

Annual report of the Medical Officer of Health [to] the Corporation of the City of Capetown.

Contributors

Cape Town (South Africa). City Health Department.

Publication/Creation

[Capetown] : [Cape Times], [1936]

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The Corporation
OF
The City of Capetown



ANNUAL REPORT
OF THE
Medical Officer of Health,

For the year ended 30th June, 1936.

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THE CORPORATION OF THE CITY OF CAPE TOWN.

Report of the Medical Officer of Health

FOR THE YEAR ENDED 30TH JUNE, 1936.

TO HIS WORSHIP THE MAYOR AND
COUNCILLORS OF THE CITY OF CAPE TOWN.

GENTLEMEN,

I have the honour to present the annual report on the health and sanitary conditions of the City of Cape Town for the year 1935-36, together with an account of the work of the City Health Department during the year.

Vital Statistics.

The estimate of the population has been based on the provisional returns of the census of 4-5th May, 1936. The estimate of the previous year, which was based on earlier censuses, proved to be nearly correct for Europeans, and overstated by 4.35 per cent. for non-Europeans.

The birth rate showed an increase. As compared with the previous year, when the birth rate for both races was the lowest ever recorded for the City, the increase was 9.7 per cent. for Europeans and 2.8 per cent. for non-Europeans.

The non-European birth rate was 2.7 times as great as the European, and the natural increase (i.e. the excess of births over deaths) was three times as great in non-Europeans as in Europeans.

There was a decrease in the death rate as compared with the previous year, when the rate was higher than usual, amounting to 2.25 per cent. for Europeans and 1.5 for non-Europeans. In the infant mortality there was a decrease of 11 per cent. for Europeans and 0.3 per cent. for non-Europeans.

The non-European general death rate and infant mortality rate were 2.2 and 3.2 times as great as the corresponding European rates. The differences indicate the great amount of preventable mortality that takes place amongst non-Europeans. This is also shown by the fact that 58 per cent. of non-European deaths were of persons under 25 years of age, compared with 19 per cent. of European deaths.

Infectious Diseases.

The year 1935-36 was marked by a serious epidemic of whooping cough. This was already established in the last month of the previous year and came to an end in May, 1936, the duration of the epidemic being about twelve months. During the year under report 188 deaths from this cause were reported, mostly in non-European children under five years of age. The non-European death rate from whooping cough per 1,000 children living was 8 times as great as the European in children under one year of age, and 10 times in children between one and two years. The heaviest mortality was in the children of the population living on the Cape Flats.

Measles, which was epidemic in the previous year, was in a stage of quiescence, only three deaths from it being recorded.

Scarlet fever was very prevalent during the year under report. The prevalence began in the previous year in April, 1935, and continued until towards the end of 1936. The disease was of an extremely mild type, only 4 deaths being recorded during the year under report. Diphtheria was less prevalent than in the previous year.

The reduction in enteric fever that has taken place in recent years was well maintained. So also was the diminution in epidemic diarrhoea. The rate of diarrhoeal mortality amongst European children under one year of age was the lowest ever recorded, being only one-third of that obtaining twelve years ago. In non-European babies the diarrhoeal mortality, which is much heavier, shows a smaller, but nevertheless substantial, decline.

Tuberculosis.

There is no reduction in the mortality from tuberculosis, which presents one of the most important of our public health problems. The death rate from tuberculosis in the white population of Capetown is about twice as great as that of the Union as a whole, and now exceeds that of England and Wales. Until ten years ago the white tuberculosis death rate of Capetown was exceeded in a number of towns in Europe, which now, as the result of an improvement that has not been shared by Capetown, have lower death rates than Capetown. But this unsatisfactory condition as regards the white population is not the main tuberculosis problem in Capetown, for the tuberculosis mortality amongst our non-Europeans is more than five times as great as the European.

The factors accounting for this prevalence of the disease are to be found in the low social and economic conditions of the bulk of the coloured people and the poorest sections of the whites. Prominent amongst these are undernourishment and bad housing conditions, including overcrowding. Social reform is the most powerful remedy. Hospital and sanatorium facilities are also necessary, and adequate clinic and administrative arrangements for operating them. At present the City Council, with the assistance of the central authorities, is spending some £28,000 a year on the provision of such services, and this amount will be increased when the additional accommodation at the City Hospital, now in course of construction, and the new pavilions at Nelspoort sanatorium are completed. Even with these increases the provision will not be sufficient, and still further extensions are necessary.

Departmental Institutions.

The extension of the City Hospital for Infectious Diseases, both for infectious diseases generally and tuberculosis, has proceeded during the year under report and is not yet completed.

A new building for the venereal disease clinic at Salt River, which for many years had been carried on in rented premises, was completed and brought into use during the year under report.

The extent of the work at the various clinics is indicated by the fact that the new cases that attended the infant consultations and pre-natal, school, dental, tuberculosis and venereal disease clinics during the year numbered 21,441, and the total attendances at these medical sessions 166,433; as compared with 19,722 and 161,846 in the previous year. Adding to these the attendances at the venereal disease clinics for "intermediate treatments" and at the welfare centres for test feeds, remedial exercises, dinners and free milk the total attendances were 337,632, as compared with 314,470 in the previous year.

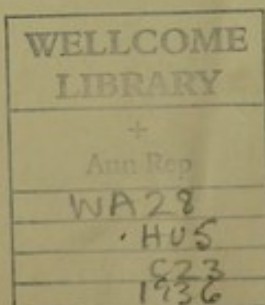
Housing.

Work under the Slums Act continued during the year, and a number of premises were reported under the Act. The Council proceeded with its policy of acquiring slum areas with a view to demolition and reconstruction, but no building operations have yet been begun.

The fundamental factor in the housing situation is the shortage of dwelling houses for the poorer classes, chiefly non-European, but including also a section of the white population. This leads to slum conditions as the result of sub-letting and overcrowding in the town itself, and the occupation of insanitary hovels on the Cape Flats.

In January, 1936, the Minister of Public Health called a meeting of local authorities in Capetown to consider housing policy, and the City Council then submitted an estimate that 8,000 new houses were required in Capetown for the housing of the working classes, exclusive of any that might be built to replace dwellings demolished under the Slums Act, and in addition to the need that would be created by the growth in population and other demolition or closure of existing dwellings or their conversion to commercial or other purposes.

During the year under report no dwelling houses were built by the City Council or the Citizens' Housing League Utility Company.



Acknowledgements.

I desire to acknowledge the assistance I have received from the members of the staff of the City Health Department and the support accorded me by the Chairmen and members of your Health and Building Regulations Committee and Slum Clearance Special Committee and other members of the Council.

I am, Gentlemen,

Your obedient servant,

T. SHADICK HIGGINS,

M.D., B.S., B.Sc., Lond.,

M.R.C.P., Lond., D.P.H., Cantab.,

Fellow of the Royal Sanitary Institute,

Professor of Public Health in the University of Capetown.

Medical Officer of Health.

City Health Department,
12, Keerom Street,
Capetown.
May, 1936.

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MUNICIPALITY OF THE CITY OF CAPETOWN.

LEADING STATISTICS, YEAR ENDED 30TH JUNE, 1936.

	European.	Non-European.	All races.	European.
Area : 48,648 Acres.				
Total population	150,634	142,546	293,180	—
Population (excluding the native locations of Langa and N'dabeni)	150,610	138,480	289,090	—
	<i>A</i>	<i>A</i>	<i>A</i>	<i>B</i>
Birth rate	18.09	48.18	32.50	18.37
Death rate	10.68	23.81	16.97	10.88
Infant mortality rate	45.1	145.7	116.5	44.8
Tuberculosis death rate	0.79	4.47	2.55	0.80
Enteric incidence rate	0.20	0.31	0.25	—
Enteric death rate	0.02	0.04	0.03	0.02

All the above rates are annual and expressed as per 1,000 population of each class, except the infant mortality rate, which is expressed as per 1,000 births occurring during the year. The figures for the native locations of Langa and N'dabeni are excluded from these rates.

A. Corrected for outward transfers.

B. Corrected for outward and inward transfers.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED 30TH JUNE, 1936.

For the purposes of this Report, the year consists of 53 weeks ended 3rd July, 1936.
All rates have been corrected to the basis of a year of 365 days.

SECTION I.—NATURAL AND SOCIAL CONDITIONS.

PHYSICAL GEOGRAPHY.

Capetown is situated at the northern end of the Cape Peninsula. The Peninsula lies off the west coast of the mainland of South Africa, extending from north to south a distance of about 33 miles and attaining a maximum width of about ten miles. Its average width east and west may be estimated at five miles. The northern half of its eastern side is connected with the mainland by a wide low-lying sandy isthmus, known as the Cape Flats, which separates Table Bay to the north-west from False Bay to the south-east. The narrowest part of the isthmus measures about twelve miles from sea to sea.

The backbone of the Peninsula is a mountain range which extends from Table Mountain (3,495 ft.) at its north end to Cape Point at the south. The land slopes from the mountains to the sea or, where the isthmus joins the Peninsula, to the Cape Flats. While much of the Peninsula area lies at heights of over 1,000 ft., most of the isthmus does not reach 100 ft., and a rise of sea level would convert the Peninsula into two islands nearly equal in area.

There are three principal formations functioning in the simple geological* structure of the Peninsula: viz., (1) the Table Mountain Sandstone Series, beneath which is found (2) the granite, intruding into (3) a series of dark-coloured fine-grained sediments called the Malmesbury Slate Series.

The Malmesbury Series is found at the northern end of the Peninsula and constitutes the mountain mass known as Signal Hill and Lion's Head (except the summits) and also Devil's Peak. It forms the foundation of Green and Sea Point, Capetown proper, Woodstock and Salt River, and Mowbray. In some places the beds of clay, resulting from the weathering of this rock, extend to a depth of several yards and are used extensively for brick-making.

The Table Mountain Series constitutes the higher part of Table Mountain, and almost the whole southern two-thirds of the Peninsula, where its lowest beds descend below sea level.

The granite forms the basement of nine-tenths of the Peninsula area. It constitutes the lower slopes of Table Mountain south of Sea Point on the western side and south of Rondebosch on the eastern side.

Resting on the lower slopes of the mountains is a talus apron consisting of a mixture of sand, clay and boulders.

From the bottom of the slope below the face of Table Mountain there extends down to Table Bay a bed of alluvial deposits, on which a good deal of old Capetown is built. At the shore of the Bay there is a considerable area of land that has been reclaimed from the sea by the deposit of town refuse.

The Cape Flats are covered with a layer of sand varying in depth and containing in places a few feet beneath the surface a layer of ferruginous rock sometimes called "Cape laterite" known locally as "ironstone gravel." The laterite consists of a limonitic matrix which encloses sand, clay and rock fragments. It varies in thickness from a few inches up to say ten feet and generally rests on a few feet of sandy clay, which in turn lies upon the underlying hard rock, which may be either granite or slate.

The greater part of the Municipality is built upon the Malmesbury slate or granite, the sandy Cape Flats, and alluvial deposits. On the coast of False Bay the town from Muizenberg to Kalk Bay is built on the Table Mountain sandstone or on the talus and sand dunes covering the sandstone slopes.

* The geological particulars in this section are taken from "Chapman's Peak" Guide Book of International Geological Congress, XV Session, South Africa, 1929, by Prof. Andrew Young, D.Sc.

The City of Capetown consists of a central portion, which before the City extension of 1913 constituted the whole Municipality and is sometimes known as Capetown proper or central Capetown (Wards 2-7), and a chain of suburbs on either hand. The central portion lies in the amphitheatre which, extending down to Table Bay towards the north-east, is backed on the other sides by the precipitous face of Table Mountain, which forms the northern end of the Table Mountain range, and on the outlying masses, Devil's Peak on the east and Lion's Head and Signal Hill on the west. It therefore lies between the mountain and the sea, and, unlike the centre of most cities, is not surrounded by its suburbs.

The suburbs extend beyond this amphitheatre on either hand. To the west, the marine suburbs, known as Green Point, Sea Point, Clifton, Camps Bay and Bakoven (Ward 1 and part of Ward 4) lie along the Atlantic sea board for a distance of about six miles curving with the coast in a southerly direction. They are on the seaward slopes of Signal Hill and Lion's Head.

To the east the "Southern Suburbs" (Wards 8-10 and 12-15) extend around Devil's Peak and are stretched for about sixteen miles along the road and suburban railway line which after rounding Devil's Peak pass along the eastern side of Table Mountain in a southerly direction to the shore of False Bay. Woodstock and Salt River (Wards 8 and 9), next to Capetown proper, slope down to Table Bay, and at the other end Muizenberg, St. James and Kalk Bay (Ward 14) lie on the False Bay coast. The string of suburbs between, known successively as Observatory, Mowbray, Rosebank, Rondebosch, Newlands, Claremont, Kenilworth, Wynberg, Plumstead, Diep River, Heathfield, Retreat and Lakeside, lie on the eastern slopes of the mountain range, and, to a greater extent, on the Cape Flats below them. The Municipality extends over the Flats to a varying depth up to $4\frac{1}{2}$ miles, and the parts on the Flats contain a number of scattered townships and estates, some of which are served by the Cape Flats railway, which forms a loop lying in a more easterly position than the suburban line.

There is an extension of the Municipality beyond Salt River in a north-easterly direction on the Flats bordering Table Bay. This, known as Ward 11, includes the suburbs of Maitland, Brooklyn, Rugby and Kensington.

CLIMATE.

Capetown is situated Lat. $33^{\circ} 56' S.$, Long. $18^{\circ} 30' E.$ Its climate is largely determined by the fact that during the summer season the prevailing winds are south-easterly and in the winter season north-westerly; and that the western shore of the Cape Peninsula is washed by a cold current from the Antarctic.

There is an average of nearly three thousand hours of bright sunshine per year, and the temperature is very equable. The rainy season is the winter, but occasional showers occur in the summer also.

The parts of the Municipality on the two seaboard are much frequented by holiday-makers from other parts of the country. To the attractions of the climate are added the great natural beauties of the Peninsula and its neighbourhood.

The meteorological readings for the year under review and for previous years will be found in Tables K to O on pages 131 to 135.

From the point of view of public health Capetown belongs definitely to the temperate zone, and the tropical diseases, except in imported cases, are entirely absent. The state of health and the mortality statistics of the European part of the population are much the same as in a healthy European town.

SOCIAL AND ECONOMIC CONDITIONS.

One-half of the Capetown population of nearly three hundred thousand consists of whites, or "Europeans." The other half is commonly designated as "Non-Europeans." Eight-ninths of these non-Europeans are of the mixed race known as Cape Coloured, having a big admixture of white blood.

The Cape Coloured are largely the descendants of the slaves of earlier days, whose emancipation was completed in 1835. Their ancestors of the eighteenth century and earlier were mainly Europeans, Hottentots, blacks from Mozambique, Madagascar and other parts of Africa, and East Indians from the Dutch East Indies. In more recent years they have received additions from European, Bantu and other stocks.

There is one section of the Cape Coloured, Moslem in religion, known as "Malays," who are more immediately descended from the Dutch East Indians. Though they possess a larger infusion of this strain they are much mixed with the other elements present in the Cape Coloured generally.

The remaining one-ninth of the non-European population consists of Bantu natives, and Indians, mostly Moslems, from British India. They are both comparatively newcomers. There is a tendency on the part of the Indians to inter-marry with the Malays.

The social and economic conditions of the Cape Coloured are on the whole unsatisfactory. The principle of compulsory education, which is applied to European children, does not extend to them; and although certain schooling facilities are available for them, in many cases of an inferior order, there is much illiteracy, and also a lack of discipline in certain classes of adolescents. With a very few exceptions they belong to the working class. A small proportion have skilled trades and receive satisfactory wages, but the majority belong to the unskilled labouring class. These receive very low wages, usually not more than 30s. a week when in full work, and often less. The City Council pays its labourers a minimum wage of £2 a week, but this is much above the local standard of wages. In the building trade a minimum wage of 8½d. an hour has been fixed for labourers. The wages of the head of the household are commonly eked out by the earnings of his wife and children.

The resulting poverty produces its inevitable result amongst the coloured people. A large section of them suffer from malnutrition and their housing conditions are very bad. Alcoholism is common and there is a high incidence of venereal disease amongst them. The effects on their health are shown by the contrast between the vital statistics of Europeans and non-Europeans.

An entirely different picture is presented by the European population as a whole, which in the main is a well-to-do community. A portion of them, however, have an ordinary working-class status, and there is a small section which has sunk to the same social and economic level as the coloured people. Nevertheless the white population presents decidedly favourable health statistics.

There are certain parts of the City where the inhabitants are mainly non-European, and other parts are exclusively occupied by Europeans and their coloured servants. Generally speaking, however, the various sections of the community are to a great extent intermingled, and there is nothing approaching segregation of the races.

The natives are partly housed in the Council's native locations, and partly live as ordinary non-European residents. The segregation prescribed by the Natives (Urban Areas) Act, 1923, is by no means completely enforced. A certain section of the natives are men from the native territories who still retain their link with the territories and commonly return there eventually. There are also a large number of detribalized natives who are permanently resident in Capetown and live here with their families. Their social and economic conditions are on the whole somewhat worse than those of the coloured people.

The Indians are comparatively small in number. Many of them are petty traders, and on the whole they are better off than the Cape Coloured. They have a low standard of living. A section of them is making good progress in business and becoming well-to-do.

Distress amongst Europeans and non-Europeans is dealt with by the Board of Aid (see page 11). There is no system of compulsory insurance against sickness and unemployment. Old age pensions are granted by the State to the aged poor.

In the annual report for the year 1930-31 quinquennial statistics for the five years ended that year are given. The general death rate in non-Europeans was 2.4 times as great as in Europeans, the infant mortality rate 2.7 times and the tuberculosis death rate 6.1 times. Similar differences appeared when the European populations of the different wards were compared. The four wards with the lowest European mortality rates in the quinquennium were Kalk Bay (14), Sea Point (1), Park (5) and Kloof (4); and the highest, Castle (7), Harbour (2), West Central (3) and Woodstock (8). The European general death rate in the latter was 1.7 times as great as in the former, the European infant mortality 1.8 times and the European tuberculosis death rate 3.0 times. The corresponding figures for the current year are contained in the present report (Table D on page 124. 58 per cent. of non-European deaths this year were of persons under 25 years of age; the corresponding figure for Europeans was 19 per cent.

HOUSING.

Fundamentally the housing conditions in Capetown are similar to those of western European towns. The bulk of the City consists of houses built of brick or stone, served by water-carriage sewerage and a good municipal water supply. The streets and back-lanes are well constructed. It is only in certain of the outlying estates on the Cape Flats that wood-and-iron houses are found and such services are not provided. But owing to poverty and the housing shortage there are a few thousand non-Europeans living in unauthorized insanitary shacks in the outskirts of the Municipality, often hidden in the bush. The practice of selling plots of land to poor people on the hire-purchase system encourages these conditions.

But though the bulk of the population lives in houses that are decently constructed and serviced, there is gross overcrowding in a proportion of these as a result of poverty and the shortage of houses.

The number of new dwelling houses built in the Municipality (abstracted from the City Engineer's returns) as compared with the growth of population is shown in the following table :—

Year.	Estimated increase in population.	Buildings for human habitation completed (dwellings).
1915	3,980	123
1916	4,110	103
1917	4,240	99
1918	4,380	69
1919	4,500	91
1920	4,680	139
1921	5,340	210
1922	4,950	308
1923	5,080	425
1924	5,220	561
1925	5,380	335
1926	5,320	444
1927	5,910	675
1928	6,060	846
1929	6,230	1,773
1930	6,400	1,320
1931	6,560	1,564
1932	6,730	1,102
1933	6,900	1,068
1934	7,080	1,711
1935	7,280	1,937
1936	6,550	1,320
TOTAL	122,880	16,223

Wynberg incorporated in Municipality in 1927.

It will be seen that there has been a striking acceleration in the building of dwelling houses since the Great War and the years immediately following, when such work had almost ceased.

Reference has frequently been made to the overcrowded and insanitary conditions under which much of the coloured population and certain of the poorest of the Europeans are living. Houses that afford reasonable accommodation for one family only are sublet to several families, and in many cases whole families are living in single rooms. In a survey (1931) of an area in central Capetown inhabited by a population of 45,855, of whom 91 per cent. were Europeans, more than one-half of the population were found to live in single-room lettings (see annual report for 1932): and in an area in Woodstock and Salt River (1933), inhabited by a population of 21,952, of whom 64 per cent. were non-Europeans, the proportion living in single-room lettings was about one-third. Reference may be made to the report on coloured housing in Capetown made by Mr. C. W. Cousins, Director of Census, based on the data obtained in the 1921 census (see Annual Report of the Medical Officer of Health for 1923-24). Sub-letting and overcrowding, the direct result of the housing shortage, are the main cause of slum conditions in Capetown.

The extensive building operations reflected in the table set out above, with the exception of the non-European housing operations of the City Council, have had very little effect in relieving the shortage of non-European houses. The houses built have been in the main for the better-off classes of the community. It is because private enterprise is not meeting the housing needs of the poor that the obligation to undertake housing schemes has fallen upon the City Council.

During the year ended 30th June, 1936, no houses were built by the Council or the Utility Company.

Reference is made elsewhere to the work done under the Slums Act, 1934. (See page 72.)

UNEMPLOYMENT.

Mr. R. Beattie, Divisional Inspector of Labour, has kindly supplied the following figures of the work of the Labour Department for the year under review, in respect of the whole Cape Peninsula, showing month by month the number of unemployed persons

applying to be put on the books, vacancies referred by employers to the Labour Department and vacancies filled :—

Month.	Applications.		Demands by employers.		Vacancies filled.	
	Eur.	Non-E.	Eur.	Non-E.	Eur.	Non-E.
1935 :						
July	873	1,052	167	129	167	126
August	747	941	253	71	222	66
September ..	748	941	199	176	164	168
October	693	682	143	76	123	66
November ..	610	524	154	50	154	50
December ..	459	411	85	84	85	66
1936 :						
January	809	714	164	95	164	95
February	764	645	125	66	125	66
March	837	677	204	98	204	98
April	833	597	139	81	139	81
May	746	622	94	52	94	52
June	740	637	168	160	168	160
TOTALS	8,859	8,443	1,895	1,138	1,809	1,094
TOTALS FOR 1934-1935	13,185	12,413	1,845	1,562	1,818	1,524
TOTALS FOR 1933-1934	16,317	13,294	2,091	1,580	2,072	1,552
TOTALS FOR 1932-1933	18,809	15,967	2,121	1,419	2,115	1,416
TOTALS FOR 1931-1932	14,160	11,939	1,640	758	1,638	749
TOTALS FOR 1930-1931	12,466	13,088	1,634	1,224	1,629	1,189

The reduction in the number of applications for employment reflects the satisfactory decline in unemployment that has followed improved trade conditions. There has been a continuous decline in this figure since 1932-33, when it was double that of the year under report.

POOR RELIEF.

Board of Aid.

Defective nutrition is one of the most important factors in the causation of tuberculosis and other forms of disease, and an adequate system of relief of distress is to be regarded as of prime importance in the prevention of disease.

Poor relief in the City of Capetown is administered by the Capetown General Board of Aid, instituted under the Poor Relief and Charitable Institutions Ordinances of 1919 and 1924. The Board consists of nine members, including the Mayor of Capetown, *ex officio*, and three members of the City Council ; together with co-opted members.

Its funds are provided by the Provincial Administration and the City Council, supplemented to a small extent by voluntary donations.

The Secretary of the Board has kindly supplied the following statistics for the calendar years 1935 and 1936 :—

	1935.			1936.		
	£			£		
Income from voluntary sources ..	122			85		
Subsidy from Provincial Administration	13,345			14,698		
Subsidy from City Council ..	13,345			14,698		
Expenditure on relief (exclusive of administration costs) ..	19,793			22,501		
	Keerom Street office.	Wynberg and Athlone office.	Woodstock and Maitland office.	Keerom Street office.	Wynberg and Athlone office.	Woodstock and Maitland office.
Applications for assistance ..	15,694	12,681	13,739	11,474	9,511	11,920
Reports by Board's visitors ..	4,141	2,207	3,641	3,675	2,306	3,734
Food orders issued ..	21,175	19,490	16,814	21,792	33,429	35,145
Daily number of cases dealt with ..	73	117	106	46	71	86

In 1932 the expenditure on relief amounted to £31,517, and there has since been a reduction corresponding to the improvement in trade conditions. The increased expenditure in 1936 represents not increased distress but a raising of the standard of relief. The increase in the number of food orders issued corresponds to a smaller unit food order.

The Board of Aid maintains shelters for families who are homeless through lack of means for paying rent. The shelter for Europeans, at the old Police Station buildings at 7/11, Wale Street, Capetown, accommodated about 100 persons, practically all in families with children; and the shelter for non-Europeans at the old Police Station, 40, Sir Lowry Road, Capetown, accommodated about 90 persons in families. There is, however, still a great need for accommodation for destitute persons, both sick and otherwise, that require dealing with on indoor lines. A limited amount of accommodation for the sick and aged is provided at the Capetown Infirmary under the Provincial Administration.

At the European shelter, 7/11, Wale Street, the Board of Aid maintains a day nursery for European children. The full capacity of the day nursery is 50 and it is usually quite full.

Provision of Food for Mothers and Children.

Free dinners are provided at the maternal and child welfare centres for nursing and expectant mothers and children under school age who are suffering from under-nourishment as the result of poverty. The dinners are given at nine centres on Mondays to Fridays inclusive. The recipients are selected on medical grounds from the attendants at the centres. The figures for the year under report are shown on page 64. The dinners given numbered 115,504 (nursing and expectant mothers 30,819 and children 84,685).

Dried milk for bottle-fed infants is issued at the welfare centres. The mothers are charged cost price if they can afford to pay; otherwise the dried milk is supplied at a reduced price or free. In the year ended 30th June, 1936, 1,920 new cases were supplied with dried milk and 42,342 lbs of dried milk were issued. The cost was £2,678 and the takings from mothers in respect of dried milk and medicines amounted to £807 11s. 10d. (see page 66). As a result of this provision no suckling infant in the Municipality need lack its normal diet on account of poverty.

Relief Works.

Owing to the decline in unemployment no relief works were instituted during the year under report.

Committed Children.

Government grants in respect of "committed children" are given at the discretion of the magistrate. These grants do not exceed £2 per month for European children and £1 for non-European. In the magisterial areas of Capetown, Wynberg, Simonstown and Bellville these grants (except for children committed to institutions generally) are distributed by the Capetown Society for the Protection of Child Life, and during the year ended 30th June, 1936, the money paid out by the Society amounted to £17,581 9s. 11d. Maintenance orders for 356 children were granted, 1,155 renewed, 37 cancelled and 41 refused, the total number of "committed children" under the care of the Society during the year being 1,743 (289 European and 1,454 non-European). The maintenance money is administered partly as mothers' pensions, for women whose husbands have died or become permanently incapacitated, so that the home can be kept together by the natural guardian of the children; and partly as grants for orphaned children who have no relatives in a position to maintain them.

Non-Support.

The Non-Support offices at the Magistrates' Courts operate in connection with children whose fathers are ordered by the court to make regular payments in support. The fathers are required to make their payments to these offices instead of to the mothers personally. During the year ended 30th June, 1936, £15,670 6s. 7d. was received from the fathers by the office of the Capetown Magistrate and an amount of £35 15s. 0d. was received by the Simonstown Magistrate in respect of the part of his magisterial area that falls within the Capetown Municipality. The Wynberg Magistrate in the year ended 31st December, 1936, received approximately £3,815 15s. 1d. in respect of the whole of his area, which is not entirely within the Capetown Municipality.

MEDICAL RELIEF (OUTDOOR).

The City Council provides medical attention in their own homes for indigent sick persons needing such service. The work is carried out by a full-time medical officer appointed in the City Health Department. The appointment is for a period of six months and is intended for junior practitioners who have completed house appointments in the general hospitals. Arrangements for the supply of medicines, etc., are made with the Capetown Free Dispensary and the Woodstock Hospital, and with local chemists. This work is carried out in co-operation with the District Nursing Organization.

The visits made by the medical officer during the year ended 30th June, 1936, were as follows:—

Ward 1	12	Ward 9	199
" 2	88	" 10	45
" 3	95	" 11	80
" 4	188	" 12	242
" 5	29	" 13	127
" 6	614	" 14	122
" 7	462	" 15	151
" 8	198		
		Total	2,652

In the previous year the number of visits was 3,336.

Under the City of Capetown Additional Poor Relief Ordinance, No. 5 of 1932, the Provincial Administration pays the Council part-refund of one-half of the cost of this service.

HOSPITALS, CONVALESCENT HOMES, DISPENSARIES AND DISTRICT NURSING.

Certain of the hospital facilities of the City are provided by the City Council, including the City Hospital for Infectious Diseases, the clinics for tuberculosis and venereal diseases, and the native hospital at Langa. Particulars in regard to these, and also the Council's maternal and child welfare centres, are embodied in this report. The Capetown Infirmary is maintained by the Provincial Administration. Otherwise the hospital services in the Cape Peninsula are administered by the Cape Hospital Board.

The Hospital Board serves the areas of the Capetown Municipality and of the Cape Divisional Council with the urban areas included therein. It is composed of twenty-two members, of whom six are appointed by the Administrator, three by the honorary medical staff, seven by the local authorities (including three Capetown City Council representatives) and six by the registered contributors. The Board obtains its funds from voluntary sources, contributions from the local authorities concerned, and the Provincial Government subsidy. In the year ended 31st December, 1935, the expenditure of the Board amounted to £147,779, of which £38,831 was contributed by local authorities, viz., £20,304 by the Cape Divisional Council, £18,360 by the City Council, £125 by the Simonstown Municipality, and £42 by the Durbanville Municipality. The contribution of the City Council included £750 towards the maintenance of an ambulance service for street accidents, etc. The patients treated by the hospitals and other services controlled by the Board are drawn from districts without as well as within the City of Capetown, and the extent of the work is indicated by the following tables, extracted from the annual report of the Board for the year 1935-36.

COMPARATIVE TABLE OF BEDS AVAILABLE AND IN-PATIENTS TREATED.

Institution.	Nominal roll of beds.	PATIENTS															
		Remaining in Hospital at 31st December, 1934.		Admitted during 1935.		Total under treatment.		Discharged during 1935.		Died during 1935.		Remaining in hospital at 31st December, 1935.		Total.	Percentages		
															Free.	Part-paying.	Paying not less than 7/6 per day.
		E.	C.	E.	C.	E.	C.	E.	C.	E.	C.	E.	C.				
Somerset Hos... Woodstock Hospital ..	308	139	138	3,020	2,844	3,159	2,982	2,823	2,622	186	215	150	145	6,141	76·91	10·70	12·39
Rondebosch and Mowbray Hos.	64	42	33	1,034	720	1,076	753	971	648	63	77	42	28	1,829	54·51	19·52	25·97
Wynberg (Vic- toria) Hospital	54	30	15	672	324	702	339	642	303	28	17	32	19	1,041	41·88	3·15	34·97
False Bay Hos- pital ..	105	39	61	984	1,121	1,023	1,182	939	999	49	120	35	63	2,205	62·86	13·60	23·54
Peninsula Mater- nity Hospital	28	7	14	328	333	335	347	303	319	16	17	16	11	682	63·20	15·86	20·97
Lady Michaelis Home ..	40	9	18	413	804	422	822	409	785	3	18	10	19	1,244	5·63	90·43	3·94
	35	17	8	40	44	57	52	43	35	..	..	14	17	109	48·62	51·38	..
Totals	634	283	287	6,491	6,190	6,774	6,477	6,130	5,711	345	464	299	302	13,251	61·10	21·46	17·44
Eaton Conva- lescent Home..	66	25	32	486	604	511	636	485	606	..	..	26	30	1,147	79·68	20·14	0·18
McGregor Conva- lescent Home..	28	33	..	458	..	491	..	453	..	..	..	38	..	491	58·86	41·14	..
Princess Alice Home ..	60	36	29	35	33	71	62	40	32	1	..	30	30	133	63·91	36·09	..
Totals	154	94	61	979	637	1,073	698	978	638	1	..	94	60	1,771	72·73	27·16	0·11

E. signifies European.

C. signifies Coloured.

TABLE OF DAILY UNITS, DAILY AVERAGE OF PATIENTS, AND DAILY AVERAGE COST OF PATIENTS COMPARED WITH 1934.

Institution.	Total number of daily units.				Daily average number of in-patients.		Average daily cost per in-patient.	
	In-patients.		Out-patients (attendances).		1935	1934	1935	1934
	1935	1934	1935	1934				
1. Somerset Hospital	110,731	109,746	55,148	53,947	303.37	300.67	s. d. 10 8.30	s. d. 10 6.92
2. Woodstock Hospital	25,959	24,473	17,837	18,929	71.12	67.05	8 1.93	8 10.11
3. Rondebosch & Mowbray Hos.	19,379	18,763	1,577	1,381	53.09	51.40	7 8.75	7 8.99
4. Wynberg (Victoria) Hospital	38,339	37,163	8,924	8,934	105.04	101.82	7 7.45	7 6.57
5. False Bay Hospital	10,360	9,909	2,792	2,647	28.38	27.15	7 10.60	7 6.72
6. Peninsula Maternity Hospital	11,888	10,318	12,344	9,249	32.57	28.27	11 1.65	11 6.73
7. Lady Michaelis Orthopaedic Home	13,428	10,814	..	..	36.79	29.63	4 4.76	6 0.94
8. Eaton Convalescent Home ..	21,268	19,722	..	..	58.27	54.03	3 3.08	3 4.14
9. McGregor Convalescent Home ..	11,412	10,457	..	..	31.26	28.65	3 7.09	3 8.13
10. Princess Alice Home of Recovery	21,807	22,274	..	..	59.74	61.02	3 8.76	3 4.37
11. Cape Town Free Dispensary ..	..	..	58,348	64,584	..	..	..	..
12. C.H.B. District Nursing Organization .. ..	..	..	98,689	104,343	..	..	..	..

The work of the District Nursing Organization is of great importance in the local health scheme. On the 31st December, 1935, there were 29 district nurses and a superintendent engaged in it. Twenty-one of the district nurses work in the area of the Capetown Municipality.

St. Monica's Maternity Home.

This institution, at 182, Bree Street, Capetown, under the auspices of the Diocesan Board of Missions of the English Church, provides maternity services, chiefly for non-Europeans, both intern and extern, and maintains a midwifery training school for non-Europeans.

During the year 1936, 493 cases were attended, 311 as in-patients and 182 on the district.

Fourteen new pupil-midwives entered for training during 1936.

A pre-maternity ward is maintained for patients needing observation and treatment. Cases of this nature are referred from the municipal pre-natal clinics, the City Council making a grant of £250 per annum for this service.

Pre-natal clinics and an infant welfare clinic are held for the patients of the institution.

The funds are obtained chiefly from the Provincial Administration, the City Council, the Union Health Department, and the Community Chest.

Duinendal Tuberculosis Settlement.

The Care Committee for Tuberculosis Patients maintains a settlement for European male cases at Duinendal farm on the Cape Flats, made available through the generosity of Captain W. D. Hare. The patients received are chiefly those who have received treatment at Nelspoort Sanatorium or the City Hospital and whose home conditions are not favourable for ultimate recovery. Occasionally patients are admitted who are awaiting admission to sanatorium. Some degree of vocational training is undertaken. Most of the cases are from the City of Capetown, and the work is carried out in close co-operation with the City Health Department (see page 43). The funds are derived mainly from the City Council, the Provincial Administration, the Cape Divisional Council and the Community Chest.

The cases dealt with have been as follows :—

					Year ended 31st March, 1936.	Year ended 31st March, 1937.
In residence at end of year	..	..	..	..	11	12
Admitted during year	..	..	..	..	19	15
Discharged during year	..	..	..	..	19	14

Sunshine Home for Children.

The Association for the Prevention of Consumption maintains at Lincoln Street, Bellville, a holiday home for 24 European children in a depressed state of health, especially tuberculosis contacts. The object is to build them up and strengthen them so as to withstand the danger of developing tuberculosis. Most of the cases are from the City of Capetown, and the work is carried out in close co-operation with the City Health Department. The funds are derived mainly from the Christmas Stamp Fund, the Provincial Administration, the Union Health Department and the City Council, and from street collections.

During the year ended 30th June, 1936, 50 children were admitted. The average period of residence was 162 days, the longest stay during the year being 293 days and the shortest 38 days.

Maitland Cottage Homes.

The Invalid Children's Aid committee of the Capetown Society for the Protection of Child Life maintains a home for non-European orthopaedic cases, chiefly tuberculous in nature. Three pairs of semi-detached cottages are used for this purpose, and the accommodation has been increased to 50. Government grants under the Children's Protection Act are available for a number of the inmates, but not all, and the funds are supplemented by voluntary contributions. Most of the cases belong to Capetown.

The cases dealt with during the calendar year 1936 were as follows:—

In residence at beginning of year	38
Admitted	27
Discharged	14
Died	1
In residence at end of year	50

The Invalid Children's Aid also deal with orthopaedic cases by interview, correspondence and home visitations. Cases which do not need to be seen frequently by the orthopaedic surgeon, but still require special treatment, are placed at St. Joseph's Home, Phillipi, where they remain under the auspices of the Society, who pay a grant to the Home. At the end of the year there were 19 such cases.

Chronic Sick Hospital.

At the Capetown Infirmary, which is maintained by the Provincial Administration for sick and infirm poor persons in the Cape Province, there is accommodation for 513 beds. On the 30th June, 1936, the number of patients in the hospital was 437 (European males 157, non-European males 131; European females 57, non-European females 92). These cases are, to a great extent, chronic in nature. In the year ended 30th June, 1936, the number of new cases admitted from Capetown was 134, and from other parts of the Cape Province 51.

OTHER NON-MUNICIPAL HEALTH SERVICES.

The School Medical Service is maintained by the Provincial Administration. There are four medical inspectors of schools and eight nurses to serve the Cape Province. No treatment is undertaken by the school medical service. On page 68 reference is made to the school clinic held at certain of the Council's maternity and child welfare centres.

The health administration of the Port of Capetown is controlled by the Union Health Department.

The administration of the Food, Drugs and Disinfectants Act is shared by the Union Health Department and the City Council (see page 76).

DRAINAGE, SEWERAGE AND SCAVENGING.

STORMWATER DRAINAGE.

A great part of the Municipality, being built on the slopes at the foot of the mountain, is well placed for drainage. This applies to Capetown proper and the suburbs. But on parts of the Flats the natural drainage is bad and in the wet season the ground water level over a considerable area is very near the surface. In some portions there is standing water during much of the winter.

The town is sewered on the "separate" system, stormwater being taken by separate channels to the nearest natural outfall, whether the sea or the Liesbeek and Black Rivers and their tributaries, which drain the "southern suburbs" north of Kenilworth and flow into Table Bay as the Salt River. South of Kenilworth the streams discharge into a series of vleis.

SEWERAGE.

Except a few outlying areas the whole of the built-up part of the Municipality is provided with water-borne sewerage.

The sewage from the area of the old municipalities of Capetown and Green and Sea Point (Wards 1-7) is discharged into the sea near Green Point Lighthouse by means of a submerged steel outfall at a depth of 55 feet below sea level approximately 2,000 feet from the shore.

The sewage from Wards 8-13 (Woodstock, Salt River, Maitland, Mowbray, Rondebosch and Claremont) is treated at the disposal works and sewage farm at Athlone, from which the effluent passes into the Black River.

From the Wynberg area (Ward 15) the sewage is treated by broad irrigation near Zeekoe Vlei.

The sewage from the Kalk Bay—Muizenberg area (Ward 14) is discharged on the sand dunes on the False Bay shore about two miles from Muizenberg.

In the Camps Bay area the sewage passes into treatment tanks from which the effluent is discharged to the sea by a short submerged outfall.

Since the end of the year under report the Clifton sewerage scheme, in which the sewage will be pumped into the Capetown—Sea Point system, has been brought into operation in successive stages.

Sewerage extensions are urgently needed in several parts of the Municipality, including Athlone, Lansdowne, Plumstead—Diep River, Kensington and Lakeside. The Medical Officer of Health submitted a report in August, 1934, indicating that the areas needing sewerage comprised 4,344 dwelling houses, shops and other occupied buildings (Ward 12, 1,790; Ward 13, 962; Ward 15, 779; Ward 11, 490; and Ward 14, 323).

PAIL CLOSETS.

The City Engineer's Department undertakes the weekly collection of sterco in the outlying unsewered areas. In parts of the Cape Flats this work is carried out with great difficulty owing to the lack of roads. The men and wagons have to plough through heavy sand and bush, and, in winter, through water, to reach isolated places for the purposes of collecting. In these circumstances oxen are employed for transport and the work is carried out in the day time. Elsewhere it is done by mules at night. A charge of 7s. 6d. is made for the first installation of a pail but no charge for removals and renewals.

The sterco collected in the various districts is buried in trenches on municipal land at Vyge Kraal, the old sewerage farm at Wynberg Flats and the Raapkraal Farm, Retreat, and passed into the sewers at depositing depôts at Maitland, Kenilworth and Clifton.

The number of premises from which sterco was being removed at 30th June, 1936, is shown by the following figures:—

Clifton	122
Camps Bay	19
Woodstock and Salt River	10
Maitland and Brooklyn	244
Kensington	452
Added areas, Mowbray to Claremont	2,873
Claremont	37
Wynberg	1,066
Muizenberg and Retreat	409
	<hr/>
	5,232

At Plumstead, Diep River, Clovelly and Kalk Bay, the O'Brien dry earth closet is in use, the service, including removals, being undertaken by a private firm as contractors to the Corporation. Householders are required to provide the closet, and the removals are paid for by the Corporation. Ordinary pail closets are not allowed in these districts. There are 267 premises provided with this service.

Slop-water removal services are undertaken by the Corporation at Clifton, Plumstead, Diep River, Lakeside and Kalk Bay.

HOUSE REFUSE REMOVALS.

The removal of house refuse is carried out by the Cleansing Branch of the City Engineer's Department as follows:—

In Capetown proper, every weekday, and on Sundays also in certain congested parts.

In Green and Sea Point, every weekday between the Main Road and the sea; and above the Main Road four times a week, but hotels and boarding houses every weekday.

Woodstock and Salt River, from Capetown to Station Road, Observatory, four times a week.

The southern suburbs from Mowbray to Retreat and the Maitland ward, three times a week.

Muizenberg—Kalk Bay, four times a week, but hotels and boarding houses every weekday.

Clifton and Camps Bay, three times a week.

Added areas on the Cape Flats, twice a week.

During the year 1936, the quantity of refuse removed averaged 5,119 cubic yards per week.

The house refuse is disposed of by controlled tipping.

SECTION II.—VITAL STATISTICS.

Unless the contrary is stated, all statistics in this section are exclusive of the added districts of Langa and N'dabeni, which contain the native locations and have a selected native population. Births and deaths are allocated to the date of registration.

The births and deaths statistics are stated variously as:—

- (1) "Crude" or "uncorrected"; including all births and deaths registered during the year as having occurred in Capetown.
- (2) "Corrected for outward transfers"; which is the foregoing (1) after the deduction of deaths in Capetown of persons who were not Capetown residents and births in Capetown to mothers who were not Capetown residents.
- (3) "Corrected for outward and inward transfers"; which is the foregoing (2) after the addition of deaths of Capetown residents in parts of the Union outside of Capetown and births in parts of the Union outside of Capetown to mothers who were Capetown residents.

Information as to outward transfers is available from the local returns for both Europeans and non-Europeans; but in regard to inward transfers the information is supplied by the Director of Census and Statistics, Pretoria, and is available in respect of Europeans only.

POPULATION.

The provisional returns of the census taken for the night of 4-5th May, 1936, are as follows:—

Race.	Males.	Females.	Persons.
European	72,683	78,953	151,636
Natives—Bantu	9,191	3,830	13,021
Indians and other Asiatics	2,474	1,199	3,673
All other Coloured Persons	59,535	67,847	127,382
Total non-Europeans	71,200	72,876	144,076
All Races	143,883	151,829	295,712

The population of Langa native township is included in the above figures, viz., Natives 4,038 (males 2,706, females 1,332), Indians nil, Coloured 18 (males 7, females 11) and Europeans 21 (males 9, females 12).

The following populations are also included:

The recently added areas on Table Mountain, viz., Europeans 6 (males 5, females 1), Natives and Indians nil, Coloured 23 (male 16, female 7).

Shipping, viz., Europeans 655 (males 571, females 84), Natives 1 (male), Indians 100 (male) and Coloured 5 (male).

Railway passengers, viz., Europeans 302 (males 227, females 75), Natives 53 (males 47, females 6), Indians nil, Coloured 61 (males 52, females 9).

The estimated population at the middle of the year under report (31st December, 1935) for the Municipality, exclusive of the areas of Langa and N'dabeni, is calculated from the provisional figures for the 1936 census, together with the census figures for 1931

as regards Europeans and the census figures for 1926 as regards non-Europeans. It is as follows :—

Race.	Males.	Females.	Persons.
European	72,192	78,418	150,610
Non-European	67,734	70,746	138,480
All Races	139,926	149,164	289,090

The rates for the year 1935-36 in this report are based on the above figures, and the births and deaths at the native locations of Langa and N'dabeni are excluded.

The figures for previous years given in this report have not been corrected in the light of the provisional census figures. The correction will be made when the final figures for the census are available. It is of interest to note what discrepancy appears in the estimate of the population for the year 1934-35, which was based on the 1926 and 1931 census as regards Europeans and the 1921 and 1926 census as regards non-Europeans. This estimate (exclusive of Langa and N'dabeni) was 147,700 for Europeans and 141,560 for non-Europeans; as compared with a new estimate, based on the provisional figures for the new census, of 147,640 for Europeans and 135,410 for non-Europeans. Thus the previous estimate was nearly correct for Europeans, but overstated by 4.35 per cent. as regards non-Europeans. The total was overestimated by 2.15 per cent.

The estimated populations in the various wards of the City for 31st December, 1935, exclusive of the harbour and shipping, and of Langa and N'dabeni, are as follows :—

Wards.		European.	Non-European.	All Races.
No.	Name.			
1	Sea Point	18,628	2,979	21,607
2	Harbour	4,039	4,100	8,139
3	West Central	1,063	4,363	5,426
4	Kloof	10,045	6,705	16,750
5	Park	11,609	1,920	13,529
6	East Central	7,300	20,161	27,461
7	Castle	1,421	14,574	15,995
8	Woodstock	12,112	9,154	21,266
9	Salt River	14,252	7,379	21,631
10	Mowbray	13,725	2,795	16,520
11	*Maitland	9,402	10,161	19,563
12	†Rondebosch	10,528	19,935	30,463
13	Claremont	14,242	13,667	27,909
14	Kalk Bay	6,139	5,261	11,400
15	Wynberg	15,095	15,491	30,586
	City	149,600	138,645	288,245

* Exclusive of N'dabeni. † Exclusive of Langa.

The population of the areas of Langa and N'dabeni (including the native locations) for the year 1935-36, based on the average of an enumeration made at the end of each month, was as follows :—

Area.	European.	Coloured.	Native.	Total.
Langa	17	—	3,911	3,928
N'dabeni	7	—	155	162
Total	24	—	4,066	4,090

The N'dabeni location, which had been in the course of evacuation for several years, was finally emptied and closed down on 31st December, 1935.

The estimated population of the whole Municipality, including Langa and N'dabeni, for 31st December, 1935, is as follows :—

European.	Non-European.	All Races.
150,634	142,546	293,180

AREA.

The area of the extended Municipality, on 30th June, 1936, amounted to 48,648 acres (76.0 square miles) and the length of the main road passing through the Municipality from the boundary at Bakoven to that at Kalk Bay is about 25 miles.

BIRTHS.

In the following table are shown the births and birth rates for the Municipality of Capetown for the year 1935-36 :—

	Births.		Natural increase.	
	Number.	Rate per 1,000 population.	Number.	Rate per 1,000 population.
Europeans (uncorrected)	3,081	20·13	1,194	7·80
„ (corrected for outward transfers)	2,769	18·09	1,134	7·41
„ (corrected for outward and inward transfers) ..	2,812	18·37	1,147	7·49
Non-Europeans (uncorrected) ..	6,906	49·06	3,302	23·46
„ (corrected for outward transfers) ..	6,782	48·18	3,430	24·37
All Races (uncorrected)	9,987	33·99	4,496	15·30
„ „ (corrected for outward transfers)	9,551	32·50	4,564	15·53

It will be seen that the non-European birth rate (corrected for outward transfers) was 2·7 times as great as the European.

In Table C, on page 123, the annual birth rate and rate of natural increase for twenty-three years are set out in years and quinquennia.

As compared with the previous year (corrected in accordance with the provisional census figures) the European birth rate showed an increase of 9·7 per cent. and the non-European an increase of 2·8 per cent.

The natural increase of the non-European population (i.e. the excess of births over deaths) was three times as great as that of the European population; expressed as per 1,000 population it was 3·3 times as great.

In Table B, on page 122, the births will be found tabulated on the same basis for wards, and also the still-births by race and legitimacy.

The number of male births per 100 females births (corrected for outward transfers) was 101·4 amongst European and 102·0 amongst non-Europeans.

The percentage of illegitimate to total births (corrected for outward transfers) was 5·4 amongst Europeans and 22·0 amongst non-Europeans. The corresponding figures for former years will be found in Table C, on page 123.

The number of still-births registered as having taken place in Capetown during the year was 521, of which 107 were European, 413 non-European, and one of unknown race. Corrected for outward transfers the number was 484 (93 European and 390 non-European).

2,345 births (1,310 European and 1,035 non-European) and 171 still-births (60 European and 111 non-European) took place in maternity homes and other institutions within the Municipality. Corrected for outward transfers the births in institutions were 1,964 live births (1,036 European and 928 non-European), and 134 still-births (46 European and 88 non-European). This is equivalent to a percentage of 20·6 of all live births (corrected for outward transfers), the percentage being 37·4 amongst Europeans and 13·7 amongst non-Europeans. The corresponding figures for the previous year were 19·4, 36·2 and 12·9.

Births in the Langa and N'dabeni locations are not included in the foregoing figures. Particulars regarding these will be found in Table J, on page 130.

For the purpose of comparison statistical particulars as to births in the Union of South Africa, in other towns, and in England and Wales, are set out in Table E, on page 125.

DEATHS.

In the following table are shown the deaths and death rates for the Municipality of Capetown for the year 1935-36.

	No. of Deaths.	Death rate per 1,000 population.
Europeans (uncorrected)	1,887	12·33
„ (corrected for outward transfers) ..	1,635	10·68
„ (corrected for outward and inward transfers)	1,665	10·88
Non-Europeans (uncorrected)	3,604	25·60
„ (corrected for outward transfers) ..	3,352	23·81
All Races (uncorrected)	5,491	18·69
„ „ (corrected for outward transfers) ..	4,987	16·97

It will be seen that the non-European death rate (corrected for outward transfers) was 2.2 times as great as the European.

In Table C, on page, 123, the annual death rate for twenty-three years is set out in years and in quinquennia.

As compared with the previous year (corrected in accordance with the provisional census figures) the European death rate showed a decrease of 2.25 per cent. and the non-European a decrease of 1.5 per cent.

In the next two tables figures are given for the number of deaths from various causes.

CITY OF CAPE TOWN : TOTAL DEATHS.

(Corrected for outward transfers in the case of non-Europeans and all races, and for outward and inward transfers in the case of Europeans).

