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Contributors

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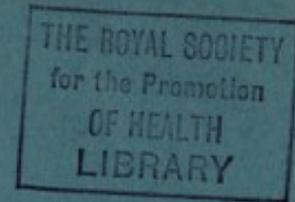
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ADMINISTRATION REPORT

OF THE

PUBLIC HEALTH DEPARTMENT OF THE
CITY OF PORT-OF-SPAIN

FOR THE YEARS

1963 AND 1964

BY

DR. H. J. P., DIGGORY, M.B., C.H.B., D.T.M. & H., D.P.H., M.R.S.H., F.R.I.P.H. & H.
MEDICAL OFFICER OF HEALTH

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CORRIGENDUM

TABLES—from **Births and Deaths of Infants under 1 year to Causes of Deaths at Age 1-5—1964** appearing on pp. 38-41 should be read to follow **Causes of Death (International Classification)** on p. 35.



ADMINISTRATION REPORT

OF THE

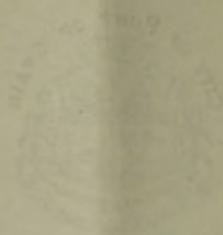
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ADMINISTRATIVE REPORT

OF THE

PUBLIC HEALTH DEPARTMENT OF THE
CITY OF PORT-OF-SPAIN

FOR THE YEARS

1963 AND 1964

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MEDICAL OFFICER OF HEALTH

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**Local Authority in the Urban Sanitary District of the
City of Port-of-Spain
1963 and 1964**

THE CITY COUNCIL

HIS WORSHIP THE MAYOR, COUNCILLOR EDWARD C. TAYLOR, J.P.

Deputy Mayor :

COUNCILLOR C. B. TYWANG

Aldermen :

WILLIAM DOLLY

DUDLEY COBHAM

KENNETH FLETCHER

FITZGERALD BLACKMAN

MRS. KATHLEEN WARNER

Councillors

J. ABRAHAM

MISS DOROTHY BENTHAM

I. MERRITT

J. HAMILTON HOLDER

G. GUY

VICTOR C. RAMSARAN

C. A. ROACH

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D. J. MAHABIR

P. RAJNAUTH

W. M. G. LUCAS

MRS. Z. BANSFIELD

MISS A. HARPER

Administration Report of the Public Health Department of the City of
Port-of-Spain, Years 1963 and 1964

CONTENTS

	PAGE		PAGE
Introductory	5	Nursing Service	36
Scavenging and Refuse Disposal for 1963-64	7	Prevalence and Control over Infectious Diseases—Tables ...	42
Environmental Sanitation ...	8	Non-notifiable Infectious Diseases —Tables	50
Water	9	Sanitary Administration—Tables	53
Food Hygiene and Food Inspection	13	Charts	
Health Education of the District...	20	A—Birth Rates and Death Rates per 100,000 Population 1920-1964	
Vital Statistics of the District		B—Principal Individual Causes of Deaths, 1963 -1964	
Comparative Summary ...	27	C—Infant Mortality Rates per 1,000 Live Births 1917-1964	
Acreage and Population ...	27	D—Infectious Diseases—Notifications and Deaths, 1922-1964	
Births and Birth Rates... ..	27	E—Pulmonary Tuberculosis—Notifications and Deaths, 1918-1964	
Deaths and Death Rates ...	29	F—Enteric Fever—Notifications and Deaths, 1918-1964	
Causes of Deaths	29	PLATES, facing pages, 8, 12, 14 and 20	
Infant Mortality	38		
Still Births	39		
Maternal Mortality	40		
Causes of Death at Ages 1-5 ...	41		

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

1st October, 1965.

THE TOWN CLERK,
TOWN CLERK'S DEPARTMENT,
TOWN HALL,
PORT-OF-SPAIN.

SIR,

I have the honour to submit for the information of the Local Sanitary Authority my first Annual Report as Medical Officer of Health of this City.

Late in 1963 Dr. Marcano retired after 27 years of devoted service. Nothing can more eloquently describe the value of his contribution than the rapid decline of infectious disease and of the infant mortality rate which has occurred since he took office in 1937. By his perseverance and foresight he has seen to it, that the City has been provided with a well staffed, organised and equipped Public Health Department. It is gratifying to see that he is still with us, active as ever, attending to the daily-paid workers.

There has been no epidemic during the years under review and the infant mortality rate, death rate, and infectious disease notification reached new lows. However, the birth rate is very high and this combination of decreased mortality rate and high birth rate, is the genesis of the Number One Public Health problem—the population explosion. Not only are there more mouths to feed, but bodies to clothe, educate and find jobs for. All this at the expense and resources of the productive age group, which is becoming annually a smaller proportion of the total population which so depends on it.

The problem is bedevilled with fractional opinion and indeed bitter controversy. There are however some inescapable facts—many people are planting more seeds than they can nourish—and the stunted growth of these seeds can be seen in the malnutrition, the mental ill-health, the delinquency, and in the overcrowded environment of home and school. The Ministries of Health and Agriculture and Fisheries are striving to improve nutrition by education and by a revitalized Agriculture and Fishing Industry, but ultimately it is the Public who must measure up to their responsibilities and limit the size of their families.

As a result of the population explosion, overcrowding of rooms is commonplace and all kinds of makeshift accommodation has been observed by our inspectors. Perhaps the worst was an enclosed space under a house, measuring fifteen feet by five feet by five feet four inches occupied by a man, his wife and two children, with classically another on the way. The owner was not even satisfied with this but had rented out another enclosure less than 6 feet square to a single man. Through the co-operation of National Housing this family was re-housed. National Housing have constructed blocks of flats on St. Joseph Road and are continuing their good work of removing the slums from the City.

The Rent Restriction Act has continued in force and this, I believe, is leading to the deterioration of many properties in the City. Owners are reluctant quite obviously to spend more money on a property that is being obtained as rent and, since the vacant site value of properties is continuously rising, are all too anxious to get rid of tenants—so the less amenable the conditions the better and indeed if the property is declared unsafe or unfit for habitation, the tenants can be removed by Court Action. On the other hand, tenants enjoying the benefits of this low rent are generally unwilling to do anything to help themselves. Both parties often try to use the Department to further their own ends rather than for purely Health Reasons. The sad part of this inaction is that houses which could have provided reasonable accommodation for at least the next decade are falling into rapid decay, thereby exacerbating the housing situation.

Overcrowding is often an underlying cause of infectious disease. Pulmonary Tuberculosis notifications are still high. However this is in part due to better detection and less reluctance from the public in coming forward for examination. In 1965 it is proposed to survey all Food Handling in the City for Pulmonary Tuberculosis.

In spite of the overloading of some main sanitary facilities in the City, thanks to the vigilance of our inspectors, typhoid fever notifications at (1963) and (1964) were the lowest on record. The Scheme to complete the mainline Sewerage of the whole City progressed relentlessly to the temporary discomfort of many but to the lasting benefit of all.

Our disease pattern is now closely allied to metropolitan areas the World over. No longer the scourge of tropical disease but rather the perils of an affluent developed society, heart and arterial disease, alcoholism, road and home accidents, mental illness. So far the cigarette habit has not taken its inevitable toll of bronchial carcinoma but the day draws nearer. There is disturbing evidence that venereal disease; especially gonorrhoea, is on the increase with most victims in their teens or early twenties. Statistics are incomplete for so many seek advice privately but the signs are there of promiscuity in this young age group.

Turning from food for thought to food for the body, a new drive has been implemented to bring all food premises up to standard. This is a task which can be achieved only by tenacity of purpose by all concerned and certainly not within the space of one year. It is pertinent to point out that in Port-of-Spain, Food Sellers run into thousands, many one-man businesses. The tendency in many developed countries is for the small business to disappear because of economic pressures of intensive marketing and the high standards of hygiene legally enforceable which are uneconomic for the small business to provide. In such countries Food Hygiene enforcement is relatively easy nowadays because one has to deal with few individuals and the businesses are financially capable of complying with the Public Health Standards. Our task by comparison is immense, for we have to reach so many individuals, persuade them (our food laws are so out of date) to modernize their ways and yet all changes have to be made within the financial resources of the vendor. Notwithstanding this, considerable progress has been made, particularly in the standards of all new food premises and in the education of the food handler and consumer. The pioneer programme for the teaching of Food Hygiene to School Leavers has proved an unqualified success—far beyond our expectations.

The unsatisfactory selling of produce around the Eastern Market continues—a perfect illustration of too many small sellers. Unless a definite policy as to the number of vendors who can be adequately accommodated at the New Central Market is decided soon—no real improvement in Food Hygiene can be expected when it opens—and never can a market be built to properly accommodate vendors since vendors will increase to overcrowd markets.

I am of the opinion that no person must open a food business of any kind, whether as a street vendor or a large hotel without the prior permission of the Public Health Department. All kinds of amateurs try their hand at these businesses with the poor public as their victims. Throughout 1963 and 1964, the Department participated with the Hotel and Catering School in the training of personnel for the trade. Trinidad is particularly fortunate in the considerable proportion of properly trained staff in the hotels and larger restaurants.

In 1963 our first Public Health Nurse was appointed, followed by two more in 1964. Although very small in quantity, their quality was so evident in the valuable contributions made in the Health Education programme, infectious disease control and social medicine. Perhaps soon this section can be strengthened so that our school children can be given the Health Service which is so long overdue.

The Health Education Department provided valuable supporting role in all activities. All our technical officers are expected to be active in Health Education. Many bulletins on Health matters especially on Food Hygiene were produced and the work of our artist was to be seen in posters displayed in places ranging from the Royal Gaol to the apple vendors' stalls at Christmas time. A good relationship was maintained with Schools, and a welcome development was requests from Parent/Teacher Associations for programmes.

In-Service training has gained momentum during the years. Starting as discussions at weekly meetings, places of interest are now regular features. Group participation is always apparent and the evaluation of all new programmes by the group not only has led to many valuable suggestions, but has formulated the implementation of the final programme. A library is provided with information on Public Health Activities from many parts of the World, readily available to all.

Study leave was granted to two officers to pursue courses in Meat and other Foods (United Kingdom) and Public Health Administration (Jamaica). The Medical Officer of Health attended Royal Society of Health Congress at Torquay, England, in 1964. All officers attending Courses whether inside or outside Trinidad are expected to pass all the information gained to the rest, so that the maximum benefit can be obtained. A special mention should be made of the assistance obtained from the Pan American Sanitary Bureau and World Health Organization in providing a Fellowship for one of our officers and in the many other ways, too numerous to mention, in which assistance has been given.

All that has been achieved was the result of team work and the support and interest of many outside the Department. The Department acknowledges its gratitude to His Worship the Mayor and the Aldermen and Councillors of the Local Sanitary Authority for their continuous interest and stimulating comments which have done so much to facilitate the work. A special thanks to the Ministry of Education for their ready co-operation at all times with the School programmes and to the Ministry of Health and Housing for the assistance given in the Nutrition Survey.

Thanks are due colleagues in other Departments of the Corporation from whom assistance and active co-operation can always be depended upon.

Finally, a few words of our Staff both pensionable and non-pensionable. At a time when criticism of Civil Servants is commonplace our staff have worked conscientiously and to a high standard, as reflected in the Report.

Let us not, however, end on a complacent note; there is much to be done, so looking forward to the future.

I have the honour to be,

Sir,

Your obedient Servant.

H. J. P. DIGGORY

Medical Officer of Health

SCAVENGING AND REFUSE DISPOSAL FOR 1963-1964

By F. B. RIVERS, *Chief Sanitary Inspector*

Scavenging and refuse disposal is one of the most important services rendered by the City Council to the people in the Urban Sanitary District of Port-of-Spain in accordance with the provisions of the Public Health Ordinance. This Service is important and necessary, because if refuse is allowed to accumulate on premises and not disposed of in a proper way, it can give rise to dangerous nuisances and can also become a breeding place for vermin and a harbourage for rats, both of which play a very active role in the spread of infectious diseases.

This service is under the control of the City Engineer's Department. The sweeping of the streets, pavements and slipper drains and the flushing of all surface and underground drains are done by the daily-paid workers in the Eastern, Central, Western and St. James Divisions of the City, and the collection and removal of the street refuse, as well as refuse from dwelling houses and business places are done by workers and scavenging trucks of the Transport and Cleansing Unit under the direct control of the Manager of Transport and Cleansing Department.

The Sanitary Inspectors in charge of the eighteen sanitary districts into which the City of Port-of-Spain is divided for the purpose of inspection, &c., are constantly taking the necessary action to ensure that all premises are provided with suitable and sufficient covered metal receptacles for the collection of refuse pending removal by the scavenging unit.

In spite of all the efforts by the Public Health Department and the City Engineer's Department to maintain the City in a clean state at all times, there are still sections of the City which show a very dirty appearance. This is due chiefly to householders and employees of business places dumping refuse into the street and slipper drains and the sweepers not sweeping the streets properly; they trail the broom rather than push same. They seldom sweep the footpaths and when sweeping the slipper drains they sometimes push the refuse into the underground drains. The female scavengers, known as headers, who transport the refuse from areas where the scavenging trucks cannot operate, to sites where it can be collected by the trucks, very often deposit the refuse on these sites long after the trucks have already passed them. As a result of this the refuse remains until the next day. Stray dogs, in search of food, overturn receptacles, without covers or with unsuitable covers, put out on the pavements by the householders for emptying by the scavenging unit and scatter the refuse on the pavements, in the street and slipper drains.

The refuse collected is conveyed by the scavenging trucks to the dumping ground for final disposal.

The Dump is situated South of the Beetham Highway, outside the eastern boundary of the City. Controlled tipping is carried out on the Dump by workers from the City Engineer's Department under the direct control of the Manager of the Transport and Cleansing Department. The area now being used for dumping is low-lying and swampy, and by the process of filling up with refuse which is covered over with earth at the end of each day's work, a gradual reclamation of land is obtained.

The proper system of controlled tipping is not being carried out on the Dump. Refuse is being deposited all over the Dump instead of at certain sections for the purpose of tipping. As a result of this almost the entire Dump is strewn with rubbish. People from the surrounding areas, especially Shanty Town, go to the Dump and sort out articles such as bottles, rags, scrap iron, &c. from the rubbish. This action of the people hinders the workers in the execution of their duties.

Until the proper system of controlled tipping is put into operation, the condition mentioned above will continue to exist.

ENVIRONMENTAL SANITATION

BY JAMES R. HOWARD, *Deputy Inspector (outdoor)*

Roads :—Most of the small roads in the City have either been widened or made good as for instance Carr Street. Additional roads are constructed on the western boundary of the City to accommodate the heavy traffic in that area.

The John John Area :—Major works on roads have not yet begun but the face in this area will be changed and residents will breathe a sigh of relief, in the not too distant future.

Drainage :—Main watercourses originated from outside the City and flow through the City on their way to the sea have always been a matter of great concern to the Public Health Department because of the flood waters that the heavy rains produce and the various nuisances along the beds and banks from stagnation of water in the dry season, due to indiscriminate dumping by residents in the vicinity. The Central Government have undertaken to widen and deepen these watercourses and to maintain them in an efficient working condition for instance the Diego Martin River West and the lower part of the La Pena Ravine East; since the latter work was done the flooding on the fly-over area when it rains heavily, is stopped.

The City Engineer's Department in their programme of work under the five-year development plan have paved grass grown footways and widened roads especially on the Western Division.

The City will put on a new face when Shanty Town is removed and the John John area is developed. Already this can be seen by the two four-storeyed flats at John John and the new market on the Beetham Highway and the new street laid out and some of the industrial buildings already constructed along the Sea Lots area.

Collection and Disposal of Refuse (Scavenging) :—Our system of collection can be termed efficient i.e. daily removal. This is so because of the tropics and more so our refuse is mainly organic and bulky.

The scavenging system is regular and most of our open trucks are replaced by the low loading compaction-type trucks of greater capacity and better control of rubbish. This type of trucks also afford better facility to the truck loaders.

Our system of disposal is still a controlled tipping. Acres of land have been reclaimed by this method, for instance Wrightson Road area about 630 acres. At present no reclamation is done within the City. Disposal is carried out on the south-eastern portion outside the City. Controlled tipping is maintained with occasional gaps in the controlled part of the tipping due to the breakdown of the bulldozing apparatus and the lack of covering materials at some time. Otherwise it can be claimed that dumping is done in a proper manner. By compression the creation of nuisance has been minimal, and no major complaint of fly breeding and rat and mosquito nuisances have reached the Department. Spontaneous fires have occurred but are speedily brought under control.

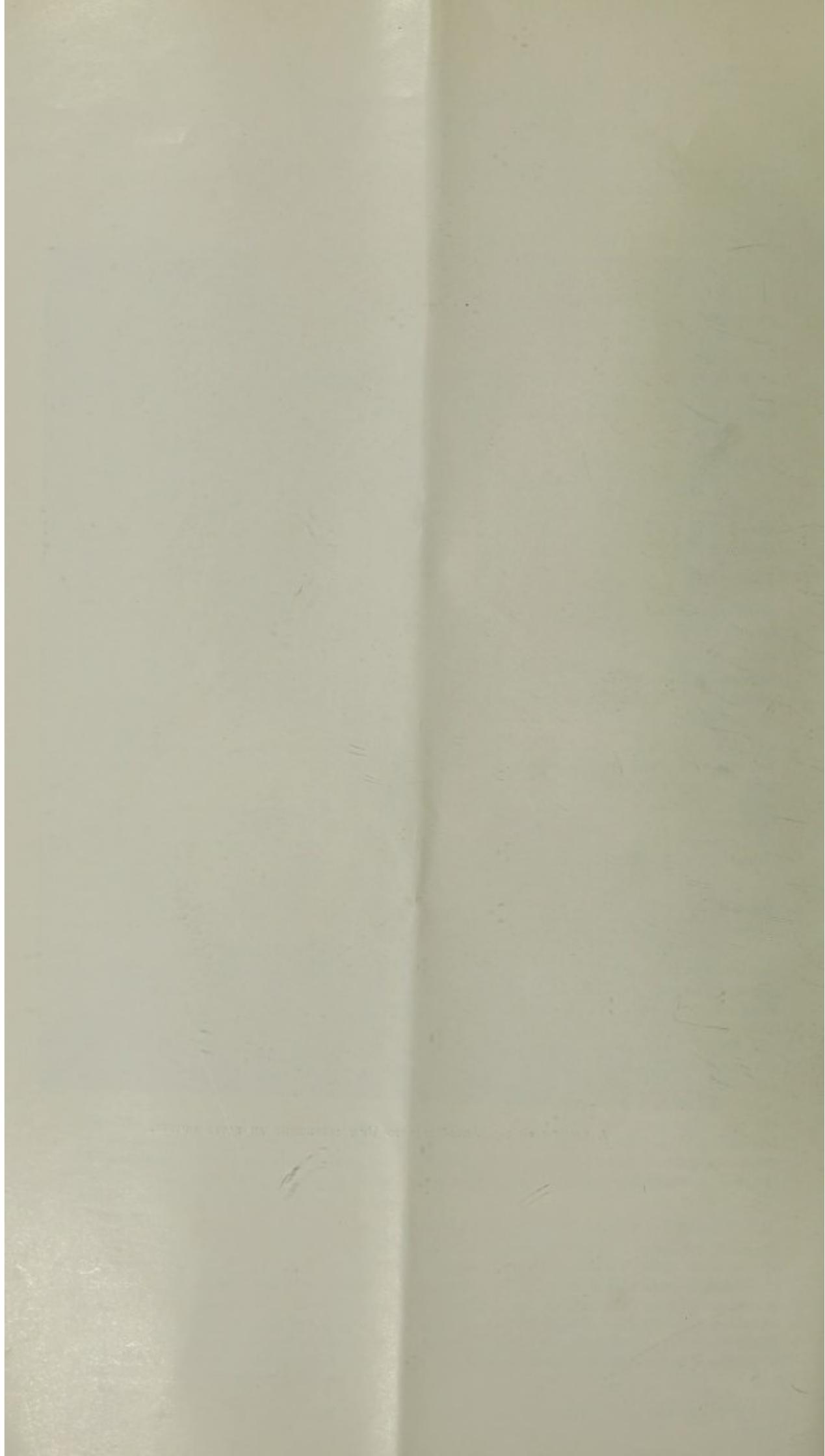
The customary difficulties with private scavenging trucks and unauthorised visitors to the Dump in search of salvable materials for the purpose of trade remain due to the lack of police supervision.

Sewerage :—Sewerage is now receiving the attention it deserves and the Public Health Department is stimulated and encouraged by the fulfilment of plans which are in force for the sewerage of the eastern unsewered areas of the City. The many consultations which took place over the years between officers of the City Council (Health Department) and the unit of Government over plans designed to improve environmental sanitation of the City. The day has dawned in which the City Council through the consideration of the Central Government in finalising and putting into action the island-wide sewerage scheme in the not too distant future, will be in a position to declare the East Dry River and Belmont areas, not to mention St. James and Cocorite areas, sewerage areas. Prayers are heard and thanks must be given by all and sundry not to mention the joy and pleasure on the countenance of the residents of these faecally polluted, inadequately drained and dangerously congested areas, where cesspits are in juxtaposition to kitchens and dwellings and where flooding of yards with faecal matter during heavy rains and where dilapidated and timeworn buildings shelter needy people are the order of the day.

There can be no doubt that the events which occurred in the Woodbrook sub-district; when sewerage, will repeat itself in the East Dry River and Belmont sub-district when completed. This will mean an immediate reduction of infectious diseases especially bowel filth diseases like dysentery and diarrhoea and enteritis. And the elimination of privy-cesspit system which permits faecal matter and often infected faecal matter to be retained in close proximity to dwelling houses. With the reduction and disappearance of this type of infectious disease, with the improved water supply, the widening of streets and grading and paving of tracks and passages that sewerage entails, the general health and sanitation of these areas will show marked improvement and residents of these areas will get a new lease of life.



A SECTION OF THE ANTI-MOSQUITO UNIT INSPECTING AN EAVES GUTTER.



WATER

By HYLTON TURNEY (*Senior Public Health Inspector*)

The position in so far as water supply to the City of Port-of-Spain is concerned is that whilst no major change can be recorded in the years under report, additions to the volume of water necessary to meet the needs of the city have been made by the addition of one Well—(St. Clair No. 2) which started producing in August of 1963 with an average daily yield of 450,000 gallons and the construction of two storage tanks at Picton (Picton Reservoir No. 2) which receive water from the El Socorro Wells to help supply the hilly areas of East Port-of-Spain. These tanks were put into use in December, 1964. We suffered the loss of St. Clair Well No. 1 in October, 1964 due to the breakdown of the pump and at the time of writing the position here has remained the same.

The minimum daily requirement for normal use is around twelve (12) million gallons and in the years under report the total consumption was 1963—4,158 million gallons from all sources of which the Corporation sources supplied 3,199 million gallons and Government sources 959 million gallons and in 1964 the total consumption was 4,337 million gallons of which the Corporation sources supplied 3,286 million gallons and Government sources 1,051 million gallons.

The Corporation sources of water supply comprise river and well sources of which the river sources are not up to the initial standard of purity necessary to avoid expensive subsequent treatment by extensive sand filtration (St. Ann's and Cascade) and a high degree of chlorination has to be resorted to at each river source which makes the treatment of these sources of water supply expensive and unsatisfactory. It is a long time now since we have been constantly referring to the unsatisfactory nature of the Maraval Water Supply and calling for its abandonment, but without success, but I hope with the intended unification of the island's water services and the winning of new sources, a sufficiency of water would be obtained to meet the needs of the City and surrounding districts, and the Maraval River would cease to be a source of water supply and so would be the St. Ann's and Cascade Rivers.

It has long become due that this state of affairs, so far as the river sources are concerned, cannot be permitted to continue very much longer and alternative sources will have to be found to replace these supplies, possibly by augmenting the amount of water now being extracted from underground sources or purchasing from Central Government.

Whilst there was improvement in so far as the quantity of water is concerned the quality of the water was the same during the years under report; only minor temporary changes occurring here and there at different periods of the year when one or other source had become flooded through heavy downpours of rain and the corresponding reservoirs inundated with muddy contaminated water. In such circumstances the particular source has to be excluded from the distribution system and an alternative source found to replace it. These changes are only temporary and the inconvenience and embarrassment are of short duration for within hours the situation has righted itself and everything returns to normal.

The well sources—the water coming as it normally does from deep water-bearing strata is of a comparatively high initial purity and needs hardly any treatment at all; the addition of the small amount of chlorine that is usually done being in the nature of a safeguard to protect against possible pollution in the mains of the distribution system. In some cases the chemical chlorine is added at source, in others the water is pumped into reservoirs where it is chlorinated or into mains where it is mixed with water that is already highly chlorinated.

The King George V Park two deep wells functioned satisfactorily during the years under report though there were times when King George V Park Well No. 2 could not supply because of mechanical trouble.

During the year 1963 the Docksite No. 2 Well was not supplying for quite a while due also to mechanical trouble.

The three Savannah Wells were quite satisfactory but we have had periodic difficulty in 1963 with Savannah Wells Nos. 2 and 3. The raw water from these wells having been on occasions unsatisfactory and even in two or three instances unsafe; but seeing that water from these wells meets chlorinated water in which there is actually a residual chlorine before it is distributed to the consumer's tap, it has not been found necessary to eliminate altogether these sources from circulation and washing out the mains from the wells almost invariably causes these unsatisfactory results to disappear.

As I write this report the Maraval River no longer supplies water to the City but reaches up to Long Circular Road and Upper St. James, but I hope when I write next year I will be able to say that not only Maraval River but all the river sources were things of the past.

Regular sampling of all sources of water supply, public as well as private takes place every day of the week, with results for the years 1963 and 1964 that are listed in the Table given hereunder.

Regular patrolling of the various catchment areas is done with a view to preventing further pollution and to stopping the creation of additional sources of pollution, such as those associated with building, gardening, the pasturing of animals, &c., &c.

As I write this report plans are afoot for the unification of the island's water and sewerage services and the new code the Water and Sewerage Act, 1965 has already been passed in the House of Representatives. I do sincerely hope that with the unification of these services we will benefit immensely and that the river sources which now supply the City with water will be in the near future things of the past.

BACTERIOLOGICAL EXAMINATION OF WATER SUPPLY, 1963

WHERE DERIVED	Number of Samples taken	RESULTS OF EXAMINATION			
		Safe	Unsatisfactory (Non-faecal)	Not safe without further treatment (Non-faecal)	Not safe without further treatment (Faecal)
*Cocorite (Wells)	97	93	4	—	—
Docksite Well No. 1 (Untreated)	30	29	1	—	—
Docksite Well No. 2 (Untreated)	2	2	—	—	—
Wharf Well No. 3 (Untreated)	40	40	—	—	—
†St. Clair Pumping Station	93	89	2	—	2
St. Clair Wells (Untreated)	65	51	12	—	2
†Maraval Reservoir	47	37	8	—	2
Cascade Reservoir	72	51	15	—	6
†St. Ann's Reservoir	109	91	13	—	5
Knaggs' Hill Reservoir	34	32	2	—	—
Queen's Park Savannah Well No. 1 (Untreated)	47	46	1	—	—
Queen's Park Savannah Well No. 2 (Untreated)	51	24	18	—	9
Queen's Park Savannah Well No. 3 (Untreated)	44	28	11	—	5
King George V Park, Well No. 1 (Untreated)	47	44	3	—	—
*King George V Park, Well No. 2 (Untreated)	39	35	1	—	2
Laventille Reservoir	15	15	—	—	—
†Pictou Intake	40	40	—	—	—
§No. 133 Henry Street	44	38	4	—	1
§No. 143, Charlotte Street (Tap)	1	1	—	—	—
§General Hospital (Tap)	45	44	—	—	1
Saddle Road, La Seiva (Tap)	44	44	—	—	—
Masson Hospital (Tap)	2	—	2	—	—
Cascade Filter Bed (Tap)	14	7	5	—	2
*Trinidad and Tobago Virus Laboratory (Tap)	43	38	3	—	1
Sanitary Laundry (Tap)	34	32	2	—	—
Furness Withy & Co. (Taps)	86	72	11	—	3
St. James (Taps)	38	33	3	—	2
Woodbrook (Taps)	32	30	1	—	1
City Proper (Taps)	32	25	7	—	—
East Dry River (Taps)	38	32	4	—	2
Belmont (Taps)	36	33	2	—	1
St. Clair (Taps)	34	31	3	—	—
Belmont Police Station (Taps)	4	2	2	—	—
Hilton Hotel (Tap)	21	20	1	—	—
WELLS ON PRIVATE PROPERTY					
Electric Ice Co. Ariapita Avenue	37	33	2	—	2
Queen's Park Hotel	21	19	2	—	—
Perseverance Well	14	4	8	—	2
	1,492	1,285	153	—	51

Standard of purity : B. Coli absent in 100 cc.

*Chlorinated, not filtered.

†Filtered after chlorination.

‡Filtered before chlorination.

§Filtered before chlorinating.

*Note : 3 samples bottles were broken before Examination.

