

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

Contributors

Pietermaritzburg (South Africa). Public Health Department.

Publication/Creation

[Pietermaritzburg] : [Public Health Dept.], [1936]

Persistent URL

<https://wellcomecollection.org/works/uj2zm8sc>

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



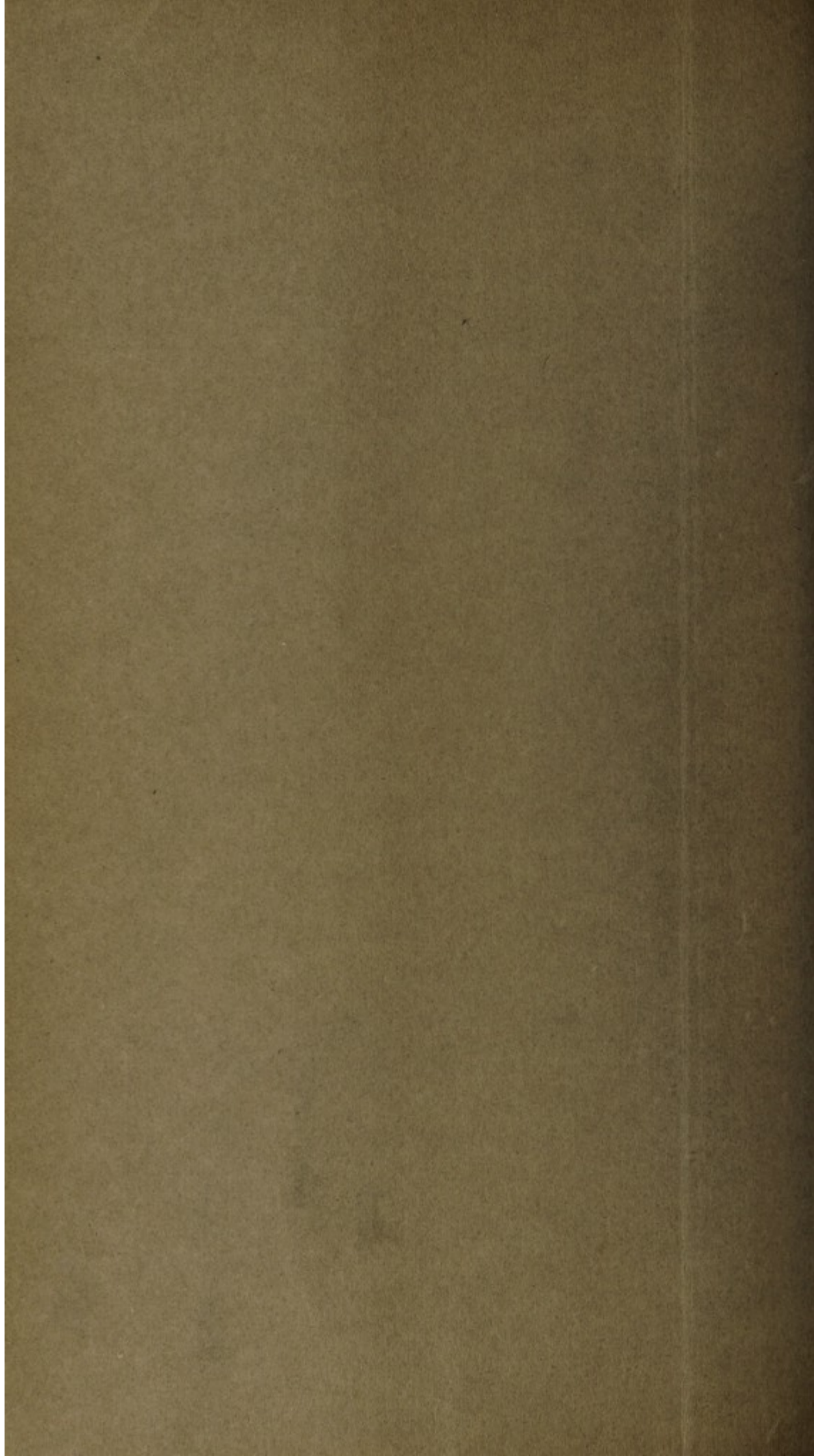
Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

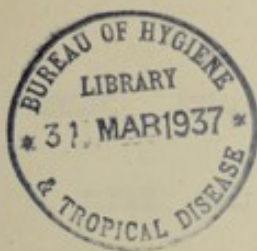


CITY AND BOROUGH OF PIETERMARITZBURG.

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF
HEALTH

For the Twelve Months
1st JULY, 1935 to 30th JUNE, 1936.





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, 1936.

BY

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

THE NEW YORK PUBLIC LIBRARY

ASTOR LENOX TILDEN FOUNDATION

REPORT OF THE BOARD OF
LIBRARIANS OF THE NEW YORK
PUBLIC LIBRARY, ASTOR LENOX
TILDEN FOUNDATION, FOR THE
YEAR 1900.

NEW YORK: THE NEW YORK PUBLIC LIBRARY,
ASTOR LENOX TILDEN FOUNDATION,
1901.

PUBLIC HEALTH DEPARTMENT,

CITY AND BOROUGH OF PIETERMARITZBURG.

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 on June 30th, 1936.

In bidding farewell to the City of
Pietermaritzburg and to this Department may I be permitted to
express my sincere appreciation of the willing service given by
the staff during my years of office.

I wish especially to draw to your attention
the unselfish and unremitting devotion to duty of the Assistant
M.O.H. Dr. Maister, who, in addition to his usual duties so ably
deputised during my absence in America. I wish also to refer
to the keenness of the Chief Clerk, Mrs. Thompson, and the
Senior Health Inspector, Mr. Bigley, who have never failed cheer-
fully to respond on the very many occasions when I have found it
necessary to call upon them for work long outside the official
hours of duty.

May I finally express my appreciation of
the support given to me so readily at all times by the Chairman
and Members of the Health Committee.

I have the honour to be,

Ladies and Gentlemen,

Your obedient servant,

C.C.P. ALTING.

MEDICAL OFFICER OF HEALTH.

PUBLIC HEALTH DEPARTMENT

CITY AND BOROUGH OF PITTSBURGH

The Worship the Mayor and
Town Councilors of the City and
Borough of PITTSBURGH

Sir and Gentlemen:

I have the honor to present my report for
year ending on June 30th, 1900.

In placing myself at the City of
Pittsburgh and to this department I am indebted to
you for sincere appreciation of the willing service given by
staff during my years of office.

I wish especially to draw to your attention
unselfish and unrelenting devotion to duty of the Assistant
City Engineer, Mr. J. H. Brown, who in addition to his usual duties actively
assisted during my absence in America. I wish also to refer
to the kindness of the Chief Clerk, Mrs. Thompson, and the
Sanitary Inspector, Mr. J. H. Brown, who have never failed cheer-
fully to respond on the very many occasions when I have found it
necessary to call upon them for work done outside the official
hours of duty.

May I finally express my appreciation of
support given to me so readily at all times by the Chairman
Members of the Health Committee.

I have the honor to be,

Respectfully and Sincerely,

Your obedient servant,

J. C. P. J. H.

MEDICAL OFFICER OF HEALTH

I N D E X

SECTION "A".

Page.

INTRODUCTORY REMARKS.	...	...	...	1
LEADING STATISTICS.	...	...	...	2
(1) NATURAL CONDITIONS AND STATISTICS	...	...	...	3 -9
(a) Tables and Charts :				3 -6
Meteorological Records		...		3
Population	...	...	...	3
Births	...	...	...	4
Deaths	...	...	...	4
Deaths - seasonal variations		...		5
Deaths - age grouping...		...		5
Death Rates - short list		...		6
(b) Comments :				7- 9
Meteorological Records		...		7
Population	...	...	...	7
Births	...	...	...	7
Deaths	...	...	...	8
Causes of Death		...		8 -9
Cancer	...	...	...	9
Deaths Due to Violence				9
(2) NOTIFIABLE INFECTIOUS DISEASE.	...	...	...	10-12
Isolation Hospital	...	...		10
Epidemic Hospital	...	...		10
Ambulance	...	...		11
Laboratory Work	...	...		11-12
Special Diseases:				
(a) Anthrax....	...	...		11
(b) Smallpox...	...	...		11
(c) Diphtheria.	...	...		11
(d) Scarlet Fever.	...	...		11
(e) Cerebro-Spinal Meningitis		...		11
(f) Leprosy	...	...		11
(g) Typhus Fever	...	...		11
(h) Enteric	...	...		11
(i) Malaria	...	...		12
(3) TUBERCULOSIS.	...	...	...	12-14
(4) VENEREAL DISEASES	...	...	...	14-15
(5) PLAGUE and MEASURES TAKEN AGAINST RODENTS.			...	15-16
(6) OTHER COMMUNICABLE DISEASES..	...	...		16
(a) Measles	...	...	...	16
(b) Epidemic Diarrhoea...	...	...	...	16
(7) WATER SUPPLY.	...	...	...	16
(8) NIGHT SOIL AND REFUSE REMOVAL	...	...		17

INDEX

SECTION "A"	
1	INTRODUCTORY REMARKS
2	LEADING STATISTICS
3-5	(1) NATURAL CONDITIONS AND STATISTICS
6-8	(a) Tables and Charts:
6	Physiological Records
7	Population
8	Births
9	Deaths
10	Deaths - seasonal variations
11	Deaths - age grouping
12	Death rates - special lists
13-15	(b) Comments:
13	Physiological Records
14	Population
15	Births
16	Deaths
17-18	Causes of Death
17	Cancer
18	Deaths due to violence
19-20	(2) NOTIFIABLE INFECTIOUS DISEASES
19	Tuberculosis
20	Epidemic Diseases
21	Amplification
22-23	Laboratory Work
24	Special Diseases:
25	(a) Anthrax
26	(b) Smallpox
27	(c) Diphtheria
28	(d) Scarlet Fever
29	(e) Corynebacterial Infections
30	(f) Leprosy
31	(g) Typhus Fever
32	(h) Syphilis
33	(i) Malaria
34-35	(3) TUBERCULOSIS
36-37	(4) VENereal DISEASES
38-39	(5) PLAGUE AND MALARIA TAKEN AGAINST WAR
40	(6) OTHER COMPARABLE DISEASES
41	(a) Measles
42	(b) Epidemic Parotitis
43	(7) WATER SUPPLY
44	(8) NIGHT SOIL AND REFUSE REMOVAL

INDEX (Continued).

	<u>Page.</u>
(9) MEAT SUPPLIES.	17 - 19
(10) MILK SUPPLIES	20
(11) OTHER FOOD SUPPLIES	20
(12) MATERNITY AND CHILD WELFARE ...	20 - 21
Infantile Mortality Rates.	20 - 21
Maternal Mortality and Maternal Welfare	21
(13) BY-LAW NOTICES AND PROSECUTIONS. ...	21 - 22
(14) OTHER MATTERS OF HEALTH AND SANITATION.	22
Complaints from Burgesses.	22
Inter-Departmental References.	22
(15) MEDICAL EXAMINATION OF NATIVES ...	22
(16) PUBLIC HEALTH EDUCATION ...	22 - 23
Propaganda Stall at Royal Show.	22
Training for Royal Sanitary Institute) Health Inspectors' Certificate.)	22
Pamphlets etc. issued during the year.	22 - 23
Lectures and Talks given to the Public	23
(17) NEW OFFICE BUILDINGS	23
(18) STAFF	23 - 25

SECTION "B".

HOUSING... ..	26
<u>STATISTICAL APPENDIX....</u>	27 - 57
DEATHS : CAUSES in detail.. ...	27 - 32
INFANTILE MORTALITY.	33 - 34
DEATHS - ENTERIC FEVER.	35
" TUBERCULOSIS.	36 - 37
" CANCER	38 - 39
" BRONCHITIS and PNEUMONIA...	40
" DISEASES OF THE HEART. ...	41
" DIARRHOEA and ENTERITIS ...	42
NOTIFICATIONS OF INFECTIOUS DISEASE ...	43
TUBERCULOSIS - CLINIC : ATTENDANCES, etc.	44
" HOME VISITS. ...	44
VENEREAL DISEASE : CLINIC ATTENDANCES.	45
ISOLATION HOSPITAL - ADMISSIONS. ...	46
EPIDEMIC HOSPITAL - ADMISSIONS. ...	47

17 - 18	(9) MEASLES
20	(10) MALARIA
20	(11) OTHER FEVERS
20 - 21	(12) MATERNITY AND CHILD WELFARE
21 - 22	Infant Mortality Rates
21	Infant Mortality and Maternal Deaths
21 - 22	(13) BY-LAW NOTICES AND PRODUCTIONS
22	(14) OTHER MATTERS ON HEALTH AND SANITATION
22	Complaints from Citizens
22	Inter-Departmental Relations
22	(15) MEDICAL EXAMINATION OF NATIVES
22 - 23	(16) PUBLIC HEALTH TRAVEL
22	Procedures Board of Health
22	Training for Special Sanitary Inspectors
22	Health Inspector's Certificate
22 - 23	Sanitation etc. issued during the year
22	Lectures and Exhibitions in the Public
22	(17) NEW DESIGN BUILDINGS
22 - 23	(18) STAFF
	SECTION III
23	HOUSEHOLD
23 - 24	STATISTICAL APPENDIX
23 - 24	DEATHS : CAUSES IN DETAIL
24 - 25	INFANTILE MORTALITY
25	DEATHS - FIVE AND FIVE
25 - 26	TUBERCULOSIS
26	CANCER
26 - 27	BRONCHITIS AND PNEUMONIA
27	DISEASES OF THE STOMACH
27	DIARRHOEA AND COLIC
27	NOTIFIABLE FORMS OF INFECTIOUS DISEASES
27	TUBERCULOSIS - CLINICAL AND ANATOMICAL
27	HEALTH VISITS
27	VENTILATION AND LIGHTING
27	INSPECTION OF BUILDINGS
27	INSPECTION OF BUILDINGS

STATISTICAL APPENDIX Cont'd.

INFANT WELFARE - CLINIC ATTENDANCES ...	48
DISINFECTION, FUMIGATION and DISINFESTATION.	48
LABORATORY - SPECIMENS EXAMINED. ...	49
FOODSTUFFS - SPECIMENS EXAMINED. ...	49
FOODSTUFFS - CONDEMNED AS UNFIT. ...	50
ABATTOIR - ANIMALS SLAUGHTERED. ...	51
" - MEAT CONDEMNED. ...	52
LICENCE APPLICATIONS. ...	53
APPLICATIONS UNDER URBAN AREAS ACT...	53
SANITARY INSPECTIONS. ...	54 - 55
PROSECUTIONS ...	56
CONDEMNATION OF PREMISES....	57

.....

 .

STATISTICAL APPENDIX CONT'D.

48	INFANT WELFARE - CLINIC ATTENDANCE ...
48	DISINFECTION, FUMIGATION AND DISINFESTATION ...
49	LABORATORY - SPECIMENS RECEIVED ...
49	POODSTUTTS - SPECIMENS RECEIVED ...
50	POODSTUTTS - COMBINED AS UNIT ...
51	ABATTOIR - ANIMALS SLAUGHTERED ...
52	" - MEAT COMBINED ...
53	LICENCE APPLICATIONS ...
53	APPLICATIONS UNDER URBAN AREA ACT ...
53	SAFETY INSPECTIONS ...
54	PROSECUTIONS ...
57	COMPARISON OF PRICES ...

INTRODUCTORY

This report upon the health and sanitary circumstances of the City and Borough of Pietermaritzburg, for the year ending on the 30th June, 1936, 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 records given in this report once again prove that, for Europeans, Maritzburg may well be the Mecca of those who seek healthy surroundings. The European death rate is almost the lowest for all the large towns of the Union. The birth rate is increasing, and the infantile mortality rate of 22.4 is the lowest for any town in the world.

Malaria is non-existent, enteric fever has nearly disappeared, and the infectious diseases ^{prevalent} in child-hood are less frequent in Maritzburg than in most other towns in spite of the presence in the Borough of so large a number of school children.

The non-Europeans of the Borough are much less healthy. Firstly this is due to over-crowding and unsatisfactory housing, secondly it is due to ignorance. Very little has been done so far to deal adequately with this problem, and the condition of many of the dwellings in the Camp Drift and City East areas is deplorable. But a very active attempt has been made to overcome ignorance of health matters, and from the following report it will be seen that some success has already been achieved. The proportion of non-European deaths due to preventable disease is slowly being reduced, though there still remains an absolutely unnecessary wastage of human life due to diseases of dirt and bad housing.

Every individual life has not only a sentimental, but also an economic value. For the future welfare and prosperity of the town it is essential that the health of the non-European section should be raised nearer to the fine level achieved for the European population.

Maritzburg has shewn what can be done to combat the spread of tuberculosis and venereal disease. It has proved the value of the trained non-European Health Assistant as an essential unit of a live Health Department. It has demonstrated that, through judicious publicity, a real interest in health matters can be aroused among all races.

Three main problems have still to be attacked.

i. The abolition of slums and overcrowding. This will require the whole-hearted enthusiasm not merely of the officials concerned in the practical details - an enthusiasm which has been proved - but also of the public as represented by the City Council.

ii. The improvement of nutrition, particularly of children. This is largely a question of education. The public needs to be taught not only what to eat but also how most economically it can get the necessary items of a diet that is well balanced for health.

iii. The introduction of an extensive scheme of physical education. This will require active co-operation with the education authorities, but it may well prove to be one of the most useful lines along which the Department can assist the public toward better health.

INTRODUCTION

This report upon the health and sanitary circumstances of the City and Borough of Westborough, for the year ending June 30, 1919, is presented in accordance with the requirements of the Public Health Act (Ch. 21A of 1919) and in the manner prescribed by the Union Health Department.

The records given in this report once again prove that Westborough, Massachusetts, may well be the town of those who seek the highest living standards. The European death rate is almost the lowest of all the large towns of the Union. The birth rate is almost the lowest of all the large towns of the Union. The infant mortality rate of 22.4 is the lowest for any town in the world.

Malnutrition is non-existent, enteric fever has nearly disappeared, and the infectious diseases in childhood are less frequent in Westborough than in most other towns in spite of the absence in the Borough of so large a number of school children.

The non-European of the Borough are much less healthy. This is due to over-crowding and unsatisfactory housing conditions. Very little has been done to deal adequately with this problem, and the condition of the dwellings in the Camp Hill and City East areas is deplorable. But a very active attempt has been made to overcome the ignorance of health matters, and from the following report will be seen that some success has already been achieved. A proportion of non-European deaths due to preventable diseases is slowly being reduced, though there still remains an abominably necessary wastage of human life due to diseases of dirt and bad housing.

Every individual life has not only a sentimental, but also an economic value. For the future welfare and prosperity of the town it is essential that the health of the non-European population should be raised to the level achieved for the European population.

Westborough has shown what can be done to combat the spread of tuberculosis and venereal diseases. It has proved the value of the trained non-European Health Assistant as an essential unit in the Health Department. It has demonstrated that, through education, a real interest in health matters can be caused among all races.

Three main problems have still to be attacked.

The abolition of slums and overcrowding. This will require a whole-hearted enthusiasm not merely of the officials concerned in the practical details - an enthusiasm which has been shown - but also of the public as represented by the City Council.

The improvement of nutrition, particularly of children. This is largely a question of education. The public needs to be taught not only what to eat but also how best economically to get the necessary items of a diet that is well balanced for health.

The introduction of an extensive scheme of physical education. This will require active co-operation with the Education authorities, but it may well prove to be one of the most useful lines along which the Department can assist the public towards better health.

CITY AND BOROUGH OF PIETERMARITZBURG

LEADING STATISTICS

YEAR ENDING 30th JUNE, 1936.

	European	Native	Coloured	Asiatic	All Non-European	All Races
POPULATION (Govt. Census)	20690	13185	2167	8597	23949	44639
BIRTH RATE	17.25	12.6	39.7	29.5	21.1	19.3
ILLEGITIMATE BIRTHS (Percentage of Total Births.)	0.84	43.9	32.5	1.5	-	-
DEATH RATE	8.22	12.9	17.5	16.8	14.8	11.7
INFANTILE MORTALITY RATE (Deaths per 1000 births)	22.4	-	162.8	114.3	-	-
PULMONARY TUBERCULOSIS (Deaths per 1000 population).	0.09	1.06	1.39	1.39	1.21	0.69
TUBERCULOSIS - OTHER FORMS. (Deaths per 1000 population).	0.04	0.15	0.00	0.23	0.17	0.11
MALARIA. (Deaths per 1000 population).	0.00	0.00	0.00	0.00	0.00	0.00
ENTERIC FEVER. (Deaths per 1000 population).	0.04	0.00	0.46	0.12	0.09	0.07
DIARRHOEA & ENTERITIS. (Under 2 years) (Deaths per 1000 population).	0.04	2.27	2.77	0.53	1.71	0.92
CANCER: (Deaths per 1000 population)	1.11	0.00	0.92	0.23	0.17	0.60
NOTIFICATIONS OF INFECTIOUS DISEASE: (Incidence per 1000 Population)						
ENTERIC FEVER	0.63	0.23	0.46	0.23	0.25	0.42
PULMONARY TUBER- CULOSIS.	0.82	2.83	6.51	3.72	3.55	2.28
T.B. OTHER FORMS.	0.14	0.23	0.46	0.70	0.42	0.29
MALARIA.	0.00	0.00	0.00	0.00	0.00	0.00
SCARLET FEVER.	2.66	0.00	0.00	0.00	0.00	1.23
DIPHTHERIA.	2.13	0.08	0.00	0.12	0.09	1.03
TYPHUS FEVER.	0.29	0.00	0.00	0.00	0.00	0.13

ALL DEATH RETURNS ARE CORRECTED FOR OUTWARD TRANSFERS ONLY.

* POPULATION BASED ON GOVERNMENT CENSUS (1936) FIGURES, BUT EXCLUDING INMATES OF MENTAL HOSPITAL and FORT NAPIER MENTAL INSTITUTION.

METEOROLOGICAL RECORDS.

Taken by the City Engineer in the Market Square,
Pietermaritzburg, at an altitude of 2160 feet above
sea level, 30.22.46 longitude and 29.36 latitude.

.....