	1935-1936.			1934-1935.		
	European.	Non-European.	All Races.	European.	Non-European.	All Races.
Enteric fever	3	6	9	6	9	15
Typhus fever	—	—	—	—	—	—
Small-pox	—	—	—	—	—	—
Measles	3	—	3	6	80	86
Scarlet fever	3	1	4	1	—	1
Whooping cough	10	178	188	5	19	24
Diphtheria	10	17	27	9	19	28
Influenza	36	32	68	30	27	57
Plague	—	—	—	—	—	—
Poliomyelitis	—	—	—	1	3	4
Encephalitis lethargica	2	4	6	2	1	3
Cerebrospinal fever	1	10	11	3	15	18
Tuberculosis, respiratory system	103	543	646	112	529	651
Tuberculous meningitis	12	52	64	10	49	59
Other tuberculous diseases	8	34	42	4	41	45
Leprosy	—	—	—	—	1	1
Syphilis	11	101	112	12	103	115
General paralysis of the insane, tabes dorsalis	7	24	31	4	21	25
Malaria	2	—	2	2	—	2
Other infectious and parasitic diseases	34	35	69	17	33	50
Cancer, malignant disease	214	111	325	186	97	283
Diabetes	56	16	72	47	18	65
Other general diseases	40	93	133	27	56	83
Cerebral haemorrhage, embolism and thrombosis	14	12	26	26	12	38
Other diseases of the nervous system and sense organs	32	70	102	34	60	94
Heart disease	280	237	517	298	229	527
Aneurysm	12	5	17	7	7	14
Arterio-sclerosis	192	125	317	163	123	286
Other circulatory diseases	8	2	10	6	5	11
Bronchitis	19	193	212	29	278	307
Pneumonia (all forms)	94	453	547	114	482	596
Miners' phthisis (silicosis) without tuberculosis	1	1	2	1	—	1
Miners' phthisis (silicosis) with tuberculosis	1	—	1	—	—	—
Other respiratory diseases	15	52	67	19	76	95
Peptic ulcer	8	11	19	15	6	21
Diarrhoea, etc. (under 2 years)	27	328	355	27	354	381
Appendicitis	4	8	12	11	8	19
Cirrhosis of liver	11	4	15	12	3	15
Other diseases of liver, etc.	10	4	14	10	5	15
Other digestive diseases	45	52	97	40	54	94
Acute and chronic nephritis	84	109	193	96	98	194
Other genito-urinary diseases (non-venereal)	31	19	50	22	24	46
Puerperal sepsis	5	12	17	4	12	16
Other diseases of pregnancy and puerperal state	6	17	23	5	18	23
Congenital malformations and diseases of early infancy	67	218	285	68	197	265
Senility	26	19	45	26	31	57
Suicide	16	4	20	12	5	17
Other violence	56	100	156	74	82	156
Other defined causes	41	26	67	28	37	65
Causes ill-defined, or unknown	5	14	19	8	13	21
Total	1,665	3,352	5,017	1,639	3,350	4,989

CERTAIN LEADING CAUSES OF DEATH FOR THE YEAR UNDER REVIEW AND FOR PREVIOUS YEARS CORRECTED FOR OUTWARD TRANSFERS (Excluding Wynberg).

Diseases.	Race.	NUMBER OF DEATHS.														Death rates per 1,000 population.	
		1925. 1926	1926. 1927.	1927. 1928	1928. 1929.	1929. 1930.	1930. 1931.	1931. 1932.	1932. 1933.	1933. 1934	1934. 1935.	Average for 10 years.	1935. 1936.	Mean for 10 years.	1935. † 1936.		
Enteric fever ..	Eur. Non-E.	8 18	15 27	9 23	13 23	8 16	8 21	10 22	3 4	2 7	3 8	7.9 16.9	3 5	0.06 0.16	0.02 0.04		
Smallpox ..	Eur. Non-E.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Chicken-pox ..	Eur. Non-E.	- 1	- -	- -	- -	- 1	- 1	- -	- -	- 1	- -	- 0.4	- -	- 0.00	- -		
Measles ..	Eur. Non-E.	- 6	9 38	2 11	9 6	1 12	- 17	8 35	- -	3 22	6 5	3.8 15.2	3 -	0.03 0.14	0.02 -		
Scarlet fever ..	Eur. Non-E.	- 1	- -	3 -	- 1	1 1	1 -	- -	- -	- -	1 -	0.6 0.3	3 1	0.00 0.00	0.02 0.01		
Whooping cough ..	Eur. Non-E.	5 20	7 19	19 67	11 22	6 15	8 50	8 42	7 25	- 16	5 19	7.6 29.5	8 164	0.06 0.28	0.06 1.23		
Diphtheria ..	Eur. Non-E.	8 11	12 16	10 10	12 14	14 11	8 10	4 11	8 5	6 10	8 18	9.0 11.6	9 14	0.07 0.11	0.07 0.10		
Influenza ..	Eur. Non-E.	13 22	13 18	17 44	18 31	30 24	7 25	25 40	9 17	8 9	25 25	16.5 25.5	29 29	0.14 0.24	0.21 0.22		
Erysipelas ..	Eur. Non-E.	- -	- -	3 5	4 5	4 3	2 2	3 2	1 3	1 -	4 2	2.2 2.2	2 2	0.02 0.02	0.01 0.01		
Acute anterior poliomyelitis.	Eur. Non-E.	- -	1 -	2 1	1 -	3 1	- 2	- -	1 2	- -	1 3	0.9 0.9	- -	0.01 0.01	- -		
Encephalitis Lethargica.	Eur. Non-E.	6 7	4 5	3 2	3 3	3 -	- 3	5 -	- 1	- -	2 1	2.6 2.2	1 4	0.02 0.02	0.01 0.03		
Meningococcal meningitis.	Eur. Non-E.	5 19	6 29	13 79	14 57	7 25	3 14	3 19	4 14	3 16	2 13	6.0 28.5	- 9	0.05 0.27	- 0.07		
Syphilis ..	Eur. Non-E.	7 61	4 67	7 77	10 76	7 89	11 82	8 120	7 81	8 84	9 89	7.8 82.6	8 88	0.06 0.77	0.06 0.66		

† Estimate of population based on previous censuses and not revised in accordance with the census of 1936.

CERTAIN LEADING CAUSES OF DEATH FOR THE YEAR UNDER REVIEW AND FOR PREVIOUS YEARS CORRECTED FOR OUTWARD TRANSFERS
(EXCLUDING WYMBERG)—continued.

Diseases.	Race.	NUMBER OF DEATHS.												Death rates per 1,000 population.	
		1925. 1926.	1926. 1927.	1927. 1928.	1928. 1929.	1929. 1930.	1930. 1931.	1931. 1932.	1932. 1933.	1933. 1934.	1934. 1935.	Average for 10 years.	1935. 1936.	Mean for 10 years.	1935. 1936. †
Tuberculosis— pulmonary	Eur. Non-E.	57 313	83 399	83 383	65 389	69 433	74 448	77 516	98 512	104 532	100 471	81.0 439.6	92 499	0.66 4.10	0.67 3.74
Tuberculosis— other forms	Eur. Non-E.	13 54	14 50	17 70	13 78	13 98	14 72	19 20	19 82	10 82	14 76	14.6 68.2	19 76	0.12 0.64	0.12 0.57
Cancer, malignant disease.	Eur. Non-E.	112 65	114 62	119 62	130 72	135 76	162 74	150 94	157 83	169 93	165 87	141.3 76.8	187 100	1.16 0.72	1.36 0.75
Rheumatic fever ..	Eur. Non-E.	5 13	7 18	11 15	7 17	6 17	8 12	12 31	7 17	8 19	9 27	8.0 18.6	6 34	0.07 0.17	0.04 0.25
* Cerebral hæmorrhage, embolism & apoplexy	Eur. Non-E.	40 41	35 38	37 33	49 20	31 29	43 37	79 47	114 94	67 64	22 9	51.7 44.2	11 12	0.42 0.38	0.08 0.09
* Arterio-sclerosis ..	Eur. Non-E.	62 22	54 26	66 27	67 49	72 33	53 31	55 36	47 18	79 46	150 110	70.5 39.8	163 113	0.58 0.37	1.19 0.85
Heart disease ..	Eur. Non-E.	180 205	146 202	208 203	218 201	214 209	227 211	179 183	192 162	197 191	259 203	202.0 197.0	239 212	1.65 1.84	1.74 1.59
Bronchitis, pneumonia and pleurisy ..	Eur. Non-E.	97 494	128 760	129 743	119 549	90 515	83 500	129 564	81 490	80 485	130 737	106.6 583.7	109 585	0.87 5.45	0.79 4.38
Diarrhoea and enteritis	Eur. Non-E.	84 429	68 446	54 372	53 360	59 362	61 314	59 410	39 245	39 397	38 328	55.4 366.3	29 297	0.45 3.42	0.21 2.23
Nephritis and Bright's disease	Eur. Non-E.	43 57	61 78	66 72	68 70	62 98	59 67	58 79	48 54	55 67	67 75	58.7 71.7	77 100	0.48 0.67	0.56 0.75
Puerperal fever ..	Eur. Non-E.	- 13	4 7	4 9	5 6	2 8	4 8	1 8	2 6	2 5	4 9	2.8 7.9	4 11	0.02 0.07	0.03 0.08
Congenital debility and malformations, inclu- ding premature birth	Eur. Non-E.	40 159	46 170	44 140	46 170	61 187	54 189	57 176	36 180	33 156	44 156	46.1 168.3	45 162	0.38 1.57	0.33 1.21
External causes ..	Eur. Non-E.	47 54	78 74	66 59	49 87	65 87	79 86	76 63	69 64	56 69	75 83	66.0 72.6	67 92	0.54 0.68	0.49 0.69

* There has been some variation in the allocation of deaths as between these two causes.

† Estimate of population based on previous censuses and not revised in accordance with the census of 1936.

The causes of death which accounted for most decline in mortality in 1935-36 as compared with the previous ten years were diarrhoeal diseases (both races) and bronchitis and pneumonia (especially in non-Europeans): while the causes responsible for most increase in 1935-36 were whooping cough (in non-Europeans), and diseases of the heart and arteries (including cerebral apoplexy) and cancer (in Europeans).

In Table A, pages 104 to 121, the deaths for the year will be found fully classified for causes, race, sex, age and ward.

In Table D, on page 124, will be found the death rates for the year for the several wards of the Municipality.

In Table E, on page 125, the death rates for the Union of South Africa, in certain other towns, and in England and Wales, are set out for purposes of comparison.

Deaths in the Langa and N'dabeni native locations are not included in the foregoing figures. Particulars regarding these will be found in Table J, on page 130.

DEATHS IN INSTITUTIONS.

The following table shows the number of deaths which took place in institutions in Capetown, and also of the Capetown European deaths which occurred in institutions in other parts of the Union of South Africa:—

Institution.	Sex.	Total Deaths.		Deaths belonging to Capetown.		Deaths not belonging to Capetown. (outward transfers).	
		Euro- pean.	Non- Euro- pean.	Euro- pean.	Non- Euro- pean.	Euro- pean.	Non- Euro- pean.
Somerset Hospital	Male	154	145	108	105	46	40
	Female	51	60	43	43	8	17
City Hospital	Male	38	140	30	118	8	22
	Female	39	124	29	97	10	27
Valkenberg Mental Hospital .. .	Male	46	55	33	35	13	20
	Female	40	35	28	19	12	16
Wynberg (Victoria) Hospital .. .	Male	34	66	28	49	6	17
	Female	19	55	14	44	5	11
Woodstock Hospital	Male	45	53	36	40	9	13
	Female	26	29	21	23	5	6
Capetown Infirmary	Male	42	37	34	32	8	5
	Female	22	27	18	20	4	7
Peninsula Maternity Hospital .. .	Male	10	17	8	17	2	—
	Female	8	29	5	22	3	7
Mowbray and Rondebosch Hospital	Male	19	10	12	7	7	3
	Female	15	8	10	6	5	2
Monastery Nursing Home	Male	33	—	28	—	7	—
	Female	16	—	15	—	1	—
Volkshospitaal	Male	29	—	16	—	13	—
	Female	18	—	12	—	6	—
Hof Street Nursing Home	Male	12	—	9	—	3	—
	Female	12	—	7	—	5	—
Diakones Hospital	Male	9	—	7	—	2	—
	Female	10	—	7	—	3	—
St. Monica's Nursing Home	Male	—	10	—	6	—	4
	Female	—	9	—	7	—	2
Monte Rosa Nursing Home	Male	10	—	6	—	4	—
	Female	7	—	4	—	3	—
Capetown Gaol	Male	—	12	—	5	—	7
	Female	—	3	—	2	—	1
Alexandra Institution	Male	6	—	5	—	1	—
	Female	8	—	8	—	—	—
Booth Memorial Home	Male	4	—	4	—	—	—
	Female	6	—	3	—	3	—
Lady Buxton Home	Male	6	—	4	—	2	—
	Female	3	—	2	—	1	—
Tamboers Kloof Nursing Home .. .	Male	6	—	3	—	3	—
	Female	1	—	—	—	1	—
King's House Nursing Home	Male	1	—	1	—	—	—
	Female	6	—	5	—	1	—
Cape Jewish Aged Home	Male	5	—	5	—	—	—
	Female	—	—	—	—	—	—
Longroyd Nursing Home	Male	2	—	2	—	—	—
	Female	3	—	3	—	—	—
Salubritas Nursing Home	Male	2	—	2	—	—	—
	Female	3	—	3	—	—	—
Trafalgar Nursing Home	Male	2	—	2	—	—	—
	Female	3	—	2	—	1	—
Camp Ground Nursing Home .. .	Male	1	—	—	—	1	—
	Female	3	—	3	—	—	—

Institution.	Sex.	Total Deaths.		Deaths belonging to Capetown.		Deaths not belonging to Capetown. (outward transfers).	
		Euro-pean.	Non-Euro-pean.	Euro-pean.	Non-Euro-pean.	Euro-pean.	Non-Euro-pean.
Wheatfield Nursing Home	Male	3	—	1	—	2	—
	Female	1	—	1	—	—	—
Central Nursing Home	Male	1	—	1	—	—	—
	Female	3	—	3	—	—	—
Dunmore Nursing Home	Male	2	—	2	—	—	—
	Female	2	—	2	—	—	—
Dorcas Homes	Male	—	—	—	—	—	—
	Female	4	—	4	—	—	—
Gardens Nursing Home	Male	2	—	1	—	1	—
	Female	1	—	—	—	1	—
Onslow Nursing Home	Male	—	—	—	—	—	—
	Female	3	—	3	—	—	—
Princess Christian Home	Male	—	—	—	—	—	—
	Female	3	—	3	—	—	—
Ladies' Christian Home	Male	—	—	—	—	—	—
	Female	3	—	3	—	3	—
Nazareth House	Male	1	—	1	—	—	—
	Female	2	—	2	—	—	—
Wynberg Military Hospital	Male	1	2	1	1	—	1
	Female	—	—	—	—	—	—
"Vrede Oord"	Male	—	1	—	1	—	—
	Female	—	1	—	1	—	—
Kliniek Voorwaarts	Male	1	—	—	—	1	—
	Female	1	—	—	—	1	—
Biblis Nursing Home	Male	—	—	—	—	—	—
	Female	1	—	—	—	1	—
Raunock Nursing Home	Male	—	—	—	—	—	—
	Female	1	—	—	—	1	—
Inverurie Nursing Home	Male	—	—	—	—	—	—
	Female	1	—	1	—	—	—
St. Aidan's Nursing Home	Male	—	—	—	—	—	—
	Female	1	—	1	—	—	—
Princess Alice Home	Male	—	—	—	—	—	—
	Female	1	—	1	—	—	—
Old Men's Home	Male	1	—	1	—	—	—
	Female	—	—	—	—	—	—
Magdalena Huis	Male	1	—	—	—	1	—
	Female	—	—	—	—	—	—
Sister Nannie's Home	Male	—	—	—	—	—	—
	Female	—	1	—	1	—	—
Maitland Cottage Home	Male	—	1	—	1	—	—
	Female	—	—	—	—	—	—
Eaton Convalescent Home	Male	—	1	—	—	—	1
	Female	—	—	—	—	—	—
Totals	Male	529	550	389	417	140	133
	Female	347	381	266	285	81	96
Institutions in other parts of the Union of South Africa.							
General Hospitals	Male			5			
	Female			5			
Nursing Homes	Male			1			
	Female			3			
Mental Hospitals	Male			3			
	Female			2			
Totals	Male			9			
	Female			10			

Of the total Capetown deaths (uncorrected) 32·9 per cent. took place in institutions, the percentage of European deaths being 46·4 and of non-European deaths 25·8. Of the deaths in Capetown institutions 450 (221 Europeans and 229 non-Europeans) did not belong to Capetown, and when corrected for outward transfers the percentages are 27·2, 40·1 and 21·0 respectively. In the previous year the corresponding figures were 25·2, 39·4 and 18·5. After including the deaths of Capetown European residents who died outside the Municipality the percentage of deaths of Capetown Europeans which took place in institutions (corrected for outward and inward transfers) becomes 40·5.

Excluded from the above figures regarding deaths in institutions are deaths which occurred in the hospitals in Langa and N'dabeni native locations. The particulars regarding these will be found in Table J, on page 130.

SEASONAL VARIATION.

In the following table deaths are arranged according to the month of registration and classified as to race and sex.

Month.	No. of Weeks.	European. B.			European. A.			Non-European. A.		
		M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
July ..	5	97	70	167	95	68	163	208	173	381
August ..	4	69	62	131	68	62	130	133	121	254
September ..	4	81	67	148	81	65	146	136	156	292
October ..	5	90	69	159	90	69	159	160	140	300
November ..	4	61	60	121	61	57	118	110	133	243
December ..	5	72	61	133	70	60	130	180	150	330
January ..	4	48	55	103	47	51	98	126	130	256
February ..	4	74	50	124	71	49	120	139	128	267
March ..	5	77	76	153	76	74	150	132	127	259
April ..	4	71	47	118	71	46	117	124	106	230
May ..	4	81	59	140	80	59	139	147	121	268
June ..	5	93	75	168	91	74	165	124	148	272
Year ..	53	914	751	1,665	901	734	1,635	1,719	1,633	3,352

A. Corrected for outward transfers.

B. Corrected for outward and inward transfers.

The following table shows the mortality from certain leading causes of death in each month of the year (European deaths corrected for outward and inward transfers; non-European corrected for outward transfers only).

Diseases.	Race.	July (5 Weeks).												Year (53 Weeks).
		July (5 Weeks).	August (4 Weeks).	September (4 Weeks).	October (5 Weeks).	November (4 Weeks).	December (5 Weeks).	January (4 Weeks).	February (4 Weeks).	March (5 Weeks).	April (4 Weeks).	May (4 Weeks).	June (5 Weeks).	
Enteric fever ..	Eur.	—	—	—	1	—	1	—	—	—	—	1	—	3
	Non-E.	—	—	—	—	1	2	—	1	—	—	—	2	6
Smallpox ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken-pox ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	Eur.	—	—	—	1	1	—	—	—	1	—	—	—	3
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever ..	Eur.	1	—	—	1	—	—	—	1	—	—	—	—	3
	Non-E.	—	—	—	—	—	—	—	1	—	—	—	—	1
Whooping cough ..	Eur.	1	1	—	1	1	2	—	2	1	—	—	1	10
	Non-E.	15	13	25	28	16	24	22	16	5	5	6	3	178
Diphtheria ..	Eur.	1	—	2	—	—	1	2	1	2	—	—	1	10
	Non-E.	1	3	5	3	1	—	—	—	—	1	—	3	17
Influenza ..	Eur.	7	3	7	6	2	2	—	1	1	1	1	5	36
	Non-E.	8	10	5	3	1	—	1	1	—	1	2	—	32
Erysipelas ..	Eur.	—	—	—	—	—	—	1	—	—	—	—	—	2
	Non-E.	—	1	—	1	—	—	—	—	—	—	—	—	2
Syphilis ..	Eur.	1	—	1	1	2	3	—	—	—	—	2	1	11
	Non-E.	15	14	5	4	6	10	5	8	8	9	9	8	101
Tuberculosis, respiratory system ..	Eur.	11	10	6	17	4	9	5	5	9	10	10	7	103
	Non-E.	50	37	43	56	51	53	35	47	51	32	45	43	543
Tuberculosis, other forms ..	Eur.	—	4	2	1	2	1	4	—	2	1	1	2	20
	Non-E.	5	3	9	14	5	7	7	11	6	10	3	6	86
Cancer, malignant disease ..	Eur.	17	20	15	15	18	17	14	15	24	19	15	25	214
	Non-E.	14	13	3	4	9	15	8	7	14	5	9	10	111
Rheumatic fever ..	Eur.	—	—	2	—	1	1	1	1	—	—	—	1	7
	Non-E.	3	2	4	8	5	2	2	4	3	1	1	1	36
Cerebral haemorrhage, embolism and apoplexy ..	Eur.	2	1	—	2	—	2	—	1	3	—	2	1	14
	Non-E.	3	—	2	1	2	—	—	—	1	—	—	1	12
Arterio-sclerosis ..	Eur.	27	15	17	9	20	16	19	17	10	13	12	17	192
	Non-E.	15	8	12	14	12	11	7	9	5	10	7	15	125
Heart disease ..	Eur.	35	19	29	29	15	26	10	18	29	12	31	27	280
	Non-E.	27	16	24	21	12	19	11	21	8	10	33	35	237
Bronchitis, pneumonia and pleurisy ..	Eur.	16	10	13	13	4	5	7	10	7	11	5	15	116
	Non-E.	103	55	76	60	45	42	51	46	42	51	48	47	666
Diarrhoea and enteritis ..	Eur.	4	—	—	—	3	4	5	4	6	6	2	2	36
	Non-E.	19	15	14	11	18	61	30	30	42	33	30	26	351
Nephritis and Bright's disease ..	Eur.	7	3	6	7	9	7	6	9	8	4	9	9	84
	Non-E.	15	15	8	6	7	12	10	5	10	5	9	7	109
Puerperal fever ..	Eur.	1	—	1	1	—	—	—	—	—	—	2	—	5
	Non-E.	2	1	1	3	—	1	1	2	1	—	—	—	12
Congenital debility and malformations, including premature birth ..	Eur.	4	4	5	9	4	6	4	3	2	2	4	4	51
	Non-E.	24	9	10	20	15	22	11	14	7	14	13	18	177
External causes ..	Eur.	6	5	4	5	3	8	1	12	8	5	8	7	72
	Non-E.	7	7	11	8	7	6	3	13	13	11	8	10	104

Reference to Tables K to O, on pages 131 to 135 will enable the monthly mortality figures to be compared with meteorological conditions.

SEX.

The deaths during the year under review are classified in the following table according to sex; the corresponding rates are also shown:—

	Race.	Uncorrected.		Corrected for Outward Transfers.		Corrected for Outward and Inward Transfers.	
		Males.	Females.	Males.	Females.	Males.	Females.
Deaths ..	European ..	1,056	831	901	734	914	751
	Non-European	1,865	1,739	1,719	1,633		
	All Races ..	2,921	2,570	2,620	2,367		
Death Rates per 1,000 population concerned.	European ..	14.39	10.43	12.28	9.21	12.46	9.42
	Non-European	27.09	24.18	24.97	22.71		
	All Races ..	20.54	17.91	18.42	16.50		

It will be seen from the above figures that in Europeans the death-rate (corrected for outward and inward transfers) amongst males was 32.3 per cent. greater than amongst females; and in non-Europeans the death rate (corrected for outward transfers) amongst males was 10.0 per cent. greater than amongst females.

AGE OF DEATH.

The number of deaths at various ages are summarised in the following table:—

	No. of Deaths.			Percentage of all Deaths.		
	Male.	Female.	Total.	Male.	Female.	Total.
<i>A. Europeans:</i>						
Under 1 year	81	45	126	8.86	5.99	7.57
Over 1 and under 5 years ..	21	41	62	2.30	5.46	3.72
" 5 " 25 " ..	62	65	127	6.78	8.65	7.63
" 25 " 65 " ..	414	272	686	45.30	36.22	41.20
" 65 years	336	328	664	36.76	43.68	39.88
Total European deaths ..	914	751	1,665	100.00	100.00	100.00
<i>B. Non-Europeans:</i>						
Under 1 year	525	463	988	30.54	28.35	29.48
Over 1 and under 5 years ..	272	298	570	15.82	18.25	17.01
" 5 " 25 " ..	173	220	393	10.07	13.47	11.72
" 25 " 65 " ..	575	480	1,055	33.45	29.40	31.47
" 65 years	173	171	344	10.06	10.47	10.26
Age unknown	1	1	2	0.06	0.06	0.06
Total Non-European Deaths	1,719	1,633	3,352	100.00	100.00	100.00

A. Corrected for outward and inward transfers.

B. Corrected for outward transfers.

From the above figures it will be seen that for the year under review the deaths under 5 years of age constitute 11·3 per cent. of all deaths in the case of Europeans, as compared with 46·5 per cent. of all deaths in the case of non-Europeans; and that the deaths under 25 years of age constitute 18·9 per cent. of all deaths in the case of Europeans, as compared with 58·2 per cent. of all deaths in the case of non-Europeans.

INFANT MORTALITY.

In the following table are shown the deaths of infants under one year of age for the Municipality of Capetown in the year 1935-36 and the rates of infant mortality :—

	No. of Deaths under one year of age.	Deaths under one year of age per 1,000 births.
Europeans (uncorrected)	149	48·4
„ (corrected for outward transfers) ..	125	45·1
„ (corrected for outward and inward transfers)	126	44·8
Non-Europeans (uncorrected)	1,018	147·4
„ (corrected for outward transfers) ..	988	145·7
All Races (uncorrected)	1,167	116·9
„ „ (corrected for outward transfers) ..	1,113	116·5

It will be seen that the non-European infant mortality rate (corrected for outward transfers) was 3·2 times as great as the European.

Table C, on page 123, the annual infant mortality rate for twenty-three years is set out in years and quinquennia.

The European infant mortality rate for the year under review was less than that of the previous year by 11 per cent. and the non-European by 0·3 per cent. The rates for the year were less than those of the preceding quinquennium by 16 per cent. and 2 per cent. respectively.

Amongst non-European infants there was, as compared with the previous year, an increase in mortality from whooping cough, and a decrease from measles and bronchitis. From measles there were no deaths in infants of either race under one year of age, the disease being in a phase of quiescence. Whooping cough, on the other hand, was extremely prevalent.

A new table has been constructed, and is given on the next page, which shows for each year since unification of the City (and for quinquennia) the infant mortality rates from various causes. It shows that two causes, viz., diarrhoea and enteritis, and bronchitis and pneumonia, account for about half of the infant mortality (more in non-Europeans and less in Europeans); and that both of these have declined, to a remarkable extent in Europeans but substantially also in non-Europeans.

The developmental diseases (congenital malformations and debility, premature birth, and “other diseases peculiar to infancy”) are the other greatest cause of death; and the rates for these have also shown a substantial decrease in both races. These diseases with the diarrhoeal and respiratory diseases account for more than three-quarters of the total infant deaths.

The decrease in the mortality rate from developmental diseases may be influenced by change in methods of diagnosis, and this probably is the case in regard to the rates in the column headed “miscellaneous diseases (remainder),” which show a very great decline. For example there are nowadays fewer infant deaths certified as due to “convulsions” and to “simple meningitis.” An improvement in diagnosis may also account for the increases shown in the rates of mortality from tuberculosis and syphilis.

The great bulk of the mortality from the “common infectious diseases,” (shown in the first column) is caused by measles and whooping cough. The sharply epidemic character of these diseases accounts for the great annual variation in this column.

A similar table is also given on the next page, for deaths of infants aged from one to two years, over the years for which the figures are available.

The causes of infant mortality for the year will be found in Table A on pages 104 to 121, classified for race, sex and place of residence. On page 29, they are classified according to the age at death.

MORTALITY RATES PER 1,000 BIRTHS.

DEATHS OF INFANTS UNDER ONE YEAR OF AGE.

Death classification number (See Table A.)	006-011.		030-040.		042.		402-406.		456.		700-751 & 753.					
Cause of death.	Common infectious diseases.		Tuberculous diseases.		Syphilis.		Bronchitis and pneumonia.		Diarrhoea and enteritis.		Developmental diseases.		Miscellaneous diseases (remainder).		Total mortality (all causes).	
Year.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1914-1915 ..	5.9	12.6	1.7	3.4	0.4	5.9	11.3	48.5	31.0	63.6	33.1	58.5	17.2	32.1	100.4	224.4
1915-1916 ..	0.9	0.8	1.8	1.9	0.4	7.6	9.7	43.8	29.4	57.6	24.6	51.4	12.7	26.2	79.1	189.3
1916-1917 ..	5.4	12.1	4.5	2.5	1.7	8.2	14.0	56.6	23.1	57.5	35.5	53.0	12.0	36.9	96.2	226.7
1917-1918 ..	2.4	5.0	1.2	1.9	1.6	12.1	5.7	50.4	27.7	53.2	26.0	48.0	14.7	30.6	79.1	200.9
1918-1919 ..	2.3	4.0	0.9	2.8	1.8	7.0	19.9	77.3	35.3	59.6	28.6	49.2	25.8	98.1	114.6	297.8
1919-1920 ..	2.8	3.6	0.8	2.2	0.4	7.7	13.9	52.5	25.9	47.9	21.9	41.0	15.9	29.0	81.5	183.8
1920-1921 ..	2.8	6.1	0.4	2.1	0.8	11.9	15.4	61.0	35.6	76.9	32.9	48.0	18.2	32.4	101.5	231.7
1921-1922 ..	—	1.2	1.2	0.9	1.6	9.4	10.8	53.3	22.4	44.6	22.4	40.6	10.8	26.5	69.5	173.3
1922-1923 ..	2.1	4.4	0.4	3.3	0.8	5.6	15.0	66.2	21.7	54.1	28.4	35.8	13.4	30.7	80.4	196.4
1923-1924 ..	7.0	13.9	0.4	2.9	0.4	9.7	8.6	57.7	25.0	50.7	20.1	39.9	11.1	18.0	72.4	187.3
1924-1925 ..	1.7	1.3	2.1	1.0	0.4	8.3	4.2	44.4	27.1	62.7	25.4	41.3	11.0	18.7	71.9	173.9
1925-1926 ..	1.3	2.2	0.4	4.0	1.7	10.7	9.0	46.5	23.6	58.9	18.9	40.5	10.3	20.9	65.2	175.5
1926-1927 ..	4.3	6.3	0.9	4.1	0.9	10.4	11.5	59.8	19.2	58.1	22.6	39.0	8.1	16.5	67.4	186.6
1927-1928 ..	5.0	6.4	1.4	3.6	1.1	10.7	14.4	62.5	9.3	52.1	21.2	34.2	7.9	21.3	60.3	190.6
1928-1929 ..	2.1	3.9	0.7	5.2	2.5	12.5	11.0	38.4	15.3	44.2	20.3	36.7	9.3	17.8	61.2	158.6
1929-1930 ..	1.7	1.2	0.7	5.9	1.0	14.5	8.2	39.7	14.7	42.4	22.8	40.0	11.6	16.4	60.7	160.0
1930-1931 ..	3.1	4.2	1.7	2.9	3.1	11.2	9.2	39.4	15.2	39.2	23.7	38.4	9.2	20.5	65.0	155.8
1931-1932 ..	2.1	4.4	0.7	6.0	1.4	15.7	12.9	44.2	17.8	45.9	24.1	35.2	8.0	16.5	67.1	167.7
1932-1933 ..	4.0	2.3	2.4	4.5	0.8	10.2	5.6	43.4	11.1	32.8	16.7	35.6	8.3	14.7	48.8	143.8
1933-1934 ..	—	3.6	0.8	4.5	0.8	9.3	3.9	31.4	9.4	43.8	16.0	30.2	3.9	10.4	34.8	133.3
1934-1935 ..	2.1	4.9	0.4	4.1	0.8	9.6	8.2	47.6	9.0	38.2	21.7	28.5	8.6	13.3	50.8	146.2
1935-1936 ..	1.8	11.8	1.1	3.1	0.4	8.6	5.8	40.4	6.9	38.2	21.0	28.9	8.3	14.7	45.1	145.7
Quinquennium																
*1916-1917 to																
1920-1921 ..	3.3	6.6	1.7	2.2	1.1	9.9	12.3	55.1	28.1	58.7	29.0	47.2	15.2	32.1	90.8	211.7
1921-1922 to																
1925-1926 ..	2.4	4.6	0.9	2.4	1.0	8.7	9.6	53.4	23.9	54.4	23.0	39.7	11.3	22.8	71.9	181.6
1926-1927 to																
1930-1931 ..	3.2	4.3	1.1	4.3	1.7	11.9	10.8	47.2	14.6	46.7	22.1	37.6	9.3	18.6	62.7	169.4
1931-1932 to																
1935-1936 ..	2.0	5.5	1.1	4.4	0.8	10.6	7.4	41.3	11.0	39.9	20.0	31.6	7.5	13.9	49.6	147.2

*Year of influenza epidemic 1918-1919 excluded (4 years only). City extended by incorporation of Wynberg 1927-1928.

MORTALITY RATES PER 1,000 BIRTHS. *

DEATHS OF INFANTS FROM 1-2 YEARS OF AGE.

Death classification number (See Table A.)	006-011.		030-040.		042.		402-406.		456.		700-751 & 753.					
Cause of death.	Common infectious diseases.		Tuberculous diseases.		Syphilis.		Bronchitis and pneumonia.		Diarrhoea and enteritis.		Developmental diseases.		Miscellaneous diseases (remainder).		Total mortality (all causes).	
Year.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1924-1925 ..	0.4	1.9	—	6.7	—	2.2	2.2	22.8	8.4	39.5	—	0.3	2.7	7.5	13.7	80.9
1925-1926 ..	0.5	3.8	0.5	6.5	—	0.5	3.7	31.4	5.0	32.7	0.9	0.5	3.2	5.3	13.7	80.7
1926-1927 ..	3.2	8.6	0.9	7.8	—	0.5	4.1	35.9	5.5	33.2	—	0.3	2.8	7.0	16.5	93.3
1927-1928 ..	2.3	8.3	1.8	7.0	—	1.0	5.0	36.0	7.3	23.0	—	0.5	0.8	3.2	9.8	20.1
1928-1929 ..	4.6	4.9	0.8	6.2	—	1.1	2.7	27.9	4.2	24.6	0.4	1.1	2.7	10.2	15.3	75.9
1929-1930 ..	3.0	3.8	1.5	8.0	—	0.8	3.4	25.8	4.2	23.4	0.8	0.4	3.4	8.0	16.3	70.2
1930-1931 ..	0.7	7.2	0.7	5.6	—	2.0	1.8	21.9	3.3	19.5	—	0.4	2.5	7.8	9.1	64.5
1931-1932 ..	2.2	6.8	0.4	8.9	—	2.5	3.3	26.6	2.2	26.0	—	—	2.5	8.9	10.5	79.7
1932-1933 ..	1.5	2.5	0.8	5.1	—	1.5	4.1	19.0	2.3	12.2	0.8	0.2	4.1	6.8	13.5	47.3
1933-1934 ..	2.1	3.0	1.7	8.9	—	2.8	2.5	25.3	4.2	25.9	—	0.8	2.9	6.8	13.3	73.5
1934-1935 ..	1.6	8.2	1.2	7.5	—	1.9	4.1	30.4	1.6	19.4	0.4	0.7	3.2	6.1	12.1	74.1
1935-1936 ..	3.0	10.4	0.4	7.2	—	1.7	4.8	22.2	2.6	12.8	—	0.2	2.2	7.8	12.9	62.2
Quinquennium																
1926-1927 to																
1930-1931 ..	2.8	6.4	1.1	6.9	—	1.1	3.3	28.9	4.8	24.3	0.3	0.6	2.9	8.6	15.2	76.7
1931-1932 to																
1935-1936 ..	2.1	6.2	0.9	7.5	—	2.1	3.7	24.8	2.5	19.2	0.2	0.4	3.0	7.3	12.4	67.4

* The rate for the year is calculated on the births (less the deaths under one year) in the previous year.
City extended by incorporation of Wynberg 1927-1928.

DEATHS OF INFANTS UNDER 1 YEAR OF AGE, CLASSIFIED AS TO RACE, AGE, AND CAUSE OF DEATH, CORRECTED FOR OUTWARD TRANSFERS.

Classification No.	DISEASE.	RACE.	AGE.												TOTAL Under one year												EUROPEAN. Total corrected for outward and inward transfers.				
			Under 1 day.	Under 2 days.	Under 3 days.	Under 4 days.	Under 5 days.	Under 6 days.	Under 7 days.	Total under 7 days.	Under 1 week.	Under 2 weeks.	Under 3 weeks.	Under 4 weeks.	Total under 4 weeks.	Over 4 weeks.	Under 1 month.	Under 2 months.	Under 3 months.	Under 4 months.	Under 5 months.	Under 6 months.	Under 7 months.	Under 8 months.	Under 9 months.	Under 10 months.	Under 11 months.	Under 12 months.	M	F	Persons
008	Measles ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
009	Scarlet fever ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
010	Whooping cough ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
011	Diphtheria	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
022	Erysipelas ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
031	Tuberculosis, meningial	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
032	Tuberculosis, abdominal	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
030,033 to 040	Tuberculosis, other forms.	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
042	Syphilis ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
157	Rickets ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
201	Simple meningitis ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
311	Convulsions ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
402 to 403A	Bronchitis ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
404 to 406	Pneumonia, all forms	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
456	Diarrhoea and enteritis	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
700 to 703	Congenital malformations	Eur. Non-E.	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
760	Congenital debility ..	Eur. Non-E.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
751	Premature birth ..	Eur. Non-E.	11	5	4	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
752	Injury at birth ..	Eur. Non-E.	2	4	4	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
753	Other diseases peculiar to early infancy	Eur. Non-E.	2	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Part 809	Suffocation (overlying)	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
893	Neglect — infants	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other causes ..	Eur. Non-E.	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	TOTALS ..	Eur. Non-E.	17	14	7	7	3	—	—	50	10	3	5	68	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Eur. Non-E.	49	35	24	17	12	3	11	151	38	28	16	233	62	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		All Races.	66	49	31	24	15	3	13	201	48	31	21	301	67	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Amongst European infants 40·0 per cent. of the deaths under one year occurred in the first week of life, and 54·4 per cent. in the first month. Amongst the non-European infants the percentages were 15·3 in the first week and 23·6 in the first month.

In the next table the infant deaths are arranged according to the month of registration. They are also classified for race and sex.

Month.	No. of weeks.	European. B.			European. A.			Non-European. A.		
		M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
July ..	5	6	2	8	6	2	8	61	42	103
August ..	4	2	6	8	2	6	8	35	37	72
September ..	4	8	6	14	8	6	14	35	32	67
October ..	5	9	4	13	9	4	13	44	39	83
November ..	4	9	1	10	9	1	10	39	35	74
December ..	5	8	6	14	8	6	14	67	51	118
January ..	4	3	5	8	3	5	8	42	48	90
February ..	4	9	3	12	8	3	11	40	39	79
March ..	5	5	3	8	5	3	8	41	37	78
April ..	4	7	1	8	7	1	8	42	34	76
May ..	4	5	3	8	5	3	8	46	34	80
June ..	5	10	5	15	10	5	15	33	35	68
Year ..	53	81	45	126	80	45	125	525	463	988

A. Corrected for outward transfers.

B. Corrected for outward and inward transfers.

In European infants the difference in mortality between the summer half of the year (October to March) and the winter half was slight, and there was no special increase at midsummer. In non-European infants there was more mortality during the summer half, and the mortality was greatest in December and January.

In the following table the quarterly figures (annual infant mortality rates corrected for outward transfers) are shown :—

Quarters.	European.	Non-European.
July, August and September, 1935 ..	41·7	139·1
October, November and December, 1935 ..	48·7	153·2
January, February and March, 1936 ..	41·0	150·0
April, May and June, 1936	49·1	140·0

The next table is designed to show the infant mortality for the year under report (corrected for outward transfers) amongst legitimate and illegitimate infants respectively :—

	European.	Non-European.	All Races.
Number of Legitimate Births	2,619	5,291	7,910
Number of Legitimate Deaths under one year of age	115	706	821
Infant Mortality (Legitimate) per 1,000 Births ..	43·9	133·4	103·8
Number of Illegitimate Births	150	1,491	1,641
Number of Illegitimate Deaths under one year of age	10	282	292
Infant Mortality (Illegitimate) per 1,000 Births ..	66·7	189·1	17·97

In Table D, on page 124, the infant mortality figures will be found classified for wards and race.

The native locations of Langa and N'dabeni are not included in the foregoing figures with regard to infant mortality. Particulars regarding the locations will be found in Table J, on page 130.

MATERNAL MORTALITY.

The following table shows the number of deaths of women which occurred in the year 1935-36 from causes connected with pregnancy and the puerperium, classified for causes and for race, and the corresponding mortality rates per 1,000 live births (corrected for outward transfers):—

	Deaths.			Maternal mortality rates per 1,000 live births.		
	Eur.	Non-E.	All Races.	Eur.	Non-E.	All Races.
Puerperal septicaemia ..	5	12	17	1.81	1.77	1.78
Abortion, ectopic gestation and other accidents of pregnancy	2	7	9	0.72	1.03	0.94
Puerperal albuminuria and convulsions.. .. .	1	3	4	0.36	0.44	0.42
Puerperal hæmorrhage and other accidents of labour ..	1	7	8	0.36	1.03	0.84
Other puerperal conditions ..	2	—	2	0.72	—	0.21
All causes, other than puerperal septicaemia	6	17	23	2.16	2.50	2.41
Total	11	29	40	3.97	4.27	4.19

In the following table the annual maternal mortality rates (per 1,000 live births) for the Municipality are shown for a series of years:—

	Puerperal Septicæmia.			Other Causes.			All Causes.		
	Eur.	Non-E.	All Races.	Eur.	Non-E.	All Races.	Eur.	Non-E.	All Races.
<i>A.</i>									
1914-15 to 1918-19 ..	0.59	1.30	1.02	2.13	3.55	2.98	2.72	4.85	4.00
1919-20 to 1923-24 ..	1.76	1.20	1.40	2.84	2.16	2.41	4.60	3.36	3.81
1924-25 to 1928-29 ..	1.08	2.10	1.76	1.66	3.62	2.99	2.74	5.72	4.73
1929-30 to 1933-34 ..	0.89	1.27	1.15	2.83	2.94	2.91	3.72	4.21	4.06
1934-35	1.64	1.42	1.48	2.05	2.53	2.39	3.69	3.95	3.88
1935-36	1.44	1.62	1.57	1.44	2.06	1.88	2.88	3.68	3.45
<i>B.</i>									
1927-28	1.44	1.79	1.67	1.08	3.22	2.51	2.51	5.01	4.18
1928-29	1.78	1.18	1.37	1.42	3.53	2.85	3.20	4.71	4.22
1929-30	0.68	1.52	1.24	2.73	3.04	2.94	3.41	4.56	4.18
1930-31	2.03	1.28	1.52	2.71	2.56	2.61	4.74	3.84	4.13
1931-32	0.35	1.57	1.19	4.20	2.82	3.25	4.55	4.39	4.44
1932-33	0.79	0.97	0.92	2.78	4.04	3.68	3.57	5.01	4.60
1933-34	0.78	1.05	0.98	2.73	3.16	3.04	3.51	4.21	4.02
1934-35	1.64	1.90	1.82	2.05	2.84	2.62	3.69	4.74	4.45
1935-36	1.81	1.77	1.78	2.16	2.50	2.41	3.97	4.27	4.19

A. Municipality exclusive of Ward 15 (Wynberg). *B.* Extended Municipality.

SECTION III.—INFECTIOUS AND OTHER DISEASES.

The number of notifications of compulsorily notifiable diseases that were received during the year under review was as follows :—

Disease.	Uncorrected.	Corrected.		Cases brought into Capetown municipal area for hospital treatment, corrected for errors of diagnosis (not included in the foregoing columns)		Cases in native locations of Langa and N'dabeni corrected for errors of diagnosis and by exclusion of imported cases (not included in foregoing columns).
		For errors of diagnosis.	For errors of diagnosis and by exclusion of imported cases.	From areas of outside authorities.	From ships in Capetown Harbour.	
Diphtheria	377	313	311	56	—	2
Scarlet fever	634	635	630	16	2	1
Enteric fever	115	80	73	28	1	4
Puerperal fever	104	96	96	18	—	1
Erysipelas	95	93	93	5	—	1
Cerebrospinal fever	73	11	10	3	—	—
Infective encephalitis	10	7	7	—	1	—
Acute poliomyelitis	7	4	4	—	—	—
Leprosy	1	1	1	—	—	1
Typhus fever	2	2	2	—	—	—
Anthrax	1	—	—	—	—	—
Ophthalmia neonatorum *	266	266	266	15	—	3
Trachoma	8	8	6	4	—	—
Lead poisoning	1	1	1	—	—	—
Influenzal pneumonia	121	120	120	1	—	2
Acute primary pneumonia	605	613	613	50	2	4
Tuberculosis, respiratory system	1,092	1,068	1,031	59	3	19
Tuberculosis, other forms	158	178	172	34	—	7
Totals	3,670	3,496	3,436	289	9	45

* Including cases of gonorrheal ophthalmia not in newly born.

No cases were reported of the following notifiable diseases : Asiatic cholera, smallpox, plague, glanders, Malta fever, rabies, human trypanosomiasis and yellow fever.

In Tables F, G and H, on pages 126, 127 and 128, the notified cases (corrected) are classified :—

Table F.—In months, according to the date of notification certificate, and by race and sex.

Table G.—In wards and by race and sex.

Table H.—In age-groups and by race and sex.

The number of cases notified during a series of past years is set out in Table I, on page 129, and corresponding information will be found in regard to deaths from these and certain other infectious diseases in the tables on pages 21 and 22.

Other statistical details as to deaths from infectious diseases are contained in Table A, on page 106, and in the table on page 25.

CITY INFECTIOUS DISEASES HOSPITALS.

The annual report of the Medical Superintendent of Hospitals will be found on pages 94 to 102.

The City Hospital for Infectious Diseases, Portwood Road, Capetown, contains accommodation for 300 patients.

A (daily) average of 38 beds were occupied during the year under report by cases from outside the municipal area, viz, 18 European (including 5 of tuberculosis) and 20 non-European (including 11 of tuberculosis).

In last year's annual report reference was made to the insufficiency of the hospital for tuberculosis and for infectious diseases generally, and to the extension scheme that had been adopted by the Council and approved by the Minister of Public Health, estimated to cost £100,000, of which the Government will contribute one-half. The extended hospital is to provide accommodation for 447 beds, notwithstanding a reduction of the number in some of the existing wards.

During the year under report the following items were put in hand :—

- (a) The extension of the new nurses' home to increase the number of bedrooms there from 32 to 106, and to provide dining-room, kitchen, etc., lounges, lecture room, etc.
- (b) A new two-storey isolation block, comprising 16 two-bed wards, each with its own bathroom and apartment containing w.c. and slop sink.
- (c) Alterations and extensions of the old discharge block to provide an adequate dispensary and drug store.

Item (c) was finished and the dispensary and drug store brought into use by the end of May, 1936, and the other items have been completed and further extensions put in hand since the end of the year.

At the Isolation Hospital, Rentzkie's Farm, there are 42 beds. Adjacent to the latter hospital is the Union Health Department's isolation hospital and quarantine station for use in connection with the Port Health Administration and for other purposes, which provides accommodation for 52 patients and 87 contacts in addition to an emergency hospital block for 24 patients. The whole of the accommodation at Rentzkie's Farm is administered by the City Health Department.

AMBULANCE AND DISINFECTING STATION.

This is situated in the grounds of the City Hospital, Portswood Road. There is garage accommodation, in which are housed (beside other departmental cars) two ambulances for the removal of cases of infectious disease, two vans for the transport of infectious and disinfected bedding, and one van for the distribution of supplies to the hospitals and clinics.

The disinfecting station comprises two Equifex steam disinfectors.

The ambulance and disinfecting service is staffed by two removal officers, three motor drivers and two labourers. This staff is also responsible for the disinfecting of houses and other premises for infectious diseases and other conditions. A mechanic, assisted by a labourer, is in charge of the disinfecting station, and supervises the machinery of the hospital laundry and the hospital sewage-chlorination plant. The disinfection of bedding, etc., for the City Hospital is also done at the disinfecting station.

There is another Equifex steam disinfecter at Rentzkie's Farm Hospital provided for the needs of that hospital but available in emergency for the purposes of the City health administration.

The work done during the year by the ambulance and disinfecting service is indicated by the following figures :—

Ambulance journeys (return).		Disinfections.				Articles destroyed.
To City Hospital.	To other hospitals or premises.	Premises.		Articles.		
		For tuber- culosis.	For other infectious diseases.	For tuber- culosis.	For other infectious diseases.	
1,479	261	900	1,327	4,086	10,461	491

The distance covered during the year by the vans and ambulances was 52,828 miles.

CLEANSING STATION.

A station is equipped for the cleansing of verminous persons at 116, Aspeling Street. It is a small three-roomed house fitted with two baths, steam disinfectant and drying closet. Cases of scabies are treated with sulphur baths or by hot baths and sulphur application. The work done during the year ended 30th June, 1936, is indicated in the following table :—

Persons.	First Attendances.				Total Attendances.			
	Scabies.	Body Lice.	Head Lice only.	Total.	Scabies.	Body Lice.	Head Lice only.	Total.
<i>Children under 16 years of age :</i>								
European boys	119	—	2	121	331	—	2	333
European girls	140	—	11	151	402	—	27	429
Non-European boys ..	404	—	7	411	1,110	—	12	1,122
Non-European girls ..	461	—	17	478	1,307	—	32	1,339
Total children	1,124	—	37	1,161	3,150	—	73	3,223
<i>Adults :</i>								
European males	47	2	—	49	131	4	—	135
European females	64	—	1	65	195	—	3	198
Non-European males ..	51	—	—	51	148	—	—	148
Non-European females ..	159	—	1	160	460	—	2	462
Total adults	321	2	2	325	934	4	5	943
<i>Total Persons :</i>								
European	370	2	14	386	1,059	4	32	1,095
Non-European	1,075	—	25	1,100	3,025	—	46	3,071
All Races	1,445	2	39	1,486	4,084	4	78	4,166

N.B.—Many of the cases of scabies were infested also with lice.

TUBERCULOSIS.

The new cases of tuberculosis notified during the year ended 30th June, 1936, corrected for misdiagnosis and imported cases, numbered 1,203 (185 European and 1,018 non-European). These included 1,031 cases of tuberculosis of the respiratory system (164 European and 867 non-European) and 172 cases of other forms of tuberculosis (21 European and 151 non-European).

The original number of cases notified was 1,250, of which 1,092 (180 European and 912 non-European) were reported as pulmonary cases, and 158 (21 European and 137 non-European) as other forms of tuberculosis.

28 of those notified as pulmonary cases (8 European and 20 non-European) and 7 of those notified as suffering from other forms of tuberculosis (3 European and 4 non-European) were found in the City Hospital not to be suffering from tuberculosis.

4 cases (non-European) admitted to the City Hospital notified as suffering from other diseases were found to be suffering from pulmonary tuberculosis and 27 (3 European and 24 non-European) from other forms of tuberculosis. Of these 27, 20 (1 European and 19 non-European) were cases of tubercular meningitis.

37 of the notified cases (corrected) of pulmonary tuberculosis (8 European and 29 non-European) and 6 (non-European) of other forms of tuberculosis had come to Capetown already suffering from tuberculosis.

In addition to the cases enumerated above there were 69 patients (15 European and 54 non-European) admitted to the City Hospital or other hospitals from outside the Municipality and from ships in the harbour diagnosed as suffering from pulmonary tuberculosis, and 35 patients (6 European and 29 non-European) diagnosed as suffering from other forms of tuberculosis. After correction for errors of diagnosis the actual number of such cases was 62 of pulmonary tuberculosis (14 European and 48 non-European) and 34 of other forms of tuberculosis (6 European and 28 non-European).

