

**Report of the Medical Officer of Health for the Colony on the public health
... / Cape of Good Hope.**

Contributors

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CAPE OF GOOD HOPE.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH FOR THE COLONY

ON THE

PUBLIC HEALTH

FOR THE CALENDAR YEAR 1906.

Presented to both Houses of Parliament by Command of His Excellency the Governor
1907.

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CAPE OF GOOD HOPE

HEALTH

MEDICAL OFFICER OF HEALTH FOR THE COLONY



PUBLIC HEALTH

FOR THE CALENDAR YEAR 1908

Printed and Published by the Government Printer, Cape Town.

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(1907-1908)

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ERRATA.

In Table 1, Annexure "E," page 122, under heading "Cases Discovered," Total, read: for Capetown 108A, instead of 110A; for Stellenbosch 8, instead of 11; for Total, Colony Proper, 645, instead of 650; for Grand Total 1,047, instead of 1,052. Under heading "Cases Discovered," Pre-vaccinated Coloured Females, for Total Colony Proper, read 104, instead of 103; and for Grand Total read 165 instead of 164.

CAPE OF GOOD HOPE.

Report on the Public Health of the Colony for the Calendar Year 1906, together with Reports of District Surgeons and Local Authorities for the same period.

Presented to both Houses of Parliament by Command of His Excellency the Governor

1907.

Report of the Medical Officer of Health for the Colony.

55, Parliament Street,

Cape Town, 15th June, 1907.

To the Honourable
The Colonial Secretary.

SIR,—I have the honour to present my Report on the Public Health of the Colony during the year ended on the 31st December, 1906.

In framing it I have had regard to your instructions that, owing to the imperative necessity for economy, the cost of printing it must be greatly reduced, and should not exceed a sum considerably less than half that which has been allowed in the past, and by rigid curtailment and compression this limit has not been exceeded.

With the view to preserving continuity of the records of Vital Statistics of this Colony, which for many years past have been given in these Annual Reports and which are nowhere else available, I have thought it better to cut down the portion of the Report written by myself rather than to sacrifice the statistical matter. This constitutes a storehouse of information essential to the researches and the work of the Sanitarian, both now and in the future; whereas my report is at best but an ephemeral record of administrative details and of official and personal views, and is of little permanent value and probably of less present interest.

Departmental Re-organisation.

In the latter part of the year 1906, following upon the recommendations made by the recent Civil Service Commission in its Tenth Report, very fundamental changes were made in the constitution of the Office of the Medical Officer of Health. Up to this time he had been in name purely an advisory officer, although holding by authority of the Governor-in-Council the rank of a Head of a Department. In practice, however, by a slow and unavoidable process

he had been gradually charged with administrative and executive functions of considerable extent and importance, yet without being vested with the necessary powers for properly carrying these functions into effect. During this time matters relating to Public Health were nominally dealt with in a branch of the Colonial Secretary's Office under a Chief Clerk, and called the "Local Government and Health Branch," the work of this Branch being performed partly by and partly on behalf of the Under Colonial Secretary acting in the name of the Minister. The abolition of this Branch was included in the commission's recommendation, and the carrying on in the body of the Colonial Secretary's Office of the work left after the establishment of a Department of Public Health. This part of the recommendation has not, however, been acted upon. In 1906, therefore, the Government decided to create a Department of Public Health as a Sub-department of the Ministerial Division of the Colonial Secretary, under the administration of the Medical Officer of Health for the Colony as its Official Head. This change received the approval of the Governor, and was inaugurated as from October, but did not come into full operation until the end of the year; indeed, the Government Notice gazetted it was not published until the 16th January, 1907. So that a report on its working hardly falls within the period covered by this report, nor has sufficient time yet elapsed to fully ascertain its effects.

Work of the Department.

By this Notice—No. 53 of 1907—the work assigned to the new Department is defined as consisting of "all matters of Public Health and sanitation and, *inter alia*, the administration of the following subjects":—

- The "Public Health Act, 1883."
- The "Public Health Extension Act, 1884."
- "The Public Health Amendment Act, 1897."
- "The Public Health (Slaughterhouses) Act, 1906."
- The "Cemeteries Act, 1883."
- "The Contagious Diseases Prevention Act, 1885."
- The "Leprosy Repression Act, 1884," except so far as the administration of Leper Asylums and Lepers segregated therein are concerned.
- "The Sale of Food and Drugs and Seeds Act, 1890."
- "The Dairy Act, 1891."
- The Act No. 1 of 1906, so far as relates to the importation of Opium (Sections 20 and 21).
- Any provisions in any Acts other than the Acts above-mentioned relating to Public Health or Sanitation.
- Any Acts or Proclamations applying any of the above-mentioned Acts, or modifications thereof, to the Native Territories.
- All matters relating to Human Diseases (except Lunacy and matters pertaining to Asylums and State-aided Hospitals).
- Cancer Research.
- Port Health Administration and Quarantine.
- Cemeteries and Burial Grounds.
- Exhumations and Interments.
- Water, Sewage, Drainage, and Nightsoil Schemes, Slaughterhouses, Dairies, local Infectious Diseases Hospitals, and other matters connected with local Sanitation.

Lock Hospitals and Contagious Diseases Hospitals.
 Plague and Small-pox Lazarettos and Scurvy Hospitals.
 Ambulances.
 Morgues (other than Gaol Morgues).
 Vaccination and the supply of Vaccine Lymph.
 The supply of Diphtheria Anti-toxin and other Vaccines.
 Bacteriological, Pathological and Medico-legal Examinations.
 The administration of the Public Health Laboratory and the Analytical Laboratories of Cape Town and Grahamstown.
 The Adulteration of Food.
 The Importation of Opium.
 The work of District Surgeons and the administration of District Surgeons' Regulations.

It will be observed that in the above list there are omissions of several matters the administration of which is more or less of a medical or technical character, and which it would seem to properly pertain to a Department of Public Health to carry out, such, for example, as the supervision of Hospitals;* and, indeed, these and other matters were included in the recommendations of the Civil Service Commission, but as is ever the case with fundamental administrative re-organisations, such as is this, the nature and extent of the changes to be made must be determined in a spirit of compromise, rather than on exact principles; and, after all, such omissions as these are easily capable of later adjustment in the light of future experience. The constitution of the Department itself is the main thing, and the sound and liberal lines on which this has been effected should remove many of the administrative difficulties formerly experienced, and should ensure the more effective surveillance of the Public Health.

It may be mentioned that, since the date of the issue of this Notice, the administration of the Analytical Laboratories of Cape Town and Grahamstown were, "in view of special circumstances which have since arisen unconnected with the Medical Officer of Health for the Colony personally, or with his administration," re-transferred by Government Notice No. 572 of the 23rd May, 1907, to

* These are now administered in the renamed "Local Government and Hospitals Branch" of the Colonial Secretary's Office, to which, by Government Notice No. 54 of 16th January, 1907, the administration of the following matters are assigned:—

- A. *Local Government* (other than matters of Public Health and Sanitation).
 The Villages Management Act, 1881, and subsequent enactments.
 The Municipal Ordinance, 1836, the Municipal Act, 1882, and all subsequent and special municipal legislation.
 The Divisional Councils' Act, 1889 (Divisions I., II., III., Sub-Divisions 4, 5, 7, 8 and 9, and IV.).
 Miscellaneous subjects connected with Local Government.
- B. *Hospitals and Asylums*.
 Chronic Sick Hospitals, Lunatic and Leper Asylums, and removal of chronic sick and lunatic patients.
 State-Aided Hospitals.
 Robben Island.
- C. *Miscellaneous*.
 Casualty Ward, Cape Town.
 General Administration of the Lunacy Act, 1897.
 The Destitute Children's Relief Act, 1895.
 The Imperial, Colonial and Republican Forces Burial Grounds Act, 1900.
 The Pounds and Trespasses Act, 1892 (establishment of Pounds, etc.).
 The Half-Holiday Acts of 1899 and 1903.
 The Shop Assistants' Act, 1899.
 The Local Works Loans Act, 1882, and subsequent enactments.
 Pauper Relief.

the Under Colonial Secretary, from whose administration they were once again transferred on the 20th June last to the Department of Agriculture.

It may also be noted, in connection with the administration of the Adulteration of Food, that the Office of Administrator under "The Sale of Food and Drugs and Seeds Act of 1890" was transferred with the consent of the Under Colonial Secretary from him to the Medical Officer of Health for the Colony.

But the above list enumerates only those matters which are actually administered by the new department, and does not specify the wide range of work performed by the Medical Officer of Health and his assistants in advising and assisting all other Government Departments on medical and health questions connected with their administrations, the supervision of the medical work of convict stations and prisons and the health of convicts and prisoners, the routine inspection of Government aided hospitals, the performance of medico-legal advice and other matters of a similar kind.

The work of this office as a whole has been greatly increasing year by year, and in this respect the prevailing depression has not affected it beyond considerably reducing the funds provided for its carrying on. The reason for this increase is to be found in the increasing calls made upon the office by local authorities and the public.

During the year 1906 many inspections and reports were made by the technical officers of the Department, amounting to several hundreds, and embracing a wide range of places and subjects. They included inspections of Public Hospitals, of Government Institutions, of Municipalities and other Urban Areas, investigation into serious outbreaks of Small-pox, Enteric, and other infectious diseases, visits to Leper Asylums, and the examination of Lepers, enquiries into Municipal Works, and the holding of several important public enquiries in association with technical officers of the Department of Public Works, into municipal water, drainage, and other schemes.

Relations of the Department to Local Authorities.

The carrying out of such inspections and enquiries I believe to be one of the most potent functions of the Department, as it is only by these means that the Central Government can be brought into direct touch with Local Administrations, and can appreciate their necessities and difficulties; and it is frequently the only means whereby information can be acquired and directions given concerning local matters of vital moment to the general Public Health.

The attitude of the Central Government should not be one of detachment, and its functions should not consist of mere criticism of the work of Local Authorities after that work has already been accomplished, such a position irritates without materially assisting. It is, moreover, above all things necessary that the relations between the Department and Local Bodies should be of a cordial nature. This is desirable under any circumstances, but endowed as is the Central Government in this Colony with practically little statutory control over Local Authorities, friction would at once bring the work of the Department to an end. I am glad to be able to say in this respect that good relationships of this kind are steadily growing up between the Department and Local Authorities, many of whom now welcome its intrusion into local affairs and to an increasing degree spontaneously seek its aid. The effect of this is seen in improved methods, greater efficiency, and better value in return for expenditure.

On the carrying out of Permanent Works by Local Authorities.

How necessary is the maintenance of some skilled and independent supervision over the acts of local bodies has been recently signally demonstrated by facts brought to light in the course of some enquiries undertaken by the Department. This is especially the case with regard to the inception and carrying out of large improvement schemes which are frequently entered upon without sufficient consideration, or are conceived in a spirit of undue optimism, or are undertaken on unsound or immature expert advice.

It is true that such schemes have to receive the approval of the ratepayers before they can be undertaken by a Council, and therefore if they turn out unsatisfactorily it may be said that the ratepayers have only themselves to thank for the result, but the ratepayers can be rarely placed in possession of the full facts relating to a scheme submitted to them, and as a body they possess neither the means nor the capacity to properly examine into the details of an important public works scheme, and in effect they are forced to rely more or less upon the judgment of their representatives on the Council.

In one way only can any degree of security be obtained in these matters, and that is by the sanction of the Government being required before any such schemes can be undertaken, and by the Central Authority in the case of every scheme of any magnitude holding a full and public enquiry on the spot into its details by its technical officers before that sanction is given.

But until quite recently such local enquiries have rarely been conducted in this Colony. Indeed, in the past, only to a limited extent has any kind of investigation been made or advice tendered by the Central Authority in respect of schemes and proposed works of public improvement. Whenever a Local Authority has applied to the Government for a loan under the provisions of "The Local Works Loans Act," the Government has of necessity had to satisfy itself that the scheme was a commercially sound one, and, above all, that the finances of the local body were capable of meeting the Interest and Redemption charges on the loan if granted. But such investigation has rarely gone beyond the immediate object of satisfying the Government that the loan from the Public Funds may be safely made.

Under the provisions of Section 18 of "The Public Health Amendment Act, 1897," it is provided that an urban local authority may undertake all things necessary for the purposes of:—

- (a) Any scheme for the supply of good water or for the improvement of any existing supply.
- (b) Any scheme of sewerage or drainage, or for the removal or disposal of nightsoil, or other decaying, offensive or unhealthy matter, including town refuse, or for the improvement of any such scheme:

Provided that such local authority shall satisfy the Minister that the intended scheme *is suitable and the best practicable.*

And under these provisions enquiry to a limited extent has been made during the past few years into schemes relating to the two subjects of domestic water supply and sewerage, *when such schemes have been submitted to Government for approval.* But, as a general rule, Local Authorities have ignored these provisions, and it is even doubtful whether those Local Authorities which are constituted under special Acts of Incorporation of their own instead of under the general Municipal Act or the Villages Management Act, can be required to conform to this law.

In England this matter of holding a careful enquiry by the Local Government Board is considered a most important principle, and is one which is never neglected, even in the case of very small works for local improvement. A sharp contrast is in this presented to the happy-go-lucky manner in which extensive expenditure is entered upon by local authorities in this Colony.

This Department, so far as it is concerned with local public works, is with the sanction of the Minister attempting to effect improvement in this matter, by the introduction, with the assistance of the Department of Public Works, of a recognised system of dealing with such projected works, and to this end in every recent case when the approval of the minister has been sought for the undertaking of any scheme under the Public Health Acts, an enquiry has been held into it by a Medical Officer of this Department in association with an Engineer of the Public Works Department.

Some Examples of Local Permanent Works.

It may be of interest to give here a few illustrations of the effects of the lack of system I have described. In doing so, I wish it to be clearly understood that I make no reflection on the *bona fides* of the local authorities concerned, nor on their technical advisers:—

Water Supply of the Municipality of Adelaide.

In 1898 the Municipality of Adelaide took into consideration the question of undertaking a scheme of domestic water supply, and for that purpose engaged the services of a Consulting Engineer, who, in November of the same year, furnished a preliminary report and designed a scheme estimated to cost £11,723. In a subsequent report, dated November of the following year, he estimated the cost at £13,200. On the 17th December, 1903, the Municipality obtained a loan of £14,000 from the Government under "The Local Works Loans Act" for the purpose of carrying out this scheme. The scheme was completed in February, 1905, at an actual cost of £15,703, the additional outlay being met by a loan of £1,500 at 6 per cent. raised on a mortgage of the Town Hall.

The scheme, in its essential details, consists of a weir across the Koenap River at a point about $5\frac{1}{2}$ miles above the town. Behind the weir and in the actual bed of the river a filter was constructed, the water being led from this into a small intake well, from which an 8-inch cast iron pipe, capable of delivering 250,000 gallons per diem, is led. This main, after crossing the bed of the Koenap River at several points below the weir, discharges into a service reservoir just above the town, having a capacity of 250,000 gallons. The hydraulic fall between the weir and the reservoir is $32\frac{1}{2}$ feet.

I have no knowledge of the enquiries made by the Government prior to granting the loan in 1903, but the scheme as carried out contained two grave and inherent defects, these being the filter constructed in the bed of the river above the weir and certain of the river crossings at which the pipes were laid on foundations composed of sand or silt. Soon after the scheme was finished, it was found that the water would not flow into the pipes connecting the filter with the intake well, and an opening had to be made through the clay seal in the upper end of the filter bed. After this it was found that the water was too low to flow into the pipes, and the Municipality had for several months to pump the water up into the intake until the occasion of the first

flood on the 18th February, 1905. This flood, however, carried away all the sand composing the filter, and subsequent floods completed its entire destruction, leaving nothing but the boulders at the bottom. In 1906, there being no screen, the intake got completely blocked up, with the result that a trench had to be made along one side of the filter and a hole cut into the intake well. At the present moment, the water is undergoing no filtration whatever, and gross impurities, such as debris, leaves and even eels, are said to be carried down into the service pipes. Still more is the danger of pollution from human sources, as the water in the Koenap River above the weir is highly polluted as a result of many natives living on, and farm lands lying along, its banks. The inhabitants of Adelaide are therefore now being served by a highly unsatisfactory domestic water supply.

The Municipality's troubles, however, were not ended with the damage to the filter, as the second inherent defect soon made itself manifest. In October, 1905, less than ten months after the completion of the scheme, the main was carried away by flood water at two of the river crossings. The repair of these breaks, apart from the inconvenience and loss of revenue resulting from the interruption of the water supply while fresh pipes were being got up to Adelaide, amounted to £250. Again, in October, 1906, another river crossing was carried away, entailing a further charge of £50 for repairs.

The attention of this Department was first drawn to the matter on the occasion of a general inspection of the Municipality by the Assistant Medical Officer of Health for the Colony, in March last, in connection with an outbreak of Typhoid Fever at that place, when the dangerous pollution of the water supply was reported on. As a result, the Municipality took the matter up, and they find that they are now faced with the necessity of incurring a further expenditure estimated at £1,870, in order to provide efficient filters, and to remedy the other defects of the existing system. For this purpose the Council is applying to the Government for a further loan of £2,000.

Claremont Proposed Municipal Drainage Scheme.

In 1904, the Claremont Municipal Council had under consideration a scheme for the sewerage of the Municipality, its essential feature being the discharge of the sewage on to land to the North of and immediately adjoining the Kenilworth Racecourse, whence the effluent was to discharge into the Krombooms River. Fortunately this piece of ground, in extent approximately of 125 acres, is Crown land, and therefore it was not possible for the Council to proceed with the scheme without making application to the Government for a grant of this land. This application was referred to me, and I reported against the scheme on the grounds that the land was unsuitable for the intended purpose, that the scheme itself was unsatisfactory, that the present water supply of the Municipality was insufficient to admit of a water-carriage system of sewerage, and that it would be inadvisable to undertake a sewerage scheme for Claremont by itself, as this was a matter which should be dealt with by a joint drainage scheme serving the whole of the Suburban Municipalities between Cape Town and Wynberg. Nevertheless, the proposal was persisted in, and thereupon to satisfy its advocates, the Government ordered me to undertake a special investigation, which was carried out in January, 1905, jointly by the Assistant Medical Officer of Health for the Colony, and an Engineer of the Public Works Department, who reported that the scheme was an

entirely unsuitable one, and that it should not be entertained by the Government. This, however, had no effect, the supporters of the scheme questioned the correctness of the advice of the Government officers, and continued to bring pressure to bear on the Government to grant the land. Finally, in consequence of a very strong and influential deputation that waited upon the Minister, the Colonial Secretary decided, in company with the Government technical officers, to meet the Council, with its Engineer and others, on the actual site, and to ascertain for himself the suitability of the scheme. This resolve was carried out, and the result was to convince not only the Minister, but I think also most of those present that the project was an entirely unsuitable one, and it was thereupon finally set aside. There is little doubt that had it not been for the fact that it was necessary for the Council to obtain this grant of Crown Land from the Government, this very faulty scheme would have been persevered in, and even if not carried to a conclusion, would have entailed considerable expenditure on the ratepayers.

Wynberg Municipal Drainage Scheme.

On the 30th March, 1898, a drainage and sewerage scheme was adopted at a public meeting of ratepayers of the Municipality of Wynberg. No detailed plans or estimates appear to have been submitted to the ratepayers, the data before them being merely a single large scale plan shewing the lines of the sewers and the outfall sewer and the site of the disposal works.

In November, 1900, application was made to the Government by the Municipality for the approval, under Section 18 of Act 23 of 1897, of the proposed scheme, but the information regarding it furnished by the Council was insufficient and the Government therefore called for further details. In the meanwhile, however, the whole energies of the Public Health Department became absorbed in the great outbreak of Plague in the Peninsula, and although the scheme was referred to me for report, I was unable to go into the matter; so Professor W. J. Simpson was requested by the Minister to report on it. This he did in March, 1901, but confined his report to that portion of the project relating to the manner of treatment and disposal of the sewage. No other enquiry or investigation appears at this time to have been undertaken by the Government, nevertheless on the 1st of April, 1901, the Government officially conveyed to the Council its sanction to the scheme in terms of the above-mentioned Section. A portion of the intended works lay outside the municipal area, and under the provisions of the Act No. 32 of 1893, it is necessary in the case of any sewerage works undertaken outside the boundaries of the Wynberg Municipality, to give notice by advertisement of the intention of the Council to carry out such works, and in the event of a formal objection being lodged against the proposed works, it then becomes necessary for the Council to receive the special sanction of the Governor before the works can be commenced. In due course an objection was lodged by a landowner against the commencement of the proposed work, and in consequence the sanction of the Governor was applied for in February, 1902. The Government, however, now declined to give its decision until the matter had been enquired into by the Peninsula Commission which was then sitting. To this the Municipality demurred, and proceeded to dispose of the objector by buying his land, at a cost of £900.

Actual work on the scheme was commenced in March, 1902, and

it was completed by the end of 1905. The estimated and actual cost of the scheme was as follows:—

	Estimated Cost.	Actual Cost.	Excess over Estimate.
Street Sewers, Outfall Sewer, Manholes, etc.	£38,500	£64,696*	£26,196
Disposal Works	12,500	15,754	3,254
Total cost of land, with ex- penses, Transfer, Op- tions, etc. ... ..	...	8,050	...

In November, 1905, the Council approved of an extension of the scheme at an estimated cost of £30,000, and a resolution was passed approving of the raising of a further loan of £30,000 for this purpose. Notice of the intention to borrow was duly advertised in accordance with the Municipal Act, and no objections were received. But other than this, this extension of the scheme was submitted neither to the ratepayers nor to the Government for approval. The extension works are as yet not quite completed, but it is expected that the actual cost will be well within the amount estimated. The total cost of the scheme when completed, as at present designed, will have amounted to about £118,500. This expenditure has been met by six loans, two of £45,500 and £28,000 at 4 per cent., and four amounting in the aggregate to £37,500, bearing interest at the rate of $4\frac{1}{2}$ per cent.

It may be mentioned that the Imperial Military Authorities have contributed £7,500 towards the cost of the scheme. It will drain about half of the entire area of the Municipality, and serve about 2,400 out of a total of 3,560 dwellings in the Municipality.

Under the provisions of the Act No. 32 of 1893, it is necessary, before householders can be compelled to connect their premises with the sewers, for the Council to declare the Municipality to be a drainage area, and for the Minister to give his sanction to it, and recently the Council has applied for this sanction. Before granting it, however, the Minister instructed the Health Department to arrange for an enquiry into the questions affecting the decision. This enquiry has disclosed, among some other unsatisfactory features, a very serious defect in the level at which the 24 inch outfall sewer is laid, which results in nearly three thousand feet of its length being permanently choked with stagnating sewage. Without going into technical details, it is sufficient to say that the effect of this, if not rectified, is to entail the permanent necessity for attention and expenditure in clearing out, as far as it is possible, the sewage deposits from the pipe, to interfere with the proper action of the disposal works, to cause a very serious nuisance, and to endanger health. The report of the enquiry, therefore, advised that, in the interests of the inhabitants of the Municipality as well as for the proper working of the scheme itself, a considerable length of this outfall sewer, amounting to about 1,400 yards, should be raised, a work which it is estimated will cost about £4,000. After careful consideration the Government has adopted the recommendations of this report, and has refused to sanction the declaration of a drainage area until the necessary reconstruction has been undertaken.

Had this scheme been carefully considered by the Government in all its details at the time of its inception and during its carrying out, a considerable saving to the finances of the Municipality should have resulted.

* This amount includes £4,203 loan flotation expenses.

Water Supply of the Municipality of Aliwal North.

In 1896 the Municipality of Aliwal North took steps to promote a scheme for obtaining a water supply by pumping from the Orange River. In the following year Engineers were invited to submit competitive schemes for adjudication by the Public Works Department. The successful and accepted scheme provided for the construction of a concrete weir across the Orange River just above the town with a turbine plant and three pumps, the latter being designed, firstly, to pump water from the Orange River through a "filter" in the bed of the River, similar to that constructed by the same Engineer in the Koenap River at Adelaide, to a reservoir situated above the town, and connected with a distributing system of pipes for the supply of drinking and irrigation water for the town; secondly, to pump water for the irrigation of some 380 morgen of Commonage land lying on the South side of the river, immediately above the weir, and, thirdly, to supply power for the electric lighting of the town. I am unaware as to exactly what information was submitted to the Public Works Department at the time or whether that Department had any subsequent connection with the scheme.

In 1904 a special enabling Act, No. 13 of 1904, was passed by Parliament, granting the necessary powers to the Council, including special rating powers. The work of construction was commenced shortly thereafter, being carried out Departmentally by the Council, and was completed in 1905. The total cost as originally estimated was £27,000 and the actual cost £53,000, exclusive of £1,900 contributed towards the cost of the weir by the Government of the Orange River Colony. Of this amount £50,000 was obtained on loan from Government at 4 per cent. under the Local Works Loans Acts. The Irrigation Lots above mentioned, with the exception of about 50 morgen, were sold by public auction in December, 1905, on lease for 19 years, at a rental totalling some £1,250 per annum.

At first one pump was used to supply drinking and irrigation water to the town and two to supply the Irrigation Lots, but it was soon found that one pump was insufficient to adequately meet the requirements of the town. In March, 1906, one of the pumps was taken off the Irrigation supply and put on to the Town supply; thereupon the lessees of the Irrigation Erven complained that the Irrigation supply was totally inadequate, and contended that according to the terms of lease they were entitled to a "sufficient" supply. On being informed by the Council that it was impossible to keep two pumps working on the Irrigation supply, they intimated that they would not pay the rent agreed upon. At a meeting of the lessees held towards the end of March, 1906, it was agreed, in view of the insufficiency of the Water Supply, to offer the Municipality only 5 per cent. of the rent as fixed at the sale by public auction. This offer was subsequently brought before the Municipal Council; according to the Minutes the Council resolved to "let the matter stand over." According to the Mayor's Minute for the year 1905-06, "a compromise with the tenants was temporarily arranged through partial failure of the water supply." The result has been that of the £937 or thereabouts which the Council should have received for the first three quarterly periods, only £200 10s. was actually received. The "filter" in the bed of the river—if any of it except the layer of boulders still remains—has proved to be worthless as a filter; indeed, after a flood the unfiltered river water in the irrigation pump-well becomes clear in a shorter time than the filtered water in the pump-well through which the Town supply is drawn. The large

amount of gritty suspended matter in the water reaching the wells, especially after rains, has played havoc with the pumps, which are of the bucket type. During rainy weather the brass rings of the buckets only last for a week or so; even during dry weather they last for only one or two months. When the river is low, and also when it is very high, which causes the water below the weir to back up, the hydraulic head is so reduced that power generated by the turbines is totally insufficient for the Irrigation and Town supplies and the working of the electric light plant. Owing to the large amount of suspended matter in the water it is usually quite unfit for drinking purposes, moreover, there is serious risk of pollution from the large area of manured and irrigated lands draining directly into the river above the weir and also from persons boating and picnicing above the intake.

The net results to the Municipality have thus been that the actual cost of the scheme was almost exactly double the original estimate, that the power generated by the Turbine Plant is frequently quite inadequate, and that the water supplied is, as a rule, totally unfit for drinking purposes; moreover, the scheme is—or at least was up to recently—being worked at considerable annual loss. Owing, however, to the faulty system of bookkeeping which has been followed, under which the Revenue and Expenditure of each of the three parts of the scheme are not differentiated, or capital expenditure kept entirely separate from cost of working, it would be impossible without prolonged investigation to correctly arrive at the total annual loss or to accurately compare Revenue with Expenditure for any one of the three parts of the scheme.

I understand that the Council have at present under consideration means for augmenting the pumping power, filtering the drinking water, and carrying out certain other necessary alterations to the scheme, which are estimated to cost some £9,000.

Muizenberg Drainage and Electric Lighting Scheme.

In the year 1900 a sewerage scheme for the Municipality of Kalk Bay-Muizenberg was suggested, and in the year following the Council called by public advertisement for competitive designs, but none were forthcoming, as there was existent no general survey plan of the Municipality on which to base them. The Council then had a survey of the Municipality made by a Land Surveyor at a cost of £2,000. In October, 1901, a number of ratepayers presented a memorial to the Council praying for the initiation of a drainage scheme, and, in February, 1902, the Council appointed an Engineer at a salary of £500, afterwards raised to £750, per annum. He was a wholtime officer, but later on was allowed the privilege of taking in consulting work. On the 15th September, 1906, his services were dispensed with. He was instructed to make surveys and prepare plans for a drainage and electric lighting scheme, and in April, 1903, the Council convened a meeting of ratepayers, at which a report by the Engineer was read and his proposals for such a scheme were submitted, the estimated cost being given as £60,000. At this meeting the ratepayers were told that the annual saving of the then expenditure on sanitary removals would be sufficient to pay interest on and provide for the redemption of this sum, and that at the end of thirty years the permanent works would be fully paid for "without the burden being felt in the slightest degree." The ratepayers unanimously approved of this scheme, and on the 14th April, 1903, the Council applied for the Minister's sanction of it. The details furnished to the Govern-

ment regarding it were, however, meagre and incomplete, but ultimately, on further information being given and after insisting upon a radical alteration of the proposals regarding the outfall, and the manner of disposal of the sewage, and for this purpose granting a piece of Crown Land beyond the Municipal boundary, the Government, after a strong deputation from the Council, gave its conditional approval to the scheme on the 16th July, 1903. In the letter of approval the following paragraph occurs:—

“It would appear on the advice furnished by the technical advisers to the Government that the estimated cost of the Main Drainage, Pumping and Electric Works portion of the scheme is likely to prove inadequate, and that in all probability a considerably increased expenditure will have to be incurred before its completion. Sir Pieter Faure desires to make this point perfectly clear, inasmuch as he is anxious, when the consent of the ratepayers to the raising of the money necessary to the carrying out of the scheme is obtained, that the public should not take the Government's approval of the scheme as being a suitable one to be also a guarantee that the work can be executed for the sum estimated.”

As a matter of fact, the ratepayers were never further consulted on the subject. When the time came to raise the necessary loans the Council, acting in accordance with the requirements of the Municipal Act, merely advertised their intention to borrow, and that plans, specifications and estimates were open to inspection at the Municipal Offices, but neither on this occasion nor on any of the subsequent ones presently to be mentioned did any ratepayer call at the office to inspect them, nor was any demand made by any ratepayer that the question should be submitted to election by the ratepayers.

At the end of 1902 the Council obtained a loan from the Standard Bank of £6,000, at 5 per cent., £1,000 of which was applied to the “preliminary expenses” of the drainage scheme.

In July, 1903, the Council decided to send their Engineer to England to raise a loan of £36,000 (£1,000 of this being for Waterworks purposes) and to purchase materials for carrying out the scheme. As a result the Engineer arranged a loan of that amount with the Royal Livers Society, at 5 per cent. interest, issued at par, but at a total cost for flotation expenses of £3,423! Also, the Engineer entered into an arrangement, on behalf of the Council, but without its previous knowledge or sanction, under which all materials were to be purchased by a certain firm on a Buying Commission of 2½ per cent., and with another firm to inspect the materials before shipment, on a further commission of 2½ per cent., and with an Engineer at £6 per week and travelling expenses to inspect the machinery during manufacture. The total payments under these three heads amounted to some £1,400. The Engineer's expenses in England, it may also be mentioned, amounted to £549 13s. 9d.

In January, 1905, the Council decided to raise a further loan for carrying on the scheme, of £36,000 (£7,500 of which, however, was for Waterworks purposes), and sent the Town Clerk to England to negotiate it. This loan was eventually obtained from the Standard Bank at par at 5½ per cent. interest, the total expenditure in connection with the raising of this loan amounting to £475. Later on, in 1906, a further loan of £10,000 was raised from the Norwich Union Association, of Cape Town (to whom the Council was introduced by a Broker on a commission of 1 per cent.), at par, but with a premium of £846, payable immediately on issue, and on such other terms as

regards redemption as will work out very unfavourably to the Municipality; as a matter of fact, to an equivalent of $7\frac{1}{3}$ per cent.

Since the latter date the Council has found itself unable to raise further ordinary loans, and has, therefore, had to borrow money for the continuation of the scheme on somewhat unusual lines, namely, on short period debentures, £6,500 at 5 per cent., £2,000 at $5\frac{1}{2}$ per cent., and £1,500 at 6 per cent.

As regards the actual carrying out of the work, the Council called for tenders on the 29th September, 1904, and accepted one of £13,000, subsequently corrected to £13,151, making their decision on the ground that this amount was nearest the Engineer's own estimate, although there were five other tenders below that amount, at sums varying from £11,250 down to £7,385. It is sometimes doubtful how far a foreknowledge of the future would be a benefit in the conduct of human affairs, but I doubt if the Council had been able to anticipate future happenings they would have so lightly accepted this tender.

Work was commenced on the 11th October, 1904, and on the 19th January, 1906, the Council, acting on advice, terminated the contract, and took over the works and determined to complete them departmentally. At this time the contractor had been paid £15,923, a sum already considerably in excess of the contract, and he claimed in addition, on various heads, a further sum of £9,981; yet at this time a very large portion of the work originally included in the contract still remained to be done. From this point matters dragged on unsatisfactorily for several months, during which time the Contractor entered proceedings against the Council for the recovery of the above-mentioned amount, and the Council itself began to experience increasing difficulty in financing the further construction of the scheme.

At this stage I deemed it my duty to direct the attention of the Minister to what was happening, and he thereupon instructed me to arrange for a full enquiry into the whole matter. Accordingly the Assistant Medical Officer of Health for the Colony and Mr. Stainthorpe, Assistant Engineer in the Department of Public Works, commenced an investigation at Kalk Bay on the 29th June, 1906, and, owing to the many complicated matters requiring elucidation, it took until the middle of August to complete the admirable and valuable report. The facts which it brought out were unsatisfactory in the extreme. It was found that grave laxities and irregularities had occurred in a number of directions; the Engineer's certificates, on which payments to the Contractors had been made, were, many of them, unreliable, and large over-payments had consequently been made, amounting to several thousand pounds, but owing to the very imperfect records that had been kept, it was difficult to fix the exact amount. It was found that work which had never been carried out by the Contractor at all had been paid for, that work that had been done was paid for at rates about 50 per cent. above those specified in the contract, that portions of the work had been carried out in a very defective manner, many of the sewers leaked freely, several were laid with a fall in a wrong direction, that the proper custody and issue of materials had not been satisfactorily safeguarded, that from first to last there had been an absence of business method and of control on the part of the Council in the conduct of the undertaking, and that the Municipality was at the moment in such grave financial difficulties that it was doubtful if it could complete the scheme.

It is satisfactory to note that, as a result of this enquiry, information was obtained that enabled the Council to successfully defend

the action at law brought against it by the Contractor. Indeed, the Court postponed the hearing of the case in order that the information which was in course of being obtained by the enquiry might be placed before it. The Council obtained judgment against the plaintiff for a sum of £2,120, this representing over-payments made by the Municipality and other claims. But as the nett costs of the trial to the Municipality amounted to £3,397, and as there appears to be little probability of the Council being able to recover anything from the plaintiff, he having become insolvent, this sum of £3,397 must be added to the cost of the scheme. All that can be said regarding the matter, is that it is better than if judgment had gone against the Council with costs, which might well have happened but for the information obtained by this enquiry.

As already stated, the cost of the scheme was originally estimated at £60,000, and it was to be paid for in thirty years out of the saving which it would effect in sanitary rates, and "without the burden being felt by the ratepayers in the slightest degree." As a fact, it has cost up to date £95,900, and the scheme is not yet completed; to do so will entail a further sum estimated at £23,000, including a sum of £5,000 for the refloating of the drainage loans in 1908. It may be mentioned that the entire saving of sanitary expenditure which the scheme will effect will only amount to about £1,200 per annum when it has come into full operation, and of this amount the bulk of it is now paid by the tenants as sanitary fees, and not by the ratepayers. It may be added that, up to the present, the scheme has affected the General Revenue by an amount of £8,328 in interest charges on the loans raised for construction, and during the interval the general rate of 2d. in the £ on a valuation of £643,000, in force at the time the scheme was adopted, has increased, in the financial year 1906-07, to a rate of 3½d. in the £ on a valuation of £762,000, with a prospective rate for the new financial year of 4d. in the £.

While the financial condition of the Municipality at the close of its financial year on the 30th June, 1907, was unsatisfactory, and, indeed, in some respects critical, it was by no means desperate. The Council has carried out a drainage and electric lighting scheme at an excessive cost, and, in consequence, has had to borrow money to a greater extent than was advisable. At the same time, the financial burden is not beyond the capacity of the Municipality to support, and the drainage and electric lighting scheme, when it is completed and has come fully into operation, will prove a good asset to the Municipality. The immediate difficulties of the Council are due to the following circumstances: The Council has damaged its credit for the time being, and has exhausted its powers of borrowing money. On the other hand, its revenue, like the revenue of other Local Bodies in the Colony, has suffered by the general depression. It has carried out works in extent beyond its present requirements, and at a cost much beyond their actual value, and it has borrowed the money for it on extravagant terms, with the result that excessive annual interest and redemption charges, amounting approximately to £9,000 per annum, lie before it. To complete its difficulties the Council has arranged for the greater proportion of its present loans to fall due for repayment in the year 1908, with the result that, to meet this and to pay off Bank overdrafts and other temporary borrowings, the Council will in that year have to float a loan of approximately £115,000, which will bring its total borrowings approximately to £150,000.

Under the provisions of the Municipal Act, the Municipality can only borrow in the aggregate to the extent of ten times its then annual

revenue, and it is, therefore, a vital matter that its revenue for the financial year 1907-08 shall amount to at least £15,000. To accomplish this the Council has but one course open to it, namely, to ensure this revenue by maintaining as high a ratable value as possible, and rating this as highly as possible. It is very doubtful, however, whether with all its efforts the Council will succeed in raising the required amount of revenue. The still greater task, however, of re-establishing its credit, so as to be in a position to float this large loan on reasonable terms, is one which will require all the skill of the Council and such assistance as the Government may be in a position to give. In my opinion, the Council would have acted wisely if it had taken the ratepayers fully into its confidence long before this, and thereupon to have gone to Parliament during the present Session and obtained a Loans Act. That the finances of the Municipality are at present strained there can be no doubt, but as to its solvency and its power of ultimate recovery I would have no fear, if wise and careful management could be ensured; but this I find it difficult to hope for. The whole of the Cape Peninsula is directly interested in the stability and progress of Muizenberg and Kalk Bay, which as a South African holiday resort is an asset of enormous value to the whole community, and therefore, in my opinion, the general public as well as the local ratepayers should insist on reform.

The above examples will suffice to demonstrate the importance of the Central Authority exercising an effective control over the expenditure of Municipalities on permanent works, not only in respect to the sanctioning of such undertakings in the first instance, but by exercising some supervision over the manner in which they are subsequently carried out. This control, while being firm and effective, should, nevertheless, be reasonable, and not such as to destroy initiative or lessen the sense of responsibility of Local Bodies.

Raising of Loans for Public Works.

But this is not the only matter connected with the carrying out of permanent works by Local Authorities which needs improvement. The system under which Municipalities are at present able to raise loans without the specific consent of the ratepayers, other than the scanty formality of advertising the Council's intention to borrow in the *Government Gazette* and twice in some locally circulating newspaper, upon which any twenty ratepayers may by writing under their hands require the matter to be brought to election by the ratepayers, is, as has been seen in the above instances, quite inadequate. Instead of the Council having to obtain the consent of the ratepayers, it is imposed upon the ratepayers to take action by opposing the Council if they desire to express their views. It is true that the Municipal Act limits the total borrowing powers to an amount equal to ten times the then annual revenue of the Municipality, but, inasmuch as no definition of "Revenue" is laid down, it is competent for a Local Authority to abnormally and unfairly increase its revenue of the year for this purpose, it is easily seen how the statutory limit may be in practice stretched to a dangerous extent, and to far beyond the intentions of the Act.

Again, not only should some efficient restraint be placed upon the raising of loans by Municipalities, but definite statutory provision should be made for requiring the repayment of loans within a reasonable period. The life of the most permanent of permanent works is not everlasting; it is, indeed, probable that forty years should be considered the extreme period of life in all cases; yet there

is nothing whatever in the Municipal Act that requires the redemption of loans. On the contrary, the Act seems rather to encourage the keeping of loans alive, for if a proposition to borrow money is for the purpose of liquidating any loan already incurred, then the twenty ratepayers may not even object to it. As a matter of fact, in practice it is found that many Municipalities have ignored the necessity for redeeming their loans. For example, up to the present the Wynberg Municipality has established no sinking fund for the redemption of their drainage and other loans.

There are, of course, a number of other matters which the cases I have detailed above will easily suggest to the reader as requiring alteration, such, for example, as the need for some sort of Government Audit of Municipal expenditure, and the need for some better system of Municipal valuation; but I will not by discussing these matters withdraw attention from the more important subjects I have just dealt with.

THE PUBLIC HEALTH OF THE COLONY.

Annual Reports of the District Surgeons and Local Authorities.

General information regarding the Public Health of the different Districts of the Colony will be found in the Annual Health Reports of the District Surgeons and Local Authorities printed in Annexures "A" and "B," and more exact vital statistics are given in Annexure "F" in a series of tables of mortality and causes of death registered under the Births and Deaths Registration Act in the chief towns of the Colony.

The Health Reports are for the calendar year 1906, but the Statistical Tables are no later than the two years 1904 and 1905. The result of the registrations for 1906 could not, in the ordinary course of things, be made available sufficiently early in the year for inclusion in this report, it being impossible for the Registrar-General, after waiting for late registrations, many of which do not come in until after April of the succeeding year, to collect and tabulate the information within the time.

I may mention that, with the view to saving expense in printing, I was asked this year to omit the publication of these Annual Health Reports of the District Surgeons and Local Authorities. This, however, has not been done, but they have been condensed to the shortest possible summaries, embodying only their most salient points. Their publication in previous years has been of great advantage to the cause of Public Health, not only on account of the information they contain, but by reason of the interest in Local Sanitation they create among Local Authorities, Health Officers and others on whom the care of the Public Health depends. The preparation of such a report necessitates the taking, at least once in the year, a general survey of existing sanitary conditions and of past work, which in itself is of advantage by directing the attention of those responsible to local sanitary needs and omissions. Moreover their publication affords each district an opportunity of seeing what is being done elsewhere, and by leading to comparison, quickens local endeavour.

It may be added that the Department takes individual action upon each report, and any sanitary defects disclosed are brought officially to the notice of the Local Authority concerned so that improvement may be effected.

Speaking generally, the experience of the year 1906, recorded by most of the reports has been one of improved public health as

compared with 1905, which year was itself better than 1904. These general statements are borne out by a consideration of the vital statistics for the years 1903, 1904 and 1905, which indicate a progressive improvement since 1903. This appears to have been due partly to the absence of severe epidemics, and partly to the gradual return to the normal after the war, but possibly also to favourable climatic conditions prevailing.

Statistics of Births and Deaths.

I shall have presently, when dealing with certain diseases, to refer more in detail to these reports, but I now propose to consider the statistics of Births and Deaths.

These statistics relate to 60 of the principal towns of the Colony Proper. In my opinion those for the rural and the smaller so-called urban districts and for the Native Territories are practically valueless. The reason of this is threefold. In the first place, the registration is incomplete; this is especially so of births of all races and of deaths of coloured persons and natives. Secondly, there is seldom any medical attendance before death, except in the larger towns, and, consequently, the registered causes of death are quite unreliable. And, thirdly, we possess no exact returns of the populations of the different areas, without which it is impossible to calculate birth and death rates.

Births and Deaths in Urban and Rural Areas of the Colony.

It is not even possible to ascertain with any pretence to accuracy the total urban and the total rural population of the Colony Proper during 1904, the year of the Census, and I, therefore, merely give in the subjoined table No. 1, for what they are worth, the total number of births and deaths of Europeans and other than Europeans, registered respectively in the Urban and Rural Districts of the Colony, excluding Bechuanaland and the Native Territories, during each of the calendar years 1904 and 1905.

I. TABLE showing the total number of Births and Deaths registered in the Colony Proper during the calendar years 1904 and 1905.

Year.	BIRTHS.						DEATHS.					
	Urban.			Rural.			Urban.			Rural.		
	Euro- pean.	Other than Euro- pean.	Total.									
1904	10,413	13,144	23,557	7,195	15,667	22,862	4,537	12,110	16,647	2,443	11,694	14,137
1905	9,800	13,063	22,863	6,643	14,624	21,267	4,029	11,608	15,637	1,964	10,550	12,514

The above figures in themselves demonstrate their inaccuracy. Thus while there were in 1904 2·3 and 2·9 births to every death of Europeans in the urban and rural areas of the Colony, respectively,

there were only 1.1 and 1.3 births, respectively, to every death of Natives and Coloured persons. Similarly in 1905 there were 2.4 and 3.4 births to each European death, and only 1.1 and 1.4 births to each Native or Coloured death in rural and urban areas, respectively. If these figures were correct, then the Native and Coloured populations of the Colony Proper would be practically stationary; that is, no natural increase at all would be taking place, which is contrary to fact, the census of 1904 having demonstrated an increase in the Coloured races of 136,402 in urban, and 161,671 in rural areas since 1891.

The explanation is that all of the Native and Coloured births are not being registered, and probably, though in a smaller degree, the deaths. It may be mentioned that while there is no inducement other than the fear of infringing a not very stringent law to register births, there is more need to do so in the case of deaths, inasmuch as burial cannot take place in a recognised burial ground without the production of a burial order from the deputy registrar of deaths, nor can an interment be made in an *urban* area except in a recognised burial ground. In this connection it is significant that the proportion of births to deaths registered is greater in the rural than in the urban areas.

Mortality Statistics for Sixty Chief Towns of the Colony.

The series of Tables in Annexure "F" give for each of the sixty principal towns of the Colony the number of deaths and the rates of mortality from certain diseases and from all causes during the years 1904 and 1905, and the deaths at different age periods from certain diseases in all of these towns combined during the same years. The figures for the year 1904, were not given in my preceding annual report, and hence they are included in this.

Hitherto such statistics have only been given in respect of thirty-five of the chief towns of the Colony, but with the increase of the number to sixty, practically the bulk of the really urban population of the Colony is included. The combined population being 496,718 persons (262,407 Europeans and 234,311 coloured or other than European), whereas the total urban population as enumerated at the Census of 1904 amounted to 630,190, and this included very many small places of no importance or which are urban in not much more than name.

Accurate Returns of Population not obtainable.

The great difficulty in dealing with the mortality statistics of these towns is due to the impossibility of obtaining even an approximate idea of the numbers and the age composition of their populations. It is quite useless to know that a certain number of deaths have occurred in a certain community if we do not know the number of persons constituting the community.

In settled countries such as England, the population in any year between the decennial censuses can be calculated with considerable exactitude, but in this Colony with its rapid and variable flow of immigration and emigration, depending upon its alternating cycles of prosperity and depression, and with its growth and decline of local centres of labour, and moreover with the abnormally long intervals between succeeding census enumerations,—sixteen years between the preceding and thirteen between that and the last census in 1904—we are quite unjustified in assuming

that the average increase of the population of any particular place which occurred between 1891 and 1904, represented a constant ratio of increase during each of the intervening years or that it represents the actual rate of increase since 1904.

There is, for instance, no question but that the population of Cape Town and many other places have actually decreased since the census of 1904, owing to the exodus consequent on the long prevailing depression. Or to take another example, what calculations can be based on the census populations of Port Elizabeth Municipality? Between 1891 and 1904 the European population increased from 13,297 to 21,987, or by 65 per cent., whereas the native and coloured population only increased from 9,969 to 10,972 or by only 10 per cent. This small increase was due to the fact that shortly before the last census a large portion of the native and coloured population migrated over the border as a result of plague operations, so that the *extra* Port Elizabeth municipal population showed an increase at the 1904 census of coloured from 1,500 to 11,968 while the European only increased from 642 to 1,905.

Quinquennial Census Enumerations.

There is no doubt whatever that in this Colony census enumerations should be made much oftener, at least once in every five years. Certainly as far as the chief towns are concerned this could be done without great expense and would be of the greatest value not only to Public Health but in many other economic connections.

Statistics for 1904 only are accurate.

In view of the impossibility of fixing the population I have considered it best in the Statistical Tables for the year 1905 to use the census population of 1904. It is probable that in many places this is in excess of the actual, while in others it may be below the actual, especially as regards the coloured populations, but it is certainly quite as near as we should be ever likely to get by calculation.

With regard to the year 1904 there is no doubt that the census population will give fairly accurate results. The census was taken on the 17th April, 1904, and as the mean population for the calendar year would be the population as on the 30th June, there is thus only a difference in time of seventy-four days, which may be neglected. I, therefore, look upon the statistics for 1904 as being the one important landmark by which we may ascertain our exact position in the field of vital statistics, and I discard as untrustworthy any figures for preceding or subsequent years which are based upon calculated populations.

Influence of Age and Sex on Rates of Mortality.

A knowledge, however accurate, of the rate of mortality in any place is not of very much use unless we can compare it with the rates obtaining in other places and with some standard which we know from experience to represent satisfactory health conditions.

No trustworthy comparison can, however, be made unless due account is taken of the differences of age and sex composition in the communities under comparison. Children are much more liable to certain diseases than are adults, and the period of greatest mortality of life is the first two years of existence. The aged die off more rapidly than do young adults. Hence a community having a preponderance of persons at the extremes of life must, other things being equal, have a bigger rate of mortality than a community largely composed of young adults. Again some

diseases are more prone to attack one sex than the other and are more fatal to one sex than to the other ; and, speaking generally, the total mortality among males is at most ages greater than among females. So that the more males in a population the more deaths. I have, therefore, in the following tables relating to the chief towns of the Colony, attempted to make the necessary allowances for their differences in age and the sex composition. For this purpose I have calculated the rates of mortality separately for the two sexes and for the different age periods, taking for this purpose the four groups of ages, under 5 years, over 5 years and under 20, over 20 years and under 35 years, and 35 years and over. Unfortunately it is not possible to differentiate between age periods above 35 years, owing to a different age-grouping having been adopted in the Census and in the records of Births and Deaths.

I have taken only 59 instead of 60 towns as I have had to exclude Middelburg on account of this town being a large military centre and I have no details of the age composition of the persons forming it.

But age and sex composition is not all that we have to take into account when making comparisons of, or drawing deductions from, mortality statistics in this Colony. It is absolutely essential to consider separately the facts relating to Europeans and to the Native and Coloured races ; any combination of the two leading races render statistics totally misleading.

Mortality of the two sexes and races at different age groups compared.

The truth of the above statements will be seen from the following Table showing for these 59 towns, the rate of mortality for both sexes at the four groups of ages per thousand of Europeans and Coloured living during the year 1904 at each. It demonstrates the very great difference in the rate of mortality at the different age periods and the generally greater death rate of males as compared with females.

It also shows that, whereas the total death rate per thousand of all persons at all ages among Europeans was 13·97, among the Coloured population it was 37·74 per thousand. Had the Coloured population in these towns have died at each age period at the same rates as did the Europeans, then the total mortality of the Coloured would have been only 14·22 per thousand instead of 37·74 as was actually the case. From this we ascertain the important fact that, in these towns, the Coloured races are dying practically at the rate of two to one as compared with the Europeans :—

II. TABLE showing for Fifty-nine chief towns of the Colony the rate of mortality per thousand during 1904 at each age group and at all ages, separately for males, females and both sexes of Europeans, and Coloured or other than European.

	EUROPEANS.			COLOURED OR OTHER THAN EUROPEAN.		
	Males.	Females.	Persons.	Males.	Females.	Persons.
Under Five Years ...	61·02	49·56	55·29	178·17	160·15	169·02
Over Five and Under Twenty Years	2·81	2·92	2·86	10·21	12·30	11·26
Over Twenty and Under Thirty-five Years	6·24	4·99	5·78	17·03	17·59	17·26
Thirty-five Years and Over	22·08	18·76	20·62	37·98	33·43	35·98
All Ages	14·53	13·25	13·97	37·50	38·03	37·74

Age and Sex, Mortality of European and Coloured Races Compared.

It is of importance to ascertain the relative extent to which this greater mortality among the Coloured races occurs at the different age groups, and I have, therefore, prepared the following Table III., showing the number of Coloured persons, males, females and both sexes, who died in 1904 in these towns at each of the four groups of ages and at all ages combined, to every thousand of Europeans dying in these towns at the same groups. From this it will be seen that, while at all groups of ages the mortality occurring among the Coloured races is much greater than among Europeans, it is greatest in the age group of five to twenty, in which group 3,633 Coloured males died to every thousand European males at the same age period, and 4,212 Coloured females died to every thousand European females. The difference in the mortality is least at ages over thirty-five years, in which the number of deaths amount to 1,720 males and 1,782 females, as compared with one thousand deaths of Europeans. It is thus demonstrated that the excessive mortality of the Coloured races as compared with Europeans is most excessive in the young and adolescent period of life, and it is not, as I was inclined at first to suppose, during the period of infancy, that the Coloured died in greatest excess, for assuming that its causes are chiefly the effect of insanitary conditions and neglect, these should tell more severely on the infant.

This Table also brings out another strange fact, which is that the excessive mortality of Coloured as compared with the European, affects the Coloured female to a greater extent than it does the Coloured male, and that this preponderating effect is again chiefly shown in the adolescent and young adult ages; to such an extent, indeed, that the females at these age periods die at a much greater actual rate than the males. (See Table II.)

III. TABLE showing for fifty-nine chief towns of the Colony the number of Coloured males, females and both sexes, respectively, who died in 1904 at each age period and at all ages combined to every thousand of Europeans dying in the same towns at the same age periods.

	Males.	Females.	Persons.
Under five years... ..	2,920	3,231	3,057
Over five and under twenty ...	3,633	4,212	3,937
Over twenty and under thirty-five ...	2,729	3,525	2,986
Over thirty-five	1,720	1,782	1,745
All ages	2,581	2,870	2,701

Comparison with England and Wales.

As a next step in the consideration of these statistics, it is desirable to ascertain how the mortality occurring in our towns among Europeans compares with that taking place in England and Wales. For this purpose I have taken the English Registrar-General's figures of the annual mortality during the decennium 1891-1900,* and in the following Table IV. are given the respective rates of mortality for Europeans in the Colonial towns and in England and Wales per thousand of males and females living at each of the four age groups; also the comparative number of deaths, of each sex at each age group in our towns per thousand of deaths in England and Wales at the same age group.

* I have taken the figures for the latest decennial period but since these years the English death rate has been falling nearly steadily so that in the year 1905 it only amounted to 15.23 per thousand, instead of 18.19 per thousand for the decennial period. This reduction should be borne in mind when considering the comparisons made in this report.

This table discloses the remarkable fact that at all ages and in both sexes the mortality occurring among Europeans in Colonial towns is much less than in England. Only in the case of males between the ages 20 and 35 years is the Colonial rate of mortality more than the English—namely, 1,020 deaths to a 1,000 in England. The greatest saving in life occurs over 35 years, in which age period the number of deaths of both sexes number only 732 to the thousand deaths in England. Taking both sexes and all ages of life, only 768 succumb in the towns of this Colony to every thousand persons dying in England, which represents a large saving of European lives in the chief towns of the Colony during the year 1904 as compared with the mortality that would be expected to have taken place had the population been living during the decennium in England

IV. TABLE showing for each of the Four Age Groups the Annual Rates of Mortality during the Year 1904, for European males and females in 59 Towns of the Colony, as compared with England and Wales during the decennium 1891-1900.

	Annual Rate of Mortality in England and Wales during Decennium 1891-1900.			European Annual Rate of Mortality in 59 Chief Towns of the Colony during 1904.			Number dying in 59 Chief Towns to every 1,000 dying in England and Wales.		
	Males.	Females.	Persons.	Males.	Females.	Persons.	Males.	Females.	Persons.
Under 5 years ...	62·71	52·80	57·74	61·02	49·56	55·29	973	939	958
5-20 ...	3·52	3·55	3·53	2·81	2·92	2·86	798	823	810
20-35 ...	6·12	5·47	5·79	6·24	4·99	5·78	1,020	912	998
35 years and over...	29·62	26·85	28·16	22·08	18·76	20·62	746	699	732
All ages ...	19·32	17·14	18·19	14·53	13·25	13·97	753	773	768

and Wales. These are the results for the towns taken as a whole, but they are not the same for each individual town. In some, but they are comparatively few, a greater number of Europeans are dying than would have been the case had the same population been living in England. For example, this is the case with Cradock, where 1,462 Europeans of both sexes and all ages are dying to the thousand in England; and again in Burghersdorp, where 1,515 are dying; Steynsburg 1,631; Colesberg 2,211; Beaufort West, 1,604, and Drodrecht 1,608.

On the other hand, there are a large number of towns where the mortality rates are surprisingly less than in England, as in the Municipality of Green and Sea Point, where only 516 die as compared with the thousand in England and Wales, and in Cape Town 747, in Malmesbury 561, in Upington 511, in East London 740, in Umtata 557, in Bedford 489, in Swellendam 523, and in Port Elizabeth 820.

These differences indicate that the smaller death rate in our towns as compared with England and Wales, is here as elsewhere dependent on the conditions of living and that only so far as they are here better than in England, is the mortality diminished as compared with the mortality in England. Good climate, plenty of space, easy social conditions, absence of worry, over work and strain, good diet, pure water, and good sanitation, are the factors that lower the death rate, and in proportion as these conditions obtain among the inhabitants of any place so will the rate of mortality be raised or lowered. Of course this only holds good within limits, as it is impossible to lower the death rate of an established community beyond a certain point; for example, the actual death

rate of 8.70 per thousand in Green and Sea Point could not continue permanently in an established community undergoing no alteration by either immigration or emigration as it would mean that its members would all have to live to an average age of 115 years.

With regard to the comparison of the mortality of the native and coloured races with England and Wales, this, owing to the marked racial differences, can scarcely be usefully made. It may, however, be mentioned that 2,271 deaths of coloured persons and natives of both sexes and at all ages occur in our Colonial towns to every thousand deaths which would occur in a population of the same age and sex composition living in England during the decennium.

Comparative Rates of Mortality of the Different Towns.

For the purpose of comparing the mortality occurring in the individual towns of the Colony, I have prepared the following Table V, which gives for each town separately for Europeans and other than Europeans, the actual death rate recorded for the year 1904; the death rate which would have occurred had the mortality of males and females at each age period have been the same as did occur in the 59 towns taken as a whole. I have called this the "Standard Colonial death rate," and the difference between this death rate and the rate that occurred in the towns as a whole represents the difference due to age and sex composition in the particular town. This difference can be expressed by means of a factor, the multiplication of the recorded death rate by which will give the death rate corrected for differences of sex and age composition in the population of the particular town, and this corrected death rate can then be accurately compared with the corrected death rate occurring in any other of the towns. The factor for correction and the corrected death rate for each town are given in separate columns of the table. Furthermore, in order that comparison of the mortality in each town may be compared to a well-known and recognised standard of mortality, there is shown, in a separate column, the rate of mortality which would have occurred in the town had the males and females of its population at each age period been dying at the same rates as obtained in England and Wales during the Decennium 1891-1900; this I have called the "English Standard death rate." And in a further column the comparison with the English Standard death rate is made more easy of appreciation by showing the number of deaths which actually occurred in the town as compared to a thousand of deaths dying in England in a population of similar age and sex composition. This table furnishes information which, I believe, is available for the first time in regard to this Colony.

V. TABLE showing for each of fifty-nine Chief Towns of the Colony, and separately for the European and Coloured Races for the year 1904, (1) the Recorded Death-rate, (2) the Colonial Standard Death-rate, (3) the factor for correction of difference of age and sex composition, (4) the corrected Death-rate, (5) the English Standard Death-rate and (6) the number of deaths to a thousand deaths in England and Wales.

NAME OF TOWN.	EUROPEAN.						COLOURED.					
	Re- corded Death Rate.	Colo- nial Stan- dard Death Rate. (b)	Factor of correc- tion for differ- ence of age and sex com- position.	Cor- rected Death Rate.	Eng- lish Stan- dard Death Rate. (c)	Number of Deaths to a thousand Deaths in England and Wales.	Re- corded Death Rate.	Colo- nial Stan- dard Death Rate. (b)	Factor of Correc- tion for differ- ence of age and sex com- position.	Cor- rected Death Rate.	Eng- lish Stan- dard Death Rate. (c)	Number of Deaths to a thousand Deaths in England and Wales.
Cape Town	11·65	13·22	1·0567	12·31	15·60	747	30·81	37·44	1·0080	31·06	16·49	1,868
Suburban Municipalities (a)	13·68	14·77	·9458	12·94	17·43	785	35·09	41·04	·9196	32·27	18·07	1,942
Green Point & Sea Point Simon's Town and Kalk Bay-Muizenberg	8·70	14·28	·9783	8·51	16·85	516	12·45	27·40	1·3774	17·15	12·07	1,031
Kimberley	7·90	12·27	1·1386	8·99	14·47	545	27·37	37·59	1·0040	27·47	16·55	1,554
Port Elizabeth	16·60	14·46	·9661	16·04	17·06	973	32·92	32·26	1·1699	38·51	14·21	2,317
East London	13·46	13·92	1·0036	13·51	16·42	820	31·26	35·26	1·0703	33·46	15·53	2,013
Grahamstown	12·13	13·90	1·0050	12·19	16·40	740	20·39	28·26	1·3355	27·23	12·37	1,648
Uitenhage	13·86	13·00	1·0746	14·89	15·34	904	34·37	37·64	1·0027	34·46	16·58	2,073
Paarl	13·77	14·10	·9907	13·63	16·63	828	52·37	37·78	·9989	52·90	16·64	3,183
Queenstown	16·86	13·59	1·0280	17·33	16·03	1,052	40·15	41·84	·9020	36·22	18·43	2,179
King William's Town	17·76	13·69	1·0205	18·12	16·15	1,100	57·40	39·07	·9660	55·45	17·21	3,335
Beaconsfield	14·91	13·74	1·0167	15·16	16·21	920	35·54	38·51	·9800	34·83	16·96	2,096
Oudtshoorn	15·94	13·99	·9986	15·92	16·50	966	32·42	33·33	1·1323	36·71	14·68	2,208
Worcester	16·82	14·64	·9542	16·05	17·27	974	55·74	36·56	1·0323	57·04	16·10	3,462
Cradock	15·92	14·50	·9634	15·34	17·11	930	47·19	40·24	·9379	44·26	17·72	2,663
Aliwal North	16·16	14·19	·9845	15·91	16·74	965	51·43	40·47	·9325	47·96	17·82	2,886
Beaufort West	21·23	14·05	·9943	21·09	16·57	1,462	46·73	42·50	·8880	41·50	18·72	2,496
Somerst East	17·63	13·48	1·0363	18·27	15·90	1,109	38·60	36·34	1·0385	40·09	16·00	2,413
Stellenbosch	27·17	14·36	·9728	26·43	16·94	1,604	57·49	37·92	·9953	57·21	16·70	3,443
Wellington	18·41	14·08	·9922	18·27	16·61	1,108	48·38	41·59	·9074	43·90	18·32	2,641
Mossel Bay	14·42	11·77	1·1869	17·12	13·88	1,040	51·78	42·76	·8826	45·70	18·83	2,750
Malmesbury	11·63	11·67	1·1971	13·92	13·77	845	33·56	42·62	·8855	29·72	18·77	1,788
Caledon	13·88	14·66	·9529	13·23	17·40	798	36·88	38·72	·9747	35·95	17·05	2,163
George	9·16	13·84	1·0094	9·25	16·33	561	36·31	41·25	·9149	33·22	18·17	1,998
Cambridge	12·14	14·42	·9688	11·76	17·02	713	33·82	39·90	·9459	31·99	17·58	1,924
De Aar	14·22	14·00	·9978	14·18	16·52	861	36·97	40·91	·9225	34·10	18·02	2,052
Robertson	9·86	14·49	·9641	9·51	17·09	577	4·82	32·80	1·1506	5·55	14·44	334
Somerset West Strand	15·54	13·80	1·0123	15·73	16·28	955	55·58	36·10	1·0454	58·10	15·90	3,496
Kokstad	11·78	15·41	·9066	10·68	18·18	648	56·38	42·04	·8977	50·61	18·53	3,043
Vryburg	6·91	14·75	·9471	6·54	17·40	395	28·65	39·09	·9655	27·66	17·21	1,665
Burghersdorp	15·51	13·84	1·0094	15·66	16·33	950	30·02	33·51	1·1262	33·81	14·76	2,034
Molteno	12·47	15·05	·9282	11·57	17·75	703	27·93	37·38	1·0096	28·20	16·46	1,697
Mafeking	24·94	13·95	1·0014	24·97	16·46	1,515	42·83	40·60	·9296	39·81	17·88	2,395
Victoria West	16·79	13·34	1·0472	17·58	15·74	1,067	45·37	40·53	·9312	42·25	17·85	2,542
Colesberg	12·05	14·83	·9420	11·35	17·49	689	29·60	39·13	·9645	28·55	17·23	1,718
Riversdale	22·94	14·36	·9728	22·32	16·94	1,354	83·28	36·72	1·0278	85·60	16·17	5,150
Somerset West	30·80	11·81	1·1829	36·43	13·93	2,211	63·75	38·96	·9687	61·75	17·17	3,713
Indwe	22·89	14·61	·9561	21·89	17·23	1,328	51·09	39·68	·9511	48·59	17·47	2,924
Aberdeen	11·93	14·64	·9542	11·38	17·27	691	52·36	39·97	·9442	49·44	17·28	3,030
Peelton	24·79	14·64	·9542	23·65	17·27	1,435	43·73	39·18	·9632	42·12	17·25	2,535
Upington	23·41	14·91	·9367	21·93	17·59	1,331	39·78	42·26	·8930	35·52	18·61	2,138
Ceres	0·00	17·04	·8198	...	20·10	...	39·31	43·11	·8754	34·42	18·98	2,071
Swellendam	9·03	14·98	·9326	8·42	17·67	511	25·08	43·40	·8696	21·81	19·11	1,312
Umtata	14·80	14·38	·9715	14·38	17·99	823	31·42	39·34	·9593	30·14	17·32	1,814
Bedford	9·66	15·63	·8938	8·63	18·46	523	26·05	39·62	·9525	24·81	17·45	1,493
Tarkastad	8·14	12·39	1·1275	9·18	14·62	557	26·70	28·88	1·3068	34·89	12·72	2,099
Steynsburg	8·03	13·92	1·0036	8·06	16·42	489	55·63	43·44	·8688	48·33	19·13	2,908
Willowmore	22·79	12·92	1·0813	24·64	15·24	1,495	78·06	41·08	·9187	71·71	18·09	4,315
O'okiep	27·93	14·51	·9628	26·89	17·12	1,631	54·11	39·13	·9645	52·19	17·23	3,140
Dordrecht	20·88	13·27	1·0527	21·98	15·65	1,334	43·61	38·58	·9782	42·66	16·99	2,567
Richmond	10·64	15·60	·8955	9·53	18·40	578	38·93	42·87	·8803	34·27	18·88	2,062
...	26·57	14·01	·9971	26·50	16·52	1,608	42·48	37·25	1·0132	43·04	16·40	2,590
...	20·61	14·18	·9852	20·30	16·72	1,233	37·41	40·31	·9362	35·03	17·75	2,108
Total 59 Chief Towns ...	13·97	...	...	...	16·48	...	37·74	...	...	...	16·62	...

(a) Includes Woodstock, Mowbray, Claremont, Wynberg, Maitland and Rondebosch.

(b) Death rate calculated on the rate of mortality of each sex at each age group obtaining during 1904 in the 59 Chief Towns of the Colony.

(c) Death rate calculated on the annual rate of mortality of each sex at each age group obtaining during the decennium 1891 to 1900 in England and Wales. The actual mean annual recorded Death rate during the decennium in England and Wales was 18·19 per thousand of the entire population.

Europeans.

Still dealing with Europeans, the first point to be noted is that the age and sex composition of the several towns does not differ very materially, the factor of correction being in most cases very close to unity. Therefore, the corrected death rates still show, as did the recorded death rates, enormous differences in the rates of mortality; as, for example, between Green and Sea Point, with a corrected death rate of 8.51 per thousand, Simon's Town and Kalk Bay with 8.99, Malmesbury with 9.25, Robertson with 10.68, and Mafeking with 11.35, on the one hand, and such places as Burghersdorp with 24.97, Beaufort West 26.43, Cradock 24.09, Colesberg 36.43, and Steynsburg 26.89, on the other hand. Having excluded the influence of age and sex composition on the mortality, we can, as I have just said, only account for these differences by the effect of corresponding differences in the conditions affecting the health of the individual towns. It may, however, be pointed out that a high death rate among Europeans is not necessarily accompanied by a high death rate among the Coloured population of the town, although in a majority of instances this is the case, as in Beaufort West, Graaff-Reinet, Victoria West, Riversdale, Colesberg, Indwe, Tarkastad, Steynsburg and Willowmore. And conversely a low death rate among Europeans is nearly always coexistent with a low mortality among the Coloured population, as in the cases of Cape Town, Green and Sea Point, Simon's Town and Kalk Bay, East London, Malmesbury, Somerset Strand, Mafeking and Swellendam. But it does not follow that unsatisfactory conditions affecting one portion of the population necessarily affect the other.

Coloured Races.

With regard to the coloured rate of mortality, this in all towns, with scarcely an exception, is of such magnitude as to be of most serious import. As already shown, the coloured mortality for all the towns combined amounted, in 1904, to 37.74 per thousand, but in many places it was much higher than this, as in the case of Uitenhage, with a mortality of 52.90, Beaconsfield with 57.54, Beaufort West 57.21, De Aar 58.10, Robertson 50.61, Victoria West 85.60, Tarkastad 71.71, and Colesberg 61.75 per thousand. Such death-rates as these, unless counter-acted by an enormous and unusual birth-rate, means the gradual extinction of the coloured races in these towns, although, of course, the loss of population would not necessarily be apparent, it being made good by immigration from without.

Birth-rates and Infant Mortality.

One of the best tests of the sanitary conditions prevailing in a community is that of the death-rate occurring among infants within one year of birth. The first year of life is peculiarly susceptible to the evil influences of bad general and especially of bad domestic hygiene. For this purpose it is usual to assume that the number of births during the year represent the number of children under one year of age existing during the year. But in this Colony, as I have before stated, it is doubtful how far the whole of the births are being registered. However, I subjoin the Table VI., constructed on this principle, for what it is worth. It shows for the years 1904 and 1905 the number of births of European and

VI. TABLE showing for each of Sixty of the Cities and Towns of the Colony, separately for Europeans, Coloured, and All Races, (a) the number of Births registered for the years 1904 and 1905; (b) the Birth Rate per 1,000 of their respective populations as enumerated in the 1904 Census; (c) the number of Deaths under one year of age registered for the years 1904 and 1905, and (d) the Death Rate under one year of age, calculated per 1,000 Births for the years 1904 and 1905.

Name of Town.	Number of Births Registered.						Birth Rate per 1,000 of population as enumerated in 1904 Census.				Total Number of Deaths under one year of Age.				Death Rate under one year, calculated per 1,000 Births.				Uncertified Deaths under one year.			
	1904.			1905.			1904.		1905.		1904.		1905.		1904.		1905.		1904.		1905.	
	E.	C.	All Races.	E.	C.	All Races.	E.	C.	E.	C.	E.	C.	E.	C.	E.	C.	E.	C.	E.	C.	E.	C.
Cape Town ...	1103	1753	2856	917	1716	2633	24.95	52.38	20.75	51.28	115	413	109	452	104.26	235.60	118.87	263.40	1	3	...	1
*Suburban Municipalities ...	1902	1796	3698	1811	1798	3609	36.43	58.08	34.69	58.14	287	488	243	456	156.15	277.28	134.18	253.62	5	8	3	11
Green and Sea Point ...	208	25	233	202	32	234	27.83	18.32	27.03	23.44	19	1	10	7	91.35	40.00	48.96	218.75	...	...	...	...
Simon's Town and Kalk Bay-Muizenberg ...	123	121	244	124	136	260	17.67	74.21	17.81	41.36	15	40	16	30	121.95	330.58	129.03	220.59	...	2	...	1
Kimberley ...	459	407	866	458	393	851	33.86	19.59	34.52	22.05	72	158	57	178	156.65	388.21	124.45	452.93	3	7	3	12
Port Elizabeth ...	703	511	1214	711	529	1240	31.97	48.40	33.70	65.71	101	117	125	134	143.67	228.96	175.81	253.31	1	4	1	1
East London ...	530	217	747	454	239	693	36.12	20.58	30.94	22.66	59	73	89	74	111.32	336.41	196.04	309.62	3	18	5	21
Grahamstown ...	208	242	450	203	254	457	28.56	36.64	27.87	38.46	31	74	14	83	149.04	305.79	68.97	326.77	2	33	...	30
Uitenhage ...	235	265	500	248	264	512	35.18	48.07	38.62	47.89	37	108	52	96	157.45	407.55	209.80	363.64	3	52	...	41
Paarl ...	141	310	451	138	328	466	27.97	62.84	27.37	71.96	25	100	20	108	177.30	322.58	144.95	329.27	3	14	3	13
Graaff-Reinet ...	148	266	414	147	232	379	36.50	44.13	36.25	38.49	21	106	13	83	141.89	398.50	88.44	383.62	1	29	...	18
Queenstown ...	138	264	402	155	245	400	33.20	48.36	37.29	44.88	18	94	21	106	130.43	356.06	135.48	432.65	...	3	1	2
King William's Town ...	213	133	346	208	130	338	36.12	39.63	36.97	38.79	24	42	28	54	112.68	315.79	134.62	415.38	6	27	3	35
Beaconsfield ...	111	152	263	126	275	401	46.89	24.61	52.25	41.77	19	92	18	87	171.17	605.26	141.87	316.36	1	23	1	13
Oudtshoorn ...	164	268	432	169	235	404	39.57	65.45	40.77	52.08	19	72	32	89	115.85	268.66	189.35	378.72	2	32	2	28
Worcester ...	102	207	309	119	213	332	28.43	48.17	33.17	49.57	13	92	15	74	127.45	444.44	126.05	347.42	2	37	2	31
Oradock ...	114	183	297	105	159	264	37.33	38.87	34.38	33.77	17	77	15	77	149.12	420.77	142.86	484.28	3	57	...	55
Middelburg ...	146	175	321	142	203	345	56.44	51.88	51.38	60.18	27	78	25	107	184.93	445.71	176.06	527.09	3	21	3	52
Aliwal North ...	63	123	186	64	103	167	35.84	32.30	36.41	27.05	7	45	9	49	111.11	365.85	140.63	475.73	...	9	...	7
Beaufort West ...	93	122	215	98	173	271	42.14	37.31	44.38	52.91	18	52	11	54	193.55	426.23	112.24	312.14	...	22	...	17
Somersset East ...	67	133	200	69	135	204	36.28	39.48	48.19	40.07	8	53	9	41	119.40	398.50	130.43	303.70	1	8	...	11
Stellenbosch ...	48	173	221	40	145	183	19.22	69.98	20.02	66.75	14	47	8	34	291.67	271.68	200.00	234.48	2	6	...	6
Wellington ...	58	86	144	52	102	154	24.09	34.78	21.59	41.25	4	35	10	22	68.96	406.98	192.31	215.69	1	19	...	7
Mossel Bay ...	75	120	195	66	126	192	51.24	47.08	45.26	53.35	12	33	17	28	160.00	275.00	257.58	222.22	4	8	2	3
Malmesbury ...	60	97	157	66	123	189	30.52	52.57	33.57	66.67	10	24	8	22	166.66	247.42	121.21	178.86	...	4	...	5
Caledon ...	32	42	74	40	51	91	15.54	28.99	19.43	27.61	7	21	7	22	218.75	500.00	175.00	215.69	1	3	...	1
George ...	63	88	151	54	49	103	34.45	52.47	29.52	29.22	7	14	9	11	111.11	159.09	166.67	224.49	4	7	2	4
Cambridge ...	91	2	93	92	6	98	44.85	1.38	45.34	4.14	7	2	15	9	76.92	1000.00	163.04	...	...	...	...
De Aar ...	29	72	101	21	69	90	26.62	33.97	19.20	31.69	1	36	1	13	34.48	500.00	47.62	188.40	...	10	...	2
Robertson ...	78	82	160	72	78	150	38.27	67.09	35.63	64.68	11	22	5	37	141.03	268.29	69.44	474.36	1	12	...	22
Somersset West																						
Strand ...	39	67	106	38	56	94	24.48	45.70	23.85	38.20	3	26	4	28	76.92	388.06	105.26	500.00	...	1	...	2
Kokstad ...	24	61	85	27	65	92	28.64	29.54	32.22	31.48	1	21	4	18	29.41	344.26	148.15	276.92	...	3	...	5
Vryburg ...	50	48	98	51	62	113	44.52	25.76	45.41	33.30	4	12	8	18	80.00	250.00	156.86	290.32	2	11	1	18
Burghersdorp ...	83	55	138	63	47	110	64.69	34.14	49.10	29.17	10	23	9	24	120.48	418.18	142.86	510.64	2	9	...	5
Molteno ...	61	48	109	46	56	102	56.92	29.04	42.91	33.88	9	32	3	30	147.54	666.67	65.22	535.71	1	4	...	13
Mafeking ...	56	21	77	51	18	69	42.17	15.16	38.40	13.00	4	7	1	12	71.43	333.33	19.61	666.67	...	4	...	5
Victoria West ...	50	60	110	41	60	101	42.48	37.85	34.83	37.85	11	44	10	7	220.00	733.33	243.90	116.67	...	16	...	5
Colesberg ...	39	61	100	47	80	127	40.04	36.01	48.25	47.23	12	30	9	23	307.69	491.80	191.49	287.50	...	...	...	...
Riversdale ...	30	67	97	46	63	109	26.41	25.35	40.49	23.84	8	19	1	19	266.67	283.58	21.74	301.59	...	5	...	6
Somersset West ...	35	90	125	32	55	87	27.84	66.37	25.46	40.56	7	22	6	18	200.00	244.44	187.50	327.27	...	8	2	5
Indwe ...	33	50	83	34	33	67	38.96	28.39	40.14	18.74	9	33	6	30	272.72	660.00	176.47	909.09	2	12	1	22
Aberdeen ...	80	52	132	86	43	129	49.29	55.91	52.99	46.24	16	15	5	11	200.00	288.46	58.14	255.81	3	6	3	6
Peelton ...	...	101	101	...	78	78	...	44.61	...	34.45	...	19	...	31	...	188.12	...	397.44	...	19	...	31
Upington ...	23	49	72	26	59	85	41.52	25.08	46.93	30.19	...	12	...	7	0.00	244.90	0.00	118.64	...	10	...	7
Ceres ...	26	63	89	16	82	98	27.48	43.03	16.91	56.01	2	17	1	15	76.92	269.84	62.50	182.93	...	1	1	1
Swellendam ...	27	59	86	39	33	72	23.71	46.57	34.24	26.05	4	14	4	10	148.15	237.29	102.56	303.03	1	2	1	2
Umtata ...	29	20	49	27	19	46	26.22	16.18	24.41	15.37	...	9	1	13	0.00	450.00	37.04	689.47	...	4	...	3
Bodford ...	27	84	111	20	63	83	36.14	55.63	40.16	41.72	2	26	1	12	74.07	309.52	50.00	190.48	...	22	...	12
Tarkastad ...	53	60	113	47	48	95	50.33	49.30	44.63	39.44	7	28	4	21	132.07	466.67	85.11	437.50	1	12	...	12
Steynsburg ...	85	59	144	77	49	126	65.94	61.39	59.74	50.99	18	18	7	12	211.76	305.08	90.91	256.33	3	3	1	2
Willowmore ...	40	78	118	31	64	95	49.14	57.65	38.08	47.30	2	20	10	23	50.00	256.41	322.58	359.38	1	14	2	12
O'okiep ...	14	108	122	7	88	95	49.65	59.21	24.82	48.25	3	20	2	21	214.29	185.19	285.71	238.63	...	17	2	18
Dordrecht ...	48	44	92	38	40	78	57.97	35.95	45.89	32.68	9	24	4	21	187.50	545.45	105.26	525.00	1	4	...	4
Richmond ...	33	30	63	20	35	55</																

coloured persons registered in each of the sixty towns, and the respective birth-rates, on the population as enumerated in 1904, the number of deaths under one year of age in each of these years, and the death-rate per thousand of births during the year calculated thereon. From this it will be seen that in most towns about one-third of the coloured infants die within one year of their birth, and in many towns the mortality amounts to one-half—that is to say, if the births are being registered with equal accuracy as the deaths.

Causes of Death.

With the causes of death it is less easy to deal than with the general death rate, as we are splitting our numbers into such small groupes that the limits of probable error become very great. Indeed this fact must not be lost sight of even when considering the total mortality for the smaller towns whose populations are far too small when taken separately to yield, especially over single years, reliable data. A community of say 500 persons might well live through a year without any death occurring and in the next have a dozen or more. Both years would then show an unusual rate of mortality.

In the statistical Tables printed in Annexure "F" will be found particulars as to the chief causes of death registered in the Sixty towns. The accuracy of the figures there given depends chiefly upon whether the deaths have been medically certified or whether the causes are simply those alleged by some lay person, and it is therefore satisfactory to note that, so far as these towns are concerned, the great majority of the causes of death are certified by a registered medical practitioner. During 1904, of the European deaths only 3·04 per cent. were uncertified and during 1905 only 2·54 per cent. In the same years 19·92 per cent. and 17·99 per cent. of the Coloured deaths were respectively uncertified. It is noteworthy that, although the proportion of uncertified deaths is greater in deaths of children under 5 years as compared with deaths of the rest of the population, even here it is not great.

As I have indicated, no trustworthy deductions can be made from any consideration of the rates of mortality from the different individual causes of death in the case of the separate towns, except in the larger ones, such as Cape Town and Port Elizabeth, the numbers being too small and, therefore, the liability of error too great to render deductions safe, but the main causes of death for the combined Sixty towns, which will be found on pages 129 to 131 of the Annexures, can be studied with advantage. Of these causes we may broadly distinguish those of a more or less preventable kind and those which are of an unpreventable character, being dependent upon the constitution of the individual himself.

Preventable Disease.

Under the term "preventable disease," I include disease due to specific organisms; that is to say, infectious diseases, and such as are favoured by bad sanitation and domestic uncleanliness, including especially Typhoid Fever, Diarrhoea, Enteritis and Tuberculosis; and in connection with Tuberculosis I have included Bronchitis, Pneumonia and Inflammation of the Lungs, for there is no doubt but that the majority of these diseases occurring in children is due to the infectious diseases, notably Measles, or to neglect, while in the

adult ages, and especially among the Coloured Races, merely another name for Tuberculosis, where the pneumonia is not simply infective Pneumonia. For similar reasons I include Meningitis, nearly all of the registered cases of which are in children under five years; and, also, those indefinite causes of death, Convulsions, Dentition, Debility, Atrophy and Inanition, all of which are in children under five years, with the exception of three European and four coloured deaths in 1904 and one European death in 1905.

The number of deaths and the rates of mortality per thousand from these causes in persons under five years and over five years, respectively for Europeans and coloured, are shown for the 60 chief towns for the years 1904 and 1905 in the following Table VII.

In regard to 1905, the rates have been calculated on the Census population of the year 1904, and I give the figures merely to shew their extraordinary consistency with the certainly accurate rates for 1904. For this latter year it will be seen, in regard to Europeans, that, while the death rate from all causes for children under five years was for the sixty chief towns of the Colony 55·92, 43·34 per thousand of it was due to preventable disease; and in persons over five years it was 9·09, 3·83 being due to preventable disease; or, taking all ages, then of the total European death rate of 13·92 per thousand, as much as 7·92 was due to more or less preventable disease.

With regard to the Coloured Races, it will be seen that the death rate from all causes amounted under five years to 171·17, of which 148·61 was due to preventable disease; and that over five years it was 20·24, of which again 13·28 was due to preventable disease. Or, taking all ages, of the total death rate of 37·88 per thousand, no less than 29·10 per thousand was due to more or less preventable causes.

In England and Wales, during the year 1905, the deaths from the above-mentioned causes, excluding Bronchitis, amounted to 6·14 per thousand, and including Bronchitis to 7·28 per thousand, out of a total mortality from all causes of 15·23. Assuming, therefore, that the causes of death are correctly certified and classified in this Colony, then the amount of this more or less preventable disease is, among Europeans, a little in excess of that obtaining in England and Wales; while, of course, among the Coloured Races it is simply formidable in extent:—

VII. TABLE showing for the Sixty Chief Towns of the Colony, for the Years 1904 and 1905, separately for Europeans and Coloured, under 5 years and over 5 years of age and of all ages, the Number and the Mortality per thousand of the respective Populations dying from certain more or less Preventable Causes of Death.

	1904.												1905.												
	EUROPEAN.						COLOURED.						EUROPEAN.						COLOURED.						
	Under 5.		Over 5.		All Ages.		Under 5.		Over 5.		All Ages.		Under 5.		Over 5.		All Ages.		Under 5.		Over 5.		All Ages.		
	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	
Diseases due to Specific Organisms...	138	5.09	101	0.43	239	0.91	367	13.40	222	1.07	589	2.51	143	5.27	100	0.42	243	0.93	501	18.29	186	0.90	687	2.94	
Typhoid Fever ...	5	0.18	162	0.69	167	0.64	18	0.66	173	0.84	191	0.82	6	0.22	99	0.42	105	0.40	15	0.55	96	0.46	111	0.47	
Diarrhoea ...	186	6.86	45	0.19	231	0.88	645	23.55	114	0.55	759	3.24	127	4.68	29	0.12	156	0.58	542	19.75	107	0.52	649	2.77	
Enteritis, Gastro-Enteritis, Marasmus	394	14.53	60	0.25	454	1.73	842	30.74	94	0.45	936	3.99	410	15.12	53	0.23	463	1.76	848	30.96	90	0.43	938	4.00	
Tuberculosis ...	50	1.84	351	1.49	401	1.53	263	9.60	1,279	1.35	1,542	6.58	54	1.99	285	1.21	339	1.29	283	10.33	1,262	6.10	1,545	6.59	
Bronchitis ...	67	2.47	52	0.22	119	0.45	484	17.67	125	0.60	609	2.60	66	2.43	54	0.23	120	0.46	539	19.68	112	0.54	651	2.78	
Pneumonia, Inflammation of the Lungs	112	4.13	116	0.49	228	0.87	790	28.84	705	3.41	1,495	6.38	119	4.39	115	0.49	234	0.89	822	30.01	753	3.64	1,575	6.72	
Meningitis ...	60	2.21	11	0.05	71	0.27	107	3.91	31	0.15	138	0.59	61	2.25	14	0.06	75	0.29	76	2.77	31	0.15	107	0.46	
Convulsions ...	81	2.99	2	0.01	83	0.32	355	12.96	3	0.01	358	1.53	85	3.14	...	...	85	0.32	350	12.78	...	...	350	1.49
Dentition ...	15	0.55	...	...	15	0.06	49	1.79	...	...	49	0.21	13	0.48	...	...	13	0.03	39	1.42	...	...	39	0.17
Debility, Atrophy, Inanition ...	67	2.47	1	0.00	68	0.26	151	5.51	...	1	0.00	152	0.65	48	1.77	1	0.00	49	0.19	174	6.35	174	0.74
Total Preventable Disease ...	1,175	43.34	901	3.83	2,076	7.92	4,071	148.61	2,747	13.28	6,818	29.10	1,132	41.75	750	3.19	1,882	7.17	4,189	152.91	2,637	12.74	6,826	29.13	
All Other Diseases ...	341	12.58	1,237	5.26	1,578	6.04	618	22.56	1,440	6.96	2,058	8.78	279	10.29	1,223	5.20	1,502	5.73	572	20.88	1,368	6.61	1,940	8.28	
All Diseases ...	1,516	55.92	2,138	9.09	3,654	13.92	4,689	171.17	4,187	20.24	8,876	37.88	1,411	52.05	1,973	8.38	3,384	12.90	4,761	173.80	4,005	19.35	8,766	37.41	

TUBERCULOSIS.

Of all the diseases attacking the Native and Coloured, Tuberculosis is by far the most important and it is once more my duty to call attention to the ravages of the population it is causing, and to the extreme importance of the taking of public measures to restrain its further spread. It is now nearly fifteen years ago since I first directed attention in an annual Report on the Public Health to the danger threatened by this disease. At that time the warning received but little credence by the public. South Africa was considered by most people as the one place for the cure of the consumptive coming from abroad, and surely, it was said, if it be a place to cure the disease, it can hardly be a place where it should spread. At that time there existed in the Colony no registration of births and deaths, there was no Public Health Act, and, therefore, there was no Public Health service, and that the warning was well founded could not be demonstrated by definite statistics; personal impressions and the experience of a few observers was all which we had to guide us. But after the coming into operation of compulsory registration of deaths in 1895 and later with the working of the Public Health Amendment Act, 1897, figures, which though incomplete are irrefutable, have become available, and it is now no longer possible to doubt that this disease bids fair to decimate the native and coloured races, and especially the Coloured races, of South Africa, unless a check can be put on its progress.

Happily the national danger threatening from this disease has now obtained public recognition and as a result effective and increasing attention is being given to measures for its arrest. For several years past it has formed the subject of resolutions at the Mayoral Congresses of the Colony and at the last Federated Mayoral Congress of South Africa. It has also received earnest consideration at the last two South African Medical Congresses. In the Cape Peninsula more particularly has public action been taken in the matter. Here, mainly on the initiative of Dr. Guillemard and with the powerful support of His Excellency the Governor and of many leading public men, an Association on the lines of the National Association for the Prevention of Consumption of Great Britain, was formed for the Cape Colony. Unfortunately, however, for the furtherance of its object, the Association was afterwards merged in an Association of much wider aim, namely, that of dealing with the whole scope of Public Health and Sanitation, thereby losing its simplicity and singleness of purpose and its national and uncontroversial character which constituted the strength of the former Association. Also, largely on the initiative of the Cape Town Municipality, directed by Dr. Jasper Anderson, its able Medical Officer of Health, the Peninsula Municipalities have met in special conferences for its discussion and have jointly approached the Government for assistance. But, in my opinion, these Bodies have been inclined to lay too much stress on the segregation of those affected for the control of the disease, rather than on the education of the people in the simple causes of its spread, and therefore in the means of its prevention, and on the improvement of the social and hygienic conditions under which the poorer and especially the Coloured classes of these towns live.

Segregation of Consumptives.

With the segregation and removal of the consumptive in view, these Municipalities have applied to the Government to, on the

one hand, establish consumption hospitals for the segregation and treatment of phthysical persons in the Colony and, on the other, to prohibit the immigration into the Colony of persons suffering from the disease. Both suggestions are, as a general measure, impracticable. It is not feasible to attempt to any large extent the isolation of phthysical persons; to do so would entail an expenditure and the adoption of measures which are impossible. If this statement be doubted, consider the case of leprosy. For many years past the Colony has been trying to stamp out leprosy by means of segregation, with what hardship to the individual and at what enormous expense is well known; yet the result has so far been only to restrain the disease, not to eradicate it, and did we know of leprosy, as we know of tuberculosis, the simple precautions that will prevent its spread, segregation, as at present carried out, would be given up. But the extent to which leprosy prevails is trifling as compared with the extent to which tuberculosis exists. To properly carry out such a measure we should number our inmates of hospitals by the tens of thousands. All that any Government can do, and this it should do, is to provide accommodation for these advanced and helpless cases of the disease occurring in indigent persons who cannot be properly looked after by their friends nor can be by ordinary measures prevented from becoming a source of infection to those with whom they live.

The Prevention of Immigration of Consumptives.

Again, as to the exclusion of immigrants suffering from tuberculosis, this is equally impossible. It is only in advanced or well-marked cases that the Inspecting Medical Officer would be able to discover the presence of the disease without subjecting all arrivals to prolonged examination and tests which are impracticable. But even with such severe cases as might with a reasonable medical examination be discovered on arrival, only those not possessing sufficient means to support themselves without becoming a burden or a danger to the public could be refused admission; but such cases are nearly always cases which it would be an act of gross inhumanity to send on a long voyage back to Europe.

Conveyance of Consumptives on Shipboard.

One thing, however, in connection with the immigration of Phthysical persons, in my opinion, calls for strong comment, and it is one which I think should be taken up vigorously by the travelling public, and that is the practice of conveying persons suffering from advanced consumption on shipboard in intimate association with healthy persons. This affects all classes, but, as a rule, such passengers travel Second or Third-class, and it is, therefore, not an uncommon thing for them to be accommodated in small cabins, not the best as regards light and ventilation, and occupied by several unaffected passengers. Most glaring examples of this are being frequently brought to my notice by Port Health Officers and others.* All consumptives should be accommodated apart in

* Recently the Port Health Officer, Table Bay, reported the case of two Consumptives on board the s.s. "Medic," bound for Australia; one a lady, aged 30, and the other a Clerk, aged 25. The first had cavities in both lungs and was under isolation, the second had a cavity in the left lung, with purulent sputum and had had hæmoptysis. He was sharing a cabin with seven others, the only attempt at preventing infection was the use of a spit-flask. On the Port Health Officer representing to the Captain and Doctor of the ship the danger of infection which these seven other passengers were incurring, he was informed that it could not be helped as there was no available accommodation on board for the isolation of the case.

entirely separate berths, and such accommodation should be thoroughly disinfected immediately after it is vacated. This is a danger from which no passenger can safeguard himself by ordinary means that are within his own power to take* and, therefore, it is one which the public as a body should insist on having remedied.

At the Conference of the Principal Medical Officers of Health of the British South African Colonies, held in Cape Town in November, 1906, the subject of Tuberculosis was, by direction of the High Commissioner, made a matter for discussion and report, and I do not think I can do better than to reproduce here the resolutions which that Conference arrived at after the most careful consideration of all available information in regard not only to Cape Colony but to British South Africa. For the right appreciation of these recommendations, it is to be borne in mind that, in the first place, they must be considered in conjunction with certain other recommendations of the Conference regarding the improvement of the hygienic and sanitary conditions of labour centres at which natives are congregated, and, in the next place, it must not be forgotten that the recommendations are intended to be of application to the administrations not of one Colony but of all South Africa :—

Recommendations of the Conference of Principal Medical Officers of Health of British South African Colonies.

“ Regarding the spread of Tuberculosis, all the representatives at the Conference are unanimous in their opinion as to the gravity of the matter, and especially as to the danger threatening the Native and Coloured Races from the extension of the disease. The Conference, however, recognises the difficulty of adopting effective measures of a direct kind towards its check, and considers that main reliance must be placed upon steps for improving the standard of personal and domestic hygiene and of general sanitation. With this in view it has adopted and strongly recommends to the notice of the different Governments the following series of resolutions :—

I. “ That in the absence of sufficient and reliable statistics, the Conference is unable to obtain exact evidence as to the extent of the prevalence and spread of Tuberculosis, but is of opinion that the disease prevails to a large extent in certain portions of the population of South Africa, chiefly among natives adopting civilised customs and those frequenting large centres of labour; but that it also prevails to a great extent among the Natives and Coloured persons, and, in some cases, among the Europeans of the towns of South Africa, and more especially in certain towns which have been resorts of European immigrants suffering from Tuberculosis.

There would appear to be no reason to doubt that the disease is steadily and, in many places, rapidly increasing.

As regards the purely native areas, the disease appears to be of varying prevalence, but as far as the evidence available admits of an opinion, the disease is on the increase in many of these areas.

The evidence would appear to indicate that among natives the disease is more frequently of the Glandular and Miliary type than the Pulmonary.

That the Conference is of opinion that it is imperative that all practicable means be adopted for dealing with the danger arising from this disease.”

II. “ That in the opinion of this Conference it is necessary that the notification of Tuberculosis be made obligatory on medical practitioners and others throughout all South African Colonies.”

III. “ That in the opinion of this Conference the spread of Tuberculosis is especially marked amongst Natives and Coloured persons living in or near towns, or employed in towns, or living in compounds or labour communities: that this incidence of a preventable disease is largely due to unhealthy housing and the general insanitary conditions in which such persons are allowed to live, and that in order to remove this danger to the entire population of South Africa, bye-laws or

* Travellers who wish to contribute to their safety should carry with them their own pillows and pillowslips.

regulations must be enacted and efficiently enforced, compelling Natives and Coloured persons in such places to live in dwellings constructed of suitable materials and so as to admit of adequate cleanliness, lighting and ventilation, and especially that a minimum cubic air-space of 300 cubic feet per inmate should be fixed and enforced."

- IV. "That it is desirable to disseminate among the population information as to the cause and means of spread of Tuberculosis, with simple rules for preventing the spread of the disease: that this be printed in English, Dutch, and the chief Native and other languages."
- V. "That the Education Authorities of the different Colonies be directed to make such information a compulsory reading subject for children in all elementary schools."
- VI. "While the Conference is of opinion that the establishment of special Sanatoria for the treatment of Tuberculosis is not an urgent matter nor one that should be carried out by the Central or Local Authority, it considers that the provision of suitable asylum accommodation by the Government is necessary for indigent persons suffering from advanced Phthisis, chiefly in order to prevent such persons being a source of infection to the community."
- VII. "That prisoners in Gaols and Convict Stations suffering from Tuberculosis should be maintained so as not to be a source of infection to others."

"In the consideration of this question, the Conference has given special attention to the subject of the immigration of persons suffering from Phthisis, and it has had reluctantly to come to the conclusion that no special measures, other than those which it considers should ordinarily apply to the immigration of all indigent sick persons, can with justice or efficacy be employed in the case of Phthisical patients, and that, therefore, reliance must be placed upon measures applicable internally in the Colonies to all cases of Phthisis, irrespective of whether they have been imported or have originated locally. The Conference is, nevertheless, of opinion that all legitimate means should be taken for deterring the immigration of Consumptives into South Africa from places beyond the seas."

"In accordance with these views, the Conference passed the following Resolutions:—

- VIII. "That, while it seems impossible to altogether prevent the introduction of Phthisical patients, and while at the same time it is very problematical whether such a restriction, if it were workable, would produce any adequate result, in view of the fact that the disease is already established in the country, it is a matter of importance to all the Colonies that all persons suffering from disabling or chronic tubercular disease, and who are without sufficient means to support themselves during a reasonable time to the satisfaction of the Authority, should be refused entry at the Ports."
- IX. "That each Colony should frame and enforce regulations applying to all cases of Tuberculosis in order to protect the general population."
- X. "That all practicable means should be adopted to discourage the immigration into South Africa of persons suffering from Tuberculosis."

"The Conference also feels very strongly that measures should be taken in order to protect travellers by sea from the risk which in many cases they at present run by infection due to the occupation of cabins which are being, or have been used by persons suffering from Phthisis, and accordingly the Conference adopted the following Resolution:

- XI. "That it is desirable that strong representations be made by the several Colonial Governments to the Government of the United Kingdom and to all Shipping Companies and Owners trading with South Africa, to take effective steps to prevent the placing of persons known or suspected to be suffering from Tuberculosis of the Lungs in the same cabin with any other person not so suffering, and for disinfecting any cabins after use by such persons."

"In connection with the spread of Tuberculosis among the population, the Conference cannot ignore the possible influence of the spread of the disease among cattle, and especially dairy herds, which is shown to be taking place in parts of South Africa, notably in the Cape Peninsula, and the Conference therefore desires to submit to the favourable consideration of the several Governments the recommendations contained in the following Resolution:

- XII. "Whereas Tuberculosis amongst cattle, until quite recently, was unknown in South Africa, this disease has been introduced and in some places, notably in urban districts, is increasing considerably; this Conference is of opinion that all cattle imported into South Africa should be tested by means of Tuberculin and that animals found to be infected should be destroyed."

"That in areas in which, in the opinion of the Agricultural Department the disease is prevalent or increasing, the Government should obtain powers to test the cattle, especially milch cows, and any animals which react to the test should be dealt with under suitable regulations to be framed by the Government of the Colony for that purpose."

The following were the recommendations of the Conference regarding the housing of Natives at centres of labour:—

"That in compounds, locations, and other collections of Natives housed at labour centres, the Authorities should enforce the observance of the following requirements:—

- (a) An adequate air-space of not less than 300 cubic feet per inmate.
- (b) An adequate floor-space of not less than 30 square feet per inmate, and so arranged that each inmate is allotted a space of not less than four feet in width.
- (c) Adequate and properly arranged means of ventilation which cannot be interfered with by the inmates.
- (d) Adequate means for natural lighting equal to not less than one-tenth of the floor-space. Such lighting area may be shaded, but not to interfere with ventilation, so as to prevent excessive ingress of direct sunlight.
- (e) Bunks arranged in tiers should not be permitted.
- (f) Buildings in which natives are housed should be constructed of suitable material, and so as to preclude wide and sudden variations of internal temperature.
- (g) Floors to be constructed of impermeable material.
- (h) No "back-to-back" buildings should be permitted.
- (i) An adequate water supply should be provided.
- (j) Sufficient and suitable means of ablution, properly protected from the weather, should be provided.
- (k) Sufficient and suitable sanitary accommodation should be provided.
- (l) The maximum number of Natives to be accommodated in any building or part of a building should be determined by the Authorities, and such number should be conspicuously affixed to the building or part of a building.
- (m) Proper means should be taken for maintaining the area surrounding every building in a proper sanitary condition.
- (n) All compounds, locations, buildings and their surroundings in which Natives are housed should be subjected to regular official inspection.
- (o) Sick Natives should not be housed in any building or part of a building occupied by healthy Natives.

"The above requirements should not preclude the Health Authority specially authorising the use, under proper conditions, of suitable Native Huts for the housing of Natives."

With regard to the last paragraph of the above Resolution, the Conference wishes to make clear its opinion that the use of Native Huts for the housing of Natives at labour centres should only be adopted in cases where the site is suitable and sufficient in extent, and where the conditions are compatible with the provision of proper sanitation, and when the huts are properly constructed, properly arranged on the site, and are not overcrowded.

I have in previous reports dealt so often and so fully with the evidences of the prevalence and the spread of this disease in the Colony that in this I propose merely to bring the information already given up to date.

Reports of District Surgeons regarding its prevalence.

When calling upon the District Surgeons to furnish their Annual Health Reports for the year 1906, I requested each to report specially on the prevalence of certain diseases in the District under his charge, one of these being Tuberculosis, in regard to which information was requested as to the extent to which this disease prevails, the race and class particularly affected, the forms in which it chiefly manifests itself, whether it is increasing, and if so, the causes of its increase, and the means by which it can be most effectively combated. (See page 2 of the Annexures).

The majority of District Surgeons have supplied this information, and I feel sure that their statements cannot be read without a

feeling of great alarm at the wide extent and the rapid spread recorded by nearly everyone. Although the disease is said by some to be increasing among Europeans, it is chiefly among the Native and Coloured population that the great spread is occurring. Scarcely a district is reported free from its ravages. In Bathurst the District Surgeon states "it forms an enormous proportion of the general death rate and is much increasing." In Beaufort West "it is greatly on the increase." In Calvinia "it is rapidly on the increase." "It prevails to an alarming extent" at Fort Beaufort. "It is considerably on the increase" in Aliwal North. In George "it is prevalent and eclipses all other diseases, 33 per cent. of the deaths being due to this cause. It is chiefly among the Coloured, but is increasing also among the Europeans." In Herschel "it is undoubtedly spreading." In Kimberley, in Jansenville, in Sterkstroom, in Carnarvon, in Bedford, and many other districts we are simply told that "it is increasing." In Knysna "it is very common among the Coloured." In Kuruman "the majority of half-castes suffer." In Mafeking "it is very prevalent among Coloured and Native." In Middelburg "it is common among the poorer classes." In Namaqualand "it is prevalent all over the district, but more common in the mining centres." In Riversdale "it is decidedly increasing, especially among the Coloured." In Stutterheim "it is certainly increasing among the Natives, both in frequency and severity." In Peddie "the increase of Pulmonary Phthisis among the Native population is alarming." In Port Nolloth "it is painfully prevalent." In Steytlerville "it is steadily increasing." In Victoria West "it has made great advances of late years."

In the Native Territories the same story is told. To take a few examples, in Butterworth the District Surgeon states "the mortality is steadily increasing year by year"; in Flagstaff, "it prevails to a large extent among the natives"; in Kentani, "Tuberculosis, especially phthisis, is very markedly on the increase and to an alarming extent"; in Libode "it is very rife, and increasing rapidly"; in Matatiele the District Surgeon states that "it prevails to a great extent among all natives and coloured, and the results of post-mortems indicate it to be much more widespread than is supposed"; in Mount Frere it is said to be "undoubtedly increasing"; in Mqanduli it is "widespread among all tribes"; in Tsomo "it is very prevalent and on the increase," and so on with most of the other districts; indeed, I have given but some of the reports—several pages could be filled with similar abstracts regarding other districts.

Spread from Labour Centres.

It is of importance to note the opinions expressed by the District Surgeons as to the cause of this spread. In the first place, it is worthy of attention that many state that the disease is frequently acquired at labour centres, whence it is carried to the kraals. For example, the District Surgeon, Barkly West, says "it is chiefly seen in natives returning from the mines." The District Surgeon, Fort Beaufort, reports "a considerable number of boys going to work at coast ports return with phthisis." In Herschel, again, we are told that "the cases originate as a rule in boys returning from the mines or other labour centres"; in Kuruman it is found "particularly among those who have worked on the Kimberley mines"; in Elliotdale we learn "it is often introduced into

kraals, hitherto free, by a member making a prolonged stay in a penitentiary, mine, or school, and returning home with the infection and spreading it, chiefly by the habit of expectoration." The District Surgeon of Maclear records "two cases in natives who had just returned from Johannesburg and there is no doubt that the disease was contracted on the Mines." In Qumbu, we are told that "a good deal of the disease is introduced from the mining centres." And the District Surgeon Tabankulu states that "infection is introduced by those who have contracted the disease in the larger towns and labour centres. Something might be done to combat it by proper inspection and sanitation in these centres. Tickets stating their disease should be given by Medical Officers attached to Mines to those discharged on account of ill-health."

General Causes of Spread.

In the next place there is practical unanimity between all District Surgeons as to the chief causes of its spread, and the following may be given as a brief statement of them. Overcrowding, living in ill-ventilated and dark dwellings, the prevailing mud floor, the general habit of spitting, universal dirt and insanitation, the free interchange of blankets, pipes and eating utensils, the common practice of covering up the head in the blanket at night, the adoption of European clothing and habits, inebriety and depravity, insufficient food and infection through schools.

With regard to the effect of schools in spreading the infection, it should be noted that several of the District Surgeons in the Native Territories draw particular attention to this cause of spread

The prevention of the disease.

As to the possible means of combating the disease, most of the District Surgeons are extremely pessimistic, and they one and all look mainly to the diffusion among the Native and Coloured populations of information regarding the disease and its causes, and to the improvement of the hygienic and sanitary conditions under which they live, as the means upon which hope of betterment can be placed.

Chief among the things which must be taught is the infectious character of the disease, the simple measures that will prevent its spread, and the danger of the habit of spitting over the floors of dwellings. I have, perhaps, more hope in this for the pure native than the coloured man. His life is simpler, and, in my experience, he is quick to recognise the value of preventive measures against disease when these are explained to him by those in whom he trusts; and once having recognised, he rarely neglects to carry the measures out. In proof of this witness his steady belief in vaccination. Having been assured that it protects against small-pox, he is now at all times ready to be vaccinated and re-vaccinated, many presenting themselves over and over again for the operation. Similarly he was the most amenable of all classes when Haffkine inoculation was carried out in connection with plague. Also his recognition of cause and effect is seen in his instinctive loathing of human excrement which makes it so difficult to get him to leave the broad veld and make use of a public latrine, and which, except under strong compulsion, makes him refuse to undertake the work of nightman.

The inherent susceptibility of the Coloured Races to the Disease.

There is, however, one great factor in the spread of Tuberculosis among the Native and Coloured races which must not be lost sight of, and that is the undoubtedly inferior constitutional power of resistance which he displays to the disease. This inherent weakness is shown in the readiness with which he acquires the disease when exposed to its attack, and its severity when once acquired, this being manifested in its widespread diffusion through the body, its usually rapid course and the rarity of recovery. We must all of us be from time to time exposed to the infection of tubercle, but comparatively few of us are unable to resist its invasion, but the Native and Coloured person succumbs by the whole household in the presence of infection. I think it may be found possible to test the relative power of resistance in the two races by ascertaining the difference between their "opsonic indices," at any rate it would be well to make the attempt.

Compulsory Notification of Tuberculosis.

Many of the District Surgeons suggest in their reports that the disease be made a notifiable one under the Public Health Acts, but this was already done so far back as May, 1904. In this matter this Colony is in advance of England and of most European countries. By omitting to make such notification medical men have therefore been inadvertently infringing the law. During 1906, the following notifications of cases of Tuberculosis were made to the Local Authorities of the Colony and by them reported to this Office:—

	<i>European.</i>	<i>Coloured.</i>	<i>Total.</i>
Municipalities	281	865	1,146
Village Management Boards	1	80	81
Divisional Councils ...	48	310	358
	330	1,255	1,585

Of the above figures 540 (126 Europeans and 414 Coloured) were reported in the Cape Peninsula.

In the Peninsula alone, out of 3,623 notifications of all infectious diseases received, 1,480 were of Tuberculosis.

Mortality Statistics of Tuberculosis.

With regard to the death statistics relating to this disease, the following Table VIII. shows the mortality per thousand of the population at all ages from Tuberculosis and from Bronchitis and Pneumonia in each of the Sixty towns of the Colony during the years 1904 and 1905, compiled from the Tables which will be found printed in Annexure "F" to this report. I have already on a previous page explained the reason for associating the deaths registered from Bronchitis and Pneumonia with Tuberculosis.

TABLE VIII.—Showing for each of the Sixty Chief Towns of the Colony during the years 1904 and 1905, the rates of mortality per thousand of the European and Coloured Populations from Tuberculosis and from Bronchitis and Pneumonia.

Name of Town.	Mortality per 1,000 of the Population at all ages calculated on the Census Populations of 1904.							
	Tuberculosis, 1904.		Tuberculosis, 1905.		Bronchitis and Pneumonia, 1904.		Bronchitis and Pneumonia, 1905.	
	E.	C.	E.	C.	E.	C.	E.	C.
Cape Town	1·83	6·36	1·33	7·05	1·10	5·26	0·88	7·14
Suburban Municipalities	1·51	6·01	1·23	5·66	1·21	6·46	1·17	6·79
Green and Sea Point ...	0·94	4·40	0·80	2·20	0·54	0·73	0·40	2·20
Simonstown and Kalk Bay—Muizenberg	1·72	4·87	0·86	6·08	1·01	4·87	1·01	2·74
Kimberley	2·50	6·88	1·84	7·99	1·40	10·55	1·47	13·24
Port Elizabeth	1·18	5·20	1·05	6·93	1·09	4·92	1·09	5·28
East London	0·82	4·17	1·16	3·89	0·95	4·36	1·36	3·89
Grahamstown... ..	1·23	7·57	0·96	7·87	1·10	9·84	1·10	10·60
Uitenhage	1·50	9·25	1·35	9·98	1·20	14·15	1·65	10·70
Paarl	0·60	6·88	0·60	4·32	1·79	7·68	0·99	8·00
Graaff-Reinet	1·23	7·96	2·22	6·97	3·94	19·24	2·22	14·60
Queenstown	3·13	3·48	2·65	4·21	0·72	9·71	1·20	16·12
King William's Town	1·19	5·82	0·85	6·37	1·36	6·93	2·04	7·76
Beaconsfield	1·43	9·72	0·36	9·57	0·00	18·23	3·22	36·15
Oudtshoorn	2·17	10·63	1·45	8·93	3·14	13·39	2·90	9·57
Worcester	1·11	8·84	1·11	7·21	1·11	7·68	1·39	9·77
Cracoek	3·27	7·01	2·62	6·58	3·60	14·02	2·29	21·03
Middelburg (Military included)	0·69	3·89	0·56	5·25	1·94	13·41	2·08	16·90
Aliwal North*... ..	2·28	2·10	2·28	4·20	1·14	10·77	3·41	8·14
Beaufort West	6·34	14·37	4·08	10·40	2·26	7·65	2·27	5·50
Somerset East	1·08	8·90	1·08	12·17	2·17	19·00	3·25	13·06
Stellenbosch	0·40	10·11	1·20	8·50	0·40	4·45	0·80	6·88
Wellington	1·66	3·64	0·42	4·85	0·83	9·70	1·25	3·64
Mossel Bay	0·60	9·42	2·41	7·45	1·21	6·28	3·02	4·31
Malmesbury	1·02	11·38	2·54	9·76	1·02	3·25	0·51	2·71
Caledon	0·97	6·21	0·00	3·45	0·00	6·90	0·49	5·52
George	1·64	10·73	1·64	12·52	1·64	9·54	1·09	2·39
Cambridge	1·48	1·38	1·48	3·45	0·99	0·00	0·99	1·38
De Aar	3·66	9·65	3·66	3·22	2·74	17·46	0·00	5·51
Robertson	0·98	10·78	1·96	6·63	0·98	8·29	2·45	12·44
Somerset West Strand	0·00	4·77	2·51	6·14	1·26	3·41	0·63	2·73
Kokstad	2·39	4·84	1·19	4·84	2·39	2·91	3·58	4·36
Vryburg	0·89	1·61	0·89	4·30	1·78	11·28	2·67	8·60
Burghersdorp... ..	3·12	10·55	0·00	7·45	3·12	11·79	3·90	14·28
Molteno	0·93	2·42	0·93	1·21	0·00	12·10	3·73	12·70
Mafeking	1·51	4·33	0·75	10·83	1·51	13·00	3·01	5·78
Victoria West... ..	1·70	7·57	0·85	5·68	4·25	32·81	2·55	13·25
Colesberg	1·03	12·40	3·08	8·26	3·08	15·35	1·03	8·26
Riversdale	0·00	12·61	1·76	9·95	2·64	6·63	0·00	3·32
Somerset West	0·80	5·16	1·59	3·69	0·00	12·54	0·00	2·21
Indwe	1·18	3·41	0·00	5·68	1·18	6·25	2·36	6·82
Aberdeen	1·23	5·38	0·62	3·23	1·85	8·60	0·62	6·45
Peelton	0·00	11·04	0·00	5·74	0·00	11·04	0·00	15·90
Uppington	0·00	3·58	1·81	3·07	0·00	3·07	0·00	1·54
Ceres	2·11	6·15	2·11	5·46	3·17	2·73	2·11	4·78
Swellendam	0·00	3·95	0·88	4·74	0·00	5·52	1·76	3·16
Umtata	2·71	2·43	0·90	2·43	0·00	8·09	0·00	12·94
Bedford	1·34	5·96	1·34	5·96	0·00	15·23	1·34	14·57
Tarkastad	0·95	0·82	0·00	2·47	4·75	31·22	2·85	13·97
Steynsburg	0·78	4·16	1·55	5·20	5·43	10·41	0·78	15·61
Willowmore	1·23	5·91	2·46	10·35	2·46	10·35	4·91	11·09
O'okiep	0·00	4·39	7·09	8·22	0·00	12·06	0·00	12·61
Dordrecht	3·62	2·45	0·00	3·27	1·21	14·71	4·83	14·71
Richmond	0·00	11·90	1·21	5·98	0·00	4·25	0·00	2·55
Total	1·53	6·58	1·29	6·59	1·32	8·98	1·35	9·50

From this Table it will be seen that, taking the towns as a whole, the mortality during 1904 from Tuberculosis was 1.53 per thousand of the European population, and as much as 6.58 per thousand of the Coloured. The rate of mortality in England and Wales during the year 1905 was 1.63 per thousand of the population. If now we compare also the mortality from Bronchitis and Pneumonia we observe the significant fact that the rate of mortality among Europeans, was in 1904, 1.32 per thousand, as against 8.98 per thousand among the Coloured Races, strongly indicating that much of this large mortality from Bronchitis and Pneumonia was due to Tuberculosis. If we compare the figures for 1905, identical facts are to be noted.

Taking the separate towns, one is struck with the enormous difference in the prevalence of the disease in different places. This is seen not only in the Coloured mortality but also in the European. For example, among Europeans at East London there was a mortality of only 0.82 in Cape Town, 1.83, Suburban Municipalities 1.51, Kimberley 2.50, De Aar 3.66, and at the Phthisical Meccas of Cradock and Beaufort West rates respectively of 3.27 and 6.34 per thousand of the total population. Among the Coloured Races, the lowest recorded mortality is that of 0.82 in the little town of Tarkastad,—which, however, has an accompanying rate of 31.22 from Pneumonia, but this mortality stands alone, the next lowest being in Cambridge with 1.38 and in Vryburg 1.61. From these the rates rapidly rise and to such heights as 6.36 in Cape Town, 6.01 Suburban Municipalities, 6.88 Kimberley and the Paarl, 7.96 in Graaff-Reinet, 7.01 in Cradock, 9.42 in Mossel Bay, 10.63 Oudtshoorn and 10.78 Robertson, 11.38 in Malmesbury, 12.40 in Colesberg, 12.61 in Riversdale and the highest 14.37 in Beaufort West.

Here again, if we consider the mortality from Bronchitis and Pneumonia we see the enormous rates occurring among the Coloured Races and the significant fact that in the majority of cases, though not always, the high death rate from Tuberculosis is accompanied by a high death rate from Bronchitis and Pneumonia; for example, at Kimberley the rate was 10.55, at Uitenhage 14.15, at Graaff-Reinet 19.24, at Oudtshoorn 13.39, Somerset East 19.00, De Aar 17.46, Colesberg, 15.35; in all of which places there is an unusually large death rate from Tuberculosis, and so on in a number of other cases.

It will be seen therefore that the District Surgeons' experience of the prevalence of Tuberculosis among the Native and Coloured populations of the Colony which I have personally recorded is more than borne out by the facts afforded by these statistics.

LEPROSY.

In Annexure "D" will be found a return furnishing details of the number of lepers dealt with during the calendar year 1906. In the Colony proper there were, at the beginning of the year, 222 lepers on the Leper Registers at large in the different districts. Of this number 124 were males and 98 females. 12 of them (10 males and 2 females) were Europeans. During the year 134 (81 males, 53 females) fresh cases were discovered, of which 6 were Europeans (5 males and 1 female). These made a total of 356 lepers at large in the Colony during the year. Of this number 88 were sent to an Asylum, 13 died, 15 disappeared or absconded, in 3 the disease was found to be arrested or in abeyance, and 8 on further medical examination were certified as not suffering from leprosy; leaving at the end of the year 229 still at large.

In the Native Territories there were at the beginning of the year 193 lepers at large (111 males 82 females), all of whom were Natives, and during the year a further 57 were discovered (37 males, 20 females). All of these also, with the exception of 1 male, were Natives. This made a total of 250 known lepers at large in the Territories. Of these 51 were sent to an Asylum (35 males, 16 females), 5 died before removal, 15 absconded, in 5 the disease was found to be arrested, and in 3 the patient was ultimately found not to be suffering from leprosy. Thus, at the end of the year 1906, there were still 171 lepers at large in the Native Territories, making in all 400 known lepers unsegregated. This, however, by no means represents the total number of lepers at large, for there are certainly a considerable number, especially in the Native Territories, which remain undiscovered, it being useless to hunt for lepers while we already have so many on our hands undisposed of.

The cause of this large number remaining unsegregated is the absence of sufficient Asylum accommodation. In Robben Island Asylum there were under segregation on the 31st December, 1906, 651 Lepers, consisting of 107 Europeans (75 males and 32 females) and 544 Coloured (357 males and 187 females), while there were but 19 vacancies, which were in process of being filled. At the Emjanyana Asylum there were under segregation at the end of the year 473, consisting of 253 males and 220 females, all of whom were Coloured. At this Asylum there were on this day 68 vacancies under process of being filled.

From these facts it is evident that the intention of the Leprosy Repression Act cannot be properly carried out until increased Asylum accommodation is provided, nor can we hope to eradicate the disease so long as this number of Lepers are allowed at large and under no restrictions for preventing the spread of the disease. Of course, every Leper segregated is a source of infection removed, but it is open to question whether it is altogether fair on those Lepers who are compulsorily segregated that their fellows should be allowed at large without restraint. It is, indeed, almost a question whether it would not be more effective to vigorously search for Lepers and to segregate locally in an incomplete manner *all* Lepers that are discovered, than to rigorously segregate only about half and allow the others to remain without restriction at large. Unfortunately, the Leprosy Repression Act does not provide powers to control any person suffering from Leprosy unless such person be duly warranted for segregation under the Act.

Viewed from the simple standpoint of the repression of Leprosy, the effects of the working of the Act cannot be considered to have done more than restrain the disease. The Act itself came into effective operation in the year 1901, and, dealing only with the Colony Proper, excluding also Bechuanaland, of which alone we possess exact figures, the following Table displays the number of fresh cases discovered during each of the succeeding years to 1906:—

	European.	Coloured.		European.	Coloured.
Number of Lepers on the Register on 31st December 1891	21	260			
Number of fresh cases discovered 1892	25	267	Number of fresh cases discovered 1900	8	98
Do. do. 1893	20	162	Do. do. 1901	14	116
Do. do. 1894	14	111	Do. do. 1902	18	131
Do. do. 1895	16	190	Do. do. 1903	20	135
Do. do. 1896	17	110	Do. do. 1904	14	106
Do. do. 1897	9	186	Do. do. 1905	21	108
Do. do. 1898	12	175	Do. do. 1906	6	126
Do. do. 1899	9	136			
			Total ...	244	2,417
			Fresh cases 1892-1906	223	2,157

From this it is seen that, with 281 known Lepers on the Registers at large in the Colony Proper at the commencement of the year 1892, that is, excluding Bechuanaland and the Native Territories, there have since been discovered a steady and undiminishing yearly number of fresh cases to a total of 2,380, of whom 223 were Europeans, and 2,157 Coloured. This grand total of 2,661, were disposed of as follows: 1,756 were sent to Asylums, 307 died at large, 330 absconded or disappeared before removal, 42 became arrested or were found not to be suffering from Leprosy, and 226 are still at large.

I feel that I cannot too strongly urge the need for this matter being given full consideration in order that either increased Asylum accommodation may be provided or, failing this, that other means be afforded of segregating locally or in local Leper compounds those Lepers who are now at large and spreading the disease.

I very much doubt whether the public are fully aware of the extent to which Leprosy does prevail in the community, but the following list of cases of the disease which have come to my notice during less than a twelvemonth in the Cape Peninsula will give some idea. From this list, in which I record the main particulars regarding each case, it will be observed that, in this short period no less than 27 Lepers have been discovered in Cape Town and its vicinity, and that of this number four were European females, of whom three were of good social position. But the point to which I wish to draw attention is the fact that nearly all of these Lepers were in an obvious and a very advanced stage of the disease when brought to notice, and that many of them were at the time of discovery actually filling posts or engaged in occupations which brought them into intimate contact with the public. Thus, one, a well-marked Tubercular case, was a messenger of long service in one of the Government Departments; another, a very marked Tubercular case, was working as a houseboy at a large well-known boarding-house in the gardens; one case, a Coloured woman, I myself detected in passing in the street, and on enquiry found that she was working as a servant in a private family. Another, a European lady, a most marked and dangerous case, I noticed sitting on a stoep at Muizenberg. This Leper, after being medically certified, absconded before the Governor's warrant was issued, and, in spite

of her condition, cannot be traced. Another was a young European girl of some social position, and of unusual education. She was, unfortunately, a marked Tubercular case. She also disappeared. Another, a Coloured woman, was, at the time of her discovery, although also a severe well-marked Tubercular case, doing charring at private houses. Another, an advanced case, and yielding on bacteriological examination a profusion of bacilli from his discharges, was working with cows in a dairy at Camps Bay. Another, a Coloured girl, also Tubercular, and swarming with bacilli, was a kitchen maid. And yet another, a Coloured woman, also a marked and most infectious case, was the wife of a baker, and was also doing the washing for families in Cape Town.

It must be remembered that each of these persons had been an obvious and dangerous leper for a long period before his discovery, and one cannot but wonder, if such marked and dangerous cases as these only come to light years after the disease has made its appearance in them, how many Lepers must there at this moment be at large in the community and undiscovered.

Initials.	Date of Discovery.	Sex.	Race.	Age.	Residence.	Clinical Report.
B. J.	19.6.07	Female	Coloured	30	William Street, Cape Town	Advanced tubercular. Nodules on face; many Bacilli present.
E. L.	20.6.07	Female	Coloured	21	Ashley Street, Cape Town	Tubercular. Nodules on face; ulceration of foot; many Bacilli present.
J. W.	29.5.07	Female	Coloured	26	Kingsley Road, Salt River	Tubercular. Nodules on face; ulceration of both legs; many Bacilli present.
M. C.	9.4.07	Female	European	43	House of Correction, Cape Town	Tubercular. Nodules on forehead; Bacilli in nasal secretion.
F. J.	4.5.07	Female	Coloured	45	Wright Street, Woodstock	Tubercular. Well-marked leprotic face; many Bacilli present.
R. E.	4.5.07	Female	European	60	Muizenberg ...	Tubercular. Well-marked nodular growths on face, forehead, ears, forearms and wrists; many Bacilli present.
J. K.	30.5.07	Male	Coloured	36	Kitchener Road Woodstock	Tubercular. Well-marked nodules all over face; many Bacilli present.
E. O.	22.4.07	Male	Coloured	35	Camps Bay ...	Mixed. Wasting and contraction of hands and fingers; many Bacilli present in nasal secretion.
J. S.	22.3.07	Male	Coloured	67	Oakdale, Belleville	Mixed. Contraction of hands; paralysis of muscles of the face. Cannot close eyelids.
M. D.	8.3.07	Female	Coloured	47	Retreat Flats	Tubercular. Well-marked tubercular leprotic face; ulceration of lips, face, hands and feet.
J. K.	3.4.07	Female	Coloured	9	Mill Street, Cape Town	Mixed. Nodules on face; well-marked leprotic patches over body.
E. W.	14.2.07	Female	Coloured	26	Albert Road, Woodstock	Tubercular. Loss of toes; contracture of hands; extensive ulceration; many Bacilli present.
H. W.	12.4.07	Male	Coloured	32	Retreat Flats, Wynberg	Tubercular. Slight thickening of skin over eyebrows and cheek bones; feet thickened and ulcerated; many Bacilli present in nasal secretion.
A. M.	12.4.07	Male	Malay	35	Meyershoff Estate, Diep River	Tubercular. Well-marked typical leprotic face; many Bacilli present in nasal secretion.
J. S.	5.6.07	Male	Coloured	12	Kromboom's River, Claremont	Tubercular. Well-marked typical leprotic face.
H. S.	5.6.07	Female	Coloured	59	Kromboom's River, Claremont	Tubercular. Leprotic eruption of chin, side of face and neck; hands affected.
H. W.	21.2.07	Male	Hottentot	48	Smit Winkel, Simonstown	Anæsthetic. Face normal; loss of fingers of both hands, excepting right thumb and part of left thumb; has been affected for at least eight years.
G. A.	10.5.07	Male	Hottentot	24	Clanwilliam. Discovered at Woodstock	Anæsthetic. Contraction of fingers; considerable areas of marked anaesthesia.

Initials.	Date of Discovery.	Sex.	Race.	Age.	Residence.	Clinical Report.
A. A.	22.11.06	Male	Coloured	81	Pentz Street, Cape Town	Tubercular. Well-marked nodules on face; "main en griffe" perforating ulcer left foot.
J. J.	30.6.07	Male	Kaffir	25	Orange Street, Cape Town	Tubercular. Well-marked nodules on face; maculae on back of head and shoulders.
W. F.	7.3.07	Female	European	57	Frere Street, Cape Town	Mixed. Maculae on hands, legs and face; tubercular nodules on face and arms.
J.	7.12.06	Male	Kaffir	37	Maitland ...	Anæsthetic. Ulceration of both hands; wasting of interossei; perforating ulcer on sole of left foot.
G. D.	22.11.06	Male	Coloured	40	Long Street, Maitland	Tubercular. Extensive ulceration of left foot; claw-like appearance of hands.
S. M.	7.8.06	Female	European	21	Claremont ...	Tubercular. Well-marked tubercles on face. This patient escaped.
E. S.	20.4.06	Female	Coloured	26	Wynberg ...	Tubercular. Typical tubercular leprotic face. Many Bacilli in nasal secretion.
B. A.	27.11.06	Male	Coloured	40	Woodstock ...	Anæsthetic.
L.a.Y.	26.8.07	Male	Chinaman	35	Cape Town ...	Mixed. Raised red patches over face; maculae on shoulder; contraction and wasting of muscles of hands.

The Leprosy Commission.

In accordance with the recommendation contained in the Report of the Select Committee appointed by the House of Assembly during the last Parliamentary Session to report on the Institutions for Lepers on Robben Island, the Leprosy Commission, which up to that time had consisted only of three official members, was in the latter part of the year 1906 strengthened by the addition of three private Medical Practitioners, the gentlemen appointed being Sir E. Sinclair Stevenson, Dr. A. E. Thomson and Dr. Matthew Hewat. This Commission held its first regular meeting on Robben Island on the 16th January, 1907, which was continued for a period of three days, during which time the whole of the Lepers on the Island, with the exception of 70 (22 Europeans and 48 Coloured), who refused, in spite of all inducements, to submit themselves, were individually examined by the Commission. Special attention was paid to all new admissions and all cases which contained any element of doubt and to those patients who themselves had expressed a wish to be particularly examined. In the result, the Commission recommended one European male and one Coloured female for discharge, as being probably arrested cases, on the condition that they were subjected to periodical medical examination after discharge, and reserved 2 European females and 2 European males and 6 Coloured females and 8 Coloured males for further examination on the occasion of their next succeeding visit, timed for six months later.

A medical inspection of the Lepers at Emjanyana Asylum was also carried out on October the 2nd, 3rd and 4th, 1906, by a Commission consisting of two Government officials, namely, the Assistant Medical Officer of Health for the Colony, and the District Surgeon, Cape Town, together with Dr. Weir, District Surgeon of Engcobo. On this occasion the whole of the Lepers were examined in the same manner as was carried out on Robben Island. In the result, this Commission recommended for release as being probably arrested 3 females and 4 males, and declared 2 females and one male not to be suffering from Leprosy, and referred 10 females and 5 males for re-examination on the occasion of the next visit of the Commission. All these were natives.

Proclamation in the Native Territories.

For many years attention has been drawn, but without avail, to the difficulty of dealing with lepers until they are actually warranted for segregation under the Leprosy Act. Up to that point a leper or a suspected leper can be placed under no control or supervision whatever, and the difficulty this gives rise to is obvious. To remedy this, as far as the Native Territories are concerned, a proclamation was issued on the 15th April, 1907, providing powers of examination of and control over suspected lepers pending the issue of a warrant. In the Colony proper no improvement can be effected without fresh legislation.

Leprosy Research.

During the year the question of carrying out some research work into Leprosy has received attention, and measures were taken on my advice for enlarging and improving the temporary Leper accommodation at the Old Somerset Hospital, with a view to carrying out some experimental treatment of selected cases of the disease by means of light treatment. Unfortunately, the completion of these alterations took a considerable time, but the pavilion is now finished and the electric current laid on, and the Finsen Light and X-Ray apparatus has been installed, and it is hoped to be able to proceed with some experimental work.

In the meantime, Dr. Robertson, the Bacteriological Assistant in charge of the Public Health Laboratory attached to this Department, has not been idle, but has, in conjunction with Mr. Severn of the Laboratory, been carrying out researches with a view to the cultivation of the bacillus lepræ, and although, so far, he is not in a position to report a successful issue, some progress has been made.

It is the intention to have the matter of Leprosy Research as vigorously prosecuted as is possible with the limited means at our disposal.

SYPHILIS.

Under Part I. of the Contagious Diseases Prevention Act.

On pages 113 to 119 of the annexures will be found certain tables relating to the working of the Contagious Diseases Prevention Act. Tables 1 and 2 deal with the operations of Part I. of the Act, concerning the medical examination of prostitutes and the treatment of such as are found to be afflicted with venereal disease, and in connection with these tables there are printed on pages 111 and 112 a summary of the reports of the several medical inspectors under the Act.

This portion of the Act is in force in the districts of Cape Town, Wynberg, Simon's Town, King William's Town, East London, Port Elizabeth, Uitenhage and Umtata, no addition to the number of districts having been made since the Proclamation of Umtata in March, 1904, but Kimberley and Middelburg are places in which this part of the Act should be put into operation, the former on account of the large number of natives working at the mines who become infected there and carry the disease back to their kraals, and the latter on account of its being an extensive military station.

During the year 1906 in all 471 women were on the registers, of whom 263 were carried on from the preceding year. Of this

number 448 presented themselves for examination, 23 failing to appear for examination. During the year 171 women were removed from the registers, 3 were relieved by order of the Resident Magistrate, 14 died, 37 removed to some unknown address, 114 disappeared or absconded, and 3 married. Of the 448 under actual examination, 55 were Europeans and 393 coloured. Of the number 179 were found to be diseased and were admitted into hospital on 268 occasions, the disease being in 86 cases syphilis, in 165 cases gonorrhœa, and in 17 some other venereal affection. The average duration of stay in Hospital under treatment on the occasion of each admission was 38 days, and on an average each woman presented herself for examination 10 times during the year, the highest average being in the case of Simon's Town, with 35 examinations per year, and the lowest, King William's Town and Cape Town, with an average of 5.7 and 5.9 examinations per woman, respectively.

An average of 40 per cent. of the women were found to be affected with venereal disease, the highest proportion being at Umtata, where 70.6 per cent. were affected, and the lowest at Port Elizabeth, where only 6 per cent. were affected.

The total number of women under examination in preceding years was, in 1903, 512, in 1904, 394, and in 1905, 348. Cape Town supplies by far the greater number of women, the total number under examination during 1906 having been 235, and the total number found to be diseased, 91. The figures for Cape Town for preceding years of women under examination were, in 1903, 238, in 1904, 118, and in 1905, 118. The next largest place is Port Elizabeth, with 76 under examination in 1906, and previous years, in 1903, 134, in 1904, 108 and in 1905, 79. The reason for the diminution in numbers is largely the operation of the "Betting Houses, Gaming Houses and Brothels Suppression Act, 1902," commonly called the "Morality Act," which, as is well known, is directly antagonistic to the provisions of Part I. of the Contagious Diseases Prevention Act.

The cost of working this portion of the Act during 1906 is detailed in Table II. of Annexure "C," and amounted for all districts to £3,328, of which £1,793 was in respect of Salaries and allowances and £1,173 was the cost of provisions, medicines and supplies.

Under Part II. of the Contagious Diseases Prevention Act.

Under Part II. of the Act, which applies to all districts of the Colony and requires all persons suffering from venereal disease to be kept under proper medical treatment, and under which the treatment of pauper Syphilitics is carried out by District Surgeons at the cost of the Government, there were treated gratuitously during 1906, 2,380 patients in the Colony Proper and Bechuanaland and 44 in the Native Territories. Of those treated in the Colony, 249 were treated at Kimberley, 126 at Kuruman, 115 at Namaqualand, 119 at Oudtshoorn and 548 at Taungs. In this latter district the disease is almost universal among the native population. Of the 2,380 treated in the Colony Proper and Bechuanaland, 130 were European (70 males and 60 females) and 2,250 Coloured persons (1,077 males and 1,173 females). Of this number, 114 were suffering from venereal diseases other than Syphilis and in the case of 16 there was no information; 143 were in the primary stage of the disease, 682 in the secondary stage, and 961 in the tertiary stage, making a total

of 1,786 acquired cases. Of hereditary cases there were 464. Of the acquired cases of the disease, 271 were in children under the age of 14.

With regard to the manner of treatment, 735 were treated in hospital, of whom 373 were cured, 32 died, 112 lapsed and 218 remained under treatment at the end of the year; and 1,645 as outdoor patients, of whom 329 were cured, 36 died, 192 lapsed and 1,088 remained under treatment at the end of the year. The bulk of those treated in hospital were treated in Kimberley, King William's Town, Kuruman, Victoria West and Hay.

Of the few patients treated in the Native Territories, none were European; they were all treated as outdoor patients, with the exception of 20 at Umtata, who were treated in the C.D. Hospital at that place.

The cost of carrying out this portion of the Act amounted in the Colony Proper and Bechuanaland to £9,800. Of this amount, £3,617 was in respect of District Surgeon's fees for medical attendance and the supply of medicine, this being at the rate of 7s. 6d. per month per patient, whether treated in Hospital or as out-door patients, the District Surgeon finding the necessary medicines, with the exception of Iodide of Potassium, which being an expensive drug is supplied by the Government to the District Surgeons free of charge for this use. An exception is made in the District of Taungs, where as before mentioned, such a large number of Natives are affected with the disease as to make a fee of 7s. 6d. an excessive remuneration. Therefore, in this District, the District Surgeon is only paid at the rate of 2s. 6d. per month per patient, and Government provides all necessary medicines.

District Surgeons' travelling expenses amounted to £160, the cost of provisions, medical comforts, etc., £2,467; salaries to nurses, attendants and guards, £647; while payments to General Hospitals for treatment of cases amounted to £2,588, of which £2,501 was paid to Kimberley Hospital and £87 to the Albany General Hospital.

In the Native Territories the total expenditure only amounted to £69.

Extent of the prevalence of Syphilis in the Colony, and its spread to Europeans by Coloured Servants.

In calling for the reports of District Surgeons, they were specially requested to state to what extent Syphilis prevails in their district, what race and class are principally affected and at what stage of the disease it is chiefly met with; also to report the manner in which it is usually spread and whether they had any knowledge as to the disease being conveyed innocently from Coloured persons to Europeans. The replies to these questions will be found given in the summaries of the District Surgeons' reports printed in Annexure "A." I think, however, it may be of some use in fixing attention on the importance, from the point of view of the public health, of dealing vigorously with this disease, if I here refer to the number of instances that are reported in which the disease has been spread commensally, that is, innocently in domestic life from one person to another, and especially to the number of cases in which the disease has been spread by Coloured nurse girls to European children in their charge and by these again to their parents.

Thus, the District Surgeon of Aberdeen reports that nurses convey the disease to children and by them to their mothers. The District Surgeon of Albert states that he is aware of some cases of the inoculation of children by Coloured nurses. The District Surgeon of Alexandria says that most cases he sees are innocently contracted and he has seen more than one from Coloured to European. In Calvinia, the District Surgeon states that 66 per cent. of the disease in his district is non-venereal and that a considerable number of cases are commensally spread from Coloured to European. The District Surgeon of Clanwilliam reports that he is aware of cases spread from Natives to Europeans. In Herbert the District Surgeon states he has frequently known cases of European children acquiring the disease from coloured persons. In Humansdorp it is stated that it is not uncommon among farmers for the disease to be innocently contracted, and that he has seen primary sores on children's mouths. In Knysna, the District Surgeon reports that "some time ago he met an instance of a whole family of respectable slightly coloured people commensally affected through the baby drinking from another child's feeding bottle," and he knows of two other cases of whites infected by coloured persons. In Ladismith, the District Surgeon says that during the last few years a good many white families have been affected from coloured servants. Amongst whites, he says, almost all cases are due to infection from coloured nurses, the nurse infecting the child, the child the mother through the breast, and the elder children probably infected from using the same toys. The District Surgeon of Mafeking has seen three cases in which syphilis was acquired commensally, one in a child of two years, another in a child of five, and the other in an adult woman, one of the children having been infected through a mouth organ used by a Syphilitic. The District Surgeon, Middelburg, urges the necessity for keeping patients suffering from Syphilis in Hospital, stating that he has seen such cases remaining in service and thus bringing a whole family into terrible misery. He reports that during the last few years about half a dozen cases have been under treatment, in which a native girl had infected first the baby, then through the baby two other children, and both parents." The District Surgeon, Philipstown, reports that he has seen one case of a chancre on the lip of a European child acquired from a Coloured maid. Also, the District Surgeon, Victoria East, reports having had under treatment a case of a European child who contracted the disease from a native, and the Victoria West District Surgeon also reports a case in a European child who contracted the disease from a native girl, and adds that "this has frequently happened in his experience." The statements made in these annual reports are borne out by occurrences which from time to time are brought to the notice of the Department. Thus quite recently, the District Surgeon of Ceres, reporting on an outbreak of Syphilis in his district, states that a white child contracted the disease from some Coloured children, whose mother was a domestic servant in the family. Again, the District Surgeon of Willowmore, reporting on an outbreak, states that he knows of three instances during the last six months in which the disease has been conveyed to European children by their Coloured attendants.

In the Native Territories the District Surgeons also report that the disease is frequently spread innocently from one native to another. Many of the District Surgeons report the rapid spread of the disease, although equally many others state that the disease is not spreading in their districts, but in the native territories the

reports are fairly unanimous that the disease is increasing considerably. In Bechuanaland the prevalence of the disease is appalling, as will be seen if the reports of the District Surgeons, especially those of Taungs, Kuruman and Mafeking, be consulted.

The dealing with this disease undoubtedly requires stronger measures, but in view of the reduced provision made by Parliament consequent upon the fall in the public revenue, such action cannot be carried out; indeed, it is now hardly possible to persevere with the restrictive measures hitherto in operation. But the present inaction will entail permanent misery upon many hundreds of the population.

SMALL-POX.

During the year 99 outbreaks of Small-pox—comprising in all 645 cases with 19 deaths—occurred in the Colony Proper. The most serious prevalence of the disease occurred in the Cape Peninsula and neighbourhood. This outbreak began at the latter part of 1905, continued until July 1906, only abating in August, the last case being discharged from isolation on the 27th September. In all 104 cases of the disease occurred in Cape Town, with 60 in Woodstock, exclusive of four cases landed from vessels at the Port of Table Bay, two of which were from German South West Africa. Two small invasions also occurred, one in Cape Town and one in Woodstock, which are believed to have been due to infection introduced from German South West Africa. The extent and persistence of the outbreak was chiefly caused by the difficulty in discovering cases; the members of the coloured community, amongst whom the great bulk of them occurred, failing to report and in most cases endeavouring to conceal the existence of the disease.

