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The Corporation

OF

The City of Cape Town

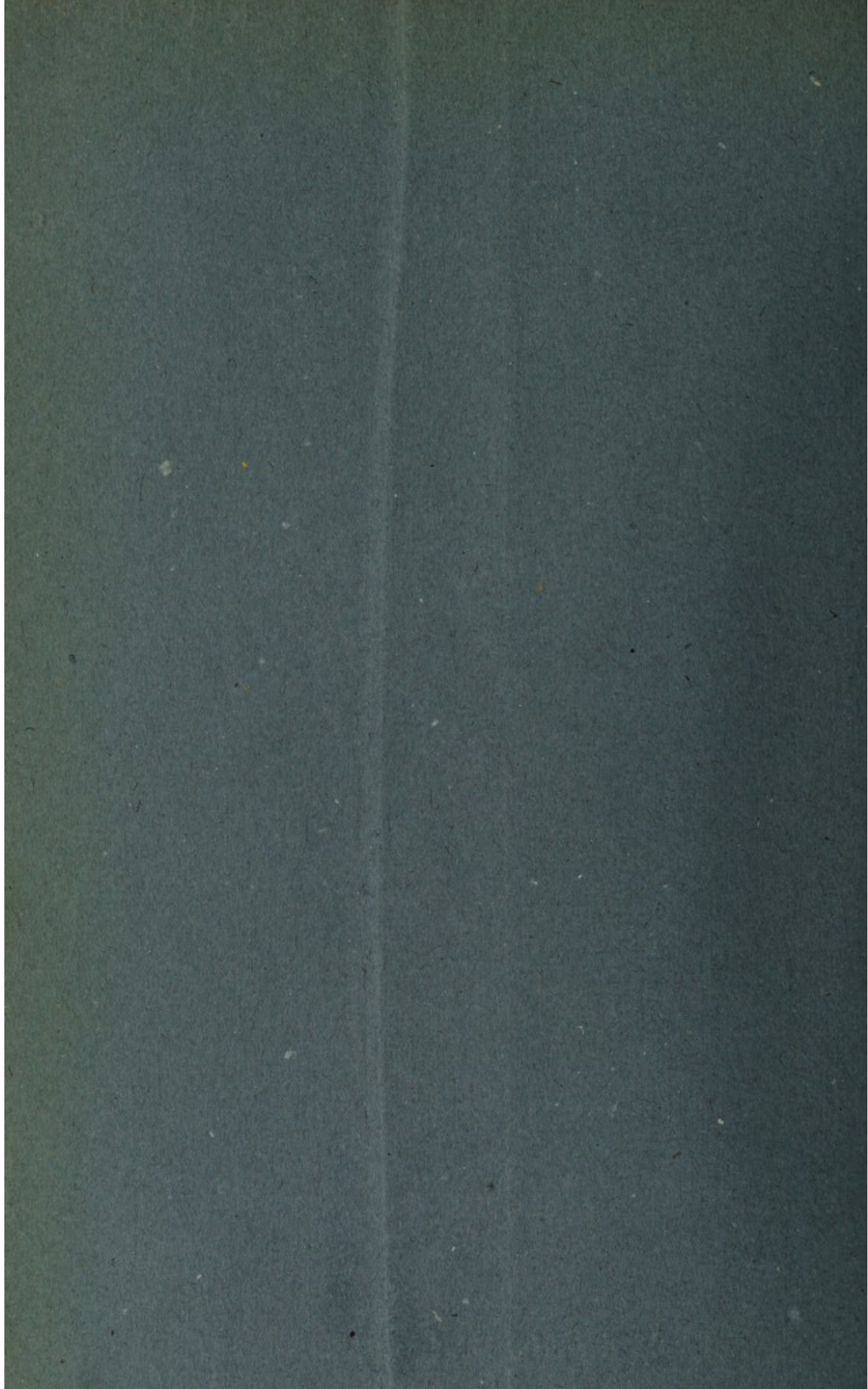


ANNUAL REPORT

OF THE

Medical Officer of Health

For the year ended 30th June, 1946.



The Corporation



Report of the Medical Officer of Health
FOR THE YEAR ENDED 30th JUNE 1946

The City of Cape Town



ANNUAL REPORT

OF THE

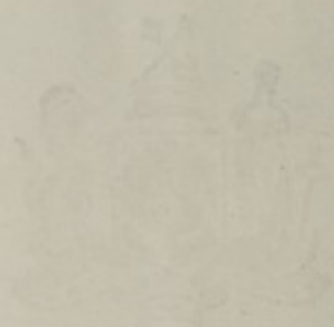
Medical Officer of Health

For the year ended 30th June, 1946.



The Corporation

The City of Cape Town



ANNUAL REPORT

Medical Officer of Health

For the year ended 31st July 1964

473

THE CORPORATION OF THE CITY OF CAPE TOWN.

Report of the Medical Officer of Health

FOR THE YEAR ENDED 30TH JUNE, 1946.

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

Ladies and Gentlemen,

I have the honour to present a report on the health conditions of the City of Cape Town for the year ended 30th June, 1946, together with an account of the work of the City Health Department during the year.

Delay in Publication.

The delay that has occurred in the publication of this report was due to the fact that returns of inward transfers of births and deaths of Cape Town residents occurring elsewhere in the Union were not obtainable from the Office of Census and Statistics, Pretoria, until recently. (These figures are available for Europeans only.)

The statistical records of European events in Cape Town as published in previous reports have always been "corrected" for inward and outward transfers, and in order to preserve continuity in the method of presenting these statistics it was deemed advisable not to publish the report until the returns had come to hand and the figures "corrected" accordingly.

Census.

A census of the population of the Union was taken on 7th May, 1946. The census taken in May, 1941, was in respect of the European population only and the last census of the total population of the Union was taken in May, 1936. It is anticipated that the figures for Cape Town will be available for inclusion in the next annual report.

Public Health Amendment Act.

The enactment of the Public Health Amendment Act during 1946 brought considerable relief to local authorities by way of increased refunds of expenditure incurred on the treatment of infectious diseases, tuberculosis and venereal diseases. The sliding scale of refunds was abolished with effect from 1st April, 1946, and the following scale was brought into operation:—

	<i>Maintenance.</i>	<i>Capital.</i>
Infectious diseases	50 per cent.	50 per cent.
Pulmonary tuberculosis	87½ "	66½ "
Venereal diseases	100 "	100 "
Formidable epidemic diseases	100 "	100 "

Vital Statistics.

The European birth rate was 21·67 for the year under review, a decrease of 2·1 per cent. compared with the previous year. The non-European birth-rate of 44·26 showed a slight decrease and was 2·0 times greater than the European rate. The natural increase rate (*i.e.* births over deaths) in non-Europeans was 2·3 times as great as the Europeans.

The European general death rate fell from 10·95 in 1944-45 to 10·62. In non-Europeans the rate of 19·30 showed a decrease of 9·3 per cent. and was the lowest on record for the Municipality. It was, however, 1·8 times as great as the European rate. The decrease in the non-European rate was accounted for by a marked decline in the number of deaths from diarrhoeal diseases. 51·0 per cent. of the non-European deaths (all causes) occurred in persons under 25 years of age as compared with 12·4 per cent. in Europeans.

The infant mortality rate of 83·41 for all races showed a decrease of 10·4 per cent. over the previous year, and the non-European rate of 102·83, a decrease of 13·6 per cent. It is gratifying to record that in both instances the rates for the year were the lowest on record for the City. The European rate of 37·49, compared with 33·84 in 1944-45, was greater by 10·8 per cent. but was 0·7 per cent. less than the preceding quinquennium.

Infectious Diseases.

Tuberculosis.—The prevalence of tuberculosis continues to be high, particularly amongst non-Europeans. 1,799 (241 European and 1,558 non-European) new cases of pulmonary tuberculosis were notified in the year as compared with 1,693 (202 European and 1,491 non-European) in the preceding year. Amongst both European and non-European females there was a noticeable rise in the incidence rate.

The mortality rate from tuberculosis (all forms) was 3.39 for all races, 0.82 for Europeans and 5.72 for non-Europeans. The non-European rate was 6.9 times greater than the European rate. 534 non-European deaths or 52.4 per cent. occurred in persons under 25 years of age as compared with 28 or 21.2 per cent. in Europeans.

A report on the modern trends in tuberculosis by Dr. J. F. Wicht, Medical Superintendent of Hospitals, is given in this report at page 44.

Enteric Fever.—There was an increase of 10.3 per cent. in the number of notifications of this disease during the year, 107 (22 European and 85 non-European) as compared with 97 (20 European and 77 non-European).

The disease prevailed evenly throughout the Municipality, there being no outbreak of milk-borne cases. The incidence rate for the year was 0.30 for all races (0.14 European and 0.44 non-European).

Diphtheria.—There was no serious spread of this disease during the year. The incidence rate for non-Europeans was 0.44 or 13.7 per cent. lower than last year and is the lowest since the year 1922-23.

Propaganda in diphtheria immunization is still being actively pursued and parents are encouraged to have their children immunized at the age of six months.

Scarlet Fever.—The occurrence of this disease rises and falls periodically. In this year it was in a phase of prevalence. The European incidence was 1.98 as against 0.89 in 1944-45. The last year of maximum prevalence in Europeans was in 1935-36.

Acute Poliomyelitis.—There was a marked decline in the number of notifications of this disease. 14 Cape Town cases were notified during the present period as compared with 64 in the previous year, a decrease of 78.0 per cent.

Cerebrospinal Fever.—During the year under report 74 (16 European and 58 non-European) cases of this disease were reported. The European figure fell from 25 to 16 and the non-European from 80 to 58. There was also a corresponding decrease in the number of deaths.

Whooping Cough.—The mortality from this disease was in a phase of quiescence after the outbreak of the previous year. Only 3 non-European deaths were registered as against 86 of last year.

Measles.—There was an increase in the number of deaths amongst non-Europeans from this disease during the year. The European mortality rate of 0.01 has remained unchanged since the year 1942-43, while the non-European mortality rate increased from 0.05 in 1944-45 to 0.16.

Veneral Diseases.—The prevalence of this disease amongst non-Europeans in Cape Town continues unabated. The number of new cases registered in the year was 5,761 (714 European and 5,047 non-European) as compared with 4,685 (580 European and 4,105 non-European) in the previous year. The European incidence rate was 4.4 as against 25.2 for non-Europeans which is 5.7 times greater than the European rate.

Five municipal treatment centres are maintained by the City Council for combating venereal disease based on the provision of free treatment. A Venereal Disease Officer is in charge of this branch and he devotes the whole of his time to the work. He is assisted at the clinics by a deputy Venereal Disease Officer, a number of part-time medical officers and nurse visitors and male nurses.

Special attention is paid to the follow-up of cases who default in their attendance at the clinics and, where necessary, action against defaulters is taken in terms of the Public Health Act.

Maternal and Child Welfare.

There are in this branch of the department 4 full-time medical officers and 39 health visitors with 3 non-European assistant health visitors, whose time is devoted to maternal and child welfare.

At the infant consultation, pre-natal and school clinics the new cases who attended during the year numbered 18,559 and the total attendances at these medical sessions amounted to 162,627.

The number of children under one year of age, belonging to Cape Town, who attended at the infant consultations for the first time during the year was 64 per cent. of the number of registered births (European 34 per cent., non-European 77 per cent.).

There were also 345,651 total attendances for dinners and milk meals at the various child welfare centres.

Sanitary Inspection.

The staff of this branch includes the Chief Health Inspector, the Assistant Chief Health Inspector and 36 health inspectors, as well as 3 health inspectors for dairies and 4 rodent inspectors.

With the return of the health inspectors who had been on active service, the volume of inspections made during the year has increased, especially in regard to food premises and dwelling houses.

Control of Milk Supplies.

With the appointment of a full-time Veterinary Officer for the control of milk supplies, it was found possible to undertake a very complete survey of all dairy premises and herds from which milk was consigned to the municipal area of Cape Town.

Housing.

During the year 75 sub-economic flats and 162 sub-economic houses for non-Europeans and 56 sub-economic houses for Europeans were completed by the City Council. Of the houses built for non-Europeans, 106 were at Q-Town, Athlone. The Council also erected two blocks of bachelor quarters at the Langa Native Township at a cost of £22,282 each. The Citizens' Housing League Utility Company built 40 flats and 71 houses for Europeans at Epping Garden Village outside the Cape Town Municipal area.

There has been no improvement in the housing position in Cape Town during the year under review. Indeed, the return of volunteers from active service has aggravated the housing shortage, and the number of overcrowded houses has increased considerably. Shortage of materials, increased building costs and insufficient artisans have all played their part in retarding the building programme.

Owing to the shortage of accommodation for office and trade purposes there has been an appreciable increase in the number of applications submitted to the Council under the Housing Act of 1920 for permission to convert residential premises to business purposes. The Department has rigidly adhered to the provisions of the Act in dealing with these applications, and only in cases where premises were beyond repair or incapable of being restored to a habitable condition at reasonable cost were the applications recommended for approval by the Council.

The number of sub-economic houses built in Cape Town during the year is insufficient to accommodate even the normal annual increase in the population of the lower income groups, apart from not making any contribution towards a reduction in the enormous backlog of houses that remain to be built.

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 Public Health Committee and other members of the Council.

I am, Ladies and Gentlemen,

Your obedient servant,

F. O. FEHRSEN,

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Professor of Public Health, University of Cape Town.
Medical Officer of Health.

CITY HEALTH DEPARTMENT,
12, KEEROM STREET,
CAPE TOWN.

March, 1948.

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MUNICIPALITY OF THE CITY OF CAPE TOWN.

LEADING STATISTICS, YEAR ENDED 30TH JUNE, 1946.

Area : 50,810 Acres.	European.	Non-European.	All races.	European.
Total population	162,244	200,518	362,762	—
Population (excluding the Native Township of Langa and the district of Windermere) ..	161,660	178,680	340,340	—
	<i>A</i>	<i>A</i>	<i>A</i>	<i>B</i>
Birth rate	21·67	44·26	33·56	22·08
Death rate	10·62	19·30	15·20	11·08
Infant mortality rate	37·49	102·83	83·41	36·79
Tuberculosis death rate	0·82	5·72	3·39	0·84
Enteric incidence rate	0·14	0·44	0·30	—
Enteric death rate	0·02	0·06	0·04	0·02

All the above rates are annual and expressed as per 1,000 population of each class, except the infant mortality rate, which is expressed as per 1,000 births occurring during the year. The figures for the Langa Native Township and the district of Windermere are excluded from these rates.

A. Corrected for outward transfers.

B. Corrected for outward and inward transfers.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED 30TH JUNE, 1946.

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 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, Kensington and Windermere 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."

* 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.

AREA.

The area of the Municipality on 30th June, 1946, amounted to approximately 50,810 acres or 79 square miles. During the year an area of about 250 acres was added to the Municipality at Oude Molen (Pinelands) and the Railway Ballast Reserve (Maitland). The length of the main road passing through the Municipality from the boundary at Bakoven to that of Kalk Bay is about 25 miles.

CLIMATE.

Cape Town is situated Lat. 33° 56' S., Long. 18° 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 U to X, on pages 123 to 126.

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." Nine-tenths 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 Indians. Though they possess a larger infusion of this strain, they are much mixed with the other elements present in the Cape Coloured generally.

The 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 (where they are mostly slum dwellers), or in unsanitary shacks on the Cape Flats, 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 worse than those of the Coloured people.

The Indians are less than 5,000 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 27th June, 1946. 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 Township, 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 of Cape Town as recorded below (exclusive of Langa Native Township, and Windermere which was incorporated in May, 1943) is calculated for the middle of the year under report (31st December); as to Europeans from the figures of the 1936 and 1941 censuses, and, as to non-Europeans, the 1926 and 1936 censuses.

Race.	Males.	Females.	Persons.
European	73,895	87,765	161,660
Native (not Langa)	8,834	3,416	12,250
Asiatic	2,967	1,273	4,240
Other Coloured	75,755	86,435	162,190
Non-European	87,556	91,124	178,680
All Races	161,451	178,889	340,340

Except where otherwise stated the rates in this report are based on the above figures, the events in the Langa Native Township and the added area of Windermere being excluded.

The estimated population for each ward is shown in Table J, on page 112.

The estimated population of Langa Native Township, based on the annual averages of an enumeration made at the end of each month, is as follows:—

<i>European.</i>	<i>Coloured.</i>	<i>Native.</i>	<i>All Races.</i>
27	—	8,160	8,187

The population of the added area of Windermere (including Factretton), as enumerated in the housing survey carried out there in 1944 and 1945 was as follows:—

<i>European.</i>	<i>Coloured.</i>	<i>Native.</i>	<i>Asiatic.</i>	<i>All Races.</i>
557	7,138	6,436	104	14,235

This addition brings the estimated population of the Municipality (including Langa and Windermere) to the following:—

<i>European.</i>	<i>Coloured.</i>	<i>Native.</i>	<i>Asiatic.</i>	<i>All Races.</i>
162,244	169,328	26,846	4,344	362,762

BIRTHS.

The births and birth rates for the Municipality of Cape Town in the year 1945-46 are shown in Table F, on page 108.

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

	Birth rate.	Rate of natural increase.	
European	22.08	11.00	corrected for outward and inward transfers.
Coloured	43.01	24.79	
Native (not Langa)	56.56	21.28	.. .. .
Asiatic	56.76	42.33	.. .. .
All non-Europeans	44.26	24.96	.. .. .
All races	33.56	18.35	.. .. .

The non-European birth-rate was 2.0 times as great as the European (corrected for outward transfers). The ratio was 2.0 for Coloured, 2.6 for Natives and 2.6 for Asiatics.

In Table G, on page 109, the annual birth-rate and rate of natural increase for 33 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 2.0 per cent., and the non-European (corrected for outward transfers) a decrease of 0.8 per cent.

The natural increase of the non-European population (i.e., the excess of births over deaths) was 2.5 times as great as that of the European population (corrected for outward transfers); expressed as per 1,000 population it was 2.3 times as great (Coloured 2.2, Natives 1.9, Asiatics 3.8).

In Table E, on page 107, 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 94.3 amongst Europeans and 103.0 amongst non-Europeans.

The percentage of illegitimate to total births (corrected for outward transfers) was 3.4 amongst Europeans and 23.5 amongst non-Europeans. The corresponding figures for former years will be found in Table G, on page 109.

The number of still-births registered as having taken place in Cape Town during the year was 460, including 116 European and 344 non-European. Corrected for outward transfers the number was 401 (90 European, 311 non-European).

5,298 births (2,842 European and 2,456 non-European) and 251 still-births (88 European and 163 non-European) took place in maternity homes and other institutions within the Municipality. Corrected for outward transfers the births in institutions were 4,384 live births (2,208 European and 2,176 non-European), and 193 still-births (63 European and 130 non-European). This is equivalent to a percentage of 38.5 of all live births (corrected for outward transfers), the percentage being 63.2 amongst Europeans and 27.6 amongst non-Europeans.

Statistics based on birth notifications will be found in Table M, on page 115.

Births in the Langa Native Township and the district of Windermere are not included in the foregoing figures. Particulars regarding these will be found in Table S on page 121 and Table T on page 122.

In Table K, on page 113, the birth-rates of certain other towns, the Union of South Africa, and England and Wales, are set out for the purposes of comparison.

DEATHS.

The deaths and death-rates for the Municipality of Cape Town for the year 1945-46 are shown in Table F, on page 108. The death-rates per 1,000 population were as follows:—

European	11.08	corrected for outward and inward transfers.
Coloured	18.22	corrected for outward transfers.
Native (not Langa)	35.28	" " "
Asiatic	14.43	" " "
All non-Europeans	19.30	" " "
All races	15.20	" " "

The non-European death-rate was 1.8 times as great as the European (corrected for outward transfers). The ratio was 1.7 for Coloured, 3.3 for Natives and 1.4 for Asiatics.

The European death-rate (corrected for outward and inward transfers) was 2.9 per cent. less than that of the previous year and 2.1 per cent. less than that of the preceding quinquennium. The non-European rate (corrected for outward transfers) was 9.3 per cent. less than that of the previous year and 12.0 per cent. less than that of the preceding quinquennium. The non-European rate for the year was the lowest on record. In Table G, on page 109, the annual death-rate for 33 years is set out in years and quinquennia.

CAUSES OF MORTALITY.

In Tables A1, A2, A3, A4 and A5, on pages 72 to 102, 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 103; and in Table C, on pages 104 and 105, 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 shows which are the greatest recorded causes of death in Europeans and non-Europeans respectively:—

	Death-rate per 1,000 population.		
	Europeans.	Non-Europeans.	
Cardiac diseases	2.83	Tuberculosis	5.72
Cancer	1.56	Bronchitis and pneumonia	2.37
Arterial diseases*	1.47	Cardiac diseases	2.18
Tuberculosis	0.84	Diarrhoea and enteritis	1.64
Violence	0.51	Congenital malformations and diseases of	
Congenital malformations and diseases of		early infancy	1.63
early infancy	0.49	Arterial diseases*	0.97
Nephritis	0.43	Cancer	0.76
Bronchitis and pneumonia	0.41	Violence	0.70
Diabetes	0.25	Syphilis, G.P.I., tabes and aneurysm of the	
Diarrhoea and enteritis	0.19	aorta	0.48
		Nephritis	0.46

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

* Including intracranial lesions of vascular origin.

population than in the European. (The figures for infant mortality in Table H, on page 110, afford a comparison between the races free from the distortion caused by difference in age constitution.) Similarly cancer, circulatory diseases and diabetes occur especially in middle and old age, and the prominence of the mortality rates from these diseases in Europeans is mainly due to 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 table below, Age at Death).

In Table J, on page 112, the deaths by race are classified according to place of residence (wards).

Deaths in the Langa Native Township and the district of Windermere are not included in the foregoing figures. Particulars regarding these will be found in Tables A4 and A5, on pages 100 and 101, and in Tables S and T, on pages 121 and 122.

For the purpose of comparison, the death-rates of certain other towns, the Union of South Africa and England and Wales, are set out in Table K, on page 113.

DEATHS IN INSTITUTIONS.

In Table L, page 114, the deaths which took place in various institutions are set out.

Of the total deaths in Cape Town (uncorrected) 38.4 per cent. took place in institutions (49.8 per cent. of all European deaths and 32.3 per cent. of all non-European deaths).

After correcting for outward transfers the percentage of deaths occurring in institutions was 30.7 (41.5 per cent. of European deaths and 25.4 per cent. of non-European deaths). Correcting also for inward transfers 42.9 per cent. of European deaths took place in institutions.

SEASONAL VARIATIONS.

The seasonal variation in mortality is shown in Table D, on page 106, where the deaths for the year 1945-46, 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	15.44	10.49	12.54	9.00	13.08	9.40
Native (not Langa)	36.21	51.08	30.99	46.38		
Asiatic	16.56	12.60	15.55	11.82		
Other Coloured	23.46	17.42	21.03	15.75		
Non-European	24.55	18.59	21.89	16.82		
All Races	20.38	14.62	17.61	12.99		
Native (Langa)			16.22	26.05		

It will be seen from the above figures that in Europeans the male death rate (corrected for outward and inward transfers) was 39.1 per cent. greater than the female; and in non-Europeans the male death rate (corrected for outward transfers) was 30.1 per cent. greater than the female (Asiatics, 31.6, Coloured 33.5; in Natives the male death rate was 33.2 per cent. less than the female).

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	75	56	131	7.78	6.80	7.33
Over 1 and under 5 years ..	11	11	22	1.14	1.34	1.23
" 5 " 25 " ..	23	40	63	2.39	4.86	3.52
" 25 " 65 " ..	407	294	701	42.22	35.72	39.23
" 65 years	448	422	870	46.47	51.28	48.69
Total European deaths ..	964	823	1,787	100.00	100.00	100.00
B. Non-Europeans:						
Under 1 year	458	353	811	24.01	23.06	23.58
Over 1 and under 5 years ..	244	255	499	12.79	16.65	14.51
" 5 " 25 " ..	204	240	444	10.69	15.68	12.91
" 25 " 65 " ..	786	512	1,298	41.19	33.44	37.74
" 65 years	216	171	387	11.32	11.17	11.26
Total non-European deaths	1,908	1,531	3,439	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 8.6 per cent. of all deaths in Europeans, as compared with 38.1 per cent. in non-Europeans; and that the deaths under 25 years of age constitute 12.1 per cent. of all deaths in Europeans as compared with 51.0 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.

(Prepared by Dr. E. Mary Broome, Maternal and Child Welfare Officer.)

INFANT MORTALITY.

The deaths of infants under one year old for the Municipality of Cape Town in the year 1945-46, and the corresponding rates, are shown in Table F, on page 108. The infant mortality rates per 1,000 births were as follows:—

Europeans	36.79	corrected for outward and inward transfers.
Coloured	95.89	corrected for outward transfers.
Native (not Langa)	188.13	.. .. .
Asiatic	58.33	.. .. .
All non-Europeans	102.83	.. .. .
All races	83.41	.. .. .

The non-European infant mortality rate was 2.7 times as great as the European (corrected for outward transfers). The ratio was 2.6 for Coloured, 5.0 for Natives and 1.6 for Asiatics.

The European infant mortality rate (corrected for outward and inward transfers) was 6.2 per cent. greater than that of the previous year and 1.0 per cent. less than that of the preceding quinquennium. The non-European rate was 13.6 per cent. less than that of the previous year and 18.4 per cent. less than that of the preceding quinquennium. The rate for all races as well as the non-European rate was the lowest on record for the City. In Table G, on page 109, the annual infant mortality rate for 33 years is set out in years and quinquennia.

The death rate for 1945-46 of children between one and two years old, per 1,000 survivors of those born in the previous year, was 3.2 for Europeans and for non-Europeans 45.3 or 14.2 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 110, which shows 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 46.6 per cent. of the deaths under one year old occurred in the first week of life, and 62.6 per cent. in the first month (four weeks). Amongst non-European infants the percentages were 22.2 in the first week and 36.6 in the first month. In Table I, on page 111, 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 six 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
" " " " " 1943	21.7	37.3
Year ended 30th June, 1941	19.4	37.2
" " " " " 1942	23.1	39.9
" " " " " 1943	21.4	36.0
" " " " " 1944	17.0	38.0
" " " " " 1945	20.6	37.8
" " " " " 1946	23.5	37.7

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	3,377	6,031	9,408
Number of legitimate deaths under one year of age	120	504	624
Infant mortality (legitimate) per 1,000 births.. .. .	35.5	83.6	66.3
Number of illegitimate births	117	1,856	1,981*
Number of illegitimate deaths under one year of age	11	307	326*
Infant mortality (illegitimate) per 1,000 births	94.0	165.4	164.6

* Including 8 of unknown race.

In Table J, on page 112, the infant mortality by race will be found classified according to place of residence (wards).

Infant deaths in the Langa Native Township and the district of Windermere are not included in the foregoing figures. Particulars regarding these will be found in Tables A4 and A5, on pages 100 and 101, and in Tables S and T, on pages 121 and 122.

Infant mortality rates of certain other towns, the Union of South Africa and England and Wales are set out in Table K, on page 113, for the purpose of comparison.

MATERNAL MORTALITY.

The following table shows the number of deaths of women which occurred in the year under report 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 septicaemia (including post-abortive infection) ..	1	8	9	0.29	1.01	0.79
Abortion, ectopic gestation, and haemorrhages of pregnancy ..	—	3	3	—	0.38	0.26
Toxaemias and other diseases and accidents of pregnancy ..	2	4	6	0.57	0.51	0.53
Puerperal haemorrhage ..	2	5	7	0.57	0.63	0.62
Other puerperal accidents and diseases ..	2	1	3	0.57	0.13	0.26
All causes, other than puerperal septicaemia (including post-abortive infection) ..	6	13	19	1.72	1.65	1.67
Total ..	7	21	28	2.00	2.66	2.46

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

	Puerperal septicaemia.			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
1939-40 to 1943-44	0.85	1.72	1.44	1.09	2.58	2.11	1.93	4.31	3.56
1940-41 ..	1.00	1.80	1.57	1.00	1.94	1.67	2.00	3.74	3.24
1941-42 ..	1.23	1.43	1.37	1.55	2.58	2.24	2.78	4.01	3.61
1942-43 ..	0.29	1.58	1.15	0.58	3.72	2.68	0.87	5.30	3.83
1943-44 ..	1.05	2.22	1.83	1.31	2.61	2.18	2.35	4.83	4.00
1944-45 ..	0.00	0.52	0.35	0.56	2.32	1.77	0.56	2.84	2.12
1945-46 ..	0.29	1.01	0.79	1.72	1.65	1.67	2.00	2.66	2.46

MATERNAL AND CHILD WELFARE.

B.—ADMINISTRATIVE.

During the year there have been many staff changes in the Branch, both in the Medical Officers and in the Health Visiting Staff.

In May, 1946, Dr. Gertrude Pycroft retired after more than 16 years work as Assistant Maternal and Child Welfare Officer. Her unfailing sympathy, her competence and her kindly personality have contributed considerably to the building-up of the work of the branch.

Three of the health visitors who had been on active service returned to duty during the year, but vacancies on the staff have been hard to fill on account of the lack of suitably-qualified and experienced applicants.

This shortage has thrown an unduly heavy burden of work on the health visitors of the branch, and it has not been possible to keep in such close touch with young children by home visiting as is desirable. This is reflected in the falling-off of the number of subsequent visits made by health visitors and in the attendances at the infant welfare sessions.

With the progress of demobilisation, the housing shortage has been aggravated, making it difficult or impossible for many parents to rear healthy children; overcrowded conditions have undoubtedly been a factor in the breakdown of family life in many cases.

For several years, an infant consultation has been held in the Church School Hall at Kalk Bay. Though this session was originally intended for non-European mothers and babies, the Europeans have made use of it to a great extent, and often there were more European than non-European babies attending at a session.

In February, 1945, the new welfare centre in the Council's non-European housing scheme at Kalk Bay was opened, which made it unnecessary to continue using the Church School Hall, and a fortnightly session was instituted for non-European infants and for expectant mothers.

At the same time it was arranged to hold a fortnightly session at the Municipal Offices at Muizenberg to meet the needs of the European section, and here many European mothers and babies attend regularly.

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 1945-46, the number of births (and still-births) notified was 14,562, as follows:—

Notified by midwives and nurses (other than extern or intern institutional cases)	7,191
Notified by doctors	17
Notified by institutions (extern or intern)	6,936
Notified by parents and others	158
Notified by health visitors	260

There were 227 births notified in Langa Native Township.

In Table M, on page 115, 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:—

<i>Attended.</i>		<i>Births.</i>	<i>Percentage.</i>
In private houses:			
By private doctors		716	5.3
By private midwives:			
Certificated		4,322	32.1
Uncertificated		2,092	15.5
By public midwives or midwife students		1,422	10.6
No doctor or midwife		172	1.3
No information		64	0.5
		<u>8,788</u>	<u>65.3</u>
In institutions:			
Public institutions		3,316	24.6
Private nursing homes		1,355	10.1
		<u>4,671</u>	<u>34.7</u>

The extern births attended by certificated private midwives continue to increase in proportion to those attended by uncertificated women. Sixteen years ago (1930-31) 80 per cent. of midwife births (extern) were attended by uncertificated midwives. In the present year the percentage was 32 per cent.

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

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 inspection of such premises is 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. One of the health visitors is appointed as assistant inspector of nursing homes in addition to her other duties.

On 30th June, 1946, there were 25 registered nursing or maternity homes in the municipal area, as follows:—

	<i>Premises.</i>	<i>Beds.</i>
General	14	473
Maternity	10	197
Combined	1	—
General		7
Maternity		22
	<u>25</u>	<u>699</u>

During the year ended 30th June, 1946, 6 registered premises were closed (5 general—50 beds, and 1 maternity—12 beds) and 5 new premises were registered (4 general—89 beds, and 1 maternity—13 beds).

The health visitor who deals with this branch of the work made the following visits of inspection:—

Annual inspection of premises	16
Visits re registration of premises	46
Subsequent visits to registered premises	94
	<u>156</u>

Full reports were sent to the Secretary for Public Health in respect of 22 premises reported on by the assistant inspector as follows:—

	<i>New applications.</i>	<i>Registered Premises.</i>
General	4	8
Maternity	2	7
Combined	—	1
	<u>6</u>	<u>16</u>

There has been a slight increase in the number of beds in Cape Town during the year under review, but there still remains a great shortage of beds in nursing homes, particularly for maternity cases and for old people needing nursing care.

THE WORK OF THE HEALTH VISITORS.

There are in this branch of the Health Department 39 health visitors, whose time is devoted to maternity and child welfare, besides the Chief Health Visitor, Assistant Chief Health Visitor, the supervisor of midwives, two social welfare investigators, and one health visitor in charge of the school clinics, two in connection with diphtheria prophylaxis, and one in charge of the nursery school. There are also two non-European nurse-assistants, and at the Langa Native Township one native health visitor.

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 uncertificated 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. Expectant mothers applying for grants under Section 18 of the Factories Act, 1918, are referred to this Department by the Factory Inspectors, and are reported on and advised.

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.

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

The following table shows the number of visits made during 1945-46 and previous years by the health visitors and the social welfare investigator (including the visits made by the tuberculosis health visitors and the nurse visitors from the Venereal Diseases Branch).

Classification of visits.	Number of visits.									
	1945-46	1944-45	1943-44	1942-43	1941-42	1940-41	1939-40	1938-39	1937-38	1936-37
Visits to houses where births have occurred..	13,339	13,168	13,273	11,495	10,841	10,582	10,731	10,516	9,580	10,272
Subsequent visits to houses where births have occurred ..	47,252	45,732	45,517	38,391	41,136	39,469	38,914	34,792	34,862	35,642
Visits to houses where deaths under 5 years of age have occurred	1,502	1,754	2,069	1,496	1,740	1,483	1,326	1,315	1,213	815
Visits to expectant mothers ..	2,820	2,773	3,526	3,219	3,570	3,439	3,190	2,966	2,547	2,862
Visits re protected infants ..	3,486	3,434	3,686	3,451	3,719	4,131	3,593	3,516	3,252	2,899
Special follow-up visits	5,214	6,559	5,439	4,573	4,313	4,847	3,861	3,639	3,833	4,434
Visits to cases of tuberculosis ..	17,352	17,115	14,621	12,188	13,102	12,231	11,482	9,900	8,683	8,989
Visits re cases of puerperal fever ..	77	64	109	76	92	105	97	85	70	75
Visits re measles ..	55	29	90	241	33	180	2	42	227	8
Visits re whooping cough	9	127	69	16	69	133	55	41	26	39
Visits re diarrhoea ..	83	115	42	121	131	132	42	27	14	20
Visits re chicken-pox ..	10	8	23	9	12	25	22	19	3	16
Visits re ophthalmia neonatorum ..	563	775	492	457	700	510	700	579	726	698
Visits re pneumonia ..	305	299	370	368	370	489	454	481	526	495
Visits re trachoma ..	6	5	1	2	4	3	13	5	19	6
Visits re influenza ..	1	2	4	5	15	21	9	3	47	2
Visits re other diseases..	121	79	127	106	182	92	104	188	29	27
Visits re diphtheria immunization ..	2,830	3,882	3,532	2,987	3,168	3,166	2,221	2,337	2,272	1,823
Visits re diphtheria ..	167	241	359	82	109	141				
Visits re midwives ..	962	1,247	1,010	856	1,057	1,165	1,123	1,254	1,270	1,185
Visits re schools ..	781	687	547	591	527	803	424	479	403	330
Visits to school children	740	449	694	910	1,213	835	811	851	1,048	791
Visits to shops and factories ..	572	523	129	212	107	205	325	135	142	180
Visits to nursing homes	151	123	137	105	133	105	115	85	41	41
Visits re verminous persons ..	25	43	151	61	50	56	39	25	1	2
Visits re dental treatment ..	156	181	183	277	316	394	361	268	110	153
House-to-house visitations ..	6,042	6,465	6,730	4,207	4,873	4,770	5,308	4,446	2,637	1,831
Visits re venereal disease	8,071	7,195	6,291	5,896	5,718	5,206	5,364	4,597	3,996	312
Visits re prospective foster mothers ..	63	42	64	84	48	12				
Visits to prospective foster homes re evacuees ..						283				
Visits re evacuees ..		15	27	35	47	48				
Visits to orthopaedic cases ..	3,302	2,241	681							
Other visits ..	1,155	1,629	2,416	2,226	1,904	1,694	1,329	1,118	644	954
Visits by Social Welfare Investigator ..	1,631	1,968	1,860	1,754	1,535	2,454	2,668	2,890	3,528	3,075
Total visits ..	118,843	118,969	114,269	96,497	100,834	99,209	94,683	86,699	81,749	77,976
Complaints referred to Chief Health Inspector	44	80	55	41	48	31	52	38	30	22

SUPERVISION OF MIDWIFERY.

