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UNION OF SOUTH AFRICA

ANNUAL REPORT

OF THE

Department of Public Health

FOR THE

Year ending 30th June, 1942

PUBLISHED BY AUTHORITY

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DEPARTMENT OF PUBLIC HEALTH.

Report for the Year ended 30th June, 1942.

THE HONOURABLE THE MINISTER OF PUBLIC HEALTH,
PRETORIA.

Sir,

I have the honour to submit for your information the following brief report on the public health of the Union and on the work of the Department for the year ended 30th June, 1942.

I.—INTRODUCTORY.

In accordance with the general policy of the Government, dictated by war conditions, full annual reports are not to be printed this year and accordingly this has been made as brief as possible. No articles of an eduational or propaganda nature have b een included and the report merely reflects very briefly the principal matters of interest during the year under review.

In spite of war conditions, however, the work of the Department has steadily progressed and even with the shortage of staff satisfactory progress has been made. That the policy of the Department is a sound one is shown by the vital statistical returns. Unfortunately statistics are only available for the European section of the population and it is most unfortunate that statistics for other sections of the population are not available.

European:

The crude death rate for the calendar year 1941 was 9·47 per 1,000 of the population as against 10·41 in 1921. The standardised death rate for 1940 being the latest figure available is 8·65 as against 11·43 in 1921. Deaths from preventable diseases with which this Department is specially concerned show a very marked diminution. The death rate from tuberculosis, all forms, was 34·35 per 100,000 of the European population for 1941 as against 58·26 in 1921. Infantile mortality was 50·93 per 1,000 in 1941 as against 77·09 in 1921 and the maternal mortality is the lowest on record, being 2·49 for 1941 as against 4·94 in 1921. The death rate from pneumonia and bronchitis has fallen very considerably; the rate per 100,000 in 1941 being 86·14 as against 136·15 in 1921. There is a steady and marked increase in deaths from two causes, namely cancer, for which the death rate was 109·40 per 100,000 in 1941 as against 69·09 in 1921, and diseases of the heart and circulatory system 197·61 in 1941 as against 102·91 in 1921. These two later causes of death affect mainly the older sections of the population. Although I have seen no statement in the medical press, the lay press reported recently that Lord Horder had recently made the statement that the next generation would not suffer from cancer as this generation has done.

There was avery sharp outbreak of typhus in the Transkei and there have been small outbreaks of plague. The Department is keeping a watchful eye to guard against the introduction of infectious diseases from outside its borders.

The staff position is becoming more and more difficult and the scarcity of medical men and nurses is causing some anxiety. It is very difficult to get medical men as district surgeons and the nursing staffs in the various institutions are carrying on with reduced numbers and under very considerable inconvenience. The whole outlook regarding health is changing and the Department is keeping abreast of the times and taking a lead in the new conception. A most important development has taken place in the acceptance by Parliament of the proposal of appointing a National Health Services Commission. This Commission is now busily engaged in taking evidence and it is trusted that as a result of their labours considerable improvements will be effected.

II.—VITAL STATISTICS.

At 31st December, 1941, that is, the middle of the report year, the Census Department estimated the total population of the Union to be 10,521,700 of which 2,188,200 were Europeans. The non-European population was made up of 7,250,700 Bantu, 238,400 Asiatics and 844,400 Coloureds.

Tables 1 and 2 summarise the principal vital statistics for Europeans for the calendar year 1941. Tables 3 and 4 are interesting from the point of view of international comparisons.

The outstanding feature is the considerable reduction in the maternal mortality rate. There is also a steady reduction over a period of years in the standardised death rate and in the tuberculosis death rate, while the death rate from pneumonia and bronchitis is the lowest recorded. On the other hand the death rates from diseases of the heart and circulatory system and from cancer are the highest recorded and these death rates have been mounting steadily over the last twenty years. As indicated in last year's annual report in a community in which deaths from preventable diseases are controlled in an increasing measure it is to be expected that the death rate from diseases which are mainly those of middle and later life, such as diseases of the heart and circulatory system and cancer, will show an increase. Further reference is made to the maternal mortality rate and to the death rates from tuberculosis and cancer under the appropriate headings.

TABLE 1.—UNION OF SOUTH AFRICA: SUMMARY OF VITAL STATISTICS OF EUROPEAN POPULATION, 1920-1941.

Calendar Year.	European Population (estimated).	Birth Rate per 1,000 of Population.	Death Rate per 1,000 of Population.		Death Rate per 100,000 of Population from				Percentage of Total Deaths, the Cause of which was Medically Certified.	Infantile Mortality Rate (Deaths of Infants under One Year per 1,000 Live Births Registered).	Maternal Mortality Rate (Deaths of Mothers in connection with Pregnancy or Childbirth per 1,000 Live Births Registered).	Survival Rate or Rate of Natural Increase (Excess o Births over Deaths per 1,000 of Population).
			Actual or Crude.	Standardized.*	Diseases of Heart and Circulatory System.	Pneumonia and Bronchitis.	Cancer.	Tuberculosis (all forms).§				
1920	1,499,911	28·97	11·09	12·15	95·67†	113·87†	58·94†	46·00†	79·78	90·07	4·10†	17·88
1921	1,519,488‡	28·44	10·41	11·43	102·91	136·15	69·09	58·26	80·76	77·09	4·94	18·03
1922	1,556,241	27·52	9·48	10·41	97·99	127·24	70·88	47·74	82·96	72·91	5·21	18·04
1923	1,579,733	26·70	9·77	10·65	108·50	120·72	78·94	46·46	82·77	74·42	5·22	16·93
1924	1,610,774	26·29	9·62	10·44	123·92	123·79	76·36	51·59	84·74	73·73	4·75	16·67
1925	1,637,472	26·51	9·39	10·15	128·86	97·04	72·86	52·70	86·45	68·39	5·62	17·12
1926	1,676,660‡	26·16	9·59	10·28	127·21	113·44	71·18	53·41	87·76	64·82	4·56	16·57
1927	1,708,955	25·95	9·73	10·34	122·76	110·42	73·20	50·50	89·93	70·62	4·80	16·22
1928	1,738,937	25·77	10·15	10·69	133·53	127·72	77·52	50·95	89·93	70·49	4·98	15·62
1929	1,767,719	26·15	9·51	9·98	127·11	104·04	77·44	45·37	90·19	64·22	5·26	16·64
1930	1,797,900	26·44	9·69	10·08	132·33	112·87	82·62	46·76	91·15	66·84	5·26	16·75
1931	1,829,300	25·38	9·37	9·56	131·53	103·75	85·55	44·22	90·46	63·07	4·70	16·01
1932	1,859,400	24·17	9·97	9·98	137·52	113·75	89·06	42·33	90·84	68·57	5·31	14·20
1933	1,890,300	23·55	9·35	9·27	142·52	100·30	95·33	40·68	91·45	61·01	4·81	14·20
1934	1,914,700	23·44	9·68	9·55	156·21	94·53	92·39	39·54	91·91	60·79	5·99	13·76
1935	1,973,700	24·18	10·45	10·28	169·58	131·98	95·76	40·44	92·55	62·81	4·73	13·72
1936	2,008,700	24·21	9·57	9·50	154·38	106·19	97·28	34·40	92·88	59·06	5·10	14·64
1937	2,043,700	24·90	10·08	9·66	172·97	113·62	106·57	36·40	93·17	56·57	4·38	14·81
1938	2,081,400	25·01	9·48	8·93	153·55	102·53	103·44	38·34	94·20	51·69	3·69	15·53
1939	2,116,500	25·29	9·40	8·75	170·42	90·05	104·75	36·19	94·32	49·48	3·61	15·88
1940	2,152,700	25·29	9·42	8·65	190·18	89·93	102·80	35·95	94·75	50·06	3·37	15·87
1941	2,188,200	24·94	9·47	**	197·61	86·14	109·40	34·35	94·95	50·93	2·49	15·47

* The rate which would have obtained had the age and sex distribution of the population been the same as that of England and Wales at the 1901 census, the standard usually taken for international comparisons.
† Medically certified deaths only. Rates for subsequent years calculated on total deaths registered.
‡ Actual (per census).
§ Includes Miners' Phthisis combined with Pulmonary Tuberculosis.
** Not yet available.

CHART OF DEPARTMENT OF PUBLIC HEALTH *as at 30th June*, 1942.

Minister of Public Health (HON. H. G. LAWRENCE).

Council of Public Health.
- Minister (Chairman)
- Secretary and Chief Health Officer (Deputy Chairman)
- Director of Veterinary Services
- Mrs. J. E. Conradie
- Senator W. J. O'Brien, and Mr. L. C. Serrurier.
- Drs. K. Bremer, M.P., A. J. Orenstein, C. P. Theron and E. H. Cluver)

Secretary and Chief Health Officer (Dr. Peter Allan).

Deputy Chief Health Officer (Dr. A. J. van der Spuy).

Acting Under-Secretary (A. Stuart).

Departmental Chief Clerk (N. A. G. Reeler).

- 1 Accountant (W. J. van der Merwe).
- 1 Chief Clerk, Gr. II. (D. J. M. Marais).
- 3 Principal Clerks— (P. J. Pretorius, H. G. Andrews, and A. K. MacConnel).
- 4 Senior Clerks.
- 60 Clerks, Typists, etc.

Sections.

Detached Officers.	Inspection and Special Staff.	Maternity and Child Welfare.	Pathological and Biological Control Laboratories.	Port Health Officers.	District Surgeons.	Leprosy.	Venereal Diseases.	Malaria.	Tuberculosis.	Epidemic and Infectious Diseases (Plague, Typhus, Smallpox, etc.), and Vaccination.	Food and Drugs Adulteration; Habit-forming Drugs.	Local Authorities.	Other Bodies.
Capetown: Deputy Chief Health Officer: Dr. H. S. Gear. Assistant Health Officer: Dr. J. J. du Pré le Roux. Durban: Deputy Chief Health Officer: Dr. F. W. P. Cluver. Assistant Health Officer: Dr. A. L. Ferguson. Johannesburg: Senior Assistant Health Officer: Dr. B. M. Clark. S.A. Railways and Harbours: Deputy Chief Health Officer: Dr. C. G. Becker.	Assistant Health Officer (Dr. J. H. Loots). Assistant Health Officer (Venereal Diseases) (Dr. G. W. Gale). Medical Inspector (Dr. N. L. Murray). One Dental Health Officer (Dr. T. Ockerse). One Medical Inspector, Cape Native Territories (Dr. R. J. Smit). Medical Officer Native Health Unit (Dr. S. L. Kark). One Senior Dietitian (Miss G. M. Sedgwick). Two Dietitians. One Ecologist and Chief Rodent Officer (Mr. D. H. S. Davis) Five Inspectors (4 plague and 1 typhus).	Medical Inspector (Dr. K. D. Winterton). 3 Nurse Lecturers.	Capetown, and Vaccine Institute, Rosebank: (Drs. W. F. Rhodes, R. Turner, I. Gordon and A. H. Shapiro) Capetown Biological Control Laboratory: (Dr. M. H. Finlayson). Durban: (Dr. B. Sampson). South African Institute for Medical Research, Johannesburg.	Capetown: (Dr. J. M. Bosman). Durban: (Dr. G. A. Batchelor). Port Elizabeth: (Dr. H. W. A. Kay). East London: (Dr. R. V. S. Stevenson). Simonstown: (Dr. A. B. Bull). Knysna: (Dr. C. F. M. Marnewecke). Mossel Bay: (Dr. J. J. v. Reenen). Port St. Johns: (Dr. G. H. Meiring).	29 Whole-time. 6 Whole-time. (jointly). 347 Part-time. 382 Total.	*Leprosy Advisory Committee:* Secretary and Chief Health Officer (Chairman) Dr. P. Allan Professor W. H. Craib and Dr. W. F. Rhodes. Drs. A. Pijper, A. J. Orenstein, K. Bremer, M.P. *Institutions:* Pretoria: (Drs. A. R. Davison, H. J. F. Wood, P. A. Thornton and H. Pillemer). Emjanyana: (J. F. Roach and Dr. P. B. v. d. Lith). Mkambati:— (T. G. N. Cox and Dr. F. S. Drewe). Amatikulu: (I. G. Scotney and Dr. E. L. Riemer). Bochem: (J. H. Franz and Dr. H. C. Franz).	Venereal Diseases Advisory Committee, Chairman: Chief Health Officer; Dr. H. Gluckman, M.P., and departmental medical officers. *Institutions.* Rietfontein, Johannesburg: (Drs. J. Daneel and J. Meyer). Kingwilliamstown. Bochem (a). Elim (a) Jane Furse Memorial (a). Several smaller hospitals.	Transvaal: Senior Malaria Officer: (Dr. D. H. S. Annecke). Inspectors and Assistants. Natal: Medical Inspector: Dr. C. A. M. Murray. Inspectors.	*Institutions.* Nelspoort Sanatorium: (Drs. H. R. Ackermann, P. Scher and C. A. Sleggs). Rietfontein Hospital. King George V Hospital: (Drs. B. A. Dormer, J. Friedlander and F. J. Wiles). In addition to these Institutions under the direct control of the Department there is a number of other hospitals where accommodation is available.	Field Staff. District Surgeons. Local Authorities. Magistrates, etc.	Inspectors, Customs, Police, etc. Chemical work done in chemical laboratories of Department of Agriculture at Capetown & Johannesburg. Pharmacist.	248 Municipalities. 94 Village Management Boards. 40 Local Boards. 31 Village Councils. 59 Health Committees. 7 Local Administration and Health Boards. 95 Divisional Councils. 1 Health Board. 152 Magistrates. 5 Mining Commissioners. 732 Total.	Central Housing Board, Chairman, Sir E. N. Thornton, Members: Messrs. A. Stuart. F. W. Jameson, J. S. Cleland, G. R. Savage, T. J. Canty (Assessor Member). J. Combrink. (Acting Secretary) South African Medical Council. South African Pharmacy Board. Rand Water Board. National Nutrition Council.