	<u>RAINFALL</u>	<u>ATMOSPHERE TEMPERATURE</u>		<u>RELATIVE HUMIDITY</u>
	<u>IN</u> <u>INCHES</u>	<u>Average Daily</u> <u>Minimum.</u>	<u>Average Daily</u> <u>Maximum</u>	<u>Av. Daily Percentage.</u>
July	0.00	41.25	71.13	71%
August	0.43	41.08	66.78	74%
September	0.32	48.4	75.6	61%
October	1.16	57.3	82.1	60%
November	0.46	56.2	80.7	55%
December	3.66	59.6	80.8	60%
January	5.52	61.2	81.7	68%
February	8.57	61.5	81.3	73%
March	2.91	61.2	81.9	71%
April	0.33	54.9	81.0	70%
May	3.06	45.5	72.4	72%
June	0.03	38.9	75.5	75%
TOTAL :	26.45			

P O P U L A T I O N .

Based on the Government Census figures taken
during 1936. For the purposes of these
Statistics the inmates of the Mental Hospital
and of the Fort Napier Mental Institution have
not been included.

	<u>EUR:</u>	<u>NAT:</u>	<u>COL:</u>	<u>AS:</u>	<u>ALL NON-EUR:</u>	<u>ALL RACES</u>
MALE	9679	9412	1076	4678	15166	24845
FEMALE	11011	3773	1091	3919	8783	19794
PERSONS	20690	13185	2167	8597	23949	44639

B I R T H STOTAL BIRTHS REGISTERED

(1) RESIDENTS

	<u>MALE</u>		<u>FEMALE</u>		<u>PERSONS</u>			<u>Percentage of Illeg. to all Births.</u>	<u>Births Rate per 1000 Population</u>
	Leg.	Illeg.	Leg.	Illeg.	Leg.	Illeg.	Tot.		
European	190	2	164	1	354	3	357	0.84	17.25
Native	54	36	39	37	93	73	166	43.9	12.6
Coloured	29	11	29	17	58	28	86	32.5	39.7
Asiatic	125	1	125	3	250	4	254	1.5	29.5
All Non-Eur.	208	48	193	57	401	105	506	20.7	21.1
All Races:	398	50	357	58	755	108	863	12.5	19.3

(2) NON-RESIDENTS:

	<u>MALE</u>		<u>FEMALE</u>		<u>PERSONS</u>			<u>Percentage of Illegitimate to all Births.</u>
	Leg.	Illeg.	Leg.	Illeg.	Leg.	Illeg.	Total	
European	105	-	86	1	191	1	192	0.5
Native	100	62	82	62	182	124	306	40.5
Coloured	9	-	0	3	9	3	12	25.0
Asiatic	62	3	72	1	134	4	138	3.0
All Non-Eur.	171	65	154	66	325	131	456	28.2
All Races	276	65	240	67	516	132	648	20.3

D E A T H STOTAL DEATHS REGISTERED

(1) RESIDENTS.

	<u>MALE</u>		<u>FEMALE</u>		<u>PERSONS</u>	
	Deaths	Death Rate.	Deaths	Death Rate.	Deaths	Death Rate.
European	96	9.9	74	6.7	170	8.22
Native	87	9.2	83	22.0	170	12.9
Coloured	24	22.3	14	12.8	38	17.5
Asiatic	75	16.0	70	17.8	145	16.8
All Non-Eur.	186	12.3	167	19.0	353	14.8
All Races	282	11.5	241	12.2	523	11.7

(2) NON-RESIDENTS

	<u>MALE</u>	<u>FEMALE</u>	<u>PERSONS</u>
European	88	58	146
Native	267	114	381
Coloured	2	4	6
Asiatic	35	28	63
All Non-Eur.	304	146	450
All Races:	392	204	596

A. I. I. I.

TOTAL INCOME

NAME	AGE	SEX	RELATION	INCOME	DATE
John	100	M	Head	100	100
John	95	M	Head	95	95
John	90	M	Head	90	90
John	85	M	Head	85	85
John	80	M	Head	80	80
John	75	M	Head	75	75
John	70	M	Head	70	70
John	65	M	Head	65	65
John	60	M	Head	60	60
John	55	M	Head	55	55
John	50	M	Head	50	50
John	45	M	Head	45	45
John	40	M	Head	40	40
John	35	M	Head	35	35
John	30	M	Head	30	30
John	25	M	Head	25	25
John	20	M	Head	20	20
John	15	M	Head	15	15
John	10	M	Head	10	10
John	5	M	Head	5	5
John	0	M	Head	0	0

TOTAL INCOME

NAME	AGE	SEX	RELATION	INCOME	DATE
John	100	M	Head	100	100
John	95	M	Head	95	95
John	90	M	Head	90	90
John	85	M	Head	85	85
John	80	M	Head	80	80
John	75	M	Head	75	75
John	70	M	Head	70	70
John	65	M	Head	65	65
John	60	M	Head	60	60
John	55	M	Head	55	55
John	50	M	Head	50	50
John	45	M	Head	45	45
John	40	M	Head	40	40
John	35	M	Head	35	35
John	30	M	Head	30	30
John	25	M	Head	25	25
John	20	M	Head	20	20
John	15	M	Head	15	15
John	10	M	Head	10	10
John	5	M	Head	5	5
John	0	M	Head	0	0

A. I. I. I.

TOTAL INCOME

NAME	AGE	SEX	RELATION	INCOME	DATE
John	100	M	Head	100	100
John	95	M	Head	95	95
John	90	M	Head	90	90
John	85	M	Head	85	85
John	80	M	Head	80	80
John	75	M	Head	75	75
John	70	M	Head	70	70
John	65	M	Head	65	65
John	60	M	Head	60	60
John	55	M	Head	55	55
John	50	M	Head	50	50
John	45	M	Head	45	45
John	40	M	Head	40	40
John	35	M	Head	35	35
John	30	M	Head	30	30
John	25	M	Head	25	25
John	20	M	Head	20	20
John	15	M	Head	15	15
John	10	M	Head	10	10
John	5	M	Head	5	5
John	0	M	Head	0	0

NAME	AGE	SEX	RELATION	INCOME	DATE
John	100	M	Head	100	100
John	95	M	Head	95	95
John	90	M	Head	90	90
John	85	M	Head	85	85
John	80	M	Head	80	80
John	75	M	Head	75	75
John	70	M	Head	70	70
John	65	M	Head	65	65
John	60	M	Head	60	60
John	55	M	Head	55	55
John	50	M	Head	50	50
John	45	M	Head	45	45
John	40	M	Head	40	40
John	35	M	Head	35	35
John	30	M	Head	30	30
John	25	M	Head	25	25
John	20	M	Head	20	20
John	15	M	Head	15	15
John	10	M	Head	10	10
John	5	M	Head	5	5
John	0	M	Head	0	0

SEASONAL OCCURRENCE OF DEATHS
AMONG RESIDENTS.

	EUR:			NAT:			COL:			AS:			ALL NON-EUR:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July.	19	14	33	15	7	22	1	-	1	18	15	33	34	22	56
Aug.	6	6	12	8	3	11	3	-	3	7	7	14	18	10	28
Sept.	5	3	8	6	6	12	2	1	3	2	6	8	10	13	23
Oct.	4	7	11	7	4	11	1	2	3	1	5	6	9	11	20
Nov.	4	5	9	4	12	16	5	1	6	2	2	4	11	15	26
Dec.	7	3	10	7	11	18	2	2	4	6	6	12	15	19	34
Jan.	15	7	22	6	5	11	2	0	2	4	5	9	12	10	22
Feb.	4	4	8	9	9	18	0	0	0	4	6	10	13	15	28
Mar.	9	4	13	8	10	18	2	4	6	13	2	15	23	16	39
Apr.	4	6	10	2	8	10	3	0	3	3	3	6	8	11	19
May.	13	4	17	7	6	13	2	2	4	6	5	11	15	13	28
June	6	11	17	8	2	10	1	2	3	9	8	17	18	12	30
Total:	96	74	170	87	83	170	24	14	38	75	70	145	186	167	353

DEATHS OF RESIDENTS GIVEN IN AGE GROUPS

	EUR:			NAT:			COL:			AS:			ALL NON-EUR:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Under 1 year.	3	5	8	32	33	65	10	3	13	13	16	29	55	52	107
1 "	3	2	5	8	9	17	1	3	4	1	4	5	10	16	26
2-4 yrs.	3	1	4	7	9	16	1	-	1	6	3	9	14	12	26
5-14 "	1	2	3	2	6	8	4	-	4	5	5	10	11	12	23
15-24 "	2	2	4	7	4	11	2	1	3	2	6	8	11	11	22
25-34 "	-	3	3	11	7	18	1	2	3	3	13	16	15	22	37
35-44 "	5	4	9	12	4	16	-	-	0	7	2	9	19	6	25
45-54 "	13	6	19	6	2	8	2	-	2	10	5	15	18	7	25
55-64 "	24	12	36	2	2	4	1	1	2	14	6	20	17	9	26
65-74 "	20	17	37	-	6	6	1	3	4	7	5	12	8	14	22
75-84 "	20	16	36	-	1	1	1	-	1	4	2	6	5	3	8
85 & Over	2	4	6	-	-	-	-	1	1	3	3	6	3	4	7
Total:	96	74	170	87	83	170	24	14	38	75	70	145	186	168	354

SEASONAL OCCURRENCE OF DEATHS

AMONG RESIDENTS

AGE	SUMMER			WINTER			ALL		
	M	F	T	M	F	T	M	F	T
13-14	13	14	13	13	14	13	13	14	13
15-16	13	14	13	13	14	13	13	14	13
17-18	13	14	13	13	14	13	13	14	13
19-20	13	14	13	13	14	13	13	14	13
21-22	13	14	13	13	14	13	13	14	13
23-24	13	14	13	13	14	13	13	14	13
25-26	13	14	13	13	14	13	13	14	13
27-28	13	14	13	13	14	13	13	14	13
29-30	13	14	13	13	14	13	13	14	13
31-32	13	14	13	13	14	13	13	14	13
33-34	13	14	13	13	14	13	13	14	13
35-36	13	14	13	13	14	13	13	14	13
37-38	13	14	13	13	14	13	13	14	13
39-40	13	14	13	13	14	13	13	14	13
41-42	13	14	13	13	14	13	13	14	13
43-44	13	14	13	13	14	13	13	14	13
45-46	13	14	13	13	14	13	13	14	13
47-48	13	14	13	13	14	13	13	14	13
49-50	13	14	13	13	14	13	13	14	13
51-52	13	14	13	13	14	13	13	14	13
53-54	13	14	13	13	14	13	13	14	13
55-56	13	14	13	13	14	13	13	14	13
57-58	13	14	13	13	14	13	13	14	13
59-60	13	14	13	13	14	13	13	14	13
61-62	13	14	13	13	14	13	13	14	13
63-64	13	14	13	13	14	13	13	14	13
65-66	13	14	13	13	14	13	13	14	13
67-68	13	14	13	13	14	13	13	14	13
69-70	13	14	13	13	14	13	13	14	13
71-72	13	14	13	13	14	13	13	14	13
73-74	13	14	13	13	14	13	13	14	13
75-76	13	14	13	13	14	13	13	14	13
77-78	13	14	13	13	14	13	13	14	13
79-80	13	14	13	13	14	13	13	14	13
81-82	13	14	13	13	14	13	13	14	13
83-84	13	14	13	13	14	13	13	14	13
85-86	13	14	13	13	14	13	13	14	13
87-88	13	14	13	13	14	13	13	14	13
89-90	13	14	13	13	14	13	13	14	13
91-92	13	14	13	13	14	13	13	14	13
93-94	13	14	13	13	14	13	13	14	13
95-96	13	14	13	13	14	13	13	14	13
97-98	13	14	13	13	14	13	13	14	13
99-100	13	14	13	13	14	13	13	14	13

DEATHS OF RESIDENTS GIVEN IN AGE GROUPS

AGE	SUMMER			WINTER			ALL		
	M	F	T	M	F	T	M	F	T
13-14	13	14	13	13	14	13	13	14	13
15-16	13	14	13	13	14	13	13	14	13
17-18	13	14	13	13	14	13	13	14	13
19-20	13	14	13	13	14	13	13	14	13
21-22	13	14	13	13	14	13	13	14	13
23-24	13	14	13	13	14	13	13	14	13
25-26	13	14	13	13	14	13	13	14	13
27-28	13	14	13	13	14	13	13	14	13
29-30	13	14	13	13	14	13	13	14	13
31-32	13	14	13	13	14	13	13	14	13
33-34	13	14	13	13	14	13	13	14	13
35-36	13	14	13	13	14	13	13	14	13
37-38	13	14	13	13	14	13	13	14	13
39-40	13	14	13	13	14	13	13	14	13
41-42	13	14	13	13	14	13	13	14	13
43-44	13	14	13	13	14	13	13	14	13
45-46	13	14	13	13	14	13	13	14	13
47-48	13	14	13	13	14	13	13	14	13
49-50	13	14	13	13	14	13	13	14	13
51-52	13	14	13	13	14	13	13	14	13
53-54	13	14	13	13	14	13	13	14	13
55-56	13	14	13	13	14	13	13	14	13
57-58	13	14	13	13	14	13	13	14	13
59-60	13	14	13	13	14	13	13	14	13
61-62	13	14	13	13	14	13	13	14	13
63-64	13	14	13	13	14	13	13	14	13
65-66	13	14	13	13	14	13	13	14	13
67-68	13	14	13	13	14	13	13	14	13
69-70	13	14	13	13	14	13	13	14	13
71-72	13	14	13	13	14	13	13	14	13
73-74	13	14	13	13	14	13	13	14	13
75-76	13	14	13	13	14	13	13	14	13
77-78	13	14	13	13	14	13	13	14	13
79-80	13	14	13	13	14	13	13	14	13
81-82	13	14	13	13	14	13	13	14	13
83-84	13	14	13	13	14	13	13	14	13
85-86	13	14	13	13	14	13	13	14	13
87-88	13	14	13	13	14	13	13	14	13
89-90	13	14	13	13	14	13	13	14	13
91-92	13	14	13	13	14	13	13	14	13
93-94	13	14	13	13	14	13	13	14	13
95-96	13	14	13	13	14	13	13	14	13
97-98	13	14	13	13	14	13	13	14	13
99-100	13	14	13	13	14	13	13	14	13

DEATH RATES : VARIOUS CAUSES
ACCORDING TO SHORT LIST OF CENSUS OFFICE

RESIDENTS ONLY:

	Eur:	Nat:	Col:	As:	All Non-Eur:	All Races
1. Enteric Fever.	0.05	0.00	0.46	0.12	0.08	0.07
2. Typhus.	0.05	0.00	0.00	0.00	0.00	0.02
3. Smallpox.	0.00	0.00	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.	0.05	0.30	0.00	0.24	0.24	0.15
7. Diphtheria.	0.00	0.00	0.00	0.12	0.04	0.02
8. Influenza.	0.58	0.38	0.46	1.51	0.80	0.68
9. Dysentery.	0.00	0.38	0.00	0.00	0.20	0.11
10. C.Spinal Meningitis.	0.00	0.00	0.00	0.00	0.00	0.00
11. Pulm. Tuberculosis.	0.10	1.05	1.33	1.40	1.25	0.68
12. T.B.Meningitis.	0.00	0.00	0.00	0.12	0.04	0.02
13. Other Tuberculosis.	0.05	0.15	0.00	0.12	0.12	0.09
14. Leprosy.	0.00	0.00	0.00	0.00	0.00	0.00
15. Syphilis.	0.00	0.38	0.92	0.12	0.32	0.18
16. Malaria.	0.00	0.00	0.00	0.00	0.00	0.00
17. Cancer.	1.07	0.00	0.92	0.24	0.16	0.58
18. Cerebral Haemorrhage.	0.43	0.00	0.00	0.57	0.20	0.31
19. Cardiac Dis. (350-357)	1.12	0.68	0.92	2.07	1.25	1.15
20. Bronchitis.	0.10	0.23	0.00	1.15	0.52	0.32
21. Pneumonia.	0.43	2.73	3.23	3.10	2.94	1.80
22. Miner's Phthisis (No TB.)	0.00	0.00	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.	0.10	0.00	0.00	0.24	0.08	0.09
25. Ulcer Stomach and Duodenum.)	0.10	0.00	0.00	0.00	0.00	0.04
26. Diarrhoea & Enteritis) -under 2 years.)	0.10	2.43	2.76	0.58	1.82	1.00
27. Appendicitis.	0.05	0.00	0.00	0.24	0.08	0.07
28. Cirrhosis of Liver.	0.10	0.00	0.00	0.00	0.00	0.04
29. Nephritis.	0.63	0.38	0.46	0.24	0.32	0.47
30. Puerperal Sepsis.	0.00	0.08	0.00	0.00	0.04	0.02
31. Oth.Acc.and Dis.of) Pregnancy.)	0.00	0.00	0.00	0.00	0.00	0.00
32. Cong.Malformations	0.05	0.00	0.00	0.00	0.00	0.02
33. Dis.of Early Infancy	0.19	1.68	0.92	0.92	1.32	0.80
34. Suicide (850-858)	0.14	0.08	0.00	0.00	0.04	0.09
35. Other Violent Deaths.	0.38	0.60	0.92	0.36	0.52	0.47
36. Other Defined Causes.	2.30	1.37	3.69	3.10	2.30	2.32
37. Ill-defined & Unknown.	0.05	0.00	0.46	0.24	0.12	0.09
	8.22	12.9	17.5	16.8	14.8	11.7

(1) VITAL STATISTICS.

METEOROLOGICAL RECORDS. (Page 3)

After two years of heavy rainfall (42.74 inches in 1934-1935 and 40.58 inches in 1933-1934) the total fall of rain recorded in 1935-1936 was no more than 26.45 inches. From July to November only 2.37 inches fell, but during the four months December to March, inclusive, there was a fall of 20.66 inches which compares favourably with the fall during this period over the past four years. This is significant since heavy summer rains not only make the soil more suitable for the breeding of *Anopheles Costalis* but, when they are heavy, they do to some extent serve to flush out the yards and streets in which the causal germs of summer diarrhoea tend to collect in standing filth.

Apart from the month of October, coming towards the end of the period of comparative drought, when the daily temperatures were considerably higher than is usual for this month, the general averaged temperature remained slightly cooler than usual almost throughout the year, and the average daily humidity slightly lower than in previous years.

POPULATION. (Page 3)

The population figures are based upon the Government Census of 1936, but they exclude all inmates in the Mental Hospital and Fort Napier Mental Institution.

While these figures continue to shew a slight but steady increase in the non-European population, there is a definite fall in the European population compared with the similar figure for 1934-1935. As far as can be ascertained this fall is largely due to the movement of Europeans towards the Reef and those areas of South Africa which at present are enjoying unusual prosperity.

BIRTHS. (Page 4)

European Birth rate. Maritzburg shews a steady rise. In 1933-1934 the rate had fallen to its lowest figure of 16.65, in 1934-1935 it recovered slightly to 16.79, and this year it has risen definitely to 17.25.

The non-European birth rates ~~fall slightly~~, save for the Indian group.

Maritzburg's European birth rate, however, still lies below the rates for other large towns in the Union where the rates for 1935-1936 were as follows :- CAPETOWN 18.09; BLOEMFONTEIN 18.21; PRETORIA 22.95; BENONI 21.9; PORT ELIZABETH 28.39; DURBAN 16.53. For the whole of the Union the 1935 European birth rate was 24.54 births per 1000 population.

Once again there is a preponderance of male over female births among Europeans, in the proportion of 1159 : 1000.

Illegitimacy among Europeans was only half as frequent as in 1934-1935, but it remained high among non-Europeans and is undoubtedly one of the reasons for the high non-European infantile mortality rates.

DEATHS...../

(1) Vital Statistics Cont'd.

DEATHS. (Pages 4 & 5)

The European death rate of 8.22 deaths per 1000 population compares favourably with the average rate of 8.45 over the past eight years, though it is slightly higher than the 1934-1935 figure. For other towns the European death rate figures are :- CAPETOWN 10.68; BLOEMFONTEIN 7.83; PRETORIA 9.88; BENONI 9.3; PORT ELIZABETH 10.82; DURBAN 8.8, and for the whole of the Union in 1935 (crude rate) 10.61 deaths per 1000 population.

For non-Europeans in Maritzburg the death rate has risen slightly above the figure for 1934-1935, but it is well below the average for the past eight years.

Maritzburg, once again, can proudly claim the honour of having the lowest death rate for all races of any large town in the Union.

Age group variations in the occurrence of deaths. (Page 5)

Of all deaths the following proportions occurred during 1934-1935 among persons under the age of 45 :-

Europeans :	21%	Natives :	79%
Coloureds :	74%	Indians :	53%

These returns are of particular interest since in every group there has been a marked reduction during recent years in the proportion of persons dying in the earlier years of life. This means, quite definitely, that fewer persons are dying from the common preventable causes of death which occur mainly during infancy and early life. The reduction provides indirect but sound evidence of the success of the preventive work undertaken by the Municipality among all races of residents.

Causes of Death.

The various diseases leading to the deaths of Borough residents are detailed on pages 27 - 32. The main causes of death are summarised in the following table :-

CAUSES OF DEATH AMONG RESIDENTS

1935 - 1936

	<u>All</u> Races	Eur:	<u>All</u> N-Eur:	Nat:	Col:	Ind:
Respiratory Disease (Non T.B.)	25	15	29	25	21	36
Tuberculosis (all forms)	7	2	9	9	8	10
Acute Bowel Infections	12	2	17	24	21	8
Disease of the Heart) and Old Age)	14	24	10	5	11	15
Cong. Malformations and) Dis. of Early Infancy)	7	3	9	13	5	6
Malaria	0	0	0	0	0	0
Other Infect. Disease.	5	3	6	7	5	6
Cancer	5	14	1.5	0.5	5	1
Deaths from Violence	5	7	4	5	5	2
Disease of Kidney	5	8	3	3.5	3	2
Cerebral Haemorrhage	3	5	1.5	0	0	3
Other Causes.	12	17	10	8	16	11
	100	100	100	100	100	100

Certain...../

The Bureau death rate of 8.25 deaths per 1000 in 1935 compares favorably with the average rate of 8.45 in the past eight years. Though it is slightly higher than the 1934 rate of 8.20, the Bureau death rate figures for other years are: 1933, 8.45; 1932, 8.45; 1931, 8.45; 1930, 8.45; 1929, 8.45; 1928, 8.45; 1927, 8.45; 1926, 8.45; 1925, 8.45; 1924, 8.45; 1923, 8.45; 1922, 8.45; 1921, 8.45; 1920, 8.45; 1919, 8.45; 1918, 8.45; 1917, 8.45; 1916, 8.45; 1915, 8.45; 1914, 8.45; 1913, 8.45; 1912, 8.45; 1911, 8.45; 1910, 8.45; 1909, 8.45; 1908, 8.45; 1907, 8.45; 1906, 8.45; 1905, 8.45; 1904, 8.45; 1903, 8.45; 1902, 8.45; 1901, 8.45; 1900, 8.45.