Pursuant to the Government regulations made under the Public Health Act 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, 1945	160	71	6	27	264
Added to list during 1945-46	39	10	1	—	50
Removed from list during 1945-46 by resolution of Council	—	—	—	1	1
Removed from list during 1945-46, having ceased to practise in the Municipality ..	68	10	—	—	78
On list 30th June, 1946	131	71	7	26	235

Applications to be added to the list refused by resolution—*nil*.

One of the health visitors holds the position of supervisor of midwives. The extent of her work is indicated by the following figures:—

Visits to midwives in their own homes	804
Total visits by supervisor	1,685
Meetings of midwives for inspection	11
Attendances of midwives at meetings	160
Midwives specially interviewed by medical officer	9
Midwives reprimanded by letter	—

The following persons were dealt with under Section 18(b) of the Public Health (Amendment) Act No. 15 of 1928:—

Prosecution.—D.C., non-European, was prosecuted for practising midwifery when her name was not on the Council's list of midwives. She was fined £11 with the option of 2 months' imprisonment, £9 or 50 days being suspended for one year on condition of good behaviour.

Removal.—A European trained midwife, who was convicted in 1945 for procuring abortion, had her name removed from the City Council's list of persons practising midwifery within the municipal area. Her name had been struck off the register kept by the South African Nursing Council.

ASSISTED MIDWIFERY.

During the year the City Council paid the fees of private midwives attending indigent persons, in 44 cases, the total disbursement amounting to £86 10s. 0d.

Fees to medical practitioners called in by midwives to indigent confinement cases in emergency were paid in 36 cases, the total disbursement amounting to £41 7s. 6d.

388 expectant mothers, who had applied for maternity benefit under the Factories Act, were visited and advised at the request of the Department of Labour.

During the year periodic inspections have been held at the branch welfare centres in rotation. These are conducted by one of the medical officers of the branch assisted by the supervisor of midwives and have been well attended by the midwives working in the municipal area.

The midwives have shown great interest in the lectures and discussions and have asked that more instructional films be shown at the inspections.

Medical practitioners taking the D.P.H. course at the University of Cape Town and students taking the Health Visitors' and School Nurses' course at the Technical College attended for observation at midwifery inspections.

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 1945-46, corrected for imported cases and misdiagnosis, numbered 71 (14 European and 57 non-European).

The number of deaths amongst the 71 Cape Town cases was 6 (non-European). The number of Cape Town deaths from the disease according to date of registration in the year was 5.

The mortality from this cause for a series of years, expressed as a rate per 1,000 live births, is shown on page 13.

Attendance at Confinement.—Sixty of the cases were confined at home and 11 in hospitals. Of the 60 at home 27 were attended in labour by midwives only, 9 by doctors only, and 3 by doctors and midwives; 21 were unattended (11 being abortions).

Condition of Child.—Thirty-one of the cases supervened upon the birth of a living child and 40 of a dead foetus. Of the 40 cases following delivery of a dead foetus, 7 were of a dead viable foetus and 33 of a non-viable foetus. Twenty-one of the cases were reported as occurring in women in the first confinement.

Treatment.—Forty of the cases (corrected for misdiagnosis and for imported cases) were treated in the City Hospital, 1 in the Wynberg Victoria Hospital, and 1 in the Groote Schuur Hospital; the remaining 29 cases were treated at home.

There was 1 case at the Langa Native Township.

PROTECTED INFANTS.

Any child under 10 years who is placed in the care of a foster-mother must by law be registered as a protected infant at the office of the Commissioner of Child Welfare. In Cape Town visits are made by the health visitors, and reports submitted every three months by the Medical Officer of Health to the Commissioner of Child Welfare.

The supervision of these infants brings to light many problems and constitutes a difficult part of the health visitors' duties. Many foster-homes are very poor and overcrowded; occasionally protected infants are neglected. Payment to the foster-mother is usually very small and parents may default altogether.

There were 431 registrations of protected infants, and the total visits made by the health visitors during the year was 3,486.

SOCIAL WELFARE INVESTIGATOR.

In the maternity and child welfare branch there are two social welfare workers, who are available for assisting the medical officers and health visitors in cases requiring social guidance. Many of the cases are of unmarried mothers who require special help in connection with their confinements and in obtaining support and assistance after the birth of their infants.

The social workers link up the work of the branch with that of other social agencies, and are of great assistance in dealing with the complex medical and social problems which frequently present themselves. The work calls for a high degree of experience and tact. One of these officials is a trained nurse with specialised training and experience; the other holds a degree in social science.

A record of work done during the year 1945-46 by the social welfare workers is given below:—

New cases investigated	496
Visits to institutions	345
Visits to cases	1,028
Visits to Government offices	144
Other visits	114
Total visits	1,631
Office consultations	712

CARE OF CHILDREN SUFFERING FROM ORTHOPAEDIC DEFECTS.

The child welfare branch at its centres sees many children suffering from deformities which, if neglected, would lead to permanent crippling. The work of the nurse assisting in following-up these cases has increased, so that it is now too great for one nurse to carry out adequately, and the employment of a second nurse, specialized in orthopaedic work, would be fully justified.

There are now 547 children under supervision of whom 68 are European and 479 are non-European. These include the following cases:—

Surgical tuberculosis	179
Rickets with resulting deformities	141
Infantile paralysis	80
Club feet	59
Spastic paralysis	17
Others, including Erbs palsy, Perthes disease, infective arthritis of infants	71

During the year the orthopaedic nurse visited 3,302 cases, and held 102 sessions which were attended by 1,294 children. Other particulars of work effected are as follows:—

Children admitted to institutions for orthopaedic treatment	69
Children discharged after treatment	58
Children removed out of the municipal area	24
Referred to Cripple Care Association on reaching age limit of 16 years	39
Cases recovered	56
Deaths	18

MATERNAL AND CHILD WELFARE CENTRES.

Eighteen maternal and child welfare centres are maintained, at which 66 medical sessions are held each week. A medical officer attends at each of these sessions except that at some of the smaller sessions the medical officer attends only twice a month.

Of the 66 weekly sessions 33 were ordinarily conducted by full-time medical officers and the remainder by part-time medical 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 by race) made at the infant consultations (including pre-school children), pre-natal clinics, school clinics and dinners held at the centres during the year 1945-46.

Centre.	Race.	Infant consultations.				Pre-natal clinics.				School clinics.				Dinners for children under school age, and nursing and expectant mothers.	
		Sessions.	First attendances.		Total attendances.	Sessions.	Attendances.		Sessions.	Attendances.		Attendances.			
			Under 1 year.	Over 1 year.			First.	Total.		First.	Total.	Adults.	Children.		
93, Keerom St., Cape Town.	Eur. . . Non-Eur. . . Total . .		286 551 837	58 86 144	3,521 7,354 10,875		20 307 327	80 1,347 1,427					— 1,586 1,586	— 2,815 2,815	
Aspeling St., Cape Town.	Eur. . . Non-Eur. . . Total		14 961 975	2 242 244	384 16,815 17,199	134	— 962 962	1 4,053 4,054	19	— 729 729	— 1,336 1,336	— 4,267 4,267	— 16,842 16,842		
Bloemhof, Cape Town.	Eur. . . Non-Eur. . . Total . .		— 212 212	— 51 51	— 3,919 3,919										
Woodstock . .	Eur. . . Non-Eur. . . Total . .		289 499 788	41 136 177	4,013 9,482 13,495	99	155 396 551	638 1,550 2,188	104	283 712 995	802 1,726 2,528	121 2,329 2,450	315 5,909 6,224		
Maitland . .	Eur. . . Non-Eur. . . Total . .		88 461 549	26 92 118	1,571 6,120 7,691	52	49 483 532	296 2,188 2,484	40	88 436 524	208 1,621 1,829	— 1,954 1,954	— 4,605 4,605		
Brooklyn . .	Eur. . . Non-Eur. . . Total . .		124 — 124	47 — 47	1,751 — 1,751	25	37 — 37	205 — 205							
Windermere . .	Eur. . . Non-Eur. . . Total . .		— 730 730	— 250 250	— 15,272 15,272	102	— 622 622	— 2,666 2,666							
Langa	Native . .	48	278	32	4,219	50	281	1,721							
Athlone	Eur. . . Non-Eur. . . Total . .		23 688 711	4 169 173	322 12,478 12,800	99	1 669 670	37 3,041 3,078	19	1 310 311	1 709 710	— 3,840 3,840	— 17,291 17,291		
Bokmakierie . .	Eur. . . Non-Eur. . . Total . .		— 233 233	— 78 78	— 8,866 8,866	47	— 204 204	— 892 892				1,769 1,769	— 7,297 7,297		
Station Rd., Claremont.	Eur. . . Non-Eur. . . Total . .		78 170 248	25 44 69	1,636 3,472 5,108	50	66 334 400	312 1,242 1,554	21	26 226 252	61 642 703	— 1,653 1,653	— 3,847 3,847		
Wesley St., Claremont.	Eur. . . Non-Eur. . . Total . .		— 234 234	— 59 59	— 4,215 4,215	9	— 22 22	— 84 84				1,858 1,858	— 10,927 10,927		
Lansdowne . .	Eur. . . Non-Eur. . . Total . .		72 276 348	20 69 89	1,164 3,816 4,980	75	34 252 286	166 1,094 1,260				1,414 1,414	— 4,245 4,245		
Wynberg	Eur. . . Non-Eur. . . Total . .		109 321 430	31 89 120	1,702 5,464 7,166	76	44 482 526	269 1,876 2,145	15	70 130 200	155 282 437	13 1,873 1,886	14 2,228 2,242		
Parkwood and Southfield	Eur. . . Non-Eur. . . Total . .		20 75 95	7 14 21	341 1,532 1,873	15	5 26 31	7 68 75							
Retreat	Eur. . . Non-Eur. . . Total . .		48 665 713	9 93 102	788 6,851 7,639	120	18 692 710	67 2,999 3,066				1,988 1,988	— 4,261 4,261		
Muizenberg . .	Eur. . . Non-Eur. . . Total . .		51 — 51	7 — 7	541 — 541										
Kalk Bay . . .	Eur. . . Non-Eur. . . Total . .		— 25 25	— 3 3	— 489 489	20	— 22 22	— 87 87							
Total	Eur. . . Non-Eur. . . Total . .	2,269	1,202 6,379 7,581	277 1,507 1,784	17,734 110,364 128,098	1,024	429 5,754 6,183	2,078 24,908 26,986	218	468 2,543 3,011	1,227 6,316 7,543	134 24,531 24,665	329 80,267 80,596		

INFANT CONSULTATIONS.

Health visitors invite 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.

Students from the social science department of the Cape Town University act as clerical assistants at the centres, as part of the practical work of a course. Nurses taking the health visitors 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, have attended for observation at the centres.

At the end of the year under review, 43 infant consultations were being held weekly. During the year 9,365 children were registered as new cases, and the total attendances of children at the infant consultations numbered 128,098. Details are shown in the table on page 18.

Of the 9,365 children registered as new cases 7,581 (1,202 European and 6,379 non-European) were under one year of age at the time of their first attendance and 1,784 (277 European and 1,507 non-European) were over one year of age at that time.

Of the new cases registered, 74 were of children resident outside the municipal area, *viz.*, under one year of age, European 23, non-European 40; over one year of age, European 5, non-European 6. The new cases registered within the City (excluding attendance at the Langa Centre) were as follows:—

	European.	Non-European.
Under one year of age	1,179	6,061
Over one year of age	272	1,469

These first attendances under one year of age amounted to 64 per cent. of the registered births (34 per cent. in the case of Europeans and 77 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 which, if included, would increase the percentage of European babies taken to the infant consultations. The work done at these consultations during the year ended 30th June, 1946, 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 Rd., Claremont	195	611	3,199	756
Sea Point	50	209	1,625	238
Camps Bay	23	29	387	127
Mowbray	12	33	256	37

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.

Toddlers' Sessions.—These sessions are for European children between 2 and 5 years. 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 weekly at the Salt River centre. The first attendances during the year numbered 29, and the total attendances 1,029.

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 3,113 mothers attended with their infants for instructional test feeding (884 European and 2,229 non-European). These were made up from the different centres as follows:—

	European.	Non-European
Keerom Street	117	210
Aspeling Street	1	346
Bloemhof	—	60
Woodstock	251	347
Maitland	60	142
Brooklyn	73	—
Windermere	—	137
Langa	—	70
Athlone	13	263
Bokmakierie	—	122
Claremont (Station Rd.)	126	72
Claremont (Wesley St.)	2	108
Lansdowne	69	80
Wynberg	52	107
Parkwood and Southfield	23	15
Retreat	50	142
Muizenberg	47	1
Kalk Bay	—	7
Totals	884	2,229

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. Such medicines as may be ordered are supplied on similar terms.

In the year ended 30th June, 1946, 1,299 new cases were supplied with dried milk and 50,572 lbs. were issued. The cost of the dried milk was £4,383 12s. 2d. The amount contributed by mothers in respect of dried milk and medicines was £2,197 11s. 11d.

At page 21 reference is made to the provision of meals and of free milk for children under school age.

The attendances at the infant consultations in the welfare centres are shown in the following table over a period of years:—

Centre.	1945-46	1944-45	1943-44	1942-43	1941-42
Keerom Street	10,875	11,905	13,764	12,161	12,158
Aspeling Street	17,199	19,624	20,813	18,983	22,667
Bloemhof	3,919	4,493	3,610	2,347	
Woodstock	13,495	14,220	15,024	13,773	13,477
Maitland	7,691	8,183	7,681	7,843	8,864
Brooklyn	1,751	1,701	2,191	2,511	2,372
Windermere	15,272	12,564	6,653		
Langa	4,219	4,092	3,677	3,620	2,994
Athlone	12,800	18,410	19,025	13,959	11,497
Bokmakierie	8,866	3,959			
Claremont (Station Road)	5,108	5,477	4,176	3,667	4,115
Claremont (Wesley Street)	4,215	4,874	4,718	4,684	4,807
Lansdowne	4,980	5,106	5,104	4,817	5,163
Wynberg	7,166	7,780	7,507	7,636	8,134
Parkwood and Southfield	1,873	1,907	1,565	992	
Retreat	7,639	7,260	7,252	6,456	7,442
Muizenberg	541	203			
Kalk Bay	489	996	1,315	959	1,433
Totals	128,098	132,754	124,075	104,408	105,123

PRE-NATAL CLINICS.

The number of expectant mothers attending the pre-natal clinics have continued to increase and in most cases private midwives are co-operating in sending or bringing their patients to the centres for medical supervision during pregnancy when they are not under the care of their own doctor. All midwives are encouraged to consult the medical officers-in-charge at the pre-natal clinics about any difficulties in regard to their cases.

The pre-natal clinics work in close touch with the maternity homes, especially the Peninsula Maternity Hospital, the Somerset Hospital and St. Monica's Home to which cases requiring in-patient treatment are referred.

Pre-natal sessions at the centres still tend to be unduly large, and thanks are due to doctors and nurses who often work under considerable strain in giving the individual attention required in each case.

At the pre-natal clinics, routine Wassermann tests are carried out for every expectant mother and treatment is given in cases found to be suffering from syphilis or gonorrhoea. Pregnant women requiring in-patient treatment for these diseases are referred to the Venereal Disease Officer for admission to the City Hospital. In the year under review 8,276 blood specimens (594 from European and 7,682 from non-European women) were submitted for examination by the Wassermann test.

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 23 weekly pre-natal clinics were held at which a total of 6,183 expectant mothers were registered as new cases, and the total attendances numbered 26,986. Details are shown in the table on page 18.

Of the new cases registered, 62 were of expectant mothers resident outside the Cape Town municipal area (8 European and 54 non-European). The new cases resident within the City, exclusive of the clinic at Langa numbered 5,840 (European 421 and non-European 5,419). That is to say, the number of new cases attending the municipal pre-natal clinics amounted to 51 per cent. of the number of registered live births (12 per cent. for European and 69 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 attendances at the pre-natal clinics in the welfare centres are shown in the following table over a period of years:—

Centre.	1945-46	1944-45	1943-44	1942-43	1941-42
Keerom Street	1,427	1,212	711	252	
Aspeling Street	4,054	4,121	3,968	4,057	3,519
Bloemhof				14	
Woodstock	2,188	2,613	2,275	1,911	1,874
Maitland	2,484	1,915	1,622	1,433	1,385
Brooklyn	205	167	231	262	223
Windermere	2,666	2,054	1,714		
Langa	1,721	1,787	1,283	1,234	1,042
Athlone	3,078	3,065	3,582	2,754	2,461
Bokmakierie	892	476			
Claremont (Station Road)	1,554	1,561	1,476	1,350	1,336
Claremont (Wesley Street)	84				
Lansdowne	1,260	1,212	1,135	1,091	832
Wynberg	2,145	2,013	2,408	2,127	1,769
Parkwood and Southfield	75	16	7		
Retreat	3,066	2,870	2,088	1,742	1,552
Kalk Bay	87	31			
Totals	26,986	25,113	22,500	18,227	15,993

SCHOOL CLINICS.

By arrangement with the Provincial Administration, school clinics are held during the school term at certain of the City Council's welfare centres. General school sessions with a medical officer in attendance are held weekly at Salt River and Maitland and fortnightly at Claremont, Athlone, Wynberg and Aspeling Street.

Children found to require other specialised attention are referred to the out-patient department of hospitals, chiefly to the paediatric and ear, nose and throat sessions. Others are referred to the child guidance or mental health clinics for advice regarding behaviour.

A large number of children are found to be suffering from the effects of under-nourishment and ignorance on the part of the parents and these may be referred to convalescent homes or social agencies.

Two weekly ophthalmic sessions are held at Salt River.

Spectacles are supplied by local firms of opticians at a special rate to children for whom they have been ordered at the eye clinic. The charge is reduced or remitted in cases of indigency.

Children needing dental attention are referred to the Council's dental officer, see page 24.

One health visitor is appointed for the special work in connection with the school clinics and following up cases at home or school.

The work done during the year ended 30th June, 1945, is shown in the table on page 18, and is further analysed in the following figures:—

	Ophthalmic school clinic.			General school clinic.		
	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.
Number of new cases:						
Cape Town residents	95	440	535	359	2,070	2,429
Residents outside Cape Town	13	19	32	1	14	15
Total attendances	184	618	802	1,043	5,698	6,741
Number of sessions held			66			152
Children fitted with spectacles:						
Full-paying	51	135	186			
Part-paying	26	85	111			
Free	5	15	20			

PROVISION OF DINNERS AND MILK MEALS.

At 11 of the centres (see table on page 18) 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 105,261. Details are shown in the table on page 18.

In the calendar year 1946 the cost amounted to 5.3d. per dinner. This figure includes the cost of food and fuel at two centres where coal fires were used. It does not include current for the electric toves 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 240,390 and the milk consumed amounted to 13,854 gallons (not including the municipal nursery school).

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. This day nursery is for European children 6 months to 6 years of age. Its capacity is 50.
- (2) By the Cape Town Board of Aid at Tafelberg House, Canterbury Street, Cape Town, in connection with its shelter for non-European families. This day nursery is for non-European children 6 months to 6 years of age. Its capacity is 100.
- (3) 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 48.
- (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 situated at Third Avenue, Claremont, and consists of a club for girls and a day nursery. Provision is made at the day nursery for over 40 non-European children whose mothers go out to work.

NURSERY SCHOOLS.

There is a pre-school training centre, with a demonstration and practice nursery school, at the Lady Buxton Home, Claremont (Society for the Protection of Child Life). The training centre, under the control of the Director, receives a limited number of full-time students, not accepting more than twelve each year. The nursery school is attended by 40 European children, who all pay full fees, viz., four guineas a term (four terms a year). The staff of the nursery school consists of a qualified superintendent, assisted by students of the training centre. The other staff at 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. A qualified kindergarten teacher attends voluntarily four days a week, two unqualified teachers (both non-Europeans) are employed and help is also given by other workers.

At the Liberman Institute, Muir Street, Cape Town, many improvements have been carried out. Seventy non-European children are on the roll and a weekly clinic is held, when a medical officer from the child welfare branch of the City Health Department carries out routine medical examinations of any children requiring medical attention.

Two qualified infant-school teachers were appointed in 1942 and the school is now open from 9 a.m. to 2 p.m. A midday meal and milk are provided.

A social worker visits the home of every case applying for admission, and preference is given to the poorest applicants and to children of working mothers.

It is hoped to open a parents' club in the near future.

MUNICIPAL NURSERIES AND NURSERY SCHOOLS.

One of the problems met with during rehabilitation of slum families in housing schemes arises because the father's income is often insufficient to meet the family budget. It thus becomes necessary for the mother to supplement the income by working outside the home. The sufferers in this arrangement are chiefly the pre-school children who are often inadequately fed and cared for during the mother's absence from home.

The inclusion in new housing schemes of nursery school and creche accommodation is a constructive and necessary health measure. In order to combat bad environmental influences at home, nursery school methods of training are desirable for children over three years of age so that a sound foundation may be laid for their future. For this reason nursery schools have been provided in two of the new housing schemes, Bloemhof Flats in District 6 and in the Bokmakierie—Q-Town area, Athlone.

The Bokmakierie Creche and Nursery School has accommodation for 76 children under school age, 16 being babies and 60 children between 2 and 6 years. Its close association with the welfare centre, which is built in the same grounds, makes for efficient and convenient working.

The supervisor of the creche and nursery school is a trained health visitor and a trained non-European midwife helps in the nursery; a European nursery school teacher and Coloured kindergarten teacher work in the nursery school.

The Bloemhof Nursery School which uses the premises of the Community Centre of the Bloemhof Flats, accommodates 45 children from 3 to 6 years, who are in the charge of a nursery school teacher.

Shelley Street Nursery School.—This nursery school is not part of a housing scheme, but is in the centre of a congested area in Salt River where there are many families living under extremely poor conditions with the employment of women in adjacent factories. Forty-five Coloured children whose mothers are in daily work attend the nursery school, which is under the direction of a European nursery school teacher with Coloured juvenile assistants. The hours are from 9 to 4 and meals are provided.

At all the nursery schools, non-European girls from 14 to 18 years of age are employed as helpers. These girls are given a systematic training in nursery school methods, child nutrition, simple cooking and hygiene; at Bokmakierie they also have training in infant care. The parents are asked to pay up to sixpence a day for each child attending the nursery.

The children's health benefits greatly from the balanced meals, daily rest and general care. Regular medical inspection is carried out, and treatment given for minor ailments.

Students from the Buxton Training College assist at these nursery schools as part of their practical training as nursery school teachers.

Resident Nursery for Babies.—Small infants whose mothers die or are ill and for whom no other provision can be made are cared for in a resident nursery in Q-Town. A capable house mother takes charge of six infants, keeping them until such time as suitable arrangements can be made for them. This provision is especially helpful when the mother suffers from tuberculosis, because not only is the mother relieved of responsibility, but the child is removed from infection. It is found that if no suitable arrangement is made for the infant, a mother often refuses to go to hospital when a bed is offered to her.

The attendances at the municipal nursery schools during the year ended 30th June, 1946, are shown in the following table:—

	Shelley Street.	Bloemhof.	Bokmakierie.
New entrants	23	13	38
Mean total on register	45	43	72
Daily sessions	233	226	232
Mean attendances per session	34	37	57
Total attendances	7,867	8,321	13,318

DIPHTHERIA IMMUNIZATION.

During the period under review, free diphtheria immunization was carried out at child welfare centres, schools and institutions. Two health visitors and a clerk devote the whole of their time to this work. It was felt that the scheme was not attracting a large enough percentage of infants under one year, and a post-card, headed "Safe Babyhood," was sent to all parents of children of 6 months advising them of the necessity of protective treatment now available. As will be seen from a later report, the response to this form of propaganda has been most encouraging. The numbers in this age-group, at both European and non-European immunization sessions, have increased greatly.

At sessions held at schools, the aim has been to immunize children of 10 years and under; in many cases only a boosting dose is necessary, as a number of these children have been immunized in infancy. At institutions on the other hand, the practice of immunizing children of all ages, has been continued owing to their closer contact and the danger of spread of infection by carriers.

Material used.—The material used has been mainly South African Institute Alum Precipitated Toxoid, given by means of two injections, with an interval of four weeks between the doses (·2 c.c. followed by ·5 c.c.). As in previous years, material for diphtheria immunization has been available on application to medical practitioners, free of charge. It is hoped that medical practitioners will supply particulars of all children immunized privately by them in order to complete our records.

The work done at the municipal sessions during the year ended 30th June, 1946, is shown by the following figures:—

Number of sessions :		
At schools .. .. .	.. .. .	77
At institutions .. .. .	.. .. .	36
At child welfare centres .. .. .	.. .. .	79
		192

First series protective inoculations :			
First.	Second.	Third.	No. of persons.
9,745	9,150	670	9745

Second series of protective inoculations and stimulating doses given :			
First.	Second.	Third.	Fourth.
90	59	706	26

Persons immunized :		European.	Non-European.
Age.			
0—1 .. .. .	.. .. .	234	800
1—2 .. .. .	.. .. .	175	641
2—3 .. .. .	.. .. .	112	453
3—4 .. .. .	.. .. .	86	414
4—5 .. .. .	.. .. .	79	421
5—6 .. .. .	.. .. .	154	459
6—7 .. .. .	.. .. .	523	970
7—8 .. .. .	.. .. .	406	1,062
8—9 .. .. .	.. .. .	285	964
9—10 .. .. .	.. .. .	157	725
10—11 .. .. .	.. .. .	86	458
11 and over .. .. .	.. .. .	50	121
		2,347	7,488
At schools .. .. .	.. .. .	.. .. .	5,698
At institutions .. .. .	.. .. .	.. .. .	625
At child welfare centres .. .. .	.. .. .	.. .. .	3,512
			9,835

Injections given :		
Alum-precipitated toxoid (B.W.A.P.T.) .. .. .	.. .. .	1,839
Alum-precipitated toxoid (S.A.A.P.T.) .. .. .	.. .. .	18,551
Toxoid-antitoxin floccules .. .. .	.. .. .	56
		20,446

Persons Schick-tested :			
Positive.	Negative.	Not read.	Total.
14	68	—	82

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 year 1945-46, corrected for imported cases and misdiagnosis was 257 (30 European and 227 non-European).

Of these 257, 16 were cases not in the newly-born (2 European and 14 non-European) being at the time of onset aged 22, 23, 23, 24, 24, 25, 25, 25, 27 days, 1, 1, 1, 1½, 1½, 2 months and 37 years respectively.

The number of Cape Town cases of true ophthalmia neonatorum notified during the year was therefore 241, comprising 28 European and 213 non-European. Of these 241 cases, 65 were born in institutions and 176 at home. Of the 176 home confinements 6 were recorded as having been attended by doctors and 161 by midwives; 9 were unattended.

Every case has been kept under observation by the health visitors in order to secure efficient treatment. The use of penicillin and the sulphonamide drugs has increased the efficiency of treatment, and except in cases under private medical practitioners these drugs are ordered by the health visitors under the authority of the medical officers of the maternal and child welfare centres, to which the patients are brought for consultation. Some of the cases have been treated by the district nurses of the Cape Hospital Board and at the out-patient departments of the Board. The number of cases requiring in-patient treatment has been greatly reduced by the use of sulphonamides and penicillin.

It is to be recorded that the health visitors reported 121 of the cases as "slight" and 118 as "moderate" or "grave" (in two cases no information).

In addition to the above figures there were at the Langa Native Township 5 native cases of ophthalmia (at the time of onset aged 2, 9, 13, 13 and 16 days respectively).

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

Eyes completely recovered .. .. .	.. .. .	236
Cases of blindness .. .. .	.. .. .	—
Sight damaged .. .. .	.. .. .	—
Died before recovery .. .. .	.. .. .	3
Lost trace of .. .. .	.. .. .	5
No information .. .. .	.. .. .	2
		246

SECTION IV.—DENTAL BRANCH.

(PREPARED BY DR. S. WINER, DENTAL OFFICER.)

Dental clinics conducted by the Health Department are held at the following centres: Aspelng Street, Cape Town; St. James Street, Salt River; Wynberg Town Hall; Athlone; Lansdowne; Langa Hospital; City Hospital for Infectious Diseases; Rentzkie's Farm Hospital; and the Tuberculosis Clinic, Chapel Street, Cape Town.

Clinics are conducted for the following classes of persons: Expectant and nursing mothers and pre-school children, school children, tuberculous patients etc., and indigent persons referred by the hospitals and other organisations. The number of attendances continues to be maintained, but now after several years the effects of dental treatment, particularly in children, are manifested in the diminishing incidence of gross oral sepsis which was once almost the rule.

It is still unfortunately necessary to carry out large numbers of extractions. This is due to necessity and importance of removing septic and painful foci, as well as the unwillingness of many persons to undergo conservative and reparative treatment. It is, however, hopeful to note that a more helpful and co-operative spirit especially among teachers is being shown, and while the total attendance remains at the same high level, the number of treatments other than extractions has greatly increased.

Until the establishment of the new central dental clinic at Hope Street, Cape Town, it remains difficult to extend dental treatment to classes other than the abovementioned, as the centres at which clinics are now conducted are already being fully utilised. However, sufficient progress in this new project has been made to anticipate a commencement of building operations in November, 1946, with a view to completion in about six months.

The present staff consists of the full-time Dental Officer and two nurses, and part-time dental surgeons, nurses and nursing assistants. The resources of a private firm of dental mechanics are utilised to assist in the provision of dentures.

The dental treatment of school children is subsidised by the Provincial Education Department, and that of tuberculous patients by the Union Health Department. The dental treatment of Natives at the Langa Native Township is financed from the Native Revenue Account.

The table below indicates the services rendered in the period under report:—

DENTAL CLINICS.

Centre.		Sessions.	New cases.		Total attendances.		Extractions (persons).		Fillings (persons).		Other dental treatment.		Denture supplies (persons).	
			E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.
Aspelng Street	Nursing and expectant mothers ..	110*	3	359	5	1,010	2	471	—	—	3	539	—	1
	Pre-school children ..	—	—	354	—	415	—	413	—	—	—	2	—	—
	School children ..	38	—	716	—	939	—	884	—	—	—	55	—	—
Woodstock ..	Nursing and expectant mothers ..	164*	59	273	182	825	71	350	8	—	103	475	20	1
	Pre-school children ..	—	215	250	316	282	260	278	19	—	37	4	—	—
	School children ..	175	437	1,100	1,350	1,669	772	1,540	385	21	193	108	7	—
Athlone ..	Nursing and expectant mothers ..	45*	3	235	3	315	3	287	—	—	—	28	—	—
	Pre-school children ..	—	16	222	25	251	23	246	—	—	2	5	—	—
	School children ..	80	56	1,280	75	1,818	69	1,673	—	—	6	145	—	—
Lansdowne ..	Nursing and expectant mothers ..	1	—	1	—	2	—	1	—	—	—	1	—	—
	Pre-school children ..	—	2	3	2	3	2	3	—	—	—	—	—	—
	School children ..	87	215	490	551	685	277	632	162	13	112	40	—	—
Wynberg ..	Nursing and expectant mothers ..	55*	12	286	33	556	18	360	2	—	13	196	2	—
	Pre-school children ..	—	45	188	59	241	53	239	2	—	4	2	—	—
	School children ..	123	164	1,061	482	1,666	240	1,537	182	16	60	113	—	—
City Hospital ..	In-patients ..	15	26	73	32	82	20	69	—	—	12	13	1	—
Rentzkie's Farm Hospital	In-patients ..	6	—	27	—	40	—	33	—	—	—	7	—	—
Langa Hospital	Native residents, Langa ..	45	—	353	—	512	—	490	—	—	—	22	—	—
Tuberculosis Clinic, Chapel Street ..	Out-patients ..	48	35	193	146	487	23	191	7	1	116	195	25	—
Totals ..		992	1,288	7,464	3,261	11,798	1,833	9,697	767	51	661	2,050	55	3

* Including pre-school children.

SECTION V.—INFECTIOUS AND OTHER DISEASES.

The cases of compulsorily notifiable disease reported in Cape Town during the year ended 30th June, 1946, are shown in Table N on page 116.

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

In the tables on pages 117 to 119, the notified cases (corrected) are classified by race and:—

(Table O) in age and sex groups.

(Table P) in months according to date of notification.

(Table Q) in wards.

The number of cases notified in a series of past years is set out in Table R, on page 120, and similar information as to deaths from these and certain other infectious diseases will be found in Table C, on pages 104 and 105.

Other statistical details as to deaths from infectious diseases are contained in Table A, at page 74, and in Tables B and D, and pages 103 and 106.

ENTERIC OR TYPHOID FEVER.

The cases of this disease reported in the year 1945-46, corrected for misdiagnosis and imported cases, numbered 107 (22 European and 85 non-European); equivalent to an incidence rate of 0.30 per 1,000 population (0.14 European and 0.44 non-European).

The number of deaths amongst these 107 cases was 15 (3 European and 12 non-European), giving a case mortality of 14.0 per cent. (13.2 European and 14.1 non-European).

The total deaths from enteric fever according to date of registration in the year as belonging to Cape Town numbered 13 (3 European and 10 non-European); equivalent to a death-rate of 0.04 per 1,000 population (0.02 European and 0.06 non-European).

There were 3 cases at the Langa Native Township (one fatal).

The figures for 32 years are given in the table on page 26.

The monthly distribution of the notifications is shown in Table P on page 118.

Seven of the cases occurred in institutions, *viz.*, 6 at the Alexandra Institution and 1 at the City Hospital for Infectious Diseases (nurse). The other cases occurred in 90 houses, in 82 of which there was 1 case each, in 7, 2 cases and in 1, 4 cases.

The age, sex and ward distribution is shown in Tables O and Q on pages 117 and 119.

Ninety-two extra-municipal cases notified as enteric fever were admitted to the City Hospital. The diagnosis was confirmed in 62 patients. The Cape Town cases numbered 107 and were sporadic. No common factor could be found. The greatest incidence was found in Wards 7, 11, 12 and 14. Amongst the cases from outside Cape Town was a European male, aged 8 years, from Paarl, C.P., admitted to the City Hospital on 7th November, 1945, as a case of post measles encephalitis, which afterwards proved to be a case of meningitis caused by infection with *B. typhosus* from which he died.

Enteric Carriers.—In two instances, a non-European male aged 7 years (Ward 12), and a Native female aged 42 years in the Langa Native Township who were notified as enteric fever and admitted to the City Hospital, the diagnosis was altered to enteric fever carrier.

DIPHTHERIA.

The cases of this disease reported in the year 1945-46, corrected for misdiagnosis and imported cases, numbered 175 (91 European and 84 non-European). This is equivalent to an incidence rate of 0.49 per 1,000 population (0.56 European and 0.44 non-European).

The number of deaths from the 175 cases was 14 (2 European and 12 non-European), giving a case mortality of 8.0 per cent. (2.2 per cent. European and 14.3 per cent. non-European).

The total deaths from diphtheria according to date of registration in the year as belonging to Cape Town numbered 14 (2 European and 12 non-European), equivalent to a death-rate of 0.04 per 1,000 population (0.01 European and 0.07 non-European).

The 12 non-European deaths were of children under ten years old and the 2 European deaths were under 5 years old.

There were 8 cases of diphtheria in the Langa Native Township (all recovered). They are excluded from the above figures.

Other particulars will be found in Tables N to R, on pages 116 to 120.

All the cases occurred in 172 houses, in 170 of which (including one in an institution in Ward 15) there was one case each, in 1 two cases each and in 1 three cases.

Of the 322 (uncorrected) Cape Town patients, 314 were treated in the City Hospital.

Particulars regarding diphtheria immunization will be found on page 22.

Diphtheria Carriers.—Sixteen patients who were admitted to the City Hospital as diphtheria (not counted in the figures above), the diagnosis was changed to "diphtheria carrier." Amongst the City Hospital patients counted as diphtheria there were 3 in which the infection was nasal and 1 in which it was in the ear.

In 1 case admitted as diphtheria from Langa Native Township the diagnosis was changed to "diphtheria carrier."

Of the patients from outside the City area, 2 were admitted as "diphtheria carrier"; in 11 cases admitted as diphtheria the diagnosis was changed to "diphtheria carrier."

SCARLET FEVER.

