Report of the Medical Officer of Health on the public health and sanitary circumstances of the city and borough of Pietermaritzburg.

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CITY AND BOROUGH OF PIETERMARITZBURG.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Twelve Months 1st JULY, 1934 to 30th JUNE, 1935.

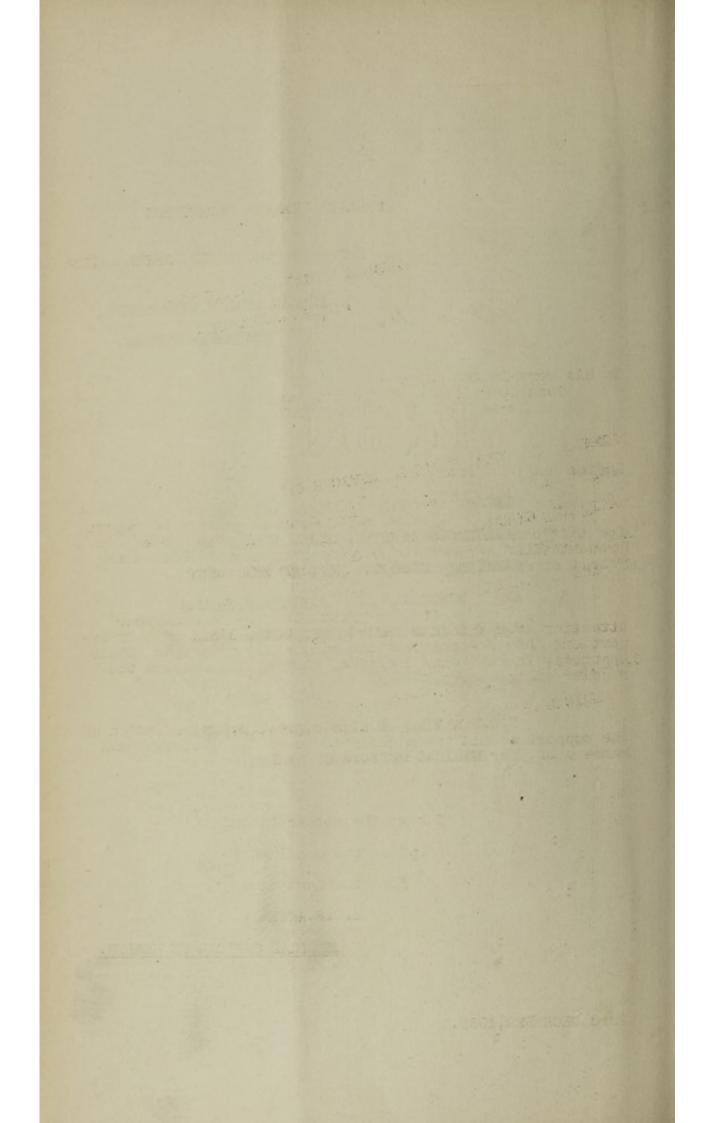


PUBLIC HEALTH DEPARTMENT. PIETERMARITZBURG.

REPORT OF THE MEDICAL OFFICER OF HEALTH ON THE PUBLIC HEALTH AND SANITARY CIRCUMSTANCES OF THE CITY AND BOROUGH OF PIETERMARITZBURG FOR THE YEAR ENDING JUNE 30TH, 1935.

BY

C.C.P.ANNING, M.A., M.R.C.S., D.P.H. MEDICAL OFFICER OF HEALTH.





PUBLIC HEALTH DEPARTMENT

CITY AND BOROUGH OF PIETERMARITZEURG.

To His Worship the Mayor and Town Councillors of the City and Borough of PIETERMARITZBURG.

Ladies and Gentlemen,

I have the honour to present my report for the year ending June 30th, 1935. The delay in presentation is regretted but has been unavoidable as the result of my absence from the Borough on leave.

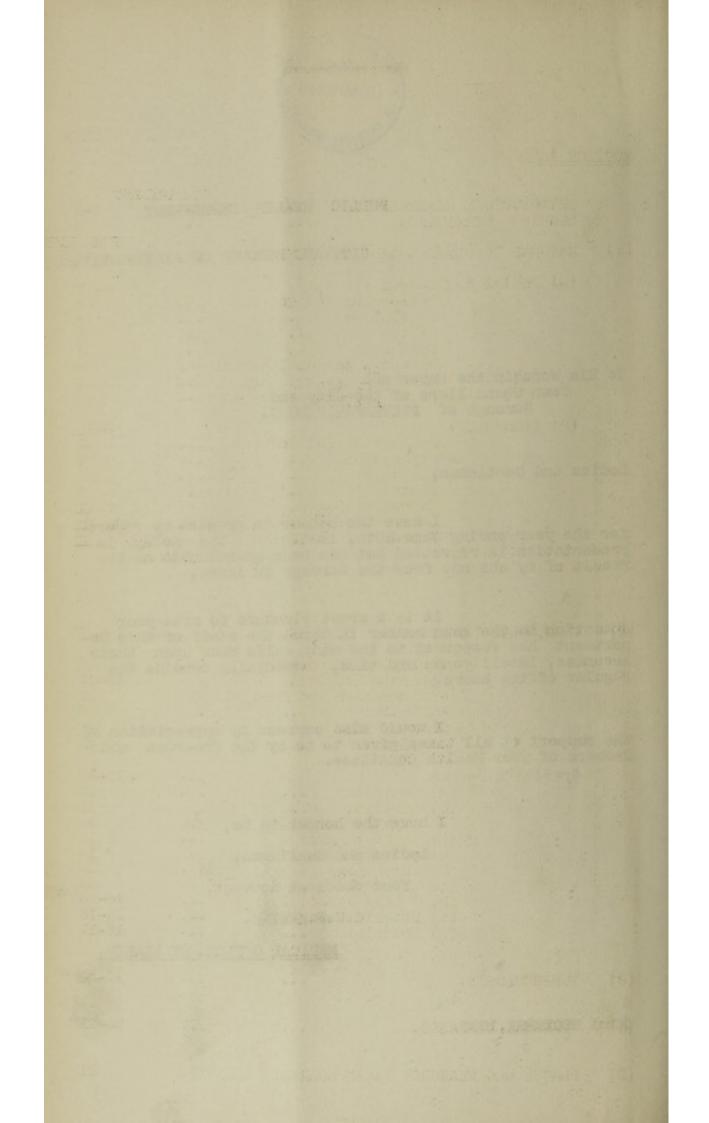
It is a great pleasure to draw your attention to the keen manner in which the staff of this Department has responded to the many calls made upon their keenness, intelligence and time, especially outside the regular office hours.

I would also express my appreciation of the support at all times given to me by the Chairman and Members of your Health Committee.

> I have the honour to be, Ladies and Gentlemen, Your obedient servant, C.C.P.ANNING.

MEDICAL OFFICER OF HEALTH.

23rd DECEMBER, 1935.



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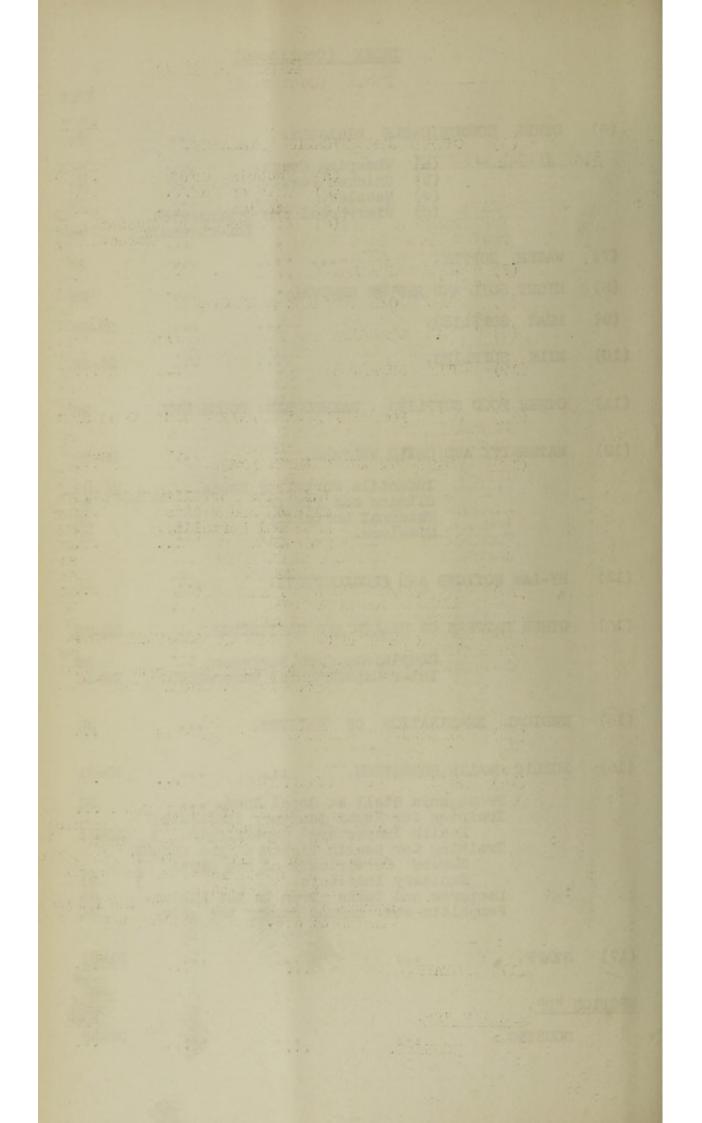
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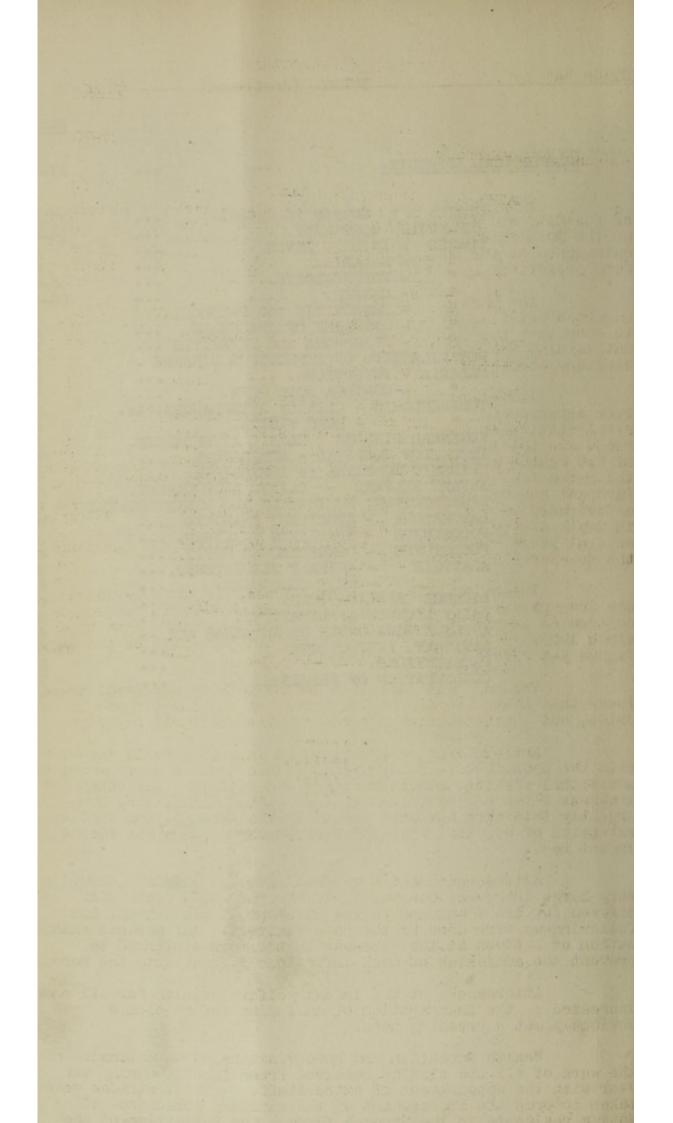
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INTRODUCTORY

This report upon the health and sanitary circumstances of the City and Borough of Fietermaritzburg, for the year ending on the 30th June, 1935, is presented in accordance with the requirements of the Public Health Act (No. 36 of 1919) and in the form prescribed by the Union Health Department.

The work of the Public Health Department, in its numerous details, is described in the following pages. They serve to show that the Department is alive to its responsibilities in maintaining the past standards of health and in improving the sanitary condition of the Borough.

1934-1935 goes on to the record as the healthiest year ever experienced by this town since an annual stock-taking of the vital statistics was first started. The death rates for all races are the lowest ever recorded, and the European death rate of 8.0 deaths per 1000 population compares most favourably with the rates for any other town in the Union. The likelihood of a European Borough resident attaining his or her golden wedding anniversary is greater in Pietermaritzburg than in any other town in South Africa or Great Britain. For the first time in several years, the European birth rate rose slightly, as also did the non-European birth rates.

Infectious disease of all types, except tuberculosis, was less prevalent. No fresh infections of malaria fever were contracted in the Borough during the year, for the first time since 1929. The enteric fever notifications fell to the lowest figure yet recorded for Pietermaritzburg.

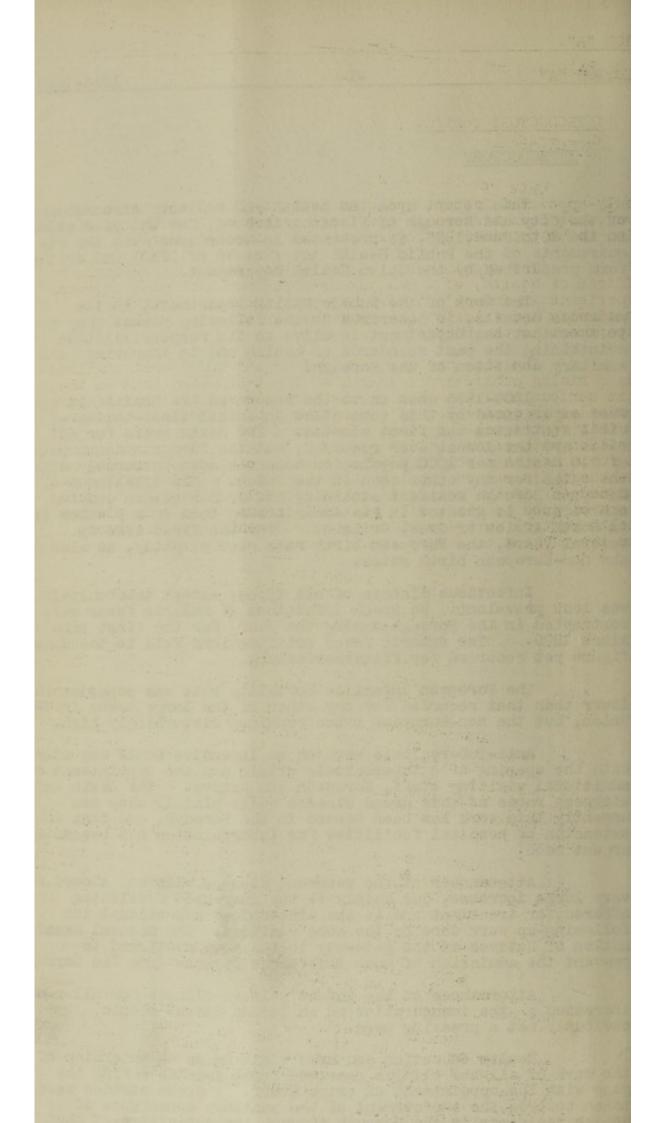
The European infantile mortality rate was considerably lower than that recorded for any other of the large towns in the Union, but the non-European rates remained disturbingly high.

Anti-Tuberculosis work on an intensive scale was started with the opening of a tuberculosis clinic and the appointment of additional visiting staff, European and Native. The death and sickness rates of this dread disease quite plainly show how urgently this work has been needed in the Borough, and that an extension of hospital facilities for tuberculotics has become an urgent need.

Attendances at the venereal disease clinics showed a very large increase, due mainly to the increased facilities offered for treatment and to the wide-spread educational and following-up work done by the home visitors. The medical examination of Natives at the gate-way to the town continued to prevent the admission of much infectious disease into the Borough.

Attendances at the infant welfare clinics for all races increased; the inauguration of an Indian infant clinic obviously met a pressing need.

Health education and home visiting as an extension of the work of all the clinics received fresh impetus during the year with the appointment of extra staff. Great strides were taken towards the improvement of the sanitary conscience of Native residents in the Borough through the activities of the newly-appointed...../



INTRODUCTORY Cont'd.

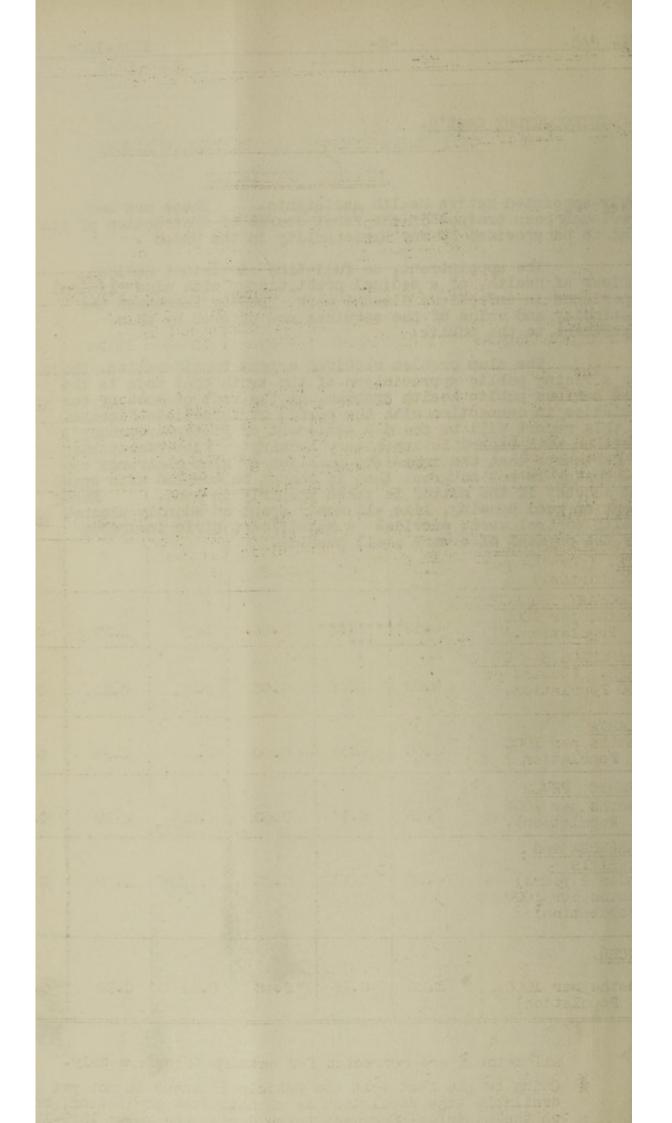
newly-appointed Native Health Assistants. These men had previously been trained in the first course of instruction of its kind to be provided by any Municipality in the Union .

The appointment, as full-time Assistant Medical Officer of Health, of a medical practitioner with wide clinical experience in infectious disease work, greatly increased the continuity and value of the services now offered by this Department to the public.

The slum problem received urgent consideration. There was a rising public appreciation of the truth that this is the most serious public health problem, at the root of most of our anxieties in connection with the spread of infectious disease. In this report will be found a statement of Pietermaritzburg's position with regard to insanitary housing. Pietermaritzburg is fortunate that the immediate question of slum clearance and re-housing is not so great that it cannot be tackled with speed and success if the matter is taken properly in hand. Money spent on good housing, like all money spent on soundly planned health control work, provides a magnificent civic insurance for the payment of a very small premium.

•••••

-2-



1934-1935.

CITY AND BOROUGH OF PIETERMARITZBURG

LEADING STATISTICS

YEAR ENDING 30th JUNE, 1935.

	European	Native	Coloured	Asiatic	All Non- European	All Races
FOFULATION: (Municipal Census)	21620	12850	2087	8258	23195	44815
BIRTH RATE	16.79	14.94	31.14	31.73	22.38	19.68
ILLEGITIMATE BIRTHS (Percentage of Total Births.)	1.65	39.59	27.69	-	-	-
DEATH RATE	8.00	12.77	18.68	13.32	13.51	10.81
INFANTILE MORTALITY RATE. (Deaths per 1000 Births.)	41.32	-	200.2	80.15	-	-
PULMONARY TUBERCULO (Deaths per 1000 Population.)	0.19	1.95	3.35	0.97	1.72	0.98
TUBERCULOSIS - OTHI FORMS. (Deaths per 1000 Population.)		0.46	0.00	0.12	0.30	0.20
MALARIA (Deaths per 1000 Population)	0.00	0.31	0.00	0.36	0.30	0.16
ENTERIC FEVER (Deaths per 1000 Population).	0.05	0.16	0.00	0.00	0.09	0.07
DIARRHOEA and ENTERITIS. (Under 2 years) (Deaths per 1000 Population)	0.09	1.71	0.48	0.36	1.12	0.62
CANCER. (Deaths per 1000 Population)	1.20	0.16	0.48	0.24	0.22	0.69

All returns are corrected for outward transfers only.

Wing to the fact that the Municipal Census is not yet available, the Population is an estimated population, based on the Municipal Censuses taken during the years 1929-1934.

-3--

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METEOROLOGICAL RECORDS

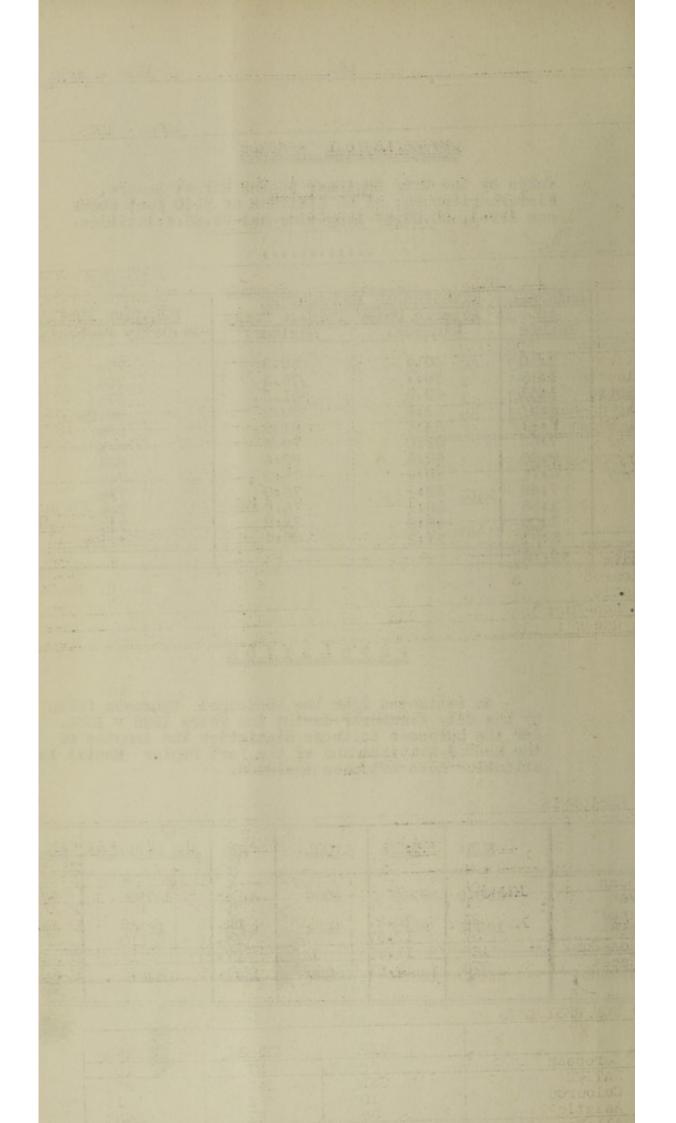
Taken by the City Engineer in the Market Square, Fietermaritzburg, at an altitude of 2160 feet above sea level, 30.22.46 longitude and 29.36.4.latitude.

	RAINFALL in INCHES		MPERATURE Average Daily	RELATIVE HUMIDITY
July Jugust September Cotober November December January February March April Nay June	INCHES 2.10 1.13 1.51 1.37 6.17 7.68 2.36 4.76 7.48 1.88 1.09 5.21	Minimum. 40.4 50.7 49.9 51.5 61.8 62.0 62.1 60.9 59.5 55.1 46.2 37.2	Maximum. 68.3 76.3 81.3 80.2 81.3 79.8 82.6 78.2 78.0 78.0 76.6 72.0 68.4	Av.Daily Percentage. 77% 70% 57% 62.5% 65% 63% 65% 74% 73% 74% 71% 77.7%
Total	42.74	-	-	-

POPULATION

As estimated from the Municipal Censuses taken by the City Treasurer during the years 1929 - 1934. For the purposes of these statistics the inmates of the Mental Hospital and of the Fort Napier Mental Institution have not been included.

	EUR:	NAT:	<u>COL</u> :	<u>AS</u> :	ALL NON-EUR:	ALL RACES
Male Female	10640 10980	9262 3588	1036 1051	4500 3758	14798 8397	25438 19377
Persons	21620	12850	2087	8258	23195	44815



-5- 1934 - 1935.

BIRTHS

TOTAL BIRTHS REGISTERED

(1) RESTDENTS.

	M	ALE	FEM4		PERSONS T			Percent. of Illeg. to all	Birth Rate
	Legit	Illeg.	Legit.	Illeg.	To could be a second and a second		al	Births.	Population
European	192	4	165	2	357	6	363	1.65%	16.79
llative Coloured Asiatic	47 24 123	40 9 1	69 23 138	36 9 0	116 47 261	76 18 1	192 65 262	39.39% 27.69%	14.94 31.14 31.73
All Non-Eur: All Races :	194 386	50 54	230 395	45	424 781	95 101	519 882		22.38

(2) NON-RESIDENTS.

M	ALE	FEM	ALE	PE	RSONS	Percent.cf	
Legit Illeg.		Legit	.Illeg.	Legit .:	Illeg.	Total.	to all Births
83	1	98	3	181	4	185	2.16%
71	46	71	46	142	92	234	39.32%
3	2	2	1	5	3	8	37.5%
61	0	43	1	104	1	105	
135	48	116	48	251	96	347	
218 :	49	214	_51]	432	100	532	
	egit. 83	MALE egit.Illeg. 83 1 71 46 3 2 61 0 135 48 218 49	egit.Illeg. Legit. 83 1 98	egit.Illeg. Legit. Illeg. 83 1 98 3	egit.Illeg. Legit.Tlleg. Legit. 83 1 98 3 181 71 46 71 46 142 3 2 2 1 5 61 0 43 1 104	egit.Illeg. LegitIlleg. LegitIlleg. 83 1 98 3 181 4 71 46 71 46 142 92 3 2 2 1 5 3 61 0 43 1 104 1	egit.Illeg. Legit. Illeg. Legit. Illeg. Total. 83 1 98 3 181 4 185 71 46 71 46 142 92 234 3 2 2 1 5 3 8 61 0 43 1 104 1 105 135 48 116 48 251 96 347

DEATHS

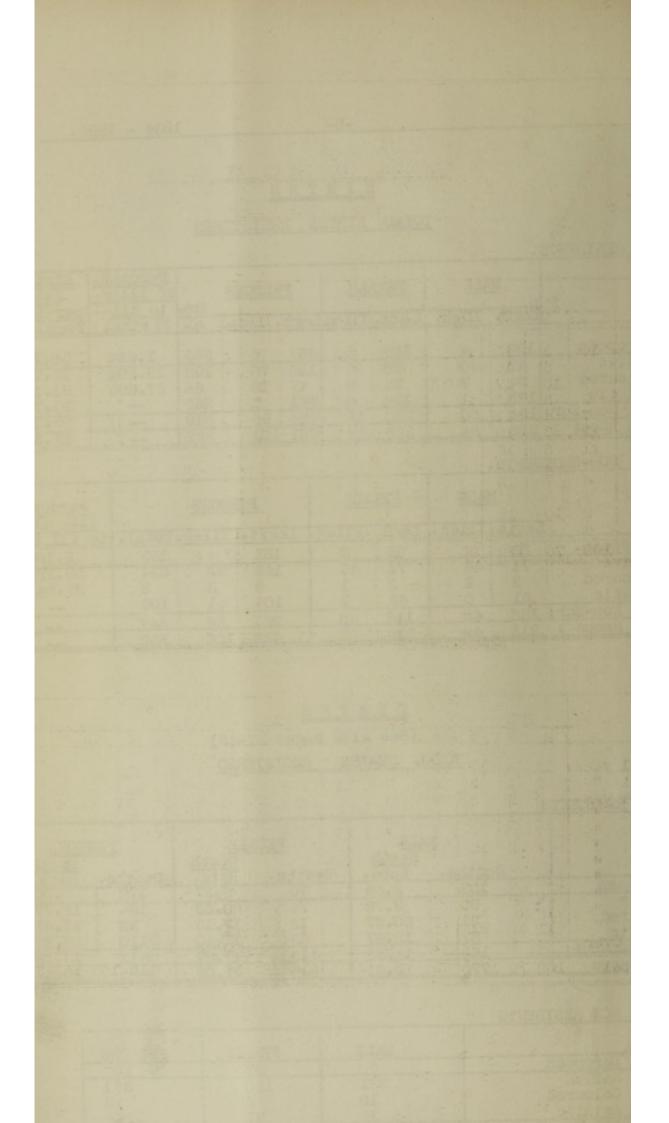
(See also Pages 37-43) TOTAL DEATHS REGISTERED

(1) RESIDENTS

	M Deaths.	ALE Death		ALE Death	PERSONS Death Deaths. Rate.			
European	102	9.59	Deaths.	Rate. 6.37	172 ·	8.00		
Native Coloured	90 21	9.72 20.27	74 18	20.63 17.13	164 39	12.77 18.68		
Asiatic	57	12.67	53	14.10	110	13.32		
ALL Non-Eur:	1.68	11.35	145	17.27	313	13.49		
ALL Races	270 :	10.61	215	11.09	485	10.81		

(2) NON RESIDENTS

Dunnan	MALE	FEMALE	FERSONS
NATIVE	20	140	321
Coloured	10	2	12
Asiatic All Non-Eur:	35	21	56
All Races:	346	200	546



-6- 1934 - 1935.

SEASONAL OCCURRENCE OF DEATHS

AMONG RESIDENTS .

		EUR		NAT:				COL:			AS	3:	All N-EUR:		
- Carlos	M	F	P	M	F	P	M	F	P	M	F	P	M	F	i
July. Aug. Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May. June.	10979721196994	3 5 10 3 4 7 5 3 7 5 10 8	13 14 17 12 11 19 16 12 13 14 19 12	14 8 5 10 9 6 8 6 3 6 6 9	871834728565	22 15 16 18 12 10 15 8 11 11 12 14	321021021423	210200022234	531221043657	56141532654 15	764342363500	12 12 5 7 5 7 6 8 9 10 6 23	22 16 7 14 12 12 11 10 10 15 12 27	17 14 15 13 7 6 10 10 10 13 12 11 12	39 30 22 27 19 18 21 20 23 27 23 44
Total:	102	70	172	90	74	164	21	18	39	57	53	110	168	145	313

DEATHS OF RESIDENTS GIVEN IN AGE GROUPS.

	F	UR:			NAT:		COL:			AS.			ALL N-EUF:		
	M	F	T	N	F	T	M	F	T	M	F	T	M	F	: T
Under 1 year, 1 " 2-4 yrs. 5-14 " 15-24 " 25-34 " 35-44 " 45-54 " 55-64 " 65-74 " 75-84 " 85 & Over.	11 2 2 7 7 8 12 20 18 11 2	10	15 3 7 10 12 20 35 33 21 8	25 4 7 3 6 13 15 10 4 1 1	23 71299833310	53 11 8 5 15 22 13 7 4 2 1	701032313010	000444000444000	1322162424210	141742367723	1074254634521	21 11 59 9 9 9 9 9 11 12 4 4	43 9 10 13 17 21 17 14 8 4	6 5 17 13 15 7	87 24 15 30 30 36 24 22 18 7 5
Total	102	70	172	90	74	164	21	18	39	57	53	110	168	145	313

an and the states of

1934 - 1935

DEATH RATES : VARIOUS CAUSES.

ACCORDING TO SHORT LIST OF CENSUS OFFICE.

RESIDENTS ONLY.

	Eur:	Nat:	Col:	As:	All Non-Eur.	Races.	
1. Enteric Fever.	0.05	0.16	0.00	0.00	0.09	0.07	
	0.00	0.00				0.07	
2. Typhus.	0.00	0.00	0.00	0.00	0.00	0.00	
3. Smallpox.			0.00	0.00	0.00	0.00	
4. Measles.	0.00	0.00	0.00	0.00	0.00	0.00	
5. Scarlet Fever.	0.00	0.00	0.00	0.00	0.00	0.00	
6. Whooping Cough.	0.00	0.00	0.00	0.36	0.13	0.07	
7. Diphtheria.	0.09	0.08	0.00	0.12	0.09	0.09	
8. Influenza.	0.14	0.08	0.48	0.61	0.30	0.22	
9a. Dysentery.	0.00	0.31	0.00	0.00	0.17	0.09	
10. C.Spinal Meningitis.	0.00	0.08	0.00	0.00	0.04	0.02	
11. Pulm. Tuberculosis.	0.19	1.95	3.35	0.97	1.72	0.98	
12. T.B. Meningitis.	0.05	0.23	0.00	0.00	0.13	0.09	
13. Other Tuberculosis.	0.04	0.23	0.00	0.12	0.17	0.11	
14. Leprosy.	0.00	0.00	0.00	0.00	0.00	0.00	
15. Syphilis.	0.00	0.16	0.48	0.12	0.17	0.09	
16. Malaria.	0.00	0.31	0.00	0.36	0.30	0.16	
17. Cancer.	1.20	0.16	0.48	0.24	0.22	0.69	
18. Cerebral Haemorrhage.	0.14	0.00	0.00	0.00	0.00	0.07	
19. Cardiac Dis. (350-357)		0.54	2.40	1.57	1.08	1.14	
20. Bronchitis.	0.14	0.08	0.96	0.61	0.34	0.25	
21. Pneumonia.	0.51	2.33	3.35	1.82	2.24	1.41	
22. Miners' Phthisis (No T.		0.00	0.00	0.00		0.00	
23. " " (T.B.)	0.00	0.00	0.00	0.00	0.00	0.00	
24. Oth.Respiratory Dis.	0.09	0.08	0.48	0.24	0.17	0.13	
25. Ulcer Stomach and)	0.05	0.00	0.48	0.00	0.04	0.04	
Duodenum.)					Section and and		
26. Diarrhoea & Enteritis)	0.09	1.71	0.48	0.36	1.12	0.62	
-under 2 years.)						
27. Appendicitis.	0.09	0.08	0.00	0.00	0.04	0.04	
28. Cirrhosis of Liver.	0.05	0.00	0.00	0.12	0.04	0.07	
29. Nephritis.	0.32	0.00	0.96	0.73	0.17	0.33	
30. Puerperal Sepsis.	0.00	0.00	0.00	0.12	0.04	0.02	
31. Oth.Acc. and Dis.of)		0.00	0.00	0.04	0.00	0.04	
Pregnancy .)	0.00	0.00	0.00	0.24	0.09	0.04	
32. Cong. Malformations and	1)		0.00	0.00	7 40	0.07	
Dis.of Early Infancy.	jo.05	1.48	2.97	0.97	1.42	0.91	
33. Suicide. (850-858)	0.14	0.00	0.00	0.12	0.04	0.09	
34. Other Violent Deaths.	0.56	1.01	0.48	0.85	0.91	0.74	
35. Other Defined Causes.	2.58	1.55	1.33	2.43	2.37	2.03	
36. Ill-defined & Unknown		0.16	0.00	0.24	0.17	0.20	
					1		
	8.00	12.77	18.68	13.32	13.51	10.81	

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(1) VITAL STATISTICS.

METEOROLOGICAL RECORDS. (Page 4)

The total rainfall, as recorded in the Market Square, was 42.74 inches, as compared with 40.58 inches in 1933-1934, and an average of 29.8 inches over the past seven years. The year was unusual, apart from the heavy total rainfall, in that more rain fell in June (5.21 inches) than in any month except November, December and March.

The average daily minimum temperature remained much lower than in 1933-34 almost throughout the year, the return for July, 1934, being 4 degrees lower than that for July, 1933, and that for June, 1935, being 9 degrees lower than that for June, 1934. Similarly the average daily maximum temperature was some 2 degrees lower over the whole year than it was in 1933-1934.