As extensions of this epidemic 7 separate outbreaks, comprising 57 cases, occurred in the Wynberg area. 38 cases occurred during the year in Simonstown and neighbourhood, the infection in the case of the principal outbreak in which 27 persons were attacked, being traceable to Somerset West. In this latter place an outbreak occurred during June, July and August, 37 persons in all developing the disease. Also a considerable outbreak occurred in June at Saron Mission Station in the Tulbagh District, the infection being traceable to the Cape Peninsula where a considerable number of the inhabitants work and are in the habit of returning to Saron for the week ends. Other districts in which important outbreaks took place during the year were Cathcart with 28 cases, Glen Grey, 85 cases, Queenstown (including Sterkstroom and Whittlesea), 38 cases, Steynsburg 22 cases, Stockenstrom 33 cases, Wodehouse and Indwe 35 cases.

In the Native Territories during the colder months of the year—the usual season of Small-pox prevalence—an unusually large number of outbreaks occurred: in all 97 separate centres of the disease were discovered, comprising 402 cases. Of these, as many as 22 outbreaks with 109 cases were reported in the Encobo district, on the confines of which the disease is believed to have existed for some time before it was discovered. Serious prevalence of the disease was also manifested in the Tsolo district where 83 cases were discovered.

Of the total of 1,047 cases notified in the Colony and Native Territories during the year, only 64 were Europeans. 646 cases occurred in unvaccinated persons and 360 in persons who had been at some time of their lives vaccinated, while as to the condition of 41 cases there is no record. Of the 32 deaths attributed to the

disease only one was of a European; 26 were of unvaccinated cases, 4 of pre-vaccinated, and in the remaining two cases the condition as to vaccination is unknown.

PUBLIC VACCINATION.

During the year 1906, the amount of vaccination performed was considerably in excess of that for previous years, especially in the Native Territories. In view of the need for retrenchment, expenditure on Vaccination had during the previous two years been kept as low as possible, but owing to the very considerable extent to which Small-pox prevailed at the end of 1905 and during the first half of 1906, it became necessary to push on with this work. As a consequence, as will be seen from the returns published on pages 123 and 124 of the Annexures, 98,270 persons were vaccinated in the Colony Proper, 42,178 of these vaccinations being performed by lay vaccinators in certain districts where there are large collections of Natives. Of the total number vaccinated, considerably over half were of children under 10 years of age. In the Native Territories, 258,066 persons were vaccinated, 33,174 of these being done by lay vaccinators; nearly two-thirds of all the vaccinations were of children under 10 years of age. It will thus be seen that the large total of 356,336 persons were vaccinated or re-vaccinated.

This amount of vaccination necessarily entailed a correspondingly large supply of lymph. Unfortunately, owing to the abolition of the Grahamstown Bacteriological Laboratory, this Colony was not at the time in a position to manufacture its own calf lymph. During the last Session of Parliament a sum of £1,000 was voted for the erection of Calf Lymph Stables and Preparing Rooms on a piece of Government ground at Rosebank, near Cape Town, but as the work of Construction could not be commenced until the money was available, it was not undertaken until the end of the year 1906, and was only completed during the present year, when the manufacture of full supplies of Calf lymph for the Colony were commenced under the supervision of Dr. G. W. Robertson, the Bacteriologist. In the meantime we were compelled to purchase our supplies, and by the courtesy of the Transvaal Authorities the Bacteriological Department of that Colony undertook to meet our requirements at a charge of two-pence per tube. This charge, which in itself is reasonable enough, worked out owing to the large quantities required to a considerable item—in fact, to several thousands of pounds—with the result that this unforeseen expenditure was responsible for the Vaccination Vote for the Financial Year 1906-07 being exceeded.

PLAGUE.

During the year 1906 no outbreak of Plague occurred anywhere in the Colony in man, but Plague-infected rodents continued to be found during the earlier part of the year in both Port Elizabeth and East London, 10 Plague-infected rats and 6 Plague-infected mice being discovered at Port Elizabeth, the last being found on 28th July, and 29 rats and 15 mice at East London, the last being found on 29th August. Also, in July 1906, Plague rats were again discovered for a short period at King William's Town, 13 in all being found.

During the year a small staff of Inspectors was maintained in the towns of Port Elizabeth and East London, and, also, after the occasion of finding Plague rats, for a period in King William's Town, the latter place, however, being continuously kept under weekly inspection by the Plague Inspector at East London. These Staffs were maintained for the purpose of keeping under observation the stores and other rat-infested premises and with this the continued sampling of the infesting rodents by bacteriological examination, so that in the event of Plague re-appearing, information of it could be promptly obtained and suppressionary steps at once carried out. This measure entailed but a small expenditure, but its value was very great. These Staffs have now been gradually reduced and practically discontinued, with the exception of a single Inspector at Port Elizabeth and one at East London.

While the Colony was thus free from any important manifestation of the disease throughout the year, 1906, it is right to mention that, unfortunately, at King William's Town Plague re-appeared on the 22nd of April last, since when a very extensive epizootic of the disease has taken place among the rodents at that place and several cases have occurred in man. Immediately on the discovery of this outbreak, Dr. Thornton, Additional Medical Officer of this Department, proceeded to King William's Town and took charge of the outbreak. The particulars regarding it, however, are hardly matter for this report, especially as the outbreak is still in progress.

ENTERIC FEVER.

The year 1906 was characterised by a somewhat severe prevalence of Enteric Fever in many towns of the Colony and in a considerable number of rural areas; in all 2,037 cases, of which 1,392 were in Europeans, were notified as occurring during the year, as compared with 1,541 notifications for 1905. This prevalence of the disease commenced in the early part of November, 1905, increased during December, reached its highest point in the third week of January during which no less than 605 cases were reported as having occurred, continued with from 60 to 75 notifications a week to the end of March, and thereafter gradually abated, remaining low until November, 1906, when it again increased. Eighty-seven cases of the disease were notified as occurring in Cape Town during the year, whilst the total for the Cape Division was 270.

The notified do not represent by any means all the cases that occurred. Many cases, and indeed outbreaks, are not notified, and very many more are never recognised at all.

The bulk of the cases appeared sporadically, and apart from case-to-case communication, the source of infection was only rarely ascertained.

Sporadic prevalence became extensive in some places towards the end of year, as in Port Elizabeth where 117 cases occurred during the year, at Kimberley with 102 cases, at East London with 53, at King William's Town with 47, at Worcester with 44, at Graaff-Reinet with 42, and at Adelaide with 36 cases.

In only a few instances could an outbreak be investigated on the spot by an officer of this Department. A severe outbreak occurred in the Tokai Institutions in December, 1906, and was investigated by Dr. Thornton, Additional Medical Officer to the Department, who came to the conclusion that the cause was specific infection of the drinking water supply by the excreta from an officer of the Public Works Department engaged in making a survey of

the catchment area, who was at the time in the early stage of an attack of enteric fever. 73 cases in all occurred.

In December, 1905, cases of enteric fever occurred at Ladismith in the Native Location adjoining the upper end of the town. The disease shortly afterwards extended to the town and became seriously prevalent. The epidemic was investigated by the Assistant Medical Officer of Health for the Colony, who reported that it was attributable to the washing of Enteric-infected clothing and bedding in the main furrow at the upper end of the town, to case-to-case infection, to the non-disinfection and improper disposal of infective excreta and to the absence of any action on the part of the Local Authority to destroy or prevent the dissemination of infection. In one small hut in the Native Location no less than 8 cases of the disease occurred, following each other at intervals and all clearly due to commensal infection. During his inspection Dr. Mitchell visited a dwelling situated in a densely-populated part of the town and formerly occupied by a European family consisting of father, mother and three children, all of whom, excepting two children, died of the disease or its sequelæ. The dwelling had been empty for some three months previously, friends having taken away the two survivors: the windows were broken and part of the rear wall had fallen down, exposing the interior of a bedroom with a bedstead, on which was a large pile of articles of clothing and bedding used by the patients and left undisinfected and liable to be carried away by any passer-by. Although some 40 cases had occurred during the few months preceding, nothing had been done by the Local Authority except to send a few boys out on one occasion to sprinkle dirty yards and sluits with disinfecting solution and to carry out a little extra furrow cleansing. Two of the convicts employed on the latter work contracted the disease. 44 cases in all were discovered in the town during the year. Connected with this outbreak, 10 cases occurred at a small centre of population about two miles below Ladismith, deriving its water supply from the Knuy Stream; this stream receives the drainage of Ladismith, including the overflow from the street furrows and a small stream which runs within 150 yards of the Municipal night-soil depositing site. Several of the cases became ill almost simultaneously and within about a fortnight after considerable rains, which, no doubt, had carried infection into the stream at Ladismith.

Another outbreak at Van Wyk's Dorp, also in the Ladismith District, was investigated by Dr. Mitchell. This is an isolated village with a population of some 400 persons of whom about 350 are Europeans. The village lies along a valley some three miles in length down which flows to the Groote Rivier a perennial stream which issues from an opening half way up a perpendicular cliff in the gorge above the village. The stream flows down a natural channel taking the drainage of the village—which is filthy and insanitary to a degree, whilst some of the dwellings and cattle kraals are within a few feet of the stream—and is used for drinking and domestic purposes and also for washing and irrigation. The village appears to have been free from enteric for several years previous to November last, but during that month a number of cases occurred almost simultaneously along the course of the stream from its upper to its lower end. Each fresh case caused further specific pollution of the water supply; a very severe epidemic resulted and continued unabated until the middle of

February—60 persons, or more than one in six of the European population, being attacked. The coloured population residing in the Location and obtaining water from a different source remained entirely free from the disease. The means by which the disease gained access to the stream was probably by a member of an infected family in Ladismith who visited the locality during the latter part of October, and stayed for a fortnight or so with friends living close to the stream at its upper part. Unfortunately he left the district before Dr. Mitchell's visit, and it has not been definitely ascertained whether he had recently had enteric fever; a number of cases occurred amongst his relatives about the same time or shortly before.

In November, 1906, an outbreak of enteric fever occurred at Steinkopf, a considerable centre of coloured population in the Namaqualand District. The outbreak was attributable to a specifically contaminated water supply from a dam into which part of the village drains. There were six cases in all, only five of which were notified. An outbreak of a similar kind, comprising 11 cases, occurred at another mission station, Matjes Kloof, in the same Division, being attributable to water from a well contaminated with the infective discharges of a convalescent enteric patient from Concordia. The administrative machinery for dealing with health matters in this and in certain other mission stations in Namaqualand is exceedingly unsatisfactory, as the stations are situated on native reserves of Crown land, and, the occupiers of them being exempt from Divisional Council rates, that body disclaims any responsibility for dealing with their health or sanitation.

Hospital Case Mortality of the Disease.

Some little time back the Medical Officer of Health for the City of Cape Town wrote informing me that "he had been much struck with the fact that a large number of enteric fever cases in the Somerset Hospital terminated with perforation. He had an impression that this is assisted by the manner in which persons are hustled into a cab and hurriedly driven to that institution, even whilst in the second or third week of enteric. Any patients of suspected enteric fever he always insists shall be most carefully moved to hospital on a stretcher in a properly-constructed ambulance." In view of this communication, I deemed it of interest to inquire into and compare the case mortality of enteric patients admitted into the City Infectious Diseases Hospital, the Somerset Hospital, Cape Town, and the Kimberley Hospital, and, by the courtesy of Dr. Jasper Anderson, Dr. H. A. Moffat and Dr. W. Russell, the medical officers in charge of the respective institutions, I am able to give the following interesting particulars:—

In the City Hospital all the 55 cases were removed to the hospital in the city ambulance. Of the 117 cases admitted to the Somerset Hospital, 3 lived at the hospital, 1 walked to the hospital,* 24 were admitted from vessels in the Dock close by (of which at least 11 were brought on a stretcher), and of the remaining 89 there is no record as to how they reached the institution, but it was in a cab in most cases. Of the 156 Kimberley cases, 4 were conveyed in the

* This was a nurse who had travelled up from the Graaff-Reinet Hospital for the nurses examination of the Colonial Medical Council. She sat for the written examination in Cape Town, afterwards walking some part of the way to the Somerset Hospital where the oral portion of the examination was being conducted. After passing this she was admitted to the hospital as an enteric patient at the eleventh day of the disease. She had severe hæmorrhage, and was not discharged recovered until 62 days afterwards.

hospital ambulance, and the rest by cart or cab, some sitting up, some lying down.

It was not possible to ascertain in every instance the average duration of the cases prior to admission to hospital, but of 51 of the cases treated in the City Hospital, the date of onset was an average of $13\frac{1}{2}$ days before admission; and in 95 of those admitted to the Somerset Hospital the average period was 12 days.

The average length of stay in hospital under treatment was in the City Hospital 28.5 days, in the Somerset Hospital 48.5 days, and in the Kimberley Hospital 45.7 days.

Of the City Hospital cases, 37 were Europeans, 2 of whom died, and 18 cases coloured, 5 of whom died. Of the Somerset Hospital cases, 107 were Europeans, of whom 6 died, and 10 coloured, 2 of whom died. All of the 156 treated in the Kimberley Hospital were Europeans, and 23 of them died.

It is of interest by way of contrast to add details of the 73 cases which occurred during the outbreak of enteric at the Tokai penal institutions above mentioned. These cases consisted of 45 boys in the Porter Reformatory, 16 convicts in the Main and Forest convict stations (2 cases with one death being in inebriates), 7 in officers of the institutions, and 5 in members of their families. Of the seventy-three cases, 50, with three deaths, were in children; 10, with one death, in young adults under 20 years; and 13, with two deaths, in adults. There is a resident medical officer to the establishment, and as all are entitled to free medical treatment, all cases, mild as well as severe, came under medical care, and they all did so at or soon after the onset of the disease. It should be mentioned that in the treatment all nutriment except water was withheld. Of these 73 cases, 6 deaths occurred, 1 European and 5 Coloured.

The case mortality per cent. was, therefore, as follows:—

	<i>Europeans.</i>	<i>Coloured.</i>	<i>All Cases.</i>
City Hospital ...	5.41	27.78	12.73
Somerset Hospital ...	5.61	20.00	6.84
Kimberley Hospital ...	14.74	—	14.74
Tokai... ..	3.45	11.36	8.22
Total—401 cases ...	9.73	16.67	10.97

The period under treatment before death and the nature of the complication causing death has some bearing on the question of the effect on the ultimate issue of the case that may be exercised by the manner of conveyance to hospital. In the City Hospital the following were the complications precipitating a fatal issue and the periods under treatment before death:—Necrosis of Tibia with Septicaemia, 16 days; Hæmorrhage with Nephritis, 8 days; Nephritis, 10 days; and 4 deaths occurred 6, 21, 3 and 5 days after admission, but the complications not stated.

In the Somerset Hospital, Perforation of Intestine, 5 cases, respectively 1, 2, 3, 7 and 9 days; Severe Diarrhœa and Hyperpyrexia, 19 days; Toxæmia, two cases, 6 and 12 days. Of the 24 cases from the shipping, none died.

In the Kimberley Hospital, Hyperpyrexia, 3 cases, 5, 6 and 38 days; Hæmorrhage, 5 cases, 9, 10, 19, 26 and 35 days; Perforation, 3 cases, 14, 15 and 16 days; Peritonitis, 3 cases, 8, 12 and 13 days; Pneumonia, 6 cases, 3, 5, 8, 8, 13 and 30 days; Meningitis, 9 days; Hepatic Abscess, 32 days, and Relapse, 33 days. Of the four cases brought by ambulance one died of pneumonia on the 3rd day. Of

the Tokai cases, *Ascaris Lumbricoides* and Necrosis of Skin, 1 case, 14 days; Perforation and Peritonitis, 1 case, 23 days; Phthisis, 1 case, 29 days; Acute Miliary Tuberculosis, 1 case, 14 days; Pericarditis and Pneumonia, 1 case, 19 days, and 1 case, with no complications, 16 days.

These statistics do not support the theory that the manner of conveyance to the hospital seriously influences the ultimate issue of the disease.

MALTA OR UNDULENT FEVER.

Some attention has been given lately to the prevalence of Malta Fever in the Colony, and in the circular requesting District Surgeons to furnish their annual reports for 1906 they were specially asked to report whether the disease was met with in their respective districts, and, if so, whether the diagnosis of the disease had been confirmed by the agglutination test, and to what extent it occurred and the sources of infection. It was also asked whether goats' milk was consumed by the community and whether the District Surgeon had traced any connection between this and the occurrence of the disease. Only a limited number of District Surgeons replied to these questions.

For fifteen years past, to my knowledge, there has been noticed as occurring in certain parts of the Colony, a disease which, usually diagnosed by most observers as Typhoid Fever, was yet recognised as not according with the classic symptoms of that disease, the differences being most marked in its very long duration, its comparative mildness and its usual termination in recovery, the frequent occurrence of relapses, the affection of the joints, and the absence of typical Enteric diarrhoea. These differences, and especially those of its long duration and the occurrence of relapses, led to it being by many considered a disease of malarial origin and hence some of these observers considered it a new disease, a cross between Enteric Fever and Malaria, to which they gave the name of "Typho-Malarial Fever." Throughout the Health Reports of this Colony will be found scattered numerous allusions to the occurrence of this Typho-Malaria, notably in such places as Graaff-Reinet, Kimberley and in the province of Griqualand West. At Kimberley it is certain that some of the cases spoken of as "Camp Fever" were of this nature, although it is equally probable that many of them were true Malaria; indeed, Dr. Strachan, who latterly has been a keen observer of this disease in South Africa, has drawn attention to the fact that a recently published description of Kimberley "Camp Fever" is practically that of Malta Fever.

The ideas regarding the disease were, however, entirely nebulous until the occurrence of the South African War and the consequent arrival in South Africa of military and civil surgeons familiar with the symptoms of Malta Fever. I believe the credit of the first published suggestion as to the identity of the disease with Malta Fever is due to the late Dr. J. W. Washburne, who was at the time Consulting Physician to the Imperial Yeomanry Hospital, and who contributed an account of certain cases to the *British Medical Journal* in March, 1901. But Dr. R. W. Dodgson, who came out attached to the Imperial Commission to enquire into the prevalence of Typhoid Fever among the Troops in South Africa, and afterwards became Bacteriologist to our Plague Administration, had prior to this obtained positive re-actions in certain cases by the test of agglutination with the micrococcus *Melitensis*.

Since then, a number of observers have dealt with the subject of this Fever in South Africa, among whom may be mentioned Lieutenant-Colonel Birt, of the R.A.M.C., and Dr. T. D. Strachan, now practising at Philipolis in the Orange River Colony; the latter, especially, has published important communications on the subject.

Apart, however, from these observations, the disease has been recognised and dealt with in the Public Health Laboratory of this Department for some considerable time past, and a large number of examinations of the blood of cases by means of the agglutination test have been carried out. Of 45 believed cases thus investigated, 9 have given a positive re-action with the agglutination test. This we may compare with the proportion of positive re-actions obtained in this Laboratory in agglutination tests for Enteric Fever; of 247 such tests 109 positive Typhoid re-actions were obtained. More recently the systematic examination of goats' milk has been commenced in this Laboratory and we have enlisted the co-operation of the District Surgeons of those districts in which the disease is known to occur and in which goats' milk is commonly consumed. So far, a positive re-action has not yet been obtained from any of these specimens, but it is intended to further pursue and extend this line of enquiry, and there is every probability that it will disclose the infection in goats in some of these districts. In addition to these investigations, it is hoped that further information will be obtained through the results of the notification of the disease, which is now required to be done by medical practitioners and others under the Public Health Acts, the disease having been proclaimed a notifiable disease for this purpose by Proclamation No. 135 of 1907.

Geographical Distribution.

In considering the geographical distribution of the disease in the Colony, we can only take the scanty information furnished in the reports of District Surgeons (see Annexure A.) with such few facts as are in the possession of the Department from other sources, and from these we find that cases have occurred in the following Districts:

The District Surgeon of Hay reports 6 cases seen, one confirmed by agglutination test. The District Surgeon, Herschel, says Typho-Malarial Fever is fairly prevalent; it answers to the description of Malta Fever. In Hopetown, 4 cases have been observed by the District Surgeon, two confirmed by the agglutination test. In Strydenburg, a sub-district of Hopetown, the Additional District Surgeon reports suspicious cases, but not confirmed bacteriologically. The District Surgeon, Kenhardt, says the disease is fairly prevalent and the diagnosis has been confirmed by the agglutination test; all the cases live along the banks of the Orange River. Since his report a case was notified in this district during the early part of the present year. The District Surgeon, Kimberley, states that the disease has there existed for many years. The District Surgeon, Mafeking, says it is reported that the disease is probably in the district but not proved. The District Surgeon of Murraysburg says the disease is fairly prevalent, he has seen 90 cases in eight years, some of which have been confirmed by the agglutination test. During the year 1906, he treated 7 cases, all of whom were in the habit of drinking goats' milk. Since then, during the early part of the present year, 1907,

3 fresh cases have been notified in Europeans and 4 in Natives. The District Surgeon, Philipstown, believes that cases occur in his District; he states that it is endemic on the adjoining Southern portion of the Orange River Colony; and the Additional District Surgeon of the sub-district of Petrusville also states that it is probable that the disease exists in his district. In Prieska, the District Surgeon says only isolated cases occur, but it may be added that one case of a European has been notified to this Office during the present year. In Sterkstroom it is stated to occur only to a slight extent. In Dordrecht, the principal town of the district of Wodehouse, 2 cases have been seen. The District Surgeon of Victoria West reports one suspected case, but diagnosis not confirmed, and in the sub-district of Vosburg, the Additional District Surgeon also reports 2 cases, but not confirmed by the agglutination test. It is uncertain whether cases have occurred in the district of Aberdeen, but from Beaufort West, the District Surgeon reports one case during 1906, and since then 4 cases have been notified to this Office. In De Aar, a sub-district of Britstown, the District Surgeon reports "a few cases of Low Fever now called Undulatory." The District Surgeon of Namaqualand in his report does not allude to the disease, but during the first portion of the present year 2 cases among Europeans and 5 cases among Coloured persons were notified by Dr. Currey to this Office. The District Surgeon of Somerset East also does not mention the disease in his annual report for 1906, but during the present year the occurrence of three cases have come to the notice of the Department, one being notified to it and two in which blood was sent for examination, and in both cases yielded positive results.

In the following districts cases have been seen but are stated to have been imported:—Albany, 1 case from the Orange River Colony; Barkly West, an imported case; Bathurst, 1 case from Philipolis in the Orange River Colony; Fort Beaufort, 1 from the Transvaal; in Gordonia a few cases said to have come in from the back-country.

Dr. Strachan has already recorded cases from many of these districts, and in addition from the adjoining districts of Fraserburg, Prince Albert, Clanwilliam, Sutherland, Carnarvon, Richmond and Hanover.

In the Native Territories, the District Surgeon of Butterworth reports one case in a European trader, the origin of the case being unknown. Also the District Surgeon of Maclear reports one case, apparently an undoubted one, during 1906, but several cases were seen in Ugie Village immediately after the war, all being among poor whites living near the vlei. Also the District Surgeon of Matatiele states cases occasionally seen which he believes to be Malta Fever, but no bacteriological confirmation. And in Mount Fletcher the District Surgeon says a few cases occur every year from January to July among Europeans.

A consideration of these occurrences demonstrates an important fact, namely, that the affected districts are mainly contiguous to one another and together form a more or less continuous area of the Colony. Thus, the area of Namaqualand, Kenhardt, Gordonia, Fraserburg, Sutherland, Carnarvon, Prieska, Hay, Barkly West, Kimberley, Hopetown, Philipstown, De Aar, Hanover, Victoria West, Murraysburg, Beaufort West and Somerset East, the latter being separated from this large area by the intervening district of Graaff-Reinet, in which there is little doubt the disease exists. Herschel, Wodehouse and Steynsburg form a separate group from

the rest and which, while near together, do not adjoin one another. Herschel, however, is close on the border of the Orange River Colony, and in connection with this it is to be noted the close proximity of Philipolis in the Orange River Colony, which is a well-marked centre, to the district of Philipstown.

Regarding the cases reported from the Native Territories, the information is not sufficient in amount to enable any deduction to be made as to the area affected.

Many of the districts of this Colony carry a large population of goats, but of these it is necessary to distinguish between the Angora goat and the common goat, as it is, I understand, only the latter that is milked, and it is a remarkable fact that, in those districts where Malta fever is found to occur, generally the largest numbers of such goats are run; such as Namaqualand, Kenhardt, Prieska and Hopetown. As to the actual consumption of milk by the inhabitants, the District Surgeon of Hay reports that goats' milk is very largely consumed, but he is unable to connect its use with the disease. But conversely, the District Surgeon of Hopetown reports that goats' milk is not extensively used. As already mentioned, the District Surgeon of Kenhardt states that everybody in his district drinks goats' milk. In Murraysburg, where a large number of cases have occurred, the District Surgeon reports that all of the seven cases he saw during 1906 were in the habit of drinking goats' milk. In Prieska, again, it is stated that goats' milk is generally used. In Maclear and Matatiele, in the Native Territories, it is stated that goats' milk was not used by the affected individuals. In regard to this matter it is certain that cases have come under our notice in this Colony who have not, to their knowledge, at any time consumed goats' milk.

If the disease be eventually traced in this Colony to goats, it is questionable whether, in view of the enormous numbers of these animals that would be involved, any drastic means for stamping out the disease could be adopted, but it does not seem likely that any such extensive infection of goats will be found to exist anywhere in this Colony as in the case of Malta. In connection with the infection of goats, I may mention that enquiry has not ascertained that any importation into the Colony of common goats has taken place from any Mediterranean or infected area.

EPIDEMIC CEREBRO-SPINAL MENINGITIS.

Owing to the prevalence of this disease (Spotted Fever) in the British Isles, more than usual attention was directed to it during the past year. Although the disease was reported to be prevalent at Knysna, no undoubted outbreak was discovered anywhere in the Colony, the disease at Knysna eventually proving to be a very virulent form of Enteric Fever with Meningeal symptoms. Lately, the District Surgeon of Barkly East has reported that for some time past a few cases have occurred in his District, and that there is some danger of it becoming endemic, especially in the lower class dwellings with the usual polluted mud floors.

There is little doubt but that the disease has existed in the Colony for long past, appearing in sporadic cases from time to time, and there are on record reports of severe outbreaks in some districts, notably the South Western Districts in years gone by, and many of our cases of deaf-mutism are probably due to an attack of the disease in early infancy. Some few years ago a very

severe outbreak occurred in the Breakwater convict Station, a number of Convicts getting the disease and several deaths taking place.

Also it has recently prevailed very severely among the Natives on the Rand. So far, however, the disease has not required any special attention by the Department. One death in a European adult male was registered during the years 1904 and 1905 at Port Elizabeth.

BILHARZIA HÆMATOBIA.

Recently some public attention has been directed to the occurrence of this disease in the Colony, and some persons believe that it is increasing and promises to become a serious menace. In order to ascertain how far these views may be correct, District Surgeons were asked to report to what extent the disease occurs in their respective districts. Their replies will be found embodied in the summary of their annual reports printed in the Annexures hereto. From these it will be seen that there appear to be only one or two rivers of the Colony that are affected, and that from these areas come the cases of the disease that are met with from time to time in the other districts of the Colony. Chief among these infective centres is King William's Town and the Buffalo River, and next to that the Baakens River in the district of Port Elizabeth, and in Uitenhage the Swaartkops River, the latter furnishing a considerable number of cases, but also the Keiskama River in the King William's Town district, the Bushman's River in the Alexandria district, the Crocodile and Malopo Rivers in the Mafeking district, the Hohanna stream in the Mount Frere district, certain unnamed watercourses in the Umtata district, and the river at Lusikisiki are all credited with communicating the disease, but of them all the Buffalo River at King William's Town is by far the most important. Evidence of this comes from a number of different districts. Thus, cases contracted at King William's Town were reported at Albany, Cathcart, East London; at Hanover, Komgha, Queenstown, Stutterheim, Sutherland, Victoria East; at Mount Frere, Umzimkulu and other districts, all having been acquired by bathing in the Buffalo River.

It is interesting to quote some of the remarks of the District Surgeons concerning this disease. Thus, the District Surgeon of King William's Town, who has been a long and careful observer of it as seen by him in his district and who has published communications regarding it in the Medical Press, reports "Bilharzia Hæmatobia is very prevalent among the young male population. I have never known a case to occur in a female. The cause is believed to be due to the infection of the bathing pools of the Buffalo River by the parasite." The District Surgeon, Mafeking, reports that eight cases of Bilharzia have been seen by him in the district during the past four years, all in Europeans. So far a case has not been seen in a Native, but there is little doubt they suffer from it. In six cases acquired in Mafeking, a bathe in the Molopo had preceded the onset of the disease. This river usually consists of scattered water-holes in a very dirty condition. The District Surgeon of Uitenhage reports that Bilharzia seems to be much less frequent than in former years. Twenty years ago hardly a boy escaped; now one rarely hears of a case. This he says is due to the care taken by parents to prevent their children bathing in fresh water pools or in the river. The District Surgeon, Mount Ayliff,

reports that there have been cases of Bilharzia disease, but none belonged to the District. Two or three years ago a whole family who had come from Pondoland came up for treatment for the complaint: there were ova in the urine in large numbers. The District Surgeon, Port St. Johns, says "cases of Bilharzia are frequently seen, though up to the present the parasite does not appear to be endemic. Most of those seen have been European males and with rare exceptions all Cape Mounted Riflemen. Of late years the disease has travelled from King William's Town, where it is present, up to Lusikisiki where many now become infected. It seems probable that the infection was brought to Lusikisiki by men who had lived in King William's Town. Those actually infected at Lusikisiki believed they had become so by bathing in a pool that is supplied with water by a lead from the water furrow that supplies the village. As to the number affected, various accounts put the proportion at about one-fourth or one-sixth of the total number of men of the C.M.R. Camp. It is a curious fact that of the many cases seen during the last few years no instance of a woman being infected has occurred and only two were boys under 14 years, who had contracted the disease in King William's Town, presumably by bathing in the Buffalo River." In connection with this account, the report of the District Surgeon, Lusikisiki, may be quoted. "Bilharzia is very common. It affects all races and classes. The drinking water obtained from the furrow and the stagnant pools in the river bed used for bathing purposes undoubtedly convey the disease." It is also interesting to note that the District Surgeon of Willowvale reports that the natives call the disease "water-sickness."

It will be observed that, in the majority of instances given, the rivers are affected not far from the coast; for example, at Port Elizabeth, Uitenhage, King William's Town, Port St. John's and Lusikisiki. It should also be noted that only particular portions of the rivers, generally pools, are credited with conveying the disease. At King William's Town the water of the Buffalo River is the source of the town drinking supply, but the bathing pools are below the intake; and the same applies to the case of Lusikisiki.

This is undoubtedly a disease which deserves some investigation for the purpose of ascertaining the exact manner in which it is conveyed. The discovery of and the means of destroying the intermediary host inhabiting these pools, in which a stage of the life-cycle of the parasite is passed, should result from such an inquiry. Unfortunately, the means at the disposal of this Department are not sufficient to undertake this work, which obviously must be carried out at the places where infection actually occurs. Although the disease is not usually fatal, the distress which it causes renders it one for which reliable measure of prevention should be persistently sought.

PORT HEALTH ADMINISTRATION.

During the year the Port Health Administration worked smoothly and effectively. Particulars of the work done will be found in a series of tables on Page 222.

2,657 vessels were dealt with at the different Ports, 2,235 of these being granted pratique by the Port Health Officers in person and 422 by the Port Officer in his absence. 1,572 of the vessels carried passengers, the remainder being cargo boats. The largest

number dealt with was at Cape Town, where 963 vessels arrived; 517 and 473 were dealt with at Port Elizabeth and East London respectively.

387 cases of infectious disease were dealt with, of these 33 occurred on shore and the remainder on board of vessels, of which there were 91 affected. 123 of these cases were Europeans, 79 Coloured and 185 Asiatics. Of those on ship board 138 were landed, 207 were carried on and 9 died. The most important of the diseases were Enteric Fever, Small-pox, Diphtheria and Beri-beri. Of these cases of infectious disease, 336 were dealt with at Cape Town, and involved 72 vessels.

During the year, the Port Health Officers performed 2,081 vaccinations of persons arriving at the Ports, 2,015 of these being at Cape Town, mostly in Natives brought from German South West Africa where Small-pox was prevalent.

8,175 rodents were destroyed, all being rats with the exception of 153 mice. 2,329 of these were destroyed on board of vessels and 5,846 in the Port areas. 429 vessels were specially searched for evidences of sickness among the rodents on board.

There are now wholtime Port Health Officers at Cape Town, Port Elizabeth and East London, and, speaking generally, the work is being well and thoroughly carried out, as will be seen by the number of vessels which are boarded personally by the Port Health Officers. A thorough and firm administration in this branch of Public Health work is essential for the protection of the Colony against the importation of infectious disease from abroad, and especially for preventing the importation of plague by infected rodents.

SANITATION OF PUBLIC INSTITUTIONS AND BUILDINGS.

In the course of this report I have had of necessity to comment on matters of Local public health and sanitation; it is, therefore, only equitable that I should also draw attention to the shortcomings of many of the Government institutions, in the hope that the earliest opportunity may be taken that the finances of the Colony will admit of, to deal with some, at least, of the more important defects. Examples of the unsatisfactory sanitary state of Government institutions are frequently coming to my notice, and, judging by these instances, I cannot but think that if an inquiry were undertaken with the view to ascertaining the general condition of such institutions it would be found that the requirements of public health are being to a very great extent neglected. To take a few instances. On Robben Island for many years past there has been an urgent need for the introduction of a proper drainage system. In the Male Lunatic Asylum the state of things in this connection is extremely bad; year after year cases of Typhoid Fever occur among attendants, inmates and others connected with this portion of the Robben Island establishment, which admit of no doubt as to their cause lying in the faulty sanitary arrangements. At Tokai the deficient water supply and the unsatisfactory manner of dealing with nightsoil and slopwater has for years past been a matter of public reproach. Quite recently an increased and better water supply has been provided, but a large part of the drainage of the institution still finds its way into the Prins Kasteel River, the water of which is drunk by the numerous families living along its course below the institution. At Fort Beaufort Asylum a very serious outbreak of Typhoid Fever

occurred in November, 1906. The inquiry which in consequence was carried out by this Department through the Assistant Medical Officer of Health disclosed the fact that the sanitation of the Asylum was, in many respects, unsatisfactory, part of its water supply was suspicious, its manner of disposing of its slopwater bad, and the buildings themselves unsuitable in several important respects. With regard to the condition of many of the Penal Establishments, much requires to be done to put them into a condition such as would be considered suitable by a vigilant local authority if they were private property. The unsatisfactory condition of the Old Somerset Hospital I need not allude to, as this is fully recognised, and it is the intention, as soon as funds are available, to erect the Alexandra Hospital at Oude Moelen to replace it. The condition, however, of the Grahamstown Chronic Sick Hospital is even more unsatisfactory, and here there appears to be but little hope of improvement. Also, I have reason to believe that, in the case of many Government offices and official quarters, the sanitary condition is bad.

This matter has, I think, received the anxious consideration of the Public Works Department, and more especially of the Chief Engineer, who I am sure will bear me out in the statements I have made.

SCHOOL HYGIENE.

Some attention has been given by the Department to the matter of School Hygiene, but not as much as is desirable, owing to the limited staff and the ever increasing amount of work from other quarters. We have, however, from time to time advised the Department of Education on matters affecting the health of scholars and the sanitation of schools that have come to our notice during the ordinary course of our work. This Department has also been requested by certain School Boards to arrange for the regular medical examination of scholars attending the schools under their administration, but obviously, such a task has been quite beyond our powers. There is no doubt, however, that the whole subject of School Hygiene is one which should, as soon as possible, receive recognised systematic treatment at the hands of the Government, and its supervision should be one of the duties which I think should be placed upon the Health Department as portion of its regular work; means, of course, being given it for the purpose.

Years ago there was practically no systematic control of the health and sanitation of Convict Stations and Prisons, until the duty was placed upon the Medical Officer of Health for the Colony, who was appointed Medical Adviser to the Convict Department, and since then all matters relating to the health of Prisoners and the sanitation of Prisons are referred to this Department for advice, and the Medical Officer of Health is empowered to enter at all times any Convict Station or Prison, and it is his duty whenever possible to inspect them and to report on their condition, and furthermore, he makes an annual report upon the subject for inclusion in the Annual Report on Convict Stations and Prisons presented to Parliament, and I think I am justified in stating that, in this manner, it has been possible to render valuable assistance to the Department of Convict Stations and Prisons. There seems to be no reason why a similar system might not advantageously be adopted in connection with the Department of Education without in any way interfering with its more important educational administration.

CONFERENCE OF PRINCIPAL MEDICAL OFFICERS OF HEALTH OF
THE SOUTH AFRICAN COLONIES.

It is with pleasure that I record that, in November, 1906, a most important Conference of the Principal Medical Officers of Health for the different South African Colonies was, on the invitation of Cape Colony, held at Cape Town, at which it was my privilege to preside. This was the first Conference of the kind and it is to be hoped that it will lead to the institution of a permanent Inter-Colonial Board for dealing with the many vital questions of Public Health affecting the interests of more than one Colony; indeed a recommendation to this effect formed one of the most important proposals contained in the Report of the Conference, and I anticipate that the other Governments will, as the Cape Government has done, concur in the suggestion.

The Conference dealt with a number of questions affecting the joint interests of the several Colonies, but inasmuch as its Report has already been presented to Parliament, it is unnecessary for me to deal here with them in detail. I have, however, already alluded to its recommendations on the subject of Tuberculosis.

THE PUBLIC HEALTH LABORATORY.

On Pages 223 to 226 of the Annexures will be found a Report by Dr. G. W. Robertson, the Bacteriological Assistant in charge of the Public Health Laboratory of this Department, which furnishes information regarding the large volume of work performed by the Laboratory during the year. The work of this section of the Office is steadily increasing and its importance is becoming more and more recognised by the Medical Profession throughout the Colony, who are daily seeking its assistance to a greater extent. Apart, however, from the services rendered to the general practitioner, the Laboratory is an indispensable adjunct in the Government administration of the Public Health of the Colony, most branches of which it would be impossible to properly carry on without it.

During the year the Laboratory maintained its series of inoculated rabbits for the anti-rabic inoculation of human beings should this be needed, but this year we were not called upon to treat anyone. It is possible, however, sooner or later that the disease will break out among animals in this Colony, seeing that it still steadily continues in Rhodesia.

A considerable amount of work is undertaken in the Laboratory in connection with Leprosy, the examination of Leprotic material and, to some extent, in original research into the disease. This last matter I have already alluded to when dealing in this Report with the subject of Leprosy.

Also, year in, year out, a large amount of medico-legal work is carried out.

In the domain of pure Public Health, many drinking waters have been bacteriologically examined and also a considerable number of sewage effluents. All these matters are routine ones and do not call for any special comment from me.

The Testing of Disinfectants.

But I would allude more fully to one matter which, during the year 1906, occupied the attention of the Department and entailed a considerable amount of investigation on the part of the Laboratory; that is, the testing of the germicidal power of dis-

infectants. On this subject will be found a special report of much value prepared jointly by Dr. Robertson and Mr. Severn, the Chemical Assistant.

The question of devising an accurate means of ascertaining the germicidal power of a disinfectant has for long occupied the attention of this Department, as it has, indeed, been occupying chemists and sanitarians in England and elsewhere. But although we find evidence of the use of disinfectants as far back in history as the Book of Numbers,* when the burning of incense between the dead and the living was ordered by Moses for the purpose of staying the Plague, it is only within the last year or two that any method was discovered, and this largely to the labours of Messrs. Rideal and Walker, for ascertaining and expressing the relative germicidal values of different disinfectants, and even at this moment the methods of testing the values of disinfectant powders and disinfectant gases is very incomplete.

During the year, the Laboratory continued this work, of the testing of disinfectants, but now paying special attention to disinfectant powders, and on pages 230 and 231 of the Annexures will be found a table giving the relative values in terms of a 15 per cent. Carbolic Acid powder,—this being taken by the observers as unity,—of a large number of different well known powders. From this it will be seen that none of the powders on the market, so far examined, exceed in germicidal strength a third of the strength of pure carbolic acid, while the majority of them do not exceed one quarter of that strength. But even this power is largely one only obtainable in the Laboratory, the whole strength of the disinfectant not being usually evolved in actual practice. For some purposes of disinfection a liquid disinfectant is not admissible and the use of a powder is a necessity, but it cannot be too strongly impressed on the public that as a means of reliable disinfection, even the best disinfectant powder manufactured is of little real value, its main virtue, if it has any, being that of a deodorant.

The effect of having at our disposal definite means of testing the germicidal power of disinfectants has been, on the one hand, to enable the Government to call for tenders for the supply of disinfectants for the public service on the basis that they must conform to a stated Carbolic Acid coefficient, and it has thus become possible to decide fairly accurately and at once as to the cheapest and best tender and this again has led to a very material reduction in the tendered prices; while, on the other hand, it has enabled the Government to accurately lay down the quantities in which the disinfectant supplied should be employed in the different services, thereby preventing waste and leading to a considerable saving in the issues. In the latter connection, acting on the advice of this Department, the Convict Branch now sends out with issues of disinfectants a cheap tin measure of a proper capacity to enable accurate solutions of the disinfectant to be made of strengths suitable for the different purposes for which it is required. The effect of the adoption by this Government of a definite standard of comparison is also seen in the new Customs Tariff which came into force during 1906, under which disinfectants of a strength not less than that of Pure Carbolic Acid are admitted at a 3 per cent. duty, whereas any of a power below that are charged a duty of 15 per cent. *ad valorem*.

In their efforts to secure a market, manufacturers have of recent years largely devoted their attention to producing disinfectants of ever-increasing germicidal strength, and these results have been principally manifested in the case of those disinfectants dependant for their germicidal qualities on tar derivatives, so that a disinfectant that has not a germicidal value of 10 or 12 times the strength of Pure Carbolic Acid is now by many considered to be out of the running. The Laboratory germicidal power of a disinfectant is, however, not the only feature requiring consideration; indeed, after a certain point an increase of strength is not of much practical value, unless it be of sufficient extent to enable in practice a more dilute working solution to be used. For example, a disinfectant which can be employed at a dilution of 1 in 450 leads to little actual saving in use as compared with one to be employed in a solution of 1 in 400, because the former solution is too inconvenient in practice to be carried out. But of more importance than mere strength are such questions as the miscibility of the disinfectant not only with plain water, but with sea and hard waters; the permanent evenness of composition throughout its bulk after standing, the rapidity and completeness with which its germicidal power is evolved in the presence of organic and mineral matters, its non-poisonous character, its non-corrosiveness and its odour. All these are, however, matters which require a good deal more investigation to be carried out before any effective comparative test of the qualities of a disinfectant as a whole can be devised.

THE STAFF.

In closing this Report, it is my pleasing duty to gratefully record the amount and the quality of the work performed by the Staff, and more especially to place on record the zeal with which all the members of this Office have not only performed those duties which the Service could justly claim of them, but have, often at considerable inconvenience to themselves, willingly worked long beyond the regulation hours appointed for the Service. This is the more noteworthy as, individually, the officers themselves have nothing personally to gain from the extra work they put in; much of it, indeed, is known only to myself and to themselves. In saying this I am mindful of the idea so widely entertained by the public as to the extreme lightness and ease of the work of the Civil Servant. Generally speaking, this has not been my experience of the Service, and so far as this Office is concerned I should not, as a private employer, dare to demand of my assistants, without giving due remuneration, the large amount of extra work which this Staff is constantly called upon to perform.

I must also record the valuable work performed by the technical Staff, Dr. J. A. Mitchell, Assistant Medical Officer of the Colony, Dr. G. W. Robertson, the Bacteriological Assistant, Dr. E. N. Thornton, the Additional Medical Officer, and Mr. W. D. Severn, the Chemical Assistant.

I have the honour to be,

Sir,

Your obedient servant,

A. JOHN GREGORY,

Medical Officer of Health for the Colony.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE COLONY.

ANNEXURE "A."

SUMMARY OF THE ANNUAL REPORTS OF DISTRICT SURGEONS AND ADDITIONAL DISTRICT SURGEONS UPON PUBLIC HEALTH AND SANITATION OF THEIR SEVERAL DISTRICTS DURING THE YEAR 1906.

Extract from Circular instructions dated 12th December, 1906, calling for Annual Health Reports:—

The following are the matters which, *inter alia*, the District Surgeon should treat of, and in reporting on any sanitary defects that exist and their remedy, he should state the length of time they have continued and the steps, if any, taken by the Local Authority concerned to remove them.

- (a) The condition of the water supplies, especially as regards their purity both at source and on delivery, their sufficiency, the existence of any causes likely to lead to pollution, either at source or during storage or delivery, and the steps which should be taken for bringing about improvement.
- (b) Sewerage and drainage.
- (c) The collection and disposal of night-soil, slop-water and household and other refuse.
- (d) Overcrowded dwellings and dwellings unfit for human habitation.
- (e) Slaughter-houses and public abattoirs, butcheries, bakeries, dairies and the carrying on of other trades affecting health.
- (f) The sale, storage and preparation of human food.
- (g) The keeping of cattle, swine and other animals.
- (h) The order, cleanliness, water supply and general sanitation of any Native Location or Camp of Natives under the control of any Local or other Authority within the district.
- (i) Cemeteries and burial grounds.
- (k) The abatement of nuisances generally.
- (l) What hospital accommodation exists in the district for the isolation and treatment of cases of infectious disease, its nature, extent, and to what local authority it belongs.
- (m) The presence or spread of infectious disease, especially Enteric Fever, Diphtheria, Small-pox and other epidemic disease of importance. The account of any outbreak should include information as to its situation; dates of its discovery and commencement, and of the discovery and discharge of the last case; source of infection and how conveyed; number of persons attacked, with the number of deaths (distinguishing as far as possible between European and Coloured, adults and children), and the steps taken, with their effect, to suppress the disease, the isolation of the sick, the surveillance of those exposed to the infection, and under whose authority the steps were taken, *i.e.*, the Divisional Council, Municipality, Village Board, Resident Magistrate, or by any of these combined, and in this connection it should be particularly stated whether the "Local Authority" has, in the District Surgeon's opinion, done all things necessary or possible for preventing or suppressing such outbreaks, and, if not, in what respect omissions have occurred.

With regard to outbreaks of Small-pox, the cases should be classified into prevaccinated and unvaccinated, with the number of deaths in each class. Where vaccinated cases have occurred, it should be stated whether the operation was done prior to the exposure to infection or not, and also, if possible, the degree of success accompanying the operation. Information should also be furnished as to the steps taken for carrying out vaccination and re-vaccination, with their effect on the outbreak.

With regard to vaccination, it is requested that the fullest account of the amount of success that has been obtained in the performance of the operation should be given.

Also in the case of outbreaks of Enteric Fever the probable cause of the outbreak, especially with reference to contaminated water, milk or food supplies, should be discussed.

- (n) It is particularly desired that the District Surgeon will be good enough to furnish his views and any facts obtainable regarding the occurrence of the following diseases in his district:—
- (1) Tuberculosis.—The extent to which it prevails; the races and classes principally affected; the forms in which it chiefly manifests itself (*i.e.*, Pulmonary, Miliary, Glandular, etc.); is it increasing; the causes of its increase; the means by which it can be most effectually combated.
 - (2) Syphilis.—To what extent does it occur in the district; what races and classes are principally affected; in what stage of the disease is it chiefly met with; in what way is it usually spread; have you any knowledge of it being conveyed commensally from Coloured to European; what measures are in operation locally for its suppression; are they effective; if not, what modifications do you suggest?
 - (3) Malta, Mediterranean or Undulatory Fever.—Is this disease met with in your district? If so, have you had your diagnosis confirmed by the agglutination test? If it exists, to what extent and what are the sources of infection? Is goat's milk consumed by the community, and have you traced any connection between this and the occurrence of the disease?
 - (4) Does Bilharzia Hæmatobia occur in your district; if so, to what extent and among what classes; what is the assigned cause; are any particular ponds or water-courses credited with conveying the disease?

Information is also desired regarding any special prevalence, and its cause, of any of the more unusual diseases, such as Scurvy, Epidemic Pneumonia, and the like, and on any health matter of interest or importance not included under any of the above heads.

COLONY PROPER.

ABERDEEN.—DR. H. C. BEDFORD, DISTRICT SURGEON.

Water-supply unchanged. Rainfall during year 19.38 inches. River frequently flooded; intake dam more often flushed than in previous years, so that there has been no accumulation of *slijk*, which is generally the cause of water becoming impure during summer months. A proper sanitary van for night-soil removals has been obtained, and a shed for keeping spare pails and for cleansing and disinfecting pails has been erected. Sale, storage and preparation of human food properly conducted. Births, 161 Europeans, and 196 Coloured, as compared with 165 European and 162 Coloured for 1905. Deaths, 53 Europeans and 114 Coloured, as compared with 40 Europeans and 74 Coloured in 1905. Diarrhœa and Gastro-Enteritis caused 17 deaths; Measles, 18; Typhoid Fever, 6; Inflammation of the Lungs and Bronchitis, 28.

Eighteen cases of Typhoid Fever notified during the year. No Small-pox. One case of Diphtheria. Measles appeared in December, 1905, and spread, continuing up to September, 1906; disease of severe type; only 18 deaths registered; no doubt number of deaths registered as caused by Inflammation of the Lungs and Bronchitis—28 in all and about double the number registered in 1904 and 1905—were secondary to this disease.

Lay Vaccinator appointed last quarter of 1905 to make farm-to-farm vaccination; 2,109 persons vaccinated at cost of 6½d. each.

Tuberculosis, chiefly pulmonary, met with; not considered as prevalent as some years ago; chiefly found among the Coloured people; 3 uncertified European deaths registered in 1906.

Syphilis not greatly on increase; only few cases seen, as Coloured people unwilling to consult District Surgeon; some years back considerable number of Coloured population examined; about 4½ per cent. found suffering from Syphilis, mostly in a mild form; disease prevalent among Bushmen and Hottentots, next among Kafirs and last among Coloured; no doubt it is frequently conveyed to European children, especially infants, by Coloured nurses; nurses when feeding children frequently place the spoon in their mouths to cool or see if the food is

sufficiently cool to feed the child with, and in this manner convey the disease; it is supposed all medical men who have been any time in practice must have come across cases where the unfortunate mothers have in turn been inoculated with disease on their breasts; practically nothing done to suppress disease; only severe cases come under notice, which frequently lapse before cure completed.

Cases of fever running a very irregular course seen from time to time, but in no instance has the agglutination test for Malta Fever been applied.

ADELAIDE.—DR. CHAS. T. HOLMES, DISTRICT SURGEON.

Water-supply very unsatisfactory; taken direct from Koonap River, which is liable to pollution above intake; is unfiltered and unsafe for domestic purposes unless strained and boiled.

No drainage system, night-soil disposed of in cesspits, no system of removing slop-water and refuse. An area of town called "The Block," has many overcrowded dwellings, and some unfit for human habitation.

Four slaughter-houses, miserable shanties, the interior walls and floors being composed of mud and dung; during wet weather condition of each shanty is deplorable; half of each occupied by Coloured people; no water-supply.

Location fairly clean; water-supply from large dam liable to contamination by human excrement deposited on veld; no latrines.

Thirty-eight notifications of Enteric Fever with 9 deaths during year; also 5 cases of Diphtheria, with 3 deaths. District fairly free from Syphilis; 452 vaccinations during year.

Principal sanitary needs of town are filtration of water-supply, the pail system for night-soil and a public abattoir.

ALBANY.—DR. J. B. GREATHEAD, DISTRICT SURGEON.

Water-supply plentiful and wholesome owing to good rain and ample provision for storage (227,000,000 gallons); the addition of filter-beds at Slaai Kraal urgently needed; no sewerage system, nor any practicable; there is room for improvement in present bucket system; night-soil and slop-water removed by licensed carts under Municipal control.

Twenty-nine notifications of Enteric Fever in Grahamstown; no case has occurred within the Albany Hospital; this may be due to the fact that Enteric cases are now treated in the Victoria Fever Hospital. Eight notifications of Diphtheria. One case of Scarlatina. Two Native Lepers were dealt with; no provision as yet for the housing of such cases whilst awaiting removal to asylum. Measles in mild form appeared in some schools towards the close of year. Public vaccinations held at usual centres and weekly at District Surgeon's surgery; attendance of both Europeans and Natives unsatisfactory.

One hundred and two cases of Tuberculosis notified during year, of which 73 were Coloured; majority were pulmonary; the fact that of 142 cases of notifiable diseases for the year, 102 were of Tuberculosis, speaks for itself; the most efficient check is to educate the lower classes regarding the nature of the disease and enforce more stringent measures for prevention and disinfection.

Few cases of Syphilis seen during the year; and whereas some fifteen years ago it was not an uncommon occurrence for European children to contract the disease in a secondary form from Native nurses or playmates, it is now seldom heard of; both Europeans and Natives seem to have a better knowledge of disease and the necessity for its prompt treatment.

One case of Malta Fever seen during year in a visitor from the Orange River Colony. Bilharzia Hæmatobia not endemic; occasional cases met with from other districts such as King William's Town, East London and Uitenhage. Death-rate among Native children under five years has been unusually large owing, it is suggested, to Gastro-Enteritis.

ALBERT.—DR. J. T. BOLGER, DISTRICT SURGEON.

Rainfall up to September very small, and the water question became accentuated; a windmill which had been erected proved insufficient, and Municipality

purchased an oil engine which provided a supply which obviated any great hardship; without a succession of good rainy years water question will become very serious. My remarks of previous years regarding purity and the straining of the water still hold good.

Stormwater at upper end of the dorp is still a recurring difficulty; the trench cut in the high-lying ground has done much to reduce the annoyance. The perfunctory cleansing of night-soil pails still practised; no improvement likely, the increased cost of a more satisfactory system being a stumbling-block. In special cases, *e.g.*, Typhoid, better arrangements made, special pails being issued and presumably special precautions taken.

No overcrowding, nor any houses unfit for human habitation. A good many cattle kept in the dorp; Sanitary Inspector always reports favourably on state of the various yards.

Native Location not clean or in good order, being littered with all kinds of rubbish.

Cemeteries and Burial-grounds.—See remarks of previous years.

No hospital accommodation exists. A few cases of Typhoid occurred during year and many cases of Whooping Cough; cause of the former not ascertained; two deaths.

Tuberculosis common among Natives; during the year 19 deaths, 6 Europeans and 13 Natives, registered as due to Consumption; one of the former was an imported case.

Syphilis not very prevalent; some cases known in white people almost certainly due to accidental inoculation of children by coloured nurse girls. U.D. Hospital has not existed for some years past, so that treatment of Coloured cases impossible, as outdoor treatment of Natives is a farce.

Three hundred and eighty-one births reported and 201 deaths during the year. Vaccination done only in dorp; percentage of successes very high.

VENTERSTAD.—DR. ALBERT P. COATES, ADDITIONAL DISTRICT SURGEON.
DISTRICT SURGEON.

Water-supply good and sufficient during year; new reservoir completed; oil-driven pumping engine, for use in case of necessity, installed.

No drainage system; night-soil and refuse properly removed by Municipality; no slop-water removal system yet instituted. No overcrowded or unfit dwellings. Two small Locations fairly clean, but houses rather too crowded; water-supply from town hydrants. Cemeteries well kept, but bear evidence of past neglect. Small one-roomed wood and iron isolation building owned by Municipal Council. Local Authority looks after area very well.

One case of infectious disease—Enteric Fever—reported during year; source of infection not ascertained. Practically no vaccinations, there can scarcely be a worse vaccinated district in whole Colony. About 12 cases of Phthisis in town and Location, and about as many more in the Sub-District; about 90 per cent. of cases are in Natives, mainly of domestic servant class; chief cause is direct infection favoured by sleeping in badly-ventilated houses.

Syphilis more common than generally supposed; chiefly amongst Natives, spread by direct contagion. In one instance three white children and their father and mother took it from a Native nurse-girl. Practically nothing done locally to combat disease; provision made by Government for free treatment of poor people by District Surgeon should be made more generally known.

ALEXANDRIA.—DR. P. B. GRENFELL, DISTRICT SURGEON.

Drinking water collected in galvanised iron or underground tanks. The wells and dams which exist in village not much used for drinking purposes, except by coloured people. Plentiful rainfall during year. A bore-hole in gaol yard yields large supply of slightly brackish water. No system of night-soil disposal; cess-pools in use, rubbish burned or buried. No overcrowding. Sheep still slaughtered right in centre of village. There is one Butcher's shop, refuse from which buried in yard; the sheep kraal is also on the main street next to the shop. The stench from the refuse holes in this yard and from kraal is at times very bad. It is imperative that all killing and cleansing of slaughtered animals

be conducted outside village. Pigs are frequently killed in village. Meat trade conditions satisfactory, except that post-cart contract is in the hands of the butcher whose stables are at back of butchery; as strange horses often in stables, it would be possible, unless great cleanliness were observed, to carry infected material from an infected horse to the meat. Cattle are kept in yards adjoining residences, and the stench from some of these places very offensive at times. Swine are also kept in village, and are a source of great danger to health. No Native Location. The Cemeteries are in good order. No abatement of nuisances during the year. The Kafir hut built a little way out of the village now in very bad repair, and practically useless for isolation purposes. No notifiable infectious diseases during the year. A mild epidemic of measles among Kafirs was reported. Chicken-pox was very rife among children of all classes. Vaccination tour through the District carried out; fair number vaccinated. Very little Phthisis among Europeans, but disease very prevalent amongst Kafirs and Hottentots, and with practically always fatal results; causes considered to be: (1) ignorance of cause of disease and of the means of infection, (2) their mode of living, and particularly their mode of sleeping with the head under a blanket in a hut full of smoke. Disease should be notifiable, and pamphlets printed in English, Dutch and Kafir giving a short *resume* of the cause of the infection of Phthisis. These pamphlets should be distributed freely among the farmers. High death-rate amongst children suffering from Pertussis is either due to Broncho-pneumonia or Miliary Tuberculosis. Phthisis, most frequently of Pulmonary type, which, luckily for the Natives, runs a very acute course. Syphilis occurs among the Hottentots; cases frequently seen of infection of children living in same hut with a Syphilitic; most of the cases seen contracted innocently, as also more than one case of its conveyance by this means from a coloured person to a European. The C.D. Hospital is closed, but during year, with the help of the Resident Magistrate several cases of Syphilis treated in the Hospital. The Police are always on the lookout for cases, and these are always placed under compulsory treatment. The Contagious Diseases Hospital should be always available when required. Occasionally a case of Bilharzia Hæmatobia is seen, and around Alicedale it is reported that bathing in certain pools of the Bushman's River gives this disease.

The Bushman's River is one of the boundaries of this District, and very rarely is a case of Bilharzia seen, so it can be taken that this river is not as a whole infected by the Distomum. The general health of the District has been exceedingly good. Regarding village, District Surgeon recommends: (1) That the Village Management Board ought to be in better working order, and appoint a Medical Officer of Health and a Sanitary Inspector. (2) Cess-pits be abolished and tubs established. (3) Slaughtering of animals in village be discontinued. (4) Refuse of slaughtered animals be buried outside village. (5) Cattle, sheep and pigs not to be kept in close proximity to any dwelling-house or Church. (6) The post-cart stables be removed from the back of the Butcher's shop.

ALIWAL NORTH.—DR. FRED FULSS, DISTRICT SURGEON.

No change in water-supply. Drinking water derived from tanks. Water from Orange River only used for gardening and rough domestic purposes; question of filtering it being considered by Town Council. Drainage unaltered. Sanitary removal system same as last year; improvements mentioned in last Annual Report efficiently maintained. No overcrowded dwellings. Number of houses occupied by coloured people increasing; two areas already inhabited by coloured people only, and if allowed to dump themselves down anywhere in heart of town the result will be a serious menace to health of the white community especially should an epidemic arise. A small Isolation Hospital has been erected but not yet used. There were 25 notifications of Enteric Fever, as against 14 registered last year; source of infection undoubtedly tank water. The first water falling on the roofs should be allowed to flow away; tanks should be covered, and cleaned periodically. Infection may be left behind by the numerous trekking Natives passing through the town. Ten cases of Scarlet Fever, all mild. Three cases of Diphtheria. No vaccinations in District. Fifty-three children were vaccinated in the Locations. Tuberculosis considerably on the increase, especially amongst coloured people, mostly Pulmonary and Glandular. Cases are mostly in Natives passing through the town. Glandular form is fairly common amongst the poorer classes of whites; causes of increase are indiscriminate ex-

peccoration, overcrowding and want of proper nourishment. People have not yet properly grasped fact that consumption is infectious and contagious. Syphilis not very prevalent, and found mostly amongst the low Hottentot and Bastard class; generally met with in the secondary stage, and usually spread by direct contact. Treatment of pauper cases under C.D. Act very unsatisfactory as they usually lapse from treatment long before a permanent cure is effected. A proper Lock Hospital should be built where patients could be isolated and kept till permanently cured.

Deaths registered during year: European 26, coloured 97, as compared with Europeans 33, and coloured 125 for 1905. Births: European 109, coloured 157, as compared with Europeans 68, coloured 101 for 1905. Substantial reduction in death-rate no doubt chiefly due to improved sanitary arrangements now obtaining in the town. The Town Council can justly be congratulated as in one year the death-rate has been lowered from 20.64 to 16.07 per thousand. Birth-rate shows a material increase—especially among white population.

Rainfall for 1906: 22.39 inches, as compared with 15.54 inches in 1905.

LADY GREY.—DR. H. R. FORSTER TOWNE, ADDITIONAL DISTRICT SURGEON.

Water-supply very inadequate and unsatisfactory; no progress made with proposed new reservoir. Sanitary removal system unchanged. No overcrowded or unfit dwellings. Location badly situated, but fairly clean. Council do their best to suppress nuisances, but are hampered by lack of funds.

Tuberculosis practically non-existent; only one case known to exist, and it is imported. Syphilis not prevalent to any serious extent; no cases treated under C.D. Act. There have been a few isolated cases of Enteric Fever and of Diphtheria, also one case of Small-pox on farm Haleyo, source of infection not traced. Public vaccination notices ignored, law not enforced, many unvaccinated children both in town and district. Council own a small isolation building near night-soil depositing site, out of repair and useless.

JAMESTOWN.—DR. L. COETZEE, ADDITIONAL DISTRICT SURGEON

Water-supply derived from wells; it may be polluted by the water closets which are of earth. These are, however, rapidly being replaced by buckets, otherwise the water-supply is pure and sufficient. Drainage and sanitary removal system good. No overcrowding or unfit dwellings. Trades affecting health well-conducted. No cases of any infectious disease during year. So far as has been ascertained there have been no cases of Tuberculosis in the District. District Surgeon informed on good authority that there is usually an epidemic of Pneumonia during August. Sporadic cases have occurred during his residence, which is little more than a month.

BARKLY EAST.—DR. A. R. A. WILHELM, DISTRICT SURGEON.

No change in water-supply or sanitary condition except that from beginning of year 1907 removal of night-soil, slop-water, household and other refuse has been undertaken by the Municipality, a special rate being levied. During 1906 five cases of Enteric Fever notified in the rural area, and two in the town. In only one instance was there more than one case in the same household. One case of Scarlet Fever occurred in town, and two of Diphtheria. Phthisis not common amongst South Africans in District, but in one instance the infection was contracted from an imported case. Most of the cases that come under notice are in persons who have come to the District in the hope that the climate will cure them. Other forms of Tuberculosis unknown. Syphilis not prevalent for the last 12 years; previous to this it spread from Europeans to Natives by contact of European and Native children playing on the same farm. Towards the end of 1906 one primary case seen, and since then several other cases, all in males and contracted from prostitutes. Particular source of infection not traced. No measures for the suppression of the disease in operation locally.

RHODES.—DR. C. W. CALDWELL, ADDITIONAL DISTRICT SURGEON.

No change in water-supply. Animals are slaughtered in Butchers' premises. The Native Location is clean but overcrowded; the Local Authority is having Bye-

laws framed to deal with this. The Local Authority is endeavouring to deal with such nuisances as arise, but the opposition to improvement and reform is great. One case of Scarlet Fever notified, the infection being brought from outside the District. No vaccination carried out in District for years. Few cases of Tuberculosis have come under notice, and these have been pulmonary. A more suitable site has been selected for depositing rubbish, etc., but owing to want of funds and want of appreciation on the part of the inhabitants to improved sanitation, the Local Authority has been unable to get further than the choosing of a site.

BARKLY WEST.—DR. THOMAS EDYGAR JONES, DISTRICT SURGEON.

Water-supply for Barkly West and the River Diggings almost entirely obtained from Vaat River; a rainwater tank or well is the rare exception; water always turbid and grey from suspended matter; during early summer months the river exists, as a rule, as a series of stagnant pools which soon become unpleasant; it would seem an easy and inexpensive matter for Board to make provision to obtain a plentiful supply of well and rain water. Collection and disposal of night-soil under Board's control. Refuse removed by contractor. No provision made for slop-water removal. Slaughtering satisfactorily done some distance from village. Cattle and pigs roam about village. Natives under Board's control located to south-west of village; huts well scattered; large Native Location along the Hartz River seems orderly and clean. Burial grounds orderly and well kept.

No isolation accommodaton. Two cases of Enteric reported to Divisional Council. Rural vaccination tour carried out; 2,000 persons vaccinated, mostly Natives; European population remains practically unvaccinated, particularly in mining area extending from Barkly West to Delport's Hope.

Cases of Tuberculosis seen from time to time in Natives, frequently in those returning from the mines; not difficult to picture, the ease with which dissemination takes place in unventilated, usually crowded, mud-floored huts into which the sun's rays never penetrate; the prospect for the Natives is particularly serious because of their careless habits, their mode of life and their peculiar susceptibility to the most aggravated and acute forms, usually of the pulmonary type.

Various centres in District visited once a quarter for the purpose of examining syphilitics; about 60 cases seen during the year; difficulty experienced in keeping cases under continuous treatment; cases generally seen in tertiary stage, secondaries much less frequently, and primary cases never amongst Natives.

Malta Fever not met with in District, though an imported case seen.
Four cases of Scurvy seen during the year.

KLIPDAM.—DR. E. VAUGHAN JONES, ADDITIONAL DISTRICT SURGEON. ...

No arrangement at present for disposal of night-soil; hitherto householders using the bucket system were allowed to use prison labour on payment, but this has been stopped, and it is now almost impossible to obtain labour for this purpose. Slaughtering done about a mile outside camp. Butcheries and bakery clean and well kept. As regards the keeping of cattle, same grievances exist as last year, but conditions may improve now that camp area has been eliminated from the public diggings. Cemetery in good condition. No Small-pox. One case of Diphtheria. A few cases of Scarlet Fever, all mild. 710 persons, all Natives, vaccinated in Klipdam and District immediately around; not a single white person vaccinated during the year; Europeans have a great antipathy to vaccination; something should be done to enforce vaccination of the European population.

Three cases of Tuberculosis seen among the Natives, with one death.

Syphilis very prevalent among Natives; population being of such a migratory nature few can be brought under treatment; cases under treatment chiefly secondary; some better arrangements should exist for treatment of disease in the primary and secondary stages.

A few cases of what is commonly known as "Camp Fever" seen; symptoms of this disease strongly resemble those described as Undulatory Fever in leading Text Books.

Scurvy is endemic, assuming epidemic proportions between months of November and March, but this year the disease has not been so prevalent as usual.

During the winter months cases of enlargement of the cervical glands frequently seen; no apparent cause; sometimes they suppurred, but under treatment they usually subsided without suppuration; the condition was found in young children under seven.

BATHURST.—DR. CECIL E. JONES PHILLIPSON, DISTRICT SURGEON.

Water-supply derived from rain-water, collected in galvanised iron or underground tanks; cesspools likely to pollute latter have been condemned.

Night-soil removed by Municipal Council; slop-water and refuse buried in gardens. Slaughter-houses, butcheries, and bakeries well kept; no public abattoir.

Two Locations, well kept, little illness in them except Tubercle. Cemeteries well situated; that on West Bank has portion allotted to Port Alfred Asylum, which has become overcrowded. Selection of new portion still under consideration. No cases of Enteric or Small-pox; two cases of Diphtheria. Public vaccinations held in town and district; results most unsatisfactory, despite efforts of all concerned, only 205 being vaccinated. Tuberculosis: Proportion of total deaths caused by this disease is enormous. Population of the District is: Europeans, 2,014; coloured, 8,737; total, 10,751; 224 deaths were registered in 1905 and 181 in 1906; of these 61 and 45 respectively being assigned to Consumption. Bastards and Hottentots are most readily affected, but the robust Kafir also contracts the disease readily. Disease generally of the pulmonary type, but Miliary and Glandular cases are frequently seen. Disease is increasing markedly. Increase considered due to direct infection. Municipality have issued a leaflet, in Kafir, and its directions have been carried out in many instances during the past year. Very little venereal disease: one case of Syphilis treated under C.D. Act. One case of Malta Fever, from Philipolis, and two or three cases of Bilharzia disease from other Districts have come under notice.

BEAUFORT WEST.—DR. A. J. WESTBY, DISTRICT SURGEON.

No change as regards water-supply, sanitary removal system, or overcrowding. Meat, bread, milk and other trades affecting Public Health carried out satisfactorily. Location at lower end of town kept fairly clean, but sanitary condition not satisfactory. Water-supply is from 400-gallon tank at town end; erection of bathing place would be advantageous. Cemeteries well kept. Eight brick rooms outside town used for treating cases of Small-pox, but they cannot be described as "hospital accommodation." C.D. Hospital closed during past year. Three cases Small-pox during year, two pre-vaccinated, one unvaccinated—being last cases of an epidemic lasting almost continuously from 11-5-06. Inspecting Medical Officer sent from Health Department and general vaccination carried out. 2,645 persons vaccinated, 1,263 of these primary. Only 704 Europeans presented themselves. Some 20 defaulters were summoned, but the case fell through. Public vaccination held at 13 centres in District, but only 223 vaccinated; more would no doubt have attended had weather not been inclement. Vaccination is a farce in the town; since March last only 8 persons presented themselves, and of these 6 were over 10. There should be a system of checking vaccinations with the Birth Register entries.

Fifteen cases of Enteric, 4 of Scarlet Fever, and 1 of Diphtheria reported during the year, which is a great improvement on last year. Epidemics of Measles and Whooping Cough also occurred. Tuberculosis greatly on increase amongst coloured population; it also appears among Europeans, but not to same extent. Town was formerly inundated with Phthisical patients from other countries, but this influx has largely ceased.

Syphilis on the increase since the closing of the C.D. Hospital; system of outdoor treatment utterly ineffective; C.D. Hospitals should be established at convenient centres. Primary form seldom seen. Only one case of Malta Fever heard of.

BEDFORD.—DR. R. A. ROSS, DISTRICT SURGEON.

New water scheme practically completed: mountain spring water is conserved in reservoir and distributed to town. It is unfortunate that arrangements could not have been made to enable Municipality to enclose the springs to prevent stock drinking thereat. Water apparently of excellent quality; surplus will be distributed by old furrow.

Night-soil removed fortnightly, on pail system, which answers well. Slops and refuse disposed of by householders themselves, except in case of hotels and the

dairy from which slop-water is removed by contractor. In case of dairy, slop-water is run into an open tank and pumped therefrom for removal, causing, at such times, a very offensive odour in immediate neighbourhood. It would be a great improvement if it were piped to some distance from the town. No unfit or overcrowded dwellings. Slaughter-houses, butcheries and bakeries in good order. Private slaughtering is done in stable yard at one of the hotels, and should be prohibited.

A bye-law regulating kraal sites is now in force. Native Locations show improvements, but there is still much to be desired, especially as regards excrement disposal, but it is difficult to secure the general use of the latrines built for the purpose. Cemetery well kept. Slop-water is dumped by the contractor on the immediate boundary of the town, and causes a serious nuisance.

A severe outbreak of Measles occurred, also a few sporadic cases of Diphtheria. Town has been comparatively free from Typhoid, but two or three serious outbreaks, probably due to polluted water, have occurred on farms. No Small-pox. No vaccination in district, and practically none in town during year. There should be district vaccination tour during coming year and periodical Public Vaccinations in the town.

Tuberculosis, especially of pulmonary type, appears to be on the increase; Natives chiefly effected. District is very free from Syphilis, but three cases occurred on a farm.

BREDASDORP.—DR. H. A. FABER, ACTING DISTRICT SURGEON.

Water-supply is as bad as it ever has been, despite the best natural opportunities. Erection of closets on each plot has been enforced, but result doubtful, as at least some of these are not in a condition to be used, and there is difficulty in getting people to use closets. Animals allowed to run at large, creating general nuisance and danger to health by contamination of water, especially by swine (Tape Worm).

In the fact that Natives and Coloured people have got their most filthy dwellings amidst and between the houses of the white population, lies one of the chief dangers for the Public Health of Bredasdorp.

One of the two cemeteries is occasionally flooded. District has been practically free from infectious disease. Tuberculosis prevails wherever Coloured people crowd together, as in Elim; disease, mostly of the pulmonary type, is in abundance. The precautionary measures that should be taken are the education of the people and the prevention of expectoration, especially on the floors of or around dwellings. Expectoration in public vehicles and public places should be penalised.

BRITSTOWN.—DR. ALEXANDER WATT, ACTING DISTRICT SURGEON.

Present incumbent only been acting since 1st October, 1906.

Health of the Village and District during the year has been fair. Water-supply obtained from a deep well pumped by a windmill and stored in large zinc tanks; is supposed to be pure. Night-soil, slop-water and refuse satisfactorily disposed of by Municipality. No overcrowding amongst white inhabitants, and little amongst Natives. Slaughter-houses, bakeries and food stores properly kept; the keeping of cattle, swine, and other animals near dwelling-houses gives rise to bad smells, especially at night. The Native Location, situated about a mile from the village, is clean; is supervised by Municipality. Cemetery is well kept. Entire absence of nuisance except the keeping of livestock near dwelling-houses. No Fever isolation accommodation. Enteric Fever appeared in the latter half of December. No Small-pox. Twenty-two cases of Syphilis, all in Coloured people, received outdoor treatment. Vaccination performed in the village, and five trips made through district; 359 persons vaccinated, of which about 65 per cent. successful.

DE AAR.—DR. F. C. FITZGERALD, ADDITIONAL DISTRICT SURGEON.

Water-supply.—Since last report the Railway Department have completed a splendid water-supply for the Railway Camp; water obtained from a spring on the farm Carolus Poort, nine miles off; it is understood that there is not yet an

adequate supply; water pure, and no known cause of pollution. Rainfall, 1906, 12.92 inches. Night-soil removed by Municipality twice or three times a week, or oftener when required; slop-water and refuse removed daily by Municipality. No overcrowded dwellings, but some wood-and-iron dwellings are so small as to be scarcely habitable; there is no immediate chance of their being replaced. A Municipal slaughterhouse has been erected and is a great improvement; it is situated on the south side of the town with good drainage and a cement floor, is kept clean, and offal freely removed; there are three separate storage chambers, while all slaughtering is done in open near to which is a plentiful supply of well water for ablution and other purposes. The three butcheries are all fairly well kept, but leave much to be desired. An ice chamber has just been completed here by the Government for the storage of meat and butter whilst awaiting removal. A Municipal Location has now been established; what was termed the "big Location" has now in part been removed, and the remaining houses are in fair condition, and the general surroundings clean; water-supply not yet provided; there are several wells owned by Natives, and water from these is presumably sold. New cemetery laid out; has been inspected by the Assistant Health Officer for the Colony; Proclamation by Government authorising it, is now awaited; up to the present only the Railway Cemetery available; this is now almost full; a scheme is afoot for establishing one large cemetery on Municipal ground to be used generally by the Railway and Municipal Authorities; the new cemetery will include the collection of Native graves mentioned in last report as being not under control and very untidy; the old cemetery is very neat and well kept. Prompt steps are taken by the Local Authority to abate any nuisance.

No isolation Hospital accommodation; cases generally isolated in their own homes, or, in case of Small-pox, in tents; in cases of emergency outside patients are admitted to a Railway Hospital on payment.

Nine cases of Enteric Fever with four deaths; three cases arose in the town or camp, the others were imported. A few cases of Whooping Cough occurred. No Diphtheria. No Small-pox. Sharp outbreak of Measles occurred; nearly all the children in the town and Railway camp contracted it; disease of a mild type; very few deaths. No public vaccination during the year, though there were many private vaccinations.

Tuberculosis apparently on increase amongst Natives; generally pulmonary; deaths, 10 Natives and 4 Europeans; chief cause is promiscuous expectoration in huts by persons suffering from disease, with subsequent inhalation of the infection by others; incipient cases should be treated in a Government hospital or sanatorium.

Very little Syphilis now in District; disease chiefly amongst Hottentot servants, usually in the secondary stage; no special regulations, except that the C.D. Acts are in force.

A few cases of Low Fever, now called Undulatory Fever, occurred in District; diagnosis was not confirmed by the agglutination test; source of infection not known.

Estimated population of District:—Europeans, 1,074; Coloured, 2,197; Total, 3,271. Births registered, 1906:—Europeans, 39; Coloured, 66. Deaths registered:—Europeans, 18; Coloured, 73. Deaths under 1 year:—Europeans, 4; Coloured, 26.

CALEDON.—DR. A. J. ALBERTYN, DISTRICT SURGEON.

Water-supply derived from springs in Swarteberg Mountains; piped to the town; is of good quality, and is throughout protected from pollution; irrigation supply from same source stored in a reservoir containing some 6,000,000 gallons and led to town in open furrows. Sewerage and drainage in a few instances carried out by means of patent pipes; method generally adopted is that of removal by carts; night-soil removed by bucket system and deposited in pits two miles from the village; compulsory fortnightly removal system in operation. Slop-water similarly disposed of. Refuse now removed further away from the north side of the town; this is a great improvement. No serious overcrowding. Three slaughter-houses on outskirts of town; are systematically inspected, but ample scope remains for improvement, as they are anything but sanitary. Management of butcheries and bakeries most unsatisfactory. Swine in isolated instances are kept in backyards—this is an infringement of the Municipal Regulations and should not be tolerated. Genadendal and Beira, the only two Native Locations

in District; are controlled by the Moravian Mission Society, and kept in clean condition; overcrowding is still very prevalent. The two cemeteries are both well below the town; the soil is sandy and drainage excellent. The vault system, which is still in vogue, is to be deprecated. Nuisances generally are abated by prompt action on the part of the Police.

The only isolation accommodation is a small corrugated iron building containing three rooms and a kitchen, situated on outskirts of town.

Not many cases of Enteric Fever or Diphtheria. Small-pox occurred during May and June; first case on farm Donker Hoek, six miles from Caledon, where six cases occurred; subsequently infection spread to the village, and isolated cases were reported from Bot River and Spielman's River; the nine Small-pox cases in the District were unvaccinated; all cases with immediate contacts isolated in the Lazaretto, and population of infected areas thoroughly vaccinated; no deaths occurred.

Tuberculosis undoubtedly on the increase; Coloured population seem the more susceptible; type generally pulmonary; ignorance and overcrowding are the chief causes of spread.

Syphilis occurs largely in the District; Coloured population are more prone to the disease, which is usually spread in the orthodox manner; no measures taken for its suppression. Lazaretto should be reopened for admission of syphilitic

CALVINIA.—DR. J. SMUTS, DISTRICT SURGEON.

No improvement in water-supply. Night-soil removed once a week by Municipality; refuse removed by Municipality at public expense. No provision for slop-water removal, and disposal of same into small backyards is becoming a source of danger to public health. An abattoir under Municipal control recently erected. One small Location about a mile from the village; under Municipal control; water-supply obtained from a well. A C.D. Hospital of four rooms has been built by the Municipality; no other hospital accommodation. A few cases of Enteric with three deaths occurred outside the village; no Small-pox; no vaccination tour held for past ten years; to visit a few centres is useless, and farm-to-farm vaccination is too costly; in village only prisoners vaccinated during the year; about 80 per cent. of the inhabitants of District unvaccinated.

Tuberculosis.—Population, 1891: European, 3,993; Coloured, 6,022. Population, 1904: European, 5,830; Coloured, 5,946. Deaths from Phthisis, 1895 and 1896: European, 3; Coloured, 5. 1905 and 1906: European, 5; Coloured, 35. These figures do not show the full extent to which disease prevails; in many instances in which Pneumonia is stated as the cause of death there is reason to believe that the disease is of tubercular origin. Coloured race principally affected; disease is rapidly on increase among them; one of the indirect causes of the increase is the migration of Coloured people from farms into the village, where they herd together under very insanitary conditions and do little or no work; the remedies are a most stringent Act against vagrancy, and education of the people regarding the infectiousness of consumption.

Syphilis.—Little doubt that it is steadily on increase; Coloured race principally affected; chiefly met with in secondary stage; origin usually non-venereal; out of 100 consecutive cases treated in C.D. Hospital 82 were secondary, 15 tertiary and 3 primary; in 66 of these cases the disease was non-venereal in origin. A considerable number of cases seen where it has been conveyed commensally from Coloured to European.

Death-rate for the District during the year was 17.5 per thousand, or, Europeans, 12, and Coloured, 23 per thousand respectively. Phthisis, Pneumonia and Bronchitis caused 33.5 per cent. of deaths from all causes.

CARNARVON.—DR. LEOPOLD KATZ, DISTRICT SURGEON.

No alteration since last report as regards water-supply, drainage, sanitary removal system, overcrowding and carrying on of trades affecting health. A Municipal Regulation prohibiting the keeping of cattle and swine in village exists, but is never enforced; cows are kept in yards at or near dwelling-houses, entailing risk of pollution of drinking-water. After a heavy rain water remains stag-

nant in one of the main streets for several days; this could easily be remedied. No hospital accommodation; two cases Small-pox occurred, both in unvaccinated persons; only 57 persons were vaccinated in the urban and rural areas; the law regarding vaccination should be strictly enforced and fines devoted to defraying cost of vaccination.

Tuberculosis is increasing, especially among the Coloured race; disease chiefly of the pulmonary and glandular forms.

Syphilis is also increasing; attributable to the opening of the Railway; more Coloured than White people are affected; a really successful treatment cannot be expected as long as the C.D. Hospital is closed.

Pneumonia was rather severe during October and November. 179 births were registered during the year and 126 deaths, of which 11 were due to Consumption.

CATHCART.—DR. G. WHITESIDE ROBERTSON, DISTRICT SURGEON.

Water-supply scantier than usual during first half of year, but quality satisfactory; supply is adequately protected against pollution at source and during storage and delivery; a filter bed is all that is now required to secure an excellent supply. Night-soil is collected on the single bucket system; a tri-weekly service has been established which could be improved upon by a double bucket system. Refuse is satisfactorily removed by the Municipal Contractor; no provision for the removal of slop-water; the removal of slop-water should be the next step taken by the Municipality, but ratepayers have so far discouraged it; soil pollution from slop-water is inimical to health. No flagrant cases of overcrowding except in Native Location. There is no hospital accommodation; a Lazaretto should be provided for Small-pox cases.

During first quarter of 1906, 19 cases of Enteric Fever occurred within the Municipality, three of these, including, as far as could be traced, the first, contracted the disease in the country; cases occurred in five houses in close proximity to the first; one death occurred; water and milk as primary causes were eliminated; contaminated night-soil would seem in all probability to be the important factor.

Outbreaks of Enteric Fever also occurred at Chilton and Fairford, about 23 miles from Cathcart, 7 Europeans and about a dozen Natives being attacked; no steps were taken by the Local Authority to suppress this outbreak.

Five outbreaks of Small-pox occurred—at Cathcart, Cloeteville, Waku and Bellrock—28 cases in all, of which 18 unvaccinated; 2 deaths occurred; public vaccinations were held twice in Cathcart and also at 16 rural centres, 1,919 persons being vaccinated; many European children in the town are unvaccinated.

Tuberculosis is not prevalent; very few cases amongst European population; no knowledge that it is increasing.

Syphilis does not exist to any extent; very few Europeans infected.

There are some cases of Bilharzia *Hæmatobia* here among European boys, but in every case it seems to have been contracted in other districts; by some King William's Town has been said to be responsible; there are no ponds or water-courses here which are thought to convey the disease.

CERES.—DR. G. C. MUNNIK, DISTRICT SURGEON.

Piped water-supply of excellent quality but, owing either to lack of pressure or smallness of pipe, the more elevated parts of the village have not a sufficient supply, so that water has to be taken from the furrows. Night-soil systematically removed and buried outside the town; slop-water is in most cases deposited in the yards; household refuse is generally carried away. Order and cleanliness of the Native Locations satisfactory; the water scheme has been extended to them during the year. There is a small lazaretto for syphilitic cases, but no other isolation accommodation.

Pulmonary Tuberculosis is common among the Coloured population, and is on the increase; the causes of this increase are:—Ignorance of the nature of the disease, promiscuous expectoration, and existence, more or less, in the one-roomed hut; the remedies are: Education of the public as regards the infectious nature of the disease, the prevention of promiscuous expectoration and overcrowding, and the encouragement of general cleanliness.

Syphilis is somewhat rare. Generally speaking the health of the town and District has been excellent during the year.

CLANWILLIAM.—DR. ALFRED A. HAYES, DISTRICT SURGEON.

Water-supply as described in last report except that fence erected by the Military during the War in order to prevent cattle trespassing in the furrow, has been removed; the fence had fallen into disrepair, and the Town Council do not see their way to restoring it. This is a most retrogressive step, and deserves condemnation; have repeatedly advised in these reports what should be done to improve matters, but recommendations have never been acted upon. In matters sanitary Clanwilliam remains where it was fifty years ago; water-pipes are now going to be laid which will bring water from a pure source, which should result in permanent improvement to the health of the community.

No Enteric Fever, Diphtheria or Small-pox, but during latter part of year a severe epidemic of Dysentery occurred; there have been about 12 deaths—2 of European and 10 of Coloured—disease probably due to impure water.

Tuberculosis prevails more or less extensively amongst the Coloured population, but is rare among Europeans. A few cases of Acute Miliary Tuberculosis have occurred; on the whole the disease is on the increase. Syphilis has greatly diminished, owing to the effective manner in which Part II of the Contagious Diseases Act is carried out; some recent cases are known where it has been communicated from Natives to Europeans commensally.

The District may be said to be fairly healthy, but systematic street watering in the town would be a great improvement; after nearly twenty years knowledge of Clanwilliam the District Surgeon has never known it so dirty as it is at present.

COLESBERG.—DR. R. K. TAIT, DISTRICT SURGEON.

Water-supply is good, pure and abundant, and greatly increased by a bore-hole recently sunk by Municipality. The pail system is in use for night-soil removal; slop-water and household and other refuse removed daily by Municipality. The Location is about 300 yards from the lower end of the town; is in good order, very clean and has an abundant water supply from hydrants connected with the town system. No nuisances exist in the town. A two-roomed wood and iron hospital for infectious diseases belongs to Municipality.

Two cases of Typhoid Fever occurred; no Diphtheria or Small-pox; a few cases of Measles occurred.

Neither Tuberculosis nor Syphilis exists to any great extent; the latter disease chiefly affects the Hottentots; is usually met with in the secondary form and results from connexion and also from Natives' habits of playing mouth-organs and smoking one another's pipes. Periodically examinations are made at the Location, and any cases discovered are required to come for treatment; bad cases are sent to the C.D. Hospital.

CRADOCK.—DR. P. C. DE WET, DISTRICT SURGEON.

No additional water-supply; supply from Holstuisbaaken springs has increased since the rains, at times reaching 80,000 gallons a day; Natives fetch their drinking-water from the town, and use river water for washing. Sanitary tubs used for night-soil, a fresh tub thoroughly disinfected and cleansed replacing one used; removals weekly or bi-weekly; work done Departmentally, cost defrayed by sanitary rate, which covers removal of slop-water, etc. Some of the rooms in the yards of town houses, occupied by Natives, are overcrowded; Indian coolies crowd together at the back of their greengrocery stores and are not conspicuous for their cleanliness. Abattoirs fairly managed but have no proper water-supply. Butcheries, bakeries, etc., well conducted; dairies should be licensed and properly supervised and inspected. Location fairly clean; opening up of the north-east portion suggested; the space allotted to each hut is too limited, and there are no cross roads. Native householders should be compelled to report every case of illness to the Inspector. The situation of the Native Cemetery is undesirable owing to proximity of the river.

C.D. Hospital re-opened and a good many cases have been treated during year. Municipal isolation hospital contains three wards accommodating about 40 cases.

Five cases of Enteric Fever reported in the town, one being a Native; one European patient died.

Phthisis caused 15 European and 21 Native deaths during the year; the custom of sending out consumptive patients from England in the last stage of the disease has practically ceased; it was without doubt the immediate origin of the disease amongst Natives owing to reckless expectoration.

Deaths from Bronchitis and Pneumonia, 8 Europeans and 39 Natives; from Gastritis, Enteritis and Gastro-Enteritis, 16 Europeans and 15 Natives. Total deaths: European, 115; Native, 212; total, 327, as compared with 449 in 1905. The population has remained stationary. Births: European, 255; Native, 331; total, 586.

MARAISBURG.—DR. N. POLLOCK, ADDITIONAL DISTRICT SURGEON.

A number of new bore-holes have been sunk in the town. Collection and disposal of slop-water, night-soil and household refuse carried out by the Municipality; the ash heaps have been fenced in and the sanitary cart improved. Last year the Municipality provided two latrines in the Location; the use of these has greatly improved the surrounding veld; some of the Natives are also improving their huts; a Native Constable or Headman residing at the Location is to be desired. There has been one case each of Puerperal Fever, Diphtheria and Enteric Fever, and a few cases of Measles, Whooping Cough and Mumps. Two outbreaks of Small-pox occurred, both amongst Natives in the rural area; six persons in all were attacked; two of the cases—both unvaccinated infants—died; the population of the area was thoroughly vaccinated. Tuberculosis is not prevalent; Syphilis is on the decrease; no further cases of Malta Fever, nor have any cases of Bilharzia disease been met with excepting one case years ago which came from the Uitenhage District.

EAST LONDON.—DR. J. BARCROFT ANDERSON, DISTRICT SURGEON.

Births during the year: European 713, other than European 957. Deaths: European 200, other than European 573. During the seven years 1900-1906 inclusive, the excess of births over deaths has been of Europeans 2,454, and of other than European 1,358. The population is now approximately the same as in the census year, viz.: 20,000 Europeans and 30,000 others. Upon this supposition the birth-rate would exceed the death-rate per thousand for 1906 by 25.65, and the mean excess for the seven years 1900-1906 inclusive would be 17.52. The corresponding figures for the other than European population would be 12.80 and 3.46 respectively. There is thus a marked and increasing vitality of the European race, its excess of net increase by vitality over the other races, having been 1,096 units in the heptade.

The various water-supplies remain unchanged and defective. The supply in the East Bank Municipal mains is now ample, but these mains only supply a part of the area which will be served by the Wolf River scheme. This scheme, sanctioned by Parliament last year, has unfortunately been interrupted owing to the depression and the consequent difficulty of raising loans. According to the estimates, however, with the probable revenue to be derived from the new supply, the rate per gallon to be charged to consumers as a whole will be reduced. At the last meeting of the ratepayers held to deal with this subject the then Mayor proposed that any initial deficit should be met by the sale of land. The construction of a reservoir at the proposed Wolf pipe intake, which represents about one-third of the entire cost of the scheme, is unlikely, in District Surgeon's opinion, to be necessary for some years, as the Wolf River flow is fairly constant, and the Amalinda Reservoir is available here to store the Wolf water in.

Sewerage and drainage remain about the same, unsystematised and incomplete. The disposal of night-soil, slops and refuse remains about the same. There is still no working refuse destructor and no system of sewage purification.

Two of the Municipal slaughter-houses have been leased and utilised during the year: they have been kept from becoming a nuisance by strict supervision on the part of Local Authority. The sale, storage, and preparation of human food is carefully supervised by the Municipal authorities.

The hospital accommodation remains unchanged; there is no provision for Tuberculosis, and no local provision for Leprosy.

Except in the Quigney area of the East London Municipality the District is fairly free from Enteric Fever. The Municipal health officials have been unable to trace its cause in this area, but the District Surgeon inclines to the opinion that the presence and condition of the subsoil water is most likely to prove the determining factor in the case, vlei land having been sold here for building purposes which has never yet been drained, although now extensively built over.

Diphtheria in town, when recognised and treated early with serum, is not a very dangerous disease; when it occurs in the country on farms where it is likely to remain unrecognised, it is more fatal.

One case of Small-pox remaining under treatment from the previous year, together with two of its contacts who developed the disease in January; one case imported by sea from Cape Town in July. 6,500 persons vaccinated during the year; of these only 320 were Europeans. During the past six years only 2,000 vaccinations of Europeans were performed; if the European population six years ago be taken as 20,000, and to this be added their total births since—3,769—the result is 23,769, a figure which represents the total estimated Europeans that could have been vaccinated during that period, of which it is seen that only about 8 per cent. were vaccinated. The vaccination of Europeans will not become effective without further action by the central Government in the matter; the present unvaccinated condition of the European population of the town renders the spread of any chance infection extremely probable. During the same period, chiefly by Lay Vaccinators, 26,682 Natives were vaccinated from amongst a total possible number of Natives of about 35,000, or 76 per cent., which is vaccinating the entire Native population at the rate of once every eight years—a frequency which renders them immune.

Tuberculosis exists among all classes. In Natives it usually commences as pulmonary and ends as abdominal; among them the disease is unquestionably increasing; presumably due to expectoration by infected persons in Native huts; the moist air of the coast probably tends to prolong the infectiveness of the sputum. To combat the disease suggests the teaching of all children in all schools, by means of catechism in the simplest language and illustrated by good and suitable illustrations of elementary information concerning the nature and mode of acquiring the infection of all communicable diseases; secondly the employment in all large Native Locations at the expense of the Natives, of Medical Officers who would be responsible to Government for reporting all cases of Infectious Disease, and for advising the Natives upon isolation and treatment, and thirdly the isolation within defined areas of all cases of Tuberculosis; such areas would become either "Tubercular Light Labour Colonies" or "Tubercular Native Reserves" outside of which notified cases dare not pass.

Syphilis is said to be spreading amongst the Europeans by means of Hottentot and Native women who are not on the C.D. list, and who act as prostitutes in a semi-private manner. The appointment of a Lay Inspector under the C.D. Act is suggested as necessary to guard against infection being spread in this manner; it is highly desirable that there should be standing authority here for private transport to the Lock Hospital at King William's Town of all persons desirous of and suited for treatment therein, and who are not subject to Part I. of the Act; while such persons are receiving treatment here as external patients, they are liable to infect others; males so affected are often unable to work or to pay the railway fare. Some of the worst cases amongst females are voluntary submissions under Part II. of the Act, whose mode of life would not justify their being dealt with under Part I.

Bilharzia Hæmatobia is not known to have ever originated in the District; persons suffering from the disease usually attribute their having contracted it to bathing in the river at King William's Town.

MACLEAN TOWN.—DR. G. H. BOYDEN, ADDITIONAL DISTRICT SURGEON.

Water-supply derived mainly from tanks. There is also a dam which has been fenced in, and is well looked after.

Household and other refuse is thrown anywhere. Cesspits are used here and there; the remainder use the surrounding ravines.

No flagrant cases of overcrowding. The cattle kraals are in some cases too close to the dwellings. There is one cemetery a quarter of a mile from the town; it is well kept.

FORT BEAUFORT.—DR. W. DUNCAN MILLER, DISTRICT SURGEON.

The water-supply is excellent and abundant; the main pipe has now been extended into the town, and branch pipes carried to the Asylum and Railway Station; the filter beds might be cleaned out more frequently. Night-soil collected and disposed of by private contract and, though there have been improvements in this direction, much requires to be done. There are still numerous old and filthy cess-pits in the town which have not been cleaned out for many years, and in one or two recently built houses cess-pits have been made without objection on the part of the Municipal Council; all cess-pits should be closed, the bucket system made compulsory and removals carried out Departmentally. Slop-water is almost invariably disposed of in gardens; refuse is usually dealt with by householders, but in some cases arrangements are made for its removal by a Contractor. No serious cases of overcrowding; one dwelling was closed as unfit for human habitation. The question of prohibiting cattle kraals within the town limits has been much discussed of late, at present every dairyman has his kraal in the town; swine-keeping within town limits strictly forbidden. Locations in good order and fairly clean; water-supply has been abundant, but in some instances the supply is liable to risk of contamination. In Blinkwater the general sanitation of several portions occupied by Coloured people might be considerably improved; which matter ought to be taken up by the Village Management Board without further delay.

There is no isolation accommodation within the District; the two huts erected two years ago on the outskirts of the town have been permitted to fall into decay. There has been less infectious disease during the year than for many years past, due to the improved water-supply. Occasionally single cases of Enteric Fever have been reported, one or two cases of Diphtheria, and one of Small-pox: the latter in an unvaccinated child. A severe outbreak of Enteric Fever occurred at the Lunatic Asylum during the closing weeks of year.

Tuberculosis prevails to an alarming extent; many deaths of Natives due to Tuberculosis are registered under other causes; the disease, especially in the pulmonary form, is greatly on the increase among the Natives, attributable chiefly to the change in life and habits which the Native population is undergoing in its advance in civilisation, the Native dwelling—dark, unventilated and unswept, with earthen floor and walls and almost hermetically sealed at night, and generally crowded with adults and children—the cheap European clothing that has taken the place of the blanket and kaross, and the diet of tea, bread and cheap tinned meats of the town Native, which are poor substitutes for mealies, pumpkins, sour milk and the generally nutritious diet of the country Location. The considerable proportion of boys who leave these parts to work in the coast ports and who return to their homes in a phthisical condition is noteworthy. The measures which should be taken to combat the diseases are: The education of the people as regards the causes and prophylaxis of the disease, the teaching of elementary hygiene in schools, particularly in Native Institutions such as Lovedale and Healdtown, the supplying of Location Inspectors, Missionaries and Native Pastors with literature on the subject and with instructions to make the contents known to the Natives under their care.

Syphilis apparently not on the increase; usually met with in the tertiary stage; no cases of commensal contagion of Europeans by Coloured persons known. No cases of Malta Fever have so far been met with in District excepting one case which had been diagnosed in the Transvaal and the diagnosis confirmed by the agglutination test.

FRASERBURG.—DR. W. M. A. CARDEN, DISTRICT SURGEON.

Supply of water from new bore-hole not so good as was anticipated; no permanent augmentation of supply can be looked for until a large storage reservoir is built.

No improvement as regards disposal of night-soil. Night-soil pails are commonly used for both solid and liquid excreta—a serious defect which should be dealt with by Municipality. Many dwellings in village are in a very dilapidated state. The Location continues to be a disgrace and a menace to the Public Health. The dust nuisance is still prevalent, and no steps have been taken to remedy it.

Very few cases of Enteric Fever in Village or District during year. Tuberculosis slightly on increase; coloured races suffer most, but there are decided indications that disease is increasing among the white population. The isolation of

all Natives suffering from undoubted Consumption considered the only effective remedy. Three deaths from Consumption, 1 European, 2 Coloured, certified during the year. Syphilis occurs occasionally and usually in mild form. Precautionary measures in operation seem effective enough. A large number of uncertified deaths in infants recorded; these deaths it is believed in many cases to have been due to Atelectasis, caused by lack of attention at birth. No inquiries are held into the cause of such death, and the Field-cornets' certificates have been accepted.

WILLISTON.—DR. G. H. ORMSBY, ADDITIONAL DISTRICT SURGEON.

A stone reservoir has been built by Municipality at top of village, the water being piped from the wind pump to the reservoir; it is intended to eventually distribute the water in pipes from house to house. Water seems of good quality, but has not been analysed. No regular method of disposing of night-soil. Slop-water is either thrown out through windows or doors. Many huts in Location which are not even fit for pigstyes. Cattle and sheep kraals are mixed up generally with the houses, causing in addition to the usual insanitary effects, a plague of flies. Remarkable absence of infectious disease during the year. Health of District has been good. One case of Small-pox occurred in September. Tuberculosis very rare; only one case in a Coloured person. Only one case of Syphilis at present under treatment.

GEORGE.—DR. C. OWEN-SNOW, DISTRICT SURGEON.

Water-supply.—No change. Rainfall for year 33.2 inches. The open water-furrows are not kept as clean as they should be—a regrettable fact, as many of the poorer inhabitants use this water for drinking purposes; the gravitation supply should be laid on more generally in the town.

The pail closet system is in operation; night-soil is disposed of by householders themselves, usually on their plots of ground. Refuse is dumped anywhere on the outskirts of the town. These are matters which urgently call for rectification and ought to be at once dealt with by the Town Council.

Overcrowding exists, though not to a very serious extent, amongst the poorer classes of both races, a fact which is specially regrettable in view of the increase of Phthisis amongst Coloured people. Many of the houses are badly built with insufficient or no foundations, and are badly ventilated.

Slaughter-houses kept fairly clean, but ought to have cement floors; there is room for improvement as regards cleanliness in regard to the carrying, handling and storing of meat, fish, etc.

Cattle kraals and pigsties in the town are not kept as clean as they ought to be. Cattle and other animals wander freely about streets and water-furrows.

No Native Location. An unfurnished building of six rooms near Gaol is used promiscuously to house Lepers, Syphilitics, Lunatics, and Paupers. Two cases of Enteric Fever and three of Diphtheria occurred. 228 persons vaccinated during year; very poor attendance of children. There must be a considerable number of unvaccinated children in the District. Compulsory vaccination should be more strictly enforced.

Tuberculosis is undoubtedly prevalent, and eclipses in importance all other diseases in District. During the year 239 deaths were registered, which with a population of about 13,000 gives a mortality of 18.5 per thousand. Of these 62—or more than a quarter—were registered as due to Consumption, and six as due to other forms of Tuberculosis. Several other deaths registered as due to Bronchitis and Pneumonia were probably due to Phthisis, so that probably about one-third of the deaths in this District are due to Tubercular Disease; Coloured population principally affected, but disease is increasing amongst Europeans. The pulmonary form is the more common. Amongst the causes of the disease are predisposition, caused by poverty and insufficient or improper food; overcrowding in damp, ill-ventilated houses with clay floors constantly expectorated on. The remedies are to educate the public as to the dangers of expectoration and of living in damp ill-ventilated houses, and as to the value of fresh air and sunshine. The Municipal Council have very properly had a leaflet, giving directions on the subject, printed and distributed. Building Regulations requiring houses to be built with proper foundations should be enforced.

Syphilis not very prevalent, and chiefly met with in the Coloured races and in the secondary stages: 17 cases treated under the C.D. Act. Not considered that

any suppressive measures are called for in this District. *Bilharzia Hæmatobia* is rare. The few cases which have come under notice apparently contracted the disease by bathing in two pools to the west of the Town.

GLEN GREY.—DR. GEORGE CLARK, ACTING DISTRICT SURGEON.

Drinking water-supply derived from rain-water tanks and two public bore-holes; latter has very disagreeable taste and causes Diarrhœa owing to excess of saline constituents. Also a furrow supply for irrigation and several private bore-holes.

Night-soil, etc.—Pail system in general use; night-soil removed periodically by private contract; slops generally thrown in gardens; refuse is allowed to accumulate before being buried or carted away.

No overcrowding, but many Europeans live in earthen-floored "dagga" huts. Slaughtering is carried on in the open within Municipal limits; drainage of slaughter-houses inefficient. More use might be made of screens to protect food-stuffs from flies. Cattle kraals should be more strictly supervised and at a greater distance from public streets. Swine run loose in the Native kraals, in close association with the Native population, and consequently Hydatid Disease is common, in this and adjoining Districts. Close supervision should be made of pigs for slaughter purposes that are bred in the Native Territories.

Location adjoining village is quite satisfactory. The villiage burial ground is excellent and well removed from any habitation. No isolation accommodation exists.

Influenza of a severe type has been prevalent and still continues; in some cases nearly all the children in a kraal have died; Kafirs seem to be most susceptible to this disease and to offer little resistance, especially the children. About a dozen cases of Diphtheria occurred in District with two deaths.

Cases of Small-pox have occurred in almost every Location in area. The disease has been prevalent in the District for several years. Guards were appointed, but they proved quite useless. Their employment has been discontinued and reliance placed on a thorough general vaccination. The Native population is about 60,000, and being spread over a large area, several men of the C.M.R. were employed as lay vaccinators, with efficient results. About 30,000 were vaccinated, about 80 per cent. of which being successful. In only one instance did pyogenic infection occur. The cost was £103 8s. 9d. Since this general vaccination the number of Small-pox cases has markedly decreased. To prevent the spread of Small-pox, Pass Issuers should be informed of infected kraals and instructed not to issue passes therefrom until these had been declared free from infection. Almost invariably the disease only occurs in persons who had not been previously vaccinated. One family of Europeans was infected.

Veneral disease is uncommon among the Kafirs. Out of 500 or so Europeans more cases are met with than in the 60,000 Natives.

Many cases of Tubercular Disease notified. The disease must be considered common. Many foci of dissemination have been established; contributing causes of spread among Natives are adoption of European clothing and keeping it on, although wet, living in badly ventilated huts and sleeping huddled up together with their heads under blankets, covering the mouth when there is only a slight wind, etc.; smearing the floors with dung may also be a cause. Of the cases of Phthisis fibroid cases have far exceeded in number those of the Caseating Ulcerating kind; it is doubtful whether such fibroid changes were not of a simple character due to inhalation of smoke in huts.

The bottle-fed Kafir baby is far from uncommon, but many still cling to the dangerous custom of feeding with calabash milk from the palm of the hand.

GORDONIA.—DR. GEORGE BURROWS BROWN, ACTING DISTRICT SURGEON.

Water-supply unchanged; river water thick and muddy and often drunk without boiling; newcomers suffer sooner or later from Gastro-Enteritis. Rain-fall 5.12 inches. A water-furrow supplies most of village and also the population for nine miles above and six miles below Upington. About 800 people live on the Northern bank above the village proper who use stream for washing, bathing and general purposes, and deposit their excreta all about the slopes

and furrows. Horses, mules and dogs may be seen wallowing in it. The sooner a safer water-supply—either from the river or from wells sunk in the neighbourhood—is provided the better.

The Sanitary Inspector attends to disposal of night-soil and general sanitation. Overcrowding exists among the poorer classes and also in the Hottentot Location. Phthisis is very prevalent in Location, and the mortality rate high. The vicinity of the dwellings is very dirty and littered with rubbish. The number of closets is totally inadequate. The inhabitants deposit their excreta around the Location, often burying it with sand.

The cemetery is fenced in and well kept. The town of Upington is clean; a public lavatory or privy would be an improvement. No hospital accommodation exists. Cases of zymotic diseases could be isolated on one of the islands in the Orange River. The German refugees were formerly so isolated, but owing to their complaints of Rheumatism they were moved to near the Location. Formerly there were 180 of them, now there are only 62. Twelve deaths occurred. Many are in advanced state of Tubercular or specific disease. Tuberculosis is prevalent amongst the Natives, due to overcrowding, uncleanness and general poverty.

Syphilis is fairly common, chiefly tertiary; fifteen cases on the C.D. List. Undulatory Fever.—A few cases only seen in type Malarial from District Surgeon's tropical experience, have come in here from back country.

As a whole the District is very healthy; Tuberculosis and wasting disease being rarely met with except among the poorer classes.

GRAAFF-REINET.—DR. H. C. HUDSON, DISTRICT SURGEON.

Water-supply unchanged, except that a concrete weir has been built across the Sundays River, a little above intake of upper furrow, and is now being extended eastward for several hundred yards in hopes of intercepting the downward flow and raising the level of the sub-soil water, and thus increasing supply from Mackays Pits; if supply sufficiently increased it is expected that Municipality will have pipes laid to the houses from the reservoir north of town. Street furrows carry off storm-water. Night-soil, slop-water and refuse disposal system unchanged. Overcrowding exists in the hire-rooms of the town and in the Location dwellings; much could be done to prevent this by night inspection and prosecution of defaulters. More attention should be paid to ventilation. Location situated north-east of town on a natural incline; is well drained; has increased in size very much during last few years; chief causes of disease are: Overcrowding, bad ventilation, impure water supply and inadequate arrangements for removal of night-soil. The death-rate in Coloured children is appalling, and is chiefly due to Acute Intestinal Catarrh.

Dust-storms in summer are a serious nuisance which could be largely remedied by adequate street watering. No isolation hospital; the Lazaretto, which was used for Small-pox cases, was burned down the year before last, and has not been rebuilt; cases of Enteric Fever are admitted to the Midland General Hospital. Vaccination only performed at Gaol during year.

Decided increase of Tuberculosis as compared with previous years; cases mostly Bastards and to a less extent Kafirs; form mostly pulmonary; overcrowding, bad ventilation and carelessness with regard to infected sputum, are the chief causes; Municipality should enlighten the public, especially the Coloured community, on the risk of infection by sputum and its prevention.

Fairly large number of cases of Syphilis in town and District, chiefly found in Coloured and Native races who seldom consult a medical man unless the disease is advanced; there was a severe outbreak at Pietersburg, with several deaths, but although matter was reported by District Surgeon, no steps were taken to isolate or treat the cases; local C.D. Hospital closed; several cases of severe Secondary Syphilis occurred during 1906; they were reported to the Magistrate, who represented the matter to the Town Council and offered on behalf of the Government to ration the patients if the Council would provide isolation accommodation; this they refused to do; patients received outdoor treatment, entailing risk of spread; disease chiefly met with in the tertiary, and to a lesser extent in the secondary, stages, rarely in the primary.

During the year a young Native girl presented herself at the out-patient department of the Midland Hospital suffering from severe "Secondaries"; she stated that she was a nursemaid, and on enquiries it was found that she not only attended three young children, but slept with them, and had been doing so for

several months, the children were kept under observation for several months, but showed no sign of having contracted the disease; there is urgent need for the re-opening of a C.D. Hospital.

NEW BETHESDA.—DR. P. A. HOOLE, ADDITIONAL DISTRICT SURGEON.

Water-supply is pure and sufficient for household and even irrigation purposes.

Cesspools in universal use, some in very foul condition.

No overcrowding. The two butcheries are kept satisfactorily. Sanitary matters in Native Location are well looked after.

Cemetery satisfactory. No Hospital accommodation.

Influenza in a rather severe form occurred during the year. No cases of Diphtheria, Enteric, or Amaas.

HANOVER.—DR. JAMES WILSON, DISTRICT SURGEON.

Rainfall 1906, 16.81 inches, which is much higher than for many years past. Water-supply pure at source and piped thence to village.

Single pail system of night-soil disposal with weekly removals. Council refuse to face the expense of a slop-water cart. No cattle kraals allowed in village without Council's consent. The keeping of swine prohibited.

Cemeteries are situated well away from the village. A disused English Cemetery in the village is in a very dilapidated state.

No Hospital accommodation exists. The C.D. Hospital is closed. A few sporadic cases of Enteric Fever occurred.

No public vaccination performed except at the Gaol. Tuberculosis increasing amongst Coloured people, also a great deal of Tertiary Syphilis amongst them. The only cases of Bilharzia met with occurred in three Cape Policemen from King William's Town, who stated that they bathed in the Buffalo on a very hot day, shortly before leaving that place; no doubt the disease was contracted there. There were 44 deaths, 12 Europeans and 32, including 7 due to Consumption, Coloured. Enteric Fever given as cause of four deaths.

HAY.—DR. JOHN CRANKE, DISTRICT SURGEON.

Water-supply unchanged, except that supply to Native Location is from an open furrow which flows beside the street, and is badly contaminated by stable and other refuse; supply is decreasing in spite of attempts to open the public spring; no disease or infection traced to supply. Bucket system in use for night-soil disposal; proper dumping grounds have been pegged out and the scattering of filth broadcast prevented; there is still room for improvement. Houses of a dirty, undesirable type and overcrowded are common in village; cattle, goats and sheep are kraaled within village, a practice which should be discontinued. Native Locations at Skevfontein and Groenwater, with a total population of 1,070, are very healthy; huts well built and clean; Griquatown and Postmasburg Locations improved somewhat but still dirty. Cemeteries are well kept and suitably situated; an old disused cemetery on the northern boundary of the village is in a very bad state.

No Infectious Diseases Hospital; three cases of Enteric Fever discovered in village; six cases of Diphtheria with one death occurred in the District, and one case in the village; Measles has been, and is, very prevalent and known to have caused six deaths.

Pulmonary Tuberculosis very prevalent, especially among Coloured people; of 117 deaths registered more than half were due to Lung Diseases, and 10 attributed to Tubercle; very few of these deaths were certified by a medical man; such terms as "chest complaint," "bleeding," etc., being largely used, and these are doubtless often cases of Tuberculosis; the chief causes of spread are: the customs and mode of life of the people, exposure to sudden extremes of temperature, irregular feeding, and overcrowded huts, the mud floors of which serve as spittoons.

Syphilis fairly prevalent among the Natives; less common among the whites; most cases seen either hereditary or in tertiary stage; no certain case of commensal infection from Coloured to white known, but there are cases which

would be very difficult to explain otherwise. C.D. Hospital now contains 27 patients; none treated outdoor; the powers for compulsory segregation should be increased.

No Small-pox; 375 persons were vaccinated; three cases of Puerperal Septicæmia occurred, two of which ended fatally; surprising there were not more, considering the way midwifery practice is conducted.

Six cases of Malta Fever seen, the diagnosis in one case being confirmed by the agglutination test; goats' milk is very largely used, but District Surgeon not been able to connect any specific case with its use. A purulent conjunctivitis is very prevalent during the summer months.

On September 25th District Surgeon made suggestions to Village Management Board for improving the sanitary state, but nothing has as yet been done; the Board states it has no money.

HERBERT.—DR. CHARLES A. PHILLIPS, DISTRICT SURGEON.

Water-supply abundant, but quality unsatisfactory; water from town pump has a very evil odour, especially after heavy rain; cause not ascertained; well has repeatedly been cleaned out; is thought to be due to decayed vegetation and excreta being washed into the ground and a portion filtering through into the well. No Hospital accommodation; the C.D. Act practically in abeyance. No Enteric Diphtheria, Small-pox or other epidemic disease; general health of District excellent. Only two cases of Tuberculosis; disease does not seem to be increasing; the Inspector of Locations states that Syphilis is very prevalent and is increasing; outdoor treatment in Douglas of patients who have to walk long distances would be abortive. As it appears that Schmidt's Drift Location is the source of nearly all the Coloured labour, the District Surgeon suggests that he be authorised to visit that place each month with the Inspector of Locations and treat all syphilitics; cases frequently heard of where infected Coloured children have conveyed the disease to European children.

HERSCHEL.—DR. PHILIP MILLARD, DISTRICT SURGEON.

Health of District excellent during the year; Herschel comprises the village of Herschel with some eight European families, and the District which is a Native Reserve. No Hospital accommodation, and from the District Surgeon's experience there is no need. One or two isolated cases of Enteric Fever; two Small-pox outbreaks, 14 cases in all; guards not employed; wholesale vaccination is the only effective measure. 4,420 persons vaccinated, of whom over 3,000 were primary vaccinations; cost a little over £50.

Tuberculosis undoubtedly spreading among the Natives; almost invariably of the Miliary type; progress of disease rapid and cases almost invariably terminate fatally; they originate as a rule in "boys" returning from the mines or other labour centres; the only remedy is to make individuals realise its terrible infectiousness and act accordingly.

Syphilis so far is rare; almost all the few cases seen come from the Basutoland Border, and probably originated in Basutoland, where the disease is rife.

"Slow Relapsing Fever" (*vide* Report of 1905) was fairly prevalent during the summer. It is hoped this year to prove bacteriologically the true nature of this illness; in the meantime it is best to consider it a Typho-Malaria. Several cases answering to the description of Malta or Undulatory Fever have been met with; source of infection not traced; it occurs chiefly in young female adults, and as a rule these persons have been living near fountains or dams; it yields fairly readily to quinine. Acute Mania and other forms of mental derangement are more than ordinarily frequent among the Native population. There are 46 Lepers at large in the District—an increase of 8 since last year—but no order for their removal arrives.

HOPETOWN.—DR. J. J. O'REILLY, DISTRICT SURGEON.

Water-supply unchanged. Night-soil removed twice weekly by pail system, which answers very well; Location in good order and clean; water-supply derived from Orange River. All dead animals are removed far out of town; nothing obnoxious noticeable during the year.

No Infectious Diseases Hospital; the C.D. Hospital was closed in 1904; great difficulty has since been experienced in making patients continue treatment. It is hoped that Government will soon see its way to re-open the Hospital. Two cases of Scarlet and two of Enteric Fever, the latter were on a farm and due primarily to drinking bad water; no public vaccinations were performed. Vaccination seems to be a most unpopular measure with most of the white people; a vaccination tour through the District would be advisable.

Tuberculosis not very prevalent, and only seen among the Coloured people. Syphilis common among the Coloured people; believed to be spreading; forms seen usually congenital and tertiary; 22 cases now under treatment.

Four cases of Malta Fever seen during the year, agglutination in two bloods tested. The others will be examined as soon as possible; source and origin probably mosquito bites; goat's milk is not extensively used; disease seems to occur with the appearance of the mosquito in spring and summer; no cases seen during the cold winter months.

STRYDENBURG.—DR. C. G. WOODS, ADDITIONAL DISTRICT SURGEON.

Water-supply chiefly rain-water stored in iron tanks, practically pure and sufficient in quantity this year; also wells; the latter water very hard and brackish, and in some cases produces Diarrhœa. Pail system in use for night-soil; is clean and satisfactory. Refuse removed regularly by Contractor and deposited about a mile and a half outside the village. Some cattle and goats kraaled in compounds of private houses at night; kraals are in a cleanly state. Native Location clean; water obtained from wells in village. The Village Management Board are most careful about abating all nuisances. Two cases of Enteric Fever treated; mild epidemic of Measles at present in the Native Location.

Two cases of Tuberculosis only met with, and none of Syphilis. The District Surgeon has seen one suspicious case of Malta Fever but has not had an opportunity of confirming diagnosis.

HUMANSDORP.—DR. JOHN J. COULTON, DISTRICT SURGEON.

Water-supply good, being from never failing spring and stream some four miles from the town, led by an open slit over the Commonage to half a mile from the town, where a part of it is turned into filter beds of sand and gravel, thence the drinking water is distributed over the town in iron pipes, with a public stand-pipe and tap at each street corner; householders have private half-inch leadings. The scheme was carried out during the year, and cost between three and four thousand pounds. The rest of the water is led through the town in open sluits for irrigation.

Good pail system for night-soil. Typhoid excreta buried in a separate place after disinfection. Slop-water thrown out on garden lands at the back of the houses; a few large places such as hotels have it removed privately in tank carts. There is one slaughter-place, it is kept reasonably clean; very few pigs are kept in the town. No nuisances. Location kept in very fair order; there are a few huts which would be better removed; bulk of the houses are distinctly above the average. There is a good stream of water led through it. Cemeteries well situated and well kept so far as sanitation is concerned. Town Authorities are active, and see to any reasonable complaint at once. There is a two-roomed wood-and-iron isolation building about three-quarters of a mile from the town, belonging jointly to the Municipality and the Divisional Council. Several sporadic cases of Typhoid Fever occurred during the year, three cases in the town and nine cases and one doubtful one in the District, with one death. Two other deaths registered as due to Typhoid were not seen by medical man, and doubtful as to cause. Tuberculosis very prevalent, especially amongst the Bastard Hottentot population in the so-called Mission Stations and is feared to be increasing amongst the Europeans; it is mostly pulmonary, and largely due to the bulk of the farmhouses being built in deep hollows and kloofs. There is a very large amount of inherited and tertiary Syphilis amongst the Hottentots; it is not uncommon to find it among the farmers' families, and is believed to be in almost every case innocently contracted, as primary sores, except on a child's mouth, are seldom seen. Bilharzia so far as is known exists only in patients from Uitenhage, where it seems very prevalent. Only 67 vaccinations done. 602 births and 322 deaths during the year; of the latter 78 are registered as due to Consumption. Figures obtained

from the Registrar are quite useless for statistical purposes, as only about 8 per cent. are certified by medical men.

JANSENVILLE.—DR. P. J. HENDERSON, DISTRICT SURGEON.

Water-supply derived from rainwater tanks and from bore hole in Market Square with oil engine pumping to new cistern above town; old cistern beside D.R. Church still used; old well by the Sundays River not in use, windmill being out of repair; water-supply is good and pure. Night-soil removal and disposal system satisfactory; no system of slop-water or refuse removals; a slop-water system would be a great benefit and must come in time. Overcrowding goes on to a very great extent during *Nachtmaal*. Pigs run at large in the village. Many stables smell offensively; the Cape Police stables, practically forming part of the Gaoler's premises, smell offensively owing to the absence of drainage, and are in other respects—on account of noise and the harbouring of flies—a serious annoyance to the Gaoler and his family. Order and condition of Location good. A proper hospital is badly needed.

Only a few cases of Enteric Fever during the year; two deaths notified; also a few cases of Diphtheria; no deaths. Two outbreaks of Small-pox, three cases in all; vaccination tour carried out; 1,350 vaccinations at a cost of about £40; about 1,600 vaccinations in all in the District during the year; people object in many cases to Lay Vaccinators, but District Surgeon considers the sending out of laymen instructed in the art to vaccinate, and then a re-vaccinating sort of inspection tour by the District Surgeon later on, would be much better and more dignified than mere vaccinating by the District Surgeon without any subsequent inspection.

Tuberculosis increasing, especially among Natives; pulmonary form most common; causes of increase: Neglect of precautions and proper treatment at initial stage, disinfecting not properly carried out, hygiene of huts bad, overcrowding during the night with exposure during the day, pernicious habit of promiscuous expectoration, and heredity; there should be compulsory notification.

Syphilis fairly common; rarely seen in primary stage; always 15 or 20 cases on C.D. Register as outdoor patients; this manner of treating works better than the indoor one, as the persons infected object to be confined; when there was a hospital here there were never more than half-a-dozen or so on the list; many more cases could be got if looked for; the Cape Police ought to be encouraged to notify cases, as they are the men likely to come across them.

The general health of the District good. Rainfall 12.75 inches. Births notified, 402, and deaths 151, of which 26 were attributed to Phthisis.

KENHARDT.—DR. JOS. R. SINTON, DISTRICT SURGEON.

Water-supply in many parts of District became so limited during the year that many farmers had to trek with their stock to other Districts. Total rainfall under 4 in. Towards end of year Village Management Board tried to augment water-supply by placing a dam across part of the Hartebeeste River; with this exception there is no change in the village supply. Government sent up a P.W.D. Inspector to report again on the Driekop Water Scheme; it is high time that the scheme got beyond the report stage, as during the past year there were occasions when there was actually no water to be had in the village for either man or beast. There are many overcrowded dwellings. Housing of Natives most unsatisfactory; they squat on the commonage around the village apparently anywhere they choose; the places where they squat are dirty and disorderly without pretence to sanitation. New Village Cemetery now enclosed and satisfactory; the old burial ground and all farm burial grounds, and that at Kakamas should be enclosed. The old Gaol is still used for detention of prisoners, and is dangerous to the health and lives of both prisoners and gaol officials.

No hospital accommodation. Outbreak of Enteric Fever occurred in March in the Kakamas Labour Colony; cause of spread believed to be the almost total want of any attempt at sanitation; 6 cases notified, all Europeans; no deaths; there were probably unnotified cases. Seven other cases were notified in the village and district.

There were two outbreaks of Diphtheria; seven cases, with two deaths. No Small pox; 165 persons vaccinated by the District Surgeon, and 374 by Police Vaccinators.

Tuberculosis rare; no notifications. Three deaths reported as due to consumption.

Syphilis not very prevalent; only two cases on C.D. list; outdoor treatment of patients is a waste of money; there should be a C.D. Hospital.

Malta Fever fairly prevalent; diagnosis has been confirmed by the agglutination test; all the cases live along the Orange River; everybody drinks goat's milk; connection between this and the occurrence of the disease not traced.

Severe outbreak of Measles in September, October and November; no deaths in cases professionally treated; 17 deaths reported amongst untreated cases.

KIMBERLEY.—DR. WILLIAM W. STONEY, DISTRICT SURGEON.

Water-supply from the mains, which was muddy and offensive owing to an excess of solid matter in suspension and the presence of algæ at the date of my last annual report, was rapidly clarified and purified after treatment by copper sulphate in the reservoir as recommended; supply remained fairly clear until some six weeks ago, when it again commenced to be muddy, and still remains so; mixture at present supplied through the mains as drinking water is a disgrace to a large settled community; little doubt that Diarrhœa, Dysentery, and other stomacic and bowel complaints—so prevalent here during the summer—are considerably aggravated if not actually caused by impure water; boiling or filtration by Pasteur-Chamberland or Berkefeld filters has been constantly advocated for years past; the cost of boiling or of filtration for large families is a serious consideration, and the precaution is consequently often neglected; the supply should be properly filtered before admission to the mains; we are assured that the filter beds are being enlarged, and it is to be hoped that others are being made sufficiently extensive to adequately cope with the difficulty, and to secure a supply of pure clear water the whole year round.

During the year a commendable step has been made by the Borough Council acting on the initiative of the Board of Health by putting in force Regulations under the Public Health Amendment Act compelling the distribution of milk in approved and easily cleansed and sterilised vessels, thus abolishing, at least, the use of the ordinary narrow-necked wine bottle with its plugging of paper.

The erection of a small Infectious Diseases Hospital is still under consideration by the Board of Health; a small house is in the meantime rented as an Isolation Hospital. No recrudescence of Small-pox during the year; 2,275 persons vaccinated by District Surgeon. Marked recrudescence of Enteric Fever during the last two months of year; this is usual after the first summer rains; 106 cases during the year, of which 73 were in Europeans. Diphtheria, 17 cases; appears to be diminishing in virulence, as well as in prevalence, perhaps owing to the early treatment of cases with antitoxin. Scarlet Fever has been the most prevalent infectious disease; 246 cases reported; disease mild, but owing to the lengthy period during which the patient remains infectious, though otherwise in good general health, the strict isolation is apt to be thought unduly prolonged, and not enforced by parents or guardians, and so the disease spreads.

Erysipelas shows a slight decrease; 42 cases. No cases of Leprosy.

Marked decrease in the number of persons certified to be of unsound mind; 16 cases of lunacy; of the 16 cases certified, 14 were detained in the gaol hospital; more prompt removal of these cases for proper treatment in an asylum or elsewhere is necessary; the average stay in the gaol hospital has been 14 days; the maximum was 30 days. There was an equal number (16) of alleged lunatics temporarily detained in the gaol hospital for observation; the cause of their temporary hallucination was usually dagga smoking or alcohol.

Cases of contagious diseases certified and admitted and treated in the C.D. Ward of the Kimberley Hospital 249, of which 27 were in Europeans; so long as so small a proportion of women are being treated (31 in 1905 and 49 in 1906) the prevention of spread of contagious diseases is being very ineffectually attempted. Syphilis is seen in all stages in both European and Coloured, and every endeavour is made to isolate and treat the cases in the infectious stages; it has rapidly spread in recent years amongst the Coloured population, and no small proportion of the European men who contract this disease are infected by Coloured women. The District Surgeon has repeatedly suggested that an endeavour should be made to

lessen the ravages of this disease by putting Part I. of the C.D. Act into force in this District.

Tuberculosis is increasing, especially among the Coloured, but owing to notification not being encouraged by the Local Health Authority there are no definite statistics available; much might be done, were the cases known of, to lessen the risk to others by instructions and thorough disinfection.

Undulant Fever undoubtedly exists, and has been recognised as such for many years. The District Surgeon first had his diagnosis of these cases confirmed by the agglutination test in 1900 by the late Dr. Washbourne, who at that time was in the Colony; since that date, through the kindness of Dr. Eyre (Bacteriologist to Charing Cross, and now to Guy's Hospital) who kindly supplied Dr. Stoney with cultures of the *Microoccus Melitensis*, he has been able to confirm his diagnosis in other cases.

Occasionally cases of Hæmoglobinuria, due to *Bilharzia Hæmotobia* are seen, but their origin has been traced to residence in the Eastern Province of the Colony or the Transvaal; cases of local origin unknown.

Scurvy has been prevalent recently. Epidemic Pneumonia is still prevalent and a source of anxiety, especially in the compounds.

KING WILLIAM'S TOWN.—DR. HENRY M. CHUTE, DISTRICT SURGEON.

Rainfall 1906, 28·09 in. Frequent storms during the summer, and no necessity to restrict water-supply. High level reservoir has also been constantly refilled by pumping water from low level service supplied from Dunbar Lake, which has been formed by a concrete dam thrown across the Buffalo River about five miles from town. This dam impounds an enormous quantity of water, but its level does not allow of distribution to higher portions of the town. Thus the plan was devised of tapping this supply and pumping it by an electric pump worked by the ordinary town electric service, into the high level reservoir, whence by gravitation it supplies the higher levels. Water is frequently turbid and discoloured.

The new Pirie water scheme has been commenced and the works are in progress. The scheme will impound by a concrete dam the head waters of the Buffalo River in the forest. No Native Location or cultivated lands within the catchment area. Head of water will be 200 feet higher than the level of the present dam, consequently much land in the higher parts of the town will become available for building sites. In connection with the new scheme, there will be polarite filters, a most important and necessary addition. The reservoir will have a capacity of 750,000 gallons.

The drainage scheme instituted some years ago is still being carried on. Most of the streets are laid with good stone drains and concrete channels which deal effectively with washing and bath water, and also with stormwater. The increased supply will render regular flushings possible, and will minimise the evils arising from the only method now available of dealing with slop-water, viz.: by pouring it into the open gutters. To remove this evil entirely, a system of removal of urine and dangerous slops should be instituted. The need for such a system increases every year; the soil in the immediate vicinity of dwellings is continually fouled by these dangerous fluids being scattered about backyards and gardens. Freedom from Enteric Fever cannot be hoped for so long as this source of continued soil pollution exists. The pail removal system of night-soil continues to work admirably; it is devoid of nuisance and is admirably carried out. The plantation of timber trees at the depositing trenches continues to thrive, and is year by year becoming a more valuable asset.

Overcrowding exists, but it is difficult to prove. Many Natives and Coloured people live in dwellings side by side with Europeans. According to the 1905 census the number living in the town was 1,631; the number has since been increased by the advent of numbers of coolies and Chinese.

The new slaughter-houses are now in full working order, and are an immense improvement on the old dirty shanties; ample water-supply; blood, refuse and washings disposed of by a septic tank system with a series of three underground pits from which the effluent flows into a covered French drain which is led a long distance into the veld; system works admirably. Large numbers of cows kept in town; their stables are kept fairly clean. The Dairy Act is not rigidly enforced; it would be of public advantage if the sale of milk were more carefully supervised.

Native Location is well laid out; huts built under Council's supervision on a definite plan, and are large, roomy, well lighted and well ventilated; water-supply is now from the town mains.

Cemetery is well situated, and is admirably managed by a local Board.

Abatement of nuisances dealt with by the two Sanitary Inspectors.

Marked decrease in the number of cases of Enteric fever notified: European, 32; Native, 7. Soil pollution is responsible for the continuance of Enteric Fever; the method of slop disposal contaminates the ground, which, when dry, may in the form of dust infect milk and food; the bacteriological examination of the soil in various parts of the town undertaken during 1906 has proved how highly contaminated the soil around dwelling-houses is with the Coli group of bacilli, which are the main agents in producing the Enteric and Diarrhoeal types of disease. Eight cases of Scarlatina notified; none serious. No Small-pox outbreak. No vaccination tour authorised or made during the year. Unless there is some panic in the district the people will not come for vaccination.

Tuberculosis very prevalent among the Native and Coloured population, but only to a small degree among Europeans; mortality from Tuberculosis: Europeans, 8; Natives, 32; chief cause of spread among the Natives is contamination of the floors of the mud huts with the bacillus by expectoration, and its subsequent diffusion by wind; the Natives sleep on the ground, and there is frequently overcrowding, especially at night. Tuberculosis should be included in the list of notifiable diseases, so that when a case is known to exist, instructions and advice may be given by the Sanitary Authority. Disease usually met with in pulmonary form, Tubercular Meningitis coming next in frequency.

Syphilis not very prevalent; most common among the Kafirs and then generally in the form of a "Mucous tubercle" which is believed to be a form of Yaws or Framboesia. Commensal conveyance from Coloured to European unknown. Effective measures exist locally for the treatment of cases that come to light; the C.D. Act is in force, and a Lock Hospital is maintained.

Bilharzia *Hæmatobia* is very prevalent among the young male population; never known a case to occur in a female; the cause is believed to be due to the infection of the bathing pools of the Buffalo River by the parasite, which enters its human host either by being swallowed with water or by perforation of the skin.

Total deaths within the Municipal area: European, 83; Native, 134. Of these, 35 European and 80 Native deaths were of children under 5. Death-rate: European, 14.96; Native, 38.19.

KEISKAMA HOEK.—DR. J. H. ELMES, ADDITIONAL DISTRICT SURGEON.

Water-supply is from an open furrow, and is liable to pollution. Many houses have rainwater tanks.

No organised system of sanitary removal. Local Cemetery in a neglected condition, and overgrown with weeds.

Tuberculosis prevails to a limited extent, chiefly among Natives who have been to the large centres to work, and who return home generally well advanced in the disease; usually of the pulmonary type.

Five cases of Syphilis on the Register at the end of 1906.

No cases of Malta Fever or Bilharzia disease yet seen. The Keiskama River is credited with conveying the latter disease.

MIDDLEDRIFT.—ADDITIONAL DISTRICT SURGEON ABSENT ON LEAVE.

REPORT RENDERED BY MR. E. L. HARRIES, A.R.M.

Water-supply obtained from streams which are pure and good. Night-soil deposited in the veld, and is disposed of by pigs and dogs. Locations clean and orderly. Cemeteries and burial grounds unknown; if the deceased be a person of importance he is buried in a cattle kraal, otherwise the nearest ant-bear hole is used, and the mouth of the hole filled up with stones and thorn bushes; the small European Cemetery is well kept.

No outbreaks of infectious diseases; 15 centres visited by the Additional District Surgeon and 1,350 persons vaccinated at a cost of £66 2s.; four centres were also visited by the Inspector of Native Locations acting as a Lay Vaccinator, and 419 persons vaccinated, at a cost of £4 2s. 6d.

Nine known cases of Syphilis, all Natives. During the year 383 births and 326 deaths were reported; these figures cannot be accepted as correct as the estimated total population of the area is 30,000; it may be estimated that there

are at least 800 to 900 births per annum; steps are about to be taken to check the figures and to secure better registration in future.

KNYSNA.—DR. GEORGE MARR, DISTRICT SURGEON.

Water Supply.—Rainwater collected in tanks, supplemented by a few wells. The Gaol and Residency have a supply piped from a spring. A survey was made and estimates drawn up for obtaining a regular supply from the Glebe River, but so far the Council have not proceeded with this scheme. Open drains carry off the storm water. In the lower part of the town these have a very slight fall, and soakage from gardens occasionally causes a nuisance. This matter has been reported to the Municipal Council, but nothing has been done.

Night-soil is collected on the pail system and deposited some miles from the town; refuse is removed weekly; slop-water is supposed to be thrown into holes and covered up, causing as a rule no nuisance. Considerable overcrowding exists amongst the coloured people and poor whites. Cattle and swine are kept in the town; styes as a rule are fairly clean.

No regular Native Location. The Cemetery is situated on the outskirts of the town. Some complaints have been made regarding noxious odours arising therefrom, but it is difficult to see what can be done.

No isolation hospital. The C.D. Hospital is now disused. Whooping-cough has been fairly widespread in the District, and has caused a number of deaths. One case of Diphtheria and one of Measles in the Town. No rural vaccination. Forty persons vaccinated in the town. Tuberculosis very common among coloured people, generally in the pulmonary form; though not increasing, the necessity for care with the sputum is becoming better understood. Not more than half-a-dozen cases of Tuberculosis amongst whites met with. Europeans recover as a rule if they go up-country, but the District Surgeon has never seen a case of Pulmonary Phthisis among coloured people recover. The only remedy is the dissemination of knowledge as to the aetiology of the disease and the prevention of overcrowding. Syphilis is not very prevalent; oftenest met with among the coloured people, but poor whites are to some extent affected. It is most frequent in the very contagious form of mucous patches about the mouth, anus and genitals. Some time ago there was an instance where a whole family of respectable, slightly coloured people became commensally infected through the baby drinking from another child's feeding bottle. The District Surgeon is personally aware of two other cases where he believes whites to have been infected from coloured people. Patients have an intense dislike to going to the C.D. Hospital, and the law does not empower a Magistrate to compel them to go against their will. The Hospital has accordingly been closed. Cases are treated as out-patients, and with threats of being sent to the Hospital can be kept coming up regularly. The law should be amended so as to empower Magistrates to compel cases to go into Hospital when certified by a District Surgeon to be in a contagious state, and should not be confined to paupers. The gratuitous treatment of Syphilis is a great safeguard to the European population.

The District Surgeon had a suspicious case of Malta Fever two years ago.

KOMGHA.—DR. A. CARRINGTON SEALE, DISTRICT SURGEON.

Water-supply from a spring under control of Municipal Council, yielding some 40,000 gallons daily of good quality, but only used for household purposes by those who have not sufficient storage for rainwater.

No pail system for disposal of night-soil. Certain localities have been marked by Municipality for reception of household refuse.

Municipal Location satisfactory.

The two Cemeteries, one for Europeans and one for Natives, are both satisfactory. No case of infectious or epidemic disease of importance during the year. Tuberculosis does not exist to any alarming extent; chiefly found amongst the Natives, in the pulmonary and glandular forms, and is not increasing. No case of Syphilis seen during year amongst Natives, but several European cases treated privately in the primary and secondary stages; infection contracted in the usual way. There are no local suppressionary measures in operation, since the C.D. Hospital was closed. No case of Billharzia

disease contracted in the District, but several cases seen which were traced to the King William's Town and East London Districts.

No vaccinations performed.

KURUMAN.—DR. GEORGE BEARE, DISTRICT SURGEON.

Water-supply from Kuruman River and from a number of fountains and wells. The river water contains a large amount of organic impurities, and is a constant source of danger to public health. The well water is generally suitable except in the Gamogara Valley, where it is as a rule brackish.

Night-soil, slop-water, etc., generally removed by residents to some distance from the town, where they are either buried or scattered on the veld.

No known overcrowded houses. Locations are well managed and fairly clean. The Cemeteries at Mission Station and Kuruman Township are in a dilapidated condition, but no fault can be found with them from a sanitary point of view.

No Local Authority, but the Inspector of Native Locations and the Police try to get both the White and Native residents of the town to keep their dwellings clean by compelling them to remove night-soil and refuse to a distance from the Village.

The majority of the half-castes in the Village and District suffer from Tuberculosis, chiefly in the pulmonary form. Also some cases amongst the Natives, particularly those who have worked on the Kimberley Mines, but only a very few die from disease owing to the small amount of moisture in the Kuruman atmosphere.

There is hardly a Native in the District who either has no, or is not suffering from, Syphilis; the chief causes are ignorance of the contagious nature of the disease and overcrowding. Men, women and children sleep in the same apartment and drink from the same vessels. Since opening of the Kuruman Hospital the majority of the more intelligent Natives try to keep their homes free from Syphilis.

A form of Hæmorrhagic Purpura is sometimes seen, especially in the case of cachexia after Malarial Fever. The first symptom is generally the trickling of blood from the nose. The veins of the tongue and palate always found dilated, and probably blood oozing from some of them, gums generally bleeding and blood in the fæces; sometimes there are large swellings on the arms, sides of chest and legs owing to the effusion of blood into the soft tissues.

About 100 children vaccinated during year.

LADISMITH.—DR. R. W. WATSON, DISTRICT SURGEON.

Water-supply pure and abundant; brought from mountain in an open furrow to a small reservoir and thence distributed by pipes; no contamination at source or in transit, but the washing which is done just below the intake reservoir considered a source of danger, as a considerable number of Coloured women and their children are collected there daily without sanitary accommodation. Night-soil is supposed to be removed by a contractor bi-weekly by open barrel, and emptied in an open pit; a certain amount of splashing takes place in the emptying of the pails, and the transit of the barrel through the town. A considerable number of the houses are without closets, and in other cases the closets are not used. Slop-water emptied into the gardens or nearest sluic. Refuse is left to the discretion of the occupier, and till recently a large amount of refuse was deposited within ten yards of the end of Cross Street. Slop-water and household refuse should be removed by the Municipality. A considerable amount of overcrowding among the poor whites and coloured, many families occupying a single room without any sanitary arrangements; a Municipal bye-law should be enforced to prevent this; in spite of the Regulations, new single-roomed huts have been erected and occupied in the town without sanitary conveniences being attached. Slaughtering supposed to be done outside the town, but there is no water-supply or other convenience for cleanliness; a public abattoir is contemplated. Most of the butcheries are clean, but are in unsuitable houses with clay floors. No order, cleanliness, water-supply or sanitation of any sort exists in the Native Location, the Municipality evidently considering their duty ends with the collection of a Hut Tax. The Dutch Reformed Church burial ground is at the lower end of village, and within a very few yards of dwelling-houses; the Lutheran burial ground is on the

east side of the town, and is now being encroached upon by the town extension. A new Public Cemetery should be opened. No Small-pox; no vaccinations, except a few people vaccinated in village; a comprehensive tour of the District should be undertaken. One case of Scarlatina and 11 cases of Diphtheria reported in the district and 5 in the village with 2 deaths; a great improvement on the two previous years.