(a) Receives grant-in aid.

TABLE 2.—SURVIVAL RATE OR RATE OF NATURAL INCREASE AMONG EUROPEANS IN THE UNION PER 1,000 OF THE POPULATION.

Year.	Birth-rate.	Death-rate.	Natural Increase.
1911	32·2	10·4	21·8
1912	32·2	10·3	21·9
1913	31·7	10·3	21·4
1914	30·2	9·5	20·7
1915	29·3	10·3	19·0
1916	29·3	10·2	19·1
1917	29·0	10·3	18·7
1918	28·6	17·2	11·4
1919	26·9	11·9	15·0
1920	29·0	11·1	17·9
1921	28·4	10·4	18·0
1922	27·5	9·5	18·0
1923	26·7	9·8	16·9
1924	26·3	9·6	16·7
1925	26·5	9·4	17·1
1926	26·2	9·6	16·6
1927	25·9	9·7	16·2
1928	25·8	10·2	15·6
1929	26·1	9·5	16·6
1930	26·4	9·7	16·7
1931	25·4	9·4	16·0
1932	24·2	10·0	14·2
1933	23·5	9·3	14·2
1934	23·4	9·7	13·7
1935	24·2	10·5	13·7
1936	24·2	9·6	14·6
1937	24·9	10·1	14·8
1938	25·0	9·5	15·5
1939	25·3	9·4	15·9
1940	25·3	9·4	15·9
1941	24·9	9·5	15·4

TABLE 3.—COMPARISON OF BIRTH, DEATH AND NATURAL INCREASE RATES AMONG EUROPEANS IN THE UNION WITH OTHER COUNTRIES. AVERAGE RATES FOR THREE-YEARLY PERIODS (BASED ON LATEST AVAILABLE INFORMATION).

Countries.	Birth-rate.	Death-rate.	Natural Increase.
Union of South Africa	25·2	9·4	15·8
Holland	20·7	9·0	11·7
Portugal	26·1	15·6	10·5
Canada	20·8	9·6	11·2
Italy	23·5	13·3	10·2
New Zealand	19·3	9·4	9·9
Australia	18·3	10·0	8·3
United States of America	16·9	10·5	6·4
Germany	20·0	12·2	7·8
England and Wales	14·9	12·7	2·2
France	14·7	15·7	*

* Decrease of 1·0.

TABLE 4.—INFANTILE MORTALITY RATES: EUROPEANS IN THE UNION, COMPARED WITH OTHER COUNTRIES. AVERAGE RATES FOR THREE-YEARLY PERIODS (BASED ON LATEST AVAILABLE INFORMATION).

New Zealand	32
Holland	36
Australia	38
Union of South Africa	51
England and Wales	53
Germany	61
France	73
Canada	60
Belgium	78
Italy	102
Lithuania	118
Portugal	128

III.—ADMINISTRATIVE MATTERS.

1. STAFF.

The Staff chart included in this section shows the Departmental organisation.

The work of the Department has been carried on under difficulties owing to the number of officers who have been allowed to join the fighting forces or who have been seconded to duties connected with the war effort.

2. DISTRICT SURGEONCY SYSTEM.

The District Surgeoncy System was described in considerable detail in the annual report for the year ended June, 1940. The district surgeons have continued to render valuable services to the community and the present position in relation to these services is summarised in the following table:—

TABLE 5.—DISTRICT SURGEONCIES AND ADDITIONAL DISTRICT SURGEONCIES AS AT 30TH JUNE, 1942.

Province.	Whole-time.	Whole-time, but Jointly with Local Authority or Public Body.	Part-time. On Inclusive Annual Salary. District Surgeons.	Part-time. On Inclusive Annual Salary. Additional District Surgeons.	Part-time. On Annual Salary with certain Supplementary Fees and Allowances.	Total.
Cape	6	5	—	32	135	178
Natal	3	—	—	2	43	48
Transvaal	18	1	1	21	52	93
Orange Free State	2	—	—	15	46	63
UNION	29	6	1	70	275	382

The twenty-nine whole-time posts are those at Cape Town (2); Durban (3); East London; Port Elizabeth; Pretoria (4) (one at Bronkhorstspruit); Johannesburg (4); Pietersburg (2); Bloemfontein (2); Wynberg; Knysna; Heidelberg (Tvl.); Nigel; Vereeniging; Nylstroom (2); Rustenburg (2); and De Lagersdrift (District Middelburg, Tvl.).

3. TABLE 6.—LOCAL AUTHORITIES UNDER THE PUBLIC HEALTH ACT (1919) AS AT 30TH JUNE, 1942.

Province.	Municipalities.	Village Management Boards.	Local Boards.	Village Councils.	Health Committees.	Local Administration and Health Boards.	Magistrates.	Divisional Councils.	Board of Health.	Mining Commissioners.	Total.
Cape	138	90	22	—	—	—	29	95	1	1	376
Natal	11	—	18	—	25	7	44	—	—	—	105
Transvaal	35	—	—	31	34	—	43	—	—	3	146
Orange Free State	64	4	—	—	—	—	36	—	—	1	105
UNION	248	94	40	31	59	7	152	95	1	5	732

IV.—WORK OF THE DEPARTMENT.

1. INSPECTIONS, INVESTIGATIONS AND FIELD WORK.

The field work of the Department has been carried on under the difficult circumstances caused by the war. The essential emergency work in connection with the prevention and control of infectious diseases has again formed an important part of the Department's work and the technical officers of the Department are always readily available to give assistance to local authorities and others in this connection.

2. PUBLICATIONS BY MEMBERS OF STAFF.

Dr. F. W. P. Cluver, Deputy Chief Health Officer, Durban.

"We must stamp out the curse of Malaria". The Forum, August 1941.

Dr. B. A. Dormer, Medical Superintendent, King George V Hospital for Tuberculosis.

"Amoebiasis—Pulmonary Complications" (with Dr. J. Friedlander). Brit. Med. Jnl., 23rd August, 1941.

"A Practical Plan to Fight Tuberculosis". The Forum, 25th October, 1941.

"The Cost of Controlling Tuberculosis". The Forum, 1st November, 1941.

"Tuberculosis Control—The Importance of the Family Unit" (with Drs. J. Friedlander and F. Wiles). S.A. Med. J. XV., 453, 22nd November, 1941.

"An unusual case of Cancer" (with Drs. J. Friedlander and F. Wiles). S.A. Med. J., XV., 487, 13th December, 1941.

Dr. Davison, Medical Superintendent, Pretoria Leper Institution.

"Leprosy Treatment with Grasset's Tubercle Endotoxoid".
Leprosy Review Vol. 12, No. 1.

"Diphtheria Toxoid in the treatment of Leprosy" (with Grasset).
Leprosy Review, Vol. 12, No. 4.

Dr. T. Ockerse, Dental Health Officer, Pretoria.

"Endemic Fluorosis in the Pretoria District". South African Medical Journal Vol. XV No. 14, 20th July, 1941.

"Misplaced Lower Second Premolars". British Dental Journal Vol. LXXI, No. 4, 15th August, 1941. p. 134.

"Dental Health Education". South African Dental Journal, Vol. 16, No. 5, May 1942.

"Report on the Incidence of Dental Carries among School Children in the Port Elizabeth, Humansdorp and Uitenhage Districts, C.P." South African Dental Journal, Vol. 15, No. 12, December, 1942.

Mr. D. H. S. Davis, Ecologist and Chief Rodent Officer.

"The susceptibility of the South African gerbils (Genus *Tatera*) to Rickettsial diseases and their use in the preparation of anti-typhus vaccine". Trans. Roy. Soc. Trop. Med. Hyg. 36:1–7 (as jun. author with Dr. James Gear) 1942.

"Rodent damage in plantations and its prevention". J. S. Afr. Forestry Association No. 8:64–69, 1942.

3. HEALTH EDUCATION AND PROPAGANDA.

The arrangement by which this work is carried out by the S.A. Red Cross Society on behalf of the Department with a Departmental subsidy is being continued. It is felt that in spite of the war, and even perhaps because of it, the work of education of the public in the prevention of disease is more essential than ever. There is a considerable amount of propaganda material available in the form of health films, pamphlets, leaflets, and posters, both from the Red Cross Society and from the Department. Further particulars may be obtained on application.

4. LABORATORIES.

The amount of work undertaken at the Department's pathological laboratories at Cape Town and Durban shows a considerable increase over last year. This is largely accounted for by an increase in the work done for the Department of Defence. The work done by these two laboratories and that carried out on behalf of the Government at the South African Institute for Medical Research, Johannesburg and Port Elizabeth and at the Frere Hospital Laboratory, East London, is shown in Table 7.

TABLE 7.—PATHOLOGICAL LABORATORIES: ANALYSES AND EXAMINATIONS, YEAR ENDED 30TH JUNE, 1942.

Particulars.	Laboratories.		South African Institute for Medical Research.		East London Hospital Board.
	Cape Town.	Durban.	Johannesburg.	Port Elizabeth Branch.	East London and Border Pathological Laboratory.
Specimens examined for Government Departments—					
Agriculture	22	—	—	(e)	—
Customs and Excise	9	—	—	—	—
Defence	13,104	6,310	52,421	4,249	246
Interior (Mental Hospitals, etc.)	1,023	604	1,879	981	11
Justice	—	318	1,553	345	—
Prisons	1,641	265	1,438	4	7
Mines (including Miners' Phthisis)	3	—	19,714	—	—
Posts and Telegraphs	—	—	—	—	—
Public Health (including Leper Institutions)	13,776	9,283	85,819	8,140	7,383
Public Works	9	—	—	—	—
South African Railways and Harbours	189	1,229	—	—	—
Other Government Work	1,569	1,465	203	40	10 (g)
General Hospitals (Provincial)	4,947	26,762	66,100	12,066	1,257
Local Authorities	42,687	6,716	10,050	26,416	—
Medical Practitioners	12,630	20,164	18,462	1,822	394
Other Governments or Administrations	97	—	6,073	—	—
Others	1	228	27,342 (a)	12	—
TOTAL	91,705	73,344	291,054	54,075	9,308
Manufactures and Issues—					
Autogenous Vaccines	400 (j)	4	1,196 (i)	98 (i)	30
Bacterial Vaccines (Stock) c.c.	—	—	1,290,196	(f)	—
Tuberculin Dilutions c.c.	—	—	—	28	—
Sera (various), Bacterial Filtrates c.c.	—	—	1,443,192 (b)	(f)	—
Anti-rabic Vaccine c.c.	16,750	—	—	—	—
Chaulmoogra Oil Preparations c.c.	27,500	—	—	—	—
Smallpox Vaccine—					
Calf Lymph (prepared at Vaccine Institute, Rosebank) tubes	2,988,648	—	866,576 (c)	530 (c)	—
Others doses	118,300 (h)	—	42,441 (d)	—	—
Attendances at Courts of Law by Members of Staff	360	3	—	3	—
Total Days' Absence entailed by such Attendances	149	3	—	9	—

(a) Includes 25,809 examinations for the mining industry.
(b) Includes 156,150 c.c. bacterial filtrates.
(c) Issues only.
(d) Oral vaccines.
(e) Included in other Government work.
(f) Included in Johannesburg figures.
(g) Police.
(h) Iodized ethyl esters.
(i) Bottles.
(j) c.c.

