

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

Contributors

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The Corporation

OF

The City of Cape Town.

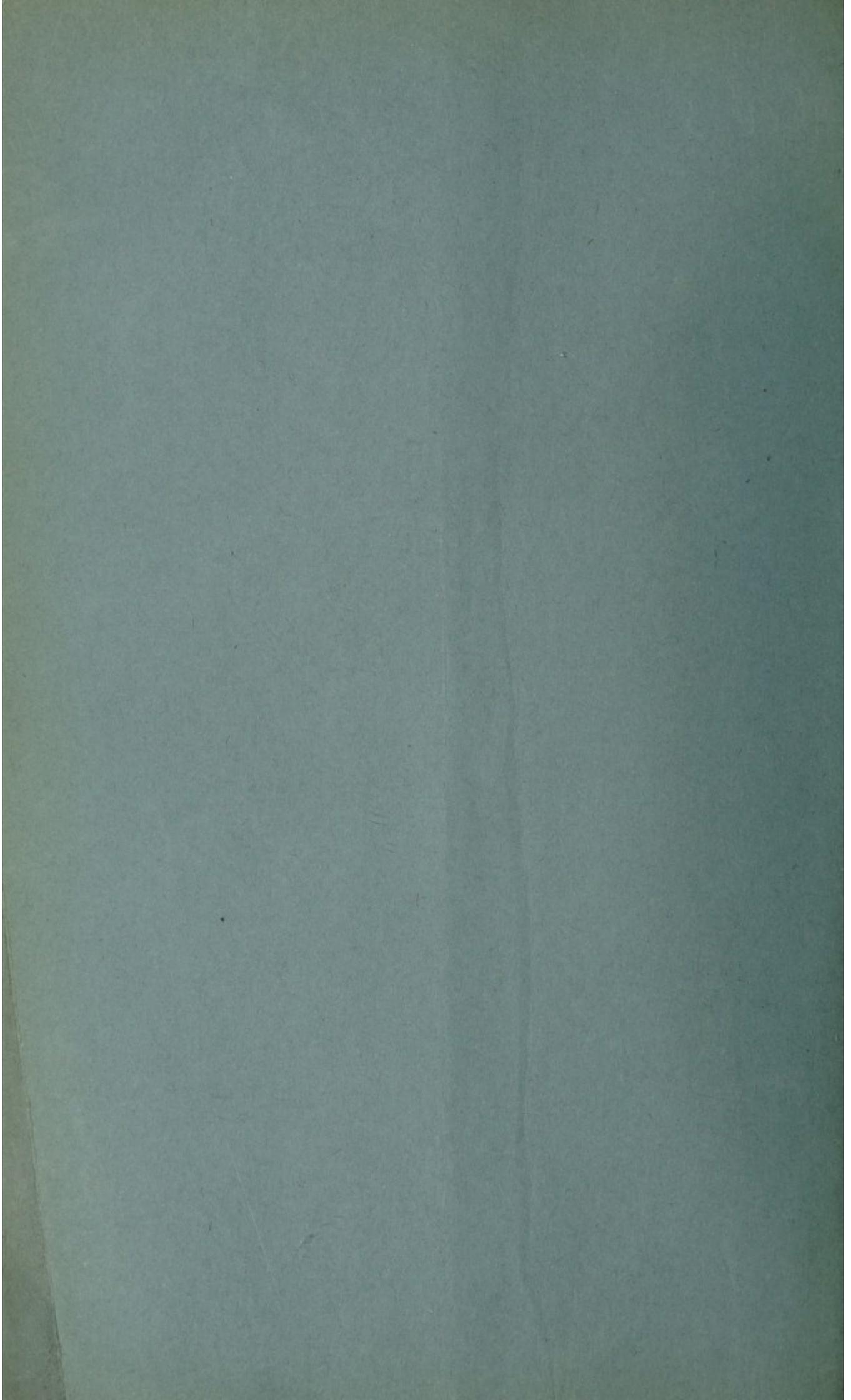


ANNUAL REPORT

OF THE

Medical Officer of Health,

For the year ended 30th June, 1939.





THE CORPORATION OF THE CITY OF CAPE TOWN.

Report of the Medical Officer of Health

FOR THE YEAR ENDED 30TH JUNE, 1939.

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

Madam and Gentlemen,

I have the honour to present the annual report on the health and social conditions of the City of Cape Town for the year 1938-39, together with an account of the work of the City Health Department during the year. Certain particulars are given of work carried out by other bodies, and the general arrangement of the report is somewhat different from that of previous years.

Vital Statistics.

The general death rate and the infant mortality rate (all races) was lower than in any previous year except 1936-37. The birth rate showed a slight decline as compared with the previous year.

The non-European birth rate was 2·6 times as great as the European, the general death rate 2·2 times, and the infant mortality rate 2·9 times. Even greater contrasts are presented by the mortality from certain particular diseases. The rate of natural increase (excess of births over deaths) of non-Europeans was 3·1 times as great as of Europeans. 56 per cent. of non-European deaths occurred in persons under 25 years of age, as compared with 17 per cent in Europeans.

These great contrasts are mainly due to the depressed social and economic conditions of the non-Europeans, which operate through undernourishment, bad housing and overcrowding, and low cultural standards. From this point of view it is interesting to note the health statistics of the Indian population in Cape Town, which are substantially better than those of the other non-Europeans.

Infectious Diseases.

There was less enteric fever in Cape Town in 1938-39 than in any previous year, as shown both by incidence and mortality.

The prevalence of diphtheria which began in the previous year continued into 1938-39, for which year the figures were greater than at any time since the unification of the City in 1913. There were 66 deaths from the disease, all in children under 10 years old, of which 47 were non-Europeans. It is to be regretted that parents do not avail themselves to a greater extent of the facilities that are provided for the prophylactic inoculation of their children against diphtheria. During the year 6,008 children were inoculated by the City Health Department.

There were 82 deaths from whooping cough during the year, of which 81 were of non-European children. Measles was in a phase of quiescence.

Cerebrospinal fever was more prevalent than in the previous few years. In non-Europeans there were 33 cases and 17 deaths, as compared with 5 cases and 1 death in Europeans.

The mortality from influenza and respiratory diseases was somewhat less than usual both in Europeans and non-Europeans. From diarrhoeal diseases (all races) it was lower than in any previous year.

Tuberculosis.

The prevalence of tuberculosis continued without abatement, the mortality rate in non-Europeans being nearly six times that in Europeans. A full-time tuberculosis officer has been appointed, his staff increased, the building of the new central clinic and administrative centre begun and additional accommodation for patients provided at Rentzkie's Farm Hospital.

Departmental Institutions.

The institutional work continued to expand. The number of in-patients in the hospitals of the Department was greater than ever. At the infant consultations and the pre-natal, school, dental, tuberculosis and venereal disease clinics the new cases attending during the year numbered 24,190, and the total attendances at these medical sessions amounted to 192,777. Adding also the attendances at the venereal disease clinics for "intermediate treatments" and at the welfare centres for test feeds, remedial exercises, dinners and milk meals, the total attendances were 378,710. There were also 3,788 new cases and 25,540 attendances at the out-patient department of the native hospital at Langa location.

Housing.

The housing situation in Cape Town is characterized by a grave shortage of dwellings for the poorer classes, especially non-Europeans. During the year 186 flats for non-Europeans were completed at the Council's rehousing estate in Ward 6, and the Citizens' Housing League Utility Company built 322 houses for Europeans at the Epping Garden Village outside the Cape Town municipal area. For many years the building of dwellings for non-Europeans has been insufficient to accommodate the growth in the non-European population, and there has been no overtaking of the housing shortage so far as this section of the community is concerned. This shortage is the main cause of the slum conditions that exist, and the most important contribution to public health and social improvement that the Council can make is the energetic prosecution of schemes of new housing for the working classes. Besides the shortage in Coloured housing there is insufficient accommodation for natives at the Council's location.

Acknowledgments.

I desire to acknowledge the assistance I have received from the staff of the City Health Department and the support accorded me by the Chairman and members of your Health Committee and other members of the Council.

I am, Madam and Gentlemen,

Your obedient servant,

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May, 1940.

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MUNICIPALITY OF THE CITY OF CAPE TOWN.

LEADING STATISTICS, YEAR ENDED 30TH JUNE, 1939.

	European.	Non-European.	All races.	European.
Area : 48,652 Acres.				
Total population	159,915	155,483	315,398	—
Population (excluding the native location of Langa) ..	159,890	149,820	309,710	—
	<i>A</i>	<i>A</i>	<i>A</i>	<i>B</i>
Birth rate	17·87	46·69	31·81	18·10
Death rate	9·71	21·69	15·51	10·12
Infant mortality rate	42·11	123·56	99·93	41·93
Tuberculosis death rate ..	0·77	4·77	2·70	0·80
Enteric incidence rate ..	0·09	0·25	0·16	—
Enteric death rate	0·01	0·03	0·02	0·01

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 Langa native location are excluded from these rates.

A. Corrected for outward transfers.

B. Corrected for outward and inward transfers.



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REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED 30TH JUNE, 1939.

SECTION I.—NATURAL AND SOCIAL CONDITIONS.

PHYSICAL GEOGRAPHY.

Cape Town 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, Cape Town 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 they 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 Cape Town 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" and known locally as "ironstone gravel." The laterite consists of 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 City of Cape Town consists of a central portion, which before the City extension of 1913 constituted the whole Municipality and is sometimes known as Cape Town proper or central Cape Town (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 and its 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 geological particulars in this section are taken from "Chapman's Peak" Guide Book of International Geological Congress, XV Session, South Africa, 1929, by Andrew Young, D.Sc.

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 Cape Town 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 (Ward 11) includes the suburbs of Maitland, Brooklyn, Rugby and Kensington, which, together with other townships lying outside the municipal area of the City and following the main road to the north, are known as the "Northern Suburbs."

AREA.

The area of the extended Municipality, on 30th June, 1939, amounted to 48,652 acres (76.0 sq. miles). On 14th January, 1939, an area of about 4 acres was added to the Municipality at Fernwood, Newlands. The length of the main road passing through the Municipality from the boundary at Bakoven to that of Kalk Bay is about twenty-five miles.

CLIMATE.

Cape Town 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 in 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 taken by the City Health Department at the City Hospital, Portwood Road, for the year under review and for previous years will be found in Tables T to X, on pages 134 to 138.

From the point of view of public health Cape Town belongs definitely to the temperate zone, and 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 Cape Town population of over three hundred thousand consists of whites, or "Europeans." The other half is commonly designated as "non-European." Eight-ninths of these non-Europeans are of the mixed race known as Cape Coloured, and the remainder consists of Natives and Indians, who are both comparatively newcomers.

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 Indies. Though they possess a larger infusion of this strain they are much mixed with the other elements present in the Cape Coloured generally.

The social and economic conditions of the Cape Coloured are on the whole unsatisfactory. A part of them have skilled trades and earn good wages but the majority are unskilled labourers and many of the men earn less than 30s. a week when in full work. The position is aggravated by the large size of the families, but the family income is eked out when possible by earnings brought in by the wife and children. The measures taken for the prevention and relief of distress are inadequate, and there is no compulsory insurance against sickness and unemployment. There is much undernourishment, and housing accommodation is expensive and bad. The social and cultural level is low. The principle of compulsory education does not apply to non-Europeans, and, though there are some good Coloured schools, the general level of schooling is low, and there is a lack of discipline in adolescents and a serious problem caused by Coloured delinquency. The illegitimacy rate is high and venereal disease is rife. The social contrast between the Europeans and Cape Coloured can be expressed by the statement that whereas in the whites it is only a small minority that belong to the depressed classes, in the Coloured it is the majority. The same contrast is seen in housing conditions; it is a small minority of Europeans who live in slum conditions, but a majority of the Coloured.

The natives constitute only one-tenth of the non-Europeans. They live in the Council's native location, or as ordinary non-European residents in the City (being mostly slum dwellers), or on their employers' premises. The segregation prescribed by the Natives (Urban Areas) Act is by no means completely enforced, for the reason that the houses in the location are too few to accommodate the population to be housed. Many of the natives are men from the native territories who still retain their link with the territories and commonly return there eventually; but there is an increasing population of detribalized natives who are permanently resident in Cape Town 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 less than 4,000 in number. They are nearly all traders, and they are better off than the Cape Coloured. Some of them are making good progress in business and becoming well-to-do.

The European population is in complete contrast with the non-European in every respect. It is a well-to-do community, and it differs from the population of a European town in that it includes only a small proportion of people of the labouring class. There is, however, a section with a working-class status, and a fringe who have sunk to the same social and economic level as the coloured people.

There are parts of the City where the inhabitants are mainly non-European, and other parts that are exclusively occupied by Europeans and their non-European servants. The various sections of the community, however, are to a great extent intermingled, and there is nothing approaching complete segregation of the races. The geographical disposition of white and coloured is very much the same as that of well-to-do and poor in a European town. In the operations under the Housing Act the estates for Europeans are separate from those for non-Europeans, and this will contribute to progressive residential separation. The provision of a native location has the same effect.

Striking contrasts are presented by the vital statistics of the different races, which will be found in the next section of this report.

SECTION II.—VITAL STATISTICS.

For births and deaths and the corresponding rates, the year under report consists of the 52 weeks ended 30th June, 1939. The rates are corrected to the basis of a year of 365 days. Births and deaths are attributed to the date of registration.

Unless the contrary is stated, all statistics in this report are exclusive of the Langa native location, which has a rapidly changing population.

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 Cape Town.
- (2) "Corrected for outward transfers"; which is the foregoing (1) after the deduction of deaths in Cape Town of persons who were not Cape Town residents and births in Cape Town to mothers who were not Cape Town residents.
- (3) "Corrected for outward and inward transfers"; which is the foregoing (2) after the addition of deaths of Cape Town residents in parts of the Union outside of Cape Town and births in parts of the Union outside of Cape Town to mothers who were Cape Town 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 estimated population of the Municipality exclusive of Langa location at the middle of the year under report (31st December, 1938) is calculated from the 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	76,610	83,280	159,890
Native (not Langa)	7,070	2,730	9,800
Asiatic	2,550	1,100	3,650
Other Coloured	63,658	72,712	136,370
Non-European	73,278	76,542	149,820
All Races	149,888	159,822	309,710

The rates for the year 1938-39 in this report are based on the above figures, and the births and deaths at the native location of Langa are excluded.

The population of Langa location for the year 1938-39, based on the average of an enumeration made at the end of each month, was as follows:—

<i>European.</i>	<i>Coloured.</i>	<i>Native.</i>	<i>All Races.</i>
25	—	5,663	5,688

The estimated population of the whole Municipality, including Langa location, for 31st December, 1938, is as follows:—

<i>European.</i>	<i>Non-European.</i>	<i>All Races.</i>
159,915	155,483	315,398

BIRTHS.

The births and birth rates for the Municipality of Cape Town in the year 1938-39 are shown in Table F, on page 120.

The birth rates and rates of natural increase per 1,000 population were as follows:—

	Birth rate.	Rate of natural increase	
European	18·10	7·98	corrected for outward and inward transfers.
Coloured	46·99	25·35	corrected for outward transfers.
Native (not Langa)	37·45	11·05	.. .. .
Asiatic	60·16	49·18	.. .. .
All non-Europeans	46·69	25·00	.. .. .
All races	31·81	16·31	.. .. .

The non-European birth rate was 2·6 times as great as the European (corrected for outward transfers). The ratio was 2·6 for Coloured, 2·1 for Natives and 3·4 for Asiatics.

In Table G, on page 121, the annual birth rate and rate of natural increase for twenty-six years are set out in years and quinquennia.

As compared with the previous year the European birth rate (corrected for outward and inward transfers) showed a decrease of 4·7 per cent., and the non-European (corrected for outward transfers) a decrease of 1·8 per cent.

The natural increase of the non-European population (i.e., the excess of births over deaths) was 2·9 times as great as that of the European population (corrected for outward transfers); expressed as per 1,000 population it was 3·1 times as great (Coloured 3·1, Natives 1·4, Asiatics 6·0).

In Table E, on page 119, the births and still-births, in wards, are tabulated by race and legitimacy and the births by sex.

The number of male births per 100 female births (corrected for outward transfers) was 104·6 amongst Europeans and 97·3 amongst non-Europeans.

The percentage of illegitimate to total births (corrected for outward transfers) was 5.0 amongst Europeans and 22.4 amongst non-Europeans. The corresponding figures for former years will be found in Table G, on page 121.

The number of still-births registered as having taken place in Cape Town during the year was 459, including 100 European and 359 non-European. Corrected for outward transfers the number was 421 (88 European and 333 non-European).

2,972 births (1,700 European and 1,272 non-European) and 156 still-births (59 European and 97 non-European) took place in maternity homes and other institutions within the Municipality. Corrected for outward transfers the births in institutions were 2,451 live births (1,330 European and 1,121 non-European), and 118 still-births (47 European and 71 non-European). This is equivalent to a percentage of 24.9 of all live births (corrected for outward transfers), the percentage being 46.7 amongst Europeans and 16.1 amongst non-Europeans.

Statistics based on birth notifications will be found in Table M, on page 127.

Births in the Langa location are not included in the foregoing figures. Particulars regarding these will be found in Table S, on page 133.

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 K, on page 125.

DEATHS.

The deaths and death rates for the Municipality of Cape Town for the year 1938-39 are shown in Table F, on page 120. The death rates per 1,000 population were as follows:—

European .. ..	.. 10.12	corrected for outward and inward transfers.
Coloured .. ..	.. 21.64	corrected for outward transfers.
Native (not Langa) .. ..	.. 26.40	.. .. ..
Asiatic .. ..	.. 10.99	.. .. ..
All non-Europeans .. ..	.. 21.69	.. .. ..
All races .. ..	.. 15.51	.. .. ..

The non-European death rate was 2.2 times as great as the European (corrected for outward transfers). The ratio was 2.2 for Coloured, 2.7 for Natives, and 1.1 for Asiatics.

The European death rate (corrected for outward and inward transfers) was 4.4 per cent. less than that of the previous year and 2.6 per cent. less than that of the previous quinquennium. The non-European rate (corrected for outward transfers) was 7.6 per cent. less than that of the previous year and 5.2 per cent. less than that of the previous quinquennium. In Table G, on page 121, the annual death rate for twenty-six years is set out in years and quinquennia.

CAUSES OF MORTALITY.

In Tables A1, A2, A3 and A4, on pages 92 to 114, the deaths for the year will be found fully classified for cause, race, sex, age and ward. A shorter classification by cause and race is set out in Table B, on page 115; and in Table C, on pages 116 and 117, the rates of mortality from a short list of causes are shown by race with corresponding figures for the preceding ten years.

The following extract from Table C (1938-39) shows which are the greatest recorded causes of death in Europeans and non-Europeans respectively:—

Death rate per 1,000 population.			
<i>Europeans.</i>	<i>Non-Europeans.</i>		
Heart and arteries	3.37	Tuberculosis	4.77
Cancer	1.34	Bronchitis and pneumonia ..	4.12
Tuberculosis	0.84	Heart and arteries	2.99
Bronchitis and pneumonia ..	0.68	Diarrhoea and enteritis ..	1.88
Nephritis	0.46	Congenital malformations and	
Violence	0.45	“diseases of early infancy”	1.61
Congenital malformations and		Cancer	0.76
“diseases of early infancy”	0.37	Violence	0.67
All causes	10.12	All causes	21.69

The contrast between the races is largely due to two factors, viz., (1) the prominence in non-Europeans of deaths from causes associated with bad social and economic conditions, and (2) the difference in the age constitution of the two populations. Thus tuberculosis, and bronchitis and pneumonia, which are fostered by bad conditions of life, cause more mortality in non-Europeans than in Europeans, where they are far exceeded by circulatory diseases and cancer. The same influence operates in diarrhoeal diseases,

measles and whooping cough. As regards the age factor, bronchitis and pneumonia, diarrhoea and enteritis, measles, whooping cough and the conditions in the "congenital" category, chiefly affect young children; and the large corresponding death rates in non-Europeans are in part due to the mere fact that there is a greater proportion of young children in the non-European population than in the European. (The figures for infant mortality in Table H, on page 122, afford a comparison between the races free from the distortion caused by difference in age constitution.) Similarly cancer and circulatory diseases occur especially in middle and old age, and the prominence of the mortality rates from these diseases in Europeans is mainly because of the larger proportion of people of such age in the European population. In other words a larger proportion of non-Europeans die before reaching the age when they are most liable to develop such diseases (see page 13).

In Table J, on page 124, the deaths by race are classified according to place of residence (wards).

In Table K, 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 Langa native location are not included in the foregoing figures. Particulars regarding these will be found in Table A4, on page 114, and Table S, on page 133.

DEATHS IN INSTITUTIONS.

In Table L, on page 126, the deaths which took place in various institutions are set out.

Of the total deaths in Cape Town (uncorrected) 36.2 per cent. took place in institutions (50.0 per cent. of all European deaths and 29.0 per cent. of all non-European deaths).

After correcting for outward transfers the percentage of deaths occurring in institutions was 29.7 (42.6 per cent. of European deaths and 23.5 per cent. of non-European deaths). Correcting also for inward transfers 43.6 per cent. of European deaths took place in institutions.

SEASONAL VARIATION.

The seasonal variation in mortality is shown in Table D, where the deaths for the year 1938-39, classified for certain causes and by race, are set out according to the month of registration.

SEX.

The death rates (per 1,000 population) during the year under review are shown in the following table according to sex:—

Race.	Uncorrected.		Corrected for outward transfers.		Corrected for outward and inward transfers.	
	Males.	Females.	Males.	Females.	Males.	Females.
European ..	13.73	9.54	11.30	8.25	11.82	8.56
Native (not Langa) ..	26.52	36.36	23.40	34.16		
Asiatic ..	12.98	8.20	12.19	8.20		
Other Coloured	26.09	21.31	23.75	19.79		
Non-European	25.67	21.66	23.32	20.14		
All Races ..	19.51	15.30	17.13	13.90		
Native (Langa)			16.92	26.29		

It will be seen from the above figures that in Europeans the male death rate (corrected for outward and inward transfers) was 38.1 per cent. greater than the female; and in non-Europeans the male death rate (corrected for outward transfers) was 15.8 per cent. greater than the female (Asiatics, 48.7, Coloured 20.0; in Natives the male death rate was 31.3 per cent. less than the female, due presumably to different age distribution in the two sexes).

AGE AT DEATH.

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

	No. of deaths.			Percentage of all deaths.		
	Male.	Female.	Total.	Male.	Female.	Total.
A. Europeans :						
Under 1 year	62	59	121	6.87	8.30	7.50
Over 1 and under 5 years ..	21	21	42	2.32	2.95	2.60
" 5 " 25 " ..	61	45	106	6.76	6.33	6.57
" 25 " 65 " ..	396	281	677	43.85	39.52	41.94
" 65 years	363	305	668	40.20	42.90	41.39
Total European deaths ..	903	711	1,614	100.00	100.00	100.00
B. Non-Europeans :						
Under 1 year	464	398	862	27.23	25.89	26.60
Over 1 and under 5 years ..	317	267	584	18.60	17.37	18.02
" 5 " 25 " ..	172	203	375	10.09	13.21	11.57
" 25 " 65 " ..	587	482	1,069	34.45	31.36	32.98
" 65 years	164	187	351	9.63	12.17	10.83
Total Non-European deaths	1,704	1,537	3,241	100.00	100.00	100.00

A. Corrected for outward and inward transfers.

B. Corrected for outward transfers.

From the foregoing figures it will be seen that the deaths under 5 years of age constitute 10.1 per cent. of all deaths in Europeans, as compared with 44.6 per cent. in non-Europeans; and that the deaths under 25 years of age constitute 16.7 per cent. of all deaths in Europeans as compared with 56.2 per cent. in non-Europeans.

Statistics for infant and maternal mortality will be found in the next section.

SECTION III.—MATERNAL AND CHILD WELFARE.

A.—STATISTICAL.

(Maternity and Child Welfare Officer : Dr. E. Mary Broome.)

INFANT MORTALITY.

The deaths of infants under one year old for the Municipality of Cape Town in the year 1938-39, and the corresponding rates, are shown in Table F, on page 120. The infant mortality rates per 1,000 births were as follows :—

Europeans	41.9	corrected for outward and inward transfers.
Coloured	123.0	corrected for outward transfers.
Native (not Langa)	180.3	" " " "
Asiatic	45.7	" " " "
All non-Europeans	123.6	" " " "
All races	99.9	" " " "

The non-European infant mortality rate was 2.9 times as great as the European (corrected for outward transfers). The ratio was 2.9 for coloured, 4.2 for Natives, and 1.1 for Asiatics.

The European infant mortality rate (corrected for outward and inward transfers) was 3.7 per cent. greater than that of the previous year and 3.2 per cent. less than that of the previous quinquennium. The non-European rate was 4.1 per cent. less than that of the previous year and 6.8 per cent. less than that of the previous quinquennium. Except for 1936-37 the rate for all races was the lowest on record for the City. In Table G, on page 121, the annual infant mortality rate for twenty-six years is set out in years and quinquennia.

The death rate for 1938-39 of children between one and two years old, per 1,000 survivors of those born in the previous year, was 7.3 for Europeans and for non-Europeans 56.6, or 7.8 times as great.

The causes of infant mortality, both for children under one year old and children between one and two years old, are set out in Table H, on page 122, which show also the improvement that has taken place over a series of years. The chief causes of mortality are respiratory and diarrhoeal diseases, together with developmental diseases in children under one year old and infectious diseases in children between one and two years old.

Amongst European infants in the year under report 39·2 per cent. of the deaths under one year old occurred in the first week of life, and 54·2 per cent. in the first month (four weeks). Amongst non-European infants the percentages were 21·3 in the first week and 31·6 in the first month. In Table I, on page 123, the deaths of infants under one year old are classified by race according to age at death and cause of death.

The variation in the annual mortality rate of infants under four weeks old is shown in the following table for five quinquennial periods :—

	European.	Non-European.
Five years ended 30th June 1918	39·0	65·9
" " " " " 1923	29·9	54·2
" " " " " 1928	24·0	48·9
" " " " " 1933	24·8	48·4
" " " " " 1938	23·2	34·7
Year " " 1939	22·8	39·0

The next table shows for the year under report the difference in infant mortality as between legitimate and illegitimate infants (corrected for outward transfers) :—

	European.	Non-European.	All Races.
Number of legitimate births	2,707	5,417	8,124
Number of legitimate deaths under one year of age	107	602	709
Infant mortality (legitimate) per 1,000 births ..	39·5	111·1	88·5
Number of illegitimate births	143	1,559	1,702
Number of illegitimate deaths under one year of age	13	260	273
Infant mortality (illegitimate) per 1,000 births ..	90·9	166·8	160·4

In Table J, on page 124, the infant mortality by race will be found classified according to place of residence (wards).

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

Infant deaths in the Langa native location are not included in the foregoing figures. Particulars regarding these will be found in Table A4, on page 114 and Table S, on page 133.

MATERNAL MORTALITY.

The following table shows the number of deaths of women which occurred in the year 1938-39 from causes associated with pregnancy and the puerperium, classified for causes and 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 septicæmia ..	1	6	7	0·35	0·86	0·71
Abortion, ectopic gestation and other accidents of pregnancy	3	3	6	1·06	0·43	0·61
Puerperal albuminuria and convulsions	2	3	5	0·70	0·43	0·51
Puerperal hæmorrhage and other accidents of labour ..	4	12	16	1·40	1·72	1·63
Other puerperal conditions ..	—	2	2	—	0·29	0·20
All causes, other than puerperal septicæmia	9	20	29	3·16	2·87	2·95
Total	10	26	36	3·51	3·73	3·66

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

	Puerperal Septicæmia.			Other Causes.			All Causes.		
	Eur.	Non-E.	All Races.	Eur.	Non-E.	All Races.	Eur.	Non-E.	All Races.
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 ..	1.03	1.71	1.48	1.74	3.73	3.07	2.77	5.43	4.56
1929-30 to 1933-34 ..	0.94	1.27	1.17	3.04	3.12	3.10	3.98	4.40	4.27
1934-35 to 1938-39 ..	0.96	1.39	1.26	2.43	3.30	3.05	3.38	4.49	4.32
1938-39	0.35	0.86	0.71	3.16	3.87	2.95	3.51	3.73	3.66

MATERNAL AND CHILD WELFARE.

B.—ADMINISTRATIVE.

The total number of mothers and children attending the welfare centres during the year 1938-39 has shown a considerable increase. This increase has taken place mainly at the suburban centres, notably at the Athlone, Lansdowne and Claremont centres.

In the Claremont area it has been obvious that the majority of the coloured people attending the centre in Station Road, Claremont, have had to come a considerable distance. Moreover, in the thickly populated area round about Second Avenue, Claremont, large numbers of poor families did not attend owing to their distance from the centre, and the children of the district were often in extremely poor condition and in need of the medical supervision and other amenities of a welfare centre. In this respect, this district has been in fact one of the most backward and difficult of any in the municipal area. In 1938, soon after the opening of the Janet Bourhill Day Nursery, it was arranged for the use once a week of two rooms as a welfare centre in one of the cottages rented by the committee of management of that organization. This small clinic, the first session of which was held on the 2nd March, 1939, became popular at once, and a second afternoon session had to be opened on the 3rd April, 1939. For some time the Day Nursery Committee also arranged for the daily distribution of free milk to pre-school children of the neighbourhood.

In the short time since regular welfare sessions have been instituted in this neighbourhood there has been a notable improvement in the physical condition of many of the pre-school children and infants in the district. From the rapid growth of this little branch clinic it is obvious that an adequate centre in this neighbourhood is urgently necessary, where not only weekly consultations may be held but where daily dinners for indigent mothers and children may also be available.

In the Athlone area the increase in numbers has been mainly due to the extension of the City Council's housing schemes in the neighbourhood, and the two sessions a week for coloured infants have been full to overflowing. The pre-natal clinic has shown a great increase in attendance, and it was found necessary in September, 1938, to arrange for the assistance of a second medical officer at the weekly session. These pre-natal clinics in outlying areas are of a paramount importance in the supervision of the health and welfare of expectant mothers and in keeping in touch with the work of midwives in these areas. In the rapidly growing Lansdowne area there is great need for a pre-natal clinic and it is hoped that within the next year the new centre to be built for the purpose will be completed, where it will be possible to conduct such clinics.

Owing to the distance that women and children living in Kalk Bay have had to travel to the nearest centre at Retreat, it was arranged to hold a weekly infant session in the English Church School Hall at Kalk Bay, beginning on the 17th January, 1939. A doctor attends twice a month, but the health visitor is there weekly to advise mothers regarding the feeding and care of their babies. The session has been well attended since its inception.

At the Martin Adams Hall, Brooklyn, where weekly infant consultations had been held by the Department for some time, a small welfare centre has been built by the Citizens' Housing League Utility Company as part of a new wing to the Hall. This provides much improved accommodation for the work of the centre and has made it possible to institute pre-natal sessions.

Much difficulty has been experienced in finding good foster-homes for children whose mothers are ill or working, especially for coloured children. A special voluntary Committee was formed in February, 1939; and, with the help of a donation of £50 from the Maitland Child Welfare Fund (administered by Mrs. F. Botha of Milnerton), a cottage was opened in the Maitland Garden Village under the care of a foster-mother, where four foster-children were placed. Since the close of the year under review a more suitable cottage at the Alicedale Municipal Housing Estate has been rented for the purpose, where coloured foster-children are now being cared for by foster-parents.

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 twenty-four hours.

During the year 1938-39 the number of births (and still-births) notified was 11,786, as follows:—

Notified by midwives and nurses (other than extern or intern institutional cases)	6,862
Notified by doctors	2
Notified by institutions (extern or intern)	4,500
Notified by parents and others	251
Notified by Health Visitors	171

In Table M, on page 127, the births (and still-births) notified as having taken place in the Municipality during the year are classified by ward according to the manner in which the mothers were attended.

The following is a summary of the table:—

Attended.	Births.	Percentage.
In private houses:		
By private doctors	800	7.4
By private midwives:		
Certificated	3,196	29.5
Uncertificated	3,020	27.9
By public midwives or midwife students	1,205	11.2
	<hr/>	<hr/>
	8,221	76.0
	<hr/>	<hr/>
In institutions:		
Public institutions	1,840	17.0
Private nursing homes	755	7.0
	<hr/>	<hr/>
	2,595	24.0
	<hr/>	<hr/>

The extern births attended by certificated private midwives have this year for the first time exceeded in number those attended by uncertificated women. Eight years ago (1930-31) 80 per cent. of midwife births (extern) were attended by uncertificated midwives.

The public institutions in which most confinements have taken place are the Peninsula Maternity Hospital, St. Monica's Home, the Booth Memorial Hospital, and Vrede Oord. Public extern midwifery is done from the Peninsula Maternity Hospital, Vrede Oord and St. Monica's Home.

SUPERVISION OF MIDWIFERY.

Pursuant to the Government regulations made under the Public Health Acts a list of midwives practising in the municipal area is kept by the City Council. No person may practise midwifery whose name is not on the list. The Council is empowered, subject to confirmation, to refuse to place on the list or to remove from the list the name of any person whose practising it considers to be prejudicial to the public health.

The transactions on the list of midwives during the year are shown in the following table:—

Midwives.	Certificated.		Uncertificated.		Total.
	Eur.	Non-E.	Eur.	Non-E.	
On the list 30th June, 1938	111	43	14	48	216
Added to list during 1938-39	15	3	3	—	21
Removed from list during 1938-39 by resolution of Council.	—	1	1	3	5
Removed from list during 1938-39, having ceased to practise in the Municipality	19	2	3	2	26
On list 30th June, 1939	107	43	13	43	206

Three applications to be added to the list were refused by resolution.

In recent years the proportion of certificated midwives practising in Cape Town has steadily increased. During the year under report the (extern) confinements attended by certificated midwives in private practice were for the first time greater in number than those attended by uncertificated midwives (see page 16).

One of the health visitors is appointed as supervisor of midwives. She made 1,626 visits during the year, including 901 visits to midwives in their own homes.

Thirteen midwifery inspections were held at the welfare centres, at which the total attendances of midwives numbered 193. These were all conducted by the supervisor, and usually under the supervision of a medical officer.

In 52 cases midwives were required to attend for special interview by a medical officer and in 36 cases midwives were reprimanded by letter.

Two women (non-European) were prosecuted for practising as midwives when their names were not on the City Council's list. They were both found guilty and fined, the sentence in one case being suspended.

Assisted midwifery:—In the outlying parts of the municipality, where extern midwifery for indigent persons is not available, there have been many confinements where no midwife was in attendance. Throughout the municipality there were 276 such births in the year. There is a need for the provision of free or assisted midwifery services in certain out-lying areas. Since the end of the year under report a municipal midwife (non-European) has been appointed in the Athlone district. During the year midwifery fees were paid for attendance on indigent women in 29 cases, 16 by the City Council and 13 by a voluntary fund at the disposal of the Department.

Six maternity baskets are available in the Department for use in indigent cases.

During the year two midwifery films were purchased by the Department, at the cost of production; they were specially made at the Liverpool Maternity Hospital by courtesy of Mr. C. McIntosh Marshall, F.R.C.S., of that institution. To supplement them, a film was made locally by Mr. L. Lewis, of the Southern Life Association, at the Aspoling Street centre, dealing with the preparation for confinement. These films have been most useful for showing at the midwifery inspections, and have been especially useful when instructing untrained midwives, who have given them an enthusiastic reception.

A lecture demonstration of pre- and post-natal exercises was given at one of these midwifery inspections by Mrs. Landsberg.

At the request of the matron of a training institution pupil midwives have been permitted to attend for observation at municipal pre-natal clinics since 25th May, 1939.

NURSING AND MATERNITY HOMES.

Private nursing and maternity homes may be carried on only if registered by the Secretary for Public Health, and are to be conducted in accordance with the regulations made by the Minister under the Public Health Act. The inspections of such premises are made by the City Health Department on behalf of the Secretary for Public Health, to whom reports of the inspections are sent. This work is undertaken by the Deputy Medical Officer of Health through the maternal and child welfare branch of the Department. On December 1st, 1938, one of the health visitors was appointed as assistant inspector of nursing homes in addition to her other duties.

On June 30th, 1939, there were 31 registered nursing or maternity homes in the municipal area, as follows :

	Premises.	Beds.
General	17	328
Maternity	11	155
Combined—	3	
General		19
Maternity		24
	31	526

During the year ended 30th June, 1939, 4 registered premises, viz., 1 general (10 beds) and 3 maternity (12 beds) were closed. One new nursing home (13 beds, general) was registered.

Three applications for registration of nursing homes (2 maternity and 1 general) were refused on the ground of unsuitability.

From December 1st, 1938, to June 30th, 1939, the assistant inspector made 75 visits of inspections to nursing and maternity homes. These include inspections made to maternity homes under the Children's Act at the request of the Commissioner of Child Welfare.

Full reports were sent to the Secretary for Public Health in respect of 24 premises reported on by the assistant inspector, as follows :—

	Re new applications.	Registered premises.
General	2	4
Maternity	2	13
Combined	—	3

In addition to the above, 7 registered nursing homes (general) were inspected by the Deputy Medical Officer of Health and reports sent to the Secretary for Public Health.

PUERPERAL FEVER.

Reported cases of this notifiable disease are investigated by the Maternal and Child Welfare branch. Cases are admitted to the City Hospital.

The cases of puerperal fever reported in the year 1938-39, corrected for imported cases and misdiagnosis, numbered 84 (22 European and 62 non-European).

The number of deaths amongst the 84 Cape Town cases was 8 (1 of the 22 European cases and 7 of the 62 non-European). The total Cape Town deaths from the disease registered during the year numbered 7 (1 European and 6 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 15.

Attendance at Confinement.—56 of the cases were confined at home and 28 in hospitals. Of the 56 at home 13 were attended in labour by midwives only, 14 by doctors only, and 19 by doctors and midwives : 10 were unattended (7 being abortions).

Condition of Child.—47 of the cases supervened upon the birth of a living child and 36 of a dead foetus (in 1 case no information). Of the 36 cases following delivery of a dead foetus, 16 were of a dead viable foetus and 20 of a non-viable foetus.

Primiparae.—32 of the cases were reported as primiparae (i.e., women in their first confinement) and 51 multiparae (in 1 case no information).

Treatment.—50 of the cases (corrected for misdiagnosis and imported cases) were treated in the City Hospital, 8 in the Peninsula Maternity Hospital, 3 in the Groote Schuur Hospital, and 1 in the House of Correction ; the remaining 22 were treated at home.

There were no cases at the Langa native location.

THE WORK OF THE HEALTH VISITORS.

There are in this branch of the Health Department 28 health visitors whose time is devoted to maternity and child welfare, besides the chief health visitor, the supervisor of midwives, and one health visitor in charge of the school clinics and one of work in connection with diphtheria prophylaxis. There is in addition one social welfare investigator.

The health visitors' duties usually have as their starting point the visiting of mothers with newborn infants. Where the mother was attended at confinement by a trained midwife the visit is postponed until after the tenth day, but mothers attended by un-

certificated persons are visited as soon as possible after the infant's birth in order to see that all is well with mother and babe. The health visitor gives advice as to the care and feeding of the baby and invites the mother to attend the centre as soon as she is able to do so. As far as possible the health visitor keeps in touch with mother and child during the whole period until the child goes to school. Expectant mothers known to the Department are also visited and advised to attend the pre-natal clinic unless they are under the regular care of their own doctor.

Visits are also made to cases of puerperal fever, ophthalmia, pneumonia, measles and whooping cough, and advice is given as to nursing and other precautions to be taken.

Protected Infants.—The health visitors make periodic visits of inspection to foster-homes (under the Children's Act) to supervise those children under ten years, known as protected infants, who are in the care of foster-parents. 3,516 such visits were made by health visitors, and there were 386 new protected infants registered during the year. Reports on these children are submitted by the Medical Officer of Health every three months to the Commissioner of Child Welfare. Where conditions are found unsuitable assistance is given to the parents in making better provision for such children.

Each health visitor assists at sessions at the welfare centre in her own district.