Seventeen cases of Enteric Fever in the District and 50 in the village with 7 deaths; 20 of the town cases were in Europeans. The epidemic of Enteric Fever, which commenced in Location, greatly increased in severity and spread to the town in August, 1906; infection brought from Location by Coloured servants and by washing, which is done in the sluits at the top end of town. No doubt slops, etc., were emptied into the sluits and in this way the infection was carried down the streets; first cases occurred at top of the town and gradually travelled down the streets; infection was carried further down to the River Knuy, which receives the drainage of the village, and in this way 10 cases were infected on the farm of Knuy; practically no steps taken by Local Authorities to suppress the disease, there was no isolation of the sick or surveillance of those exposed to infection, and no means were taken to disinfect excreta, infected clothing or houses.

Twenty-three deaths attributed to Consumption, but of these only nine were certified to by medical men; the others were probably doubtful, "Tering" being a common name for all lingering complaints; three cases notified in the District, all Coloured. Disease almost confined to Coloured race, and is mostly pulmonary; it is doubtful whether it is increasing, certainly not among the whites; removal of the Coloured patients from their overcrowded huts is the only way in which disease can be checked.

Syphilis is again increasing; is chiefly confined to the Coloured races, but in the last few years a good many white families have been infected through Coloured servants; disease met with in all stages; amongst whites most of cases are due to infection from Coloured nurses; nurses infect the children and the children infect the mother's breast; the older children are probably infected from using the same toys, etc. For last three years hardly any cases have been treated gratuitously; all the Coloured people and poor whites should be placed under free treatment and compelled to continue treatment until cured.

LAINGSBURG.—DR. H. W. STEPHENS, DISTRICT SURGEON.

General health of town and District good, except in earlier part of year, when there was rather a large number of cases of Enteric, 17 cases being reported during first half of the year, none in the second. A few cases of Measles and Mumps. One case of Scarlatina.

The Municipal Council has a scheme under consideration for improving water-supply. Single pail system still used for night-soil, though it is carried out with less nuisance than formerly; Council about to undertake the work Departmentally and to institute a duplicate pail system and also a means of removing slop-water and refuse; at present slop-water is removed by Contractor bi-weekly. The small houses near the Mission Station are in many cases overcrowded; surroundings generally untidy and closets dirty. Pigs are kept in the neighbourhood of these houses. A scheme is being considered for the improvement of the Native Location. No improvement regarding cemeteries.

No Hospital accommodation. Following cases notified during the year:—
 Enteric Fever: 8 European, 9 Coloured. Tuberculosis: 8 European, 4 Coloured.
 Scarlatina: 1 European. Births registered: European, 101; Coloured, 80.
 Deaths: European, 32 (16 under one year); Coloured, 71 (24 under one year).

MAFEKING.—DR. T. W. P. HAYES, DISTRICT SURGEON.

Municipal Council has sunk wells and bore-holes, and a good supply of water has been obtained from which it is proposed to supply the town: Waterworks Company also attempting to open up its sources, with some success. Sanitary removals well carried out by Municipality. No cases of overcrowding reported, and no dwellings condemned as unfit. Condition of Native Location leaves much to be desired in the way of sanitation generally; ground around habitations fouled; water obtained from Molopo River or surface wells sunk in the rotten

black soil skirting the river; the result is, as might be expected—the prevalence of gastro-intestinal complaints. The cemetery is in good order. A lazaretto exists and is kept in good order; accommodates 20 patients; under charge of Municipal Council; has never been used since it was built.

Epidemics of Enteric, Scarlet Fever and Measles during year. Generally accepted idea that the epidemic had its origin in the town water-supply and in the Railway Camp, which has a separate supply from good wells at the north of the town; there was only one case, and in this case the infection was acquired in Buluwayo. It has been stated that the Natives do not pollute the water-supply; this, District Surgeon states, is contrary to what he has himself seen. Scarlet Fever was mild; no deaths. There were only a few cases of Measles.

Tuberculosis is very prevalent among Coloured and Native population; Europeans practically free; there are many imported cases, but District Surgeon unaware of any acquired in the place; the Coloured people and imported Negroes have the highest rate of attack; the Sechuanas, although by no means free, seem more immune; the Sechuana builds a hut of mud roughly thatched with grass, in which ventilation is constant and unavoidable, whilst the Coloured people construct fairly good dwellings from which all air can be excluded; disease usually pulmonary; only once has the glandular form been seen; usually runs a very rapid course of about three or four months; remedies—the teaching of simple rules of hygiene, the necessity for ventilation and for the isolation of the sick, and the danger of the discharges from an open case of Tuberculosis; latter usually received in a vessel half filled with earth, but no steps taken to destroy it; many victims trace their first illness to a sojourn at the Mines of Johannesburg or Kimberley.

Syphilis rampant among the Natives of Bechuanaland; disease also occurs in Europeans to some extent; usually met with in tertiary form, as Natives do not seek medical assistance unless incapacitated; they usually cease treatment as soon as they have lost all feeling of being unwell. Three cases of commensally acquired Syphilis seen, one in a child of two years, another in a child of five, and the other in an adult woman; in the case of the children the disease was acquired from a mouth-organ used by a syphilitic; in the case of the woman there is no doubt as to the origin, though the exact mode of conveyance was not discovered; it is highly probable that many cases are infected in a similar manner, for one finds tertiary manifestations in subjects whose years make any other mode of origin impossible; no doubt the greater bulk of cases have been infected in the usual way. The C.D. Act is in operation; measures cannot be considered adequate; Act only applies to paupers; a Native will not spend money on a disease which is only causing him slight inconvenience, that is to say, in the primary and secondary stages, when the infection is most virulent; large majority of cases treated are in the tertiary stage; much might be done by enlisting aid of Native Chiefs; this would have to be done by frequent personal visits; any measures adopted must be gratuitous.

Malta Fever probably exists in the District, but at present it is not proved.

Eight cases of Bilharzia disease have been seen in the District during the past four years, all in Europeans; so far a case has not been seen among the Natives, but there is little doubt that it exists; it is not a disease for which they would seek medical attendance; one of the cases arose in the Marico district, another on the Crocodile River; the other six were acquired in the Mafeking district. In one the lesion was in the kidney and simulated Renal Colic; in two the bowels were attacked, the cases being regarded as Dysentery; in all six cases acquired in Mafeking, a bathe in the Molopo had preceded the onset of the disease; this river usually consists of scattered water-holes in a very dirty condition.

MALMESBURY.—DR. A. J. T. ROUX, DISTRICT SURGEON.

Water-supply additions.—A few Artesian wells. Springs have given a smaller supply, the rainfall being below the average. Surface wells abound without suitable coverings, and often in unsuitable positions. Open reservoirs are unsatisfactory, as the catchment areas are unprotected and are exposed to contamination by cattle and poultry. Drainage is by open furrows, usually not faced by bricks or stones. Danger of overflowing and leaky night-soil buckets is acutely felt. On farms in few cases is sanitary convenience even provided. Offensive discharges of slop-water from kitchens are rare, but when allowed to run in public furrows they decompose and contaminate the air. Villages of Moorreesburg, Darling, Riebeek West and Riebeek Kasteel require a central furrow well masoned

out to allow stormwater to run off rapidly instead of forming pools and contaminating the sub-soil. Several cases of overcrowding among the lower classes; few are prosecuted. No one should be allowed to sell milk who is not licensed thereto and under proper supervision. Fish from the seaside is sent packed in crates, and frequently in District Surgeon's opinion causes Ptomaine poisoning, fortunately none have died. Swine are not allowed in the town, but this is winked at.

No Location in District, but Mission Stations and other four farms where those of mixed descent live in numbers should have supervision by Sanitary Inspector. The Mission Station at Mamre is not included in these remarks. Water-supply in many cases derived from springs which are unprotected.

The cemetery at Riebeek Kasteel defies the authority of the Medical Officer of Health for the Colony; it must be closed.

The abatement of nuisances generally is slowly proceeding. An iron shed of primitive construction is used locally for the segregation of Small-pox cases. The Contagious Diseases Hospital, which has two wards, is now usually occupied. Three cases of Small-pox, all in the neighbourhood of Moorreesburg, during the year: type mild, all three vaccinated. Seventeen Syphilitics, all coloured, treated. Typhoid Fever rare; may be said to be decreasing. Tuberculosis progressing. During the year 118 deaths in a population of 29,628 were registered as due to Tuberculosis. In District Surgeon's opinion these figures do not tell the whole tale. Fifteen deaths from Meningitis and 73 from Pneumonia recorded, but how many of these were Tubercular? Pulmonary form chiefly met with. The female of mixed descent in the rural areas and her brother in the urban area suffer most—a fact which suggests as a cause want of cleanliness in the home, to which the woman is exposed for a longer period, besides being weaker physically. Syphilis seems to be on the increase, but is efficiently treated in the local Hospital. Rain-fall during the year 15.48 inches; average, 1893 to 1905, 19.0486 inches.

HOPEFIELD.—DR. C. B. ROSSITER, ADDITIONAL DISTRICT SURGEON.

No change as regards water-supply, general sanitary matters and Native Location. Epidemic of Measles in early part of year. Vaccination tour made during January; 761 vaccinated.

Tuberculosis rather prevalent at the fisheries on the coast owing to the poverty and insanitary dwellings, etc.

No primary cases of Syphilis seen; tertiary and hereditary cases seen numbering 29; District Surgeon inclined to opinion that a good deal of primary disease exists which does not come to official knowledge.

MIDDELBURG.—DR. H. HOLZMANN, DISTRICT SURGEON.

As reported last year, several meetings took place in 1904 and 1905 for the purpose of considering a water scheme for a gravitation supply from a bore-hole above the town: the bore-hole had already been sunk, producing 200,000 gallons a day of very good and pure water which would have been sufficient for requirements, and although £500 already spent, majority of ratepayers decided not to proceed with the scheme as they disliked very much to pay a higher rate—another penny in the pound—to cover the cost of carrying out the scheme and paying the interest on the capital cost—about £10,000. Inhabitants use water from the market well and open street furrows supplied from springs in the river above the town. Collection and disposal of night-soil, slops and refuse carried out satisfactorily.

Population of town in 1901 was 1,555, whilst in 1905 it was 6,139. Owing to the general depression the population has since decreased rapidly, and there are now nearly 100 houses without tenants, so that the conditions do not favour overcrowding. Native Location clean and in good order. Military Native Location satisfactory. Street dust due to bad road metal and want of water-carts causes a serious nuisance. Deaths registered during the year 364, as compared with 450 for 1905. Inflammation of the Lungs caused 71, or less than 20 per cent. of the total as compared with 111 or 25 per cent. in 1905.

Five deaths occurred from Enteric Fever and two from Diphtheria; a few cases of Enteric which occurred during March, April and May could be traced to contaminated water taken chiefly from the open street furrows and used for drinking and household purposes. The Local Authority neglected nothing in the way of suppressive measures. Health of the Middelburg Garrison excellent: the Garrison has a piped and abundant supply of pure water.

No Small-pox during the year; last thorough vaccination of the town was in 1902 and 1903; no public vaccination on a large scale during 1906; a general vaccination of the District has been arranged for the present year (1907) and about 1,000 have already been vaccinated.

Hospital accommodation remains in unsatisfactory state.

Tuberculosis, chiefly pulmonary, is more prevalent among the poorer classes; deaths registered as due to Phthisis: 1904, Europeans, 6; Coloured, 19. 1905, Europeans, 6; Coloured, 39. 1906, Europeans, 15; Coloured, 18; Natives are more liable to contract infectious diseases and to develop the disease more rapidly and seriously; the bad hygienic conditions, especially want of cleanliness, bad nourishment, living in small badly ventilated and often overcrowded huts, and the lack of precautions, especially with regard to the sputum, are also causes of the spread of the disease among the Natives; promiscuous expectoration in streets and public places should be prohibited. Cases of Tuberculosis are not reported at the Municipal Office.

Almost all the syphilitic patients have been Coloured; stage chiefly tertiary; only cases with very bad open sores come for treatment; Native cases should be compelled to go to a hospital and be kept there until all danger of infection is removed, otherwise even though he is under medical treatment he is a source of danger to those with whom he is living—often in small overcrowded huts, and eating out of the same dish and with the same spoon or knife; often a Native case, despite the orders of the medical attendant, remains in the service of white people as a general servant or, worst of all, as a children's nurse, being a permanent danger to them, and often bringing to the whole family terrible misery. During the last few years about half a dozen cases have been under treatment in which the Native girl had infected first the baby and then through the baby the other children and both parents.

MOLTENO.—DR. W. ARCHER ISAAC, DISTRICT SURGEON.

Water-supply ample, but requires filtration to make it fit for drinking purposes. No overcrowding. Meat and food trades as before, except that a Native was discovered working in a slaughter-house who is believed to have the germs of Leprosy in his system. District Surgeon of opinion that all Natives working in the preparation of foodstuffs should be medically examined before they are allowed to do so.

No isolation accommodation except at Cyphergat, where there is a small brick building, belonging to the Coal Company there. Several cases of Enteric, a few of Small-pox, and a few of Puerperal Fever. One of the latter was a flagrant case of neglect, and ended in the death of the patient. An unqualified midwife, who was constantly being reported, always without avail, had charge of this case: the patient became fevered on the third day, but no medical advice was taken until the eighth, when it was too late; the midwife kept assuring the parents and husband of the patient that she (the patient) was going on well; when doctor was called in the midwife was dismissed; she, it is stated, went off at once and attended another confinement case, which case also became infected with the fever, and is still very ill: it is high time such a state of affairs was put a stop to.

Two cases of Small-pox occurred in the Molteno Location in April, and five cases at the farm Tollkop in October: all five were unvaccinated. From 50 to 75 per cent. of the Natives working on farms are unvaccinated, and the greater number of young Dutch children; cases of Small-pox arise among Natives on the farms and are not reported; the law regarding vaccination and compulsory reporting of infectious diseases appears to be a dead letter as far as prosecutions go: it would be well to make a few examples: public vaccinations held at four centres in December: a good many vaccinated, but three of the centres were at mines, and one at Stormberg Junction: no centres among the farms were appointed, and consequently no farm Natives were vaccinated.

Tuberculosis not prevalent. Syphilis bad among miners, but few cases come under notice.

MONTAGU.—DR. C. A. WESSELS, DISTRICT SURGEON.

Water-supply good both as to quality and quantity. Disposal of night-soil as in previous years. No overcrowding. Pigs kept on most private premises, generally in styes, but in several cases they are allowed to roam about backyards. Native

Locations cleaner than at last report; Municipal Council is doing much to prevent overcrowding. Burial grounds well kept. Sanitation much the same as at last report; chief nuisance is the lack of provision for slop-water; as a rule this is thrown out on the backyards, there to evaporate or sink into the soil; if such water reaches the street in many cases it has to stagnate there for want of proper drainage to carry it off.

Six cases of Enteric Fever during the year, with 15 of Diphtheria. Scarlet Fever infected the village and District at the close of the year, 20 cases to date; epidemic seems likely to spread through the village and District. No Small-pox; over 300 vaccinations performed during the year; calf lymph supplied very active, 95 per cent. of successes.

MOSSEL BAY.—DR. C. KITCHING, DISTRICT SURGEON.

Water-supply piped from the Kleinbosch stream, one of the sources of the Little Brak River, 20 to 24 miles distant; water is pure; no pollution, but some colouring matter is noticeable, especially after heavy rains; a reserve reservoir is to be constructed near the present one to the west of the town.

No sewerage system. Most of the streets are flanked by open drains of cut stone or glazed earthenware; these are frequently flushed. Night-soil removed on pail system, and deposited in the sea at a point north-east of the town, where the receptacles are scoured after emptying. Slop-water is allowed to run down the open drains. Refuse is carted away regularly. No overcrowding in the better class dwellings, but it is difficult to prevent it in those of the poor. Any buildings not of a substantial character, such as hovels constructed of a few boughs with rotten sacking and rags, are destroyed after sufficient notice to the inmate.

Slaughter-houses are a mile out of town on the main road to George. They appear to be kept clean. Butcheries and bakeries are kept clean. No dairies. Food trades kept under narrow supervision; there have been cases of measly pork exposed for sale during the year, owing to inadvertence on the part of the vendors. The keeping of swine is prohibited in the town.

Two Locations, both fairly clean; supplied with water from the town mains. There are four denominational cemeteries to the north-east of the town; there is a movement towards a new burial ground about a mile out on the main road to Cape Town, as the present ones are getting filled up. In the vicinity of the further Location there is a bit of ground where some interments have been allowed. There is a wood and iron Lazaretto, accommodating 7 or 8 patients.

Sixteen cases of Enteric Fever in the town and adjoining Locations during the year, all sporadic; special sanitary pails and regular removals arranged for by the Municipality; 20 cases notified from the rural area, most of them on the farms Groot Zorgfontein and Gatsbosch and intermediate area; the outbreak only came to light when it was already subsiding. Five cases of Diphtheria in the town during the year and two in the rural area. One case of Scarlet Fever in the town in November and 6 in December; none in rural area. No Small-pox.

Tuberculosis prevails principally among the Coloured races; 7 cases notified in the town during the past year, mostly pulmonary. One case of tubercular glands. None notified from the country. Chief causes of spread are overcrowding and want of precautions regarding infective sputa.

Little Syphilis is brought to notice, but there must be a good deal latent; most cases treated at Government expense lapsé from treatment as soon as local manifestations disappear, and long before complete cure. Both White and Coloured are affected, but mostly the latter. Chiefly seen in the secondary form; usually transmitted by sexual intercourse. Highly probable that the disease has been conveyed commensally from Coloured to European, but no certain cases known.

No indigenous Bilharzia Disease; one case seen in a prisoner, who had contracted the disease in Natal.

MURRAYSBURG.—DR. J. A. ROUX, DISTRICT SURGEON.

General health of the Village and District fairly good. No change as regards water-supply. Cess-pool system is still in force.

Tuberculosis, nil. Syphilis is very rampant amongst the Coloured population; generally met with in tertiary or hereditary forms; present methods of supplying medicines gratis to Syphilitic paupers seems to hold the disease efficiently in check.

Malta Fever fairly prevalent; District Surgeon's colleague, who has had some of his diagnoses confirmed by the agglutination test, has treated 90 cases of Malta Fever during the last 8 years. During the past year District Surgeon treated seven cases, all of whom were in the habit of drinking goats' milk.

NAMAQUALAND.—DR. M. W. W. COWAN, DISTRICT SURGEON.

Water-supply of White inhabitants of the four villages O'okiep, Concordia, Nababeep, and Springbokfontein is satisfactory; almost impossible to supply pure water to all the Native population of these villages, or to get them to use it solely when such is provided. This is the probable explanation of the prevalence of Typhoid in the larger villages, which are the mining centres.

In Steinkopf the foul water from the upper village is impounded in dams in the lower village; shortly after rains these dams become very foul; this system is extremely dangerous and objectionable, and should be ended; no water from such a source should be collected and allowed to get stagnant.

In the larger villages of O'okiep, Concordia, Nababeep and Springbokfontein night-soil is removed by contract, on pail system.

No overcrowding amongst Europeans; no doubt some exists occasionally amongst Natives. Butcheries, bakeries, etc., satisfactory. Cemeteries and Burial Grounds satisfactory. No Isolation Hospital exists or is needed, but a small building or room for use as a General Hospital is badly required; cases have now to be treated in the Gaol Hospital, and this is not advisable.

Typhoid Fever.—Early in November six cases occurred in Steinkopf, with two deaths. Typhoid is believed to be more or less endemic, although, in the absence of a medical man living in the place, it is difficult to verify impressions. The place was cleaned up, the people warned against suspected water, and within a month of the first outbreak the cases ceased to occur.

No Typhoid in Springbokfontein during the year.

In Concordia 12 cases occurred, seven of them during the last two months of the year.

In O'okiep 18 cases occurred in November, six among Europeans and 12 amongst Natives and half-castes; there were four deaths. Eleven cases occurred during the other months of the year.

A case was imported from Concordia into the Catholic Mission Station, Matjes Kloof; the water-supply generally used got contaminated in spite of instructions given to prevent this: an epidemic followed, attacking nearly every family using the water. Over 300 refugees were living in a camp close to the infected houses, in fact closer to some of them than the infected houses were to each other, but they had a separate water-supply, and not one contracted Typhoid.

Scarlet Fever and Measles.—One case of each during the year.

Diphtheria.—Two cases in O'okiep.

Small-pox.—Two cases in unvaccinated adults at Nababeep.

Tuberculosis is prevalent all over the District, but is much more common in the mining centres; in these centres the dust has been blamed with some show of reason, but the very much larger population must not be overlooked; the dust in the mines does not affect directly the women and children, yet of the eight deaths from Phthisis reported to the Divisional Council five were amongst women. Two children died of Mesenteric Tuberculosis. Very little Tuberculosis in the farming districts, and not much among the White Miners. It is very common among the Native and half-caste population in the mining centres O'okiep, Nababeep and Concordia. Pulmonary form most common, next glandular and joint forms, the miliary form being the least frequent. Precautionary measures: Education of the patients and their friends and the public generally regarding the infectiveness of the sputum, and the supply of antiseptics for use in spittoons. Writing to the District Surgeon, Dr. Howard, of O'okiep, states that he thinks Tuberculosis is increasing among the Natives; half-breeds also suffer considerably. Disease, mostly of pulmonary type, then comes abdominal tubercle. Notification is the only measure taken, with medical instructions to the victims as to the absolute necessity for the destruction of sputum by burning; this advice is rarely if ever carried out. Causes of increase are, in my opinion, the non-destruction of infective material such as sputum and faecae, the habit of spitting anywhere on the veld, the dry sputum being frequently carried about by the wind and inhaled or swallowed, and flies. The latter convey the saliva by feeding on the sputum, masses of which are seen lying on the floors of huts, so

covered by flies as to resemble little pieces of black cloth. The infected flies or sand pollute milk and food also. Isolation of patients, destruction of sputum, also of flies (a campaign against which would do much to lessen the incidence of Enteric, Dysentery, Enteritis, and Acute Conjunctivitis, as well as Tubercle), covering of vessels containing food, milk, etc., and boiling of water and milk, would all help to control the spread of Tubercle, but this at present is Utopian to expect.

With this statement the District Surgeon thoroughly agrees.

Syphilis occurs in the District largely. Natives and half-castes are by far the greatest sufferers; the pure Hottentot and Damara is more seriously attacked than the half-caste. It is frequently spread commensally, but Europeans exercise some discretion as to the Natives with whom they associate. A European comes for treatment early, but a Native male seldom, and a Native woman still more seldom, comes for treatment at the primary or even secondary stage; the Native only calls in medical aid, as a rule, for tertiary or hereditary disease. Syphilis not believed to be on the increase. No suppressory measures in operation, except the treatment of cases brought to District Surgeon's notice; this measure is to a certain extent effective, especially in checking spread to Europeans.

Regarding Scurvy, 590 refugees were brought to Matjes Kloof early in July, and in the following month 70 more came; every one showed signs of Scurvy; most were exceedingly ill, and very many were on the point of death; in July 48 died, in August 39, in September 6, and in October 3; then the disease ceased, and at the end of the year the refugees were in excellent health; the Government supplied them with a liberal ration, and this checked the disease; the addition of fresh meat to the scale seemed to make the greatest difference.

GABIES.—DR. R. V. VERNON, ADDITIONAL DISTRICT SURGEON.

General health of District exceptionally good. Water-supply still derived from wells dug in river bed; there is still considerable risk of the various wells becoming polluted. To avoid this the election of a Village Board of Management is recommended, and that they should draw up a code of Regulations. No overcrowding. No Native Location. There has been a tendency towards the abatement of nuisances generally during the past year. No hospital accommodation. No Enteric Fever, Small-pox or Diphtheria has come under notice. 452 persons vaccinated during the year. Natives of the District are remarkably free from Tuberculosis. Syphilis not prevalent; syphilitics are treated out-door. This system on the whole works well.

OUDTSHOORN.—DR. T. RUSSELL, DISTRICT SURGEON.

General health of District good. No epidemic whatever. Water more plentiful than usual, owing to good rains.

Water-supply of town abundant; source well protected; water pure, though, owing to absence of proper filter beds, slight attacks of Diarrhœa result. Collection and disposal of night-soil carried out Departmentally and satisfactorily. The action of the Authorities in allowing certain occupiers of land to deposit night-soil on their property is unfortunate. Some dwellings are overcrowded; there are a few unfit for human habitation. It is difficult to understand action of Authorities in demolishing Native Location before the new one was habitable; it is to be hoped that the water-supply is part of the new Location scheme. Erection of public slaughter-houses not carried out for financial reasons. Swine keeping within limits of town should be prohibited. The village of Dysselsdorp has improved; furrows have been cleaned and certain streets gravelled; the surroundings of the school should receive the attention of the Village Board; the spring should be cemented out and a pipe carried to the school. The Cemeteries have been laid out and surrounded by walls; a large number of trees have been planted in these enclosures. General sanitation of the town improving. It is to be hoped that an attempt will be made to carry out the paving or cementing of the main or side sluits; the presence of a large number of ducks, etc., does not tend to improve matters.

No Isolation Hospital in existence; a camp equipment is stored at Geelbosch-laagte.

There have been scattered cases of Enteric Fever in the town and district, also a few cases of Diphtheria, but no epidemic. Measles and Scarlet Fever have also occurred, but were of a mild type. 313 vaccinations by the District Surgeon; medical practitioners have also vaccinated a large number.

Tuberculosis is on the increase among the Coloured people, from whom the supply of general servants and nurses is drawn; generally appears in early youth; pulmonary form most common, but glandular and miliary forms also met with; spread no doubt due to the small and draughty dwellings of the Natives, overcrowding, and expectoration on the walls and floors; after any death from a tubercular disease the place should be thoroughly disinfected, free of charge, by the Local Authority.

Number of cases of Syphilis remains about the same, if anything there is a slight increase; Coloured people most affected, both in town and district; cases generally apply for treatment in secondary stage, with mucoid patches on the mouth, etc.; disease principally spread by mouth contact from one to another member of the same family, or of any other family, white or coloured, with which they may have contact, either as servant or playmate.

Two cases of Bilharzia Haematobia in the District, one traced to the Eastern Province, the other a young farmer, who was not aware where he picked up the disease; no infected ponds or streams in the District known.

CALITZDORP.—DR. LAWRENCE F. McDOWELL, ADDITIONAL DISTRICT SURGEON.

Water-supply: Refer to report as Health Officer to V.M. Board. Regarding night-soil disposal, it is most important that proper buckets should be used, and that if possible the full buckets should be replaced by properly cleaned ones; the present system of merely emptying them into a barrel is an objectionable and insanitary one. Animals frequently wander about all night, and one or two kraals within the village area just above the drinking furrow should be removed. No Location. Very few cases of Typhoid, but unless better precautions are taken to keep drinking water furrows clean, and washing of dirty linen is prohibited in Nel's River on outlying farms, an epidemic must occur.

Tuberculosis mostly confined to Coloured race, and is entirely pulmonary. There is a considerable amount of Syphilis.

PAARL.—DR. ROBERT INGLEWOOD WOLFE, DISTRICT SURGEON.

Water-supply derived from the catchment area on the Paarl Mountain; very pure, but pipes are too small, so that a number of inhabitants are obliged to get water from wells, etc.

A system of drainage is now in progress; the large, foul-smelling sluits in the Main Street are being closed and drained—a step in the right direction. The sluits in the "old town" still exist, and are a menace to Health. There is no system of night-soil removal; each householder disposes of it as he thinks fit. It is time the Municipality undertook the proper disposal of night-soil removal.

Overcrowding exists among the Coloured population, and is chiefly responsible for the spread of Tuberculosis. Cattle and swine are kept in the town. The keeping of swine in backyards should be prohibited.

A Government Notice has been issued closing all existing Cemeteries from July next, and a site has been granted by Parliament for a new Public Cemetery outside the Municipal boundary.

No isolation accommodation exists; Small-pox cases are treated in tents erected in a quarantine camp. No Small-pox during the year. Cases of Enteric Fever and Diphtheria have occurred, and will continue to do so until a better sanitary system prevails.

Attendance at quarterly vaccinations in the town very small; no vaccination tour in the District.

Tuberculosis is frequent among the Coloured population, and is due to overcrowding, filthy habits and ignorance of the elements of hygiene. A large number of cases of Syphilis under treatment, and three deaths have occurred; disease chiefly confined to the Coloured people, but there is grave danger of its being communicated to Europeans by infected Coloured nurses. A C.D. Hospital is sadly wanted in the Western Districts.

FRENCH HOEK.—DR. E. HUNT NASH, ADDITIONAL DISTRICT SURGEON.

An excellent water-supply is now obtained from springs in the mountains just above village; free from pollution. Small head of water is maintained at the

source by a covered cement reservoir, from which the water is conveyed to the village by a three-inch pipe, and continued along all the streets by two-inch pipes. There are 20 stand-pipes along the streets from which water may be obtained free. About one-third of the houses have private water-leads, for which a small annual water-rate is levied. Scheme finished in July, 1906, at a cost to the Municipality of £1,150. 30,000 gallons of drinking water available daily, which is more than adequate for present requirements. Plentiful irrigation supply obtained from overflow of the drinking water stream and several mountain streams. Supply is conserved in two large open reservoirs and several smaller ones, and led by open furrows through the village. Weekly pail system in use for night-soil removal; carried out satisfactorily. No provision for refuse and slop-water. Considerable overcrowding of dwellings, chiefly among the poorer coloured population, which has a direct influence upon the prevalence of Tuberculosis here. There is a small tannery which causes some inconvenience through smells to houses in the immediate vicinity. Cattle, pigs, etc., are kept within the Municipality, but cause no nuisance. No Native Location. One cemetery outside village, kept in satisfactory state. One old burial ground in village, now disused. Nuisances are kept down by the Police. There is no Sanitary Inspector. No hospital accommodation. Since the completion of the new water-supply no case of Enteric Fever has occurred within the Municipality, and only four in the District. No Diphtheria. Considerable epidemic of measles in the early part of the year among the Coloured population; severe mortality among the children; few European cases. No Small-pox. Vaccinations few. Tuberculosis, chiefly Pulmonary, is very prevalent among the Coloured population, owing to overcrowding, want of ventilation, and insanitary mode of living. Syphilis not prevalent; what cases there are are in the Tertiary stage.

WELLINGTON.—DR. G. D. MALAN, ADDITIONAL DISTRICT SURGEON.

Death-rate among the Coloured section of the community has again gone up, being 44.83 per thousand, as compared with 39 per thousand for 1905. This is far too high; it is greatly due to insanitary dwellings, want of cleanliness, and fear of fresh air. The Municipality strictly enforce the law *re* overcrowding, and have all dwellings of Coloured people periodically inspected and disinfected. Several dwellings in the Native quarter are overcrowded; at Zoetendal there are about four Native huts quite unfit for human habitation. No hospital accommodation. Deaths from Enteric Fever: Europeans, 2, Coloured, 11. Deaths from Diphtheria and Diphtheritic Croup: Europeans, 1; Coloured, 1. No Measles or Small-pox. Tuberculosis (including cases certified as Meningitis with Convulsions): Europeans, 3; Coloured, 39. This again proves the great prevalence of Tuberculosis, especially among the Coloured people. One outbreak of Small-pox with four cases. During the latter part of 1906 there was quite an epidemic of Enteric Fever probably due to the late rains washing impurities into the water furrows.

PEDDIE.—DR. TEMPLE SMYTH, DISTRICT SURGEON.

Five bore-holes sunk in village during the year, and a good supply of water obtained, totalling 79,580 gallons daily. The boring expert reports the water is "very slightly brackish," "slightly brackish," and "brackish with alum taste." No analysis yet made. This supply should supplement the drinking water-supply. Slight increase in the popularity of the bucket system for night-soil, but there is no regulation for its general use. The cess-pool system still reigns supreme, and the same applies to outlying villages. Cattle kraaled in many instances too close to dwellings. The village pound is situated in the very heart of the place; it should be situated at the extreme outskirts of the village. Native Locations occupy roughly two-thirds of the area of the District, and are under the supervision of a European Inspector. A "common" latrine should be erected near the village for the use of visiting natives. One case of Enteric during the year; patient arrived ill from Rouxville in the Orange River Colony. There were five cases of Diphtheria, with one death. Other cases believed to have occurred amongst the Natives. The increase of Pulmonary Phthisis among the Native population is alarming. The disease is rare amongst Europeans. Its spread can only be accounted for by the crowding of huts, especially where Tubercular patients are living, and indiscriminate expectoration. Tubercular Natives should be moved up-country into large com-

pounds in a suitable climate, where open air treatment could be carried out. Many of the Natives could pay for their maintenance and treatment, but special taxation would be necessary. Syphilis is seldom seen, and then only in private practice. Bilharzia disease rarely seen. Only two cases treated during eight years.

At the commencement of the year a large number of Natives were poisoned by eating the meat of an ox which died suddenly, supposed to have been itself poisoned by eating some weed. In all 30 cases, of which three died.

The duration of the symptoms varied from 12 hours to two or even three weeks. The symptoms were slight fever, with very acute vomiting and purging, and much abdominal pain. After 24 hours blood generally appeared in the stools, and patients became collapsed. Headache of a pronounced type, followed by early unconsciousness, was observed in some of the worst cases. One death occurred 12 hours after the fatal meal, and the other two took place 24 and 48 hours after it, respectively. Some of the milder cases passed into a chronic variety, which lasted as long as three weeks. Treatment had little effect, the most successful form of remedy being warm boracic Enemata.

PHILIPSTOWN.—DR. C. J. HUGO, DISTRICT SURGEON.

General health of District remarkably good. Water-supply scheme will shortly be completed. Supply is from a bore-hole on the river bank, from which water is pumped to reservoir above the town. From this it is conveyed in pipes to stand-pipes in the streets. Cost of scheme, about £1,400. District Surgeon does not feel certain that surface pollution has been entirely excluded. Expert opinion as to the quality of the water was not sought or obtained, but if the new supply is not pure it can never be so impure as the old one. There should have been a main to each of the principal streets; the omission of filter-beds is to be regretted. The bucket system is in use for night-soil removal; carried out by Municipal Contractor at the request and expense of householders. Such work should be done at public expense. Refuse periodically and satisfactorily removed by the Municipal Contractor. Slop-water disposed of in various insanitary ways. Four or five instances of overcrowding in European houses; but overcrowding in Native dwellings is rather the rule than the exception. The slaughter-house might be kept cleaner. Little provision is made in the local butcheries for coolness, and practically nothing is done to protect the meat from flies. Location and the adjoining camp are too near the European portion of the town; more stringent supervision should be exercised by the Local Authority, with periodical visits by the Municipal Inspector, and transgressors of sanitary regulations should be warned or punished. A water-supply for the Native Location forms part of the new water-supply scheme. European and Native cemeteries are on well chosen sites, and are kept in good order. Real efforts have been made to improve the sanitary condition of the town, but progress has been very slow. The universal adoption of the tub system and the closing up of all cess-pits has been a step forward. The chief defects remaining to be remedied are want of a proper washing place, more latrines in the outskirts of the town (the existing ones are insufficient, and are not kept properly clean); more latrines for Native Location, with enforcement of their use; cleaning, by the Municipality, at the owner's expense, of houses which are only periodically occupied; many of these are in a really filthy condition. Streets should be cleared of surplus stones, waste-paper, etc.

A somewhat severe epidemic of Enteric Fever occurred towards the end of 1905, caused by impure water used by certain householders. Source of infection in six cases traced to the use of water from a certain private well: In no instance was anyone attacked using rain or fountain water properly boiled. Past experience shows that outbreaks of Enteric invariably occur as a sequence to the first spring rains after a period of severe drought, and last year's outbreak proved the rule. Anticipating this, householders were advised to boil well water used for drinking, but these warnings were not heeded by many, who shortly afterwards were stricken with the disease. Tuberculosis is becoming more prevalent amongst the Natives, who are mostly attacked by the Millinary form of the disease, which carries them off in a surprisingly short time. Overcrowding in towns and deficiency of and bad quality of food must be found the causes of Tubercular infection amongst Natives. Another likely factor seems to be the congregation of large numbers of ill-fed and badly clothed children in small and insufficiently ventilated schools. Cases of Tubercular disease amongst Natives living habitually on farms are seldom

seen. Syphilis, generally seen in the tertiary stage, is common amongst the Natives. Only once been able to trace infection from a Coloured maid servant to a European child; latter developed a hard chancre on the upper lip. The disease is generally spread by illicit intercourse. Precautionary measures at present in vogue ineffective. Farmers should be circularised to bring all suspicious cases to the notice of District Surgeon, and hospitals should be established by Government at convenient centres for the treatment of cases. The District Surgeon has seen three cases very suggestive of Undulatory Fever, but the blood tests were negative. The disease is endemic in the Southern portion of the Orange River Colony, which practically adjoins this District. Epidemic Pneumonia is undoubtedly the most dreaded disease in this and other Districts throughout the Colony; it most frequently appears in early Spring; no cases occurred in 1906.

PETRUSVILLE.—DR. D. M. MACIVAR, ADDITIONAL DISTRICT SURGEON.

Water-supply unchanged and satisfactory. Night-soil removed bi-weekly at cost of Municipality, and buried in deep trenches at safe distance; Council intends procuring suitable sanitary cart to replace barrel-shaped conveyance at present in use; they also intend to supply "regulation" buckets, and so do away with paraffin tins and other faulty receptacles. Still no proper arrangements for disposal of slop-water, which is thrown out at any convenient place in the neighbourhood of dwellings. Immediate steps should be taken to rectify this matter: meanwhile the regulations relating thereto are observed only in the breach. Household refuse is removed bi-weekly by the Municipality. Rubbish heaps should be set on fire at intervals. Much overcrowding in Location and Native Quarter called "Red Block"; Sanitary Officer has been recently endeavouring to remedy this state of matters. Animals are at present slaughtered outside the village; Municipality propose to erect public abattoir in the near future. No swine or goats allowed within the town boundary. Cattle kraals and stables are kept in a cleanly condition, and are regularly inspected by Sanitary Officer. Native Location shows decided improvement. Water is carried from the hydrant situated in Market Square, a distance of 500 yards. Three burial grounds, all kept in a sanitary condition. The Municipality has of late devoted much attention to the abatement of nuisances, and the sanitary state of the village has undergone appreciable improvement within the past year. No hospital accommodation. Cases of infectious disease are isolated in the old lock-up, but the available space is inadequate; a proper isolation hospital would be a boon. Enteric Fever broke out in the village and District towards the end of 1905. It rapidly spread, and continued unabatingly until the end of July last; from that date no fresh cases occurred until November, when a case occurred in a house in the "Red Block," followed by six other cases in quick succession. In all 51 cases were reported to the Municipality or Divisional Council, but the actual number of cases was probably nearly double this. Many of the cases were of a very mild type. The majority were in Europeans. Six deaths occurred, three in the village, and three in the District. The origin of the outbreak and the cause of its spread were at first obscure. The Assistant Resident Magistrate induced the Municipal Council to hold a special meeting, and undertake suppressionary measures. Subsequently the Assistant Medical Officer of Health for the Colony made an inspection and investigation, and all of his recommendations the Council have carried into effect. District Surgeon is confident Council would willingly do more, only they are hampered by a lack of funds.

One case of Diphtheria reported. Tuberculosis continues to work havoc among the Natives; is practically non-existent among Europeans. Native appears peculiarly prone to Tubercle; disease chiefly of Pulmonary form; causes of spread are insanitary dwellings, badly constructed, ventilated, and lighted, disregard of personal cleanliness, overcrowding, and the association of the sick with the healthy, poverty, with insufficient food and clothing, ignorance as regards the infectious nature of the disease, with consequent failure to take precautions. Syphilis rampant, affecting Coloured races chiefly; generally met with in Tertiary stage, and also in congenital form; usually spread by sexual intercourse, but one or two instances known where the disease in white people was ascribed to its having been innocently contracted from Native servants. Several cases treated under the C.D. Act, but its suppression cannot be effected until an isolation hospital is provided. It is very doubtful whether Malta Fever exists in the District: during the early stages of the recent Typhoid Epidemic there was a suspicion that the disease might be Malta Fever, and two blood samples were sent for examination. The reports were so conflicting that the District Surgeon decided to regard the disease as

anomalous Enteric Fever, and the subsequent history of the outbreak confirmed this view.

PIQUETBERG.—DR. F. H. DOMMISSE, DISTRICT SURGEON.

Mild epidemic of Chicken Pox during June and July. Also some Influenza. Typhoid Fever broke out among the Coloured people at Mouton's Vlei, caused by pollution of the stream supplying the Natives' houses by a child who contracted Typhoid Fever on another farm, and whose linen was washed in the stream; another outbreak occurred at Zuurfontein, with two deaths.

Municipal Council of Piquetberg have always taken a healthy interest in town's sanitation. Water-supply good and pure, but not sufficient.

Night-soil is carted away twice a week, but slop-water and household refuse are not being attended to. There are several dwellings unfit for human habitation.

Slaughter-houses still managed in the same haphazard style; a monthly inspection would be beneficial. The keeping of animals is being better looked after.

Location is in a very suitable place, but most of the huts are in a filthy condition; water-supply bad; no arrangements for disposal of excreta.

One case of Diphtheria in the village during the year. The Divisional Council should take steps to prevent the spread of Typhoid Fever, and to teach the people how to protect themselves against it. Nothing has ever been done in such cases.

No vaccination during the year.

PORTERVILLE.—DR. F. P. BESTER, ADDITIONAL DISTRICT SURGEON.

Nothing has been done regarding the proposed water scheme since last year. The available drinking water-supply is often used for irrigation purposes, and is getting more and more scarce, and will soon prove insufficient for the village. The water pollution all along the open furrow still goes on daily, and it is not uncommon to see people in the back streets washing their horses in the "drinking" furrow.

Drainage, sanitary removal system, housing, slaughtering, keeping of animals, Native Location, and cemeteries remain as described in last report.

The village and sub-district have been especially free from Epidemic disease. Four cases of Enteric were reported: no Diphtheria and no Small-pox, in the Municipal area. No isolation accommodation exists. No vaccination has been performed in the sub-District since April, 1905. Tuberculosis, chiefly of the Pulmonary type, occurs, more frequently among the Coloured people, chiefly females, though not believed to be increasing. Syphilis occurs mainly among Natives in the tertiary stage. Owing to Natives living on farms, they practically never continue treatment long enough to effect a permanent cure. Cases of Hereditary Syphilis among Europeans are often found. There is no knowledge of commensal contagion from Coloured to European.

PORT ELIZABETH.—DR. J. PETER FENOULHET, ACTING DISTRICT SURGEON.

Water-supply.—Nothing to report on last year's note. The report from the Consulting Engineer on the Drainage Scheme has been received; he agrees with the scheme of the Town Engineer in its main details; estimated cost, £300,000; consent of the ratepayers has yet to be obtained. Nothing fresh to report regarding night-soil removal, but compulsory power for weekly removals has not been adopted; slop-water and household refuse are dealt with as formerly. Overcrowding is still on the decrease, surprise night visits being frequently made by the Municipal Inspectors; prosecutions follow in every case of overcrowding. The Municipal Abattoirs are near completion, and will be opened in April next, when all existing slaughter-houses will be closed. The legislation dealing with unsound food appears defective, for, with the exception of milk and meat, it is not a punishable offence to "expose for sale" unsound articles of food. Emslie's Location is now demolished; those of Vlei Post and Fraser Street are occupied by registered voters only.

No epidemic occurred during the year. Typhoid—116 cases, with 11 deaths—shows slight increase; no diminution can be expected until the new drainage scheme is carried out; no cases traced to milk supply. Measles very prevalent; caused 25 deaths. Gastro-Enteritis caused 30 European and 61 Coloured deaths.

or a total of 91. Infantile mortality rate: Europeans, 109; Coloured, 210 per thousand. As a result of the Municipality insisting on thorough disinfection of all clothing and bedding by steam disinfector of every case of infectious disease, the number of cases of Scarlet Fever is considerably less than in any previous year.

Tuberculosis very prevalent among the Coloured people, especially at Korsten., where no less than 56 cases were notified; total notifications were 187, with 103 deaths.

Syphilis is prevalent, especially among the Coloured, as, since the Morality Act of 1902 came into force, at least two-thirds of the girls likely to be affected (*e.g.*, girls who have gone into domestic service, work during the day and carry on prostitution at night) do not present themselves for examination.

Bilharzia Haematobia exists, caused by bathing in the Baakens River; there were several cases brought to the notice of some of the medical men here, mostly amongst Coloured boys, in 1904; in January, 1905, the Health Officer to the Municipality had Notice Boards posted along the banks of the river warning bathers of the danger of bathing; since then no cases have been under observation. Mosquitoes in certain parts of the town have been very numerous and troublesome; amongst the Police and their families some severe abscesses and cellulitis of the scalp resulted therefrom.

KORSTEN VILLAGE.

Village Management Board have bought a water-boring machine, and are now boring for water; if successful, this will be pumped by aermotors to a reservoir, and distributed through pipes. Compulsory removals of night-soil by the Board once a month, but majority of houses have weekly removals; slop-water is disposed of on dumping ground north of village; refuse removed weekly, free, by Board.

No outbreak of infectious disease; Phthisis prevalent, 56 notifications. All the slaughter-houses used by the Port Elizabeth butchers are contained in the area, but the butchers are joining in with Port Elizabeth's public abattoirs. Overcrowding does occur, but the Cape Mounted Police make frequent raids at night, and owners of overcrowded dwellings are prosecuted. All cesspools are being filled up; only six now remain, and these belong to houses unlet; the owners have been warned that they will not be allowed to let these houses until the cesspools have been filled up.

PORT NOLLOTH.—DR. R. DENNINGTON FISHER, DISTRICT SURGEON.

Water-supply is from two sources, soft water and water from five miles away. The latter is hard and brackish, and is by some used for drinking purposes. It is pure at the source, but there is risk of contamination in its passage to the consumer.

Night-soil is collected by a sanitary gang, and is tipped from the end of the jetty; slop-water is tipped on the beach at the water's edge.

The people generally are well-housed; there is some overcrowding amongst the Coloured, but little amongst the whites. There is no order at the Native Location, and cleanliness suffers in consequence. The Location, which is spread over too much ground for the sanitary gang to keep clean, should be removed to some spot where it could not be a possible source of danger as it is now.

The Cape Copper Company have a small hospital for their own employees, which is available for others under certain conditions. No special hospital for infectious disease exists. Chicken-pox occurs occasionally. One case of Amias occurred in October. Vaccination was carried out throughout the District. Four cases of Enteric Fever occurred at the end of the year, of which three were imported. Tuberculosis is painfully common, especially amongst the Coloured people. Pulmonary form is the most common. It is bound to increase, owing to the general disregard for hygiene amongst those most affected. Radical measures are necessary to combat it; notification with prompt segregation and isolation might help. Syphilis is common amongst the Natives and fairly so amongst others, generally secondary in Natives and primary in whites. Spread by contact. No cases known of commensal spread. No measures in operation for its suppression.

PRIESKA.—DR. Z. KAUFMANN, DISTRICT SURGEON.

Water-supply, sewerage and disposal of night-soil satisfactory.

Severe epidemic of Measles during year, about 500 cases; disease caused (with

complications) 34 deaths, giving a mortality of about 7 per cent. Five cases of Enteric Fever, with two deaths; seven of Diphtheria, with two deaths; Antitoxic Serum used as a remedy, and prophylactic with excellent results. The people are eager to submit to the serum treatment, and carry out any precautionary measures advised.

No Small-pox or Vaccinations. Eighteen cases of Tuberculosis reported by District Surgeon during the year, of which 13 were Pulmonary, 3 Lupus, 1 Scrofula, and 1 cold abscess. Other cases reported by other medical men. Ten deaths due to Tuberculosis reported. The late Dr. J. S. Gibbons, formerly District Surgeon, stated that Tuberculosis was formerly next to unknown here. The disease is on increase, especially amongst the Natives. At present there are 29 Coloured and three European cases of Syphilis, of which 14 are of the hereditary form, on the C.D. List. The disease is more prevalent amongst the Natives, especially the hereditary form and in the secondary and tertiary stages of the acquired form. It also exists amongst the Europeans in the primary and secondary stages. The Morality Law of the Colony is immoral and inhuman. Cases, or a sudden epidemic of venereal disease—especially Gonorrhœa, which in its consequences and complications and the lifelong suffering of females which may result from the incompletely cured disease in males, is a disease to be treated just the same as Syphilis—are often seen which can be traced to one person. This would be impossible if prostitutes were under the control of the Police and properly treated. The so-called Morality Law never yet prevented the intercourse of the sexes, but increases the spread of disease.

Malta Fever occurs only in isolated cases. Goats' milk is generally used. Many years ago District Surgeon noticed in the Transvaal a kind of recurring fever, which many considered to be Typhoid, but which he called "High Veld Fever," as different from the Malarial which occurs in the Transvaal, in the low country from Delagoa Bay to Waterfal-Onder. From the description of Malta Fever, District Surgeon considers it identical with this disease, and occurring here in a slight degree, though sometimes there are outbreaks of epidemics. Goats' milk was practically not used in the Transvaal except by Natives, and these never suffered from Malta Fever to his knowledge.

One suspected case of Bilharzia Hæmatobia seen. Pneumonia is very prevalent; this disease and Pleurisy cause more deaths than any other disease. It would appear that at elevations of over 3,000 feet the prognosis of Pneumonia is generally very bad.

PRINCE ALBERT.—DR. R. STEVENSON, DISTRICT SURGEON.

Health of District very good during first four months of 1906. Scarlet Fever epidemic during May; 22 cases but no deaths. Many cases of Pneumonia in October and November. Enteric Fever appeared during November and December. Water-supply still from an open furrow, but at last, after many years' agitation, steps are being taken to have pipes laid to and through the village; this will be a great improvement; District Surgeon of opinion that much of the disease in village can be traced to bad water. Storm-water drainage totally inadequate; furrows allowed to fill up with sand and refuse, with consequent flooding of the streets during rain. The open drain running through the Native quarters is a common cesspool and a danger to health. Night-soil removed once a week on pail system; all houses have closets. No system of slop-water and refuse removal; Municipality ought to deal with this in the same way as night-soil. Many overcrowded dwellings and dwellings unfit for human habitation, chiefly among the Coloured. Slaughter-houses beyond the limits of village; are kept in good order. Some cattle kraals are too near the dwellings, and their sanitary state is not satisfactory.

Much dried fruit prepared in the village; in one case fruit seen spread out to dry on the zinc roof of a water closet; there is a want of cleanliness generally in preparing these fruits. The manner in which animals are kept is disgraceful; the kraals are seldom cleaned and far too near dwellings; the stench in the hot weather is unbearable. No Native Location, the Natives being scattered over the village, mostly living in miserable reed and clay huts, in many cases the only covering being a few bags. Closets are bad, and at entrance to the village from Station they are horribly prominent.

Three cemeteries in use, two Dutch Reformed and one Anglican, the latter of which is not well kept or cared for; and a part is used as a rubbish tip by adjacent dwellers. The sanitary state of the village still leaves much to be desired; streets

badly kept and littered with stones, tins and refuse; up till recently no precautions taken to drain away storm-water. There is a Sanitary Inspector who is empowered to take action when complaints are made, but people as a rule are averse to making complaints. No Inspector visits the place and no steps are taken to stop the nuisance. The village is badly lighted; a number of street lamps were presented to the Municipality by public subscription, but they are never lit, the Council refusing to supply oil. Many dams in the village which are a danger to health, the stench from many is sometimes very great.

No isolation accommodation. Very few years pass without an outbreak of Enteric Fever; one imported case occurred in January, a further case in November and three more in the same house and two in other parts of the village in December; outbreak attributed to the want of proper precautions regarding the disinfection of this house in which a very bad case occurred in 1905; no deaths so far.

Scarlet Fever broke out in May; 22 cases, no deaths; it is considered that proper steps were not taken to prevent the spread of the disease, children freely desquamating, being allowed to attend school. Many cases of Pneumonia occurred in the District in October and November; as many as four cases occurred on some farms. No Small-pox or Diphtheria; no vaccination tour in the District for the last three years.

A few cases of Tuberculosis in the village and District, mostly pulmonary; chiefly in Coloured people, but there are some European cases; it is increasing, but not, it is thought, to any great extent; causes are poverty, insanitary conditions and neglect of instructions as to disinfection of sputum; where fatal cases occur the dwellings are never properly disinfected; among the Coloured people the only remedy is to burn the hut occupied and the clothes worn by the deceased.

Syphilis does not occur to any great extent, and then mostly among Natives; mostly seen in tertiary stage; there are several cases among Europeans; no case known of commensal conveyance from Coloured to European; gratis outdoor treatment of cases; no Lock Hospital; it would be much more effective if the worst cases were treated in hospital.

During the year 33 European and 67 Coloured deaths were registered, with 153 European and 85 Coloured births.

QUEENSTOWN.—DR. H. F. BATCHELOR, DISTRICT SURGEON.

Water derived from Bongolo Basin, piped to town, a distance of two miles, to the Berry Reservoir, from which it is distributed; the Bongolo Basin is inhabited by farmers, and stock graze there; there is therefore a danger of pollution. Bacteriological examination of the water shows this danger is a real one.

Surface drainage only. Night-soil, slops and refuse collected and removed by contract; pail system in use. No overcrowding or unfit dwellings.

Location satisfactory; its water-supply is from the Berry Reservoir. Cemeteries in good order. Nuisances dealt with by Sanitary Inspector in a satisfactory manner. Small-pox Hospital for Natives exists.

Notifications during the year: Enteric Fever, 28; Diphtheria, 29; Small-pox, 23; Phthisis, 19; Scarlet Fever, 1. Enteric is chiefly due to contaminated water and occasionally to food contaminated by dust and flies carrying the bacilli.

Most of the cases of Tuberculosis occur among the Natives; Lungs, Intestines, Glands and Uterine Appendages chiefly attacked and in the order mentioned as regards frequency. Disease considered on increase among the Natives; due to lowered vitality consequent on life amongst Europeans, insufficient air space in their huts and houses, improper feeding and general ignorance of the manner of spread of the disease and of precautions.

Syphilis not known to be very prevalent, but probably more cases exist than come up for treatment; it is generally of a mild type. Syphilitics are treated by the District Surgeon, but cases generally present themselves when the disease causes some inconvenience or annoyance; when improvement results attendances are discontinued.

No indigenous Bilharzia disease; a few imported cases, generally from King William's Town, are met with.

General health of the community has been good, the only notable increase being of Diphtheria, possibly owing to better diagnosis.

Cases of Intestinal disease amongst children have not been very numerous.

STERKSTROOM.—DR. JOHN MUIR, ADDITIONAL DISTRICT SURGEON.

Health of town and District exceptionally good during year; chief difficulty of Municipality is lack of funds, an application for a Government loan not having received favourable consideration so far; something has been done to lay out certain streets; additional gates and fencing have been erected which close in the village completely; water has not been brought into the town from the bore-holes outside. Slop-water removed weekly by cart. Occasional cases of overcrowding. Location well kept; Kafir burial ground is still unfenced from lack of funds, and the graves are tailing off into the veld; unless something is done considerable expenditure will one day be entailed in fencing what will be an unnecessarily large and irregular patch of ground.

Outbreak of Small-pox in Location in February; first case came from Lady Frere; two further cases; outbreak dealt with by Municipality at total cost of £47 11s. 9½d.; 355 vaccinations performed during the year, of which 227 were re-vaccinations.

Tuberculosis is increasing; chiefly among Natives; several fatal cases have occurred amongst whites born in the District; nearly all were of pulmonary form, one only being miliary; glandular form usually secondary.

Syphilis almost absent; usually seen in tertiary and non-infectious form; no case known of commensal infection from Coloured to European.

No cases of Malta Fever seen, but two cases seen over the boundary line in the Dordrecht district, though the diagnosis was not confirmed bacteriologically; if disease exists here it only does so to a slight extent.

Twelve cases of Enteric Fever were notified; the disease is endemic, and the cause is probably the bacillus lying in the ground from one year to another, becoming active after the rainy season. Separate buckets are, or ought to be, in use for these cases, and the Municipality has been advised accordingly.

A rather severe epidemic of Gonorrhœa occurred in September and November. Deaths during the year: Europeans, 12; Natives, 37. Births: Europeans, 47; Natives, 35.

WHITTLESEA.—DR. A. E. THOMAS, ADDITIONAL DISTRICT SURGEON.

Water-supply unchanged. It would be no easy matter to find a water-supply more unsuitable for drinking purposes than the Ox Kraal River, on which some of the Coloured inhabitants are dependent. The only solution of the difficulty is the construction of a bore-hole with hand-pump in a suitable situation.

Several dwellings which were unfit have been replaced by decent cottages. Swine not allowed in the village, but there are still one or two transgressors.

Location is on a hill half a mile from village; consists of about half a dozen huts and is in good order. The cemetery is well looked after. No Hospital nearer than Queenstown.

A good many cases of Typhoid Fever during the past year; majority were Natives, who went through the illness without medical attendance and were not notified. Outbreak was due to water contamination, for all the cases seen occurred along the Klipplaat River. The first case was high up on the river over a twelve-month ago, and since then the disease has slowly spread along the course of the river in the direction of the stream, the farms being attacked in almost a regular sequence. The last case was on the farm furthest from the original case. The disease has taken about nine months to travel 40 odd miles. Twenty-two cases notified during the year—probably a third of the real number.

Two cases Small-pox at Poplar Grove in January attended by the District Surgeon. In November ten cases of Small-pox occurred in the village of Hackney—Ox Kraal Location. Infection brought by a Native from Balfour. The Village Management Board of Hackney treated the outbreak on their own initiative; the cases were not seen by a medical man; a member of the Board vaccinated the contacts.

Pulmonary Tuberculosis considered on the increase among the Natives.

Nothing done regarding Syphilis; it is not very prevalent.

Whittlesea Village, population, 407; Births, 15; Deaths, 5; deaths under one year, 2, both twins one day old.

Shiloh, population, 780; Births, 35; Deaths, 17. Consumption and Typhoid Fever were the two most frequent causes of death. On the whole the health of the village was satisfactory.

Engotini, population, 201; Births, 16; Deaths, 16; Deaths under one year, 8, chiefly due to Whooping Cough.

Kamastone Location, V.M.B. area, population, 2,243; Births, 73; Deaths, 60, of which 25 were under one year.

Hackney, Ox Kraal Location, Rural area under V.M.B., Births, 73; Deaths, 79. Whooping Cough was the reported cause of death in 36 cases.

RICHMOND.—DR. JOHN H. BAM, DISTRICT SURGEON.

Water-supply from west side of town used for domestic and irrigation purposes; is obtained from an artesian well and stored in a dam; is sufficient at all times; below the dam is a well-built spring from which most of the drinking water is carried in buckets; the spring is constant, strong and sufficient, though the water is not absolutely pure; District Surgeon unaware of any pollution either at the source or delivery. The west end water supply comes from a reservoir in an open furrow; is used for drinking by a large number of Coloured people; is liable to contamination at source in the reservoir and during its course in the furrow, and is absolutely unfit for drinking purposes unless previously boiled. Steps are being taken to remedy this; three additional artesian wells have been made; there are also two pumps, one in the Market Square and one in the Show Yard; the water in both is impure and absolutely unfit for drinking purposes. Night-soil pails emptied once every eight days; returned empty pails are thoroughly disinfected; depositing site is one mile on south side of the town; frequency sufficient during the winter but during the summer there should be two removals a week. No system of slop-water removals; it is generally thrown into the back-yards. Refuse removed regularly by carts. Overcrowding common amongst the Coloured population; many dwellings in the town proper, occupied chiefly by Coloured people, are unfit for human habitation. Three slaughter-houses and butcheries, all well conducted; a public abattoir would be an improvement. Horses are in many cases kept in close proximity to dwellings; a few swine also kept in town; supposed not to be kept within 20 yards of dwellings, but this Regulation is not enforced. Native Location huts are dilapidated, overcrowded and too close together; not arranged in streets; sanitation defective in many respects; water-supply, nil. General condition of town has greatly improved. Small two-roomed Hospital about a mile from the town, under control of Municipality, is in a most dilapidated state.

Thirty cases of Enteric Fever occurred between December, 1905, and January, 1906—10 in Europeans and 20 in Coloured persons, with nine deaths; outbreak attributed to polluted stagnant water in the river-bed caused by the severe drought; nearly all the cases were located along the river; also the insufficient removals of night-soil pails during the summer. Local Authority did everything possible; the river-bed was flushed with fresh water once a week; night-soil system improved, more pails supplied and removed more frequently and regularly.

Tuberculosis seldom met with; a few cases of Phthisis in Coloured families have been reported. Syphilis chiefly met with among Coloured and in secondary stage; spread chiefly by contact; no known case of commensal conveyance from Coloured to European.

RIVERSDALE.—DR. J. W. DE Vos, DISTRICT SURGEON.

Water-supply very constant and pure during the year, although the open sluiceway to the reservoir still skirts the Ladismith high road, and is liable to contamination; District Surgeon strongly advises that the pipes be carried further up the river. Sewerage and drainage is in a very bad state; a large quantity of water is carried into the back-yards from the reservoir; this runs away in open furrows, which are allowed to stagnate; in some areas the whole soil is polluted; two separate cases of Typhoid in the town attributed to this cause. The Regulations regarding the keeping of swine and cattle are well enforced. New cemeteries in good order; site suitable; old cemeteries have been closed.

The only isolation accommodation is a few rooms owned by the Municipality, without furniture or conveniences; used for the accommodation of C.D. cases; patients from the district are not admitted, as the Divisional Council would not subscribe anything towards its funds.

Sixty-four cases of Enteric, 11 in Riversdale and 53 in the district, with six deaths. In the early part of the year there was an epidemic at Still Bay; nearly

30 cases occurred during January; the infection was traced to one little water hole which had got contaminated, and which was used for drinking purposes; the drinking water at Still Bay is still procured from small holes dug in the sand into which the surface drainage percolates; formerly the night-soil and refuse was deposited anywhere around the houses; the soil became saturated with putrefying organic matter, which it is thought accounts for the virulency of the epidemic. Night-soil and refuse are now deposited at a safe distance from the dwellings; most of the houses have been supplied with tanks, although no clean water-supply has been provided.

Still Bay cannot be considered a very healthy place. A few cases of fever occurred at Albertinia, due to a defective water-supply; a small epidemic also occurred at Zandfontein, attributable to a contamination of the river; in September last a case occurred in a backyard in Riversdale, followed by three more in the same locality; these cases were caused by defective drainage. District Surgeon recommends that a proper drainage system be constructed for the town of Riversdale at an early date.

Three isolated cases of Diphtheria during the year. Tuberculosis decidedly increasing, especially among the Coloured; caused 38 deaths during the year, 28 of Coloured and 10 of Europeans. This proves that a fairly large percentage of population must be affected. Amongst the Coloured people, overcrowding, bad ventilation, filthy earthen floors, and above all, ignorance, are the rule; in several cases the spread of the disease could be traced to houses which had been inhabited by consumptives formerly. The Authorities should distribute pamphlets in Dutch and English, instructing the people regarding the nature, cause and prevention of Tuberculosis. The pamphlet issued on a former occasion regarding Enteric did a vast amount of good.

ROBERTSON.—DR. LOUIS W. STEVENS, DISTRICT SURGEON.

Water-supply of village of McGregor improved during the year; water taken from a dam at the top of the village and led by pipes along the main street with branches to the cross streets; it would have been preferable had the supply been taken at its source, where unpolluted water can alone be obtained. Water-supply of Robertson is pure and unpolluted, but seems insufficient for the higher parts of the town during the summer. No night-soil removal system in McGregor; in Robertson removals are carried out by a contractor in a fairly satisfactory manner. No system of slop-water or refuse removals at either McGregor or Robertson. Overcrowding of Coloured people in unhealthy dwellings with no proper water-supply accounts to a certain extent for the appalling mortality-rate of the urban Coloured inhabitants, and especially for the spread of Phthisis. Estimated population of town and district, 10,400; births registered, 199 European, 216 Coloured; deaths, 59 European and 108 Coloured; chief causes of death were: Pneumonia, 27 cases; Tuberculosis, 26; Diarrhoea and Convulsions, each 14; Bronchitis, 11; Typhoid Fever, 2.

SIMON'S TOWN.—DR. H. CLARKE, DISTRICT SURGEON.

No change in Municipal water-supply; supply inadequate during summer months; the Council are taking steps to increase the supply by laying pipes from Dido Valley; present supply is pure, being derived from mountain springs, and is satisfactorily distributed. Sewerage and drainage satisfactory on the whole, the town being drained by a system of pipe drains laid within the past five years; some of the drains are, however, not sufficiently ventilated; the town being situated on the side of a hill, it is difficult to place a ventilating shaft without its becoming a nuisance to neighbouring habitations situated on a higher level; indifferent plumbing allowing the escape of sewer gas into houses may be the cause of some cases of Enteric which are of doubtful origin, particularly in the dry season. Sale, storage, and preparation of human food satisfactory on the whole. Location fairly clean. Cemeteries in excellent order. No isolation hospital.

Twenty-eight cases of Small-pox; outbreak began in June; infection introduced by a Native family from Somerset West; general vaccination carried out; 2,063 persons vaccinated, of whom 1,928 were vaccinated in Simon's Town; cost to Government about 4d. per vaccination; great negligence on the part of the public as to vaccination, though every facility is provided; District Surgeon can

hardly recall an instance where he has been asked to vaccinate an infant within three months of birth as provided by law; during an actual outbreak of Small-pox advantage should be taken of Government Regulation No. 178 of 1904 making re-vaccination compulsory within the Cape Division; re-vaccination is just as necessary as primary vaccination; it is to be hoped that next Session Parliament may be able to devote a little time to the consideration of the Public Health Amendment Act, which was sacrificed in 1906, and in which the Medical Officer of Health for the Colony has made provision for the imperfections of the existing measures in respect to vaccination and re-vaccination.

Nine cases of Enteric Fever occurred; District Surgeon of opinion disease was largely spread by dust contaminated with typhoid excreta and blown by the south-east wind.

Three cases of Tuberculosis notified. Syphilis does not largely exist owing to the operation of Part I. of the C.D. Act; occasionally cases seen in Coloured persons, chiefly in the tertiary form; no doubt it is largely propagated by persons suffering from secondary lesions.

SOMERSET EAST.—DR. WILLIAM SCOTT, DISTRICT SURGEON.

Water-supply.—Reservoir on the Boschberg; capacity 40 million gallons, and seldom half empty. Water brought from this by open natural watercourse to the "Water House," and thence by 9 in. pipe to the town. Results of two analysis have been entirely satisfactory, but possibly equally satisfactory results would not always be obtained. Council have had under consideration schemes both for augmenting the supply and for completing the piping and safeguarding the present sources of supply from possible pollution. Surveys have been made and levels taken. Lack of funds is a difficulty. The Sanitary Inspector has the water-furrows and ground in front of houses where infectious disease has occurred cleaned and sprinkled with disinfectants.

Single pail system with stercus cart in use for night-soil removal. Depositing sites set apart for disposal of slops and refuse.

The overcrowding of the Location, its health statistics and generally insanitary condition has been reported, and is receiving attention at Headquarters. The weeding out of ramshackle huts and undesirable occupants in the old location, and the extension of the location are urgently needed.

The C.D. Hospital was closed in November, 1904; plans for a Cottage Hospital are at present under consideration. No Small-pox. 947 Public Vaccinations performed. Nine deaths from Enteric Fever in the district during year, with five cases of Diphtheria, of which four occurred in the town, two being the children of a farmer, diagnosed upon their arrival in the town. Following District Surgeon's suggestion he ascertained that his poultry were similarly affected, and these were killed by him. The Local Authorities rendered every assistance.

Tuberculosis is increasing; very prevalent amongst Coloured people and Natives, chiefly pulmonary and intestinal forms. There are many marasmic infants. Thirty-one cases reported to the Municipal Council, and nine to the Divisional Council during the year. Syphilis does not appear to be increasing in the town. Cases are tertiary. Re-opening of the C.D. Hospital would in many cases be a great advantage, but thorough and complete isolation locally would prove to be impossible.

Total population of district, including Pearston, as appearing in 1904 census, 22,385; births (1906), 655; deaths, 405, of which 93 were registered as due to Pneumonia and Bronchitis, nine to "Tering" or Consumption, six to Tubercular Enteritis, and 34 to Gastro-Enteritis and Diarrhoea. Preventible diseases bulk largely in the totals; unsuitable diet, non-hygienic surroundings and want of knowledge as to the care of infants believed to be initial causes which contribute to the deaths, which ultimately fall to be recorded under various other headings.

District Surgeon suggests that Council should notify residents as to suitable precautions (especially during the summer months) *re* water, milk and meat supply and sanitary matters generally; that the Medical Officer of Health for the Colony supply Council with leaflets for distribution, dealing with the above questions, and including therein directions as to feeding of infants, ventilation in Tuberculous cases and so forth. Such circulars coming from Headquarters would, in District Surgeon's opinion, carry great weight and do much good, and if addressed to Local Authorities, the Press and Medical Practitioners for distribution, would greatly strengthen and assist the hands of Local Authorities in educating the public mind in health matters.

PEARSTON.—DR. P. T. CAIRNS, ADDITIONAL DISTRICT SURGEON.

No change in water-supply. Cesspits system in vogue and is likely to remain. Overcrowding does not exist to any extent, except in Locations and in dwellings of the Coloured people. The Location is filthy. The burial ground for whites is without a Committee of Management and is mismanaged; it is to be hoped something will be done soon to rectify matters. No hospital accommodation. Two cases of Enteric Fever occurred on the same farm during year, following a case on the same farm late in 1905; disease probably contracted from drinking infected water on the veld. One patient died. Several cases of Diphtheria, with one death, occurred. Vaccination tour carried out during the winter. The District Surgeon should be allowed to plan his own vaccination tours, as he knows the District much better than the Civil Commissioner. Tuberculosis is increasing amongst Coloured population; no cases amongst the white community known. The Native question seems hopeless; they live eight or nine in a hut, marry, and produce Tubercular children; they are a danger to everyone, and they take absolutely no precautions. Many cases are never seen or heard of. Syphilis is more prevalent than the C.D. Register shows. When a farmer knows he has Syphilitics on his farm he chases them out and they disappear.

STELLENBOSCH.—DR. J. H. NEETHLING, DISTRICT SURGEON.

Water-supply ample, but liable to contamination. The long contemplated water scheme has been started, and it is expected soon to have a supply above suspicion.

There was a movement afoot to get a scheme for sewerage disposal by means of the "septic tank" and "farm" system; cost is at present prohibitive. The system now in use, although somewhat offensive, still answers admirably. Night-soil disposed of on the double bucket system. Slop-water is allowed to drain as before into the furrows along the streets. The improvement in these is being steadily pushed. Refuse is daily removed by carts.

No overcrowding brought to notice, and no houses unfit for human habitation. The dwellings of the Coloured people are gradually improving, except in the locality near the Railway Station lately included in the Municipal area, where there has not been much improvement as yet.

Slaughter-houses have been well looked after; where any were declared insanitary they were immediately closed.

Cemeteries and burial grounds are not altogether satisfactory; they are Denominational, and are not under one controlling body. Steps are being taken to close the old Cemeteries which are within the Township. The new sites assigned to the applying parties.

Cases of infectious disease, such as Small-pox, are treated in tents which have hitherto answered admirably. During the year there were within the Municipality 15 cases of Diphtheria, eight of Typhoid and six of Tuberculosis, one of Scarlet Fever and one of Erysipelas. All cases were sporadic; no epidemic. The Diphtheria cases mostly occurred in localities where good houses had been built upon ground which formerly had been badly drained and insanitary. The number of cases of infectious disease occurring in the District not available; there has, however, been no epidemic except of Small-pox, of which there were three outbreaks, all in the Divisional Council area; seven cases in all.

In the town Tuberculosis is not increasing. There is practically no Syphilis.

SOMERSET WEST.—DR. WILLIAM HEWAT, ADDITIONAL DISTRICT SURGEON.

Still no proper water-supply. Drinking water obtained from rainwater tanks and from the Lourens River.

Night-soil and refuse removed by Municipal contractor. No overcrowding.

Slaughtering is carried on outside the village. Slaughter-house is not at all satisfactory. No Native Locations.

Cemeteries are outside village, and in good order. No hospital accommodation exists, except a Small-pox Lazaretto under control of the Municipal and Divisional Councils. Thirty-seven cases of Small-pox were reported: 5 Europeans and 32 Coloured. Fourteen of the cases were unvaccinated and 23 pre-vaccinated. Three Coloured children died. The Municipal and Divisional Councils have succeeded with the help of Government in erecting a large Lazaretto outside the village. Three cases of Typhoid Fever occurred in Municipality.

SOMERSET WEST STRAND.

Good water-supply piped from the mountain slopes. Cleanliness has much improved during the last year.

Septic tanks have proved successful. Night-soil is removed from premises—not provided with septic tanks—on the tub system.

Cemeteries and burial grounds are in fairly good order. Nuisances are promptly dealt with. No hospital accommodation.

No overcrowding or dwellings unfit for human habitation.

Eight cases of Diphtheria and six cases of Enteric Fever reported during the year.

GORDON'S BAY.

Water-supply is good and the place kept fairly clean under the vigilant care of the Village Management Board. The butchery is very unsatisfactory, and steps have been taken to improve its sanitary condition. No cases of infectious disease.

STEYNSBURG.—DR. A. V. SHINE, DISTRICT SURGEON.

Water derived from water furrow, private bore-holes and wells, one Municipal well, and one bore-hole and iron rain-water tanks. Supply pure and abundant. Furrows running at right angles to the Main Street, between the Market Square and the Railway Station, have been covered in during the year; Municipality, it is understood, intends dealing with other streets in similar manner when funds permit. Night-soil is removed when tubs are reported full. Regulations requiring removal of sterco at least once a week are at present awaiting Government sanction. Slop-water is removed from private houses at least twice weekly, and from the hotels and boarding-houses daily, except Sundays. Refuse is removed as often as is necessary, usually once or twice a week. No European dwellings overcrowded or unfit, but several Native dwellings in the town are overcrowded. Surprise visits are made every fourteen days or oftener; no prosecutions so far. Five slaughter-houses; no public abattoir; one butcher fined twice during the year for keeping his butchery in an insanitary condition. No swine kept in the town. Order, cleanliness and general sanitation of the Location is good. Water-supply is pure, and obtained from holes or wells dug in bed of river above Location. Two European Cemeteries, one closed; three Native Cemeteries, two closed; all kept in good order. No hospital accommodation except Gaol Hospital with two beds and a stone and iron and a wood and iron building, erected by Municipality in February, 1906, when Small-pox broke out. The two latter buildings can accommodate from 16 to 20 patients, but are intensely warm in summer and bitterly cold in winter, and, consequently, are, in District Surgeon's opinion, unsuitable for any class of patient. Two outbreaks of Small-pox in the town during the year—16 cases. Four outbreaks in the country area, totalling six cases. All cases were Natives. No deaths. Of the town cases, four were prevaccinated and twelve unvaccinated. The Local Authorities took all necessary steps. Public vaccinations were held weekly at the Court-room in April, May and June; 371 primary vaccinations and 127 re-vaccinations performed. Considerable difficulty was experienced in enforcing vaccination with a large number of the European population. Several public vaccinations held at country centres; 328 primary vaccinations and 141 re-vaccinations. The large number of primary vaccinations indicates that the law is more honoured in the breach than in the observance. About 70 persons were vaccinated by other medical men, mostly primary vaccinations. Ten cases of Enteric with two deaths reported. In District Surgeon's opinion flies spread the disease in many instances. The Municipality supply special pails for Enteric cases and disinfectants gratis; instructions are issued to householders regarding the disinfection of discharges, and the pails are removed once a week and oftener if necessary. Three cases of Diphtheria reported in town. Only one case of Tuberculosis reported; four deaths from Pulmonary and one from Laryngeal Phthisis registered. Disease does not prevail to any extent; is about equally divided between Europeans and Natives. Four cases of Syphilis treated; all Natives in primary stage. In two of cases the disease was evidently spread by using the same eating and drinking utensils. District Surgeon understands some Europeans were treated by other Doctors.

STEYTLERVILLE.—DR. H. K. RAYSON, DISTRICT SURGEON.

General health of the village and district fairly good. Zymotic disease, except Measles, mild and infrequent. Many inhabitants use rain water conserved in tanks,

remainder use well water from their own yards; supply plentiful and, it is believed, fairly good, though not quite fresh. Night-soil removed on the pail system; slop-water and refuse is in most cases dumped down in the back yards. No supervision of the sale, storage and preparation of human food; the butchers' shops are not models of cleanliness. Native camp is fairly clean, but there are no sanitary arrangements; water has to be carried from the river some distance away. An Inspector of Nuisances should be appointed. No isolation accommodation; Government C.D. Hospital closed three years ago—a retrograde step in District Surgeon's opinion. In the early part of year Measles broke out in village, and spread to many parts of District. Some few deaths attributed to this disease and its complications, both of Native and of white children. Three cases of Scarlet Fever were notified and one case of Diphtheria. Four cases of Enteric Fever notified; source of infection unknown. The primitive sanitary habits of the early population (and in this respect there is still need for improvement) have contaminated the ground around homesteads, added to which there is no drainage and myriads of flies, which appear to offer some explanation of the erratic manner in which the disease manifests itself. No Small-pox. Very few vaccinations. Tuberculosis, especially Phthisis, is steadily increasing, especially amongst the Natives and coloured classes. Insanitary surroundings, want of cleanliness, overcrowding, wretched, unventilated huts and hovels would appear to be the chief causes, and contributory causes—insufficient clothing and food. Much might be accomplished by sanitary education, segregation of the sick, disinfection, or still better, the destruction of the huts where cases, especially advanced cases, have lived. Syphilis is prevalent, and under present conditions is likely to assume serious proportions. In the natives, coloured and poor whites it is untreated by the Government.

STOCKENSTROM.—DR. WM. FERGUSON MCGLASHAN, DISTRICT SURGEON.

Water-supply good; comes from the hills by open furrow to storage dam north of town; principally used for irrigation. Water for drinking and cooking principally derived from rain-water tanks. No cases of sickness during the year traceable to water.

Night-soil removed by contract, which works fairly satisfactorily; slop-water and refuse are becoming a danger to the town, and unless some care by the Authorities is taken an outbreak of infectious disease is bound to occur.

No overcrowding. Swine are prohibited within municipal limits. Cattle are freely kept, but no danger exists.

Location under municipal supervision; vigorous steps being taken to prevent overcrowding; general cleanliness good. Water obtained from the river and carried from the town in buckets. Sanitation, nil. Cemetery satisfactory. The abatement of nuisances generally has been on the increase, but more vigilance is required in regard to storage dams. No isolation accommodation; it is hoped some will be provided in the near future. No Enteric Fever. One case of Diphtheritic Croup. One imported case of Small-pox in Seymour. A large outbreak occurred in the District, chiefly at Maasdorp, between October the 7th and December the 24th—26 cases; no deaths. Cases isolated in their own huts. Vaccination of whole District carried out. The Local Authorities gave every assistance in suppressing the outbreak. Two cases occurred at Upper Blinkwater, two at Upsher, and two at Philip-ton; one death, of an unvaccinated male adult, occurred at Upper Blinkwater. Tuberculosis prevails chiefly amongst the Natives; very few cases amongst the Europeans. District practically free from Syphilis.

STUTTERHEIM.—DR. S. J. O'L. GRINSELL, DISTRICT SURGEON.

District is well supplied with water by numerous streams; quality and quantity good; village is now possessed of a fully-equipped pipe supply; reservoir is situated on the Amatola range, about five miles in a direct line from the village; water is of great purity, and is delivered under high pressure; scheme cost under £4,000.

No sewerage system. Two of the main streets have been kerbed and guttered during the year; the other streets will be tackled as funds permit. Pail system in compulsory use for night-soil; weekly service insisted upon; sanitary contractor performs the work fairly well. House refuse removed by scotch cart. Slop-water now removed daily by contractor at a minimum charge of 2s. per house per month.

Slaughter-houses now placed outside the village; bye-laws regarding their management are not rigidly carried out. Kraaling and the keeping of swine not now permitted in the village; this is a great improvement.

There are six chief Locations—total population about 3,500; three, viz., Ceynn, Emgwali and Wartburg, are controlled by their own Local Authority, the others being under the management of an Inspector; sanitation, nil.

Cemetery vested in the Municipal Council; site well selected.

Municipal Council have done good work during the past year regarding abatement of nuisances.

Infectious disease has been more prevalent than usual during the past year. Enteric Fever, eight cases in the village, all Europeans, with one death, and six cases in the District, two of whom were Europeans, with one death. Three cases and two suspicious cases of Diphtheria, with one death, all in Europeans. One case of Small-pox reported. Cost of outbreak £19 10s. 6d. General vaccination performed during the year. Four cases of Scarlet Fever, all in one household.

Among the white population Tubercle is not common; among the Natives it is certainly increasing, both in frequency and severity; type chiefly pulmonary; affects adults more than children; change of clothing, depraved habits and inebriety may be contributing causes, but direct infection, chiefly through the wearing of the blanket, considered to be the major cause of what is likely to prove a serious trouble in the near future; interchange of blankets and the habit the Native has of half suffocating himself at night by covering his head with a blanket, renders the spread of the disease, when once a kraal becomes infected, very easy.

Syphilis not very common; very little among the Europeans; average number of patients treated about five; cases treated under C.D. Act, which acts very well.

No Bilharzia disease in the District; cases are imported from King William's Town, the Buffalo River being credited with being contaminated.

SUTHERLAND.—DR. R. H. H. HAYDEN, DISTRICT SURGEON.

Water-supply as reported last year.

During the early months of the year the excreta of the Enteric patients was removed nightly, at the expense of the Municipality. Up to November removal of night-soil was by private labour. In November a contract was entered into. Work has been well done since. Refuse is removed by same contractor. Slop-water is emptied in gardens, yards and streets.

The two present cemeteries are about to be closed and a new one opened.

Much improvement has taken place in the village during the year.

Thirteen cases of Enteric Fever occurred between January and May, scattered about the village, caused, it is believed, by infected dust. No vaccinations. One or two cases of Syphilis in private practice.

Bilharzia Hæmatobia has been diagnosed in two cases in the farming class.

SWELLENDAM.—DR. GEO. JAS. CHADWICK, DISTRICT SURGEON.

Water-supply, good, pure and sufficient, is delivered in iron pipes. Night-soil removed in closed pails by stercus wagon and buried. Slop-water thrown on the manure heaps, etc. Overcrowding hardly known. No unfit dwellings. Cemeteries well looked after. There are no nuisances to abate. The C.D. and Leper Hospitals are now closed by order of the Government. There has been no infectious disease during 1906 except Whooping Cough, which prevailed for a few months, but has now died out.

BARRYDALE.—DR. A. DUNLEY-OWEN, ADDITIONAL DISTRICT SURGEON.

No alteration as regards water-supply, which is inadequate.

One case of Small-pox in July. Compulsory vaccination carried out in village; 147 vaccinations, of which 144 were primary. One case of Enteric, sixteen miles from Barrydale. Attack fatal.

TARKA.—DR. WM. H. FERGUS, DISTRICT SURGEON.

Water-supply from a spring and fountain about two miles from the village, piped to reservoir at one end of the village. About one-third of the erven are provided with underground and iron tanks for rain-water; remainder get their water from pipe where it enters the reservoir, water being carried in buckets and barrels

to the various houses. Location supplied from same source. Two boreholes sunk by the Municipality, and a strong supply of water obtained; it is proposed to distribute this throughout the town by means of a pumping plant and underground pipes. Night-soil collected in buckets and removed to pit two miles from the village; done departmentally. Slop-water and refuse carried to sluit adjoining village, and deposited there until removed by first flood; this work is not carried out by the Municipal Contractor, but Sanitary Inspector sees that no nuisances allowed. Overcrowding exists, but not to any serious extent. Milk cows are kept in yards adjoining some houses, a practice somewhat objectionable, but sanctioned by long usage. General sanitation of Location fairly good; great difficulty in getting Natives to use public latrines. Slaughter-houses at a safe distance from the town; are kept clean and in good order. Any nuisances arising are dealt with by the Medical Officer of Health and the Sanitary Inspector. Only hospital accommodation is a brick and iron building a mile from the village, originally erected for Small-pox cases, but used for Syphilitics and Lepers under observation or awaiting removal; owned by the Divisional Council, but largely used by the Municipality.

Three outbreaks of Enteric Fever; first outbreak probably due to impure water; six cases in all; two cases in the Native Location. No Diphtheria. Two outbreaks of Small-pox in the District in August; infection probably introduced by Natives trekking from Kafirland. Vaccination carried out throughout the District. Tuberculosis rarely seen. Syphilis is not widely prevalent, and is mostly found amongst Hottentots and Bastards. Six cases treated under C.D. Act during the year. The general health of the District is good.

TAUNG.—DR. D. C. McARTHUR, DISTRICT SURGEON.

District Surgeon only in District since 9th October, 1906, and can only report as regards Syphilis. The Native population of the District is about 21,000, comprising the Batlapin race, with a sprinkling of Basutos, Baralongs, Batlabanas, Fingoes and Korannas. There are two sections of the tribe, the larger under the Chief Molala, and the smaller under Khantlapan. Syphilis has been among them for many years; the old people state disease originally contracted from the Griquas. At present the disease is being spread by contact in ordinary life avocations. It has caused a decrease in the population among the Batlapins, which has been somewhat counteracted by the influx of Natives of other races into the District; it has, however begun to creep in among the newcomers, even the Basutos. On the outskirts of the reserve are European farmers, and scattered throughout the District are numerous Trading Stations and two Mission Stations. Up to the present only one case of Syphilis amongst Europeans seen, which, under the circumstances, is strange, as they are dependent upon the Natives for servants, domestic and otherwise, amongst which class numerous bad cases have been found. It is surprising that the Europeans, more especially Traders and Missionaries, have never reported the extent of the disease to Government. District Surgeon has not had a single case of disease sent to him by Europeans other than officials. The late District Surgeon started his register in May, 1903, and up to September, 1906, had treated 1,533 cases. On arrival of incumbent some weeks after late District Surgeon's death practically all cases had lapsed, and there was no means of tracing them, so District Surgeon made a tour of the District, visiting the chief villages and holding meetings, at which the nature of the disease and the law relating to it was explained. The Chief Molala has shewn the greatest indifference, but a few Headmen have shewn an intelligent interest, and especially the deposed Chief Galishwe. The Chief Khantlapan is in an advanced stage of the disease, and nearly all his family and relations are affected. Up to the end of the year 548 cases have been brought under treatment. The disease has become so widespread that the low and dirty type of Native, with ignorance and neglect of preventive measures such as segregation and prohibited marriages, must continue to be a serious factor in the spread of the disease. Numerous marriages occur when the one party has perhaps prominent secondary symptoms, at all events actively contagious. Every conceivable type of the disease has been seen with the exception of affection of the nervous system; hereditary eye troubles are not of frequent occurrence. Hereditary cases, it is thought, predominate, and there are many cases of facial necrosis so severe that it is marvellous how they live. But few cases are found with the primary sore; only nine found out of the total cases to date, and none of them could be considered immorally acquired. It is very difficult to differentiate between transmitted and acquired "secondaries," for from the cases seen one is forced to admit the possibility, one

might even say certainty, of tertiary contagion, and also transmission to the third generation. Amongst the women premature death of foetus and abortion are not frequent. The Natives are beginning to recognise that there is some good in the treatment. Many cases have come of their own accord, but unfortunately they have yet to learn the necessity for regular treatment. It is regrettable that Missionaries working so many years amongst these people have never thought it part of their duty to help them to a better understanding of the disease. There being no hospital, outdoor treatment is the only course available, but the present C.D. Act of 1885 is unworkable and useless for a District such as this. Some special legislation is urgently needed, so that a District such as this can be placed under control in much the same manner as when dealing with Small-pox; the time has come to amend an Act, framed to deal with sexual Syphilis, so that it can also be made applicable to conditions of Syphilis as existing in these Native Districts. Another matter of importance is the lack of control to keep affected Natives from leaving the District. They mostly work in the Kimberley Mines. Many bad cases have, to District Surgeon's knowledge, gone down and lived in the Compounds for the usual three months' contract.

TULBAGH.—DR. HENRY T. PAYNE, DISTRICT SURGEON.

A supply of good potable water piped from mountain source and distributed to each house in the village. No cess-pools. Tub system for night-soil disposal in use; removals carried out departmentally by the Municipal Council and sufficiently often. No overcrowding. Inhabitants are very well housed and actual pauperism is very rarely seen. Four slaughter-houses; always found in a sanitary condition. Pigs occasionally kept in close proximity to dwellings, but there has been considerable improvement as regards this lately. Location cleanly, except that roads and open spaces require more frequent attention of the scavenger. The burial grounds are not likely to be prejudicial to health. Small Lazaretto about half-a-mile from the village, affording rough accommodation for say four Natives, but it could not be used for Europeans. Cases calling for isolation are so infrequent that the erection of a larger building would hardly be justifiable. During the year three cases of Enteric Fever occurred in the village, and one in the district, with one case of Diphtheria in the village and two in the district, also one case of Scarlet Fever in the village. There may have been unnotified cases in the district. Cases of Enteric occurred towards the end of the long hot summer, and it is believed are attributable to drinking polluted water from town furrows.

UITENHAGE.—DR. R. G. LAMB, DISTRICT SURGEON.

Water-supply from springs six miles distant; piped to a reservoir, and thence distributed by pipe system; springs enclosed and guarded. Night-soil removed by sanitary wagons once a week to suitable depositing sites; slop-water, including urine, mostly thrown on the streets after dark, to the detriment of the health of the town; this, District Surgeon considers to be at present the burning question regarding sanitation in the town; the Town Council have for the past two or three years been formulating a main drainage and sewerage scheme. No overcrowding; Native Location well looked after; has piped water-supply.

No Small-pox during 1906; public most apathetic regarding vaccination; unless there is, as in England, registration of Vaccination Certificate within three months of birth, the law is powerless.

Twelve cases of Enteric Fever in the town, with two of Diphtheria and one of Puerperal Fever during the year. Very few cases of Tuberculosis come under District Surgeon's notice. There has been no official inspection of the district regarding Syphilis, and police now report practically no cases; fairly certain that it is more extensive in the country parts than is generally known. Bilharzia *Hæmatobia* seems to be much less prevalent than in former years; twenty years ago hardly a boy escaped; now one hears only rarely of a case; this is due to the care taken by parents to prevent their children bathing in fresh water pools or in the river.

Three cases of Leprosy reported; two were certified, but the third escaped before examination, and has not since been heard of.

UNIONDALE.—DR. H. MUNRO MACKENZIE, DISTRICT SURGEON.

Rainfall, 1906: 13.57 inches. Water-supply good, but often discoloured, depositing a sediment on standing; there is supposed to be a filter bed at the intake,

but apparently it does not act very well; it was renewed after the heavy rains in September and October, 1905, but the gravel put in must have been too coarse in quality; otherwise the water is of good quality and not likely to be polluted. Bucket system in use for night-soil; removed weekly by contractor; weekly removals sufficient during winter, but should be bi-weekly in summer; several complaints have been made about the insufficient cleansing of the buckets. Cattle and small stock still kraaled in town, and more or less of a nuisance; swine are, if anything, more numerous than in former years, and appear to be as little looked after. Location efficiently controlled, but cases of overcrowding suspected. The Dutch Reformed and Jewish Cemeteries remain as at last report; the Coloured community have taken up the new site adjacent to the Jewish Cemetery, and half-a-mile out of town; this has been fenced in, and appears to be in good order; English Church Cemetery in good order; about August last a proposal to partially close it was referred to the District Surgeon, who reported that, under the circumstances, he saw no necessity for closing it, or even for restricting its use.

No Small-pox; one unnotified case Diphtheria; four cases Enteric Fever reported to Divisional Council. No information available as to the number of cases of infectious disease occurring in the Municipality.

Twelve cases of Enteric Fever notified; majority during early part of year; the only step taken to prevent spread was issue by Municipality of a special sanitary bucket for removal of excreta; in view of the fact that so many of the cases occurred in one quarter of the town, it is thought that there must have been some carelessness in disposing of water which had been used for washing bed-clothes, etc., which had been soiled by excreta, and that infection was carried by dust. Six deaths from Enteric Fever, four in rural and two in urban area, with medical attendance; and four cases, all rural, without medical attendance.

One case of Leprosy segregated locally; disease appears to be arrested, and there is no risk of contagion.

581 vaccinations at rural centres and 55 in town.

Tuberculosis prevails to a considerable extent; 21 deaths due to Consumption, 5 with medical attendance and 16 without, 2 being of Europeans; most of the cases believed to be pulmonary.

Twenty-two cases of Syphilis; 7 were European and 15 Coloured; 5 were tertiary when coming under treatment, 5 secondary and 1 primary; also 11 children; in four of these latter cases, disease was probably acquired. Patients on the Register attend very regularly, but they come at such an advanced stage of the disease in the majority of cases that it takes some considerable time to effect a cure; there is a large Coloured population in the Location and at Haarlem where the disease can flourish without being discovered; the Coloured people seem either indifferent to the disease or afraid to report it.

District Surgeon recommends that bye-laws be framed under the Public Health Amendment Act of 1897, and that a Medical Officer of Health be appointed.

VAN RHYNSDORP.—DR. S. R. HAYWARD, DISTRICT SURGEON.

No change as regards water-supply, drainage, sanitary removal system, or abatement of nuisances since last report. Overcrowding and dwellings unfit for human habitation common enough amongst the Natives. There are two butcheries fairly well conducted; a bakery and a mineral water factory well conducted; a slaughter-house is badly needed. The village streets are still happy hunting grounds for pigs, donkeys, mules and other animals.

One case of Enteric Fever, acquired in the Calvinia district. Vaccination performed at various centres, 1,123 persons being operated on.

Tuberculosis, chiefly pulmonary, prevails to a slight extent amongst both White and Coloured; spread due to overcrowded sleeping chambers.

Syphilis not common; outdoor treatment ineffective; there should be compulsory isolation in a C.D. Hospital.

VICTORIA EAST.—DR. W. E. KELBE, DISTRICT SURGEON.

General health has been very good. No epidemic. A water scheme has again been discussed, but it has been brought up periodically for several years, and whether this discussion will bear fruit remains to be seen. Sanitary removal system same as reported last year. Several cases of overcrowding in the town. It is becoming quite a business to accommodate Natives in the town, and six small houses have been put up for that purpose, and in some cases they are insanitary

and overcrowded. District Surgeon suggests that the Town Council only allow, or licence certain places, and keep them under supervision, or better still they should only be allowed outside the precincts of the Town. Kraals are supposed to be removed outside the town, but some still used for day purposes. No Native Location should be allowed to exist just above the main water turrow; it is a source of great danger to the public health and the town. Cemeteries: See last report; the same conditions exist. Nothing yet done as to Native latrines mentioned in last report. Four isolated cases of Enteric in the town, and one of Diphtheria. No reliable information regarding cases amongst Natives; towards end of year Influenza and Enteric were prevalent amongst them. No Small-pox. Tuberculosis frequent amongst Natives, mostly pulmonary. Believed to be increasing, no reliable data. Two European cases only known. Syphilis exists to a very limited extent among Natives. At present there are more cases amongst the other races. District Surgeon believes that it will increase, as there are many cases in the neighbouring District of Middeldrift. District Surgeon has had a case of the disease communicated to a European child commensal with Natives. No diagnosis of Malta Fever in the District so far, but there have been some cases which may have been of this disease. All the cases of Bilharzia seen have been in boys who had lived in King William's Town and had frequently bathed in the Buffalo River.

VICTORIA WEST.—DR. G. A. HEBERDEN, DISTRICT SURGEON.

General health of the village and district appears to have been a great improvement on previous years; this may be partly accounted for through the good rains that have fallen. Chief water-supply is from a fountain, from which the water runs in open furrows and is used for irrigation and household purposes; water is pure at its source, but liable to contamination throughout the whole of its course, and by the time it gets to the lower end of the village is often in foul condition; a proper water scheme is urgently needed, and if a good dam were made in the poort, sufficient water could be conserved to last through the severest drought.

There is a miserable little hospital built for infectious diseases. It is no longer isolated, owing to extension of the village, and consequently useless for the purpose intended.

A few sporadic cases of Enteric and two of mild Diphtheria; the open water furrow is believed to be the cause in every instance. Small epidemic of Measles; 365 vaccinations performed.

Tubercle has made great advances of late years, especially among the Coloured people residing in the village Location; mostly pulmonary, the cause being the presence of tubercle bacilli, introduced by Europeans who have made the Karroo a general sanatorium; also the unhealthy mode of living of the village Native, dirty and overcrowded dwellings. No local measures for the suppression of the complaint; there should be compulsory notification.

Sixty-five cases of Syphilis—from Victoria West and the surrounding districts—have been treated in the local C.D. Hospital, of which 20 have been discharged cured. Hospital is badly in need of repair. District Surgeon reports a case in a European child who contracted the disease from a Native, which has frequently happened in his experience.

There is no endemic Malarial Fever in this part of the country, but it is occasionally introduced from elsewhere.

One case suspected to be Malta Fever; diagnosis not confirmed by agglutination test.

VOSBURG.—DR. G. B. STONEY, ADDITIONAL DISTRICT SURGEON.

Water-supply good; comes from a spring and bore-hole 400 yards to the south of the village; water collected in dam just outside village, and distributed in open furrows; supply sufficient; water pure at source, but liable to pollution in dam and furrows; a pipe supply would be a great improvement; water from private wells largely used for drinking purposes. Night-soil removed by municipal cart and deposited outside the village; refuse similarly removed; no provision for slop-water removal. Overcrowding exists, but no action has been taken in the matter. Native Location is kept in good order; no regular water supply, the Natives having to obtain their water from wells at some distance.

Two cases of Enteric Fever notified, only one of which was indigenous. Twenty-three cases of Scarlet Fever, all in European children. Several cases of Measles.

Tuberculosis almost unknown. No Syphilis.

Two cases of Malta Fever have been observed, but the diagnosis has not been confirmed in either.

VRYBURG.—DR. W. M. NUGENT, DISTRICT SURGEON.

Main water-supply is from fountain; is of good quality and not liable to pollution. Sewage removed some distance from the town; drainage worked by stone furrows; dry earth system for night-soil; very efficient. Several cattle kraals exist in the town, and will probably cause a good deal of ophthalmia during the Summer. Native Location in good order.

There is a C.D. Hospital, accommodating 24 patients. There were epidemics of Scarlet Fever and Measles during the year.

WALFISH BAY.—DR. F. C. SINCLAIR, DISTRICT SURGEON.

No natural supply of water nearer than the Native village of Sandfontein, and this being very salt, the European residents obtain their drinking water from a condenser maintained by Government; this water is of excellent quality; water for washing, cooking and other purposes obtained from Sandfontein; Natives living in the vicinity use Sandfontein water for all purposes, and seem to suffer no ill effects; the Natives maintain their wells with some care against surface pollution. Pail system in vogue for night-soil, which is buried in the sand at a safe distance from the settlement; slop-water and household refuse conveyed to places assigned for their disposal. No overcrowding. Order is well maintained in the Native Locations; no attempt is made at cleanliness; water supplies are sufficient and well attended to. Local Cemetery is well kept and in excellent order. No case of infectious disease.

Tuberculosis very rife among the Natives, but as these people seldom or never consult a doctor, and the cause of death is almost certain to be registered as Bronchitis or Pneumonia, it is impossible to come to any conclusion as to the incidence of Tubercle and the mortality caused by it.

Syphilis must be common, but Native patients seldom voluntarily seek medical advice.

WILLOWMORE.—DR. E. F. MELHUISE, ACTING DISTRICT SURGEON.

Drinking water mainly rain-water from underground and iron tanks; Coloured population largely dependent on two Municipal dams and a few public and private wells, the water of which is scarcely drinkable, being brack. Night-soil removed by cart. A few of the dwellings of the lower Coloured population are overcrowded. Slaughter-houses in good order. Sale and preparation of food satisfactory. Three Municipal Locations and one barrack exist; kept in fairly good sanitary condition, having the bucket system, but there is room for improvement in the disposal of slops and refuse; the Locations are on the main road leading into the town, and the barracks are in the centre; this arrangement is unfortunate, as there is a considerable amount of Tuberculosis among the Coloured population, and the prevailing winds blow right through the town from one or other Location; water supplies from the Municipal dams and a few wells; washing of clothes done in a sluic on the precincts of the village; this is not altogether desirable.

No hospital exists; a lazaretto was erected when Small-pox was prevalent, and still exists; the C.D. Hospital has been done away with. Two cases of Enteric in the village, and two in the District not reported. Twelve cases of Scarlatina reported; many more mild cases. No Diphtheria and no Small-pox. In 1905 and 1906 practically the whole District was vaccinated and re-vaccinated. Puerperal Fever occasionally crops up, owing to the fact that there are so many unqualified midwives attending confinements.

Tuberculosis very prevalent among the Coloured population, due largely to the number of cases which come here for climatic treatment.

A good deal of tertiary Syphilis; few primary cases seen.

General health and sanitation on the whole good; no serious outbreak of infectious disease. Water-supply better than previous years, owing to good rainfall.

WODEHOUSE.—DR. E. R. ROWLAND, DISTRICT SURGEON.

Water-supply good and plentiful, owing to heavy rainfall; drinking water collected from springs into tanks, and supplied to the town in pipes. Removal of night-soil and other household refuse under Municipal control. Slaughter-house about a mile from the town; fairly well conducted. Municipal Location has no latrines or Sanitary Regulations. Cemeteries kept in fairly good order. No hospital accommodation excepting the Gaol Hospital and a very small wood-and-iron lazaretto.

General health of town good. Small outbreak of Small-pox—15 cases, no deaths; majority of the inhabitants have been well vaccinated; 812 vaccinations performed in the town and over 6,000 in the District.

INDWE.—DR. R. J. LOVE, ADDITIONAL DISTRICT SURGEON.

Towards the end of the very dry winter a one-inch pipe was laid from a spring in the Byrne Mine to Graham Street, where there are two taps. This water is clear, and of good quality. Towards the end of the year the Indwe Company re-connected the old private leadings which had been cut off for two years. The Municipality have under consideration two water-supply schemes, and doubtless before another year one of them will be nearing completion.

No case of overcrowding; some dwellings have been condemned as unfit for human habitation, but, so far, the Municipal Authorities have taken no action in the matter. Municipal Location well looked after.

Syphilis prevalent. C.D. Hospital necessary.

Some graves in the cemetery have sunk two or three feet below the level of the ground and badly want filling in.

The same nuisances still exist, and, in addition to these, there is the question of Native coffee-shops. District Surgeon suggests that they be either shut up altogether, restricted in number, or else opened at 6 or 7 a.m. and closed at 6 p.m. daily.

Very little Typhoid. A few cases of Small-pox.

WOODSTOCK.—DR. JAMES MACKENZIE.

The bulk of the water-supply is obtained from the Suburban Waterworks Company, and is derived from the Newlands Spring, under the control of a Water Board. This water is of a good quality, but in a dry season is insufficient. The supply of Maitland demands early attention. The Suburban Waterworks Company supply a few houses on the Main Road, but the greater part of the population depend upon surface wells, which are liable to contamination. To this is attributable the extreme prevalence of worms in children.

Recently an underground drainage system has been completed by the Woodstock Municipality. Night-soil is removed by the Municipality in closed vans; the system is regular and efficient. Refuse is removed regularly, and is used for reclaiming land near the sea. In the Maitland District overcrowding of sleeping apartments demands attention. No slaughter-houses are permitted in the District. In Maitland the slaughter-houses are quite unsuitable; children of tender years should be excluded from the buildings. The conveyance of meat is kept under surveillance by the Police, and several successful prosecutions have been undertaken during the year. No isolation accommodation exists. All cases of Small-pox are removed to the Rentzkie's Farm Hospital.

52 cases of Small-pox, mostly amongst the Coloured population, and mainly amongst unvaccinated Coloured adults. Tuberculosis is common amongst the younger members of the Coloured population.

DURBANVILLE.—DR. L. F. BICCARD, ADDITIONAL DISTRICT SURGEON.

Village water-supply obtained from well-situated springs, from which it is distributed in pipes; supply pure and abundant; no risk of contamination; supply in District nearly always derived from springs or artesian wells; supply sometimes scanty. Night-soil removed at least once a week by Municipal van, and clean and thoroughly disinfected pails replace the full ones. Slop-water from gaol and two hotels removed weekly; in other cases it is emptied in back-gardens. Refuse removed weekly by Municipal cart. A good many overcrowded dwellings and dwellings unfit for human habitation on farms, where, as a rule, a whole family, often of six to ten, occupy one small room; this, it is believed, is the chief cause of Consumption. Abattoirs, butcheries, bakeries, and dairies strictly supervised by Inspector; one or two prosecutions during the year. Pigstyes not allowed too close to the dwellings.

No hospital accommodation, excepting a two-roomed iron building owned by the Municipality, and used for Small-pox. No epidemic of any infectious disease during the year. A few cases of Scarlet Fever reported. One case of Small-pox, infected in Cape Town.

Tuberculosis, in the pulmonary form, prevalent among Coloured population, and accounts for a good number of deaths during each year; District Surgeon not prepared to say that it is increasing, but does not think there is any improvement in so far as it affects the death-rate; its prevalence among Coloured population attributed to overcrowding and insufficient food and clothing; its spread should be combatted by regular inspection to prevent overcrowding, the isolation of pulmonary cases, and the thorough disinfection of rooms after removal of such cases, with improvement of diet and clothing.

WORCESTER.—DR. DIRK HUGO, DISTRICT SURGEON.

Plans and specifications of the new Municipal water-supply have been sanctioned, and the quality of the water approved of; District Surgeon believes that active operations will soon be begun; the delay is regrettable.

Overcrowded dwellings need most careful inspection. Some butcheries still have gravel floors; the matrix is permeated with the drippings of blood, grease, and filth of many years; this state of affairs should no longer be permitted. Carting of carcasses is in some instances primitive and very dirty. Dairies are dealt with in District Surgeon's report as Municipal Health Officer. Proper surveillance of fruit shops is receiving attention, and in some instances shop licences have been refused or cancelled on account of insanitary conditions. Offensiveness caused by the keeping of swine has been brought to notice.

No change in Native Location since last report; health of Location has been exceedingly good, with the exception of the usual annual visitation of infantile Diarrhœa and Gastro-Intestinal disorders; death-rate abnormally low.

No epidemic of any serious nature. Whooping Cough and Measles both occurred, but were mild. On the whole, health of community has been satisfactory.

WYNBERG.—DR. H. CLAUDE WRIGHT, DISTRICT SURGEON.

Chief water-supplies in the Municipal areas of Wynberg and Claremont are derived from Table Mountain and perennial springs around the foot of the mountain; the outlying districts are supplied from streams and wells of doubtful purity and open to surrounding impurities.

The drainage of Wynberg is on the bacteriological principle, and the working is perfect. Claremont and district sanitation is still of the pail system. Refuse and slop-water are collected.

Overcrowding is more rife than formerly, the depressed times driving several families into one tenement. Trades affecting health have better attention than formerly. The Municipality have appointed a Health Officer for Wynberg, and this Officer performs his duties in a most thorough manner. Claremont is equally well served. Wynberg has taken a retrograde step in allowing swine to be kept in a nearer position to dwellings than formerly.

No Native Locations in the District under the supervision of any Local Authority. Natives and Indians roam about in a most independent manner, and, no doubt, spread much preventable disease.

Cemeteries and burial grounds are still in use within the Municipal areas.

No Infectious Diseases Hospital in the District. Enteric cases are, however, admitted to the local General Hospital, to which Claremont Municipality and the Cape Divisional Council make annual grants; Wynberg Municipality, however, has not, so far, contributed. A score or so of cases of Small-pox occurred in various parts of the District. Vaccination of all public school children in the District and all contacts was carried out.

Enteric Fever has diminished to a large extent.

Tuberculosis in all forms much on increase, especially among the Coloured population. Education in these matters alone can combat the scourge.

Syphilis is rare, owing largely to the effects of the C.D. Act.

Scurvy Rickets common, largely due to the patent foods used as a diet for infants.

MOWBRAY.—DR. S. B. SYFRET, ADDITIONAL DISTRICT SURGEON.

Health of District good, and sanitation somewhat improved.

No change as regards water-supply; it is barely sufficient for the present population, and quite inadequate for the proposed underground drainage scheme; the household tank is the most likely place for pollution to occur.

No change as regards drainage; the large stormwater drains have not done much to do away with the stenches of the place.

No change in the sanitary removal system.

Regulations regarding overcrowding strictly enforced by the various public bodies in the District. Sanitary Inspectors make periodical examinations of the various shops, and have, in several cases, condemned tinned meats, etc.; convictions followed. Condition of the Liesbeek River still remains a danger and a nuisance; this summer the stench is worse than ever; it receives the drainage from a part of Claremont and almost the whole of Rondebosch and Mowbray.

No hospital for infectious diseases; Municipalities contribute towards the Cape Town Infectious Diseases Hospital, but the fees there charged are beyond the means of the people who most need hospital treatment. No epidemic of Enteric, Diphtheria, or Small-pox. There have been a few more cases of Enteric than usual, and some isolated cases of Diphtheria and Small-pox. Vaccination carried out effectually.

Tuberculosis on the increase, especially among the Coloured people on the Cape Flats; chiefly pulmonary; few cases of the miliary form seen; glandular form seldom met with; very little Tubercular Joint disease; in one Coloured family living on the Flats, out of six children, three have died of Phthisis, and two others are affected with the disease; father and mother apparently healthy; infection is generally direct from person to person; this is not surprising, as one often sees a person dying of Consumption sleeping in a room with three or four members of the family; all over the Flats the water is very near the surface, and drinking water is usually obtained from shallow wells, about 3 feet deep, situated, as a rule, just outside the dwelling, or in the garden, and around these the night-soil and other filth is deposited, and the soil infiltrated with all kinds of decomposing matter. Regarding prevention, the only thing to be done at present is to try to get the affected persons removed to special hospitals for the disease; these people cannot be isolated in their homes, and as long as the infected are allowed to herd with the healthy the disease is bound to spread.

Syphilis seldom met with.

NATIVE TERRITORIES.

BIZANA.—DR. G. B. THOMPSON, DISTRICT SURGEON.

No change as regards water-supply since last report; Government has been approached for aid. No sanitary removal system. Overcrowding exists only among the Native population. Complaint has been made about the filth and abominable odour at one place of slaughter, an examination was made. No Regulations exist regarding such matters except under the Police Offences Act, as no public body is in existence here; there are two Native coffee shops at which animals are slaughtered; nuisances in connection therewith suspected; keeping of swine in the village a source of trouble. Nuisances on the whole on the increase.

15,288 persons vaccinated by District Surgeon at a cost of £72 13s.

Tuberculosis is increasing among "dressed" Natives; infection of schools, dwellings and churches by tuberculous sputa the principal cause of this lamentable state of affairs; Natives should be taught to spit into the fires of their huts, and Christian Natives to prevent their churches and schools becoming foci of infection; pulmonary and glandular forms almost exclusively found.

Seven cases of Syphilis treated under C.D. Act; all old cases now discharged cured; no new cases enrolled; it is time the second part of the Act was proclaimed in the Native Territories; cases are almost invariably secondary or hereditary.

BUTTERWORTH.—DR. C. P. B. WALL, DISTRICT SURGEON.

Water-supply unchanged. Night-soil, slops and refuse collected by sanitary contractor and deposited several miles from village. Condition of some of the

slaughter-houses would bear improvement. No inspection of butcheries and bakeries carried out. Cemetery has been put in order and refenced by a new Board recently appointed; condition now satisfactory.

No Enteric, Diphtheria or Small-pox reported. Vaccination in District performed by men of the C.M.R. with fair success.

Mortality from Tuberculosis steadily increasing year by year; about 90 per cent of the cases are pulmonary; chief cause of spread is spitting in the huts; all teachers and ministers should be instructed to spread the knowledge of the dangerous nature of this practice.

Slight increase in number of cases of Syphilis, probably due to the advent of the railway.

One case of Malta Fever diagnosed during the year in a European trader; source of infection unknown.

Fewer cases of Scurvy than usual. Severe outbreaks in different kraals of Epidemic Pneumonia as well as many sporadic cases.

ELLIOT.—DR. M. PURCELL, DISTRICT SURGEON.

Water-supply unchanged; the river has been kept full by abundant rains. Black and white bathe in the river above the drift. This is contrary to the rules of the Village Management Board, but no notice is taken of the infraction. Night-soil removed to beyond the town by a hired servant of the Board. Two dwellings unfit for human habitation. Milch cows kept in kraals all over the town. Native Location fairly well kept; water-supply obtained from the river.

No Hospital accommodation either at Gaol or elsewhere, excepting two Native huts erected by the Board on a hill near the Location for the reception of Small-pox patients.

Diarrhœa, Measles, Small-pox, Typhoid and Diphtheria prevalent during the first quarter of the year. One case of Diphtheria during the last quarter. Typhoid cases due to bad water. Vaccination was carried out chiefly by Lay Vaccinators, but partly by District Surgeon. Quarantining of Small-pox cases useless; in the majority of cases the disease has been carried all over the country before it is reported. A good many cases, it is believed, have occurred without being reported.

ELLIOTDALE.—DR. ALBERT DAVID, DISTRICT SURGEON.

Water-supply unchanged. Police Camp has been removed to a new site and is now clean. Excepting Whooping Cough during the first two months, there was no serious epidemic. In September a case of Small-pox was discovered; infection introduced from Mqanduli district; two contacts who were vaccinated at the time, but unsuccessfully, subsequently developed the disease. Small-pox is frequently spread by the habit of Native women returning to their father's kraal when they or their children get ill.

Tuberculosis exists; glandular and miliary forms frequently met with among Native children; also Tubercular Meningitis which has so impressed itself on the Native mind that besides the Dutch name of "Stuip" they call it "Children's Sickness" (Isifo Zabantwana). Phthisis mostly seen after Measles and Whooping Cough; Tubercular Adenitis occurs amongst older children and adults; disease often introduced into kraals, hitherto free, by a member making a prolonged stay in a penitentiary, mine or school, returning home with infection and spreading it, chiefly by habit of expectoration. This and a want of resistance against the bacillus is responsible for the increase of the disease; best remedy would be to teach the Native the danger of his habit of expectoration and to weed out sick labourers in the mines, and provide there and in prisons, schools, etc., spittoons for the dormitories.

Syphilis chiefly met with in third stage; often conveyed commensally; no suppressionary measures in operation.

Bilharzia disease very common among children.

ENGCÓBO.—DR. JOHN W. WEIR, DISTRICT SURGEON.

Deaths registered 309. Health of District very satisfactory, apart from Small-pox and Typho-malarial Fever. The main fact connected with the health of the

District was the continued presence of Small-pox; 22 outbreaks occurred. Source of infection ascertained in only very few cases. Value of vaccination shewn by fact that although there were 22 centres of infection in a population of 70,000, there were only 111 cases with five deaths. Of the latter, two were of unvaccinated adults, two of unvaccinated children, and the fifth a child who was stated to have been repeatedly vaccinated and to have taken well. Vaccination carried out at thirty different centres, 13,521 persons vaccinated. In two Locations an epidemic of Typho-malarial Fever occurred, causing 25 deaths. It was ascertained that dead and dying stock had been pretty freely eaten and that the small quantity of water in some of the springs had been very much polluted by pigs and starving stock and the mud was stirred up on the advent of rain. Five cases of Leprosy certified.

FLAGSTAFF.—DR. J. GRANT MILLER, ACTING DISTRICT SURGEON.

General health of District on the whole good. The only thing of note that occurred was an epidemic of Measles of mild type; no deaths.

Water-supply conveyed to village by open furrow exposed to all manner of pollution; no steps taken to clean out furrow; a number of the inhabitants store rainwater in tanks, but during a dry winter this source is bound to fail, leaving by far the greater number dependent on the furrow—at that time at its worst. Majority have pail closets for night-soil, but there is no removal system. It is greatly to be deplored that the Colonial Office recently issued a circular forbidding employment of prisoners for such work; the work of removal can be carried out only by forced labour. Cattle and swine kept in the village; and in some instances constitute a nuisance. The cemetery is at a sufficient distance from the village, and has been properly fenced and put in order.

No Hospital accommodation; some accommodation of the kind is much needed. One case of Enteric Fever occurred in a European, a tramp; infection not traced. No Diphtheria and no Small-pox. 16,206 persons vaccinated; District now very well vaccinated.

Tuberculosis prevails to a large extent among the Natives; chiefly pulmonary and glandular; Phthisis fairly common among adults, being more common among men than women; glandular disease frequent amongst children; chief causes of spread are probably overcrowding and spitting; something might be done by instilling into the minds of the children at the schools a few elementary ideas of hygiene, but a great building of huts would be necessary before the overcrowding could be overcome. Few Kafirs seek advice from a European doctor. Another factor which handicaps the white doctor is the widespread faith in patent medicines; it is a scandalous thing that the Stores should be allowed to dispense medicines in the way they do, to all appearances with absolute impunity; traders in the district dispense Croton Oil to the Natives, whilst the dispensing of Santonin would appear to be part of the business of every Store, both drugs being deadly poisons and dispensed by people totally ignorant of their properties and in the most haphazard way as regards any regulation of the dose, there being absolutely no safeguard against cases of fatal poisoning arising.

No very large amount of Syphilis; but few Natives seek advice; several cases seen amongst "dressed" Kafirs and all in women; no special measures in operation for the suppression of the disease.

IDUTYWA.—DR. C. A. LUMLEY, DISTRICT SURGEON.

Sanitary matters remain unchanged. No epidemic of infectious disease. Two outbreaks of Small-pox; 15 cases, 1 death. Source of infection not traced. The utility of a Native Guard left to his own devices for a week at a time, when over 20 miles from headquarters, is extremely doubtful. Vaccination of all contacts and neighbours is more to be relied on, and this was carried out. Tuberculosis believed to be on the increase, but available facts are meagre. Pulmonary and Glandular forms occur. That the disease should increase, after having found a footing, is only what the habits of the Kafir would lead one to expect; the mud-floored dwellings, the indiscriminate expectoration thereon, and the herding together of many people in a small confined space and foul atmosphere, all tend to the spreading of the disease. Syphilis is met with to a very limited extent, and usually in the secondary stage.

KENTANI.—DR. W. GIRDWOOD, DISTRICT SURGEON.

Sanitary matters remain as described in last report. Outbreak of Small-pox in October; infection from Idutywa District; four cases; 97 persons vaccinated. As the last general vaccination of District was about two and a half years ago, it is time another tour was undertaken. Tour should be made either during March, —April, or September—October. Leprosy increasing, but during the year not one case has been certified. The Native Headmen neglect their duty, and do not report cases. Syphilis is met with, but not to any great extent. Tuberculosis, and especially Phthisis, is very markedly on the increase, and to an alarming extent. One case in a hut means that in a short time several others at the same kraal are smitten with the disease. The disease runs a rapid course, and is generally a sequel to Pneumonia, which latter trouble the Natives are prone to. The "nursing mother" also is a frequent victim to the disease. The causes of increase are: (1) The peculiar proneness of the Native to respiratory troubles. All Native children have to undergo a period—sometimes a very prolonged one—of Respiratory Catarrhs and inflammation; if they do not succumb in their tender years to these troubles, they start with the lungs permanently weakened and predisposed to all respiratory ailments. (2) Assumption of European dress. (3) Poor quality of food. In the days when cattle were plentiful the Natives had meat and "Amaas." Now they live chiefly on mealies, and sometimes even scantily on that. (4) Living in small, damp, overcrowded, and badly ventilated huts. (5) Neglect of precautions regarding the sputa of Phthisical patients. The whole subject of Tuberculosis among the Native population is of such importance that it should occupy the attention of those who are responsible for the management of Native Affairs. The only effective measures would be along these lines: (1) The Native should be aroused to a knowledge of the infectious nature of the disease and to its mode of spread by sputa. This could best be accomplished by circular, setting forth the main symptoms of the disease and the precautionary measures recommended in regard to the sputa. (2) Encouragement to build more substantial and freely ventilated houses. (3) The teaching of simple laws of hygiene in regard to dress, diet, and mode of living. These can be best attained by the Education Department insisting upon a course of such instruction being included in the Native Teachers' curriculum. (4) The erection of a sanatorium in one of the up-lying Native Districts.

LIBODE.—DR. R. A. BOWEN, DISTRICT SURGEON.

The Native Police Camp is not being kept in a satisfactory condition; some of the constables have taken to keeping fowls, which roost on a broken-down hut in the middle of the camp; the nuisance thereby created has become most objectionable.

There is a growing need for hospital accommodation of some kind. Infectious disease has not been excessively prevalent. One case of Enteric in a Native from Ngqeleni. Diphtheria seems non-existent. One case of Small-pox; infected in Tsolo District. A tour of public vaccination had just been completed in this Location, otherwise the disease would probably have spread.

Tuberculosis very rife among the Natives; all forms met with. Phthisis, Tubercular Peritonitis, and Adenitis common among children; disease increasing rapidly from contagion arising from overcrowding in ill-ventilated huts.

Syphilis seems to be gaining ground among the Natives; no congenital cases seen; good deal of primary and secondary Syphilis imported by "boys" who have been at Kimberley or Johannesburg; no special suppressory measures taken.

Bilharzia *Hæmatobia* occurs along the Umzimvubu, but it is not so prevalent as on the coast.

MACLEAR.—DR. JAMES H. WHITE, DISTRICT SURGEON.

Water-supply from numerous springs in and around village; only storage is by means of galvanised iron tanks; supply adequate during greater part of year, but in the winter, which was particularly dry, there was a scarcity of water for domestic purposes; a regular supply of pure water by pipes or otherwise required. Main furrows have been put in a state of repair, and sanitary condition of lower end of the village has improved in consequence. Cesspool and bucket systems in use for night-soil; when buckets used, night-soil is buried in the gardens. Slop-water and household refuse are thrown on the gardens or adjoining veld. Practically all

the Native dwellings in the village are overcrowded. Native population has increased, owing to its being the Railway terminus and the depot for a Labour Agency. Two houses unfit for human habitation have been dealt with. Slaughtering at present done in the butchers' backyards; refuse removed to sites selected for that purpose; one butcher has not complied with this arrangement, and his place is in a most insanitary condition. An abattoir at a convenient distance from the village is urgently needed. Residents not so attentive to the kraaling of their stock as in previous years. Swine closely kept in styes.

The W.N.L. Association has erected a depot for Natives close to the Station, 20 or 30 Natives generally sleep at the place every night; no proper sanitary arrangements have been provided for such a number of men. Cemeteries in good order; a fence of some kind should be put round the Native burial ground.

No hospital accommodation. Natives from mines sometimes found seriously ill on arrival here; within the last few months three have arrived in a dying condition; one suffering from dysentery died at Ugie Station; two arrived suffering from Pneumonia, and had to be accommodated in the gaol, where one died. Some bad cases of Scurvy and Rheumatism have remained in sheds at the Railway Station till their friends have come for them; no accommodation for such cases in the village.

Two cases of Typhoid in such persons, both in Kafir women; one was treated in a stable, the other in the house of a European; the only place available for such cases is the Female Ward in the gaol, which is most unsuitable, being dark and damp. Three cases of Enteric in District, and two deaths. Two cases of Diphtheria, both fatal. Three outbreaks of Small-pox; 5 cases, no deaths. The vaccination amongst the Railway employees resulted only in 5 per cent. successful cases; in Maclear about 75 per cent. were successful.

Very few cases of Tuberculosis have come to District Surgeon's personal notice; only 3 deaths, all Natives; 15 deaths reported at the Office, chiefly of Natives from Tsitsana; should these all be authentic, Tuberculosis must be very prevalent; two cases in Natives who had just returned from Johannesburg, and there is no doubt that the disease was contracted on the mines.

Syphilis is practically non-existent.

One case of Malta Fever; no agglutination test applied, but the neuritis, nervous depression, and continued fever for over seven months, point to it as an authentic case; immediately after the war there were several cases in Ugie Village; goat's milk is not used; all the cases occurred amongst poor whites whose dwellings were adjacent to large vleis.

MATATIELE.—DR. C. ERNEST POPE, DISTRICT SURGEON.

No change as regards the water-supply. The Town Council has inaugurated a bucket system for night-soil, on a voluntary basis, pending the proclamation of the Public Health Amendment Act and bye-laws thereunder; a compulsory service would lead to still greater improvement. The provision of latrines for town servants and Native visitors is a means of educating the Natives, though there is great difficulty in getting the Natives to use them.

Eight cases of Enteric, all in Europeans; cases scattered; no connection can be traced or source of infection discovered; no deaths. Two outbreaks of Diphtheria; 5 cases, with 2 deaths. No Local Authority, owing to the Public Health Act not being in force; suppressionary measures were taken only by the owners of the properties. There are always cases of Enteric and Diphtheria among the Natives which are never heard of.

Tuberculosis prevails to a great extent amongst all Natives and those of mixed race; a certain number of supposed Tuberculosis cases are syphilitic, as they are amenable to treatment for that disease; the number of cases of Tuberculosis disclosed in making P.M.'s for judicial purposes indicate that the disease is much more widespread than would be supposed; the Acute Miliary form, both pulmonary and meningeal, is common, but the fibro-caseous form is the most common; disease practically unknown as a primary affection elsewhere than in the lungs and brain membranes; the disease is probably decreasing, owing to the persistent teaching of local medical practitioners; the only effectual means of stamping it out would be complete isolation of the affected, and the prevention of promiscuous expectoration and the close contact of the affected with the healthy; failing this, a great deal can be done by educating the people.

Syphilis prevalent amongst all races and classes, but more especially the bastards; met with in every stage; usually conveyed from Native to European, or the

reverse, by actual contact, but believed to be most commonly conveyed from Native to Native by means of close association; no measures are in operation locally for its suppression.

Every four or five years one or two cases come to the District Surgeon's notice which have all the symptoms and run the same course as Malta Fever, but the diagnosis has never been confirmed; goat's milk was not used by the affected individuals, and he has no knowledge of the source of infection. Believes it is only found when the weather is dry and dusty.

Bilharzia Hæmatobia not found locally; there is at present in the town a case of "Endemic Hæmaturia," the result of infection by Bilharzia whilst bathing in the Zwartkops River at Uitenhage; it is little short of a scandal that those in charge of young people living in the neighbourhood of rivers which are known to contain the parasite do not prevent their charges from bathing in such places; all Local Authorities should be directed to take measures for the prevention of the use of known infected waters without filtering or boiling.

MOUNT AYLIFE.—DR. W. P. NICOL, DISTRICT SURGEON.

Water-supply good and abundant for household purposes, but question of irrigation supply in winter sometimes very urgent; water conveyed by open furrows and is liable to pollution; recently there have not been sufficient prisoners in local gaol to keep furrows clean, with the result that the water often stinks. Great difficulty experienced by householders in matter of proper disposal of household refuse. Owing to last report Education Department are taking steps to erect decent Public School, but work not yet started; children still being taught in the hovel condemned last year. The unhealthy Public Offices are still being used; new Offices urgently needed; expenditure on present buildings would be a waste of money. The present butcher's shop at the hotel is badly situated, being only a few feet from stables. Keeping of large numbers of cattle and small stock in the village is objectionable. Cemetery calls for no remarks at present from public health point of view; in the interests of public decency, however, the question is most urgent.

Small hospital for Contagious Diseases much needed. No cases of Small-pox, Diphtheria or Enteric. Measles appears to have played itself out. General vaccination of District performed; attendance, except at two centres, good; defaulters summonsed, but let off with a caution, as this is the first time such a step has been taken; general vaccination will not be necessary for another two years unless Small-pox re-appears.

Tuberculosis spreading slowly; all forms of the disease are seen; total number of cases to the population must be small.

Syphilis not rampant; number of cases coming under notice in the year very small; headmen should be instructed to report any suspected cases, and suspects should be examined by the District Surgeon; effective measures are not being taken to suppress the disease; District Surgeon suggests that Magistrates call the Chiefs and people together and explain to them that Government wishes to stamp out this disease and that they must help and must report every suspect; all cases, whether treated privately or not, should be registered and their movements controlled, and thinks that Kafir public opinion would be on side of Government; a law should be passed empowering the compulsory isolation of cases during first two stages or, as in the case of Leprosy, compelling persons affected to satisfy Authorities that they are able and willing to so order their lives as not to cause danger to others.

No cases of Malta Fever notified. There have been cases of Bilharzia disease, but none belong to District; two or three years ago a whole family from near the coast of Pondoland came for treatment for complaint; there were ova in the urine in large numbers.

The Kafir doctor or herbalist is an iniquity.

Another question of interest is that of registration of deaths among Natives; causes of death as given by Deputy Registrars must be of very little if any value, and there might be some co-operation between the Office and District Surgeon; any Native reporting a death might at least be asked whether he had employed a European doctor during the last illness, if so, he could then refer to the medical man who could then give the cause; in this way a large percentage of reliable causes might be obtained.

MOUNT CURRIE.—DR. A. J. H. THORNTON, DISTRICT SURGEON.

Water-supply of Kokstad still distributed in open furrows; supply derived from spring under Mount Currie, five miles from the town and within the Commonage. No system of sewerage; surface water from streets drains into the water furrows. Pail system in use for night-soil. Slop-water and refuse dealt with by householders. Borough Overseer sees that there is no accumulation. No cases of overcrowding have called for action. Three butcheries; two have slaughter-houses situated on the Commonage; good water supply attached; buildings clean and sanitary. Several dairies, none of which are in as good a state as is desirable; Municipal Council are now drawing up regulations for the licensing and better regulation of dairies.

No Isolation Hospital; large number of cases of Measles, Pertussis and Mumps, and it was found necessary to close the Public School for some weeks.

Four cases of Enteric, four of Diphtheria and one of Puerperal Fever.

All forms of Tuberculosis met with: pulmonary form most common; disease prevails most among the Griquas; according to the Deaths Register, one European and twelve Coloured persons died from Phthisis during the year, one Coloured person from Tabes Mesenterica, one from Tuberculosis of the Intestines, and two from Hip Joint Disease; tubercular glands frequently met with amongst Coloured and Natives; Phthisis rare amongst Europeans; all cases seen by District Surgeon have been imported; disease increasing, but only among the Coloured people; chief causes are insufficient diet, insanitary dwellings, deficient ventilation and dirt; the Griquas are a poor race physically, and soon succumb to the disease when attacked; each succeeding generation will be more and more decimated by the disease unless amelioration of their condition takes place; means of combatting the disease are notification of cases and their removal to sanatoria, prevention of overcrowding, provision of sufficient ventilation and the education of the people regarding the causes of spread of the disease.

Syphilis not very prevalent; few cases among the Native population; there is always a small garrison here with the usual following of prostitutes, all Coloured, by whom the disease is spread; locally nothing is done for its suppression beyond the treatment of private cases; Part II. of the C.D. Act should be enforced and machinery established to deal with known prostitutes.

Bilharzia *Hæmatobia* does not occur locally, though cases have been imported from King William's Town.

MOUNT FLETCHER.—DR. M. RICONO, DISTRICT SURGEON.

Water-supply unchanged. No alteration as regards sanitary matters. No Enteric reported. Measles and Whooping Cough with Bronchitis caused a considerable number of deaths among children. One case of Diphtheria which terminated fatally. Vaccination tour carried out by Lay Assistant; 12,255 persons vaccinated. One case of Small-pox in a patient just arrived from the Cala district. Two cases of Leprosy.

Syphilis is by far the most prevalent disease among the Basuto population of the District.

A few cases of Malta Fever from January to July appear as usual every year among the European population.

MOUNT FRERE.—DR. R. C. M. HOARE, DISTRICT SURGEON.

General health of District very good. No specific outbreak of infectious disease. Half the District very fairly vaccinated, 10,000 presenting themselves out of an estimated population of 12,000.

Good water-supply from springs about a mile from village, but the water becomes contaminated in its course through the township. There is no good reason why, if the furrow is fenced or pipes are laid down, the water should not be good. Majority of houses have night-soil pails; removals carried out by prisoners. Native huts throughout District undoubtedly overcrowded. Slaughter place has been removed to a suitable site, and butchery and bakery have been improved; butcher's shop cleaner than it was, but should be kept apart from the stable in the hotel. Cattle kept in village; no pigs. Cemeteries fairly good, but one is unfenced. Very few nuisances.

No Hospital accommodation. No Small-pox. No case of Enteric in the village.

Tuberculosis undoubtedly increasing; chiefly pulmonary and glandular; no cases among the whites in the village; the cause is the overcrowding in Native huts and the effect of change of clothing from uncivilised to European attire.

Syphilis prevalent among both whites and blacks; generally seen in second stage among Coloured patients and first stage among Europeans; no suppressionary measures in force.

Bilharzia *Hæmatobia* occurs; there are three cases among the whites; bathing in the Buffalo River assigned as cause; there was an outbreak in the District during November among the Natives at Ntuta's Location; nearly 20 boys and girls contracted the disease; they put it down to the water; they usually bathed in the Hohana Stream.

MQANDULI.—DR. P. H. WALKER, DISTRICT SURGEON.

River water still used when rainwater fails; it is often objectionable. Only ten families, including officials, within the Reserve. Slops, etc., as now disposed of do not create a nuisance. The Gaol remains as it was. No Native Location except the Police Camp; in the interests of morality such camp should be enlarged and the constables' wives made to live with their husbands.

The cemetery has been used but once. No Hospital accommodation; the District Council must some time shoulder its responsibility in this matter and the sooner the better. Small-pox has occurred here and there, and it is likely to be troublesome until vaccination is enforced equally in every district. Vaccination tour 9,904 persons vaccinated, and 596 at places where Small-pox subsequently appeared.

No Enteric Fever.

Tuberculosis widespread among all the tribes; chiefly pulmonary, though glandular is frequent; chief causes are habit of expectorating on the walls and floor of huts which the sun never enters, and the universal habit of sleeping with the head completely covered with a blanket.

Syphilis occasionally seen in the second or third stages; only one chancre (on the lip) seen.

One case of Bilharzia acquired elsewhere; the Native Mission schools, where there is neither proper drinking water nor urinals, will always be foci for its spread whenever the disease is brought by Natives changing from one district to another.

NGQELENI.

No report furnished owing to resignation of the District Surgeon just before close of year and no data being available from which information could be compiled.

NQAMAKWE.—DR. JOHN STRUTHERS, DISTRICT SURGEON.

Sanitary matters remain as at last report. No prevalence of Enteric Fever, Diphtheria or Small-pox. Vaccination tour of District is being made by a Lay Vaccinator. Tuberculosis frequently seen, the Glandular and Pulmonary forms being exceedingly prevalent; it is increasing, and will continue to increase so long as Natives crowd their dwellings. Syphilis is undoubtedly increasing, and is met with principally in tertiary stage. Natives do not realise the gravity of the disease. Scurvy is continually met with in labourers returning from work; most cases seem to be contracted in Kimberley, Jagersfontein and Cape Town.

PORT ST. JOHN'S.—DR. T. QUERNEY, DISTRICT SURGEON.

General health of District good. No serious outbreak of infectious disease. Scabies very prevalent in March. After first heavy rains in November the annual outbreak of Dysentery occurred followed by Measles and Whooping Cough, accounting for very many deaths amongst Native children. Tape Worm and *Ascarides* very prevalent; about 80 per cent. of all children, white and coloured, are affected by the latter, whilst about 50 per cent. of the Coloured adult population harbour both; at *post-mortem* examinations it is rare to find a body free from both parasites.

Water-supply unchanged; storage tanks inadequate in case of prolonged drought. Tank water excellent. Water from Maytom's Spring better than none, but not altogether desirable owing to its insufficiency and proximity to a cesspool which renders the surface, though covered in, liable to contamination by flies and other insects. Foreshore wells too brack for household use.

Drainage improving; main surface drains have been kept well open; low-lying ground filled in; surface water drained off. Majority of dwellings have the bucket system for night-soil, which is periodically removed to the shore and buried. Refuse and slop-water disposed of in gardens or thrown on nearest vacant ground. Accumulations of rubbish are increasing in size and danger, and constitute a matter that should receive the first attention of the Municipal body that is in course of formation. Slaughtering done in the open; offal of pigs and sheep have been found by children bathing in the creek; these subsequently suffered from ptomaine poisoning; as the creek outlet is closed during dry season, owners of slaughter-houses should exercise more supervision over offal disposal. Raw hides and skins should not be dried in close proximity to buildings where food is stored. More frequent scrubbing and lime washing of butcheries is desirable. Swine regularly kept in village. Cemetery has lately been kept in good order.

No Hospital accommodation of any kind; there is a growing need for some such accommodation, especially as this is a coast port. One case of Enteric Fever, in a European; no previous cases known; source of infection not definitely traced. No Small-pox or Diphtheria; over 7,000 persons vaccinated.

Tuberculosis not seen very extensively, because Natives think very little of it and only seek advice when disease is well advanced; pulmonary form generally seen; other forms rare; bulk of the patients are Pondos; number of patients seen is increasing, though this may not indicate a real increase of prevalence; one cannot doubt that there is an actual increase. The aphorism, "there is no fourth generation from alcoholic parents," holds good for Natives as well as Europeans; a race that daily indulges in sexual and alcoholic excesses cannot raise children with the stamina requisite to withstand the ravages or attacks of disease; death-rate amongst children from diseases of childhood is increasing. Liquor and venereal excesses seem to play the most important rôle in the predisposing causes of Tuberculosis; overcrowding, sleeping with muffled heads and often in damp clothes also have an effect. Preventive measures are obvious, but are impossible to apply, as they would necessitate a radical change in the habits and life of the Natives; otherwise it is but a matter of time for the Pondo to reach that state of dissolution which now threatens.

Syphilis seen in fair amount, chiefly in the secondary stage; Natives and half-breeds form the major portion, though Europeans not infrequently affected, most of the latter belonging to or at one time being members of some military force; cases have been known where the disease has been conveyed commensally from Coloured to European, though not frequently, most of the latter becoming infected by the drabs that infect most of the villages; the C.D. Act exists and is put in force as occasion arises, but measures will be ineffective until some means is devised of diagnosing the disease before the appearance of the primary sore.

Cases of Bilharzia disease frequently seen, though up to the present the parasite does not appear to be endemic; most of those seen have been European males, and, with rare exceptions, all Cape Mounted Riflemen; of late years the disease has travelled from King William's Town, where it is prevalent up to Lusikisiki, where many now become infected; it seemed probable that the infection was brought to Lusikisiki by men who had lived in King William's Town, and that only such as had lived in the latter place were affected; the infection may have been brought by some of these men, though there are many affected at Lusikisiki who have never been to King William's Town; those affected at the latter town believed they had become so by bathing in the Buffalo River, those at Lusikisiki by bathing in a pool that is supplied with water by a lead from the open water furrow that supplies the village; the parasite does not seem to affect the civilians, some of whom also patronise the bathing pool, but seems confined to members of the C.M.R.; as to the number affected, various accounts would put the proportion at about one-fifth or one-sixth of the total number of men at the Camp; it is suggested that the parasite or some intermediary form between the ovum and the adult may enter the bladder of the male *per urethram* during sexual intercourse, and thus find its way to the various venous radicles in which it is seen *post-mortem*. It is possible that one or more loose women were infected *per vaginam* by those who had originally contracted the disease in King William's Town or elsewhere, that the vagina acts as intermediary host during the next stage of development of the Bilharzia, and that the male becomes infected during sexual contact, a pro-

cess all the more feasible because many of these men have sexual intercourse with the same women. It is a curious fact that of the many cases seen during the last eight years in no instance was a woman affected and only two were boys under 14 years, who had contracted the disease in King William's Town, presumably by bathing in the Buffalo River. The disease is all the more serious because of the tendency on the part of sufferers—in the C.M.R.—to conceal it.

QUMBU.—DR. E. A. CULLIGAN, DISTRICT SURGEON.

Chief source of water-supply is river below the village; the water is of bad quality. Night-soil emptied into pits within the enclosures of the erf-holders. Slaughtering done by butchers on their own premises—a condition of affairs which ought to be remedied. Stock generally kraaled on owner's land, and, except in a few instances, where large numbers are kept, there is no danger to the public health.

No hospital accommodation, even in the gaol, although it is constantly requisitioned for. No cases of infectious disease. Public vaccination performed, and was taken advantage of.

Tuberculosis undoubtedly on the increase; all forms met with; a good deal of the disease is introduced from the mining centres.

Syphilis very rare. Bilharzia does occur, and, from the number of cases which have come to notice, is more prevalent among the Europeans than the Natives.

General health of the District may be said to have been very good

ST. MARK'S (COFIMVABA).—DR. W. O. ARNOT, DISTRICT SURGEON.

Water-supply and sanitary matters unchanged since last report. No Enteric or Diphtheria reported. Several outbreaks of Small-pox of a mild type; very few deaths and practically no spreading; no European cases; all Europeans have been careful all along to get vaccinated; any cases of Small-pox that did occur were in persons who had never been vaccinated, or were done many years ago.

Tuberculosis certainly spreading; chiefly pulmonary and glandular forms; chief causes are overcrowding in badly ventilated huts, with people spitting anywhere about the floor.

No cases of Syphilis seen. Many cases of Scurvy during the earlier months of the year, and all through the year odd cases just returned from work in Cape Town and Johannesburg.

TABANKULU.—DR. L. VIRTUE TEBBS, DISTRICT SURGEON.

General health of district has been very satisfactory. Scabies and Tape Worm very prevalent; seem almost universal among the Natives. Chief mortality has been from intestinal and respiratory diseases among young children, the victims of Native carelessness and ignorance.