The cases of this disease reported in the year 1945-46, corrected for misdiagnosis and imported cases, numbered 362 (321 European and 41 non-European); equivalent to an incidence rate of 1.02 per 1,000 population (1.98 European and 0.21 non-European).

There were 2 deaths from scarlet fever (non-European) registered during the year.

There were no cases at the Langa Native Township.

Fourteen of the 362 Cape Town cases occurred in institutions, *viz.*, 7 at the McGregor Home, 5 at the St. George's Orphanage, 1 at the South African Railways and Harbours Childrens' Hostel and 1 at the City Hospital for Infectious Diseases (nurse). The remaining cases occurred in 310 houses, in 280 of which there was 1 case each, in 26, 2 cases, in 1, 3 cases (Ward 6), in 2, 4 cases (Ward 13 and 15) and in 1, 5 cases (Ward 12).

The number of Cape Town cases reported in the year was the highest since the year 1936-37 when the number was 486.

Other particulars will be found in the following table and in Tables N to R, on pages 116 to 120.

Of the 375 (uncorrected) Cape Town cases, 324 were treated in the City Hospital.

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	—	—
1939-40 ..	0.22	0.22	0.01	0.03	1.75	0.84	0.03	0.12	0.76	0.07	—	—
1940-41 ..	0.07	0.17	0.01	0.06	1.21	0.54	0.04	0.05	1.30	0.11	—	—
1941-42 ..	0.23	0.45	0.01	0.07	1.24	0.85	0.04	0.10	1.70	0.06	0.01	—
1942-43 ..	0.57	0.41	0.02	0.08	1.02	0.81	0.06	0.09	0.97	0.04	—	—
1943-44 ..	0.11	0.33	0.02	0.04	1.09	0.65	0.02	0.08	0.96	0.05	0.01	—
1944-45 ..	0.12	0.44	0.02	0.07	0.55	0.51	0.03	0.06	0.89	0.10	0.01	0.01
1945-46 ..	0.14	0.44	0.02	0.06	0.56	0.44	0.01	0.07	1.98	0.21	—	0.01

CEREBROSPINAL FEVER.

The cases of this disease reported in the year 1945-46, corrected for misdiagnosis and imported cases, numbered 74 (16 European and 58 non-European); equivalent to an incidence rate of 0.21 per 1,000 population (0.10 European and 0.30 non-European).

The total deaths from cerebrospinal fever according to date of registration during the year as belonging to Cape Town numbered 13 (1 European and 12 non-European); equivalent to a death rate of 0.04 per 1,000 population (0.01 European and 0.07 non-European).

To these are to be added 6 Native cases at the Langa Native Township of which 1 was fatal.

There were 9 cases, 1 European aged 5-10 years, and 8 non-Europeans aged, under 1 year (2), 1-2 years (1), 2-5 years (1), 10-15 years (1), 15-25 years (1), and 35-45 years (2)—which were not removed to the City Hospital. They were all fatal before notification and the diagnosis in these cases must be accepted with considerable reserve, with the exception of 3 cases where the diagnosis was established after a post-mortem examination.

Amongst the 71 cases (belonging to Cape Town, including Langa Native Township) which were admitted to the City Hospital there were 5 deaths.

Out of the 57 cases from outside the Cape Town municipal area, admitted to the City Hospital (diagnosis confirmed) there were 4 deaths. It is to be noted that out of a total of 463 cases (including Langa Native Township) admitted to the City Hospital under the diagnosis of cerebrospinal fever only 126 proved to be suffering from the meningococcal infection.

All the Cape Town cases occurred in separate houses.

Other particulars will be found in the table below, and in Tables N to R, on pages 116 to 120.

From Table P, it will be seen that in Cape Town the disease was mainly confined to the colder months of the year, only 16 cases occurring in the six months December, 1945, to May, 1946.

Of the 319 (uncorrected) Cape Town cases 244 were admitted to the City Hospital.

ACUTE POLIOMYELITIS.

The cases of this disease reported in the year 1945-46, corrected for misdiagnosis and imported cases, numbered 14 (10 European and 4 non-European). There were 3 deaths (1 European and 2 non-European).

Nine of these cases were treated in the City Hospital, 1 in another hospital and 4 were not removed to hospital.

In 7 cases the onset of the illness occurred a few days before the time of notification, in 5 cases the onset had been between 1-3 weeks previously, and in 2 cases the onset was more than a month previous.

All the cases were under 35 years of age, in the age-groups 25-35 years (1), 10-15 years (2), 5-10 years (1) and 0-5 years (10).

There was a marked decline in the number of cases since the severe epidemic in the previous year, when the number of notifications was 64 in Cape Town and 50 from outside the municipal area. After the emergency accommodation for treatment of convalescent cases at "Monte Bello" had terminated, the patients were transferred to a special ward at Conradie Home for further treatment.

There were no cases at the Langa Native Township.

Other particulars will be found in the table below, and in Tables N to R on pages 116 to 120.

Of the 20 (uncorrected) Cape Town cases, 15 were admitted to the City Hospital and 1 to another hospital.

INFECTIVE ENCEPHALITIS.

One fatal case of this disease in a European male aged 46 years, in Ward 4 was reported to the Department on 16th July, 1945.

The patient arrived in Cape Town on 13th April, from Upington district for medical consultation. On the 24th April, he underwent an abdominal operation at the Groote Schuur Hospital and was discharged on 13th May. He had right-sided paraplegia following the operation and on 23rd June, he relapsed into a coma and died.

There were 3 cases of this disease (1 European and 2 non-European) from outside the municipal area. Two were removed to the City Hospital for Infectious Diseases and 1 to the Somerset Hospital.

There were no cases at the Langa Native Township.

Other particulars will be found in the following table and in Tables N to R, on pages 116 to 120.

Of the 9 (uncorrected) Cape Town cases, 8 were admitted to the City Hospital.

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	-	-	-	-	-	-
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
1939-40 ..	2	24	1	7	5	11	-	-	2	3	1	-
1940-41 ..	23	45	4	8	5	4	-	1	1	5	1	3
1941-42 ..	19	47	1	4	4	3	2	2	3	1	2	-
1942-43 ..	23	80	2	13	2	-	-	-	6	3	3	2
1943-44 ..	39	222	9	33	5	1	-	-	-	2	-	-
1944-45 ..	25	80	6	16	46	18	1	1	-	1	-	1
1945-46 ..	16	58	1	12	10	4	1	2	1	-	-	-

ERYSIPELAS.

The cases of this disease reported in the year 1945-46, corrected for misdiagnosis and imported cases, numbered 65 (28 European and 37 non-European). There were 2 deaths (non-European).

All the cases occurred in separate houses (including 6 institutions).

Other particulars will be found in Tables N to R, on pages 116 to 120.

Of the 64 (uncorrected) Cape Town cases, 28 were treated in the City Hospital.

There was 1 case at the Langa Native Township.

INFLUENZA AND PNEUMONIA.

In the year 1945-46, the corrected number of notified cases of pneumonia was as follows: influenza pneumonia 26 (8 European and 18 non-European); acute primary pneumonia 373 (47 European and 326 non-European). Further details will be found in Tables N to R, on pages 116 to 12).

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

Year.	Influenza.				Bronchitis.				Pneumonia (all forms).			
	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
1939-40 ..	17	0.10	12	0.08	20	0.12	131	0.85	66	0.41	438	2.86
1940-41 ..	18	0.11	18	0.11	27	0.16	159	1.01	73	0.44	442	2.81
1941-42 ..	8	0.05	10	0.06	21	0.13	129	0.79	68	0.42	474	2.89
1942-43 ..	8	0.05	8	0.05	33	0.21	128	0.77	61	0.39	412	2.49
1943-44 ..	12	0.08	13	0.08	12	0.08	163	0.96	60	0.38	504	2.97
1944-45 ..	5	0.03	7	0.04	19	0.12	99	0.57	59	0.37	376	2.16
1945-46 ..	3	0.02	9	0.05	19	0.12	96	0.54	47	0.29	327	1.84

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

The non-European mortality rate from bronchitis and pneumonia is much greater than the European. In the year under review the non-European mortality rate for bronchitis was nearly five times as great as the European, and for pneumonia 6.3 times.

The following figures for deaths from bronchitis and pneumonia in 1945-46, show the contrast between Europeans and non-Europeans:—

	European.	Non-European.
Under 5 years old	14	296
0-1 year	13	186
1-2 years	1	79
2-5 years	—	31
All other ages	52	127
TOTAL	66	423

From Table H, it will be seen that in recent years there has been an improvement in the infant mortality from these causes.

The seasonal character of mortality from bronchitis and pneumonia will be seen in Table D, on page 106. The greatest mortality was registered in the quarter following mid-winter (July-September, 181) and the least in the quarter January-March, 79.

TYPHUS FEVER.

The 4 Cape Town cases (E.M. 66 and 59, C.M. 16, C.F. 13), recorded in the year under this heading which includes epidemic typhus, endemic or murine typhus and tick-bite-fever, were all regarded as suffering from tick-bite fever, the 2 European cases being originally notified as such. Of the non-European cases 1 was originally notified as a case of enteric fever and 1 as a case of cerebrospinal fever. Both the non-European cases had been camping at Oudekraal within three weeks prior to notification.

One of the cases died in a nursing home. The patient was a European male aged 66 years and had a previous cardiac lesion which is regarded as a contributing cause of his death. The remaining cases were treated at the City Hospital and recovered.

In addition to the above, a European male aged 11 years from outside the municipal area, was reported as a case of enteric fever but after admission to the City Hospital for Infectious Diseases, the diagnosis was altered to tick-bite fever.

There were no cases of epidemic typhus and no cases at the Langa Native Township.

The vaccination and delousing of incoming Natives in all new admittances at the Township was continued. They include persons coming to Langa as a reception depôt before proceeding to some other address.

LEPROSY.

A case of leprosy was reported on the 29th October, 1945, in the person of a non-European male aged 41 years in Brooklyn (Ward 11). The first signs of the disease were stated to be about three years previously when he lived at Kensington. Since that time he had lived at different addresses; all at Kensington. The source of the infection was not traced. The patient was removed to Conradi Home on the same day but absconded three days later. On the 22nd May, 1946, he was again notified from the out-patient department at Grootte Schuur Hospital and was subsequently re-admitted to Conradi Home.

TRACHOMA.

There were 9 Cape Town cases of this disease notified during the year, as follows:—

- Coloured male, aged 14 years (Ward 6). History unknown. Out-patient at Somerset Hospital.
 Coloured male adult (Ward 6). History unknown. Out-patient at Somerset Hospital.
 Coloured male adult (Ward 12). Onset 2 years ago. Out-patient at Somerset Hospital.
 Native male, aged 40 years (Ward 11). History unknown. Out-patient at Grootte Schuur Hospital.
 Coloured male, aged 30 years (Ward 12). Onset 18 months ago while on active service. Attended military medical officer.
 Coloured female, aged 13 years (Ward 14). Onset in November, 1945. Out-patient at Grootte Schuur Hospital.
 Coloured female, aged 45 years (Ward 6). History unknown. Out-patient at Somerset Hospital.
 Coloured female, aged 38 years (Ward 1). Onset in December, 1945. Out-patient at Somerset Hospital.
 Coloured female, aged 8 years (Ward 6). Onset in December, 1945, while living at Clanwilliam, C.P. In-patient at Somerset Hospital.

There was a case of trachoma in a Native male aged 55 years in the Langa Native Township. Onset in March, 1946. Out-patient at Langa Native Hospital.

In addition to the above, 4 cases of trachoma were reported from the following districts: Durbanville, C.P.; Piketberg, C.P.; Ladismith, C.P.; and Oudtshoorn, C.P. All the cases were treated at Grootte Schuur Hospital.

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
1939-40	—	—	—	—	4	66	0.02	0.43
1940-41	4	37	0.02	0.24	3	43	0.02	0.27
1941-42	5	6	0.03	0.04	3	54	0.02	0.33
1942-43	2	20	0.01	0.12	2	5	0.01	0.03
1943-44	2	42	0.01	0.25	6	31	0.04	0.18
1944-45	2	9	0.01	0.05	2	86	0.01	0.49
1945-46	1	29	0.01	0.16	—	3	—	0.02

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

MEASLES.

There were 30 deaths from this disease during the year under report (1 European and 29 non-European). They were all in children under 5 years old; 11 were under 1 year of age, 16 in the age-group 1-2 years and 3 in the age-group 2-5 years. There was an increase of 31.0 per cent. in the number of deaths amongst non-Europeans.

Other information will be found in Tables A, B and C on pages 76, 103 and 104.

There were no deaths from measles in the Langa Native Township.

Seventy-one cases of measles (48 European and 23 non-European) were treated in the City Hospital.

WHOOPING COUGH.

Whooping cough was in a phase of quiescence after the outbreak of the previous year. There were only 3 deaths (non-European) recorded in the present period as against 88 (2 European and 86 non-European) in the previous year. Of the 3 non-European deaths, all were in children under 5 years old.

Other information will be found in Tables A, B and C, on pages 74, 103 and 104.

There was 1 death from whooping cough in the Langa Native Township.

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

DIARRHOEAL DISEASES.

The deaths from diarrhoea and enteritis in the year 1945-46, (corrected for outward transfers) were certified and classified as follows:—

	European.	Non-European.	All Races.
Diarrhoea and enteritis (under 2 years) ..	25	262	287
Diarrhoea and enteritis (2 years and over)	6	30	36
Cholera nostras	—	—	—
Dysentery, bacillary	2	3	5
Dysentery, amoebic	—	3	3
Dysentery, other	—	1	1
Total	33	299	332
Diarrhoeal death rate per 1,000 population	0·20	1·68	0·98

The non-European death-rate from diarrhoeal diseases was 8·4 times as great as the European. In children under 1 year of age the non-European mortality rate from diarrhoeal diseases was 3·3 times as great as the European (see Table H, on page 110). In the diarrhoeas of infancy 287 deaths occurred in babies under 2 years of age, and only 36 in the age-group 2 years and over. The excessive mortality from this disease is very largely attributable to the lack of early institutional treatment.

The seasonal incidence of the diarrhoeal mortality will be seen in Table D, on page 106. The deaths in the six months December, 1945, to May, 1946, numbered 211 as compared with 112 in the other six months of the year.

CANCER.

The death rates from cancer per 1,000 population (corrected for outward and inward transfers for Europeans and outward transfers for non-Europeans) were as follows:—

Part affected.	European.		Non-European.		All Races.	
	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.
Buccal cavity and pharynx	12	0·08	3	0·02	15	0·04
Digestive organs and peritoneum ..	121	0·75	74	0·41	195	0·57
Respiratory organs	23	0·13	9	0·05	32	0·09
Uterus	21	0·13	26	0·14	47	0·14
Other female genital organs	9	0·06	4	0·02	13	0·04
Breast	28	0·17	5	0·03	33	0·10
Male and female genito-urinary organs	17	0·11	12	0·07	29	0·09
Skin	3	0·02	—	—	3	0·01
Other or unspecified organs	18	0·11	3	0·02	21	0·06
Total	252	1·56	136	0·76	388	1·14

The variation in cancer mortality during the past ten years is shown in Table C, on page 104. Other statistics concerning cancer mortality are shown in Tables A to D, on pages 78 to 106.

SECTION VI.—TUBERCULOSIS.

(PREPARED BY DR. W. L. HOOLE, TUBERCULOSIS OFFICER.)

The new cases of this disease reported in the year 1945-46, corrected for misdiagnosis and imported cases, numbered 2,117. They are classified in the following table, where the corresponding incidence rates per 1,000 population are shown:—

Race.	Sex.	Notified cases.			Incidence rates.		
		Pul-monary.	Other forms.	All forms.	Pul-monary.	Other forms.	All forms.
European	Male	122	13	135	1·64	0·18	1·82
	Female	119	13	132	1·35	0·15	1·50
	Total	241	26	267	1·49	0·16	1·65
Non-European	Male	844	143	987	8·88	1·51	10·39
	Female	714	149	863	7·33	1·53	8·86
	Total	1,558	292	1,850	8·10	1·52	9·62
All races	Male	966	156	1,122	5·71	0·92	6·63
	Female	833	162	995	4·50	0·87	5·37
	Total	1,799	318	2,117	5·07	0·90	5·97

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

Race.	Sex.	Deaths.			Death rates.		
		Pulmonary.	Other forms.	All forms.	Pulmonary.	Other forms.	All forms.
*European	Male	66	8	74	0.90	0.10	1.00
	Female	51	11	62	0.58	0.13	0.71
	Total	117	19	136	0.73	0.11	0.84
Native (not Langa) ..	Male	82	13	95	9.31	1.47	10.78
	Female	48	4	52	14.09	1.17	15.26
	Total	130	17	147	10.64	1.39	12.03
Asiatic	Male	2	—	2	0.68	—	0.68
	Female	3	1	4	2.36	0.79	3.15
	Total	5	1	6	1.18	0.24	1.42
Other Coloured	Male	398	76	474	5.27	1.00	6.27
	Female	318	75	393	3.69	0.87	4.56
	Total	716	151	867	4.43	0.93	5.36
Non-European	Male	482	89	571	5.53	1.02	6.55
	Female	369	80	449	4.05	0.88	4.93
	Total	851	169	1,020	4.78	0.94	5.72
All races	Male	546	97	643	3.39	0.63	3.99
	Female	419	90	509	2.35	0.50	2.85
	Total	965	187	1,152	2.84	0.55	3.39
Native (Langa)	Male	30	6	36	5.66	1.13	6.79
	Female	25	7	32	9.58	2.68	12.26
	Total	55	13	68	6.95	1.64	8.59

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

The incidence rates of pulmonary tuberculosis amongst non-Europeans for the years 1940-41 to 1945-46 are set out below :—

Year.	No. of cases notified.	Incidence rate.
1940-41	883	5.60
1941-42	1,072	6.63
1942-43	1,233	7.44
1943-44	1,706	10.01
1944-45	1,491	8.56
1945-46	1,558	8.10

Incidence rates of pulmonary tuberculosis amongst European males and females for the years 1940-41 to 1945-46 are set below :—

Year.	Males.	Females.
1940-41	1.02	0.88
1941-42	1.39	0.96
1942-43	1.42	1.02
1943-44	1.57	1.24
1944-45	1.63	0.94
1945-46	1.64	1.35

There has been a noteworthy rise in the incidence amongst European females.

New cases of pulmonary tuberculosis amounted to 1,799. This was composed of 241 Europeans and 1,558 non-Europeans compared with 202 and 1,491 respectively in the previous year. It will be seen that the percentage increase was greater in the Europeans. This increase was entirely accounted for by the higher incidence in European females, amongst whom there were 119 new cases compared with 82 in the previous year. There has also been an increased incidence amongst non-European females, and this general increase may be an accumulative effect of the industrialisation of women of both races during the war years.

Non-pulmonary notifications remained the same as last year at a very low incidence figure of 16 per 100,000 for Europeans and at the usual high rate of 152 per 100,000 for non-Europeans. The brunt of non-pulmonary tuberculosis falls on the children, and the check on its European incidence in face of the increased amount of pulmonary tuberculosis is assumed to be due to the comparatively better housing conditions and hospital accommodation available for Europeans.

The quinquennial death-rates provide a broader view of the trend of tuberculosis in Cape Town. Europeans have been dying at the same rate for the past twenty-five years, except for an increase in the depression years of the early thirties. The non-Europeans have been dying at a much higher rate but roughly unchanged until 1942. Since then, the annual death-rate for non-Europeans has been consistently and considerably higher than the worst previous year and the death-rate for the past five-year period amounted to 589 per 100,000 compared with 457 per 100,000 which was the average yearly death-rate from 1914 to 1942. This is an increase of over 28 per cent. and provides an awful contrast to experience elsewhere.

The notification 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.. .. .	5	9	63	75	152
Abdominal*	—	—	11	12	23
Bones and joints	1	1	23	24	49
Glands	2	1	17	14	34
Genito-urinary system.. .. .	1	—	1	—	2
Disseminated	2	2	26	23	53
Other organs	2	—	2	1	5
Total	13	13	143	149	318

* 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	4	8	65	65	142
" abdominal	1	—	7	5	13
" of bones and joints	1	—	2	3	6
" of genito-urinary system	1	—	2	—	3
" of other organs.. .. .	—	—	1	—	1
" disseminated	1	2	12	7	22
Total	8	10	89	80	187

The death rates from tuberculosis corrected for outward transfers, are shown in the following table for a series of years:—

	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
5 " " " " " " 1941	0.74	4.42	2.55
5 " " " " " " 1946	0.76	5.89	3.40
1 year ended 30th June, 1937	0.55	4.19	2.31
1 " " " " " " 1938	0.86	4.76	2.75
1 " " " " " " 1939	0.79	4.77	2.75
1 " " " " " " 1940	0.72	4.25	2.48
1 " " " " " " 1941	0.77	4.15	2.47
1 " " " " " " 1942	0.74	5.41	3.11
1 " " " " " " 1943	0.70	6.12	3.47
1 " " " " " " 1944	0.77	6.46	3.70
1 " " " " " " 1945	0.79	5.69	3.34
1 " " " " " " 1946	0.82	5.72	3.39

Other particulars will be found in Tables A to D, on pages 74 to 106. G to K, on pages 109 to 113, N to T, on pages 116 to 122.

PROVISION OF TREATMENT.

The in-patient accommodation available for cases of pulmonary tuberculosis includes the following (30th June, 1946):—

At the City Hospital, Portswood Road: 64 beds for Europeans and 95 for non-European females.

At Rentzkie's Farm Hospital: 175 beds for non-European males.

At Nelspoort Sanatorium: a varying number. During the year 1945-46, the average daily number of Cape Town cases at the Sanatorium was 38 Europeans and 35 non-Europeans.

At the Native Hospital, Langa: a varying number. During the year 1945-46, the average daily number of cases was 5.9 (all Natives).

The Sunshine Home for Children, Bellville: a holiday home for children in a depressed state of health; reserved for tuberculosis contacts; provides accommodation for 60 Europeans and 42 non-Europeans. During the year, 141 children (74 European and 67 non-European), were admitted; average length of stay was 134 days for Europeans and 136 days for non-Europeans.

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	1	51
Eaton Home :		
Coloured children	46	26
Coloured adults	11	22
European adults	6	20

Provision for surgical cases of tuberculosis is made in the hospitals of the Cape Hospital Board, the Maitland Cottage Homes and St. Joseph's Home, Philippi.

Particulars of the clinic centres for tuberculosis maintained by the City Health Department are given below.

Part of the approved municipal expenditure on these services is repaid to the City Council by the Union Health Department and the Provincial Administration. The three new ward-pavilions (175 beds) at Rentzkie's Farm Hospital opened on 1st October, 1942, were provided by the Union Health Department without any capital cost to the Council.

The anti-tuberculosis branch of the City Health Department is under the direction of a full-time tuberculosis officer, whose office, with that of his administrative staff and the tuberculosis health visitors, and the case-worker of the Tuberculosis Care Committee, is at the clinic centre at Chapel Street, Cape Town.

The X-ray examinations of patients from the clinics are made at the City Hospital, Portwood 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 Hospitals or Nelspoort Sanatorium and require periodical refills. The work of this clinic is recorded at page 48.

ANTI-TUBERCULOSIS CENTRES.

The central clinic building at Chapel Street, Cape Town, near the boundary between central Cape Town and Woodstock, was brought into use on 3rd January, 1941. It comprises a waiting-room, interviewing room and dispensary, and Care Committee room; an administrative wing, including the Tuberculosis Officer's office, clerical and records office, health visitors' office, staff room and kitchen; and a clinical wing, including 3 clinical rooms, dental room, recovery room, dark rooms, dressing cubicles, X-ray room, developing room, laboratory and other offices.

There is a second special tuberculosis clinic building at Church Street, Wynberg, and tuberculosis clinic sessions are also held at the general clinics at Langa Native Township and Windermere.

The weekly sessions number 9½, viz., 5 at Cape Town (for Europeans, non-European males and non-European females), 3 at Wynberg (for Europeans, non-European males and non-European females), 1 at Windermere (for non-Europeans), and 1 twice a month at Langa (for Natives). They are all held at 2 p.m., except the Windermere session, which is at 10 a.m. These weekly sessions are conducted by part-time consultants and by the Tuberculosis Officer, who also sees patients by private appointment with the medical practitioner, health visitor, employer or teacher.

During the year there were 14,169 attendances at the clinics, and 3,677 persons attended for the first time; the details are shown in the following table :—

	1945-46.		1944-45.	
	New cases.	Total attendances.	New cases.	Total attendances.
<i>Cape Town :</i>				
European : Males	250	1,136	270	1,061
Females	284	1,124	253	865
Non-Eur. : Males	924	3,507	765	2,892
Females	909	3,409	681	2,584
Total	2,367	9,176	1,969	7,402
<i>Wynberg :</i>				
European : Males	54	290	37	282
Females	57	293	68	377
Non-Eur. : Males	340	1,448	335	1,096
Females	405	1,355	440	1,312
Total	856	3,386	880	3,067
<i>Langa :</i>				
Native : Males	40	59	55	95
Females	41	73	61	88
Total	81	132	116	183
<i>Windermere :</i>				
European : Males	2	2	—	—
Females	4	7	—	—
Non-Eur. : Males	161	567	141	489
Females	206	899	159	605
Total	373	1,475	300	1,094

The European attendances increased by 267 and the non-European increased by 2,156. The European "new cases" increased by 23 and the non-European increased by 389.

The total number of medical sessions was 414; 179 of the attendances were made outside session hours.

As the main object is diagnosis, the aim is to restrict attendances of those already passed as non-tuberculous and to increase the number of first attendances ("new cases") in search for early or unrecognised disease.

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.					All races.
	Adults.		Children.		Total.	Adults.		Children.		Total.	
	M.	F.	M.	F.		M.	F.	M.	F.		
Notified:											
Accepted	54	58	2	3	117	273	159	72	98	602	719
Observation ..	1	3	—	—	4	11	9	8	5	33	37
Not accepted ..	3	3	2	—	8	27	21	10	9	67	75
	58	64	4	3	129	311	189	90	112	702	831
Suspects:											
Notified	13	18	3	—	34	166	119	41	53	379	413
Observation ..	21	31	8	16	76	91	74	47	69	281	357
Non-tuberculous	63	96	21	10	190	247	298	71	108	724	914
	97	145	32	26	300	504	491	159	230	1,384	1,684
Contacts:											
Notified	1	5	5	3	14	9	12	23	18	62	76
Observation ..	7	2	9	9	27	12	21	72	70	175	202
Non-tuberculous	21	42	72	46	181	47	180	238	249	714	895
	29	49	86	58	222	68	213	333	337	951	1,173
Total	184	258	122	87	651	883	893	582	679	3,037	3,688

NOTIFIED CASES.

Of the 831 cases who presented themselves for examination as the result of notification 75 (9 per cent.) were found to be non-tuberculous.

SUSPECTS.

The number of suspects examined has more than doubled during the last five years.

CONTACTS.

At present, contacts in the most susceptible age-groups are not being examined in sufficient number, nor are the many child-contacts being examined in comprehensive manner owing to the absence of X-ray facilities at the clinics.

1,173 contacts examined represent 101 per 100 deaths, as compared with the pre-war figure of 178 in England.

Tuberculous Meningitis.—In the 152 local cases of this condition notified during the year an open case of pulmonary tuberculosis was known or found to have been living in contact with the deceased in 47 cases (*i.e.*, 31·0 per cent.). The infecting agents were mainly father (7), mother (6), brother (4), sister (2) and relatives and friends (28).

Laboratory Examinations.—The anti-tuberculosis section wishes to acknowledge the accuracy and promptitude with which the Union Health Department provides this service free of cost.

NOTIFICATION.

The sources of the notifications received during the year under report (including imported infections, *i.e.*, those now resident in the Cape Town municipal area and known to have contracted the disease before arrival) were as follows:—

	Cape Town.	Langa.	Outside Cape Town cases.	Cases cancelled.	Total.
Private practitioners	1,240	23	—	59	1,322
Consultants	7	—	30	—	37
	1,247	23	30	59	1,359
Groote Schuur Hospital	274	8	62	8	352
Cape Town Free Dispensary	63	1	1	4	69
Wynberg (Victoria) Hospital	17	—	4	—	21
Woodstock Hospital	12	—	5	—	17
Valkenberg Mental Hospital	23	—	1	—	24
Somerset Hospital	74	4	15	1	94
Other hospitals and institutions	12	—	9	—	21
	475	13	97	13	598
City Health Department :					
Anti-tuberculosis Centres	172	7	4	—	183
City Hospital	119	4	47	1	171
Langa Hospital	1	47	1	—	49
Medical Officer for poor relief	37	—	—	3	40
Other clinics	50	—	1	1	52
	379	58	53	5	495
Port Health Officer	4	—	3	—	7
Immigration Officer	1	—	—	—	1
	5	—	3	—	8
Magistrate, Police and District Surgeons :					
From public mortuaries	43	2	5	—	50
Transferred from other Local Authorities :					
Cape Divisional Council	—	—	48	—	48
Others	18	—	12	—	30
	18	—	60	—	78
South African Medical Corps	28	1	22	1	52
Total	2,195	97	270	78	2,640

GENERAL.

A study of the origin of notifications emphasizes our dependence on the goodwill of the general practitioner. Every year this group provide over 50 per cent. of the total notifications and undoubtedly this proportion will increase as the clinic services improve. A few private practitioners have called upon us to provide fresh tuberculin for the purpose of the Mantoux test, which is so valuable that it should be widely employed in paediatric practice in child welfare clinics, and we are anxious to extend the use of the tuberculin test.

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

	Cape Town.	Langa.	Outside Cape Town cases.	Cases cancelled.	Total.
Attended clinic	1,164	33	39	72	1,308
Failed to attend	1,031	64	231	6	1,332
Total	2,195	97	270	78	2,640
Failure to attend clinic :					
In hospital	297	27	177	6	507
Too ill	168	3	—	—	171
Died before notification	138	2	—	—	140
First advice through death returns	160	14	19	—	193
Refusals	122	4	1	—	127
Under private care	40	—	29	—	69
Untraceable	41	3	—	—	44
Moved out of area on notification	65	11	5	—	81
Total	1,031	64	231	6	1,332

(Only 53 per cent. of local notifications attended clinic.)

The health visitors cover the whole of their respective districts and also assist at the clinical sessions. Their duties need tact and energy and include advice on rest, isolation, nutrition, the disposal of sputum, disinfection and general hygiene. From the dispensary point of view, their main purpose is to secure the attendance of the notified case and of the contacts. The proportion of refusals will continue to diminish as clinic and hospital facilities are improved.

During the year the visits made by the health visitors were 2,406 (primary) and 17,352 (total) as compared with 2,223 and 17,115 in the previous year.

The City Council 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. 196 new cases were put on this allowance during the year, and the cost of the supplies was £1,772 6s. 7d.

HOSPITALIZATION.

There is much to be learnt from the table below. The number of patients admitted to hospital in Cape Town from outside the municipal area is a measure of the deficient services in the country areas, and a tribute to the up-to-date treatment in the City Hospital, and the generously broad view that the Department adopts towards those in need of treatment and unable to secure it elsewhere.

Less than a third of the new cases were admitted to hospital: in those countries which have tackled their tuberculosis problem successfully there is now often a ratio of three beds available to every newly notified case.

The most discouraging feature is the large number who are only notified after death. Often these patients have not sought medical assistance owing to poverty and have failed to make use of the free services of the City Health Department who employ a Medical Officer particularly to deal with pauper cases. In addition to the 273 persons in this class, there are 486 who died within six months of notification. It can be assumed that nearly all had advanced disease when first notified: the delay is due to (1) the failure of the patient to attend the doctor when symptoms of ill-health first arise and (2) the failure of the doctor to diagnose and/or to notify the case as tuberculous.

Few of these could have been saved by admission to hospital, but very considerable harm follows the failure to isolate them.

	Cape Town.		Langa.		Outside Cape Town cases.
	Local.	Imported infection.	Local.	Imported infection.	
New pulmonary cases notified during the year	1,799	72	77	3	192
Known to have had T.B. positive sputum	695	13	31	1	
New pulmonary cases admitted to institutions for treatment of tuberculosis	525	18	34	2	150
Proportion of new cases admitted	29%		45%		
Died before receipt of notification	273	1	19	—	
Died within 1 month of notification	205	29	13	1	
.. 1 to 3 months of notification	167	3	6	—	
.. 3 to 6 months of notification	114	4	3	—	
.. 6 to 12 months of notification	116	4	1	—	

Outside Cape Town cases—Cases admitted to City Hospital or other hospital from outside the Municipal area.

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 Rentskie's Farm	53	51	328	133	565
Nelspoort Sanatorium	35	53	49	46	183
Langa Hospital	—	—	17	28	45
Total	88	104	394	207	793

FIVE-YEAR SURVIVAL RATES.

From the statistics for the year ending 30th June, 1941, an attempt has been made to assess the survival rates of pulmonary cases.

The following is an analysis of the 1,040 (corrected) cases of pulmonary tuberculosis notified in the year 1940-41:—

Pulmonary cases notified:

European.		Non-European.		Total.	
Male.	Female.	Male.	Female.	Male.	Female.
81	76	495	388	576	464
					1,040

Cases known to be alive after five years:

European.		Non-European.		Total.	
Male	28 34.6%	Male	34 6.8%	Male	62 10.8%
Female	26 34.2%	Female	31 7.9%	Female	57 12.3%

	European.		Non-European.		Total.	
	Male.	Female.	Male.	Female.	Male.	Female.
Died after surviving five years	3	—	2	1	5	1
Ill and mostly in hospital ..	3	1	5	5	8	6
Chronic and invalid ..	4	9	4	4	8	13
Well and working* ..	18	16	23	21	41	37
	28	26	34	31	62	57
<i>* Restored to communal service:</i>						
Persistently tuberculous(—)	2	6	8	6	10	12
Originally tuberculous(+) [†]	12	5	10	9	22	14
Unknown	4	5	5	6	9	11
	18	16	23	21	41	37
<i>† Originally tuberculous (+) cases in communal service:</i>						
Chronic and/or stabilised (at least intermittently infectious)	6	3	4	4	10	7
Early and healed	6	2	6	5	12	7
	12	5	10	9	22	14

In the last annual report the five-year survival rates for the year ending 30th June, 1940, were calculated as 30 per cent. in Europeans and 5 per cent. in non-Europeans. For the year ending 30th June, 1941, they are 35 per cent. in Europeans and 7 per cent. in non-Europeans.

In view of the dismal picture provided by tuberculosis in Cape Town, we may be allowed to derive some slight encouragement from the higher survival rates in both races.

In the last analysis the only appreciable difference between the sexes, was the higher survival rate amongst non-European females (79 per 1,000) compared with non-European males (68 per 1,000). This may not be significant, for there is in fact proportionately more hospital accommodation for males.

Repatriation since 1942 has been either (1) discouraged by admission to hospital or the promise of it; or (2) controlled by renotification to the rural magistrates. It is possible that before the war proportionately more Native tuberculous left the municipal area and thereby reduced the death rates.

The main objective of the clinics has not yet been attained: we are not finding and treating the early case. Of the annual admissions to Nelspoort Sanatorium the proportion of Group 1 cases shown in the table on page 38, has only increased to 19 per cent. The early case does not feel ill and so provides the greatest resistance to the acceptance of six to twelve months in hospital, unless it fortunately happens that he or she has been scared by an haemoptysis.

TUBERCULOSIS REGISTER.

The total number of persons known by the Department to be suffering from tuberculosis and to be living in the Cape Town municipal area on 30th June, 1946, was:—

District (not wards).	Pulmonary.	Non-pulmonary (chiefly bones and joints).	Total.
Camps Bay—Adderley Street	673	67	740
District Six—Vredehoek	697	144	841
Woodstock—Salt River	412	59	471
Rugby—Brooklyn—Maitland, Athlone—Black River	450	102	552
Observatory—Claremont	639	67	706
Windermere and Kensington	251	36	287
Lansdowne—Kenilworth—Wynberg ..	448	71	519
Wittebome—Clovelly	413	68	481
Total	3,983	614	4,597

4,597 is the minimal number of pulmonary cases. There are large numbers undiscovered, undiagnosed, unnotified or lost sight of and a considerable portion of these cases would be revealed by an efficient mass radiography service.

According to established standards, the number of deaths from tuberculosis represents an eighth of the total cases. In the year under report there were 1,152 deaths, and we can therefore assume that there are at least 9,000 tuberculous persons in this City.

NELSPOORT SANATORIUM.