For non-Bureau deaths the death rate is 10.01 deaths per 1000 population, which is above the figure for 1935, but is well below the average for the past eight years.

Births, once a year, are usually held in the morning. The lowest death rate in all years of the Bureau is 8.20.

THE BUREAU DEATH RATE IS THE RESULT OF DEATHS (Page 5)

Of all deaths the following proportions occurred in 1935-1936 among persons under the age of 15:

European :	51%	Native :	49%
Coloured :	4%	Indian :	5%

These figures are of particular interest since they show there has been a marked reduction in the death rate of persons under the age of 15. The reduction is due to the fact that the death rate of persons under the age of 15 has been reduced from 10.01 in 1935 to 8.25 in 1936. This reduction is due to the fact that the death rate of persons under the age of 15 has been reduced from 10.01 in 1935 to 8.25 in 1936. This reduction is due to the fact that the death rate of persons under the age of 15 has been reduced from 10.01 in 1935 to 8.25 in 1936.

Causes of Death

The various diseases leading to the death of each resident are detailed on pages 17-22. A main cause of death are summarized in the following table:

CAUSES OF DEATH, 1935-1936

1935 - 1936

Causes of Death	All Causes	European	Native	Coloured	Indian
Heart Disease	12	10	10	10	10
Stroke	10	8	8	8	8
Lung Disease	8	6	6	6	6
Kidney Disease	6	4	4	4	4
Diabetes	4	2	2	2	2
Other Diseases	2	1	1	1	1
Total	42	36	36	36	36

(1) Vital Statistics Cont'd.

Deaths Cont'd.

Certain significant points are apparent from this table :-

- (1) Disease of the lungs was more common during 1935-1936 as a cause of death among all races, and especially among the Indians. This increase was due, actually, very largely to the epidemic of influenza during July 1936.
- (2) Acute bowel infections, and especially enteritis, were serious causes of death among Natives and Coloureds.
- (3) Tuberculosis was less frequent as a cause of death among all racial groups except the Indians.
- (4) Cancer remains a main cause of death among the elderly European population.
- (5) Diseases of the heart, and old age, once again were the common cause of death among the Europeans.
- (6) Malaria disappeared altogether as a cause of death.
- (7) The small number of deaths (5%) due to accidents, suicide and other forms of violence.
- (8) The further fall, among non-Europeans, in the percentage of deaths due to the major preventable infections (excluding lung disease, non-T.B.) from 47% in 1933-1934, to 34% in 1934-1935, to 32% in 1935-1936.

These various causes of death are considered in more detail later.

CANCER : (Pages 38 - 39)

The cancer death rate for Europeans fell slightly to 1.02 deaths per 1000 residents. Of the 22 deaths, 13 were due to cancer of the stomach or other digestive organs. Among European males most of the deaths from cancer occurred after the age of 65, among females most were in the age-group 45 to 64 years.

No deaths due to cancer among Natives were recorded, but two cases among the Coloureds, and two among the Indians, occurred.

DEATHS DUE TO VIOLENCE :

Among Borough residents there were 8 deaths arising out of motor vehicle accidents - the same figure as in 1934-1935. Of the remaining 18 violent deaths, 3 were due to suicide, 6 to accidental burns, 2 to homicide, 4 to accidental falls, and 3 to other causes.

Certain significant points are apparent from

- (1) Disease of the lungs was more common during 1933-34 than during 1931-32. This increase was due, actually, very largely to the epidemic of influenza during July 1933.
- (2) Acute bowel infections, and especially enteritis, various causes of death among natives and colonists.
- (3) Tuberculosis was less frequent as a cause of death all racial groups except the Indians.
- (4) Cancer remains a main cause of death among the white European population.
- (5) Diseases of the heart, and old age, once again were common causes of death among the Europeans.
- (6) Infants diagnosed at birth as a cause of death.
- (7) The small number of deaths (3) due to accidents, suicide and other forms of violence.
- (8) The further fall, among non-Europeans, in the percent of deaths due to the major preventable infections (excluding lung disease, non-T.B.) from 47% in 1931-32 to 34% in 1933-34, to 32% in 1935-36.

These various causes of death are considered in detail later.

CANCER: (Pages 28 - 30)

The cancer death rate for Europeans fell slightly. Of the 22 deaths, 13 were of the stomach or other digestive organs. Among the males most of the deaths from cancer occurred after 45 years of age, many females most were in the age group 45 to 64 years.

No deaths due to cancer among natives were recorded, but two cases among the colonists, and two among the Europeans.

DEATHS DUE TO VIOLENCE:

Among European residents there were 8 deaths due to motor vehicle accidents - the same figure as in 1931-32. Of the remainder 13 violent deaths, 3 were due to homicide, 6 to accidental, 2 to suicide, and 2 to other causes.

(2) NOTIFIABLE INFECTIOUS DISEASE.

The total of cases notified during the year is shown on page 43 of the Appendix. The total is greater than that reported for 1934-1935. The incidence of the various diseases is discussed under the appropriate headings.

ISOLATION HOSPITAL. (Page 46)

Once again the hospital experienced a heavy year, with the largest number of admissions ever recorded. This was due to the increase in the number of cases from outside the Borough, and to a considerable increase in the number of scarlet fever admissions.

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

1928-29 : 125	1929-30 : 106	1930-31 : 111	1931-32 : 94
1932-33 : 57	1933-34 : 154	1934-35 : 163	1935-36 : 166

It is interesting to note that the number of non-European admissions increased to 18, and that 11 of these were suffering with diphtheria.

An increase in the staff became essential during the year and the appointment of an additional staff nurse was agreed to by the Council, the completion of this matter awaiting only the building of new quarters for the housing of the nursing staff which also was approved and the plans completed.

EPIDEMIC HOSPITAL. (Page 47)

This hospital, catering for non-European males suffering with venereal disease and other infectious diseases, once again recorded a great increase in its usefulness to the Borough and to the community in the districts surrounding Maritzburg.

Admissions to this hospital during recent years have been :-

1928-29 : 64.	1929-30 : 48.	1930-31 : 42.	1931-32 : 57.
1932-33 : 58.	1933-34 : 219.	1934-35 : 252.	1935-36 : 309.

This increase has been mainly the result of the widespread programme of propaganda regarding venereal disease during the past three years, most of which has been done by the Native Health Assistants. This individual health education has served to reach people far outside the confines of this Borough. The Maritzburg Epidemic Hospital has become known far and wide throughout the midlands of Natal as the place where syphilis and gonorrhoea can be well treated, and to which it is wise to come as soon as the first signs of infection appear.

Of the 309 admissions during 1935-1936, 300 were suffering with venereal disease and 177 of these patients came from outside the Borough to be treated in the hospital at the expense of the Government.

The plans were completed for the opening of wards at the hospital for non-European females.

AMBULANCE...../

(2) Notifiable Infectious Disease Cont'd.AMBULANCE.

The City Engineer reports that 1503 calls were received during the year, 1503 cases were transported, of whom 295 were suffering with infectious disease.

LABORATORY WORK. (Page 49)

In the Municipal Laboratory there was a considerable increase in the work done, as compared with that done in 1934-35. More than three times as many throat swabs were cultured and examined for the Bacillus Diphtheriae, over 10,000 mosquito larvae were examined, and 836 fleas from 153 rats were identified in the course of the plague control rat-flea survey.

- (a) ANTHRAX. No case was reported during the year. Supervision of all possible sources of infection continued.
- (b) SMALL POX. No case was reported during the year. Assistance was again given with vaccination of unvaccinated persons.
- (c) DIPHTHERIA. 48 cases were notified, of whom 4 were non-Europeans. 66 cases were admitted to the Isolation Hospital, but 18 of these came from outside the Borough.
- (d) SCARLET FEVER. 56 cases were notified - all Europeans - giving an incidence rate of 2.66 cases per 1000 European population. 58 cases were admitted to hospital, but 11 of these came from outside the Borough.
- (e) CEREBRO-SPINAL MENINGITIS. It is again possible to refer to the surprisingly low incidence of this disease, only one case being notified.
- (f) LEPROSY. One Borough resident, an Indian female, was found to be suffering with this infection. 3 cases, from outside the Borough, were isolated in the Epidemic Hospital pending removal to the Leper Institution.
- (g) TYPHUS FEVER. 6 cases, all Europeans, occurred during the year. Evidence is accumulating regarding the epidemiology of those, usually mild, cases in which the infection is conveyed to the human being by the rat-flea.
- (h) ENTERIC FEVER. 19 cases of Enteric were notified, and among these are included 7 cases occurring in one school in the Borough. These 7 European school boys were infected by an Indian cook, suffering with the disease, who was living in the Camp Drift area. In co-operation with the Medical adviser to the school, immediate steps were taken to discover the source of infection, to isolate all cases, and to immunise the whole school. As the result of this action, a very serious outbreak was undoubtedly averted.
- (i) MALARIA...../

(2) Notifiable Infectious Disease Cont'd.

- (i) MALARIA. No case of Malaria was infected in the Borough during the year, nor in the adjacent areas under Borough control. For the main part this was due to the favourable (i.e. cold) weather conditions of the two preceding winters which prevented hibernation of the anopheles costalis in the river beds round Table Mountain. The necessity for strict observation of all potential breeding places in the adjacent areas to the east of the Borough, i.e. between Maritzburg and the Coast, was again apparent as the anopheles costalis once again arrived on the Borough boundaries towards the end of the season and very active anti-mosquito measures became necessary.

Given favourable winter climatic conditions the A.costalis may again reach the Borough boundaries as early in the season as it did in 1931 and 1932. It is therefore essential that control measures on the eastern boundary cannot be allowed in any way to slacken. That the anopheles costalis, and the malaria infection carried by this mosquito, can be controlled when it does arrive has been proved. But an active, intelligent and well-equipped staff must be kept ready each year to deal with the first sign of the approach of this mosquito.

(3) TUBERCULOSIS. (pages 36, 37, 43, & 44).

It cannot be said, as yet, that tuberculosis is under control in Maritzburg. But a very sound ground work of control organisation has been laid, and the future of the Borough as regards tuberculosis is far more hopeful than it was three years ago.

Notifications totalled 102, as compared with 93 in 1934-1935 when the clinic was in its early stages and many cases were being brought up for examination.

Perhaps one of the best proofs of the results already showing from the control work undertaken during the past two years is that during 1935-1936, only 2 Europeans and 32 non-Europeans died from pulmonary tuberculosis, as compared with 4 European and 40 non-European deaths in 1934-35, and 7 European and 46 non-European deaths in 1933-1934.

Undoubtedly the tuberculosis position, for all races, in Maritzburg is improving. There can be no doubt that this is due to the increased facilities for diagnosis, observation and treatment to the increased appreciation by the general public of the significance of tuberculosis, and to the discovery of early cases by the routine examination of contacts. These advances, in their turn, have been due to the work done by the tuberculosis visitors, White and Native, and to the excellent work done at the tuberculosis clinic.

But, out of the 102 new cases notified, 66 came from the overcrowded and insanitary City East and Camp Drift areas, and 3 from Maryvale. For the ultimate defeat of this preventable infectious disease, overcrowding and slum dwellings must be abolished. Especial attention will have to be paid in Maritzburg...../

(1) Malattia. In case of malaria was limited in the
borough during the year, nor in the
area under control. For the
part this was due to the favourable
weather conditions of the two preceding
winters which prevented the spread of
mosquitoes in the river beds and
Table Mountain. The necessary for
observation of all potential breeding
in the adjacent areas to the east of the
borough, i.e. between the river and the
was again apparent as the mosquito count
once again arrived on the borough boundary
towards the end of the season and very
anti-mosquito measures become necessary.

Given favourable winter climate con-
the A. casealis may again reach the borough
boundary as early in the season as in
1931 and 1932. It is therefore essential
that control measures on the eastern bank
cannot be allowed in any way to slacken.
The mosquito count, and the malaria
infection carried by this mosquito, can
be controlled when it does arrive has been
proved. But an active, intelligent and
equipped staff must be kept ready each
to deal with the first sign of the spread
of this mosquito.

(2) TUBERCULOSIS. (Pages 25, 27, 28, & 29).

It cannot be said, as yet, that tuberculosis is under
control in Marlborough. As a very sound ground work of con-
organisation has been laid, and the future of the borough's
regards tuberculosis is far more hopeful than it was three
ago.

Notwithstanding the fact that 102, as compared with 93 in
1932 when the clinic was in its early stages and many cases
being brought up for examination.

Perhaps one of the best proofs of the results shown
showing from the control work undertaken during the past few
years is that during 1932-1933, only 2 Europeans and 35 non-
Europeans died from pulmonary tuberculosis, as compared with
4 Europeans and 50 non-European deaths in 1931-32, and 7
Europeans and 45 non-European deaths in 1930-31.

Undoubtedly the tuberculosis position for all three
Marlborough is improving. There can be no doubt that this
due to the increased facilities for diagnosis, treatment
treatment to the increased appreciation by the general public
of the significance of tuberculosis, and to the discovery of
early cases by the routine examination of sputum. These
advances, in which there have been due to the work done by
tuberculosis clinics, White and Reddy, and to the excellent
work done at the tuberculosis clinics.

But, out of the 102 new cases notified, 55 cases have
overlooked and immediately City and Camp with areas,
of these many cases. For the ultimate defeat of this prevalent
infectious disease, overlooking and also dwelling must be
abolished. Special attention will have to be paid in
the future.

(3) Tuberculosis Cont'd.

Maritzburg to the problem of the tuberculous Indian and the tuberculous Coloured, for among these two racial groups, as well as among the Natives, the tubercle bacillus finds a most fruitful soil for growth.

During the past two years it was shewn that tuberculosis was more serious as cause of death among rural residents than among residents within the Borough. The death returns for 1935-1936 show even more clearly than usual that of all the people dying in Pietermaritzburg lung tuberculosis is more than twice as common as a cause of death among the country than among the urban residents.

PERCENTAGE OF ALL DEATHS IN MARITZBURG
DUE TO PULMONARY TUBERCULOSIS.

	<u>Borough</u> Residents.	<u>Country</u> Residents.
European	1.2	0.0
Native	8.2	18.9
Coloured	8.0	0.0
Indian	8.0	14.3
Total Non-European.	8.0	18.0
Total All Races.	6.0.	13.5

The Tuberculosis Clinic. (Page 44)

Under the immediate control and the very patient care of the Assistant Medical Officer of Health (Dr. M. Maister) this clinic has had a very successful year. The detailed returns are given on page 44, but attention should be drawn not only to the increasing number of attendances of actual cases, but also to the total of contacts examined who had been brought to the clinic by the tuberculosis Visitors.

Without eager and highly competent home follow-up work no tuberculosis clinic can achieve its full purpose. Maritzburg is fortunate in having trained European and Native Health Visitors who have gained the confidence of the public.

Apathy, ignorance and fear of the hospital has still to be overcome in the urban Bantu. Especially is it difficult to get Natives to attend regularly at a tuberculosis clinic where, to the ignorant person, it often seems that so little is being done for the patient. Even educated Europeans need continual encouragement to attend at regular periods for examination and advice and medicine, and it is always difficult to get all the contacts of positive cases to attend for examination when they feel quite well.

It is, therefore, particularly satisfactory to find that the tuberculosis visitors are encouraging non-European as well as Native contacts to come up for examination. Gradually the significance of tuberculosis infection becomes better appreciated and routine examination by stethoscope and X-Ray is less frequently looked upon as just one further example of the white man's absurd ways.

Since the clinic started in August 1934, 100 European, 132 Native, 66 Coloured and 134 Indian cases have presented themselves. Some of these cases attended only once or twice and...../

attributing to the problem of the tuberculosis Indian and the tuberculosis Coloured, for among these two racial groups, as among the Native, the tuberculosis bacillus finds a most fertile soil for growth.

During the past two years it was shown that tuberculosis was more serious as a cause of death among rural residents than among residents within the townships. The death returns for 1925-1926 show even more clearly than usual that of all the dying in Peterborough from tuberculosis it was more than twice as common as a cause of death among the country than among the residents.

PERCENTAGE OF ALL DEATHS IN PETERBOROUGH
DUE TO PULMONARY TUBERCULOSIS

Country Residents	Township Residents	Percentage
1.2	1.2	0.0
1.2	1.2	12.9
0.0	0.0	0.0
0.0	0.0	14.3
0.0	0.0	12.8
0.0	0.0	11.5

The Tuberculosis Clinic (Page 44)

Under the immediate control and the very patient care of the Assistant Medical Officer of Health (Mr. H. H. Hester) the clinic has had a very successful year. The tuberculosis are given on page 44, but attention should be drawn to the fact that the increasing number of attendances at actual cases, and to the fact that the total of contacts examined who had been brought to the clinic by the tuberculosis visitors.

Without eager and highly competent staff follow-up work tuberculosis clinic can achieve its full purpose. The tuberculosis visitors in having trained European and Native Health Visitors who have gained the confidence of the public.

Another, ignorance and fear of the hospital has still overcome in the urban district. Especially in the district of the Native to attend regularly as a tuberculosis clinic where, the European person, it often seems that so little is being done for the patient. Even educated Europeans need continual encouragement to attend at regular periods for examination, advice and medicine, and it is always difficult to get all contacts of positive cases to attend for examination when they feel quite well.

It is, therefore, particularly satisfactory to find that the tuberculosis visitors are encouraging non-European as well as Native contacts to come up for examination. The significance of tuberculosis infection becomes better known and routine examination by sputum and X-ray is less frequently looked upon as just one further example of the man's absurd ways.

Since the clinic started in August 1925, 100 Europeans, 100 Native, 50 Coloured and 100 Indian cases have presented themselves for examination. The total number of contacts examined is 100.

(3) Tuberculosis Cont'd.Tuberculosis Clinic Cont'd.

and were then told that there was no necessity to come again, but over the whole series the average attendance per case for this 23 month period has been - 4.6 attendances per European case, 4.9 for Natives, 6.9 for Coloureds and 6.9 for Indians. These figures may seem small, but they are not unsatisfactory; especially is this true as regards the Native attendances, for there is a very definite tendency for the Zulu to go back to his natal kraal so soon as he feels ill and is unable to work.

During the year 267 visits were paid to European cases and their contacts in their homes, 1611 to Natives, 412 to Coloureds, and 1045 to Indians. The unit of tuberculosis control is in the home and these visits to advise about feeding, about personal hygiene, about isolation, etc. are an essential feature of the present work - particularly while there exists the present shortage of hospital accommodation for non-European tuberculous, and the resultant lack of facilities for surgical collapse therapy of an active nature.

The Natal Anti-Tuberculosis Association, through its local branch, has generously assisted the Municipality, especially with regard to after care of patients and the care of dependants. The Association has also successfully carried out one of its main functions - that of creating an intelligent demand by the public for anti-tuberculosis work.

During the year your Medical Officer of Health was enabled, with the assistance of the Carnegie Corporation, to make a brief study of tuberculosis control in the United States. A report upon this visit has been made elsewhere, but in this place it may briefly be mentioned that the outstanding points in the modern American scheme of tuberculosis control which are of particular interest to South Africa to-day are :-

- (1) The highly competent organisation co-relating almost all anti-tuberculosis activities, and the general eagerness of the individual workers.
- (2) The widespread and efficient steps taken for early case finding.
- (3) The advances in the surgical treatment of tuberculosis.
- (4) The education of the patient and of the general public in tuberculosis matters.

(4) VENEREAL DISEASE. (Page 45)

The Annual Report of the Secretary for Public Health for 1935-1936 shows that rather more than one-sixth of all the non-European attendances at venereal disease clinics in the whole of the Union of South Africa during the year were made at the Pietermaritzburg Clinic. Only Capetown, with 17533 attendances, had a larger figure for non-Europeans than Maritzburg's total of 14301. Other totals for non-European attendances were
 PRETORIA : 11982, PORT ELIZABETH : 8127, DURBAN : 5743,
 BLOEMFONTEIN : 3339.

Does this mean that venereal disease is more common in Maritzburg and the surrounding districts than elsewhere? There is reason to believe that this is not the case but rather that, in Maritzburg, the follow up scheme provided by the...../

(4) VENEREAL DISEASE Cont'd.

the Municipality through the Native Health Assistants is particularly successful, not only in collecting cases for treatment but also in ensuring that these cases regularly attend at the clinic until they are signed off by the clinic doctor.

During the past three years this Department has recognised that compulsion alone will never solve the immense problem of venereal disease control among the non-European population. An energetic attempt has been made to approach the individuals concerned through education - telling them what venereal diseases are, how they are spread, and how and where they can be treated. At the same time ample facilities for treatment have been offered, including a daily gonorrhoea treatment centre.

The Native Health Assistants have followed up every known or suspected case in the Borough so that (1) once a case has started treatment it can be watched and encouraged to attend regularly, and (2) the source of infection in each case can be sought for, and the infecting person, male or female, brought to the clinic for examination and any necessary treatment. The results obtained in Maritzburg by these Native Health Assistants have proved that the non-European urban population will respond to friendly, authoritative advice about these infections, and will subsequently attend for treatment readily and gladly.

Three points are of interest, arising out of the 1935-1936 returns :-

- i. The attendance of non-European males, resident in the Borough, is beginning to fall. This is due to two reasons - that many old standing cases have now completed their treatment and been discharged, and that an increasing number of infected persons is coming to the clinic within a few days of the first signs of infection, with the result that the full course of essential treatment takes a much shorter time.
- ii. The number of female cases, attending voluntarily for treatment, is steadily increasing.
- iii. The number of Natives resident outside Maritzburg - who cannot be reached directly by the Borough Native Health Assistants - coming to the clinic for treatment has greatly increased. It seems almost certain that this is the result of word passed from mouth to mouth by Borough Natives returning to their kraals.

