28	15.55
Natural Increase of Population	28	1,487	1,889	2,541
Deaths under one year	287	275	283	248
*Infant Mortality Rate	170.12	93.84	75.45	59.60
*Maternal Mortality Rate	—	3.82	3.20	2.64
<i>Death Rates :</i>				
Notifiable Infectious Diseases ..	6.21	3.17	3.20	2.71
Pulmonary Tuberculosis	2.49	1.37	1.45	1.52
Tuberculosis (other forms) .. .. .	.26	.05	.09	.10
Enteric Fever	1.25	1.2	.12	.09
Pneumonia (all Forms)	1.97	1.53	1.46	.93
Bronchitis	1.36	.66	.59	.41
Diphtheria .. .. .	.02	.03	.04	.03
Malaria .. .. .	.89	.25	.38	.21
Syphilis .. .. .	.21	.14	.28	.35
Diarrhoea and Enteritis	1.91	.84	.85	.55
Influenza .. .. .	.26	.04	.02	.02
Ankylostomiasis .. .. .	.15	.01	.03	.01
Bright's Disease and Nephritis	2.09	.76	.88	.79
Diseases of the Heart and Blood Vessels	2.65	2.42	2.94	2.78
Diseases of the Nervous System including Cerebral Haemorrhage	1.70	1.68	1.71	1.79
Cancer and other Malignant Diseases .. .. .	.63	.85	.86	.81

*Per 1,000 births.

Estimated Population of City to 31st December, 1944 : 105,195.
Colony's Mean Population : 540,794.

Births and Birth Rates. Deaths and Death Rates

The birth rate of 39.95 and the death rate of 15.55 per 1,000 population represent the highest and lowest figures, respectively, under these headings for the past eight (8) years and the death rate particularly represents a welcome decrease from the high figures of the previous three years—17.48, 19.30, and 18.28 per 1,000 respectively. The birth rate of 39.95 per 1,000 is the highest ever recorded in the annals of the Local Authority and is undoubtedly associated with the great influx into the City of residents in the country and with the presence of a large immigrant population from the adjoining islands.

These figures are, of course, not standardised rates the necessary information as to the age and sex distribution and the relative proportion of the population in different occupations not being available.

Analysis of the death rate figures by sub-districts again brings out the well known fact that the East Dry River sub-district furnished the highest rate of all the sub-districts—a finding which can confidently be expected in view of the well known insanitary nature of that sub-district with its overcrowding, its poverty, lack of open spaces, small lots, narrow lanes and the multiplicity of cesspits cheek by jowl.

That there is urgent need for a complete and comprehensive scheme for putting this sub-district in good sanitary condition need hardly be repeated.

Births.

Months.	Males.	Females.	Both Sexes.	Birth Rate per 1,000 population.
January-March	522	509	1,031	39.81
April-June	501	501	1,002	38.69
July-September	506	484	990	37.81
October-December	570	568	1,138	43.46
Total	2,099	2,062	4,161	39.95

Deaths.

Months.	Males.	Females.	Both Sexes.	Death Rate per 1,000 population.
January-March	201	180	381	14.71
April-June	217	230	447	17.26
July-September	225	195	420	16.04
October-December	197	175	372	14.21
Total	840	780	1,620	15.55

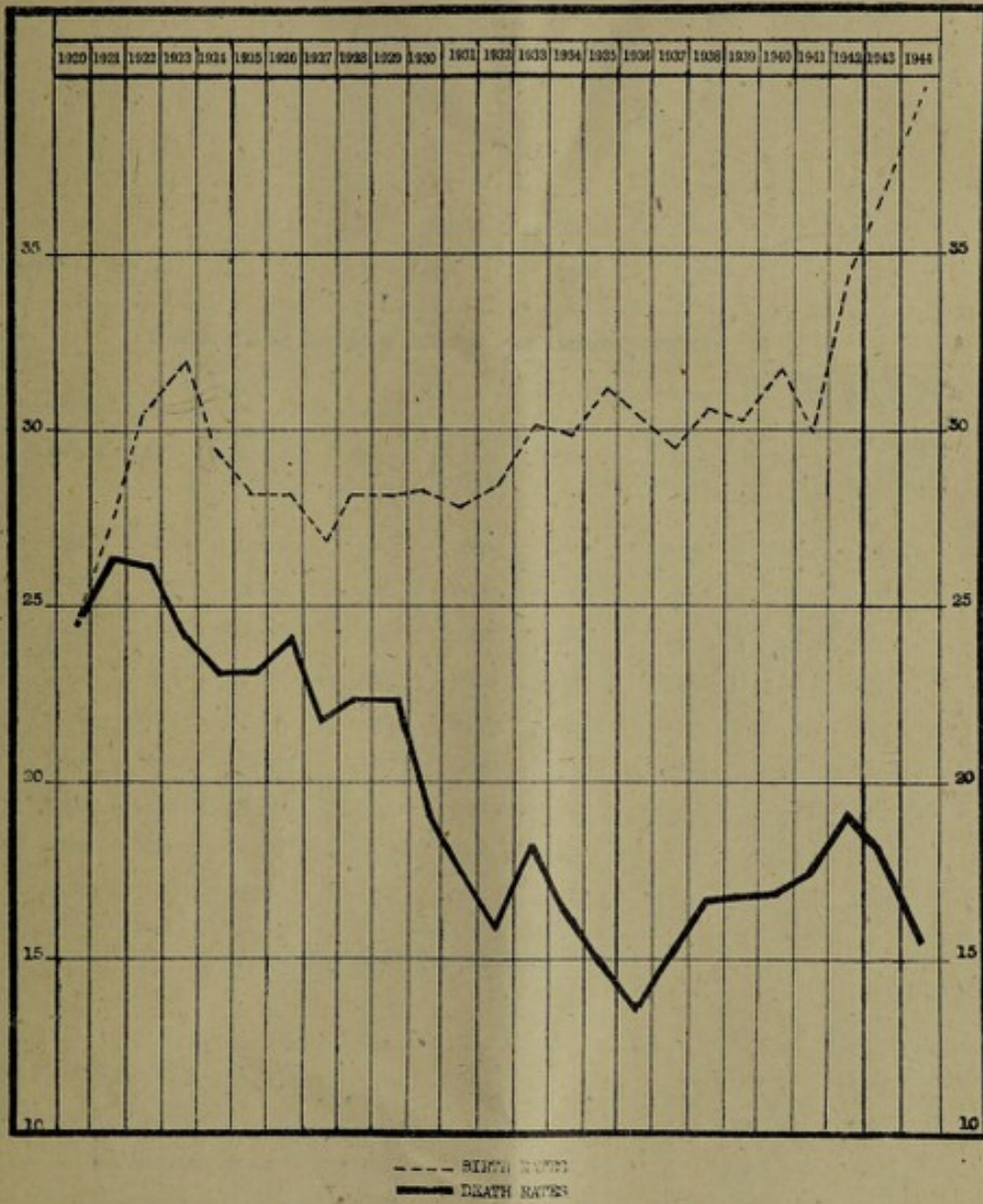
Deaths in Sub-districts of the City.

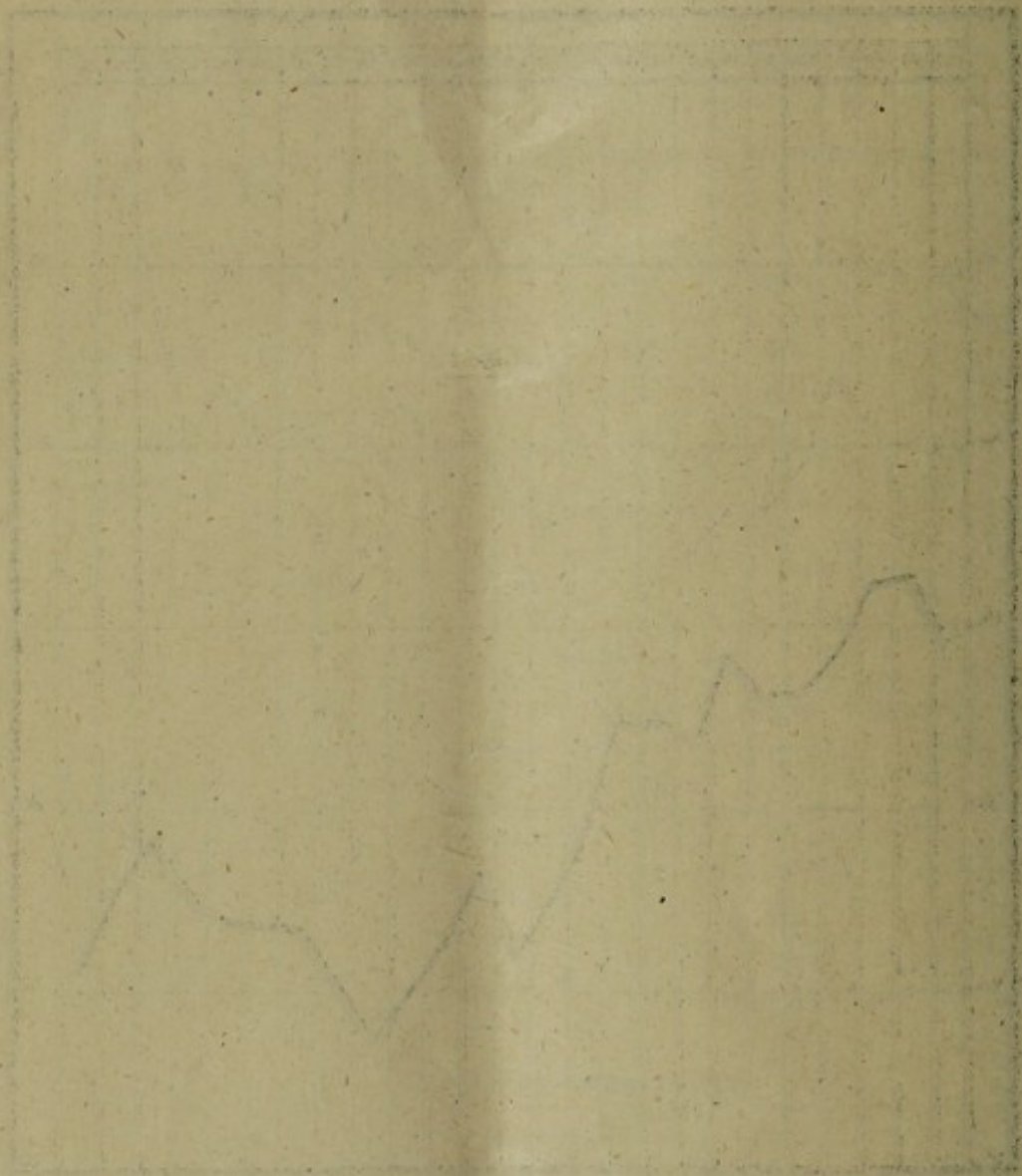
Sub-District.	Mean Population.	DEATHS.				Total Deaths in Sub-district.	Rate per 1,000 population.
		PLACE OF OCCURRENCE.					
		Home, &c.	Colonial Hospital.	Royal Gaol.	House of Refuge.		
City Proper	35,842	222	173	7	—	402	11.22
St. Clair	1,747	15	5	—	—	20	11.90
East Dry River	23,122	188	134	—	—	322	13.91
Belmont	18,013	161	82	—	—	243	13.49
Woodbrook	13,219	104	41	—	—	145	10.96
St. James	12,232	132	56	—	300	488	*39.92
Total	104,175	822	491	7	300	1,620	15.55

* See Table: "Comparison of Death Rates".

Chart A
Port-of-Spain

BIRTH RATES and DEATH RATES per 1,000 Population 1920-1944.





Age Distribution of Deaths.

Period.	Males.	Females.	Both Sexes.	Percentage of Total Mortality at All Ages.
Under 1 year	135	113	248	15.31
1-5 years	37	40	77	4.75
6-10 do.	3	5	8	0.49
11-20 do.	28	41	69	4.26
21-30 do.	64	60	124	7.65
31-40 do.	85	73	158	9.75
41-50 do.	85	63	148	9.14
51-60 do.	105	85	190	11.73
Over 60 years	298	300	598	36.92
Total	840	780	1,620	—

Comparison of Deaths at different Age Periods, 1928-44.