Water-supply to village adequate; derived from the top of Tabankulu mountain, conveyed thence, a distance of three or four miles, in an open furrow; lower half of furrow repaired during the early part of year, which greatly improved the supply, but there are neither labour, funds nor sufficient public spirit available to enable the rest to be attended to; on delivery the water is fit only for irrigation or washing and culinary purposes in fair weather. The C.M.R. camp is in the centre of the village. Latrines on the dry earth system within the limits of the camp should be instituted and properly attended to. Overcrowding only appears in Native huts. No supervision of Location; left principally in the hands of Natives.

No hospital accommodation either in the gaol or elsewhere; some such accommodation, such as a hut or wood-and-iron building is much needed. Sporadic Dysentery is prevalent at certain seasons. A few cases of Scurvy have been seen, also several cases of Malaria, chiefly amongst those coming from Durban, who it would appear have generally been working in the sewers there. A scheme for the partial vaccination of the district at a dozen centres has been approved of, but is inadequate; the district has only been efficiently vaccinated once since the annexation of Pondoland, and judging from the number unvaccinated, it is

high time that a systematic tour was made; Natives will not come long distances; a suitable time must be chosen.

Tuberculosis spreading; glandular, pulmonary and bone trouble in the order given are its most frequent forms, occurrence in quite young children of the Native school class a marked feature. Chief causes of spread: overcrowding in ill-ventilated Native huts and abandonment of blankets for inadequate clothing of European type, especially in the case of young school children. Infection introduced by those who have contracted the disease in larger towns and labour centres; something might be done to combat it by proper inspection and sanitation at these centres; tickets stating their disease should be given by Medical Officers attached to mines to those discharged on account of ill-health; this would encourage the latter to come to the District Surgeon on their return home, and so spread some warning and knowledge of the dangers; periodical medical inspection of the Mission and Native schools in these Territories, which are hotbeds of the disease, would do something to instruct the teachers to send children home with chronic coughs or insufficient clothes, and check the Native habit of expectoration, at all events among the young.

Syphilis fairly prevalent; generally seen in the tertiary form, but among the Basutos, of whom there are a fair settlement in the district, one might almost say it is universal; the promiscuous use of pipes and drinking utensils is no doubt responsible for its propagation, as much or more than sexual intercourse; the Magistrate is of opinion that the C.D. Act is not in operation in these parts, but, especially when the C.M.R. Camp is stationed here, the part not relating to hospital accommodation should certainly be in force.

Owing to the difficulty of following up cases amongst Natives, the diagnosis of Undulatory Fever has not been established.

Bilharzia disease does not exist to any extent; it has not been traced to any source; one case in a Native observed last year, but he did not reside permanently in the district; one other chronic abdominal case in a European in the village, but the disease in this case was contracted some years ago in King William's Town.

TSOLO.—DR. DAVID MELVILLE, DISTRICT SURGEON.

Good supply of drinking water from spring in hillside above village; water pure at source, but it is conveyed by open furrows, and is consequently unfit for use by the time it reaches its destination; it should be distributed in pipes. Native locations all very clean and sanitary. A Cemetery is at present being marked out for the village. 24,155 persons vaccinated.

Tuberculosis on increase; types mostly pulmonary and glandular; cause of increase is the peculiar mode of housing of the Natives; until they can be induced to occupy huts in smaller numbers and to isolate cases of Phthisis, this increase is likely to become more marked.

Syphilis common, and it is increasing, but as district does not come under the C.D. Act it is impossible to deal with the disease.

TSOMO.—DR. J. VICTOR HARTLEY, DISTRICT SURGEON.

Natives during the year much healthier owing to the rains and consequent good crops.

The present Magistracy is a dilapidated iron and brick building which needs attention. Seven cases of Enteric Fever among Natives, none among Europeans. Two outbreaks of Small-pox; two cases, infection from Engcobo District. Public vaccinations held at 22 centres. Total number vaccinated 10,190, at a total cost of £69 16s. 6d. Scurvy not so prevalent as in 1904 and 1905, and chiefly occurred in those returning from work up-country. Whooping-cough prevalent during the latter part of year. Two cases of Leprosy examined and notified; they are still in the district.

Tuberculosis very prevalent and on increase. Natives arriving from work at the seaport towns suffer more than those who work up-country. The Native races are chiefly attacked, especially Native teachers, school children, etc. Natives following the original mode of life, working the lands and wearing blankets are comparatively free compared with those who wear European dress and follow sedentary occupations. The pulmonary form is the most frequent, but Natives can with-

stand the ravages of Tuberculosis, surgically manifested, better than he can Phthisis, though under treatment he often makes a good recovery in the latter form. Infection is spread by their communal life, overcrowding in small huts, and promiscuous expectoration. Arrangements are being made in the district for the District Surgeon to lecture to the teachers on this important subject and other health matters. It would be a great benefit if Government could supply us with a small leaflet, printed in Kafir, giving simple direct instructions about spitting, etc. Three cases of Syphilis were treated under the C.D. Act; many other voluntarily sought treatment; generally seen in secondary and tertiary stages.

UMTATA.—DR. ROBERT H. WELSH, DISTRICT SURGEON.

Water-supply unchanged; a gravitation scheme has been sanctioned by the ratepayers, and is in the hands of the Municipal Council. Night-soil disposed of satisfactorily; disposal of slop-water and refuse left in the hands of householders. Method of transporting meat very primitive—by means of an ordinary wagon, sometimes covered with a dirty cloth, sometimes not. Objectionable practice of kraaling cattle in middle of town still in vogue. The present Cemetery, which is a private one, is getting filled up; Municipal Council are taking steps to provide a public burial ground.

More cases of Enteric Fever than usual; up to recently Umtata enjoyed comparative immunity from Enteric; during the late war several cases occurred, chiefly among men from the front; since then here have been several sporadic cases; in some cases source cannot be traced, in others disease is apparently due to contaminated water-supply from insanitary surroundings. Municipality should take every precaution, and especially see that yards, etc., are kept clean, and should provide a plentiful supply of good pure water.

Several outbreaks of Small-pox; only one death heard of; infection in all the outbreaks traced to the Engcobo District; over 24,000 persons vaccinated, at an average cost of 1d. per head.

Tuberculosis prevails to a very great extent among the Coloured races; chiefly pulmonary and glandular, the latter especially in children; it is certainly increasing, and will continue to do so so long as overcrowding exists and no precautions are taken regarding spitting; can be most effectually combatted by educating the people to an appreciation of its dangers and how to avoid them.

Syphilis occurs to a considerable extent in the town; only to a very little extent in the district; chiefly affects Coloured prostitutes; also found in Europeans, chiefly males; found chiefly in primary and secondary stages, and usually spread sexually; C.D. Act in force, and meets with a fair amount of success.

Bilharzia Hæmatobia occurs to a limited extent, chiefly among young adult males, both European and Coloured; there are particular watercourses credited with conveying the disease.

UMSIKABA (LUSIKISIKI).—DR. CHARLES DUDLEY COOPER, DISTRICT SURGEON.

Source and condition of water-supply remains the same as in last report; the furrow has only been cleaned out once during the past year. No alteration as regards sanitary system. Slaughter-houses clean and well kept. Number of cattle kept in village has considerably increased; in one instance cattle are kraaled on an inhabited erf, through which the water furrow runs. Nuisances remain the same.

No hospital exists. Measles and Whooping Cough have been very prevalent among the Natives; mortality has been very great among the very young children; at one kraal of 12 children attacked 10 died. From reports received Leprosy appears to be on the increase. No Small-pox, Enteric Fever or Diphtheria. Vaccination tour of whole District undertaken; over 12,000 vaccinated, the vast majority being unvaccinated children under 10.

Tuberculosis not common; all cases met with have been pulmonary; no reason to believe that it is increasing.

Syphilis is rare; usually seen in tertiary stage amongst Natives; Europeans and half-castes usually come for treatment in the primary or secondary stages; Syphilis conveyed commensally from Coloured to European known. Congenital Syphilis only seen among Europeans; no suppressory measures in operation.

Bilharzia Hæmatobia very common; affects all races and classes; the drinking water obtained from the furrow and the semi-stagnant pools in the river bed used for bathing purposes undoubtedly convey the disease.

UMZIMKULU.—DR. T. A. MAST, LATE DISTRICT SURGEON.

Water-supply and sanitary matters remain as described in last report. Absence of any hospital accommodation in the District is unfortunate. Sporadic cases of Small-pox of mild type have occurred, otherwise District has been remarkably free from infectious disease. District has been efficiently protected by extensive vaccination.

Tuberculosis not prevalent. Three cases of Syphilis seen; the disease affects the people of the District to a much larger extent than would appear on casual investigation; the Griquas appear to suffer most.

One case of *Bilharzia hæmatobia* seen in a member of the C.M.R.; infected elsewhere; had previously been treated in hospital at King William's Town.

WILLOWVALE.—DR. A. LANG KNAPMAN, DISTRICT SURGEON.

1905 Report regarding sanitary matters still applies. Outbreak of Small-pox during December. Seven cases. Outbreak of Whooping-cough during August and September—in a few cases complicated by Measles; no other outbreaks of infectious disease. Tuberculosis, pulmonary and otherwise, is very prevalent amongst the Natives, and greatly on the increase, more especially the pulmonary form. Isolation impracticable. The need for exercising care as regards expectoration, cleanliness and the use of their own utensils for eating and cleansing purposes, impressed upon the patients. Two cases of Secondary Syphilis seen. Natives frequently recognise the disease, and are apt to shun European doctors. Disease usually met with amongst more civilised Natives, more especially those returning from the seaports. A few cases of *Bilharzia Hæmatobia* met with, but not of recent date. The Natives speak of it as "Water Sickness," and attribute their condition to washing in the river. No particular ponds or watercourses in this district credited with conveying the disease are known.

XALANGA (CALA).—DR. T. L. CRAISTER, DISTRICT SURGEON.

Sanitary matters remain as in last year's report; no inspection; no Sanitary Officer, but condition good for country village. Tuberculosis increasing amongst the Natives. The chief causes of spread are ignorance as regards sanitary matters: discarding of the efficient Kafir woollen blanket for European clothing—which is rarely changed even when wet, the too hasty adoption of education by a Native race capable enough mentally but not physically fit in their present generation for the necessary confinement, strain and want of open-air veld life, the want of sanitary school buildings (at Boom Plaats a young teacher suffering from Consumption in a badly-ventilated sod building with 40 young children of all ages), too long hours in such schools—sometimes as much as seven hours a day. The remedies suggested are the distribution of Kafir tracts, giving plain rules as to personal cleanliness of the infected, disinfection of sputum, overcrowding at night, and care when wet, with sanitary teaching in schools.

There was a fairly widespread epidemic of Small-pox—one death; 2,000 persons vaccinated. Many young children come for treatment who have never been vaccinated, despite all efforts.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE COLONY.

ANNEXURE " B. "

SUMMARY OF ANNUAL REPORTS OF LOCAL AUTHORITIES
UPON PUBLIC HEALTH AND SANITATION DURING THE
YEAR 1906.

Extract from Circular Letter dated 12th December, 1906, calling for Annual Health Reports.

The Report should furnish information on the following points:—

- (1) Water Supply: describing the source, whether surface, river, spring or other; whether the source belongs to or is under the control of your Local Authority, and whether it is situated within or without the area of your Authority; by what means the water is collected, stored and distributed; whether by pipes or open furrows; whether the supply is adequate, and whether the water is pure or is liable to pollution.
- (2) The system of collection and disposal of (a) night-soil, (b) slop-water, and (c) household and other refuse.
- (3) The extent to which infectious disease has prevailed, and what steps have been taken both for preventing and dealing with outbreaks thereof, and the nature and extent of the existing Infectious Diseases Hospital accommodation.
- (4) Whether your Local Authority has established any Public Abattoirs or contemplate doing so. What are the conditions under which slaughtering is at present carried out?
- (5) Is any system of meat inspection carried out? If so, with what result as regards the detection of diseased and unsound meat.
- (6) What action has been taken to remedy any sanitary defects that may have been found to exist during the year (especially such as the pollution of water, the accumulation of filth and noxious matters, overcrowding of dwellings, and the habitation of any that are unhealthy or dangerous to life), and generally to prevent or limit the occurrence of preventable disease.
- (7) Have any new works or undertakings been commenced, continued or completed during the year? If so, kindly furnish particulars thereof.
- (8) Any other matters relating to the Health or Sanitation of your area which may be deemed worthy of report.

ABERDEEN. ABERDEEN (Municipality).

Water supply from permanent spring on land, the property of the Dutch Reformed Church, and over which Municipality has no control. Supply ample. There are also two dams on the outskirts of the town for conserving rain-water. Water from fountain collected in shallow intake dam and brought into town by open furrow. It is very liable to pollution. Removal system for night-soil much improved. The Council have provided a proper closed sanitary van and a duplicate set of pails, and when a pail is removed a clean and disinfected one is put in its place. No provision has been made for the disposal of slops. Household refuse collected once a week. Not many cases of infectious disease. Disinfection carried out in premises where such cases have occurred. Small two-roomed isolation hospital, with separate building containing kitchen and nurse's room. No public abattoir exists or is contemplated. Butchers kill animals in their yards; slaughter places are duly inspected. Meat exposed for sale is inspected by the Sanitary Inspector. A shed has been built for the sanitary van, and spare pails with a tank and small reservoir for water supply constructed near it. No Health Officer employed.

ADELAIDE. ADELAIDE (Municipality).—DR. C. T. HOLMES, HEALTH OFFICER,

Reports Water Supply Scheme was completed at the end of 1904; water is taken from Koonap River and piped to town from intake six miles from town.

Municipality has no control over river above intake, and nothing is done to prevent pollution of the river higher up. Scheme has not been an unqualified success, as in September and October, 1905, and again in 1906, floods washed away the filter beds. The water consequently comes into town in an unfiltered condition, and is often unfit for domestic purposes unless previously strained and boiled. Cesspools in general use. Slop-water usually thrown into cesspools, some being run on to gardens. Refuse carted away and deposited at a site at entrance to town. Enteric fever, 38; diphtheria, 5; scarlet fever, 2; and erysipelas, 3. No isolation accommodation except a small tin house for small-pox cases. No public abattoirs; four butcheries, each has its own slaughter-house. These are miserable shanties, one-half in one case being occupied by Coloured people. Situated at entrance to town and not provided with water supply. Interior walls and floors composed of mud, and during wet weather the condition is deplorable. When the Assistant Medical Officer of Health for the Colony visited Adelaide in October he made special mention of these and the condition they were in; it is greatly to be regretted that so far nothing has been done to improve the present conditions. Meat is inspected on the morning market by the Sanitary Inspector. No unsound meat discovered. Births: Europeans, 28; Coloured, 54. Deaths: Europeans, 21; Coloured, 49. Of these 7 European and 25 Native were of children under 5 years. Nine deaths are attributed to phthisis, 9 to enteric fever, and 3 to diphtheria.

ALBANY. 1. ALICEDALE (Health Board).

Water supply derived from rain-water tanks supplemented by bore hole in time of scarcity; there has been an abundance of rain recently. Bucket system for collection of night-soil is in operation. Collections made bi-weekly. No infectious disease. No public abattoir. Most of the meat comes by rail. No meat inspection carried out. Sanitation fairly good in comparison with other Locations, the sanitary service being exceptionally good; there is, however, room for further improvement, though the Board are handicapped by lack of funds.

2. GRAHAMSTOWN (Municipality).—DR. J. BRUCE-BAYS, HEALTH OFFICER,

Reports water supply derived from two large reservoirs, the Milner, capacity 52,000,000 gallons, and the Jameson, capacity 100,000,000 gallons; bulk of the water is from the surface, though there are also some springs; larger part of catchment area belongs to Local Authority; this is fenced off and animals are not allowed upon it; remainder is situated upon a neighbouring farm, whole lying some miles beyond municipal limits; water led by pipe into city and thence distributed by pipes; supply ample for all requirements; water not satisfactory, as it contains far too much vegetable matter, being of a faint brown colour from its passage through peat; necessity of providing filtration beds repeatedly urged; these are absolutely essential to secure purity of water. Night-soil contractor appointed annually to each of the four Wards; sterco removed at least once a week, at a charge not exceeding 6d. per removal; pail is emptied into a tip cart; nightsoil taken to trenches outside town; Medical Officer has recommended the substitution of covered pails and their removal with contents, together with substitution of a clean pail for dirty one, and also abolition of system by which premiums are called for from intending tenderers. Householders who have not sufficient ground for the proper disposal of their slop-water are ordered to have it removed by slop cart; these carts are run by the night-soil contractors; each person makes his own terms; sanitary officials see that removals are efficiently carried out. Removal of household refuse also a matter for individual arrangement, though not allowed to be stored in town for any length of time; removed by private carts to rubbish deposits, of which there is one for each Ward, on the outskirts of the town. Notifications: Diphtheria, European, 7; tuberculosis, European, 26; Coloured, 77; enteric fever, European, 23, Coloured, 5; leprosy, Coloured, 2; scarlatina, 1; erysipelas, 4; 5 of the enteric cases contracted disease elsewhere; judging from the notifications of tuberculosis and the registration of deaths from this disease, it is spreading very rapidly among the Coloured races. The Victoria Fever Hospital provides eight wards with two beds in each; cases of enteric which are nursed in town are provided with special night-soil pails, which are removed and cleaned on the duplicate system. No public abattoir established; plans were drawn up some time ago, the erection to cost about £1,200, but the scheme fell through. Five separate slaughter-houses on commonage about a mile from

town, occupied at pleasure of Council; piped water supply laid on; offal deposited in pits on ground fenced off near by, and covered in daily; interiors frequently whitewashed, and buildings, though by no means what they should be, are yet in a much better state than formerly. Medical Officer of Health makes weekly inspection of butchers' shops and meat; the meat as a rule is in good condition and of excellent quality. "Measles" in pigs fairly common, several carcasses of pigs for this disease have been condemned. Numerous analyses of water made, and where water of underground tanks has been found impure, the cleansing and repair of such tanks has been ordered. Continuous house to house inspections made by Sanitary Inspector. No overcrowding in the town, nor are any of dwellings dangerous to life; some overcrowding in the Location, but this it is practically impossible to prevent. A considerable stretch of river bed which runs through the town has been cemented, thus converting what was a stinking gutter into a cleanly inoffensive stream; a further portion is now being similarly treated, and it is hoped that before long the whole of it will have a cement channel. Numerous streets have been paved. European birth rate 12·05, and Native death rate 37·7 per 1,000, which is in excess of the native birth rate. The mortality amongst Native children is enormous, as 576·5 out of every 1,000 Coloured children born die before attaining five years of age, as compared with 90 out of every 1,000 White children born in the city. The rainfall for 1906 was 37·17 inches, the average being 25 inches.

3. SALEM (Village Management Board).

Water supply derived from rain-water tanks and from two springs just outside the village; it is sufficient and pure. Sanitary arrangements carried out by householders themselves and are satisfactory. No infectious diseases.

ALBERT. BURGHERSDORF (Municipality).

Little to add to 1905 report. In addition to the windmill mentioned in previous report there is now an oil engine erected over the same bore hole with very good results. No outbreak of infectious disease of any serious nature. The public slaughter-houses regularly inspected by the Sanitary Inspector, and kept in a very satisfactory condition. Meat brought to the morning market is inspected before being disposed of.

ALEXANDRIA. 1. ALEXANDRIA (Village Management Board).

The inhabitants depend entirely on rain water. In times of severe drought water is obtained from wells under control and within area of Board. Cesspool system in use. Household and other refuse deposited at a place set apart for the purpose outside the village. No case of infectious disease notified. No public abattoir established or contemplated; no regulations are in force regarding slaughtering, but the Board intend taking steps to have the "Model Regulations" under the Public Health Act, brought into operation; at present, offenders can only be dealt with under the Police Offences Act. No public works of any kind undertaken. The annual revenue of the Board is only £65, this is expended on the upkeep of the streets.

2. PATERSON (Village Management Board).

Water supply good and abundant from wells in yards; the Europeans have also rain-water tanks. Closet in each yard; this is considered the best system under the circumstances. Refuse is either burned in the large back-yards or taken to a hole outside village. No infectious disease. Slaughtering places in good order.

ALI WAL NORTH. 1. ALI WAL NORTH (Municipality).—Dr. R. W. GRIFFIN, D.P.H.,

Reports water supply from Orange River; partially under control of Local Authority; source within area of Local Authority; water dammed and pumped through filter bed; stored in reservoir and distributed by pipes; water unfit for

any domestic purpose. Pail system in use for night-soil; pails removed, washed and tarred at least once a week. Slop-water removed every second day and refuse once a week; no proper receptacles for storage of slop-water or refuse. Notifications: Scarlatina, 9; enteric fever, 19; diphtheria, 2; puerperal fever, 1; tuberculosis, 3. Isolation, disinfection, etc., under control of medical attendant. Native wood-and-iron isolation hospital accommodating four beds, with storeroom, kitchen and attendant's room; not yet used. Two slaughter-houses originally private property, now the property of the Local Authority; also a private one; reformation urgently needed. Meat for sale on public market inspected every morning by Sanitary Inspector, that in butchers' stores from time to time.

2. LADY GREY (Municipality).—DR. LEWIS JOHN NEWNAM, HEALTH OFFICER,

Reports water supply at present plentiful and good, from wells and fountains; no need to use furrow water; springs and wells liable in some degree to pollution. Night-soil removed by night carts; it would, however, be desirable that large sterco buckets such as are used in every Government building should be used in private closets; the latrines for natives are used reluctantly. Slop-water is thrown anywhere; Municipality has been urged to take steps for its proper removal. All rubbish is carted away. Except influenza, which seems endemic here, and two or three mild cases of scarlatina, there has been no epidemic of infectious disease. All abattoirs should be under Municipality as they would then be placed in proper positions, and could be more easily watched than the private one in use at present. Meat inspection carefully carried out. Overcrowding and filth combatted vigorously, the Sanitary Inspector and M.O.H. making raids on insanitary areas. A survey for waterworks has been completed a mile eastward of the town; there is a strong stream of beautiful water which should supply the town with water unequalled for purity in the Colony.

3. JAMESTOWN (Village Management Board).

Irrigation supply from dams, distributed by open furrows; drinking supply from one public and several private bore holes; supply is adequate; a water scheme is in progress, and when completed the whole town can be supplied with water for irrigation purposes from the two bore holes, giving an inexhaustible supply. The scheme is awaiting Government support, the Government-Engineer having inspected and approved of plans, etc., the Authority awaits further developments. No change as regards sanitary removal system since last report. No infectious diseases reported; one or two cases of mild whooping cough. No public abattoir exists or is contemplated.

BARKLY EAST. 1. BARKLY EAST (Municipality).

Water supply principally obtained from bore hole in Market Square; there are two springs south and west of town used by persons residing in vicinity; neither supply is liable to pollution; there are also several private bore holes and one well; irrigation water derived from the farm Groot Vlei and brought into town by open furrow; this supply is uncertain. Council have inaugurated the duplicate pail system for night-soil removal; slop-water and refuse deposited with night-soil in pits 3' x 4'. Town has been remarkably free from infectious disease, only three or four cases of diphtheria and one of enteric fever being reported. Slaughter shambles have been erected by Council and are used by local butchers; they are inspected by Council's Officers at least once a week, and they report that premises are kept healthy and clean. No system of meat inspection; no complaints regarding diseased or unsound meat. The whole sanitary system has been improved in that Council undertook the removal of night-soil, slop-water and refuse; this has tended to improve the general cleanliness and health of the town.

2. RHODES (Village Management Board).

Water supply from four fountains, three under control and within area of Local Authority; water collected in buckets; supply adequate but liable to pollution. Night-soil disposed of in privies. Slop-water disposed of outside back-doors generally. Place set apart by Local Authority for refuse. Very few cases of infectious disease. Slaughtering done on butchers' premises, which are cleanly. A more suitable place has been chosen for depositing rubbish, but want of funds prevents further progress.

BARKLY WEST. BOETSAP (Village Management Board).

Water supply from fountains within Board's area; led by open furrows into earthwork dams, and thence distributed by open furrows; supply very limited and liable to pollution; practically all the erf-holders have private wells. No system of collecting night-soil, the population being small, poor and scattered. No infectious diseases reported. Slaughtering done by private individuals. A mason-work dam and separate provision for watering stock are much required, but the funds at the disposal of the Board are altogether inadequate to undertake such work. During the year the chief fountain and main furrow were cleaned out.

BATHURST. 1. BATHURST (Municipality).

Water supply unchanged. Night-soil removed from the school and school-house on the pail system; all other houses have cesspools. No infectious disease. No public abattoir established or contemplated. No system of meat inspection. No action regarding sanitary defects has been necessary.

2. PORT ALFRED (Municipality).—DR. CECIL E. JONES PHILLIPSON,
HEALTH OFFICER,

Reports water supply is rain water collected in galvanised iron and underground tanks. Springs exist, but the water, owing to non-protection from surface drainage and other means of pollution, is unsuitable for drinking purposes. There is also a high percentage of chlorides. Is of opinion that these springs by proper protection and cleaning could be utilised if necessary. Night-soil removed by a native in the employ of Municipality. Pail system not much adopted. Cesspools principally exist, those likely to contaminate water in underground tanks have been condemned. Slop-water and household refuse disposed of satisfactorily. No epidemic. There is no infectious disease hospital, nor any C.D. Hospital, latter is not required, there being only one case under treatment during 1906. No public abattoir exists or is contemplated. Two slaughter-houses, these suit the requirements, well situated, clean and well kept, and inspected every week. Meat is inspected by M.O.H. at irregular intervals and unknown times. None condemned during year. No overcrowded dwellings. Sanitary defects supervised by Town Ranger. To limit preventable disease Municipality continues to issue their leaflet, printed in Kafir. Phthisis increasing markedly.

BEAUFORT WEST. BEAUFORT WEST (Municipality).—DR. A. J. WESTBY,
HEALTH OFFICER,

Reports drinking water supply conveyed in pipes from spring about 7 miles from town; stored in covered water house holding about one week's supply, and from thence distributed in pipes; probability of pollution is remote; under control of Municipality. Sanitary removal system unaltered. Notifications: Enteric fever, 15; scarlatina, 4; small-pox, 3; diphtheria, 1. No hospital accommodation. No public abattoirs erected; existing slaughtering places are kept clean.

BEDFORD. BEDFORD (Municipality).

Water supply from springs on the top of mountain in Maastrom; Municipality has control as far as the intake at the foot of the mountain; water is collected in a service reservoir holding 500,000 gallons, and is distributed by pipes. A recent analysis shows that water from one spring is quite pure, but that from others is affected by decayed vegetable matter. Supply adequate. Night-soil removed on the tub system by contractor once a fortnight or oftener if necessary. Refuse and slop-water removed to rubbish depositing sites by householders. No isolation accommodation exists. No public abattoirs established or contemplated, present conditions considered adequate. Found that the tarring of sanitary pails after emptying was not a good system, as much objectionable matter remains in the pails and was liable to affect the health of the public. The Council therefore

had a water pipe laid on to the sanitary house, and all pails are now thoroughly cleansed by water before being returned. All cattle, sheep and goat kraals have been removed from the residential portion of town.

BREDASDORP. 1. BREDASDORP (Village Management Board).

Water supply from a mountain spring under control of Dutch Reformed Church and situated on lands belonging to that body. Water conveyed in open furrow enclosed by wire fence; is liable to pollution. Disposal of night-soil is done by private individuals. No infectious disease. No isolation hospital.

2. NAPIER (Village Management Board).

Water supply derived from the river and furrow; is liable to pollution. Night-soil, slop-water and refuse are buried. No infectious disease. No action has been taken regarding sanitary defects. No new works.

BRITSTOWN. 1. BRITSTOWN (Municipality).

Last report mentioned that a gravitation water supply scheme had been carried out, the supply being located by means of the divining rod. Since then, with the aid of the divining rod, another vein was located near present spring. A hole was bored to a depth of 100 feet, and a splendid supply struck. This hole is now supplying the whole town with sufficient water for drinking and domestic purposes. The water is pumped up into closed tanks holding 18,000 gallons, with which the main pipe is connected, the water being distributed by branch pipes to the different houses. An increased supply for gardening purposes has also been opened up at the main spring. The Council continues to remove night-soil and household refuse Departmentally. There is no regular system of removing slop-water; this is still being removed by householders, and in a great many cases this water is thrown into private yards. This matter is again engaging the attention of Council with a view to arranging a Departmental removal. Slaughter-houses visited periodically and Regulations enforced. No unsound meat discovered.

2. DE AAR (Municipality).

Water supply from shallow surface wells, but is, up to now, quite pure and abundant. Night-soil removed from private houses bi-weekly, but from hotel and boarding houses every night. Three cases of enteric fever. No deaths. Epidemic of measles of rather a severe type, but only a few deaths. A proper slaughter-house or abattoir has been erected at a considerable distance from town. A set of Municipal Regulations has been promulgated, but are not complete. No Health Officer. Municipal area on the whole fairly sanitary.

CALEDON. 1. CALEDON (Municipality).—Dr. A. J. ALBERTYN, HEALTH OFFICER.

Reports water supply from spring in Zwarteberg Mountains within area of Local Authority; stored in reservoir at fountain head and thence piped to village; supply adequate, pure, and not liable to pollution; irrigation supply obtained from same source, stored in reservoir holding 6,000,000 gallons, and led thence by open furrows. Bucket system in use for night-soil; Municipality have introduced compulsory fortnightly removal of all buckets. Slop-water similarly removed. Household and other refuse collected and removed to suitable depositing site. Small-pox epidemic during May and June; no isolation accommodation; an old lazaretto exists on the outskirts of village, which was used for small-pox patients. No public abattoir established or contemplated; three slaughter-houses some distance from town; these are not clean, well kept or sanitary; Sanitary Inspector visits slaughter-houses and butcheries systematically, and rarely finds it necessary to condemn meat. Town Hall completed during year; is a spacious, fine building, and an acquisition to town. Several old sluits have been repaired and guttered.

2. HERMANUS (Municipality).—DR. J. J. HOFFMAN, HEALTH OFFICER,

Reports water supply as previously reported, except that reservoir was emptied and cleaned in October, but with the exception of sand nothing was found in it. No alteration in sanitary removal system. No infectious diseases. There is no hospital. All slaughtering is done outside the village and meat brought in by cart. No inspection of meat as yet deemed necessary. Water supply is not liable to pollution. The Municipal Secretary has been appointed Sanitary Inspector. At present, harbour for landing fishing boats is under construction, and when completed the harbour will have better sanitation.

3. STANFORD (Village Management Board).

Water supply from spring about a mile from village brought in open furrow; spring under control of Board; water clean and adequate, but sometimes liable to pollution by cattle. Household refuse carted away; some is worked up in the gardens for manure. Disposal of night-soil—means inadequate, most of the places having no W.C.'s. No infectious disease. Slaughter-houses kept in satisfactory condition. No system of meat inspection.

CALVINIA. 1. CALVINIA (Municipality).

Water supply and sanitary removal system same as reported last year, except that proper sanitary pails have been supplied by the Local Authority. No isolation hospital. No infectious diseases. A public abattoir has been provided at a suitable spot on the outskirts of the Municipality. Consists of a slaughtering shed with cement floor and gutter and a well supplying water for flushing, etc. Several kraals adjoining are let to various butchers. The building is under the surveillance of Sanitary Inspector, and is occasionally visited by members of Council. No system of meat inspection. A C.D. Hospital has been built; it has been approved by the District Surgeon, and is now under his charge. The nature of the water supply and the indifference of the public render many desirable sanitary reforms difficult of execution.

2. LOERIESFONTEIN (Village Management Board).

Water supply derived from private wells; liable to pollution in one respect only, viz., that the number of wells being limited the inhabitants water their horses, etc., at the same wells, and it frequently happens that unconsumed water is allowed to run back into well; almost impossible to remedy this in face of a large Coloured population; Board do not consider the supply adequate; a definite water scheme has been prepared which would provide an abundant supply, and the same is now before the Colonial Secretary. The Board insist on night-soil being buried, and rigidly enforce the bye-law regarding systematic cleansing of W.C.'s. Village exceptionally free from infectious disease. Abattoir quite unnecessary. No system of meat inspection necessary. During the year a bye-law has been promulgated compelling the erection of W.C.'s to all dwellings. No sanitary defects, and no unhealthy dwellings.

CAPE DIVISION. 1. CAPE TOWN (Municipality).—DR. A. JASPER ANDERSON, HEALTH OFFICER,

Reports water supply derived from springs on north-west of Table Mountain and catchment area on the summit; springs within Municipality, but catchment area is not; water flows from its sources through pipes to Reservoirs Nos. 1 and 2, and the Molteno Reservoir; the water from the springs which are being used at present is exceptionally soft and of great purity; that from Table Mountain is discoloured by vegetable matter in solution; as far as possible each house has a galvanised iron storage tank, the "dribble" system being in use; this consists of placing on the supply pipe to the cistern a nipple with a small orifice which can be regulated so as to deliver a certain amount of water during the twenty-four hours—100, 200 or 400 gallons, as the case may be. The dangers and inconveniences of this system have repeatedly been pointed out. Water is also supplied directly through meter, and a large percentage of houses is being so supplied each year. The water is stored on Table Mountain in the Woodhead Reservoir, capacity 225,000,000

gallons, and the Hely-Hutchinson Reservoir, capacity 200,000,000 gallons; high level portion of the city supplied from the small Mocke Reservoir on Kloof Nek, the water to which is sent from the Woodhead Reservoir; an additional Service Reservoir is being constructed near the Mocke Reservoir. Well constructed water carriage system for removal of all sewage matter with sea outfall at Green Point; a few houses in isolated positions are not connected with sewers. Rain and storm-water are carried by sewers into Table Bay; this system is now complete. Household refuse removed daily and is carried by rail to reclaimed land beyond Bellville. There is a necessity for a small destructor for the destruction of specially infectious material, and especially unsound food, to prevent the same being consumed after seizure. The scavenging of the city has now been undertaken for several years by the Council itself. 709 cases of infectious diseases notified, including 315 cases of tuberculosis, 89 cases of enteric fever, 102 of scarlet fever, 55 of diphtheria including membranous croup, 107 of small-pox, 24 of erysipelas, 16 of puerperal fever, and one of leprosy; the existing Infectious Diseases Hospital accommodation is nominally 20 beds and 4 cots; small-pox cases are isolated at Rentzkie's Farm Small-pox Hospital, to which a galvanised iron ward has been added. No slaughtering is permitted within Municipality, but public abattoirs are at present contemplated in conjunction with the other Municipalities. Butchers' shops systematically inspected, especially on Monday mornings, and any suspicious unsound or diseased meat kept under observation until examined by Medical Officer of Health. House to house inspections have been carried out through the twelve months, about 41,200 inspections being made.

2. GREEN POINT AND SEA POINT (Municipality).—DR. G. A. BATCHELOR,
HEALTH OFFICER.

Reports area 1,330 acres; number of dwellings at end of 1906, 1,589. Gravitation water supply furnished by Corporation of Cape Town from mountain source; water carriage system of sewerage with outfall into sea. Periodical inspections at irregular times made in connection with meat trade. Bakehouses and cowsheds also frequently inspected. House refuse collected daily except Sundays; scavenging carried on daily; 6,075 inspections during the year; 1,055 nuisances attended to. Deaths, European, 54; Coloured, 18; European death rate, 7.2; Coloured death rate, 13.2; 25 deaths of infants below one year, giving an infantile mortality rate of 103 per 1,000; births, approximately 22 per 1,000 below that of 1905. Two deaths were due to enteric fever, 5 to tubercular disease, and 7 to cancer. European births were 206, and Coloured births 37, giving birth rates of 27.4 and 27.2 per 1,000, respectively. Fifty-one notifications of infectious disease, of which 30 were of scarlet fever, 11 of enteric, and 10 of tubercular disease. At M.O.H.'s suggestion Municipal Council have issued a short pamphlet on the "Care and Feeding of Infants."

3. WOODSTOCK (Municipality).—DR. JOHN HEWAT, HEALTH OFFICER.

Reports water supply mostly obtained from Newlands spring; a small portion is obtained from Cape Town supply; the source, or Suburban Waterworks, are under a Water Board made up of representatives from the various suburbs; water pure and good, but in dry seasons totally inadequate to give a constant supply. Night-soil removed on the pail system Departmentally and taken by railway trucks to the depositing site beyond Bellville. Slop-water is collected by street gutterings and carried to the sea by underground pipes. The Municipality throughout has been lately provided with a complete and satisfactory underground stormwater drainage system. Household and other refuse is collected systematically and deposited near the sea. Infectious disease has not been prevalent. Small-pox caused some anxiety, but has been kept under control; all cases were removed to the Cape Town Corporation Small-pox Hospital at Rentzkie's Farm. Woodstock has no Infectious Diseases Hospital of its own, and depends entirely upon the Cape Town Infectious Diseases Hospital by paying an annual contribution. Slaughtering is at present not permitted within Municipal area; Municipality at present considering establishment of public abattoirs, either independently or in combination with the other Peninsula Municipalities. Meat and butchers' conveyances systematically inspected; several successful prosecutions during year. Much has been done by the Municipality through their Sanitary Department to remedy sanitary defects, prevent overcrowding, and generally supervise and deal with sanitary matters. The street pavements have been asphalted, the streets have been attended to and are in excellent condition at present; some of them have been coated with tar, which is reported to be a great success, not only in minimising dust, but in preserving the roads.

4. MAITLAND (Municipality).—DR. JOHN HEWAT, HEALTH OFFICER,

Reports births, 146 European, and 230 Coloured; deaths, 43 European, 163 Coloured. Zymotic diseases notified, enteric fever, 4; phthisis, 1; scarlatina, 1; small-pox, 4. The water supply is the serious drawback to the district; the present supply is inadequate, many of the houses, more especially on the outskirts of the Municipality, are not supplied, and have to take their water from wells—in most instances surface wells liable to contamination; he cannot urge too strongly the necessity of an ample water supply being obtained as soon as possible. The inadequate paid ticket system is still in vogue for night-soil removal; a system of house tax for this special purpose should be imposed and removals conducted systematically and regularly each week, so that there will not be the same tendency for many of the poorer inhabitants delaying their orders as long as possible to save expense. Slaughter-houses, cowsheds and dairies have been thoroughly inspected; all dairies visited by the Medical Officer of Health and two Sanitary Inspectors before being licensed; slaughter-houses are kept as sanitary as possible, but properly drained and equipped abattoirs should be erected as early as possible, and when this is done the present slaughter-houses in the Municipal area should be closed. During the year many streets have been laid out and properly kerbed and guttered; the drainage lying about the Main Road is no longer to be seen as it is carried off by underground drains which will in time, he understands, form part of a drainage scheme; the improvements at Brooklyn and Upper Maitland are very noticeable.

5. GLEN LILY, FAIRFIELD AND PAROW (Village Management Board).

No system of water supply; residents obtain their water from surface wells or rain-water tanks. The proposed scheme for a supply from Platte Kloof Farm has been cancelled owing to the Syndicate failing to complete their agreement. The need of a pure and plentiful supply is urgently felt. Night-soil is collected once a fortnight from each dwelling or place of business at a charge of 1s. per removal; it is collected by contractor, but some fresh arrangement will have to be made. Only about half a dozen cases of infectious disease reported during the year, of which the majority were of tuberculosis. No public abattoirs established or contemplated. No system of meat inspection, but the Cape Divisional Council Inspector does this work on behalf of his Council. No Sanitary Inspector.

6. MOWBRAY (Municipality).—DR. MATTHEW HEWAT, HEALTH OFFICER,

Reports population 9,600. Births, European, 239; Coloured, 98; total, 337. Birth rate, 35·2. Deaths, European, 49; Coloured, 71; total, 120; of which 17 European and 39 Coloured were of children under 5 years of age. No prevailing disease of any gravity during the year. Notifications of Infectious Disease: Enteric fever, 14; scarlet fever, 25; diphtheria, 5; Small-pox and erysipelas, each 1. Considerable prevalence of mild form of measles and a few cases of whooping cough during the year. With the assistance of a Government Vaccine Officer a fairly successful attempt was made to have the children of the poorer people vaccinated; there is, however, no systematic attempt to carry out the Act. Scavenging and sanitary services carried out in a satisfactory manner. There have been a number of successful prosecutions for the exposing for sale of diseased meat.

7. RONDEBOSCH (Municipality).—DR. MATTHEW HEWAT, HEALTH OFFICER,

Reports estimated population 6,000. Birth rate, 37·5; death rate, 12·3 per mille, as compared with 34·5 and 11·3 respectively for 1905. Notifications of Infectious Disease: Scarlet fever, 12; enteric fever, 11; tuberculosis, 7; small-pox, 3. A fairly satisfactory attempt was made during the year to carry out the vaccination of the poorer members of the population. Water supply is almost entirely derived from the Suburban Waterworks; is of excellent quality, and during the year has been sufficient for domestic purposes. Only a surface drainage exists, and this which often includes slops and other offensive material is run directly into the Liesbeek River; some form of drainage other than this is a crying necessity, especially for the more crowded parts of the Municipality. Speaking generally, the sanitary condition and health of the Municipality have been satisfactory, and the sanitary services have been carried out, on the whole, in an efficient manner.

8. CLAREMONT (Municipality).—DR. GEORGE G. EYRE, HEALTH OFFICER.

Reports water supply derived from Albion Spring in Rondebosch area and Kommetje Spring and mountain streams in Claremont area; $1\frac{1}{2}$ million gallons per diem is pumped direct into the mains from the Albion Spring, and in addition a further supply is consumed, comprising 55,000 gallons per diem from the running streams and 200,000 to 300,000 gallons per diem from the Newlands Reservoir; water distributed in pipes; supply adequate for present needs and not liable to pollution; total consumption of Claremont is: by meter, 172,403 gallons, and on tank and dribble system 260,566 gallons, or a total of 432,969 gallons per diem. Pail system in use for night-soil removal: removals carried out weekly from ordinary dwellings at a charge of £1 10s. per pail per annum; more frequent removals from hotels, business premises, etc. Slop-water collected daily and used for irrigation purposes on the sanitary farm. Refuse collected tri-weekly and buried in trenches on vacant ground. Forty-seven cases of infectious disease notified, viz.: 20 of tuberculosis, 11 of enteric fever, 9 of scarlet fever, 4 of small-pox, 2 of diphtheria, and 1 of erysipelas. Disinfection of premises has been carried out in all cases except those of tuberculosis. There is no Infectious Diseases Hospital. No slaughtering is carried out within the limits of the Municipality; butchers' shops inspected once a month at least. During the year numerous hard roads, kerbed and guttered, have been constructed, especially in areas where sanitary administration is difficult; this has diminished to a great extent the faults of accumulation of filth and waste water around the dwellings mentioned in report for 1905. A capacious stormwater drain of concrete has been completed through the upper part of the Municipality, intercepting the winter floods from the mountain slopes; it is $1\frac{1}{4}$ miles in length and discharges into the Liesbeek River; a similar drain 200 yards long has been constructed at the back of the Vineyard Hotel.

9. WYNBERG (Municipality).—DR. PERCY S. TRAVERS-STUBBS, HEALTH OFFICER

Reports piped water supply obtained from catchment area on the mountain behind Wynberg and from springs on the Orange Kloof Farm, Hout Bay area. The water is of good quality, but during storage it absorbs a certain amount of colouring matter from the peaty soil which forms the bottom and sides of the reservoir. Now that the drainage system is being installed and that the Municipal boundary is to be extended to Retreat, taking in a very extensive area, the Council is about to start the construction of a third storage reservoir, for which they have ample space, and will be able to fill with no great difficulty. With care the present supply is sufficient, but the day is not far distant when the capacity of Reservoir No. 3 will be tested. Night-soil and slop-water disposed of by drainage on the pail system and by catch-pits. Drainage is gradually being installed. There are some 3,262 houses in the Municipality, and up to the 31st December some 705 had been connected. Night-soil collected bi-weekly from those parts blessed with good roads, taken to the tip off Ottery Road and sent down the main drainage sewer. The pails, from parts of Plumstead area, are conveyed to a depositing site and the contents buried in trenches. Household refuse largely used for filling up old holes and sluits. Notifications during the year: 140, including Enteric Fever, 17; Diphtheria, 9; Small-pox, 35; and Phthisis, 46. There was a marked decrease in the number of cases of Typhoid Fever. The first case of small-pox was discovered in February, and later on the disease assumed an epidemic form throughout the Cape Peninsula. Many cases were secreted, and it was with the greatest difficulty that cases could be traced on account of the false information given. In some cases the children were wrapped in bundles of wash clothes and so carried away to other houses or into the bush, others again were secreted in closets. It was difficult to reach all contacts by vaccination as so many dwell in overcrowded houses, and having barely a change of clothing, disinfection of clothing could not be done at the same time as vaccination. During this epidemic it was found that at least 75 per cent. of the people were unvaccinated; they gave as their reasons the distance they would have to go for the operation, and above all to the Gaol. If Municipalities are to be saddled with larger areas and with the expense of infectious diseases, then it will be necessary for the Municipality concerned to see that vaccination is carried out within a prescribed time after birth. This Municipality has not, nor does it intend establishing any public abattoirs. The slaughtering of calves, pigs and sheep in small numbers is surreptitiously done on butchers' premises. No systematic inspection of meat is attempted in Wynberg, much less the conveyances, utensils, drivers or their clothing. Any day the most revolting examples of the dirty habits prevailing are to be witnessed.

The first section of the drainage has been completed and is working fairly well, but it is a mistake to send down to the bacteria beds inert matter, and that highly charged with disinfectants. During the year other new works in connection with other and very needful sections have been started. There is one matter which concerns both the Government and Local Authorities, and that is the appalling mortality of infant life; it is as much the duty of the one as of the other to see that care is exercised.

10. KALK BAY-MUIZENBERG (Municipality).—DR. E. E. WOOD, HEALTH OFFICER,

Reports water from slopes of Steenberg Mountain, collected in large reservoir and distributed in pipes. Supply adequate, but distributing pipes too small, and a deficiency in pressure occurs during the summer months. The water pure, but contains some vegetable colouring which gives it a brownish tint. Night-soil removed on pail system at least once a week. Four hotels have their own septic tank arrangements. Slop-water and other refuse collected from tubs and bins by means of slop-water and dust carts, and conveyed to the Muizenberg Flats and there deposited. Notifications: Enteric Fever, 9; Scarlet Fever, 8; Phthisis, 4; total, 21; all cases were supervised by Municipal Sanitary Inspector and premises thoroughly disinfected at the termination of case. No Infectious Diseases Hospital. No public abattoir, and no intention of establishing one. No slaughtering carried on within the area. Meat inspection carried out by Sanitary Inspector. Tinned meat was seized and destroyed in several instances. Some 4,000 fish were found on the premises of Kalk Bay Fish and Land Company which were absolutely unfit for human consumption, and were destroyed. Little action taken by Municipality to remedy sanitary defects. Staff has been reduced owing to necessity for retrenchment and at present cannot adequately cope with necessary work. Drainage scheme begun three years ago has been slowly carried on, but is not yet near completion, and at the present rate of progress it is impossible to say when completion will take place.

11. SIMON'S TOWN (Municipality).—DR. JAMES BOYD, HEALTH OFFICER,

Reports water supply derived from springs which are enclosed and fenced off, so that there is little or no danger of pollution; this water is discharged into the Victoria Reservoir and thence piped throughout town; during part of the summer it is usual to conserve the supply by restricting it to certain hours daily according to circumstances; to ensure a full twenty-four hours supply all the year round a further scheme is in course of construction at Dido Valley; source of present supply is within the area and control of Municipality. The whole town, excepting Paradise, certain military buildings, Sir John Jackson's Works, four houses in Upper Goede Gift, and the highest part of Seaforth, has a water carriage system of sewerage, the sewers emptying into sea at various points along shore. The present bathing site below Dutch Reformed Church is in a most insanitary condition, due to new Dockyard Extension Works. The exceptions mentioned have the pail system with a bi-weekly service, the pails being emptied into sea well clear of town. Household refuse removed daily by contract. Small mild outbreak of typhoid fever at the end of March; no deaths. Small-pox appeared at the end of July; the matter was thoroughly gone into at the time. No Infectious Diseases Hospital. Council have been "contemplating" public abattoirs for the last six or seven years; the fault would seem to lie with Colonial Secretary's Department, as during all that time the site that was promised by Department has not been transferred; there are two private slaughter-houses in the Municipal area, cannot say a word in their favour except that they are kept as clean as their unfortunate circumstances will permit of; they have been used for over fifty years, and the right of slaughtering was granted by Council after the Municipality was constituted, excepting a public slaughter-house was erected; if a proper site had been granted at the time they would have been abolished long ago; they both are adjoining public houses and dwellings instead of a clear 100 feet away. Periodical meat inspections made by the Sanitary Inspector. Kerbing and guttering and the conditions of the roads and side-walks vastly improved. The whole town will in the course of a month or two be under water-carriage drainage, excepting Sir John Jackson's Works, which are of a temporary nature, and the military premises. The overcrowding question is one of the utmost difficulty, for, if you deplete one place down to the necessary number, the evicted must crowd elsewhere. Scarlet fever, 2; Tuberculosis, 3; Enteric Fever, 9; Small-pox, 18; total, 32. Municipal Location has improved considerably of late and is in a good sanitary condition.

CARNARVON. CARNARVON (Municipality).

Water-supply same as described in last report, but has been plentiful during the year.

No infectious diseases worth mentioning, excepting an outbreak of mild Measles. One case of mild Small-pox.

No new works were undertaken. Health of the town has on the whole been very good.

CATHCART. CATHCART (Municipality).

Water-supply derived from springs in the adjacent mountain, collected in reservoirs and distributed by pipes; source outside Municipal area, and is on land purchased by the Railway Department, and under control of both parties; supply sufficient for present requirements.

Pail system in vogue for night-soil removal; tri-weekly service established. Slop-water removed by Sanitary contractor from most of the houses in the town. Household refuse removed weekly by the Council.

Enteric Fever appeared early in the year; source not traced; no cases at present. Small-pox was imported from over the Kei; this also has now been suppressed.

A public abattoir has been erected, and slaughtering has therefore improved. No meat inspection. Sanitary conditions are fair. No overcrowding known.

CERES. 1. CERES (Municipality).—DR. G. C. MUNNIK, HEALTH OFFICER,

Reports excellent piped water-supply, but distribution unsatisfactory; owing either to lack of pressure or smallness of pipe, the more elevated parts of village have not a sufficient supply, and recourse has to be had to the existing furrow; it is a matter of much controversy and feeling, and will mean the insertion of an extra pipe in the near future; source within Municipal area and under control of Local Authority.

Night-soil systematically removed. Slop-water is in most cases made to dry up in the yard; other household refuse is generally carried away.

Enteric Fever, 9; Diphtheria, 4; Erysipelas, 2; Puerperal Fever, 1; Phthisis, 12; cases all sporadic, and mostly confined to Native Locations.

Attention is drawn to the large number of cases of Phthisis, which is attributed to the infection carried by laundrywomen, who in former days undertook the washing of the linen of consumptives, who some ten years ago frequented this locality in large numbers.

No public abattoirs exist or are contemplated. No system of meat inspection. No sanitary defects such as would affect the health of the general community.

No works of importance, excepting the improvement of the streets, and the extension of the water scheme to the various Locations.

2. PRINCE ALFRED'S HAMLET (Municipality).

Water-supply derived from Wagenboom's River and from a spring; conveyed to village in open furrow under control of Local Authority; supply adequate, and pure, though liable to pollution. Night-soil, slop-water, household and other refuse are, as a rule, buried in the ground. Very few privies are kept.

No infectious disease; general health good. Butcheries clean; no system of meat inspection. Furrows are partly paved with gravel, and the sides with stones; this is to be continued till all the furrows are in perfect order.

CLANWILLIAM. CLANWILLIAM (Municipality).—DR. ALFRED HAYES,
HEALTH OFFICER,

Reports water-supply unchanged. A great mistake has been made in the removal of a wire fence which was placed along the water furrow during the Military occupation, and was designed to prevent animals trespassing into the furrow. Supply is adequate, as, in addition to drinking water, it is used for irrigation and baths. Night-soil, slops, and household refuse removed by Municipality, and buried at a safe distance from township; this is quite satisfactory. No outbreak of infectious diseases. No isolation hospital, and no adequate means of dealing with an outbreak. Dysentery very bad during latter part of year, and proved very fatal to children. Slaughtering is done in the open air. A dangerous defect in water furrow has at last been repaired. The new pipes for conveying drinking

water to the village have now arrived, and the work will be completed during the present year. Recommends that more attention be paid to street sweeping.

COLESBERG. COLESBERG (Municipality).

Water-supply good, abundant, and not liable to pollution; by means of a bore-hole and windmill pump recently erected supply has been considerably increased for irrigation purposes; water is delivered into a reservoir, containing 300,000 gallons.

All sanitary arrangements receive constant attention. Health of town fair. No further alterations to report.

CRADOCK. 1. CRADOCK (Municipality).

Water-supply from springs, eight miles from town, brought in and distributed in pipes.

Sanitary removals on pail system carried out by Municipality daily when required; all removals covered over daily, and lime used. Refuse removed weekly, or oftener, by Council.

2. MARAISBURG (Municipality).

Water-supply and sanitary removal system as formerly described.

One case of Enteric and one of Diphtheria.

Two shambles have been erected outside village by Council, where local butchers are compelled to slaughter. A system of meat inspection is being carried out.

A windmill and tank erected on Market Square for water-supply, the tank being thoroughly closed up to prevent pollution.

EAST LONDON. 1. EAST LONDON (Municipality).—DR. R. J. ROULSTON,
HEALTH OFFICER,

Reports population believed to be the same as in 1904, viz.: Europeans, 14,674; Other, 10,546; total, 25,220. Births: European, 511; Other, 291. Birth-rate per thousand: European, 34.08; Other, 27.5; total, 31.8. Deaths: European, 156; Other, 185. Death-rate per thousand: European, 10.5; Other, 17.5; total, 13.5. Premature births and deaths from accident: European, 15; Other, 11. Death-rate of children under one year, per thousand births: European, 97.5; Coloured, 235.9. Twenty European and 28 Coloured children under one year died from Gastro-Intestinal diseases. The number of deaths among children under one year from diseases of the Gastro-Intestinal canal is 7.1 of the entire death-rate; chiefly among poor whites and Coloured, who feed their children on condensed milk and pay little attention to cleanliness, augmented by damp and dirty surroundings during the heat of summer.

Tuberculosis in all its forms caused 46 deaths, or 7.4 of the total deaths. These cases usually come under notice during the last stage of the disease; frequently they keep moving about from one house to another, and especially in the case of poor whites and Natives, living in overcrowded rooms, spitting on the floor, etc., spreading infection. The inmates are notified by Sanitary Department of infectious nature of disease, and of precautionary measures.

Total notifications, 125—53 of Enteric, 17 of Diphtheria, 3 of Small-pox, and 37 of Tuberculosis; of these the following were imported from outside the Municipal area: Enteric Fever 6, Small-pox 1, Tuberculosis 12. There is a marked decrease in the number of Enteric Fever cases; no case of this disease has been traced to water, milk or food. The more probable causes are:—

- (1) The Quigney culvert, which runs through the Railway Reserve. A few cases of Enteric Fever occurred among the labourers when making it, which shows that the ground is contaminated. This culvert should have a proper concrete egg-shaped bottom.
- (2) The Lime Kiln sluit. Course is tortuous and the bottom rough and uneven, with result that water accumulates in pools; it should be straightened, a concrete egg-shaped bottom constructed, and the adjacent hollows filled in and if need be disinfected.
- (3) Subsoil drainage no doubt plays an important part. There was an old vlei in the Quigney, which was filled in and sold as building lots without being drained, although this was recommended.

As routine preventative measures, recommends that milk and water be boiled, fruit bought from hawkers washed in boiled water, and foodstuffs protected from flies and mosquitoes, and that cleanliness and drainage be attended to.

Act passed last Session authorising the Council to procure a water-supply from the Wolf River; Council's financial advisers recommended them not to proceed with the scheme at present, owing to the state of the money market; no doubt it is to the best interests of East London to have an abundant supply of pure water as soon as circumstances permit. The existing supply is sufficient for town, owing to abundant rains; many use tank water for drinking purposes, but unfortunately tanks are not provided with scour pipes, so cleansing is very difficult, and is too often left undone. Recommends that persons failing to have their tanks regularly cleaned out, and who use no precautions against the first or roof washings flowing into the tank, should be prosecuted.

23 cowkeepers and purveyors of milk in the town, with 12 who are only purveyors of milk; there are a few large dairies well conducted and kept; the remainder up to recent years had no separate room for bottling and washing and drying cans and bottles, but this is now insisted upon before a licence is granted. A large quantity of milk comes by rail and is delivered by wagon. It would be to the best interests of town if Council would build a proper milk depôt to receive milk coming by rail, where it could be bottled into proper wide-mouthed bottles, and corked with patent corks or pasteurised, as the case may be, a small fee being charged by Council. A strict regulation required as to the cleanliness of milk, milk bottles and patent corks, milk vessels and persons employed in management of same.

Abattoirs same as last year; 879 lbs. of meat seized and destroyed, also large quantities of unsound and unwholesome foodstuffs destroyed at depositing sites by owners upon their own responsibility.

From the date the General Dealers' Act came into force till the end of the year 31 licences have been granted. This Act entails a good deal of extra work, but its effect is beneficial.

2. CAMBRIDGE (Municipality).—DR. K. B. ALEXANDER, HEALTH OFFICER,

Reports no water-supply under control of Local Authority; community dependent on rainwater collected in tanks, and in times of drought on springs; in September last water was very scarce; springs had practically failed, and an arrangement was made by Local Authority for a supply of water from the East London Municipal supply; rain fell and rendered this arrangement unnecessary.

Night-soil removed on pail system. Household and other refuse collected weekly, but no system of slop-water removal.

Four cases of Enteric Fever and one of Phthisis; usual steps were taken in the cases of Enteric Fever to disinfect and promptly remove the excreta and soiled linen; three of the cases were removed to the Frere Hospital.

Three private abattoirs; inspected from time to time by Sanitary Inspector and M.O.H. No system of meat inspection.

Overcrowding found to exist in certain Native dwellings; legal proceedings adopted by Local Authority. Health of District has been exceptionally good.

3. AMALINDA (Village Management Board).

Water-supply, chiefly surface water, not under Board's control, but many residents have put down bore-holes, which yield a good supply of fair quality.

Night-soil disposed of by residents themselves, but as nearly all have got at least a four-acre plot attached to their dwellings, no nuisance has come to the notice of the Board.

Area remarkably free from infectious disease; two cases of Phthisis reported, both after death. No hospital accommodation.

Slaughtering carried on by a number of East London butchers on farms, subject to Board's Regulations. No system of meat inspection.

Bye-laws rigidly enforced; legal proceedings taken in one instance. Opening of a spring on the commonage has been completed, and promises a good supply of water.

4. MACLEANTOWN (Village Management Board).

Drinking water derived from tank; water for washing purposes obtained from River, spring, and dam; no proper distribution system; it is taken by the inhabitants in buckets or barrels; supply adequate and pure, but brackish, except in the dry season, when it is liable to become stagnant.

No proper night-soil system; night-soil collected mostly in buckets and buried at appointed site outside village; some use pits. Slop-water and refuse mostly thrown on heaps; some carry it into veld or distribute it in gardens.

No Infectious Disease reported.

Only one butcher, killing on an average one sheep a day; slaughtering done in his backyard. No meat inspection.

FORT BEAUFORT. FORT BEAUFORT (Municipality).—DR. W. DUNCAN MILLER,
HEALTH OFFICER,

Reports town now well supplied with good river water; water scheme upon which town has been engaged for some years now practically completed; a weir has been built across the Kat River at Blinkwater, six miles from town, and from this point water is conveyed by a 9-inch cast-iron main to the filter beds and reservoir on the Town Extension; filtered water brought into town by cast-iron pipes; irrigation water-supply direct from mains without passing through filter beds, and distributed by furrows.

There is no system of collection of night-soil, slop-water, or refuse; some little encouragement has been given to recommendations regarding this matter, but it is still apparently optional on the part of anyone building a new house to adopt any or no system of dealing with night-soil; still a considerable number of filthy cess-pits in town, and in the case of several recently built houses no objection has been made, so far as Medical Officer of Health is aware, on the part of Council to continuance; no chance of reform until Council order the closing of all cess-pits within Municipality; bucket system has been very largely adopted of late years, but the system at present in use might be greatly improved; a scheme for the better disposal of night-soil will shortly be put before Local Authority for consideration. Slop-water generally disposed of on gardens or in the night-soil buckets. Refuse is dealt with entirely at the householder's option.

Infectious Disease has not prevailed to any extent. Public health exceptionally good; to a considerable degree attributable to the greatly improved water-supply. During latter part of year a considerable epidemic of Enteric Fever occurred in the Asylum. The two isolation huts built by the Local Authority have been permitted to fall into disrepair, and are now entirely useless for the purpose.

No public abattoir established or contemplated; slaughtering done in the open on town outskirts. No regular system of meat inspection; meat on the market inspected by Sanitary Inspector, and upon occasion by Medical Officer; no unsound meat destroyed. No special action has been taken to remedy any sanitary defects in the directions indicated during the year.

FRASERBURG. FRASERBURG (Municipality).—DR. P. J. MADER,
HEALTH OFFICER,

Reports water-supply system unaltered; fountain water greatly diminished, owing to the drought; the 6-inch borehole, 200 feet deep, sunk last year did not realise expectations of increasing the supply; drinking water ample and pure, but irrigation supply inadequate.

Disposal of night-soil and slop-water continues satisfactory, and is under Municipal supervision.

No outbreak of Infectious Disease worth mentioning. No Isolation Hospital.

The public abattoirs are situated outside the town; are clean, and well kept. No system of meat or dairy inspection; fresh milk is sometimes unobtainable. No unhealthy or overcrowded dwellings. The supervision of sanitary matters is on the whole satisfactory. No nuisances to complain of.

GEORGE. GEORGE (Municipality).—DR. C. OWEN SNOW, HEALTH OFFICER,

Reports rainfall for the year, 33.2 inches. No source of human pollution of the water-supply, which is good, but the water should be laid on more generally in town. The open furrows are not kept as clean as should be; many poor people use the furrow water for drinking purposes.

Council should introduce a sanitary system under Municipal control for the removal of night-soil and household refuse, and abolish the primitive method now in use.

Slaughter-houses kept fairly clean, but require cement floors. Is room for improvement as regards cleanliness in carrying, handling, and storing meat, fish, etc. Cattle, horses, and other animals still roam in the streets and water furrows, and are a source of direct and indirect danger to the inhabitants.

If the deaths from Tuberculosis could be reduced to vanishing point the death-rate of the town and district would be low; the energies of the Health Board ought therefore to be primarily directed to controlling Tuberculosis, which is undoubtedly prevalent; in fact, it eclipses in importance all other diseases in district.

Deaths registered in the district 239, giving, with a population of 1,300, a death-rate of, roughly, 18.5 per 1,000; of these 62, or more than a quarter, were registered as due to Consumption, and 6 others as due to other forms of Tuberculosis; several other deaths reported as due to Bronchitis and Pneumonia were probably due to Phthisis, so that *about one-third of deaths in district were due to Tuberculosis*. Amongst the causes of increase of prevalence are poverty and insufficient or improper food, and overcrowding in damp, ill-ventilated houses, with clay floors, which are constantly being expectorated on; precautionary measures which should be taken are the education of the public as to the danger of expectoration, and generally as to measures of prevention. The Council have, very wisely, issued a leaflet giving directions regarding the prevention of spread of Tuberculosis.

GLEN GREY. LADY FREE (Municipality).

Water-supply from spring on Glen Grey Location commonage, without area of Municipal Authority; distributed by open furrow; there are also two bore-holes in the village, on Municipal land, from which water is pumped.

Night-soil collection and removal by cart undertaken by contractor weekly. Slop-water and household refuse removed by householders.

A few cases of Diphtheria, with one death. No isolation or other hospital accommodation.

No public abattoir; butchers kill on their own land. No system of meat inspection.

GORDONIA. 1. UPINGTON (Municipality).

Water-supply derived from Orange River, outside Municipal area; conveyed by open furrow; furrow under direct control of Upington Waterworks Company, Limited, and upon this Company the town is dependent for water-supply; the water furrow being immediately below the township on a lower level, every particle of refuse and dirt is blown by the wind and washed by the rain into the furrow, and were it not for the bulk of water serious diseases would already have resulted; but irrigable lands above the township are increasing in size, and consequently the water is diminishing.

Night-soil removed bi-weekly and refuse daily by contractor. Slop-water is disposed of by individual householders.

Infectious diseases have been practically absent. A few cases of Enteric Fever reported. No isolation hospital.

No abattoir exists, nor is one contemplated at present. No system of meat inspection exists.

2. KEIMOES (Village Management Board).

Water-supply obtained from Orange River, led to the village by three open water furrows; source under Board's control, though outside Commonage; supply adequate during rainy season, but strongly intermixed with humus. During the winter the supply is liable to pollution by livestock. No system of collection and disposal of night-soil, slops and refuse, it being the duty of erf-holders to remove refuse from their premises. No infectious diseases reported; no isolation hospital. Slaughtering is carried out partly by private residents on their own premises and partly by butchers in their own slaughter-houses. No system of meat inspection. No serious sanitary defects.

Board have constructed a wagon bridge over a water furrow, purchased some ground for the purpose of widening roads, and carried out a survey of the Commonage.

GRAAFF REINET. 1. GRAAFF REINET (Municipality).—DR. J. M. KEEGAN, HEALTH OFFICER,

Reports water-supply as before.

System of night-soil removal unchanged. No system of slop-water removal at present, but matter is under consideration, and it is hoped before the end of 1907 to see a complete system for removal of slops established.

Enteric Fever is endemic; 41 cases reported; mild type, mortality low; six cases were brought from the country for treatment. One case of Diphtheria, and one described as "resembling Small-pox." There were epidemics of Measles and Whooping Cough, both of mild types; no deaths.

Phthisis accounted for a considerable number of deaths, and is on increase among the Coloured inhabitants; due to the want of domestic cleanliness and sanitary precautions on part of Native population; other forms of Tuberculosis rare. No further isolation accommodation has been provided since last report.

Public slaughter-houses conducted as described in last report. Town Council have appointed an Inspector, whose duty it is to attend the shambles daily, examine all stock before they are slaughtered, and prevent slaughter of any animal regarded as unfit for human food. A regular system of meat inspection is in force; the Chief Sanitary Inspector attends the market every morning and examines all meat exposed for sale, reporting in any doubtful cases; butchers' shops regularly inspected by M.O.H. and Sanitary Inspectors; they are kept in a very satisfactory condition. One prosecution for diseased meat, and fine obtained.

Nothing specific regarding the remedying of sanitary defects has been done since my last report. A solid concrete dam has been built across river $2\frac{1}{2}$ miles above town, and continued for 120 yards on east side of river; it is hoped this will greatly increase flow of water in culvert.

Sixty-one European deaths, giving a mortality rate of about 15 per 1,000. 221 Native deaths, giving a mortality rate of about 35 per 1,000 per annum. Phthisis caused 2 European and 46 Native deaths, Enteritis and Diarrhoea 5 European and 30 Native deaths, and Enteric Fever 2 European and 3 Native deaths.

250 Native births and 62 deaths of Native children under one year; Native infantile mortality rate was 248 per 1,000.

153 European births and 19 deaths under one year; European infantile mortality rate was 124.1 per 1,000.

2. ADENDORP (Municipality).

Water-supply from springs in bed of Sundays River below Graaff-Reinet; brought to village by open furrow about $1\frac{1}{2}$ miles in length and liable to pollution; this supply mostly used for irrigation; source under control of Graaff-Reinet Authority; also rain-water tanks for drinking water.

Cesspools principally in vogue for night-soil and slop-water. No system of refuse removal.

Two cases of Enteric Fever notified. No public abattoir or system of meat inspection.

3. NEW BETHESDA (Municipality).

Water-supply and sanitary matters unchanged. Two cases of Phthisis reported, both fatal. No new works undertaken.

HANOVER. HANOVER (Municipality).

Water-supply as described in last report; owing to good rains it has increased appreciably.

Night-soil, slops and refuse disposed of as before.

Infectious diseases continue to be on the decrease. No isolation hospital.

Slaughtering places unchanged. Sanitary defects unchanged. Two cases of unclean yards reported and immediately remedied. No new works

HOPE TOWN. 1. HOPE TOWN (Municipality).

Water-supply unchanged; night-soil removed on bucket system; two slaughter-houses, situated outside the village; kept clean. No public abattoir or meat inspection. No Health Officer. No action taken to remedy sanitary defects. The only new works is the Hope Town Water Scheme. The water will be pumped from the Orange River into a large reservoir, and then led in open troughs to village, and only used for irrigation.

2. STRYDENBURG (Village Management Board).

Water-supply from wells has visibly increased, owing to the good rains. Night-soil, household and other refuse disposed of by contract, as before reported. Abattoirs established outside the village, though the conditions in connection therewith are not so strictly adhered to as might be desirable. No system of meat inspection.

Town commonage fenced in, except 600 yards which has still to be undertaken. Endeavours for the finding of water have hitherto proved a total failure.

HUMANSDORP. 1. HUMANSDORP (Municipality).

Water-supply from spring about three miles beyond town limits, running through open furrows to reservoir, where it is filtered and thence distributed in pipes. 7,500 gallons per diem is supplied to the Cape Government Railways; surplus is distributed in open furrows for irrigation. Pail system in vogue for night-soil, carried out satisfactorily by contractor; compulsory weekly removals. No system of slop-water removals; slops thrown over gardens or waste lands. Household and other refuse removed by householders and deposited on site outside village. Three cases of Typhoid. No public abattoir established or contemplated. No slaughtering allowed in the village. The licensed butchers have slaughter-houses erected on the outskirts of village; these are under the supervision of the Sanitary Inspector; the carcasses are conveyed to the butchers' shops and there cut up and sold. The installation of filtering reservoir and domestic water pipe service has been undertaken and completed.

General health and Sanitation satisfactory.

2. HANKEY (Municipality).

Water obtained from a dam across the Klein River, within the area. Water for household use is taken from the open furrow or from the Klein River. In dry seasons supply for irrigation purposes becomes limited, and has a brackish taste. No sanitary removal system. Slaughtering is carried out in private yards. No cases of infectious disease. No new works.

JANSENVILLE. 1. JANSENVILLE (Municipality).—DR. P. J. HENDERSON,
HEALTH OFFICER,

Reports general health good. Some cases of Measles occurred. One case of Small-pox; compulsory vaccination of Europeans and Coloured carried out. There were also a few cases of Diphtheria.

The new borehole and oil-engine in the Market Square yield a sufficient water-supply for present requirements; yields 1,250 gallons per hour; there are two cisterns, one on Market Square and new one above village, it being intended that this latter should give fall enough to supply whole village with pipe water. The time should not now be far distant when pipes will be laid on to the different houses from the street mains; the Location ought to be supplied with a pipe; total cost of working the scheme is not more than £2 per month, exclusive of £4 extra wages to the Sanitary Inspector.

No change in the sanitary removal system.

KENHARDT. KENHART (Village Management Board).

Water-supply from surface wells along Hartebeest River, close to village, totally insufficient, and extremely liable to pollution. No properly organised system for the collection and disposal of night-soil. A few isolated cases of Enteric Fever. Measles broke out during the year. No isolation hospital. Slaughtering is done at a slaughter pole outside village limits; no meat inspection carried out. Board is unable to make any provision for remedying pollution of water. The position is very grave, and it is earnestly hoped that Government will assist in bringing the water from Driekop into village, as otherwise serious outbreaks of Enteric Fever are anticipated. A weir has been constructed across the Hartebeest River, which has the effect of strengthening the wells whenever the river, which is an intermittent one, is in flood.

KIMBERLEY. 1. KIMBERLEY (Board of Health).—DR. A. W. REID,
HEALTH OFFICER,

Reports water-supply to Kimberley and Beaconsfield and Warrenton derived from Vaal River; in the case of the two former it is supplied by the Kimberley Waterworks Company from a pumping station at the Riverton intake; water is first

pumped into four sedimentary tanks on the river banks, holding 2,000,000 gallons each; from these it is pumped a distance of 17 miles through a 14-inch main to the receiving reservoir at Newton, just outside Kimberley; this reservoir has a capacity of 8,000,000 gallons; the larger portion of the water is then passed through sand filters and received into tanks holding 700,000 gallons, from which it is distributed to consumers through service pipes; extent of filtering area 3,110 square yards; the unfiltered portion, used for the mines and street watering, is distributed by a separate system; a few houses receive unfiltered water. As some of the tributaries of the Vaal have been diverted for irrigation purposes, the Waterworks Company found it necessary to construct a weir below their intake; this is now in course of construction, and will store up 1,000,000,000 gallons. The water is on the whole satisfactory during the winter, but in summer, and when the river is high, there is a large increase in solids and Free and Albuminoid Ammonia; Chlorides also increase to a less extent. The Albuminoid Ammonia present is much more likely to be due to vegetable contamination than to animal pollution; still there is a risk of the latter from carcasses of dead animals or from washing on the banks of the river. The water is distinctly discoloured, even after passing through sand filters. The Company are now constructing two new filters, 20,000 square feet in area, but some system of sedimentation will also be necessary. Many persons within the Municipal area also use well water, and those on the outskirts of the town are in many cases entirely dependent on it. The water used in the manufacture of aerated waters is taken from private wells, which are protected, and kept under supervision. The inhabitants of Warrenton either take their water directly from the river or indirectly from open furrows; there are certain regulations to prevent contamination, but such a source is necessarily liable to pollution; there are also a few wells; supply, as a rule, is adequate. The Riet and Modder Rivers supply the inhabitants along their banks. Supply of majority of farms derived from wells and dams; milk is sent to the town from many of these farms, and consequently the purity of their water-supply is of great importance.

Night-soil collected and disposed of by pail system in Kimberley, Beaconsfield, the mines, and the villages of Kenilworth and Warrenton. In Kimberley the system is worked departmentally by the Borough Council; pails are removed every second night, and their contents, with the empty pails, conveyed in wagons to the sanitary trenches to the north of the town; here the solids are separated from the liquids and buried in trenches about 2 feet deep; the liquids are carried in furrows, and allowed to flow over a piece of ploughed land; the pails are washed in tanks, and, since the outbreak of Enteric, are dusted over with chloride of lime; Health Officer hopes to see a better system of pail disinfection adopted. In Beaconsfield the work is carried out by a contractor; the pails are removed every second night; the contents are buried in deep pits; the pails are washed in water and dipped in carbolic or Jeyes' Fluid Solution before being returned. In Warrenton a contractor collects the night-soil, and removes it to a pit about a mile from village; some of the inhabitants dispose of it in gardens. At Rosmead and Modder River disposal of night-soil is left to householders; here many improvements could be effected through the establishment of a Village Management Board. In Wesselton night-soil is often disposed of in cess-pits; as the inhabitants are dependent on wells for their water supply, this practice is liable to become a source of danger.

Slop-water and refuse are collected and removed departmentally in Kimberley, and under the supervision of the Sanitary Department in Beaconsfield; elsewhere slops and refuse are generally used as manure in gardens.

414 notifications Infectious Disease; details are as follows:—

	Kimberley.		Beaconsfield.		District	
	E.	C.	E.	C.	E.	C.
Small-pox	—	1	—	—	—	—
Enteric Fever	55	27	15	6	3	—
Scarlet Fever	154	14	61	4	10	—
Diphtheria	11	3	1	1	1	—
Puerperal Fever	1	2	—	1	—	—
Erysipelas	8	17	4	12	1	1
Total	229	64	81	24	15	1

106 cases of Enteric Fever; large majority of patients were removed to Kimberley General Hospital; in cases nursed at home Board supplies a special sanitary pail, contents of which are removed nightly. Disease is endemic here throughout year, but assumes epidemic form in summer months, usually after the first heavy

rains; it would appear that there is a considerable soil infection in and around the town, and that after rains the specific cause of the disease multiplies enormously; on again drying up, dust and flies appear to aid its dissemination, infecting drinking water and articles of food; in cases occurring at beginning of year contamination of wells by surface drainage appears to be a common cause, but in later cases this cause could be easily excluded in the majority of cases; the latter were coincident with many cases of Diarrhœa, Dysentery, and Para-Typhoid. At that time the town drinking water was in a very unsatisfactory condition, and sanitary pails were not properly disinfected. It is of great importance that these matters should receive the earliest attention of Town Authorities.

The Scarlet Fever outbreak commenced in the previous year, 170 cases being notified; the type of the disease mild; probably many cases unnotified. Some Diphtheria cases occurred as a complication of Scarlet Fever; in some there appeared to be a distinct connection between poultry yards where fowls suffered from an infectious membranous disease of the throat, occasionally followed by apparent paralysis; bacteriological examination, however, gave negative results; special bye-laws were adopted by Borough Council for preventing the sale of diseased poultry.

All four cases of Puerperal Fever were attended by unqualified midwives; in no case could the septic condition be proved to have been caused by the woman in attendance; however, in each case they were prohibited from attending any further cases for a time, and then only on condition that a doctor or qualified midwife be in attendance.

43 cases of Erysipelas notified; large majority were facial, and a few followed accidental wounds.

No case of Leprosy discovered.

The want of a proper isolation hospital was often keenly felt.

A system of disinfection of infected bedding or clothing by a Thresh Disinfecter is in operation; 217 premises and 166 lots of bedding and clothing were disinfected.

Board rents a small house for the isolation of urgent cases of infectious disease, but the accommodation is quite insufficient, as only one class, or one disease, can be dealt with at a time; Board has lately forwarded to Government for approval plans for the erection of a suitable building on a site already granted by Government for the purpose; the necessity for such a hospital is urgent.

Seven cases of Scarlet Fever and 4 of Erysipelas were isolated and treated at the temporary isolation hospital. There is a special Small-pox Lazaretto; the buildings, 5 in number, are of corrugated iron, and exceedingly cold in winter; the number they can accommodate depends on the sex and class of the cases, but they are quite unsuitable for Europeans; the ground enclosed would allow of a building for this purpose; an adequate water-supply is being arranged for.

In addition to the one case of Small-pox, several cases of Chicken-pox and a case of suspected Plague were isolated here.

No public abattoir yet established in this District, nor is any in contemplation, notwithstanding the advisability of such a reform. Slaughtering done in private slaughter-houses; these are frequently inspected, and have lately been considerably improved, but most of them are old and faulty in arrangement. With two notable exceptions, meat is carried from slaughter poles to the retail shops in practically open wagons, with simply a piece of canvas slung across a central beam covering the carcasses. Systematic meat inspection is carried out in Kimberley and Beaconsfield; discovery of diseased or unsound meat rare; two carcasses seized in Kimberley.

Natives should be compelled to live in Locations, and not allowed to live in rooms or houses in the town.

Establishment of public wash-houses for the use of Natives in Locations is a much needed reform; at present they often make use of any stagnant pool of water in vicinity.

2. KIMBERLEY (Municipality).

A nightly slop-water removal service for hotels, cafés, etc., has been instituted, and is found to work admirably.

No public abattoir established or contemplated, owing to the existence of a number of private slaughter-houses, all of which are in good condition, and in conformity with the Council's Regulations. A systematic inspection of all meat intended for human food is carried out, but unsound or unwholesome meat is rarely discovered. Only two carcasses were seized as unfit for the food of man. All

premises within borough systematically inspected. Council has undertaken Departmental system of night-soil removal. Other sanitary matters remain as described in last report.

3. WARRENTON (Village Management Board).

Drinking water from the Vaal River, the furrow and wells; furrow is under control of Board, and is cleaned when necessary; supply adequate and pure, but subjeet to pollution.

Night-soil collected and deposited in pits well away from village, and covered with earth. Slop-water and household refuse not collected by Board, but the latter has to be carted to a spot on the commonage.

Practically no infectious diseases prevalent. Slaughtering is done at a spot about half-a-mile from village. No meat inspection carried out.

KING WILLIAM'S TOWN. 1. KING WILLIAM'S TOWN (Municipality).—DR. HENRY M. CHUTE, HEALTH OFFICER,

Reports particulars regarding water-supply reported upon as District Surgeon.

Night-soil collected and disposed of by pail system, which is excellently administered by Town Council; for a town of less than 10,000 inhabitants, this is, in his opinion, the best system that could be devised. After an interval of three months, trees are planted in the sanitary trenches; the plantation of fine vigorous trees, many acres in extent, is year by year increasing and becoming a valuable asset. Council have not yet been able to institute any system of slop removal; the only available method of disposal is by scattering it over backyards and gardens, or by pouring into street gutters; this method constitutes a very serious defect in the sanitation of town; causes a continual defilement and pollution of the ground around dwelling houses, and is responsible for much of the Enteric Fever and Diarrhœa that at various times prevails. Household and kitchen refuse is collected and removed at regular intervals.

32 European and 7 Native cases of Enteric Fever notified. The cases were all unconnected; Medical Officer of Health does not believe the water-supply to be responsible; soil pollution is, in his opinion, the most potent cause of outbreaks. Another cause of soil pollution is the number of animals that are kept in town—horses, cows, sheep, and goats; the condition of stables and stable drains should be improved, and requirements and regulations of Public Health Act regarding these should be more strictly enforced; more particularly should butchers be prevented from keeping sheep and goats and slaughter-stock in the yard adjoining their shops; this occurs only occasionally and secretly, and is, therefore, difficult to detect.

No Infectious Diseases Hospital exists, except the huts and buildings erected by Government at the Plague Camp. There is a Small-pox Lazaretto, but it has not been occupied for some years.

The public abattoirs are in full working order, and are now used by all the butchers; the old shanties have been abandoned, and no slaughtering takes place within Municipal boundaries, except at abattoirs; they are answering admirably, and there is a very great improvement in the conditions of preparing meat for consumption. The question of disposal of drainage and refuse from the abattoirs has been a difficult one, and has been satisfactorily solved; provision had to be made for about 1,000 gallons of offensive fluids daily; septic tank system adopted; three large square pits dug, communicating with each other by a pipe near the top; from the last one the fluid is conducted into a covered French drain, which is led a long distance into veld. Two Sanitary Inspectors attend the morning market, and inspect all meat exposed for sale; an occasional inspection of meat for sale in the shops is also made. No prosecutions lately.

2. KEISKAMA HOEK (Municipality).

No infectious diseases reported. Slaughtering carried on under satisfactory conditions; no public abattoir. Meat inspections made by Sanitary Inspector. Health within Municipal area exceptionally good. No Health Officer appointed.

3. BERLIN (Village Management Board).

Water-supply from spring in village, and under control of Local Authority; water pure and not liable to pollution, but inadequate; people resort to tanks.

No scavenging system in village; each householder attends to his own night-soil removals, etc.

No infectious disease. No Isolation Hospital.

No abattoir or meat inspection system. No improvements as to sanitary defects. Health of inhabitants excellent.

4. BRAUNSCHEIG (Village Management Board).

Water-supply derived from the river and from springs.

Night-soil, refuse and slop-water removed by householders themselves.

Three cases of Chicken-pox and one case of Measles notified; all necessary precautions were taken.

Householders do their own slaughtering. No meat inspection. No action taken regarding sanitary defects. No new works.

KOMGHA. KOMGHA (Municipality).

Water-supply from two springs on Municipal property; one continuous and ample and the other much smaller; quality of water good in both; water is collected in barrels and other vessels by householders; most people have rainwater tanks, some of them underground.

Night-soil and slops are got rid of by householders into water-closets or on gardens; special site set apart for night-soil deposition.

No outbreaks of infectious disease, excepting one or two cases of Measles. There is a small iron shed 12 feet square available for isolation purposes.

No public abattoirs exist or are contemplated at present; no system of meat inspection. No special action taken regarding abatement of nuisances. No new works. Some landlords let properties to half-castes, but no Natives lease property within Municipal area; there are no restrictive bye-laws applicable to these.

No Sanitary Inspector or Health Officer appointed.

LADISMITH. LADISMITH (Municipality).

Water from perennial spring at foot of Zwartbergen, from which water is led by open furrow to reservoir on northern side of village; carried thence by pipes, every householder having a private tap; supply adequate; under control of Local Authority; is liable to pollution in open furrow; there is also a large irrigation dam.

Night-soil removed twice a week by contract. Disposal of slop-water and refuse left to householders.

Several cases of Typhoid and a few cases of Diphtheria; disinfectants supplied gratis to householders. No Infectious Diseases Hospital.

No public abattoir established or contemplated as yet. No system of meat inspection. Council now introducing the duplicate pail system for night-soil removal and contemplate piping the drinking-water from source to reservoir, but not at present in position to undertake scheme.

LAINGSBURG. LAINGSBURG (Municipality).

Water-supply from surface wells and an open furrow; latter has been dry for last twelve months; Council considering scheme for pumping; use of galvanised iron tanks becoming more general.

Night-soil removed by contract; Council may take over this work. Household refuse removed Departmentally; other refuse removed by householders themselves. No removal system for slops.

Seventeen cases of Enteric, 12 of Tuberculosis and one of Scarlatina reported; last case of Enteric in beginning of June last; since then the public health of village has been very good, which is generally the case when the sluit is dry.

Slaughtering done outside village; no public abattoir. Local Authority supplies disinfectant for all W.C.'s in village.

MAFEKING. MAFEKING (Municipality).

Water-supply derived from springs some two miles north-east of town; source on Native Reserve outside Municipal limits; water flows in open furrow for about a mile, whence it is distributed in pipes; supply totally inadequate; Muni-

cipality at present engaged on a supplementary scheme; water may be considered pure, but mode of conveyance renders pollution liable.

Night-soil removed by contractor every 48 hours; slop-water and refuse similarly dealt with.

Mild forms of Scarlet Fever and Measles prevalent. No occasion to use Municipal Lazaretto, which comprises two wards and a separate kitchen, etc.

No public abattoir; matter been considered by Council, but in view of depression unwise to undertake expenditure. Present slaughter-houses closely supervised and satisfactorily conducted. Meat and fish intended for sale periodically inspected by Sanitary Inspector, District Surgeon being called in if necessary.

All necessary plant and material has been ordered for the supplementary water scheme, and it is hoped that the scheme will be working before the end of 1907.

MALMESBURY. 1. MALMESBURY (Municipality).—DR. V. W. T. WERDMULLER,
HEALTH OFFICER.

Reports water supply derived from surface and artesian wells and tanks: surface and artesian wells belong chiefly to and are under control of Local Authority, and are within its area. Artesian well water is collected and stored in cement and galvanised iron tanks, and distributed by pipes; is pure, though brack. Surface well water is drawn up by buckets by hand or windlass pump; it is brack and liable to pollution. Rainwater caught in galvanised iron or cement tanks; is soft, and with proper precautions can be kept practically pure. Supply adequate, though those who have no wells in their houses no doubt restrict the quantity they use.

Sanitary pails removed once a week by Local Authority's contractor. Each householder required to dispose of slop-water as he best can without causing a nuisance. Refuse conveyed twice a week by the Municipal carts to dumping ground outside of town.

Notifications.—Typhoid Fever: 14 European, 18 Coloured. Diphtheria: 1 European, 1 Coloured. Scarlatina: 1 Coloured. Cases of Small-pox quarantined or removed to Lazaretto within the Municipal area—an iron building of two rooms each accommodating six patients. In a former outbreak, tents were successfully used. Special sanitary pails are supplied in Typhoid cases and emptied daily.

No public abattoir; one slaughter-house within the inhabited area; this might with advantage to the public health be removed to outside such area; remaining slaughter-houses are outside inhabited area, but, with one exception, inside Municipal area. No systematic meat inspection. Meat suspected to be diseased is brought to the Council's Health Officer for examination, and if found tainted seller is prosecuted. Municipality, with the aid of two Inspectors, and as far as means will allow, have done their utmost to prevent and limit the occurrence of infectious disease.

Births: European, 54; Coloured, 92. Deaths: European, 19; Coloured, 57.

2. HOPEFIELD (Village Management Board).

Water-supply sufficient and satisfactory. Sanitary system unchanged.

No infectious disease except Measles. Out of 21 deaths seven were due to Consumption among the Coloured people.

Slaughtering carried out by the local butchers some distance from village. Additional regulations have been passed enabling Board to supervise selling of food. The inspection of meat is carried on, but there is hardly any necessity for it.

Overcrowding may exist, and the filth from households in some of the gravel pits in the centre might be removed or covered up.

Health of village good.

3. MOORREESBURG (Village Management Board).

Water-supply from two wells under control of Board, supply adequate and pure. Every occupier required to provide one or more closets to the satisfaction of Board. Night-soil removed once a week by Sanitary Contractor employed by Board; no arrangement as yet for slop-water removal. Refuse removed once a week. Two cases of infectious disease reported, both treated in the Lazaretto built for the purpose outside Board's area. Slaughtering is done outside village under supervision of Board; no system of meat inspection. In several cases where sanitary defects were discovered defaulters were summoned, and where accumulations of filth found owner was instructed to abate nuisance. A large public well has been constructed. Board employs a Sanitary Inspector.

4. DARLING (Village Management Board).

Water-supply from a spring not under control of Local Authority nor situated within its area; brought to town by open furrow; is adequate but liable to pollution.

Night-soil removed by cart and buried.

No Infectious Disease. No public abattoirs. Slaughtering carried on in the butchering yard. Fines have been imposed for the pollution of water-supply and the accumulation of filth and noxious matters.

MIDDELBURG. MIDDELBURG (Municipality).—DR. H. HOLZMANN,
HEALTH OFFICER,

Reports no abattoir established or contemplated; slaughtering done in buildings outside the town, with cement floors, but do not comply with the Regulations. Meat brought to the town in covered carts; no system of meat inspection except in respect of articles exposed for sale on the Market Square.

General health of the town satisfactory; only five cases of Enteric Fever and two of Diphtheria notified.

Other matters as described in report as District Surgeon.

MONTAGU. MONTAGU (Municipality).

No alteration since date of last report, excepting that some improvements have been made in the local water supply.

MOSSEL BAY. HERBERTSDALE (Village Management Board).

Water-supply from a river under control of Local Authority and within its area; water led by furrow through village; supply pure and sufficient.

A place is set apart on the commonage for night-soil disposal.

Infectious Diseases unknown. Cattle slaughtered on commonage. No system of meat inspection. Local Authority has a streetkeeper who attends to sanitary defects of village. No new works.

MURRAYSBURG. MURRAYSBURG (Municipality).

Water-supply from springs in Buffels River and adjoining farm "Vlei Plaats"; water runs along river bed for about two miles, where it is dammed up, and thence brought to town in open furrow, about $1\frac{1}{2}$ miles in length, which is liable to pollution; this water mostly used for irrigation, and fails totally in time of drought; also rain-water tanks and public and private wells.

Cesspools principally in vogue for disposal of night-soil and slop-water. Refuse removed by Municipal contractor.

No severe epidemic of infectious disease for some years past. Very few deaths have occurred.

No abattoirs established; slaughtering carried on on a very small scale on commonage. No system of meat inspection.

OUDTSHOORN. I. OUDTSHOORN (Municipality).—DR. R. M. TRUTER,
HEALTH OFFICER,

Reports water-supply unchanged, except for gradual extension of taps throughout town.

Pail system for night-soil now universal, and under Municipal control; pails removed weekly or oftener, departmentally. House to house collection of slop-water, household and other refuse daily.

Notifications:—Typhoid Fever, 22; Phthisis, 30; Scarlet Fever, 76; Diphtheria, 4; Erysipelas, 3. Special pails provided, and also free disinfectants where thought necessary, in the case of Typhoid Fever, Scarlet Fever, and Diphtheria. A boiler is used for disinfecting purposes. An emergency canvas hospital is stored in case of need.

No public abattoir established, but one will be erected when funds permit; present slaughter-houses are all out of town, and are frequently inspected. Ten notices served on these during the year; in one case a prosecution was necessary, which had the desired effect. Meat inspection resulted in the destruction of a large quantity considered unfit for consumption, and the prosecution of 12 salesmen, with

11 convictions. House to house sanitary inspection has been made by the Officers of Sanitary Department; defects noted and notices served. Overcrowding greatly reduced. Many houses closed as unfit; the regulations do not permit of such buildings being pulled down, so they remain an eyesore and, in some cases, filth pockets. 203 rooms fumigated.

The old Location has been demolished and a new one started by Municipality. Dairies, cowsheds, etc., well supervised, and the sale of milk watched.

2. CALITZDORP (Village Management Board).—DR. L. F. McDOWELL,
HEALTH OFFICER.

Reports water-supply obtained from Nels River by four furrows; nine-tenths of population use furrow water for drinking or culinary purposes.

None of the population outside the Board's area use the bucket system for night-soil, but use any convenient spot for the calls of nature, which spot is usually a few yards from their houses, in the garden, alongside drinking furrow, or often in furrow itself if it is dry; rains wash all this refuse into river, from which it is conveyed into the furrows, constituting a very serious danger to public health of community. To obviate this it is absolutely necessary to extend boundary of Board's area to origin of the upper furrow, and to carry boundary through river to opposite side, so as to include both sides.

No improvement as regards sanitary removal system in the village; Health Officer urges provision of proper buckets, and recommends that full buckets should be removed outside village and properly cleansed, and be replaced by clean ones; present system being as insanitary as it is objectionable.

Very few cases of infectious disease. Board should enforce rule of having no kraals within the area; with heavy rains the liquid manure is carried into furrows, and the smell is occasionally most offensive.

PAARL. 1. PAARL (Municipality).—DR. JOHN O. HEYNS, HEALTH OFFICER.

Reports good and abundant water-supply, stored in two reservoirs within Municipal area, and distributed in pipes; water is pure, and not liable to pollution; one of the reservoirs has recently been renovated and supplied with a concrete bottom.

A private contract has now been made by Council for removal of night-soil, household, and other refuse; the Sanitary Regulations have been sanctioned by Government.

A few cases of Diphtheria, Scarlet Fever, and "Amaas." Outbreaks of Measles in April and May; confined to Coloured people; disease of a fairly severe type. Since the summer set in there have been isolated cases of Typhoid Fever.

There are two Sanitary Inspectors. Work of improving drainage system continued all the year, and is still continuing; at present the main street from the Town House northwards is being drained by open drains, with kerb and guttering.

2. FRENCHHOEK (Municipality).

Drinking water-supply from springs on the mountain side, within Municipal area and under control of Council; distributed by pipes; supply pure and adequate; springs effectively fenced in with barbed wire.

Night-soil removed weekly on pail system; all cesspools formerly in existence have been ordered to be properly filled up.

Only a few cases of Phthisis and Erysipelas reported.

Slaughtering carried on privately outside township.

3. WELLINGTON (Municipality).

Water-supply brought, in pipes, from foot of Hawaquas Mountain, a distance of two miles, to a storage reservoir within Municipal area, from which it is piped to town; an additional storage reservoir for 5,000,000 gallons is in course of construction.

Night-soil removed weekly on pail system. House and other refuse regularly removed. A start has just been made with removal of slop-water.

Several small outbreaks of Small-pox (Amaas), and some 40 cases of infectious disease of all kinds. No isolation accommodation.

Council contemplate the establishment of a public abattoir and washing houses as soon as the high-level reservoir is completed. There is a system of meat inspection. Condemned some tins of imported beef. Overcrowding is now receiving attention, the Regulation having only recently come into force.

PEDDIE. PEDDIE (Municipality).

Water-supply: rain-water, stored in galvanised iron and underground tanks. Five boreholes have been put down by the Municipality, and a plentiful supply of water obtained; supply now adequate. Sanitary disposal system unchanged. Three cases of infectious disease reported, with one death; no other infectious diseases notifications. No Public Abattoir exists or is contemplated; slaughtering done in the open some distance from town; no system of meat inspection.

PHILIPSTOWN. 1. PETRUSVILLE (Municipality).

Water-supply from spring above village; water is piped to street hydrants; no risk of pollution; supply adequate.

Night-soil removed departmentally twice a week and buried in trenches; householders required to disinfect pails regularly with Cyllin, which is supplied free by Municipality; the sealed pail system of removal is in contemplation, and it is hoped that Council will have the necessary van and pails early in 1907. Slop-water disposed of by householders in gardens. Refuse collected and removed by Municipal cart twice a week.

Enteric Fever: European, 44; Coloured, 6. Tuberculosis: Coloured, 4. Diphtheria: European, 1. On receipt of each notification Sanitary Inspector visits, inquires into sanitation of premises, subsequently sees to disinfection of excreta, and, on recovery or death of patient, to disinfection of premises and infected articles; also submits a monthly report to Council. The Additional District Surgeon acts as Municipal Health Officer from time to time as required. Infectious Diseases Hospital, consisting of four apartments, exists outside village, and is only used for isolation of Coloured cases.

Plans of a public abattoir prepared, and erection about to commence, to have two compartments; one to be used exclusively by butchers, the other by private householders; slaughtering at present done in the open outside village; slaughtering of sheep and goats by householders in private yards prohibited. Butchers' shops inspected once a week; no diseased or unsound meat yet detected. Regarding remedying of sanitary defects, a deal has been done to remedy or prevent the recurrence of any or all of these, as far as it was possible to do with the limited resources at command. The irrigation dam, which was found to have a great deal to do with the prevalence of Diarrhoea, Dysentery, and other diseases, has been thoroughly cleaned of mud and filth, and the ground adjoining dam and furrow has been cleared of trees and scrub.

2. PHILIPSTOWN (Municipality).

Irrigation water-supply from strong spring, conveyed in galvanised iron furrows; drinking water-supply is pumped from a strong bore-hole a few yards from the old well; the bore-hole, which is some 60 feet in depth, has been properly lined so as to exclude surface water as far as possible; the proposed scheme to pump water from a bore-hole to a reservoir, is being carried out, and half of the work is already completed; water will be distributed through the town in pipes; several private householders still use rainwater tanks.

Pail system still carried out satisfactorily; night-soil and refuse removed by contractor twice a week.

No cases of infectious disease reported.

PIQUETBERG. 1. PIQUETBERG (Municipality).—DR. F. H. DOMMISSE,
HEALTH OFFICER.

Reports water-supply pure and fresh, but not sufficient. By the outlay of a little expense twice the quantity of water could be collected so that north side of village and all Native Locations could have a sufficient supply. These latter now depend for their supply on two or three small springs whose water very often gets polluted, causing Typhoid Fever during the hot months. The main supply comes from the mountain, and is carried in pipes to almost every house. It is under the control of Municipality. There is a great liability to pollution.

Night-soil is removed twice a week to a depositing site below village. Slops and refuse deposited in the backyards. Several cases of Typhoid Fever occurred amongst the Coloured population. No isolation accommodation exists. Slaughter-houses are not being carried on in a very satisfactory manner; a monthly inspection is very necessary. As regards sanitation, Municipality have done a great deal, but the accumulation of filth and noxious matters and overcrowding are not being attended to.

Municipality is anxiously awaiting the loan of money to provide for the better storage of water; this is urgently needed. Considers the public outspan in the centre of the village to be dangerous, injurious and quite unnecessary; the stench from this place after every "Nachtmaal" gathering is abominable and very annoying to the inhabitants in the close proximity. The practice of tying up horses to the trees along the public roads should be prohibited.

2. PORTERVILLE (Municipality).

No change since last report except that night-soil removals are now being well and regularly carried out.

Council has for years tried to carry out a water scheme, but owing to strenuous opposition of a certain section of the public they have failed. Drinking-water is still being conveyed in an open furrow which, running from the mountain through the farm Hout Constand, is very often polluted by pigs, geese, etc., also by other refuse in village.

PORT ELIZABETH. 1. PORT ELIZABETH (Municipality).—DR. A. KIDD, HEALTH OFFICER,

Reports water-supply, which for several years past has been derived from the Van Staaden's River, was supplemented in December, 1905, by a supply from the Bulk River from small intake dam above site of dam now in course of construction in Bulk River Valley; during the same month the dam below the junction of the Sand and Palmiet Rivers was completed, forming a reservoir with a capacity of 183,000,000 gallons, the water from which is now being delivered in town; works owned by Municipality; all sources are outside Municipal area; water brought to the service reservoir by cast iron and steel mains and thence distributed by cast iron and lead service pipes; an additional reservoir containing 2,000,000 gallons is being constructed in St. George's Park; supply ample; water of good quality; no liability to pollution.

Except in a small section of town, which is connected to sewers discharging into the sea, the "tub" system is in force, the tubs being removed in closed wagons; present arrangements are admittedly very unsatisfactory; the possibility of arranging for a regular removal has repeatedly been discussed; the only way to effect this is to make a special landlords' charge, and it was proposed to do this at one-half the present cost of removal, but as Government considered it a matter for the tenants and declined to approve of the proposed Regulation, the question still remains in abeyance. Where there is no drain connection a small proportion of slop-water is collected by Municipal service, but over the greater part of the town it is distributed over the surface of yards or deposited in street sluits; nuisances so caused are of constant occurrence. Refuse is carted to the Railway Siding and removed by rail to the drift sands.

Notifications: Enteric Fever, 116; Scarlet Fever, 30; Diphtheria, 11; Tuberculosis, 187; Erysipelas, 4; Puerperal Fever and Leprosy, each 3.

System of steam disinfection in use for infected bedding and clothing. Special tubs provided in cases of Enteric Fever and removed daily free of cost. Disinfection of houses in which deaths from Tuberculosis have occurred systematically carried out. A limited amount of accommodation is provided in the military huts for Small-pox cases. The Lazaretto is still reserved by Government for Plague cases. Other infectious diseases are not isolated, nor can the question of providing accommodation for them be considered until Council regain possession of lazaretto.

Public abattoirs commenced in October, 1906, and are expected to be ready for occupation about the end of April next. Meat systematically inspected. Cases of 35 pigs affected with Measles, 498 lbs. of beef and mutton, and sundry other articles were seized. Necessity for extended powers for dealing with unsound meat has again been brought to the notice of the Government; at present all unsound articles may be seized and destroyed, but the only articles which it is an offence to expose for sale or keep or prepare for sale in an unsound condition are meat, fruit and vegetables, whilst unsound fish and many other articles may

be so exposed or kept without risk of prosecution; from the Indian and Chinese dealers seizures of unsound fish, chiefly tinned sardines, lobster and salmon, are of frequent occurrence; a regulation is required which will extend existing legislation to all other articles of food.

1,639 notices served for abatement of nuisances and 2,253 nuisances were abated and sanitary defects remedied. Periodical night visits were made to premises where overcrowding believed to exist, and in six cases prosecution and conviction resulted. Eighteen houses have been closed as unfit for habitation, and 58 sheds or rooms in backyards were similarly dealt with.

Public sanitary conveniences have been erected in Griffin Street.

2. WALMER (Municipality).

Report practically identical with that of 1905 except that only five cases of Phthisis have been notified and no cases of Enteric Fever. The steady decrease of Enteric since the clearing out off Emslie's Location is very marked.

The establishment of public abattoirs is contemplated, but is at present in abeyance on account of the difficulty of acquiring a suitable site.

3. KORSTEN (Village Management Board).

Present water-supply derived from rainwater tanks and wells; failing this water is obtained from Port Elizabeth supply. Board have commenced boring for water in Korsten with a view of having their own supply.

All persons now compelled to provide sanitary pails, the removal of which, since July, 1906, has been done by Board. Board has a weekly removal of household and other refuse.

Fifty-nine cases of Phthisis and seven of Enteric Fever. No isolation accommodation.

Port Elizabeth Municipality are building public abattoirs, and when these are completed all slaughter-houses in Korsten will be closed. All meat is inspected by the Port Elizabeth Inspector.

Works.—Road construction and boring for water.

PRINCE ALBERT. PRINCE ALBERT (Municipality).

Water-supply from springs in the Great Zwartberg, within Municipal area; conveyed thence in open furrows; supply ample for domestic wants, but insufficient for irrigation.

Night-soil and refuse removed and buried at place set apart by Council.

Seven cases of Enteric and 22 of Scarlet Fever reported; no hospital accommodation. No public abattoirs established or contemplated; slaughtering done outside village. New water works commenced in April last, and now nearing completion; the water is collected in an underground drain near the mountain, and brought down to and through the village in cement and cast-iron pipes.

QUEENSTOWN. 1. QUEENSTOWN (Municipality).—DR. T. F. TANNAHILL, HEALTH OFFICER,

Reports water-supply from reservoir, Bongolo basin, under control of Local Authority; piped; liable to pollution in the catchment area.

Bucket system in use for night-soil.

100 notifications of infectious disease. Small-pox cases treated in Small-pox Hospital; Enteric Fever cases in the Frontier Hospital.

System of meat inspection exists; occasional discovery of unsound meat. Sanitary Inspector makes a daily tour of the town, and reports all nuisances, and these are dealt with at once by Council.

New Works.—Construction of Bongola dam; installation of acetylene gas in "Town Buildings."

2. HACKNEY (Village Management Board).

Water-supply from small streams and fountains under control of Local Authority; supply adequate, but liable to pollution in dry seasons.

No permanent system for removal of night-soil; each householder has a depositing place at some distance from his dwelling.

Outbreak of Whooping Cough in winter proved fatal in many cases. Small-pox appeared in November; 8 cases; general vaccination performed throughout Board's area.

Each house has its own slaughtering place.

RICHMOND. RICHMOND (Municipality).

Water-supply for domestic purposes derived from two springs in Ongers River, under control of Council and within Municipal area; water carried from springs in buckets; supply adequate and pure; irrigation supply led by open furrows from the river.

Pail system in use for night-soil. Slop-water and refuse carried away on the old system.

General health of District satisfactory, except that Typhoid Fever was prevalent during the early part of the year. No Hospital accommodation.

Slaughtering carried out by a few private butchers.

Municipality intends building a dam to north-west of village, for the purpose of irrigation.

RIVERSDALE. 1. RIVERSDALE (Municipality).

Water-supply derived from river and led into a reservoir in pipes and from thence is distributed in pipes; source is owned by Municipality, but is outside Municipal area; supply is constant, and there is no contamination in transit.

Night-soil removed every alternate night. Slop-water and house refuse removed daily by Municipality.

A few cases of Enteric Fever, but no serious outbreak. No other cases of Infectious Disease. Council has a C.D. Hospital.

Slaughtering is done at a public shambles, which are constantly inspected by the Sanitary Inspector.

2. ALBERTINA (Village Management Board).

Water-supply, spring water from open furrows; adequate and pure, and under control of Local Authority.

Night-soil removed twice a week. No infectious disease at present, but a few cases of Fever; no deaths.

Slaughtering not allowed in village. No system of meat inspection.

ROBERTSON. MACGREGOR (Municipality).

Water-supply derived from mountain, conveyed by open furrow to village, thence distributed in pipes. Pipe system constructed during past year. Water liable to pollution, but not to such a great extent as formerly. Night-soil is buried on owner's property. Slop-water used for pigs and thrown over manure; household refuse mixed with manure. An isolation hut has been provided, but has fallen into decay. No Public Abattoirs established and no system of meat inspection.

SOMERSET EAST. 1. SOMERSET EAST (Municipality).

Water-supply from springs on Commonage under control of Council, distributed in pipes; supply not sufficient for requirements. No pollution can take place, as the springs have been thoroughly enclosed with substantial fence. Council intend proceeding with a scheme to increase supply. Night-soil disposed of on the bucket system. Removals by Council's contractor. Slop-water is removed from about fifty households, but is not compulsory throughout the town. Householders must remove their own rubbish. The number of Infectious Diseases slightly below that for 1905. Council supply disinfectants gratis where necessary. A C.D. Hospital exists, from which the Syphilitic patients were discharged and allowed to roam about the town. No local abattoir; all slaughtering is done at shambles. All butchers' shops inspected weekly, and any unsound meat found is destroyed and the owner prosecuted. No new works.

2. PEARSTON (Municipality).

Water-supply derived from a spring in Vogel River, about two miles above village; under Municipal control, though outside Municipal area; water conveyed and distributed in open furrows. During the last few years supply more than adequate, but being in open furrows is liable to pollution.

Night-soil and slop-water deposited in cesspits; refuse at sites set apart for the purpose.

Village singularly free from Infectious Disease. No Hospital accommodation.

Public abattoirs are beyond the requirements of village. Some time ago Municipality drew up certain regulations under which they hoped to secure power to compel every erf-holder to erect a suitable building (W.C.) over every cesspit and to have same regularly disinfected. Government, however, suggested that night-soil should be removed and so would not approve of the proposed regulations. It is absolutely impracticable in so small a place as this, wherein so many poverty-stricken erf-holders and owners reside, to enforce a system of night-soil removal. Regulations dealing with this matter are, though urgent, held over.

Overcrowding is now receiving attention. Attention of Government directed to the fact that Consumption and Syphilis are spreading among Native population in a very alarming manner. The want of authority and lack of funds prevents Municipality from tackling these diseases, and it is felt that some steps will have to be taken by Parliament to combat them, for the dangers to employers of such infected Natives, especially as domestic servants, are very serious.

STELLENBOSCH. 1. STELLENBOSCH (Municipality).—DR. J. H. NEETHLING,
HEALTH OFFICER.

Reports water-supply ample, but there has existed the possibility of contamination. Although this has never taken place, it has been recognised that owing to the importance of town as educational centre it was the duty of Local Authority to provide a water-supply above suspicion. Consequently the Municipality has acquired a portion of the upper waters of the Eerste River, with springs, ground and site for a reservoir in the mountains of Jonkershoek. Water will be brought from the source in pipes to present reservoir, and thence distributed by pipes to the various houses. Scheme was started in September, 1906, and is expected to be completed in July, 1907. Double bucket system in operation for night-soil removal. Work carried out by Contractor to the satisfaction of Council; special fever pails provided for infectious cases. These buckets are treated separately, and are carefully disinfected, their contents being buried in a separate place. A movement was started to have the "Automatic Pit" system introduced for use in private houses. After careful investigation it was found to be unsafe, and permission was refused. One pit was, however, allowed, as an experiment, in a locality where it was not likely to prove a danger or a nuisance to the neighbours. An additional Sanitary Inspector was provided in February. Systematic and frequent inspection of all premises is now carried out, and sanitation has distinctly improved. The present system of removal of night-soil has proved a great success, and epidemics of Typhoid Fever are unknown since its introduction, but owing to certain æsthetic drawbacks the Council has considered a change to a water drainage system. Levels of town were taken and a full report made by Mr. Hewart, C.E. The report was most favourable, but cost is, for the present, prohibitive, and the matter was ordered to stand over until the completion of new Waterworks. Household and other slop-waters are drained off by means of properly constructed drains in the backyards to the side drains of the streets; these are made of hard brick and cement, and are gradually replacing the old cobble-stone lined furrows. These are well flushed. Solid refuse is removed by means of dust carts.

Diphtheria 15, Tuberculosis 6, Typhoid Fever 8, Scarlet Fever 1, Leprosy 1, and Erysipelas 1. All of a sporadic nature; most if not all of the cases of Typhoid were introduced from elsewhere. Tuberculosis shows a slight increase. No infectious diseases hospital exists. The above cases were all treated in their own homes. Small-pox cases would be isolated in tents. No public abattoirs. Each butcher has his own slaughtering place outside Municipality. Butcheries are constantly inspected; unsound meat is confiscated whenever detected.

A considerable area, including Railway Station and surroundings and Mostert Drift Estate, has been placed within Municipality. These are now supplied with water from mains and regularly inspected, and much has already been done to prevent overcrowding and accumulation of filth. Cemeteries on flats have been closed at the request of Council, but Rhenish Mission Society are still allowed to bury until

the laying out of new Burial Grounds upon Papagaisberg; when these are opened all burials within Municipality will be put a stop to.

2. SOMERSET STRAND (Municipality).

Water-supply from Lourens River above Somerset West and outside Municipal area; water piped to filter bed at reservoir, from which it is distributed through pipes; supply sufficient; reservoir fenced in with barbed wire; water free from pollution.

Sanitary disposal partly by means of water closets and partly by earth closets; removals regularly effected from latter. Slop-water removed daily and buried with night-soil. Household refuse removed daily; sanitary work carried out Departmentally.

Notifications:—Diphtheria, 8 cases; Enteric Fever, 6 cases.

No regular system of meat inspection, but surprise visits occasionally made. A few cases of overcrowding have been promptly attended to.

3. SOMERSET WEST (Municipality).

Small portion of the drinking water-supply for a few of inhabitants living in the higher part of village is purchased by them from private owner; water is led from mountain springs; Municipality have no control; majority of inhabitants obtain their supplies from river by open furrows liable to pollution; for some time past the Council have been considering different gravitation schemes, Council fully recognising the necessity of obtaining a pure supply.

Sanitary removal system satisfactorily carried out by contractor.

19 cases of Small-pox, with two deaths, 3 of Typhoid, and 1 of Diphtheria. The Small-pox infection was carried in from outside; a temporary lazaretto was hired on the outskirts of village and a permanent one erected at Schaapenburg, two miles from town, available for Somerset Strand and Somerset West Municipalities and Divisional Council.

No public abattoir established or contemplated; local butchers required to submit building and location to Council for approval. Slaughter-houses and meat shops inspected from time to time.

Council has been opening up springs on the Schaapenburg Commonage, with a view to ascertaining whether a sufficient supply is obtainable there.

4. GORDON'S BAY (Village Management Board).

Water-supply obtained direct from mountain spring; runs down to filtering tanks in natural watercourse, and is thence distributed in pipes; supply plentiful and absolutely pure; tanks and pipings are under the supervision of Board.

Ordinary sanitary buckets are used, and night-soil is carted away and buried by Board's contractor. Slop-water collected twice a week. House refuse also carted away from the village.

No Infectious Disease has been prevalent. No isolation accommodation.

Very little slaughtering is done locally. The butchery is kept clean. No system of meat inspection. A Sanitary Inspector has been appointed.

No special defects have been noticed. General health has been good. There is no overcrowding.

STEYNSBURG. STEYNSBURG (Municipality).

Water-supply from bore-holes in town, pumped to galvanised iron tanks in Market Square; also from Municipal and private wells.

Night-soil removed as soon as tubs are reported full. Slop-water and household and other refuse removed twice a week from private dwellings and daily from hotels and boarding-houses by Municipal carts.

Enteric Fever, 10; Diphtheria, 3; Small-pox, 16; Syphilis, 1; and Phthisis, 1. Special night-soil pails provided for Enteric Fever cases.

Slaughtering and dressing of carcasses done outside the town, and everything is satisfactory. Inspection of meat carried out by Sanitary Inspector; one case of unsound meat discovered, and dealt with by Resident Magistrate.

No sanitary defects require remedying; town is always fairly clean. No pollution of water or overcrowding.

STEYTLERVILLE. STEYTLERVILLE (Municipality).

Water-supply derived from wells, being drainage of the Groot Rivier; water of fair quality, slightly brackish, but otherwise good; is used for all purposes; most of the residences have rain-water tanks.

Night-soil removed by contract every fourteen days. Very few infectious diseases have prevailed. Contagious Diseases Hospital abolished by the Government some years back; many cases of Contagious Disease in the district, but none under treatment by the District Surgeon; is increasing, and a source of danger to the white inhabitants.

No public abattoir; slaughtering done outside village under Council's supervision. No meat inspection; Kosher man, however, inspects most of the meat offered for sale. Not necessary to remedy any sanitary defect. No Health Officer appointed.

STOCKENSTROM. 1. BELLVALE (Village Management Board).

Water-supply derived from river and water-furrow under control of Board.

Night-soil, slop-water, and refuse buried on each erf in holes 250 yards from each homestead.

No slaughter-house. No overcrowding. Dwellings are scattered, being on an average 300 yards from each other.

2. BUXTON (Village Management Board).

Water-supply from mountain spring within Board's area; supply good; distributed by open furrow.

No sanitary removal system. No infectious disease. Erfholders slaughter on their own premises. Health of the area has been fairly good.

3. ELAND'S RIVER (Village Management Board).

Water brought from river in open furrow, but most erf-holders have rain-water tanks for drinking water; river water is good.

Night-soil, etc., is deposited in pits. Infectious disease, nil. Each erf-holder is his own butcher.

4. EYRE (Village Management Board).

Water-supply from outside the area of Local Authority; is conveyed by open furrow; pure, but liable to pollution.

Night-soil, slops, and refuse are strewn over the lands.

No infectious diseases. No Isolation Hospital accommodation. Each householder does his own slaughtering. No sanitary defects reported.

5. MAASDORP (Village Management Board).

Drinking water-supply derived from springs in the Katberg Mountains, within the control of this Ward, and supplying the Balfour River; supply is pure. Irrigation supply is derived from dams, and is distributed by open furrows; supply adequate for all requirements.

No night-soil removal system; majority of inhabitants are Natives, who prefer to use the bush; the bush is further removed from the streams than the dwellings.

No infectious diseases, except an outbreak of Small-pox; patients were removed to huts specially built, which were burnt at the conclusion of the outbreak.

No public abattoir; householders usually do their own slaughtering. No system of meat inspection. No sanitary defects.

6. UPPER BLINKWATER (Village Management Board).

Water-supply from river, conveyed by open furrow; this is used by Europeans for irrigation and by Natives for all purposes; water is good; river is under control of the Local Authority, and no pollution is allowed.

No sanitary system in operation. The dwellings are far apart. Two cases of Small-pox among the Natives in November last, one fatal. No slaughter-house exists.

SUTHERLAND. SUTHERLAND (Municipality).—DR. R. H. H. HAYDEN,

Reports water-supply unchanged. During last two months night-soil and household refuse removed by contractor; previously was removed by private labour. Slop-water emptied in yards, gardens, etc.

Twelve cases of Enteric Fever; all excreta removed every night from infected houses at expense of Municipality. No hospital accommodation.

Slaughtering done at site in veld; no public abattoirs contemplated; no inspection of meat. Some Natives in Location were summoned for overcrowding in dilapidated dwellings.

SWELLENDAM. 1. SWELLENDAM (Municipality).

Water supplied by open furrows from springs in mountain, feeding four dams, the total length of furrows being eighteen miles; drinking water supplied by means of a 4-inch pipe from intake at foot of mountain down main street to Klip River, a distance of some $3\frac{1}{2}$ miles; water pure; springs above intake protected by barbed wire fencing.

There is a night-soil removal by wagon twice a week, but this is optional, the usual practice being to bury the night-soil in gardens. Slop-water and household and other refuse are buried in private grounds.

No cases of infectious diseases reported. No hospital accommodation, but there are tents, with beds, bedding, and equipment available.

No public abattoirs exist; slaughtering done on the premises of the butchers. No system of meat inspection. No Medical Officer of Health appointed.

2. HEIDELBERG (Municipality).

Nothing to add to last year's report, except that the heavy floods in December carried away the entire water-supply of the village; this is being reinstated under heavy expenditure, and, it is regretted, upon no permanent basis at all.

3. BARRYDALE (Village Management Board).

Water supply during 1906 exceptionally good; village still supplied in the same way as mentioned in last report.

Sanitary arrangements unchanged. No cases of infectious disease reported, and health of village very good during the year. The two butchers kill animals on their premises; their shops are very clean.

4. ZURBEAK (Village Management Board).

Water-supply from the Langeberg Mountains by the Duivel's Bosch River; partly by a furrow from the river, partly by pipes through the Buffelsjagts River, whence it is distributed throughout the village by open furrows; supply good and sufficient both for irrigation and domestic purposes, but as the furrows in the village are not kept very clean, more than half the inhabitants use pail water from the Buffelsjagts River for drinking purposes.

No sanitary removal system. No outbreaks of infectious diseases during the year, and no hospital accommodation.

TARKASTAD. TARKASTAD (Municipality).—DR. WILLIAM H. FERGUS,
HEALTH OFFICER.

Reports marked freedom of the town and Location from severe infectious disease during the year, the only epidemic being one of mild Whooping Cough, with few fatal cases. One or two cases of Enteric Fever, also mild. Diphtheria and Small-pox absent. Two Lepers discovered, and removed to Leper Asylum. Three cases of Syphilis discovered, and put under treatment.

Sanitation efficiently carried out by the Sanitary Inspector. Native Location kept cleaner than ever before.

Water-supply remains as in previous years; the important scheme recommended by the Council and approved of by public vote has not as yet got beyond the embryo stage; fortunately, owing to the abundant rainfall, the supply was abundant during the past year; there is risk of pollution of the drinking water-supply in the furrow in which the pipes are laid leading from the fountain to the reservoir; this furrow has not been filled in, and is largely used by Natives as a

convenient spot in which to deposit their stools; in time of rain a series of pools are formed, the water of which contains faecal matter, and should there be any possibility of a slight leakage at any of the joints of the pipes, the probability is that the water to the town would be contaminated by sewage, which might give rise to Enteric Fever; steps should immediately be taken to clean out the furrow, and then fill it up to ground level with fresh soil.

Vaccination seriously neglected both by Europeans and Natives; the Council should insist on all residing within the Municipal area being vaccinated.

The disposal of slop-water and rubbish and its removal under Municipal supervision is a matter which should engage the attention of the Council; in most cases this is undertaken by a Sanitary Department of the Municipality.

Ample provision should be made for an abundant water-supply to slaughter-houses, Native Location, and for public baths and washhouses when the new scheme comes to be carried out.

TULBAGH. 1. TULBAGH (Municipality).

Water-supply from Witzenberg, outside Municipal area, and partly under control of Council; part of stream, used for irrigation purposes, conveyed by open furrow; supply adequate; remainder conveyed from an intake tank to the reservoir in the town, a distance of about three miles, by cast-iron pipes, and distributed from the reservoir in pipes; water excellent; supply at present adequate, but will have to be increased later on; owing to rusting of pipes Council have decided to lay larger pipes, and a good length has already been laid; upper portion of town now supplied with water from Malkop River for irrigation.

Night-soil removed at least once a week; refuse also carted away. Slop-water not collected.

No infectious diseases excepting two cases of Scarlet Fever.

No public abattoir exists; slaughter-houses clean and in good order; no system of meat inspection. No overcrowding and no sanitary defects worth mentioning. No Health Officer employed by Council.

2. WOLSELEY (Village Management Board).

Water-supply obtainable from Breede River, near its entrance to Mitchell's Pass, from which point it is conveyed by an open furrow; source situated on the farm Waverley, and is not under Board's control; supply sufficient for household purposes, and to a certain extent for irrigation; water is liable to pollution in the area outside Board's jurisdiction; supply is distributed in open furrows; during the year a scheme was carried out, at the expense of certain residents and with the sanction of the Board, under which a reservoir was constructed and a piped supply provided for 15 houses.

No removal system for night-soil, but bye-laws prohibit persons depositing night-soil, rubbish, etc., on any public place.

With the exception of some cases of Consumption and one mild case of Typhoid, no Infectious Diseases reported. No isolation accommodation.

No public abattoir; slaughtering done in the butchers' own premises. No system of meat inspection.

UITENHAGE. UITENHAGE (Municipality).

No change as regards water-supply, except that the distributing system has been extended from time to time to new streets and areas as required. During the year the supply to certain Municipal Native Locations on the outskirts of the town has been improved and better facilities provided for the Native population. Pail system in use for night-soil; compulsory weekly removal strictly carried out. Night-soil is deposited in trenches and covered daily. No general system yet adopted for slop-water removal. More attention is now paid to the removal of refuse by the inhabitants; considered unnecessary up to the present to introduce departmental system. Twelve cases of Typhoid Fever, two cases of Diphtheria, one of Scarlet Fever, and one of Puerperal Fever occurred during the year. Supervision and disinfection carried out in all cases by the Municipal Sanitary Inspector. No infectious Diseases Hospital exists. A number of the Typhoid cases were treated in the local Cottage Hospital. No public abattoirs. All existing slaughter-houses have been constructed in accordance with the provisions of the "Standard Regulations." Butchers' shops

and slaughter-houses regularly inspected by Sanitary Inspector. In one instance the carcass of a bullock, said to have been suffering from advanced Tuberculosis, was condemned by the Inspector and the meat destroyed. Cases of overcrowding have been dealt with as they arose, and steps taken to deal with dangerous and insanitary habitations. General health during the year good. The number of infectious diseases reported was only 37 per cent. of what was reported during the preceding year.

UNIONDALE. 1. UNIONDALE (Municipality).

Water-supply from river arising from adjoining farms; not under Municipal control; water collected by open furrows and pipes; supply pure and adequate.

Night-soil removed weekly on pail system. No system of removing slop-water or refuse.

No epidemic during the year; occasional cases of Enteric Fever, all treated in their own homes. Disinfectants supplied. No isolation hospital.

No public abattoir exists or is contemplated; at present each butcher kills in his own yard. No systematic meat inspection carried out.

No new works during the year.

2. HAARLEM (Village Management Board).

Water-supply from river, which has its source in mountain springs; source under control of Board and situated partly within its area; water collected and distributed in open furrows; is abundant and pure, though liable to pollution, but the strictest caution is taken to prevent pollution; furrows cleansed twice a year or oftener as required; no washing of any kind allowed in or above the main water-course.

No system of collection and disposal of night-soil or refuse; householders make their own arrangements.

No Infectious Disease has prevailed. Consumption prevails from time to time among the Coloured inhabitants.

No public abattoir exists or is contemplated; very little slaughtering done, and that is carried out on private property. No system of meat inspection.

VAN RHYNSDORP. VAN RHYNSDORP (Village Management Board).

Water-supply from wells, which are cleaned every month or two; supply is adequate and pure.

Night-soil is removed by the Board. Household and other refuse is taken to a depositing site selected by the Board.

No Isolation Hospital. Two slaughter-houses exist; these are kept in only fair condition, and improvement necessary. Drainage requires attention.

General health of the village is good. No infectious diseases during year.

VICTORIA EAST. ALICE (Municipality).

Water-supply taken from the Chumie River; is under control of and situated within Municipality; water distributed by open furrows; supply adequate, but, like all open furrows, is more or less liable to pollution.

No public abattoir; slaughtering done outside the town. No system of meat inspection. A Sanitary Inspector is employed. No Isolation Hospital exists.

VICTORIA WEST. 1. VICTORIA WEST (Municipality).—DR. G. B. SILVER DARTER, HEALTH OFFICER.

Reports water-supply much diminished owing to the long term of dry years; it originates from a series of boreholes in the river bed above town, and is thence conveyed by pipes for a portion of its course, then by galvanized iron fur-

rows about half-way down the village; from this point it is carried in the old original open furrow; source is within Municipal area; supply at present inadequate; furrow is protected for a certain length of its course, but the lower part is open, and liable to pollution.

Night-soil removed regularly and satisfactorily by contractor. Slop-water removed periodically by wheeled tank. Household and other refuse removed by contractor.

Eleven cases of Enteric Fever notified, of which 10 were during the first half of the year. Scarlatina, 6 cases; Diphtheria, 2 cases; Puerperal Fever, 1 case. With reference to the latter, proceedings were taken against the uncertificated, unwashed, and ignorant midwife responsible for the origin of the mischief in this patient, but owing to the absurdity of the existing law referring to this subject, the proceedings were futile, and resulted in a fine of £2.

Three-roomed Isolation Hospital in fair state of repair, but owing to growth of village, is not sufficiently isolated. No public abattoir, and no intention of establishing one; present method of slaughtering not satisfactory, and the conditions under which it is carried out do not lend themselves to proper precautions being taken and cleansings adopted. No systematic inspection of meat.

Water furrow frequently cleaned; streets regularly, frequently, and systematically cleaned. No overcrowding or habitations dangerous to health.

2. VOSBURG (Municipality).—DR. G. B. STONEY, HEALTH OFFICER,

Reports water-supply and sanitary removal system as previously reported. Two cases of Enteric Fever notified. Serious outbreak of Scarlet Fever during March, April, and May; 23 cases, disease mild, no deaths. Several cases of Measles during the last quarter of the year, chiefly amongst Natives. No Infectious Diseases Hospital. Water furrow and dam have on several occasions been thoroughly cleaned, so as to ensure as pure a supply of water as possible.

VRYBURG. VRYBURG (Municipality).

Water-supply from fountain; charged for by vendors at so much per head; free to those who obtain their own supplies; surplus used for irrigation; supply under sole control of Municipality; at Zwartfontein, three miles out, there are springs, from which irrigation supply is brought a considerable way into town in pipes; there are also a goodly number of wells in the town.

Night-soil satisfactorily removed by private contract. No regular system of slop-water or refuse removal.

Town fairly free from infectious disease; only a few mild cases of Scarlet Fever and Measles occurred. Overcrowding prevented as far as possible, but what is needed is the Location Act, as provided for, only managed by the Town Council instead of by Government.

There is no Health Officer. Proper sites are in use for slaughtering, and are regularly inspected. No regular system of meat inspection.

WODEHOUSE. 1. DORDRECHT (Municipality).

Water-supply from a reservoir holding 23,000,000 gallons, from which water is piped to the town; also from springs, similarly distributed; both reservoir and springs belong to the Municipality, and are within Municipal area; supply quite sufficient, and the water from the springs is pure, and not liable to pollution.

Night-soil and refuse removed every week, slops daily, by contract; bucket system in use.

Notifications during year: Enteric or Typhoid Fever, 5; Scarlet Fever, 1; Small-pox, 15. Small-pox patients and contacts were removed to the Lazaretto and segregated. No Infectious Diseases Hospital exists or is required.

No abattoir has been established, and is not necessary; slaughtering is carried out at a place set apart for the purpose, and is supervised by Sanitary Inspector. Sanitary Inspector examines all meat exposed for sale on the market; no diseased meat has been discovered. Council had occasion during the year to call on several

owners to have their properties put into better repair, and the order was promptly carried out. No new works during the year.

2. INDWE (Municipality).

Water-supply is far from adequate, its source being the Indwe River, from which it is pumped through iron pipes a distance of some two miles to an open reservoir near the Green Mine, and just above the Native Location, and subject to the drainage of all the surrounding high land; pumping station is outside Municipal area, and the property of the Indwe Coal Mining Company; from this reservoir water is led in iron pipes to the Railway premises, and to a standpipe near the Railway Goods Shed; a further supply of some 2,000 gallons per day is brought in iron pipes from a spring near the Byrne Mine, and delivered at two standpipes, part being conveyed to tanks in the Market Square; the total insufficiency of water-supply and its liability to pollution of every kind is one of the chief drawbacks to the town.

Night-soil, slop-water and refuse disposal carried out by sanitary carts under control of Municipality; bi-weekly service.

Very few cases of infectious disease during the year, the few being mostly Enteric, due, no doubt, to the water. No Hospital accommodation.

No public abattoir at present, though the question is under consideration; there are only two private slaughter-sheds, situated about 1,500 yards from the nearest dwelling; both under the supervision of the Municipality. Sanitary Inspector visits all butchers' shops and inspects all meat offered for sale; diseased meat rarely found.

Electric light has been installed during the year, with a current of 400 volts, the streets being lighted by some 60 lamps. The sanitation of the town considered good, and everything is done to keep the area clean and free from disease; the only thing that is imperative is a sufficient and clean water-supply.

WORCESTER. 1. WORCESTER (Municipality).—DR. DIRK HUGO, HEALTH OFFICER.

Reports plans and specifications of the pure water-supply which was acquired by the Municipality some years ago have at length been sanctioned; Council have wisely decided to consider the advisability of substituting 14-inch or 16-inch pipes for the 7-inch or 8-inch pipes stipulated in the plan.

Collection and disposal of night-soil carried out fairly satisfactorily under the circumstances. A slop-cart has been acquired and removals commenced to a limited extent. Steps also being taken to establish proper drains at the Railway Station and Camp.

Prevalence of infectious disease exceedingly small; only a few sporadic cases of Enteric Fever notified; mild epidemic of Measles. There is no Isolation Hospital.

No change and no improvement as regards slaughter-houses and butcheries since last year.

Nothing has been done to check the undoubtedly serious spread of Tubercular disease; contaminated milk has been and probably is now being freely sold to an unsuspecting public; proclamation of Dairy Act now under consideration of Town Council; its enforcement with a system of inspection and compulsory disinfection carried out as soon as these cases are notified should minimise the danger of spread.

2. RAWSONVILLE (Village Management Board).

Water-supply from river, not belonging to the Local Authority; is conveyed in an open furrow.

Night-soil, etc., is properly removed. No infectious diseases prevailed.

Only one butcher; slaughtering carried out satisfactorily. No meat inspection done. No action is necessary as regards sanitary defects.

NATIVE TERRITORIES. 1. BUTTERWORTH (Municipality).

Water-supply from Butterworth River, and the rain-water tanks during the rainy months. From the river it is pumped by means of windmills or carried in

hand barrels. River and rain water stored in tanks and distributed by pails; supply adequate, but liable to pollution. Night-soil removed on pail system. Slop-water collected daily by cart. Household and other refuse is carried beyond the bounds of the village and burned. Eighteen cases of Measles during the year. No Infectious Disease Hospital. A public abattoir is soon to be erected when a suitable site is settled on. There is a system of meat inspection. Two lots of meat were condemned during the year, and five lots of fish were found unsuitable for human consumption. A new sanitary system has been adopted.

2. CALA (Municipality).

Water from a natural spring controlled by Municipality, and distributed by pipes. The supply is ample for domestic purposes. Surplus water used for irrigation. Pail system of night-soil removal in vogue. Refuse is carried away to appointed place at householders' cost. No special provision for slop-water removal. No case of infectious disease reported. A Lazaretto exists. No public abattoir. Meat inspection falls under duties of Town Overseer.

3. KOKSTAD (Municipality).—DR. A. J. H. THORNTON, HEALTH OFFICER,

Reports water-supply unchanged; still distributed in open furrows, but during the year some furrows have been lined with masonry and new furrows and deviations constructed. Source is a spring under Mount Currie on Commonage, under Municipal control. Dry pail system in use for night-soil, and efficiently carried out. Slop-water, household and other refuse dealt with by householders, but Borough Overseer sees that there are no accumulations. Excepting Measles there have been only a few sporadic cases of zymotic diseases, viz.: 4 of Enteric Fever, 4 of Diphtheria, and one of Puerperal Fever. Measles occurred in a mild type. No Isolation Hospital exists. Abattoirs erected by butchers themselves on site approved of by Local Authority; they consist of open sheds of wood, and are kept in as sanitary a state as is possible with such buildings. No systematic inspection of meat. The system of night-soil removal is efficient, and should be made use of by every householder. At present this is not compulsory, and few of the Griquas and Native element in the township avail themselves of it. The prevailing system of water-supply is open to many sources of pollution during its course through the township, and should be collected, stored and filtered, and delivered to consumers through pipes.

4. UMTATA (Municipality).

The Council is presenting a Bill at the forthcoming Session of Parliament providing for the carrying out of a water-supply scheme on the lines suggested by the Public Works Department. The intention is to convey the water from the Ntembezi Stream, in the Kambi Forest, through 6-inch steel pipes to a reservoir in the town, and to distribute it therefrom by means of pipes. Distance from intake to reservoir, $13\frac{1}{2}$ miles. Council are applying to Government for full control of the source. The supply is permanent, abundant, and pure.

Night-soil removed by contract at 7d. per regulation bucket to depositing site about a mile out of town, where it is emptied into trenches, which are covered over every seven days. Slop-water is emptied at appointed place by householders themselves. Sanitary Contractor has a tariff for removal of rubbish. Three cases of Enteric and one of Diphtheria were reported; all removed to hospital. No Isolation Hospital accommodation. No public abattoirs exist; one private slaughterhouse, which is inspected weekly by the Sanitary Inspector. No system of meat inspection, but any suspicious case is usually referred to a Doctor for report.

Numerous latrines have been placed on the outskirts of the town for Natives, and these are emptied twice a week. Beyond the improvement of the streets, no new work has been carried out. Town generally very healthy, and Council do not think it necessary to appoint a Health Officer as things are at present.

The following Local Authorities report that no change has occurred in the sanitation and sanitary arrangements during the year 1906. Generally speaking, the public health is stated to have been good:—Municipalities of Knysna, Molteno, Mossel Bay, Prieska, Robertson, Seymour, and Willowmore, and Village Management

Boards of Balfour, Barkly West, Breidbach, Cathcart Vale, Danielskuil, Dysseldorp, Elliot, Emgwali, Frankfort, Hanover, Hertzog, Kamastone, Lesseyton, Lushington, Pacaltsdorp, Readsdale, Van Wyk's Vlei, and Whittlesea.

The following have not furnished reports of public interest:—Municipalities of Stutterheim and Venterstad, and Village Management Boards of David Scheepers, Embokotwa, Healdtown, Pirie, Postmasburg, and 'Umnxesha.

The following have not furnished any report:—Municipalities of Douglas, Greyton, Matatiele, Villiersdorp and Williston, and Village Management Boards of Bergman's Hoek, Blinkwater, Brandvlei, Ebenezer East, Griquatown, Mancazana, Menzies, Peelton, Philipton, Riebeek Kasteel, Riebeek West, and Upsher.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE COLONY.

ANNEXURE "C."

REPORTS AND STATISTICS RELATING TO THE WORKING DURING THE CALENDAR YEAR 1906 OF THE "CONTAGIOUS DISEASES PREVENTION ACT, 1885."

PART I.

SUMMARY OF REPORTS OF THE MEDICAL INSPECTORS ON THE WORKING OF PART I. OF THE "CONTAGIOUS DISEASES PREVENTION ACT, 1885," DURING THE YEAR 1906.

1. CAPE TOWN.—DR. HAROLD A. ENGELBACH, MEDICAL INSPECTOR.

The attendance of women during the year has been satisfactory. Total examinations 1,382, being an increase of 1,010 on 1905. The number of registered women has increased from 46 on 31st December, 1904, 71 on 31st December, 1905, to 127 on 31st December, 1906, whilst the total number examined during 1906 was 235, as against 118 during 1905. There were 133 admissions to Hospital, the average stay in Hospital being 35·8 days, and the daily average number of patients in Hospital 13·05. Twenty-three prosecutions under Section 17 for failure to attend for examination, and 108 removals from the Register as non-discoverable, etc. Seven patients (2 remaining from 1905) from Wynberg and 6 patients (1 remaining from 1905) from Simon's Town were treated in Hospital.

Forty-six females from Cape Town presented themselves for treatment under Part II. of the Act. There were 6 remaining in Hospital under this Part from 1905, making the total treated for the year 52. Of these, 43 were discharged either cured or relieved, and 1 died, leaving 8 to be carried over to 1907.

Four deaths occurred, 2 from Phthisis, 1 from Cardiac Disease, and 1 from Peritonitis.

2. WYNBERG.—DR. H. CLAUDE WRIGHT, MEDICAL INSPECTOR.

Part I. of the C.D. Act and the Morality Act are antagonistic; the police detail a man to prosecute for prostitution and the Lay Inspector endeavours to secure voluntary submissions for medical inspection and treatment, promising the women punishment only if they fail to appear for examination. The result is a conflict between the two Statutes, and to escape prosecution by the police, on the one hand the women are driven off the streets into holes and corners, and on the other hand it becomes more difficult than ever to get them to attend for examination. It has been reported that it was the practice of men of the late regiment stationed here to hire a cheap house and keep a couple of women between a clique of themselves; this makes it very difficult to get at the women for purposes of examination. This driving of the women into obscure retreats is fraught with danger to the community; in the Medical Inspector's opinion the Act in this area is an absolute necessity for the protection of the innocent.

3. SIMON'S TOWN.—DR. H. CLARKE, MEDICAL INSPECTOR.

The Inspector has nothing to add to his evidence before the Select Committee of the House of Assembly on Part I. of the "C.D. Prevention Act," in July, 1906. During the year the Act, as usual, worked very satisfactorily in this district; 43 women were examined, of whom only five were found diseased. None applied to be relieved from examination; 3 died, 12 disappeared, and 1 got married.

4. EAST LONDON.—DR. J. BARCROFT ANDERSON, MEDICAL INSPECTOR.

Nothing new to report as regards the working of Part I. of the Act during the year. Natives only were dealt with; such Europeans as came within its scope were dealt with only under Act 36 of 1902. Thirty-seven Native women were examined and 11 were found diseased, the disease being of a mild character. Of these 11 cases 7 were from amongst the 13 persons placed on the Register during the year.

All those dealt with have been "voluntary submissions." Of 237 individual examinations 130 were of persons undergoing imprisonment.

Part II. of the Act, owing to the other facilities here or at the Lock Hospital, King William's Town, has been sparingly availed of in this District.

5. KING WILLIAM'S TOWN.—DR. HENRY M. CHUTE, MEDICAL INSPECTOR.

Under Part I. of the Act, 12 women were dealt with; of these 4 were found diseased and admitted to Hospital. Nine cases under Part I. from East London were treated in Hospital.

Part II. of the Act continues to work satisfactorily; Natives voluntarily avail themselves of the Hospital for obtaining treatment, and during the year there have been 78 admissions. Remaining on 31st December, 1905: Males, 2; Females, 2; admitted during 1906, 78; discharged during 1906, 73, all cured; remaining on 31st December, 1906, 9; average daily cost of patient per day was 2s. 2 7-10d.

6. PORT ELIZABETH.—DR. J. PETER FENOULHET, ACTING MEDICAL INSPECTOR.

Seven European and 69 Coloured women were examined, 785 separate examinations being made during the year. Six new cases, all "voluntary," were placed on the Register; 46 women were found to be diseased and were treated in the Lock Hospital. Thirty-eight cases of Syphilis and 44 of Gonorrhœa were treated under Part I. during the year. The average stay of each patient was 24 $\frac{1}{2}$ days, the average daily number in Hospital 15, and the average daily cost per patient per day 2s. 1 $\frac{3}{4}$ d.

7. UITENHAGE.—DR. R. G. LAMB, MEDICAL INSPECTOR.

Under Part I. of the Act, 91 examinations were made during the year, the number of women examined being 11 (1 European and 10 Coloured). Three were found suffering from disease—1 from Syphilis and 2 from Gonorrhœa. One new case was placed on the Register (compulsory) during the year; there were 4 prosecutions under Section 17.

The number of women on the Register does not represent the amount of prostitution carried on in Uitenhage, but as the majority of the women are domestic servants and reside in the Location it is scarcely possible to bring them under the Act.