During the year 1963 the Docksite No. 1 Well was not supplying for quite a while due to mechanical trouble. The three Savannah Wells were quite satisfactory but we have had problems directly in 1963 with Savannah Wells Nos. 1 and 2. The raw water from these wells having been on constant unsatisfactory and even in two or three instances unusable; but water that came from these wells meets chlorinated water in which there is actually a residual chlorine before it is chlorinated to the consumer's tap. It has not been found necessary to chlorinate straight from these sources from chlorination and washing out the mains from the wells almost invariably causes these unsatisfactory results to disappear. As I write this report the Maraval River no longer supplies water to the City but makes up to Long Circular Road and Upper St. James, but I hope when I write next year I will be able to say that not only Maraval River but all the river sources were changed in the past. Regular sampling of all sources of water supply, public as well as private takes place every day of the week, with results for the years 1962 and 1963 that are listed in the Table given hereafter. Regular patrolling of the various water mains is done with a view to preventing further pollution and to stopping the creation of additional sources of pollution, such as those associated with building gardening, the poisoning of animals, &c. As I write this report plans are afoot for the installation of the island's water and sewerage works and the new code of Water and Sewerage Act, 1962 has already been passed in the House of Representatives. I do sincerely hope that with the installation of these works we will be able to supply and that the river sources which now supply the City will be in the same state of purity as in the past.

BACTERIOLOGICAL EXAMINATION OF WATER SUPPLY, 1964

WHERE DERIVED	Number of Samples taken	RESULTS OF EXAMINATION			
		Safe	Unsatisfactory (Non-faecal)	Not safe without further treatment (Non-faecal)	Not safe without further treatment (faecal)
*Cocorite (Wells)	93	90	3	—	—
Docksite Well No. 1 (Untreated)	37	35	2	—	—
Docksite Well No. 2 (Untreated)	34	34	—	—	—
Wharf Well No. 3 (Untreated)	34	24	5	—	5
†St. Clair Pumping Station	92	76	10	—	6
†St. Clair Wells Nos. 1 and 2	89	75	13	—	—
†Maraval Reservoir	49	42	4	—	3
Cascade Reservoir	41	33	5	—	3
§St. Ann's Reservoir	105	86	12	—	7
Knaggs' Hill Reservoir	48	47	1	—	—
Queen's Park Savannah Well No. 1 (Untreated)	46	44	2	—	—
Queen's Park Savannah Well No. 2 (Untreated)	45	32	5	—	8
Queen's Park Savannah Well No. 3 (Untreated)	46	35	9	—	2
King George V Park Well No. 1 (Untreated)	45	44	1	—	—
King George V Park Well No. 2 (Untreated)	42	38	4	—	—
Laventille Reservoir	24	21	3	—	—
Picton Intake	31	30	1	—	—
133, Henry Street	40	37	1	—	2
Hilton Hotel (Tap)	29	27	2	—	—
General Hospital (Tap)	39	36	1	—	2
Saddle Road, La Seiva (Tap)	48	39	5	—	4
Cascade Filter Bed (Tap)	26	20	3	—	3
*Trinidad and Tobago Virus Laboratory (Tap)	50	47	2	—	—
Sanitary Laundry (Tap)	38	33	2	—	3
Furness Withy & Co. (Taps)	84	71	10	—	3
St. James (Taps)	44	42	2	—	—
Woodbrook (Taps)	40	38	2	—	—
City Proper (Taps)	32	30	2	—	—
East Dry River (Taps)	38	33	3	—	2
Belmont (Taps)	36	36	—	—	—
St. Clair (Taps)	45	44	—	—	1
Swimming Pools (City)	7	5	2	—	—
Swimming Pools (Haleland Park)	11	4	6	—	1
WELLS ON PRIVATE PROPERTY					
Electric Ice Co. Ariapita Avenue	42	40	2	—	—
Queen's Park Hotel	18	13	5	—	—
Perseverance Wells	25	9	9	—	7
	1,593	1,390	139	—	62

Standard of purity : B. Coli absent in 100 cc.

*Sample broken on Laboratory—2

†Chlorinated, not filtered

‡Filtered after chlorination.

§Filtered before chlorination.

||Filtered before chlorinating.

CHEMICAL EXAMINATION OF WATER

Samples Examined by Central Water Laboratory, 1963

WHERE DERIVED	No. of Samples Examined	No. of Samples found safe
Picton Reservoir	6	6
Maraval Reservoir	30	30
Cascade Reservoir	11	11
St. Ann's Reservoir	18	18
Cocorite Pumping Station	18	18
Cocorite Pumping Station (for salinity)	96	96
Docksite Wells	40	40
King George V Park Wells	23	23
Queen's Park Savannah Wells	28	28
St. Clair Well	29	29
Wharf Well	1	1
Queen's Park Hotel Well	4	4
Docksite Wells (for salinity)	—	—
Distribution Truck (TA 7981)	1	1
TOTAL	305	305

CHEMICAL EXAMINATION OF WATER

Samples Examined by the Central Water Laboratory, 1964

WHERE DERIVED						Number of Samples examined	Number of Samples found safe
Pieton Reservoir	...	...	...	...	...	2	2
Maraval Reservoir	...	...	...	...	...	11	11
Cascade Reservoir	...	...	...	...	...	11	11
St. Ann's Reservoir	...	...	...	...	...	13	13
Cocorite Pumping Station	...	...	...	...	...	10	10
Cocorite Pumping Station (for salinity)	...	...	...	...	...	75	75
Docksite Wells	...	...	...	...	...	23	23
King George V Park Wells	...	...	...	...	...	12	12
Queen's Park Savannah Wells	...	...	...	...	...	16	16
St. Clair Well	...	...	...	...	...	24	24
Wharf Well	...	...	...	...	...	1	1
Queen's Park Hotel Well	...	...	...	...	...	—	—
Docksite Wells (for salinity)	...	...	...	...	...	—	—
Perseverance Well	...	...	...	...	...	—	—
TOTAL						198	198

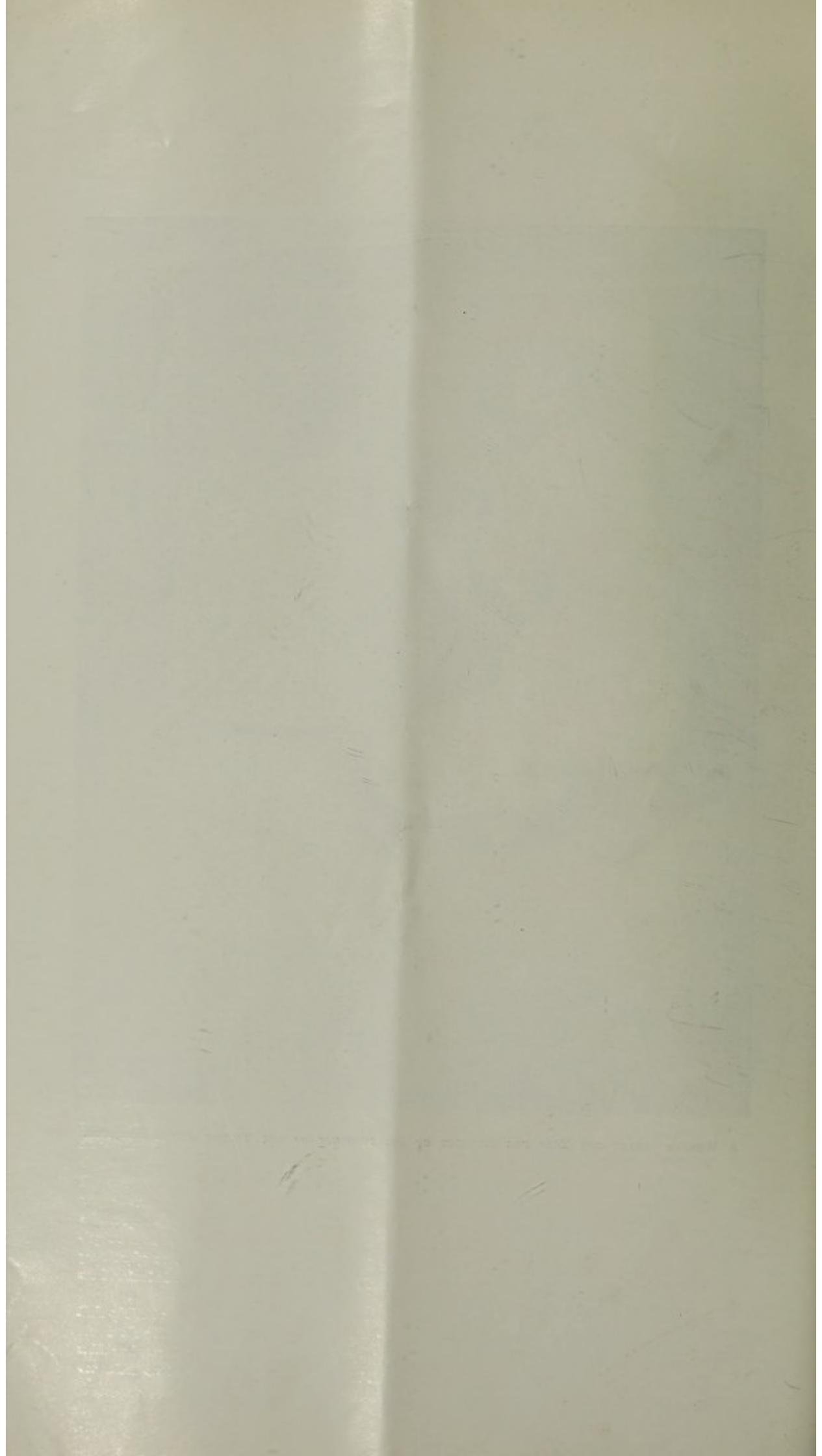
CHEMICAL EXAMINATION OF WATER

Samples Examined by Central Water Laboratory, 1964

WHERE DERIVED	No. of Samples Examined	No. of Samples found safe
Pieton Reservoir	2	2
Maraval Reservoir	11	11
Cascade Reservoir	11	11
St. Ann's Reservoir	13	13
Cocorite Pumping Station	10	10
Cocorite Pumping Station (for salinity)	75	75
Docksite Wells	23	23
King George V Park Wells	12	12
Queen's Park Savannah Wells	16	16
St. Clair Well	24	24
Wharf Well	1	1
Queen's Park Hotel Well	—	—
Docksite Wells (for salinity)	—	—
Perseverance Well	—	—
TOTAL		198



A WORKER CHECKS THE TRAP FOR EVIDENCE OF THE PRESENCE OF THE YELLOW FEVER MOSQUITO.



REPORT ON FOOD HYGIENE AND FOOD INSPECTION IN THE CITY OF PORT-OF-SPAIN FOR 1964

By E. BOXILL, *Deputy Chief Sanitary Inspector (Food)*

Food Premises :

There were 674 food premises in the City and all of these were inspected to determine those which were suitable for registration under the Sale of Foodstuffs Bye-laws.

Registration is granted if the premises are suitable and if all the food handlers employed thereon are medically fit to handle food, which is determined by a medical examination at the Public Health Department or a certificate from a medical practitioner.

Broadly, the factors by which the suitability of premises is assessed are the layout, maintenance of good repair and cleanliness, cleanliness and storage of utensils, storage, display and protection of food, disposal of waste, prevalence of flies, roaches and rodents, and staff conveniences.

After inspection of the premises, the inspector points out to the owner of the food business the defects he has observed, and explains the work to be done to correct the defects. Later the department informs the owner in writing if the premises are suitable for registration or if unsuitable the work to be done to render the premises suitable. Afterwards, he re-inspects the unsuitable premises to check on work done.

Of the 674 premises visited, 281 were found or made suitable for registration and 276 of these were issued certificates of registration.

There were two outstanding problems, the defective layout of premises, and the maintenance of a high standard of cleanliness at all times.

The defective layout has been due to the great majority of food premises not being constructed to accommodate food premises specifically but having to be adapted for the purpose. In such adaptation, there has been the tendency in the case of restaurants and similar eating establishments to devote the major space to the seating or dining area and very inadequate space to the kitchen or for a preparation area. Kitchens or food preparation rooms were often located in adapted passageways or in small sheds attached to the main building. This inadequacy of space resulted in congested kitchens or food preparation rooms with insufficient floor space for operatives and also rendered cleaning difficult as all parts of the kitchen or food preparation room were not easily accessible for cleaning. Such kitchens or food preparation rooms were very often hot and odourous.

Also associated with the defective layout were problems relating to staff conveniences such as toilets and dressing rooms. Toilets often ventilated into food preparation or food storage rooms or did not ventilate in any way directly into the external air. Dressing or changing rooms or booths at times were not provided, or when provided suitable arrangements were not made for the hanging and keeping of clothing and personal effects.

In order to provide the food trades with information on the layout of food premises and in order that they might have such information available for reference when needed, a bulletin, "The layout of Food Premises" illustrated with sketches of layouts for restaurants, retail provision shops, and self-service groceries was issued and distributed to food traders during the year.

Relative to the problem of the maintenance of a high standard of cleanliness at all times on food premises, the chief factors were the nature of the floor, walls, counter, shelf and other surfaces to be cleaned, the accessibility of every part of these premises for cleaning, the habits of those who patronize these establishments, the detergents and cleaning equipment used and the efficiency of the organization of cleaning up arrangements.

Congested food establishments with areas not easily accessible for cleaning, establishments with floor, wall, shelf or other surfaces which were not easily cleanable or out of easy reach, establishments in which those who patronized them habitually threw dregs of coffee and tea cups on the floor or against the walls, in practice failed to maintain a high standard of cleanliness.

As layouts improve rendering every portion of the premises easily accessible for cleaning, as more and more surfaces are made impervious to moisture, as greater use is made of cleaning agents and cleaning equipment suitable for the particular job, as the organization of cleaning-up arrangements improve in efficiency, the standard of cleanliness maintained at all times would tend to be better.

To assist food traders in maintaining a high standard of cleanliness on their premises, a bulletin "Organize Your Cleaning" with a cleaning schedule applicable to any type of food premises attached, was issued and distributed to food traders during the year.

In certain restaurants, food such as salads, cakes, &c., was displayed for selection by customers with the object of speeding up service at peak hours. The problem here has been the risk of contamination of the food by droplet infection due to coughing or sneezing by customers or staff. An attempt has been made to get adequate protection provided for such displayed food, and the situation is being kept under observation.

Hucksters :

The number of trays, baskets, carts, cycles, fitted trucks and vans, and huts inspected for the purpose of registration under the Sale of Foodstuffs Bye-laws amounted to 500. Foodstuffs comprising bread, cakes, confectionery, peanuts, fries, souse and other cooked food, ice cream, frozen confectionery,

aerated water and other beverages, vegetables, fruit, &c., were offered for sale. In cases where the receptacle or vehicle in which foodstuffs were offered for sale was found unsuitable, the vendor was explained the work to be done to make the receptacle or vehicle suitable and was also informed in writing of the work to be done. Afterwards, these unsuitable receptacles and vehicles were re-inspected to check on work done.

The hucksters themselves are required to provide and wear aprons and to pass a medical examination at the Public Health Department. Registration is granted to each huckster who provides a suitable receptacle or vehicle for offering foodstuff for sale, who provides and wears aprons and who passes the medical examination. Such registered hucksters are issued a Sale of Foodstuffs badge.

During the year under review, 182 suitable receptacles or vehicles were provided and 115 hucksters were granted registration.

The huckster who sells on the same site day after day at more or less fixed hours usually provides suitable receptacles or vehicles because he or she is easy to locate for the purpose of re-inspection. It is the huckster who sells seasonally for short periods, for example during the mango, plum, roast corn, or watermelon season or on special occasions as Carnival who presents the problem of unsuitable trays or other receptacles, because such a vendor often ceases selling before directions given to make trays or other receptacles suitable have been carried out.

Special attention was paid to hucksters who offered foodstuffs for sale outside the schools of the City.

The problem presented by the outdoor vendor of prepared food, such as confectionery, salted peanuts, fries, cakes, ice cream, frozen confectionery, &c., is that of checking and controlling the places where these foodstuffs are produced. Checking is a simple matter when the foodstuff comes from a central factory as is often the case with ice cream and frozen confectionery, but is almost impracticable when the foodstuffs are prepared in homes up to ten and twelve miles outside the City.

Huts in which foodstuffs are prepared and offered for sale pose another problem. These huts usually spring up outside of building construction sites, exhibition sites, on the Queen's Park Savannah opposite the Princes Building grounds for the duration of race meetings and Carnival. Some of these huts on the savannah are provided with sleeping accommodation.

The construction, layout and immediate environment of these huts are generally not favourable to the hygienic preparation and handling of cooked food. Other problems associated with these huts are suitable water storage, disposal of refuse and waste, and drainage of the site.

If the erection and use of huts for the preparation and sale of food is to continue on the Queen's Park Savannah as a feature of race meetings and carnival, it is worthwhile to consider ways and means of improvement, such as a prepared site suitably paved and drained, the provision when the site is in use, of water storage tanks with drawing-off self-closing taps, and dustbins, and the provision of a suggested layout for these temporary huts.

The operation of these huts is being kept under observation, and samples of food offered for sale and water stored for use in the preparation of food and washing of utensils of the trade have already been submitted for bacteriological analysis.

Food Handlers :

One thousand, eight hundred and twenty-five food handlers were medically examined at the department; a number of others forwarded certificates of fitness from medical practitioners.

In addition to a medical examination food handlers coming to the department were given a short talk on personal hygiene, on the necessity for clean attire, and the use of head coverings and aprons or overalls, and on hygienic food handling.

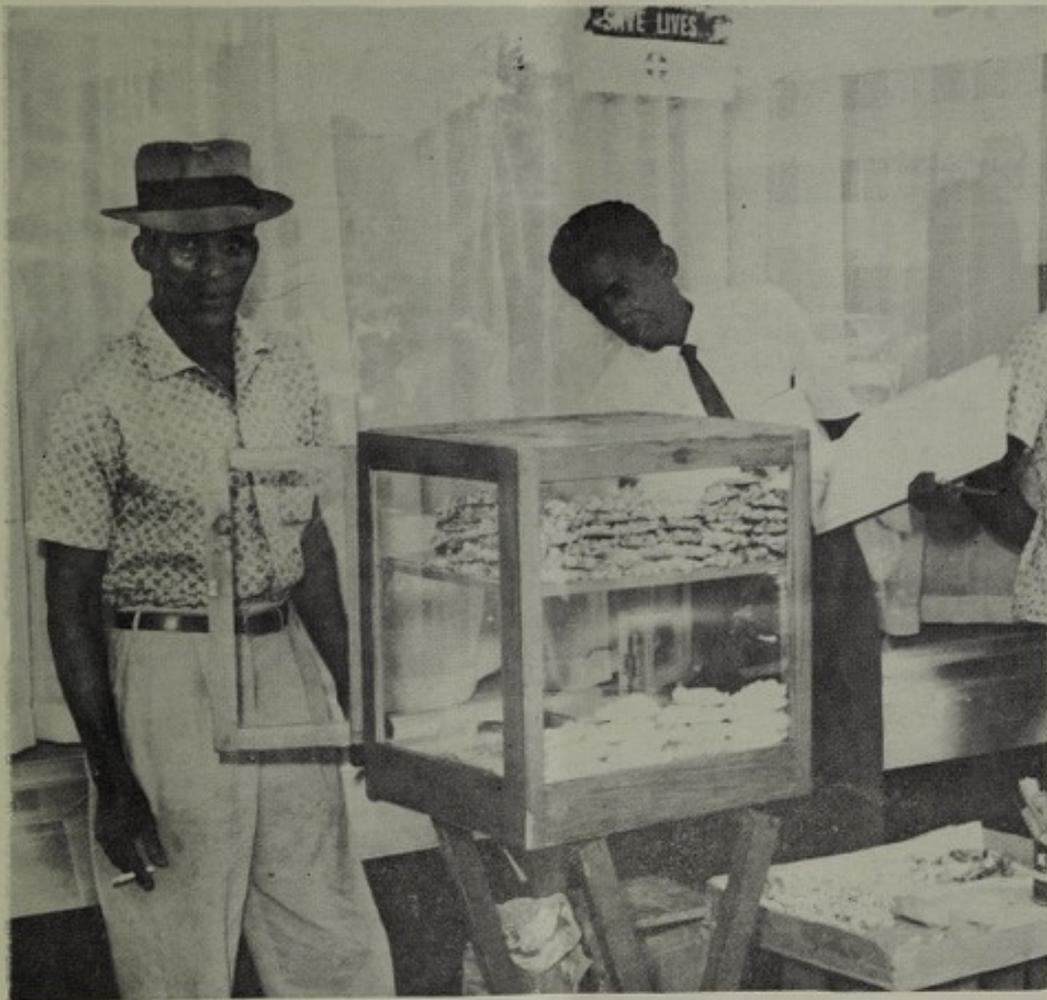
In practice, it still remains a problem to get certain types of food handlers to wear full aprons or overalls, the objection raised being that these garments keep them uncomfortably warm.

Food Handling Standards :

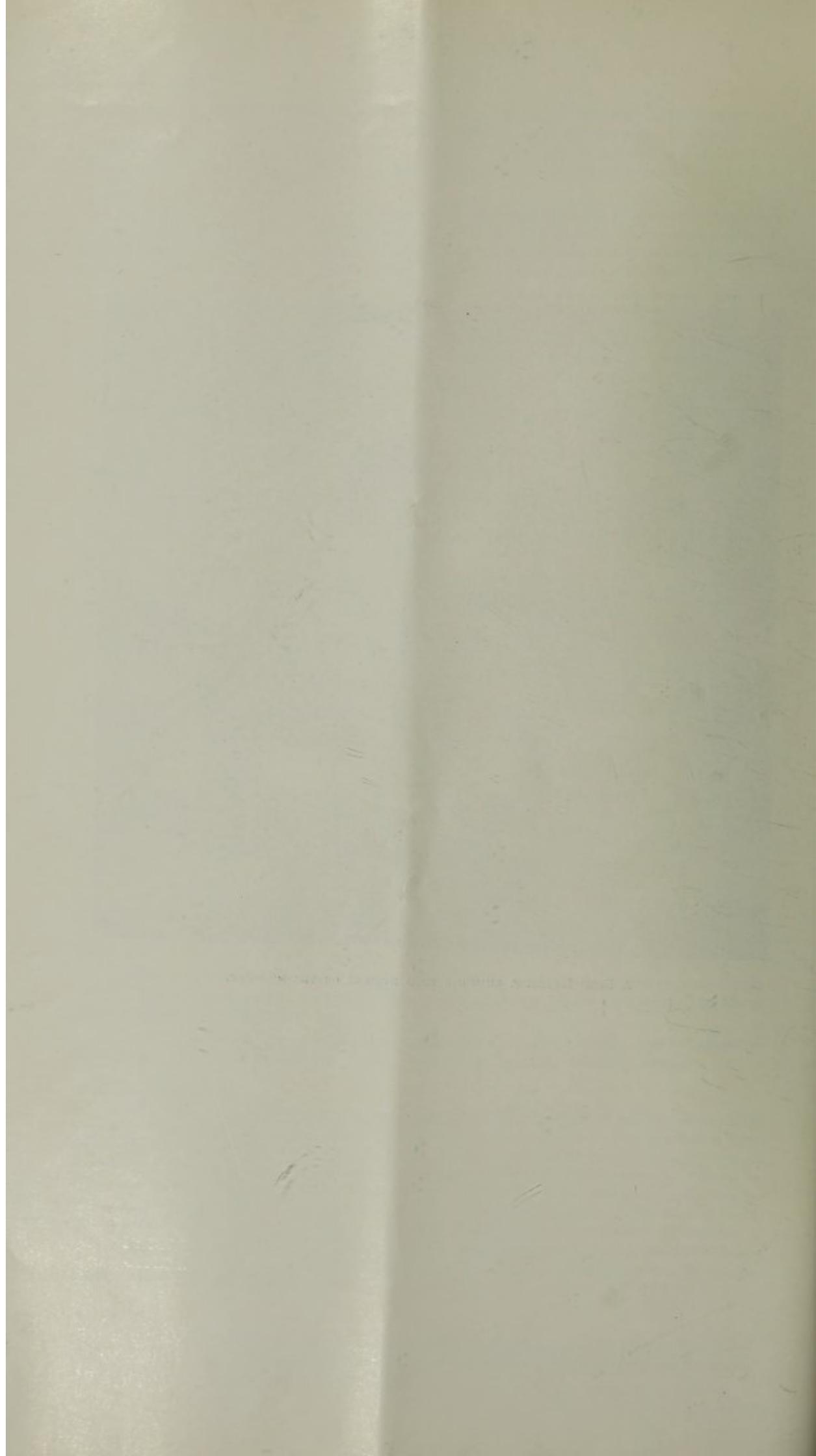
On the whole, the standard of food hygiene displayed in day-to-day food handling is usually a reflection or expression of the mental concepts or ideas of food hygiene of the persons who deal in food, management as well as staff. Hence the work of the inspector is not confined to the discovery of defects on premises or of unhygienic practices and pointing them out to management but extends to the unobtrusive planting of ideas on food hygiene in the minds of these who deal in or handle food by way of explaining the reason for the correction of defects or unhygienic practices. The effect however of the spoken word is transitory. The trader needs the written word that he can refer to from day to day as food hygiene problems arise on his premises. It is to supply this need that the two bulletins previously referred to have been prepared and distributed. The ultimate objective is to compile an illustrated handbook for free distribution to food traders.

Sale of Milk :

Milk offered for sale in the City comprised fresh milk and processed milk, such as pasteurized milk and sterilized milk. Samples of pasteurized and sterilized milk were submitted for bacteriological examination to check on the efficiency of the processing.



A FOOD INSPECTOR EXAMINES FOOD HYGIENE ON THE ROADWAY.



The fresh milk was derived from cow-keepers within and outside the City. Eight of the fourteen cow-keepers in the City produced fresh milk for sale. The dairy cows at all cowsheds in the City are regularly examined and tuberculin tested by a veterinary officer. Cow-keepers who produce fresh milk for sale are issued a dairyman's licence if their cowsheds and dairies are maintained clean and in good repair, and if those who handle the milk have passed a medical examination. One cow-keeper was granted a dairyman's licence. Milk production and handling methods have undergone little change if any.

The fresh milk derived from cow-keepers outside the City was offered for sale by retail in covered pails. The amount of fresh milk brought into the City for the purpose of sale has visually declined, the number of vendors presently operating being very few.

The processed milk was derived from plants outside the City, and distributed through various types of food businesses.

The conditions under which milk was bottled, when bottling was done, and stored on food premises were inspected and a note made of the source of such milk, the source being investigated when necessary.

The vendor was granted a dairyman's licence if bottling and storage arrangements, the source of the milk, and the premises generally were suitable. Fifty-nine such dairyman's licences were granted during the year.

Sale of Oysters :

Oyster vendors are licensed under the Sale of Oysters Bye-law. This type of vendor usually operates outside of the normal working hours of the inspector, that is after 4 p.m., and therefore special arrangements have to be made to contact them. Their number is however small, around eight.

Oysters are collected from sources outside the City. It is not always practicable to check on the areas where the oysters brought into the City are collected, but periodically samples of oysters offered for sale are submitted for bacteriological analysis.

It is on the whole difficult to get this type of vendor to come to this department for medical examination without a great deal of follow-up work because the great majority of them live outside the City.

Efforts were made to get improvements in such directions as the cleanliness of tables, the arrangements for washing opened oysters, the manner in which the opened oysters are offered for sale and the storage of the shells pending disposal.

Three oyster vendors were granted licences during the year.

Food Inspection :

Routine daily examination of food during off-loading from ships and storage in sheds and warehouses on the Port-of-Spain wharves continued during the year, samples of foodstuffs being taken for chemical analysis as the need arose. Particular attention was given to prevent foodstuffs being stored near dangerous insecticides.

Several visits a week were paid to the three markets of the City to observe the nature of the meat and fish being offered for sale. Routine visits of inspection were also paid to the meat shops of the City. Examination of foodstuff was also carried out at the request of importers, consignees, wholesalers, &c.

There was nothing unusual in the causes of unsoundness of foodstuffs seized or surrendered and destroyed to merit special mention.

All unsound foodstuffs are either dumped at sea or incinerated at the Port-of-Spain Abattoir.