In short the year was wetter and cooler than the previous year, and considerably wetter than the previous 7 years.

POPULATION. (Page 4)

The usual Municipal Census has not been completed for 1935, so the population figures now given are estimated on the yearly Municipal Census returns of 1929 to 1934.

BIRTHS. (Page 5)

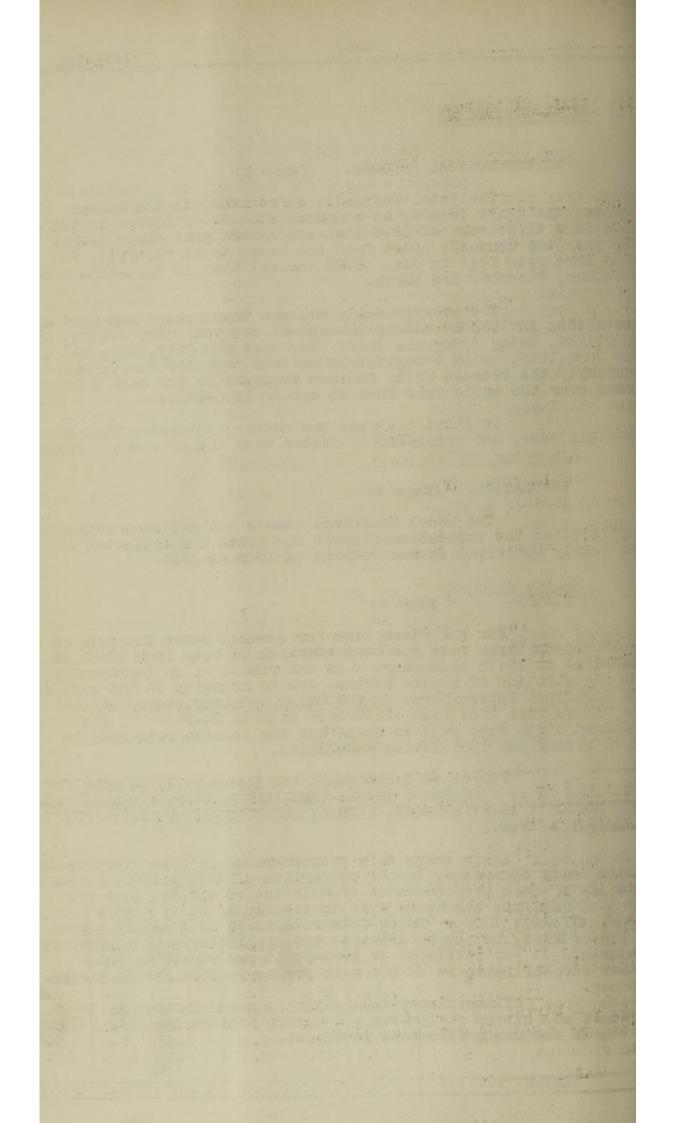
For the first time for several years the fall in the European birth rate has been checked; it rose from 16.65 in 1933-1934 to 16.79 this year. As the result of an improvement in the registration of Native births, due to activity on the part of the Municipal Native Nurse in following up unregistered births, the Native rate rose from 11.29 last year to 14.94. The Coloured birth rate fell to 31.14 but the Asiatic rate rose to 31.73 births per 1000 living population.

For other large towns the European birth rate for 1934-1935 is :- DURBAN : 19.33; CAPE TOWN : 16.6; KIMBERLEY : 18.8; EAST LONDON : 19.9; PRETORIA : 25.0; JOHANNESBURG : 21.5; PORT ELIZABETH : 19.9.

Again there is a preponderance of male over female births among Europeans, in the proportion of 1174 : 1000. Last year there was a preponderance of male Native births, this year the preponderance has swung over to the female side, with a ratio of 829 : 1000 . Among Coloureds there is a slight excess of male births, but among Asiatics the usual female preponderancein 1932-33 it was 947:1000; in 1933-34 it was 929:1000, while in 1934-35 the ratio is as 904 male for every 1000 female births.

Illegitimacy fell slightly among Europeans, to 1.65% of all births registered . Among Natives the rate fell to 39.59% and among Coloureds to 27.69%.

DEATHS./



(1) Vital Statistics Cont'd.

DEATHS. (Pages 5 & 6)

The European death rate of 8.0 is the lowest rate ever recorded in Pietermaritzburg. The rates for other towns in the Union are :- DURBAN : 9.82; KIMBERLEY : 10.0; EAST LONDON : 11.3; PORT ELIZABETH : 9.2; PRETORIA : 8.63; JOHANNES-EURG : 9.8; CAPE TOWN 10.8.

All the non-European groups have also joined in this welcome fall in the number of deaths - the Native rate from 14.15 last year to 12.77 this year, the Coloured rate from 23.31 to 18.68, and the Asiatic rate from 16.24 to 13.32.

The death rate for all races resident within the Borough fell from 12.29 in 1933-34 to 10.81 in 1934-35, and Pietermaritzburg can proudly claim to have the lowest death rate for all inhabitants of any town in the Union of South Africa.

Age group variations in the occurrence of deaths. (Page 6)

Of all deaths, the following percentages occurred during 1934-35 among persons under the age of 45 :-

> Europeans : 32%. Natives : 85%. Coloureds : 77% Asiatics : 64%.

Causes of Death.

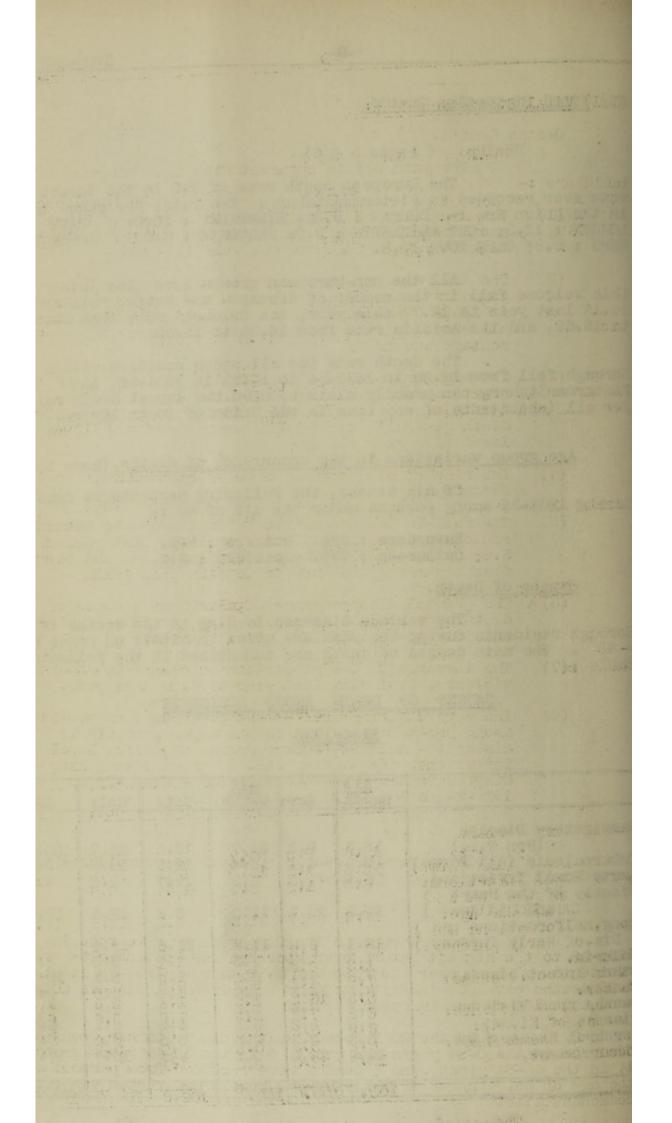
The various diseases leading to the deaths of Borough residents during the year are given in detail on pages 7,37-- 43 . The main causes of death are summarised in the following table :-

CAUSES OF DEATH AMONG RESIDENTS

1934-1935

	All Races.	Eur	All N-Eur:	Nat:	Col:	As:
Respiratory Disease						
(Non T.B.)	18.6	9.3	21.7	19.5	25.7	20.0
Tuberculosis (All forms)	12.3	4.1	15.0	18.9	18.0	8.2
Acute Bowel Infections.	6.5	1.2	8.3	17.7	2.6	4.6
Disease of the Heart) and Old Age.) Cong.Malformations and)	14.2	22.7	11.2	6.3	12.5	12.6
Dis.of Early Infancy.)	10.1	5.2	11.8	11.6	15.4	8.2
Malaria.	1.3	0.0	1.7	2.4	0.0	2.7
Other Infect.Disease.	7.9	4.1	9.2	9.8	5.1	12.7
Cancer.	5.5	16.3	1.9	1.2	2.6	1.8
Deaths from Violence.	6.2	7.6	5.6	7.9	2.6	6.4
Disease of Kidney.	3.9	5.2	3.5	0.0	5.1	5.4
Cerebral Haemorrhage.	0.9	2.3	0.5	0.6	0.0	0.9
Other Causes.	12.6	22.0	9.6	4.1	10.4	16.5
	100.0	100.0	100.0	100.0	100.0	100.0

The /



(1) Vital Statistics Cont'd.

Deaths Cont'd.

The main points apparent from the foregoing

table are :-

- The frequency of lung disease as a cause of death among non-Europeans; this was higher in 1934-35 than it was in the previous year (16.6%).
- (2) The toll made by the tuberculosis germ upon the community, and especially upon the non-Europeans; in 1932-33 tuberculosis caused 8.6% of deaths among all races, during the year just completed the percentage was 12.3.
- (3) The high proportion of deaths due to diseases of the heart and old age among Europeans - a sign of the healthiness of the Borough since this is the cause of death generally to be found among people who have lived to a ripe old age.
- (4) The rise of cancer as a cause of death among Europeans.
- (5) The fall in the proportion of deaths due to enteritis and other bowel infections from 13.4% last year to 6.5% in 1934-1935. The cooler winter and the heavy flushing rains had much to do with this fall.
- (6) The gradual disappearance of malaria as a cause of death; in 1932-33 it caused 8.3%, in 1933-34, 6.9%, and in 1934-35 only 1.3% of all deaths.
- (7) The increase in the proportion of deaths due to violence, from 5.1% last year to 6.2% this year.
- (8) The very cheering fall in the percentage of deaths among non-Europeans due to the major preventable diseases - malaria, tuberculosis, syphilis, bowel infections, diphtheria, etc. (but excluding lung diseases other than tuberculosis) - from 47% in 1933-34 to 34% in 1934-35.

These various causes of death are considered in more detail in the following pages.

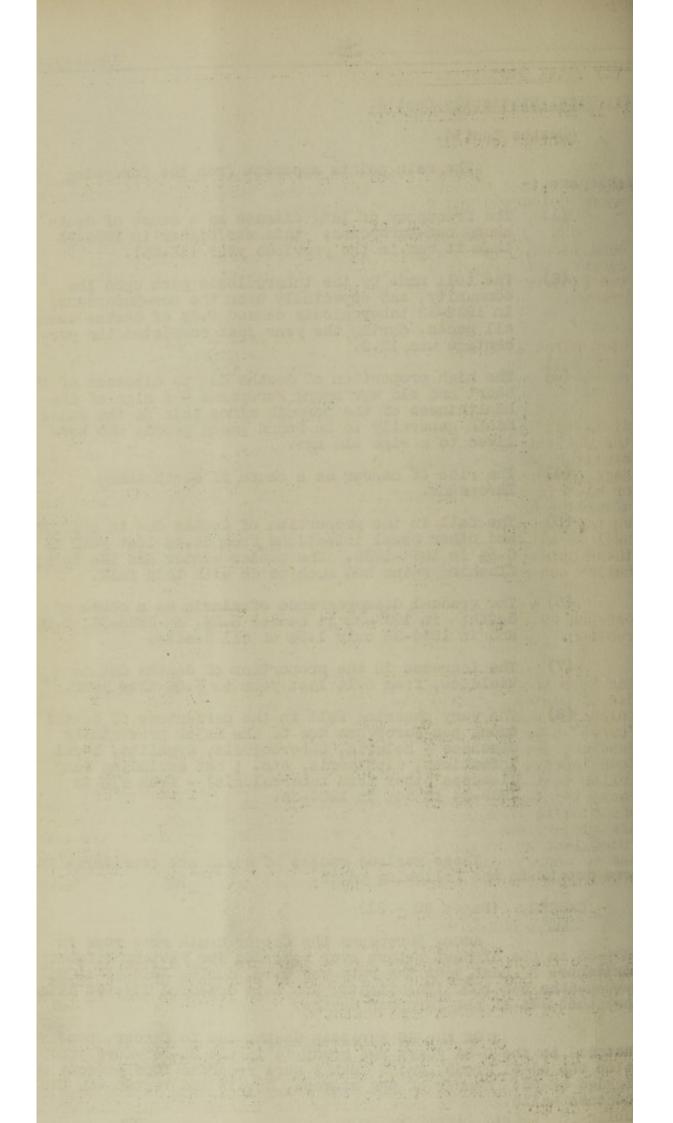
CANCER. (Pages 50 - 51)

Among/

Among Europeans the Cancer death rate rose in 1934-35 to the highest return ever recorded for Pietermaritzburg residents. Last year the rate was 0.98, during 1934-35 it was 1.20 deaths per 1000 inhabitants, and this dreadful disease caused more than 16% of the European deaths.

Of the 26 European deaths due to Cancer, none occurred in the 0-24 years age group, 4 in the 25-44 years group, 14 in the 45-64 group, and 8 deaths were recorded from persons over the age of 65. Cancer of the stomach, bowels and rectum was the commonest site.

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(1) Vital Statistics Cont'd.

Deaths.

Cancer. (Cont'd)

Among Natives only 2 deaths, one due to Cancer of the mouth and the other of the uterus, were recorded, one death among Coloureds and 2 among Asiatics.

More people today, under our healthier living conditions, reach an age when they are more liable to attack from cancer, and methods of diagnosis are better, but in spite of these two factors there is no doubt that cancer is steadily gaining ground.

Some of the cases that lead to death might have been cured if the condition had been recognised early enough. The difficulty is, of course, that cancer in its first stages usually causes no pain.

But many forms of cancer do show signs long before it is too late for successful treatment - signs that should send the patient straight to his or her doctor. Among these are any swelling occurring in the breast after 40 years of age, or haemorrhage, however trivial, occurring at or after the "change" of life; or bleeding from the bowel, or persistent unexplained indigestion after the age of 40; or any ulcer, crack or fissure, or swelling on the lips, tongue or skin which, in the middle-aged, does not heal up within a few days. Often the doctor will find that these conditions are not due to cancer, but only a careful examination can make sure of the diagnosis.

An annual routine medical examination of all persons over the age of 40 is one of the best steps towards prevention.

One of the most deplorable features of recent years has been the rise of so-called "cancer cures". They include the use of pastes, electricity, sera, and medicines. In a few cases following such treatment patients' conditions have improved and "cures" have been announced. In the majority of these cases, however, the disease was not cancer. If a form of treatment does improve a few cases of a disease, it does not necessarily follow that it is the best treatment. From the long record of cases treated by authentic surgeons and in hospitals it has been shown quite conclusively that the only proved forms of treatment are surgery and radium. All other lines of treatment are either fraudulent or in the experimental stage. The medical profession has no secrets in the matter of treatment. The public is very urgently advised to beware of any cancer treatment that is "secret".

DEATHS DUE TO VIOLENCE.

15 Europeans and 20 non-Europeans living in Pietermaritzburg died in 1934-35 from violent causes. These figures may seem small, but these causes accounted for more than 6% of all the deaths that occurred.

This becomes increasingly serious when it is found that 11 of these 35 deaths were due to accidental injuries by motor vehicles, motor cycles, and trains. For a town of the size of Pietermaritzburg this number of fatal accidents is deplorable. The time would seem to have arrived for intensive education of the public in "safety first" methods.

(2) NOTIFIABLE/

(2). NOTIFIABLE INFECTIOUS DISEASE.

The total of cases notified during the year is shown on page 55 of the Appendix. The total is less than that reported for 1933-1934 in spite of an increase in the number of tuberculosis notifications. The incidence of the various diseases is discussed under the appropriate headings below.

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ISOLATION HOSPITAL. (Page 59)

Another heavy year threw a great strain on to the nursing staff and the accommodation at this Hospital. The lack, especially, of suitable living quarters, for the over-worked nursing staff has made their work more than usually difficult, and the efficient way in which they have continued to nurse the sick under these conditions has been wholly admirable.

The total of admissions to this hospital during recent years has been :-

1927-28 : 122. 1928-29 : 125. 1929-30 : 106. 1930-31: 111. 1931-32 : 94. 1932-33 : 57. 1933-34 : 154. 1934-35: 163.

From the table on page it will be seen that 37 out of the 163 cases came in from outside the Borough, that Diphtheria and Measles were again the commonest infectious diseases receiving hospital treatment, and that the average length of stay in hospital per case has increased as has, also, the number of deaths occurring in hospital.

Owing to the large number of admissions it was necessary on several occasions to engage temporary assistance for the nursing staff.

During the year the grounds of the hospital received attention from the Parks Department and the garden began to reflect something of the brightness that should surround any hospital at which most of the patients are children.

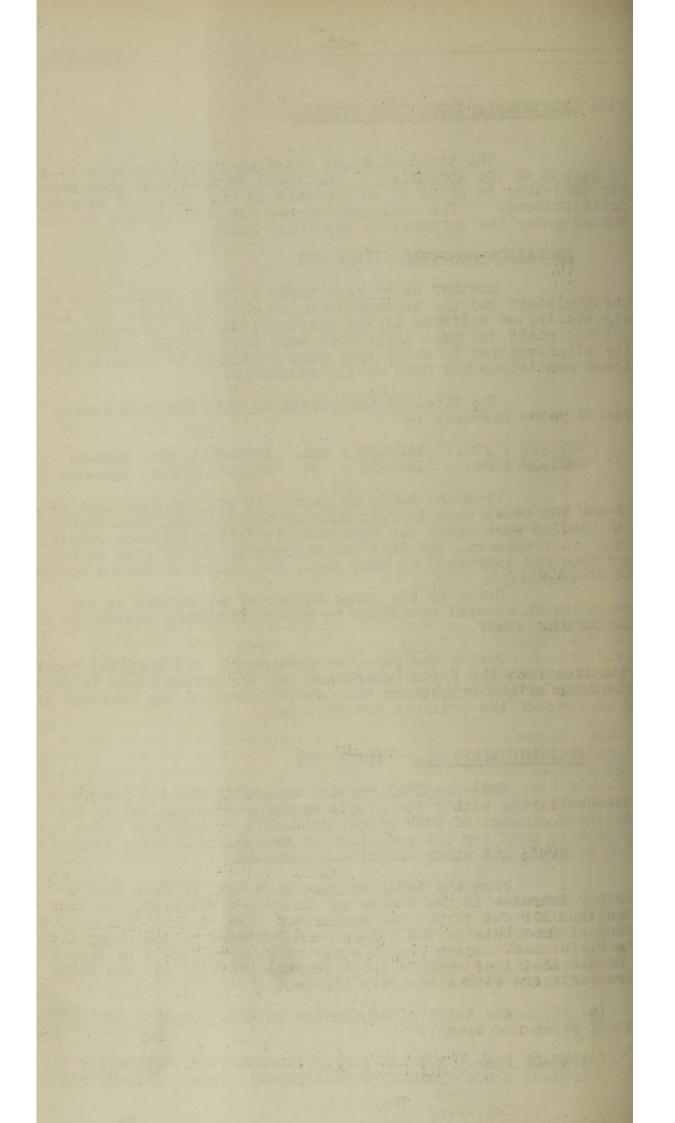
EPIDEMIC HOSPITAL. (page 60))

This hospital remains available for the reception of cases suffering with a formidable epidemic disease, but in the continued absence of such cases within the Borough one block has again been used for the reception of non-European males suffering with venereal and other infectious diseases.

From the table on page 60 it will be seen that a further increase in the number of admissions occurred, but that no less than 175 out of the 252 admissions were persons coming to the hospital from outside the Borough and admitted at the request of the Magistrate. Apart from 6 cases of chicken-pox, 1 of lepros, 1 of measles, 1 of scabies and 6 for observation, all the cases were suffering with a venereal disease.

The total of admissions to this hospital during recent years has been :-

1927-28 : 45. 1928-29 : 64. 1929-30 : 48. 1930-31 : 42. 1931-32 : 57. 1932-33 : 58. 1933-34 : 219. 1934-35 : 252.



Epidemic Hospital Cont'd.

The accommodation of female cases suffering with venereal and other infectious disease in this hospital was considered during the year.

DISINFECTION AND FUMIGATION. (page 61)

There was a slight decrease in the number of rooms disinfected because of disease, and a marked decrease in the lots of bedding, clothing, etc., passed through the steam disinfector. This was due to the installation of a disinfecting chamber at Grey's Hospital which resulted in the absence of bedding etc. from that institution at the Municipal disinfector.

There was a decrease in the number of rooms treated by cyanide fumigation to destroy vermin.

AMBULANCE .

The City Engineer reports that 1388 calls were received during the year, and 1497 cases were transported of whom 272 were suffering with an infectious disease.

LABORATORY WORK. (page 62)

Apart from examinations carried out at the Allerton Laboratory, the Union Health Department Laboratory in Durban and by the Government Analyst in Johannesburg, 242 swabs were examined for the Bacillus Diphtheriae, 154 blood slides for malaria parasites and 8 blood specimens for enteric organisms in the Department's Laboratory.

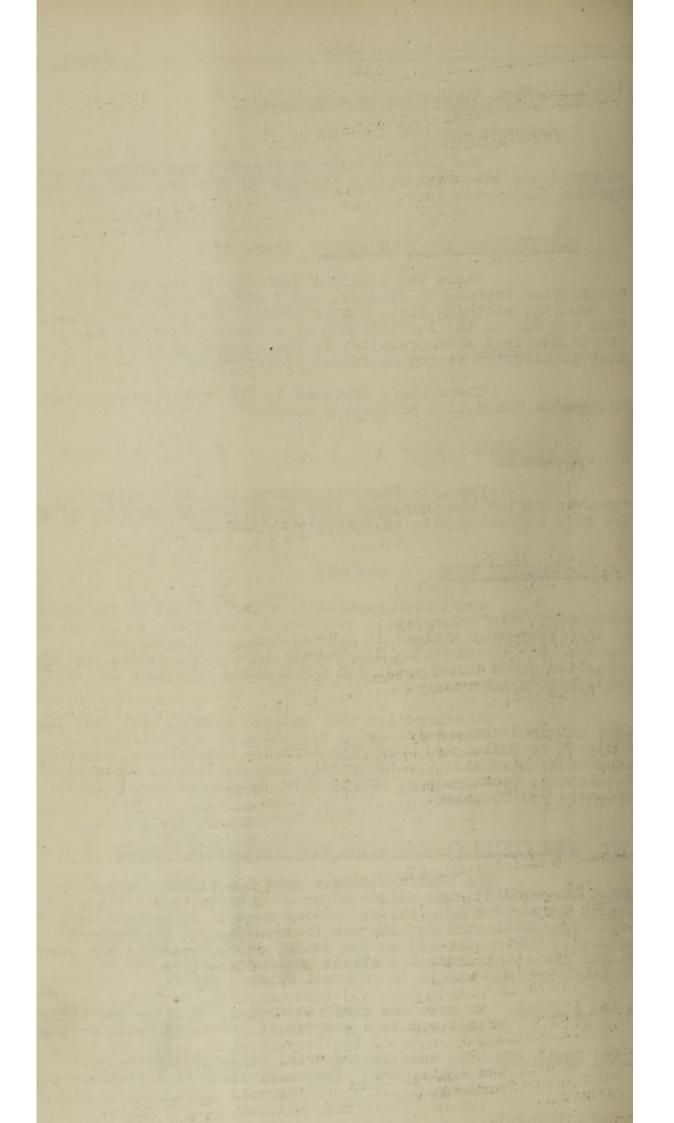
In connection with malaria control work 5682 larvae were examined and the following varieties of Anophelines, in addition to Culicines, were identified:- Mauritianus, Cinereus, Squamosus, Marshalli, Pretoriensis, Transvaalensis, Rhodesiensis, Natalensis, Maculipalpis, Longipalpis, Squamosus var.Cydippis, Ardensis and Costalis.

HOME VISITS IN CONNECTION WITH INFECTIOUS DISEASE

The Health Visitors paid 525 visits (including 370 Tuberculosis), the Native Nurse 92 Tuberculosis visits, and the Health Inspectors 187 visits. Every case of infectious disease occurring within the Borough was followed up and the contacts advised. During the six months ending June 30th,1935, the Native Health Assistants made 648 visits to tuberculotics and their contacts and 810 visits to venereal disease cases.

(a) ANTHRAX. No case was reported during the year. Supervision of all possible sources of infection continued.

- (b) <u>SMALL POX</u>. No case was reported during the year. Assistance was again given with vaccination of unvaccinated persons.
- (c) DIPHTHERIA /



(c) <u>DIPHTHERIA</u>. The incidence of cases among Borough residents fell to 23 cases as compared with 49 last year, but 45 cases were admitted to the Isolation Hospital of whom 17 were residents outside the Borough. The fatality rate for this disease, which is usually about 8%, rose to 9%. The incidence rate for Pietermaritzburg, in spite of the large school population, remained lower than for other large centres in the Union. The comments made in the last Annual Report regarding the necessity for artificial immunisation still hold good.

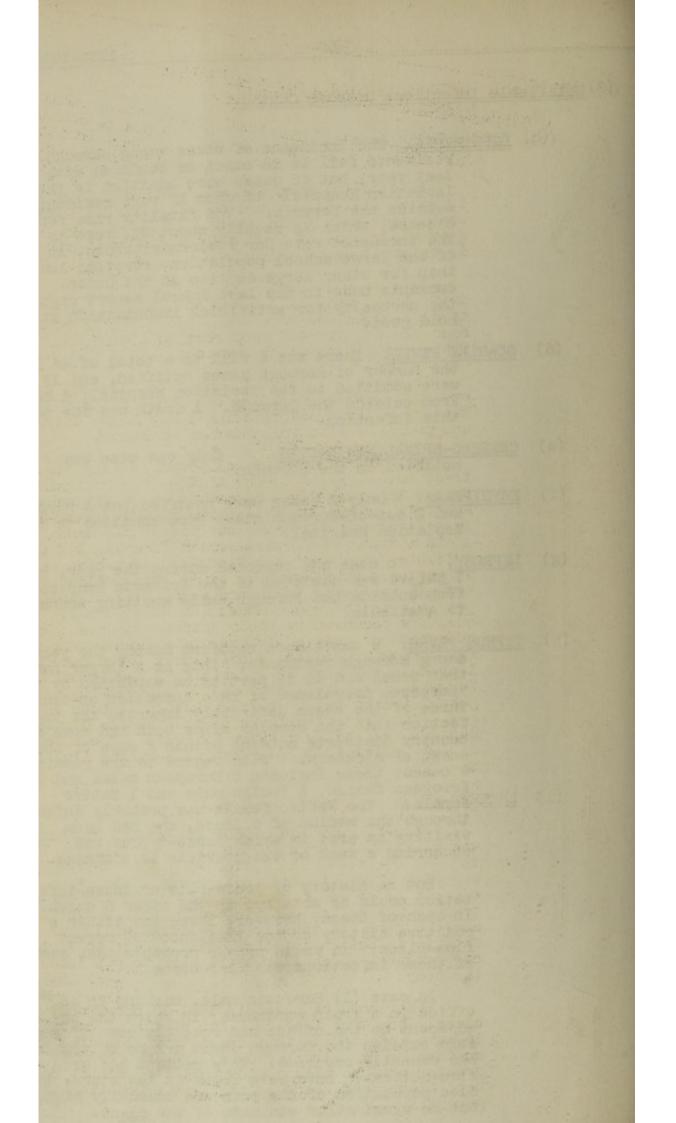
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- (d) <u>SCARLET FEVER</u>. There was a fall to a total of 45 in the number of Borough cases notified, and 17 cases were admitted to the Isolation Hospital, 4 coming from outside the Borough. 1 death was due to this infection.
- (e) <u>CEREBRO-SPINAL MENINGITIS</u>. Only one case was notified in the Borough.
- (f) <u>ERYSIPELAS</u>. Only 2 cases were notified, but 3 Borough and 2 out-of-Borough cases were admitted to the Isolation Hospital.
- (g) <u>LEPROSY</u>. No case was reported during the year, but I Native was admitted to the Epidemic Hospital from outside the Borough while awaiting transfer to Amatikulu.
- (h) <u>TYPHUS FEVER</u>. 9 cases were notified during the year among Borough residents. This is a larger number than usual and is in part to be explained by the increased prevalence of this infection up-country. Three of the cases definitely imported the infection into the Borough since both had come from country districts outside within 2 days of the onset of sickness. With regard to the remaining 6 cases, these included 3 European males and 1 European female, 1 Indian male and 1 Native female. The Native female was probably infected through the medium of a louse, she had been visiting an area in which louse-typhus was occurring a week or two previous to sickness.

But no history of louse-bite or louse-infestation could be obtained in the other 5 cases. In each of these, however, there was either a positive history or the likelihood of recent flea-bites; it would appear probable that each of these infections was flea-borne.

In case (1), European male, working in an office in a grain warehouse, in which the hay adjacent to the office had recently come from a farm outside the Borough where a case of typhus had recently occurred. This patient had been flea-bitten. Rats were found in the store; the flea population of the rats was unusually high, but no examination was made of the fleas.

In/



(h) TYPHUS FEVER Cont'a.

In case (2), European male, working in a shop in which flea-bites were noted by the employees when stock-taking and removal of goods took place. A previous case of typhus fever had been reported in an employee of this shop.

In case (3), Indian Male, living in the Camp Drift area, many flea-bites on the skin, history of flea-bites for some weeks past, and of neighbour who had arrived from northern Natal (in Typhus area) two weeks previously.

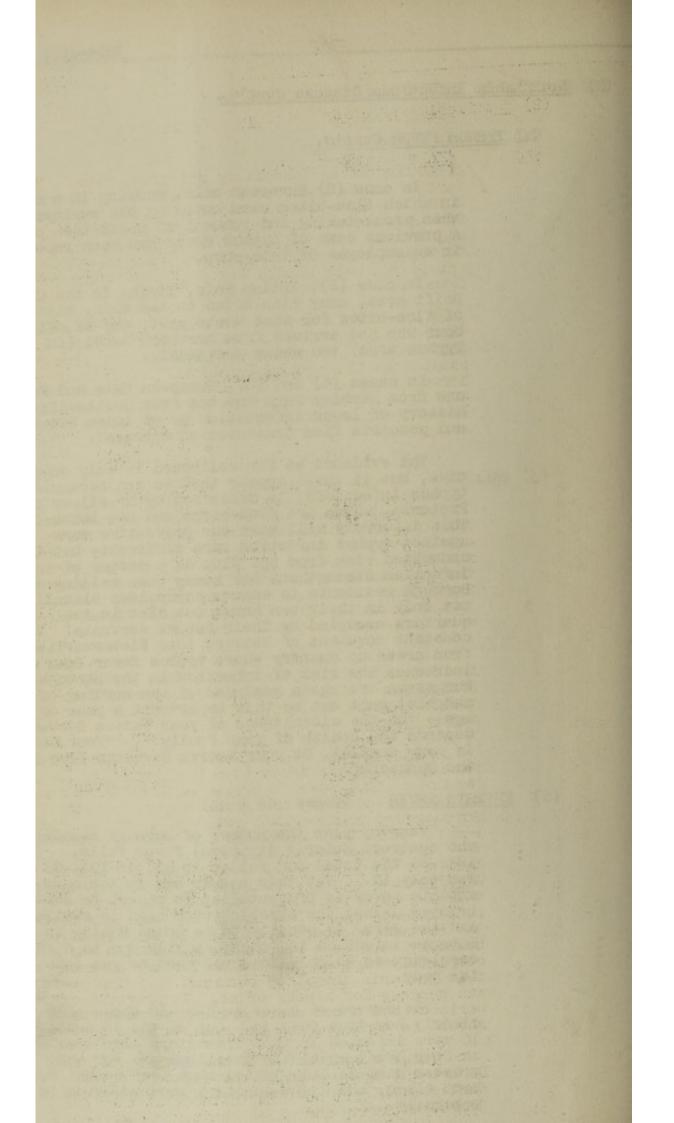
In cases (4) and (5), European Male and Female, one from Wembley Park and one from Scottsville, no history of louse infestation or of louse bites, and possible flea transmission untraced.

The evidence so far collected is only suggestive, but it would appear that we can recognise typhus infections, as described by Dr.Pijper of Pretoria, which are flea-borne and not louse-borne. This discovery will make our preventive work against typhus infection more difficult, but the undoubted risk from the flea as a vector of this infection strengthens our hands when calling upon Borough residents to ensure scrupulous cleanliness not only in their own homes but also in the quarters occupied by their Native servants. The constant movement of Natives into Pietermaritzburg from areas up country where typhus fever does occur increases the risk of infection in the Borough. Burgesses are again reminded of the wording of a pamphlet sent out by this Department a year or two ago - "On the cleanliness of your Native Servants depends the Health of your Family!", "Your Home is your Castle! Do your Native Servants live in the Dungeon?".

(i) ENTERIC FEVER (pages 46 & 55)

Year by year the number of Borough residents who contract Enteric (typhoid) Fever falls. In 1933-34 the total had fallen to 23, in 1934-35 it was only 18. Yet this number was 18 too many, for enteric fever is preventable, it cannot be contracted unless the enteric fever germ is swallowed. and the germ is usually to be found hiding in dirt. Enteric infection is, then, usually due to dirt and carelessness which allows the germ to get into the body.

The record of cases in 1934-35 shows only too clearly how true this is. Out of the 18 cases, 10 were infected in that insanitary slum area known as Camp Drift where the dwellings are for the greater part so dilapidated that they cannot be kept clean, and where sanitary accommodation is generally.../



(i) Enteric Fever Cont'd.

generally of an insanitary pit privy type. Three further cases occurred in a dwelling in Zwartkop Road, but here the infection had been brought in from Sutherlands by the first of the three sufferers. Of the remaining 5 cases in the Borough 3 came from insanitary and dilapidated wattle and daub shacks occupied by Natives in the Chase and Town Bush valleys.

For the first time on record no case occurred in the City Area, a matter for real pride. The incidence of Enteric Fever gives a very shrewd pointer to the sanitary and health condition of a Borough, especially in a climate like that of South Africa. By this standard Maritzburg can claim to be increasingly efficient in its sanitary condition.

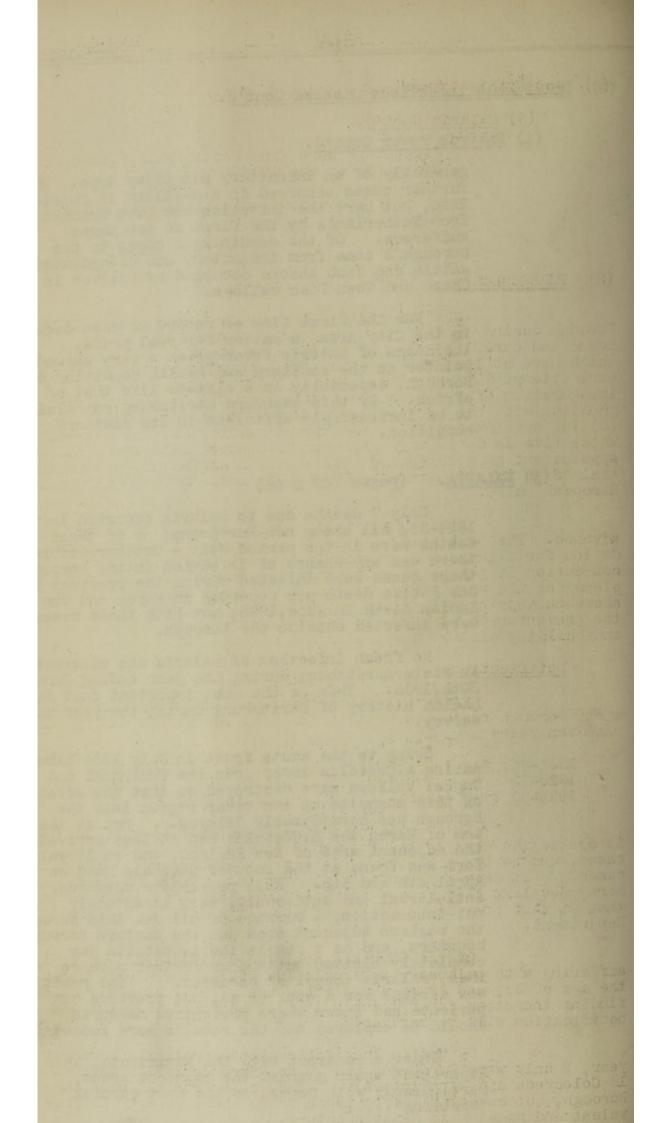
(j) MALARIA. (pages 47 & 56)

Only 7 deaths due to malaria occurred in 1934-35, all among non-Europeans; 5 of these deaths were in the period July - October before there was any chance of infection in the Borough; these cases were infected during the previous year. One Native death was reported in March and one Indian death in June, 1935, but both these cases were infected outside the Borough.