The following table shows the number of visits made during 1938-39 and previous years by the health visitors and the social welfare investigator (including the visits made by the tuberculosis health visitors and the V.D. nurse visitors):—

Classification of Visits.	Number of Visits.									
	1938-39	1937-38	1936-37	1935-36	1934-35	1933-34	1932-33	1931-32	1930-31	1929-30
Visits to houses where births have occurred..	10,516	9,580	10,272	10,416	9,360	9,822	9,649	10,029	10,510	9,637
Subsequent visits to houses where births have occurred ..	34,792	34,862	35,642	32,774	32,399	34,741	35,558	31,951	34,334	31,405
Visits to houses where deaths under 5 years of age have occurred	1,315	1,213	815	859	729	736	457	466	226	166
Visits to expectant mothers ..	2,966	2,547	2,862	2,595	2,480	2,200	2,278	1,713	1,381	762
Visits re Protected Infants ..	3,516	3,252	2,899	3,097	3,091	3,253	3,123	3,166	3,229	2,699
Special follow-up visits	3,639	3,833	4,434	4,207	3,890					
Visits to cases of tuberculosis ..	9,900	8,683	8,989	8,142	6,547	6,087	6,624	6,265	6,450	5,234
Visits re cases of puerperal fever ..	85	70	75	107	109	239	74	69	96	82
Visits re measles ..	42	227	8	16	324	97	8	56	125	38
Visits re whooping cough ..	41	26	39	250	51	18	76	34	99	14
Visits re diarrhoea ..	27	14	20	21	56	310	11	37	23	8
Visits re chicken-pox ..	19	3	16	18	10	26	18	26	24	25
Visits re ophthalmia neonatorum ..	579	726	698	650	919	765	845	927	1,058	615
Visits re pneumonia ..	481	526	495	670	754	344	309	461	365	366
Visits re trachoma ..	5	19	6	8	15	2	12	13	11	40
Visits re influenza ..	3	47	2	22	22	8	22	264	268	631
Visits re other diseases	188	29	27	6	42					
Visits re diphtheria immunization ..	2,337	2,272	1,823	1,240	1,220	2,686	1,756	1,666		
Visits re midwives ..	1,254	1,270	1,185	1,754	2,171	1,976	1,118	1,434	1,118	748
Visits to schools ..	479	403	330	284	288	146	161	138	64	46
Visits to school children	851	1,048	791	1,273	1,248	815	1,098	567		
Visits to shops and factories ..	135	142	180	75	57	73	147	165	188	125
Visits to nursing homes	85	41	41	33	27	40	31	29	48	11
Visits re verminous persons ..	25	1	2	11	6	30	3	10	12	39
Visits re dental treatment ..	268	110	153	165	141	218	258	273	191	87
House-to-house visitations ..	4,446	2,637	1,831	970	642					
Visits re venereal disease	4,597	3,996	312							
Other visits ..	1,118	644	954	514	635	5,067	5,731	4,216	4,232	2,499
Visits by Social Welfare Investigator ..	2,890	3,528	3,075	3,581	3,056	2,195	4,309	3,373	4,541	3,782
Total visits	86,699	81,749	77,976	73,758	70,289	71,894	73,676	67,348	68,593	59,059
Complaints referred to Chief Health Inspector	38	30	22	27	60	12	9	27	28	28

SOCIAL WELFARE INVESTIGATOR.

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. Such cases are referred to the social welfare investigator, who is specially appointed for this work.

A record of work done during the year 1938-39 by the social welfare investigator is given below :—

New cases investigated	762
Visits to institutions	588
Visits to cases	1,508
Visits to Government Offices	181
Other visits	613
<hr/>	
Total visits	2,890
Office consultations	1,160

MATERNAL AND CHILD WELFARE CENTRES.

Thirteen maternal and child welfare centres are maintained, at which 56½ medical (or dental) sessions are held each week. A medical (or dental) officer attends at each of these sessions; except that at 8 of them the medical officer attends only twice a month, and at 2 of them two medical officers attend each week. This is equivalent to 54½ weekly sessions actually held by medical (or dental) officers. The details as at 30th June, 1939, are shown in the following table :—

Address of centre.	Infant consultations.			Pre-natal clinics.			Dental clinics.			School clinics.*
	E.	n-E.	B.	E.	n-E.	B.	E.	n-E.	B.	B.
12, Keerom Street, Cape Town ..	2	2								
Aspeling Street, Cape Town ..	1 ⁽¹⁾	5				2 ⁽²⁾				
St. James Street, Woodstock ..	3	3		1	1		1	2		3 ⁽⁴⁾
Norfolk Road, Maitland ..	1	2				1				1
Good Hope Village Hall, Brooklyn	1			½ ⁽⁴⁾						
Native Hospital, Langa ..		1 ⁽¹⁾⁽⁵⁾								
Lawrence Road, Athlone ..	1 ⁽¹⁾	2				1 ⁽³⁾				½ ⁽⁴⁾
Station Road, Claremont ..	1	1				1				½ ⁽⁴⁾
Off Second Avenue, Claremont ..		2 ⁽¹⁾								
Lansdowne Hall, Lansdowne ..	1 ⁽¹⁾	1								
Town Hall, Wynberg ..		1 ⁽¹⁾⁽⁴⁾				1			1	½ ⁽⁴⁾
Retreat Road, Retreat ..	1	2								½ ⁽⁴⁾
Holy Trinity Church Hall, Kalk Bay				1 ⁽¹⁾						
Toddlers' clinics ..	1 ⁽⁷⁾									
Total sessions per week ..	14	23	1	1½	1	6	1	2	1	6

E.—European; n-E.—non-European; B.—both.

* Including dental clinics for school children.

⁽¹⁾ Session held weekly, but medical officer attends only twice a month.

⁽²⁾ At one of these weekly sessions two medical officers attend.

⁽³⁾ At this weekly session two medical officers attend.

⁽⁴⁾ i.e., session held twice a month.

⁽⁵⁾ Natives only.

⁽⁶⁾ This weekly session is a pre-natal clinic as well as an infant consultation.

⁽⁷⁾ The weekly toddlers' clinic is held in rotation at Woodstock (twice a month), and Maitland and Wynberg (once a month each).

⁽⁸⁾ One general, one ophthalmic and one dental. All the other school-clinic sessions are general.

Of the 54½ weekly sessions as shown above, 23 were ordinarily conducted by full-time medical officers and the remainder by part-time medical or dental officers. When full-time medical officers were engaged on other work (particularly diphtheria-immunization sessions) or were on leave, their place was taken by part-time medical officers.

The next table shows the attendances (classified for race) made at the infant consultations (including pre-school children), pre-natal clinics, school clinics and dinners, held at the centres during the year 1938-39 :—

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.	214	62	4,505					85	240
	Non-Eur.	485	158	7,191					3,003	10,500
	Total	699	220	11,696					3,088	10,740
Aspeling Street, Cape Town.	Eur.	25	11	972	13	23			14	51
	Non-Eur.	1,022	294	16,620	961	3,932			3,634	15,944
	Total	1,047	305	17,592	974	3,955			3,648	15,995
Woodstock ..	Eur.	382	181	8,481	233	990	1,081	2,265	722	1,590
	Non-Eur.	484	195	9,501	299	1,195	1,147	1,773	4,360	9,628
	Total	866	376	17,982	532	2,185	2,228	4,038	5,082	11,218
Maitland ..	Eur.	168	63	3,292	51	165	75	288	82	297
	Non-Eur.	391	185	7,437	293	1,223	154	674	3,266	6,727
	Total	559	248	10,729	344	1,388	229	962	3,348	7,024
Brooklyn ..	Eur.	75	37	2,279	17	53				
	Non-Eur.	—	—	—	—	—				
	Total	75	37	2,279	17	53				
Langa ..	Eur.	—	1	3						
	Non-Eur.	120	13	1,231						
	Total	120	14	1,234						
Athlone ..	Eur.	19	11	365	11	58	6	6	3	3
	Non-Eur.	509	316	8,289	453	2,298	444	1,444	3,314	8,366
	Total	528	327	8,654	464	2,356	450	1,450	3,317	8,369
Station Road, Claremont.	Eur.	115	62	2,410	58	180	145	462	3	2
	Non-Eur.	303	153	7,051	339	1,072	201	710	1,616	4,203
	Total	418	215	9,461	397	1,252	346	1,172	1,619	4,205
2nd Avenue, Claremont ⁽¹⁾	Eur.	—	—	—						
	Non-Eur.	68	66	1,963						
	Total	68	66	1,963						
Lansdowne ..	Eur.	63	36	2,181					315	660
	Non-Eur.	136	87	4,074					1,991	11,563
	Total	199	123	6,255					2,306	12,223
Wynberg ..	Eur.	108	60	2,405	57	185	61	217	2	15
	Non-Eur.	418	201	5,926	346	1,198	170	337	2,309	3,729
	Total	526	261	8,331	403	1,383	231	554	2,311	3,744
Retreat ..	Eur.	64	32	1,306	23	60	64	613	16	33
	Non-Eur.	390	167	5,973	361	1,529	183	955	2,416	5,867
	Total	454	199	7,279	384	1,589	247	1,568	2,432	5,900
Kalk Bay ⁽²⁾ ..	Eur.	10	5	67						
	Non-Eur.	29	33	595						
	Total	39	38	662						
Total ..	Eur.	1,243	561	28,266	463	1,714	1,432	3,851	1,242	2,891
	Non-Eur.	4,355	1,868	75,851	3,052	12,447	2,299	5,893	25,909	76,527
	Total	5,598	2,429	104,117	3,515	14,161	3,731	9,744	27,151	79,418

(¹) Opened 2nd March, 1939. (²) Opened 17th January, 1939.

Figures for dental clinics, whether for school children or for mothers and pre-school children are not included in the above table.

INFANT CONSULTATIONS.

In visiting the health visitors invite the mothers to bring their infants to the welfare centres for advice as to feeding and care and for medical supervision, and periodical attendance is encouraged for children up to school age.

The infant consultations are primarily for preventive and educational purposes. They are not intended for the treatment of disease, but minor ailments 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.

As in previous years valuable assistance has been given by voluntary workers at the welfare centres, who attend regularly at one or more sessions a week and assist with the clerical work at the centres. Two, Mrs. Mitchell and Mrs. Fred Botha, have completed twenty-two years as voluntary workers, and a record of service has been established by Mrs. Mitchell, who, at the age of 84 years, still goes regularly every Wednesday morning to help at the busy pre-natal clinic at Athlone.

Students from the Social Science Department of the Cape Town University and from the Buxton Pre-School Teachers Training Centre act as clerical assistants at the centres, as part of the practical work of their course. Nurses taking the health visitor's course at the Technical College, and the mothercraft course at the Buxton Home, also carry out practical work at the centres during their training. In addition, doctors taking the course for the Diploma of Public Health and post-graduate courses for general practitioners and district surgeons at the University of Cape Town, have attended for observation at the centres during their respective courses.

At the end of the year under review 38 infant consultations were being held weekly. They are enumerated in the table on page 20. During the year 8,027 children were registered as new cases, and the total attendances of children at the infant consultations numbered 104,117. Details are shown in the table on page 21.

Of the 8,027 children registered as new cases 5,598 (1,243 European and 4,355 non-European) were under one year of age at the time of their first attendance, and 2,429 (561 European and 1,868 non-European) were over one year of age at that time.

Of the new cases registered, 332 were of children resident outside the Cape Town area, viz., under one year of age, Europeans 107, non-Europeans 87; over one year of age, Europeans 40, non-Europeans 98. The new cases registered within the City (excluding attendance at the Langa centre) were as follows:—

	European.	Non-European.
Under one year of age	1,136	4,148
Over one year of age	520	1,757

These first attendances 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).

These figures do not include infants who attended the consultations of the South African Mothercraft Training Centre. The work done at these consultations during the year ended 30th June, 1939, is shown in the following table 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	148	538	3,932	653
Sea Point	52	137	1,970	394
Camps Bay	24	31	351	155
Mowbray	12	36	259	80

The addition of these figures considerably increases the percentage of European infants who attended infant consultations. Expectant mothers are also given interviews at Bowwood Road (32 during the year 1938-39). See also page 79.

Toddlers' Sessions.—These sessions for European children between 2 and 5 years have been very well attended. Attendances are by appointment, and the doctor and nurse are able to give constructive advice more adequately than at the ordinary welfare sessions, at which it is impossible to regulate the number of cases attending. A session is held every fortnight at the Salt River centre and monthly at the Maitland and Wynberg centres. The attendances during the year were as follows:—

	First attendances at toddlers' clinic.	Total attendances.
Keerom Street	2	11
Woodstock	51	315
Maitland	23	159
Wynberg	31	157
	107*	642

Instructional Test Feeds.—Medical officers frequently recommend nursing mothers to attend for special instruction in feeding their infants, and for this purpose a special hour is set aside weekly at each centre, apart from the ordinary medical session, so that there are no distractions for mother or nurse. During the year 2,152 mothers attended with their

* Of these 40 were first attendances at the welfare centres.

infants for instructional test feeding (828 European and 1,324 non-European). These were made up from the different centres as follows :—

	Eur.	Non-Eur.
Keerom Street	134	93
Aspeling Street	15	309
Woodstock	257	245
Maitland	91	120
Brooklyn	22	1
Athlone	21	182
Claremont (Station Road)	99	150
Lansdowne	50	28
Wynberg	68	125
Retreat	66	60
Kalk Bay	5	11
	828	1,324

Infant consultations are also held by the hospital authorities 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 years :—

Centre.	1938-1939	1937-1938	1936-1937	1935-1936	1934-1935
Keerom Street	11,696	12,830	11,486	11,754	10,923
Aspeling Street	17,592	17,623	20,305	20,464	21,057
Woodstock	17,982	16,284	17,682	19,866	17,988
Maitland	10,729	10,632	10,518	9,999	10,988
Brooklyn	2,279	2,157	1,767	2,244	
Langa	1,234	1,402	1,512	1,258	1,223
Athlone	8,654	8,092	8,489	7,393	7,772
Claremont (Station Rd.)	9,461	9,396	8,060	8,659	9,536
Claremont (2nd Ave.)	1,963				
Lansdowne	6,255	6,152	5,438	5,716	5,110
Wynberg	8,331	8,613	7,612	8,743	8,726
Retreat	7,279	7,301	7,927	7,261	7,276
Kalk Bay	662				
Totals	104,117	100,482	100,796	103,357	100,599

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, 1939, 1,945 new cases were supplied with dried milk and 44,946 lbs. were issued. The cost of the dried milk was £2,728 5s. 8d. The amount paid by mothers in respect of dried milk and medicines amounted to £1,259 8s. 10d.

At page 25 reference is made to the provision of meals and of free milk for children under school age.

Immunization against Diphtheria.—Sessions for immunization injections are held at, and in connection with, the welfare centres. Particulars will be found at page 29. These are not included in the statistical details given in the present section. One health visitor devotes the whole of her time to this work.

PRE-NATAL CLINICS.

There has been a large increase in attendances at the pre-natal clinics during the year under review, and at the end of June, 1939, there were 11½ weekly medical sessions being held at 8 of the welfare centres. These are enumerated in the table on page 20.

On 3rd August, 1938, a fortnightly pre-natal session was opened in the new welfare centre built by the Citizens' Housing League adjacent to the Martin Adams Hall at Brooklyn.

Arrangements were made for a second doctor to attend the Athlone pre-natal clinic from the 21st September, 1938, owing to the increasing attendance of expectant mothers at the centre.

Treatment is given at the pre-natal clinics with a view to the prevention of congenital syphilis (see page 58).

In cases of poverty expectant mothers are invited, on the recommendation of the medical officer, to attend for free dinners at the welfare centres, where meals are also provided for pre-school children (see page 21).

Where in-patient treatment is required for diseases associated with pregnancy medical officers may recommend women for admission to the Peninsula Maternity Hospital or, in the case of non-European mothers, to St. Monica's Home, where the Corporation pays an annual subsidy for the service. Close co-operation exists between this branch of the Health Department and these maternity hospitals, and thanks are due to the matrons and staff in this respect.

During the year 3,515 expectant mothers were registered as new cases at the pre-natal clinics, and the total attendances numbered 14,161. Details are shown in the table on page 21.

Of the new cases registered, 44 were of expectant mothers resident outside the Cape Town municipal area (9 European and 35 non-European). The new cases resident within the City numbered 3,471 (European 454, non-European 3,017). That is to say, the number of new cases attending the municipal pre-natal clinics amounted to 35 per cent. of the number of registered live births (16 per cent. for European and 44 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 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.	1938-1939	1937-1938	1936-1937	1935-1936	1934-1935
Aspeling Street	3,955	3,441	3,295	2,883	4,134
Woodstock	2,185	2,511	2,418	2,339	2,206
Maitland	1,388	1,223	1,396	1,171	1,259
Brooklyn	53				
Athlone	2,356	1,740	1,922	1,723	1,442
Claremont (Stn. Rd.) ..	1,252	1,121	1,049	1,051	990
Wynberg	1,383	1,129	1,316	1,004	845
Retreat	1,589	1,329	1,374	1,141	1,402
Totals	14,161	12,494	12,770	11,312	12,278

DENTAL CLINICS.

On 3rd August, 1938, an additional dental clinic was opened in the welfare centre at Wynberg Town Hall, where a room was equipped for the purpose. The establishment of this branch clinic entails less travelling for persons recommended for dental treatment from the welfare centres in the southern suburbs, and consequently there are fewer failures in bookings made for patients.

Four weekly dental sessions are (30th June, 1939) held for nursing and expectant mothers and pre-school children, three at the Woodstock centre and one at the Wynberg centre. Two of the sessions at Woodstock are for non-Europeans and one for Europeans; and the session at Wynberg deals with Europeans by appointment in the first part of the session, and later with non-Europeans.

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 1938-39 :—

		European.			Non-European.			Total.		
		Adults	Children	Total	Adults	Children	Total	Adults	Children	Total
ATTENDANCES.	First	126	396	522	597	762	1,359	723	1,158	1,881
	Other	145	77	222	436	40	476	581	117	698
	Total	271	473	744	1,033	802	1,835	1,304	1,275	2,579
Extractions ⁽¹⁾	Attendances ..	155	435	590	770	799	1,569	925	1,234	2,159
	Teeth	935	2,151	3,086	5,995	5,297	11,292	6,930	7,448	14,378
Fillings	Attendances ..	1	22	23	2	1	3	3	23	26
	Teeth	1	33	34	2	2	4	3	35	38
Scalings	Attendances ..	1	-	1	-	-	-	1	-	1
Dressings	Attendances ..	1	1	2	-	-	-	1	1	2
	Teeth	2	1	3	-	-	-	2	1	3
Attendances for examination		9	13	22	17	2	19	26	15	41
Persons refused treatment		-	2	2	-	-	-	-	2	2
Attendances for dentures		104	-	104	244	-	244	348	-	348
Persons supplied with dentures (included above)	Full sets ..	16	-	16	40	-	40	56	-	56
	Half sets (upper or lower) ..	2	-	2	2	-	2	4	-	4

(¹) All extractions except at 1 attendance (non-European child, 1 tooth) were under general anaesthetic.

PROVISION OF DINNERS AND MILK MEALS.

At nine of the centres (see table on page 21) dinners for indigent expectant mothers and pre-school children are served daily except Saturdays and Sundays. The value of these dinners in combating malnutrition is shown by the improvement seen in the health of mothers and children receiving a course of these meals.

In the year under review the number of dinners given amounted to 106,569. Details are shown in the table on page 21.

In the calendar year 1939 the cost amounted to 3.0d. per dinner. This figure includes the cost of food, extra staff engaged on account of the dinners, and fuel at two centres. It does not include current for the electric stoves at the other centres, nor the wages of the ordinary members of the staff who may assist in connection with the dinners. The services of the mothers themselves are utilized as much as possible.

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, free milk is distributed to poor children under school age at the infant welfare centres. The distribution is made every week-day, and the children consume the milk at the centres. During the year under review, the attendances of children for milk numbered 39,136 and the milk consumed amounted to 2,446 gallons.

BREATHING AND REMEDIAL EXERCISE CLASSES.

After an interval these classes for European and non-European pre-school children were resumed in July, 1938, Mrs. Landsberg, a trained physio-therapist, taking the classes.

In the past the work was carried out voluntarily by Mrs. Adamson and Miss Haggart, who are trained masseuses, and thanks are due to these ladies for inaugurating the work and proving its value at the centres concerned.

During the year 42 sessions (for both races) were held at the Woodstock centre, where the new cases numbered 82 and the total attendances 246. At the Aspelng Street centre 49 sessions (for non-Europeans) were held, where the new cases numbered 17 and the total attendances 477.

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 (June 1939) held weekly at Woodstock and Maitland, and in alternate weeks at Athlone, Claremont, Wynberg and Retreat. A weekly ophthalmic clinic and a weekly dental clinic for school children are held at Woodstock. One health visitor is specially appointed to supervise the work of the school clinic.

Dental treatment is provided for school children at the Cape Town Free Dispensary and at the Woodstock centre. Many indigent school children used also to be referred to certain private dentists who undertook such work in their own surgeries at nominal fees. The latter facility has been discontinued and the dental treatment of school children much disorganized in consequence. Since the end of the year under report more dental sessions for school children have been started at the Woodstock and Wynberg centres, but the provision is still inadequate.

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 department of the hospitals.

Admission to convalescent homes has been obtained for many children suffering from under-nourishment 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, 1939, is shown in the table on page 21, and is further analysed in the following figures :

	Ophthalmic Clinic.			General School Clinic.			Dental Clinic.		
	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.
Number of new cases :									
Cape Town residents	236	282	518	1,067	1,880	2,947	502	638	1,140
Residents outside Cape Town	43	24	67	86	113	199	23	56	79
Total attendances	518	549	1,067	3,333	5,344	8,677	835	997	1,832
Number of clinics held			38			197			40
Children fitted with spectacles :									
Full-paying	105	54	159						
Part-paying	22	23	45						
Free	47	35	82						
				Teeth extracted					6,851
				Dentures supplied					—

DAY NURSERIES.

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

- (1) By the Cape Town Board of Aid at corner of Roeland Street and Harrington Street, Cape Town, in connection with its shelter for European families (see page 84). This day nursery is for European children. Its capacity is 50 and it is usually quite full. Since the end of the year under review a day nursery for non-European children has been started in connection with the Board of Aid shelter for non-European families at Tafelberg Home, Canterbury Street, Cape Town.
- (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. Its capacity is about 40.
- (3) By the Vroue Sending Bond at the Training School for Coloured Christian Social Workers, 109, Harrington Street, Cape Town. This day nursery is for non-European children. Its capacity is 20 and it is usually quite full.
- (4) By the Janet Bourhill Institute, Claremont. This is an institute for the promotion of the health and social welfare of the poor non-European residents in the locality. It is not yet built, but a start has been made with a club for girls, and also a day nursery in a cottage adjoining the institute site, at the corner of Hereford Street and Albert Road, near Second Avenue, Claremont. The day nursery makes provision for 30 non-European children whose mothers go out to work.

NURSERY SCHOOLS.

In February, 1939, a Pre-school Training Centre, with a demonstration and practice nursery school was opened at the Lady Buxton Home (Society for the Protection of Child Life). The training centre comprises 18 full-time students under the control of the Director. Six are taking a one-year course and twelve a three-year course. The nursery school is attended by 30 European children, who all pay full fees, viz., 4 guineas a term (4 terms a year). The staff of the nursery school consists of a qualified Superintendent assisted by students of the training centre. The other staff of the training centre is a secretary and a domestic science teacher. The staff and the parents of the children meet a few times a term as an association to discuss questions concerning the pre-school child. The Union Education Department pays a substantial annual grant to the institution. The premises were built by the Society with the assistance of the Department.

A nursery school for 40 non-European children is maintained by the Marion Institute, 124, Chapel Street, Cape Town. The children are provided with meals. Two unqualified teachers (both non-Europeans) are employed and help is also given by other workers.

At the Board of Aid day nursery (see above) there is a nursery-school class for the children (European) of appropriate age, under a Montessori-certificated teacher (part-time) with voluntary assistance. Meals are provided.

There are also private nursery schools for pre-school children on an unsubsidized economic basis, pre-school classes at certain private schools, and at least one public school with a nursery-school class.

Since the end of the year under report the City Health Department has built and opened in Salt River a nursery school for non-European children.

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 1938-1939, corrected for imported cases and misdiagnosis, was 216 (35 European and 181 non-European).

Of these 216, 18 were cases not in the newly-born (8 European and 10 non-European) being at the time of onset aged 24, 27 days, 1, 1, 1, 1½, 1½, 2, 2, 5 months, 1½, 2, 2, 3½, 5, 9, 19 and 34 years respectively.

The number of Cape Town cases of true ophthalmia neonatorum notified during the year was therefore 198, comprising 27 European and 171 non-European.

Of these 198 cases, 40 were born in institutions and 158 at home. Of the 158 home confinements 6 were recorded as having been attended by doctors and 140 by midwives only; 12 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 recognized 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 Groote Schuur 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 36 cases in-patient treatment has been secured, 35 in the Groote Schuur Hospital and one in the Woodstock Hospital. In the other 162 cases 7 patients received out-patient treatment at the Groote Schuur Hospital, and 5 in the Peninsula Maternity Hospital. 150 were treated at home, of which 122 were attended to by nurses from the district nursing organisation of the Cape Hospital Board.

It is to be recorded that the health visitors reported 61 of the cases as "slight," and 137 as "moderate" or "grave."

In addition to the above figures there were at the Langa location 2 native cases of ophthalmia (each at the time of onset aged 11 days).

Efforts were made to see all children after the completion of the treatment, and the results, including the Langa cases (both complete recoveries), were as follows:—

Eyes completely recovered	..	..	194
Cases of blindness	..	..	—
Sight damaged	..	..	1
Died before recovery	..	..	3
Lost trace of	..	..	2
			—
			200
			—

SECTION IV.—INFECTIOUS AND OTHER DISEASES.

The cases of compulsorily notifiable disease reported in Cape Town during the year 30th June, 1939, are shown in Table N, on page 128.

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

In the tables on pages 129 to 131 the notified cases (corrected) are classified by race and sex, and:—

(Table O) in months, according to date of notification.

(Table P) in wards.

(Table Q) in age groups.

The number of cases notified in a series of past years is set out in Table R, on page 132, and similar information as to deaths from these and certain other infectious diseases will be found in Table C, on pages 116 and 117.

Other statistical details as to deaths from infectious diseases are contained in Table A, at page 94, and in Tables B and D, on pages 115 and 118.

CORRECTED NOTIFICATION AND DEATH RATES PER 1,000 POPULATION FROM ENTERIC FEVER, DIPHTHERIA AND SCARLET FEVER.

Year.	Enteric fever.				Diphtheria.				Scarlet fever.			
	Notifications		Deaths		Notifications		Deaths		Notifications		Deaths	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1914-15 ..	3.13	2.89	0.26	0.30	1.94	0.82	0.20	0.29	0.98	0.13	0.03	—
1915-16 ..	1.96	1.73	0.01	0.37	2.27	0.67	0.20	0.25	1.54	0.10	—	—
1916-17 ..	1.90	1.92	0.16	0.41	1.91	0.53	0.12	0.17	0.60	0.05	—	—
1917-18 ..	1.55	1.58	0.13	0.40	1.20	0.41	0.08	0.14	1.09	0.17	—	—
1918-19 ..	2.20	2.40	0.19	0.42	1.22	0.31	0.03	0.13	1.65	0.23	—	—
1919-20 ..	2.60	2.50	0.22	0.52	1.30	0.45	0.08	0.15	2.84	0.29	0.03	—
1920-21 ..	3.46	3.78	0.37	0.56	0.75	0.29	0.05	0.04	2.25	0.18	0.02	—
1921-22 ..	1.98	2.48	0.20	0.50	0.86	0.22	0.08	0.07	0.94	0.11	—	—
1922-23 ..	1.71	1.64	0.21	0.31	1.15	0.28	0.10	0.06	0.45	0.06	—	—
1923-24 ..	1.12	1.04	0.11	0.23	1.51	0.55	0.08	0.12	0.24	0.03	—	—
1924-25 ..	0.72	1.02	0.07	0.21	1.90	0.45	0.15	0.09	0.46	0.01	—	—
1925-26 ..	0.78	1.05	0.07	0.18	1.60	0.48	0.07	0.12	1.15	0.08	—	0.01
1926-27 ..	1.02	1.26	0.13	0.28	1.62	0.89	0.10	0.16	1.07	0.11	—	—
1927-28 ..	0.84	1.19	0.08	0.22	1.25	0.54	0.08	0.11	1.76	0.05	0.02	—
1928-29 ..	0.76	0.86	0.10	0.22	1.23	0.60	0.10	0.13	1.17	0.08	—	0.01
1929-30 ..	0.65	0.79	0.06	0.14	1.23	0.45	0.10	0.09	1.93	0.16	0.01	0.01
1930-31 ..	0.71	0.84	0.06	0.19	1.38	0.76	0.06	0.09	3.11	0.32	0.01	—
1931-32 ..	0.51	0.78	0.09	0.19	0.86	0.53	0.05	0.09	0.87	0.14	—	—
1932-33 ..	0.21	0.23	0.02	0.04	1.00	0.57	0.06	0.05	0.85	0.14	—	—
1933-34 ..	0.36	0.36	0.01	0.05	1.33	0.80	0.04	0.08	0.71	0.07	—	—
1934-35 ..	0.22	0.36	0.04	0.07	1.61	1.00	0.06	0.14	1.55	0.10	0.01	—
1935-36 ..	0.20	0.31	0.02	0.04	1.25	0.88	0.07	0.12	3.95	0.24	0.02	0.01
1936-37 ..	0.22	0.67	0.01	0.09	1.45	0.84	0.01	0.08	2.98	0.20	0.02	0.01
1937-38 ..	0.37	0.28	0.03	0.05	2.20	1.73	0.12	0.23	0.72	0.09	0.01	—
1938-39 ..	0.09	0.25	0.01	0.03	3.36	1.56	0.12	0.31	0.51	0.05	—	—

ENTERIC OR TYPHOID FEVER.

The cases of this disease reported in the year 1938-39, corrected for misdiagnosis and imported cases, numbered 51 (14 European and 37 non-European); equivalent to an incidence rate of 0.16 per 1,000 population (0.09 European and 0.25 non-European).

The number of deaths amongst the 51 cases was 7 (2 European and 5 non-European), giving a case mortality of 13.7 per cent. (14.3 per cent. European and 13.5 per cent. non-European).

The total deaths from enteric fever registered in the year as belonging to Cape Town were the same, equivalent to a death rate of 0.02 per 1,000 population (0.01 European and 0.03 non-European).

There were no cases at the Langa native location.

The figures for twenty-five years are given in the table above, from which it will be seen that in the year under report the incidence and mortality from enteric fever were the lowest on record for Cape Town.

The monthly distribution of the notifications is shown in Table O, on page 129. 34 cases (i.e. two-thirds of the total) were notified in the four months (January-April) following midsummer.

The ward distribution is given in Table P, on page 130. The most heavily affected ward was Ward 12. Of the 14 cases here, 7 were in Athlone and 3 (in one house) in Blaak River. Four of the 9 cases in Ward 8 were in one house.

The cases occurred in 43 houses, in 38 of which there was one case each, in 3 two cases each, in 1 three cases, and in 1 four cases.

The age and sex distribution is shown in Table Q, on page 131.

Of the 91 (uncorrected) Cape Town cases 80 were treated in the City Hospital and one in another hospital.

All cases treated at the City Hospital were *B. typhosus* infections. No *B. paratyphosus* infections in Cape Town were detected at the Government pathological laboratory.

DIPHTHERIA.

The cases of this disease reported in the year 1938-39, corrected for misdiagnosis and imported cases, numbered 770 (537 European and 233 non-European). This is equivalent to an incidence rate of 2.49 per 1,000 population (3.36 European and 1.56 non-European).

The number of deaths amongst the 770 cases was 60 (15 European and 45 non-European), giving a case mortality of 7.8 per cent. (2.8 per cent. European and 19.3 per cent. non-European). The case mortality of Europeans and non-Europeans present a striking contrast.

The total deaths from diphtheria registered in the year as belonging to Cape Town numbered 66 (19 European and 47 non-European), equivalent to a death rate of 0.21 per 1,000 population (0.12 European and 0.31 non-European).

All the deaths, in both races, were in children under 10 years old. In Europeans, there were 2 under 1 year, 1 1-2 years, 7 2-5 years, and 9 5-10 years. In non-Europeans there were 9 under 1 year, 14 1-2 years, 16 2-5 years and 8 5-10 years. Diphtheria was the largest cause of death in European children in the age group 5-10 years.

There were 2 cases of diphtheria in natives at Langa location, both non-fatal. They are excluded from the above figures.

The figures for 25 years are given in the table on page 28, from which it will be seen that in the year 1938-39 the incidence and mortality from diphtheria were at a higher level than at any time since 1914. The increased prevalence of the disease began in the previous year. A high level was reached in March, 1938, and continued until September, after which the outbreak abated considerably. (See Table O, on page 129).

As in the previous year, all parts of the municipal area were affected (see Table P, on page 130). The disease was also prevalent in districts outside the City; from which 110 cases were admitted to the City Hospital.

21 of the cases occurred in institutions, viz., 9 in nurses at the City Hospital for Infectious Diseases (Ward 2), 3 at Groote Schuur Hospital (Ward 10), and 1 at each of nine other institutions. The other cases occurred in 676 houses, in 619 of which there was one case each, in 45 two cases each, in 9 three cases each, in 2 four cases each, and in 1 five cases.

The age and sex distribution is shown in Table Q, on page 131.

Of the 1,013 (uncorrected) Cape Town cases, 895 were treated in the City Hospital, and 3 in other hospitals.

Diphtheria Carriers.—29 patients were admitted to the City Hospital as diphtheria carriers (not counted in the figures above), and in 139 cases which were admitted as diphtheria the diagnosis was changed to "diphtheria carrier." There were 22 cases admitted (and confirmed) as nasal diphtheria, 1 as diphtheria of the finger, and 1 as diphtheria of the lip. Of the patients admitted from outside the City area, 5 were admitted as diphtheria carriers; in 18 cases admitted as diphtheria and 1 as syphilis the diagnosis was changed to "diphtheria carrier." Of the patients admitted as diphtheria from Langa location the diagnosis in 2 instances was changed to "diphtheria carrier."

DIPHTHERIA IMMUNIZATION.

During the year ended 30th June, 1939, diphtheria immunization was carried out by the Child Welfare branch of the Department as in previous years, in child welfare centres, schools and institutions. Since the unusual prevalence of diphtheria began more parents sought injections for their children but in 1938-39 the number of persons immunized (6,008) was rather less than in the previous year (6,767).

Though the principal aim in propaganda has been to persuade parents to have their children immunized during the early years and particularly as soon after the first birthday as possible, it will be seen that a large proportion of children immunized have been of school age. This is due to the frequency with which school principals have applied to have their pupils immunized. In schools the children have been drawn as far as possible from those who are under 10 years of age; that is, from those who are most susceptible to diphtheria. Since it has been found that in Cape Town the majority of children of this age are susceptible to diphtheria, it has been possible to omit the Schick test prior to inoculation in such children, and proceed direct to immunization.

The materials used during the year have been Burroughs Wellcome toxoid-antitoxin floccules (three injections) and alum precipitated toxoid (two injections), the Parke Davis toxoid alum precipitated (two injections), and the South African Institute of Medical Research anatoxin-Ramon (three injections).

The work done during the year ended 30th June, 1939, is shown by the following figures:—

Number of sessions:—

At schools	..	..	..	..	..	37
At institutions	..	..	..	..	..	16
At clinics	..	..	..	..	..	93
						<hr/> 146

Persons Schick-tested before immunization:—

Positive.	Negative.	Not read.	Total.
167	357	2	526

First-series protective inoculations:—

First.	Second.	Third.	No. of Persons.
5,960	5,546	342	5,960

Persons Schick-tested after first series of inoculations:—

Positive.	Negative.	Not read.	Total.
65	207	—	272

Second-series protective inoculations:—

First.	Second.	Third.	No. of Persons
48	35	9	48

Persons immunized:—

Age.	European.	Non-European.
0 — 1	62 ..	.. 103
1 — 2	271 ..	.. 423
2 — 3	166 ..	.. 335
3 — 4	140 ..	.. 351
4 — 5	148 ..	.. 327
5 — 6	132 ..	.. 312
6 — 7	433 ..	.. 261
7 — 8	475 ..	.. 217
8 — 9	472 ..	.. 142
9 — 10	409 ..	.. 113
10 — 11	332 ..	.. 108
11 — 12	52 ..	.. 31
12 — 13	39 ..	.. 25
13 — 14	20 ..	.. 15
14 — 15	10 ..	.. 11
15 — 16	3 ..	.. 1
16 and over	29 ..	.. 20
Age not recorded	9 ..	.. 11
	<hr/> 3,202	<hr/> 2,806
At schools .. ..	..	.. 2,231
At institutions .. ..	..	.. 324
At child welfare centres .. ..	..	.. 3,453
		<hr/> 6,008

Injections given:—

TAP .. ..	..	..	..	..	2,009
APT .. ..	..	..	..	..	8,873
TAF .. ..	..	..	..	..	65
RA .. ..	..	..	..	..	994
					<hr/> 11,941

SCARLET FEVER.

The cases of this disease reported in the year 1938-39, corrected for misdiagnosis and imported cases, numbered 89 (81 European and 8 non-European); equivalent to an incidence rate of 0.29 per 1,000 population (0.51 European and 0.05 non-European). There were no deaths from scarlet fever.

There were no cases at the Langa native location.

The cases occurred in 82 houses, in 78 of which (including three institutions) there was one case each, in 1 two cases, and in 3 three cases each.

Other particulars will be found in the table on page 28 and in Tables N to R, on pages 128 to 132.

Of the 96 (uncorrected) Cape Town cases 54 were treated in the City Hospital.

ERYSIPELAS.

The cases of this disease reported in the year 1938-39, corrected for misdiagnosis and imported cases, numbered 66 (30 European and 36 non-European). There was one death (European).

Two cases occurred in one institution and the others in 64 separate houses (including 3 institutions), there being no secondary household cases.

Other particulars will be found in Tables N to R, on pages 128 to 132.

Of the 72 (uncorrected) Cape Town cases, 26 were treated in the City Hospital and 4 in other hospitals.

There were no cases at the Langa native location.

CASES (CORRECTED) AND DEATHS FROM CEREBROSPINAL FEVER, ACUTE POLIOMYELITIS, AND INFECTIVE ENCEPHALITIS.

Year.	Cerebrospinal fever.				Acute poliomyelitis.				Infective encephalitis.			
	Cases.		Deaths.		Cases.		Deaths.		Cases.		Deaths.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1915-16 ..	2	-	-	-	4	5	Not separately classified					
1916-17 ..	2	-	1	-	3	1	1	2	-	-	-	-
1917-18 ..	6	2	3	2	3	2	1	1	-	-	-	-
1918-19 ..	3	5	-	5	2	2	2	-	-	-	-	-
1919-20 ..	3	6	3	5	1	1	-	1	-	-	-	-
1920-21 ..	4	1	3	1	3	1	-	-	3	1	2	1
1921-22 ..	4	1	-	-	1	1	1	1	5	-	5	-
1922-23 ..	4	5	4	2	-	1	-	1	3	1	2	1
1923-24 ..	2	3	2	3	1	-	-	-	5	4	3	4
1924-25 ..	6	19	5	11	1	1	1	1	6	5	3	4
1925-26 ..	4	21	5	19	-	-	-	-	6	10	6	7
1926-27 ..	10	39	6	29	2	-	1	-	6	5	4	5
1927-28 ..	39	183	18	92	8	4	2	1	8	3	3	3
1928-29 ..	30	101	16	59	4	1	1	-	7	5	5	3
1929-30 ..	14	48	8	27	11	6	3	1	4	3	3	-
1930-31 ..	4	18	3	15	5	5	-	2	1	4	-	3
1931-32 ..	7	35	3	21	-	-	-	-	7	2	5	2
1932-33 ..	8	22	5	15	4	4	1	2	4	4	-	1
1933-34 ..	3	17	3	17	8	3	-	-	2	-	-	-
1934-35 ..	5	20	3	15	11	14	1	3	8	3	2	1
1935-36 ..	1	9	1	10	1	3	-	-	4	3	2	4
1936-37 ..	7	11	7	9	7	2	2	-	1	3	2	1
1937-38 ..	3	15	2	5	4	2	4	-	4	4	2	1
1938-39 ..	5	33	1	17	2	9	-	-	-	2	-	1

CEREBROSPINAL FEVER.

The cases of this disease reported in the year 1938-39, corrected for misdiagnosis and imported cases, numbered 38 (5 European and 33 non-European). Amongst these there were 20 deaths (1 European and 19 non-European).

The total deaths from cerebrospinal fever registered in the year as belonging to Cape Town were 18 (1 European and 17 non-European), equivalent to a death rate of 0.06 per 1,000 population (0.01 European and 0.11 non-European).

25 cases were removed to the City Hospital, of whom 8 died; 4 to other hospitals, of whom 3 died; and the other 9 cases, who were not removed to hospital, all died. In most of these 9 there was no confirmation of the diagnosis.

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

There were no cases at the Langa native location.

Other particulars will be found in Tables N to R, on pages 128 to 132.

Of the 82 (uncorrected) Cape Town cases 68 were admitted to the City Hospital and 4 to other hospitals.

From the table on page 31 it will be seen that this disease was somewhat more prevalent than for several years past.

ACUTE POLIOMYELITIS.

The cases of this disease reported in the year 1938-39, corrected for misdiagnosis and imported cases, numbered 11 (2 European and 9 non-European). There were no deaths.

Four of these cases were admitted to the City Hospital, 4 to other hospitals, and 3 were not removed to hospital.

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

There were no cases at the Langa native location.

Other particulars will be found in the table on page 31 and in Tables N to R, on pages 128 to 132.

Of the 9 (uncorrected) Cape Town cases 2 were admitted to the City Hospital and 4 to other hospitals.

INFECTIVE ENCEPHALITIS.

Two cases of this disease were reported in the year 1938-39, both non-European. They were from separate houses. One was admitted to Groote Schuur Hospital and one was treated at home. There was one death.