Sale of Foodstuffs Bye-laws
REGISTRATION OF SHOPS (1963)

Provision, Meat, and Spirit Shops, Restaurants, Hotels, Refreshment

Parlours, Dairies...	...	...	...	...	...	262
Ground Provision and Fruit Shops	...	...	...	...	...	19
Bakehouses	...	...	...	...	...	5
Confectionery Shops	...	...	...	...	...	1
Aerated Water Factories	...	...	...	...	...	—
Other Factories	...	...	...	...	...	2
Total 1963	...	...	...	...	...	289
Total 1962	...	...	...	...	...	267

REGISTRATION OF VENDORS (1963)

Bread and Cakes	...	...	...	...	...	5
Confectionery	...	...	...	...	...	36
Cooked Food including Fries, Souse, &c.	...	...	...	...	...	57
Ice Cream and Palets	...	...	...	...	...	6
Sweet Drinks	...	...	...	...	...	6
Vegetables, Greens, Fruits	...	...	...	...	...	26
Miscellaneous	...	...	...	...	...	41
Total 1963	...	...	...	...	...	227
Total 1962	...	...	...	...	...	150

Number of Badges issued to Itinerant Vendors 1963	...	...	153 (1962—146)
Number of Oyster Vendors Licensed under Sale of Oysters Bye-laws 1963	1 (1962—3)		

Sale of Milk Bye-laws
DAIRIES AND MILK SHOPS, 1963

	<i>Cowshed Licences Issued</i>	
City Proper	...	—
East Dry River (Unsewered)	...	—
Belmont (Unsewered)	...	—
Woodbrook (Sewered, but premises not all connected with the Sewerage System)	...	—
St. James (Unsewered)	...	—
Total 1963	...	—
Total 1962	...	—

DAIRYMEN'S LICENCES (1963)

Dairymen's Licences issued to Cow-keepers and other purveyors of milk	—
Dairymen's Licences issued to Shops, Milk Bars and Refreshment Parlours	58
Total 1963	58
Total 1962	11

Milk Vendors' Licences and Badges (1963)

	<i>Milk Vendors' Licences</i>	<i>Cow Tuberculin Tested</i>	<i>Badges</i>
Port-of-Spain	58	—	—
Out-Districts	—	—	—
Total 1963	58	—	—
Total 1962	11	—	—

FOODSTUFFS SEIZED OR SURRENDERED AND DESTROYED, 1963

Almonds ... ..pounds ...	50	Mayonnaise ... ..pounds ...	48
Apples ... ..pounds ...	4,556	Meat (fresh) ... ..pounds ...	12
Baking Powder ... ..pounds ...	320	Meat (frozen) ... ..pounds ...	525
Biscuits ... ..pounds ...	16	Meat (pickled) ... ..pounds ...	6,400
Carrots ... ..pounds ...	55	Meat (products) ... ..pounds ...	490
Cereal ... ..pounds ...	62	Meat (canned) ... ..pounds ...	97
Cheese ... ..pounds ...	357	Onions ... ..pounds ...	44,539
Confectionery ... ..pounds ...	73	Peas (dried) ... ..pounds ...	500
Corn ... ..pounds ...	156	Peas (canned) ... ..pounds ...	64
Cornmeal ... ..pounds ...	196	Potatoes ... ..pounds ...	40,050
Eggs ... ..pounds ...	9	Prunes ... ..pounds ...	55
Fish (canned) ... ..pounds ...	208	Poultry ... ..pounds ...	18,050
Fish (smoked) ... ..pounds ...	36	Salt ... ..pounds ...	25,766
Fish (shell) ... ..pounds ...	1,250	Sausages ... ..pounds ...	2,400
Fish (pickled) ... ..pounds ...	5,200	Sauces (canned) ... ..pounds ...	18
Fish (dried) ... ..pounds ...	830	Soup (canned) ... ..pounds ...	139
Fish (fresh) ... ..pounds ...	1,474	Spaghetti (canned) ... ..pounds ...	24
Flour ... ..pounds ...	10,485	Sugar ... ..pounds ...	40
Food (canned) ... ..pounds ...	347	Tomato (canned) ... ..pounds ...	818
Fruit (canned) ... ..pounds ...	44	Tomato (paste) ... ..pounds ...	162
Fruit Juices ... ..pounds ...	209	Vegetables (canned) ... ..pounds ...	192
Ham (smoked) ... ..pounds ...	125	Vegetables (preserved) ... ..pounds ...	130
Ham (canned) ... ..pounds ...	2,724	Vinegar ... ..pounds ...	61
Macaroni ... ..pounds ...	3,640		

Sale of Foodstuffs Bye-laws

REGISTRATION OF SHOPS (1964)

Provision, Meat and Spirit Shops, Restaurants, Hotels, Refreshment Parlours, Dairies	246
Ground Provision and Fruit Shops	20
Bakehouses	4
Confectionery Shops	—
Aerated Water Factories	1
Other Factories	5
Total 1964	276
Total 1963	268

REGISTRATION OF VENDORS (1964)

Bread and Cakes	5
Confectionery	29
Cooked Food including Fries, Souse, &c.	8
Ice Cream and Palets	16
Sweet Drinks	2
Vegetables, Greens, Fruits	40
Miscellaneous	17
Total 1964	117
Total 1963	153

Number of Badges issued to Itinerant Vendors 1964—117; (1963—153)

Number of Oyster Vendors Licensed under Sale of Oysters Bye-laws 1964—4; (1963—0)

Sale of Milk Bye-laws

DAIRIES AND MILK SHOPS (1964)

						Cowshed Licences Issued
City Proper	—
East Dry River (Unsewered)	—
Belmont (Unsewered)	—
Woodbrook (Sewered, but premises not all connected with the Sewerage System)	—
St. James (Unsewered)	—
Total 1964	—
Total 1963	—

DAIRYMEN'S LICENCES (1964)

Dairymen's Licences issued to Cow-keepers and other purveyors of milk	...	—
Dairymen's Licences issued to Shops, Milk Bars and Refreshment Parlours	...	57
Total 1964	...	57
Total 1963	...	58

MILK VENDORS' LICENCES AND BADGES (1964)

	Milk Vendors' Licences	Cow Tuberculin Tested	Badges
Port-of-Spain	57	—	—
Out Districts	—	—	—
Total 1964	...	...	57
Total 1963	...	...	58

FOODSTUFFS SEIZED AND DESTROYED, 1964

Baking powder	...pounds ...	24	Meat (canned)	...pounds ...	1,920
Beans	...pounds ...	100	Meat (pickled)	...pounds ...	3,586
Biscuits	...pounds ...	38	Milk (condensed)	...pounds ...	1,031
Cabbages	...pounds ...	660	Milk (evaporated)	...pounds ...	7,518
Cereals	...pounds ...	20½	Milk (malted)	...pounds ...	172½
Chicken (frozen)	...pounds ...	762	Milk (powdered)	...pounds ...	967
Curry	...pounds ...	80	Oil (edible)	...	50
Fish (canned)	...pounds ...	2,221½	Onions	...pounds ...	2,450
Fish (smoked)	...pounds ...	102	Peanuts	...pounds ...	80
Fish (wet)	...pounds ...	175	Peanut Butter	...pounds ...	25
Flour	...pounds ...	17,000	Peas	...pounds ...	800
Food (canned)	...pounds ...	331½	Potatoes	...pounds ...	19,632
Fruit (dried)	...pounds ...	405	Salt	...pounds ...	950
Ham (canned)	...pounds ...	42	Sausages	...pounds ...	2,272
Ham (smoked)	...pounds ...	3,556	Tomato paste and sauce	...pounds ...	119½
Ham Roll	...pounds ...	335			

DESTRUCTION OF RATS AND MICE, 1963

Rats caught by trappers	...	22,915
Rats bought	...	—
Total	...	22,915
Mice caught and destroyed	...	21,465

EXAMINATION OF RATS BY GOVERNMENT BACTERIOLOGIST, 1963

Rats examined for plague	...	...	...	...	...	911
Rats found infected with plague	...	...	...	...	...	—
Immature rats not examined	...	...	...	...	...	—

SPECIES

		SPECIES		Total
		<i>Decumanus</i>	<i>Rattus</i>	
Males	...	242	74	316
Females	...	457	138	595
Total	...	699	212	911

DESTRUCTION OF RATS AND MICE, 1964

Rats caught by trappers	...	...	...	...	18,561
Rats bought	...	...	...	...	—
Total	...	...	...	...	18,561
Mice caught and destroyed	...	...	...	...	19,568

EXAMINATION OF RATS BY GOVERNMENT BACTERIOLOGIST, 1964

Rats examined for plague	...	...	...	...	1,314
Rats found infected with plague	...	...	...	...	—
Immature rats not examined	...	...	...	...	—

HEALTH EDUCATION OF THE DISTRICT

BY HUBERT DE FOUR (*Health Education Officer*)

During the years under review, i.e., 1963 and 1964, the Health Education Unit of the City carried out its several activities, as before and no doubt as it would in the future, with the genuine hope of achieving the fundamental objectives of health education as defined by the World Health Organization, viz:—

- (a) to make health a valued community asset;
- (b) to equip the individual with the knowledge and attitudes which he can use to recognize and solve his own health problems; and
- (c) to secure the development and full use of our Health Services.

It must always be borne in mind, however, that health education, like any other form of education, is a time consuming process and that some objectives may take many many years before showing any visible sign of their fulfilment.

In both 1963 and 1964, the routine work of the Unit consisted mainly in organizing and maintaining District Groups, also known as District Health Education Working Committees. Much time and effort have been expended in this effort. The ultimate goal here was to get a health education group operating in each of the eighteen sanitary districts of the City. The aims and objectives and the terms of operating these groups were as follows:—

CONSTITUTION

Article I—Name

- Section 1. The Organization shall be known as " District No. ?? Health Education Working Committee ".
- Section 2. The Committee shall be the Voluntary Arm of the Health Education Unit of the City's Public Health Department—the Official Agency.
- Section 3. The activities of the Committee shall be confined within the boundaries of District No. ?? as set out hereunder:—
(The boundaries of a particular District would be given here).

Article II—Objectives

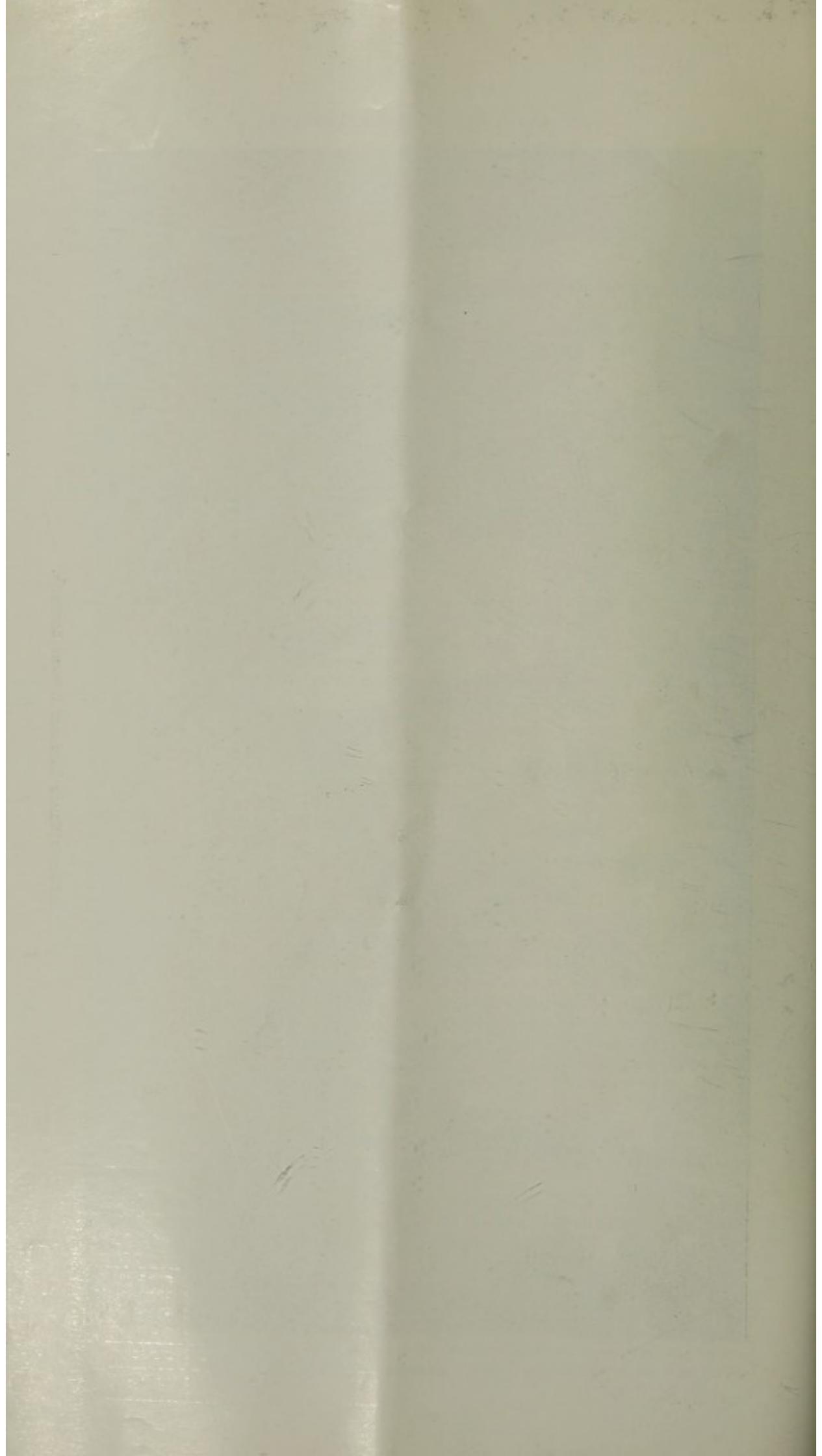
- Section 1. For the determination by the residents and workers of the District of the various health problems which affect them.
To determine for themselves the order of priority of the problems so that they could be tackled one by one in the order of priority established by the Committee.
To give the people in the District an opportunity to share in the Official Agency's educational programme designed to assist in the solution of the health problems of the District.
To increase public understanding of each problem, its nature and measures for control.
To make this knowledge effectual in solving each problem.
- Section 2. These objectives shall be made effective by means of:
 - (1) The Committee collaborating with the Health Education Unit of the Public Health Department in any plan designed to meet the health education needs of the people in the District.
 - (2) Dividing the District into sections and by the Committee nominating certain of its members to go into each section with a view to winning the active support and co-operation of the majority of residents in each of the sections.
 - (3) Ensuring that any programme planned by the Committee for the health promotion of the people in the District reaches every man, woman and child resident in the District.
- Section 3. The Health Education Unit of the City's Public Health Department shall be responsible for the production of all health educational materials, e.g., leaflets, handbills, pamphlets, posters, &c., required by the Committee in the pursuance of any health programme.
- Section 4. The Health Education Unit of the City's Public Health Department shall be represented at every Meeting held by the Committee and shall be responsible for the printing and circulation of all Minutes and Notices of the Committee.

Article III—Membership

- Section 1. Members of this Committee shall be men and women who have demonstrated an interest or who desire to demonstrate an interest in the purpose of the Committee.
- Section 2. The Committee shall be free to co-opt other members, resident in the District, who, it is felt, are capable of making a positive contribution to the work of the Committee.



A DISTRICT HEALTH EDUCATION WORKING COMMITTEE.



Article IV—Officers

Section 1. The Committee shall elect from among its members a Chairman, a Vice-Chairman, a Secretary and an Assistant Secretary.

The persons so elected shall be the officers of the Committee.

Article V—Elections

Section 1. The Chairman, Vice-Chairman, Secretary and Assistant Secretary shall be elected for a term of one (1) year.

The major task that confronted the Unit in the formation of these groups was that of stimulating interest in the project in a fair number of persons connected with a particular district. At first we tackled the task, due to limited personnel, by approaching what we described as the "key" people in the District, e.g., the Head Teachers of Schools, ministers of religion, influential tradesmen, business operators, representatives of Friendly Societies and of any other organizations already operating in the District, &c.

With the advent of Public Health Visitors in the Department during the period under review, the Unit was able to broaden its scope of activity to include much more than interviewing "key" people. Our investigations took the form of full scale district surveys—we discovered what the people themselves considered to be health problems, we got first hand knowledge of people's concept of illness and health, we were able to put right many misconceptions about the responsibilities of the Public Health Department, and above all we had a fair estimate of the persons who were likely to co-operate with us.

In 1963 the number of groups that met each month averaged 10 while in 1964 the average was 9. Discussions at these meetings were always conducted on a very permissive level. Members were made to feel at ease and to express themselves freely. The Officers of the groups, i.e. Chairman, Vice-Chairman, Secretaries and Assistant Secretaries were always elected from among the unofficial members. Officers connected with the Health Education Unit attended meetings as resource personnel and gave leadership and guidance to the groups generally.

These district groups operated outside the normal working hours of the Department, roughly from 5.00 p.m. to 7.00 p.m., with an average attendance of 15 to 20 persons.

Despite the frustrations and the hardships associated with keeping the groups alive and active, despite the severe strain on the human and physical resources of the Unit to keep up with the demands of these groups, there must be no doubt that wherever they have succeeded to survive and to operate, the impact for good has been tremendous. Favourable changes have been observed in both beliefs and attitudes in many of our group members, changes which have assisted these people to take personal action to improve their health and also the health of the environment.

It is unfortunate that the Unit cannot claim 100 per cent. success with its groups. Some groups are dying, others have died despite all efforts to revitalize them. It would be unwise for the Unit to presume to know all the reasons for failure. Nevertheless, we have discovered these four spanners in the ruined works time and time again.

1. We observed that some members came to the groups with their own "hidden agendas". They saw in the groups an opportunity to get support and/or adherents for some other association.
2. Some joined the groups as "special pleaders". In becoming members of the group they had the accomplishment of a specific end in mind. If and when through the group they succeeded in achieving their ends, that was that.
3. It became evident that people who worked in a district but lived elsewhere found there was less urgency or need to come together for the purposes of health than for those who actually live in the district.
4. The activities of pockets of anti-social youth in certain districts during the period under review created a real fear in members to attend meetings.

1963

Special activities during this year were as follows:—

(a) A Mass Oral Polio Immunization Programme:

The Health Education Unit planned, supervised and directed the above programme in Port-of-Spain. The Unit was assisted by three public health nurses loaned to us by the Central Government Health Department for the duration of the programme.

After an intensive campaign of lectures, film shows and discussions to prepare the population for the programme, fifty-five (55) Vaccinating Centres were set up. The objective was to vaccinate all children between the ages of three months and ten years.

There were two phases of the programme. The first phase began on Monday, 21st January, and by its close in the month of February, a total of 27,719 children were vaccinated.

The second phase began and ended in March. The total number of children who received the second dose in Port-of-Spain amounted to 26,310.

A summary of the entire programme is given below :—

MASS ORAL POLIO IMMUNIZATION PROGRAMME

Port-of-Spain 1963

1st Dose

Date	Centre	Under five	Five and over five	Total
21.1.63	Port-of-Spain Community Hospital	651	130	781
	St. Philip's E.C. School	91	699	790
	St. Paul Street Extension School	408	286	694
22.1.63	Mucurapo Boys' R.C. School	335	726	1,061
	Eastern Boys' Government School	19	659	678
	George Street Health Centre	632	77	709
	Bethlehem Boys' R.C. School	51	915	966
23.1.63	St. Agnes E.C. School	458	709	1,167
	Belmont Methodist School	257	548	805
	Bethlehem Girls' R.C. School	232	369	601
24.1.63	Mucurapo Girls' R.C. School	661	923	1,584
	Piccadilly E.C. School	212	512	724
	Belmont Girls' R.C. School	473	657	1,130
25.1.63	Health Centre—St. James	259	23	282
	Rose Hill R.C. School	559	340	899
	Belmont Boys' R.C. School	94	461	555
26.1.63	St. Paul's Community Centre	16	6	22
	Stephen's Clinic	897	221	1,118
28.1.63	St. Crispin's E.C. School	317	455	772
	Melville Memorial School	148	390	538
	Calvary Hill R.C. School	183	417	600
29.1.63	Woodbrook Presbyterian School	84	265	349
	Belmont Girls' Orphanage	262	196	458
	Eastern Girls' Government School	160	566	726
	George Street Health Office	28	178	206
30.1.63	St. Theresa's R.C. School	129	369	498
	Upper Laventille R.C. School	219	47	266
	St. Margaret's Boys' E.C. School	37	594	631
31.1.63	All Saints E.C. School	21	256	277
	Queen's Royal College	102	37	139
	Belmont Boys' Orphanage	12	129	141
	Providence Girls' Intermediate School	55	233	288
	Rosary Boys' R.C. School	16	385	401
	St. Rose's Girls' Intermediate School	86	206	292
	St. Ursula's E.C. School	37	205	242
	Seventh Day Adventist School	25	82	107
	Gaines Normal A.M.E. School	30	79	109
	Holy Faith Preparatory School	1	121	122
1.2.63	Bishop Anstey's High School	8	97	105
	Woodbrook Central High School	92	39	131
	Nelson Street Boys' R.C. School	50	472	522
	Nelson Street Girls' R.C. School	4	564	568
	Duke Street Girls' E.C. School	43	213	256
4.2.63	Western Boys' R.C. School	49	99	148
	New Town Boys' R.C. School	163	285	448
	New Town Girls' R.C. School	5	216	221
	Gloster Lodge Moravian School	21	288	309
	Escallier E.C. School	130	229	359
5.2.63	St. Hilda's E.C. School	114	376	490
	Moulton Hall Methodist School	31	190	221
	Creteau's Private School	26	23	49
6.2.63	Woodbrook Child's Welfare Clinic	28	6	34
	Sackville Street Private School	6	2	8
	Richmond Street Boys' E.C. School	7	291	298
	Sacred Heart Girls' R.C. School	94	385	479
	St. Catherine's Private School	40	91	131
	Tranquillity Boys' Intermediate School	9	284	293
11.2.63	Tranquillity Girls' Intermediate School	144	383	527
	Princess Elizabeth Home	14	47	61
	St. Joseph Convent	1	62	63
	Trinity Junior School	—	16	16
11.2.63	Public Health Department	163	91	254
	TOTAL	9,499	18,220	27,719

MASS ORAL POLIO IMMUNIZATION PROGRAMME

Port-of-Spain 1963

2ND DOSE

Date	Centre	Under Five	Five and over Five	No. of children outside P.O.S. given 2nd dose in P.O.S. on presentation of return slips	Total
4.3.63	St. Philip's E.C. School	293	356	2	651
	Eastern Boys' Extension School and St. Paul Street Community Centre	302	234	—	536
	Port-of-Spain Community Hospital	552	99	—	651
5.3.63	Eastern Boys' Government School	14	637	—	651
	George Street Health Centre	373	48	2	423
	Bethlehem Boys' R.C. School	436	306	—	742
	Mucurapo Boys' R.C. School	275	687	—	962
6.3.63	Belmont Methodist School	203	523	—	726
	Bethlehem Girls' R.C. School	225	352	—	578
	St. Agnes' E.C. School	413	670	3	1,086
7.3.63	Piccadilly E.C. School	141	425	—	566
	Belmont Girls' R.C. School	416	617	—	1,033
	Mucurapo Girls' R.C. School	582	885	—	1,467
8.3.63	Rose Hill R.C. School	492	329	—	821
	Belmont Boys' R.C. School	115	458	—	573
	Health Centre, St. James	255	31	—	286
9.3.63	St. Paul Street Community Centre	66	12	—	78
	Stephens Clinic	732	209	—	941
11.3.63	Melville Memorial School	101	378	—	479
	Calvary R.C. School	189	401	—	590
	St. Crispin's E.C. School	262	466	6	714
12.3.63	Belmont Girls' Orphanage	217	163	—	380
	George Street Health Office	335	65	—	400
	Eastern Girls' Government School	91	534	—	625
	Woodbrook Presbyterian School	79	254	—	333
13.3.63	Upper Laventille R.C. School	177	42	2	221
	St. Margaret's Boys' E.C. School	61	596	—	657
	St. Theresa's Girls' R.C. School	120	332	—	452
14.3.63	Belmont Boys' Orphanage	12	126	—	138
	Providence Girls' Intermediate School	70	219	—	289
	All Saints' E.C. School	13	238	—	251
	Queen's Royal College	53	25	1	79
	St. Rose's Girls' Intermediate School	109	212	—	321
	Rosary Boys' R.C. School	17	386	—	403
15.3.63	Nelson Street Girls' School	14	532	—	546
	Nelson Street Boys' School	89	466	—	555
	Duke Street Girls' E.C. School	35	208	—	243
	Western Boys' R.C. School	35	277	—	312
	Bishop Anstey High School	9	85	—	94
	Woodbrook Central School	86	43	—	129
18.3.63	Gloster Lodge Moravian School	19	278	—	297
	Escallier E.C. School	129	223	3	355
	St. Hilda's E.C. School	85	348	—	433
	Moulton Hall Methodist School	30	169	—	199
	New Town Girls' R.C. School	3	197	—	200
	New Town Boys' R.C. School	126	296	—	422
19.3.63	Richmond Street Boy's E.C. School	12	249	—	261
	Sacred Heart Girls' R.C. School	76	377	—	453
	St. Catherine Private School	35	80	—	115
	Phillip Street Private School	54	80	1	135
	Woodbrook Child Welfare Clinic	33	13	—	46
	Cretean's Private School	23	22	—	45
20.3.63	Holy Faith Preparatory School	3	109	7	119
	Seventh Day Adventist Clinic	33	78	3	114
	Gaines Normal School	26	76	—	102
	St. Ursula's Girls' School	27	212	—	239
	Tranquillity Girls' Intermediate School	89	328	—	417
	Tranquillity Boys' Intermediate School	21	255	—	276
21.3.63	Princess Elizabeth Home	13	47	—	60
	St. Joseph Convent	—	55	—	55
	Trinity Junior School	—	13	—	13
	Sackville Street Private School	3	9	—	12
	Public Health Department—Town Hall	191	93	—	284
22.3.63	Woodbrook Central Government School	77	22	—	99
25.3.63	Public Health Department—Town Hall	326	177	74	577
	TOTAL	9,494	16,712	104	26,310

(b) The Trinidad and Tobago Association for Mental Health

The Unit worked throughout the year with the Alcoholism Committee of the above Association in their several alcoholism prevention programmes and collaborated with the Association in its annual Mental Health Week Programme.

(c) Trinidad and Tobago Hotel and Catering School

- (i) The Unit participated in the above school's training programme in Food Preparation and for Waiters and Waitresses.

These programmes took place in the months of February through July, with an average of three periods a week. In presentation they included lectures, demonstrations, and discussions with the use of appropriate visual aids, e.g. films, film strips, posters and flannel-graphs.

- (ii) The Unit participated in the School's First Seminar and Workshop for small hotels, restaurants and snack bars which took place in the month of May.

(d) The Unit collaborated fully with the following other Organizations and Agencies

- (i) The Trinidad and Tobago Association for the Prevention of Tuberculosis in the annual Tuberculosis Prevention Week which took place from the 1st to 7th June;
- (ii) The Trinidad and Tobago Dental Association in the Island-wide Dental Health Week Campaign which was held from Monday 15th July to Saturday, 20th July;
- (iii) The Ministry of Education and Culture in a Residential Course in Nutrition Education for Teachers;
- (iv) The Government Health Department in the Save Our Youth Week Campaign which started on Sunday, 27th October;
- (v) The Psychological Association of Trinidad and Tobago in a one-day seminar on "Family Counselling" which took place at the Government Training College on Saturday, 2nd November;
- (vi) The Ministry of Labour in a course of training for young women selected to take up employment in Canada as domestic workers.

In each of the above Organization or Agency the Unit's contribution consisted mainly in holding lecture-discussion periods with the use of appropriate visual aids.

(e) Public Meetings and Film Shows

Public meetings usually start at 7.30 p.m. and would run for approximately one and a half hours. The agenda would include the showing of appropriate films and short addresses by two or three persons involved in the given programme.

Public meetings were held throughout the City in respect of the undermentioned programmes:—

- (a) Mass Polio Immunization Programme, 1963;
- (b) Alcoholism Prevention Programme, 1963;
- (c) Dental Health Week, 1963;
- (d) Save Our Youth Week Campaign, 1963;
- (e) Tuberculosis Prevention Programme, 1963.

1964

The special activities during the year were as follows:—

(a) A clean handling of Food Programme for Elementary and Intermediate Schools in the City

The programme consisted of lecture-discussions, film shows, demonstrations and an examination at the end of the course for the award of the St. John Ambulance Association Certificate. A booklet titled "Clean Handling of Food" published by the St. John Ambulance Association was supplied to class teachers and to students taking the course of lectures at the expense of the City's Public Health Department.

Fifteen centres were used to accommodate the school-leavers of the forty-one schools involved.

The syllabus for the course of lectures at each centre was as follows:—

CLEAN FOOD HANDLING COURSE—SCHOOLS, 1964

Syllabus for Clean Food Handling Course at each Centre

TIME 2.00-3.00 P.M.