The Nelspoort Sanatorium is on the Karoo 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. 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 15s. a day. Part-paying and free patients are received on the application of local authorities on the basis of 14s. a day for European patients, and 10s. for non-Europeans. The cost, after deducting part-payments made by patients, is met as to 87½ per cent. by the Union Government and the Provincial Administration, and as to 12½ per cent. by the local authority concerned. During the year ended 30th June, 1946, there were 183 admissions of Cape Town municipal patients. Of these admissions 29 were of patients who had had a previous period of treatment in the institution, the number of new cases being 154.

The monthly average number of Cape Town municipal patients in the Sanatorium during the year 1945-46, was 73 (37 Europeans and 36 non-Europeans).

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.
European :	Male	5	20	10	35
	Female	16	25	12	53
Non-European :	Male	8	25	16	49
	Female	6	29	11	46
All races		35	99	49	183

CARE COMMITTEE FOR TUBERCULOSIS PATIENTS.

The voluntary Care Committee works in close co-operation with the City Health Department. Office and storage accommodation is provided at the municipal anti-tuberculosis centre, and the salary and motor-car allowance of the almoner employed by the Committee are paid by the City Council. Other funds are provided by the King George V Silver Jubilee Fund and the Community Chest.

The work done is indicated by the following statistics :—

	Calendar year 1946.	
	European.	Non-European.
Families helped by payment of rent	14	43
" " maintenance grants	15	15
" " rent and maintenance grants	2	18
" " payment of foster-mother	—	3
" " provision of clothing and blankets		164
No. of articles of clothing distributed		698
" blankets distributed		57
Almoner :		
Visits paid	1,376	
Interviews given	749	
New cases handled	162	

Of the above disbursements from 1st January to 31st December, 1946, the Community Chest paid the rent for 51 families, maintenance grants for 30, rent and maintenance for 10 and the payment of foster-mothers for 3; the Silver Jubilee Fund paid the rent for 6 families, and rent and maintenance for 10.

As from 1st March, 1940, the City Health Department undertook the payment of rent for the families of tuberculous patients who would otherwise have been in distress owing to the breadwinner being in an institution or unable to work. During the year ended 30th June, 1946, 43 families (10 European and 33 non-European), were assisted in this way, the expenditure amounting to £663 8s. 5d.

Patient's Friend.—This is an apt name for the case worker employed by the Care Committee for tuberculous patients. Almost every adult person incapacitated by tuberculosis needs financial help and the work, although handicapped by lack of funds, is now well co-ordinated through the help of the General Board of Aid and the Department of Social Welfare. It is an indispensable factor in securing the co-operation of the patient and has increasingly served to keep the patient in hospital for an adequate period and in a contented and hopeful frame of mind.

SECTION VII—VENEREAL DISEASES.

(PREPARED BY DR. C. K. O'MALLEY, M.C., VENEREAL DISEASES OFFICER.)

INCIDENCE RATE.

There was a noticeable increase in the number of new cases of venereal disease registered during this year over that for the preceding year, 5,761 as compared with 4,685. These figures do not include cases of syphilis or other venereal diseases seen, registered and treated at child welfare or ante-natal clinics. The complete figures, including such cases, are shown elsewhere in the tables.

In Table I the new cases are analysed according to race, sex and disease :—

TABLE I.—CLASSIFICATION OF NEW CASES ACCORDING TO RACE, SEX AND INCIDENCE RATE PER 1,000 POPULATION.

	Cases.	Rate per 1,000 population.
<i>Race :</i>		
European	714	4.4
Non-European	5,047	25.2
<i>Sex :</i>		
Male	2,876	17.2*
Female	2,885	15.9*
<i>Disease :</i>		
Syphilis	3,446	9.5
Gonorrhoea	1,312	3.6
Other venereal diseases	96	0.3
Non-venereal diseases	543	1.5
Undiagnosed	364	1.0
All new cases	5,761	15.9

* This rate is exclusive of Windermere population, where figures as to sex are not available.

The following facts should be noted :—

- (1) The ratio of Europeans to non-Europeans maintains a fairly constant value of 1 : 7.
- (2) There is a large increase in the number of gonorrhoea cases registering at the clinics, 1,312 in the present year as against 873 in the preceding year.
- (3) Roughly 9 per cent. of the number of patients presenting themselves for examination were found to be free from any venereal disease.
- (4) Excluding the cases who were found *not* to be suffering from a venereal disease, and those cases who remained undiagnosed at the end of the year, the real incidence rate is 13.4 per 1,000 of the population.
- (5) The true incidence rate for Europeans (3.3 per 1,000 of the population) is not very high and certainly does not justify the alarming and distorted views expressed from time to time by persons not acquainted with the actual state of affairs.
- (6) The non-European incidence rate on the other hand (21.5 per 1,000 of the population) remains high and the total for both races, 13.4, is larger than that of last year.
- (7) Of special interest is the number of cases of early syphilis who reported during the year and of whom it can fairly be claimed that they actually contracted their disease during the year under review. This number is 1,167. It is not the total number of new cases seen for the first time in the period under review. But many of these latter had contracted their disease years previously. The figure I quote is the one to focus attention on. These individuals and the 1,312 persons suffering from gonorrhoea represent the reservoir of infectious material in our midst.

The next table shows the number of new cases and the incidence rate per 1,000 of the population over the 12 year period 1935-46 inclusive. Unfortunately, no tendency to improvement can be detected.

TABLE II.—INCIDENCE RATE OF VENEREAL DISEASE DURING THE TWELVE-YEAR PERIOD 1935-1946.

Year ended 30th June.	Total new cases.	Population.	Rate per 1,000 population.
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
1940	4,212	322,813	13.1
1941	3,623	320,164	11.4
1942	4,152	326,250	12.5
1943	4,099	331,726	12.4
1944	4,897	337,152	14.6
1945	3,591*	356,940	10.1
1946	4,854*	362,762	13.4

* Excluding non-venereal and undiagnosed cases for the first time in this table.

ORGANIZATION.

Facilities for advice, as well as for the diagnosis and treatment of venereal diseases, exist at five different centres, usually referred to as Municipal Treatment Centres. They are situated at :—

City Hospital	Fort Wynyard Street, off Portswood Road, Green Point.
Salt River	Spencer Road.
Windermere	Corner 9th Street and 3rd Avenue.
Langa Native Township	Hospital Out-Patient Department.
Wynberg	Lower Church Street.

There are two full-time medical officers in the Venereal Diseases Branch: The Venereal Diseases Officer, who has general directional control, acting under the Medical Officer of Health; and a Deputy Venereal Diseases Officer who assists him in these duties and takes over control during the absence of the Venereal Diseases Officer. The trained technical staff consists of 5 full-time fully-trained nurses who have had many years of experience in venereal diseases work. These ladies not only assist at the female medical sessions but visit defaulting female patients in their homes and generally carry out the functions of lady almoners. Five full-time specially trained male nurses carry out technical duties at the male sessions, in addition to their duties in the venereal diseases wards. There are in addition 2 full-time male caretaker/assistants.

The medical duties at the various sessions, of which there are 35 a week, are carried out by 8 part-time medical officers, in addition to the venereal diseases officer and his deputy. Senior medical students are given extra facilities for attending at these sessions and thus perfecting themselves in the various techniques and methods employed in handling venereal diseases cases.

Clerical work is performed at male sessions by members of the full-time clerical staff of the City Health Department, and at female sessions by part-time ladies who volunteer for the work. Two full-time clerks, 1 male and 1 female, collect and co-ordinate the various returns and statistics of the Branch which are necessary for the compilation of this Report, and from which the Union Health Department extracts what information it requires.

INVESTIGATION INTO FACTORS CAUSING VENEREAL DISEASES.

A special investigation was carried out during this year in order to determine the factors which contributed most to the spread of venereal diseases. Theoretically this might have been due to drunkenness or to large-scale prostitution, or to ignorance of the existence of venereal disease and the risk of contracting it by sexual intercourse. A special questionnaire was drawn up and each new patient was asked about the conditions under which he contracted his disease.

The result of this inquiry is embodied in the following table, which indicates that the largest single factor in the spread of venereal disease in Cape Town is unrestrained sexual indulgence. Prostitution does not play an important part, nor does ignorance. And it should be noted that, in this series of cases, 75 per cent. of the individuals questioned were quite sober when they contracted their disease. These results confirm the previously-held beliefs of the writer, though at variance with the generally accepted views on this matter.

TABLE III.—ILLUSTRATING THE FACTORS CONCERNED IN 266 CASES OF VENEREAL INFECTIONS IN MALES ATTENDING THE MUNICIPAL TREATMENT CENTRES, CAPE TOWN.

Particulars regarding the infection.	European.		Non-European.		Total.	
	No.	%	No.	%	No.	%
Number of patients examined	79	100.00	187	100.00	266	100.00
Number infected by prostitutes	21	26.58	13	6.95	34	12.78
Number of infections attributable to drink	36	45.57	61	32.62	97	36.47
Number of persons carrying out any form of self-prophylaxis	4	5.06	1	0.53	5	1.89
Number of persons having previous knowledge of venereal disease	70	88.61	101	54.01	171	64.29
Number of "first attack" cases	47	59.49	136	72.73	183	68.80
Age groups affected:						
15	1	1.27	1	0.53	2	0.75
20	16	20.25	41	21.93	57	21.43
25	28	35.44	81	43.32	109	40.98
30	22	27.85	41	21.93	63	23.68
35	5	6.33	15	8.02	20	7.52
40	6	7.59	5	2.67	11	4.14
Over 40	1	1.27	3	1.60	4	1.50
<i>Type of disease:</i>						
Gonorrhoea	62	European	122	non-European	Total 184	
Syphilis	18	"	74	"	.. 92	

ATTENDANCES ACCORDING TO LOCALITY.

In Table IV is set out the number of new cases according to the centre at which they were first registered and the number of attendances at these centres. More than 68 per cent. of all the work was done at the two centres in the central part of the municipal area, i.e., Portsworld Road and Salt River. These figures justify the writer's oft-expressed opinion that a large centrally-situated clinic, open all day and staffed by relays of doctors and assistants, would have ample scope to justify the cost of erection and maintenance.

TABLE IV.—NUMBER OF NEW CASES AND ATTENDANCES CLASSIFIED ACCORDING TO THE LOCALITY OF THE MUNICIPAL TREATMENT CENTRES.

Centre.	New cases.	Attendances.
City Hospital, Portsworld Road	1,589	22,004
Salt River	1,999	33,169
Wynberg	971	14,272
Windermere	524	4,629
Langa	67	1,184
Pre-natal clinics (at child welfare centres)	611	6,632
Totals	5,761	81,890

ANALYSIS OF NEW CASES.

A detailed analysis of new cases is presented in Table V, which is drawn up in accordance with the official nomenclature of the Union Health Department. Not every one will agree that the terms "Venereal Warts" and "Phagedaena" accurately connote two clinical entities, though experience shows that either may be associated with a venereal disease.

The usual preponderance of syphilis and gonorrhoea is again evident and most of the syphilis cases are represented by female cases who have no clinically discernible signs of the disease. The presence of disease in this large number, 1,305, was determined by serological test alone. The Wassermann test thus plays an important role in deciding whether expensive and sometimes risky treatment shall be instituted and it goes without saying that the efficiency standards of the laboratories which perform such tests should be beyond reproach. Frequent inter-laboratory checks on technique and reagents are desirable in order to detect any falling-off in accuracy and exactness.

Two other figures merit attention. The first is that representing the number of cases who were found *not* to be suffering from a venereal disease—in this case 543. This means that nearly 1 out of every 10 persons presenting themselves for examination were found free from disease. The figure is satisfactory, and the higher it is the better, as it represents an awareness of the existence of venereal disease, and a desire to receive treatment at the earliest possible opportunity.

The other figure, 364, indicates that this number of individuals did not attend long enough for a diagnosis to be made. This figure is unsatisfactory, though unavoidable.

TABLE V.—NEW CASES AND TOTAL ATTENDANCES, CLASSIFIED ACCORDING TO DIAGNOSIS, SEX AND RACE.

Disease.	New cases.					Total attendances.				
	European.		Non-European.		Total.	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.	
1. Seronegative primary syphilis ..	26	3	40	5	74	532	18	1,022	122	1,694
2. Seropositive primary syphilis ..	12	5	189	11	217	615	90	4,682	401	5,788
3. Secondary syphilis ..	46	22	449	359	876	1,099	999	8,851	7,387	18,336
4. Tertiary syphilis (1) ..	9	7	55	75	146	566	335	1,419	1,982	4,302
5. Endosyphilis (2) ..	16	48	166	1,305	1,535	335	916	4,465	11,664	17,380
6. Neurosyphilis ..	6	1	22	9	38	412	170	791	452	1,825
7. Congenital syphilis (under 1 year) ..	2	5	144	261	412	83	64	1,788	2,473	4,408
8. Congenital syphilis (over 1 year) ..	2	7	48	91	148	125	281	1,267	2,619	4,292
Total syphilis ..	119	98	1,113	2,116	3,446	3,767	2,873	24,285	27,100	58,025
9. Gonorrhoea ..	251	48	795	172	1,266	1,424	885	7,950	1,330	11,589
10. Gonococcal vulvovaginitis ..	—	11	—	30	41	—	131	—	214	345
11. Gonococcal ophthalmia ..	1	—	3	1	5	1	—	4	7	12
Total gonorrhoeal infections ..	252	59	798	203	1,312	1,425	1,016	7,954	1,551	11,946
12. Ulcus molle ..	14	—	74	5	93	55	6	482	27	570
13. Lymphopathia venereum ..	—	—	—	—	—	—	—	4	—	4
14. Granuloma venereum ..	—	—	—	1	1	—	—	20	—	20
15. Venereal warts ..	—	—	2	—	2	—	—	28	—	28
16. Phagedaena ..	—	—	—	—	—	—	—	—	—	—
Total venereal diseases ..	385	157	1,987	2,325	4,854	5,247	3,895	32,773	28,678	70,593
17. Non-venereal disease ..	128	21	229	165	543	305	83	742	563	1,693
18. Undiagnosed ..	13	10	134	207	364	224	117	1,575	1,056	2,972
Grand total ..	526	188	2,350	2,697	5,761	5,776	4,095	35,090	30,297	75,258

(1) Clinically recognisable.

(2) Diagnosed on result of serological test alone.

VENEREAL DISEASES CASES TREATED IN HOSPITAL.

A total of 333 individuals were admitted to hospital during the year. Cases of early syphilis represent the majority, but a comparison with the preceding table shows how far we fall short of giving intensive hospital treatment to all new cases of syphilis. If this could be done, and every new case of syphilis discovered could be subjected to intensive therapy employing all known anti-syphilitic drugs, especially penicillin, then some headway could be made against the ever-pressing menace of syphilis in our population. The co-operation of patients as well as the necessary hospital accommodation are both necessary, and of course, abundant supplies of penicillin. It is a pity indeed that such abundance is either unobtainable or is not at our disposal. The considerable amount which in many cases must be wasted on trivial complaints could be put to better service by treating early, infectious and communicable venereal disease.

TABLE VI.—ADMISSION OF V.D. CASES TO HOSPITAL CLASSIFIED ACCORDING TO DIAGNOSIS, SEX AND RACE.

Disease.	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
1. Seronegative primary syphilis	11	—	2	1	14
2. Seropositive primary syphilis	7	—	9	2	18
3. Secondary syphilis	12	4	34	142	192
4. Tertiary syphilis (1)	2	3	4	6	15
5. Endosyphilis (2)	1	—	2	4	7
6. Neurosyphilis	1	—	1	—	2
7. Congenital syphilis (under 1 year)	—	—	5	2	7
8. Congenital syphilis (over 1 year)	—	—	1	5	6
Total syphilis	34	7	58	162	261
9. Gonorrhoea	30	—	17	14	61
10. Gonococcal vulvovaginitis	—	4	—	6	10
11. Gonococcal ophthalmia	—	—	—	—	—
Total gonorrhoeal infections	30	4	17	20	71
12. Ulcus molle	6	—	3	2	11
13. Lymphopathia venereum	—	—	—	—	—
14. Granuloma venereum	—	—	—	—	—
15. Venereal warts	—	—	—	—	—
16. Phagedaena	—	—	—	—	—
Total venereal disease	70	11	78	184	343
17. Non-venereal disease	3	1	6	—	10
18. Undiagnosed	—	—	—	—	—
Grand total	73	12	84	184	353

(The actual number of individuals was 333 as some patients had more than one disease.)

(1) Clinically recognisable.

(2) Diagnosed on result of serological test alone.

DEALING WITH DEFAULTERS.

That our efforts to induce defaulting patients to return for further treatment bear some fruit is indicated by Table VII. Unless the defaulting patient is suffering from a venereal disease in a communicable form, not more than three attempts are made, either by a home visit or letter, to secure co-operation. To persist under these circumstances would be a waste of public money.

A different method of approach is adopted according to whether the defaulter is a female or a male patient. In the former case a home visit is made and the lady nurse-visitor tries persuasion. If need be, the patient is given money for her fare to the clinic. No home visits are made in the case of male defaulters. A carefully-worded letter, not mentioning anything about a clinic or even illness (but embodying the clinic registration number), is sent by ordinary post. In the case of either sex, where it is clear the patient is still in an infectious condition, a statutory warning notice is sent in the case of further default before the matter is referred to the magistrate.

TABLE VII.

Home visits to female defaulting patients	5,570
Patients who returned to clinic	2,157
Letters to male defaulting patients	3,024
Patients who returned to clinic	999
Referred to magistrate under Public Health Act	147

From these figures it is justifiable to conclude that the following-up of defaulters is well worth while and that the results justify the expense incurred.

CONTACTS.

In conformity with the policy of the Department, every effort is made to trace the source of infection in cases of early syphilis and gonorrhoea. Familial contacts are visited and urged to come for examination. In certain cases the services of the partner (husband, wife, etc.) are enlisted to secure the attendance of those who are likely to be affected, perhaps without their knowledge, with either syphilis or gonorrhoea.

Extra-familial contacts in cases of presumed active, contagious venereal disease are reported on a special form to the Medical Officer of Health, and a statutory notice demanding their attendance is sent or delivered to them. Failure to comply with this demand means that the matter is placed in the hands of the magistrate.

In Table VIII are reflected the efforts of the Venereal Diseases Branch to carry out this important task.

TABLE VIII.—NUMBER OF CONTACTS OF PATIENTS SUFFERING FROM VENEREAL DISEASES IN A COMMUNICABLE FORM REPORTED TO THE MEDICAL OFFICER OF HEALTH AND DEALT WITH ACCORDINGLY.

Number of contacts reported	74
Number of such contacts who reported for examination	33
Number found to be suffering from a venereal disease	5
Number of reported contacts whose attendance was not secured	41

PATHOLOGICAL EXAMINATIONS.

Numerous microscopic examinations are carried out at the various clinics, although the bulk of the work is still carried out at the Government Laboratory. Each clinic is equipped with a microscope for dark ground as well as ordinary smear examinations. Thus the rapid diagnosis of early syphilis and gonorrhoea can be established on the spot and valuable time saved.

The Venereal Diseases Branch carries out Kahn tests on specimens submitted from the various venereal diseases centres. As this is merely a branch, and not a departmental undertaking, it is not possible to extend the scope of the work and perform Kahn tests submitted from other sources. The test is performed by a member of the male technical staff (and lack of time and space forbid any amplification).

TABLE IX.—NUMBER OF PATHOLOGICAL EXAMINATIONS CARRIED OUT IN VENEREAL DISEASES BRANCH.

	Positive.	Negative.	Total.
Number of dark-ground examinations for Sp. Pall. ..	358	119	477
Number of smear examinations for gonococci	708	117	825
Number of blood sera tested by Kahn test	—	—	2,817

TREATMENT.

Penicillin was used in larger quantities than in the preceding year, as supplies became more and more available. There is no doubt that this drug has completely transformed the outlook in gonorrhoea, particularly in males. The rapid amelioration of symptoms after the usual dosage and the high percentage of cure in one week, have relegated the old irrigation treatment to a position of minor importance. Failures, of course, occur, notably in females and little girls with vulvo vaginitis. Meanwhile, the bulk of the treatment for syphilis is still effected by the arsenicals and bismuth. A real danger is that the ease of administration of penicillin and its freedom from grave toxic reactions may lead to its use before a diagnosis has been established; and in the case of gonorrhoea excessive dosage might mask, temporarily suppress, a co-incidental syphilitic infection.

SECTION VIII—CITY HOSPITALS.

(PREPARED BY DR. J. F. WICHT, M.D., D.P.H., F.C.C.P., T.D.D., MEDICAL SUPERINTENDENT OF HOSPITALS.)

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 Hospital, Koeberg Road, Maitland.

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

The staff at the City Hospital, Portswood Road and at Rentzkie's Farm Hospital, Koeberg Road, Maitland, are shown on page 71.

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 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 7½ acres.

The first buildings were erected in 1899 and were occupied by the military authorities during the Boer War until 1902, when the hospital was re-occupied by the Municipality and opened for the isolation and treatment of infectious diseases. It has since been gradually extended.

The hospital provides accommodation for 430 patients. Ordinarily, patients suffering from the following diseases can be admitted to the hospital: enteric fever, diphtheria, erysipelas, puerperal fever, cerebro-spinal fever, acute anterior poliomyelitis, infective encephalitis, and, except when unusually prevalent, scarlet fever. Cases of other infectious diseases are admitted for special medical or social reasons. Accommodation is also provided for cases of pulmonary tuberculosis and venereal diseases. As more accommodation has been provided for tuberculous patients at Rentzkie's Farm Hospital, an increasing proportion of non-European male cases of this disease has been treated there; Since October, 1943, all non-European males suffering from tuberculosis are treated at Rentzkie's Farm Hospital, the whole of the non-European tuberculosis wards at Portswood Road being thus made available for females.

The medical staff (June 30th, 1946), consists of medical superintendent, two resident medical officers and three house physicians. The house physicians are changed every six months.

The hospital provides a six-months' training course for registered nurses in preparation for the South African Nursing Council's examination for fever nurses. A scheme is also in operation by which probationer nurses who are undergoing their general training in Cape Town spend three months at the City Hospital, during which time they receive instruction in fever nursing.

The staff of registered nurses and trainees is augmented by unregistered nursing assistants. A proportion of the nursing staff consists of non-European women.

Visits to patients are allowed twice weekly (on Wednesdays and Sundays). Children under 16 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.

MODERN TRENDS IN TUBERCULOSIS.

It is of interest to look back over the past twenty years and note the changes which have taken place in our attitude towards pulmonary tuberculosis. Although it is only possible to give a brief review, the abundant literature bears witness to the large amount of work which has been done in this sphere.

Ætiology.—In spite of the fact that Koch discovered the tubercle bacillus in 1882, many problems connected with the mode of infection have remained unsolved. It is easy to state that the tubercle bacillus gains access to the system, is conveyed to the lungs and flourishes in pulmonary tissue causing infiltration, caseation, expulsion of caseous materials and consequent excavation. It is only too obvious that but little is known of the mechanism by which infection occurs. Still less is known of the factors which cause spread in the lungs and throughout the body. Here are a few questions, which if answered, would lead to effective methods of checking infection and treating the disease. Why, in civilized countries where the disease is ubiquitous do some persons contract tuberculosis while others escape? Why does the disease become quiescent or arrested, or even cured in some persons, while in others it pursues a relentlessly fatal course? Why are periods of remission frequent? How can the conditions favouring quiescence and remission be brought about? At what age does primary infection usually occur? How long does it take for symptoms of the disease to appear? Is exogenous superinfection—that is superadded infection from without—capable of occurring in persons who have been tubercularized?

Most of these questions are not capable of being answered in our present state of knowledge though different authorities have attempted to do so.

The widespread adoption of Mantoux testing has shaken our faith in the theory that practically all tuberculous infections occur in early childhood, and that disease in later life is caused by the recrudescence of a hitherto quiescent focus. It is now thought that the primary infection may take place at any period of life, though most persons in urban areas have become infected by the age of 40.

Investigations by the Scandinavian school indicate that destructive disease, when it occurs, is likely to follow within five years of the primary infection, often the period is as short as one to two years. Environmental factors such as malnutrition and stress and strain of work seem to be more important than age (*e.g.*, puberty and adolescence).

The primary infection may be symptomless or may be marked by pyrexia. Even when no evidence of destructive disease is present, tubercle bacilli may be recovered from the gastric contents by guinea-pig inoculation. In some cases primary infection is accompanied by the eruption known as Erythema Nodosum. This condition is not necessarily tuberculous and has been described in pulmonary coccidiosis (San Joaquin Valley Fever) as well as in streptococcal infections. It is sufficiently common in early tuberculosis to warrant the taking of a skiagram of the chest.

There is not complete unanimity as to whether destructive disease (phthisis) spreads from the primary focus or from an adjacent site to which it may have been conveyed, either by direct spread or by the blood or lymph streams. This question can probably be considered of academic interest, but the question, as to how and why the disease becomes arrested is of practical importance. If the biological processes which control the growth of the tubercle bacillus in the tissues were fully understood, tuberculosis might become an easily-cured disease. At present we depend upon the "vis medicatrix naturae" and attempt to raise the patients' resistance by rest, fresh air, diet, etc., as we did twenty years ago, though there is a growing tendency to call surgery to our aid.

The part played by exogenous superinfection is of more than theoretical interest. If this form of infection were ruled out there would be no danger in placing tuberculin positive reactors in close contact with patients suffering from open tuberculosis. We cannot state with certainty that positive-reacting nurses or even patients with active disease are incapable of succumbing to infection from outside sources. In practice the patient is not infrequently encountered who has had a tuberculous pleural effusion and who is afraid of becoming infected in the hospital or sanatorium. Can he be assured that there is no danger? For ordinary purposes, where a reasonable degree of care is taken in sputum disposal, it is probably correct to say that the positive tuberculin reactor is safe amongst patients with open tuberculosis. The patient with a pleural effusion should run no risk of superinfection in a well-conducted sanatorium. It is not easy to estimate the danger of superinfection to a tuberculin positive nurse or attendant in a mental hospital who is surrounded by irresponsible phthisical lunatics. In this case massive infection might break down the immunity conferred by a latent or quiescent primary focus.

In view of the above remarks, it is not surprising that large-scale investigations into the epidemiology of tuberculosis are being undertaken. Two important methods of gauging the extent of infection in populations are employed. They are tuberculin testing and mass radiography. Large groups of students have been investigated in different countries and on the whole the findings have borne out the fact that infection occurs at different age levels and not only during early childhood. It has also been shown that the medical student attending a hospital where he comes into contact with tuberculous patients, runs a greater risk of infection than others of his age-group.

One of the most valuable uses of the tuberculin test is that it enables tuberculin negative, that is non-infected and therefore highly-susceptible nurses to be excluded from contact with phthisical patients. Frequent testing and re-testing makes it possible for the occurrence of primary infection to be recognised in persons who were originally negative reactors. When a change is detected, careful investigation should follow and in the absence of signs or symptoms a period of leave should be granted. The presence of even slight abnormalities in the chest skiagram should call for meticulous care in excluding or confirming the presence of early disease.

Diagnosis.—In a matter of twenty years the facilities for diagnosing early pulmonary tuberculosis have increased a hundredfold, largely on account of the use made of the X-rays.

Radiography has shown how fallacious it is to depend upon physical signs in early phthisis. It has become a truism that the disease is always far more advanced than the physical signs suggest. Radiography shows also that the disease is almost invariably well-advanced before alarming symptoms are present. Before the use of the skiagram became general phthisis in its earliest forms was never diagnosed with any degree of accuracy. Skiagrams show, often fortuitously, that tuberculous disease can develop with disconcerting rapidity. A native kitchen worker was routinely X-rayed in September, and the chest skiagram was found to be normal. In the following February he ran, panic-stricken, into the resident medical officer's bungalow complaining of a sudden hæmoptysis. A skiagram gave evidence of fairly extensive infiltration with commencing excavation of the upper half of the right lung. He refused to undergo collapse treatment and in May of the same year the upper part of the right lung was atelectatic and enclosed a large patent cavity.

Not only are X-rays employed more frequently, but better apparatus is used, rotating anodes, multi-valve sets and chest condensers being amongst the improvements. Films are carefully standardised and developing and dark-room technique is highly skilled.

Tomography or sectional radiography helps to locate cavities and occasionally bronchograms are made by the injection of iodised oil into the bronchus. Serial X-rays, that is skiagrams taken at short intervals, are of great use in observing the progress of a lesion. When required skiagrams are taken from various angles—not only the orthodox antero posterior but also lateral oblique and lordotic views being obtained.

Mass radiography, using miniature films, saves expense when large numbers are to be examined. It is particularly useful when a survey is being made of certain groups—*e.g.*, recruits in the Services, factory workers, etc. The use of the small-sized film greatly reduces the cost of the material used, but there are other expenses such as initial cost of apparatus, and salaries of staff which are not saved. In organizing a mass X-ray service, provision must be made for engaging attendants and clerical personnel to keep records and to assist in the rapid transit of patients past the camera. It is estimated that a single unit can cope with 300 patients daily. A radiologist is not usually able to interpret more than that number of films, even if the organization permits of more skiagrams being made. When it was first introduced the miniature camera was built to photograph the fluoroscopic image on 35 mm. film. This size film, which is a standard cinematograph size could be obtained cheaply in large quantities. The small dimensions make it necessary to view the enlarged image on a screen, all doubtful cases being re-X-rayed on full-sized film. It was suggested later that the extremely small-sized film was unnecessary and that larger films might be substituted with little rise in cost. The sizes proposed were postcard size and 2½ by 3½ (so-called 120 size). The advantage seemed to lie with the latter as it was small enough to be used in rolls and large enough to supply an image which did not require enlargement.

Mass radiography, although of great use in the conditions mentioned, will not solve all the difficulties of the tuberculosis question. The slight abnormalities of early disease are not always easily detected, and observation in hospital is necessary in cases of doubt. This requires an adequate number of hospital beds. It has been pointed out that X-ray examinations should be frequent if non-symptomatic disease is to be discovered. At the rate of 300 per day it is obvious that it will take a considerable period of time before the populations of large towns can be examined. By the end of this period many of those who were X-rayed in the earlier batches and found free from disease, will have developed tuberculosis.

Fluoroscopy is widely used both in diagnosis and in controlling the giving of refills in artificial pneumothorax treatment. Although this is no substitute for skiagraphy, it may be employed in searching for fairly gross disease in cases where physical signs are scanty or absent. It is our custom at the City Hospital to "screen" all patients from the fever wards before they are discharged. If suspicious shadows are present a full-sized film is taken. It is not unusual for cases of early phthisis to be made known in this way.

Clinical and Bacteriological Investigations.—Before the use of the X-rays became general, physicians spent much time in eliciting physical signs which are now known to be of little value. The present-day student is taught to recognise the obvious changes in percussion and auscultation, and to draw certain conclusions from inspection and palpation. He is not encouraged to waste time on minor changes. Radiography and bacteriological methods will enable him to be far more accurate than the proficient and experienced physician of the past who depended on physical examination.

To gain the full benefit from bacteriological examination in early cases of phthisis, sputum testing must be thorough. As a rule, in cases where sputum is abundant and purulent, the presence of tubercle bacilli makes diagnosis easy. When tubercle bacilli are absent in copious purulent sputum, the possibility of the disease being non-tuberculous should be considered.

If sputum is scanty or absent, special measures must be taken to obtain a specimen for examination. Of these the laryngeal mirror test is valuable. The patient coughs against a mirror, the sputum being transferred from it to a microscope slide for staining. Small quantities of expectorated material may be injected into a guinea pig, or the contents of the early morning fasting stomach may be used. In all cases where pulmonary tuberculosis is suspected these methods should be attempted before the disease is eliminated.

Blood sedimentation tests are of little use in diagnosis but may be helpful in prognosis. A patient with active disease may have a normal sedimentation rate, but if other causes can be excluded (menstruation, pregnancy, acute fevers, cardiac failure, etc.) an increased sedimentation rate indicates

activity of the disease in persons suffering from tuberculosis. The sedimentation rate should be done at regular intervals and a standard method—*e.g.*, the Westergren method—should be used.

With improved radiographical technique it is seldom necessary to depend on evidence such as pyrexia persisting after exercise, etc., when making a diagnosis, though in many cases it is necessary to have the patient in bed under close surveillance when the causation of abnormal shadows is being investigated.

The routine use of skiagrams either in mass radiography or in investigating early symptoms has resulted in the finding of many non-tuberculous lesions which would otherwise have been overlooked. Amongst these are early bronchial carcinoma and atypical virus pneumonias. The X-ray evidence of early carcinoma may be slight, and because pneumectomy and lobectomy holds out a chance of cure in an otherwise hopeless condition, every attempt should be made to avoid delay in diagnosing the disease. An officer in the municipal fire brigade was admitted to the City Hospital with supposed influenzal pneumonia. The physical signs were indefinite, and the pyrexia subsided by crisis. Before discharge his chest was X-rayed and a suspicious shadow was noted in the upper zone of the right lung. The patient, who was proceeding on a month's sick leave was asked to report for further examination when his leave had expired. The next X-ray revealed that the shadow had not disappeared. Although the patient appeared to be in excellent health, bronzed and well-nourished, he was advised to see a surgeon for bronchoscopic examination. This procedure was carried out at a general hospital and pulmonary atelectasis was reported, no further diagnostic measure being undertaken. The patient returned to work and was not under the care of the City Hospital staff until a year later when he was re-admitted with a huge mass in the right chest.

Since virus pneumonia has been described there has been a growing tendency to diagnose its presence in any case where there are atypical pulmonary signs, or where the skiagram shows fluffy basal shadows. The inexperienced and unbalanced clinician is apt to overlook pulmonary tuberculosis in his haste to be in the fashion and diagnose the more recently discovered disease.

A professional man of about thirty years of age began to feel tired and developed a cough. He was X-rayed by a competent radiologist who unhesitatingly diagnosed virus pneumonia because of certain abnormalities in the lower zone of the right lung. For some reason the patient, although pyrexial, was not confined to bed. Two months later he was seen by a consulting physician who ordered a sputum test to be made. The result was T.B. Positive. The skiagrams now showed evidence of a cavity in the vicinity of the apex of the right lower lobe.

Pathology.—One of the most recent developments in the study of pulmonary tuberculosis is the attention paid to the formation of cavities. It was the fashion, some twenty years ago, to explain with childlike simplicity that cavities developed because caseous material was expelled by coughing, leaving a hole in the lung which became infected by pyogenic organisms.

The pyrexia, night sweats and toxæmia were considered to be the effects of this secondary infection. These views are no longer accepted. To begin with, the theory of secondary toxæmia has been rejected. The pyrexia, night sweats and other symptoms are due to the poison generated by the tubercle bacillus. When toxæmia is acute there is usually tuberculous pneumonia or miliary spread. Even in cases where toxæmia is not apparent the presence of a cavity constitutes a grave danger as it provides a focus from which bronchogenic spread may occur. It is true that many persons with cavities enjoy relatively long lives, but taken in the mass, those with obvious excavation have a short survival rate. The aim of treatment is the closure of cavities. Here again it must be admitted that radiographical evidence of excavation sometimes disappears even in the untreated case. This occurs so rarely that wherever possible steps should be taken to ensure closure.

It is owing to the work of Coryllos that the present-day conception of the cavity has become widely accepted. Coryllos showed that there were important factors in cavity formation connected with bronchial drainage. The well-drained cavity tends to close, as does the cavity in which the draining bronchus is occluded. It is the cavity with intermittent drainage often of the valve type that proves persistent. The alteration of the relationship between the cavity and the bronchus, either with provision of drainage or with complete sealing-off may cause a cavity to close. Sometimes an alteration of posture, *e.g.*, treatment in the recumbent position in bed, may bring about the happy result, sometimes the intrathoracic mechanics may be altered by pneumothorax, adhesion section, or phrenicectomy. It is not unknown for a cavity which has proved refractory to pneumothorax treatment to collapse when refills are abandoned.

When the mechanism of cavity formation is understood, it will be obvious why some of the older methods of collapsing the lung, by force as it were, using pneumothorax treatment or even thoracoplasty, failed to achieve their object—the reason being that the bronchus was not affected. In some cases, *horribile dictu*, the thoracic surgeon after radical rib-removal, succeeds in collapsing every piece of pulmonary tissue round a huge tension cavity. And which physician engaged in pneumothorax work has not shuddered at seeing X-ray evidence of the results of many refills—an atelectatic lung containing a patent cavity? All this leads the modern chest physician or surgeon to attack the cavity as early as possible, and to use the most effective measures. Pneumothorax for pneumothorax sake is no longer tolerated, and each thoracoplasty must be carefully planned and not undertaken unless there is a sound prospect of ensuring cavity closure. It is a significant fact in assessing the value of to-day's surgical procedures that many thoracic surgeons are weighing the pros and cons of pneumectomy and lobectomy for pulmonary tuberculosis against the often disappointing results of thoracoplasty.