There were no cases at the Langa native location.

Other particulars will be found in the table on page 31 and in Tables N to R, on pages 128 to 132.

INFLUENZA AND PNEUMONIA.

In the year 1938-39 the corrected number of notified cases of pneumonia was as follows: Influenzal pneumonia, 47 (17 European and 30 non-European); acute primary pneumonia, 523 (103 European and 420 non-European). Further details will be found in Tables N to R, on pages 128 to 132.

The deaths from influenza since the great epidemic of 1918, and from bronchitis and pneumonia, are shown in the following table:—

Year.	Influenza.				Bronchitis.				Pneumonia (all kinds.)			
	European.		Non-European.		European.		Non-European.		European.		Non-European.	
	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
1918-19 ..	864	9.33	2,893	36.41	47	0.51	216	2.72	239	2.58	229	2.88
1919-20 ..	2	0.02	5	0.06	39	0.40	203	2.52	71	0.74	385	4.77
1920-21 ..	1	0.01	18	0.22	42	0.42	237	2.91	89	0.89	418	5.13
1921-22 ..	5	0.05	10	0.12	43	0.42	197	2.36	112	1.09	379	4.54
1922-23 ..	6	0.06	5	0.06	39	0.37	222	2.58	91	0.86	407	4.72
1923-24 ..	3	0.03	3	0.03	32	0.30	185	2.07	92	0.85	445	4.98
1924-25 ..	25	0.22	30	0.32	29	0.26	148	1.59	58	0.52	323	3.46
1925-26 ..	13	0.12	22	0.23	26	0.23	213	2.25	70	0.63	269	2.84
1926-27 ..	13	0.11	18	0.18	40	0.35	255	2.62	84	0.74	387	3.96
1927-28 ..	20	0.16	52	0.46	39	0.30	305	2.69	96	0.75	509	4.49
1928-29 ..	23	0.18	33	0.28	40	0.31	217	1.87	93	0.71	390	3.56
1929-30 ..	32	0.24	29	0.24	36	0.27	221	1.86	65	0.49	338	2.84
1930-31 ..	9	0.06	26	0.21	46	0.33	201	1.61	58	0.42	345	2.77
1931-32 ..	30	0.22	43	0.34	35	0.25	218	1.74	100	0.72	403	3.22
1932-33 ..	12	0.08	18	0.14	20	0.14	157	1.22	71	0.50	385	3.00
1933-34 ..	8	0.06	9	0.07	30	0.21	170	1.29	61	0.42	346	2.63
1934-35 ..	30	0.20	27	0.20	29	0.20	278	2.06	114	0.77	482	3.57
1935-36 ..	36	0.24	32	0.23	19	0.12	193	1.37	92	0.60	453	3.21
1936-37 ..	13	0.08	17	0.12	35	0.23	132	0.93	57	0.37	317	2.23
1937-38 ..	24	0.15	24	0.16	34	0.22	252	1.73	80	0.51	465	3.19
1938-39 ..	15	0.09	15	0.10	30	0.19	170	1.14	79	0.50	446	2.99

Corrected for outward transfers, and from 1924-25 inclusive for European inward transfers.

The non-European mortality rate from bronchitis and pneumonia is far greater than the European. In 1938-39 it was six-fold, and that this is not merely the result of the difference in age constitution is shown by the fact that in children under one year old the non-European mortality rate from these diseases was $4\frac{1}{2}$ times as great as the European, and in children between one and two years old, 6 times (see Table H, on page 122).

The deaths from bronchitis and pneumonia occur largely amongst children, and in non-Europeans this is more so than in Europeans. In 1938-39 the deaths from bronchitis and pneumonia were as follows:—

	Eur.	Non-Eur.
Under 5 years old	36	480
All other ages	69	136
Total	105	616

From Table H it will be seen that in recent years there has been some improvement in the infant mortality from these causes, particularly in non-European infants under one year.

The seasonal character of mortality from bronchitis and pneumonia will be seen in Table D, on page 118. The deaths in the six months December, 1938, to May, 1939, numbered 297, as compared with 428 in the other six months of the year.

TYPHUS FEVER.

The 7 Cape Town cases recorded were all regarded as suffering from tick-bite fever. 6 of the patients were European adults (4 males and 2 females), and 1 a coloured woman. 3 of them were treated in the City Hospital, 1 in the Woodstock Hospital, and 3 were treated at home. One of the City Hospital cases was sent in under a wrong diagnosis of enteric fever. All the patients recovered.

It being doubtful whether tick-bite fever is included within the meaning of "typhus fever," some medical practitioners do not treat it as being notifiable. As a result only a proportion of the cases of tick-bite fever that occur are reported.

There were no cases of epidemic typhus.

A European male adult living at Paarl and admitted to the City Hospital under the diagnosis of enteric fever was found to be suffering from typhus. There was no history of tick bite.

LEPROSY.

A case of leprosy was reported from the Valkenberg Mental Hospital. The patient, a coloured male aged 50, was admitted to Valkenberg from Somerset West, C.P., on 4th May, 1939. He was notified on 24th June and was transferred to the Pretoria Leper Institution on 12th July. He was an acute nodular case, with positive nasal smear.

A coloured male aged 23 was admitted to Groote Schuur Hospital from Swawelklip, Piquetberg, C.P., on 23rd March, 1939, and transferred to the Conradie Home, Pinelands, on 27th March, as a doubtful case of leprosy.

ANTHRAX.

No case of anthrax was reported in Cape Town. One fatal case (European male adult) was admitted to the Volkshospitaal from Lichtenburg, Transvaal, on 2nd February, 1939.

TRACHOMA.

8 Cape Town cases of this disease were notified during the year, as follows:—

European female aged 47, Ward 1. Onset four months previously, when living at same address. Under private treatment of ophthalmic specialist.

European male aged 22, Ward 15 (Wynberg Camp). Patient a soldier. Onset two years ago after arrival in Cape Town. Admitted to Military Hospital, Wynberg.

European female aged 11, Ward 6. History unknown. Admitted to Groote Schuur Hospital.

Coloured female aged 14, Ward 11. History unknown. Admitted to Groote Schuur Hospital.

European male aged 32, Ward 15. Under treatment of ophthalmic specialist. History unknown.

European male aged 95, Ward 11. Onset over 12 years ago, when living in Cape Town (Maitland). Admitted to Groote Schuur Hospital.

Coloured female aged 40, Ward 1. Onset 3 years ago, when living at the same address. Attending Groote Schuur Hospital as an out-patient.

European male aged 39, Ward 2. Onset 3 or 4 years ago, when living at same address: reported as now in non-infectious stage. Admitted to Volkshospitaal for treatment of complications.

15 cases of trachoma from districts outside of Cape Town were reported as being admitted to hospital as in-patients. One came from Rouxville, O.F.S., and the others from the following districts in the Cape Province: Constantia, Windermere (2), Hex River, Piquetberg, Moorreesburg, Vredendal, Montague (2), Ladismith, Oudtshoorn, Van Rhynsdorp (3). The hospitals to which they were admitted were: Groote Schuur (13), St. Joseph's Sanatorium and Gaol.

All the notifications received were from ophthalmic specialists or the hospitals.

LEAD POISONING.

The death of a European male aged 75 was certified by his doctor as being due to myocardial and senile degeneration and chronic painter's colic. The patient had told the doctor that he was a painter in the South African Railways until about twenty-five years previously and had then been put off on account of painter's colic. The case was not counted as a notification for the current year.

MEASLES AND WHOOPING COUGH.

In the following table the number of deaths from measles and whooping cough, together with the corresponding rates are shown for a series of years :—

Year.	Measles.				Whooping Cough.			
	Deaths.		Rate per 1,000 population.		Deaths.		Rate per 1,000 population.	
	Eur.	Non-E.	Eur.	Non-E.	Eur.	Non-E.	Eur.	Non-E.
1914-15 ..	1	1	0.01	0.01	16	72	0.20	0.95
1915-16 ..	2	—	0.02	—	2	2	0.02	0.03
1916-17 ..	20	147	0.23	1.90	12	20	0.14	0.26
1917-18 ..	1	7	0.09	0.09	10	40	0.11	0.51
1918-19 ..	3	2	0.03	0.03	7	22	0.08	0.28
1919-20 ..	9	12	0.01	0.15	10	29	0.10	0.36
1920-21 ..	2	27	0.02	0.33	16	41	0.16	0.50
1921-22 ..	—	—	—	—	—	5	—	0.06
1922-23 ..	3	21	0.03	0.24	8	25	0.08	0.29
1923-24 ..	20	116	0.19	1.30	21	69	0.19	0.77
1924-25 ..	1	2	0.01	0.02	4	10	0.04	0.11
1925-26 ..	—	6	—	0.06	5	20	0.04	0.21
1926-27 ..	9	38	0.08	0.39	7	26	0.06	0.27
1927-28 ..	3	12	0.02	0.11	21	74	0.16	0.66
1928-29 ..	9	9	0.07	0.08	11	32	0.08	0.28
1929-30 ..	3	17	0.02	0.14	6	15	0.04	0.13
1930-31 ..	—	17	—	0.14	9	58	0.06	0.47
1931-32 ..	8	39	0.06	0.31	8	44	0.06	0.35
1932-33 ..	—	—	—	—	10	32	0.07	0.25
1933-34 ..	3	23	0.02	0.17	1	19	0.01	0.14
1934-35 ..	6	80	0.04	0.59	5	19	0.03	0.14
1935-36 ..	3	—	0.02	—	10	178	0.07	1.26
1936-37 ..	—	4	—	0.03	3	23	0.02	0.16
1937-38 ..	6	65	0.04	0.45	—	20	—	0.14
1938-39 ..	1	7	0.01	0.05	1	81	0.01	0.54

Corrected for outward transfers, and from 1924-25 inclusive for European inward transfers.

MEASLES.

Measles was in a phase of quiescence after the outbreak of the previous year, which continued into the early months of the year under report.

There were 8 deaths in 1938-39 (1 European and 7 non-European). They were all in children under five years old, 7 under two and 4 under one.

Other information will be found in Tables A, B and C, on pages 94, 115 and 116.

There were no deaths from measles in the Langa native location.

18 cases of measles were treated in the City Hospital.

WHOOPING COUGH.

Whooping cough was in a phase of prevalence, which began in November, 1938, and continued beyond the end of the year under report.

There were 82 deaths in 1938-39 (1 European and 81 non-European). Of these, 81 were in children under ten years old, 77 under five, 52 under two, and 30 under one (including the European case).

As will be observed, the mortality was almost entirely confined to non-Europeans. 47 of the deaths occurred in Wards 12, 13, 14 and 15.

Other information will be found in Tables A, B and C, on pages 94, 115 and 116.

There were 2 deaths from whooping cough in the Langa native location.

5 cases of whooping cough were treated in the City Hospital.

DIARRHOEAL DISEASES.

The deaths from diarrhoea and enteritis in the year 1938-39 (corrected for outward transfers) were certified and classified as follows:—

Code Number.	Eur.	Non-Eur.	All Races.
456 Diarrhoea and enteritis (under 2 years)	19	259	278
457 Diarrhoea and enteritis (2 years and over)	6	22	28
014 Cholera nostras	—	—	—
015 Dysentery, amoebic	1	1	2
016 Dysentery, bacillary	4	3	7
017 Dysentery, other	1	2	3
Total	31	287	318

This is equivalent to a death rate of 1·03 per 1,000 population (0·19 European and 1·92 non-European).

Thus the non-European death rate from diarrhoeal diseases was ten times as great as the European. In order to eliminate the distortion due to the difference in age-constitution, reference may be made to the infant mortality from these diseases (see Table H, on page 122). In infants under one year old the non-European mortality rate from diarrhoea and enteritis was five times as great as the European, and in children between one and two years 8·5 times.

That diarrhoea and enteritis are chiefly diseases of children is shown by the figures set out above. From Table H it will be seen that in recent years there has been a remarkable reduction in deaths from diarrhoea. In 1938-39 the European diarrhoeal mortality rate for children under one year was only one-fifth of the rate obtaining twenty years ago; in non-Europeans the fall is not quite so striking, but the reduction was by more than one-half. A similar improvement is shown for children between one and two years.

The seasonal incidence of the diarrhoeal mortality will be seen in Table D, on page 118. The deaths in the six months December, 1938—May, 1939, numbered 227 as compared with 80 in the other six months of the year.

CANCER.

The number of deaths (corrected for outward transfers) certified during the year as being due to cancer or malignant disease was 319 (147 males and 172 females), of which 205 (97 males and 108 females) were of Europeans and 114 (50 males and 64 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) were therefore:

For the whole population	1·03 (males 0·98; females 1·10).
For Europeans	1·34 (males 1·34; females 1·34).
For non-Europeans	0·76 (males 0·68; females 0·84).

From the foregoing figures it will be observed that the recorded rate of mortality from this disease amongst Europeans was greater by 76 per cent. than amongst non-Europeans.

The variation in cancer mortality rates during the past ten years is shown in Table C. on page 116.

The parts of the body affected in deaths from cancer, and other facts, are shown in Table A, on pages 96 to 99.

CITY HOSPITALS.

(Medical Superintendent of Hospitals: Dr. J. F. Wicht).

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

The one medical and nursing staff operates the two hospitals, under the same medical superintendent and matron.

The staff of the City Hospital, Portswood Road, is shown on page 90, where the nurses, domestics, etc., who are in residence at Rentzkie's Farm Hospital are included under the heading of City Hospital.

CITY HOSPITAL FOR INFECTIOUS DISEASES, PORTSWOOD ROAD.

The hospital is situated near the North Gate of the Docks and is bounded on the south-western side by the Green Point Sports Ground. 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. The total area of the hospital ground is $7\frac{1}{4}$ acres.

The hospital buildings comprise the following:

Medical Superintendent's residence.

House physicians' cottage.

Administrative block, comprising administrative offices, matron's quarters, quarters for two resident medical officers, maids' quarters, hospital kitchen and stores.

Nurses' home, including lecture room and kitchen.

Quarters for male native servants, forming the first floor of a block which on the ground floor comprises garages, workshop, and accommodation for disinfecting and removal staff.

Dispensary and drug store.

Block comprising laundry, disinfecting station and garages.

Two cottages for ambulance drivers.

Stores.

Gatekeeper's lodge.

Two-storey ward block (100 beds): non-European tuberculosis.

Three two-storey ward blocks (each 66 beds): European tuberculosis, European diphtheria, non-European diphtheria.

Single-storey ward block (24 beds): European scarlet fever and diphtheria.

Single-storey ward block (12 beds): various diseases, all races. An operating theatre is included in this block.

Two-storey block of two-bed wards (32 beds): various diseases, all races.

Wood-and-iron single-storey block of two-bed wards (8 beds): various diseases, all races.

Wood-and-iron chalet (8 beds): various diseases, all races.

Two single-storey wards for venereal diseases (24 beds)—separate accommodation for Europeans and non-Europeans, male and female. (A V.D. clinic also adjoins the hospital.)

X-Ray and clinic block for tuberculosis, comprising X-Ray room, dark room, office, clinic room, waiting room and dressing cubicles.

(The above statement as to mode of occupation of wards refers to the position at 30th June, 1939.)

The first buildings were erected in 1899 and were occupied by the military authorities during the Boer War until 1902, when the hospital was resumed by the Municipality and opened for the isolation and treatment of infectious diseases. It has since been gradually extended. The last of the present buildings were completed in 1938. Further extensions are under consideration.

Cases of the following infectious diseases are ordinarily admitted to the hospital: enteric fever, diphtheria, scarlet fever, puerperal fever, cerebrospinal fever, poliomyelitis, and infective encephalitis. Special cases of other infectious diseases are also admitted. The hospital is also used for the accommodation of tuberculosis (chiefly pulmonary) and venereal diseases.

The medical staff (June 30th, 1939) consists of medical superintendent, two resident medical officers and two house physicians. The house physicians are changed every six months.

Owing to lack of accommodation caused by building operations the Shipley block at the Somerset Hospital was, by courtesy of the Cape Hospital Board, used as a temporary annexe to the City Hospital from 30th May to 11th December, 1938. The maximum number of patients accommodated there was 45 (week ended 13th August, 1938).

On 2nd February, 1939, one of the Union Government buildings at Rentzkie's Farm was equipped by the Council for 25 cases of tuberculosis (non-European), and one of the other buildings, also by permission of the Union Government, was equipped for nurses' quarters.

During the year under report a daily average of 370 beds were occupied in the City Hospital, including the above-mentioned accommodation in the Shipley Ward and at Rentzkie's Farm. They were made up of 192 Europeans (including 67 of tuberculosis) and 178 non-Europeans (including 97 of tuberculosis). They include the following daily average of beds occupied by cases from outside the municipal area: 32 European (including 10 of tuberculosis) and 25 non-European (including 11 of tuberculosis).

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.

Visits to patients are allowed twice weekly (on Wednesdays and Sundays). Children under sixteen years are not allowed and visitors to the infectious blocks remain outside the ward 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.

X-ray Department and Clinical Room.—In March, 1938, a combined X-ray and clinical block was opened at the City Hospital and a full-time radiographer was appointed. Since the opening of this block it has been possible to conduct a clinic for pneumothorax treatment on modern lines. Previously pneumothorax refills have been given in a small room in the European tuberculosis ward where lack of amenities caused great inconvenience both to patients and staff. There was no separate dressing room and patients had to undress in the clinical room, which accommodated the couch, the pneumothorax apparatus and the portable fluoroscope, as well as a small desk where the records were kept.

The new block, which is single-storied, consists of a large X-ray room with dark room and film store, a terrazzo-lined clinical room, a small record room fitted with viewing boxes, three dressing cubicles and a waiting hall. Lavatory accommodation is provided for patients and staff. The clinical room, or refill room, is large enough to be used as a minor theatre for operations such as internal pneumolysis, and is provided with handbasin and sink. There is no separate sterilizing room, but a terrazzo shelf is provided to hold an electrical sterilizer in which instruments are boiled. The size of the room and the absence of a steam sterilizer make it unsuitable for major surgery, such as thoracoplasty and phrenic evulsion, and these operations are performed in the main operating theatre of the hospital. A room of 16 ft. x 20 ft. has been provided for the X-ray plant, which is operated by a qualified radiographer.

Patients from the tuberculosis clinics as well as hospital patients are X-rayed here. The skiagrams of the clinic patients are sent to the Tuberculosis Officer and those of hospital patients are read by the Medical Superintendent of Hospitals before being filed in the record room. Routine X-raying of in-patients is not done, as this is considered wasteful in cases where there is advanced disease, but in early cases, and in those undergoing special treatment, frequent skiagrams are taken. The clinic is controlled by the Medical Superintendent and is conducted for out-patients as well as for in-patients.

In addition to the giving of refills a certain amount of follow-up work is done, patients whose refills have been discontinued being encouraged to attend for re-examination. As there are excellent facilities for taking skiagrams and for fluoroscopic examinations, it is our custom to screen the patient before and after each refill.

Clinics are held during the morning hours from 10 a.m., Europeans on Tuesdays and Thursdays, non-Europeans on Mondays and Fridays. The European clinics are much larger than the non-European as the latter are often unsuitable for collapse therapy, and even when suitable are often unwilling to undergo treatment. Most of the patients attending for refills have had the pneumothorax induced in the wards of the City Hospital or at Nelspoort Sanatorium, but a few have been taken over from other hospitals or from private practitioners. Occasionally, patients who attend for refills are visitors on holiday in Cape Town or are passengers on a ship which calls at the Docks. Although some physicians have recommended the induction of pneumothorax in ambulatory patients, this is never carried out at our clinic. Patients are always warded and are kept in bed for at least 14 days after the induction. It is our practice to give a refill on the day after induction, and to increase the interval between each refill by a day until a seven-day interval is

reached. At this stage the patient is taken to the clinic in a wheeled chair and screened or X-rayed. It is then possible to decide on the course to be taken, and also to determine if there are adhesions which should be cauterised. If the patient's condition permits he continues to attend the clinic for his refills and is screened before and after each injection of air, careful attention being paid to the degree of collapse, the presence of fluid, and the position of the mediastinum. It has been observed, as Burrell pointed out, that mediastinal displacement is often associated with persistent loss of weight. If necessary, fluid exudates are aspirated, but the usual practice is to leave serous fluid unless it is interfering with the pneumothorax. If the fluid becomes turbid and contains polymorphs and tubercle bacilli it is considered wisest to withdraw it and allow the lung to re-expand, as there is a tendency in these cases for pyogenic infection to follow. In aspirating fluid exudates the Rotunda, a three-way syringe, is recommended, as it can also be used for washing out the pleural cavity. Clear serous fluids are withdrawn by the Burrell aspirator, which works by gravity and can be used in association with the pneumothorax apparatus when air replacements are given. As a rule pneumothorax patients are offered treatment at Nelspoort Sanatorium, and most of them avail themselves of the offer. In some cases patients who are unwilling to go to Nelspoort or who are awaiting admission to the sanatorium are allowed to return home and attend as out-patients. Special record books are kept for out-patients, and full details of each refill are entered. When the patient goes to the sanatorium the book is sent by post to the Medical Superintendent of that institution and is returned to the City Hospital when the patient is discharged.

The operation of internal pneumolysis (adhesion cutting) is carried out by a visiting surgeon (Mr. N. Petersen, F.R.C.S.) in the clinical room, which is darkened for the purpose. Occasionally patients are sent from Nelspoort Sanatorium for the operation. In addition to frequent clinical and X-ray examinations the blood sedimentation test (Westergreen's method) is carried out on all pneumothorax patients.

The radiographic and other work done at the X-ray clinic block during the period under review is set out below:—

Total attendances:	
Out-patients	2,214
In-patients	906
	— 3,120
Examinations and treatments:	
Skiagrams	1,852
Screenings	1,706
Consultations	132
Refills	629
Aspirations	40
Mantoux tests	224
Blood sedimentations	87
Calcium injections	5
Methyl blue injection	1
Lipiodol injection	1
Mirror test	1
Internal pneumolysis	3
Explorations	2
	— 4,683
New cases (not previously attended the hospital or tuberculosis clinic)	46

The operating theatre was used on 41 occasions as follows:—

Abscess	1
Appendicectomy	1
Dilatation and curettage	1
Excision of cyst	1
Laparotomy	2
Paronychia	1
Perforated typhoid ulcer	3
Phrenic crushing	5
Phrenic evulsion	3
Phrenic nerve injection	2
Rectal fistula	1
Thoracotomy	2
Tonsillectomy	15
	—
	38
	—

These figures do not include the operations of tracheotomy and intubation of the larynx, which are carried out in a special room attached to the diphtheria ward.

The operation of tracheotomy for laryngeal diphtheria was performed on 80 occasions with 45 recoveries. the following figures in connection with the operation show the higher mortality amongst the non-European patients :

Recovered	.. .. .	Eur.	28	Non-Eur.	17
Died	.. .. .		9		26
Total			37		43
Percentage mortality			24.3%		60.5%

The European cases included one in a woman, 40 years of age, who did not survive the operation.

The rather high death rate in laryngeal diphtheria is due to the fact that many of the cases were of an advanced nature with membrane extending into the trachea and bronchi. In a previous report (1933-34) reference was made to this fact and it appears that a severe form of tracheobronchial diphtheria continues to prevail in Cape Town. It is possible in some cases that the gravity of the patients' condition may be due to neglect of the disease in its early stage.

On 3rd April, 1939, there occurred in the City Hospital the death of Sister Ada McClure, who was on the staff of the hospital from August, 1907, until her retirement on pension in October, 1930. Sister McClure joined the staff under the late Dr. Jasper Anderson. All her interests were centred in the City Hospital, and the well-being of those placed in her care was always her chief consideration. She was for a number of years in charge of the old typhoid block, and many patients owed their lives to the devoted care she bestowed on them. After her retirement she gave her time to the care of an aged relative. In the last few days of her illness she longed to come back to her old hospital, and was most grateful when her wish was granted.

There were 2,386 admissions to hospital during the year (1,267 Europeans and 1,119 non-Europeans). Fifteen cases were admitted twice during the year, and 38 other cases admitted in previous years were again admitted during the year under review.

The average daily number of patients in the hospital for a series of years is as follows :

1923-24	1924-25	1925-26	1926-27	1927-28	1928-29	1929-30	1930-31
62.9	69.6	107.7	125.5	151.7	156.2	159.1	204.3
1931-32	1932-33	1933-34	1934-35	1935-36	1936-37	1937-38	1938-39
238.2	245.3	256.7	263.4	280.2	268.4	267.4	362.3

Details in regard to cases treated are shown in Table 1 (immediately below) and Tables 2 and 3 (on pages 42 and 43).

TABLE 1.—NUMBER OF PERSONS TREATED IN THE CITY HOSPITAL, FOR THE PERIOD JULY 1st, 1938, TO JUNE 30th, 1939, CLASSIFIED ACCORDING TO THE WARDS OF THE CITY, ETC., TO WHICH THEY BELONGED.

Wards, etc.	Under treatment July 1st, 1938.		Admitted.		Discharged.		Died.		Under treatment June 30th, 1939.		Total admitted persons	Day Units.				Total.									
	E	O	E	O	E	O	E	O	E	O		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.										
1 Sea Point	6	2	46	38	2	12	40	30	1	7	6	-	1	1	6	10	-	4	98	2,638	1,344	28	781	4,791	
2 Harbour	3	5	19	35	18	13	13	36	13	13	5	-	4	1	4	4	3	2	85	1,239	1,472	1,110	864	4,685	
3 West Central	-	-	7	2	5	3	6	15	5	3	8	9	-	2	6	-	3	2	29	187	76	1,480	1,147	2,890	
4 Kloof	2	4	32	35	17	30	29	30	9	26	1	4	7	8	4	5	5	2	114	1,262	1,833	1,630	1,828	6,553	
5 Park	6	5	1	2	32	32	6	9	32	29	6	11	-	-	5	7	1	-	79	3,319	2,519	329	283	6,450	
6 East Central	8	5	11	11	45	40	67	89	45	37	48	72	4	3	20	14	4	5	10	241	2,464	2,434	4,296	3,883	13,027
7 Castle	2	-	9	4	6	8	56	62	6	6	41	47	1	-	18	9	1	2	132	759	315	4,128	2,540	7,742	
8 Woodstock	11	7	6	9	45	56	35	51	42	51	30	40	7	5	6	12	7	5	187	3,005	3,284	2,360	3,534	12,183	
9 Salt River	7	6	2	1	59	55	23	26	50	45	9	21	4	4	8	7	12	12	164	3,387	2,956	1,584	1,095	9,022	
10 Mowbray	2	4	2	1	51	38	3	8	42	40	3	6	2	-	2	9	2	2	100	2,612	2,055	378	347	5,392	
11 Matieland	2	5	5	4	51	45	30	32	41	47	26	25	2	-	4	8	10	3	158	2,546	2,081	1,731	1,522	7,880	
12 Rondebosch	2	3	9	5	27	27	58	67	21	27	47	46	3	-	16	18	5	3	179	969	1,046	2,768	3,101	7,884	
13 Claremont	11	14	6	3	28	38	29	39	31	47	17	33	3	2	11	5	5	3	184	2,022	2,461	1,955	1,940	8,378	
14 Kalk Bay	1	1	-	-	15	19	16	14	11	13	13	7	2	2	9	3	3	5	64	904	1,248	609	389	3,159	
15 Wynberg	5	13	8	8	36	52	40	49	33	54	31	37	2	3	9	7	6	8	176	2,202	3,672	2,155	2,086	10,105	
Langa location	-	-	-	-	10	8	-	-	-	8	4	-	-	-	2	3	-	-	18	-	-	-	462	441	843
Not allocated	-	-	-	-	10	1	-	-	-	8	4	-	-	-	2	3	-	-	13	30	-	-	736	13	779
From ships	3	2	1	1	2	-	10	1	-	-	-	-	-	-	1	1	-	-	41	978	353	225	-	1,556	
From outside the Municipality	7	12	11	14	107	105	80	82	90	89	55	59	16	11	21	27	8	17	374	4,627	5,770	3,954	4,553	18,904	
	78	88	86	76	639	628	512	607	568	587	378	463	60	36	136	136	89	93	2,386	35,150	34,919	31,858	30,297	132,224	

E—Europeans.

O—Others, or non-Europeans.

CITY ISOLATION HOSPITAL, RENTZKIE'S FARM.

This hospital is situated at Rentzkie's Farm, in Ward 11, and is primarily intended for small-pox and other formidable epidemic diseases. There is no permanent resident staff except the caretaker, with labourers. The hospital comprises a brick-built block accommodating 12 patients, and an old wood-and-iron building intended for 32 patients.

Adjacent to the hospital is the Union Health Department's isolation hospital and quarantine station, for use in connection with port health administration and for other purposes, which provides accommodation for 52 patients and 87 contacts, in addition to a wood-and-iron emergency block for 24 patients. This institution is administered by the City Health Department.

Since 2nd February, 1939, one of the hospital blocks of the quarantine station has been used by the City Health Department for 25 non-European cases of pulmonary tuberculosis, and one of the contact blocks as nurses' quarters.

The cases treated as Rentzkie's Farm during the year are classified in the tables on page 43.

LANGA NATIVE HOSPITAL.

At Langa location the native residents are provided with free medical attention by means of a modern hospital of 24 beds and out-patient department, and are also visited in their own homes by a nurse or medical officer if required.

The matron resides at the hospital with a European sister and has on her staff four native nurses (general or midwifery trained), and three native male orderlies.

One of the native nurses, qualified in midwifery, operates a midwifery service for the location women in their own homes. The confinement fee is 11s. The medical officer holds a pre-natal clinic, attended also by the midwife.

The appointment of part-time medical officer is held by Dr. T. Jones, and the hospital is under the general control of the Medical Superintendent of Hospitals.

The activities of the hospital for the year ended 30th June, 1939, are shown by the following figures:—

Daily average number of in-patients	11.05
In-patients admitted	294
Number of new out-patients	3,788
Number of attendances by out-patients	25,540
Number of visits to patients at their homes by:	
Doctor	820
Nurse	1,392
Midwifery service:	
No. of confinements attended (extern)	114
Visits made by midwife	1,860
Pre-natal clinic (weekly):	
No. of new cases	44
Total attendances	382

The diagnosis in in-patients was as follows:—

Whooping cough	1	Diseases of stomach	5
Influenza	10	Diarrhoea and enteritis, dysentery	18
Tuberculosis, pulmonary	30	Other abdominal diseases	7
Tuberculosis, other	2	Constipation	1
Syphilis	3	Diseases of urinary system	4
Gonorrhoea	2	Diseases of male generative organs	1
Septic infection, cellulitis, abscess	20	Confinement	2
Cancer	5	Diseases due to pregnancy or parturition	8
Rheumatism	4	Diseases of female generative organs	7
Diabetes	4	Diseases of skin	6
Rickets	1	Arthritis	3
Adenitis	2	Prematurity	1
Epilepsy	1	Old age	1
Neuritis	2	Burns	7
Diseases of eye	4	Injuries	53
Diseases of ear	1	Starvation	2
Diseases of heart	8	Colic	3
Arterio-sclerosis, cerebral haemorrhage, apoplexy	4	Doubtful or indefinite	7
Diseases of throat	7	Born in hospital	1
Bronchitis and pneumonia	37	Admitted with mother	4
Pleurisy	1		
Asthma	4		294

The home addresses of the in-patients were as follows:—

Langa location	272
Elsewhere in Cape Town Municipality	16
Extra-municipal	4
No fixed abode	2

30 in-patient and 272 out-patient attendances were Workmen's Compensation Act cases.

TABLE 2.—NUMBER OF CASES TREATED AT THE CITY HOSPITAL FOR THE PERIOD JULY 1ST, 1938, TO JUNE 30TH, 1939, CLASSIFIED ACCORDING TO RACE, SEX AND DISEASE.

Disease (ultimate diagnosis)	Under treatment, July 1st, 1938.						Admitted.						Discharged.						Died.						Under treatment, June 30th, 1939.						Total cases admitted.						Day Units.					
	E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.		
	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.	M.	F.	T.	M.	F.	T.						
Etiotic fever	1	5	6	14	16	30	21	14	13	27	14	13	27	5	5	1	1	2	3	85	653	622	1,765	1,030	4,129																	
Diphtheria	32	47	79	252	285	537	140	255	395	102	12	10	20	28	3	4	11	18	827	14,431	15,158	5,619	6,244	41,982																		
Erysipelas	1	1	2	4	10	14	5	3	8	6	5	1	1	2	1	2	1	1	24	49	234	74	56	413																		
Cerebrospinal fever	1	1	2	2	2	4	2	2	4	3	1	1	2	1	1	1	1	1	35	269	74	691	142	1,116																		
Acute anterior poliomyelitis	1	1	2	2	2	4	2	2	4	2	2	2	2	1	1	1	1	1	7	122	220	—	178	620																		
Dysentery	4	3	7	4	2	6	2	1	3	2	1	1	1	1	1	1	1	1	4	39	35	—	74	46																		
Amoebic dysentery	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	7	7	—	14	7																		
Acute primary pneumonia	1	1	2	3	1	4	1	1	2	1	1	1	1	1	1	1	1	1	11	50	11	65	47	13,229																		
Pharyngitis	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	3	11,997	11,665	47	13,229	141																		
Acute tonsillitis	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	429	11,928	31	16,827	85	46																		
Tubercular meningitis	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	21	12	—	36	100																		
Tubercular bones and joints	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	82	87	—	20	34																		
Tubercular meningitis	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	5	88	87	—	20	34																		
Tubercular, miliary	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	5	88	87	—	20	34																		
Whooping cough	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	4	15	24	—	7	46																		
Chickenpox	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	19	24	—	7	46																		
Scarlet fever (excluded from above)	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	129	83	—	—	—																		
Scarlet fever and diphtheria	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	34	34	—	—	—																		
Scarlet fever and erysipelas	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	34	34	—	—	—																		
Diphtheria and meningitis	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	34	34	—	—	—																		
Diphtheria and syphilis	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	12	12	—	—	—																		
Syphilis and acquired lymphogranuloma	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	4	12	12	—	—	—																		
Tubercular meningitis and abscess	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	—	—	—																		
Tubercular pulmonary and abscess	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	—	—	—																		
Tubercular pulmonary and bone and	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	119	119	—	—	—																		
Tubercular, pulmonary and cholecystitis	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	119	119	—	—	—																		
Tubercular meningitis and abscess	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	119	119	—	—	—																		
Tubercular meningitis and abscess	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	119	119	—	—	—																		
Tubercular meningitis and abscess	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	119	119	—	—	—																		
Tubercular meningitis and abscess	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	119	119	—	—	—																		
Tubercular meningitis and abscess	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	119	119	—	—	—																		
Tubercular meningitis and abscess	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	119	119	—	—	—																		
Tubercular meningitis and abscess	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	119	119	—	—	—																		
Tubercular meningitis and abscess	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	119	119	—	—	—																		
Tubercular meningitis and abscess	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	119	119	—	—	—																		
Tubercular meningitis and abscess	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	119	119	—	—	—																		
Tubercular meningitis and abscess	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	119	119	—	—	—																		
Tubercular meningitis and abscess	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	119	119	—	—	—																		
Tubercular meningitis and abscess	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	119	119	—	—	—																		
Tubercular meningitis and abscess	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	119	119	—	—	—																		
Tubercular meningitis and abscess	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	119	119	—	—	—																		
Tubercular meningitis and abscess	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	119	119	—	—	—																		
Tubercular meningitis and abscess	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	119	119	—	—	—																		
Tubercular meningitis and abscess	1	1	2	1	1	2	1	1	2	1	1	1																														

CLEANSING STATION.

The new cleansing station at 116, Aspeling Street, Cape Town, which took the place of the cottage previously used for the purpose, was opened on 19th September, 1938. It is a new building comprising a main room with office, disinfector room, and two suites, each consisting of undressing room, bathroom with two baths, and dressing room. The disinfector apparatus is an electric oven with thermometer and thermostat, in which the patients' clothing is deverminized with hot air.

The cleansing station is in charge of a superintendent, who works under the supervision of a medical officer and has two non-European assistants.

The work done from 19th September, 1938, to 30th June, 1939, is shown in the table below. It will be seen that it consisted chiefly in the treatment of scabies, which is more prominent in Cape Town than pediculosis :

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	116	—	2	118	340	—	2	342
European girls	143	—	12	155	391	—	12	403
Non-European boys ..	1,058	—	2	1,060	3,524	—	2	3,526
Non-European girls ..	1,034	—	36	1,070	3,234	—	48	3,282
Total children.. ..	2,351	—	52	2,403	7,489	—	64	7,553
<i>Adults :</i>								
European males	39	5	1	45	101	9	1	111
European females ..	56	1	—	57	113	1	—	114
Non-European males ..	173	3	—	176	502	3	—	505
Non-European females ..	482	—	7	489	1,151	—	8	1,159
Total adults	750	9	8	767	1,867	13	9	1,889
<i>Total Persons :</i>								
European	354	6	15	375	945	10	15	970
Non-European	2,747	3	45	2,795	8,411	3	58	8,472
All Races	3,101	9	60	3,170	9,356	13	73	9,442

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

AMBULANCE AND DISINFECTING STATION.

This is situated in the grounds of the City Hospital, Portsworld 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. 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 tuberculosis.	For other infectious diseases.	For tuberculosis.	For other infectious diseases.	
1,840	123	764	1,407	1,648	10,924	95

The distance covered during the year by the vans and ambulances was 59,412 miles.

SECTION V.—TUBERCULOSIS.

(Tuberculosis Officer : Dr. W. L. HOOLE.)

The new cases of this disease reported in the year 1938-39, corrected for misdiagnosis and imported cases, numbered 1,270. They are classified in the following table, where the corresponding rates per 1,000 population are shown :—

Race.	Sex.	Notified cases.			Incidence rates.		
		Pulmon-ary.	Other forms.	All forms.	Pulmon-ary.	Other forms.	All forms.
European ..	Male ..	116	11	127	1·51	0·14	1·65
	Female ..	67	6	73	0·84	0·07	0·87
	Total ..	183	17	200	1·14	0·11	1·25
Non-European	Male ..	504	85	589	6·88	1·16	8·04
	Female ..	404	77	481	5·28	1·00	6·28
	Total ..	908	162	1,070	6·06	1·08	7·14
All Races ..	Male ..	620	96	716	4·14	0·64	4·78
	Female ..	471	83	554	2·95	0·52	3·47
	Total ..	1,091	179	1,270	3·52	0·58	4·10

The deaths from tuberculosis and the corresponding death rates are shown in the next table :—

Race.	Sex.	Deaths.			Death rates.		
		Respira-tory system.	Other forms.	All forms.	Respira-tory system.	Other forms.	All forms.
*European ..	Male ..	67	10	77	0·88	0·13	1·01
	Female ..	45	6	51	0·54	0·07	0·61
	Total ..	112	16	128	0·70	0·10	0·80
Native .. (not Langa)	Male ..	46	5	51	6·52	0·71	7·23
	Female ..	23	2	25	8·45	0·73	9·18
	Total ..	69	7	76	7·06	0·72	7·78
Asiatic ..	Male ..	3	—	3	1·18	—	1·18
	Female ..	1	—	1	0·91	—	0·91
	Total ..	4	—	4	1·10	—	1·10
Other Coloured	Male ..	273	54	327	4·30	0·85	5·15
	Female ..	258	48	306	3·56	0·66	4·22
	Total ..	531	102	633	3·90	0·75	4·65
Non-European	Male ..	322	59	381	4·41	0·81	5·22
	Female ..	282	50	332	3·69	0·66	4·35
	Total ..	604	109	713	4·04	0·73	4·77
All Races ..	Male ..	389	69	458	2·60	0·46	3·06
	Female ..	327	56	383	2·05	0·35	2·40
	Total ..	716	125	841	2·32	0·40	2·72
Natives .. (Langa)	Male ..	10	3	13	2·64	0·79	3·43
	Female ..	14	3	17	7·52	1·61	9·13
	Total ..	24	6	30	4·55	1·06	5·31

* Corrected for outward and inward transfers. All other figures corrected for outward transfers only.

The tuberculosis death rate in non-Europeans was 6.2 times as great as in Europeans (corrected for outward transfers). The ratio was 6.0 for Coloured, 10.1 for Natives (not Langa) and 1.4 for Asiatics.

In Europeans the tuberculosis death rate amongst males was 1.7 times as great as amongst females. In non-Europeans the ratio was 1.2, and there are interesting contrasts in the sex mortality in the different non-European races.

The age distribution of the deaths is shown in Table A, on page 94. From tuberculosis of the respiratory system 95.5 of the European deaths and 84.1 of the non-European deaths were in persons over 15 years old. From other forms of tuberculosis one-half of the European deaths and 63.0 per cent. of the non-European deaths were in children under 5 years old (and 81 per cent. of the non-Europeans were in children under 10 years old).