Period.	Total Deaths at All Ages.	DEATHS UNDER 1 YEAR.		DEATHS 1-5 YEARS.		DEATHS 55-60 YEARS.		DEATHS OVER 60 YEARS.	
		No.	Percentage of Total Deaths.	No.	Percentage of Total Deaths.	No.	Percentage of Total Deaths.	No.	Percentage of Total Deaths.
Yearly Averages:									
1928-32	1,327	230	17.42	81	6.06	94	7.09	336	25.10
1933-37	1,167	215	18.24	62	5.29	87	7.57	289	24.74
1938	1,410	204	14.46	69	4.89	107	7.58	484	34.33
1939	1,516	242	15.96	56	3.69	108	7.13	539	35.55
1940	1,568	291	18.56	59	3.76	101	6.44	564	35.97
1941	1,705	314	18.42	85	4.99	113	6.63	594	34.84
1942	1,912	322	16.84	71	3.71	157	8.21	648	33.90
1943	1,862	283	15.20	102	5.48	131	7.04	674	36.20
1944	1,620	248	15.31	77	4.75	106	6.54	598	36.92

Comparison of Death Rates.

	No. of Deaths.	Death Rate per 1,000 population.
(1) City (St. James excluded)	1,132	12.32
(2) City, including St. James	1,620	15.55
(3) City, as in (2), but omitting House of Refuge...	1,320	12.75
(4) St. James (House of Refuge excluded)	188	16.30

Causes of Deaths.

Of the 1,620 deaths which occurred within the limits of the Urban Sanitary District during the year 1944, 295 were certified to diseases of the circulatory system, 282 to the notifiable infectious diseases, 151 to diseases of the digestive system, 131 to non-venereal diseases of the genito-urinary system and 131 also to diseases of early infancy.

The high mortality attributable to diseases of the circulatory system is a normal finding in all civilised countries and is an index of the increasing susceptibility of the delicate cardio-vascular tissues to infection and to the stress and strain associated with the increasing complexity of modern life. In this Colony there can be no doubt that if it were possible to analyse minutely this mortality figure, a large proportion of it would be traceable to syphilis, particularly syphilis that has been inadequately treated in its primary stage. The price paid for inadequate and improper treatment of syphilis in its early stage is the toll that it takes on the delicate tissue of the cardio-vascular and nervous apparatus in later years.

Causes of Deaths.

I.—GENERAL DISEASES.			
(a) Notifiable Infectious Diseases.		(c) Diseases of the Circulatory System.	
Enteric Fever	9	Cardiac and Vascular Diseases ...	290
Diphtheria	3	Other Circulatory Diseases ...	5
Membranous Croup	—		295
Pulmonary Tuberculosis	158	(d) Diseases of the Respiratory System.	
Tuberculosis (other forms)	10	Bronchitis	43
Pneumonia (all forms)	97	Other diseases of the Respiratory System	24
Ophthalmia Neonatorum	—		67
Plague	—	(e) Diseases of the Digestive System.	
Cholera	—	Diarrhoea and Enteritis	57
Small Pox	—	Cirrhosis of Liver	5
Typhus Fever	—	Other diseases of the Digestive System	89
Yellow Fever	—		151
Encephalitis Lethargica	2	(f) Non-Veneral Diseases of the Genito-Urinary System.	
Acute Poliomyelitis	—	Bright's Disease	3
Acute Ascending Myelitis	1	Nephritis	79
Cerebro-Spinal Fever	—	Other Non-Veneral Diseases	49
Puerperal Fever	2		131
Anthrax	—	(g) Diseases of the Puerperal State. (Other than Puerperal Fevers)	
	282	Puerperal Eclampsia	3
(b) Non-Notifiable Infectious Diseases.		Puerperal Haemorrhage	1
Malaria	22	Other Puerperal Diseases	5
Whooping Cough	—		9
Influenza	2	(h) Diseases of Early Infancy	
Measles	—		131
Dysentery	3	(i) Old Age	
Ankylostomiasis	1		63
Syphilis	36	(j) Affections produced by External Causes.	
Other Venereal Diseases	4	Burns and Scalds	8
Black Water Fever	—	Accidents and Injuries	34
	68		42
II.—OTHER DISEASES.		(k) Other Causes of Death	
(a) General Diseases not included above.			8
Cancer and other Malignant Diseases	84	Grand Total	1,620
Pellagra	3		
Scurvy Rickets	—		
Leprosy	3		
Other General Diseases	97		
	187		
(b) Diseases of the Nervous System and Organs of Special Sense.			
Simple Meningitis	10		
Cerebral Haemorrhage	78		
Apoplexy	5		
Convulsions of Children under 5 years	13		
Other diseases of the Nervous System	80		
	186		

INFANT MORTALITY.

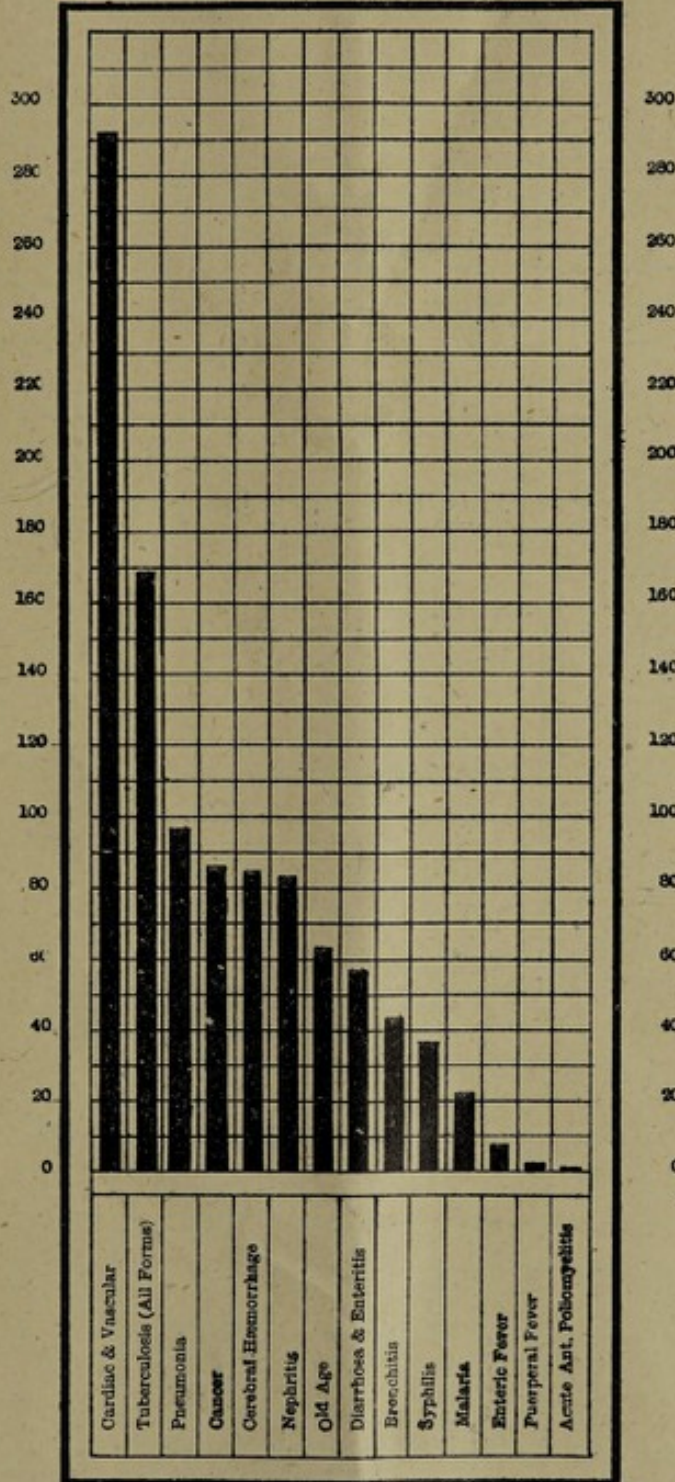
With the high birth rate of 39.95 per 1,000 population that was registered in the year under report and the comparatively low death rate of 15.55 per 1,000 population, it was to be expected that a low infant mortality rate would have been the result and the figure of 59.60 per 1,000 live births is the lowest for this rate ever since the Local Authority was first established by the Public Health Ordinance of 1915.

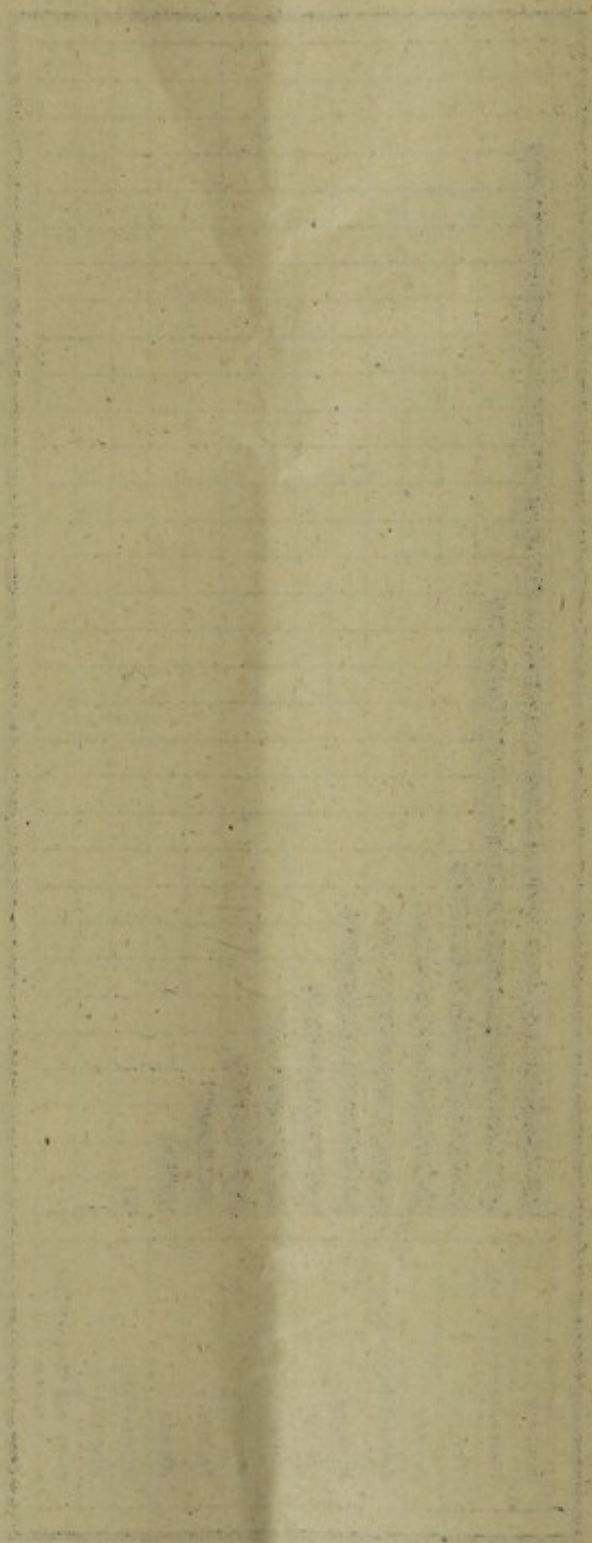
This is a satisfactory state of affairs because in the infant mortality rate is reflected various extrinsic factors such as the general level of environmental hygiene, the social and economic state of the populace, the ready availability of skilled midwifery services and the general state of health education. Any deterioration in the standard of any of these services is almost immediately shown by a high infant mortality rate.