The new notifications, corrected for misdiagnosis and imported cases, are classified for race, sex and form of disease, as follows :—

	European.			Non-European.			All Races.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Pulmonary	92	72	164	426	441	867	518	513	1,031
Other forms	12	9	21	81	70	151	93	79	172
Total	104	81	185	507	511	1,018	611	592	1,203

These figures are equivalent to incidence rates per 1,000 population concerned as set out below :—

	European.			Non-European.			All Races.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Pulmonary	1.27	0.92	1.09	6.27	6.21	6.24	3.69	3.43	3.56
Other forms	0.17	0.11	0.14	1.19	0.99	1.09	0.66	0.53	0.59
Total	1.44	1.03	1.23	7.46	7.20	7.33	4.35	3.96	4.15

The deaths from tuberculosis during the year were as follows :—

	* European.			† Non-European.			† All Races.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Respiratory System..	53	50	103	265	278	543	317	327	644
Other forms	12	8	20	51	35	86	63	43	106
Total	65	58	123	316	313	629	380	370	750

* Corrected for outward and inward transfers.

† Corrected for outward transfers only.

These figures are equivalent to death rates per 1,000 population concerned as set out below :—

	* European.			† Non-European.			† All Races.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Respiratory System..	0.72	0.63	0.67	3.85	3.87	3.86	2.23	2.28	2.19
Other Forms	0.16	0.10	0.13	0.74	0.49	0.61	0.44	0.30	0.36
Total	0.88	0.73	0.80	4.59	4.36	4.47	2.67	2.58	2.55

* Corrected for outward and inward transfers.

† Corrected for outward transfers only.

There were 17 deaths from tuberculosis in the native locations of Langa and N'dabeni (excluded from the above figures) and of these 6 males and 6 females died of phthisis and the remaining 5 cases (3 males and 2 females) died of other forms of tuberculosis. The number of cases of tuberculosis notified from the locations will be found in Table J, on page 130.

The tuberculosis death rate amongst non-Europeans was 5.7 times as great as that amongst Europeans (corrected for outward transfers). In Europeans the death rate amongst males was 1.2 times as great as amongst females and in non-Europeans 1.1 times as great.

The age distribution of deaths is shown in Table A, on page 106, from which it will be seen that for tuberculosis of the respiratory system 81 per cent. of the European deaths and 75 per cent. of the non-European deaths were in persons aged from 15 to 55 years, while in the case of other forms of tuberculosis 55 of the 86 deaths of non-Europeans were of children under 5 years of age and 6 of the 20 European deaths. There were 2 deaths from tuberculosis of the respiratory system amongst Europeans under 5 years of age and 65 (or 12 per cent. of the number of all ages) amongst non-Europeans under 5.*

* In this paragraph the figures for Europeans are corrected for inward and outward transfers and those for non-Europeans for outward transfers only. The deaths of residents in the native locations of Langa and N'dabeni are not included.

The notifications of cases of non-pulmonary tuberculosis during the year under review, corrected for imported cases and errors of diagnosis, are classified below according to the parts of the body affected :—

	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
Meninges	7	3	33	26	69
Abdominal†	2	3	5	2	12
Bones and joints	2	1	30	26	59
Glands	1	—	4	8	13
Genito-urinary system	—	—	—	1	1
Other organs	—	—	1	—	1
Disseminated	—	2	8	7	17
Total	12	9	81	70	172

† Includes tabes mesenterica and tuberculosis of bowels, peritoneum and abdominal or mesenteric glands.

The deaths from non-pulmonary tuberculosis registered during the year (corrected for outward transfers) are similarly classified below according to death certification :—

	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
Tuberculosis, meningeal	8	4	31	21	64
„ abdominal	1	—	4	2	7
„ of bones and joints	1	1	5	2	9
„ of lymphatic system	1	—	1	2	4
„ of the genito-urinary system	—	—	—	1	1
„ of other organs	—	—	—	—	—
„ disseminated	1	3	10	7	21
Total	12	8	51	35	106

These deaths are further classified in Table A, on pages 106 and 107.

The following tables show the length of residence in the City of Capetown of cases notified during the year 1935-36 and not fatal up to the end of the year, and of all cases which died during the year, respectively :—

SHOWING LENGTH OF RESIDENCE IN THE CITY OF CAPETOWN OF PERSONS NOTIFIED AS SUFFERING FROM TUBERCULOSIS AND NOT SINCE DEAD, FROM 1ST JULY, 1935, TO 30TH JUNE, 1936 (CORRECTED FOR IMPORTED INFECTION AND MISDIAGNOSIS).

Age.	Race.	InCape town, under 6 months.	InCape town, 6 months & under 1 year.	InCape town, 1 year & under 2 years.	InCape town, 2 years & under 3 years.	InCape town, 3 years & under 4 years.	InCape town, 4 years & under 5 years.	InCape town, over 5 years.	All life in Cape town.	No record.	Total.
0—1 year.	E. Non-E	— —	— —	— —	— —	— —	— —	— —	2	1	3
1—5 years.	E. Non-E	— —	— 1	1 —	— —	— —	— —	— —	1 50	— 9	2 60
5—15 years.	E. Non-E	— —	— —	— 1	— 2	— 1	— 6	— 61	5 61	1 6	6 77
15—25 years.	E. Non-E	— —	— 3	— 6	1 3	1 1	1 3	9 25	23 96	— 16	35 153
25—45 years.	E. Non-E	— —	— 4	— 2	— 2	— —	— 25	— 26	— 103	1 25	60 258
45 years and over.	E. Non-E	— —	— 2	— —	1 —	— 2	— 1	13 35	5 23	2 6	21 69
Age unknown.	E. Non-E	— —	— —	— —	— —	— —	— —	— —	— —	— 1	— 1
Totals	E. Non-E	— —	— 4	— 3	— 4	— 1	— 1	— 47	— 60	— 4	— 124
		— —	8	12	14	16	10	162	335	64	621

SHOWING LENGTH OF RESIDENCE IN CAPE TOWN OF PERSONS DYING FROM TUBERCULOSIS DURING THE 53 WEEKS ENDED 3RD JULY, 1936 (CORRECTED FOR OUTWARD TRANSFERS).

Age.	Race.	InCape-town, under 6 months.	InCape-town, 6 months & under 1 year.	InCape-town, 1 year & under 2 years.	InCape-town, 2 years & under 3 years.	InCape-town, 3 years & under 4 years.	InCape-town, 4 years & under 5 years.	InCape-town, over 5 years.	All life in Cape-town.	No record.	Total.
0—1 year.	E.	—	—	—	—	—	—	—	3	—	3
	Non-E.	—	—	—	—	—	—	—	18	3	21
1—5 years.	E.	—	—	—	—	—	—	—	4	1	5
	Non-E.	4	1	—	—	—	—	—	81	13	99
5—15 years.	E.	—	—	—	—	—	—	—	9	—	9
	Non-E.	3	1	1	—	—	—	1	42	8	56
15—25 years.	E.	—	—	—	1	1	—	6	22	—	30
	Non-E.	3	—	—	2	2	—	23	79	13	122
25—45 years.	E.	—	—	—	1	2	—	16	23	3	45
	Non-E.	3	2	3	4	5	1	86	116	22	242
45 years and over.	E.	—	—	—	1	1	1	18	6	2	29
	Non-E.	—	1	—	—	1	—	52	26	9	89
Age unknown	E.	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	—	—	—	—	—
Totals	E.	—	—	—	3	4	1	40	67	6	121
	Non-E.	13	5	4	6	8	1	162	362	68	629

71 deaths (17 European and 54 non-European) took place without any previous notification of the disease having been received.

In Table A, on page 107, and Table D, on page 124, the deaths from tuberculosis will be found classified in wards.

The ward distribution of the notified cases of tuberculosis will be found in Table G, on page 127, and the age distribution in Table H, on page 128.

The annual deaths and death rates from tuberculosis for the past twenty-two years, corrected for outward transfers, are shown in the following table :—

Year.	Deaths.		Death rate per 1,000 population.	
	European.	Non-European.	European.	Non-European.
	Municipality	excluding Wynberg Ward.		
1914-1915	89	384	1.11	5.09
1915-1916	74	323	0.89	4.21
1916-1917	95	430	1.10	5.55
1917-1918	78	353	0.87	4.50
1918-1919	75	302	0.81	3.80
1919-1920	80	304	0.83	3.77
1920-1921	73	334	0.73	4.10
1921-1922	101	286	0.98	3.43
1922-1923	79	355	0.75	4.12
1923-1924	79	399	0.73	4.47
1924-1925	95	422	0.85	4.51
1925-1926	70	367	0.63	3.87
1926-1927	97	449	0.85	4.59
	Municipality	including Wynberg Ward.		
1927-1928	107	522	0.83	4.57
1928-1929	85	528	0.65	4.48
1929-1930	93	613	0.69	5.05
1930-1931	94	598	0.68	4.69
1931-1932	111	686	0.80	5.32
1932-1933	127	662	0.90	4.98
1933-1934	128	690	0.89	5.04
1934-1935	123	629	0.84	4.46
1935-1936	121	629	0.79	4.47

TREATMENT, ETC.

Hospitals.

The hospital beds available for the treatment of cases of pulmonary tuberculosis include 84 for non-Europeans and 42 for Europeans in the City Hospital for Infectious Diseases, and a varying number of beds occupied by Capetown cases at the Nelspoort Sanatorium, which in the year under report gave a (weekly) average of 27 Europeans and 18 non-Europeans.

The accommodation for Europeans at the City Hospital will be doubled with the hospital extension now in progress, and the available accommodation at Nelspoort will also be increased by extensions there.

A few additional beds at the City Hospital are usually occupied by tuberculous cases. A small part of the accommodation, averaging (daily) during 1935-36, 5 European and 11 non-European, is taken up by cases from outside the municipal area.

At the Duinendal settlement the number of Capetown patients in 1935-36 gave a (monthly) average of 11, all European male cases of pulmonary tuberculosis.

Mention may here be made also of the Sunshine Home, Bellville, where there is accommodation for 24 delicate children, not clinical cases of tuberculosis.

There is provision for more than 100 cases of surgical tuberculosis in the hospitals of the Cape Hospital Board and the home for crippled children at Maitland.

Tuberculosis Clinics.

Two clinics are maintained by the Department, one at 50, Newmarket Street, Capetown, where three medical sessions are held per week, and one at Church Street, Wynberg, with two weekly sessions. The work of the clinics is referred to at page 88.

Staff.

The Medical Superintendent of the City Hospital is in charge of the clinics. He conducts three sessions a week, the other two being taken by part-time tuberculosis specialists.

Four health visitors devote the whole of their time to home visitation in connection with tuberculosis and attendance at the clinic sessions.

The activities during the year under review in connection with tuberculosis are indicated by the following returns:—

Visits by health visitors to cases of tuberculosis	8,142
Number of new cases who attended tuberculosis clinics	1,077
Total attendances at tuberculosis clinics	7,518
Number of Capetown cases of tuberculosis admitted to the City Hospital	388
Number of Capetown cases of tuberculosis admitted to the Nelspoort Sanatorium	127
Number of Capetown cases of tuberculosis admitted to the Duinendal Settlement	15
Number of new cases put on allowance of bread and milk	99
Cost of bread and milk supplied	£610 9 1

Amongst the chief factors in the causation of tuberculosis are bad nutrition, bad housing and overcrowding, bad industrial conditions, and alcoholism and other vices; and while good results may be expected from the treatment and isolation of patients it cannot be too strongly emphasised that the most promising line of attack on tuberculosis is in the direction of the improvement of housing and of social and economic conditions generally.

NELSPOORT SANATORIUM.

The Nelspoort Sanatorium was built from a capital fund composed of £25,000 given by Mr. John Garlick of Capetown, whose generous initiative made the scheme possible, £25,000 (increased by subsequent contributions) by various local authorities in the Cape Province (including £9,800 from the Capetown Corporation up to the end of the year

under report), and £50,000 (subsequently increased) by the Union Government. The institution is at the Salt River Farm, Nelspoort, Cape Province, on the Karoo at an elevation of about 3,260 feet above sea level, and is on the main railway line at a distance of 371 miles from Capetown. There is accommodation for about a hundred patients.

It is a Union Government institution and there is an advisory committee, which includes the Mayor, the Town Clerk, and the Medical Officer of Health of Capetown. The institution is primarily intended for the needs of the Cape Province. Paying patients are received at a charge of 12s. 6d. a day. Part-paying and free patients are received on the application of local authorities on a lower scale of charges, which during 1935-36 was 8s. a day for European patients and 6s. for non-Europeans. Until 30th June, 1935, the cost, after deducting part-payments made by patients, was shared equally by the Union Government and the local authority concerned. Since that date, pursuant to the Public Health Amendment Act, 1935, the cost has been met as to 50 per cent. by the Union Government and as to 25 per cent. each by the Provincial Administration and local authority concerned.

The numbers of all patients and Capetown patients in the Sanatorium on the last day of each month for the year ended 30th June, 1936, have been as follows :—

Date.	Total.			Capetown.		
	Eur.	Non-E.	Total.	Eur.	Non-E.	Total.
1935.						
31st July	61	34	95	29	22	51
31st August	61	35	96	23	23	46
30th September	57	30	87	19	17	36
31st October	63	36	99	24	22	46
30th November	64	36	100	26	22	48
31st December	64	31	95	26	16	42
1936.						
31st January	66	35	101	26	17	43
29th February	64	32	96	24	15	39
31st March	60	31	91	26	14	40
30th April	59	36	95	29	16	45
31st May	60	36	96	29	17	46
30th June	64	35	99	31	13	44

In regard to Capetown, application for admission is made by the Medical Officer of Health to the Medical Superintendent of the Sanatorium. The cases are selected by the Medical Superintendent of Hospitals from those under his care at the City Hospital or the tuberculosis clinics, or referred to him for examination. Many cases have a preliminary period of treatment in the City Hospital.

The expenditure of the City Council in connection with the treatment of patients at Nelspoort Sanatorium from 1st July, 1935, to 30th June, 1936, amounted to £1,716 7s. 11d., as follows :—

Treatment at the Sanatorium	£1,520	17	2
Railway fares	150	16	10
Meals on trains	26	0	4
Sundries	18	13	7
Total	£1,716	7	11

This expenditure (excluding the items for meals and sundries) represents one-quarter of the total cost. The Union Government contributed one-half of the total and the Provincial Administration one-quarter.

During the year ended 30th June, 1936, there were 127 admissions to the Sanatorium from Capetown. Of these admissions, 15 were of patients who had had a previous period of treatment in the institution, so that the number of new cases from Capetown who were admitted during the year ended 30th June, 1936, was 112. The following is an analysis of the 127 admissions from Capetown during the year :—

Age.	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
10 to 15 years	—	—	—	2	2
15 to 25 „	10	11	14	9	44
25 to 35 „	12	9	20	4	45
35 to 45 „	10	—	13	2	25
45 to 55 „	3	1	5	—	9
55 to 65 „	1	—	1	—	2
Total	36	21	53	17	127
Paying patients	—	—	—	—	—
Part-paying patients.. .. .	1	2	—	—	3
Free patients	35	19	53	17	124
Total	36	21	53	17	127
<i>Period of treatment at Sanatorium—</i>					
Under 30 days	1	2	6	2	11
From 30-39 days	3	—	3	—	6
„ 40-49 „	—	—	5	1	6
„ 50-59 „	1	—	2	—	3
„ 60-69 „	—	2	2	—	4
„ 70-79 „	—	—	—	1	1
„ 80-89 „	3	1	13	2	19
„ 90-99 „	7	2	8	3	20
„ 100-109 „	1	—	—	1	2
„ 110-119 „	2	—	2	2	6
„ 120-129 „	11	1	7	—	19
„ 130-139 „	—	—	1	—	1
„ 140-149 „	—	—	—	1	1
„ 150-159 „	1	—	2	2	5
„ 160-169 „	1	—	—	—	1
„ 170-179 „	—	—	1	—	1
„ 180-189 „	1	—	1	1	3
„ 190-199 „	—	—	—	—	—
„ 200-209 „	—	2	—	—	2
„ 210-219 „	1	2	—	1	4
„ 240 „	—	1	—	—	1
„ 263 „	—	1	—	—	1
„ 265 „	—	1	—	—	1
„ 273 „	1	—	—	—	1
„ 275 „	1	3	—	—	4
„ 286 „	1	—	—	—	1
„ 306 „	—	1	—	—	1
„ 315 „	—	1	—	—	1
„ 334 „	—	1	—	—	1
Total	36	21	53	17	127

AFTER HISTORY OF CASES ADMITTED TO NELSPORT SANATORIUM.

	European.		Non-European.		Total.	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.	
<i>New Cases Admitted 5th May, 1924 to 30th June, 1927.</i>	(1) Condition		as first	recorded	in	(2) Condition		in November,		1936.
Still in the Sanatorium	3	5	5	2	15	—	—	—	—	—
Died in the Sanatorium	5	3	2	1	11	7	3	2	1	13
Re - admitted to the Sanatorium (1) before or (2) after 30th June, 1936	6	4	1	2	13	—	—	—	—	—
Improved	60	69	27	36	192	9	8	5	5	27
Not improved or worse	8	22	9	16	55	1	—	—	—	1
Died since discharge ..	18	6	11	9	44	53	47	40	40	180
Removed and lost sight of	16	18	5	7	46	46	69	13	27	155
Total ..	116	127	60	73	376	116	127	60	73	376
<i>New Cases Admitted July, 1927 to June, 1928.</i>	(1) Condition		in August, 1928.			(2) Condition		in November,		1936.
Still in the Sanatorium	5	7	6	3	21	—	—	—	—	—
Died in the Sanatorium	1	—	—	—	1	1	—	—	1	2
Re - admitted to the Sanatorium after 30th June, 1928 (1) or 30th June, 1936 (2) ..	—	—	—	—	—	—	—	—	—	—
Improved	17	15	9	8	49	2	3	4	2	11
Not improved or worse	1	2	—	—	3	—	—	1	—	1
Died since discharge ..	2	1	1	—	4	11	12	12	5	40
Removed and lost sight of	5	3	2	1	11	17	13	1	4	35
Total ..	31	28	18	12	89	31	28	18	12	89
<i>New Cases Admitted July, 1928 to June, 1929.</i>	(1) Condition		in November, 1929.			(2) Condition		in November,		1936.
Still in the Sanatorium	2	5	—	1	8	—	—	—	—	—
Died in the Sanatorium	—	—	—	—	—	—	—	—	—	—
Re - admitted to the Sanatorium after 30th June, 1929 (1) or 30th June, 1936 (2) ..	—	—	—	—	—	—	—	—	—	—
Improved	33	16	14	13	76	4	1	1	2	8
Not improved or worse	2	6	3	3	14	—	3	—	—	3
Died since discharge ..	3	3	1	—	7	20	11	11	6	48
Removed and lost sight of	9	4	—	—	13	25	19	6	9	59
Total ..	49	34	18	17	118	49	34	18	17	118
<i>New Cases Admitted July, 1929 to June, 1930.</i>	(1) Condition		in November, 1930.			(2) Condition		in November,		1936.
Still in the Sanatorium	—	1	—	—	1	—	—	—	—	—
Died in the Sanatorium	1	1	1	—	3	1	1	1	—	3
Re - admitted to the Sanatorium after 30th June, 1930 (1) or 30th June, 1936 (2) ..	—	—	—	1	1	—	—	—	—	—
Improved	26	23	21	11	81	9	3	9	2	23
Not improved or worse	2	3	4	2	11	—	1	1	—	2
Died since discharge ..	4	—	1	—	5	9	10	13	6	38
Removed and lost sight of	3	—	—	—	3	17	13	3	6	39
Total ..	36	28	27	14	105	36	28	27	14	105
<i>New Cases Admitted July, 1930 to June, 1931.</i>	(1) Condition		in November, 1931.			(2) Condition		in November,		1936.
Still in the Sanatorium	—	—	—	—	—	—	—	—	—	—
Died in the Sanatorium	—	—	—	—	—	—	—	—	—	—
Re - admitted to the Sanatorium after 30th June, 1931 (1) or 30th June, 1936 (2) ..	—	—	—	—	—	—	—	—	—	—
Improved	28	11	6	13	58	7	3	2	4	16
Not improved or worse	4	4	2	2	12	—	—	—	1	1
Died since discharge ..	1	—	—	—	1	9	8	5	3	25
Removed and lost sight of	4	4	1	1	10	21	8	2	8	39
Total ..	37	19	9	16	81	37	19	9	16	81

	European.		Non-European.		Total.	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.	
<i>New Cases Admitted July, 1931 to June, 1932.</i>	(1) Condition		in November,		1932.	(2) Condition		in November,		1936.
Still in the Sanatorium	—	—	—	—	—	—	—	—	—	—
Died in the Sanatorium	—	—	2	—	2	—	—	2	—	2
Re - admitted to the Sanatorium after 30th June, 1932 (1) or 30th June, 1936 (2) ..	—	—	—	—	—	—	1	—	—	1
Improved ..	20	22	25	20	87	4	7	10	7	28
Not improved or worse	3	4	5	4	16	2	1	1	—	4
Died since discharge ..	—	—	2	1	3	8	10	14	9	41
Removed and lost sight of ..	1	1	—	—	2	10	8	7	9	34
Total ..	24	27	34	25	110	24	27	34	25	110
<i>New Cases Admitted July, 1932 to June, 1933.</i>	(1) Condition		in November,		1933.	(2) Condition		in November,		1936.
Still in the sanatorium	—	—	—	1	1	—	—	—	—	—
Died in the Sanatorium	—	1	2	—	3	—	1	2	—	3
Re - admitted to the Sanatorium after 30th June, 1933 (1) or 30th June, 1936 (2) ..	—	—	—	—	—	—	—	—	—	—
Improved ..	33	21	15	28	97	15	7	7	16	45
Not improved or worse	6	5	6	3	20	5	3	2	2	12
Died since discharge ..	—	1	4	1	6	8	8	13	8	37
Removed and lost sight of ..	5	4	3	2	14	16	13	6	9	44
Total ..	44	32	30	35	141	44	32	30	35	141
<i>New Cases Admitted July, 1933 to June, 1934.</i>	(1) Condition		in November,		1934.	(2) Condition		in November,		1936.
Still in the Sanatorium	1	1	—	—	2	—	—	—	—	—
Died in the Sanatorium	—	1	1	1	3	—	1	1	1	3
Re - admitted to the Sanatorium after 30th June, 1934 (1) or 30th June, 1936 (2) ..	—	—	—	—	—	—	—	—	—	—
Improved ..	16	18	13	14	61	7	11	8	10	36
Not improved or worse	8	4	4	6	22	5	8	4	1	18
Died since discharge ..	2	—	4	—	6	9	1	7	6	23
Removed and lost sight of ..	4	4	4	—	12	10	7	6	3	26
Total ..	31	28	26	21	106	31	28	26	21	106
<i>New Cases Admitted July, 1934, to June, 1936.</i>	(1) Condition		in November,		1935.	(2) Condition		in November,		1936.
Still in the Sanatorium	4	4	—	1	9	—	—	—	—	—
Died in the Sanatorium	—	—	2	—	2	—	—	2	—	2
Re - admitted to the Sanatorium after 30th June, 1935 (1) or 30th June, 1936 (2) ..	—	—	—	—	—	1	1	—	1	3
Improved ..	22	14	15	23	74	22	10	12	11	55
Not improved or worse	3	3	2	4	12	2	8	3	6	19
Died since discharge ..	1	2	2	6	11	3	3	4	10	20
Removed and lost sight of ..	6	2	3	3	14	8	3	3	9	23
Total ..	36	25	24	37	122	36	25	24	37	122
<i>New Cases Admitted July, 1935 to June, 1936.</i>	Condition in		November,		1936.					
Still in the Sanatorium	1	—	1	—	2					
Died in the Sanatorium	—	—	1	—	1					
Re - admitted to the Sanatorium after 30th June, 1936 ..	—	1	—	—	1					
Improved ..	19	10	25	7	61					
Not improved or worse	6	4	11	7	28					
Died since discharge ..	—	2	3	—	5					
Removed and lost sight of ..	4	—	7	3	14					
Total ..	30	17	48	17	112					

DUINENDAL TUBERCULOSIS SETTLEMENT.

The Capetown cases (European males) treated at Duinendal (see page 14), during the year ended 30th June, 1936, were as follows:—

In residence at beginning of year	..	..	..	..	11
Admitted during year	..	..	..	..	15
Discharged during year	..	..	..	..	14
In residence at end of year	..	..	..	..	12

CARE COMMITTEE FOR TUBERCULOUS PATIENTS.

The Voluntary Care Committee works in close co-operation with the City Health Department. Office accommodation is provided in the department, and the salary of the almoner employed by the Committee is paid by the City Council. The rest of the funds are obtained chiefly through the Community Chest.

The work done is indicated by the following statistics:—

	Year ended 31st March, 1936	Year ended 31st March, 1937.
Monthly rent payments	.. .. 242	338
Monthly maintenance grants	.. .. 22	52
Monthly payments to foster mothers	.. .. 30	49
Cases (or families) supplied with clothing	.. 2,000* (approx.)	276
Cases (or families) supplied with blankets	.. 138†	96
Number of eggs distributed to tuberculous families	—	258
Almoner:		
Visits paid	.. .. 1,350	1,565
Interviews given	.. .. 1,555	1,773
New cases handled:		
European	.. .. 40	68
Non-European	.. .. 147	182

* Garments distributed.

† Blankets distributed.

The Duinendal Tuberculosis Settlement (see above) is also maintained by the Care Committee.

ENTERIC OR TYPHOID FEVER.

The cases of this disease reported in the year 1935-36, corrected for imported cases and misdiagnosis, numbered 73 (30 European and 43 non-European). This is equivalent to an incidence rate of 0.25 per 1,000 population (0.20 European and 0.31 non-European).

The original number of notifications was 115, of which 7 were imported cases. 39 of the 108 were afterwards found in the City Hospital not to be suffering from enteric fever. 4 patients admitted to the City Hospital for other diseases proved to be cases of enteric fever.

In addition to the cases enumerated above there were 42 patients admitted of the City Hospital from outside the Municipality and from ships in Capetown Harbour diagnosed as suffering from enteric fever. After correction for errors of diagnosis the number of such cases was 29.

The number of deaths amongst the 73 Capetown cases was 10 (5 European and 5 non-European), giving a case mortality rate of 13.7 per cent. (16.7 per cent. European and 11.6 per cent. non-European).

The total Capetown deaths from enteric fever registered during the year numbered 9 (3 European and 6 non-European), equivalent to a death rate of 0.03 per 1,000 population (0.02 European and 0.04 non-European).

From this disease there were also 4 cases (native, non-fatal) at the Langa location. These are excluded from the above figures.

In the following table are set out the number of enteric cases and deaths, together with the corresponding rates, for a series of years :—

Year.	Cases.				Deaths.			
	European.		Non-European.		European.		Non-European.	
	Number	Rate per 1,000 population.	Number	Rate per 1,000 population.	Number.	Rate per 1,000 population.	Number.	Rate per 1,000 population.
Municipality excluding Wynberg Ward :								
1914-15	250	3.13	218	2.89	21	0.26	23	0.30
1915-16	163	1.96	133	1.73	8	0.01	28	0.37
1916-17	163	1.90	149	1.92	14	0.16	32	0.41
1917-18	138	1.55	124	1.58	12	0.13	31	0.40
1918-19	204	2.20	191	2.40	18	0.19	33	0.42
1919-20	251	2.60	202	2.50	21	0.22	42	0.52
1920-21	345	3.46	308	3.78	37	0.37	46	0.56
1921-22	204	1.98	207	2.48	21	0.20	42	0.50
1922-23	180	1.71	141	1.64	22	0.21	27	0.31
1923-24	121	1.12	93	1.04	12	0.11	20	0.23
1924-25	79	0.72	94	1.02	8	0.07	20	0.21
1925-26	87	0.78	100	1.05	8	0.07	17	0.18
1926-27	117	1.02	123	1.25	15	0.13	27	0.28
Municipality including Wynberg Ward :								
1927-28	109	0.84	135	1.18	10	0.08	25	0.22
1928-29	100	0.76	100	0.85	13	0.10	25	0.21
1929-30	87	0.65	94	0.77	8	0.06	17	0.14
1930-31	97	0.71	103	0.82	8	0.06	24	0.19
1931-32	71	0.51	98	0.76	13	0.09	24	0.19
1932-33	30	0.21	30	0.23	3	0.02	5	0.04
1933-34	52	0.36	47	0.34	2	0.01	7	0.05
1934-35	33	0.22	49	0.35	6	0.04	9	0.06
1935-36	30	0.20	43	0.31	3	0.02	6	0.04

Nearly all the enteric fever cases are caused by *B. typhosus*, paratyphoid infection being very rare.

There has been a striking diminution in the disease in recent years.

Reference to Table F, on page 126, will show the seasonal incidence of the disease. 27 cases were notified in the spring half of the year and 46 in the autumn half. The monthly number of cases notified was greatest in January and February, 1936.

3 of the cases occurred in institutions; viz., one in a nurses' hostel in Ward 5, one at the Somerset Hospital (a nurse) in Ward 2, and one at the Capetown Infirmary in Ward 2. The other cases all occurred in different houses, there being no secondary household cases.

The ward distribution of the cases will be found in Table G, on page 127, and the age and sex distribution in Table H, on page 128.

Of the 115 uncorrected cases 102 were admitted to the City Hospital and 4 were treated in other hospitals.

One enteric "carrier" was reported in the person of a European female aged 36 (Ward 15) who had suffered from enteric fever in 1930. Other cases of the disease occurred in her family in 1930, 1931, 1935 and 1936. *B. typhosus* was found in the faeces. She was dealt with without being admitted to hospital.

Another supposed "carrier" was admitted to the City Hospital on 2nd October, 1935, but the presence of the bacilli was not established.

DIPHTHERIA.

The cases of this disease reported in the year 1935-36, corrected for imported cases and misdiagnosis, numbered 311 (189 European and 122 non-European). This is equivalent to an incidence rate of 1.07 per 1,000 population (1.25 European and 0.88 non-European).

The original number of notifications was 377, of which 2 were imported cases. 67 of the 375 were afterwards found in the City Hospital not to be suffering from diphtheria. 3 patients admitted to the City Hospital for another disease proved to be cases of diphtheria.

In addition to the cases enumerated above, there were 78 cases diagnosed as suffering from diphtheria admitted to the City Hospital from outside the Municipality and from ships in Capetown Harbour. After correction for errors of diagnosis the number of such cases was 56.

The number of deaths amongst the 311 Capetown cases was 26 (8 European and 18 non-European) giving a case mortality rate of 8.4 per cent. (4.2 European and 14.8 non-European).

The total Capetown deaths from this disease registered during the year numbered 27 (10 European and 17 non-European), equivalent to a death rate of 0.09 per 1,000 population (0.07 European and 0.12 non-European).

Of this disease there were also 2 cases (non-fatal) in natives at the Langa location. These are excluded from the above figures.

In the following table are set out the number of diphtheria cases and deaths, together with the corresponding rates, for a series of years :—

Year.	Cases.				Deaths.			
	European.		Non-European.		European.		Non-European.	
	Number	Rate per 1,000 population.	Number	Rate per 1,000 population.	Number.	Rate per 1,000 population.	Number.	Rate per 1,000 population.
Municipality excluding Wynberg Ward :								
1914-15	155	1.94	62	0.82	16	0.20	22	0.29
1915-16	189	2.27	51	0.67	17	0.20	19	0.25
1916-17	164	1.91	41	0.53	10	0.12	13	0.17
1917-18	107	1.20	32	0.41	7	0.08	11	0.14
1918-19	113	1.22	25	0.31	3	0.03	10	0.13
1919-20	125	1.30	36	0.45	8	0.08	12	0.15
1920-21	75	0.75	25	0.29	5	0.05	3	0.04
1921-22	89	0.86	18	0.22	8	0.08	6	0.07
1922-23	121	1.15	24	0.28	11	0.10	5	0.06
1923-24	163	1.51	49	0.55	9	0.08	11	0.12
1924-25	209	1.90	41	0.45	17	0.15	8	0.09
1925-26	180	1.60	46	0.48	8	0.07	11	0.12
1926-27	186	1.62	87	0.89	12	0.10	16	0.16
Municipality including Wynberg Ward :								
1927-28	162	1.25	62	0.54	10	0.08	12	0.11
1928-29	162	1.23	70	0.59	13	0.10	15	0.13
1929-30	166	1.23	54	0.44	14	0.10	11	0.09
1930-31	189	1.38	93	0.74	9	0.06	11	0.09
1931-32	120	0.86	67	0.52	7	0.05	11	0.09
1932-33	142	1.00	73	0.55	8	0.06	6	0.05
1933-34	192	1.33	106	0.77	6	0.04	11	0.08
1934-35	238	1.61	136	0.96	9	0.06	19	0.13
1935-36	189	1.25	122	0.88	10	0.07	17	0.12

11 of the cases occurred in institutions; viz., 2 at the City Hospital for Infectious Diseases in Ward 2 (nurses), 2 in the Somerset Hospital in Ward 2, 4 in an institution in Ward 14 and 1 each of three institutions in Wards 5, 11 and 15. The other cases occurred in 274 houses, in 255 of which there was one case each, in 14 two cases each, in 3 three cases each and in 2 four cases each.

Of the 377 uncorrected cases, 343 were admitted to the City Hospital and 2 were treated in other hospitals.

Diphtheria Carriers.

In addition to the cases enumerated above, seven diphtheria carriers were reported during the year. Two of these had been admitted to the City Hospital wrongly diagnosed as cases of diphtheria. The other five cases were reported as carriers originally: and were admitted as such to the City Hospital. Sixteen other diphtheria carriers resident outside the municipal area were admitted to the City Hospital or Rentzkie's Farm Hospital. Five of these had been admitted wrongly diagnosed as cases of diphtheria. The others were admitted as carriers.

SCHICK-TESTING AND ANTI-DIPHTHERIA INOCULATION.

Special sessions have been held at certain of the child welfare centres, where young children have received protective inoculations of diphtheria prophylactic without preliminary Schick-testing. Propaganda work has been carried out by the health visitors to convince the mothers of the advisability of availing themselves of protective inoculation for their children.

Children in schools and institutions have also been dealt with. In these the Schick-testing has been omitted in the younger children. The small percentage of "positives" found is partly explained by this omission.

The prophylactics used have been anatoxin (R.A.) of the S.A. Institute for Medical Research, and toxoid-antitoxin (T.A.M.) of Burroughs Wellcome, of which the complete course is three injections; toxoid-antitoxin floccules (T.A.F.), of Burroughs Wellcome, of which the course is two or three injections; and alum-precipitated toxoid of Parke Davis (T.A.P.), and of Burroughs Wellcome (A.P.T.), of which the course is one or two injections.

The following figures indicate the work done during the year ended 30th June, 1936:—

Persons Schick-tested :

	Posi- tive.	Nega- tive.	Not read.	Total.
Schools	236	615	27	878
Institutions	180	490	9	679
Child welfare centres	46	204	19	269
Total	462	1,309	55	1,826

First-series protective inoculations given :

	R.A., T.A.M. & T.A.F.		T.A.P. & A.P.T.	
	No. of persons.	No. of injections.	No. of persons	No. of injections.
Schools	153	436	751	1,235
Institutions	60	155	347	347
Child welfare centres	242	568	1,204	1,217
Total	455	1,159	2,302	2,799

Persons Schick-tested after first series of inoculations :

	R.A., T.A.M. & T.A.F.			T.A.P. & A.P.T.		
	Posi- tive.	Nega- tive.	Not read.	Posi- tive.	Nega- tive.	Not read.
Schools	56	229	4	23	145	12
Institutions	8	77	2	58	231	4
Child welfare centres	28	109	13	2	51	5
Total	92	415	19	83	427	21

Second-series protective inoculations given :

	R.A., T.A.M. & T.A.F.		T.A.P. & A.P.T.	
	No. of persons.	No. of injections.	No. of persons	No. of injections.
Schools	59	173	—	—
Institutions	6	14	18	18
Child welfare centres	4	14	—	—
Total	69	201	18	18

Persons Schick-tested after a second series of inoculations :

	R.A., T.A.M. & T.A.F.		
	Posi- tive.	Nega- tive.	Not read.
Schools	—	—	—
Institutions	—	6	1
Child welfare centres	—	6	—
Total	—	12	1

SCARLET FEVER.

The cases of this disease reported in the year 1935-36, corrected for imported cases and misdiagnosis, numbered 630 (596 European and 34 non-European). This is equivalent to an incidence rate of 2.17 per 1,000 population (3.95 European and 0.24 non-European).

The original number of notifications was 634, of which 5 were imported cases. 7 of the 629 were afterwards found in the City Hospital not to be suffering from scarlet fever. 8 patients admitted to the City Hospital for another disease proved to be cases of scarlet fever.

In addition to the cases enumerated above there were 18 cases diagnosed as suffering from scarlet fever admitted to the City Hospital from outside the Municipality and from ships in Capetown Harbour.

There were 3 deaths (2 European and 1 non-European) amongst the 630 Capetown cases and 4 deaths (3 European and 1 non-European) from this disease registered during the year.

There was one case (native, non-fatal) at the Langa native location.

In the following table are set out the number of scarlatinal cases and deaths, together with the corresponding rates, for a series of years :—

Year.	Cases.				Deaths.			
	European.		Non-European.		European.		Non-European.	
	Number	Rate per 1,000 population.	Number	Rate per 1,000 population.	Number.	Rate per 1,000 population.	Number.	Rate per 1,000 population.
Municipality excluding Wynberg Ward :								
1914-15	78	0.98	10	0.13	2	0.03	—	—
1915-16	128	1.54	8	0.10	—	—	—	—
1916-17	52	0.60	4	0.05	—	—	—	—
1917-18	97	1.09	13	0.17	—	—	—	—
1918-19	153	1.65	18	0.23	—	—	—	—
1919-20	274	2.84	23	0.29	3	0.03	—	—
1920-21	224	2.25	15	0.18	2	0.02	—	—
1921-22	97	0.94	9	0.11	—	—	—	—
1922-23	47	0.45	5	0.06	—	—	—	—
1923-24	26	0.24	3	0.03	—	—	—	—
1924-25	50	0.46	1	0.01	—	—	—	—
1925-26	129	1.15	8	0.08	—	—	1	0.01
1926-27	123	1.07	11	0.11	—	—	—	—
Municipality including Wynberg Ward :								
1927-28	228	1.76	6	0.05	3	0.02	—	—
1928-29	154	1.17	10	0.08	—	—	1	0.01
1929-30	260	1.93	20	0.16	2	0.01	1	0.01
1930-31	425	3.11	40	0.32	1	0.01	—	—
1931-32	121	0.87	18	0.14	—	—	—	—
1932-33	121	0.85	19	0.14	—	—	—	—
1933-34	103	0.71	9	0.07	—	—	—	—
1934-35	229	1.55	14	0.10	1	0.01	—	—
1935-36	596	3.95	34	0.24	3	0.02	1	0.01

It will be seen that the year was one of exceptional prevalence of this disease. The prevalence began in the previous year in April, 1935, and, as will be seen from Table F on page 126, continued throughout the year under report, with a tendency to remission at midsummer. It did not subside until towards the end of 1936.

In the year under report 46 of the cases occurred in institutions; viz., 3 at a Union Government institution in Ward 11, 6 at the Wynberg military camp and hospital (Ward 15), 5 at the City Hospital for Infectious Diseases in Ward 2 (nurses), 3 at the Somerset Hospital in Ward 2, 12 at a children's hospital in Ward 14, 2 at an orphanage in Ward 4, 2 at an orphanage in Ward 5, 8 at an orphanage in Ward 6, 4 at an orphanage in Ward 9, and one at a student's hostel in Ward 12. The other cases occurred in 490 houses, in 416 of which there was one case each, in 58 two cases each, in 12 three cases each and in 4 four cases each.

The ward distribution and the age and sex distribution are shown in Tables G and H, on pages 127 and 128.

Of the 634 uncorrected cases, 267 were admitted to the City Hospital and 3 were treated in other hospitals. The restricted accommodation available made it impossible to admit as large a proportion of cases as usual.

The cases were mostly very mild, and there were a number which were not discovered before the peeling stage. In some cases the isolation practised at home was unsatisfactory.

ERYSIPELAS.

The cases of this disease reported in the year 1935-36, corrected for imported cases and misdiagnosis, numbered 93 (51 European and 42 non-European).

The original number of notifications was 95, of which 2 were afterwards found in the City Hospital not to be suffering from erysipelas.

There were also 5 cases diagnosed as suffering from erysipelas admitted to the City Hospital from outside the Municipality, one of which admitted for another disease was afterwards found to be a case of erysipelas.

There were 4 deaths (2 European and 2 non-European) from erysipelas during the year.

There was one case (native, non-fatal) at the Langa native location.

Seven of the cases occurred in institutions, viz., 3 in Union Government institutions (2 in Ward 10 and one in Ward 6), one each in four institutions in Wards 4 (2), 6 and 14. The remaining 86 cases all occurred in separate houses, there being no secondary household cases.

Of the 95 uncorrected cases, 38 were admitted to the City Hospital and 5 were treated in other hospitals.

CEREBROSPINAL FEVER.

The cases of this disease reported in the year 1935-36, corrected for imported cases and misdiagnosis, numbered 10 (1 European and 9 non-European).

The original number of notifications was 73, of which one was an imported case. 62 of the 72 were afterwards found in the City Hospital not to be suffering from cerebrospinal fever.

In addition to the cases enumerated above there were 27 patients admitted to the City Hospital from outside the Municipality and from ships in Capetown Harbour diagnosed as suffering from cerebrospinal fever, 24 of which were afterwards found not to be suffering from this disease. One such case admitted to the City Hospital for another disease proved to be a case of cerebrospinal fever.

All the Capetown cases where the diagnosis of cerebrospinal fever remained were fatal. Seven of them were never removed to hospital, of which 5 died on or before the date of notification and 2, three or four days after. It is possible that in some of these cases the diagnosis was not correct. Of the 3 cases which died in the City Hospital, one died two days after admission and 2 after three days.

Of the 3 cases admitted to the City Hospital from outside the municipal area 2 died four days after admission and one recovered.

The total Capetown deaths from the disease registered during the year numbered 11 (1 European and 10 non-European), equivalent to a death rate of 0.04 per 1,000 population (0.01 European and 0.07 non-European).

In the following table the number of cases of cerebrospinal fever notified and deaths from the disease are shown for each year since it was made notifiable:—

Year.	Cases notified.		Deaths.	
	European.	Non-European.	European.	Non-European.
	Municipality excluding Wynberg Ward :			
1915-16	2	—	—	—
1916-17	2	—	1	—
1917-18	6	2	3	2
1918-19	3	5	—	5
1919-20	3	6	3	5
1920-21	4	1	3	1
1921-22	4	1	—	—
1922-23	4	5	4	2
1923-24	2	3	2	3
1924-25	6	19	5	11
1925-26	4	21	5	19
1926-27	10	39	6	29
	Municipality including Wynberg Ward :			
1927-28	39	183	18	92
1928-29	30	101	16	59
1929-30	14	48	8	27
1930-31	4	18	3	15
1931-32	7	35	3	21
1932-33	8	22	5	15
1933-34	3	17	3	17
1934-35	5	20	3	15
1935-36	1	9	1	10

One case occurred in a Union Government institution in Ward 7. The remaining cases all occurred in different houses, there being no secondary household cases.

The monthly ward, age and sex distribution of the cases is shown in Tables F, G and H, on pages 126, 127 and 128.

Of the 73 uncorrected cases, 65 were admitted to the City Hospital.

INFECTIVE ENCEPHALITIS.

The cases of this disease reported in the year 1935-36, corrected for imported cases and misdiagnosis, numbered 7 (4 European and 3 non-European).

The original number of notifications was 10. 4 of the 10 were found, after admission to the City Hospital, not to be suffering from infective encephalitis. One patient admitted to the City Hospital for another disease proved to be a case of infective encephalitis.

In addition to the cases enumerated above certain cases were admitted to the City Hospital from outside the Municipality and from ships in Capetown Harbour. Two of these were admitted under the diagnosis of infective encephalitis and were afterwards found not to be suffering from this disease; and one was admitted under another diagnosis and proved to be a case of encephalitis lethargica.

There were 4 deaths amongst the Capetown cases (1 European and 3 non-European).

The deaths from this disease registered during the year numbered 6 (2 European and 4 non-European). Two of these 6 deaths were of persons who had suffered from the disease for some years before death, viz., 2½ years (E.F. 76) and 4 years (C.F. 56: post-encephalitic Parkinsonism). These two cases are not included in the notifications for the year.

In the following table the number of cases of infective encephalitis notified and of deaths from the disease are shown for each year since it was made notifiable:—

Year.	Cases notified.		Deaths.	
	European.	Non-European.	European.	Non-European.
	Municipality excluding Wynberg Ward.			
1920-21	3	1	2	1
1921-22	5	—	5	—
1922-23	3	1	2	1
1923-24	5	4	3	4
1924-25	6	5	3	4
1925-26	6	10	6	7
1926-27	6	5	4	5
	Municipality including Wynberg Ward.			
1927-28	8	3	3	3
1928-29	7	5	5	3
1929-30	4	3	3	—
1930-31	1	4	—	3
1931-32	7	2	5	2
1932-33	4	4	—	1
1933-34	2	—	—	—
1934-35	8	3	2	1
1935-36	4	3	2	4

The cases in 1935-36 all occurred in different houses, there being no secondary household cases.

The monthly ward, and age and sex distribution of the cases will be found in Tables F, G and H, on pages 126, 127 and 128.

Of the 10 uncorrected cases, 5 were treated at the City Hospital, 3 in other hospitals and 2 at home.

ACUTE POLIOMYELITIS.

The cases of this disease reported in the year 1935-36, corrected for imported cases and misdiagnosis, numbered 4 (1 European and 3 non-European).

The original number of notifications was 7. 3 of the 7 were afterwards found in the City Hospital not to be suffering from acute poliomyelitis.

There were no deaths amongst the Capetown cases and no deaths registered from this disease.

In the following table the number of cases notified and of deaths from the disease are shown for each year since it was made notifiable :—

Year.	Cases notified.		Deaths.	
	European.	Non-European.	European.	Non-European.
	Municipality	excluding Wynberg Ward.	Not separately classified.	
1915-16	4	5		
1916-17	3	1	1	2
1917-18	3	2	1	1
1918-19	2	2	2	—
1919-20	1	1	—	1
1920-21	3	1	—	—
1921-22	1	1	1	1
1922-23	—	1	—	1
1923-24	1	—	—	—
1924-25	1	1	1	1
1925-26	—	—	—	—
1926-27	2	—	1	—
	Municipality	including Wynberg Ward.		
1927-28	8	4	2	1
1928-29	4	1	1	—
1929-30	11	6	3	1
1930-31	5	5	—	2
1931-32	—	—	—	—
1932-33	4	4	1	2
1933-34	8	3	—	—
1934-35	11	14	1	3
1935-36	1	3	—	—

The cases in the year under report all occurred in separate houses, there being no secondary household cases.

The monthly, ward, and age and sex distribution of the cases will be found in Tables F, G and H on pages 126, 127 and 128.

Of the 7 uncorrected cases, 5 were treated at the City Hospital and 1 in another hospital.

INFLUENZA AND PNEUMONIA.

In the year 1935-36, the corrected number of notified cases of pneumonia was as follows :—

Influenzal pneumonia	120
Acute primary pneumonia	613

It will be seen from reference to Table I, on page 129, that the number of cases of acute primary pneumonia notified, though less than in the previous year, was above the average of former years. Nevertheless, as will be seen from the table below, the mortality from pneumonia (and from bronchitis) was not unusually high.

A more reliable index to these conditions is to be found in the death returns. In the following table is set out for each year from the great epidemic onwards the number of deaths (corrected for outward transfers) certified as due to influenza and to bronchitis and pneumonia, together with the corresponding death rate per 1,000 population.

Year.	Influenza.				Bronchitis.				Pneumonia.			
	European.		Non-European.		European.		Non-European.		European.		Non-European.	
	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
1918-1919 ..	864	9.33	2,893	36.41	47	0.51	216	2.72	239	2.58	229	2.88
1919-1920 ..	2	0.02	5	0.06	39	0.40	203	2.52	71	0.74	385	4.77
1920-1921 ..	1	0.01	18	0.22	42	0.42	237	2.91	89	0.89	418	5.13
1921-1922 ..	5	0.05	10	0.12	43	0.42	197	2.36	112	1.09	379	4.54
1922-1923 ..	6	0.06	5	0.06	39	0.37	222	2.58	91	0.86	407	4.72
1923-1924 ..	3	0.03	3	0.03	32	0.30	185	2.07	92	0.85	445	4.98
1924-1925* ..	25	0.22	30	0.32	29	0.26	148	1.59	58	0.52	323	3.46
1925-1926* ..	13	0.12	22	0.23	26	0.23	213	2.25	70	0.63	269	2.84
1926-1927* ..	13	0.11	18	0.18	40	0.35	255	2.61	84	0.74	387	3.96
1927-1928* ..	20	0.16	52	0.46	39	0.30	305	2.67	96	0.75	509	4.46
1928-1929* ..	23	0.18	33	0.28	40	0.31	217	1.84	93	0.71	390	3.31
1929-1930* ..	32	0.24	29	0.24	36	0.27	221	1.82	65	0.49	338	2.78
1930-1931* ..	9	0.06	26	0.20	46	0.33	201	1.58	58	0.42	345	2.71
1931-1932* ..	30	0.22	43	0.33	35	0.25	218	1.69	100	0.72	403	3.13
1932-1933* ..	12	0.08	18	0.14	20	0.14	157	1.18	71	0.50	385	2.90
1933-1934* ..	8	0.06	9	0.07	30	0.21	170	1.24	61	0.42	346	2.53
1934-1935* ..	30	0.20	27	0.19	29	0.20	278	1.97	114	0.77	482	3.41
1935-1936* ..	36	0.24	32	0.23	19	0.12	193	1.37	92	0.60	453	3.22

* Corrected for European inward transfers. City extended in 1927-1928 by incorporation of Wynberg Municipality.

It will be seen that in the last two years the European mortality attributed to influenza was above the average.

Other statistical details will be found in Tables A, F, G, H and I, on pages 106, 126, 127, 128 and 129.

From the municipal area, 8 cases of influenzal pneumonia (6 European and 2 non-European), and 8 cases of acute primary pneumonia (3 European and 5 non-European) were treated in the City Hospital during the year. Five cases of acute primary pneumonia (3 European and 2 non-European) were also admitted from outside the Municipality.

There were 4 cases of acute primary pneumonia notified from the native locations, 3 from Langa and 1 from N'dabeni; and 2 cases of influenzal pneumonia from Langa.

There were 15 registered deaths from pneumonia in natives resident at Langa and N'dabeni (influenzal pneumonia 2, broncho-pneumonia 11, lobar pneumonia 2).

PUERPERAL FEVER.

The cases of this disease reported in the year 1935-36, corrected for imported cases and misdiagnosis, numbered 96 (22 European and 74 non-European).

The original number of notifications was 104. 8 of the 104 cases were afterwards found in the City Hospital not to be suffering from puerperal fever.

In addition to the cases enumerated above there were 21 cases admitted to the City Hospital from outside the Municipality under the diagnosis of puerperal fever. 3 of these were afterwards found not to be suffering from puerperal fever.

The number of deaths amongst the 96 Capetown cases was 19 (3 of the 22 European cases and 16 of the 74 non-European). The total Capetown deaths from the disease registered during the year numbered 17 (5 European and 12 non-European).