No fresh infection of malaria was contracted in Pietermaritzburg during the year ending June 30th,1935. This is the most important fact in the health history of Maritzburg during the year under survey.

Owing to the acute frost in July 1934 hibernating A.Costalis lower down the Umsindusi and Umgeni Valleys were destroyed so that the advance of this mosquito up the river region into the Borough was considerably delayed. But at the end of March the A.Costalis had at last arrived in the adjacent area of New England, and in larval form was found at the foot of Rosedale Road on April 4th and 5th. Full preventive measures, anti-larval and anti-adult, were immediately put into action, a barrage of oil was laid across the eastern adjacent area and the eastern borough boundary, and as a result the A.Costalis was completely blotted out" and no further advance of this "malaria mosquito" occurred. The position was serious for a week or so, but previous experience had shown where preventive measures should be employed and the results were successful.

Under a contract with the Magistrate, this Department again guarded the adjacent areas, particularly with regard to the most careful "spotting"..../



(j) Malaria Cont'd.

"spotting" work from December 15th, 1934, to the beginning of May, 1935.

For mosquito examinations, see under "LABORATORY", page 56.

(3) TUBERCULOSIS. (pages 48, 49, 55 & 57)

The history of tuberculosis control work in the Borough during 1934-35 has been one of increasing activity along sound and carefully-planned lines. Two steps have been taken which have at last made possible an extension of the preliminary work attempted in previous years. These steps have been (1) the inauguration of a tuberculosis clinic at Grey's Hospital, in conjunction with the Provincial and Union Government authorities. (2) The appointment of an additional Health Visitor, one half of whose time is definitely allotted to tuberculosis work, and the appointment of a full-time Native Health Assistant, previously trained in this Department, for tuberculosis work among the non-European males.

It is most gratifying to be able to record this advance. The next step will be to get adequate hospital accommodation for all cases requiring in-patient treatment, and in this connection it may be recorded that Government is already making plans for the very early erection of a large tuberculosis hospital above the Springfield Flats, near Durban. Meanwhile the site for the preventorium to be built in Pietermaritzburg has been chosen and building will be started in the coming year.

Notifications.

Among all races the number of tuberculosis cases among Borough residents notified to this Department during the past ten years has been :-

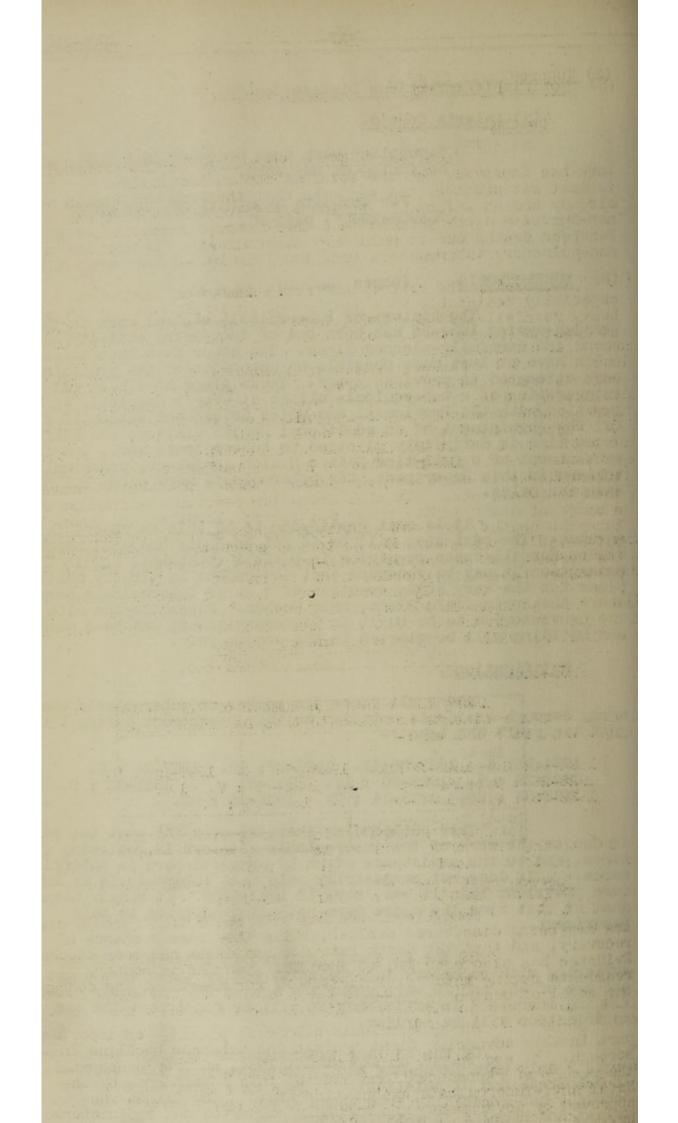
1924-25: 6. 1925-26:11. 1925-27: 22. 1927-28: 9. 1928-29: 7. 1929-30: 23. 1930-31: 7. 1931-32: 9. 1932-33: 28. 1933-34: 74. 1934-35: 93.

This outstanding increase over the past two years is due to the work of the tuberculosis visitors in following up cases, and to the assistance given by practitioners in notifying cases. It does not necessarily mean that tuberculosis is any more prevalent than it was, say, in 1931-1932. It simply means that at that time the cases were not being notified to this Department.

Of the 93 cases notified in 1934-1935, 85 were suffering with pulmonary tuberculosis. 62 of these were under the age of 35, and 39 were under the age of 25. As early case finding increases in efficiency it will be found that the age of notification will be earlier.

Of the 85 lung tuberculotics notified during the year, 7 only were Europeans and 78 non-Europeans (35 Natives, 12 Coloureds and 31 Asiatics). They came from all over the Borough, but especially from those areas where poverty is prevalent and housing is unsatisfactory.

Deaths./



1934-1935

(3) Tuberculosis Cont'd.

Deaths.

Notifications have increased as the preventive work has improved, but the total of deaths has fallen. This is most satisfactory and suggests that the work undertaken has already had an effect. In 1933-34 there were 7 European and 46 non-European deaths, in 1934-35 there were 4 European and 40 non-European deaths due to pulmonary tuberculosis. Deaths due to non-pulmonary tuberculosis totalled 8 in 1933-34 and 9 in 1934-35.

The fall in the total number of deaths is especially noticeable in a year when, as in 1933-34, an unusually heavy rainfall left the low-lying parts of the Borough damp for at least half the year.

The proportion of deaths due to pulmonary tuberculosis among the various races in this community it shewn in the following table, and also for the people living outside the Borough who came into our hospitals, too late for treatment to be of use, to die.

Should there be any people left who think that tuberculosis is not a serious matter, this table should prove to them their mistake. It also shows how serious the disease is as a cause of death in the rural districts: 12.8% of all non-European deaths, among Borough residents, are due to tuberculosis; but 18.5% of all non-European deaths among persons living outside the Borough but coming into Pietermaritzburg to die, are due to pulmonary tuberculosis.

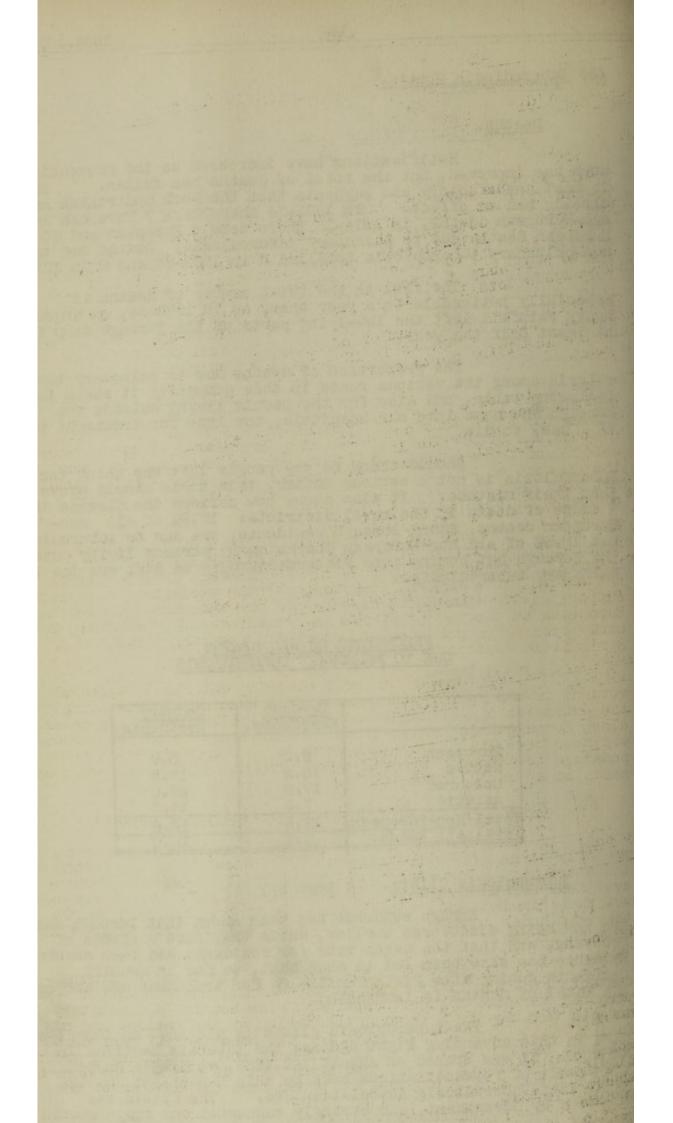
PERCENTAGE OF ALL DEATHS DUE TO PULMONARY TUBERCULOSIS

	Borough Residents.	Country Residents.		
European Native Coloured Asiatic	2.3 15.2 17.9 7.3	0.9 18.9 25.0 14.3		
Total Non-European	12,8	18.5		
Total All Races.	9.1	15.0		

Tuberculosis Clinic. (page 57)

Enough evidence has been shown that Borough cases are now being discovered earlier, while they have a chance of recovery, and that the death rate for residents has been checked. Evidence has also been led to show that, so far as country residents coming into Pietermaritzburg for treatment are concerned, the total of deaths is increasing.

The tuberculosis clinic is playing an important part in this advancing fight against the tubercle bacillus in the Borough. It was opened on August 1st,1934, at Grey's Hospital, as the result of representations made by this Department, by the Natal Anti-Tuberculosis Association etc. The Clinic was approved by Government, and strongly supported and administered by..../



(3) <u>Tuberculosis Cont'd.</u>

Tuberculosis Clinic Contd.

by the Provincial Authorities. The cost of the clinic is borne by the Union Government (50%), the Provincial Government (25%) and the Municipality (25%). It is open to all persons and full facilities for clinical examination, X.Ray examination, sputum examination, etc. are available. From its inception until the end of March, 1935, the medical attention was provided by the Honorary Physicians at Grey's Hospital. From April 1st, 1935, the sole medical attendant has been the Assistant Medical Officer of Health of this Department. The Municipal Health Visitors, and Native Health Assistants, attend at all clinics to keep in touch with all cases and their contacts. Clerical assistance is provided by Grey's Hospital and by this Department.

The table on page 57 clearly shows that the clinic has already filled an obvious need. 313 persons presented themselves for examination, of whom 238 were Borough residents and 75 came to the clinic from outside the Borough, 43 of these persons were found to be suffering with tuberculosis - many of whom, in the absence of this facility for early diagnosis, would probably not have been examined until the disease had become so far advanced that the outlook was hopeless.

40 cases were admitted to Grey's Hospital, and 5 sent to Springkell or Nelspoort Sanatorium. The question of hospital accommodation becomes a serious one; Grey's Hospital is not suited, as a general hospital, for the reception of patients suffering with open tuberculosis, and the accommodation for non-Europeans at the two Sanatoria is insufficient. Therefore, the early opening of the Natal Tuberculosis Hospital above the Springfield Flats is eagerly awaited.

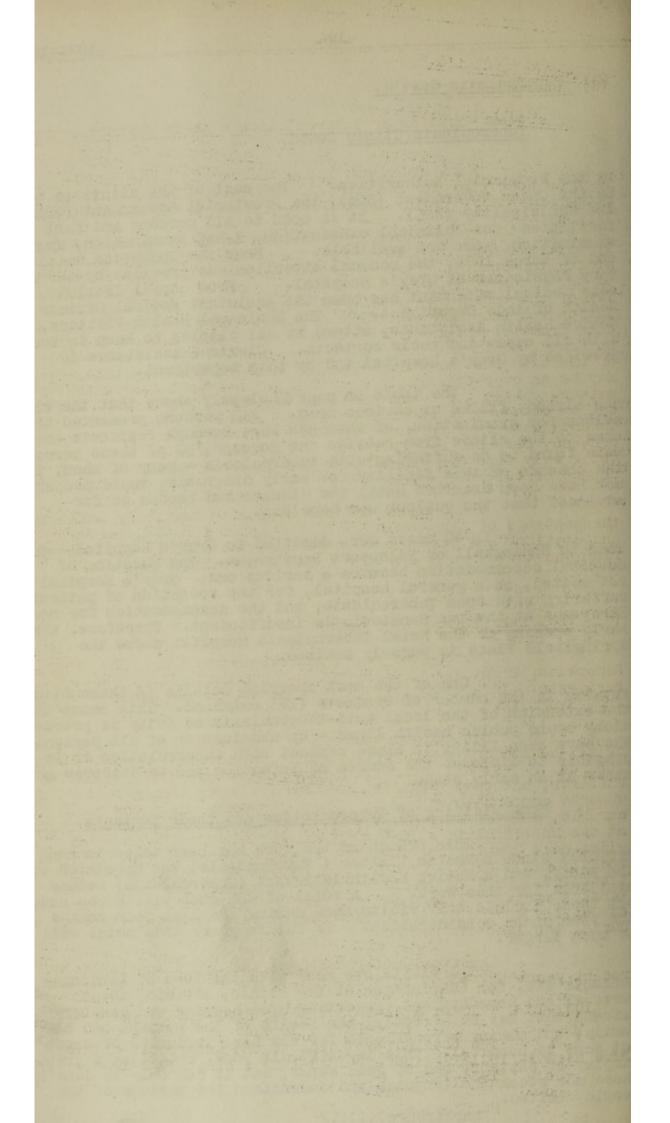
One of the most cheering details in these clinic returns is the number of contacts (79) examined. This means that the extension of the local anti-tuberculosis activity is proceeding along sound public health lines - by examination of all persons who have been living in close contact with tuberculotics it is possible to discover the source of infection and to discover new cases at an early stage.

Home Visiting of Tuberculotics and their Contacts.

This branch of the work has been taken in hand properly since a Health Visitor (Tuberculosis) was appointed to the staff, and a Native Health Assistant (Tuberculosis) became available for this work. A total of 455 such visits was made, but these include only visits done during the last four months of the year under consideration. In future years this total will be much larger.

The visits are made with the idea of finding contacts etc. for examination at the clinic, advising about personal and home hygiene, reporting upon housing and sanitary defects that may be affecting the health of the patient and his family, and making arrangements for the home isolation of cases not sent to hospital. This is difficult work, entailing a great display of patience and of good sense, and it can only be done by those who speak the language and understand the customs of the people visited.

Maritzburg/



(3) <u>Tuberculosis Cont'd</u>.

Home Visiting of Tuberculotics & their Contacts Cont'd.

Maritzburg now leads the way in South Africa as regards home visiting and individual health education through the medium of Native Health Assistants trained in this Department.

The tuberculosis problem is bound up very intimately with the slum problem. Of the notifications of new pulmonary tuberculosis cases received during the past 8 years, 86% of the cases were living under conditions of over-crowding, and 77% of the cases were in houses where the lighting and ventilation was inadequate. A very great preponderance of the cases came from the areas in the Borough where slum conditions are to be found, as in the Camp Drift area and the over-crowded barracks of the City East area. "Healthy housing means no tuberculosis" may be an over-optimistic cry, but it goes to the truth of this matter. While the slums continue to exist, the cost of hospitalisation of cases of tuberculosis will continue to increase. Tuberculosis is rife where ignorant poverty sleeps in overcrowded, dark and stuffy rooms. Where the sun and fresh air can get freely into dry clean rooms the tubercle bacillus has little chance of multiplying.

The Medical Officer of Health regularly attended at the meetings of the Executive of the Natal Anti-Tuberculosis Association, and gave advice regarding the site of the Preventorium and the structure of the Natal Tuberculosis Hospital.

(4) VENEREAL DISEASE. (pages 58 & 60)

During the year Syphilis caused the death of no Europeans, 2 Natives, 1 Coloured and 1 Asiatic among Borough residents. In addition 11 Natives came into the Borough to die from Syphilis.

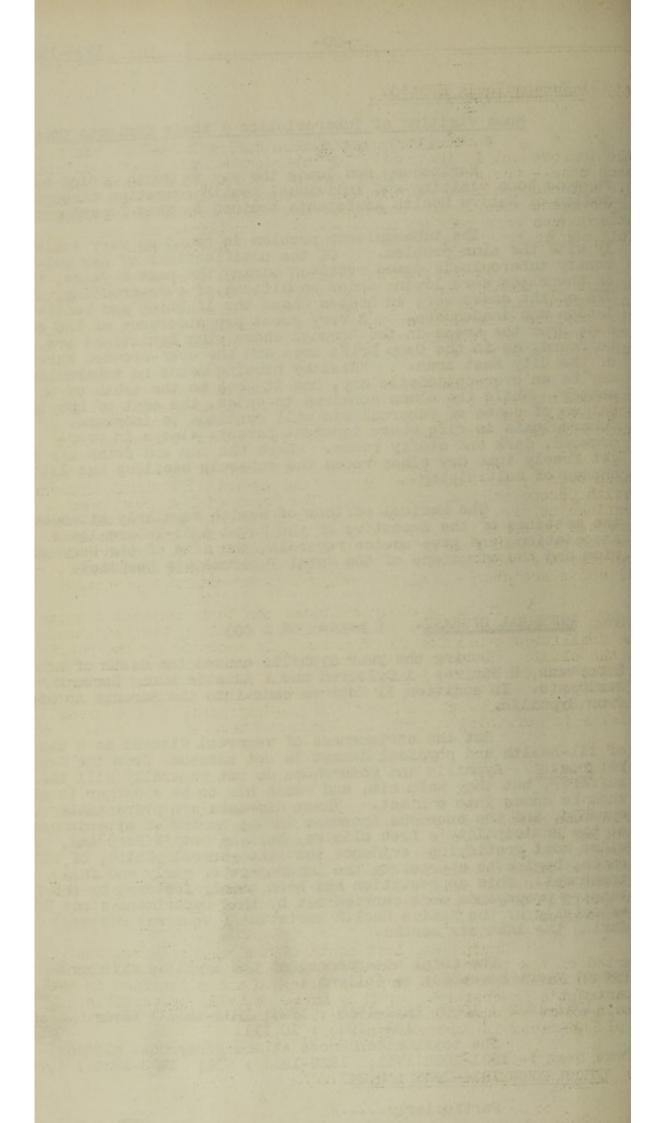
But the seriousness of venereal disease as a cause of ill-health and physical damage is not assessed from the death returns. Syphilis and gonorrhoea do not generally kill the sufferer, but they maim him, and cause him to be a danger to all wit whom he comes into contact. These diseases are preventable and curable, and the enormous increase in the number of attendances at the Municipality's free clinics, held at Grey's Hospital, provides most gratifying evidence that the general public, of all races, begins to appreciate the importance of early and full treatment. This appreciation has been mainly fostered by the intensive propaganda work carried out by this Department since 1932, especially by the Native Health Assistant (Venereal Disease) during the last six months.

The total attendances at the Syphilis clinics during recent years have been as follows :-

1931-1932 : 1089; 1932-1933 : 1884; 1933-1934 : 4344; 1934-1935 : 10,111.

The total attendances at the gonorrhoea clinics have been :- 1931-1932 :Nil; 1932-1933 : Nil; 1933-1934 : 4,782; 1934-1935 : 6,347.

Particularly/



(4) VENEREAL DISEASE Contd.

Particularly noticeable during 1934-1935 has been the improvement in the number of attendances made at the clinic by each case - the average attendance of each syphilis case rose from 3.9 attendances last year to 7.3 attendances in 1934-1935 - a fine improvement when it is remembered that 3165 out of the 10,111 attendances were made by out-of-Borough residents who cannot be followed up by the Municipal Native Health Assistants.

At the routine medical examination of Natives presenting themselves for registration at the Togt Office, 9590 males were examined and 329 (3.43%) were found to be suffering with obvious venereal disease and were immediately referred for treatment. 54 females were examined and 10 (18.4%) found to be suffering with venereal disease.

235 non-European males were admitted to the Epidemic hospital suffering with venereal disease, as compared with 187 in 1933-1934. Out of the 235 so admitted, 167 were out-of-Borough residents taken into hospital at the request of the Magistrate.

On April 1st the medical work of the clinics was taken over by the Municipality and the Assistant Medical Officer of Health became medical officer. The Provincial Authorities continue to provide the clinic quarters at Grey's Hospital, the services of nursing staff for the female clinics and such drugs as are not provided free by the Union Government. The Municipality provides the medical staff, orderlies and clerical assistance, and all cases are seen - whether resident in or out of the Borough.

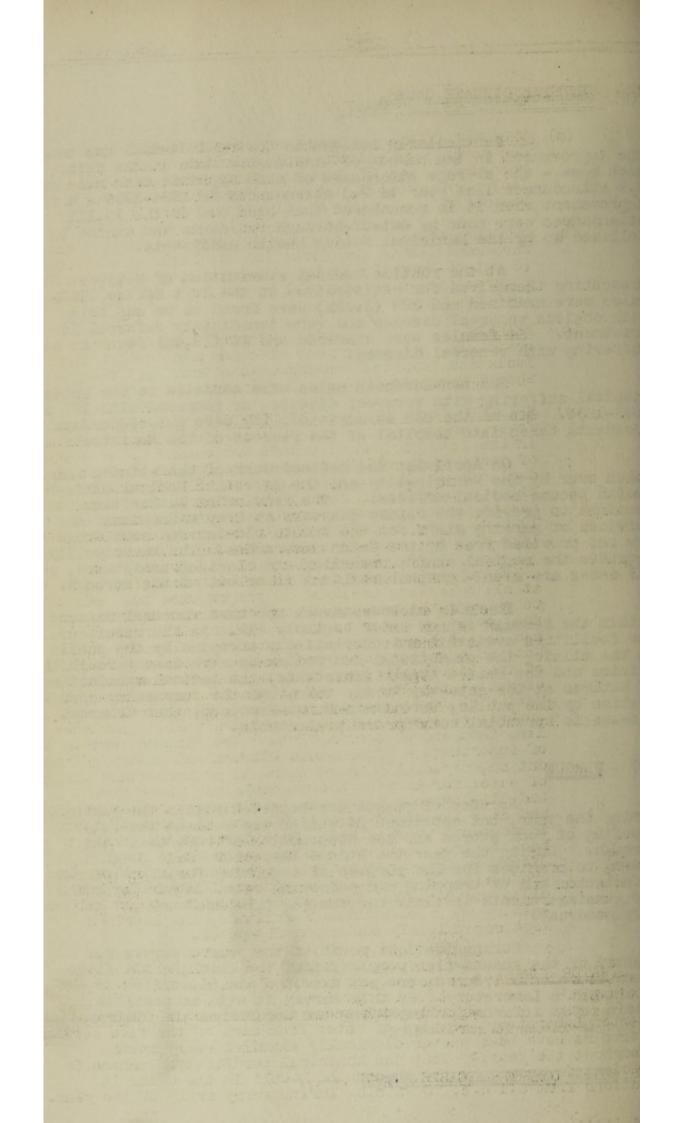
There is clear evidence now that venereal disease within the Borough is now under control. This is the result of the facilities available and increasingly accepted by the public at the clinic, the educational and follow-up work done through the clinics and the Native Health Assistants, the medical examination of Natives at the gate-way to the town, and the increasing appreciation by the public, European and non-European, that venereal disease is horrible, curable and preventable.

(5) PLAGUE

No case of plague was reported within the Borough during the year, but continued attention was paid to the ratproofing of food stores and the destruction of rodents in the Borough. During the year the Rodent Inspector made 1380 visits to premises for the purpose of searching for signs of rat infestation and of trapping and poisoning rats. A new apparatus for gassing rodents in their burrows was purchased and put to very good use.

During the last month of the year a survey was started of the rodent-flea population of the Borough; all fleas found on rodents trapped, are now examined and classified in the Department's Laboratory. By this survey it will be possible to obtain exact information regarding the occurrence and distribution of plague-fleas in Maritzburg.

(6) OTHER COMMUNICABLE DISEASES./



(6) <u>OTHER COMMUNICABLE DISEASES</u>:

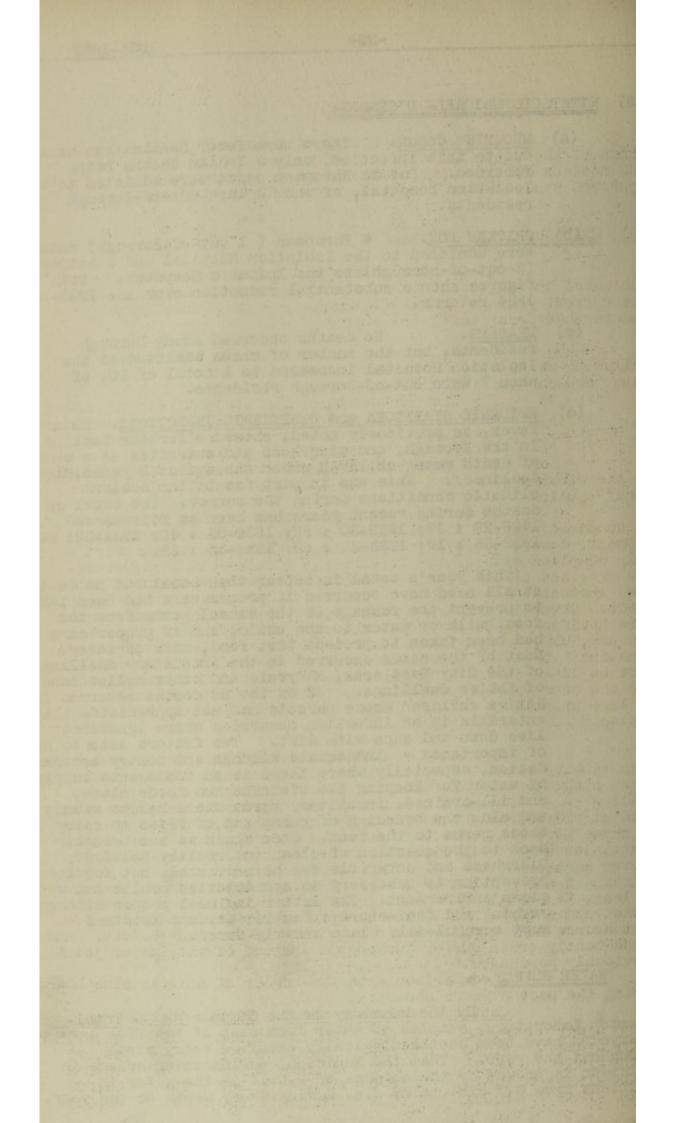
- (a) <u>WHOOPING COUGH</u>. There were fewer deaths than usual due to this infection, only 3 Indian deaths being recorded. But 21 European cases were admitted to the Isolation hospital, of whom 3 were out-of-Borough residents.
- (b) <u>CHICKEN FOX</u>. 4 European (1 out-of-Borough) cases were admitted to the Isolation Hospital and 6 Native (3 out-of-Borough) to the Epidemic Hospital. Both figures show a substantial reduction over the 1933-1934 returns.
- (c) <u>MEASLES</u>. No deaths occurred among Borough residents, but the number of cases admitted to the Isolation Hospital increased to a total of 50, of whom 7 were out-of-Borough residents.
- (d) EPIDEMIC DIARRHOEA and DYSENTERIC INFECTIONS. Enteric fever, as previously noted, showed a further decline in the Borough, and diarrhoea and enteritis as a cause of death among children under the age of 2 years, also declined. This was in part due to the cooler climatic conditions during the summer. The total of deaths during recent years has been as follows :-1928-29 : 39; 1929-30 : 55; 1930-31 : 40; 1931-32; 64; 1932-33 : 19; 1933-34 : 52; 1934-35 : 28.

This year's total is better than usual but no deaths at all need have occurred if proper care had been taken to prevent the passage of the causal germs from the food, milk or water to the child, and if proper care had been taken to protect that food, milk or water. Most of the cases occurred in the insanitary dwellings of the City East area, Maryvale and other collections of Native dwellings. 22 of the 28 deaths occurred in Native children whose parents had not appreciated that enteritis is an infection occurring where ignorance lies down and sups with dirt. Two factors seem to be of importance - inadequate kitchen and pantry accommodation, especially where there is an inadequate supply of water for keeping the utensils and foods clean; and ill-drained, insanitary yards where refuse stands and aids the breeding of germs and of flies to carry those germs to the food. Once again we are brought back to the question of clean and healthy housing. Diarrhoea and enteritis can be prevented, but for its prevention is necessary an appreciative public and a clean environment. The latter includes proper kitchen, washing and food-storage facilities, and latrines kept scrupulously clean and fly-proof.

(7) WATER SUPPLY.

By the courtesy of the Officer in Charge, Allerton Laboratory, samples of water from each of the five service reservoirs have been bacteriologically examined every month throughout the year. That the Municipal purification scheme is efficient is proved by the absence of B.Coli in the water in dilutions from 0.1 c.c. to 25 c.c. during every month of the year.

(8)./



(8) NIGHTSOIL and REFUSE DISPOSAL

The administration of this work remains in the hands of the City Engineer. From the Public Health Department 563 notices calling upon householders to provide themselves with approved house refuse bins were served during the year.

(9) MEAT SUPPLIES. (pages 64 & 65)

An account of the working of the Abattoir was published in the report for the year ending June 30th,1933. During the current year no marked alteration has been made in the procedure then described.

On the market, in shops and in tea rooms the following meats were condemned by the Foods Inspector as unfit for human consumption :-

723 tins of Sardines; 112 lbs.of fish; 93 lbs.of mutton; 114 lbs.of veal; 120 lbs.of venison; 9 ducks; 1 turkey; 58 dressed fowls; 6 guinea fowls, and 2 lots of fowl giblets.

This is a larger figure than usual, and points to the close supervision given to the food stuffs sold to the local public.

There were 29 applications for Butchers' licences, as compared with 28 in 1933-1934. 23 were approved without comment, 4 were approved subject to certain conditions which were duly complied with, 1 application was refused and 1 withdrawn. The premises of butchers have been repeatedly visited and 184 such inspections were made of shops and carts used in the meat trade. Several carts were found to be unsuitable and the owners were notified in January that all such vehicles must, before January, 1936, be provided with a fully covered in body, closed at each end; that the floor and sides of the body of such vehicles must be lined inside with galvanized iron; and that vehicles used for the conveyance of meat must not be used for the conveyance of live animals or for any purpose which may lead to contamination.

The total number of animals slaughtered again fell, this time by about 4,000, the greatest fall being in the number of sheep slaughtered. The Abattoir Manager comments upon this as follows :- "During the years of the depression meat was being sold at ridiculously low prices and notwithstanding the shortage of money more meat was being consumed. During this period large quantities were being disposed of on the Borough Market and the poorer section of the community could be seen purchasing joints weighing 5 and 6 lbs. for 1/-. The meat trade has returned,more or less, to normal; less meat is being handled on the Borough market and a large number who used to obtain their supplies from that source now purchase their requirements from the butcher and consequently order one or two pounds instead of the larger joint previously purchased."

A comparison with the number of animals slaughtered during the past 5 years shows :-

	Cattle.	Calves.	Sheep.	Pigs.	Goats.	Total.
1930 -1931	8,866	580	30,428	2,934	19	42,827
1931 -1932	8,316	559	33,903	3,278	-	46,056
1932 -1933	8,570	552	.35,684	3,223	23 136	48,052
1933 -1934	9,518	670	29,736	2,969	77	39,001
1934 -1935	9,221	624	27,389	1,050	11	00,001

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(9) MEAT SUPPLIES Cont'd.

In addition to these animals, the following carcases of animals slaughtered outside the Borough (almost all at the Durban Municipal Abattoir) were submitted for examination and stamping :- 488 quarters Beef, 1 carcase Veal, 709 carcases Mutton, 9 carcases Pork.

The Abattoir Manager again records an increase in the incidence of "measles" in cattle. 1.33% (1.26% in 1933-1934) of the carcases had to be totally condemned for this reason, while 6.04% (5.56% in 1933-1934) of all cattle were found to be infected with "measles". The 434 carcases which were only slightly infected with "measles" were placed in cold storage, as prescribed by Government Regulation, before being passed as fit for human consumption. 4.48% (5.52% in 1933-1934) of the calves slaughtered were infected with "measles" and condemned. 2.83% (1.75% in 1933-1934) of the Pigs slaughtered were infected with "measles" and condemned.

The following table shows the number of carcases infected with "measles" recently :-

	CATTLE		CALVES		PIGS		
	Slaugh-	% In-	% Con-	Slaugh-	<u>% Con-</u>	Slaugh-	<u>% Con-</u>
	tered.	fected.	demned.	tered.	demned.	tered.	demned.
1930-31	8,866	4.18	1.20	580	4.82	2,934	2.07
1931-32	8,316	4.12	1.07	559	5.54	3,278	1.12
1932-33	8,570	3.83	0.99	552	6.15	3,223	1.48
1933-34	9,518	5.56	1.26	670	5.52	2,969	1.75
1934-35	9,221	6.04	1.33	624	4.48	1,690	2.83

The proportion of cattle found to be infected with tuberculosis was 0.49% (0.55% in 1933-1934), and of Pigs, 3.13% (2.55% in 1933-1934).

During the year four carcases were condemned on account of generalised infection with Onchocerca - a condition seen for the first time in Pietermaritzburg and only rarely found in South Africa.

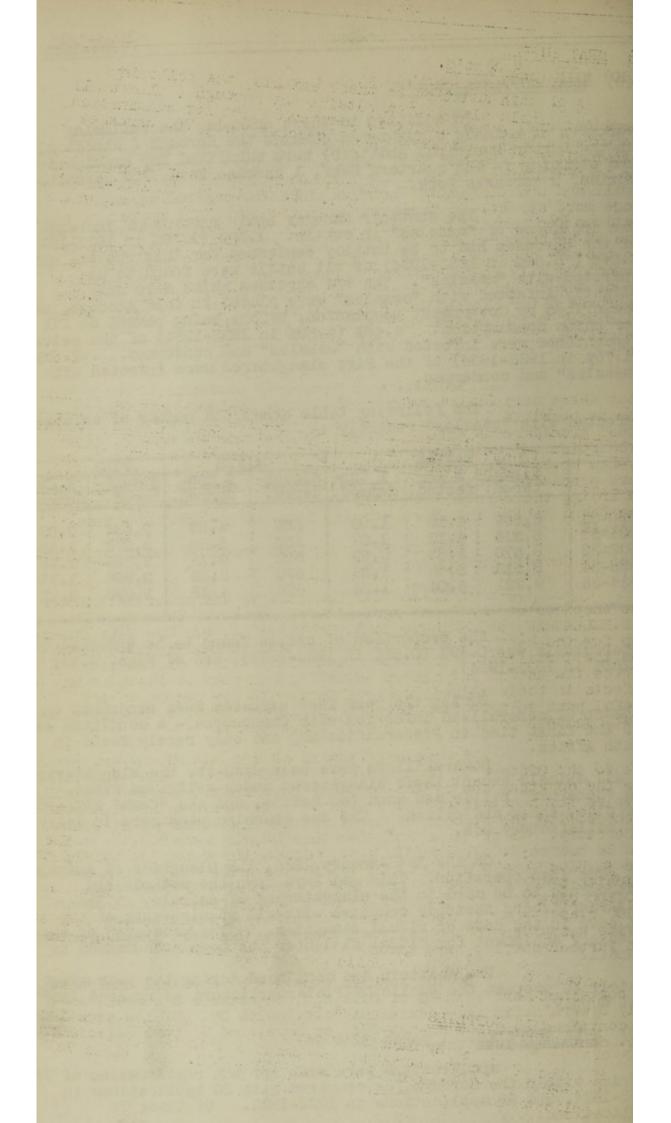
Humanekillers have been used for the slaughtering of all animals except those slaughtered under religious rites. The "Schermer" killer was used for cattle, and the "Cash" killer for pigs, sheep and calves. The two stunning pens were in daily and satisfactory use.