Lecture Number	Subject	Films
1	The Importance of Personal Hygiene	Disease and Personal Hygiene
2	Sources and modes of contamination of foodstuffs	H.F.S. The Individual
3	How food should be prepared, handled and stored	Food Preparation and Service Food Preparation Refrigeration Food Storage
4	Diseases that are contracted and spread through the Agency of contaminated food	An outbreak of Salmonella Infection Prevent Dysentery Typhoid Carrier
5	Points to be observed before buying any article of foodstuff	Safe Food for Good Health

A summary of the entire results is as follows:—

Total number of school children registered for Course	...	...	929
Total number of schools involved	...	...	41
Total number of school children eligible to sit Examination	...	...	842
Total number of children who sat Examination	...	...	722
Total number of children who passed Examination	...	...	490
Total number of children who failed Examination	...	...	232
Percentage of children who passed Examination	...	...	68
Total number of children absent for Examination	...	...	121
Total number of boys who passed Examination	...	...	224
Total number of girls who passed Examination	...	...	266

(b) *The Trinidad and Tobago Association for Mental Health*

The Unit worked throughout the year with the Alcoholism Committee of the above Association in their several alcoholism prevention programmes and collaborated with the Association in its Annual Mental Health Week Campaign.

(c) *Trinidad and Tobago Hotel and Catering School*

(i) The Unit collaborated in the above school's training programme in food preparation and food service for cooks, bakers, waiters, waitresses and bellboys.

The Programme ran for six months from January to June and consisted of lecture-discussions, and demonstrations with the use of appropriate visual aids.

(ii) In September a similar programme was held for all food handlers.

(d) *In-Service Training*

As part of the In-Service Training programme for the technical officers of the Department, the Unit assisted in:—

(i) A programme of educational tours to institutions and concerns where it was felt some contribution could be made to increasing the knowledge and experience of staff members.

The following concerns were visited during the year under review:

Nestle's Milk Factory at Champs Fleurs on Wednesday, 19th August.

Coconut Growers' Association Factory, Eastern Main Road, Laventille, Saturday, 17th October.

Texaco Ltd., Pointe-a-Pierre, Friday, 27th November.

(ii) A programme of lecture-discussions with the use of appropriate visual aids for student sanitary inspectors.

(e) *Pilot Programme for Food Handlers—Save Food 1964*

The Unit organised a Programme of film shows and discussions for persons engaged in the food trade.

This was the outline of the programme.

"SAFE FOOD" 1964

A Programme of Film Shows and Discussions for Managers, Supervisors and Employees engaged in the Food Trade

Location	...	...	...	Assembly Hall, Town Hall
Days	...	...	...	Wednesdays
Starting Time	...	...	...	2.30 p.m. sharp

Date	Films shown	Description
18.3.64	(a) The Invaders	(Loaned by the Diversoy Corporation) Colour—20 minutes. Explains the cleansing and other procedures for keeping out germs—the invaders—from foodstuffs and food tools and equipment used in catering establishments
	(b) *Food Preparation	Colour—13 minutes Portrays cooking operations in preparing a typical meal in a medium-sized restaurant and emphasizes the important sanitary precautions taken by the kitchen personnel in the preparation and handling of the food
25.3.64	(a) The Invaders	Colour—14 minutes In the background of an Air Force Camp the film shows effectively how carelessness in the kitchen can give rise to trouble.
	(b) *An Outbreak of Salmonella Infection	
1.4.64	(a) The Invaders	Black and White—11 minutes. Explains necessary steps in efficient scullery operations, and demonstrates the scraping and pre-rinsing of utensils, proper uses of detergents and washing and rinsing operations.
	(b) *Hand Dishwashing and General Scullery Practices	

Date	Films shown	Description
8.4.64	(a) The Invaders (b) *Disease and Personal Hygiene	Black and White—17 minutes Shows ways in which the spread of disease is caused by careless personal hygiene of food handlers, and presents sanitary precautions and remedies
15.4.64	(a) The Invaders (b) *Machine Dishwashing, Single Tank	Black and White—11 minutes Outlines the steps in operating single-tank dishwashing machines, and stresses the necessity for mechanical care, efficient operation and thorough sanitary washing
22.4.64	(a) The Invaders (b) *Hospital Food Service : The Individual	Black and White—13 minutes Explains the part the food handler must play in ensuring safe food in his establishment
29.4.64	(a) The Invaders (b) *Hospital Food Service : Equipment	Black and White—12 minutes Shows the cleansing and storing procedures necessary for all kitchen equipment
6.5.64	(a) The Invaders (b) *Hospital Food Service : Serving Food	Black and White—15 minutes Shows the techniques in safe food service

*These films are owned by the Public Health Department, Port-of-Spain.

(f) *The Unit collaborated fully with the following other Organizations and Agencies*

- (i) The Trinidad and Tobago Association for the Prevention of Tuberculosis in the annual Tuberculosis Prevention Week which took place from 8th November to 14th November.

This year, apart from the regular public meetings, the Unit held lecture-discussions at all elementary and intermediate schools and also at the Government Training College.

- (ii) The Trinidad and Tobago Dental Association in the Island-wide Dental Health Week Campaign which was held from Monday, 6th July to Saturday, 11th July.
- (iii) The Trinidad Hilton Hotel in a programme of lecture-discussions with the use of appropriate visual aids for managers, supervisors and all workers engaged in preparing, serving and handling foodstuffs.
- (iv) The General Hospital (Port-of-Spain) Kitchen Staff in conducting a course in Kitchen Hygiene and in Clean Handling and Preparation of Foodstuffs.
- (v) The Ministry of Labour in a course of training for young women selected to take up employment in Canada as domestic workers.

(g) *Public Meetings and Film Shows*

The following public meetings were held in respect of the undermentioned programmes:—

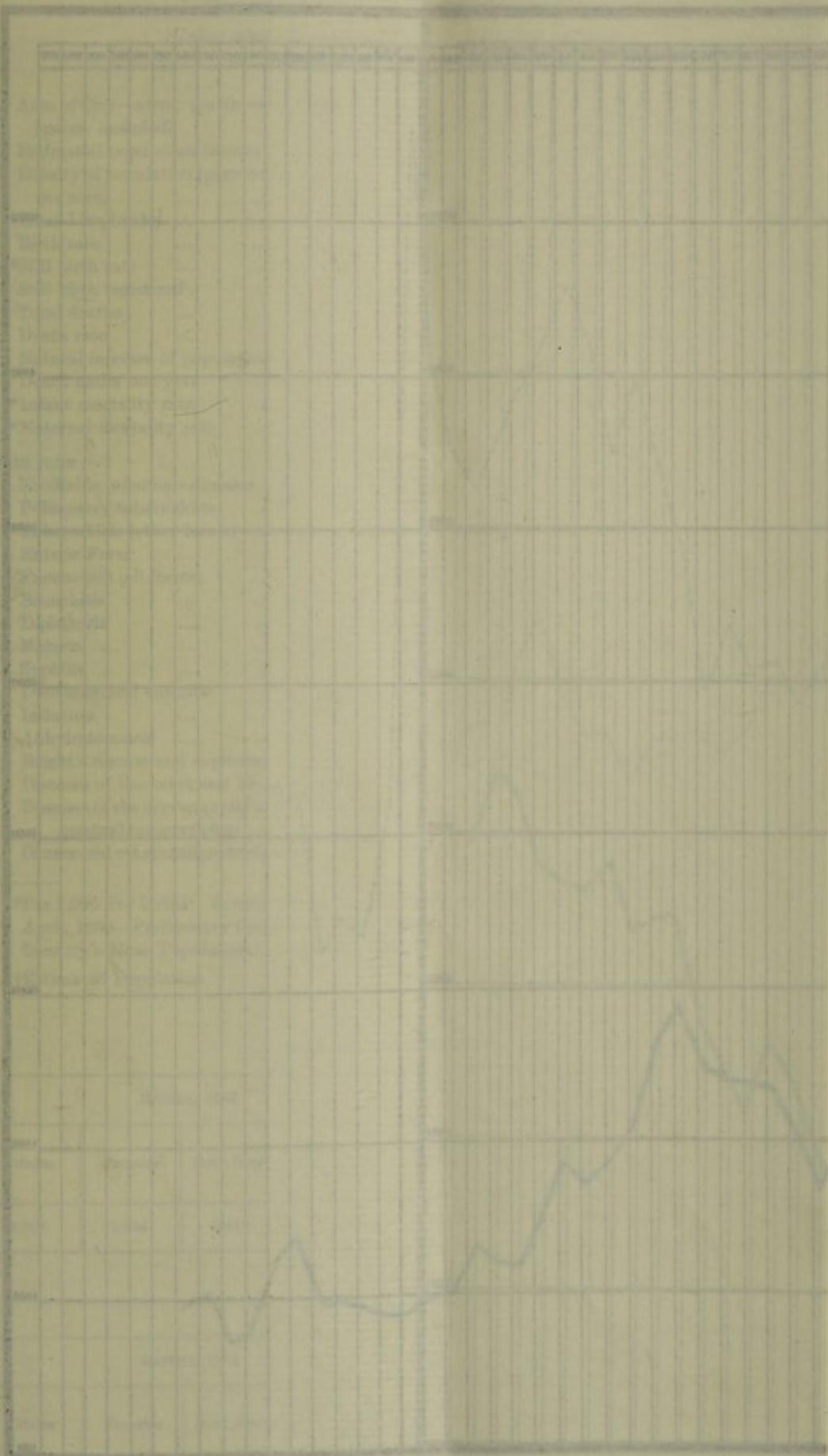
- (a) The Alcoholism Prevention Programme, 1964;
(b) Dental Health Week, 1964;
(c) Tuberculosis Prevention Week, 1964.

Public Meetings for special group:—

- (d) Camacho's Car Park, 26th August, 1964;
(e) Woodbrook Fellowship Friendly Society—24th September, 1964;
(f) Hi-Lo Car Park on White Street—30th September, 1964;
(g) Eastern Girls' Government School—1st October, 1964;
(h) St. Paul Street Community Centre—23rd October, 1964;
(i) St. Hilda's Parent-Teacher Association—3rd November, 1964;
(j) Melville Memorial Parent-Teacher Association—4th November, 1964;
(k) St. Stephen's Clinic Mothers' Club—5th November, 1964;
(l) Port-of-Spain Women's League Constituency—9th November, 1964;
(m) Eastern Girls' Government Parent-Teacher Association—19th November, 1964.

VITAL

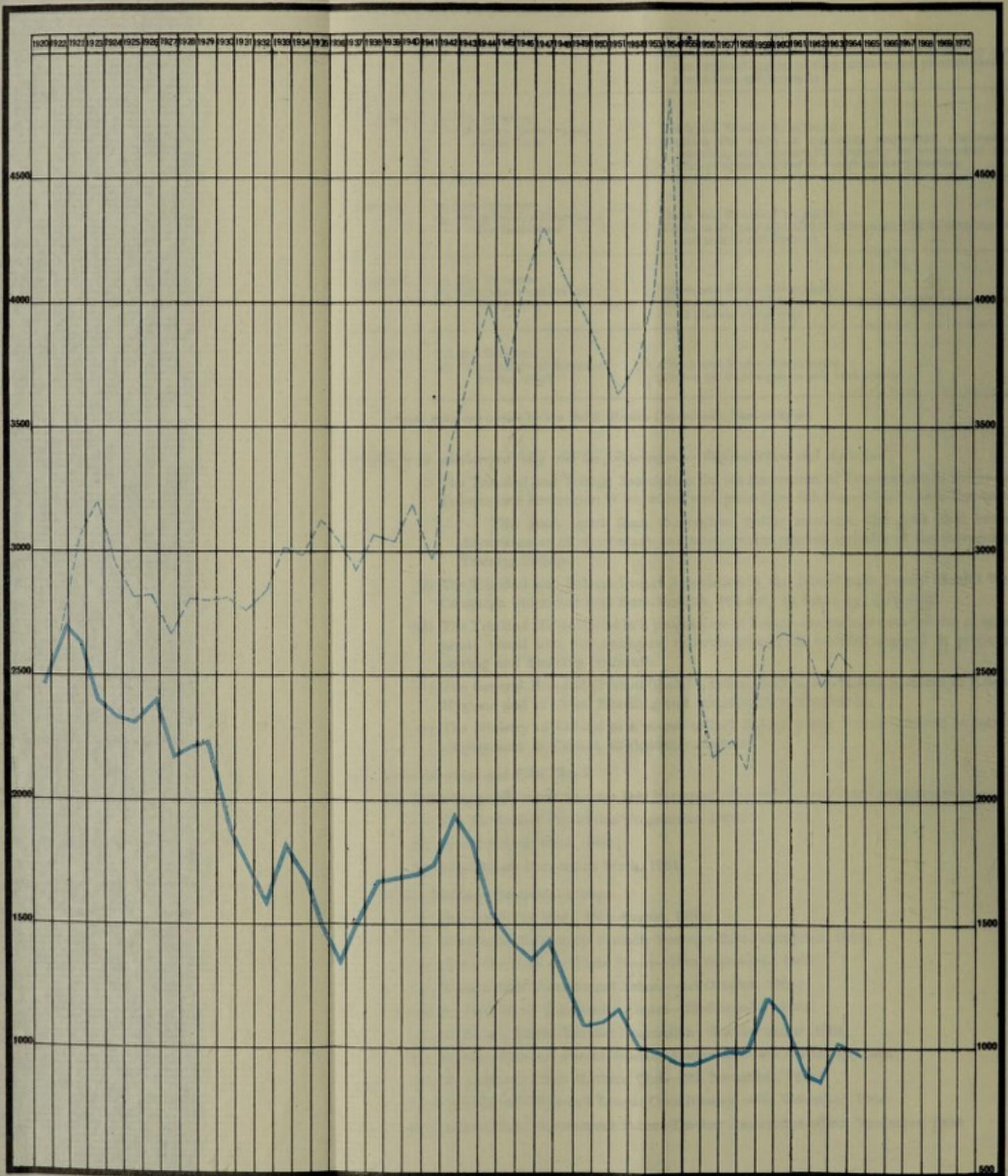
CHART A
Trends of Births
and Death Rates per 100,000 Population 1920-1964



BIRTH RATE
DEATH RATE

Source: U.S. Bureau of the Census, Statistical Abstract of the United States, 1965

CHART A
Port-of-Spain
Birth Rates & Death Rates per 100,000 Population 1920 - 1964



--- BIRTH RATES
 — DEATH RATES

* Adjusted Rate (1955) Births and Deaths of City Residents only

VITAL STATISTICS OF THE DISTRICT

Comparative Summary of Vital Statistics
(Unless otherwise stated, rates are per 100,000 population)

	1921	1961	1962	1963	1964
Area of City—acres (pastures and open spaces included) ...	1,793	2,550	2,550	2,550	2,550
Estimated population (mean) ...	61,386	98,600	101,600	93,800	†93,800
Density of population (persons per acre) ...	34.2	39	40	37	37
Total Live births ...	1,687	2,610	2,536	2,416	2,356
Birth rate ...	2,728	2,647	2,496	2,576	2,512
*Still birth rate ...	91.3	30.65	25.24	31.04	28.43
Still birth registered ...	154	80	64	75	67
Total deaths ...	1,659	952	956	947	913
Death rate ...	2,683	966	941	1,010	973
Natural increase of population ...	28	1,658	1,580	1,469	1,443
Death under one year ...	287	116	121	113	74
*Infant mortality rate ...	170.12	44.44	47.71	46.77	31.40
*Maternal mortality rate ...	—	1.91	1.18	2.54	2.48
Death rates:					
Notifiable infectious diseases ...	621	98	87	115	87
Pulmonary tuberculosis ...	249	2	4	5	3
Tuberculosis (other forms) ...	26	3	1	—	1
Enteric Fever ...	125	2	—	—	—
Pneumonia (all forms) ...	197	90	80	103	81
Bronchitis ...	136	9	15	5	7
Diphtheria ...	2	—	—	1	1
Malaria ...	89	—	—	—	—
Syphilis ...	21	9	9	7	2
Diarrhoea and enteritis ...	191	42	27	32	29
Influenza ...	26	2	3	—	—
Ankylostomiasis ...	15	—	—	—	—
Bright's disease and nephritis ...	209	10	8	4	10
Diseases of the heart and blood vessels ...	265	215	214	247	299
Diseases of the nervous system including cerebral haemorrhage ...	170	167	135	139	112
Cancer and other malignant diseases ...	63	109	126	149	118

*Per 1,000 live births. Census Population of City—April, 1946: 93,108
April, 1960—Preliminary Count—91,340
Country's Mean Population (Estimated) 922,000

†Estimated Population

Birth and Death Rate 1963

BIRTHS, 1963				DEATHS, 1963			
Males	Females	Both Sexes	Birth Rate per 100,000 population	Males	Females	Both Sexes	Death Rate per 100,000 population
1,262	1,154	2,416	2,576	462	485	947	1,010

Birth and Death Rate 1964

BIRTHS, 1964				DEATHS, 1964			
Males	Females	Both Sexes	Birth Rate per 100,000 population	Males	Females	Both Sexes	Death Rate per 100,000 population
1,202	1,154	2,356	2,512	459	454	913	973

Deaths in Sub-Districts of the City, 1963

SUB-DISTRICT	Mean Population	DEATHS				TOTAL DEATHS	Rate per 100,000 population
		PLACE OF OCCURRENCE					
		Home, &c.	General Hospital	Royal Gaol	House of Refuge	Sub-Districts	
City Proper	20,817	127	115	5	—	247	1,187
St. Clair	1,244	30	3	—	—	33	2,653
East Dry River	21,135	103	99	—	—	202	956
Belmont	23,555	75	84	—	—	159	675
Woodbrook	10,638	44	25	—	—	69	649
St. James	16,411	77	62	—	98	237	1,444
TOTAL	93,800	456	388	5	98	947	1,010

Deaths in Sub-Districts of the City, 1964

SUB-DISTRICT	Mean Population	DEATHS				TOTAL DEATHS	Rate per 100,000 population in each S/District
		PLACE OF OCCURRENCE					
		Home, &c.	General Hospital	Royal Gaol	House of Refuge	Sub-Districts	
City Proper	20,817	100	107	8	—	215	1,033
St. Clair	1,244	27	4	—	—	31	2,492
East Dry River	21,135	63	96	—	—	159	752
Belmont	23,555	76	80	—	—	156	662
Woodbrook	10,638	50	27	—	—	77	724
St. James	16,411	87	51	—	137	275	1,676
TOTAL	93,800	492	349	8	137	913	973

Age Distribution of Deaths, 1963

PERIOD	Males	Females	Both Sexes	Percentage of Total Mortality at All Ages
Under 1 year	59	54	113	11.93
1- 5 years	12	11	23	2.43
6-10 do.	8	4	12	1.27
11-20 do.	15	3	18	1.90
21-30 do.	17	5	22	2.32
31-40 do.	11	19	30	3.17
41-50 do.	34	24	58	6.13
51-60 do.	60	23	129	13.62
Over 60 do.	240	302	542	57.23
TOTAL	462	485	947	—

Age Distribution of Deaths, 1964

PERIOD	Males	Females	Both Sexes	Percentage of Total Mortality at All Ages
Under 1 year	41	33	74	8.10
1- 5 years	12	7	19	2.08
6-10 do.	3	4	7	0.77
11-20 do.	11	7	18	1.97
21-30 do.	15	9	24	2.63
31-40 do.	16	14	30	3.29
41-50 do.	35	33	68	7.45
51-60 do.	69	61	130	14.24
Over 60 do.	225	228	543	59.47
TOTAL	457	456	913	—

CHART 8
 Percent of Deaths

CAUSES OF DEATHS 1963

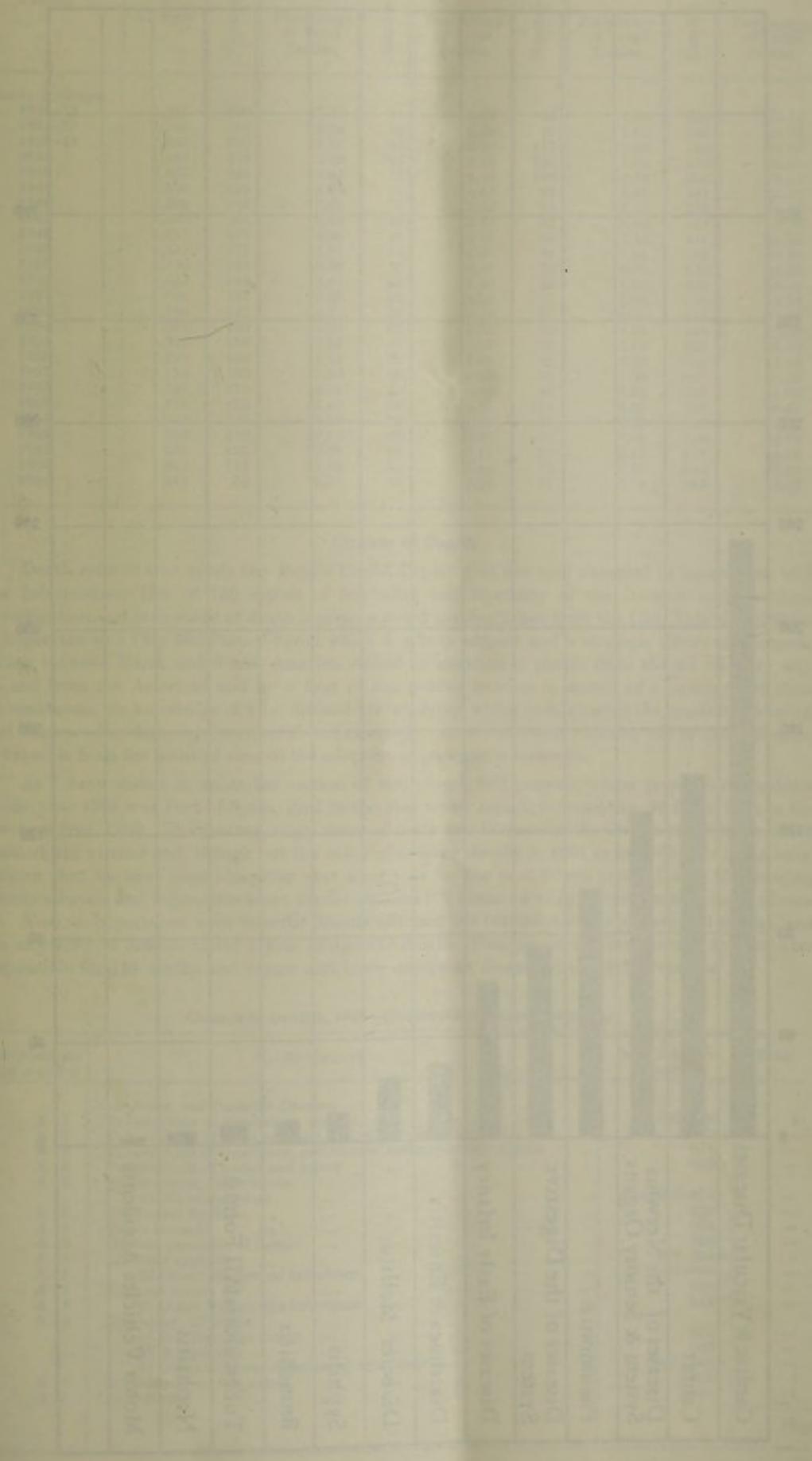
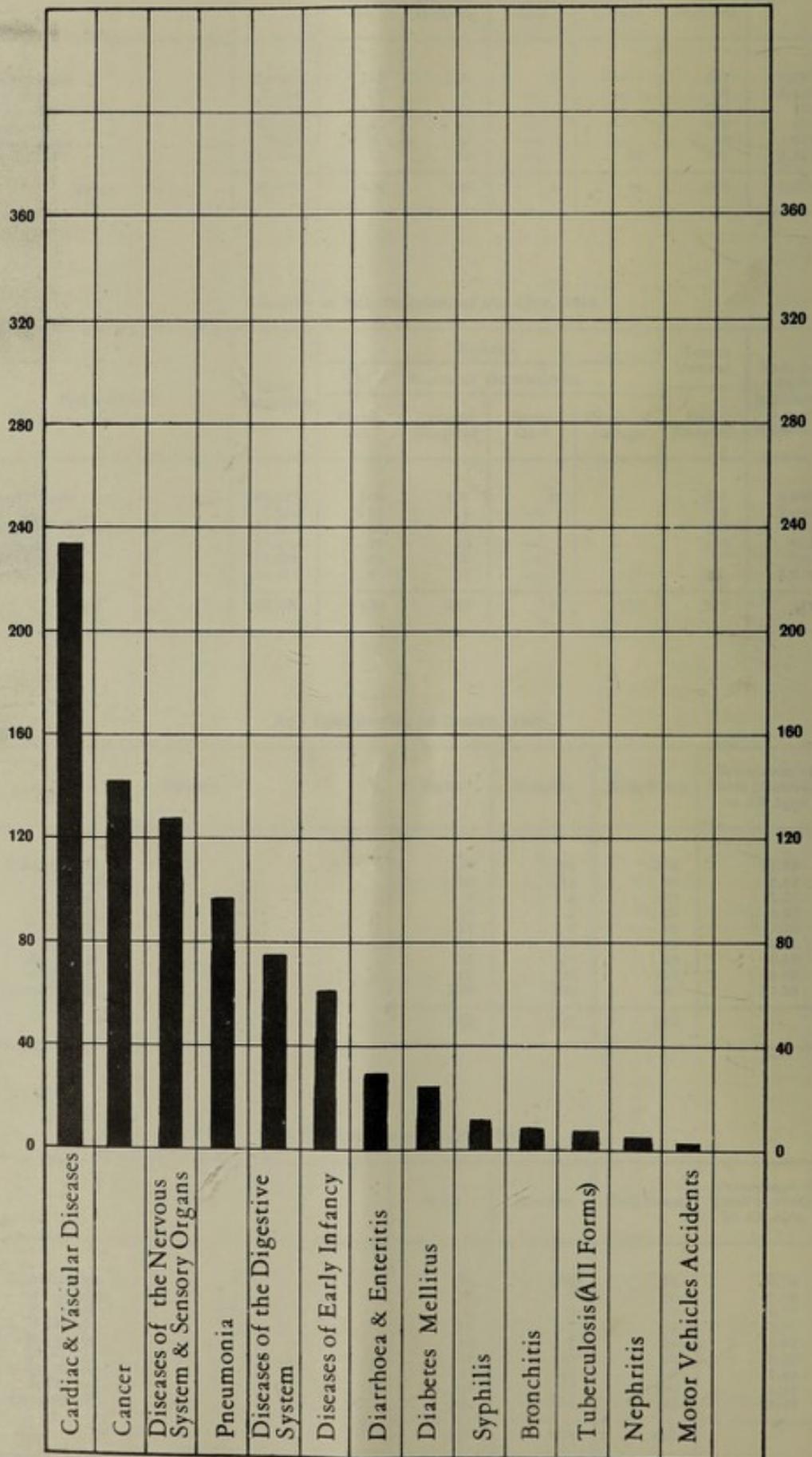


CHART B
Port-of-Spain

Principal Individual
CAUSES OF DEATHS 1963



Comparison of Deaths at different Age Periods, 1928-1964

PERIOD	Total Deaths at All Ages	DEATHS UNDER 1 YEAR		DEATHS 1-5 YEARS		DEATHS 56-60 YEARS		DEATHS OVER 60 YEARS	
		Number	Percentage of Total Deaths	Number	Percentage of Total Deaths	Number	Percentage of Total Deaths	Number	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
1938-42	1,622	275	16.85	68	4.21	117	7.20	566	34.92
1943	1,862	283	15.20	102	5.18	131	7.04	674	36.20
1944	1,620	248	15.31	77	4.75	106	6.54	598	36.92
1945	1,526	239	15.66	71	4.65	86	5.64	561	36.76
1946	1,396	241	17.26	77	5.52	95	6.81	493	35.32
1947	1,385	231	16.68	49	3.54	92	6.64	536	38.70
1948	1,191	177	14.86	45	3.78	66	5.54	491	41.23
1949	1,147	171	14.91	57	4.97	85	7.41	524	45.68
1950	1,170	168	14.36	75	6.41	76	6.50	526	44.96
1951	1,243	167	13.43	43	3.46	79	6.35	602	48.43
1952	1,094	137	12.52	48	4.39	77	7.04	540	49.36
1953	1,108	157	14.17	41	3.70	67	6.05	524	47.29
1954	1,028	150	14.59	36	3.50	79	7.69	484	47.08
1955	1,067	138	12.93	27	2.53	78	7.31	542	50.80
1956	1,120	158	14.11	32	2.86	85	7.59	581	51.88
1957	1,134	127	11.20	35	3.09	86	7.58	627	55.29
1958	1,147	171	14.91	42	3.66	87	7.58	595	51.88
1959	1,179	158	13.40	39	3.31	114	9.67	595	50.47
1960	1,040	141	13.56	32	3.08	82	7.88	549	52.79
1961	952	116	12.18	23	2.42	67	7.04	540	56.72
1962	956	121	12.66	23	2.41	90	9.41	517	54.08
1963	947	113	11.93	23	2.43	74	7.81	542	57.23
1964	913	74	8.10	19	2.08	71	7.78	543	59.47

Causes of Death

Death returns that reach the Public Health Department are now classified in accordance with the Intermediate List of 150 causes of Morbidity and Mortality of the International Statistical Classification and each cause of death is given a coded number taken from the List. This classification is important to a City like Port-of-Spain which is a busy seaport and a strategic centre of communication between North and South America, visited by numbers of people from abroad on their way to and from the Americas and by a host of sun-seeking tourists in search of a holiday. In these circumstances the knowledge of what diseases are occurring, which ones occasion the greatest mortality, and what are the chances of survival if, unfortunately, one was stricken with any one of these diseases, is valuable from the point of view of the adoption of preventive measures.