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	4	2	37	37	80
Abdominal†	—	1	4	1	6
Bones and joints	3	1	29	24	57
Glands	1	1	3	6	11
Genito-urinary system	1	—	1	—	2
Other organs	—	—	—	1	1
Disseminated	1	1	12	8	22
Total	10	6	86	77	179

† 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	5	2	41	33	81
" abdominal	—	—	2	3	5
" of bones and joints	2	1	4	4	11
" of lymphatic system	—	—	—	—	—
" of genito-urinary system	—	—	—	—	—
" of other organs	—	—	—	—	—
" disseminated	2	2	12	10	26
Total	9	5	59	50	123

The annual death rates from tuberculosis, corrected for outward transfers, are shown for 25 years in the following table:—

	Death rate per 1,000 population.		
	European.	Non-European.	All Races.
2.8 years ended 30th June, 1916	1.04	4.69	2.82
5 " " " " 1921	0.88	4.47	2.53
5 " " " " 1926	0.79	4.09	2.28
5 " " " " 1931	0.74	4.75	2.62
5 " " " " 1936	0.84	4.99	2.82
1 year ended 30th June, 1937	0.55	4.18	2.30
1 " " " " 1938	0.82	4.76	2.72
1 " " " " 1939	0.77	4.77	2.70

Other particulars will be found in Tables A to D on pages 94 to 118, G to K on pages 121 to 125, and N to S on pages 128 to 133.

PROVISION OF TREATMENT.

The in-patient accommodation available for cases of pulmonary tuberculosis includes the following (30th June, 1939) :—

At the City Hospital, Portswood Road, and Rentzkie's Farm, 66 beds for Europeans and 124 for non-Europeans. During the year the average (daily) number of Cape Town cases of tuberculosis in these hospitals was 56 Europeans and 86 non-Europeans.

At Nelspoort Sanatorium a varying number. During the year the average (weekly) number of Cape Town cases at the sanatorium was 38 Europeans and 24 non-Europeans.

At the Native Hospital, Langa, a varying number. During the year the average number of Cape Town cases there was 3 (all natives).

At the Duinendal Settlement a varying number. During the year the average (monthly) number of Cape Town cases was 5 (all Europeans). There are 20 beds available.

The Sunshine Home for Children, Bellville, a holiday home for European children in a depressed state of health, especially tuberculosis contacts, provides accommodation for 30. During the year 62 children were admitted; average length of stay 90 days.

The same class of case is admitted to the Eaton and McGregor Convalescent Homes of the Cape Hospital Board. During the year the following cases were admitted to these homes from the tuberculosis clinic :

	No.	Average length of stay.
McGregor Home : European children	15	32 days.
Eaton Home : Coloured children	62	29 "
Coloured adults	14	20 "
European adults	14	22 "

Provision for more than 200 surgical cases of tuberculosis is made in the hospitals of the Cape Hospital Board (see page 77), the Maitland Cottage Homes (see page 78), and St. Joseph's Home, Philippi (see page 79).

Two clinic centres for tuberculosis are maintained by the City Health Department, at 50, Newmarket Street, Cape Town, and Church Street, Wynberg.

Part of the approved expenditure on these services is repaid to the Council by the Union Health Department.

Dr. W. L. Hoole, Tuberculosis Officer, began duty on 30th September, 1938. He took over the control of the clinics, hitherto under the Medical Superintendent of Hospitals. The clinic at Newmarket Street, where the Tuberculosis Officer has his office, with that of his tuberculosis health visitors and clerical staff and the almoner of the Tuberculosis Care Committee, is to be replaced by a new clinic and administrative offices now in course of erection at Chapel Street, Cape Town. During the year under report the number of tuberculosis health visitors was increased from 5 to 6.

The X-ray examinations of patients from the clinics are made at the City Hospital, Portswood Road. Here the Medical Superintendent (Dr. J. F. Wicht) also conducts a clinic for special cases, particularly those who have undergone artificial pneumothorax as in-patients at the City Hospital or Nelspoort Sanatorium and require periodical refills. This clinic is held on four mornings a week. The attendances of out-patients during the year totalled 2,214 (see page 38).

ANTI-TUBERCULOSIS CLINICS.

Six medical sessions are held per week (all at 2 p.m.), four by the Tuberculosis Officer and two by part-time consultants, as follows :—

	50, Newmarket St., Cape Town.	Church Street, Wynberg.
Europeans	Tuesday	Monday
Non-Europeans, female	Wednesday	Friday
" male	Thursday	Wednesday

The Tuberculosis Officer is also prepared to see new cases any morning by arrangement with the practitioner, employer, health visitor or teacher.

The work of the clinics consists mainly of:

- (1) The examination of notified cases, contacts and suspects.
- (2) Education and advice regarding treatment and isolation.
- (3) Hospitalization; which in some form is advisable for almost every new case, and to which every infectious case is entitled if home conditions are unsatisfactory.
- (4) Supervision of the domiciliary and ex-hospital patient, recovering or quiescent, and particularly if working. It is hoped that evening sessions for this category will be commenced shortly.
- (5) Palliative treatment—limited to the needy.
- (6) Co-operation with medical practitioners, other branches of the City Health Department, general hospitals, the Board of Aid, the Society for the Protection of Child Life, etc.
- (7) Propaganda and lectures.

Through the agency of the health visitors:

- (8) Enquiry into family history and home conditions.
- (9) The calling up of home contacts, especially young adults.
- (10) The issue, on loan, of appliances (from sleeping shelters to pillows) and nursing requisites.
- (11) Follow-up of the recovered and the defaulting.

Through the agency of the Care Committee:

- (12) Aid to dependents—limited to constructive cases accepting institutional treatment—and including rent or part-rent, special nourishment, and the distribution of clothes prior to sanatorium treatment.
- (13) Acquisition of suitable accommodation.
- (14) Admission to the Duinendal Settlement, and selection for occupational therapy; and finally, the compilation of adequate records, returns and statistics.

During the year there were 8,849 attendances at the clinics, and 1,967 persons attended for the first time; the details are shown in the following table:—

Clinic.	Race.	1938-1939.				1937-1938.			
		Attendances.		New Cases.		Attendances.		New Cases.	
		Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.
Newmarket Street..	European	895	755	158	170	927	976	134	132
	Others	2,530	1,857	516	555	2,218	1,499	385	345
	Persons	3,425	2,612	674	725	3,145	2,475	519	477
	Totals ..	6,037		1,399		5,620		996	
Church Street ..	European	308	334	49	45	308	354	25	32
	Others	1,169	1,001	207	267	859	901	118	132
	Persons	1,477	1,335	256	312	1,167	1,255	143	164
	Totals ..	2,812		568		2,422		307	

The European attendances decreased by 273 and the non-European increased by 1,080. The European "new cases" increased by 99 and the non-European by 565.

The total number of medical sessions was 280; 675 attendances were made outside session hours.

The new cases attending the clinics during the year under report are classified in the following table :—

Persons attending for first time.	Europeans.			Non-Europeans.			Total.
	Adults.	Children.	Total.	Adults.	Children.	Total.	
Notified :							
Accepted ..	84	3	87	331	50	381	468
Observation ..	1	—	1	31	14	45	46
Not accepted ..	6	1	7	56	15	71	78
	91	4	95	418	79	497	592
Suspects :							
Notified ..	30	2	32	104	14	118	150
Observation ..	14	9	23	77	18	95	118
Non-tuberculous ..	78	14	92	161	29	190	282
	122	25	147	342	61	403	550
Contacts :							
Notified ..	10	4	14	36	17	53	67
Observation ..	7	14	21	45	118	163	184
Non-tuberculous ..	69	76	145	198	231	429	574
	86	94	180	279	366	645	825
Total ..	299	123	422	1,039	506	1,545	1,967

The visits made by the tuberculosis health visitors were as follows : Primary visits 1,640, total visits 8,260.

NOTIFIED CASES.

Of the 592 cases who during the year presented themselves for examination as the result of notification, 78 (13 per cent.) were found to be non-tuberculous. These cases might have been referred as suspects, but to secure the attendance of a certain type of patient it is essential to put the matter into official hands by notification. On the other hand, erratic notification has an adverse effect on education; for often these are the people who, informed that they are tuberculous, proceed to "cure" themselves by drinking Condy's Fluid, herbal extracts, and much advertised and costly nostrums, which are possibly harmless but always useless. These apparent successes serve as a mischievous encouragement in the wrong direction, as is stressed in the Annual Report of the Union Health Department for the year.

The following table is of considerable interest. It shows that, after excluding the non-tuberculous, 667 pulmonary cases who were notified from all sources during the year have attended the clinic (*i.e.* ambulant) and that 379 (57 per cent.) were known to be infectious, 121 were abacillary, and 167 were not examined. Only 137 (36 per cent.) of these infectious cases spent more than three months in an institution set apart for the treatment of tuberculosis. Of much greater importance are the contrasting survival rates at the end of the second year (June, 1939). With three months or more in hospital, which is the absolute minimum necessary to attain material improvement, 98 out of the 137 (72 per cent.) are still alive. But out of the 242 in the same (*i.e.*, the infectious) group who had under three months in hospital or refused treatment, only 89 (37 per cent.) have survived.

HOSPITAL TREATMENT AND IMMEDIATE SURVIVAL.

	End of 2nd year.	Over 3 months.		Under 3 months.		Nil.		Total.
		Local.	Others.	Local.	Others.	Local.	Others.	
T.B.+ ..	Alive ..	91	7	17	2	63	7	187
	Dead ..	37	2	56	3	90	4	192
T.B.— ..	Alive ..	23	2	10	1	62	3	101
	Dead ..	—	—	4	—	16	—	20
Sputum not examined	Alive ..	7	1	5	—	82	2	97
	Dead ..	2	1	9	3	48	7	70

It will be seen that the hospital patient not only reduces the risk to his family but doubles his chances of recovery.

Sputum examination should be carried out in every possible case. This work is undertaken, at no cost to the local authority, at the Laboratories of the Union Health Department, who also carry out tests of guinea-pig inoculation in a limited number of difficult cases. The promptitude and accuracy of this service is much appreciated, but it is now recognized that microscopic examination of a stained preparation fails to bring to light many cases of an infectious nature, which are revealed by more expensive and lengthy methods, such as those of Ellerman and Erlandsen, and Lowenstein-Jansen, and the examination of faeces and of the contents of a gastric lavage in children. All that is claimed, therefore, from the preceding division is that over 56 per cent. were known to be grossly infectious.

SUSPECTS.

With the co-operative patient this is the ideal method of first attendance from an administrative and educational point of view. The main business of the tuberculosis dispensary is diagnosis, and when disease is found in a suspect the notification is made, where possible, in the practitioner's name as one method of informing him of the result of the investigation.

Employers in the home should be encouraged to make use of the clinics. There is little evidence of infection from non-Europeans to Europeans; but there was one outstanding case where an only child was lost through the employment of a tuberculous maid from the country. No employer need remain uneasy as to the safety of her children. The suspected employee should be sent for thorough examination to the family doctor or the clinic. We conceive it to be our duty to inform householders when open cases of tuberculosis are known to be working in the house, and in all such cases hospitalization is urged, and following compliance the dependents are aided if necessary.

Employers in factories and offices are making increased use of the clinics and help considerably in many cases by allotting sick pay and arranging for reinstatement when the patient is certified as fit to return. Like all other forms of help, this should be made conditional on the patient's undergoing an adequate period of treatment.

CONTACTS.

This category is restricted to those cases who have attended only because they have recently been, or still are, living in contact with a known case of tuberculosis: many cases suffering, or suspected to be suffering, from tuberculosis who attend of their own accord or are referred by a private practitioner, give a history of previous contact with a known case; but this does not bring them into the category of "contacts." Almost all contacts attend as the result of advice by the health visitor, and their examination should be one of the more worth-while features of the clinic if it is comprehensive and if early treatment can be secured for the early case. Although all contacts were not X-rayed the incidence of the disease in the *adult* contacts examined was found to reach the astounding figure of 116 per 1,000 in Europeans, and 129 per 1,000 in non-Europeans; and the cases thus discovered were mostly in an advanced stage. Thus the main object of the examination of contacts, viz., the discovery of early cases capable of recovering in minimum time, is not achieved. On the contrary it has led to the discovery of yet more advanced cases who have, through poverty, ignorance and apathy, failed to seek advice earlier. Of the few early cases found in this way only 5 were induced to take institutional treatment for 3 to 6 months: they are now back at work and have a good chance, under supervision, of remaining there. As is found elsewhere, the attendance of the most important group—the young adult contact—is the most difficult to secure, whilst those already sick are the most easily induced to attend. In a more enlightened population, where some form of national health insurance is in force and the local medical services are adequate, many of these cases of established disease are found through other agencies. These circumstances partially explain the very high incidence of established disease discovered in contacts. If further emphasis is needed, the truth of the repeated warning of the Union Health Department that tuberculosis is a "house disease" is clearly shown here.

If it is assumed that there are five house-contacts to each primary notification, over 5,000 new contacts could have been examined during the year. In fact, only 825 contacts were examined, representing 98 per 100 deaths as compared with 178 in England.

TUBERCULOUS MENINGITIS.

In the 80 local cases of this condition notified in the year a family history was known or found in 31 (*i.e.*, 39 per cent.). In 48 cases we were unable to secure the attendance of any contacts for examination, but 8 of these gave a history of disease in the family.

In the 32 families examined, 23 were already known, or found on examination, to have a focus of infection amongst these members.

A further analysis of the 31 families known to have had tuberculosis shows that in only one case was the mother the infecting agent. Although this supports the postulate that a degree of immunity is inherited from a tuberculous mother, a more practical explanation is the valuable work of the Maternal and Child Welfare Department in promptly separating the mother and child, and the shorter course of the disease in parturient women. One of the first results of adequate hospitalization would be a reduction in this form of infanticide.

TUBERCULIN SENSITIVITY.

This small series of 220 was taken from a group of contacts and suspects of all ages, and in no case had definite evidence of active tuberculosis been established.

The material used was Tuberculin Pristinum or old tuberculin of B.P. 1932 prepared by Parke Davis from human type bacillus. The diluent was normal saline and the dose 1 in 5,000. The reaction was regarded as positive only if there was an area of swelling and redness of 10 mm. diameter.

	European.	Non-European.	Total.
+ve ..	46 (45%)	81 (69%)	127
-ve ..	56	37	93
Total ..	102	118	220

An unusual finding was the equal proportion of positive reactors found in contacts and in suspects.

	European.	Non-European.
Of 69 suspects, 31 were +ve (45%)		Of 55 suspects, 38 were +ve (69%).
Of 33 contacts, 15 were +ve (45%).		Of 63 contacts, 43 were +ve (68%).

The series included 98 above the age of 15 years and 122 below that age :

	Over 15.		Under 15.	
	European.	Non-European.	European.	Non-European.
+ve ..	31 (62%)	36 (75%)	15 (29%)	45 (64%)
-ve ..	19	12	37	25
Total ..	50	48	52	70

Nearly all these coloured children were contacts, and the greater number of positive reactors is probably a reflection of their living conditions and the ignorance or carelessness of the adults in regard to the care of the sputum.

HOSPITALIZATION.

The beds available for cases of pulmonary tuberculosis (see page 47) are insufficient to meet the present formidable situation. There are often a hundred sick and infectious persons anxiously awaiting admission.

Of the 1,091 pulmonary cases notified during the year 356 (33 per cent.) undertook a period of institutional treatment. Some followed the optimum procedure of preliminary treatment in the City Hospital and convalescence at Nelspoort : a minority went through a third stage at Duinendal, where they are acclimatized to suitable work under protected conditions.

The total number of Cape Town cases of pulmonary tuberculosis admitted to institutions during the year are as follows :—

	European		Non-European		Total.
	Males.	Females.	Males.	Females.	
City Hospital and Rentzkie's Farm Hospital	75	52	181	134	442
Nelspoort Sanatorium	40	33	59	11	143
Langa Hospital	—	—	18	11	29
Duinendal Settlement	13	—	—	—	13
Totals	128	85	258	156	627

Some particulars as to admissions to the City Hospitals will be found on pages 41 to 43, Nelspoort Sanatorium page 54, Langa Hospital page 40, and Duinendal Settlement page 79.

Whilst it is difficult to assess the relative importance of the many factors contributing to the spread of tuberculosis, it might well be remembered that the cause of tuberculosis is the tubercle bacillus, and that the individual can take an active part in avoiding, defending himself from, and fighting the disease.

Prolonged exposure, especially in infancy and childhood, to massive infection under adverse living conditions is the main cause, but even when this is explained and help is offered from all quarters, many, through apathy, ignorance and fatalism, fail to take either advice or treatment. Everyone can discover whether he has tuberculosis and all who have symptoms such as cough, blood-stained sputum, or loss of energy, appetite or weight, should attend their doctor, hospital or clinic *at an early date*. With early diagnosis and early treatment a very large proportion can be restored to working capacity.

This personal factor is apt to be ignored, and the failure of the individual is an influence as noxious as overcrowding, malnutrition and the dearth of hospital beds. The public must become tuberculosis-conscious, and the patient sanatorium-minded, if material improvement is to be made. Their effort must be commensurate with the considerable expenditure made for them by the local authority and the Union Government.

NOTIFICATION.

The sources of the notifications received during the year under report (including extra-municipal cases and cases in which the diagnosis was revised) were as follows:

Private practitioners	826	
Consultants	18	
		844
Groote Schuur Hospital	222	
Cape Town Free Dispensary	101	
Victoria Hospital	20	
Woodstock Hospital	19	
Langa Hospital	25	
Valkenberg Mental Hospital	14	
Maitland Cottage Homes	16	
Other hospitals and institutions	17	
		434
		1,278
City Health Department:		
Anti-tuberculosis clinics	147	
City Hospital	38	
Medical Officer for Poor Relief	44	
Other clinics	11	
		240
Port Medical Officer	6	
Immigration Officer	2	
		8
Magistrate, Police and District Surgeons		33
From Public Mortuaries		
Transferred from other tuberculosis clinics:		
Cape Divisional Council	11	
Others	4	
		15
Unknown		8
		1,582

It is apparent that notification is inadequate and, although private practitioners, on whose co-operation this Department is dependent, are in general making increased use of the clinics, it should be pointed out that this deficiency is more marked in regard to patients in the higher-income group. This may be due to misunderstanding between practitioner and consultant, and it might be helpful if it was established that the onus to notify is primarily on the former. Moreover, it should be noted that, although the doctor is under legal obligation to notify a case of tuberculosis on becoming aware of it, this does not result in an official follow-up in the home if a request to this effect is made on the notification form. At present figures for Europeans are falsified by this neglect.

It is equally apparent that many cases of surgical tuberculosis are never notified, and, although the local authority is at present not under an obligation to provide treatment for these patients, it is particularly important in South Africa that they should be brought to official notice, as it is claimed that nearly all are due to the human type of bacillus, and the value of examination of their contacts has already, in a few cases, been emphasized by the finding of established pulmonary disease in a parent.

Delay in notification of course occurs, but is not in the main responsible for the large number of cases who have advanced disease when they first come under notice. These are mainly non-Europeans who have in ignorance failed to make use of the free services of the hospitals and clinics or refrained through poverty from consulting their doctors until totally incapable of work—and of recovery. This waste can only be reduced by education, and/or rise in wages, and/or national health insurance.

The ideal is to examine every notified case. An arbitrary analysis of the primary notifications (uncorrected) shows the degree and reasons of failure:—

	Local.	Others.	Total.	
Attended clinic	713	49	762	Only 53 per cent. of local notifications attended.
Failed to attend	630	190	820	
Hospitals	210	137	347	Notified from general hospitals and admissions to City Hospital from outside municipal area.
Too ill	95	9	104	
Died before notification ..	135	7	142	} 340
First advice through death returns	73	21	94	
Refusals	77	12	89	Several are working regularly and possibly not tuberculous.
Under private care	19	2	21	
Untraceable	21	2	23	
	1,343	239	1,582	

The most deplorable implication of this table is the very large proportion (340) who allow themselves, or were allowed, to become hopelessly ill before the diagnosis was brought to official notice. In addition, of the 210 local pulmonary cases who did not attend and were notified from hospitals or admitted direct, 96 are known to have died by the end of the following year. Inadequate and delayed notification has been found to be a measure of the inadequacy of the services provided. Unless immediate benefit accrues to doctor and patient, there is no inducement to prompt notification and attendance. Many of these sick people have to spend three months, of the greatest therapeutic value, at home in poverty and neglect.

The mortality figures for Cape Town do not include the considerable number of non-Europeans who develop the disease in Cape Town and follow the useless tradition of going up-country in an attempt to recover on air alone. In particular the native should be encouraged to make use of the hospital services instead of returning to remote kraals, where it is acknowledged that the necessary services are more hopelessly inadequate than in the urban areas.

In these emigrating infectious cases a bearer-note is usually issued by the Tuberculosis Officer, or, if the address is inadequate, a notice of transfer is sent to the local district surgeon in the hope that some supervision and isolation can be arranged. The dietum that a case of tuberculosis should never be lost sight of appears to have suffered the same fate as the patient, and the Union Health Department might be asked to emphasize its importance and advise authorities on its enforcement. (Infectious cases, notified in other areas, and in some cases attending established clinics there, are known and even advised to move to Cape Town. No warning is received and these cases are found by chance.)

In 28 death certificates tuberculosis was not included as a cause of death in cases previously notified as tuberculous. In these cases:

from sputum examination, X-ray and hospital reports tuberculosis had been definitely established in	14
from similar examination no evidence had been found and the notifications were cancelled in	6
investigations were incomplete and the discrepancy could not be corrected in ..	8

This small number of inadequately certified deaths would be even further reduced if the habit of enquiring for information at the clinic could become more general; especially on the occasions when the practitioner is called upon to certify after seeing the case for the first time shortly before or after death.

The converse—i.e., where patients who have been thoroughly investigated and found to be non-tuberculous are certified to have died of tuberculosis—is even rarer. It is extremely hazardous to assume that attendance at an anti-tuberculosis centre necessarily denotes the presence of active disease, as will be seen by the figures showing that of 1,967 new attendances only 685 were found to have tuberculosis.

NELSPOORT SANATORIUM.

The Nelspoort Sanatorium was built from a capital fund composed of £25,000, generously given during his lifetime by the late Mr. John Garlick of Cape Town, £25,000 (increased by subsequent contributions) by various local authorities in the Cape Province (including £9,800 from the Cape Town Corporation up to the end of the year under report), and £50,000 (subsequently increased substantially) by the Union Government. The

institution is on the Karroo at an elevation of about 3,260 ft. above sea-level, and on the main railway line at a distance of 371 miles from Cape Town. There is accommodation for 174 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 Cape Town. 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 the basis of 10s. a day for European patients, and 7s. 6d. for non-Europeans. The cost, after deducting part payments made by patients, is 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.

During the year ended 30th June, 1939, there were 143 admissions of Cape Town municipal patients. Of these admissions 31 were of patients who had had a previous period of treatment in the institution, the number of new cases being 112.

3 of the patients admitted were part-paying and 140 free.

The monthly average number of Cape Town municipal patients in the sanatorium during the year 1938-39 was 62½ (Europeans 38½, non-Europeans 24½) as compared with the total number of patients amounting to 150 (Europeans 106, non-Europeans 44).

The selection of municipal cases for admission to Nelspoort Sanatorium is made, as to clinic patients by the Tuberculosis Officer, and as to in-patients at the City Hospitals by the Medical Superintendent of Hospitals.

The cases admitted to Nelspoort are classified below according to the stage of the disease :—

				I	II	III	Total.
Europeans :	Male .. .. .	..	..	8	27	5	40
	Female .. .. .	..	..	4	25	4	33
Non-Europeans :	Male .. .. .	..	..	12	36	11	59
	Female .. .. .	..	..	1	9	1	11
All Races	.. .. .	..	..	25	97	21	143

Almost every case sent to Nelspoort is improved by the expert control, beneficial regime and superb climate. Yet the sanatorium staff is considerably handicapped by the pressure on beds, for two reasons : (1) The local shortage leads to the recommendation of advanced cases for which the institution was never intended and for whom unduly prolonged treatment is necessary : only 17 per cent. of the admissions from Cape Town could be classified as early cases. (2) With the high admission rate, the average duration of stay is detrimentally shortened.

CARE COMMITTEE FOR TUBERCULOSIS 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. Other funds are provided by the King George V Silver Jubilee Fund, the Christmas Stamp Fund and the Community Chest.

The work done is indicated by the following statistics :—

	Year ended 31st March, 1939.		Year ended 31st March, 1940.	
	Eur.	Non-E.	Eur.	Non-E.
Families helped by payment of rent.. .. .	26	121	18	91
„ „ maintenance grants	2	2	11	11
„ „ rent and maintenance grants	11	19	3	29
„ „ payment of foster-mother	6	10	1	3
„ „ provision of clothing and blankets	—	—	—	168
No. of articles of clothing distributed	1,532	—	1,228	—
„ blankets distributed	—	44	—	32
„ eggs distributed	2,406	—	—	—
Almoner :—				
Visits paid	1,216	—	872	—
Interviews given	1,574	—	556	—
New cases handled	47	166	122	—

Of the above disbursements in 1939-40 the Community Chest paid the rent for 76 families, maintenance grants for 6, rent and maintenance for 7 and the payment of foster-mothers for 4 : the Silver Jubilee Fund paid the rent for 33 families, maintenance for 3 cases and rent and maintenance for 25 : the Christmas Stamp Fund paid maintenance grants for 13 children.

The Duinendal Tuberculosis Settlement is also maintained by the Care Committee.

SECTION VI.—VENEREAL DISEASES.

(Venereal Disease Officer : Dr. C. K. O'Malley, M.C.)

The deaths certified in the year 1938-39 as being due to syphilis (corrected for outward transfers) numbered 65 (57 non-European and 8 European); and from general paralysis of the insane 17 and tabes dorsalis 3 (14 non-European and 6 European). The sum of these figures is equivalent to a death rate per 1,000 population of 0.48 for non-Europeans and 0.09 for Europeans.

Reference to Table C, on page 116, will show that these figures present a substantial decline as compared with those for the years immediately preceding, especially in non-Europeans. They do not, however, represent the total mortality caused by syphilis.

Of the 57 non-European deaths certified as due to syphilis, 33 were of children under one year old and 41 under five years. Of the 8 European deaths, 1 was of a child under one year old and the remainder adults. Of the adult deaths 15 were of males and 8 of females. All the 20 deaths from G.P.I. and tabes were in the age groups above 25 years except 1 in the age-group 10-15 and 2 in the age-group 15-25; 16 were of males and 4 of females.

There were no deaths certified as due to gonorrhoea.

The Council's scheme for the treatment of venereal disease includes (a) municipal treatment centres, (b) in-patient treatment at the City Hospital, and (c) follow-up of defaulting patients. Part of the approved expenditure on these services is repaid to the Council by the Union Health Department, which also provides free the special drugs used in the treatment of these diseases.

The staff of this branch of the Department, under the control of the Venereal Disease Officer, is shown at page 90 (not including the staff of the V.D. wards at the City Hospital). The appointment of the second full-time medical officer ("Assistant V.D. Officer") was made as from 1st February, 1939.

The clinical control of the V.D. wards is under the Venereal Disease Officer. There are 24 beds in these wards, which are occupied by cases requiring treatment that cannot well be given under out-patient conditions or which for special reasons need to be segregated. During the year under report the cases of venereal disease that were admitted numbered 252, as follows:—

	From Cape Town.	From outside the Municipality.
European :		
Children—Male	1	1
Female	13	2
Adults— Male	28	21
Female	18	1
Total Europeans.. ..	60	25
Non-European :		
Children—Male	6	1
Female	18	3
Adults— Male	39	19
Female	72	9
Total non-Europeans	135	32
Total : All races	195	57

Of the 57 non-municipal cases, 17 were from ships in the port.

There are three centres for the treatment of venereal disease, viz., at the City Hospital, Portsworld Road, Cape Town, at Spencer Road, Salt River, and at Church Street, Wynberg. At these, 26 medical sessions a week are held as follows (30th June, 1939) :

	European		Non-European	
	Males.	Females.	Males.	Females.
City Hospital centre	3	2	2	3
Salt River centre	3	1	2	5
Wynberg centre	1	1	1	2

Of the 26 medical sessions, 15 are conducted by the full-time medical officers and 11 by part-time medical officers.

Besides the full-time non-medical staff (4 nurse visitors, 2 male orderlies and 2 clerks), part-time assistance at the clinics is given by three male orderlies who also work in the V.D. wards at the City Hospital, and certain of the clerical staff of the Department.

Expectant mothers infected with syphilis are also treated at the pre-natal clinics held at the maternal and child welfare centres.

The work done at the clinics in the year 1938-39 is set out in the tables on pages 58 and 59. 3,809 new cases reported at the three treatment centres, an increase over the figure (3,382) for the previous year. If we include cases seen at the pre-natal clinic a total of 4,537 for new cases is obtained.

The total attendances at the three treatment centres numbered 49,280, or 53,863 including the pre-natal clinics.

The figures are shown more concisely in the following table :—

Type of disease.	Euro- pean.	Non- Euro- pean.	Total.	No. of consultations	53,863
				No. of intermediate treat- ments	37,353
				No. of intravenous injections	19,147
Primary and secondary syphilis	144	692	836	No. of intramuscular injec- tions	17,511
Tertiary syphilis	122	1,298	1,420	No. of specimens for Wasser- mann reaction (V.D. clinics)	7,042
Syphilis of the C.N.S.	10	24	34	No. of specimens for Wasser- mann (pre-natal clinics) ..	6,436
Congenital syphilis	30	367	397	No. of smear examinations for gonococci	6,418
Gonorrhoea	368	522	890	No. of operations	7
Other venereal diseases	50	79	129	No. of sessions held during the year	1,263
Non-venereal diseases..	206	565	771		
Undiagnosed	13	47	60		
Totals	943	3,594	4,537		

The figure given for "intermediate" treatments refers to irrigations carried out by male patients under the direction of the orderlies, for which purpose the three treatment centres are open daily, and irrigations of female patients carried out by the nurses, who attend specially for this purpose. The male intermediate treatments numbered 36,245 (European 20,855 and non-European 15,390, all adults). The female "intermediate" treatments were as follows :—

	Adults.	Children.	Total.
European	224	248	472
Non-European	124	512	636
	348	760	1,108

The official classification of venereal diseases still in vogue is very much out of date. Further, information is required for Government recording purposes, which in the writer's opinion is of no value; thus we are still required to classify "non-venereal" diseases, "undiagnosed" cases, etc., according to race, sex and age, and "attendances" are classified according to disease groups. Now, although the advantages of concise classification of new cases are obvious, there seems to be no value in this laborious analysis of "attendance" figures, etc.

Follow-up of defaulters.—The four nurses on the staff follow up female defaulting patients by home visitation. Male defaulters are dealt with by the delivery of warning letters by the district health inspectors. This work is much hampered by the fact that many patients cannot be traced. Its extent and result are shown by the following figures :

Home visits to female defaulting patients	3,778
Patients who returned	1,745
Letters to male defaulting patients	1,112
Patients who returned	416

During the year 12 defaulters were referred to the Magistrate for action under the Public Health Act.

The home visits made by the nurse-visitors numbered 4,597.

An analysis of the new cases attending the Cape Town treatment centres (3,809) is made below, followed by a consideration of the incidence of venereal diseases in certain other towns as indicated by the attendance of new cases at municipal clinics :

		Cases.	Rate per 1,000 popu- lation.
1. Race ..	European	905	5.7
	Non-European	2,904	19.4
		<hr/>	
		3,809	11.2
		<hr/>	
2. Sex ..	Male	2,259	15.0
	Female	1,570	9.9
		<hr/>	
		3,809	12.3
		<hr/>	
3. Disease ..	Syphilis	1,961	6.3
	Gonorrhoea	888	2.9
	Other venereal diseases	129	0.4
	Non-venereal diseases	771	2.5
	Cases undiagnosed	60	0.2
		<hr/>	
		3,809	12.3
		<hr/>	

If we compare the incidence (per 10,000 population), of fresh cases of syphilis amongst Europeans and non-Europeans—

European	9.0
Non-European	45.8

we find that there are five times more non-European cases than European. Further, a comparison in the case of congenital syphilis shows the following :—

European	1.9
Non-European	24.0

Now, if we compare these figures with similar figures of some Scandinavian towns, say Stockholm, over the same period, we find that—

- (1) there are 3 times as many cases of early syphilis amongst Europeans in Cape Town as in Stockholm (Cape Town 0.59, Stockholm 0.18, per 1,000 population), and
- (2) there were 14 times more cases of congenital syphilis amongst Europeans in Cape Town than in Stockholm (Cape Town 0.14, Stockholm 0.01, per 1,000 population).

If non-Europeans were included for Cape Town the comparison would have been still more unfavourable.

In the following table, referring to a later period, the comparison between Cape Town and Stockholm (per 10,000 population) shows that, although the incidence rate of syphilis is higher, that for gonorrhoea is considerably less :—

	Cape Town (all races)	Cape Town (European)	Stockholm.
Syphilis (all forms)	63.3	16.8	1.5
Gonorrhoea	28.7	23.0	69.5

The following table shows the incidence of venereal diseases in Cape Town and certain other cities as indicated by the attendance of new cases at municipal clinics :—

City.	Year.	Total new cases.	Population.	Rate per 1,000 Population.
Cape Town	1937-38	4,007	308,429	13.0
Johannesburg and Rietfontein Hospital	1937-38	4,326	508,800	8.5
Glasgow	1938	5,189	1,127,825	4.6
Birmingham	1938	3,724	1,048,000	3.6
Stockholm	1937	3,920	556,954	7.1

The following table shows the new cases at the Cape Town venereal disease clinics over a period of years :—

Year ended 30th June.	Total new cases.	Population.	Rate per 1,000 population.
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
1937	3,971	300,800	13·2
1938	4,007	308,429	13·0
1939	4,537	315,398	14·4

There is no fall for this year in the incidence rate of venereal disease in the City of Cape Town. It is difficult to explain this apparent failure despite the constant campaign against defaulters from treatment. Of course it should be borne in mind that the municipal treatment centres give free treatment to those who have *already* contracted a disease, so that it is difficult to see how increased treatment facilities could radically alter the incidence rate except through curtailing the infectious period. An obvious way of dealing with the problem is to ascertain the source of infection in each new case of venereal disease and to bring the infecting persons and any other contacts for medical examination. A system of notification of contacts on information voluntarily given by patients was introduced in the venereal disease service during the year. In a more stable community the advantages of this procedure would have been very great, but so many of our non-European patients are unaware of the source of infection and so many change their address at frequent intervals that much effort in this direction is frustrated.

The writer is convinced, however, that if all medical practitioners seeing cases of venereal disease for the first time were to adopt a similar practice much good would be achieved. That section of the Public Health Act which applies to venereal diseases in this country, although it has obvious shortcomings, is well conceived. There is little or no evidence, however, that it is applied by medical practitioners other than those who deal specifically with venereal diseases.

SECTION VII.—SANITARY ADMINISTRATION.

HEALTH INSPECTORS.

On 30th June, 1939, the staff of health inspectors consisted of the chief health inspector, the assistant to the chief health inspector, 5 divisional health inspectors, 17 health inspectors, 8 assistant health inspectors, and 1 learner health inspector; besides 2 health inspectors for dairies and 2 rodent inspectors. A meat inspector for the inspection of dead meat imported into the Municipality is also attached to the Department.

For sanitary inspection the Municipality is divided into five divisions, each of which is sub-divided into districts (26 in all). In each division the inspector in charge has no district of his own, and he is responsible for the work of the district inspectors in his division. The two dairy inspectors undertake the inspection of cowshed premises supplying milk to Cape Town, including those in the country, and the work of the rodent inspectors is also separate from the divisional system. All the inspectors work under the control of the chief health inspector, who, with his assistant, is also responsible for the municipal washhouses and the public sanitary conveniences.

The work of the district health inspection staff includes the investigation of notified cases of infectious disease (except tuberculosis, pneumonia, ophthalmia, trachoma, puerperal fever, and diseases notifiable by school teachers, such as measles and whooping cough); the inspection of dwelling houses, shops, food places and vehicles, stables and other places where animals are kept (except licensed cowsheds); inspections concerning the licensing and regulation of licensed, registered and regulated trades, and of theatres and other places of amusement and camping sites; the inspection of courts, lanes, alleys, open land, refuse tips, and standing water; the inspection of municipal washhouses and sanitary conveniences; investigations into social conditions in connection with remission of fees for treatment in municipal hospitals and the granting of permits to buy State-aided butter, etc. The divisional inspectors are responsible for the taking of samples under the Food, Drugs and Disinfectants Act.

The dairy inspectors are concerned with licensed cowsheds and the taking of samples of milk for bacteriological examination.

The rodent inspectors deal with the rat-proofing of buildings, the destruction of town and veld rodents, and the prevention of mosquitoes. The district inspectors are also concerned in this work.

The meat inspector undertakes the inspection and stamping of meat killed outside and brought into the municipal area.

The inspections recorded as made by the health inspectors (other than the meat inspector and rodent inspectors) during the year ended 30th June, 1939, were as follows:—

Inspections made:

Public markets	2,478
Butchers' shops	11,846
Dealers' and general dealers' shops (food)	16,887
Dealers' and general dealers' shops (no food)	3,293
Fish and poultry shops	2,576
Bakers' shops (without bakehouses)	436
Bakehouses	1,048
Milk shops (purveyors of milk)	4,317
Ice-cream purveyors and manufacturers	1,111
Tea shops	1,510
Cafés	1,718
Restaurants	2,063
Eating-houses	1,465
Residential hotels and boarding houses	1,442
Aerated water manufacturers	170
Other places where food is manufactured	618
Hawkers' premises	2,250
Hawkers' carts	1,230
Butchers' carts and carriers	397
Milk-delivery vehicles and carriers	1,937
Fish vehicles	249
Bakers' vehicles	120
Ice-cream vehicles	31
Ice plants and freezing chambers	271
Tents	218
Sideshowes	90
Theatres and bioscopes	570
Billiard saloons	153
Common lodging houses	147
Tenement houses	7,882
Other house inspections	42,075
Hairdressers	1,592
Laundries	348
Mattress-makers and upholsterers	409
Other factories and workplaces	3,989
Courts, lanes and alleys	4,322
Open land	1,941
Piggeries	63
Horse stables	7,092
Dairy stables	3,534
Cattle dealers' premises	63
Visits made in connection with infectious disease	2,348
Hackney carriages	20
Standing water, catchpits, etc., <i>re</i> mosquitoes	832
Sites or premises <i>re</i> plans of proposed buildings	342
Public sanitary conveniences	4,061
Refuse tips	420
Washhouses	306
<i>Re</i> State-aided butter	3,375
Other visits	2,958
	<hr/>
	148,613

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

Visits to premises where action was taken in connection with rodent infestation	117
Visits at which premises were disinfected	10
Drain tests carried out	418
Visits where enquiries were made <i>re</i> outworkers	46

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

Proceedings begun by:	
Verbal notices	2,265
Written request notices	65
Formal written notices	5,623
	<hr/>
Total proceedings begun	7,953
Written notices following verbal notices	929
Total notices served:	
Verbal notices	2,265
Request notices	65
Formal notices	6,516
Final notices	1,096
	<hr/>
Total	10,842

STABLES BELONGING TO S.A. RAILWAYS & HARBOURS ADMINISTRATION AND TO CITY COUNCIL.

Ward.	" Satisfactory."		" Medium."		Total.		Horses.	Mules.	Donkeys
	Stables.	Animals.	Stables.	Animals.	Stables.	Animals.			
S.A.R. 2	1	420	—	—	1	420	250	170	—
C.C.C. 4	1	2	—	—	1	2	—	2	—
" 7	1	145	—	—	1	145	21	124	—
" 10	—	—	1	58	1	58	7	51	—
" 11	1	27	—	—	1	27	—	27	—
" 13	1	40	—	—	1	40	4	36	—
" 14	1	13	—	—	1	13	7	6	—
" 15	—	—	1	46	1	46	8	38	—
City	6	647	2	104	8	751	297	454	—

These tables indicate that, apart from 751 animals in 8 stables kept by the S.A. Railways and Harbours Administration and the City Council, there are in the municipal area 422 stables, in which 1,957 animals are kept by 660 persons. The Railways and Corporation keep a large proportion of mules, but the animals kept by the public generally are nearly all horses. The insanitary stables number 230, with an average of 3.2 animals each.

In order to facilitate the closure of unsatisfactory stables consideration has been given to a proposal to provide sanitary communal stables in which people who depend on the use of horses for their living (such as hawkers) may obtain accommodation at a small rental.

ANTI-RODENT OPERATIONS.

Plague is endemic in veld rodents over a large part of the rural areas of South Africa. In 1923-24 and in succeeding years in order the number of human cases of plague in the Union were 372, 112, 71, 75, 39, 65, 145, 71, 22, 31, 39, 290, 253, 52 and 70. The Union Health Department reports that in the year 1938-39 the human cases in the Union numbered 77 (1 European and 76 non-European), of which 43 were in the Cape Province (Glen Grey 36, Port Elizabeth 5, Venterstad 2), 28 in the Orange Free State and 5 in the Transvaal. The human deaths numbered 29.

The sandy Cape Flats are infested with gerbilles and other veld rodents, but fortunately plague infection in rodents has not approached nearer to Cape Town than the Ceres basin and the van Rhynsdorp district near the Olifants River towards its mouth. There has been no outbreak of plague in Cape Town since about 1901, when there was an epidemic which spread from the infection of rats in the Port. At that time many parts of the country were also affected. And until 1938 when a few human cases occurred in Port Elizabeth and rats were found to be plague-infected in that city, there has been no infection of rats in South Africa for many years.