5. BIOLOGICAL CONTROL LABORATORIES:

The routine work is reflected in the following tables. The work regarding the vitamin content of South African fish liver oils has been continued and has yielded important information. Reference to the subject of fish liver oil is also made in section 15, chapter VI, regarding Nutrition and Dietetics. Investigations are also being carried out with regard to the vitamin A and B_1 content of other African products.

The laboratory has started the processing of serum from human whole blood and it is intended to develop this work.

6. PORT HEALTH ADMINISTRATION.

The staffs at both Cape Town and Durban have again worked under high pressure owing to the increased amount of shipping due to the war conditions. Anti-plague measures have been strictly enforced and are particularly necessary as it is difficult to ascertain where ships have called before coming to this country. One case of smallpox was introduced at Cape Town and another at Durban. Both came from the East. The usual precautionary measures were taken and there was no spread of the disease. There were no other cases of formidable epidemic disease but a large number of cases of other infectious diseases were dealt with.

The measures referred to in last year's report for preventing the introduction of infectious disease by aircraft have been continued at the sanitary airports at Vaaldam and Durban.

TABLE 8.—EXAMINATIONS CARRIED OUT UNDER THE THERAPEUTIC SUBSTANCES REGULATIONS, YEAR ENDED 30TH JUNE, 1942.

Name of Product Examined.	Manufactured in Union.	Imported into the Union.	Number Unsatisfactory.
Bacterial Vaccines	61	26	1
Schick Test Toxin	—	—	—
Diphtheria Prophylactic	—	5	—
Tuberculin	—	—	—
Diphtheria Antitoxin	5	12	1
Tetanus Antitoxin	7	19	1
Arsphenamines and Derivatives	—	10	—
Insulin	—	3	—
Pituitary (Post. Lobe) Extract	—	4	—
Sterilised Surgical Sutures	—	25	—
Sex Hormones and Sex Hormone Preparations	—	—	—
Vitamins and vitamin-containing preparations	—	1	—
Antivenomous Sera	—	—	—
TOTAL	73	95	3

TABLE 9.—LICENCES ISSUED UNDER THE THERAPEUTIC SUBSTANCES REGULATIONS (GOVERNMENT NOTICE NO. 1131 OF 1935).

Therapeutic Substances.	Manufacturing Licences.			Import Licences.			Research Licences.			Vitamin Permits.		
	Issued 1941–42.	Cancelled 1941–42.	In Force 30/6/42.	Issued 1941–42.	Cancelled 1941–42.	In Force 30/6/42.	Issued 1941–42.	Cancelled 1941–42.	In Force 30/6/42.	Issued 1941–42.	Cancelled 1941–42.	In Force 30/6/42.
Antitoxic and Bacterial Sera	—	—	2	3	3	12	—	—	11	—	—	—
Antigens and Bacterial Vaccines	1	2	14	3	5	13	—	—	11	—	—	—
Arsphenamines and Arsphenamine Derivatives	—	—	—	1	1	9	—	—	11	—	—	—
Insulin	—	—	—	2	2	12	—	—	11	—	—	—
Pituitary (Post. Lobe) Extract	1	—	1	3	1	13	—	—	11	—	—	—
Sterilised Surgical Ligatures and Sutures	—	—	—	—	—	9	—	—	11	—	—	—
Sex Hormones and Sex Hormone Preparations	—	—	—	11	4	23	—	—	—	—	—	—
Vitamins and Vitamin-containing Preparations	—	—	—	4	3	7	—	—	—	4	3	18
Antivenomous Sera	—	—	—	—	—	1	—	—	—	—	—	—

TABLE 10.—EXAMINATIONS CARRIED OUT UNDER THE FOOD, DRUGS AND DISINFECTANTS ACT, NO. 13 OF 1929.

Name of Product.	Number Examined.		Number Unsatisfactory.	
	1940–41.	1941–42.	1940–41.	1941–42.
Digitalis Powder	—	—	—	—
Tincture of Digitalis	33	23	—	2
Tincture of Strophanthus	6	—	2	—
Adrenaline B.P.	—	—	—	—
TOTAL	39	23	2	2

V.—INFECTIOUS AND OTHER DISEASES.

1. NOTIFICATIONS.

The number of cases of infectious disease notified in the year under review was higher than usual. This is largely accounted for by the greater incidence of Scarlet Fever.

Table 11 shows the numbers of cases of infectious diseases reported during the year. The totals for the previous year are also given for comparison. It must be borne in mind, however, that many cases, particularly amongst the Natives, are never seen by a medical practitioner and are, consequently, not notified.

TABLE 11.—NOTIFICATION OF DISEASE BY MEDICAL PRACTITIONERS DURING THE YEARS ENDED 30TH JUNE, 1941 AND 30TH JUNE, 1942.

Disease.	Year Ended 30th June, 1941. Union. Total.	Year Ended 30th June, 1942. Union.	Cape Province, excluding Transkei. European.	Cape Province, excluding Transkei. Non-European.	Transkei. European.	Transkei. Non-European.	Natal. European.	Natal. Non-European.	Orange Free State. European.	Orange Free State. Non-European.	Transvaal. European.	Transvaal. Non-European.
Anthrax	63	31	2	6	—	—	1	1	1	5	7	8
Diphtheria	3,032	3,317	904	524	21	18	422	205	217	72	790	144
Encephalitis, Infective	75	25	10	8	—	—	—	3	—	—	2	2
Enteric or Typhoid Fever	3,538	3,850	265	788	13	390	182	764	62	151	426	809
Erysipelas	413	431	74	64	5	6	27	9	11	4	136	95
Lead Poisoning	9	1	—	—	—	1	—	—	—	—	—	—
Leprosy	719	699	1	113	—	193	—	161	—	—	4	227
Malta Fever	14	10	2	1	—	—	—	—	—	—	6	1
Meningitis, Epidemic Cerebro-spinal	969	629	83	52	2	9	33	81	10	15	85	259
Ophthalmia, Gonorrhoeal	191	100	3	31	—	—	7	38	—	—	2	19
Ophthalmia Neonatorum	610	603	52	223	—	11	2	27	5	17	78	188
Plague (for detailed list of cases and deaths, see Table 15)	90	79	—	6	—	32	—	—	6	35	—	—
Poliomyelitis, Acute	92	45	10	4	—	2	10	1	—	—	14	4
Puerperal Fever, including Puerperal Sepsis	604	578	50	130	1	56	2	68	2	9	101	159
Rabies	50	3	—	1	—	—	—	—	1	1	—	—
Scarlatina or Scarlet Fever	1,991	7,949	825	49	16	35	248	4	419	3	6,272	78
Smallpox (for detailed list of cases and deaths, see Table 16)	1,014	1,781	—	15	—	—	1	275	—	728	10	752
Trachoma	101	87	5	27	—	1	1	8	—	—	—	45
Tuberculosis	15,421	14,580	649	4,697	5	3,838	163	1,969	11	143	202	2,903
Typhus Fever (for detailed list of cases and deaths, see Table 23)	714	1,546	15	128	1	1,328	1	37	—	20	1	15
TOTALS	29,716	36,344	2,950	6,867	64	5,920	1,100	3,651	745	1,203	8,136	5,708

2. BILHARZIASIS OR SCHISTOSOMIASIS.

The Transvaal Bilharzia Committee continues to carry out the major portion of the work against the disease. Unfortunately the mobile unit, which did such excellent and economical work, ceased to function for the time being at the end of 1941 on account of the resignations of the medical officer and the nurse. Up to the present the Committee has not been able to find a suitable medical practitioner to fill the vacancy and mass treatment is now being carried out by the school medical inspectors during the vacations. During a period of about nine months approximately six thousand children were examined by the mobile unit. The incidence of bilharzia infection varied from a minimum of 1.4 per cent at Zeerust Primary School to 34 per cent. at White River School. These examinations revealed the existence of certain heavily infected foci with a fair distribution of less severe infestation over a large area of the Transvaal.

The system of sustained propaganda, the display of warning notices, financial assistance in providing swimming baths and bilharzia-free water at schools is being continued by the Committee.

Certain areas in Natal are also fairly heavily infected, and in that province sufferers are treated either by district surgeons or private medical practitioners.

3. CANCER.

This subject was dealt with extensively in the annual report for the year ended June, 1939. As indicated in Table 1 the mortality rate from cancer continues to rise steadily and the disease constitutes one of the greatest causes of death.

4. DIPHTHERIA.

Diphtheria forms one of the most serious public health problems of the country. The matter was fully dealt with in the last annual report, and there is nothing further to add to what was stated there except that the importance of the subject is not yet fully appreciated and that the public and local authorities are not yet taking sufficiently active steps in connection with the matter.

5. LEPROSY.

A Departmental conference of medical officers took place in September, 1941. Unfortunately the abnormal times made it impossible for all the institutions to be represented. We were, however, pleased to have with us a representative from the Botsabelo Institution in Basutoland. The opportunity for exchange of opinion was found very useful and an endeavour will be made to arrange similar conferences periodically. It is trusted that more of our neighbours will be able to take part in these conferences.

Arising out of this conference and with the concurrence of the Leprosy Advisory Committee, the Cairo terminology has been adopted for the classification of the patients in our institutions. The re-grouping of all patients in accordance with this new classification has now been completed by the Leprosy Board.

TABLE 12.—LEPER INSTITUTIONS: PATIENTS THEREIN ON 30TH JUNE, 1942.

Institution.	Europeans. M.	Europeans. F.	Native. M.	Native. F.	Mixed Coloured. M.	Mixed Coloured. F.	Asiatic. M.	Asiatic. F.	Total. M.	Total. F.	Total. Persons.
Pretoria	52	25	481	277	65	20	6	4	604	326	930
Mkambati	—	—	110	104	—	—	—	—	110	104	214
Emjanyana	—	—	315	288	—	—	—	—	315	288	603
Amatikulu	—	—	268	176	—	—	—	—	268	176	444
Bochem	—	—	53	50	—	1	—	—	53	51	104
TOTAL	52	25	1,227	895	65	21	6	4	1,350	945	2,295

TABLE 13.—LEPROSY: FIRST ADMISSIONS, RECRUDESCED CASES, DISCHARGES AND DEATHS, YEAR ENDED 30TH JUNE, 1942.

Institution.	Admissions for First Time.	Recrudesced.	Discharged.	Died.
Pretoria	307	25	146	94
Mkambati	44	22	50	15
Emjanyana	172	26	148	69
Amatikulu	125	22	71	46
Bochem	22	3	24	9
TOTAL	670	98	439	233

TABLE 14.—LEPROSY CASES REMAINING IN THEIR OWN HOMES ON 30TH JUNE, 1942.

	Certified and Awaiting Removal to Leper Institution.	House Segregated.	Discharged from Leper Institutions. Still under Surveillance.	Discharged from Leper Institutions. Released from Surveillance.	Total.
Cape Province (excluding Transkei)	—	1	182	586	769
Transkei	10	2	783	1,242	2,037
Transvaal	1	1	745	1,074	1,821
Natal	12	—	358	753	1,123
Orange Free State	1	1	154	229	385
UNION	24	5	2,222	3,884	6,135

6. MALARIA.

(a) *Natal and Zululand.*

The climatic cycle was very similar to that of 1931-32 when the Province experienced the most severe epidemic of malaria ever known. As was the case at that time a severe drought was followed by heavy rainfall in the late summer and autumn. The rainfall for the year 1941 was the lowest for 24 years and was followed by heavy rainfall and high humidity during the four months of the late summer. Thus most favourable conditions for the breeding of anopheles gambiae were provided and a great increase in the breeding of this species took place.

As was to be expected the incidence of malaria shows an increase over recent years. Local authorities, malaria committees and other organisations had, however, been circularised early in the season of the anticipated danger. In the coastal areas there was no apparent increase in the incidence, but isolated fresh infection occurred as far south as Durban, in areas which had been free from malaria for the past six years. In the Native reserves there was spread of infection to areas previously infected only during epidemic years and the increased incidence of the disease was more marked.

The system of control has not materially changed during the last eight years. The systematic application of larvicidal oil in the densely populated areas and insecticidal spraying of habitations at suitable intervals continues to give satisfactory results. In the Native reserves both methods of control are applied in areas joining European settlements but in the more inaccessible areas where the population is widely scattered insecticidal methods only are applied. The planting of gum trees in low lying land which may become water logged in wet weather has been continued. This is proving effective in drying out such land and where previously there were areas of prolific vector breeding these have now been replaced by flourishing gum plantations with complete elimination of vector breeding.