The neo-natal mortality (the death rate of infants under one month) particularly is low—in fact the lowest on record—28.12 per 1,000 live births, indicating that some progress has been made in stemming the tide of that portion of the infant mortality attributable to diseases of parents and to diseases and accidents encountered in the ante-natal and intra-natal periods. For a long time it was a noticeable feature of the infant mortality that, while undoubted progress had been made in combating the diseases of infants acquired in the post-natal period, little substantial reduction of the mortality in the ante-natal and intra-natal period had been effected. This fact augurs well for the future and it is to be hoped that the effort of the Maternity and Child Welfare League and of the Ante-Natal and Obstetric Department of the Colonial Hospital will be rewarded by a still lower figure for these rates.

Chart B
Port-of-Spain

Principal Individual CAUSES OF DEATHS—1944





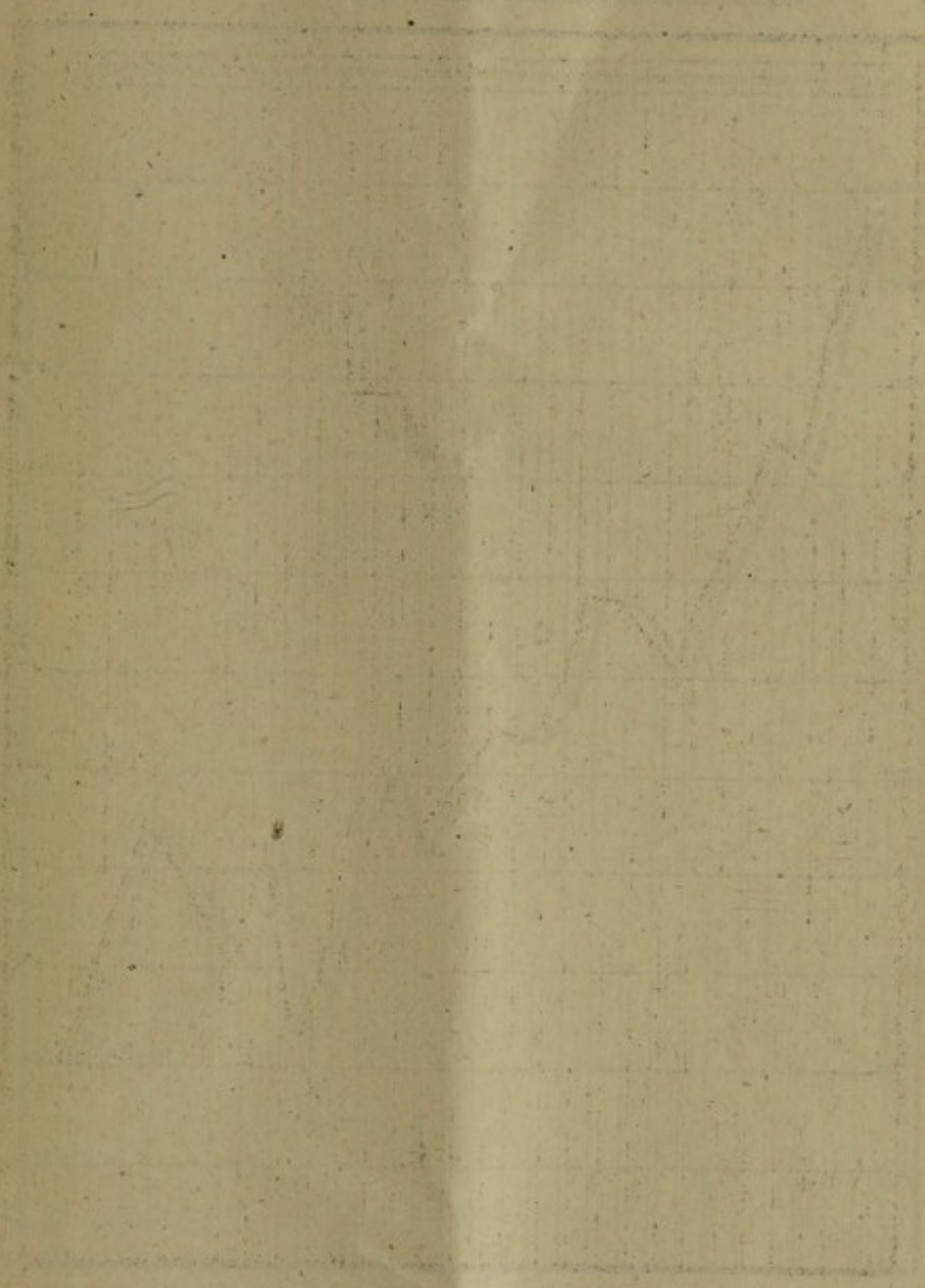
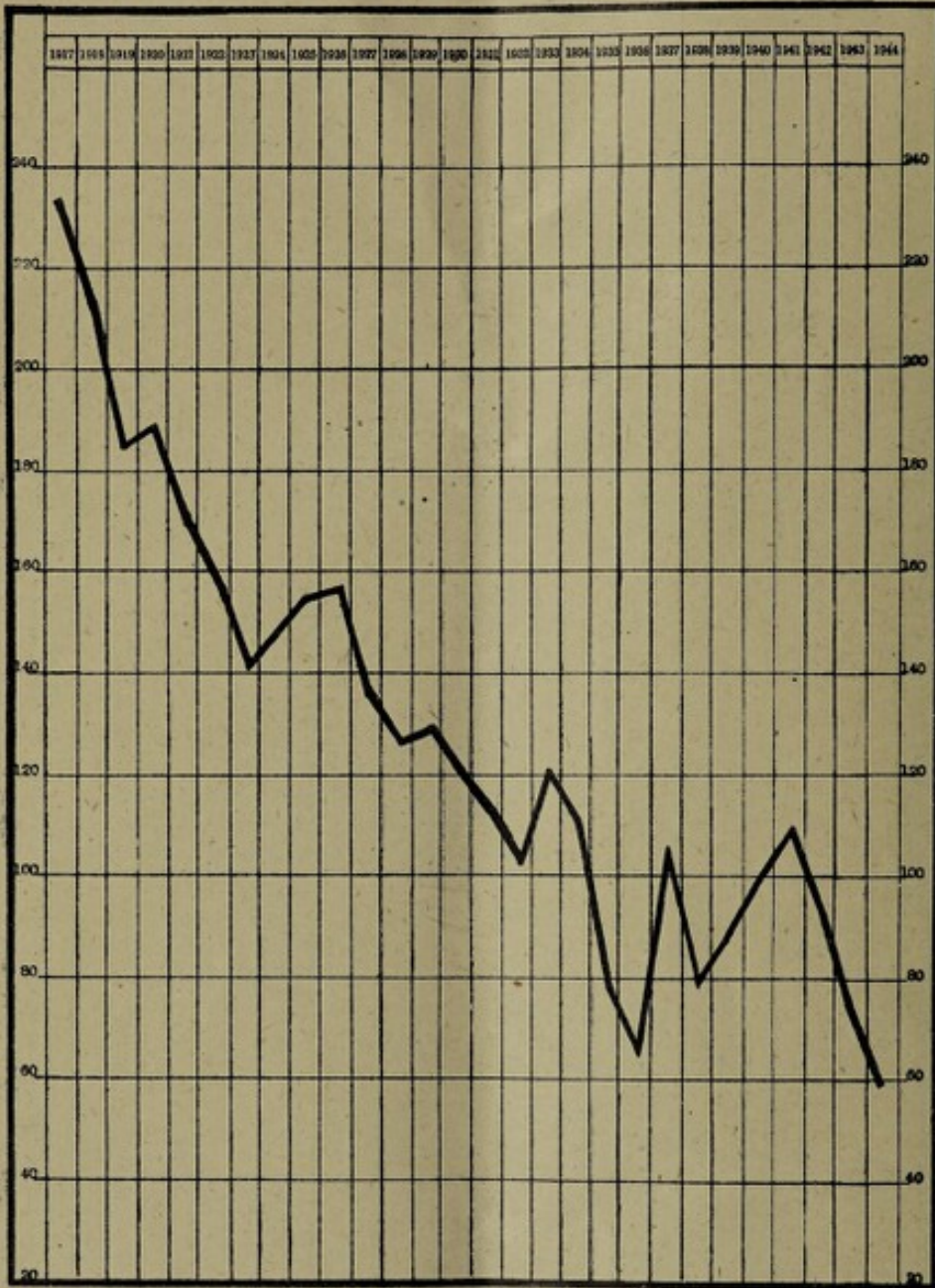


Chart C
Port-of-Spain

INFANT MORTALITY RATES—per 1,000 Live Births, 1917—1944.



Births and Deaths of Infants under 1 year, 1917-44.

Period.	No. of Births.	No. of Deaths under 1 year.	Infant Mortality Rate.
Year 1917	1,770	412	232.77
Yearly Averages :			
1918-22	1,700	310	182.94
1923-27	1,862	274	146.96
1928-32	1,925	230	119.13
1933-37	2,248	215	96.05
Average 1918-37	1,901	288	155.57
Year 1938	2,591	204	78.73
1939	2,752	242	87.94
1940	2,937	291	99.08
1941	2,888	314	108.73
1942	3,399	322	94.73
Average 1938-42	2,913	275	93.84
Year 1943	3,751	283	75.45
1944	4,161	248	59.60

Causes of Deaths under 1 year.

Causes of Deaths.	Neo-Natal Deaths under 1 month.	Deaths 1 month and under 1 year.	Total	Percentage of Total Infant Mortality.
<i>Ante-Natal Causes :</i>				
Prematurity	43	2	45	
Congenital Debility	18	11	29	
Marasmus	1	12	13	
Malnutrition	2	11	13	
Congenital Abnormalities	3	3	6	
Congenital Heart Disease	2	1	3	
Congenital Syphilis	2	2	4	
Total Ante-Natal	71	42	113	45.56
<i>Intra-Natal Causes :</i>				
Asphyxia Neonatorum	6	1	7	
Cerebral Haemorrhage	4	—	4	
Atelectasis	5	—	5	
Umbilical Haemorrhage	1	—	1	
Internal Haemorrhage	4	—	4	
Total Intra-Natal	20	1	21	8.47
<i>Post-Natal Causes :</i>				
Pneumonia	8	28	36	
Diarrhoea and Enteritis	3	33	36	
Bronchitis	1	3	4	
Icterus Neonatorum	8	—	8	
Pulmonary Congestion	—	2	2	
Influenza	—	1	1	
Convulsions	1	3	4	
Colitis	1	3	4	
Diphtheria	—	1	1	
Pulmonary Tuberculosis	—	1	1	
Meningitis	1	1	2	
Tuberculous Meningitis	—	1	1	
Other Post-Natal Causes	3	9	12	
Total Post-Natal	26	86	112	45.16
<i>Ill-Defined Causes :</i>				
Unknown	—	2	2	0.81
Grand Total	117	131	*248	—

Duration of Life of Infants dying under one year of Age.

Duration of Life.	No. of Infants.	Percentage of total deaths under 1 year.	Corresponding percentage 1943.
Under 1 day	36	14.52	11.31
1 day and under 2 weeks	66	26.61	32.15
2 weeks and under 1 month	15	6.05	3.89
. Total under 1 month	117	47.18	47.35
1 month to 3 months	51	20.57	16.96
Over 3 to 5 months	20	8.06	7.42
Over 5 to 7 months	25	10.08	10.25
Over 7 to 9 months	21	8.47	10.25
Over 9 to 11 months	13	5.24	7.77
Over 11 and under 1 year	1	0.40	—
Total	248	—	—

Neo-Natal Mortality (Deaths under 1 month), 1930-44.

Period.	No. of Deaths under 1 month.	Percentage of total deaths under 1 year.	Neo-Natal Mortality Rate per 1,000 Births.
Yearly Average : 1930-34	90.6	38.60	44.03
Year 1935	91	50.28	39.24
1936	61	40.94	26.58
1937	110	46.41	48.39
1938 1938	117	57.35	45.16
1939	122	50.41	44.33
Average 1935-39	100.2	49.08	40.74
Year 1940	132	45.36	44.94
1941	137	43.63	47.44
1942	134	41.62	39.42
1943	134	47.35	35.72
1944	117	47.18	28.12

Still Births.