The mortality from this cause for a series of years, expressed as a rate per 1,000 live births, is shown on page 31.

Attendance at confinement.—76 of the cases were confined at home and 20 in hospital. Of the 76 at home 21 were attended in labour by midwives only, 20 by doctors only, and 22 by doctors and midwives; 13 were unattended.

Condition of child.—47 of the cases supervened upon the birth of a living child and 49 of a dead foetus. Of the 49 cases following delivery of a dead foetus, 13 were of a dead viable foetus and 36 of a non-viable foetus.

Primiparae.—22 of the cases were reported as primiparae (i.e. women in their first confinement) and 74 as multiparae.

Treatment.—35 of the cases (corrected for misdiagnosis and imported cases) were treated in the City Hospital, 17 in the Peninsula Maternity Hospital, 5 in the Somerset Hospital, 3 in the Woodstock Hospital, 2 in St. Monica's Home and 1 in the Wynberg (Victoria) Hospital; the remaining 33 were treated at home.

There was also 1 case of this disease (native) in the Langa location.

OPHTHALMIA NEONATORUM AND GONORRHOEAL OPHTHALMIA.

For the purpose of notification ophthalmia neonatorum is taken to mean a purulent inflammation of the eyes of an infant beginning within twenty-one days after birth, whether it is due to infection with gonococcus or not. Cases of inflammation of the eyes beginning after the twenty-first day of life are not regarded as ophthalmia neonatorum, but if due to gonococcal infection are notifiable as gonorrhoeal ophthalmia.

The number of cases of these diseases reported in the year 1935-36, corrected for imported cases and misdiagnosis, was 266 (39 European and 227 non-European).

In addition there were 14 cases of the disease notified as having been admitted to the Somerset Hospital and one to the Peninsula Maternity Hospital, from outside the Municipality.

Of these 266, 38 were cases not in the newly born (6 European and 32 non-European), being at the time of onset aged 22, 23, 24, 24, 27, 28 days, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 3, 3, 6, 6, 7, 7, 8, 8 months, 1, 1, 1, 1, 2, 2, 2, 2, 3, 3, 4, 19, 23, 30, 36 and 58 years respectively.

The number of Capetown cases of true ophthalmia neonatorum notified during the year was therefore 228, comprising 33 European (15 males and 18 females) and 195 non-European (101 males and 94 females).

Of these 228 cases, 37 were born in institutions and 191 at home. Of the 191 home confinements, 10 were recorded as having been attended by doctors, 173 by midwives only, and 8 were unattended.

The reason why ophthalmia neonatorum is a notifiable disease is that the Medical Officer of Health may ensure so far as possible that the cases shall receive efficient treatment. The disease is recognised as being an important cause of blindness or injury to sight if treatment is not undertaken, while on the other hand the cases respond well to efficient treatment. Every case has therefore been visited by the health visitor at the earliest possible moment after being reported, and many have been seen by the lady

medical officer. In-patient treatment has been supplied by the Somerset Hospital and efforts have been made to ensure that the patient should be admitted to hospital in every case where it has been advisable. In 39 cases in-patient treatment has been secured, 38 in the Somerset Hospital and 1 at the Peninsula Maternity Hospital. In the other 189 cases, 10 patients received out-patient treatment (5 at the Somerset Hospital, 2 at the Woodstock Hospital, 2 at the Free Dispensary and 1 at the Peninsula Maternity Hospital), and 179 were treated at home. Of the 179 cases treated at home, 141 were attended to by nurses from the District Nursing Organization of the Cape Hospital Board.

Efforts were made to see all children after the completion of the treatment and the results were as follows:—

Eyes completely recovered	..	..	..	..	..	213
Cases of blindness	..	..	..	..	..	—
Sight damaged	..	..	..	..	..	—
Died before recovery	..	..	..	..	..	4
Lost trace of	..	..	..	..	..	11
						228

It is to be recorded that the health visitors reported 82 of the cases as "slight" and 143 as "moderate" or "grave"; whilst there was no information on this point in 3 cases.

In addition to the above figures there were at the Langa location 1 native male case of ophthalmia (aged at the time of onset 3 days) and 2 native female cases (aged at the time of onset 3 days, and 12 days respectively).

TYPHUS FEVER.

Two cases were reported during the year 1935-36, but not of the epidemic louse-borne type. The particulars were as follows:—

European male, aged 4. Ward 14. Admitted to City Hospital 5th November, 1935. On 28th October a tick was removed from the left ear, which was swollen. Pyrexia before admission, but none while in hospital. Very profuse rash. Weil-Felix 6th November, 1 in 20 + + +, 1 in 100 + + : 7th November, 1 in 20 + + +, 1 in 100 + + +, 1 in 500 + : 12th November, + + + 1 in 20, 100, 500 and 1,000. Patient had not been away from home. Diagnosis tick-bite fever.

European male, aged 54. Ward 13. Admitted to City Hospital 27th January, 1936. Visited Kommetjie 3rd-6th January. Indefinite history of "insect" bite on finger during that time. Onset of illness 14th January. While in hospital no pyrexia, sparse rash on chest and back. Weil-Felix 28th January + + + 1 in 20, 100 and 500. Diagnosis either endemic (flea-borne) typhus or tick-bite fever.

The Weil-Felix tests referred to above were performed in the Government Health Laboratory, Capetown (Dr. W. F. Rhodes) with Proteus X 19.

TRACHOMA.

Eight cases of this disease were notified during the year in the persons of Capetown residents, in addition to 3 cases who were admitted to the Somerset Hospital from outside the Municipality. The following particulars refer to the 8 Capetown cases.

Two were in Indians (males, aged 15 and 16) who had come to South Africa from India for the first time six months before notification, already suffering from the disease.

One other Indian (male aged 19), born in South Africa, had lived in India from 1921 to 1927 and spent nine months there in 1934. When notified in June, 1936, he was considered to have had the disease about five years.

Two coloured patients in one family (C.F. 18 and C.M. 13) living in Ward 11 had suffered from the disease "since they were small." At time of onset they were living in the same house as at present.

One coloured patient (C.M. 10) living in Ward 7 gave a history of one month's duration.

One European patient (E.F. adult) living in Ward 8 had suffered since childhood, when she was living in Capetown.

One native patient (N.M. 30) living at the Docks location (Ward 2) gave a history of six weeks' duration.

Three cases were treated as in-patients at the Somerset Hospital and 5 as out-patients there. All the cases were notified by medical officers of that hospital.

LEPROSY.

The cases of this disease notified during the year were an East African native male, aged 30, in Capetown Gaol, of no previous fixed abode, and a native male adult who stated that he was a resident of Langa location, but whose address was unknown. The former, an advanced case with positive nasal smears, was admitted to the Capetown Infirmary and afterwards removed to the Pretoria Leper Institution. The latter, an earlier case with positive nasal smears, disappeared and was not found again.

ANTHRAX.

No cases of this disease occurred during the year, but one patient (E.M. 50, Ward 9) admitted to the City Hospital for anthrax proved to be a case of streptococcal boil on the arm.

LEAD POISONING.

One case of chronic lead poisoning was reported (by a private medical practitioner) during the year in the person of a European male, aged 41, living in Ward 6. The patient was a warder at the Capetown Gaol and no exposure to lead was found at the gaol or at his home address. At both places the water service pipes were of iron, the only lead pipes being at the connection to the main.

MEASLES.

There were 3 deaths from measles in the year 1935-36, all Europeans, the disease being in a phase of quiescence.

In the following table measles mortality figures for the whole City and its constituent wards are shown for 1935-36 and previous years :—

Years (1st July to 30th June).	Race.	WARDS.															City.
		Sea Point.	Harbour.	West Central.	Kloof.	Park.	East Central.	Castle.	Woodstock.	Salt River.	Mowbray.	Maitland.	Rondebosch.	Claremont.	Kalk Bay.	Wynberg.	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1923-1924 ..	Eur.	—	1	2	1	2	2	—	4	4	—	2	1	1	—	—	20
	Non-E.	—	5	7	8	1	45	23	7	8	2	3	3	2	2	—	116
1924-1925 ..	Eur.	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
	Non-E.	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	2
1925-1926 ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	2	—	—	—	1	—	—	—	—	1	2	—	—	—	6
1926-1927 ..	Eur.	—	1	2	—	—	2	1	1	—	1	—	1	—	—	—	9
	Non-E.	—	—	—	1	—	4	6	1	2	1	7	9	5	2	—	38
1927-1928 ..	Eur.	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	3
	Non-E.	—	—	2	—	—	3	—	2	3	—	1	—	—	—	1	12
1928-1929 ..	Eur.	—	—	—	—	—	1	—	2	1	1	2	—	1	—	—	9*
	Non-E.	—	—	—	—	—	1	1	—	—	—	1	1	2	—	3	9
1929-1930 ..	Eur.	—	—	—	—	—	—	—	1	—	—	—	—	—	—	2	3
	Non-E.	—	1	1	—	—	5	1	—	—	—	—	2	1	1	5	17
1930-1931 ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	1	1	3	—	—	—	—	—	—	—	12	—	—	—	17
1931-1932 ..	Eur.	—	—	—	—	—	—	—	3	1	2	2	—	—	—	—	8
	Non-E.	1	—	2	1	—	7	7	6	3	—	2	3	2	1	4	39
1932-1933 ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1933-1934 ..	Eur.	—	2	—	—	—	—	—	1	—	—	—	—	—	—	—	3
	Non-E.	—	—	2	2	1	5	9	3	—	—	—	—	—	—	1	23
1934-1935 ..	Eur.	—	—	—	—	—	—	—	—	3	2	—	1	—	—	—	6
	Non-E.	—	1	1	4	—	10	4	1	2	3	4	28	7	—	15	80
1935-1936 ..	Eur.	1	—	—	—	—	—	—	—	—	—	—	2	—	—	—	3
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

*Including 1 case not allocated to any ward (address unobtainable).

WHOOPIING COUGH.

There were 188 deaths from this disease for the year 1935-36: 10 European and 178 non-European.

In the following table the whooping cough mortality is shown for the whole City and its constituent wards for 1935-36 and ten previous years:—

Years (1st July to 30th June).	Race.	WARDS.															City.
		Sea Point.	Harbour.	West Central.	Kloof.	Park.	East Central.	Castle.	Woodstock.	Salt River.	Mowbray.	Maitland.	Rondebosch.	Claremont.	Kalk Bay.	Wynberg.	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1925-1926 ..	Eur. Non-E.	— —	— —	— 2	1 —	— —	1 3	— 3	2 —	1 1	— 1	— 3	— 6	— —	— 1	— —	5 20
1926-1927 ..	Eur. Non-E.	— —	— 1	— —	— —	— —	— 4	— 1	1 1	3 —	1 —	1 —	— 3	1 9	— —	— —	7 19
1927-1928 ..	Eur. Non-E.	1 —	— 1	1 4	— 1	1 —	— 5	— 7	7 7	2 3	— 4	2 12	— 11	3 8	2 4	2 7	21 74
1928-1929 ..	Eur. Non-E.	1 —	— 1	— 1	1 1	— —	1 2	— 3	2 2	3 1	— 1	— 1	— 3	2 2	1 4	— 10	11 32
1929-1930 ..	Eur. Non-E.	1 —	1 —	— 1	— —	— —	2 2	— 1	— 3	1 —	1 1	— —	— 4	— —	— 3	— —	6 15
1930-1931 ..	Eur. Non-E.	— —	1 1	— 6	— 6	— —	1 7	— 9	1 2	— 1	2 —	— 5	— 4	2 8	1 1	1 8	9 58
1931-1932 ..	Eur. Non-E.	1 —	— 2	— 3	— 4	— —	— 5	— 3	— —	3 1	— 3	1 6	— 3	3 5	— 7	— 2	8 44
1932-1933 ..	Eur. Non-E.	— —	— —	— 2	1 2	— —	— 2	— 2	2 5	1 2	— —	1 —	— 2	2 2	— 6	3 7	10 32
1933-1934 ..	Eur. Non-E.	— —	— —	— 2	— —	— —	— 1	— —	— 3	— 1	— —	— 6	— 2	— —	— —	1 3	1 19*
1934-1935 ..	Eur. Non-E.	— —	— 1	— —	— —	— —	— 2	1 —	1 3	1 3	— 1	2 4	— 2	— 3	— —	— —	5 19
1935-1936 ..	Eur. Non-E.	2 2	— 4	— 3	— 6	1 —	1 17	— 19	— 13	1 10	— 1	3 19	— 45	— 8	— 17	2 41	10 178

*Including 1 case not allocated to any ward (address unobtainable).

The mortality from whooping cough was greater in the year under report than in any year since the unification of the City in 1913. The deaths had reached epidemic proportions in the last month of the previous year (June, 1935) and so continued until February, 1936, when they declined. The epidemic may be regarded as having finished by the end of May, 1936.

The mortality was mainly amongst the non-Europeans (10 European deaths as compared with 178 non-European).

Nine of the 10 European deaths were of children under five years of age (under 1 year 4, 1-2 years 2, 2-5 years 3); the other was an adult in the 65-75 years age-group. Of the 178 non-European deaths 171 were of children under five years of age (under 1 year 78, 1-2 years 51, 2-5 years 42); the other 7 were in the 5-10 years age-group.

In comparing the mortality from this disease of childhood in the two races, account must be taken not only of the actual number of deaths, but also of the size of the child-populations affected. Thus, the death rate from whooping cough of children under one year of age per 1,000 births was 8 times as great in non-Europeans as in Europeans (11.5 compared with 1.4). A similar rate of deaths of children aged from one to two years can be calculated from the births (less all deaths under one year) in the previous year; this gives a death rate for non-Europeans 10 times as great as for Europeans (9.4 compared with 0.9).

The preponderance of mortality in the non-Europeans is a reflection of the poverty, bad housing and other associated social evils that obtain amongst them.

It is noteworthy that the mortality from whooping cough was greatest amongst the non-European population of the Cape Flats. In Wards 11, 12 and 14, where there is a large population living on the Flats, the non-European whooping cough mortality rate was about double the rate for the wards of Capetown and Woodstock (Wards 2-9), whether expressed as per 1,000 non-European population or per 1,000 non-European births.

Other statistical information will be found in Table A, on pages 106 and 107 and in the tables on pages 21 and 25.

DIARRHOEA.

The deaths certified in the year 1935-36 as being due to diarrhoea and enteritis amounted to 392 (37 European and 355 non-European), equivalent to a death rate of 1.33 per 1,000 population (0.24 European and 2.52 non-European).

The deaths were classified as follows:—

Code Number.	Eur.	Non-Eur.	All Races.
456 Diarrhoea and enteritis (under 2 years)	25	328	353
457 Diarrhoea and enteritis (2 years and over)	9	23	32
014 Cholera nostras	—	—	—
015 Dysentery, amœbic	—	1	1
016 Dysentery, bacillary	3	3	6
017 Dysentery, other	—	—	—
Total	37	355	392

In the tables on page 28 the rates of mortality (per 1,000 births) from diarrhoeal diseases are shown over a period of years, for infants under one year and for infants between one and two years. They show clearly, the great decline that has taken place in the mortality from infantile diarrhoea. The effect of this on the death rate from diarrhoeal diseases at all ages (per 1,000 population) is shown in the table on page 22.

In addition to the 392 deaths recorded above there were during 1935-36, 12 deaths from diarrhoea and enteritis in the native locations of Langa and N'dabeni. These are included in the following table :—

Months.	Race.	Sea Point.	Harbour.	West Central.	Kloof.	Park.	East Central.	Castle.	Woodstock.	Salt River.	Mowbray.	Maitland.	Rondebosch.	Claremont.	Kalk Bay.	Wynberg.	Langa Native Location.	N'dabeni Native Location.	Not Allocated.	Totals : A.	Totals : B.	Temperature of air in the shade (mean at 8 a.m.)	Earth temperature, range at 4 ft.	Rainfall in inches.	Total hours of bright sunshine.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15									
July, 1935 (5 Weeks)	Eur. Non-E.	1 —	— —	— —	— —	— —	1 2	1 —	— —	— —	1 2	2 4	1 7	2 —	2 —	1 2	— —	— —	— —	4 21	4 51.91	60.0 to 61.3	4.48	hrs. 189	mins. 25
Aug., 1935 (4 Weeks)	Eur. Non-E.	— —	— —	— —	3 —	— —	3 2	2 —	— —	1 —	— —	— —	2 2	— —	— —	4 —	— —	— —	— —	15 —	— —	59.9 to 61.9	3.14	227	0
Sept., 1935 (4 Weeks)	Eur. Non-E.	— 1	— 1	— 1	— —	— —	2 1	1 1	1 —	— —	— —	1 4	— —	— —	1 —	— —	— —	— —	— —	14 —	— —	61.7 to 63.9	2.10	196	40
Oct., 1935 (5 Weeks)	Eur. Non-E.	— —	— 1	— 1	— —	— —	2 2	2 2	— —	— —	— —	1 —	— —	2 —	— —	— —	— —	— —	— —	11 —	— —	63.5 to 68.2	0.46	277	10
Nov., 1935 (4 Weeks)	Eur. Non-E.	— —	— —	— 1	— 1	— —	4 2	2 2	1 2	1 —	— —	1 4	1 —	— —	— —	1 1	— —	— —	— —	3 19	3 64.48	68.1 to 72.3	0.92	316	40
Dec., 1935 (5 Weeks)	Eur. Non-E.	— —	— 2	— 1	— 2	— 1	16 3	1 1	2 2	2 2	— 2	2 8	1 9	— —	— —	12 5	— —	— —	— —	4 66	4 66.13	72.7 to 76.3	0.08	331	30
Jan., 1936 (4 Weeks)	Eur. Non-E.	1 —	— 2	— —	— —	— —	— 1	1 3	— 1	1 1	1 1	2 13	10 10	3 3	15 —	— —	1 —	— —	1 —	6 53	6 64.44	76.0 to 77.9	2.33	321	45
Feb., 1936 (4 Weeks)	Eur. Non-E.	— —	— —	— 1	— —	— —	— 3	— 5	1 3	— 3	— —	— 1	— 1	— 4	— 3	— 6	— 2	— —	— —	3 32	4 62.28	76.5 to 77.9	0.34	286	10
Mar., 1936 (5 Weeks)	Eur. Non-E.	— —	— —	— —	— 5	— —	— 8	— 4	— 1	2 2	— —	— 1	— 6	— 9	1 3	— 4	— 1	— —	— —	5 44	6 63.81	75.3 to 76.5	0.80	271	10
April, 1936 (4 Weeks)	Eur. Non-E.	— —	— 3	— 1	— —	— —	1 3	— 1	1 3	— 4	— —	— 2	— 2	— 6	— 2	3 6	— —	— —	— —	7 33	7 59.16	71.8 to 75.1	0.54	234	40
May, 1936 (4 Weeks)	Eur. Non-E.	— —	— —	— 2	— 4	— —	1 2	— 1	— 3	— 3	— 1	— 3	— —	— 5	— 4	— 2	— 2	— —	— 1	3 33	3 52.67	65.0 to 71.4	2.20	202	35
June, 1936 (5 Weeks)	Eur. Non-E.	— —	— —	— 1	— 3	— —	7 4	— 3	4 1	— —	— —	— —	— —	— 2	— 2	2 2	— —	— —	— —	2 26	2 54.44	62.0 to 65.0	2.15	175	40
Year .. (53 Weeks)	Eur. Non-E.	2 1	— 9	1 8	3 19	1 52	2 30	2 20	4 19	6 5	1 17	2 44	2 55	4 20	1 54	5 12	— —	— —	1 1	37 367	39 59.02	59.9 to 77.9	19.54	3,030	25

A. Corrected for outward transfers.

B. Corrected for outward and inward transfers.

It will be seen that the mortality was highest during December and January and lowest during August, September and October. It was more in the autumn half of the year than in the spring half.

Of the European deaths from these causes (corrected for outward transfers), 19, or 51 per cent., were in children under one year of age, and 26, or 70 per cent., in children under 5 years of age. The corresponding figures for the non-European deaths, including deaths in the native locations, were 268, or 73 per cent., under one and 355, or 97 per cent., under 5.

VENEREAL DISEASES.

The number of deaths (corrected for outward transfers) certified during the year 1935-36 as being due to syphilis was 112 (101 non-European and 11 European); and from general paralysis 31 (24 non-European and 7 European). The sum of these figures is equivalent to a death rate per 1,000 population of 0.90 for non-Europeans and 0.12 for Europeans. These rates do not represent the total mortality caused by syphilis.

Of the 101 non-European deaths certified as being caused by syphilis, 58 were of children under one year of age and 67 under five years of age. Of the 11 European deaths, one was of a child under one year of age and the remainder adults. Of the adult deaths 32 were of males and 11 of females. Of the deaths from general paralysis one was in the age-group 10-15 years, 2 in the age-group 15-25 years, and the rest older: 5 were females (all non-European) and 26 males. There were no deaths from tabes dorsalis.

The deaths in previous years are shown in the table on page 21.

There were 3 deaths (non-European) certified as due to gonorrhoea during the year under report.

The Council's scheme for the treatment of venereal disease included (a) municipal treatment centres and (b) in-patient treatment at the City Hospital. Part of the approved expenditure on these services is repaid to the Council by the Union Government.

Municipal Treatment Centres.—There are three treatment centres for venereal diseases, viz., at the City Hospital, Portswood Road, Capetown, at Spencer Road, Salt River, and at Church Street, Wynberg.

During the year under review there have been held 201 sessions for males and 251 for females at the City Hospital, 201 for males and 204 for females at Salt River, and 99 for males and 101 for females at Wynberg. Anti-syphilitic treatment of mothers and children is also given at the pre-natal clinics at the maternal and child welfare centres.

Particulars of the work done at the treatment centres and pre-natal clinics will be found on page 89.

Cards in both official languages containing warning notices in regard to these diseases and the times of the clinics at the treatment centres, are hung up in all the public conveniences for both sexes, and they have been supplied for similar use in conveniences controlled by the Railway Administration and at factories, etc. throughout the City. They have also been supplied for display in chemists' shops.

In-patient Treatment.—There are wards at the City Hospital, Portswood Road with beds for 24 cases of venereal disease, giving separate accommodation for males and females, European and non-European. During the year ended 30th June, 1936, the cases of venereal disease that were admitted from Capetown numbered 197 (72 European and 125 non-European), and from outside the Municipality and from ships in the Capetown Harbour 34 (24 European and 10 non-European).

Particulars in regard to the cases at the City Hospital will be found in the report of the Medical Superintendent on page 94.

Propaganda.—Good work is being done by the Capetown Society for Combating Venereal Disease. This body receives annual subsidies from the Union Government (£100), the City Council (£50), and the Cape Divisional Council (£25).

The operations of the Society have consisted chiefly in the holding of public meetings, where medical addresses and cinematograph exhibitions are given on the subject of venereal disease. Pamphlets have been printed by the Society and are used mainly for distribution at the public meetings, which are well attended.

The Society works in close co-operation with the City Health Department. This is ensured by the fact that the Hon. Secretary is Dr. C. K. O'Malley, the Medical Officer in charge of Venereal Disease Clinics.

CANCER.

The number of deaths (corrected for outward transfers) certified during the year as being due to cancer or malignant disease was 321 (156 males and 165 females), of which 210 (103 males and 107 females) were of Europeans and 111 (53 males and 58 females) were of non-Europeans.

The death rates for cancer per 1,000 population concerned (corrected for outward and inward transfers for Europeans and for outward transfers for the whole population and for non-Europeans) was therefore :—

For the whole population	1.11 (males 1.11; females 1.16)
For Europeans	1.40 (males 1.43; females 1.37)
For non-Europeans	0.79 (males 0.77; females 0.81)

From the foregoing figures it will be observed that the recorded rate of mortality from this disease amongst Europeans was greater by 77 per cent. than amongst non-Europeans.

The variation in cancer mortality during the past ten years is shown in the table on page 22, where it will be seen that for both Europeans and non-Europeans the rate for the year under report was higher than that of the previous decennium.

The parts of the body affected in deaths from cancer, and other facts, are shown in Table A, on pages 108 to 111.

SECTION IV.—MATERNAL AND CHILD WELFARE AND THE WORK OF THE HEALTH VISITORS.

The chief developments in this branch of the City Health Department during the year under report were as follows :—

Of the two assistant medical officers added to the Department in July, 1935, one, a woman medical officer, was appointed to the maternal and child welfare branch, the full-time medical staff of the branch being thereby increased to three. In addition to nine weekly medical sessions at the welfare centres and certain administrative duties, she conducts a weekly session in the venereal disease clinics. The liaison between the two branches is also strengthened by the fact that the other new assistant medical officer (male), who was appointed to the venereal disease branch, conducts four weekly sessions at the child welfare centres. At the end of June, 1936, about 27 sessions a week were being undertaken at the welfare centres by full-time medical officers of the Department and about 22 by part-time medical officers, in addition to 4 weekly sessions by part-time dental surgeons.

The staff of health visitors was increased by 2 to cope with the increase in work of the branch. At the end of the year it numbered 30, including the chief health visitor, the social welfare investigator, the supervisor of midwives, and the two health visitors for diphtheria prophylaxis and the school clinics (but not the tuberculosis health visitors).

In December, 1935, the scheme of the Dairy Industry Control Board for the supply of milk to school children was extended by the daily provision of free milk to necessitous children under school age at the child welfare centres.

In response to a request from the Citizens' Housing League Utility Company a weekly infant consultation was established on 4th July, 1935, at the Martin Adams Hall, Brooklyn, to serve the needs of the residents (European) of the Good Hope Model Village, a public housing scheme. The mothers have availed themselves of this service and attendances have been well maintained throughout the year.

In February, 1936, the monthly pre-natal clinic for residents in the Cape Divisional Council area, held at the Maitland welfare centre, was altered to a fortnightly session to serve children as well as expectant mothers. The health visitor is in attendance at the same hour in the alternate week. A grant is made by the Cape Divisional Council in respect of the expenses of this clinic.

Owing to the closure of the Jane Waterston Memorial Maternity School, the weekly pre-natal clinic held at the Aspeling Street welfare centre for patients booked for confinement by that institution, was closed on 30th August, 1935. A new ordinary pre-natal weekly clinic was, however, started at that centre on 5th July, 1935, to cope with the increase in numbers, so that there are still two pre-natal sessions a week.

With the opening of new factories in many areas the need for day nurseries and nursery schools becomes increasingly apparent. In many homes the mother is the regular wage earner and she finds it difficult to make proper provision for her children during her absence. No action has yet been taken on the reports of the Medical Officer of Health in favour of the establishment of nursery schools by the City Council.

NOTIFICATION OF BIRTHS.

The Regulations *re* Early Notification of Births (made by the Minister of Public Health in 1920) require the notification of births in the Municipality within 24 hours.

During the year 1935-36 the number of births (and still-births) notified was 10,732, as follows :—

Notified by midwives and nurses (other than extern or intern institutional cases)	6,481
Notified by doctors	13
Notified by institutions (extern or intern)	3,853
Notified by parents and others	385

In the table on the next page, the births (and still-births) notified as having taken place in the Municipality during the year are classified by wards according to the manner in which the mothers were attended.

The following is a summary of the results :—

In private houses :

	Attended.	Births.	Percentage.
By private doctors	751	7.4
By private midwives	6,084	59.7
By public midwives or midwife students	1,241	12.2
		<hr/> 8,076	<hr/> 79.3

In institutions :

Public institutions	1,604	15.7
Private nursing homes	515	5.0
	2,119	20.7

BIRTHS AND STILL-BIRTHS NOTIFIED, CLASSIFIED AS TO ATTENDANCE AT CONFINEMENT AND AS TO HOME ADDRESS OF MOTHER, FOR THE
CALENDAR YEAR 1ST JULY, 1935 TO 30TH JUNE, 1936.

CLASSIFICATION.	WARDS OF THE CITY.															Excluded from foregoing columns		
																Native Locations	Non-Residents.	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			Not allo- cated.	Total of Wards
	Sea Point	Har- bour	West Cen- tral	Kloof	Park	East Cen- tral	Castle	Wood- stock	Salt River	Mow- bray	Mait- land	Ron- de- bosch	Clare- mont	Kalk Bay	Wyn- berg			
A. Private doctors	44	11	13	29	8	45	39	66	77	54	59	67	73	45	121	—	751	11
B. Private midwives (including any non-medical persons attending a confinement)																		
(1) Certificated	13	36	25	59	22	204	184	153	281	134	187	474	248	30	213	—	2,263	12
(2) Uncertificated	6	35	80	141	19	268	237	283	255	39	439	476	556	344	641	2	3,821	13
C. Midwives (or midwife students) from																		
(1) Booth Memorial Home	—	—	—	—	1	1	1	—	1	—	—	—	—	—	—	—	4	—
(2) St. Monica's Home	1	42	74	67	—	1	1	4	1	—	—	1	2	1	1	—	196	—
(3) Peninsula Maternity Hospital	1	22	17	25	8	185	152	93	37	2	—	1	1	—	—	—	544	—
(4) Jane Waterston Memorial Training School for Midwives	—	4	4	20	2	70	36	5	—	—	—	—	—	—	—	—	141	—
(5) District nurse midwives	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(6) Vrede Oord, Tuin Plein	1	6	15	23	4	210	92	3	—	—	—	1	1	—	—	—	356	—
D. Medical students	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
E. Confined in institutions :																		
(1) Booth Memorial Home	30	14	—	32	34	17	1	19	11	27	8	10	13	2	24	1	243	76
(2) St. Monica's Home	4	15	15	28	6	25	20	9	13	8	27	30	28	18	19	—	265	1
(3) Peninsula Maternity Hospital	24	33	24	48	23	158	103	99	89	42	79	78	63	19	55	1	938	140
(4) Vrede Oord, Tuin Plein	6	6	7	9	12	20	16	4	2	1	9	9	3	—	7	—	111	20
(5) Magdalena Huis	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	3	22
(6) Other public institutions	1	2	2	1	1	23	12	—	—	—	1	—	1	—	—	—	44	2
(7) Private nursing homes	139	7	1	37	58	22	—	10	18	49	6	62	48	24	34	—	515	110
TOTALS	270	233	277	519	198	1,249	894	749	786	356	815	1,209	1,037	484	1,115	4	10,195	445

Births actually occurring in the Native Locations are excluded from the above table. They numbered 86 for Langa and 5 for N'dabeni : Total 91.

SUPERVISION OF MIDWIFERY.

In South Africa, except in "prescribed areas," women who are not certificated and registered with the Medical Council are not precluded from practising as midwives. In all Municipalities, however (and in the area of the Cape Divisional Council) the practice of midwifery is controlled by Union Government Regulations under the Public Health Acts, which came into force in June, 1931, and have since been amended.

Under these regulations a list is kept by the City Council of persons, other than medical practitioners, practising midwifery in the municipal area. No person may practise midwifery whose name is not on the list. The Council may refuse to place on the list or may remove from the list the name of any person whose practising it considers would be prejudicial to the public health. Such action is subject to confirmation by the South African Medical Council in the case of certificated registered midwives, and by the Minister of Public Health in the case of other midwives.

Midwives desiring to practise in the Municipality are required to apply to the Medical Officer of Health and must submit a certificate of freedom from infectious disease. They must conform to certain standards as regards personal cleanliness, clothing, midwifery bags, and the conduct of cases, and must keep a prescribed register of cases, which must be submitted for inspection periodically.

One of the health visitors is appointed as supervisor of midwives. Under the control of the lady medical officer she undertakes the guidance and instruction of untrained midwives. She watches them in their actual work in certain cases and gives periodical demonstrations and lecturettes on the occasions of the routine inspection.

The visits during the year to midwives in their own homes numbered 1,363. In connection with the administration of the Children's Protection Act in lying-in homes the supervisor made 33 inspections.

During the year 47 midwifery inspections were held at the welfare centres, at which the midwives made 269 attendances.

The transactions on the list of midwives in the year under report is indicated by the following table:—

Midwives.	Certificated.		Uncertificated.		Total.
	Eur.	Non-E.	Eur.	Non-E.	
On list 30th June, 1935	116	38	21	68	243
Added to list during 1935-36	11	3	1	7	22
Removed from list during 1935-36 by resolution of Council	—	—	—	3	3
Removed from list during 1935-36, having ceased to practise in the Municipality	19	3	4	7	33
On list 30th June, 1936	108	38	18	65	229

Two applications (from non-European uncertificated women) to be added to the list were refused by resolution of the Council.

It will be seen that on 30th June, 1936, there were on the list 146 certificated midwives (108 European and 38 non-European) and 83 uncertificated (18 European and 65 non-European). During the year, of a total of 10,195 births, 3,821 or 37 per cent. were attended by uncertificated persons. The proportion is declining year by year.

In three instances during the year the names of midwives were removed from the list by the Council on account of their unsuitability, and there were two formal refusals by the Council of applications for permission to practise.

Two women were prosecuted for continuing to practise after the removal of their names from the list of midwives, and received suspended sentences. A third woman was similarly prosecuted and received a suspended sentence, but continued to practise and was prosecuted a second time, when she was sentenced to prison in lieu of payment of a fine.

In 104 cases midwives were referred for special interview with a medical officer in connection with their work.

In 55 cases midwives were reprimanded by letter.

Good progress has been made in this section of the Department during the year. The uncertificated midwives, who work under great difficulties in the poorer districts, have shown a continued improvement in their method of work. They are realising the importance of pre-natal supervision and are making use of the pre-natal clinics. Many attend with their patients for advice and treatment. They show great interest at the periodical inspections and lectures, and since the end of the year under report a sound-cinema projector has been purchased for use at these.

The services of a midwife were paid for from a charitable fund in nine cases, and two midwives were provided with equipped midwifery bags from the same fund, which has also continued to provide equipped maternity baskets to indigent mothers in special cases.

Midwives are required to call in medical aid in the event of any abnormality or emergency, and in cases of poverty the Department undertakes to pay the medical man called in, in accordance with a fixed scale of fees. During the year such payments were made in 81 cases, at a total cost of £63 4s. 6d.

HEALTH VISITORS.

The number of health visitors in this section (June, 1936) is 26, besides one whose time is devoted to work in connection with diphtheria prophylaxis, and four whose duties are entirely in connection with tuberculosis. In addition there are the chief health visitor, the social welfare investigator, and the supervisor of midwives. The work of the health visitors is primarily educational and preventive in nature. Some of their duties are given below :—

1. Visits to houses where births have occurred. In the cases attended by a trained midwife the visit is postponed until after the tenth day, when the attendance of the midwife has ordinarily ceased, but in the cases attended by uncertificated persons the visit is made as soon as possible after the birth, to see that all is well with the mother and child. Advice is given as to the proper care and feeding of the infant and the mother is invited to bring her baby to the nearest centre as soon as she is able.

2. Visits are also made in connection with protected infants, *i.e.*, those children under seven years of age who, not being in the care of their own parents or near relatives, are under the supervision of the resident magistrate (Children's Protection Act No. 25 of 1913). The health visitors report on these children every three months, and their reports are forwarded to the magistrate.

3. Visits are made to expectant mothers, wherever possible, to advise and assist them in making arrangements for their confinements, and to supplement the work of the pre-natal clinics.

4. Cases of ophthalmia neonatorum, puerperal fever, pneumonia, measles, whooping cough, etc., are visited and advice given where necessary as to nursing and precautions to be taken.

5. Investigations are made for the purpose of assessment of fees in certain cases admitted to the City Hospital and enquiries made into indigent cases of confinement where fees are payable to a medical practitioner called in by a midwife under the Council's scheme.

6. Each health visitor also assists at certain of the sessions of the welfare centre for her area.

The following table shows the number of visits made during 1935-36 and previous years by the health visitors, including the special health visitors for tuberculosis and diphtheria prophylaxis, the supervisor of midwives and the social welfare investigator :—

Classification of Visits.	Number of Visits.									
	1935-36	1934-35	1933-34	1932-33	1931-32	1930-31	1929-30	1928-29	1927-28	1926-27
Visits to houses where births have occurred..	10,416	9,360	9,822	9,649	10,029	10,510	9,637	9,504	8,657	7,933
Subsequent visits to houses where births have occurred ..	32,774	32,399	34,741	35,558	31,951	34,334	31,405	29,473	27,706	27,498
Visits to houses where deaths under 5 years of age have occurred	859	729	736	457	466	226	166	327	293	278
Visits to expectant mothers ..	2,595	2,480	2,200	2,278	1,713	1,381	762	980	195	
Visits re Protected Infants ..	3,097	3,091	3,253	3,123	3,166	3,229	2,699	2,479	2,102	1,966
Special follow-up visits	4,207	3,890								
Visits to cases of tuberculosis ..	8,142	6,547	6,087	6,624	6,265	6,450	5,234	8,026	5,741	4,003
Visits re cases of puerperal fever ..	107	109	239	74	69	96	82	93	84	84
Visits re measles ..	16	324	97	8	56	125	38	75	72	202
Visits re whooping cough	250	51	18	76	34	99	14	4	28	40
Visits re diarrhoea ..	21	56	310	11	37	23	8	27	37	80
Visits re chicken-pox ..	18	10	26	18	26	24	25	29	51	18
Visits re ophthalmia neonatorum ..	650	919	765	845	927	1,058	615	510	476	397
Visits re pneumonia ..	670	754	344	309	461	365	366	445	477	380
Visits re trachoma ..	8	15	2	12	13	11	40	22	16	8
Visits re influenza ..	22	22	8	22	264	268	631	555	488	262
Visits re other diseases	6	42								
Visits re diphtheria immunization ..	1,240	1,220	2,686	1,756	1,666					
Visits re midwives ..	1,754	2,171	1,976	1,118	1,434	1,118	748	1,186	1,333	947
Visits to schools ..	284	288	146	161	138	64	46	106	58	63
Visits to school children	1,273	1,248	815	1,098	567					
Visits to shops and factories ..	75	57	73	147	165	188	125	—	140	81
Visits to nursing homes	33	27	40	31	29	48	11	33	24	27
Visits re verminous persons ..	11	6	30	3	10	12	39	63	19	15
Visits re dental treatment ..	165	141	218	258	273	191	87	75		
House-to-house visitations..	970	642								
Other visits ..	514	635	5,067	5,731	4,216	4,232	2,499	1,762	3,241	2,623
Investigation of cases for the Board of Aid ..	—	—	—	—	—	—	—	—	270	396
Visits by Social Welfare Investigator ..	3,581	3,056	2,195	4,309	3,373	4,541	3,782	2,517	1,924	
Total visits	73,758	70,289	71,894	73,676	67,348	68,593	59,059	58,291	53,432	47,301
Complaints referred to Chief Health Inspector	27	60	12	9	27	28	28	29	81	83

Besides the health visitors, there are employed in this branch of the Department an attendant at the cleansing station, nine domestics at welfare centres, a storekeeper with assistant and domestic staff ; and also three clerks, of whom one is trained in social work.

SOCIAL WELFARE INVESTIGATOR.

In connection with the maternal and child welfare section many cases come to the notice of medical officers and health visitors which require advice and guidance from the social and moral standpoint, especially in connection with the unmarried mother.

A record of work done during the year 1935-36 by the social welfare investigator is given below :—

New cases investigated	873
Visits to institutions	824
Visits to cases	1,700
Visits to Government Offices	156
Other visits	901
Total visits	3,581
Office consultations	1,585

MATERNAL AND CHILD WELFARE CENTRES.

Ten Maternal and Child Welfare Centres are maintained, viz. :—

City Health Department, 12, Keerom Street, Capetown.
 Aspelng Street, Capetown.
 St. James Street, Woodstock.
 Norfolk Road, Maitland.
 Good Hope Village Hall, Brooklyn.
 Lawrence Road, Athlone.
 Station Road, Claremont.
 Lansdowne Hall, Lansdowne.
 Town Hall, Wynberg.
 Retreat Road, Retreat.

In addition to the above a weekly infant consultation for natives is held at the Langa Location Hospital.

At these centres 53 medical sessions per week were being held at the end of the year under report, as follows :—

<i>Infant Consultations.</i>				
Keerom Street	..	Tuesdays	2 p.m.	Non-Europeans.
		Wednesdays	2 p.m.	Europeans.
		Thursdays	2 p.m.	Non-Europeans.
		Fridays	2 p.m.	Europeans.
Aspelng Street	..	Mondays	2 p.m.	Non-Europeans.
		Tuesdays	2 p.m.	Non-Europeans.
		Wednesdays	9 a.m.	Europeans ⁽¹⁾ .
		Thursdays	9 a.m.	Non-Europeans.
		Fridays	9 a.m.	Non-Europeans.
Woodstock	..	Mondays	9 a.m.	Non-Europeans.
		Mondays	2 p.m.	Europeans.
		Tuesdays	2 p.m.	Non-Europeans.
		Wednesdays	9 a.m.	Non-Europeans.
		Wednesdays	2 p.m.	Europeans.
		Thursdays	2 p.m.	Europeans.
Maitland	..	Tuesdays	2 p.m.	Non-Europeans.
		Wednesdays	9 a.m.	Non-Europeans.
		Thursdays	9 a.m.	Europeans and Non-Europeans.
		Thursdays	2 p.m.	Non-Europeans ⁽¹⁾ ⁽²⁾ .
Brooklyn	..	Thursdays	2 p.m.	Europeans ⁽¹⁾ .
Langa	..	Tuesdays	9 a.m.	Natives ⁽¹⁾ .
Athlone	..	Tuesdays	9 a.m.	Non-Europeans.
		Thursdays	9 a.m.	Europeans ⁽¹⁾ .
		Thursdays	2 p.m.	Non-Europeans.
Claremont	..	Mondays	2 p.m.	Non-Europeans.
		Wednesdays	9 a.m.	Non-Europeans.
		Fridays	9 a.m.	Europeans.
Lansdowne	..	Tuesdays	9 a.m.	Europeans ⁽¹⁾ .
		Wednesdays	2 p.m.	Non-Europeans.
Wynberg	..	Tuesdays	2 p.m.	Non-Europeans.
		Thursdays	2 p.m.	Non-Europeans.
		Fridays	2 p.m.	Europeans.
Retreat	..	Mondays	2 p.m.	Non-Europeans.
		Thursdays	9 a.m.	Europeans ⁽¹⁾ ⁽²⁾ .
		Thursdays	2 p.m.	Non-Europeans.
<i>Pre-natal Clinics.</i>				
Aspelng Street	..	Thursdays	2 p.m.	Europeans and Non-Europeans.
		Fridays	2 p.m.	Europeans & Non-Europeans.
Woodstock	..	Wednesdays	2 p.m.	Europeans.
		Fridays	2 p.m.	Non-Europeans.
Maitland	..	Wednesdays	2 p.m.	Europeans and Non-Europeans.
		Thursday	2 p.m.	Europeans & Non-Europeans ⁽¹⁾ ⁽²⁾ .
Athlone	..	Wednesdays	9 a.m.	Europeans and Non-Europeans.
Claremont	..	Fridays	2 p.m.	Europeans and Non-Europeans.
Wynberg	..	Tuesdays	9 a.m.	Europeans and Non-Europeans.
Retreat	..	Wednesdays	2 p.m.	Non-Europeans.
		Thursdays	9 a.m.	Europeans ⁽¹⁾ ⁽²⁾ .
<i>Dental Clinic.</i>				
Woodstock	..	Tuesdays	9 a.m.	Non-Europeans.
		Tuesdays	2 p.m.	Non-Europeans.
		Thursdays	2 p.m.	Europeans.
<i>School Clinics.</i>				
Woodstock	..	Mondays	2 p.m.	Europeans and Non-Europeans ⁽⁴⁾ .
		Fridays	9 a.m.	Europeans and Non-Europeans.
		Fridays	9 a.m.	Europeans and Non-Europeans ⁽²⁾ .
Maitland	..	Mondays	9 a.m.	Europeans and Non-Europeans.
Claremont	..	Thursdays	9 a.m.	Europeans and Non-Europeans.
Retreat	..	Tuesdays	9 a.m.	Europeans and Non-Europeans.

⁽¹⁾ Open weekly, but medical officer attends only twice monthly.

⁽²⁾ There is only one session at Maitland on Thursday afternoons, open both as an infant consultation and pre-natal clinic. It is for residents in the Divisional Council area.

⁽³⁾ There is only one session at Retreat on Thursday mornings, open both as an infant consultation and pre-natal clinic.

⁽⁴⁾ Ophthalmic session.

⁽⁵⁾ Dental-clinic session.

The next table shows the attendances (classified for race) made at the infant consultations, pre-natal clinics, school clinics and dinners held at the eleven centres during the year 1935-36 :—

Centre.	Race.	Infant Consultations.			Pre-natal Clinics.		School Clinics.		Dinners for Children under school age, and Nursing and Expectant Mothers.	
		First Attendances.		Total Attendances.	Attendances.		Attendances.		Attendances.	
		Under 1 year.	Over 1 year.		First.	Total.	First.	Total.	Adults.	Children.
12, Keerom St., Cape Town.	Eur.	229	87	4,000					337	533
	Non-Eur.	484	146	7,754					1,891	4,364
	Total.	713	233	11,754					2,228	4,897
Aspeling Street, Cape Town.	Eur.	32	14	1,161	23	66			92	645
	Non-Eur.	1,087	452	19,303	838	2,817			4,450	15,143
	Total.	1,119	466	20,464	861	2,883			4,542	15,788
Woodstock ..	Eur.	392	217	8,874	260	1,174	703	1,404	1,174	3,206
	Non-Eur.	476	242	10,992	307	1,165	962	1,371	2,932	7,571
	Total.	868	459	19,866	567	2,339	1,665	2,775	4,106	10,777
Maitland ..	Eur.	100	58	2,255	50	174	265	571	717	1,350
	Non-Eur.	432	213	7,744	251	997	645	1,178	3,025	6,195
	Total.	532	271	9,999	301	1,171	910	1,749	3,742	7,545
Brooklyn ..	Eur.	78	51	2,244						
	Non-Eur.	—	—	—						
	Total.	78	51	2,244						
Athlone ..	Eur.	24	11	452	4	13	—	—	3	6
	Non-Eur.	476	339	6,941	399	1,710	37	38	4,260	13,302
	Total.	500	350	7,393	403	1,723	37	38	4,263	13,308
Lansdowne ..	Eur.	40	35	2,115					758	1,742
	Non-Eur.	119	70	3,601					3,173	12,197
	Total.	159	105	5,716					3,931	13,939
Claremont ..	Eur.	86	34	2,206	32	121	590	1,271	297	501
	Non-Eur.	324	151	6,453	291	930	879	2,253	1,513	3,175
	Total.	410	185	8,659	323	1,051	1,469	3,524	1,810	3,676
Wynberg ..	Eur.	123	59	2,673	50	187			1	2
	Non-Eur.	378	174	6,070	224	817			4,047	9,601
	Total.	501	233	8,743	274	1,004			4,048	9,603
Retreat ..	Eur.	56	24	1,359	24	98	123	680	47	73
	Non-Eur.	371	144	5,902	232	1,043	346	1,309	2,102	5,079
	Total.	427	168	7,261	256	1,141	469	1,989	2,149	5,152
Langa ..	Eur.	1	—	6						
	Non-Eur.	115	8	1,252						
	Total.	116	8	1,258						
Total ..	Eur.	1,161	590	27,345	443	1,833	1,681	3,926	3,426	8,058
	Non-Eur.	4,262	1,939	76,012	2,542	9,479	2,869	6,149	27,393	76,627
	Total.	5,423	2,529	103,357	2,985	11,312	4,550	10,075	30,819	84,685

INFANT CONSULTATIONS.

All mothers are invited to bring their babies to the centre for advice as to feeding and medical supervision. They are encouraged to continue attendance periodically until the children reach school age.

The work in this connection aims at being preventive and educational in nature ; minor ailments only are dealt with, and cases of illness are referred either to the family doctor or, in cases of poverty, to the hospitals and dispensaries.

A medical officer is in attendance and certain of the health visitors of the district are present at each session.

Valuable help is given at every centre by voluntary workers, to whom thanks are due.

At the end of the year under review 35 infant consultations were being held weekly. They are enumerated in the table on page 63. During the year 7,952 children were registered as new cases, and the total attendances of children at the infant consultations numbered 103,357. Details are shown in the table set out above. (These figures do not include the work of the infant consultations for Europeans held by the South African

Mothercraft Training Centre at Claremont, Sea Point, Camps Bay and Mowbray, where the first attendances of infants during the year numbered 603, and the total attendances of infants and toddlers 6,575: see page 68.)

Of the 7,952 children registered as new cases, 5,423 (1,161 European and 4,262 non-European) were under one year of age at the time of their first attendance and 2,529 (590 European and 1,939 non-European) were over one year of age at that time.

Of the new cases registered, 314 were of children resident outside the Capetown area, viz., under one year of age, Europeans 56, non-Europeans 133; over one year of age, Europeans 58, non-Europeans 67. The new cases resident within the City (excluding attendance at the Langa centre) were as follows:—

	Eur.	Non-Eur.
Under one year of age	1,104	4,014
Over one year of age	532	1,864

For the municipal area (not including the native locations) the first attendances of infants under one year of age amounted to 54 per cent. of the registered births (40 per cent. in the case of Europeans and 59 per cent. in the case of non-Europeans). The corresponding percentages for the previous year were 53, 36 and 59.

The above figures do not include the infants who made first attendances at the infant consultations of the South African Mothercraft Training Centre (see above). The addition of these considerably increases the percentage of European infants who attended infant consultations.

During the year under review 2,154 attendances (738 Europeans and 1,416 non-Europeans) of nursing mothers and their infants were made for instructional test feeds at the centres (not counted in the above figures). These special investigations form an important feature of the work of the centres. They are undertaken apart from the medical sessions, when there are no distractions for nurse or mother. The test feeds were made at the different centres as follows:—

	Eur.	Non-Eur.
Keerom Street	148	183
Aspeling Street	15	402
Woodstock	218	252
Maitland	77	95
Brooklyn	23	—
Athlone	9	124
Lansdowne	49	40
Claremont	62	126
Wynberg	79	106
Retreat	58	81
Langa	—	7
	<hr/> 738	<hr/> 1,416

Infant consultations are also held at the Peninsula Maternity Hospital and St. Monica's Home for the babies born in the maternity practice of these institutions.

The number of attendances at the infant consultations is shown in the following table over a period of five years:—

Centre.	1935-1936	1934-1935	1933-1934	1932-1933	1931-1932
Keerom Street	11,754	10,923	9,468	9,429	11,747
Aspeling Street	20,464	21,057	22,982	18,352	553
Woodstock	19,866	17,988	18,941	21,462	20,704
Maitland	9,999	10,988	11,527	11,045	9,354
Brooklyn	2,244				
Athlone	7,393	7,772	8,166	10,269	7,271
Lansdowne	5,716	5,110	4,984	4,468	514
Claremont	8,659	9,536	11,197	9,019	7,568
Wynberg	8,743	8,726	8,826	9,178	9,479
Retreat	7,261	7,276	8,017	7,868	6,923
Langa	1,258	1,223	642		
Totals	103,357	100,599	104,750	101,063	74,113

Dried milk for children who cannot be fed by their mothers is supplied at the centres under the direction of the medical officers and cost prices are charged, but in cases of poverty it is supplied at part-cost or free. Fresh milk is also supplied for older children when ordered by the medical officers. Such medicines as may be ordered are supplied on similar terms.

In the year ended 30th June, 1936, 1,820 new cases were supplied with dried milk and 42,342 lbs. of dried milk were issued. 604 pints of fresh milk were also issued. The cost of the dried milk was £2,678 13s. 1d., and of the fresh milk £7 11s. 7d. The amount paid by mothers in respect of dried milk, fresh milk and medicines amounted to £807 11s. 10d.

At page 67, reference is made to the provision of meals and of free milk for children under school age.

PRE-NATAL CLINICS.