The past summer has provided the most severe test since the inception of organised control in the Province. The results on the whole have demonstrated the effectiveness of the system.

(*b*) *Transvaal.*

The rainfall was lower than in the preceding year and there was no serious outbreak. There were, however, sporadic outbreaks in the Eastern Transvaal where in certain parts ideal conditions for the spread of anopheles gambiae prevailed. The area most severely affected was that between Komatipoort and Barberton where the malaria incidence rose rapidly during February. Anti-malarial work was intensified and by the middle of April the position was well in hand. The rural population in this area is wide awake to control measures and therefore did not suffer unduly. The Native malaria organisation operating in the adjacent reserve assisted in keeping the incidence down to normal proportions in this area.

7. Plague.

Two major foci of plague were active during the year in the Transkei and in the Bothaville district. Six outbreaks occurred in locations in the Transkei, five of which consisted of one case only. The other occurred in the Mkapusi Location and on an adjoining farm in the Queenstown district. In this outbreak during March and April there were 32 cases of bubonic or septicaemic plague. A comprehensive deverminisation programme was carried through despite bad weather. The primitive conditions of life in the reserve hampered control operations. Infection was derived from domestic rats (*R. rattus*) and multimammate mice (*Mastomys*) which started dying out from plague at the end of 1941 following a widespread epizootic amongst gerbils (*Tatera*), which at the time of the outbreak were increasing again. Nineteen separate outbreaks, one of pneumonic plague, occurred in the Bothaville district over a wider area than in the previous year. The pneumonic outbreak* took place in the Viljoenskroon Native Location in July and August and drastic action was taken to prevent its spread in the location and to the village of Viljoenskroon. There were 11 cases, all of pneumonic plague. Live avirulent vaccine was used on a large scale and concentrated serum was used both in treatment and prophylactically for cases and contacts. There was one case of proved pneumonic plague which recovered.

Field investigations and research.—The work described in previous reports was continued on much the same lines. Gerbils in the Ermelo district which had been very abundant up to 1940 increased in numbers during 1941 and no damage to newly planted crops took place, nor was there any indication of the cause of the epizootic in spite of the examination of much material. An investigation was made into the causes of mortality amongst gerbils between Vereeniging and Johannesburg, but no evidence of plague was found. In part the reduction in number was due to drought followed by exceptionally heavy rains. Gerbil census areas in the northern Orange Free State were kept under observation, but no recovery in numbers took place following the epizootics of plague during 1940-41.

Bacteriological investigations in collaboration with the S.A. Institute for Medical Research were continued. The multimammate mouse bred in the laboratory was finally adopted as the standard experimental and test animal and its usefulness proved in tests of vaccines and sera prepared at the Institute. The white footed rat (*Mystromys*) was established as a laboratory breeding animal. Stocks of gerbils were maintained for use in connection with the experimental production of anti-typhus vaccine.

* See Clark, B. M., and Goldberg, S. "Pneumonic Plague: Recovery in a Proved Case" (in press), *S.A. Medical Journal.*

Table 15.—Distribution of Human Plague in the Union during the Year ended 30th June, 1942.

Province.	Number of Outbreaks.	European.		Non-European.		Total.	
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Cape.							
Glen Grey.....	6	—	—	32	14	32	14
Port Elizabeth..	1	—	—	1	1	1	1
Queenstown.....	*	—	—	5	4	5	4
Three Districts..	7	—	—	38	19	38	19
Orange Free State—							
Bothaville.....	19	4	2	29	20	33	22
Heilbron.....	2	—	—	5	2	5	2
Kroonstad.....	1	—	—	1	1	1	1
Rouxville.....	1	2	1	—	—	2	1
Four Districts...	23	6	3	35	23	41	26
Union.....	30	6	3	73	42	79	45

* These cases were derived from an adjoining location in the Glen Grey district and cannot be considered to form a separate outbreak.

8. Scarlet Fever.

There was an extensive outbreak of Scarlet Fever on the Reef and in Pretoria and an increased incidence of the disease in other parts of the country. Nearly 8,000 cases were notified, this is about four times the usual number. The disease was in general of a mild type and this probably accounted to a large extent for the extensive spread, as there were probably many unrecognised cases.

9. Sleeping Sickness.

The danger of the introduction of sleeping sickness into the Union from neighbouring territories was discussed in last year's annual report. Since then certain developments have taken place.

A considerable number of cases has occurred in the northern part of Bechuanaland Protectorate. Steps are being taken by the Bechuanaland administration to control the position and the opinion has been expressed that owing to the unsuitable nature of the country, the spread of tsetse fly to the south is very unlikely to occur. In any case there is, fortunately, a wide buffer area between the infected part of Bechuanaland and the border of the Union. The possibility of the introduction of cases or carriers of the disease into the Union cannot, however, be overlooked.

Reference was made in last year's report to arrangements then being made for representatives of the Union Government, Southern Rhodesia and Portuguese East Africa to discuss on the spot the position in regard to the spread of tsetse fly southwards in Portuguese territory towards the Union border. This discussion took place during September 1941. The Union Government was represented by members of the Division of Veterinary Services and this Department who were the guests of the Southern Rhodesian Government to whom our appreciation is due for their kindness and courtesy in arranging this expedition. The conclusion was reached that the danger of the introduction of sleeping sickness into the Union from Portuguese East Africa was not great at present, because the disease only occurs in the northern part of that territory. There is, however, definite danger of the introduction of tsetse fly into the north eastern Transvaal and particularly into the northern extremity of the game reserve where the game would provide good conditions for propagation of the fly. There is evidence that the fly is moving south in Portuguese territory, and there seems no reason why it should not eventually reach and cross the Transvaal border. If the tsetse fly became established in the northern Transvaal it would not only constitute a serious menace to stock but it would only need to be infected by a case or carrier of sleeping sickness to initiate spread of that disease. There is a regular bus service bringing Native recruits for the mines down through the fly infested area and there is a distinct possibility of tsetse fly being introduced by this means. The whole matter requires further investigation before any definite recommendations can be made.

10. Smallpox.

The incidence of smallpox during the year under review was unfortunately higher than for last year. Outbreaks occurred in all four provinces at widely scattered points, but mainly in areas where there are aggregations of Natives. The factors which militate against the complete suppression of outbreaks have been indicated in last year's annual report but the extensive vaccinations which have been carried out are now showing results and there is evidence that the incidence of the disease is gradually being lowered.

The disease has fortunately maintained its mild form and the death rate for the year is less than 1 per cent.

Table 16 summarises the distribution of cases, and table 17 shows the number of vaccinations of infants and children in the classes of the population which register births.

Table 16.—Smallpox: Cases and Deaths Reported during the Year ended 30th June, 1942.

Province.	Number of Districts in which Outbreaks Occurred.	European.		Non-European.		Total.	
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Cape.....	5	—	—	15	—	15	—
Natal.....	12	1	—	275	—	276	—
Orange Free State	13	—	—	728	7	728	7
Transvaal.....	24	10	—	752	6	762	6
Union.....	54	11	—	1,770	13	1,781	13

11. Tuberculosis.

Tuberculosis is still one of the major public health problems of the country. The disease is one which is greatly affected by economic and social conditions, but it is a matter of satisfaction to know that so far the war conditions have not detrimentally affected the position as far as Europeans are concerned. The death rate for the calendar year 1941, namely 34.35 per 100,000 of the European population, is the lowest on record, the figure for 1921 being 58.26. We have no details about the non-European section of the community, but it is feared that in some areas at least there has been an increase in the death rate.

The notifications for the year ended 30th June, 1942, were as follows:—

	European.	*Non-European.*
Cape (excluding Transkei)	649	4,697
Transkei	5	3,838
Natal	163	1,969
Orange Free State	11	143
Transvaal	202	2,903

TABLE 17.—VACCINATION OF INFANTS AND CHILDREN IN THE CLASSES OF THE POPULATION WHICH REGISTER BIRTHS, YEAR ENDED 30TH JUNE, 1942.

Particulars.	Cape.		Transvaal.		Natal.			Orange Free State.	Union.
	Cape Peninsula.	Remainder of Province.	Rand Area.	Remainder of Province.	Durban.	Pietermaritzburg.	Remainder of Province.		
Births entered in Vaccination Register	13,368	40,994	17,014	13,489	3,148	769	1,865	3,994	94,641
Successfully Vaccinated	6,139	3,221	1,721	1,454	1,285	339	571	1,082	15,812
Insusceptible to Vaccination	4	40	51	21	84	26	17	12	255
Vaccination Postponed owing to Illness	56	185	75	230	103	12	49	147	857
Previously had Smallpox	—	—	—	—	—	—	—	—	—
Deaths of Infants under Two Years Registered	2,026	6,594	708	709	225	28	155	231	10,676
Exempted under Section 10, Act No. 15 of 1928	23	70	200	41	99	25	31	47	536

There were some 750 deaths amongst Europeans from tuberculosis. Whilst it is not possible to give the number of deaths from tuberculosis amongst non-Europeans and being aware of the fact that all cases are not notified, it is estimated that there were at least 15,000 deaths from tuberculosis in the non-European population during the past year. The modern concept with regard to the number of beds required for dealing with tuberculosis is one bed per annual death. Thus we are short of beds for Europeans and the number of beds for non-Europeans is totally inadequate. It is estimated that there are some 515 beds available for Europeans and making use of mission stations there are in the neighbourhood of 2,000 for non-Europeans. It is hoped that after the war several military hospitals will become available for use as tuberculosis institutions. The Department in the meantime is making steady progress in the provision of beds. The new hospital at Cape Town has not yet been commenced. This will provide accommodation for 200 patients, and plans are now being prepared for a contemplated hospital at Worcester to serve a large area of the Southern Cape. During the year 100 beds were provided in Cape Town for non-Europeans; 100 beds are under construction for non-Europeans at Rietfontein and in conjunction with the Transvaal Province 86 beds were provided at Rietfontein for non-Europeans. The Department realises that tuberculosis is a preventable disease and special emphasis is laid on housing and nutrition matters.

The following tables indicate the admissions, discharges and deaths of tuberculosis cases at King George V Hospital for Tuberculosis, Durban, at Nelspoort Sanatorium in the Cape Province and at Rietfontein near Johannesburg:—

TABLE 18.—KING GEORGE V HOSPITAL: ADMISSIONS, DISCHARGES AND DEATHS.

Race.	Patients in Residence at 1/7/41.			Patients Admitted during Year.			Patients Discharged during Year.			Patients Died during Year.			Patients in Residence at 30/6/42.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
European	44	27	71	98	52	150	60	46	106	29	13	42	53	20	73
Coloured	15	13	28	23	18	41	11	15	26	11	7	18	15	9	24
Indian	18	7	25	31	22	53	22	13	35	9	4	13	19	12	31
Native	—	—	—	—	1	1	—	—	—	—	1	1	—	—	—
TOTAL	77	47	124	152	93	245	93	74	167	49	25	74	87	41	128

TABLE 19.—NELSPOORT SANATORIUM: ADMISSIONS, DISCHARGES AND DEATHS.

	Total.	Europeans.			Coloureds.			Military.		
		M.	F.	T.	M.	F.	T.	E.	C.	T.
In Sanatorium, 1/7/1941	149	39	46	85	32	32	64	—	—	—
Admitted during year	519	94	93	187	101	63	164	94	74	168
Died during year	20	4	2	6	6	4	10	3	1	4
Discharged during year	429	82	92	174	85	72	157	91	7	98
In Sanatorium, 30/6/42	219	47	45	92	42	19	61	—	66	66

TABLE 20.—RIETFONTEIN TUBERCULOSIS HOSPITAL: ADMISSIONS, DISCHARGES, DEATHS.

	Europeans.		Coloured.		Natives.		Asiatics.	
	M.	F.	M.	F.	M.	F.	M.	F.
In Hospital, 1/7/1941	—	—	3	8	21	13	1	—
Admitted during year	—	—	8	10	46	44	—	—
Died during year	—	—	3	4	11	8	—	—
Discharges during year	—	—	7	11	27	33	1	—
In Hospital, 30/6/42	—	—	1	3	29	16	—	—

12. TYPHOID OR ENTERIC FEVER.

The incidence of this disease in the country as a whole does not show any significant change over the last few years. During the year under review there were a greater number of cases than usual in Natal due largely to an outbreak in Durban.