In view of this position an anti-rodent staff is maintained in the City Health Department, consisting of the 2 rodent inspectors (since increased to 3) and 18 ratcatchers. This staff devotes itself to the rat-proofing of buildings and the destruction of rodents, especially rats and veld rodents. *Rattus rattus*, both *rattus* and *alexandrinus*, and *Rattus norvegicus* are found in the business centres and old houses of the city, *Rattus rattus frugivorus* in the suburbs, and *Rattus norvegicus* on the sea beaches and in the banks of streams, etc. Systematic destruction of gerbilles is carried out in the unbuilt-on part of the municipal area on the Cape Flats, stretching from Table Bay to False Bay; and this is supported by similar work carried on by the Cape Divisional Council on the Cape Flats more to the east.

In town attention is given chiefly to the rat-proofing of premises which attract, harbour and nourish rats, and the destruction of rats in infested 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	5,224
<i>Re</i> mosquitoes	4,045
	9,269

Inspections <i>re</i> rodents by other inspectors	117
Inspections <i>re</i> mosquitoes by other inspectors	832
Visits made to lands and premises by ratcatchers :	
<i>Re</i> rodents	51,628
<i>Re</i> mosquitoes	8,514
	60,142
Number of notices served by Rodent Inspectors :	
Verbal notices	94
Written notices	234
	328
Number of rodents caught and destroyed :	
Brown rats	4,407
Black rats	5,376
Gerbilles	514
	10,297

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.

The rodents destroyed and recovered are shown in the following table :—

RODENTS CAUGHT AND DESTROYED.

Year ended 30th June.	Brown rats.	Black rats.	Gerbilles.	Total.
1926 ..	8,409	1,206	3,430	13,045
1927 ..	8,716	1,282	1,537	11,535
1928 ..	7,651	1,352	816	9,819
1929 ..	6,803	1,388	414	8,605
1930 ..	5,297	1,631	510	7,438
1931 ..	3,982	1,918	770	6,670
1932 ..	4,103	2,017	634	6,754
1933 ..	3,939	2,556	929	7,424
1934 ..	3,839	2,690	1,321	7,850
1935 ..	3,257	3,597	543	7,397
1936 ..	3,757	3,240	610	7,607
1937 ..	3,642	4,030	619	8,291
1938 ..	3,793	6,063	585	10,441
1939 ..	4,407	5,376	514	10,297

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 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.

Other particulars on this subject were given in the annual report for 1934-35.

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 catchpits 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 1938-39 21 applications for the erection of tents, etc., were received, of which 11 were approved and 10 refused. Of the 11 approved, 8 were for occupation by 98 persons; the other 3 were for meetings only.

FOOD, DRUGS AND DISINFECTANTS ACT.

In terms of Government Notice No. 1572 of 1932, the Minister of Public Health added the Municipality of the City of Cape Town to the list of local authorities empowered under Government Notice No. 666 of 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. The number of samples to be examined for the Municipality in the Government Chemical Laboratory free of charge was fixed at 607 by Government Notice No. 295 of 1937 as from 26th May, 1937.

Sampling duty is undertaken by the five divisional health inspectors.

The following is a record of the samples taken during the year ended 30th June, 1939 :—

Nature of sample.	No. of samples.	Not genuine.					Genuine.
		No action taken.	Letter sent.	Warning notice sent.	Summons applied for.	Total.	
Milk	485	—	—	—	55	55	430
Sour milk ..	1	—	—	—	—	—	1
Skim milk ..	6	—	—	—	—	—	6
Cream	4	—	—	—	—	—	4
Cheese	3	—	—	—	—	—	3
Butter	3	—	—	—	—	—	3
Ice cream ..	48	—	—	—	8	8	40
Minced meat ..	28	—	—	—	6	6	22
Sausage	45	—	1	2	4	7	38
Polony	21	—	3	2	6	11	10
Dripping ..	4	—	—	—	—	—	4
Vegetable fat ..	2	—	2	—	—	2	—
Lard	3	—	—	—	—	—	3
Mixed coffee ..	3	—	—	—	—	—	3
Chicory	1	—	—	—	—	—	1
Tea	1	—	—	—	—	—	1
Tea (rooibosch) ..	1	—	—	—	—	—	1
Oats	1	—	—	—	—	—	1
Flour	1	—	—	—	—	—	1
Mealie meal ..	1	—	—	—	—	—	1
Rice	1	—	—	—	—	—	1
Sago	1	—	1	—	—	1	—
Jam	1	—	—	—	—	—	1
Curry	1	—	—	—	—	—	1
Sweets	1	—	—	—	—	—	1
	667	—	7	4	79	90	577

Of the 79 summonses in respect of samples taken during the year ended 30th June, 1939, 15 were not heard until after the end of that year. 4 cases in respect of samples taken in the previous period were heard in the year under report. 68 cases were therefore heard during the year, and are included in the list of prosecutions at page 71.

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.
1.0—1.4	1	6.0—6.4	3
1.5—1.9	3	6.5—6.9	4
2.0—2.4	11	7.0—7.4	4
2.5—2.9	27	7.5—7.9	11
3.0—3.4	143	8.0—8.4	6
3.5—3.9	156	8.5—8.9	343
4.0—4.4	81	9.0—9.4	110
4.5—4.9	31	9.5—9.9	4
5.0—5.4	14		
5.5—5.9	7		
6.0—6.4	4		
6.5—6.9	3		
7.3	1		
10.0	1		
10.2	1		
11.0	1		

SALE OF MILK AND ICE CREAM.

The last substantial amendment of the Cape Town Dairy Regulations was made on 30th April, 1936. The old regulations prohibited any person from carrying on the business of dairyman, purveyor of milk or cowkeeper within the Municipality unless (1) he was 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 were licensed. The licences were annual and the Council had the power to refuse any application for a licence if the conditions were 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 Cape Town, but under the amendments now in force 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 an annual permit to do so issued by the Council. Milk delivery vehicles must be approved annually and certificated.

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 licensed* for the sale of milk in the Municipality at 30th June, 1939, was as follows :—

	In the municipal area.		Outside the municipal area.	
	30th June, 1938.	30th June, 1939.	30th June, 1937.	30th June, 1938.
Cowsheds	49	46	157	154
Milkshops	122	122	—	—

* Including certain premises in use but not licensed at the date stated.

In September, 1928, when a special report on the subject was considered, there were 146 licensed cowkeepers' premises in the municipal area. 118 of these have been closed, and there are 18 others that have since been brought into use. Except for one near Camps Bay all the cowsheds are in the Southern Suburbs and Ward 11.

Two inspectors provided with transport devote all their time to the inspection of cowsheds, including those outside the Municipality from which milk is sent into Cape Town. 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	..	..	..	..	..	..	..	..	3,534
Milkshops	..	..	..	..	..	..	..	..	4,317
Milk delivery vehicles	..	..	..	..	..	..	..	..	1,937
Ice-cream premises	..	..	..	..	..	..	..	..	1,111
Ice-cream vehicles	..	..	..	..	..	..	..	..	31

In the following table the figures for dairies refer to the calendar year 1939 and those for ice cream to the year ended 30th June, 1939 :—

	Cowshed premises.		Milkshop premises.	Manufacturers and vendors of ice cream.
	In the municipal area.	Outside the municipal area.		
Applications for licences received	46	171	140	477
Licences issued	41	165	114	441
Applications cancelled	—	4	10	13
Licences not granted	5	2	16	23

Of the 441 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 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, Cape Town (500 samples per annum for total bacteria and coliform bacilli and 100 for tubercle bacilli by inoculation).

As far as possible samples for bacteria and coliform bacilli are taken from each purveyor of milk about once in nine months, and in the following table the results of the examination of such routine samples are set out. When unsatisfactory reports are received repeat samples are commonly taken from the same source. In order to give a better reflection of the general position the results of such repeat samples are omitted from the table:—

SAMPLES OF MILK TESTED FOR TOTAL BACTERIA AND COLIFORM BACILLI: YEAR ENDED 30TH JUNE, 1939.

Milk samples taken at	Number of bacteria per c.c.						No coliform bacilli in:					Coliform bacilli present in 0.0001.
	Not more than					More than	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	13	8	1	2	—	—	—	2	7	7	3	5
On delivery to retailer by cowkeeper (cowshed in Municipality)	1	5	—	4	2	2	1	1	1	2	5	4
On delivery to retailer by cowkeeper (cowshed outside Municipality) ..	39	54	31	19	9	8	5	27	45	38	24	21
On milk round of cowkeeper supplying retail customers (cowshed in Municipality)	8	10	7	6	1	—	4	1	6	9	7	5
On milk round of cowkeeper supplying retail customers (cowshed outside Municipality)	4	5	7	3	—	4	—	3	3	7	4	6
In retailer's shop or depôt ..	36	52	33	36	23	14	6	13	38	52	44	41
On milk round of retailer ..	2	4	5	6	1	1	1	1	4	4	2	7
Totals	103	138	84	76	36	29	17	48	104	119	89	89

SAMPLES OF MILK TESTED FOR TUBERCLE BACILLI: YEAR ENDED 30TH JUNE, 1939.

	Positive.	Negative.	Total.
Samples taken from mixed milk of herd:			
Cape Town cowkeepers	2	39	41
Outside cowkeepers	1	18	19
Samples taken on round:			
Cape Town cowkeepers	—	—	—
Outside cowkeepers	—	3	3
Samples taken in course of delivery to retailers' depôts:			
Cape Town cowkeepers	—	—	—
Outside cowkeepers	1	58	59
Total	4	118	122

In addition to the above routine samples, 10 samples from individual cows were taken to follow up the routine samples reported as positive. Of these, 1 was found to be positive and 9 negative. Two samples were also taken at the request of the veterinary officer, both of which were found to be negative.

TEA SHOPS, CAFÉS, 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, 1939 :—

	Restaurants.	Tea Shops.	Cafés.	Eating-Houses.
1. Applications received	191	331	53	47
2. Granting of licences recommended (without conditions)	118	236	34	21
3. Granting of licences recommended (subject to conditions)	72	95	19	19
4. Number under item 3 later reported as having complied with conditions	59	74	17	13
5. Refusal of licences recommended ..	—	—	—	2
6. Applications withdrawn	1	—	—	5

REGISTERED TRADES.

Mattress-Makers, Laundries, Barbers and Hairdressers :

The municipal regulations prohibit any person from carrying on any laundry "by way of trade or for purposes of gain," unless such person is registered annually by the Council. 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. The municipal regulations prohibiting any person from carrying on the trade or business of mattress-maker or upholsterer unless such person is registered annually by the Council were replaced by Regulations made by the Minister of Public Health regarding Mattress-makers and Upholsterers which were promulgated in Government Notice No. 1384 on 26th August, 1938.

In the following table the figures for mattress-makers and laundries refer to the calendar year 1939 and those for hairdressers to the year ended 30th June, 1939 :—

	Mattress-makers and Upholsterers.	Laundries.	Barbers and Hairdressers.
Applications received	33	18	114
Registration certificates issued	20	14	97
Registration refused	—	1	9
Applications withdrawn	13	3	8

As at 30th June, 1939, the number of registered barbers' or hairdressers' premises was 329.

TRADE LICENCES.

The Licences Consolidation Ordinance No. 19 of 1930, as amended, 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, 1939 :—

	General dealers.	Fresh produce producers.	Butchers.	Bakers.	Hawkers.	Pedlars.	Motor garages.	Mineral water dealers.	Mineral water manufacturers.
1. Applications received	1,059	133	97	6	1,082	43	55	34	5
2. Granting of licences recommended (without conditions) ..	498	51	25	1	586	28	35	24	—
3. Granting of licences recommended (subject to conditions)	545	79	63	3	378	7	19	10	4
4. Number under item 3 later reported as having complied with conditions	470	63	50	3	308	4	16	9	4
5. Refusal of licences recommended ..	6	1	6	2	61	5	1	—	1
6. Applications withdrawn	10	2	3	—	57	3	—	—	—

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 Abattoir 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, 1938, to 30th June, 1939 :—

Description.	Inspected.	Passed.	Condemned partly.	Condemned entirely.	
				Amount.	Percentage.
Carcases of Beef	21	21	—	—	—
Carcases of Mutton	7,675	7,675	—	—	—
Carcases of Goat	1	1	—	—	—
Carcases of Veal	32	30	—	2	6.25
Carcases of Pork	22,165	21,526	543	96	0.43
<i>Pigs' Kidneys</i>				36	
Parts of Beef	236	236	—	—	—
Parts of Mutton	5,101	5,101	—	—	—
Parts of Goat	17	17	—	—	—
Parts of Veal	149	148	—	1	0.67
Parts of Pork	34	34	—	—	—
Ox Heads	1	1	—	—	—
Ox Hearts	1	1	—	—	—
Ox Tongues	1	1	—	—	—
Ox Livers	1	1	—	—	—
Ox Lungs	2	2	—	—	—
Ox Kidneys	2	2	—	—	—
Ox Spleens	1	1	—	—	—
Ox Skirts	1	1	—	—	—
Sheep and Goats' Brains ..	180	—	—	180	100.00
Sheep and Goats' Plucks ..	1,549	1,545	—	4	0.26
Pigs' Plucks { Livers ..	21,268	19,553	—	1,715	8.09
{ Lungs (prs.) ..	21,268	17,641	—	3,627	17.05
{ Hearts ..	21,268	20,860	—	408	1.92
Calves' Plucks	8	5	—	3	37.50

The following return shows the imported meat condemned at the depôts appointed by the Council, classified under the various diseases for which it was condemned, during the period 1st July, 1938 to 30th June, 1939 :—

Description.	Total.	Abscess.	Bruised.	Cirrhosis.	Cysts (Hydatid).	Decomposition.	Emaciation.	Flukes.	Inflammation.	Jaundice.	Measles.	Moribund.	Odour.	Pericarditis.	Peritonitis.	Pleurisy.	Pneumonia.	Putrefaction.	Pyæmia.	Sarcocysts.	Tuberculosis.	
Carcases of:																						
Pork	639	6	27	-	-	-	8	1	12	1	52	4	1	-	1	4	-	1	2	1	518	
Veal	2	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	
Parts of:																						
Veal	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Sheep & Goats:																						
Brains	180	-	-	-	-	180	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Plucks	4	-	-	-	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	
Pigs:																						
Kidneys	36	-	-	6	30	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Plucks	408	4	-	7	255	-	-	2	89	-	27	4	-	3	-	1	3	-	1	-	12	
Livers	1,715	-	23	177	1,512	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	
Lungs (prs.) ..	3,627	-	-	-	18	-	100	-	2,910	-	-	-	-	-	-	-	599	-	-	-	-	
Calves' Plucks ..	3	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	2	-	-	-	-	

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

Removed from	Measly Beef.		Measly Pork.	
	Carcases.	Weight (lbs.).	Carcases.	Weight (lbs.).
Municipal abattoir	611	334,578	17	3,929
Cape Town depôts	—	—	24	2,765
Total ..	611	334,578	41	6,694

Imported meat.

The following meat rejected for export at Gouda, C.P., was brought into Cape Town:—

Carcases of mutton 132,160 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, 1939 :—

<i>Meat:</i>	<i>Weight (lbs.)</i>	<i>Fruit and Vegetables:</i>	<i>Weight (lbs.)</i>	<i>Weight (lbs.)</i>	
Beef	150	Apples	8,910	Pawpaws	1,214
Pork	8	Avocado Pears ..	3,555	Peaches	2,390
Bacon	560	Cape Gooseberries ..	420	Peanuts	22,143
Mutton	25	Dates	28	Pecan nuts	500
Ham	797	Egg fruit	192	Pears	28,178
Pickled & mixed meat	45	Grenadillas	1,095	Pineapples	4,000
<i>Poultry and Game:</i>		Grapes	230	Plums	4,477
Turkeys	229	Grape fruit	12,510	Quinces	120
Geese	73	Guavas	45	Sour figs	32
Ducks	163	Lemons	9,700	Walnuts	29
Guinea fowl	150	Litchies	24,625	Artichokes	525
Fowls	3,454	Limes	465	Beans (broad) ..	3,941
Pigeons	3	Mangoes	207	Beans (green) ..	2,960
<i>Fish:</i>		Melons	1,450	Beans (sugar) ..	100
Fish	122	Mixed fruit	126	Beetroot	2,400
Preserved fish	178	Naartjies	175	Brussels sprouts	50
		Oranges	26,535	Butle leaves ..	12
				Cabbages	4,325

Fruit and Vegetables—contd.		Weight (lbs.)		Weight (lbs.)	
	Weight (lbs.)				
Carrots	50	Tomatoes	7,375	Sugar	1,360
Cauliflowers .. .	1,930	Turnips	200	Coffee	25
Chillies	225			Bread	29
Cucumbers	360			Oats	18
Garlic	180	Other Provisions :		Rice	20
Lettuce	350	Tinned ham	2,945	Mealie meal .. .	100
Mealies	150	Tinned fish	2,071	Preserved fruit ..	326
Onions	7,350	Cheese	637	Tinned fruit .. .	211
Potatoes	76,960	Butter	107	Pickles & delicacies..	47
Potatoes (sweet) ..	290	Milk (condensed) ..	81	Other tinned foods ..	895
Pumpkins	200	Eggs	99	Macaroni	26
Spinach	50	Jam	51	Cocoanut	525
Squashes	600	Sweets	210	Biscuits	98
				Citric acid	2,240

CASES BEFORE THE MAGISTRATE.

The following table gives particulars of cases heard by the magistrates in the year ended 30th June, 1939, 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)	11 ⁽¹⁾	6	—	3	1	1	12	£15 10 0
Keeping animals illegally or so as to cause nuisance	15	14	—	1	—	—	15	27 5 0
Insanitary conditions at food premises :								
Butchers' shop premises	1	1	—	—	—	—	1	5 0 0
Bakehouse premises	2	2	—	—	—	—	3	4 10 0
Milk-seller's premises (no cows kept) ..	2	1	—	1	—	—	2	2 0 0
Other food premises	14	12	—	2	—	—	15	30 0 0
Insanitary conditions or other offences in transport or delivery of foodstuffs :								
Meat	4	4	—	—	—	—	7	15 0 0
Milk	88	79	—	3	2	4	127	162 5 0
Other foodstuffs	30	23	—	—	3	4	57	21 19 0
Selling, delivering or depositing meat not slaughtered at the Municipal abattoir or not inspected and stamped	1	1	—	—	—	—	3	4 0 0
Selling foodstuffs in contravention of the Food, Drugs and Disinfectants Act :								
Milk	44	40	—	—	—	4	54	94 0 0
Ice cream	8 ⁽²⁾	8	—	—	—	—	8	21 0 0
Sausage, minced meat, etc.	16	14	—	—	—	2	19	51 10 0
Selling, etc., diseased, unsound or unwholesome meat	3	3	—	—	—	—	6	23 10 0
Dwelling-house premises used as a wash-house without being registered by the Council	1	1	—	—	—	—	1	1 0 0
Other nuisances or insanitary conditions ..	6	6	—	—	—	—	9	11 15 0
Expectorating on the floor of public place ..	9	9	—	—	—	—	9	3 10 0
Practising midwifery in contravention of Regulations under the Public Health Act	2	1	1	—	—	—	2	5 0 0
Neglect of children (Children's Act)	10	5 ⁽³⁾	5	—	—	—	12	22 10 0
Obstructing Health Inspector in performance of his duty	1	1	—	—	—	—	2	1 0 0
Total	268	231	6	10	6	15	364	£522 4 0

(1) Amongst these cases is one including a count concerning the keeping of animals on dwelling-house premises.
 (2) Amongst these cases is one including a count for selling polony in contravention of the Food, Drugs and Disinfectants Act.
 (3) In three instances the accused were sentenced to six months, one month and one month respectively.

PUBLIC SANITARY CONVENIENCES.

The following is a list of the public sanitary conveniences open at 30th June, 1939, together with the number of attendants employed:—

Chalet.	Attendants.	
	Male.	Female.
Bakoven	1	1
Camps Bay Beach	2	1
The Camp, Camps Bay (opened 28.9.38)	1	—
Castle Bridge (rebuilt 18.2.39)	2	2
Castle Street	3	—
Claremont	2	—
Claremont Park	1	1
De Waal Park	2	1
Dock Road	2	—
Early Morning Market, Sir Lowry Road	2	1
Gardens	2	1
Green Point Common	1	—
Greenmarket Square	2	2
Hanover Street	2	1
Jurgens Park	2	—
Kalk Bay	2	1
Keurboom Park	1	—
Ladies' Rest Room, Parade	—	2
McGregor Street	2	—
Maitland	2	—
Mowbray	2	1
Muizenberg Beach	2	2
Museum, Cape Town	2	1
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	2	1
Woodstock	2	2
Wynberg (opened 10.9.38)	2	1
35 chalets	59	31

In addition to the above there are two night attendants, one male and one female, who divide their time between the chalets at the Early Morning and Salt River Markets.

MUNICIPAL WASHHOUSES.

There are eight municipal washhouses, at each of which there is a caretaker in charge, and one assistant (except that at Hanover Street and Hout Street there are two assistants and at Kalk Bay no assistant). With the exception of Hanover Street they are supplied with cold water only and the drying and bleaching are done in the open air. Except those at Kalk Bay and Claremont all are equipped with electric irons. The facilities for ironing at Mowbray were added and brought into use on 4th January, 1939. At the Hanover Street washhouse the washing troughs are supplied with steam, and "hydro-extractors," drying chambers, ironing machines and electric irons are provided.

Extensions to Hout Street washhouse were completed in February, 1939. These included the enlargement of the washing room, bringing the number of tubs from 25 to 48; the enlargement of the ironing room, bringing the number of ironing places from 23 to 42; and the provision for the washerwomen of a mess room and lockers for the safe storage of laundry goods.

At the Hout Street washhouse there is also an installation of slipper baths.

The charges made for washing are as follows:—At Platteklip, Mowbray and Claremont, 3d. per day; at Hout Street, Wynberg and Salt River, 4d. per day; at Kalk Bay 6d. per day. The charge for ironing (including use of electric iron) is 1d. per hour. At Hanover Street the charges are 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, 1939, were as follows:—

	Attendances.	Money taken.	
		£	s. d.
Hanover Street	18,095	602	4 3
Platteklip	9,639	136	9 11
Mowbray	6,879	100	11 5
Claremont	8,889	111	2 3
Kalk Bay	2,994	74	17 0
Hout Street	9,996	185	11 7
Wynberg	9,509	197	16 2
Salt River	4,444	70	8 10
	<u>70,445</u>	<u>£1,479</u>	<u>1 5</u>

The attendances and takings at the Hout Street slipper baths during the year ended 30th June, 1939, were as follows:—

	Hot baths.		Cold baths.	
	Atten- dances.	Money taken.	Atten- dances.	Money taken.
		£ s. d.		£ s. d.
Adults	12,690	158 12 6	346	1 8 10
Children	411	3 8 6	70	5 10
Total	13,101	162 1 0	416	1 14 8

FREE 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 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, 1939, the number of such burials was 352.

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, 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, but this is being gradually overcome by the annual expenditure of large sums for the extension of the drainage system.

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 waterborne sewerage.

The sewage from the area of the old municipalities of Cape Town 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 ft. below sea level approximately 2,000 ft. 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.

HOUSING.

Fundamentally the housing conditions in Cape Town 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 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. 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.

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

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 Cape Town inhabited by a population of 45,855, of whom 91 per cent. were non-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 Cape Town 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). Subletting and overcrowding, the direct result of the housing shortage, are the main cause of slum conditions in Cape Town.

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).	Year.	Estimated increase in population.	Buildings for human habitation completed (dwellings).
1915	3,980	123	1928	5,450	846
1916	4,110	103	1929	5,570	1,773
1917	4,240	99	1930	5,700	1,320
1918	4,380	69	1931	5,640	1,564
1919	4,500	91	1932	6,000	1,102
1920	4,680	139	1933	6,150	1,068
1921	5,340	210	1934	6,270	1,711
1922	4,950	308	1935	6,430	1,937
1923	5,080	425	1936	6,570	1,320
1924	5,220	561	1937	6,730	1,272
1925	5,380	335	1938	6,870	1,033
1926	5,320	444	1939	7,040	1,431
1927	5,070	675			
			Total ..	136,670	19,959

It will be seen that during and after the war of 1914-18 the building of dwelling houses almost ceased for a time.

The building reflected in the table set out above, with the exception of the non-European housing operations of the City Council, has 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, 1939, the City Council completed 186 flats for non-Europeans in the Canterbury Square and Bloemhof rehousing estate (Ward 6), under the sub-economic scheme, at a cost (contract amount) of £99,922. In the same year the Citizen's Housing League Utility Company built 322 houses for Europeans in the Epping Garden Village (outside the Cape Town municipal area), under the economic scheme, at a cost of £140,295.

This brings the figures from 1920 to 30th June, 1939, for public housing operations in Cape Town and suburbs to 3,670 houses and flats, as follows :—

	European. Economic.	Non-European.		Total.
		Economic.	Sub-economic.	
<i>Within Cape Town municipal area :</i>				
City Council	990	930	800	2,720
C.H.L. Utility Co.	602	26	—	628
	1,592	956	800	3,348
<i>Outside Cape Town municipal area :</i>				
C.H.L. Utility Co.	322	—	—	322
	1,914	956	800	3,670

Since the end of the year 1938-39 building by the City Council has continued at Bloemhof and also in the neighbourhood of Klipfontein Road, Athlone.

No houses were reported under the Slums Act in 1938-39.

SECTION VIII.—HOSPITALS AND MEDICAL SERVICES.

The hospital services of Cape Town and the Cape Division are provided by several different agencies, as follows :—

The Cape Hospital Board, financed chiefly by the Provincial Administration and the local authorities (mainly the Cape Divisional Council and the Cape Town City Council), maintains the general hospitals, certain special hospitals, convalescent homes, the Cape Town Free Dispensary, and the district nursing service.

The Union Government (Department of the Interior) maintains the mental hospital and the institution for mental defectives. These serve a wider area than Cape Town and the Cape Division.

The Provincial Administration maintains the chronic sick hospital, which also serves a wider area than Cape Town and the Cape Division.

The City Council maintains the City Hospitals for Infectious Diseases, including tuberculosis and venereal diseases; the native hospital at Langa; the centres and clinics for tuberculosis, venereal diseases and maternal and child welfare; a domiciliary medical service; and the health visitor service. The Council's expenditure on infectious disease institutions and services are subsidized by the Union Government (Department of Public Health) and the Provincial Administration, which also bear part of the cost of treatment of tuberculosis patients sent by the City Council to Nelspoort Sanatorium, an institution of the Union Health Department. The Union Health Department provides certain accommodation in Cape Town for cases and contacts of formidable epidemic diseases.

Certain smaller hospitals are maintained by voluntary organizations, some of which receive financial assistance from the Government and local authorities.

The following table shows the number of beds that are available in the hospitals and convalescent homes in and near Cape Town.

Hospitals and Convalescent Homes of the Cape Hospital Board.. ..	1,224*
Valkenberg Mental Hospital	1,886
Alexandra Institution (for mental defectives)	729
Conradie Home (hospital for the chronic sick)	714
City Hospitals for Infectious Diseases	613†
Langa Native Hospital.. .. .	24
Hospitals and Homes provided by voluntary organizations	259
Private nursing homes	449

* Not including the Somerset Hospital.

† Including beds in wards provided by the Union Health Department for cases and contacts of formidable epidemic diseases.

CAPE HOSPITAL BOARD.

The Cape Hospital Board serves the areas of the Cape Town 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 Cape Town City Council representatives) and six by the registered contributors. The Board obtains its funds from voluntary sources, the Provincial Government, and the local authorities concerned. In the year ended 31st December, 1938, the expenditure of the Board amounted to £248,840, of which £139,824 was contributed by the Provincial Administration, and £74,128 by local authorities, viz., £38,711 by the Cape Divisional Council, £35,060 by the City Council, £227 by the Simon's Town Municipality, £80 by the Durbanville Municipality and £50 by the Goodwood Municipality. In addition the City Council contributed £1,637 towards the maintenance of an ambulance service for the removal of street accident cases, etc.

The patients treated by the hospitals and other services controlled by the Cape Hospital Board are drawn from districts without as well as within the City of Cape Town. The extent of the work is very briefly shown in the following statistical tables extracted from the annual report of the Board for the year 1938-39 :—

COMPARATIVE TABLE OF BEDS AVAILABLE AND IN-PATIENTS TREATED (CALENDAR YEAR 1938).

Institution.	Nominal Roll of Beds.	Patients.												Total.	Percentages.		
		Remain- ing in hospital at 31st Dec., 1937.		Admitted during 1938.		Total under treatment.		Discharged during 1938.		Died during 1938.		Remain- ing in hospital at 31st Dec., 1938.			Free.	Part- paying.	Paying not less than 7/6 per day.
		E.	C.	E.	C.	E.	C.	E.	C.	E.	C.	E.	C.				
Groote Schuur Hospi- tal, P.P. Block	77	-	-	187	1	187	1	157	1	14	-	16	-	188	-	-	100-00
Groote Schuur Hospi- tal, Main Block	628	-	-	4,929	4,605	4,929	4,605	4,384	3,916	289	417	256	272	9,534	79-22	11-25	9-53
Somerset Hospital	308	141	158	232	241	373	399	353	382	20	17	-	-	772	81-61	8-54	9-85
Woodstock Hospital	64	37	32	978	730	1,015	702	939	672	45	63	31	27	1,777	44-12	12-72	43-16
Mowbray and Ronde- bosch Hospital	54	25	20	659	296	684	316	635	286	29	18	20	12	1,000	36-20	23-70	40-10
Wynberg (Victoria) Hospital	105	45	73	891	1,141	936	1,214	857	1,053	47	109	32	52	2,150	62-65	13-26	24-09
False Bay Hospital	28	13	16	386	359	399	375	361	334	23	26	15	15	774	55-17	18-09	26-74
Peninsula Maternity Hospital	40	10	24	478	966	488	990	472	945	3	19	13	26	1,478	0-88	94-65	4-47
Lady Michaelis Ortho- paedic Home	40	11	21	60	60	80	81	59	62	-	-	21	19	161	66-46	32-39	1-24
Totals ..	1,344	282	344	8,809	8,399	9,091	8,743	8,217	7,651	470	669	404	423	17,834	63-04	19-49	17-47
Eaton Convalescent Home	80	19	29	388	837	407	866	390	806	-	3	17	57	1,273	80-44	19-48	0-08
McGregor Convalescent Home	36	35	-	390	-	425	-	380	-	-	-	45	-	425	55-53	44-47	-
Princess Alice Home	72	36	33	25	24	61	57	25	13	-	-	36	44	118	81-36	18-64	-
Totals ..	188	90	62	803	861	893	923	795	819	-	3	98	101	1,816	74-67	25-27	0-06

E.—Signifies Europeans.

C.—Signifies Coloured.

TABLE OF DAILY UNITS, DAILY AVERAGE OF PATIENTS AND DAILY AVERAGE COST OF PATIENTS (CALENDAR YEAR 1938).

Institution.	Total number of Daily units.				Daily average number of in-patients.		Average daily cost per in-patient.	
	In-patients.		Out-patients (attendances).		1938.	1937.	1938.	1937.
	1938.	1937.	1938.	1937.				
1. Groote Schuur Hospital, P. P. Block	2,427	-	-	-	12-90	-	-	-
2. Groote Schuur Hospital, Main Block	175,942	-	77,979	-	482-03	-	16/4-70	-
3. Somerset Hospital	10,059	110,824	4,926	55,660	295-85	303-63	16/2-88	11/4-03
4. Woodstock Hospital	23,646	25,692	15,068	17,664	64-78	70-39	11/4-29	10/2-30
5. Mowbray and Rondebosch Hospi- tal	17,101	19,390	1,704	2,035	46-85	52-88	10/9-20	8/10-20
6. Wynberg (Victoria) Hospital	36,387	39,597	10,537	10,431	99-69	108-48	9/9-08	9/0-80
7. False Bay Hospital	9,718	10,146	2,496	2,876	26-62	27-80	9/1-54	8/6-47
8. Peninsula Maternity Hospital	14,421	13,460	17,382	15,488	39-50	36-88	12/11-45	13/9-72
9. Lady Michaelis Orthopaedic Home	14,739	14,200	-	-	40-38	38-90	5/2-08	4/11-91
10. Eaton Convalescent Home	24,446	21,251	-	-	66-98	58-22	3/7-26	3/11-35
11. McGregor Convalescent Home	11,417	11,088	-	-	31-28	30-38	3/6-48	3/7-81
12. Princess Alice Home of Re- covery	27,216	23,485	-	-	74-56	64-34	3/8-01	3/10-87
13. Cape Town Free Dispensary	-	-	65,737	59,906	-	-	-	-
14. C.H.B. District Nursing Organization	-	-	103,273	101,089	-	-	-	-

The work of the District Nursing Organization is of great importance in the local health scheme. On 31st December, 1938, there were 26 district nurses and a superintendent engaged in it. Nineteen of the district nurses work in the area of the Cape Town Municipality.

A subsidized midwifery service providing qualified maternity services in the sparsely inhabited areas comprised in the Cape Hospital districts is also maintained by the Board. The work is in charge of a supervisor and 6 midwives were employed in this work at the 31st December, 1938. This service is mainly outside the municipal area.

MENTAL HOSPITALS.

The Valkenberg Mental Hospital receives mentally disordered patients, as well as non-European mentally defective. The accommodation is for 899 Europeans and 987 non-Europeans (Coloured).

The Alexandra Institution receives European mental defectives. The accommodation is for 729.

Both institutions serve a large area outside of Cape Town.

CHRONIC SICK HOSPITAL.

The chronic sick hospital for Cape Town and the western part of the Cape Province is maintained by the Provincial Administration. It is known as the Conradie Home and is situated at Pinelands, outside the Cape Town municipal area. The present hospital, which took the place of the Old Somerset Hospital (or Cape Town Infirmary), Prestwich St., Cape Town, was opened on 23rd March, 1938.

The Conradie Home comprises 714 beds, and is reserved for the indigent chronic sick of all races. The able-bodied aged are not admitted. At 30th June, 1939, the patients numbered 472 (Europeans: males 138, females 79; non-Europeans: males 137, females 118).

HOSPITAL SERVICES OF CITY HEALTH DEPARTMENT.

These are detailed in this report at pages 36 to 43.

DOMICILIARY MEDICAL SERVICE.

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 Cape Town 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, 1939, were as follows:—

Ward 1	11	Ward 10.. ..	23
.. 2	76	.. 11.. ..	104
.. 3	68	.. 12.. ..	280
.. 4	131	.. 13.. ..	121
.. 5	60	.. 14.. ..	85
.. 6	444	.. 15.. ..	121
.. 7	237		
.. 8	172	Total	2,100
.. 9	167		

In the previous year the number of visits was 1,852.

Under the City of Cape Town 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 AND HOMES MAINTAINED BY VOLUNTARY ORGANIZATIONS.

Maitland Cottage Homes.

An institution of the Invalid Children's Aid Committee of the Cape Town Society for the Protection of Child Life. Non-European orthopaedic cases (children), chiefly tuberculous. Four pairs of semi-detached cottages adapted for 88 patients. Cases dealt with in the year 1938-39:—

In residence at beginning of year	58
Admitted	34
Discharged	6
Died	—
In residence at end of year	86

Government grants under the Children's Act are available for some of the inmates.

The Invalid Children's Aid also employs a full-time lady official, who co-ordinates the local orthopaedic work, and is assisted by voluntary workers. She works in conjunction with the orthopaedic clinic (out-patient department) of the Groote Schuur Hospital, and the in-patient facilities at the Princess Alice Home, the Lady Michaelis Home, the Maitland Cottage Homes and St. Joseph's Home. In 1939 this official made 1,285 home visits and attended 47 clinics.

St. Joseph's Home for Chronic Invalid Children, Philippi.

Maintained by the Pallottini Sisters (R.C.) Built in 1937 and accommodates 60 children, mostly tuberculous cripples. Cases dealt with in the year 1938-39 :—

In residence at beginning of year	..	..	44
Admitted	..	..	29
Discharged	..	..	4
Died	..	..	11
In residence at end of year	..	..	58

Government grants under the Children's Act are available for some of the inmates. The home is administered in close co-operation with the Invalid Children's Aid.

Sunshine Home for Children, Bellville.

A holiday home of the Christmas Stamp Fund, for European children in a depressed state of health, especially tuberculosis contacts. 30 beds. Close co-operation with City Health Department. In the year 1938-39 62 children admitted: average period of residence, 90 days.

Duinendal Tuberculosis Settlement.

A settlement on the Cape Flats for European male cases of tuberculosis (gift of Capt. W. D. Hare, M.P.) maintained by the Cape Town Care Committee for Tuberculosis Patients. Twenty beds. Close co-operation with the City Health Department. City Council makes a contribution of 2s. 6d. a day for municipal cases. Cases dealt with :—

	Year ended 31st March, 1939.	Year ended 31st March, 1940.
Admitted	.. 24	29
Discharged	.. 21	22
In residence at end of year	.. 9	16

South African Mothercraft Training Centre, Bowwood Road, Claremont.

This institution of the Society for the Protection of Child Life has wards (15 cots) for European infants suffering from dietetic disorders and also (4 beds) for nursing mothers needing in-patient treatment as such. During the year 1938-39, 121 of the 170 infants admitted were Cape Town residents (average stay 21.4 days), and 59 of the 83 nursing mothers admitted were Cape Town residents (average stay 13.6 days). Of the total of 253 patients, 164 paid full fees, 46 paid reduced fees, and 43 were non-paying patients.

The centre is a training school for mothercraft (Athlone) and nursery (Good Hope) nurses. During the year, 27 registered nurses and midwives took the former certificate, and 9 young women, not trained nurses, the latter. (See also page 22.)

St. Monica's Maternity Home, 182 Bree Street, Cape Town.

Maintained by the English Church. Provides maternity services for non-Europeans, both intern and extern. Midwifery training school for non-Europeans. Normal accommodation for 22 patients, including a small pre-maternity ward 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.

During 1939 561 cases were attended, 376 in-patients and 185 out-patients.

Fifteen pupil-midwives entered for training, and 12 passed the examination of the South African Medical Council.

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

Booth Memorial Hospital and Vrede Oord (Salvation Army).

The Booth Memorial Hospital at Upper Orange Street, Cape Town, provides 28 beds, chiefly for maternity cases, but taking also a few gynaecological and child cases. Four beds are reserved for free cases from rescue homes (The Rest and the Mary Rolt), and the remainder are paying cases.

At Vrede Oord, which is also a rescue home (see page 86) there are wards for non-European maternity cases containing 13 beds. A few paying cases are received but most of the mothers are from the rescue home.

These hospitals are a training school for midwives (European). The students undertake extern midwifery, and while on this work live at Vrede Oord.

The particulars for the year 1938-39 are as follows :—

European :	
Maternity cases	373
Other cases	102
	475
Non-European :	
Intern maternity cases	158
Maternity cases on district	351
	509

During the year under report weekly pre-natal clinic sessions were instituted both at the Booth (for Europeans) and Vrede Oord (non-Europeans). At the latter expectant mothers are treated for syphilis.

Magdalena Huis.

At this rescue home (see page 86) there is a maternity ward of 3 beds. During the year 1938-39 27 births were reported.

SECTION IX.—SOCIAL SERVICES.

Social welfare in Cape Town is administered by many different agencies, including the Union Government, the Provincial Administration, the local authorities, statutory boards, and voluntary associations. The last-mentioned are subsidized in varying degrees by the Union Government, Provincial Administration and local authorities.

OLD AGE PENSIONS.

Old age pensions are payable to persons over the age of 65 (males) and 60 (females), subject to a means test, up to a maximum (in Cape Town) of £3 10s. 0d. a month for Europeans and £1 15s. 0d. for Cape Coloured. Natives and Indians are not eligible. The Union Government operates the scheme through the Treasury. Exact figures concerning old age pensions in Cape Town are not obtainable : on a rough estimate, the number of pensioners in the registered areas of Cape Town and Wynberg is 12,000, and the annual disbursements to them £300,000.

PENSIONS FOR BLIND PERSONS.

Under the Blind Persons' Act, 1936, pensions are payable to blind persons over the age of 19, subject to a means test, up to a maximum of £3 a month for Europeans and £2 for Cape Coloured. Natives and Indians are not eligible. On a rough estimate, the number of pensioners in the two magisterial areas is 375, and the annual disbursements £10,000.

UNION DEPARTMENT OF SOCIAL WELFARE.

The Department of Social Welfare has kindly supplied the following information about its work in Cape Town :

(a) Under the Children's Act, 1937, grants for committed children living in private families (including foster children) are paid as follows :

284 European families : total grants £10,800 p.a.
216 Non-European families : total grants £19,200 p.a.

(b) Under the Invalidity Scheme 362 European persons are receiving pensions amounting to £9,960 p.a. Such grants are, subject to a means test, payable to persons over 16 years old who are physically and permanently unfit to engage in any occupation' up to a maximum of £2 10s. 0d. a month. Non-Europeans are not eligible.