Year.	Total Still Births.	Rate per 1,000 Live Births.
1944	265	63.69
1943	230	61.32
1942	257	75.61
1941	211	73.06
1940	214	72.86
1939	190	69.04
1938	171	66.00

THE PRE-SCHOOL CHILD.

I have in previous reports stressed the importance of this period of the child's life and no apologies are needed for returning to the subject. The pre-school child is as much in need of skilled and adequate care and attention as the infant and the school child. It is most unfortunate that there is this hiatus between the two periods for which no definite organisation has been provided by the State directed to the detection, prevention and elimination of disease. Very often the care and treatment given to the infant seems to be completely wasted when at the beginning of school life the child is discovered to possess a variety of lesions which developed during this period and which could easily have been prevented.

The provision of toddlers' clinics where these cases could be seen at an early stage, treated and complications prevented, is indeed an urgent necessity that calls for immediate action.

Causes of Death at Ages 1-5.

Groups.	Group Total.	Percentage of Total Mortality at ages 1-5.
<i>Diseases &c., Attributable to Ante-Natal Causes:</i> Marasmus 3, Inanition 1, Congenital Malformation 1	5	6.49
<i>Communicable Diseases:</i> Pneumonia 24, Tuberculous Meningitis 3, Malaria 4, Pulmonary Tuberculosis 2, Acute Poliomyelitis 1, Diphtheria 1, Enteric Fever 3	38	49.35
<i>Diseases of the Nervous System:</i> Convulsions 8, Epilepsy 1, Meningitis 2, Cerebral Tumour 1, Encephalitis 1	13	16.88
<i>Diseases of the Respiratory System:</i> Bronchitis 4	4	5.20
<i>Diseases of the Digestive System:</i> Diarrhoea and Enteritis 7	7	9.09
<i>Other Causes:</i> Nephritis 3, Scalding 2, Cardiac Failure 1, Pyrexia 1, Leukaemia 1, Skull fracture 1, Natural Causes 1	10	12.99
Total	* 77	—

* M. 37, F. 40.

MATERNAL MORTALITY.

The maternal mortality rate works out at 2.64 per 1,000 live births and is the lowest recorded in the annals of the Local Authority.

Low as this figure is no efforts should be spared until the mortality is nil as it is well to remember that child bearing is a physiological function and all the diseases and accidents usually associated with this function should be preventable. With the advancement of the science of obstetrics it is no exaggeration to say that every one of the diseases listed in the table hereunder should be eliminated and already very heartening progress has been made in checking the ravages of puerperal sepsis, as well as ante-natal and intra-natal haemorrhage by the inhibition of certain new chemical compounds which have already been responsible for the saving of many lives.

Causes of Maternal Deaths.

Causes of Maternal Deaths.	Under 16.	16 to 25	26 to 35	36 and upwards	Total All Ages.	Rate per 1,000 Births.	
						1944.	Average 1939-43.
Puerperal Sepsis	—	1	1	—	2	0.48	1.17
Eclampsia	—	2	1	—	3	0.72	0.92
Haemorrhage	—	—	2	—	2	0.48	0.64
Pernicious Vomiting	—	—	—	—	—	—	0.07
*Other Causes	—	1	3	—	4	0.96	1.61
Total	—	4	7	—	11	2.64	4.41

* "Other Causes" include Ectopic Gestation, Septic Abortion and Placenta Praevia.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

Notifiable Infectious Diseases.

The number of cases of infectious diseases notified to the Department during the year under report, 418, showed a substantial drop from the 611 and 614 cases notified during the two previous years. With the exception of the figure for pulmonary tuberculosis, 186, and that for tuberculosis (other forms), 17, every other notifiable infectious disease showed a drop in the number of notifications received, but the disease which has shown the greatest decline of all is pneumonia (all forms): whereas in the year 1943, 251 cases had been reported, in the year 1944 only 109 were notified.

The number of cases of diphtheria, 19, was 21 less than in the previous year, 40. The number of cases of enteric fever was 32.

These figures cannot but be considered satisfactory but it is the aim of the Local Authority to record still lower figures for every notifiable infectious disease.

The number of cases of tuberculosis notified, both of pulmonary tuberculosis and of other forms of tuberculosis, is the highest for the war years, and, in a sense, reflects the general state of malnutrition, overcrowding and relative poverty which have been brought about indirectly by the War that was being waged in Europe and the Far East. That these conditions are urgently in need of amelioration admits of no doubt. Fortunately, at the time I write, the War has come to a successful end and there is every hope that speedy improvement will ensue.

Distribution of Cases and Deaths from Notifiable Infectious Disease.

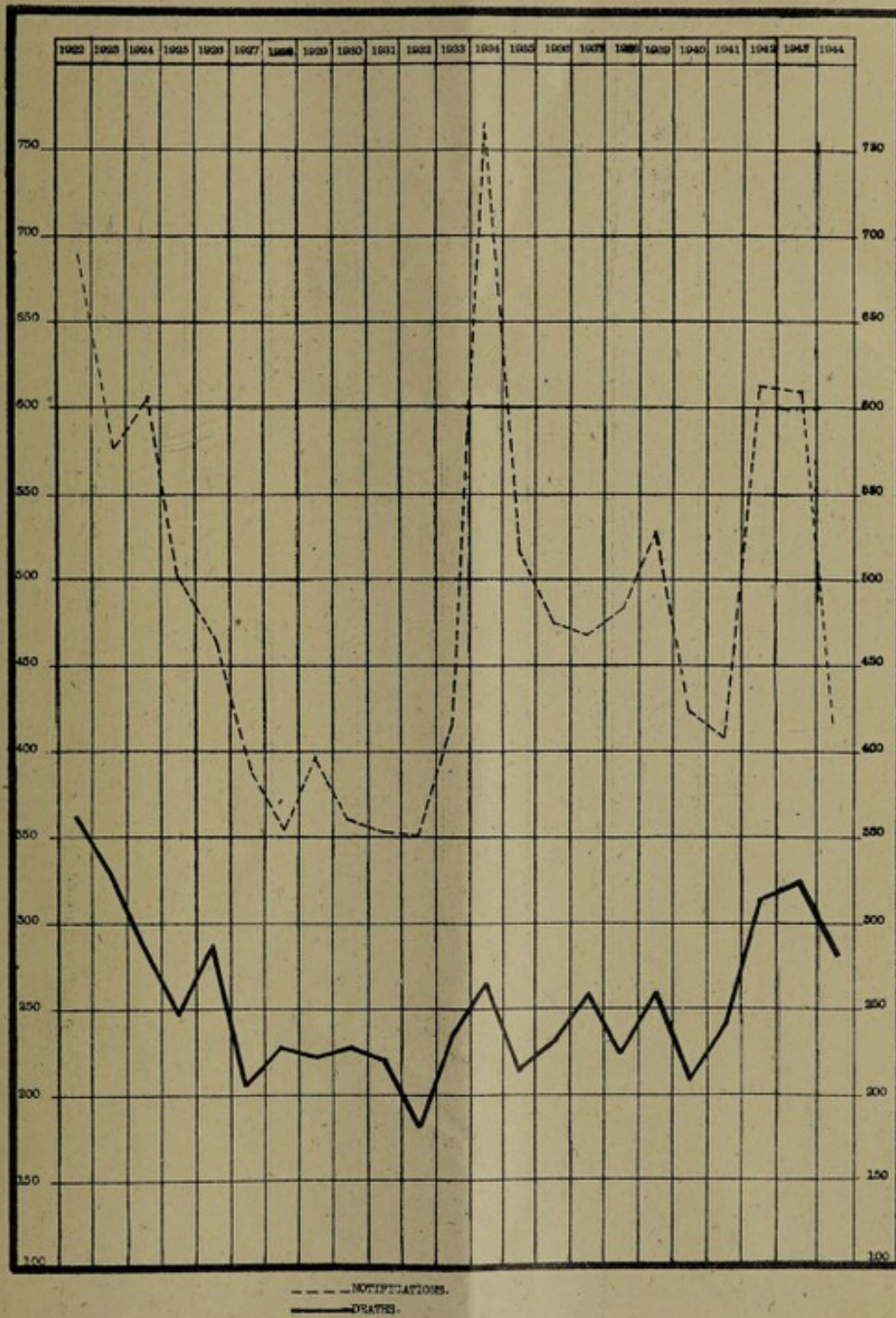
Diseases.	City Proper		St. Clair.		East Dry River		Belmont		Woodbrook		St. James	
	Cases notified.	Deaths	Cases notified.	Deaths	Cases notified.	Deaths	Cases notified.	Deaths	Cases notified.	Deaths	Cases notified.	Deaths
Diphtheria ..	12	—	—	—	1	—	3	3	2	—	1	—
Enteric Fever ..	1	1	—	—	13	3	11	4	4	—	3	1
Pulmonary Tuberculosis ..	56	48	1	1	66	48	35	25	16	13	12	23
Tuberculosis (Other forms)	5	4	—	—	6	3	3	1	3	2	—	—
Pneumonia (All forms) ..	38	31	—	1	29	23	26	14	3	9	13	19
Ophthalmia Neonatorum ..	3	—	—	—	5	—	2	—	—	—	1	—
Chicken Pox ..	10	—	—	—	9	—	11	—	3	—	—	—
Cerebro-Spinal Fever ..	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ..	—	—	—	—	—	—	—	1	—	—	—	—
Puerperal Fever ..	4	—	—	—	3	1	1	—	3	1	—	—
Encephalitis Lethargica ..	—	1	—	—	—	1	—	—	—	—	—	—
Total ..	129	85	1	2	132	79	92	48	34	25	30	43
Rate per 1,000 population in each sub-district	3.60	2.37	0.57	1.14	5.70	3.41	5.11	2.66	2.57	1.89	2.45	3.52

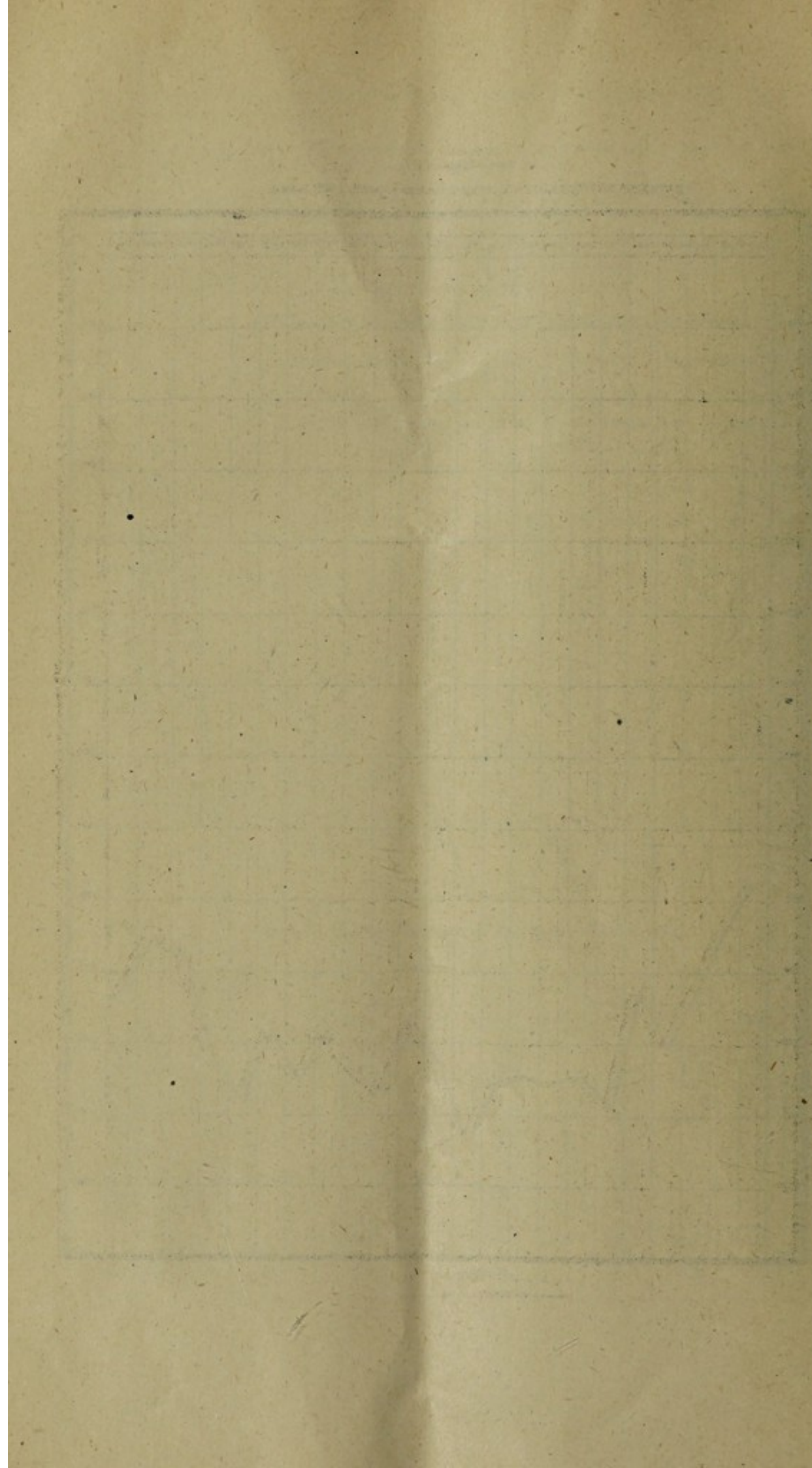
Infectious Diseases—Notifications and Deaths—1934 to 1944.