At the end of the year under review, nine pre-natal clinics per week were held at seven of the centres, in addition to two sessions that were both infant-consultation and pre-natal clinics. They are enumerated in the table on page 63.

Expectant mothers are invited to attend the pre-natal clinics, where they are examined in order to ensure if possible a normal delivery for mother and baby. Enquiries are made as to their arrangements for the confinement, and assistance and advice given where necessary.

In necessitous cases dinners are provided for expectant mothers at the centres (see page 64).

Anti-venereal treatment is provided at the pre-natal clinics, especially for the prevention of congenital syphilis (see page 92).

Where in-patient treatment is required for diseases associated with pregnancy this is available for non-European women at St. Monica's Home, to which medical officers may refer cases, the Corporation paying an annual subsidy to the Home for this service.

During the year 2,985 expectant mothers were registered as new cases at the pre-natal clinics, and the total attendances numbered 11,312. Details are shown in the table on page 92.

Of the new cases registered, 97 were of expectant mothers resident outside the Cape-town municipal area; viz., 13 European and 84 non-European. The new cases resident within the City numbered 2,888 (European 430, non-European 2,458). That is to say, the number of new cases attending the municipal pre-natal clinics amounted to 30 per cent of the number of registered live births (16 per cent. for European and 36 per cent. for non-European). It is to be noted that pre-natal clinics are also held by the Peninsula Maternity Hospital and St. Monica's Home for their own maternity cases.

The majority of midwives working within the municipal area are co-operating to an increasing extent with the pre-natal clinics.

The number of attendances at the pre-natal clinics is shown in the following table over a period of five years.

Centre.	1935-1936	1934-1935	1933-1934	1932-1933	1931-1932
Aspeling Street	2,883	4,134	3,959	2,440	56
Woodstock	2,339	2,206	1,815	2,383	2,852
Maitland	1,171	1,259	1,320	1,213	849
Athlone	1,723	1,442	1,721	1,513	1,178
Claremont	1,051	990	1,068	877	720
Wynberg	1,004	845	958	959	918
Retreat	1,141	1,402	1,105	1,226	801
Totals ..	11,312	12,278	11,946	10,611	7,374

DENTAL CLINIC.

A dental clinic is held at the Woodstock centre for pre-school children and expectant and nursing mothers, who are referred for treatment by the medical officers from all the municipal welfare centres.

Three sessions are held weekly, one for Europeans and two for non-Europeans, taken by part-time dentists, and an anaesthetist assists when required.

No charge is made for extractions and fillings, but free dentures are not ordinarily supplied. A voluntary fund is, however, maintained for the supply of dentures at a low cost to women attending the clinic who would otherwise be unable to obtain them. These dentures are fitted by the Council's dentists who conduct the clinic and the amounts paid by the women cover the cost of material and of the services of the dental mechanics.

Below is a table of the work done at the dental clinic during the year 1935-36 :—

		European.			Non-European.			Total.		
		Adults	Children	Total	Adults	Children	Total	Adults	Children	Total
ATTENDANCES.	First	158	450	608	596	735	1,331	754	1,185	1,939
	Other	137	102	239	409	76	485	546	178	724
	Total	295	552	847	1,005	811	1,816	1,300	1,363	2,663
Extractions ⁽¹⁾	Attendances ..	187	514	701	806	793	1,599	993	1,307	2,300
	Teeth	956	2,746	3,702	6,075	4,913	10,988	7,031	7,659	14,690
Fillings ⁽²⁾	Attendances ..	9	16	25	—	3	3	9	19	28
	Teeth	14	24	38	—	3	3	14	27	41
Scalings	Attendances ..	2	—	2	1	—	1	3	—	3
Dressings	Attendances ..	3	—	3	—	1	1	3	1	4
	Teeth	3	—	3	—	4	4	3	4	7
Attendances for examination		17	22	39	22	14	36	39	36	75
Attendances for interview		1	—	1	1	—	1	2	—	2
Persons refused treatment		—	—	—	6	—	6	6	—	6
Attendances for dentures		76	—	76	169	—	169	245	—	245
Persons supplied with dentures (included above)	Full sets ..	8	—	8	29	—	29	37	—	37
	Half sets .. (upper or lower)	5	—	5	5	—	5	10	—	10

⁽¹⁾ All extractions except at 2 attendances (non-European adults, 2 teeth) were under general anaesthetic.

⁽²⁾ 1 attendance (European adult) was for scalings as well as fillings.

PROVISION OF DINNERS AND MILK MEALS.

Dinners are served daily except Saturdays and Sundays at all the centres to indigent children and nursing and expectant mothers for whom they are ordered by the medical officers. Malnutrition amongst young children is very prevalent and these dinners are of great value in ensuring one good meal a day. The recipients of a course of dinners have shown a marked improvement in their physical condition and general health.

In the year under review the number of dinners given amounted to 115,504. Details are given in the table on page 64.

In the calendar year 1936 the cost amounted to 2.6d. per dinner. This figure includes the cost of food, extra staff engaged on account of the dinners, and fuel at four centres. It does not include current for the electric stoves at five of the centres, nor the wages of the ordinary members of the staff who may assist in connection with the dinners. Gifts in kind have been received and the services of the mothers themselves are utilised as much as possible.

In December, 1935, in accordance with arrangements made with the School Board, who are responsible for the distribution of free milk to school children under the scheme of the Dairy Industry Control Board, the distribution of free milk to poor children under school age was instituted at the infant welfare centres. The distribution is made every week-day, and the children consume the milk at the centres. During the period 17th December, 1935, to 30th June, 1936, the attendances of children for milk numbered 19,462 and the milk consumed amounted to 1,105 gallons.

MASSAGE AND EXERCISE CLINICS.

Weekly classes for breathing and remedial exercises are held at the Woodstock and Aspelng Street centres. During the year under review, 41 sessions (for both races) were held at the former, where the new cases numbered 43 and the total attendances 291, and 45 sessions (for non-Europeans) at the latter, where the new cases numbered 7, and the total attendances 232. These figures are not included in the statistics given earlier in this report.

Mrs. Adamson and Miss Haggard, who are qualified masseuses, undertake the work of these two clinics on a voluntary basis, and their services are much appreciated.

SCHOOL CLINICS.

By arrangement with the Provincial Administration, school clinics are held during school terms at the City Council's welfare centres. General school-clinic sessions with a medical officer in attendance are held weekly at Woodstock, Maitland, Claremont and Retreat, and a weekly ophthalmic clinic at Woodstock. European and non-European children have attended on alternate weeks. One health visitor is specially appointed to supervise the work of the school clinics.

Children needing dental treatment are referred to certain private dentists who undertake the work for reduced fees. In cases of indigency the fees are paid by the Department. The arrangements with private dentists, previously operating in Claremont and Maitland, have during the year under review been extended to Woodstock and Athlone. Special sessions are held by the health visitor at all four centres for the reception and disposal of children needing dental treatment. In September, 1935, a special dental session for school children (weekly) was started at the Woodstock welfare centre.

Spectacles are supplied by a local firm of opticians at cheap prices to children for whom they have been ordered at the ophthalmic clinic. The charge is reduced or remitted in cases of indigency.

Children found to require other specialist attention are referred to the out-patient departments of the hospitals.

Admission to convalescent homes has been obtained for many children suffering from undernourishment and debility. A large number of children attending the clinics are found to be suffering from the effects of underfeeding.

The work done during the year ended 30th June, 1936, is shown in the table on page 64, and is further analysed in the following figures :—

	General school clinic.			Ophthalmic clinic.		
	European.	Non-European.	Total.	European.	Non-European.	Total.
Number of new cases :—						
Capetown residents ..	1,326	2,184	3,510	162	312	474
Non-Capetown residents ..	184	310	494	9	63	72
Total attendances	3,633	5,667	9,300	293	482	775
Number of clinics held ..			160			42
Children fitted with spectacles :—						
Full-paying				68	54	122
Part-paying				16	49	65
Free				30	55	85

The cost of the clinics, including the salary of one health visitor, is repaid to the City Council by the Provincial Administration. No charge is made for the use of the premises.

SOUTH AFRICAN MOTHERCRAFT TRAINING CENTRE.

The Mothercraft Training Centre, Bowwood Road, Claremont, holds advisory sessions for European infants at the centre (Bowwood Road, Claremont), at the Town Hall, Sea Point, at the Library, Camps Bay, at Mossop Hall, Roseberry Road, Mowbray, and at Pinelands outside the Municipality. At these sessions the mothers are interviewed by a trained mothercraft nurse and advised as to the feeding, etc., of the infant. This voluntary work is a useful addition to that of the Council's centres, because it reaches a different class of European mother and serves certain areas where there is no Council centre. The following statement of work done during the year ended 30th June, 1936, has been kindly supplied by the Matron :—

Voluntary Centre.	No. of Sessions in the year.	No. of new cases (infants).	Total attendances (infants).	Total attendances (toddlers)
Bowwood Road, Claremont	150	422	3,281	623
Sea Point	51	141	1,849	286
Camps Bay	25	19	210	85
Mowbray	12	21	162	79

Expectant mothers are also given individual advisory interviews by a mothercraft nurse at the Mothercraft Training Centre. Twenty-three expectant mothers received instruction during the year.

The Mothercraft Training Centre has wards for European infants suffering from dietetic disorders who need in-patient treatment, and also for nursing mothers needing in-patient treatment as such. During the year 1935-36, out of the 224 infants admitted 142 were Capetown residents, their average length of stay being 16.2 days. Out of the 114 nursing mothers admitted 83 were Capetown residents, their average length of stay being 7.3 days. Of the total of 338 patients, including non-Capetown residents, 242 paid full fees, 56 paid reduced fees and 40 were non-paying cases.

The centre is a training school for mothercraft (Athlone) and nursery (Good Hope) nurses. During the year 28 registered nurses or midwives took the former certificate and 14 young women, not trained nurses, the latter.

DAY NURSERIES.

The following crèches, or day nurseries, are maintained in Capetown:—

- (1) By the Capetown Board of Aid at the European shelter, 7-11, Wale Street, Capetown (see page 11). This day nursery is for European children. It was opened on 4th February, 1935. Its full capacity is 50 and it is usually quite full.
- (2) By the A.C.V.V. at the Social Centre and European Working Girls' Home, 41, Salt River Road, Salt River. This day nursery is for European children. It has been running since May, 1933. Its capacity is 20 and it is usually quite full.
- (3) By the Vroue Sending Bond at the Training School for Coloured Social Workers, 109, Harrington Street, Capetown. This day nursery is for non-European children. It has been running since September, 1932. Its capacity is 20 and it is usually quite full.

In November, 1934, and February, 1936, the Medical Officer of Health submitted reports to the responsible Committee of the Council in favour of the establishment of nursery schools by the Council.

SECTION V.—GENERAL ADMINISTRATION.

STAFF.

Medical staff.—Dr. R. E. Meaker and Dr. Elsa Woodrow were appointed as additional assistant medical officers as on 1st July and 15th July, 1935. The former undertook duties chiefly in the venereal disease branch and the latter in the maternal and child welfare branch. Dr. G. D. Van Schalkwyk was appointed as assistant medical officer for poor relief as on 1st July, 1935, and was succeeded on 1st February, 1936, by Dr. A. Saacks.

The positions of senior and junior house physicians at the City Hospital for Infectious Diseases were held respectively by Dr. Pearl Glatt and Dr. Shelagh J. Barry from 1st August, 1935, to 31st January, 1936, and by Dr. H. H. Jacob and Dr. J. Baron from 1st February to 31st July, 1936.

Health visitors.—Miss E. D. Keating and Miss M. E. Chowles entered the service as health visitors on 6th January and 15th June, 1936, respectively.

City Hospital for Infectious Diseases, Portwood Road.—Mr. G. P. Greensill, hospital dispenser, proceeded on leave on 13th August, 1935, prior to retiring on pension on 8th February, 1936. He had been in the Council's service for 14 years. He was succeeded by Mr. J. S. Linley, who entered the service on 1st August, 1935.

Particulars in regard to the staff of the maternal and child welfare branch of the Department are given on pages 58 and 61.

HEALTH INSPECTORS AND OTHER SANITARY STAFF.

On 30th June, 1936, the staff of health inspectors included the Chief Health Inspector, the assistant to the Chief Health Inspector, 5 divisional health inspectors, 18 district health inspectors, 2 health inspectors for dairies, 2 rodent inspectors and 7 assistant health inspectors.

In addition to the foregoing inspectorial staff, there is a staff of ratcatchers, which at the end of the year under report, consisted of 12 men and 4 youths; two labourers who assist the health inspectors in drain testing; and a staff of attendants of both sexes at the public sanitary conveniences, who are referred to on page 86.

A meat inspector, who is responsible for the inspection of meat imported into the Municipality and holds the certificates of the Royal Sanitary Institute for sanitary inspectors and for meat and food inspectors, is also attached to the Department.

Besides the staff set out above there are 2 removal officers, 2 chauffeurs, and 1 labourer for the removal of cases of infectious disease to hospital and the subsequent disinfection of premises and articles, and 1 mechanic and 1 labourer in charge of the disinfection plant. The work done by this staff is referred to on page 33. The staff at the municipal washhouses is shown on page 86.

There are also 7 chauffeurs for the six departmental cars and the departmental delivery van, and 1 spare chauffeur who is employed at the disinfecting station when not required as a driver.

The inspections made by the male health inspectors (other than the meat inspector and rodent inspectors) during the year under review are indicated by the following figures :

Inspections made :

Public markets	3,240
Butchers' shops	13,605
Dealers and general dealers' shops (food)	16,774
Dealers and general dealers' shops (no food)	3,157
Fish and poultry shops	2,930
Bakers' shops (without bakehouses)	438
Bakehouses	994
Milk shops (purveyors of milk)	5,051
Ice cream purveyors and manufacturers	1,648
Tea shops	1,613
Cafés	2,076
Restaurants	1,802
Eating houses	1,170
Residential hotels and boarding houses	1,184
Aerated water manufacturers	173
Other places where food is manufactured	625
Hawkers' premises	2,683
Hawkers' carts	424
Butchers' carts and carriers	839
Milk-delivery carts	4,307
Fish carts	224
Bakers' carts	167
Ice cream carts	123
Tents	132
Sideshowes	96
Theatres and bioscopes	510
Billiard saloons	110
Common lodging houses	298
Tenement houses	13,758
Other house inspections	47,231
Hairdressers	1,971
Laundries	432
Mattress-makers and upholsterers	392
Other factories and workplaces	3,252
Courts, lanes and alleys	4,584
Open land	1,775
Piggeries	54
Horse stables	7,361
Dairy stables	4,178
Cattle dealers' premises	144
Visits made in connection with infectious disease	2,884
Hackney carriages	32
Standing water, catchpits, etc. re mosquitoes	229

Inspections made—contd.

Sites or premises <i>re</i> plans of proposed buildings	124
Public sanitary conveniences	4,042
Refuse tips	640
Washhouses	300
Other visits	3,504
	<hr/>
	163,190

Particulars in connection with visits recorded in the above inspections :—

Visits to premises where action was taken in connection with rodent infestation	151
Visits at which premises were disinfected	3
Drain tests carried out	562
Visits where enquiries were made <i>re</i> outworkers	127

The notices served by health inspectors during the year under review are enumerated below :—

Proceedings begun by :

Verbal notices	2,547
Written request notices	58
Formal written notices	6,263
	<hr/>
Total proceedings begun	8,868

Written notices following verbal notices 769

Total notices served :

Verbal notices	2,547
Request notices	58
Formal notices	7,091
Final notices	1,879
	<hr/>
Total	11,575

The number of items included in the 8,868 notices were as follows :—

Ward 1. Sea Point	721
Ward 2. Harbour	578
Ward 3. West Central	305
Ward 4. Kloof	1,078
Ward 5. Park	671
Ward 6. East Central	3,833
Ward 7. Castle	2,561
Ward 8. Woodstock	1,661
Ward 9. Salt River	1,679
Ward 10. Mowbray	974
Ward 11. Maitland	505
Ward 12. Rondebosch	927
Ward 13. Claremont	2,119
Ward 14. Kalk Bay	402
Ward 15. Wynberg	923
	<hr/>
	18,938

Other defects were dealt with by the inspectors by reports for transmission to the City Engineer and other departments of the Corporation as follows :—

Stopped drains	1,048
Defective water fittings	430
Unauthorised structures	155
Undrained premises	18
Structural defects to premises	43
Other defects	109

SLUMS ACT.

In last year's report particulars were given in regard to the 157 premises which were reported by the Medical Officer of Health under Section 1 (2) of the Slums Act No. 53 of 1934 during the year ended 30th June, 1935.

During the present year (ended 30th June, 1936), the Medical Officer of Health reported 176 premises under Section 1 (2), and particulars are set out below:—

A = Order to remove nuisance.
B = Order to demolish.
C = Sanction to acquire granted by Minister.
D = Rescission of slum declaration.

Date of M.O.H.'s Report.	Premises reported upon by M.O.H. under Section 1 (2).	Premises declared slums.			
		Date of declaration.	No. of lettings.	No. of occupants.	
1935.		1935.			
July 3 ..	100, Buitengracht St., Capetown ..	—	—	—	Excluded from area; subsequently demolished without order.
" ..	178, Longmarket St., Capetown ..	July 30 ..	3	8	B. Nov. 30, 1935. D. July 30, 1936. Excluded from area.
" ..	180, " " " " ..	" ..	3	10	B. Nov. 30, 1935. D. July 30, 1936. Excluded from area.
" ..	182, " " " " ..	" ..	1	5	C. May 22, 1936.
" ..	184, " " " " ..	" ..	3	13	"
" ..	186, " " " " and 51, Rose St., Capetown ..	" ..	1	2	"
" ..	43, Rose Street, Capetown ..	" ..	3	6	"
" ..	49, " " " " ..	" ..	9	27	"
" ..	75, Shortmarket St., Capetown ..	" ..	5	14	B. Nov. 30, 1935. D. April 30, 1936. Excluded from area.
" ..	79A, " " " " ..	" ..	5	20	C. May 22, 1936.
" ..	81, " " " " ..	" ..	3	14	"
" ..	83, " " " " ..	" ..	1	10	"
Total premises	declared slums in Shortmarket St. Area " B " : 8		26	97	
July 24 ..	1 Unnamed Roadway, off Knutsford Rd., Wynberg ..	Oct. 31 ..	1	4	C. June, 23, 1936.
" ..	2, " " " " ..	" ..	2	6	"
" ..	3, " " " " ..	" ..	2	12	"
" ..	4, " " " " ..	" ..	2	10	"
" ..	5, " " " " ..	" ..	1	5	"
" ..	6, " " " " ..	" ..	2	8	"
" ..	7, " " " " ..	" ..	1	4	"
" ..	8, " " " " ..	" ..	2	8	"
" ..	9, " " " " ..	" ..	1	7	"
" ..	10, " " " " ..	" ..	1	8	"
" ..	11, " " " " ..	" ..	1	2	"
" ..	12, " " " " ..	" ..	1	2	"
" ..	13, " " " " ..	" ..	2	9	"
" ..	14, " " " " ..	" ..	2	12	"
" ..	15, " " " " ..	" ..	1	8	"
" ..	16, " " " " ..	" ..	1	9	"
" ..	17, " " " " ..	" ..	1	12	"
" ..	18, " " " " ..	" ..	1	8	"
" ..	19, " " " " ..	" ..	2	16	"
" ..	20, " " " " ..	" ..	1	5	"
" ..	21, " " " " ..	" ..	2	12	"
" ..	22, " " " " ..	" ..	1	7	"
" ..	4, Gabriel Road, Wynberg ..	" ..	2	9	"
" ..	5, " " " " ..	" ..	1	4	"
" ..	10, " " " " ..	" ..	2	10	"
" ..	13, " " " " ..	" ..	1	8	"
" ..	14, " " " " ..	" ..	1	3	"
" ..	15, " " " " ..	" ..	2	11	"
" ..	16, " " " " ..	" ..			"
Total premises	declared slums in Gabriel-Knutsford Rd. Area : 28		40	219	
August 14 ..	197, Longmarket St. and 52, 54, Rose St., Capetown ..	Sept. 26 ..	3	10	C. May 22, 1936.
" ..	56, Rose St., Capetown ..	" ..	3	9	"
" ..	58, " " " " ..	" ..	2	6	"
" ..	60/62, " " " " ..	" ..	—	—	"
" ..	66, " " " " ..	Sept. 26 ..	3	11	"
" ..	128, Church St., Capetown ..	" ..	5	15	"
" ..	75, Chiappini St., Capetown ..	" ..	2	12	"
" ..	77, " " " " ..	" ..	2	11	"
" ..	203, Longmarket St., Capetown ..	" ..	4	21	"
" ..	1, Church Lane, Capetown ..	" ..	1	2	"
" ..	3, " " " " ..	" ..	1	4	"
" ..	5, " " " " ..	" ..	1	6	"
" ..	7, " " " " ..	" ..	1	2	"
Total premises	declared slums in Church Lane area : 12		28	109	

Date of M.O.H.'s Report.	Premises reported upon by M.O.H. under Section 1 (2).	Premises declared slums.			
		Date of declaration.	No. of lettings.	No. of occupants.	
1935. September 2	98, Church St., Capetown	1935, Oct. 31 ..	5	8	1936. 1936. A. April 30, D. Dec. 23,
" "	102, " " " " " " " " " "	" " " "	5	17	" "
" "	104, " " " " " " " " " "	" " " "	9	31	" "
" "	110, " " " " " " " " " "	" " " "	1	3	" "
" "	67, Rose St., Capetown	" " " "	4	13	A. April 30, D. Sept. 29, 1936. 1936.
September 3	47, Buitengracht St., Capetown ..	—	—	—	C. September 9, 1936.
September 11	70, Rose St., Capetown	—	—	—	
" "	72, Rose St. and 14, Helliger Lane, Capetown	—	—	—	
" "	106, Wale St., Capetown	Nov. 28 ..	3	11	
" "	108, " " " " " " " " " "	—	—	—	
" "	112, " " " " " " " " " "	—	—	—	
" "	114, " " " " " " " " " "	Nov. 28 ..	1	10	
" "	97, Chiappini St., Capetown	" " " "	2	7	
" "	16, Helliger Lane, Capetown	" " " "	5	16	
" "	18, " " " " " " " " " "	" " " "	5	15	
" "	20, " " " " " " " " " "	" " " "	2	11	
" "	22, " " " " " " " " " "	—	—	—	" "
Total premises	declared slums in Helliger Lane area " A " : 6		18	70	
October 30	90, Wale St., Capetown	Nov. 28 ..	3	13	1936. 1936. B. April 29, D. July 30.
" "	91, Church St., Capetown	—	—	—	
" "	1, Helliger Lane Capetown	—	—	—	
" "	3, " " " " " " " " " "	—	—	—	
" "	5, " " " " " " " " " "	—	—	—	
" "	7, " " " " " " " " " "	Nov. 28 ..	4	17	Demolished before order could be served. D. March 31, 1936.
" "					1936. 1936.
" "	4, " " " " " " " " " "	" " " "	4	9	A. April 30, D. July 30.
" "	8, " " " " " " " " " "	" " " "	4	7	A. June 27, D. Oct. 29.
" "	10, " " " " " " " " " "	" " " "	4	14	A. Nov. 16, D. Dec. 23.
" "					1937
" "	12, " " " " " " " " " "	" " " "	4	7	D. Mar. 30.
Dec. 12	85, Wale St. and 1, van der Meulen St., C.T.	1936.			C. Sept. 9, 1936.
" "	83, Wale St., Capetown	Feb. 27 ..	5	20	
" "	81, " " " " " " " " " "	" " " "	1	5	" "
" "	79, " " " " " " " " " "	" " " "	5	14	" "
" "	75, " " " " " " " " " "	" " " "	3	11	" "
" "	73, " " " " " " " " " "	" " " "	4	11	" "
" "	71, " " " " " " " " " "	" " " "	3	11	" "
" "	68, " " " " " " " " " "	" " " "	11	31	" "
" "	59 Wale St. and 132, Buitengracht St., C.T.	" " " "	2	12	" "
" "	134, Buitengracht St., Capetown ..	Feb. 27 ..	4	20	Excluded from area. A. June 30, 1936. D. Sept. 29, 1936. Excluded from area.
" "					A. Oct. 8, 1936. Excluded from area. (Cease using basement as dwelling.)
" "	142, Buitengracht St., C.T. (basement of) ..	" " " "	1	4	C. September 9, 1936.
" "					
" "	50, Dorp St., Capetown	" " " "	2	11	
" "	52, " " " " " " " " " "	" " " "	1	4	
" "	58, " " " " " " " " " "	—	—	—	
" "	68, " " " " " " " " " "	Feb. 27 ..	2	8	
Dec. 12	11, van der Meulen St. and 70, Dorp St., Capetown	Feb. 27 ..	2	8	
" "	9, van der Meulen St., Capetown ..	" " " "	2	9	
" "	1, Dorp Lane, Capetown	" " " "	1	3	
" "	3, " " " " " " " " " "	" " " "	1	4	
" "	5, " " " " " " " " " "	" " " "	1	8	
" "	7, " " " " " " " " " "	" " " "	1	3	
" "	9, " " " " " " " " " "	" " " "	2	12	
" "	11, " " " " " " " " " "	" " " "	2	3	
" "	13, " " " " " " " " " "	" " " "	2	6	
" "	15, " " " " " " " " " "	" " " "	2	4	
" "	2, " " " " " " " " " "	" " " "	1	4	
" "	1, Wicht Lane, Capetown	" " " "	2	12	
" "	2, " " " " " " " " " "	" " " "	2	6	
" "	4, " " " " " " " " " "	—	—	—	
" "	1, Blind Lane, Capetown	Feb. 27 ..	1	6	
Total premises	declared slums in Dorp Lane area : 25 ..		61	226	
1936. March 18	20/26, St. John St., Capetown	—	—	—	
Feb. 28	28/32, " " " " " " " " " "	March 31 ..	8	22	1936. 1936. A. May 7, D. Sept. 29.
" "	34/36, " " " " " " " " " "	" " " "	8	25	" "
" "	38/40, " " " " " " " " " "	" " " "	7	19	" "
" "	42/44, " " " " " " " " " "	" " " "	5	18	" "
" "	1, Abderoof's Cottages, Lower Park Rd., Rondebosch	—	—	—	Proceedings lapsed.
" "	2, " " " " " " " " " "	—	—	—	" "
" "	3, " " " " " " " " " "	—	—	—	" "
" "	4, " " " " " " " " " "	—	—	—	" "
" "	5, " " " " " " " " " "	—	—	—	" "
April 30	87, Wale St. and 2, van der Meulen St., C.T.	June 30 ..	4	16	C. November 6, 1936.
" "	5, van der Meulen St. Capetown ..	" " " "	4	14	
" "	8, " " " " " " " " " "	" " " "	4	12	" "
" "	10, " " " " " " " " " "	" " " "	3	15	" "
" "	12, " " " " " " " " " "	" " " "	3	14	" "
" "	14, " " " " " " " " " "	" " " "	1	8	" "
" "	16, " " " " " " " " " "	" " " "	2	9	" "
" "	84, Dorp St., Capetown	" " " "	4	10	" "
" "	86/88, " " " " " " " " " "	" " " "	5	18	" "
" "	19, Pentz St., Capetown	" " " "	12	7	" "
" "	15 & 15A, " " " " " " " " " "	" " " "	7	28	" "
" "	107, Wale St., Capetown	" " " "	1	9	" "
" "	105, " " " " " " " " " "	" " " "	5	17	" "
" "	103, " " " " " " " " " "	" " " "	5	21	" "
" "	101, " " " " " " " " " "	" " " "	5	19	" "
" "	99, " " " " " " " " " "	" " " "	4	15	" "
" "	97, " " " " " " " " " "	" " " "	4	16	" "
" "	95, " " " " " " " " " "	" " " "	1	11	" "
" "	93, " " " " " " " " " "	" " " "	1	8	" "
" "	91, " " " " " " " " " "	" " " "	9	28	" "
" "	89, " " " " " " " " " "	" " " "	4	10	" "
Total premises	declared slums in van der Meulen St. area : 21		78	305	

Date of M.O.H.'s Report.	Premises reported upon by M.O.H. under Section 1 (2).	Premises declared slums.			
		Date of declaration.	No. of lettings.	No. of occupants.	
1936.		1936.			
May 29 ..	116, Wale St., Capetown	June 30 ..	6	29	C. November 6, 1936.
" ..	118, " " " " " " " " " "	" ..	3	16	
" ..	120, " " " " " " " " " "	" ..	3	8	
" ..	9, Pentz St., Capetown	" ..	3	19	
" ..	7, " " " " " " " " " "	" ..	5	18	
" ..	5, " " " " " " " " " "	" ..	1	2	
" ..	3, " " " " " " " " " "	" ..	1	4	
" ..	29, Helliger Lane, Capetown ..	" ..	1	10	
" ..	27, " " " " " " " " " "	" ..	2	8	
" ..	25, " " " " " " " " " "	" ..	2	2	
" ..	23, " " " " " " " " " "	" ..	3	10	
Total premises	declared slums in Helliger Lane, area " C " :	11	30	126	
June 30 ..	4, Sababa Lane, Capetown	July 30 ..	4	10	C. 31 December, 1936.
" ..	3, " " " " " " " " " "	" ..	3	11	
" ..	2, " " " " " " " " " "	" ..	2	10	
" ..	1, " " " " " " " " " "	" ..	2	5	
" ..	62, Chiappini St., " " " " " "	" ..	2	15	
" ..	64, " " " " " " " " " "	" ..	4	13	
" ..	66, " " " " " " " " " "	" ..	3	9	
" ..	68, " " " " " " " " " "	" ..	3	15	
" ..	70, " " " " " " " " " "	" ..	3	12	
" ..	72, " " " " " " " " " "	" ..	4	12	
" ..	78, " " " " " " " " " "	" ..	1	6	
" ..	80, " " " " " " " " " "	" ..	1	6	
" ..	82, " " " " " " " " " "	" ..	2	13	
" ..	86, " " " " " " " " " "	" ..	—	—	
" ..	88, " " " " " " " " " "	July 30 ..	1	3	
" ..	90, " " " " " " " " " "	" ..	33	111	
" ..	94, " " " " " " " " " "	" ..	3	17	
" ..	96, " " " " " " " " " "	" ..	8	25	
" ..	98a, " " " " " " " " " "	" ..	1	4	
" ..	98b, " " " " " " " " " "	" ..	2	4	
" ..	98a, " " " " " " " " " "	" ..	2	6	
" ..	98, " " " " " " " " " "	" ..	2	6	
" ..	100, " " " " " " " " " "	" ..	5	18	
Total premises	declared slums in Quarry area : 22 ..		91	331	

Appeals were made by the owners to the Minister of Public Health against the Council's slum declarations in respect of the following 29 premises included in the foregoing list :—

Unmade road, off Knutsford Road, Wynberg, Nos. 1-3 and 5-22.

Gabriel Road, Wynberg, Nos. 4, 5, 10 and 13-16.

Buitengracht Street, Capetown, No. 142 (basement).

In each case the appeal was dismissed.

The majority of the premises shown in the foregoing table were situated in areas which the Council decided to deal with under Chapter 3 of the Act with a view to acquisition, demolition and rebuilding. These areas are enumerated in the following table, which shows the premises comprised therein and the number of lettings and occupants in the premises.

Name of Area.	No. of premises declared slums.	No. of premises comprising dwellings.	No. of lettings (dwellings)	No. of occupants.	Total no. of premises.
Shortmarket St. Area " B "	8	10	28	108	11
Gabriel-Knutsford Rds. Area	28	38	58	291	38
Church Lane Area	12	20	60	256	21
Helliger Lane Area " A " ..	6	27	68	257	28
Dorp Lane Area	25	40	90	357	41
Van der Meulen Street Area	21	29	89	368	30
Helliger Lane Area " C " ..	11	18	41	206	19
Quarry Area	22	26	97	380	26

CLOSURE OF STABLE PREMISES.

The Municipal Regulations empower the Council to prohibit the use for the keeping of animals of any stable, cowshed, pigstye, kraal, etc., which in its opinion is "unfit, undesirable or objectionable by reason of its locality, construction or manner of use." The Council may also restrict the number or kind of animals to be kept at any such premises. During the year ended 30th June, 1936, the Council prohibited the further use of 10 stable premises (horses, mules or donkeys) for the keeping of animals.

Previously, since 1929 the Council had prohibited the use of 57 stable premises.

These figures do not include dairy-stables that have been closed by order of the Council.

ANTI-RODENT OPERATIONS.

The plague position in the country during the year under review has continued to call for measures against rodents.

The present endemicity of human plague in much of the rural areas of South Africa has continued since 1923. In 1923-24 there were 372 cases in the Union, and in succeeding years, in order, 112, 71, 75, 39, 65, 145, 71, 22, 31, 39 and 290. The Union Health Department reports that in the year ended 30th June, 1936, the intense epizootic amongst veld rodents reported last year still continued, and the human cases in the Union numbered 253 (18 European and 235 non-European), of which 192 were in the Orange Free State, 38 in the Cape Province and 23 in the Transvaal. The human deaths numbered 165. In the Cape Province the greatest number of cases were in the Kuruman district, and the districts of Calvinia, Williston, Hopetown and Herbert were affected. There were also cases in the districts of Queenstown, Glen Grey and Uitenhage.

The cause of the human cases in this country is the existence of the disease in veld rodents and other wild animals, especially the gerbilles. Infection of the veld rodents has been found to exist over a vast area in the Union. Fortunately, the infection has not extended to rats in towns, and in recent years no town has been involved in a serious outbreak of the disease. There have been no human or rodent cases of plague in Capetown or in the neighbouring part of the country. The area of plague infection has come gradually nearer to Capetown. In 1923-24 it was still at a great distance. In 1924-25 there were human cases at De Aar, five hundred miles from Capetown. In 1926-27 there was an outbreak in an area in the Cape Province, including Kenhardt, Williston and Calvinia, and extending to within two hundred miles of Capetown. In 1927-28 the infection spread amongst rodents in the north-western Cape districts over an area involving part of the Ceres basin, about seventy miles from Capetown. The Van Rhynsdorp district near the Olifants River towards its mouth was involved in 1932.

In June, 1935, the City Council's rodent staff consisted of 2 rodent inspectors and a ratecatching staff of 12 men and 4 youths. Besides certain work for combating mosquito prevalence the activities of this staff are divided between the suppression of the rats in the town and of the veld rodents in a belt of country within the Municipality extending from Table Bay, Salt River Mouth, to False Bay, between Sand Vlei and Zeekoe Vlei. Against the veld rodents (gerbilles) reliance has been placed chiefly on the use of wheat poisoned with strychnine, which has given satisfactory results. Cyanogas is also used.

In town attention has been given chiefly to the rat-proofing of premises such as forage stores, food shops and other places which attract, harbour and nourish rats, and the destruction of rats in infected premises. In the granting of trading licences for grocers' shops and the like rat-proofing has been insisted on. Many wooden floors in such premises have been replaced by concrete. Rat-proofing has been required in accordance with the Union Government Regulations in connection with the erection of new shops and stores or alterations, additions, etc.

The work done during the year under review is indicated by the following figures:—

Inspections by Rodent Inspectors:

<i>Re</i> rodents	5,596	
<i>Re</i> mosquitoes	5,065	
		10,661

Inspections <i>re</i> rodents by other inspectors	151
Inspections <i>re</i> mosquitoes by other inspectors	229

Visits made to lands and premises by rat-catchers:

<i>Re</i> rodents	30,033	
<i>Re</i> mosquitoes	11,354	
		41,387

Number of notices served by Rodent Inspectors:

Verbal notices	60	
Written notices	133	
		193

Number of rodents caught and destroyed:

Brown rats	3,757	
Black rats	3,240	
Gerbilles	610	
		7,607

The figures given above as to rodents destroyed include only the number of animals whose dead bodies were actually recovered. There is no reason to doubt that many more were destroyed by the methods employed.

The above figures do not include certain inspections made and notices served by the district health inspectors in connection with rodents.

MOSQUITOES.

One of the rodent inspectors specializes also in anti-mosquito work. He investigates local prevalences of mosquitoes discovered through complaints or otherwise, and controls permanent anti-mosquito measures in the Black River Valley. Two of the rat-catching staff under his supervision devote the whole of their time to oil-spraying of waters where mosquitoes are bred. The number of inspections, etc., is shown under the previous heading.

The chief prevalence of mosquitoes is in those parts of the southern suburbs which are within a mile or two of the Black River and the sewage disposal works at Athlone.

The nuisance is worst during the early part of the rainy season before the weather has become cold. The mosquitoes are almost exclusively *Culex pipiens*. *Anopheles* and *Aedes* are not found.

In last year's annual report details were given of the mosquito situation in the southern suburbs and of the measures that are taken by the City Health Department.

Mosquito prevalence is liable to occur in any part of the Municipality through breeding taking place in local collections of water. It is by no means confined to the summer.

Trapped street catch-pits are apt to cause trouble, and their treatment with larvicide is undertaken by the City Engineer's Department.

CAMPING.

Camping on private sites within the municipal area has been kept under observation by the health inspectors. During the year 1935-36 fourteen applications for the erection of tents, etc., were received, of which ten were approved and four refused. In addition three applications were received for the use of caravans for camping purposes, all of which were refused.

FOOD, DRUGS AND DISINFECTANTS ACT.

In terms of Government Notice No. 1572 of 2nd December, 1932, the Minister of Public Health added the Municipality of the City of Capetown to the list of local authorities empowered under Government Notice No. 666 of 11th April, 1930, to administer the Food, Drugs and Disinfectants Act in respect of (a) perishable articles mentioned or defined in the Regulations under the Act and (b) flour, meal, bread and any other article of food not packed or sold in a sealed package; and fixed the number of samples to be examined for the Municipality in the Government Chemical Laboratory free of charge at 549.

Sampling duty is undertaken by the five divisional health inspectors.

The following is a record of the samples taken during the year under review:—

SAMPLES TAKEN UNDER FOOD, DRUGS AND DISINFECTANTS ACT.

1ST JULY, 1935—30TH JUNE, 1936.

Nature of sample.	No. of samples.	Not genuine.					Genuine.
		No action taken.	Letter sent.	Warning notice sent.	Summons applied for.	Total.	
Milk	471	—	11	11	23	45	426
Cream	1	—	—	—	—	—	1
Ice cream ..	17	—	—	1	11	12	5
Butter	5	—	—	—	—	—	5
Cream cheese ..	1	—	—	—	1	1	—
Sweet cheese ..	1	—	—	—	—	—	1
Minced meat ..	5	—	—	—	2	2	3
Polony	9	—	—	2	1	3	6
Sausage	25	—	—	4	7	11	14
Lard	2	—	—	—	—	—	2
Rice	2	—	—	—	—	—	2
Oats	1	—	—	—	—	—	1
Meal	3	—	—	—	—	—	3
Sugar	1	—	—	—	—	—	1
Pepper	3	—	—	—	—	—	3
Coffee	4	—	—	—	1	1	3
Mixed coffee ..	6	—	—	—	3	3	3
Chicory	1	—	—	—	—	—	1
Cocoa	1	—	—	—	—	—	1
Sweets	1	—	—	—	—	—	1
Total	560	—	11	18	49	78	482

Of the 49 applications for summonses in respect of samples taken during the year ended 30th June, 1936, 6 were not heard until after the end of that year. Three cases in respect of samples taken in the previous period were heard in the year under report. 46 cases were therefore heard during the year, and are included in the list of prosecutions at page 85.

The results of analysis of the samples of milk taken were as follows :—

Percentage of milk fat.	No. of Samples.	Percentage of milk-solids-not-fat.	No. of Samples.
1.5—1.9	3	6.5—6.9	1
2.0—2.4	11	7.0—7.4	1
2.5—2.9	4	7.5—7.9	5
3.0—3.4	154	8.0—8.4	28
3.5—3.9	162	8.5—8.9	241
4.0—4.4	87	9.0—9.4	181
4.5—4.9	25	9.5—9.9	13
5.0—5.4	15		
5.5—5.9	—		
6.0—6.4	2		
6.5—6.9	4		
7.0—7.4	2		
9.5	1		

SALE OF MILK AND ICE CREAM.

On the 30th April, 1936, the amendments to the Capetown Dairy Regulations were promulgated, of which the main provisions were indicated in last year's report.

The old regulations prohibit any person from carrying on the business of dairyman, purveyor of milk or cowkeeper within the Municipality unless (1) he is licensed by the Council as a purveyor of milk, and (2) any premises within the municipal area used by him as a dairy, milkshop or cowshed are licensed. The licences are annual and the Council has the power to refuse any application for a licence if the conditions are unsatisfactory. No licence was required under the old regulations by cowkeepers whose premises were outside the municipal area and who supplied milk to retail dairymen in Capetown, but under the new amendments the principle of annual licensing by the City Council is extended to them also; and any retailer selling milk from cowshed premises outside the municipal area is required to hold a permit to do so issued by the Council. During the year under report all licensing operations were under the old regulations only.

The regulations also prohibit any person carrying on the business of manufacture or vendor of ice cream on any premises or conveyance unless such premises or conveyance are licensed. The licences are annual and applications may be refused if conditions are unsatisfactory.

The number of dairy premises* in the Municipality at 30th June, 1936, was as follows :—

	30th June, 1935.	30th June, 1936.
Cowsheds	86	66
Milkshops	134	129
Cowkeepers licensed to purvey milk in Capetown, whose premises are outside the Municipality	48	48

It will be seen that the number of premises in the Municipality where the business of cowkeeper was carried on was reduced during the year by 20 and the number of other dairies and milkshops by 5.

* Including certain premises unlicensed but still in use at the end of the year under report.

There were also about 140 cowshed premises outside the Municipality from which milk was known to be supplied to retail dairymen in Capetown.

Two inspectors provided with transport devote all their time to the inspection of cowsheds, including those outside of the Municipality from which milk is sent into Capetown. Milkshops and ice-cream premises are under the inspection of the general health inspectors. During the year under report, the inspections made were as follows :—

Dairy stables	4,178
Milkshops	5,051
Milk delivery carts	4,307
Ice-cream premises	1,648
Ice-cream carts	123

Applications for annual licences have been dealt with as follows during the year under review :—

	Received prior to year under report.				Received during year under report.				
	Purveyors of milk.				Purveyors of milk.				
	Cowshed premises in Capetown.	Milkshop premises in Capetown.	Premises outside of Capetown.	Manufacturers and vendors of ice-cream.	Cowshed premises in Capetown.	Milkshop premises in Capetown.	Premises outside of Capetown.	Manufacturers and vendors of ice-cream.	
Applications for licences received					77	166	58	417	
Licences issued	3	6	2	—	46	102	16	378	
Applications cancelled	5	7	1	—	5	21	5	37	
Licences refused	—	2	—	—	1	17	—	2	
Applications in abeyance	—	—	—	—	25	26	37	—	

Of the 378 persons licensed to make or sell ice-cream only 24 were licensed for its manufacture. The remainder were licensed only for selling ice-cream, not to be made on the premises. The 24 licensed for the manufacture of ice-cream include 3 who have a large wholesale trade.

Milk samples taken by the City Health Department are examined in the Union Health Laboratory, Capetown (500 samples per annum for total bacteria and coliform bacilli and 100 for tubercle bacilli by inoculation). The results of the examination of samples taken during the year under report are shown in the following tables :—

SAMPLES OF MILK TESTED FOR TOTAL BACTERIA AND COLIFORM BACILLI: YEAR ENDED 30TH JUNE, 1936.

Milk samples taken at	Number of bacteria per c.c.						No coliform bacilli in :					Coliform bacilli present in 0.0001.	Not more than 30,000 bacteria per c.c. and no coliform bacilli in 0.1 c.c.	Others with not more than 200,000 bacteria per c.c. and no coliform bacilli in 0.01 c.c.
	Not more than					More than 1,000,000	1 c.c.	0.1 c.c.	0.01 c.c.	0.001 c.c.	0.0001 c.c.			
	30,000	100,000	200,000	500,000	1,000,000									
Cowshed premises ..	—	2	3	2	—	—	—	—	1	4	—	2	—	1
On delivery to retailer by cowkeeper (cowshed in Municipality) ..	2	2	—	2	—	—	—	1	1	1	1	2	1	1
On delivery to retailer by cowkeeper (cowshed outside Municipality) ..	52	53	13	26	11	12	12	24	42	36	36	17	32	44
On milk round of cow-keeper supplying retail customers (cowshed in Municipality) ..	17	16	11	8	4	2	3	3	18	13	12	9	6	15
On milk round of cow-keeper supplying retail customers (cowshed out-side Municipality) ..	6	5	4	1	—	1	2	—	2	5	3	5	2	2
In retailer's shop or dépôt	49	30	13	19	2	2	14	16	21	17	18	29	27	24
On milk round of retailer	19	28	9	15	4	2	1	7	15	20	21	13	5	16
Totals ..	145	136	53	73	21	19	32	51	100	96	91	77	73	103

SAMPLES OF MILK TESTED FOR TUBERCLE BACILLI: YEAR ENDED 30TH JUNE, 1936.

	Positive.	Negative.	No result.	Total.
Samples taken from mixed milk of herd:				
Capetown cowkeepers.. ..	—	23	—	23
Outside cowkeepers	—	—	—	—
Samples taken on round:				
Capetown cowkeepers	1	12	—	13
Outside cowkeepers	1	6	—	7
Retailers	—	—	—	—
Samples taken in course of delivery to retailers' depôts:				
Capetown cowkeepers	—	10	—	10
Outside cowkeepers	1	65	—	66
Total	3	116	—	119

In addition to the above routine samples, samples from individual cows were taken to follow up the routine samples reported as positive; these numbered 10 (one positive, 9 negative). Also 4 samples from individual cows in a suspected herd from which no routine sample had been taken (all negative).

TEA SHOPS, CAFES, RESTAURANTS AND EATING HOUSES.

Municipal regulations provide for the annual licensing of these premises and the controlling of their equipment and management. Applications for licences are considered by the Trades Licences Committee after report by the Medical Officer of Health. The following is an analysis of the applications dealt with during the year ended 30th June, 1936:—

	Restaurants.	Tea Shops.	Cafés.	Eating-Houses.
1. Applications received	121	243	55	48
2. Granting of licences recommended (without conditions)	63	157	36	15
3. Granting of licences recommended (subject to conditions)	57	76	18	31
4. Number under item 3 later reported as having complied with conditions	54	73	17	23
5. Refusal of licences recommended ..	—	3	—	1
6. Applications withdrawn	1	7	1	1

REGISTERED TRADES.

Mattress-makers, Laundries, Barbers and Hairdressers.

The municipal regulations prohibit any person from carrying on the trade or business of mattress-maker or upholsterer, and from carrying on any laundry "by way of trade or for purposes of gain," unless such person is registered annually by the Council. The Council has the right to refuse applications for registration of laundries, but not of mattress-makers and upholsterers. The regulations also prohibit any person from carrying on the trade or business of a barber or hairdresser unless such person is registered by the Council, which has the right to grant or refuse applications for registration. Annual renewal of registration is not required, but the Council is empowered to cancel the registration at any time.

The certificates of registration are issued by the Medical Officer of Health.

The following is an analysis of the applications dealt with during the year ended 30th June, 1936 :—

	Mattress-makers and Upholsterers.	Laundries.	Barbers and Hairdressers.
Applications received	34*	16	102
Registration certificates issued	24	13	78
Registration refused	5	—	—
Applications withdrawn	—	1	24
Applications in abeyance	6	2	—

*In addition to one from previous year.

As at 30th June, 1936, the number of registered barbers' or hairdressers' premises was 374.

TRADE LICENCES.

The Licences Consolidation Ordinance No. 19 of 1930 provides that a certificate must be obtained from the Council before a licence is issued to trade as a general dealer, fresh produce dealer, baker, butcher, restaurant (etc.) keeper, hawker, pedlar, motor garage, or mineral water manufacturer or dealer, and further that no application for such certificate shall be considered unless the Medical Officer of Health shall have reported that the premises are fit and suitable for the purpose, and that he knows of no reason why the licence should be refused on the grounds of public health. All applications for certificates are referred by the Trades Licences Committee to the Medical Officer of Health for report, and the consequent inspections involve a considerable amount of work on the part of the health inspectors. The licences, which are designed for revenue purposes, must be renewed annually, but the Council's certificate is only required when they are issued for the first time or transferred. Under the Council's regulations, however, hawkers and pedlars must be licensed annually.

The following is an analysis of applications for certificates dealt with during the year ended 30th June, 1936 :—

	General dealers.	Fresh produce dealers.	Butchers.	Bakers.	Hawkers.	Pedlars.	Motor garages.	Mineral water dealers.
1. Applications received	1,184	265	92	3	1,146	30	53	54
2. Granting of Licences recommended (without conditions)	644	105	24	—	640	27	31	31
3. Granting of Licences recommended (subject to conditions)	506	147	68	2	252	—	20	23
4. Number under item 3 later reported as having complied with conditions	440	123	60	1	244*	—	17	19
5. Refusal of Licences recommended ..	10	7	—	1	171	3	—	—
6. Applications withdrawn	24	6	—	—	83	—	2	—

* When referring to hawkers, item No. 4 to read "number under items 3 and 5 later reported suitable."

INSPECTION OF MEAT AND OTHER FOODSTUFFS.

The inspection of meat from animals killed at the Municipal Abattoirs is under the control of the Veterinary Officer, and is reported on in the Mayor's Minute. No animals may be slaughtered elsewhere in the Municipality, and all meat from animals slaughtered outside the City and brought in for consumption must be deposited at one of the depôts appointed by the Council. There it is inspected and stamped by the meat inspector attached to the City Health Department.

The following is a return of meat from animals slaughtered outside the City and brought in for sale within the municipal area during the period 1st July, 1935, to 30th June, 1936 :—

Description.	Inspected.	Passed.	Condemned partly.	Condemned entirely.	
				Amount.	Percentage.
Carcases of Beef	117	113	—	4	3·42
Parts of Beef (from above carcasses)				11	—
Carcases of Mutton	7,193	7,172	—	21	0·29
Carcases of Goat	59	59	—	—	—
Carcases of Veal	325	325	—	—	—
Carcases of Pork	13,889	13,836	—	53	0·38
Pigs' Kidneys (from above carcasses)				406	—
Pigs' Heads				103	—
Parts of Pork				31	—
Parts of Beef	536	535	—	1	0·19
Parts of Mutton	4,354	4,354	—	—	—
Parts of Veal	202	202	—	—	—
Parts of Pork	99	99	—	—	—
Ox Heads	579	576	—	3	0·52
Ox Hearts	929	929	—	—	—
Ox Tongues	1,361	1,358	—	3	0·22
Ox Livers	1,154	1,117	—	37	3·21
Ox Lungs	429	424	—	5	1·17
Ox Kidneys	2,606	2,603	—	3	0·12
Ox Spleens	84	84	—	—	—
Ox Skirts	202	202	—	—	—
Ox Tails	1,180	1,180	—	—	—
Ox Tripes	820	820	—	—	—
Sheep and Goats' Heads ..	3,768	3,768	—	—	—
Sheep and Goats' Tongues ..	816	816	—	—	—
Sheep and Goats' Kidneys ..	1,004	1,004	—	—	—
Sheep and Goats' Tripes ..	3,714	3,714	—	—	—
Sheep and Goats' Plucks ..	5,658	5,324	333*	1	0·02
Sheep and Goats' Livers				333	—
Sheep and Goats' Lungs				130	—
Pigs' Plucks	15,866	13,929	1,453*	484	3·05
Pigs' Livers				1,453	—
Pigs' Lungs				1,850	—
Pigs' Hearts				6	—
Pigs' Heads	12	12	—	—	—
Calves' Kidneys	18	18	—	—	—
Calves' Plucks	247	247	—	—	—
Calves' Heads	5	—	—	5	100·00

* These items are included below in the columns concerned (Livers and Lungs, etc.).