The routine medical examination of all Native males entering the town seeking work and registering a contract of employment continues to serve as a most valuable source of discovery of venereal infection among men who are frequently quite ignorant of the significance of their sickness.

Among Europeans these infections are not so prevalent, but the facilities available for treatment have been freely used.

(5) PLAGUE.

No case of Plague occurred within the Borough during the year. The rat-proofing of food stores and the destruction of rats was actively pursued and the public taught to do away with all places where rats might feed and breed.

The rat-flea survey was continued. The findings for the year are based upon the examination of 180 rats caught in the Borough...../

(1) VENEREALE DISEASE CONT'D.

The investigation through the Native Health Assistants is particularly successful, not only in collecting cases but in ensuring that these cases remain in the clinic until they are signed off by the clinic doctor.

During the past three years this Department has recognized that venereal disease will never solve the disease problem of the non-European population. The venereal disease control among the non-European population has been made to approach the individual concerned through education - telling them what venereal disease is, how they are spread, and how and where they can be treated. At the same time ample facilities for treatment have been provided, including a daily venereology treatment centre.

The Native Health Assistants have followed up every case suggested case in the Borough so that (1) once a case has started treatment it can be watched and encouraged to attend regularly, and (2) the source of infection in each case can be traced, and the infecting person, male or female, brought to the clinic for examination and any necessary treatment. It has been proved that the non-European urban population will respond to friendly, authoritative advice about their infection, and will subsequently attend for treatment readily and gladly.

Three points are of interest, arising out of the 1935-1936 returns :-

- i. The attendance of non-European males, resident in the Borough, is beginning to fall. This is due to two reasons - that many old attending cases have now completed their treatment and been discharged, and that an increasing number of infected persons is coming to the clinic at a few days of the first signs of infection, with the result that the full course of essential treatment takes a shorter time.
- ii. The number of female cases, attending voluntarily for treatment, is steadily increasing.
- iii. The number of Natives resident outside Hastings - cannot be reached directly by the Borough Native Health Assistants - coming to the clinic for treatment has greatly increased. It seems almost certain that the result of work passed from month to month by those Natives returning to their kraals.

The routine medical examination of all Native males entering the town seeking work and registering a contract of employment continues to serve as a most valuable source of discovery of venereal infection among men who are frequently quite ignorant of the significance of their sickness.

Among Europeans these infections are not so prevalent. The facilities available for treatment have been freely used.

(2) PLAGUE

No case of Plague occurred within the Borough during the year. The rat-pulling of food stores and the destruction of rats was actively pursued and the public taught to do away with places where rats might feed and breed.

(5) PLAGUE Cont'd.

Borough and brought into the Laboratory for examination. The average number of fleas per rat was 5. The types of fleas found were roughly in the following proportions :-

<i>Xenopsylla Cheopis</i>	63.3%
<i>Leptopsylla segnis</i>	26.1%
<i>Ctenophthalmus Calceatus</i>	6.1%
<i>Dinopsyllus Lypusus</i>	3.5%
<i>Chiaestopsylla rossi</i>	1.0%

Of these, *X. cheopis* is proved to be a plague bacillus vector, *Ct. Calceatus* is probably of little importance in this regard, *L. segnis* has been described only rarely in South Africa as a plague vector, while *ad D. lypusus* *ad Ch. rossi* have been described as capable of transmitting plague from infected to non-infected rodents.

The types of rat found have been *Rattus rattus* (the town rat), *R. Norvegicus*, *Mus musculus* (often brought into town from the country with grain, bales, etc.), *Rhabdomys pumilio* (living in gardens and scrub on the outskirts of built-up areas), *Otomys irroratus* (living in moist areas where there is thick grass and vegetation), and *Gramomys dolichurus* (living in nests in vegetation or the hollows of trees).

All these rat types are of importance in the spread of plague. Therefore there is definite proof now available that anti-rodent measures must be actively prosecuted in the Borough if the risk of plague importation from infected areas up-country is to be kept at a minimum.

The modern attack in South African towns to-day must be based primarily upon the extermination of the house rodent. Rodent-free areas around towns are so expensive to achieve and are so rarely 100% efficient that it is not worth while expending time on such a line of attack. But it is possible to build the rat out of existence in the built-up areas of the Borough by the rodent-proofing of all food and grain stores, by active extermination measures, and by supervision of rat-attractive and rat-harboursing cargoes that come into the town from the country.

(6) OTHER COMMUNICABLE DISEASES.

- (a) MEASLES. Was much less prevalent than it was during 1934-1935 when 50 cases were admitted to the Isolation Hospital. During 1935-1936 only 8 cases were admitted.
- (b) EPIDEMIC DIARRHOEA. There was an increase in the number of deaths of children under the age of 2 from Diarrhoea and Enteritis. The total was 45 (2 European and 43 non-European), as compared with 28 in 1934-1935, and 52 in 1933-1934. Almost all the cases this year came from the City East, Camp Drift, Maryvale, and other insanitary areas.

(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.

...and brought into the laboratory for examination. The number of flies per lot was 5. The types of flies are roughly in the following proportions:-

65.3%	Xenopsylla cheopis
28.1%	Xenopsylla humani
6.1%	Ctenophthalmus calliscaevae
3.8%	Phlebotomus papatasi
1.0%	Christopherseni

Of these, X. cheopis proved to be a plague vector. Ctenophthalmus is probably of little importance in this regard. Xenopsylla humani has been described only rarely in South Africa as a vector, while Ph. papatasi and Ph. theileri have been described as vectors of transmitting plague from infected to non-infected.

The types of the found have been taken from the following sources: (a) from the body of a rat, (b) from the body of a cat, (c) from the body of a dog, (d) from the body of a human, (e) from the body of a bird, (f) from the body of a pig, (g) from the body of a horse, (h) from the body of a cow, (i) from the body of a sheep, (j) from the body of a goat, (k) from the body of a deer, (l) from the body of a rabbit, (m) from the body of a guinea pig, (n) from the body of a mouse, (o) from the body of a hamster, (p) from the body of a ferret, (q) from the body of a mink, (r) from the body of a fox, (s) from the body of a badger, (t) from the body of a weasel, (u) from the body of a stoat, (v) from the body of a pine marten, (w) from the body of a red squirrel, (x) from the body of a grey squirrel, (y) from the body of a chipmunk, (z) from the body of a chipmunk.

All these types are of importance in the spread of plague. There is definite proof now available that anti-plague measures must be actively prosecuted in the Borough if the risk of infection from infected areas is to be kept at a minimum.

The modern attack in South Africa towns to-day must be mainly upon the extermination of the house rat. In the past, towns were so extensive to achieve and are so now. It is not worth while expending time on an effort to exterminate the rat out of the town. It is possible to hold the rat out of the town by the use of the poison. By active extermination of all food and grain stores, by active extermination of all rats and mice, by supervision of rat-extermination and rat-harbouring, and by supervision of rat-extermination and rat-harbouring, the town can be kept free from the plague.

OTHER COMMUNICABLE DISEASES

(a) MEASLES. - This was much less prevalent than it was during 1934-1935 when 80 cases were notified to the Isolation Hospital. During 1935-1936 only 8 cases were notified.

(b) EPIDEMIC DIARRHOEA. - There was an outbreak in the Borough of epidemic of children under the age of 5 from diarrhoea and enteritis. The total was 25 (23 from 1934-1935 and 2 from 1935-1936), as compared with 10 in 1934-1935 and 32 in 1935-1936. Almost all the cases this year came from the City of Cape Town, but a few from the surrounding areas.

WATER SUPPLY

By the courtesy of the Officer-in-Charge, Altona Waterworks, 67,000 gallons of water from each of the two mains have been supplied to the Borough every month during the year. The water is supplied to the Borough from the City of Cape Town, but a few from the surrounding areas.

(8) NIGHTSOIL and REFUSE DISPOSAL.

The administration of this work remains in the hands of the City Engineer. From the Public Health Department 201 notices calling upon householders to provide themselves with approved house refuse bins were served during the year.

(9) MEAT SUPPLIES. (Pages 51 - 52)

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

73 tins of Sardines; 581 lbs. of fish; 11 lbs. of venison; 3 ducks; 1 turkey; 63 dressed fowls; 3 Duikers, and 7 Hares.

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 21 applications for Butchers' licences, as compared with 29 in 1934-1935. 19 were approved without comment, 1 was approved subject to certain conditions which were duly complied with, 1 application was refused. All butchers' vehicles were inspected on the 1st January, and those that did not comply with the strict requirements of the Department were condemned.

The Abattoir Manager reports as follows :-

"During the year a total of 38,961 animals were slaughtered. The following table shows the number of animals slaughtered during the past five years. It will be noticed that there has been a big drop in the total figures during the past three years as compared with the years 1931-32 and 1932-33. A close examination of the figures, however, will reveal that during the two years mentioned a lesser number of cattle were slaughtered than usual and that the increase was due to the larger number of sheep handled. I do not think that a much greater weight of meat was consumed during those two years but less beef and more mutton was consumed owing to the price of mutton being down to 3d. to 6d. per lb. retail. This low price was due to the depression through which the country was passing at that time:-

	<u>Cattle.</u>	<u>Calves.</u>	<u>Sheep.</u>	<u>Pigs.</u>	<u>Goats.</u>	<u>Total.</u>
1931-32	8,316	559	33,903	3,273	-	46,056
1932-33	8,570	552	35,684	3,223	23	48,052
1933-34	9,518	670	29,736	2,969	136	43,029
1934-35	9,221	624	27,339	1,690	77	39,001
1935-36	8,984	673	27,359	1,818	127	38,961

In addition to the above the following meat, of animals slaughtered outside the Borough, was received at the Abattoir for examination and stamping :-

Quarters Beef	471.
Carcases Veal	2.
Carcases Mutton	49.
Carcases Pork	14.

All this meat came from either the Durban Municipal Abattoir or the Export Abattoir, Durban.

Carcases etc. Condemned.

The following statement shows the quantity of meat condemned...../

condemned during the year :-

Cysticercus Bovis ("Measles"): During the year, out of the total of 8,984 cattle slaughtered 625 were found to be infected - 6.95%. Of these, however, only 120 carcasses were entirely condemned - 1.33%. The balance of 505 carcasses which were only slightly infected and were placed in cold storage before being passed for human consumption, as prescribed by the Government Regulations. It will be noticed, from the table below, that the number infected this year is the highest yet experienced.

Out of a total of 673 calves slaughtered, 47 were found to be infected and were condemned - 6.98%.

Cysticercus Cellulosae ("Measles"): During the year 31 pigs were found to be infected, out of a total of 1818 slaughtered, and were condemned - 1.70%.

The following table shows the number of carcasses found to be infected with "Measles" during the past five years :-

	<u>Slaughtered.</u>	<u>Infected.</u>	<u>Condemned.</u>
1931-32	8,316	4.12%	1.07%
1932-33	8,570	3.83%	.99%
1933-34	9,518	5.56%	1.26%
1934-35	9,221	6.04%	1.33%
1935-36	8,984	6.95%	1.33%

"Measles" - Pigs.

	<u>Slaughtered.</u>	<u>Condemned.</u>	<u>Slaughtered.</u>	<u>Condemned.</u>
1931-32	559	5.54%	3,278	1.12%
1932-33	552	6.15%	3,223	1.48%
1933-34	670	5.52%	2,969	1.75%
1934-35	624	4.48%	1,690	2.83%
1935-36	673	6.98%	1,813	1.70%

Tuberculosis: The following shows the number of carcasses found to be infected with Tuberculosis :-

Cattle	...	8,984	-	41 infected (8 Condemned)	-	45%.
Pigs	...	1,818	-	96 infected (10 Condemned)	-	5.28%.

The above figures only include those cases where definite lesions of the disease were found. Doubtful cases are not included.

Miscellaneous: The balance of the carcasses condemned, as shown on the attached statement, were suffering from Blue Tongue, Lymphadenitis, Mammitis, Septic Pericarditis, Pneumonia, Pyaemia, Redwater, Sarcocysts, Septicaemia, Tumours, Anaemia, Bruising, Dropsy, Fever, Emaciation, Jaundice, etc.

Internal...../

TABLE 1. - Cattle

During the year		During the year	
Infected	Condemed	Infected	Condemed
1,075	1,075	1,075	1,075
1,100	1,100	1,100	1,100
1,150	1,150	1,150	1,150
1,200	1,200	1,200	1,200
1,250	1,250	1,250	1,250
1,300	1,300	1,300	1,300
1,350	1,350	1,350	1,350
1,400	1,400	1,400	1,400
1,450	1,450	1,450	1,450
1,500	1,500	1,500	1,500
1,550	1,550	1,550	1,550
1,600	1,600	1,600	1,600
1,650	1,650	1,650	1,650
1,700	1,700	1,700	1,700
1,750	1,750	1,750	1,750
1,800	1,800	1,800	1,800
1,850	1,850	1,850	1,850
1,900	1,900	1,900	1,900
1,950	1,950	1,950	1,950
2,000	2,000	2,000	2,000
2,050	2,050	2,050	2,050
2,100	2,100	2,100	2,100
2,150	2,150	2,150	2,150
2,200	2,200	2,200	2,200
2,250	2,250	2,250	2,250
2,300	2,300	2,300	2,300
2,350	2,350	2,350	2,350
2,400	2,400	2,400	2,400
2,450	2,450	2,450	2,450
2,500	2,500	2,500	2,500
2,550	2,550	2,550	2,550
2,600	2,600	2,600	2,600
2,650	2,650	2,650	2,650
2,700	2,700	2,700	2,700
2,750	2,750	2,750	2,750
2,800	2,800	2,800	2,800
2,850	2,850	2,850	2,850
2,900	2,900	2,900	2,900
2,950	2,950	2,950	2,950
3,000	3,000	3,000	3,000
3,050	3,050	3,050	3,050
3,100	3,100	3,100	3,100
3,150	3,150	3,150	3,150
3,200	3,200	3,200	3,200
3,250	3,250	3,250	3,250
3,300	3,300	3,300	3,300
3,350	3,350	3,350	3,350
3,400	3,400	3,400	3,400
3,450	3,450	3,450	3,450
3,500	3,500	3,500	3,500
3,550	3,550	3,550	3,550
3,600	3,600	3,600	3,600
3,650	3,650	3,650	3,650
3,700	3,700	3,700	3,700
3,750	3,750	3,750	3,750
3,800	3,800	3,800	3,800
3,850	3,850	3,850	3,850
3,900	3,900	3,900	3,900
3,950	3,950	3,950	3,950
4,000	4,000	4,000	4,000
4,050	4,050	4,050	4,050
4,100	4,100	4,100	4,100
4,150	4,150	4,150	4,150
4,200	4,200	4,200	4,200
4,250	4,250	4,250	4,250
4,300	4,300	4,300	4,300
4,350	4,350	4,350	4,350
4,400	4,400	4,400	4,400
4,450	4,450	4,450	4,450
4,500	4,500	4,500	4,500
4,550	4,550	4,550	4,550
4,600	4,600	4,600	4,600
4,650	4,650	4,650	4,650
4,700	4,700	4,700	4,700
4,750	4,750	4,750	4,750
4,800	4,800	4,800	4,800
4,850	4,850	4,850	4,850
4,900	4,900	4,900	4,900
4,950	4,950	4,950	4,950
5,000	5,000	5,000	5,000
5,050	5,050	5,050	5,050
5,100	5,100	5,100	5,100
5,150	5,150	5,150	5,150
5,200	5,200	5,200	5,200
5,250	5,250	5,250	5,250
5,300	5,300	5,300	5,300
5,350	5,350	5,350	5,350
5,400	5,400	5,400	5,400
5,450	5,450	5,450	5,450
5,500	5,500	5,500	5,500
5,550	5,550	5,550	5,550
5,600	5,600	5,600	5,600
5,650	5,650	5,650	5,650
5,700	5,700	5,700	5,700
5,750	5,750	5,750	5,750
5,800	5,800	5,800	5,800
5,850	5,850	5,850	5,850
5,900	5,900	5,900	5,900
5,950	5,950	5,950	5,950
6,000	6,000	6,000	6,000
6,050	6,050	6,050	6,050
6,100	6,100	6,100	6,100
6,150	6,150	6,150	6,150
6,200	6,200	6,200	6,200
6,250	6,250	6,250	6,250
6,300	6,300	6,300	6,300
6,350	6,350	6,350	6,350
6,400	6,400	6,400	6,400
6,450	6,450	6,450	6,450
6,500	6,500	6,500	6,500
6,550	6,550	6,550	6,550
6,600	6,600	6,600	6,600
6,650	6,650	6,650	6,650
6,700	6,700	6,700	6,700
6,750	6,750	6,750	6,750
6,800	6,800	6,800	6,800
6,850	6,850	6,850	6,850
6,900	6,900	6,900	6,900
6,950	6,950	6,950	6,950
7,000	7,000	7,000	7,000
7,050	7,050	7,050	7,050
7,100	7,100	7,100	7,100
7,150	7,150	7,150	7,150
7,200	7,200	7,200	7,200
7,250	7,250	7,250	7,250
7,300	7,300	7,300	7,300
7,350	7,350	7,350	7,350
7,400	7,400	7,400	7,400
7,450	7,450	7,450	7,450
7,500	7,500	7,500	7,500
7,550	7,550	7,550	7,550
7,600	7,600	7,600	7,600
7,650	7,650	7,650	7,650
7,700	7,700	7,700	7,700
7,750	7,750	7,750	7,750
7,800	7,800	7,800	7,800
7,850	7,850	7,850	7,850
7,900	7,900	7,900	7,900
7,950	7,950	7,950	7,950
8,000	8,000	8,000	8,000
8,050	8,050	8,050	8,050
8,100	8,100	8,100	8,100
8,150	8,150	8,150	8,150
8,200	8,200	8,200	8,200
8,250	8,250	8,250	8,250
8,300	8,300	8,300	8,300
8,350	8,350	8,350	8,350
8,400	8,400	8,400	8,400
8,450	8,450	8,450	8,450
8,500	8,500	8,500	8,500
8,550	8,550	8,550	8,550
8,600	8,600	8,600	8,600
8,650	8,650	8,650	8,650
8,700	8,700	8,700	8,700
8,750	8,750	8,750	8,750
8,800	8,800	8,800	8,800
8,850	8,850	8,850	8,850
8,900	8,900	8,900	8,900
8,950	8,950	8,950	8,950
9,000	9,000	9,000	9,000
9,050	9,050	9,050	9,050
9,100	9,100	9,100	9,100
9,150	9,150	9,150	9,150
9,200	9,200	9,200	9,200
9,250	9,250	9,250	9,250
9,300	9,300	9,300	9,300
9,350	9,350	9,350	9,350
9,400	9,400	9,400	9,400
9,450	9,450	9,450	9,450
9,500	9,500	9,500	9,500
9,550	9,550	9,550	9,550
9,600	9,600	9,600	9,600
9,650	9,650	9,650	9,650
9,700	9,700	9,700	9,700
9,750	9,750	9,750	9,750
9,800	9,800	9,800	9,800
9,850	9,850	9,850	9,850
9,900	9,900	9,900	9,900
9,950	9,950	9,950	9,950
10,000	10,000	10,000	10,000

The following table shows the number of cattle infected with "Hemorrhagic Septicemia" during the year 1935-36. The total number of cattle infected was 1,075. Of these, 1,075 were condemned. The balance of 1,075 cattle were infected and were placed in cold storage before being passed for human consumption, as provided by the Government Regulations. It will be noticed from the table that the number infected this year is the highest yet reported.

Out of a total of 875 calves registered, 47 were infected and were condemned - 5.3%.

Cysticercus Cellulosa ("Hemorrhagic"): During the year 1935-36, a total of 8,984 cattle were found to be infected with "Hemorrhagic Septicemia". Of these, however, only 1,075 were infected and were condemned - 1.2%. The balance of 7,909 cattle were infected and were placed in cold storage before being passed for human consumption, as provided by the Government Regulations. It will be noticed from the table that the number infected this year is the highest yet reported.

The following table shows the number of cattle infected with "Hemorrhagic Septicemia" during the year 1935-36.

"Wagon" - Cattle			
Infected	Infected	Infected	
1.07	4.12	8.218	1931-32
1.08	3.82	8.070	1932-33
1.09	3.60	8.212	1933-34
1.10	3.40	8.021	1934-35
1.11	3.20	8.084	1935-36

(9) MEAT SUPPLIES Cont'd.

Internal organs and portions of carcasses were condemned as infected with "Measles" (Carcasses sent to Cold Storage) Tuberculosis, Actinomycosis, Bruising, Stilesia Hepatica, Oesophagostomum Columbianum, Caseous Lymphadenitis, Abscesses, Decomposition, etc.

Slaughtering of Animals.

During the year humane killers have been used for the slaughtering of all animals except those slaughtered under religious rites. The Schermer Killer for cattle and the Cash Killer for pigs, sheep and calves.

The two stunning pens have been in daily use and have continued to give entire satisfaction.

On the 1st January, 1935, the Slaughter of Animals Act came into operation. This Act lays down the methods and instruments to be employed in the slaughtering of animals. This Abattoir complies with the requirements of the Act except in the case of ritual slaughter. Provision was made in the current year's estimates for the necessary alterations and the installation of a special pen for ritual slaughter but unfortunately, due I believe to pressure of other works, the City Engineer has not proceeded with the scheme and provision will have to be made in the new year's estimates for this work.

General.

The buildings, stock pens and equipment have been maintained and kept in good working order during the year and minor improvements have been effected.

The hardened roads within the Abattoir premises were given a sealing coat of asphalt and chips during the year and are now in excellent condition.

In addition to the provision made in the Estimates for the pen for ritual slaughter, provision was made for a new sanitary block, a fireplace in the Indian Quarters and a room for a Native Watchman. Unfortunately none of these works have been proceeded with, but I trust that the Council will permit these items to be brought forward into next year's Estimates. The fireplace for the Indian Quarters in particular should be provided as soon as possible.

A constant supervision has been maintained over all Natives employed by Butchers at the Abattoir, butchers' vehicles and their attendants, and numerous warnings given. In January, 1935, a notice was served on each of the local Butchers calling upon them to provide, before the 1st January, 1936, vehicles with fully covered in bodies lined with galvanised iron. These notices were all complied with and the vehicles in use to-day are a great improvement on those previously used. Prior to the notice being served all the vehicles, except two, had open bodies and loose canvas covers were used to cover the meat. These covers were a continual source of trouble.