Infectious Diseases.	NOTIFICATIONS.				DEATHS.			
	Average 1934-38	Average 1939-43	1943	1944	Average 1934-38	Average 1939-43	1943	1944
Diphtheria ..	24.6	37.2	40	19	3.6	2.6	4	3
Enteric Fever ..	59.8	55.2	38	32	14.6	12.8	12	9
Pulmonary Tuberculosis ..	14.74	156.4	182	186	124.6	138.6	148	158
Tuberculosis (Other forms) ..	10.6	9.	15	17	10.	9.6	9	10
Pneumonia (All forms) ..	158.4	179.4	251	109	85.4	102.2	149	97
Ophthalmia Neonatorum ..	27.2	20.8	15	11	—	—	—	—
Chicken Pox ..	110.4	42.6	50	33	—	—	—	—
Encephalitis Lethargica ..	0.2	—	—	—	—	0.2	—	2
Acute Anterior Poliomyelitis ..	2.	8.4	—	—	0.2	1.4	—	1
Puerperal Fever ..	—	7.	18	11	—	2.4	3	2
Cerebro-Spinal Fever ..	—	0.4	2	—	—	0.2	1	—
Total ..	540.6	516.4	611	418	238.4	270.	326	282
Rate per 1,000 population ..	7.10	5.36	6.00	4.01	3.11	2.80	3.20	2.71

Chart D
Port-of-Spain

INFECTIOUS DISEASES—Notifications and Deaths, 1922—1944.





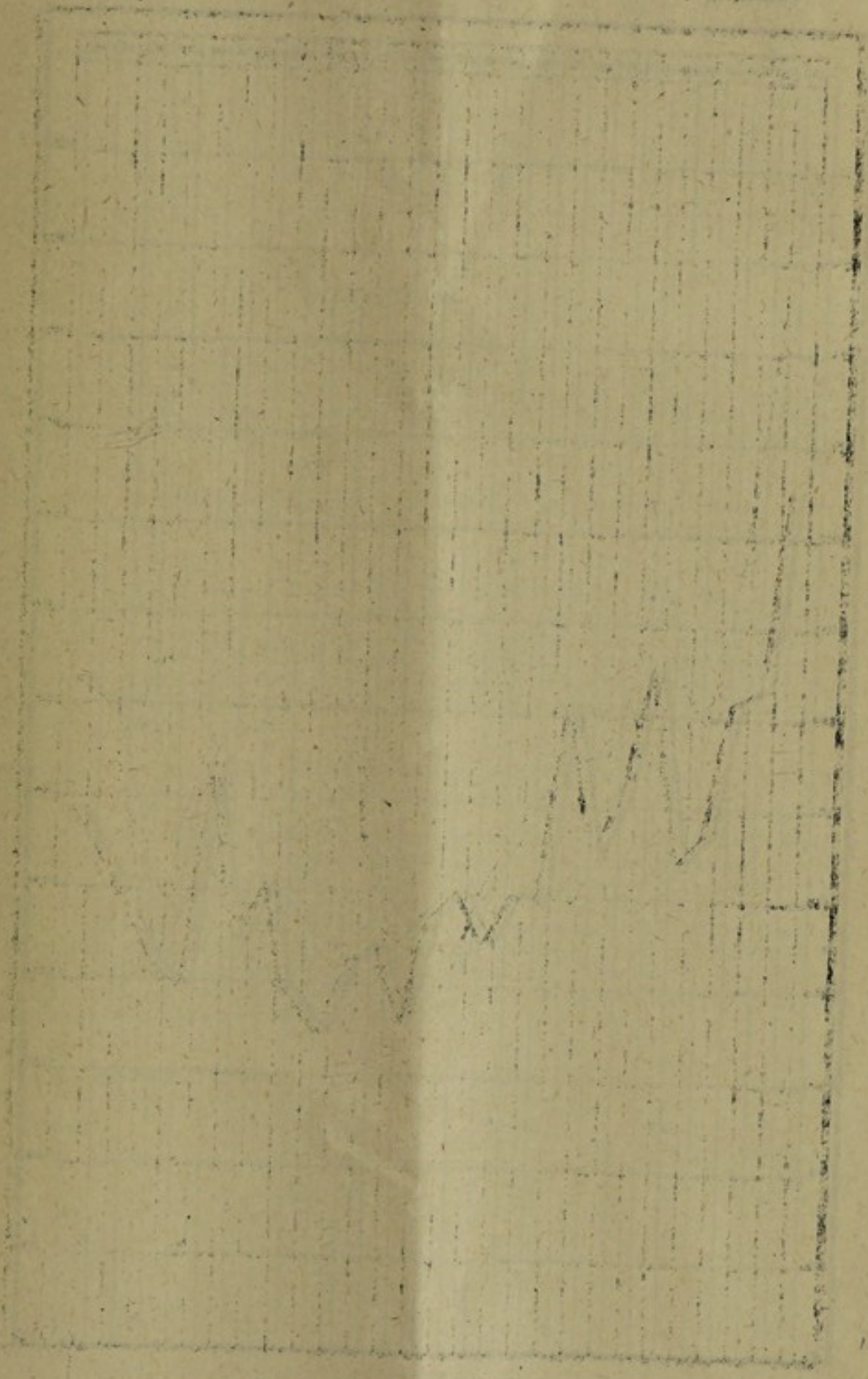


Chart E
Por.-of-Spain

PULMONARY TUBERCULOSIS—Notifications and Deaths, 1918—1944



Notifiable Infectious Diseases—Home and Hospital Deaths.

Diseases.	Died at Home.	Died at Hospital.	Total Deaths.	Percentage of cases isolated in Hospital before death.	Corresponding percentage for the year 1943.
Diphtheria	1	2	3	66.67	75.00
Enteric Fever	2	7	9	77.78	91.67
Pulmonary Tuberculosis	70	88	158	55.70	52.70
Tuberculosis (Other forms)	3	7	10	70.00	77.78
Pneumonia (All forms)	64	33	97	34.02	36.24
Puerperal Fever	1	1	2	50.00	100.00
Cerebro-Spinal Fever	—	—	—	—	100.00
Acute Poliomyelitis	1	—	1	—	—
Encephalitis Lethargica	2	—	2	—	—
Total	144	138	282	48.94	48.16

TUBERCULOSIS.

Pulmonary Tuberculosis.

The position in regard to pulmonary tuberculosis has undergone no substantial change from that outlined in my last annual report except in one important respect, viz: the sanatorium-hospital at Caura is "going up" and its construction is stated to be ahead of schedule. This is very welcome news to the sufferers from this dread disease but in other respects nothing material has been accomplished.

Dr. S. Gilmour has, during the year under review, completed his survey, and his report is now in the hands of Government, but so far it has not been made public and everything, it would seem, is in the lap of the Gods.

I had hoped that, at the very least, it would have been possible to state that these dangerous infectious cases which are the sources of so much potential damage had been removed from the grounds of the Colonial Hospital and isolated in a more suitable and less dangerous place, that the existing tuberculosis wards at the Hospital had been altered and remodelled to accommodate those early hospital cases amenable to treatment which are being discovered in the course of routine clinical and X-ray examination at the Caribbean Medical Centre, but so far that has not materialised and is not likely to materialise in the near future.

In the meantime the suffering of the unfortunate victims continues with little real help from the doctors except that which has now become commonplace.

The routine work of the Public Health Department directed to the prevention of the disease which I have outlined in my previous reports continued during the year under report and nothing that is worthy of special mention has occurred. As far as the actual figures go, the year 1944 was the most unfavourable so far of the war years, the greatest number of notifications and the largest number of deaths having been reported. 186 new cases were notified and 158 deaths certified to pulmonary tuberculosis, giving a death rate of 1.52 per 1,000 population. It is impossible not to associate these high figures with the overcrowding and congestion of the City, with the bad housing situation, with the shortage of essential foodstuffs and the relative malnutrition associated with the War which happily has just come to a successful conclusion.

Pulmonary Tuberculosis—Notifications and Deaths, 1918-44.

Period.	Notifications.	Deaths.	Death Rate per 1,000 population.
Year 1918	299	233	3.43
Yearly Averages :			
1919-23	207	173.2	2.65
1924-28	167.6	154.6	2.38
1929-33	133.6	129.	1.85
1934-38	147.4	124.6	1.62
Average 1919-38	163.9	145.4	2.13
Year 1939	175	167	1.85
1940	155	118	1.28
1941	113	124	1.27
1942	157	136	1.37
1943	182	148	1.45
1944	186	158	1.52

Non-pulmonary Tuberculosis.

Seventeen (17) notifications were received and ten (10) deaths certified to non-pulmonary tuberculosis during the year under report. Of these the highest number of notifications were of tuberculous pleurisy (7) and the greatest number of deaths were certified to tuberculous meningitis. As is to be expected, all cases of tuberculous meningitis notified were fatal; as a matter of fact, there were more deaths from this invariably fatal form of non-pulmonary tuberculosis than there were notifications of the disease—a fact which is well known because of the difficulty sometimes met with in the diagnosis of this form of tuberculosis.

Non-Pulmonary Tuberculosis—Forms, Notifications and Deaths.

Forms.	Notifications.	Deaths.
Miliary Tuberculosis	2	3
Tabes Mesenterica	1	—
Tuberculous Laryngitis	—	1
Do. Meningitis	4	5
Do. Peritonitis	1	—
Do. Pleurisy	7	—
Tuberculosis of Spine	2	1
Total	17	10

Deaths from Non-Pulmonary Tuberculosis 1924-44.

Period.	Deaths.	Rate per 1,000 population.
Yearly Averages:		
1924-28	15	0.23
1929-33	15.2	0.22
1934-38	10	0.13
Average 1924-38	13.4	0.19
Year 1939	15	0.17
1940	14	0.15
1941	6	0.06
1942	4	0.04
1943	9	0.09
1944	10	0.10

ENTERIC FEVER.

Almost subconsciously the public health officer keeps a sharp eye on and pays special attention to, the number of cases of enteric fever occurring in his district for he knows by instinct that he can form a very good opinion of the general level of sanitation from the number of cases of this infectious disease which are notified. If the water supply is initially good and adequately chlorinated, if there is efficient disposal of faecal matter, if foodstuffs are adequately protected against contaminations by dust, dirt, flies, &c., in other words, if the general level of sanitation is sufficiently high that it is practically impossible for the infected faecal matter of one man to reach the alimentary canal of another, then such a district will have a low endemicity of typhoid fever.

In the City of Port-of-Spain typhoid fever is endemic and every case is closely watched, and more so if it happens to have occurred in an unsewered area. The case is carefully investigated to detect the possible source of infection and the customary measures of prevention at our disposal—isolation, disinfection, current and terminal, and inoculation of contacts are resorted to. Every effort is made to secure isolation in Hospital and in some cases where isolation is impossible in the house hospitalization is ordered and the machinery of the law set in motion, if necessary, to secure compliance.