(The information under (a) and (b) embraces the Cape Town, Wynberg, Simonstown, Bellville and Durbanville areas.)

(c) The following certified hostels, certified and non-certified institutions, and crèches are being subsidized by the Department :—

	No.	Total inmates.	Government contributions.
<i>Europeans.</i>			
Certified hostels	1	31	£100 per month.
Hostel for low wage earners	1		£72 April to September, 1939.
Certified institutions	7	416	£7,212 per annum.
Non-certified institutions .. .	6	524	£206 per annum.
Crèches	1	29.4 per month.	8s. 8.4d. per inmate p.m.
<i>Non-Europeans.</i>			
Certified hostels	1	71	£175 per month.
Certified institutions	2	353	£2,306 per annum.
Non-certified institutions .. .	2	65	£31 per annum.
Crèches	1	23.7 for 6 months.	£45 for 6 months.

(d) Subsidies are paid by the Department in respect of the following :—

- (1) Salaries of social workers in the employ of private welfare organizations on a 75 per cent. basis. Nine such social workers are subsidized in Cape Town, and from April to December, 1939, an amount of £854 was paid by the Department in respect of these workers.
- (2) Other public welfare organizations in Cape Town (including one institution for the blind) receive subsidies, but information is not available as to what proportion of the total subsidies made by the Department throughout the Union is paid to them.

(e) The Department conducts a probation service in Cape Town, consisting of seven officers. Their duties are : (1) to assist the courts in regard to juvenile delinquents and " children in need of care " (i.e., non-delinquents) ; (2) to exercise supervision over children released from statutory institutions or placed by the courts under the supervision of the probation officers ; and (3) generally to supervise and guide the work of private child and other social welfare agencies.

SUBSIDIES BY PROVINCIAL ADMINISTRATION.

In addition to subsidies under the Poor Relief and Charitable Institutions Ordinance No. 4 of 1919, as amended, amounting to £20,122 (detailed in the table on page 82), the Provincial Administration paid the following subsidies for the year 1939 to Social Welfare institutions :—

	£
Cape Town and Suburban Ladies' Benevolent Society	600
Salvation Army, for rescue and other work	300
Duinendal Settlement for Tuberculosis Patients	200
Nazareth House	200
Princess Christian Home, Mowbray	200
St. John Ambulance Association	200
Home for Aged Nurses, Claremont	150
Magdalena Huis, Claremont	150
St. Joseph's Home, Phillippi	150
Stakesby Lewis Hostel for Coloured People	125
South African Women's Industrial Union	120
Deaf and Dumb Committee, Cape Town	100
Sunshine Home for Children, Bellville	100
Y.W.C.A. " Rest Home," Muizenberg	100
Cape Town Diocesan Home for Friendless Girls	100
Institution for the Training of Coloured Social Workers	75
Service Dining Rooms	75
Mothers' Clinic, Observatory	25
	<hr/>
	£2,970

SUBSIDIES BY CITY COUNCIL.

For the year 1938 the City Council paid subsidies to social-welfare organizations as follows:—

Under the Poor Relief and Charitable Institutions Ordinance No. 4 of 1919, as amended:

	£
Cape Town General Board of Aid	14,627
Society for Protection of Child Life	2,629*
All Saints' Home	517
Civilian Blind Society, Cape Town	505
St. Monica's Home	491
St. John's Hostel	445
Holy Cross Orphanage, Parow	338
House of Mercy, Leliebloem	178
Afrikaanse Christelike Vrouens Vereniging	171
St. Francis' Home	124
Athlone School for the Blind	65
Noodlenigings Vereniging v. d. Groote Kerk, Kaapstad	32
	£20,122

* Subject to adjustment.

Note.—Equal subsidies were paid by the Provincial Administration to the agencies set out in the above list.

Under the Cape Municipal Ordinance No. 10 of 1912:

	£
Salvation Army	1,000
Ladies' Benevolent Society	400
Nazareth House	275
Cape Town Diocesan Home for Friendless Girls	250
Liberman Bequest Social Club	250
St. John Ambulance Association	250
Ladies' Christian Home	200
St. Joseph's Home, Philippi	200
Young Men's Christian Association	200
Young Women's Christian Association	200
Young Women's Christian Association (Coloured Branch)	125
Stakesby Lewis Hostel	175
St. Mary's Dominican Convent	150
Coloured Social Workers' Training Centre	150
Marion Institute for Coloured Girls	125
A.C.V.V. Day Nursery	100
Cape Province Society for Mental Hygiene	100
Cape Town Lads' Hostel	100
Louis Botha Hostel	100
Magdalena Huis Rescue Home	100
Mary Rolt Hostel	100
Mothers' Clinic	100
Ugie Orphanages	100
St. George's Orphanages	100
Service Dining Rooms	75
Cape Town Council for Combating V.D.	50
Die Nannie Huis	50
S.A. National Council for Child Welfare	50
Sunshine Home for Children	50
Princess Christian Home	30
Social Service Association of S.A.	25
Athlone School for the Blind	21
Sailors' Home	15
Cape Jewish Aged Home	14
	£5,230

PREVENTION AND RELIEF OF DISTRESS.

Reference has been made above to the payment by the Union Government of old age pensions, pensions for the blind, pensions under the invalidity scheme, and grants for committed children.

There is no national scheme of compulsory insurance against sickness or unemployment.

Committed Children.

The following information for the year ended 30th June, 1939, has been supplied by the General Secretary of the Cape Town Society for the Protection of Child Life.

Government grants in respect of children in Cape Town and district committed under the Children's Act, 1937, are given at the discretion of the Commissioners of Child Welfare (i.e., the Magistrates) in consultation with the Society.

At the beginning of the year a revision in the rates of these grants, hitherto not exceeding £2 10s. 0d. a month for European children and £1 5s. 0d. for non-European, was made by the Department of Social Welfare, according to which the amount granted depends on whether families live in cities, towns or rural areas, as defined by the Department. The new maximum monthly grants payable are as follows:—

For children living with parents or near relatives.

	Europeans.		Non-Europeans (other than Natives).	
	One child subsidized.	Two or more children, each.	One child subsidized.	Two or more children, each.
Cities	£2 10 0	£1 17 6	17s. 0d.	12s. 6d.
Towns	£2 5 0	£1 15 0	15s. 0d.	12s. 6d.
Rural areas	£2 0 0	£1 10 0	12s. 6d.	10s. 0d.

For children placed with foster parents:

	Europeans, per child	Non-Europeans, per child
Cities	£2 10 0	£1 5 0
Towns	£2 5 0	£1 2 6
Rural areas	£2 0 0	£1 0 0

Not more than three foster children will be allowed in one family, and the total number of children (including foster children) must not exceed six.

Native cases are now dealt with by the Department of Native Affairs, and not the Department of Social Welfare.

In the magisterial areas of Cape Town, Wynberg, Simon's Town, and Bellville, these grants (except for children committed to institutions) are administered by the Society, and during the year under report the money paid out by the Society amounted to £28,522 10s. 10d. Maintenance orders for 737 children were granted, 2,145 renewed, 412 cancelled and 103 refused, the total number of committed children under the care of the Society during the year being 3,169 (937 European and 2,232 non-European). The maintenance money is administered partly as mothers' pensions, for mothers of children whose fathers have died or are unable to support them, so that the home can be kept together by the natural guardian of the child; and partly as grants for children placed with foster mothers.

Non-Support.

The Non-Support officers at the Magistrate's Court administer money paid by fathers who are ordered by the Court to make regular payment in support of their children. The fathers are required to make their payments to those officers instead of to the mothers personally. During the year ended 30th June, 1939, £22,839 6s. 7d. was received from the fathers by the office of the Cape Town Magistrate, and an amount of £105 6s. 0d. was received by the Simon's Town Magistrate in respect of the part of his magisterial area that falls within the Cape Town Municipality. The Wynberg Magistrate in the year ended 31st December, 1939, received approximately £5,803 5s. 3d. in respect of the whole of his area, which is not entirely within the Cape Town Municipality.

Relief Works.

During the period under review an average of 273 men have been employed on relief works maintained by the City Council. The total expenditure of the Council under this heading in the year 1939 was £24,813 6s. 8d., of which £21,663 2s. 8d. was paid in wages. The Government repaid to the Council £9,414 18s. 9d. in the form of subsidy.

BOARD OF AID.

Poor relief in the City of Cape Town is administered by the Cape Town 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 Cape Town 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 of Aid has kindly supplied the following statistics for the calendar years 1938 and 1939 :—

	1938.			1939.		
	£	s.	d.	£	s.	d.
Income from voluntary sources ..	54	11	0	216	0	0
Subsidy from Provincial Administration ..	13,042	0	0	14,627	0	0
Subsidy from City Council ..	13,042	0	0	14,627	0	0
Expenditure on relief (exclusive of administration costs)..	19,819	0	0	21,618	0	0
	Leeuwen Street office.	Wynberg and Athlone office.	Woodstock and Maitland office.	Leeuwen Street office.	Wynberg and Athlone office.	Woodstock and Maitland office.
Cases (families) on books at end of year ..	697	342	366	824	355	372
Reports by Board's visitors ..	2,675	2,942	3,380	2,858	3,075	3,672
Food orders issued (including meat orders) ..	21,756	15,162	15,630	21,313	15,504	15,443
Average number of cases dealt with daily ..	57	65	73	57	72	80

The Board of Aid maintains shelters for families who are homeless through lack of means for paying rent. The shelter for Europeans, hitherto at 7-11, Wale Street, Cape Town, was moved in January, 1939, to 87, Roeland Street, Cape Town, where there is accommodation for twelve families, representing about sixty persons. The shelter for non-Europeans hitherto at 40, Sir Lowry Road, was moved in September, 1938, to "Southfield," cor. Constitution Street and McKenzie Street, Cape Town, where there is accommodation for about ninety persons in families. No rent is charged for accommodation in these shelters, and one-half of the family earnings is retained by the Board in trust, and released when the family leaves, in order to make possible a satisfactory resumption of normal housekeeping.

Since the end of the year under report a new institution has been built to take the place of the Coloured shelter and providing also for a Coloured day nursery.

With the removal of the European shelter the European day nursery which the Board of Aid maintains was also moved to cor. Roeland Street and Harrington Street, Cape Town, where there is accommodation for 50 children (see page 26).

In connection with its rehabilitation work, the Board of Aid rents thirty-three cottages in the Council's Coloured housing estate at Bokmakiric. These are occupied by families who live under the supervision of the Board, and pay their rent to the Board. This represents a stage in rehabilitation above life in the shelter, but below normal housekeeping. There is no corresponding provision for Europeans.

FOOD SUPPLIED BY CITY HEALTH DEPARTMENT.

Free dinners are provided at nine welfare centres on Mondays to Fridays inclusive to nursing and expectant mothers and children under school age who are found by the medical officers to be suffering from under-nourishment caused by poverty. The figures for the year under report are given on page 21. The dinners given numbered 106,569 (mothers 27,151, children 79,418).

Free milk is also provided at the welfare centres for necessitous children under school age. This is supplied without cost to the Council under the scheme of the Dairy Industry Control Board by arrangement with the School Board. The milk meals are consumed at the centres. During the year the attendances for milk meals numbered 39,136 and 2,446 gallons of milk were consumed.

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, 1939, 1,945 new cases were supplied, and 44,946 lbs. of dried milk were issued. The cost was £2,728 5s. 8d., and the takings from mothers for dried milk and medicines amounted to £1,259 8s. 10d. (see page 23). As a result of this provision no suckling infant in the municipality need lack an adequate diet on account of poverty.

The City Council also provides bread and milk as additional nourishment for indigent cases of tuberculosis. The ordinary daily allowance for a patient is 1 lb. bread and 1 pint milk. 215 new cases were put on this allowance during the year, and the cost of the supplies was £741 16s. 4d.

SUMMARY OF SOCIAL WELFARE AGENCIES.

Much of the Social Welfare work in Cape Town is undertaken by voluntary agencies, either unassisted or with the help of grants from the Provincial Administration, the City Council or the Department of Social Welfare. A considerable part of the voluntary funds are provided by the Community Chest of the Cape Peninsula, which systematizes the raising of such funds and their distribution to the voluntary agencies affiliated to it. In the year 1938 the Community Chest made grants and advances to member societies amounting to £10,586, and received repayment of advances amounting to £709.

The following is a summary of the social welfare agencies serving the municipal area of Cape Town.

RESIDENTIAL INSTITUTIONS

(other than those for the sick and defective, and rescue and preventive homes).

FOR DESTITUTE FAMILIES.

The work of the Board of Aid in this respect is shown on page 84.

FOR CHILDREN.

The Emergency Home (Lady Buxton Home) is maintained by the Society for the Protection of Child Life in the same grounds and under the same technical staff as the Mothercraft Training Centre (see page 79). There is accommodation for 25 European children. The cases admitted are children who cannot for the time being be accommodated at home; for instance, during the mother's illness. The length of stay is usually not more than three months, except for children admitted pending adoption: 4 of the beds are allocated to the latter purpose. During the calendar year 1939 103 children were admitted to the home (full-paying 19, part-paying 22, free 62).

Orphanages and Homes for European Children.

Nazareth House; All Saints' Home; Marsh Memorial Homes, Rondebosch; Good Shepherd Home, Claremont; Cape Jewish Orphanage; Salesian Institute; Salesian Agricultural School, Lansdowne; Die Kindersendinghuis, Cape Town; Graceville Home, Woodstock; St. John's Hostel; South African Orphanage; St. George's Orphanage, Rosebank; S.A. Railways & Harbours Hostel, Rondebosch; Die Kindersendinghuis, Durbanville; German Orphanage, Philippi. Total accommodation approximately 1,100.

Orphanages and Homes for Coloured Children.

St. George's Orphanage, Claremont; St. Francis Home, Athlone; Heatherdale Coloured Orphanage, Athlone; Holy Cross Orphanage, Parow; Jonkersdam Volkskerk, Faure. Total accommodation approximately 450. There is a great lack of orphanage accommodation for non-Europeans.

FOR THE AGED AND INFIRM.

Dorkas Tehuise; Nazareth House; Ladies' Christian Home; Cape Jewish Aged Home; Rogelim Tehuis; Princess Christian Home, Mowbray; Home for Aged Nurses, Claremont; Brown and Annie Lawrence Home, Pinelands. All these homes are for Europeans. The combined accommodation is about 300.

HOSTELS FOR PERSONS OF SMALL INCOME.

For Europeans—Y.M.C.A. (Long Street, and Louis Botha Hostel, Observatory); Y.W.C.A., Long Street; Young Women's Hostel, Bree Street (Salvation Army); A.C.V.V. Tehuis, Salt River; Sailors' Home, Prestwich Street; Workmen's Metropole, Prestwich Street (Salvation Army). The combined accommodation is about 320.

For Non-Europeans—Workmen's Metropole, Prestwich Street (Salvation Army); Stakesby Lewis Hostels, Canterbury Street and Harrington Street; Y.W.C.A., Hanover Street; St. Columba's Home for Natives, Searle Street (Society of St. John the Evangelist). The combined accommodation is about 140.

RESIDENTIAL INSTITUTIONS FOR DEFECTIVE PERSONS

(other than the sick, convalescent and mentally disordered and defective).

Athlone Blind School, Faure.—A residential school for blind non-European children. Accommodation for 109 children.

Dominican School for the Deaf, Tuin Plein.—A residential school for deaf European children. Accommodation for 25 children. A few day children also taken.

Dominican School for the Deaf, Witteboom.—A residential school for deaf non-European children. Accommodation for 200 children. A few day children also taken.

The Jan Kriel Home and School for Epileptics, Kuils River.—A residential school for epileptic European children. Accommodation for 40 pupils. Most of the children are of sub-normal type.

DAY NURSERIES AND NURSERY SCHOOLS.

Day nurseries and nursery schools are referred to on pages 26 and 27.

RESCUE AND PREVENTIVE HOMES.

Cape Town Diocesan Home for Friendless Girls, Chapel Street.

This institution, under English Church auspices, is for the reception of homeless and destitute young women, including expectant mothers and remand-home cases sent in by the Police. They are left in the home until permanent arrangements can be made for them. The expectant mothers remain until about three months after their confinement, for which they are sent to St. Monica's Home or the Peninsula Maternity Hospital.

During the year 1939, 8 European girls and 52 non-European were admitted. Six of the Europeans and 12 of the non-Europeans were "preventive" cases.

A resident nursery, under the name of the St. Agnes' Home for Babies, is maintained as part of the same institution, where the babies of mothers who are or have been in the home are cared for. In general the mothers are at work and contribute towards the cost of the nursery. The monthly average of babies (European and non-European) in the nursery during 1939 was 20.

Vrede Oord, Tuin Plein.

This is a Salvation Army maternity and rescue home for non-Europeans. The confinements are attended in the home (see page 79). In the case of unmarried mothers admission is arranged during pregnancy and the mother remains in the home with the baby for three months, during which time she is employed in the home. During the year under report 156 women were admitted, of whom 117 were free and 39 paid maternity fees. A V.D. clinic for inmates is provided in the home.

The Rest, Tuin Plein.

This is a Salvation Army home for the reception of destitute European expectant mothers. For their confinement the mothers are sent to the Booth Memorial Hospital of the Salvation Army. They are admitted during pregnancy and remain with their babies for three months after confinement, being kept employed during that time. During the year under report 58 women were admitted, of whom 36 were free and 22 paid maternity fees.

Magdalena Huis, Paradise Estate, Claremont.

This institution, under the auspices of the Dutch Reformed Church, is for the reception of European unmarried mothers. The confinements are attended in the home. The full fees are £5 for the confinement and £2 a month during the stay in the home. The mothers are required to stay for at least six months and are kept employed. Some stay longer for the sake of their babies, and the further prolonged stay is then free of charge. During the year under report 26 patients were admitted, of whom 6 were full-paying, 18 part-paying and 2 free.

Mary Rolt Hostel, Station Road, Mowbray.

This institution is for the reception of European unmarried mothers. For their confinement the mothers are sent to the Booth Memorial Hospital. The hospital fee is usually paid by the patient, but if she is unable it is paid by the hostel. No fees are charged by the hostel. The mothers are required to remain in the home with their babies for six months. They do the domestic work of the home and are given instruction in mothercraft. During the year ended 30th June, 1939, 12 girls were admitted and 13 discharged, leaving 6 girls in the hostel at the end of the year, in addition to 9 babies.

A resident nursery is maintained as part of the institution for the babies of mothers who have left the home and are at work. The average number of babies in the nursery was 4. The mothers contribute to the cost of the nursery.

Die Nannie Huis, 53, Jordaan Street.

This is a home of reception for destitute non-European mothers and babies, including a proportion of expectant mothers, who are sent for confinement to one of the maternity hospitals. The home offers asylum to destitute cases for whom no other refuge can be found. The mothers work in a laundry on the premises. There were 199 admissions in the year.

House of Mercy and St. Joseph's Home, Leliebloem, Woodstock.

This is a resident institution for non-European girls, under the care of the All Saints' Community (English Church). The House of Mercy is for rescue purposes, the girls, who are between the ages of 12 and 18, being mostly delinquent. The St. Joseph's Home is for preventive purposes, the girls, aged 2 to 16, having been admitted from bad homes, etc. From St. Joseph's the girls attend Zonnebloem School. The House of Mercy girls attend night school on the premises.

The following are the figures for 1939 :—

	House of Mercy.		St. Joseph's Home.	
	Committed.	Private.	Committed.	Private.
Admitted	13	2	—	1
Discharged	9	11	2	1
In residence at end of year	31		26	
Accommodation	35		26	

At the House of Mercy the reason for the 15 admissions were immorality (6); theft (2); uncontrollability (3); destitution (3); habitual truancy (1).

House of Bethany, Plumstead.

This resident institution, under the care of the Sisters of Bethany (English Church), receives European girls presenting similar problems. They attend school in the home. 11 girls were admitted during 1939 and 4 left, leaving 31 in residence.

Place of Safety and Detention.

This institution is maintained by the Society for the Protection of Child Life. During the year 1938-39 it was at Newlands House, Newlands, but it has since been moved to "Tenterton," Wellington Avenue, Wynberg, for Europeans (November, 1939) and "Sandown," Broad Road, Wynberg, for non-Europeans (February, 1940). At Newlands House there was accommodation for 20 Europeans and 90 Coloured. At Tenterton there is accommodation for 36 European children and 14 babies, and at Sandown for 55 non-European children and 15 babies.

Children are admitted on an order given by the Court, when the Department of Social Welfare pays 2s. 6d. per day per coloured child, and 3s. per day per European child. Private cases are accepted only under very exceptional circumstances. The children usually stay about two or three weeks, but sometimes longer, according to the nature of the enquiry being held.

The admissions during the calendar year 1939 numbered 1,172 (European 242, Coloured 930).

Tokai Reformatory (Union Education Department).

This institution receives boys and youths committed by the Magistrate. The Europeans are all over 16 years old and are delinquents or problem cases. The Coloured also include children of school age, and besides delinquent cases there are Coloured children who are sent to the institution simply because they are destitute. The European youths number 160 and the non-European boys and youths 350. In both cases the normal accommodation is overcrowded. Thirty or forty per cent. of the coloured inmates are from Cape Town but less than ten per cent. of the European. The inmates are most commonly detained for 1½ to 2 years. The Europeans are given schooling up to Standard 8, and are taught carpentry, building, plumbing, upholstering, motor-mechanic work, and farming. The non-Europeans are given schooling up to Standard 7, and are taught painting, tailoring, bootmaking, mason work, farming and housework.

Cape Town Lads' Hostel, Mount Pleasant, Lansdowne Rd., Claremont. (Social Services of South Africa.)

This institution receives European males aged from 16 to 23 years, all committed (delinquent and problem cases). The inmates mostly go out to work. They usually stay in the hostel for 2 or 3 years. There is accommodation for 22, and the number of inmates averages about 16, of whom about half come from Cape Town.

Mountain View Hostel, Military Road, Retreat.

This institution receives non-European boys, aged from 9 to 16 years, all convicted and sentenced. They remain in the home until released from sentence. The inmates number 60, of whom more than half come from Cape Town.

Social Farm, Rondebosch (Salvation Army).

This is an institution for the social rescue of European men. Most of them are voluntary inmates, only a few being committed. They work on the farm and in the dairy and are provided with quarters, clothing, food, etc., and pocket money. The number of inmates is usually from 20 to 25.

ORGANIZATIONS PROVIDING CHARITABLE ASSISTANCE IN CASH OR KIND.

Reference has been made above to old age pensions, pensions for the blind, pensions under the invalidity scheme, grants for committed children, the Cape Town Board of Aid and food provided by the City Health Department.

There are also a number of voluntary agencies providing assistance in cash or kind, including the following: Cape Town Jewish Board of Guardians; British Empire Service League, Cape Town Branch; Ladies' Benevolent Society; Rhoda Smith Relief Fund; Fairhaven Work Party; Eaton Trust; Society of St. Vincent de Paul; Nicholl's Memorial Fund; Social Services of South Africa; Groote Kerk Noodlenigings Vereniging; Cape Town and Suburban Clothing Guild; Governor-General's Fund. The disbursements of these organizations are estimated to exceed £16,000 per annum.

Service Dining Rooms, 89 Roeland Street.

These are established to provide cheap meals for the poor. For 3d. a dinner can be bought consisting of meat, vegetables and rice, with a slice of bread and a cup of tea; and for 1d. a bowl of soup and a slice of bread, or a cup of tea and bread with jam or butter. There is accommodation for eating these meals on the premises, separate for Europeans and non-Europeans. In the year 1938-39 40,191 3d. meals and 96,282 1d. meals were sold (total 136,473—Europeans 27,309, non-Europeans 109,164). The takings cover the cost of provisions but not the rest of the expenses, which are met by donations, etc. Free tickets, paid for by private subscriptions, are given to the very poor including over 100 non-European school children selected by the principals of six schools who are supplied daily with a bowl of soup and a slice of bread.

RECREATIONAL AND CULTURAL INSTITUTIONS, SETTLEMENTS.

(E=Europeans; non-E=non-Europeans; M=males, F=females.)

These include the following: Gordon's Institute, Woodstock (young E.M.); Y.M.C.A., 44 Long Street (young E.M.); Y.W.C.A., 76, Long Street (young E.F.); Seamen's Institute, Alfred Street (E. and non-E.M.); Cape Town City Mission, Rutger Street (non-E.); Hyman Liberman Institute, Muir Street (non-E.); Janet Bourhill Institute (non-E.); Marion Institute, Chapel Street (non-E.); Eoan Group (young non-E.); Training School for Coloured Christian Social Workers (Vroue Sending Bond), 109 Harrington Street (non-E.F.).

ADVISORY AND PROPAGANDA BODIES.

These include the following: Society for the Protection of Child Life, 127 Bree Street (E. and non-E.); Cape Province Society for Mental Hygiene, 127 Bree Street (E. and non-E.); Child Guidance Clinic (University of Cape Town), Rhodes Avenue, Mowbray (E. children); Mothers' Clinic, 354 Main Road, Observatory (E. and non-E.F.); Care Committee for Tuberculosis Patients, and Cape Province Tuberculosis Council, 18 Keerom Street (E. and non-E.); Cape Town Civilian Blind Society, 43 Salt River Road, Salt River (E. and non-E.); League of Friends of the Blind, P.O. Box 1396, (non-E.); Cape Town and District Deaf and Dumb Association, 25 Church Street, Woodstock (E. and non-E.); Social Services of South Africa, Cape Town Branch, Magistrate's Court, Cape Town (E. and non-E.); A.C.V.V., 14 Derwent Road, Tamboer's Kloof (E.); British Empire Service League, Cape Town Branch, 58 Burg Street (E. and non-E.); Hebrew Helping Hand Association, 5 Wandel Street (Jewish); Cape Co-ordinating Council of Social Welfare Organizations, "Gowanbrae," Banksia Road, Rosebank (E. and non-E.).

STATE-AIDED MILK AND BUTTER SCHEME.

Butter.

The City Health Department has continued to administer the sale in Cape Town of State-aided butter in accordance with the Government scheme under the Dairy Industry Control Board.

The prices of the State-aided butter were 6d., 5d., and 4d., a lb. for the first, second and third grades respectively, until 2nd June, 1939, when the prices were increased to 8d., 7d. and 6d. The privilege of buying it is restricted to Europeans and Cape Coloured, and is not extended to Natives or Indians. Until the end of the year under report the families eligible were those with an income not exceeding 6s. a day (42s. a week), or, under special circumstances, 8s. a day. Since the end of the year the wage limit for non-Europeans has been reduced to 4s. a day (28s. a week) for families consisting of two persons and 5s. a day (35s. a week) for families consisting of three or more persons. For Europeans the wage limit remains unchanged. There is a special arrangement for European railway labourers under which the cost of the subsidy is repaid to the Dairy Industry Control Board by the Railways and Harbours Administration and the wage limit is 8s. 6d. a day.

New applicants are required to fill up and sign a card showing the name and income of each member of the family. On these data, subject to investigation, butter permits are issued, endorsed with the weekly amount of State-aided butter that may be bought. The applications are investigated by the district health inspectors and a careful watch is kept in order to prevent abuse.

The weekly ration of butter purchasable depends on the size of the family. The maximum for one family was $2\frac{1}{2}$ lbs. until 2nd June, 1939, when the Government reduced it to 2 lbs.

The butter sales take place every Friday evening at thirteen depôts of the City Health Department. The wholesale firms supplying the butter are paid by the Council at the actual retail price, and the subsidy is paid by the Dairy Control Board. The cost of the service to the City Council is repaid by the Control Board at the rate of $\frac{1}{4}$ d. per lb. of butter sold.

During the year ended 30th June, 1939, the number of butter permits have increased from 14,816 to 17,588, and 3,375 visits were made by the inspectors in the course of their investigations. The weekly sales were as follows:—

1938.		lbs.	1938.		lbs.	1939.		lbs.
July	8	23,880	b.f.	445,143		b.f.	879,623	
	15	23,899	November	11	25,486 $\frac{1}{2}$	March	10	25,447 $\frac{1}{2}$
	22	23,929 $\frac{1}{2}$		18	25,712 $\frac{1}{2}$		17	25,382 $\frac{1}{2}$
	29	24,422		25	25,702 $\frac{1}{2}$		24	25,560 $\frac{1}{2}$
August	5	24,366	December	2	25,556 $\frac{1}{2}$		31	25,490
	12	24,429 $\frac{1}{2}$		9	25,629	April	6	25,352 $\frac{1}{2}$
	19	24,679		16	25,305		14	25,536 $\frac{1}{2}$
	26	24,698 $\frac{1}{2}$		23	25,744 $\frac{1}{2}$		21	25,613
September	2	24,807	1939.	30	25,646		28	25,623
	9	24,754	January	6	25,232 $\frac{1}{2}$	May	5	25,614 $\frac{1}{2}$
	16	25,122 $\frac{1}{2}$		13	25,527 $\frac{1}{2}$		12	25,454
	23	25,205		20	25,503		19	25,360 $\frac{1}{2}$
	30	25,049 $\frac{1}{2}$		27	25,601 $\frac{1}{2}$		26	25,358 $\frac{1}{2}$
October	7	25,078 $\frac{1}{2}$	February	3	25,663 $\frac{1}{2}$	June	2	24,264
	14	25,133 $\frac{1}{2}$		10	25,580 $\frac{1}{2}$		9	25,548 $\frac{1}{2}$
	21	25,177 $\frac{1}{2}$		17	25,576		16	25,521 $\frac{1}{2}$
	28	25,295 $\frac{1}{2}$		24	25,736		23	25,942 $\frac{1}{2}$
November	4	25,216 $\frac{1}{2}$	March	3	25,277		30	26,028
		<u>445,143</u>			<u>879,623</u>			<u>1,312,720$\frac{1}{2}$</u>

The sales at the individual depôts were as follows:—

Depôt.	lbs.
Old Drill Hall, Cape Town	448,885 $\frac{1}{2}$
†12, Keerom Street, Cape Town	18,319
*Woodstock Town Hall	220,755 $\frac{1}{2}$
*Maitland Town Hall	76,936
†Brooklyn Village Hall	11,401 $\frac{1}{2}$
Mowbray Town Hall	26,303
Athlone Welfare Centre	128,159 $\frac{1}{2}$
Rondebosch Town Hall	24,422 $\frac{1}{2}$
Claremont Town Hall	94,543
Lansdowne Welfare Centre	59,038
*Wynberg Town Hall	150,545 $\frac{1}{2}$
Retreat Welfare Centre	36,942 $\frac{1}{2}$
Municipal Office, Muizenberg	16,469
	<u>1,312,720$\frac{1}{2}$</u>

* Separate accommodation for Europeans and non-Europeans.

† For Europeans only.

The proportion of the three grades of butter sold is determined by the supplies available. The sales were as follows:—

1st grade	431,962
2nd grade	867,857 $\frac{1}{2}$
3rd grade	12,901
	<u>1,312,720$\frac{1}{2}$</u>

The Department also engages the services of part-time medical and dental officers for 42 medical sessions and 5 dental sessions per week ; and of a physiotherapist for one session a week.

At the City Hospital consulting specialists and surgeons are called in when required.

CHANGES IN PERSONNEL.

Medical Staff.

Dr. W. L. Hoole was appointed as Tuberculosis Officer and arrived in Cape Town on 30th September, 1938.

Dr. L. I. Cohen was appointed as Assistant Venereal Disease Officer and entered the service on 1st February, 1939.

Dr. E. D. Cooper was appointed as Resident Medical Officer at the City Hospital for Infectious Diseases and entered the service on 16th June, 1939.

Dr. W. M. Wolfsohn was appointed as assistant medical officer for poor relief on 1st August, 1938, and was succeeded on 1st February, 1939, by Dr. I. O. Faiman.

The positions of senior and junior house physicians at the City Hospital for Infectious Diseases were held by Dr. Muriel J. Gruss and Dr. D. Bloch from 1st August, 1938, to 31st January, 1939, and Dr. L. Stern and Dr. Mary H. Judd from 1st February, 1939.

Health Visitors.

Mrs. A. M. McAfee and Mrs. L. P. Wagner resigned on 19th January, 1939, and 31st March, 1939, respectively.

Miss M. McCrea, Mrs. L. Lindebaum, Miss L. D. Agg, Miss D. V. Moore, Miss P. Rose-Innes and Miss H. van Niekerk entered the service on 1st August, 13th September, and 12th December, 1938, 4th January, 16th January, and 1st May, 1939.

Health Inspectors.

Mr. J. Bethell, Divisional Health Inspector, retired on pension on reaching the age of superannuation on 21st July, 1938, after completing twenty-two years of service.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

TABLE A1. DEATHS FOR THE YEAR ARRANGED AS TO CAUSES, RACE, SEX, AGE-GROUPS AND WARDS. Deaths in Cape Town of non-Residents (Outward Transfers) are excluded from the Table proper and shown separately. Deaths of European Cape Town Residents which occurred outside the Municipality (Inward Transfers) are included in the sections for age-periods but not in the sections for wards. (52 weeks ended 30th June, 1939.)

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 Cape Town of Non-Residents (Excluded from foregoing columns).									
		0 to 1		1 to 2		2 to 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.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	Ver-sons.				
I.—Infections and Parasitic Diseases	{ E. 10	4	2	4	5	16	11	7	6	2	3	12	15	17	12	14	11	16	10	16	6	12	4	4	4	2	116	80	196	32	16
	{ O. 63	47	49	61	50	173	138	23	30	8	22	55	84	92	92	72	45	70	24	23	8	6	5	4	1	449	449	976	34	35	
II.—Malignant and Other Tumours	{ E. 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	105	117	222	26	16	
	{ O. 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	54	66	120	5	6
III.—Rheumatism, Diseases of Nutrition, of Embryonic Tissues and Other General Diseases	{ E. 3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21	38	59	5	9	
	{ O. 3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43	50	93	2	2	
IV.—Diseases of the Blood and Blood-Forming Organs	{ E. 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8	8	16	2	1	
	{ O. 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	6	12	-	-	
V.—Chronic Poisonings	{ E. 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	{ O. 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VI.—Diseases of the Nervous System and Sense Organs	{ E. 2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	31	20	51	12	2	
	{ O. 13	7	4	3	6	23	16	1	3	1	2	2	5	3	5	4	3	4	3	4	2	7	3	5	3	54	39	93	19	3	
VII.—Diseases of the Circulatory System	{ E. 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	311	216	527	41	18	
	{ O. 131	132	75	74	36	37	242	243	9	13	2	15	6	14	5	12	7	21	3	10	9	13	10	4	9	345	398	743	23	10	
VIII.—Diseases of the Respiratory System	{ E. 14	11	5	4	4	19	19	1	1	1	2	3	5	6	4	4	3	16	7	10	8	7	10	8	5	85	58	143	9	7	
	{ O. 107	82	48	20	8	9	163	120	1	2	2	6	5	1	7	6	5	4	5	6	8	10	6	4	1	197	146	343	16	9	
IX.—Diseases of the Digestive System	{ E. 9	8	4	1	2	3	15	12	1	2	3	1	3	1	3	6	9	7	10	6	8	10	6	4	1	59	51	110	18	13	
	{ O. 107	82	48	20	8	9	163	120	1	2	2	6	5	1	7	6	5	4	5	6	8	10	6	4	1	197	146	343	16	9	
X.—Non-Veneral Diseases of the Genito-Urinary System and Anæmia	{ E. 7	6	5	3	3	2	15	11	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10	10	20	-	-	
	{ O. 7	6	5	3	3	2	15	11	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26	26	52	-	-	
XI.—Diseases of Pregnancy and Puerperal State	{ E. 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	{ O. 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XII.—Diseases of the Skin and Cellular Tissue	{ E. 2	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	2	1	
	{ O. 2	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	4	8	-	-	
XIII.—Diseases of the Bones and Organs of Locomotion	{ E. 2	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	4	3	3	
	{ O. 10	6	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11	7	18	-	-	
XIV.—Congenital Malformations	{ E. 23	22	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23	32	55	6	7	
	{ O. 118	105	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	118	105	223	8	4	
XV.—Diseases of Early Infancy	{ E. 6	6	1	2	4	15	7	4	1	5	11	11	14	3	2	9	1	13	1	3	4	10	3	1	2	56	16	72	13	6	
	{ O. 6	6	1	2	7	15	7	4	1	5	11	11	14	4	16	3	8	1	13	1	3	4	10	3	1	80	20	100	24	5	
XVI.—Old Age	{ E. 4	4	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	1	8	1	2	
	{ O. 4	4	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15	16	31	1	2	
XVII.—Deaths from Violence	{ E. 62	59	12	8	9	13	83	80	14	10	7	35	29	44	42	51	47	104	63	107	129	225	156	111	100	503	711	1,614	186	107	
	{ O. 464	398	189	155	128	112	781	665	49	51	22	35	101	117	152	146	158	113	162	118	115	105	104	113	43	1,704	1,537	3,241	172	116	
Totals, all Races		526	457	201	163	137	125	864	745	63	61	34	42	136	145	196	188	209	160	266	181	312	234	329	269	154	2,248	2,248	4,865	358	223

E. — European. O. — Others, or non-European. The European Cape Town deaths which occurred outside the municipality (inward transfers) numbered 66 (40 males and 26 females).

REPORT OF THE MEDICAL OFFICER OF HEALTH.

SUMMARY.

WARDS : CORRECTED FOR OUTWARD TRANSFERS BUT NOT FOR INWARD TRANSFERS.