TABLE 21.—ENTERIC OR TYPHOID FEVER: DISTRIBUTION OF CASES REPORTED DURING THE YEAR ENDED 30TH JUNE, 1942.

Area.	European.	Non-European.	Total.
Cape Province (excluding Transkei)	265	788	1,053
Transkei	13	390	403
Natal	182	764	946
Orange Free State	62	151	213
Transvaal	426	809	1,235
TOTAL	948	2,902	3,850

TABLE 22.—ENTERIC OR TYPHOID FEVER: NOTIFICATIONS AND INCIDENCE IN LOCAL AUTHORITY AREAS IN WHICH 10 OR MORE CASES WERE NOTIFIED DURING THE YEAR ENDED 30TH JUNE, 1942 (ARRANGED IN ORDER OF INCIDENCE)—EXCLUDING CASES RETURNED AS "IMPORTED".

Local Authority.	Notifications.			Incidence per 1,000 of Population.		
	European.	Non-European.	Total.	European.	Non-European.	All Races.
Tsomo, V/C	3	9	12	27·52	64·29	48·19
Umtata, M.	6	105	111	2·53	32·89	19·93
Port Nolloth, V/C.	—	28	28	—	21·52	16·83
Richmond (Natal) H/C	—	14	14	—	11·02	9·29
Jansenville, M.	2	12	14	3·04	10·93	7·98
Victoria West, M.	3	11	14	2·74	9·02	6·06
Alice, M.	—	16	16	—	7·22	5·48
Alexandra, H/C	—	87	87	—	5·20	5·20
Barkly East, M.	2	8	10	2·11	5·09	3·97
Kroonstad, M.	7	45	52	1·19	5·59	3·73
Estcourt, M.	5	5	10	3·74	3·34	3·53
Newcastle, M.	1	11	12	0·53	3·62	2·44
Beaufort West, M.	2	14	16	1·06	3·11	1·97
Hercules, M.	7	22	29	0·98	2·07	1·63
Uitenhage, M.	9	23	32	0·95	2·06	1·55
Graaff-Reinet, M.	2	16	18	0·46	2·12	1·51
Paarl, M.	8	21	29	0·82	2·15	1·49
Vereeniging, M.	5	27	32	0·55	1·91	1·38
East London, M.	8	63	71	0·35	2·17	1·37
Harrismith, M.	5	7	12	1·49	1·15	1·27
Durban, M.	129	216	345	1·23	1·27	1·26
Queenstown, M.	11	11	22	1·40	0·95	1·13
Kingwilliamstown, M.	2	9	11	0·36	1·86	1·06
Bethlehem, M.	5	6	11	0·95	1·12	1·04
Roodepoort - Maraisburg, M.	5	33	38	0·29	0·92	0·71
Pietermaritzburg, M.	5	28	33	0·18	1·05	0·60
Johannesburg, M.	184	101	285	0·66	0·40	0·53
Port Elizabeth, M.	34	25	59	0·66	0·43	0·53
Springs, M.	14	43	57	0·62	0·51	0·53
Benoni, M.	7	38	45	0·33	0·59	0·53
Germiston, M.	13	27	40	0·40	0·57	0·50
Cape Town, M.	42	116	158	0·27	0·73	0·50
Pretoria, M.	36	29	65	0·36	0·68	0·46
Brakpan, M.	7	22	29	0·30	0·50	0·43
Boksburg, M.	4	13	17	0·22	0·35	0·31
Krugersdorp, M.	2	14	16	0·10	0·31	0·25
Bloemfontein, M.	6	5	11	0·22	0·15	0·19

V/C = Village Council. H/C = Health Committee. M. = Municipality.

13. TYPHUS OR RICKETTSIOSIS.

The incidence of typhus was somewhat higher than it has been during the past 5 years. As usual the great majority of cases occurred in Natives in the Transkei and Ciskei. There was a serious outbreak in the Tsomo district in November and December 1941.

TABLE 23.—TYPHUS FEVER: CASES AND DEATHS REPORTED DURING THE YEAR ENDED 30TH JUNE, 1942.

Province.	Number of Districts in which Outbreaks Occurred.	European.		Non-European.		Total.	
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Cape	39	16	1	1,456	334	1,472	335
Natal	5	1	—	37	21	38	21
Orange Free State	2	—	—	20	—	20	—
Transvaal	3	1	—	15	3	16	3
UNION	49	18	1	1,528	358	1,546	359

14. VENEREAL DISEASE.

This very important matter was dealt with fully in last year's annual report and it is not proposed to add anything except to say that additional funds have been provided by the Treasury for venereal disease services. Every effort is being made by the Department to ensure that regular weekly treatment is given by District Surgeons to their patients over a more prolonged period than has been the case heretofore.

TABLE 24.—VENEREAL DISEASES: CASES TREATED AND ATTENDANCES, YEAR ENDED 30TH JUNE, 1942.

Locality.	In Hospital.						Outdoor.					
	Syphilis.		Gonorrhoea and other Venereal Diseases.		Total.		Syphilis.		Gonorrhoea and other Venereal Diseases.		Total.	
	European.	Non-European.	European.	Non-European.	European.	Non-European.	European.	Non-European.	European.	Non-European.	European.	Non-European.
(1) *By District Surgeons.*												
Cape	117	2,050	49	634	166	2,684	412	15,819	259	2,083	671	17,902
Natal	13	1,823	17	369	30	2,192	30	15,023	33	1,657	63	16,680
Transvaal	21	1,808	8	270	29	2,078	440	27,526	364	2,218	804	29,744
Orange Free State	5	361	2	36	7	397	191	7,046	166	1,413	357	8,459
TOTAL	156	6,042	76	1,309	232	7,351	1,073	65,414	822	7,371	1,895	72,785†
(2) *At Institutions and Clinics.*												
Adelaide	—	—	—	—	—	—	—	259	—	—	—	259
Alexandra	—	—	—	—	—	—	—	6,320	—	3	—	6,323
Aliwal North	—	—	—	—	—	—	—	384	—	—	—	384
Barberton	—	729	—	—	—	729	—	—	—	—	—	—
Beaufort West	—	—	—	—	—	—	—	1,104	—	—	—	1,104
Benoni	—	—	—	—	—	—	182	5,439	25	3	207	5,442
Bethlehem	—	29	—	4	—	33	—	326	—	37	—	363
Bloemfontein	37	195	49	77	86	272	333	8,034	62	6	395	8,040
Bochem	—	981	—	7	—	988	—	460	—	—	—	460
Boksburg	—	—	—	—	—	—	675	4,472	96	44	771	4,516
Brakpan	—	—	—	—	—	—	227	3,385	—	16	227	3,401
Cape Town	52	127	75	84	127	211	9,311	36,811	3,011	7,569	12,322	44,380
Cape D/C	—	—	—	—	—	—	376	3,674	64	229	440	3,903
Darling	—	—	—	—	—	—	14	41	—	—	14	41
De Aar	—	—	—	—	—	—	—	330	—	27	—	357
Durban (Addington)	129	—	239	—	368	—	2,983	—	3,095	—	6,078	—
East London	—	—	—	—	—	—	505	6,067	166	603	671	6,670
Elim	—	333	—	78	—	411	—	—	—	—	—	—
Flicksburg	—	—	—	—	—	—	—	519	—	—	—	519
*Fraserburg	—	—	—	—	—	—	—	—	—	—	—	—
Germiston	—	—	—	—	—	—	2,325	3,357	1,358	—	3,683	3,357
*Gordon's Bay	—	—	—	—	—	—	—	—	—	—	—	—
Hanover	—	—	—	—	—	—	—	720	—	—	—	720
Hercules	—	—	—	—	—	—	—	2,730	—	130	—	2,860
Jansenville	—	—	—	—	—	—	—	168	—	—	—	168
Johannesburg	—	—	—	—	—	—	7,929	—	2,839	—	10,768	—
Kenhardt	—	—	—	—	—	—	—	58	—	—	—	58
Kimberley	3	102	4	85	7	187	482	2,964	6	84	488	3,048
King Edward VIII (Durban)	—	2,648	—	2,215	—	4,863	—	26,786	—	20,152	—	46,938
Kingwilliamstown	—	162	—	111	—	273	—	—	—	—	—	—
Kokstad	—	—	—	—	—	—	—	3,328	—	—	—	3,328
Kroonstad	—	—	—	—	—	—	—	389	—	—	—	389
Krugersdorp	—	—	—	—	—	—	—	2,079	—	348	—	2,427
Kuruman	—	30	—	—	—	30	—	2,257	—	—	—	2,257
Molteno	—	—	—	—	—	—	—	529	—	—	—	529
Mossel Bay	—	—	—	—	—	—	—	186	—	—	—	186
*Newcastle	—	—	—	—	—	—	—	—	—	—	—	—
*Olifhantshoek	—	—	—	—	—	—	—	—	—	—	—	—
Oudtshoorn	—	321	—	—	—	321	371	4,046	—	76	371	4,122
Paarl	—	—	—	—	—	—	52	846	—	—	52	846
*Paarl D/C	—	—	—	—	—	—	—	—	—	—	—	—
Pietermaritzburg	—	1,032	—	589	—	1,621	362	10,131	84	532	446	10,663
*Pietersburg	—	—	—	—	—	—	—	—	—	—	—	—
Piet Retief	—	146	—	55	—	201	—	88	—	52	—	140
Port Elizabeth	—	—	—	—	—	—	2,277	13,336	562	1,160	2,839	14,496
*Port Shepstone	—	—	—	—	—	—	—	—	—	—	—	—
Pretoria	—	—	—	—	—	—	2,590	18,082	1,427	2,253	4,017	20,335
Randfontein	—	—	—	—	—	—	—	1,542	—	10	—	1,552
Rietfontein	53	4,736	73	3,156	126	7,892	—	—	—	—	—	—
Rustenburg	—	—	—	—	—	—	—	1,660	—	22	—	1,682
Sekukuniland	—	218	—	7	—	225	—	246	—	—	—	246
*Senekal	—	—	—	—	—	—	—	—	—	—	—	—
Springs	—	—	—	—	—	—	924	15,041	281	3,503	1,205	18,544
*Standerton	—	—	—	—	—	—	—	—	—	—	—	—
*Stellenbosch	—	—	—	—	—	—	—	—	—	—	—	—
Stellenbosch D/C	—	—	—	—	—	—	—	598	—	—	—	598
Sterkstroom	—	—	—	—	—	—	—	380	—	10	—	390
Swellendam	—	47	—	—	—	47	—	53	—	1	—	54
Tulbagh	—	—	—	—	—	—	—	208	—	—	—	208
Uitenhage	—	29	—	10	—	39	—	2,561	—	100	—	2,661
*Umtata	—	—	—	—	—	—	—	—	—	—	—	—
Vereeniging	—	—	—	—	—	—	46	5,487	—	1,751	46	7,238
Vryburg	—	104	—	4	—	108	—	—	—	—	—	—
Wellington	—	—	—	—	—	—	2	114	—	10	2	124
Winburg	—	—	—	—	—	—	—	409	—	—	—	409
Zeerust	—	29	—	6	—	35	—	—	—	—	—	—
TOTAL	274	11,998	440	6,488	714	18,486	31,966	198,004	13,076	38,731	45,042	236,735‡

* No returns submitted. † Patients. ‡ Attendances.

15. YELLOW FEVER.

During the year under review the major development has been the acceptance by the Department of the recommendations of the preliminary report (December 1941) of the Inter-departmental Committee of the Colonial Office on yellow fever and the adoption of a period of 14 days after inoculation as a standard before permitting exit to or entry from suspect yellow fever areas. This has had the effect of ensuring that almost all occupants of planes arriving in the Union have been inoculated against yellow fever except those coming from the Rhodesias, who do not require to be so inoculated. There are several inoculation centres in all provinces and although these deal chiefly with military personnel provision is also made for civilians. Since October 1941 about 12,000 inoculations consisting of a single dose of ½ c.c. of live attenuated virus vaccine have been given. In no case has any untoward reaction been reported. The batches of vaccine are tested regularly and all have been found potent.

During the period January 1941 to August 1942 approximately 1,200 insects, including many mosquitoes, have been collected on incoming planes. The mosquitoes included aedes aegypti, anopheles gambiae and a variety of culicines. Recently the number of insects found has decreased, due chiefly to greater vigilance at aerodromes outside the Union and to spraying on board undertaken by the crews. This factor combined with the inoculation of passengers has greatly reduced the risk of the introduction of yellow fever.