The lowest number of cases of enteric fever since 1936 were notified in 1944; 9 deaths were certified giving a death rate of .09 per 1,000 population. This is the second lowest death rate recorded since 1917 the year in which the Local Authority was established, the lowest being in 1936 when a death rate of .08 per 1,000 was recorded. This is about 10 times as high as that obtaining in the large modern cities of civilised countries with an awakened public health conscience.

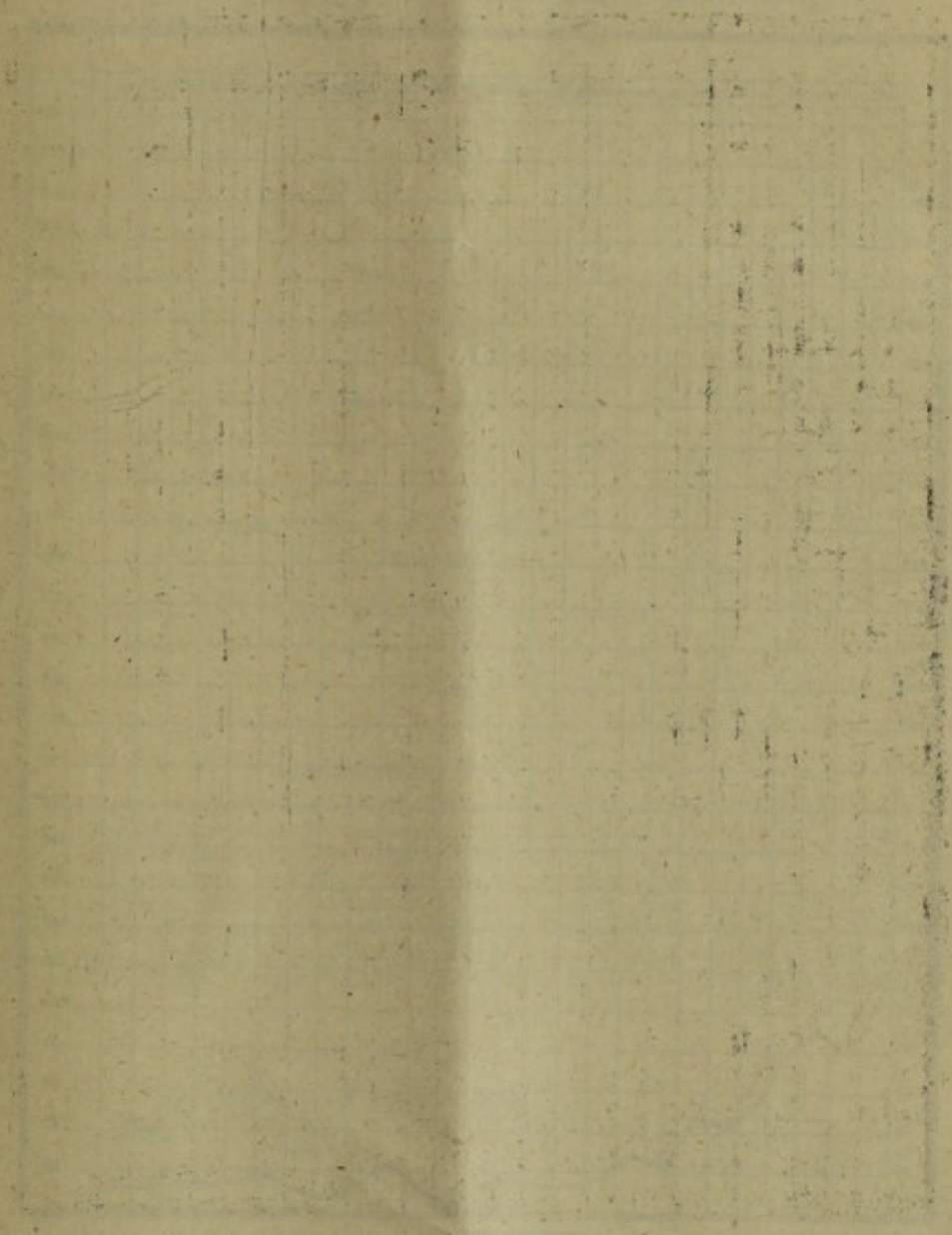
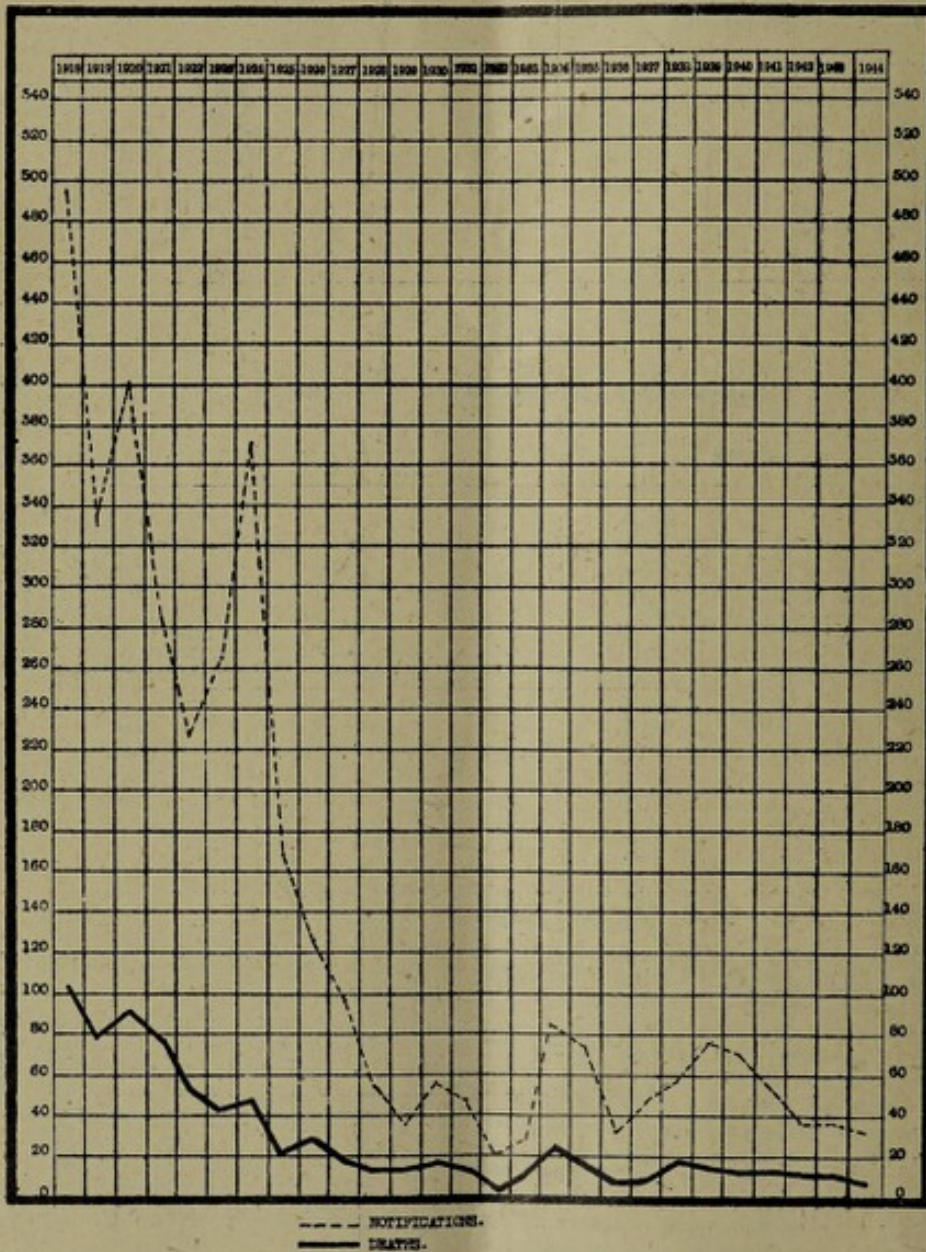


Chart F
Port-of-Spain

Enteric Fever—Notifications and Deaths, 1918-44.



ENTERIC FEVER.

Notification and Deaths, 1918-1944.

Period.	Notifications.	Deaths.	Death Rates per 1,000 population.
Year 1918	495	104	1.52
Yearly Averages:			
1919-23	301.8	67.8	1.03
1924-28	162.4	25.2	0.39
1929-33	37	10.8	0.16
1934	59.8	14.6	0.19
Average 1919-38	140.3	29.6	0.44
Year 1939	75	15	0.17
1940	70	11	0.12
1941	56	14	0.14
1942	37	12	0.12
1943	38	12	0.12
1944	32	9	0.09

Inoculation of Enteric Fever Contacts.

T. A. B. Injections.

Number Receiving one Injection.	Number Receiving two Injections.	Total.
127	64	191

PNEUMONIA.

The fear that was expressed in 1942 and in 1943 that pneumonia was on the increase and that it was likely to stay increased because of the congestion and overcrowding in the City and of the large number of immigrants from the country and neighbouring islands who were living in the centre of the City in overcrowded apartments and boarding houses did not materialise.

It cannot be said that these conditions grew worse in the year under report, if anything, there was a slight amelioration of the situation but this certainly does not explain the large drop in the number of cases of pneumonia notified and the correspondingly decreased death rate 109 and 97, as compared with 251 and 149 in 1943, giving a death rate of 0.93 as compared with 1.46 per 1,000 in 1943.

Pneumonia (All Forms).

Notifications and Deaths, 1922-44.

Period.	Notifications.	Deaths.	Death Rate per 1,000 population.
Yearly Averages:			
1922-26	111.8	78	1.23
1927-31	69.8	53.4	0.79
1932-36	155.4	80.6	1.10
Average 1922-36	112.3	70.7	1.04
Year 1937	125	85	1.10
1938	101	70	0.83
1939	107	59	0.65
1940	69	63	0.68
1941	138	88	0.90
Average 1937-41	108	73	0.83
Year 1942	332	152	1.53
1943	251	149	1.46
1944	109	97	0.93

DIPHTHERIA

Here again there was a sharp drop in the number of cases as compared with the previous year 19 with 3 deaths in 1944 and 40 with 4 deaths in 1943. As I have stated in previous reports diphtheria in Trinidad is a comparatively mild disease and is not as severe or as fatal in type as that usually met with in temperate climes.

Diphtheria.
Notifications and Deaths, 1917-44.

Period.	Notifications.	Deaths.	Death Rate per 1,000 population.
Yearly Averages:			
1917-21	11.8	1.4	0.02
1922-26	14.8	2	0.03
1927-31	23.8	1.6	0.02
1932-36	29.8	2.2	0.03
Average 1917-36	20	1.8	0.03
Year			
1937	30	4	0.05
1938	16	3	0.04
1939	61	2	0.02
1940	37	2	0.02
1941	30	2	0.02
Average 1937-41	34.8	2.6	0.03
Year			
1942	18	3	0.03
1943	40	4	0.04
1944	19	3	0.03

Chicken Pox—Notifications, 1924-44.

Period.	Notifications.	Period.	Notifications.
Yearly Averages:		Year	
1924-28	19.8	1939	72
1929-33	41	1940	58
1934-38	110.4	1941	20
		1942	13
		1943	50
		1944	33

Other Notifiable Infectious Diseases.

As in 1943 no case of acute anterior poliomyelitis was notified though one death was recorded the diagnosis being very likely established after post-mortem examination.

There was no notification of or death from encephalitis lethargica or acute paralytic rabies. None of the dangerous infectious diseases, plague, small pox or alastrim, cholera, typhus or yellow fever was reported as having occurred in the Colony or of having been admitted from abroad.

Acute Anterior Poliomyelitis.

Notifications and Deaths, 1927-44.