During the year two candidates completed a course of training at this Abattoir as candidates for the Food and Meat Inspector's Examination. Both were successful and obtained their Certificates at the examination held in Johannesburg in December last.

(10) MILK SUPPLIES...../

(10) MILK SUPPLIES.

Close supervision over all dairies and milk shops was kept during the year. Owing to the impending promulgation of the new Dairy By Laws the milk control work continued as in previous years. The shortage of available staff at ALLERTON LABORATORY made it impossible for the Officer in Charge again to carry out the bacteriological examinations for the Clean Milk Competition, and the Royal Agricultural Society had regretfully to cancel the event during 1936.

(11) OTHER FOOD SUPPLIES.

Again there was a slight decrease in the number of persons making application for Hawkers' licences; out of 337 considered 15 were refused and 68 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 6 under the Food, Drugs, and Disinfectant Act of 13/1929, 3 were in connection with the sale of ICE CREAM which did not contain the required percentage of milk fat, and 3 were for the sale of milk which was found to be deficient in the solids-not-fat content.

BAKEHOUSES.

10 applications were made for the licensing of Bakers' premises, and 1 was refused. The Food Inspector made 30 inspections of bakehouses during the year.

FOOD SHOPS and TEA SHOPS.

788 inspections were made of shops where food is sold, and 101 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.

(12) MATERNITY AND CHILD WELFARE. (Pages 33, 34, 48).

INFANT MORTALITY RATES. The European infant mortality rate fell during 1935-1936 to 22.4 infantile deaths per 1000 births. It is an amazingly low figure and one unlikely to be surpassed in any town in the World for many years. The European infant mortality rates for other large towns in 1935-1936 was :-

CAPETOWN : 45,	BLOEMFONTEIN : 65,	PRETORIA : 78,
DURBAN : 40,	KIMBERLEY : 91,	PORT ELIZABETH : 61,
and the UNION OF SOUTH AFRICA : 63.		

In view of Maritzburg's proud record it is of interest to note the infant mortality rates for certain countries overseas :-

NEW ZEALAND : 32,	AUSTRALIA : 41,	HOLLAND : 42,
ENGLAND AND WALES : 60,	CANADA : 73,	FRANCE : 71,
GERMANY : 70,	BELGIUM : 89,	ITALY : 100.

The non-European rates for Maritzburg, however, are no matter for pride. The Native rate is not estimated owing to the inadequate registration of births, but it would appear to be in the vicinity of 200 infantile deaths for every 1000 births. The Coloured rate is 163, and the Indian rate 114.

(12) MATERNITY AND CHILD WELFARE Cont'd.

Infant Mortality Rates Cont'd.

Once again preventable diseases caused the great proportion of the non-European infant deaths. Diseases of dirt among Native and Coloured babies, and bronchitis and pneumonia among Coloured and Indian babies - these were the chief causes of death.

The wastage of non-European infant life to-day is much the same as was the wastage of European infant life 50 years ago. Maritzburg has shewn how the latter mortality can be reduced, and it will shew in the future how the non-European infantile mortality can be lessened to an equal degree.

The increasing scope of the infantile and maternal welfare work in the Borough will produce its results in the course of the next few years. Education can permeate into the homes of these people only very slowly, but already the non-European Mothers of the Borough are shewing their interest in, and their desire for, the education that is now offered to them at the clinics.

The number of Native infants on the clinic register in 1935-1936 was more than twice the number in 1934-1935, and the number of Coloured and of Indian babies brought to the clinics also shewed a marked increase.

The absence of any ante-natal clinic for Natives or for Indians is, however, a serious defect in a scheme that otherwise is developing along the right lines. It was necessary to draw attention in last year's report also to this deficiency.

Of equal importance to the work in the clinics is the work done by the Health Visitors when visiting the homes of the infants and their mothers. A considerable increase in activity as regards home visiting was recorded in 1935-1936. visits to Europeans totalled 2276 (1451 in 1934-35) to Natives 7744 (6631) to Coloureds 1018 (382), and to Indians 3103 (364 in 1934-35).

The advance of the work among the Indian population is particularly gratifying.

MATERNAL MORTALITY and MATERNAL WELFARE.

No European or Coloured maternal deaths were recorded. One Native death was due to puerperal sepsis, 1 to puerperal albuminuria, 2 to accidents of childbirth, and 1 to other toxoemias of pregnancy. One Indian death was due to puerperal hoemorrhage.

The attendances at the ante-natal clinics are recorded on page 48. Registration and supervision of all midwives practising within the Borough continued during the year.

(13) BY-LAW NOTICES AND PROSECUTIONS.

1165 notices and formal letters were served regarding breaches of the Borough By-Laws as compared with 1647 served in 1934-1935. Most of these had reference to the absence of proper refuse bins, unsatisfactory housing accommodation and other nuisances.

INFLUENZA AND OTHER RESPIRATORY DISEASES

These are the most common diseases caused by the infection of the non-human animal. Diseases of this nature have been reported in various parts of the world, and in some cases have caused considerable loss of life. These were the diseases which caused the death of the children.

The number of non-human animals which have died from the infection of the non-human animal has been reported in various parts of the world, and in some cases have caused considerable loss of life. These were the diseases which caused the death of the children.

The number of non-human animals which have died from the infection of the non-human animal has been reported in various parts of the world, and in some cases have caused considerable loss of life. These were the diseases which caused the death of the children.

The number of non-human animals which have died from the infection of the non-human animal has been reported in various parts of the world, and in some cases have caused considerable loss of life. These were the diseases which caused the death of the children.

The number of non-human animals which have died from the infection of the non-human animal has been reported in various parts of the world, and in some cases have caused considerable loss of life. These were the diseases which caused the death of the children.

The number of non-human animals which have died from the infection of the non-human animal has been reported in various parts of the world, and in some cases have caused considerable loss of life. These were the diseases which caused the death of the children.

The number of non-human animals which have died from the infection of the non-human animal has been reported in various parts of the world, and in some cases have caused considerable loss of life. These were the diseases which caused the death of the children.

INFLUENZA AND OTHER RESPIRATORY DISEASES

The number of non-human animals which have died from the infection of the non-human animal has been reported in various parts of the world, and in some cases have caused considerable loss of life. These were the diseases which caused the death of the children.

The number of non-human animals which have died from the infection of the non-human animal has been reported in various parts of the world, and in some cases have caused considerable loss of life. These were the diseases which caused the death of the children.

(13) INFLUENZA AND OTHER RESPIRATORY DISEASES

The number of non-human animals which have died from the infection of the non-human animal has been reported in various parts of the world, and in some cases have caused considerable loss of life. These were the diseases which caused the death of the children.

(13) BY-LAW NOTICES AND PROSECUTIONS Cont'd.

16 prosecutions were initiated in the Magistrate's Court, as detailed on page 56. 8 were under the Public Health By-Laws, 2 under the Dairy By-Laws, and 6 under the Food, Drugs and Disinfectant Act.

(14) OTHER MATTERS OF HEALTH AND SANITATION.

Complaints from Burgesses: 95 complaints were received and promptly attended to during the year.

Inter-Departmental references and Other Inspections:

Attention is drawn to the 20 visits made regarding unauthorised structures, to 7 visits regarding defective water fittings, to 94 visits regarding blocked drainage systems, to 1566 (as compared with 1156 in 1934-1935) visits with reference to plans for new buildings, and to 167 visits, many at night, made in connection with actual and alleged breaches of the Urban Areas Act. In addition 1099 visits were made to premises in regard to licence applications.

(15) MEDICAL EXAMINATION OF NATIVES.

A total of 12018 Native males was examined. 325 (2.7%) were found to be unfit for work. Included in this total of unfit were 179 (1.5%) 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 23 found to be, or suspected of, suffering with tuberculosis who were referred to the tuberculosis clinic for further examination.

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. 77 such women were examined, 9 (11.7%) were found to be unfit, of whom 5 (6.5%) 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.

A stall dealing with the production of a clean and safe milk supply was erected at the Royal Show in June 1936, and was again awarded a Certificate of Recommendation by the Judges.

A course of training for the Sanitary (Health) Inspectors' Certificate of the R.S.I. was again completed, and three students - Messrs F.J. WELDON, B. VAN DER WAGEN and H. STANDING were successful. At the examination in June, 1936, 5 students from Maritzburg sat. Messrs E.R. LUPTON and W. ARMSTRONG (of Vryheid) received training for the Meat Inspectors' Certificate and were successful in passing the examination.

Among articles issued from the Department by the M.O.H. during the year were :- "Native Urban Housing" in "Municipal Affairs": .../

(16) PUBLIC HEALTH EDUCATION Cont'd.

"Municipal Affairs"; "Tropical Sanitation: The Town" in the "Journal of the R.S.I. (London)", "Healthy Maritzburg" in the Medical Congress Exhibition Hand-book; "Beauty is Contagious" and "Clean Food in Clean Fingers" in the "Sunday Tribune"; "The Zulu goes to Town" in "Africa"; "Tuberculosis Control in America", and "Native Tuberculosis" for the Natal Anti-Tuberculosis Association; broadcast talks from the Maritzburg-Durban Studio of the A.B.C. on "Hungry Houses", "Dusty Vermin" and "Clean Milk", etc. etc.

Addresses were given to the Central Women's Institute by the Asst. M.O.H. on "Infectious Disease in the Home", and by the M.O.H. to the National Council of Women, the Scottsville Ratepayers Association; the Natal Anti-Tuberculosis Association, the Winterskloof Native Welfare Society, etc. on various health topics.

Throughout the year the public was kept well informed on public health matters.

The 30th. S.A. Medical Congress met in Maritzburg and started its deliberations on June 30th.

(17) NEW OFFICE BUILDINGS.

On the 22nd of June the Hon. J.H. Hofmeyr, M.P., Minister for Public Health, opened the new building of the Department at 328, Longmarket Street in the presence of His Honour the Administrator and a large and distinguished company of burgesses. Mrs Councillor Shirley, Chairman of the Public Health Committee, welcomed the Minister and gave an account of the aims and of the work of the Department.

In declaring the building open, the Minister congratulated the Municipality on the advances made by the Department. He referred especially to the steps taken to bring health education to the non-European section of the population.

The new premises, which were designed by the City Engineer's Department, include a spacious Laboratory, store-rooms, fumigating chamber, disinfecting station, garages, and Native quarters, as well as an adequate supply of pleasant offices. The whole forms a most impressive and business-like centre for the work of the Public Health Department.

(18) STAFF.

Your Medical Officer of Health visited England and the United States of America for the purpose of studying tuberculosis control and non-European health education in those countries, returning to duty on November 6th.

In June the Medical Officer of Health was appointed M.O.H. to BENONI and will leave to take up his duties there early in July.

The M.O.H. attended the Slums Conference in January and the S.A. Health Conference in February in Cape Town.

Stockyard Foreman H.M. BLACK retired on the 31st December and C.H. CROUCH was appointed in his place on February 1st.

Nurse...../

(13) STAFF Cont'd.

Nurse Leah YEMI retired on 30th June, 1935, and Nurse Virginia N'CAMU took her place as Native Nurse and Midwife.

Native Health Assistant ENOCH NYAMANDE was appointed Health Inspector to the ALEXANDRA NATIVE TOWNSHIP and left on May 31st. JOHNSON MAGWAZA, previously trained in this Department, took his place.

Inspector J.G. BIGLEY was promoted to the rank of Senior Inspector, Grade I, on August 1st, 1935, and Inspector V.F. WOODIWISS was promoted to Grade II, on 1st January, 1936.

The Staff of the Department on June 30th, 1936, was :-

ADMINISTRATIVE and OFFICE.

Medical Officer of Health: Dr. C.C.P. ANNING, M.A., M.R.C.S.,
D.P.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 G. MCINTOSH.
Native Health Assistants : J. MAGWAZA and R. NKABINDE.

MATERNITY and CHILD WELFARE.

Medical Officer : The Asst. Medical Officer of Health.
Medical Officer for Ante-Natal Clinics (part-time) Dr. JANET KELLY, M.B., 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 VIRGINIA N'CAMU.

ISOLATION HOSPITAL...../

(11) STAFF, CONT'D.

James V. WOOD, M.D., retired on June 30, 1935, after having been in the service of the Department for 15 years.

Native Health Assistant, JAMES W. WOOD, M.D., was appointed Health Inspector for the ALABAMA NATIVE HEALTH SERVICE in 1935. He was previously employed in the Department, and his place was filled by JAMES W. WOOD, M.D., on June 30, 1935.

Inspector J. B. BERRY was promoted to the rank of Senior Inspector, Grade I, on August 1, 1935, and Inspector V. E. WOOD was promoted to Grade II, on January 1, 1936.

The staff of the Department on June 30, 1935, was as follows:

ADMINISTRATIVE AND OFFICE

Medical Officer of Health: Dr. C. C. BERRY, M.D., M.P.H.

Asst. Medical Officer of Health: Dr. J. B. BERRY, M.D., M.P.H.

Chief Clerk: Mrs. E. A. WATSON, C.P.A.

Junior Clerk: C. E. BERRY

Typist: Mrs. E. A. WATSON

One Native Messenger

INSPECTORIAL

Senior Health Inspector: J. B. BERRY, M.D., M.P.H.

Health Inspector: V. E. WOOD, M.D., M.P.H.

Health Inspector: C. E. BERRY, M.D., M.P.H.

Health Inspector (part-time): J. B. BERRY, M.D., M.P.H.

Student & Research Inspector: J. B. BERRY, M.D., M.P.H.

Health Inspector: J. B. BERRY, M.D., M.P.H.

One Indian Registration Assistant

VENEREOUS DISEASE AND TUBERCULOSIS CLINIC

Medical Officer: Dr. C. C. BERRY, M.D., M.P.H.

Health Visitor (part-time): Miss G. BERRY

Health Visitor: Miss G. BERRY

European Clinic (part-time): J. B. BERRY, M.D., M.P.H.

Native Health Assistant: J. B. BERRY, M.D., M.P.H.

MATERNITY AND CHILD WELFARE

Medical Officer: Dr. C. C. BERRY, M.D., M.P.H.

Medical Officer for Ante-natal and Post-natal: Dr. J. B. BERRY, M.D., M.P.H.

Senior Health Visitor: Miss G. BERRY

Health Visitor: Miss G. BERRY

Health Visitor: Miss G. BERRY

Native Nurses and Midwives: J. B. BERRY, M.D., M.P.H.

(18) STAFF Cont'd.

ISOLATION HOSPITAL.

Matron. ... : Miss G.M. HUTCHINSON.
Staff Nurse.. ... : Sister K.S.R. Higgins.
Probationer Nurse . : Nurse P. SHEEN.
4 Native domestic servants.
1 Native Night Watchman.

EPIDEMIC HOSPITAL.

Caretaker : J. M. McINTOSH.
Housekeeper : Mrs. J.M. McINTOSH.
One Native 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 ... C.H. CROUCH.

One Indian Boiler Attendant and Ten
Native Labourers.

.....
.....
.....
.....
.....

STAFF CONT'D

ISOLATION HOSPITAL

Matron: Miss G.M. HUNTERSON
 Staff Nurse: Sister K.S.L. HAYES
 Probationer Nurse: Nurse P. SMITH
 4 Native domestic servants
 1 Native Night Watchman

RESIDENT HOSPITAL

Caretaker: J.M. HEINER
 Housekeeper: Mrs. J.M. HEINER
 One Native Orderly

MEDICAL EXAMINATION OF NATIVES

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

ABATTOIR

Manager: G.B. LUTHER, Cert. R.S.
 Assistant to Manager (part-time): G.A. HARTMAN, Cert.
 Stockyard Foreman: E.H. CHURCH
 One Indian Boyler Assistant and Ten Native Labourers

.....

HOUSING.

Little advance was made during the year to remove from the Borough those insanitary dwellings, occupied almost entirely by non-Europeans, from which in the City East and Camp Drift Areas particularly, most of the infectious disease in the district arises and is allowed to fester.

A scheme was completed in co-operation with the City Engineer to provide new dwellings for those who are at present living in the slum properties listed and reported upon last year. The scheme is receiving the consideration of Council.

During the year 14 rooms were condemned and demolished after action under the Borough By-Laws.

All plans of new buildings, and of alterations and additions to existing buildings, were scrutinised by the Department.

The Municipal Native Village, housing only some 1,100 out of the 13,000 Natives resident in the Borough, holds pride of place as one of the best locations in South Africa.

.....
.....
...
.

HOUSING

Little advance was made during the year to meet on the Borough those temporary dwellings occupied almost solely by non-Britishers, from which the City, East and Central Areas particularly, most of the temporary dwellings in the district areas and is allowed to last.

A scheme was completed in co-operation with the by London to provide new dwellings for those who are at present living in the same properties listed and reported upon at year. The scheme is involving the construction of 100

During the year 14 rooms were constructed and finished after action under the Housing By-Laws.

All plans of new buildings, and of alterations to existing buildings, were submitted by the

The Municipal Housing Committee, housing only 100 out of the 10,000 houses required in the Borough, and of place as one of the best locations in South Africa.

DEATHS

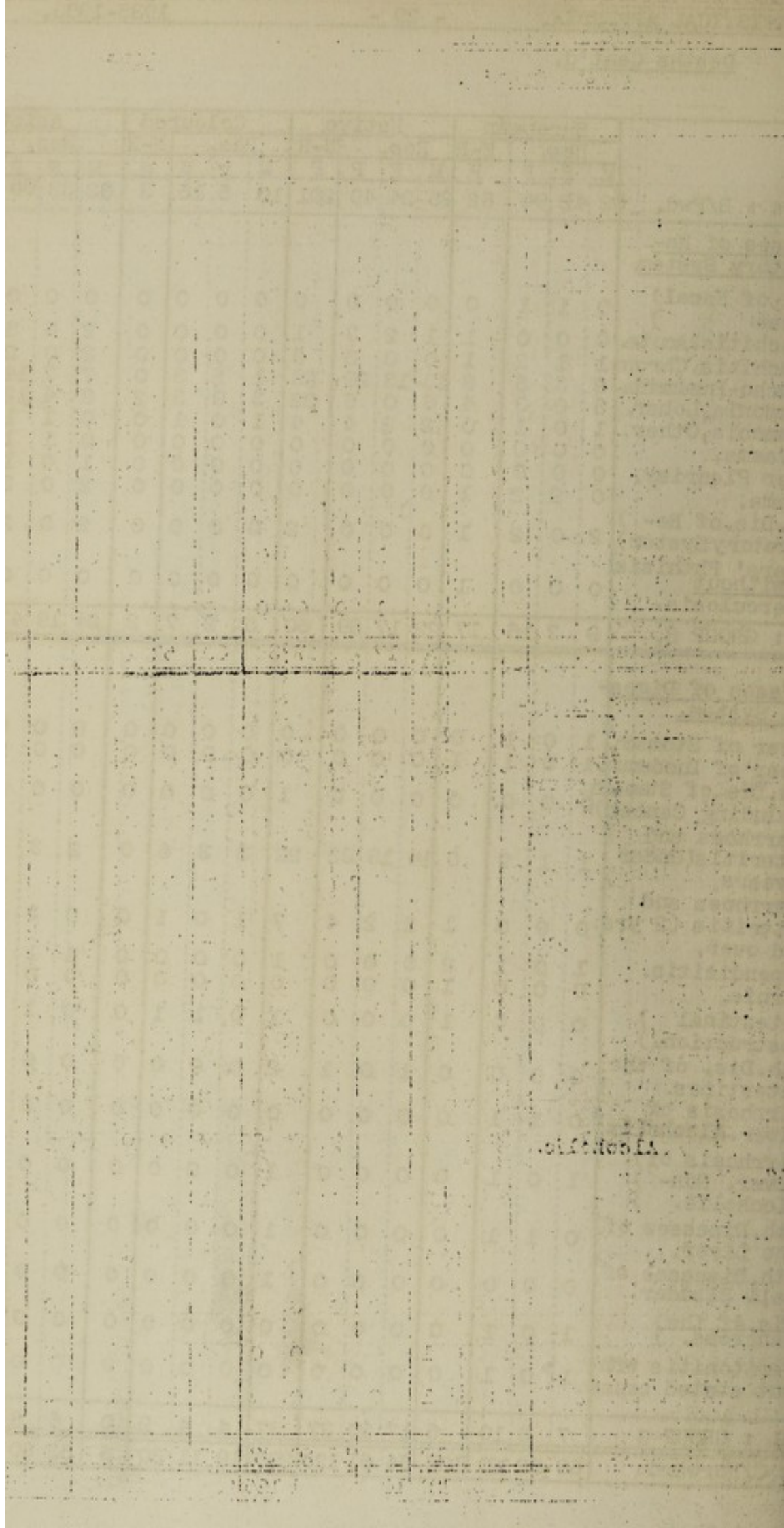
	European				Native				Coloured				Asiatic			
	Res:			N-R	Res:			N-R	Res:			N-R	Res:			N-R
	M	F	P	P	M	F	P	P	M	F	P	P	M	F	P	P
(1) Infectious and Parasitic Diseases																
001. Enteric Fever.	1	0	1	1	0	0	0	9	0	1	1	0	1	0	1	2
003. Typhus Fever.	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
009. Scarlet Fever.	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
010. Whooping Cough.	1	0	1	0	1	3	4	1	0	0	0	0	1	1	2	0
011. Diphtheria.	0	0	0	0	0	0	0	5	0	0	0	0	0	1	1	0
012. Influenza (with Pulm. Complications)	7	3	10	3	2	1	3	1	1	0	1	0	7	2	9	2
013. Influenza (without Pulm. Complications.)	1	1	2	0	1	1	2	2	0	0	0	0	2	2	4	3
015. Dysentery. Amoebic	0	0	0	1	3	2	5	19	0	0	0	0	0	0	0	0
022. Erysipelas (non-puerperal)	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
025. Men. Cerebro-Spinal Meningitis	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
029. Tetanus.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
030. Tuberculosis. Respiratory System	1	1	2	0	9	5	14	72	3	0	3	0	5	7	12	9
031. Tuberculosis: Nervous System	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0
032. Tuberculosis: Intestines	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0
033. Tuberculosis: Vertebral Column	0	1	1	0	0	0	0	0	0	0	0	0	0	1	1	0
034. Tuberculosis: Other Bones & Joints	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
036. Tuberculosis. Lymphatic System	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
037. Tuberculosis: Genito-Urinary System	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0
039. Ac. Disseminated Tuberculosis	0	0	0	0	0	1	1	2	0	0	0	0	0	0	0	0
040. Ch. Disseminated Tuberculosis	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
042. Syphilis.	0	0	0	1	4	1	5	12	2	0	2	0	0	1	1	0
045. Septicaemia. (non-puerperal)	0	1	1	0	0	0	0	1	1	0	1	0	1	0	1	0
TOTAL, GROUP 1.	11	8	19	10	20	15	35	130	7	1	8	0	17	16	33	16
(2) Malignant and Other Tumours.																
100. Cancer: Buccal Cavity & Pharynx	1	0	1	1	0	0	0	0	0	0	0	1	0	0	0	0
101. Cancer: Digestive Organs	7	6	13	9	0	0	0	2	0	1	1	0	1	0	1	2
102. Cancer: Respiratory Organs	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
103. Cancer: Uterus	0	2	2	2	0	0	0	1	0	0	0	0	0	1	1	0
104. Cancer: Oth. Fem. Genital Organs	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0
106. Cancer: Breast	0	2	2	0	0	0	0	2	0	0	0	0	0	0	0	0
107. Cancer: Male Gen. Urinary Organs	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
108. Cancer: Skin	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0
109. Cancer: Oth. Organs	1	0	1	0	0	0	0	1	1	0	1	0	0	0	0	0
120. Non-Mal. Tumours: Fem. Gen. Organs	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
121. Non-Mal. Tumours: Other Sites	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
122. Tumours of Undetermined Nature	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0
TOTAL, GROUP 2.	10	13	23	14	0	1	1	9	1	1	2	1	1	1	2	2
TOTALS C/FORWARD:	21	21	42	24	20	16	36	139	8	2	10	1	18	17	35	18

Deaths Cont's.