Handling of the case of pulmonary tuberculosis.—Although early diagnosis does not invariably result in cure, it affords the best chances. It cannot be too strongly insisted that where history, symptoms or physical signs are suggestive of tuberculosis, careful, and if need be, prolonged investigation with the help of the X-ray is essential. Only too frequently are patients seen who have been attending a private doctor with most suggestive symptoms, and who have been assured that radiographic examination is unnecessary. It is surprising how often the simple precaution of examining the sputum is overlooked before a diagnosis of chronic bronchitis, winter cough or smoker's cough is made. It is our experience that these neglected cases usually do badly. Another mistake commonly made is to send the patient with early tuberculosis up country in the vague expectation that Karoo air will cure his lungs. This has cost many a patient his life, and it is probable that most of those who were "cured" were not suffering from tuberculosis.

Early diagnosis, adequate treatment and a survey of his family for contacts are essential. Adequate treatment must be based upon a knowledge of the pathology of the case. It may consist of rest in bed, or surgical methods such as pneumothorax, phrenicectomy, pneumo-peritoneum or thoracoplasty may be indicated. The treatment is best left to a specialist in the disease, better still to a team of specialists consisting of physician and surgeon aided by a radiologist.

The institution for the treatment of tuberculosis should consist of hospital, sanatorium and occupational therapy colony. There should be close co-operation between the three and they should form a single unit. For climatic reasons in South Africa, the sanatorium may be situated away from the coast, but on the whole climate plays an inferior part when compared with rest, adequate nutrition and peace of mind. There is not much new in the outlook regarding hospital sanatorium and work colony, except that of late years there has been a tendency to undertake active treatment in a higher percentage of hospital cases. The sanatorium should serve as a kind of convalescent home, and in selected cases the patient should graduate from one to another until he reaches the work colony.

Rehabilitation.—The aim of treatment is to rehabilitate the patient. If he can be cured his rehabilitation is complete, and he can return to normal employment. Unfortunately only a small percentage of patients can be regarded as cured. In most of the successful cases the word "arrest" is more applicable than "cure." When the disease is arrested there is danger of a breakdown if the patient returns to work and has to compete with healthy persons. For this reason the so-called "light job" is usually recommended to persons who have left the sanatorium and who, for financial reasons, have to return to work. As long ago as the 1920's the late Sir Pendrill Varrier Jones showed that the light job does not exist. It was due to his genius that work colonies such as Papworth and Preston Hall came into being and proved so outstandingly successful. Many people have misunderstood the significance of these institutions and think that they provide a panacea for tuberculosis. Nothing could be further from the truth. They provide sheltered occupation for a small percentage of those afflicted with the disease, but no one acquainted with the facts would claim that they cure tuberculosis. Their value lies in the fact that they provide social rehabilitation for the patient with arrested or quiescent disease, that the sick workman does not become a healthy loafer, and that in addition to, or because of being able to earn a living wage, the patient keeps his self-respect. The industry undertaken in a work colony should consist of the production of goods which have a value to the consumer—in other words—it is useless to try and build up an industry by selling goods which are bought only for charitable reasons. At Papworth leather goods of high quality are manufactured and at Preston Hall high-grade printing contracts and stationery-work are undertaken. Union wages are paid but the hours of work are curtailed to suit the health of the worker.

Another form of treatment in which work is used may be called diversional therapy. Here the object is not to make a profit, but to keep the patient's mind off his disease by allowing him to work at a handicraft. In some cases the patient will earn enough pocket money to make him feel that he is of some use to his family. On the whole the expenses of this type of scheme will not be met by the income, and must be written-off as costs of treatment. The City Council in conjunction with the Tuberculosis Care Committee has occupational (or rather diversional) therapy workshops at Rentzkie's Farm Hospital where non-European male patients work under a qualified instructor. Most of these patients have fairly active disease and the project can in no way be compared with Papworth. It is doubtful if a "Papworth" could be founded in Cape Town, as the candidates for admission to such a colony would not only have to be in suitable physical state, but would also have to be willing to take up communal life. The total number of European candidates would be too small, and non-Europeans with arrested disease are not easy to find.

Attempts at rehabilitation should include the finding of suitable employment for persons with arrested or quiescent disease. This is by no means an easy task, partly because of the fear which employers have of the disease and partly because of the prevailing idea that consumptives must work in the open air. It has long been established that a sedentary job is better than strenuous out-door employment, and that if a man can go back to his original job it is better than learning a new trade. Economists speak of the mobility of labour and describe changes of industry, occupation or place which can be made by the individual. In some cases a change can be made from, say, a dusty industry to one with purer atmosphere. In other cases a change of occupation from, for example, a machine-worker to foreman may be arranged, while in yet other cases a patient may be fortunate enough to find employment in a climate more suitable to his needs. Those who have had experience in trying to find posts for persons with tuberculosis realise how seldom it is that suitable employment can be obtained. There are a limited number of posts in and about institutions which can be held by patients with arrested disease, and it is gratifying to state that gatekeepers, sewing women and assistant nurses can occasionally be recruited from their ranks.

From the point of view of prevention, one must commend the policy of employers of labour who make special efforts to provide their employees with wholesome meals at low rates. This is done in certain factories and should prove a most valuable measure in reducing the incidence of a disease which has been shown, quite clearly, to have a high incidence rate where malnutrition is present.

Revived interest is being taken in the prophylactic use of B.C.G. Vaccine—a measure which has never been thoroughly tried out in English-speaking countries. At the moment this method of producing immunity is being rivalled by the use of Wells' vole bacillus. It is too early to decide on the merits of the latter as it is still in the experimental stage as regards human beings, though excellent results have been obtained in immunizing guinea-pigs.

This review of the past twenty years shows that although we are far from attaining our object, more concerted efforts are being made to control tuberculosis. These consist of careful research into aetiological factors by means of widespread surveys, accurate diagnosis by means of X-rays and auxiliary aids, systematic treatment aiming at cavity closure, and sympathetic attempts at rehabilitating the patient with arrested disease.

Tuberculosis is very largely a socio-economic problem. It is gratifying to think that there are signs that employers of labour are beginning to become tuberculosis-conscious and are instituting reforms in their systems which enable employees to be better fed and to work in healthy surroundings. On the other hand it is felt, and experience in other countries has shown it, that wartime or post-war food shortages lead to an increase in this disease, especially during the age period which embraces young factory workers.

X-RAY DEPARTMENT AND CLINICAL ROOM.

This department is available not only for in-patients but also for ex-patients from this and other hospitals and for cases referred from the tuberculosis clinic. The work done during the year under report is indicated in the following table :—

New cases (not previously attended at the hospital or tuberculosis clinic)	289	
Total attendances :		
Out-patients	5,580	
In-patients	3,658	
		9,238
Examinations and treatments :		
Skiagrams	2,682	
Screenings	8,283	
Consultations	54	
Refills	2,697	
Aspirations	112	
Mantoux tests	652	
Blood sedimentation	10	
Thoracoscopy	7	
Adrenalin injection	1	
Laryngeal mirror test	1	
Internal pneumolysis	44	
Special injection	1	
		14,544

DENTAL CLINIC.

The dental officer attends weekly and provides dental attention for tuberculosis in-patients. During the year under report, 114 patients attended and 250 teeth were extracted. Further details are shown in the table on page 24.

OPERATING THEATRE.

The operations performed in the operating theatre for the year were as follows :—

Abscess, pelvic	1
Abscess, subarachnoid (right ventricular puncture and drainage of)	1
Appendicectomy	1
Dilation and curettage	3
Excision of fibro-adenoma, left breast	1
Finger amputation	1
Finger-nail removal	1
Phrenic nerve crush	8
Removal of retained part of placenta	1
Thoracoplasty	9
Tonsillectomy	1
Typhoid perforation, laparotomy	5
	33

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

During the year the operation of tracheotomy for laryngeal diphtheria was performed on 62 patients with 44 recoveries.

HOSPITAL STATISTICS.

The daily average of beds occupied in the City Hospital, Portswood Road, and Rentzkie's Farm Hospital in the year under report was as follows :—

	European.	Non-European.
Tuberculosis :		
From Cape Town Municipality	57	223
From outside Municipality	15	44
Veneral diseases :		
From Cape Town Municipality	1	9
From outside Municipality	1	2
Other diseases :		
From Cape Town Municipality	56	76
From outside Municipality	19	31
	149	385

The average daily number of patients in the hospital (exclusive of Rentzkie's Farm Hospital) for a series of years is as follows :—

1923-24	1924-25	1925-26	1926-27	1927-28	1928-29
62·9	69·6	107·7	125·5	151·7	156·2
1929-30	1930-31	1931-32	1932-33	1933-34	1934-35
159·1	204·3	238·2	245·3	256·7	263·4
1935-36	1936-37	1937-38	1938-39	1939-40	1940-41
280·2	268·4	267·4	362·3	331·4	330·4
1941-42	1942-43	1943-44	1944-45	1945-46	
542·3	354·3	354·4	348·4	364·3	

Details in regard to cases treated are shown in Tables 1 and 2, on pages 49 and 50.

TABLE 1.—NUMBER OF PERSONS TREATED IN THE CITY HOSPITAL FOR THE PERIOD 1st JULY, 1945, TO 30th JUNE, 1946.
(Classified according to the wards of the City, etc., to which they belonged.)

Wards, etc.	Under treatment, 1st July, 1945.						Admitted.						Discharged.						Died.						Under treatment, 30th June, 1946.						Total admitted persons.	Day units.						Total.
	E.		M.		O.		E.		M.		O.		E.		M.		O.		E.		M.		O.		E.		M.		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.								
1. Sea Point	7	1	—	2	30	32	3	23	28	26	1	18	4	2	1	2	5	5	1	5	2,075	806	63	1,937	4,881	2,075	806	63	1,937	4,881								
2. Harbour	—	9	1	4	12	59	17	22	11	65	16	23	—	1	1	2	1	2	1	1	274	1,958	420	768	3,420	274	1,958	420	768	3,420								
3. West Central	2	—	—	1	2	3	16	15	1	3	10	11	2	—	2	3	—	—	4	2	102	72	402	1,182	102	72	402	1,182	606	606								
4. Kloof	2	2	2	4	20	23	11	32	16	17	6	26	1	3	4	3	5	5	3	7	1,297	1,301	605	1,827	1,297	1,301	605	1,827	5,030	5,030								
5. Park	1	2	—	2	26	19	4	10	21	19	2	8	2	—	1	4	2	4	2	—	950	781	73	369	2,173	950	781	369	2,173	2,173	2,173							
6. East Central	4	1	4	14	18	40	40	101	20	37	25	68	—	1	12	26	2	3	7	21	1,019	1,429	1,699	6,918	1,019	1,429	1,699	6,918	11,065	11,065	11,065							
7. Castle	1	3	4	2	2	20	65	47	3	3	15	47	—	—	5	10	—	—	4	10	70	267	1,630	2,680	70	267	1,630	2,680	4,647	4,647								
8. Woodstock	9	3	5	6	14	26	21	28	18	22	16	15	2	3	7	11	3	4	3	8	2,092	1,556	1,315	2,380	2,092	1,556	1,315	2,380	7,343	7,343								
9. Salt River	7	6	—	6	35	39	22	23	31	31	14	17	2	5	4	6	9	9	4	6	2,674	2,475	498	1,806	2,674	2,475	498	1,806	7,453	7,453								
10. Mowbray	3	6	1	4	19	31	9	14	19	31	6	12	2	1	3	4	1	5	1	2	688	1,689	315	1,581	688	1,689	315	1,581	4,273	4,273								
11. Maitland*	6	3	3	20	49	50	70	90	42	41	48	70	—	1	5	14	22	12	7	11	3,134	2,002	2,440	6,371	3,134	2,002	2,440	6,371	13,947	13,947								
12. Rondebosch	—	7	14	14	18	22	72	94	16	25	61	70	—	1	20	20	2	3	5	18	570	1,806	3,054	6,010	570	1,806	3,054	6,010	11,440	11,440								
13. Claremont	3	6	5	4	30	33	35	62	25	32	38	40	3	2	10	18	5	5	2	8	1,174	2,165	1,261	3,168	1,174	2,165	1,261	3,168	7,768	7,768								
14. Kalk Bay	2	2	3	6	12	20	23	31	12	17	20	27	2	1	5	7	4	4	1	3	1,006	875	1,449	1,860	1,006	875	1,449	1,860	5,190	5,190								
15. Wynberg	7	7	2	15	38	47	28	55	37	48	24	44	2	—	2	15	6	6	4	11	2,252	2,665	956	4,917	2,252	2,665	956	4,917	10,730	10,730								
Not allocated	—	1	—	1	1	—	11	2	1	—	9	1	—	1	1	2	—	—	1	—	11	241	147	362	11	11	241	147	362	761	761							
Langa Native Township	—	—	3	3	—	21	18	—	—	—	18	12	—	—	6	6	—	—	—	3	—	—	—	—	—	—	—	—	—	—	2,044	2,044						
From ships	—	—	—	—	42	11	7	—	42	11	9	—	—	—	—	—	—	—	—	—	429	171	76	—	—	429	171	76	—	676	676							
From outside the Municipality	15	18	31	27	120	91	159	196	104	89	140	154	12	7	32	51	19	13	18	18	6,150	5,931	6,974	9,899	6,150	5,931	6,974	9,899	28,554	28,554								
Totals	68	77	80	135	488	546	589	881	447	517	468	663	35	33	131	209	74	73	70	144	25,967	28,120	24,194	54,726	25,967	28,120	24,194	54,726	133,017	133,017								

E. = Europeans O. = Others or non-Europeans.
* Including the district of Windermere.

REPORT ON THE STATE OF THE STATE

Name	1900		1901		1902		1903		1904		1905		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
John Smith	1	1	1	1	1	1	1	1	1	1	1	1	12
James Brown	2	2	2	2	2	2	2	2	2	2	2	2	24
William Jones	3	3	3	3	3	3	3	3	3	3	3	3	36
Robert Taylor	4	4	4	4	4	4	4	4	4	4	4	4	48
Thomas White	5	5	5	5	5	5	5	5	5	5	5	5	60
Charles Black	6	6	6	6	6	6	6	6	6	6	6	6	72
Edward Green	7	7	7	7	7	7	7	7	7	7	7	7	84
George Adams	8	8	8	8	8	8	8	8	8	8	8	8	96
Henry Miller	9	9	9	9	9	9	9	9	9	9	9	9	108
Frank Wilson	10	10	10	10	10	10	10	10	10	10	10	10	120
Albert Moore	11	11	11	11	11	11	11	11	11	11	11	11	132
Joseph Clark	12	12	12	12	12	12	12	12	12	12	12	12	144
Samuel Lewis	13	13	13	13	13	13	13	13	13	13	13	13	156
Benjamin Hall	14	14	14	14	14	14	14	14	14	14	14	14	168
George King	15	15	15	15	15	15	15	15	15	15	15	15	180
Charles Bell	16	16	16	16	16	16	16	16	16	16	16	16	192
Edward Scott	17	17	17	17	17	17	17	17	17	17	17	17	204
Thomas Young	18	18	18	18	18	18	18	18	18	18	18	18	216
James Wright	19	19	19	19	19	19	19	19	19	19	19	19	228
Robert Adams	20	20	20	20	20	20	20	20	20	20	20	20	240
William Clark	21	21	21	21	21	21	21	21	21	21	21	21	252
Charles King	22	22	22	22	22	22	22	22	22	22	22	22	264
Edward Bell	23	23	23	23	23	23	23	23	23	23	23	23	276
Thomas Green	24	24	24	24	24	24	24	24	24	24	24	24	288
James Adams	25	25	25	25	25	25	25	25	25	25	25	25	300
Robert Clark	26	26	26	26	26	26	26	26	26	26	26	26	312
William King	27	27	27	27	27	27	27	27	27	27	27	27	324
Charles Bell	28	28	28	28	28	28	28	28	28	28	28	28	336
Edward Green	29	29	29	29	29	29	29	29	29	29	29	29	348
Thomas Adams	30	30	30	30	30	30	30	30	30	30	30	30	360
James Clark	31	31	31	31	31	31	31	31	31	31	31	31	372
Robert King	32	32	32	32	32	32	32	32	32	32	32	32	384
William Bell	33	33	33	33	33	33	33	33	33	33	33	33	396
Charles Green	34	34	34	34	34	34	34	34	34	34	34	34	408
Edward Adams	35	35	35	35	35	35	35	35	35	35	35	35	420
Thomas Clark	36	36	36	36	36	36	36	36	36	36	36	36	432
James King	37	37	37	37	37	37	37	37	37	37	37	37	444
Robert Bell	38	38	38	38	38	38	38	38	38	38	38	38	456
William Green	39	39	39	39	39	39	39	39	39	39	39	39	468
Charles Adams	40	40	40	40	40	40	40	40	40	40	40	40	480
Edward Clark	41	41	41	41	41	41	41	41	41	41	41	41	492
Thomas King	42	42	42	42	42	42	42	42	42	42	42	42	504
James Bell	43	43	43	43	43	43	43	43	43	43	43	43	516
Robert Green	44	44	44	44	44	44	44	44	44	44	44	44	528
William Adams	45	45	45	45	45	45	45	45	45	45	45	45	540
Charles Clark	46	46	46	46	46	46	46	46	46	46	46	46	552
Edward King	47	47	47	47	47	47	47	47	47	47	47	47	564
Thomas Bell	48	48	48	48	48	48	48	48	48	48	48	48	576
James Green	49	49	49	49	49	49	49	49	49	49	49	49	588
Robert Adams	50	50	50	50	50	50	50	50	50	50	50	50	600

and more with an equal number of men and women than any other year.

No.	Date	Description	Amount
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Total
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 Total

TABLE 3.—CASES TREATED IN RENTZKIE'S FARM HOSPITAL FOR THE PERIOD 1ST JULY, 1945, TO 30TH JUNE, 1946.

Disease (ultimate diagnosis).	Under treatment, 1st July, 1945.						Admitted.						Discharged.						Died.						Under treatment, 30th June, 1946.						Total cases admit- ted.	
	E.			O.			E.			O.			E.			O.			E.			O.			E.			O.				
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total		M.	F.	Total
Tuberculosis, pulmonary ..	3	—	163	—	—	—	3	—	376	—	—	—	4	—	215	—	—	—	1	—	158	—	—	—	1	—	166	—	—	—	379	
Tubercular bones and joints ..	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	365	
Acute primary pneumonia ..	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13	
Fibrosis of lung ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	123	
Hypertension ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	48	
Carcinoma of prostate w.th second aries in lung ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16	
Bronchiectasis and pyogenic men- ingitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	37	
No apparent disease ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	19	
Totals ..	3	—	165	—	—	—	3	—	381	4	—	218	4	—	218	1	—	160	1	—	168	—	—	—	1	—	168	—	—	—	384	

TABLE 4.

Wards, etc.	Under treatment, 1st July, 1945.						Admitted.						Discharged.						Died.						Under treatment, 30th June, 1946.						Total admit- ted persons.			
	E.			O.			E.			O.			E.			O.			E.			O.			E.			O.						
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total		M.	F.	Total
1. Sea Point ..	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
2. Harbour ..	—	—	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18
3. West Central ..	1	—	6	—	—	—	11	—	11	1	—	1	—	—	—	—	—	—	8	—	8	4	—	4	—	—	—	—	—	—	—	—	—	11
4. Kloof ..	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17
5. Park ..	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
6. East Central ..	1	—	18	—	—	—	38	—	38	—	—	—	—	—	—	—	—	—	15	—	15	—	—	—	—	—	—	—	—	—	—	—	—	38
7. Castle ..	—	—	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13	—	13	—	—	—	—	—	—	—	—	—	—	—	—	24
8. Woodstock ..	—	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	—	9	—	—	—	—	—	—	—	—	—	—	—	—	17
9. Salt River ..	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
10. Mowbray ..	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	7
11. Maitland* ..	—	—	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	5	—	—	—	—	—	—	—	—	—	—	—	—	63
12. Rondebosch ..	—	—	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	25	—	25	—	—	—	—	—	—	—	—	—	—	—	—	63
13. Claremont ..	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	—	11	—	—	—	—	—	—	—	—	—	—	—	—	8,106
14. Kalk Bay ..	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	2,637
15. Wynberg ..	—	—	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	1,575
Not allocated ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	—	9	—	—	—	—	—	—	—	—	—	—	—	—	5,300
Langa Native Township ..	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	6	—	—	—	—	—	—	—	—	—	—	—	—	1,179
From ships ..	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1,783
From outside the Municipality ..	—	—	26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	27	—	27	—	—	—	—	—	—	—	—	—	—	—	—	333
Totals ..	3	—	65	—	—	—	3	—	331	4	—	218	4	—	218	1	—	160	1	—	168	—	—	—	1	—	168	—	—	—	384			

E. = Europeans. O. = Others or non-Europeans.
* Including the district of Windermere.

RENTZKIE'S FARM HOSPITAL, KOEBERG ROAD.

This estate of the City Council includes:—

- (1) An isolation hospital built by the City Council for smallpox or other formidable epidemic disease, comprising a brick-built block accommodating 12 patients, and an old wood-and-iron building intended for 32 patients.
- (2) An isolation hospital and quarantine station built in 1923 by the Union Health Department for use in connection with port health administration and for other purposes, which provides accommodation for 52 patients and 87 contacts, in addition to an older wood-and-iron emergency block for 24 patients.
- (3) An extension of the Union Health Department buildings, completed 1st October, 1942, and consisting of three 34-bed ward-pavilions for tuberculous patients, primarily for non-European ex-military cases, a hospital kitchen with stores, a residence accommodating 21 nurses, and a servants' residence accommodating 10 servants.

The whole institution, including all three sections, is administered by the City Health Department under the same Medical Superintendent and Matron as the City Hospital, Portswood Road. The City Council has the right to the use of the buildings under (2) and (3) unless they are required for Government patients.

The three new pavilions under (3) and three blocks under (2) were occupied by non-European male patients suffering from pulmonary tuberculosis, including some ex-military patients. Two other blocks under (2) were occupied by native nurses on the staff. Under (3) the new nurses' residence was occupied by the European nursing staff, and the new servants' residence and hospital kitchen were in use. At present there is accommodation for 175 non-European male tuberculous patients.

Details in regard to patients treated (and contacts sheltered) are shown in Table 3 and Table 4 (on page 51).

LANGA NATIVE HOSPITAL.

At Langa Township the native residents are provided with free medical attention at a hospital of 24 beds and out-patient department, and are visited in their own homes by a nurse or medical officer if required. They are also provided, on the same lines as the rest of the Municipality, with infant consultations, pre-natal, dental, tuberculosis, and V.D. clinics, and health visiting.

An extern municipal midwifery service is provided for the Township women in their own homes. The confinement fee is 11s.

The activities of the hospital and clinics for the year under report are shown by the following figures:—

Daily mean number of in-patients	.. .. .	23.35
In-patients admitted	.. .. .	559
New out-patients	.. .. .	3,622
Attendances by out-patients	.. .. .	22,269
Visits to patients at their homes by—		
Doctor	.. .. .	1,490
Nurse	.. .. .	525
Midwifery service—		
Confinements attended (extern)	.. .. .	217
Visits made by midwife	.. .. .	3,443
Pre-natal clinic—		
New cases	.. .. .	281
Total attendances	.. .. .	1,721
Infant consultations—		
New cases	.. .. .	310
Total attendances	.. .. .	4,219
V.D. clinic—		
New cases	.. .. .	67
Total attendances	.. .. .	1,184
Tuberculosis clinic—		
New cases	.. .. .	81
Total attendances	.. .. .	132
Dental clinic—		
New cases	.. .. .	353
Total attendances	.. .. .	512

The diagnosis in in-patients was as follows:—

Abortion and miscarriage	.. .. .	16	Influenza	.. .. .	17
Admitted with mother or infant	.. .. .	20	Injuries from accidents or violence	.. .. .	86
Apoplexy	.. .. .	2	Malnutrition	.. .. .	3
Asthma	.. .. .	11	Measles	.. .. .	1
Boil in ear	.. .. .	1	Ophthalmia neonatorum	.. .. .	4
Bronchitis and pneumonia	.. .. .	64	Other diseases of digestive system	.. .. .	13
Cancer	.. .. .	4	Other diseases of nervous system	.. .. .	9
Cerebrospinal fever	.. .. .	5	Pharyngitis	.. .. .	1
Confinement	.. .. .	13	Pleurisy	.. .. .	5
Convulsions	.. .. .	7	Prematurity	.. .. .	4
Diarrhoea and enteritis	.. .. .	26	Puerperal fever	.. .. .	2
Diseases of bones and joints	.. .. .	3	Pyrexia of unknown origin	.. .. .	13
Diseases of eye	.. .. .	10	Rheumatism	.. .. .	6
Diseases of heart	.. .. .	18	Salpingitis	.. .. .	5
Diseases of pregnancy and parturition	.. .. .	10	Septic infection	.. .. .	41
Diseases of female generative organs	.. .. .	2	Syphilis	.. .. .	4
Diseases of skin and cellular tissue	.. .. .	3	Tonsillitis	.. .. .	2
Diseases of stomach	.. .. .	12	Tuberculosis, pulmonary	.. .. .	45
Diseases of genito-urinary system	.. .. .	4	Tuberculosis, other forms	.. .. .	9
Empyema	.. .. .	1	Worms	.. .. .	4
Enteric fever	.. .. .	4	Diagnosis doubtful or indefinite	.. .. .	31
Erysipelas	.. .. .	2			
Dysentery	.. .. .	9			559
Fistula	.. .. .	2			—
Impetigo	.. .. .	5			—

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

Langa Native Township	499
Elsewhere in Cape Town Municipality	44
Extra-municipal	11
No fixed abode	5

The following patients were Workmen's Compensation Act cases:—

In-patients	25
Out-patients	336

SCABIES AND PEDICULOSIS.

(CLEANSING STATION.)

The cleansing station, at 15, Cowley Street, Cape Town, is provided for the disinfection of verminous persons and their clothing. It is in the charge of a superintendent, who works under the supervision of a medical officer, and has two non-European assistants. The work consists mainly of the treatment of scabies, which is more prominent in Cape Town than pediculosis.

The attendances in the year under report were as follows:—

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	106	—	3	109	249	—	4	253
European girls	141	—	17	158	317	—	20	337
Non-European boys	700	—	3	703	1,454	—	3	1,457
Non-European girls	681	—	67	748	1,342	—	89	1,431
Total children	1,628	—	90	1,718	3,362	—	116	3,478
<i>Adults:</i>								
European males	55	29	—	84	88	29	—	117
European females	70	—	6	76	106	—	7	113
Non-European males	168	6	—	174	303	6	—	309
Non-European females	278	—	6	284	409	—	8	417
Total adults	571	35	12	618	906	35	15	956
<i>Total persons:</i>								
European	372	29	26	427	769	29	31	820
Non-European	1,827	6	76	1,909	3,508	6	100	3,614
All Races	2,199	35	102	2,336	4,268	35	131	4,434

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, Portswood Road. There is garage accommodation, in which are housed (besides other departmental cars) three 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 municipal hospitals and clinics.

The disinfecting station contains two Washington-Lyon pressure steam disinfectors and a formalin fumigating chamber.

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 boiler attendant and labourer, is in charge of the disinfecting station, and supervises the machinery of the hospital laundry. The disinfection of bedding, etc., for both the hospitals is also done at the disinfecting station.

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

Ambulance journeys (return).		Premises disinfected.	
To City Hospital.	To other hospitals or premises.	For tuberculosis.	For other infectious diseases.
2,049	255	1,331	1,441

The distance covered during the year by the vans and ambulances was 74,392 miles.

SECTION IX.—SANITARY ADMINISTRATION.

HEALTH INSPECTORS.

On 30th June, 1946, the staff of health inspectors consisted of the chief health inspector, the assistant chief health inspector, 5 divisional health inspectors, 27 health inspectors, 2 assistant health inspectors, and 2 learner health inspectors; besides 3 health inspectors for dairies and 4 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 and the taking of samples under the Food, Drugs and Disinfectants Act. The three dairy inspectors undertake the inspection of cowshed premises supplying milk to Cape Town, including those in the country, and the taking of milk samples for bacteriological examination, under the direction of the Veterinary Officer who was appointed by the City Council for the control of milk supplies. The work of the rodent inspectors is also separated from the divisional system. They deal with the rat-proofing of buildings, the destruction of town and veld rodents, and the prevention of mosquito breeding. The district inspectors are also concerned in this work. 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; the granting of permits to buy State-aided butter; and the deverminization of incoming natives to the Langa Native Township, or wherever the circumstances demand. (See typhus fever, page 28.)

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, 1946, were as follows:—

Inspections made:

Public markets	1,966
Butchers' shops	6,476
Dealers' and general dealers' shops (food)	11,895
Dealers' and general dealers' shops (no food)	3,397
Fish and poultry shops	1,568
Bakers' shops (without bakehouses)	132
Bakehouses	470
Milk shops (purveyors of milk)	3,693
Ice-cream purveyors and manufacturers	240
Tea shops	797
Cafés	1,057
Restaurants	1,602
Eating-houses	745
Residential hotels and boarding houses	1,121
Aerated-water manufacturers	106
Other places where food is manufactured	119
Hawkers' premises	2,235
Hawkers' carts	978
Butchers' carts and carriers	338
Milk-delivery vehicles and carriers	655
Fish vehicles	103
Bakers' vehicles	125
Ice-cream vehicles	5
Tents	27
Sideshowes	102
Theatres and bioscopes	403
Billiard saloons	35
Common lodging houses	496
Tenement houses	4,994
Other house inspections	57,020
Hairdressers	1,742
Laundries	120
Mattress-makers and upholsterers	109
Other factories and workplaces	2,683
Courts, lanes and alleys	2,935
Open land	1,691
Piggeries	40
Horse stables	4,679
Dairy stables	2,845
Cattle dealers' premises	19
Visits made in connection with infectious disease	3,389
Hackney carriages	13
Standing water, catchpits, etc., re mosquitoes	281
Sites or premises re plans of proposed buildings	237
Public sanitary conveniences	4,223
Refuse tips	468
Washhouses	263
Re State-aided butter	121
Other visits	6,209
Total	134,965

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

Visits to premises where action was taken in connection with rodent infestation	375
Visits at which premises were disinfected	19
Drain tests carried out	177
Visits where enquiries were made <i>re</i> outworkers	136

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

Proceedings begun by :	
Verbal notices	1,095
Written request notices	5
Formal written notices	6,195
Total proceedings begun	7,295
Written notices following verbal notices	439
Total notices served :	
Verbal notices	1,095
Request notices	5
Formal notices	6,673
Final notices	2,264
Total	10,037

The number of items included in the 7,295 notices were as follows :—

Ward 1. Sea Point	881
Ward 2. Harbour	305
Ward 3. West Central	222
Ward 4. Kloof	873
Ward 5. Park	1,071
Ward 6. East Central	3,325
Ward 7. Castle	2,913
Ward 8. Woodstock	2,993
Ward 9. Salt River	1,909
Ward 10. Mowbray	278
Ward 11. Maitland	1,999
Ward 12. Rondebosch	1,098
Ward 13. Claremont	1,380
Ward 14. Kalk Bay	2,495
Ward 15. Wynberg	3,380
Total	25,122

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

Stopped drains	481
Defective water fittings	152
Unauthorised structures	102
Undrained premises	62
Structural defects to premises	55
Other defects	145

STABLE PREMISES.

The Municipal Regulations empower the Council to prohibit the use for the keeping of animals, any stable, cowshed, pigstye, kraal, etc., which in its opinion is "unfit, undesirable or objectionable by reason of its locality, construction or manner of use". The City Council may also restrict the number or kind of animals to be kept at any such premises. During the year ended 30th June, 1946, the City Council prohibited the further use of 7 stable premises (equine) for the keeping of animals.

Previously, since 1929, the City Council had prohibited the use of 102 stable premises. Many others have been closed without formal action by the City Council.

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

No further progress has been made with the 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. From 1923-24 and in succeeding years 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, 70, 77, 47, 90, 79, 77, 62 and 39. The Union Health Department reports that in the year 1945-46, the human cases in the Union numbered 4 (non-European), of which 3 were in the Cape Province (Uitenhage 2, Queenstown 1), and 1 in the Orange Free State (Bothaville). The human deaths numbered 3.

The sandy Cape Flats are infested with gerbilles and other veld rodents, but 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 4 rodent inspectors and 25 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 frugi-*

corus 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 is required in accordance with the Union Government Regulations in 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:			
Re rodents	.. .. .	9,152	
Re mosquitoes	.. .. .	2,718	
		—	11,870
Inspections re rodents by other inspectors	.. .. .		375
Inspections re mosquitoes by other inspectors	.. .. .		281
Visits made to lands and premises by ratcatchers:			
Re rodents	.. .. .	67,622	
Re mosquitoes	.. .. .	20,555	
		—	88,177
Number of notices served by Rodent Inspectors:			
Verbal notices	.. .. .		26
Written notices	.. .. .		367
		—	393
Number of rodents caught and destroyed:			
Brown rats	.. .. .	9,082	
Black rats	.. .. .	1,879	
Gerbilles	.. .. .	287	
		—	11,248

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
1940	6,002	4,891	182	11,075
1941	4,896	3,793	77	8,766
1942	6,038	4,147	48	10,233
1943	7,240	5,066	405	12,711
1944	8,573	4,692	176	13,441
1945	9,748	3,603	55	13,409
1946	9,082	1,879	287	11,248

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*. *Anopheles* and *Aedes* are not found.

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 require constant attention 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 1945-46, 9 applications for the erection of tents, etc., were received, all of which were granted and were for occupation by 170 persons.

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, 1946 :—

Nature of sample.	No. of samples.	Not genuine.					Genuine.
		No action taken.	Letter sent.	Warning notice sent.	Summons applied for.	Total.	
Milk	485	1	79	20	85	185	300
Skim milk	2	—	—	1	1	2	—
Ice-cream	13	—	—	1	1	2	11
Mince-meat	14	—	—	—	5	5	9
Polony	34	—	—	—	—	—	34
Sausage	70	—	—	—	2	2	68
Brawn	3	—	—	—	—	—	3
Fat	1	—	—	—	—	—	1
Dripping	6	—	—	—	—	—	6
Lard	1	—	—	—	—	—	1
Flour	2	—	—	—	—	—	2
Coffee	3	—	—	2	—	2	1
Jam	3	—	—	—	—	—	3
Honey	4	—	—	—	—	—	4
Total	641	1	79	24	94	198	443

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.
0.0—0.4	3	4.5—4.9	1
0.5—0.9	1	5.5—5.9	1
1.5—1.9	3	6.0—6.4	3
2.0—2.4	14	6.5—6.9	7
2.5—2.9	52	7.0—7.4	10
3.0—3.4	188	7.5—7.9	23
3.5—3.9	147	8.0—8.4	113
4.0—4.4	43	8.5—8.9	295
4.5—4.9	17	9.0—9.4	23
5.0—5.4	6	(sour)	9
5.5—5.9	3		
6.0—6.4	1		
6.5—6.9	1		
7.0—7.4	1		
7.5—7.9	3		
9.0—9.4	1		
13.5—13.9	1		

SALE OF MILK AND ICE-CREAM.

Compulsory Pasteurisation of Milk.

During the year further steps were taken to bring into being the compulsory pasteurisation of the milk supply of the city. The scheme put forward during the year ending 30th June, 1945, was modified to the extent that the City Health Department now proposed that the City Council only undertakes the pasteurisation and bottling of all milk and allows the dairy industry to carry out distribution as in the past.

During the year an informal meeting to discuss pasteurisation was held with the full Council. In addition two meetings were held with the representatives of the dairy industry at both of which they reiterated their strong opposition to compulsory pasteurisation and to the council carrying out any of the functions they themselves perform (processing, bottling, etc.). As a result of the last meeting held with the representatives of the dairy industry, it was decided by the Health Committee to approach the Minister for Public Health to ascertain whether the Departmental Committee, set up by his department and the Department of Agriculture to consider the question of compulsory pasteurisation, had arrived at any scheme for the enforcement of pasteurisation. At the end of the period under report, a reply was still being awaited from the Secretary for Health.

Dairy Regulations and Licences.