The following return shows the number and portion of imported carcasses of meat which were condemned at the depôts appointed by the Council, classified under the various diseases for which they were condemned, during the period 1st July, 1935, to 30th June, 1936:—

Description.	Number.	Abcess.	Actinomycosis.	Angiomatosis.	Brusé.	Cirrhosis.	Cysts (hydatid).	Decomposition.	Emaciation.	Flukes.	Hepatitis.	Inflammation.	Menses.	Morbund.	Nephritis.	Odour.	Pericarditis.	Pleurisy.	Pyæmia.	Sarcocysts.	Tapeworm.	Tuberculosis.
Carcasses of:	4							21	1				40									
Beef	21				1			21														
Mutton	53				1																	
Pork																						
Parts of:																						
Beef	12				10																	
Pork	31	4			7																	
Oxen:																						
Heads	3				1																	
Tongues	3																					
Livers	37	3																				
Lungs	5																					
Kidneys	3																					
Sheep and Goats:																						
Plucks	1																					
Livers	333																					
Lungs	130																					
Pigs:																						
Heads	103																					
Hearts	6																					
Kidneys	406																					
Plucks	484																					
Livers	1,453																					
Lungs	1,850																					
Calves:																						
Heads	5																					

The following carcasses with slight infections with cysticercus were discovered and interned in cold storage for the prescribed time:—

Removed from	Measly beef.		Measly pork.	
	Carcasses.	Weight (lbs.)	Carcasses.	Weight (lbs.)
Municipal Abattoir	359	203,186	15	1,374
Capetown depôts	—	—	120	7,277
Total	359	203,186	135	8,651

In addition to the above, 61 carcasses of beef (32,853 lbs.) discovered in places outside of the municipal area to be slightly infected with cysticercus were interned in cold storage.

Imported meat.

The following meat rejected for export at Walvis Bay and Gouda, C.P., was brought into Capetown :—

Fore quarters of beef	..	..	..	..	..	..	} 13,966 lbs.
Hind quarters of beef	..	..	..	..	..	..
Lambs .. .. .	..	..	..	..	..	..	140 lbs.

Some of this meat is sold to shipping, and is not inspected by the Department ; but the major portion of it, especially the viscera, is used for local consumption, and is included in the foregoing tables of meat inspected.

Food inspection by health inspectors.

The following foodstuffs were condemned as unfit for human consumption as the result of ordinary inspections by the health inspectors or the meat inspector, other than inspections of imported meat, during the year ended 30th June, 1936 :—

<i>Meat :</i>							<i>Weight (lbs.)</i>
Beef	..	..	..	..	..	..	877½
Pork	..	..	..	..	..	..	486
Mutton	..	..	..	..	..	..	857
Sheeps' heads	..	..	..	..	..	..	472
Calves' heads	..	..	..	..	..	..	60
Minced meat	..	..	..	..	..	..	1
Soup bones	..	..	..	..	..	..	5
<i>Poultry and game :</i>							
Turkeys	..	..	..	..	..	..	1,075
Geese	..	..	..	..	..	..	204
Ducks	..	..	..	..	..	..	588½
Fowls	..	..	..	..	..	..	8,514
Pigeons	..	..	..	..	..	..	4½
<i>Fish :</i>							
Preserved fish	..	..	..	..	..	..	853
<i>Fruit and vegetables :</i>							
Oranges	..	..	..	..	..	..	9,470
Pears	..	..	..	..	..	..	420
Grape fruit	..	..	..	..	..	..	2,380
Dates	..	..	..	..	..	..	1,540
Raisins	..	..	..	..	..	..	10
Figs (dried)	..	..	..	..	..	..	64
Peas (green)	..	..	..	..	..	..	250
<i>Other provisions :</i>							
Ham	..	..	..	..	..	..	19
Tinned ham	..	..	..	..	..	..	2,452½
Tinned fish	..	..	..	..	..	..	413½
Cheese	..	..	..	..	..	..	811
Sour milk	..	..	..	..	..	..	500
Eggs	..	..	..	..	..	..	150
Biscuits	..	..	..	..	..	..	266½
Flour	..	..	..	..	..	..	16
Beans	..	..	..	..	..	..	2,000
Jam	..	..	..	..	..	..	179
Preserved fruit	..	..	..	..	..	..	10
Tinned fruit	..	..	..	..	..	..	1,395
Pickles and delicacies	..	..	..	..	..	..	379½
Other tinned foods	..	..	..	..	..	..	46½

CASES BEFORE THE MAGISTRATE.

The following table gives particulars of cases heard by the magistrates in the year ended 30th June, 1936, at the instance of the City Health Department. In most of the cases there were two or more separate counts: the counts are not enumerated in the table. In some cases more than one person was summonsed for the same offence; if any one accused was fined or reprimanded the case is recorded in the table accordingly, notwithstanding that the other accused may have been discharged:—

Nature of offence.	Number of cases.						No of persons summonsed.	Total fines.
	Total.	Fined.	Suspended sentence.	Reprimanded.	Summons withdrawn.	Discharged.		
Dwelling-house premises in insanitary condition (excluding the keeping of animals)	16 ⁽¹⁾	11	—	—	—	5	17	£39 0 0
Business premises in insanitary condition ..	1	1	—	—	—	—	1	2 0 0
Keeping animals or poultry on premises so as to cause nuisance	2	2	—	—	—	—	2	3 10 0
Insanitary conditions at food premises:								
Butchers' shop premises	1	1	—	—	—	—	1	1 0 0
Milksellers' premises (no cows kept) ..	1	1	—	—	—	—	1	4 10 0
Cowshed premises	1	1	—	—	—	—	2	4 0 0
Restaurants, cafés, etc.	2	—	—	1	—	1	3	—
Bakehouses	1	1	—	—	—	—	1	7 0 0
Other food premises	10 ⁽²⁾	10	—	—	—	—	12	25 10 0
Insanitary conditions or other offences in the transport or delivery of foodstuffs:								
Meat	11	8	—	—	—	3	16	23 5 0
Milk	37	37	—	—	—	—	63	69 15 0
Selling, delivering or depositing meat not slaughtered at the Municipal Abattoir or not inspected and stamped	1 ⁽³⁾	1	—	—	—	—	10	3 0 0
Trading as milk seller without licence (not cowkeeper)	5	3	—	—	—	2	7	6 0 0
Trading as cowkeeper without licence ..	1 ⁽⁴⁾	1	—	—	—	—	1	5 0 0
Keeping animals in contravention of the Council's prohibition	5	2	—	—	—	3	5	10 0 0
Selling foodstuffs in contravention of the Food, Drugs and Disinfectants Act:								
Milk	23	21	—	—	1	1	26	40 2 6
Ice cream	11	11	—	—	—	—	11	18 0 0
Sausage, minced meat, etc.	7	6	—	—	—	1	7	13 10 0
Coffee, etc.	4	4	—	—	—	—	6	8 10 0
Cream cheese	1	1	—	—	—	—	1	3 10 0
Other contraventions of the Food, Drugs, and Disinfectants Act	2	2	—	—	—	—	3	4 0 0
Dwelling-house premises used as a wash-house without being registered as such by the Council	10	8	—	2	—	—	10	4 0 0
Unlawfully burying carcass of animal ..	2	2	—	—	—	—	2	6 0 0
Nuisance from smoking chimney	1	—	1	—	—	—	2	—
Other nuisances or insanitary conditions ..	2	2	—	—	—	—	2	5 10 0
Practising of midwifery by person not on Council's list of midwives	4	2 ⁽⁵⁾	2	—	—	—	4	20 0 0
Total	162	139	3	3	1	16	216	£326 7 6

⁽¹⁾ Amongst these cases is one including a count for keeping animals on premises so as to cause nuisance.

⁽²⁾ Amongst these cases is one including a count for using stable premises as a dwelling.

⁽³⁾ Including a count for slaughtering elsewhere than at the Municipal Abattoir.

⁽⁴⁾ Including a count for keeping animals in contravention of the Council's prohibition.

⁽⁵⁾ £20 fines not paid, accused going to prison instead.

PUBLIC SANITARY CONVENIENCES.

The following is a list of the public sanitary conveniences open at 30th June, 1936, together with the number of chalet attendants employed in connection with them:—

Chalet.	Attendants.	
	Male.	Female.
Bakoven	1	1
Camps Bay	2	—
Castle Bridge	2	—
Castle Street	2	—
Claremont	2	—
Claremont Park	1	1
De Waal Park	2	1
Dock Road	2	—
Early Morning Market	2	1
Fish Market (Retail) (Closed 14th March, 1936)	—	1
Gardens	2	1
Green Point Common	1	—
Greenmarket Square	2	2
Hanover Street	2	1
Jurgens Park	2	—
Kalk Bay	2	1
Ladies' Rest Room, Parade	—	2
McGregor Street	2	—
Maitland	2	—
Mowbray	2	1
Muizenberg Beach	2	2
Museum, Capetown	2	1
New Fish Market (Wholesale)	1	2
Riebeeck Square	2	1
Rochester Estate, Salt River	2	1
St. Andrew's Square	2	—
St. James Beach	1	1
Salt River Market	2	1
Sea Point	2	2
Sea Point Swimming Pool (Coloured)	—	1
Searle Street	2	1
Three Anchor Bay	—	1
Trafalgar Park (opened 28th March, 1936)	1	1
Woodstock	2	2
<hr/> 34 chalets	<hr/> 54	<hr/> 30

In addition to the above there are three relieving attendants, one male and two female.

MUNICIPAL WASHHOUSES.

There are seven municipal washhouses, at each of which there is a caretaker in charge. There is also an assistant at three of them and at Hanover Street two assistants. With the exception of Hanover Street they are supplied with cold water only, and the drying and bleaching are done in the open air. Those at Hanover Street, Hout Street and Wynberg are equipped with electric irons, but not the others. At the Hanover Street washhouse the washing troughs are supplied with steam and "hydro-extractors," drying chambers, ironing machines and electric irons are provided.

At the Hout Street washhouse there is also an installation of slipper baths. The charges for the baths were reduced at the beginning of the year under report, with the result that the number of users increased to such an extent that the money taken was nearly doubled.

The charges made at the washhouses are as follows:—At Platteklip, Mowbray and Claremont, at 3d. per day; at Kalk Bay, 6d. per day; at Hout Street and Wynberg, 4d. per day for washing and 1d. per hour for ironing (including use of electric iron); at Hanover Street, 3d. for two hours and 3d. for each additional hour up to a maximum of 1s. 6d. per day (including ironing facilities).

The charges for the use of the baths at Hout Street are as follows:—Hot water baths, adults 3d., children 2d.; cold water baths 1d.

The attendances and takings at the washhouses (including ironing rooms) during the year ended 30th June, 1936, were as follows:—

						Attendances.	Money taken.		
							£	s.	d.
Hanover Street	..	..	..	..	..	14,836	369	8	0
Platteklip	..	..	..	..	..	8,121	101	10	3
Mowbray	..	..	..	..	..	5,007	62	11	6
Claremont	..	..	..	..	..	9,158	115	9	6
Kalk Bay	..	..	..	..	..	2,281	56	0	6
Hout Street	..	..	..	..	..	12,735	231	6	0
Wynberg	..	..	..	..	..	8,336	118	3	6
						60,474	£1,054	9	3

The attendances and takings at the Hout Street slipper baths during the year ended 30th June, 1936, were as follows:—

		Hot baths.		Cold baths.		Total.	
		Atten- dances.	Money taken.	Atten- dances.	Money taken.	Atten- dances.	Money taken.
			£ s. d.		£ s. d.		£ s. d.
Adults	..	7,564	102 0 9	36	0 3 0	7,600	102 3 9
Children	..	316	2 16 6	7	1 1	323	2 17 7
Total	..	7,880	£104 17 3	43	£0 4 1	7,923	£105 1 4

PAUPER BURIALS.

The Public Health Act places upon the City Council the responsibility for the removal and burial of the body of any destitute person, or any dead body which is unclaimed or of which no responsible person undertakes the burial. The cost falls upon the City Council, although it may be legally recovered from any responsible person who is able to pay. Practically all such burials undertaken by the Council are, however, of the bodies of persons whose relations are unable to pay, and very little is recovered. Each year a contract is given out to an undertaker to carry out this work for the Council. In the year ended 30th June, 1936, the number of such burials was 464.

METEOROLOGY.

The collection of certain meteorological data is undertaken by the Department. A Stevenson's screen, with dry and wet bulb and maximum and minimum thermometers, sunshine recorder, barometer, and earth thermometers (4 ft., 2 ft., and 1 ft.) are kept in the grounds of the City Hospital, Portwood Road. The results of the observations are given in Tables K to O on pages 131 to 135.

CLERICAL STAFF.

At the end of the year the clerical staff consisted of the chief clerk, 19 clerks, 5 junior clerks and 1 messenger, in addition to 5 lady clerks, of whom 3 were employed in connection with the work of the health visitors and 1 at the City Hospital, Portwood Road. One of the lady clerks in the health visitors' office is trained in social work.

SECTION VI.—TUBERCULOSIS AND VENEREAL DISEASE CLINICS.

TUBERCULOSIS CLINICS.

(Prepared by Dr. J. F. Wicht, Medical Superintendent of Hospitals.)

There are two tuberculosis clinics, situated at 50, Newmarket Street, Capetown, and Church Street, Wynberg. Three weekly sessions are held at the former and two at the latter.

The former building is an adaptation of a pair of semi-detached cottages, and comprises consulting room, dressing cubicles, combined dispensary and registration room and caretaker's quarters.

The latter building is designed and built on modern lines. It has a spacious waiting hall, which gives access to two consulting rooms with dressing cubicles, a clinical room, and a large combined dispensary and registration room, constructed so as to give privacy in registration and history taking.

The clinic-sessions are conducted by the Medical Superintendent of Hospitals (3 sessions) assisted by two part-time medical officers (one session each). There are four tuberculosis health visitors who assist at the sessions and carry out the home visitation of patients.

The work of the clinics is mainly as follows :—

- (1) Selecting cases suitable for Nelspoort Sanatorium, to which institution 127 patients were admitted from Capetown during the year.
- (2) Recommending hospital treatment for patients whose disease is in too active a condition for sanatorium treatment. In many cases, after a period of treatment in the City Hospital, the disease becomes less active and the patient is sent to Nelspoort for further treatment.
- (3) Recommending the more advanced cases for admission to the City Hospital. It is often necessary to admit cases who are dying and perhaps destitute. The total Capetown cases of the disease admitted to the City Hospital during the year numbered 388.
- (4) Palliative treatment to those unable or unwilling to be admitted to hospital.

In addition to this, doubtful cases are investigated and, if necessary, admitted to hospital for observation.

The clinics help also in educating patients as to how they should conduct their lives on hygienic principles, so as to avoid infecting others.

The medical officer is always willing to examine contacts and suspects, but these do not usually take advantage of the opportunity, and the majority of the patients have fairly advanced disease.

Many patients whose disease is in an early stage refuse institutional treatment, as they do not feel sufficiently ill; later, when the disease has progressed considerably, they demand admission to Nelspoort, and have to be informed that they are not suitable for sanatorium treatment.

To obtain the best results from sanatorium treatment, the disease should not be in too active a condition. While the disease is progressive the patient should be kept at rest in bed, and when the disease becomes quiescent, sanatorium treatment is indicated. In other words, the sanatorium is to be regarded in the light of a convalescent home, and this is the principle on which the clinics are conducted. Where possible, patients are admitted to hospital for rest treatment, and in some cases patients are advised to rest at home under the supervision of the health visitors.

The four health visitors render invaluable assistance to the medical officer by marshalling facts concerning patients whom they visit in their homes, and by rounding up notified patients and persuading them to apply for treatment.

Patients in needy circumstances are referred to charitable bodies, such as the Board of Aid, the Society for the Protection of Child Life, and the Care Committee for Tuberculosis Patients.

The Board of Aid makes allowances of money and groceries to those patients whose cases are approved by its investigators. The Society for the Protection of Child Life finds foster mothers for children who are the contacts of tuberculous parents, and helps to obtain Government grants for the children of poor families. The Care Committee for Tuberculosis Patients is not merely an after-care committee, i.e. it does not confine its activities to aiding patients who have returned from the sanatorium. Help is given to the dependents of tuberculous patients who are in institutions as well as to the patients themselves when they are at home. Financial assistance, clothing, blankets, etc., are given to patients who are recommended by the tuberculosis officer and whose cases are investigated by the Committee's almoner.

The Care Committee have a small farm at Duinendal on the Cape Flats, where about 24 patients with quiescent disease can be accommodated. Use is made of this institution by the tuberculosis officer who recommends patients for admission either before or after treatment at Nelspoort or the City Hospital. The accommodation is limited to European males. There is no resident medical officer, but the matron is a trained nurse.

Other bodies, such as the A.C.V.V. (D.R. Church), the St. Vincent de Paul Society (R.C. Church), the Fairhaven Work Party, the British Empire Service League and Toc H, also render valuable assistance to the tuberculosis officer, in a more restricted sphere of action.

European children who are tuberculosis contacts are sent to the Sunshine Home at Bellville, an institution conducted by the Society for the Prevention of Tuberculosis. There is no institution on these lines for non-European children.

Out-patients receiving artificial pneumothorax treatment are given refills at the City Hospital in a small operating room provided with an X-ray plant for screening purposes. Other special cases are also seen by the Medical Superintendent at the hospital. The total out-patient attendances there of cases of tuberculosis amounted to 431 during the year under report.

During the year there were 7,518 attendances at the clinics as compared with 6,620 in the previous year. The following are the details :—

Race.	1935—1936.				1934—1935.			
	Attendances.		New Cases.		Attendances.		New Cases.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
Newmarket Street Clinic :								
European ..	843	929	135	101	770	1,039	126	136
Other ..	1,905	1,715	270	305	2,176	2,440	309	362
Persons ..	2,748	2,644	405	406	2,946	3,479	435	498
Total ..	5,392		811		6,425		933	
Wynberg Clinic :								
European ..	257	281	23	31	20	22	3	3
Other ..	668	920	98	114	65	88	12	15
Persons ..	925	1,201	121	145	85	110	15	18
Total ..	2,126		266		195		33	

MUNICIPAL TREATMENT CENTRES.

(Prepared by Dr. C. K. O'Malley, M.C.)

A review of the attendances at the three municipal treatment centres for venereal diseases during the year 1935-36 shows (a) a decrease in the total number of new cases, viz., 2,938 as compared with 3,046 in the previous year; (b) a decrease in the number of consultations, viz., 31,506 as compared with 31,729.

The following table sets out the figures for new patients considered from the standpoint of sex, race and disease :—

1. Sex	..	Males	..	..	..	..	1,740
		Females	..	..	..	..	1,198
							2,938
2. Race	..	Europeans	..	..	..	..	838
		Non-Europeans	..	..	..	..	2,100
							2,938
3. Disease	..	Syphilis	..	..	..	..	1,387*
		Gonorrhœa	..	..	..	..	817
		Other conditions	..	..	..	..	734
							2,938

* Including 85 cases also suffering from Gonorrhœa.

Staff.

Of the two assistant medical officers added to the Department in July, 1935, one, a male medical officer, was appointed to the venereal disease branch, the full-time medical staff of the branch being thereby increased to two. He has undertaken five weekly sessions at the venereal disease clinics in addition to assisting the venereal disease officer at the City Hospital and generally. He has also conducted four weekly sessions at the maternal and child welfare centres, while the other new assistant medical officer (female) who was appointed to the maternal and child welfare branch, has conducted a weekly session at the venereal disease clinics. At the end of the year under report 14 sessions a week were conducted by full-time medical officers of the Department and 8 by part-time officers.

The non-medical staff (full-time) of the clinics included the following:—

Working both in venereal disease wards at the City Hospital and in the clinics:—

Sister and 4 nurses.

3 orderlies.

Working in connection with the clinics only:—

2 orderlies.

Clerk (and part-time clerical assistance).

Cleaners.

New Premises.

The new building in Spencer Road, for the Salt River venereal disease clinic, which had been held for some years in rented premises in Salt River Road, was brought into use on the 30th December, 1935.

Female intermediate treatment.

Facilities have long been provided at the clinics for male patients requiring frequent treatment by way of irrigation ("intermediate treatment"), but there has been a lack in this respect as regards females. In May, 1935, arrangements were made whereby female patients needing irrigation treatment could obtain it at each centre every week-day. During the year under report the attendances of female patients for such intermediate treatment were as follows:—

	Adults.	Children.	Total.
European	366	681	1,047
Non-European.. ..	76	361	437
	<hr/> 442	<hr/> 1,042	<hr/> 1,484

Follow-up of defaulters.

A great deal of the benefits that might otherwise accrue from the Council's scheme for dealing with venereal disease are lost by reason of the patients prematurely discontinuing their attendances. To meet this situation a system was adopted of sending an informal letter by post to all defaulters, advising them to resume attendance. This was brought into operation in July, 1935, and the following figures show the number of such letters sent during the year under review and the number of cases who responded by resuming attendance:—

	Letters sent.	Responded.
Males: European	534	43
Non-European	1,145	62
Females: European	82	15
Non-European	724	40
	<hr/> 2,485	<hr/> 160

It will be seen from these figures that the results of this work were very meagre. Much greater success has been obtained in the subsequent year by the application of Section 58 of the Public Health Act and by the home visitation of defaulters.

Incidence.

There is nothing of note to report on the incidence rate of venereal disease for the year under review; the rate remains more or less stationary. It is perhaps noteworthy, that despite the great facilities for the treatment of venereal disease afforded by the municipal authorities, no striking reduction in the amount of venereal disease has been achieved. It seems as though the present rate will remain the standard index unless other means, such as education and better housing, etc., are adopted which would incidentally raise the social standard of the population.

Propaganda work is in fact undertaken by the Capetown Society for Combating Venereal Disease, which is a voluntary body assisted by the Union Health Department, the Corporation of the City of Capetown and the Cape Divisional Council. Free film demonstrations accompanied by medical lectures are given in the Municipal and Divisional Council areas. The City Health Department is actively associated with this excellent work.

The following table shows the number of new cases of venereal disease registered in a few large cities compared with their respective populations :—

City.	Year.	Total new cases.	Population.	Rate per 1,000 Population.
Capetown	1934-35	3,746	293,249	12.8
Johannesburg and Rietfontein				
Hospital	1934-35	4,292	448,000	9.6
Glasgow	1935	5,468	1,123,541	4.9
Hull	1935	1,296	322,200	4.0
Birmingham	1935	3,217	1,033,000	3.1
Coventry	1935	501	190,000	2.6

The following table shows for a series of years the total new cases registered at all the Municipal Treatment Centres and the rate per 1,000 of the population.

Year ended 30th June.	Total New Cases.	Population.	Rate per 1,000 population.
1921	1,909	181,240	10.5
1922	1,458	186,050	7.8
1923	1,265	191,020	6.6
1924	1,331	196,150	6.8
1925	1,507	201,440	7.5
1926	1,759	209,956	8.4
1927	1,942	218,053	8.9
1928	2,268	248,758	9.1
1929	2,987	256,995	11.6
1930	3,316	262,192	12.6
1931	3,423	267,337	12.8
1932	3,408	273,118	12.5
1933	3,617	279,469	13.0
1934	4,126	286,708	14.4
1935	3,746	293,249	12.8
1936	3,598	293,180	12.1

The table on the next two pages gives in detailed information the attendance for each disease.

The following table affords a summary of the more comprehensive table on page 92. The figures include the cases of venereal disease seen and treated at the pre-natal clinics at the welfare centres :—

Type of Disease.	Euro-pean.	Non-Euro-pean.	Total.	No. of consultations	34,086
Primary and secondary syphilis	97	373	470	No. of intermediate treatments	33,556
Tertiary syphilis	114	1,103	1,217	No. of intravenous injections	10,811
Syphilis of the C.N.S.	11	17	28	No. of intramuscular injections	9,761
Congenital syphilis	40	292	332	No. of specimens for Wassermann reaction (V.D. clinics)	4,903
Gonorrhoea	376	441	817	No. of specimens for Wassermann (pre-natal clinics)	4,680
Other venereal diseases	17	72	89	No. of smear examinations for gonococci	4,418
Non-Venereal diseases	205	386	591	No. of operations	14
Undiagnosed	17	37	54	No. of sessions held during the year	1,057
Totals	877	2,721	3,598		

Clinic.	Race.	Adults. Children.	Sex.	Total attendances.	Total.	Diseases from which patients suffered.										New cases.				Operations.	Routine blood tests of pregnant women.		
						Syphilis, primary and secondary.	Syphilis, tertiary.	Syphilis of the central nervous system.	Syphilis, congenital.	Gonorrhoea and gonorrhoea preceding column.	Gonorrhoea only.	Other venereal diseases.	Non-venereal diseases.	Undiagnosed.	Intermediate treatment.	Intravenous injections.	Intramuscular injections.	Wassermann reaction.	Sugar examinations.				
City Hospital clinic ..	Eur.	Adults .. Children ..	Male ..	2,786	201	27	20	3	3	2	96	6	46	1	4,826	638	713	457	323	4		Positive	
			Female ..	1,383	48	14	7	3	3	1	12	1	9	1	121	500	494	291	208	-			
			Male ..	30	3	-	-	-	-	-	14	-	10	-	12	-	8	6	-	-			
			Female ..	973	97	-	-	-	-	-	167	21	59	7	4,140	928	1,151	546	118	10			
Salt River clinic ..	Non-Eur.	Adults .. Children ..	Male ..	3,004	406	117	33	13	13	14	14	-	10	-	5	942	92	361	201	-		Negative	
			Female ..	2,969	246	55	136	5	5	1	32	-	16	-	12	36	178	129	186	-			
			Male ..	237	43	-	-	-	-	-	34	-	1	-	-	-	-	-	-	-			
			Female ..	665	86	3	1	-	-	1	32	-	16	-	12	36	178	129	186	-			
Wynberg clinic ..	Eur.	Adults .. Children ..	Male ..	10,697	1,060	216	198	15	83	25	336	27	170	15	9,117	3,052	3,212	1,739	1,487	14		Positive	
			Female ..	6,070	378	42	19	4	2	6	205	10	90	6	14,504	1,114	1,442	710	554	-			
			Male ..	1,293	49	6	14	1	3	4	8	1	16	1	192	523	326	237	281	-			
			Female ..	71	11	1	-	-	-	-	9	-	3	-	608	20	180	89	414	-			
Aspelling Street (pre-natal clinic).	Non-Eur.	Adults .. Children ..	Male ..	9,616	328	85	30	21	10	25	118	38	46	4	4,138	797	926	492	405	-		Positive	
			Female ..	3,235	276	33	166	1	69	10	1	1	34	5	20	5	869	529	518	-			
			Male ..	705	93	-	-	-	-	-	26	-	42	-	278	40	444	138	257	-			
			Female ..	1,175	154	-	-	-	84	-	26	-	42	-	278	40	444	138	257	-			
Aspelling Street (pre-natal clinic).	Eur.	Adults .. Children ..	Male ..	15,964	1,312	167	229	8	170	45	382	50	290	16	19,740	4,211	4,745	2,490	2,430	-		Positive	
			Female ..	701	51	3	5	1	1	1	24	-	16	2	1,301	219	198	51	39	-			
			Male ..	469	32	5	10	-	1	-	5	-	7	1	4	53	166	144	76	58			-
			Female ..	30	7	-	-	-	4	-	-	-	2	-	-	-	16	4	-	-			
Aspelling Street (pre-natal clinic).	Non-Eur.	Adults .. Children ..	Male ..	1,766	165	44	29	4	5	9	50	8	28	-	3,162	519	526	278	224	-		Positive	
			Female ..	1,396	181	34	81	1	20	5	5	4	45	8	51	539	377	199	81	-			
			Male ..	545	68	1	6	-	31	-	14	-	19	-	4	21	131	34	1	-			
			Female ..	334	68	-	-	-	31	-	14	-	19	-	4	21	131	34	1	-			
Aspelling Street (pre-natal clinic).	Eur.	Adults .. Children ..	Male ..	4,845	566	86	132	5	78	15	99	12	131	23	4,699	1,483	1,584	674	485	-		Positive	
			Female ..	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
			Male ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
			Female ..	577	176	-	176	-	-	-	-	-	-	-	-	473	27	851	-	-			
Aspelling Street (pre-natal clinic).	Non-Eur.	Adults .. Children ..	Male ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		Positive	
			Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
			Male ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
			Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Aspelling Street (pre-natal clinic).	Eur.	Adults .. Children ..	Male ..	578	177	-	177	-	-	-	-	-	-	-	-	474	27	863	-	-		Positive	
			Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
			Male ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
			Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Aspelling Street (pre-natal clinic).	Non-Eur.	Adults .. Children ..	Male ..	18	11	-	11	-	-	-	-	-	-	-	-	10	-	54	-	-		Positive	
			Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
			Male ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
			Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Aspelling Street (pre-natal clinic).	Eur.	Adults .. Children ..	Male ..	18	11	-	11	-	-	-	-	-	-	-	-	10	-	54	-	-		Positive	
			Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
			Male ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
			Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Aspelling Street (pre-natal clinic).	Non-Eur.	Adults .. Children ..	Male ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		Positive	
			Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
			Male ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
			Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			

SECTION VII.—CITY HOSPITALS.

(By Dr. J. F. Wicht, Medical Superintendent of Hospitals.)

The hospitals for infectious diseases controlled by the City Council are two in number, the City Hospital, Portswood Road, and Rentzkie's Farm Isolation Hospital.

STAFF (30TH JUNE, 1936).

Medical Superintendent of Hospitals: J. F. Wicht, M.D., Dublin, D.P.H., Capetown, Tuberculous Diseases Diploma (University of Wales).

Two House Physicians (appointed for a period of six months).

City Hospital.

Matron (Miss A. M. Leslie).
 Assistant Matron (Miss L. Lloyd).
 Home Sister.
 Night Sister.
 6 Ward Sisters.
 Ward Sister for venereal disease wards and female clinics.
 Staff Nurses.
 Student Nurses.
 Probationers.
 Dispenser.
 3 Orderlies for venereal disease wards and male clinics.
 2 Porters.
 Relieving porter-orderly.
 Domestic and labouring staff.

Isolation Hospital.

Caretaker.
 Labouring staff.

CITY HOSPITAL FOR INFECTIOUS DISEASES, PORTSWOOD ROAD.

This hospital is situated near the North Gates of the Docks and is bounded on the south-western side by the Green Point Sports Ground, from which it is separated by an iron fence. The New Somerset Hospital, forming the north-eastern boundary, is separated from the hospital by a road. The north-western boundary is a piece of ground laid out in tennis courts by a sports club, while Portswood Road forms the south-eastern boundary. Except for the portion between the hospital and the Green Point Sports Ground the site is surrounded by a wall. The total area of the hospital ground is $7\frac{1}{2}$ acres, and the buildings comprise the Medical Superintendent's residence, house physicians' bungalow, the administrative block and nurses' home, seven infectious diseases wards, two temporary wards, dispensary and drug store, venereal disease wards and clinic, laundry, disinfecting station, garages, stores, ambulance drivers' cottages, and natives' quarters.

The first buildings were erected in 1899 and were occupied by the military authorities during the Boer War until 1902, when the hospital was opened for the isolation and treatment of infectious diseases.

For many years the hospital consisted only of the Medical Superintendent's residence, a portion of the administrative block and two wards (isolation and scarlet fever). Additions were made in the following order: enteric ward, tuberculosis chalets, diphtheria ward, tuberculosis ward, venereal disease block, and the administrative block was enlarged to accommodate the increased nursing staff.

A house physician's bungalow with two bedrooms and a small dining room was built in 1930 and in August of that year a second house physician was added to the staff.

A new double-storied block to accommodate nearly 100 non-European tuberculosis patients was completed and brought into use early in 1931, and a wood-and-iron ward was altered to provide four double-bedded isolation rooms. To provide adequate housing for the increased staff an additional nurses' home consisting of 32 bedrooms, together with recreation rooms, store rooms and ironing rooms was built.

At present it is necessary to accommodate patients on the stoeps (verandahs) of the tuberculosis and diphtheria blocks, as the wards are not large enough. In connection with the proposed enlargement of the hospital the wide stoeps will be preserved but it is hoped that there will be a sufficient number of indoor beds for all needs. At page 33 reference is made to the extension of the hospital that is now in progress.

It is our practice to allow visits to patients twice weekly (on Wednesdays and Sundays). Children under 16 years are not allowed and visitors to the infectious blocks remain outside the wards and converse with the patients through the windows. In cases of dangerous illness near relatives are allowed to enter the ward, and special precautions are taken to avoid infection.

A course for a certificate in Infectious Diseases Nursing for nurses who hold the certificate of general training was instituted in 1929, and lectures are given at weekly intervals by the Medical Superintendent. In addition to this a scheme is in operation by which nurses who are undergoing their general training are taken on for periods of three months, during which time they receive instruction in the principles of fever nursing.

The proximity to the Somerset Hospital allows of a certain amount of team work which would otherwise be impossible in a hospital with a medical staff of four (superintendent, venereologist and two house physicians).

Radiographic work is carried out at the Somerset Hospital by arrangement with the Cape Hospital Board authorities and, owing to the courtesy of the honorary visiting staff of the Somerset Hospital, aid is always forthcoming for patients who need advice or treatment in the special branches of medicine as such laryngology, ophthalmology, etc. Routine bacteriological and pathological work is carried out by the Government laboratory. By arrangement with Professor Ryrie, of the University of Capetown, autopsies and special pathological investigation are conducted by the University staff. Professor Ryrie and Dr. Vadas, his assistant, render valuable aid to the hospital in this branch of medical science. Biochemical investigations are carried out by Dr. Linder who also undertakes the treatment of patients found to be suffering from diabetes.

During the period with which this report deals Dr. Joyce Wright of the University Bacteriology Department conducted an investigation into the types of *Corynebacterium diphtheriae* prevalent in Capetown. Her findings were published in the form of a paper in the British Medical Journal.

A communication entitled "Accidents in artificial pneumothorax treatment" was published by the Medical Superintendent of Hospitals in the South African Medical Journal, vol. 10, 505-6, June 25th, 1936. Another paper dealing with an unusual case of infection with the *Corynebacterium diphtheriae* was submitted to the Lancet in May, 1936, but was not published until November 29th, 1936, (i.e. in the period covered by the next annual report).

The hospital provides facilities for the study of infectious disease, and is attended by medical students and also by graduates in medicine who are taking the Diploma in Public Health. The Medical Superintendent is University Lecturer in Infectious Diseases, and Dr. O'Malley holds the lectureship in Venereal Diseases.

The hospital possesses a small operating theatre and major operations are performed by the consulting surgeon, Mr. T. Lindsay Sandes, M.D., F.R.C.S. During the year under report the operating theatre was used on 43 occasions, as follows:—

Laparotomy for perforated typhoid ulcer	..	..	..	..	3
Laparotomy for other causes	..	..	..	..	2
Phrenic nerve (crushing and injection of alcohol)	..	..	..	..	1
Frontal sinus	..	..	..	..	1
Tonsillectomy	..	..	..	..	25
Mastoid, cortical	..	..	..	..	2
Mastoid, radical	..	..	..	..	3
Other operations (minor)	..	..	..	..	6
					43

The operation of tracheotomy was performed on 34 occasions in the minor theatre in Ward 7. 20 of the patients recovered.

It is customary to add a few clinical notes to this portion of the annual report and in previous reports I have described special features of the infectious diseases met with in the wards of the City Hospital. This year I am appending a short paper on tuberculous meningitis which was given in a slightly different form to a branch meeting of the Medical Association of South Africa (B.M.A.) (see page 99).

Scarlet Fever. It will be seen that there were two deaths from scarlet fever, a disease which is usually mild.

Case 1. A young girl who had entered the Somerset Hospital as a probationer nurse developed scarlet fever about 10 days later. The infection was probably derived from a patient in the children's ward as there had been a small outbreak of the disease. Pulmonary complications appeared at an early stage and a septic empyema followed by gangrene of the lung with a bronchial fistula was the cause of death.

Case 2. A young coloured male was admitted to the City Hospital with scarlet fever. There was no rash, but patient was desquamating heavily. Crepitations were found in the lungs, but he was not considered to be seriously ill. A few days later there was a sudden rise of temperature to 106° and he became comatose and died. Autopsy showed an abscess of the lung which had apparently given rise to septicæmia.

There were 1,863 admissions to hospital during the year (917 Europeans and 946 non-Europeans). 18 cases were admitted twice during the year, and 54 other cases admitted in previous years were again admitted in the year under review.

The average number of patients in hospital per diem for a series of years is as follows:—

1923-24	1924-25	1925-26	1926-27	1927-28	1928-29	1929-30	1930-31	1931-32
62.9	69.6	107.7	125.5	151.7	156.2	159.1	204.3	238.2
		1932-33	1933-34	1934-35	1935-36			
		245.3	256.7	263.4	280.2			

Details in regard to cases treated are shown in tables 1, 2 and 3.

TABLE 1.—NUMBER OF PERSONS TREATED IN THE CITY HOSPITAL, FOR THE PERIOD JULY 1ST, 1935, TO JUNE 30TH, 1936, CLASSIFIED ACCORDING TO THE WARDS OF THE CITY, ETC., TO WHICH THEY BELONGED.

Wards, etc.	Under treatment July 1st, 1935.		Admitted.		Discharged.		Died.		Under treatment June 30th, 1936.				Total ad- mitted persons	Day Units.				Total.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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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. Sea Point ..	5	—	2	1	20	17	1	8	17	13	3	7	2	1	—	4	2	6	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

E—Europeans.

O—Others, or non-Europeans.

CITY ISOLATION HOSPITAL, RENTZKIE'S FARM.

This hospital is situated at Rentzkie's Farm, in the Maitland Ward, about six miles from the centre of the City, and has 42 beds. It is primarily intended for smallpox, plague and typhus fever, and there is no permanent resident staff except the caretaker, with labourers.

The hospital has accommodation available should an epidemic of any infectious disease assume large proportions, and serves as an overflow when the City Hospital wards are unable to take any cases of the more common infectious diseases. In addition, the Union Government own buildings containing 163 beds at Rentzkie's Farm for use in quarantining passengers and crews of ships entering the Port of Capetown with formidable epidemic diseases on board.

The hospital, which was empty from the beginning of the year under report, was opened in April, 1936, for the accommodation of cadets from the S.A.T.S. General Botha, anchored off Simonstown, on board which cases of diphtheria had occurred. The ship is outside the municipal area, and arrangements for the reception of the patients were made by the City Health Department at the request of the Union Health Department.

The first patients were admitted on 6th April, 1936, and during the year under report (i.e. up to 30th June, 1936) 14 (all European males) had been admitted, diagnosed either as cases of diphtheria or as carriers. After change of diagnosis 5 were recorded as cases and 9 as carriers. One carrier was discharged and 5 cases and 8 carriers transferred to the City Hospital, Portwood Road; 3 of the cases and 1 carrier were afterwards transferred back again from the City Hospital to Rentzkie's Farm Hospital, and discharged.

By 30th June, 1936, there were no patients in the hospital but more were admitted from the training ship in the course of the next year.

The total day units for Rentzkie's Farm Hospital during the year numbered 556.

NATIVE HOSPITALS, LANGA AND N'DABENI.

The natives resident at the Council's locations are provided with free medical attention. The old hospital at N'dabeni, which was used as a branch out-patient department, was closed on 17th August, 1935. The N'dabeni location was finally closed on 31st December, 1935.

At Langa there is a modern hospital of 24 beds and out-patient department. The native residents are also visited in their own homes by a nurse or medical officer if required.

The matron resides at Langa hospital with a European sister and has on her staff three native nurses (general or midwifery trained) and three native male orderlies. One of the three native nurses was stationed at the N'dabeni hospital but after it was closed all three were stationed at Langa hospital.

TABLE 2.—NUMBER OF CASES TREATED AT THE CITY HOSPITAL FOR THE PERIOD JULY 1, 1933, TO JUNE 30TH, 1936, CLASSIFIED ACCORDING TO RACE, SEX AND DISEASE.

Disease (ultimate diagnosis).	Under treatment, July 1st, 1933.						Admitted.						Discharged.						Died.						Under treatment, June 30th, 1936.						Total cases admitted.	Day Units.												
	E.			M.			E.			M.			E.			M.			E.			M.			E.			M.				F.			Total.									
	O.			F.			O.			F.			O.			F.			O.			F.			O.			F.																
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.														
Etiotic fever ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	35	45	610	463	1,073	3,536	4,609	3,317	3,344	16,622	2,596			
Scarlet fever ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	238	238	4,709	5,252	3,317	3,344	16,622	2,596	4,609	3,317	3,344	16,622	2,596	
Erysipelas ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	42	42	141	188	62	219	1,640	1,640	369	37	36	1,111	243	
Purpura ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	10	10	—	—	—	—	—	—	—	—	—	—
Cerebrospinal fever ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Infective endophthalmitis ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Typhus fever ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Influenza ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Acute primary pneumonia ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Pneumonia ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Tubercular meningitis ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Tubercular bone and joints ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Tubercular glands ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Abdominal tuberculosis ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Generalized tuberculosis ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Miliary tuberculosis ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Whooping cough ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Chicken-pox ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Measles ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Smallpox ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Scarlet fever ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Other Diseases ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Abcess, cerebellum ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Abcess, cerebellum ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Abcess, pulmonary ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Adenitis, septile ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Adenitis, cervical ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Adenitis, axillary ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Adenitis, axillary ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Adenitis, axillary ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Adenitis, axillary ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Adenitis, axillary ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Adenitis, axillary ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Adenitis, axillary ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Adenitis, axillary ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Adenitis, axillary ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Adenitis, axillary ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Adenitis, axillary ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Adenitis, axillary ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	29	29	—	—	—	—	—	—	—	—	—	—
Adenitis, axillary ..	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2																				

With the transfer of the third native nurse to Langa, a midwifery service was established at the hospital for the attendance of the location women in their own homes. The confinement fee is 11s.

The activities of the hospitals for the year ended 30th June, 1936, are shown by the following figures:—

	Langa.	N'dabeni.
Daily average number of in-patients	12.14	
In-patients admitted	234	
Number of new out-patients	1,557	
Number of attendances by out-patients	13,655	111
Number of visits to patients at their homes by:		
Doctor .. /	756	6
Nurse	1,631	14
Midwifery service (from February, 1936):		
No. of confinements attended (extern) ..	14	
Visits made by midwife	195	

THE PROBLEM OF TUBERCULOUS MENINGITIS.

By Dr. J. F. WICHT.

My experience of this disease is based mainly on a number of patients seen during a period of nearly ten years at the City Hospital. Reference to the records shows that in ten years (1926-27—1935-36) there were 1,073 cases of meningitis. Of these, 565 were meningococcal, in 105 some other pyogenic organism (pneumococcus, streptococcus, influenza bacillus) was the cause, and the remaining 403 were tuberculous. I have not made a careful analysis of these cases as there is a certain degree of monotony in many of the records, but I am selecting the more interesting and instructive details for discussion.

It is common knowledge that the disease occurs mainly in children who are exposed to infection by the tubercle bacillus either as contacts with consumptives or by drinking infected milk. Although Cobbett and others have shown that the bovine bacillus may invade the meninges, there are no figures available to demonstrate the extent of bovine infection in Capetown, and as phthisis is so prevalent it is reasonable to suppose that most of the cases of meningitis are caused by the human type of bacillus. Owing to the difficulty of obtaining reliable family histories it is not always easy to trace the source of infection, but not infrequently a parent or a near relative is found to be suffering from phthisis. Nevertheless the danger of drinking raw milk should be borne in mind and all milk given to infants and children should be boiled or pasteurized. Pasteurization must be thorough and commercially pasteurized milk, unless approved by the health authorities, is not always safe.

The appalling incidence amongst coloured children is seen when the 403 cases are classified for race and disease. Only 69 cases were in Europeans, whereas there were 334 coloured patients. In a short series of consecutive cases over 70 per cent. occurred in children under five years of age, 16 per cent. occurred in children between 5 and 10 years old and only 4 per cent. occurred in adults. Although some observers have stated that the sexes are equally affected, in my series there are 225 males to 178 females.

Tuberculous meningitis may be the cause of death in patients of any age who are known to be suffering from pulmonary or surgical tuberculosis, but these cases are the exception rather than the rule. In the tuberculosis wards of the City Hospital meningitis is not often clinically recognisable in patients dying from phthisis. It is commoner for the disease to appear rather unexpectedly in adults or children who are not suspected of being tuberculous. In some cases trauma or an infectious disease precedes the meningitis.

It is usually taught that tuberculous meningitis is part of a miliary tuberculosis, but of recent years Rich, working in America, has sought to prove that infection of the meninges is the result of direct spread from a lesion in the brain. In a number of autopsies performed at the City Hospital by Professor Ryrie of the University of Capetown, miliary tuberculosis has been an almost constant finding, and primary foci were usually discovered in the thorax or abdomen, rarely in the brain. The pulmonary lesion may be relatively insignificant and may show signs of fibrosis. On more than one occasion I have seen at autopsy a vertebral lesion which has caused no painful symptoms and which had given rise to an undetected psoas abscess. In these cases infection had spread directly from the caseating bone to the meninges.

In textbooks of medicine one is apt to find a conventional and stereotyped description of the disease, which is divided rather formally into three stages. In practice the stages are not so clearly defined and it is probably correct to state that the textbook signs and symptoms are most likely to be found in older children, but that in infants, young children and adults the onset and course of the disease are atypical as judged by textbook standards. In infants and young children the disease is often insidious and may be ushered in by vomiting, diarrhoea, pyrexia and sometimes by convulsions. As the significance of these symptoms is difficult to estimate in young patients it is not surprising to find that the diagnosis is often delayed until there are definite signs of organic intracranial disease. This is shown by bulging of the fontanelle in infants, by inequality of the pupils or loss of light reflex, by a fixed staring expression of the eyes, by cranial nerve palsies or by a lapse into continued convulsions or coma. It should be remembered that in infants, neck rigidity and Kernig's sign may be absent, although Brudzinksi's neck sign is usually present and is a valuable indication for diagnostic lumbar puncture. Adults usually complain of headache, but diagnosis may be difficult. Hilliard Holmes, who reviewed 29 cases of the disease in adults who were admitted to hospital, states that only two had the correct diagnosis on admission. Most of the patients were labelled nervous debility, neurosis, influenza, pneumonia, malaria, etc. The symptoms were varied and he notes the following modes of onset—headache, vomiting, backache, constipation, pyrexia, coma, delirium, strangeness of manner, drowsiness. Warrington, who records cases of the disease in adults, notes strangeness of manner, excitability, throbbing in head and numbness of arm followed by hemiplegia as being initial symptoms.

In one of my cases a young girl developed severe headache and behaved so strangely that she was thought by a doctor to be suffering from hysteria. She had no neck rigidity and no pyrexia, but was shouting and screaming when examined. A day or two later the neck became rigid, the temperature rose to 104 degs. and tubercle bacilli were found in the cerebrospinal fluid. Her father was a patient at the tuberculosis clinic, but although he had physical signs in his lungs his sputum was never positive. Another patient, a young man, developed hemiparesis and was thought to have encephalitis. Neck rigidity appeared, but was not well marked and a consulting neurologist who found slight papilloedema supported the diagnosis of encephalitis. On enquiring of his relatives it was learnt that his father had died of pulmonary tuberculosis. Tubercle bacilli were not found in the cerebrospinal fluid, but at autopsy tuberculous meningitis was found. There was a small, apparently healed, primary focus in the lung.

The duration of the disease is short and is usually from a few days to a little over a fortnight. Occasionally the duration is longer and one infant lived three months. Most of the patients lived a week or less after admission to hospital, a few survived for fourteen days. It was not possible to measure the total duration of the illness as the onset was often insidious and the history unreliable. An adult out-patient who had formerly had pneumothorax treatment returned complaining of giddiness for three weeks and died eighteen days later of tuberculous meningitis. The diagnosis was made difficult by the fact that he had suppurative otitis media and was thought to have disease of the labyrinth.

It is obvious that the condition of the cerebrospinal fluid should be of diagnostic importance. The fluid is usually under pressure but this is not pathognomonic of meningitis and may be found in encephalitis and meningismus. In appearance it may be clear, opalescent, or slightly turbid. It is rarely turbid or purulent. Sometimes it is yellow in colour from old hæmorrhage and sometimes it contains fresh blood. On standing a coagulum usually forms and the tubercle bacilli may often be found entangled in the fibrin. The cells are usually increased and may consist of lymphocytes and polymorphs the former usually predominating. It is not always easy to find tubercle bacilli and frequent examinations may be necessary. Guinea pig inoculation is a useful check on diagnosis especially when no autopsy is permitted or in case recovery should occur.

The chemistry of the fluid is characterized by an increase in protein and globulin, the former usually rising to over 100, and a fall in chlorides usually to at least 650 or even much less, and an absence of sugar. These changes are often absent in the early stages and it is not unusual to find a high chloride figure and a normal sugar reaction even when tubercle bacilli are discovered in the cerebrospinal fluid.

Tuberculous meningitis is most easily diagnosed when a patient, after a few days of malaise and headache, lies in bed with his legs drawn up and shows neck rigidity with squint or facial paresis in association with a clear or opalescent cerebrospinal fluid containing an abnormal number of lymphocytes, an excess of albumen and a deficiency of chlorides. In addition there may be obstinate constipation, vomiting, the hydrocephalic cry and as the disease progresses apathy which deepens into coma. Unless tubercle bacilli are found there is a possibility of error even in apparently typical cases.

In the early stage and in less typical cases it may be extremely difficult to establish a diagnosis, although the presence of the disease may be strongly suspected. As the prognosis is so bad it is inadvisable to make a definite diagnosis in the absence of a positive

cerebrospinal fluid, but it may be necessary to warn the relatives of impending danger. The differential diagnosis may be considered on the following lines. Tuberculous meningitis may be confused with diseases in which the prognosis is good or for which there is specific treatment, and it is essential to recognise the latter class. There are only a few of these diseases and they will be discussed after a few words have been said about meningismus, a condition which may cause a little difficulty. Meningismus is usually associated with an obvious cause such as typhoid or pneumonia, although in some cases of pneumonia the physical signs do not appear for a few days. The cerebrospinal fluid is under pressure, but is clear and shows no abnormal cytology or chemistry. The prognosis is that of the condition causing the meningeal irritation. Lumbar puncture should be done early in all cases where there is the slightest suspicion of meningeal involvement so that meningococcal meningitis may be recognised in an early stage. In meningococcal infection the onset is usually sudden and the neck rigidity is more marked than in tuberculous meningitis, but the deciding factor is the condition of the cerebrospinal fluid. At an early stage the fluid may be clear in meningococcal meningitis, but organisms can usually be found on microscopical examination.

It is most important to remember middle ear disease as the cause of headache and neck rigidity with pyrexia. In the initial stages of a meningitis caused by chronic otitis the cerebrospinal fluid may be opalescent and contain an excess of cells, usually polymorphs, no organisms being present. Delay is dangerous, and drainage should be established immediately. It is better to open up the mastoid cells of a tuberculous patient than to postpone operation in one with otitic meningitis. These remarks may also be applied to infection of the frontal sinus, and in cases of severe headache one should not forget to examine this region.

A third, but somewhat rare condition which reacts excellently to treatment is syphilitic meningitis. When there is doubt it is well to give the patient anti-syphilitic treatment e.g., bismuth. Occasionally patients with tuberculous meningitis have cerebrospinal fluid which gives a positive Wassermann reaction. It is also probable that some of the supposed cures from mercury inunction in tuberculous meningitis were due to the fact that the patient was really suffering from syphilitic and not tuberculous meningitis.

Uremia may be confused with tuberculous meningitis and here too an early diagnosis may lead to the use of treatment which may prove beneficial.