	European				Native				Coloured				Asiatic			
	Res.			N-R	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/Fwd.	21	21	42	24	20	16	36	139	8	2	10	1	18	17	35	18
5) Rheumatism, Dis. of Nutrition etc.																
49. Rheumatic Fever	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0
50. Rheumatic Fever: Affections of Heart	1	1	2	1	0	0	0	2	0	0	0	0	0	0	0	0
53. Diabetes.	2	2	4	3	0	0	0	0	0	0	0	0	4	1	5	0
56. Pellagra.	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0
61. Exophthalmic Goitre	1	0	1	0	0	0	0	2	0	0	0	0	0	0	0	0
64. Other Diseases of Thyroid & Para-Thyroid Glands	0	1	1	0	0	0	0	0	0	1	1	0	0	0	0	0
TOTAL: GROUP 3.	4	4	8	4	0	0	0	6	1	1	2	0	4	1	5	0
4) Diseases of Blood etc.																
203. Oth. Anaemias & Chlorosis	0	0	0	0	0	0	0	1	1	0	1	0	0	0	0	0
205 Lymphadenoma.	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL: GROUP 4.	2	0	2	0	0	0	0	1	1	0	1	0	0	0	0	0
6) Diseases of the Nervous System.																
301. Simple Meningitis	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0
302. Locomotor Ataxia	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
304. Cerebral Haemorrhage (Apoplexy.)	4	5	9	7	0	0	0	2	0	0	0	0	3	2	5	3
305. Cerebral Embolism	0	1	1	1	0	0	0	0	0	0	0	0	1	0	1	0
306. Hemiplegia.	1	0	1	0	0	1	1	1	0	0	0	0	0	0	0	0
308. Gen. Paralysis of the Insane	0	0	0	2	1	0	1	10	0	0	0	1	0	0	0	0
309. Other Forms of Insanity	0	0	0	1	0	0	0	4	0	0	0	0	0	0	0	0
310. Epilepsy.	1	0	1	4	1	0	1	3	0	0	0	0	0	0	0	0
313. Oth. Diseases of Nervous System	1	0	1	3	0	0	0	1	0	0	0	0	0	0	0	0
315. Dis. of Ear and Mastoid.	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0
TOTAL: GROUP 6.	7	6	13	20	2	1	3	26	0	0	0	1	4	2	6	3
7) Diseases of Circulatory System.																
351. Ac. Endocarditis	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0
352. Ch. Endocarditis & Valvular Dis.	1	4	5	4	0	2	2	10	0	1	1	0	0	2	2	1
353. Ac. Myocarditis	1	2	3	3	0	0	0	3	0	0	0	0	0	0	0	0
354. Fatty Heart.	2	1	3	2	0	0	0	1	0	0	0	0	0	0	0	0
355. Oth. Diseases of Myocardium	1	2	3	5	0	3	3	4	0	1	1	1	1	4	5	2
356. Angina Pectoris	6	0	6	9	0	0	0	2	0	0	0	0	0	1	1	1
357. Oth. Dis. of Heart	3	0	3	2	2	2	4	5	0	0	0	0	3	6	9	0
358. Aneurysm.	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
359. Arterio-Sclerosis	3	1	4	8	1	0	1	3	0	0	0	0	1	0	1	0
362. Other Dis. of Arteries	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
363. Dis. of Veins.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
365. Abnormalities of Blood Pressure	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL: GROUP 7.	18	11	29	34	3	7	10	29	0	2	2	1	6	13	19	4
TOTALS C/FORWARD	52	42	94	82	25	24	49	201	10	5	15	3	32	33	65	25

Deaths Cont'd.

	European				Native				Coloured				Asiatic			
	Res.			N-R	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/Fwd.	52	42	94	82	25	24	49	201	10	5	15	3	32	33	65	25
<u>Diseases of Re- spiratory System.</u>																
10. Dis. of Nasal) Fossae.)	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Bronchitis. Acute.	0	0	0	1	1	2	3	1	0	0	0	0	2	6	3	0
13. Bronchitis. Chron.	1	1	2	1	0	0	0	3	0	0	0	0	2	0	2	3
14. Broncho-Pneumonia.	2	3	5	8	13	13	26	23	1	2	3	0	7	7	14	5
15. Pneumonia, Lobar.	3	0	3	4	6	0	6	22	3	0	3	2	8	4	12	10
16. Pneumonia, Other.	1	0	1	0	2	2	4	4	1	0	1	0	0	1	1	2
17. Empyema.	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0
18. Other Pleurisy.	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0
19. Asthma.	0	2	2	1	0	0	0	0	0	0	0	0	2	0	2	0
20. Oth. Dis. of Re-) spiratory System)	2	0	2	1	0	0	0	2	0	0	0	0	2	0	2	0
21. Miners' Phthisis) without) Tuberculosis.)	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL : GROUP 8.	9	7	16	17	22	17	39	60	5	2	7	2	24	19	43	20
<u>Diseases of Dige- stive System.</u>																
53. Ulcer of Stomach.	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
54. Ulcer of Duodenum.	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
55. Oth. Dis. of Stomach) excluding Cancer)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
56. Diarrhoea and) Enteritis (Under) 2 years.)	1	1	2	0	14	18	32	22	3	3	6	0	2	3	5	3
57. Diarrhoea and) Enteritis (2 yrs.) and over.)	0	0	0	1	2	2	4	7	1	0	1	0	3	3	6	2
58. Appendicitis.	1	0	1	2	0	0	0	1	0	0	0	0	1	1	2	0
59. Hernia.	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
60. Intestinal) Obstruction.)	0	0	0	1	0	0	0	1	0	1	1	0	0	1	1	0
61. Oth. Dis. of the) Intestines.)	0	0	0	0	1	0	1	2	0	0	0	0	0	0	0	0
62. Cirrhosis of) Liver. Alcoholic.)	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
63. Cirrhosis of) Liver. Non-) Alcoholic.)	1	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0
65. Oth. Diseases of) the Liver.)	0	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0
67. Oth. Diseases of) Gall Bladder.)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
68. Dis. of the) Pancreas.)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
69. Peritonitis with- out stated cause.	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL : GROUP 9	7	3	10	6	17	20	37	37	4	4	8	0	6	3	14	6
Totals C/Forward	68	52	120	105	64	61	125	298	19	11	30	5	62	60	122	51



Deaths Cont'd.

	European				Native				Coloured				Asiatic			
	Res.		N-R		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	68	52	120	105	64	61	125	298	19	11	30	5	62	60	122	51
1) <u>Non-V. Disease of Genito-Urinary System.</u>																
0. Ac. Nephritis.	0	0	0	0	1	2	3	1	0	0	0	0	1	0	1	0
1. Chr. Nephritis.	8	5	13	5	0	1	1	2	0	1	1	0	1	0	1	0
2. Undefined "	0	0	0	0	1	0	1	2	0	0	0	0	0	0	0	0
3. Oth. Disease of Kidneys	0	1	1	2	0	1	1	1	0	0	0	0	0	1	1	0
7. Dis. of Prostate	2	0	2	2	0	0	0	2	0	0	0	0	0	0	0	0
3. Oth. Dis. of Female Genital Organs	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0
TOTAL : GROUP 10.	10	6	16	9	2	5	7	8	0	1	1	0	2	1	3	0
2) <u>Diseases of Pregnancy etc.</u>																
3. Oth. Accidents of Pregnancy.)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
4. Puerperal Haemorrhage.)	0	0	0	0	0	0	0	2	0	0	0	0	0	1	1	0
5. Puerperal Sepsis	0	0	0	0	0	1	1	2	0	0	0	0	0	0	0	1
6. Puerperal Albuminuria and Convulsions.)	0	0	0	1	0	1	1	0	0	0	0	0	0	0	0	1
7. Oth. Toxaemias of Pregnancy.	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0
9. Oth. Accidents of Childbirth.)	0	0	0	0	0	2	2	5	0	0	0	0	0	0	0	0
10. Oth. or Unspecified Conditions Puerperal State.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
TOTAL : GROUP 11.	0	0	0	1	0	5	5	11	0	0	0	0	0	1	1	2
3) <u>Diseases of the Skin, etc.</u>																
0. Carbuncle.	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0
1. Cellulitis.	0	0	0	0	1	0	1	4	0	0	0	0	2	0	2	0
2. Oth. Diseases of the Skin.)	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0
TOTAL : GROUP 12.	0	0	0	2	1	1	2	4	0	0	0	0	2	0	2	0
4) <u>Diseases of Bones etc.</u>																
0. Ac. Infective Osteomyelitis)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
1. Oth. Diseases of Bones .)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
2. Disease of the Joints.)	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL : GROUP 13.	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	1
Totals : C/Forward	78	58	136	118	67	72	139	322	19	12	31	5	66	62	123	54

Deaths Cont'd.

	European				Native				Coloured				Asiatic			
	Res.		N-R		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.	73	58	136	118	67	72	139	322	19	12	31	5	66	62	128	54
4) Congenital Malformations.																
50. Congenital Hydrocephalus.)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
53. Oth. Congenital Malformations.)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
TOTAL: GROUP 14	1	0	1	0	0	0	0	1	0	0	0	0	0	0	0	1
5) Diseases of Early Infancy.																
50. Congenital Debility.)	0	0	0	0	1	5	6	9	0	1	1	1	2	0	2	3
51. Premature Birth	0	3	3	1	7	2	9	6	1	0	1	0	0	2	2	1
52. Injury at Birth	0	0	0	0	1	1	2	1	0	0	0	0	0	0	0	0
53. Oth. Diseases	1	0	1	0	4	1	5	4	0	0	0	0	1	3	4	0
TOTAL: GROUP 15.	1	3	4	1	13	9	22	20	1	1	2	1	3	5	8	4
6) Old Age.																
60. Old Age.	3	9	17	19	0	0	0	6	1	1	2	0	3	1	4	1
TOTAL: GROUP 16.	3	9	17	19	0	0	0	6	1	1	2	0	3	1	4	1
7) Deaths from Violence.																
50. Suicide by Poisoning.)	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
53. Suicide by Drowning.)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
54. Suicide by Firearms.)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
55. Suicide by Cutting or piercing instruments.)	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0
60. Homicide by Firearms.)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
61. Homicide by Cutting or piercing instruments.)	0	0	0	0	1	0	1	4	0	0	0	0	0	0	0	0
62. Homicide by Oth. Means.	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0
68. Accid. Burns.	2	0	2	1	1	0	1	7	1	0	1	0	1	1	2	1
69. Accid. Mechanical suffocation.	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0
70. Acc. Drowning.	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
71. " Injury by Firearms.)	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
76. " Injury by Railways.)	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0
77. " Injury by Motor vehicle	1	2	3	0	3	0	3	4	1	0	1	0	0	0	0	0
Carried Forward.	6	2	8	5	6	1	7	19	2	0	2	0	1	1	2	2
TOTALS : C/Forward.	88	70	158	138	80	81	161	349	21	14	35	6	72	68	140	60

Deaths Cont'd.

	European				Native				Coloured				Asiatic			
	Res.		N-R		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	88	70	158	138	80	81	161	349	21	14	35	6	72	68	140	60
Deaths from Violence Cont'd.																
B/Forward.	6	2	8	5	6	1	7	19	2	0	2	0	1	1	2	2
1. Accid. injury by Motor Cycle.	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Accid. injury by Animal-drawn vehicles.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
3. Accid. injury by Oth. Land Trans- port.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
4. Accid. injury by Oth. Crushing.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
5. Accid. injury by fall.	2	0	2	2	1	0	1	3	0	0	0	0	1	0	1	0
6. Hunger & Thirst.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
7. Oth. Accidental Violence.	0	0	0	0	1	0	1	1	0	0	0	0	0	0	0	0
8. Violent Deaths of Unstated Nature (open Verdict.)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
9. Judicial Exec- ution.)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
TOTAL: (GROUP 17.)	9	2	11	7	8	1	9	29	2	0	2	0	2	1	3	2
10. Ill-Defined Diseases.																
11. Sudden Death.	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Cause of Death) Unstated or Ill- Defined.)	0	0	0	1	0	0	0	3	1	0	1	0	1	1	2	1
TOTAL: GROUP 18.	0	1	1	1	0	0	0	3	1	0	1	0	1	1	2	1
TOTAL :	97	73	170	146	88	82	170	381	24	14	38	6	75	70	145	63

INFANTILE MORTALITYRESIDENTS:

	European			Native			Coloured			Asiatic			All Non-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
During 1st Week.	1	3	4	12	7	19	2	0	2	0	2	2	14	9	23
Rest of 1st Month.	1	0	1	4	6	10	1	0	1	4	0	4	9	6	15
2nd to 6th Months.	1	1	2	10	9	19	4	2	6	3	8	11	17	19	36
7th to 12th Months.	0	1	1	6	11	17	3	1	4	6	6	12	15	18	33
Total:	3	5	8	32	33	65	10	3	13	13	16	29	55	52	107

INFANTILE MORTALITY RATE

(DEATHS PER 1000 BIRTHS)

	European	Native	Coloured	Asiatic
1st Week.	11.2	-	25.0	7.9
Rest of 1st Month.	2.8	-	12.5	15.8
2nd to 6th Months.	5.6	-	75.2	43.3
7th to 12th Months.	2.8	-	50.1	47.3
Inf.Mortality Rate:	22.4	-	162.8	114.3

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

PERCENTAGE OF DEATHS AT ALL AGESOCCURRING IN THE FIRST YEAR OF LIFE

European	:	4.7%
Native	:	38.2%
Coloured	:	34.2%
Asiatic	:	20.0%
All Non-European	:	30.3%
All Races	:	21.9%

INFANTILE DEATHS FROM VARIOUS CAUSES EXPRESSEDAS A PERCENTAGE OF ALL INFANTILE DEATHS.

	European	Native	Coloured	Asiatic	All Non-Eur:
Epidemic Diseases.	12.5%	4.6%	0.0%	13.8%	6.6%
Tuberculosis.	0.0	0.0	0.0	0.0	0.0
Syphilis.	0.0	4.6	15.4	0.0	4.7
Inf. Convulsions.	0.0	0.0	0.0	0.0	0.0
Respiratory Dis.	25.0	21.5	30.8	41.4	28.0
Gastro-Intest. Dis.	0.0	27.7	38.4	13.8	25.2
Malformations.	12.5	0.0	0.0	0.0	0.0
Congenital Debility.	0.0	7.7	7.7	6.9	7.5
Premature Birth.	37.5	17.1	7.7	6.9	13.0
Injury at Birth.	0.0	3.0	0.0	0.0	1.9
Dis. of Early Infancy.	12.5	6.1	0.0	13.8	7.5
Other Causes.	0.0	7.7	0.0	3.4	5.6
	100.0	100.0	100.0	100.0	100.0

INFANTILE MORTALITYCAUSES OF DEATHRESIDENTS

	European			Native			Coloured			Asiatic			All Non-Eur.		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Whooping Cough.	1	0	1	0	2	2	0	0	0	1	0	1	1	2	3
Diphtheria.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Influenza with pulm. complications)	0	0	0	0	1	1	0	0	0	1	2	3	1	3	4
Syphilis.	0	0	0	2	1	3	2	0	2	0	0	0	4	1	5
Simple Meningitis.	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
Bronchitis - Acute.	0	0	0	1	2	3	0	0	0	0	2	2	1	4	5
Broncho-pneumonia.	0	2	2	5	5	10	1	1	2	2	2	4	8	8	16
Pneumonia - Lobar.	0	0	0	0	0	0	2	0	2	2	2	4	4	2	6
Pneumonia-Undefined.	0	0	0	1	0	1	0	0	0	0	1	1	1	1	2
Oth.Dis.of Respiratory System.)	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1
Diarrhoea and Enteritis (Under 2 years.))	0	0	0	8	10	18	4	1	5	2	2	4	14	13	27
Nephritis-Acute	0	0	0	1	2	3	0	0	0	0	0	0	1	2	3
Cellulitis-acute) abscess.)	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1
Oth.Dis.of Skin.	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1
Oth.Congenital) Malformations.)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Congenital Debility.)	0	0	0	0	5	5	0	1	1	2	0	2	2	6	8
Premature Birth.	0	3	3	8	3	11	1	0	1	0	2	2	9	5	14
Injury at Birth.	0	0	0	1	1	2	0	0	0	0	0	0	1	1	2
Oth.Diseases) peculiar to) Early Infancy)	1	0	1	4	0	4	0	0	0	1	3	4	5	3	8
Total:	3	5	8	32	33	65	10	3	13	13	16	29	55	52	107

ENTERIC FEVERDEATHS IN MONTHS OF THE YEAR

(1) RESIDENTS

	Eur:			Nat:			Col:			As:			All Non-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
August	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
September	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
October	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	1	0	1	0	0	0	0	1	1	1	0	1	1	1	2
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	0	0	0	0	0	0
Total:	1	0	1	0	0	0	0	1	1	1	0	1	1	1	2

DEATH RATES PER THOUSAND LIVING

European	: 0.05)			
Native	: 0.00)			
Coloured	: 0.46)	All Persons	: 0.06	
Asiatic	: 0.12)			
All Non-European	: 0.08)			

(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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
August	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
September	0	0	0	2	1	3	0	0	0	0	0	0	2	1	3
October	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
November	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1
December	0	1	1	1	0	1	0	0	0	0	0	0	1	0	1
January	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
February	0	0	0	0	2	2	0	0	0	0	0	0	0	2	2
March	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
April	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1
May	0	0	0	0	1	1	0	0	0	0	1	1	0	2	2
June	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total:	0	1	1	4	5	9	0	0	0	0	2	2	4	7	11

DEATHS IN MONTHS OF THE YEAR
WHITE PEOPLE

MONTHS												YEARS												TOTAL											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926												1925											
1927												1926																							

PULMONARY TUBERCULOSISDEATHS IN MONTHS OF THE YEAR.

(1) RESIDENTS.