8. UMTATA.—DR. R. H. WELSH, MEDICAL INSPECTOR.

The working of the Act has certainly been beneficial; a number of cases in the most infectious stage have been placed under treatment and treated until well; had these women been at large all the time they would certainly have infected a large number of males. It is very difficult, however, to discover the majority of prostitutes in a place like this with a large floating Native population; usually it is only when a woman is reported to be diseased that she comes under my observation. This accounts for the large proportion of disease among those examined. Once having learned the benefits of treatment, women have not the same reluctance in presenting themselves.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE COLONY.

ANNEXURE "C."—continued.

Statistical Returns under "The Contagious Diseases Prevention Act, 1885."

TABLE 1.

Showing the results of the working of Part I (Females) of "The Contagious Diseases Prevention Act, 1885," in each of the Districts in which the portion of the Act is in force, during the Year 1906.

	CAPE TOWN.	WYNBERG.	SIMON'S TOWN.	EAST LONDON.	KING WILLIAM'S TOWN.	PORT ELIZABETH.	UITENHAGE.	UMTATA.	ALL DISTRICTS.
Number of women remaining on the Register on the 31st December, 1905	71	19	42	34	4	70	10	13	263
Number of women placed on the Register during the year ...	164	5	7	13	8	6	1	4	208
Number of women removed from the Register during the year...	108	14	16	16	7	2	1	7	171
Relieved by order of the Resident Magistrate ...	1	...	...	...	...	1	1	...	3
Died ...	6	...	3	4	...	1	...	...	14
Removed to some known address ...	21	12	...	1	3	...	...	...	37
Disappeared or absconded ...	79	2	12	10	4	...	...	7	114
Married ...	1	...	1	1	...	...	...	...	3
Number of women on Register on 31st December, 1905, who failed to appear for examination during year ...	...	7	6	10	...	...	...	...	23
Number of women examined during the year ...	235	(a)17	43	(b)37	12	76	11	17	448
European ...	46	...	1	...	...	7	1	...	55
Coloured ...	189	(a)17	42	(b)37	12	69	10	17	393
Voluntary submissions under Sec. 14 of the Act ...	235	(a)17	39	(b)37	12	59	8	...	407
Compulsory submissions under Sec. 10 of the Act ...	...	...	4	...	...	17	3	17	41
Number of separate periodical examinations made ...	1,382	218	1,530	237	68	785	91	256	4,567
Usual length of interval between examinations (in days) ...	14	14	10	30	30	14	28	14	...
Number of women found to be free from disease ...	144	10	38	26	8	30	8	5	269
Number of women found to be diseased ...	91	(a)7	5	(b)11	4	46	3	12	179
Number of admissions into Hospital ...	133	7	6	11	5	82	4	20	268
Nature of disease :-									
Syphilis: Primary ...	...	...	...	...	...	36	2	...	38
Secondary ...	24	1	1	1	3	...	...	6	36
Tertiary ...	5	2	3	...	...	2	...	...	12
Gonorrhœa ...	104	4	2	4	1	44	2	4	165
Other (Chancroid) Ulcer of Vulva, Cervix, etc. ...	...	...	...	6	1	...	...	10	17
Average duration of stay on each admission to hospital (in days) ...	35.8	84.0	53.7	53.0	35.3	24.3	116.8	66.0	38
Number of Prosecutions under Sec. 11 of the Act ...	...	...	...	...	...	...	...	...	...
Number of Prosecutions under Sec. 17 of the Act ...	23	...	2	...	...	37	4	...	66
Proportion of separate examinations per woman ...	5.9	14.5	35.6	6.6	5.7	10.3	8.3	15.1	10.3
Proportion of individuals found to be diseased per centum of women examined	38.7	41.2	11.6	29.7	33.3	6.05	27.3	70.6	40.0
Proportion of separate admissions to hospital per centum of women examined	56.6	41.2	14.0	29.7	41.7	107.9	36.4	117.6	59.8
Proportion of re-admissions to hospital per centum of diseased women	46.2	0.0	20.0	0.0	25.0	78.3	33.3	66.7	49.7
Proportion of admissions to hospital per centum of separate examinations	9.6	3.2	0.4	4.6	7.4	10.4	4.4	7.8	5.9
Proportion of voluntary submissions per centum of women examined	100.0	100.0	90.7	100.0	100.0	77.6	72.7	0.0	81.0
Proportion of Prosecutions per centum of women examined ...	9.8	0.0	4.7	0.0	0.0	48.7	36.4	0.0	14.7

(a) Includes 2 women who remained under treatment in the Cape Town Lock Hospital on the 31st December, 1905, and who, on their discharge from hospital during 1906, did not return to Wynberg.

(b) Includes one woman who remained under treatment in the King William's Town Lock Hospital on the 31st December, 1905, and who, on her discharge from hospital in 1906, did not return to East London.

TABLE 2.

RETURN of Expenditure incurred during the year 1906 in connection with Part I. of "The Contagious Diseases Prevention Act, 1885," in respect of each District in which this part of the Act is in operation.

SERVICE.	CAPE TOWN.	WYNBERG.	SIMON'S TOWN.	EAST LONDON.	KING WILLIAM'S TOWN.	PORT ELIZABETH.	UITENHAGE.	UMTATA.	ALL DISTRICTS.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1. Cost of Buildings, Construction and Repairs	122 9 0	...	...	...	...	...	...	...	122 9 0
2. Cost of Furniture, Utensils and Fittings	...	...	...	...	...	38 15 6	...	...	38 15 6
3. Cost of Bedding and Clothing	63 15 2	...	...	...	...	75 10 4	...	...	139 5 6
4. Cost of Provisions, Medical Comforts, Fuel, Light, Soap, Lime, and other supplies or services	537 5 4	...	...	...	109 7 3	485 6 0	...	41 11 7	1,173 10 24
5. Salaries and Allowances :-									
Medical Inspector ...	100 0 0	75 0 0	100 0 0	50 0 0	100 0 0	100 0 0	50 0 0	50 0 0	625 0 0
Lay Assistant ...	220 0 0	96 0 0	108 0 0	...	82 2 6	136 0 0	...	...	642 2 6
Matron, Nurses, Attendants, Guards, &c.	262 12 1	12 0 0	12 0 0	23 14 6	34 17 1	84 13 7	24 3 4	72 0 0	526 0 7
6. Miscellaneous or Special Expenses, Instruments and Appliances, Railway Fares, &c.	17 2 1	8 3 8	2 0 0	5 0 0	...	26 19 0	2 6 0	...	61 10 9
Total	1,323 3 8	191 3 8	222 0 0	78 14 6	326 6 10	947 4 5	76 9 4	163 11 7	3,328 14 04

(a) Includes treatment of cases admitted under Part II. of the Act.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE COLONY, 1906.

ANNEXURE "D."—Continued.

RETURN showing the Number of Lepers on the Register in each District of (1) the Colony Proper and (2) in the Native Territories, and the manner in which they were dealt with during the Year 1906.

DISTRICT.	FORM OF DISEASE.	RACE.	Total Number of Cases on the Register during the Year 1906.						Number living in the District and on the Register on the 31st December, 1905.						Number of Fresh Cases Registered during the Year 1906.						Number removed from the Register during the Year ended 31st December, 1906.						Number remaining on the Register and being still in the District on the 31st December, 1906.	
			M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.	F.				
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
(1). Continued.																												
Stockenström ..	Tubercular ..	C	1	1	..	..	1	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Tarka ..	Anæsthetic ..	C	..	1	1	1		
Taung ..	Mixed ..	C	..	1		
Tulbagh ..	Anæsthetic ..	C	..	1		
Uitenhage ..	Mixed ..	C	..	1		
Uniondale ..	Tubercular ..	C	..	1		
Victoria East ..	Anæsthetic ..	C	..	1		
Vryburg ..	Mixed ..	E	1	1	1	1		
Indwe (Wodehouse) ..	Mixed ..	C	1	1	1	1		
Woodstock ..	Mixed ..	E	..	1		
Worcester ..	Mixed ..	C	..	1		
Wynberg ..	Tubercular ..	C(g)	..	1		
Wynberg ..	Tubercular ..	E	..	1		
Wynberg ..	Anæsthetic ..	E	1	1		
Wynberg ..	Tubercular ..	C	..	4	3		
Wynberg ..	Anæsthetic ..	C	..	1		
Wynberg ..	Mixed ..	C	..	1		
Total Colony Proper	205	151	124	98	81	53	53	35	7	6	13	2	1	2	5	3	123	103		
(2).																												
GRIQUALAND EAST.																												
Malear ..	Tubercular ..	C	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Malear ..	Anæsthetic ..	C	1	1		
Matatiele ..	Anæsthetic ..	C	9	5	9	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	9	5
Mount Ayliff ..	Anæsthetic ..	C	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Mount Currie ..	Anæsthetic ..	C	5	12	3	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	12
Mount Currie ..	Mixed ..	C	1	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Mount Fletcher ..	Anæsthetic ..	C	..	1		
Mount Frere ..	Tubercular ..	C	18	4	16	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	18	4
Qumbu ..	Tubercular ..	C	1	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	4
Qumbu ..	Anæsthetic ..	C	4	3	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	3
Qumbu ..	Mixed ..	C	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Tsolo ..	Anæsthetic ..	E	1	1		
Tsolo ..	Anæsthetic ..	C	2	3		
Umzimkulu ..	Anæsthetic ..	C	19	8	14	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	19	8
PONDOLAND.																												
Bizana ..	Anæsthetic ..	C	..	1	..	1		
Läbode ..	Tubercular ..	C	1	..	4	1(g)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Läbode ..	Mixed ..	C	..	1		
Ngqeloni ..	Tubercular ..	C	1	..	1		
Ngqeloni ..	Mixed ..	C	..	1		
Tabankulu ..	Tubercular ..	C	1	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Tabankulu ..	Mixed ..	C	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Lusikisiki ..	Anæsthetic ..	C	3	2	3	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	2
TEMBULAND.																												
Elliot ..	Anæsthetic ..	C	1	..	1	1	..		
Elliotdale ..	Anæsthetic ..	C	8	3	7	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	3
Elliotdale ..	Mixed ..	C	3	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	1
Engcobo ..	Tubercular ..	C	6	6	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Engcobo ..	Anæsthetic ..	C	6	6	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Engcobo ..	Mixed ..	C	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mqanduli ..	Anæsthetic ..	C	3	2	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	2
Port St. John's ..	Tubercular ..	C	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
St. Mark's (Cofimvaba) ..	Anæsthetic ..	C	3	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	2
Umtata ..	Mixed ..	C	3	2	1	(h)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	2
Xalanga ..	Mixed ..	C	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..
TRANSKEI.																												
Butterworth ..	Mixed ..	C	14	5	10	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	14	5
Idutywa ..	Anæsthetic ..	C	12	1	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	12	1
Idutywa ..	Mixed ..	C	12	10	12	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	12	10
Kentani ..	Anæsthetic ..	C	8	3	5	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	3
Nqamakwe ..	Mixed ..	C	8	13	6	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	13
Tsomo ..	Mixed ..	C	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Willowvale ..	Anæsthetic ..	C	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2
Total Native Territories ..	..	..	148	102	111	82	37	20	35	16	3	2	11	4	3	2										

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE COLONY.

ANNEXURE "E."

TABLE 1.

RETURN of Outbreaks and cases of Small-pox occurring in (1) the Colony Proper and (2) the Native Territories during the Year ended 31st December, 1906.

DISTRICT.	Number of Outbreaks.	CASES DISCOVERED.								TOTAL.	DEATHS.								TOTAL.
		Unvaccinated.				Prevaccinated.					Unvaccinated.				Prevaccinated.				
		Europ.		Col.		Europ.		Col.			Europ.		Col.		Europ.		Col.		
		M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	
(1)—COLONY PROPER.																			
Lady Grey (Aliwal North)	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Beaufort West	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Caledon	...	...	...	6	2	...	...	...	...	...	...	...	...	...	...	...	...
Cape	...	4	4	50	34	4	1	4	7	110(a)	...	2	1	...	...	...	...
Carnarvon	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cathcart	...	...	...	11	8	...	...	...	5	4	28	...	2	2	...	...	...
Maraisburg (Cradock)	...	...	...	3	3	...	...	...	...	...	6	...	1	1	...	...	...
East London	...	1	1	...	...	1	1	...	...	...	4	...	...	...	...	...	...
Fort Beaufort	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...
Williston (Fraserburg)	1	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	1
Glen Grey	18	...	...	35	29	...	...	...	7	6	85(b)	...	1	...	...	...	...
Graaff-Reinet	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Herschel	...	...	...	7	7	...	...	...	...	...	14	...	...	...	...	...	...
Jansenville	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...
Laingsburg	1	...	...	...	...	...	...	...	...	3	3	...	...	...	...	...	...
Malmesbury	...	...	...	...	...	...	...	2	...	...	2	...	...	...	...	...	...
Molteno	3	...	...	6	2	...	...	...	...	...	8	...	...	...	...	...	...
Namaqualand	1	...	...	2	...	...	...	...	...	...	4	...	...	...	...	...	...
Wellington (Paarl)	1	...	...	1	1	...	...	2	...	...	4	...	...	...	...	...	...
Port Nolloth	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...
Queenstown	...	...	...	...	...	...	...	...	...	...	23(c)	...	...	...	...	...	(c)2
Sterkstroom	1	...	...	1	...	...	...	1	1	3	...	...	...	...	...	...	...
Whittlesea	2	...	...	2	...	...	...	...	...	...	12(c)	...	...	...	...	...	...
Simon's Town	4	2	2	14	8	1	...	10	1	38	...	...	...	...	...	...	...
Stellenbosch	3	1	3	3	...	...	...	1	...	11	...	...	...	...	...	...	...
Somerset West	1	...	...	3	11	2	3	10	8	37	...	2	1	...	...	...	3
Steynsburg	5	...	...	9	7	...	...	3	3	22	...	...	...	...	...	...	1
Stoekonstron	5	...	...	9	1	...	...	5	18	33	...	1	...	...	...	...	...
Stutterheim	1	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...
Barrydale (Swelldam)	1	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Tarkastad	2	...	...	2	1	...	...	...	...	3	...	...	...	...	...	...	...
Tulbagh	2	...	...	4	13	...	...	5	6	28	...	...	...	...	...	...	...
Wodehouse	4	...	...	...	...	...	...	12	15	27	...	...	...	...	...	...	...
Indwe	4	...	...	4	2	...	...	2	...	8	...	...	1	...	...	1	...
Woodstock	2	3	4	9	14	5	9	6	10	60	...	...	...	...	1	...	1
Durbanville	1	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...
Wynberg	7	2	...	3	3	3	...	26	20	57	1	...	1	...	...	...	2
Total Colony Proper	99	14	15	190	147	17	14	103	103	650	1	...	7	7	2	19	
(2)—NATIVE TERRITORIES.																			
<i>Grigqualand East.</i>																			
Malear	4	...	2	3	...	...	...	...	...	5	...	...	...	...	...	...	...
Mount Fletcher	1	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...
Tsolo	12	...	...	20	32	...	...	15	16	83	...	...	2	...	...	...	2
Umzimkulu	3	...	...	2	3	...	...	4	4	13	...	...	...	...	...	...	...
<i>Pondoland.</i>																			
Libode	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
Ngqeleni	1	...	...	1	1	...	...	...	...	2	...	...	...	...	...	...	...
<i>Tembuland.</i>																			
Elliot	5	...	...	10	6	...	...	1	...	17	...	...	...	...	...	...	...
Elliotdale	2	...	...	1	2	...	...	...	...	3	...	...	...	...	...	...	...
Engcobo	22	...	...	34	20	...	...	27	28	109	...	3	1	...	...	1	5
Mqanduli	9	...	...	18	14	...	...	1	4	37	...	1	...	...	...	...	1
St. Mark's (Cofimvaba)	12	...	...	21	29	...	...	1	1	52	...	...	1	...	...	...	1
Umtata	7	1	1	5	3	...	...	1	1	12	...	1	...	...	...	...	1
Xalanga (Cala)	11	...	...	21	13	...	...	4	...	38	...	...	...	...	...	...	1
<i>Transkei.</i>																			
Idutywa	2	...	...	6	5	...	...	1	3	15	...	1	...	...	...	...	1
Kentani	1	...	...	1	...	...	...	2	1	4	...	...	...	...	...	...	...
Nqamakwe	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...
Tsomo	2	...	...	1	...	...	...	1	...	2	...	...	...	...	...	...	...
Willowvale	1	...	...	2	1	...	...	2	2	7	...	...	1	...	...	...	1
Total Native Territories	97	1	3	147	129	61	61	402	6	5	2	13	
Grand Total	196	15	18	337	276	17	14	164	164	1052	1	...	13	12	2	32	

(a) Includes four cases from Vessels in Harbour.
 (b) Includes eight cases particulars of which are not available.
 (c) Full particulars not available.
 "Nil" Returns were rendered by remaining Districts.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE COLONY.

ANNEXURE "E."

TABLE 2.

RETURN of Public Vaccination, showing for each District of (1) the Colony Proper, and (2) the Native Territories, the number of Centres visited and the number of Vaccinations performed during the Year ended 31st December, 1906, together with the amount of Expenditure thereon.

DISTRICT.	Number of Centres at which Vaccination was performed.	Number of Persons vaccinated by the District Surgeon.	Number of Persons vaccinated by Laymen under instructions of the District Surgeon.	Total Number of Persons vaccinated.	Age.		Believed to be successful.				Number of Primary Vaccinations.	Number of Re-Vaccinations.	Expenditure.
					Persons over 10 years of age.	Children under 10 years of age.	Males.		Females.				
							E.	C.	E.	C.			
					(1).—COLONY PROPER.								
Aberdeen	2	38	1,585	1,623	(a) 37	(a) 1	No record.	..	..	782	841	46 0 0	
Adelaide	10	452	..	452	30	415	No record.	..	..	366	366	20 0 0	
Albany	17	771	..	771	180	595	No record.	..	..	607	164	99 13 0	
Albert	1	115	..	115	54	61	..	41	3	71	67	48	
Alexandria	18	711	..	711	104	607	(a) 5	(a) 12	(a) 4	(a) 9	623	88	38 12 3
Aliwal North	1	53	..	53	3	50	All that were seen again.	..	..	51	51	.. .. .
Lady Grey	3	51	..	51	32	19	4	19	3	25	39	12	
Barkly West	18	2,021	..	2,021	241	1,780	103	896	73	1,039	2,021	109 11 3	
Klipdam	4	710	..	710	484	226	..	394	..	316	710	27 8 9	
Bathurst	14	205	..	205	..	205	All.	No record.	kept.	205	..	24 7 6	
Beaufort West	14	2,868	..	2,868	2,022	776	428	871	405	1,164	1,461	56 3 6	
Bredasdorp	9	471	..	471	58	413	..	..	..	No record.	..	39 10 0	
Britstown	54	462	..	462	No record.	..	About 60 per cent.	..	..	No record.	..	84 14 6	
Caledon	7	2,125	..	2,125	1,175	950	705	285	330	425	1,150	975	71 11 0
Calvinia	1	23	..	23	23	..	..	5	..	..	10	13	.. .. .
Cape	2	6,505	..	6,505	3,550	3,036	770	1,701	945	3,179	1,468	5,127	.. .. .
Ndabeni	1	580	..	580	438	142	..	(a) 68	..	(a) 74	149	431	.. .. .
Carnarvon	1	57	..	57	27	30	..	No record.	..	..	39	18	12 9 6
Cathcart	17	1,919	..	1,919	595	1,324	..	No record.	..	..	1,386	533	55 11 4
Colesberg	1	35	30	65	30	35	30	10	10	5	40	25	.. .. .
Maraisburg (Craddock)	5	668	..	668	146	522	142	186	157	183	3,680	2,807	41 0 0
East London	42	154	6,333	6,487	3,022	3,395	100	2,787	74	3,473	3,327	21 9 9	
Fort Beaufort	12	409	..	409	61	348	About 95 per cent.	..	..	..	327	82	.. .. .
Williston (Fraserburg)	1	295	..	295	194	101	39	65	31	125	119	176	.. .. .
George	11	228	..	228	11	217	37	77	43	71	229	8	25 10 6
Glen Grey	20	..	27,589	27,589	No record.	..	About 80 per cent.	..	..	No record.	..	184 9 3	
Graaff-Reinet	1	25	..	25	25	..	..	9	1	1	5	20	.. .. .
Hay	5	..	27	27	2	18	All primary vaccinations	192	..	25	..	24 0 0	
Herbert	1	30	..	30	4	24	..	9	..	21	..	.. .. .
Herschel	3	4,122	..	4,122	2,022	2,400	..	Vast majority.	..	..	3,050	1,372	65 14 0
Hope Town	1	..	..	..	..	..	..	2	..	..	..	.. .. .
Humansdorp	1	47	..	47	..	40	..	32	..	15	40	.. .. .
Jansenville	18	1,414	138	1,552	720	1,232	443	354	440	315	1,508	44	29 7 3
Kenhardt	4	105	..	105	539	180	339	147	93	196	69	493	4 14 2
Kimberley	5	2,275	..	2,275	1,820	455	221	1,628	76	350	607	1,668	76 13 9
King William's Town	3	138	..	138	22	136	15	61	5	77	127	31	39 7 6
Keiskama Hoek	13	1,347	..	1,347	..	..	..	..	..	No record.	..	.. .. .
Middelburg	15	1,350	445	1,795	..	..	..	..	..	No record.	..	.. .. .
Krumsig	1	40	..	40	2	38	8	20	4	6	40	..	.. .. .
Kuruman	1	124	..	124	..	124	..	56	2	66	124	..	1 2 6
Ladismith	1	45	..	45	..	45	6	8	17	4	45	..	.. .. .
Lansburg	1	76	..	76	45	31	..	Great majority.	..	..	38	38	0 15 0
Malmesbury	7	235	..	235	100	126	21	33	22	29	196	39	.. .. .
Hopetfield	10	761	..	761	126	635	175	207	161	218	761	..	39 18 0
Molteno	7	251	4,205	4,456	251	..	..	4,094	..	..	..	..	26 9 5
Montagu	7	337	..	337	16	321	76	112	76	73	337	..	19 17 6
Mossel Bay	25	750	..	750	114	636	149	228	148	225	728	22	34 1 0
Namaqualand	4	156	..	156	102	54	8	106	6	36	74	82	.. .. .
Garies	6	452	..	452	119	333	About 70 per cent.	..	..	..	335	117	14 17 0
Oudtshoorn	2	313	..	313	127	186	11	204	11	87	164	149	9 0 0
Calitzdorp	1	255	..	255	22	233	245 cases.	..	..	..	255	..	.. .. .
Paarl	1	44	..	44	3	41	4	17	3	20	43	1	.. .. .
Wellington	1	35	..	35	16	19	..	14	1	20	17	18	.. .. .
French Hoek	1	5	..	5	1	4	..	2	1	2	5	..	.. .. .
Peddie	16	1,306	..	1,306	300	1,007	About 70 per cent.	..	..	..	1,615	291	47 2 6
Philipstown	1	10	..	10	3	8	..	..	..	..	..	..	.. .. .
Port Elizabeth	5	79	..	79	11	68	27	19	8	25	75	4	.. .. .
New Brighton	1	150	..	150	18	141	..	72	..	87	142	17	.. .. .
Port Nolloth	9	307	..	307	76	231	1	88	..	93	(a) 30	(a) 3	8 1 6
Prieska .. .. .	..	352	..	352	..	..	..	..	..	..	..	..	4 8 0
Queenstown	1	80	..	80	20	60	32	9	23	16	80	..	.. .. .
Sterkstroom	1	355	..	355	219	136	Majority.	..	..	..	227	128	.. .. .
Whittlesea	6	315	..	315	39	276	Majority.	..	..	..	291	34	.. .. .
Riversdale	12	432	..	432	30	402	120	115	106	80	432	..	20 17 0
Robertson	9	758	..	758	107	651	158	227	161	212	758	..	19 17 6
Simonstown	4	1,863	..	1,863	(a) 20	(a) 115	75 per cent.	..	..	..	(a) 119	(a) 116	48 12 6
Somerset East	10	910	37	947	217	730	153	311	115	361	767	180	29 6 6
Pearston	8	685	..	685	53	632	Majority.	..	..	..	683	2	27 2 0
Stellenbosch	4	497	..	497	210	287	About 80 per cent.	..	..	..	203	294	.. .. .
Somerset West	1	674	37	711	344	367	Majority.	..	..	..	409	302	.. .. .
Steynsburg	8	867	..	867	219	648	Majority.	..	..	..	639	168	23 4 9
Steytlerville	1	3	..	3	..	3	1	2	..	..	3	..	.. .. .
Stockenstrom	1	140	..	140	27	113	No record.	..	..	..	..	..	.. .. .
Stutterheim	9	977	..	977	271	706	No record.	..	..	..	855	122	41 0 0

(a) Information incomplete. Particulars not available.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE COLONY.

ANNEXURE "E."

TABLE 3.

STATEMENT compiled from Returns rendered by the different Resident Magistrates showing the Expenditure incurred during the year ended 31st December, 1906, under the Public Health Acts, in the Suppression of Small Pox, by the various Local Authorities in the several Districts of the Colony Proper.

DISTRICT.	Special Allowances or Payments to District Surgeon.	Travelling Allowances to District Surgeon.	Payments to Private Practitioners.	Payments to Nurses, Guards, Police, &c.	Cost of Provisions and Supplies.	Cost of Construction, Purchase or Rent of Hospital Buildings, Huts, Tents, &c.	Cost of Bedding, Clothing, Furniture, Utensils and Equipment.	Transport of Patients, Supplies, &c.	Payments made in respect of Compensation for Infected Private Property destroyed.	Miscellaneous Expenses.	Total.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Aliwal North .. ..	..	12 0 0	..	3 4 0	..	..	..	..	..	3 2 6	18 6 6
Beaufort West	Particulars not available.	..	..	..	..	..	..	..	..	..	61 13 8
Caledon	9 0 0	17 5 0	3 18 6	..	13 0 0	..	7 0 0	62 0 0	0 15 0	..	32 1 0
Cape .. ..	..	1 1 6	..	..	2,594 13 6	517 9 0	..	69 0 0	..	..	3,288 17 4
Carnarvon .. ..	..	25 10 0	..	..	..	..	..	..	..	..	1 1 6
Cathcart .. ..	..	18 0 0	..	..	83 16 8	15 4 4	..	..	..	..	64 10 10
Murrumburg (Cradock) ..	9 0 0	18 0 0	..	..	9 6 0	12 4 4	..	..	..	..	54 0 9
Fort Beaufort	1 10 0	13 3 6	..	..	0 10 0	1 12 0	..	..	5 3 6	..	6 14 6
Williston (Fraserburg) ..	..	12 6 0	..	..	1 10 0	..	..	..	..	..	13 16 0
Graaff-Reinet .. ..	..	..	..	..	..	12 5 0	..	..	..	..	12 5 0
Jansenville .. ..	..	13 0 6	..	..	..	..	..	..	..	..	13 0 6
Kimberley .. ..	..	..	..	..	10 17 4	..	..	..	..	..	10 17 4
Laiingsburg .. ..	..	6 6 0	..	..	..	..	..	..	..	..	6 6 0
Malmesbury .. ..	..	21 15 0	..	..	..	..	..	..	..	..	47 0 0
Molteno	26 15 0	9 0 0	..	..	38 18 0	10 13 9	1 15 0	..	4 15 0	0 15 7	32 2 4
Namaqualand	9 15 0	..	0 12 6	..	13 19 6	3 13 0	..	1 10 0	..	..	31 1 7
Wellington (Paarl)	12 15 0	..	..	..	17 11 0	4 5 0	7 10 0	..	..	1 2 11	43 4 1
Port Nolloth	6 0 0	..	..	..	9 6 0	..	..	..	..	..	17 10 7
Queenstown .. ..	..	..	..	..	..	..	..	..	..	..	272 0 11
Sterkstroom	20 5 0	..	..	..	10 0 0	11 15 9	4 13 6	..	..	0 17 6	47 11 9
Simonstown .. ..	..	..	28 16 0	..	467 12 4	55 9 0	..	69 0 0	..	41 9 16	632 17 0
Stellenbosch	40 10 0	6 7 6	1 7 6	67 3 11	..	..	..	4 12 6	..	45 8 0	174 9 5
Somerset West	28 10 0	..	..	..	..	..	..	..	..	..	224 4 11
Stoynsburg .. ..	..	137 15 0	4 4 0	100 18 6	..	50 18 3	144 16 8	..	..	..	388 7 5
Stockenstron .. ..	..	99 8 6	..	..	..	..	..	..	..	..	102 13 7
Stutterheim .. ..	..	12 15 0	..	..	..	..	..	..	..	..	19 8 6
Swellendam .. ..	..	..	..	..	..	..	..	..	..	..	4 16 0
Tarka .. ..	..	30 5 0	..	..	..	..	..	..	..	..	37 10 9
Tulbagh .. ..	..	164 5 0	..	..	..	..	..	..	..	..	218 19 8
Wodehouse	43 4 0	..	..	..	..	..	..	2 11 6	..	..	165 2 2
Indwe .. ..	..	15 12 6	..	..	..	..	..	..	..	..	37 19 6
Woodstock .. ..	..	..	7 5 0	..	..	..	..	..	..	..	37 19 6
Durbanville	7 10 0	..	..	..	..	..	..	..	..	..	1,096 0 0
Wynberg	0 15 0	..	..	..	..	..	..	..	..	..	12 12 2
Total	223 19 0	595 9 0	46 14 6	410 9 11	5,842 15 4	1,024 13 4	34 18 5	5313 4 3	30 0 5	467 2 11	8,990 19 11

NOTE.—In the Native Territories there being only four Local Authorities, practically the whole of the expenditure in respect of Small-pox is defrayed by Government. In addition to the expenditure for the Colony Proper included in the above Return and four-fifths of which may be claimed by the Local Authority from Government under the provisions of Act No. 23 of 1897, the following expenditure was incurred directly by Government in the suppression of Small-pox, viz: In the Colony Proper—Calvinia, £11 2s.; Cathcart, £59 19s. 8d.; East London, £1 14s. 6d.; Glen Grey, £63 17s. 5d.; Fort Beaufort, £4 12s. 6d.; Wynberg, £21. Native Territories—Mount Fletcher, £3; Tsolo, £2 18s.; Umzimkulu, £3 15s.; Libode, £4 16s. 4d.; Ngqeleni, £7 2s. 6d.; Elliot, £19 19s. 11d.; Elliotdale, £2 1s. 3d.; Engcobo, £91 15s. 6d.; Mganduli, £8; St. Marks, £79 3s.; Idutywa, £9 14s.; Kentani, £12; Ngamakwe, £2 5s.; Total, £408 16s. 7d. In addition to this the Public Revenue bore the entire cost of vaccination, viz.: £4,034 2s. 7d. (vide Table 2).

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE COLONY.

ANNEXURE "F."

STATISTICS RELATING TO THE DEATHS AND THEIR CAUSES REGISTERED UNDER THE PROVISIONS OF THE "BIRTHS AND DEATHS REGISTRATION ACT, 1895," DURING THE YEARS 1904 AND 1905 IN RESPECT OF SIXTY OF THE CITIES AND TOWNS OF THE COLONY.

Note on the Classification of Diseases adopted in these Returns.

The causes of death registered during the year 1905 are classified according to the amended nomenclature of diseases published by the Government in 1906, while those for the year 1904 are classified according to the nomenclature in use at that time. The alterations made in the amended nomenclature of 1906 do not, however, affect the classification of the diseases as adopted in these Returns, and therefore do not interfere with a comparison between different years, with the exception that deaths from "Hydrocephalus" during 1904 are included under "Malformations," while those for the year 1905 are included under "Tuberculosis."

In the classification of the causes of death adopted in these Returns, the object aimed at has been to furnish detailed information of the most important diseases or classes of disease, and especially of those which are considered of a preventable character. The following is the classification:—

DISEASES DUE TO SPECIFIC ORGANISMS— Small-pox. Chicken-pox. Measles. Rtheln. Scarlet Fever. Relapsing Fever. Influenza. Whooping Cough. Diphtheria and Membranous Croup. Cerebro-Spinal Fever. Cerebro-Spinal Meningitis. Typhoid (Enteric) Fever, Simple Continued Fever, Typho-Malarial, Remittent Fever and Fever. Epidemic Pneumonia. Simple Cholera, Diarrhea, Dysentery. Tuberculosis, including Hæmoptysis. Erysipelas Cellulitis, Pyæmia, Septicæmia and Hospital Gangrene. Puerperal Fever. Plague. Others.	PARASITIC DISEASES— Thrush, Stomatitis. From other Vegetable and Animal Parasites. CONSTITUTIONAL DISEASES— Cancer (Malignant Disease). Others. DEVELOPMENTAL DEFECTS AND DEGENERATION— Premature Birth, and Accidents during Birth. Malformations. Dentition. Old Age (Senile Decay). Others. DISEASES OF THE NERVOUS SYSTEM— Acute Inflammation of the Brain and its Membranes. Convulsions. Others. DISEASES OF THE CIRCULATORY SYSTEM— Heart Disease, Organic, Degeneration, Syncope. Apoplexy. Others.	DISEASES OF THE RESPIRATORY SYSTEM— Bronchitis. Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy. Others. DISEASES OF THE ALIMENTARY CANAL— Enteritis, Gastro-Enteritis, Marasmus. Others. DISEASES OF THE LIVER. DISEASES OF THE URINARY SYSTEM AND ORGANS OF GENERATION— Brights Disease, Nephritis, Uræmia. Others. DISEASES OF PARTURITION. VIOLENCE. ILL-DEFINED OR NOT SPECIFIED— Debility, Atrophy, Inanition Others. ALL OTHER DISEASES NOT INCLUDED IN THE ABOVE.
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It is to be noted, in connection with these tables, that in every case where any of the above causes of death are omitted from the table, it is because no death from any such cause has been registered in the place to which the table relates.

In the tables the mortality rates for both years 1904 and 1905 are calculated on the population actually enumerated at the Census taken on the 17th April, 1904. This course has been adopted in view of the arrest of the normal increase of population due to conditions described in the body of the Report of the Medical Officer of Health for the Colony.

TABLE I.—1904.

TABLE showing in regard to each of Sixty of the Cities and Towns of the Colony the total number of Deaths registered for the Year 1904 and the rate of mortality per 1,000 of their respective populations, as enumerated in the 1904 Census, distinguishing between (a) Certified and Uncertified (b) European and Coloured, and (c) Males and Females.

Names of Towns.	EUROPEANS.						COLOURED.						ALL RACES.																
	Certified.			Uncertified.			Total.	Certified.			Uncertified.			Total.	Certified.			Uncertified.			Total.								
	M	F	P	Death Rate.	M	F		P	Death Rate.	M	F	P	Death Rate.		M	F	P	Death Rate.	M	F		P	Death Rate.						
Cape Town	337	177	514	11.63	1	1	0.02	515	11.65	539	489	1028	30.72	1	1	0.09	1031	30.81	876	696	1542	19.86	1	1	0.05	1546	19.91		
Suburban Municipalities (i.e. Woodstock, Mowbray, Claremont, Wynberg, Maitland and Rondebosch.	399	308	707	13.54	5	2	7.0	714	13.68	569	502	1071	34.03	6	8	14	0.45	1083	35.09	988	810	1778	21.39	11	10	0.25	1799	21.64	
Green and Sea Point..	26	29	65	8.70	..	..	..	65	8.70	9	8	17	12.45	..	..	..	17	12.45	45	37	82	0.28	..	..	..	82	0.28		
Simon's Town and Kalk Bay-Muizenberg.	35	20	55	7.90	..	..	..	55	7.90	47	39	86	20.16	2	2	4	1.22	90	27.37	82	59	141	15.76	2	2	4	0.39	145	14.15
Kimberley	137	83	220	16.23	3	2	5.0	225	16.69	465	291	666	32.06	10	8	18	0.87	684	32.92	692	384	880	25.81	13	10	0.67	909	26.48	
Port Elizabeth	168	125	293	15.33	3	2	3.0	300	15.46	183	153	336	30.62	5	3	8	0.64	343	31.26	351	278	629	19.08	8	12	0.10	639	19.39	
East London	105	70	175	11.93	1	2	3.0	180	12.13	109	89	198	17.92	15	11	26	2.47	215	20.39	214	156	364	14.43	16	13	29	1.15	389	15.58
Grahamstown	59	40	99	13.58	1	1	2.0	101	13.86	80	63	143	21.65	42	42	84	12.73	127	34.37	139	103	242	17.43	43	43	86	6.19	328	23.62
Uitenhage	38	49	87	13.62	2	3	5.0	92	13.77	81	81	162	29.39	62	68	130	23.58	292	52.97	119	130	249	20.42	64	71	135	11.07	384	31.49
Paarl	70	32	102	16.27	2	1	3.0	105	16.86	97	128	225	33.99	10	16	26	4.16	251	49.17	147	160	307	27.18	12	17	29	2.50	336	29.75
Graaff-Reinet	37	34	71	17.51	..	..	1.0	75	17.76	143	119	262	43.46	45	39	84	13.93	346	57.40	180	153	333	33.03	45	40	85	8.43	418	41.46
Queenstown	39	23	62	14.91	..	..	..	62	14.91	84	104	188	34.46	3	3	6	1.10	194	35.54	123	127	250	26.00	3	3	6	0.62	256	26.62
King William's Town	46	38	84	14.24	4	6	10.1	94	15.94	21	23	44	12.19	36	37	73	20.23	117	32.42	67	61	128	13.46	40	43	83	8.73	211	22.29
Beaconsfield	29	16	45	16.11	1	1	2.0	47	16.82	216	162	378	48.30	23	26	49	7.44	367	55.74	245	118	363	38.71	24	27	51	5.44	414	44.15
Oudtshoorn	42	20	62	14.86	2	2	4.0	66	15.92	72	69	141	29.97	45	36	81	17.22	222	47.13	114	89	203	22.94	47	38	85	9.61	288	27.55
Worcester	28	26	54	15.05	..	..	4.1	58	16.10	82	65	147	34.21	37	37	74	17.22	221	51.43	110	91	201	25.49	37	41	78	9.89	279	25.38
Cradock	48	22	70	22.92	5	1	4.1	74	24.23	51	51	102	21.67	55	63	118	25.06	220	46.73	99	73	172	22.16	58	64	122	15.72	294	27.88
Middelburg (Military included).	50	29	85	11.81	1	2	3.0	88	12.22	89	69	149	28.94	44	34	78	15.15	227	44.10	145	89	234	18.95	45	36	81	6.56	315	25.51
Alhwal North	13	16	29	16.56	1	1	2.1	31	17.63	79	44	123	32.30	10	14	24	6.30	147	38.04	92	60	152	27.31	11	15	26	4.67	178	31.98
Beaufort West	31	29	60	27.17	..	..	..	60	27.17	56	56	112	34.25	41	35	76	23.24	188	57.49	87	85	172	31.40	41	35	76	13.87	248	45.27
Somers West	19	13	32	17.33	1	1	2.1	33	18.41	57	83	140	41.56	11	12	23	6.83	163	48.38	76	96	172	22.98	12	13	25	4.79	197	37.77
Stellenbosch	12	22	34	13.62	2	..	2.0	36	14.42	73	42	115	46.52	6	6	13	5.26	128	51.78	85	64	149	22.99	9	6	15	3.02	164	33.90
Wellington	15	11	26	10.80	1	1	2.0	28	11.63	23	27	50	29.27	22	11	33	13.34	83	33.54	38	38	76	15.57	23	12	35	7.17	111	22.74
Mossel Bay	8	11	19	11.47	2	2	4.2	21	13.88	53	29	82	32.17	5	7	12	4.71	94	36.88	61	40	101	24.01	7	9	16	3.80	117	27.82
Malmesbury	9	9	18	9.16	..	..	..	18	9.16	33	25	58	31.44	5	4	9	4.88	67	36.31	42	34	76	19.94	5	4	9	2.26	85	22.36
Caledon	15	9	24	11.66	1	1	1.0	25	12.14	23	21	44	30.37	3	3	6	3.45	49	33.82	38	30	68	19.38	4	4	8	1.71	74	21.69
George	15	4	19	10.36	4	3	7.3	23	11.82	17	26	43	25.64	11	8	19	11.33	62	36.97	32	30	62	17.68	15	11	26	7.42	88	25.16
Cambridge	10	10	20	9.86	..	..	..	20	9.86	4	1	5	3.45	1	1	2	1.38	7	4.82	14	11	25	7.18	1	1	2	0.57	27	7.76
De Aar	12	5	17	15.54	..	..	..	17	15.54	44	48	92	42.26	14	15	29	13.32	121	55.58	56	53	109	33.32	14	15	29	8.87	138	42.19
Robertson	11	12	23	11.29	1	1	1.0	24	11.78	26	24	50	41.46	11	7	18	14.65	68	56.38	37	36	73	22.50	12	7	19	5.86	92	28.56
Somerset West Strand	5	6	11	6.91	..	..	..	11	6.91	25	16	41	27.97	..	1	1	0.68	42	28.63	30	32	62	17.00	..	1	1	0.33	63	17.33
Kokstad	8	4	12	14.32	1	1	1.1	13	15.51	31	27	58	28.09	..	..	4	1.94	62	30.62	39	31	70	24.11	3	2	5	1.72	75	25.84
Vryburg	7	5	12	10.69	1	1	2.1	13	12.47	10	1	11	5.91	19	19	41	22.02	52	27.63	17	31	48	17.71	23	20	43	14.41	66	22.11
Burghersdorp	18	11	29	22.60	2	1	3.2	31	24.94	21	21	42	26.07	17	10	27	16.76	69	42.83	39	39	78	22.59	19	11	30	10.37	101	34.90
Molteno	9	8	17	15.86	..	..	1.0	18	16.79	30	23	53	32.06	8	14	22	13.31	75	45.37	39	31	70	25.69	9	19	28	8.44	93	34.13
Mafeking	8	8	16	12.05	..	..	..	16	12.05	10	9	19	13.72	3	19	22	15.88	41	29.69	18	17	35	12.90	3	19	22	8.11	37	21.01
Victoria West	17	10	27	22.94	..	..	..	27	22.94	30	34	64	40.38	37	31	68	42.90	132	83.28	47	44	91	32.96	37	31	68	24.62	139	57.57
Colesberg	12	18	30	30.80	..	..	..	30	30.80	56	50	106	62.57	1	1	2	1.18	108	63.75	68	68	136	50.97	1	1	2	0.75	138	51.72
Riversdale	16	8	24	21.13	1	1	2.1	26	22.89	21	29	50	39.81	9	8	17	11.28	77	51.09	37	47	84	31.78	10	9	19	7.19	103	38.97
Somerset West	10	5	15	11.93	..	..	..	15	11.93	31	23	54	39.82	9	8	17	12.54	77	52.36	41	41	82	30.41	9	8	17	6.51	86	32.91
Indwe	14	5	19	22.43	..	..	2.2	24	24.79	21	19	40	21.71	15	22	37	21.01	77	43.73	35	24	59	22.62	10	13	23	9.01	75	29.38
Aberdeen	17	13	30	18.48	3	5	8.4	38	23.41	9	13	22	23.66	..	..	15	16.13	37	39.78	26	26	52	29.37	..	..	..	..	78	30.38
Peelton .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	39	50	89	39.31	89	39.31	..	..	..	..	..	..	..	..	..	..
Upington	2	2	4	7.22	1	..	1.1	5	9.05	6	3	9	4.61	22	18	40	20.47	49	25.08	8	8	16							

TABLE 1.—1905.

TABLE showing in regard to each of Sixty of the Cities and Towns of the Colony the total number of Deaths registered for the Year 1905 and the rate of mortality per 1,000 of their respective populations, as enumerated in the 1904 Census, distinguishing between (a) Certified and Uncertified, (b) European and Coloured and (c) Males and Females.

Names of Towns.	EUROPEANS.									COLOURED.									ALL RACES.																				
	Certified.				Uncertified.				Total.	Certified.				Uncertified.				Total.	Certified.			Uncertified.			Total.														
	M	F	P	Death Rate.	M	F	P	Death Rate.	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	P	Death Rate.									
																															Rate.								
Capr Town	283	182	465	10.52	...	...	...	465	10.52	576	552	1128	33.71	...	...	...	...	...	...	859	734	1593	20.51	...	...	...	...	...	...	...	...	1593	20.51		
Suburban Municipalities (i.e., Woodstock, Mowbray, Claremont, Wynberg, Matieland, and Rondebosch).	350	208	658	12.69	4	4	8	8.0	15	686	12.76	513	334	1047	33.86	9	13	22	863	842	1705	20.51	13	17	30	30	0.36	1735	20.87	
Green and Sea Point..	28	17	45	6.02	...	...	...	45	6.02	9	6	15	15.0	...	...	...	...	...	...	37	23	60	6.79	...	...	...	...	...	...	...	...	60	6.79		
Simon's Town and Kalk Bay-Muizenberg.	30	19	49	7.04	...	...	...	49	7.04	35	39	74	22.51	3	1	4	...	...	...	...	...	...	...	...	...	65	58	123	12.00	3	1	4	0.39	127	12.39
Kimberley	133	69	202	14.90	2	1	3	3.0	205	15.12	570	244	814	39.18	10	12	22	703	313	1016	29.59	12	13	25	25	0.73	1041	30.32		
Port Elizabeth	160	134	294	13.37	1	1.0	295	13.42	175	161	336	30.62	2	335	295	630	19.11	3	3	0.08	633	19.21	
East London	119	99	218	14.24	3	4	7	7.0	225	14.72	110	73	183	17.35	18	17	35	229	173	402	15.54	21	21	42	42	1.67	434	17.21		
Grahamstown	48	40	88	12.08	88	12.08	79	72	151	22.86	47	51	98	127	112	239	17.21	47	51	98	98	7.00	337	24.27			
Uitenhage	48	62	110	16.47	2	3	5	5.0	115	17.22	60	89	149	27.03	40	53	93	108	151	259	21.24	42	56	98	8.84	37	29	66	25.59	
Paarl	31	22	53	10.51	6	1	7	7.0	60	11.90	104	100	204	32.63	16	9	25	135	122	257	22.76	22	10	32	3.47	314	31.14			
Graaff-Reinet	43	18	61	15.04	1	1	2	2.0	63	15.54	97	121	218	36.16	18	15	33	140	139	279	27.67	19	16	35	3.47	314	31.14			
Queenstown	37	36	73	17.56	1	1.0	74	17.80	139	159	298	54.59	4	6	10	176	193	371	38.57	5	6	11	1.14	382	39.72			
King William's Town	56	35	91	15.43	2	1	3	3.0	94	15.94	40	30	70	19.40	55	39	94	96	65	161	16.94	57	40	97	10.20	258	27.14			
Beaufort West	23	13	36	12.88	1	1.0	37	13.24	265	88	453	68.80	16	23	42	388	161	549	52.14	17	26	43	4.59	592	56.73			
Outdshoorn	36	24	60	14.48	3	2	5	5.0	65	15.68	74	84	158	33.59	26	11	37	...	...	...	...	...	...	...	...	...	88	91	179	22.70	29	70	8.88	249	31.58
Worcester	30	25	55	12.54	2	2	4	4.0	59	13.06	68	66	134	31.18	38	28	66	...	...	...	...	...	...	...	...	...	88	91	179	22.70	29	70	8.88	249	31.58
Craddock	36	26	62	20.30	2	2.0	64	20.96	62	46	108	22.94	78	67	145	98	72	170	21.80	80	67	147	18.94	317	40.84			
Middelburg (Military included).	44	19	63	8.75	1	3	4	4.0	67	9.31	75	78	153	29.73	70	63	135	119	97	216	17.49	41	68	139	11.26	355	28.75			
Aliwal North	16	18	34	19.34	...	...	...	34	19.34	48	56	104	27.32	11	10	21	...	...	...	...	...	...	...	...	...	64	74	138	24.79	11	10	21	3.77	159	28.37
Beaufort West	23	15	38	17.21	1	1.0	39	17.66	41	42	83	25.38	20	25	45	61	57	118	22.00	30	26	56	8.40	167	30.49			
Somerset East	14	14	28	15.16	1	1.0	29	15.70	65	69	134	38.88	15	7	22	79	88	167	18.95	16	7	23	4.41	182	34.89			
Stellenbosch	13	12	25	10.01	...	...	...	25	10.01	55	57	112	45.31	4	5	9	...	...	...	...	...	...	...	...	...	68	69	137	27.57	4	5	9	1.81	146	29.38
Wellington	12	16	28	11.63	1	1.0	29	12.34	18	30	48	19.41	8	3	11	46	46	92	21.87	7	6	13	3.09	105	24.96			
Mossel Bay	15	17	32	19.31	2	1	3	3.0	33	21.12	31	29	60	23.54	3	3	6	36	36	72	21.52	3	5	8	2.10	90	23.62			
Malmesbury	13	13	26	13.22	...	...	...	26	13.22	33	23	56	30.35	3	5	8	...	...	...	...	...	...	...	...	...	46	46	92	21.87	7	6	13	3.09	105	24.96
Caledon	13	4	17	8.26	...	...	...	17	8.26	21	15	36	24.84	2	1	3	...	...	...	...	...	...	...	...	...	24	19	43	15.21	2	...	...	...	...	...
George	11	11	22	12.03	3	...	...	31	14.64	25	19	42	25.04	5	1	6	...	...	...	...	...	...	...	...	...	34	30	64	18.25	8	1	9	2.57	73	20.82
Cambridge	17	19	36	17.74	...	...	...	36	17.74	8	12	20	13.78	4	2	6	...	...	...	...	...	...	...	...	...	20	11	31	12.23	4	2	6	1.80	46	14.06
De Aar	5	1	6	5.48	...	...	...	6	5.48	24	30	54	19.82	4	2	6	...	...	...	...	...	...	...	...	...	24	19	43	15.21	2	...	...	...	...	...
Robertson	14	16	30	14.72	30	14.72	12	24	36	24.85	24	19	43	36	30	66	20.95	24	19	43	15.21	2
Somerset West Strand	6	6	12	7.53	...	...	...	12	7.53	22	14	36	24.56	3	2	5	...	...	...	...	...	...	...	...	...	28	28	56	19.03	4	2	6	2.07	63	17.70
Kokstad	8	6	14	16.71	1	15	17.90	20	23	43	29.82	3	2	5	28	19	47	22.02	19	10	29	9.72	15	14	29	9.72	58	19.43
Vryburg	11	5	16	14.25	1	17	15.14	8	3	11	9.88	14	14	28	28	19	47	22.02	19	10	29	9.72	15	14	29	9.72	58	19.43
Burghersdorp	13	9	22	17.15	...	...	...	22	17.15	39	31	70	43.45	6	2	8	...	...	...	...	...	...	...	...	...	52	40	92	31.79	6	2	8	2.76	100	34.55
Mostono	5	5	10	9.33	...	...	...	10	9.33	17	18	35	21.17	10	13	23	...	...	...	...	...	...	...	...	...	22	23	45	10.51	10	13	23	8.44	68	24.95
Mafeking	16	6	22	18.69	1	...	...	23	18.69	13	8	21	13.25	14	22	36	...	...	...	...	...	...	...	...	...	27	15	42	15.48	11	9	20	7.37	62	23.85
Victoria West	13	9	22	22.59	...	...	...	22	22.59	34	27	61	36.01	2	1	3	...	...	...	...	...	...	...	...	...	47	36	83	31.7	2	1	3	1.12	86	32.23
Colesberg	5	4	9	7.92	1	...	...	10	8.80	17	14	31	20.57	7	6	13	...	...	...	...	...	...	...	...	...	22	18	40	15.13	7	7	14	5.30	54	29.47
Riversdale	8	3	11	8.75	3	...	...	14	11.14	17	9	26	19.17	3	6	9	...	...	...	...	...	...	...	...	...	25	12	37	14.16	6	6	12	4.59	49	18.75
Somerset West	8	7	15	17.71	1	...	...	16	18.89	16	9	25	14.29	24	23	47	...	...	...	...	...	...	...	...	...	24	16	40	15.34	25	23	48	18.40	48	33.74
Indwe	11	5	16	9.86	3	2	5	5.0	21	12.94	6	4	10	10.75	10	7	17	17	9	26	10.18	13	9	22	8.62	48	18.80			
Aberdeen .. .. .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Peelton .. .. .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Upton .. .. .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ceres .. .. .	...	...	...	...	...	...</																											

TABLE 2.—1905.—Continued.

DISEASES.	EUROPEAN.									COLOURED.									ALL RACES.													
	Certified.				Uncertified.			Total.	Certified.				Uncertified.			Total.	Certified.				Uncertified.			Total.								
	M	F	P	Death Rate	M	F	P	Death Rate	P	Death Rate	M	F	P	Death Rate	M	F	P	Death Rate	P	Death Rate	M	F	P	Death Rate	M	F	P	Death Rate	P	Death Rate		
Developmental Defects and Degeneration:—																																
Premature Birth, and Accidents during Birth	84	47	131	0.50	8	3	11	0.04	142	0.54	107	100	207	0.88	40	38	78	0.33	285	1.25	191	147	338	0.68	48	41	89	0.18	427	0.86		
Malformations	12	13	25	0.10	..	..	..	..	25	0.10	15	16	31	0.11	..	..	..	..	31	0.11	27	33	60	0.10	..	..	..	..	50	0.10
Dentition	4	8	12	0.05	1	..	..	..	13	0.05	11	12	23	0.10	9	7	16	0.07	32	0.17	15	20	35	0.07	10	7	17	0.03	52	0.10
Old Age (Senile Decay)	27	26	53	0.20	5	4	9	0.03	62	0.24	28	38	66	0.28	20	20	40	0.21	115	0.48	55	64	119	0.24	25	33	58	0.12	177	0.36		
Others	8	4	12	0.05	..	..	..	..	12	0.05	11	7	18	0.08	..	..	..	..	20	0.06	19	11	30	0.06	..	2	20	0.00	32	0.06
Total	135	98	233	0.89	14	7	21	0.08	254	0.97	172	167	339	1.45	69	76	145	0.62	484	2.07	307	265	572	1.15	83	83	166	0.33	738	1.49		
Diseases of the Nervous System:—																																
Acute Inflammation of the Brain and its Membranes	39	35	74	0.28	..	1	..	..	75	0.28	52	51	103	0.44	1	3	4	0.02	107	0.46	91	86	177	0.36	1	4	5	0.01	182	0.37
Convulsions	40	30	70	0.27	8	6	14	0.06	85	0.32	84	101	185	0.79	97	68	165	0.70	350	1.46	124	131	255	0.51	106	74	180	0.36	435	0.88		
Others	67	37	104	0.40	..	..	..	..	104	0.40	58	48	106	0.45	2	3	5	0.02	111	0.47	125	85	21	0.42	2	3	5	0.01	215	0.43
Total	146	102	248	0.95	9	7	16	0.06	264	1.01	194	200	394	1.68	100	74	174	0.74	568	2.42	340	302	642	1.29	109	81	190	0.38	832	1.67		
Diseases of the Circulatory System:—																																
Heart Disease, Organic, Degeneration, Syncope	142	107	249	0.95	3	..	..	..	3.0	0.01	159	145	304	1.30	15	17	32	0.14	336	1.43	301	252	553	1.11	18	17	35	0.07	588	1.18
Apoplexy	52	43	95	0.36	1	..	..	..	96	0.37	49	43	92	0.39	..	1	1	0.00	93	0.40	101	86	187	0.38	1	1	2	0.00	189	0.38
Others	30	9	39	0.15	..	..	..	..	39	0.15	21	20	41	0.17	1	..	1	0.00	42	0.18	51	29	80	0.16	1	..	1	0.00	81	0.16
Total	224	159	383	1.46	4	..	..	..	4.0	0.02	229	208	437	1.87	16	18	34	0.15	471	2.01	453	367	820	1.65	20	18	38	0.08	858	1.73
Diseases of the Respiratory System:—																																
Bronchitis	66	51	117	0.45	3	3.0	0.01	120	0.48	225	237	462	1.97	83	106	180	0.81	651	2.78	291	288	579	1.17	83	109	192	0.39	771	1.55
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	130	102	232	0.88	2	2.0	0.01	234	0.89	839	487	1326	5.66	24	125	249	1.06	1575	6.72	960	589	1558	3.14	126	125	251	0.51	1809	3.64
Others	6	12	18	0.07	..	..	..	..	18	0.07	12	11	23	0.10	4	1	5	0.02	28	0.12	18	23	41	0.08	4	1	5	0.01	46	0.09
Total	202	165	367	1.40	5	3	8	0.02	372	1.42	1076	735	1811	7.73	211	232	443	1.89	2254	9.62	1278	900	2178	4.38	213	235	448	0.90	2626	5.29		
Diseases of the Alimentary Canal:—																																
Enteritis, Gastro-Enteritis, Marasmus	237	217	454	1.73	7	2	9	0.03	463	1.76	370	40	788	3.38	92	58	150	0.64	938	4.00	616	626	1242	2.50	99	60	159	0.32	1401	2.82		
Others	33	36	69	0.26	1	..	..	..	70	0.27	39	28	67	0.29	6	4	10	0.04	77	0.33	72	64	136	0.27	7	4	11	0.02	147	0.30
Total	270	253	523	1.99	8	2	10	0.04	533	2.03	418	437	855	3.65	98	62	160	0.68	1015	4.33	688	690	1378	2.77	106	64	170	0.34	1548	3.12		
Diseases of the Liver:—																																
Total	47	25	72	0.27	..	..	..	..	72	0.27	41	11	52	0.22	5	..	5	0.02	57	0.24	88	36	124	0.25	5	..	5	0.01	129	0.26
Diseases of the Urinary System and Organs of Generation:—																																
Bright's Disease, Nephritis, Uremia	45	48	93	0.35	..	..	..	..	93	0.35	49	35	84	0.36	5	4	9	0.04	93	0.40	94	83	177	0.36	5	4	9	0.02	186	0.37
Others	26	14	40	0.15	..	..	..	..	40	0.15	21	15	36	0.15	2	2	4	0.02	40	0.17	47	29	76	0.15	2	2	4	0.01	80	0.16
Total	71	62	133	0.51	..	..	..	..	133	0.51	70	50	120	0.51	7	6	13	0.06	133	0.57	141	112	253	0.51	7	6	13	0.03	266	0.54
Diseases of Parturition:—																																
Total .. ..	..	26	26	0.10	..	1	..	..	27	0.10	..	38	38	0.16	..	3	3	0.01	41	0.17	..	64	64	0.13	..	4	4	0.01	68	0.14
Violence:—																																
Total	132	34	166	0.63	..	..	..	..	166	0.63	178	62	240	1.02	1	3	4	0.02	244	1.04	310	96	416	0.82	1	3	4	0.01	410	0.83
Ill-defined or not specified:—																																
Debility, Atrophy, Inanition	27	15	42	0.16	4	3	7	0.03	49	0.19	67	58	125	0.53	24	25	49	0.21	174	0.74	94	73	167	0.34	28	28	56	0.11	223	0.45		
Others	5	5	10	0.04	3	..	..	..	13	0.05	15	10	25	0.11	13	9	22	0.09	47	0.20	20	15	35	0.07	13	12	25	0.05	60	0.12
Total	32	20	52	0.20	7	3	10	0.04	62	0.24	82	68	150	0.64	37	34	71	0.30	221	0.94	114	88	202	0.41	41	40	81	0.16	283	0.57		
All other Diseases not included in the above ..	40	32	72	0.27	1	..	..	..	73	0.28	73	40	113	0.51	3	3	8	0.03	127	0.53	113	78	191	0.38	6	3	9	0.02	200	0.40
Grand Total	1871	1427	3298	12.57	51	35	86	0.33	3384	12.90	3322	3267	7189	30.68	808	709	1577	6.73	8766	37.41	5793	4694	10487	21.11	859	804	1663	3.35	12150	24.46		

TABLE 3.

SHOWING in regard to each of Sixty of the Cities and Towns of the Colony the number of deaths registered for the years 1904 and 1905, and the rate of mortality per 1,000 of their respective populations as enumerated in the 1904 Census from certain specified diseases and from all other diseases; distinguishing between European and Coloured and males and females.

CAPE TOWN.

Population (1904 Census) :—Europeans, 44,203; Coloured, 33,465. All Races, 77,668.

Diseases.	1904.										1905.													
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.			
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.
Diseases due to Specific Organisms :—																								
Measles .. .. .	..	..	..	..	1	2	2	0.09	1	1	1	0.04	..	..	..	..	..	..	..	..	..	..	..	..
Influenza .. .. .	..	..	..	..	1	1	1	0.12	1	1	1	0.03	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough ..	4	1	2	0.11	3	1	4	0.12	7	2	5	0.12	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup	1	1	1	0.05	1	1	2	0.08	3	2	3	0.04	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro-Spinal Meningitis ..	1	1	1	0.05	1	1	2	0.12	3	2	3	0.08	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple	10	1	11	0.25	12	5	17	0.51	22	6	28	0.36	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever, Typho-Malarial, Remittent Fever, and Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	12	6	18	0.41	32	35	67	2.00	44	41	85	1.06	10	6	16	0.36	15	22	37	1.11	25	28	53	0.68
Tuberculosis, including Haemoptysis	61	20	81	1.83	122	91	213	6.36	183	111	294	3.79	40	19	59	1.33	134	102	236	7.05	174	121	295	3.80
Erysipelas, Cellulitis, Pyæmia, Septicæmia, and Hospital Gangrene	1	..	1	0.02	3	1	4	0.09	4	1	5	0.05	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others	3	1	4	0.09	7	5	12	0.36	10	6	16	0.21	3	1	4	0.09	14	3	17	0.21	17	8	25	0.32
Total ..	94	32	126	2.85	198	159	357	10.67	292	191	483	6.22	70	41	111	2.51	212	189	401	11.98	282	230	512	6.59
Constitutional Diseases :—																								
Cancer (Malignant Disease) ..	16	7	23	0.52	7	3	14	0.42	23	14	37	0.48	15	21	36	0.81	8	7	15	0.45	25	28	53	0.66
Others	3	1	4	0.09	3	2	5	0.15	6	3	9	0.12	1	2	3	0.07	1	2	3	0.09	4	4	8	0.08
Total ..	19	8	27	0.61	10	9	19	0.57	29	17	46	0.59	16	23	39	0.88	9	9	18	0.54	29	32	61	0.73
Developmental Defects and Degeneration :—																								
Premature Birth, and Accidents during Birth	12	4	16	0.36	25	25	50	1.49	37	29	66	0.83	13	5	18	0.41	25	24	49	1.46	38	29	67	0.86
Malformations	4	3	7	0.14	8	6	14	0.42	12	8	20	0.26	3	1	4	0.07	3	1	4	0.12	5	2	7	0.09
Dentition .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Old Age (Senile Decay)	10	17	27	0.38	10	15	25	0.75	17	25	42	0.54	3	3	6	0.11	5	13	18	0.54	7	16	23	0.30
Others	3	2	5	0.11	4	2	6	0.18	7	4	11	0.14	1	..	1	0.02	1	3	4	0.12	2	3	5	0.06
Total ..	28	18	46	1.04	48	50	98	2.93	76	68	144	1.86	18	11	29	0.66	35	42	77	2.30	53	53	106	1.36
Diseases of the Nervous System :—																								
Acute Inflammation of the Brain and its Membranes	5	5	10	0.23	19	19	38	1.14	24	24	48	0.62	7	4	11	0.25	12	18	30	0.60	19	22	41	0.53
Convulsions	2	3	5	0.11	12	18	30	0.90	14	21	35	0.45	2	1	3	0.07	8	18	27	0.81	11	19	30	0.39
Others	13	5	18	0.41	11	8	19	0.57	24	13	37	0.48	22	7	29	0.66	8	6	14	0.42	30	13	43	0.55
Total ..	20	13	33	0.75	42	45	87	2.60	62	58	120	1.55	31	12	43	0.97	28	42	71	2.12	60	54	114	1.47
Diseases of the Circulatory System :—																								
Heart Disease, Organic, Degeneration, Syncope	31	9	40	0.90	27	22	49	1.46	58	31	89	1.15	32	18	50	1.13	32	19	51	1.52	64	37	101	1.30
Apoplexy	11	14	25	0.57	5	8	13	0.39	16	22	38	0.49	15	9	24	0.54	16	10	26	0.78	31	19	50	0.64
Others	9	3	12	0.27	2	4	6	0.18	11	7	18	0.23	3	2	5	0.11	4	4	8	0.24	7	6	13	0.17
Total ..	51	26	77	1.74	34	34	68	2.03	85	60	145	1.87	50	29	79	1.79	52	33	85	2.54	102	62	164	2.11
Diseases of the Respiratory System :—																								
Bronchitis	10	7	17	0.38	24	32	56	1.67	34	39	73	0.94	11	4	15	0.34	40	36	76	2.27	51	40	91	1.17
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	19	13	32	0.72	66	54	120	3.59	85	67	152	1.96	13	11	24	0.54	89	74	163	4.87	102	85	187	2.41
Others	1	..	1	0.02	1	2	3	0.09	2	2	4	0.05	1	..	1	0.02	..	1	1	0.03	1	1	2	0.03
Total ..	30	20	50	1.13	91	88	179	5.35	121	108	229	2.95	25	15	40	0.90	129	111	240	7.17	154	126	280	3.61
Diseases of the Alimentary Canal :—																								
Enteritis, Gastro-Enteritis, Marasmus	24	22	46	1.04	32	49	81	3.02	76	71	147	1.89	13	20	33	0.75	59	74	133	3.97	72	94	166	2.13
Others	5	8	13	0.29	6	4	10	0.30	11	12	23	0.30	5	6	11	0.25	2	6	8	0.24	7	12	19	0.24
Total ..	29	30	59	1.33	38	53	111	3.32	87	83	170	2.19	18	26	44	1.00	61	80	141	4.21	79	106	185	2.38
Diseases of the Liver .. Total ..																								
5 3 8 0.18 3 3 6 0.18 8 6 14 0.18 5 .. 5 0.11 8 3 11 0.33 13 5 16 0.21																								
Diseases of the Urinary System and Organs of Generation :—																								
Bright's Disease, Nephritis, Uremia	12	7	19	0.43	5	14	19	0.57	17	21	38	0.49	8	9	17	0.38	9	10	19	0.57	17	19	36	0.46
Others	4	4	8	0.18	3	3	6	0.18	7	7	14	0.18	3	5	8	0.18	..	3	3	0.09	3	8	11	0.14
Total ..	16	11	27	0.61	8	17	25	0.75	24	28	52	0.67	11	14	25	0.57	9	13	22	0.66	20	27	47	0.61
Diseases of Parturition .. Total ..																								
.. .. . 6 6 0.18 .. 6 6 0.08 .. 2 2 0.05 .. 7 7 0.21 .. 9 9 0.12																								
Violence .. Total ..																								
37 7 44 1.00 14 9 23 0.69 51 16 67 0.86 29 4 33 0.75 17 3 20 0.60 46 7 53 0.68																								
Ill-defined or not specified .. Total ..																								
4 1 5 0.11 11 7 18 0.54 15 8 23 0.30 2 2 4 0.09 7 9 16 0.48 9 11 20 0.26																								
.. 1 1 0.02 6 4 10 0.30 6 5 11 0.14 2 2 0.06 .. 2 2 0.03																								
Total ..	4	2	6	0.14	17	11	28	0.84	21	13	34	0.43	2	2	4	0.09	7	11	18	0.54	9	13	22	0.28
All other Diseases not included in the above .. Total ..																								
5 7 12 0.27 17 7 24 0.72 22 14 36 0.46 8 3 11 0.25 8 11 19 0.57 16 14 30 0.39																								
Grand Total ..	338	177	515	11.65	540	491	1031	30.81	878	688	1566	19.91	283	182	465	10.52	576	554	1130	33.77	836	736	1572	20.54

Of the above deaths the following are uncertified :—
 1904 :—Premature Birth, 1 E. and 1 C.; Enteritis, &c. 1 C.; Debility, &c. 1 C. Total, 1 E. and 3 C.
 1905 :—Heart Disease, &c. 1 C.; Enteritis, &c. 1 C. Total, 2 C.

TABLE 3.—Continued.

SUBURBAN MUNICIPALITIES.

Population (1904 Census) : Europeans, 52,210 ; Coloured, 30,924 ; All Races, 83,134.

Diseases.	1904.												1905.												
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.				
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	
Diseases due to Specific Organisms—																									
Small-pox
Measles	1	1	1	0.02	7	5	12	0.39	7	6	13	0.16
Scarlet Fever	7	1	8	0.15
Influenza	4	1	5	0.10	1	0.03	5	1	6	0.07
Whooping Cough	6	4	10	0.19	4	10	14	0.45	10	14	24	0.28
Diphtheria and Membranous Croup	5	5	10	0.19	3	4	7	0.23	8	9	17	0.20
Cerebro-Spinal Meningitis	1	1	0.02	1	..	2	0.10	1	3	4	0.05
Typhoid (Enteric) Fever, Simple	18	6	24	0.46	13	7	20	0.65	31	13	44	0.53	7	5	12	0.15	4	11	15	0.40	11	16	27	0.32	
Continued Fever, Typho-Malarial, Remittent Fever, and Fever
Simple Cholera, Diarrhoea, Dysentery	28	19	47	0.90	36	37	73	2.36	64	56	120	1.44	14	18	32	0.61	43	31	74	2.30	57	49	106	1.28	
Tuberculosis, including Haemoptysis	48	31	79	1.51	86	100	186	6.01	134	131	265	3.18	41	23	64	1.23	83	92	175	5.66	124	115	239	2.87	
Erysipelas, Cellulitis, Pyaemia, Septicæmia, and Hospital Gangrene	2	3	5	0.10	..	1	1	0.03	2	4	6	0.07	3	5	8	0.15	2	7	9	0.29	5	12	17	0.20	
Puerperal Fever .. .. .	..	3	3	0.06	..	8	8	0.26	..	11	11	0.13	..	2	2	0.04	..	2	2	0.06	..	4	4	0.05
Others .. .. .	..	2	2	0.04	11	4	15	0.49	11	6	17	0.20	2	2	4	0.08	7	9	16	0.32	9	11	20	0.24
Total	118	77	195	3.73	162	178	340	10.99	280	255	535	6.44	81	67	148	2.83	172	184	356	11.51	253	251	504	6.06	
Parasitic Diseases—																									
Thrush, Stomatitis .. .. .	..	..	..	..	1	1	2	0.06	1	1	2	0.02	..	1	1	0.02	2	1	3	0.10	2	2	4	0.05
From other Vegetable and Animal Parasites .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	2	1	3	0.10	2	1	3	0.04	..	1	1	0.02	4	3	7	0.23	4	4	8	0.10
Constitutional Diseases—																									
Cancer (Malignant Disease)	21	8	29	0.56	4	10	14	0.45	25	18	43	0.52	16	25	41	0.79	6	14	20	0.65	22	39	61	0.73	
Others	3	1	4	0.08	2	2	4	0.13	5	3	8	0.10	5	2	7	0.13	1	..	1	0.03	6	2	8	0.10	
Total	24	9	33	0.63	6	12	18	0.58	30	21	51	0.61	21	27	48	0.92	7	14	21	0.68	28	41	69	0.83	
Developmental Defects and Degeneration—																									
Premature Birth, and Accidents during Birth	23	18	41	0.79	24	29	53	1.71	47	47	94	1.13	24	17	41	0.79	30	20	50	1.62	54	37	91	1.09	
Malformations	10	5	15	0.29	6	1	7	0.23	16	6	22	0.26	2	3	5	0.10	2	..	2	0.06	4	3	7	0.08	
Dentition	5	3	8	0.15	2	..	2	0.06	7	3	10	0.12	1	2	3	0.06	3	4	7	0.23	4	6	10	0.12	
Old Age (Senile Decay)	9	8	17	0.33	8	10	18	0.58	17	18	35	0.42	7	6	13	0.25	5	5	10	0.23	9	11	20	0.24	
Others	1	1	2	0.04	2	3	5	0.16	3	4	7	0.08	2	1	3	0.06	2	..	2	0.06	4	1	5	0.06	
Total	48	35	83	1.59	42	43	85	2.75	90	78	168	2.02	36	29	65	1.24	39	29	68	2.20	75	58	133	1.60	
Diseases of the Nervous System—																									
Acute Inflammation of the Brain and Membranes	19	13	32	0.44	24	8	32	1.03	34	21	55	0.66	5	9	14	0.27	10	11	21	0.68	15	20	35	0.42	
Convulsions	6	10	16	0.31	20	18	44	1.42	32	28	60	0.72	14	8	22	0.42	21	19	40	1.29	33	27	60	0.75	
Others	14	4	18	0.34	4	6	10	0.32	18	10	28	0.34	12	6	18	0.34	7	15	22	0.71	19	21	40	0.48	
Total	39	27	66	1.09	54	32	86	2.78	84	59	143	1.72	31	23	54	1.03	38	47	83	2.68	69	68	137	1.65	
Diseases of the Circulatory System—																									
Heart Disease, Organic, Degeneration, Syncope	12	26	38	0.73	25	25	50	1.62	37	51	88	1.06	17	29	46	0.88	15	27	42	1.36	32	56	88	1.06	
Apoplexy	8	10	18	0.34	10	13	23	0.74	18	23	41	0.49	10	11	21	0.40	4	10	14	0.45	14	21	35	0.42	
Others	2	2	4	0.08	1	1	2	0.06	3	3	6	0.07	8	1	9	0.17	3	3	6	0.19	11	4	15	0.18	
Total	22	38	60	1.15	36	39	75	2.43	58	77	135	1.62	35	41	76	1.46	22	40	62	2.00	57	81	138	1.66	
Diseases of the Respiratory System—																									
Bronchitis	13	12	25	0.48	46	28	74	2.39	59	40	99	1.19	9	11	20	0.38	44	40	84	2.72	53	51	104	1.25	
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	22	16	38	0.73	75	51	126	4.07	97	67	164	1.97	22	19	41	0.79	54	72	126	4.07	76	91	167	2.01	
Others .. .. .	..	2	2	0.04	1	2	3	0.10	1	4	5	0.06	1	1	2	0.04	1	..	1	0.03	2	1	3	0.04
Total	35	30	65	1.24	122	81	203	6.56	157	111	268	3.22	32	31	63	1.21	99	112	211	6.82	131	143	274	3.30	
Diseases of the Alimentary Canal—																									
Enteritis, Gastro-Enteritis, Malarasmus	52	45	97	1.86	97	64	161	5.21	149	109	258	3.10	51	44	95	1.82	63	67	130	4.20	114	111	225	2.71	
Others	7	5	12	0.23	2	5	7	0.23	9	10	19	0.23	8	5	13	0.25	6	1	7	0.23	14	6	20	0.24	
Total	59	50	109	2.09	99	69	168	5.43	158	119	277	3.33	59	49	108	2.07	69	68	137	4.43	128	117	245	2.95	
Diseases of the Liver .. Total ..																									
10 7 17 0.33 6 5 11 0.36 16 12 28 0.34 5 4 9 0.17 5 .. 5 0.16 10 4 14 0.17																									
Diseases of the Urinary System and Organs of Generation—																									
Bright's Disease, Nephritis, Uremia..	12	5	17	0.33	5	3	8	0.26	17	8	25	0.30	8	10	18	0.34	9	6	15	0.49	17	16	33	0.40	
Others	2	3	5	0.10	2	3	5	0.16	4	6	10	0.12	3	5	8	0.15	2	2	4	0.13	5	7	12	0.14	
Total	14	8	22	0.42	7	6	13	0.42	21	14	35	0.42	11	15	26	0.50	11	8	19	0.61	22	23	45	0.54	
Diseases of Parturition .. Total ..																									
.. 6 6 0.11 .. 9 9 0.29 .. 15 15 0.18 .. 3 3 0.06 .. 8 8 0.26 .. 11 11 0.13																									
Violence .. Total ..																									
19 6 25 0.48 15 5 20 0.65 34 11 45 0.54 24 8 32 0.61 17 4 21 0.68 41 12 53 0.64																									
Ill-defined or not specified—																									
Debility, Atrophy, Inanition	11	12	23	0.44	14	19	33	1.07	25	31	56	0.67	9	3	12	0.23	21	20	41	1.33	30	23	53	0.64	
Others .. .. .	..	2	2	0.04	1	5	6	0.19	1	7	8	0.10	2	2	4	0.08	2	1	3	0.10	4	3	7	0.08
Total	11	14	25	0.48	15	24	39	1.26	26	38	64	0.77	11	5	16	0.31	23	21	44	1.42	34	26	60	0.72	
All other Diseases not included in the above .. Total ..																									
14 3 17 0.33 9 6 15 0.49 23 9 32 0.38 8 9 17 0.33 16 11 27 0.87 24 20 44 0.53																									
Grand Total ..																									
494 316 714 13.08 573 510 1085 35.09 979 820 1799 21.64 354 312 666 12.76 322 547 1069 24.57 876 809 1785 20.87																									

Of the above deaths the following were uncertified :—
 1904 :—Simple Cholera, 2 E. ; Tuberculosis, 1 E. and 1 C. ; Premature Birth, etc., 3 E. and 3 C. ; Old Age, 1 C. ; Developmental Defects and Degeneration, "Others," 1 C. ; Convulsions, 1 C. ; Diseases of Circulatory System, "Others," 1 E. ; Bronchitis, 2 C. ; Pneumonia, etc., 1 C. ; Enteritis, etc., 2 C. ; Debility, etc., 1 C. ; "Others," Ill-defined or not specified, 1 C. Total :—7 E. and 14 C. ; All Races, 21.
 1905 :—Measles, 1 C. ; Whooping Cough, 1 C. ; Typhoid, 1 C. ; Simple Cholera, Diarrhoea, Dysentery, 7 C. ; Tuberculosis, 3 E. and 2 C. ; Premature Birth and Accidents during Birth, 3 C. ; Dentition, 1 E. ; Old Age, 1 E. ; Convulsions, 2 C. ; Apoplexy, 1 E. ; Bronchitis, 1 E. and 1 C. ; Pneumonia, etc., 1 E. and 1 C. ; Enteritis, etc., 1 C. ; Debility, etc., 1 E. and 2 C. Total :—E, 8 ; C, 22 ; All Races, 30.

TABLE 3.—Continued.

SIMON'S TOWN, KALK BAY AND MUIZENBERG.

Population (1904 Census) : Europeans, 6,962 ; Coloured, 3,288 ; All Races, 10,250.

Diseases.	1904.												1905.												
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.				
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	
Diseases due to Specific Organisms—																									
Influenza .. .. .	..	..	..	..	1	1	2	0·61	1	1	2	0·20	1	..	1	0·14	..	..	..	..	1	..	1	0·10
Whooping Cough .. .. .	..	..	..	..	1	..	1	0·30	1	..	1	0·10	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever, Typho-Malarial, Remittent Fever, and Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery .. .. .	..	..	..	..	1	1	2	0·61	1	1	2	0·20	..	..	..	..	1	2	3	0·91	1	4	5	0·49
Tuberculosis, including Haemoptysis	7	5	12	1·72	10	6	16	4·87	17	11	28	2·73	3	..	..	..	..	..	..	11	15	26	2·54	
Erysipelas, Cellulitis, Pyaemia, Septicaemia, and Hospital Gangrene .. .. .	..	..	..	..	1	..	1	0·30	1	..	1	0·10	1	1	..	..	..	..	..	..	1	1	2	0·30
Puerperal Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others	1	..	1	0·14	2	1	3	0·91	3	1	4	0·39	1	1	..	1	..	1	0·10
Total	8	5	13	1·87	16	9	25	7·69	24	14	38	3·71	6	7	13	1·87	13	14	27	8·21	19	21	40	3·90	
Constitutional Diseases—																									
Cancer (Malignant Disease) Total	1	1	2	0·29	..	..	..	..	1	1	2	0·20	..	2	2	0·29	2	1	3	0·91	2	3	5	0·49
Developmental Defects and Degeneration—																									
Premature Birth, and Accidents during Birth .. .. .	..	..	..	..	3	1	4	1·22	3	1	4	0·39	2	2	4	0·57	2	3	5	1·52	4	5	9	0·88
Old Age (Senile Decay)	1	..	1	0·14	2	1	3	0·91	3	1	4	0·39	1	1	2	..	2	0·30
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0·14	..	..	..	..	..	..	..	..
Total	1	..	1	0·14	5	2	7	2·13	6	2	8	0·78	3	2	5	0·72	2	4	6	1·82	5	6	11	1·07	
Diseases of the Nervous System—																									
Acute Inflammation of the Brain and the Membranes .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	0·30	..	1	1	0·10
Convulsions .. .. .	..	..	..	..	1	..	1	0·30	1	..	1	0·10	..	..	..	..	3	..	3	0·91	3	..	3	0·29
Others	2	2	4	0·57	1	1	2	0·61	3	3	6	0·59	1	..	1	0·14	..	2	2	0·61	1	2	3	0·29	
Total	2	2	4	0·57	2	1	3	0·91	4	3	7	0·68	1	..	1	0·14	3	3	6	1·82	4	3	7	0·68	
Diseases of the Circulatory System—																									
Heart Disease, Organic, Degeneration, Syncope	1	..	1	0·14	4	2	6	1·82	5	2	7	0·68	1	..	1	0·14	..	1	1	0·30	1	1	2	0·20	
Apoplexy .. .. .	..	1	1	0·14	1	1	2	0·61	1	2	3	0·29	..	..	..	..	1	1	2	0·30	..	1	1	0·10
Others .. .. .	..	1	1	0·14	..	1	1	0·30	..	2	2	0·20	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	2	3	0·43	5	4	9	2·74	6	6	12	1·17	1	..	1	0·14	..	2	2	0·61	1	2	3	0·29	
Diseases of the Respiratory System—																									
Bronchitis .. .. .	..	..	..	..	1	4	5	1·52	1	4	5	0·49	2	..	2	0·29	2	1	3	0·91	4	1	5	0·49
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	6	1	7	1·01	7	4	11	3·35	13	5	18	1·70	2	3	5	0·72	2	4	6	1·82	4	7	11	1·07	
Others .. .. .	..	1	1	0·14	..	..	..	..	1	1	2	0·10	..	..	..	..	..	..	..	..	..	..	..	..
Total	6	2	8	1·15	8	8	16	4·87	14	10	24	2·34	4	3	7	1·01	4	5	9	2·74	8	8	16	1·56	
Diseases of the Alimentary Canal—																									
Enteritis, Gastro-Enteritis, Marasmus	8	4	12	1·72	9	10	19	5·78	17	14	31	3·02	4	2	6	0·86	5	8	13	3·95	9	10	19	1·85	
Others	1	1	0·14	..	1	1	0·30	..	2	2	0·20	2	0·61	2	..	2	0·20
Total	8	5	13	1·87	9	11	20	6·08	17	16	33	3·22	4	2	6	0·86	7	8	15	4·56	11	10	21	2·05	
Diseases of the Liver—																									
Total	1	..	1	0·14	..	..	..	..	1	..	1	0·10	..	..	..	..	1	..	1	0·30	1	..	1	0·10
Diseases of the Urinary System and Organs of Generation—																									
Bright's Disease, Nephritis, Uraemia Total	2	2	0·29	..	3	3	0·91	..	5	5	0·49	..	2	2	0·29	2	2	0·20
Diseases of Parturition—																									
Total .. .. .	..	..	..	..	1	1	2	0·30	..	1	1	0·10	..	..	..	..	1	1	2	0·30	..	1	1	0·10
Violence—																									
Total	6	1	7	1·01	2	1	3	0·91	8	2	10	0·98	10	1	11	1·58	6	..	6	1·82	16	1	17	1·66	
Ill-defined or not specified—																									
Debility, Atrophy, Inanition	1	..	1	0·14	..	1	1	0·30	1	1	2	0·20	..	..	..	..	1	1	2	0·30	..	1	1	0·10
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0·14	..	1	1	0·30	1	1	2	0·20
Total	1	..	1	0·14	..	1	1	0·30	1	1	2	0·20	1	..	1	0·14	..	2	2	0·61	1	2	3	0·29	
All other Diseases not included in the above—																									
Total .. .. .	..	..	..	..	2	..	2	0·61	2	..	2	0·20	..	..	..	..	..	..	..	..	..	..	..	..
Grand Total	35	20	55	7·90	49	41	90	27·37	84	61	145	14·13	30	19	49	7·04	38	40	78	23·72	68	59	127	12·39	

Of the above deaths the following were uncertified :—
 1904 :—Influenza, 1 C. ; Tuberculosis, 1 C. ; Diseases due to Specific Organisms, "Others," 1 C. ; Diseases of Circulatory System, "Others," 1 C. Total :—4 C.
 1905 :—Diphtheria, 1 C. ; Tuberculosis, 1 C. ; Enteritis, etc., 1 C. ; Diseases of Alimentary Canal, "Others," 1 C. Total :—4 C.

TABLE 3.—Continued.

KIMBERLEY.

Population (1904 Census) :—Europeans, 13,556 ; Coloured, 20,775. All Races, 34,331.

Diseases.	1904.												1905.												
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.				
	M	F	P	Death Rate.	M	F	R	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	
Diseases due to Specific Organisms—																									
Small-pox .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro-Spinal Meningitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple Continued Fever, Typho-Malarial, Remittent Fever, and Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis, including Haemoptysis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas, Cellulitis, Pyaemia, Septicæmia, and Hospital Gangrene .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	48	33	81	5.98	150	95	245	11.79	198	128	326	9.54	45	17	62	4.57	195	102	297	14.30	240	119	359	10.46	
Parasitic Diseases—																									
Thrush, Stomatitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Constitutional Diseases—																									
Cancer (Malignant Disease) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	4	4	8	0.59	3	2	5	0.24	7	6	13	0.38	5	5	10	0.74	4	2	6	0.29	9	7	16	0.47	
Developmental Defects and Degeneration—																									
Premature Birth, and Accidents during Birth .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Malformations .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Old Age (Senile Decay) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	11	3	14	1.03	15	8	23	1.10	28	11	37	1.08	4	6	10	0.74	12	18	30	1.44	16	24	40	1.17	
Diseases of the Nervous System—																									
Acute Inflammation of the Brain and its Membranes .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Convulsions .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	11	5	16	1.18	23	11	34	1.64	34	16	50	1.46	14	9	23	1.70	29	17	37	1.78	34	26	60	1.75	
Diseases of the Circulatory System—																									
Heart Disease, Organic, Degeneration, Syncope .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Apoplexy .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	10	9	19	1.40	25	13	38	1.83	35	22	57	1.68	17	4	21	1.55	39	12	51	2.45	56	16	72	2.10	
Diseases of the Respiratory System—																									
Bronchitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	15	5	20	1.48	186	34	220	10.50	201	29	230	6.98	11	11	22	1.62	227	51	278	13.38	238	62	300	8.74	
Diseases of the Alimentary Canal—																									
Enteritis, Gastro-Enteritis, Marasmus .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	14	13	27	1.99	27	33	60	2.88	41	46	87	2.53	18	16	34	2.07	33	33	66	3.18	51	43	94	2.74	
Diseases of the Liver																									
Total	5	..	5	0.37	3	2	5	0.24	8	2	10	0.28	5	3	8	0.59	3	3	6	0.29	8	6	14	0.41	
Diseases of the Urinary System and Organs of Generation—																									
Bright's Disease, Nephritis, Uremia .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	8	4	12	0.89	6	2	8	0.29	14	6	20	0.58	4	3	7	0.52	9	6	15	0.72	13	9	22	0.64	
Diseases of Parturition																									
Total .. .. .	..	2	2	0.15	..	1	1	0.05	..	3	3	0.09	..	..	..	..	..	..	..	..	..	..	..	..	..
Violence																									
Total	9	3	12	0.89	22	3	25	1.20	31	6	37	1.08	7	..	7	0.52	21	5	26	1.25	48	5	53	0.98	
Ill-defined or not specified—																									
Debility, Atrophy, Inanition .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	1	2	0.15	3	3	6	0.29	4	4	8	0.23	3	..	3	0.22	7	5	12	0.58	10	5	15	0.44	
All other Diseases not included in the above—																									
Total	4	3	7	0.52	12	2	14	0.67	16	5	21	0.61	2	1	3	0.22	16	1	17	0.53	12	2	14	0.41	
Grand Total	140	85	225	16.00	175	200	374	32.02	424	294	718	20.75	70	95	165	12.59	256	130	386	14.71	320	164	484	14.32	

Of the above deaths the following were uncertified :—
 1904 :—Whooping cough, 1 C.; Typhoid, etc., 1 C.; Simple Cholera, etc., 7 C.; Tuberculosis, 1 E. and 1 C.; Premature Birth, etc., 1 E.; Old Age, 1 C.; Convulsions, 1 E. and 1 C.; Heart Disease, etc., 1 E.; Bronchitis, 4 C.; Pneumonia, etc., 2 C.; Debility, etc., 1 E. Total, 5 E. and 18 C.; All Races, 23.
 1905 :—Measles, 1 C.; Simple Cholera, etc., 4 C.; Tuberculosis, 5 C.; Premature Birth, etc., 1 E. and 5 C.; Old Age, 1 C.; Constitutional Diseases, "Others," 1 C.; Convulsions, 1 E. and 1 C.; Bronchitis, etc., 1 C.; Pneumonia, etc., 3 C.; Enteritis, etc., 1 E. Total, 3 E., 22 C.; All Races, 25.

TABLE 3.—Continued.
PORT ELIZABETH.

Population (1904 Census) : Europeans, 21,987 ; Coloured, 10,972 ; All Races, 32,959.

Diseases.	1904.												1905.												
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.				
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	
Diseases due to Specific Organisms—																									
Chicken-pox .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough	3	..	3	0.14	..	1	1	0.09	3	..	4	0.12	1	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup	1	1	3	0.09	3	..	3	0.27	4	1	5	0.15	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro-Spinal Fever	1	..	1	0.05	..	..	..	..	1	..	1	0.03	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple	5	3	8	0.36	8	3	11	1.00	13	6	19	0.58	3	4	7	0.32	1	2	3	0.27	4	6	10	0.30	..
Continued Fever, Typho-Malarial, Remittent Fever, and Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	12	9	21	0.96	11	13	24	2.19	25	22	47	1.37	14	20	34	1.55	18	9	27	1.25	25	32	57	1.85	..
Tuberculosis, including Haemoptysis	16	10	26	1.18	32	25	57	5.20	83	35	118	2.52	12	11	23	1.05	33	27	60	2.46	48	48	96	3.00	..
Erysipelas, Cellulitis, Pyaemia, Sep- ticæmia and Hospital Gangrene	1	..	1	0.05	1	3	4	0.36	3	5	8	0.15	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever .. .. .	..	3	3	0.14	..	..	..	..	3	3	6	0.09	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague	1	..	1	0.05	14	6	20	1.82	15	6	21	0.64	..	..	..	..	..	..	..	..	..	..	..	..	..
Others	3	1	4	0.18	2	2	4	0.36	5	3	8	0.24	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	43	27	70	3.18	71	53	124	11.30	114	80	194	5.89	35	43	78	3.53	71	64	135	12.30	108	107	215	6.46	..
Parasitic Diseases—																									
Thrush, Stomatitis	1	..	1	0.05	..	..	..	..	1	..	1	0.03	..	..	..	..	..	..	..	..	..	..	..	..	..
From other Vegetable and Animal Parasites	1	..	1	0.05	1	1	2	0.09	1	1	2	0.06	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	..	2	0.09	1	1	2	0.08	2	1	3	0.09	..	..	..	..	..	..	..	..	..	..	..	..	..
Constitutional Diseases—																									
Cancer (Malignant Disease)	5	11	16	0.73	2	5	7	0.64	7	16	23	0.70	7	4	11	0.50	..	1	1	0.09	7	5	12	0.36	..
Others	1	2	3	0.14	..	2	2	0.18	1	4	5	0.15	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	6	13	19	0.86	2	7	9	0.82	8	20	28	0.85	7	6	13	0.59	..	1	1	0.09	7	7	14	0.42	..
Developmental Defects and Degenera- tion																									
Premature Birth, and Accidents during Birth	10	4	14	0.64	8	4	12	1.09	18	8	26	0.79	9	4	13	0.59	2	9	11	1.00	11	13	24	0.73	..
Malformations	6	6	12	0.55	3	..	3	0.27	9	6	15	0.46	3	1	4	0.18	1	1	2	0.18	4	2	6	0.18	..
Dentition	1	..	1	0.05	3	..	3	0.27	3	3	6	0.18	..	..	..	..	..	..	..	..	..	..	..	..	..
Old Age (Senile Decay)	1	3	4	0.18	..	..	..	..	2	7	9	0.27	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	2	2	4	0.08	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	18	13	31	1.41	18	7	25	2.28	36	26	66	1.70	14	10	24	1.09	6	10	16	1.46	20	20	40	1.21	..
Diseases of the Nervous System—																									
Acute Inflammation of the Brain and its Membranes	3	4	7	0.32	5	5	10	0.91	8	9	17	0.52	3	2	5	0.23	3	3	6	0.55	6	5	11	0.33	..
Convulsions	7	2	9	0.41	15	6	21	1.91	22	8	30	0.91	5	5	10	0.45	13	12	25	2.28	18	17	35	1.06	..
Others	9	6	15	0.68	1	1	2	0.18	10	7	17	0.52	3	5	8	0.36	3	2	5	0.46	6	7	13	0.39	..
Total	19	12	31	1.41	21	12	33	3.01	40	24	64	1.94	11	12	23	1.05	19	17	36	3.28	30	29	59	1.79	..
Diseases of the Circulatory System—																									
Heart Disease, Organic, Degeneration, Syncope	14	8	22	1.09	7	10	17	1.55	21	18	39	1.18	5	7	12	0.55	4	5	9	0.82	9	12	21	0.64	..
Apoplexy	4	5	9	0.41	..	1	1	0.09	4	6	10	0.30	7	4	11	0.50	1	2	3	0.27	8	6	14	0.42	..
Others	2	2	4	0.18	..	..	..	..	2	2	4	0.12	6	..	6	0.27	1	1	2	0.18	7	1	8	0.24	..
Total	20	15	35	1.59	7	11	18	1.64	27	26	53	1.61	18	11	29	1.32	6	8	14	1.28	24	19	43	1.30	..
Diseases of the Respiratory System—																									
Bronchitis	4	2	6	0.27	5	13	18	1.64	9	15	24	0.73	4	4	8	0.36	11	10	21	1.91	15	14	29	0.88	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	11	7	18	0.82	22	14	36	3.28	33	21	54	1.64	10	6	16	0.73	19	18	37	3.37	29	24	53	1.61	..
Others .. .. .	..	..	..	..	1	1	2	0.18	1	1	2	0.06	..	1	1	0.05	..	1	1	0.09	..	2	2	0.06	..
Total	15	9	24	1.09	28	28	56	5.10	43	37	80	2.43	14	11	25	1.14	30	29	59	5.38	44	40	84	2.55	..
Diseases of the Alimentary Canal—																									
Enteritis, Gastro-Enteritis, Marasmus Others	13	19	32	1.46	10	22	32	2.92	23	41	64	1.94	24	24	48	2.18	20	14	34	3.10	44	38	82	2.49	..
Total	14	20	34	1.55	14	27	41	3.74	28	47	75	2.28	28	26	54	2.46	22	15	37	3.37	50	41	91	2.76	..
Diseases of the Liver																									
Total	5	2	7	0.32	3	..	3	0.27	8	2	10	0.30	8	1	9	0.41	4	..	4	0.36	12	1	13	0.39	..
Diseases of the Urinary System and Organs of Generation—																									
Bright's Disease, Nephritis, Uremia Others	2	2	4	0.18	2	2	4	0.36	4	4	8	0.24	3	3	6	0.27	..	5	5	0.46	3	8	11	0.33	..
Total	4	2	6	0.27	2	1	3	0.27	6	3	9	0.27	3	..	3	0.14	2	..	2	0.18	5	..	5	0.15	..
Diseases of Parturition																									
Total .. .. .	..	2	2	0.09	..	2	2	0.18	..	4	4	0.12	..	3	3	0.14	..	5	5	0.46	..	8	8	0.24	..
Violence																									
Total	14	1	15	0.68	8	..	8	0.73	22	1	23	0.70	11	1	12	0.55	10	5	15	1.37	21	6	27	0.82	..
Ill-defined or not specified—																									
Debility, Atrophy, Inanition	5	4	9	0.41	2	1	3	0.27	7	5	12	0.36	1	..	1	0.05	3	1	4	0.36	4	1	5	0.15	..
Others	1	..	1	0.05	..	..	..	..	1	..	1	0.03	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	6	4	10	0.45	2	1	3	0.27	8	5	13	0.39	1	..	1	0.05	3	1	4	0.36	4	1	5	0.15	..
All other diseases not included in the above																									
Total	3	3	6	0.27	10	3	13	1.18	13	6	19	0.58	8	5	13	0.59	3	..	3	0.27	11	5	16	0.49	..
Grand Total	171	125	296	13.46	188	155	343	31.26	359	280	639	19.36	161	134	295	13.42	177	161	338	30.81	338	295	633	19.21	..

Of the above deaths the following were uncertified:—
1904:—Simple Cholera, etc., 1 C; Tuberculosis, 1 C; Developmental Defects and Degeneration, "Others," 1 C; Convulsions, 1 E;
Heart Disease, etc., 1 E; Pneumonia, etc., 1 C; Enteritis, etc., 1 C; Violence, 2 C; Ill-defined or not specified, "Others," 1 E;
Total, 3 E and 7 C. All Races, 10.
1905:—Tuberculosis, 1 C; Premature Birth, etc., 1 E; Convulsions, 1 C; Total, 1 E and 2 C.

TABLE 3.—Continued.
EAST LONDON.

Population (1904 Census): Europeans 14,674; Coloured, 10,546. All Races, 25,220.

Diseases.	1904.												1905.												
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.				
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	
Diseases due to Specific Organisms:—																									
Measles	1	1	2	0.14	3	5	8	0.76	4	6	10	0.40	3	4	7	0.48	2	2	4	0.47	6	6	12	0.48	
Scarlet Fever	1	..	1	0.07	..	..	..	..	1	..	1	0.04	..	..	..	..	..	..	..	1	..	1	..	0.04
Influenza .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup	..	2	2	0.14	..	..	..	..	2	2	4	0.08	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro-Spinal Meningitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple	9	3	12	0.82	3	1	4	0.38	12	4	16	0.63	9	3	12	0.75	1	2	3	0.38	10	5	15	0.59	
Continued Fever, Typho-Malarial, Remittent Fever, and Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	..	1	1	0.07	7	7	14	1.33	7	8	15	0.59	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis, including Haemoptysis	8	4	12	0.82	25	19	44	4.17	33	23	56	2.22	10	15	25	1.16	24	17	41	3.89	34	24	58	2.30	
Erysipelas, Cellulitis, Pyaemia, Septicaemia, and Hospital Gangrene	1	..	1	0.07	2	..	2	0.19	3	..	3	0.12	1	3	4	0.20	1	..	1	0.09	2	2	4	0.16	
Puerperal Fever .. .. .	..	1	1	0.07	..	..	..	..	1	1	2	0.04	..	..	..	..	..	..	..	..	..	..	..	..
Plague .. .. .	..	..	..	..	4	..	4	0.38	4	..	4	0.16	1	2	3	0.20	10	3	13	1.23	11	5	16	0.63
Others .. .. .	..	..	..	..	3	1	4	0.38	3	1	4	0.16	..	..	..	..	1	1	2	0.19	1	1	2	0.08
Total	20	12	32	2.18	47	33	80	7.50	67	45	112	4.44	30	24	54	3.68	50	35	85	8.06	80	60	139	5.51	
Parasitic Diseases:—																									
Trichinosis	1	1	0.07	1	1	2	0.04	..	1	1	0.07	1	1	0.04
Constitutional Diseases:—																									
Cancer (Malignant Disease)	3	2	5	0.34	1	4	7	0.66	6	6	12	0.48	4	7	11	0.75	2	..	2	0.19	6	7	13	0.52	
Others	1	1	2	0.14	..	..	..	..	1	1	2	0.08	..	..	..	..	..	..	..	..	..	..	..	..
Total	4	3	7	0.48	1	4	7	0.66	7	7	14	0.56	4	9	13	0.89	2	..	2	0.19	6	9	15	0.59	
Developmental Defects and Degeneration:																									
Premature Birth, and Accidents during Birth	10	4	14	0.95	5	3	8	0.76	15	7	22	0.87	6	5	11	0.75	5	3	8	0.76	11	8	19	0.75	
Malformations	2	..	2	0.14	1	1	2	0.19	3	1	4	0.16	..	..	..	..	..	..	..	..	..	..	..	..
Dentition .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.07	1	..	1	0.08	2	..	2	0.08
Old Age (Senile Decay)	1	4	5	0.34	1	2	3	0.28	2	6	8	0.32	1	..	1	0.07	..	..	1	0.09	1	1	2	0.08
Others .. .. .	..	1	1	0.07	1	..	1	0.09	1	1	2	0.08	..	..	..	..	..	..	..	..	..	..	..	..
Total	13	9	22	1.50	8	6	14	1.33	21	15	36	1.43	8	5	13	0.89	6	4	10	0.95	14	9	23	0.91	
Diseases of the Nervous System:—																									
Acute Inflammation of the Brain and its Membranes .. .. .	..	2	2	0.14	2	..	2	0.19	2	2	4	0.16	2	4	6	0.41	..	1	1	0.09	2	5	7	0.28
Convulsions	3	..	3	0.20	3	1	4	0.38	6	1	7	0.28	4	1	5	0.34	2	..	2	0.38	6	3	9	0.36	
Others	3	..	3	0.20	..	..	..	..	3	..	3	0.12	2	1	3	0.20	2	..	2	0.19	4	1	5	0.20
Total	6	2	8	0.55	5	1	6	0.57	11	3	14	0.56	8	6	14	0.95	4	3	7	0.68	12	9	21	0.83	
Diseases of the Circulatory System:—																									
Heart Disease, Organic, Degeneration, Syncope	7	3	10	0.68	7	6	13	1.23	14	9	23	0.91	7	4	11	0.75	6	4	10	0.95	13	8	21	0.83	
Apoplexy	3	2	5	0.34	2	..	2	0.19	5	2	7	0.28	1	1	2	0.14	..	1	1	0.09	1	2	3	0.12	
Others	3	1	4	0.27	..	..	..	..	3	1	4	0.16	1	..	1	0.07	..	..	..	..	1	..	1	0.04
Total	13	6	19	1.29	9	6	15	1.42	22	12	34	1.33	9	5	14	0.95	6	5	11	1.04	15	10	25	0.99	
Diseases of the Respiratory System:—																									
Bronchitis	3	1	4	0.27	9	2	11	1.04	12	3	15	0.59	3	3	6	0.41	10	9	19	1.80	13	12	25	0.99	
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	6	4	10	0.68	17	18	35	3.33	22	22	45	1.78	8	6	14	0.95	13	9	22	2.09	21	15	36	1.43	
Others	2	1	3	0.20	..	2	2	0.19	2	3	5	0.20	..	1	1	0.07	2	..	2	0.19	2	1	3	0.12	
Total	11	6	17	1.16	26	22	48	4.55	37	28	65	2.68	11	10	21	1.43	23	18	43	4.08	36	28	64	2.54	
Diseases of the Alimentary Canal:—																									
Enteritis, Gastro-Enteritis, Marasmus	20	16	36	2.45	10	9	19	1.80	30	25	55	2.18	23	26	49	3.34	20	19	39	3.70	43	45	88	3.40	
Others	1	..	1	0.07	3	1	4	0.38	4	1	5	0.20	3	..	3	0.20	1	1	2	0.19	4	1	5	0.20	
Total	21	16	37	2.52	13	10	23	2.18	34	26	60	2.38	26	26	52	3.54	21	20	41	3.89	47	46	93	3.60	
Diseases of the Liver .. Total ..																									
1	1	2	0.14	..	..	..	..	1	1	2	0.08	1	2	3	0.20	1	..	1	0.09	2	2	4	0.16	
Diseases of the Urinary System and Organs of Generation:—																									
Bright's Disease, Nephritis, Uremia	1	2	3	0.20	..	2	2	0.19	1	4	5	0.20	1	4	5	0.34	2	..	2	0.19	3	4	7	0.28	
Others	1	..	1	0.07	..	..	..	..	1	..	1	0.04	1	..	1	0.07	..	..	..	..	..	1	..	0.04
Total	2	2	4	0.27	..	2	2	0.19	2	4	6	0.24	2	4	6	0.41	2	..	2	0.19	4	4	8	0.32	
Diseases of Parturition .. Total ..																									
..	6	6	0.41	..	2	2	0.19	..	8	8	0.32	..	5	5	0.34	..	1	1	0.09	..	6	6	0.24		
Violence .. Total ..																									
11	4	15	1.02	5	1	6	0.57	16	5	21	0.83	8	4	12	0.82	8	3	11	1.04	16	7	23	0.91		
Ill-defined or not specified:—																									
Debility, Atrophy, Inanition .. .. .	..	2	2	0.14	3	2	5	0.47	3	4	7	0.28	3	2	5	0.34	1	..	1	0.09	4	2	6	0.24
Others .. .. .	..	..	..	..	1	..	1	0.09	1	..	1	0.04	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	2	2	0.14	4	2	6	0.57	4	4	8	0.31	3	2	5	0.34	1	..	1	0.09	4	2	6	0.24
All other Diseases not included in the above .. Total ..																									
4	2	6	0.41	4	2	6	0.57	8	4	12	0.48	3	..	3	0.20	2	1	3	0.28	5	1	6	0.24		
Grand Total	106	72	178	12.13	124	91	215	20.39	230	163	393	15.58	113	103	216	14.72	128	90	218	20.67	241	193	434	17.21	

Of the above deaths the following were uncertified:—
 1904:—Simple Cholera, etc., 6 C.; Tuberculosis, 1 C.; Premature Birth, etc., 1 E. and 5 C.; Old Age, 2 C.; Convulsions, 2 C.; Pneumonia, etc., 6 C.; Enteritis, etc., 1 E. and 2 C.; Debility, etc., 1 E. and 1 C.; All other Diseases, 1 C.; Total, 3 E. and 35 C. All Races, 29.
 1905:—Measles, 1 C.; Influenza, 2 C.; Typhoid, etc., 1 C.; Simple Cholera, etc., 5 C.; Tuberculosis, 1 E. and 4 C.; Constitutional Diseases, "Others," 1 E.; Premature Birth, etc., 3 E. and 7 C.; Old Age, 1 E.; Convulsions, 2 C.; Heart Disease, 1 C.; Bronchitis, 3 C.; Pneumonia, etc., 4 C.; "Others" of Respiratory System, 1 C.; Enteritis, etc., 4 C.; Debility, etc., 1 E.; Total, 7 E. and 35 C. All Races, 42.

TABLE 3.—Continued.

GRAHAMSTOWN.

Population (1904 Census): Europeans, 7,283; Coloured, 6,604; All Races, 13,887.

Diseases.	1904.									1905.												
	Europeans.				Coloured.				All Races.			Europeans.				Coloured.				All Races.		
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.		
Diseases due to Specific Organisms—																						
Measles	1	..	1	0.14	..	..	..	..	1	..	1	0.07	..	..	..	..	..	..	..	..
Influenza .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough ..	..	..	1	0.14	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever, Typho-Malarial,	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Remittent Fever, and Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	1	3	4	0.55	8	6	14	2.12	9	9	18	1.30	2	2	4	0.55	6	5	11	1.07		
Tuberculosis, including Hemoptysis	6	3	9	1.23	28	22	50	7.57	34	25	59	4.23	..	..	..	..	..	..	..	..
Erysipelas, Cellulitis, Pyæmia, Septi-	..	1	1	0.14	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
cæmia, and Hospital Gangrene	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	9	7	16	2.39	39	35	74	11.21	48	42	90	6.48	16	12	22	3.02	37	33	70	10.60		
Parasitic Diseases—																						
From other Vegetable and Animal	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Parasites Total ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Constitutional Diseases—																						
Cancer (Malignant) Disease	2	..	..	0.27	1	1	2	0.30	3	1	4	0.29	1	..	1	0.14	2	2	4	0.61
Others .. .. .	..	3	..	0.41	1	1	2	0.30	1	4	5	0.36	..	1	1	0.14	..	..	..	..
Total	2	3	5	0.69	2	2	4	0.61	4	5	9	0.65	1	1	2	0.27	2	2	4	0.61		
Developmental Defects and Degeneration—																						
Premature Birth, and Accidents	2	2	4	0.55	4	..	4	0.61	6	2	8	0.58	1	..	1	0.14	3	1	4	0.61		
during Birth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Malformations	1	..	1	0.14	..	..	..	..	1	..	1	0.07	1	..	1	0.14	..	..	..	..
Dentition .. .. .	..	..	..	..	1	..	1	0.15	1	..	1	0.07	..	..	..	..	..	..	..	..
Old Age (Senile Decay)	6	5	11	1.51	3	3	6	0.91	9	8	17	1.22	3	3	6	0.82	6	6	12	1.51		
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	9	7	16	2.39	8	3	11	1.07	17	10	27	1.95	6	3	9	1.23	11	13	24	3.63		
Diseases of the Nervous System—																						
Acute Inflammation of the Brain and	..	2	2	0.27	..	..	..	..	..	2	2	0.14	..	..	..	..	..	1	1	0.15
its Membranes	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Convulsions .. .. .	..	1	1	0.14	1	4	5	0.76	1	5	6	0.43	..	..	..	..	..	7	7	14
Others	7	1	8	1.10	3	2	5	0.76	10	3	13	0.94	2	5	7	0.96	3	2	5	0.76		
Total	7	4	11	1.51	4	6	10	1.51	11	10	21	1.51	2	5	7	0.96	10	10	20	3.03		
Diseases of the Circulatory System—																						
Heart Disease, Organic, Degeneration,	7	2	9	1.23	1	..	1	0.15	8	2	10	0.72	7	5	12	1.65	3	2	5	0.76		
Syncope	..	1	1	0.14	..	..	..	..	..	1	1	0.07	2	2	4	0.55	1	2	3	0.45
Apoplexy	1	..	1	0.14	..	..	..	..	..	1	1	0.07	2	..	2	0.27	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	8	3	11	1.51	1	..	1	0.15	9	3	12	0.86	11	7	18	2.47	4	4	8	1.21		
Diseases of the Respiratory System—																						
Bronchitis .. .. .	..	..	..	..	5	16	15	2.27	5	10	15	1.08	1	..	1	0.14	8	11	19	2.88
Pneumonia, Inflammation, Conges-	6	2	8	1.10	26	24	50	7.57	32	26	58	4.18	1	6	7	0.96	23	28	51	7.72		
tion of the Lungs, Pleurisy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	9	6	15	2.27	9	6	15	1.08	..	..	..	..	..	..	..	..
Total	6	2	8	1.10	40	40	80	12.11	46	42	88	6.34	2	6	8	1.10	33	40	73	11.05		
Diseases of the Alimentary Canal—																						
Enteritis, Gastro Enteritis, Miasmus	11	10	21	2.88	18	9	27	4.09	29	19	48	3.46	4	1	5	0.69	17	8	25	3.79		
Others	1	..	1	0.14	1	1	2	0.30	2	1	3	0.22	1	..	1	0.14	1	2	3	0.45		
Total	12	10	22	3.02	19	10	29	4.39	31	20	51	3.67	5	1	6	0.82	18	10	28	4.24		
Diseases of the Liver .. Total ..																						
.. .. .	..	2	2	0.27	..	..	..	..	..	2	2	0.14	2	..	2	0.27	..	..	..	2
Diseases of the Urinary System and																						
Organs of Generation—																						
Bright's Disease, Nephritis, Uremia..	..	1	1	0.14	1	1	2	0.30	1	2	3	0.22	1	1	2	0.27	3	..	3	0.45		
Others .. .. .	..	..	..	..	1	..	1	0.15	1	..	1	0.07	3	..	3	0.41	..	..	..	3
Total .. .. .	..	1	1	0.14	2	1	3	0.45	2	2	4	0.29	4	1	5	0.69	3	..	3	0.45	
Diseases of Parturition .. Total ..																						
..		
Violence Total ..																						
.. .. .	5	..	5	0.69	2	2	4	0.61	7	2	9	0.63	5	3	8	1.10	1	2	3	0.45		
Ill-defined or not specified—																						
Debility, Atrophy, Inanition	1	1	2	0.27	1	3	4	0.61	2	4	6	0.43	..	..	..	..	5	3	8	1.21
Others .. .. .	..	..	..	..	1	1	2	0.30	1	1	2	0.14	..	..	..	..	1	1	0.15	..
Total	1	1	2	0.27	2	4	6	0.91	3	5	8	0.58	..	..	..	..	5	4	9	1.36
All other Diseases not included in the																						
above Total ..																						
.. .. .	1	1	2	0.27	3	2	5	0.76	4	3	7	0.50	..	..	..	..	2	1	3	0.45
Grand Total	60	41	101	13.86	122	105	227	34.37	182	166	348	23.62	48	40	88	12.68	126	123	249	37.70		

Of the above deaths the following were uncertified:—
 1904:—Whooping Cough, 2 C.; Simple Cholera, etc., 13 C.; Tuberculosis, 13 C.; Diseases due to Specific Organisms, "Others," 1 C.; Constitutional Diseases, "Others," 1 C.; Premature Birth, etc., 4 C.; Dentition, 1 C.; Old Age, 2 C.; Convulsions, 3 C.; Bronchitis, 8 C.; Pneumonia, etc., 11 C.; "Others" of Respiratory System, 14 C.; Enteritis, etc., 2 E. and 4 C.; Debility, etc., 3 C.; "Others," ill-defined or unspecified, 2 C.; All other diseases, 2 C. Total:—2 E. and 84 C.; All Races, 86.
 1905:—Influenza, 2 C.; Whooping Cough, 1 C.; Simple Cholera, etc., 7 C.; Tuberculosis, 14 C.; Premature Birth, etc., 2 C.; Dentition, 3 C.; Old Age, 13 C.; Convulsions, 12 C.; "Others," Diseases of Nervous System, 1 C.; Bronchitis, 9 C.; Pneumonia, etc., 30 C.; "Others," Diseases of Respiratory System, 2 C.; Enteritis, etc., 7 C.; "Others," Diseases of Alimentary Canal, 1 C.; Diseases of Liver, 1 C.; Debility, etc., 1 C.; "Others," ill-defined or not specified, 1 C.; All other Diseases, 1 C. Total:—98 C.

TABLE 3.—Continued.

UITENHAGE.

Population (1904 Census) :—Europeans, 6,680 ; Coloured, 5,513. All Races, 12,193.

Diseases.	1904.												1905.																
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.								
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.					
Diseases due to Specific Organisms—																													
Measles .. .. .	..	2	..	0.30	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup .. .. .	..	1	1	0.15	1	1	..	0.36	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple Continued, Fever, Typho-malarial, Remittent Fever, and Fever	1	1	2	0.30	2	2	4	0.73	3	3	6	0.49	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	3	6	9	1.35	6	4	10	1.81	9	10	19	1.56	5	..	5	0.75	4	5	9	1.63	5	5	14	1.15	..	..	
Tuberculosis, including Haemoptysis	2	8	10	1.50	28	23	51	8.25	30	31	61	5.00	4	5	9	1.35	18	37	55	9.38	32	29	64	5.25	..	..	
Erysipelas, Cellulitis, Pyaemia, Septicaemia, and Hospital Gangrene .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	8	21	29	4.34	45	54	99	17.96	53	75	128	10.50	10	11	21	3.14	26	47	73	13.24	36	58	94	7.71	..	..	..
Constitutional Diseases—																													
Cancer (Malignant Disease) .. .. .	..	1	1	0.15	3	..	3	0.54	3	1	4	0.33	..	4	4	0.60	4	..	4	0.73	4	4	8	0.66	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	1	1	0.15	3	2	5	0.91	3	3	6	0.49	..	4	4	0.60	4	1	5	0.91	4	5	9	0.74	..	..	..	..
Developmental Defects and Degeneration—																													
Premature Birth, and Accidents during Birth	2	1	3	0.45	3	5	8	1.45	5	6	11	0.90	..	1	1	0.15	..	1	1	0.18	..	2	2	2	0.16	..	..	..
Malformations	1	1	2	0.30	..	2	2	0.36	1	3	4	0.33	..	..	..	..	..	..	..	..	..	1	1	1	0.08	..	..	..	..
Dentition .. .. .	..	1	1	0.15	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	4	5	0.41	..	..	..	..
Old Age (Senile Decay)	3	3	6	0.90	3	8	11	2.00	6	11	17	1.38	1	3	4	0.60	4	1	5	0.91	5	4	9	0.74	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	0.16	..	..	..	..
Total	6	6	12	1.80	7	15	22	3.69	13	21	34	2.79	2	5	7	1.05	5	7	12	2.18	7	12	19	1.56	..	..	..	..	..
Diseases of the Nervous System—																													
Acute Inflammation of the Brain and its Membranes .. .. .	..	3	3	0.45	3	1	4	0.73	3	4	7	0.57	..	3	3	0.45	..	1	1	0.18	..	4	4	4	0.33	..	..	..	..
Convulsions	1	1	2	0.30	13	7	20	3.63	14	8	22	1.80	3	2	5	0.75	10	16	26	4.72	15	18	31	2.54	..	..	..	..	..
Others	3	..	3	0.45	1	1	2	0.36	4	1	5	0.41	1	1	2	0.30	..	1	1	0.18	..	1	2	3	0.25	..	..	..	..
Total	4	4	8	1.20	17	9	26	4.72	21	13	34	2.79	4	6	10	1.50	10	18	28	5.08	14	24	38	3.12	..	..	..	..	..
Diseases of the Circulatory System—																													
Heart Disease, Organic, Degeneration, Syncope	1	1	2	0.30	5	3	8	1.45	6	4	10	0.83	4	3	7	1.05	3	5	8	1.45	7	8	15	1.23	..	..	..	..	..
Apoplexy	1	1	2	0.30	..	..	..	..	1	1	2	0.16	1	1	2	0.30	2	..	2	0.36	3	1	4	0.33	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	2	4	0.60	5	3	8	1.45	7	5	12	0.98	5	4	9	1.35	5	6	11	2.00	10	10	20	1.64	..	..	..	..	..
Diseases of the Respiratory System—																													
Bronchitis .. .. .	..	1	1	0.15	29	33	62	11.25	29	34	63	5.17	2	4	6	0.90	9	23	32	5.80	11	27	38	3.12	..	..	..	..	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	1	6	7	1.05	11	5	16	2.90	12	11	23	1.86	3	2	5	0.75	12	15	27	4.90	15	17	32	2.63	..	..	..	..	..
Others	1	1	2	0.30	..	..	..	..	1	1	2	0.16	..	1	1	0.15	..	1	1	0.18	..	2	2	2	0.16	..	..	..	..
Total	2	8	10	1.50	40	38	78	14.15	42	46	88	7.22	5	7	12	1.80	21	39	60	10.88	26	46	72	5.91	..	..	..	..	..
Diseases of the Alimentary Canal—																													
Enteritis, Gastro-Enteritis, Marasmus	13	5	18	2.69	17	23	40	7.26	30	28	58	4.76	19	23	42	6.29	24	21	45	8.18	43	44	87	7.14	..	..	..	..	..
Others	1	1	2	0.30	4	..	4	0.73	5	1	6	0.49	1	..	1	0.15	1	..	1	0.18	2	..	2	0.16	..	..	..	..	..
Total	14	6	20	2.99	21	23	44	7.98	35	29	64	5.22	20	23	43	6.44	25	21	46	8.34	45	44	89	7.30	..	..	..	..	..
Diseases of the Liver																													
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.15	..	..	..	..	1	..	1	0.08	..	..	..	..
Diseases of the Urinary System and Organs of Generation																													
Bright's Disease, Nephritis, Uræmia .. .. .	..	..	..	..	1	..	1	0.18	1	..	1	0.08	..	1	1	0.15	..	..	..	..	..	1	1	1	0.08	..	..	..	..
Others .. .. .	..	..	..	..	1	..	1	0.18	1	..	1	0.08	1	..	1	0.15	1	..	1	0.18	2	..	2	0.16	..	..	..	..	..
Total .. .. .	..	..	..	..	2	..	2	0.36	2	..	2	0.16	1	1	2	0.30	1	..	1	0.18	2	1	3	0.25	..	..	..	..	..
Diseases of Parturition																													
Total .. .. .	..	3	3	0.45	..	2	2	0.36	..	5	5	0.41	..	1	1	0.15	..	1	1	0.18	..	2	2	2	0.16	..	..	..	..
Violence																													
Total	3	..	3	0.45	1	1	2	0.36	4	1	5	0.41	1	..	1	0.15	1	2	3	0.54	2	2	4	0.33	..	..	..	..	..
Ill-defined or not specified—																													
Debility, Atrophy, Inanition .. .. .	..	..	..	..	1	1	2	0.36	1	1	2	0.16	1	..	1	0.15	1	..	1	0.18	2	..	2	0.16	..	..	..	..	..
Others .. .. .	..	1	1	0.15	..	..	..	..	1	1	2	0.16	..	1	1	0.15	..	..	..	..	..	1	1	1	0.08	..	..	..	..
Total .. .. .	..	1	1	0.15	..	..	..	..	2	2	4	0.33	1	1	2	0.30	1	..	1	0.18	2	1	3	0.25	..	..	..	..	..
All other Diseases not included in the above																													
Total	1	..	1	0.15	..	1	1	0.18	1	1	2	0.16	..	2	2	0.30	1	..	1	0.18	1	2	3	0.25	..	..	..	..	..
Grand Total	40	52	92	13.77	143	149	292	52.97	183	201	384	31.49	50	65	115	17.22	100	142	242	43.90	150	207	357	29.28	..	..	..	..	..

Of the above deaths the following were uncertified :—
 1904 :—Influenza, 1 C. ; Whooping Cough, 14 C. ; Diphtheria and Croup, 1 E. ; Typhoid, etc., 1 C. ; Simple Cholera, etc., 1 C. ; Tuberculosis, 29 C. ; Plague, 1 C. ; Constitutional Diseases, "Others," 1 C. ; Premature Birth, etc., 7 C. ; Malformations, 1 E. and 1 C. ; Dentition, 1 C. ; Old Age, 8 C. ; Convulsions, 1 E. and 13 C. ; "Others," Diseases of Nervous System, 2 C. ; Bronchitis, 40 C. ; Pneumonia, etc., 1 E. and 8 C. ; Enteritis, etc., 1 E. and 9 C. ; Bright's Disease, etc., 1 C. ; Debility, etc., 1 C. Total, 5 E. and 139 C. ; All Races, 135.
 1905 : Whooping Cough, 1 C. ; Simple Cholera, etc., 6 C. ; Tuberculosis, 1 E. and 11 C. ; Cancer, etc., 1 C. ; "Others," Constitutional Diseases, 1 C. ; Dentition, 3 C. ; Old Age, 3 E. and 3 C. ; "Others," Developmental Defects and Degeneration, 1 C. ; Convulsions, 34 C. ; Heart Disease, etc., 1 E. and 1 C. ; Bronchitis, 16 C. ; Pneumonia, etc., 13 C. ; Enteritis, etc., 12 C. Total, 5 E. and 93 C. ; All Races, 98.

TABLE 3.—Continued.

PAARL.

Population (1904 Census): Europeans, 5,041; Coloured, 6,252; All Races, 11,293.

Diseases.	1904.												1905.											
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.			
	M	F	P	Death Rate	M	F	P	Death Rate	M	F	P	Death Rate	M	F	P	Death Rate	M	F	P	Death Rate	M	F	P	Death Rate
Diseases due to specific Organisms—																								
Small-pox .. .. .	..	..	..	..	1	..	1	0.16	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	1	..	1	0.20	1	4	5	0.80	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza .. .. .	..	..	..	..	1	1	1	0.16	..	..	..	..	1	1	0.20	1	..	1	0.16	1	1	1	1	0.18
Whooping Cough ..	1	1	2	0.40	1	1	2	0.32	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup..	3	2	5	0.99	6	8	14	2.24	10	19	1	0.68	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple Continued Fever, Typho-Malarial, Remittent Fever and Fever ..	1	2	3	0.60	1	3	4	0.64	2	5	7	0.62	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	2	2	4	0.79	2	9	11	1.76	4	11	15	1.33	2	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis, including Haemoptysis	2	1	3	0.60	19	24	43	6.88	21	25	46	4.07	1	2	3	0.60	15	12	25	4.32	16	14	30	2.60
Erysipelas, Cellulitis, Pyaemia, Septicæmia and Hospital Gangrene	..	1	1	0.20	..	1	1	0.16	..	2	2	0.18	..	..	..	..	1	..	1	0.16	1	..	1	0.09
Puerperal Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	2	2	0.40	2	1	3	0.48	2	3	5	0.44	..	..	..	..	..	..	..	..	..	..	..	..
Total	10	11	21	4.17	33	52	85	13.60	43	63	106	9.39	5	5	10	1.98	38	26	64	10.24	43	31	74	6.55
Parasitic Diseases—																								
Thrush, Stomatitis .. .. .	..	..	..	..	1	1	1	0.16	1	1	1	0.09	..	..	..	..	..	..	..	..	..	..	..	..
From other Vegetable and Animal Parasites .. .. .	..	..	..	..	1	..	1	0.16	1	..	1	0.09	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	1	1	2	0.32	1	1	2	0.18	..	..	..	..	..	..	..	..	..	..	..	..
Constitutional Diseases—																								
Cancer (Malignant Disease)	2	1	3	0.60	2	3	5	0.80	4	4	8	0.71	5	..	5	0.99	1	2	3	0.48	6	2	8	0.71
Others .. .. .	..	..	..	..	1	1	1	0.16	..	1	1	0.09	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	1	3	0.60	2	4	6	0.96	4	5	9	0.80	5	..	5	0.99	1	2	3	0.48	6	2	8	0.71
Developmental Defects and Degeneration—																								
Premature Birth and Accidents during Birth	2	3	5	0.99	2	6	8	1.28	4	9	13	1.15	..	..	..	..	5	3	8	1.28	5	3	8	0.71
Malformations .. .. .	..	..	..	..	1	1	1	0.16	1	1	1	0.09	..	..	..	..	1	..	1	0.16	1	..	1	0.09
Dentition .. .. .	..	..	..	..	1	4	5	0.80	1	4	5	0.44	..	..	..	..	1	2	3	0.48	1	2	3	0.27
Old Age (Senile Decay) .. .. .	..	..	..	..	1	..	1	0.16	1	..	1	0.09	..	..	..	..	1	0	1	0.16	4	6	10	0.80
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	3	5	0.99	4	11	15	2.40	6	14	20	1.77	1	..	1	0.20	10	11	21	3.36	11	11	22	1.95
Diseases of the Nervous System—																								
Acute Inflammation of the Brain and its Membranes	1	..	1	0.20	1	4	5	0.80	2	4	6	0.53	3	..	3	0.60	2	2	4	0.64	5	2	7	0.62
Convulsions .. .. .	..	..	..	..	10	5	15	2.40	10	5	15	1.33	4	1	5	0.99	8	4	12	1.92	12	5	17	1.51
Others	4	1	5	0.99	1	..	1	0.16	5	1	6	0.53	1	..	1	0.20	1	3	4	0.64	2	3	5	0.44
Total	5	1	6	1.19	12	9	21	3.36	17	10	27	2.39	8	1	9	1.79	11	9	20	3.20	19	10	29	2.57
Diseases of the Circulatory System—																								
Heart Disease, Organic, Degeneration, Syncope	4	2	6	1.19	4	5	9	1.44	8	7	15	1.33	2	2	4	0.79	4	4	8	1.28	6	6	12	1.06
Apoplexy .. .. .	..	3	3	0.60	..	6	6	0.96	..	9	9	0.80	1	2	3	0.60	..	6	6	0.96	1	8	9	0.80
Others .. .. .	..	1	1	0.20	..	..	..	..	..	1	1	0.09	..	..	..	..	..	..	..	..	..	..	..	..
Total	4	6	10	1.98	4	11	15	2.40	8	17	25	2.21	3	4	7	1.39	4	10	14	2.24	7	14	21	1.86
Diseases of the Respiratory System—																								
Bronchitis	4	1	5	0.99	12	8	20	3.20	16	9	25	2.21	2	1	3	0.60	5	12	17	2.72	7	13	20	1.77
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	4	..	4	0.79	9	19	28	4.48	13	19	32	2.83	1	1	2	0.40	21	12	33	5.28	32	13	35	3.10
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1	0.09
Total	8	1	9	1.79	21	27	48	7.68	29	28	57	5.03	3	2	5	0.99	26	25	51	8.16	29	27	56	4.96
Diseases of the Alimentary Canal—																								
Enteritis, Gastro-Enteritis, Marasmus	8	3	11	2.18	12	10	22	3.32	20	13	33	2.92	5	4	9	1.79	10	8	18	2.88	15	12	27	2.39
Others	1	..	1	0.20	1	2	3	0.48	2	2	4	0.33	..	1	1	0.20	..	1	1	0.16	..	2	2	0.18
Total	9	3	12	2.38	13	12	25	4.00	22	15	37	3.28	5	5	10	1.98	10	9	19	3.04	15	14	29	2.57
Diseases of the Liver—																								
Total	1	1	2	0.40	3	1	4	0.64	4	2	6	0.53	3	2	5	0.99	2	..	2	0.32	5	2	7	0.62
Diseases of the Urinary System and Organs of Generation—																								
Bright's Disease, Nephritis, Uremia	1	3	4	0.79	3	4	7	1.12	4	7	11	0.97	..	..	..	..	2	2	4	0.64	2	2	4	0.35
Others .. .. .	..	1	1	0.20	..	..	..	..	..	1	1	0.09	..	..	..	..	1	..	1	0.16	1	..	1	0.09
Total	1	4	5	0.99	3	4	7	1.12	4	8	12	1.06	..	..	..	..	3	2	5	0.80	3	2	5	0.44
Diseases of Parturition—																								
Total .. .. .	..	..	..	..	1	1	1	0.16	..	1	1	0.09	..	2	2	0.40	..	1	1	0.16	..	3	3	0.27
Violence—																								
Total	5	..	5	0.99	2	3	5	0.80	7	3	10	0.89	1	1	2	0.40	6	3	9	1.44	7	4	11	0.97
Ill-defined or not specified—																								
Debility, Atrophy, Inanition	3	1	4	0.79	8	5	13	2.08	11	6	17	1.51	3	..	3	0.60	7	5	12	1.92	10	5	15	1.33
Others	1	..	1	0.20	..	1	1	0.16	1	1	2	0.18	..	1	1	0.20	..	..	..	..	..	1	1	0.09
Total	4	1	5	0.99	8	6	14	2.24	12	7	19	1.68	3	1	4	0.79	7	5	12	1.92	10	6	16	1.42
All other Diseases not included in the above																								
Total	1	1	2	0.40	1	2	3	0.48	2	3	5	0.44	..	..	..	..	2	6	8	1.28	2	6	8	0.71
Grand Total	52	33	85	16.86	107	144	251	40.15	159	177	336	29.75	37	23	60	11.90	120	109	229	36.63	157	132	289	25.69

Of the above deaths the following were uncertified:—

1904:—Diphtheria, etc., 2 C; Simple Cholera, etc., 1 C; Tuberculosis, 1 C; Cancer, 1 C; Premature Birth etc., 1 E and 3 C; Dentition, 1 C; Acute Inflammation, etc., 2 C; Convulsions, 1 C; "Others," Diseases of Nervous System, 1 C; Heart Disease, etc., 1 C; Bronchitis, 6 C; Pneumonia, etc., 3 C; Enteritis, etc., 1 E; Debility, etc., 1 E and 3 C. Total, 3 E and 26 C; All Races, 29.

1905:—Diphtheria, 1 C; Typhoid, etc., 1 C; Simple Cholera, etc., 2 C; Tuberculosis, 2 C; Erysipelas, etc., 1 C; Cancer, 1 E and 1 C; Premature Birth, etc., 3 C; Old Age, 1 C; Convulsions, 2 E and 2 C; "Others," Diseases of Nervous System, 1 C; Heart Disease, etc., 1 C; Bronchitis, 2 C; Pneumonia, etc., 5 C; Enteritis, etc., 2 E and 1 C; Debility, etc., 2 E and 1 C. Total, 7 E and 25 C; All Races, 32.

TABLE 3.—Continued.

GRAAFF-REINET.

Population (1904 Census):—Europeans, 4,055 : Coloured, 6,028. All Races, 10,083.

Diseases.	1904.												1905.														
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.						
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.			
Diseases due to Specific Organisms—																											
Small-pox .. .. .	..	..	..	..	1	1	0.17	..	1	1	0.10	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.25	3	1	..	..	..	..	..	..	..	..	..
Influenza	1	..	..	0.25	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough ..	1	1	..	0.49	16	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup	..	..	..	0.25	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple	..	..	..	1.25	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever, Typho-Malarial, Remittent Fever, and Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	1	..	..	0.74	5	..	..	..	15	1.99	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis, including Haemoptysis	..	..	..	1.25	20	..	..	..	48	7.96	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas, Cellulitis, Pyæmia, Septicæmia, and Hospital Gangrene	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	4	1	0.83	..	4	1	0.50	..	1	1	0.25	1	2	..	..	..	..	..	..	..	..	..
Total	8	9	17	4.19	46	48	94	15.59	54	57	111	11.01	9	6	15	3.70	31	50	81	13.44	49	56	96	9.52	..	..
Parasitic Diseases—																											
Thrush, Stomatitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
From other Vegetable and Animal Parasites .. .. .	..	..	..	..	1	1	0.17	..	1	1	0.10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	1	1	0.17	..	1	1	0.10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Constitutional Diseases—																											
Cancer (Malignant Disease)	2	2	4	0.99	3	..	..	0.50	5	2	7	0.69	7	..	..	1.73	1	..	..	1	0.17	8	..	..	8	0.79	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0.49	..	..	..	..	..	..	..	..	..	..	..
Total	2	2	4	0.99	3	..	..	0.50	5	2	7	0.69	7	..	..	2.22	3	..	..	3	0.50	12	..	..	12	1.19	..
Developmental Defects and Degeneration—																											
Premature Birth, and Accidents during Birth	4	5	7	1.73	5	4	9	1.49	9	7	16	1.59	2	..	..	0.49	6	4	10	1.66	8	4	12	1.19	..	..	..
Malformations .. .. .	..	..	..	..	1	1	0.17	..	1	1	0.10	..	1	1	0.25	..	..	..	..	..	..	..	..	..	..	..	..
Deafness .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Old Age (Senile Decay) .. .. .	..	..	..	0.49	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	4	5	9	2.22	9	8	17	2.82	13	13	26	2.58	4	..	..	0.99	7	5	12	1.99	11	5	16	1.59	..	..	..
Diseases of the Nervous System—																											
Convulsions .. .. .	..	..	..	0.49	11	3	14	2.32	13	3	16	1.59	..	..	..	0.49	7	4	11	1.82	7	6	13	1.29	..	..	..
Others .. .. .	..	..	..	0.49	1	..	..	0.17	3	..	3	0.30	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	4	..	4	0.99	12	3	15	2.49	16	3	19	1.88	..	..	..	0.99	9	4	13	2.16	9	6	15	1.49	..	..	..
Diseases of the Circulatory System—																											
Heart Disease, Organic, Degeneration, Syncope	1	3	4	0.99	13	16	29	4.81	14	19	33	3.27	4	1	5	0.25	7	5	12	1.99	11	6	17	1.69	..	..	..
Apoplexy .. .. .	..	..	..	..	6	..	6	1.00	6	..	6	0.60	2	1	3	0.74	4	2	6	1.00	6	3	9	0.89	..	..	..
Others .. .. .	..	..	..	..	1	..	..	0.17	1	..	1	0.10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	3	4	0.99	20	16	36	5.97	21	19	40	3.97	6	2	8	1.97	11	7	18	2.99	17	9	26	2.58	..	..	..
Diseases of the Respiratory System—																											
Bronchitis	1	4	5	1.23	17	17	34	5.64	18	21	39	3.87	3	1	4	0.99	11	13	24	3.98	14	14	28	2.78	..	..	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	8	5	11	2.71	39	43	82	13.60	47	46	93	9.23	3	2	5	1.23	29	35	64	10.62	32	37	69	6.84	..	..	..
Others .. .. .	..	1	1	0.25	2	1	3	0.50	2	2	4	0.40	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	9	8	17	4.19	58	61	119	19.74	67	69	136	13.49	6	3	9	2.22	40	48	88	14.60	46	51	97	9.62	..	..	..
Diseases of the Alimentary Canal—																											
Enteritis, Gastro-Enteritis, Marasmus	6	4	10	2.47	22	13	35	5.83	28	17	45	4.49	3	..	3	0.74	11	14	25	4.15	14	14	28	2.78	..	..	..
Others .. .. .	..	1	1	0.25	..	..	..	..	..	1	1	0.10	1	2	3	0.74	1	2	3	0.50	2	4	6	0.60	..	..	..
Total	6	5	11	2.71	22	13	35	5.83	28	18	46	4.59	4	2	6	1.48	12	16	28	4.64	16	18	34	3.37	..	..	..
Diseases of the Liver																											
Total .. .. .	..	1	1	0.25	..	..	..	..	..	1	1	0.10	2	..	2	0.49	1	2	3	0.50	3	2	5	0.50	..	..	..
Diseases of the Urinary System and Organs of Generation—																											
Bright's Disease, Nephritis, Uremia	..	..	..	..	7	2	9	1.49	7	2	9	0.89	1	3	4	0.99	..	..	..	..	..	1	3	4	0.40	..	..
Others .. .. .	..	..	..	..	4	..	4	0.66	4	..	4	0.40	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	11	2	13	2.16	11	2	13	1.29	1	3	4	0.99	..	..	..	..	..	1	3	4	0.40	..	..
Diseases of Parturition																											
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.25	..	..	..	..	..	..	..	..	1	1	0.10
Violence																											
Total	2	..	2	0.49	2	2	4	0.66	4	2	6	0.60	1	..	1	0.25	1	..	..	1	0.17	2	..	2	0.20	..	..
Ill-defined or not specified—																											
Debility, Atrophy, Inanition .. ..	..	..	..	..	1	1	2	0.33	1	1	2	0.20	1	..	1	0.25	..	..	..	1	1	2	0.17	1	1	2	0.20
Others .. .. .	..	..	..	..	2	3	5	0.83	2	3	5	0.50	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	3	4	7	1.16	3	4	7	0.69	1	..	1	0.25	..	..	..	1	1	2	0.17	1	1	2	0.20
All other Diseases not included in the above																											
Total	1	2	3	0.74	2	..	2	0.33	3	2	5	0.50	1	..	1	0.25	..	..	..	1	1	2	0.17	1	1	2	0.20
Grand Total	37	35	72	17.76	188	158	346	37.40	225	193	418	41.46	44	19	63	15.54	115	136	251	41.64	150	155	314	31.14	..	..	..

Of the above deaths the following were uncertified:—
 1904:—Whooping Cough, 12 C; Simple Cholera, etc., 3 C; Tuberculosis, 8 C; "Others," diseases due to Specific Organisms, 1 C; Premature Birth, etc., 1 E and 4 C; Old Age, 2 C; "Others," Developmental Defects and Degeneration, 1 C; Convulsions, 6 C; Heart Disease, etc., 5 C; Apoplexy, 1 C; Bronchitis, 16 C; Pneumonia, etc., 10 C; Enteritis, etc., 8 C; Bright's Disease, etc., 3 C; "Others," Diseases of Urinary System, etc., 2 C; Ill-defined and not specified, 2 C. Total, 1 E and 84 C; All Races, 85.
 1905:—Measles, 1 C; Diphtheria, etc., 1 C; Simple Cholera, etc., 3 C; Tuberculosis, 3 C; Premature Birth, etc., 5 C; Convulsions, 5 C; Heart Disease, etc., 1 E; Bronchitis, 5 C; Pneumonia, etc., 4 C; Enteritis, etc., 6 C; Diseases of Parturition, 1 E. Total, 2 E and 33 C; All Races, 35.

TABLE 3.—Continued.

QUEENSTOWN.

Population (1904 Census) : European, 4,157 ; Coloured, 5,459 ; All Races, 9,616.