CAUSE OF DEATH.	Sea Point 1	Harbour 2		West Central 3		Kloof 4		Park 5		East Central 6		Castle 7		Woodstock 8		Salt River 9		Mowbray 10		Malland 11		Rondebosch 12		Claremont 13		Kalk Bay 14		Wynberg 15		Not Allocated. Residential Addresses Un-ascertained.		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. 13 {O. 2	6	9	1	1	1	1	1	1	4	4	1	1	16	10	8	14	3	4	8	7	5	8	9	6	6	8	11	8	4	1	4	111	76	187
II.—Malignant and Other Tumours	{E. 9 {O. 2	1	9	6	13	19	21	20	—	75	71	64	46	34	31	34	24	5	6	40	40	89	57	55	45	27	27	47	52	12	4	527	449	976			
III.—Rheumatism, Diseases of Nutrition, of Endocrine Glands and Other General Diseases	{E. 2 {O. 1	2	3	1	4	1	2	—	1	8	7	6	11	1	7	2	7	—	1	3	3	10	5	4	11	6	1	7	11	—	3	99	114	213			
IV.—Diseases of the Blood and Blood-Forming Organs	{E. 3 {O. 1	1	1	1	3	2	4	—	—	2	2	5	6	1	3	7	6	2	2	1	7	3	5	6	5	1	—	—	—	—	1	1	20	35	55		
V.—Chronic Poisonings	{E. 1 {O. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	8	16		
VI.—Diseases of the Nervous System and Sense Organs	{E. 3 {O. 1	1	1	1	2	3	4	—	—	6	6	13	4	3	4	1	2	1	1	2	2	6	2	4	1	3	3	7	2	4	97	18	45				
VII.—Diseases of the Circulatory System	{E. 57 {O. 1	35	6	6	5	2	5	7	1	11	8	5	5	15	9	10	10	27	10	12	10	22	16	19	25	17	12	26	23	9	8	302	209	511			
VIII.—Diseases of the Respiratory System	{E. 6 {O. 3	3	4	2	9	5	14	11	—	50	47	35	37	19	24	19	5	3	45	20	45	27	44	37	33	33	8	7	7	2	81	55	136				
IX.—Diseases of the Digestive System	{E. 7 {O. 1	8	5	2	5	6	6	5	—	27	22	22	15	5	6	3	—	1	7	4	5	2	7	2	1	1	7	5	2	57	50	107					
X.—Non-Veneral Diseases of the Genito-Urinary System and Annexa	{E. 9 {O. 1	4	1	1	3	1	1	1	—	4	7	1	4	6	1	4	2	3	6	5	1	2	1	5	2	—	—	—	—	1	52	36	88				
XI.—Diseases of Pregnancy and Puerperal State	{E. 2 {O. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	10	20		
XII.—Diseases of the Skin and Cellular Tissue	{E. 1 {O. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	4	
XIII.—Diseases of the Bones and Organs of Locomotion	{E. 1 {O. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	6
XIV.—Congenital Malformations	{E. 2 {O. 1	1	3	6	4	6	13	5	1	21	15	5	12	7	5	6	10	3	1	16	6	10	13	12	11	2	4	8	10	1	118	105	223				
XV.—Diseases of Early Infancy	{E. 1 {O. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13	20	33
XVI.—Old Age	{E. 7 {O. 2	1	1	3	1	4	1	4	—	3	2	3	2	1	3	2	2	1	6	1	5	1	5	1	5	1	2	0	1	1	—	—	—	36	16	72	
XVII.—Deaths from Violence	{E. 2 {O. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	80	20	100
XVIII.—Ill-defined Diseases	{E. 1 {O. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	1	7
Totals	{E. 119 {O. 4	98	31	16	5	61	38	54	46	43	26	16	10	71	51	64	57	55	63	60	36	64	44	76	62	37	28	81	73	26	863	685	1,548				
Totals, all Races	{E. 123 {O. 5	103	59	41	53	54	133	95	59	57	297	249	202	194	173	161	156	146	77	83	215	152	328	269	238	132	94	258	248	64	2,567	2,222	4,789				

Path Classification.	International Code No.	CAUSE OF DEATH.	WARDS: CORRECTED FOR OUTWARD TRANSFERS BUT NOT FOR INWARD TRANSFERS.															Not Allocated. Residential Addresses Uncertain.	TOTALS.																		
			Sea Point 1		Harbour 2		West Central 3		Kloof 4		Park 5		East Central 6		Castle 7		Woodstock 8		Salt River 9		Mowbray 10		Maltland 11		Rondebosch 12		Claremont 13		Kalk Bay 14		Wynberg 15		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.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.						
47	II. (cont.)	Cancer of the Respiratory Organs	{ E. 3	{ O. 3	1	-	-	-	1	-	2	-	1	-	-	-	1	-	-	-	2	-	1	-	1	-	3	-	1	-	1	-	1	-	18	3	21
48		Cancer of the Uterus	{ E. -	{ O. 1	-	-	-	-	-	-	-	-	-	-	-	2	-	4	-	2	-	3	-	2	-	1	-	2	-	2	-	3	-	-	-	12	12
49		Cancer of the Other Female Genital Organs	{ E. -	{ O. 1	-	-	-	-	-	-	1	-	-	-	-	-	2	-	-	-	-	-	1	-	-	-	-	-	-	-	2	-	-	-	3	3	
50		Cancer of the Female Urinary Organs	{ E. -	{ O. -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	3	3	
51		Cancer of the Breast	{ E. -	{ O. 6	-	-	-	-	1	-	2	-	1	-	-	-	1	-	1	-	2	-	4	-	1	-	3	-	1	-	1	-	1	-	20	20	
52		Cancer of the Male Genito-urinary Organs	{ E. -	{ O. -	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	2	-	-	-	1	1	-	8	1	9	
53		Cancer of the Skin	{ E. -	{ O. 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	3	7	
54a		Cancer of Other or Unspecified Organs	{ E. 1	{ O. 1	-	1	-	-	1	1	1	2	1	-	-	2	-	1	-	-	-	5	1	2	2	2	1	1	-	1	-	-	-	18	9	27	
54b		Non-malignant Tumours: Female Genital Organs	{ E. -	{ O. -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
54b		Non-malignant Tumours: Other Sites	{ E. 1	{ O. -	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-	-	2	1	-	1	-	-	-	-	-	-	-	-	2	6	8	
55		Tumours of Undetermined Nature	{ E. -	{ O. -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
		Totals for II.	{ E. 9	{ O. 23	2	3	1	-	8	7	5	7	5	3	-	-	10	5	5	5	6	18	10	2	8	14	15	12	4	3	9	9	2	3	99	114	213
			{ E. -	{ O. -	1	4	1	2	-	1	-	8	7	6	11	1	7	2	7	-	-	1	3	3	10	5	4	11	6	1	7	11	-	54	66	120	
		III. RHEUMATISM, DISEASES OF NUTRITION, OF ENDOCRINE GLANDS AND OTHER GENERAL DISEASES.																																			
56		Rheumatic Fever	{ E. -	{ O. 2	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	4	5	
92		Rheumatic Affections of the Heart	{ E. 1	{ O. -	-	-	-	1	1	-	1	1	-	2	2	1	-	2	1	1	-	2	1	1	4	-	2	3	4	-	-	-	1	1	7	3	10
57		Chronic Rheumatism	{ E. -	{ O. -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
58		Gout	{ E. -	{ O. -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
59		Diabetes	{ E. 1	{ O. 6	1	-	-	2	1	1	1	2	1	1	3	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	11	24	35
60		Scurvy	{ E. -	{ O. -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
61		Beri-Beri	{ E. -	{ O. -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
62		Pellagra	{ E. -	{ O. -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
63		Rickets	{ E. -	{ O. -	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	
64		Osteomalacia	{ E. -	{ O. -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
65		Diseases of the Pituitary Gland	{ E. -	{ O. -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
66a		Simple Goitre	{ E. -	{ O. -	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
66b		Exophthalmic Goitre	{ E. -	{ O. 1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2		
66c		Myxoedema, Cretinism	{ E. -	{ O. -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
66d		Tetany	{ E. -	{ O. -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
66e		Other Diseases of the Thyroid and Parathyroid Glands	{ E. -	{ O. -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
67		Diseases of the Thyroid Gland	{ E. -	{ O. -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	
68		Diseases of the Adrenals (Addison's Disease)	{ E. -	{ O. -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
69		Other General Diseases	{ E. -	{ O. -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Totals for III.	{ E. 2	{ O. 8	1	-	-	4	1	1	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	35	55
			{ E. -	{ O. -	1	1	1	1	3	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43	56	99	

Death Classification	Code No.	International Code No.	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.									
					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.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.										
753	161		XV. (cont.) Other Diseases peculiar to Early Infancy ..	{E. O.	5 16	6 16	-	-	-	5 16	6 16	-	-	-	-	-	-	-	-	-	-	-	-	5 16	6 16	11 32				
			Totals for XV ..	{E. O.	23 118	32 105	-	-	-	23 118	32 105	-	-	-	-	-	-	-	-	-	-	-	-	23 118	32 105	55 223				
			XVI. OLD AGE.																											
800	162		Old Age ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1 2	2 2	8 1	7 7	5 3	12 2	14 4	21 11	35 15		
			XVII. DEATHS FROM VIOLENCE.																											
850-858	163-171		Suicide ..	{E. O.	-	-	-	-	-	-	-	2 1	2 1	-	1 1	2 1	1 1	6 1	1 -	-	-	3 -	-	-	-	-	13 4	5 2	18 6	
859-862	172-175		Homicide ..	{E. O.	-	1 3	-	-	-	-	-	-	-	-	-	1 2	-	1 1	-	-	-	2 2	-	-	-	-	4 16	1 2	5 18	
871-885	184-194		Accidental Injury other than mentioned below ..	{E. O.	-	-	-	-	-	-	1 1	-	3 3	-	-	5 1	3 2	-	-	-	3 1	-	-	2 -	-	-	11 12	1 1	12 19	
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 -		
866	179		Other Acute Accidental Poisoning (Not by Gas) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1 -	-	-	-	-	-	1 1	1 2		
867	180		Conflagration ..	{E. O.	-	-	-	-	-	-	-	1 2	-	-	-	-	-	-	-	-	-	-	-	-	-	2 2	-	2 2		
868	181		Accidental Burns ..	{E. O.	-	1 2	1 1	2 3	1 6	4 4	1 -	-	-	1 1	-	-	-	-	-	-	-	1 1	-	-	-	2 10	5 5	15 15		
869	182		Accidental Mechanical Suffocation ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
870	183		Accidental Drowning ..	{E. O.	-	-	-	-	-	1 2	-	1 -	-	-	1 -	-	-	-	-	-	-	-	-	-	-	3 3	-	3 3		
876-881	186-194		Accidental Injury by Railway, Road and Other Transport ..	{E. O.	-	-	2 4	2 2	2 4	2 2	2 1	2 4	1 1	3 3	4 4	2 2	1 7	4 1	1 3	1 1	3 3	2 2	2 1	2 1	-	-	20 31	8 9	28 40	
886	187		Cataclysm ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
887	188		Injury by Animals ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
888	189		Hunger and Thirst ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1 -	-	1 -		
889	190		Excessive Cold ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
890	101		Excessive Heat ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
891	192		Lightning ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
892	193		Electricity (Lightning Excepted) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
893	194		Neglect—Infants ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
894	194		Killed in Riot ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
896	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.	-	1 6	-	2 7	2 4	1 15	-	2 7	3 4	11 11	2 14	3 4	9 16	1 3	13 8	1 1	3 2	4 4	10 2	3 1	3 1	-	2 -	56 80	16 20	72 100
			XVIII. ILL-DEFINED DISEASES.																											
950	199		Sudden Deaths ..	{E. O.	-	-	-	-	-	-	1 -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1 -	-	1 -	
951	200		Cause of Death Unstated or Ill-defined	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6 15	1 16	7 31	
			Totals for XVIII..	{E. O.	4 4	9 9	2 -	-	2 6	11 11	-	-	1 1	1 1	2 2	1 1	2 2	-	-	-	1 1	1 1	4 -	-	1 -	-	7 15	1 16	8 31	

TABLE A2. DEATHS OF ASIATICS CLASSIFIED AS IN TABLE A1. (Included in Table A1)

Section.	Code No.	CAUSE OF DEATH.	AGE GROUPS (YEARS).															TOTALS.						
			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.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.								
I	10	Whooping Cough ..	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
I	11	Diphtheria ..	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
I	12	Influenza (with pulmonary complications specified) ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1			
I	16	Dysentery, Bacillary ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
I	30	Tuberculosis of Respiratory System ..	-	-	-	-	-	-	-	-	-	1	1	-	-	1	-	-	3	1	4			
II	101	Cancer of the Digestive Organs and Peritoneum ..	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1			
II	102	Cancer of the Respiratory Organs ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1			
II	121	Non-Malignant Tumours: Other Sites ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1			
III	153	Diabetes ..	-	-	-	-	-	-	-	-	-	-	1	1	2	1	1	-	4	2	6			
VI	302	Locomotor Ataxia, Tabes Dorsalis ..	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	1			
VII	352	Chronic Endocarditis and Valvular disease of the Heart ..	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	1			
VII	359b	Arterio-Sclerosis with Other Cerebral Vascular lesion ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1			
VII	359c	Arterio-Sclerosis without record of Cerebral Vascular lesion ..	-	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-	3	-	3			
VIII	402	Bronchitis, acute ..	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
VIII	403a	Bronchitis, chronic ..	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	1			
VIII	404	Broncho-Pneumonia ..	1	1	-	-	1	1	-	-	-	-	-	1	-	-	-	-	2	1	3			
VIII	405	Pneumonia, Lobar ..	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	1	-	1			
VIII	410	Asthma ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
VIII	411	Pulmonary Emphysema ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1			
IX	456	Diarrhoea and Enteritis (under 2 years) ..	2	1	-	-	2	1	-	-	-	-	-	-	-	-	-	-	2	1	3			
IX	459	Hernia ..	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	1			
X	501	Nephritis, chronic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
X	502	Nephritis, not otherwise defined ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1			
XV	751	Premature Birth ..	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1			
XV	753	Other Diseases peculiar to Early Infancy ..	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1			
XVII	871	Accidental Injury ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
		Totals ..	5	5	-	-	5	5	-	-	-	2	1	2	2	6	1	8	-	6	2	31	9	40

TABLE A2. DEATHS OF ASIATICS CLASSIFIED AS IN TABLE A1. (Included in Table A1.)

Code No.	CAUSE OF DEATH.	WARDS.															Not Allocated, Residential Addresses Unascertained.		TOTALS.																		
		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.	Persons			
10	Whooping Cough ..	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
11	Diphtheria ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
12	Influenza (with pulmonary complications specified) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
16	Dysentery, Bacillary ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
30	Tuberculosis of Respiratory System ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
01	Cancer of the Digestive Organs and Peritoneum ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3			
02	Cancer of the Respiratory System ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
21	Non-Malignant Tumours: Other Sites ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
53	Diabetes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
02	Locomotor Ataxia, Tabes Dorsalis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
52	Chronic Endocarditis and Valvular disease of the Heart ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
59b	Arterio-Sclerosis with Other Cerebral Vascular lesion ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
59c	Arterio-Sclerosis without record of Cerebral Vascular lesion ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
02	Bronchitis, acute ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
03a	Bronchitis, chronic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
04	Broncho-Pneumonia ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
05	Pneumonia, Lobar ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
10	Asthma ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
11	Pulmonary Emphysema ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
56	Diarrhoea and Enteritis (under 2 years) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
59	Hernia ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
01	Nephritis, chronic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
02	Nephritis, not otherwise defined ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
01	Premature Birth ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
03	Other Diseases peculiar to Early Infancy ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
	Totals ..	-	-	-	-	1	-	1	-	-	-	5	1	7	2	2	-	3	3	2	-	3	-	1	2	1	-	1	-	4	1	-	-	31	9	40	

TABLE A4. DEATHS OF NATIVES RESIDENT IN LANGA CLASSIFIED AS IN TABLE A1 (EXCLUDED FROM TABLE A1.)

Sec-tion.	Code No.	CAUSE OF DEATH.	AGE GROUPS (YEARS).																TOTALS.												
			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 Up-wards	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.													
I	10	Whooping Cough ..	-	1	1	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2					
I	30	Tuberculosis Respiratory System ..	-	-	-	1	1	2	1	3	-	-	1	1	1	7	1	2	1	1	2	-	3	-	-	-	-	10	14	24	
I	31	Tuberculosis of Central Nervous System ..	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
I	32	Tuberculosis of Intestines and Peritoneum ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	1	1	2		
I	38	Tuberculosis of Other Organs ..	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	1		
I	39	Acute Disseminated Tuberculosis ..	-	-	1	1	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2		
I	42	Syphilis ..	-	-	-	-	-	1	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	2		
II	101	Cancer of the Digestive Organs and Peritoneum ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
II	102	Cancer of the Respiratory Organs ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	1	1	
III	167	Other General Diseases ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1		
VI	310	Epilepsy ..	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
VII	350	Pericarditis ..	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1	1		
VII	352	Chronic Endocarditis and Valvular Disease of the Heart ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
VII	355	Other Diseases of the Myocardium ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
VII	356	Disease of the Coronary Arteries — Angina Pectoris ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
VII	359c	Arterio-Sclerosis without record of Cerebral Vascular Lesion ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2		
VIII	402	Bronchitis, Acute ..	3	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3		
VIII	404	Broncho-Pneumonia ..	2	8	3	4	2	1	7	13	1	2	-	-	1	-	-	-	-	-	-	-	-	-	-	-	10	15	25		
VIII	405	Pneumonia, Lobar ..	2	-	1	-	-	3	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	5	-	5		
VIII	407	Empyema ..	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1		
IX	456	Diarrhoea and Enteritis (under 2 years) ..	9	3	-	4	-	9	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9	7	16		
IX	457	Diarrhoea and Enteritis (2 years and over) ..	-	-	-	1	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	2	-	2		
IX	458	Appendicitis ..	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1		
IX	459	Hernia ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
IX	462	Cirrhosis of the Liver (Alcoholic) ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1		
IX	462	Cirrhosis of the Liver (not returned as Alcoholic) ..	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1		
X	501	Nephritis, Chronic ..	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	2	-	2		
X	502	Nephritis, not otherwise defined ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	1	1	2		
XII	601	Cellulitis—Acute abscess ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
XII	602	Other diseases of the Skin and its Annexa ..	1	4	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
XV	751	Premature Birth ..	-	2	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2		
XV	752	Injury at Birth ..	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
XVII	871-875-882-883-895	Accidental Injury ..	-	-	-	-	-	-	-	-	1	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	4	-	4		
Totals ..			18	14	6	11	5	3	29	28	1	2	1	1	4	9	6	3	6	4	8	1	6	1	8	-	1	-	64	40	113

Table B.—Deaths Classified for Causes and Race: 1938-39.

(European corrected for inward and outward transfers, non-European for outward only.)

Death Classification Code No.	Diseases.	Euro-pean.	Native (not Langa).	Asiatic.	Other Coloured.	Non-European.	Total all Races.	Native (Langa).
001-002	Enteric fever	2	1	—	4	5	7	—
003	Typhus fever	—	—	—	—	—	—	—
006-007	Smallpox	—	—	—	—	—	—	—
008	Measles	1	—	—	7	7	8	—
009	Scarlet fever	—	—	—	—	—	—	—
010	Whooping cough	1	9	1	71	81	82	2
011	Diphtheria	20	1	1	45	47	67	—
012-013	Influenza	15	2	1	12	15	30	—
015-017	Dysentery (all forms)	6	1	1	4	6	12	—
018-020	Plague	—	—	—	—	—	—	—
022 and 045	Purulent infection—septicaemia, and erysipelas, (non- <i>puerperal</i>)	9	—	—	16	16	25	—
023	Acute anterior poliomyelitis	—	—	—	—	—	—	—
024	Encephalitis lethargica	—	—	—	1	1	1	—
025	Meningococcal meningitis	1	1	—	16	17	18	—
029	Tetanus	—	2	—	4	6	6	—
030	Tuberculosis, respiratory system	112	69	4	531	604	716	24
031	Tuberculous meningitis	7	4	—	70	74	81	1
032-040	Other tuberculous diseases	9	3	—	32	35	44	5
041	Leprosy	—	—	—	—	—	—	—
042	Syphilis	8	2	—	55	57	65	1
302 and 308, Sec. VI	General paralysis of the insane: tabes dorsalis	8	1	1	12	14	22	—
047	Malaria	2	—	—	—	—	2	—
Rest of Sec. I	Other infectious and parasitic diseases	3	1	—	4	5	8	2
100-109	Cancer, malignant disease	213	3	2	109	114	327	—
149	Rheumatic fever	5	—	—	19	19	21	—
153	Diabetes	37	1	6	25	32	69	—
Rest of Sec. III	Other general diseases	5	2	—	7	9	14	1
304A.B.-305	Cerebral haemorrhage, embolism and thrombosis	13	—	—	12	12	25	—
Rest of Sec. VI	Other diseases of the nervous system and sense organs	30	2	—	65	67	97	1
150 and 350-357	Heart disease	290	10	1	244	255	545	5
358	Aneurysm	2	—	—	5	5	7	—
359 A.B.C.	Arterio-sclerosis	234	4	4	172	180	414	2
Rest of Sec. VII	Other circulatory diseases	13	3	—	16	19	32	—
402-403B	Bronchitis	30	23	2	145	170	200	3
404-406	Pneumonia (all forms)	79	44	5	397	446	525	30
413	Miners' phthisis (silicosis) without tuberculosis	2	—	—	—	—	2	—
414	Miners' phthisis (silicosis) with tuberculosis	1	—	—	—	—	1	—
Rest of Sec. VIII	Other respiratory diseases	31	4	2	31	37	68	1
453-454	Peptic ulcer	16	—	—	12	12	28	—
456	Diarrhoea, etc. (under 2 yrs.)	20	14	3	242	259	279	16
457	Diarrhoea, etc. (over 2 yrs.)	6	—	—	22	22	28	2
458	Appendicitis	10	—	—	5	5	15	1
462-463	Cirrhosis of liver	9	2	—	3	5	14	2
464-467	Other diseases of liver, etc.	13	1	—	9	10	23	—
Rest of Sec. IX	Other digestive diseases	36	1	—	28	30	66	1
500-502	Acute and chronic nephritis	74	3	2	74	79	153	4
Rest of Sec. X	Other genito-urinary diseases (non-venereal)	21	1	—	19	20	41	—
555	Puerperal sepsis	1	—	—	6	6	7	—
Rest of Sec. XI	Other diseases of pregnancy and puerperal state	9	1	—	19	20	29	—
700-753	Congenital malformations and diseases of early infancy	59	21	2	218	241	300	3
800	Senility	35	—	—	15	15	50	—
850-858	Suicide	18	2	—	4	6	24	—
859-899	Other violence	54	11	—	83	94	148	4
120-122, Secs. IV, V, XII and XIII	Other defined causes	36	2	1	28	31	67	2
950-951	Causes ill-defined or unknown	8	6	—	25	31	39	—
	Total	1,614	258	40	2,943	3,241	4,855	113

Table C.—Death Rates per 1,000 Population for 1938-39 and Ten Previous Years by Causes and Race.
 (European corrected for inward transfers, non-European for outward only.)

DISEASE.	Race.	1928.		1929.		1930.		1931.		1932.		1933.		1934.		1935.		1936.		1937.		Mean for 10 years.	
		1928.	1929.	1929.	1930.	1930.	1931.	1931.	1932.	1932.	1933.	1933.	1934.	1934.	1935.	1935.	1936.	1936.	1937.	1937.	1938.	1938.	1939.
Enteric fever	Eur.	0.10	0.06	0.06	0.06	0.06	0.09	0.02	0.09	0.02	0.02	0.01	0.01	0.04	0.04	0.01	0.02	0.01	0.03	0.03	0.03	0.04	0.04
	Non-E.	0.22	0.14	0.19	0.19	0.19	0.19	0.04	0.19	0.04	0.04	0.05	0.05	0.07	0.07	0.09	0.09	0.09	0.05	0.05	0.05	0.11	0.03
Measles	Eur.	0.07	0.02	0.02	0.02	0.02	0.06	—	0.06	—	—	0.02	0.02	0.04	0.04	0.02	0.02	—	0.04	0.04	0.04	0.03	0.01
	Non-E.	0.08	0.14	0.14	0.14	0.14	0.31	—	0.31	—	—	0.17	0.17	0.59	0.59	—	—	—	0.45	0.45	0.45	0.19	0.05
Scarlet fever	Eur.	—	0.01	0.01	0.01	0.01	—	—	—	—	—	—	—	0.01	0.01	0.02	0.02	0.02	0.01	0.01	0.01	0.01	—
	Non-E.	0.01	0.01	0.01	0.01	0.01	—	—	—	—	—	—	—	—	—	0.01	0.01	0.01	0.01	0.01	0.01	0.01	—
Whooping cough	Eur.	0.08	0.04	0.04	0.04	0.04	0.06	0.07	0.06	0.07	0.07	0.01	0.01	0.03	0.03	0.07	0.07	0.02	0.02	0.02	0.02	0.04	0.01
	Non-E.	0.28	0.13	0.13	0.13	0.13	0.35	0.25	0.35	0.25	0.25	0.14	0.14	0.14	0.14	1.26	1.26	0.16	0.16	0.16	0.14	0.34	0.54
Diphtheria	Eur.	0.10	0.10	0.10	0.10	0.10	0.06	0.06	0.05	0.06	0.06	0.04	0.04	0.06	0.06	0.07	0.07	0.01	0.01	0.01	0.12	0.07	0.13
	Non-E.	0.13	0.09	0.09	0.09	0.09	0.09	0.05	0.09	0.05	0.05	0.08	0.08	0.14	0.14	0.12	0.12	0.08	0.08	0.08	0.23	0.11	0.31
Influenza	Eur.	0.18	0.24	0.24	0.24	0.24	0.22	0.08	0.22	0.08	0.08	0.06	0.06	0.20	0.20	0.24	0.24	0.08	0.08	0.15	0.15	0.15	0.09
	Non-E.	0.28	0.24	0.24	0.24	0.24	0.34	0.14	0.34	0.14	0.14	0.07	0.07	0.20	0.20	0.23	0.23	0.12	0.12	0.16	0.16	0.20	0.10
Purulent infection—septicæmia, and erysipelas, (non-puerperal)	Eur.	0.17	0.19	0.19	0.19	0.19	0.10	0.06	0.10	0.06	0.06	0.05	0.05	0.07	0.07	0.17	0.17	0.11	0.11	0.12	0.09	0.11	0.06
	Non-E.	0.16	0.16	0.16	0.16	0.16	0.08	0.08	0.08	0.08	0.08	0.06	0.06	0.08	0.08	0.11	0.11	0.11	0.11	0.09	0.09	0.10	0.11
Acute anterior poliomyelitis	Eur.	0.01	0.02	0.02	0.02	0.02	—	—	—	—	0.01	—	—	0.01	0.01	—	—	0.01	0.01	0.03	—	0.01	—
	Non-E.	—	0.01	0.01	0.01	0.01	0.02	0.02	—	0.02	0.02	—	—	0.02	0.02	—	—	—	—	—	—	0.01	—
Encephalitis lethargica	Eur.	0.04	0.02	0.02	0.02	0.02	0.04	—	0.04	—	—	—	—	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	—
	Non-E.	0.03	—	—	—	—	—	—	—	—	0.01	—	—	0.01	0.01	0.03	0.03	0.01	0.01	0.01	0.01	0.01	0.01
Meningococcal meningitis	Eur.	0.12	0.06	0.06	0.06	0.06	0.02	0.04	0.02	0.04	0.04	0.02	0.02	0.02	0.02	0.01	0.01	0.05	0.05	0.01	0.01	0.04	0.01
	Non-E.	0.51	0.23	0.23	0.23	0.23	0.16	0.12	0.16	0.12	0.12	0.13	0.13	0.11	0.11	0.07	0.07	0.06	0.03	0.03	0.03	0.15	0.11
Tuberculosis, respiratory system	Eur.	0.57	0.59	0.59	0.59	0.59	0.61	0.83	0.68	0.83	0.83	0.84	0.84	0.76	0.76	0.67	0.67	0.48	0.48	0.73	0.73	0.68	0.74
	Non-E.	3.74	4.20	4.20	4.20	4.20	4.09	4.43	4.61	4.43	4.53	4.53	3.99	3.99	3.85	3.85	3.60	3.60	4.05	4.05	4.05	4.10	4.04
Tuberculosis, other forms	Eur.	0.11	0.11	0.11	0.11	0.11	0.10	0.13	0.15	0.13	0.13	0.08	0.08	0.10	0.10	0.13	0.13	0.08	0.08	0.14	0.14	0.11	0.10
	Non-E.	0.80	0.95	0.95	0.95	0.95	0.71	0.72	0.87	0.72	0.72	0.71	0.71	0.67	0.67	0.61	0.61	0.58	0.58	0.71	0.71	0.73	0.73
Syphilis	Eur.	0.08	0.05	0.05	0.05	0.05	0.09	0.07	0.07	0.07	0.07	0.06	0.06	0.08	0.08	0.07	0.07	0.07	0.07	0.05	0.05	0.07	0.05
	Non-E.	0.77	0.85	0.85	0.85	0.85	0.72	0.74	1.05	0.74	0.74	0.73	0.73	0.76	0.76	0.72	0.72	0.68	0.68	0.66	0.66	0.76	0.38
General paralysis of the insane: tabes dorsalis	Eur.	0.09	0.01	0.01	0.01	0.01	0.06	0.04	0.01	0.04	0.04	0.05	0.05	0.03	0.03	0.05	0.05	0.05	0.05	0.05	0.05	0.04	0.05
	Non-E.	0.07	0.08	0.08	0.08	0.08	0.19	0.09	0.02	0.09	0.09	0.17	0.17	0.16	0.16	0.17	0.17	0.12	0.12	0.15	0.15	0.12	0.09
Cancer, malignant disease	Eur.	1.12	1.21	1.21	1.21	1.21	1.31	1.24	1.22	1.24	1.24	1.31	1.31	1.26	1.26	1.40	1.40	1.31	1.31	1.51	1.51	1.30	1.34
	Non-E.	0.71	0.76	0.76	0.76	0.76	0.69	0.72	0.84	0.72	0.72	0.80	0.80	0.72	0.72	0.79	0.79	0.70	0.70	0.71	0.71	0.74	0.76

Table C.—Continued.

DISEASE.	Race.	1928.		1929.		1930.		1931.		1932.		1933.		1934.		1935.		1936.		1937.		1938.		1939.		
		1929.	1930.	1930.	1931.	1931.	1932.	1932.	1933.	1933.	1934.	1934.	1935.	1935.	1936.	1936.	1937.	1937.	1938.	1938.	1939.	1939.	1940.	1940.	1941.	1941.
Rheumatic fever	Eur. Non-E.	0.05 0.15	0.05 0.16	0.06 0.10	0.12 0.25	0.08 0.14	0.07 0.15	0.07 0.21	0.06 0.21	0.05 0.25	0.05 0.14	0.05 0.25	0.05 0.25	0.05 0.14	0.06 0.21	0.06 0.21	0.05 0.25	0.05 0.14	0.05 0.14	0.05 0.14						
Diabetes	Eur. Non-E.	0.18 0.03	0.28 0.08	0.22 0.10	0.22 0.05	0.26 0.09	0.21 0.07	0.32 0.13	0.22 0.07	0.37 0.11	0.29 0.17	0.37 0.11	0.37 0.11	0.29 0.17	0.32 0.13	0.32 0.13	0.37 0.11	0.29 0.17	0.29 0.17	0.29 0.17						
*Cerebral hemorrhage, embolism and thrombosis	Eur. Non-E.	0.40 0.22	0.25 0.25	0.34 0.31	0.59 0.41	0.90 0.76	0.51 0.55	0.18 0.09	0.18 0.09	0.09 0.08	0.12 0.04	0.09 0.08	0.09 0.08	0.12 0.04	0.18 0.09	0.18 0.09	0.09 0.08	0.12 0.04	0.12 0.04	0.12 0.04						
*Arterio-sclerosis	Eur. Non-E.	0.60 0.48	0.66 0.32	0.43 0.30	0.49 0.31	0.36 0.16	0.60 0.39	1.11 0.91	0.60 0.39	1.25 0.89	1.08 0.96	1.25 0.89	1.25 0.89	1.08 0.96	1.11 0.91	1.11 0.91	1.25 0.89	1.08 0.96	1.08 0.96	1.08 0.96						
Heart disease	Eur. Non-E.	1.86 1.90	1.83 1.93	1.83 1.98	1.43 1.68	1.55 1.43	1.56 1.64	2.12 1.84	1.56 1.64	1.97 2.02	2.19 1.75	1.97 2.02	1.97 2.02	2.19 1.75	2.12 1.84	2.12 1.84	1.97 2.02	2.19 1.75	2.19 1.75	2.19 1.75						
Bronchitis and pneumonia	Eur. Non-E.	1.02 5.23	0.76 4.69	0.75 4.39	0.97 4.96	0.64 4.22	0.63 3.92	0.97 5.63	0.63 3.92	0.73 4.57	0.60 3.44	0.73 4.57	0.73 4.57	0.60 3.44	0.97 5.63	0.97 5.63	0.73 4.57	0.60 3.44	0.60 3.44	0.60 3.44						
Diarrhoea and enteritis	Eur. Non-E.	0.47 3.52	0.53 3.42	0.48 2.94	0.49 3.72	0.32 2.28	0.30 3.50	0.29 2.87	0.30 3.50	0.24 2.49	0.21 1.94	0.24 2.49	0.24 2.49	0.21 1.94	0.29 2.87	0.29 2.87	0.24 2.49	0.21 1.94	0.21 1.94	0.21 1.94						
Acute and chronic nephritis	Eur. Non-E.	0.63 0.65	0.52 0.92	0.45 0.62	0.46 0.71	0.39 0.51	0.50 0.58	0.65 0.73	0.50 0.58	0.55 0.77	0.55 0.63	0.55 0.77	0.55 0.77	0.55 0.63	0.65 0.73	0.65 0.73	0.55 0.77	0.55 0.63	0.55 0.63							
Puerperal sepsis	Eur. Non-E.	0.04 0.06	0.01 0.08	0.04 0.06	0.01 0.08	0.01 0.05	0.01 0.05	0.03 0.09	0.01 0.05	0.03 0.08	0.01 0.05	0.03 0.08	0.03 0.08	0.01 0.05	0.03 0.09	0.03 0.09	0.03 0.08	0.01 0.05	0.01 0.05							
Other diseases of pregnancy and puerperal state	Eur. Non-E.	0.03 0.18	0.06 0.15	0.06 0.13	0.09 0.14	0.05 0.19	0.06 0.16	0.03 0.13	0.03 0.13	0.04 0.12	0.05 0.20	0.04 0.12	0.04 0.12	0.05 0.20	0.03 0.13	0.03 0.13	0.04 0.12	0.05 0.20	0.05 0.20							
Congenital malformations and diseases of early infancy	Eur. Non-E.	0.50 2.00	0.58 2.11	0.58 2.05	0.53 1.92	0.35 1.84	0.32 1.60	0.46 1.46	0.32 1.60	0.44 1.54	0.45 1.49	0.44 1.54	0.44 1.54	0.45 1.49	0.46 1.46	0.46 1.46	0.44 1.54	0.45 1.49	0.45 1.49							
Senility	Eur. Non-E.	0.29 0.28	0.31 0.13	0.17 0.17	0.51 0.45	0.45 0.44	0.31 0.27	0.18 0.23	0.31 0.27	0.17 0.13	0.21 0.10	0.17 0.13	0.17 0.13	0.21 0.10	0.18 0.23	0.18 0.23	0.17 0.13	0.21 0.10								
Violence	Eur. Non-E.	0.44 0.78	0.53 0.78	0.62 0.75	0.61 0.60	0.52 0.54	0.44 0.56	0.58 0.64	0.61 0.60	0.47 0.74	0.44 0.58	0.47 0.74	0.47 0.74	0.44 0.58	0.58 0.64	0.58 0.64	0.47 0.74	0.44 0.58								
Other diseases	Eur. Non-E.	1.60 2.25	1.85 2.10	1.84 2.40	1.72 2.13	1.80 1.88	1.36 1.77	1.42 2.19	1.36 1.77	1.55 1.93	1.31 1.66	1.55 1.93	1.55 1.93	1.31 1.66	1.42 2.19	1.42 2.19	1.55 1.93	1.31 1.66								
TOTAL	Eur. Non-E.	10.93 25.51	10.99 25.11	10.42 24.08	11.00 26.33	10.33 21.94	9.44 22.85	11.13 24.80	9.44 22.85	10.88 23.74	9.87 19.49	10.88 23.74	10.88 23.74	9.87 19.49	11.13 24.80	11.13 24.80	10.88 23.74	9.87 19.49								

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

Table D.—Deaths by Causes and Race according to date of registration: 1938-39.

(European corrected for inward and outward transfers, non-European for inward only.)

Diseases.	Race.	July	August	September	October	November	December	January	February	March	April	May	June	Year
		(4 weeks).	(5 weeks).	(4 weeks).	(4 weeks).	(5 weeks).	(4 weeks).	(5 weeks).	(4 weeks).	(4 weeks).	(4 weeks).	(5 weeks).	(4 weeks).	(52 weeks.)
Enteric fever	Eur.	—	—	1	—	—	—	—	—	—	1	—	—	2
	Non-E.	—	—	—	1	—	—	—	—	—	—	—	1	5
Measles	Eur.	—	—	1	—	—	—	—	—	—	—	—	—	1
	Non-E.	4	2	—	1	—	—	—	—	—	—	—	—	7
Scarlet fever	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ..	Eur.	—	—	—	—	—	—	—	1	—	—	—	—	1
	Non-E.	1	—	2	2	4	9	10	12	6	3	18	14	81
Diphtheria	Eur.	3	3	3	1	1	1	—	1	3	1	3	—	20
	Non-E.	10	8	7	1	5	2	2	4	3	—	1	4	47
Influenza	Eur.	2	3	1	1	3	3	—	—	1	—	—	1	15
	Non-E.	2	1	—	1	2	1	3	—	1	2	—	2	15
Purulent infection—septicaemia, and erysipelas, (non- <i>puerperal</i>)	Eur.	—	2	—	—	2	—	5	—	—	—	—	—	9
	Non-E.	—	—	2	3	2	—	4	2	—	—	2	1	16
Acute anterior poliomyelitis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	1	—	—	—	—	—	—	—	—	—	—	—	1
Meningococcal meningitis	Eur.	—	—	—	—	—	—	1	—	—	—	—	—	1
	Non-E.	—	3	2	2	2	2	1	1	1	—	—	3	17
Tuberculosis, respiratory system	Eur.	8	8	9	9	10	10	9	12	5	4	13	15	112
	Non-E.	38	43	50	46	61	46	64	52	53	54	44	53	604
Tuberculosis, other forms	Eur.	—	1	1	—	2	1	3	1	2	—	1	4	16
	Non-E.	12	8	10	8	11	8	13	6	8	10	9	6	109
Syphilis	Eur.	1	—	—	—	1	—	1	—	2	—	—	3	8
	Non-E.	8	3	3	6	3	6	2	2	5	5	5	9	57
General paralysis of the insane: tabes dorsalis	Eur.	1	1	—	1	—	—	1	—	—	2	1	1	8
	Non-E.	1	2	1	1	—	2	2	—	1	1	1	2	14
Cancer, malignant disease	Eur.	9	20	17	20	23	9	19	17	19	16	21	23	213
	Non-E.	8	12	8	8	7	6	11	10	13	4	11	16	114
Rheumatic fever ..	Eur.	—	1	—	1	—	1	1	—	—	—	—	—	5
	Non-E.	1	1	2	5	—	1	2	4	—	—	1	2	19
Diabetes	Eur.	2	2	3	3	4	3	4	3	3	2	1	7	37
	Non-E.	4	1	3	2	3	2	6	1	5	1	2	2	32
Cerebral haemorrhage, embolism and thrombosis.	Eur.	—	2	1	—	1	2	2	1	—	1	2	1	13
	Non-E.	1	1	1	2	4	1	—	1	1	—	—	—	12
Arterio-sclerosis ..	Eur.	16	24	25	19	30	18	15	14	17	11	22	23	234
	Non-E.	11	24	11	9	14	18	25	8	12	18	16	14	180
Heart disease	Eur.	29	28	17	10	35	18	33	18	18	23	28	33	290
	Non-E.	16	29	17	21	28	16	16	18	21	19	23	31	255
Bronchitis and pneumonia	Eur.	11	12	15	8	13	4	12	6	5	7	10	6	109
	Non-E.	59	68	57	55	68	47	46	44	28	33	55	56	616
Diarrhoea and enteritis ..	Eur.	1	—	—	—	2	3	5	5	2	4	1	3	26
	Non-E.	12	13	8	6	14	31	57	34	32	27	26	21	281
Acute and chronic nephritis	Eur.	5	8	3	7	11	5	5	4	7	8	6	5	74
	Non-E.	4	8	7	4	7	4	9	8	5	7	4	12	79
Puerperal sepsis ..	Eur.	1	—	—	—	—	—	—	—	—	—	—	—	1
	Non-E.	—	1	—	—	—	—	—	—	—	1	1	3	6
Other diseases of pregnancy, childbirth and the puerperal state.	Eur.	—	1	—	1	—	1	1	—	3	2	—	—	9
	Non-E.	3	1	—	—	4	2	2	—	1	3	4	—	20
Congenital malformations and diseases of early infancy.	Eur.	5	4	3	9	4	3	5	4	8	3	2	9	59
	Non-E.	23	33	18	19	26	16	16	20	17	15	17	21	241
Senility	Eur.	8	1	4	3	6	2	3	3	1	1	1	2	35
	Non-E.	3	—	1	1	1	2	1	—	3	1	—	2	15
Violence	Eur.	2	7	6	6	10	4	7	7	7	7	7	7	72
	Non-E.	7	11	8	7	7	4	11	12	7	9	8	9	100
All causes	Eur.	117	150	129	119	173	111	165	111	124	113	136	166	1614
	Non-E.	260	303	249	230	299	245	324	264	244	235	280	308	3241

Table F.—Births, Deaths, Natural Increase, and Infant Deaths, and corresponding rates, for the year 1938-39.

Race.	Births.		Deaths.		Natural Increase.		Deaths under one year old.	
	Number	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.
Europeans :								
uncorrected	3,264	20.48	1,841	11.55	1,423	8.92	159	48.7
corrected for outward transfers	2,850	17.87	1,548	9.71	1,302	8.17	120	42.1
corrected for outward and inward transfers	2,886	18.10	1,614	10.12	1,272	7.98	121	41.9
Natives (not Langa) :								
uncorrected	383	39.19	286	29.26	97	9.93	94	245.4
corrected for outward transfers	366	37.45	258	26.40	108	11.05	66	180.3
Asiatics :								
uncorrected	222	60.99	42	11.54	180	49.45	12	54.1
corrected for outward transfers	219	60.16	40	10.99	179	49.18	10	45.7
Other Coloured :								
uncorrected	6,541	48.10	3,201	23.54	3,340	24.56	797	121.8
corrected for outward transfers	6,391	46.99	2,943	21.64	3,448	25.35	786	123.0
All non-Europeans :								
uncorrected	7,146	47.83	3,529	23.62	3,617	24.21	903	126.4
corrected for outward transfers	6,976	46.69	3,241	21.69	3,735	25.00	862	123.6
All Races :								
uncorrected	10,410	33.70	5,370	17.39	5,050	16.32	1,062	102.0
corrected for outward transfers	9,826	31.81	4,789	15.51	5,037	16.31	982	99.9
Natives resident at Langa location	66	11.69	113	20.01	-47	-8.32	32	484.8

All rates are per 1,000 population except the infant mortality rate, which is per 1,000 births.

Table G.—Estimated Populations and Vital Statistic Rates since 1913.