Mosquito surveys of the sanitary aerodromes and their environs show that, with the exception of Durban, they are relatively free from mosquitoes of any sort. Durban is, however, no longer a regular first stopping place for aircraft from outside the Union but when such aircraft do land there careful control is exercised.

The trigger-spray atomiser, introduced by an officer of this Department for destroying insects on aircraft has proved both efficient and economical. It is in use at all sanitary aerodromes and has been favourably commented upon by authorities in America while enquiries have been made by several African territories.

The arrangements referred to in last year's report regarding the establishment of a laboratory for the production of yellow fever vaccine in South Africa are proceeding. The laboratory is complete and it is hoped to begin the production of vaccine in the near future.

VI.—GENERAL.

1. HOUSING AND SLUM ELIMINATION.

Full details of the working of the Housing Act (No. 35 of 1920) and the Slums Act (No. 53 of 1934), are contained in the Central Housing Board's last report. A summary of the position of the Housing Act as at 30th June, 1942, is given in table 25.

TABLE 25.—HOUSING ACT NO. 35 OF 1920: WORKING FROM PROMULGATION, 16TH AUGUST, 1920, TO 30TH JUNE, 1942.

Province.	Loan Applications Approved.			Loan Issues.	Number of Houses.					
	European.	Non-European.	Total.		Complete.	Under Construction.	Approved, but not yet commenced.	Total.	Total for European Occupation.	Total for Non-European Occupation.
(A) *Economic Housing.*	£	£	£	£						
Cape	1,992,668	668,949	2,661,617	2,527,698	7,480	149	611	8,240	3,163 (a)	5,007 (b)
Natal	646,797	277,503	924,300	723,535	1,124	87	328	1,539	671	868 (c)
Orange Free State	743,578	20,618	764,196	739,086	1,819	376	396	2,591	951 (d)	1,640 (e)
Transvaal	2,705,681	293,484	2,999,165	2,887,457	5,104	208	553	5,865	3,360	2,505 (f)
TOTAL	£6,088,724	£1,260,554	£7,349,278	£6,887,776 (g)	15,527	820	1,888	18,235	8,145	10,020
(B) *Sub-Economic Housing.*										
Cape	1,233,301	4,355,308	5,588,609	3,573,220	7,490	2,125	6,975	16,590	2,496	14,094
Natal	6,824 (h)	1,107,802	1,114,626	386,583	548	216	2,043	2,807	—	2,807
Orange Free State	24,900	30,975	55,875	32,900	52	11	22	85	48	37
Transvaal	1,133,860	3,147,121	4,280,981	2,860,364	7,170	1,301	4,390	12,861	1,340	11,521
TOTAL	£2,398,885	£8,641,206	£11,040,091	£6,853,067	15,260	3,653	13,430	32,343	3,884	28,459
(C) *Housing for Aged Poor.*										
Cape	21,229	16,973	38,202	33,130	250	—	38	288	146	172
Natal	25,000	—	25,000	25,000	50	—	—	50	50	—
Orange Free State	34,200	—	34,200	15,200	37	18	12	67	67	—
Transvaal	27,500	—	27,500	8,681	8	3	12	23	23	—
TOTAL	£107,929	£16,973	£124,902	£82,011	345	21	62	428	256	172
TOTAL: (A), (B) AND (C)	£8,595,538	£9,918,733	£18,514,271	£13,812,854	31,132	4,494	15,380	51,006	12,285	38,721

(a) Includes a hostel to accommodate 86 persons.
(b) Includes 1,337 single rooms in blocks, 8 barracks and 160 flats.
(c) Includes 3 barracks and 36 single rooms in blocks.
(d) Includes a hostel for European girl employees at Bloemfontein.
(e) Includes 24 single rooms in blocks, the balance of 1,616 representing the approximate number of dwellings to be built out of a total loan of £20,118 made to three local authorities for use exclusively in purchasing materials to be advanced to Coloured persons and Natives building their own homes.
(f) Includes 303 single rooms in blocks, 3 compounds and 15 hostels.
(g) Includes £2,503,150 re-issued out of repaid capital.
(h) Sub-economic Loan to complete Aged Poor Scheme at Sydenham, Durban.

Whilst there is no change in the general policy of the Government regarding housing, the necessity of ensuring that the Defence building programme was not delayed had the effect of slowing up the progress of housing generally.

In spite of the Government's expressed desire that housing should not be held up, considerable difficulty faced the country in respect of the use of building materials from overseas.

The Central Housing Board, at an early date appreciating such difficulty and the increasing shortage of timber and iron, arranged for the construction of subeconomic and economic dwellings having what is known as the precast single unit concrete-asphaltic type of roofing.

This type of construction, which has its origin in Southern Rhodesia, brought immediate relief to a large number of local authorities which, through the shortage of building materials, had despaired of proceeding with their housing schemes.

Unfortunately this type of construction has, for the time being, been brought to a standstill because an essential part of the roof design includes asphaltic sheeting which cannot be imported at present.

The Board had, however, anticipated that such difficulties might arise in the near future, and accordingly arranged for an alternative type of roofing material to be used in the form of all concrete members including roofing tiles. This design has been tried out and has proved to be cheap, attractive in appearance and eminently suitable for both European and non-European economic and sub-economic types of buildings with or without ceilings. Where ceilings are required, they can be of South African manufactured cement-asbestos fixed to asbestos bearers.

Immediate steps are also being taken to erect dwellings with a flat roof constructed of asbestos-cement slabs. This type is designed to replace the single unit concrete roof type requiring asphaltic sheeting which, as stated, is now no longer procurable.

One of the merits of the concrete roof is that the roof is both roof and ceiling in one compact whole. This merit is embodied in the proposed asbestos-cement roofing.

While for the time being the earlier roofing referred to as the precast single unit concrete-bitumen sheeting type has had to be abandoned for the reason stated it is, however, confidently believed that the Board will be able to offer a suitable substitute for asphaltic sheeting and thus revert to such type of construction. In that event it hopes to be able to afford local authorities cheap good roofing designs of three suitable types.

The importance of using only South African products in housing schemes is not overlooked. Among other South African made articles introduced by the Board are (1) concrete door frames, (2) cement-asbestos doors, (3) concrete window frames with sheet iron sashes, (4) baths, (5) sinks and (6) basins. The problem of a suitable substitute for wood and for asphaltic sheeting floors will, it is hoped, be solved by using cement-asbestos or a pressed wood pulp composition in tile form laid on breeze concrete with a bitumen surface or other suitable base. These types of flooring are being tried out. The use of timber is practically eliminated in the latest types of houses. Electric fittings and W.C. suits are not obtainable at present, although it is anticipated that glazed ware W.C. suits of South African manufacture will shortly be available.

From the above it will be clear, that there is no need for marking time with building construction in so far as local authorities are concerned. It can indeed be said that dwellings can to-day be constructed at a very reasonable cost involving, with the exception perhaps of screws, the use of only South African materials.

A great deal of confusion exists in regard to the real issues of building construction. The Board has kept in close touch with the latest and most suitable construction methods for the class of dwelling it deals with, and will gladly assist and direct local authorities seeking advice and guidance.

It is confidently expected that, as the new methods of building construction evolved by the Board become known, building will be accelerated by next year.

2. RURAL AND PERIURBAN SANITARY CONDITIONS.

The year under review has, for various reasons, not seen any marked progress in the implementation of the recommendations of the Urbanised Areas Administration Committee since the position was summarised in the last annual report of the Department. A few more matters have been brought to a satisfactory conclusion while many still remain the subject of negotiations.

In Natal the Local Health Commission established under Ordinance No. 20 of 1941 has already investigated the conditions obtaining in the more insanitary areas and has submitted recommendations to the Provincial Administration with a view to effecting necessary improvements. Thus the area of Edendale, on the outskirts of Pietermaritzburg, which has been a source of much anxiety to this Department for many years past has been brought under control in terms of the provisions of the abovementioned Ordinance. It is hoped that it may soon be found possible to deal with other areas which formed the subject of recommendations put forward by the Urbanised Areas Administration Committee.

The recommendation of the Committee that a health board should be established to control the peri-urban areas of the Witwatersrand and Pretoria is still under consideration by the Provincial Administration. In the meantime four rural health inspectors are now operating in the peri-urban areas of the Eastern, Central and Western Witwatersrand, and Pretoria respectively.

3. MEDICAL TRAINING OF NATIVES.

During the year a Committee was appointed by the Ministers of Education and Public Health to consider the position as it had developed in regard to the scheme for the training of medical aids and any modifications which it might be necessary to make in that scheme; and to consider the development of the scheme for the training of Natives for degrees in medicine and the effect of that scheme on other medical services. The Committee was under the chairmanship of the Secretary for Native Affairs.

The Committee took evidence at several centres and from all interested parties. In regard to medical aid training, the Committee's principal conclusion was that the difficulties which had arisen, were due mainly to the emphasis laid on curative instead of on preventive medicine. It recommended

the institution of a new university degree, the B.Sc. (Hygiene), the course for which should constitute the academic part of the training and would be followed by practical training (one year) under the Department of Public Health before final admission into the public service. The University of South Africa agreed to sponsor the degree and co-operated in the drawing up of syllabuses of study. The Committee's recommendation has been approved by the Ministers concerned.

In regard to the scheme for the training of Natives in medicine proper, the Committee considered that the number of Natives likely to qualify in the next few years was so small that it would not have any appreciable effect on medical services as a whole. It recommended that the Government take steps to ensure that a Native who qualifies in medicine through the aid of public or South African Native Trust Funds and does not make a cash repayment, give a period of service, under the Government and in such place as the Government may choose.

4. Native Health Services.

There have been no special developments during the year. The work of the Umtata Clinic Scheme and of the Polela Health Unit has continued along the lines described in detail last year. A second Native Health Unit is about to be established at Bushbuckridge in the Eastern Transvaal.

During the year the Prime Minister appointed an Inter-departmental Committee, on which the Department was represented, under the chairmanship of the Secretary for Native Affairs, to enquire into the social, health and economic conditions of urban Natives.

5. Infant Welfare.

Table 26 shows the infantile mortality rate among Europeans in the various provinces, while the corresponding rates for both Asiatics and Mixed races are contained in table 27. The figures do not indicate any significant change in the past year.

Table 26.—European Infants: Births and Deaths under One Year Registered and Infantile Mortality Rate, i.e. Death Rate per 1,000 Births, 1919-1941.

Year.	Cape.			Natal.			Transvaal.			Orange Free State.			Union.		
	Total European Births Registered.	Deaths of European Children under One Year.	Death-rate per 1,000 Births.	Total European Births Registered.	Deaths of European Children under One Year.	Death-rate per 1,000 Births.	Total European Births Registered.	Deaths of European Children under One Year.	Death-rate per 1,000 Births.	Total European Births Registered.	Deaths of European Children under One Year.	Death-rate per 1,000 Births.	Total European Births Registered.	Deaths of European Children under One Year.	Death-rate per 1,000 Births.
1919	16,749	1,351	80·66	2,910	191	65·64	15,338	1,326	86·45	4,727	382	80·81	39,724	3,250	81·81
1920	18,425	1,654	89·77	3,256	235	72·17	16,768	1,576	93·99	4,996	448	89·67	43,445	3,913	90·07
1921	18,062	1,382	76·51	3,370	203	60·24	16,582	1,374	82·86	5,288	379	71·67	43,302	3,338	77·09
1922	18,248	1,294	70·91	3,294	180	54·64	16,370	1,292	78·92	4,920	357	72·56	42,832	3,123	72·91
1923	18,296	1,353	73·95	3,229	197	61·01	15,619	1,261	80·74	5,037	328	65·12	42,181	3,139	74·42
1924	18,730	1,296	69·19	3,410	273	80·06	15,287	1,171	76·60	4,919	382	77·66	42,346	3,122	73·73
1925	18,366	1,343	73·12	3,509	206	58·71	16,348	1,059	64·78	5,188	361	69·58	43,411	2,969	68·39
1926	18,675	1,196	64·04	3,588	189	52·68	16,304	1,186	72·74	5,209	273	51·42	43,876	2,844	64·82
1927	18,537	1,293	69·75	3,435	166	48·32	17,050	1,359	79·71	5,325	314	58·97	44,347	3,132	70·63
1928	18,032	1,240	68·77	3,514	184	52·36	17,949	1,370	76·33	5,318	365	68·63	44,813	3,159	70·49
1929	19,008	1,169	61·50	3,650	177	48·49	18,227	1,342	73·63	5,334	280	52·49	46,219	2,968	64·22
1930	19,468	1,332	68·37	3,641	159	43·65	19,108	1,386	72·54	5,317	300	56·42	47,534	3,177	66·84
1931	19,180	1,182	61·63	3,538	162	45·79	18,733	1,267	67·65	4,975	317	63·72	46,423	2,928	63·07
1932	18,284	1,205	65·90	3,373	204	60·48	18,376	1,402	76·30	4,911	271	55·18	44,944	3,082	68·57
1933	17,931	995	54·49	3,441	166	48·24	18,452	1,266	68·61	4,695	299	63·68	44,519	2,716	61·01
1834	17,642	1,022	57·93	3,310	157	47·43	19,327	1,279	66·18	4,599	270	58·71	44,878	2,728	60·79
1935	18,242	1,016	55·70	3,441	167	48·53	21,109	1,537	72·81	4,925	277	56·24	47,717	2,997	62·81
1936	18,162	980	53·96	3,606	189	52·41	22,192	1,454	65·52	4,670	249	53·32	48,630	2,872	59·06
1937	18,404	1,012	54·99	3,766	175	46·47	23,814	1,439	60·43	4,894	252	51·49	50,878	2,878	56·57
1938	18,727	962	51·37	3,886	193	49·67	24,568	1,322	53·81	4,884	214	43·82	52,065	2,691	51·69
1939	19,022	984	51·73	4,056	151	37·23	25,795	1,304	50·55	4,644	209	45·00	53,517	2,648	49·48
1940	19,091	872	45·68	4,218	224	53·11	26,383	1,431	54·24	4,747	198	41·71	54,439	2,725	50·06
1941	19,026	884	46·46	4,361	180	41·27	26,711	1,481	55·74	4,471	226	50·55	54,569	2,779	50·93

Table 27.—Infantile Mortality: Asiatics and Mixed, 1941.