Year.	No. of Cases reported.	Deaths.	Year.	No. of Cases reported.	Deaths.	Year.	No. of Cases reported.	Deaths.
1927-29 ..	—	—	1933-35 ..	—	—	1939 ..	1	—
1930 ..	5	1	1936 ..	3	—	1940 ..	—	—
1931 ..	—	2	1937 ..	10	1	1941 ..	15	4
1932 ..	3	—	1938 ..	2	—	1942 ..	26	3
						1943 ..	—	—
						1944 ..	—	—

Non-Notifiable Infectious Diseases.

These diseases are usually reported on in a way that gives the impression that they are of comparatively negligible importance. This is far from being the case, as under this heading are listed diseases which sap the very vitals of the community.

I need only mention syphilis, malaria, ankylostomiasis, dysentery to make myself clear. It is therefore a matter of great importance that some idea of the prevalence of and mortality attributable to these diseases be had, but so far there is no reliable evidence as to the incidence and even the mortality figures are not as accurate as they could be, seeing that many deaths certified to complications of these diseases are really caused by these infectious diseases themselves. For instance aneurysm, arterio-sclerosis, coronary thrombosis, cerebral thrombosis, hemiplegia, &c., are in fact the various manifestations of syphilis, liver-abscess is nearly always caused by dysentery, anaemia by ankylostomiasis, &c.

It is therefore clear that under this heading are included a number of chronic diseases with high mortality and many acute conditions which are dangerous because of their high infectivity.

During the year under review 64 deaths were certified to these diseases as compared with 93 in 1943, due as was stated in the annual report for that year to a very severe attack of measles which occasioned a number of deaths.

The most outstanding feature during the year under report is the increase in the number of deaths certified to syphilis.

Non-Notifiable Infectious Diseases—Home and Hospital Deaths.

Diseases.	Died at Home &c.	Died at Hospital.	Total Deaths.	Percentage of cases isolated in Hospital before death.	Corresponding percentage for the year 1943.
Malaria	12	10	22	15.63	39.47
Black Water Fever	—	—	—	—	—
Whooping Cough	—	—	—	—	—
Influenza	1	1	2	1.56	—
Dysentery	3	—	3	—	16.67
Ankylostomiasis	1	—	1	—	—
Syphilis	31	5	36	7.81	17.24
Measles	—	—	—	—	13.33
Total	48	16	64	25.00	24.73

MALARIA.

Malaria is not a problem of any importance within the limits of the City; that is an undisputed fact and every survey undertaken with a view to determining the possibility of infection with malaria in the City—there have been two such within the last 13 years,—has proved beyond the shadow of a doubt that anopheline breeding is infinitesimal only a few larvae and an occasional adult anopheles being met with and that only in the eastern, northern and western outskirts where these boundaries are in contact with highly malarious areas. The writer himself has been able to find anopheline larvae in pools at the Eastern Dump and in that part of the St. James area which adjoins the malaria infested Cocorite Swamp, a fact which is not at all surprising in view of the high incidence of malaria in the areas outside the City that are immediately contiguous.

This position cannot but be considered satisfactory and is undoubtedly the result of the long continued and persistent efforts of the Public Health Department directed towards the elimination of possible breeding places and the oiling of those potential breeding places which cannot be eliminated e.g., the Maraval River. Year in, year out, the work of filling in depressed places capable of holding water, the oiling of pools, the trimming of the edges of the Maraval River, the canalising of its bed and the oiling of stagnant pools continues with the result that very few potential breeding places are left unattended to and very little actual breeding does take place.

I need hardly stress the importance of this work, as apart from the possibility of infected anophelines flying into the City from the malarious borders, there are always quite a number of cases of malaria undergoing treatment at the Colonial Hospital and in many dwellings within the City and the possibility of infecting anopheline mosquitoes which may by chance be breeding in stagnant water in and about the City is an ever present one.

This work should therefore continue without any let up if the present favourable condition of the City as regards malaria is to be retained.

Last year I wrote that the Government Malariologist had mapped out definite programmes directed to the eradication of malaria with the help and guidance of Dr. R. Shannon of the Rockefeller Foundation; this year I am able to record that these programmes are being carried out, that the malaria problem of the Colony has quite definitely taken a favourable turn, and that steps are being taken surely, if slowly, to rid the Colony of malaria.

In this connection it is with regret that I record the passing of Dr. R. Shannon whose death came as a shock to all of us. Here was an indefatigable worker who had endeared himself to all with whom he came into contact.

Whilst it would seem that the question of reclamation of the Laventille Swamp is at the moment in abeyance, the reclamation of the Cocorite Swamp to which I made specific reference last year has gone a step forward in the submission to Government of definite proposals for the elimination of breeding places by permanent works of drainage and filling in, and which, I understand, are now receiving the active consideration of Government.

22 deaths from malaria were recorded at the Public Health Department, the unfortunate victims giving addresses within the City. No accurate inference is possible from these cases because oftener than not the addresses of premises within the limits of the City are those of relatives or friends who are actual residents and are given only for the sake of convenience.

Malaria—Local Distribution of Deaths.

Sub-districts.								Deaths.
City Proper	...	...	...	...	...	...	...	7
St. Clair	...	...	...	...	...	...	...	1
East Dry River	...	...	...	...	...	...	...	5
Belmont	...	...	...	...	...	...	...	3
Woodbrook	...	...	...	...	...	...	...	3
St. James	...	...	...	...	...	...	...	3
Total	...	...	...	...	...	...	...	22

SYPHILIS.

The Venereal Disease Campaign initiated by Colonel O. C. Wenger was in full swing during the year under report. The headquarters of the Scheme are located at the Caribbean Medical Centre in Ariapita Avenue but a number of subsidiary clinics in the City, at the Colonial Hospital, and in various adjoining and outlying districts functioned efficiently and continuously as part of the programme to educate, prevent, detect and treat actual and potential victims of the scourge. It is true to say that the citizens of the City have taken kindly to the campaign and the interest shown in and the use made of the various clinics bear testimony to the awakened consciousness of the people in regard to the dangers and ravages of this particular disease.

The problem, however, that still awaits solution is how to round up and bring in for treatment those recalcitrant cases that are either careless as to the harm they are capable of doing to themselves or others or are actually perverse in the persistent efforts they make to spread the disease in spite of the knowledge that they are in a highly infectious state. No amount of persuasion will ever remedy this situation, compulsion is an imperative necessity and legislation must be enacted to deal effectively with such cases. Happily, at the moment I write, the necessary regulations have been drafted and are receiving the consideration of the Central Board of Health and the Medical Board.

With the compiling of more reliable statistics which is being brought about by more accurate diagnosis on the one hand and by a greater appreciation of the underlying basic causes of certain clinical manifestations on the other, syphilis is being more and more recognised as playing an increasingly important part in the chronic diseases which affect heart and circulatory system, brain and spinal cord, kidney and liver. In the year under report the number of deaths certified to syphilis was the highest since 1939; 36 deaths were recorded giving a death rate of .35 per 1,000 population.

Deaths from Syphilis—1918-44.

Period.		Deaths.	Rate per 1,000 population.
Yearly Averages:			
1918-22	.. .. .	16.2	0.24
1923-27	.. .. .	56.8	0.88
1928-32	.. .. .	28.2	0.41
1933-37	.. .. .	21.8	0.29
Average 1918-37	.. .. .	24.6	0.37
Year	1938	29	0.34
	1939	26	0.29
	1940	35	0.38
	1941	19	0.19
	1942	14	0.14
	1943	29	0.28
	1944	36	0.35

Dysentery, Diarrhoea and Enteritis.

These diseases have one feature in common though they differ widely in other ways, *viz*: they are all the result of contamination of foodstuffs, particularly those eaten raw or partially cooked, with the products of organisms that gain access to the foodstuffs through the agency of dirt, dust and flies. It is once more the same old story of infected faecal matter from the alimentary tract of one individual gaining access to the alimentary tract of another and setting up there a similar disease.

Diarrhoea and Enteritis is essentially a disease of infants though it does sometimes affect old people, whereas dysentery is mainly a disease of adults due either to *Entamoeba histolytica* or to the bacilli of Shiga, Flexner, &c., Both diseases are capable of inflicting a high mortality if not properly taken care of. In infants particularly diarrhoea and enteritis takes a heavy toll especially in those infants that are bottle fed and it constitutes one of the main causes of infant mortality.

The prevention of these diseases lies in the protection of foodstuffs from contamination with dirt, dust and flies, the boiling of milk, and the proper and efficient disposal of excreta, particularly the excreta voided by a sufferer from one or other of these diseases.

Deaths from the Dysenteries, 1918-44.

Period.	Deaths.	Death Rates.
Year 1918	43	0.63
Yearly Averages:		
1919-23	38.2	0.58
1924-28	32	0.49
1929-33	14.8	0.21
1934-38	5.4	0.07
Average 1919-38	22.6	0.34
Year:		
1939	2	0.02
1940	9	0.10
1941	11	0.11
1942	9	0.09
1943	6	0.06
1944	3	0.03

DIARRHOEA AND ENTERITIS.**Deaths from Diarrhoea and Enteritis, 1918-44.**

Period.	Deaths.	Death Rates.
Year 1918	193	2.84
Yearly Averages:		
1919-23	143.6	2.18
1924-28	72.8	1.12
1929-33	52.8	0.76
1934-38	40	0.52
Average 1919-38	77.3	1.15
Year:		
1939	45	0.50
1940	73	0.79
1941	104	1.07
1942	83	0.84
1943	87	0.85
1944	57	0.55

Diarrhoea and Enteritis—Deaths in Sub-districts.

Sub-districts.	No. of Deaths.
City Proper	8
St. Clair	—
East Dry River	20
Belmont	12
Woodbrook	3
St. James	14
Total	57

OTHER PRINCIPAL CAUSES OF DEATH.

Cardiac and Vascular Diseases.

I have already, earlier in this report, made reference to the fact that cardiac and vascular diseases were responsible for the largest number of deaths during 1944. 290 of these were recorded of which 164 were in persons over 60 years of age and 75 in persons between 41 and 60 years of age.

Examination of the table listed below shows that myocarditis and myocardial degeneration were the two diseases of the heart which claimed the highest number of victims, with arterio-sclerosis and atheroma of the vascular apparatus coming next.

This is a finding which is now practically constant in the vital statistics from year to year and it is a finding which is noted in every civilized country of the world—the cardiac and vascular apparatus displaying an ever increasing susceptibility to infection and the stress and strain of life in all countries of the world.

The only feature about these diseases that can be considered not exactly disturbing is that they tend to affect persons in the higher age groups, either 55-60 and the over 60 age group especially.

The deaths certified to cardiac and vascular diseases are in a large number of cases the result of chronic system disease on this particular apparatus which, being a delicate and highly complicated mechanism, is a favourable site for and an easy prey to, the toxic and destructive effects of the poisons they liberate.

Preventive measures should be directed to the elimination of the basic cause before the cardiac and vascular tissues are attacked, as when once they are affected it is largely a question of how long it will be before they are finally destroyed.

Deaths from Cardiac and Vascular Diseases in Age Groups.

Forms.	0-20 years.	21-40 years.	41-60 years.	Over 60 years.	Total.
<i>Diseases of Arteries and Valves:</i>					
Aneurism	—	8	9	5	22
Arterio-Sclerosis and Atheroma	—	1	5	39	45
Coronary Thrombosis	—	—	2	7	9
Mitral and Aortic Incompetence	1	6	5	12	24
Other Diseases of Arteries and Valves	—	4	10	9	23
<i>Diseases of the Heart:</i>					
Aneurism	—	—	2	—	2
Auricular Fibrillation	—	—	1	—	1
Pericarditis	—	—	—	1	1
Endocarditis	1	5	1	1	8
Myocarditis	3	3	13	42	61
Myocardial Degeneration	1	8	14	31	54
Angina Pectoris	—	—	2	3	5
Other Cardiac Diseases	3	7	11	14	35
Total	9	42	75	164	290

Cancer and Other Malignant Diseases.

There is nothing new under this heading to record; the deaths from these malignant diseases show no sign of diminishing in number.

No new light has been thrown on the causes of these highly fatal diseases and they still remain as deep a mystery as ever. The only hope lies in early resort to the knife or in suitable cases to radium where any swelling of doubtful origin shows signs of growing and spreading.