On the 1st January, 1935, the Slaughter of Animals Act came into operation. This Act lays down the methods and instruments to be used in the slaughtering of animals. The Pietermaritzburg Abattoir complies with all requirements of the Act save in the case of ritual slaughter. The provision of the necessary equipment for ritual slaughter has been recommended to Council.

The Abattoir has continued during the year adequately to protect the public of Pietermaritzburg as regards its meat supply.

(10) MILK SUPPLIES. (pages 62 & 66)

Applications were made for the registration of 76 dairies within the Borough, as compared with 80 applications in 1933-1934, and 98 applications in 1932-1933. Of these 76 applications..../



(10) MILK SUPPLIES Cont'd.

applications, 3 were refused, 2 were refused because certain required alterations were not completed, 2 were finally approved after alterations had been made, and 69 were approved outright. It is of interest to note the gradual reduction in the number of small and unsatisfactory dairies since the control of dairies was made more strict. There was an increase in the number of applications for permits to import milk into the Borough. This total was 58 as compared with 39 last year; the increase is entirely due to the new procedure of the Department which required all persons importing milk to the Natal Creamery also to take out permits. 56 of the 58 applications were approved without comment, and 2 were approved after alterations had been made. 37 applications for milk shop registration were made, 35 were approved without objection, and 2 after the requirements of the Department had been met.

Prosecutions were only undertaken during the year where serious breaches of the Dairy By-Laws had occurred. As far as possible letters, personal interviews and notices form the usual procedure of the Department to overcome defects in milk production and milk vending. But 6 prosecutions under Dairy By-Law No.3, regarding the sale of milk from unlicensed premises, were proceeded with, and one prosecution under Dairy By-Law No.29, regarding the sale of unbottled milk. In cach case the dairyman was found guilty and fines varying between 5/- and 10/- were imposed.

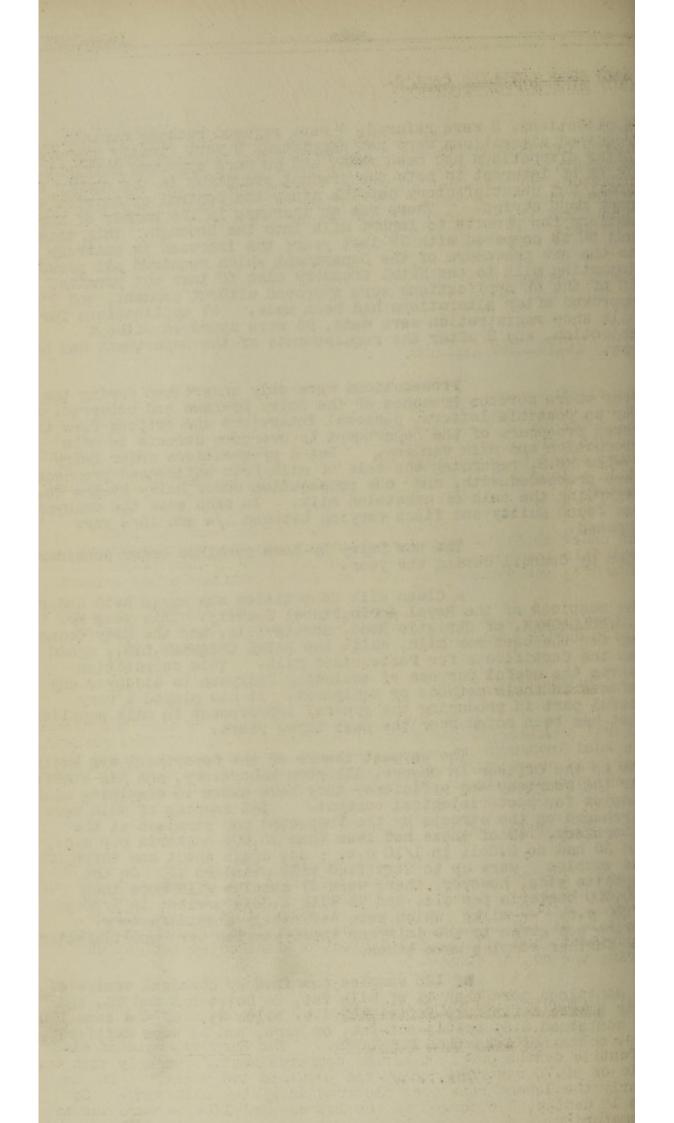
The new Dairy By-Laws remained under consideration by Council during the year.

A Clean Milk Competition was again held under the auspices of the Royal Agricultural Society. This year Mr. J.E.HOLLAGHAN, of Christie Road, Scottsville, won the City Council's Cup for the best raw milk, while the NATAL CREAMERY,LTD., again won the Certificate for Pasteurised milk. This competition serves the useful purpose of assisting Dairymen to discover any defects in their methods or equipment. It has played a very useful part in producing the general improvement in milk supplies that has been noted over the past three years.

The warmest thanks of the Department are again due to the Officer in Charge, Allerton Laboratory, and his staff, for the courtesy and efficiency they have shown in examining milk samples for bacteriological content. 142 samples of milk were purchased on the streets by the Inspector and examined at the Laboratory. 49 of these had less than 30,000 bacteria per c.c., and 36 had no B.Coli in 1/10 c.c. So, again about one third of the samples were up to Certified Milk standard . On the opposite side, however, there were 37 samples with more than 200,000 bacteria per c.c. and 73 with B.Coli present in 1/10 and 1/100 c.c. -- milks which were definitely unsatisfactory. Advice was given to the dairymen whose samples were unsatisfactory, and further samples were taken.

Of 120 samples examined by chemical analysis, 33 contained more than 4% of milk fat, 84 between 3 and 4%, and only 3 were definitely deficient, i.e. below 3%. Of the same 120, 87 contained 8.5% solids-not-fat, or more, and 33 were deficient, i.e. contained less than 8.5%.

The/



(10) MILK SUPPLIES Cont'd.

The thanks of the Department are due not only to the Officers of Allerton Laboratory for the bacteriological examinations, but also to the Lecturer in Dairying at Cedara who undertook the chemical analyses, and the Government Veterinary Officer who, as a judge in the Clean Milk Competition, gave the Department the valuable assistance of his knowledge of dairy premises.

In July the Assistant Medical Officer of Health delivered an address to the Natal Veterinary Association on "Milk and the Public Health".

(11) OTHER FOOD SUPPLIES.

Again there was a slight decrease in the number of persons making application for Hawkers' licences; out of 343 considered 20 were refused and 15 were passed after the requirements of this Department had been met. Most of these were for the sale of foodstuffs. There is a slight, but very gradual, improvement in conditions of sale of food by hawkers; there is still a long way to go before the position can be called satisfactory.

Prosecutions during the year included one under Abattoir By-Law No.64, regarding the importation of meat into the Borough, and 4 under Abattoir By-Law No.41 regarding the exposure of meat to contamination during transit.

One prosecution under the Sale of Foodstuffs By Laws dealt with a person who was exposing bread to contamination during transit.

BAKEHOUSES:

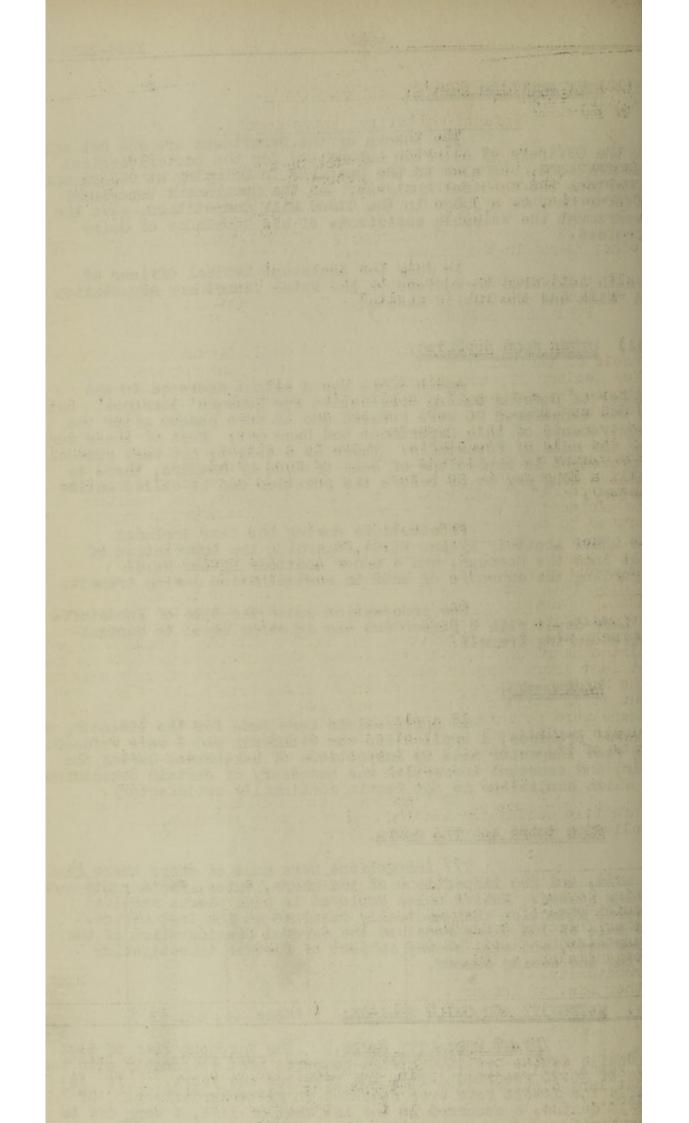
16 applications were made for the licensing of Bakers' premises, 1 application was withdrawn and 6 were refused. The Food Inspector made 54 inspections of bakehouses during the year, and constant inspection was necessary of certain bakehouses in which conditions do not remain continually satisfactory.

FOOD SHOPS and TEA SHOPS.

777 inspections were made of shops where food is sold, and 295 inspections of tea shops, cafes, restaurants and eating houses. Native males employed in such places received special attention when medically examined at the Togt Office. The sale of ICE CREAM received the careful consideration of the Department, and will be the subject of further investigation during the coming summer.

(12) MATERNITY AND CHILD WELFARE. (Pages 44, 45, 61)

INFANT MORTALITY RATES. The European rate of 41.3 infantile deaths per 1000 births compares most favourably with the rate of 50.70 recorded during the previous two years. It is nearly the lowest rate ever recorded in Pietermaritzburg. Of the 15 deaths, 8 occurred in the 1st week of life, 4 were due to prematurity..../



(12) MATERNITY AND CHILD WELFARE Cont'd.

Infant Mortality Rates cont'd.

prematurity, 2 to enteritis and 2 to lung infections. Maritzburg, indeed, becomes a town in which the European child stands one of the best chances of surviving the first year of life.

The European Infantile Mortality Rates for other towns in the Union were :-

CAPE TOWN 50.4; BLOEMFONTEIN 50.7; PRETORIA 51.3; EAST LONDON 59.5; DURBAN 60.9; JOHANNESBURG 69.2; KIMBERLEY 71.2; PORT ELIZABETH 90.7.

The European Infantile Mortality rate for the whole of the Union of South Africa was 64, as compared with New Zealand 32, Australia 41, Holland 47, England and Wales 65, France 76, Germany 79, Belgium 87, Italy 117, Portugal 138, Lithuania 144.

As the Secretary for Public Health says in his curnent Annual Report, "the infantile mortality rate is generally accepted as giving a fair indication of the sanitary development" of an area. By these standards, the sanitary development of European surroundings in Pietermaritzburg is proved to be very good.

The rates for <u>non-Europeans</u>, however, are by no means so good. The <u>Coloured</u> rate rose to 200.2, but the <u>Indian</u> rate showed a fall from 100.9 last year to 80.1 in 1934-1935. The <u>Native</u> rate is most unreliable owing to the incomplete registration of Native births; but an attempt has now been made through the Health Visitors, and Native Midwife to follow up all births heard about, with the result that birth registrations are at last increasing in number. As noted earlier in this report, the Native birth rate has risen to 14.94 from 11.29 last year; but it is still obviously incomplete. However, during 1934-35, there were 54 infantile deaths among Borough Natives and 192 births registered. This gives a <u>Native</u> infantile mortality rate of 281.2, which is probably not very far from a correct figure.

The important point in the non-European infantile deaths is that most of them were preventable. The following table makes this clear :-

	European	Native	Coloured	Asiatic
Acute Bowel Infections. Other Infectious Disease. Lung Diseases (non T.B.) Congenital Debility. Frematurity. Other Dis. of Infancy.	2 0 2 1 4 6	19 4 13 10 5 3	1 0 5 2 3 1	2 3 5 3 5 5 5
Total :	15	54	1.2	21

It is seen that the bowel infections caused by germs living in dirt are the main cause of death in Natives, that lung diseases like broncho-pneumonia, pneumonia, etc., are also.../

(12) MATERNITY AND CHILD WELFARE Contid.

Infant Mortality Rates Cont'd.

also a predominant cause of death among non-European infants. As regards congenital debility there are several reasons for this condition as a cause of death; among these are syphilis in the Mother, starvation and ill-health of the Mother during pregnancy, and carelessness on the part of the Mother immediately after the child is born.

It is the aim of this Department to prevent such unnecessary wastage of infantile life, without regard to the colour and social condition of the child. There obviously remains much work to be done among the non-Europeans and for this reason the extension of clinic and home visiting made possible by the appointment, early in 1935, of an additional Health Visitor speaking Hindustani was especially welcome. This has made possible a wide increase in the infant welfare work done among Indians.

Paraphlets in Zulu, dealing with the causation and prevention of Summer Diarrhoea, were drafted by the Native Midwife and by the Native Health Assistants, and were widely distributed during the summer - the contents of the pamphlet being verbally explained to each Native Mother.

CLINICS & VISITS: At the end of July, 1934, the new Infant Clinic buildings at the Health Department premises were completed and occupied.

From April 1st the Assistant Medical Officer of Health took over all Infant Clinics. Dr.Janet Kelly continued to attend at the Ante-Natal Clinics; as the Honorary Obstetric and Gynaecological Surgeon to Grey's Hospital, Dr.Kelly is able to ensure that there will be continuity of attendance for patients, from the ante-natal to the period of delivery. Especial attention was paid at the ante-natal clinics to the presence of venereal disease in pregnancy.

Under the new arrangement, clinics are held weekly as follows :-

Tuesday: 2.30 p.m. ANTE-NATAL CLINIC (Europeans & Coloured) at Grey's Hospital. 2 p.m. INDIAN INFANT CLINIC, at Aryan Benevolent Home. Wednesday: 2 p.m. COLOURED INFANT CLINIC, at HEALTH DEPART-MENT. Thursday : 10 a.m. EUROPEAN INFANT CLINIC, at HEALTH DEPARTMENT. 2 p.m. EUROPEAN INFANT CLINIC, at HEALTH DEPARTMENT. Friday : 10 a.m. NATIVE INFANT CLINIC, at Native Women's Hostel, Church Street. 2 p.m. NATIVE INFANT CLINIC, at Native Willage.

Attendances at all the Infant Clinics have increased during the year, especially at the Indian Clinic where they have more than doubled the total for 1933-1934. Home visits have also increased among all races, especially to Indian homes, where 364 visits were made as compared with 7 in 1933-1934. The Native.../

(12) MATERNITY AND CHILD WELFARE Contid.

Native Nurse and Midwife continued to attend the confinements of Native women.

During the year the grant to the King Edward Order of Nurses was withdrawn and a similar grant given to the Provincial Authorities for the purpose of assisting with the district midwifery work for all races now undertaken by the staff of Grey's Hospital.

Generally speaking, it may be said that the Infant and Maternal welfare work of the Municipality has now been organised on a sound basis, so that the greatest benefit to the community can be achieved. The results of this work are already apparent in the reduction of the European infantile mortality rate; it remains for similar results gradually to be obtained among the non-European section of the population.

One further extension of the work has still to be completed - the provision of ante-natal clinics for Natives and Indians.

MATERNAL MORTALITY .

The number of deaths due to sicknesses and accidents of pregnancy and child-bearing was again low, only two Indian and one Coloured death being recorded among Borough residents.

MUNICIPAL LIST OF MIDWIVES

Registration and supervision of all midwives practising within the Borough continued during the year.

(13) BY-LAW NOTICES AND PROSECUTIONS

1647 notices and formal letters were served regarding breaches of the Borough By-Laws as compared with 1166 served in 1933-1934. Most of these had reference to the absence of proper refuse bins, unsatisfactory housing accommodation and other nuisances.

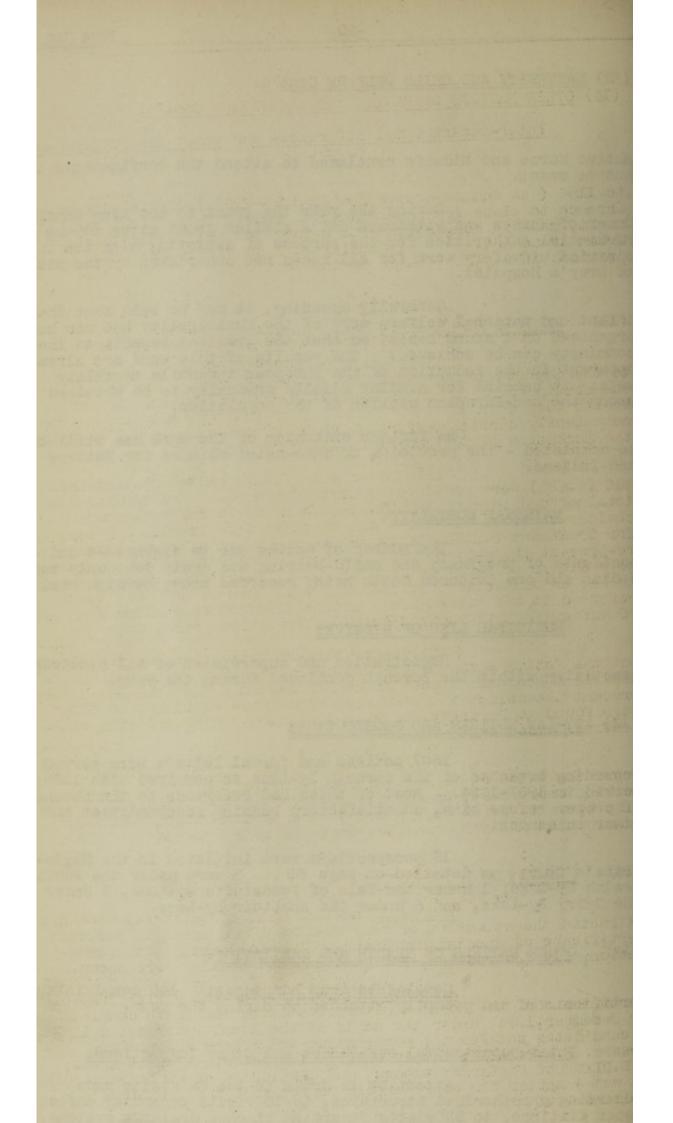
16 prosecutions were initiated in the Magistrate's Court, as detailed on page 69. 3 were under the Fublic Health By-Laws, 1 under the Sale of Foodstuffs By-Laws, 7 under the Dairy By-Laws, and 5 under the Abattoir By-Laws.

(14) OTHER MATTERS OF HEALTH AND SANITATION.

Complaints from Burgesses: 145 complaints were received and promptly attended to during the year.

Inter-Departmental references and Other Inspections:

Attention is drawn to the 69 visits made regarding unauthorised structures, to 10 visits regarding defective water fittings, to 93 visits regarding blocked drainage systems, to..../



(14) OTHER MATTERS OF HEALTH AND SANITATION Cont'd.

Inter-Departmental references and other Inspections cont'd.

to 1156 (as compared with 534 in 1933-1934) visits with reference to plans for new buildings, and to 153 visits, many at night, made in connection with actual and alleged breaches of the Urban Areas Act. In addition, 1514 visits were made to premises in regard to Licence Applications.

(15) MEDICAL EXAMINATION OF NATIVES.

This valuable work, which acts as a barrier to the importation of infection by Native males into the Borough, was continued. On April 1st the Assistant Medical Officer of Health took over the examinations from Dr.Moggridge who had very competently carried out this work in a part-time capacity since the inception of the scheme in February, 1934.

A total of 9590 Native males was examined. 430 (4.48%) were found to be unfit for work. Included in this total of "unfit" were 329 (3.43%) found to be suffering with obvious venereal disease; all of these were immediately sent for treatment to the clinic or hospital, and were at liberty to re-present themselves for registration after they had ceased to be a danger to their fellow-beings. There were also 31 found to be, or suspected of, suffering with tuberculosis who were referred to the tuberculosis clinic for further examination. Also 70 suffering with various forms of infectious rash, etc.

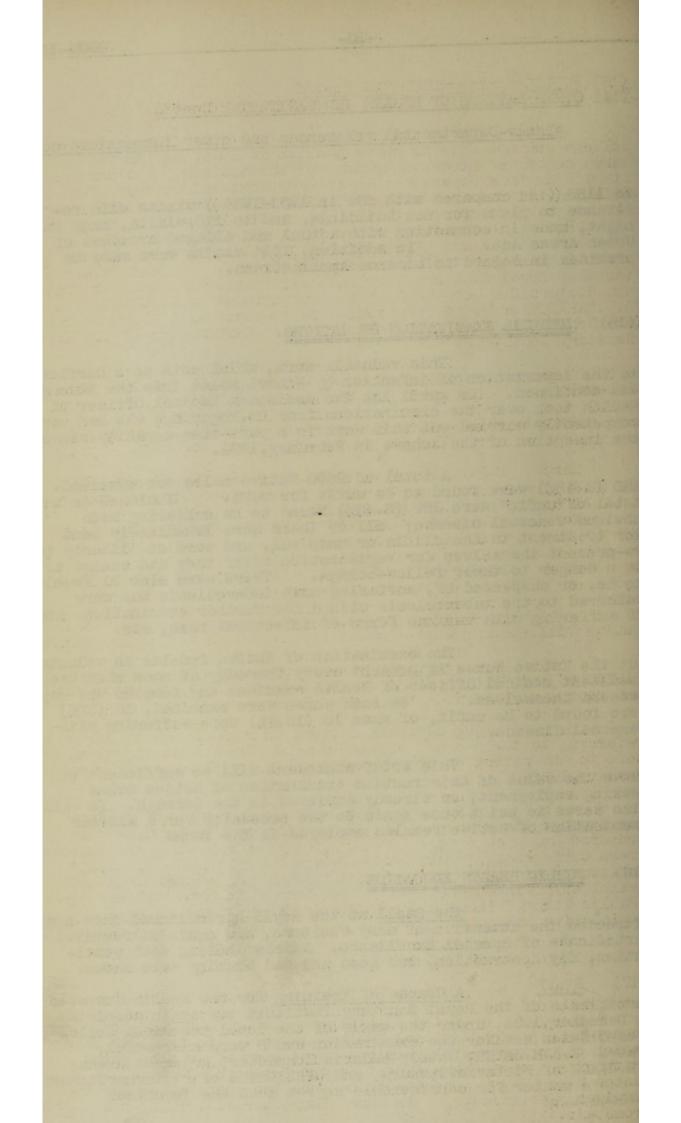
The examination of Native females is voluntary, but the Native Nurse is present every Thursday at noon when the Assistant Medical Officer of Health examines any females who may present themselves. 54 such women were examined, 16 (30%) were found to be unfit, of whom 10 (18.4%) were suffering with venereal disease.

This brief statement will be sufficient to prove the value of this routine examination of Native males seeking employment, or already employed in the Borough. It will also serve to point once again to the necessity for a similar examination of Native females employed in the town.

(16) PUBLIC HEALTH EDUCATION.

The Stall at the Royal Agricultural Show again attracted the attention of many visitors, and again it received a Certificate of Special Excellence. Models dealing with ventilation, fly destruction, and good and bad housing were shown.

A Course of Training for the Health Inspectors' Certificate of the Royal Sanitary Institute was again completed in December, 1934, under the aegis of the local Technical College; 5 candidates sat for the examination and 3 were successful, Messrs. F.A.H.BAYER, lately Malaria Inspector, Adjacent Areas; T.E.DIXON of Pietermaritzburg, and H.FRETORIUS of Fietermaritzburg. It was a matter for considerable regret that the Technical College..../



(16) PUBLIC HEALTH EDUCATION Cont'd.

College was not able to carry a class in 1935, and in view of the large number of students asking for the training, a class was started in this Department in the evenings and was very well attended. The course was approved by the Royal Sanitary Institute.

A <u>Course of Training</u> lasting 6 months was also given in Health Visiting and School Nursing. 5 candidates sat for the Royal Sanitary Institute examination in December, 1934, and Sisters E.M.McDOUGALL of this Department, and G.BUTTERY and S.M.MARWICK of Grey's Hospital were successful. They received the Health Visitors' and School Nurses' Certificate of the Royal Sanitary Institute.

Lectures given to the public included the

following :-

August. M.O.H. to Blackridge Women's Club. "Infantile Mortality and Infant Welfare".

- March. M.O.H. to Natal Debating Society. "Health Education for all races, irrespective of colour".
- May. M.O.H. to Winterskloof Native Nursing Association. "Native Health".
- June. Asst.M.O.H. to Natal Veterinary Society. "Milk and the Public Health".

Talks were also given during the year at the Native Village and Native Market by the Native Health Assistants.

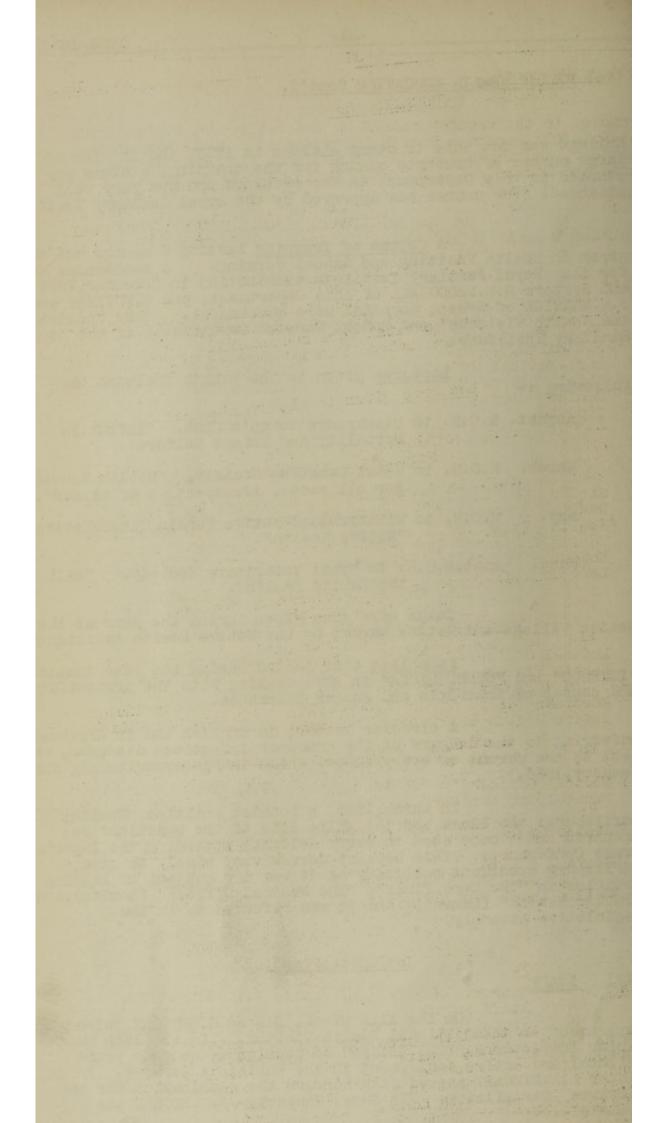
Famphlets etc. issued during the year included "ISIRUDO" and "UKUCUBULUZA" in Zulu dealing with the prevention and causes of Enteritis and Summer Diarrhoea.

A circular letter, in English and in Afrikaans, referring to the dangers of the commoner infectious diseases, was sent to the parent of every school child in Pietermaritzburg during January, 1935.

In March, 1935, a booklet entitled "Healthy Maritzburg: the Black and the White Side of the Question" was prepared and a copy sent to every delegate attending the Imperial Press Conference. This booklet served very widely to give Maritzburg excellent publicity as it was the subject of leading articles in "The Cape Times", "The Medical Officer" (London), and "Public Health" (London), and it was referred to in the Legislative Assembly.

(17) STAFF

On the 11th March, Sister G.BUTTERY joined the Department as an additional Health Visitor. On the 18th March, Senior Inspector R.BYRES retired on pension after many years faithful and active employment in the Municipal Service. In May Sister M.A.STEWART passed with honours the examination for the Midwives Certificate. In June, Inspector J.G.EIGLEY was promoted..../



(17) STAFF Cont'd.

promoted to the vacancy caused by the retirement of Mr. Byres, G.A.MCINTOSH became a Health Inspector and Assistant at the Abattoir, and Nurse VIRGYNIA N'CAMU took the place as Native Nurse and Midwife of Nurse LEAH YENI who retired to get married.

On the 1st April, Dr.M.MAISTER joined the Department as Assistant Medical Officer of Health.

The Staff of the Department on June 30th, 1935,

was:-

Administrative and Office

Medical Officer of Health: Dr.C.C.P.ANNING,M.A.,M.R.C.S.,D.F.H. Asst.Medical Officer of Health: Dr.M.MAISTER,M.B.,Ch.B.,D.P.H. Chief Clerk. ... : Mrs.E.A.THOMPSON. Cert.R.S.I. Junior Clerk. ... : C.W.REID. Typiste. : Miss E.M.HUGHES. One Native Messenger.

Inspectorial

Senior Health Inspector : J.G.BIGLEY. Cert. R.S.I. Health Inspector. : V.F.WOODIWISS. Cert.R.S.I. Health Inspector. : C.F.WYATT. Cert.R.S.I. Health Inspector (part-time) : G.A.MCINTOSH. Cert.R.S.I. Rodent & Fumigation Inspector: J.M.McINTOSH. Learner Health Inspector. : R.E.BUNN. One Indian Fumigation Assistant.

Venereal Disease and Tuberculosis Clinics

Medical Officer. ... : The Asst. M. O. H. Health Visitor (T.B.) (part-time): Miss G.BUTTERY. Health Visitors' Cert. R.S.I. European Clinic Clerks (part-time) : R.E.BUNN and C.W.REID. Native Health Assistants : E. NYAMANDE and R. NKABINDE.

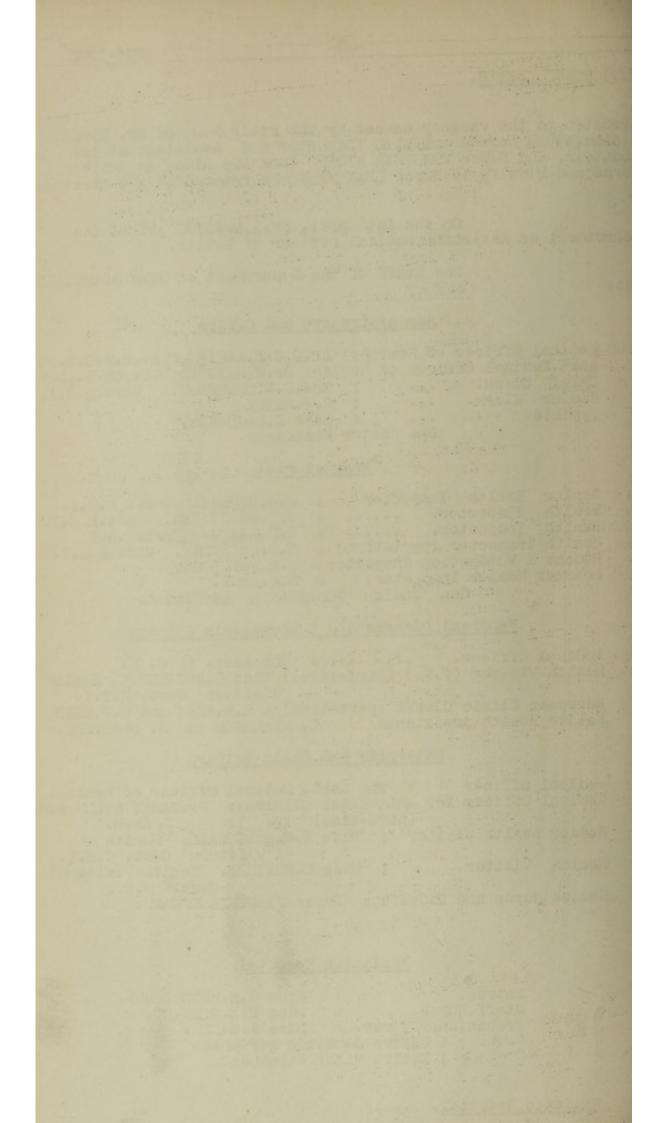
Maternity and Child Welfare

Medical Officer : The Asst. Medical Officer of Health. Medical Officer for Ante-Natal Clinics): Dr.JANET KELLY,M.B., (part-time) ...): Ch.B. Senior Health Visitor : Miss E.M.McDOUGALL. Health Visitors' Cert. R.S.I. Health Visitor. : Miss G.BUTTERY. Health Visitors' Cert. R.S.I. Native Nurse and Midwife : Nurse VIRGYNIA N'CAMU.

Isolation Hospital

Matron. : Miss G.M.HUTCHINSON. Staff Nurse. : Miss M.A.STEWART. Probationer Nurse. : Miss P.SHEEN. 4 Native domestic servants. 1 Native Night Watchman.

Epidemic Hospital./



(17) STAFF Cont'd.

Epidemic Hospital

Caretaker : J. M. McINTOSH. Housekeeper : Mrs.J.M.McINTOSH.

One Native Medical Orderly.

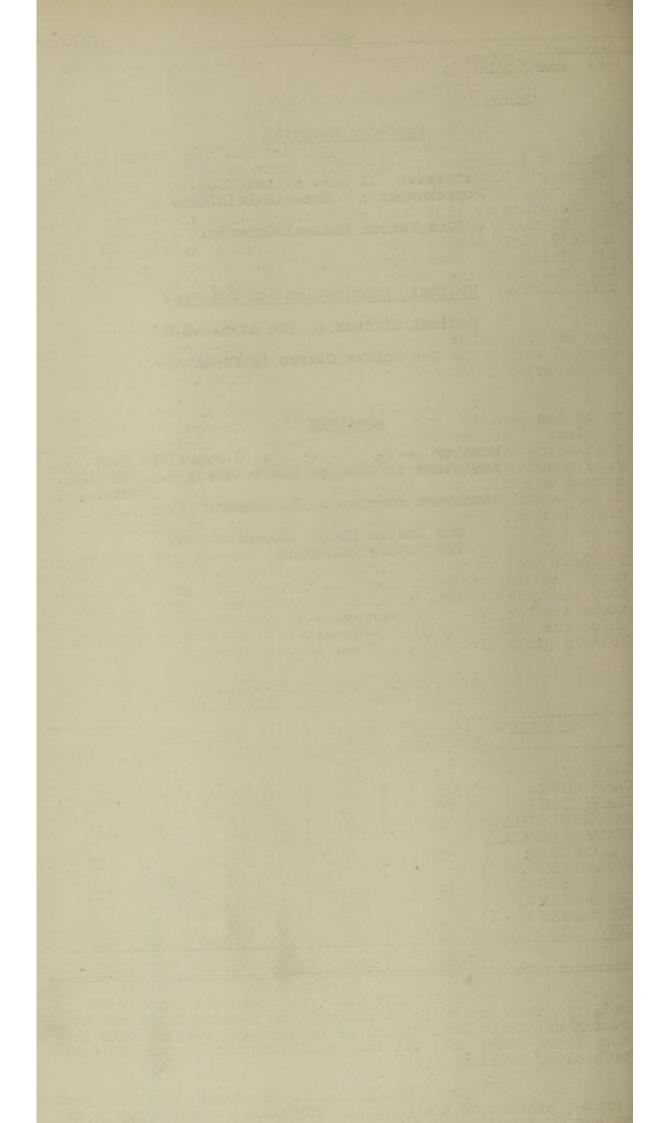
Medical Examination of Natives. Medical Officer : The Asst.M.O.H. Two Native Clerks (part-time).