As I have stated in an earlier section of this report, 952 persons, whose permanent residence in the year 1961 was Port-of-Spain, died in the year under report, representing 88 fewer than in the previous year, 1960. The greatest single cause of death was Diseases of the Circulatory System which claimed 212 victims and, though not the cause of as many deaths in 1961 as in 1960, this is the usual pattern that we have been observing year after year for the past fifteen years. Under this heading arterio-sclerosis and degenerate heart disease claimed 109 victims and hypertension with heart disease 39. Next in importance were vascular lesions affecting the central nervous system 153 deaths, and the mortality of infants under 1 year of age 116 deaths. Diseases of the Respiratory System were responsible for 110 deaths and cancer and other malignant diseases claimed 107 victims.

Causes of Deaths, 1963—(International Classification)

Intermediate List Number	CAUSE GROUPS	Detailed List Number	Total
<i>I—Infective and Parasitic Diseases</i>			
A 1	Tuberculosis of respiratory system	001-008	5
A 2	Tuberculosis of meninges and central nervous system	010	—
A 3	Tuberculosis of intestines, peritoneum and mesenteric glands	011	—
A 4	Tuberculosis of bones and joints	012	—
A 5	Tuberculosis, other forms:		
	02 All other forms	014, 016-019	—
A 6	Congenital Syphilis	020	—
A 8	Tabes Dorsalis	024	—
A 9	General paralysis of insane	025	—
A 10	All other syphilis	026-029	7
A 11	02 Other gonococcal infections	031-035	—
A 12	Typhoid fever	040	—
A 13	02 Other Salmonella infections	042	—
A 16	Dysentery, all forms:		
	01 Bacillary dysentery	045	—
	02 Amoebiasis	046	—
	03 Other unspecified forms of dysentery	047, 048	—
		053	5
A 20	Septicaemia and pyaemia	055	1
A 21	Diphtheria		
			18

Causes of Deaths, 1963—(International Classification)—Continued

Intermediate List Number	CAUSE GROUPS	Detailed List Number	Total
A 22	Whooping cough	056	—
A 23	Meningococcal infections	057	—
A 25	Leprosy	060	—
A 26	Tetanus	061	3
A 28	Acute Poliomyelitis	080	2
A 29	Acute infectious Encephalitis	082	1
A 30	Late effects of Acute poliomyelitis and acute infectious encephalitis		—
A 32	Measles	085	—
A 34	Infectious hepatitis	092	—
A 37	03 Falciparum malaria (malignant tertian)... ..	112	—
A 41	Ankylostomiasis	129	—
A 42	02 Ascariasis	130.0	—
A 42	02 Ascariasis	130.0	—
A 43	All other diseases classified as infective and parasitic:		—
	01 Lymphogranuloma venereum	037	—
	02 Granuloma inguinale, venereal	038	—
	08 Chicken pox	087	1
	22 Herpes zoster	088	—
	23 Mumps	089	—
	25 All other diseases classified as infective and parasitic	132-134	—
	<i>II—Neoplasms</i>		
A 44	Malignant neoplasm of buccal cavity and pharynx	140, 148	3
A 45	Malignant neoplasm of oesophagus	150	4
A 46	Malignant neoplasm of stomach	151	21
A 47	Malignant neoplasm of intestine, except rectum	152, 153	12
A 48	Malignant neoplasm of rectum	154	8
A 49	Malignant neoplasm of larynx	161	—
A 50	Malignant neoplasm of trachea and of bronchus and lung not specified as secondary	162, 163	4
A 51	Malignant neoplasm of breast	170	12
A 52	Malignant neoplasm of cervix uteri	171	13
A 53	Malignant neoplasm of other unspecified parts of uterus	172-174	15
A 54	Malignant neoplasm of prostate	177	4
A 55	Malignant neoplasm of skin	190-191	1
A 56	Malignant neoplasm of bone and connective tissue	196, 197	2
A 57	Malignant neoplasm of all other and unspecified sites	155-160 175, 176 198, 199	30
A 58	Leukaemia and Aleukaemia	204	3
A 59	Lymphosarcoma and other neoplasms of lymphatic system	200-203 205	5
A 60	Benign neoplasms and neoplasms of unspecified nature	210-239	3
	<i>III—Allergic, Endocrine System, Metabolic, and Nutritional Diseases</i>		
A 61	Non-Toxic Goitre	225-251	1
A 62	Thyrotoxicosis with or without goitre	252	1
A 63	Diabetes mellitus	260	15
A 64	Avitaminosis and other deficiency states:		—
	01 Beri Beri	280	—
	02 Pellagra	281	—
	04 Vitamin B deficiency, except beri beri and pellagra	286.2	—
	05 Other deficiency states	283-286	1
	<i>IV—Diseases of the Blood and Blood-Forming Organs</i>		
A 65	Anaemias:		—
	01 Pernicious and other hyperchromic anaemias	290	—
	03 Other specified and unspecified anaemias	292, 293	6
A 66	Allergic disorders, all other endocrine, metabolic and blood diseases:		—
	01 Asthma	241	6
	02 All other allergic disorders, endocrine, metabolic and blood diseases	253	1
	<i>V—Mental, Psychoneurotic and Personality Disorders</i>		
A 67	Psychoses	300-309	—
A 68	Psychoneuroses and disorders of personality	310-324 326	—
	<i>VI—Diseases of the Nervous System and Sensory Organs</i>		
A 70	Vascular lesions affecting central nervous system	330-334	114
A 71	Nonmeningococcal meningitis	340	2
A 72	Multiple sclerosis	345	—
A 73	Epilepsy	353	—
A 77	02 Otitis media and mastoiditis	391-393	—
A 78	02 All other diseases of the nervous system and sense organs	341-344 350-352 354-357 360-369 395-398 380-384 386, 388 389	14
	01 All other diseases and conditions of eye	380-384 386, 388 389	1
	<i>VII—Diseases of the Circulatory System</i>		
A 79	Rheumatic fever	404-402	—
A 80	Chronic rheumatic heart disease	410-416	1
A 81	Arteriosclerotic and degenerative heart disease	420-422	142
A 82	Other diseases of the heart	430-434	30
A 83	Hypertension with heart disease	440-443	39
A 84	Hypertension without mention of heart	444-447	10
A 85	Diseases of arteries	450-456	5
A 86	Other diseases of the circulatory system	460-468	5

Causes of Deaths, 1963—(International Classification)—Continued

Intermediate List Number	CAUSE GROUPS	Detailed List Number	Total
	<i>VIII—Diseases of the Respiratory System</i>		
A 87	Acute upper respiratory infections	470-475	1
A 88	Influenza	480-483	—
A 89	Lobar pneumonia	490	14
A 90	Broncho pneumonia	491	69
A 91	Primary atypical, other, and unspecified pneumonia	492, 493	14
A 92	Acute bronchitis	500	2
A 93	Bronchitis, chronic and unqualified	501, 502	3
A 95	Empyema and abscess of lung	518, 521	2
A 96	Pleurisy	519	1
		523	—
A 97	All other respiratory diseases: 01 Pneumonococcosis 02 All other respiratory diseases	511-517 520-522 524-527	8
	<i>I—Diseases of the Digestive System</i>		
A 99	Ulcer of stomach	540	6
A100	Ulcer of duodenum	541	1
A101	Gastritis and duodenitis	543	1
A102	Appendicitis	550-553	—
A103	Intestinal obstruction and hernia	570	10
A104	Gastro-enteritis and colitis, except diarrhoea of the newborn: 01 Gastro-enteritis and colitis between 4 weeks and 2 years 02 Gastro-enteritis and colitis, ages 2 years and over 03 Chronic enteritis and ulcerative colitis	571.0 571.1 572	22 8 —
A105	Cirrhosis of liver	581	12
A106	01 Cholelithiasis 02 Cholecystitis without mention of calculi	584 585	2 1
A107	Other diseases of digestive system	536-539 542-544 545 573-580 582-583 586-587	12
	<i>I—Diseases of the Genito-Urinary System</i>		
A108	Acute Nephritis	590	—
A109	Chronic and other unspecified nephritis	591-594	4
A110	Infections of kidneys	600	12
A111	Calculi of urinary system	602-604	—
A112	Hyperplasia of prostate	610	5
A114	02 Disorders of menstruation	634	1
A114	03 All other diseases of the genito-urinary system	601-603 605-609 611, 612 614-617 622-623 635-637	4
	<i>Deliveries and Complications of Pregnancy, Childbirth and the Puerperium</i>		
A116	01 Puerperal eclampsia	685	1
A117	02 All other toxæmias of pregnancy and the puerperium Haemorrhage of pregnancy and childbirth: 01 Placenta praevia 02 Haemorrhage of pregnancy	642, 652, 686 643 644, 670	— — —
A118	Abortion without mention of sepsis	650	—
A119	Abortion with sepsis	651	—
A120	All other complications of pregnancy and childbirth: 01 Ectopic pregnancy 03 Delivery complications 04 Other complications of pregnancy 05 Delivery without complications	645 673-675 646, 648 649, 676 680, 683 690	3 1 1 —
	<i>II—Diseases of the Skin and Cellular Tissues</i>		
A121	Infections of skin and subcutaneous tissue	690-698	—
	<i>III—Diseases of the Bones and Organs of Movement</i>		
A122	Arthritis and spondylitis	720-725	4
A123	Rheumatism unspecified	726-727	—
A124	Osteomyelitis and Periostitis	730	—
A126	All other diseases of the skin and musculoskeletal system: 01 Chronic ulcer of skin 02 All other diseases of skin 03 All other diseases of musculoskeletal system	715 716 731-736 738, 744	1 1
	<i>IV—Congenital Malformations</i>		
A127	Spina bifida and meningocele	751	—
A128	Congenital malformation of Circulatory System	754	5
A129	All other congenital malformations	750-752 753, 755, 759	3
	<i>V—Certain Diseases of Early Infancy</i>		
A130	Birth Injuries	760-761	2
A131	Post-natal asphyxia and atelectasis	762	17
A132	Infections of the newborn: 01 Diarrhoea of newborn (under 4 weeks) 02 Sepsis of newborn 04 Other infections of newborn	764 767, 768 763, 766	— — 3
A133	Haemolytic diseases of newborn	770	—
A134	All other defined diseases of early infancy: 02 Haemorrhagic diseases of newborn 03 Nutritional maladjustment	771 772	1 2
A135	Ill-defined diseases peculiar to early infancy and immaturity unqualified	73, 776	37

Causes of Deaths, 1963—(International Classification)—Continued

Intermediate List Number	CAUSE GROUPS	Detailed List Number	Total
	<i>XVI—Symptoms, Senility and Ill-defined Conditions</i>		
A136	Senility without mention psychosis	794	43
A137	01 Pyrexia of unknown origin	788.8	—
	03 Certain symptoms referable to nervous system and special senses	780	—
	04 Other symptoms referable to nervous system	781	—
	05 Symptoms referable to cardio-vascular and lymphatic system	782	—
	07 Symptoms referable to upper gastro-intestinal tract	784	—
	08 Symptoms referable to abdomen and lower gastro-intestinal system	785	—
	09 System referable to genito-urinary system	786	1
	12 Nervousness and Debility	790	—
	14 Uraemia unqualified	792	6
	15 Ill-defined and unknown causes of mortality	795	8
	16 Other general symptoms	788.1-788.9	—
	<i>"E" XVII—Code Alternative Classification of Accidents, Poisonings, and Violence (External Cause)</i>		
AE138	Motor Vehicles Accident	E810-E825	2
AE139	Other Transport Accidents	—	—
AE140	Accidental poisoning	E870-E985	—
AE141	Accidental falls	E900-E904	2
AE142	Accident caused by machinery	E912	—
AE146	Accidental drowning	E929	1
AE147	02 Foreign body entering other orifice	E928	—
	05 All other accidental causes	E910-E911	—
	01 Foreign body entering eye and adnexia	—	—
AE148	Suicide and self-inflicted injury	E970-E979	1
AE148	Homicide and Judicial Execution	E980-E985	15
	<i>"N" XVII—Code Alternative Classification of Accidents, Poisonings, and Violence (Nature of Injury)</i>		
AN138	Fracture of skull	N800-N804	2
AN139	Fracture of spine and trunk	N805-N809	2
AN140	Fracture of limbs	N810-N829	3
AN143	Head injury (excluding fracture)	N850-N856	—
AN144	Internal injury of chest, abdomen and pelvis	N860-N869	—
AN145	Laceration and open wounds	N870-N908	—
AN147	Effects of foreign body entering through orifice	N930-N939	—
AN148	Burns	N940-N949	1
AN149	Effects of poisons	N960-N979	2
AN150	All other unspecified effects of external causes	N950-N959	2
		N980-N999	—
	GRAND TOTAL		947

TABLE 3

CAUSES OF DEATH IN 1944

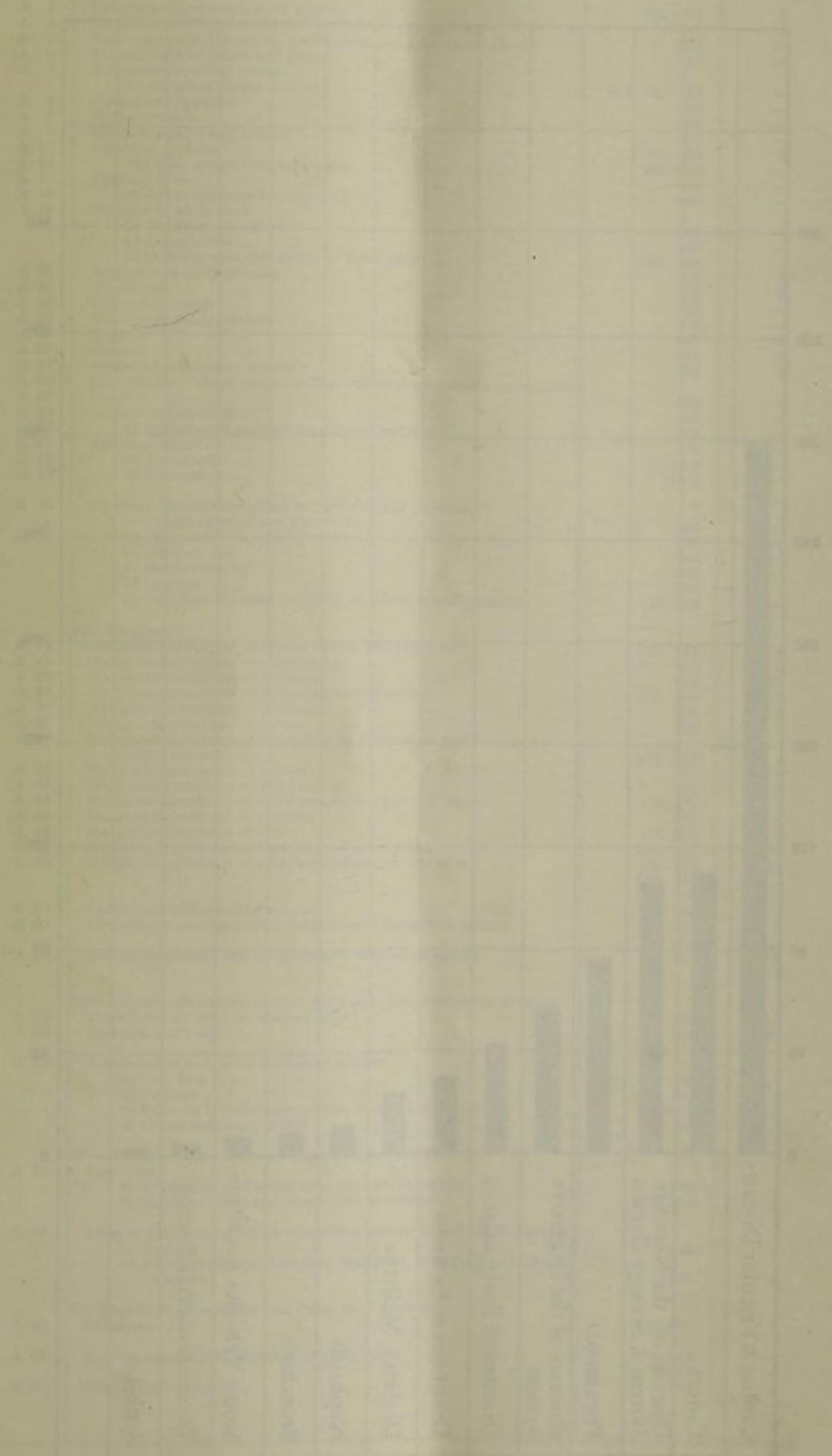
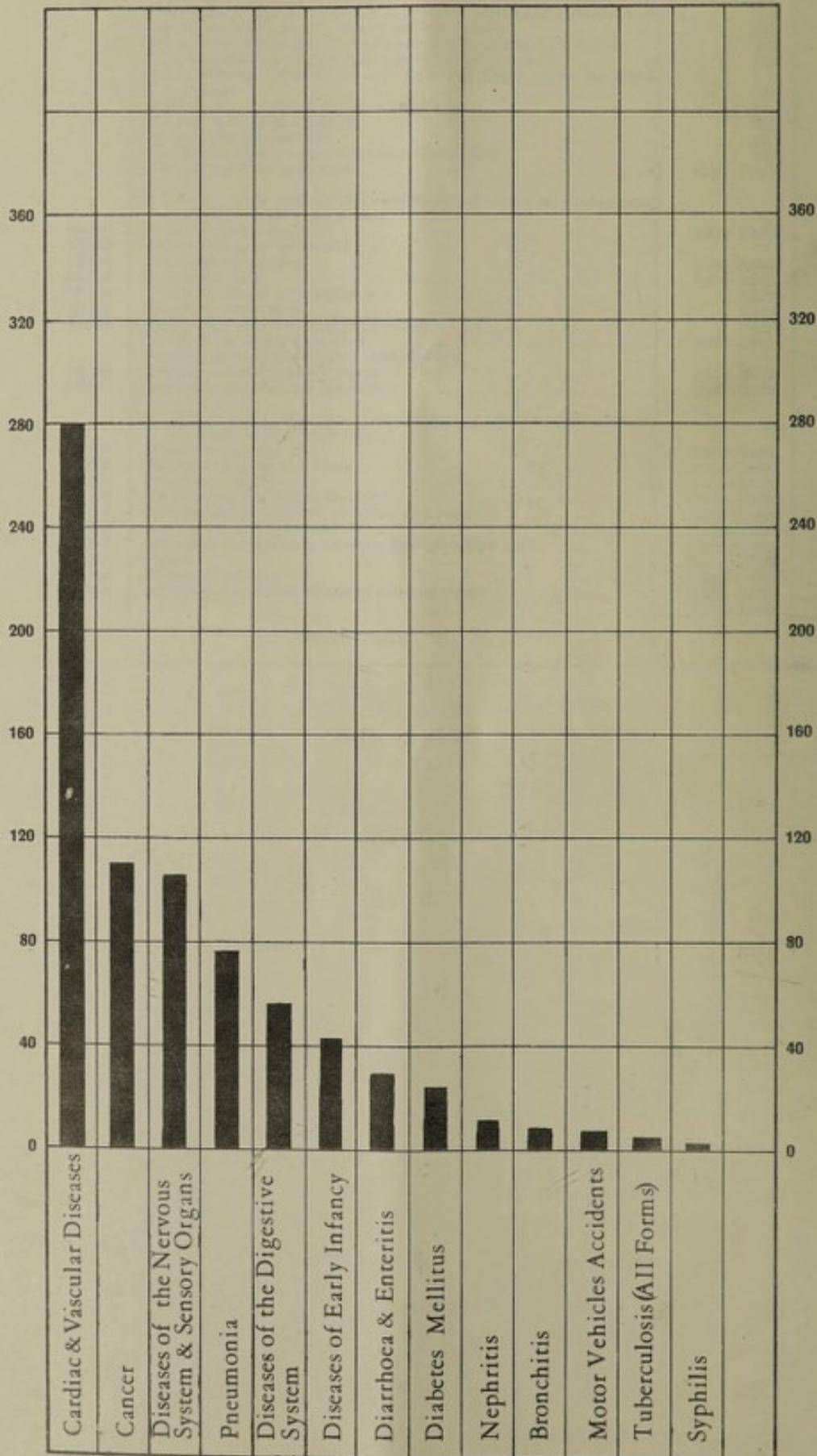


CHART B
Port-of-Spain

Principal Individual
CAUSES OF DEATHS 1964



Causes of Deaths, 1964, (International Classification)

Intermediate List Number	CAUSE GROUPS	Detailed List Number	Total
	<i>I—Infective and Parasitic Diseases</i>		
A 1	Tuberculosis of respiratory system	001-008	3
A 2	Tuberculosis of meninges and central nervous system	010	1
A 3	Tuberculosis of intestines, peritoneum and mesenteric glands	011	—
A 4	Tuberculosis of bones and joints	012	—
A 5	Tuberculosis, other forms:		
	02 All other forms	014, 016-019	—
A 6	Congenital Syphilis	020	—
A 8	Tabes Dorsalis	024	—
A 9	General paralysis of insane	025	—
A 10	All other syphilis	026-029	2
A 11	02 Other gonococcal infections	031-035	—
A 12	Typhoid fever	040	—
A 13	02 Other Salmonella infections	042	—
A 16	Dysentery, all forms:		
	01 Bacillary dysentery	045	—
	02 Amoebiasis	046	—
	03 Other unspecified forms of dysentery	047, 048	—
A 20	Septicaemia and pyaemia	053	5
A 21	Diphtheria	055	2
A 22	Whooping cough	056	—
A 23	Meningococcal infections	057	—
A 25	Leprosy	060	—
A 26	Tetanus	061	2
A 29	Acute infectious Encephalitis	062	1
A 30	Late effects of Acute poliomyelitis and acute infectious encephalitis		
A 32	Measles	085	—
A 34	Infectious hepatitis	092	—
A 37	03 Falciparum malaria (malignant tertian)	112	—
A 41	Ankylostomiasis	129	—
A 42	02 Ascariasis	130.0	—
A 42	02 Ascariasis	130.0	—
A 43	All other diseases classified as infective and parasitic:		
	01 Lymphogranuloma venereum	037	—
	02 Granuloma inguinale, venereal	038	—
	08 Chicken pox	087	—
	22 Herpes zoster	088	—
	23 Mumps	089	—
	25 All other diseases classified as infective and parasitic	132-134	—
	<i>II—Neoplasms</i>		
A 44	Malignant neoplasm of buccal cavity and pharynx	140, 148	4
A 45	Malignant neoplasm of oesophagus	150	3
A 46	Malignant neoplasm of stomach	151	23
A 47	Malignant neoplasm of intestine, except rectum	152, 153	7
A 48	Malignant neoplasm of rectum	154	5
A 49	Malignant neoplasm of larynx	161	2
A 50	Malignant neoplasm of trachea and of bronchus and lung not specified as secondary	162, 163	1
A 51	Malignant neoplasm of breast	170	9
A 52	Malignant neoplasm of cervix uteri	171	6
A 53	Malignant neoplasm of other unspecified parts of uterus	172-174	7
A 54	Malignant neoplasm of prostate	177	8
A 55	Malignant neoplasm of skin	190-191	2
A 56	Malignant neoplasm of bone and connective tissue	196, 197	—
A 57	Malignant neoplasm of all other and unspecified sites	155-160 175, 176 198, 199	27
A 58	Leukaemia and Aleukemia	204	4
A 59	Lymphosarcoma and other neoplasms of lymphatic system	200-203 205	2
A 60	Benign neoplasms and neoplasms of unspecified nature	210-239	1
	<i>III—Allergic, Endocrine System, Metabolic, and Nutritional Diseases</i>		
A 62	Thyrotoxicosis with or without goitre	252	—
A 63	Diabetes mellitus	260	22
A 64	Avitaminosis and other deficiency states:		
	01 Beri Beri	280	—
	02 Pellagra	281	1
	04 Vitamin B deficiency, except beri beri and pellagra	286.2	—
	05 Other deficiency states	283-286	—
	<i>IV—Diseases of the Blood and Blood-Forming Organs</i>		
A 65	Anaemias:		
	01 Pernicious and other hyperchromic anaemias	290	—
	03 Other specified and unspecified anaemias	292, 293	7
A 66	Allergic disorders, all other endocrine, metabolic and blood diseases:		
	01 Asthma	241	4
	02 All other allergic disorders, endocrine, metabolic and blood diseases	253	1
	<i>V—Mental, Psychoneurotic and Personality Disorders</i>		
A 67	Psychoses	300-309	1
A 68	Psychoneuroses and disorders of personality	310-324 326	—
A 69	Mental Deficiency	325	1

Causes of Deaths, 1964—(International Classification)—Continued

Intermediate List Number	CAUSE GROUPS	Detailed List Number	Total
	<i>VI—Diseases of the Nervous System and Sensory Organs</i>		
A 70	Vascular lesions affecting central nervous system	330-334	92
A 71	Nonmeningococcal meningitis	340	3
A 72	Multiple sclerosis	345	1
A 73	Epilepsy	353	1
A 77	02 Otitis media and mastoiditis	391-393	1
A 78	02 All other diseases of the nervous system and sense organs	341-344	7
		350-352	—
		354-357	—
		360-369	—
		395-398	—
	<i>VII—Diseases of the Circulatory System</i>		
A 79	Rheumatic fever	404-402	—
A 80	Chronic rheumatic heart disease	410-416	2
A 81	Arteriosclerotic and degenerative heart disease	420-422	163
A 82	Other diseases of the heart	430-434	39
A 83	Hypertension with heart disease	440-443	42
A 84	Hypertension without mention of heart	444-447	21
A 85	Diseases of arteries	450-456	12
A 86	Other diseases of the circulatory system	460-468	1
	<i>VIII—Diseases of the Respiratory System</i>		
A 87	Acute upper respiratory infections	470-475	1
A 88	Influenza	480-483	2
A 89	Lobar pneumonia	490	9
A 90	Broncho pneumonia	491	59
A 91	Primary atypical, other, and unspecified pneumonia	492, 493	8
A 92	Acute bronchitis	500	3
A 93	Bronchitis, chronic and unqualified	501, 502	4
A 95	Empyema and abscess of lung	518, 521	—
A 96	Pleurisy	519	—
		523	—
A 97	All other respiratory diseases:		
	01 Pneumoconiosis	511-517	—
	02 All other respiratory diseases	520-522	4
		524-527	—
	<i>I—Diseases of the Digestive System</i>		
A 99	Ulcer of stomach	540	5
A100	Ulcer of duodenum	541	—
A101	Gastritis and duodenitis	543	3
A102	Appendicitis	550-553	—
A103	Intestinal obstruction and hernia	570	5
A104	Gastro-enteritis and colitis, except diarrhoea of the newborn:		
	01 Gastro-enteritis and colitis between 4 weeks and 2 years	571.0	14
	02 Gastro-enteritis and colitis, ages 2 years and over	571.1	11
	03 Chronic enteritis and ulcerative colitis	572	4
A105	Cirrhosis of liver	581	11
A106	01 Cholelithiasis	585	—
	02 Cholecystitis without mention of calculi	585	—
A107	Other diseases of digestive system	536-539	6
		542-544	—
		545	—
		573-580	—
		582-583	—
		586-587	—
	<i>I—Diseases of the Genito-Urinary System</i>		
A108	Acute Nephritis	590	9
A109	Chronic and other unspecified nephritis	591-594	9
A110	Infections of kidneys	600	4
A111	Calculi of urinary system	602-604	—
A112	Hyperplasia of prostate	610	6
A114	02 Disorders of menstruation	634	—
A114	03 All other diseases of the genito-urinary system	601-603	2
		605-609	—
		611, 612	—
		614-617	—
		622-623	—
		635-637	—
	<i>Deliveries and Complications of Pregnancy, Childbirth, and the Puerperium</i>		
A116	01 Puerperal eclampsia	685	—
	02 All other toxæmias of pregnancy and the puerperium	642, 652, 686	—
A117	Haemorrhage of pregnancy and childbirth:		
	01 Placenta prævia	643	—
	02 Haemorrhage of pregnancy	644, 670	—
A118	Abortion without mention of sepsis	650	—
A119	Abortion with sepsis	651	4
A120	All other complications of pregnancy and childbirth:		
	01 Ectopic pregnancy	645	—
	03 Delivery complications	673-675	—
	04 Other complications of pregnancy	646, 648	1
		649, 676	—
		680, 683	—
	05 Delivery without complications	660	—
	<i>II—Diseases of the Skin and Cellular Tissues</i>		
A121	Infections of skin and subcutaneous tissue	690-698	4

Causes of Deaths, 1964—(International Classification)—Continued

Intermediate List Number	CAUSE GROUPS	Detailed List Number	Total
	<i>III—Diseases of the Bones and Organs of Movement</i>		
A122	Arthritis and spondylitis	720-725	3
A123	Rheumatism unspecified	726-727	—
A124	Osteomyelitis and Periostitis	730	—
A126	All other diseases of the skin and musculoskeletal system:		
	01 Chronic ulcer of skin	715	1
	02 All other diseases of skin	716	1
	03 All other diseases of musculoskeletal system	731-736	—
		738, 744	—
	<i>IV—Congenital Malformations</i>		
A127	Spina bifida and meningocele	751	—
A128	Congenital malformation of Circulatory System	754	1
A129	All other congenital malformations	750-752	2
		753, 755	—
		759	—
	<i>V—Certain Diseases of Early Infancy</i>		
A130	Birth Injuries	760-761	2
A131	Post-natal asphyxia and atelectasis	762	9
A132	Infections of the newborn:		
	01 Diarrhoea of newborn (under 4 weeks)	764	2
	02 Sepsis of newborn	767, 768	—
	04 Other infections of newborn	763-766	5
A133	Haemolytic diseases of newborn	770	—
A134	All other defined diseases of early infancy:		
	02 Haemorrhagic diseases of newborn	771	2
	03 Nutritional maladjustment	772	2
A135	Ill-defined diseases peculiar to early infancy and immaturity unqualified	73, 776	20
	<i>XVI—Symptoms, Senility and Ill-defined Conditions</i>		
A136	Senility without mention of psychosis	794	59
A137	01 Pyrexia of unknown origin	788.8	—
	03 Certain symptoms referable to nervous system and special senses	780	1
	04 Other symptoms referable to nervous system	781	—
	05 Symptoms referable to cardio-vascular and lymphatic system	782	2
	07 Symptoms referable to upper gastro-intestinal tract	784	—
	08 Symptoms referable to abdomen and lower gastro-intestinal system	785	1
	09 System referable to genito-urinary system	786	1
	12 Nervousness and Debility	790	—
	14 Uraemia unqualified	792	8
	15 Ill-defined and unknown causes of mortality	795	26
	16 Other general symptoms	788-1-788.9	—
	<i>" E " XVII—Code Alternative Classification of Accidents, Poisonings, and Violence (External Cause)</i>		
AE138	Other Transport Accidents	E810-E825	6
AE139	Other Transport Accidents	E870-E985	2
AE140	Accidental poisoning	E900-E904	—
AE141	Accidental falls	E912	—
AE142	Accident caused by machinery	E929	2
AE146	Accidental drowning... ..	E928	—
AE147	02 Foreign body entering other orifice	E910-E911	—
	05 All other accidental causes		
	01 Foreign body entering eye and adnexia		
AE148	Suicide and self-inflicted injury	E970-E979	1
AE148	Homicide and Judicial Execution	E980-E985	13
	<i>" N " XVII—Code Alternative Classification of Accidents, Poisonings, and Violence (Nature of Injury)</i>		
AN138	Fracture of skull	N800-N804	2
AN139	Fracture of spine and trunk	N805-N809	—
AN140	Fracture of limbs	N810-N829	4
AN143	Head injury (excluding fracture)	N850-N856	—
AN144	Internal injury of chest, abdomen and pelvis	N860-N869	1
AN145	Laceration and open wounds	N870-N908	—
AN147	Effects of foreign body entering through orifice	N930-N939	—
AN148	Burns	N940-N949	5
AN149	Effects of poisons	N960-N979	2
AN150	All other unspecified effects of external causes	N950-N959	—
		N980-N999	—
	GRAND TOTAL		913

NURSING SERVICE, PUBLIC HEALTH DEPARTMENT, CITY COUNCIL

BY MRS. IRENE FOSTER-JACKSON, (*Senior Public Health Visitor*)

The necessity for Public Health Visitors on the Staff of the Public Health Department of the City Council to meet the increasing needs of the population of Port-of-Spain, found expression in the appointment of Mrs. Irene Foster-Jackson as Senior Public Health Visitor on July 1st, 1963. The appointment of two (2) other Public Health Visitors delayed—due to shortage of suitably qualified persons—until April, 1964 when Mrs. Ena Comma and Mrs. Bernice Nicholas were appointed.