The number of dairy premises licensed* for the sale of milk in the Municipality at 30th June, 1946, was as follows :—

	In the municipal area.		Outside the municipal area.	
	30th June, 1945.	30th June, 1946.	30th June, 1945.	30th June, 1946.
Cowsheds	28	26	162	165
Milkshops	119	123	—	—

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

Staff.

One veterinary officer, provided with transport, confines himself to the veterinary inspection of dairy cattle, the supervision of cowsheds of all producers, both within and outside the municipal area, who supply milk for consumption in the city, and the supervision of all pasteurisation plants. He is assisted by two full-time dairy inspectors in the inspection of producers' premises, and by one inspector who assists in the supervision of pasteurisation plants, in taking samples for bacteriological examination and in laboratory work. This officer was appointed in January, 1946. During the year under report inspections were made as follows:—

Dairy stables	2,843
Milk shops	3,693
Milk delivery vehicles	655
Ice-cream premises	240
Ice-cream vehicles	5

Milkshops and Ice-cream Premises.

Milkshops and ice-cream premises are under the inspection of the health inspectors but the Veterinary Officer in addition supervises and inspects premises where milk is pasteurized in the municipal area. Two plants are in operation and a careful check is kept on the efficiency of their operation.

In the following table the figures for dairies refer to the calendar year 1946, and those for ice-cream to the year ended 30th June, 1946:—

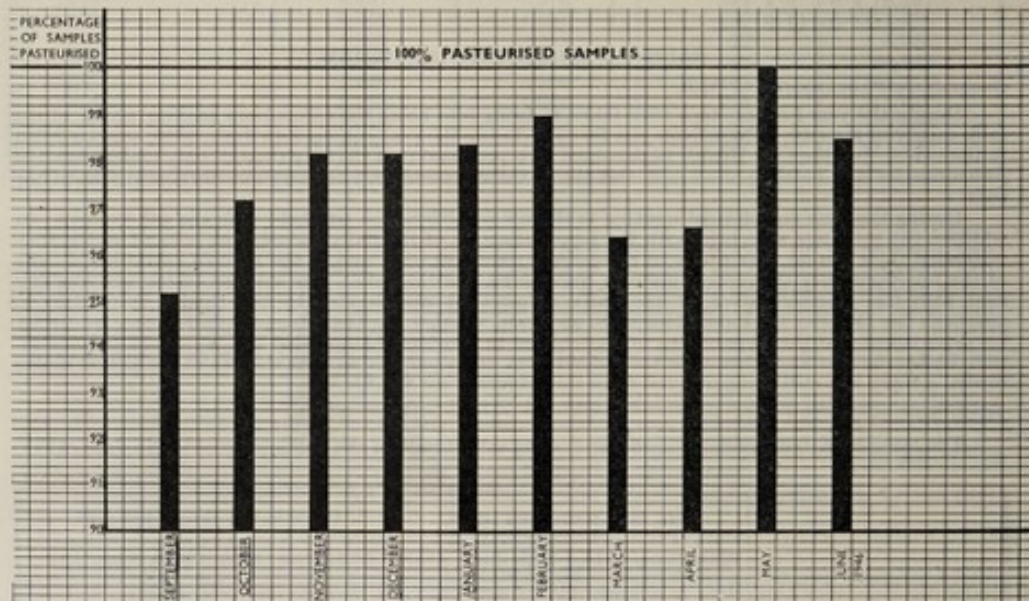
	Cowshed premises.		Milk shop premises.	Manufacturers and vendors of ice cream.
	In the municipal area.	Outside the municipal area.		
Applications for licences received	39	241	131	451
Licences issued	33	203	110	439
Applications cancelled	1	12	11	12
Licences not granted	5	26	10	—

Of the 439 persons licensed to make or sell ice-cream only 7 were licensed for its manufacture. The remainder were licensed only for selling ice-cream not made on the premises. The 7 licensed for the manufacture of ice-cream include 3 who have a large wholesale trade.

Control of Pasteurisation Plants.

Since the appointment of the third dairy inspector, systematic milk sampling of the two licensed pasteurisation plants has been undertaken. Samples are collected from the two licensed plants at intervals during the day, as many as six samples having been taken from one plant during the day, and subjected to the phosphatase test. In the control of a pasteurisation plant this is essential since the efficacy of pasteurisation varies during the day. It is frequently found that in the course of the day one sample shows definite underpasteurisation, while the remainder prove to be adequately pasteurised. Schrager's modification of the phosphatase test was used until the necessary chemicals were exhausted. This took place in March, 1946. From this date Neave's modification of the Kay-Graham test was used. In all, 1,744 phosphatase tests have been carried out; of this total 39 or 2.2 per cent. proved to be definitely underpasteurised. In only one month, May, 1946, did 100 per cent. of the milk samples prove to be efficiently pasteurised. Our findings agree with those established during the war when, in spite of continual supervision by an inspecting officer, it was found that commercial dairies could not maintain a consistently pasteurised product.

The monthly results are depicted graphically below and illustrate this point.



SAMPLES OF MILK TESTED FOR TOTAL BACTERIA : YEAR ENDED 30TH JUNE, 1946.

Milk samples taken by the City Health Department are examined in the Union Health Laboratory Cape Town (for total bacteria and coliform bacilli according to the technical procedure prescribed in the Municipal Dairy Regulations, and 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.

Milk samples taken at	Number of bacteria per c.c.						No coliform bacilli in :					Coliform bacilli present in 0.0001 c.c.
	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	23	19	10	9	1	2	—	3	11	17	11	22
On delivery to retailer by cowkeeper (cowshed in Municipality)	—	—	—	—	1	—	—	—	—	—	—	1
On delivery to retailer by cowkeeper (cowshed outside Municipality)	54	73	31	25	17	36	—	33	50	40	36	79
On milk-round of cowkeeper supplying retail customers (cowshed in Municipality)	1	4	—	1	1	1	—	—	—	—	4	4
On milk-round of cowkeeper supplying retail customers (cowshed outside Municipality)	2	3	2	—	—	—	—	1	—	—	4	1
In retailer's shop or depôt	30	34	22	18	9	10	1	13	11	21	32	46
On milk-round of retailer	3	2	1	—	3	4	—	1	1	2	3	6
Total	113	135	66	53	32	53	1	51	73	80	90	159

The results depicted in the above table were obtained from the examination of milk samples by means of the plate count. Of the 452 samples examined, 314 or 69.4 per cent, showed a count of 200,000 per c.c. or below, thus complying with the standard laid down in the municipal dairy regulations. An analysis of these results showed that they bore practically no relation to the methods of production of the milk. Many of our worst dairies, hygienically, gave the lowest counts, due to the fact that they were mostly old dairies situated either in or close to the municipal area. Their close proximity to the laboratory led to the examination of their milk samples within an hour or two of production and gave a low count, while dairies situated 60 to 70 miles away and producing milk under ideal conditions gave much higher counts. To rectify this, samples were kept at room temperature for, as near as possible, eight hours after production before examination. Unfortunately the laboratory routine could not always permit of this step. As an additional check, the Breed smear method of examination of eight-hour old samples was adopted and carried out by the veterinary officer. This additional sampling was begun in February, 1946, soon after the appointment of the third dairy inspector, who undertook the collection of these samples. The standards laid down provisionally, were those adopted by the Union army during the war, namely 500,000 organisms per c.c. for the summer months and 200,000 per c.c. for the winter months. Using this yardstick, of the 633 samples examined, 281 were satisfactory, i.e., 44 per cent. The fixed time factor resulted in the counts showing a much closer correlation to the methods of production, i.e., the worse the methods of production the higher the count.

Of the 633 samples examined by the Breed Smear method, 55 or 9 per cent, showed the presence of streptococci and cocc groups of suggestive mastitis.

SAMPLES OF MILK TESTED FOR TUBERCLE BACILLI : YEAR ENDED 30TH JUNE, 1946.

	Positive.	Negative.	Total.
Samples taken from mixed milk of herd	3	269	272
Bulked samples :			
Raw milk	1	5	6
Pasteurised milk	—	6	6
Total	4	280	284

In addition to the above routine samples, 2 samples from individual cows were taken to follow up the routine samples reported as positive. Of these, 1 was found to be positive and 1 negative.

Examination of Dairy Cows.

During part of the year under review 4,756 cows, belonging to 141 dairies, were examined clinically, and as a result, 316 milk samples were taken from individual cows and examined in the Department's laboratory. The following diseased conditions were encountered during examination of herds:—

Mastitis (acute and chronic)	316
Mange	15
Emaciation	8
Tuberculosis (other than tuberculosis of the udder)	8
Tubercular mastitis	6
Contagious abortion	4

The adoption, as a routine, of the examination of milk samples from individual quarters of all cases suspicious of early tubercular mastitis for the presence of the cell groups described by Torrance ("Veterinary Record," April 29th, 1922) and Matthews ("Veterinary Record," April 11th, 1931) brought to light three cases of early tubercular mastitis within a day after the clinical examination. This not only made the use of guinea-pig inoculation unnecessary but enabled the Department to take immediate action to prevent the sale of milk containing tubercle bacilli. Formerly the use of guinea-pig inoculation involved a waiting period of six weeks before a definite diagnosis could be made.

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 responsible 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, 1946:—

	Restaurants.	Tea Shops.	Cafés.	Eating-houses.
1. Applications received	202	241	35	38
2. Granting of licences recommended (without conditions)	138	167	22	13
3. Granting of licences recommended (subject to conditions)	60	72	13	25
4. Number under item 3 later reported as having complied with conditions	46	61	13	29
5. Refusal of licences recommended	2	2	—	—
6. Applications withdrawn	2	—	—	—

REGISTERED TRADES.

Mattress-Makers, Laundries, Barbers and Hairdressers:

Government Regulations regarding mattress-makers and upholsterers (Government Notice No. 1384 of 1938), prohibit any person from carrying on those trades unless registered annually by the Council. The municipal regulations prohibit any person from carrying on any laundry "by way of trade or for purposes of gain," unless registered annually by the Council. The municipal regulations also prohibit any person from carrying on the trade or business of a barber or hairdresser unless registered by the Council.

The figures in the following table refer to the calendar year 1946:—

	Mattress-makers and Upholsterers.	Laundries.	Barbers and Hairdressers.
Applications received	14	11	247
Registration certificates issued	14	11	225
Registration refused	—	—	2
Applications withdrawn	—	—	20

Hawkers and Pedlars:

The municipal regulations also require annual licences for hawkers and pedlars. The following figures refer to the year ended 30th June, 1946:—

	Hawkers and Pedlars.
1. Applications received	1,216
2. Granting of licences recommended (without conditions)	670
3. Granting of licences recommended (subject to conditions)	420
4. Refusal of licences recommended	81
5. Number under items 3 and 4 later recommended	210
6. Applications withdrawn	45

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 responsible 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.

The following is an analysis of applications for certificates dealt with during the year ended 30th June, 1946 :—

	General dealers.	Fresh produce dealers.	Butchers.	Bakers.	Motor garages.	Mineral water dealers.	Mineral water manufacturers.
1. Applications received	1,224	186	29	2	53	38	1
2. Granting of licences recommended (without conditions) ..	601	101	8	1	19	18	—
3. Granting of licences recommended (subject to conditions)	577	78	21	1	32	17	1
4. Number under item 3 later reported as having complied with conditions ..	491	96	14	1	21	19	1
5. Refusal of licences recommended ..	24	5	—	—	1	3	—
6. Applications withdrawn	22	2	—	—	1	—	—

Figures for hawkers and pedlars and for restaurant (etc.) keepers are shown on the previous page.

INSPECTION OF MEAT AND OTHER FOODSTUFFS.

The inspection of meat from animals killed at the municipal abattoir is under the control of the Director and Veterinary Surgeon, 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 year ended 30th June, 1946 :—

Description.	Inspected.	Passed.	Condemned partly.	Condemned entirely.		
				Amount.	Percentage.	
Carcases of beef	5	5	—	—	—	
Carcases of mutton	2	2	—	—	—	
Carcases of veal	634	634	—	—	—	
Carcases of pork	52,072	50,628	1,205	239	0.46	
Ox tails	10,289	10,289	—	—	—	
Pigs' pluck	livers	49,809	—	2,263	4.35	
	lungs (prs.)	52,072	45,820	—	6,252	12.01
	hearts	52,072	51,562	—	510	0.98

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, 1945 to 30th June, 1946 :—

Description.	Total.	Abscess.	Cysts (Hydatid).	Inflammation.	Measles.	Pericarditis.	Putrefaction.	Septicæmia.	Tuberculosis.
Carcases of pork	1,444	95	—	5	144	—	10	3	1,187
Pigs' :									
livers	2,263	—	2,263	—	—	—	—	—	—
lungs	6,252	—	—	6,252	—	—	—	—	—
hearts	510	—	—	—	—	510	—	—	—

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	2,427	1,218,018	15	1,436
Cape Town depôts	—	—	5	612
Total	2,427	1,218,018	20	2,048

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, 1946:—

	<i>Weight (lb.).</i>
<i>Meat :</i>	
Meat (uncured)	15
Beef (uncured)	310
Mutton (uncured)	90
<i>Poultry and Game :</i>	
Turkeys	81
Geese	52
Ducks	101
Fowls	1,578
Game	27
<i>Fish :</i>	
Fish	110
Preserved fish	3,216
<i>Fruit and Vegetables :</i>	
Apples	3,508
Avocado pears	1,207
Bananas	200
Egg fruit	240
Gooseberries	202
Grapes	285
Granadillas	20
Guavas	285
Lemons	1,837
Mangoes	4,022
Mixed fruit	90
Melons	2,322
Naartjies	920
Nectarines	150
Oranges	1,935
Paw-paws	7,060
Peaches	3,820
Pears	70
Pineapples	208
Plums	10
Pomelos	359
Quinces	710
Artichokes	400
Asparagus	322
Beans (green)	96,260
Beetroot	2,224
Butle leaves	234
Cabbages	18,940
Carrots	14,510
Cauliflower	302
Chillies	4,168
Cucumbers	6,506
Lettuce	5,010
Marrows	276
Mealies	800
Mixed vegetables	20
Onions	4,488
Parsley	15
Peas (green)	24,203
Potatoes	16,904
Potatoes (sweet)	4,075
Pumpkins	1,441
Radishes	396
Spinach	145
Squashes	660
Tomatoes	3,537
Turnips	4,002
<i>Other Provisions.</i>	
Biscuits	2
Bread	52
Coffee	2,475
Eggs	105
Jam	490
Margarine	6
Milk (condensed)	28
Peas (split)	238
Pickles and delicacies	379
Preserved fruit	102
Salt	2
Sugar	124
Sweets	166
Syrup	82
Tea	18
Tinned meat	69
Other tinned foods	606

CASES BEFORE THE MAGISTRATE.

The following table gives particulars of cases heard by the magistrates during the year ended 30th June, 1946, 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.						Total fines. £ s. d.	
	Total.	Fined.	Suspended sentence.	Reprimanded.	Summons withdrawn.	Discharged.		No. of persons summonsed.
Dwelling-house premises in insanitary condition (excluding the keeping of animals)	29	21	—	3	—	5	36	124 0 0
Keeping animals or poultry illegally, or so as to cause nuisance	1	1	—	—	—	—	1	5 0 0
Insanitary conditions at food premises:								
Milk-sellers' premises (cows kept)	2	1	—	—	—	1	2	13 0 0
Other food premises	14	13	—	1	—	—	17	93 10 0
Insanitary conditions or other offences in transport or delivery of foodstuffs:								
Meat	3	3	—	—	—	—	4	10 0 0
Milk	23	23	—	—	—	1	27	112 0 0
Other foodstuffs	1	1	—	—	—	—	1	1 10 0
Selling, delivering or depositing meat not slaughtered at the municipal abattoir or not inspected and stamped	2	2	—	—	—	—	3	15 0 0
Selling foodstuffs in contravention of the Food, Drugs and Disinfectants Act:								
Milk	78	73	—	—	—	5	86	648 0 0
Ice-cream	2	2	—	—	—	—	3	9 10 0
Sausage, minced-meat, etc.	5	5	—	—	—	—	6	17 0 0
Selling, etc., diseased, unsound or unwholesome foodstuffs	1	1	—	—	—	—	6	15 0 0
Trading as purveyor of milk without licence (cows kept)	2	2	—	—	—	—	2	13 0 0
Trading as purveyor of milk without licence (no cows kept)	5 ^a	5	—	—	—	—	7	41 10 0
Trading as hawker without licence	11	10	—	—	—	1	19	13 10 0
Trading as butcher without licence	2 ^b	2	—	—	—	—	3	16 0 0
Using certain premises as a bakehouse without being registered by the Council	1	1	—	—	—	—	1	15 0 0
Other nuisances or insanitary conditions	22	20	—	—	—	2	23	82 10 0
Obstructing health inspector in performance of his duty	1	—	—	—	—	1	1	—
Practising midwifery in contravention of regulations under the Public Health Act	1	1 ^c	—	—	—	—	1	11 0 0
Neglect of children (Children's Act)	1	1 ^d	—	—	—	—	1	6 0 0
Total	207	187	—	4	—	16	250	1,262 0 0

^a Amongst these cases are two including a count for insanitary conditions in transport or delivery of milk.

^b Including a count for insanitary conditions in transport or delivery of meat.

^c Of which £9 or 50 days was suspended for one year on condition of good behaviour.

^d Of which £5 was suspended for 6 months.

PUBLIC SANITARY CONVENIENCES.

The following is a list of the public sanitary conveniences open at 30th June, 1946, together with the number of attendants employed:—

Chalet.	Attendants.	
	Male.	Female.
Bakoven	2	1
Camps Bay Beach	12	1
The Camp, Camps Bay	1	—
Castle Bridge	12	2
Castle Street	12	—
Claremont Park	1	1
Claremont, Ralph Street	12	2
Clifton, 4th Beach	1	1
De Waal Park	12	1
Dock Road	12	—
Early Morning Market, Sir Lowry Road	12	1
Gleemore, Athlone	12	2
Green Point Common	1	—
Greenmarket Square	12	2
Hanover Street	12	1
Jurgens Park	12	—
Kalk Bay	12	1

	Chalet.	Attendants.	
		Male.	Female.
Keurboom Park	1	—
Kloof Nek	1	1
Ladies' Rest Room, Darling Street	—	2
McGregor Street	2	—
Mayor's Garden	2	2
Maitland Outspan	2	1
Mowbray	2	1
Muizenberg Beach	2	2
Museum, Cape Town	2	1
Observatory, Station Road	2	1
Queens Park	1	1
Queen Victoria Street, Cape Town	2	1
Riebeeck Square	2	1
St. Andrew's Square	2	—
St. James Beach	1	1
Salt River Market	2	2
Sea Point, Beach Road	2	2
Sea Point Swimming Pool (Coloured)	1	1
Searle Street	2	1
Snelley Street, Salt River	2	2
Three Anchor Bay	—	1
Trafalgar Park	2	1
Victoria Walk	1	1
Woodstock	2	2
Wynberg	2	1
		70	45
Relief attendants	13	10
Night-shift attendants	4	1
		87	56

In general the conveniences shown as being staffed by one attendant are open from 8 a.m. to 6 p.m., and those with two from 7 a.m. to 11 p.m. The male conveniences at the Castle Street, Dock Road, Early Morning Market and Salt River Market are open twenty-four hours a day and the female sections at the Early Morning and Salt River Markets are open all night on three nights of the week. Of the five night-shift attendants mentioned above, three attendants (2 male, 1 female) staff the two market chalets at night.

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.

All except Kalk Bay are equipped with electric irons. At the Hanover Street washhouse the washing troughs are supplied with steam, and "hydro-extractor" drying chambers, ironing machines and electric irons are provided.

At the Hout Street washhouse there is an installation for hot and cold water shower-baths.

The charges made for washing are as follows: At Plattekliip, Mowbray and Claremont, 3d. per day; at Hout Street, Wynberg and Salt River, 4d. per day; at Kalk Bay, 6d. per day. The charges 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 shower-baths at Hout Street are as follows: Adults, 3d.; children, 2d.

The attendances and takings at the washhouses (including ironing rooms) during the year ended 30th June, 1946, were as follows:—

	Attendances.	Money taken.		
		£	s.	d.
Hout Street	11,178	201	11	5
Plattekliip	5,597	72	11	0
Hanover Street	12,871	798	18	3
Salt River	5,107	86	17	5
Mowbray	8,551	148	2	2
Claremont	8,864	172	17	3
Wynberg	7,449	160	2	0
Kalk Bay	2,806	70	3	0
	62,423	£1,711	2	6

The attendances and takings at the Hout Street shower-baths during the year ended 30th June, 1946, were as follows:—

	Shower-baths.	
	Attendances.	Money taken.
		£ s. d.
Adults	32,335	402 18 9
Children	212	1 15 4
Total	32,547	404 14 1

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 natural drainage scarcely exists 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 extension of the drainage system.

The town is sewered on the "separate" system, the stormwater being taken by separate channels to the nearest natural outfall, namely the sea, or the Liesbeek and Black Rivers with 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 and thence to the sea.

SEWERAGE.

With the exception of a few outlying areas, such as Brooklyn, Windermere, portions of Athlone, Crawford, Claremont, Heathfield, Retreat, etc., practically the entire built-up part of the Municipality is provided with water-borne sewerage facilities.

The construction of sewers to serve the greater portion of the area between Plumstead and Heathfield has been completed.

In the Lansdowne—Crawford area, the construction of the sewers for sections 1, 2 and 3 has been completed, and owners will be able to connect up their properties to this system.

The estimated costs were as follows: first section, £7,000; second section, £20,000; third section, £36,650.

In regard to Kensington and Rugby, the installation of the necessary machinery in the pumping stations has been carried out, and the scheme is in operation.

PAIL CLOSETS.

The City Engineer's Department undertakes the weekly collection of sterco in the outlying unsewered areas. In Windermere and parts of the Cape Flats this work is carried out with great difficulty owing to the lack of roads. The men and wagons have to plough through heavy sand and bush, and, in winter, through water, to reach isolated places. On Muizenberg Flats in the sand dunes, animal-drawn sledge has to be used for the work. The work is carried out in the day time. An initial payment of 15s. is required for the installation of a pail but no charge is made for ordinary removals and renewals. Extra removals are carried out, when necessary, at a charge of nine pence per removal.

The sterco collected in the district Diep River to Heathfield is buried in trenches on municipal land at the sewerage farm at Wynberg Flats. Elsewhere it is passed into the sewers at the depositing depôts at Maitland, Kensington, Athlone, Kenilworth and Muizenberg.

The number of premises from which sterco was being removed at 30th June, 1946, is shown by the following figures:—

Woodstock and Salt River	.. .. .	30
Maitland and Brooklyn	.. .. .	236
Kensington	.. .. .	855
Added areas, Mowbray to Claremont	}	3,414
Claremont		
Wynberg	.. .. .	1,193
Muizenberg and Retreat	.. .. .	618
Windermere	.. .. .	1,427
		<hr/>
		7,773
		<hr/>

At Plumstead, Diep River, Heathfield, Muizenberg, Clovelly and Kalk Bay, the O'Brien earth closet is in use, the service, including removals, being undertaken by a private firm under contract with the Corporation. Householders are required to provide the closets and the removals are paid for by the Corporation. Ordinary pail closets are allowed in Heathfield district. 117 premises are at present provided with this service, but the number is gradually being reduced as property owners connect their premises to the Council's sewers. Slop-water removal services are undertaken by the Corporation at Plumstead, Diep River, Lakeside and Kalk Bay.

HOUSE REFUSE REMOVALS.

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

- In Cape Town proper, every weekday, and on Sundays in certain congested parts. Sunday services are carried out at other premises, also, on special payment.
- In Green Point and Sea Point four times a week. Hotels and boarding houses, however, have a service every weekday and on Sundays, if required, subject to special payment.
- In Woodstock and Salt River (from Cape Town to Station Road, Observatory), four times a week at general properties, but every weekday at certain business premises.
- In the Southern Suburbs from Mowbray to Heathfield and in the Maitland Ward, three times a week but with a weekday service to certain business premises.
- In Windermere two removals weekly.
- In Muizenberg—Kalk Bay, four times a week in respect of general properties, but every weekday for hotels, boarding houses and certain business premises. During the summer season refuse removals are executed from hotels on Sundays, on payment of a special charge.
- Clifton, Camps Bay and Lakeside, three times a week.

Added areas on the Cape Flats, twice a week.
During the year the quantity of refuse removed was 384,189 cubic yards.
In all areas house refuse is disposed of by controlled tipping.

HOUSING.

The greater part of the Cape Town Municipality consists of houses built of masonry according to the standards of the time of their erection, served by the municipal water supply and water-carriage sewerage, and with well-constructed streets. Most of the dwellings are separate houses built for one family each, detached, semi-detached or in terraces; but there is a growing number of blocks of flats, and a few tenement houses built to be occupied by several tenants.

If the houses were occupied in the manner originally intended housing conditions would be mainly satisfactory. The chief factor responsible for slum conditions is the overcrowding caused by the fact that there are not enough houses for the population, itself the result of economic conditions. Houses suitable for one family, and in many cases small even for one large family, are occupied by several families, sometimes to the extent of one family per room. The overcrowded families are naturally mostly from the poorest strata of society, usually (though not invariably) non-European, and often of low social standard. The resulting squalor is increased by decay of the fabric of the houses which such occupation induces.

The same shortage of houses and economic stringency is largely responsible for the other phase of the local housing problem, *viz.*, the occupation of unauthorised and insanitary structures on the Cape Flats fringing Cape Town, often without made roads, water supply or sanitary services, and sometimes subject to winter flooding. The Council has ample legal powers to prohibit such building and occupation, but has not found itself prepared to drive out the occupants from the only shelter available for them.

These housing conditions have been aggravated by the influx of Natives from the territories, attracted by the prospect of remunerative employment. Nevertheless they are of old standing. The Director of Census published a statistical report on Coloured housing in Cape Town based on the 1921 census; and the Medical Officer of Health submitted a report in 1924 and 1932 based on a housing survey in central Cape Town, in which the overcrowding and housing shortage were clearly brought out and municipal housing urged as the primary remedy. The matter has since been the subject of repeated consideration by the Council and its committees and officers. Since 1920 up to 30th June, 1946, the City Council and the Citizens' Housing League Utility Company have completed the erection of about 6,000 houses, in addition to the building of Langa Township.

The dwellings completed by the Council in the year under report were as follows:—

	Flats.	Cottages.	Average cost per dwelling.
Gabriel Road, Wynberg (European)	—	56	£ 780
Schotsche Kloof, Cape Town (non-European) ..	75	—	1,174
Boundary Road, Diep River (non-European) ..	—	56	567
Q-Town, Athlone (non-European)	—	106	707

In the year under report the following dwellings for Europeans were completed at Epping Garden Village (Cape Division) by the Citizens' Housing League Utility Company:—

Flats.	Cottages.	Average cost per dwelling.
40	—	£ 500
(10 blocks)	34 ("Old Age")	475
—	32 ("Single, Old Age")	360
—	5	750

The dwellings completed bring the figures from 1920 to 30th June, 1946, for public housing operations in Cape Town and Suburbs (exclusive of Langa Native Township) to the following:—

	European.	Non-European.	Total.
Within Cape Town municipal area:			
City Council	1,046	3,318	4,364
Citizens' Housing League Utility Co.	801	28	829
	1,847	3,346	5,193
Outside Cape Town municipal area:			
Citizens' Housing League Utility Co.	823	—	823
Total	2,670	3,346	6,016

The number of new dwelling houses built in the calendar year 1946 in the Municipality (abstracted from the City Engineer's return) 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	1933 ..	6,150	1,068
1916 ..	4,110	103	1934 ..	6,270	1,711
1917 ..	4,240	99	1935 ..	6,430	1,937
1918 ..	4,380	69	1936 ..	5,220	1,320
1919 ..	4,500	91	1937 ..	4,640	1,272
1920 ..	4,680	139	1938 ..	4,740	1,033
1921 ..	5,340	210	1939 ..	4,850	1,431
1922 ..	4,950	308	1940 ..	4,940	1,970
1923 ..	5,080	425	1941 ..	5,060	1,489
1924 ..	5,220	561	1942 ..	5,170	1,063
1925 ..	5,380	335	1943 ..	5,280	651
1926 ..	5,320	444	1944 ..	5,390	1,005
1927 ..	5,070	675	1945 ..	5,510	870
1928 ..	5,450	846	1946 ..	5,620	454
1929 ..	5,570	1,773			
1930 ..	5,700	1,320			
1931 ..	5,640	1,564			
1932 ..	6,000	1,102			

SECTION X.—OTHER SERVICES.

DOMICILIARY MEDICAL SERVICE.

The City Council provides medical attention in their homes for indigent sick persons needing such service. Since 1st April, 1944, the work has been carried out by a permanent medical officer. It is done in co-operation with the District Nursing Organisation of the Cape Hospital Board. Arrangements for the supply of medicines, etc., are made with the Cape Town Free Dispensary and the Woodstock Hospital, and with local chemists.

The visits made by the medical officer in the year under report were as follows:—

Ward 1	3	Ward 10	32
" 2	70	" 11	126
" 3	39	" 12	259
" 4	123	" 13	106
" 5	24	" 14	137
" 6	229	" 15	80
" 7	110		
" 8	119	Total	1,601
" 9	144		

One-half of the cost of this service is refunded to the City Council, by the Union Health Department as to the medical service and the provision of surgical appliances, and by the Union Social Welfare Department as to fares to hospital for indigent persons.

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, 1946, the number of such burials was 261.

RELIEF WORKS.

During the period under review an average of 114 men have been employed on relief works maintained by the City Council. The total expenditure of the Council under this heading in the year 1946 was £24,816 10s. 6d., of which £16,449 2s. 7d. was paid in wages. The Government repaid to the Council £9,479 0s. 8d. 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 Department of Social Welfare and the City Council, supplemented to a small extent by voluntary donations. Under Section 16 of the Finance Act, No. 27 of 1940, the responsibility of the Provincial Administration in this matter was transferred to the Union Department of Social Welfare as from 1st April, 1940.

The Secretary of the Board of Aid has kindly supplied the following statistics for the calendar years 1945 and 1946:—

	1945.		1946.	
	£	s. d.	£	s. d.
Income from voluntary sources	137	0 0	200	0 0
Subsidy from Provincial Administration for investigations re Conradie Home applications	120	0 0	120	0 0
Subsidy from Department of Social Welfare	19,951	0 0	20,176	10 0
Subsidy from City Council	19,951	0 0	20,176	10 0
Expenditure on relief, excluding administration costs	19,082	17 6	20,164	4 5
Number of applications received	2,352		2,490	

The Board maintains a hostel in Canterbury Street for low-paid Coloured youths and Coloured old-age pensioners of both sexes. Accommodation is provided for 100 youths and 120 pensioners.

The Board aims at improving the socio-economic position of the youths accommodated in the hostel by giving them vocational guidance, and providing recreational facilities and other amenities they would not be able to enjoy when housed in slum or semi-slum areas.

Special attention is given by the trained staff in charge of the institution to suitable employment for all youths and many requests for boys are received daily from prospective employers.

Aged Coloureds are accommodated in the hostel at £1 10s. 0d. per month inclusive. Recreational facilities and other amenities are provided to make old-age as comfortable as possible.

Family rehabilitation work is continued by the Board in the Bokmakirie Settlement where the Board rent 30 cottages from the City Council. Here families, who have been dependent on poor relief, are housed under supervision of a trained social worker. Once they have made sufficient progress they are transferred to the City Council's sub-economic housing schemes.

Two day nurseries are maintained by the Board. The Tafelberg Day Nursery in Canterbury Street accommodates 120 Coloured children aged 6 weeks to 6 years. The European nursery in Harrington Street has accommodation for 50 children.

FOOD SUPPLIED BY CITY HEALTH DEPARTMENT.

Free dinners are provided at eleven 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 pages 18 and 21. The dinners given numbered 105,261 (mothers, 24,665; children, 80,596). To these figures are to be added 29,538 dinners supplied to children at the municipal nursery schools (see page 22).

Free milk is also provided at the welfare centres for needy 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 238,463 and 13,809 gallons of milk were consumed. To these figures are to be added 45,694 milk meals supplied from the same source to children at the municipal nursery schools (see page 22).

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, 1946, 1,299 new cases were supplied and 50,572 lbs. of dried milk were issued. The cost was £4,383 12s. 2d. and the takings from mothers for dried milk and medicines amounted to £2,197 11s. 11d. (see page 19). 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. 196 new cases were put on this allowance during the year, and the cost of the supplies was £1,772 6s. 7d.

STATE-AIDED MILK AND BUTTER SCHEME.

The City Health Department has continued to administer the sale of State-aided butter in Cape Town instituted in May, 1937, in accordance with the Government's scheme under the Dairy Industry Control Board.

As from 27th July, 1945, the Dairy Industry Control Board found it necessary to reduce the amount of butter for distribution by 50 per cent. of the normal quota. Simultaneously supplies of margarine were made available for sale under the scheme at 1s. per pound.

On 3rd November, 1945, the Dairy Industry Control Board announced a further reduction in the supply of butter, resulting in each family receiving not more than $\frac{1}{4}$ lb. butter and 1 lb. margarine. This was carried on until 8th March, 1946, when the amount of butter available for distribution was increased, enabling families of four or more persons to purchase 1 lb. butter and 1 lb. margarine.

As from 10th November, 1945, the price of State-aided butter was increased by 1d. per lb. to 1s. 1d., 1s. and 11d. for 1st, 2nd and 3rd grades respectively until the 16th March, 1946, when a further increase of 2d. per lb. to 1s. 3d., 1s. 2d., and 1s. 1d. was announced.

The subsidized butter is supplied to the City Council by authorized wholesalers at the actual retail price, and the cost of the City Council's service is repaid by the Government on the basis of $\frac{1}{4}$ d. per lb. of butter sold.

The families nominally eligible for permits to buy State-aided butter are Cape Coloured families with an income not exceeding 4s. a day for a family consisting of two persons and 5s. a day for larger families, and European families with an income not exceeding 6s. a day or, under special circumstances 8s. a day. Cost-of-living allowance is not reckoned in computing incomes for this purpose. Not all families within these limits are able to obtain permits because the State-aided butter allocated to Cape Town is limited in quantity.

The privilege of buying State-aided butter is not extended to Natives and Asiatics.

Sales take place every Friday evening at 13 depôts of the City Health Department. These depôts are shown in the following statement, which also indicates the quantity of butter and margarine sold :—

	Butter.	Margarine.
Old Drill Hall, Cape Town	140,376½	63,448½
12, Keerom Street, Cape Town	8,013	2,262½
Woodstock Town Hall	84,369	44,921
Maitland Town Hall	28,607½	20,970½
Brooklyn Village Hall	7,755½	4,209
Mowbray Town Hall	9,379	5,206½
Athlone Town Hall	48,631½	38,057
Rondebosch Town Hall	7,886½	4,960½
Claremont Town Hall	38,040	20,914½
Lansdowne Town Hall	19,893½	12,602
Wynberg Town Hall	61,989½	35,323
Retreat Welfare Centre	14,759	13,261
Municipal Office, Muizenberg	6,804½	4,352½
Total	476,505	270,488

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

	lbs.
1st grade	80,878½
2nd grade	340,532½
3rd grade	55,094
Total	476,505

As from 1st June, 1944, the department's distribution scheme was extended to persons receiving butter as out-relief at the expense of the Cape Town General Board of Aid.

Milk.

The distribution of State-aided milk is administered by the School Board for the Cape Division, and the Secretary of the Board has kindly supplied the following statement for the whole Cape Division, covering also the introduction, in 1944, of the school feeding scheme into which the State-aided milk scheme was merged :—

SUPPLY OF MILK, ETC., TO SCHOOL CHILDREN AND WELFARE CENTRES UNDER FEEDING SCHEME.

This scheme, which was introduced in April, 1944, operates as follows in the area of the Cape School Board. For each of the four circuits in the Cape Division there are two supervisory committees consisting of principals, one for the European and one for the non-European schools. There is one central committee consisting of the Chairman and Secretary of the School Board, the four Circuit Inspectors, the eight Chairmen of the Supervisory Committees, the Chief Medical Inspector of Schools, the Medical Officers of Health of the City Council and the Divisional Council and dietetic experts. This Central Committee has its headquarters at the School Board Office and is responsible for centralized buying of all foodstuffs and the supply of all equipment. All contributions received from pupils are paid into the central committee through the schools, and each school is credited with the money thus raised. Small petty cash advances are made to principals for items of expenditure such as wages of helpers and small items purchased locally. Experience has shown that centralized buying is most economical and efficient in such a large area as the Cape Division.