	Eur:			Nat:			Col:			As:			All Non-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July	0	1	1	1	0	1	0	0	0	2	2	4	3	2	5
August	1	0	1	0	0	0	0	0	0	1	2	3	1	2	3
September	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
October	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
November	0	0	0	1	1	2	2	0	2	0	1	1	3	2	5
December	0	0	0	2	2	4	0	0	0	1	1	2	3	3	6
January	0	0	0	0	0	0	1	0	1	0	1	1	1	1	2
February	0	0	0	1	1	2	0	0	0	0	0	0	1	1	2
March	0	0	0	1	1	2	0	0	0	0	0	0	1	1	2
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	3	0	3	0	0	0	1	0	1	4	0	4
Total:	1	1	2	9	5	14	3	0	3	5	7	12	17	12	29

DEATH RATES PER THOUSAND LIVING

European	:	0.09)	
Native	:	1.06)	
Coloured	:	1.38	)	All Persons : 0.69
Asiatic	:	1.4)	
All Non-European	:	1.21)	

(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	0	0	0	5	1	6	0	0	0	1	1	2	6	2	8
August	0	0	0	3	0	3	0	0	0	0	0	0	3	0	3
September	0	0	0	7	0	7	0	0	0	2	0	2	9	0	9
October	0	0	0	8	1	9	0	0	0	0	0	0	8	1	9
November	0	0	0	5	1	6	0	0	0	0	1	1	5	2	7
December	0	0	0	9	3	12	0	0	0	1	0	1	10	3	13
January	0	0	0	2	4	6	0	0	0	1	0	1	3	4	7
February	0	0	0	2	2	4	0	0	0	0	0	0	2	2	4
March	0	0	0	3	2	5	0	0	0	0	0	0	3	2	5
April	0	0	0	6	1	7	0	0	0	0	0	0	6	1	7
May	0	0	0	6	0	6	0	0	0	0	0	0	6	0	6
June	0	0	0	1	0	1	0	0	0	1	1	2	2	1	3
Total:	0	0	0	57	15	72	0	0	0	6	3	9	63	18	81

PULMONARY TUBERCULOSIS Cont'd.DEATHS OF RESIDENTS IN AGE GROUPS

	Eur:			Nat:			Col:			As:			All Non-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Under 1 year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1 year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2-4 yrs.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5-14 "	0	0	0	1	1	2	0	0	0	0	0	0	1	1	2
15-24 "	0	0	0	2	1	3	0	0	0	1	1	2	3	2	5
25-34 "	0	0	0	1	1	2	1	0	1	0	5	5	2	6	8
35-44 "	0	1	1	3	1	4	0	0	0	2	0	2	5	1	6
45-54 "	0	0	0	2	0	2	0	0	0	1	1	2	3	1	4
55-64 "	1	0	1	0	0	0	1	0	1	1	0	1	2	0	2
65-74 "	0	0	0	0	1	1	1	0	1	0	0	0	1	1	2
75-84 "	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
85 & Over.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total:	1	1	2	9	5	14	3	0	3	5	7	12	17	12	29

NON-PULMONARY TUBERCULOSIS:TOTAL OF DEATHS REGISTERED AMONG RESIDENTS

	Eur:			Nat:			Col:			As:			All Non-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Of Central Nervous System.)	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1
" Intestines & Peritoneum.)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
" Vertebral Column.)	0	1	1	0	0	0	0	0	0	0	1	1	0	1	1
" Genito-Urinary System.)	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1
" Acute Disseminated T.B.)	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1
" Chronic Disseminated T.B.)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total:	0	1	1	0	2	2	0	0	0	0	2	2	0	4	4

DEATH RATES PER 1000 LIVING

European	:	0.05)	
Native	:	0.15)	
Coloured	:	0.00	)	All Persons : 0.11
Asiatic	:	0.23)	
All Non-European	:	0.16)	

C A N C E RDEATHS IN AGE GROUPS

RESIDENTS

	Eur:			Nat:			Col:			As:			All Non-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Under 1 year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1 year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2-4 yrs.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5-14 "	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15-24 "	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-34 "	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35-44 "	2	1	3	0	0	0	0	0	0	0	1	1	0	1	1
45-54 "	0	4	4	0	0	0	1	0	1	1	0	1	2	0	2
55-64 "	2	2	4	0	0	0	0	0	0	0	0	0	0	0	0
65-74 "	1	3	4	0	0	0	0	1	1	0	0	0	0	1	1
75-84 "	5	2	7	0	0	0	0	0	0	0	0	0	0	0	0
85 & Over	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total:	10	12	22	0	0	0	1	1	2	1	1	2	2	2	4

DEATH RATES PER 1000 LIVING

European Males : 1.03 : Females : 1.08 : Persons : 1.06

Native : 0.00

Coloured : 0.9

Asiatic : 0.23

All Non-European : 0.16

FORMS OF CANCER CAUSING DEATH

	Eur:			Nat:			Col:			As:			All Non-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Buccal Cavity.	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Digestive Organs	7	6	13	0	0	0	0	1	1	1	0	1	1	1	2
Uterus.	0	2	2	0	0	0	0	0	0	0	1	1	0	1	1
Oth. Female) Gen. Organs)	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0
Breast.	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0
Male Gen. Ur.) Organs.)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Other or Un-) specified Organs)	1	0	1	0	0	0	1	0	1	0	0	0	1	0	1
Total:	10	12	22	0	0	0	1	1	2	1	1	2	2	2	4

PERCENTAGE OF ALL DEATHS FROM CANCER
IN FOUR AGE GROUPS

Age Group	European			Non-European		
	M	F	P	M	F	P
0 - 24	0	0	0	0	0	0
25 - 44	20	8.3	14	0	50	25
45 - 64	20	50.0	36	100	0	50
65 & Over	60	41.7	50	0	50	25
	100	100.0	100	100	100	100

CANCER Cont'd.FORMS OF CANCER CAUSING DEATHGIVEN IN AGE GROUPSRESIDENTS ONLY

	0 - 24				25 - 44				45 - 64				65 & Over			
	Eur:		N-Eur.		Eur:		N-Eur.		Eur:		N-Eur.		Eur:		N-Eur.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
<u>Digestive Organs:</u>																
Pharynx	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Oesophagus	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Stomach	0	0	0	0	0	0	0	0	0	1	1	0	3	1	0	0
Duodenum	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Colon	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	1
Pancreas	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Liver	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
	0	0	0	0	1	0	0	0	1	3	1	0	5	2	0	1
<u>Female Genital Organs:</u>																
Uterus	0	0	0	0	0	1	0	1	0	1	0	0	0	0	0	0
Vulva	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Ovary	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
	0	0	0	0	0	1	0	1	0	1	0	0	0	2	0	0
<u>Male Genito-Urinary Organs:</u>																
Urinary Bladder	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Gall Bladder.	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0
<u>Other:</u>																
Breast	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0
Pectum	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
Gland in)	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Groin.)																
	0	0	0	0	0	0	0	0	0	2	1	0	1	1	0	0
TOTAL :	0	0	0	0	2	1	0	1	2	6	2	0	6	5	0	1

DEATHS DUE TO

BRONCHITIS AND PNEUMONIARESIDENTS

	EUR:			NAT:			COL:			AS:			ALL NON-EUR:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July	2	1	3	4	2	6	0	0	0	3	7	10	7	9	16
August	0	0	0	3	1	4	1	0	1	2	3	5	6	4	10
September	0	0	0	1	0	1	0	0	0	0	2	2	1	2	3
October	0	0	0	0	0	0	1	0	1	1	0	1	2	0	2
November	1	1	2	0	2	2	0	0	0	0	0	0	0	2	2
December	0	0	0	2	4	6	1	1	2	2	1	3	5	6	11
January	0	1	1	3	1	4	0	0	0	1	1	2	4	2	6
February	1	0	1	0	1	1	0	0	0	1	1	2	1	2	3
March	0	0	0	2	2	4	0	0	0	3	2	5	5	4	9
April	1	0	1	1	3	4	1	0	1	1	0	1	3	3	6
May	1	0	1	4	1	5	1	0	1	3	1	4	8	2	10
June	1	1	2	2	0	2	0	1	1	2	0	2	4	1	5
Total:	7	4	11	22	17	39	5	2	7	19	13	37	46	37	83

Bronchitis	1	1	2	1	2	3	0	0	0	4	6	10	5	8	13
Pneumonia	6	3	9	21	15	36	5	2	7	15	12	27	41	29	70
Total:	7	4	11	22	17	39	5	2	7	19	13	37	46	37	83

DEATHS PER THOUSAND LIVINGBRONCHITIS

European : 0.09)
 Native : 0.22)
 Coloured : 0.00) All
 Asiatic : 1.16) Persons: 0.34
 All Non-Eur: : 0.54)

PNEUMONIA

European : 0.43)
 Native : 2.7)
 Coloured : 3.2) All
 Asiatic : 3.14) Persons: 1.79
 All Non-Eur: : 2.9)

BRONCHITIS AND PNEUMONIA
DEATHS PER 100,000 LIVING

RESIDENTS

	Males			Females			All		
	1952	1953	1954	1952	1953	1954	1952	1953	1954
Jan	1.1	1.0	1.0	1.1	1.0	1.0	1.1	1.0	1.0
Feb	1.1	1.0	1.0	1.1	1.0	1.0	1.1	1.0	1.0
Mar	1.1	1.0	1.0	1.1	1.0	1.0	1.1	1.0	1.0
Apr	1.1	1.0	1.0	1.1	1.0	1.0	1.1	1.0	1.0
May	1.1	1.0	1.0	1.1	1.0	1.0	1.1	1.0	1.0
Jun	1.1	1.0	1.0	1.1	1.0	1.0	1.1	1.0	1.0
Jul	1.1	1.0	1.0	1.1	1.0	1.0	1.1	1.0	1.0
Aug	1.1	1.0	1.0	1.1	1.0	1.0	1.1	1.0	1.0
Sep	1.1	1.0	1.0	1.1	1.0	1.0	1.1	1.0	1.0
Oct	1.1	1.0	1.0	1.1	1.0	1.0	1.1	1.0	1.0
Nov	1.1	1.0	1.0	1.1	1.0	1.0	1.1	1.0	1.0
Dec	1.1	1.0	1.0	1.1	1.0	1.0	1.1	1.0	1.0
Total	12.4	11.1	10.7	12.4	11.1	10.7	12.4	11.1	10.7

Non-Res: 0.84	Res: 1.16	Total: 1.00
Non-Res: 0.84	Res: 1.16	Total: 1.00
Non-Res: 0.84	Res: 1.16	Total: 1.00

BRONCHITIS AND PNEUMONIA

Non-Res: 0.84	Res: 1.16	Total: 1.00
Non-Res: 0.84	Res: 1.16	Total: 1.00
Non-Res: 0.84	Res: 1.16	Total: 1.00

DISEASES OF THE HEART

(Code Nos. 350-357).

DEATHS IN AGE GROUPS

	EUR:			NAT:			COL:			AS:			ALL NON-EUR:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Under 1 year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1 year	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
2-4 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5-14 years	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1
15-24 "	0	0	0	0	0	0	0	1	1	0	2	2	0	3	3
25-34 "	0	1	1	0	1	1	0	0	0	1	3	4	1	4	5
35-44 "	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-54 "	1	0	1	0	1	1	0	0	0	2	3	5	2	4	6
55-64 "	6	2	8	1	1	2	0	1	1	2	2	4	3	4	7
65-74 "	4	3	7	0	3	3	0	0	0	0	2	2	0	5	5
75-84 "	3	2	5	0	1	1	0	0	0	0	0	0	0	1	1
85 & Over.	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1
Total:	14	9	23	1	8	9	0	2	2	5	13	18	6	23	29

DEATH RATE PER 1000 LIVING

European	: 1.11)	
Native	: 0.68)	
Coloured	: 0.9)	
Asiatic	: 2.09)	
All Non-European	: 1.21)	
			All Persons : 1.12

DEATHS OF THE HEART

(CODE 100-100)

DEATHS IN THE GROUP

	AGE										ALL AGES
	1	2	3	4	5	6	7	8	9	10	
1 Year	0	0	0	0	0	0	0	0	0	0	0
2 Year	0	0	0	0	0	0	0	0	0	0	0
3 Year	0	0	0	0	0	0	0	0	0	0	0
4 Year	0	0	0	0	0	0	0	0	0	0	0
5 Year	0	0	0	0	0	0	0	0	0	0	0
6 Year	0	0	0	0	0	0	0	0	0	0	0
7 Year	0	0	0	0	0	0	0	0	0	0	0
8 Year	0	0	0	0	0	0	0	0	0	0	0
9 Year	0	0	0	0	0	0	0	0	0	0	0
10 Year	0	0	0	0	0	0	0	0	0	0	0
11 Year	0	0	0	0	0	0	0	0	0	0	0
12 Year	0	0	0	0	0	0	0	0	0	0	0
13 Year	0	0	0	0	0	0	0	0	0	0	0
14 Year	0	0	0	0	0	0	0	0	0	0	0
15 Year	0	0	0	0	0	0	0	0	0	0	0
16 Year	0	0	0	0	0	0	0	0	0	0	0
17 Year	0	0	0	0	0	0	0	0	0	0	0
18 Year	0	0	0	0	0	0	0	0	0	0	0
19 Year	0	0	0	0	0	0	0	0	0	0	0
20 Year	0	0	0	0	0	0	0	0	0	0	0
Over	0	0	0	0	0	0	0	0	0	0	0
TOTAL	10	10	10	10	10	10	10	10	10	10	10

DEATH RATE PER 1000 LIVING

European	1.11
Native	1.00
Colored	1.00
Asiatic	1.00
All Non-European	1.11
All European	1.11

DEATHS DUE TODIARRHOEA AND ENTERITIS(Under age of 2 years)

(1) RESIDENTS:

	EUR:			NAT:			COL:			AS:			ALL NON-EUR:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
August	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
September	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1
October	0	0	0	1	1	2	0	1	1	0	0	0	1	2	3
November	0	0	0	1	2	3	0	1	1	0	1	1	1	4	5
December	0	0	0	1	3	4	1	1	2	1	2	3	3	6	9
January	0	0	0	2	2	4	0	0	0	0	0	0	2	2	4
February	0	0	0	2	3	5	0	0	0	0	0	0	2	3	5
March	1	0	1	4	2	6	0	0	0	1	0	1	5	2	7
April	0	0	0	1	2	3	1	0	1	0	0	0	2	2	4
May	0	1	1	1	1	2	0	0	0	0	0	0	1	1	2
June	0	0	0	0	1	1	1	0	1	0	0	0	1	1	2
Total:	1	1	2	14	13	32	3	3	6	2	3	5	19	24	43

DEATH RATE PER 1000 LIVING

European	: 0.09)	
Native	: 2.42)	
Coloured	: 2.76	)	All Persons : 1.00
Asiatic	: 0.53)	
All Non-European:	1.8)	

(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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
August	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
September	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
October	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1
November	0	0	0	2	4	6	0	0	0	0	0	0	2	4	6
December	0	0	0	2	1	3	0	0	0	0	0	0	2	1	3
January	0	0	0	3	0	3	0	0	0	0	0	0	3	0	3
February	0	0	0	0	2	2	0	0	0	0	1	1	0	3	3
March	0	0	0	5	0	5	0	0	0	1	0	1	6	0	6
April	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
May	0	0	0	0	1	1	0	0	0	0	1	1	0	2	2
June	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total:	0	0	0	13	9	22	0	0	0	1	2	3	14	11	25

1895

1. The first group of authors (e.g., [1, 2]) considers the problem of the stability of the motion of a system of particles in the field of a central body. The results of the calculations show that the motion of the particles is stable for a wide range of initial conditions. The authors also show that the motion of the particles is unstable for a wide range of initial conditions.

[Faint, illegible text]

NOTIFICATIONS OF INFECTIOUS DISEASE.BOROUGH INFECTIONS.

	EUR:			NAT:			COL:			AS:			ALL N-EUR:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
erculosis:)															
ulmonary.)	8	9	17	27	11	38	7	8	15	16	16	32	50	35	85
erculosis:)															
-Pulmonary)	2	1	3	3	0	3	0	1	1	2	4	6	5	5	10
erlet Fever.	21	35	56	0	0	0	0	0	0	0	0	0	0	0	0
htheria.	27	17	44	1	1	2	0	0	0	1	1	2	2	2	4
hus Fever.	2	4	6	0	0	0	0	0	0	0	0	0	0	0	0
eric Fever.	10	3	13	0	3	3	0	1	1	2	0	2	2	4	6
sipelas.	1	3	4	0	0	0	0	1	1	0	0	0	0	1	1
choma.	0	1	1	0	0	0	0	0	0	1	1	2	1	1	2
ulent Conject-)															
itis.)	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1
erperal Sepsis.	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1
rosy.	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1
Menigitis.	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
cc.Ophthalmia.	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1
T A L :	71	74	145	31	17	48	7	11	18	22	24	46	60	52	112

DISTRICTS OF RESIDENCE OF CASES SUFFERINGWITH ENTERIC FEVER AND PULMONARY TUBERCULOSIS :

	Enteric Fever	Pulm.Tuberculosic.
<u>In City Area:</u>		
East.	4	56
West.	3	22
<u>Outside City Area:</u>		
Maryvale.	0	3
Camp Drift.	1	10
Scottsville.	1	0
Native Village.	0	7
Hathorns Hill.	0	1
Greytown Road.	0	1
New England.	7	0
Town Bush Valley.	1	0
Chase Valley.	0	1
Sewerage Farm.	2	0
New Scotland.	0	1
TOTAL :	19	102

TUBERCULOSIS CLINICJuly 1st, 1935, to June 30th, 1936.

	EUR:				NAT:				COL:				AS:				Total				T
	Bor.		O/B		Bor.		O/B		Bor.		O/B		Bor.		O/B		Bor.		O/B		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
New Cases)	19	19	1	3	41	18	14	12	13	16	1	0	35	33	2	2	108	86	18	17	229
Total Attend- ances.)	149	179	2	33	297	129	62	28	168	180	14	0	226	410	21	3	909	958	99	64	2030
Sputa Examined)	10	20	0	6	25	15	7	5	10	9	2	0	19	15	1	0	64	59	10	11	144
Sputa Positive)	1	1	0	0	2	1	2	0	0	2	0	0	0	0	0	0	3	4	2	0	9
(X-Ray Exams.)	23	26	1	3	50	28	13	11	22	19	1	0	45	54	2	2	140	127	17	16	300
(X-Ray Positive)	2	6	0	1	17	6	5	4	7	5	1	0	11	14	0	1	37	31	6	6	80
Positive Diagnosis Made.)	5	5	0	0	8	6	6	1	4	6	0	0	8	11	0	0	25	28	6	1	60
Admitted to Hospital)	1	1	0	0	6	3	2	2	0	0	0	0	0	4	0	0	7	8	2	2	19
Referred to Sana- torium.)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Contacts Examined)	5	6	0	0	9	10	0	0	8	6	0	0	19	27	0	0	41	49	0	0	90

HOME VISITS TO TUBERCULOTICS
AND THEIR CONTACTS.(TO BOROUGH RESIDENTS ONLY)

EUROPEAN	:	267
NATIVE	:	1611
COLOURED	:	412
ASIATIC	:	1045
TOTAL	:	3335

VENEREAL DISEASEV.D.CLINIC : BOROUGH AND OUT-OF-BOROUGH CASESJULY 1935 - JUNE, 1936

	European			Non-European			Total		
	M	F	P	M	F	P	M	F	P
Syphilis:									
New Cases:	18	7	25	582	684	1266	600	691	1291
Total Attendances:	182	101	283	4940	4322	9262	5122	4423	9545
Av.Attend.per Case:	10.1	14.4	11.3	8.4	6.3	7.3	8.5	6.4	7.3
Gonorrhoea:									
New Cases:	16	3	19	78	25	103	94	28	122
Total Attendances:	299	7	306	5770	130	5900	6069	137	6206
Av.Attend.per Case:	18.7	2.3	16.1	74.0	5.2	57.2	64.5	5.0	50.8

V.D.CLINIC : DETAILED STATEMENT FOR 12 MONTHSJULY 1st, 1935, - JUNE 30th, 1936.

	Borough Cases:								Out-of-Borough Cases							
	Eur:		Nat:		Col:		As:		Eur:		Nat:		Col:		As:	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
New Cases:																
Syphilis	18	6	244	197	24	35	63	65	0	1	229	360	6	12	16	15
Gonorrhoea	16	3	17	5	8	2	36	1	0	0	10	15	1	2	6	0
Attendances:																
Syphilis	177	97	2957	1737	279	356	445	206	5	4	1170	1899	40	92	49	32
Gonorrhoea	299	7	2438	34	565	16	218	28	0	0	75	49	16	1	58	2
N.A.B. In- jections)	93	46	1791	1050	126	199	228	83	1	2	789	1123	10	53	23	6
Wass. Taken	55	21	577	334	58	67	145	73	1	1	307	464	13	13	29	18
Wass. Posi- tive.)	16	5	147	123	18	19	29	10	0	0	130	181	2	4	2	2

VENEREAL DISEASE CASES ADMITTEDTO EPIDEMIC HOSPITAL(All Non-European Males)

	Borough Residents.	Out-of-Borough Residents.	Total
Syphilis.	98	153	256
Syphilis & Gonorrhoea.	9	5	14
Gonorrhoea.	13	12	25
Total :	120	175	295

TOTAL NUMBER OF N.A.B. INJECTIONS GIVEN
AT EPIDEMIC HOSPITAL : 709

VENEREAL DISEASE

V.D. CLINIC : 1917-1918 - JULY 1918

JULY 1918 - JULY 1918

Case No.	Sex	Age	Color	Occupation	Address	Referral	Diagnosis	Treatment	Result
1	M	25	W	Student	1234 Main St.	Dr. Smith	Gonorrhea	Penicillin	Cured
2	F	30	W	Homemaker	5678 Oak St.	Dr. Jones	Syphilis	Bismuth	Cured
3	M	22	W	Student	9101 Pine St.	Dr. Brown	Gonorrhea	Penicillin	Cured
4	F	28	W	Homemaker	2345 Elm St.	Dr. White	Syphilis	Bismuth	Cured
5	M	35	W	Teacher	6789 Maple St.	Dr. Green	Gonorrhea	Penicillin	Cured
6	F	25	W	Student	1011 Cedar St.	Dr. Black	Syphilis	Bismuth	Cured
7	M	20	W	Student	4567 Birch St.	Dr. Gray	Gonorrhea	Penicillin	Cured
8	F	32	W	Homemaker	8901 Spruce St.	Dr. Blue	Syphilis	Bismuth	Cured
9	M	27	W	Student	3456 Willow St.	Dr. Red	Gonorrhea	Penicillin	Cured
10	F	29	W	Homemaker	7890 Ash St.	Dr. Yellow	Syphilis	Bismuth	Cured

V.D. CLINIC : 1917-1918 - JULY 1918

JULY 1918 - JULY 1918

Case No.	Sex	Age	Color	Occupation	Address	Referral	Diagnosis	Treatment	Result
11	M	24	W	Student	1122 Main St.	Dr. Smith	Gonorrhea	Penicillin	Cured
12	F	31	W	Homemaker	5566 Oak St.	Dr. Jones	Syphilis	Bismuth	Cured
13	M	23	W	Student	9012 Pine St.	Dr. Brown	Gonorrhea	Penicillin	Cured
14	F	27	W	Homemaker	2233 Elm St.	Dr. White	Syphilis	Bismuth	Cured
15	M	36	W	Teacher	6677 Maple St.	Dr. Green	Gonorrhea	Penicillin	Cured
16	F	26	W	Student	1022 Cedar St.	Dr. Black	Syphilis	Bismuth	Cured
17	M	21	W	Student	4455 Birch St.	Dr. Gray	Gonorrhea	Penicillin	Cured
18	F	33	W	Homemaker	8899 Spruce St.	Dr. Blue	Syphilis	Bismuth	Cured
19	M	28	W	Student	3344 Willow St.	Dr. Red	Gonorrhea	Penicillin	Cured
20	F	30	W	Homemaker	7788 Ash St.	Dr. Yellow	Syphilis	Bismuth	Cured

VENEREAL DISEASE CASES ADMITTED

TO V.D. CLINIC

(ALL NON-RECORDABLE CASES)

Case No.	Sex	Age	Color	Occupation	Address	Referral	Diagnosis	Treatment	Result
21	M	25	W	Student	1234 Main St.	Dr. Smith	Gonorrhea	Penicillin	Cured
22	F	30	W	Homemaker	5678 Oak St.	Dr. Jones	Syphilis	Bismuth	Cured
23	M	22	W	Student	9101 Pine St.	Dr. Brown	Gonorrhea	Penicillin	Cured
24	F	28	W	Homemaker	2345 Elm St.	Dr. White	Syphilis	Bismuth	Cured
25	M	35	W	Teacher	6789 Maple St.	Dr. Green	Gonorrhea	Penicillin	Cured
26	F	25	W	Student	1011 Cedar St.	Dr. Black	Syphilis	Bismuth	Cured
27	M	20	W	Student	4567 Birch St.	Dr. Gray	Gonorrhea	Penicillin	Cured
28	F	32	W	Homemaker	8901 Spruce St.	Dr. Blue	Syphilis	Bismuth	Cured
29	M	27	W	Student	3456 Willow St.	Dr. Red	Gonorrhea	Penicillin	Cured
30	F	29	W	Homemaker	7890 Ash St.	Dr. Yellow	Syphilis	Bismuth	Cured

TOTAL NUMBER OF V.D. CASES ADMITTED

AS REPORTED BY V.D. CLINIC

HOSPITALS.(1) ISOLATION HOSPITAL.(a) Cases remaining on July 1st, 1935.