During the period July 1st, 1963, to April, 1964, the Senior Public Health Visitor was attached to the Health Education Unit and engaged primarily in activities connected with Adult Health Education Committees. They include:

Surveys

House-to-house surveys of Sanitary Districts 16, 4 and 10 were carried out in an effort to inform residents of the aims and objectives of Health Education Committees and to encourage their active participation in Community projects relating to health and sanitation. It would be pertinent to remark that in almost every instance the Public Health Visitor was very well received as representing the Public Health Department and full co-operation given her at all times. Some residents had never before been visited by a nurse as there were no pregnant women or children in their household and they felt that this was an opportunity to get professional advice on all sorts of problems, some unrelated to mental, physical or emotional health.

It is, however, a good thing that the training of a Public Health Visitor fits her to deal with several different types of problems and wherever she was unable to take positive action she would however know the competent authority to whom they could be referred.

As a result of this relationship, wherever a resident was not a potential member of a committee, a good liaison was established between the resident, proprietor, &c., with the Public Health Department.

Opportunities for Health Education were also afforded by these visits.

Student Public Health Inspectors who were assigned to the Senior Public Health Visitor for 2-week sessions accompanied her on these surveys and a very instructive tour of the Belmont Orphanage was arranged with the kind co-operation of the Mother Superior.

House Visits

Apart from house-to-house visits, the Senior Public Health Visitor made visits to persons who were reported to the Department as suspects of infectious diseases, and persuaded them to report to the Medical Officer of Health.

Delinquent Tuberculosis patients were also investigated when reported to the Department by the Senior Medical Officer of the Chest Clinic.

Other visits included one to the Home of a mentally retarded boy, aged 13 years, referred to the Department by a District Medical Officer. The boy had never gone to school and no effort was made by the parents who, themselves, appeared to be mentally sub-normal, to educate him. Although this seemed a late start, the Mother Superior of the Lady Hoehoy Home for the Mentally Retarded agreed to have him admitted to day classes, where, at least, some attempt would be made at educating him. It is still too early to know whether any improvement has resulted.

In May, 1964, with the appointment of Mrs. Comma and Mrs. Nicholas, the following duties were assigned the Nurses:—

(1) *Investigation of all Infectious Diseases*

Formerly, this was done by Public Health Inspectors assigned to the Sanitary District concerned.

One of the biggest problems faced was that of notifications. In diseases like Diphtheria where incubation periods were very short, notifications sometimes reached the Department long after second or even third cases could have resulted. In one such case, the Department was notified on the same day a child suffering from Diphtheria was being discharged from the Hospital after detention there for several days. In some cases, no notifications were ever received, but the Department learnt of an existing case through requests for disinfection or inoculation made by relatives of the patient.

In an effort to overcome this problem, visits were paid by the Medical Officer of Health, Dr. Diggory and Senior Public Health Visitor to the Chief Medical Officer of the General Hospital who agreed that Public Health Visitors of the Department could visit Medical or Infectious Wards periodically for information and that Medical Officers of the Hospital should communicate with Dr. Diggory as soon as a diagnosis was made.

Arrangements were also made that the Laboratory at General Hospital should inform the Department whenever a positive finding of an Infectious Disease was made.

This has helped considerably in expediting the investigation of Infectious Cases.

It is the feeling of this Unit that it would not be a waste of time to investigate suspects of the more dangerous infectious diseases.

In the case of Leprosy and Tuberculosis, Public Health Visitors of these Departments investigate their cases but, in an effort to avoid duplication and added burden to the family, the Medical Officer of Health, Dr. Diggory, and the Senior Public Health Visitor held discussions with the Chief Medical Officer, Chest Clinic.

From May 5th, 1964 to December 31st, 1964, the following infectious cases were investigated by the nurses :—

Disease	Adult		Child		Total	Contacts Inoculated
	M	F	M	F		
Chicken pox	8	1	8	7	24	—
Diphtheria	—	—	7	5	12	134
Dysentery	—	—	2	—	2	—
Enteric	4	—	1	—	5	96
Food poisoning	—	—	1	—	1	—
Leprosy	—	—	—	—	—	—
Malaria	1	—	—	—	1	—
Ophthalmia Neonatorum	—	—	2	—	2	—
Pneumonia	1	1	5	2	9	—
Pulmonary T. Bc.	27	11	1	1	40	—
Susp. Tbc.	—	—	—	—	—	—
Pleurisy	2	1	—	—	3	—
	43	14	27	15	99	230

The number of inoculations recorded in the above Table was given at the homes of the notified infectious cases. Those given at the Clinic will be recorded in the figures for the whole year. Health Visitors under the supervision of the Medical Officer of Health visited these homes and set up miniature clinics where neighbours—friends of the patient could be inoculated. This was a new service and it was necessary to acquire a considerable amount of equipment.

(2) Inspection of female food handlers

All food handlers of the City are required to be medically examined annually and inspection of the female was now the duty of the Public Health Visitors.

Great importance was attached to the talks, lectures and demonstrations on personal hygiene given at these sessions.

By the end of 1964, it was evident that a more thorough examination and better methods of follow-up would have to be arranged.

(3) Vaccinations and Inoculations

These were given daily to travellers but, during the months July-September, reached tremendous proportions. Formerly these were done by the Medical Officer of Health.

(4) Investigation of Socio-Economic problems, old people, destitutes

Before the advent of Public Health Visitors to the Public Health Department, this aspect of health was handled by Public Health Inspectors but, while the City Council has no social assistance department, the problem of vagrants, beggars and old unwanted people were often referred to the Public Health Department.

It will be well to point out that the laws are so outdated that the Department is powerless to act in most cases, and only where an infectious disease is suspected or diagnosed can action be taken. As a result even when the person is incapable of caring for himself physically or mentally, the Department is powerless to act unless he is suffering from an infectious disease or can be certified insane.

One necessitous person brought to the attention of the Nursing Unit bears mentioning at this point.

A woman, who had six children ranging in ages from 1 year to 8 years, had lost her husband. She was unemployed and had no other means of support and was unaware that she was eligible for social assistance. She was directed to the competent authorities and after receiving her first of three monthly instalments from Bruce Stephens Trust, came to the Department to thank the nurses and disclosed that the allowance came in good time to help her to "keep up the 40 days wake of her deceased husband".

She had managed to convince everyone of her urgent financial needs but was not practical or educated enough to spend it on her obviously hungry children. She was advised to spend her future allowances more carefully.

(5) Health Education in Schools

Nurses of the Unit assisted the Health Education Unit in the Clean Food Handling Programme which was started in May, 1964, at the Girls' Industrial School and conducted in Primary and Intermediate Schools of the City.

Nurses also assisted the Medical Officer of Health in the Examination of children who had taken the Course.

Lectures were also given on special topics as Tuberculosis, Mental and Dental Health to coincide with the observance of these weeks.

Other Activities

During this period visits were paid to the Hilton kitchens, Foods International, Nestle's and Coconut Growers' Association. These visits were very informative and seemed to provide a diversity of interests which is always useful in preventive work.

On 30th May, 1965, Nurses attended an All-day Seminar organised by the Catering School at the Hilton Hotel.

Mrs. Comma and Mrs. Nicholas both attended 10-day Courses on Nutrition organised by the Trinidad Government and United Nations Organizations (WHO; FAO and UNICEF) on August 4th to 15th, 1964 and November 16th to 25th, 1964, respectively.

Although these courses were planned for nurses of the Central Government, the Medical Officer of Health, Dr. Diggory, was able to secure places for nurses of the Department.

Nurses participated in the weekly meetings of the Public Health Department when several interesting and educational topics were discussed. At one of these meetings, Dr. Byam of WHO lectured to the staff on Nutrition.

This Unit can still be considered to be in the orientation period and an attempt was made to show that although nurses of the Department do not actively participate in Child Welfare and Maternal Clinics, unlike their counterparts in the Central Government, their activities are confined to preventive rather than curative nursing. This is as it should be and it is hoped that it will remain this way.

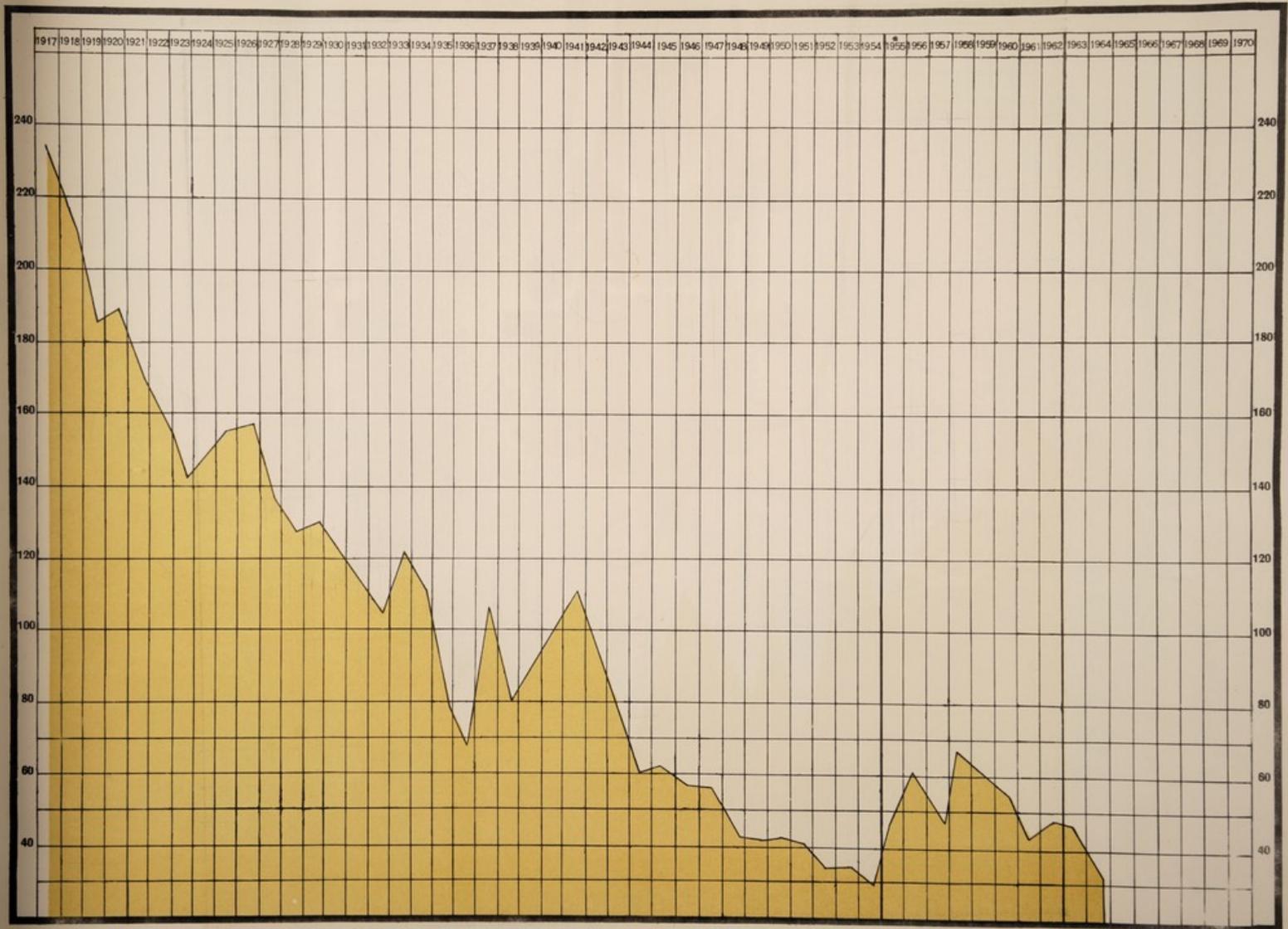
The Unit is at present too small to undertake much more than Health Education but, perhaps if the staff is increased, the scope would be wider and the work undertaken by the Nursing Staff would be comparable with other Municipal Public Health Departments with similar needs and populations.

Port-of-Spain is now an international centre of some importance and it is imperative that a vigilant and capable Public Health Organization be maintained and extended, if we are to arrest and contain the tendency towards the spread of contagious diseases that is part of the price of modernization.

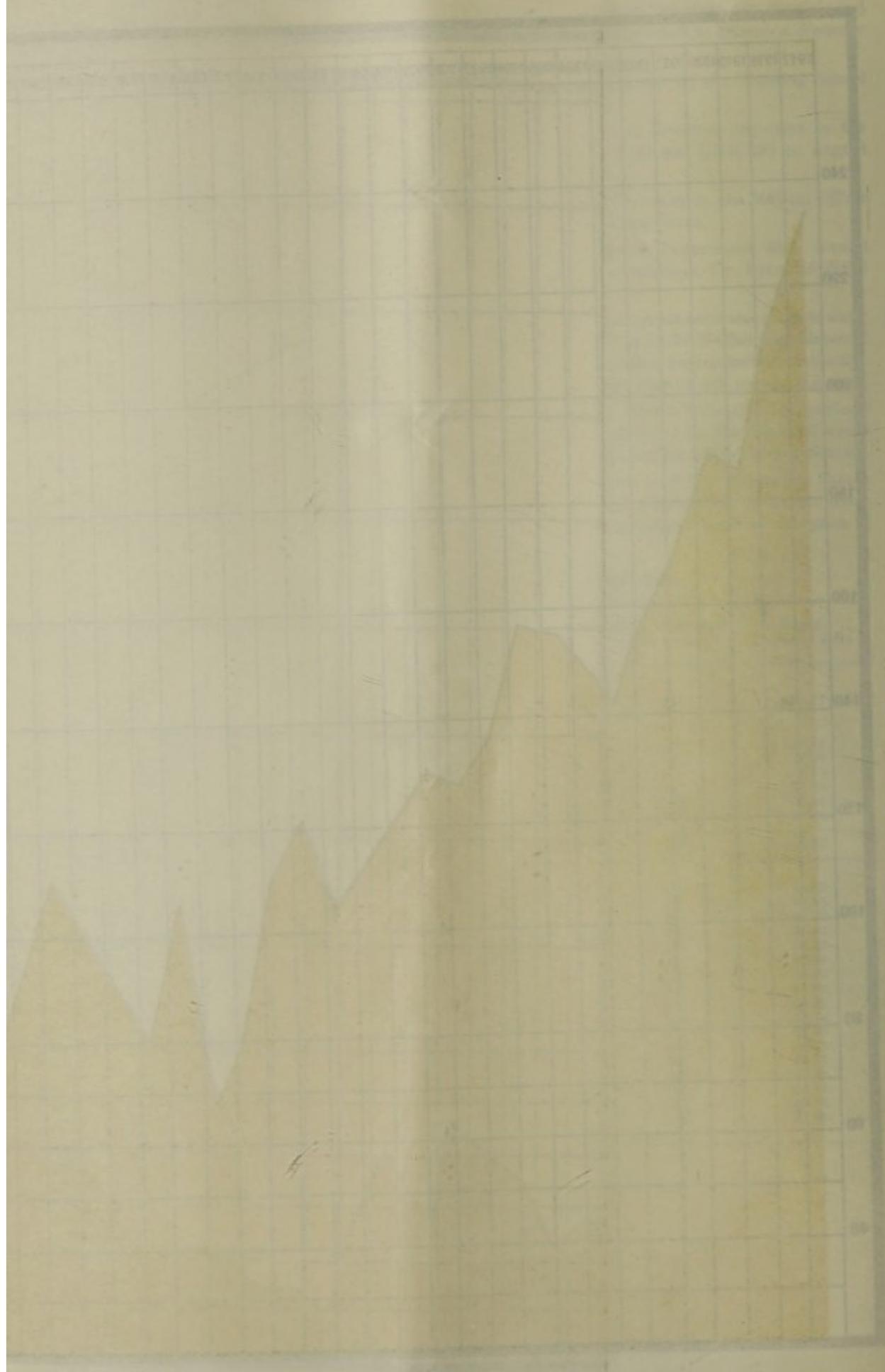
Births and Deaths of Infants under 1 year, 1917-1964

PERIOD	Number of Births	Number 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
1938-42	2,913	275	93.84
1943-47	4,026	248	61.94
Average 1918-47	2,446	259	116.94
1948	4,053	177	43.67
1949	4,037	171	42.36
1950	3,905	168	43.02
1951	3,982	167	41.94
1952	4,115	137	33.29
1953	4,499	157	34.90
1954	5,403	150	27.76
1955	3,078	138	44.83
1956	2,621	158	60.28
1957	2,735	127	46.44
1958	2,592	171	65.97
1959	2,627	158	60.15
1960	2,498	141	56.44
1961	2,610	116	44.44
1962	2,536	121	47.71
1963	2,416	113	46.77
1964	2,356	74	31.40

CHART C
 Port-of-Spain
 Infant Mortality Rates per 1,000 Live Births 1917-1964



* Adjusted Rate (1955): Births and Deaths of City Residents only



Causes of Death under 1 year, 1963

Cause of Death	Neo-Natal Death under 1 month	Death 1 month and under 1 year	Total	Percentage of Total Infant Mortality
Ante-Natal Causes:				
Prematurity	34	1	35	
Congenital Abnormalities	3	—	3	
Congenital Heart Disease	1	2	3	
Non-Viable Foetus	1	—	1	
TOTAL ANTE-NATAL	39	3	42	37.17
Intra-Natal Causes:				
Haemorrhage	3	—	3	
TOTAL INTRA-NATAL	3	—	3	2.65
Post-Natal Causes:				
Pneumonia	6	13	19	
Tetanus	2	—	2	
Viral Encephalitis	—	1	1	
Gastro Enteritis	2	18	20	
Asphyxia and Atelectasis	16	1	17	
Cervical Lymphangioma	—	1	1	
Malnutrition and Anaemia	—	2	2	
Encephalitis	—	1	1	
Pharyngitis	—	1	1	
Gastritis	1	—	1	
Imperforate Anus	1	—	1	
Pulmonary Congestion	1	—	1	
Diphtheria	—	1	1	
TOTAL POST-NATAL	29	39	68	60.18
GRAND TOTAL	71	42	113	

Duration of Life of Infants dying under 1 year, 1964

Duration of Life	Number of Infants	Percentage of Total Deaths under 1 year	Corresponding Percentage, 1963
Under 1 day	14	18.92	23.89
1 day and under 2 weeks	23	31.08	36.28
2 weeks and under 1 month	8	10.81	2.66
TOTAL UNDER 1 MONTH	45	60.81	62.83
1 month to 3 months	9	12.16	7.97
Over 3 to 5 months	7	9.46	11.50
Over 5 to 7 months	5	6.75	5.31
Over 7 to 9 months	4	5.41	7.97
Over 9 to 11 months	4	5.41	4.42
Over 11 months and under 1 year	—	—	—
TOTAL	74	—	—

Neo-Natal Mortality (Deaths under 1 month) 1930-1964

Period				Number of Deaths under 1 month	Percentage of Total Deaths under 1 year	Neo-Natal Mortality Rate per 1,000 Birth
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	...	...	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
	1945	...	...	126	52.72	31.72
	1946	...	...	136	56.43	32.91
	1947	...	...	133	57.58	32.20
	1948	...	...	76	42.94	18.75
	1949	...	...	82	47.96	20.31
	1950	...	...	82	48.82	21.00
	1951	...	...	77	46.11	19.34
	1952	...	...	60	43.79	14.58
	1953	...	...	84	53.51	18.67
	1954	...	...	84	56.00	15.55
	1955	...	...	82	59.42	26.64
	1956	...	...	67	42.41	25.56
	1957	...	...	70	55.12	25.59
	1958	...	...	88	51.46	33.95
	1959	...	...	93	58.87	35.40
	1960	...	...	80	56.74	32.02
	1961	...	...	74	63.80	28.35
	1962	...	...	84	69.42	33.12
	1963	...	...	71	27.39	7.50
	1964	...	...	45	60.81	19.10

Still Births 1938-1964

Year	Total Still Births	Rate per 1,000 Live Births
1964	67	28.43
1963	75	31.05
1962	64	25.24
1961	80	30.65
1960	73	29.22
1959	57	21.70
1958	66	25.46
1957	78	28.52
1956	67	25.56
1955	89	28.92
1954	268	49.60
1953	225	50.01
1952	207	50.30
1951	193	48.47
1950	165	42.25
1949	244	60.44
1948	223	55.02
1947	220	53.49
1946	225	54.44
1945	224	56.39
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

Causes of Maternal Deaths, 1963

Causes of Maternal Deaths	Under 16	16-25	26-35	36 and upwards	Total at All ages	RATE PER 1,000 BIRTHS	
						1963	Average 1958-1962
Puerperal Sepsis	—	—	—	—	—	—	—
Eclampsia	—	—	—	—	—	—	0.38
Haemorrhage	—	—	—	—	—	—	1.90
Pernicious Vomiting	—	—	—	—	—	—	—
*Other Causes	—	1	4	1	6	1.18	10.26
TOTAL	—	1	4	1	6	1.18	12.54

*Other Causes including Ectopic Pregnancy 3; All other Toxaemias of Pregnancy and the puerperium 1; Delivery Complications 1; All other Complications of Pregnancy Childbirth and the Puerperium 1.

Causes of Maternal Deaths, 1964

Causes of Maternal Deaths	Under 16	16 to 25	26 to 35	36 and upwards	Total All ages	RATE PER 1,000 BIRTHS	
						1964	Average 1959-1963
Puerperal Sepsis	—	—	—	—	—	—	—
Eclampsia	—	—	—	—	—	—	0.3
Haemorrhage	—	—	—	—	—	—	1.2
Pernicious Vomiting	—	—	—	—	—	—	—
*Other Causes	—	1	3	1	5	2.1	9.7
TOTAL	—	1	3	1	5	2.1	11.2

*Other Causes include Abortion with Sepsis 4.

Other Complications of pregnancy, childbirth and the puerperium 1.

Causes of Death at Ages 1 to 5—1963

GROUPS	Group Total	Percentage of Total Mortality at ages 1-5
<i>Diseases, &c., attributable to Ante-Natal Causes:</i>		
Congenital Malformation 1	1	4.35
<i>Communicable Diseases:</i>		
Pneumonia 10	10	43.48
<i>Diseases of the Nervous System</i>	—	—
<i>Diseases of the Circulatory System</i>	—	—
<i>Diseases of the Respiratory System:</i>		
Bronchitis 1	1	4.35
<i>Diseases of the Digestive System:</i>		
Gastro-Enteritis 4	4	17.39
<i>Other Causes:</i>		
Chicken Pox 1; Sickle Cell Anaemia 2; Acute Lymphatic Leukaemia 1; Measles and Encephalitis 1; Chronic Meningitis 1; Acute Poliomyelitis 1	7	30.43
	*23	—

*M—12; F—11.

Causes of Death at Ages 1 to 5—1964

GROUPS	Group Total	Percentage of Total Mortality at ages 1-5
<i>Diseases, &c., attributable to Ante-Natal Causes</i>	—	—
<i>Communicable Diseases:</i>		
Pneumonia 6; Meningitis (TB) 1; Diphtheria 1; Acute infectious Encephalitis 1	9	47.37
<i>Diseases of Nervous System</i>	—	—
<i>Diseases of Circulatory System</i>	—	—
<i>Diseases of Respiratory System</i>	—	—
<i>Diseases of the Digestive System:</i>		
Gastro-Enteritis 4	4	21.05
<i>Other Causes:</i>		
Accidental Poisoning 2; Leukaemia 1; Fractured Skull 1; Nutritional Maladjustment 1; Congenital Malformation 1	6	31.58
	*19	—

*M 12; F 7.