It might be as well to mention tetanus in this group, as I have frequently seen this disease diagnosed as meningitis. I think that this error can be prevented by making a careful examination of the patient and remembering the possibility of tetanus. It is not unusual to see rigidity of limbs and tetanic convulsions in the later stages of tuberculous meningitis.

There are a few conditions in which no special treatment is indicated and where delay in making a diagnosis is not detrimental to the patient's chances of recovery. In this group we may place encephalitis, poliomyelitis, cerebral abscess, subarachnoid hæmorrhage, cerebral tumour, benign meningitides. The diagnosis from encephalitis may be difficult in the absence of tubercle bacilli in the cerebrospinal fluid. The first case in the St. Louis epidemic of encephalitis was considered to be tuberculous meningitis until an autopsy was made. This case was the forerunner of a number of cases clinically resembling tuberculous meningitis. In tuberculous meningitis there may be little neck rigidity and cranial nerve palsies may appear while the patient's mental condition is still fairly clear. These remarks apply especially to adults. In children I have seen cases with flaccid paralysis which have resembled poliomyelitis and for several days the chemistry of the cerebrospinal fluid has afforded no help—i.e., chlorides and sugar were normal. In subarachnoid hæmorrhage until the cause of the bleeding has been determined, it is often difficult to exclude the possibility of tuberculous meningitis with hæmorrhagic cerebrospinal fluid. A young man seen recently complained of headache for about 36 hours and then became restless and semi-comatose. There was a history of slight trauma a few days previously and on lumbar puncture the cerebrospinal fluid was found to be intimately mixed with blood. There was but little pyrexia and the diagnosis rested between hæmorrhagic encephalitis, spontaneous subarachnoid hæmorrhage and possibly tuberculous meningitis. He was much relieved by lumbar puncture. No organisms were found and in 10 days the patient had made a complete recovery which apparently ruled out possibility number three.

Cerebral tumours may present grave difficulties in diagnosis, and I do not propose to discuss them here. I have seen several tumours in which the first sign was meningeal irritation caused by hæmorrhage into the subarachnoid. Of course many cerebral tumours are easy to recognise, but I am referring to the odd atypical case. Cerebral abscess should perhaps have been included in the first group—conditions reacting to treatment but I think both physicians and surgeons will agree that cerebral abscess is not usually an emergency and that a little delay in making the diagnosis may allow localization to take place. When cerebral abscess is associated with neck rigidity there is probably septic infection of the meninges, but it may be some days before pyogenic organisms are found in the cerebrospinal fluid.

From time to time benign meningitides are encountered and one of these—benign lymphocytic meningitis may closely resemble the tuberculous variety. As its name suggests the prognosis is always good and when a patient with most of the signs of tuberculous meningitis but with a T.B. negative cerebrospinal fluid recovers apparently rather miraculously it is probably because he has had benign lymphocytic meningitis. It is considered to be a virus disease, (Bengtson and Wooley) and there is a growing literature on the subject. Epidemic serous meningitis, when a single case is seen, may also cause difficulty—as may simple aseptic meningitis. In the former the cells are not usually increased, and some authorities consider it to be an abortive form of poliomyelitis or encephalitis. In the latter an excess of polymorphs is present and it is possible that it is really an abortive meningococcal infection.

Hughes states that lead encephalopathy may cause confusion and notes that it is common in adults and children in the Far East where face and toilet powders containing lead are used.

To sum up then, tuberculous meningitis may often be diagnosed with ease on clinical grounds supported by positive findings in the cerebrospinal fluid. On the other hand it may be extremely difficult to come to a definite conclusion and the only line to pursue, is to exclude conditions which urgently require treatment.

I do not need to dwell on the almost complete hopelessness of the prognosis. There are however definitely authentic cases of recovery. Cramer and Bickle reviewed 46 cases of proved tuberculous meningitis with recovery, but 25 per cent. of the patients died later of pulmonary tuberculosis. In one of my cases, a boy of 10 years had the clinical appearance of tuberculous meningitis and the cerebrospinal fluid was reported to be positive. He made a totally unexpected recovery, but the bacteriologist told me that only one tubercle bacillus had been seen, so I regard the case as doubtful.

Treatment is usually unavailing, but it is said that repeated lumbar puncture gives the best chance of recovery. It is not unusual for the symptoms to become alleviated after lumbar puncture but they return in a few hours and a second lumbar puncture does not usually have the same effect. Amongst forms of treatment recommended in the literature we find sanocrysin, allergine (a tuberculin), deep X-ray therapy, etc., but I do not think that any of these is of use.

The final problem is that of prophylaxis. Tuberculous meningitis will continue to take its toll of children as long as they are born and spend their infancy in the grossly infected slums of the City. It is hoped that a campaign against the bad social conditions will succeed, and there are signs of an awakening of the public conscience. The Government and local authorities are beginning to attack the evil seriously. In some countries B.C.G. vaccine has been praised, but one hears of children who were inoculated failing to develop immunity and dying of tuberculous meningitis. It is a wise measure to remove young children from contact with tuberculous parents and others. Preventorium, sunshine homes, and institutions for isolating sputum positive adults, all play their part in this scheme. Parents and guardians of children should remember the high rate of pulmonary tuberculosis amongst coloured persons and poor whites, and should exercise care in the choice of nurses and domestic servants. The Municipal clinics provide facilities for examination of suspects free of charge. Finally the possibility of milk-borne infection should not be overlooked.

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TABLES.

SUMMARY.

WARDS : CORRECTED FOR OUTWARD TRANSFERS BUT NOT FOR INWARD TRANSFERS.

CAUSE OF DEATH.	Race.	Sea Point		Harbour		West Central		Kloof		Park		East Central		Castle		Woodstock		Salt River		Mowbray		Maitland		Rondebosch		Claremont		Kalk Bay		Wynberg		Not Allocated, Residential Addresses Unascertained.		TOTALS.	
		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.	Per-sons.	
I.—Infectious and Parasitic Diseases ..	{ E. 9 O. 4	7	8	2	2	17	17	4	3	8	9	5	4	13	17	20	11	3	10	10	3	3	5	7	11	3	16	13	6	121	114	235			
II.—Malignant and Other Tumours ..	{ E. 10 O. 16	4	11	16	17	23	30	7	6	15	6	3	4	7	7	14	11	11	8	2	4	9	11	8	2	6	12	11	9	7	109	113	222		
III.—Rheumatism, Diseases of Nutrition, of Endocrine Glands and Other General Diseases ..	{ E. 4 O. 8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
IV.—Diseases of the Blood and Blood-Forming Organs ..	{ E. 1 O. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
V.—Chronic Poisonings ..	{ E. 3 O. 3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
VI.—Diseases of the Nervous System and Sense Organs ..	{ E. 3 O. 3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
VII.—Diseases of the Circulatory System ..	{ E. 46 O. 26	26	12	2	6	22	12	4	14	15	4	—	22	11	24	14	20	19	15	6	14	6	18	12	16	8	32	33	13	235	188	483			
VIII.—Diseases of the Respiratory System ..	{ E. 6 O. 1	4	3	—	—	1	8	5	5	8	5	2	4	—	6	5	9	5	3	5	5	7	3	8	3	5	3	4	3	4	3	1	78	50	128
IX.—Diseases of the Digestive System ..	{ E. 5 O. 1	5	5	—	—	1	6	3	3	3	2	6	2	1	5	2	6	5	3	2	4	2	9	5	2	1	3	4	1	6	56	46	102		
X.—Non-Veneral Diseases of the Genito-Urinary System and Annexa ..	{ E. 4 O. 4	4	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
XI.—Diseases of Pregnancy and Puerperal State ..	{ E. 1 O. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
XII.—Diseases of the Skin and Cellular Tissue ..	{ E. 1 O. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
XIII.—Diseases of the Bones and Organs of Locomotion ..	{ E. 1 O. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
XIV.—Congenital Malformations ..	{ E. 1 O. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
XV.—Diseases of Early Infancy ..	{ E. 4 O. 3	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
XVI.—Old Age ..	{ E. 1 O. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
XVII.—Deaths from Violence ..	{ E. 5 O. 5	3	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
XVIII.—Ill-defined Diseases ..	{ E. 1 O. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals ..	{ E. 99 O. 6	83	40	8	8	7	65	46	62	50	41	39	19	4	73	100	71	67	67	53	39	43	36	69	54	29	30	98	86	35	42	901	734	1,635	
Totals, all Races ..	{ E. 99 O. 6	83	40	8	8	7	65	46	62	50	41	39	19	4	73	100	71	67	67	53	39	43	36	69	54	29	30	98	86	35	42	901	734	1,635	
		105	91	86	51	67	53	153	138	75	66	296	279	202	178	169	156	107	159	86	188	175	268	251	246	238	107	107	282	251	81	58	2,620	2,367	4,987

International Code No.	CAUSE OF DEATH.	Race.	WARDS: CORRECTED FOR OUTWARD TRANSFERS BUT NOT FOR INWARD TRANSFERS.																	Not Allo- cated. Resi- dential Ad- dresses Un- ascer- tained.	TOTALS.			
			Sea Point 1	Har- bour 2	West Cen- tral 3	Kloof 4	Park 5	East Cen- tral 6	Castle 7	Wood- stock 8	Salt River 9	Mow- bray 10	Mait- land 11	Ronde- bosch 12	Clare- mont 13	Kalk Bay 14	Wyn- berg 15							
			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.		M. F.	Persons.		
	I. INFECTIOUS AND PARASITIC DISEASES.																							
1	Typhoid Fever ..	{E. O.	2	-	-	-	-	-	-	-	1	-	-	-	-	2	1	-	-	1	-	3	-	3
2	Paratyphoid Fevers ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
3	Typhus Fever ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
4	Relapsing Fever ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
5	Undulant Fever ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
6	Smallpox ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
6	Ameas and Alastrim	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
7	Measles ..	{E. O.	-	1	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	3	-	
8	Scarlet Fever..	{E. O.	-	-	1	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	2	3	
9	Whooping Cough ..	{E. O.	-	2	-	-	-	1	-	1	-	5	14	6	7	6	4	-	1	9	10	20	25	3
10	Diphtheria ..	{E. O.	-	-	-	-	-	1	-	1	1	-	1	1	-	-	-	2	2	2	3	1	1	-
11a	Influenza (with Pul- monary Complica- tions specified)	{E. O.	1	-	-	-	1	1	-	1	-	-	-	2	2	1	1	-	2	1	-	1	1	-
11b	Influenza (without Pul. Comp. specified) ..	{E. O.	-	-	-	-	1	-	2	-	2	1	1	-	2	1	-	-	1	1	1	-	1	-
12	Cholera ..	{E. O.	-	-	-	-	-	-	-	2	1	1	1	-	2	1	-	-	1	1	-	2	5	14
13a	Dysentery, amoebic ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
13b	Dysentery, bacillary ..	{E. O.	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	
13c	Dysentery, other ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
14a	Plague, bubonic ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
14b	Plague, pneumonic ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
14c	Plague, septicaemic ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
14d	Plague, not otherwise defined	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
15	Erysipelas (<i>Non-puer- peral</i>) ..	{E. O.	-	1	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	
16	Acute Anterior Polio- myelitis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
17	Encephalitis Lethargica	{E. O.	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	
18	Meningococcal Cerebro- spinal Meningitis ..	{E. O.	-	-	1	-	-	-	-	2	2	1	-	-	1	-	-	-	1	-	-	-	-	
19	Glanders ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
20	Anthrax ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
21	Rabies..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
22	Tetanus ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	
23	Tuberculosis of Respi- ratory System (ex- cluding silicosis with tuberculosis — <i>Vide</i> Code No. 414) ..	{E. O.	5	3	4	-	-	1	-	1	5	4	6	2	2	-	5	10	9	6	2	8	3	2
24	Tuberculosis of Central Nervous System ..	{E. O.	1	1	5	11	11	12	14	19	2	-	39	45	30	27	22	21	18	18	6	3	23	25
25	Tuberculosis of Intes- tines & Peritoneum	{E. O.	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
26	Tuberculosis of Verte- bral Column ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
27	Tuberculosis of Other Bones and Joints..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Death Classification.		CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR INWARD AND OUTWARD TRANSFERS IN THE CASE OF EUROPEANS BUT CORRECTED FOR OUTWARD TRANSFERS ONLY IN THE CASE OF NON-EUROPEANS.																TOTALS.		Persons.	Deaths in Captivity of Non-Residents (exclusive of those from Europe).																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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035	28	I. (cont.) Tuberculosis of Skin & Subcutaneous Tissue	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Death Classification.		CAUSE OF DEATH.	Race.	WARDS: CORRECTED FOR OUTWARD TRANSFERS BUT NOT FOR INWARD TRANSFERS.															Not Allocated. Residential Addresses Unascertained.	TOTALS.													
Code No.	International Code No.			Sea Point 1	Harbour 2	West Central 3	Kloof 4	Park 5	East Central 6	Castle 7	Woodstock 8	Salt River 9	Mowbray 10	Maitland 11	Rondebosch 12	Claremont 13	Kalk Bay 14	Wynberg 15		M.	F.	Persons.											
				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.										
25	28	I. (cont.) Tuberculosis of Skin & Subcutaneous Tissue	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -												
36	29	Tuberculosis of Lymphatic System	{E. O.	- -	- -	- -	- -	- -	1 -	- -	1 -	- -	- -	1 -	- -	- -	1 -	- -	- -	1 2	- -												
37	30	Tuberculosis of Genito-Urinary System	{E. O.	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	- -												
38	31	Tuberculosis of Other Organs	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -												
39	32a	Acute Disseminated Tuberculosis	{E. O.	1 -	- -	1 -	- -	1 -	2 -	1 -	2 1	1 1	- -	- -	1 1	- -	1 1	2 -	- -	1 3	4 13												
40	32b	Chronic Disseminated Tuberculosis	{E. O.	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	2 -	- -													
41	33	Leprosy	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -													
42	34	Syphilis	{E. O.	2 -	2 -	1 2	1 3	2 -	1 6	2 13	4 3	3 3	1 3	1 6	1 7	3 3	5 5	3 5	2 6	7 62	4 39												
43	35	Gonorrhoea	{E. O.	- -	- -	1 -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	1 -	- -	- -	- -	2 1	3 -												
44	35	Other Venereal Diseases	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -													
45	36	Purulent Infection—Septicaemia (Non-puerperal)	{E. O.	- -	1 -	- -	1 -	- -	1 -	1 -	2 1	2 2	- -	1 3	1 1	- -	- -	2 3	1 1	15 9	24 14												
46	37	Yellow Fever	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -													
47	38	Malaria	{E. O.	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	1 1	2 -												
48	39	Other Diseases due to Protozoa	{E. O.	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -												
49	39	Trypanosomiasis	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -													
50	40	Ankylostomiasis	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -													
51	41	Hydatid Cysts	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -													
52	42	Other Diseases due to Helminths-Cestodes	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -													
53	42	Other Diseases due to Helminths-Trematodes	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -													
54	42	Other Diseases due to Helminths-Nematodes	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -													
55	42	Other Diseases due to Helminths-Coccidia	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -													
56	42	Other Diseases due to Helminths-Bilharziasis	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -													
57	42	Other Diseases due to Helminths-Parasites, Other and Undefined	{E. O.	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 3	- -	1 4	5 -												
58	43	Mycoses	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -													
59	44	German Measles	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -													
60	44	Chicken-pox	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -													
61	44	Mumps	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -													
62	44	Blackwater Fever	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -													
63	44	Other Infectious or Parasitic Diseases	{E. O.	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1													
		Totals for I.	{E. O.	9 4	7 11	8 16	2 17	4 30	3 3	9 75	5 68	4 61	- 54	13 36	17 31	20 27	11 9	3 5	10 44	14 80	10 69	7 38	11 49	- 21	3 27	16 47	13 52	3 9	6 3509	121 504	114 1013	235	
		II. MALIGNANT AND OTHER TUMOURS.																															
60	45	Cancer of the Buccal Cavity and Pharynx	{E. O.	- -	- -	2 -	- -	1 -	1 -	2 -	- -	1 -	- -	- -	- -	2 1	- -	- -	- -	1 13	1 2	14 3											
61	46	Cancer of the Digestive Organs & Peritoneum	{E. O.	6 -	5 12	1 -	1 4	10 1	5 -	3 -	4 7	4 -	1 5	3 -	2 -	3 6	6 12	5 -	5 -	1 12	1 3	4 2	3 4	4 4	1 2	4 1	8 12	4 2	7 -	5 40	49 26	106 66	

REPORT OF THE MEDICAL OFFICER OF HEALTH.

Death Classification.		CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR INWARD AND OUTWARD TRANSFERS IN THE CASE OF EUROPEANS BUT CORRECTED FOR OUTWARD TRANSFERS ONLY IN THE CASE OF NON-EUROPEANS.																TOTALS.				Persons in Colonies (excluded from foregoing columns)	
Code No.	International Code No.			0 to 1	1 to 2	2 to 5	Total under 5	5 to 10	10 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 and upwards	M.	F.	M.	F.	Persons.	M.		F.
102	47	II. (cont.) Cancer of the Respiratory Organs ..	{E. - O. -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -	10 -	3 -	1 -	- -	16 -	1 -	17 -	5 -	1 -		
103	48	Cancer of the Uterus ..	{E. - O. -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	5 -	2 -	4 -	2 -	1 -	- -	- -	16 -	1 -	17 -	1 -		
104	49	Cancer of the Other Female Genital Organs ..	{E. - O. -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	4 -	1 -	- -	- -	- -	- -	- -	5 -	5 -	10 -	2 -		
105	53	Cancer of the Female Urinary Organs ..	{E. - O. -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	1 -	- -	- -	- -	- -	1 -	1 -	2 -	-		
106	50	Cancer of the Breast ..	{E. - O. -	- -	- -	- -	- -	- -	- -	- -	2 -	5 -	2 -	7 -	3 -	3 -	1 -	1 -	23 -	9 -	32 -	4 -			
107	51	Cancer of the Male Genito-urinary Organs ..	{E. - O. -	- -	- -	- -	- -	- -	- -	- -	- -	- -	5 -	6 -	2 -	- -	- -	13 -	3 -	16 -	6 -	-			
108	52	Cancer of the Skin ..	{E. - O. -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	1 -	1 -	1 -	1 -	1 -	- -	2 -	3 -	5 -	-			
109	53	Cancer of Other or Unspecified Organs ..	{E. - O. -	- -	- -	- -	- -	- -	1 -	- -	1 -	1 -	3 -	1 -	2 -	1 -	1 -	1 -	3 -	9 -	12 -	1 -			
120	54a	Non-malignant Tumours: Female Genital Organs ..	{E. - O. -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -	-			
121	54b	Non-malignant Tumours: Other Sites ..	{E. - O. -	- -	- -	1 -	1 -	- -	- -	1 -	1 -	1 -	2 -	1 -	2 -	1 -	1 -	6 -	6 -	12 -	4 -	1 -			
122	55 a b	Tumours of Undetermined Nature ..	{E. - O. -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	1 -	1 -	-	-			
		Totals for II. ..	{E. - O. -	- -	- -	1 -	1 -	2 -	1 -	2 -	1 -	3 -	4 -	17 -	16 -	39 -	44 -	111 -	53 -	166 -	27 -	193 -			
		III. RHEUMATISM, DISEASES OF NUTRITION, OF ENDOCRINE GLANDS AND OTHER GENERAL DISEASES.																							
149	56	Rheumatic Fever ..	{E. - O. -	- -	1 -	1 -	2 -	1 -	3 -	2 -	1 -	3 -	4 -	3 -	1 -	2 -	2 -	- -	15 -	21 -	36 -	1 -			
150	92	Rheumatic Affections of the Heart ..	{E. - O. -	- -	- -	1 -	1 -	3 -	2 -	3 -	1 -	5 -	4 -	1 -	1 -	2 -	2 -	1 -	12 -	9 -	21 -	1 -			
151	57	Chronic Rheumatism ..	{E. - O. -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	1 -	2 -	1 -	3 -	2 -			
152	58	Gout ..	{E. - O. -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-			
153	59	Diabetes ..	{E. - O. -	- -	- -	- -	- -	- -	- -	1 -	- -	1 -	3 -	6 -	10 -	10 -	6 -	23 -	33 -	56 -	4 -				
154	60	Scurvy ..	{E. - O. -	- -	2 -	- -	2 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	2 -	2 -	4 -	-			
155	61	Beri-Beri ..	{E. - O. -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-			
156	62	Pellagra ..	{E. - O. -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-			
157	63	Rickets ..	{E. - O. -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-			
158	64	Osteomalacia ..	{E. - O. -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-			
159	65	Diseases of the Pituitary Gland ..	{E. - O. -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-			
160	66a	Simple Goitre ..	{E. - O. -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	1 -	1 -	2 -	-			
161	66b	Exophthalmic Goitre ..	{E. - O. -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -	1 -	1 -	1 -	- -	- -	5 -	5 -	10 -	-			
162	66c	Myxodema, Cretinism ..	{E. - O. -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-			
163	66d	Tetany ..	{E. - O. -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-			
164	66e	Other Diseases of the Thyroid and Parathyroid Glands ..	{E. - O. -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -			
165	67	Diseases of the Thymus Gland ..	{E. - O. -	1 -	3 -	- -	1 -	3 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	3 -	4 -	1 -	-			
166	68	Diseases of the Adrenals (Addison's Disease) ..	{E. - O. -	- -	- -	1 -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-			
167	69	Other General Diseases ..	{E. - O. -	- -	- -	- -	- -	- -	- -	1 -	1 -	- -	- -	- -	- -	- -	- -	- -	2 -	2 -	4 -	-			
		Totals for III. ..	{E. - O. -	1 -	3 -	1 -	1 -	1 -	2 -	2 -	2 -	3 -	7 -	13 -	14 -	10 -	13 -	43 -	53 -	96 -	5 -				

REPORT OF THE MEDICAL OFFICER OF HEALTH.

Death Classification.		CAUSE OF DEATH.	Race.	WARDS: CORRECTED FOR OUTWARD TRANSFERS BUT NOT FOR INWARD TRANSFERS.																Not Allocated. Residential Addresses Unascertained.	TOTALS.									
Code No.	International Code No.			Sea Point 1	Harbour 2	West Central 3	Kloof 4	Park 5	East Central 6	Castle 7	Woodstock 8	Salt River 9	Mowbray 10	Maitland 11	Rondebosch 12	Claremont 13	Kalk Bay 14	Wynberg 15	M. F.		M. F.	Persons								
				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.							
102	47	II. (cont.). Cancer of the Respiratory Organs ..	{E. O.	2 -	- -	- -	1 1	- 1	- -	- -	1 -	3 4	- 1	2 -	1 1	1 -	1 -	- -	16 4	1 17	17 4									
103	48	Cancer of the Uterus ..	{E. O.	- 1	1 -	- -	- -	2 -	3 -	2 -	5 6	1 -	1 -	3 1	4 -	- -	3 -	- -	15 14	5 5	2 2									
104	49	Cancer of the Other Female Genital Organs ..	{E. O.	- -	- -	- -	- -	1 -	1 1	- -	- -	1 -	- -	- -	1 1	- -	1 -	- -	5 5	5 5	2 2									
105	53	Cancer of the Female Urinary Organs ..	{E. O.	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	1 1	1 1	1 1									
106	50	Cancer of the Breast ..	{E. O.	5 -	- -	- -	1 -	3 -	2 -	1 1	- -	- -	- -	1 2	3 1	2 -	4 1	3 -	23 9	23 9	23 9									
107	51	Cancer of the Male Genito-urinary Organs ..	{E. O.	- -	- -	- -	1 -	- -	- 1	- -	1 -	1 -	- -	1 -	3 -	1 -	3 2	1 -	12 3	12 3	12 3									
108	52	Cancer of the Skin ..	{E. O.	- -	- -	- -	1 -	- -	1 -	- -	- -	- -	- -	- 1	1 -	- -	1 -	2 1	3 1	5 1	1 1									
109	53	Cancer of Other or Unspecified Organs ..	{E. O.	2 -	- -	- -	- -	- -	1 1	1 1	2 1	1 -	1 -	1 1	1 1	- -	1 -	1 1	3 4	9 8	12 8									
120	54a	Non-malignant Tumours: Female Genital Organs ..	{E. O.	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -	- -									
121	54b	Non-malignant Tumours: Other Sites ..	{E. O.	2 2	- -	- -	1 -	- -	1 -	- -	1 2	3 2	1 -	1 -	- -	- -	- -	- -	6 2	5 4	11 6									
122	55 a b	Tumours of Undetermined Nature ..	{E. O.	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	1 -									
		Totals for II. ..	{E. O.	10 16	3 1	1 4	2 2	6 1	15 10	6 11	3 8	4 9	7 7	14 2	11 2	8 -	2 4	3 3	9 9	11 7	8 13	3 2	6 2	12 4	11 7	9 1	7 1	109 56	113 62	222 118
		III. RHEUMATISM, DISEASES OF NUTRITION, OF ENDOCRINE GLANDS AND OTHER GENERAL DISEASES.																												
149	56	Rheumatic Fever ..	{E. O.	1 -	- -	- -	1 3	2 -	1 6	3 3	2 4	1 1	3 1	- -	2 -	1 -	1 -	1 -	2 -	6 15	1 21	7 36								
150	92	Rheumatic Affections of the Heart ..	{E. O.	2 -	- 1	- 1	1 2	1 1	1 3	1 4	1 2	1 3	1 1	1 2	1 2	1 3	4 1	4 4	3 3	11 22	9 26	20 48								
151	57	Chronic Rheumatism ..	{E. O.	- -	- -	- -	1 -	- -	- -	1 -	- -	1 -	- -	- -	- -	- -	- -	- -	1 2	1 1	2 3									
152	58	Gout	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -									
153	59	Diabetes	{E. O.	3 5	- -	1 -	3 2	3 4	1 1	3 1	2 -	1 1	3 2	5 -	7 2	1 1	2 3	1 1	23 6	33 10	56 16									
154	60	Scurvy	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	- -	- -	1 -	- -	- -	- -	2 -	2 -									
155	61	Beri-Beri	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -									
156	62	Pellagra	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -									
157	63	Rickets	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -									
158	64	Osteomalacia ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -									
159	65	Diseases of the Pituitary Gland..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -									
160	66a	Simple Goitre ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	1 -	1 -									
161	66b	Exophthalmic Goitre ..	{E. O.	1 -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -	1 -	- -	1 -	- -	- -	5 -	5 -	5 -									
162	66c	Myxoedema, Cretinism ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -									
163	66d	Tetany	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -									
164	66e	Other Diseases of the Thyroid and Parathyroid Glands ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -									
165	67	Diseases of the Thy-mus Gland..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- 1	1 -	1 -	1 -	- -	1 1	3 4	4 1									
166	68	Diseases of the Adrenals (Addison's Disease)	{E. O.	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -									
167	69	Other General Diseases ..	{E. O.	- -	- -	- -	1 -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	2 -	2 -									
		Totals for III. ..	{E. O.	4 -	8 -	- 1	5 6	5 5	5 2	3 10	3 9	1 4	1 9	12 12	4 2	7 4	7 6	1 7	3 4	5 4	3 4	2 4	3 4	3 4	1 6	1 1	42 46	53 63	95 109	

Death Classification.		CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR INWARD AND OUTWARD TRANSFERS IN THE CASE OF EUROPEANS BUT CORRECTED FOR OUTWARD TRANSFERS ONLY IN THE CASE OF NON-EUROPEANS.																TOTALS.			Deaths in Asylums and other institutions, stated from foregoing columns.
Code No.	International Code No.			0 to 1	1 to 2	2 to 5	Total under 5	5 to 10	10 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 and upwards.	M.	F.	Persons.			
200	70a	IV. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS. Purpura	{E. O.	- 2	1 -	- -	- 2	1 -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	3	1	4	1	
201	70b	Haemophilia	{E. O.	1 -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1	-	1	-	
202	71a	Pernicious Anaemia ..	{E. O.	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	1	-	1	-	
203	71b	Other Anaemias and Chlorosis	{E. O.	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	1	1	1	-
204	72a	Leucaemia	{E. O.	- -	1 -	- -	1 1	1 -	- -	1 -	- -	- 2	1 -	1 -	- -	- -	- -	- -	3	4	7	-	
205	72b	Lymphadenoma—Hodgkin's Disease	{E. O.	- -	- -	- -	- -	1 -	- -	- -	- -	1 -	- -	- -	1 -	1 -	- -	- -	2	2	4	-	
206	73	Diseases of the Spleen (not due to Malaria)	{E. O.	- -	- 1	- -	- 1	- -	- -	- -	- 1	- -	- -	1 -	- -	- -	- -	- -	1	-	1	1	
207	74	Other Diseases of the Blood and Blood-forming Organs ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- 1	- -	- -	-	
		Totals for IV. ..	{E. O.	1 2	- 2	1 -	- 2	1 2	- 1	1 -	- 1	- 1	2 1	1 1	1 1	1 1	1 -	- -	8	8	16	2	
250	75	V. CHRONIC POISONINGS. Alcoholism (excluding Alcoholic Cirrhosis of Liver)	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	2 -	- -	- -	- -	- -	- -	- 2	- -	- -	-	
251	76	Chronic Poisoning by other Organic Substances	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-	
252a	77a	Chronic Lead Poisoning	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-	
252b	77b	Chronic Poisoning by other Mineral Substances	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-	
		Totals for V. ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 2	- -	- -	- -	- -	- -	- 2	- -	- -	-	
		VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.																					
300a	78a	Cerebral Abscess ..	{E. O.	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- 1	- -	- -	- -	- 1	1	2	-	
300b	78b	Other forms of Encephalitis	{E. O.	- -	- 1	- -	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	1	-	-	
301	79	Simple Meningitis ..	{E. O.	1 6	- 1	- 1	1 8	1 1	- 1	1 1	- 1	- 1	- 1	- 1	- -	- -	- -	- -	11	3	14	4	
302	80	Locomotor Ataxia (Tabes Dorsalis)	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	-	
303	81	Other Diseases of the Spinal Cord ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	- -	1 -	1 -	- -	- -	- 1	2	2	-	
304	82a	Cerebral Haemorrhage (Apoplexy) ..	{E. O.	- -	- -	1 -	1 -	- -	- -	- -	- 1	- -	- -	1 -	1 -	- -	- -	- 1	4	1	4	-	
305	82b	Cerebral Embolism and Thrombosis	{E. O.	- -	- -	- -	- -	- -	- 1	- -	- -	- 2	1 1	3 1	3 1	3 1	- -	- 1	9	4	13	1	
306	82c	Hemiplegia	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	1 1	1 1	1 1	- -	12	4	16	-	
307	82d	Other Paralyzes of Unstated Origin ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	- -	- -	- -	- -	- 1	1	-	-	
308	83	General Paralysis of the Insane	{E. O.	- -	- -	- -	- -	- -	- 1	1 1	- 2	3 11	3 11	2 3	- 2	- 1	- -	- -	19	5	24	4	
309	84 a b	Other Forms of Insanity	{E. O.	- -	- -	- -	- -	- -	- -	- -	- 1	- -	- -	- -	- -	- -	- -	- 1	- 1	- 1	- 1	-	
310	85	Epilepsy	{E. O.	- -	- -	- -	- -	1 1	- -	- 2	3 1	1 1	1 1	- 1	- -	- 1	- -	- -	25	2	27	-	
311	86	Infantile Convulsions (under 5 years) ..	{E. O.	1 10	9 3	3 3	2 15	12 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 15	12	27	-		
312	87a	Chorea	{E. O.	- -	- -	- -	- -	- -	- 1	- -	- -	- -	- -	- -	- 1	- -	- -	- -	- 1	1	2	-	
313	87 b c d e	Other Diseases of the Nervous System ..	{E. O.	- -	- -	1 -	1 -	- 1	- -	- -	- -	- 1	- 1	- 2	- -	- -	- -	- 3	- 3	- 1	- 2	-	
314	88	Diseases of the Eye and Annexa ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	- 1	- -	- -	- -	- -	- -	- -	- -	-	
315	89 a b	Diseases of the Ear and Mastoid Sinus ..	{E. O.	- 1	- 3	- 2	- 1	1 6	- 1	- 2	1 -	- 1	- 1	- 1	- 1	- -	- -	- 3	6	9	1	-	
		Totals for VI. ..	{E. O.	2 17	1 12	4 6	4 1	3 25	19 12	12 12	3 12	4 14	4 14	3 9	5 14	4 11	7 3	4 1	31	22	53	7	
		VII. DISEASES OF THE CIRCULATORY SYSTEM.																					
350	90	Pericarditis	{E. O.	- -	- -	- -	- -	- -	- -	- -	- 1	- -	- -	- -	1 -	1 -	1 -	- -	- 2	2	4	-	

Death Classification.		CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR INWARD AND OUTWARD TRANSFERS IN THE CASE OF EUROPEANS BUT CORRECTED FOR OUTWARD TRANSFERS ONLY IN THE CASE OF NON-EUROPEANS.																												TOTALS.		Persons.	Deaths in Quarters of Non-Resident Gravelled					
Code No.	International Code No.			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards		Age unknown				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.			
351	91	VII. (cont.). Acute Endocarditis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	3	3	6	-		
352	92	Chronic Endocarditis and Valvular Disease of the Heart ..	{E. O.	-	-	-	-	-	-	-	-	-	-	1	1	1	1	1	2	1	3	-	10	3	3	6	5	6	1	-	-	-	-	-	26	19	45	5		
353	93a	Acute Myocarditis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	
354	93b	Fatty Heart ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-
355	93b	Other Diseases of the Myocardium ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	4	2	6	4	7	16	14	12	16	4	16	4	7	-	-	-	56	47	103	3		
356	94	Disease of the Coronary Arteries — Angina Pectoris ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	1	-	-	-	1	5	1	1	-	-	-	-	-	-	-	9	4	13	-	
357	95 a b	Other Diseases of the Heart ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	1	5	-	1	-	2	2	2	5	3	3	3	3	-	-	-	-	-	-	21	15	36	5	
358	96	Aneurysm ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-	1	2	-	3	1	4	-	-	-	-	-	-	-	-	-	10	2	12	-		
359	97	Arterio-sclerosis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	2	6	15	24	11	47	32	21	30	8	6	-	-	-	107	85	192	8		
360	98a	Cancerum Oris ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
361	98 a b	Other Gangrene ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	-	
362	99	Other Diseases of the Arteries ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
363	100	Disease of the Veins ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
364	101	Disease of the Lym- phatic System ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
365	102	Abnormalities of Blood Pressure ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
366	103	Other Diseases of the Circulatory System	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Totals for VII. ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	1	3	4	3	17	6	38	12	72	25	105	65	47	65	14	14	-	-	-	298	194	492	22	
		VIII. DISEASES OF THE RESPIRATORY SYSTEM.																																						
400	104	Disease of Nasal Fossae and Annexa ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
401	105	Disease of the Larynx	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
402	106a	Bronchitis, acute ..	{E. O.	45	35	9	9	7	6	61	50	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	68	60	128	-	
403a	106b	Bronchitis, chronic ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
403b	106c	Bronchitis, undefined	{E. O.	14	8	-	4	2	-	16	12	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
404	107	Broncho-pneumonia ..	{E. O.	9	3	4	8	2	-	13	11	1	2	-	-	1	1	1	-	3	1	3	-	1	4	1	1	6	1	1	-	-	-	-	28	23	51	-		
405	108	Pneumonia, lobar ..	{E. O.	68	84	47	44	21	25	136	153	3	3	-	-	1	1	1	-	2	1	5	5	6	2	2	1	4	1	-	-	-	-	-	162	168	330	-		
406	109	Pneumonia, not other- wise defined ..	{E. O.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
407	110	Empyema ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
408	110	Other Pleurisy ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
409	111	Pulmonary Congestion	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
410	112	Asthma ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
411	113	Pulmonary Emphysema	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
412	114 a b	Other Diseases of the Respiratory System	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
413	114a	Miners' Phthisis (Sil- icosis): without Tuberculosis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
414	114a	Miners' Phthisis (Sil- icosis): with Tub- erculosis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Totals for VIII. ..	{E. O.	14	2	3	9	4	-	21	12	1	3	1	-	3	-	1	2	8	3	10	2	15	5	11	9	6	10	2	5	-	-	-	79	51	130	-		
				137	141	61	62	36	34	234	237	5	11	6	3	11	14	20	6	22	9	30	11	22	10	19	9	9	7	3	1	-	-	-	381	318	699	-		

REPORT OF THE MEDICAL OFFICER OF HEALTH.

[illegible]

[illegible]

Death Classification.		AGE-GROUPS: CORRECTED FOR INWARD AND OUTWARD TRANSFERS IN THE CASE OF EUROPEANS BUT CORRECTED FOR OUTWARD TRANSFERS ONLY IN THE CASE OF NON-EUROPEANS.																	TOTALS.		Persons in Custody of Prisons excluded from foregoing columns.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
Code No.	International Code No.	CAUSE OF DEATH.	Race.	0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards		Totals.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
				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.	Prisons.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
				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.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
513	130d	X. (cont.). Other Diseases of the Female Genital Organs...	{ E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -

Death Classification.		CAUSE OF DEATH.	Race.	WARDS: CONNECTED FOR OUTWARD TRANSFERS BUT NOT FOR INWARD TRANSFERS.																Not Allocated. Residential Addresses Unascertained.		TOTALS.																																																																																																																																																																																																																																																																																																																																																																																																																																																				
Code No.	International Code No.			Sea Point 1	Harbour 2	West Central 3	Kloof 4	Park 5	East Central 6	Castle 7	Woodstock 8	Salt River 9	Mowbray 10	Maitland 11	Rondebosch 12	Claremont 13	Kalk Bay 14	Wynberg 15	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.

Death Classification.		CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR INWARD AND OUTWARD TRANSFERS IN THE CASE OF EUROPEANS BUT CORRECTED FOR OUTWARD TRANSFERS ONLY IN THE CASE OF NON-EUROPEANS.																		TOTALS.		Deaths in City of New York.		
Code No.	International Code No.			0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 30	30 to 35	35 to 40	40 to 45	45 to 50	50 to 55	55 to 60	60 to 65	65 to 70	70 to 75	75 to 80	80 and upwards	Age unknown	Persons.			
753	161	XV. (cont.). Other Diseases peculiar to Early Infancy ..	{E. O.	5 14	4 9	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	5 14	4 9	9 23		
		Totals for XV. ..	{E. O.	34 112	23 83	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	34 112	23 83	57 195		
		XVI. OLD AGE.																								
800	162	Old Age ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	- 4	4 4	10 3	2 1	9 6	- -	7 6	19 13	26 19
		XVII. DEATHS FROM VIOLENCE.																								
850-858	163-171	Suicide ..	{E. O.	- -	- -	- -	- -	- -	- -	1 1	1 1	1 1	1 1	1 1	3 2	2 1	- -	3 1	- -	- -	- -	- -	- -	11 4	5 4	16 4
859-862	172-175	Homicide ..	{E. O.	- 1	12 1	- -	- -	- -	- -	- 2	1 2	- 2	1 1	2 2	- -	- 1	- -	1 -	- -	- -	- -	- -	1 1	10 5	5 15	
871-883	184-194	Accidental Injury other than mentioned below ..	{E. O.	- 1	- -	- 1	- 1	- 1	- 1	- 1	- 1	- 5	- 3	2 2	- -	- -	1 1	1 1	- 1	2 2	- -	- -	10 14	4 17	2 1	
863	176	Attack by Venomous Animals ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
864	177	Food Poisoning ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
865	178	Accidental Absorption of Irrespirable or Poisonous Gases ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	1 2		
866	179	Other Acute Accidental Poisoning (Not by Gas) ..	{E. O.	- -	- 1	- 1	1 2	1 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	25 1	1 3		
867	180	Conflagration ..	{E. O.	- -	- -	- 1	- 1	- -	- -	- 1	1 1	- -	- -	- -	- -	- 1	- -	- -	- -	- -	- -	- -	22 1	1 3		
868	181	Accidental Burns ..	{E. O.	- 1	- 12	1 3	2 6	1 3	1 1	- -	- -	- -	- 1	1 1	- 1	1 1	- -	- -	- -	- -	- -	- -	22 5	3 14		
869	182	Accidental Mechanical Suffocation ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
870	183	Accidental Drowning ..	{E. O.	- 1	- -	- -	- 1	- -	- -	- 2	1 5	- 1	- 1	- -	- -	1 1	1 1	- -	- -	- -	- -	- -	8 8	5 5		
876-881	186	Accidental Injury by Railway, Road and Other Transport ..	{E. O.	- -	- -	- 1	1 1	1 1	6 6	1 2	1 1	4 4	- 9	5 5	1 1	- 1	- 1	- 1	- -	- -	- -	- -	16 31	7 6		
886	187	Cataclysm ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
887	188	Injury by Animals ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
888	189	Hunger and Thirst ..	{E. O.	- -	- 1	- -	- -	- -	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	- -		
889	190	Excessive Cold ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
890	191	Excessive Heat ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
891	192	Lightning ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
892	193	Electricity (Lightning Excepted) ..	{E. O.	- -	- -	- -	- -	- 1	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	1 2			
893	194	Neglect—Infants ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
894	194	Killed in Riot ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
895	195	Violent Deaths of Unstated Nature (Open Verdict) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
897	196	Wounds of War ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
898	197	Execution of Civilians by Belligerent Armies ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
899	198	Judicial Execution ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
		Totals for XVII. ..	{E. O.	- 4	2 2	1 3	2 5	3 9	3 9	1 6	1 1	8 13	3 16	4 14	2 4	2 4	8 5	3 1	7 1	1 1	2 -	- -	47 81	25 23		
		XVIII. ILL-DEFINED DISEASES.																								
950	199	Sudden Deaths ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	- -	- -	- -	- -	- -	- -	- -	- -	1 1	- -		
951	200	Cause of Death Unstated or Ill-defined ..	{E. O.	- 2	- 1	1 1	1 1	4 2	- -	1 1	- -	- -	- 1	- 1	- -	- 2	1 1	1 2	- -	- -	- -	- -	3 7	1 7		
		Totals for XVIII. ..	{E. O.	- 2	- 1	1 1	1 1	4 2	- -	1 1	- -	- -	- 1	- 1	- -	- 2	1 1	1 2	- -	- -	- -	- -	4 7	1 14		

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[illegible]

Table B. Births and Still-Births for the year 1935-1936 classified as to Race, Sex, Legitimacy and Wards.

WARDS.	EUROPEAN.										OTHER THAN EUROPEAN.										TOTALS				STILL-BIRTHS.				TOTAL STILL-BIRTHS						
	LEGITIMATE.					ILLEGITIMATE.					TOTALS.					LEGITIMATE.					ILLEGITIMATE.					TOTALS.					EUROPEAN.		OTHER THAN EUROPEAN.		
	Males.		Females.		Total.	Males.		Females.		Total.	Males.		Females.		Total.	Males.		Females.		Total.	Males.		Females.		Total.	R.	O.	Total.		Legit.	Illegit.	Legit.	Illegit.		
	Males.	Females.	Males.	Females.		Males.	Females.	Males.	Females.		Males.	Females.	Males.	Females.		Males.	Females.	Males.	Females.		Males.	Females.	Males.	Females.										Males.	Females.
1. Sea Point	111	112	2	3	113	115	228	9	13	4	3	13	16	29	228	29	257	11	—	3	1	15													
2. Harbour ..	38	28	—	1	38	29	67	54	48	21	21	75	69	144	67	144	211	1	—	8	7	16													
3. West Central	7	7	—	—	7	7	14	73	78	26	31	99	109	208	14	208	222	1	—	10	7	18													
4. Kloof ..	63	55	4	3	67	58	125	133	133	37	40	170	173	343	125	343	468	5	—	15	11	31													
5. Park ..	63	58	2	4	65	62	127	6	16	9	6	15	22	37	127	37	164	3	—	2	3	8													
6. East Central	64	67	6	6	70	73	143	419	378	131	103	550	481	1,031	143	1,031	1,174	7	—	45	8	60													
7. Castle ..	15	11	3	5	18	16	34	328	298	76	73	404	371	775	34	775	809	4	—	31	15	50													
8. Woodstock	155	135	8	4	163	139	302	165	175	35	43	290	218	418	302	418	720	4	—	15	5	24													
9. Salt River	172	181	5	18	177	199	376	150	168	32	40	182	208	390	376	390	766	16	—	13	4	33													
10. Mowbray ..	129	100	6	8	135	108	243	40	39	15	11	55	50	105	243	105	348	10	1	2	1	14													
11. Maitland ..	121	125	3	6	124	131	255	194	192	73	79	267	271	538	255	538	793	6	—	22	7	35													
12. Rondebosch	72	70	5	2	77	72	149	404	363	101	81	505	444	949	149	949	1,098	3	—	36	19	58													
13. Claremont	128	149	4	7	132	156	288	275	300	62	67	337	367	704	288	704	992	10	—	30	12	52													
14. Kalk Bay ..	47	55	5	1	52	56	108	118	117	52	51	170	168	338	108	338	446	2	2	12	10	26													
15. Wynberg ..	141	140	9	7	150	147	297	299	306	82	84	381	390	771	297	771	1,067	6	—	29	7	42													
Not Allocated (unascertained addresses).	—	—	6	7	6	7	13	—	—	2	—	2	—	2	13	2	15	—	1	—	—	—	2*												
Total ..	1,326	1,293	68	82	1,394	1,375	2,769	2,667	2,624	758	733	3,425	3,357	6,782	2,769	6,782	9,551	89	4	273	117	484*													
Excluded from above figures																																			
(1) Births in Cape-town which did not belong thereto ..	142	114	26	39	168	144	312	28	26	32	38	60	64	124	312	124	436	14	—	12	11	37													
(2) Langa Location	—	—	—	—	—	—	—	21	37	8	3	29	40	69	—	—	69	—	—	5	1	6													
(3) N'dabeni Location	—	—	—	—	—	—	—	1	—	2	3	3	3	6	—	—	6	—	—	—	—	—	—												

* Including one of unknown race.

Table C. Comparative Table of Estimated Populations and Vital Statistics Rates since 1913.

Periods, 1st July to 30th June.	Estimated Populations.			Birth Rates.			Illegitimate Births, percentage of Total Births.			Death Rates corrected for Outward Transfers.			Natural Increase Rates.			Infant Mortality Rates.			European Rates corrected for Inward and Outward Transfers.			Enteric Fever Deaths Rates, corrected for Outward Transfers.			Tuberculosis Deaths Rates, corrected for Outward Transfers.			
	Eur.	Non-Eur.	Totals.	Eur.	Non-Eur.	Totals.	Eur.	Non-Eur.	Totals.	Eur.	Non-Eur.	Totals.	Eur.	Non-Eur.	Totals.	Eur.	Non-Eur.	Totals.	Birth Rate.	Death Rate.	Infant Mortality Rate.	Eur.	Non-Eur.	Totals.	Eur.	Non-Eur.	Totals.	
MUNICIPALITY EXCLUDING WYNBERG WARD.																												
(1) 296 Days	76,940	74,560	151,500	29.39	45.48	37.31	6.49	25.75	18.04	12.10	27.02	19.44	15.02	17.23	16.42	107.96	250.55	193.50	0.21	0.30	0.25	1.03	4.85	2.91	1.03	4.85	2.91	
1914-1915	79,840	75,510	155,350	29.95	47.52	38.49	6.90	26.48	18.66	12.73	28.39	20.35	15.07	17.79	16.60	100.38	254.36	174.92	0.26	0.30	0.28	1.11	5.09	3.04	1.11	5.09	3.04	
1915-1916	82,860	78,470	161,330	27.53	48.23	37.47	7.48	25.26	18.49	11.25	26.00	18.33	14.72	20.65	17.56	79.14	189.29	147.49	0.10	0.37	0.23	0.89	4.21	2.48	0.89	4.21	2.48	
1916-1917	85,990	77,450	163,440	28.17	45.85	36.56	6.81	25.06	17.67	13.34	32.70	22.52	12.13	11.43	11.80	96.16	226.70	173.89	0.16	0.41	0.28	1.10	5.55	3.21	1.10	5.55	3.21	
1917-1918	89,240	78,440	167,680	27.61	46.32	36.38	7.02	25.35	17.98	11.47	27.89	19.17	14.14	15.79	14.01	79.14	200.94	152.13	0.13	0.40	0.26	0.87	4.50	2.57	0.87	4.50	2.57	
1918-1919	92,610	79,450	172,060	23.84	41.21	31.87	8.38	24.77	18.20	22.08	66.09	42.42	7.35	26.76	14.01	114.58	207.80	152.29	0.19	0.42	0.30	0.81	3.80	2.19	0.81	3.80	2.19	
1919-1920	96,110	89,450	185,560	26.12	51.74	37.79	9.44	24.75	17.86	11.05	26.99	18.31	13.22	23.17	17.70	81.45	183.76	145.27	0.22	0.52	0.36	0.83	3.77	2.17	0.83	3.77	2.17	
1920-1921	99,760	81,490	181,250	24.30	45.86	34.00	9.07	24.86	17.10	12.03	30.64	20.41	12.27	15.22	13.50	101.49	221.74	180.76	0.37	0.56	0.46	0.73	4.10	2.25	0.73	4.10	2.25	
1921-1922	103,130	83,450	186,580	23.02	50.09	35.41	8.31	25.86	18.60	10.68	25.90	17.49	12.34	24.79	17.92	69.50	173.29	136.24	0.20	0.50	0.34	0.98	3.43	2.07	0.98	3.43	2.07	
1922-1923	106,580	86,200	192,780	21.36	49.44	34.40	8.62	25.35	18.54	10.60	26.95	17.63	11.36	22.49	16.37	89.44	190.39	156.33	0.21	0.31	0.26	0.75	4.12	2.27	0.75	4.12	2.27	
1923-1924	109,580	89,000	198,580	21.39	49.44	34.40	8.62	25.35	18.54	10.60	26.95	17.63	11.36	22.49	16.37	89.44	190.39	156.33	0.21	0.31	0.26	0.75	4.12	2.27	0.75	4.12	2.27	
1924-1925	112,820	91,960	204,780	21.16	47.46	32.42	8.11	24.21	17.10	10.59	28.06	17.74	11.97	24.69	17.28	71.94	173.93	149.36	0.07	0.21	0.14	0.85	4.51	2.52	0.85	4.51	2.52	
1925-1926	116,450	98,110	214,560	20.55	50.29	34.29	8.54	23.03	17.20	10.58	27.00	18.96	10.36	22.32	16.29	65.18	175.40	138.21	0.13	0.28	0.20	0.85	4.59	2.58	0.85	4.59	2.58	
1926-1927	118,570	101,340	219,910	21.48	47.96	34.79	8.38	23.18	17.20	10.58	27.00	18.96	10.36	22.32	16.29	65.18	175.40	138.21	0.11	0.22	0.16	0.72	4.47	2.42	0.72	4.47	2.42	
1928-1929	118,700	104,670	223,370	21.29	49.66	34.59	8.53	23.03	17.20	10.58	27.00	18.96	10.36	22.32	16.29	65.18	175.40	138.21	0.08	0.23	0.15	0.86	4.48	2.54	0.86	4.48	2.54	
1929-1930	120,900	108,120	229,020	21.80	47.77	34.06	8.53	23.03	17.20	10.58	27.00	18.96	10.36	22.32	16.29	65.18	175.40	138.21	0.11	0.22	0.16	0.72	4.47	2.42	0.72	4.47	2.42	
1930-1931	123,250	111,670	234,920	21.12	48.05	34.07	8.53	23.03	17.20	10.58	27.00	18.96	10.36	22.32	16.29	65.18	175.40	138.21	0.07	0.18	0.12	0.85	4.51	2.52	0.85	4.51	2.52	
1931-1932	125,250	115,350	240,600	20.44	48.05	34.07	8.53	23.03	17.20	10.58	27.00	18.96	10.36	22.32	16.29	65.18	175.40	138.21	0.08	0.23	0.15	0.86	4.48	2.54	0.86	4.48	2.54	
1932-1933	127,630	119,140	246,770	17.60	45.84	31.22	8.48	22.43	17.25	9.99	21.82	15.33	8.41	25.84	15.92	46.77	142.46	114.65	0.07	0.15	0.11	0.68	4.02	2.68	0.68	4.02	2.68	
1933-1934	129,900	121,110	251,010	17.60	45.84	31.22	8.48	22.43	17.25	9.99	21.82	15.33	8.41	25.84	15.92	46.77	142.46	114.65	0.06	0.19	0.12	0.70	4.58	2.65	0.70	4.58	2.65	
1934-1935	132,780	123,060	255,840	16.52	43.85	29.89	8.41	21.95	17.12	10.86	23.49	17.03	5.66	29.36	12.85	50.73	147.36	120.06	0.02	0.03	0.04	0.88	5.00	2.89	0.88	5.00	2.89	
1935-1936	135,529	123,360	258,880	17.95	47.94	32.24	5.42	22.04	17.20	10.33	23.71	16.81	7.42	24.23	15.43	46.52	142.24	114.35	0.02	0.04	0.03	0.81	4.59	2.61	0.81	4.59	2.61	
MUNICIPALITY INCLUDING WYNBERG WARD.																												
(2) 2 Years and 296 days	—	—	—	28.97	47.23	37.85	6.99	25.83	18.41	12.04	27.15	19.39	15.34	18.67	16.96	95.07	218.61	170.18	0.19	0.32	0.25	1.04	4.69	2.82	1.04	4.69	2.82	
(3) Quinquennium	—	—	—	26.71	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.97	12.74	16.94	14.26	90.84	211.71	164.02	0.23	0.47	0.34	0.88	4.47	2.53	0.88	4.47	2.53	
1921-1922	—	—	—	21.49	49.59	34.23	5.35	24.76	18.12	10.11	26.67	17.62	11.38	22.92	16.01	71.91	181.58	144.15	0.13	0.28	0.20	0.79	4.09	2.28	0.79	4.09	2.28	
1923-1924	—	—	—	21.26	48.79	34.16	5.76	23.31	17.48	10.47	25.57	17.55	10.79	23.22	16.61	62.66	169.40	134.15	0.09	0.21	0.15	0.75	4.61	2.56	0.75	4.61	2.56	
1931-1932	—	—	—	18.14	47.48	32.35	4.96	22.55	17.46	10.29	23.25	16.57	7.85	24.23	15.78	49.64	147.16	119.01	0.04	0.07	0.06	0.84	4.84	2.78	0.84	4.84	2.78	
1935-1936	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
MUNICIPALITY EXCLUDING WYNBERG WARD.																												
Year	128,740	114,560	243,300	21.71	48.90	34.51	5.38	23.18	17.26	10.53	28.25	18.88	11.18	20.65	15.63	60.28	180.62	147.36	0.22	0.47	0.34	0.88	4.47	2.53	0.88	4.47	2.53	
1927-1928	131,290	118,070	249,360	21.48	50.50	35.22	6.01	22.65	17.31	10.69	25.17	17.55	10.79	23.33	17.67	61.17	158.59	127.30	0.10	0.21	0.15	0.75	4.61	2.56	0.75	4.61	2.56	
1928-1929	133,890	121,700	255,590	21.97	48.81	34.75	4.98	23.63	17.45	10.73	24.64	17.36	11.24	24.17	17.39	60.69	160.03	127.33	0.06	0.14	0.10	0.70	5.05	2.81	0.70	5.05	2.81	
1930-1931	136,590	125,440	262,030	21.27	48.98	34.54	5.59	23.01	17.42	10.73	25.58	17.89	9.85	23.89	16.61	65.04	155.80	126.67	0.06	0.19	0.12	0.68	4.69	2.60	0.68	4.69	2.60	
1931-1932	139,290	128,290	267,580	20.59	49.47	34.50	4.86	23.04	17.42	10.74	25.58	17.89	9.85	23.89	16.61	65.04	155.80	126.67	0.06	0.19	0.12	0.68	4.69	2.60	0.68	4.69	2.60	
1932-1933	142,000	131,090	273,090	17.81	46.52	31.71	4.40	22.44	17.21	9.97	21.20	15.43	7.84	25.32	16.30	48.77	143.81	116.14	0.02	0.04	0.03	0.80	4.98	2.87	0.80	4.98	2.87	
1933-1934	144,800	133,890	278,690	17.53	48.33	32.72	5.31	23.39	18.36	9.21	21.98	15.43	8.82	26.55	17.30	34.75	133.27	106.07	0.01	0.05	0.03	0.80	4.98	2.87	0.80	4.98	2.87	
1934-1935	147,600	137,680	285,280	17.58	48.33	32.72	5.31	23.39	18.36	9.21	21.98	15.43	8.82	26.55	17.30	34.75	133.27	106.07	0.01	0.05	0.03	0.80	4.98	2.87	0.80	4.98	2.87	
1935-1936	150,610	138,480	289,090	18.09	48.18	32.50	5.42	21.98	17.18	10.48	23.81	16.97	7.41	24.37	15.53	45.14	145.68	116.53	0.02	0.04	0.03	0.79	4.47	2.47	0.79	4.47	2.47	

Table D. Populations and Vital Statistic Rates for the separate Wards of the City, corrected for Non-residents.