Province.	Asiatics.			Mixed and other Coloured.		
	Live Births.	Infantile Deaths.	Rate per 1,000 Births.	Live Births.	Infantile Deaths.	Rate per 1,000 Births.
Cape	398	39	97·99	35,383	5,805	164·06
Natal	7,940	658	82·87	862	97	112·53
Transvaal	1,503	166	110·45	1,846	353	191·22
Orange Free State	—	—	—	321	69	214·95
Union	9,841	863	87·69	38,412	6,324	164·64

. Maternal Welfare.

The European maternal mortality rate has dropped from ·37 in the year 1940 to 2·49 in 1941. This is a very con-iderable reduction and it must be remembered that the gure of 3·37 for 1940 was the lowest ever recorded up to hat date. The maternal mortality rate has been falling onsistently over the last few years and has now reached a gure which compares favourably with most other countries f the world. The decrease is due to a marked reduction in eaths both from puerperal sepsis and from other puerperal auses. It seems probable that this may be largely a reflection f the improvement in and the extension of maternal and ursing services in both urban and rural areas. It must, owever, be pointed out that this figure refers to Europeans nly and that the figures for Asiatics and Coloureds are much ss satisfactory, while no accurate figures for Natives are vailable.

Table 28.—Maternal Mortality: Europeans.

Year.	Live Births Registered.	Deaths due to Puerperal Causes.				
		Number.		Rates per 1,000 Live Births.		
		Puerperal Sepsis.	Other Puerperal Causes.	Puerperal Sepsis.	Other Puerperal Causes.	Total Puerperal Mortality.
1926	43,876	88	112	2·06	2·50	4·56
1927	44,347	101	112	2·28	2·53	4·81
1928	44,809	102	121	2·28	2·70	4·98
1929	46,219	140	103	3·03	2·23	5·25
1930	47,536	119	131	2·50	2·76	5·26
1931	46,423	116	102	2·50	2·20	4·70
1932	44,944	126	113	2·80	2·51	5·31
1933	44,519	113	101	2·54	2·27	4·81
1934	44,878	121	148	2·69	3·30	5·99
1935	47,717	119	107	2·49	2·24	4·73
1936	48,630	116	132	2·39	2·71	5·10
1937	50,878	99	124	1·94	2·44	4·38
1938	52,065	78	114	1·50	2·19	3·69
1939	53,517	69	124	1·29	2·32	3·61
1940	54,439	67	116	1·23	2·13	3·36
1941	54,569	46	90	0·84	1·65	2·49

Table 29.—Maternal Mortality: Asiatics and Mixed—Union, 1941.

Year.	Live Births Registered.	Deaths due to Puerperal Causes.				
		Number.		Rates per 1,000 Live Births.		
		Puerperal Sepsis.	Other Puerperal Causes.	Puerperal Sepsis.	Other Puerperal Causes.	Total Puerperal Mortality.
Asiatics.						
1940	9,531	16	37	1·68	3·88	5·56
1941	9,841	16	44	1·63	4·47	6·10
Mixed and other Coloured.						
1940	38,366	81	129	2·11	3·36	5·47
1941	38,412	88	121	2·29	3·15	5·44

TABLE 30.—EUROPEAN DEATHS FROM PUERPERAL CAUSES BY AGE GROUPS.

Causes.	1940. All Ages.	15–19.	20–24.	25–29.	30–34.	35–39.	40–44.	45 and Over.	1941. All Ages.	15–19.	20–24.	25–29.	30–34.	35–39.	40–44.	45 and Over.
Post Abortive Infection.																
Spontaneous, Therapeutic or of Unspecified Origin	19	24	2	3	3	8	6	2	10	—	3	1	4	1	1	—
Abortion Induced for Reasons other than Therapeutic	—	3	—	2	1	—	—	—	2	—	—	—	—	2	—	—
Abortion without mention of Septic Condition.																
Spontaneous, Therapeutic or of Unspecified Origin	8	2	—	—	—	1	1	—	4	—	1	1	—	2	—	—
Abortion Induced for Reasons other than Therapeutic	—	4	—	1	—	2	1	—	3	—	—	1	1	1	—	—
Ectopic Gestation	13	8	—	1	3	1	2	1	11	—	—	4	1	5	1	—
Haemorrhage and Diseases of Pregnancy.																
Haemorrhage from Placenta Praevia	—	3	—	—	2	—	—	1	—	—	—	—	—	—	—	—
Haemorrhage from Premature Separation of Placenta and other Accidental Haemorrhage during Pregnancy (except Abortion)	—	2	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Other and Unspecified Haemorrhage of Pregnancy	—	3	—	1	—	2	—	—	—	—	—	—	—	—	—	—
Eclampsia of Pregnancy	—	8	1	2	2	1	1	1	3	1	—	—	2	—	—	—
Albuminuria and Nephritis of Pregnancy	—	4	—	2	—	1	1	—	8	3	—	1	3	1	—	—
Acute Yellow Atrophy of Liver Associated with Pregnancy	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Other Toxaemias of Pregnancy	7	6	—	2	1	2	—	1	6	—	2	—	2	1	1	—
Other Diseases and Accidents of Pregnancy, Haemorrhage and Diseases of Childbirth and the Puerperium	3	2	—	2	—	—	—	—	1	—	—	—	1	—	—	—
Haemorrhage from Placenta Praevia during Childbirth	—	4	—	—	1	3	—	—	2	—	—	1	—	1	—	—
Haemorrhage from Premature Separation of Placenta during Childbirth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Haemorrhages during Childbirth	—	1	—	1	—	—	—	—	1	—	—	—	—	—	—	1
Other Haemorrhages after Childbirth	26	21	2	4	5	3	5	2	20	—	2	5	5	7	1	—
General or Local Puerperal Infection (including Puerperal Tetanus) with or without mention of Pyelitis	50	29	2	7	11	6	2	1	28	3	7	7	7	2	2	—
Puerperal Thrombo Phlebitis	—	2	—	—	1	—	1	—	3	1	—	1	1	—	—	—
Puerperal Embolism and Sudden Death	11	9	2	—	2	3	1	1	3	—	2	—	—	—	1	—
Puerperal Eclampsia	—	14	—	1	3	4	3	3	8	—	2	2	1	2	1	—
Puerperal Albuminuria and Nephritis	32	1	—	1	—	—	—	—	1	—	—	—	—	1	—	—
Acute Yellow Atrophy of Liver (Post-Partum)	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—
Other Puerperal Toxaemias	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Other Accidents of Childbirth	22	31	1	2	11	9	4	4	18	—	3	3	5	6	1	—
Other or Unspecified Diseases of Childbirth and the Puerperium	2	1	—	—	—	1	—	—	2	—	—	1	—	—	1	—
TOTAL	193	182	10	32	47	47	30	17	136	8	22	29	33	32	11	1

7. NURSING AND MATERNITY HOMES.

Tables 32 to 34 show the number of homes registered with the Department, the number of beds they contain and their staffs. The number of inspections which were carried out of these homes are shown in table 31.

TABLE 31.—NURSING AND MATERNITY HOMES INSPECTED DURING THE YEARS ENDED 30TH JUNE, 1937, 1938, 1939, 1940, 1941, AND 1942, RESPECTIVELY.

Place	Inspections. By Medical Officer of Local Authority. 1937	1938	1939	1940	1941	1942	By Departmental Medical Officer. 1937	1938	1939	1940	1941	1942
Cape Province.												
Cape Town	7	11	27	22	23	28	—	—	—	—	—	—
East London	4	6	7	4	8	6	—	—	—	2	3	—
Port Elizabeth	14	5	5	4	5	5	—	2	—	—	—	—
Elsewhere	3	—	—	1	2	1	81	35	73	57	65	47
Natal Province.												
Durban	11	18	17	11	16	12	—	1	—	—	—	—
Pietermaritzburg	3	3	—	—	2	2	—	—	—	—	—	—
Elsewhere	—	—	—	—	—	—	2	27	15	15	27	16
Transvaal Province.												
Johannesburg	54	43	36	28	27	6	2	4	—	—	—	—
Other Rand L.A.'s	—	9	4	14	10	12	—	4	—	—	—	6
Pretoria	13	7	5	7	7	3	—	—	—	1	2	3
Elsewhere	5	—	—	1	—	—	30	54	40	34	28	39
Orange Free State.												
Bloemfontein	—	—	—	—	—	—	—	5	4	4	—	3
Elsewhere	—	—	—	—	—	—	8	25	36	19	26	24
UNION	114	102	103	92	100	75	123	157	168	132	151	138

TABLE 32.—NURSING HOMES REGISTERED WITH THE DEPARTMENT.

Year.	Cape.	Transvaal.	Natal.	Orange Free State.	Total.
As at 30/6/1929	104	90	43	26	263
As at 30/6/1930	124	91	54	29	298
As at 30/6/1931	110	98	51	25	284
As at 30/6/1932	95	94	44	26	259
As at 30/6/1933	105	100	46	25	276
As at 30/6/1934	115	103	43	28	289
As at 30/6/1935	126	128	42	28	324
As at 30/6/1936	120	116	46	34	316
As at 30/6/1937	134	120	49	35	338
As at 30/6/1938	140	126	55	55	376
As at 30/6/1939	147	124	61	48	380
As at 30/6/1940	146	125	62	52	385
As at 30/6/1941	145	123	60	53	381
As at 30/6/1942	140	123	57	45	365

TABLE 33.—BED ACCOMMODATION AVAILABLE IN NURSING HOMES.

Province.	1939. European.	1939. Non-European.	1940. European.	1940. Non-European.	1941. European.	1941. Non-European.	1942. European.	1942. Non-European.
Cape	1,340	231	1,327	221	1,327	221	1,307	318
Transvaal	1,277	194	1,569	197	1,569	197	1,632	222
Natal	655	615	982	924	982	924	696	990
Orange Free State	187	3	223	13	223	13	232	19
TOTAL	3,459	1,043	4,101	1,355	4,101	1,355	3,867	1,549

TABLE 34.—PERSONNEL OF NURSING HOMES.

Province.	European. Qualified.	European. Unqualified.	Non-European. Qualified.	Non-European. Unqualified.
Cape	321	223	17	86
Transvaal	452	257	15	84
Natal	170	122	36	181
Orange Free State	65	27	—	2
TOTALS	1,008	629	68	353

8. DISTRICT NURSING SERVICES.

This important matter was dealt with in some detail in last year's report. The present position is summarized in Table 35.