Diseases.	1904.												1905.															
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.							
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.				
Diseases due to Specific Organisms—																												
Chicken-pox..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles ..	..	..	..	1	4	5	0.92	1	4	5	0.52	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza ..	..	..	..	1	..	1	0.18	1	..	1	0.10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough ..	..	..	..	1	..	1	0.18	1	..	1	0.10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup	1	..	1	0.24	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple	3	1	4	0.96	..	1	0.18	3	..	3	0.52	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever, Typho-Malarial, Remittent Fever, and Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	3	1	4	0.96	15	24	39	7.14	18	25	43	4.47	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis, including Haemoptysis	10	3	13	3.13	8	11	19	3.48	18	14	32	3.33	7	4	11	2.65	13	10	23	4.21	29	14	34	3.54	..	..
Erysipelas, Cellulitis, Pyaemia, Septicaemia, and Hospital Gangrene	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others..	..	..	..	..	5	..	5	0.92	5	..	5	0.52	..	..	..	..	2	3	5	0.92	2	3	5	0.52	..	..
Total ..	17	5	22	5.29	31	43	74	13.56	48	48	96	9.98	12	10	22	5.29	51	75	126	23.08	63	85	148	15.39	..	..
Parasitic Diseases—																												
Thrush, Stomatitis ..	..	..	..	..	1	..	1	0.18	1	..	1	0.10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	..	..	..	..	1	..	1	0.18	1	..	1	0.10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Constitutional Diseases—																												
Cancer (Malignant Disease) ..	..	1	1	0.24	..	..	..	..	1	1	0.10	..	2	2	4	0.48	..	..	..	..	..	..	2	2	4	0.21	..
Others..	..	..	..	..	1	1	0.18	..	1	1	0.10	1	..	1	0.24	5	4	9	1.65	6	4	10	1.04	..	..	..	..
Total ..	..	1	1	0.24	..	1	0.18	..	2	2	0.21	1	2	3	0.72	5	4	9	1.65	6	6	12	1.25	..	..	..	..
Developmental Defects and Degeneration—																												
Premature Birth, and Accidents during Birth	1	..	1	0.24	1	4	5	0.92	2	4	6	0.62	5	1	6	1.44	1	4	5	0.92	6	5	11	1.14	..	..	..
Malformations ..	..	1	1	0.24	4	2	6	1.10	4	3	7	0.73	..	..	..	..	2	..	2	0.37	..	..	2	0.21	..	..	..
Old Age (Senile Decay) ..	..	2	2	0.48	1	1	2	0.37	1	3	4	0.42	..	1	3	0.72	1	..	1	0.18	3	1	4	0.42	..	..	..
Total ..	1	3	4	0.96	6	7	13	2.38	7	10	17	1.77	7	2	9	2.17	4	4	8	1.47	11	6	17	1.77	..	..	..
Diseases of the Nervous System—																												
Acute Inflammation of the Brain and its Membranes	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.24	..	..	..	..	..	1	..	1	0.10	..	..
Convulsions ..	4	..	4	0.96	..	1	1	0.18	4	1	5	0.52	..	4	4	0.96	..	1	1	0.18	..	3	5	0.52	..	..	..
Others..	1	..	1	0.24	1	2	3	0.55	2	2	4	0.42	1	..	1	0.24	2	..	2	0.37	3	..	3	0.31	..	..	..
Total ..	5	..	5	1.20	1	3	4	0.73	6	3	9	0.94	2	4	6	1.44	2	1	3	0.55	4	5	9	0.94	..	..	..
Diseases of the Circulatory System—																												
Heart Disease, Organic, Degeneration, Syncope	3	1	4	0.96	2	1	3	0.55	5	2	7	0.73	1	3	4	0.96	3	6	9	1.65	4	9	13	1.35	..	..	..
Apoplexy ..	..	1	1	0.24	..	..	..	..	..	1	1	0.10	..	4	4	0.96	4	..	4	0.73	4	4	8	0.83	..	..	..
Others..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	0.48	..	1	1	0.18	2	1	3	0.31	..	..	..
Total ..	3	2	5	1.20	2	1	3	0.55	5	3	8	0.83	3	7	10	2.41	7	7	14	2.56	10	14	24	2.50	..	..	..
Diseases of the Respiratory System—																												
Bronchitis ..	1	1	2	0.48	10	9	19	3.48	11	10	21	2.18	2	1	3	0.72	20	12	32	5.86	22	13	35	3.64	..	..	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	..	1	1	0.24	15	19	34	6.23	15	20	35	3.64	2	..	2	0.48	22	34	56	10.26	24	34	58	6.03	..	..	..
Others..	1	..	1	0.24	1	1	2	0.37	2	1	3	0.31	..	1	1	0.24	1	3	4	0.73	1	4	5	0.52	..	..	..
Total ..	2	2	4	0.96	26	29	53	10.68	28	31	56	6.14	4	2	6	1.44	43	49	92	16.85	47	51	98	10.19	..	..	..
Diseases of the Alimentary Canal—																												
Enteritis, Gastro-Enteritis, Marasmus	3	6	9	2.17	14	10	24	4.40	17	16	33	3.43	5	4	9	2.17	15	16	31	5.68	20	20	40	4.16	..	..	..
Others..	..	..	..	..	2	4	6	1.10	2	4	6	0.62	1	2	3	0.72	3	..	3	0.55	4	2	6	0.62	..	..	..
Total ..	3	6	9	2.17	16	14	30	5.50	19	20	39	4.06	6	6	12	2.89	18	16	34	6.23	24	22	46	4.78	..	..	..
Diseases of the Liver .. Total ..																												
Total ..	2	..	2	0.48	..	..	..	..	2	..	2	0.21	..	..	..	..	1	..	1	0.18	1	..	1	0.10	..	..	..
Diseases of the Urinary System and Organs of Generation—																												
Bright's Disease, Nephritis, Uremia	2	..	2	0.48	..	1	1	0.18	2	1	3	0.31	2	2	4	0.96	2	2	4	0.42
Others..	..	1	1	0.24	..	..	..	..	..	1	1	0.10	..	..	..	..	1	1	2	0.37	1	1	2	0.21	..	..	..
Total ..	2	1	3	0.72	..	1	1	0.18	2	2	4	0.42	2	2	4	0.96	1	1	2	0.37	3	3	6	0.62	..	..	..
Diseases of Parturition .. Total ..																												
Total ..	..	1	1	0.24	..	3	3	0.55	..	4	4	0.42	..	..	..	..	1	1	1	0.18	..	1	1	0.10	..	..	..
Violence.. .. Total ..																												
Total ..	3	..	3	0.72	..	..	..	..	3	..	3	0.31	..	1	1	0.24	2	1	3	0.55	2	2	4	0.42	..	..	..
Ill-defined or not specified—																												
Debility, Atrophy, Inanition ..	..	1	1	0.24	..	4	4	0.73	..	5	5	0.52	..	..	..	..	2	1	3	0.55	2	1	3	0.31	..	..	..
Others..	..	..	..	..	2	..	2	0.37	..	2	2	0.21	..	..	..	..	1	1	1	0.18	..	1	1	0.10	..	..	..
Total ..	..	1	1	0.24	2	4	6	1.10	2	5	7	0.73	..	..	..	..	2	2	4	0.73	2	2	4	0.42	..	..	..
All other Diseases not included in the above—																												
Total ..	1	1	2	0.48	2	1	3	0.55	3	2	5	0.52	1	..	1	0.24	7	3	10	1.83	8	3	11	1.14	..	..	..
Grand Total ..	39	23	62	14.91	87	107	194	35.54	136	130	266	20.62	58	36	74	17.80	143	165	308	56.42	181	201	382	39.72	..</			

TABLE 3.—Continued.
KING WILLIAM'S TOWN.

Population (1904 Census) : Europeans, 5,897 ; Coloured, 3,609. All Races, 9,506.

DISEASES.	1904.									1905.											
	European.			Coloured.			All Races.			European.			Coloured.			All Races.					
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	
Diseases due to Specific Organisms—																					
Mensles	1	..	1	0.17	..	..	..	..	1	..	1	0.11	..	4	4	1.11	3	6	9	0.95
Scarlet Fever .. .. .	..	..	..	..	..	..	..	..	1	1	1	0.11	..	..	..	..	..	..	..	..
Influenza	3	..	1	0.17	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough .. .. .	..	1	1	0.17	6	3	3	0.83	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous-Croup ..	..	2	4	0.68	3	3	3	0.83	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro-Spinal Meningitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple	4	1	5	0.85	6	..	6	1.66	10	1	11	1.16	..	3	3	1.70	5	3	5	1.39	
Continued Fever, Typho-Malarial, Remittent Fever, and Fever																					
Simple Cholera, Diarrhoea, Dysentery	5	3	8	1.26	7	6	13	3.60	12	9	21	2.21	6	4	10	1.70	10	11	21	5.82	
Tuberculosis, including Haemoptysis	3	4	7	1.19	6	15	21	5.82	9	19	28	2.96	12	3	5	0.85	11	12	23	6.37	
Erysipelas, Cellulitis, Pyaemia, Septicæmia, and Hospital Gangrene																					
Puerperal Fever .. .. .	..	1	1	0.17	..	..	..	..	1	1	1	0.11	..	1	1	0.17	..	..	..	..
Plague .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	1	..	1	0.28	1	..	1	0.11	..	..	..	..	2	..	2	0.55
Total	16	12	28	4.75	30	29	50	16.35	46	41	87	9.15	21	14	35	5.94	35	35	70	19.40	
Parasitic Diseases—																					
From other Vegetable and Animal Parasites	1	..	1	0.28	1	..	1	0.11
Total																					
Constitutional Diseases—																					
Cancer (Malignant Disease)	2	..	2	0.34	..	..	..	..	2	..	2	0.21	2	1	3	0.51	..	..	..	..
Others	1	..	1	0.17	..	..	..	..	1	..	1	0.11	1	..	1	0.17	..	..	..	..
Total	3	..	3	0.51	..	..	..	..	3	..	3	0.32	3	1	4	0.68	..	..	..	..
Development Defects and Degeneration—																					
Premature Birth, and Accidents during Birth	4	5	9	1.53	2	2	4	1.11	6	7	13	1.37	5	..	5	0.85	1	2	3	0.83	
Malformations .. .. .	..	1	1	0.17	..	1	1	0.28	..	2	2	0.21	..	..	..	..	..	..	..	..
Dentition .. .. .	..	..	..	..	2	1	3	0.83	2	1	3	0.32	..	..	..	..	..	..	..	..
Old Age (Senile Decay) .. .. .	..	3	3	0.51	..	1	1	0.28	..	4	4	0.42	..	..	..	..	..	..	..	..
Others .. .. .	..	1	1	0.17	..	..	..	..	..	1	1	0.11	..	..	..	..	..	..	..	..
Total	4	10	14	2.37	4	5	9	2.49	8	15	23	2.42	8	..	8	1.36	3	4	7	1.94	
Diseases of the Nervous System—																					
Acute Inflammation of the Brain and its Membranes	..	3	3	0.51	..	..	..	..	3	3	3	0.32	1	1	2	0.34	1	..	1	0.28
Convulsions .. .. .	..	..	..	..	1	1	2	0.55	1	1	2	0.21	1	..	1	0.17	7	5	12	3.33
Others	2	2	4	0.68	1	1	2	0.55	3	3	6	0.63	1	..	1	0.17	3	1	4	1.11	
Total	2	5	7	1.19	2	2	4	1.11	4	7	11	1.16	3	1	4	0.68	11	6	17	4.71	
Diseases of the Circulatory System—																					
Heart Disease, Organic, Degeneration, Syncope	3	3	6	1.02	..	2	2	0.55	3	5	8	0.84	2	3	5	0.85	..	2	3	0.55	
Apoplexy .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	0.34	2	1	3	0.83
Others	1	..	1	0.17	..	..	..	..	1	..	1	0.11	..	..	..	..	..	1	1	0.28
Total	4	3	7	1.19	..	2	2	0.55	4	5	9	0.95	4	3	7	1.19	2	4	6	1.66	
Diseases of the Respiratory System—																					
Bronchitis	2	2	4	0.68	8	6	14	3.88	10	8	18	1.89	3	1	4	0.68	9	6	15	4.16	
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	2	2	4	0.68	4	7	11	3.05	6	9	15	1.56	5	3	8	1.36	7	6	13	3.60	
Others	2	2	4	0.68	..	..	..	..	2	2	4	0.42	1	1	2	0.34	1	..	1	0.28
Total	6	6	12	2.03	12	13	25	6.93	18	19	37	3.89	9	5	14	2.37	17	12	29	8.04	
Diseases of the Alimentary Canal—																					
Enteritis, Gastro-Enteritis, Marasmus	5	4	9	1.53	4	5	9	2.49	9	9	18	1.89	4	8	12	2.03	15	5	20	5.54	
Others .. .. .	..	..	..	..	1	1	2	0.55	1	1	2	0.21	..	..	..	..	1	..	1	0.28
Total	5	4	9	1.53	5	6	11	3.05	10	10	20	2.10	4	8	12	2.03	16	5	21	5.82	
Diseases of the Liver	2	1	3	0.51	..	1	1	0.28	2	2	4	0.42	1	..	1	0.17	1	..	1	0.28	
Diseases of the Urinary System and Organs of Generation—																					
Bright's Disease, Nephritis, Uremia ..	1	1	2	0.34	..	1	1	0.28	1	2	3	0.32	2	1	3	0.51	..	..	..	..
Others .. .. .	..	1	1	0.17	..	..	..	..	1	1	1	0.11	1	..	1	0.17	..	..	..	..
Total	1	2	3	0.51	..	1	1	0.28	1	3	4	0.42	3	1	4	0.68	..	..	..	..
Violence	4	..	4	0.68	3	..	3	0.83	7	..	7	0.74	2	1	3	0.51	5	1	6	1.66	
Ill-defined or not specified—																					
Debility, Atrophy, Inanition .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	0.17	1	..	1	0.28
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3	0.83
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	0.17	3	1	4	1.11
All other Diseases not included in the above	3	1	4	0.68	1	1	2	0.55	4	2	6	0.63	..	1	1	0.17	1	1	2	0.55	
Grand Total	59	44	103	15.94	57	60	117	32.42	107	104	211	22.36	58	36	94	15.94	95	69	164	45.44	

Of the above deaths the following were uncertified:—

1904:—Scarlet Fever, 1 C.; Influenza, 2 C.; Whooping Cough, 1 E. and 6 C.; Diphtheria and Croup, 2 E. and 5 C.; Typhoid, etc., 2 C.; Simple Cholera, etc., 2 E. and 9 C.; Tuberculosis, 1 E. and 15 C.; Premature Birth, etc., 2 E. and 3 C.; Dentition, 5 C.; Old Age, 1 E. and 1 C.; Convulsions, 2 C.; Heart Disease, etc., 1 E.; Bronchitis, 10 C.; Pneumonia, etc., 7 C.; Enteritis, etc., 5 C.; Diseases of Liver, 1 C.; All other Diseases, 1 C. Total, 10 E. and 73 C.; All Races 83.

1905:—Mensles, 2 C.; Whooping Cough, 3 C.; Diphtheria and Croup, 4 C.; Typhoid, etc., 2 C.; Simple Cholera, etc., 14 C.; Tuberculosis, 16 C.; Plague, 1 C.; Parasitic Diseases, 1 C.; Premature Birth, etc., 2 E. and 3 C.; Dentition, 2 C.; Inflammation of Brain, 1 C.; Convulsions, 9 C.; Apoplexy, 1 C.; Bronchitis, 13 C.; Pneumonia, etc., 7 C.; "Others," Diseases of the Respiratory System, 1 C.; Enteritis, etc., 9 C.; "Others," Diseases of Alimentary Canal, 1 C.; Diseases of Liver, 1 C.; Debility, etc., 1 E. and 1 C.; "Others" of Ill-defined or not specified, 2 C.; All other Diseases, 1 C. Total, 3 E. and 94 C.; All Races 97.

TABLE 3.—Continued.
BEACONSFIELD.

Population (1904 Census): Europeans, 2,794; Coloured, 6,584; All Races, 9,378.

Diseases.	1904.												1905.												
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.				
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	
Diseases due to Specific Organisms—																									
Small-pox .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza	1	1	0-36	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro-Spinal Meningitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple	3	1	4 1-43	9	1	10 1-52	12	12	14	1-40	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever, Typho-Malarial .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Remittent Fever and Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	18	15	4 1-07	12	6	18 2-73	14	21	21	1-42	1	3	1-07	11	11	3-32	4	8	4-86	12	13	35	3-73	..	..
Tuberculosis, including Haemoptysis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas, Cellulitis, Pyaemia, Septicæmia, and Hospital Gangrene .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	7	5	12 4-29	73	33	106 16-10	80	38	118 12-58	5	4	9 3-22	83	37	120 18-23	88	41	129 13-76	..	..	..	..	..	..	..
Parasitic Diseases—																									
Thrush, Stomatitis .. .. .	..	..	..	..	1	1	2 0-30	1	1	2 0-21	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	1	1	2 0-30	1	1	2 0-21	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Constitutional Diseases—																									
Cancer (Malignant Disease)	2	..	2 0-72	..	..	..	..	..	..	..	..	..	1	1	2 0-36	1	..	1 0-15	1	1	2 0-21	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	..	2 0-72	..	..	..	..	..	..	..	..	..	1	1	2 0-36	2	..	2 0-30	2	1	3 0-32	..	..	..	..
Developmental Defects and Degeneration—																									
Premature Birth and Accidents during Birth	1	1	2 0-72	2	6	8 1-21	3	7	10 1-07	3	1	4 1-43	3	5	8 1-21	6	6	12 1-28	..	..	..	..	..	..	..
Malformations .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	2	3 1-07	2	7	9 1-37	3	9	12 1-28	3	2	5 1-79	4	5	9 1-37	7	7	14 1-49	..	..	..	..	..	..	..
Diseases of the Nervous System—																									
Acute Inflammation of the Brain and its Membranes .. .. .	..	1	1 0-36	3	3	6 0-91	3	4	7 0-75	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Convulsions .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others	2	2	2 0-72	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	3	3 1-07	3	3	6 0-91	3	4	7 0-75	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of the Circulatory System—																									
Heart Disease, Organic, Degeneration, Syncope	3	..	3 1-07	18	6	24 3-65	21	6	27 2-88	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Apoplexy .. .. .	..	..	..	..	1	2	3 0-46	1	2	3 0-32	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others	1	..	1 0-36	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	4	..	4 1-43	19	8	27 4-10	23	8	31 3-31	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of the Respiratory System—																									
Bronchitis .. .. .	..	..	..	9	15	24 3-65	9	15	24 2-56	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy .. .. .	..	..	..	70	26	96 14-58	70	26	96 10-24	7	2	9 3-22	189	31	220 33-41	196	33	229 24-42	..	..	..	..	..	..	..
Total .. .. .	..	..	..	79	41	120 18-23	79	41	120 12-86	7	2	9 3-22	196	42	238 36-15	203	44	247 26-34	..	..	..	..	..	..	..
Diseases of the Alimentary Canal—																									
Enteritis, Gastro-Enteritis, Marasmus	6	6	12 4-29	14	15	29 4-40	20	21	41 4-37	6	3	9 3-22	16	14	30 4-56	23	17	39 4-16	..	..	..	..	..	..	..
Others	1	1	2 0-36	1	3	4 0-61	1	4	5 0-53	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	6	7	13 4-65	15	18	33 5-01	21	25	46 4-91	6	3	9 3-22	18	14	32 4-86	24	17	41 4-37	..	..	..	..	..	..	..
Diseases of the Liver																									
Total .. .. .	..	..	..	3	..	3 0-46	3	..	3 0-32	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of the Urinary System and Organs of Generation—																									
Bright's Disease, Nephritis, Uræmia .. .. .	..	..	..	3	2	5 0-76	3	2	5 0-53	1	..	1 0-36	..	..	..	..	..	..	..	..	..	..	..	..	..
Others	1	..	1 0-36	..	1	1 0-15	1	1	2 0-21	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	..	1 0-36	3	3	6 0-91	4	3	7 0-75	1	..	1 0-36	1	..	1 0-15	2	..	2 0-21	..	..	..	..	..	..	..
Diseases of Parturition																									
Total .. .. .	..	..	..	..	1	1 0-15	..	1	1 0-11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Violence																									
Total	3	..	3 1-07	16	4	20 3-04	19	4	23 2-43	2	..	2 0-72	43	4	47 7-14	45	4	49 5-22	..	..	..	..	..	..	..
Ill-defined or not specified—																									
Debility, Atrophy, Inanition .. .. .	..	..	..	1	4	5 0-76	1	4	5 0-53	..	1	1 0-36	2	2	4 0-61	2	3	5 0-53	..	..	..	..	..	..	..
Others .. .. .	..	..	..	1	..	1 0-15	1	..	1 0-11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	2	4	6 0-91	2	4	6 0-64	..	1	1 0-36	3	2	5 0-76	3	3	6 0-64	..	..	..	..	..	..	..
All other Diseases not included in the above																									
Total	1	..	1 0-36	19	5	24 3-65	20	5	25 2-67	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Grand Total	30	17	47 16-82	230	128	357 35-74	290	145	434 44-15	24	13	37 13-24	381	114	495 75-18	405	127	532 56-73	..	..	..	..	..	..	..

Of the above deaths the following were uncertified:—
 1904:—Diphtheria, etc., 1 C.; Typhoid, etc., 1 C.; Simple Cholera, etc., 10 C.; Tuberculosis, 1 E.; Premature Birth, etc., 1 E. and 2 C.;
 Bronchitis, 11 C.; Pneumonia, etc., 19 C.; Enteritis, etc., 1 C.; Debility, etc., 3 C.; "Others," ill-defined and not specified,
 1 C. Total, 2 E. and 49 C.; All Races, 51.
 1905:—Typhoid, etc., 1 C.; Simple Cholera, etc., 8 C.; Tuberculosis, etc., 3 C.; "Others," diseases due to specific Organisms, 1 C.; Premature
 Birth, etc., 1 E. and 3 C.; Convulsions, 2 C.; Bronchitis, 7 C.; Pneumonia, etc., 15 C.; Enteritis, etc., 1 C.; Diseases of
 Parturition, 1 C. Total, 1 E. and 42 C.

TABLE 3.—Continued.

OUTDSHOORN.

Population (1904 Census): Europeans, 4,145; Coloured, 4,704; All Races, 8,849.

Diseases.	1904.												1905.													
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.					
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.		
Diseases due to Specific Organisms—																										
Measles	1	1	0.24	..	3	3	0.64	..	4	4	0.45	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza .. .. .	..	..	..	1	..	1	0.21	1	..	1	0.11	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup	1	1	0.48	1	..	1	0.21	2	1	1	0.34	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro-Spinal Meningitis .. .. .	..	..	..	1	1	1	0.43	1	1	1	0.34	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple	1	1	0.24	1	1	1	0.43	1	2	2	0.34	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever, Typho-Malarial, Remittent Fever, and Fever.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	4	4	1.93	18	11	29	6.16	22	15	37	4.18	1	..	1	0.24	7	3	10	2.13	8	3	11	1.24	..	..
Tuberculosis, including Haemoptysis	6	3	2.17	22	28	50	10.63	28	31	59	6.67	4	2	6	1.45	17	25	42	8.93	21	27	48	5.42	..	..
Erysipelas, Cellulitis, Pyaemia, Septi- caemia, and Hospital Gangrene.	..	..	..	..	1	1	0.21	..	1	1	0.11	2	..	2	0.48	1	..	1	0.21	3	..	3	0.34	..	..
Puerperal Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others	1	..	0.24	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	12	10	2.2	5.31	44	45	89	18.92	56	55	111	12.54	9	3	12	2.90	32	34	66	14.03	41	37	78	8.81	..	..
Constitutional Diseases—																										
Cancer (Malignant Disease)	1	..	1.0.24	..	3	3	0.64	1	3	4	0.47	..	1	1	0.24	..	2	2	0.43	..	3	3	0.34	..	..	..
Others	1	1	2.0.48	..	..	..	..	..	1	1	0.23	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	1	3.0.72	..	3	3	0.64	2	4	6	0.68	..	1	1	0.24	..	2	2	0.43	..	3	3	0.34	..	..	..
Developmental Defects and Degeneration—																										
Premature Birth, and Accidents during Birth.	..	..	..	4	1	5	1.06	4	1	5	0.57	1	3	4	0.97	8	2	10	2.13	9	5	14	1.58	..	..	..
Malformations	1	..	1.0.24	..	..	..	..	1	..	1	0.11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Deftness .. .. .	..	..	..	1	2	3	0.64	1	2	3	0.34	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Old Age (Senile Decay) .. .. .	..	..	..	4	1	5	1.06	4	1	5	0.57	..	2	2	0.48	1	1	2	0.43	1	3	4	0.45	..	..	..
Total	1	..	1.0.24	9	4	13	2.76	10	4	14	1.58	1	5	6	1.45	10	3	13	2.76	11	8	19	2.15	..	..	..
Diseases of the Nervous System—																										
Convulsions	1	2	3.0.72	9	2	11	2.34	10	4	14	1.58	1	2	3	0.72	10	7	17	3.61	11	9	20	2.26	..	..	..
Others .. .. .	..	..	..	2	..	2	0.43	2	..	2	0.23	1	1	2	0.48	1	..	1	0.21	2	1	3	0.34	..	..	..
Total	1	2	3.0.72	11	2	13	2.76	12	4	16	1.81	2	3	5	1.21	11	7	18	3.83	13	10	23	2.60	..	..	..
Diseases of the Circulatory System—																										
Heart Disease, Organic, Degeneration, Syncope.	2	2	4.0.97	3	2	5	1.06	5	4	9	1.02	1	1	2	0.48	..	1	1	0.21	1	2	3	0.34	..	..	..
Apoplexy	1	..	1.0.24	1	1	2	0.43	2	1	3	0.34	..	..	..	..	..	1	1	0.21	..	1	1	0.11	..	..	..
Others .. .. .	..	..	..	1	1	1	0.21	..	1	1	0.11	1	..	1	0.24	..	2	2	0.43	1	2	3	0.34	..	..	..
Total	3	2	5.1.21	4	4	8	1.70	7	6	13	1.47	2	1	3	0.72	..	4	4	0.85	2	5	7	0.79	..	..	..
Diseases of the Respiratory System—																										
Bronchitis	6	1	7.1.09	12	9	21	4.46	18	10	28	3.16	4	2	6	1.45	10	8	18	3.83	14	10	24	2.71	..	..	..
Pneumonia, Inflammation, Conges- tion of the Lungs, Pleurisy.	4	2	6.1.45	21	21	42	8.93	25	23	48	5.42	4	2	6	1.45	14	13	27	5.74	18	15	33	3.73	..	..	..
Others	2	1	3.0.72	..	..	..	..	2	1	3	0.34	..	2	2	0.48	..	..	..	..	..	2	2	0.23	..	..	..
Total	12	4	16.3.86	33	30	63	13.39	45	34	79	8.93	8	6	14	3.38	24	21	45	9.57	32	27	59	6.67	..	..	..
Diseases of the Alimentary Canal—																										
Enteritis, Gastro-Enteritis, Marasmus	3	..	3.0.72	6	9	15	3.19	9	9	18	2.03	10	2	12	2.90	14	13	27	5.74	24	15	39	4.41	..	..	..
Others	3	..	3.0.72	1	1	2	0.43	4	1	5	0.57	..	1	1	0.24	2	1	3	0.64	2	2	4	0.45	..	..	..
Total	6	..	6.1.45	7	10	17	3.61	13	10	23	2.60	10	3	13	3.14	16	14	30	6.38	26	17	43	4.86	..	..	..
Diseases of the Liver																										
Total .. .. .	..	..	..	..	1	1	0.21	..	1	1	0.11	1	..	1	0.24	..	..	..	..	..	1	..	1	0.11	..	..
Diseases of the Urinary System and Organs of Generation—																										
Bright's Disease, Nephritis, Uraemia.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	0.21	..	1	1	0.11	..	..	..
Others	1	..	1.0.24	1	..	1	0.21	2	..	2	0.23	1	..	1	0.24	..	1	1	0.21	1	1	2	0.23	..	..	..
Total	1	..	1.0.24	1	..	1	0.21	2	..	2	0.23	1	..	1	0.24	..	2	2	0.43	1	2	3	0.34	..	..	..
Diseases of Parturition																										
Total .. .. .	..	..	..	..	2	2	0.43	..	2	2	0.23	..	2	2	0.48	..	2	2	0.43	..	4	4	0.45	..	..	..
Violence																										
Total	2	..	2.0.48	2	..	2	0.43	4	..	4	0.45	4	..	4	0.97	2	2	4	0.85	6	2	8	0.90	..	..	..
Ill-defined or not specified—																										
Debility, Atrophy, Inanition	1	1	2.0.48	4	1	5	1.06	5	2	7	0.79	..	..	..	..	2	2	4	0.85	2	2	4	0.45	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	0.24	2	2	0.43	2	1	3	0.34
Total	1	1	2.0.48	4	1	5	1.06	5	2	7	0.79	..	1	1	0.24	4	2	6	1.28	4	3	7	0.79	..	..	..
All other Diseases not included in the above																										
Total	3	2	5.1.21	2	3	5	1.06	5	5	10	1.13	1	1	2	0.48	1	2	3	0.64	2	3	5	0.57	..	..	..
Grand Total	44	22	66	15.92	117	105	222	47.19	161	127	288	32.55	39	26	65	15.68	100	95	195	41.45	139	121	260	29.38	..	..

Of the above deaths the following were uncertified:—
 1904.—Simple Cholera, etc., 13 E.; Tuberculosis, 1 E. and 15 C.; Erysipelas, etc., 1 C.; Cancer, 1 C.; Premature Birth, etc., 3 C.; Old Age, 1 C.; Deftness, 1 C.; Convulsions, 1 E. and 9 C.; Heart Disease, etc., 2 C.; Bronchitis, 8 C.; Pneumonia, etc., 17 C.; Diseases of Respiratory System, "Others," 1 E.; Enteritis, 6 C.; Diseases of Liver, 1 C.; Debility, etc., 1 E. and 3 C. Total: 4 E. and 81 C. All Races, 85.
 1905.—Simple Cholera, etc., 3 C.; Tuberculosis, 6 C.; Premature Birth, etc., 6 C.; Old Age, 1 C. and 1 E.; Convulsions, 1 E. and 5 C.; Bronchitis, 3 C.; Pneumonia, etc., 1 C. and 1 E.; Enteritis, etc., 2 E. and 10 C.; Debility, etc., 1 C.; All other Diseases, 1 C. Total: 5 E. and 37 C. All Races, 42.

TABLE 3.—Continued.

WORCESTER.

Population (1904 Census) :—Europeans, 3,588 ; Coloured, 4,297. All Races, 7,885.

Diseases.	1904.												1905.												
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.				
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	
Diseases due to Specific Organisms—																									
Chicken-pox .. .. .	..	..	..	..	1	..	1	0.23	1	..	1	0.13	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup	3	4	1	0.88	3	4	5	1.16	6	7	13	1.62	1	1	0.28	4	4	8	1.86	4	5	9	1.14	..	..
Cerebro-Spinal Meningitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple	1	1	..	0.26	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid Malarial .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Remittent Fever, and Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery .. .. .	..	3	3	0.84	10	15	25	5.82	10	18	28	3.52	..	1	1	0.28	9	8	17	3.96	9	9	18	2.28	..
Tuberculosis, including Hemoptysis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas, Cellulitis, Pyæmia, Septicæmia, and Hospital Gangrene .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	6	11	17	4.74	43	43	80	20.61	49	54	103	13.06	6	5	11	3.07	32	34	66	15.36	38	39	77	9.77	..
Parasitic Diseases—																									
Thrush, Stomatitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
From other Vegetable and Animal Parasites .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Constitutional Diseases—																									
Cancer (Malignant Disease)	1	4	5	1.39	1	1	2	0.47	2	5	7	0.89	1	1	2	0.56	2	2	4	0.93	3	3	6	0.76	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	4	5	1.39	1	1	2	0.47	2	6	8	1.01	2	2	4	1.11	2	2	4	0.93	5	3	8	1.01	..
Developmental Defects and Degeneration—																									
Premature Birth, and Accidents during Birth .. .. .	..	1	1	0.28	4	4	8	1.86	4	5	9	1.14	..	1	1	0.28	3	2	5	1.16	3	3	6	0.76	..
Malformations	1	..	1	0.28	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dentition .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Old Age (Senile Decay)	1	1	2	0.56	3	2	5	1.16	4	3	7	0.89	2	1	3	0.84	1	1	2	0.47	3	2	5	0.63	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	3	5	1.39	7	9	16	3.72	9	12	21	2.66	2	2	4	1.11	4	3	7	1.63	6	5	11	1.40	..
Diseases of the Nervous System—																									
Acute Inflammation of the Brain and its Membranes	1	..	1	0.28	6	..	6	1.40	7	..	7	0.89	2	..	2	0.56	..	..	..	..	..	..	..	..	..
Convulsions .. .. .	..	..	..	..	7	12	19	4.42	7	12	19	2.41	..	..	..	..	10	7	17	3.96	16	7	17	2.16	..
Others	2	..	2	0.56	1	1	2	0.47	3	1	4	0.51	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	3	..	3	0.84	14	13	27	6.28	17	13	30	3.80	2	1	3	0.84	12	11	23	5.35	14	12	26	3.30	..
Diseases of the Circulatory System—																									
Heart Disease, Organic, Degeneration, Syncope	3	1	4	1.11	5	5	10	2.33	8	6	14	1.78	1	3	4	1.11	4	4	8	1.86	5	7	12	1.52	..
Apoplexy .. .. .	..	..	..	..	1	1	2	0.47	1	1	2	0.25	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	3	1	4	1.11	6	6	12	2.79	9	7	16	2.03	1	4	5	1.39	5	6	11	2.56	6	10	16	2.03	..
Diseases of the Respiratory System—																									
Bronchitis	1	1	2	0.56	4	2	6	1.40	5	3	8	1.01	1	..	1	0.28	10	7	17	3.96	11	7	18	2.28	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	1	1	2	0.56	17	16	27	6.28	18	11	29	3.68	..	4	4	1.11	14	11	25	5.82	14	15	29	3.68	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	2	4	1.11	21	18	34	7.91	23	15	38	4.83	1	4	5	1.39	24	18	42	9.77	25	22	47	5.96	..
Diseases of the Alimentary Canal—																									
Enteritis, Gastro-Enteritis, Marasmus	4	5	9	2.51	16	6	22	5.12	20	11	31	3.93	2	6	8	2.23	12	12	24	5.59	14	18	32	4.06	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	4	5	9	2.51	16	6	22	5.12	21	11	32	4.06	2	6	8	2.51	12	13	25	5.82	15	19	34	4.31	..
Diseases of the Liver																									
Total	1	1	2	0.56	1	..	1	0.23	2	1	3	0.38	..	1	1	0.28	3	..	3	0.76	3	1	4	0.51	..
Diseases of the Urinary System and Organs of Generation—																									
Bright's Disease, Nephritis, Uræmia	2	1	3	0.84	..	..	..	..	2	1	3	0.38	..	1	1	0.28	1	..	1	0.23	1	1	2	0.25	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	1	3	0.84	..	..	..	..	2	1	3	0.38	..	1	1	0.28	1	..	1	0.23	1	1	2	0.25	..
Diseases of Parturition																									
Total .. .. .	..	..	..	..	2	2	4	0.93	..	2	2	0.25	..	..	..	..	..	..	..	..	..	..	..	..	..
Violence																									
Total	1	2	3	0.84	3	2	5	1.16	4	4	8	1.01	2	1	3	0.84	2	2	4	0.93	4	3	7	0.89	..
Ill-defined or not specified—																									
Debility, Atrophy, Inanition .. .. .	..	..	..	..	1	1	2	0.47	1	1	2	0.25	..	..	..	..	6	1	7	1.63	6	1	7	0.89	..
Others	1	..	1	0.28	2	2	4	0.93	3	2	5	0.63	..	1	1	0.28	..	..	..	..	2	2	4	0.25	..
Total	1	..	1	0.28	3	3	6	1.40	4	3	7	0.89	..	1	1	0.28	6	2	8	1.86	6	3	9	1.14	..
All other Diseases not included in the above																									
Total	2	..	2	0.56	2	2	4	0.93	4	2	6	0.76	1	..	1	0.28	2	..	2	0.47	3	..	3	0.38	..
Grand Total	28	30	58	16.16	119	102	221	51.43	147	132	279	35.38	22	27	49	13.66	106	94	200	46.54	128	121	249	31.58	..

Of the above deaths the following were uncertified :—
 1904 :—Chicken-pox, 1 C. ; Whooping Cough, 2 C. ; Diphtheria and Croup, 1 C. ; Typhoid, etc., 1 C. ; Simple Cholera, etc., 8 C. ; Tuberculosis, 16 C. ; "Others," Diseases due to Specific Organisms, 1 C. ; Thrush, Stomatitis, 1 C. ; Cancer, 1 E. ; Premature Birth, etc., 1 E. and 4 C. ; Dentition, 3 C. ; Old Age, 1 C. ; Acute Inflammation of Brain, 2 C. ; Convulsions, 15 C. ; Heart Disease, 2 C. ; Bronchitis, 1 E. and 1 C. ; Pneumonia, etc., 5 C. ; Enteritis, etc., 1 E. and 5 C. ; Ill-defined or not specified, "Others," 4 C. ; All other Diseases, 1 C. Total, 4 E. and 74 C. ; All Races, 78.
 1905 :—Whooping Cough, 1 E. and 3 C. ; Diphtheria and Croup, 1 C. ; Typhoid, etc., 1 C. ; Simple Cholera, etc., 6 C. ; Tuberculosis, 12 C. ; Thrush, etc., 1 C. ; Cancer, 1 C. ; Premature Birth, etc., 1 C. ; Old Age, 1 E. and 1 C. ; Acute Inflammation of Brain, etc., 1 C. ; Convulsions, 13 C. ; other Diseases of Nervous System, 1 C. ; Heart Disease, etc., 1 C. ; Bronchitis, 7 C.

TABLE 3.—Continued.

MIDDELBURG (Military included).

Population (Military included) (1904 Census): European, 7,200; Coloured, 5,147; All Races, 12,347.

Diseases.	1904.												1905.												
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.				
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	
Diseases due to Specific Organisms—																									
Measles	1	2	3	0.42	3	4	7	1.36	4	6	10	0.81	1	2	3	0.42	3	4	7	1.36	4	6	10	0.81	
Scarlet Fever	1	1	0.14	..	..	..	..	..	1	1	0.08	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup	3	4	7	0.97	5	2	7	1.36	8	6	14	1.13	1	1	2	0.28	4	..	4	0.78	5	1	6	0.49	
Cerebro-Spinal Meningitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple	16	3	19	2.64	4	3	6	1.17	20	5	25	2.02	4	1	5	0.69	1	..	1	0.19	5	1	6	0.49	
Continued Fever, Typho-Malarial, Remittent Fever, and Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	1	..	1	0.14	8	3	11	2.14	9	3	12	0.97	..	..	..	..	8	3	11	2.14	8	3	11	0.89
Tuberculosis, including Haemoptysis	3	5	5	0.60	11	9	20	3.89	14	11	25	2.02	12	8	4	0.56	13	14	27	5.25	15	16	31	2.51	
Erysipelas, Cellulitis, Pyæmia, Septi- cæmia, and Hospital Gangrene	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever .. .. .	..	1	1	0.14	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	3	..	3	0.58	3	..	3	0.24	..	..	..	..	5	1	6	1.17	5	1	6	0.49
Total	24	10	34	4.72	32	17	49	9.52	56	27	83	6.72	10	6	16	2.22	35	25	60	11.66	45	31	76	6.16	
Parasitic Diseases—																									
From other Vegetable and Animal Parasites Total	1	..	1	0.19	1	..	1	0.18
Constitutional Diseases—																									
Cancer (Malignant Disease) .. .. .	..	..	..	..	4	..	4	0.78	4	..	4	0.32	1	1	2	0.28	1	2	3	0.58	2	3	5	0.40
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	4	..	4	0.78	4	..	4	0.32	2	1	3	0.42	3	2	5	0.97	5	3	8	0.65
Developmental Defects and Degenera- tion—																									
Premature Birth, and Accidents during Birth	2	1	3	0.42	1	2	3	0.58	3	3	6	0.49	..	1	1	0.14	4	5	9	1.75	4	6	10	0.81	
Dentition .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Old Age (Senile Decay) .. .. .	..	..	..	..	1	4	5	0.97	1	4	5	0.40	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	1	3	0.42	2	6	8	1.55	4	7	11	0.89	..	2	2	0.28	4	7	11	2.14	4	9	13	1.05	
Diseases of the Nervous System—																									
Acute Inflammation of the Brain and its Membranes .. .. .	..	..	..	..	1	..	1	0.19	1	..	1	0.08	1	..	1	0.14	..	2	2	0.39	1	2	3	0.24
Convulsions	1	2	3	0.42	1	..	1	0.19	2	2	4	0.32	..	1	1	0.14	5	3	8	1.55	5	4	9	0.73	
Others	2	..	2	0.28	1	..	1	0.19	3	0	3	0.24	2	..	2	0.28	2	..	2	0.39	4	..	4	0.32	
Total	3	2	5	0.69	3	..	3	0.58	6	2	8	0.65	3	1	4	0.56	7	5	12	2.33	10	6	16	1.30	
Diseases of the Circulatory System—																									
Heart Disease, Organic, Degeneration, Syncope	2	1	3	0.42	7	7	14	2.72	9	8	17	1.38	1	1	2	0.28	4	7	11	2.14	5	8	13	1.05	
Apoplexy .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	1	1	0.14	1	..	1	0.19	1	1	2	0.16	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	2	4	0.56	8	7	15	2.91	10	9	19	1.54	2	1	3	0.42	4	7	11	2.14	6	8	14	1.13	
Diseases of the Respiratory System—																									
Bronchitis	1	1	2	0.28	11	4	15	2.91	12	5	17	1.38	1	..	1	0.14	3	3	6	1.17	4	3	7	0.57	
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	9	3	12	1.67	32	22	54	10.49	41	25	66	5.33	10	4	14	1.94	41	40	81	15.74	51	44	95	7.69	
Total	10	4	14	1.94	43	26	69	13.41	53	30	83	6.72	11	4	15	2.08	44	43	87	16.90	55	47	102	8.26	
Diseases of the Alimentary Canal—																									
Enteritis, Gastro-Enteritis, Marasmus Others	6	8	14	1.94	24	23	47	9.13	30	31	61	4.94	5	3	8	1.11	37	40	77	14.96	42	43	85	6.88	
Total	7	8	15	2.08	25	26	51	9.91	32	34	66	5.33	5	4	9	1.25	39	40	79	15.35	44	44	88	7.13	
Diseases of the Liver .. Total ..	1	..	1	0.14	1	..	1	0.19	2	..	2	0.16	1	..	1	0.14	..	..	..	..	..	..	..	..
Diseases of the Urinary System and Organs of Generation—																									
Bright's Disease, Nephritis, Uremia Others	3	2	5	0.69	4	4	8	1.55	7	6	13	1.03	2	..	2	0.28	1	2	3	0.58	3	2	5	0.40	
Total	3	2	5	0.69	4	4	8	1.55	7	6	13	1.03	3	..	3	0.42	2	2	4	0.78	5	2	7	0.57	
Diseases of Parturition .. Total ..	..	1	1	0.14	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Violence Total ..	4	..	4	0.56	3	1	4	0.78	7	1	8	0.65	5	..	5	0.69	2	3	5	0.97	7	3	10	0.81	
Ill-defined or not specified—																									
Debility, Atrophy, Inanition .. .. .	..	2	2	0.28	5	4	9	1.75	6	5	11	0.89	2	3	5	0.69	5	7	12	2.33	7	10	17	1.38
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	2	2	0.28	5	4	9	1.75	6	5	11	0.89	2	3	5	0.69	5	8	13	2.73	7	11	18	1.46
All other Diseases not included in the above Total ..	..	..	..	..	2	2	4	0.78	2	2	4	0.49	1	..	1	0.14	..	..	..	..	..	..	..	..
Grand Total	57	31	88	12.22	133	94	227	44.10	190	125	315	25.51	45	22	67	9.31	145	143	288	35.03	190	165	355	28.75	

Of the above deaths the following were uncertified:—
 1904:—Diphtheria and Croup, 1 C.; Typhoid, etc., 2 C.; Simple Cholera, etc., 4 C.; Tuberculosis, 8 C.; Parasitic Diseases, 1 C.;
 Premature Birth, etc., 1 C.; Old Age, 1 C.; Convulsions, 1 E.; Heart Disease, etc., 6 C.; Bronchitis, 8 C.; Pneumonia, etc.,
 17 C.; Enteritis, etc., 1 E. and 21 C.; Diseases of Alimentary Canal, "Others," 2 C.; Bright's Disease, etc., 3 C.; Debility, etc.,
 1 E. and 3 C. Total:—3 E. and 78 C.; All Races, 81.
 1905:—Measles, 1 C.; Influenza, 1 C.; Whooping Cough, 1 C.; Diphtheria and Croup, 4 C.; Typhoid, etc., 1 C.; Simple Cholera, etc.,
 6 C.; Tuberculosis, 1 E. and 10 C.; Diseases due to Specific Organisms, "Others," 5 C.; Cancer, 1 C.; "Others," Constitu-
 tional Diseases, 1 C.; Premature Birth, etc., 6 C.; Old Age, 1 C.; Developmental Defects and Degeneration, "Others," 1 C.;
 Convulsions, 1 E. and 3 C.; Heart Disease, etc., 4 C.; Bronchitis, 4 C.; Pneumonia, etc., 32 C.; Enteritis, etc., 1 E. and 36 C.;
 "Others," Diseases of Alimentary Canal, 1 C.; Bright's Disease, etc., 3 C.; Debility, etc., 1 E. and 12 C.; "Others," Ill-defined
 or not specified, 1 C. Total:—4 E. and 135 C.; All Races, 139.

TABLE 3.—Continued.

ALIWAL NORTH.

Population (1904 Census) : Europeans, 1,758 ; Coloured, 3,808 ; All Races, 5,566.

Diseases.	1904.												1905.																
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.								
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.					
Diseases due to Specific Organisms—																													
Measles .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple Continued Fever, Typho-Malarial, Remittent Fever and Fever	2	1	3	1.71	1	3	4	1.05	3	4	7	1.20	1	1	2	1.14	..	..	..	..	..	..	..	..	1	1	2	0.36
Simple Cholera, Diarrhoea, Dysentery	..	1	1	0.57	12	7	19	4.99	12	8	20	3.59	..	..	..	..	..	..	..	..	10	17	4.46	7	10	17	3.05	
Tuberculosis, including Haemoptysis	3	1	4	2.28	4	4	8	2.10	7	5	12	2.16	2	2	4	2.28	9	16	4.20	9	11	20	3.59	..	..	..	..
Erysipelas, Cellulitis, Pyaemia, Septicæmia, and Hospital Gangrene	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	5	3	8	4.55	17	17	34	8.93	22	20	42	7.55	4	6	10	5.60	19	25	44	11.55	23	31	54	9.70	..	..	..	..
Constitutional Diseases—																													
Cancer (Malignant Disease)	2	3	5	2.84	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	4	0.53	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	3	5	2.84	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	4	0.53	..	..	..	..
Developmental Defects and Degeneration—																													
Premature Birth and Accidents during Birth	1	..	1	0.57	1	1	2	0.53	2	1	3	0.54	..	..	..	..	4	8	12	3.15	4	8	12	2.16	..	..	..	..
Old Age (Senile Decay)	2	2	1.14	2	2	0.36	1	1	2	0.53	1	1	2	0.36
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	2	3	1.71	2	1	3	0.79	3	3	6	1.08	..	..	..	..	5	9	14	3.68	5	9	14	2.52	..	..	..	..
Diseases of the Nervous System—																													
Acute Inflammation of the Brain and its Membranes	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Convulsions .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others	2	..	2	1.14	3	..	3	0.79	5	..	5	0.90	1	1	2	1.14	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	..	2	1.14	3	..	3	0.79	5	..	5	0.90	1	1	2	1.14	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of the Circulatory System—																													
Heart Disease, Organic, Degeneration, Syncope	1	2	3	1.71	3	4	7	1.84	4	6	10	1.80	2	1	3	1.71	4	6	10	2.63	6	7	13	2.54	..	..	..	..
Apoplexy .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	2	3	1.71	3	4	7	1.84	4	6	10	1.80	2	1	3	1.71	4	6	10	2.63	6	7	13	2.54	..	..	..	..
Diseases of the Respiratory System—																													
Bronchitis .. .. .	..	1	1	0.57	5	4	9	2.36	5	5	10	1.80	..	2	2	1.14	2	5	7	1.84	2	7	9	1.62	..	..	..	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	..	1	1	0.57	20	12	32	8.40	20	13	33	5.93	2	2	4	2.28	14	10	24	6.30	16	12	28	5.03	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	2	2	1.14	25	16	41	10.77	25	18	43	7.73	2	4	6	3.41	16	16	32	8.40	18	20	38	6.83	..	..	..	..
Diseases of the Alimentary Canal—																													
Enteritis, Gastro-Enteritis, Mernasmus	2	2	4	2.28	19	13	32	8.40	21	15	36	6.47	1	1	2	1.14	7	2	9	2.36	8	3	11	1.98	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	2	4	2.28	19	13	32	8.40	21	15	36	6.47	1	1	2	1.14	7	2	9	2.36	8	3	11	1.98	..	..	..	..
Diseases of the Liver																													
Total .. .. .	..	..	..	..	1	..	1	0.26	1	..	1	0.18	2	..	2	1.14	..	..	..	..	..	..	..	..	2	..	2	0.36
Diseases of the Urinary System and Organs of Generation—																													
Bright's Disease, Nephritis, Uremia	1	..	1	0.57	2	..	2	0.53	3	..	3	0.54	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	1	1	0.57	..	..	..	..	..	1	1	0.18	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	1	2	1.14	2	..	2	0.53	3	1	4	0.72	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of Parturition																													
Total .. .. .	..	..	..	..	..	2	2	0.53	..	2	2	0.36	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Violence																													
Total .. .. .	..	..	..	..	3	..	3	0.79	3	..	3	0.54	2	1	4	2.28	1	..	1	0.26	4	1	5	0.90	..	..	..	..
Ill-defined or not specified—																													
Debility, Atrophy, Inanition .. .. .	..	..	..	..	1	..	1	0.26	1	..	1	0.18	..	..	..	..	1	..	1	0.26	1	..	1	0.18	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	1	..	1	0.26	1	..	1	0.18	..	..	..	..	1	..	1	0.26	1	..	1	0.18	..	..	..	..
All other Diseases not included in the above																													
Total .. .. .	..	..	..	..	3	1	4	1.05	3	1	4	0.72	..	1	1	0.57	..	..	..	..	..	..	..	..	1	..	1	0.18
Grand Total	14	17	31	17.63	89	58	147	32.60	103	75	178	31.98	16	18	34	19.34	30	66	125	32.83	75	84	159	28.57					

Of the above deaths the following were uncertified:—

1904:—Typhoid, etc., 1 C.; Simple Cholera, etc., 6 C.; Tuberculosis, 1 E. and 1 C.; Old Age, 1 E.; Acute Inflammation of Brain, 1 C.; Convulsions, 5 C.; Pneumonia, etc., 5 C.; Enteritis, 5 C. Total, 2 E. and 24 C.

1905:—Simple Cholera, etc., 3 C.; Tuberculosis, 2 C.; Puerperal Fever, 1 C.; Diseases due to Specific Organisms, "Others," 1 C.; Premature Birth, 1 C.; Convulsions, 2 C.; Diseases of Nervous System, "Others," 1 C.; Bronchitis, 1 C.; Pneumonia, etc., 8 C.; Enteritis, etc., 1 C. Total, 21 C.

TABLE 3.—Continued.

SOMERSET EAST.

Population (1904 Census): Europeans, 1,847; Coloured, 3,369. All Races, 5,216.

Diseases.	1904.												1905.												
	European.				Coloured.				All Races.				European.				Coloured.				All Races.				
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	
Diseases due to Specific Organisms—																									
Measles .. .. .	..	..	..	..	1	..	1	0.20	1	..	1	0.19	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough	1	..	1	0.54	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup .. .. .	..	..	..	..	1	10	11	3.27	1	10	11	3.27	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple	1	..	1	0.54	..	..	..	..	..	..	..	..	1	..	1	0.54	..	..	..	..	..	..	..	..	..
Continued Fever, Typho-Malarial, Remittent Fever, and Fever	2	1	3	1.62	1	1	3	0.50	3	2	5	0.96	..	1	1	0.54	1	1	2	0.50	1	2	3	0.58	..
Simple Cholera, Diarrhoea, Dysentery .. .. .	..	1	1	0.54	1	4	5	1.48	1	5	6	1.15	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis, including Haemoptysis .. .. .	..	2	2	1.08	16	14	30	8.99	16	16	32	6.13	1	1	2	1.08	13	28	41	12.17	14	29	43	8.24	..
Puerperal Fever .. .. .	..	..	..	..	..	1	1	0.20	..	1	1	0.19	..	..	..	..	..	1	1	0.20	..	1	1	0.19	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	4	4	8	4.33	20	32	52	15.42	24	36	60	11.50	2	2	4	2.17	24	38	62	18.40	26	40	66	12.65	..
Parasitic Diseases—																									
Thrush, Stomatitis	1	..	1	0.54	..	..	..	..	1	..	1	0.19	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	..	1	0.54	..	..	..	..	1	..	1	0.19	..	..	..	..	..	..	..	..	..	..	..	..	..
Constitutional Diseases—																									
Cancer (Malignant Disease)	1	1	2	1.08	..	..	..	..	1	1	2	0.38	1	1	2	1.08	3	..	3	0.89	4	1	5	0.96	..
Others .. .. .	..	..	..	..	1	1	0.20	..	1	1	0.19	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	1	2	1.08	1	1	0.20	1	2	3	0.58	1	1	2	1.08	3	..	3	0.89	4	1	5	0.96	..	
Developmental Defects and Degeneration—																									
Premature Birth, and Accidents during Birth	1	..	1	0.54	1	1	2	0.50	2	1	3	0.58	2	..	2	1.08	2	3	5	1.48	4	3	7	1.34	..
Malformations .. .. .	..	..	..	..	1	..	1	0.20	1	..	1	0.19	..	1	1	0.54	..	..	..	..	..	1	1	0.19	..
Dentition .. .. .	..	..	..	..	1	1	3	0.89	1	1	3	0.58	..	..	..	..	..	..	..	..	1	1	1	0.19	..
Old Age (Senile Decay)	1	1	2	1.08	1	1	3	0.89	2	2	5	0.96	1	..	1	0.54	..	..	..	2	0.50	..	..	2	0.58
Total	2	1	3	1.62	6	3	9	2.67	8	4	12	2.30	3	1	4	2.17	5	3	8	2.37	8	4	12	2.30	..
Diseases of the Nervous System—																									
Acute Inflammation of the Brain and its Membranes .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.19	..	..
Convulsions .. .. .	..	..	..	..	2	2	4	1.19	2	2	4	0.77	..	..	..	..	..	..	..	1	2	3	0.58	..	..
Others	1	..	1	0.54	..	..	..	..	1	..	1	0.19	..	..	..	..	..	..	..	1	1	2	0.38	..	..
Total	1	..	1	0.54	2	2	4	1.19	3	2	5	0.96	..	..	..	..	..	..	..	3	3	6	1.15	..	..
Diseases of the Circulatory System—																									
Heart Disease, Organic, Degeneration, Syncope	2	1	3	1.62	2	3	5	1.48	4	4	8	1.53	1	..	1	0.54	4	3	7	2.08	5	3	8	1.53	..
Apoplexy	1	..	1	0.54	..	..	..	..	1	..	1	0.19	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3	0.58	..	..
Total	3	1	4	2.17	2	3	5	1.48	5	4	9	1.73	1	..	1	0.54	6	4	10	2.97	7	4	11	2.11	..
Diseases of the Respiratory System—																									
Bronchitis	1	1	2	1.08	3	10	13	3.86	4	11	15	2.88	2	..	2	1.08	6	4	10	2.97	8	4	12	2.30	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	1	1	2	1.08	16	33	51	15.14	17	36	53	10.16	2	..	2	1.08	19	15	34	10.08	21	17	38	7.29	..
Others .. .. .	..	..	..	..	1	..	1	0.20	1	..	1	0.19	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	2	4	2.17	20	43	65	19.29	22	47	69	13.23	4	2	4	2.17	25	19	44	13.06	29	21	50	9.30	..
Diseases of the Alimentary Canal—																									
Enteritis, Gastro-Enteritis, Marasmus	2	4	6	3.25	11	6	17	5.05	13	10	23	4.41	..	..	..	..	3	1	4	1.19	3	1	4	0.77	..
Others	1	..	1	0.54	1	..	1	0.20	2	..	2	0.38	1	5	6	3.25	1	..	1	0.30	2	5	7	1.34	..
Total	3	4	7	3.79	12	6	18	5.34	15	10	25	4.79	1	5	6	3.25	4	1	5	1.48	5	6	11	2.11	..
Diseases of the Liver																									
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	3	0.89	3	..	3	0.58	..
Diseases of the Urinary System and Organs of Generation—																									
Bright's Disease, Nephritis, Uremia	1	..	1	0.54	2	1	3	0.89	3	1	4	0.77	2	..	2	1.08	4	1	5	1.48	6	1	7	1.34	..
Others	1	..	1	0.54	..	1	1	0.20	1	1	2	0.38	..	1	1	0.54	..	..	..	..	..	1	1	0.19	..
Total	2	..	2	1.08	2	2	4	1.19	4	2	6	1.15	2	1	3	1.62	4	1	5	1.48	6	2	8	1.53	..
Diseases of Parturition																									
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.54	..	..	..	..	..	..	1	1	0.19	..
Violence																									
Total .. .. .	..	..	..	..	1	..	1	0.20	1	..	1	0.19	..	1	1	0.54	2	2	4	1.19	2	3	5	0.96	..
Ill-defined or not specified—																									
Debility, Atrophy, Inanition .. .. .	..	..	..	..	1	..	1	0.20	1	..	1	0.19	1	..	1	0.54	1	..	1	0.30	2	..	2	0.38	..
All other Diseases not included in the above																									
Total	1	1	2	1.08	2	1	3	0.89	3	2	5	0.96	..	..	..	..	2	2	4	0.50	..	2	2	0.38	..
Grand Total	20	14	34	18.41	68	95	163	48.38	88	109	197	37.77	15	14	29	15.70	86	73	153	45.41	95	87	182	34.89	

Of the above deaths the following were uncertified:—

1904:—Influenza, 1 C.; Simple Cholera, etc., 4 C.; Tuberculosis, 2 C.; Cancer, 1 F.; Premature Birth, etc., 1 C.; Dentition, 3 C.; Old Age, 2 C.; Convulsions, 3 C.; Pneumonia, etc., 6 C.; Enteritis, etc., 1 E.; Debility, 1 C. Total, 2 E. and 23 C.
 1905:—Simple Cholera, etc., 4 C.; Tuberculosis, 1 C.; Premature Birth, etc., 2 C.; Dentition, 1 C.; Old Age, 1 E. and 1 C.; Heart Disease, etc., 1 C.; Bronchitis, 2 C.; Pneumonia, etc., 6 C.; Enteritis, etc., 4 C. Total, 1 E. and 22 C.

TABLE 3.—Continued.

STELLENBOSCH.

Population (1904 Census): European, 2,497; Coloured, 2,472; All Races, 4,969.

Diseases.	1904.												1905.												
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.				
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	
Diseases due to Specific Organisms—																									
Measles .. .. .	..	..	..	..	1	1	2	0.81	1	1	2	0.40	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza .. .. .	..	..	..	..	1	1	2	0.40	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough .. .. .	..	1	1	0.80	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup .. .. .	..	1	1	0.40	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro-Spinal Meningitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever, Typho-Malarial, Remittent Fever, and Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	1	1	2	0.80	8	4	12	4.85	9	5	14	2.82	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis, including Haemoptysis	1	..	1	0.40	13	12	25	10.11	14	12	26	5.23	1	..	1	0.40	..	..	..	..	..	..	..	..	..
Erysipelas, Cellulitis, Pyaemia, Septicæmia, and Hospital Gangrene .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	3	..	3	1.21	3	..	3	0.60	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	5	3	8	3.20	30	21	51	20.63	35	24	59	11.85	4	2	6	2.40	20	20	40	10.18	24	22	46	9.26	
Constitutional Diseases—																									
Cancer (Malignant Disease) .. .. .	..	1	1	0.40	..	..	..	..	1	1	2	0.20	..	..	..	..	1	2	3	1.21	1	2	3	0.60	..
Others .. .. .	..	2	2	0.80	..	..	..	..	2	2	4	0.40	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	..	3	3	1.20	..	..	..	..	3	3	6	0.60	..	..	..	..	1	2	3	1.21	1	2	3	0.60	
Developmental Defects and Degeneration—																									
Premature Birth, and Accidents during Birth .. .. .	..	1	1	0.40	2	3	5	2.02	2	4	6	1.21	..	..	..	..	4	3	7	2.83	4	3	7	1.41	..
Malformations .. .. .	..	..	..	..	2	..	2	0.81	..	..	..	..	..	..	..	..	1	1	2	0.81	1	1	2	0.40	..
Old Age (Senile Decay) .. .. .	..	1	1	0.40	1	..	1	0.40	1	..	1	0.40	1	..	1	0.40	1	1	2	0.81	2	1	3	0.60	..
Others .. .. .	..	1	1	0.40	..	..	..	..	1	1	2	0.20	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	..	3	3	1.20	5	3	8	3.24	5	6	11	2.21	1	..	1	0.40	6	5	11	4.45	7	5	12	2.41	
Diseases of the Nervous System—																									
Acute Inflammation of the Brain and its Membranes .. .. .	..	..	..	..	1	..	1	0.40	1	..	1	0.20	..	..	..	..	..	..	..	..	..	..	..	..	..
Convulsions .. .. .	..	..	..	..	2	..	2	0.81	2	..	2	0.40	..	..	..	..	1	4	5	2.02	1	4	5	1.01	..
Others	1	1	2	0.80	3	2	5	2.02	4	3	7	1.41	1	1	2	0.80	1	1	2	0.40	2	1	3	0.60	..
Total ..	1	1	2	0.80	6	2	8	3.24	7	3	10	2.01	1	1	2	0.80	2	4	6	2.43	5	5	8	1.61	
Diseases of the Circulatory System—																									
Heart Disease, Organic, Degeneration, Syncope	3	2	5	2.00	6	1	7	2.83	9	3	12	2.41	..	1	1	0.40	2	2	4	1.62	2	3	5	1.01	..
Apoplexy .. .. .	..	1	1	0.40	2	2	4	1.62	2	3	5	1.01	..	1	1	0.40	3	1	4	1.62	2	2	4	1.01	..
Others	1	..	1	0.40	..	1	1	0.40	1	1	2	0.40	..	2	2	0.80	..	1	1	0.40	..	3	3	0.60	..
Total ..	4	3	7	2.80	8	4	12	4.85	12	7	19	3.82	..	4	4	1.60	5	4	9	3.64	5	8	13	2.62	
Diseases of the Respiratory System—																									
Bronchitis .. .. .	..	..	..	..	1	..	1	0.40	1	..	1	0.20	..	1	1	0.40	..	2	2	0.81	..	3	3	0.60	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy .. .. .	..	1	1	0.40	6	4	10	4.05	6	5	11	2.21	1	..	1	0.40	10	5	15	6.07	11	5	16	3.22	..
Others .. .. .	..	..	..	..	1	..	1	0.40	1	..	1	0.20	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	..	1	1	0.40	8	4	12	4.85	8	5	13	2.62	1	1	2	0.80	10	7	17	6.88	11	8	19	3.82	
Diseases of the Alimentary Canal—																									
Enteritis, Gastro-Enteritis, Manasus	4	4	8	3.20	17	10	27	10.92	21	14	35	7.04	4	3	7	2.80	12	17	29	11.73	16	20	36	7.24	..
Others .. .. .	..	..	..	..	3	..	3	1.21	3	..	3	0.60	..	1	1	0.40	2	..	2	0.81	2	1	3	0.60	..
Total ..	4	4	8	3.20	20	10	30	12.14	24	14	38	7.65	4	4	8	3.20	14	17	31	12.54	18	21	39	7.85	
Diseases of the Liver—																									
Total ..	..	1	1	0.40	..	..	..	..	1	1	2	0.40	1	..	1	0.40	..	..	..	..	..	1	..	1	0.20
Diseases of the Urinary System and Organs of Generation—																									
Bright's Disease, Nephritis, Uremia .. .. .	..	..	..	..	1	1	2	0.81	..	1	1	0.20	..	1	1	0.40	..	1	1	0.40	1	1	2	0.40	..
Others .. .. .	..	..	..	..	1	..	1	0.40	1	..	1	0.20	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	..	..	..	..	1	1	2	0.81	1	1	2	0.40	1	..	1	0.40	..	1	1	0.40	1	1	2	0.40	
Diseases of Parturition—																									
Total ..	..	..	..	..	1	1	2	0.81	..	1	1	0.20	..	..	..	..	..	..	..	..	..	..	..	..	..
Violence—																									
Total ..	..	..	..	..	1	2	3	1.21	1	2	3	0.60	..	..	..	..	1	2	3	1.21	1	2	3	0.60	
Ill-defined or not specified—																									
Debility, Atrophy, Inanition .. .. .	..	2	2	0.80	..	..	..	..	2	2	4	0.40	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	..	2	2	0.80	..	..	..	..	2	2	4	0.40	..	..	..	..	..	..	..	..	..	..	..	..
All other Diseases not included in the above—																									
Total ..	..	1	1	0.40	1	..	1	0.40	1	1	2	0.40	..	..	..	..	..	..	..	..	..	..	..	..
Grand Total ..	14	22	36	14.42	89	48	128	51.78	94	70	164	33.06	13	12	25	10.01	58	62	121	48.95	72	74	146	29.38	

Of the above the following were uncertified:—

1904:—Whooping Cough, 2 E.; Diphtheria and Croup, 1 C.; Simple Cholera, etc., 2 C.; Tuberculosis, 2 C.; Premature Birth, etc., 2 C.; Convulsions, 1 C.; Apoplexy, 1 C.; Diseases of Respiratory System, "Others," 1 C.; Enteritis, etc., 1 C.; "Others," Diseases of the Alimentary Canal, 1 C.; All other Diseases, 1 C. Total—2 E. and 13 C.; All Races, 15.

1905:—Premature Birth, etc., 3 C.; Old Age, 1 C.; Convulsions, 4 C.; Pneumonia, etc., 1 C. Total—9 C.

TABLE 3.—Continued.

WELLINGTON.

Population (1904 Census): Europeans, 2,408; Coloured, 2,473; All Races, 4,881.

Diseases.	1904.										1905.													
	Europeans.				Coloured.			All Races.			Europeans.				Coloured.			All Races.						
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P.	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.				
Diseases due to Specific Organisms—																								
Measles .. .. .	..	..	..	..	1	1	0.40	..	1	1	0.20	..	..	..	..	..	..	..	..	..
Influenza .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.42	..	..	..	..	..
Whooping Cough ..	..	..	..	..	1	4	2.02	..	1	4	1.02	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup..	1	1	0.42	..	..	..	..	..	..	..	..	..	1	1	0.42	..	..	..	..	..
Typhoid (Enteric) Fever, Simple	1	..	0.42	..	3	3	1.21	1	3	4	0.82	..	..	..	..	1	1	0.40	..	1
Continued Fever, Typho-Malarial, Remittent Fever, and Fever.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	1	2	3	1.25	6	3	9	3.64	7	5	12	2.46	..	3	3	6	2.43	5	5	8	1.61			
Tuberculosis, including Hamoptysis	2	4	1.66	..	6	3	9	3.64	8	5	13	2.66	..	1	1	0.42	6	13	2.66		
Others	2	..	0.81			
Total ..	4	5	9	3.74	15	14	29	11.73	19	19	38	7.79	1	4	5	2.08	10	9	19	7.68	11	13	24	4.92
Constitutional Diseases—																								
Cancer (Malignant Disease) ..	1	..	0.42	1	1	2	0.81	2	1	3	0.61			
Others	1	..	0.42	1	..	1	0.20	1	..	1	0.42	1	..	1	0.20	
Total ..	2	..	0.83	1	1	2	0.81	3	1	4	0.82	1	..	1	0.42	1	..	1	0.20	
Development Defects and Degeneration—																								
Premature Birth, and Accidents during Birth.	4	..	4	1.62	4	..	4	0.82		
Malformations	1	0.42	1	1	2	0.81	1	2	3	0.61	1	..	1	0.42	1	..	1	0.20		
Old Age (Senile Decay)	2	..	2	0.81	2	..	2	0.41	1	1	0.42	1	1	1	0.20		
Total	1	0.42	7	1	8	3.23	7	2	9	1.84	1	..	1	0.42	..	1	1	0.42	1	1	2	0.41	
Diseases of the Nervous System—																								
Acute Inflammation of the Brain and its Membranes.	..	1	0.42	1	1	1	0.20	..	1	1	0.42	1	1	2	0.81	1	2	3	0.61	
Convulsions	1	0.42	..	2	2	0.81	..	3	3	0.61	4	6	2.43	3	4	6	1.23		
Others	1	..	1	0.42	1	1	2	0.81	2	1	3	0.61	
Total	2	0.83	..	2	2	0.81	..	4	4	0.82	1	1	2	0.83	4	6	10	4.04	5	7	12	2.46	
Diseases of the Circulatory System—																								
Heart Disease, Organic, Degeneration, Syncope.	3	2	5	2.08	1	4	5	2.02	4	6	10	2.05	2	3	5	2.08	3	3	6	2.43	5	6	11	2.25
Apoplexy	1	1	2	0.83	..	1	1	0.40	1	2	3	0.61
Total ..	3	2	5	2.08	1	4	5	2.02	4	6	10	2.05	3	4	7	2.91	3	4	7	2.83	6	8	14	2.87
Diseases of the Respiratory System—																								
Bronchitis	2	2	0.81	..	2	2	0.41	..	2	2	0.83	1	3	4	1.62	1	5	6	1.23	
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy.	2	..	2	0.83	15	7	22	8.90	17	7	24	4.92	1	..	1	0.42	3	2	5	2.02	4	2	6	1.23
Total ..	2	..	2	0.83	15	9	24	9.70	17	9	26	5.33	1	2	3	1.25	4	5	9	3.64	5	7	12	2.46
Diseases of the Alimentary Canal—																								
Enteritis, Gastro-Enteritis, Marasmus	4	5	9	3.64	4	5	9	1.84	2	2	4	1.66	2	3	5	2.02	4	5	9	1.84	
Others	2	..	2	0.83	1	1	2	0.81	3	1	4	0.82	1	..	1	0.42	..	2	2	0.81	1	2	3	0.61
Total ..	2	..	2	0.83	5	6	11	4.45	7	6	13	2.66	3	2	5	2.08	2	5	7	2.83	5	7	12	2.46
Diseases of the Liver—																								
Total ..	1	1	2	0.83	..	1	1	0.40	1	2	3	0.61	..	1	1	0.42	1	1	1	0.20
Diseases of the Urinary System and Organs of Generation—																								
Bright's Disease, Nephritis, Uremia	1	..	1	0.42	1	..	1	0.20	..	1	1	0.42	1	1	1	0.20
Others	2	..	2	0.83	1	..	1	0.40	3	..	3	0.61
Total ..	1	..	1	0.42	1	..	1	0.20	2	1	3	1.25	1	..	1	0.40	3	1	4	0.82
Violence—																								
Total ..	1	1	2	0.83	1	1	2	0.41	1	1	1	0.40	..	1	1	0.20
Ill-defined or not specified—																								
Debility, Atrophy, Inanition	1	..	1	0.40	1	..	1	0.20	1	1	2	0.81	1	1	2	0.41	
Others	1	1	1	0.40	..	1	1	0.20	
Total	1	..	1	0.40	1	..	1	0.20	1	2	3	1.21	1	2	3	0.61	
All other Diseases not included in the above—																								
Total	1	1	0.42	1	..	1	0.40	1	1	2	0.41	
Grand Total ..	16	12	28	11.63	45	38	83	33.56	61	59	111	22.74	15	16	29	12.64	26	33	59	23.86	39	49	88	18.03

Of the above deaths the following were uncertified:—

1904:—Whooping Cough, 2 C.; Simple Cholera, etc., 2 E. and 5 C.; Tuberculosis, 2 C.; Cancer, 2 C.; Premature Birth, etc., 2 G.; Malformations, 1 C.; Old Age, 2 C.; Heart Disease, etc., 1 C.; Bronchitis, 1 C.; Pneumonia, etc., 10 C.; Enteritis, etc., 4 C.; Debility, etc., 1 C. Total: 2 E. and 33 C. All Races, 35.

1905:—Simple Cholera, etc., 2 C.; Tuberculosis, 2 C.; Convulsions, 3 C.; Heart Disease, etc., 1 C.; Enteritis, etc., 1 E. and 1 C.; Debility, etc., 2 C. Total: 1 E. and 11 C.

TABLE 3.—Continued.

MOSSEL BAY.

Population (1904 Census) :—Europeans, 1,657 : Coloured, 2,549. All Races, 4,206.

Diseases.	1904.												1905.															
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.							
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.				
Diseases due to Specific Organisms—																												
Diphtheria and Membranous Croup	..	..	..	..	2	1	3	1.18	2	1	3	0.71	..	..	..	..	1	1	0.30	..	1	1	0.24	..	..	..	..
Typhoid (Enteric) Fever, Simple Continued Fever, Typho-Malarial, Remittent Fever, and Fever	..	1	1	0.60	4	2	6	2.35	4	3	7	1.66	..	..	..	..	2	..	2	0.78	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	1	..	1	0.60	6	3	9	3.53	7	3	10	2.38	..	..	..	..	2	1	3	1.18	2	1	3	0.71	..	..	..	..
Tuberculosis, including Hemoptysis	..	1	1	0.60	16	8	24	9.42	16	9	25	5.94	..	4	4	2.41	9	10	19	7.45	9	14	23	5.47	..	..	..	..
Puerperal Fever	..	..	..	..	..	1	1	0.39	..	1	1	0.24	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others	..	..	..	..	1	..	1	0.39	1	..	1	0.24	..	..	..	..	1	..	1	0.39	1	..	1	0.24	..	..	..	..
Total	1	2	3	1.81	29	15	44	17.26	30	17	47	11.17	..	4	4	2.41	14	12	26	10.20	14	16	30	7.13	..	..	..	..
Constitutional Diseases—																												
Cancer (Malignant Disease)	..	1	1	0.60	..	..	..	..	1	1	1	0.24	..	..	..	..	1	1	0.39	..	1	1	0.24	..	..	..	..
Others	..	..	..	..	1	1	0.39	..	1	1	0.24	..	..	..	..	1	..	1	0.39	1	..	1	0.24	..	..	..	..
Total	..	1	1	0.60	..	1	1	0.39	..	2	2	0.48	..	..	..	..	1	1	2	0.78	1	1	2	0.48	..	..	..	..
Developmental Defects and Degeneration—																												
Premature Birth, and Accidents during Birth	..	1	1	0.60	..	1	1	0.39	..	2	2	0.48	1	1	2	1.21	2	1	3	1.18	3	2	5	1.19	..	..	..	..
Malformations	..	..	..	..	1	1	2	0.78	1	1	2	0.48	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Old Age (Senile Decay)	..	..	..	..	2	1	3	1.18	2	1	3	0.71	1	..	1	0.60	..	..	..	..	..	..	..	..	1	..	1	0.24
Total	..	1	1	0.60	3	3	6	2.35	3	4	7	1.66	2	1	3	1.81	2	1	3	1.18	4	2	6	1.43	..	..	..	..
Diseases of the Nervous System—																												
Acute Inflammation of the Brain and its Membranes	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.60	1	..	1	0.39	1	1	2	0.48	..	..	..	..
Convulsions	..	2	2	1.21	7	3	10	3.92	9	3	12	2.85	1	3	4	2.41	2	5	7	2.75	3	8	11	2.62	..	..	..	..
Others	..	..	..	..	2	..	2	0.78	2	..	2	0.48	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	..	2	1.21	9	3	12	4.71	11	3	14	3.33	1	4	5	3.02	3	6	9	3.53	4	10	14	3.33	..	..	..	..
Diseases of the Circulatory System—																												
Heart Disease, Organic, Degeneration, Syncope	2	..	2	1.21	2	1	3	1.18	4	1	5	1.19	3	..	3	1.81	1	3	4	1.57	4	3	7	1.66	..	..	..	..
Apoplexy	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.60	..	..	..	..	1	..	1	0.24	..	..	..	..
Others	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.60	..	..	..	..	..	..	..	..	1	..	1	0.24
Total	2	..	2	1.21	2	1	3	1.18	4	1	5	1.19	5	..	5	3.02	1	3	4	1.57	6	3	9	2.14	..	..	..	..
Diseases of the Respiratory System—																												
Bronchitis	1	1	2	1.21	3	3	6	2.35	4	4	8	1.90	..	2	2	1.21	2	3	5	1.90	2	5	7	1.66	..	..	..	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	..	..	..	..	6	4	10	3.92	6	4	10	2.38	1	2	3	1.81	4	2	6	2.35	5	4	9	2.14	..	..	..	..
Others	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.39	1	..	1	0.24	..	..	..	..
Total	1	1	2	1.21	9	7	16	6.28	10	8	18	4.28	1	4	5	3.02	7	5	12	4.71	8	9	17	4.04	..	..	..	..
Diseases of the Alimentary Canal—																												
Enteritis, Gastro-Enteritis, Marasmus	1	5	6	3.62	3	2	5	1.90	4	7	11	2.62	5	5	10	6.04	6	4	10	3.92	11	9	20	4.76	..	..	..	..
Others	1	..	1	0.60	..	1	1	0.39	1	1	2	0.48	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	5	7	4.22	3	3	6	2.35	5	8	13	3.09	5	5	10	6.04	6	4	10	3.92	11	9	20	4.76	..	..	..	..
Diseases of the Liver	1	1	2	1.21	1	..	1	0.39	2	1	3	0.71	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of Parturition	..	1	1	0.60	..	2	2	0.78	..	3	3	0.71	..	..	..	..	2	2	2	0.78	..	2	2	0.48	..	..	..	..
Violence	1	..	1	0.60	1	..	1	0.39	2	..	2	0.48	2	..	2	1.21	..	..	..	..	2	..	2	0.48	..	..	..	..
Ill-defined or not specified—																												
Debility, Atrophy, Inanition	..	1	1	0.60	1	1	2	0.78	1	2	3	0.71	1	..	1	0.60	1	..	1	0.39	2	..	2	0.48	..	..	..	..
Total	..	1	1	0.60	1	1	2	0.78	1	2	3	0.71	1	..	1	0.60	1	..	1	0.39	2	..	2	0.48	..	..	..	..
All other Diseases not included in the above	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.39	1	..	1	0.24	..	..	..	..
Grand Total	10	13	23	13.88	58	36	94	36.88	68	49	117	27.82	17	18	35	21.12	36	34	70	27.46	53	52	105	24.96	..	..	..	..

Of the above deaths the following were uncertified :—

1904 :—Diphtheria, etc., 1 C.; Typhoid, etc., 1 C.; Simple Cholera, etc., 1 E. and 3 C.; Tuberculosis, 2 C.; Premature Birth, etc., 1 C. Old Age, 1 C.; Convulsions, 1 E. and 3 C.; Bronchitis, 1 E.; Debility, 1 E. Total, 4 E. and 12 C.

1905 :—Diphtheria and Croup, 1 C.; Typhoid, etc., 1 C.; Tuberculosis, 1 C.; Premature Birth, etc., 1 E.; Old Age, 1 E.; Convulsions, 1 E. and 3 C.; Pneumonia, etc., 4 C. Total, 3 E. and 10 C.; All Races, 13.

TABLE 3.—Continued.

MALMESBURY.

Population (1904 Census) : Europeans, 1,966 ; Coloured, 1,845 ; All Races, 3,811.

Diseases.	1904.												1905.												
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.				
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	
Diseases due to Specific Organisms—																									
Influenza .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough .. .. .	..	..	..	..	1	2	3	1.63	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro-Spinal Meningitis .. .. .	..	..	..	..	1	..	..	1.04	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple .. .. .	..	..	..	..	1	1	2	1.08	1	1	2	0.52	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever, Typho-Malarial, Remittent Fever and Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	2	2	4	2.03	1	3	4	2.17	3	5	8	2.10	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis, including Haemoptysis .. .. .	..	2	2	1.02	12	9	21	11.38	13	11	24	6.04	2	3	5	2.54	9	9	18	9.76	11	12	23	6.04	..
Others .. .. .	..	..	..	..	1	1	2	1.08	1	1	2	0.52	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	4	6	3.05	17	16	33	17.89	19	20	39	10.23	2	4	6	3.05	10	10	20	10.84	12	14	26	6.82	..
Parasitic Diseases—																									
Thrush, Stomatitis .. .. .	..	..	..	..	1	1	2	1.04	..	1	1	0.26	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	1	1	2	1.04	..	1	1	0.26	..	..	..	..	..	..	..	..	..	..	..	..	..
Constitutional Diseases—																									
Cancer (Malignant Disease) .. .. .	..	..	..	..	1	1	2	1.08	1	1	2	0.52	..	1	1	0.51	..	..	..	..	..	..	1	1	0.26
Total .. .. .	..	..	..	..	1	1	2	1.08	1	1	2	0.52	..	1	1	0.51	..	..	..	..	..	..	1	1	0.26
Developmental Defects and Degeneration—																									
Premature Birth and Accidents during Birth	1	..	1	0.51	1	1	2	1.08	2	1	3	0.79	..	..	..	..	2	2	4	2.17	2	2	4	1.05	..
Malformations	1	..	1	0.51	..	..	..	..	1	..	1	0.26	..	1	1	0.51	..	..	..	..	..	..	1	1	0.26
Old Age (Senile Decay) .. .. .	..	..	..	..	1	1	2	1.08	..	..	..	..	..	..	..	..	1	1	2	1.08	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1.08	..	..	..	..	..
Total	2	..	2	1.02	1	2	3	1.63	3	2	5	1.31	..	1	1	0.51	3	3	6	3.25	3	4	7	1.84	..
Diseases of the Nervous System—																									
Acute Inflammation of the Brain and its Membranes .. .. .	..	1	1	0.51	3	..	3	1.63	3	1	4	1.05	..	..	..	..	1	1	2	1.08	1	1	2	0.52	..
Convulsions .. .. .	..	..	..	..	1	..	1	0.51	1	..	1	0.26	..	..	..	..	2	1	3	1.63	2	1	3	0.79	..
Others	1	..	1	0.51	..	..	..	..	1	..	1	0.26	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	1	2	1.02	4	..	4	2.17	5	1	6	1.57	..	..	..	..	3	2	5	2.71	3	2	5	1.31	..
Diseases of the Circulatory System—																									
Heart Disease, Organic, Degeneration, Syncope .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.51	1	..	1	0.51	2	..	2	0.52
Apoplexy .. .. .	..	1	1	0.51	..	..	..	..	1	1	2	0.52	..	..	..	..	1	1	2	1.08	1	1	2	0.52	..
Others .. .. .	..	..	..	..	1	..	1	0.51	1	..	1	0.26	..	..	..	..	1	..	1	0.51	1	..	1	0.26	..
Total .. .. .	..	1	1	0.51	1	..	1	0.51	1	1	2	0.52	1	..	1	0.51	2	1	3	1.63	3	1	4	1.05	..
Diseases of the Respiratory System—																									
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	1	1	2	1.02	4	2	6	3.25	5	3	8	2.10	..	1	1	0.51	3	2	5	2.71	3	3	6	1.57	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.51	..	..	..	..	1	..	1	0.26
Total	1	1	2	1.02	4	2	6	3.25	5	3	8	2.10	1	1	2	1.02	3	2	5	2.71	4	3	7	1.84	..
Diseases of the Alimentary Canal—																									
Enteritis, Gastro-Enteritis, Marasmus	2	1	3	1.53	3	7	10	5.42	5	8	13	3.41	2	5	7	3.56	8	7	15	8.13	10	12	22	5.77	..
Others .. .. .	..	1	1	0.51	..	..	..	..	1	1	2	0.52	..	..	..	..	1	..	1	0.51	..	..	1	..	1
Total	2	2	4	2.03	3	7	10	5.42	6	9	14	3.67	3	5	8	4.07	9	7	16	8.13	11	12	23	6.04	..
Diseases of the Liver																									
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.51	..	..	..	..	..	1	1	0.26	..
Diseases of the Urinary System and Organs of Generation—																									
Bright's Disease, Nephritis, Uremia .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.51	..	..	..	..	1	..	1	0.26
Others .. .. .	..	..	..	..	1	..	1	0.51	1	..	1	0.26	..	..	..	..	1	1	2	1.08	1	1	2	0.52	..
Total .. .. .	..	..	..	..	1	..	1	0.51	1	..	1	0.26	..	..	..	..	1	1	2	1.08	2	1	3	0.79	..
Violence																									
Total .. .. .	..	..	..	..	5	..	5	2.71	5	..	5	1.31	5	..	5	2.54	4	2	6	3.25	9	2	11	2.89	..
Ill-defined or not specified—																									
Debility, Atrophy, Inanition .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.51	1	..	1	0.26	..
Others .. .. .	..	..	..	..	1	..	1	0.51	1	..	1	0.26	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	1	..	1	0.51	1	..	1	0.26	..	..	..	..	1	..	1	0.51	1	..	1	0.26	..
All other Diseases not included in the above																									
Total	1	..	1	0.51	..	..	..	..	1	..	1	0.26	..	..	..	..	1	..	1	0.51	1	..	1	0.26	..
Grand Total	9	9	18	9.16	38	29	67	36.31	47	35	82	22.39	13	13	26	13.22	36	28	64	34.09	49	41	90	23.62	..

Of the above Deaths the following were uncertified:—

1904.—Whooping Cough, 1 C.; Tuberculosis, 3 C.; Thrush, etc., 1 C.; Premature Birth, etc., 1 C.; Old Age, 1 C.; Convulsions, 1 C.; Enteritis, 1 C. Total, 9 C.

1905.—Typhoid, etc., 1 C.; Tuberculosis, 1 C.; Premature Birth, etc., 4 C.; Convulsions, 1 C.; Enteritis, etc., 1 C. Total, 8 C.

TABLE 3.—Continued.

CALEDON.

Population (1904 Census) : Europeans, 2,059 ; Coloured, 1,449 ; All Races, 3,508.

Diseases.	1904.												1905.													
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.					
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.		
Diseases due to Specific Organisms—																										
Influenza .. .. .	..	1	1	0.49	..	..	..	..	..	1	1	0.29	..	..	..	..	1	1	0.69	..	1	1	0.29	..	..	..
Whooping Cough .. .. .	..	..	..	..	1	..	1	0.69	1	..	1	0.29	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup	1	..	1	0.49	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.69	..	1	1	0.29	..	..	..
Typhoid (Enteric) Fever, Simple	1	1	3	0.97	1	3	3	2.07	3	3	3	1.43	..	..	2	0.97	..	..	..	..	..	..	..	..	..	..
Continued Fever, Typho-Malarial, Remittent Fever, and Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery .. .. .	..	..	..	0.97	5	4	9	0.21	..	4	11	3.14	..	..	2	0.97	4	1	..	5	3.45	6	1	..	5	2.60
Tuberculosis, including Haemoptysis	1	1	..	0.97	4	5	9	0.21	5	6	11	3.14	..	..	..	..	..	..	..	..	5	3.45	3	5	5	1.43
Erysipelas, Cellulitis, Pyæmia, Septicæmia, and Hospital Gangrene .. .. .	..	1	1	0.49	..	..	..	..	..	1	1	0.29	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	1	..	1	0.69	1	..	1	0.29	..	..	..	..	2	..	2	1.38	2	..	2	..	2	0.57
Total	5	4	9	4.37	12	11	23	15.87	17	15	32	9.12	4	..	4	1.94	9	5	14	9.06	13	5	18	5.13	..	..
Parasitic Diseases—																										
From other Vegetable and Animal Parasites .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.69	1	..	1	..	1	0.29
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.69	1	..	1	..	1	0.29
Constitutional Disease—																										
Cancer (Malignant Disease) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	1	2	0.97	..	..	..	..	1	1	2	0.57	1	..	1	0.49	..	..	..	..	1	..	1	..	1	0.29
Developmental Defects and Degeneration—																										
Premature Birth, and Accidents during Birth .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	3	2.07	3	..	3	..	3	0.86
Malformations .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.49	..	1	1	0.69	1	1	2	..	2	0.57
Old Age (Senile Decay) .. .. .	..	..	1	0.49	..	1	1	0.69	1	1	2	0.57	..	1	1	0.49	..	..	..	..	..	1	1	..	1	0.29
Total	1	..	1	0.49	..	1	1	0.69	1	1	2	0.57	1	1	2	0.97	3	1	4	2.76	4	2	6	1.71	..	..
Diseases of the Nervous System—																										
Acute Inflammation of the Brain and its Membranes .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.49	1	1	2	1.38	1	2	3	..	3	0.86
Convulsions	2	2	4	1.94	1	3	4	2.76	3	5	8	2.85	..	..	..	..	1	1	2	1.38	1	1	2	..	2	0.57
Others	1	..	1	0.49	1	..	1	0.69	1	..	1	0.29	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	3	2	5	2.43	2	3	5	3.45	5	5	10	2.85	..	1	1	0.49	2	2	4	2.76	2	3	5	1.43	..	..
Diseases of the Circulatory System—																										
Heart Disease, Organic, Degeneration, Syncope .. .. .	..	1	1	0.49	2	1	3	2.07	2	2	4	1.14	..	..	..	..	2	2	4	1.38	..	2	2	..	2	0.57
Apoplexy .. .. .	..	..	..	..	1	..	1	0.69	1	..	1	0.29	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	1	1	0.49	3	1	4	2.76	3	2	5	1.43	..	..	..	..	2	2	4	1.38	..	2	2	..	2	0.57
Diseases of the Respiratory System—																										
Bronchitis .. .. .	..	..	..	..	1	2	3	2.07	1	2	3	0.86	1	..	1	0.49	2	2	4	2.76	3	2	5	1.43	..	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy .. .. .	..	..	..	..	5	2	7	4.83	5	2	7	2.00	..	..	..	..	3	1	4	2.76	3	1	4	1.14	..	..
Total .. .. .	..	..	..	..	6	4	10	6.90	6	4	10	2.85	1	..	1	0.49	5	3	8	5.52	6	3	9	2.57	..	..
Diseases of the Alimentary Canal—																										
Enteritis, Gastro-Enteritis, Marasmus .. .. .	..	1	1	0.49	2	..	2	1.38	2	1	3	0.86	2	2	4	1.94	1	1	2	1.38	3	3	6	1.71	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.69	..	1	1	..	1	0.29	
Total .. .. .	..	1	1	0.49	2	..	2	1.38	2	1	3	0.86	2	2	4	1.94	1	2	3	2.07	3	4	7	2.00	..	..
Diseases of the Urinary System and Organs of Generation																										
Bright's Disease, Nephritis, Uræmia .. .. .	..	1	1	0.49	..	..	..	..	1	1	0.29	1	..	1	0.49	..	..	..	..	..	1	..	1	..	1	0.29
Others	1	..	1	0.49	..	..	..	..	1	..	1	0.29	..	..	..	..	1	..	1	0.69	1	..	1	..	1	0.29
Total	1	1	2	0.97	..	..	..	..	1	1	2	0.57	1	..	1	0.49	1	..	1	0.69	2	..	2	..	2	0.57
Violence—																										
Total	4	..	4	1.94	..	1	1	0.69	4	1	5	1.43	3	..	3	1.46	1	..	1	0.69	4	..	4	..	4	1.14
Ill-defined or not specified—																										
Debility, Atrophy, Inanition .. .. .	..	..	..	..	3	3	2.07	..	3	3	0.86	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Grand Total	15	10	25	12.14	25	24	49	33.82	46	34	74	21.00	13	4	17	8.26	23	15	38	26.22	36	19	55	15.68	..	..

Of the above deaths the following were uncertified:—

1904:—Tuberculosis, 2 C.; Convulsions, 1 F. and 1 C.; Bronchitis, 1 C.; Pneumonia, etc., 1 C. Total, 1 F. and 5 C.

1905:—Parasitic Diseases, 1 C. Convulsions, 1 C. Total:—2 C.

TABLE 3.—Continued.

GEORGE.

Population (1904 Census): Europeans, 1,829; Coloured, 1,677. All Races, 3,506.

Diseases.	1904.												1905.															
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.							
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.				
Diseases due to Specific Organisms—																												
Influenza	1	..	1	0.55	..	1	1	0.60	1	1	2	0.57
Whooping Cough	1	1	1	0.55	1	1	2	1.19	1
Diphtheria and Membranous Group ..	1	..	1	0.55	..	..	..	0.60	..	..	..	0.57	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple	1	..	1	0.55	2	3	3	2.98	3	3	6	1.71	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever, Typho-Malarial, Remittent Fever and Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	3	1.79	1	2	3	0.86
Tuberculosis, including Hemoptysis	2	1	3	1.64	7	11	18	10.73	9	12	21	5.99	3	..	3	1.64	11	10	21	12.52	14	10	24	6.85				
Erysipelas, Cellulitis, Pyæmia, Septicæmia, and Hospital Gangrene	1	..	1	0.55	..	..	..	..	1	..	1	0.29	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	0.55	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	1.09	1	..	1	0.60	3	..	3	0.86
Total	6	1	7	3.83	9	16	25	14.91	15	17	32	9.13	5	2	7	3.83	14	13	27	16.10	19	15	34	9.70				
Parasitic Diseases—																												
Thrush, Stomatitis .. .. .	..	..	..	..	1	1	1	0.60	..	1	1	0.29	..	..	..	..	..	..	..	..	..	..	..	..
From other Vegetable and Animal Parasites	1	..	1	0.55	1	..	1	0.60	2	..	2	0.57	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	..	1	0.55	1	1	2	1.19	2	1	3	0.86	..	..	..	..	..	..	..	..	..	..	..	..
Constitutional Diseases—																												
Cancer (Malignant Disease) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.60	1	..	1	0.29
Others .. .. .	..	..	..	..	1	1	1	0.60	..	1	1	0.29	..	..	..	..	1	..	1	0.60	1	..	1	0.29
Total .. .. .	..	..	..	..	1	1	1	0.60	..	1	1	0.29	..	..	..	..	2	..	2	1.19	2	..	2	0.57
Developmental Defects and Degeneration—																												
Premature Birth, and Accidents during birth	2	..	2	1.09	2	1	3	1.79	4	1	5	1.43	1	1	2	1.09	2	..	2	1.19	3	1	4	1.14				
Malformations .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	0.55	..	..	..	..	1	1	1	0.29
Old Age (Senile Decay) .. .. .	..	..	..	..	1	..	1	0.60	1	..	1	0.29	1	1	1	0.55	1	..	1	0.60	1	1	2	0.57
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.55	..	..	..	..	1	..	1	0.29
Total	2	..	2	1.09	3	1	4	2.39	5	1	6	1.71	2	2	4	2.73	3	..	3	1.79	5	3	8	2.28				
Diseases of the Nervous System—																												
Acute inflammation of the Brain and its Membranes	2	..	2	1.09	..	1	1	0.60	2	1	3	0.86	..	..	..	..	..	..	..	..	..	..	..	..
Convulsions	1	..	1	0.55	3	3	3	1.79	1	3	4	1.14	2	..	2	1.09	1	..	1	0.60	3	..	3	0.86				
Others .. .. .	..	..	..	..	..	..	..	..	1	1	2	0.29	1	..	1	0.55	1	1	1	0.60	1	1	2	0.57
Total	3	..	3	1.64	..	5	5	2.98	3	5	8	2.28	3	..	3	1.64	1	1	2	1.19	4	1	5	1.43				
Diseases of the Circulatory System—																												
Heart Disease, Organic, Degeneration, Syncope	3	..	3	1.64	1	1	2	1.19	4	1	5	1.43	2	..	2	1.09	2	2	4	2.39	4	2	6	1.71				
Apoplexy .. .. .	..	2	2	1.09	..	..	..	..	2	2	4	0.57	..	..	..	..	..	..	..	..	..	..	..	..
Total	3	2	5	2.73	1	1	2	1.19	6	3	9	2.00	2	..	2	1.09	2	2	4	2.39	4	2	6	1.71				
Diseases of the Respiratory System—																												
Bronchitis	1	..	1	0.55	2	3	5	2.98	3	3	6	1.71	..	..	..	..	2	2	4	1.19	..	2	2	0.57
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	1	1	2	1.09	8	3	11	6.56	9	4	13	3.71	1	1	2	1.09	2	..	2	1.19	3	1	4	1.14				
Total	2	1	3	1.64	10	6	16	9.54	12	7	19	5.42	1	1	2	1.09	2	2	4	2.39	3	3	6	1.71				
Diseases of the Alimentary Canal—																												
Enteritis, Gastro-Enteritis, Marasmus	..	2	2	1.09	2	1	3	1.79	2	3	5	1.43	..	1	1	0.55	1	..	1	0.60	1	1	2	0.57				
Others	1	..	1	0.55	..	1	1	0.60	1	1	2	0.57	..	..	..	..	1	..	1	0.60	1	..	1	0.29
Total	1	2	3	1.64	2	2	4	2.39	3	4	7	2.00	..	1	1	0.55	2	..	2	1.19	2	1	3	0.86				
Diseases of the Liver																												
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.55	1	..	1	0.60	2	..	2	0.57
Diseases of the Urinary System and Organs of Generation—																												
Bright's Disease, Nephritis, Uremia—	..	..	..	..	1	..	1	0.60	1	..	1	0.29	..	1	1	0.55	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	1	..	1	0.60	1	..	1	0.29	..	1	1	0.55	..	..	..	..	..	..	..	..
Diseases of Parturition																												
Total .. .. .	..	1	1	0.55	..	..	..	..	1	1	2	0.29	..	..	..	..	..	..	..	..	..	..	..	..
Violence																												
Total .. .. .	..	..	..	..	1	1	1	0.60	..	1	1	0.29	..	2	2	1.09	..	..	..	..	..	..	..	..
Ill-defined or not specified—																												
Others .. .. .	..	..	..	..	1	..	1	0.60	1	..	1	0.29	..	..	..	..	1	1	1	0.60	..	1	1	0.29
All other Diseases not included in the above																												
Total	1	..	1	0.55	..	..	..	..	1	..	1	0.29	..	1	1	0.55	1	1	2	1.19	1	2	3	0.86
Grand Total	10	7	17	26.14	22	28	34	62.36	97	47	41	88.25	16	14	11	25.13	67	28	29	48.28	62	42	31	73.20				

Of the above deaths the following were uncertified:—

1904.—Influenza, 1 C.; Diphtheria and Croup, 1 C.; Typhoid, etc., 1 C.; Tuberculosis, 4 C.; From other Vegetable and Animal Parasites, 1 E. and 1 C.; Constitutional Diseases, "Others," 1 C.; Premature Birth, etc., 2 E. and 1 C.; Convulsions, 1 E. and 2 C.; "Others" of Nervous System, 1 C.; Apoplexy, 1 E.; Bronchitis, 1 C.; Pneumonia, etc., 2 C.; Enteritis, etc., 1 E. and 2 C.; Diseases of Parturition, 1 E.; Debility, etc., 1 C. Total, 7 E. and 19 C.; All Races, 26.

1905.—Simple Cholera, 1 C.; Tuberculosis, 1 E. and 2 C.; Premature Birth, 2 C.; Convulsions, 2 E. and 1 C. Total, 5 E. and 6 C.; All Races, 9.

TABLE 3.—Continued.

CAMBRIDGE.

Population (1904 Census) :—Europeans, 2,029 ; Coloured, 1,451 ; All Races, 3,480.

Diseases.	1904.									1905.														
	Europeans.			Coloured.			All Races.			Europeans.			Coloured.			All Races.								
	M	F	Death Rate.	M	F	Death Rate.	M	F	Death Rate.	M	F	Death Rate.	M	F	Death Rate.	M	F	Death Rate.						
Diseases due to Specific Organisms—																								
Measles .. .. .	..	..	..	..	..	..	..	..	..	1	2	3	1.48	..	1	1	0.69	1	3	4	1.15	
Influenza .. .. .	..	..	..	..	..	..	..	..	..	..	1	1	0.49	..	..	..	..	..	1	1	0.29	
Whooping Cough .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.69	..	..	1	1	0.29	
Diphtheria and Membranous Croup	1	..	1	0.49	..	..	..	..	1	..	1	0.49	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple Continued Fever, Typho-Malarial, Remittent Fever and Fever	1	1	2	0.99	..	..	..	..	1	1	2	0.57	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	..	..	..	1	..	1	0.69	1	..	1	0.29	..	1	1	0.49	2	1	0.99	2	2	4	1.15
Tuberculosis, including Haemoptysis	2	1	3	1.48	1	1	2	1.38	3	2	5	1.44	3	..	3	1.48	5	3	8	2.45	8	2.30		
Total	4	2	6	2.96	2	1	3	2.07	6	3	9	2.59	4	4	8	3.94	2	8	10	6.89	6	12	18	5.17
Constitutional Diseases—																								
Cancer (Malignant Disease)	1	..	1	0.49	..	..	..	1	..	1	0.29	1	1	2	0.99	..	..	..	1	1	2	0.57
Total	1	..	1	0.49	..	..	..	1	..	1	0.29	1	1	2	0.99	..	..	..	1	1	2	0.57
Developmental Defects and Degeneration—																								
Premature Birth and Accidents during Birth	..	2	2	0.99	2	2	0.57	2	1	3	1.48	1	..	1	0.69	3	1	4	1.15	
Dentition .. .. .	..	..	..	..	1	1	0.69	..	1	1	0.29	..	..	..	..	..	..	..	..	1	1	0.29
Old Age (Senile Decay) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.69	..	..	..	1	1	0.29
Others	1	..	1	0.49	1	..	1	0.69	2	..	2	0.57	
Total	2	2	0.99	..	1	1	0.69	..	3	3	0.86	3	1	4	1.97	2	1	3	2.07	5	2	7	2.01
Diseases of the Nervous System—																								
Acute Inflammation of the Brain and its Membranes	..	..	..	..	..	..	..	..	..	..	1	1	0.49	..	..	..	..	..	..	1	1	0.29
Convulsions .. .. .	..	..	..	..	..	..	..	..	..	..	1	..	1	0.49	..	1	1	0.69	1	1	2	0.57
Others .. .. .	..	..	..	..	..	..	..	..	..	..	1	1	0.49	..	..	..	..	..	..	1	1	0.29
Total .. .. .	..	..	..	..	..	..	..	..	..	..	1	2	3	1.48	..	1	1	0.69	1	3	4	1.15
Diseases of the Circulatory System—																								
Heart Disease, Organic, Degeneration, Syncope	1	..	1	0.49	1	..	1	0.29	..	1	1	0.49	1	1	2	1.38	1	2	3	0.86	
Apoplexy	1	1	0.49	1	1	0.29	2	0.99	1	1	2	0.57	
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	1	2	0.99	1	1	2	0.57	1	2	3	1.48	1	1	2	1.38	2	3	5	1.44	
Diseases of the Respiratory System—																								
Bronchitis	1	1	0.49	1	1	0.29	1	1	2	0.99	1	1	2	0.57	
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	1	..	1	0.49	..	..	..	1	..	1	0.29	..	..	..	1	1	2	1.38	1	1	2	0.57
Others	1	..	1	0.49	1	..	1	0.29	
Total	1	1	2	0.99	1	1	2	0.57	2	1	3	1.48	1	1	2	1.38	3	2	5	1.44	
Diseases of the Alimentary Canal—																								
Enteritis, Gastro-Enteritis, Marasmus	1	2	3	1.48	1	..	1	0.69	2	2	4	1.15	2	3	5	2.46	1	2	3	2.07	3	5	8	2.30
Others	1	1	2	0.99	..	..	..	1	1	2	0.57	..	..	..	..	..	..	..	..	..	..	..
Total	2	3	5	2.46	1	..	1	0.69	3	3	6	1.72	2	3	5	2.46	1	2	3	2.07	3	5	8	2.30
Diseases of the Liver																								
Total	1	..	1	0.69	1	..	1	0.29	..	1	1	0.49	1	..	1	0.69	1	1	2	0.57	
Diseases of the Urinary System and Organs of Generation—																								
Others	1	..	1	0.49	1	..	1	0.29	2	..	2	0.99	1	..	1	0.69	3	..	3	0.86	
Total	1	..	1	0.49	1	..	1	0.29	2	..	2	0.99	1	..	1	0.69	3	..	3	0.86	
Diseases of Parturition																								
Total	1	1	0.49	1	1	0.29	..	2	2	0.99	2	2	2	0.57	
Violence																								
Total	1	..	1	0.69	1	..	1	0.29	1	1	2	0.99	..	1	1	0.69	1	2	3	0.86	
Ill-defined or not specified—																								
Debility, Atrophy, Inanition .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.49	..	..	..	..	1	1	0.29
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.49	..	..	..	..	1	1	0.29
Grand Total	10	10	20	9.86	5	2	7	4.82	15	12	27	7.76	17	19	36	17.74	9	15	24	16.54	26	34	60	17.24

Of the above deaths the following were uncertified :—

1904.—Simple Cholera, 1 C.; Dentition, 1 C. Total, 2 C.

1905.—Measles, 1 C.; Whooping Cough, 1 C.; Old Age, 1 C.; Diseases of Urinary System, "Others," 1 C. Total 4 C.

TABLE 3.—Continued.

DE AAR.

Population (1904 Census) : Europeans, 1,094 ; Coloured, 2,177 ; All Races, 3,271.

Diseases.	1904.												1905.													
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.					
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.		
Diseases due to Specific Organisms—																										
Influenza	1	..	1	0.91	..	..	..	..	1	..	1	0.31	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough	1	..	1	0.91	8	6	14	6.43	9	6	15	4.59	..	..	..	..	1	1	2	0.46	..	1	1	0.31	..
Diphtheria and Membranous Croup .. .. .	..	..	..	..	1	..	1	0.46	1	..	1	0.31	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple	4	1	5	4.57	5	1	6	1.85	1	..	1	0.91	1	..	1	0.31
Continued Fever, Typho-Malarial, Remittent Fever, and Fever .. .. .	..	..	..	..	4	6	10	4.59	4	6	10	3.06	..	..	..	..	4	1	5	2.30	4	1	5	1.53	..
Simple Cholera, Diarrhœa, Dysentery	2	2	4	3.66	12	9	21	9.65	14	11	25	7.64	3	1	4	3.66	3	4	7	3.52	6	5	11	3.96	..	
Tuberculosis, including Hemoptysis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	8	3	11	10.05	28	21	47	21.59	34	24	58	17.73	4	1	5	4.57	7	6	13	5.97	11	7	18	5.50	..	
Constitutional Diseases—																										
Cancer (Malignant Disease) .. .. .	..	..	..	..	1	1	2	0.92	1	1	2	0.61	..	..	..	..	1	..	1	0.46	1	..	1	0.31	..
Total .. .. .	..	..	..	..	1	1	2	0.92	1	1	2	0.61	..	..	..	..	1	..	1	0.46	1	..	1	0.31	..
Developmental Defects and Degeneration—																										
Premature Birth, and Accidents during Birth .. .. .	..	..	..	..	2	2	4	1.84	2	2	4	1.22	..	..	..	..	1	..	1	0.46	1	..	1	0.31	..
Dentition .. .. .	..	..	..	..	1	1	2	0.46	..	1	1	0.31	..	..	..	..	..	..	..	..	..	..	..	..	..
Old Age (Senile Decay) .. .. .	..	..	..	..	2	2	4	0.92	..	2	2	0.61	..	..	..	..	1	..	1	0.46	1	..	1	0.31	..
Total .. .. .	..	..	..	..	2	5	7	3.22	2	5	7	2.14	..	..	..	..	2	..	2	0.92	2	..	2	0.61	..
Diseases of the Nervous System—																										
Convulsions .. .. .	..	..	..	..	3	1	4	1.84	3	1	4	1.22	..	..	..	..	1	..	1	0.46	1	..	1	0.31	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.46	1	..	1	0.31	..
Total .. .. .	..	..	..	..	3	1	4	1.84	3	1	4	1.22	..	..	..	..	2	..	2	0.92	2	..	2	0.61	..
Diseases of the Circulatory System—																										
Heart Disease, Organic, Degeneration, Syncope, Apoplexy .. .. .	..	..	..	..	1	2	3	1.38	1	2	3	0.92	..	..	..	..	2	..	2	0.92	2	..	2	0.61	..
Total .. .. .	..	..	..	..	1	2	3	1.38	1	2	3	0.92	1	..	1	0.91	2	..	2	0.92	3	..	3	0.92	..
Diseases of the Respiratory System—																										
Bronchitis .. .. .	..	..	..	..	3	6	9	4.13	3	6	9	2.75	..	..	..	..	1	1	2	0.92	1	1	2	0.61	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	2	1	3	2.74	13	16	29	13.32	15	17	32	9.78	..	..	..	..	8	2	10	4.59	8	2	10	3.06	..
Total	2	1	3	2.74	16	22	38	17.46	18	23	41	12.53	..	..	..	..	9	3	12	5.51	9	3	12	3.67	..
Diseases of the Alimentary Canal—																										
Enteritis, Gastro-Enteritis, Marasmus .. .. .	..	..	..	..	3	6	9	4.13	3	6	9	2.75	..	..	..	..	3	2	5	2.30	3	2	5	1.53	..
Others .. .. .	..	1	1	0.91	1	..	1	0.46	1	1	2	0.61	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	1	1	0.91	4	6	10	4.59	4	7	11	3.36	..	..	..	..	3	2	5	2.30	3	2	5	1.53	..
Diseases of the Liver—																										
Total	1	..	1	0.91	2	..	2	0.92	3	..	3	0.92	..	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of the Urinary System and Organs of Generation—																										
Bright's Disease, Nephritis, Uremia .. .. .	..	..	..	..	1	2	3	1.38	1	2	3	0.92	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	0.92	1	1	2	0.61	..
Total .. .. .	..	..	..	..	1	2	3	1.38	1	2	3	0.92	..	..	..	..	1	1	2	0.92	1	1	2	0.61	..
Violence—																										
Total	1	..	1	0.91	1	1	2	0.92	2	1	3	0.92	..	..	..	..	1	..	1	0.46	1	..	1	0.31	..
Ill-defined or not specified—																										
Debility, Atrophy, Inanition .. .. .	..	..	..	..	2	2	4	0.92	..	2	2	0.61	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	2	2	4	0.92	..	2	2	0.61	..	..	..	..	..	..	..	..	..	..	..	..	..
All other Diseases not included in the above—																										
Total .. .. .	..	..	..	..	1	..	1	0.46	1	..	1	0.31	..	..	..	..	..	..	..	..	..	..	..	..	..
Grand Total	12	5	17	15.54	58	63	121	35.58	70	68	138	42.19	5	1	6	5.48	28	12	40	18.37	33	13	46	14.06		

Of the above deaths the following were uncertified :—

1904.—Whooping Cough, 8 C. ; Simple Cholera, etc., 6 C. ; Tuberculosis, 1 C. ; Premature Birth, etc., 3 C. ; Dentition, 1 C. ; Convulsions, 1 C. ; Bronchitis, 3 C. ; Pneumonia, etc., 6 C. Total : 29 C.

1905.—Whooping Cough, 1 C. ; Simple Cholera, etc., 3 C. ; Pneumonia, etc., 1 C. ; Diseases of Urinary System, "Others," 1 C. Total : 6 C.

TABLE 3.—Continued.

ROBERTSON.

Population (1904 Census) :—Europeans, 2,038 ; Coloured, 1,206. All Races, 3,244.

Diseases.	1904.												1905.																
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.								
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.					
Diseases due to Specific Organisms :—																													
Chicken-pox .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup	1	1	2	0·98	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro-Spinal Meningitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple Continued Fever, Typho-Malarial, Remittent Fever, and Fever ..	..	1	1	0·49	..	..	..	..	..	1	1	0·31	1	..	1	0·49	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhœa, Dysentery	..	..	..	..	5	2	7	5·80	5	2	7	2·16	2	1	2	1·47	9	8	17	14·10	11	9	20	6·17	..	..	..	..
Tuberculosis, including Hæmoptysis	..	2	2	0·98	6	7	13	10·78	6	9	15	4·62	1	3	4	1·96	3	5	8	6·63	4	8	12	3·70	..	..	..	..
Erysipelas, Cellulitis, Pyæmia, Septicæmia, and Hospital Gangrene	..	..	..	..	1	..	1	0·83	1	..	1	0·31	..	..	..	..	1	1	0·83	..	1	1	0·31	..	..	..	..
Others .. .. .	..	..	..	..	1	1	0·83	..	1	1	0·31	..	..	..	..	1	..	1	0·83	1	..	1	0·31	..	..	..	..
Total ..	1	4	5	2·45	12	10	22	18·24	15	14	27	8·32	7	5	12	5·89	14	22	36	29·85	21	27	48	14·80	..	..	..	..
Constitutional Diseases :—																													
Cancer (Malignant Disease) ..	2	1	3	1·47	1	..	1	0·83	3	1	4	1·23	..	1	1	0·49	..	1	1	0·83	..	2	2	0·62	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	2	1	3	1·47	1	..	1	0·83	3	1	4	1·23	..	1	1	0·49	..	2	2	1·66	..	3	3	0·92	..	..	..	..
Developmental Defects and Degeneration :—																													
Premature Birth, and Accidents during Birth .. .. .	..	..	..	..	1	..	1	0·83	1	..	1	0·31	1	..	1	0·49	2	3	5	4·15	3	3	6	1·85	..	..	..	..
Dentition .. .. .	..	..	..	..	1	1	0·83	..	1	1	0·31	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Old Age (Senile Decay) .. .. .	..	..	..	..	4	4	3·32	..	4	4	1·23	..	1	1	0·49	..	3	3	2·49	..	4	4	1·23	..	..	..	..
Total ..	..	..	..	..	1	5	6·498	1	5	6	1·85	1	1	2	0·98	2	6	8	6·63	3	7	10	3·08	..	..	..	..
Diseases of the Nervous System :—																													
Acute Inflammation of the Brain and its Membranes	1	1	2	0·98	2	..	2	1·66	3	1	4	1·23	1	..	1	0·49	1	..	1	0·31
Convulsions .. .. .	..	..	..	..	6	1	7	5·80	6	1	7	2·16	..	..	..	..	5	1	6	4·98	5	1	6	1·85	..	..	..	..
Others	2	..	2	0·98	..	1	1	0·83	2	1	3	0·92	..	..	..	..	1	..	1	0·83	1	..	1	0·31	..	..	..	..
Total ..	3	1	4	1·96	8	2	10	8·29	11	3	14	4·32	1	..	1	0·49	6	1	7	5·80	7	1	8	2·47	..	..	..	..
Diseases of the Circulatory System :—																													
Heart Disease, Organic, Degeneration, Syncope	1	1	2	0·98	..	5	5	4·15	1	6	7	2·16	1	3	4	1·96	..	1	1	0·83	1	4	5	1·54	..	..	..	..
Apoplexy .. .. .	..	..	..	..	2	1	3	2·49	2	1	3	0·92	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	1	1	2	0·98	2	6	8	6·63	3	7	10	3·08	1	3	4	1·96	..	1	1	0·83	1	4	5	1·54	..	..	..	..
Diseases of the Respiratory System :—																													
Bronchitis .. .. .	..	..	..	..	1	3	4	3·32	1	3	4	1·23	..	..	..	..	1	1	1	0·83	..	1	1	0·31	..	..	..	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	1	1	2	0·98	5	1	6	4·98	6	2	8	2·47	3	2	5	2·45	6	8	14	11·61	9	10	19	5·86	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	1	1	2	0·98	6	4	10	8·29	7	5	12	3·70	3	2	5	2·45	7	9	16	13·27	10	11	21	6·47	..	..	..	..
Diseases of the Alimentary Canal :—																													
Enteritis, Gastro-Enteritis, Manosmus	3	3	6	2·94	3	2	5	4·15	6	5	11	3·39	..	1	1	0·49	..	..	..	..	..	1	1	0·31	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	3	3	6	2·94	3	2	5	4·15	6	5	11	3·39	..	1	1	0·49	1	..	1	0·83	1	1	2	0·62	..	..	..	..
Diseases of the Liver :—																													
Total	1	..	1	0·49	1	..	1	0·31
Diseases of the Urinary System and Organs of Generation :—																													
Bright's Disease, Nephritis, Uræmia .. .. .	..	..	..	..	1	1	2	1·66	1	1	2	0·62	..	2	2	0·98	1	..	1	0·83	1	2	3	0·92	..	..	..	..
Total ..	..	..	..	..	1	1	2	1·66	1	1	2	0·62	..	2	2	0·98	1	..	1	0·83	1	2	3	0·92	..	..	..	..
Diseases of Parturition :—																													
Total ..	..	1	1	0·49	..	..	..	..	1	1	0·31	..	..	..	..	..	1	1	0·83	..	1	1	0·31	..	..	..	..
Violence :—																													
Total ..	..	..	..	..	1	..	1	0·83	1	..	1	0·31	..	..	..	..	2	..	2	1·66	2	..	2	0·62	..	..	..	..
Ill-defined or not Specified :—																													
Debility, Atrophy, Inanition	1	..	1	0·49	1	1	2	1·66	2	1	3	0·92	..	..	..	..	1	1	2	1·66	1	1	2	0·62	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	1	..	1	0·49	1	1	2	1·66	2	1	3	0·92	..	..	..	..	3	1	4	3·32	3	1	4	1·23	..	..	..	..
All other Diseases not included in the above ;	..	..	..	..	1	..	1	0·83	1	..	1	0·31	..	1	1	0·49	..	..	..	..	..	1	1	0·31	..	..	..	..
Grand Total ..	12	12	24	11·78	37	31	68	56·38	49	43	92	28·36	14	16	30	14·72	36	43	79	65·51	50	59	109	33·60	..	..	..	..

Of the above deaths the following were uncertified :—

1904 :—Simple Cholera, etc., 5 C. ; Tuberculosis, 1 C. ; Premature Birth, etc., 1 C. ; Dentition, 1 C. ; Convulsions, 6 C. ; Bronchitis, 1 C. ; Pneumonia, etc., 1 C. ; Debility, etc., 2 C. Total, 18 C.

1905 :—Influenza, 1 C. ; Whooping Cough, 2 C. ; Diphtheria and Croup, 1 C. ; Simple Cholera, etc., 9 C. ; Tuberculosis, 2 C. ; Diseases due to Specific Organisms, "Others," 1 C. ; Premature Birth, etc., 4 C. ; Old Age, 2 C. ; Convulsions, 6 C. ; Diseases of the Nervous System, "Others," 1 C. ; Heart Disease, etc., 1 C. ; Pneumonia, etc., 9 C. ; Violence, 1 C. ; Debility, etc., 1 C. ; "Others," ill-defined or not specified, 2 C. Total, 43 C.

TABLE 3.—Continued.

SOMERSET WEST STRAND.

Population (1904 Census) :—Europeans, 1,593; Coloured, 1,466. All Races, 3,059.

Diseases.	1904.												1905.															
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.							
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.				
Diseases due to Specific Organisms—																												
Whooping Cough	1	1	0.68	..	1	1	0.33
Diphtheria and Membranous Croup	1	1	0.63	1	..	1	0.68	1	1	1	1	..	0.65
Typhoid (Enteric) Fever, Simple Continued Fever, Typho-Malarial, Remittent Fever, and Fever	2	1	3	1.88	3	1	3	0.98
Simple Cholera, Diarrhoea, Dysentery .. .. .	..	..	..	..	5	3	8	5.46	3	3	8	2.62	1	..	1	0.63	6	3	8	5.46	7	3	9	2.94
Tuberculosis, including Haemoptysis .. .. .	..	..	..	..	5	3	7	4.77	3	3	7	2.29	3	3	4	2.51	3	4	9	6.14	7	6	13	4.25
Erysipelas, Cellulitis, Pyæmia, Septicæmia, and Hospital Gangrene .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	3	6	4.09	4	3	6	1.96
Puerperal Fever .. .. .	..	..	..	..	2	2	1	1.36	2	2	0	0.65	..	1	1	0.63	..	..	..	..	..	1	1	0.33
Total	2	1	3	1.88	10	8	18	12.28	12	9	21	6.88	3	4	7	4.39	16	8	24	16.37	19	12	31	10.13				
Constitutional Diseases—																												
Cancer (Malignant Disease)	1	..	1	0.63	1	..	1	0.33
Others	1	1	0.63	1	1	0.33
Total	1	1	2	1.26	1	1	2	0.65
Developmental Defects and Degeneration—																												
Premature Birth, and Accidents during Birth	1	1	2	1.26	3	4	7	4.77	4	5	9	2.94	1	1	2	1.26	4	1	5	3.41	5	2	7	2.29				
Malformations	1	..	1	0.68	1	..	1	0.33
Dentition .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.63	..	..	..	..	1	..	1	0.33
Old Age (Senile Decay)	1	1	1	0.68	1	1	1	0.33
Total	1	1	2	1.26	4	5	9	6.14	5	6	11	3.60	2	1	3	1.88	4	1	5	3.41	6	2	8	2.62				
Diseases of the Nervous System—																												
Convulsions	1	..	1	0.68	1	..	1	0.33
Others	1	3	4	2.73	1	3	4	1.31
Total	2	3	5	3.41	2	3	5	1.63
Diseases of the Circulatory System—																												
Heart Disease, Organic, Degeneration, Syncope	1	..	1	0.63	1	..	1	0.33
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.68	1	..	1	0.33
Total	1	..	1	0.63	..	..	..	..	1	..	1	0.33	..	..	..	..	1	..	1	0.68	1	..	1	0.33
Diseases of the Respiratory System—																												
Bronchitis .. .. .	..	1	1	0.63	1	..	1	0.68	1	1	2	0.65	..	..	..	..	1	..	1	0.68	1	..	1	0.33
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy .. .. .	..	1	1	0.63	4	..	4	2.73	4	1	5	1.63	..	1	1	0.63	1	2	3	2.05	1	3	4	1.31			
Total .. .. .	..	2	2	1.26	5	..	5	3.41	5	2	7	2.29	..	1	1	0.63	2	2	4	2.73	2	3	5	1.63			
Diseases of the Alimentary Canal—																												
Enteritis, Gastro-Enteritis, Marasmus .. .. .	..	..	..	..	2	1	3	2.05	2	1	3	0.98	..	..	..	..	4	4	4	2.73	4	4	4	1.31
Total .. .. .	..	..	..	..	2	1	3	2.05	2	1	3	0.98	..	..	..	..	4	4	4	2.73	4	4	4	1.31
Diseases of the Urinary System and Organs of Generation—																												
Bright's Disease, Nephritis, Uremia .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.68	1	..	1	0.33
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.68	1	..	1	0.33
Violence .. .. .	..	1	1	0.63	1	..	1	0.68	1	1	2	0.65	1	..	1	0.63	..	1	1	0.68	1	1	2	0.65			
Ill-defined or not specified—																												
Debility, Atrophy, Inanition .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.68	1	..	1	0.33
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.68	1	..	1	0.33
All other Diseases not included in the above	1	..	1	0.68	1	..	1	0.33
Grand Total	5	6	11	6.91	25	17	42	28.65	30	23	53	17.33	6	6	12	7.53	25	16	41	27.97	31	22	53	17.33				

Of the above deaths the following were uncertified :—

1904 :—Premature Birth, etc., 1 C.

1905 :—Diphtheria and Croup, 1 C.; Tuberculosis, 2 C.; Pneumonia, etc., 1 C.; Enteritis, etc., 1 C. Total, 5 C.

TABLE 3.—Continued.

KOKSTAD.

Population (1904 Census) : Europeans, 838 ; Coloured, 2,065 ; All Races, 2,903.

Diseases.	1904.									1905.								
	Europeans.			Coloured.			All Races.			Europeans.			Coloured.			All Races.		
	M	F	Death Rate.	M	F	Death Rate.	M	F	Death Rate.	M	F	Death Rate.	M	F	Death Rate.	M	F	Death Rate.
Diseases due to Specific Organisms—																		
Measles .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza .. .. .	..	..	..	1	..	1 0·48	1	..	1 0·34	..	..	..	1	..	1 0·48	1	..	1 0·34
Diphtheria and Membranous Croup .. .. .	..	..	..	3	3	1·45	..	3	3 1·03	..	..	..	1	1	1·19	..	..	1 0·48
Typhoid (Enteric) Fever, Simple	2	..	2 2·39	1	..	1 0·48	3	..	3 1·03	..	2	2 2·39	..	..	..	..	..	..
Continued Fever, Typho-Malarial, Remittent Fever, and Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery .. .. .	..	..	..	3	7	10 4·84	3	7	10 3·44	1	..	1 1·19	1	3	3 1·45	2	3	4 1·38
Tuberculosis, including Haemoptysis	1	1	2 2·39	6	4	10 4·84	7	5	12 4·13	..	1	1 1·19	4	6	10 4·84	4	7	11 3·79
Erysipelas, Cellulitis, Pyæmia, Septicæmia, and Hospital Gangrene .. .. .	..	..	..	1	1	0·48	..	1	1 0·34	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	2	1	3 1·45	2	1	3 1·03	..	..	..	..	..	..	..	..	..
Total ..	3	1	4 4·77	13	16	29 14·04	16	17	33 11·37	1	4	5 5·97	7	9	16 7·75	8	13	21 7·23
Parasitic Diseases—																		
From other Vegetable and Animal Parasites—																		
Total ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0·48	..	1 1 0·34
Constitutional Diseases—																		
Others—																		
Total ..	..	..	..	2	2	4 1·94	2	2	4 1·38	..	..	..	..	1	1	0·48	..	1 1 0·34
Developmental Defects and Degeneration—																		
Premature Birth, and Accidents during Birth .. .. .	..	..	..	2	1	3 1·45	2	1	3 1·03	1	..	1 1·19	..	3	3 1·45	1	3	4 1·38
Old Age (Senile Decay) .. .. .	..	1	1 1·19	2	1	3 1·45	2	2	4 1·38	..	..	..	1	..	1 0·48	1	..	1 0·34
Total ..	..	1	1 1·19	4	2	6 2·91	4	3	7 2·41	1	..	1 1·19	1	3	4 1·94	2	3	5 1·72
Diseases of the Nervous System—																		
Acute Inflammation of the Brain and its Membranes .. .. .	..	..	..	1	..	1 0·48	1	..	1 0·34	..	..	..	1	..	1 0·48	1	..	1 0·34
Convulsions .. .. .	..	..	..	3	2	5 2·42	3	2	5 1·72	..	..	..	3	1	3 1·45	2	1	3 1·03
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	3	1	3 1·45	2	1	3 1·03
Total ..	..	..	..	4	2	6 2·91	4	2	6 2·07	..	..	..	5	2	7 3·39	5	2	7 2·41
Diseases of the Circulatory System—																		
Heart Disease, Organic, Degeneration, Syncope .. .. .	..	..	..	1	1	2 0·97	1	1	2 0·69	1	..	1 1·19	1	1	2 0·97	2	1	3 1·03
Apoplexy .. .. .	..	1	1 1·19	..	..	..	..	1	1 0·34	1	..	1 1·19	..	..	..	1	..	1 0·34
Others .. .. .	..	..	..	1	1	0·48	..	1	1 0·34	1	..	1 1·19	..	..	..	1	..	1 0·34
Total ..	..	1	1 1·19	1	2	3 1·45	1	3	4 1·38	3	..	3 3·58	1	1	2 0·97	4	1	5 1·72
Diseases of the Respiratory System—																		
Bronchitis .. .. .	..	..	..	1	1	0·48	..	1	1 0·34	..	1	1 1·19	1	3	4 1·94	1	4	5 1·72
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	2	..	2 2·39	5	..	5 2·42	7	..	7 2·41	1	1	2 2·39	3	3	5 2·42	4	3	7 2·41
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1 0·48	1	..	1 0·34
Total ..	2	..	2 2·39	5	1	6 2·91	7	1	8 2·76	1	2	3 3·58	5	5	10 4·84	6	7	13 4·48
Diseases of the Alimentary Canal—																		
Enteritis, Gastro-Enteritis, Marasmus	1	1	2 2·39	2	..	2 0·97	3	1	4 1·38	..	..	..	..	1	1 0·48	..	1	1 0·34
Others .. .. .	..	..	..	1	1	0·48	..	1	1 0·34	..	..	..	..	..	..	..	..	..
Total ..	1	1	2 2·39	2	1	3 1·45	3	2	5 1·72	..	..	..	..	1	1 0·48	..	1	1 0·34
Diseases of the Liver—																		
Total ..	..	..	..	1	1	0·48	..	1	1 0·34	..	..	..	..	1	1 2 0·97	1	1	2 0·69
Diseases of the Urinary System and Organs of Generation—																		
Bright's Disease, Nephritis, Uræmia .. .. .	..	..	..	1	1	0·48	..	1	1 0·34	..	..	..	..	..	..	..	..	..
Others	1	..	1 1·19	..	..	..	..	1	1 0·34	1	..	1 1·19	1	..	1 0·48	2	..	2 0·69
Total ..	1	..	1 1·19	1	1	0·48	1	1	2 0·69	1	..	1 1·19	1	..	1 0·48	2	..	2 0·69
Violence—																		
Total ..	1	..	1 1·19	1	1	2 0·97	2	1	3 1·03	..	..	..	..	1	1 2 0·97	1	1	2 0·69
U-defined or not specified—																		
Debility, Atrophy, Inanition—																		
Total ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1 0·48	1	1 0·34
All other Diseases not included in the above—																		
Total ..	1	..	1 1·19	1	..	1 0·48	2	..	2 0·69	2	..	2 2·39	..	..	..	2	..	2 0·69
Grand Total ..	9	4	13 15·51	33	29	62 30·02	42	33	75 25·84	9	6	15 17·90	23	25	48 23·24	32	31	63 21·70

Of the above deaths the following were uncertified :—

1904 :—Tuberculosis, 1 E. ; Erysipelas, etc., 1 C. ; Premature Birth, etc., 1 C. ; Convulsions, 2 C. Total :—1 E. and 4 C.

1905 :—Diphtheria and Croup, 1 C. ; Premature Birth, etc., 2 C. ; Bronchitis, 1 C. ; Debility, 1 C. ; All Other diseases, 1 E. Total, 1 E. and 5 C.

TABLE 3.—Continued.
BURGHERSDORP.

Population (1904 Census): Europeans, 1,283; Coloured, 1,611. All Races, 2,894.

DISEASES.	1904.												1905.													
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.					
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.		
Diseases due to Specific Organisms—																										
Influenza	1	1		0.78					1	1		0.35	1	1		1.56					1	1		0.69		
Whooping Cough																										
Diphtheria and Membranous Croup	1	1		1.56	1	1		1.24																		
Typhoid (Enteric) Fever, Simple	2	1		3.34	1	1		1.24					1	1		0.78										
Continued Fever, Typho-Malarial, Remittent Fever, and Fever																										
Simple Cholera, Diarrhoea, Dysentery	4	1		3.90	4	3		4.35	8	4		12	4	13						5			5	3.10		
Tuberculosis, including Haemoptysis	3	1		3.12	16	7		10.55	13	8		21	7	26						6	6		12	7.45		
Erysipelas, Cellulitis, Pyæmia, Septicæmia, and Hospital Gangrene																										
Others	1			0.78	1			0.62	2			2	0.69													
Total	11	5	16	12.47	17	12	29	18.00	28	17	45	15.55	1	2	3	2.34	13	9	22	13.66	14	11	25	8.64		
Parasitic Diseases—																										
Trush, Stomatitis																				1			1	0.62		
From other Vegetable and Animal Parasites	1			0.78					1			1	0.35													
Total	1		1	0.78					1		1	0.35			1	0.62	1		1	0.62	1		1	0.35		
Constitutional Diseases—																										
Cancer (Malignant Disease)					1	1		2	1.24	1	1		2	0.69						1	1		2	0.62		
Others															1	1		0.78	2	1		3	1.86	2	2	
Total					1	1	2	1.24	1	1	2	0.69		1	1	0.78	2	2	4	2.48	2	3	5	1.73		
Developmental Defects and Degeneration—																										
Premature Birth, and Accidents during Birth					1	5		6	3.72	1	5		6	2.07						2	1		3	1.86		
Malformations															1	1		0.78								
Old Age (Senile Decay)	1			0.78	3	1		4	2.48	4	1		5	1.73						1	1		1	0.62		
Total	1		1	0.78	4	6	10	6.21	5	6	11	3.80		1	1	0.78	2	2	4	2.48	2	3	5	1.73		
Diseases of the Nervous System—																										
Acute Inflammation of the Brain and its Membranes	1			0.78					1			1	0.35													
Convulsions	1			0.78					1			1	0.35													
Others					1	1		1	0.62	1	1		2	0.69												
Total	2	1	3	2.34	1	1	1	0.62	3	1	4	1.38														
Diseases of the Circulatory System—																										
Heart Disease, Organic, Degeneration, Syncope	1	2		3.24		1		1	0.62	1	3		4	1.38						2	2		4	2.48		
Apoplexy																				2			2	1.24		
Total	1	2	3	2.34		1	1	0.62	1	3	4	1.38							4	2	6	3.72	4	2		
Diseases of the Respiratory System—																										
Bronchitis					4	3		7	4.35	4	3		7	2.42	2	1		3	2.34	7	16		17	10.55		
Pneumonia, Inflammation, Conges- tion of the Lungs, Pleurisy	1	3		3.12	7	5		12	7.45	8	8		16	5.53	2			2	1.56	4	2		6	3.72		
Total	1	3	4	3.12	11	8	19	11.79	12	11	23	7.95	4	1	5	3.90	11	12	23	14.28	15	13	28	9.68		
Diseases of the Alimentary Canal—																										
Enteritis, Gastro-Enteritis, Marasmus	2			1.56	2	2		4	2.48	4	2		6	2.07	5	2		7	5.46	6	2		8	4.97		
Others																				1	1		1	0.62		
Total	2		2	1.56	2	2	4	2.48	4	2	6	2.07	5	2	7	5.46	6	3	9	5.59	11	4	15	5.18		
Diseases of the Liver																										
Total	1		1	0.78					1		1	0.35	1		1	0.78	1		1	0.62	2		2	0.69		
Diseases of the Urinary System and Organs of Generation—																										
Bright's Disease, Nephritis, Uremia		1		0.78						1	1		1	0.35						1	1		1	0.62		
Others																				1	1		2	1.24		
Total		1	1	0.78						1	1	0.35			1	0.62	1	2	3	1.86	1	2	3	1.04		
Diseases of Parturition																										
Total																				1	1	0.62		1	0.35	
Violence																										
Total					1		1	0.62	1		1	0.35		1	1	0.78	1		1	0.62	1	1	2	0.69		
Ill-defined or not specified—																										
Debility, Atrophy, Inanition																				1			1	0.62		
Others																				2			2	1.24		
Total																				3		3	1.86	3	1.04	
All other Diseases not included in the above																										
Total					1	1	2	1.24	1	1	2	0.69	2	1	3	2.34							2	1	3	1.04
Grand Total	20	12	32	24.94	33	31	63	42.83	58	43	101	34.90	13	9	22	17.15	45	33	78	48.42	58	42	100	34.55		

Of the above deaths the following were uncertified:—

1904:—Diphtheria, etc., 1 E. and 1 C.; Typhoid, etc., 1 C.; Simple Cholera, etc., 1 E. and 5 C.; Tuberculosis, 5 C.; Cancer, 1 C.; Premature Birth, etc., 2 C.; Old Age, 4 C.; Pneumonia, etc., 6 C.; Enteritis, etc., 1 E. and 1 C.; All Other Diseases, 1 C. Total, 3 E. and 27 C.
1905:—Whooping Cough, 1 C.; Typhoid, etc., 1 C.; Simple Cholera, etc., 2 C.; Tuberculosis, 1 C.; Premature Birth, etc., 1 C.; Bronchitis, 1 C.; Debility, etc., 1 C. Total, 8 C.

TABLE 3.—Continued

VICTORIA WEST.

Population (1904 Census): Europeans, 1,177; Coloured, 1,585; All Races, 2,762.

Diseases.	1904.												1905.											
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.			
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.
Diseases due to Specific Organisms—																								
Scarlet Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough	3	..	3	2.55	2	4	6	3.79	5	4	9	3.29	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup	1	..	1	0.85	..	..	..	..	1	..	1	0.36	1	..	1	0.85	..	..	..	..	..	..	..
Cerebro-Spinal Meningitis .. .. .	..	1	1	0.85	..	..	..	..	1	1	1	0.36	..	1	1	0.85	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis, including Hamoptysis	2	..	2	1.70	5	3	12	7.57	7	3	14	5.07	1	..	1	0.85	4	9	13	8.24	5	5	10	3.62
Others .. .. .	..	..	..	..	1	1	1	0.63	1	1	1	0.36	..	..	..	..	..	..	..	..	..	..
Total	6	1	7	5.95	9	15	24	15.74	15	16	31	11.22	2	2	4	3.40	6	9	15	9.46	8	11	19	6.88
Constitutional Diseases—																								
Cancer (Malignant Disease) .. .. .	..	1	1	0.85	..	..	..	..	1	1	1	0.36	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	2	2	1.70	1	..	1	0.63	1	2	3	1.09	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	3	3	2.55	1	..	1	0.63	1	3	4	1.45	..	..	..	..	..	..	..	..	..	..	..
Developmental Defects and Degeneration—																								
Premature Birth and Accidents during Birth .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.63	1	..	1	0.36	..	..
Malformations .. .. .	..	1	1	0.85	..	..	..	..	1	1	1	0.36	..	..	..	..	..	..	..	..	..	..
Dentition .. .. .	..	..	..	..	1	..	1	0.63	1	..	1	0.36	..	..	..	..	..	..	..	..	..	..
Old Age (Senile Decay) .. .. .	..	..	..	..	6	3	9	5.68	6	3	9	3.26	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	1	1	0.85	7	3	10	6.31	7	4	11	3.98	..	..	..	..	1	..	1	0.63	1	..	1	0.36
Diseases of the Nervous System—																								
Acute Inflammation of the Brain and its Membranes	1	1	2	1.70	2	..	2	1.26	3	1	4	1.45	..	..	..	..	..	..	..	..	..	..	..
Convulsions .. .. .	..	..	..	..	1	1	2	1.26	1	1	2	0.72	..	..	..	..	1	..	1	0.63	1	..	1	0.36
Total	1	1	2	1.70	3	1	4	2.52	4	2	6	2.17	..	..	..	..	1	..	1	0.63	1	..	1	0.36
Diseases of the Circulatory System—																								
Heart Disease, Organic, Degeneration, Syncope .. .. .	..	1	1	0.85	5	1	6	3.79	5	2	7	2.53	3	1	4	3.40	2	5	7	4.42	5	6	11	3.98
Apoplexy .. .. .	..	1	1	0.85	..	..	..	..	1	1	1	0.36	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	1	1	2	1.26	1	1	2	0.72	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	2	2	1.70	6	2	8	5.05	6	4	10	3.62	3	1	4	3.40	2	5	7	4.42	5	6	11	3.98
Diseases of the Respiratory System—																								
Bronchitis	3	..	3	2.55	1	3	4	2.52	4	3	7	2.53	2	..	2	1.70	5	2	7	4.42	7	2	9	3.26
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	1	1	2	1.70	25	23	48	30.28	26	24	50	18.19	1	..	1	0.85	6	8	14	8.63	7	8	15	5.43
Total	4	1	5	4.25	26	26	52	32.81	30	27	57	20.64	3	..	3	2.55	11	10	21	13.25	14	10	24	8.69
Diseases of the Alimentary Canal—																								
Enteritis, Gastro-Enteritis, Marasmus .. .. .	..	..	..	..	6	7	13	8.20	6	7	13	4.71	2	1	3	2.55	2	3	5	3.15	4	4	8	2.90
Others	2	1	3	2.55	2	2	4	2.52	4	3	7	2.53	..	..	..	..	1	1	1	0.63	..	1	1	0.36
Total	2	1	3	2.55	8	9	17	10.73	10	10	20	7.24	2	1	3	2.55	2	4	6	3.79	4	5	9	3.26
Diseases of the Liver	2	..	2	1.70	..	..	..	..	2	..	2	0.72	..	1	1	0.85	..	..	..	..	..	..	..	..
Diseases of the Urinary System and Organs of Generation—																								
Bright's Disease, Nephritis, Uremia .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	1	4	2.52	3	1	4	1.45
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3	2.55	..	1	1	0.63	2	2	4	1.45
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3	2.55	3	2	5	3.15	5	3	8	2.90
Diseases of Parturition .. .. .	..	..	..	..	1	1	1	0.63	..	1	1	0.36	..	..	..	..	..	..	..	..	..	..	..
Violence	1	..	1	0.85	1	1	2	1.26	2	1	3	1.09	..	..	..	..	1	..	1	0.63	1	..	1	0.36
Ill-defined or not specified—																								
Debility, Atrophy, Inanition .. .. .	..	..	..	..	2	1	3	1.89	2	1	3	1.09	1	..	1	0.85	..	..	..	..	1	..	1	0.36
Others .. .. .	..	..	..	..	5	5	10	3.15	5	5	10	1.81	1	..	1	0.85	..	..	..	..	1	..	1	0.36
Total .. .. .	..	..	..	..	2	6	8	5.05	2	6	8	2.90	2	..	2	1.70	..	..	..	..	2	..	2	0.72
All other Diseases not included in the above—																								
Total	1	..	1	0.85	4	1	5	3.15	5	1	6	2.17	2	..	2	1.70	..	..	..	..	2	..	2	0.72
Grand Total	17	10	27	22.94	67	65	132	83.28	84	75	159	57.57	16	6	22	18.69	27	30	57	35.95	43	36	79	28.60

Of the above Deaths the following were uncertified:—

1904.—Whooping Cough, 1 C.; Simple Cholera, etc., 5 C.; Tuberculosis, 8 C.; Dentition, 1 C.; Old Age 9 C.; Convulsions, 2 C.; Heart Disease, etc., 1 C.; Bronchitis, 2 C.; Pneumonia, etc., 18 C.; Enteritis, etc., 8 C.; Others (Diseases of the Alimentary Canal), 3 C.; Diseases of Parturition, 1 C.; Debility, etc., 3 C.; Others (Ill-defined or not specified), 5 C.; All other Diseases, 1 C. Total, 68 C.

1905.—Simple Cholera, etc., 2 C.; Tuberculosis, 4 C.; Premature Birth, etc., 1 C.; Convulsions, 1 C.; Heart Disease, etc., 5 C.; Bronchitis, 7 C.; Pneumonia, etc., 11 C.; Enteritis, etc., 3 C.; "Others," Diseases of Alimentary Canal, 1 C.; Bright's Disease, etc., 1 C. Total, 36 C.

TABLE 3.—Continued.

COLESBERG.

Population (1904 Census) : Europeans, 974 ; Coloured, 1,694 ; All Races, 2,668.