WARDS.	Calculated Populations on the 31st December, 1935.		Births.		Birth rates per 1,000 Persons.		Illegitimate Births.		Illegitimate Births, Percentage of Total Births.		Deaths.		Death rates per 1,000 Persons.		Natural Increase of Births (Excess of Births over Deaths).		Natural Increase per 1,000 Persons.		Deaths under 1 year of Age.		Infant Mortality (per 1,000 Births).		Deaths from Tuberculosis (All Forms).		Death rates from Tuberculosis (All Forms) per 1,000 persons.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1. Sea Point ..	18,628	2,979	228	29	12.04	9.58	5	7	2.19	24.14	182	14	9.61	4.62	46	15	2.43	4.06	12	5	52.63	172.41	9	2	0.48	0.66
2. Harbour ..	4,039	4,100	67	144	16.32	34.55	1	42	1.49	29.17	48	89	11.69	21.36	19	55	4.63	13.19	1	25	14.93	173.61	6	18	1.46	4.32
3. West Central ..	1,063	4,363	14	208	12.96	46.90	—	57	—	27.40	15	105	13.88	23.68	-1	103	—	23.22	1	31	71.43	140.04	1	26	0.93	5.86
4. Kloof ..	10,045	6,705	125	343	12.24	50.33	7	77	5.60	22.45	111	189	10.87	26.41	14	163	1.37	23.92	6	41	48.90	119.58	2	37	0.20	5.43
5. Park ..	11,609	1,920	127	37	10.76	18.96	6	15	4.72	40.54	121	20	10.25	10.25	6	17	0.51	8.71	5	4	39.37	108.11	9	2	0.76	1.02
6. East Central ..	7,300	20,161	143	1,031	19.27	50.31	12	234	8.39	22.70	80	495	10.78	24.16	63	536	8.49	26.15	3	151	20.98	146.46	9	101	1.21	4.93
7. Castle ..	1,421	14,574	34	775	23.51	52.32	8	149	23.53	19.23	23	357	15.92	24.10	11	418	7.62	28.22	5	111	147.06	143.23	3	68	2.08	4.59
8. Woodstock ..	12,112	9,154	392	418	24.53	44.92	12	78	3.97	18.66	136	189	11.05	20.31	166	220	13.48	24.61	14	46	46.36	110.05	22	53	1.79	5.70
9. Salt River ..	14,252	7,379	376	390	25.96	52.00	23	72	6.12	18.46	171	185	11.80	24.67	205	205	14.16	27.33	24	51	63.83	130.77	17	39	1.17	5.20
10. Mowbray ..	13,725	2,795	243	105	17.42	36.96	14	26	5.76	24.76	134	50	9.61	17.60	109	55	7.81	19.36	13	13	53.50	123.81	11	10	0.79	3.52
11. Maitland ..	9,402	10,161	255	538	26.68	52.09	9	152	3.53	28.25	92	271	9.63	26.24	163	267	17.05	25.85	10	69	39.22	128.25	7	52	0.73	5.13
12. Rondebosch ..	10,528	19,935	149	940	13.92	46.83	7	182	4.70	19.18	79	440	7.38	21.71	70	509	6.54	25.12	4	136	26.85	143.31	5	82	0.47	4.05
13. Claremont ..	14,242	13,667	288	704	19.89	50.68	11	129	3.82	18.32	122	361	8.48	25.99	166	343	11.46	24.69	10	113	34.72	160.51	10	59	0.69	4.25
14. Kalk Bay ..	6,139	5,261	108	338	17.31	63.21	6	103	5.56	30.47	60	155	9.62	28.99	48	183	7.69	34.22	2	54	18.52	159.76	—	21	—	3.93
15. Wynberg ..	15,095	15,491	297	771	19.36	48.97	16	166	5.39	21.53	184	379	11.99	24.07	113	392	7.37	24.90	10	133	33.67	172.50	10	54	0.65	3.43
Not allocated ..			13	2			13	2			77	62			-64				5	5				4		
A. Inward Transfers ..			43								30				13				1				2			
B. City of Capetown ..	140,600	138,645	2,812	6,782	18.37	48.18	159	1,491	5.420	21.98	1,665	3,352	10.88	23.81	1,147	3,430	7.49	24.37	126	988	44.82	145.68	123	620	0.80	4.47

A. These figures refer to European births and deaths belonging to Capetown, but which occurred outside the municipality.

B. Exclusive of all figures relating to the native locations of Langa and Nyabeni (which are shown separately in Table J on page 130) but inclusive, so far as the European population is concerned, of population in the Harbour and shipping and residents connected with the docks.

C. Exclusive of the 41 European births (inward transfers), in regard to which information as to the legitimacy is not available.

Table E.

Comparative Table of Principal Vital Statistic Rates for Various Centres.

Centre.	Year.	Birth Rates (Corrected for Outward Transfers).			Illegitimate Births, Percentage of Total Births (Corrected for Outward Transfers).			Death Rates. (Uncorrected).			Death Rates (Corrected for Outward Transfers).			Infant Mortality Rates (Corrected for Outward Transfers).			All Forms of Tuberculosis; Death Rates (Corrected for Outward Transfers).		
		Euro. pean.	Non- Euro. pean.	All Races.	Euro. pean.	Non- Euro. pean.	All Races.	Euro. pean.	Non- Euro. pean.	All Races.	Euro. pean.	Non- Euro. pean.	All Races.	Euro. pean.	Non- Euro. pean.	All Races.	Euro. pean.	Non- Euro. pean.	All Races.
Union of S.A. ..	1935	24.54 ¹	..	..	..	..	..	10.61	..	..	..	..	..	62.81 ¹	..	..	0.41 ¹	..	..
Capetown ..	1935-1936	18.09	48.18	32.50	5.42	21.98	17.18	12.33	25.60	18.69	10.68	23.81	16.97	45.14	145.68	116.53	0.79	4.47	2.55
Johannesburg ..	1935-1936	23.63	38.85 ² 39.55 ⁴	..	2.84	..	..	..	..	..	10.88	27.00 ² 17.17 ⁴ 22.63 ⁴	14.39	74.13	238.97 ² 175.26 ⁴	..	0.26	2.29 ² 1.38 ⁴ 1.22 ⁴	0.84
Durban ..	1935-1936	16.53	9.74 ⁴ 42.58 ² 37.87 ⁴	22.67	3.4	62.5 ⁴ 23.07 ²	..	..	..	..	8.8	24.5 ⁴ 11.5 ² 15.4 ⁴	15.3	40.47	80.08 ²	..	..	..	..
Pretoria ..	1935-1936	22.95	12.41 36.80 ² 7.48 ⁴ 48.52 ⁴	19.04	3.53	30.17 41.07 ² 39.79 ⁴ 0.73 ⁴	10.27	..	..	..	9.88	14.97 17.58 ² 14.24 ⁴ 21.48 ⁴	11.77	77.67	374.49 140.19 ² 585.93 ⁴ 152.67 ⁴	149.58	0.11	0.63 1.72 ² 0.52 ⁴ 0.74 ⁴	0.31
Port Elizabeth ..	1935-1936	28.39	54.29	40.41	5.18	48.52	32.21	12.70	39.60	25.19	10.82	38.17	23.52	61.32	232.49	168.11	0.90	7.05	3.87
Bloemfontein ..	1935-1936	18.21	25.45	22.14	0.42	49.62	31.11	14.22	34.01	24.56	7.83	27.69	18.61	64.71	390.44	267.87	0.38	2.50	1.51
Pietermaritzburg ..	1935-1936	17.25	21.1 12.6 ⁴ 39.7 ² 29.5 ⁴	19.3	0.84	43.9 ⁴ 32.5 ²	..	..	..	..	8.22	14.8 12.9 ⁴ 17.5 ² 16.8 ⁴	11.7	22.4	162.8 ² 114.3 ⁴	..	0.13	1.38 1.21 ⁴ 1.39 ² 1.62 ⁴	0.80
East London ..	1935-1936	17.8	31.3	25.0	4.1	63.2 ⁴ 43.2 ² 7.6 ⁴	..	12.2	47.4	..	8.8	38.1	24.4	38.6	476.9	..	0.3	5.8	4.05
Kimberley (Urban Area only).	1935-1936	19.7	28.8 ⁴ 42.7 ²	28.8	0.11	1.7 ⁴ 1.4 ²	1.02	..	..	..	10.9	28.0 ⁴ 21.7 ²	19.8	91.5	408.7 ⁴ 142.8 ²	226.9	0.26	3.3 ⁴ 2.07 ²	1.8
England and Wales	1935	..	..	14.7 ¹	..	..	..	..	..	11.7	..	..	9.0 ²	..	..	57.0	..	..	0.72 ³
County of London	1935	..	..	13.3 ¹	..	..	..	..	..	11.4	..	..	..	..	..	58.0	..	..	0.77 ³

¹ Crude or Uncorrected.⁴ Natives only.² Europeans only.³ Coloured only.² Standardized to Standard Million of England and Wales for 1901.⁴ Asiatics only.

TABLE G.—Notification of Infectious Disease classified as to Race, Sex and Wards, etc. E.—Europeans. O.—Non-Europeans.

Wards of the City, etc.	Tuberculosis, Respiratory System.				Tuberculosis, Other Forms.				Enteric Fever.				Diphtheria.				Scarlet Fever.				Erysipelas.				Cerebrospinal Fever.				Infective Encephalitis.				Leptosy.				Acute Anterior Poliomyelitis.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
	E.		O.		Total.	E.		O.		Total.	E.		O.		Total.	E.		O.		Total.	E.		O.		Total.	E.		O.		Total.	E.		O.		Total.	E.		O.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.

Wards of the City, etc.	Influenza Pneumonia.				Acute Primary Pneumonia.				Puerperal Fever.				Ophthalmia.				Trachoma.				Typhus Fever.				Lead Poisoning.				Totals.					
	E.		O.		E.		O.		E.		O.		E.		O.		E.		O.		E.		O.		E.		O.		E.		O.		Totals.	
	M.	F.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.		
1. Sea Point..	2	1	1	1	3	5	6	11	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	44	43	87	5	8	13	100				
2. Harbour ..	1	1	1	1	3	5	12	18	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	22	23	45	31	35	66	94				
3. West Central ..	1	1	1	1	3	5	12	18	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	5	4	9	42	43	85	94				
4. Kloof ..	1	1	1	1	3	5	12	18	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	46	55	101	63	64	127	228				
5. Park ..	2	1	1	1	4	6	15	21	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	39	46	85	46	51	97	101				
6. East Central ..	3	1	1	1	6	21	3	24	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	41	36	77	114	182	296	473				
7. Castle ..	1	1	1	1	3	5	12	18	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	8	117	125	125	117	242	367				
8. Woodstock ..	3	2	3	3	9	9	10	19	8	42	50	5	4	9	1	1	2	1	1	2	1	1	2	83	119	202	116	117	233	335				
9. Salt River ..	4	1	1	1	6	9	12	21	7	40	47	6	3	9	1	1	2	1	1	2	1	1	2	64	82	146	53	57	110	167				
10. Mowbray ..	4	5	3	1	13	9	7	4	2	22	1	1	2	1	1	2	1	1	2	1	1	2	37	45	82	92	18	110	128					
11. Maitland ..	2	5	2	2	9	5	6	30	11	52	3	6	8	1	1	2	1	1	2	1	1	2	29	34	63	68	72	136	168					
12. Rondebosch ..	3	1	7	4	15	4	5	21	11	41	10	10	10	1	1	2	1	1	2	1	1	2	29	34	63	92	97	243	265					
13. Claremont ..	4	2	4	2	10	10	2	17	18	47	4	8	12	1	1	2	1	1	2	1	1	2	45	36	81	72	90	243	265					
14. Kalk Bay ..	2	1	1	1	3	2	1	19	11	33	1	13	14	1	1	2	1	1	2	1	1	2	21	20	41	51	47	101	139					
15. Wynberg ..	2	2	4	1	9	9	12	3	4	21	2	10	12	2	2	4	1	1	2	1	1	2	61	50	111	117	110	338	358					
Not Allocated ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	9	9	18	10	10
Totals, Local Cases ..	30	20	38	26	120	96	52	305	160	613	22	74	96	16	23	122	105	266	1	4	1	6	2	1	632	604	1,096	1,014	3,456	3,456				
Imported Cases :																																		
Contracted outside Municipal area																																		
Introduced from Overseas																																		
Direct Removals (Cases removed to hospitals in Municipal area) :																																		
From outside Municipal area																																		
From ships in the Docks ..																																		
Totals, Imported Cases ..	16	6	42	35	99	3	3	19	15	40	8	6	9	13	26	13	25	10	10	58	11	11	1	13	8	19	20	60	60					

Wards of the City, etc.

Table I.

NOTIFICATIONS OF INFECTIOUS DISEASE FOR A SERIES OF YEARS, CLASSIFIED AS TO RACE.

Diseases.	Race.	1918 1919.	1919 1920.	1920 1921.	1921 1922.	1922 1923.	1923 1924.	1924 1925.	1925 1926.	1926 1927.	1927 1928.	1928 1929.	1929 1930.	1930 1931.	1931 1932.	1932 1933.	1933 1934.	1934 1935.	1935 1936.
Scarlatina or Scarlet fever	Eur. Non-E.	153 18	274 23	224 15	97 9	47 5	26 3	50 1	129 8	123 11	228 6	154 10	260 20	425 40	121 18	121 19	103 9	229 14	596 34
Diphtheria or Mem- branous croup.	Eur. Non-E.	113 25	125 36	75 24	89 18	121 24	163 49	209 41	180 46	186 87	162 62	162 70	166 54	189 93	120 67	142 73	192 106	238 136	189 122
Enteric or Typhoid fever	Eur. Non-E.	204 191	251 202	345 308	204 207	180 141	121 93	79 94	87 100	117 123	109 135	100 100	87 94	97 103	71 98	30 30	52 47	33 49	30 43
Erysipelas ..	Eur. Non-E.	22 7	34 10	27 5	25 6	31 6	16 10	20 12	15 14	45 24	35 34	43 26	33 32	41 30	40 28	28 41	37 30	44 50	51 42
Puerperal fever ..	Eur. Non-E.	9 8	10 20	10 18	7 17	11 15	8 15	9 24	9 36	10 35	20 38	29 54	16 53	19 43	16 52	22 49	26 48	24 67	22 74
Ophthalmia ..	Eur. Non-E.	— —	— 1	7 28	11 29	9 22	15 28	18 59	27 101	22 113	27 135	25 122	50 208	50 227	53 199	47 218	30 190	38 259	39 227
Cerebrospinal fever	Eur. Non-E.	5 5	4 5	3 —	5 1	4 3	3 2	6 19	4 21	10 39	39 183	30 101	14 48	4 18	7 25	8 22	3 17	5 20	1 9
Acute poliomyelitis	Eur. Non-E.	2 2	1 1	3 1	1 1	— 1	1 —	1 1	— —	2 —	8 4	4 1	11 6	5 5	— —	4 4	8 3	11 14	1 3
Infective encephalitis	Eur. Non-E.	— —	— —	3 2	5 1	2 1	5 4	6 5	6 10	6 5	8 3	7 5	4 3	1 4	9 2	2 4	2 —	8 3	4 3
Leprosy	Eur. Non-E.	1 —	— 3	1 2	2 3	— 6	— 4	— —	1 2	— 1	— —	— 4	1 3	1 1	1 4	— 2	— 2	1 1	— 1
Typhus fever ..	Eur. Non-E.	— —	— —	— —	— —	1 —	— —	— —	3 —	1 —	— —	1 —	1 —	2 1	4 —	2 —	4 1	— —	2 —
Smallpox ..	Eur. Non-E.	— 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Influenza ..	Eur. Non-E.	— 78 55	— —	— —	— —	18 2	22 24	189 284	67 161	61 133	132 327	166 349	238 348	69 171	+101 +140	— —	— —	— —	— —
Pneumonia, all forms*	Eur. Non-E.	— —	— —	18 40	63 97	72 111	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Influenzal pneumonia	Eur. Non-E.	— —	— —	— —	— —	— —	6 13	28 52	25 61	41 63	45 121	62 78	54 80	24 38	41 91	19 31	13 31	45 82	56 64
Acute primary pneumonia	Eur. Non-E.	— —	— —	— —	— —	— —	23 68	76 203	83 186	89 285	84 396	91 386	58 302	84 289	98 334	77 253	59 294	138 566	148 465
Cholera	Eur. Non-E.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Plague	Eur. Non-E.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Anthrax	Eur. Non-E.	— —	— —	1 —	— —	1 —	— —	— —	— —	— —	— —	1 —	— —	— —	— —	1 —	— 1	— —	— —
Glanders ..	Eur. Non-E.	— —	— 1	— —	— —	— —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Rabies	Eur. Non-E.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Malta fever ..	Eur. Non-E.	— —	1 —	— —	2 —	— 1	— —	— —	— 1	— —	2 —	— —	3 1	1 1	2 —	— —	1 —	1 —	— —
Yellow fever ..	Eur. Non-E.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Trachoma ..	Eur. Non-E.	— —	— —	— —	— —	— —	— —	2 4	3 3	2 12	3 12	3 23	— 4	3 4	1 6	1 1	2 14	1 5	— —
Lead poisoning ..	Eur. Non-E.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	3 5	3 1	— —	1 1	— 1	1 —	1 —
Tuberculosis, all forms*	Eur. Non-E.	104 502	103 526	114 495	138 447	132 531	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Tuberculosis, re- spiratory system	Eur. Non-E.	— —	— —	— —	— —	— —	132 568	194 572	146 533	174 689	175 794	202 823	188 911	183 911	209 1,049	210 1,015	185 1,062	161 931	164 867
Other forms of tuberculosis ..	Eur. Non-E.	— —	— —	— —	— —	— —	10 75	16 71	28 116	28 102	28 143	27 148	35 181	19 134	30 168	21 165	21 203	20 163	21 151

From 1918/1919 corrected for imported cases.

From 1919/1920 to 1926/1927 corrected for imported cases and misdiagnosis.

From 1927/1928 to 1934/1935 corrected for imported cases and misdiagnosis: (including Wynberg Ward).

* Not separately classified until 1923-1924.

† 1st July—18th December, 1931.

Table J.

VITAL STATISTICS FOR THE NATIVE LOCATIONS OF LANGA AND N'DABENI.

Location.	Average Population for the 12 months July, 1935, to June, 1936.										NATIVES.									
	European.					Natives.					Births.					Deaths.				
	Adults.					Children.					Total.					Total.				
	Total.					Total.					Total.					Total.				
	M.	F.				M.	F.				M.	F.	M.	F.		M.	F.	M.	F.	
Langa ..	8	9	17	2,106	634	1,171	3,011	3,928	21	37	8	3	69	6	17.28	18.9	42	27	17.28	8
N'dabeni ..	2	5	7	26	29	109	155	162	1	—	2	3	6	—	36.44	83.3	4	1	30.37	1
Total ..	10	14	24	2,132	663	1,271	4,066	4,090	22	37	10	6	75	6	18.04	21.3	46	28	17.08	9

NOTIFICATION OF INFECTIOUS DISEASE.

Location.	Natives.															
	Tuberculosis, respiratory system.				Tuberculosis, other forms.				Enteric fever.				Diphtheria.			
	Total.				Total.				Total.				Total.			
	Total.				Total.				Total.				Total.			
	M.	F.			M.	F.			M.	F.			M.	F.		
Langa ..	6	13	5	2	—	—	—	—	1	1	—	—	1	1	—	—
N'dabeni ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ..	6	13	5	2	—	—	—	—	1	1	—	—	1	1	—	—

In addition to the above, four cases of tuberculosis of the respiratory system were notified in the persons of 4 native males who contracted the disease outside the municipal area, being already ill on arrival in Langa Location.

Deaths in Langa Location Hospital, 18 (Natives). Of these 18 deaths, 11 were of males and 7 were of females.

Table K.**BAROMETRICAL READINGS, 1935-1936.**

CORRECTED FOR ALTITUDE, TEMPERATURE, INDEX ERROR, CAPACITY AND CAPILLARITY.

Month.	Mean.	Average for twenty-nine years, 1st July, 1906, to 30th June, 1935.	Highest.	Date.	Lowest.	Date	Highest and Date for twenty-nine years, 1st July, 1906, to 30th June, 1935.	Lowest and Date for twenty-nine years, 1st July, 1906, to 30th June, 1935.
1935.								
July	30.312	30.236	30.520	27th	29.998	15th	30.709	28.924
August	30.319	30.276	30.647	2nd	29.986	14th	30.984	29.753
September	30.252	30.250	30.498	11th	30.056	3rd & 30th	30.691	29.694
October	30.230	30.187	30.430	15th	30.022	5th	30.563	29.727
November	30.186	30.187	30.494	17th	29.958	3rd	30.841	29.831
December	30.159	30.140	30.370	20th	29.982	10th	30.569	29.754
1936.								
January	30.125	30.112	30.452	19th	29.871	3rd	30.500	29.757
February	30.159	30.117	30.364	7th	29.958	2nd	30.945	29.775
March	30.131	30.157	30.360	29th	29.934	2nd	30.608	29.002
April	30.220	30.278	30.426	12th	29.974	26th	30.508	29.098
May	30.235	30.232	30.542	31st	30.000	29th	30.641	29.078
June	30.311	30.282	30.554	28th	30.110	22nd	30.663	29.089
Year	30.220	30.204	30.647	2/8/1935	29.871	3/1/1936	30.984	28.924
							26/8/1921	13/7/1917

Table M.
RAINFALL AND HUMIDITY, 1935-1936.

Month.	RAINFALL.							HUMIDITY.	
	Amount in Inches.	Average for 29 years in inches, 1st July, 1906 to 30th June, 1935.	No. of Rainy Days.	Average rainy days for 29 years, 1st July, 1906 to 30th June, 1935.	Greatest Fall in one day.		Greatest Fall in one day for 29 years, 1st July, 1906 to 30th June, 1935.	Mean Saturation 100.	Average for 29 years, 1st July, 1906 to 30th June, 1935.
					Amount in Inches.	Date.	Inches.		
1935.									
July	4.48	3.34	16	14.00	0.93	16th	2.67	80.23	83.88
August	3.14	2.95	9	14.00	1.12	15th	1.90	73.84	84.33
September	2.10	2.12	16	11.72	0.46	4th	1.45	80.63	80.21
October	0.46	1.30	8	8.55	0.14	29th	1.55	72.23	74.24
November	0.92	1.09	6	7.10	0.28	2nd	2.35	63.70	71.16
December	0.08	0.86	2	5.69	0.06	4th	1.61	59.71	68.30
1936.									
January	2.33	0.49	7	3.69	1.50	2nd	0.90	68.20	68.64
February	0.34	0.53	8	4.17	0.10	26th	0.96	70.62	72.82
March	0.80	0.67	7	5.55	0.58	10th	1.08	76.42	73.27
April	2.54	1.62	6	9.00	0.19	27th	1.61	76.27	81.31
May	2.20	2.70	11	12.00	0.76	29th	2.76	81.97	81.97
June	2.15	3.65	12	13.59	1.07	26th	2.35	83.37	83.37
Year	19.54	21.32	108	109.06	1.50	21/1936	2.76	73.93	76.96

ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH.

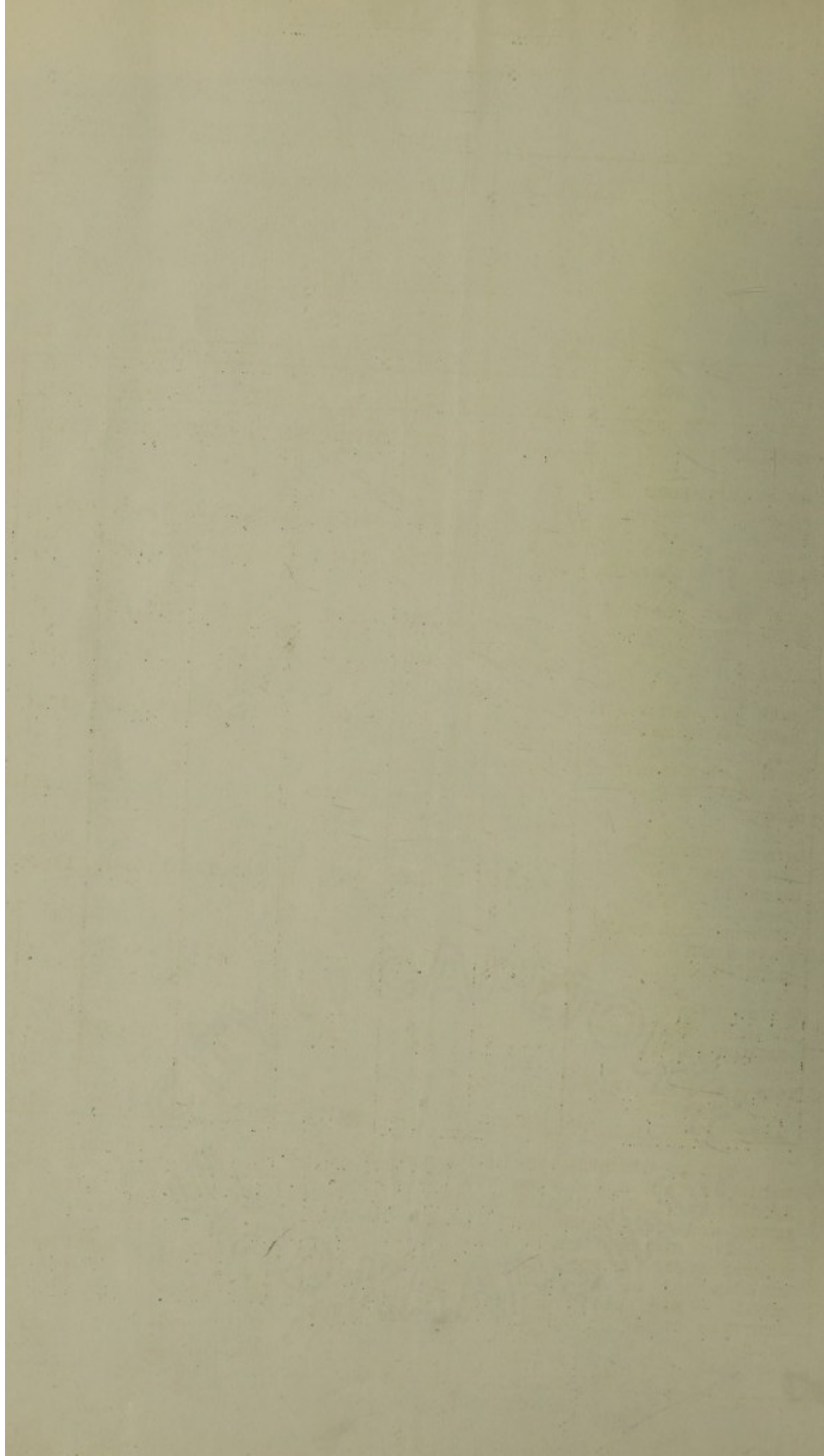
PRELIMINARY (PROVISIONAL) RETURN FOR THE YEAR ENDED 30TH JUNE, 1937.

VITAL STATISTICS.

	1936-1937			1935-1936		
	Eur.	Non-E.	All Races	Eur.	Non-E.	All Races
Total population	153,659	146,671	300,330	150,634	142,546	293,180
Population excluding Native Locations ..	153,640	142,000	295,640	150,610	138,480	289,090
Births ..	2,608	6,875	9,484	2,769	6,782	9,551
Birth Rate (per 1,000 population)	17.02	48.55	32.17	18.09	48.18	32.50
Total Deaths..	1,483	2,769	4,253	1,635	3,352	4,987
Death Rate (per 1,000 population)	9.68	19.55	14.43	10.68	23.81	16.97
Deaths of infants under 1 year of age ..	123	749	873	125	988	1,113
Infant Mortality Rate (per 1,000 Births) ..	47.16	108.95	92.05	45.14	145.68	116.53
Tuberculosis Death Rate (per 1,000 population) ..	0.55	4.20	2.30	0.79	4.47	2.55
Enteric Fever Death Rate (per 1,000 population) ..	0.01	0.09	0.05	0.02	0.04	0.03
Maternal Mortality Rate (per 1,000 live births)	3.07	5.09	4.53	3.97	4.27	4.19

The populations (excluding native locations) shown in this table are estimated from the preliminary figures of the census of 4/5th May 1936, with the 1931 census figures in respect of Europeans and the 1926 census figures in respect of non-Europeans.

The figures for births, deaths and infectious disease and the corresponding rates, do not include events in the native locations of N'dabeni and Langa. The rates are calculated on the population of the Municipality exclusive of the native locations. The figures are corrected for outward transfers only.



VITAL STATISTICS (CONTINUED).

Total Deaths.

	1936-1937			1935-1936		
	Eur	Non-E	All Races	Eur	Non-E	All Races
Enteric fever ..	2	13	15	3	6	9
Typhus fever ..	-	-	-	-	-	-
Smallpox ..	-	-	-	-	-	-
Measles ..	-	4	4	3	-	3
Scarlet fever ..	3	1	4	3	1	4
Whooping cough ..	3	23	26	10	178	188
Diphtheria ..	2	12	14	10	17	27
Influenza ..	12	17	29	36	32	68
Plague ..	-	-	-	-	-	-
Poliomyelitis ..	2	-	2	-	-	-
Encephalitis lethargica ..	2	1	3	2	4	6
Cerebrospinal fever ..	7	9	16	1	10	11
Tuberculosis, respiratory system ..	71	512	583	103	543	646
Tuberculosis meningitis ..	10	46	56	12	52	64
Other tuberculous diseases ..	3	37	40	8	34	42
Leprosy ..	-	-	-	-	-	-
Syphilis ..	9	96	105	11	101	112
General paralysis of the insane, tabes dorsalis ..	7	17	24	7	24	31
Malaria ..	2	1	3	2	-	2
Other infectious and parasitic diseases ..	25	26	51	34	35	69
Cancer, malignant disease ..	197	99	296	214	111	325
Diabetes ..	43	24	67	56	16	72
Other general diseases ..	27	67	94	40	93	133
Cerebral haemorrhage, embolism and thrombosis ..	16	6	22	14	12	26
Other diseases of the nervous system and sense organs ..	30	57	87	32	70	102
Heart disease ..	313	212	525	280	237	517
Aneurysm ..	6	5	11	12	5	17
Arterio-sclerosis ..	164	136	300	192	125	317
Other circulatory diseases ..	3	9	12	8	2	10
Bronchitis ..	35	172	207	19	193	212
Pneumonia (all forms) ..	56	317	373	94	453	547
Miners phthisis (silicosis) (without tuberculosis) ..	1	1	2	1	1	2
Miners phthisis (silicosis) (with tuberculosis) ..	-	2	2	1	-	1
Other respiratory diseases ..	19	29	48	15	52	67
Peptic ulcer ..	12	8	20	8	11	19
Diarrhoea etc. (under 2 years) ..	27	251	278	27	328	355
Appendicitis ..	6	6	12	4	8	12
Cirrhosis of liver ..	16	5	21	11	4	15
Other diseases of liver, etc. ..	13	9	22	10	4	14
Other digestive diseases ..	22	47	69	45	52	97
Acute and chronic nephritis ..	84	90	174	84	109	193
Other genito-urinary diseases (non-venereal) ..	30	18	48	31	19	50
Puerperal sepsis ..	1	7	8	5	12	17
Other diseases of pregnancy and puerperal state ..	7	26	33	6	17	23
Congenital malformations and diseases of early infancy ..	69	211	280	67	218	285
Senility ..	32	14	46	26	19	45
Suicide ..	18	3	21	16	4	20
Other violence ..	49	79	128	56	100	156
Other defined causes ..	25	27	52	41	26	67
Causes ill-defined, or unknown ..	2	15	18*	5	14	19
Total ..	1,483	2,769	4,253*	1,665	3,352	5,017

*Including the death of a newly-born child of unknown race.

VITAL STATISTICS (CONTINUED)

Deaths of Infants under one year of age.

	1936-1937			1935-1936		
	Eur	Non-E	All Races	Eur	Non-E	All Races
I - Common infectious diseases ..	2	11	13	5	80	85
II - Tuberculous diseases ..	-	23	23	3	21	24
III - Diarrhoea and enteritis ..	20	166	186	20	259	279
IV - Bronchitis and pneumonia ..	11	212	223	16	252	268
V - Developmental and wasting diseases ..	58	171	229	56	191	247
VI - Miscellaneous diseases (remainder) ..	32	166	199*	26	185	211
Measles ..	-	1	1	-	-	-
Whooping cough ..	2	7	9	4	78	82
Diphtheria and croup ..	1	3	3	1	2	3
Erysipelas ..	1	1	1	-	-	-
Tuberculosis, meningeal ..	1	9	9	2	5	7
Tuberculosis, abdominal ..	-	1	1	-	1	1
Tuberculosis, other forms ..	-	13	13	1	15	16
Syphilis ..	1	54	55	1	58	59
Simple meningitis ..	1	1	2	1	6	7
Convulsions ..	2	23	25	1	19	20
Bronchitis ..	6	86	92	2	84	86
Pneumonia (all forms) ..	5	126	131	14	168	182
Diarrhoea and enteritis ..	20	166	186	20	259	279
Congenital malformations ..	13	13	26	8	19	27
Congenital debility ..	2	22	24	5	26	31
Premature birth ..	35	118	153	36	128	164
Injury at birth ..	8	18	26	7	18	25
Other diseases peculiar to early infancy ..	9	33	42	9	23	32
Lack of care ..	1	-	-	1	-	-
Suffocation (overlying) ..	-	-	-	-	-	-
Other causes ..	19	54	74*	14	79	93
Total ..	123	749	873*	126	988	1,114

*Including the death of a newly-born child of unknown race.

Table of Contents

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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VITAL STATISTICS (CONTINUED).

Infectious Diseases Notified.

(Corrected to date for errors of diagnosis).

	1936-1937			1935-1936		
	Eur	Non-E	All Races	Eur	Non-E	All Races
Tuberculosis, pulmonary	163	845	1,008	164	867	1,031
Other forms of tuberculosis ..	19	138	157	21	151	172
Scarlet fever ..	458	32	490	596	34	630
Diphtheria ..	249	134	383	189	122	311
Enteric fever ..	44	109	153	30	43	73
Erysipelas ..	44	32	76	51	42	93
Puerperal fever ..	13	52	65	22	74	96
Ophthalmia neonatorum	36	207	243	33	195	228
Gonorrhoeal ophthalmia	6	13	19	6	32	38
Cerebrospinal fever	13	17	30	1	9	10
Acute poliomyelitis	6	2	8	1	3	4
Infective encephalitis	1	4	5	4	3	7
Influenzal pneumonia	29	46	75	56	64	120
Acute primary pneumonia	98	370	468	148	465	613
Trachoma ..	2	7	9	1	5	6
Leprosy ..	-	3	3	-	1	1
Lead poisoning ..	1	-	1	1	-	1
Typhus fever ..	2	-	2	2	-	2
Total ..	1,184	2,011	3,195	1,326	2,110	3,436

WORK DONE BY CITY HEALTH DEPARTMENT.

	<u>1936-1937</u>	<u>1935-1936</u>
Inspections made by Health Inspectors	162,134	163,190
Inspections made by Rodent Inspectors	10,327	10,661
Notices served:		
Proceedings begun by verbal notice	2,888	2,547
Proceedings begun by written notice	6,253	6,321
Total proceedings begun	9,141	8,868
Total written notices served	9,102	9,028
Premises disinfected	2,150	2,227
Articles disinfected	13,253	14,547
Articles destroyed for infectious disease	313	491
Inspections made by Rat-catchers	37,246	41,387
Rats caught and destroyed:		
Brown rats	3,642	3,757
Black rats	4,030	3,240
Gerbilles	619	610
Slums Act:		
Premises reported by Medical Officer of Health under Section 1(2) of the Slums Act 1934	157	176
Premises declared slums pursuant to foregoing reports	115	153
Lettings therein	394	463
Occupants thereof	1,660	1,762
Premises in areas to be acquired by Council for rebuilding schemes pursuant to foregoing reports and declarations	195	214
Lettings (dwellings) therein	527	531
Occupants thereof	2,248	2,223

THE HOUSE OF COMMONS

1801	1802	1803	1804	1805	1806	1807	1808	1809	1810
1811	1812	1813	1814	1815	1816	1817	1818	1819	1820
1821	1822	1823	1824	1825	1826	1827	1828	1829	1830
1831	1832	1833	1834	1835	1836	1837	1838	1839	1840
1841	1842	1843	1844	1845	1846	1847	1848	1849	1850
1851	1852	1853	1854	1855	1856	1857	1858	1859	1860
1861	1862	1863	1864	1865	1866	1867	1868	1869	1870
1871	1872	1873	1874	1875	1876	1877	1878	1879	1880
1881	1882	1883	1884	1885	1886	1887	1888	1889	1890
1891	1892	1893	1894	1895	1896	1897	1898	1899	1900

THE HOUSE OF COMMONS
JANUARY 1801
The House of Commons met on the 1st of January 1801, and continued to sit until the 31st of December 1801. The House was composed of 504 Members, and the Speaker was Mr. John Dunning. The House passed 100 Bills, and the Government was supported by a majority of 100 Members. The House also passed 100 Resolutions, and the Government was supported by a majority of 100 Members. The House also passed 100 Resolutions, and the Government was supported by a majority of 100 Members.

1936-1937

1935-1936

Applications for licences:

Dealers, general dealers, bakers, butchers, motor garages and mineral water dealers ..	1,572	1,651
Tea rooms, cafes, restaurants and eating houses	715	467
Laundries, mattress makers, and barbers or hair- dressers ..	102	152
Purveyors of milk (other than cowkeepers) ..	160	224
Cowkeepers:		
Premises within municipal area ..	64	77
Premises outside municipal area ..	289*	-
Manufacturers and vendors of icecream ..	506	417
Hawkers and pedlars ..	1,237	1,176
Places of amusement ..	126	146
Erection of tents ..	2	17
Births notified ..	10,315	10,195
Visits made by Health Visitors (including tuberculosis, social welfare and diphtheria immunization) ..	78,077	73,758

* Including 132 applications for licences for 1936 and 157 for licences for 1937.

1911-1912

1912-1913

1913-1914

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1936-1937

1935-1936

Maternity and Child Welfare Centres:

No. of medical sessions ..

2,481

2,673

..

..

New cases:

Infant consultations

Under 1 year

Over 1 year

Total

Pre-natal clinics

School clinics

Dental clinics

Eur

Non-E

All Races

Eur

Non-E

All Races

1,073	4,158	5,231	1,161	4,262	5,423
571	1,791	2,362	590	1,939	2,529
1,644	5,949	7,593	1,751	6,201	7,952
419	2,826	3,245	443	2,542	2,985
1,643	2,846	4,489	1,681	2,869	4,550
514	1,287	1,801	608	1,331	1,939

Total attendances:

Infant consultations

Pre-natal clinics

School clinics

Dental clinic

Test feeds

Remedial exercises

Dinners for mothers and children

Milk meals

27,782	74,014	101,796	27,345	76,012	103,357
1,914	10,856	12,770	1,833	9,479	11,312
3,787	6,659	10,446	3,926	6,149	10,075
775	1,778	2,553	847	1,816	2,663
681	1,208	1,889	825	1,296	2,121
73	280	353	90	348	438
10,350	91,907	102,257	11,484	104,020	115,504
-	-	33,128	-	-	-

Dried milk issued

Persons Schick tested

Persons subjected to protective inoc-

ulation against diphtheria ..

Protective inoculation against diph-

theria (No. of injections) ..

1,213	40,848 lbs	42,342 lbs	1,666	351	2,017
1,672	1,826	3,498	1,374	1,613	2,987
2,397	2,338	4,735	2,146	2,000	4,146

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 59. The fifty-ninth of the three
 60. The sixtieth of the three

1936-1937

1936-1937

Non-E All Races

Eur

Non-E All Races

Eur

Cleansing Station:

New cases

Total attendances

..
..

386
1,095
1,100
3,071
1,486
4,166

Tuberculosis Clinics:

No. of medical sessions

New cases

Total attendances

Expenditure on bread and milk

..
..
..

250
973
290
787
2,310
5,208
249
1,077
7,518
£610.9.1d

Venereal Diseases Clinics:

No. of medical sessions

New cases

Total attendances at medical sessions

Attendances for intermediate treatment

..
..
..

1,152
3,382
877
2,721
19,851
11,878
1,057
3,598
34,086
33,556

City Hospital for Infectious Diseases, Portswood Rd:

New cases admitted:

Scarlet fever

Diphtheria

Enteric fever

Cerebrospinal fever

Puerperal fever

Tuberculosis, pulmonary

" other forms

Venereal diseases

Other diseases

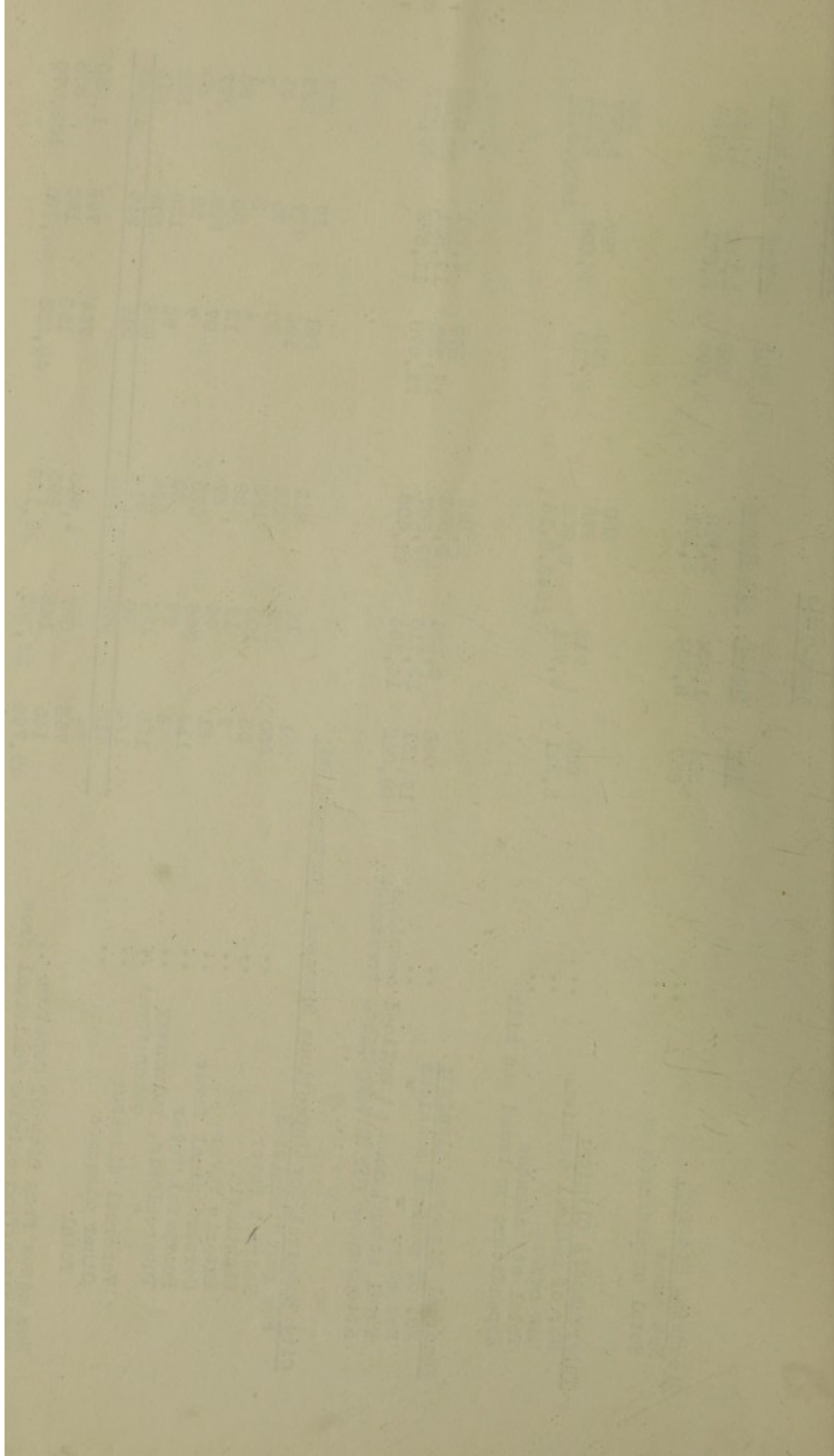
Total

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261
199
30
4
15
97
7
96
208
917
17
137
65
3
50
280
53
136
205
946
278
336
95
7
65
377
60
232
413
1,863

New cases from City of Capetown ..
New cases from outside Municipal area ..
Patient-day units ..

768
145
45,744
827
148
52,382
1,595
293
98,126
764
153
48,235
54,335
1,560
303
102,570



1935-1936

1936-1937

Non-E All Races

Eur

Non-E All Races

Eur

Isolation Hospital, Rentzkie's Farm:

New cases admitted:

Enteric fever	-	51	51	-	-
Diphtheria	4	-	4	5	5
Diphtheria carriers	3	-	3	13	13
Total	7	51	58	18	18
New cases from City of Capetown	-	50	50	-	-
New cases from outside Municipal area	7	1	8	18	18
Patient-day units	285	1,885	2,170	393	393

Capetown cases at Nelspoort Sanatorium for Tuberculosis:

New cases admitted	89	52	141	57	127
Patient-day units	11,138	5,503	16,641	8,911	15,767

Native Hospitals at Langa and N'dabeni:

New in-patients admitted	..	..	263	..	234
New out-patients	..	..	1,121	..	1,557
Total attendances of out-patients	..	..	15,807	..	13,766
Attendances on patients in their own homes:	..	..	..	..	..
By doctors	..	..	489	..	762
By nurse	..	..	1,207	..	1,645
Confinement's attended in women's own homes	..	..	66	..	14
Visits by midwife in connection with confinements	..	..	745	..	195

Medical Relief:

New cases attended	..	..	1,464	..	2,200
No. of visits by Medical Assistant	..	..	1,996	..	2,652

Public Washhouses:

Total attendances at Washhouses	..	..	63,697	..	60,474
Fees collected at Washhouses	..	..	£1,545.6.1d	..	£1,054.9.3d
Total attendances at Washing Baths, Hout Street	9,898	..	7,923
Fees collected at Washing Baths, Hout Street	£119.10.6d	..	£105.1.4d

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