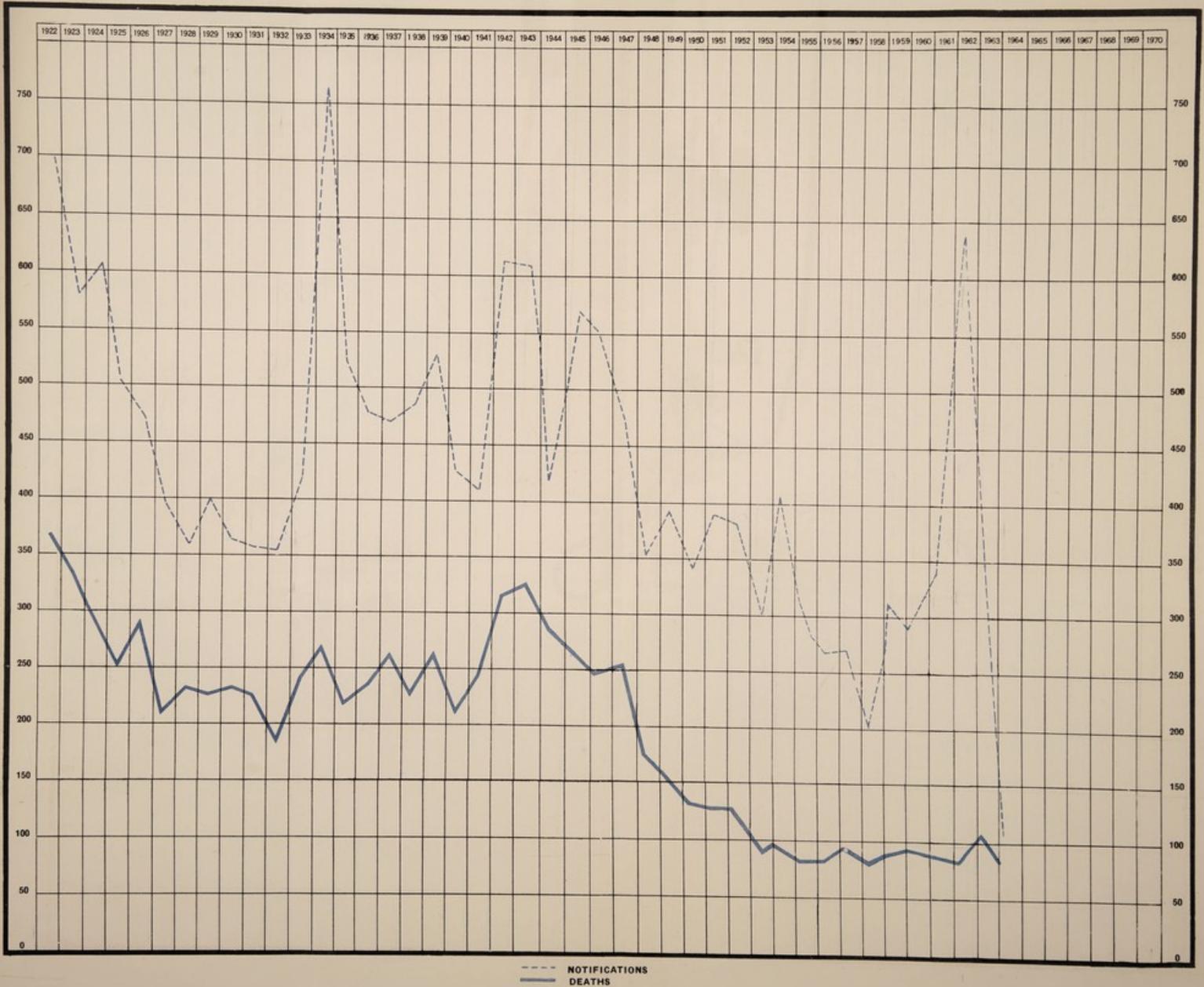
Infectious Diseases—Notifications and Deaths, 1953-1963

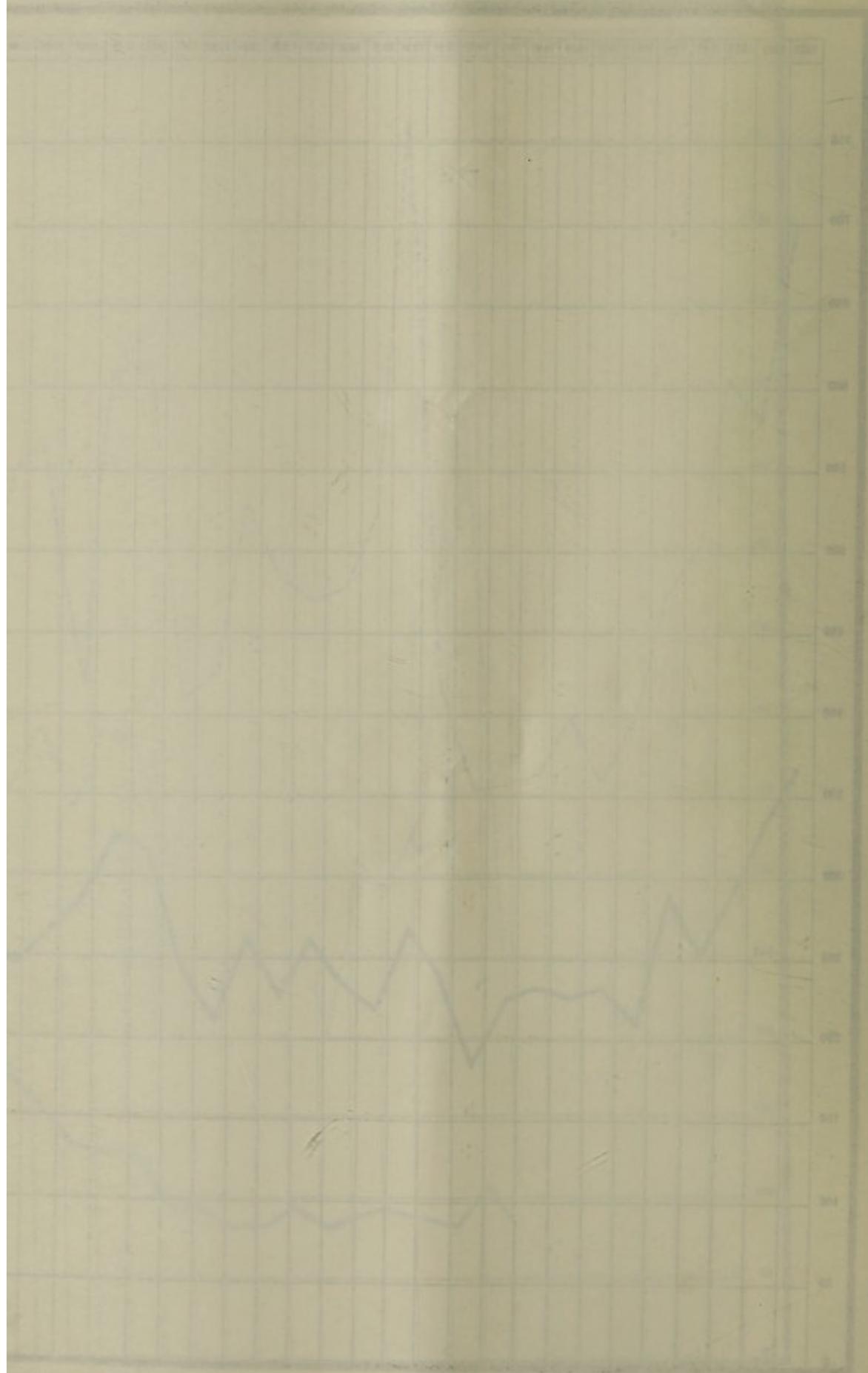
Infectious Diseases	CASES NOTIFIED				DEATHS			
	Average 1953-57	Average 1958-62	1962	1963	Average 1953-57	Average 1958-62	1962	1963
Diphtheria	23.0	15.8	7	16	0.8	1.0	—	1
Membranous Croup	0.2	—	—	—	—	—	—	—
Typhoid or Enteric Fever	16.4	14.8	4	6	1.4	1.0	—	—
Plague	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—
Yellow Fever	—	—	—	—	—	—	—	—
Small Pox (Alastrim)	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	107.4	68.2	70	81	16.4	4.6	4	5
Tuberculosis (other forms)	3.4	1.0	—	1	3.2	1.4	1	—
Pneumonia	39.6	20.6	19	8	65.0	78.4	81	97
Ophthalmia Neonatorum	9.0	11.2	8	13	—	—	—	—
Chicken Pox	101.6	225.4	533	137	0.2	—	—	1
Encephalitis Lethargica	0.4	—	—	1	0.2	1.4	2	1
Acute Poliomyelitis	10.0	1.6	1	1	0.2	—	—	2
Cerebro-Spinal Fever	0.2	0.2	—	—	—	—	—	—
Typhus Fever	—	—	—	—	—	—	—	—
Puerperal Fever	0.2	—	—	—	—	0.8	—	—
Acute Ascending Myelitis	—	—	—	1	—	—	—	1
Anthrax	—	—	—	—	—	—	—	—
Malaria	0.4	—	—	—	0.2	—	—	—
GRAND TOTAL	311.8	358.8	642	265	87.6	88.6	88	108
Rate per 100,000 population	267	348.4	632	282	75.1	86.1	87	115

Infectious Diseases—Notifications and Deaths, 1954-1964

Infectious Disease	CASES NOTIFIED				DEATHS			
	Average 1954-58	Average 1959-63	1963	1964	Average 1954-58	Average 1959-63	1963	1964
Diphtheria	19.2	16.2	16	10	1.0	0.8	1	1
Membranous Croup	0.2	—	—	—	—	—	—	—
Typhoid or Enteric Fever	13.8	11.4	6	3	1.2	0.6	—	—
Plague	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—
Yellow Fever	—	—	—	—	—	—	—	—
Small Pox (Alastrim)	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	98.0	69.4	81	55	14.2	3.8	5	3
Tuberculosis (other forms)	2.8	0.6	1	—	2.6	0.8	—	1
Pneumonia	34.8	17.8	8	17	66.4	86.0	97	76
Ophthalmia Neonatorum	11.0	10.4	13	4	—	—	—	—
Chicken Pox	100.4	243.8	137	49	0.2	0.2	1	—
Encephalitis Lethargica	0.4	0.2	1	—	0.2	1.6	1	1
Acute Poliomyelitis	11.0	0.8	1	—	0.2	0.4	2	—
Cerebro-Spinal Fever	0.2	0.2	—	—	—	—	—	—
Typhus Fever	—	—	—	—	—	—	—	—
Puerperal Fever	0.2	—	—	—	—	0.8	—	—
Acute Ascending Myelitis	—	0.2	1	—	—	0.2	1	—
Anthrax	—	—	—	—	—	—	—	—
Malaria	0.4	—	—	1	0.2	—	—	—
GRAND TOTAL	292.4	371.0	265	139	86.2	95.2	108	82
Rate per 100,000 population	246.5	380.5	282	148	72.6	97.6	115	87

CHART D
 Port-of-Spain
 Infectious Diseases—Notifications and Deaths 1922-1964





Distribution of Cases and Deaths from Notifiable Infectious Diseases, 1963

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 ...	5	—	—	—	5	—	3	1	—	—	3	—
Membranous Croup ...	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid or Enteric Fever...	—	—	—	—	2	—	—	—	—	—	4	—
Plague ...	—	—	—	—	—	—	—	—	—	—	—	—
Cholera ...	—	—	—	—	—	—	—	—	—	—	—	—
Yellow Fever ...	—	—	—	—	—	—	—	—	—	—	—	—
Small Pox (Alastrim) ...	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis ...	23	2	—	—	22	2	14	—	14	1	8	—
Tuberculosis (other forms) ...	1	—	—	—	—	—	—	—	—	—	—	—
Pneumonia (all forms) ...	1	18	—	4	4	16	3	18	—	3	—	38
Ophthalmia Neonatorum ...	7	—	—	—	5	—	1	—	—	—	—	—
Chicken Pox ...	43	—	—	—	64	—	13	—	8	—	9	1
Encephalitis Lethargica ...	—	1	—	—	1	—	—	—	—	—	—	—
Acute Poliomyelitis ...	—	—	—	—	—	1	—	—	—	—	1	—
Cerebro-Spinal Fever ...	—	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever ...	—	—	—	—	—	—	—	—	—	—	—	—
Acute Ascending Myelitis ...	—	—	—	—	—	—	—	—	—	—	1	1
Puerperal Fever ...	—	—	—	—	—	—	—	—	—	—	—	—
Anthrax ...	—	—	—	—	—	—	—	—	—	—	—	—
Malaria ...	—	—	—	—	—	—	—	—	—	—	—	—
GRAND TOTAL ...	80	21	—	4	103	19	34	19	22	4	26	40
Rate per 100,000 population in each Sub-District ...	384	101	—	322	487	90	144	81	207	38	158	244

Distribution of Cases and Deaths from Notifiable Infectious Diseases, 1964

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 ...	3	—	—	—	2	—	4	1	—	—	1	—
Membranous Croup ...	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid or Enteric Fever...	—	—	—	—	—	—	—	—	2	—	1	—
Plague ...	—	—	—	—	—	—	—	—	—	—	—	—
Cholera ...	—	—	—	—	—	—	—	—	—	—	—	—
Yellow Fever ...	—	—	—	—	—	—	—	—	—	—	—	—
Small Pox (Alastrim) ...	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis ...	23	2	—	—	9	—	12	1	6	—	5	—
Tuberculosis (other forms) ...	—	—	—	—	—	1	—	—	—	—	—	—
Pneumonia ...	—	18	—	2	6	12	11	9	—	1	—	34
Ophthalmia Neonatorum ...	1	—	—	—	3	—	—	—	—	—	—	—
Chicken Pox ...	11	—	—	—	15	—	10	—	10	—	3	—
Encephalitis Lethargica ...	—	1	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever ...	—	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever ...	—	—	—	—	—	—	—	—	—	—	—	—
Acute Ascending Myelitis ...	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever ...	—	—	—	—	—	—	—	—	—	—	—	—
Anthrax ...	—	—	—	—	—	—	1	—	—	—	—	—
Malaria ...	—	—	—	—	—	—	—	—	—	—	—	—
GRAND TOTAL ...	38	21	—	2	35	13	38	11	18	1	10	34
Rate per 100,000 population in each Sub-District ...	183	101	—	161	166	62	161	47	169	9.4	61	207

Notifiable Infectious Diseases—Home and Hospital Deaths, 1963

DISEASES	DEATHS			Hospital Deaths Percentage of Total Deaths	Corresponding Percentage for the year 1962
	At Home	At Hospital	Total		
Diphtheria	—	1	1	100.00	—
Enteric Fever	—	—	—	—	—
Pulmonary Tuberculosis	1	4	5	80.00	—
Tuberculosis (other forms)	—	—	—	—	—
Pneumonia (all forms)	51	46	97	47.42	45.08
Puerperal Fever	—	—	—	—	—
Chicken Pox	—	1	1	100.00	—
Cerebro-Spinal Fever	—	—	—	—	—
Acute Poliomyelitis	—	2	2	100.00	—
Encephalitis Lethargica	—	1	1	100.00	50.00
Malaria	—	—	—	—	—
TOTAL	52	55	107	51.40	43.18

Notifiable Infectious Diseases—Home and Hospital Deaths, 1964

DISEASES	DEATHS			Hospital Deaths Percentage of Total Deaths	Corresponding Percentage for the year 1963
	At Home	At Hospital	Total		
Diphtheria	—	1	1	100	100.00
Enteric Fever	—	—	—	—	—
Pulmonary Tuberculosis	1	2	3	66.66	80.00
Tuberculosis—(other forms)	—	1	1	100	—
Pneumonia (all forms)	50	26	76	34.21	47.42
Puerperal Fever	—	—	—	—	—
Chicken Pox	—	—	—	—	100.00
Cerebrospinal Fever	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	100.00
Encephalitis Lethargica	—	1	1	100	100.00
Malaria	—	—	—	—	—
TOTAL	51	31	82	37.80	51.40

Premises, &c., Disinfected for infectious Diseases and Vermin, 1963

Diseases	Premises sprayed
Pneumonia	3
Tuberculosis	61
Enteric Fever	7
Diphtheria	13
Ophthalmia Neonatorum	9
Chicken Pox	111
Acute Poliomyelitis	1
Cerebro-Spinal Fever	—
Leprosy	—
Acute Ascending Myelitis	1
TOTAL	206
Vermin	734

7,581 Cossbits 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.

Premises, &c., Disinfected for infectious Diseases and Vermin, 1964

Diseases	Premises Sprayed
Pneumonia	2
Tuberculosis	34
Enteric Fever	3
Diphtheria	12
Puerperal Fever	—
Ophthalmia Neonatorum	1
Chicken Pox	21
Poliomyelitis	—
Cerebro-Spinal Fever	—
Leprosy	—
Encephalitis Lethargica	—
TOTAL	73
Vermin	690

9,439 Cossbits 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.

CHART E

Bar of Spain

Population - Notifications and Deaths 1918-1964

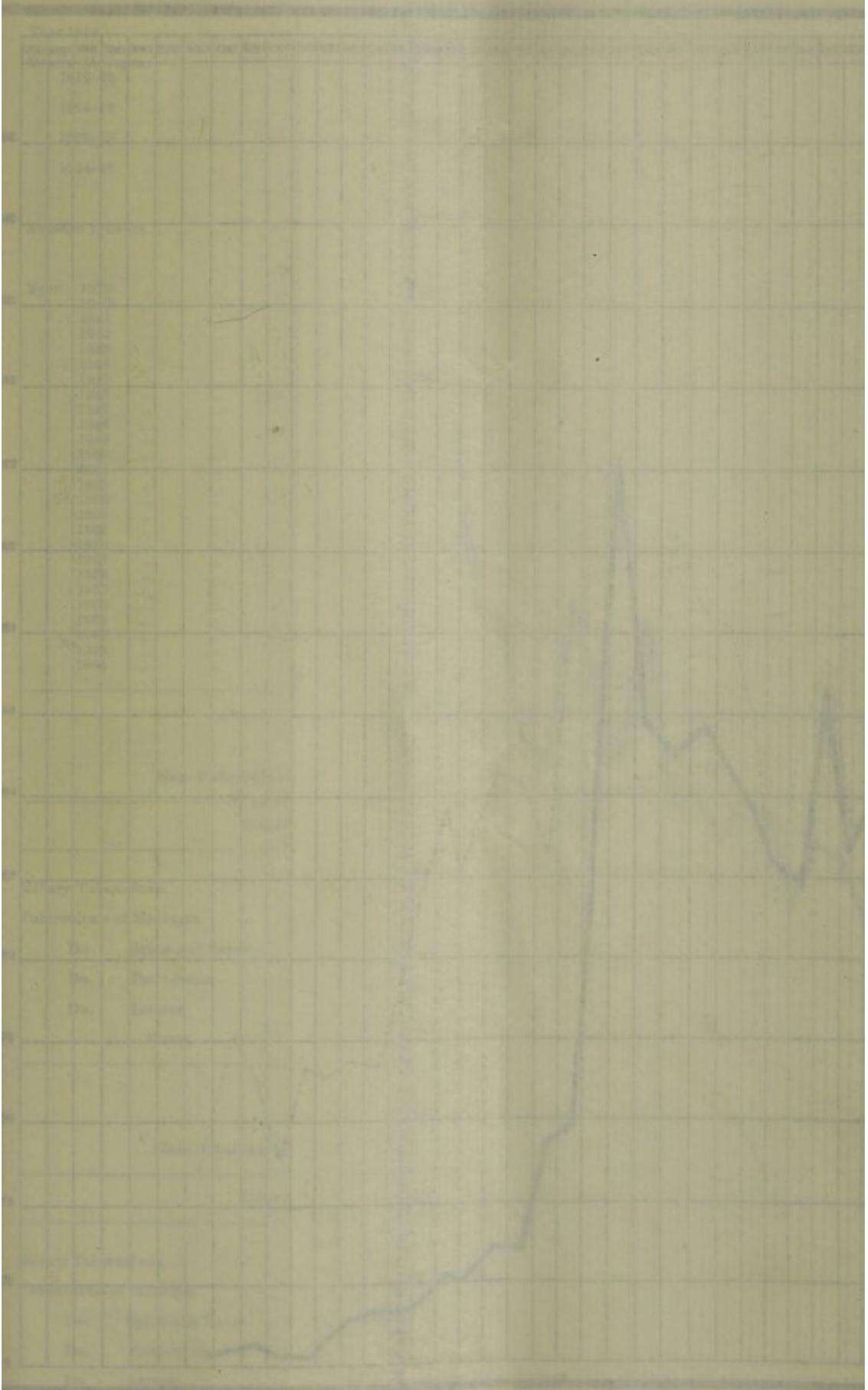
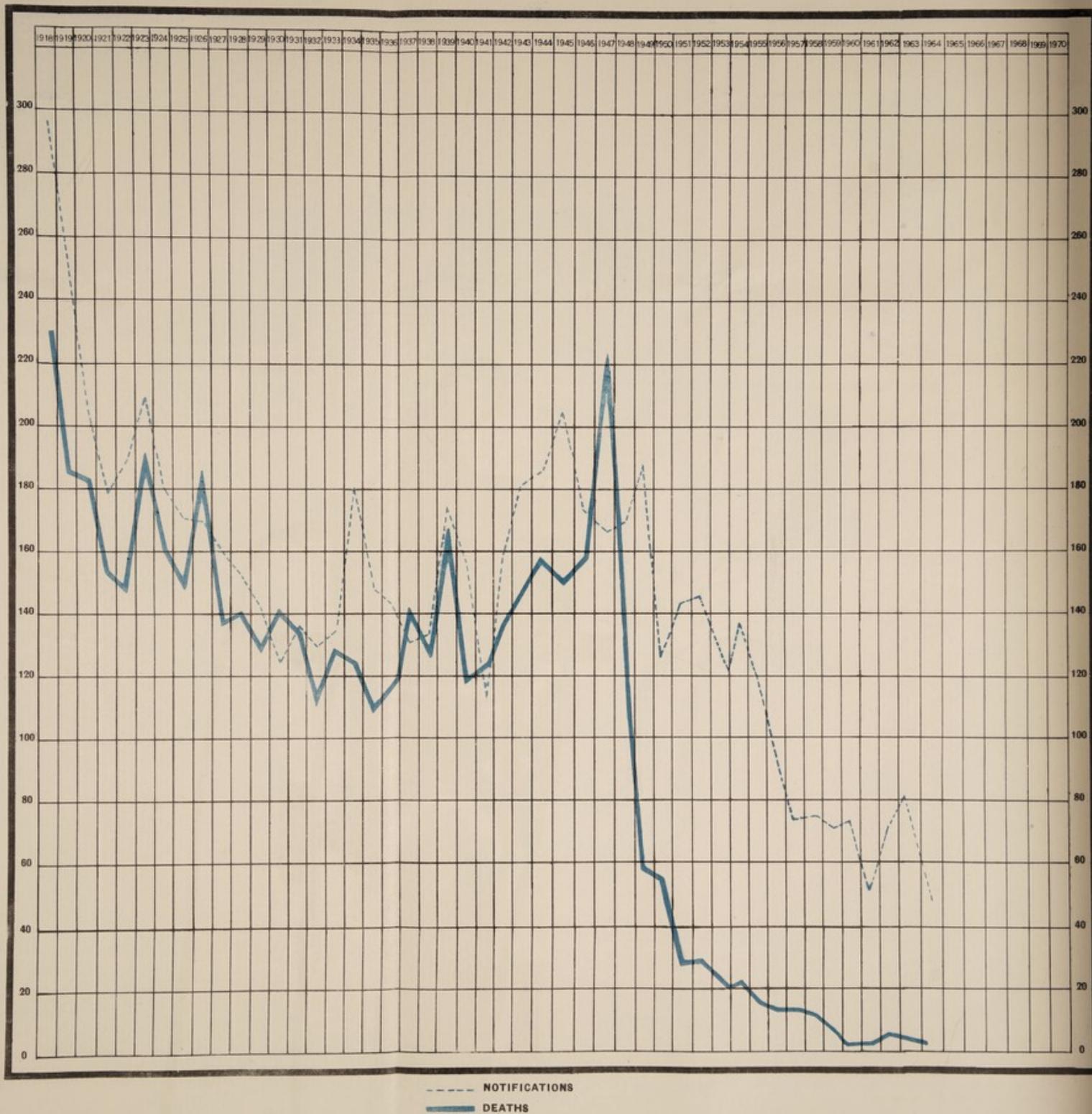


CHART E
Port-of-Spain
Pulmonary Tuberculosis—Notifications and Deaths 1918-1964



Pulmonary Tuberculosis—Notifications and Deaths, 1918-1964

PERIOD	Notifications	Deaths	Death Rate per 100,000 Population
Year 1918	209	233	343
Yearly Averages:			
1919-23	207	173.2	265
1924-28	167.6	154.6	238
1929-33	133.6	12.9	185
1934-38	147.4	124.6	162
Average 1919-38	163.9	145.4	213
Year			
1939	175	167	185
1940	155	118	128
1941	113	124	127
1942	157	136	137
1943	182	148	145
1944	186	158	152
1945	206	140	141
1946	173	158	157
1947	222	167	174
1948	170	108	109
1949	189	58	57
1950	127	55	53
1951	143	27	25
1952	147	28	26
1953	122	20	18
1954	137	22	19
1955	120	14	12
1956	85	13	11
1957	73	13	11
1958	75	9	7
1959	70	6	6
1960	73	2	2
1961	53	2	2
1962	70	4	4
1963	81	5	5
1964	55	3	3

Non-Pulmonary Tuberculosis—Forms, Notifications and Deaths, 1963

FORMS	Notifications	Deaths
Miliary Tuberculosis	—	—
Tuberculosis of Meninges	—	—
Do. Spine and Bones	—	—
Do. Peritoneum	—	—
Do. Larynx	—	—
TOTAL	—	—

Non-Pulmonary Tuberculosis—Forms, Notifications and Deaths, 1964

FORMS	Notifications	Deaths
Miliary Tuberculosis	—	—
Tuberculosis of Meninges	—	1
Do. Spine and Bones	—	—
Do. Peritoneum	—	—
Do. Larynx	—	—
TOTAL	—	1

Deaths from Non-Pulmonary Tuberculosis, 1924-1964

PERIOD		Deaths	Rate per 100,000 Population
Yearly Averages:			
1924-28	...	15	23
1929-38	...	15.2	22
1934-38	...	10	13
Average 1924-38		13.4	19
Year			
1939	...	15	17
1940	...	14	15
1941	...	6	6
1942	...	4	4
1943	...	9	9
1944	...	10	10
1945	...	13	12
1946	...	14	14
1947	...	11	11
1948	...	6	6
1949	...	10	10
1950	...	14	13
1951	...	7	7
1952	...	12	11
1953	...	6	5
1954	...	4	3
1955	...	3	3
1956	...	3	2
1957	...	—	—
1958	...	3	2
1959	...	—	—
1960	...	—	—
1961	...	3	3
1962	...	1	1
1963	...	—	—
1964	...	1	1