Abattoir

Manager ... : G.B.LUPTON. Cert.R.S.I. Assistant to Manager (part-time): G.A.McINTOSH. Cert.R.S.I. Stockyard Foreman : H.M.BLACK.

One Indian Boiler Attendant and Ten Native labourers.

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HOUSING. (pages 66 & 70)

During the year 184 Building Plans, and the premises in connection therewith, were examined for the City Engineer's Department. 19 were returned as not in order and 18 returned in order subject to certain amendments being made to the plans so that they would comply with the Borough By-Laws. Most of these defects were in connection with deficient ventilation. Only very slowly is the Maritzburg resident overcoming his dislike of rooms through which the air can radiate freely and into which the benevolent rays of the sun can enter sufficiently.

The City Engineer advises that during the year 50 houses for Europeans and 6 for non-Europeans have been erected within the Borough while 93 dwellings for Natives have been erected in connection with new or existing buildings.

The passage of the Slums Act No. 53 of 1934 on to the Statute Book revived public interest in the slum problem. In Maritzburg there has been a tendency to imagine that there are no slums in the Borough. The detailed requirements for dwellings, as tabled in the Slums Act, have served to remind that there are many places in the Borough which do not comply with the simple requirements of that Act, which are, in fact, dwellings not fully suitable for habitation.

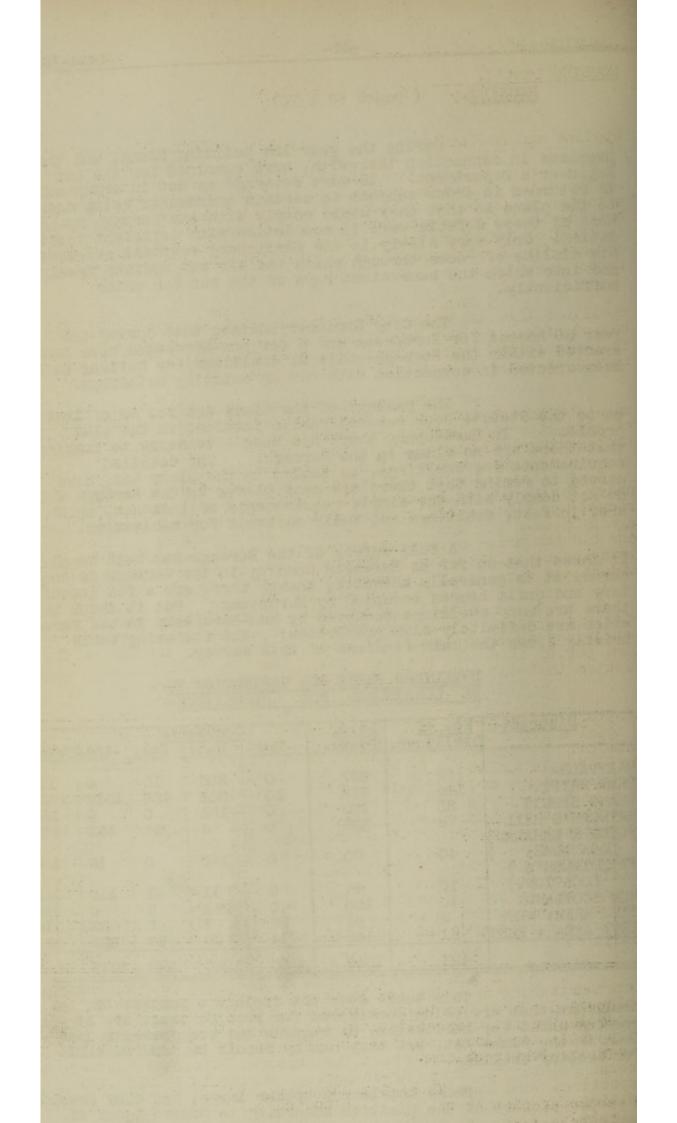
A full survey of the Borough has been completed. It shows that so far as European housing in the Borough is concerned it is generally adequate, though there are a few insanitary and unfit houses occupied by Europeans. But it shows that there are many dwellings occupied by non-Europeans in the Borough which are definitely slum properties. The following table briefly gives the main findings of this survey.

District.	No. of Dwellings.	No.of Rooms.	Eur	Nat:		Ind	Total
MARYVALE.	56	237	0	305	15	1010	320
CAMP DRIFT.	144	638	10	308	125	1310	1753
SLANG SPRUIT.	35	100	0	194	0	0	194
HATHORN'S HILL.	74	232	0	4	34	512	550
FOXON & MAHARAJ)							
LOCATIONS.)	40	90	0	170	0	16	186
FITZSIMMON'S)							1 2 10 10 10
LCCATION.)	10	44	0	11	21	110	142
NEW SCOTLAND.	40	106	0	251 :	3	0	254
CITY AREA: WEST	3	53	26	7	0	83	116
CITY AREA : EAST	10 million 20 million	142	14	. 30	94	222	360
	423	1642	50	1280	292	2253	3875

DWELLINGS UNFIT FOR HABITATION TO BE CONSIDERED FOR DEMOLITION -

This table does not include a further 86 dwellings that are being considered for repair; these are at present unfit for habitation, as regards the requirements laid down in the Slums Act, but they can by repair be made suitable for healthy dwelling.

These totals may appear large, but they present a proper picture of the position according to modern ideas of hygiene /



HOUSING Cont'd.

hygiene and sanitation.

It is true that most of these insanitary dwellings are occupied by non-Europeans and that the greater proportion is situated in those scattered collections of shacks which lie outside the City proper but within the Borough. Such an area is the Camp Drift district, which has been the subject of adverse comment in the Annual Report of this Department for the past three years.

Maritzburg has, probably, many fewer insanitary dwellings than any other of the large towns of the Union. But she cannot afford to have any if the health of the whole population is to be raised to the level proper to the Capital of the Garden Colony of South Africa.

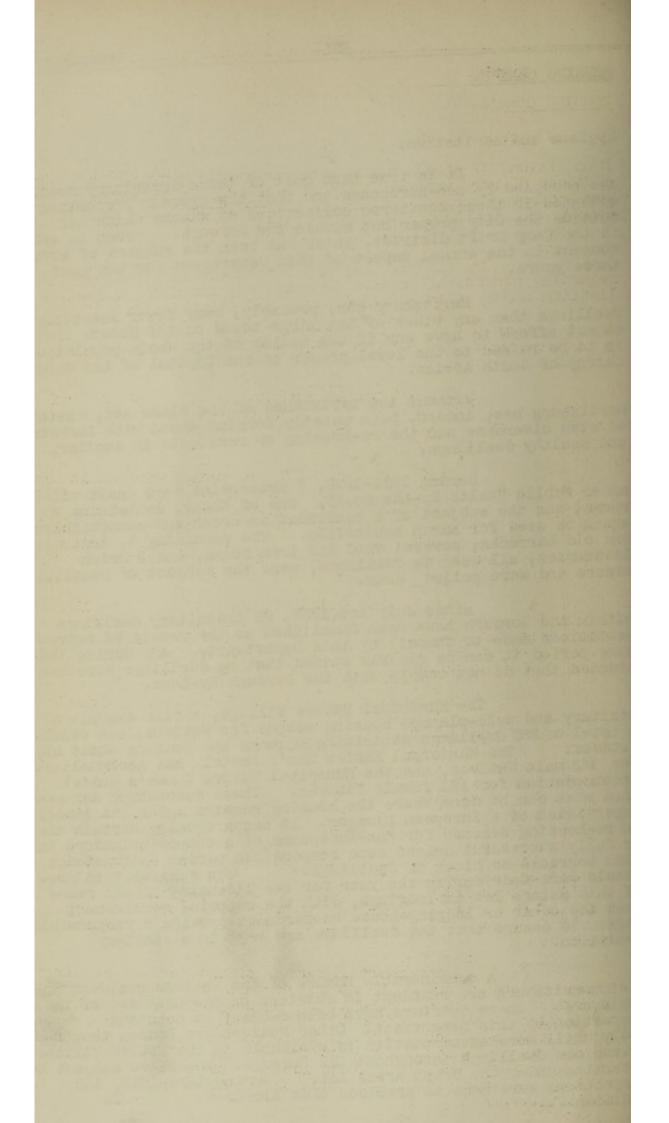
Without the assistance of the Slums Act, Pietermaritzburg has, indeed, been quietly forging ahead with the work of slum clearance and the re-housing of residents in sanitary and healthy dwellings.

During 1934-1935, 7 properties were dealt with under Public Health By-Law No.19. One of these, containing 2 rooms, was the subject of a condemnation order and cannot, therefore, again be used for human habitation. The remaining 6, including one old barracks, several wood and iron rooms, and 3 brick lavatories, all used as dwellings, were the subject of demolition orders and were pulled down.

Since July 1st, 1932, 92 insanitary dwellings within the Borough have been demolished as the result of representations made to Council by this Department. And during the same period it can be clearly stated that no dwellings have been erected that do not comply with the Borough By-Laws.

The Municipal Native Village, a fine example of a sanitary and well-planned housing scheme for Natives, now contains a total of 250 dwellings containing 300 rooms and housing about 1100 Natives. The Municipal Native Men's Hostel has accommodation for 143 male Natives, and the Municipal Native Women's Hostel accommodation for 121 female Natives. These successful schemes show what can be done where the housing remains under the immediate supervision of a European Manager. It seems equally certain that no re-housing schemes for non-Europeans of a composite nature can be fully successful unless some responsible person is in charge of each barracks or block of dwellings. To achieve this proposals were made during the year for the licensing of all rooms of this nature let in lodgings, with the especial requirement that the owner or lodging-house keeper must provide a responsible person to ensure that the dwellings are kept in a sanitary condition.

A considerable number of the Natives resident in Dietermaritzburg are resident in quarters on the premises of their employers. These quarters have been subject to constant inspection by this Department. Other Natives are housed temporarily until more accommodation is available in the Native Village, in various dwellings throughout the Borough. These are subject to Licensing under the Urban Areas Act. During 1934-1935, 153 inspections were made to premises thus Licensed. In addition..../

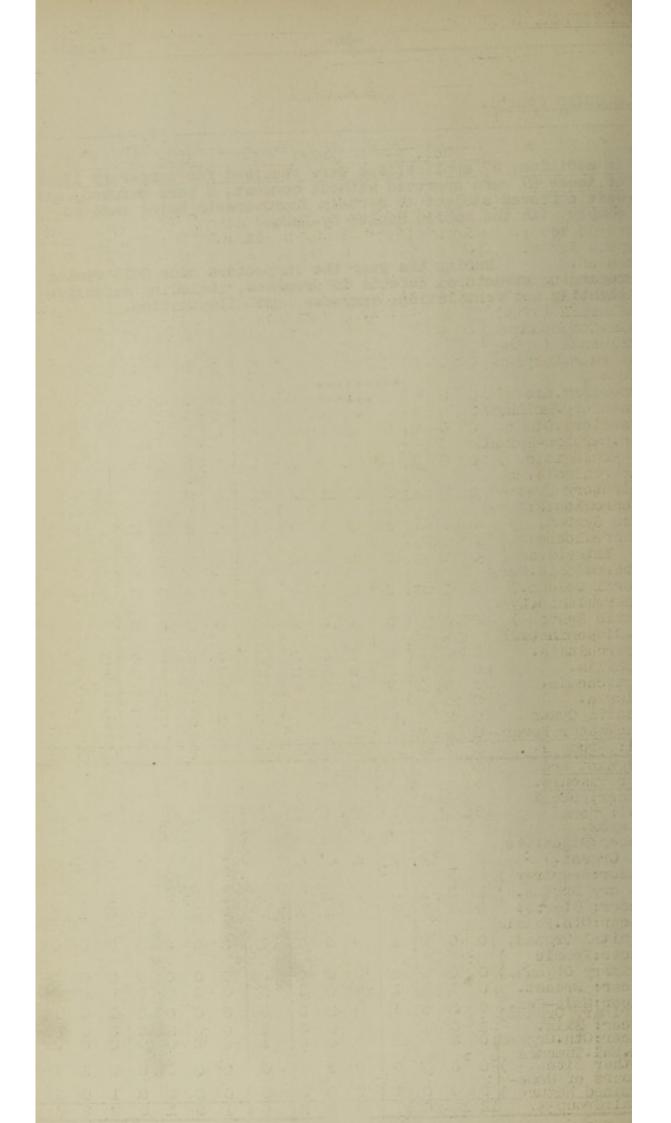


HOUSING Cont'd.

In addition, 37 applications were received for temporary licences; of these 27 were approved without comment, 6 were refused, and 4 were approved subject to certain improvements being made to comply with the Public Health By-Laws.

During the year the Inspectors made 2438 visits regarding structural defects in premises, including defective lighting and ventilation, dampness, and dilapidation.

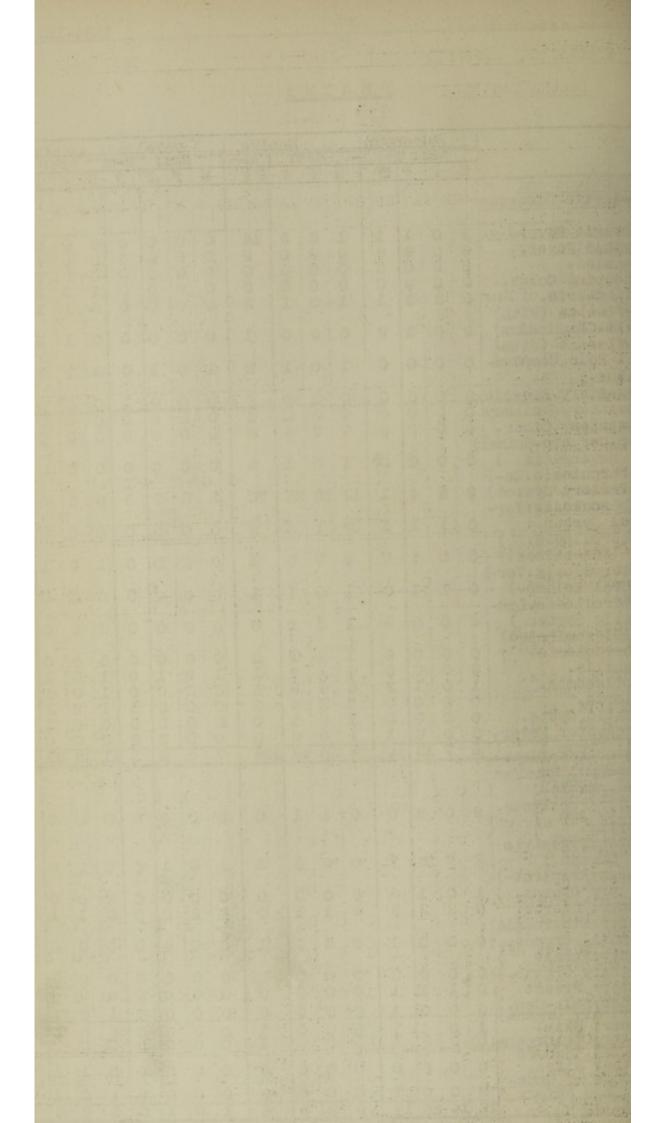
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CTALISTICAL APPENDIX -37-

DEATHS

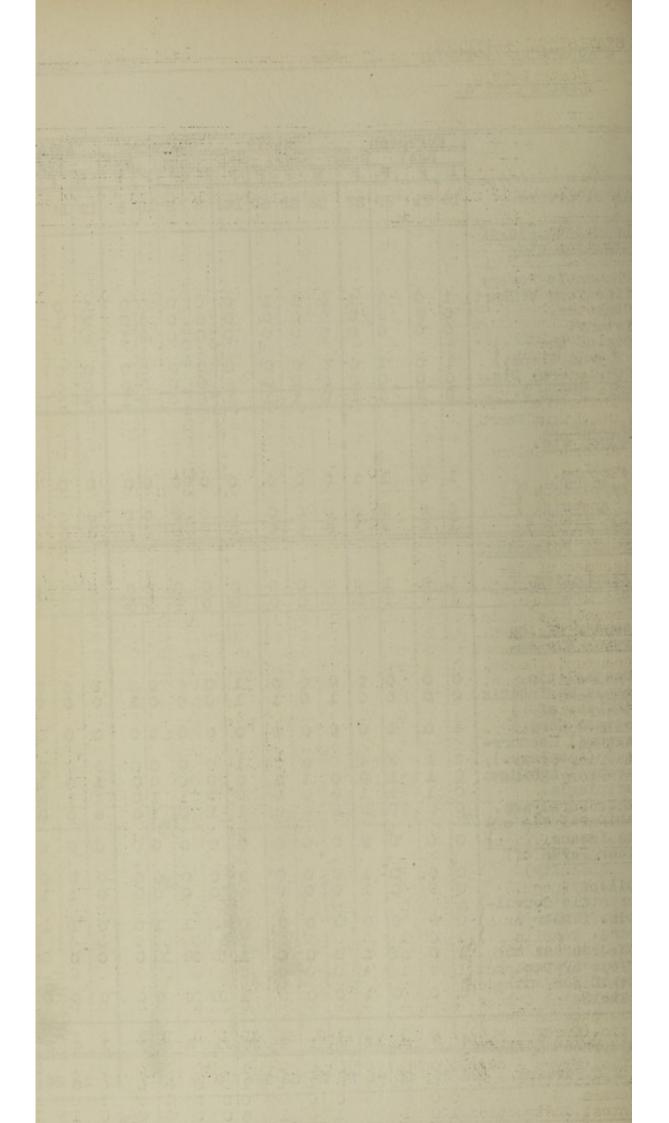
	1	Eu	ro	pean	1		Nat	tive	1	Ce	10	med	1	sia	+ 1	
	M		P	N-R		Rea	3:	N-R		Rea	3:	Ired N-R	1-	Rea	3.	N-RI
1) Infectious and	1 121	F	P	P	M	F	P	P	M	: F	P		M	F	P	
Parasitic Diseases	-															
001.Enteric Fever.	1	:0	1	11	11	2	3	14	10	0	0	0	0	0	: 0	7
003. Typhus Fever.	0	:0	:0	0	0	:0	: 0	2	0	:0		0	10	0	iõ	0
008.Measles.	0	:0	:0		0	:0	0	0	0	0		0	10	: 0	: 0	i
010.Whooping Cough.	0	: 0	0	0	0	:0	: 0	0	10	:0	0	0	li	2	: 3	î
011.Diphtheria.	0	3	: 3	11	li	:0	: 1	3	0	:0	0	0	0	1	1	0
(12.Influenza (With)		1	-	144		-		1	1				1		-	
Pulm. Complications)	2	:0	: 2	2	0	:0	: 0	11	0	:0	0	0	0	: 1	1	2
013.Influenza (With-	1	-	1			1	-	1		1			1			
out Pulm. Complica-	0	:0	:0	0	11	:0	: 1	2	11	:0	1	0	3	1	: 4	11
tions.)	1			1.	1	:	1			:						
015. Dysentery . Amoebic	10	0	:0	0	0	:0	0	6	0	0	0	1	0	0	: 0	0
016.Dysentery.Bacillary	1000	0	0	0	0	0	0	11	0	0	0	0	0	0	: 0	0
017. Dysentery. Other.	0	0	0	0	2	2	4	9	0	0	0	0	0	0	0	0
025.Men.Cerebro-Spinal		:0	: .	0	1 -	: 0										
Meningitis.) 030.Tuberculosis.Re-)	0	:0	0	0	1	0	1	4	0	0	0	0	0	0	0	0
		2	4	1 .	170	10	05	1	-		-	-	-			
spiratory System) 031.Tuberculosis:Ner-	2	. 4	4	11	13	12	25	70	5	2	7	3	3	5	8	8
vous System.)	0	1	1	11	2	1	3	3	1			0	-			-
032. Tuberculosis:)	10	1 +	-	1 -	6	: ±		0	0	0	0	0	0	0	0	0
Intestines.)	0	0	0	0	0	0	0	11	0	0	0	0	1	0	1	0
033. Tuberculosis . Ver-)		. ~	: ~	1				-	10		0	0	-	0	-	0
tebral Column.)	0	1	1	0	11	0	1	1	0	0	0	0	0	0	0	0
036. Tuberculosis. Lym-						: ~		-				0	0	0	0	0
phatic System)	0	:0	0	0	11	0	1	0	0	0	0	0	0	0	0	0
039.Ac.Disseminated)		:			-		-		1		~	~	~		~	
Tuberculosis.)	0	0	:0	0	1	0	1	0	0	0	0	0	0	0	0	0
042.Syphilis.	0	:0	Ō	0	·i	1	2	11	li	Õ	i	ŏ	1	õ:	1	õ
045.Septicaemia.	1	0	1	3	0	0	Ō	5	0	0	0	0	1	0	1	0
047.Malaria.	0	0	0	0		2	4	3	0	0	0	1	1	2	3	1
051.Hydatid Cysts.	0	0	0	0	21	0	1	0	0	0:	0	0	0	0	01	0
062.Blackwater Fever.	0	:0	0	1	0	0	0	0	0	0:	0	0	0	0 :	0	0
Total: Group 1.	6	: 7	13	10	28	20	48	136	7	2	9	5	11 :	12	23]	21
2) Malignant and		CONTROL OF		ALL DESCRIPTION OF THE OWNER OWNER OF THE OWNER	and the second second	10.14.00				:		-	-	1	1	
Other Tumours.										ł		1		÷		
100.Cancer: Buccal	-			-			-	-			0	01	~ .			~
Cavity and)	2	0	2	0	0	1	1	0	0	0	0	0	0	0	0	0
rnarynx.)						1	-			:	1			-	-	
101. Cancer: Digestive	0		10	-	0	0	0	3	1	0:	1	0	0	o:	0	0
Organs.)	8	7	15	7	0	0	0	0	+	0	-	0	0		0	0
102. Cancer: Respirat-)	1	0	1	0	0	0	0	0	0	0:	0	0	0	0:	0	0
ory Organs.) 103.Cancer: Uterus.		3	13	2	0	0	i	õ	0	0	0	õ	0:	1:		.01
104. Cancer: Oth.Female)	0	0	0	9	0	-	-	0						:	-	
	0	0	0	1	0	0	0	1	0	0:	0	0	0	0	0	0
105.Cancer:Female)	,0	0	0	+	0			-		1			-	1	1	
Urinary Organs.)	0	0	0	2	0	0	0	0	0:	0	0	0	0	0	0	0
100. Cancer: Breast.	0	1	1	1	0	0:	0	õ	0 i	0:	01	0	0 :	0	01	0
-Vr. Cancer: Male-Gen.)	0	0	0	1		0	0	0	0	0	0	0	1	0:	1	01
108. Cancer: Skin.	0	0	0	1	0				0			100 C 100	0:	0i		0
	L .	03	13	1	8	0:	8	1	ŏ:	0:	8	00	00	8	8	ŏ!
121.Non.Mal.Tumours		0	0	-						:		1	:	:	-	
120 Other Sites.)	0	0	0	0	0	0:	0	0	0	0 :	0	0	0	1	1	0
-sc. lumours of Unde-	0	0	0	1	0	0	0	0	0:	0:	0	01	1:	0:	11	0
and and a cure h	0	14	26	17	0	2	2	6	1:	0:	1	0	2:	2	4	0
		-	and in case	LOBITION DE		A DESCRIPTION OF	PERSONAL PROPERTY AND	ADDRESS OF TAXABLE PARTY.	8	2	101	5]	And in case	14	271	21
Totals C/Forward:	18	21	39	27	28	22	501	142	0	9.	101	0 11				



STATISTICAL APPENDIX. -38-

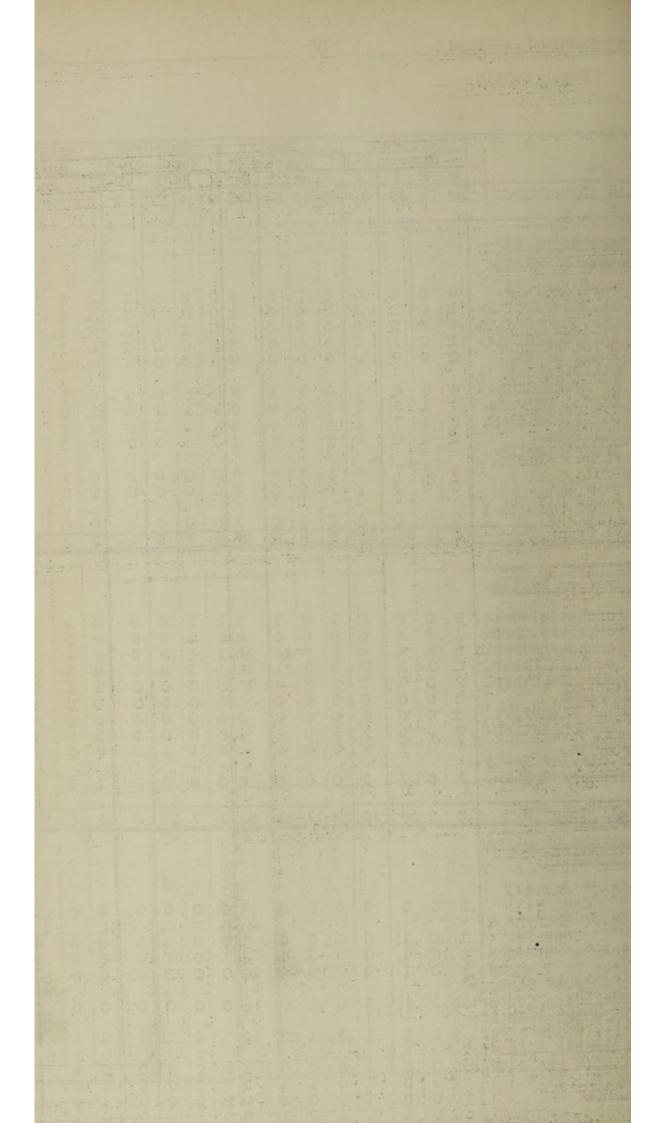
1934 - 1935

			bean	Street, Square, Square		Nat	The lot of			010					atic	
		Res:		N-R P	1.r	Res		N-R		Res		N-R		Re		N-1
	101	F		-	EVI	P	- P	P	M	F	P	P	- fil	E.	P	P
Totals B.Forward.	18	21	39	27	28	22	50	142	8	2	10	5	13	14	27	23
3) <u>Pheumatism, Dis.of</u> <u>Nutrition etc.</u>																
150. Pheumatic Fever:) Effections of Heart	1	0	1	1	0	1	1	0	0	0	0	0	1	0	1	,
153.Diabetes.	0	03	1 3	10	0	ō	ō	õ	10		•	a second s	12	01	: 3	1 5
163.Tetany.	0	0	0	0	0	0	0	0	0			1	0		0	0
165.Dis.of the) Thymus Gland.)	1	0	1	0	0				-	-						
167.0th.Ceneral Dis.	0		1	0	0	0	00	0 4	0				00	00	00	
Total: Group 3.	2	3	5	1	Õ	1	Ĭ	4	0	0	0	ī	3	ti	: 4	2
4) <u>Diseases of</u> <u>Blood etc</u> .																
200. Purpura. 202. Pernicious)	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	C
Anaemia.)	0	2	2	0		0		0				0	0			C
Total: Group 4.	1	2	3	1	0	0	0	0	0	0	0	0	0	0	: 0	
5) Chronic Poisoning.														-		
25C. Alcoholism.	1	0	1	0	0	0		0	0	0	0		0	:0	0	0
Total: Group 5.	11	0	1	0	0	0	0	0	0	0	: 0	0	0	0	0	0
6) <u>Diseases of the</u> <u>Nervous System.</u>								-								
300.Encephalitis. 301.Simple Meningitis.	00	0	00	0	0	00	0	1	0	00	00	01	00	00	00	1
303.0th.Dis. of) Spinal Cord.)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
304. Cerebral Haemorr-	1					_	0	-	~	0	0	0	10	0	0	7
hage (Apoplexy.) 305.Cerebral Embolism.	20		3110	401	00	0	01	1	0	õ	00	00	0110	0010	0	1000
306.Hemiplegia.	0	i	ī	1	Õ	ō	ō	00	00	10	011	0	11	:1	1	Õ
307. Other Paralyses.	0		0	0	0	0 :	0	1	1	0	1	0	0	0	0	0
308.Gen.Paralysis of) the Insane.)	0	0	0	2	0	0	0	6	0	0	0	0	0	0	0	2
309. Other Forms of)					1		_		-	-		-	-			~
Insanity)	0		0	1	0	0	00	3 4	0	0	00	00	00	0	1	0
310.Epilepsy. 311.Infantile Convul-)	0	0	0	1	0	0	0	4	0	0	0	0			-	0
sions (Under 5	0	0	0	0	0	0	0	0	0	1	1	0	0	1	1	0
313.Oth.Diseases of)	11	0	1	l	0	0	0	2	0	0	0	0	0	0	0	0
Nervous System.) 315.Dis.of Ear and)					-					-		-	1			-
Mastoid.	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0
Total: Group 6.	4	3	7	11	1	1	2	20	1	2	3	1	1	4	5	4
Totals C.Forward.	-	29	1			04	52	166	9	4	13	7	17	19	36	27



STATISTICAL APPENDIX. -39-

	E	uro	pear	1		13	ati	VO		00	Lou	nod		A city	atic	
		Res	:	N-R		Res	State or strength	N-R		Res		N-R				N-R
	М	F	P	P	. M ;		P		ii :		P	P	M		P	
Totals :B/Forward.	26	29	55	40	29	24	53	166	9	4	13	7	COLUMN TWO IS NOT	COLUMN TWO IS	36	and in case of
7) <u>Discases of Cir-</u> colatory System.																
350. Pericarditis. 251. Ac.Endocarditis.		00	01	01	00			01	00	00	00	1 C	01	00	0131	00
352. Chr.Endocarditis. 353. Ac.Myocarditis.	4	20	61	63	00		00	3	00	0	10	00	20	1 1	3	00
354. Fatty Heart. 355. Oth.Diseases)	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0
of Myccardium.) 356. Angina Pectoris. 357. Oth.Dis.of Heart.	443	214	6 5 7	311	000	1021	106	2051	0110	0110	N N O	000	12	10	314	
358. Aneurysm. 359. Arterio-Sclero-	0	õ	0	ō	41	ĩ	8	i	0	ō	0	õ	40	10	0	ĵ.
-sis.) 361. Gangrene.	40	3	7	51	10	4 0	50	60	00	00	00	00	00	10]. 0	10
362. Other Dis. of) Arteries.	0	0	0	0	0	0	0	1 26	0	0	0	0	0	0	0	0
Total: Group 7.	ST.	10	20	<u></u>	0	0	14	20	6		0	1	10	0	10	
8) <u>Diseases of Re-</u> spiratory System.							_									
402. Bronchitis.Acute. 403. Bronchitis.Chron.	11	02	03	00	10	0	1.0	1.2	10	10	20	000	02	20	N N O	0 0 0 0
404. Broncho-Pneumonia 405. Pneumonia, Lobar.	500	310	812	421	N 00 00	6 0 N	14 11 4	16 16 13	110	4 1 0	520	000	521	431	N C1 C0 N N	347
406. Pneumonia, Other. 407. Empyaema. 408. Other Pleurisy.	000	000	000	0 1	0	00	000	1	00	00	00	00	00	100	0	C
409. Pulm.Congestion. 410. Asthma.	01	00	0	10	17	00	1	10	00	01	01	00	10	00	010	00
412.0th.Dis. of Re-) spiratory System)	1	0	ı	1	0	0	0	0	0	0	0	0	1	0	1	2
Total: Group 8.	10	6	16	10	20	11	31	53	3	7	10	0	12 :	10	22	14
9) <u>Diseases of Diges</u> - tive System.																
450.Dis.of Buccal) Cavity.)	0	0	0	0	0	0	0	l	0	0	0	0	0	0	0	0
451.Dis.of Pharynz &) Tonsils.) 453.Ulcer of Stomach.	11	00	1	00	00		00	110	010	0	01	00	00	00	000	00
454.Ulcer of Duodenum 455.Oth.Dis.of Stomac	1.1	0	1	4	o	00	0			00	10	0	00	0		1
(Excluding Cancer 456.Diarrhoea & Enter	r.)1 	1	1	1	0	0			0	0	0	0	2	0	0	0
itis.(Under 2 yrs 457.Diarrhoea & Enter	()	:	:	F	-	11		19	1	0	1	0	0	1		0
itis.(2 yrs & ove 458.Appendicitis. 459.Hernia.	2	000	0000	010	300	010	010		00	00	00	00	01	00.	40116	00
460. Intest. Obstructio	on. 1	0	11	0	1	: 0	1	<u>6</u> 30	0	00	0	0	0:	100		0
C.Forward:	1 5	0.5	8	2	15	12	27				28		39	34		48
Totals C/Forward:	1 57	47	104	71	:55	43	20	245	202							



STATISTICAL APPENDIX. -40-

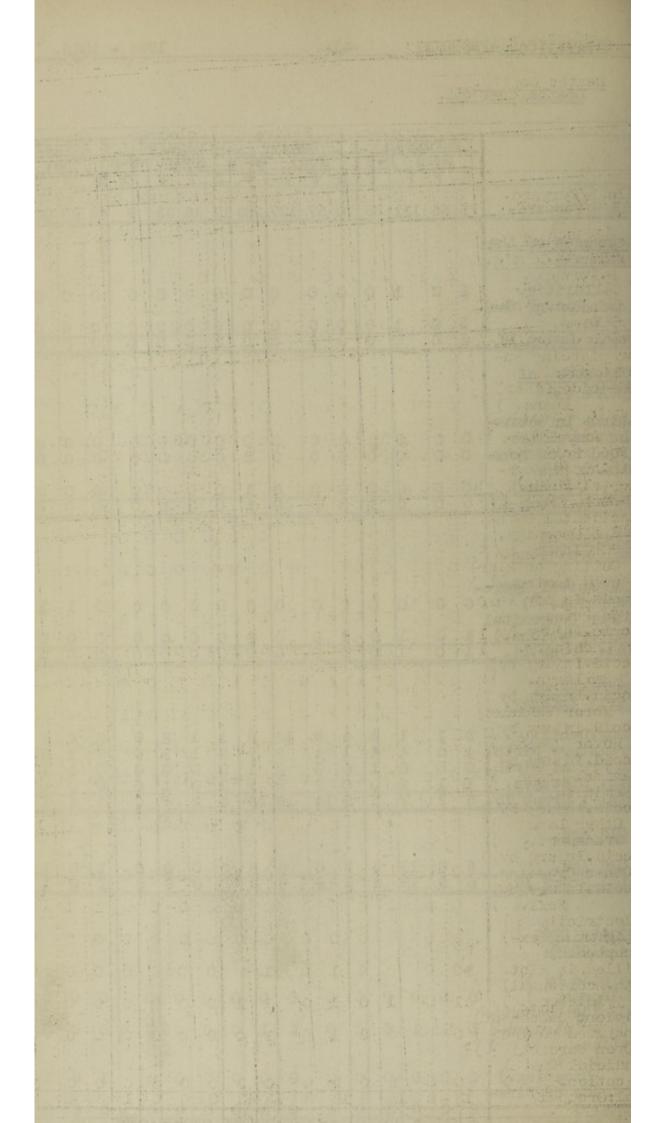
Deaths Cont'd.