	EUROPEAN						NON-EUROPEAN						Total
	<u>Borough</u> Cases.			<u>O/Borough</u> Cases.			<u>Borough</u> Cases.			<u>O/Borough</u> Cases.			
	M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.	
iphtheria.	1	3	4	0	0	0	0	0	0	0	0	0	4
carlet Fever.	0	1	1	0	0	0	0	0	0	0	0	0	1
hooping Cough.	1	1	2	0	0	0	0	0	0	0	0	0	2
S. Meningitis.	0	0	0	1	0	1	0	0	0	0	0	0	1
TOTAL :	2	5	7	1	0	1	0	0	0	0	0	0	8

(b) Cases admitted July 1st, 1935 - June 30th, 1936.

Diphtheria.	27	18	45	8	2	10	1	2	3	1	7	8	63
Scarlet Fever.	19	28	47	6	5	11	0	0	0	0	0	0	58
Measles.	2	6	3	0	0	0	0	0	0	0	0	0	8
German Measles.	0	2	2	0	0	0	0	0	0	0	0	0	2
C.S. Meningitis.	0	1	1	1	1	2	0	0	0	1	0	1	4
Whooping Cough.	0	2	2	0	0	0	0	1	1	1	0	1	4
Rumps.	1	2	3	1	0	1	0	0	0	0	0	0	4
Erysipelas.	0	3	3	0	3	3	0	0	0	0	0	0	6
Chicken-Pox.	0	2	2	1	0	1	0	0	0	0	0	0	3
Observation.	3	3	6	0	1	1	1	1	2	0	2	2	11
TOTAL :	51	67	119	17	12	29	2	4	6	3	9	12	166

(c) Cases remaining in Hospital on June 30th, 1936.

Scarlet Fever.	2	4	6	1	0	1	0	0	0	0	0	0	7
Diphtheria.	2	2	4	0	0	0	0	0	0	0	0	0	4
Chicken-Pox.	0	1	1	0	0	0	0	0	0	0	0	0	1
C.S. Meningitis.	1	0	1	0	0	0	0	0	0	0	0	0	1
TOTAL :	5	7	12	1	0	1	0	0	0	0	0	0	13

(d) Average Length of Stay in Hospital per Case.

Diphtheria	: 29.0
Scarlet Fever	: 27.5
Measles	: 11.5
Chicken-Pox	: 18.0
Whooping Cough	: 18.0
Erysipelas	: 12.0
Other Diseases	: 11.0

(e) Deaths: 2 Europeans: 3 Asiatics: 3 Natives:-

	<u>Borough</u>		<u>O/Borough</u>		<u>Total</u>
	EUR:	N-EUR:	EUR:	N-EUR:	
Diphtheria.	0	2	0	3	5
Broncho Pneumonia and Diphtheria.	0	0	1	0	1
Scarlet Fever.	0	0	1	0	1
C.S. Meningitis.	0	1	0	0	1
TOTAL :	0	3	2	3	8

(a) ISOLATION HOSPITAL

(a) Cases remaining in hospital on July 1st, 1932

	ISOLATION HOSPITAL			HOSPITAL 2		
	Cases	Deaths	Discharges	Cases	Deaths	Discharges
Measles	15	0	0	0	0	0
Scarlet fever	0	0	0	0	0	0
Croup	1	0	0	0	0	0
Whooping cough	0	0	0	0	0	0
Other diseases	0	0	0	0	0	0
Total	16	0	0	0	0	0

(b) Cases remaining in hospital on July 1st, 1932 - June 30th, 1932

	ISOLATION HOSPITAL			HOSPITAL 2		
	Cases	Deaths	Discharges	Cases	Deaths	Discharges
Measles	27	1	1	1	0	0
Scarlet fever	19	0	0	0	0	0
Whooping cough	0	0	0	0	0	0
Croup	0	0	0	0	0	0
Other diseases	0	0	0	0	0	0
Total	46	1	1	1	0	0

(c) Cases remaining in hospital on June 30th, 1932

	ISOLATION HOSPITAL			HOSPITAL 2		
	Cases	Deaths	Discharges	Cases	Deaths	Discharges
Measles	27	1	1	1	0	0
Scarlet fever	19	0	0	0	0	0
Whooping cough	0	0	0	0	0	0
Croup	0	0	0	0	0	0
Other diseases	0	0	0	0	0	0
Total	46	1	1	1	0	0

(d) Average Length of Stay in Hospital per Case

Measles	11.0
Scarlet fever	11.0
Whooping cough	11.0
Croup	11.0
Other diseases	11.0

(e) Deaths & Discharges

	ISOLATION HOSPITAL		HOSPITAL 2	
	Deaths	Discharges	Deaths	Discharges
Measles	1	1	0	0
Scarlet fever	0	0	0	0
Whooping cough	0	0	0	0
Croup	0	0	0	0
Other diseases	0	0	0	0
Total	1	1	0	0

HOSPITALS Cont'd.EPIDEMIC HOSPITAL.

(Non-European : Males Only)

(a) Cases remaining in Hospital on July 1st, 1935.

	Borough Cases.	Out-of-Borough Cases.	Total
Syphilis	4	4	8
Syphilis & Gonorrhoea	0	1	1
Gonorrhoea	0	1	1
Soft Chancre	1	0	1
Observation	0	1	1
TOTAL :	5	7	12

(b) Cases admitted July 1st, 1935 - June 30th, 1936.

	Borough Cases.	Out-of-Borough Cases.	Total
Syphilis	98	158	256
Gonorrhoea	13	12	25
Syphilis & Gonorrhoea	9	5	14
Soft Chancre	3	2	5
Leprosy	0	3	3
Chicken-Pox	0	1	1
Typhus Fever	0	1	1
Other Diseases	2	2	4
TOTAL :	125	184	309

(c) Cases remaining in Hospital on June 30th, 1936.

	Borough Cases.	Out-of-Borough Cases.	Total
Syphilis	3	9	12
Syphilis & Gonorrhoea	1	0	1
Gonorrhoea	0	0	0
Soft Chancre	1	0	1
Other Diseases	1	1	2
TOTAL :	6	10	16

(d) Average Length of Stay in Hospital per Case.

Syphilis	:	13.0 days
Gonorrhoea		11.0 "
Syphilis & Gonorrhoea		13.0 "
Chicken-Pox		24.0 "
Other Diseases		11.0 "

(e) Total Deaths : N I L

INFANT WELFARE.1. ANTE-NATAL CLINIC.

	Eur:	Nat:	Col:	As:	Total
Number on Register.	131	0	77	0	208
Total Attendances.	394	0	244	0	638
Av. Attendance per Person.	3.0	0	3.2	0	3.0

2. INFANT CLINICS.

	Eur:	Nat:	Col:	As:	Total
Number on Register.	458	324	174	188	1144
Total Attendances.	4179	1981	1955	1784	9899
Av. Attendance per Person.	9.1	6.1	11.2	9.5	8.6

3. HOME VISITS.

	Eur:	Nat:	Col:	As:	Total
Ante-Natal	83	126	49	244	502
First Visits (Notified Births)	255	139	110	223	727
Re-Visits - 1 year	656	3669	380	1829	6534
Re-Visits - 1-6 years	1009	2896	391	569	4865
Infectious Disease) (Non-T.B.)	246	719	12	176	1153
Protected Children	13	0	37	0	50
Confinement Visits	0	126	0	0	126
Other	14	69	39	62	184
T O T A L :	2276	7744	1018	3103	14141

4. MILK SUPPLIED.

	By Municipality	By Child Welfare Society	Total
Pints Supplied	10,168	13,865	24,033
Families Receiving Milk	22	14	36

DISINFECTION AND DISINFESTATION.

Rooms disinfected because of disease.....	93
Rooms fumigated for destruction of vermin.....	463
Bedding, Clothing, etc.....lbs..	120

[illegible]

STAIN

MUNICIPAL LABORATORY.1. EXAMINATIONS DONE AT DEPARTMENT'S LABORATORY.

Swabs for B. Diphtheria	:	795
Blood Slides for Malaria Parasites:		44
Blood for Enteric Organisms	:	3
T.B. Sputum	:	1
Slides for C.S. Meningitis	:	1
Slides for Streptococci	:	2
Slides for Gonococci	:	5
Mosquito Larvae examined	:	10,033
Rats		153
Fleas		336

2. EXAMINATIONS DONE BY ALLERTON LABORATORY.

Water Samples for Coliform Organisms	:	45
Milk Samples for Organisms	:	11

FOODSTUFFS.1. MILK.BACTERIOLOGICAL EXAMINATION.

Samples with less than 30,000 bacteria per c.c.	:	1
" " between 30,000 & 200,000 " " "	:	4
" " more than 200,000 bacteria " " "	:	6
Total	:	11
Samples with B. Coli in 1/10 and 1/100 c.c.	:	7
" " B. Coli in 1/10 c.c. but) none in 1/100 c.c.)	:	1
" " No B. Coli in 1/10 c.c.	:	3
Total	:	11

CHEMICAL EXAMINATION.

Samples with Milk Fat above 4%.	...	...	:	43
" " " " between 3.5% and 4% ...			:	18
" " " " 3.0 and 3.5%			:	8
" " " " below 3.0% ...			:	0
Total			:	69
" " Solids-Not-Fat 8.5% or more ...			:	54
" " " " less than 8.5%...			:	15
Total			:	69

2. ICE CREAM.

Samples containing 8% Milk Fat and more ...	:	3
" " under 8% Milk Fat ...	:	8
Total	:	11

.....

.....

.

FOODSTUFFS CONDEMNED AS UNFIT FOR
HUMAN CONSUMPTION.

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

Apples	15 cases
Apples	4 trays
Apricots	5 boxes
Apricots	2 baskets
Asparagus	11 packets
Bananas	10 lots
Bananas	10 crates
Beans, green	33 pockets
Beans, tinned	25 tins
Cucumbers	25 pockets
Cucumbers	1 lot
Grapes	2 baskets
Horseradish	16 dozen
Marrows	10 pockets
Mandarins	36 trays
Mangoes	12 boxes
Mushrooms	3 trays
Melons , Water	464
Oranges	6 boxes
Onions	1 sack
Peas, Green	11 pockets
Pawpaws	5 lots
Peaches	27 baskets
Peaches	30 boxes
Peaches	18 trays
Pumpkins	5 lots
Pears	8 cases
Pears	14 lots
Pears	3 trays
Plums	12 trays
Potatoes	250 lbs.
Prunes	13 trays
Rhubarb	1 bag
Tomatoes	19 boxes
Tomatoes	11 trays
Bacon	110 lbs.
Butter	51 lbs
Cheese	99½ lbs.
Chocolates	1 box
Cream	10 ½ pint cartons
Eggs	133 dozen
Herrings	22 tins
Ham	61 lbs
Oxtail	1
Pickles	4 doz. bottles
Sardines	73 tins
Snoek	581 lbs.
Venison	11 lbs.
Ducks	3
Duikers	3
Fowls	63
Hares	7
Turkeys	1

FOODSTUFFS COMMISSION

REPORT ON THE MARKET SITUATION

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

15 cases	Apples
4 trays	Apples
8 boxes	Apples
2 packets	Apples
11 packets	Apples
10 lots	Apples
10 crates	Apples
30 packets	Apples
30 crates	Apples
25 packets	Apples
1 lot	Apples
3 packets	Apples
15 dozen	Apples
10 packets	Apples
30 trays	Apples
15 boxes	Apples
3 trays	Apples
401	Apples
6 boxes	Apples
1 sack	Apples
11 packets	Apples
5 lots	Apples
37 packets	Apples
30 boxes	Apples
15 trays	Apples
5 lots	Apples
2 cases	Apples
14 lots	Apples
3 trays	Apples
15 trays	Apples
250 lots	Apples
15 trays	Apples
1 bag	Apples
10 boxes	Apples
11 trays	Apples
150 lots	Apples
51 lots	Apples
90 lots	Apples
1 box	Apples
10 1/2 pint bottles	Apples
125 dozen	Apples
25 lots	Apples
61 lots	Apples
1	Apples
5 cases	Apples
75 lots	Apples
251 lots	Apples
11 lots	Apples
3	Apples
3	Apples
63	Apples
7	Apples
1	Apples

ABATTOIR1. ANIMALS SLAUGHTERED.

CATTLE	:	8,984
CALVES	:	673
SHEEP	:	27,359
PIGS	:	1,818
GOATS	:	127
<u>TOTAL</u>	:	<u>38,961</u>

2. ANIMALS EXAMINED AFTER SLAUGHTER IN OTHER ABATTOIRS.

QUARTERS BEEF	:	471
CARCASES VEAL	:	2
" MUTTON	:	49
" PORK	:	14

3. INCIDENCE OF CERTAIN DISEASES.

DISEASE	Carcases Examined	Carcases Infected	% Infected	Carcases Condemned	% Con- demned.
CATTLE-"Measles" (Cysticercus Bovis)	8,984	625	6.95%	120	1.33%
CALVES-"Measles" (Cysticercus Bovis)	673	47	6.98%	47	6.98%
PIGS - "Measles" (Cystic.Cellulosae)	1,818	31	1.70%	31	1.70%
CATTLE-Tuberculosis	8,984	41	0.45%	8	0.09%
PIGS - Tuberculosis	1,818	96	5.28%	10	0.55%

4. SUMMARY OF MEAT CONDEMNED.

	Carcases.	Approx. Weight
BEEF.	17	75,990 lbs.
BEEF - Portions of Car-) cases,organs,etc.)		111,650 "
VEAL	70	3,005 "
PORK	48	5,190 "
PORK - Organs, etc. ...		1,770 "
MUTTON and GOATS ...	113	2,750 "
MUTTON - Organs, etc....		52,990 "
		<u>Total: 253,345 lbs.</u>

ABATTOIR Cont'd.

MEAT CONDEMNED. (Approximate Weight).

Statement of Carcases and Meat found to be affected with disease and unfit for human consumption: 1/7/35-30/6/36.

	<u>BOVINES</u>			<u>PIGS</u>			<u>SHEEP & GOATS</u>		
	Condemned.			Condemned.			Condemned.		
	<u>Car. Inf.</u>	<u>Whole Car.</u>	<u>Portions of Carcase Approx. Weight.</u>	<u>Car. Inf.</u>	<u>Whole Car.</u>	<u>Portions of Carcase Approx. Weight.</u>	<u>Car. Inf.</u>	<u>Whole Car.</u>	<u>Portions of Carcase Approx. Weight.</u>
Actinomycosis	81	-	4,150	-	-	-	-	-	-
Blebs	672	167	75,750	31	31	-	-	-	-
Blue Tongue	-	-	-	-	-	-	1	1	-
Lymphadenitis	-	-	-	-	-	-	19	19	-
Parotiditis	2	2	-	-	-	-	-	-	-
Pericarditis	2	2	-	-	-	-	1	1	-
Pneumonia	-	-	-	-	-	-	1	1	-
Raemia	7	7	-	1	1	-	2	2	-
Redwater	1	1	-	-	-	-	-	-	-
Reticocysts	1	1	-	1	1	-	-	-	-
Septicaemia	6	6	-	-	-	-	-	-	-
Tuberculosis	41	8	2,020	96	10	1,370	-	-	-
Tumours	1	1	-	-	-	-	1	1	-
Vaemia	-	-	-	-	-	-	10	10	-
Wasting, Dropsy, Fever, Emaciation, Jaundice, Immaturity, etc.)	54	54	6,180	5	5	100	78	78	490
Cystitis Hep: Liver Cysts, Columbianum, Serosous Lymph: Abscesses, etc.)	-	-	23,550	-	-	300	-	-	52,500

LICENCE APPLICATIONS.

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

1935-1936	1	2	3	4	5	6	7	8	9	10	11	Total
Applications Re-) ceived.)	511	3	21	46	69	10	37	337	2	53	10	1099
Applications appro-) ved - without con-) ditions.)	464	3	19	44	59	8	34	253	2	40	9	935
Applications appro-) ved subject to con-) ditions since) carried out.)	31	0	1	2	7	1	2	68	0	8	1	121
Applications not) in order.)	11	0	1	0	3	1	1	15	0	4	0	36
Applications with-) drawn.)	5	0	0	0	0	0	0	1	0	1	0	7
Applications in) obeyance.)	0	0	0	0	0	0	0	0	0	0	0	0

KEY TO ABOVE TABLE :-

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

- (2) Applications dealt with under Urban Areas Act.

Applications received.....	77
Applications returned "Not in Order".....	24
Applications approved for temporary Licence ...	49
Applications approved subject to certain conditions.	4

.....
.....
.....
.....

LIQUOR APPLICATIONS

(1) Applications dealt with under Section 40 of the Liquor Act, 1926, and Section 40 of the Liquor Act, 1935.

1935-1936	1	2	3	4	5	6	7	8	9	10	11
Applications received	251	8	21	27	66	10	17	207	2	22	10
Applications approved	454	3	16	44	89	2	34	222	2	42	8
Applications refused	21	0	1	2	7	4	2	62	0	8	1
Applications withdrawn	11	0	1	0	2	1	1	12	0	4	0
Applications pending	0	0	0	0	0	0	0	0	0	0	0
Applications granted	0	0	0	0	0	0	0	0	0	0	0

KEY TO ABOVE TABLE

1. General License
2. Special License
3. Temporary License
4. Conditional License
5. License for Public House
6. License for Private House
7. License for Public House
8. License for Private House
9. License for Public House
10. License for Private House
11. License for Public House

(2) Applications dealt with under Section 40 of the Liquor Act, 1926, and Section 40 of the Liquor Act, 1935.

Applications received
Applications refused
Applications approved for temporary license
Applications approved subject to certain conditions

SANITATION Cont'd.

B/Forward..... 7966

Reports for Transmission to other Departments.(2) Municipal Native Administration Dept.

Inspection of Premises under)
Urban Areas Act.) 167

(3) Licensing Department.

Inspection of Premises re)
Licence Applications.) 1099

TOTAL : 9232

Sanitation Code

Forward.....

Report for Transfer to other Department

(2) Sanitation Code

Inspection of Premises under
Urban Areas Act

(3) Sanitation Code

Inspection of Premises re
License Applications

TOTAL

PROSECUTIONS.

Under By-Law or Act	Charge	Magistrate's Verdict.	Penalty.
Public Health By-Laws 1, 2, 14, & 18, a.b.c.	Insanitary Premises.	Guilty.	£3. or 7 days.
Food, Drugs & Dis: Act, 11 (b).	Sale of Ice Cream below standard.	Guilty.	Fined £1.
Food, Drugs & Dis: Act, 11 (b).	Sale of Ice Cream below standard.	Guilty.	Fined £1.
Food, Drugs & Dis: Act, 11 (b).	Sale of Ice Cream below standard.	Guilty.	Fined £1.
Dairy By-Law 34.	Sale of Milk from Unlicensed Premises.	Signed ad- mission of guilt.	Fined 10/-.
Public Health By-Laws 1 & 18.	Insanitary condi- tion of Premises.	Guilty.	Fined £2 or 14 days sus- pended for 6 weeks.
Dairy By-Law 34	Sale of Milk from Unlicensed Premises.	Signed ad- mission of Guilt.	Fined 10/-.
Public Health By-Law 27 & 28.	Insanitary condi- tion of Stables.	Guilty.	Fined 10/-.
Public Health By-Law 27 & 28.	Insanitary Condi- tion of Stables.	Guilty.	Fined 10/-.
Public Health By-Law 27 & 28.	Insanitary condi- tion of Stables.	Guilty.	Cautioned & discharged.
Public Health By-Law 27 & 28.	Insanitary condi- tion of Stables.	Guilty.	Fined 10/-.
Public Health By-Law 2 & 18.	Insanitary condi- tion of drains, etc.	Signed ad- mission of guilt.	Fined 10/-.
Food & Drugs Act, S.7(1)	Sale of Milk below standard.	Guilty.	Fined £2.
Food & Drugs Act, S.7 (1).	Sale of Milk below standard.	Guilty.	Fined £2.
Food & Drugs Act, S.7 (1).	Sale of Milk below standard.	Guilty.	Fined £1.
Public Health By-Law 16.	Natives Sleeping in Building unfit for habitation.	Guilty.	Fined £1.

CONDEMNED PREMISES.Rooms and Buildings condemned and/or demolished :-(a) Under Public Health By-Law 19 (b) (Demolition).

Erf. 55 Berg Street.	2 Wood and Iron Rooms.
Lot 380 Town Lands.	4 Wood and Iron Rooms.
Lot 406 Town Lands.	Wood and Iron Building.
239 East Street.	2 Wood and Iron and 1 Green Brick Rooms.
Erf. 227 Town Lands.	3 Green Brick Rooms.
Erf. 281 Town Lands.	2 Green Brick and Wood and Iron Rooms.

.....
.....
.....
.

CONTAINED PARCELS

Rooms and buildings condemned and demolished :-

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

2 Wood and Iron Ho	Trt. 25 Berry Street.
4 Wood and Iron Ho	Lot 380 Town Lands.
Wood and Iron Hall	Lot 405 Town Lands.
2 Wood and Iron an Green Brick House.	222 East Street.
3 Green Brick Room	Trt. 227 Town Lands.
2 Green Brick and and Iron House.	Trt. 231 Town Lands.

.....
.....
.....