Diseases.	1904.												1905.													
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.					
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.		
Diseases due to Specific Organisms—																										
Influenza	1	..	1	1.03	..	..	..	..	1	..	1	0.37	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup .. .. .	..	1	1	1.03	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple	2	2	4	4.11	2	2	4	2.36	4	4	8	3.00	1	..	1	1.03	..	..	..	..	..	..	..	..	..
Continued Fever, Typho-Malarial, Remittent Fever, and Fever	3	3	3.08	7	12	19	11.22	7	15	22	8.23	1	..	1	1.03	4	1	5	2.95	5	1	6	2.25
Simple Cholera, Diarrhoea, Dysentery	1	1	1.03	7	14	21	12.40	7	15	22	8.23	2	1	3	3.08	7	1	14	8.26	9	8	17	6.37
Tuberculosis, including Haemoptysis .. .. .	..	..	..	..	1	..	1	0.59	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas, Cellulitis, Pyæmia, Septicæmia, and Hospital Gangrene .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1.03	..	..	..	..	..	..	1	1	0.37
Others .. .. .	..	..	..	..	2	..	2	1.18	2	..	2	0.75	..	..	..	..	2	1	3	1.77	2	1	3	1.12	..
Total ..	3	7	10	10.27	19	28	47	27.74	22	35	57	21.36	4	2	6	6.16	15	12	27	15.94	19	14	33	12.37	..	
Constitutional Diseases—																										
Cancer (Malignant Disease)	1	..	1	0.59	1	..	1	0.37	..	1	1	1.03	1	..	1	0.59	1	1	2	0.75
Others .. .. .	..	..	..	..	2	..	2	1.18	2	..	2	0.75	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	..	..	..	..	3	..	3	1.77	3	..	3	1.12	..	1	1	1.03	1	..	1	0.59	1	1	2	0.75	..
Developmental Defects and Degeneration—																										
Premature Birth, and Accidents during Birth .. .. .	..	..	..	..	1	1	1	0.59	..	1	1	0.37	..	..	..	..	..	1	1	0.59	..	1	1	0.37	..
Malformations	1	1	2	2.05	..	..	..	..	1	1	2	0.75	1	..	1	1.03	..	..	..	..	..	1	..	1	0.37
Dentition	1	..	1	1.03	1	..	1	0.59	2	..	2	0.75	..	..	..	..	..	1	..	1	0.59	1	..	1	0.37
Old Age (Senile Decay) .. .. .	..	1	1	1.03	4	1	5	2.95	4	2	6	2.25	..	..	..	..	1	2	3	1.77	1	2	3	1.12	..
Total ..	2	2	4	4.11	5	2	7	4.13	7	4	11	4.12	1	..	1	1.03	2	3	5	2.95	3	3	6	2.25	..	
Diseases of the Nervous System—																										
Acute Inflammation of the Brain and its Membranes	2	2	4	4.11	2	2	4	1.50	..
Convulsions	1	1	2	2.05	1	..	1	0.59	2	1	3	1.12	..	..	..	..	1	..	1	0.59	1	..	1	0.37	..
Others .. .. .	..	..	..	..	2	1	3	1.77	2	1	3	1.12	2	..	2	2.05	..	1	1	0.59	2	1	3	1.12	..
Total ..	1	1	2	2.05	3	1	4	2.36	4	2	6	2.25	4	2	6	6.16	1	1	2	1.18	5	3	8	3.00	..	
Diseases of the Circulatory System—																										
Heart Disease, Organic, Degeneration, Syncope .. .. .	..	..	..	..	8	..	8	4.72	8	..	8	3.00	2	1	3	3.08	2	3	5	2.95	4	4	8	3.00	..
Apoplexy .. .. .	..	1	1	1.03	2	..	2	1.18	2	1	3	1.12	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	1	1	1	0.59	..	1	1	0.37	..	..	..	..	2	1	3	1.77	2	1	3	1.12	..
Total ..	..	1	1	1.03	10	1	11	6.49	10	2	12	4.50	2	1	3	3.08	4	4	8	4.72	6	5	11	4.12	..
Diseases of the Respiratory System—																										
Bronchitis .. .. .	..	1	1	1.03	4	5	9	5.31	4	6	10	3.75	..	..	..	..	3	3	6	3.54	3	3	6	2.25	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	1	1	2	2.05	7	10	17	10.04	8	11	19	7.12	1	..	1	1.03	5	3	8	4.72	6	3	9	3.37	..	
Total ..	1	2	3	3.08	11	15	26	15.35	12	17	29	10.87	1	..	1	1.03	8	6	14	8.26	9	6	15	5.62	..	
Diseases of the Alimentary Canal—																										
Enteritis, Gastro-Enteritis, Marasmus .. .. .	..	..	..	..	1	1	2	1.18	1	1	2	0.75	1	..	1	1.03	2	..	2	1.18	3	..	3	1.12	..
Others .. .. .	..	..	..	..	1	1	1	0.59	..	1	1	0.37	..	..	..	..	1	..	1	0.59	1	..	1	0.37	..
Total ..	..	..	..	..	1	2	3	1.77	1	2	3	1.12	1	..	1	1.03	3	..	3	1.77	4	..	4	1.50	..
Diseases of the Liver—																										
Total ..	1	1	2	2.05	..	..	..	..	1	1	2	0.75	..	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of the Urinary System and Organs of Generation—																										
Bright's Disease, Nephritis, Uræmia	1	..	1	1.03	1	..	1	0.59	2	..	2	0.75	..	1	1	1.03	..	..	..	..	..	1	1	0.37	..
Others	2	..	2	2.05	..	..	..	..	2	..	2	0.75	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	3	..	3	3.08	1	..	1	0.59	4	..	4	1.50	..	1	1	1.03	..	..	..	..	..	1	1	0.37	..
Violence—																										
Total ..	..	1	1	1.03	1	..	1	0.59	1	1	2	0.75	..	1	1	1.03	1	..	1	0.59	1	1	2	0.75	..
Ill-defined or not specified—																										
Debility, Atrophy, Inanition—	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	1	2	3	3.08	1	..	1	0.59	2	2	4	1.50	..	..	..	..	2	2	2	1.18	..	2	2	0.75	..
All other Diseases not included in the above—																										
Total ..	..	1	1	1.03	2	2	4	2.36	2	3	5	1.87	..	1	1	1.03	1	..	1	0.59	1	1	2	0.75	..
Grand Total ..	12	18	30	30.80	57	51	108	63.75	69	69	138	51.72	13	9	22	22.59	36	28	64	37.78	49	37	86	32.23	..	

Of the above deaths the following were uncertified :—

1904 :—Simple Cholera, etc., 1 C.; Cancer, 1 C. Total :—2 C.

1905 :—Influenza, 1 C.; Old Age, 2 C. Total :—3 C.

TABLE 3.—Continued.

RIVERSDALE.]

Population (1904 Census):—Europeans, 1,136; Coloured, 1,507. All Races, 2,643.

Diseases.	1904.												1905.																
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.								
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.					
Diseases due to Specific Organisms:—																													
Influenza .. .. .	..	..	..	..	1	..	..	1 0.66	1	..	..	1 0.38	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup	1	2	3	2.64	..	1	..	1 0.66	1	3	..	4 1.51	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple	4	1	5	4.40	6	11	..	17 11.28	10	12	..	22 8.33	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever, Typho-Malarial, Remittent Fever, and Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	3	2	5	4.40	6	4	..	10 6.64	6	6	..	12 5.68	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis, including Haemoptysis	..	..	..	..	8	11	..	19 12.61	8	11	..	19 7.19	1	1	2	1.76	11	4	15	9.95	12	5	17	6.43	..	..	..	..
Others	1	..	..	1 0.88	..	..	..	..	1	..	..	1 0.38	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	9	5	14	12.32	21	27	..	48 31.85	30	32	..	62 23.46	1	1	2	1.76	15	7	22	14.60	16	8	24	9.68	..	..	..	..
Constitutional Diseases:—																													
Cancer (Malignant Disease)	1	..	..	1 0.88	..	..	..	..	1	..	..	1 0.38	..	1	1	0.88	..	..	..	..	..	..	..	..	1	1	1	0.38
Total	1	..	..	1 0.88	..	..	..	..	1	..	..	1 0.38	..	1	1	0.88	..	..	..	..	..	..	..	..	1	1	1	0.38
Developmental Defects and Degeneration:—																													
Premature Birth, and Accidents during Birth	..	..	..	..	1	1	..	1 0.66	1	1	..	1 0.38	..	..	..	..	1	1	2	1.33	1	1	2	0.76	1	1	2	0.76
Old Age (Senile Decay) .. .. .	..	..	..	..	1	1	..	1 0.66	1	1	..	1 0.38	..	..	..	..	1	1	1	0.66	..	1	1	0.38	..	1	1	0.38
Total .. .. .	..	..	..	..	2	2	..	2 1.33	2	2	..	2 0.76	..	..	..	..	2	2	3	1.99	1	2	3	1.14	1	2	3	1.14
Diseases of the Nervous System:—																													
Convulsions .. .. .	..	..	..	..	2	2	..	4 2.65	2	2	..	4 1.51	..	..	..	..	4	1	5	3.32	4	1	5	1.89	..	..	..	..
Others .. .. .	..	..	..	..	1	..	..	1 0.66	1	..	..	1 0.38	1	..	1	0.88	..	..	..	..	1	..	..	..	1	..	..	..
Total .. .. .	..	..	..	..	3	2	..	5 3.32	3	2	..	5 1.89	1	..	1	0.88	4	1	5	3.32	5	1	5	2.27	..	..	..	..
Diseases of the Circulatory System:—																													
Heart Disease, Organic, Degeneration, Syncope	..	1	1	0.88	..	3	..	3 1.99	..	4	..	4 1.51	1	1	2	1.76	1	1	2	0.76
Apoplexy	1	1	2	1.76	1	2	..	3 1.99	2	3	..	5 1.89	..	..	..	..	..	..	..	..	1	1	1	0.66	1	1	2	0.76
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.88	1	..	1	0.66	..	..	..	..	..	..	..	..
Total	1	2	3	2.64	1	5	..	6 3.98	2	7	..	9 3.41	1	2	3	2.64	1	..	1	0.66	2	2	4	1.51	..	..	..	..
Diseases of the Respiratory System:—																													
Bronchitis	1	..	1	0.88	1	2	..	3 1.99	2	2	..	4 1.51	..	..	..	..	..	2	2	1.33	..	2	2	0.76	..	..	..	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	2	..	2	1.76	3	4	..	7 4.64	5	4	..	9 3.41	..	..	..	..	2	1	3	1.99	2	1	3	1.14	..	..	..	..
Others .. .. .	..	..	..	..	..	1	..	1 0.66	..	1	..	1 0.38	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	3	..	3	2.64	4	7	..	11 7.30	7	7	..	14 5.30	..	..	..	..	2	3	5	3.32	2	3	5	1.89	..	..	..	..
Diseases of the Alimentary Canal:—																													
Enteritis, Gastro-Enteritis, Marasmus	1	1	2	1.76	1	1	..	2 1.33	2	2	..	4 1.51	..	..	..	..	1	2	3	1.99	1	2	3	1.14	..	..	..	..
Others	1	..	1	0.88	..	..	..	..	1	..	..	1 0.38	..	..	..	..	..	1	1	0.66	..	1	1	0.38	..	..	..	..
Total	2	1	3	2.64	1	1	..	2 1.33	3	2	..	5 1.89	..	..	..	..	1	3	4	2.65	1	3	4	1.51	..	..	..	..
Diseases of the Liver:—																													
Total	1	..	1	0.88	..	1	..	1 0.66	1	1	..	2 0.76	1	..	1	0.88	..	..	..	..	..	1	..	..	1	..	1	0.38
Diseases of the Urinary System and Organs of Generation:—																													
Bright's Disease, Nephritis, Uremia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	0.66	..	1	1	0.38	..	..	..	..
Others .. .. .	..	1	1	0.88	..	1	..	1 0.66	..	2	..	2 0.76	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	1	1	0.88	..	1	..	1 0.66	..	2	..	2 0.76	..	..	..	..	1	1	1	0.66	..	1	1	0.38	..	..	..	..
Diseases of Parturition:—																													
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.88	..	..	..	..	..	..	..	..	1	1	1	0.38
Ill-defined or not Specified:—																													
Debility, Atrophy, Inanition	..	..	..	..	1	1	..	1 0.66	1	1	..	1 0.38	1	..	1	0.88	..	1	1	0.66	1	1	2	0.76	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	1	1	..	1 0.66	1	1	..	1 0.38	1	..	1	0.88	..	1	1	0.66	1	1	2	0.76	..	..	..	..
All other Diseases not included in the above	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	2	1.33	..	2	2	0.76	..	..	..	..
Grand Total	17	9	26	22.89	30	47	..	77 51.09	47	56	..	103 38.97	5	5	10	8.80	24	20	44	29.20	29	25	54	20.43	..	..	..	..

Of the above deaths the following were uncertified:—
 1904:—Influenza, 1 C.; Typhoid, etc., 5 C.; Simple Cholera, etc., 3 C.; Tuberculosis, 3 C.; Cancer, 1 E.; Premature Birth, etc., 1 C.; Convulsions, 3 C.; Heart Disease, etc., 1 E.; Pneumonia, etc., 1 C. Total, 2 E. and 17 C. All Races, 19.
 1905:—Tuberculosis, 1 E. and 2 C.; Old Age, 1 C.; Convulsions, 5 C.; Diseases of the Circulatory System, "Others," 1 C.; Pneumonia, etc., 1 C.; Diseases of the Alimentary Canal, 2 C.; Debility, etc., 1 C. Total, 1 E. and 13 C. All Races, 14.

TABLE 3.—Continued.

SOMERSET WEST.

Population (1904 Census) : Europeans, 1,257 ; Coloured, 1,356 ; All Races, 2,613.

Diseases.	1904.												1905.															
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.							
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.				
Diseases due to Specific Organisms—																												
Measles .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza .. .. .	..	..	..	..	1	..	1	0.74	1	..	1	0.38	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough .. .. .	..	..	..	..	1	1	2	1.47	1	1	1	0.74	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple	3	1	4	3.18	5	3	8	5.90	8	4	12	4.58	1	..	1	0.80	..	..	..	..	..	..	..	..	1	..	1	0.38
Continued Fever, Typho-Malarial, Remittent Fever, and Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	2	..	2	1.59	8	3	11	8.11	10	3	13	4.98	1	2	3	2.30	3	3	6	4.42	4	5	9	3.44	..	..	..	..
Tuberculosis, including Hæmoptysis	1	..	1	0.80	4	3	7	5.16	5	3	8	3.00	2	..	2	1.59	4	1	5	3.69	6	1	7	2.68	..	..	..	..
Total	6	1	7	5.57	19	11	30	22.12	25	12	37	14.16	4	2	6	4.77	8	5	13	9.59	12	7	19	7.27	..	..	..	..
Parasitic Diseases—																												
Thrush, Stomatitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.74	1	..	1	0.38	..	..	..	..
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.74	1	..	1	0.38	..	..	..	..
Constitutional Diseases—																												
Cancer (Malignant Disease) .. .. .	..	1	1	0.80	2	..	2	1.47	2	1	3	1.15	..	..	..	..	..	..	..	..	1	1	2	1.53	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	1	1	0.80	2	..	2	1.47	2	1	3	1.15	..	..	..	..	..	..	..	..	1	1	2	1.53	..	..	..	..
Developmental Defects and Degeneration—																												
Premature Birth, and Accidents during Birth— .. .. .	..	1	1	0.80	1	1	2	1.47	1	2	3	1.15	1	..	1	0.80	..	2	2	1.47	1	2	3	1.15	..	..	..	..
Old Age (Senile Decay) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1.47	2	1	3	1.15	..	..	..	..
Total .. .. .	..	2	2	1.59	2	2	4	2.95	2	4	6	2.30	2	..	2	1.59	1	3	4	2.95	3	3	6	2.30	..	..	..	..
Diseases of the Nervous System—																												
Acute Inflammation of the Brain and its Membranes	2	..	2	1.59	..	..	..	..	2	..	2	0.77	..	..	..	..	1	1	2	1.47	1	1	2	0.77	..	..	..	..
Convulsions .. .. .	..	..	..	..	1	..	1	0.74	1	..	1	0.38	1	..	1	0.80	2	1	3	2.23	3	1	4	1.53	..	..	..	..
Others .. .. .	..	..	..	..	..	1	1	0.74	1	1	2	0.77	2	..	2	1.59	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	..	2	1.59	2	1	3	2.21	4	1	5	1.91	3	..	3	2.30	3	2	5	3.69	6	2	8	3.06	..	..	..	..
Diseases of the Circulatory System—																												
Heart Disease, Organic, Degeneration, Syncope .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.74	1	..	1	0.38	..	..	..	..
Apoplexy .. .. .	..	..	..	..	1	..	1	0.74	1	..	1	0.38	1	..	1	0.80	..	..	..	..	..	..	..	..	1	..	1	0.38
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.74	1	..	1	0.38
Total .. .. .	..	..	..	..	1	..	1	0.74	1	..	1	0.38	1	..	1	0.80	2	..	2	1.47	3	..	3	1.15	..	..	..	..
Diseases of the Respiratory System—																												
Bronchitis .. .. .	..	..	..	..	2	5	7	5.90	3	5	8	3.00	..	..	..	..	1	1	2	1.47	..	1	1	0.38	..	..	..	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy .. .. .	..	..	..	..	8	1	9	6.64	8	1	9	3.44	..	..	..	..	2	..	2	1.47	2	..	2	0.77	..	..	..	..
Others .. .. .	..	..	..	..	1	1	2	1.47	1	1	2	0.77	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	12	7	19	14.01	12	7	19	7.27	..	..	..	..	2	1	3	2.21	2	1	3	1.15	..	..	..	..
Diseases of the Alimentary Canal—																												
Enteritis, Gastro-Enteritis, Marasmus	1	1	2	1.59	..	..	..	..	1	1	2	0.77	1	1	2	1.59	1	..	1	0.74	1	1	2	0.77	..	..	..	..
Others .. .. .	..	..	..	..	1	1	2	1.47	1	1	2	0.38	..	..	..	..	1	1	2	1.47	..	..	..	..	1	1	2	0.38
Total	1	1	2	1.59	..	..	..	..	2	2	4	1.15	1	1	2	1.59	2	1	3	1.47	2	2	4	1.15	1	1	2	0.38
Diseases of the Urinary System and Organs of Generation—																												
Bright's Disease, Nephritis, Uræmia	1	..	1	0.80	..	1	1	0.74	1	1	2	0.77	1	..	1	0.80	2	..	2	1.47	3	..	3	1.15	..	..	..	..
Others .. .. .	..	..	..	..	..	1	1	0.74	..	1	1	0.38	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	..	1	0.80	..	2	2	1.47	1	2	3	1.15	1	..	1	0.80	2	..	2	1.47	3	..	3	1.15	..	..	..	..
Violence .. .. .	..	..	..	..	1	..	1	0.74	1	..	1	0.38	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ill-defined or not specified—																												
Debility, Atrophy, Inanition .. .. .	..	..	..	..	1	4	5	3.69	1	4	5	1.91	..	..	..	..	..	1	1	0.74	..	1	1	0.38	..	..	..	..
Total .. .. .	..	..	..	..	1	5	5	3.69	1	4	5	1.91	..	..	..	..	..	1	1	0.74	..	1	1	0.38	..	..	..	..
All other Diseases not included in the above																												
Total .. .. .	..	..	..	..	3	3	6	2.21	3	3	6	1.15	..	..	..	..	1	1	2	1.47	..	1	1	0.38	..	..	..	..
Grand Total	10	5	15	11.03	40	31	71	52.36	50	36	86	32.91	11	3	14	11.14	20	15	35	25.81	31	18	49	18.75	..	..	..	..

Of the above deaths the following were uncertified:—

1904:—Influenza, 1 C.; Whooping Cough, 2 C.; Diphtheria, etc., 1 C.; Simple Cholera, etc., 1 C.; Tuberculosis, 2 C.; Premature Birth, etc., 2 C.; Convulsions, 1 C.; Others (Diseases of Nervous System), 1 C.; Bronchitis, 3 C.; Pneumonia, etc., 2 C.; Debility, etc., 1 C.; Total, 17 C.

1905:—Measles, 1 C.; Simple Cholera, etc., 1 E. and 1 C.; Tuberculosis, 1 C.; Premature Birth, etc., 1 E. and 2 C.; Old Age, 1 C.; Convulsions, 1 E. and 2 C.; Heart Disease, etc., 1 C. Total, 3 E. and 9 C. All Races, 12.

TABLE 3.—Continued.

INDWE.

Population (1904 Census) : Europeans, 847 ; Coloured, 1,761. All Races, 2,608.

DISEASES.	1904.												1905.															
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.							
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.				
Diseases due to Specific Organisms—																												
Measles .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup .. .. .	..	1	1	1.18	..	1	1	0.57	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple	3	..	3	3.54	1	3	4	2.57	4	3	..	0.77	1	..	..	..	5	..	..	..	3	..	..	..	5	..	..	..
Continued Fever, Typho-Malarial, Remittent Fever, and Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	2	1	3	3.54	11	10	21	11.93	13	11	24	9.30	..	..	..	..	..	..	..	..	6	3	9	5.11	6	3	9	3.45
Tuberculosis, including Hæmoptysis	1	..	1	1.18	2	4	6	3.41	3	4	7	2.68	..	..	..	..	..	..	..	..	6	4	10	5.68	6	4	10	3.83
Erysipelas, Cellulitis, Pyæmia, Septicæmia, and Hospital Gangrene .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1.18	..	..	..	..	..	..	..	..	1	..	1	0.38
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	6	2	8	9.45	14	19	33	18.74	20	21	41	15.72	5	4	9	10.63	18	12	30	17.04	23	16	39	14.95				
Parasitic Diseases—																												
From other Vegetable and Animal Parasites .. .. .	..	..	..	..	1	..	1	0.57	1	..	1	0.38	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	1	..	1	0.57	1	..	1	0.38	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Constitutional Diseases—																												
Cancer (Malignant Disease)—																												
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.57	1	..	1	0.38	..	..	..	..
Developmental Defects and Degeneration—																												
Premature Birth, and Accidents during Birth .. .. .	..	..	..	..	2	2	1	1.14	..	2	2	0.77	..	1	1	1.18	..	1	1	0.57	..	2	2	0.77	..	2	2	0.77
Old Age (Senile Decay) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.57	1	..	1	0.38	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	0.57	..	1	1	0.38	..	..	..	..
Total .. .. .	..	..	..	..	2	2	1	1.14	..	2	2	0.77	..	1	1	1.18	1	2	2	1.70	1	3	4	1.53	..	..	..	..
Diseases of the Nervous System—																												
Acute Inflammation of the Brain and its Membranes .. .. .	..	..	..	..	1	1	2	1.14	1	1	2	0.77	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Convulsions	1	2	3	3.54	..	3	3	1.70	1	5	6	2.30	..	..	..	..	3	1	4	2.27	3	1	4	1.53	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	0.77	..	..	..	..
Total	1	2	3	3.54	1	4	5	2.84	2	6	8	3.07	..	..	..	..	5	1	6	3.41	5	1	6	2.30	..	..	..	..
Diseases of the Circulatory System—																												
Heart Disease, Organic, Degeneration, Syncope	1	1	2	2.36	..	1	1	0.57	1	2	3	1.15	..	..	..	..	..	..	..	..	1	1	1	0.57	..	1	1	0.38
Diseases of the Respiratory System—																												
Bronchitis .. .. .	..	1	1	1.18	1	1	2	1.14	1	2	3	1.15	2	..	2	2.36	..	2	2	1.14	2	2	4	1.53	..	..	..	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy .. .. .	..	..	..	..	4	5	9	5.11	4	5	9	3.43	..	..	..	..	5	5	10	5.68	5	5	10	3.83	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.57	1	..	1	0.38	..	..	..	..
Total .. .. .	..	1	1	1.18	5	6	11	6.25	5	7	12	4.60	2	..	2	2.36	6	7	12	7.38	8	7	15	5.75	..	..	..	..
Diseases of the Alimentary Canal—																												
Enteritis, Gastro-Enteritis, Marasmus	1	1	2	2.36	5	5	10	5.68	6	6	12	4.60	2	..	2	2.36	4	4	8	4.54	6	4	10	3.83	..	..	..	..
Others .. .. .	..	..	..	..	2	2	4	2.27	2	4	4	1.53	..	..	..	..	1	..	1	0.57	1	..	1	0.38	..	..	..	..
Total	1	1	2	2.36	7	7	14	7.95	8	8	16	6.13	2	..	2	2.36	5	4	9	5.11	7	4	11	4.22	..	..	..	..
Diseases of the Liver	2	..	2	2.36	1	..	1	0.57	3	..	3	1.15	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of the Urinary System and Organs of Generation—																												
Bright's Disease, Nephritis, Uremia .. .. .	..	..	..	..	1	..	1	0.57	1	..	1	0.38	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others	1	..	1	1.18	..	..	..	..	1	..	1	0.38	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	..	1	1.18	1	..	1	0.57	2	..	2	0.77	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of Parturition .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1.18	..	..	..	..	..	..	..	..	1	1	1	0.38
Violence .. .. .	..	..	..	..	3	..	3	1.70	3	..	3	1.15	..	..	..	..	2	3	5	2.84	2	3	5	1.92	..	..	..	..
Ill-defined or not specified—																												
Debility, Atrophy, Inanition .. .. .	..	..	..	..	1	1	1	0.57	1	1	1	0.38	..	1	1	1.18	1	2	3	1.70	1	3	4	1.53	..	..	..	..
Others	1	..	1	1.18	1	..	1	0.57	2	..	2	0.77	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	..	1	1.18	1	1	2	1.14	2	1	3	1.15	..	1	1	1.18	1	2	3	1.70	1	3	4	1.53	..	..	..	..
All other Diseases not included in the above	1	..	1	1.18	2	1	3	1.70	3	1	4	1.53	..	..	..	..	1	..	1	0.57	1	..	1	0.38	..	..	..	..
Grand Total	14	7	21	24.79	36	41	77	43.73	50	48	98	37.56	9	7	16	18.89	40	32	72	40.89	49	39	88	33.74				

Of the above deaths the following were uncertified:—

1904:—Diphtheria, etc., 1 C.; Typhoid, etc., 1 C.; Simple Cholera, etc., 1 E. and 15 C.; Tuberculosis, 2 C.; Acute Inflammation of Brain, etc., 1 C.; Convulsions, 1 E. and 1 C.; Pneumonia, etc., 4 C.; Enteritis, etc., 4 C.; Others (Diseases of the Alimentary Canal), 3 C.; Bright's Disease, etc., 1 C.; Debility, etc., 1 C.; All other Diseases, 3 C. Total, 2 E. and 37 C.

1905:—Measles, 1 E. and 2 C.; Diphtheria and Croup, 1 C.; Typhoid, etc., 2 C.; Simple Cholera, etc., 8 C.; Tuberculosis, 6 C.; Diseases due to Specific Organisms, "Others," 2 C.; Premature Birth, etc., 1 C.; Old Age, 1 C.; Convulsions, 3 C.; Bronchitis, 2 C.; Pneumonia, etc., 7 C.; Enteritis, etc., 6 C.; "Others," Diseases of Alimentary Canal, 1 C. Violence, 1 C.; Debility, etc., 3 C.; All other Diseases, 1 C. Total, 1 E. and 47 C.

TABLE 3.—Continued,

ABERDEEN.

Population (1904 Census): Europeans, 1,623; Coloured, 930. All Races, 2,553.

Diseases.	1904.												1905.															
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.							
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.				
Diseases due to Specific Organisms—																												
Influenza .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough	3	..	1.85	3	3	1.17
Diphtheria and Membranous Croup	2	1	..	1.85	2	1	1.17
Typhoid (Enteric) Fever, Simple	1	0.62	1	..	0.39
Continued Fever, Typho-Malarial, Remittent Fever, and Fever
Simple Cholera, Diarrhoea, Dysentery	5	2	7	4.31	5	2	7	7.53	10	4	14	5.48	1	..	1	0.62	3	2	5	5.38	4	2	6	2.35	1	2	4	1.57
Tuberculosis, including Hæmoptysis	1	1	..	1.23	3	..	5	5.38	4	3	7	2.74	..	1	1	0.62	1	..	3	3.23	1	2	4	1.57				
Others	1	..	1	1.08	1	..	1	0.39
Total	9	7	16	9.86	9	4	13	13.98	18	11	29	11.36	4	3	7	4.31	6	4	10	10.75	10	7	17	6.66				
Parasitic Diseases—																												
Thrush, Stomatitis—																												
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.62	..	..	..	..	1	..	1	0.39
Constitutional Diseases—																												
Cancer (Malignant Disease)—																												
Total	1	1	2	1.23	..	..	..	..	1	1	2	0.78	1	..	1	0.62	..	..	..	..	1	..	1	0.39
Developmental Defects and Degeneration—																												
Premature Birth, and Accidents during Birth	..	..	..	..	2	2	2	2.15	..	2	2	0.78	..	1	1	0.62	1	..	1	1.08	1	1	2	0.78
Malformations	1	1	1	1.08	..	1	1	0.39
Dentition	1	..	0.62	..	1	1	1.08	..	2	2	0.78
Old Age (Senile Decay)	1	..	..	0.62	..	1	1	1.08	1	1	2	0.78	..	..	..	..	2	2	2	2.15	2	..	2	0.78
Total	1	1	2	1.23	..	5	5	5.38	1	6	7	2.74	..	1	1	0.62	3	..	3	3.23	3	1	4	1.57				
Diseases of the Nervous System—																												
Convulsions .. .. .	..	1	..	0.62	..	..	..	..	..	1	1	0.39	1	..	1	0.62	1	2	3	3.23	2	2	4	1.57
Others	1	..	1	1.08	1	..	1	0.39
Total .. .. .	..	1	1	0.62	1	..	1	1.08	1	1	2	0.78	1	..	1	0.62	1	2	3	3.23	2	2	4	1.57			
Diseases of the Circulatory System—																												
Heart Disease, Organic, Degeneration, Syncope	..	2	2	1.23	1	1	2	2.15	1	3	4	1.57	1	..	1	0.62	..	..	..	..	1	..	1	0.39
Diseases of the Respiratory System—																												
Bronchitis	3	..	3	1.85	1	2	3	3.23	4	2	6	2.35	..	..	..	..	2	..	2	2.15	2	..	2	0.78
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	..	..	..	..	2	3	5	5.38	2	3	5	1.96	1	..	1	0.62	1	3	4	4.50	2	3	5	1.96
Others	1	..	1	0.62	1	..	1	0.39
Total	4	..	4	2.46	3	5	8	8.60	7	5	12	4.70	1	..	1	0.62	3	3	6	6.45	4	3	7	2.74				
Diseases of the Alimentary Canal—																												
Enteritis, Gastro-Enteritis, Marasmus	2	3	5	3.08	..	3	3	3.23	2	6	8	3.13	3	..	3	1.85	2	..	2	2.15	5	..	5	1.96				
Others .. .. .	..	1	..	0.62	..	..	..	..	1	1	1	0.39	..	1	1	0.62	..	..	..	..	1	..	1	0.39
Total	2	4	6	3.70	..	3	3	3.23	2	7	9	3.53	3	1	4	2.46	2	..	2	2.15	5	1	6	2.35				
Diseases of the Liver—																												
Total	2	..	2	1.23	..	..	..	..	2	..	2	0.78	1	1	2	1.23	..	..	..	..	1	1	2	0.78
Diseases of the Urinary System and Organs of Generation—																												
Bright's Disease, Nephritis, Uræmia	1	..	1	0.62	..	2	2	2.15	1	2	3	1.17	1	..	1	0.62	..	..	..	..	1	..	1	0.39
Others .. .. .	..	..	..	..	1	..	1	1.08	..	1	1	0.39	..	..	..	..	..	1	1	1.08	..	1	1	0.39
Total	1	..	1	0.62	1	2	3	3.23	2	2	4	1.57	1	..	1	0.62	..	1	1	1.08	1	1	2	0.78				
Diseases of Parturition—																												
Total	1	1	0.62	1	1	1	0.39
Ill-defined or not specified—																												
Debility, Atrophy, Inanition	1	1	1	1.08	..	1	1	0.39	..	1	1	0.62	1	1	1	0.39
Others	1	..	1	1.08	1	..	1	0.39
Total .. .. .	..	..	..	..	1	1	2	2.15	1	1	2	0.78	..	1	1	0.62	..	..	..	..	..	1	1	0.39
All other Diseases not included in the above—																												
Total .. .. .	..	1	1	0.62	..	..	..	..	1	1	1	0.39	..	..	..	..	1	1	2	2.15	1	1	2	0.78
Grand Total	30	18	38	23.41	16	21	37	39.78	36	39	75	29.39	14	7	21	12.94	16	11	27	29.03	30	18	48	18.80				

Of the above deaths the following were uncertified:—

1904:—Simple Cholera, etc., 2 E. and 4 C.; Tuberculosis, 2 C.; Cancer, 1 E.; Malformations, 1 C.; Dentition, 1 E. and 1 C.; Old Age, 1 E.; Convulsions, 1 E.; Heart Disease, etc., 2 E.; Pneumonia, etc., 5 C.; Debility, etc., 1 C.; Others (ill-defined or not specified), 1 C. Total, 8 E. and 15 C.

1905:—Typhoid, etc., 1 C.; Simple Cholera, etc., 2 C.; Tuberculosis, 3 C.; Premature Birth, etc., 1 E. and 1 C.; Old Age, 2 C.; Cancer, 1 E.; Convulsions, 1 E. and 1 C.; Bronchitis, 1 C.; Pneumonia, etc., 2 C.; Enteritis, etc., 1 E. and 2 C.; Diseases of Urinary System, "Others," 1 C.; Debility, etc., 1 E.; All other diseases, 1 C. Total, 5 E. and 17 C. All Races, 22.

TABLE 3.—Continued.

PEELTON.

Population (1904 Census) : European, 223 ; Coloured, 2,264. All Races, 2,487.

Diseases.	1904.												1905.															
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.							
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.				
Diseases due to Specific Organisms—																												
Simple Cholera, Diarrhoea, Dysentery	9	7	16	7.07	9	7	16	6.43	..	..	..	..	18	16	34	15.02	18	16	34	13.67	..	..	..	..
Tuberculosis, including Haemoptysis	10	15	25	11.04	10	15	25	10.03	..	..	..	..	3	10	13	5.74	3	10	13	5.23	..	..	..	..
Total	19	22	41	18.11	19	22	41	16.46	..	..	..	..	21	26	47	20.76	21	26	47	18.90	..	..	..	..
Developmental Defects and Degeneration—																												
Dentition	2	2	0.88	..	2	2	0.80	..	..	..	..	..	1	1	0.44	..	1	1	0.40	..	..	..	..
Old Age (Senile Decay)	8	8	3.63	..	8	8	3.23	..	..	..	..	..	4	5	2.21	..	4	5	2.01	..	..	..	..
Others	1	1	0.44	..	1	1	0.40	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	9	11	4.86	2	9	11	4.42	..	..	..	..	1	5	6	2.65	1	5	6	2.41	..	..	..	..
Diseases of the Nervous System—																												
Convulsions	1	..	1	0.44	1	..	1	0.40	..	..	..	..	2	2	4	1.77	2	2	4	1.61	..	..	..	..
Total	1	..	1	0.44	1	..	1	0.40	..	..	..	..	2	2	4	1.77	2	2	4	1.61	..	..	..	..
Diseases of the Circulatory System—																												
Heart Disease, Organic, Degeneration, Syncope	1	1	2	0.88	1	1	2	0.80	..	..	..	..
Total	1	1	2	0.88	1	1	2	0.80	..	..	..	..
Diseases of the Respiratory System—																												
Bronchitis	4	2	6	2.65	4	2	6	2.41	..	..	..	..	11	10	21	9.28	11	10	21	8.44	..	..	..	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	7	2	19	8.30	7	2	19	7.64	..	..	..	..	7	8	15	6.63	7	8	15	6.03	..	..	..	..
Others	1	1	0.44	..	1	1	0.40	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	11	15	26	11.48	11	15	26	10.45	..	..	..	..	18	18	36	15.90	18	18	36	14.48	..	..	..	..
Diseases of the Alimentary Canal—																												
Enteritis, Gastro-Enteritis, Marasmus	1	1	1	0.44	1	1	1	0.40	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others	1	1	2	0.88	1	1	2	0.80	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	2	3	1.33	1	2	3	1.21	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of the Liver—																												
Total	1	..	1	0.44	1	..	1	0.40	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of the Urinary System and Organs of Generation—																												
Others	1	..	1	0.44	1	..	1	0.40	..	..	..	..
Total	1	..	1	0.44	1	..	1	0.40	..	..	..	..
Diseases of Parturition—																												
Total	1	1	0.44	..	1	1	0.40	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ill-defined or not specified—																												
Debility, Atrophy, Inanition	1	..	1	0.44	1	..	1	0.40	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others	3	1	4	1.77	3	1	4	1.61	..	..	..	..	3	2	5	2.21	3	2	5	2.01	..	..	..	..
Total	4	1	5	2.21	4	1	5	2.01	..	..	..	..	3	2	5	2.21	3	2	5	2.01	..	..	..	..
Grand Total	39	50	89	39.31	39	50	89	35.79	..	..	..	..	47	54	101	44.61	47	54	101	40.61	..	..	..	..

NOTE.—All the above Deaths were uncertified.

TABLE 3.—Continued.

UPINGTON.

Population (1904 Census);—Europeans, 554; Coloured, 1,954. All Races, 2,508.

Diseases.	1904.												1905.												
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.				
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	
Diseases due to Specific Organisms—																									
Influenza	1	..	1	1.81	..	..	..	..	1	..	1	0.40	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup	..	..	..	3.61	..	..	..	..	..	..	..	0.80	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple Continued Fever, Typho-Malarial, Remittent Fever, and Fever	3	4	7	3.58	3.42	4	2.79	..	1	1	1.81	1	..	1	0.51	1	1	2	0.80
Simple Cholera, Diarrhoea, Dysentery	..	..	..	8	3	11	5.63	3.8	3	11	4.29	..	..	..	..	..	1	1	0.51	..	1	1	0.40	
Tuberculosis, including Haemoptysis	..	..	..	5	2	7	3.58	2.2	..	7	2.79	1	..	1	1.81	..	3	6	3.07	4	3	7	2.79	
Puerperal Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.51	..	1	1	0.40	
Others .. .. .	..	..	..	2	..	2	1.02	..	..	2	0.80	..	..	..	..	..	..	..	..	..	..	2	0.80	
Total	3	..	3	5.42	18	9	27	13.82	21	9	30	11.96	1	1	2	3.61	6	5	11	5.63	7	6	13	5.18	
Developmental Defects and Degeneration—																									
Premature Birth, and Accidents during Birth	..	..	..	..	1	1	2	1.02	1	1	2	0.80	..	..	..	..	..	1	1	0.51	..	1	1	0.40
Old Age (Senile Decay) .. .. .	..	..	..	..	1	..	1	0.51	1	..	1	0.40	..	..	..	..	1	..	1	0.51	1	..	1	0.40
Total .. .. .	..	..	..	..	2	1	3	1.54	2	1	3	1.20	..	..	..	..	1	1	2	1.02	1	1	2	0.80
Diseases of the Nervous System—																									
Convulsions .. .. .	..	..	..	..	5	1	6	3.07	5	1	6	2.39	..	..	..	..	1	2	3	1.54	1	2	3	1.20
Total .. .. .	..	..	..	..	5	1	6	3.07	5	1	6	2.39	..	..	..	..	1	2	3	1.54	1	2	3	1.20
Diseases of the Respiratory System—																									
Bronchitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	3	1.54	1	2	3	1.20
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	..	..	..	..	1	5	6	3.07	1	5	6	2.39	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	1	5	6	3.07	1	5	6	2.39	..	..	..	..	1	2	3	1.54	1	2	3	1.20
Diseases of the Alimentary Canal—																									
Enteritis, Gastro-Enteritis, Marasmus	..	1	1	1.81	..	2	2	1.02	..	3	3	1.20	..	..	..	..	1	..	1	0.51	1	..	1	0.40
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.51	..	1	1	0.40	
Total .. .. .	..	1	1	1.81	..	2	2	1.02	..	3	3	1.20	..	..	..	..	1	1	2	1.02	1	1	2	0.80
Diseases of the Liver .. .. .	..	..	..	..	1	..	1	0.51	1	..	1	0.40	..	1	1	1.81	..	..	..	..	..	..	1	0.40
Diseases of the Urinary System and Organs of Generation—																									
Bright's Disease, Nephritis, Uræmia	..	..	..	..	1	1	0.51	..	1	1	0.40	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	1	..	1	0.51	1	..	1	0.40	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	1	1	2	1.02	1	1	2	0.80	..	..	..	..	..	..	..	..	..	..	..
Diseases of Parturition .. .. .	..	1	1	1.81	..	..	..	..	..	1	1	0.40	..	..	..	..	1	1	0.51	..	1	1	0.40	
Violence .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.51	1	..	1	0.40	
Ill-defined or not specified—																									
Others .. .. .	..	..	..	..	1	1	0.51	..	1	1	0.40	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	1	1	0.51	..	1	1	0.40	..	..	..	..	..	..	..	..	..	..	..	..	..
All other Diseases not included in the above .. .. .	..	..	..	..	1	1	0.51	..	1	1	0.40	..	..	..	..	..	..	..	..	..	..	..	..	..
Grand Total	3	2	5	9.03	28	21	49	25.08	31	23	54	21.53	1	2	3	5.42	11	12	23	11.77	12	14	26	10.37	

Of the above deaths the following were uncertified:—

1904:—Diphtheria, etc., 1 E.; Typhoid, etc., 6 C.; Simple Cholera, etc., 10 C.; Tuberculosis, 5 C.; Premature Birth, etc., 2 C.; Old Age, 1 C.; Convulsions, 6 C.; Pneumonia, 6 C.; Enteritis, etc., 1 C.; Diseases of the Liver, 1 C.; Others (Diseases of Urinary System, etc.), 1 C.; Others (Ill-defined or not specified), 1 C. Total, 1 E. and 40 C.

1905:—Typhoid, etc., 1 C.; Simple Cholera, etc., 1 C.; Tuberculosis, 3 C.; Diseases due to Specific Organisms, "Others," 2 C.; Premature Birth, etc., 1 C.; Old Age, 1 C.; Convulsions, 3 C.; Bronchitis, 2 C.; Enteritis, etc., 1 C.; Diseases of Parturition, 1 C. Total, 16 C.

TABLE 3.—Continued.

CERES.

Population (1904 Census) : European, 946 ; Coloured, 1,464. All Races, 2,410.

Diseases.	1904.												1905.															
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.							
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.				
Diseases due to Specific Organisms—																												
Measles .. .. .	..	..	..	..	..	..	..	..	1	1	..	0.68	..	1	1	0.41	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever .. .. .	..	..	..	..	..	..	..	..	1	..	..	0.68	1	..	..	0.41	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever Simple	1	..	1	1.06	..	..	..	..	..	..	..	..	1	..	..	0.41	..	..	..	..	1	..	1	0.68	1	..	1	0.41
Continued Fever, Typho-Malarial, Remittent Fever, and Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis, including Haemoptysis	2	..	2	2.11	2	..	2	2.11	2	..	2	2.11	11	4	11	4.56	1	1	..	2.11	2	..	2	2.11	2	..	2	2.11
Erysipelas, Cellulitis, Pyæmia, Septicæmia, and Hospital Gangrene	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1.06	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	1.37	..	..	..	..
Total	3	..	3	3.17	11	7	18	12.30	14	7	21	8.71	2	1	3	3.17	8	6	14	9.56	10	7	17	7.05	10	7	17	7.05
Parasitic Diseases—																												
Thrush, Stomatitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.68	1	..	1	0.41	1	..	1	0.41
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.68	1	..	1	0.41	1	..	1	0.41
Constitutional Diseases—																												
Cancer (Malignant Disease)	1	2	3	3.17	..	..	..	..	1	2	3	1.24	1	..	1	1.06	..	..	..	..	1	1	1	0.68	1	1	2	0.83
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1.06	..	..	..	..	..	..	..	..	1	1	1	0.41
Total	1	2	3	3.17	..	..	..	..	1	2	3	1.24	1	1	2	2.11	..	..	..	..	1	1	1	0.68	1	2	3	1.24
Development Defects and Degeneration Defects—																												
Premature Birth, and Accidents during Birth	..	..	..	..	..	..	..	..	1	1	1	0.41	..	..	..	..	..	..	..	..	1	..	1	0.68	1	..	1	0.41
Malformations .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	1.37	2	..	2	0.83
Dentition .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.41
Old Age (Senile Decay) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	0.68	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	1	..	1	0.41	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	3	1	4	2.73	3	1	4	1.06	..	..	..	..	4	1	5	3.42	4	1	5	2.07	4	1	5	2.07
Diseases of the Nervous System—																												
Acute Inflammation of the Brain and its Membranes	..	..	..	..	1	1	2	1.37	1	1	2	0.83	..	..	..	..	..	..	..	..	2	2	2	1.37	..	2	2	0.83
Convulsions .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1.06	1	1	2	1.37	1	2	3	1.24	1	2	3	1.24
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	1	1	2	1.37	1	1	2	0.83	1	1	2	2.11	1	3	4	2.73	2	4	6	2.49	2	4	6	2.49
Diseases of the Circulatory System—																												
Heart Disease, Organic, Degeneration, Syncope	..	..	..	..	2	..	2	1.37	2	..	2	0.83	..	2	2	2.11	..	..	..	..	..	..	..	..	2	2	2	0.83
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	0.68	..	1	1	0.41	..	1	1	0.41
Total .. .. .	..	..	..	..	2	..	2	1.37	2	..	2	0.83	..	2	2	2.11	1	1	1	0.68	..	3	3	1.24	..	3	3	1.24
Diseases of the Respiratory System—																												
Bronchitis	1	1	1	1.06	1	1	2	1.37	1	2	3	1.24	..	1	1	1.06	2	2	4	2.73	2	3	5	2.07	2	3	5	2.07
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	2	..	2	2.11	2	..	2	1.37	4	..	4	1.66	1	..	1	1.06	2	1	3	2.05	3	1	4	1.66	3	1	4	1.66
Total	2	1	3	3.17	3	1	4	2.73	5	2	7	2.00	1	1	2	2.11	4	3	7	4.78	5	4	9	3.73	5	4	9	3.73
Diseases of the Alimentary Canal—																												
Enteritis, Gastro-Enteritis, Marasmus	1	2	3	3.17	5	5	10	6.83	6	7	13	5.29	1	..	1	1.06	..	..	..	..	1	..	1	0.41	1	..	1	0.41
Others .. .. .	..	1	1	1.06	..	..	..	..	1	1	1	0.41	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	3	4	4.23	5	5	10	6.83	7	8	14	5.81	1	..	1	1.06	..	..	..	..	1	..	1	0.41	1	..	1	0.41
Diseases of the Liver—																												
Total	1	..	1	1.06	..	..	..	..	1	..	1	0.41	1	1	2	2.11	..	..	..	..	..	1	1	0.68	..	1	1	0.41
Diseases of the Urinary System and Organs of Generation—																												
Bright's Disease, Nephritis, Uræmia	..	..	..	..	1	..	1	0.68	1	..	1	0.41	..	..	..	..	1	..	1	0.68	1	..	1	0.68	1	..	1	0.41
Total .. .. .	..	..	..	..	1	..	1	0.68	1	..	1	0.41	..	..	..	..	1	..	1	0.68	1	..	1	0.68	1	..	1	0.41
Violence—																												
Total .. .. .	..	..	..	..	1	1	2	1.37	1	1	2	0.83	..	..	..	..	..	..	..	..	1	1	1	0.68	..	1	1	0.41
Ill-defined or not specified—																												
Debility, Atrophy, Inanition	..	..	..	..	2	..	2	1.37	2	..	2	0.83	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	0.68
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1.06	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	2	..	2	1.37	2	..	2	0.83	..	..	..	..	1	1	1	1.06	..	..	..	..	1	1	1	0.68
All other Diseases not included in the above—																												
Total .. .. .	..	..	..	..	1	1	1	0.68	1	1	1	0.41	..	..	..	..	1	1	1	0.68	..	1	1	0.68	..	1	1	0.41
Grand Total	8	6	14	14.80	29	17	46	31.42	37	23	60	24.90	7	7	14	14.80	19	18	37	25.27	26	25	51	21.16				

Of the above deaths the following were uncertified :—

1904 :—Debility, etc., 1 C.

1905 :—Convulsions, 1 E, and 1 C.

TABLE 3.—Continued.
SWELLENDAM.

Population (1904 Census): Europeans, 1,139 : Coloured, 1,267. All Races, 2,406.

Diseases.	1904.												1905.																			
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.											
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.								
Diseases due to Specific Organisms—																																
Typhoid (Enteric) Fever, Simple Continued Fever, Typho-Malarial, Remittent Fever and Fever	..	1	1	0.88	..	..	..	..	..	1	1	0.42	2	..	2	1.76	..	..	..	..	2	..	2	0.83				
Simple Cholera, Diarrhoea, Dysentery	1	2	3	2.63	1	4	5	3.95	2	6	8	3.33	1	3	6	4.74	2	1	3	1.25	2	1	3	1.25				
Tuberculosis, including Haemoptysis	3	5	3.95	..	3	5	2.08	0.88	3	3	6	4.74	4	3	7	2.91				
Others	1	1	0.79	..	1	1	0.42					
Total ..	1	3	4	3.51	3	8	11	8.68	4	11	15	6.23	3	..	3	2.63	5	4	9	7.10	8	4	12	4.90								
Parasitic Diseases—																																
From other Vegetable and Animal Parasites	1	..	1	0.79	1	..	1	0.42				
Total	1	..	1	0.79	1	..	1	0.42				
Constitutional Diseases—																																
Cancer (Malignant Disease)	1	..	1 0.88	1	..	1	0.42	2	1.58	2	..	2	0.83					
Others	1	1	0.79	..	1	1	0.42	1	..	1	0.88	1	..	1	0.42					
Total ..	1	..	1	0.88	1	1	0.79	1	1	2	0.83	1	..	1	0.88	2	..	2	1.58	3	..	3	1.25									
Developmental Defects and Degeneration—																																
Premature Birth and Accidents during Birth	..	..	..	..	1	1	2	1.58	1	1	2	0.83	..	..	..	..	1	1	0.79	..	1	1	0.42					
Dentition .. .. .	..	..	..	..	..	1	..	0.79	1	..	1	0.42	..	..	..	..	..	..	..	..	..	..	..	..
Old Age (Senile Decay) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.79	1	..	1	0.42				
Total ..	..	..	..	..	2	1	3	2.37	2	1	3	1.25	..	..	..	..	1	1	2	1.58	1	1	2	0.83				
Diseases of the Nervous System—																																
Convulsions .. .. .	..	1	1	0.88	1	3	4	3.16	1	4	5	2.08	1	..	1	0.88	2	2	4	3.16	3	2	5	2.05							
Others .. .. .	..	1	1	0.88	1	..	1	0.79	1	1	2	0.83	..	..	..	..	1	1	0.79	..	1	1	0.42					
Total ..	..	2	2	1.76	2	3	5	3.95	2	5	7	2.91	1	..	1	0.88	3	3	5	3.95	3	3	6	2.49							
Diseases of the Circulatory System—																																
Heart Disease, Organic, Degeneration, Syncope	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.88	..	..	..	..	..	1	1	0.42				
Apoplexy .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.79	..	1	1	0.42					
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.88	..	1	1	0.79	1	1	2	0.83				
Total ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1.76	2	2	2	1.58	1	3	4	1.66				
Diseases of the Respiratory System—																																
Bronchitis .. .. .	..	..	..	..	2	2	1.58	..	2	2	0.83	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	..	..	..	..	1	4	5	3.95	1	4	5	2.08	..	2	2	1.76	2	2	4	3.16	3	4	6	2.49				
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.88	..	..	..	..	1	..	1	0.42				
Total ..	..	..	..	..	1	6	7	5.52	1	6	7	2.91	1	2	3	2.63	2	2	4	3.16	3	4	7	2.91				
Diseases of the Alimentary Canal—																																
Enteritis, Gastro-Enteritis, Marasmus	2	..	2	1.76	1	..	1	0.79	3	..	3	1.25	1	..	1	0.88	1	1	2	1.58	2	1	3	1.25								
Others .. .. .	..	..	..	..	..	2	2	1.58	..	2	2	0.83	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	2	..	2	1.76	1	2	3	2.37	3	2	5	2.08	1	..	1	0.88	1	1	2	1.58	2	1	3	1.25								
Diseases of the Liver	Total ..	..	..	..	1	..	1	0.79	1	..	1	0.42	..	..	..	..	1	..	1	0.79	1	..	1	0.42				
Diseases of the Urinary System and Organs of Generation—																																
Bright's Disease, Nephritis, Uremia	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.88	..	1	1	0.79	1	1	2	0.83				
Others .. .. .	..	1	1	0.88	..	..	..	..	1	1	0.42	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	..	1	1	0.88	..	..	..	..	1	1	0.42	1	..	1	0.88	..	1	1	0.79	1	1	2	0.83					
Diseases of Parturition	Total ..	..	1	1 0.88	..	..	..	..	..	1	1 0.42	..	..	..	..	..	..	..	..	..	..	..	..
Violence	Total ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.79	..	1	1	0.42					
Ill-defined or not specified—																																
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.88	..	..	..	..	..	1	1	0.42					
Total ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.88	..	..	..	..	..	1	1	0.42					
All other Diseases not included in the above—																																
Total ..	..	..	..	..	1	..	1	0.79	1	..	1	0.42	..	1	1	0.88	..	1	1	0.79	..	2	2	0.83				
Grand Total ..	4	7	11	9.66	12	21	33	26.05	16	28	44	18.29	9	5	14	12.29	14	16	30	23.68	23	21	44	18.29								

Of the above deaths the following were uncertified:—

1904:—Simple Cholera, etc., 1 E. and 1 C.; Tuberculosis, 1 C.; Convulsions, 1 E. and 2 C.; Pneumonia, etc., 1 C. Total, 2 E. and 5 C.
1905:—Simple Cholera, etc., 1 C.; Tuberculosis, 2 C.; Old Age, 1 C.; Convulsions, 1 E. and 1 C.; Pneumonia, etc., 2 C.; Ill-defined or not specified, 2 Others, 1 E. Total, 2 E. and 7 C.; All Races, 9.

TABLE 3.—Continued.
UMTATA.

Population (1904 Census) : Europeans, 1,106 ; Coloured, 1,236. All Races, 2,342.

Diseases.	1904.												1905.																				
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.												
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.									
Diseases due to Specific Organisms—																																	
Influenza	1	3	2	43	1	1	1	0	81	..	1	1	0	43					
Diphtheria and Membranous Croup	1	..	1	0	90	1					
Typhoid (Enteric) Fever, Simple	1	..	1	0	81	1	..	1	0	43				
Continued Fever, Typho-Malarial, Remittent Fever, and Fever					
Simple Cholera, Diarrhoea, Dysentery	1	1	0	90	1	1	..	2	1	62	1	2	1	2	1	81	4	5	9	7	26				
Tuberculosis, including Haemoptysis	1	..	3	2	71	1	2	2	45	2	4					
Total	2	3	5	4	52	3	5	8	6	47	5	8	13	5	53	2	1	3	2	71	6	8	14	11	33	8	9	17	7	26			
Constitutional Diseases—																																	
Cancer (Malignant Disease)	1	1	1	1	1	0	90	1	..	1	0	81	1	1	2	0	85
Others					
Total	1	1	1	1	1	0	90	1	..	1	0	81	1	1	2	0	85				
Developmental Defects and Degeneration—																																	
Premature Birth, and Accidents during Birth	1	1	0	81	..	1	1	0	43	1	..	1	0	81	1	..	1	0	43				
Malformations	1	1	1					
Total	1	1	2	1	62	1	1	2	0	85	1	..	1	0	81	1	..	1	0	43					
Diseases of the Nervous System—																																	
Acute Inflammation of the Brain and its Membranes	1	1	1					
Convulsions	1	..	1	0	81	1	..	1	0	43				
Others	2	2	1	3	1	4	1	71	1	..	1	0	90	1	..	1	0	43			
Total	2	2	1	3	2	43	4	1	5	2	13	1	..	1	0	90	1	..	1	0	81	2	..	2	0	85				
Diseases of the Circulatory System—																																	
Heart Disease, Organic, Degeneration, Syncope	2	2	2	2	1	..	1	0	90	1	1	2	1	62	2	1	3	1	28			
Apoplexy	1	1	0	90	1	..	1	0	43			
Others					
Total	2	2	2	2	2	..	2	1	81	1	1	2	1	62	3	1	4	1	71			
Diseases of the Respiratory System—																																	
Bronchitis					
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	5	3	8	6	47	5	3	8	3	42						
Others	1	1	0	81	..	1	1	0	43						
Total	7	4	11	8	90	7	4	11	4	70						
Diseases of the Alimentary Canal—																																	
Enteritis, Gastro-Enteritis, Marasmus	1	1	1	1	..	1	0	90	3	2	5	4	95	4	2	6	2	56			
Others	1	1	0	81	..	1	1	0	43					
Total	1	1	1	1	..	1	0	90	3	3	6	4	85	4	3	7	2	99			
Diseases of the Liver—																																	
Total	1	..	1	0	81	1	..	1	0	43				
Diseases of the Urinary System and Organs of Generation—																																	
Bright's Disease, Nephritis, Uremia—																																	
Total	1	1	0	81	..	1	1	0	43							
Diseases of Parturition—																																	
Total	1	1	0	81	..	1	1	0	43							
Violence—																																	
Total	1	1	2	1	62	1	1	2	0	85	2	1	3	2	71	2	..	2	1	62	4	1	5	2	13				
Ill-defined or not specified—																																	
Others	1	1	0	81	..	1	1	0	43					
All other Diseases not included in the above—																																	
Total	1	1	1					
Grand Total	6	3	9	8	14	17	16	33	20	70	23	19	42	17	93	8	3	11	9	95	22	23	45	36	41	30	26	56	23	91			

Of the above deaths the following were uncertified :—
 1904.—Influenza, 2 C.; Tuberculosis, 1 C.; Premature Birth, etc., 1 C.; Malformations, 1 C.; Others (Diseases of Nervous System), 1 E.; Bronchitis, 1 C.; Diseases of Parturition, 1 C. Total, 1 E. and 7 C.
 1905.—Influenza, 1 C.; Simple Cholera, etc., 2 C.; Premature Birth, etc., 1 C.; Pneumonia, etc., 1 C.; Enteritis, etc., 4 C. Total, 9 C.

TABLE 3.—Continued.

BEDFORD.

Population (1904 Census) : Europeans, 747 ; Coloured, 1,510. All Races, 2,257.

Diseases.	1904.									1905.														
	Europeans.			Coloured.			All Races.			Europeans.			Coloured.			All Races.								
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.				
Diseases due to Specific Organisms—																								
Measles .. .. .	..	..	..	2	1	3	1.00	2	1	3	1.33	..	..	..	..	..	..	..	..	..	0.80		
Influenza .. .. .	..	..	..	1	..	..	1.00	1	..	..	1.00	..	..	..	1	..	..	..	..	..	0.80		
Whooping Cough ..	..	..	..	..	1	..	1.00	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup ..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1.34	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple ..	1	..	1	1.34	1	..	1.00	1	1	2	0.80	..	..	..	3	..	..	..	..	..	..
Continued Fever, Typho-Malarial, Remittent Fever, and Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery ..	..	..	..	1	2	3	1.00	1	2	3	1.33	..	..	..	3	..	..	..	..	..	2.22		
Tuberculosis, including Haemoptysis ..	1	..	1	1.34	4	5	5.96	3	5	10	4.43	1	..	1	1.34	3	6	9	5.96	4	6	10	4.43	
Others .. .. .	..	..	..	2	1	3	1.00	2	1	3	1.33	..	..	..	1	1	1.00	..	1	1	1.00	..	
Total ..	1	1	2	2.68	11	10	21	13.91	12	11	23	10.19	2	..	2	2.68	10	15	23	16.56	12	15	27	11.06
Constitutional Diseases—																								
Cancer (Malignant Disease) .. .. .	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1.34	..	..	..	..	1	..	1	1.00
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1.00	..	1	1	1.00	..	1	1.00
Total ..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1.34	..	1	1	1.00	1	1	2	0.89
Developmental Defects and Degeneration—																								
Premature Birth, and Accidents during Birth ..	..	..	..	..	1	1	0.66	..	1	1	0.44	..	..	..	..	..	..	..	..	..	..	..	..
Malformations .. .. .	..	..	..	1	..	..	1.00	1	..	..	1.00	..	..	..	1	3	4	2.65	..	..	..	..	..
Old Age (Senile Decay) .. .. .	..	..	..	2	2	4	2.65	2	2	4	1.77	..	..	..	..	..	..	..	..	..	3	4	1.77
Others .. .. .	..	..	..	..	1	1	0.66	..	1	1	0.44	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	..	..	..	3	4	7	4.64	3	4	7	3.10	..	..	..	1	3	4	2.65	1	3	4	1.77	..
Diseases of the Nervous System—																								
Acute Inflammation of the Brain and its Membranes ..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	1.32	..	2	2	0.89	..	2	0.89
Convulsions	3	7	10	6.62	3	7	10	4.43	4	..	4	2.65	4	..	4	1.77	..	4	1.77
Others .. .. .	..	..	..	1	..	..	1.00	1	..	1	0.44	..	1	1	1.34	1	..	1	0.66	1	1	2	0.89
Total ..	..	..	..	4	7	11	7.28	4	7	11	4.87	..	1	1	1.34	5	2	7	4.64	5	3	8	3.54
Diseases of the Circulatory System—																								
Heart Disease, Organic, Degeneration, Syncope ..	1	1	2	2.68	1	..	1.00	2	1	3	1.33	1	..	1	1.34	1	..	1	0.66	2	..	2	0.89	
Diseases of the Respiratory System—																								
Bronchitis	6	7	13	8.61	6	7	13	5.76	6	10	16	10.00	6	10	16	7.09	..	16	7.09
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy ..	..	..	..	8	2	10	6.62	8	2	10	4.43	1	..	1	1.34	2	4	6	3.97	3	4	7	3.10
Total ..	..	..	..	14	9	23	15.23	14	9	23	10.19	1	..	1	1.34	8	14	22	14.57	9	14	23	10.19
Diseases of the Alimentary Canal—																								
Enteritis, Gastro-Enteritis, Marasmus ..	2	..	2	2.68	1	11	12	7.95	3	11	14	6.30	2	..	2	2.68	5	3	8	5.30	7	3	10	4.43
Others	1	3	4	2.65	1	3	4	1.77	2	..	2	1.32	2	..	2	0.89
Total ..	2	..	2	2.68	2	14	16	10.60	4	14	18	7.08	2	..	2	2.68	7	3	10	6.62	9	3	12	5.32
Diseases of the Liver—																								
Total ..	..	..	..	2	1	3	1.99	2	1	3	1.33	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of the Urinary System and Organs of Generation—																								
Bright's Disease, Nephritis, Uræmia ..	..	..	..	1	..	..	1.00	1	..	1	0.44	1	..	1	1.34	..	..	..	..	1	..	1	1.00
Ill-defined or not specified—																								
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1.00	..	1	1	1.00	..	1	1.00
All other Diseases not included in the above—																								
Total ..	..	..	..	..	1	1	0.66	..	1	1	0.44	..	1	1	1.34	..	..	..	..	1	1	1.00	..
Grand Total ..	4	2	6	8.03	38	46	84	55.63	42	48	90	39.88	8	2	10	13.39	32	39	71	47.02	40	41	81	35.89

Of the above deaths the following were uncertified :—
 1904 :—Measles, 3 C.; Influenza, 1 C.; Whooping Cough, 1 C.; Typhoid, etc., 1 C.; Simple Cholera, etc., 3 C.; Tuberculosis, 5 C.; Others (Diseases due to Specific Organisms), 2 C.; Premature Birth, etc., 1 C.; Malformations, 1 C.; Old Age, 4 C.; Others (Developmental Defects, etc.), 1 C.; Convulsions, 8 C.; Heart Disease, etc., 1 C.; Bronchitis, 13 C.; Pneumonia, etc., 7 C.; Enteritis, etc., 11 C.; Others (Diseases of the Alimentary Canal), 2 C. Total —45 C.
 1905 :—Of the above deaths the Coloured were all uncertified with the following exceptions :—
 Influenza, 1; Diphtheria and Croup, 1; Typhoid, etc., 3; Tuberculosis, 2; Diseases due to Specific Organisms, "Others," 1, and Diseases of Nervous System, "Others," 1.

TABLE 3.—Continued.

TARKASTAD.

Population (1904 Census) : Europeans, 1,053 : Coloured, 1,217. All Races, 2,270.

Diseases.	1904										1905														
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.				
	M	F	P	Death rate.	M	F	P	Death rate.	M	F	P	Death rate.	M	F	P	Death rate.	M	F	P	Death rate.	M	F	P	Death rate.	
Diseases due to Specific Organisms—																									
Measles	3	..	3	2.85	5	4	9	7.40	8	4	12	5.20	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza	1	..	1	0.95	..	..	..	..	1	..	1	0.44	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Group	1	1	2	1.90	..	..	..	..	1	1	2	0.88	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery .. .. .	..	..	..	..	1	1	2	1.64	1	1	2	0.88	..	..	..	..	1	..	1	0.82	1	..	1	0.44	..
Tuberculosis, including Hemoptysis	1	..	1	0.95	1	..	1	0.82	..	..	..	..	..	..	..	..	3	3	6	2.47	..	3	3	1.32	..
Total	6	1	7	0.95	7	5	12	0.86	13	6	19	0.87	..	..	..	..	3	5	8	0.57	3	5	8	3.52	..
Constitutional Diseases—																									
Cancer (Malignant Disease)	1	..	1	0.95	..	..	..	..	1	..	1	0.44	..	1	1	2	0.95	..	..	..	..	..	1	1	0.44
Others .. .. .	..	..	..	..	4	3	7	5.75	4	3	7	3.08	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	..	1	0.95	4	3	7	5.75	5	3	8	3.52	..	1	1	2	0.95	..	..	..	..	..	1	1	0.44
Developmental Defects and Degeneration—																									
Premature Birth, and Accidents during Birth .. .. .	..	..	..	..	2	..	2	1.64	2	..	2	0.88	..	..	..	..	1	1	2	0.82	..	1	1	0.44	..
Old Age (Senile Decay) .. .. .	..	1	1	0.95	..	..	..	..	..	1	1	0.44	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	1	..	1	0.82	1	..	1	0.44	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	1	1	0.95	3	..	3	2.47	3	1	4	1.70	..	..	..	..	1	1	2	0.82	..	1	1	0.44	..
Diseases of the Nervous System—																									
Acute Inflammation of the Brain and its Membranes .. .. .	..	..	..	..	1	1	2	1.64	1	1	2	0.88	1	1	2	1.00	..	..	..	..	..	1	1	2	0.88
Convulsions .. .. .	..	..	..	..	1	1	2	1.64	1	1	2	0.88	..	..	..	..	1	..	1	0.82	1	..	1	0.44	..
Total .. .. .	..	..	..	..	2	2	4	3.28	2	2	4	1.76	1	1	2	1.00	1	..	1	0.82	2	1	3	1.32	..
Diseases of the Circulatory System—																									
Heart Disease, Organic, Degeneration, Syncope .. .. .	..	2	2	1.90	3	1	4	3.28	3	3	6	2.64	1	2	3	2.85	..	1	1	0.82	1	3	4	1.76	..
Apoplexy .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	0.95	..	1	1	0.82	..	2	2	0.88
Total .. .. .	..	2	2	1.90	3	1	4	3.28	3	3	6	2.64	1	3	4	3.80	..	2	2	1.64	1	5	6	2.64	..
Diseases of the Respiratory System—																									
Bronchitis	2	..	2	1.90	3	2	5	4.11	5	2	7	3.08	..	..	..	..	4	..	4	3.28	4	..	4	1.76	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	2	1	3	2.85	14	19	33	27.12	16	20	36	15.86	3	..	3	2.85	5	8	13	10.68	8	8	16	7.05	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	0.82	..	1	1	0.44	..
Total	4	1	5	4.75	17	21	38	31.22	21	22	43	18.94	3	..	3	2.85	9	8	18	14.79	12	9	21	9.25	..
Diseases of the Alimentary Canal—																									
Enteritis, Gastro-Enteritis, Marasmus	1	1	2	1.90	9	13	22	18.08	10	14	24	10.57	3	1	4	3.80	4	8	12	9.86	7	9	16	7.05	..
Others .. .. .	..	1	1	0.95	..	1	1	0.82	..	2	2	0.88	1	..	1	0.95	1	..	1	0.82	..	..	..	..	..
Total	1	2	3	2.85	9	14	23	18.90	10	16	26	11.45	4	1	5	4.75	5	8	13	10.68	7	9	16	7.93	..
Diseases of the Liver—																									
Total .. .. .	..	..	..	..	1	..	1	0.82	1	..	1	0.44	..	1	1	0.95	..	..	..	..	..	1	1	0.44	..
Diseases of the Urinary System and Organs of Generation—																									
Others	1	..	1	0.95	..	..	..	..	1	..	1	0.44	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	..	1	0.95	..	..	..	..	1	..	1	0.44	..	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of Parturition—																									
Total .. .. .	..	2	2	1.90	..	..	..	..	2	2	4	0.88	..	1	1	0.95	..	..	..	..	..	1	1	0.44	..
Violence—																									
Total	1	..	1	0.95	..	1	1	0.82	1	1	2	0.88	..	..	..	..	1	..	1	0.82	1	..	1	0.44	..
Ill-defined or not specified—																									
Debility, Atrophy, Inanition .. .. .	..	..	..	..	1	..	1	0.82	1	..	1	0.44	..	..	..	..	3	3	6	2.47	..	3	3	1.32	..
Total .. .. .	..	..	..	..	1	..	1	0.82	1	..	1	0.44	..	..	..	..	3	3	6	2.47	..	3	3	1.32	..
All other Diseases not included in the above—																									
Total	1	..	1	0.95	..	1	1	0.82	1	1	2	0.88	..	..	..	..	..	..	..	..	..	..	..	..	..
Grand Total	15	9	24	22.79	47	48	95	78.06	62	57	119	52.62	9	8	17	16.14	19	28	47	38.62	28	36	64	28.19	

Of the above deaths the following were uncertified—

1904:—Measles, 1 E.; Cancer, 1 E.; Others (Constitutional Diseases), 6 C.; Premature Birth, etc., 2 C.; Old Age, 1 E.; Others (Developmental Defects, Ac.), 1 C.; Convulsions, 2 C.; Pneumonia, Ac., 25 C.; Enteritis, Ac., 1 E. and 15 C.; Diseases of Parturition, 1 E. Total, 5 E. and 51 C.
 1905:—Measles, 2 C.; Simple Cholera, etc., 1 C.; Tuberculosis, 1 C.; Premature Birth, etc., 1 C.; Convulsions, 1 E. and 1 C.; Pneumonia, etc., 7 C.; Enteritis, etc., 9 C.; Debility, etc., 1 C. Total, 1 E. and 23 C.

TABLE 3.—Continued.

STEYNSBURG.

Population (1904 Census) : Europeans, 1,289 ; Coloured, 961. All Races, 2,250.

Diseases.	1904.												1905.															
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.							
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.				
Diseases due to Specific Organisms—																												
Menses .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup ..	1	2	3	2.33	5	2	7	7.38	6	4	10	4.44	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever, Typho-Malarial, Remittent Fever, and Fever ..	..	..	..	..	1	1	2	2.08	1	1	2	0.89	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery ..	1	1	2	1.55	4	4	8	8.32	5	5	10	4.44	1	..	..	1.078	1	..	..	1.04	3	..	..	3.089	..	..	..	..
Tuberculosis, including Haemoptysis ..	..	1	1	0.78	1	3	4	4.16	1	4	5	2.22	1	1	2	1.55	4	1	5	5.20	5	2	7	3.11	..	..	..	..
Erysipelas, Cellulitis, Pyaemia, Septicæmia, and Hospital Gangrene ..	..	1	1	0.78	..	..	..	..	..	1	1	0.44	2	..	..	1.55	..	..	..	..	2	..	..	0.89	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	2.08	1	1	2	0.89	..	..	..	..
Total	2	5	7	5.43	11	10	21	21.85	13	15	28	12.44	4	2	6	4.65	7	3	10	10.41	11	5	16	7.11	..	..	..	..
Constitutional Diseases—																												
Cancer (Malignant Disease) .. .. .	..	1	1	0.78	..	..	..	..	1	1	2	0.44	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.78	..	1	1	1.04	1	1	2	0.89	..	..	..	..
Total .. .. .	..	1	1	0.78	..	..	..	..	1	1	2	0.44	1	..	1	0.78	..	1	1	1.04	1	1	2	0.89	..	..	..	..
Developmental Defects and Degeneration—																												
Premature Birth, and Accidents during Birth	1	1	2	1.55	..	1	1	1.04	1	2	3	1.33	2	..	2	1.55	1	..	1	1.04	3	..	3	1.33	..	..	..	..
Malformations	1	..	1	0.78	..	..	..	..	1	..	1	0.44	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dentition .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1.04	..	1	1	0.44	..	..	..	..
Old Age (Senile Decay) .. .. .	..	1	1	0.78	..	..	..	..	1	1	2	0.44	..	..	..	..	1	..	1	1.04	1	..	1	0.44	..	..	..	..
Others	2	..	2	1.55	..	..	..	..	2	..	2	0.89	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	4	2	6	4.65	..	1	1	1.04	4	3	7	3.11	2	..	2	1.55	2	1	3	3.12	4	1	5	2.22	..	..	..	..
Diseases of the Nervous System—																												
Convulsions	2	1	3	2.33	2	1	3	3.12	4	2	6	2.67	..	..	..	..	1	..	1	1.04	1	..	1	0.44	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	1	3	2.33	2	1	3	3.12	4	2	6	2.67	..	..	..	..	1	..	1	1.04	1	..	1	0.44	..	..	..	..
Diseases of the Circulatory System—																												
Heart Disease, Organic, Degeneration, Syncope	1	2	3	2.33	..	..	..	..	1	2	3	1.33	2	1	3	2.33	..	2	2	2.08	2	3	5	2.22	..	..	..	..
Total	1	2	3	2.33	..	..	..	..	1	2	3	1.33	2	1	3	2.33	..	2	2	2.08	2	3	5	2.22	..	..	..	..
Diseases of the Respiratory System—																												
Bronchitis	1	3	4	3.10	3	..	3	3.12	4	3	7	3.11	..	..	..	..	1	1	2	2.08	1	1	2	0.89	..	..	..	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	1	2	3	2.33	4	3	7	7.28	5	5	10	4.44	..	1	1	0.78	6	7	13	13.53	6	8	14	6.22	..	..	..	..
Total	2	5	7	5.43	7	3	10	10.41	9	8	17	7.56	..	1	1	0.78	7	8	15	15.61	7	9	16	7.11	..	..	..	..
Diseases of the Alimentary Canal—																												
Enteritis, Gastro-Enteritis, Marasmus ..	1	3	4	3.10	2	4	6	6.24	3	7	10	4.44	..	2	2	1.55	..	3	3	3.12	..	5	5	2.22	..	..	..	..
Others	1	..	1	0.78	..	..	..	..	1	..	1	0.44	1	..	1	0.78	..	..	..	..	1	2	3	1.33	..	..	..	..
Total	2	3	5	3.88	2	4	6	6.24	4	7	11	4.89	1	4	5	3.88	..	3	3	3.12	1	7	8	3.56	..	..	..	..
Diseases of the Liver—																												
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	0.78	..	..	..	..	..	1	1	0.44	..	..	..	..
Diseases of the Urinary System and Organs of Generation—																												
Bright's Disease, Nephritis, Uremia ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.78	..	..	..	..	..	1	1	0.44	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0.78	1	..	1	1.04	1	1	2	0.89	..	..	..	..
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1.55	1	..	1	1.04	2	1	3	1.33	..	..	..	..
Violence—																												
Total	1	1	2	1.55	1	..	1	1.04	2	1	3	1.33	..	..	..	..	1	2	3	3.12	1	2	3	1.33	..	..	..	..
Ill-defined or not specified—																												
Debility, Atrophy, Inanition .. .. .	..	1	1	0.78	..	1	1	1.04	..	2	2	0.89	1	..	1	0.78	..	..	..	..	..	1	1	0.44	..	..	..	..
Others	1	..	1	0.78	3	4	7	7.28	4	4	8	3.56	..	..	..	..	2	..	2	2.08	2	..	2	0.89	..	..	..	..
Total	1	1	2	1.55	3	5	8	8.32	4	6	10	4.44	1	..	1	0.78	2	..	2	2.08	3	..	3	1.33	..	..	..	..
Grand Total	15	21	36	27.93	28	24	52	54.11	43	45	88	39.11	12	10	22	17.07	21	20	41	42.66	33	30	63	28.00	..	..	..	..

Of the above deaths the following were uncertified :—

1904 :—Diphtheria, etc., 1 C ; Simple Cholera, etc., 4 C ; Malformations, 1 E ; Convulsions, 2 E and 1 C ; Enteritis, etc., 1 C ; Others (Ill-defined and not specified), 3 C. Total, 3 E and 10 C.

1905 :—Tuberculosis, 1 E ; Convulsions, 1 C ; Bronchitis, 1 C ; Pneumonia, etc., 1 C ; Enteritis, 1 C ; Ill-defined or unspecified, "Others," 1 E and 1 C. Total, 2 E and 5 C. All Races, 7.

TABLE 3—Continued.

WILLOWMORE.

Population (1904 Census); Europeans, 814; Coloured, 1,353. All Races, 2,167.

Diseases.	1904.										1905.														
	Europeans.				Coloured.				All Races.		Europeans.				Coloured.				All Races.						
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.					
Diseases due to Specific Organisms—																									
Measles					5	2	7	5.17	5	2	7	3.23													
Scarlet Fever	1		1	1.23					1		1	0.46									1		1	0.46	
Influenza	1		1	1.23					1		1	0.46									1		1	0.46	
Whooping Cough																									
Diphtheria and Membranous Croup					1		1	0.74	1		1	0.46													
Simple Cholera, Diarrhoea, Dysentery	1		1	1.23	3	4	5	3.70	3	4	5	2.77													
Tuberculosis, including Hemoptysis	1		1	1.23	3	5	8	5.91	3	5	8	4.15													
Erysipelas, Cellulitis, Pyæmia, Septicæmia, and Hospital Gangrene	1		1	1.23					1		1	0.46													
Others					1		1	0.74	1		1	0.46					1		1	0.74	1		1	0.46	
Total	3	2	5	6.14	11	11	22	16.26	14	13	27	12.66	5	3	8	9.83	6	14	20	14.78	11	17	28	12.92	
Constitutional Diseases—																									
Cancer (Malignant Disease)	3		3	3.69					3		3	1.38					1		1	0.74	1		1	0.46	
Others					1		1	0.74	1		1	0.46													
Total	3		3	3.69	1		1	0.74	4		4	1.85					1		1	0.74	1		1	0.46	
Developmental Defects and Degeneration—																									
Premature Birth and Accidents during Birth					1		1	0.74	1		1	0.46													
Total					1		1	0.74	1		1	0.46													
Diseases of the Nervous System—																									
Convulsions					7	4	11	8.13	7	4	11	5.08		3	2	2	2.46	4	3	7	5.17	4	5	9	4.15
Total					7	4	11	8.13	7	4	11	5.08		3	2	2	2.46	4	3	7	5.17	4	5	9	4.15
Diseases of the Circulatory System—																									
Heart Disease, Organic, Degeneration, Syncope	2		2	2.46					2		2	0.92					2		2	0.92					
Apoplexy					2		2	1.48	2		2	0.92													
Total	2		2	2.46	2		2	1.48	4		4	1.85					2		2	0.92	1		1	0.46	
Diseases of the Respiratory System—																									
Bronchitis	1		1	1.23	1	1	2	1.48	1	2	3	1.38	1	3	4	4.91	3	3	6	4.43	4	6	10	4.61	
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	1		1	1.23	1	11	12	8.87	2	11	13	6.00					4	5	9	6.65	4	5	9	4.15	
Total	1		1	1.23	2	12	14	10.35	3	13	16	7.38	1	3	4	4.91	7	8	15	11.09	8	11	19	8.77	
Diseases of the Alimentary Canal—																									
Enteritis, Gastro-Enteritis, Marasmus	2	1	3	3.69	3	1	4	2.96	5	2	7	3.23	3	1	4	4.91	7	7	14	10.35	10	8	18	8.31	
Total	2	1	3	3.69	3	1	4	2.96	5	2	7	3.23	3	1	4	4.91	7	7	14	10.35	10	8	18	8.31	
Diseases of the Urinary System and Organs of Generation—																									
Bright's Disease, Nephritis, Uremia ..	1		1	1.23					1		1	0.46													
Total	1		1	1.23					1		1	0.46													
Diseases of Parturition—																									
Total					1		1	0.74	1		1	0.46													
Violence—																									
Total					1		1	0.74	1		1	0.46	2		2	2.46	1		1	0.74	3		3	1.38	
Ill-defined or not specified—																									
Debility, Atrophy, Inanition					1		1	0.74	1		1	0.46	1		1	1.23	1	1	2	1.48	2	1	3	1.38	
Others					1		1	0.74	1		1	0.46					2		2	0.92	2		2	0.92	
Total					2		2	1.48	2		2	0.92	1		1	1.23	3	1	4	2.96	4	1	5	2.31	
All other Diseases not included in the above—																									
Total	1		1	1.23					1		1	0.46													
Grand Total	13	4	17	20.88	27	32	59	43.61	60	36	96	35.07	11	9	20	28.26	30	34	64	47.30	44	43	87	40.15	

Of the above deaths the following were uncertified:—
 1904.—Measles, 5 C.; Diphtheria, etc., 1 C.; Simple Cholera, etc., 3 C.; Tuberculosis, etc., 5 C.; Others (Constitutional Diseases), 1 C.; Convulsions, 10 C.; Apoplexy, 1 C.; Bronchitis, 1 C.; Pneumonia, etc., 4 C.; Enteritis, etc., 1 E. and 1 C.; Debility, etc., 1 C. Total, 1 E. and 33 C. All Races, 34.
 1905.—Whooping Cough, 1 C.; Diphtheria and Croup, 1 C.; Simple Cholera, etc., 1 E. and 1 C.; Tuberculosis, 5 C.; Convulsions, 1 E. and 7 C.; Bronchitis, 1 E. and 2 C.; Pneumonia, etc., 5 C.; Debility, etc., 1 C.; Others (Ill-defined or unspecified), 1 C. Total: 3 E. and 24 C.; All Races, 27.

TABLE 3.—Continued.

DORDRECHT.

Population (1904 Census) : European, 828 ; Coloured, 1,224. All Races, 2,052.

Diseases.	1904.												1905.														
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.						
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.			
Diseases due to Specific Organisms—																											
Measles	1	1	1	1.21	1	1.04	1	1.02	1	..	1.04	
Scarlet Fever	1	1	1	1.21	1	1.04	1	1.02	1	..	1.04	
Influenza	1	1	1	1.21	1	1.04	1	1.02	1	..	1.04	
Diphtheria and Membranous Group	
Typhoid (Enteric) Fever, Simple	2	1	3	3.62	1	1	2	1.63	3	2	5	2.44	..	1	1	1.21	..	1	1	1.02	..	2	2	2	2.07		
Continued Fever, Typho-Malarial, Remittent Fever, and Fever	
Simple Cholera, Diarrhoea, Dysentery	3	5	5	6.04	4	5	9	7.35	6	8	14	6.82	..	5	7	12	9.89	5	7	12	9.89	5	7	12	9.89		
Tuberculosis, including Haemoptysis	1	1	3	3.62	1	2	3	2.45	3	3	6	2.92	..	1	3	4	3.27	1	3	4	3.27	1	3	4	3.27		
Puerperal Fever	
Total	8	6	14	16.91	6	9	15	12.25	14	15	29	14.13	..	2	2	2.42	7	12	19	15.52	7	14	21	16.23			
Parasitic Diseases—																											
Thrush, Stomatitis	
From other Vegetable and Animal Parasites	1	1.02	1	..	1.04	
Total	1	1	2	1.63	1	1	2	0.97
Constitutional Diseases—																											
Cancer (Malignant Disease)	1	1	1.21	1	1	1	0.49	1	1.02	1	..	1.04	
Others	1	..	1	1.21	1	1.04	
Total	1	1	2	2.42	1	1	2	0.97	1	1.02	1	..	1.04	
Developmental Defects and Degeneration—																											
Premature Birth, and Accidents during Birth	1	..	1	1.21	1	1	2	1.63	2	1	3	1.46	..	1	1	1.21	1	..	1	1	1.02	1	1	2	0.97		
Old Age (Senile Decay)	1	1	0.82	..	1	1	0.49	..	1	1	1.21	..	1	1	1.02	..	2	2	2	0.97		
Total	1	..	1	1.21	1	2	3	2.45	2	2	4	1.95	..	2	2	2.42	1	1	2	1.63	1	3	4	1.95			
Diseases of the Nervous System—																											
Convulsions	4	6	10	8.17	4	6	10	4.87	1	1	2	1.63	1	1	2	0.97
Total	4	6	10	8.17	4	6	10	4.87	1	1	2	1.63	1	1	2	0.97
Diseases of the Circulatory System—																											
Heart Disease, Organic, Degeneration, Syncope	1	..	1	1.21	1	..	1	0.82	2	..	2	0.97	1	1	2	2.42	2	..	2	1.63	3	1	4	1.95			
Total	1	..	1	1.21	1	..	1	0.82	2	..	2	0.97	1	1	2	2.42	2	..	2	1.63	3	1	4	1.95			
Diseases of the Respiratory System—																											
Bronchitis	1	..	1	0.82	1	..	1	0.49	1	1.02	1	..	1.04	
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	..	1	1	1.21	8	9	17	13.89	8	10	18	8.77	2	2	4	4.83	8	9	17	13.89	10	11	21	16.23			
Others	1	1.02	1	..	1.04	
Total .. .. .	..	1	1	1.21	9	9	18	14.71	9	10	19	9.26	2	2	4	4.83	10	9	19	15.52	12	11	23	11.21		
Diseases of the Alimentary Canal—																											
Enteritis Gastro-Enteritis, Marasmus	1	..	1	1.21	..	1	1	0.82	1	1	2	0.97	1	1	1	0.82	..	1	1.04	
Others	1	1	2	1.63	1	1	2	0.97	1	1.02	1	..	1.04	
Total	1	..	1	1.21	1	2	3	2.45	2	2	4	1.95	1	..	1	1.21	..	1	1	1.02	1	1	2	0.97			
Diseases of the Urinary System and Organs of Generation—																											
Bright's Disease, Nephritis, Uremia..	1	1.02	1	..	1.04	
Others	1	..	1	1.21	1	..	1	0.49		
Total	1	..	1	1.21	1	..	1	0.49	1	1.02	1	..	1.04	
Violence—																											
Total	2	..	2	1.63	2	..	2	0.97
Ill-defined or not specified—																											
Debility, Atrophy, Insanition	1	2	3	2.45	1	2	3	1.66
Others	1	1	2	1.63	..	1	1	0.49	1	1	2	1.63	1	1	2	0.97
Total	1	1	2	1.63	..	1	1	0.49	2	3	5	4.08	2	3	5	2.44
All other Diseases not included in the above																											
Total	1	..	1	1.21	1	..	1	0.82	2	..	2	0.97	1	1.02	1	..	1.04	
Grand Total	14	8	22	26.57	23	29	52	42.48	37	37	74	36.06	4	7	11	13.28	29	28	57	46.57	33	35	68	33.14			

Of the above deaths the following were uncertified :—

1904.—Simple Cholera, etc., 1 C.; Tuberculosis, etc., 1 E. and 1 C.; Premature Birth, etc., 2 C.; Old Age, 1 C.; Convulsions, 1 C.; Pneumonia, etc., 1 C. Total, 1 E. and 7 C.

1905.—Premature Birth, etc., 1 C.; Heart Disease, etc., 1 C.; Debility, etc., 3 C. Total, 5 C.

TABLE 3.—Continued.

RICHMOND.

Population (1904 Census) : Europeans, 825 ; Coloured, 1,176. All Races, 2,001.

DISEASES.	1904.												1905.												
	Europeans.				Coloured.				All Races.				Europeans.				Coloured.				All Races.				
	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	M	F	P	Death Rate.	
Diseases due to Specific Organisms—																									
Influenza .. .. .	..	..	..	..	1	1	0-85	..	1	1	0-50	..	..	..	..	1	1	0-85	..	1	1	0-50	..	..	..
Whooping Cough	1	..	1	1-21	..	..	..	..	1	..	1	0-50	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Membranous Croup	2	1	3	3-64	4	2	6	5-10	6	3	9	4-50	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid (Enteric) Fever, Simple	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	2-50	1	1	2	2-50	..	..	..	..	..
Continued Fever, Typho-Malarial, Remittent Fever, and Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simple Cholera, Diarrhoea, Dysentery	2	1	3	3-64	4	1	5	4-25	6	2	8	4-00	..	..	..	..	1	1	0-85	..	1	1	0-50	..	..
Tuberculosis, including Hæmoptysis	..	..	..	..	7	7	14	11-90	7	7	14	7-00	1	..	1	1-21	3	4	5-98	4	4	8	4-00	..	..
Erysipelas, Cellulitis, Pyæmia, Septicæmia, and Hospital Gangrene	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1-70	1	1	2	1-00	..	..	..
Puerperal Fever .. .. .	..	1	1	1-21	..	..	..	..	..	1	1	0-50	..	..	..	..	..	1	0-85	1	..	..	..	..	..
Others .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
Total	5	3	8	9-70	15	11	20	22-11	20	14	34	16-98	2	1	3	3-64	6	12	18	15-31	8	13	21	10-49	..
Constitutional Diseases—																									
Cancer (Malignant Disease)	1	..	1	1-21	2	1	3	2-55	3	1	4	2-00	..	..	..	..	1	1	2	1-70	1	1	2	1-00	..
Others .. .. .	..	..	..	..	1	..	1	0-85	1	..	1	0-50	..	..	..	..	1	..	1	0-85	1	..	1	0-50	..
Total	1	..	1	1-21	3	1	4	3-40	4	1	5	2-50	..	..	..	..	2	1	3	2-55	2	1	3	1-50	..
Developmental Defects and Degeneration—																									
Premature Birth, and Accidents during Birth	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1-21	..	..	..	..	1	..	1	0-50	..
Old Age (Senile Decay)	2	1	3	3-64	2	..	2	1-70	4	1	5	2-50	..	..	..	..	2	2	1-70	..	2	2	1-00	..	..
Others	1	1	2	2-42	..	..	..	..	1	1	2	1-00	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	3	2	5	6-06	2	..	2	1-70	5	2	7	3-50	1	..	1	1-21	..	2	2	1-70	1	2	3	1-50	..
Diseases of the Nervous System—																									
Others—	..	..	..	..	1	..	1	0-85	1	..	1	0-50	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	1	..	1	0-85	1	..	1	0-50	..	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of the Circulatory System—																									
Heart Disease, Organic, Degeneration, Syncope	..	..	..	..	1	1	0-85	..	1	1	0-50	..	..	..	..	6	6	12	10-20	6	6	12	6-00	..	..
Apoplexy .. .. .	..	1	1	1-21	..	..	..	..	1	1	0-50	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	1	1	1-21	..	1	1	0-85	..	2	2	1-00	..	..	..	6	6	12	10-20	6	6	12	6-00	..	..
Diseases of the Respiratory System—																									
Bronchitis .. .. .	..	..	..	4	..	4	3-40	4	..	4	2-00	..	..	..	..	2	2	1-70	..	2	2	1-00	..	..	..
Pneumonia, Inflammation, Congestion of the Lungs, Pleurisy	..	..	..	1	..	1	0-85	1	..	1	0-50	..	..	..	1	..	1	0-85	1	..	1	0-50	..	..	..
Others .. .. .	..	1	1	1-21	..	..	..	..	1	1	0-50	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	1	1	1-21	5	..	5	4-25	5	1	6	3-00	..	..	..	1	2	3	2-55	1	2	3	1-50	..	..
Diseases of the Alimentary Canal—																									
Enteritis, Gastro-Enteritis, Marasmus	1	..	1	1-21	1	..	1	0-85	2	..	2	1-00	..	1	1	1-21	2	1	3	2-55	2	2	4	2-00	..
Others .. .. .	..	..	..	..	1	1	0-85	..	1	1	0-50	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	..	1	1-21	1	1	2	1-70	2	1	3	1-50	..	1	1	1-21	2	1	3	2-55	2	2	4	2-00	..
Diseases of the Liver—																									
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1-21	1	..	1	0-85	1	1	2	1-00	..
Diseases of the Urinary System and Organs of Generation—																									
Bright's Disease, Nephritis, Uræmia	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1-21	1	..	1	0-85	2	..	2	1-00	..
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1-21	1	..	1	0-85	2	..	2	1-00	..
Ill-defined or not specified—																									
Debility, Atrophy, Inanition	..	..	..	..	1	1	0-85	..	1	1	0-50	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Others .. .. .	..	..	..	..	1	1	2	1-70	1	1	2	1-00	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	1	2	3	2-55	1	2	3	1-50	..	..	..	..	..	..	..	..	..	..	..	..	..
All other Diseases not included in the above—																									
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1-21	1	..	1	0-85	1	1	2	1-00	..	..
Grand Total	10	7	17	20-61	28	18	44	37-41	38	23	61	30-48	4	4	8	9-70	20	26	44	37-41	24	28	52	25-90	..

Of the above deaths, the following were uncertified :—

1904 :—Diphtheria, etc., 1 C. ; Simple Cholera, etc., 2 C. ; Tuberculosis, etc., 1 C. Total, 4 C.

1905 :—Tuberculosis, 1 C. ; Heart Disease, etc., 3 C. ; All other Diseases, 1 C. Total, 5 C.

TABLE 4.—1904.

TABLE showing for each of Sixty of the Cities and Towns of the Colony the number of Deaths registered for the year

Names of Towns.	0 day to 1 month.		1 month and under 6 months.		6 months and under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		10—		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.	
Cape Town	E	23	13	28	21	10	20	16	7	2	5	...	2	2	2	81	70	151	4	5	3	...
	C	61	49	87	88	61	67	53	51	16	16	13	13	6	5	297	289	586	11	9	9	3
	Total	84	62	115	109	71	87	69	58	18	21	13	15	8	7	378	359	737	15	14	12	3
Suburban Municipalities	E	42	33	69	58	42	43	24	15	10	8	7	2	5	3	199	162	361	7	10	...	1
	C	67	57	112	88	101	63	61	61	18	21	13	15	5	4	377	309	686	15	15	10	9
	Total	109	90	181	146	143	106	85	76	28	29	20	17	10	7	576	471	1047	22	25	10	10
Green Point and Sea Point	E	5	4	4	3	2	1	...	3	...	...	...	...	...	...	11	11	22	2	...	...	...
	C	1	...	...	...	...	...	1	1	...	1	...	...	...	...	2	2	4	...	...	...	...
	Total	6	4	4	3	2	1	1	4	...	1	...	...	...	...	13	13	26	2	...	...	...
Simonstown and Kalk Bay-Muizenberg	E	2	...	6	2	4	1	...	1	...	...	...	...	...	...	12	4	16	1	1	...	1
	C	5	2	9	13	8	3	1	3	1	...	1	...	...	...	25	21	46	1	1	...	1
	Total	7	2	15	15	12	4	1	4	1	...	1	...	...	...	37	25	62	2	2	...	2
Kimberley	E	14	7	18	13	11	9	6	4	1	1	1	2	2	...	53	36	89	...	3	3	...
	C	30	20	28	26	35	19	18	27	3	7	2	2	1	3	117	104	221	6	5	6	2
	Total	44	27	46	39	46	28	24	31	4	8	3	4	3	3	170	140	310	6	8	9	2
Port Elizabeth	E	23	11	20	20	13	14	7	10	3	1	3	1	...	...	69	57	126	3	1	2	2
	C	23	12	24	19	20	19	15	18	3	12	6	1	1	...	92	81	173	5	4	2	7
	Total	46	23	44	39	33	33	22	28	6	13	9	2	1	...	161	138	299	8	5	4	9
East London	E	14	6	16	10	5	8	6	3	...	3	1	...	1	2	43	32	75	1	2	...	...
	C	16	11	16	8	12	10	6	12	4	5	4	4	1	...	59	50	109	1	2	3	3
	Total	30	17	32	18	17	18	12	15	4	8	5	4	2	2	102	82	184	2	4	3	3
Grahamstown	E	5	2	6	8	7	3	2	1	...	1	...	...	...	...	20	15	35	1	...	...	1
	C	11	5	10	10	25	13	14	17	6	2	2	3	4	...	72	59	132	2	3	...	2
	Total	16	7	16	18	32	16	16	18	6	3	2	3	4	...	92	65	157	3	3	...	3
Uitenhage	E	3	1	5	10	6	12	5	7	2	2	1	...	...	...	22	32	54	1	1	...	...
	C	12	11	24	22	19	20	14	26	4	5	4	6	3	1	80	91	171	4	6	2	6
	Total	15	12	29	32	25	32	19	33	6	7	5	6	3	1	102	123	225	5	7	2	6
Paarl	E	5	4	9	1	4	2	5	1	1	...	2	...	...	2	26	10	36	2	2	...	...
	C	17	15	18	21	11	18	9	24	3	2	4	4	1	2	63	86	149	4	11	3	3
	Total	22	19	27	22	15	20	14	25	4	2	6	4	1	4	89	96	185	6	13	3	3
Graaff-Reinet	E	5	4	5	1	5	1	2	1	1	1	...	2	1	2	19	12	31	2	1	1	3
	C	22	11	18	22	23	10	24	18	8	7	3	3	1	...	99	71	170	5	10	7	11
	Total	27	15	23	23	28	11	26	19	9	8	3	5	2	2	118	83	201	7	11	8	14
Queenstown	E	4	2	1	5	2	4	5	...	...	...	...	...	...	...	12	11	23	1	...	2	1
	C	8	16	18	15	19	18	10	14	3	3	2	5	...	1	60	72	132	...	...	1	3
	Total	12	18	19	20	21	22	15	14	3	3	2	5	...	1	72	83	155	1	...	3	4
King William's Town	E	4	8	4	3	1	4	7	4	1	1	2	1	...	...	19	21	40	1	1	1	...
	C	4	5	12	3	13	5	4	13	1	3	...	2	1	1	35	32	67	3	...	3	1
	Total	8	13	16	6	14	9	11	17	2	4	2	3	1	1	54	53	107	4	1	4	1
Beaconsfield	E	3	3	5	2	1	5	...	1	...	1	...	...	...	...	9	12	21	1	...	...	...
	C	8	14	22	15	12	21	9	11	4	2	3	5	2	1	60	69	129	1	6	2	4
	Total	11	17	27	17	13	26	9	12	4	3	3	5	2	1	69	81	150	2	6	2	4
Oudtshoorn	E	3	1	5	6	3	1	4	3	1	...	...	1	...	...	16	12	28	2	2	1	1
	C	12	7	18	16	14	5	9	17	6	5	4	2	3	2	66	54	120	6	5	2	3
	Total	15	8	23	22	17	6	13	20	7	5	4	3	3	2	82	66	148	8	7	3	4

TABLE 4.—1904.

1904, at each age period, distinguishing between (a) Europeans and Coloured, and (b) Males and Females.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up.		TOTAL OVER 5 YEARS.			Unspeci- fied.		ALL AGES.			
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per- sons.	M.	F.	M.	F.	Per- sons.	
5	1	18	7	12	5	35	7	67	17	49	20	28	12	23	13	12	15	1	5	257	107	364	...	...	338	177	515	E
18	14	27	25	26	14	25	22	50	33	29	23	24	24	13	11	6	10	4	14	242	202	444	1	...	540	491	1031	C
23	15	45	32	38	19	60	29	117	50	78	43	52	36	36	24	18	25	5	19	499	309	808	1	...	878	668	1546	
5	8	18	9	16	11	27	11	41	25	40	18	23	19	15	16	11	17	2	3	205	148	353	...	...	404	310	714	E
13	19	15	21	23	25	18	13	25	28	20	23	25	18	12	19	16	6	6	5	198	201	399	...	...	575	510	1085	C
18	27	33	30	39	36	45	24	66	53	60	41	48	37	27	35	27	23	8	8	403	349	752	...	...	979	820	1799	
1	...	1	...	1	2	1	2	5	1	5	2	5	6	4	...	...	3	...	2	25	18	43	...	...	36	29	65	E
...	...	1	...	1	2	1	...	3	1	...	...	1	1	...	2	...	...	...	...	7	6	13	...	...	9	8	17	C
1	...	2	...	2	4	2	2	8	2	5	2	6	7	4	2	...	3	...	2	32	24	56	...	...	45	37	82	
...	1	...	4	6	...	3	...	6	3	3	1	...	2	3	1	1	1	...	1	23	16	39	...	...	35	20	55	E
1	2	4	2	1	...	2	2	7	4	2	1	3	1	...	2	2	3	1	1	24	20	44	...	...	49	41	90	C
1	3	4	6	7	...	5	2	13	7	5	2	3	3	3	3	3	4	1	2	47	36	83	...	...	84	61	145	
...	4	6	2	17	8	14	3	12	9	12	8	9	6	7	2	7	4	...	...	87	49	136	...	...	140	85	225	E
15	12	51	13	93	18	56	15	77	19	36	6	11	5	4	3	2	4	1	3	358	105	463	...	...	475	209	684	C
15	16	57	15	110	26	70	18	89	28	48	14	20	11	11	5	9	8	1	3	445	154	599	...	...	615	294	909	
5	1	6	3	9	4	9	6	21	17	14	12	4	6	19	8	8	6	2	2	102	68	170	...	...	171	125	296	E
4	4	12	8	12	7	10	9	26	12	9	7	11	6	1	7	2	1	2	2	96	74	170	...	...	188	155	343	C
9	5	18	11	21	11	19	15	47	29	23	19	15	12	20	15	10	7	4	4	198	142	340	...	...	359	280	639	
2	...	11	4	3	5	4	6	9	5	18	5	7	6	5	3	3	3	...	1	63	40	103	...	...	106	72	178	E
1	3	7	7	11	6	8	7	18	4	10	6	3	1	2	1	1	...	...	1	65	41	106	...	...	124	91	215	C
3	3	18	11	14	11	12	13	27	9	28	11	10	7	7	4	4	3	...	2	128	81	209	...	...	230	163	393	
2	2	...	2	2	1	2	1	7	2	7	3	3	3	11	3	5	7	...	1	40	26	66	...	...	60	41	101	E
1	5	3	5	4	6	5	10	9	6	9	4	8	6	5	3	3	3	1	2	50	55	105	...	...	122	105	227	C
3	7	3	7	6	7	7	11	16	8	16	7	11	9	16	6	8	10	1	3	90	81	171	...	...	182	146	328	
1	2	1	...	...	2	...	1	5	4	2	1	4	5	...	2	1	2	3	...	18	20	38	...	...	40	52	92	E
4	3	8	2	6	5	6	6	5	5	10	5	9	4	5	6	2	4	2	6	63	58	121	...	...	143	149	292	C
5	5	9	2	6	7	6	7	10	9	12	6	13	9	5	8	3	6	5	6	81	78	159	...	...	183	201	384	
...	...	3	...	...	2	1	1	3	2	5	2	4	4	3	4	5	5	...	1	26	23	49	...	...	52	33	85	E
2	3	2	9	6	4	4	1	4	4	6	11	5	1	4	5	3	4	1	2	44	58	102	...	...	107	144	251	C
2	3	5	9	6	6	5	2	7	6	11	13	9	5	7	9	8	9	1	3	70	81	151	...	...	159	177	336	
2	1	1	1	...	2	1	...	2	2	5	1	1	1	1	5	1	5	1	1	18	23	41	...	...	37	35	72	E
6	10	9	8	8	11	4	4	10	7	9	11	12	7	10	3	7	2	2	3	89	87	176	...	...	188	158	346	C
8	11	10	9	8	13	5	4	12	9	14	12	13	8	11	8	8	7	3	4	107	110	217	...	...	225	193	418	
1	...	6	3	2	...	5	3	2	1	2	...	2	...	4	1	...	3	...	...	27	12	39	...	...	39	23	62	E
3	3	3	3	2	7	3	3	4	7	2	2	7	2	...	3	1	2	1	...	27	35	62	...	...	87	107	194	C
4	3	9	6	4	7	8	6	6	8	4	2	9	2	4	4	1	5	1	...	54	47	101	...	...	126	130	256	
1	2	2	4	1	2	5	...	5	3	5	3	2	...	7	4	1	2	...	2	31	23	54	...	...	50	44	94	E
1	1	2	4	5	8	3	1	2	1	...	4	1	5	2	...	...	2	...	1	22	28	50	...	...	57	60	117	C
2	3	4	8	6	10	8	1	7	4	5	7	3	5	9	4	1	4	...	3	53	51	104	...	...	107	104	211	
1	1	1	...	3	...	1	1	2	1	4	...	2	...	4	...	2	2	...	...	21	5	26	...	...	30	17	47	E
9	6	25	6	33	9	29	3	39	6	25	7	12	7	2	3	2	2	...	...	179	59	238	...	...	239	128	367	C
10	7	26	6	36	9	30	4	41	7	29	7	14	7	6	3	4	4	...	...	200	64	264	...	...	269	145	414	
2	...	1	1	3	1	1	...	4	1	5	1	2	2	4	1	1	...	2	...	28	10	38	...	...	44	22	66	E
2	8	6	5	2	6	2	7	1	8	9	5	8	2	7	...	4	1	2	1	51	51	102	...	...	117	105	222	C
4	8	7	6	5	7	3	7	5	9	14	6	10	4	11	1	5	1	4	1	79	61	140	...	...	161	127	288	

TABLE 4.—1904.—Continued.

Names of Towns.	0 day to 1 month.		1 month and under 6 months.		6 months and under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		10—	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.
Worcester	E ...	2	4	4	1	2	2	1	1	1	...	2	3	1	11	13	24	...	1	1	1
	C 18	13	19	16	15	11	13	14	6	1	...	4	...	2	71	61	132	6	8	3	4
Total		18	15	23	20	16	13	15	7	2	...	6	3	3	82	74	156	6	9	4	5
Cradock	E 3	1	3	3	2	5	5	1	1	...	...	...	1	...	15	10	25	...	...	...	2
	C 12	12	9	17	10	17	11	9	4	3	6	2	1	...	53	60	113	2	7	1	6
Total		15	13	12	20	12	22	16	5	3	6	2	2	...	68	70	138	2	7	1	8
Middelburg	E 3	3	5	7	5	4	2	1	1	...	1	...	...	1	17	16	33	1	2	2	2
	C 9	10	19	11	18	11	16	12	3	5	5	2	4	1	74	52	126	6	3	4	...
Total		12	13	24	18	23	15	18	4	5	6	2	4	2	91	68	159	7	5	6	2
Altwal North	E 1	...	...	3	1	2	...	...	...	1	...	1	...	...	2	7	9	...	...	2	1
	C 8	4	12	7	7	7	9	4	6	2	2	2	...	1	44	27	71	2	3	3	1
Total		9	4	12	10	8	9	9	4	6	3	2	3	...	46	34	80	2	3	5	2
Beaufort West	E 2	2	1	5	2	6	5	...	1	1	...	...	...	...	11	14	25	1	2	...	...
	C 13	5	9	7	5	13	11	5	8	2	2	1	2	1	50	34	84	6	4	5	2
Total		15	7	10	12	7	19	16	5	9	3	2	1	2	61	48	109	7	6	5	2
Somerset East	E 1	1	2	3	1	...	1	...	...	...	...	...	...	...	5	4	9	1	...	...	1
	C 4	8	4	11	12	14	7	14	5	6	4	2	2	1	38	56	94	6	5	2	3
Total		5	9	6	14	13	14	8	14	5	6	4	2	2	43	60	103	7	5	2	4
Stellenbosch	E 2	3	1	3	3	2	...	1	1	...	...	...	...	...	7	9	16	...	...	1	...
	C 5	2	15	5	13	7	7	4	2	3	2	5	...	3	44	29	73	1	2	1	...
Total		7	5	16	8	16	9	7	5	3	3	2	5	...	51	38	89	1	2	2	...
Wellington	E ...	2	...	1	...	1	1	...	...	...	...	...	...	...	1	4	5	...	1	...	...
	C 9	2	4	10	7	3	4	1	1	4	2	2	3	1	30	23	53	...	2	2	...
Total		9	4	4	11	7	4	5	1	1	4	2	2	3	31	27	58	...	3	2	...
Mossel Bay	E 2	3	...	3	2	2	...	1	...	...	...	...	...	...	4	9	13	...	...	...	...
	C 8	4	8	2	5	6	2	4	2	...	1	1	1	1	27	18	45	3	...	2	1
Total		10	7	8	5	7	8	2	5	2	...	1	1	1	31	27	58	3	...	2	1
Malmesbury	E 2	...	1	1	3	3	...	...	...	...	...	...	...	...	6	4	10	...	1	...	...
	C 1	1	6	4	4	8	4	3	3	1	...	1	...	3	18	21	39	4	1	1	...
Total		3	1	7	5	7	11	4	3	3	1	...	1	...	24	25	49	4	2	1	...
Caledon	E 1	2	1	...	2	1	...	...	...	...	1	...	1	...	6	3	9	1	...	...	...
	C 2	3	3	4	5	4	3	2	...	1	...	...	...	...	13	14	27	1	3	1	2
Total		3	5	4	4	7	5	3	2	...	1	1	...	1	19	17	36	2	3	1	2
George	E 2	1	2	1	1	...	1	...	1	...	...	...	...	...	7	2	9	1	...	1	...
	C 3	4	2	...	3	2	3	3	1	2	...	2	1	...	13	13	26	5	3	2	1
Total		5	5	4	1	4	2	4	3	2	2	...	2	1	20	15	35	6	3	3	1
Cambridge	E 1	2	2	2	...	...	...	...	...	1	1	...	...	...	4	5	9	1	...	...	...
	C ...	...	...	...	1	1	...	...	1	...	...	...	...	...	2	1	3	...	...	...	...
Total		1	2	2	2	1	1	...	...	1	1	1	...	...	6	6	12	1	...	...	...
De Aar	E ...	...	1	...	...	...	2	1	...	...	...	...	...	...	3	1	4	1	2	...	...
	C 5	6	7	4	7	7	7	12	3	6	4	...	...	...	33	35	68	4	5	...	...
Total		5	6	8	4	7	7	9	13	3	6	4	...	...	36	36	72	5	7	...	...
Robertson	E 1	...	2	3	3	2	1	...	...	...	...	...	...	...	7	5	12	...	1	...	...
	C 4	1	6	5	6	...	2	5	1	1	...	1	2	...	21	13	34	1	2	2	3
Total		5	1	8	8	9	2	3	5	1	1	...	1	2	28	18	46	1	3	2	3

TABLE 4.—1904.—Continued.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up.		TOTAL OVER 5 YEARS.			Unspeci- fied.		ALL AGES.					
M.	F.	M.	F.	M.	F.	Per- sons.	M.	F.	M.	F.	Per- sons.	E	C																	
...	3	1	2	1	...	1	...	2	1	2	4	2	1	4	2	3	1	...	1	17	17	34	...	...	28	30	58	E	C
2	2	2	3	5	6	3	2	8	5	3	4	5	2	10	3	1	1	...	1	48	41	89	...	...	119	102	221		
2	5	3	5	6	6	4	2	10	6	5	8	7	3	14	5	4	2	...	2	65	58	123	...	...	147	132	279		
1	1	1	1	3	...	5	2	6	1	7	3	5	1	2	...	6	2	...	...	36	13	49	...	...	51	23	74	E	C
3	10	4	6	6	2	1	3	14	7	7	3	2	4	8	4	5	1	...	1	53	54	107	...	...	106	114	220		
4	11	5	7	9	2	6	5	20	8	14	6	7	5	10	4	11	3	...	1	89	67	156	...	...	157	137	294		
2	2	14	3	7	1	4	4	4	...	1	...	...	...	3	1	2	...	...	...	40	15	55	...	...	57	31	88	E	C
6	7	6	6	8	2	5	4	8	3	8	5	3	5	3	2	2	4	...	1	59	42	101	...	...	133	94	227		
8	9	20	9	15	3	9	8	12	3	9	5	3	5	6	3	4	4	...	1	99	57	156	...	...	190	125	315		
...	2	...	...	2	...	1	...	1	3	3	...	1	2	1	...	1	1	...	1	12	10	22	...	...	14	17	31	E	C
3	8	3	2	3	2	6	4	12	6	2	2	2	1	6	1	2	1	1	...	45	31	76	...	...	89	58	147		
3	10	3	2	5	2	7	4	13	9	5	2	3	3	7	1	3	2	1	1	57	41	98	...	...	103	75	178		
2	1	2	2	2	1	3	1	6	3	2	1	...	...	...	2	1	1	1	1	20	15	35	...	...	31	29	60	E	C
2	6	5	9	1	1	3	5	5	9	6	6	4	4	6	6	2	4	2	1	47	57	104	...	...	97	91	188		
4	7	7	11	3	2	6	6	11	12	8	7	4	4	6	8	3	5	3	2	67	72	139	...	...	128	120	248		
...	...	1	1	1	...	1	1	...	3	3	...	3	...	1	1	3	2	1	1	15	10	25	...	...	20	14	34	E	C
3	4	...	2	2	5	4	1	1	5	2	2	3	2	3	4	4	6	...	...	30	39	69	...	...	68	95	163		
3	4	1	3	3	5	5	2	1	8	5	2	6	2	4	5	7	8	1	1	45	49	94	...	...	88	109	197		
...	1	...	1	2	...	1	...	...	2	1	3	...	...	1	2	1	2	...	2	7	13	20	...	...	14	22	36	E	C
1	1	3	1	2	4	2	2	9	1	5	2	5	2	5	2	2	1	...	1	36	19	55	...	...	80	48	128		
1	2	3	2	4	4	3	2	9	3	6	5	5	2	6	4	3	3	...	3	43	32	75	...	...	94	70	164		
1	1	...	...	1	...	2	...	3	1	1	2	2	1	4	...	1	2	...	...	15	8	23	...	...	16	12	28	E	C
1	2	1	1	3	2	1	1	1	2	2	2	2	1	...	...	1	1	1	1	15	15	30	...	...	45	38	83		
2	3	1	1	4	2	3	1	4	3	3	4	4	2	4	...	2	3	1	1	30	23	53	...	...	61	50	111		
...	...	1	2	1	...	...	1	...	1	2	...	2	...	...	...	...	...	...	...	6	4	10	...	...	10	13	23	E	C
1	...	2	2	2	4	3	4	4	3	8	2	3	1	...	...	3	...	...	1	31	18	49	...	...	58	36	94		
1	...	3	4	3	4	3	5	4	4	10	2	5	1	...	...	3	...	...	1	37	22	59	...	...	68	49	117		
1	1	...	...	...	...	...	...	1	...	...	2	1	1	...	...	...	...	...	...	3	5	8	...	...	9	9	18	E	C
1	1	1	1	2	1	...	1	8	1	1	...	...	...	1	1	1	1	1	...	20	8	28	...	...	38	29	67		
2	2	1	1	2	1	...	1	9	1	1	2	1	1	1	1	1	1	...	...	23	13	36	...	...	47	38	85		
...	...	...	1	4	1	1	...	1	1	...	...	1	1	...	1	1	2	...	...	9	7	16	...	...	15	10	25	E	C
...	1	2	...	2	...	1	1	3	...	...	1	1	...	...	...	...	2	1	...	12	10	22	...	...	25	24	49		
...	1	2	1	6	1	2	1	4	1	...	1	2	1	...	1	1	4	1	...	21	17	38	...	...	40	34	74		
...	1	1	...	1	...	1	1	...	1	...	...	3	...	3	1	1	1	...	...	12	5	17	...	...	19	7	26	E	C
1	3	1	6	...	...	2	...	...	1	1	...	...	...	2	3	3	2	...	...	15	21	36	...	...	28	34	62		
1	4	2	6	1	...	1	3	...	1	1	1	3	...	5	4	4	3	...	...	27	26	53	...	...	47	41	88		
...	1	1	...	...	...	...	...	1	2	1	1	1	...	1	1	...	...	...	...	6	5	11	...	...	10	10	20	E	C
...	1	1	1	2	1	3	1	5	2	7		
...	1	1	2	3	2	1	1	...	1	1	8	6	14	1	15	12	27		
1	...	1	...	2	...	1	2	2	...	...	...	1	...	...	...	...	...	...	...	9	4	13	...	...	12	5	17	E	C
2	2	...	...	3	4	7	1	4	5	4	5	...	5	...	...	1	...	...	1	25	28	53	...	...	58	63	121		
3	2	1	...	5	4	8	3	6	5	4	5	1	5	...	...	1	...	...	1	34	32	66	...	...	70	68	138		
1	2	...	...	...	1	...	...	...	2	2	...	1	1	1	...	...	...	...	...	5	7	12	...	...	12	12	24	E	C
2	1	2	1	3	...	...	...	3	2	1	1	1	1	...	3	1	2	...	2	16	18	34	...	...	37	31	68		
3	3	2	1	3	1	...	...	3	4	3	1	2	2	1	3	1	2	...	2	21	25	46	...	...	49	43	92		

TABLE 4.—1904.—Continued.

Names of Towns.		0 day to 1 month.		1 month and under 6 months.		6 months and under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		10—		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.	
Somerset West Strand	E	1	2	...	...	...	...	1	...	...	...	...	...	...	1	3	4	...	1	...	...	...
	C	5	4	9	2	2	4	2	...	...	...	...	1	...	19	12	31	...	...	...	...	...
Total		6	6	9	2	2	4	2	3	...	...	...	1	...	20	15	35	...	1	...	...	...
Kokstad ...	E	...	...	1	...	...	...	...	1	...	...	...	...	...	2	...	2	...	...	1	...	...
	C	4	4	5	2	5	1	2	2	1	2	2	...	1	3	20	14	34	...	1	...	...
Total		4	4	6	2	5	1	2	2	2	2	...	1	3	22	14	36	...	1	1	...	...
Vryburg	E	...	3	...	...	1	...	1	...	...	...	...	...	...	2	3	5	2	1	...	...	...
	C	3	2	1	...	4	2	...	5	2	...	...	...	1	...	11	9	20	2	1	2	...
Total		3	5	1	...	5	2	1	5	2	...	...	1	...	13	12	25	4	2	2	...	...
Burghersdorp ...	E	1	...	7	...	1	1	...	2	1	...	...	...	...	10	3	13	1	...	...	1	...
	C	3	4	8	2	4	2	...	2	...	2	1	1	...	16	13	29	2	1	1	1	...	
Total		4	4	15	2	5	3	...	4	1	2	1	1	...	26	16	42	3	1	1	2	...	
Molteno ...	E	2	1	2	2	2	...	1	...	1	1	1	...	...	7	5	12	...	...	1	...	...
	C	4	2	6	8	10	2	7	3	2	3	1	5	...	1	30	24	54	...	2	...	...
Total		6	3	8	10	12	2	7	4	2	4	2	5	...	1	37	29	66	...	2	1	...	
Mafeking	E	2	1	...	...	1	...	1	...	...	...	...	...	...	2	3	5	...	...	...	...	...
	C	...	2	...	2	1	2	1	7	...	...	1	...	...	2	3	15	18	...	1	1	...
Total		2	3	...	2	1	3	1	8	...	...	1	...	2	5	18	23	...	1	1	...	...
Victoria West ...	E	1	1	5	1	2	1	2	1	1	...	...	...	...	11	4	15	...	1	...	...	...
	C	3	4	7	12	11	7	5	5	4	5	4	...	1	34	34	68	4	4	1	4	...	
Total		4	5	12	13	13	8	7	6	5	5	4	...	1	45	38	83	4	5	1	4	...	
Colesberg	E	2	3	2	2	1	2	...	...	...	...	1	...	...	5	8	13	...	1	...	1	...
	C	3	1	7	7	5	7	9	6	3	2	1	6	...	1	28	30	58	2	2	1	...	
Total		5	4	9	9	6	9	9	6	3	2	1	7	...	1	33	38	71	2	3	1	1	
Riversdale	E	2	...	2	1	1	2	2	...	...	...	1	...	...	7	4	11	...	...	1	1	...
	C	2	2	6	6	1	2	1	5	1	2	...	1	...	1	11	19	30	2	6	5	1	
Total		4	2	8	7	2	4	3	5	1	2	...	2	...	1	18	23	41	2	6	6	2	
Somerset West ...	E	...	1	4	1	1	...	1	...	...	...	...	...	...	6	2	8	...	...	...	...	...
	C	3	4	5	5	3	2	4	3	4	2	...	2	...	1	19	19	38	1	3	1	...	
Total		3	5	9	6	4	2	5	3	4	2	...	2	...	1	25	21	46	1	3	1	...	
Indwe	E	1	1	2	2	1	2	...	...	...	...	1	...	...	5	5	10	1	1	...	...	...
	C	1	5	6	8	7	6	3	5	...	1	1	1	1	...	19	26	45	2	1	1	3	
Total		2	6	8	10	8	8	3	5	...	1	2	1	1	...	24	31	55	3	2	1	3	
Aberdeen	E	1	1	3	2	2	7	3	1	1	...	1	1	...	11	12	23	1	...	...	...	...
	C	1	4	3	5	1	1	1	2	...	...	...	...	...	6	12	18	...	...	...	...	1
Total		2	5	6	7	3	8	4	3	1	...	1	1	...	17	24	41	1	...	...	...	1
Peelton	E
	C	3	3	2	1	4	6	2	3	6	2	...	...	1	1	18	16	34	1	3	1	2
Total		3	3	2	1	4	6	2	3	6	2	...	...	1	1	18	16	34	1	3	1	2
Upington	E	...	...	...	...	...	...	1	...	...	...	1	...	...	1	1	2	1	...	...	...	...
	C	2	1	3	...	3	3	3	4	2	...	1	...	...	14	8	22	2	3	...	...	1
Total		2	1	3	...	3	3	3	5	2	...	2	...	...	15	9	24	3	3	...	...	1
Ceres	E	...	...	...	1	...	1	2	...	...	...	...	...	...	2	2	4	...	...	...	...	...
	C	2	1	5	2	5	2	3	4	1	1	...	...	...	16	10	26	3	1	2	...	...
Total		2	1	5	3	5	3	5	4	1	1	...	...	...	18	12	30	3	1	2	...	...

TABLE 4.—1904.—Continued.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up.		TOTAL OVER 5 Years.			Unspec. fed.		ALL AGES.						
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.	Per-sons.	E	C		
1	...	...	...	1	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	4	3	7	...	...	5	6	11	E	C
...	3	1	1	...	...	...	...	2	...	2	...	1	...	...	...	...	...	1	...	6	5	11	...	...	25	17	42	E	C
1	3	1	1	1	...	...	...	2	1	2	1	2	...	1	...	...	1	...	10	8	18	...	...	30	23	53			
...	...	...	...	...	...	...	1	1	...	2	...	3	...	3	...	...	...	...	...	7	4	11	...	...	9	4	13	E	C
2	1	...	1	2	1	1	...	1	3	...	2	2	4	2	...	1	2	2	...	13	15	28	...	...	33	29	62	E	C
2	1	...	1	2	1	1	1	2	3	2	2	5	4	2	3	1	2	2	...	20	19	39	...	...	42	33	75		
1	1	1	...	...	...	1	...	1	1	...	...	...	...	...	...	...	...	...	...	6	3	9	...	...	8	6	14	E	C
2	1	1	1	1	2	5	2	4	1	3	1	1	1	...	1	...	21	11	32	32	20	52	E	C	
3	2	2	1	1	2	6	2	5	2	3	1	1	1	...	1	...	27	14	41	40	26	66			
1	1	1	1	1	...	1	...	2	2	...	...	1	1	1	1	1	2	...	...	10	9	19	...	...	20	12	32	E	C
2	2	1	...	3	1	2	1	2	1	1	3	...	3	3	3	3	1	2	1	...	22	18	40	38	31	69	E	C	
3	3	2	1	4	1	3	1	4	3	1	3	1	4	4	4	4	3	2	1	...	32	27	59	58	43	101			
...	...	1	...	1	...	1	...	...	...	...	...	...	...	2	...	...	...	...	...	3	3	6	...	...	10	8	18	E	C
...	3	1	...	...	...	1	1	3	1	2	1	2	3	...	1	...	...	...	...	8	13	21	...	...	38	37	75	E	C
...	3	2	...	1	...	2	1	3	1	2	1	2	3	2	1	...	...	...	...	11	16	27	...	...	48	45	93		
...	...	...	...	2	1	1	1	1	1	2	1	...	...	1	...	...	...	...	...	6	5	11	...	...	8	8	16	E	C
1	1	...	2	3	1	4	2	1	1	1	2	1	1	...	10	13	23	13	28	41	E	C	
1	1	...	2	5	2	1	5	3	2	3	2	2	2	1	...	16	18	34	21	36	57			
...	...	3	...	...	1	...	...	1	...	2	2	...	...	...	2	...	...	...	...	6	6	12	...	...	17	10	27	E	C
1	2	3	4	3	3	3	2	3	4	5	...	3	4	1	2	6	1	...	1	...	33	31	64	67	65	132	E	C	
1	2	6	4	3	3	4	2	3	5	5	2	5	4	1	2	6	3	...	1	...	39	37	76	84	75	159			
1	...	1	1	...	...	1	...	2	1	...	...	...	2	2	2	...	2	...	...	7	10	17	...	...	12	18	30	E	C
1	3	1	...	2	5	...	2	3	3	3	1	6	2	6	1	2	...	2	2	...	29	21	50	57	51	108	E	C	
2	3	2	1	2	5	1	2	5	4	3	1	6	4	8	3	2	2	2	2	...	36	31	67	69	69	138			
1	...	1	1	1	...	1	...	1	1	...	2	2	1	1	...	10	5	15	17	9	26	E	C	
2	2	2	4	...	4	3	2	2	1	1	4	2	1	...	2	...	1	...	19	28	47	30	47	77	E	C	
3	2	3	5	1	4	4	2	3	1	1	...	1	4	4	3	1	2	...	2	...	29	33	62	47	56	103			
...	...	1	1	1	1	...	...	1	...	1	...	...	...	...	...	1	...	...	...	4	3	7	...	...	10	5	15	E	C
...	3	4	3	...	...	...	...	6	...	4	...	2	1	...	1	1	1	2	...	21	12	33	...	...	40	31	71	E	C
...	3	5	4	1	1	...	...	7	...	5	...	2	1	...	1	1	2	2	...	25	15	40	...	...	50	36	86		
1	...	2	...	1	...	...	2	...	1	...	...	...	1	...	...	1	...	...	...	9	2	11	...	...	14	7	21	E	C
3	...	4	4	3	1	2	...	1	1	1	4	...	1	...	...	...	...	...	...	17	15	32	...	...	36	41	77	E	C
4	...	6	4	4	1	2	...	3	1	2	4	...	1	1	...	...	1	...	...	26	17	43	...	...	50	48	98		
...	...	1	...	...	...	...	1	1	...	2	2	2	4	1	...	...	...	...	...	9	6	15	...	...	20	18	38	E	C
1	1	1	2	1	1	1	...	2	1	1	...	1	2	2	1	...	10	9	19	16	21	37	E	C	
1	1	2	2	1	1	2	1	2	3	3	2	5	3	2	1	...	19	15	34	36	39	75			
...	E	C
1	6	3	1	...	2	1	...	1	3	2	3	5	3	1	4	4	7	1	...	21	34	55	...	...	39	50	89	E	C
1	6	3	1	...	2	1	...	1	3	2	3	5	3	1	4	4	7	1	...	21	34	55	...	...	39	50	89		
...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	1	3	...	...	3	2	5	E	C
2	3	2	3	2	...	...	...	...	1	3	1	1	...	1	...	1	1	...	...	14	13	27	...	...	28	21	49	E	C
2	3	2	4	2	...	...	...	...	1	4	1	1	...	1	...	1	1	...	...	16	14	30	...	...	31	23	54		
1	...	1	...	1	...	1	...	...	...	...	...	1	1	1	1	...	2	...	...	6	4	10	...	...	8	6	14	E	C
...	1	...	1	2	1	1	1	...	...	1	1	1	1	1	...	2	...	...	...	13	7	20	...	...	29	17	46	E	C
1	1	1	1	3	1	2	1	...	...	1	1	2	2	2	1	2	2	...	...	19	11	30	...	...	37	23	60		

TABLE 4.—1904.—Continued.

Names of Towns.			0 day to 1 month.		1 month and under 6 months.		6 months and under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		10—	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.
			E		C		E		C		E		C		E		C		E			E		E
Swellendam	...	...	...	1	3	...	...	...	2	...	...	...	...	...	...	3	3	6	...	...	...	...
	...	...	...	2	3	...	...	...	4	1	...	1	1	...	...	8	13	21	...	...	1	...
Total	...	...	2	3	5	3	2	3	...	6	1	...	1	1	...	11	16	27	...	...	1	...
Umtata...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...
	...	...	1	1	4	...	2	1	1	1	...	...	...	...	1	1	9	4	13	...	1	...
Total	...	...	1	1	4	...	2	1	1	1	...	...	...	2	1	10	4	14	...	1	...	...
Bedford ...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...
	4	6	1	3	5	7	2	5	2	3	3	3	3	1	20	28	48	1	...	1	1
Total	...	...	5	6	1	3	6	7	2	5	2	3	3	3	1	22	28	50	1	...	1	1
Tarkastad	...	...	...	...	2	...	2	...	1	...	...	1	...	...	...	8	1	9	...	2	...	1
	...	...	6	1	5	6	5	5	8	11	5	9	2	2	...	31	34	65	3	1	1	4
Total	...	...	9	1	7	6	7	5	9	11	5	10	2	2	...	39	35	74	3	3	1	5
Steynsburg	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12	11	23	...	2	...	1
	...	...	...	3	4	3	4	4	3	2	2	1	1	...	...	14	13	27	2	2	2	1
Total	...	...	5	6	7	6	6	6	4	5	3	1	1	...	...	26	24	50	2	4	2	2
Willowmore	...	...	...	...	1	1	...	...	2	...	1	...	...	...	...	4	1	5	1	...	...	...
	...	...	5	2	4	3	3	3	4	3	1	3	1	1	...	18	16	34	2	1	...	2
Total	...	...	5	2	5	4	3	3	6	3	2	3	1	1	...	22	17	39	3	1	...	2
O'okiep ...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	1	3	...	...	...	...
	...	...	4	5	2	5	2	2	5	3	1	1	1	...	1	16	16	32	...	...	1	3
Total	...	...	5	6	3	5	2	2	5	3	1	1	1	...	1	18	17	35	...	...	1	3
Dordrecht	...	...	...	...	1	2	2	1	1	...	...	...	...	...	...	7	3	10	1	1	...	...
	...	...	3	5	5	7	1	3	3	5	...	2	2	1	...	14	23	37	...	...	...	...
Total	...	...	6	5	6	9	3	4	4	5	...	2	2	1	...	21	26	47	1	1	...	...
Richmond	...	...	...	...	2	2	2	...	1	1	...	...	1	...	1	7	3	10	...	...	...	...
	...	...	1	...	2	...	3	1	2	1	4	...	...	...	...	12	2	14	4	2	1	3
Total	...	...	1	...	4	2	5	1	3	2	4	...	1	...	1	19	5	24	4	2	1	3
Total	E 202	140	267	222	163	178	126	81	34	30	25	17	18	13	835	681	1516	44	49	23	22
	C 463	378	641	561	584	480	418	498	168	169	112	114	55	48	2441	2248	4689	144	162	101	109
Grand Total	665	518	908	783	747	658	544	579	202	199	137	131	73	61	3276	2929	6205	188	211	124	131

TABLE 4.—1904.—Continued.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up.		TOTAL OVER 5 YEARS.			Unspec-ified.		ALL AGES.			
M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.	Per-sons.																	
...	...	...	1	...	...	...	1	2	...	...	...	...	1	...	...	...	...	1	4	5	...	...	4	7	11	E	
...	...	...	1	1	...	1	...	1	2	...	2	1	...	...	...	1	...	...	4	8	12	...	...	12	21	33	C
...	...	...	2	1	...	1	...	2	4	...	2	1	...	...	1	...	1	...	5	12	17	...	...	16	28	44	
...	...	...	...	1	...	...	1	1	1	2	1	...	...	...	...	1	...	...	5	3	8	...	...	6	3	9	E
1	...	1	2	...	4	...	2	2	1	1	1	2	1	1	...	...	...	8	12	20	...	...	17	16	33	C	
1	...	1	2	1	4	...	3	3	2	3	2	2	1	1	...	1	...	...	13	15	28	...	...	23	19	42	
...	...	...	...	...	...	1	...	...	...	...	...	...	2	1	...	...	...	...	2	2	4	...	...	4	2	6	E
1	3	3	3	...	3	2	1	2	2	3	1	1	2	1	...	3	2	18	18	36	38	46	84	C
1	3	3	3	...	3	3	1	2	2	3	1	...	2	2	2	1	...	3	2	20	20	40	42	48	90	
...	1	1	...	...	...	...	2	2	...	...	1	1	1	1	...	1	1	1	7	8	15	...	...	15	9	24	E
2	...	...	1	1	1	1	1	1	1	3	1	3	4	1	...	...	...	...	16	14	30	...	...	47	48	95	C
2	1	1	1	1	1	1	1	3	3	3	1	4	5	2	...	1	1	1	23	22	45	...	...	62	57	119	
...	...	...	...	1	...	...	1	...	4	...	...	...	...	1	1	1	1	...	3	10	13	...	...	15	21	36	E
...	3	1	1	1	4	...	...	3	...	2	...	2	...	1	...	...	...	...	14	11	25	...	...	28	24	52	C
...	3	1	1	2	4	...	1	3	4	2	...	2	...	2	1	1	1	...	17	21	38	...	...	43	45	88	
1	...	...	...	2	...	...	...	3	1	...	...	2	...	...	1	...	1	...	9	3	12	...	...	13	4	17	E
...	4	1	4	1	1	1	...	1	...	2	2	...	...	...	1	...	1	...	8	16	24	un- der 1	...	27	32	59	C
1	4	1	4	3	1	1	...	4	1	2	2	2	...	...	2	...	2	...	17	19	36	1	...	40	36	76	
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	3	E
2	...	1	1	1	...	3	1	6	2	6	...	5	2	2	1	1	1	28	11	39	44	27	71	C
2	...	1	1	1	...	3	1	6	2	6	...	5	2	2	1	1	1	28	11	39	46	28	74	
...	...	1	...	1	...	2	...	1	1	1	1	...	2	...	...	...	...	...	7	5	12	...	...	14	8	22	E
...	...	1	2	2	...	1	2	2	...	2	1	...	...	1	...	...	1	...	9	6	15	...	...	23	29	52	C
...	...	2	2	3	...	3	2	3	1	3	2	...	2	1	...	...	1	...	16	11	27	...	...	37	37	74	
...	...	...	...	...	...	...	1	...	...	...	2	1	...	2	...	...	1	...	3	4	7	...	...	10	7	17	E
...	1	1	2	...	...	1	2	2	1	...	1	3	...	3	2	1	...	...	16	14	30	...	...	28	16	44	C
...	1	1	2	...	...	1	3	2	1	...	3	4	...	5	2	1	1	...	19	18	37	...	...	38	23	61	
45	42	113	59	116	51	140	60	238	133	211	103	134	91	148	90	83	103	14	26	1309	829	2138	2144	1510	3654	
132	184	240	202	304	195	240	159	410	226	276	180	212	150	143	118	104	90	41	62	2347	1837	4184	3	...	4791	4085	8876	
177	226	353	261	420	246	380	219	648	359	487	283	346	241	291	208	187	193	55	88	3656	2666	6322	3	...	6935	5595	12530	

TABLE 4.—1905.

TABLE showing for each of Sixty of the Cities and Towns of the Colony the number of Deaths registered for the year

Names of Towns.	0 day to 1 month.		1 month and under 6 months.		6 months and under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		10—	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.
Cape Town	E 23	13	23	17	16	17	14	10	1	1	1	3	...	...	78	61	139	...	6	1	3
	C 59	47	79	110	76	81	85	68	17	25	7	13	5	5	328	349	677	15	15	8	6
Total	82	60	102	127	92	98	99	78	18	26	8	16	5	5	406	410	816	15	21	9	9
Suburban Municipalities	E 43	32	56	46	29	37	25	20	4	6	2	2	1	1	160	144	304	8	3	2	2
	C 71	45	99	80	71	90	66	75	24	26	11	13	8	14	350	343	693	12	17	11	10
Total	114	77	155	126	100	127	91	95	28	32	13	15	9	15	510	487	997	20	20	13	12
Green and Sea Point	E 1	2	2	3	1	1	1	1	...	...	1	...	...	...	6	7	13	...	1	...	...
	C 2	1	4	...	...	...	1	1	...	...	...	...	...	...	7	2	9	...	...	...	...
Total	3	3	6	3	1	1	2	2	...	...	1	...	...	...	13	9	22	...	1	...	...
Simon's Town and Kalk Bay, Muizenberg	E 3	2	5	4	...	2	1	3	...	...	...	...	...	...	9	11	20	1	...	...	...
	C 7	5	3	8	3	4	4	5	...	4	1	...	...	...	18	26	44	...	...	...	...
Total	10	7	8	12	3	6	5	8	...	4	1	...	...	...	27	37	64	1	...	...	...
Kimberley	E 11	7	19	7	8	5	7	2	2	1	...	3	...	...	47	25	72	2	1	2	4
	C 23	26	28	32	35	34	24	27	12	7	8	11	2	4	132	141	273	2	10	1	2
Total	34	33	47	39	43	39	31	29	14	8	8	14	2	4	179	166	345	4	11	3	6
Port Elizabeth	E 19	16	36	24	9	21	9	8	2	2	1	2	...	...	76	73	149	2	...	1	...
	C 25	31	18	13	31	16	21	18	4	10	1	...	3	2	103	90	193	5	8	3	4
Total	44	47	54	37	40	37	30	26	6	12	2	2	3	2	179	163	342	7	8	4	4
East London	E 8	10	20	18	13	20	13	7	3	2	1	3	1	1	59	61	120	2	2	2	1
	C 7	7	21	12	10	17	20	15	5	2	4	2	3	...	70	55	125	3	3	2	3
Total	15	17	41	30	23	37	33	22	8	4	5	5	4	1	129	116	245	5	5	4	4
Grahamstown	E 2	1	2	1	6	2	2	1	...	...	...	...	...	...	12	5	17	2	...	...	...
	C 11	12	17	13	14	16	19	12	3	5	...	1	1	1	65	60	125	3	3	...	2
Total	13	13	19	14	20	18	21	13	3	5	...	1	1	1	77	65	142	5	3	...	2
Uitenhage	E 4	6	13	6	8	15	4	5	...	1	...	...	...	1	29	34	63	1	1	...	3
	C 10	14	21	20	14	17	10	19	2	6	4	3	1	1	62	80	142	2	5	...	1
Total	14	20	34	26	22	32	14	24	2	7	4	3	1	2	91	114	205	3	6	...	4
Paarl	E 7	2	3	3	4	1	2	2	...	1	...	...	...	...	16	9	25	...	...	1	...
	C 23	14	22	26	12	11	11	7	7	6	3	4	2	3	80	71	151	1	5	3	3
Total	30	16	25	29	16	12	13	9	7	7	3	4	2	3	96	80	176	1	5	4	3
Graaff-Reinet	E 4	2	3	...	4	...	...	1	...	1	1	...	...	...	12	4	16	...	...	...	...
	C 18	11	15	14	14	17	9	13	5	12	5	6	...	...	66	73	139	4	2	4	8
Total	22	13	18	14	18	17	9	14	5	13	6	6	...	...	78	77	155	4	2	4	8
Queenstown	E 5	2	5	1	6	2	1	3	1	2	...	1	...	1	18	12	30	...	...	2	...
	C 8	8	13	25	25	27	31	29	11	17	2	9	1	4	91	119	210	8	5	4	3
Total	13	10	18	26	31	29	32	32	12	19	2	10	1	5	109	131	240	8	5	6	3
King William's Town	E 7	1	6	3	7	4	6	4	1	1	...	...	2	...	29	13	42	3	1	3	2
	C 11	6	10	4	12	11	15	12	4	5	4	2	1	3	57	43	100	1	1	2	1
Total	18	7	16	7	19	15	21	16	5	6	4	2	3	3	86	56	142	4	2	5	3
Beaconsfield	E 2	2	8	1	1	4	3	...	...	2	...	...	...	2	14	11	25	...	...	...	...
	C 8	10	17	13	17	22	11	18	4	1	...	6	...	1	57	71	128	3	6	2	2
Total	10	12	25	14	18	26	14	18	4	3	...	6	...	3	71	82	153	3	6	2	2
Oudtshoorn	E 5	6	9	5	6	1	1	...	...	1	...	...	...	...	22	12	34	1	1	2	...
	C 20	7	18	22	15	7	8	3	4	1	4	...	...	1	64	53	117	4	3	2	4
Total	25	13	27	27	21	8	8	8	3	4	2	4	...	1	86	65	151	5	4	4	4

TABLE 4.—1905.