	1									-						
			opean			Nat	ive	2	0	lolo	ure	be	1	Asia	rti d	2
			S:	N-R	-	les		M-R		Res	:	N-R	T	Res		N-I
	M	F	P	P	M	: F	: P	P	M	F	F	P	М	F	TP	P
Totals B/Forward.	57	47	104	71	55	43	98	245	1.4	14	28	8		:	:	48
9) <u>Diseases of Diges</u> tive System.Contd	-												1			
B/Forward,	8	0	8	7	15	12	27	30	2	0	2	1	3	3	6	11
61. Oth.Diseases of the Intestines.	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0
163. Cirrhosis of) Liver (Non Al-)	11	0	1	1.	0	0	0		0	0	0	0	0	1	1	0
coholic.) 464. Acute Yellow)																
Atrophy.) 165. Oth.Dis.of Liver 166. Biliary Calculi.			02	010	000	1 10	110	010	000	000	000	000	000	007	007	000
167. Oth.Dis.Gall) Bladder.)	0		1.	0	0	0	0	0	0	0	0	0	0	1	1	0
168. Dis. of the Pan- creas.	1)0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
69. Peritonitis. Total : Group 9.	11	3	1 14	0	0	0 14	29	1 32	2	0	S O	0	0			01
10) Non:V.D.Disease of Genito-Urinary System.										1						
500. Ac.Nephritis. 501. Chr.Nephritis. 502. Undefined " 503. Oth.Dis.Kidneys.		3201	3401	0 4 0 1	0000	0000	0000	4600	0100	10000	1100	0000	0410	0100	0510	0000
505. Dis. of Bladder. 507. Dis. of Prostate. 511. Dis. of Uterus.	140	0	1 4 0	10	0	000	000	011	000	000	000	000	000	000		000
lotal : Group 10.	7:	6 :	13	7	0 :	0	0	12	.1	1	2	0	5	1 ;	61	Ö
11) <u>Diseases of Preg-</u> <u>mancy etc.</u>																
551.Abortion.Non-Sept 552.Ectopic Gestation 553.Oth.Accid. of)	ic.0	00	0	00	00	00	00	01	00	00	00	00	00	10	10	00
Fregnancy.) 555.Puerperal Sepsis. 556.Puerperal Albumi-	00	00	00	01	00	00	00	1 5	00	00	00	00	00	01	01	00
Sions	0	0	0	0	0	0	0	1	0	1	1	0	0	0	0	0
552.0th.Accidents of) Childbirth.) 560.0th.or Unspecified	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
conditions Puer-	00	0	00	0	00	00	00	1	00	0	0	0	0	0	0	00
	0:			-				.10		-	-		-	-		
fotals C/Forward.	75	56	131	89	70	57	127	299	17	16	33	94	18 4	12 3	04	19 !

1934-1935

The ICO the target parties the set and advertises

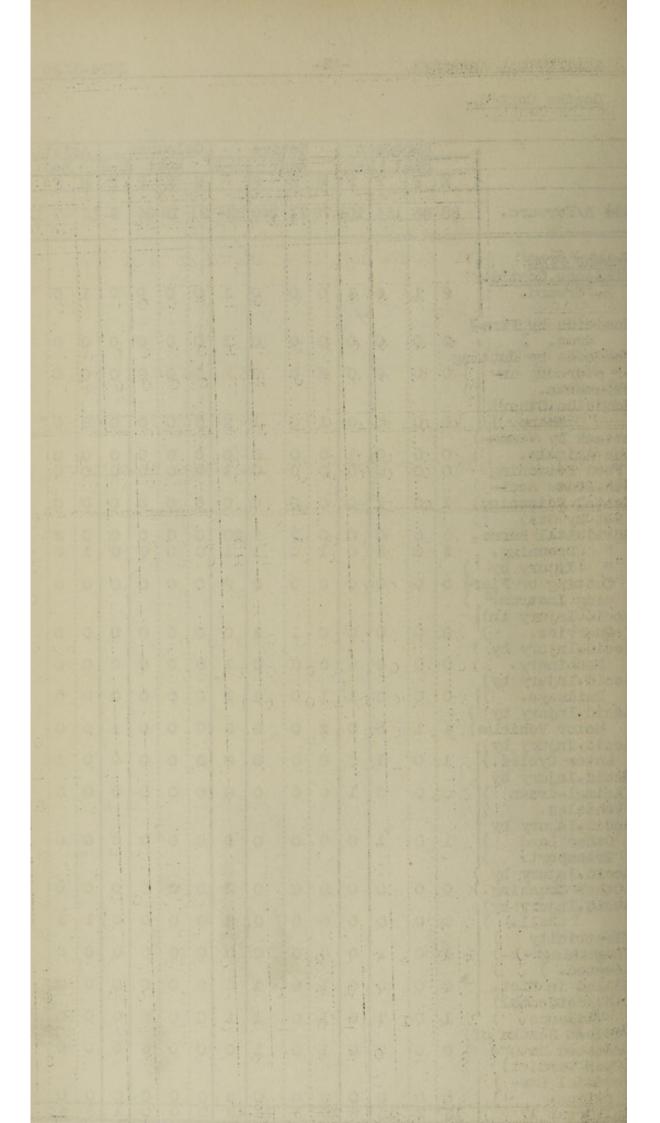
	European Native Coloured Res: N-R Res: N-R Res: N-R										d	A	sia	tic		
						Res		N-R		Res	::	N-R		Res	:	N-R
	M.	F	P	P	M	F	P	P	M	F	P	P	M	F	P	P
Totals B/Forward.	75	56	131	89	70	57	127	299	17	16	33	9	48	42	90	49
12) <u>Diseases of the</u> <u>skin etc</u> .																
601. Cellulitis. 602. Oth.Dis.of the Skin.	1		1		0	0	0		0	0		0	0	0	0	0
Total: Group 12.	2	0	1	0	0	0	0	0	0	0	0	0	0	00	0	0
13) <u>Diseases</u> of <u>Bones Etc</u> .					and the second se	a sector se					a a rea		Ŭ	Ű		
650.Acute Infective Osteomyelitis. 651.Oth.Dis.of Bone. 652.Dis.of the)	0	000	00	1 O	00	00	00	80	00	000	000	00	00	000	000	00
Joints.)	0	0	0	0	0	0	0	1	0	0	0	0	0	0		0
Total: Group 13	0	0	0	1	0	0	0	3	Ó	0	0	0	0	0	0	0
14) <u>Congenital</u> <u>Malformations</u> .																
700.Congenital Hydro cephalus.) 703.Other Congenital	10	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0
Malformations.)	. 1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Malformations.) Total: Group 14.	11	: 0	1	0	0	0	0		Ö	0	0	0	0	0	0	0
15) <u>Diseases of</u> <u>Early Infancy</u> .																
750.Cong.Debility. 751.Premature Birth. 752.Injury at Birth.	40	0	0	4	0	: 0	12 5 0	7	1201	0	0	0	NNO	1	431	1000
753.0th. Diseases.	11		2	0	0	14		18	4	2	1	0	0			0
Total : Group 15 16) Old Age.	0			0	0	T.T.	10	100		PL BE BE	ALL IN			an ning a		
800. Old Age.	5	0	13	6	2	0	3	8	0	0	0	0	1	0	1	11
Total.Group 16.	5	8	13	6	3	0	3	8	0	0	00	0	1	0	1	1
17) <u>Deaths from</u> <u>Violence.</u>				511010544												
850.Suicide by) Poisoning.) 852.Suicide by Hang-	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0
ing or strangu-	0	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0
853.Suicide by Drowning.) 854.Suicide by Fire-	0	0	0	0	0	0	0	0			0	0	1	0		0
arms.)	, 2	0	2	1	0	0	0			0	A REAL PROPERTY AND INCOME.	0	0	0	0	0
C.Forward.	12	1	3	3	0		0		0	0	0	0	52		100	51
Totals : C/Forward.	:88	66	154	101	78	71	149	328	ST	TS.	39			41	100	OI



STATISTICAL APPENDIX. -42-

1934-1935

	European Res: N-R						ive		Co		red			iat		
	M	Res F:		P		Res F:	:	N-R	20.	Res	:	N-R		Res	:	P
	IVI	F .	P	P	INI ;	1.	P	P	Mi .	F :	P	P	M	F	P	- P
Totals B/Forward.	88	66	154	101	78	71	149	328	21	18	39	9	53	47	100	51
17) <u>Deaths from</u> <u>Violence.Cont'd</u> . B.Forward.	2	1	3	3	0	0	0	l	0	0	0	0	ı	0	IJ	0
850.Homicide by Fire arms.)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
861.Homicide by Cutt or piercing in- struments.		0	0	0	2	0	2	2	0	0	0	0	0	0	0	0
862.Homicide,Other) Means.)	, 0	0	0	0	1	0	1	2	0	0	0	0	0	0	0	0
863.Attack by Venom-	0	0	00	1	0	0	00	0	0	0	00	00	00	0	00	0
864. Food Poisoning. 866.0th.Acute Acci- dental Poisoning		0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
(Not by Gas) 368.Accidental Burns	. 0	0	02	0	0	2		20	0	00	00	00	0	20	2	1
870. " Drowning. 872. " Injury by Cutting or Pier		0	0	0	1	0	0	1 2	0	0	0	0	0	0	0	0
cing Instrum ^{IS} 874.Accid.Injury in))						-									
Quarries.) 875.Accid.Injury by Machinery.	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0
876.Accid.Injury by) Railways.)	0	0	0	1	1	0	1	1	0	0	0	0	0	0	0	0
877.Accid.Injury by Motor Vehicles		ı	5	0	2	0	2	3	0	0	0	ı	0	0	0	0
878.Accid.Injury by) Motor Cycles.) 879.Accid.Injury by	1	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0
Animal-drawn) Vehicles.)	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
380.Accid.Injury by Other Land) Transport.)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
882.Accid.Injury by Other Crushing.) 0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0
883.Accid.Injury by) Fall.) 892.Electricity)	0	0	0	0	0	0	0	2	0	0	0	0	1	1	2	0
(Lightning ex-) cepted.)	l	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
894.Killed in Riot. 895.Oth.Accidental)	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0
Violence.) 896.Violent Deaths o Unstated Nature	' 1 f)) 0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0
(Open Verdict) 899.Judicial Exe-) cution.)	1) 0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	03
Total:Group 17	13			6	10	:3	: 13	43	0	0	0	1	3	4		3
Totals: C/Forward.	101	68	169	107	88	74	1.62	371	21	18	39	10	56	51	107	5

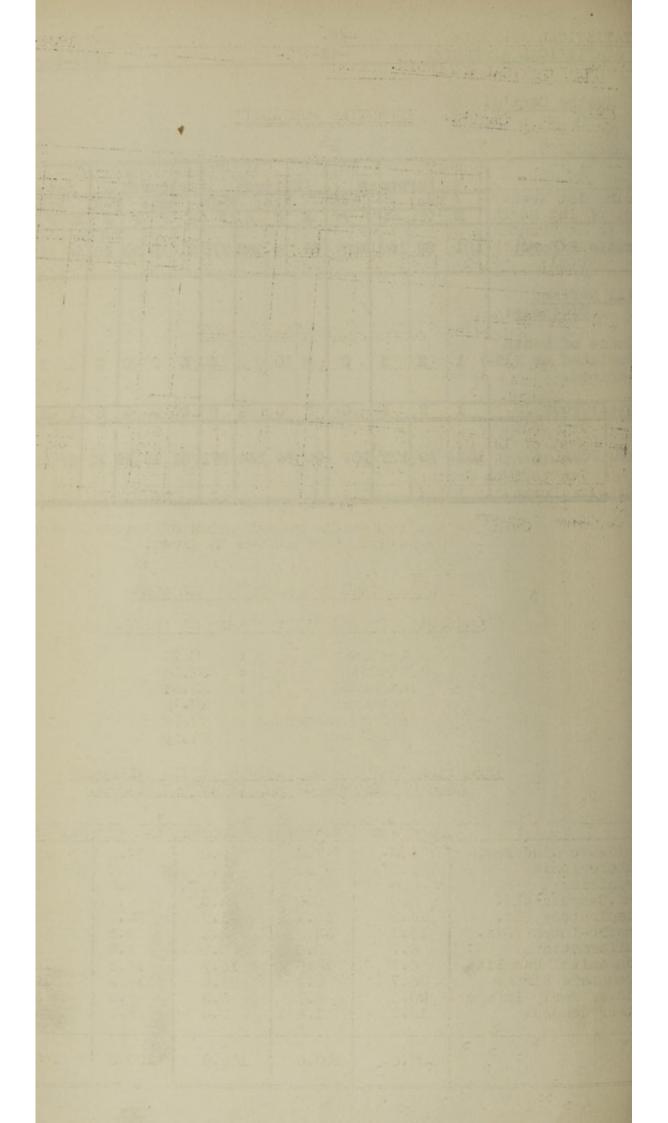


STATISTICAL APPENDIX. -43-

Deaths Cont'd.

		European Res: N-R					ive		C03	our	ed		As	iat	ie	-
	M	THE OWNER WHEN	P	P N-R		Rea	P	N-R	F	les:	of the Party number of the	V-R	I	les.		FF
Totals B/Forw?	101	68	169	107		:	:	371				P 10		F 51	107	P 54
18) <u>Ill Defined</u> <u>Diseases</u> :																
951.Cause of Death Unstated or Ill- Defined.) 1	2	3	0	2	0	2	0	0	0	0	2	ı	2	3	54
Total: Group 18.	1	2	3	0	2	0	2	0	0	0	0	2	1-	2	3	13
GRAND TOTAL :	102	70	172	107	90	74	164	371								5

1934-1935



STATISTICAL APPENDIX. -44-

INFANTILE MORTALITY

RESIDENTS:

	European	Native	Coloured	Asiatic	All N-Eur:
	M:F:1	M: F: P	MFP	M: F: P	M: F: P
During 1st Week.	7:1:8	2:10:12	2:2:4	3:2: 5	7:14:21
Rest of 1st Month.	1:0:	6: 5:11	3:1:4	1:1:2	10: 7:17
2nd to 6th Months.	3 3 0	7 7 14	2:2:4	4:7:11	13 16 29
7th to 12th Months	. 0 : 0 : 0	10:6:16	0:1:1	3:0:3	13: 7:20
Total:	11:4:1	25:28:53	7:6:13	11 10 21	43 44 87

INFANTILE MORTALITY RATE

(DEATHS PER 1000 BIRTHS)

	European	Native	Coloured	Asiatic
lst Week.	22.0	-	61.6	19.1
Rest of 1st Month.	2.8	-	61.6	7.6
2nd to 6th Months.	16.5	-	61.6	42.0
7th to 12th Months.	0.0		15.4	11.4
Inf.Mortality Rate:	41.3	-	200.2	80.1

Owing to the inadequate registration of Native Births, no Rate for Natives is given.

PERCENTAGE OF DEATHS AT ALL AGES

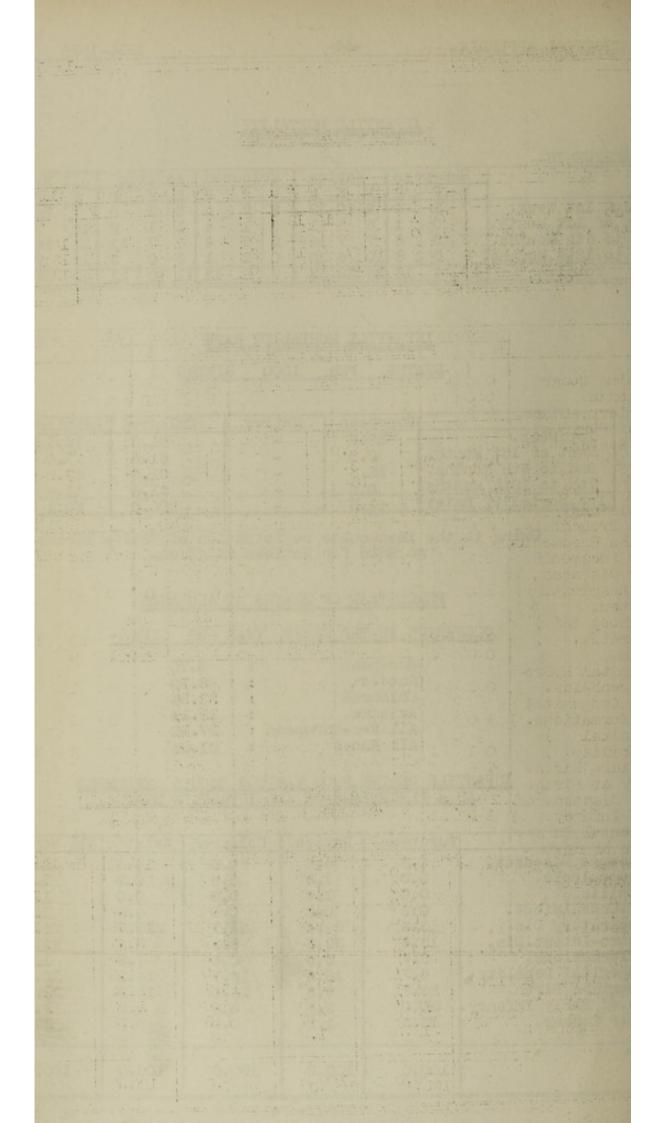
OCCURRING IN THE FIRST YEAR OF LIFE.

European	:	8.7%
Native	:	32.3%
Coloured	:	33.3%
Asiatic	:	19.1%
All Non-European	:	27.8%
All Races	:	21.0%

INFANTILE DEATHS FROM VARIOUS CAUSES EXPRESSED AS A PERCENTAGE OF ALL INFANTILE DEATHS.

	European	Native	Coloured	Asiatic	All Non-Eur
Epidemic Diseases. Tuberculosis. Syphilis. Inf.Convulsions. Respiratory Dis. Gastro-Intest.Dis. Malformations. Congenital Debility. Fremature Birth. Dis.of Early Infancy. Other Causes.	0.0 0.0 0.0 13.3 13.3 6.7 6.7 26.7 20.0 13.3	5.6 1.8 1.8 0.0 24.1 33.3 0.0 18.6 9.3 3.7 1.8	0.0 0.0 0.0 41.7 8.3 0.0 16.7 25.0 8.3 0.0	$ \begin{array}{c} 14.3 \\ 0.0 \\ 0.0 \\ 4.8 \\ 23.7 \\ 9.5 \\ 4.8 \\ 14.3 \\ 14.3 \\ 14.3 \\ 4.8 \\ 9.5 \\ \end{array} $	13.0 1.1 1.1 25.0 22.7 1.1 16.3 12.0 3.3 3.3
	100.0	100.0	100.0	100.0	100.0

1934-1935



STATISTICAL APPENDIX. -45-

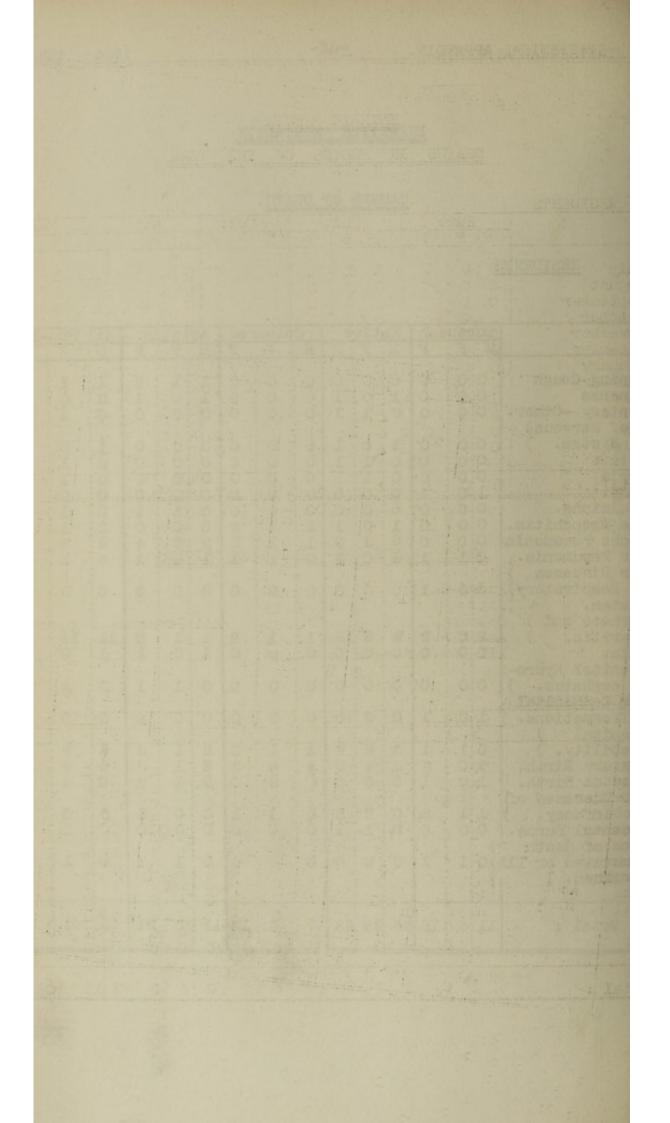
INFANTILE MORTALITY

CAUSES OF DEATH.

RESIDENTS

	Euro	pean	I NE	ativ	е	C	olou	red	I As	iat	ic	All Non-Eur:			
	M : F	; P	M	: F	P	M	F	P		. F	P	M	the state is not any set of	P	
Whooping Cough Influenza Dysentery -Other. T.B.of Nervous)	000000	0000	010	0 0 1	0 1 1	0000	000	000	110	1 0 0	2 1 0	120	1 0 1	2 2 1	
System.) Syphilis Malaria. Tetany. Convulsions. Acute Bronchitis.	000000000000000000000000000000000000000	00	1000016	0110000	111001	000001	000001	0000000	000000	0000010	0000010	100000	0110116	1 1 0 1 3	
Broncho Pneumonia. Lobar Pneumonia. Other Diseases) of Respiratory)	001	01	630	300	9 3 0	0	1 1 1	2 1 0	21	0 0 5	4 1 0	9 4 0	6 1 0	15 5 0	
System.) Diarrhoea and) Enteritis.) Hernia. Congenital Hydro-)	20	20	90		18 0	10	1 0	20	11	10	21	11	11 0	22 1	
cephalus.) Other Congenital) Malformations.)	00	0	0	0	0	0	0	0	0	1	1	0	1 0	1	
Congenital) Debility.) Premature Birth. Injury at Birth.	014010	1 4 1	310	6 4 0	9 5 0	1 3 0	1 0 0	230	220	1 1 1	331	660	8 5 1	14 11 1	
Other Diseases of) Infancy.) Accidental Burns.	11	20	00	21	2 1	00	1 0	1 0	00	000	00	00	3 1	3 1	
Causes of death Unstated or II: Defined.)	1)0 1	l	0	0	0	0	0	0	0	1	1	0	l	1	
Total :	11 4	15	25	28	53	7	6	13	11	10	21	43	44	87	

1934 - 1935



ENTERIC FEVER

DEATHS IN MONTHS OF THE YEAR

(1) RESIDENTS

	Eur:		Nat:			Col:				As	:	All Non-Eur			
	M	F	P	M	F	P	M	F	P	14	F	P	M	F.	P
July August September October November December January February March April May June	0000000000000	000000000000	000000000000	1000000000000	100000010000	N000000000000	000000000000	000000000000	0000000000000	000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	100000000000	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2000000000000
Total:	1	0	1	1	2	3	0	0	0	0	0	0	1	2	3

DEATH RATES PER THOUSAND LIVING

European	;
Native	:
Coloured	:
Asiatic	;
All Non-European	:

0.05) 0.16) 0.00) All Persons : 0.07 0.00) 0.09)

(2) NON-RESIDENTS:

	Eur:			Nat:			Col:			As:			All Non-		-Eur.
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July August September October November December January February March April May June	000000000000000000000000000000000000000	0000000000000	000000000000000000000000000000000000000	0000111110000	1 1 2 0 0 0 1 1 0 0 0	111311123000	00000000000000	0000000000000	000000000000	00000000000000	0000111000000	000000000000000000000000000000000000000	0002311120000	111311011000	111542123100
Total :	1	0	1	7	7	14	0	0	0	4	3	7	11	10	21

Color to

STATISTICAL APPENDIX -47-

MALARIA

DEATHS IN MONTHS OF THE YEAR

(1) RESIDENTS:

	Eur:	Nat:	Col:	As:	A11	Non-Eur:
	M: F : P	M : F : P	MFP	M F P	M	F : ?
July	0:0:0	1 0:1	0.0:0	0:2:2	1 :	2:3
August	0:0:0	0:0:0	0:0:0	0:0:0	0	0:0
September	0:0:0	0 1 1	0 0 0	0:0:0	0	1:1
October	0:0:0	1:0:1	0:0:0	0:0:0	1	0 1
November	0:0:0	0:0:0	0:0:0	0:0:0	0	0:0
December	0:0:0	0:0:0	0:0:0	0:0:0	0	0:0
January	0:0:0	0:0:0	0:0:0	0:0:0	0	0 0
February	0:0:0	0:0:0	0:0:0	0:0:0	0	0:0
March	0:0:0	0 1 1	0:0:0	0:0:0	0	1 1
April	0:0:0	0:0:0	0 0 0	0:0:0	0	0:0
May	0:0:0	0:0:0	0:0:0	0:0:0	0	0 : 0
June	0:0:0	0:0:0	0:0:0	1:01	11	0 1
Total:	0:0:0	2:2:4	0:0:0	1 2 3	3	4 7

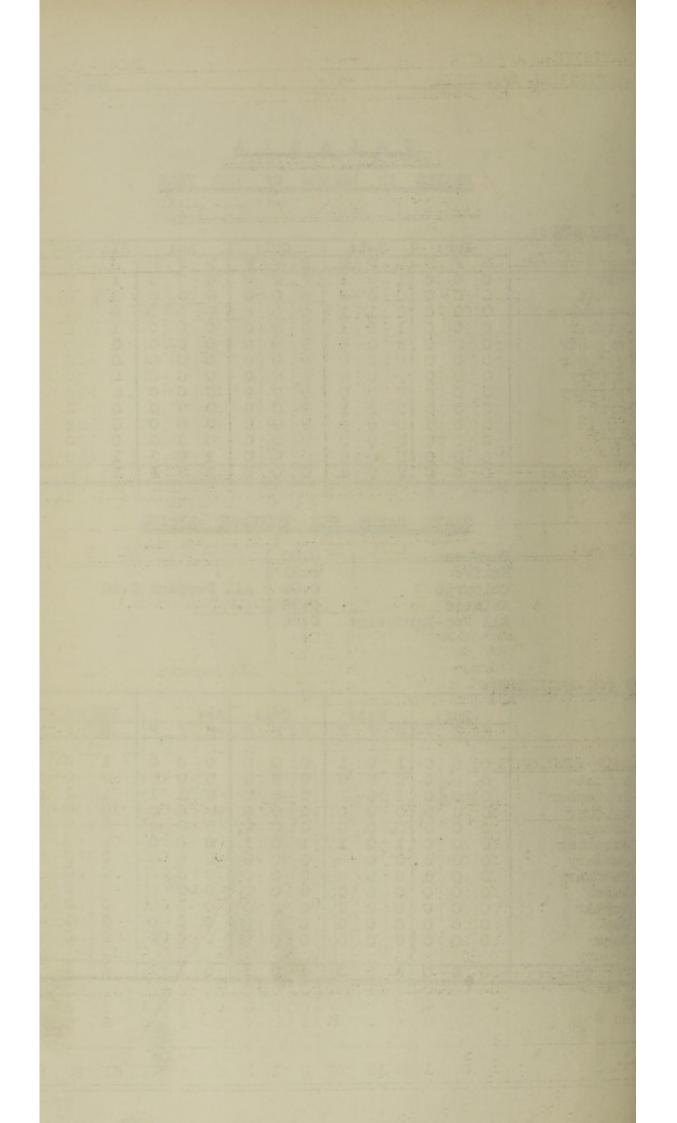
DEATH RATES PER THOUSAND LIVING

European	8
Native	•
Coloured	
Asiatic	
All Non-European:	:

0.00) 0.31) 0.00) All Persons 0.16 0.36) 0.30)

(2) MON-RESIDENTS:

	Eu	Eur:			Nat:			Col:				All Non-Eur:			
	M: F	P	M	F	P	M	F	P	M	F	P	M	F	P	
July August September October November December January February March April May June	000000000000000000000000000000000000000	00000000000000	101001000000	000000000000000000000000000000000000000	0000000000000	000000000000000000000000000000000000000	000000000000	00000000000000	0000000000000	000000000000000000000000000000000000000	001000000000	101002000000	000000000000000000000000000000000000000	100000000000000000000000000000000000000	
Total:	0'0	:0	3	0	3	1:	0	1	0	1	1	4	1	5	



STATISTICAL APPENDIX. -48-

1934 - 1935

PULMONARY TUBERCULOSIS

DEATHS IN MONTHS OF THE YEAR

(1) RESIDENTS.

	Eur:			-	Nat:			Col:			s:		All Non-Dir:			
	M.	F	P	I.E.	F	P	M	F	P	M	F	P	M	F	P	
July August September October November December January February March April May June	100000000000000	000000000000000000000000000000000000000	100000010200	32003H220000	210310201020	530341421020	101000000210	000000011000	ноноосоннано	ноосоносоон	000000000000000000000000000000000000000	012000400001	AUDUUUUUUUUUU	<u>818810518080</u>	¢43341∞32%31	
Total:	2	2	4	13	12	25	5	2	7	3	5	8	21	19	:40	

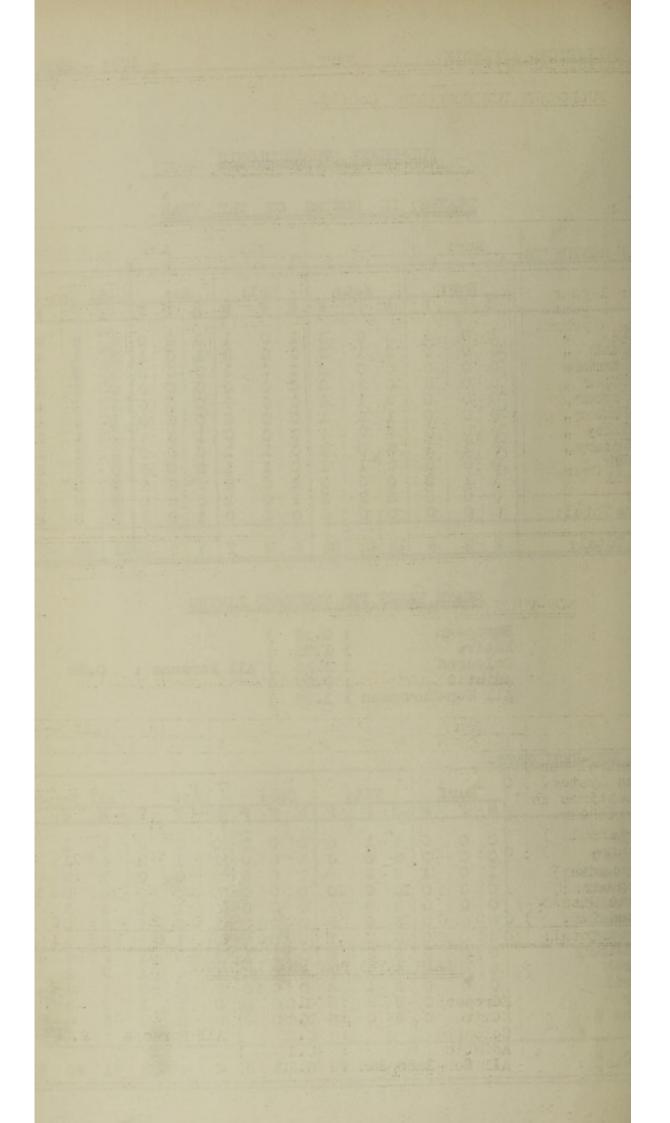
DEATH RATES PER THOUSAND LIVING

European	:	0
Native	:	1.
Coloured	:	3 .:
Asiatic	:	0.
All Non-European	:	1.

19) 95) 35) All Persons : 0.98 97) 72)

(2) NON-RESIDENTS.

and the second s		Eur:			Nat:			Col:			As:		All Non-Eur:		
	M	F	P	14	F	P	M	F	P	M	F	P	M	F.	<u>P</u>
July August September October November December January February March April May June	000000000000	000000000000	001000000000	4000000000000	HOBORORDHHRO	5351075787346	0000000000000	0000000000000	000000000000000000000000000000000000000	010001011000	010010100010	020011111010	4 4 10 5 6 5 6 9 2 2 6	113030341130	5 5 10 8 6 8 10 3 5 6
Total :	1	0	1	55	15	70	2	1	3	4	4	8	61	20	81



STATISTICAL APPENDIX -49-

FULMCNARY TUBERCULOSIS Cont'd.

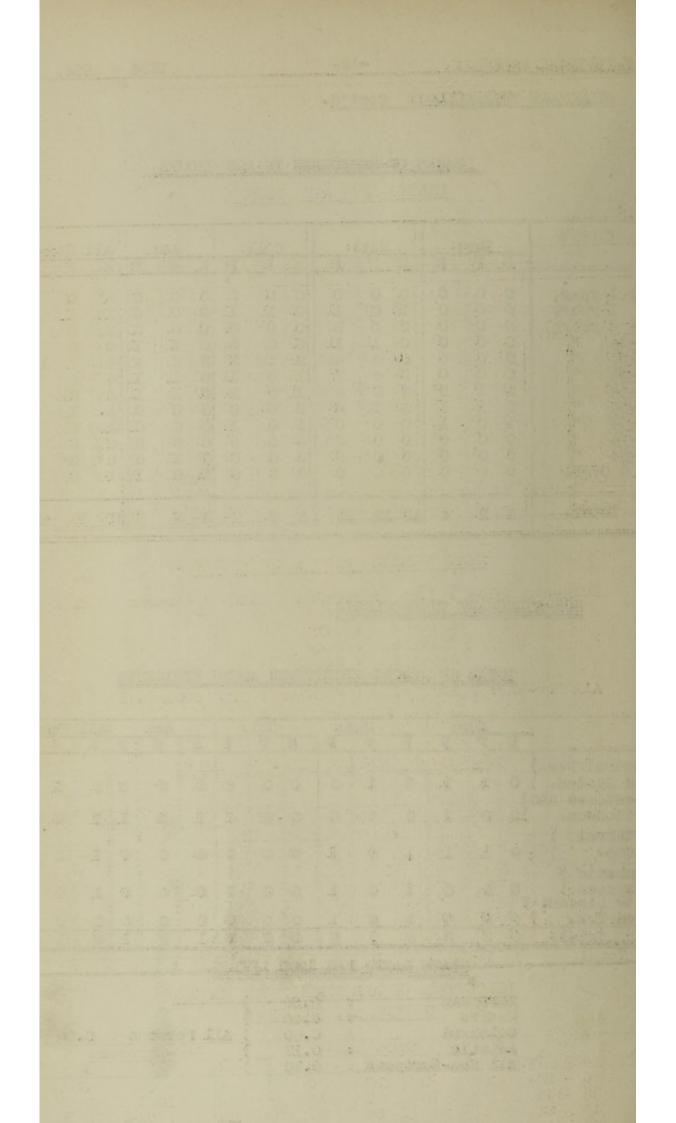
	COLUMN STREET, STREET, ST. OF	ur: F P	M	Nat	: P	M	Col F	: P	M	As	: P	A] M :	l No F	n-Eur
Under 1 year. 1 year. 2-4 years. 5-14 " 15-24 " 25-34 " 35-44 " 45-54 " 55-64 " 65-74 " 75-84 " 85 & Over.	0 0	000021100	012003250000	000144210000	012147460000	000000000000000000000000000000000000000	01001000000	010031101000	0000000000000000	0000121100000	000141100001	012044351001		0222219661001
Total:	2 2	2 4	13	12	25	5	2	7	3	5	8	21	19	40

DEATHS OF RESIDENTS IN AGE GROUPS

NON-PULMONARY TUBERCULOSIS .

TOTAL OF DEATHS REGISTERED AMONG RESIDENTS

		Eu			Na			Col			As:			Non	-Eur
	M	F	. P	M ;	F	P	M	F	P	M	F	P	M	F	P
Of Central Ner-	5										-				
vous System.	0	1	1	2	1	3	0	0	0	0	0	0	2	1	3
" Intestines and	1)											:		:	
Peritoneum.)0	0	0	0	0	0	0	0	0	1	0	1	1	0	1
" Vertebral)															
Column.)	0	1	1	1	0	1	0	0	0	0	0	0	1	0	1
"Lymphatic)		:													
System.)	,0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
Acute Dissemi- nated T.B.	00	0	0	1	0	1	0	0	0	0	0	0	1	0	1
Total:	0	2	2	5	7	6	0	0	0	1	0	1	6	1	7
TOOGT.							Revenue.	BARRIER BARR				COLUMN STATE	NOT COLORISON		PROFESSION I
and the second se		-	DEATI	H RA	TES 1	PER	1000) LI	VINC						
	Ea	rop	ean				0.09	,)						
and the second		tiv					0.46		j						
The state of the state of the state		lou					0.00) A:	LL P	ersoi	ns :	0.	20	
		siat					0.12)						
Contraction of the second	Al	L1 N	on-E	urop	ean	:	0.30	1)						
and and the second															
State of the second															



STATISTICAL APPENDIX. -50-

CANCER

DEATHS IN AGE GROUPS

RESIDENTS .