9. GENERAL HOSPITALS.

The system of inspection of state-aided hospitals on behalf of the Provincial Administrations, except Natal, has been continued but, owing to wartime conditions and the consequent shortage of professional officers, the routine inspections have had to be discontinued. In cases, however, where inspections are considered necessary, arrangements are made accordingly. The Department, in consultation with the Department of Public Works, continues to advise on plans of proposed new hospitals or additions to existing hospitals. During the year under review, however, practically no new schemes were undertaken, largely due to the prospect of hospital accommodation becoming available after the war when the existing military hospitals will no longer be required by the military authorities. The abnormal conditions prevailing at present and the consequent absence of new building schemes are likely to lead to a shortage of hospital accommodation in those areas where no military hospitals have been erected.

TABLE 35.—DISTRICT NURSING SERVICE: NURSES, MIDWIVES AND NON-EUROPEAN NURSING ASSISTANTS AS AT 30TH JUNE, 1942, IN RESPECT OF WHOM SUBSIDIES OR PART-REFUNDS OF SALARIES ARE PAID, COMPARED WITH THE TOTALS AS AT 31ST DECEMBER, 1935.

Race.	Part-refunds under section 14 (a).		Subsidies under section 14 (b).		Part-refunds under section 15 (a).		Subsidies under section 15 (b).		Part-refunds to Provincial Administrations under under section 13.	
	1935.	1942.	1935.	1942.	1935.	1942.	1935.	1942.	1935.	1942.
European	23	92	7	70	—	10	—	—	—	129
Native	2	18	—	1	11	66	3	78	—	} 40
Coloured	—	8	1	7	—	1	—	2	—	
ALL RACES	25	118	8	78	11	77	3	80	—	169

10. DENTAL SERVICES.

The Dental Health Officer has continued his survey of dental conditions and has carried out a large number of examinations of school children in both the Cape Province and the Transvaal. The results of the investigations confirm what has been found previously, that the incidence of dental caries amongst school children is appallingly high. This has been found to apply more especially to the south-western districts of the Cape, between Caledon and Port Elizabeth. There are undoubtedly many aetiological factors, such as diet, water, lack of proper dental health services, oral hygiene and dental education, all of which play an important part. Further work on the question of endemic fluorosis has been carried out and the report on this subject will be available soon.

The Railway Health Officer reports that a systematic survey has been started of the fluorine content of domestic water supplies used on railway property. The majority of the waters examined have been found satisfactory and where an excessive fluorine content has been found arrangements are in hand for the provision of alternative supplies.

11. THE SOUTH AFRICAN MEDICAL COUNCIL.

During the year the following registrations were effected:—

Medical Practitioners	224
Dentists	12
Medical Students	294
Dental Students	18
Nurses	734
Midwives	675
Masseurs	8

In addition the following were restored to the registers after having been erased owing to their addresses being unknown:—

Medical Practitioners	17
Dentists	4
Medical Students	2
Dental Students	1
Nurses	53
Midwives	18

The number of persons whose names appeared in the various registers on the 30th June, 1942, was as follows:—

Medical Practitioners	3,724
Dentists	773
Medical Students	1,319
Dental Students	62
Nurses	8,699
Midwives	5,775
Masseurs	119
Dental Mechanicians	121

The number of medical practitioners who applied for registration as specialists dropped during the earlier part of the period under review, but lately a larger number of applications has been received, this being due to some extent to the S.A. Medical Corps insisting on practitioners being registered as specialists by the Council before they are allotted to specialist work in the Army. During the year 35 medical practitioners have been registered as specialists.

The Council has dealt with various cases of alleged unprofessional conduct on the part of registered practitioners. Formal enquiries were held into the conduct of five medical practitioners and two dentists. In the case of one medical practitioner the enquiry was held before a special meeting of the Council. In this case the person accused was found not guilty and acquitted. The other enquiries were held either before special disciplinary Committees or the Executive Committee. In one case the Committee which held the enquiry recommended that the name of the medical practitioner concerned be erased from the register. (The Council has since confirmed the action of the Committee and has ordered accordingly). One medical practitioner and one dentist were reprimanded and cautioned, another medical practitioner was found not guilty on one count preferred against him and guilty on another count. He was cautioned. In another case a dentist was found guilty but no penalty was imposed, and in the last case the complaint was withdrawn.

In spite of the state of emergency existing the work of the Council has increased considerably. Medical education is receiving the earnest consideration of the Council and so too is the training and examination of nurses and midwives. The Council has resolved to establish registers for various classes of medical auxiliaries and these are now receiving attention. It is anticipated that the activities of the Council will be very much extended in the immediate future.

12. THE SOUTH AFRICAN PHARMACY BOARD.

During the period under review the registration of 44 chemists and druggists, 26 managing directors of companies carrying on the business of chemists and druggists, and 8 apprentices was affected. On the 30th June, 1942, the names of 1,566 chemists and druggists, 143 managing directors and 252 apprentices appeared in the Board's registers.

The Board still continues to receive a few complaints of unprofessional conduct on the part of registered chemists and druggists, but fortunately it has not been necessary to hold any formal disciplinary enquiries. In one case the Board considered a report on the mental and physical condition of a chemist and druggist and recommended to the Minister that he be suspended from practice, in terms of Section 81 of Act 13 of 1928. The Minister resolved that this chemist and druggist be suspended from practising his profession or calling for a period of one year from the 1st January, 1942.

During the period under review, Mr. Robert Macintosh who had been a member of the Board since its constitution in 1929 died. The Minister thereupon appointed Mr. A. M. Fyvie, an elected member of the Board, as a Government nominee. An election was thereupon held to fill the vacancy so caused. As a result of this election, Mr. Willem Last was elected as a member of the Board.

13. ADMINISTRATION OF THE MEDICAL, DENTAL AND PHARMACY ACT, NO. 13 OF 1928.

Habit-forming Drugs.

TABLE 36.—PROSECUTIONS AND CONVICTIONS UNDER LAWS RELATING TO HABIT-FORMING DRUGS DURING THE YEAR ENDED 30TH JUNE, 1942.

	European.		Native.*		Asiatic.		Other Coloured.		Total.	
	Prosecutions.	Convictions.	Prosecutions.	Convictions.	Prosecutions.	Convictions.	Prosecutions.	Convictions.	Prosecutions.	Convictions.
Cape	53	49	602	549	8	8	1,270	1,238	1,933	1,844
Natal	19	17	1,877	1,815	88	84	237	231	2,221	2,147
Transvaal	56	52	2,916	2,764	13	12	253	236	3,238	3,064
Orange Free State	6	5	342	337	—	—	14	14	362	356
UNION	134	123	5,737	5,465	109	104	1,774	1,719	7,754	7,411

Of the total number of prosecutions 7,742 were in respect of dagga and 12 on account of other habit-forming drugs. Large quantities of dagga were seized and destroyed. The smaller amounts of other narcotic drugs confiscated were disposed of by informal tender to registered chemists and druggists.

The following quantities of the principal narcotic drugs were imported into the Union during the year:—

Raw opium, 2,125 lbs.; medicinal opium, 1,883 lbs.; opium in the form of extracts and tinctures, 200 lbs.; Indian hemp in the form of extract, 434 lbs.; morphine, 201 lbs.; diacetylmorphine, 48 lbs. and cocaine, 65½ lbs.

The following narcotic drugs were exported to the adjoining territories during the year:—

Medicinal opium, 1 lb.; opium in the form of extracts and tinctures, 50 lbs.; Indian hemp in the form of extract 1 lb.; morphine and its preparations, 2½ lbs.; diacetylmorphine, ½ lb. and cocaine and its preparations, 5 lbs.

The importation and trade in narcotic drugs is strictly controlled, and by International Agreement only such quantities of these drugs as are necessary for medicinal and scientific needs are imported during the year.

A comparison of the foregoing figures with those for the previous year discloses a considerable increase in the importation of narcotic drugs far in excess of normal requirements. Narcotic drugs are not manufactured in the Union and reserve stocks have been created both by the Government and importers to safeguard supplies against interruption of trade due to war conditions. The strictest possible supervision is exercised over these stocks and as soon as conditions return to normal care will be taken to ensure that additional supplies are not imported until such time as these reserves have been used.

The Department's policy of assisting importers by extending the validity of import certificates for narcotic drugs for periods as long as an additional six months after expiration, has done much to overcome possible delays in clearance on arrival of the drugs at Union ports, without any relaxation of control.

The regular inspection of records relating to habit-forming drugs has been maintained. In cases where minor discrepancies between stocks on hand and records have been disclosed it has been sufficient to issue warning to chemists concerned. Legal proceedings have, however, been instituted after due warning has been given in flagrant instances of disregard of the provisions of Act 13 of 1928.

The Department views with concern the tendency on the part of nursing homes to keep stocks of habit-forming drugs for the use of medical practitioners who may require the drugs for patients under their treatment in the home.

Habit-forming drugs for sale or supply may only be stocked by chemists and druggists. Any nursing home, therefore, keeping a stock of drugs is acting illegally in terms of the Medical, Dental and Pharmacy Act, No. 13 of 1928. The drugs to which the provisions of Chapter VI of the Act apply, may only be supplied for the use of patients in nursing homes in like manner as the drugs may be supplied to patients in their own homes. A separate prescription must be written by the medical practitioner for the individual patient and the prescription must be dispensed by a chemist and druggist.

Poisons.

The regulations regarding the labelling and sale of poisons have been in force since 1929, and ample opportunity has been afforded to all persons to make themselves conversant with the requirements of the law in this respect. In addition inspectors are constantly advising dealers of their obligations in terms of Act 13 of 1928. Offences continue to be numerous and in all cases legal proceedings have been instituted against the offenders. Certain additions to the Poisons Schedule are under consideration by the Department.

14. Administration of the Food, Drugs and Disinfectants Act No. 13 of 1929.

Table 37.—Samples taken for Examination or Analysis during the Year ended 30th June, 1942, and the Results.

Place.	Total Taken.	Number Analysed or Examined.	Number Found Adulterated or Incorrectly or Falsely Described.	Prosecutions.	Convictions.
Ports of the Union.....	199	196	34	—	—
Cape Province.....	1,652	1,637	194	160	97
Natal Province.....	711	702	33	23	19
Transvaal Province.....	1,924	1,922	275	252	147
Orange Free State Province.....	220	220	23	19	16
Total.....	4,706	4,677	559	454	279

15. Nutrition and Dietetics.

National Nutrition Council.

Meetings of the Council and of the Research, Agriculture and Economics and Education and Propaganda Committees were held during the year and a number of matters dealt with.

An important item which received consideration was the establishment of a nutrition section in the Department under the supervision of a qualified nutrition officer. The creation of the post has been authorised and it is hoped to make the appointment at an early date.

Other matters discussed included the results of the nutrition surveys sponsored by the Department; establishment of fruit and vegetable clubs by employers in Trades and Industries; the State-aided Milk and Butter Scheme; distribution of surplus agricultural products; self-sufficiency in farming in relation to rural malnutrition; rations issued to the South African troops in the North; inclusion of a vegetable project in the primary school syllabus; malnutrition amongst the Native population in Native territories; marketing advice to urban housewives; and the fishing industry.

The question of the production, distribution and use of South African fish liver oils was specially investigated by the Research Committee. As a result of the enquiry, the price of the oil has been greatly reduced and the Council wishes to recommend its use to the Medical profession, and at all institutions in which the administration of vitamin A is prescribed.

Dietetics.

An important development is the study of typical diets of regional and racial population groups. In Natal an extensive dietetic survey is being carried out on urban, rural and semi-rural Bantu and is to be correlated with economic and housing conditions. In the George and Williston areas of the Cape Province studies have been made in collaboration with the Department's Dental Health Officer of typical diets and their possible relationship to the incidence of dental caries in school children.

16. Blood Transfusion.

In last year's report the general question of blood transfusion was dealt with.

A conference was held in Pretoria in June, 1942, under the Chairmanship of the Minister of Public Health, and was attended by representatives of the Departments of Public Health and Defence, the Provincial Administrations of the Transvaal, Orange Free State and Natal, the South African Institute for Medical Research, and the South African, Rand, Durban and Bloemfontein Blood Transfusion Services. The report of the conference and the financial implications involved in the establishment of the national service are at present under consideration, and it is hoped that something tangible will result.

VII.—ACKNOWLEDGMENTS.

I wish to acknowledge the assistance of all the other government departments with which we have been in contact, of the provincial administrations and the local authorities. Thanks are also due to the S.A. Institute for Medical Research, Medical Council, Pharmacy Board and to the Medical Association of South Africa.

Finally it must be placed on record that all members of the staff have carried out their duties in a most helpful manner in spite of many difficulties.

I have the honour to be,

Sir,

Your obedient servant,

PETER ALLAN,

Secretary for Public Health.

Pretoria.

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