1905, at each age period, distinguishing between (a) Europeans and Coloured, and (b) Males and Females.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up.		TOTAL OVER 5 YEARS.			Unspeci- fied.		ALL AGES.			
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per- sons.	M.	F.	M.	F.	Per- sons.	
2	5	10	5	14	7	18	3	40	10	58	21	27	24	23	20	11	10	1	7	205	121	326	...	...	283	182	465	E
8	11	25	20	29	21	33	23	40	26	37	26	27	17	12	20	9	14	5	6	248	205	453	...	...	576	554	1130	C
10	16	35	25	43	28	51	26	80	36	95	47	54	41	35	40	20	24	6	13	453	326	779	...	...	859	736	1595	
6	3	9	11	13	13	17	13	28	32	36	31	35	19	24	16	14	17	2	8	194	168	362	...	...	354	312	666	E
13	13	24	26	12	20	14	10	30	30	21	26	13	18	8	13	6	7	8	14	172	204	376	...	...	522	547	1069	C
19	16	33	37	25	33	31	23	58	62	57	57	48	37	32	29	20	24	10	22	366	372	738	...	...	876	859	1735	
...	...	1	...	3	2	2	1	5	1	2	1	3	2	3	...	1	2	1	...	21	10	31	1	...	28	17	45	E
...	...	1	...	...	1	...	...	...	...	...	2	...	1	...	...	1	...	...	...	2	4	6	...	...	9	6	15	C
...	...	2	...	3	3	2	1	5	1	2	3	3	3	3	...	2	2	1	...	23	14	37	1	...	37	23	60	
1	...	2	1	1	1	2	2	5	1	3	2	4	1	2	...	...	...	...	...	21	8	29	...	...	30	19	49	E
...	1	1	...	4	7	6	2	3	1	2	1	2	1	2	...	...	1	...	...	20	14	34	...	...	38	40	78	C
1	1	3	1	5	8	8	4	8	2	5	3	6	2	4	...	...	1	...	...	41	22	63	...	...	68	59	127	
2	1	5	...	8	3	13	2	16	7	15	7	8	4	11	10	4	6	2	...	88	45	133	...	...	135	70	205	E
35	7	77	15	112	13	65	15	72	19	56	13	17	9	4	10	4	1	3	1	448	115	563	...	...	580	256	836	C
37	8	82	15	120	16	78	17	88	26	71	20	25	13	15	20	8	7	5	1	536	160	696	...	...	715	326	1041	
5	2	7	7	8	5	6	4	16	9	17	12	6	3	14	9	2	6	1	4	85	61	146	...	...	161	134	295	E
1	2	6	13	15	8	10	8	13	10	10	7	6	5	3	3	2	3	...	...	74	71	145	...	...	177	161	338	C
6	4	13	20	23	13	16	12	29	19	27	19	12	8	17	12	4	9	1	4	159	132	291	...	...	338	295	633	
2	3	2	5	9	2	5	4	8	6	5	5	7	3	7	9	5	2	...	...	54	42	96	...	...	113	103	216	E
6	1	6	6	14	5	7	3	12	6	3	2	5	4	...	2	...	...	...	...	58	35	93	...	...	128	90	218	C
8	4	8	11	23	7	12	7	20	12	8	7	12	7	7	11	5	2	...	...	112	77	189	...	...	241	193	434	
2	...	1	4	1	4	...	...	4	3	3	2	6	6	8	7	9	9	...	...	36	35	71	...	...	48	40	88	E
3	4	3	6	5	5	2	3	11	5	10	11	5	3	8	9	3	6	8	6	63	61	124	...	...	126	123	249	C
5	4	4	10	6	9	2	3	15	8	13	13	11	9	16	16	12	15	8	6	97	98	195	...	...	174	163	337	
2	...	2	1	2	2	1	2	4	4	3	4	2	3	3	5	1	5	...	1	21	31	52	...	...	50	65	115	E
2	8	3	8	6	6	5	10	1	9	3	3	6	3	5	5	4	3	1	1	38	62	100	...	...	100	142	242	C
4	8	5	9	8	8	6	12	5	13	6	7	8	6	8	10	5	8	1	2	59	93	152	...	...	150	207	357	
1	...	...	1	1	1	...	4	1	...	5	2	5	...	4	4	3	2	...	...	21	14	35	...	...	37	23	60	E
3	2	2	...	1	1	4	2	4	5	8	6	8	1	3	7	...	2	3	4	40	38	78	...	...	120	109	229	C
4	2	2	1	2	2	4	6	5	5	13	8	13	1	7	11	3	4	3	4	61	52	113	...	...	157	132	289	
1	...	...	3	1	...	2	2	5	3	7	1	5	1	6	2	5	2	...	1	32	15	47	...	...	44	19	63	E
1	8	3	3	4	7	4	4	3	5	7	9	4	6	6	9	7	2	2	...	49	63	112	...	...	115	136	251	C
2	8	3	6	5	7	6	6	8	8	14	10	9	7	12	11	12	4	2	1	81	78	159	...	...	159	155	314	
...	1	1	2	2	2	2	5	4	5	2	1	1	5	4	2	2	1	...	...	20	24	44	...	...	38	36	74	E
7	6	3	4	4	2	3	7	1	5	2	...	6	5	9	5	2	1	3	...	52	43	95	...	3	143	165	308	C
7	7	4	6	6	4	5	12	5	10	4	1	7	10	13	7	4	2	3	...	72	67	139	...	3	181	201	382	
...	1	3	1	2	3	1	1	...	1	4	2	4	3	3	3	6	3	...	2	29	23	52	...	...	58	36	94	E
2	2	2	5	4	3	5	3	7	3	7	1	2	2	4	4	2	1	...	...	38	26	64	...	...	95	69	164	C
2	3	5	6	6	6	6	4	7	4	11	3	6	5	7	7	8	4	...	2	67	49	116	...	...	153	105	258	
...	1	3	...	1	...	3	...	2	...	...	...	1	...	...	1	...	...	...	...	10	2	12	...	...	24	13	37	E
22	8	58	2	58	7	49	5	80	6	39	2	9	3	4	1	...	...	...	...	324	43	367	...	...	381	114	495	C
22	9	61	2	59	7	52	5	82	6	39	2	10	3	4	2	...	...	...	1	334	45	379	...	...	405	127	532	
...	1	1	3	1	...	...	...	1	2	3	2	2	2	4	...	2	1	...	2	17	14	31	...	...	39	26	65	E
7	7	4	6	1	6	5	4	4	3	...	2	2	3	3	1	2	1	2	2	36	42	78	...	...	100	95	195	C
7	8	5	9	2	6	5	4	5	5	3	4	4	5	7	1	4	2	2	4	53	56	109	...	...	139	121	260	

TABLE 4.—1905.—Continued.

Names of Towns.		0 day to 1 month.		1 month and under 6 months.		6 months and under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		10—	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.
Worcester	E	1	1	3	7	1	2	1	2	2	...	...	...	...	1	8	13	21	1	...	...	...
	C	15	9	20	11	8	11	18	11	2	5	1	3	3	1	67	51	118	3	5	3	1
Total		16	10	23	18	9	13	19	13	4	5	1	3	3	2	75	64	139	4	5	3	1
Cradock	E	4	...	4	3	2	2	3	...	...	1	...	2	...	...	13	8	21	...	2	1	2
	C	3	8	17	10	18	21	19	15	10	14	8	2	2	1	77	71	148	5	4	2	6
Total		7	8	21	13	20	23	22	15	10	15	8	4	2	1	90	79	169	5	6	3	8
Middelburg (including Military)	E	2	2	10	4	2	5	1	1	1	1	...	...	2	...	18	13	31	1	2	...	...
	C	13	18	19	15	15	27	23	15	14	15	6	4	3	3	93	97	190	4	7	3	8
Total		15	20	29	19	17	32	24	16	15	16	6	4	5	3	111	110	221	5	9	3	8
Aliwal North	E	1	1	...	4	1	2	...	...	...	1	...	...	...	...	2	8	10	...	...	...	...
	C	5	7	8	8	12	9	9	8	4	3	1	1	...	...	39	36	75	3	2	...	3
Total		6	8	8	12	13	11	9	8	4	4	1	1	...	...	41	44	85	3	2	...	3
Beaufort West	E	1	1	2	2	3	2	...	...	1	...	...	...	...	...	7	5	12	...	2	1	...
	C	11	11	10	12	5	5	1	5	4	4	3	...	...	2	34	39	73	1	1	1	5
Total		12	12	12	14	8	7	1	5	5	4	3	...	...	2	41	44	85	1	3	2	5
Somerset East	E	4	3	2	...	...	...	...	...	...	...	...	...	...	...	6	3	9	1	...	...	...
	C	10	5	5	7	6	8	5	10	1	1	3	1	1	1	31	33	64	3	3	...	7
Total		14	8	7	7	6	8	5	10	1	1	3	1	1	1	37	36	73	4	3	...	7
Stellenbosch	E	...	...	6	1	...	1	1	1	...	...	1	...	...	...	8	3	11	...	...	...	...
	C	7	7	4	6	5	5	9	14	1	2	4	...	...	...	30	34	64	6	2	...	3
Total		7	7	10	7	5	6	10	15	1	2	5	...	...	...	38	37	75	6	2	...	3
Wellington	E	2	2	...	2	1	3	1	1	...	...	...	...	...	1	4	9	13	2	...	...	...
	C	2	3	5	7	2	3	4	3	2	...	...	...	...	...	15	16	31	...	1	1	...
Total		4	5	5	9	3	6	5	4	2	...	...	...	...	1	19	25	44	2	1	1	...
Mossel Bay	E	3	3	3	3	1	4	...	...	...	...	...	...	...	...	7	10	17	1	...	1	...
	C	6	6	6	5	4	1	2	2	2	5	...	...	1	...	21	19	40	2	1	...	...
Total		9	9	9	8	5	5	2	2	2	5	...	...	1	...	28	29	57	3	1	1	...
Malmesbury	E	...	1	2	2	1	2	1	1	...	1	...	...	...	...	4	7	11	...	...	5	...
	C	4	3	4	6	3	2	5	1	2	1	1	...	1	...	20	13	33	2	...	1	1
Total		4	4	6	8	4	4	6	2	2	2	1	...	1	...	24	20	44	2	...	6	1
Caledon	E	1	...	2	1	2	1	...	...	1	1	...	...	...	...	6	3	9	...	...	1	...
	C	5	2	5	4	3	3	2	1	...	...	...	1	...	...	15	11	26	2	...	1	...
Total		6	2	7	5	5	4	2	1	1	1	...	1	...	21	14	35	2	...	2	...	
George	E	5	2	...	1	...	1	1	2	...	...	...	...	...	...	6	6	12	...	...	1	1
	C	3	...	3	3	...	2	3	2	2	2	2	...	1	...	14	9	23	...	1	1	1
Total		8	2	3	4	...	3	4	4	2	2	2	...	1	...	20	15	35	...	1	2	2
Cambridge	E	4	2	2	5	...	2	2	1	...	...	...	...	...	1	8	11	19	...	...	...	...
	C	3	...	2	2	1	1	1	2	...	2	...	1	...	...	7	8	15	...	...	...	...
Total		7	2	4	7	1	3	3	3	...	2	...	1	...	1	15	19	34	...	...	...	...
De Aar	E	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...
	C	1	...	7	1	2	2	1	1	...	1	1	...	1	...	13	5	18	...	...	1	2
Total		1	...	7	1	2	3	1	1	...	1	1	...	1	...	13	6	19	...	...	1	2
Robertson	E	1	...	3	...	...	1	3	3	...	...	...	1	...	...	7	5	12	...	...	...	...
	C	6	6	9	5	5	6	4	8	1	3	1	...	1	1	27	29	56	...	2	...	2
Total		7	6	12	5	5	7	7	11	1	3	1	1	1	1	34	34	68	...	2	...	2

TABLE 4.—1905.—Continued.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up.		TOTAL OVER 5 YEARS.			Unspeci- fied.		ALL AGES.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per- sons.	M.	F.	M.	F.	Per- sons.
1	2	...	...	3	1	1	...	1	...	...	2	3	2	1	3	3	4	...	...	14	14	28	...	...	22	27	49
3	3	4	4	4	5	...	2	4	3	6	5	5	5	3	4	4	1	...	2	39	43	82	...	...	106	94	200
4	5	4	4	7	6	1	2	5	3	6	7	8	7	4	7	7	8	...	2	53	57	110	...	...	128	121	249
1	1	2	2	2	1	3	1	3	3	7	1	...	2	5	1	1	1	...	1	25	18	43	...	...	38	26	64
4	9	4	4	9	5	9	1	11	2	4	2	5	3	6	2	4	2	...	2	63	42	105	...	...	140	113	253
5	10	6	6	11	6	12	2	14	5	11	3	5	5	11	3	5	3	...	3	88	60	148	...	...	178	139	317
...	2	6	1	4	...	2	1	3	2	3	1	3	...	1	...	3	...	1	...	27	9	36	...	...	45	22	67
4	5	7	4	4	4	6	4	8	3	6	2	5	3	3	1	2	2	...	3	52	46	98	...	...	145	143	288
4	7	13	5	8	4	8	5	11	5	9	3	8	3	4	1	5	2	1	3	79	55	134	...	...	190	165	355
...	1	...	1	4	...	1	1	4	1	3	1	1	1	1	3	...	1	...	...	14	10	24	...	...	16	18	34
5	2	1	2	1	6	...	1	4	5	1	2	2	4	1	1	1	2	1	...	20	30	50	...	...	59	66	125
5	3	1	3	5	6	1	2	8	6	4	3	3	5	2	4	1	3	1	...	34	40	74	...	...	75	84	159
1	...	3	...	2	1	2	...	3	...	...	...	1	2	1	2	1	3	1	1	16	11	27	...	...	23	16	39
7	4	2	...	2	1	1	1	4	3	2	5	3	3	2	3	2	2	...	...	27	28	55	...	...	61	67	128
8	4	5	...	4	2	3	1	7	3	2	5	4	5	3	5	3	5	1	1	43	39	82	...	...	84	83	167
...	...	...	...	...	3	1	...	1	4	1	1	...	...	1	2	4	1	...	...	9	11	20	...	...	15	14	29
4	3	3	6	4	4	2	5	5	3	6	3	14	1	4	...	2	3	2	2	49	40	89	...	...	80	73	153
4	3	3	6	4	7	3	5	6	7	7	4	14	1	5	2	6	4	2	2	58	51	109	...	...	95	87	182
...	...	...	...	...	1	1	1	...	...	...	2	...	...	2	1	1	2	1	2	5	9	14	...	...	13	12	25
1	2	...	3	5	2	1	2	6	1	2	2	3	4	3	2	2	5	...	...	29	28	57	...	...	59	62	121
1	2	...	3	5	3	2	3	6	1	2	4	3	4	5	3	3	7	1	2	34	37	71	...	...	72	74	146
...	...	...	...	...	1	...	...	...	...	2	1	...	...	4	2	1	2	...	1	9	7	16	...	...	13	16	29
1	2	...	1	...	...	...	3	6	2	1	2	...	...	1	2	1	4	...	...	11	17	28	...	...	26	33	59
1	2	...	1	...	1	...	3	6	2	3	3	...	...	5	4	2	6	...	1	20	24	44	...	...	39	49	88
...	1	...	1	1	3	...	...	1	1	1	...	...	...	2	1	2	1	1	...	10	8	18	...	...	17	18	35
1	1	3	3	2	4	3	1	3	1	...	1	1	...	...	1	...	...	...	2	15	15	30	...	...	36	34	70
1	2	3	4	3	7	3	1	4	2	1	1	1	...	2	2	2	1	1	2	25	23	48	...	...	53	52	105
...	...	...	1	...	...	1	...	...	...	...	...	...	1	...	4	2	...	1	...	9	6	15	...	...	13	13	26
...	1	...	6	1	1	1	1	3	...	...	...	1	3	2	...	5	...	2	16	15	31	...	...	36	28	64	
...	1	...	7	1	1	2	1	3	...	...	...	1	4	2	4	7	...	1	2	25	21	46	...	...	49	41	90
...	...	1	...	2	...	1	...	...	...	1	1	1	1	2	...	...	...	...	1	7	1	8	...	...	13	4	17
...	...	...	...	2	...	...	...	1	1	1	1	...	1	...	...	1	...	...	1	8	4	12	...	...	23	15	38
...	...	1	...	4	...	1	...	1	1	1	1	2	1	...	...	1	...	...	2	15	5	20	...	...	36	19	55
...	...	...	...	1	...	1	...	2	1	...	1	...	...	1	1	2	1	...	...	8	5	13	...	...	14	11	25
1	3	2	3	1	...	...	...	...	1	3	1	2	...	1	1	1	...	2	...	14	11	25	...	...	28	20	48
1	3	2	3	2	...	1	...	2	2	3	2	2	...	2	2	3	1	2	...	22	16	38	...	...	42	31	73
...	...	...	...	1	2	1	1	1	1	2	2	3	...	1	1	...	1	...	...	9	8	17	...	...	17	19	36
...	...	...	...	...	1	...	...	...	4	1	1	...	...	...	1	...	...	1	...	2	7	9	...	...	9	15	24
...	...	...	...	1	3	1	1	1	5	3	3	3	...	1	2	...	1	1	...	11	15	26	...	...	26	34	60
1	...	1	...	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	5	...	5	...	...	5	1	6
...	2	2	1	1	...	3	...	3	1	1	1	2	...	2	...	...	...	...	...	15	7	22	...	...	28	12	40
1	2	3	1	2	...	3	...	5	1	1	1	2	...	2	...	...	...	...	...	20	7	27	...	...	33	13	46
...	...	...	...	1	2	...	1	...	...	2	3	2	1	1	1	1	3	...	...	7	11	18	...	...	14	16	30
...	...	...	2	1	2	1	1	...	...	2	1	...	1	...	1	3	...	2	1	9	14	23	...	...	36	43	79
...	...	2	1	3	3	1	1	...	2	3	3	3	1	2	4	1	5	1	1	16	25	41	...	...	50	59	109

TABLE 4.—1905.—Continued.

DISTRICT.	0 day to 1 month.		1 month and under 6 months.		6 months and under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL OVER 5 YEARS.			5—		10—		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.	
Somerset West Strand	E 1	1	...	1	1	...	1	1	...	...	...	...	...	2	3	5	8	...	...	...	...	...
	C 9	4	4	3	5	3	1	1	1	...	...	...	...	1	20	12	32	...	...	...	...	1
Total	10	5	4	4	6	3	2	2	1	...	...	...	...	3	23	17	40	...	...	...	...	1
Kokstad ...	E 1	...	1	...	...	2	...	...	...	...	...	...	...	...	2	2	4	...	...	...	...	1
	C 5	7	2	1	1	2	1	3	2	2	...	1	...	...	11	16	27	...	...	...	...	...
Total	6	7	3	1	1	4	1	3	2	2	...	1	...	13	18	31	...	...	...	...	...	1
Vryburg ...	E 1	2	2	1	2	...	...	...	1	...	1	...	...	...	7	3	10	...	1	...	...	...
	C 4	2	1	2	3	6	...	1	2	...	...	...	...	...	10	11	21	...	1	1	1	1
Total	5	4	3	3	5	6	...	1	3	...	1	...	...	17	14	31	...	2	1	1	1	1
Burghersdorp ...	E ...	1	3	...	4	1	2	1	...	...	...	...	...	...	9	3	12	...	3	...	...	...
	C 2	2	5	4	7	4	2	1	4	6	...	1	1	1	21	19	40	...	...	...	...	...
Total	2	3	8	4	11	5	4	2	4	6	...	1	1	1	30	22	52	...	3	...	...	...
Molteno ...	E ...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	3	3	...	...	1	...	...
	C 5	5	2	5	5	8	3	6	1	...	1	1	1	1	18	26	44	2	...	...	2	2
Total	5	6	2	7	5	8	3	6	1	...	1	1	1	1	18	29	47	2	...	1	2	2
Mafeking ...	E ...	...	...	...	...	1	2	1	...	...	...	1	...	...	2	3	5	...	...	1	...	...
	C 3	2	2	1	2	2	1	3	...	1	2	...	...	...	10	9	19	4	1	...	...	...
Total	3	2	2	1	2	3	3	4	...	1	2	1	...	...	12	12	24	4	1	1	...	...
Victoria West ...	E 2	...	5	2	...	1	1	...	...	...	...	...	...	...	8	3	11	...	...	2	...	...
	C 2	1	1	1	...	2	2	...	...	...	1	...	...	...	6	4	10	3	2	2	2	2
Total	4	1	6	3	...	3	3	...	...	...	1	...	...	...	14	7	21	3	2	4	2	2
Colesberg ...	E 2	...	2	1	3	1	...	...	...	...	...	...	...	...	7	2	9	...	1	...	...	...
	C 1	4	8	1	4	5	3	2	...	...	...	...	1	...	17	12	29	2	1	1	1	1
Total	3	4	10	2	7	6	3	2	...	...	...	1	...	24	14	38	2	2	1	1	1	1
Riversdale ...	E 1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...
	C 6	4	1	2	3	3	1	1	...	2	2	...	...	...	13	12	25	1	...	1	...	...
Total	7	4	1	2	3	3	1	1	...	2	2	...	...	...	14	12	26	1	...	1	...	...
Somerset West ...	E 1	...	1	3	1	...	1	...	1	...	...	...	...	...	5	3	8	...	...	...	...	...
	C 1	2	4	6	3	2	...	2	...	...	...	...	...	...	10	10	20	...	...	...	...	1
Total	2	2	5	9	4	2	1	...	3	...	...	...	...	...	15	13	28	...	...	...	...	1
Indwe ...	E 1	2	2	...	1	...	...	...	1	1	...	...	...	...	5	3	8	1	1	...	...	...
	C 4	5	4	3	10	4	3	3	...	2	2	3	...	2	23	22	45	1	1	1	1	2
Total	5	7	6	3	11	4	3	3	...	3	3	3	...	2	28	25	53	2	2	1	2	2
Aberdeen ...	E 1	2	1	...	1	...	...	...	...	...	...	...	...	1	3	3	6	1	1	...	...	...
	C 2	...	3	3	2	1	1	...	...	1	...	...	...	1	8	6	14	...	...	1	2	2
Total	3	2	4	3	3	1	1	...	...	1	...	...	...	2	11	9	20	1	1	1	2	2
Peelton ...	E ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C 3	4	7	4	6	7	7	5	5	4	2	2	...	1	30	27	57	3	2	1	1	1
Total	3	4	7	4	6	7	7	5	5	4	2	2	...	1	30	27	57	3	2	1	1	1
Upington ...	E ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C ...	3	2	...	1	1	...	...	...	...	1	...	...	...	3	5	8	1	...	...	...	2
Total	...	3	2	...	1	1	...	...	...	...	1	...	...	...	3	5	8	1	...	...	...	2
Geres ...	E ...	1	...	...	...	1	...	...	...	...	...	...	...	...	1	1	2	...	...	1	...	...
	C 6	1	3	1	1	3	1	2	...	1	...	1	...	...	11	9	20	...	1	1	1	1
Total	6	2	3	1	1	3	2	2	...	1	...	1	...	...	12	10	22	...	1	2	1	1

TABLE 4.—1905.—Continued.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up.		TOTAL OVER 5 YEARS.			Unspec- fied.		ALL RACES.						
M.	F.	M.	F.	M.	F.	Per- sons.	M.	F.	M.	F.	Per- sons.	M.	F.	Per- sons.																	
...	...	1	...	...	1	1	...	...	...	1	...	...	...	...	...	...	...	...	...	3	1	4	...	...	6	6	12	E
...	1	1	2	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	5	4	9	...	...	25	16	41	C
...	1	2	2	1	1	2	...	...	...	2	...	1	...	...	...	...	...	...	...	8	5	13	...	...	31	22	53	
...	2	3	...	...	...	...	...	...	...	2	...	...	1	1	...	...	...	1	...	7	4	11	...	...	9	6	15	E
1	1	1	2	...	...	1	...	2	1	3	2	...	1	1	1	2	...	1	1	12	9	21	...	...	23	25	48	C
1	3	4	2	...	...	1	...	2	1	5	2	...	2	2	1	2	...	2	1	19	13	32	...	...	32	31	63	
...	...	...	...	1	...	...	...	1	1	1	...	1	...	1	...	...	...	...	...	5	2	7	...	...	12	5	17	E
1	1	1	1	2	1	3	2	2	1	2	...	...	...	...	...	...	...	...	...	12	8	20	...	...	22	19	41	C
1	1	1	1	3	1	3	2	3	2	3	...	1	...	1	...	...	...	...	...	17	10	27	...	...	34	24	58	
...	...	1	...	...	1	...	...	...	1	...	...	1	...	2	1	...	...	...	...	4	6	10	...	...	13	9	22	E
1	2	3	2	2	2	3	2	5	3	5	...	2	...	2	1	1	2	...	...	24	14	38	...	...	45	33	78	C
1	2	4	2	2	3	3	2	5	4	5	...	3	...	4	2	1	2	...	...	28	20	48	...	...	58	42	100	
2	...	...	...	...	1	...	...	...	1	...	...	...	...	1	1	...	...	...	...	5	2	7	...	...	5	5	10	E
1	...	...	...	1	1	...	1	3	...	...	...	...	...	1	1	1	...	...	...	9	5	14	...	...	27	31	58	C
3	...	...	...	1	1	1	1	3	1	...	...	...	...	2	2	1	...	...	...	14	7	21	...	...	32	36	68	
...	...	1	...	3	1	1	1	...	1	...	...	...	...	...	...	...	...	...	...	6	3	9	...	...	8	6	14	E
...	1	2	...	4	...	2	4	3	1	3	2	1	...	...	...	1	...	...	...	20	9	29	...	...	30	18	48	C
...	1	3	...	7	1	3	5	3	2	3	2	1	...	...	...	1	...	...	...	26	12	38	...	...	38	24	62	
...	...	...	...	...	1	1	1	1	1	1	1	...	...	2	...	1	...	...	...	8	3	11	...	...	16	6	22	E
1	4	...	1	...	2	1	4	5	3	4	3	3	2	2	2	...	1	...	...	21	26	47	...	...	27	30	57	C
1	4	...	1	...	2	2	5	6	4	5	4	3	2	4	2	1	1	...	...	29	29	58	...	...	43	36	79	
...	1	1	1	2	3	...	...	1	...	...	...	...	...	2	1	...	...	...	...	6	7	13	...	...	13	9	22	E
3	3	1	1	...	...	2	1	1	2	1	1	3	3	1	1	4	1	...	1	19	16	35	...	...	36	28	64	C
3	4	2	2	2	3	2	1	2	2	1	1	3	3	3	2	4	1	...	1	25	23	48	...	...	49	37	86		
...	...	...	1	...	...	...	1	...	1	1	1	1	1	2	...	...	...	...	...	4	5	9	...	...	5	5	10	E
2	3	1	1	2	3	...	...	2	...	...	...	1	...	1	...	...	...	...	1	11	8	19	...	...	24	20	44	C
2	3	1	2	2	3	...	1	2	1	1	1	2	1	3	...	...	...	...	1	15	13	28	...	...	29	25	54	
...	...	...	1	...	1	...	1	...	1	...	2	...	...	...	1	...	...	...	...	6	...	6	...	...	11	3	14	E
...	...	1	1	2	1	...	...	...	...	5	...	1	...	...	1	1	1	...	...	10	5	15	...	...	20	15	35	C
...	...	1	1	2	1	1	...	1	...	6	...	3	...	...	1	2	1	...	...	16	5	21	...	...	31	18	49	
...	1	...	...	...	...	1	...	...	...	...	...	1	1	2	...	...	...	...	...	4	4	8	...	...	9	7	16	E
2	2	2	...	2	3	5	...	3	2	...	...	...	...	1	...	...	...	...	...	17	10	27	...	...	40	32	72	C
2	3	2	...	2	3	5	1	3	2	...	...	1	1	3	...	...	...	...	...	21	14	35	...	...	49	39	88	
1	...	...	...	...	1	...	...	...	1	3	1	1	...	3	...	3	...	...	...	11	4	15	...	...	14	7	21	E
2	1	...	...	...	1	...	1	...	...	1	1	...	...	1	...	...	2	...	...	8	5	13	...	...	16	11	27	C
3	1	...	...	...	1	1	...	1	1	3	2	2	...	3	1	2	...	2	...	19	9	28	...	...	30	18	48	
...	E		
...	2	2	...	...	8	1	1	2	3	1	1	3	4	3	1	1	1	...	3	17	27	44	...	...	47	54	101	C
...	2	2	...	...	8	1	1	2	3	1	1	3	4	3	1	1	1	...	3	17	27	44	...	...	47	54	101	
...	...	...	...	...	1	1	...	...	...	...	...	1	...	...	...	...	...	...	...	1	2	3	...	...	1	2	3	E
1	...	...	...	...	3	3	1	1	...	1	...	...	1	...	...	1	...	...	...	8	7	15	...	...	11	12	23	C
1	...	...	...	...	3	4	2	1	...	1	...	...	2	...	...	1	...	...	...	9	9	18	...	...	12	14	26	
...	...	1	1	1	1	...	...	...	...	1	1	...	2	2	...	1	...	...	...	6	6	12	...	...	7	7	14	E
1	1	3	1	...	...	1	...	...	1	1	...	...	2	...	...	1	1	1	...	8	9	17	...	...	19	18	37	C
1	1	4	2	1	1	1	...	...	1	1	1	1	2	2	...	2	1	1	...	14	15	29	...	...	26	25	51	

TABLE 4.—1905.—Continued.

DISTRICTS.	0 day to 1 month.		1 month and under 6 months.		6 months and under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		10—		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.			
Swellendam	E	1	1	1	...	...	1	1	...	...	...	...	...	...	3	2	5	...	...	...	...
	C	1	1	2	4	...	2	2	1	...	...	...	...	...	5	8	13	1	1	1	1
Total		2	2	3	4	...	3	3	1	...	...	...	...	...	8	10	18	1	1	1	1
Umtata	E	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...
	C	2	1	1	3	2	4	3	2	...	1	1	...	1	1	10	12	22	2	2	...	
Total		2	1	2	3	2	4	3	2	...	1	1	...	1	1	11	12	23	2	2	...	
Bedford	E	...	...	...	...	1	...	...	1	...	...	...	...	...	2	...	2	...	...	...	1
	C	2	...	3	5	...	2	9	6	2	4	2	2	1	2	19	21	40	2	4	...	
Total		2	...	3	5	1	2	9	6	3	4	2	2	1	2	21	21	42	2	4	...	
Tarkastad	E	...	1	...	...	3	...	1	...	...	...	1	...	...	4	2	6	1	...	...	...
	C	...	4	5	4	4	4	2	2	3	1	...	1	1	15	16	31	1	1	...	1	
Total ... ..		...	5	5	4	7	4	3	2	3	1	...	1	1	19	18	37	2	1	...	1
Steynsburg	E	3	2	...	1	...	1	1	1	...	...	...	...	...	4	5	9	...	...	...	...
	C	1	...	4	1	4	2	...	8	2	1	1	1	1	13	13	26	...	1	1	1	
Total		4	2	4	2	4	3	1	9	2	1	1	1	1	17	18	35	...	1	1	1	
Willowmore	E	3	2	1	2	1	1	...	1	1	...	...	1	1	7	7	14	...	...	1	1
	C	3	2	2	3	6	7	4	5	1	...	1	1	...	17	18	35	2	...	...	...
Total		6	4	3	5	7	8	4	5	2	1	1	1	1	24	25	49	2	...	1	1	
O'Okiep	E	...	1	...	1	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...
	C	4	4	8	5	7	4	1	1	1	...	21	14	35	...	1	3	2
Total		4	5	8	6	7	4	1	1	1	...	21	16	37	...	1	3	2
Dordrecht	E	...	1	...	2	1	...	...	...	...	...	...	...	...	1	3	4	1	...	...	...
	C	5	2	3	4	2	5	2	2	1	2	1	3	...	1	14	19	33	3	1	2	...
Total		5	3	3	6	3	5	2	2	1	2	1	3	...	1	15	22	37	4	1	2	...
Richmond	E	1	...	...	1	...	1	...	...	...	...	...	...	...	1	2	3	...	...	...	...
	C	2	...	1	2	4	2	...	1	...	3	7	8	15	1	1	1	...
Total		3	...	1	3	...	1	4	2	...	1	...	3	8	10	18	1	1	1	...
Grand Total	E	192	140	269	191	151	171	114	83	23	27	11	19	7	13	767	644	1411	32	29	32	20
	C	470	389	587	562	509	555	499	483	173	219	98	105	49	63	2385	2376	4761	123	133	73	111
		662	529	856	753	660	726	613	566	196	246	109	124	56	76	3152	3020	6172	155	162	105	131

TABLE 4.—1905.—Continued.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up.		TOTAL OVER 5 YEARS.			Unspeci- fied.		ALL AGES.					
M.	F.	M.	F.	M.	F.	Per- sons.	M.	F.	M.	F.	Per- sons.																			
1	...	...	...	...	...	1	...	1	...	2	...	...	3	1	...	...	...	...	...	...	6	3	9	...	...	9	5	14	E
...	1	1	1	...	1	...	1	...	1	1	1	3	1	...	1	...	1	...	9	8	17	14	16	30	C
1	1	1	...	...	...	1	1	...	2	...	3	...	1	4	2	3	1	...	1	...	15	11	26	...	...	23	21	44	
...	...	...	1	...	...	1	...	2	...	3	1	...	...	...	1	1	...	...	...	...	7	3	10	...	...	8	3	11	E
2	...	4	1	...	...	2	3	1	1	2	...	2	...	...	...	1	...	...	...	...	12	11	23	...	...	22	23	45	C
2	...	4	2	...	...	2	4	1	3	2	3	3	...	...	...	2	1	...	...	...	19	14	33	...	...	30	26	56	
...	...	...	...	...	...	1	...	1	1	2	...	1	...	...	...	1	...	...	...	...	6	2	8	...	...	8	2	10	E
1	2	2	2	1	1	...	2	3	2	1	...	1	1	1	...	...	...	1	3	...	13	18	31	...	...	32	39	71	C
1	2	2	2	1	1	1	2	4	3	3	...	2	1	1	...	1	...	1	3	...	19	20	39	...	...	40	41	81	
...	...	...	...	...	1	1	...	...	1	1	1	1	1	1	1	...	1	...	...	...	5	6	11	...	...	9	8	17	E
...	...	...	3	1	1	...	1	1	1	...	...	...	4	...	...	...	...	...	1	...	4	12	16	...	...	19	28	47	C
...	...	...	3	1	2	1	1	1	2	1	1	1	5	1	1	...	1	1	...	...	9	18	27	...	...	28	36	64	
...	...	...	1	...	...	1	...	2	2	1	1	1	...	2	1	1	...	...	...	...	8	5	13	...	...	12	10	22	E
...	1	...	1	...	1	1	...	...	...	2	1	2	1	...	...	1	...	1	...	...	8	7	15	...	...	21	20	41	C
...	1	...	2	...	1	2	...	2	2	3	2	3	1	2	1	2	...	1	...	...	16	12	28	...	...	33	30	63	
...	...	2	...	...	...	...	1	1	...	...	...	...	...	...	...	3	...	...	1	...	7	2	9	...	...	14	9	23	E
3	4	1	1	2	2	...	2	1	1	1	1	...	1	3	3	...	...	...	...	...	13	16	29	...	...	30	34	64	C
3	4	3	1	2	2	...	2	2	2	1	1	...	1	3	3	3	...	...	1	...	20	18	38	...	...	44	43	87	
...	1	3	3	2	5	4	2	1	1	3	3	3	3	2	3	...	2	...	...	...	5	1	6	...	...	5	3	8	E
...	...	...	...	1	...	1	...	...	...	1	1	...	...	...	...	2	...	...	...	...	28	23	51	...	...	49	37	86	C
1	3	3	2	6	4	3	1	1	3	4	4	3	2	3	...	6	2	...	...	...	33	24	57	...	...	54	40	94	
1	...	...	...	...	1	...	...	...	...	...	...	...	1	...	1	1	1	...	...	...	3	4	7	...	...	4	7	11	E
1	...	...	2	1	1	1	3	2	1	2	...	2	...	1	...	...	1	...	...	...	15	9	24	...	...	29	28	57	C
2	...	...	2	1	2	1	3	2	1	2	...	2	1	1	1	1	2	...	...	...	18	13	31	...	...	33	35	68	
...	...	...	...	1	...	...	1	1	...	...	...	1	1	...	...	...	...	...	...	...	3	2	5	...	...	4	4	8	E
...	1	...	2	...	1	...	...	2	1	1	...	2	2	4	6	2	2	...	...	...	13	16	29	...	...	20	24	44	C
...	1	...	2	1	1	...	1	3	1	1	...	3	3	4	6	2	2	...	...	...	16	18	34	...	...	24	28	52	
33	29	70	55	98	70	99	55	172	109	204	116	143	95	159	119	99	89	13	32	1154	818	1972	1	...	1922	1462	3384	E		
165	151	277	178	333	184	270	146	381	193	278	156	183	133	125	132	87	80	50	60	2345	1657	4002	3	...	4730	4036	8766	C		
198	180	347	233	431	254	369	201	553	302	482	272	326	228	284	251	186	169	63	92	3499	2475	5974	1	3	6652	5498	12150			

TABLE 5.—1904.

TABLE showing for Sixty of the Cities and Towns of the Colony combined the number of Deaths from certain and Coloured, and

DISEASES.	0 day to 1 month.		1 month and under 6 months.		6 months and under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		10—		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.	
<i>Class I., Sub-Class I.</i>																						
Small-pox	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
Total ... ..	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...
Chicken-pox	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...
Total ... ..	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
Measles	E	2	...	...	1	2	4	3	...	...	...	...	...	...	...	...	7	5	12	...	...	...
	C	...	...	1	2	8	9	13	18	2	5	2	2	...	1	26	37	63	1	...	...	...
Total ... ..	...	2	...	1	2	9	11	17	21	2	5	2	2	...	1	33	42	75	1	...	...	...
Scarlet Fever	E	...	...	1	...	1	...	...	...	2	...	2	...	1	...	7	...	7	4	1	...	...
	C	...	...	...	...	1	...	...	1	...	...	...	...	...	...	1	1	2	...	...	...	...
Total ... ..	...	...	1	...	2	...	...	1	2	...	2	...	1	...	8	1	9	4	1	...	...	...
Influenza	E	...	1	...	...	...	...	...	1	...	...	...	...	...	...	1	1	2	...	...	...	...
	C	...	1	2	3	1	1	1	1	...	...	1	...	...	1	5	7	12	2	...	...	1
Total ... ..	...	2	2	3	1	1	1	1	1	...	1	...	...	1	6	8	14	2	...	...	...	1
Whooping Cough	E	...	...	9	2	10	9	6	4	3	3	...	2	...	1	28	20	48	...	...	...	...
	C	...	2	23	20	17	20	7	19	4	9	2	7	1	1	54	78	132	6	4	1	...
Total ... ..	...	2	32	22	27	29	13	23	7	12	2	9	1	2	82	98	180	6	4	1	...	...
Diphtheria and Membranous Croup	E	...	...	2	1	5	1	7	7	6	...	6	7	6	3	32	20	52	9	13	2	5
	C	...	1	5	2	7	2	15	11	6	9	9	12	4	5	46	42	88	13	12	3	2
Total ... ..	...	1	7	3	12	3	22	18	12	9	15	19	10	8	78	62	140	22	25	5	7	...
Cerebro-Spinal Fever	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro-Spinal Meningitis	E	1	...	...	...	2	...	1	...	1	...	...	...	...	...	1	4	5	1	...	...	...
	C	...	...	1	...	1	...	2	2	...	1	1	...	...	...	5	3	8	2	1	...	1
Total ... ..	...	1	...	1	...	1	2	3	2	1	1	1	...	...	6	7	13	3	1	...	...	1
Typhoid (Enteric) Fever, Simple Continued Fever, Typho-Malarial, Remittent Fever, and Fever	E	...	...	1	...	...	2	...	1	...	...	...	...	1	4	1	5	2	4	7	3	...
	C	...	...	1	...	1	2	4	3	2	2	1	1	...	1	9	9	18	11	11	15	8
Total ... ..	...	...	2	...	1	2	6	3	3	2	1	1	...	2	13	10	23	13	15	22	11	...
Simple Cholera, Diarrhoea and Dysentery	E	5	3	42	37	32	26	17	12	2	2	2	...	4	2	104	82	186	3	...	1	...
	C	10	12	112	78	109	81	64	92	28	26	13	10	5	5	341	304	645	10	10	4	...
Total ... ..	...	15	15	154	115	141	107	81	104	30	28	15	10	9	7	445	386	831	13	10	5	...
Tuberculosis, including Hæmoptysis	E	1	...	6	8	5	9	8	3	3	5	...	...	1	1	24	26	50	2	6	2	4
	C	3	1	26	15	24	26	41	29	21	21	13	21	13	9	141	122	263	42	42	37	42
Total ... ..	...	4	1	32	23	29	35	49	32	24	26	13	21	14	10	165	148	313	44	48	39	46
Erysipelas, Cellulitis, Pyæmia, Septicæmia, and Hospital Gangrene	E	1	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	2	...	1	1	...
	C	3	2	2	...	...	...	...	...	...	...	1	1	...	1	6	4	10	1	...	2	1
Total ... ..	...	4	2	2	...	1	...	...	...	...	1	1	...	1	8	4	12	1	1	3	1	...

TABLE 5.—1904.—Continued.

DISEASES.	0 day to 1 month.		1 month and under 6 months.		6 months and under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		10—	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.
<i>Class I., Sub-Class I.—(Contd.)</i>																					
Puerperal Fever ...	E ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague ...	E ...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	1	...	...	...	...
	C ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Total ...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	1	...	...	...	3
Others of Sub-Class I....	E ...	2	4	2	...	1	...	...	...	...	...	...	...	...	4	5	9	...	...	...	...
	C ...	5	15	12	10	2	2	4	...	...	...	...	...	...	32	18	50	...	2	1	1
Total ...	...	5	2	19	14	10	3	2	4	...	...	...	...	...	36	23	59	...	2	1	1
<i>Class I., Sub-Class II.</i>																					
Thrush and Stomatitis ...	E ...	1	...	1	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...	...
	C ...	...	1	3	...	2	1	1	...	...	...	...	...	...	2	6	8	...	...	...	...
Total ...	...	1	...	4	...	2	1	1	...	...	...	...	...	...	3	7	10	...	...	...	...
From other Vegetable and Animal Parasites ...	E ...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1	1	...	...	...
	C ...	...	...	...	...	...	1	...	2	1	1	...	...	1	4	2	6	1	...	...	...
Total ...	...	...	...	...	1	...	1	...	2	1	1	...	...	1	5	2	7	2	...	...	...
<i>Class III.</i>																					
Cancer (Malignant Disease) ...	E ...	...	...	...	...	...	1	...	...	...	...	1	1	...	2	1	3	...	...	...	...
	C ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total ...	...	...	...	...	...	...	1	...	...	...	...	1	1	...	2	1	3	...	...	...	...
Others of Class III. ...	E ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1
	C ...	3	2	...	1	...	1	1	1	2	...	...	...	...	5	6	11	...	2	1	1
Total ...	...	3	2	...	1	...	1	1	1	2	...	...	...	...	5	6	11	...	4	1	2
<i>Class IV.</i>																					
Premature Birth, and Accidents during Birth ...	E ...	84	53	9	6	...	...	...	...	...	...	...	...	...	93	59	152	...	...	...	...
	C ...	127	130	7	9	1	...	1	...	...	...	...	...	1	137	139	276	...	...	...	...
Total ...	...	211	183	16	15	1	...	1	...	...	...	...	1	...	230	198	428	...	...	...	...
Malformations ...	E ...	22	16	4	3	1	1	3	...	...	1	...	1	...	32	20	52	1	...	...	...
	C ...	25	15	3	4	3	1	2	1	1	1	...	...	...	34	22	56	...	...	...	...
Total ...	...	47	31	7	7	4	2	5	1	1	1	...	1	...	66	42	108	1	...	...	...
Dentition ...	E ...	...	...	...	5	3	5	2	...	...	...	...	...	...	10	5	15	...	...	...	...
	C ...	...	1	1	1	7	13	14	10	1	1	...	...	...	23	26	49	...	...	...	...
Total ...	...	...	1	1	1	12	16	19	12	1	1	...	...	...	33	31	64	...	...	...	...
Old Age (Senile Decay) ...	E ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Others—Class IV. ...	E ...	4	5	...	2	2	...	...	...	...	...	...	...	...	6	7	13	...	1	...	...
	C ...	3	7	2	...	1	1	...	...	...	1	1	...	...	7	9	16	...	...	1	...
Total ...	...	7	12	2	2	3	1	...	...	...	1	1	...	...	13	16	29	...	1	1	...

TABLE 5.—1904.—Continued.

DISEASES.	0 day to 1 month.		1 month and under 6 months.		6 months and under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 Years.			5—		10—		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.	
<i>Class V., Sub-Class I.—(Contd.)</i>																						
Acute Inflammation of the Brain and its Membranes ...	E	1	1	8	9	5	15	7	7	...	3	3	1	...	24	36	60	1	3	...	1	
	C	3	1	17	14	22	14	10	9	4	5	3	4	1	60	47	107	7	1	...	...
Total ...		4	2	25	23	27	29	17	16	4	8	6	5	1	84	83	167	8	4	...	1	
Convulsions ...	E	27	14	14	9	5	6	3	...	2	...	...	...	1	49	32	81	1	1	...	...
	C	115	64	42	39	21	21	13	16	6	6	3	5	2	202	153	355	1	2	...	...
Total ...		142	78	56	48	26	27	16	16	6	8	3	5	2	251	185	436	2	3	...	...
Others—Class V., Sub-Class I.	E	1	...	2	...	5	1	...	...	...	1	1	...	...	9	2	11	1	...	...	...
	C	...	1	1	...	...	1	2	1	2	...	...	...	1	5	4	9	...	1	2	2
Total ...		1	1	3	...	5	2	2	1	2	...	1	1	...	14	6	20	1	1	2	2	
<i>Class V., Sub-Class III.</i>																						
Heart Disease, Organic, De-generation, Syncope ...	E	...	...	1	1	1	3	...	...	...	1	...	...	...	3	4	7	3	5	2	3
	C	2	...	3	3	2	1	...	1	...	...	2	1	2	8	9	17	3	7	6	5
Total ...		2	...	4	4	3	4	...	1	...	1	2	1	2	11	13	24	6	12	8	8	
Apoplexy ...	E	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1	...	...	...	...	...
	C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total ...		...	...	...	...	...	...	...	...	1	...	...	...	...	1	1	...	...	...	...	...
Others—Class V., Sub-Class III.	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C	1	...	...	...	1	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...
Total ...		1	...	...	...	1	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...
<i>Class V., Sub-Class IV.</i>																						
Bronchitis ...	E	3	3	19	8	10	8	9	3	2	...	1	1	...	44	23	67	...	2	...	2	
	C	11	14	90	71	82	60	36	59	15	18	9	11	4	247	237	484	8	5	3	3	
Total ...		14	17	109	79	92	68	45	62	17	18	9	12	5	291	260	551	8	7	3	5	
Pneumonia, Inflammation and Congestion of the Lungs and Pleurisy, etc. ...	E	6	3	26	16	12	15	12	11	4	3	1	1	1	62	50	112	4	1	2	2	
	C	40	18	91	111	113	93	91	95	40	24	32	20	13	9	426	370	796	12	36	10	23
Total ...		46	21	117	127	125	108	103	106	44	27	33	21	14	482	420	902	16	37	12	25	
Others of Sub-Class IV.	E	...	...	2	1	...	...	1	...	2	1	1	1	...	1	6	4	10	3	1	...
	C	1	1	1	2	3	2	1	3	3	1	...	2	...	9	11	20	1	2	...	...
Total ...		1	1	3	3	3	2	2	3	5	2	1	3	...	1	15	15	30	4	3	...	
<i>Class V., Sub-Class V.</i>																						
Enteritis, Gastro-Enteritis and Marasmus ...	E	16	11	91	87	55	67	33	21	4	7	...	1	1	200	194	394	1	2	2	...	
	C	32	21	150	129	124	116	83	100	25	28	16	10	6	436	406	842	11	8	6	6	
Total ...		48	32	241	216	179	183	116	121	29	35	16	11	7	636	600	1236	12	10	8	6	
Others of Sub-Class V.	E	3	3	4	1	1	2	...	...	2	1	...	...	1	10	8	18	2	2	...	1
	C	6	6	3	1	2	1	1	2	...	3	...	...	1	13	13	26	5	3	3	3
Total ...		9	9	7	2	3	3	1	2	2	4	1	1	23	21	44	7	5	3	4
<i>Class V., Sub-Class VI.</i>																						
Diseases of the Liver ...	E	3	2	1	2	...	...	...	...	...	...	...	...	...	4	4	8	...	...	...	...
	C	5	2	1	3	...	...	...	...	...	2	...	...	...	6	7	13	...	...	...	...
Total ...		8	4	2	5	...	...	...	...	2	...	...	...	10	11	21	...	...	...	...

TABLE 5.—1904.—Continued.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up		TOTAL OVER 5 YEARS.			Unspeci-fied.		ALL AGES.				
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.	Per-sons.		
1	1	1	2	...	1	6	5	11	30	41	71	E
8	3	2	1	4	...	1	...	1	...	2	1	26	5	31	86	52	138	C
9	4	3	1	4	...	3	...	2	...	2	...	...	...	1	...	...	...	...	...	32	10	42	...	...	116	93	209	
...	1	1	2	50	33	83	E
...	1	2	3	203	155	358	C
...	2	3	5	253	188	441	
...	3	1	...	3	...	5	1	18	9	18	4	9	4	11	4	9	3	...	1	75	29	104	...	...	84	31	115	E
2	4	4	1	2	2	5	3	16	4	5	5	13	5	8	2	1	6	2	2	60	37	97	...	...	65	41	106	C
2	7	5	1	5	2	10	4	34	13	23	9	22	9	19	6	10	9	2	3	135	66	201	...	...	149	72	221	
4	5	4	1	7	...	10	6	20	7	26	16	21	22	30	13	9	14	1	2	137	94	231	...	...	140	98	238	E
5	10	8	12	12	5	16	8	30	17	37	25	39	29	18	20	13	12	7	4	194	154	348	...	...	202	163	365	C
9	15	12	13	19	5	26	14	50	24	63	41	60	51	48	33	22	26	8	6	331	248	579	...	...	342	261	603	
...	1	1	...	...	...	2	...	4	2	7	13	8	9	7	11	4	13	...	4	33	53	86	...	...	33	54	87	E
...	1	...	...	...	1	2	2	5	2	5	8	13	4	6	12	4	6	2	5	37	41	78	...	...	37	41	78	C
...	2	1	...	...	1	4	2	9	4	12	21	21	13	13	23	8	19	2	9	70	94	164	...	...	70	95	165	
...	...	...	2	2	...	2	1	5	1	7	4	1	...	2	2	1	2	...	...	20	12	32	...	...	20	12	32	E
...	1	...	...	1	...	1	1	1	3	3	2	1	2	2	2	...	1	...	1	9	13	22	...	...	11	13	24	C
...	1	...	2	3	...	3	2	6	4	10	6	2	2	4	4	1	3	...	1	29	25	54	...	...	31	25	56	
...	1	...	...	1	...	...	...	...	1	7	1	1	3	3	7	10	11	2	...	24	28	52	...	...	68	51	119	E
1	4	...	...	2	2	3	3	4	8	4	4	11	14	11	4	7	9	6	9	60	65	125	...	...	307	302	609	C
1	5	...	...	3	2	3	3	4	9	11	5	12	17	14	11	17	20	8	9	84	93	177	...	...	375	353	728	
2	2	4	2	5	2	8	1	19	10	15	6	5	3	10	4	2	4	...	3	76	40	116	...	...	138	90	228	E
19	31	56	25	97	18	60	16	78	27	57	31	32	22	21	15	9	8	...	2	451	254	705	...	...	871	624	1495	C
21	33	60	27	102	20	68	17	97	37	72	37	37	25	31	19	11	12	...	5	527	294	821	...	...	1009	714	1723	
...	1	...	...	...	...	...	...	1	...	2	2	...	1	1	1	...	...	...	...	7	6	13	...	...	13	10	23	E
1	...	1	2	1	2	1	1	...	1	1	1	4	1	...	1	1	...	...	...	11	11	22	...	...	20	22	42	C
1	1	1	2	1	2	1	1	1	1	3	3	4	2	1	2	1	...	...	...	18	17	35	...	...	33	32	65	
2	4	4	5	1	...	2	2	8	5	4	2	4	1	5	2	2	2	...	...	35	25	60	...	...	235	219	454	E
3	6	3	2	2	2	4	4	7	4	1	3	2	5	5	3	4	2	...	1	48	46	94	...	...	484	452	936	C
5	10	7	7	3	2	6	6	15	9	5	5	6	6	10	5	6	4	...	1	83	71	154	...	...	719	671	1390	
1	1	4	1	1	2	1	3	2	6	5	2	4	3	1	...	3	2	1	...	25	23	48	...	...	35	31	66	E
1	4	3	7	...	5	3	2	11	6	5	7	2	5	...	...	...	...	...	...	33	42	75	...	...	46	55	101	C
2	5	7	8	1	7	4	5	13	12	10	9	6	8	1	...	3	2	1	...	58	65	123	...	...	81	86	167	
1	...	3	1	3	1	...	2	10	2	12	4	11	6	6	2	1	4	...	...	47	22	69	...	...	51	26	77	E
1	...	2	...	2	3	3	...	5	1	8	...	4	2	4	3	1	1	1	...	31	10	41	...	...	37	17	54	C
2	...	5	1	5	4	3	2	15	3	20	4	15	8	10	5	2	5	1	...	78	32	110	...	...	88	43	131	

TABLE 5.—1904.—Continued.

DISEASES,	0 day to 1 month.		1 month and under 6 months.		6 months and under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		10—		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.	
<i>Class V., Sub-Class VIII.</i>																						
Bright's Disease, Nephritis, Uremia	E ...	...	2	1	...	1	1	2	1	...	...	...	...	...	4	4	8	...	1	1	...
	C 2	...	2	3	3	...	4	6	1	2	1	1	...	...	13	12	25	2	3	1	...
Total ...	2	...	4	4	3	1	5	8	2	2	1	1	...	...	17	16	33	2	4	2	...
<i>Others of Sub-Class VIII.</i>																						
	E
	C 1	1	...	1	...	...	...	...	1	...	...	...	...	...	1	3	4	...	...	...	1
Total ...	1	1	...	1	...	...	...	...	1	...	...	...	...	...	1	3	4	...	...	...	1
<i>Class V., Sub-Class IX.</i>																						
<i>Diseases of Parturition</i>																						
	E
	C
Total
<i>Class VI.</i>																						
Violence	E 1	3	...	...	...	...	3	1	...	1	6	1	1	1	11	7	18	4	2	3	...
	C 3	8	3	1	2	...	1	4	1	2	1	3	3	2	14	20	34	2	5	...	4	
Total ...	4	11	3	1	2	...	4	5	1	3	7	4	4	3	25	27	52	6	7	3	4	
<i>Class VII.</i>																						
Debility, Atrophy, and Inanition	E 17	17	9	14	2	4	3	1	...	...	...	...	...	...	31	36	67	...	...	...	...
	C 51	53	14	20	7	2	3	1	...	...	...	...	...	...	75	76	151	...	...	...	...
Total ...	68	70	23	34	9	6	6	2	...	...	...	...	...	...	106	112	218	...	...	...	...
<i>Others of Class VII.</i>																						
	E ...	...	...	...	...	...	2	...	...	1	...	...	...	...	1	2	3	1	...	...	...
	C 3	3	2	1	1	...	2	1	6	7	13	1	1	2	1
Total ...	3	3	2	1	1	...	4	1	1	7	9	16	2	1	2	1
<i>All other Diseases not included in above (i.e., Class II., Sub-Classes II., VII., X., and XI. of Class V.)</i>																						
	E 3	3	10	11	3	2	1	1	...	...	...	...	...	...	17	17	34	...	1	...	...
	C 8	10	18	12	10	9	6	6	1	...	2	...	...	...	45	37	82	2	4	3	1
Total ...	11	13	28	23	13	11	7	7	1	...	2	...	...	...	62	54	116	2	5	3	1
Total ...	E 202	140	267	222	163	178	126	81	34	30	25	17	18	13	835	681	1516	44	49	23	22	
	C 463	378	641	561	584	490	418	498	168	169	112	114	55	48	2441	2248	4689	144	162	101	109	
Grand Total ...	665	518	908	783	747	658	544	579	202	199	137	131	73	61	3276	2929	6205	188	211	124	131	

TABLE 5.—1904.—Continued.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up.		TOTAL OVER 5 YEARS.			Unspecif. field.		ALL AGES.				
M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.	Per-sons.																		
1	...	1	2	3	2	3	3	6	3	16	8	10	3	7	5	2	3	...	...	50	30	80	...	...	54	34	88	E
3	2	3	3	2	2	2	3	5	9	4	7	11	7	2	3	4	1	...	...	39	40	79	...	...	52	52	104	C
4	2	4	5	5	4	5	6	11	12	20	15	21	10	9	8	6	4	...	...	89	70	159	...	...	106	86	192	
...	1	3	...	...	4	3	2	...	6	4	3	4	...	7	2	5	...	...	...	26	18	44	...	...	26	18	44	E
...	...	...	1	...	3	5	1	2	2	2	...	6	3	1	...	4	...	2	...	22	11	33	...	...	23	14	37	C
...	1	3	1	...	7	8	3	2	8	6	3	10	3	8	2	9	...	2	...	48	29	77	...	...	49	32	81	
...	4	...	2	...	5	...	8	...	10	...	1	...	...	...	...	...	...	...	...	...	30	30	...	...	...	30	30	E
...	6	...	7	...	12	...	5	...	13	...	2	...	...	...	...	...	...	...	...	...	45	45	...	...	...	45	45	C
...	10	...	9	...	17	...	13	...	23	...	3	...	...	...	...	...	...	...	...	...	75	75	...	...	...	75	75	
4	...	16	3	18	1	26	3	33	5	20	4	12	3	4	...	1	...	1	...	142	21	163	...	...	153	28	181	E
4	5	11	3	25	2	18	3	36	3	12	4	5	...	4	...	1	...	...	...	119	29	148	1	...	133	49	182	C
8	5	27	6	43	3	44	6	69	8	32	8	17	3	8	...	2	...	1	...	261	50	311	1	...	286	77	363		
1	1	...	1	32	36	68	E
...	1	1	1	75	77	152	C
1	1	1	1	2	107	113	220	
...	...	...	1	...	...	...	...	...	...	1	2	...	...	...	...	3	...	1	...	6	3	9	...	...	7	5	12	E
3	1	1	1	1	6	1	1	1	1	5	1	4	7	2	2	1	1	2	2	24	25	49	1	...	31	32	63	C	
3	1	1	2	1	6	1	1	1	1	6	3	4	7	2	2	4	1	3	2	30	28	58	1	...	38	37	75		
4	...	2	1	2	1	5	2	10	5	10	2	4	1	1	...	...	1	...	...	38	14	52	...	...	55	31	86	E
7	1	8	2	8	2	9	...	16	2	10	3	5	2	1	...	...	...	...	...	69	17	86	...	...	114	54	168	C
11	1	10	3	10	3	14	2	26	7	20	5	9	3	2	...	...	1	...	...	107	31	138	...	...	169	85	254	
45	42	113	59	116	51	140	60	238	133	211	103	134	91	148	90	83	103	14	26	1309	829	2138	...	...	2144	1510	3654	E
132	184	240	202	304	195	240	159	410	226	276	180	212	150	143	118	104	90	41	62	2347	1837	4184	3	...	4791	4085	8876	C	
177	226	353	261	420	246	380	219	648	359	487	283	346	241	291	208	187	193	55	88	3656	2666	6322	3	...	6935	5595	12530		

TABLE 5.—1905.

TABLE showing for Sixty of the Cities and Towns of the Colony combined the number of Deaths from certain between (a) Europeans and Coloured,

DISEASES.	0 day to 1 month.		1 month and under 6 months.		6 months and under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		10—		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.	
<i>Class I. Sub-Class I.</i>																						
Small-pox	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C	...	...	...	...	2	1	1	...	...	...	...	...	...	1	3	4	...	...	...	...	...
Total ... ..		...	...	...	...	2	1	1	...	...	...	...	...	1	3	4	...	...	...	...	...	...
Chicken-pox	E	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	1	...	...	...	...	...
	C	...	...	...	...	...	1	...	...	...	...	...	...	1	1	1	2	...	...	...	...	...
Total ... ..		...	...	...	...	...	1	...	1	...	...	...	...	1	2	1	3	...	...	...	...	...
Measles	E	...	4	1	4	4	21	13	3	...	1	1	...	1	33	20	53	...	2	1	1	1
	C	...	4	3	22	27	56	39	12	22	6	13	2	5	102	109	211	4	4	...	...	1
Total ... ..		...	8	4	26	31	77	52	15	22	7	14	2	6	135	129	264	4	6	1	2	...
Scarlet Fever	E	...	...	...	...	1	...	...	1	...	1	...	...	...	...	3	3	1	1	...	...	...
	C	...	...	...	...	1	1	...	...	...	...	...	...	...	1	1	2	...	...	...	...	...
Total ... ..		...	...	...	...	2	1	...	...	1	...	1	...	...	1	4	5	1	1	...	...	...
Influenza	E	...	1	1	1	2	...	...	...	...	...	...	...	...	3	2	5	...	...	...	...	...
	C	2	...	2	6	4	1	1	3	1	2	...	...	2	10	14	24	1	...	...	1	1
Total		2	1	3	7	6	1	1	3	1	2	...	...	2	13	16	29	1	...	1	1	...
Whooping Cough	E	...	1	9	3	4	5	4	2	...	...	1	...	...	17	12	29	1	...	...	...	...
	C	...	...	7	12	8	13	14	15	1	6	3	5	2	35	54	89	1	4	...	...	...
Total ... ..		...	1	16	15	12	18	18	17	1	6	3	6	2	3	52	66	118	2	4	...	...
Diphtheria and Membranous Croup	E	...	...	...	1	4	2	4	2	3	3	2	2	1	3	14	13	27	8	2	2	...
	C	2	...	4	5	2	1	3	5	4	5	2	3	1	3	18	22	40	...	3	...	...
Total		2	...	4	6	6	3	7	7	7	8	4	5	2	6	32	35	67	8	5	2	...
Cerebro-Spinal Meningitis	E	1	...	1	1	...	1	...	...	...	1	...	...	...	3	2	5	...	...	2	...	...
	C	...	...	...	2	2	1	1	...	1	...	...	...	...	4	3	7	1	2	...	1	...
Total		1	...	1	3	2	2	1	...	1	...	1	...	...	7	5	12	1	2	2	1	...
Typhoid (Enteric) Fever, Typho-Malarial Fever, Simple Continued Fever, Remittent Fever and Fever	E	...	...	...	...	...	...	1	2	...	1	1	1	...	4	2	6	6	2	1	3	...
	C	1	...	1	...	2	1	2	2	1	1	1	1	1	9	6	15	6	8	6	4	...
Total		1	...	1	...	2	1	2	3	3	1	2	2	2	13	8	21	12	10	7	7	...
Simple Cholera, Diarrhoea and Dysentery	E	3	3	33	26	20	23	11	5	...	1	...	...	1	1	68	59	127	...	1	...	1
	C	8	2	92	66	86	76	71	58	29	23	12	11	4	4	302	240	542	9	5	5	4
Total		11	5	125	92	106	99	82	63	29	24	12	11	5	5	370	299	669	9	6	5	5
Tuberculosis, including Hemoptysis	E	1	...	10	7	8	19	5	5	...	2	1	4	...	1	25	29	54	1	2	2	2
	C	5	1	17	19	30	25	45	37	15	31	19	12	16	11	147	136	283	32	44	33	41
Total		6	1	27	26	38	35	50	42	15	33	20	16	16	12	172	165	337	33	46	35	46

TABLE 5.—1905.

specified Diseases and all other Diseases registered for the year 1905, at each age period, distinguishing and (b) Males and Females.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up.		TOTAL OVER 5 YEARS			Unspeci- fied.		ALL AGES.				
M.	F.	M.	F.	M.	F.	Per- sons.	M.	F.	M.	F.	Per- sons.																		
...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	5	...	...	1	8	9	E
...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	5	...	...	1	8	9	C
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	E	
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	2	C	
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	3			
...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	4	6	...	35	24	59	E
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	5	9	...	106	114	220	C
...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	6	9	15	...	141	138	279	
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	1	4	5	E
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	C	
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	2	5	7	
...	...	1	...	...	...	...	2	...	1	...	2	3	2	2	6	...	5	...	...	...	...	6	18	24	...	9	20	29	E
...	4	1	2	...	3	3	...	2	2	1	1	2	2	2	1	1	2	...	1	...	14	19	33	...	24	33	57	C	
...	4	2	2	...	3	3	2	2	3	1	3	5	4	4	7	1	7	...	1	...	20	37	57	...	33	53	86		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	18	12	30	E
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	4	5	...	36	58	94	C
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4	6	...	54	70	124	
...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	10	3	13	...	24	16	40	E
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	...	18	25	43	C
...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	10	6	16	...	42	41	83	
...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	3	...	6	2	8	E
...	...	1	...	1	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	5	4	9	...	9	7	16	C
...	...	1	...	1	1	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	8	4	12	...	15	9	24	
6	4	11	9	17	8	8	4	8	2	4	1	2	2	1	...	...	...	...	...	...	64	35	99	...	68	37	105	E	
11	4	10	8	5	7	4	2	10	6	4	1	...	...	...	...	...	...	...	...	...	56	40	96	...	65	46	111	C	
17	8	21	17	22	15	12	6	18	8	8	2	2	2	1	...	...	...	...	...	...	120	75	195	...	133	83	216		
...	...	1	...	2	1	2	...	2	1	7	2	...	3	3	1	1	1	...	...	...	18	11	29	...	86	70	156	E	
2	3	7	2	5	4	9	2	5	7	12	5	3	4	3	3	2	5	...	1	...	62	45	107	...	364	285	649	C	
2	3	8	2	7	5	11	2	7	8	19	7	3	7	6	4	3	6	...	1	...	80	56	136	...	450	355	805		
7	12	16	16	34	18	37	11	43	25	22	8	12	3	5	6	2	1	...	...	...	181	104	285	...	206	133	339	E	
72	82	103	104	90	85	99	73	115	75	61	49	33	18	18	20	5	4	...	2	...	661	600	1261	...	808	737	1545	C	
79	94	119	120	124	103	136	84	158	100	83	57	45	21	23	26	7	5	...	2	...	842	704	1546	...	1014	870	1884		

TABLE 5.—1905.—Continued.

DISEASES.	0 day to 1 month.		1 month to under 6 months.		6 months to under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		—10		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Per-sons	M	F	M	F			
<i>Class I. Sub-Class I.—(Contd.)</i>																						
Erysipelas, Pyæmia, Septicæmia and Hospital Gangrene ...	E	8	2	1	1	...	1	1	...	...	...	...	...	...	1	10	4	14	...	...	2	...
	C	14	19	1	1	1	...	1	...	...	...	...	...	...	1	17	21	38	1	1	2	...
Total ...		22	21	2	2	1	1	2	...	...	...	...	...	1	27	25	52	1	1	4	...	
Puerperal Fever ...	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague ...	E	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1	2	1	...	1
	C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	1	...	1
Total ...		...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	1	2	1	1	...	2
Others of Sub-Class I....	E	1	1	3	...	1	...	...	...	...	...	...	...	...	...	5	1	6	...	...	...	...
	C	5	6	22	22	5	3	8	2	3	3	3	...	1	...	47	36	83	1	1	1	...
Total ...		6	7	25	22	6	3	8	2	3	3	3	...	1	52	37	89	1	1	1	...	
<i>Class I. Sub-Class II.</i>																						
Thrush, Stomatitis ...	E	1	2	...	2	...	...	...	...	...	...	...	...	...	...	1	4	5	...	...	...	...
	C	1	2	1	2	2	...	1	2	...	1	...	...	...	...	5	7	12	...	...	...	...
Total ...		2	4	1	4	2	...	1	2	...	1	...	...	...	6	11	17	...	...	...	...
From Other Vegetable and Animal Parasites ...	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C	...	...	...	...	...	...	1	...	1	1	1	...	1	1	4	2	6	1	...	...	...
Total ...		...	...	...	...	...	1	...	1	1	1	...	1	1	4	2	6	1	...	...	...
<i>Class III.</i>																						
Cancer, Malignant Disease ...	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
	C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1
Total ...		...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	2
Others of Class III. ...	E	...	...	...	...	1	...	1	...	...	...	...	...	...	...	2	...	2	2	1	2	...
	C	...	1	...	...	1	...	...	...	...	...	...	...	1	...	1	3	4	4	1	...	3
Total ...		...	1	...	...	2	...	1	1	...	...	...	1	...	3	3	6	6	2	2	...	3
<i>Class IV.</i>																						
Premature Birth ...	E	84	48	8	2	...	...	...	...	...	...	...	...	...	...	92	50	142	...	...	...	...
	C	142	127	4	10	1	...	...	1	...	...	...	...	...	...	147	138	285	...	...	...	...
Total ...		226	175	12	12	1	...	1	...	...	...	...	...	...	239	188	427	...	...	...	...
Malformations ...	E	12	12	...	1	...	...	...	...	...	...	...	...	...	...	12	13	25	...	...	...	...
	C	13	9	2	1	...	...	...	...	...	...	...	...	...	...	15	10	25	...	...	...	...
Total ...		25	21	2	2	...	...	...	...	...	...	...	...	...	27	23	50	...	...	...	...
Dentition ...	E	...	...	...	...	4	8	1	...	...	...	...	...	...	...	5	8	13	...	...	...	...
	C	...	...	...	1	13	11	6	4	1	3	...	...	...	...	20	19	39	...	...	...	...
Total ...		...	...	...	1	17	19	7	4	1	3	...	...	...	25	27	52	...	...	...	...
Old Age (Senile Decay) ...	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Others of Class IV. ...	E	3	3	2	...	1	...	1	...	...	...	...	...	...	...	1	7	4	11	...	...	...
	C	7	3	1	...	...	...	...	1	...	...	...	...	...	...	9	3	12	...	...	...	...
Total ...		10	6	3	...	1	...	1	...	...	...	...	...	...	1	16	7	23	...	...	...	...

TABLE 5.—1905.—Continued.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up.		TOTAL OVER 5 YEARS.			Unspecif- fied.		ALL AGES.				
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Per- sons.	M	F	M	F	Per- sons.		
...	...	1	1	1	3	...	2	1	1	1	...	3	2	3	1	...	1	...	...	12	11	23	...	...	22	15	37	E	
...	2	2	2	1	1	...	2	1	3	1	1	...	...	...	...	...	...	...	...	8	13	21	...	...	25	34	59	C	
...	2	3	3	2	4	...	4	2	4	2	1	3	2	3	2	...	1	...	...	20	24	44	...	...	47	49	96		
...	2	...	1	...	4	...	3	...	4	...	...	...	...	...	...	...	...	...	...	...	14	14	...	...	14	14	14	E	
...	1	...	4	...	7	...	2	...	5	...	...	...	...	...	...	...	...	...	...	...	19	19	...	...	19	19	19	C	
...	3	...	5	...	11	...	5	...	9	...	...	...	...	...	...	...	...	...	...	...	33	33	...	...	33	33	33		
...	2	...	2	...	4	...	1	...	1	1	1	1	1	...	...	...	...	...	...	...	1	2	3	...	1	2	3	E	
...	...	2	...	...	4	...	1	3	1	1	1	1	1	...	...	...	...	...	...	...	15	6	21	...	16	6	22	C	
...	2	...	2	...	4	...	2	3	1	1	1	1	1	...	...	...	...	...	...	...	16	8	24	...	17	8	25		
...	1	1	...	1	2	2	2	...	...	...	1	...	1	...	...	...	...	...	4	7	11	...	9	8	17	E	
...	2	5	1	3	3	6	3	11	7	7	...	2	3	4	...	1	...	...	...	...	41	20	61	...	88	56	144	C	
...	2	5	2	4	3	7	5	13	9	7	...	2	4	4	1	1	...	...	...	45	27	72	...	97	64	161			
...	1	...	...	1	...	...	...	...	...	1	1	2	...	2	5	7	E	
...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	6	7	13	C	
...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	2	1	3	...	8	12	20		
...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	5	...	6	5	11	E	
...	1	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	5	...	6	5	11	C	
...	1	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	5	...	6	5	11		
...	...	3	1	...	...	1	4	5	16	18	24	17	13	20	19	8	5	...	1	73	84	157	...	73	84	157	E		
1	...	1	2	...	1	1	5	8	4	14	12	8	14	11	6	5	2	1	1	50	48	98	...	51	48	99	C		
1	...	4	3	...	1	2	9	13	20	32	36	25	27	31	25	13	7	1	2	123	132	255	...	124	132	256			
1	2	1	2	...	...	3	2	5	5	2	1	1	1	1	1	...	...	...	18	14	32	...	20	14	34	E	
5	2	...	...	1	2	1	2	1	...	2	...	3	...	1	...	4	...	...	...	...	22	10	32	...	23	13	36	C	
6	2	...	2	2	4	1	2	4	2	7	5	5	1	2	1	5	...	...	...	40	24	64	...	43	27	70			
...	92	50	142	E	
...	147	138	285	C	
...	239	188	427		
...	12	13	25	E	
...	15	10	25	C	
...	27	23	50		
...	5	8	13	E	
...	20	19	39	C	
...	25	27	52		
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TABLE 5.—1905.—Continued.

DISEASES.	0 day to 1 month.		1 month and under 6 months.		6 months and under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		10—		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.	
<i>Class V., Sub-Class I.</i>																						
Acute Inflammation of Brain and its Membranes	E	5	6	5	11	10	6	5	4	3	2	1	2	1	31	30	61	2	2	...	1	
	C	1	1	7	17	10	11	8	6	8	5	1	1	...	35	41	76	1	6	2	2	
Total	...	1	6	13	22	21	21	14	11	12	8	3	2	2	1	66	71	137	3	8	2	3
Convulsions	E	24	18	18	12	3	1	2	2	2	...	...	...	1	49	36	85	...	...	...	...
	C	105	83	42	39	15	18	13	21	2	5	2	1	2	181	169	350	...	...	...	...
Total	...	129	101	60	51	18	19	15	23	4	7	2	1	2	3	230	205	435
Others of Sub-Class I.	E	...	...	...	1	...	1	...	...	...	...	...	...	...	2	...	2	2	...	1	1
	C	...	1	1	1	1	4	...	...	4	1	1	...	1	3	12	15	...	1	...	...
Total	...	...	1	1	1	2	4	1	...	4	1	1	...	1	5	12	17	2	1	1	1
<i>Class V., Sub-Class III.</i>																						
Heart Disease, Organic, De-generation, Syncope	E	2	3	1	1	...	2	...	...	...	...	2	...	...	3	8	11	1	2	5	2
	C	...	1	...	1	...	3	4	1	1	1	...	...	...	5	7	12	4	1	2	6
Total	...	2	4	1	2	...	5	4	1	1	1	...	2	...	8	15	23	5	3	7	8	
Apoplexy	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...
Total	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...
Others of Sub-Class III.	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
	C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2
Total	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	3
<i>Class V., Sub-Class IV.</i>																						
Bronchitis	E	9	3	16	13	8	5	3	3	...	3	...	1	...	2	36	30	66	1	...	...
	C	12	16	92	85	52	86	61	61	20	32	10	6	3	3	250	289	539	7	5	1	3
Total	...	21	19	108	98	60	91	64	64	20	35	10	7	3	5	286	319	605	8	5	1	3
Pneumonia, Inflammation and Congestion of Lungs, Pleurisy	E	1	5	27	12	19	20	15	13	1	3	2	1	...	65	54	119	...	2	1	1	
	C	21	13	99	79	113	129	101	123	37	39	19	28	8	13	398	424	822	21	27	6	24
Total	...	22	18	126	91	132	149	116	136	38	42	21	29	8	13	463	478	941	21	29	7	25
Others of Sub-Class IV.	E	...	...	...	...	1	1	2	...	...	...	...	...	...	1	3	4	...	2	...	1
	C	1	1	1	1	...	...	...	...	1	...	...	...	...	1	3	6	...	1	...	...
Total	...	1	1	1	1	...	1	1	2	1	...	...	...	1	4	6	10	...	3	...	1
<i>Class V., Sub-Class V.</i>																						
Enteritis, Gastro-Enteritis, Marasmus	E	11	9	112	87	54	72	31	24	4	6	...	...	...	212	198	410	...	2	...	...
	C	35	32	140	149	121	114	87	88	28	25	8	12	6	3	425	423	848	9	6	3	...
Total	...	46	41	252	236	175	186	118	112	32	31	8	12	6	3	637	621	1258	9	8	3	...
Others of Sub-Class V.	E	1	2	2	2	2	...	2	...	1	1	...	1	...	8	6	14	2	1	3	1	
	C	4	...	3	1	2	3	...	...	2	...	2	...	...	9	8	17	2	1	...	3
Total	...	5	2	5	3	4	3	2	...	1	3	...	3	...	17	14	31	4	2	3	4	
<i>Class V., Sub-Class VI.</i>																						
Diseases of the Liver	E	...	2	...	...	...	...	1	...	...	...	...	...	...	3	3	...	...	...	1	...
	C	4	2	2	1	1	1	1	...	...	...	...	...	...	8	4	12	1	...	...	...
Total	...	4	4	2	1	1	1	1	...	...	...	...	...	8	7	15	1	...	...	1	...

TABLE 5.—1905.—Continued.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up.		TOTAL OVER 5 YEARS.			Un-specified.		ALL AGES.				
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.	Per-sons.		
...	...	1	...	...	1	2	...	...	1	1	...	1	...	1	1	...	...	...	...	...	8	6	14	...	...	39	36	75	E
2	2	3	1	1	1	4	...	...	3	1	2	...	...	...	...	...	...	...	...	...	18	13	31	...	...	53	54	107	C
2	2	4	1	1	2	6	...	...	3	2	3	...	1	...	1	1	...	...	...	...	26	19	45	...	...	92	90	182	
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	49	36	85	E
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	181	169	350	C
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	230	205	435	
1	...	4	2	4	...	2	4	14	3	17	8	10	4	8	8	1	7	1	...	...	65	37	102	...	...	67	37	104	E
4	2	3	1	9	3	4	4	12	5	7	8	7	6	5	4	5	5	1	...	...	57	39	96	...	...	60	51	111	C
5	2	7	3	13	3	6	8	26	8	24	16	17	10	13	12	6	12	2	...	...	122	76	198	...	...	127	88	215	
2	4	5	6	4	4	5	1	14	5	25	18	22	19	34	16	23	13	2	9	...	142	99	241	...	...	145	107	252	E
6	6	8	6	12	7	17	6	23	17	24	23	26	20	21	30	13	18	13	15	...	169	155	324	...	...	174	162	336	C
8	10	13	12	16	11	22	7	37	22	49	41	48	39	55	46	36	31	15	24	...	311	254	565	...	...	319	269	588	
...	...	...	...	1	...	2	...	4	2	12	6	7	12	18	11	8	9	1	3	...	53	43	96	...	...	53	43	96	E
...	...	1	...	2	...	1	2	8	1	13	9	11	12	9	10	3	5	...	5	...	48	44	92	...	...	49	44	93	C
...	...	1	...	3	...	3	2	12	3	25	15	18	24	27	21	11	14	1	8	...	101	87	188	...	...	102	87	189	
...	...	1	...	...	2	4	...	2	1	10	1	5	...	5	1	2	2	...	1	...	30	9	39	...	...	30	9	39	E
1	...	...	...	1	...	2	...	4	1	6	5	1	8	1	4	3	...	2	...	...	22	20	42	...	...	22	20	42	C
1	...	1	...	1	2	6	...	6	2	16	6	6	8	6	5	5	2	2	1	...	52	29	81	...	...	52	29	81	
2	1	...	...	1	...	1	...	...	1	3	2	2	3	13	6	5	7	2	4	...	30	24	54	...	...	66	54	120	E
...	4	2	2	2	6	1	2	7	2	5	2	12	6	8	11	7	8	6	3	...	58	54	112	...	...	308	343	651	C
2	5	2	2	3	6	2	2	7	3	8	4	14	9	21	17	12	15	8	7	...	88	78	166	...	...	374	397	771	
3	...	5	2	7	2	10	2	13	5	9	6	10	5	6	14	3	7	...	2	...	67	48	115	...	...	132	102	234	E
34	17	89	15	133	26	74	14	98	23	56	10	34	18	11	8	4	2	5	2	...	565	186	751	...	2	363	612	1575	C
37	17	94	17	140	28	84	16	111	28	65	16	44	23	17	22	7	9	5	4	...	632	234	866	...	2	1095	714	1809	
...	...	1	...	...	1	...	...	...	2	...	1	2	...	2	...	1	...	1	...	...	5	9	14	...	...	6	12	18	E
...	...	1	2	1	1	1	1	3	...	1	1	3	2	2	1	1	...	...	...	...	13	9	22	...	...	16	12	28	C
...	...	2	2	1	1	2	1	3	...	3	1	4	4	2	3	1	1	...	1	...	18	18	36	...	...	22	24	46	
2	1	...	...	2	2	2	4	6	5	6	2	8	2	2	1	4	1	...	1	...	32	21	53	...	...	244	219	463	E
3	3	1	2	4	3	5	3	4	6	7	5	5	5	3	8	2	3	...	...	...	46	44	90	...	...	171	167	338	C
5	4	1	2	6	5	7	7	10	11	13	7	13	7	5	9	6	4	...	1	...	78	65	143	...	...	715	686	1401	
3	...	1	1	1	...	3	1	2	5	4	9	4	3	3	6	...	2	...	1	...	26	30	56	...	...	34	36	70	E
2	2	4	1	8	3	6	3	3	3	4	5	2	1	1	1	3	1	1	...	...	36	24	60	...	...	45	32	77	C
5	2	5	2	9	3	9	4	5	8	8	14	6	4	4	7	3	3	1	1	...	62	54	116	...	...	79	68	147	
...	...	2	1	1	...	3	3	7	4	12	5	8	5	11	3	2	1	...	...	...	47	22	69	...	...	47	25	72	E
...	...	1	...	5	1	3	...	7	3	12	1	5	...	3	2	1	...	...	...	...	38	7	45	...	...	46	11	57	C
...	...	3	1	6	1	6	3	14	7	24	6	13	5	14	5	3	1	...	...	...	85	29	114	...	...	93	36	129	

TABLE 5.—1905.—Continued.

DISEASES,	0 day to 1 month.		1 month and under 6 months.		6 months and under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		10—		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.	
<i>Class V. Sub-Class VIII.</i>																						
Bright's Disease, Nephritis	E	1	...	1	...	1	...	2	1	...	...	...	...	...	...	5	1	6	...	1	...
Uremia	C	...	...	...	...	1	2	2	1	3	3	1	...	2	...	6	9	15	...	3	2
Total		1	...	1	...	1	4	3	1	3	3	1	...	2	11	10	21	...	4	2	4	
Others of Sub-Class VIII.	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C	3	...	...	...	1	1	...	...	...	...	...	...	...	...	4	1	5	...	1	...
Total		3	...	...	...	1	1	...	...	...	...	...	...	...	4	1	5	...	1	...	...
<i>Class V. Sub-Class IX.</i>																						
Diseases of Parturition	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Class VI.</i>																						
Violence	E	2	1	2	...	...	1	3	2	2	1	2	2	2	10	10	20	4	4	7	1
	C	9	6	3	2	3	2	3	2	1	3	4	6	2	25	24	49	8	6	4	7	
Total		11	7	5	2	3	2	4	5	3	5	5	8	4	35	34	69	12	10	11	8	
<i>Class VII.</i>																						
Debility, Atrophy and Inanition	E	26	13	3	3	1	1	...	...	...	...	1	...	...	30	18	48	...	...	...	...
	C	70	54	19	15	2	8	...	6	...	...	...	...	...	91	83	174	...	...	...	...
Total		96	67	22	18	3	9	...	6	...	...	1	...	...	121	101	222	...	...	...	...
Others of Class VII.	E	...	1	1	1	...	...	...	...	...	...	...	...	...	1	2	3	...	...	...	1
	C	2	3	2	...	...	...	...	1	...	2	...	...	2	7	5	12	1	1	2	...
Total		2	4	3	1	...	...	...	1	...	2	...	...	2	8	7	15	1	1	2	1
All other Diseases not included in above (i.e., Class II., Sub-Class II., VII., X. and XI. of Class V.)	E	1	5	8	9	2	4	1	1	...	...	...	...	...	12	19	31	...	2	...	1
	C	3	6	17	21	10	12	5	3	1	2	1	1	...	37	46	82	5	...	3	1	
Total		4	11	25	30	12	16	6	4	1	2	1	1	...	49	65	113	5	2	3	1	
Total	E	192	140	269	191	151	171	114	83	23	27	11	19	7	13	767	644	1411	32	29	32	20
	C	470	389	587	562	509	555	499	483	173	219	98	105	49	63	2385	2376	4761	123	133	73	111
Grand Total		662	529	856	753	660	726	613	566	196	246	109	124	56	76	3152	3020	6172	155	162	105	131

TABLE 5.—1905.—Continued.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 Up.		TOTAL OVER 5 YEARS.			Unspeci- fied.		ALL AGES.				
M.	F.	M.	F.	M.	F.	Per- sons.	M.	F.	M.	F.	Per- sons.																		
...	2	1	2	4	5	1	3	2	5	13	10	6	9	4	7	8	3	1	...	40	47	87	...	...	45	48	93	E
1	1	6	1	3	4	7	1	4	1	11	6	12	6	1	3	1	...	...	...	48	30	78	...	...	54	39	93	C
1	3	7	3	7	9	8	4	6	6	24	16	18	15	5	10	9	3	1	...	88	77	165	...	...	99	87	186	
...	...	...	...	...	3	...	2	1	6	4	2	6	...	9	...	4	1	2	...	26	14	40	...	...	26	14	40	E
1	1	1	2	...	2	1	4	...	2	6	1	1	2	4	...	4	...	1	1	19	16	35	...	...	23	17	40	C
1	1	1	2	...	5	1	6	1	8	10	3	7	2	13	...	8	1	3	1	45	30	75	...	...	49	31	80	
...	2	...	7	...	7	...	5	...	6	...	...	...	...	...	...	...	...	...	...	...	27	27	...	...	...	27	27	E
...	5	...	9	...	8	...	8	...	10	...	1	...	...	...	...	...	...	...	...	...	41	41	...	...	...	41	41	C
...	7	...	16	...	15	...	13	...	16	...	1	...	...	...	...	...	...	...	...	...	68	68	...	...	...	68	68	
6	...	12	1	13	5	11	...	34	4	20	3	10	1	2	3	2	2	1	...	122	24	146	...	...	132	34	166	E
13	2	18	6	31	1	16	3	39	6	15	6	4	1	1	...	2	2	...	1	154	41	195	...	...	179	65	244	C
19	2	30	7	44	6	27	3	73	10	35	9	14	2	6	3	4	4	1	1	276	65	341	...	...	321	99	410	
...	...	1	1	...	1	31	18	49	E
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	91	83	174	C
...	...	1	1	...	1	122	101	223	
...	...	...	1	...	...	1	...	...	...	1	...	...	1	1	...	...	3	...	...	3	6	9	1	...	5	8	13	E
2	1	1	3	2	2	1	3	...	2	3	1	3	1	4	...	2	...	...	...	21	14	35	...	...	28	19	47	C
2	1	1	4	2	2	2	3	...	2	4	1	3	2	5	...	2	3	...	24	20	44	1	...	33	27	60			
...	1	3	...	4	3	1	1	9	1	8	2	2	1	2	...	...	...	...	1	29	13	42	...	...	41	32	73	E
3	3	5	...	6	...	3	..	9	...	3	...	4	...	...	...	...	...	...	...	41	3	44	...	...	78	49	127	C
3	4	8	...	10	3	4	1	18	1	11	2	6	1	2	...	...	...	...	1	70	16	86	...	...	119	81	200	
33	29	70	55	98	70	99	55	172	109	204	116	143	95	159	119	99	89	13	32	1154	818	1972	1	...	1922	1462	3384		
165	151	277	178	333	184	270	146	381	193	278	156	183	133	125	132	87	80	50	60	2345	1657	4002	...	3	4730	4036	8766		
198	180	347	233	431	254	369	201	553	302	482	272	326	228	284	251	186	169	63	92	3499	2475	5974	1	3	6652	5498	12150		

TABLE 6.—1904.

TABLE showing for Sixty of the Cities and Towns of the Colony combined the number of Deaths between (a) European and Coloured

CLASSES AND SUB-CLASSES.	0 day to 1 month.		1 month and under 6 months.		6 months and under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		10—		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per- sons.	M.	F.	M.	F.	
Class I., Sub-Class I., Zymotic Diseases	E	10	6	65	50	55	50	44	30	19	11	10	9	12	8	215	164	379	21	25	13	12
	C	21	20	188	132	179	143	147	180	65	72	43	55	23	24	666	626	1292	88	82	63	59
Do. do. II., Parasitic Diseases	E	1	1	1	2	1	3	1
	C	1	3	...	2	2	1	2	1	1	1	6	8	14	1
Class II., Dietetic Diseases and Chronic Poisoning	E	3	2	8	10	3	2	1	1	...	...	...	...	...	15	15	30	...	...	...	...
	C	7	9	15	12	9	7	5	2	1	...	2	39	30	69	...	2	1
Class III., Constitutional Diseases	E	...	...	...	...	...	1	...	...	...	...	1	1	...	2	1	3	...	2	...	1
	C	3	2	...	1	...	1	1	1	2	5	6	11	...	2	1	1	1
Class IV., Developmental Defects and Degeneration	E	110	74	13	11	8	4	8	2	1	...	1	...	141	91	232	1	1
	C	155	153	13	14	12	15	17	11	2	2	1	1	1	...	201	196	397	1	...
Class V., Sub-Class I., Diseases of the Nervous System	E	29	15	24	18	15	22	10	7	...	5	4	2	...	1	82	70	152	3	4	...	1
	C	118	66	60	53	43	36	25	26	12	11	6	9	3	3	267	204	471	8	4	2	2
Do. do. II., Diseases of the Organs of Special Sense	E
	C	1	1	...	1	1	2	3	1	1	1
Do. do. III., Diseases of the Circulatory System	E	...	...	1	1	1	3	...	...	...	1	1	...	...	3	5	8	3	5	2	3
	C	3	...	3	3	3	1	...	1	...	...	2	1	2	10	9	19	3	7	6	5
Do. do. IV., Diseases of the Respiratory System	E	9	6	47	25	22	23	22	14	8	4	2	3	2	2	112	77	189	7	4	2	4
	C	52	33	183	184	198	155	128	157	58	43	41	33	17	13	677	618	1295	21	43	13	26
Do. do. V., Diseases of the Alimentary Canal	E	19	14	95	88	56	69	33	21	6	8	...	1	1	1	210	202	412	3	4	2	1
	C	38	27	153	130	126	117	84	102	25	31	16	10	7	2	449	419	868	16	11	9	9
Do. do. VI., Diseases of the Liver	E	3	2	1	2	...	...	...	...	...	...	...	...	...	4	4	8	...	...	...	...
	C	5	2	1	3	...	...	...	...	...	2	...	...	...	6	7	13	...	...	...	...
Do. do. VII., Diseases of Lymphatic System and Ductless Glands	E	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1	2	...	1	...	...
	C	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1
Do. do. VIII., Diseases of the Urinary System and Organs of Generation	E	...	...	2	1	...	1	1	2	1	...	...	...	...	4	4	8	...	1	1	...
	C	3	1	2	4	3	...	4	6	1	3	1	1	...	14	15	29	2	3	1	1	
Do. do. IX., Diseases of Parturition	E	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Do. do. X., Diseases of the Bones and Joints	E	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...
	C	...	...	...	...	1	1	1	...	...	...	...	...	...	1	2	3	1	1	1	...
Do. do. XI., Diseases of the Integumentary System	E	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...
	C	1	1	1	...	1	...	...	2	...	...	...	...	...	3	3	6	...	...	...	...
Class VI., Violence	E	1	3	...	...	...	3	1	...	1	6	1	1	1	11	7	18	4	2	3	...
	C	3	8	3	1	2	...	1	4	1	2	1	3	3	2	14	20	34	2	5	...	4
Class VII., Ill-defined and not specified	E	17	17	9	14	2	4	3	3	...	...	1	...	...	32	38	70	1	...	...	...
	C	54	56	16	21	8	2	3	3	...	...	...	...	1	81	83	164	1	1	2	1
Grand Total		665	518	908	783	747	658	544	579	202	199	137	131	73	61	3276	2929	6205	188	211	124	131

TABLE 6.—1904.

registered for the Year 1904, arranged according to Classes at each age period ; distinguishing and (b) Males and Females.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up.		TOTAL OVER 5 YEARS.			Unspeci- fied.		ALL AGES.				
M.	F.	M.	F.	M.	F.	Per- sons.	M.	F.	M.	F.	Per- sons.																		
24	17	67	34	66	33	67	22	78	41	42	14	18	17	13	13	7	7	1	...	417	235	652	...	...	632	399	1031	E
73	104	131	132	140	125	102	100	170	115	101	59	39	27	23	19	14	7	...	2	944	831	1775	1	...	1611	1457	3068	C	
...	1	...	1	3	...	3	5	1	6	E
1	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	3	1	4	...	...	9	9	18	C
...	...	1	...	1	1	3	2	9	1	8	...	3	...	1	...	...	...	...	...	26	4	30	...	...	41	19	60	E
...	1	8	...	7	1	7	...	13	2	9	2	3	1	1	...	...	...	...	49	9	58	...	...	88	39	127	C	
...	1	2	4	3	...	3	4	21	18	14	13	20	15	24	16	5	7	2	...	94	81	175	...	...	96	82	178	E
...	1	4	2	1	2	3	6	15	8	13	16	15	9	12	10	1	2	2	3	67	62	129	...	...	72	68	140	C
...	...	...	...	1	...	...	...	...	1	2	2	...	14	8	18	30	5	15	...	42	56	98	...	...	183	147	330	E
...	...	2	...	1	...	1	...	2	...	...	...	6	5	22	22	39	34	17	31	91	92	183	...	...	292	288	580	C
1	4	2	...	3	...	7	1	19	9	18	4	9	4	11	4	9	3	...	1	82	35	117	...	...	164	105	269	E
10	7	6	2	6	2	6	3	17	4	7	5	13	5	9	2	1	6	2	2	87	44	131	...	...	354	248	602	C
1	...	1	...	...	...	...	...	...	1	...	1	1	...	...	...	...	1	...	...	3	3	6	...	...	3	3	6	E
2	...	...	...	...	1	...	...	2	...	...	1	...	...	...	...	...	...	...	...	6	3	9	...	...	7	5	12	C
4	6	5	3	9	...	14	7	29	10	40	33	30	31	39	26	14	29	1	6	190	159	349	...	...	193	164	357	E
5	12	8	12	13	6	19	11	36	22	45	35	53	35	26	34	17	19	9	10	240	208	448	...	...	250	217	467	C
2	4	4	2	6	2	9	1	22	13	24	9	6	7	15	12	12	15	2	4	111	77	188	...	...	223	154	377	E
21	35	58	27	102	23	64	20	87	36	63	37	47	38	32	20	17	17	6	11	531	333	864	...	...	1208	951	2159	C
3	5	8	6	2	2	3	5	10	11	9	4	8	4	6	2	5	4	1	...	60	48	108	...	...	270	250	520	E
4	10	6	9	2	7	7	6	18	10	6	10	4	10	5	3	4	2	...	1	81	88	169	...	...	530	507	1037	C
1	...	3	1	3	1	...	2	10	2	12	4	11	6	6	2	1	4	...	...	47	22	69	...	...	51	26	77	E
1	...	2	...	2	3	3	...	5	1	8	...	4	2	4	3	1	1	1	...	31	10	41	...	...	37	17	54	C
1	...	...	...	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	3	2	5	...	...	4	3	7	E
...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	1	2	...	...	2	1	3	C
1	1	4	2	3	6	6	5	6	9	20	11	14	3	14	7	7	3	...	...	76	48	124	...	...	80	52	132	E
3	2	3	4	2	5	7	4	7	11	6	7	17	10	3	3	8	1	2	...	61	51	112	...	...	75	66	141	C
...	4	...	2	...	5	...	8	...	10	...	1	30	30	30	30	E
...	6	...	7	...	12	...	5	...	13	...	2	45	45	45	45	C
2	...	...	1	...	...	2	...	1	1	...	...	...	...	...	...	...	...	...	...	5	2	7	...	...	5	3	8	E
4	...	...	2	1	...	2	...	1	...	1	...	...	...	...	...	...	...	...	...	11	3	14	...	...	12	5	17	C
...	...	...	...	...	...	...	...	...	1	1	1	...	1	...	...	...	...	...	...	1	3	4	...	...	2	3	5	E
1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	2	1	3	...	...	5	4	9	C
4	...	16	3	18	1	26	3	33	5	20	4	12	3	4	...	1	...	1	...	142	21	163	...	...	153	28	181	E
4	5	11	3	25	2	18	3	36	3	12	4	5	...	4	...	1	...	...	...	118	29	147	1	...	133	49	182	C
1	...	...	1	...	...	...	...	...	...	1	2	...	...	...	...	3	...	1	...	7	3	10	...	...	39	41	80	E
3	1	1	2	1	6	1	1	1	1	5	1	4	7	2	2	1	1	2	2	24	26	50	1	...	106	109	215	C	
177	226	353	261	420	246	380	219	648	359	487	283	346	241	291	208	187	193	55	88	3656	2666	6322	3	...	6935	5595	12530		

TABLE 6.—1905.

TABLE showing for Sixty of the Cities and Towns of the Colony combined the number of Deaths between (a) European and Coloured

CLASSES AND SUB-CLASSES.	0 day to 1 month.		1 month and under 6 months.		6 months and under 12 months.		12 months and under 2 years.		2 years and under 3 years.		3 years and under 4 years.		4 years and under 5 years.		TOTAL UNDER 5 YEARS.			5—		10—	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.
Class I., Sub-Class I., Zymotic Diseases	E 14	8	62	41	43	47	46	28	9	7	6	10	3	6	183	147	330	17	10	11	8
	C 37	28	150	136	162	151	205	162	68	93	46	45	27	31	695	616	1311	58	73	48	56
Class I., Sub-Class II., Parasitic Diseases	E 1	2	...	2	...	...	...	...	...	...	...	...	...	...	1	4	5	...	...	...	...
	C 1	2	1	2	2	...	2	2	1	2	1	...	1	1	9	9	18	1	...	...	...
Class II., Dietetic Diseases and Chronic Poisoning	E ...	4	5	7	2	4	1	1	...	...	...	...	...	...	8	16	24	...	1	...	...
	C 2	6	14	17	8	10	3	3	1	1	1	...	...	...	29	37	66	1	...	1	...
Class III., Constitutional Diseases	E ...	...	...	...	1	...	1	...	...	...	...	...	...	...	2	...	2	2	1	3	1
	C ...	1	...	...	1	...	1	...	1	...	1	...	...	...	2	3	5	4	1	...	4
Class IV., Developmental Defects and Degeneration	E 99	63	10	3	5	8	2	...	...	...	...	...	...	1	116	75	191	...	...	...	...
	C 162	139	7	12	14	11	6	5	2	3	...	...	...	...	191	170	361	...	...	...	...
Class V., Sub-Class I., Diseases of the Nervous System	E 24	23	24	17	15	11	9	7	6	5	2	1	2	2	82	66	148	4	2	1	2
	C 106	85	50	57	26	33	21	27	10	14	4	3	2	3	219	222	441	1	7	2	2
Do., do. II., Diseases of the Organs of Special Sense	E ...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	1
	C ...	...	1	2	1	...	1	...	1	...	1	...	...	...	3	4	7	3	...	1	...
Do., do. III., Diseases of the Circulatory System	E 2	3	1	1	...	2	...	...	...	...	2	...	...	...	3	8	11	2	2	5	3
	C ...	1	1	1	...	3	4	1	1	1	...	...	...	...	6	7	13	5	1	2	8
Do., do. IV., Diseases of the Respiratory System	E 10	8	43	25	27	26	19	18	1	6	2	2	...	2	102	87	189	1	4	1	2
	C 34	30	192	165	165	215	162	184	58	71	29	34	11	17	651	716	1367	28	33	7	27
Do., do. V., Diseases of the Alimentary Canal	E 12	11	114	89	56	72	33	24	5	7	...	1	...	...	220	204	424	2	3	3	1
	C 39	32	143	150	123	117	87	88	28	27	8	14	6	3	434	431	865	11	7	3	3
Do., do. VI., Diseases of the Liver	E ...	2	...	...	...	...	...	1	...	...	...	...	...	...	...	3	3	...	...	1	...
	C 4	2	2	1	1	1	1	...	...	...	...	...	...	...	8	4	12	1	...	...	...
Do., do. VII., Diseases of the Lymphatic System and Ductless Glands	E ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C ...	...	1	1	1	...	1	...	...	...	...	...	...	...	3	1	4	1	...	...	...
Do., do. VIII., Diseases of the Urinary System and Organs of Generation	E 1	...	1	...	1	...	2	1	...	...	...	...	...	...	5	1	6	...	1	...	...
	C 3	...	...	...	2	3	2	1	3	3	1	...	2	10	10	20	...	4	2	4	...
Do., do. IX., Diseases of Parturition	E ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Do., do. X., Diseases of the Bones and Joints	E ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C ...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	2	2	...	...	1	...
Do., do. XI., Diseases of the Integumentary System	E 1	1	2	2	...	...	...	...	...	...	...	...	...	...	3	3	6	...	...	...	...
	C 1	...	1	1	...	1	...	...	...	...	...	...	...	...	2	2	4	...	...	...	...
Class VI., Violence	E 2	1	2	...	...	...	1	3	2	2	1	2	2	2	10	10	20	4	4	7	1
	C 9	6	3	2	3	2	3	2	1	3	4	6	2	3	25	24	49	8	6	4	7
Class VII., Ill-defined and not Specified	E 26	14	4	4	1	1	...	...	...	...	...	1	...	...	31	20	51	...	...	...	1
	C 72	57	21	15	2	8	...	6	1	...	2	...	...	...	98	88	186	1	1	2	...
Grand Total	662	529	856	753	660	726	613	566	196	246	109	124	56	76	3152	3020	6172	155	162	105	131

TABLE 6.—1905.

registered for the Year 1905, arranged according to Classes at each age period : distinguishing and (b) Males and Females.

15—		20—		25—		30—		35—		45—		55—		65—		75—		85 up.		TOTAL OVER 5 YEARS.			Unspec-ified.		ALL AGES.				
M.	F.	M.	F.	M.	F.	Per-sons.	M.	F.	M.	F.	Per-sons.																		
13	18	30	29	55	34	49	25	56	37	34	13	21	13	14	15	3	8	...	...	303	210	513	...	...	486	357	843	E
87	98	131	124	109	112	122	85	148	106	87	59	41	28	27	27	9	11	...	...	867	783	1650	...	1	1562	1430	2992	C
...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	1	1	2	...	...	2	5	7	E
...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	3	3	6	...	...	12	12	24	C
...	...	...	...	3	...	1	...	9	...	6	1	2	...	1	...	...	...	...	...	22	2	24	...	...	30	18	48	E
2	...	2	...	3	...	2	...	6	...	1	...	3	...	...	...	...	...	...	...	21	...	21	...	...	50	37	87	C
1	...	3	3	1	2	1	4	8	18	23	29	19	14	21	20	9	5	...	1	91	98	189	...	...	93	98	191	E
6	2	1	2	1	3	2	7	9	4	16	12	11	14	12	6	9	2	1	1	72	58	130	...	...	74	61	135	C
...	...	...	...	...	...	...	...	...	...	...	...	1	5	4	25	17	3	8	...	33	30	63	...	...	149	105	254	E
...	1	...	1	2	...	...	...	...	...	...	...	1	1	3	9	17	18	22	20	50	73	123	...	...	241	243	484	C
1	...	5	2	4	1	4	4	14	4	18	8	11	4	9	9	1	7	1	...	73	43	116	...	...	155	109	264	E
6	4	6	2	10	4	8	4	15	6	9	8	7	6	5	4	5	5	1	...	75	52	127	...	...	294	274	568	C
...	...	1	...	1	2	...	...	...	...	...	1	1	...	...	...	...	...	...	...	3	5	8	...	...	4	5	9	E
1	2	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	2	9	...	...	10	6	16	C
2	4	6	6	5	6	11	1	20	8	47	25	34	31	57	28	33	24	3	13	225	151	376	...	...	228	159	387	E
7	6	9	6	15	7	20	8	35	19	43	37	38	40	31	44	19	23	15	20	239	219	458	...	...	245	226	471	C
5	1	6	2	8	2	12	2	13	6	14	8	13	10	19	22	8	15	2	7	102	81	183	...	...	204	168	372	E
34	21	92	19	136	33	76	17	108	25	62	13	49	26	21	20	12	10	11	5	636	249	885	...	2	1287	967	2254	C	
5	1	1	1	3	2	5	5	8	10	10	11	12	5	5	7	4	3	...	2	58	51	109	...	...	278	255	533	E
5	5	5	3	12	6	11	6	7	9	11	10	7	6	4	9	5	4	1	...	82	68	150	...	...	516	499	1015	C
...	...	2	1	1	...	3	3	7	4	12	5	8	5	11	3	2	1	...	...	47	22	69	...	...	47	25	72	E
...	...	1	...	5	1	3	...	7	3	12	1	5	...	3	2	1	...	...	...	38	7	45	...	...	46	11	57	C
...	E
...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	3	...	3	...	...	6	1	7	C
...	2	1	2	4	8	1	5	3	11	17	12	12	9	13	7	12	4	3	...	66	61	127	...	...	71	62	133	E
2	2	7	3	3	6	8	5	4	3	17	7	13	8	5	3	5	...	1	1	67	46	113	...	...	77	56	133	C
...	2	...	7	...	7	...	5	...	6	...	...	...	...	...	...	...	...	...	...	...	27	27	...	...	...	27	27	E
...	5	...	9	...	8	...	8	...	10	...	1	...	...	...	...	...	...	...	...	...	41	41	...	...	...	41	41	C
...	1	2	...	...	1	...	1	...	1	...	...	1	...	...	...	...	...	...	...	2	5	7	...	...	2	5	7	E
...	1	3	...	1	...	...	1	...	1	...	1	...	1	...	...	...	...	...	...	8	1	9	...	...	8	3	11	C
...	1	...	1	1	2	1	3	5	4	9	E
...	1	...	1	2	...	2	4	2	6	C
6	...	12	1	13	5	11	...	34	4	20	3	10	1	2	3	2	2	1	...	122	24	146	...	...	132	34	166	E
13	2	18	6	31	1	16	3	39	6	15	6	4	1	4	...	2	2	...	1	154	41	195	...	...	179	65	244	C
...	...	1	1	...	...	1	...	...	...	1	...	...	1	1	...	...	3	...	...	4	6	10	1	...	36	26	62	E
2	1	1	3	2	2	1	3	...	2	3	1	3	1	4	...	2	...	...	...	21	14	35	...	...	119	102	221	C
198	180	347	233	431	254	369	201	553	302	482	272	326	228	284	251	186	169	63	92	3499	2475	5974	1	3	6652	5498	12150		

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE COLONY.
ANNEXURE "G."
PORT HEALTH ADMINISTRATION.

TABLE 1.
Particulars of Vessels dealt with during the Year ended the 31st December, 1906.

Name of Port.	Vessels dealt with.					Pratique given by:—	
	Sailing Ships.		Steam Ships.		Total No. of Vessels dealt with.	Port Health Officer.	Port Officer.
	Carrying Passengers.	Not Carrying Passengers.	Carrying Passengers.	Not Carrying Passengers.			
Cape Town	3	76	611	273	963	806	157
Port Elizabeth	8	50	298	161	517	512	5
East London	9	39	284	141	473	313	160
Mossel Bay ... ..	...	5	154	58	217	215	2
Knysna ... ..	...	4	35	3	42	41	1
Simon's Town ... ..	...	4	10	46	60	56	4
Port St. John's	4	2	36	8	50	45	5
Port Nolloth ... ..	...	...	96	23	126	46	80
Port Alfred ... ..	...	1	...	2	3	...	3
Walfish Bay ... ..	...	1	24	181	206	201	5
Total	24	189	1,548	896	2,657	2,235	422

TABLE 2.
Cases of Infectious Disease dealt with during the Year ended 31st December, 1906.

Name of Port.	Total Number of Cases dealt with.	Nature of Disease.										Cases occurring on board Vessels.			Cases occurring on Shore.							
		Enteric Fever.	Smallpox.	Chicken-pox.	Scarlet Fever.	Diphtheria.	Measles and Whooping Cough.	Beri-Beri.	Leprosy.	Yaws.	Scurvy.	Tuberculosis.	Erysipelas.	No. of Vessels Involved.	No. of Cases landed.		No. of Cases carried on.	Before arrival in Port.	In Port.	Isolated in Hospital.	Isolated at Home.	Died.
															For isolation in Hospital.	Otherwise.						
Cape Town	108	12	3	16	2	1	58	4	...	...	12	...	72	29	32	38	2	...	3	12	...	
Port Elizabeth	150	...	1	...	...	1	120	25	...	...	...	...	12	51	...	14	...	...	...	...	...	...
East London	10	...	...	...	...	...	...	...	...	...	...	...	12	17	...	...	...	...	...	...	...	...
Mossel Bay	19	...	...	...	...	...	...	...	...	...	...	...	12	1	...	...	...	...	...	...	...	...
Port Nolloth	2	...	1	...	...	...	...	...	...	...	...	...	12	1	...	...	...	...	...	...	...	...
Walfish Bay	16	...	...	...	...	...	...	...	...	...	...	...	12	...	...	...	...	...	...	...	...	...
Total	123	13	4	18	2	2	59	9	...	...	13	...	91	27	34	43	3	...	3	13	...	

"E."=European. "C."=Coloured. "A."=Asiatic.

(a) One of these cases previously reported at Cape Town. (b) 16 of these cases previously reported at Cape Town. (c) One of these cases previously reported at Cape Town. (d) One of these cases previously reported at Port Elizabeth. NOTE.—No cases of Infectious Disease were dealt with during the year at the Ports of Knysna, Simon's Town, Port St. John's and Port Alfred.

TABLE 3.
Particulars of Vaccinations performed and of Rodents destroyed on board of Vessels and within the Port Areas during the Year ended 31st December, 1906.

Name of Port.	Number of Vaccinations performed.			No. of Rodents destroyed.						Grand Total.	No. of Vessels searched for evidence of suspicious sickness among Rodents.
	Adults.	Children.	Total.	On board Vessels.			In area of Port Authority.				
				Rats.	Mice.	Total.	Rats.	Mice.	Total.		
Cape Town	2,012	3	2,015	2,067	...	2,067	3,729	...	3,729	5,796	175
Port Elizabeth	5	...	5	...	...	...	39	14	73	73	1
East London	5	...	5	215	17	262	154	92	246	508	253
Mossel Bay ... ..	...	...	...	...	...	...	1,798	...	1,798	1,798	...
Port Nolloth	1	...	1	...	...	...	...	...	...	...	...
Walfish Bay	30	25	55	...	...	...	...	...	...	...	...
Total	2,053	28	2,081	2,282	47	2,329	5,740	106	5,846	8,175	429

No Vaccinations were performed or Rodents destroyed during the year at the Ports of Knysna, Simon's Town, Port St. John's and Port Alfred.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE COLONY.

ANNEXURE "H."

No. 1.

REPORT OF BACTERIOLOGICAL ASSISTANT.

TO THE MEDICAL OFFICER OF HEALTH FOR THE COLONY.

I have the honour to submit, herewith, a short review of the work done in the Public Health Laboratory attached to the Department of Public Health, during the year ended 31st December, 1906.

The steady increase of work legitimately associated with a Health Laboratory as mentioned in previous reports, has continued and, if this is measured by the number of specimens examined, the year under review shows much greater activity than any previous year. Not only is the aid of the laboratory called in more frequently now than it used to be by Cape Town Medical Practitioners, but medical men all over the Cape Colony are awaking to the assistance which can frequently be rendered when specimens from obscure cases are submitted for examination. Since a small charge has been made for some of the work, medical men have felt that they were not encroaching upon our generosity in sending specimens for report and, instead of as was thought, diminishing the amount of material received, the tariff of fees drawn up in May, 1906, has rather increased the number of examinations.

I may say that although these nominal fees are charged in all possible cases, no examinations have been refused because the patients were too poor to pay, and a large amount of our work is under such circumstances carried out gratis.

The actual fees received do not, it is true, amount to much considering the number of examinations. I believe the total sum received for outside non-gratuitous work is £255 13s. 6d.; however, this more than covers the outlay for material, etc., used in the Laboratory during the year in question.

The number of specimens in the Pathological Museum is rapidly growing, but the space available for their display is as rapidly becoming too cramped. I had hoped that some movement would have been made to find a better and more accessible room where medical practitioners might have seen and consulted this growing nucleus; still we live in hopes that in the near future our requirements will not be overlooked when the new Public Health Offices are built.

It is again my pleasant duty to express my thanks to my assistant, Mr. W. D. Severn, F.C.S., A.R.C.S., and to Mr. Bailey, for their loyal co-operation during the past year. Both have enthusiastically carried out much very tedious, and at times uninteresting, work.

Mr. Severn has continued the examination of various disinfectants submitted to this Laboratory, and we now have a most complete list of the Rideal Walker Co-efficients of all the more important fluids and powders on the market. A special note upon these will be found under No. 2 of this Annexure.

Number of Specimens Examined during the Year 1906.

Rats from Cape Town Docks and Harbour Board area 459	Blood from cases of suspected Typhoid ... 130	Disinfectant Powders ... 13
Rats from Cape Municipalities 105	Blood from cases of suspected Malaria ... 17	Stomach contents ... 7
Rats from other sources... 136	Blood from cases of suspected Malta fever ... 19	Milk samples 25
Leprosy 199	Blood Counts 10	Fæces 6
Tissues, Tumours, etc. ... 311	Hairs for Parasites ... 6	Tinned food stuffs ... 204
Sputum for Tubercle Bacilli 192	Suspected plague material 37	Jams 12
Water Samples (Bacteriological Examination) ... 88	Medico legal cases ... 24	Actinomycosis 2
Urine 77	Intestinal Parasites ... 15	Cerebro spinal fluid ... 1
Swabs or membrane for Diphtheria 13	Sewage, samples and effluents 37	Leprosy cure 1
	Disinfectant Fluids ... 61	Rabbits inoculated for Anti-Rabic Virus ... 95
		Post-mortems attended ... 157

The above list does not by any means represent the total number of examinations carried out, as a large number of verbal reports have been given upon specimens, smears, etc., brought by medical men who simply waited till the examination was completed.

Examination of Rodents.

The number of rats examined for the presence of plague infection from Cape Town Docks has fallen from over 20,000 during 1905 to only 459 during 1906. This great decrease is due partly to the fact that fewer vessels from foreign ports have arrived in the Docks, and also to the cessation of the campaign against rats that has taken place since the Western Province—owing to a false security—relaxed to a great extent precautions against Bubonic Plague. It is difficult to know who is to blame for this present apathy to the increase in the rat population, but it would require the services of a skilled mathematician to estimate the loss to the importers which accrues from the feeding alone of what must be now a teeming rat population at the Cape Town Docks. I suppose nothing will be gained by pointing out—what to Cape Town and district ought to be a well-known fact,—that if we had no rats we might laugh at the possibility of Bubonic Plague ever obtaining a foot-hold. In this connection I would again like to impress upon the minds of the general public a fact that is every day becoming more evident, namely, that a large rat population increases immensely our risk of again experiencing an epidemic of Bubonic Plague; at present, with relaxed precautions against the destruction of rats, our freedom from an epidemic can only be looked upon as due to good luck and not in any way to precautionary or better sanitary measures. Just now all that is necessary to start another outbreak of plague here is the landing of one or two rats suffering from plague, or even some carcasses of rodents dead from the disease in a case of goods imported from a plague-infected port, and there is nothing to prevent quite as severe an epidemic as we suffered from in 1901-02.

Milk Samples.

Notwithstanding the remarks made in my notes last year upon the absence of samples of milk from the list of specimens submitted for bacteriological examination, I fear I have little better news to report this year. Only two private individuals submitted milk from their cows for examination for the presence of Tubercle bacilli or other pathogenic organisms. The official purchaser was, however, asked to procure samples of milk from various retail dealers in Cape Town, and in this way some two dozen specimens were obtained for examination. Tubercle bacilli were sought for both by microscopic examination of the deposit obtained after centrifugalisation and by inoculation of guinea pigs, but we were unable to demonstrate the presence of Tubercle bacilli in any of the samples submitted. The number of examinations made was small, but so far the results have been very satisfactory, and when time permits I purpose carrying this examination further.

In connection with the milk supply of the more important towns, it has for a long time been suspected that milk vendors were adding formalin to the milk exposed for sale and, as this preservative was added by the official purchaser to prevent the samples from becoming sour previous to forwarding them to the Government Analytical Department, it was found impossible to detect the fraud, and at the same time to conveniently examine the sample for adulteration. At your instruction, in conjunction with Mr. Sinclair of the Analytical Branch, I undertook an extensive series of experiments with various preservatives, to discover, if possible, one which could be relied upon to keep milk from turning sour in hot weather, without interfering with the estimation of the total fat present, and one which it would be impossible for the vendors to add without very easy detection. Many of the various germicides were tried, and eventually it was found that if 1 c.c. of trikresol were added to 8 ounces of fairly fresh milk, the sample would keep good and be fit for all the ordinary processes of analysis for at least five days. This preservative has now been in use for some four months and has given every satisfaction. In the presence of trikresol it is found that traces of formalin can easily be detected, and the odour that trikresol imparts to the milk is such that this preservative is not likely to be used by fraudulent milk vendors.

Tinned Food Stuffs.

During the year a fairly large number of samples of Tinned food stuffs were examined, chiefly from cargoes which arrived at the Cape Town Docks. A small proportion of "blown" tins were found in many instances, these being easily recognised by the Official Inspector; some brands of imported goods contained more bad tins than others, but in most cases they were the result of imperfect soldering. One special brand of tinned sausages, amongst which a very large quantity of bad

tins were found, appeared to have been imperfectly sterilised before the tins were finally closed up, as no break nor leak could be found in the tins.

The contents of some hundreds of unblown tins of various American canned goods were carefully examined, both microscopically and by cultural experiments, but no noxious nor foreign material could be demonstrated.

So far, our experience goes to show that much of the adverse criticism regarding this class of food stuff has been grossly exaggerated. The vast majority of tinned goods imported into this Colony appear to be perfectly wholesome and desirable articles of food. "Blown" tins are as a rule due to accident, and give such timely warning to one's senses that I am perfectly certain no one would be in danger of consuming the contents.

A large shipment of jams from Natal (evidently old military stock) was stopped at the Docks and, after extensively sampling the same, some 1,750 cases were condemned as unfit for human food and ordered to be taken out to sea and destroyed. A large proportion of the tins in this consignment were leaking, and the contents having escaped over others made them a most uninviting lot of goods, and one wondered who would purchase such stuff. Many of the undamaged tins were examined. The contents of these were found to have corroded the inner surface of the tins to such an extent that the jam contained quite a perceptible amount of tin and lead.

Leprosy.

The increase in the number of leprosy specimens examined is due to the fact that smears from tissues and secretions of all doubtful lepers are now examined in the Laboratory, opportunity being taken of the temporary stay of the leper at the Old Somerset Hospital to take the specimens. The findings being again checked by other smears sent for examination by the Medical Officers on Robben Island.

In connection with this disease an extensive series of experiments is being carried out in this laboratory regarding the possibility of growing the causal organism of leprosy. A small leper pavilion has just been completed at the Old Somerset Hospital, where a few selected cases can be subjected to the newest lines of medical treatment, and where their progress can be accurately observed.

Examination of Disinfectants Imported into Cape Colony.

Since the Customs Union Convention came into force in 1906, samples of all disinfectants arriving at the Docks have been submitted by the Controller of Customs for examination in the Laboratory. The Rideal-Walker Co-efficient of all such disinfectants is estimated and those which conform to the standard agreed to by the various Governments of the Union, namely:—

"Any article or substance intended chiefly for use as a germicide and of a strength not less than that of pure Carbolic Acid when tested with living bacillus typhosus according to the Rideal-Walker method of standardisation"

are liable to a duty of only 3 per cent. *ad valorem*, while such as show a lower coefficient than pure Carbolic Acid are charged a duty of 15 per cent.

In this connection it is worth noting that previous to the passing of this Convention quite one-third of the various so-called disinfectants examined in the Public Health Laboratory gave a Rideal-Walker Co-efficient below that of pure Carbolic acid, while latterly only very few of those submitted fail to pass the standard.

Cape Town Morgue, Venken Lane.

During the year ending 31st December, 1906, there were 157 post mortems performed in the Cape Town Morgue. This was 30 less than the preceding 12 months. Nearly half of the examinations was conducted on young children under 5 years of age, who had not been attended by any medical practitioner during their illness, and who were reported to have died suddenly.

Over 25 per cent. of the total number of cases examined suffered from Tubercular disease, this being the immediate cause of death in 24 children of under 2 years of age, one child under 3 years, one child under 4 years, and 14 adults. The other cases showed no pathological changes worthy of note, being as a rule cases of sudden death due to the various forms of heart disease or its sequelae, accident, exposure, etc. No cases of infectious disease nor of plague came under examination during the period in question.

I would again call attention to the unsuitability of the present site, and the nuisance that frequently arises from the situation of the Morgue, and I would strongly urge upon the Government the necessity of procuring more suitable premises where this necessary work could be carried out. In previous reports for the years 1903, 1904 and 1905 I have already drawn attention to this question, and now only wish to put upon record that the nuisance and discomfort still continues. The Resident Magistrate, who in his official capacity is required to view all bodies, and also relations and friends viewing the bodies for identification purposes, make frequent complaints regarding the accommodation, but still nothing is done to remedy this state of affairs. With a mixed European and coloured population and the morgue situated as it is, with no waiting accommodation, and only one room for both classes of cases, it can easily be understood that the feelings of friends and relations of the deceased are often unnecessarily hurt when they are compelled to view the bodies for legal purposes.

GEO. W. ROBERTSON,

Bacteriological Assistant, Public Health Department.

Public Health Laboratory,
1st June, 1907.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE COLONY.

ANNEXURE "II."

No. 2.

SOME FURTHER REMARKS ON THE TESTING OF DISINFECTANTS BY THE RIDEAL-WALKER METHOD, WITH SPECIAL REFERENCE TO POWDERS.

TO THE MEDICAL OFFICER OF HEALTH FOR THE COLONY.

In our last paper, Annexure "A" No. 11, to the Report of the Medical Officer of Health for the Colony for the years 1904 and 1905, we expressed our confidence in the Rideal-Walker method, and our entire disapproval of those modifications of it which embody the addition of organic matters of unknown and variable composition such as urine, milk and fæces. We also insisted on the vital importance of the accurate preparation and standardisation of the solution of Carbolic Acid, from which the dilutions are to be made. We have since found no reason to alter these opinions.

The method of estimation of pure phenol in aqueous solution, which has given the most accurate and constant results here, has been the original method of Koppeschaar with bromine water standardised at the time of the experiment in each case.

The methods involving the simultaneous formation of bromide and bromate and subsequent boiling away of the excess of free bromine, have given erratic results both in the hands of Mr. Rose, of the Analytical Department, and in ours. Finding that certain of our results differed from those of other workers, and that a difference in the strength of the phenol standard would often account for such discrepancies, we wrote to Mr. Ainslie Walker for some standard phenol to compare with our own. In due course we received from Mr. Walker a solution stated by him to contain 4.7 per cent. of absolute phenol. This was estimated by Mr. Rose, whose result was 4.67 per cent., a difference of 0.03 per cent., which we have found to be neglectable in practice. At the same time our own standard solution was found to contain 4.92 per cent. Therefore either 21.3 c.c. of Mr. Walker's phenol or 20.3 c.c. of our own would give a 1 per cent. solution. The two solutions tested on these lines simultaneously on a 24 hour typhoid culture gave absolutely identical results. Since this time results of the testing of the same fluids, and of portions of the same sample of fluid by Mr. Walker and by Dr. Sommerville in London, and by ourselves here, have been in remarkably close agreement. We divided a sample of a certain disinfectant fluid, sending half of it to Mr. Walker. Our own result was 10.9. Mr. Walker made it 10.7, and Dr. Sommerville, shortly afterwards, 10.9. These results serve to show how closely the observations of different workers may agree, provided they rigidly follow the essentials of the technique as laid down by the authors of the method and by the Sanitary Institute Committee.

The following table of Co-efficients is inserted for comparison with those obtained by others:—

Disinfectants (arranged in order of dates).

Notes from Diaries 1906 to 1907.

Date of obser'n	Name of Disinfectant.	Dilution Fraction.	Co-efficient	Remarks.	Date of obser'n	Name of Disinfectant.	Dilution Fraction.	Co-efficient	Remarks	
12.1.06	Acme ...	$\frac{100}{90}$	3.3		10.11.06	Cannon's fluid ...	—	3.57	(Average of 3.81, 3.57, 3.33)	
29.1.06	Snowdol ...	$\frac{50}{40}$	9.4		10.11.06	Hayward's fluid	$\frac{111}{111}$	3.57		
1.2.06	Cyllin (salt water)	$\frac{1000}{40}$	12.5		10.11.06	Hayward's Dip...	$\frac{111}{111}$	4.24		
18.4.06	Crephol ...	} 3 possible co-efficients	3.9	} Average 3.5	11.1.07	Mykrol ...	$\frac{100}{130}$	2.50		
"	" ...		3.75			15.1.07	Cyllin ...	$\frac{1000}{110}$	12.7	
"	" ...		3.0			15.1.07	Cyllin ...	$\frac{1500}{110}$	14.54	
10.5.06	Taylor's A 1 fluid	—	3.8	(Average of 3.7, 3.7, 3.8, 4.1)	15.1.07	Kerol ...	$\frac{1300}{110}$	10.90		
10.5.06	Carbolacene ...	$\frac{50}{100}$	0.48	(on coli.)	18.1.07	Orient fluid ...	$\frac{100}{130}$	2.30		
30.5.06	Cyllin (13)	$\frac{1000}{91}$	10.3		8.2.07	Kerol (1) ...	$\frac{1500}{130}$	10.77		
30.5.06	Major's anti-germol	—	9.75	(Average of 4 co-efficients.)	8.2.07	Kerol (2) ...	$\frac{1400}{130}$	10.77		
7.6.06	Cyllin (drum) 22.5.06	$\frac{1200}{110}$	10.9		18.2.07	Phenyl ...	$\frac{100}{140}$	2.14		
7.6.06	Izal (small tin)	—	12.8	(Average of 3 co-efficients.)	20.2.07	Izal ...	$\frac{1500}{140}$	12.14		
7.6.06	Kerol ...	$\frac{1100}{120}$	9.16		20.2.07	Kerol ...	$\frac{1500}{140}$	10.71		
11.6.06	Snowdol ("13 co-efficient")	$\frac{1200}{100}$	12.0		6.5.07	Cyllin (1) ...	—	14.15	(Average of 13.9 and 14.4 in each case.)	
19.6.06	Bactox ...	$\frac{50}{25}$	8.94		6.5.07	Cyllin (2) ...	—	14.15		
6.7.06	Little's Sheep dip	$\frac{100}{100}$	0.97		6.5.07	Izal ...	—	13.45	(Average of 13.9 and 13.0)	
8.8.06	Cannon's fluid ...	$\frac{111}{100}$	3.15		18.5.07	Cyllin ...	$\frac{1500}{130}$	15.0	} These high results were obtained together.	
16.8.06	Soldis ...	$\frac{150}{91}$	1.57		18.5.07	Izal ...	$\frac{1500}{130}$	13.5		
16.8.06	Pheno-chloro. ...	$\frac{150}{91}$	2.82		18.5.07	Kerol ...	$\frac{1400}{130}$	11.2		
30.8.06	Santoline ...	$\frac{100}{100}$	0.97		25.5.07	A 1 Germolic ...	$\frac{100}{110}$	5.8		
30.8.06	Carbolacene ...	$\frac{50}{91}$	0.51		25.5.07	Crephol ...	$\frac{100}{110}$	2.72		
1.9.06	Hercules ...	$\frac{150}{91}$	1.34		25.5.07	Soldis ...	$\frac{100}{100}$	2.0		
8.9.06	Snowdol "9" repeated	$\frac{100}{100}$	6.0		30.5.07	Carbolacene ...	$\frac{50}{100}$	0.57		
5.10.06	Cyllin ...	$\frac{1500}{110}$	11.81		10.6.07	Cyllin ...	$\frac{1500}{110}$	14.0		
5.10.06	Snowdol "9" ...	$\frac{1000}{100}$	8.33		12.6.07	"Carbolic acid" fluid	$\frac{100}{110}$	4.42		
25.10.06	Brown's Imperial fluid	$\frac{100}{100}$	0.83		10.7.07	Dec's concentrated fluid.	$\frac{50}{100}$	0.85		
29.10.06	A 1 Germolic ...	$\frac{50}{110}$	5.90							

Our further experience in the testing of fluids has shown that several manufacturers are constantly striving to increase the co-efficients of their products. Cyllin has risen from between 10 and 11 in the first six months of 1906 to between 14 and 15 in 1907. Izal has increased during the same period from between 12 and 13 to 13.5 (about). We must, however, remark that the tendency of Izal to rapidly separate into a heavy muddy precipitate with lighter layers above has increased in greater proportion than its co-efficient. One may also notice that, however excellent a fluid disinfectant a given firm may produce, it does not apparently follow that they can make a powder which shall be proportionately effective when compared with the powders produced by other firms, and this brings us to the subject of

Disinfectant Powders.

What actual value any of the so-called "disinfectant powders," at present manufactured, possess, is problematical. They may, and sometimes do, act as deodorants, or rather as odour drowners. They also perform the functions of conscience drowners to municipal bodies, and of soothers of the public's fear of "germs." A little pretty pink powder, with a smell of carbolic sprinkled lightly over an objectionable spot, will convey a greater sense of protection to the "man in the street" than the presence of any amount of perchloride of mercury.

The absorbent power for gases of the "inert base" of a disinfectant may exercise a true deodorising influence, but we maintain that *the actual disinfectant value of any powder varies directly with the amount of its germicidal ingredients capable of absorption by the matter acted on, under natural conditions.* "Natural conditions" includes a number of factors which are even less possible to simulate in laboratory experiment than in the case of fluids. Two of these factors can, however, be taken into account, viz.:—(1) the temperature, and (2) the amount of moisture in the matter under treatment.

As powders are employed in practice at ordinary temperatures they should be submitted to tests at such temperatures, and no method which depends on their extraction at higher temperatures is permissible for testing purposes, because certain bodies insoluble in the cold might become available in extracts made in hot water. The factor of moisture can only be taken into account in laboratory experiments by assuming that the more moisture present the more of the active ingredients will be abstracted, and, therefore, the logical mode of testing is to make a watery extract of a definite amount of any powder under consideration.

The application of the Rideal-Walker method to the testing of disinfectants in the form of powder, is a matter which everyone seems to have rather fought shy of. So far as we are aware no one has published any actual working directions except ourselves. (See Annexure A, No. 11, to the report of the Medical Officer of Health for the Colony, 1904 and 1905.)

These directions were as follows:—

"One hundred grammes of the powder are thrown into a litre stoppered measure, made up to the mark with sterile distilled water, shaken at frequent intervals for four hours, and then left to subside till the same hour next day at which the water was added. The supernatant fluid is syphoned off, and 10 c.c. of it regarded as equal to 1 gramme of the powder."

The resulting fluid was then diluted in the five different proportions, which seemed desirable from a preliminary experiment or from general experience of powders. The dilutions may be for nearly every powder, either 10, 15, 20, 25, 30, or 15, 20, 25, 30, 35, or we may go up to 40 with very high-class powders and with high medication temperatures. The 1 in 10 dilution is the original 10 per cent. extract. The 1 in 30 dilution is, of course: 1 vol. 10 per cent extract + 2 vols. sterile distilled water, etc.

Up to the end of 1905 we tested all powders at the above strengths, or thereabouts, against the ordinary phenol dilutions, with the inevitable result that the co-efficients obtained were low fractions when phenol was taken as unity.

This method of testing powders was open to two main objections: First, that fractions below unity are generally unsatisfactory expressions to the untrained mind, many of those to whom reports on disinfectants are furnished being laymen; second, we are comparing a powder with a fluid which necessarily entails mental confusion. We, therefore, found it necessary to adopt another standard for powders, and we selected for this a powder known to contain exactly 15 per cent. of absolute phenol. A good deal of trouble and time was expended in the preparation of such a standard powder, and we ultimately found that a fine, dry, standard powder could be prepared and preserved for a time in a stoppered bottle, by grinding an excess of pure phenol (Merck) with perfectly dessicated impalpable Kieselguhr, estimating the amount of phenol, and then diluting with more dry Kieselguhr to 15 per cent. But there are several serious objections to adopting such a powder as a standard, among which we may cite the following:—

- (1) The preparation is by no means easy, is lengthy, and it is much more difficult to obtain uniform results than in the case of a solution. And even with solutions of Phenol there appears to us to be plenty of evidence that all workers have not been using correct strengths.

- (2) The powder is always deliquescent, and, therefore, cannot be weighed with accuracy.
- (3) Unless hot water is used in making the 10 per cent. extract for comparison with the powder under examination we can never be certain of extracting all the Phenol. (One of the conditions of the method we advocate is *cold* extraction.)

There exists then the difficulty of making and keeping a standard powder, and the further objection of the time and trouble involved in its extraction every time side by side with the powder to be tested. In order to evade these objections we now *assume* the existence of such a standard powder containing exactly 15 per cent. of absolute phenol, and capable of entire extraction of its phenol content by contact with water at room temperature in 10 per cent. admixture. This resolves itself into the taking of an equivalent amount of ready prepared standard Phenol Solution and diluting it to a strength equivalent to a 10 per cent. extract of the hypothetical powder. Thus a 10 per cent. extract of a completely extracted 15 per cent. Carbolic powder can be simulated by taking 100 c.c. of a 4.7 per cent. solution of Phenol and diluting to 313 c.c. We call this solution "Standard Powder 1 in 10." Then a 1 in 17 dilution, for instance, is made by taking 100 c.c. and diluting to 170 c.c.

The hypothetical standard 15 per cent. Carbolic Powder being taken as unity, we find that all disinfectant powders at present known to us as being on the market give Powder Co-efficients of from 1.2 to 2.2.

The following are some of the results which have been obtained by operating in the above manner:—

Name of Powder, etc.	Dilutions	Times of Exposure of Culture to action of powder extract. Minutes.						Dilution fraction and "Powder co-efficient."
		2½	5	7½	10	12½	15	
Jeyes' Powder (in parcel) 309.	1 in 25	—	—	—	—	—	—	$\frac{30}{20} = 1.75$
	1 in 30	+	—	—	—	—	—	
	1 in 35	+	+	—	—	—	—	
Jeyes' Powder (Sample in bottle) 193 from bulk.	1 in 15	—	—	—	—	—	—	$\frac{33}{25} = 1.40$
	1 in 20	+	—	—	—	—	—	
	1 in 25	+	+	—	—	—	—	
	1 in 30	+	+	+	—	—	—	
Snowdol Powder No. 209—(1907).	1 in 15	—	—	—	—	—	—	$\frac{35}{20} = 1.75$
	1 in 20	—	—	—	—	—	—	
	1 in 25	—	—	—	—	—	—	
	1 in 30	+	—	—	—	—	—	
	1 in 35	+	+	—	—	—	—	
Comparison for the above three Powders—Dilutions of Stan- dard Phenol Solution, made to simulate a completely ex- tracted hypothetical 15 % Carbolic Powder.	1 in 10	—	—	—	—	—	—	
	1 in 15	—	—	—	—	—	—	
	1 in 20	+	—	—	—	—	—	
	1 in 25	+	+	+	+	+	—	
	1 in 30	+	+	+	+	+	+	
Jeyes' Powder (another sample).	1 in 20	+	—	—	—	—	—	$\frac{30}{17} = 1.76$
	1 in 30	+	+	—	—	—	—	
Phenol comparison for above Powder—same method as above.	1 in 17	+	+	—	—	—	—	
	1 in 20	+	+	+	+	—	—	
	1 in 22	+	+	+	+	+	+	

Name of Powder, etc.	Dilutions	Times of Exposure of Culture to action of powder extract. Minutes.						Dilution fraction and " Powder co- efficient."
		2½	5	7½	10	12½	15	
Izal Powder No. 854, 1907.	1 in 25	+	-	-	-	-	-	$\frac{29}{17} = 1.76$
	1 in 27	+	+	-	-	-	-	
	1 in 30	+	+	+	+	+	-	
Taylor's Powder No. 858, 1907.	1 in 25	+	+	+	+	-	-	$\frac{27}{17} = 1.59$
	1 in 27	+	+	+	+	+	-	
	1 in 30	+	+	+	+	+	+	
Jeyes' Powder. No. 856.	1 in 25	+	+	+	+	+	-	$\frac{25}{17} = 1.47$
	1 in 30	+	+	+	+	+	+	
Phenol comparison for above three Powders.	1 in 17	+	+	+	+	+	-	
	1 in 20	+	+	+	+	+	+	
Crephol Powder No. 860, 1907.	1 in 20	+	+	+	+	+	-	$\frac{29}{17} = 1.17$
	1 in 25	+	+	+	+	+	+	
Phenol comparison.	1 in 17	+	+	+	+	+	-	
Heynes, Mathew Powder No. 861, 1907.	1 in 20	-	-	-	-	-	-	$\frac{25}{13} = 1.66$
	1 in 25	+	-	-	-	-	-	
	1 in 30	+	+	+	+	+	+	
Messrs. Steytler's Powder No. 166, 1907.	1 in 15	-	-	-	-	-	-	$\frac{29}{13} = 1.33$
	1 in 20	+	-	-	-	-	-	
	1 in 25	+	+	+	+	+	+	
Phenol comparison for above two Powders.	1 in 15	+	-	-	-	-	-	
	1 in 17	+	+	+	+	-	-	
Sanitas Powder. No. 863, 1907.	1 in 27	-	-	-	-	-	-	$\frac{22}{13} = 2.13$
	1 in 32	+	-	-	-	-	-	
	1 in 37	+	+	+	-	-	-	
Powder (no name) (Chief Railway Storekeeper)	1 in 20	+	+	+	+	+	-	$\frac{29}{17} = 1.17$
	1 in 25	+	+	+	+	+	+	
Phenol comparison for above two Powders.	1 in 15	+	-	-	-	-	-	
	1 in 17	+	+	+	+	+	-	

NOTE.—If it is wished to state the Carbolic Acid co-efficient of powders in the same terms as those of fluids, the results obtained by this method when multiplied by 0.15, give the relative strength of powders in terms of pure Carbolic Acid.

It will be seen from the foregoing tabular statement of results that, by operating in the manner indicated, it is easy to appreciate the relative value of powders as compared with the Standard Carbolic Powder; and, if further simplification is needed, one can explain at the end of a report that the powder in question is $1\frac{3}{4}$ or $1\frac{1}{2}$, etc., times as valuable as a 15 per cent. Carbolic Powder. In the table each set of samples, as examined simultaneously and on the same culture with a control, is enclosed between thick lines.

The following conditions should be observed in making powder tests by the method described:—

- (1) In making the first 10 per cent. extract at least 50 grammes of the powder should be operated on. (100 grammes is preferable.)
- (2) The temperature of the sterile distilled water employed should not be below 15°C . nor above 18°C . (Between these limits little, if any, difference is noticeable.)
- (3) The amount and manner of agitation, the time (24 hours) of extraction, etc., should be the same for every powder operated on. (It is convenient to shake violently and horizontally each 1,000 c.c. stoppered measure used every 15 minutes for 4 hours, and then to leave them all to subside.)
- (4) After the expiration of 24 hours some of the clear supernatant extract is drawn off with a sterile 50 c.c. pipette into a sterile bottle or flask. This is used to make the dilutions. (In the case of some powders, a layer of the finer particles of the base will remain obstinately on the surface of the fluid extract, and some of this floating layer will stick to the pipette. It is often necessary to wipe this quickly away with a sterile cotton wool plug.)

In the testing of all disinfectants we have found the following additional piece of apparatus very useful.

As each tube of broth in the rack is inoculated it is placed in its correct position in a specially-constructed square rack, on the following plan: A board of thin wood $8\frac{3}{4}$ " long by $7\frac{1}{2}$ " wide, has 30 holes for tubes, 5 rows *vertically* and 6 *horizontally*. On the left-hand side is cemented a strip of opal glass on which the five dilutions employed are written before the experiment, while under the six vertical rows are written the times in minutes, in permanent black figures. A space remains in the left hand bottom corner on the opal glass on which the name or mark of the disinfectant may be written. This perforated board is mounted, by four short columns at the corners on, a base-board of equal size, with counter-sunk depressions for the bottoms of the tube, corresponding with the holes above. The arrangement of the tubes in this rack corresponds exactly with the plus and minus signs in the tables, and the result of the test can be seen almost at a glance. One can, of course, also put three dilutions of a postulant and two of a phenol into the same rack, or vary the arrangement in any other way. In conclusion, we wish to take this opportunity of gratefully acknowledging the help so often and so courteously given us by Mr. Ainslie Walker and by Dr. Sommerville.

500	○	○	○	○	○	○
550	○	○	○	○	○	○
600	○	○	○	○	○	○
650	○	○	○	○	○	○
700	○	○	○	○	○	○
M ¹	2½	5	7½	10	12½	15

GEO. W. ROBERTSON.
WALTER D. SEVERN.

Public Health Laboratory,
Department of Public Health, Cape Town.
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