		Eur	:		Nat.			Col			As:		All	Non-	-Bur:
	M	F	P	M	F	P	M	F	P	M	F	I P	M	F	P
Under 1 year. 1 year. 2-4 years. 5-14 " 15-24 " 25-34 " 35-44 " 45-54 " 55-64 " 65-74 " 75-84 " 85 & Over.	000000314220	000000145220	000000459440	000000000000000000000000000000000000000	000000000000000000000000000000000000000	0000000000000000	0000000001000	000000000000	000000000000000000000000000000000000000	00000000000000	000000000000000000000000000000000000000	0000040400000	000000000000000000000000000000000000000	000001200000	000012110000
Total:	12	14	26	0	2	2	1	0	1	1	1	2	2	3	5

DEATH RATES PER 1000 LIVING

European Males : 1.80 : Females : 1.28 : Persons : 1.20

Native : 0.16 Coloured : 0.48 Asiatic : 0.24

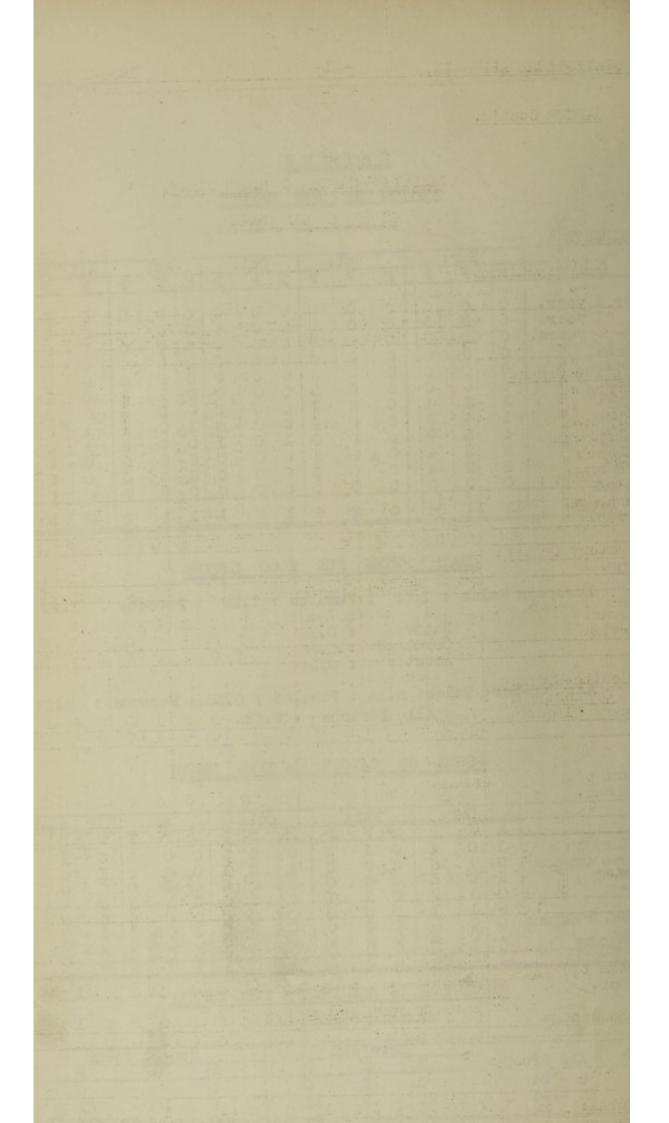
All Non-Eur: Males: 0.14 : Females : 0.36 : Persons : 0.22 All Persons : 0.69

FORMS OF CANCER CAUSING DEATH

	-	Eu	r	1	Nat	:	1	(Col:			As:		All	Non.	-Eur:
T	M	F	P	M	F	Ĵ	P 1	M	F	P	14	F	P	M	F	P
Bucal Cavity.	1	0	1	0	1	1	1	0	0	0	0	0	0	0	1	1
ligestive Organs	9:	7	16	0	:0	: (0 1	1:	0	1	0	0	0	1	0	1
lespiratory "	1	Ó	1	0	0	: (0	0:	0	:0	0	0	0	0	0	0
Iterus	0.	3	3	0	11	: :	1	0	0	0	0	1	1	0	2	2
reast	0:	1	1	0	:0	: (0 1	0 :	0	.0	0	0	0	0	0	0
le Gen. Ur. Organs	Q	Q	Q	0	0	: (0	01	Q	2	1	· Q :	1	1	8	7
Other Organs	5:	3	3	8	8	: 2	8	8	8	8	18	8:	8	8	8	8
Totalt	121	14	26	0	3	1 0	2	7 .	0	1	1	1	2	2	3	5

PERCENTAGE OF ALL DEATHS FROM CANCER IN FOUR AGE GROUPS.

			uropea	141	N	on-Euro	nean	
-	Age Group	M K		P	M	F	P	
	0 - 24 25 - 44 45 - 64 65 & Over	0 25 42 33	0 7 64 29	0 15 54 31	0 100 0	0 100 0	0 67 33 0	
		100	100	100	100	100	100	



STATISTICAL APPENDIX. -51-

CANCER Cont'd.

FORMS OF CANCER CAUSING DEATH

GIVEN IN AGE GROUPS

RESIDENTS ONLY

	1	0		24		25		44	4	5 -	64		6	5 8	OV	er
	And in case of the local division of the loc	Sur:	N-	Eur.	THE R. LEWIS CO., LANSING MICH.	ur:	A DOWN BOOK & AND INCOME.	Eur.	_			ur:	and the second second	COLUMN TWO IS NOT	N-H	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Digestive Organs: Tongue Lip	00	00	00	0	00	0	00	00	1	00	00	0	0	0	0	0
Larynx.	0	c	10	õ	0	0	0	1	0	0	0	00	10	00	0	č
Oesophagus Stomach	00	0	0	0	00	0	00	00	2	0	0	0	10	0	0	CO
Duodenum	0	c	0	0	1	10	0	0	0	20	0	õ	0	20	10	0
Colon Pancreas	00	00	00	0	0	0	00	00	02	1	00	00	01	00	00	00
Liver.	10	0	0	0	12	0	0	0	0	10	0	0	0	0	0	0
Respiratory Organs:	0	0	0	0	2	1	0	1	5	4	0	0	3	2	1	0
Lung.	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Uterus:	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Uterus.	0	0	0	0	0	0	0	0	0	2	00	0	0	0	0	0
Cervix.	0	0	0	0	0	0	0	2	0	1		0	0	0	0	0
Male Genito-Urinary Organs:																
Urinary Bladder.	10	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Skin: Rodent of																
Forehead.	0	0	0	0	0	0	0	0	0	0.	0	0	1	0	0	0
	0	0	0	0	0	: 0	0	0	0	0	0	0	1	0	0	0
Heart.	0	о	c	0	0	0	0	0	0	1	0	0	0	0	0	0
	10	C	0	0	0	0	0	0	0	1	0	0	0	:0	0	0
Other:																
Sarcoma of) Femur.)	0	0	0	0	0	0	0		0	0	0	0	0	1	0	0
Lymphosarcoma	0	April 2 March 1 and 1	0	And in case of the local diversion of the	And in case of the local division of the	0	0	0	0		0	0	0	1	0	0
	0	0	0	0	0	0	0	0	0		0	0		G		
	1		1		-		-	3	5	8	7	0	4	4	1	0
TOTAL:	0	0	0	0	3	1	0				- Phase		-		and the	



STATISTICAL APPENDIX -52-

DEATHS DUE TO

BRONCHITIS AND PNEUMONIA

RESIDENTS:

		EUR:			NA:	F:	1	COL	:	1 1	AS:		ALL	NON	-EU R:
	M	F	P	M;	F	P	M	F	P	M	F	P	M .	F	2
July August September October November December January February March April May June	101 1 11000100	0010000000000000	102111222110	801031120132	024101010101	NUSCH	100010010000	010000011021	110010021021	840404008008		NOHHOH	901241231145	234102021336	11 3 5 3 4 3 2 5 2 4 7 11
Total :	8	6	14	20	11	31	3	6	9	10	10	20	33	27	60
Bronchitis Fneumonia	1 7	2 4	3 11	1 19	~		12	1 5	2 7	37	28		5 28	3 24	8 52
Total	8	6	14	20	11	31	3	6	9	10	10	20	33	27	60

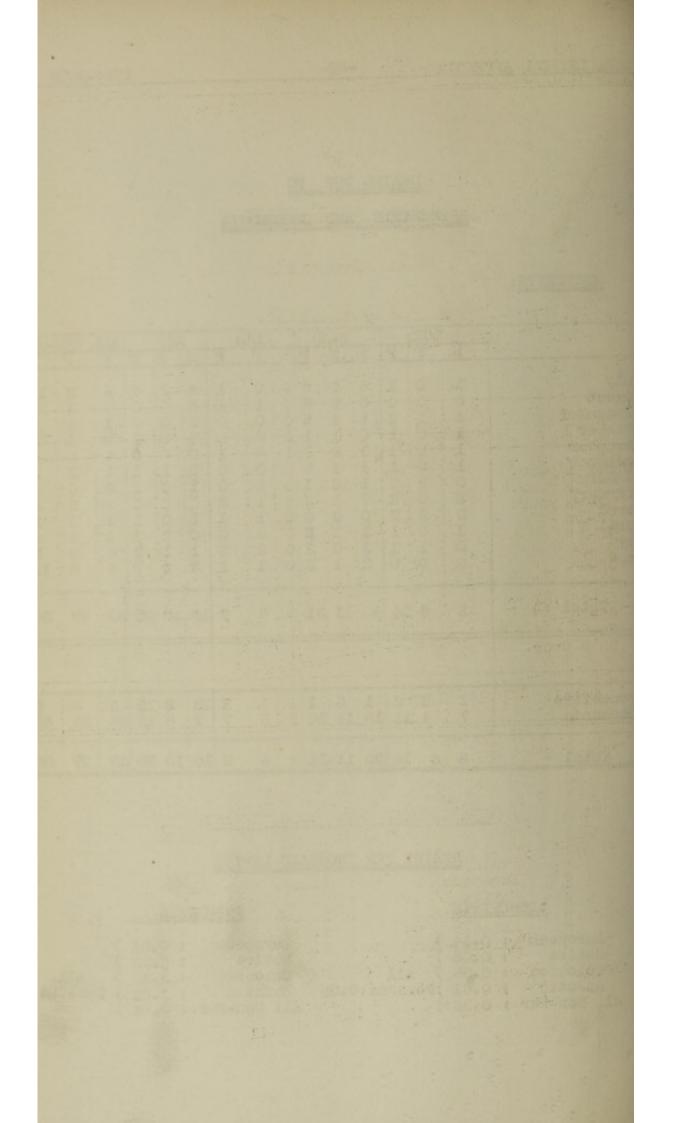
DEATHS PER THOUSAND LIVING

BRONCHITIS

PNEUMONIA

European : 0.14)	European : 0.51)
Native : 0.08)	Native : 2.33)
Coloured : 0.96) All	Coloured : 3.35) All
Asiatic : 0.61)Person	:0.25 Asiatic : 1.82) Persons:1.41
All Non-Eur.: 0.34)	All Non-Eur.: 2.24)

1934-1935



TATISTICAL APPENDIX. -53-

1934 - 1935.

DISEASES OF THE HEART

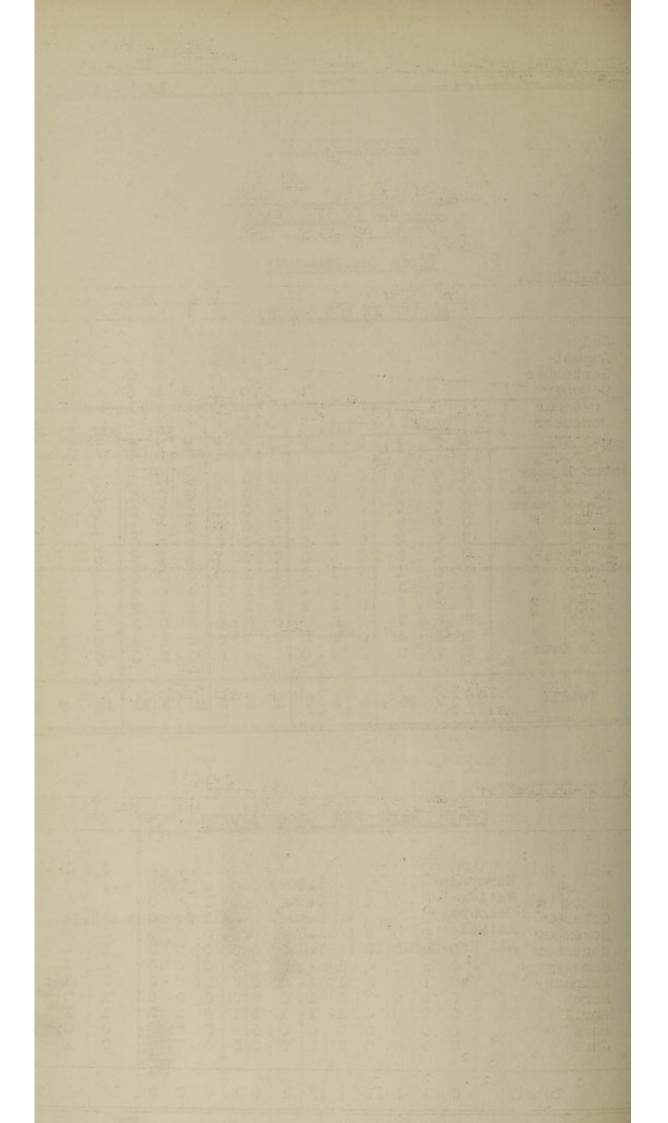
(Code Nos.350-357)

DEATHS IN AGE GROUPS

	E M.	UR	: P	N M	AT:	P		COL	and the second second		AS:		ALL	Second second second	EUR:
Under 1 year. 1 year. 2- 4 years 5-14 " 15-24 " 25-34 " 35-44 " 45-54 " 55-64 " 65-74 " 75-84 " 85 & Over.	000020135	000000000000000000000000000000000000000	000000138738	000000400000	000000111000	000000511000	M 000001100000	F 000000111000	P. 0000012110000	00010104130	F 000000000000000000000000000000000000	P 0000000400000	M 000102541300	F 000001223010	000103764310
Total:	17	9	26	4	3	7	2	3	5	10	3	13	16	9	25

DEATH RATE PER 1000 LIVING

European	:	1.20)		
Native	:	0.54)		
Coloured	:	2.40)	All Persons : 1.14	
Asiatic	:	1.57)		
All Non-European	:	1.08)		



STATISTICAL APPENDI. -54- 1934-1935

DEATHS DUE TO

DIARRHOEA AND ENTERITIS

(Under age of 2 years)

(1) RESIDENTS:

		EUR	.:		NA	T:		COL	:	A	S:	1	TT	NO	-EU
	M	म	P	M	F	P	M	F	P	1/I	F	P	11	F	P
July August September October November December January February March April May June	000000000000000000000000000000000000000	0000000000000	000-00000-000	010120311002	LOGNONONOOL	113320513003	000000000000000	000000000000	010000000000	000000000000	0000000000000	000044400000	NOOHHERRORO	HOONOLONOL	123434543003
Total:	2	0	:2	11	11	22	1	0	1	2	1	3	14	12	26

DEATH RATE PER 1000 LIVING

:	0.09)			
2	1.71)			
:	0.48) All	Persons	:	.62
:	0.36)			
1:	1.12)			
	: :	: 0.48 : 0.36	: 1.71) : 0.48) All : 0.36)	: 1.71) : 0.48) All Persons : 0.36)	: 1.71) : 0.48) All Persons : : 0.36)

(2) NON-RESIDENTS:

		EUF	22		EUR: NAT:			OL:	-	S:_		ALL N	ONE	UR:
July August	M 0 0	77	P 00	M 00	F 1	P 1 1	M 0 0	and the second se	M 0 0	F 000	P 000	M 0 0	Flio	P 1 1
September October November December January February March	0000000	00000000	00000010	1330031	0110080	1530141	0000000	000000000000000000000000000000000000000	0000000	0000000	0000000	4330031	0110080	1530141
April May June	0000	0000	0000	0000	101	101	100	01000	0000	0000	0000	100	1 0 1	201
Total:	0	1	1	11	8	19	1	01	0	0	0	12	8	20

STATISTICAL APPENDIX -55-

NOTIFICATIONS OF INFECTIOUS DISEASE

(Excluding MALARIA)

1934-1935

BOROUGH INFECTIONS

		Eu	r:	-	Nat			Co	7.					17		
	M				THE OWNER WHEN PARTY NAME	P	2.6		P	M		As:		11 N-	THE OWNER WATCHING & STATE	COLUMN TWO IS NOT
Tuberculosis,) Pulmonary.) Tuberculosis)	1	6	7			35	1	-	:	13		P 31	M 45	F 33	78	Total 85
Non-Pulmonary). T.B.of Spine. T.B.Meningitis. T.B. Tonsils.	000	: 0		1 1 0 1	010	20	000	000	000	000	1 0 1	1 0 1	110	1 1 1	221	2 3 1
T.B.Wrist. T.B.Cervical) Glands .) Scarlet Fever.	0 07	0	0 0 15	00	00	00	0 00	0 000	0 00	0 0 0	0	0	1 0 0	0	1 1 0	1 1 15
Diphtheria. Erysipelas. Typhus Fever. Enteric Fever.	064	18 2 1 5	279	0000	013		0000	000	0000	0014	0000	2014	0016	2013	2029	23 2 9 18
Gonoc.Ophthalmia Encephalitis. Puerperal Fever. Gerebro-Spinal)	10	001	011	000		000	000	1 0 0	100	000	000	000	000	1 0 0	100	1 1 1
Fever.)	0	0	0	0	0	0	1	0	1	0	0	0	1	0	1	1
Total :	22	42	64	30	15	45	8	6	14	18	23	41	56	44	100	164

DISTRICTS OF RESIDENCE OF CASES SUFFERING

WITH ENTERIC FEVER AND PULMONARY TUBERCULOSIS :

	Enteric Fever	Pulm. Tuberculosis.
In City Area:		
East.	0	8
West.	0	48
Outside City Area:		
Maryvale.	0	2
Mountain Rise ·	0	8
Native Village.	1	6
Camp Drift.	10	4 .
Town Bush Valley.	1	1 1
Chase Valley.	2	0
Scottsville.	1	3
Mayor's Walk.	3	3
LNew Scotland.	0	2
Total :	18	85

• 1: - L. The state - have

. .

MALARIA CONTROL

FRESH INFECTIONS CONTRACTED IN THE BOROUGH : NIL. FRESH INFECTIONS CONTRACTED IN THE ADJACENT AREAS : NIL.

STAFF EMPLOYED.

(1). EOROUGH.

15th Dec.1934 to) One certificated Inspector (seconded 30th April, 1935.): from General Work.) 1st.Jany.1935 to) One certificated Inspector (seconded 30th April, 1935.): from General Work.) Two Learner Inspectors (seconded from General Work.) January to) April, 1935.) 2 Native Malaria Visitors. (part-time) : 2 Native Spotters.

3-7 Native Oilers and House Sprayers.

(2). ADJACENT AREAS.

(a) EAST. 15th Dec.1934): One Certificated Inspector. to 30th April,1935) One Coloured Spotter. One Coloured Spotter. 3-5 Native Oilers and house sprayers.

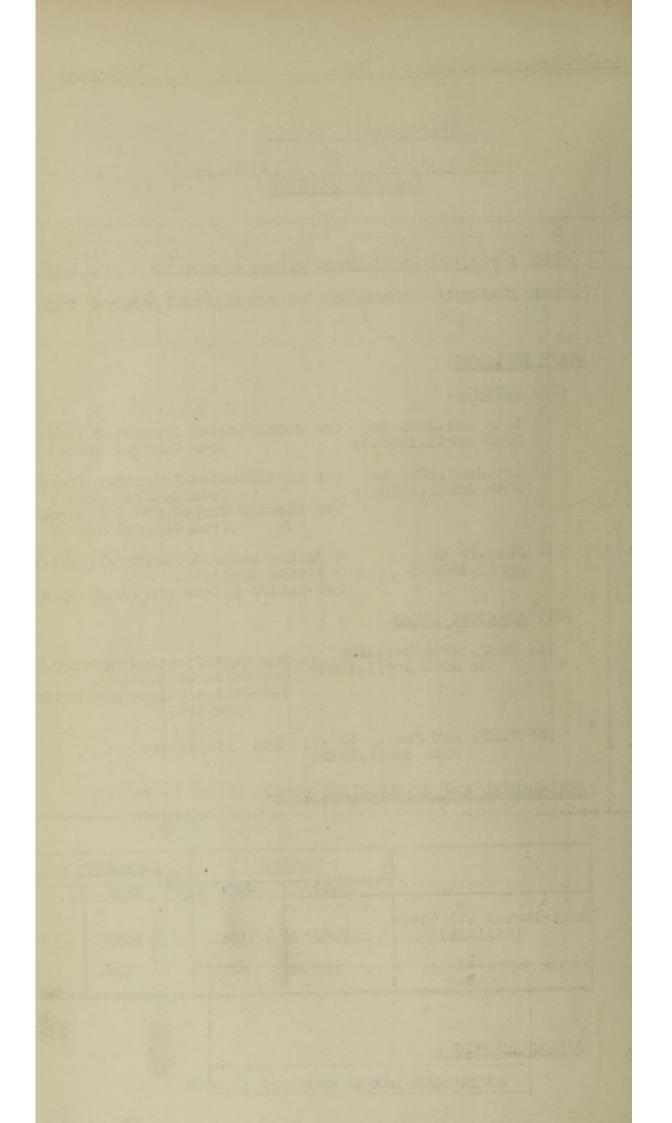
(b) WEST. 1st Jany., to): One Inspector. 30th April,1935)

ANTI-LARVAL and INSECTICIDAL WORK .

	BORC	UGH .	ADJACENT ARE				
	EAST	WEST	EAST	WEST			
Anti-larval Oil Used (Gallons)	1460	124	1053	Nil			
Rooms Sprayed.	119	Nil.	128	Mil			

LABORATORY WORK .

Anopheline Larvae examined : 5682



STATISTICAL AFPENDIX. 57-

1934-1935

TUBERCULOSIS CLINIC

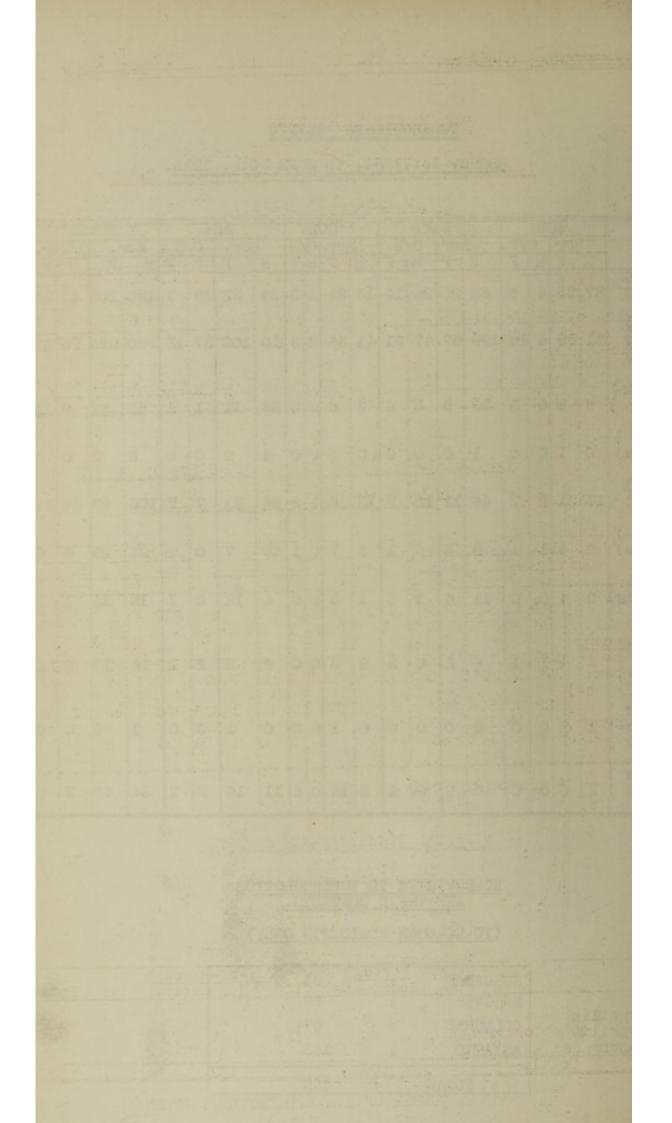
AUGUST 1st, 1934, to JUNE 30th, 1935.

and the second s	EUR:				N.	T:			CC	L			AS	5:		Total					
	A second second	Bor.)/B.	and the second second	or		B .		Bor.			E	Bor.		В.	Bo	c.]	0/B		
	11	F	HI.	F	Mi	F	M	F	M	F	20	F	M	F	34	F	M	F	Μ	F	Τ.
New) Cases.)	27	35	4	8	53	20	24	14	16	21	2	3	34	32	13	7	130	108	43	32	313
Total) attend-) ances.)	61	69	4	10	129	37	47	21	41	66	2	3	nə	102	37	15	350	274	90	49	763
puta Ex-) mined,)	6	8	0	5	23	9	8	6	3	9	0	С	23	11	1	1	55	37	9	12	113
iputa) fositive)	0	1	0	0	ı	0	0	0	0	0	0	0	4	2	0	0	5	3	0	0	8
X-Ray) Exams .)	17	21	2	7	46	11	18	7	13	16	lı	2	24	21	7	7	100	69	28	23	220
A-Ray) Positive)	2	4	ı	ı	8	5	5	1	5	7	0	1	9	7	0	3	24	23	6	6	59
Positive) Diagnosis) Made.)	2	4	0	0	11	4	l	0	ı	З	0	0	4	12	0	1	18	23	1	1	43
Admitted) to) Hospital)	2	4	1	1	6	2	0	3	2	3	0	0	6	8	1	1	16	17	2	5	40
Referred) to Sana-) torium.)	1	2	0	0	0	0	0	0	0	1	0	0	0	l	0	0	l	4	0	0	5
Contacts) Examined)	2	5	0	0	8	9	0	1	З	15	0	5	11	16	2	2	24	45	2	8	79

HOME VISITS TO TUBERCULOTICS AND THEIR CONTACTS.

(TO BOROUGH RESIDENTS ONLY)

EUROPEAN	:	81	
NATIVE	:	89	
COLOURED	:	97	
ASIATIC	:	188	
TOTAL	;	455	



STATISTICAL APPENDIX. -58- 1934 - 1935

VENEREAL DISEASE

V.D.CLINIC : BOROUGH AND OUT-OF-BOROUGH CASES

JULY 1934 - JUNE 1935.

		Euro	bean		Non-Eu:	ropean		Total	
	M	F	P	M	F	P	M	F	P
Syphilis: New Cases: Total Attendances:	27 135	13 98	40 233	914 6741	438 3137				1392 10111
w.Attend. per Case :	5.0	:7.5	:5.8	1 7.3	7.2	7.2	7.3	7.2	7.3
Gonorrhoea: New Cases: Total Attendances:	24 172	4	28 182	89 6153	2 12	91 6165	113 6325	6 22	13.9 6347
w.Attend. per Case :	7.0	:2.5	6.5	69.1	6.0	67.0	56.0	3.6	52.4

V.D.CLINIC : DETAILED STATEMENT FOR 12 MONTHS

JULY 1st 1934 - JUNE 30th, 1935.

			Boro	ugh (Cases		Out-of-Borough Cases:									
	E	lur:	N	at:	Co	1:	A	s.		r:	N	at:	C	ol:	P	S:
	M	F	M	F	M	F	M	F	M.	F	M	F	М	F	M	F
w Cases: Thilis.			509 51			38 0					253 10	210	50	5 0	17 3	
ttendances: ophilis: onorrhoea:				1151							1462 272	14:24 0			138 237	
B.Injec-) -tions.) ass.Taken.) lass.Positive	9	6	816 185 101	46	24		176 35 9	and the second second		1	331 103 74	75	15 3 1	3 0 0		832

* Six months only.

VENEREAL DISEASE CASES ADMITTED

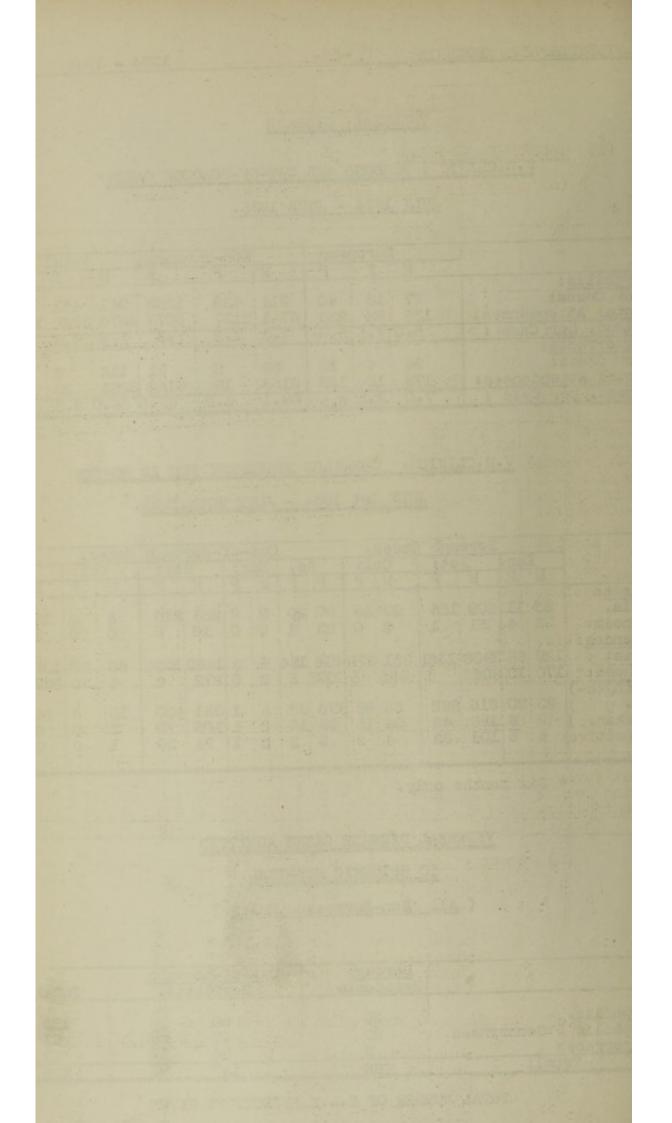
TO EPIDEMIC HOSPITAL.

(All Non-European Males)

	Borough Residents.	Out-of-Borough Residents.	Total
Syphilis. Syphilis & Gonorrhoea. Gonorrhoea	39 20 9	86 47 34	125 67 43
Total:	98	167	235

TOTAL NUMBER OF N.A.B.INJECTIONS GIVEN

AT EPIDEMIC HOSPITAL : 596



STATISTICAL APPENDIX. -59

(e)

HOSPITALS

(1) ISOLATION HOSFITAL

(a) Cases remaining on July 1st, 1934.

	_	******	EUR	The second se			1	NO	N-EU	ROPE	AIT		
			ough		Boro	ugh		orou		C/B	orou	zh	
	3.6	Cas F	P	Ca	ses.			ases	P		ases		12-2-3
Scarlet Fever.	M	11	: 3	2	F	1 2	M	F	0	M	F	P	Total 5
Measles.	2	: 2	: 4	0	0	0	10	ŏ	0	0	õ	0	4
Total:	4	3	7	2	0	2	0	0	0	0	0	: 0	9
										All the state		1.01.23	tors a sorter a
(b)	Con		Amitta		T	7.04	1004	-			200	-	
	Case	18 F	Admit:	sea	Jury	180,	1934	- 01	une :	30th	1930	2 *	
Diphtheria		20	: 27	19	6	15	10	1	1	1	1	2	45 1
Veasles	23	18	41	5	2	7	0	0	0	0	ō	0	48
leasles & Whoop)	10		: 0			-	1	-					
ing Cough.)	03	15	18	0	0:	03	0	0	0	0	0	0	3
Scarlet Fever.	7	6	13	2	2	4	0	0	0	0	00	00	21
Mumps.	8	: 3	11	1	õ	i	l õ	ő	õ	0	õ	õ	12
Mumps & Scarlet)		:		1		-							10
Fever.)	2	:0	: 2	0	C	0	0	0	0	0	0	0	2
Chicken-Pox.	11	: 2	3	0	1	1	0	0	0	0	0	0	4
German Measles.	0	1	1	0	0	0	0	0	0	0	0	0	1
Malaria. Erysipelas.	10	03	1 3	00	0	2	0	0	0	0	0	0	1
C.S.Meningitis.	0	0	0	1	0	1	0	ő	0	0	0	00	5
Observation.	lĭ	: 2	3	i	ŏ	i	0	ŏ	õ	l o i	õ	ŏ	2
Total:	53	72	125	19	16	35	0	1	1	1	ĩ	2	163
A CONTRACTOR OF STREET, STREET	A A LO A A	La lorger des	ALC: NO.				10 5° 12 0 0000	or man	No. Carrie	HUNKAP 1	HE WALK C	ar totak ti	1212.525
1.2						**	+ - 7 .				100	_	
(c)	Case	SI	emair	ung	ln	Hospi	.ta. (on Ju	ine .	soun.	1933	2.	
				-									
Diphtheria	11	3	: 4	0	0	0	0	0	0	0	0	0	4
Scarlet Fever. Whooping Cough.	01	1	1 2	0	0	0	0	0	0	0	0	0	2
C.S. Heningitis.		0	0	0	ö	ī	0	ö	õ	ŏ	ŏ	ŏ	ĩ
Total:	2	5	. 7	11	0	ī	0	0	0	0	0	-0-	3
A RECEIPTION OF THE PARTY & SAMPLY	COLUMN AND		SLANGARE MATCH	-heroscae.a	E. CLEVEN TA		at sets in a set	er under er	CALCER CALCER	PERSONAL PROPERTY.	- C. Service	armar tro	(W) 6.2 (M) 8 (M)
(ā)	Aver	age	Lena	th	of S	tay i	n Hos	spita	al pa	er Ca	se.		
		N. MARCE											
Martin Control La			iphth			:	31.	0 da	ays "				
		0	carle	C F	ever		75	0	H				

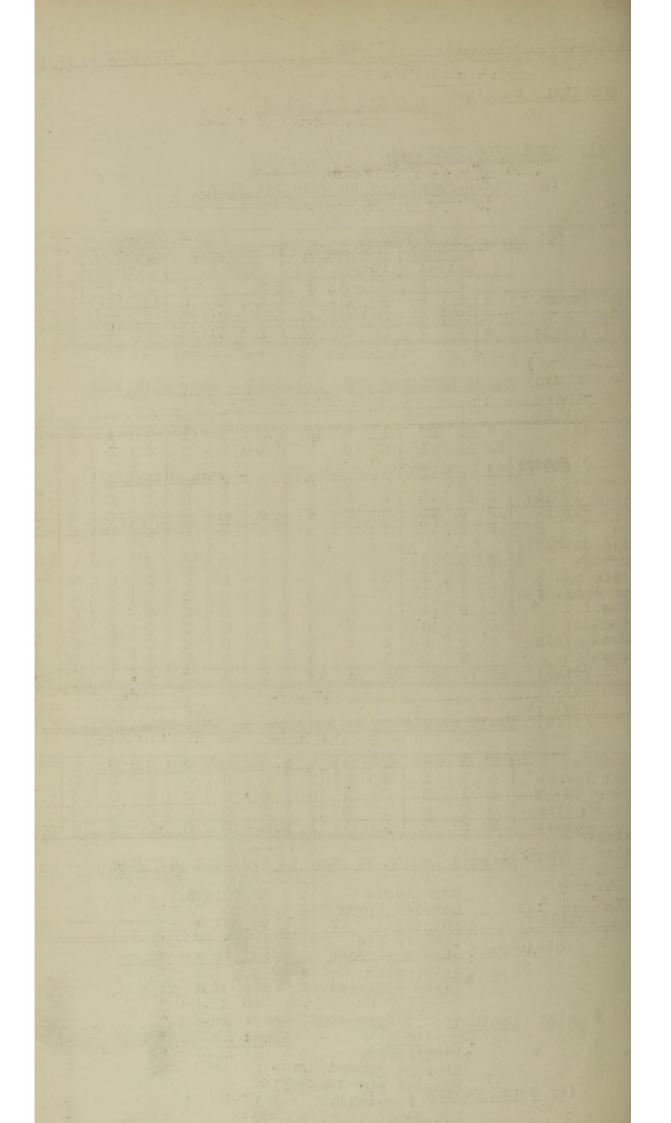
Measles : Chicken Pox : Whooping Cough : Erysipelas :	15.0 11.5 20.5 13.0		
Other Diseases	24.0		
Deaths: 7 Europeans,	as follow Borough	vs :- O/Borough	
Diphtheria	3	1	
Scarlet Fever	1	0	
Measles and Bronch	10)		
Pneumonia.) 1	0	
C.S.Meningitis	0	1	
Total :	5	2	
BURGER OFFICE THE LEVEL OF COMPANY AND AND AND ADDRESS.	THE PART OF STREET, STORE OF	States of the other states and the states of	

Total

1

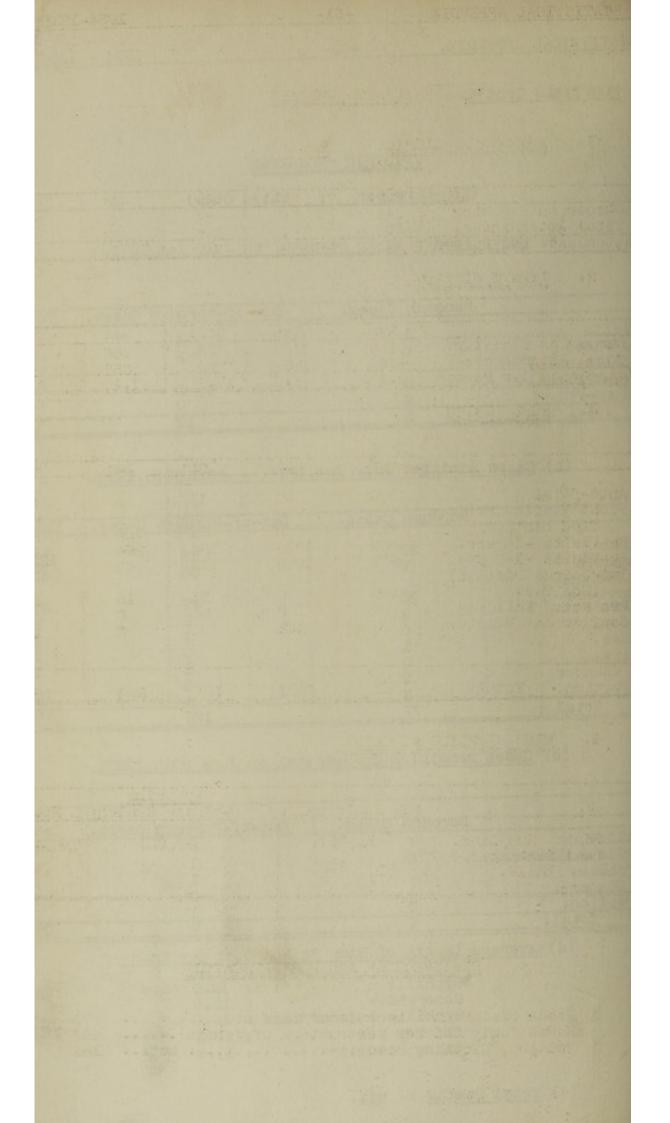
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STATISTICAL APPENDIX. -60-

HOSPITALS Cont'd.								
	EPIDEMIC HOS	PITAL						
	(Non-European :	Males Only)						
(a) <u>Cases</u>	remaining in Hospi	tal on July 1st, 1934.						
	Borough Cases.	Out-of-Borough Cases.	Total					
Syphilis Fonorrhoea	1	4	5 3					
Syphilis and)	0	3	3					
Gonorrhoea)	0	5	5					
Chicken-Pox.	2	0	2					
Total :	3	12	15					
(b) <u>Cases</u>		1934, - June 30th,1935.						
	Borough Cases.	Out-of-Borough Cases.	Total					
yphilis onorrhoea yphilis and)	39 9	86 34	125 43					
Gonorrhoea.)	20	47	67					
Chicken Pox.	3							
Leprosy. Measles.	0	3 1 0	6 1 1					
Scabies.	1 O	- 0	1					
Boft Chancre	2	ő	2					
Deservation.	3	33	6					
Total :	77	175	252					
(c) <u>Cases</u>	remaining in Hosp	ital on June 30th,1935:						
	Borough Cases.	Out-of-Borough Cases.	Total					
Syphilis.	4	4	8					
Syphilis & Gonorr: Sonorrhoea.	0	1	1					
Soft Chancre.	ĩ	Ö	i.					
Observation.	0	1	1					
Total:	5	Lesson and a free second second	18					
(d) <u>Avera</u>	age Length of Stay	in Hospital per Case:						
	Syphilis Gonorrhoea Syphilis & Gono Chicken Pox Other Diseases	: 13.0 days : 12.0 " rrhoea : 15.0 " : 10.0 " : 14.0 "						
(e) <u>Tota</u>	Deaths : Nil.							