The following quarterly figures indicate the amount and variety of foodstuffs supplied to all schools :—

Commodity.	January	April	July	October	Total for year.
	March.	June.	September.	December.	
Milk gals.	8,809	12,310	93,566	90,517	205,202
Butter lbs.	14,350	14,320	17,270	12,895	58,835
Cheddar cheese lbs.	27,760	35,160	20,290	27,689	110,899
Pasteurised cheese lbs.	1,880	5,145	4,955	2,705	14,685
Cocoa lbs.	1,883	3,414	5,865	3,421	14,583
Moskonfyt lbs.	2,780	3,190	2,865	—	8,835
Sugar pkts.	165	186	396	332	1,079
Oranges pkts.	—	6,860	10,269	3,338	20,467
Grapes lugs	39,360½	10,145	—	—	49,505½
Raisins lbs.	48,600	51,975	65,450	76,300	242,325
Fruit salad lbs.	25,521	26,120	42,760	2,300	96,701
Crystallised fruit lbs.	19,590	19,500	19,516	6,500	65,106
Bread lvs.	152,088	108,900	95,700	98,500	455,188
Peanuts lbs.	23,920	18,450	20,340	18,100	80,810
Peanut butter lbs.	9,060	9,840	11,862	8,500	39,262
Chocolates doz.	3,644	4,330	2,932	5,334	16,240
Fresh fruit and vegetables (other than grapes and oranges)	£4,167 19 3	£3,442 1 10	£5,359 5 6	£5,397 8 11	£18,366 15 6

At the end of the year the following schools were included in the Scheme :—

Schools.	Board and State-aided.	Private (paying direct).	Total.
European	98 (25,361 children)	1	99
Coloured	174 (52,090 children)	1	175
Native	—	9	9
Total	272 (77,451 children)	11	283

Most parents now realise what a beneficial effect the feeding scheme is having on the general health of their children. This health aspect has been stressed on many occasions by the inspectors, medical inspectors and principals alike. There must be many thousands of poor children in this Division to whom the Oslo meal served at school during the morning session is the principal and most balanced meal of the day.

HYDROGEN CYANIDE FUMIGATION.

Under the Hydrogen Cyanide Fumigation Regulations (Government Notices Nos. 804 of 30th April, 1943, and 605 of 13th April, 1945), no person may undertake the fumigation of any "building or premises" with hydrogen cyanide unless he has obtained a certificate of competence from the Union Health Department or a "First Schedule" local authority. Certificates granted by local authorities are subject to confirmation and counter-signature by the Secretary for Public Health. A certificate may not be issued unless the candidate worked for twelve months as a fumigator prior to 30th April, 1943, or has worked for six months under a certificated fumigator.

In August, 1943, the Medical Officer of Health, Cape Town, was requested and authorised by the Secretary for Public Health to undertake the examination and certification (subject to the prescribed confirmation), of candidates from areas outside Cape Town not under "First Schedule" authorities.

In the year ended 30th June, 1946, the Medical Officer of Health issued 2 certificates to persons resident in Cape Town, and 5 to persons resident elsewhere. The examinations were oral and practical.

SECTION XI.—STAFF OF CITY HEALTH DEPARTMENT.

The full-time staff as at 30th June, 1946, was as follows :—

Medical Officer of Health.

Deputy Medical Officer of Health.
Assistant Deputy Medical Officer of Health.
Administrative Officer.
Clerks, 25.

MATERNAL AND CHILD WELFARE BRANCH.

Maternal and Child Welfare Officer.
Deputy Maternal and Child Welfare Officer.
Senior Assistant Maternal and Child Welfare Officer.
Junior Assistant Maternal and Child Welfare Officer.
Chief Health Visitor.
Assistant Chief Health Visitor.
Health Visitors, 39.
Non-European Assistant Health Visitors, 3.
Supervisor of Midwives.
Social Welfare Investigators, 2.
Nursery School Superintendent.
Nursery School Teachers, 4.
Superintendent of Cleansing Station.
Clerks, 5.
Storeroom Assistants, 2.
Domestics, 54.
Labourers, 2.
Juvenile Domestics in Nursery Schools, 13.

VENEREAL DISEASE BRANCH.

Venereal Disease Officer.
Deputy Venereal Disease Officer.
Nurse Visitors, 5.
Male Nurses, 5.
Clerks, 2.
Labourers, 2.

TUBERCULOSIS BRANCH.

Tuberculosis Officer.
Health Visitors, 8.
Clerks, 5.
Domestic.
Labourers, 2.

HEALTH INSPECTION BRANCH.

Chief Health Inspector.
Assistant Chief Health Inspector.
Divisional Health Inspectors, 5.
Rodent Inspectors, 4.
Senior Health Inspectors, 11.
Health Inspectors, 16.
Assistant Health Inspectors, 2.
Learner Health Inspectors, 2.
Clerks, 2.
Caretakers at Municipal Washhouses, 8.
Assistant Caretakers at Municipal Washhouses, 7.
Ratcatchers, 25.
Labourers, 11.
Attendants at Public Sanitary Conveniences, 143.

DAIRY INSPECTION.

Veterinary Officer.
Dairy Inspectors, 3.

DENTAL BRANCH.

Dental Officer.
Dental Nurses, 2.

HOUSING BRANCH.

Housing Supervisor.
Assistant Housing Supervisor.
Housing Managers, 7.
Student Assistants, 4.
Club Organiser.
Club Leaders, 2.
Clerks, 5.
Housing Superintendents, 2.
Housing Caretakers, 5.
Assistant Housing Caretakers, 3.
Handymen, 6.
Labourers, 28.

CITY HOSPITAL, INCLUDING AMBULANCE AND
DISINFECTION SERVICES.

Medical Superintendent of Hospitals.
Senior Resident Medical Officer.
Junior Resident Medical Officer.
House Physicians, 3.
Occupational Therapy Officer.
Pharmacist.
Assistant Pharmacist.
Radiographer.
Clerks, 2.
Matron.
Assistant Matron.
Housekeeper.
Home Sister.
Night Sister.
Sisters, 8.
Staff Nurses, 2.
Student Nurses, 11.
Probationer Nurses, 32.
Male Nurses, 3.
Nursing Orderlies (male), 1.
Non-European Assistant Nurses, 6.
Domestics, 21.
Native Servants (male), 34.
Laundry Supervisor.
Seamstresses, 4.
Laundresses, 24.
Engineer.
Laundry Fitter.
Boiler Attendant.
Porters and Telephone Operators, 7.
Handyman/Electrician.
Handyman/Carpenter.
Removal and Disinfection Officers, 2.
Ambulance Drivers, 2.

RENTZKIE'S FARM HOSPITAL.

Sisters, 4.
Non-European Staff Nurses, 9.
Non-European Assistant Nurses, 18.
Junior Male Nurses, 2.
Nursing Orderly (male).
Dietician.
Housekeeper.
Domestic.
Native Servants (male), 20.
Labourers, 3.
Patrolman.
Gatekeeper.
Caretaker.

NATIVE HOSPITAL, LANGA.

Medical Officer.
Matron.
Sister.
Native Nurses, 4.
Medical Aid.
Native Assistant Nurses, 7.
Native Servants (male), 3.
Nursing Orderlies (male), 2.
Domestics, 2.

DOMICILIARY MEDICAL SERVICE.

Medical Officer.

GENERAL.

Messengers, 2.
Chauffeurs, 8.

A full-time medical officer is engaged at Rentzkie's Farm Hospital in a temporary capacity.

The services of part-time medical and dental officers are engaged at the clinics.

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

CHANGES IN PERSONNEL.

Medical Staff.

Dr. T. Shadick Higgins, Medical Director of Social Services, retired on the 30th June, 1946.

Dr. A. J. Wilson was appointed to the position of full-time Medical Officer at the Langa Native Township as from 1st May, 1946.

Dr. Winifred I. Robertson was appointed to the position of Assistant Maternal and Child Welfare Officer, as from 3rd June, 1946.

Dr. Mary H. I. Judd was appointed to the position of Junior Assistant Maternal and Child Welfare Officer and entered the service on 22nd June, 1946.

Health Inspector.

Mr. M. F. Simmons, Health Inspector, on reaching the age of superannuation, retired on pension on 23rd December, 1945, after completing over 24 years' service.

Administrative Staff.

It is with regret that the death of Mr. George Lax Fox, a Clerk, is recorded. Mr. Fox died on the 1st June, 1946. He had served the Department for over 18 years.

TABLE A1. DEATHS REGISTERED IN 1945-46 CLASSIFIED FOR 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 29th June, 1946).

E.—EUROPEANS. O.—OTHER, OR NON-EUROPEANS.

SUMMARY.
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.

CAUSE OF DEATH.	Race		AGE-GROUPS												TOTALS.		Deaths in Cape Town of Non-Residents (Excluded from foregoing columns).															
	0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards		TOTALS.		Deaths in Cape Town of Non-Residents (Excluded from foregoing columns).	
	M.	F.	M.	F.	M.	F.	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.—Infective and Parasitic Diseases—Diseases due to Bacteria ..	4	5	1	2	3	1	8	8	2	4	1	1	1	13	18	16	23	10	15	5	15	10	17	6	5	5	—	105	78	27	19	
II.—Cancer and Tumours ..	69	45	63	69	56	55	188	169	32	31	26	64	117	98	99	115	53	103	19	41	13	9	7	3	2	1	680	525	98	76		
III.—Rheumatism, Diseases of Nutrition, of Endocrine Glands and other General Diseases and Vitamin-deficiency Diseases ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
IV.—Diseases of the Blood and Blood-Forming Organs ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
V.—Chronic Poisonings and Intoxication ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
VI.—Diseases of the Nervous System and Sense organs ..	1	2	1	1	—	—	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
VII.—Diseases of the Circulatory System ..	9	3	2	—	—	—	15	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	103	102	13	8		
VIII.—Diseases of the Respiratory System (not Specified as Tuberculous) ..	110	78	39	41	16	16	165	135	4	7	4	2	0	7	1	2	29	5	19	6	12	8	5	4	—	246	191	457	12	4		
IX.—Diseases of the Digestive System ..	14	11	1	1	—	—	15	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	158	109	13	12			
X.—Diseases of the Urinary and Genital Systems (not Venereal or connected with Pregnancy or the Puerperium) ..	97	90	41	42	8	11	146	143	2	—	—	3	4	5	2	8	4	3	9	4	6	—	—	—	177	164	341	23	16			
XI.—Diseases of Pregnancy, Child Birth and the Puerperal State ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
XII.—Diseases of the Skin and Cellular Tissue ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
XIII.—Diseases of the Bones and Organs of Movement ..	6	9	—	—	—	—	6	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
XIV.—Congenital Malformations ..	97	95	—	—	—	—	37	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	327	307	559	37	25	
XV.—Diseases Incidental to the First Year of Life ..	145	131	—	—	—	—	145	131	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	256	208	464	15	7	
XVI.—Senility, Old Age ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
XVII.—Violent or Accidental Deaths ..	5	2	1	3	4	3	10	8	6	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	64	37	101	16	10	
XVIII.—Ill-defined Causes of Death ..	7	—	—	—	—	—	8	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	75	56	6	5	5	6	86	67	5	10	4	15	26	47	44	75	39	117	82	168	129	250	180	159	172	39	964	823	214	139		
Totals, All Races	458	353	152	158	92	97	792	698	54	40	32	107	159	153	139	217	120	229	110	186	134	143	99	55	56	18	1,531	1,439	232	161		
Totals, All Races	533	409	158	163	97	103	788	675	59	59	48	36	120	185	290	183	292	168	347	192	354	263	393	279	214	228	2,872	2,354	446	291		

* Including the deaths of 8 newly-born infants (2 of unknown race and sex and 4 males and 2 females of unknown race) and 1 adult of unknown race. The European Cape Town deaths which occurred outside the Municipality (inward transfers) numbered 75 (40 males and 35 females).

REPORT OF THE MEDICAL OFFICER OF HEALTH.

SUMMARY.

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

CAUSE OF DEATH.	Sea Point		Harbour		West Central		Kloof		Park		East Central		Castle		Woodstock		Salt River		Mowbray		Maitland		Rondebosch		Claremont		Kalk Bay		Wynberg		Not Allocated, Residential Addresses Unascertained.		TOTALS.				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
	Races		Races		Races		Races		Races		Races		Races		Races		Races		Races		Races		Races		Races		Races		Races		Races		Races				
I.—Infective and Parasitic Diseases—Diseases due to Bacteria ..	9	7	4	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
II.—Cancer and Tumours ..	23	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
III.—Rheumatism, Diseases of Nutrition, of Endocrine Glands and other General Diseases and Vitamin-deficiency Diseases ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
IV.—Diseases of the Blood and Blood-Forming Organs ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
V.—Chronic Poisonings and Intoxications ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
VI.—Diseases of the Nervous System and Sense Organs ..	18	14	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
VII.—Diseases of the Circulatory System ..	52	37	6	2	8	12	14	10	1	1	34	25	24	19	20	18	13	15	4	3	18	16	17	35	22	28	12	58	23	8	—	—	—	—	—		
VIII.—Diseases of the Respiratory System (not Specified as Tuberculous) ..	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
IX.—Diseases of the Digestive System ..	7	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
X.—Diseases of the Urinary and Genital Systems (not Venereal and connected with Pregnancy or the Puerperium) ..	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
XI.—Diseases of Pregnancy, Child Birth, and the Puerperal State ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
XII.—Diseases of the Skin and Cellular Tissues ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
XIII.—Diseases of the Bones and Organs of Movement ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
XIV.—Congenital Malformations ..	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
XV.—Diseases Peculiar to the First Year of Life ..	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
XVI.—Scanty, Old Age ..	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
XVII.—Violent or Accidental Deaths ..	9	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
XVIII.—IB-Defined Causes of Death ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals ..	133	121	27	15	7	3	57	60	81	67	42	32	2	3	60	53	65	65	84	57	58	44	54	56	82	75	49	22	92	75	30	40	924	1,712			
Totals, All Races ..	5	6	47	18	47	52	90	52	12	6	226	221	184	118	109	103	92	77	22	14	184	144	295	243	206	179	152	132	178	152	49	14	1,908	3,489			
Totals, All Races ..	138	127	74	33	54	55	147	112	93	73	278	253	186	121	160	156	158	142	106	71	242	188	349	299	288	254	201	154	270	227	79	54	2,832	5,151			

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.		Persons.	Deaths in Cape Town of Non-Residents included from																							
					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.																	
040	30		I. (Cont.) Locomotor ataxia (tabes dorsalis) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1																
041	30		General paralysis of the insane ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	4	-	1	5	1	-	3	1	-	-	-	-	-	-	-	4	1	5	9																
042	30		Aneurysm of the aorta ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	-	4	3	3	-	4	1	-	3	1	2	1	-	-	-	8	8	16	17																			
043	30		Syphilis, congenital ..	{E. O.	1	17	15	1	2	1	-	1	17	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	50	18	38	1																	
044	30		Syphilis, other forms ..	{E. O.	-	-	1	-	-	-	-	1	-	-	-	1	-	4	1	1	-	1	2	1	-	2	1	-	-	-	-	3	7	7	14	4	2																		
045	31		Relapsing fever ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
046	32		Well's disease ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
047	32		Other diseases due to spirochaetes ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	12	-	2																	
048	33		Influenza with respiratory complications specified ..	{E. O.	-	-	1	1	-	-	1	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1	2	3	1	3																		
049	33		Influenza without respiratory complications specified ..	{E. O.	-	3	1	-	1	-	-	3	2	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	4	-	12	2	6	1	1	1																		
050	34		Smallpox ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
051	34		Amias and alastrim ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
052	35		Measles ..	{E. O.	1	9	1	5	11	-	3	14	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	14	15	29	1	-																		
053	36		Acute poliomyelitis & polioencephalitis ..	{E. O.	-	-	1	-	-	-	-	2	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1	-	2	1	1	1	-																	
054	37		Acute lethargic (or epidemic) encephalitis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																	
055	37		Parkinsonism (post-encephalitic)	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																	
056	38		Yellow fever ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
057	38		Rabies ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
058	38		Herpes zoster (zona) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
059	38		Varicella (chicken pox) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
060	38		German measles ..	{E. O.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-																
061	38		Other diseases due to viruses ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
062	39		Typhus, louse-borne ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
063	39		Typhus, flea-borne ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
064	39		Typhus, tick-borne, tick-bite fever ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-															
065	39		Typhus, unspecified ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
066	40		Ankylostomiasis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
067	41		Hydatid disease ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
068	42		Cestodes-tape ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
069	42		Trematodes-fluke ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
070	42		Other diseases due to helminths-nematodes -round ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
071	42		Other diseases due to helminths-bilharzia ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
072	42		Other diseases due to helminths - others and unspecified ..	{E. O.	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	1																
073	43		Mycoses ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
074	44		Veneral diseases (other than syphilis or gonorrhoea) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
075	44		Pernicious lympho-granulomatosis (hodgkin's disease)	{E. O.	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-																
076	44		Mumps ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
077	44		Other infectious or parasitic diseases ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
			Totals for I ..	{E. O.	4	69	5	45	1	63	2	69	3	56	1	55	8	188	8	169	2	2	4	31	1	26	1	24	1	64	13	117	18	98	16	223	10	53	103	5	15	15	10	17	6	7	5	5	2	1	103	78	183	27	98

CAUSE OF DEATH.	Sex.	WARDS: CORRECTED FOR OUTWARD TRANSFERS BUT NOT FOR INWARD TRANSFERS.															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		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.					
I. (Contd.)																																						
Locomotor ataxia (tabes dorsalis) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
General paralysis of the insane ..	{E. O.	1	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1								
Aneurysm of the aorta ..	{E. O.	-	-	-	-	-	2	-	-	1	-	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1								
Syphilis, congenital ..	{E. O.	-	-	-	-	-	-	-	-	3	2	2	3	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Syphilis, other forms ..	{E. O.	-	1	1	-	-	-	-	-	2	1	1	1	-	-	-	-	1	1	-	-	2	1	3	3	1	4	3	2	1								
Relapsing fever ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1	1	1	-	-	-								
Well's disease ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Other diseases due to spirochetes ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-								
Influenza with respiratory complications specified ..	{E. O.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1								
Influenza without respiratory complications specified ..	{E. O.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1								
Smallpox ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4								
Amass and alastrim ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Measles ..	{E. O.	-	-	-	-	1	1	1	-	-	3	3	1	2	1	-	1	-	-	-	-	-	1	4	1	3	1	1	1	1	14							
Acute poliomyelitis and polioencephalitis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2								
Acute lethargic (or epidemic) encephalitis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1								
Parkinsonism (post-encephalitic) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Yellow fever ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Rabies ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Herpes zoster (zona) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Varicella (chicken pox) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
German measles ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1								
Other diseases due to viruses ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Typhus, louse-borne ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Typhus, flea-borne ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Typhus, tick-borne, tick-bite fever ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1								
Typhus, unspecified ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Ankylostomiasis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Hydatid disease ..	{E. O.	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Cestodes—tape ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Trematodes—flake ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Other diseases due to helminths — nematodes—round ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Other diseases due to helminths — bilharzia ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Other diseases due to helminths — others and unspecified ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1								
Mycoses ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Veneral diseases (other than syphilis or gonorrhoea) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Pernicious lympho-granulomatosis (hodgkin's Disease) ..	{E. O.	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Mumps ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Other infectious or parasitic diseases ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Totals for I ..	{E. O.	9	7	2	-	1	-	5	5	6	2	-	-	3	2	-	-	11	7	15	18	11	4	9	7	5	6	3	4	5	-	11	8	5	4	101	74	175
		-	-	21	4	20	20	35	18	3	-	-	-	85	65	65	42	34	32	29	22	11	7	60	47	129	102	63	68	51	40	53	54	21	406	325	731	

Code No.	CAUSE OF DEATH.	Race.	WARDS: CORRECTED FOR OUTWARD TRANSFERS BUT NOT FOR INWARD TRANSFERS.																														Not Allocated, Residential Addresses Unascertained.	TOTALS.		
			Sea Point 1		Harbour 2		West Central 3		Kloof 4		Park 5		Central 6		East Castle 7		Woodstock 8		Salt River 9		Mowbray 10		Maltland 11		Zandbosch 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.	
54	V. (Contd.) Lead poisoning not specified as occupational	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
55	Occupational poisoning	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
56	Poisoning by narcotic and soporific drugs	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
57	Other non-occupational poisoning	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
58	Unspecified poisoning	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Totals for V.	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.																																				
0	Intra-cranial abscess	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1	Other forms of encephalitis (non-epidemic)	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
2	Meningitis, pneumococcal	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	
3	Other forms of meningitis (non-meningococcal)	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
4	Diseases of the medulla and spinal cord, other than locomotor ataxia and disseminated sclerosis	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	
5	Cerebral hæmorrhage (not due to injury at birth)	{E. O.	13	8	3	-	-	-	11	5	6	5	3	-	1	-	2	5	5	6	3	4	3	1	5	4	5	5	1	-	6	7	2	6		
6	Cerebral embolism and thrombosis	{E. O.	3	6	1	-	-	-	1	-	2	-	1	2	2	-	1	-	1	-	2	1	2	-	1	-	2	2	1	2	6	2	2	2	1	
7	Hemiplegia and other paralysis of unsteady origin	{E. O.	-	-	-	-	-	-	1	1	1	1	2	1	2	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	3	
8	Mental disorders and deficiency (excluding general paralysis of the insane)	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
9	Epilepsy	{E. O.	-	-	-	1	1	1	1	2	1	1	2	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	
10	Convulsions in children under 5 years of age	{E. O.	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
11	Chorea	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
12	Neuritis (non-rheumatic)	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
13	Paralysis agitans (parkinson's disease)	{E. O.	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
14	Disseminated sclerosis	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
15	Other diseases of the nervous system	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
16	Diseases of the organs of vision	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
17	Diseases of the ear and the mastoid process	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Totals for VI.	{E. O.	18	14	4	1	-	-	12	7	9	7	4	-	-	1	9	2	7	3	8	7	1	5	5	3	6	7	9	11	2	4	14	11	6	
			-	-	-	5	2	3	4	12	5	14	15	9	9	6	7	8	5	7	6	5	6	8	17	13	12	5	11	6	8	13	3	-		
VII. DISEASES OF THE CIRCULATORY SYSTEM.																																				
18	Chronic pericarditis specified as rheumatic	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
19	Other pericarditis	{E. O.	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
20	Acute endocarditis (excluding rheumatic endocarditis)	{E. O.	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
21	Valvular disease specified as sequelæ of rheumatic fever	{E. O.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	
22	Other chronic affections of the valves and endocardium	{E. O.	1	4	-	-	-	1	-	-	1	4	3	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13
23	Acute myocarditis	{E. O.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
24	Chronic myocarditis specified as rheumatic	{E. O.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
25	Other chronic myocarditis	{E. O.	12	14	4	2	-	1	7	7	11	4	6	12	1	1	5	3	4	7	10	5	9	3	5	7	7	11	2	1	9	11	1	6	93	
			-	-	1	1	6	8	5	5	1	14	9	9	10	12	8	6	8	1	1	11	5	11	5	10	13	1	5	20	9	4	-	109		

Death Classification.	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.				Persons.	Deaths in Cape Town of Non-Residents (estimated from)
				0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.		Totals.					
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
				{E.	{O.	{E.	{O.	{E.	{O.	{E.	{O.	{E.	{O.	{E.	{O.	{E.	{O.	{E.	{O.	{E.	{O.	{E.	{O.	{E.	{O.	{E.	{O.	{E.	{O.	{E.	{O.	{E.	{O.	{E.	{O.		
358	94	Diseases of the coronary arteries and angina pectoris	{E.}{O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	3	2	22	7	40	10	45	18	20	19	3	-	138	56	194	17			
359	95	Heart disease specified as rheumatic	{E.}{O.}	-	-	-	-	-	-	-	1	-	-	-	2	1	1	1	2	1	-	-	-	-	1	-	-	-	-	-	4	3	7	-			
360	95	Heart disease not specified as rheumatic	{E.}{O.}	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1	2	3	22	1	22	5	4	4	1	4	-	-	12	13	25	1			
361	96	Aneurysm, except of heart and aorta	{E.}{O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	1	-	1	2	3	1			
362	97	Arterio sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral hæmorrhage	{E.}{O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	1	4	11	10	13	6	8	10	35	31	66	5					
363	98	Gangrene (including cancrumoris)	{E.}{O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2	-	2	1				
364	99	Other diseases of the arteries	{E.}{O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1	1				
365	100	Diseases of the veins	{E.}{O.}	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1			
366	101	Diseases of the lymphatic system	{E.}{O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
367	102	High blood pressure	{E.}{O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	1	5	22	1	2	5	3	7	1	1	3	18	9	27	-				
368	103	Other diseases of the circulatory system (including hypertension)	{E.}{O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1			
		Totals for VII	{E.}{O.}	-	-	-	-	-	-	-	4	2	4	2	7	9	11	11	16	25	49	30	62	37	105	61	71	66	18	34	322	237	559	37			
VIII. DISEASES OF THE RESPIRATORY SYSTEM (NOT SPECIFIED AS TUBERCULOSIS).																																					
400	104	Diseases of the nasal fossæ and annexa	{E.}{O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
401	105	Diseases of the larynx	{E.}{O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1			
402	106	Bronchitis, acute	{E.}{O.}	1	1	8	11	3	6	34	33	1	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	3	1	4	-	-				
403	106	Bronchitis, chronic	{E.}{O.}	-	-	1	3	-	2	1	5	-	-	-	-	-	-	-	-	1	-	3	2	1	4	2	2	-	10	5	15	1	-				
404	107	Broncho pneumonia (including capillary bronchitis)	{E.}{O.}	8	3	-	-	-	8	3	-	-	-	1	-	1	4	1	5	2	1	2	1	2	3	3	1	2	25	10	35	7	-				
405	108	Pneumonia, lobar	{E.}{O.}	6	7	2	2	2	1	10	10	-	2	-	1	4	3	3	14	4	7	2	4	1	3	1	1	-	43	27	70	6	-				
406	109	Pneumonia, unspecified, including acute congestion of the lungs	{E.}{O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
407	110	Empyema	{E.}{O.}	2	-	-	-	-	1	3	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	6	1	7	1	-				
408	110	Other unspecified forms of pleurisy (not specified as tuberculosis)	{E.}{O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	1	1	1	-	-	-	-	-	-	-	1	-	1	-			
409	111	Hæmorrhagic infarction of the lung (including pulmonary embolism)	{E.}{O.}	-	-	-	-	-	-	-	1	-	-	-	-	-	-	3	-	-	-	-	-	-	1	2	-	-	3	4	7	1	-				
410	111	Chronic or unspecified congestion of the lungs (including hypostatic pneumonia of unknown origin)	{E.}{O.}	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	1	1	1	-	-	2	-	3	5	8	1	-				
411	112	Asthma	{E.}{O.}	-	-	1	-	-	1	-	-	-	-	-	-	1	1	1	1	2	2	1	-	-	1	-	-	-	4	5	9	-	-				
412	113	Pulmonary emphysema	{E.}{O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-			
413	114	Miners' phthisis without tuberculosis	{E.}{O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-			
414	114	Miners' phthisis with tuberculosis	{E.}{O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
415	114	Other occupational respiratory diseases	{E.}{O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
416	114	Gangrene of the lung	{E.}{O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
417	114	Abscess of the lung	{E.}{O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	2	-	-	-	1	-	1	1	2	1	1			
418	114	Other diseases of the respiratory system not specified as occupational	{E.}{O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
		Totals for VIII	{E.}{O.}	11	3	1	1	-	12	4	-	-	-	1	-	4	2	7	2	12	3	9	5	11	9	6	9	4	4	64	37	101	16				
		Totals for VIII	{E.}{O.}	110	78	39	41	16	16	165	135	4	7	4	2	9	7	5	29	8	19	8	12	9	17	3	5	4	1266	191	457	12	-				

CAUSE OF DEATH.	Race.	WARDS: CORRECTED FOR OUTWARD TRANSFERS BUT NOT FOR INWARD TRANSFERS.																														Not Allocated. Residential Addresses Unascertained.		TOTALS.		Persons.
		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		Klark Bay 14		Wynberg 15		M.	F.			
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
IX. DISEASES OF THE DIGESTIVE SYSTEM.																																				
Diseases of the teeth and gums	{E. O.																																			
Septic sore throat	{E. O.																																			
Other diseases of the pharynx and tonsils	{E. O.																																			
Diseases of other and unspecified sites	{E. O.																																			
Diseases of the oesophagus	{E. O.																																			
Ulcer of the stomach	{E. O.																																			
Ulcer of the duodenum	{E. O.																																			
Other diseases of the stomach (except cancer and other malignant tumours)	{E. O.																																			
Diarrhoea and enteritis (under 2 years of age)	{E. O.																																			
Diarrhoea and enteritis (2 years of age and over)	{E. O.																																			
Ulceration of the intestines (except duodenum)	{E. O.																																			
Appendicitis	{E. O.																																			
Hernia	{E. O.																																			
Intestinal obstruction	{E. O.																																			
Diverticulitis	{E. O.																																			
Other diseases of the intestines	{E. O.																																			
Cirrhosis of the liver, with mention of alcoholism	{E. O.																																			
Cirrhosis of the liver, without mention of alcoholism	{E. O.																																			
Acute yellow atrophy of the liver (not associated with pregnancy or the puerperium)	{E. O.																																			
Other diseases of the liver	{E. O.																																			
Biliary calculi	{E. O.																																			
Cholecystitis without record of biliary calculi	{E. O.																																			
Diseases of the pancreas (other than diabetes)	{E. O.																																			
Peritonitis without stated cause	{E. O.																																			
Totals for IX	{E. O.																																			
X. DISEASES OF THE URINARY AND GENITAL SYSTEMS (NOT VENEREAL OR CONNECTED WITH PREGNANCY OR THE PUERPERIUM).																																				
Nephritis, acute	{E. O.																																			
Nephritis, chronic	{E. O.																																			
Nephritis not stated to be acute or chronic	{E. O.																																			
Pyelitis, pyelonephritis and pyelocystitis	{E. O.																																			
Other diseases of the kidneys and uterus (not connected with pregnancy)	{E. O.																																			
Calculi of the urinary passages	{E. O.																																			
Cystitis	{E. O.																																			
Other diseases of the bladder	{E. O.																																			

TABLE A2. DEATHS OF ASIATICS CLASSIFIED AS IN TABLE A1. (Included in 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 upwards.		M.	F.	Deaths in Cape Town of non-residents (ex- cluding columns).				
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.													
I	014	Tetanus...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
I	015	Tuberculosis of respiratory system ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
I	016	Tuberculosis of central nervous system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
I	044	Syphilis, other forms ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
I	052	Measles ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
II	102	Cancer of the stomach and duodenum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
III	152	Diabetes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
VI	305	Cerebral haemorrhage (not due to injury at birth) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
VI	306	Cerebral embolism and thrombosis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
VII	357	Other chronic myocarditis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
VIII	358	Diseases of the coronary arteries and angina pectoris	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
VII	362	Arterio-sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VIII	404	Broncho-pneumonia including capillary bronchitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VIII	405	Pneumonia, lobar	3	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VIII	412	Pulmonary emphysema	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
IX	458	Diarrhoea and enteritis (under 2 years of age)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
IX	466	Cirrhosis of the liver, with mention of alcoholism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
X	501	Nephritis, chronic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
X	503	Pyelitis, pyelonephritis and pyelocystitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XI	567	General or local puerperal infection (including puerperal tetanus with or without mention of pyelitis)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XV	751	Premature birth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XV	752	Intra-cranial or spinal haemorrhage due to injury at birth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVI	800	Senility (age 65 and over)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVII	868-879	Accidental injury by railway, road or other transport	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Totals	7	7	3	2	-	-	1	10	10	-	-	1	-	1	5	1	6	1	11	-	8	1	2	-	3	-	46	15	61	3	1	-	-		

TABLE A3. DEATHS OF NATIVES (NOT RESIDENT IN LANGA) CLASSIFIED AS IN TABLE A1 (Included in Table A1).

Section.	Code No.	CAUSE OF DEATH.	AGE GROUPS (YEARS).																				TOTALS		Persons. Deaths in Cape Town of non-residents (ex-)							
			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.	M.	F.	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	001	Typhoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1		
I	011	Whooping cough	-	1	-	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2			
I	012	Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
I	014	Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
I	015	Tuberculosis of respiratory system	5	3	5	5	3	1	13	9	2	4	4	3	10	14	16	9	11	5	21	3	4	1	-	-	1	-	82	48	130	13
I	016	Tuberculosis of central nervous system	2	-	2	1	1	2	5	3	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	3	10	1
I	017	Tuberculosis of intestines and peritoneum	1	-	-	-	-	1	-	-	-	1	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	3	1	4	-
I	022	Tuberculosis of genito-urinary system	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-
I	023	Tuberculosis of other organs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1	-
I	024	Tuberculosis, acute miliary	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1	-
I	032	Dysentery, bacillary	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	2	1	3	1
I	033	Dysentery, amoebic	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	3	1	4	1	
I	041	General paralysis of the insane	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1	-	
I	042	Aneurysm of the aorta	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	1	-	-	-	-	-	-	-	-	4	1	5	-	
I	043	Congenital syphilis	2	2	-	-	-	2	2	-	-	-	1	-	1	-	2	1	-	-	-	-	-	-	-	-	-	2	1	3	1	
I	044	Syphilis, other forms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
I	049	Influenza without respiratory complications specified	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
I	052	Measles	-	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	1	
I	067	Hydatid disease	-	-	-	-	-	-	1	1	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	1	
II	101	Cancer of the oesophagus	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
II	102	Cancer of the stomach and duodenum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1	-	1	-	
II	109	Cancer of the lung	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	2	-	2	1	
II	112	Cancer of the breast (male or female)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1	-
II	113	Cancer of the prostate	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	2	-	2	1	
II	136	Tumours of other and unspecified organs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
III	149	Acute rheumatic fever	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-
III	150	Chronic rheumatism osteo arthritis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1	2	-
III	168	Pellagra	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	
III	170	Other vitamin-deficiency diseases	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
IV	207	Leukemia	1	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
VI	301	Other forms of encephalitis (non-epidemic)	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
VI	305	Cerebral haemorrhage (not due to injury at birth)	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	2	1	1	-	-	-	-	5	1	6	-	
VI	309	Epilepsy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1	1	
VI	310	Convulsions in children under 5 years of age	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-
VI	317	Diseases of the ear and the mastoid process	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
VII	351	Other pericarditis	1	1	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-	
VII	353	Valvular disease specified as sequelae of rheumatic fever	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
VII	354	Other chronic affections of the valves and endocardium	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	2	1	-	-	-	-	-	-	-	-	4	2	6	1
VII	357	Other chronic myocarditis	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	2	1	-	1	-	1	-	-	-	-	5	1	6	1	
VII	358	Diseases of the coronary arteries and angina pectoris	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	2	-	2	-	
VII	359	Heart disease specified as rheumatic	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
VII	360	Heart disease not specified as rheumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	1	1	2	-	
VII	362	Arterio-sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	
VII	367	High blood pressure	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	1	1	1	1	
VIII	402	Bronchitis, acute	4	3	2	3	-	6	6	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	1	-	6	2	8	14	
VIII	464	Broncho-pneumonia including capillary bronchitis	17	16	8	5	-	25	21	-	-	-	-	1	-	-	1	1	-	2	3	1	-	-	-	-	-	32	23	55	1	
VIII	465	Pneumonia, lobar	1	1	-	-	-	1	1	-	-	-	-	-	1	-	-	-	-	-	2	1	-	-	-	-	-	10	12	22	1	
VIII	467	Empyema	2	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	-	

TABLE A3. DEATHS OF NATIVES (NOT RESIDENT IN LANGA) 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.																					
I 011	Whooping cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2											
I 015	Tuberculosis of respiratory system	-	-	3	2	3	2	7	2	-	-	12	2	3	-	3	2	2	-	1	-	10	8	13	11	8	4	12	13	3	2	2	82	48	130		
I 016	Tuberculosis of central nervous system	-	-	-	-	-	-	2	-	-	-	1	-	-	-	-	-	-	-	-	-	2	2	1	-	1	1	-	-	-	-	7	3	10			
I 017	Tuberculosis of intestines and peritoneum	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	1	-	-	-	-	-	-	-	3	1	4			
I 022	Tuberculosis of genito-urinary system	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
I 023	Tuberculosis of other organs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
I 024	Tuberculosis, acute miliary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1			
I 032	Dysentery, bacillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1			
I 033	Dysentery, amoebic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-	2	1	3			
I 041	General paralysis of the insane	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	3	-	3			
I 042	Aneurysm of the aorta	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1		
I 043	Congenital syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	2	-	4	-	4		
I 044	Syphilis, other forms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3	2	5	
I 049	Influenza without respiratory complications specified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	2	-	2	
I 052	Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1			
I 067	Hydatid disease	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	2	-	2			
I 102	Cancer of the stomach and duodenum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
I 109	Cancer of the lung	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
I 112	Cancer of the breast (male or female)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1		
I 113	Cancer of the prostate	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2		
I 149	Acute rheumatic fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2		
I 150	Chronic rheumatism, osteoarthritis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
I 168	Pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2		
I 170	Other vitamin-deficiency diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
I 207	Leukaemic	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
I 301	Other forms of encephalitis (non-epidemic)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
I 305	Cerebral haemorrhage (not due to injury at birth)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
I 309	Epilepsy	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	1	6		
I 310	Convulsions in children under 5 years of age	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
I 317	Diseases of the ear and the mastoid process	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
I 351	Other pericarditis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2		
I 353	Valvular disease specified as sequelae of rheumatic fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
I 354	Other chronic affections of the valves and endocardium	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
I 357	Other chronic myocarditis	-	-	1	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	4	2	6	
I 358	Diseases of the coronary arteries and angina pectoris	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2	-	5	1	6
I 359	Heart disease specified as rheumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2
I 360	Heart disease not specified as rheumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
I 362	Arterio sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
I 367	High blood pressure	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	2	
I 402	Bronchitis, acute	-	-	2	-	-	1	-	-	-	1	1	1	-	1	-	-	-	-	-	-	-	-	1	4	-	2	-	-	-	-	-	-	6	8	14	
I 404	Broncho-pneumonia including capillary bronchitis	-	-	-	-	-	-	-	-	-	-	3	2	-	-	4	2	-	-	-	-	-	8	2	3	4	3	2	9	11	2	-	-	32	23	55	
I 405	Pneumonia, lobar	-	-	1	1	-	-	-	-	-	3	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	10	2	12	
I 407	Empyema	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	2	-	2		

TABLE A3 (Continued).