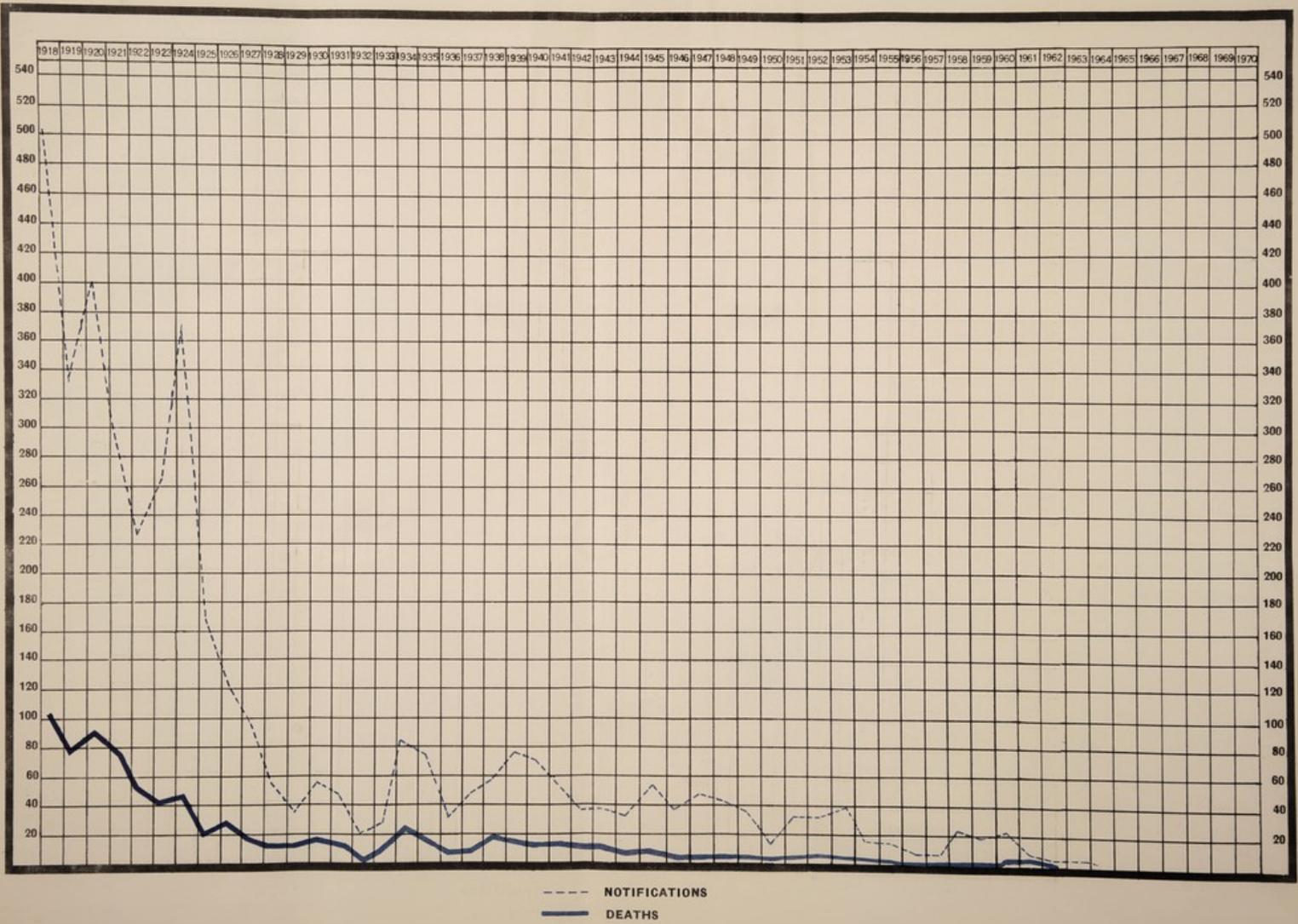
Enteric Fever

Notification and Deaths, 1918-1964

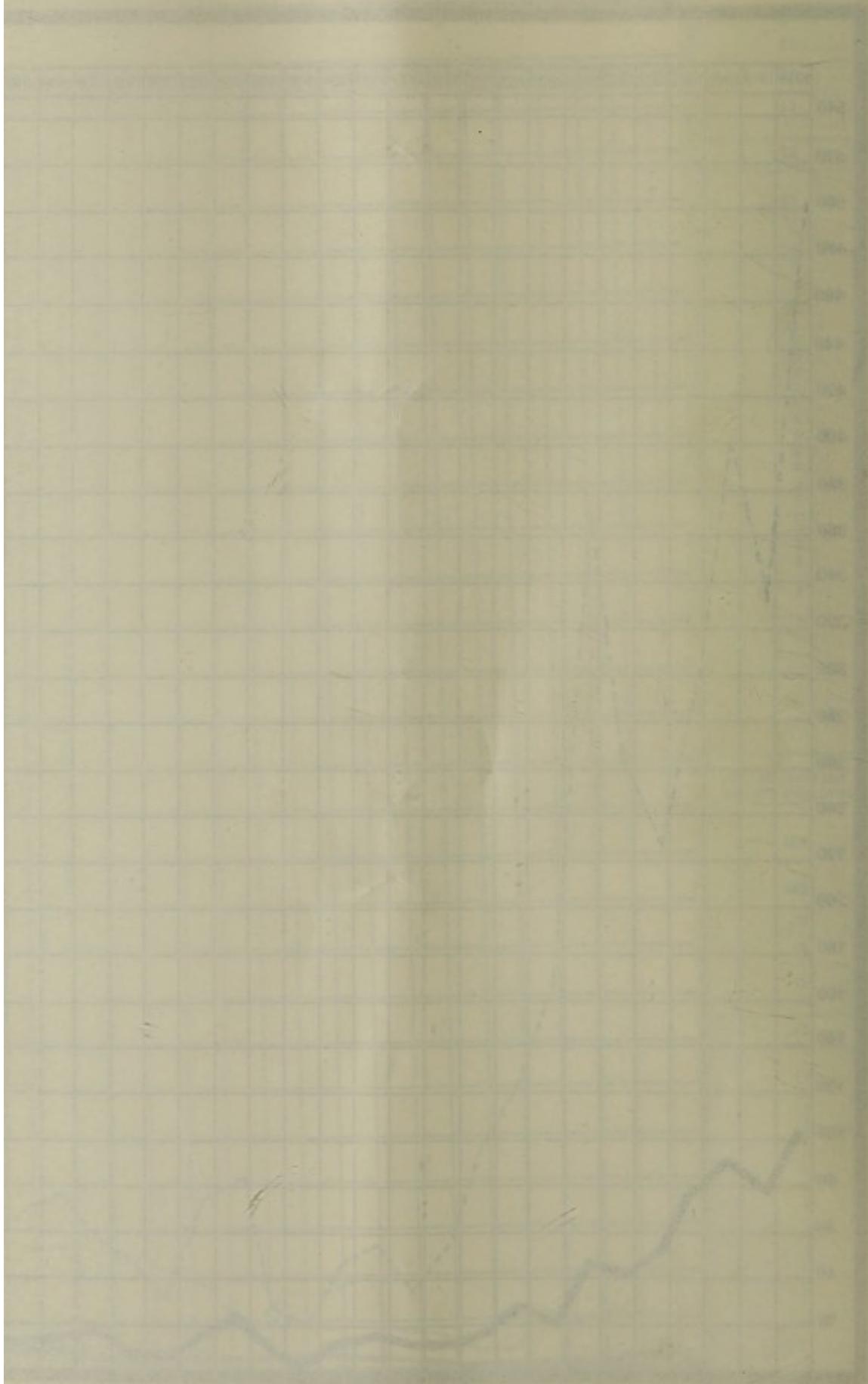
PERIOD		Notifications	Deaths	Death Rate per 100,000 Population
Year				
1918	...	495	104	152
Yearly Averages:				
1919-23	...	301.8	67.8	103
1924-28	...	162.28	25.2	39
1929-33	...	37	10.8	16
1934-38	...	59.8	14.6	19
Average 1919-38		140.3	29.6	44
Year				
1939	...	75	15	17
1940	...	70	11	12
1941	...	56	14	14
1942	...	37	12	12
1943	...	38	12	12
1944	...	32	9	9
1945	...	55	10	9
1946	...	37	8	8
1947	...	68	7	7
1948	...	42	5	5
1949	...	36	5	5
1950	...	14	3	3
1951	...	32	5	5
1952	...	32	8	7
1953	...	36	3	3
1954	...	15	3	3
1955	...	13	1	1
1956	...	9	—	—
1957	...	9	—	—
1958	...	23	2	2
1959	...	18	—	—
1960	...	21	1	1
1961	...	8	2	2
1962	...	4	—	—
1963	...	6	—	—
1964	...	3	—	—

CHART F
Port-of-Spain

Enteric Fever—Notifications and Deaths 1918-1964



1901-1902



Inoculation of Enteric Fever Contacts, 1963

T.A.B. Injections

YEAR	Number Receiving one Injection	Number Receiving two Injections	Total
1947	250	222	472
1948	85	61	146
1949	101	44	145
1950	64	32	96
1951	329	249	578
1952	66	26	92
1953	213	146	*359
1954	101	46	147
1955	50	21	71
1956	43	10	53
1957	40	27	67
1958	412	249	661
1959	153	67	220
1960	84	25	109
1961	205	226	431
1962	19	7	26
1963	169	40	209
1964	89	15	104

*Mass inoculations were carried out during the 1953 outbreak of Enteric Fever at Arima and 8,250 inhabitants, in addition, were inoculated.

Inoculation of Enteric Fever Contacts, 1964

T.A.B. Injections

YEAR	Number receiving one Injection	Number receiving two Injections	Total
1947	250	222	472
1948	85	61	146
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1952	66	26	92
1953	213	146	*359
1954	101	46	147
1955	50	21	71
1956	43	10	53
1957	40	27	67
1958	412	249	661
1959	153	67	220
1960	84	25	109
1961	205	226	431
1962	19	7	26
1963	169	40	209
1964	89	15	104

*Mass inoculations were carried out during the 1953 outbreak of Enteric Fever at Arima and 8,250 City inhabitants, in addition, were inoculated.

PNEUMONIA—(All Forms)

Notifications and Deaths, 1922-64

PERIOD	Notifications	Deaths	Death Rate per 100,000 Population
Yearly Averages:			
1922-26	111.8	78	123
1927-31	69.8	53.4	79
1932-36	155.4	80.6	110
Average 1922-36	112.3	70.7	104
Year			
1937	125	85	110
1938	101	70	83
1939	107	59	65
1940	69	63	68
1941	138	88	90
Average 1937-41	108	73	83
Year			
1942	332	152	153
1943	251	149	146
1944	109	97	93
1945	118	79	74
1946	87	61	61
1947	75	64	67
1948	62	51	52
1949	73	74	73
1950	64	54	52
1951	81	80	75
1952	68	72	66
1953	46	52	47
1954	48	58	51
1955	39	65	56
1956	38	67	56
1957	27	83	69
1958	22	59	49
1959	30	70	70
1960	23	93	99
1961	9	89	90
1962	19	81	80
1963	8	97	103
1964	17	76	81

DIPHTHERIA

Notifications and Deaths, 1917-64

PERIOD	Notifications	Deaths	Death Rate per 100,000 Population
Yearly Averages:			
1917-21	11.8	1.4	2
1922-26	14.8	2	3
1927-31	23.8	1.6	2
1932-36	29.8	2.2	3
Average 1917-36	20	1.8	3
Year			
1937	30	4	5
1938	16	3	4
1939	61	2	2
1940	37	2	2
1941	30	2	2
Average 1937-41	34.8	2.6	3
Year			
1942	18	3	3
1943	40	4	4
1944	19	3	3
1945	20	5	5
1946	22	2	2
1947	23	2	2
1948	9	1	1
1949	11	2	2
1950	37	3	3
1951	28	1	1
1952	20	1	1
1953	33	1	1
1954	26	1	1
1955	20	1	1
1956	17	—	—
1957	19	1	1
1958	14	2	2
1959	26	2	2
1960	19	1	1
1961	13	—	—
1962	7	—	—
1963	16	1	1
1964	10	1	1

CHICKEN POX

Notifications, 1924-64

Period	Notifications	Period	Notifications
Yearly Averages:		Year 1949	57
1924-28	19.8	1950	96
1929-33	41	1951	95
1934-38	110.4	1952	94
1939-43	42.6	1953	51
1944-48	91.8	1954	133
		1955	113
		1956	101
		1957	110
		1958	45
		1959	159
		1960	136
		1961	254
		1962	533
		1963	137
		1964	48

Malaria—Local Distribution of Deaths, 1955-64

Sub-Districts	DEATHS									
	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
City Proper	—	—	—	—	—	—	—	—	—	—
St. Clair	—	—	—	—	—	—	—	—	—	—
East Dry River	—	—	—	—	—	—	—	—	—	—
Belmont	—	—	—	—	—	—	—	—	—	—
Woodbrook	—	1	—	—	—	—	—	—	—	—
St. James	—	—	—	—	—	—	—	—	—	—
TOTAL	—	1	—	—	—	—	—	—	—	—

ACUTE ANTERIOR POLIOMYELITIS

Notifications and Deaths, 1927-64

YEAR	No. of Cases Reported	Deaths	YEAR	No. of Cases Reported	Deaths
1927-29	—	—	1947	—	1
1930	5	1	1948	3	2
1931	—	2	1949	4	—
1933-35	—	—	1950	—	—
1932	3	—	1951	—	—
1936	3	—	1952	3	—
1937	10	1	1953	—	—
1938	2	—	1954	35	—
1939	1	—	1955	2	—
1940	—	—	1956	—	—
1941	15	4	1957	13	—
1942	26	3	1958	5	—
1943-44	—	—	1959	1	—
1945	—	1	1960	1	—
1946	1	—	1961	—	—
			1962	—	—
			1963	1	2
			1964	—	—

Non-Notifiable Infectious Diseases—Home and Hospital Deaths, 1963

DISEASES	DEATHS			Hospital Deaths percentage of Total Deaths	Corresponding percentage for the year 1962
	At Home	At Hospital	Total		
Whooping Cough	—	—	—	—	—
Influenza	—	—	—	—	—
Dysentery	—	—	—	—	100.00
Ankylostomiasis	—	—	—	—	—
Syphilis	7	—	7	—	44.00
Leprosy	—	—	—	—	—
TOTAL	7	—	7	—	42.86

Non-Notifiable Infectious Diseases—Home and Hospital Deaths, 1964

DISEASES	DEATHS			Hospital Deaths Percentage of Total Deaths	Corresponding Percentage for the year 1963
	At Home	At Hospital	Total		
Whooping Cough	—	—	—	—	—
Influenza	—	—	—	—	—
Dysentery	—	—	—	—	—
Ankylostomiasis	—	—	—	—	—
Syphilis	1	1	2	50.00	—
Leprosy	—	—	—	—	—
TOTAL	1	1	2	50.00	—

Deaths from Syphilis, 1918-64

PERIOD	Deaths	Rate per 100,000 Population
Yearly Averages:		
1918-22	16.2	24
1923-27	56.8	88
1928-32	28.2	41
1933-37	21.8	29
Average: 1918-37	24.6	37
Yearly Average: 1938-42	24.6	27
1943	29	27
1944	36	35
1945	22	21
1946	20	20
1947	21	22
1948	8	8
1949	7	7
1950	8	8
1951	11	10
1952	6	5
1953	7	6
1954	8	7
1955	13	10
1956	18	15
1957	13	11
1958	17	14
1959	13	13
1960	12	13
1961	9	9
1962	9	9
1963	7	7
1964	2	2

Deaths from the Dysenteries, 1918-1964

PERIOD	Deaths	Death Rate per 100,000 population
Year 1918	43	63
Yearly Averages:		
1919-23	38.2	58
1924-28	32	49
1929-33	14.28	21
1934-38	5.4	7
1939-43	7.4	8
1944-48	3	3
	16.8	23
Year 1949	1	1
1950	2	2
1951	1	1
1952	3	3
1953	3	3
1954	2	2
1955	—	—
1956	3	2
1957	1	1
1958	2	2
1959	3	3
1960	1	1
1961	1	1
1962	2	2
1963	—	—
1964	—	—

Deaths from Diarrhoea and Enteritis—1918-64

PERIOD						Deaths	Death Rate per 100,000 population
Year 1918	...	...	...	...	...	193	284
Yearly Averages:	...	...	...	...	...	143.6	218
1919-23	...	...	...	...	...	72.6	112
1924-28	...	...	...	...	...	52.8	76
1929-33	...	...	...	...	...	40	52
1934-38	...	...	...	...	...	78.4	81
1944-48	...	...	...	...	...	46	44
Averages: 1918-48	...	...	...	...	...	76.16	103
Year 1949	...	...	...	...	...	30	30
1950	...	...	...	...	...	37	35
1951	...	...	...	...	...	42	39
1952	...	...	...	...	...	39	36
1953	...	...	...	...	...	58	51
1954	...	...	...	...	...	37	32
1955	...	...	...	...	...	45	38
1956	...	...	...	...	...	57	47
1957	...	...	...	...	...	35	29
1958	...	...	...	...	...	104	86
1959	...	...	...	...	...	69	69
1960	...	...	...	...	...	57	60
1961	...	...	...	...	...	41	42
1962	...	...	...	...	...	27	27
1963	...	...	...	...	...	30	32
1964	...	...	...	...	...	27	29

Diarrhoea and Enteritis—Deaths in Sub-Districts, 1963

Sub-Districts	Deaths
City Proper	9
St. Clair	—
East Dry River	10
Belmont	4
Woodbrook	2
St. James	5
TOTAL	30

Diarrhoea and Enteritis—Deaths in Sub-Districts, 1964

Sub-districts	Deaths
City Proper	6
St. Clair	—
East Dry River	10
Belmont	4
Woodbrook	—
St. James	7
TOTAL	27

Deaths from Cardiac and Vascular Diseases in Age Groups, 1963

FORMS	0-20 years	21-40 years	41-60 years	Over 60 years	Total
Rheumatic fever	—	—	—	—	—
Chronic Rheumatic heart disease	1	—	—	—	1
Arteriosclerotic and degenerative heart disease	3	4	22	113	142
Other Diseases of the heart	1	1	8	20	30
Hypertension with heart disease	—	—	6	33	39
Hypertension without mention of heart	—	—	3	7	10
Diseases of arteries	—	—	—	10	10
Other diseases of circulatory system	—	—	—	—	—
TOTAL	5	5	39	183	232

Deaths from Cardiac and Vascular Diseases in Age Groups, 1964

FORMS	DEATHS				Total
	0-20 years	21-40 years	41-60 years	Over 60 years	
Rheumatic fever	—	—	—	—	—
Chronic Rheumatic heart disease	1	—	1	—	2
Arteriosclerotic and degenerative heart disease	—	5	24	134	163
Other diseases of the heart	—	1	12	26	39
Hypertension with heart disease	—	—	6	36	42
Hypertension without mention of heart	1	1	4	15	21
Diseases of arteries	—	—	3	9	12
Other diseases of circulatory system	—	—	—	1	1
TOTAL	2	7	50	221	280

Cancer and other Malignant Diseases, 1963

	DEATHS	
	Males	Females
Malignant neoplasm of buccal, cavity and pharynx	2	1
Malignant neoplasm of oesophagus	2	2
Malignant neoplasm of intestine, except rectum	3	5
Malignant neoplasm of stomach	9	12
Malignant neoplasm of rectum	3	5
Malignant neoplasm of larynx	—	—
Malignant neoplasm of trachea and of bronchus and lung not specified as secondary	4	—
Malignant neoplasm of breast	—	12
Malignant neoplasm of cervix uteri	—	13
Malignant neoplasm of other and unspecified parts of uterus	—	15
Malignant neoplasm of prostate	4	—
Malignant neoplasm of skin	—	1
Malignant neoplasm of bone and connective tissue	1	1
Malignant neoplasm of all other and unspecified sites	15	15
Leukaemia and aleukaemia	1	2
Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	3	2
Benign neoplasms and neoplasms of unspecified nature	1	2
TOTAL	48	92

Cancer and Other Malignant Diseases, 1964

	DEATHS	
	Males	Females
Malignant neoplasm of buccal, cavity and pharynx	2	2
Malignant neoplasm of oesophagus	2	1
Malignant neoplasm of stomach	14	9
Malignant neoplasm of intestine except rectum	3	4
Malignant neoplasm of rectum	2	3
Malignant neoplasm of larynx	2	—
Malignant neoplasm of trachea and of bronchus and lung not specified as secondary	1	—
Malignant neoplasm of breast	—	8
Malignant neoplasm of cervix uteri	—	6
Malignant neoplasm of other and unspecified parts of uterus	—	7
Malignant neoplasm of prostate	8	—
Malignant neoplasm of skin	2	—
Malignant neoplasm of bone and connective tissue	—	—
Malignant neoplasm of all other and unspecified sites	16	12
Leukaemia and aleukaemia	3	1
Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	1	1
Benign neoplasms and neoplasms of unspecified nature	—	1
TOTAL	56	55

Deaths from Cancer and Other Malignant Diseases, 1918-1964

PERIOD	Deaths	Rate per 100,000 Population
Yearly Averages:		
1918-22	44.4	67
1923-27	45.6	71
1928-32	44.6	65
1933-37	56.8	76
Average 1918-37	47.9	70
Yearly Average 1938-42		
1943	88	86
1944	84	81
1945	80	75
1946	79	78
1947	75	78
1948	87	88
1949	91	90
1950	91	89
1951	103	94
1952	89	90
1953	113	102
1954	96	84
1955	104	89
1956	104	87
1957	102	84
1958	119	98
1959	113	114
1960	123	131
1961	107	109
1962	128	126
1963	140	149
1964	111	118

Inspection of Premises, &c., by Sanitary Inspectors, 1963

Average Monthly Number of Visits to Dwellings, Shops and Other Premises ... 4,803

	Average Monthly No. of Visits		Average Monthly No. of Visits
Dry River	25	Abattoir	5
Cemeteries	3	Cinemas	12
Provision and Meat Shops	125	Sweet Drink Carts	12
Provision Stores	31	Dairies and Cowsheds	18
Restaurants and Cookshops	47	Stables	12
Bakehouses	22	Goat Pens	18
Bread Depots	6	Aerated Water Factories	2
Cake and Ice Cream Shops	113	Soap Factories	1
Fry Shops	9	Other Factories	34
Hotels	11	Schools	39
Markets	35	Common Lodging Houses	6
Spirit Shops	42	Barber Shops	24
Ice Cream Carts and Pails	30	Dye Works	—
Cake Trays and Baskets	53	Laundries	19
Provision Trays and Baskets	20	Garages	23
Bread Carts and Baskets	15	Tanneries	6
Fresh Fish Trays	16	Public Urinals	9
Oyster Vendors' Baskets	5	Boats	20
Plantain Carts	5	Coconut Carts	2
Dumping Ground	5		

Inspection of Premises, &c., by Sanitary Inspectors, 1964

Average Monthly Number of Visits to Dwellings, Shops and other Premises ... 4,478

Inspection of Stores, Shops, &c.

	Average Monthly No. of Visits		Average Monthly No. of Visits
Provision and Meat Shops	137	Cinemas	11
Provision Stores	29	Sweet Drink Carts	12
Restaurants and Cookshops	82	Dairies and Cowsheds	12
Bakehouses	21	Stables	7
Bread Depots	11	Goat Pens	12
Cake and Ice Cream Shops	138	Aerated Water Factories	2
Fry Shops	13	Soap Factories	1
Hotels	12	Other Factories	39
Markets	37	Schools	43
Spirit Shops	40	Common Lodging Houses	6
Ice Cream Carts and Pails	49	Barber Shops	25
Cake Trays and Baskets	96	Dye Works	1
Provision Trays and Baskets	52	Laundries	18
Bread Carts and Baskets	7	Garages	28
Fresh Fish Trays	18	Tanneries	7
Oyster Vendors' Baskets	5	Public Urinals	12
Plantain Carts	3	Boats	17
		Coconut Vendors' Carts	9

Results of Notices and Verbal Directions, 1963

	Con- structed, installed or pro- vided	Repaired	Cleansed	Painted	Elimi- nated	Lime- washed	Oiled
Yard Pavements	68	133	—	—	—	—	—
Depressions in Yards	—	—	—	—	157	—	—
Yards	—	—	3,960	—	—	—	—
Drains, sinks, gullies, washing troughs, &c.	273	483	3,499	—	—	—	—
Lavatories, sewer basins, flush tanks, urinals, bathrooms, &c.	211	264	1,194	—	—	—	—
Privies	104	568	—	—	—	172	—
Cospits	105	142	1,420	—	—	—	108
Manure Heaps	—	—	—	—	430	—	—
Rat Holes	—	—	—	—	91	—	—
Tree Shade, Overgrowths of bush	—	—	—	—	1,188	—	—
Dustbins	457	39	153	—	—	—	—
Dustbin Covers	158	—	—	—	—	—	—
Shops, Parlours, Restaurants, Bakehouses, Hotels, &c.	—	58	2,153	231	—	87	—
Aerated Water Factories	—	—	24	—	—	2	—
Bread Carts	—	—	—	—	—	—	—
Barracks, Common Lodging Houses	—	30	2	9	—	68	—
Garages, Kitchens	—	35	—	—	—	8	—
Cowsheds, Stables and Goat Pens	—	16	202	—	—	11	—
Tanneries, Soap Factories, &c.	—	—	—	—	—	—	—
Close-boarding, Ventilation of Houses	—	—	—	—	—	—	—
Barber Shops and other Work- shops	2	—	57	17	—	—	—
Glass Cases and Covered Trays	3	13	—	8	—	—	—

Results of Notices and Verbal Directions, 1964

	Con- structed, installed or pro- vided	Repaired	Cleansed	Painted	Elimi- nated	Lime- washed	Oiled
Yard Pavements	91	106	—	—	—	—	—
Depressions in Yards	—	—	—	—	125	—	—
Yards	—	—	3,262	—	—	—	—
Drains, sinks, gullies, washing troughs, &c.	206	375	2,924	—	—	—	—
Lavatories, sewer basins, flush tanks, urinals, bathrooms, &c.	175	161	915	—	—	—	—
Privies	88	419	—	—	—	124	—
Cospits	42	89	1,481	—	—	—	31
Manure Heaps	—	—	—	—	311	—	—
Rat Holes	—	—	—	—	83	—	—
Tree Shade, Overgrowths of bush	—	—	—	—	816	—	—
Dustbins	808	39	108	—	—	—	—
Dustbin Covers	147	—	—	—	—	—	—
Shops, Parlours, Restaurants, Bakehouses, Hotels, &c.	—	254	1,363	289	—	238	—
Aerated Water Factories	—	—	13	—	—	—	—
Bread Carts	—	—	—	2	—	—	—
Barracks, Common Lodging Houses	—	7	17	—	—	10	—
Garages, Kitchens	—	20	—	—	—	22	—
Cowsheds, Stables	—	5	119	—	—	32	—
Tanneries, Soap Factories, &c.	—	—	—	—	—	—	—
Close-boarding, Ventilation of Houses	2	—	—	—	—	—	—
Barber Shops and other Work- shops	—	—	36	23	—	—	—
Glass Cases and Covered Trays... ..	25	6	9	51	—	—	—

Leave of Absence 1963 and 1964

	Vaca- tion Leave 1963	Vaca- tion Leave 1964	Sick Leave 1963	Sick Leave 1964	Casual Leave 1963	Casual Leave 1964
Aberdeen, K.—1st Class Clerk	21	70	10	11	13	6
Adams, R.—2nd Class Clerk	21	49	8	—	14	14
Antoine, A.—Supervisor	28	42	—	—	6	12
Andries, P.—Sanitary Inspector	21	14	—	7	1	2
Bennett, Dr. S.—Inspector of Animals and Meat	13	28	—	5	10	3
Boxill, E.—Senior Sanitary Inspector (Food)	28	70	49	2	7	7
Brathwaite, E.—Sanitary Inspector	28	28	—	—	2	—
Bocaud, R.—Sanitary Inspector	28	90	2	1	6	8
Bain, G.—2nd Class Clerk	21	21	14	14	9	12
Butcher, A.—Departmental Clerk	21	21	—	—	4	10
Batson, B.—Sub. Overseer	21	21	—	—	—	8
Boucaud, E.—Student Sanitary Inspector	—	14	2	5	—	7
Carpette, O.—Overseer	28	70	7	14	14	6
Callender, E.—Sanitary Inspector	—	—	43	—	7	—
Castello, G.—Overseer (Sub)	28	70	7	—	10	4
Chevrotiere, N.—Departmental Clerk	21	21	—	—	5	9
de Four, H.—Health Education Officer	—	176	—	—	7	7
Davidson, C.—Sanitary Inspector	—	—	—	—	8	4
Du Bois, C.—Sanitary Inspector	28	70	—	4	5	4
Diggory, Dr. H.—Medical Officer of Health	—	28	—	—	—	—
		8*				
Daniel, C.—Student Sanitary Inspector	—	21	—	—	—	—
Forde, G.—Sanitary Inspector	28	70	2	1	8	6
Forde, O. E.—Sanitary Inspector	28	28	—	—	9	3
Greenidge, St.—Sanitary Inspector	—	—	5	—	16	—
Goodridge, C.—Messenger	21	49	—	—	14	4
George, J.—1st Class Clerk	56	—	13	—	4	—
Holdip, M.—Assistant Health Education Officer	28	—	—	7	14	9
Howard, J. R.—Deputy Chief Sanitary Inspector	—	28	—	—	—	—
Hamilton, R.—Student Sanitary Inspector	—	14	—	—	—	—
Hodge, L. S.—Sanitary Inspector	—	—	—	—	9	9
Hinkson, G.—Sanitary Inspector	28	70	12	7	2	—
Joseph, V.—Senior Clerk	28	70	4	2	2	—
Joseph, A.—Scientific Assistant	21	49	—	—	2	—
Jackson, I.—Public Health Nurse	—	28	6	21	—	—
Khan, V. S.—Sanitary Inspector	24	70	1	3	14	7
Langton, E.—1st Class Clerk	21	70	12	14	12	9
Lett, L.—2nd Class Clerk	21	21	—	2	3	8
Leed, C.—Student Sanitary Inspector	—	14	—	—	—	—
Lalchan, S.—Student Sanitary Inspector	—	14	—	—	—	—
Marcial, R. S.—Sanitary Inspector	28	70	3	1	5	8
Mitchell, K. I.—Sanitary Inspector	28	70	2	16	5	4
Mohammed, A.—Sanitary Inspector	21	—	14	—	—	—
Mohammed, S.—Sanitary Inspector	—	21	2	3	—	8
Nurse, G.—Sanitary Inspector	56	90	10	1	8	3
Neranter, A.—Sanitary Inspector	—	28	15	—	11	1
Noel, C.—Sanitary Inspector	21	49	13	3	14	6
Phillip, O. M.—Sanitary Inspector	21	49	18	13	14	12
Rivers, F. B.—Chief Sanitary Inspector	—	28	—	10	2	3
Rosales, D.—Departmental Clerk	—	21	—	7	6	8
Rampersad, C.—Student Sanitary Inspector	—	21	—	2	—	1
Rameshwar, C.—Sanitary Inspector	28	28	30	—	—	7
Rowe, K.—2nd Class Clerk	21	49	32	13	12	12
Rawlins, J. A.—2nd Class Clerk	21	21	—	8	7	6
Rivers, L. M.—Sanitary Inspector	—	21	—	13	—	—
Sampson, A.—Sanitary Inspector	—	70	2	15	3	3
Samm, M.—Sub-Overseer	21	49	—	14	13	2
St. Cyr, H.—Sanitary Inspector	28	28	—	28	24	4
Sookermanny, E.—Sanitary Inspector	—	21	—	—	—	8
Turney, H.—Sanitary Inspector	28	70	2	10	14	10
Trotman, F. A.—Sanitary Inspector	21	21	8	—	5	2
Turner, K. Mc.—Sanitary Inspector	—	28	—	19	—	—
Wilson, A.—Principal Officer	28	—	7	4	3	8
Special Leave						
Diggory, Dr. H.—Medical Officer of Health—8 days	—	—	—	—	—	—
*Carr, C.—Sanitary Inspector	—	21	—	7	—	2