STATISTICAL APPENDIX

-61-

1934-1935

INFANT WELFARE

1. ANTE-NATAL CLINIC

	Eur:	Nat:	Col:	As:	Total
Number on Register Total Attendances.	144 504	0	64 193	0	208
Av.Attendance per Person.	3.5	-	3.0	4	3.3

2. INFANT CLINICS.

	Eur:	Nat:	Col:	As:	Total
Number on Register. Total Attendances.	455 4466	159 1368	106 1325	146	866
Av.Attendance per Person.	9.815	8.6	12.5	7.25	9.49

3. HOME VISITS.

	Eur:	Nat:	Col:	As:	Total
Ante-Natal First Visits (Noti-	40	97	16	0	153
fied births). Re-Visits -1 year. Re-Visits -1-6 yrs. Infectious Disease)	213 380 689	220 3506 2626	53 104 164	102 204 43	588 4194 3522
(Non T.B.) Protected Children Confinement Visits.	120 9 0	0 0 182	21 24 0	15 0 0	156 33 182
Total:	1451	6631	382	364	8828

4. MILK SUPPLIED AT CLINIC

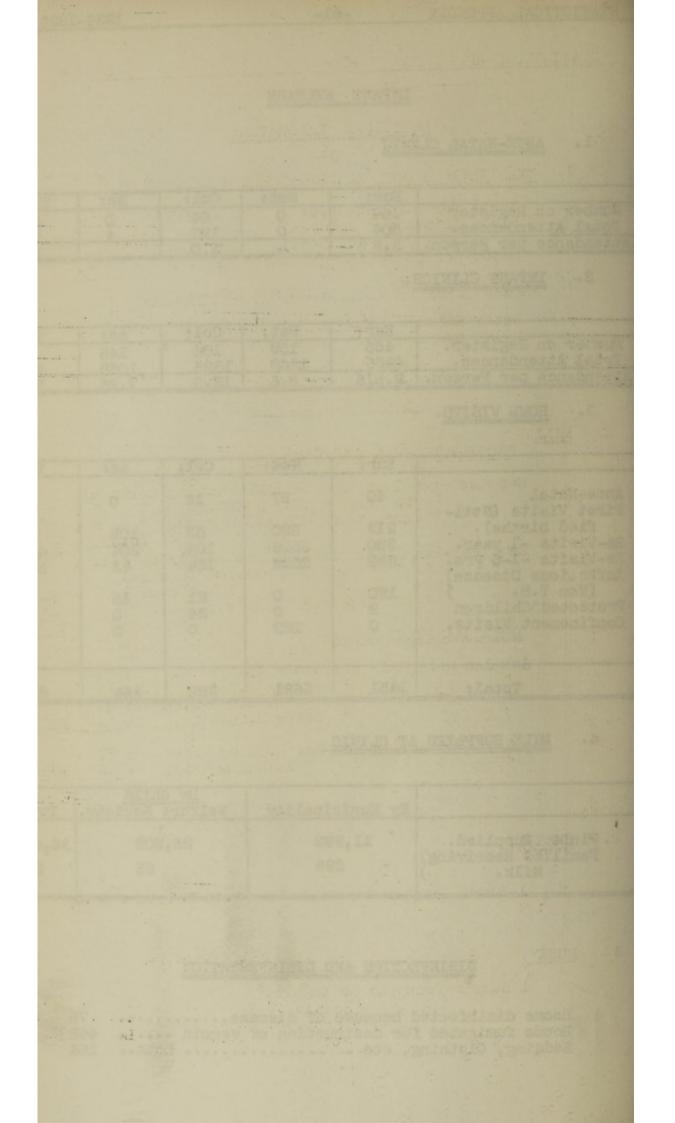
	By Municipality	By Child Welfare Society.	Total
Pints Supplied. Families Receiving) Milk.	11,392 298	25 ,2 08 55	36,600 353

1

DISINFECTION AND DISINFESTATION

Rooms	disinfected because of disease	75
Rooms	fumigated for destruction of vermin	462
		164

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STATISTICAL APPENDIX. -62-

1934 - 1935

MUNICIPAL LABORATORY

1. EXAMINATIONS DONE AT DEPARTMENT'S LABORATORY:

	for B.Diphtheriae	:	242
Blood	Slides for Malaria)		
	Parasites)	:	154
Blood	for Enteric Organisms	:	8

2. EXAMINATIONS DONE BY ALLERTON LABORATORY:

Water Samples for Coliform Organisms : 69 Milk Samples for Organisms. : 142

FOODSTUFFS

1. MILK.

BACTERIOLOGICAL EXAMINATION:

Samples	with less than 30,000 bacteria per c.c. " between 30,000 & 200,000 " " "	: 49 : 56
11	" more than 200,000 bacteria " "	: 37
	Total.	: 142
Samples	with B.Coli in 1/10 c.c.and 1/100 c.c. " " " " 1/10 c.c.but none in)	: 73
	1/100 c.c.)	: 33
"	" No B.Coli in 1/10 c.c	: <u>36</u> 142

CHEMICAL EXAMINATION:

Samples		k Fat above 4% " between 3.5 & 4%	
11		" " 3.0 & 3.5%	
		" below 3.0%	
	" Solid.	s-Not-Fat 8.5% or more .	: 87
"	11 11	" " less than 8.5%	: 33 120

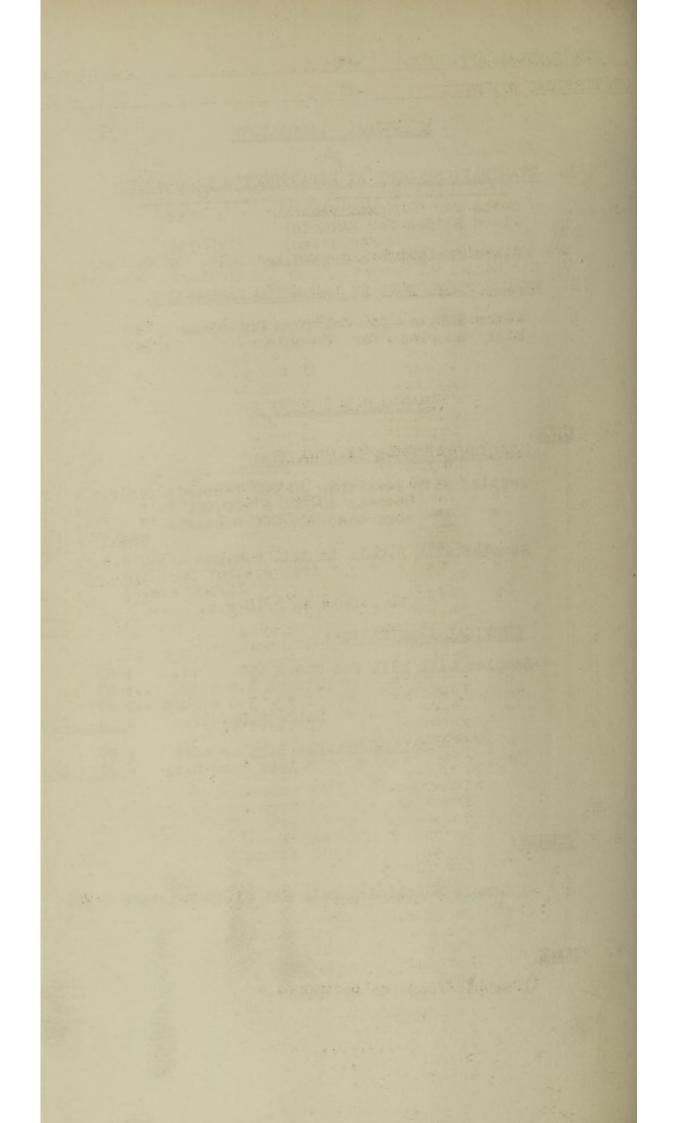
2. <u>CHEESE</u>:

1 Sample containing Milk Fat 51.4% Moisture 44.0%

3. HONEY:

1 Sample found to be impure.

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TATISTICAL APPENDIX

1934 -- 1935

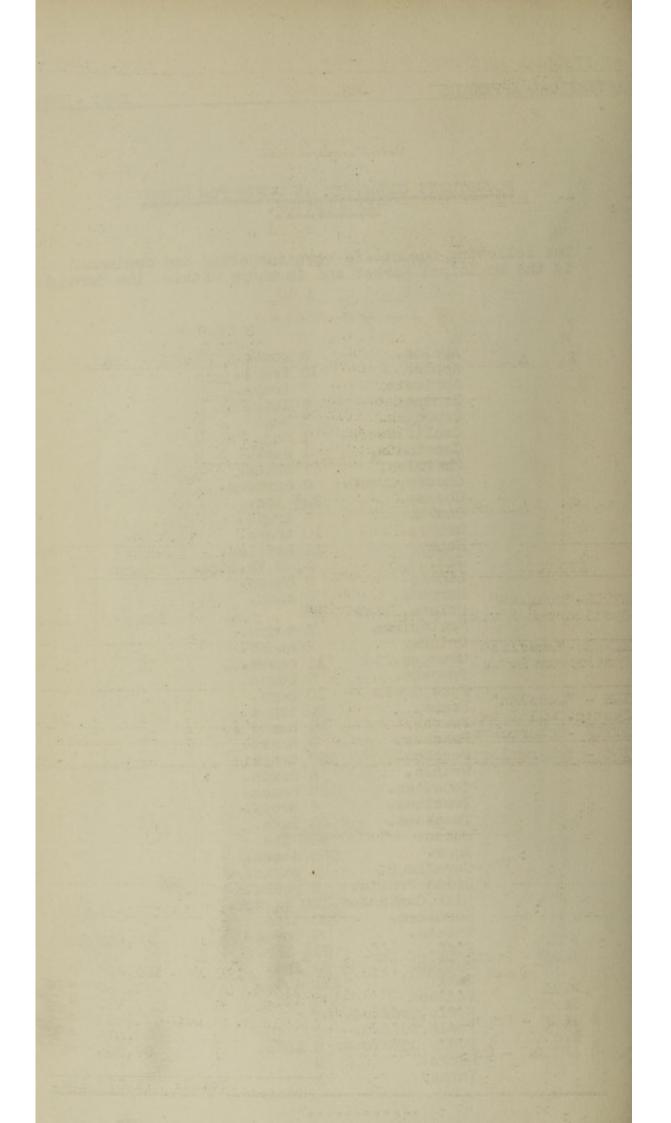
FOODSTUFFS CONDEMNED AS UNFIT FOR HUMAN CONSUMPTION.

-63-

The following foodstuffs were inspected and condemned in the Municipal Market and in Shops within the Borough:-

Apples. 3 boxes. 3 boxes. 13 trays. Apples. 7 trays. 4 lots. Apricots. Bananas. Cabbages. 1 bag. Cauliflowers. 1 bag. Chestnuts. 1 sack. Cherries. 41 boxes. Cherries. 41 boxes. Cheese, Cream. 9 cartons. Cheese. 25¹/₄ lbs. Guavas. 5 trays. Grapes. 10 trays. Honey. 11 bottles. Jam. 3, 2 lb.tins. Lemons. 2 boxes. Marrows. 2 sack. Melons, Water. 38 Nectarines 2 trays. Onions. 2 sacks. Oranges. 11 cases. Pawpaws. 2 boxes. Pawpaws.2 boxes.Peas, Green.10 bags.Pears.50 trays.Peaches.31 baskets.Peaches.3 boxes.Peaches.137 trays.Prunes.5 boxes.Tomatoes.98 boxes.Tomatoes.6 trays. Tomatoes. 6 trays. 22 lots. 851 lbs. Tomatoes. Bacon. 851 lbs. Eggs. 253 dozen. Cornflour. 4 packets. Dried Fruits. 2 packets. Milk, Condensed. 100 42 doz. Sardines. 723 tins. Sweets. 2 boxes. Fish. Mutton. Veal. 112 1bs. 93 1bs. 114 lbs. Venison 120 lbs. Fowls, Dressed. 58 Fowls, Guinea. 6 Fowls Gibblets. 2 Lots. 9 Ducks. 1 Turkey.

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STATISTICAL APPENDIX. -64-

ABATTOIR

1. ANIMALS SLAUCHTERED:

CATTLE	:	9,221
CALVES	2	624
SHEEP	:	27,389
GOATS	-	77
PIGS	1	1,690
		39,001

2. ANIMALS EXAMINED AFTER SLAUGHTER IN OTHER ABATTOIRS:

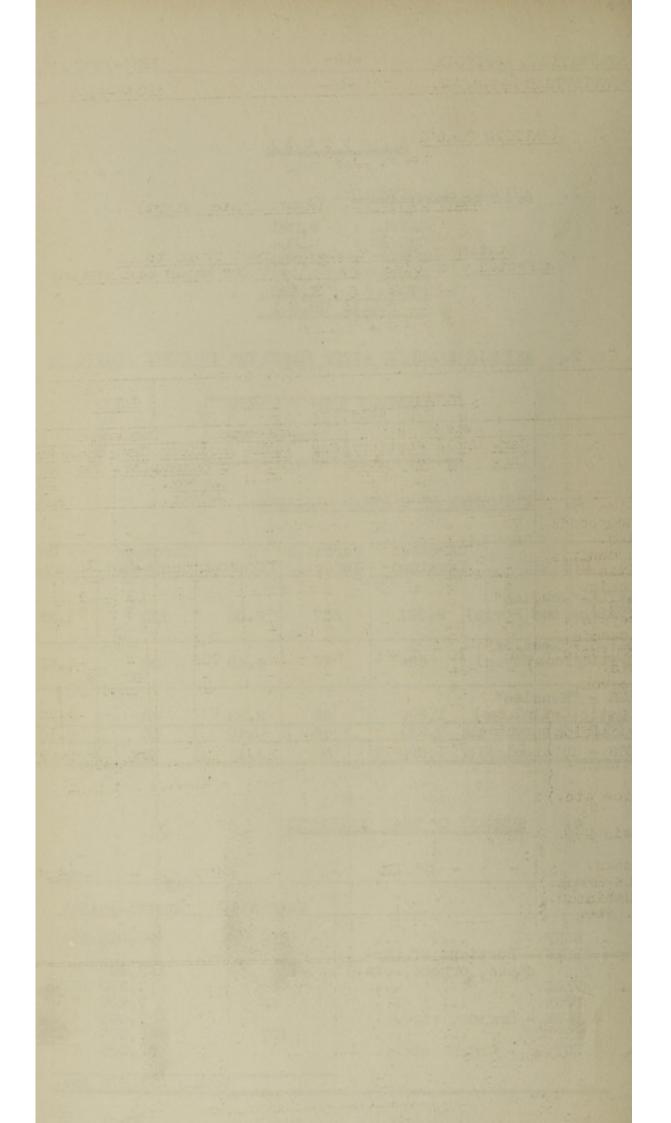
QUARTERS	BEEF :		4.88
CARCASES	VEAL	:	1
"	MUTTON	:	706
"	PORK	:	9

3. INCIDENCE OF CERTAIN DISEASES:

	Carcases Examined	Carcases Infected	and the second s	Carcases Condemned	% Con- demned.
CATTLE-"Measles" (Cysticercus Bovis)	9,221	557	6.04	123	1.33
CALVES -"Measles" (Cysticercus Bovis)	624	28	4.48	28	4.48
PIGS - "Measles" (Cystic.Cellulcsae)	1,690	48	2.83	48	2.83
CATTLE -Tuberculosis	9,221	46	0.49	10	0.10
PIGS - Tuberculosis	1,690	53	3.13	10	0.59

4. SUMMARY OF MEAT CONDEMMED

BEEF - Portions of Car-) cases, organs, etc.) VEAL		Carcases	Approx.Wei	ight
cases, organs, etc.) 101,495 VEAL. 54 2,380 PORK. 63 7,220 PORK - Organs, etc 1,405 1,405 MUTTON. 107 2,075	BEEF	199	90,015	lbs
MUTTON 107 2,075 "	cases, organs, etc.) VEAL.		2,380	11 11
	MUTTON	107	2,075	11



STATISTICAL APPENDIX. -65-

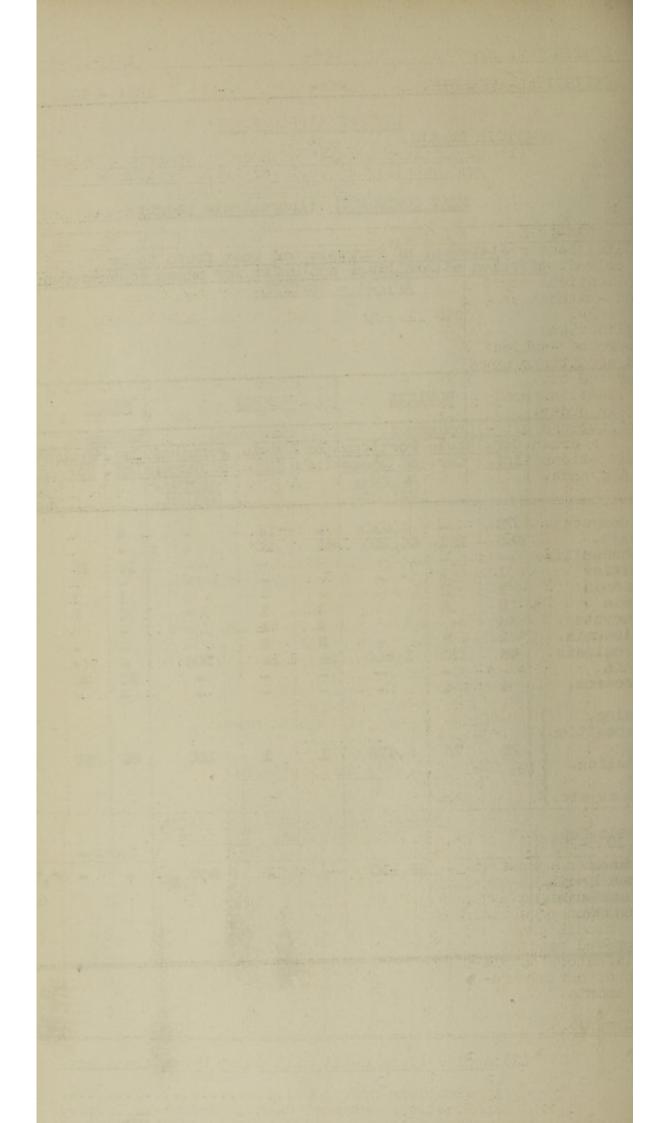
ABATTOIR Cont'd.

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MEAT CONDERNED (Approximate Weight)

Statement of Carcases and Meat found to be affected with disease and unfit for human consumption $\frac{1}{7734} - \frac{30}{6}35$.

	BOVINES				PIGS		SHEEP		
	Condemned.				Condem		Condemned		
	Car. Inf.		Portions of Carcase Approx. Weight.	Car. Inf.	Whole Car.	Portions of Carcase Approx. Weight.	Car Im	Car	Portions of Jar Approx. Weight.
Actinomycosis Measles. Lymphadenitis. Mamitis. Pneumonia. Syaemia . Sarcocysts . Septicaemia. Suberculosis Anaemia. Onchocerca.	79 585 1 2 8 2 8 2 46 4	- 151 - 2 8 - 2 10 - 4	4,010 65,100 - - - 1,800 -	48 - : : 1 - : 23 53	- 48 - - 1 1 2 10 -	705	15 15 1 2 - 20		
Bruising.) Decomposition) Dropsy) Emaciation.) Fever.) Jaundice etc.)	75	75	5,475	1	l	100	69	69	335
Stilesia Hep. Fluke Abscesses. Caseous Lymph. C.Columbianum. C/sts. etc.	-	-	25,110	-	-	600	-	-	66,700



STATISTICAL APPENDIX. -66-

1934-1935

LICENCE APPLICATIONS

(1) Applications dealt with under Dealers (Wholesale and Retail) Act No.18 of 1897, Section 8, and the Borough By-Laws.

1934-1935	11	: 2	3	4	5	6	7	: 8	9	10	11	Total
Applications re-) ceived.)	688	121	29	45	103	16	32	343	2	122	13	1514
Applications approved -subject)	649	113	23	43	87	9	27	308	2	103	10	1374
to conditions since carried out.	26	6	4	1	10	0	3	15	0	13	2	80
Applications not) in order.) Applications with-)	11	2	l	0	6	6	l	20	0	6	l	54
drawn.) Applications in)	2	0	1	1	0	1	1	0	0	0	0	6
abeyance.)	0	0	0	0	0	0	0	0	0	0	0	0

Key to above table :-

- 1. General Dealers.
- Aerated Water Manufacturers. 2.
- 3. Butchers.
- Boarding Houses. 4.
- Eating and Refreshment Rooms. Bakers and Millers. 5.
- 6.
- 7. Hairdressers.
- 8. Hawkers.
- 9. Laundries
- 10. Produce Dealers.
- 11. Places of Entertainment.

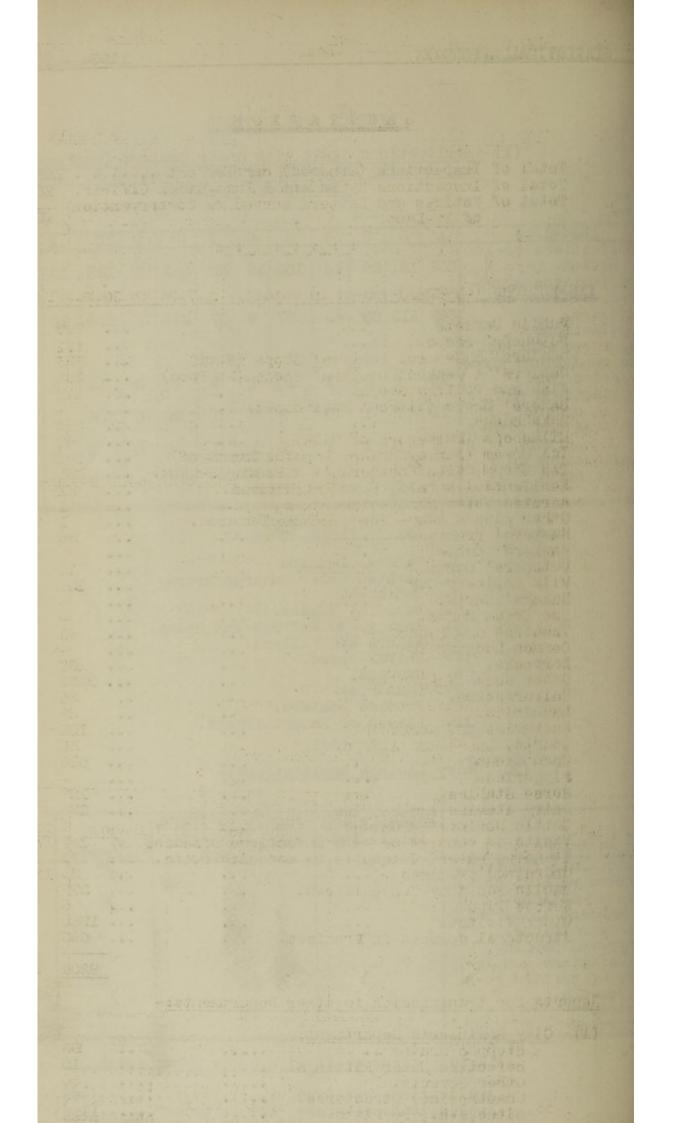
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(2) Dairy Licence Applications:-

1934-1935	Registration of Dairies.	Permit to Intro- duce Milk into Borough.	Milkshops.	Total
Applications received. Approved without con-)	76	58	37	171
ditions.)	69	56	35	160
" subject to certain) conditions.) Unapproved pending	2	2	8	6
satisfactory comple-) tion of certain re-) quirements.	2	0	0	2
Refused. Withdrawn.	3 0	0	0	3

(3) Applications dealt with under Urban Areas Act.

Applications received Applications returned "Not in Order" 37 6 Applications approved for temporary Licence 27 Applications approved subject to certain conditions. 4



STATISTICAL APPENDIX.

Re

(

1934 - 1935

SANITATION

Total of Inspections (General) carried out 12249 Total of Inspections by Rodent & Fumigation Officer. 2565 Total of Notices and Letters served re Contravention) of By-Laws. ...) 1647

1_1_1_1_1_1_1_1_1

INSPECTIONS (GENERAL) given in detail: 1.7.34 to 30.6.35.

		A REAL PROPERTY AND					
Publi	ic Markets.					299	
	ners' Shops.						
Deale	ers' & General	Dealers'	Shops	(Food).			
	ers' & General						
			the second s			42	
Baker	and Poultry Sirs' Shops (With	hout Bakel	nouses)			-	
Baker	louses.					54	
Milks	shops (Purveyor	rs of Mill	c)			98	
Ice (Cream (Purveyo	rs and Mar	nufactur	rers of)		1	
	Shops, Cafes, Re.					295	
	lential Hotels					91	
Aerat	ted Water Manu	facturers				1	
Other	r places where	food is r	nanufac	tured.		1	
Hawke	ers' Premises.					99	
Hawke	ers' Carts.					8	
Butch	ners' Carts an	d Carriers	3.				
Milk	Delivery Cart	S		• • • • • • • • •		151	
Baker	rs' Carts.					-	
Ice (Cream Carts.					-	
Theat	tres and Biosc	opes				41	
Commo	on Lodging Hou	ses					
Barra	acks.						
Other	r House Inspec	tions.				2438	
Haird	iressers. dries.					35	
						39	
	ories and Work			• • •			
	ts, Lanes and .			•••	• • •		
	Ground.			• • •		532	
	eries.			•••	• • • •	-	
				• • •	• • • •	127	
	y Stables and			•••	• • •	277	
Catt!	le Dealers' Pr	emises.		•••		6	
Visi	ts in connecti	on with I	nfection	us Disease	8	187	
Stand	ling Water, Ca	tchpits re	e mosqui	itoes, etc.	•••	41	
Undra	ained premises	• •••		• • •	• • • •	25	
	ic Sanitary Co		5.				
Refu	se Tips.					5 1953	
	r Visits.			•••		696	
Struc	ctural defects	in Premis	ses.	• • •		090	
						9204	9
					-	0204	
ononto	for transmiss	ion to oti	her Den	artments -			
epor us	101 Cransmiss	1011 00 00	ner bep	un unu nu unu			
1) Ci	ty Engineer's	Departmen	t:				
-) 01	Stopped Drain	S				93	
	Doobber pratti		1	Contraction of the second s			

10 Defective Water Fittings. 50 Other Defects. 69 Unauthorised Structures. 1156 Sites, etc., re Plans. 1378 1378 C.Forward.. 10582

4 9204

30.6. • I. L. . . . - - +

-68-

SANITATION Cont'd.

B.Forward.... 10582

Reports for Transmission to other Departments.

(2) Municipal Native Administration Dept.

Inspection of Premises under) Urban Areas Act.) 153

(3) Licensing Department:

Inspection of Premises re) Licence Applications.) 1514

TOTAL : 12249

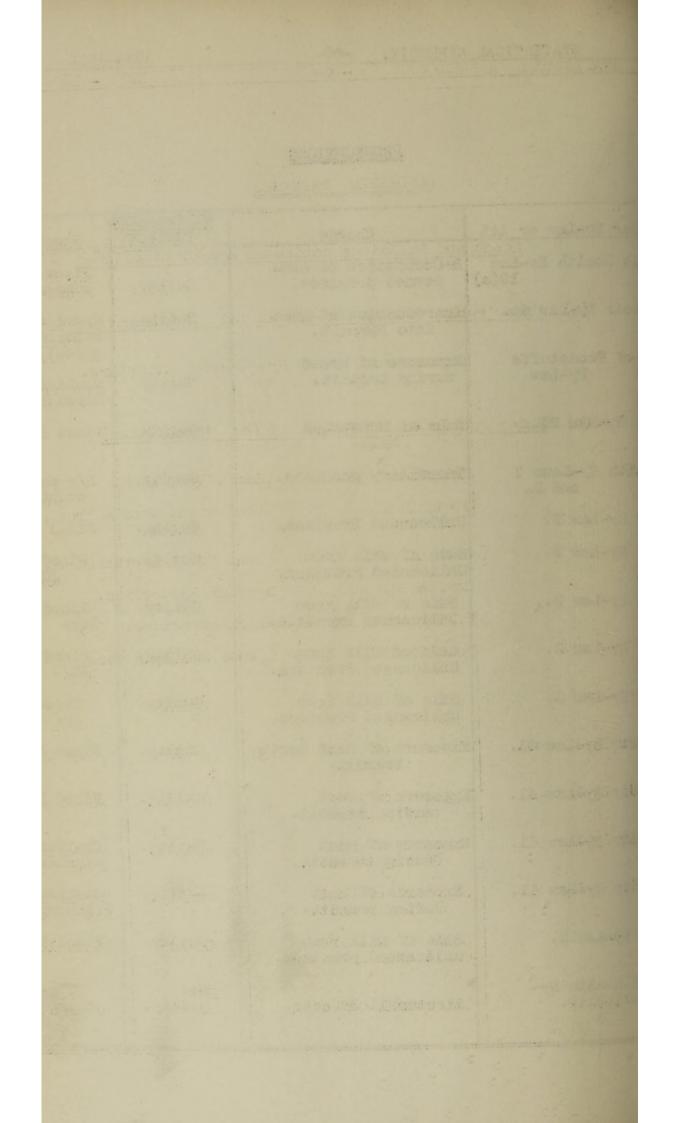
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STATISTICAL APPENDIX. -69-

1934-1935

PROSECUTIONS

A DATE OF A DECEMBER OF A D				
Under By-Law or Act	Charge	Magistrate's Verdict.	Penalty.	
blic Health By-Law 19(a)	Re-Occupation of con- demned premises.	Guilty.	£1.or 7 das suspended.	
pattoir By-Law 64.	Introduction of Meat into Borough.	Guilty.	Conviction rescinded on appeal.	
ale of Foodstuffs By-Law.	Exposure of Bread during transit.	Guilty.	Cautioned & Discharged.	
airy By-Law 29.	Sale of Unbottled Milk.	Guilty.	Fined 5/	
Health By-Laws 1 and 3.	Insanitary premises.	Guilty	5/- each count.	
airy By-Law 3.	Unlicensed Premises.	Guilty.	Fined 5/	
airy By-Law 3.	Sale of Milk from Unlicensed Premises.	Guilty.	Fined 10/-	
airy By-Law 3.	Sale of Milk from Unlicensed Premises.	Guilty.	Fined 10/-	
airy By-Law 3.	Sale of Milk from Unlicensed Premises.	Guilty.	Fined 10/-	
airy By-Law 3.	Sale of Milk from Unlicensed Premises.	Guilty.	Fined 10/-	
battoir By-Law 41.	Exposure of Meat during transit.	Guilty.	Fined 30/-	
battoir By-Law 41.	Exposure of Meat during transit.	Guilty.	Fined 30/-	
battoir By-Law 41.	Exposure of Meat during transit.	Guilty.	Cautioned & discharged.	
Wattoir By-Law 41.	Exposure of Meat during transit.	Guilty.	Cautioned & discharged.	
Dairy By-Law 3.	Sale of milk from unlicensed premises.	Guilty.	Fined 10/-	
Public Health By- Laws 1,2,18.	Structural Defects.	Not Guilty.	Dis- charged.	
		and the second	A REAL PROPERTY AND A REAL	



STATISTICAL APPENDIX. -70-

CONDEMNED PREMISES

Rooms and Buildings condemned and/or demolished :-

(a) Under Public Health By-Law 19 (a) (Condemnation)

Morcom Road. Green brick structure.

(b) Under Public Health By-Law 19 (b) (Demolition)

....... . . .

Milliken Road. Wood & Iron shed. Stott Road. 2 Brick and Wood & Iron Rooms . Boom Street. Green Brick Barracks. Church Street. 3 brick lavatories. Pietermaritz Street. Brick structure. Town Lands. 1. Wood and Iron room.

