PUBLIC HEALTH SERVICES AND THE TOURIST*

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Why do people travel? What is it that attracts travellers to visit certain places? Why do people undertake holiday journeys? I think fundamentally, if not consciously, the travelling public is in search of health and recreation. Certainly the travelling public will not visit an area where they know the standard of health services is not what can be expected of a well-conducted local authority.

The proof of this was amply demonstrated last year in Durban, where the poliomyelitis threat was estimated to have resulted in a loss of some £200,000 in tourist trade. Another aspect is reflected in the annual report of the Durban Municipal Transport Board, which reports a loss of some £5,000 in its revenue as a direct result of the outbreak of poliomyelitis.

MALARIA

Many will remember the prevalence of malaria in Zululand before effective control measures abolished this scourge of our Low Veld areas. As one who was in charge of the campaign against malaria, I can speak with some knowledge of this subject. I remember in 1933, calling at a North Coast sugar mill, to find it standing idle, when it should have been crushing the cane waiting to be milled. The reason was that the personnel which should have been manning the mill was down with malaria, and it was simply not possible to operate the plant. In fact, in the early 'thirties' the very existence of the sugar industry was seriously threatened by the severe incidence of malaria in the sugar belt, and it was confidently asserted that you could have a sugar industry or malaria, but you could not have both.

The Union Government invited Professor Swellengrebel, a well-known malariologist, to come to South Africa and investigate the problem which, in the words of the late Dr. J. A. Mitchell, the first Secretary for Health and the creator of the Union Health Department, would, if solved, be equivalent to an extension of the boundaries of the Union. It would bring into production rich and well-watered areas, which at that time were lying untilled and neglected, and constituted an ever-present threat to the public health. The publication of the Swellengrebel report, which emphasized his discovery that only two species of anophelines (A. gambiae and A. funestus) were the causal agents of malaria in the Union, had far-reaching results.

The Province of Natal led the way and pioneered a system of control which later became world-famous. The technique used aimed mainly at the destruction of the adult mosquito vector by insecticidal spraying of human habitations. An enabling Ordinance was passed by the Natal Provincial Council in 1932, which established statutory bodies known as Malaria Committees in malaria areas. Later these Malaria Committee areas extended from the South Coast to the north-eastern boundary of the Province. These Malaria Committees were empowered to levy rates and under the guidance of the officers of the Union Health Department carried out a technique of control which was crowned with success. Similar control measures were pursued by the Union Health Department in the coastal Native Reserves.

Control consisted primarily in spraying Native huts and other human habitations with a pyrethrum-paraffin mixture (and, after the second World War, with DDT,) and the elimination as far as possible of vector breeding foci by drainage and saligna gum plantings. Incidentally saligna gum plantations have now become a major economic asset. The Amatikulu leper institution in Zululand, at which a seasonal outbreak of malaria occurred regularly amongst the patients, was effectively controlled by planting saligna gums in the surrounding valleys. These trees, which are very greedy drinkers, dried out the seepages in which the vectors bred. The work, done largely by the patients, effectively eliminated the vector-breeding water, and malaria is unknown there today. Incidentally, the gum plantations have resulted in a rich revenue (approximately £200,000) to the Union Treasury by supplying the raw material to the neighbouring pulp and paper factory.

It can be confidently asserted that the present prosperity of Zululand, with its rich sugar production, its profitable saligna industry, its cattle, citrus, and now its pineapple industry, would not have been possible had malaria not been brought under control. The enormous increases in land values are a spectacular witness to the effectiveness of the control of the scourge of malaria.

THE TOURIST INDUSTRY

But Zululand, in addition to its agricultural potentialities, also has a promising tourist industry, which is capable of considerable expansion. The Hluhluwe Game Reserve and the unique bird life in the St. Lucia estuary, as well as its fishing and other recreations, could attract many more tourists providing they are adequately catered for. In this, effective public health services play an important part.

I remember being urgently summoned to Bloemfontein in 1947 to meet the Royal train for consultation with the physician in attendance on the Royal Family. I was informed that the authorities in London were seriously perturbed because the Royal tour would traverse the malarial areas of Zululand during the malaria season; also because the Royal train would remain overnight at Gingindhlovu, which was reputed to be an intensely malarious area. I assured the Royal physician that there was no danger and that malaria control was so effective now that there was not the slightest risk to the Royal party. He seemed dubious, and

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informed me that he had just received a supply of Paludrin (at that time the latest malaria suppressive). I insisted that it was quite unnecessary to dose the Royal party with this suppressant drug. On their return to Durban from Zululand I had the honour of being presented to Their Majesties. The late King asked me if I was responsible for his having to swallow Paludrin tablets during his visit to Zululand. He also remarked that they had not seen a fly or a mosquito on their trip through Zululand and enquired what had happened to these insects. I believe that the fact that our Royal visitors were able to travel safely through Zululand during what used to be the malaria season served to put this part of the Union on the tourist map.

The Public Health Act of the Union, which, incidentally, is a monument to the late Dr. J. A. Mitchell, was passed by Parliament in 1919, after the devastating pandemic of influenza that followed the first World War. This act places the prime responsibility for the maintenance of public health on the local authorities. The larger local authorities, which include the chief cities of the Union, have large, experienced and well-qualified staffs, under the direction of experienced medical officers of health. The larger local authorities are well-staffed and well-equipped, and able to maintain a high standard of health in the communities which they serve. They are subsidized by the Union Health Department in respect of their qualified medical officers of health, health inspectors, district nurses, and other approved personnel, and function virtually as autonomous bodies within their areas.

The smaller local authorities, such as Local Boards, Health Committees and Village Management Boards, which have small rate incomes cannot, of course, maintain a health staff comparable with that of the larger centres. Very often they have only a part-time medical officer of health and one full-time health inspector. These bodies can, and do, call on the staff of the Union Health Department for guidance and expert information. It is often surprising to see what excellent services are rendered in the promotion of health in these small centres by the available staff.

OTHER PREVENTABLE DISEASES

Dr. Cluver then went on to speak of other preventable diseases that are the concern of health authorities. He mentioned the enteric fevers, dysenteries and diarrhoeas; tuberculosis; food poisoning and tapeworm; plague, typhus, yellow fever and trypanosomiasis; and bilharzia disease. In this connection he discussed the importance of water supplies, sewerage, milk and food supplies, insect pests, and bilharzia control. He referred also to the duties of health authorities in relation to nutritional diseases and mental disorders.

CONCLUSION

The values of human health are not to be measured in monetary terms alone. The preamble of the World Health Organization constitution states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being. There is a moral, not merely a financial, issue involved. It is clear, however, that it will be easier to obtain the support needed for an effective health programme if it can be shown that such a programme will not only enrich the individual human life but will also bring tangible economic benefits to the community which invests in health. *Prevention is not only better than cure, it is also cheaper than cure.*

No centre which wishes to encourage visitors or to maintain an existing tourist industry dare neglect essential health services. There is no single factor which can so easily destroy a tourist industry as an outbreak of infectious disease; and this could often have been prevented if the authorities had adopted measures now available to enlighten communities.