Cancer and Other Malignant Diseases—Forms, Sites and Deaths.

Forms and Sites.	DEATHS.	
	Males.	Females.
<i>Carcinoma:</i>		
Neck	1	—
Larynx	—	1
Pharynx, Palate, Stomach, Liver, Intestines, Mesenteric Glands, Colon, Rectum	12	20
Breast, Ovary, Uterus, Vulva	—	43
Site not stated	—	4
<i>Sarcoma:</i>		
Orbit	1	—
<i>Epithelioma:</i>		
Chorion	—	1
<i>Undefined Malignant Neoplasms:</i>		
Throat	1	—
Total	15	69

Deaths from Cancer and Other Malignant Diseases, 1918-44.

Period.	Deaths	Rate per 1,000 pop.
Yearly Averages :		
1918-22	44.4	0.67
1923-27	45.6	0.71
1928-32	44.6	0.65
1933-37	556.8	0.76
Average 1918-37	47.9	0.70
Year 1938	70	0.83
1939	76	0.84
1940	78	0.85
1941	69	0.71
1942	84	0.85
1943	88	0.86
1944	84	0.81

SANITARY ADMINISTRATION.

Staff.

The staff of the Public Health Department in the year under report, consisted of 118 workers 27 of whom were on the permanent pensionable establishment and 91 on the "temporary" or non-pensionable establishment. The term "temporary" as used here has acquired a certain time honoured usage but it is important to remember that nearly one half of these men have given long and faithful service and have passed the ten year gratuity limit.

All these employees, with the exception of the Chief Clerk, 2, and occasionally 3 Sanitary Inspectors, one clerical assistant, one messenger and one office hand who comprise the indoor office staff, are engaged in field work in the various sub-districts of the City.

13 Sanitary Inspectors are allotted, one each, to the 13 sanitary districts into which the City is divided; one Sanitary Inspector is in charge of anti-bat and water sampling work and does, also, district work as locum for Inspectors who may be on holiday or sick leave or as an additional Sanitary Inspector in a district which may be on the large size for one man. Another Sanitary Inspector does the investigation of infectious diseases which are notified by practitioners and is responsible for all preventive measures directed to checking the spread of these diseases, *e.g.*, the disinfection of premises, the oiling of cesspits, the bringing in of contacts for inoculation, &c. &c.; in addition to the disinfection of theatres, common lodging houses, hotels, &c.; in fact he is in charge of all disinfection work. Another Sanitary Inspector devotes his attention to Building Notices Plans and Completion Certificates, the preparation of charts, layouts, diagrams, &c., almost exclusively.

The Anti-Mosquito Unit, consisting of eight drivers, six "specials" or "tin men", and 21 men divided into eight gangs, is under the control of the Anti-Mosquito Overseer who maps out, records, helps and supervises their work. He is in addition time-keeper to the Unit.

Similarly, the Anti-Rat Unit, consisting of 9 drivers and 27 men divided into 9 gangs, is under the control of the Anti-Rat Overseer.

When engaged in field work individual gangs come under the direct supervision and control of the Sanitary Inspector of the District in which they happen to be working. In this way the Sanitary Inspector of the District is in charge of and made responsible for the health and sanitary state of the district and on him redounds the credit or blame for the "hygiene" of the district to which he has been assigned.

The Anti-Bat Unit consists of one driver and five men under the direction and control of the Anti-Rabies Inspector. Their work takes them throughout the length and breadth of the City, and by agreement with Government they do certain amount of baiting, poisoning and trapping in the areas immediately adjoining the City.

The Disinfection Unit consists of one driver and seven men; the oiling and anti-mosquito section of this unit comes under the direct control of the driver, but they all are supervised, directed and controlled by the Sanitary Inspector in charge of Infectious Diseases.

In January 1944 a new unit was attached to the Public Health Department—the Public Conveniences Unit—consisting of men whose duty it is to keep the various public conveniences which are provided by the Corporation in good sanitary condition and to see that the public is properly served in this respect. It was previously under the control of the City Engineer's Department but the Council in the latter part of 1943 thought that this was a matter which more properly concerned the Public Health Department. The unit consists of seven men, two of whom are night watchmen,

Disinfection.
Premises, &c., Disinfected for Infectious Diseases and Vermin.

Diseases.	Premises sprayed.
Pneumonia	85
Tuberculosis	125
Enteric Fever	39
Diphtheria	17
Puerperal Fever	9
Ophthalmia Neonatorum	8
Chicken Pox	16
Total	299
Vermin	383

15,977 Cesspits were sprayed with a mixture of crude and distillate oils (free of charge) as a routine measure of prevention against spread of the bowel-filth diseases.

Inspection of Premises, &c., by Sanitary Inspectors.
Average Monthly No. of Visits to Dwellings, Shops and other Premises 6,544

Inspection of Stores, Shops, &c.

	<i>Average Monthly No. of Visits.</i>		<i>Average Monthly No. of Visits.</i>
Provision and Meat Shops	167	Sweet Drink Carts	14
Provision Stores	16	Dairies and Cowsheds	43
Restaurants and Cookshops	66	Stables	39
Bakehouses	30	Goat Pens	75
Bread Depots	4	Aerated Water Factories	11
Cake and Ice Cream Shops	191	Soap Factories	3
Fry Shops	5	Other Factories	22
Hotels	5	Schools	22
Markets	4	Common Lodging Houses	6
Spirit Shops	24	Barber Shops	22
Ice Cream Carts and Pails	30	Dyeworks	1
Cake Trays and Baskets	14	Laundries	19
Provision Trays and Baskets	32	Garages	18
Bread Carts and Baskets	8	Tanneries	6
Fresh Fish Trays	4	Public Urinals	12
Oyster Vendors' Baskets	5	Boats	11
Plantain Carts	1		

Results of Notices and Verbal Directions.

	Constructed, installed or provided.	Repaired.	Cleansed.	Painted.	Elimi- nated.	Lime- washed.	Oiled.
Yard pavements	54	135	—	—	—	—	—
Depressions in yards	—	—	—	—	154	—	—
Yards	—	—	3,018	—	—	—	—
Drains, sinks, gullies, washing troughs, &c.	477	926	3,728	—	—	—	—
Lavatories, sewer basins, flush- tanks, urinals, bath rooms, &c.	126	85	1,522	—	—	—	—
Privies	220	587	—	—	—	537	—
Cesspits	183	181	1,803	—	—	—	325
Manure Heaps	—	—	—	—	156	—	—
Rat Holes	—	—	—	—	80	—	—
Tree Shade, Overgrowths of bush	—	—	—	—	774	—	—
Dustbins	1,344	215	646	—	—	—	—
Dustbin covers	375	7	—	—	—	—	—
Shops, Parlours, Restaurants, Bakehouses, Hotels, &c.	—	107	2,543	547	—	304	—
Aerated Water Factories	—	—	53	3	—	13	—
Bread Carts	—	—	—	1	—	—	—
Barracks, Common Lodging Houses	—	36	37	24	—	15	—
Garages, Kitchens, Outhouses Cowsheds, Stables	—	93	—	—	—	97	—
Tanneries, Soap Factories, &c. Close-boarding, Ventilation of Houses	—	15	185	—	—	31	—
Schools	1	—	—	—	—	—	—
Barber Shops and other Workshops	—	—	47	7	—	—	—

Reports to Water and Sewerage Department.

<i>Reports.</i>	<i>Total.</i>
Leaks, defective taps, chokes, &c.	1,155

Anti Rabies Measures.

TRAPPING, &c., OF BATS.	
No. of locations inspected for roosts of bats	29,648
BATS CAUGHT.	
Artibeus	180
Desmodus	—
Hemiderma	83
Molossus	20
Noctilio Leporinus	49
Saccopteryx	—
	*332

*Besides these, 8 Desmodus and 48 Hemiderma were caught in adjacent districts outside the City limits.

Building Plans, &c.

Reports made by the Public Health Department were as follows:—

	<i>Number.</i>
On plans, &c., for reconstruction or reconditioning of buildings	1,126
On applications for leases of land in Woodbrook ..	54
On premises in which building operations were in progress ..	349
On applications for certificate of completion of buildings ..	53

Prosecutions.

<i>Offences.</i>	<i>No. of Cases.</i>	<i>Total Fines, &c.</i>
Failing to comply with nuisance notice	26	\$274.18
	26	Reprimanded.
	7	Withdrawn.
Failing to provide proper dustbin	17	\$63.00
	31	Reprimanded.
	1	Withdrawn.
Failing to deposit refuse in dustbin	3	Reprimanded.
Hawking or carrying milk without licence or badge ..	15	\$37.40
	18	Withdrawn.
Exposing foodstuffs not protected from contamination—for sale	14	\$28.80
	5	Reprimanded.
Keeping stagnant water in which mosquitoes are liable to breed	3	\$21.50
TOTAL	75	\$424.88
	65	Reprimanded.
	26	Withdrawn.

Financial.

	1944.	1943.
Revenue collected by Public Health Department ..	\$2,063.75	\$2,005.75
Expenditure (Staff, Labour, Materials, &c.) ..	\$78,984.27	\$74,297.44

Changes in the Staff.

APPOINTMENTS.

D. F. Guppy	Appointed Clerical Assistant as from 1st January, 1944.
G. Furlonge-Kelly	Appointed Sanitary Inspector as from 1st January, 1944.
J. V. Smith	do. do. do. do.
M. Holdip	do. do. do. 1st July, 1944.

PROMOTIONS.

Ivan Wilson	Sanitary Inspector, promoted from Grade II to Grade I as from 1st May, 1944.
F. B. Rivers	do. do. do.

RESIGNATIONS.

G. Furlonge-Kelly—Sanitary Inspector ..	Resigned as from 1st March, 1944.
S. Barker—Overseer, Rat Gangs	Resigned as from 10th July, 1944.

<i>Officers.</i>	Leave of Absence.			<i>Vacation Leave.</i>	<i>Sick Leave.</i>
				<i>No. of Days.</i>	<i>No. of Days.</i>
Babb, F.—Sanitary Inspector	126	—
Barker, S.—Overseer	54	—
Forde, G.—Sanitary Inspector	21	—
Guppy, D. F.—Clerical Assistant	—	10
Howard, J. R.—Sanitary Inspector	28	—
Marcano, Dr. R. G.—Medical Officer of Health	..			—	14
Mitchell, T. M.—Chief Clerk..	63	—
Parris, J. E.—Overseer	—	7
Richards, E. A.—Sanitary Inspector	21	—
Seon, F. E.— do.	14	—
Smith, J. V.— do.	—	7
Williams, W. G.— do.	168	—
Wilson, Ivan— do.	42	—

Acknowledgments.

Once again as I come to the end of this report I am forcibly reminded of the men who have worked with me during the year under review, men who in their various capacities have laboured truly and well and have given me every assistance in my efforts to maintain the health and sanitary state of the Urban Sanitary District at a satisfactory level. As each year passes I learn to appreciate their work more and more and I realise more fully the great debt I owe them all, members of both the indoor and outdoor establishments. Each and every man in the office and in the field played his part well and I am to record my very grateful thanks.

During the year under report we lost S. I. Furlonge-Kelly who resigned to take up a more lucrative post with the Arima Borough Council and Overseer S. Barker, Overseer Anti-Rat Unit, who retired after having reached the age limit. S. I. G. Furlonge-Kelly was not long attached to this Department but Overseer S. Barker had served with us for a long time and had given of his best. He now enjoys a well earned rest.

Both Mr. T. M. Mitchell, Cert.R.San.I., our Chief Clerk, and Mr. O. E. Forde, Cert.R.San.I. our Chief Sanitary Inspector, continued their indefatigable efforts and contributed in no small measure to the satisfactory state of the public health by capable and loyal leadership of their respective establishments.

For this I am deeply grateful and I seize the opportunity to record my heartfelt thanks and appreciation to one and all for a very satisfactory year's work done under conditions which were often difficult and trying.

Once again I desire to draw their valuable services to the favourable notice of the Local Authority.



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