Periods, 1st July to 30th June.	Estimated Populations.		Birth Rates.		Legitimate 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 Death Rates, corrected for Outward Transfers.		Tuberculosis Deaths (all forms), Rates corrected for Outward Transfers.			
	Non- Eur.	Total.	Non- Eur.	Total.	Non- Eur.	Total.	Non- Eur.	Total.	Non- Eur.	Total.	Non- Eur.	Total.	Non- Eur.	Total.	Non- Eur.	Total.	Non- Eur.	Total.		
(a) 296 Days	76,040	151,500	29	39	45	48	37	31	6.49	25.75	18.04	12.10	27.02	19.44	15.67	17.23	10.42	107.96	250.55	193.50
1913-1914	76,040	151,500	29	39	45	48	37	31	6.49	25.75	18.04	12.10	27.02	19.44	15.67	17.23	10.42	107.96	250.55	193.50
1914-1915	79,840	155,550	29	39	47	52	38	49	6.90	26.48	18.66	12.73	28.00	20.35	15.67	17.79	10.69	100.38	224.36	174.92
1915-1916	82,900	160,350	27	37	48	53	37	47	7.48	25.26	18.49	11.25	26.90	18.33	15.67	17.50	10.80	96.16	226.70	177.89
1916-1917	85,960	163,440	28	37	47	52	36	46	7.81	25.35	19.08	11.47	27.89	19.17	14.14	15.79	11.41	91.14	200.94	152.13
1917-1918	89,240	167,680	27	36	46	52	36	45	8.28	24.77	18.20	11.05	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1918-1919	92,610	172,060	25	34	41	51	31	37	8.88	24.77	18.20	11.05	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1919-1920	96,110	176,500	24	32	41	51	31	37	9.44	24.86	17.10	10.82	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1920-1921	99,750	181,240	24	30	45	56	34	40	10.00	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1921-1922	103,330	186,080	23	29	49	60	35	41	10.58	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1922-1923	107,580	190,610	21	29	49	60	35	41	11.16	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1923-1924	111,830	195,140	21	28	49	60	35	41	11.74	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1924-1925	116,080	200,000	20	28	49	60	35	41	12.32	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1925-1926	120,330	204,860	20	27	49	60	35	41	12.90	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1926-1927	124,580	209,720	20	26	49	60	35	41	13.48	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1927-1928	128,830	214,580	21	25	49	60	35	41	14.06	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1928-1929	133,080	219,440	21	24	49	60	35	41	14.64	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1929-1930	137,330	224,300	21	23	49	60	35	41	15.22	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1930-1931	141,580	229,160	21	22	49	60	35	41	15.80	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1931-1932	145,830	234,020	21	21	49	60	35	41	16.38	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1932-1933	150,080	238,880	21	20	49	60	35	41	16.96	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1933-1934	154,330	243,740	21	19	49	60	35	41	17.54	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1934-1935	158,580	248,600	21	18	49	60	35	41	18.12	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1935-1936	162,830	253,460	21	17	49	60	35	41	18.70	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1936-1937	167,080	258,320	21	16	49	60	35	41	19.28	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1937-1938	171,330	263,180	21	15	49	60	35	41	19.86	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1938-1939	175,580	268,040	21	14	49	60	35	41	20.44	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1939-1940	179,830	272,900	21	13	49	60	35	41	21.02	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1940-1941	184,080	277,760	21	12	49	60	35	41	21.60	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1941-1942	188,330	282,620	21	11	49	60	35	41	22.18	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1942-1943	192,580	287,480	21	10	49	60	35	41	22.76	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1943-1944	196,830	292,340	21	9	49	60	35	41	23.34	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1944-1945	201,080	297,200	21	8	49	60	35	41	23.92	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1945-1946	205,330	302,060	21	7	49	60	35	41	24.50	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1946-1947	209,580	306,920	21	6	49	60	35	41	25.08	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1947-1948	213,830	311,780	21	5	49	60	35	41	25.66	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1948-1949	218,080	316,640	21	4	49	60	35	41	26.24	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1949-1950	222,330	321,500	21	3	49	60	35	41	26.82	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1950-1951	226,580	326,360	21	2	49	60	35	41	27.40	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1951-1952	230,830	331,220	21	1	49	60	35	41	27.98	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1952-1953	235,080	336,080	21	0	49	60	35	41	28.56	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1953-1954	239,330	340,940	21	0	49	60	35	41	29.14	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1954-1955	243,580	345,800	21	0	49	60	35	41	29.72	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1955-1956	247,830	350,660	21	0	49	60	35	41	30.30	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1956-1957	252,080	355,520	21	0	49	60	35	41	30.88	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1957-1958	256,330	360,380	21	0	49	60	35	41	31.46	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1958-1959	260,580	365,240	21	0	49	60	35	41	32.04	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1959-1960	264,830	370,100	21	0	49	60	35	41	32.62	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1960-1961	269,080	374,960	21	0	49	60	35	41	33.20	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1961-1962	273,330	379,820	21	0	49	60	35	41	33.78	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1962-1963	277,580	384,680	21	0	49	60	35	41	34.36	25.86	16.50	10.68	26.99	18.31	13.22	15.17	11.41	88.58	197.80	145.27
1963-1964	281,830	389,540	21	0	49	60	35	41	34.94	25.86	16.50</									

Table H.—Infant Mortality Rates per 1,000 Births by Causes and Race.
(Corrected for outward transfers.)

INFANTS UNDER ONE YEAR OF AGE.

Death classification number (See Table A.)	006-011.		030-040.		042.		402-406.		456.		700-751 & 753.		Miscellaneous diseases (remainder)		Total mortality (all causes).	
	Cause of death.		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.
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
1936-1937	0.8	1.6	—	3.3	0.4	7.9	4.2	31.7	7.7	24.2	22.6	27.1	11.5	13.2	47.2	108.0
1937-1938	1.4	3.5	0.7	3.3	0.7	7.8	8.5	40.8	4.8	30.0	18.5	30.7	6.5	12.7	41.0	128.9
1938-1939	1.4	5.9	1.1	4.0	0.4	11.7	8.1	36.3	5.3	26.1	17.5	31.0	8.4	15.6	42.1	123.6
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.

INFANTS FROM 1 TO 2 YEARS OF AGE. *

Death classification number (See Table A.)	006-011.		030-040.		042.		402-406.		456.		700-751 & 753.		Miscellaneous diseases (remainder)		Total mortality (all causes).	
	Cause of death.		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.
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	85.7
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
1936-1937	—	2.4	1.9	5.5	0.4	1.2	2.7	17.4	2.7	14.7	0.4	0.7	2.3	6.0	10.2	48.0
1937-1938	1.6	6.7	1.2	7.7	—	0.7	4.4	26.6	0.8	18.9	—	0.7	3.6	7.5	11.7	68.7
1938-1939	0.4	6.4	0.7	5.9	—	1.2	3.3	24.0	1.5	12.7	—	0.3	1.5	6.1	7.3	56.6
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 this year is calculated on the births (less the deaths under one year) in the previous year.
City extended by incorporation of Wynberg 1927-1928.

Table J.—Populations and Vital Statistic Rates for the separate Wards of the City, 1938-39.

WARDS.	Calculated Populations on the 31st December, 1938.		Births.		Birth rates per 1,000 Persons.		Illegitimate Births.		Illegitimate Births Percent-ages of Total Births.		Deaths.		Death rates per 1,000 Persons.		Natural Increase (Excess of Births over Deaths).		Natural Increase Rates per 1,000 Persons.		Deaths under 1 year of Age.		Infant Mortality (per 1,000 Births).		Deaths from Tuberculous (All Forms).		Death rates from Tuberculous (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.	
	Total.																										
1. Sea Point ..	19,801	3,084	22,885	240	25	12.15	8.13	4	9	1.07	36.00	217	9	10.09	2.93	16	1.16	5.20	3	—	12.50	—	14	2	0.71	0.05	
2. Harbour ..	3,921	3,948	7,869	43	123	11.00	31.24	2	38	4.05	30.89	47	53	12.02	13.46	-4	70	—	17.78	1	14	23.26	113.82	8	13	2.05	3.30
3. West Central ..	884	4,293	5,177	13	224	14.75	52.32	1	66	7.09	29.46	10	97	11.34	22.66	3	127	3.40	52.32	2	22	153.85	98.21	1	26	1.13	6.07
4. Kloof ..	10,261	6,654	16,915	167	378	16.32	56.96	11	101	6.59	26.72	99	129	9.67	19.44	68	249	6.64	37.52	7	39	41.92	103.17	7	28	0.68	4.22
5. Park ..	12,164	1,867	14,031	156	48	12.86	25.78	13	18	8.33	37.50	100	16	8.24	8.59	56	32	4.62	17.10	5	6	32.05	135.00	5	—	0.41	—
6. East Central ..	7,427	21,446	28,873	156	1,032	21.06	48.25	6	239	3.85	23.16	60	477	9.32	22.30	87	555	11.75	25.05	3	138	19.23	133.72	9	115	1.22	5.38
7. Castle ..	1,391	15,171	16,562	26	689	18.74	45.54	4	148	15.38	21.48	26	370	18.74	24.46	—	319	—	21.08	3	92	115.38	133.53	1	78	0.72	5.16
8. Woodstock ..	12,641	10,382	23,023	271	481	21.50	46.46	19	73	7.01	15.18	122	212	9.68	20.48	149	269	11.82	25.08	18	48	66.42	99.79	16	46	1.27	4.44
9. Salt River ..	14,514	7,617	22,131	336	373	23.21	49.10	29	71	5.95	19.03	121	181	8.36	23.83	215	192	14.85	25.28	18	41	53.57	109.92	14	42	0.97	5.53
10. Mowbray ..	14,364	2,655	17,019	229	96	15.99	36.26	19	15	8.39	15.63	118	42	8.24	15.86	111	54	7.75	20.39	7	11	30.57	114.58	8	6	0.56	2.27
11. Maitland ..	11,376	11,016	23,292	290	527	22.92	44.35	8	141	3.08	26.76	96	271	8.46	22.81	164	256	14.46	21.54	13	73	50.90	138.52	7	68	0.62	5.72
12. Rondebosch ..	12,116	25,889	38,005	184	958	15.23	37.11	4	196	2.17	20.46	108	489	8.94	18.94	76	469	6.29	18.17	8	139	43.48	145.09	3	105	0.25	4.07
13. Claremont ..	16,027	14,470	31,097	360	817	21.71	56.62	15	159	4.17	19.46	138	337	8.32	23.35	222	489	13.39	33.26	17	84	47.22	102.82	8	71	0.48	4.92
14. Kalk Bay ..	6,175	5,716	11,891	95	305	15.43	64.03	1	113	1.05	30.96	65	161	10.56	28.24	30	204	4.87	35.79	1	50	10.53	136.99	5	35	0.81	6.14
15. Wynberg ..	16,440	16,363	32,803	303	837	18.48	51.29	5	171	1.65	20.43	154	352	9.39	21.57	149	485	9.09	29.72	13	99	42.90	118.28	13	69	0.79	4.23
Not allocated ..				11	3			11	1			58	45							1	6			3	9		
A. Inward Transfers..				36								66								1				6			
B. City of Cape Town	159,800	149,830	309,710	2,886	6,976	18.10	46.60	143	1,559	5.02	22.35	1,614	3,241	10.12	21.69	1,272	3,735	7.98	25.00	121	892	41.00	123.06	128	713	0.80	4.77

Corrected for outward transfers.

A. These figures refer to European births and deaths belonging to Cape Town, but which occurred outside the municipality.
 B. Exclusive of all figures relating to the native location of Langa (which is shown separately in Table 8 on page 135) but inclusive, so far as the European population is concerned, of population in the Harbour and Shipping and residents enumerated on trains.
 C. Exclusive of the 36 European births (inward transfers), in regard to which information as to the legitimacy is not available.

Table K.—Vital Statistic Rates for Various Centres for the Year 1938-39.

Centre.	Birth Rate.				Death Rate.				Infant Mortality Rate.				All Forms of Tuberculosis: Death Rate.									
	E	N	A	C	E	N	A	C	E	N	A	C	E	N	A	C	E	N	A	C	NE	
	Union of South Africa (1937-38)	25.01 ²	9.48 ²	51.69 ²	0.38 ²
Johannesburg	23.98	..	..	..	9.13	15.05	20.82	21.07	49.83	..	..	..	..	0.23	1.40	1.55	2.22	..	..	..	..	..
Cape Town	17.87	37.45	60.16	46.99	9.71	26.40	10.99	21.64	42.11	180.33	45.66	122.99	123.57	0.77	7.78	1.10	4.65	4.77	..	..	..	..
Durban	19.9	7.7	46.1	48.1	9.6	14.3	15.7	15.9	44.9	671.1	86.8	100.6	..	0.48	1.26	1.73	1.78	..	..	..	..	..
Pretoria	24.97	8.82	58.93	37.93	7.96	10.60	17.86	16.90	50.95	348.53	84.85	118.18	230.24	0.11	0.98	1.07	2.07	1.06	..	..	..	..
Port Elizabeth	23.84	56.19	61.74	49.86	8.63	39.09	21.56	27.76	63.25	191.39	87.92	165.53	..	0.48	8.14	3.73	6.99	..	..	..	..	..
Springs	29.06	20.07 ²	65.71	34.29	6.31	28.81 ²	12.86	18.57	52.19	621.29	173.91	208.33	531.65	0.41	1.45 ²	0.00	0.00	0.69	..	..	..	..
Germiston	26.05	63.82	49.72	..	8.79 ²	13.51 ²	19.34 ²	..	43.53	146.71	138.89	..	..	..	..	..	..	..	..	..	..	..
Benoni	23.84	15.0 ⁴	43.6	45.5	7.80	24.38 ²	26.4	26.0	48.82	583.00 ⁴	100.00	176.00	..	0.39	1.01 ²	0.00	3.00	0.58	..	..	..	..
Krugersdorp	35.09	29.21	48.00	22.30	10.72 ²	11.18 ²	8.00 ²	24.61 ²	52.05	1103.44	41.66	310.34	..	..	..	..	..	..	..	..	..	..
Brakpan	30.77 ²	..	..	..	5.05 ²	..	..	..	56.13 ²	..	..	..	596.41 ²	0.03 ²	..	..	..	..	..	..	..	..
Bloemfontein	18.98	..	..	..	6.33	..	..	..	34.9	..	..	..	225.1	0.40	..	..	..	2.76	..	..	..	..
Boksburg	28.14	..	..	..	7.95	..	..	..	55.76	..	..	..	915.59 ²	0.37	..	..	..	1.03 ²	..	..	..	..
Roo-depoort	32.93	22.93 ⁴	76.00	37.65	7.00	27.51 ²	12.00	28.24	36.88	360.47 ⁴	..	281.25	318.39	0.29	3.32 ²	..	2.25	1.39	..	..	..	..
East London	17.8	..	..	..	9.7	..	..	..	64.5	..	..	..	510.7	0.3	..	..	..	5.8	..	..	..	..
Pietermaritzburg	18.72	21.18	22.26	39.59	8.83	11.05	14.40	19.32	39.50	137.9	166.6	109.7	..	0.28	1.73	1.24	2.90	..	..	..	..	..
Kimberley	22.6	38.2	..	39.5	10.97	32.59	..	23.80	56.0	284.9	..	201.5	..	0.06	3.7	..	3.0	..	..	..	..	..
Vereeniging	30.07	22.19	63.60	66.18	6.17 ²	17.41 ²	9.94 ²	36.76 ²	30.00	328.2	31.25	111.11	297.7	..	1.03	..	7.35	1.09	..	..	..	..
King William's Town	16.55	26.22	53.85	58.57	7.61	24.77	15.38	38.20	10.87	30.59	..	26.67	..	0.33	4.95	..	9.34	..	..	..	..	..
England and Wales (1)	15.1 ²	..	..	..	11.6 ²	8.5 ²	..	..	52.08	..	..	..	..	0.64 ²	..	..	..	..	..	..	..	..
County of London (1)	13.4 ²	..	..	..	11.4 ²	..	..	..	57.00	..	..	..	..	0.72 ²	..	..	..	..	..	..	..	..

The rates for the municipalities shown are corrected for outward transfers.

E = European.

N = Native.

A = Asiatic.

C = Mixed and Other Coloured.

NE = All Non-European.

¹ Calendar year 1938.

² Inclusive of mines.

³ Crude or uncorrected.

⁴ Standardized to standard million of England and Wales for 1901.

⁵ Including Langs location.

Table L.—Deaths in Institutions, 1938-39.

INSTITUTION.	Total Deaths.		Deaths belonging to Cape Town.		Deaths not belonging to Cape Town (Outward Transfers).	
	Eur.	Non-E.	Eur.	Non-E.	Eur.	Non-E.
Groote Schuur Hospital	339	413	228	296	111	117
City Hospital	100	264	73	216	27	48
Wynberg (Victoria) Hospital	42	107	33	80	9	27
Valkenberg Mental Hospital	50	72	28	37	22	35
Woodstock Hospital	39	57	32	45	7	12
Peninsula Maternity Hospital	12	42	10	31	2	11
Mowbray and Rondebosch Hospital	28	15	24	14	4	1
Hof St. Nursing Home	39	—	30	—	9	—
Monastery Nursing Home	36	—	32	—	4	—
Volkshospitaal	36	—	20	—	16	—
St. Joseph's Sanatorium	32	—	19	—	13	—
Diakones Hospital	17	—	11	—	6	—
Monte Rosa Nursing Home	14	—	9	—	5	—
"Vrede Oord"	—	13	—	9	—	4
Somerset Hospital	1	11	—	8	1	3
St. Monica's Home	—	11	—	9	—	2
Booth Memorial Home	11	—	6	—	5	—
Clarendon Nursing Home	11	—	11	—	—	—
Cape Jewish Aged Home	11	—	11	—	—	—
Alexandra Institution	11	—	11	—	—	—
Tamboers Kloof Nursing Home	11	—	7	—	4	—
Cape Town Gaol	1	9	1	7	—	2
Dunmore Nursing Home	9	—	8	—	1	—
King's House Nursing Home	9	—	9	—	—	—
Mowbray Nursing Home	9	—	6	—	3	—
Nazareth House	8	—	8	—	—	—
Delherbe Nursing Home	6	—	5	—	1	—
City Isolation Hospital, Rentzkie's Farm	—	6	—	6	—	—
Lady Buxton Home	5	—	3	—	2	—
Ladies' Christian Home	4	—	4	—	—	—
Eaton Convalescent Home	—	3	—	2	—	1
Magdalena Huis	3	—	—	—	3	—
Heatherdene Nursing Home	3	—	3	—	—	—
Kenilworth Nursing Home	3	—	1	—	2	—
Notley Nursing Home	2	—	2	—	—	—
Inverugie Nursing Home	2	—	1	—	1	—
Camp Ground Nursing Home	2	—	2	—	—	—
Trafalgar Nursing Home	2	—	1	—	1	—
Biblis Nursing Home	2	—	1	—	1	—
Dorcas Homes	2	—	2	—	—	—
Salubritas Nursing Home	1	—	1	—	—	—
Princess Christian Home	1	—	1	—	—	—
Good Hope Nursing Home	1	—	1	—	—	—
Rannock Lodge Nursing Home	1	—	1	—	—	—
Longroyd Nursing Home	1	—	1	—	—	—
Brentwood Nursing Home	1	—	1	—	—	—
Baveno Nursing Home	1	—	1	—	—	—
Kliniek Voorwaarts	1	—	—	—	1	—
House of Correction	—	1	—	1	—	—
Totals	920	1,024	659	761	261	263
Institutions in other parts of the Union of South Africa:						
General Hospitals			16			
Nursing Homes			13			
Mental Hospitals			4			
Sanatoriums			2			
Chronic Sick Hospitals			8			
Lock and Isolation Hospital			1			
Totals			44			
Langa Hospital	—	28	—	27	—	1

Deaths of Langa residents are included in this table.

Table M.—Births and Still-Births Notified, Classified as to attendance at Confinement and as to Home Address of Mother, 1938-1939 (1st July, 1938, to 30th June, 1939).

CLASSIFICATION.	WARDS OF THE CITY.														Excluded from foregoing columns.				
	1 Sea Point	2 Harbour Central	3 West Central	4 Kloof	5 Park	6 East Central	7 Castle	8 Woodstock	9 Salt River	10 Mowbray	11 Maitland	12 Rondebosch	13 Claremont	14 Kalk Bay	15 Wynberg	Not Allocated	Total Wards	Langa	Non-Residents
Private Doctors	16	9	41	32	9	58	35	65	85	26	87	80	92	49	141	2	800	—	17
Private Midwives (including any non-medical persons attending a confinement):																			
Certificated	20	49	69	106	33	342	245	261	251	118	258	572	404	95	372	1	3,196	—	13
Uncertificated	4	16	74	98	3	160	147	211	208	16	372	414	498	296	468	35	3,020	—	19
Midwives (or midwife students) from:																			
Booth Memorial Home	—	—	—	1	1	—	—	—	—	1	—	—	—	—	—	—	3	—	—
St. Monica's Home	—	38	61	84	—	3	2	—	—	—	1	—	—	—	1	—	190	—	—
Peninsula Maternity Hospital..	—	10	27	38	6	233	128	154	63	—	3	1	3	1	—	—	667	—	4
Vrede Oord, Tuin Plein	1	1	—	7	10	235	85	1	3	—	—	1	—	—	1	—	345	—	3
Confined in Institutions:																			
Booth Memorial Home	30	8	—	42	43	26	2	13	18	42	9	23	36	6	14	3	315	—	84
St. Monica's Home	6	9	8	43	4	36	53	14	18	6	21	41	27	24	24	1	335	5	27
Peninsula Maternity Hospital..	16	24	21	61	37	154	81	95	100	44	110	97	98	31	95	2	1,066	12	216
Vrede Oord, Tuin Plein	2	1	7	14	8	22	4	6	4	3	8	11	6	8	13	—	117	4	24
Magdalena Huis	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—	23
Other Public Institutions	—	2	—	—	—	—	—	—	2	—	—	—	1	—	—	—	5	—	2
Private Nursing Homes	180	4	3	69	53	45	1	11	27	59	13	102	82	35	70	1	755	—	178
TOTALS	275	171	284	595	207	1,314	783	831	780	315	883	1,342	1,247	545	1,199	45	10,816	21	610

Births actually occurring in the Langa native location are excluded from the above table. They numbered 134.

Table N.—Cases of Notifiable Disease reported 1st July, 1938, to 30th June, 1939.

	Uncorrected.	Deduction for diagnosis.	Deduction of imported cases.	Addition for diagnosis.	Corrected number of cases.	Corrected cases, Langa location.	Extra-municipal cases uncorrected.	Deduction for diagnosis.	Addition for diagnosis.	Corrected No. of extra-municipal cases.	Corrected No. from ships in port.
	1	2	3	4	5	6	7	8	9	10	11
Diphtheria	1,015	242	6	5	770	2	149	38	—	110	1
Scarlet fever	96	6	3	2	89	—	6	1	—	4	1
Puerperal fever	86	2	—	—	84	—	21	1	—	20	—
Erysipelas	72	5	1	—	66	—	4	1	1	4	—
Enteric fever	91	36	6	2	51	—	65	25	—	40	—
Cerebrospinal fever	82	47	—	3	38	—	27	15	2	14	—
Acute poliomyelitis	9	—	—	2	11	—	3	1	1	3	—
Infective encephalitis	2	—	—	—	2	—	1	1	1	1	—
Typhus fever (endemic)	6	—	—	1	7	—	—	—	1	1	—
Leprosy	1	—	—	—	1	—	—	—	—	1	—
Anthrax	—	—	—	—	—	—	1	—	—	1	—
Ophthalmia	218	—	—	—	216	2	14	—	—	14	—
Trachoma	8	—	—	—	8	—	15	—	—	15	—
Acute primary pneumonia	524	1	—	10	523	10	42	—	1	42	1
Influenzal pneumonia	48	1	—	—	47	—	3	1	—	2	—
Tuberculosis, respiratory system	1,269	89	60	4	1,091	33	84	9	2	69	8
Tuberculosis, other forms	178	9	4	20	179	6	38	1	16	52	1
Totals	3,705	438	80	49	3,183	53	474	93	24	393	12

1. Notifications re Cape Town cases received, including Langa.
2. Found not to be suffering from the disease as notified.

3. Arrived in Cape Town from outside already suffering from the disease.

4. Diagnosis changed to the disease named.

5. Excluding Langa location.

7. Cases admitted to City Hospital or other hospital from outside Cape Town or from ships in the port.

8. = 2.

9. = 4.

10. Excluding cases from ships.

Table R.—Notification of Infectious Disease for a series of years, classified as to Race.

Diseases.	Race.	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939
		1921.	1922.	1923.	1924.	1925.	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	1938.	1939.	
Scarlatina or Scarlet fever	Eur.	224	97	47	26	50	129	123	228	154	260	425	121	121	103	229	596	458	113	81	
	Non-E.	15	9	5	3	1	8	11	6	10	20	40	18	19	9	14	34	28	13	8	
Diphtheria or Membranous croup.	Eur.	75	89	121	163	209	180	186	162	162	166	189	120	142	192	238	189	223	344	537	
	Non-E.	24	18	24	49	41	46	87	62	70	54	93	67	73	106	136	122	119	253	233	
Enteric or Typhoid fever	Eur.	345	204	180	121	79	87	117	109	100	87	97	71	30	52	33	30	34	58	14	
	Non-E.	308	207	141	93	94	100	123	135	100	94	103	98	30	47	49	43	96	41	37	
Erysipelas ..	Eur.	27	25	31	16	20	15	45	35	43	33	41	40	28	37	44	51	43	33	30	
	Non-E.	5	6	6	10	12	14	24	34	26	32	30	28	41	30	50	42	31	28	36	
Puerperal fever ..	Eur.	10	7	11	8	9	9	19	20	29	16	19	16	22	26	24	22	13	19	22	
	Non-E.	18	17	15	15	24	36	35	38	54	53	43	52	49	48	67	74	51	51	62	
Ophthalmia ..	Eur.	7	11	9	15	18	27	22	27	25	50	50	53	47	30	38	39	42	24	35	
	Non-E.	28	29	22	28	59	101	113	135	122	208	227	199	218	190	259	227	215	213	181	
Cerebrospinal fever ..	Eur.	3	5	4	3	6	4	10	39	30	14	4	7	8	3	5	1	7	3	5	
	Non-E.	—	1	3	2	19	21	39	183	101	48	18	25	22	17	20	9	11	15	33	
Acute poliomyelitis	Eur.	3	1	—	1	1	—	2	8	4	11	5	—	4	8	11	1	7	4	2	
	Non-E.	1	1	1	—	1	—	—	4	1	6	5	—	4	3	14	3	2	2	9	
Infective encephalitis	Eur.	3	5	2	5	6	6	6	8	7	4	1	9	2	2	8	4	1	4	—	
	Non-E.	2	1	1	4	5	10	5	3	5	3	4	2	4	—	3	3	3	4	2	
Leprosy ..	Eur.	1	2	—	—	—	1	—	—	—	1	1	1	—	—	1	—	—	1	—	
	Non-E.	2	3	6	4	—	2	1	1	4	3	1	4	2	2	1	1	3	2	1	
Typhus fever (endemic)	Eur.	—	—	1	—	—	3	1	—	1	1	2	4	2	4	—	2	4	1	6	
	Non-E.	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	1	
Smallpox ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Influenza ..	Eur.	—	—	18	22	189	67	61	132	166	238	69	†101	—	—	—	—	—	—	—	
	Non-E.	—	—	2	24	284	161	133	327	349	348	171	†140	—	—	—	—	—	—	—	
Pneumonia, all forms*	Eur.	18	63	72	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E.	40	97	111	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Influenzal pneumonia	Eur.	—	—	6	28	25	41	45	62	54	24	41	19	13	45	56	29	37	17		
	Non-E.	—	—	13	52	61	63	121	78	80	38	91	31	31	82	64	41	74	30		
Acute primary pneumonia	Eur.	—	—	23	76	83	89	84	91	58	84	98	77	59	138	148	103	96	103		
	Non-E.	—	—	68	203	186	285	396	386	302	289	334	253	294	566	465	376	466	420		
Cholera ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Plague ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Anthrax ..	Eur.	1	—	1	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	
Glanders ..	Eur.	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Rabies ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Malta fever ..	Eur.	—	2	—	—	—	—	—	2	—	3	1	2	—	1	1	—	—	—	—	
	Non-E.	—	—	1	—	—	1	—	—	—	1	1	—	—	—	—	—	1	—	—	
Yellow fever	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Trachoma ..	Eur.	—	—	—	—	—	2	3	2	3	3	—	3	1	1	2	1	2	1	6	
	Non-E.	—	—	—	—	—	4	3	12	12	23	4	4	6	1	14	5	7	1	2	
Lead poisoning	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E.	—	—	—	—	—	—	—	—	3	3	—	3	1	—	1	1	1	—	1	
Tuberculosis, all forms*	Eur.	114	138	132	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E.	495	447	531	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Tuberculosis, respiratory system	Eur.	—	—	132	194	146	174	175	202	188	183	209	210	185	161	164	149	186	183		
	Non-E.	—	—	568	572	533	689	794	823	911	911	1,049	1,015	1,062	931	867	789	1004	908		
Other forms of tuberculosis	Eur.	—	—	10	16	28	28	28	27	35	19	30	21	21	20	21	16	29	17		
	Non-E.	—	—	75	71	116	102	143	148	181	134	168	165	203	163	151	137	188	162		

All figures corrected for imported cases and misdiagnosis.

City extended by incorporation of Wynberg, 1927-28.

* Not separately classified until 1923-1924.

† 1st July—18th December, 1931.

Table S.—Vital Statistics for the Native Location of Langa, 1938-1939.

Average Population for the 12 months July, 1938, to June, 1939.																			
European.			Natives.						Grand Total.										
Adults.		Total.	Adults.		Children.	Total.	Births.		Still-Births.	Birth-rate (per 1,000 persons).	Illegitimate Births (Percentage of Total Births).	Deaths.	Death rate (per 1,000 persons).	Deaths under one year of age.	Infant mortality (per 1,000 Births).	Deaths from Tuberculosis (all forms).	Death Rate for Tuberculosis (all forms per 1,000 persons).		
M.	F.		M.	F.		Total.	Legitimate.	Illegitimate.			M.	F.	M.	F.		M.	F.		
11	14	25	3,372	832	1,459	5,663	5,688	6	11.69	31.82	64	49	20.01	18	14	484.85	13	17	5.31

NOTIFICATION OF INFECTIOUS DISEASE.

Natives.											
Tuberculosis, respiratory system.		Tuberculosis, other forms.		Diphtheria.		Acute primary pneumonia.		Ophthalmia.		Total	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
15	17	2	3	1	1	1	9	1	2	29	22

Excluded from the above, are five cases of tuberculosis of the respiratory system notified in the persons of 2 native males and 3 native females who contracted the disease outside the municipal area, being already ill on arrival in Langa location. Included is one patient admitted to the City Hospital for another disease who proved to be a case of tuberculosis of the respiratory system.

Deaths in Langa Location Hospital, 38 (Natives ; 27 males, 11 females).

Table T.—BAROMETRICAL READINGS, 1938-1939.

CORRECTED FOR ALTITUDE, TEMPERATURE, INDEX ERROR, CAPACITY AND CAPILLARITY.

Month.	Mean.	Average for thirty-two years, 1st July, 1906, to 30th June, 1938.	Highest.	Date.	Lowest.	Date.	Highest and Date for thirty-two years, 1st July, 1906, to 30th June, 1938.	Lowest and Date for thirty-two years, 1st July, 1906, to 30th June, 1938.
1938.								
July	30.305	30.243	30.488	19th	30.096	27th	30.737 14th, 1937	28.924 13th, 1917
August	30.318	30.281	30.579	4th	29.971	11th	30.984 26th, 1921	29.753 29th, 1920
September	30.250	30.283	30.518	12th	29.993	4th	30.691 8th, 1924	29.694 13th, 1907
October	30.233	30.222	30.510	9th	29.990	27th	30.563 5th, 1912	29.727 6th, 1920
November	30.221	30.186	30.442	6th	29.912	9th	30.841 24th, 1913	29.831 14th, 1925
December	30.127	30.102	30.366	5th	29.978	27th	30.569 13th, 1921	29.754 24th, 1926
1939.								
January	— ¹	30.113	— ¹	— ¹	— ¹	— ¹	30.500 30th, 1917	29.757 17th, 1911
February	30.073	30.118	30.182	4th & 6th	29.937	23rd	30.945 9th, 1923	29.775 4th, 1921
March	30.134	30.162	30.374	14th	29.949	3rd & 12th	30.608 11th, 1921	29.002 15th, 1921
April	30.203	30.268	30.390	7th	30.044	28th	30.508 20th, 1908	29.098 3rd, 1916
May	30.223	30.231	30.416	23rd & 24th	29.679	12th	30.641 3rd, 1927	29.078 19th, 1916
June	30.322	30.284	30.512	26th	30.173	17th	30.663 22nd, 1915	29.089 11th, 1906
Year	30.210 ²	30.208	30.579	4/8/1938	29.757 ²	17/1/1911 ²	30.984 26/8/1921	28.924 13/7/1917

¹ No Record.² Taking for January, the average of 32 years.

Table U.—TEMPERATURE OF AIR IN THE SHADE, 1938-1939.

Month.	Mean at 8 a.m. °F	Maximum Thermometer.				Minimum Thermometer.				Lowest and Date for 32 years, 1st July, 1906, to 30th June, 1938.		
		Average for 32 years, 1st July, 1906, to 30th June, 1938.	Highest	Date.	Average for 32 years, 1st July, 1906, to 30th June, 1938.	Lowest.	Date.	Mean				
									°F		°F	°F
1938												
July ..	54.23	50.641	65.33	62.738	80.0	24th	48.99	47.274	44.0	1st	29.0	5th, 1907
August ..	52.61	52.678	65.78	63.719	81.4	7th	46.44	47.098	42.9	20, 23 & 31	35.5	25th, 1926
September ..	55.12	55.389	65.66	65.990	83.3	17th	48.85	49.799	42.9	6th	39.8	4th, 1921
October ..	58.94	57.235	70.28	70.283	82.2	10th	51.27	52.458	47.0	2nd & 31st	43.0	6th, 8th and 20th, 1926 and 1st, 1928
November ..	62.44	62.916	73.37	74.300	97.9	27th	53.63	55.501	48.6	24th	44.0	15th, 1924
December ..	64.72	65.585	79.05	77.498	96.7	2nd	56.00	61.153	45.9	31st	45.1	30th, 1931
1939												
January ..	68.45	66.372	82.10	80.322	96.0	16th	60.01	59.319	54.0	4th	42.2	7th, 1918
February ..	65.95	65.583	79.34	80.406	91.6	15th	57.86	59.465	53.0	13th	45.6	28th, 1928
March ..	63.67	63.327	79.76	78.648	93.3	17th	55.18	56.153	49.9	26th	46.8	25th, 1916 and 30th, 1928
April ..	58.99	58.871	69.57	73.456	87.0	12th	52.63	54.171	47.7	27th	40.8	28th, 1928
May ..	56.97	55.184	69.89	68.310	84.7	26th	51.03	54.497	47.0	21st	40.3	19th, 1923
June ..	58.23	52.636	66.37	62.427	82.8	6th	50.57	48.872	42.0	19th	36.2	4th, 1928
Year ..	60.03	58.868	72.21	71.508	97.9	27/11/38	52.70	53.813	42.0	19/6/1939	29.0	5/7/1907

Table V.—RAINFALL AND HUMIDITY, 1938-1939.

Month.	RAINFALL.										HUMIDITY.	
	Amount in Inches.	Average for 32 years in inches, 1st July, 1906 to 30th June, 1938.	No. of Rainy Days.	Average rainy days for 32 years, 1st July, 1906 to 30th June, 1938.	Greatest Fall in one day.		Greatest Fall in one day for 32 years, 1st July, 1906 to 30th June, 1938.		Mean Saturation 100.	Average for 32 years, 1st July, 1906 to 30th June, 1938.		
					Amount in Inches.	Date.	Inches.	Date.				
1938.												
July	1.78	3.38	16	13.87	0.37	4th	2.67	26th, 1920	84.42	83.61		
August	2.31	2.59	9	13.47	0.65	13th	1.90	8th, 1909	75.35	83.65		
September	2.72	2.09	14	11.28	0.68	10th	1.45	17th, 1911	81.56	79.91		
October	2.03	1.25	9	8.59	0.49	5th	1.55	6th, 1931	75.26	71.76		
November	1.08	1.05	8	6.97	0.41	14th	2.35	13th, 1923	66.60	68.49		
December	1.15	0.80	3	5.44	0.95	30th	1.61	18th, 1920	66.03	67.73		
1939.												
January	—	0.64	—	3.72	—	—	1.50	2nd, 1936	63.77	68.33		
February	1.08	0.50	5	4.19	0.57	16th	0.96	11th, 1932	75.64	72.38		
March	0.20	0.74	4	5.50	0.09	31st	1.08	27th, 1910	71.26	73.88		
April	1.37	1.60	12	8.97	0.34	29th	1.62	5th, 1912	83.93	81.32		
May	4.20	2.66	9	12.00	1.68	11th	2.76	19th, 1911	81.97	83.03		
June	1.45	3.50	8	13.59	0.49	11th	2.35	14th, 1909	71.27	84.61		
Year	19.37	20.80	97	107.59	1.68	11/5/1939	2.76	19/5/1911	74.75	76.56		

Table W.—EARTH TEMPERATURE, 1938-1939.

Month.	Range at one foot. °F.	Range at one foot, 32 years, 1st July, 1906, to 30th June, 1938 °F.	Range at two feet. °F.	Range at two feet, 32 years, 1st July, 1906, to 30th June, 1938 °F.	Range at four feet. °F.	Range at four feet, 32 years, 1st July, 1906, to 30th June, 1938 °F.
1938.						
July ..	55.0 to 58.5	49.2 to 64.0	57.3 to 59.5	54.0 to 61.3	60.3 to 61.8	53.0 to 62.9
August ..	54.9 to 59.0	50.9 to 62.0	57.5 to 59.2	53.8 to 62.0	60.3 to 61.0	55.0 to 62.0
September ..	55.3 to 64.9	50.9 to 67.2	58.8 to 64.0	55.0 to 66.0	60.7 to 63.0	57.0 to 65.5
October ..	61.3 to 71.0	57.1 to 75.9	63.1 to 68.0	58.0 to 72.5	63.1 to 68.0	56.8 to 73.8
November ..	66.9 to 76.0	59.3 to 83.0	69.3 to 74.0	60.5 to 79.7	68.0 to 71.2	60.8 to 76.2
December ..	73.0 to 78.8	63.0 to 83.8	74.0 to 78.0	60.5 to 80.5	71.5 to 75.3	63.8 to 81.4
1939.						
January ..	70.2 to 79.5	66.7 to 84.0	75.0 to 79.8	66.8 to 82.0	75.0 to 78.1	66.2 to 82.5
February ..	73.9 to 81.1	66.9 to 86.9	76.6 to 80.2	68.9 to 82.9	76.9 to 78.0	68.0 to 81.4
March ..	70.0 to 75.3	63.7 to 81.0	73.4 to 77.0	65.2 to 80.7	74.8 to 76.9	67.9 to 80.2
April ..	62.8 to 73.2	58.9 to 76.6	66.7 to 74.0	63.0 to 76.3	70.2 to 74.5	62.2 to 76.1
May ..	58.9 to 64.9	53.0 to 74.4	61.9 to 67.1	58.0 to 74.6	65.2 to 70.0	61.0 to 74.0
June ..	54.0 to 60.9	51.2 to 64.1	58.0 to 62.2	56.0 to 66.0	62.0 to 65.2	59.1 to 67.4
Year ..	54.0 to 81.1	49.2 to 86.9	57.3 to 80.2	53.8 to 82.9	60.3 to 78.1	53.0 to 82.5

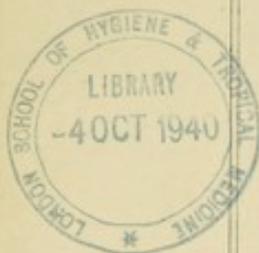


Table X.—BRIGHT SUNSHINE, 1938-1939.

Month.	Total Hours.		Most in one day and date.			Average for 32 years, 1st July, 1906, to 30th June, 1938.			Most in one day and date for 32 years, 1st July, 1906, to 30th June, 1938.		
	Hours.	Minutes.	Hours.	Minutes.	Date.	Hours.	Minutes.	Date.	Hours.	Minutes.	Date.
1938.											
July ..	172	05	8	55	19th and 30th	183	62	10	05	24th, 1908	
August ..	235	35	9	50	26th and 27th	203	80	10	35	29th, 1932	
September ..	190	00	10	50	17th, 27th and 28th	214	46	11	30	15th, 1926	
October ..	250	25	11	45	14th	271	58	13	00	13th, 1931	
November ..	279	50	11	25	25th	291	40	13	25	28th, 1906	
December ..	322	50	11	45	23rd and 24th	327	59	13	45	5th, 1915	
1939.											
January ..	320	50	11	20	1st, 2nd, 10th, 11th, 13th, 14th, 18th, 19th and 27th.	342	44	13	20	11th, 1907	
February ..	262	50	11	35	20th and 21st	290	31	13	05	6th, 1932	
March ..	293	15	11	30	7th and 9th	278	04	12	00	4th, 1908, and 1st, 1931	
April ..	196	55	9	45	12th	222	36	10	45	8th, 1916, 3rd and 10th, 1926, and 24th, 1930	
May ..	220	50	9	45	2nd and 4th	197	19	10	00	1st, 1908, and 1st, 1909	
June ..	206	35	8	40	22nd, 23rd, 24th, 25th, 26th and 27th.	165	31	9	30	5th, 1908	
Year ..	2,952	00	11	45	14/10/1938 and 23rd & 24th December, 1938.	2,991	30	13	45	5/12/1915	