Section.	Code No.	CAUSE OF DEATH.	AGE GROUPS (YEARS).																					TOTALS.		Persons. Deaths in Cape Town of non-residents (ex- cludes those from Port Elizabeth)										
			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.		Totals					
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.	M.	F.	M.	F.	M.	F.			
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.	M.	F.	M.	F.	M.	F.			
VIII	408	Other unspecified forms of pleurisy (not specified as tuberculous)															1											1								
VIII	409	Haemorrhagic infarction of the lung (including pulmonary embolism)																																		
VIII	417	Abscess of the lung																			2								2							
IX	452	Other diseases of the pharynx and tonsils															1													1						
IX	455	Ulcer of the stomach																1												1						
IX	458	Diarrhoea and enteritis (under 2 years of age)	12	14	6	9			18	23																		18	23	41	3					
IX	459	Diarrhoea and enteritis (2 years of age and over)					1		1						1		1			1									2	1	4	2				
IX	462	Hernia																																		
IX	467	Cirrhosis of the liver without mention of alcoholism																	1		1	1								2	1	3				
IX	469	Other diseases of the liver	1						1																					1		1				
IX	473	Peritonitis without stated cause														1		1													2	3				
X	501	Nephritis, chronic														1																1	1			
X	502	Nephritis not stated to be acute or chronic																				1										1	1			
X	512	Diseases of the ovaries, fallopian tubes and parametria													1																	1	1			
XI	554	Ectopic gestation													1																		1	1		
XI	565	Other haemorrhages during childbirth																1																1	1	
XII	601	Cellulitis, acute abscess			1					1																								1	1	
XIV	701	Spina bifida and meningocoele	1						1																									1	1	1
XIV	702	Congenital malformation of the heart	2						2																											2
XV	750	Congenital debility	1	1					1	1																										2
XV	751	Premature birth	9	6					9	6																										15
XV	752	Intra-cranial or spinal haemorrhage due to injury at birth	2	4					2	4																									6	
XV	754	Asphyxia during or after birth, atelectasis	4	1					4	1																									5	
XV	757	Molaena neonatorum	2						2																										2	
XV	758	Other specified diseases (including gangrene or haemorrhage of umbilicus, icterus neonatorum, acute catarrhal hepatitis)			1				1																										1	
XVII	850	Suicide														1																			1	
XVII	863	Homicide															3		3																6	
XVII	864	Homicide																																		6
XVII	867	Homicide																																		
XVII	868	Accidental injury by railway, road and other transport												1		1		1																	3	
XVII	879	Accidental injury by railway, road and other transport																																		3
XVII	880	Accidental injury by industrial or other mechanical causes															1	1	2				2			1									6	
XVII	882	Accidental injury by industrial or other mechanical causes																																		1
XVII	885	Accidental injury by industrial or other mechanical causes																																		1
XVII	886	Accidental injury by industrial or other mechanical causes																																		1
XVII	887	Accidental injury by industrial or other mechanical causes																																		1
XVII	888	Accidental absorption of poisonous gases												1					1	1															2	
XVII	891	Accidental burns (conflagration excepted)						1		1									1																1	
XVII	892	Accidental mechanical suffocation															1																		1	
XVII	893	Accidental drowning																			1														1	
XVII	906	Anaesthetic accidents (experiments, normal childbirth, sterilising or aesthetic operations or operations of unknown nature)																																	1	
XVII	916	Open verdict								1																									1	
XVIII	951	Ill-defined causes			1				1							1																			3	
XVIII	953	Other deaths from unknown or unspecified causes							1																										1	
		Totals	75	55	26	25	6	4	107	84	4	4	6	4	22	21	30	17	37	11	41	7	17	6	7	2	2	1	-	-	-	-	1273	158	431	4

TABLE A3 (Continued).

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.									
VIII 408	Other unspecified forms of pleurisy (not specified as tuberculous)										1																								1			
VIII 417	Abscess of the lung			1																															2			
IX 452	Other diseases of the pharynx and tonsil																					1													1			
IX 455	Ulcer of the stomach																																			1		
IX 458	Diarrhoea and enteritis (under 2 years of age)										2	1	1	1	1																				1			
IX 459	Diarrhoea and enteritis (2 years of age and over)																					2	1	2	3	1	2	9	15					18	23	41		
IX 467	Cirrhosis of the liver without mention of alcoholism																																	3	1	4		
IX 469	Other diseases of the liver																					1											1	2	3			
IX 473	Peritonitis without stated cause																																	1		1		
X 501	Nephritis, chronic								1																									3		3		
X 502	Nephritis not stated to be acute or chronic																						1	1										1	2	3		
X 512	Diseases of the ovaries, fallopian tubes and parametria																						1												1	1		
XI 554	Ectopic gestation				1																		1												1	1		
XI 565	Other haemorrhages during childbirth									1																									2		2	
XII 601	Cellulitis, acute abscess																																		1	1		
XIV 701	Spina bifida and meningocele																																		1	1		
XIV 702	Congenital malformation of the heart																						1												1		1	
XV 750	Congenital debility										1																								2		2	
XV 751	Premature birth				1																														1	1	2	
XV 752	Intra-cranial or spinal haemorrhage due to injury at birth										1	1	1										2	2	1	1	1	3						9	6	15		
XV 754	Asphyxia during or after birth, atelectasis											1											2				1	1	1						2	4	6	
XV 757	Melaena neonatorum												1											1	1										4	1	5	
XV 758	Other specified diseases (including gangrene or haemorrhage of umbilicus, icterus neonatorum, acute catarrhal hepatitis)																							2											2		2	
VII 850-863	Suicide											1																							1		1	
VII 864-867	Homicide			1		1																														6		6
VII 868-879	Accidental injury by railway, road and other transport											1																							2		3	3
VII 880-882	Accidental injury by industrial or other mechanical causes		1	3							1				1		1																		6	1	7	
VII 885-894	Accidental absorption of poisonous gases																																					
VII 898	Accidental burns (conflagration excepted)																																					
VII 892	Accidental mechanical suffocation																																					
VII 893	Accidental drowning																																					
VII 906	Anaesthetic accidents																																					
VII 916	Open verdict												1																									
VII 951	Ill-defined cases																																					
VIII 953	Other deaths from unknown or unspecified causes																																					
Totals		1	13	3	8	7	16	4	1	1	29	9	10	1	10	5	5	-	2	-	39	30	38	32	19	14	59	47	10	3	14	1	273	158	431			

**TABLE A4. DEATHS OF NATIVES RESIDENT IN LANGA CLASSIFIED AS IN TABLE A1.
(Excluded from 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	001	Typhoid fever	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
I	008	Cerebrospinal meningococcal meningitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	
I	011	Whooping cough	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
I	012	Diphtheria	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
I	015	Tuberculosis, respiratory system	1	2	3	1	3	1	7	4	2	3	1	1	5	4	4	7	2	3	6	2	3	1	-	-	-	-	-	30	25	
I	016	Tuberculosis, central nervous system	2	2	-	2	-	1	2	5	-	1	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	4	6	
I	017	Tuberculosis, intestines and peritoneum	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	
I	024	Tuberculosis, acute miliary	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1		
I	033	Dysentery, amoebic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	
I	042	Aneurysm of the aorta	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	
I	044	Syphilis, other forms	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
I	049	Influenza, without respiratory complications specified	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
II	104	Cancer of the liver	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	1	1	
II	106	Cancer of other digestive organs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	
II	107	Cancer of the larynx	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	
II	118	Cancer of the bones	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	
II	135	Tumour of the brain and other parts of the nervous system	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
III	170	Other vitamin-deficiency diseases	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
VI	305	Cerebral haemorrhage (not due to injury at birth)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	1	1	
VII	353	Valvular disease specified as sequelae of rheumatic fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	
VII	354	Other chronic affections of the valves and endocardium	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	
VII	357	Other chronic myocarditis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	2	-	-	-	-	-	-	2	2
VII	362	Arterio sclerosis, excluding diseases of coronary arteries, renal sclerosis and cerebral haemorrhage	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
VIII	402	Bronchitis, acute	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
VIII	404	Broncho-pneumonia, including capillary bronchitis	5	3	1	-	1	-	7	3	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	8	3	
VIII	405	Pneumonia, lobar	1	1	-	-	-	1	1	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	2	1	
VIII	417	Abscess of the lung	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
IX	456	Ulcer of the duodenum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
IX	457	Other diseases of the stomach (except cancer and other malignant tumours)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
IX	458	Diarrhoea and enteritis (under 2 years of age)	9	5	3	2	-	12	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12	7		
IX	459	Diarrhoea and enteritis (2 years of age and over)	-	-	-	-	2	-	2	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2	1	
IX	461	Appendicitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	
IX	467	Cirrhosis of liver without mention of alcoholism	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
X	500	Nephritis, acute	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
XII	601	Cellulitis, acute abscess	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
XIV	708	Other stated congenital malformations	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
XV	750	Congenital debility	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
XV	751	Premature birth	3	5	-	-	-	3	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	5	
XV	758	Other specified diseases (including gangrene or haemorrhage of umbilicus, icterus neonatorum, acute catarrhal hepatitis)	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
XVII	850	Suicide	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
XVII	863	Homicide	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1
XVII	867	Accidental injury by railway, road or other transport	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-
XVII	880	Accidental injury by industrial or other mechanical causes	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
	885		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	886		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	894		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	897		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	908		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		Totals	24	21	7	9	6	3	37	33	3	5	3	1	7	6	11	7	5	6	10	6	6	1	2	2	1	-	1	1	86	68

TABLE A5.—DEATHS OF RESIDENTS IN WINDERMERE, YEAR 1945-46, CLASSIFIED AS IN TABLE A1. (Not included therein.)

Classification No.	CAUSE OF DEATH.	Race.	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.		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.		
1	Typhoid fever	{ E. O.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
1	Whooping cough	{ E. O.	-	-	-	2	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	
5	Tuberculosis of respiratory system	{ E. O.	1	2	2	4	6	1	9	7	1	1	1	1	12	8	5	7	17	6	15	3	4	1	-	-	1	1	-	65	35	100
6	Tuberculosis of central nervous-system	{ E. O.	-	1	1	1	-	-	1	2	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3	5
7	Tuberculosis of intestines and peritoneum	{ E. O.	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	3	-	3	
8	Tuberculosis of vertebral column	{ E. O.	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
14	Tuberculosis, acute miliary	{ E. O.	1	-	2	1	-	3	3	4	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	5	8	
10	Locomotor ataxia (tabes dorsalis)	{ E. O.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
11	General paralysis of the insane	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1	
12	Aneurysm of the aorta	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	2	-	-	-	-	-	-	-	-	-	6	-	6	
13	Congenital syphilis	{ E. O.	-	5	3	1	1	-	6	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	4	10	
14	Syphilis, other forms	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	2	-	2	
20	Cancer and other malignant tumours of the buccal cavity-pharynx	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1		
32	Cancer of the stomach and duodenum	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1	1	1	-	-	-	-	-	4	1	5		
10	Cancer of the uterus	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	2	-	2		
18	Cancer of the bones	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	1	2		
49	Acute rheumatic fever	{ E. O.	-	-	-	-	1	-	1	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	1	2	3		
52	Diabetes	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	1	2		
34	Other hyperchromic anaemias	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1		
62	Meningitis, pneumococcal	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	2		
05	Cerebral haemorrhage (not due to injury at birth)	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	1	1	-	-	2	-	2	-	2	7	9		
07	Hemiplegia and other paralysis of unstated origin	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
09	Epilepsy	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
10	Convulsions in children under 5 years of age	{ E. O.	1	1	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2		
51	Other pericarditis	{ E. O.	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
53	Valvular disease specified as sequelae of rheumatic fever	{ E. O.	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1	2		
54	Other chronic affections of the valves and endocardium	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	1	1	2		
57	Other chronic myocarditis	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	1	-	-	-	-	-	-	3	2	5		
58	Diseases of the coronary arteries and angina pectoris	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	1	1	2		
59	Heart disease specified as rheumatic	{ E. O.	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	2		
62	Arterio-sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage	{ E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	1	2	

TABLE A5 (Continued).

Death Classification No.	CAUSE OF DEATH.	Race.	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.		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.					
363	Gangrene (including cancrum oris)	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-			
367	High blood pressure	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	1	1	2	-			
402	Bronchitis, acute	{E. O.	-	-	2	4	-	-	2	3	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	12	15	-			
403	Bronchitis, chronic	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-	1	1	2	-			
404	Broncho-pneumonia including capillary bronchitis	{E. O.	8	7	2	4	-	-	2	10	13	1	1	1	2	1	1	1	2	1	2	-	1	-	1	-	1	-	18	17	35	-			
405	Pneumonia, lobar	{E. O.	1	1	-	-	2	-	3	1	-	-	2	-	3	1	-	-	-	-	-	-	-	-	-	-	-	-	8	2	10	-			
407	Empyema	{E. O.	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	3	3	-	-			
408	Other unspecified forms of pleurisy (not specified as tuberculous)	{E. O.	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-			
455	Ulcer of the stomach	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1	-			
458	Diarrhoea and enteritis (under 2 years of age)	{E. O.	23	13	5	8	-	-	28	21	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	28	21	49	-			
459	Diarrhoea and enteritis (2 years of age and over)	{E. O.	-	-	-	-	2	1	2	1	-	-	-	-	1	-	1	1	1	-	-	-	-	-	-	-	-	-	3	3	6	-			
463	Intestinal obstruction	{E. O.	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-			
467	Cirrhosis of the liver without mention of alcoholism	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-			
469	Other diseases of the liver	{E. O.	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-			
500	Nephritis, acute	{E. O.	-	-	2	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-			
501	Nephritis, chronic	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	-	-	-	-	-	1	-	-	-	2	2	4	-			
502	Nephritis not stated to be acute or chronic	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-			
554	Ectopic gestation	{E. O.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-			
601	Cellulitis, acute abscess	{E. O.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-			
751	Premature birth	{E. O.	1	7	8	-	-	-	1	7	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	7	8	15			
752	Intra-cranial or spinal haemorrhage due to injury at birth	{E. O.	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-			
754	Asphyxia during or after birth, atelectasis	{E. O.	1	4	-	-	-	-	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	4	5	-			
800	Senility (age 65 and over)	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1	-			
864 867	Homicide	{E. O.	-	-	-	-	-	-	-	-	3	3	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	2	9	-			
868 879	Accidental injury by railway, road and other transport	{E. O.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-			
889	Other acute accidental poisoning (not by gas)	{E. O.	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-			
891	Accidental burns (conflagration excepted)	{E. O.	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	2					
916	Open verdict	{E. O.	-	-	-	-	-	-	-	-	-	-	2	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3	-			
951	Ill-defined causes	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-			
952	Found dead, cause unknown	{E. O.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-			
Totals		{E. O.	1	52	48	18	25	13	10	83	83	6	4	2	3	19	13	20	13	26	16	31	10	9	8	3	4	4	4	5	-	1	203	160	363

TABLE B.—Deaths Classified for Causes and Race : 1945-46.

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

Disease.	European.	Native (not Langa).	Asiatic.	Other Coloured.	Non-European.	Total all races.	Native (Langa).
Typhoid and paratyphoid fevers	4	—	—	10	10	14	1
Meningococcal cerebrospinal meningitis	1	—	—	12	12	13	1
Scarlet fever	—	—	—	2	2	2	—
Whooping cough	—	2	—	1	3	3	1
Diphtheria	—	—	—	12	12	14	1
Erysipelas	—	—	—	2	2	2	—
Tetanus	—	—	2	4	6	6	—
Tuberculosis of respiratory system	117	130	5	716	851	968	55
Tuberculosis of central nervous system	13	10	1	119	130	143	10
Tuberculosis, other forms	6	7	—	32	39	45	3
Leprosy	1	—	—	—	—	1	—
Purulent infection and septicaemia (non puerperal)	3	—	—	1	1	4	—
Gonococcal infections (all sites)	—	—	—	—	—	—	—
Dysentery (all forms)	2	6	—	1	7	9	1
Syphilis (all forms, including parasyphilitic diseases)	21	12	—	73	85	106	2
Influenza	3	1	—	8	9	12	1
Smallpox	—	—	—	—	—	—	—
Measles	1	2	1	26	29	30	—
Acute poliomyelitis and polioencephalitis	1	—	—	2	2	3	—
Acute infectious encephalitis (lethargic or epidemic)	1	—	—	—	—	—	—
Typhus and Typhus-like diseases (rickettioses)	7	2	—	3	5	12	—
Rest of Section I (001-077). Other infectious and parasitic diseases	252	6	1	129	136	388	5
Cancer (all forms)	—	—	—	—	—	—	—
Rest of Section II (100-136). Tumours, non-malignant, or of undetermined nature	11	—	—	7	7	18	1
Acute rheumatic fever	2	1	—	15	16	18	—
Diabetes	40	—	1	17	18	58	—
Rest of Section III (149-170). Other forms of rheumatism, diseases of nutrition and of the endocrine glands, "other general diseases," and vitamin deficiency diseases	2	4	—	8	12	14	1
Section IV (200-214). Diseases of the blood and blood-forming organs	14	1	—	14	15	29	—
Section V (250-258). Chronic poisonings and intoxication	1	—	—	—	—	1	—
Intracranial lesions of vascular origin	171	6	4	136	146	317	2
Rest of Section VI (300-317). Other diseases of the nervous system and sense organs	34	5	—	41	46	80	—
Cardiac diseases	456	19	19	351	389	845	6
Arterio-sclerosis (excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage)	66	2	2	23	27	93	1
Rest of Section VII (350-368). Other diseases of the circulatory system	37	2	—	46	48	85	—
Bronchitis and pneumonia (all forms)	66	81	10	332	423	489	16
Rest of Section VIII (400-418). Other diseases of the respiratory system	35	5	1	28	34	69	2
Ulcer of the stomach and duodenum	11	1	—	9	10	21	1
Diarrhoea and enteritis (under two years of age)	25	41	2	219	262	287	19
Diarrhoea and enteritis and ulceration of the intestines (two years old and over)	7	4	—	27	31	38	3
Appendicitis	4	—	—	4	4	8	1
Diseases of the liver and biliary passages	29	4	1	12	17	46	1
Rest of Section IX (450-473). Other diseases of the digestive system	32	4	—	13	17	49	1
Nephritis	69	4	1	77	82	151	1
Rest of Section X (500-515). Other diseases of the urinary and genital systems (not venereal or connected with pregnancy or the puerperium)	26	1	1	14	16	42	—
Puerperal sepsis	2	—	1	7	8	10	—
Rest of Section XI (550-575). Other diseases of pregnancy, childbirth and the puerperal state	6	3	—	10	13	19	—
Section XII (600-602). Diseases of the skin and cellular tissue	3	1	—	—	1	4	1
Section XIII (650-653). Diseases of the bones—organs of movement	3	—	—	6	6	9	—
Section XIV (700-709). Congenital malformations	17	3	—	11	14	31	1
Section XV (750-758). Diseases peculiar to the first year of life	62	31	6	239	276	338	10
Section XVI (800). Senility (age 65 and over)	33	—	1	29	21	54	—
Suicide	15	1	—	13	14	29	1
Rest of Section XVII (850-916). Other violent or accidental deaths*	68	25	1	85	111	179*	4
Section XVIII (950-953). Causes ill-defined or unknown	5	4	—	10	14	19	—
Total	1,787	431	61	2,947	3,439	5,226	154

* In addition to the figures against this cause of death, there are the deaths of 8 newly-born infants; 6, (4 males, 2 females) of unknown race and 2 of unknown race and sex, and 1 male adult of unknown race.

TABLE C—Continued.

Disease.	Race.	1935.		1936.		1937.		1938.		1939.		1940.		1941.		1942.		1943.		1944.		1945.		1946.	
		Eur.	Non-E.	Eur.	Non-E.	Eur.	Non-E.	Eur.	Non-E.	Eur.	Non-E.	Eur.	Non-E.	Eur.	Non-E.	Eur.	Non-E.	Eur.	Non-E.	Eur.	Non-E.	Eur.	Non-E.	Eur.	Non-E.
Acute rheumatic fever	..	0.05	0.25	0.05	0.14	0.08	0.25	0.03	0.13	0.02	0.13	0.04	0.13	0.02	0.40	0.08	0.34	0.03	0.22	0.05	0.12	0.04	0.01	0.09	
Diabetes	..	0.37	0.11	0.29	0.17	0.36	0.18	0.23	0.21	0.26	0.14	0.32	0.15	0.32	0.12	0.34	0.11	0.33	0.18	0.33	0.16	0.32	0.25	0.10	
*Intracranial lesions of vascular origin	..	0.09	0.08	0.12	0.04	0.14	0.12	0.08	0.08	0.07	0.08	0.84	0.95	0.09	0.72	0.96	0.76	1.04	0.93	1.09	1.05	1.06	0.82	0.82	
*Arterio-sclerosis	..	1.25	0.89	1.08	0.96	1.20	1.18	1.47	1.20	1.70	1.16	0.37	0.29	0.27	0.19	0.52	0.11	0.47	0.19	0.49	0.18	1.46	0.41	0.15	
Cardiac diseases	..	1.97	2.02	2.19	1.75	2.05	1.74	1.82	1.71	1.83	1.38	2.26	1.65	2.57	2.09	3.05	2.05	2.68	2.24	3.03	2.21	2.39	2.83	2.18	
Bronchitis and pneumonia	..	0.73	4.57	0.60	3.44	0.73	4.92	0.68	4.12	0.53	3.71	0.60	3.83	0.56	3.67	0.59	3.27	0.45	3.04	0.49	2.73	0.61	0.41	2.37	
Diarrhoea and enteritis	..	0.24	2.49	0.27	1.94	0.15	2.50	0.16	1.88	0.26	2.15	0.20	2.64	0.36	3.29	0.29	2.54	0.25	2.69	0.19	2.52	0.23	0.19	1.64	
Nephritis	..	0.55	0.77	0.55	0.63	0.43	0.50	0.46	0.53	0.41	0.67	0.38	0.45	0.40	0.44	0.30	0.53	0.43	0.43	0.37	0.47	0.44	0.43	0.46	
Puerperal sepsis	..	0.04	0.13	0.02	0.06	0.03	0.09	0.01	0.06	0.01	0.09	0.02	0.08	0.02	0.11	0.01	0.07	0.03	0.10	0.02	0.02	0.02	0.01	0.05	
Other diseases of pregnancy, childbirth, and puerperal state	..	0.03	0.08	0.03	0.18	0.03	0.18	0.05	0.11	0.03	0.08	0.02	0.19	0.03	0.11	0.01	0.16	0.04	0.12	0.01	0.10	0.03	0.04	0.07	
Congenital malformations and diseases of early infancy	..	0.44	1.54	0.45	1.49	0.36	1.55	0.37	1.61	0.41	1.40	0.37	1.62	0.47	1.63	0.52	1.45	0.44	1.69	0.54	1.58	0.44	0.49	1.63	0.49
Senility	..	0.17	0.13	0.21	0.10	0.13	0.19	0.22	0.10	0.14	0.13	0.16	0.15	0.19	0.15	0.13	0.18	0.18	0.06	0.20	0.09	0.18	0.20	0.12	0.12
Violence	..	0.47	0.74	0.44	0.58	0.40	0.69	0.45	0.67	0.49	0.65	0.51	0.93	0.59	0.91	0.47	0.65	0.38	0.77	0.44	0.77	0.47	0.51	0.70	
Other diseases	..	1.55	1.93	1.31	1.66	1.50	1.92	1.53	1.99	1.46	1.76	1.68	1.83	1.77	2.02	1.77	1.60	1.50	1.82	1.65	1.58	1.65	1.61	1.49	
TOTAL	..	10.88	23.74	9.87	19.49	10.59	23.47	10.12	21.69	9.77	19.88	10.09	21.79	11.36	23.39	11.74	21.70	10.99	25.85	11.41	21.29	10.88	11.08	22.08	19.30

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

TABLE D.—Deaths by Causes, Race and Date of Registration. 1945-46.

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

Disease.	Race.	July (5 weeks).	August (4 weeks).	September (4 weeks).	October (5 weeks).	November (4 weeks).	December (4 weeks).	January (5 weeks).	February (4 weeks).	March (4 weeks).	April (5 weeks).	May (4 weeks).	June (4 weeks).	Year (52 weeks).
Enteric fever ..	Eur.	—	1	—	1	—	1	1	—	—	—	—	—	4
	Non-E.	2	—	1	1	—	1	1	2	—	1	—	1	10
Meningococcal cerebrospinal meningitis	Eur.	—	—	—	1	—	—	—	—	—	—	—	—	1
	Non-E.	3	3	—	—	1	1	1	1	1	—	—	1	12
Scarlet fever ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	1	—	1	—	—	—	—	—	—	—	—	—	2
Whooping cough ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	2	—	—	1	—	—	—	3
Diphtheria ..	Eur.	2	—	—	—	—	—	—	—	—	—	—	—	2
	Non-E.	1	1	—	1	2	2	—	1	2	2	—	—	12
Purulent infection—septicaemia and erysipelas (non-puerperal)	Eur.	—	1	—	—	—	—	1	—	1	—	—	—	3
	Non-E.	1	—	—	—	—	1	1	—	—	—	—	—	3
Tuberculosis, respiratory system ..	Eur.	11	6	11	16	10	6	9	13	7	14	5	9	117
	Non-E.	91	50	67	67	50	56	79	80	91	102	71	47	851
Tuberculosis, other forms ..	Eur.	4	1	3	1	—	—	3	2	1	2	—	2	19
	Non-E.	12	6	17	25	12	21	20	8	11	16	11	10	169
Syphilis (all forms, including parasymphilitic diseases)	Eur.	5	1	3	—	3	1	2	2	—	3	1	—	21
	Non-E.	10	6	6	10	8	6	7	4	2	14	2	10	85
Influenza ..	Eur.	1	—	—	1	—	—	—	1	—	—	—	—	3
	Non-E.	4	—	—	—	—	1	1	2	—	—	1	—	9
Measles ..	Eur.	1	—	—	—	—	—	—	—	—	—	—	—	1
	Non-E.	2	6	2	7	2	4	3	—	—	2	1	—	29
Acute anterior poliomyelitis and poliomyelitis	Eur.	—	—	1	—	—	—	—	—	—	—	—	—	1
	Non-E.	—	—	—	—	—	—	1	—	—	1	—	—	2
Acute infectious encephalitis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Cancer ..	Eur.	18	15	22	23	26	22	25	23	13	31	19	15	252
	Non-E.	22	6	11	15	7	11	10	9	4	23	10	8	136
Acute rheumatic fever	Eur.	—	—	—	—	1	1	—	—	—	—	—	—	2
	Non-E.	1	1	3	3	3	—	—	2	1	1	1	—	16
Diabetes ..	Eur.	5	3	6	1	5	1	1	2	4	6	2	4	40
	Non-E.	3	—	3	—	—	1	2	1	4	2	1	1	18
Intracranial lesions of vascular origin	Eur.	22	14	18	14	13	8	18	10	9	16	16	13	171
	Non-E.	22	12	8	20	14	12	13	9	8	10	10	8	146
Cardiac diseases ..	Eur.	52	51	42	43	29	23	45	34	34	50	27	26	456
	Non-E.	50	29	31	38	29	17	35	25	31	39	20	45	389
Arterio-sclerosis (excluding diseases of the coronary arteries, renal sclerosis, and cerebral haemorrhage)	Eur.	12	3	7	6	3	1	10	4	3	6	5	6	66
	Non-E.	4	—	6	1	2	1	3	1	2	2	2	3	27
Bronchitis and pneumonia	Eur.	13	4	12	5	5	7	5	2	1	7	3	2	66
	Non-E.	59	49	44	45	28	34	34	19	18	31	21	41	423
Diarrhoea and enteritis	Eur.	1	2	2	3	2	4	4	3	7	1	—	2	31
	Non-E.	24	19	8	15	19	50	42	30	27	24	19	15	292
Nephritis ..	Eur.	12	9	3	3	6	6	7	8	2	4	6	3	69
	Non-E.	12	4	6	10	2	5	9	3	8	12	4	7	82
Puerperal sepsis	Eur.	—	1	—	—	—	—	—	—	—	1	—	—	2
	Non-E.	1	—	—	1	1	—	2	—	1	2	—	—	8
Other diseases of pregnancy, childbirth, and the puerperal state	Eur.	—	—	—	1	2	—	—	1	—	—	—	1	6
	Non-E.	4	1	—	1	1	1	1	2	2	—	—	—	13
Congenital malformations and diseases of early infancy	Eur.	10	2	5	6	6	9	9	5	9	6	9	3	79
	Non-E.	40	25	21	26	16	24	22	15	16	31	24	30	290
Senility ..	Eur.	5	2	2	8	2	1	4	—	2	1	2	4	33
	Non-E.	7	3	1	2	—	1	3	1	—	—	2	1	21
Violence ..	Eur.	13	6	11	8	7	3	3	13	3	6	2	8	83
	Non-E.	21	10	8	11	8	7	9	21	18	4	4	4	125
All causes ..	Eur.	216	133	181	168	136	123	167	142	112	172	122	115	1,787
	Non-E.	430	248	275	322	217	276	324	261	268	341	230	247	3,439

TABLE E.—Registered Births and Still-Births for the year 1945-1946 classified as to Race, Sex, Legitimacy and Wards.
(Corrected for outward transfers.)

Wards.	EUROPEAN.						NON-EUROPEAN.						TOTALS.			STILL-BIRTHS.						
	Legitimate.		Illegitimate.		Total.		Legitimate.		Illegitimate.		Total.		Eur.	Non-Eur.	Total.	European.		Non-European.		Total still-births.		
	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.				Legit.	Illegit.	Legit.	Illegit.			
1. Sea Point ..	168	171	3	—	171	342	11	15	24	21	35	36	71	342	71	413	3	—	—	4	7	
2. Harbour ..	22	26	—	1	22	49	49	45	23	14	72	59	131	49	131	180	—	—	3	2	5	
3. West Central ..	5	5	1	1	6	12	88	87	22	25	110	112	222	12	222	234	—	—	14	9	23	
4. Kloof ..	100	106	3	2	103	211	156	141	44	46	200	187	387	211	387	598	8	—	19	3	30	
5 Park ..	111	132	3	5	114	251	15	15	11	17	26	32	58	251	58	309	5	—	1	5	11	
6. East Central ..	93	91	2	1	95	187	387	402	110	157	497	559	1,056	187	1,056	1,243	4	—	21	10	35	
7. Castle ..	5	10	3	3	8	13	21	267	66	70	333	334	667	21	667	688	1	—	19	4	24	
8. Woodstock ..	112	121	6	3	118	242	237	190	41	31	278	221	499	242	499	741	4	—	19	4	27	
9. Salt River ..	145	163	4	9	149	321	185	159	39	40	224	199	423	321	423	744	7	—	8	3	18	
10. Mowbray ..	128	124	3	3	131	258	44	36	18	14	62	50	112	258	112	370	11	—	3	2	16	
11. Maitland ..	179	193	9	4	188	385	241	242	94	79	335	321	656	385	656	1,041	14	2	19	1	36	
12. Rondebosch ..	108	135	1	2	109	246	517	539	133	118	650	657	1,307	246	1,307	1,553	7	—	37	10	54	
13. Claremont ..	223	219	3	3	225	439	404	379	115	89	519	468	987	439	987	1,426	15	—	14	11	40	
14. Kalk Bay ..	48	53	1	2	49	104	153	130	81	82	234	212	446	104	446	550	1	—	18	10	29	
15 Wynberg ..	195	194	2	3	197	394	306	323	95	79	401	402	803	394	803	1,197	8	—	25	8	41	
Not allocated (un- ascertained ad- dresses) ..	—	1	10	21	10	22	32	3	1	22	36	25	37	62	32	102*	—	—	—	—	5	5
Total ..	1,642	1,735	54	63	1,696	3,494	3,063	2,968	938	918	4,001	3,886	7,887	3,494	7,887	11,389*	88	2	220	91	401	
Excluded from above figures, (1) Births in Cape Town which did not belong thereto ..	318	290	16	27	334	651	77	56	76	90	153	146	299	651	299	950	24	2	20	13	59	
(2) Langa Township ..	1	1	—	—	1	1	2	32	40	16	23	48	63	111	2	113	—	—	9	4	13	

* Including eight of unknown race.

TABLE F.—Births, Deaths, Natural Increase, and Infant Deaths, and corresponding rates, for the year 1945-46.

Race.	Births.		Deaths.		Natural Increase.		Deaths under one year old.	
	Number.	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.
Europeans :								
uncorrected	4,145	25.71	2,056	12.75	2,089	12.96	163	39.32
corrected for outward transfers	3,494	21.67	1,712	10.62	1,782	11.05	131	37.49
corrected for outward and inward transfers	3,561	22.08	1,787	11.08	1,774	11.00	131	36.79
Natives (not Langa) :								
uncorrected	721	59.02	493	40.36	228	18.66	139	192.78
corrected for outward transfers	691	56.56	431	35.28	260	21.28	130	188.13
Asiatics :								
uncorrected	243	57.47	65	15.37	178	42.10	14	57.61
corrected for outward transfers	240	56.76	61	14.43	179	42.33	14	58.33
Other Coloured :								
uncorrected	7,222	44.65	3,274	20.24	3,948	24.41	718	99.42
corrected for outward transfers	6,956	43.01	2,947	18.22	4,009	24.79	667	95.89
All non-Europeans :								
uncorrected	8,186	45.94	3,832	21.51	4,354	24.43	871	106.40
corrected for outward transfers	7,887	44.26	3,439	19.30	4,448	24.96	811	102.83
All races :								
uncorrected	12,339*	36.35	5,897†	17.37	6,442	18.98	1,042*	84.45
corrected for outward transfers	11,389*	33.66	5,160†	15.20	6,229	18.35	950*	83.41
Natives resident at Langa Township	111	14.03	154	19.46	—43	—5.43	45	405.41

* Including eight of unknown race.

† Including nine of unknown race.

All rates are per 1,000 population except the infant mortality rate, which is expressed per 1,000 live births.

TABLE G.—Estimated Populations and Vital Statistic Rates since 1913.

Table with columns for Periods, Estimated Populations, Birth rates, Illegitimate births, Death rates, Natural Increase rates, Infant Mortality rates, European rates, Enteric fever, Tuberculosis, and Total. Rows include 296 Days, 2 Years and 256 days, and Quinquennium.

(*) From 8th September, 1913 to 30th June, 1914. (†) From 8th September, 1913 to 30th June, 1916. (‡) The year of the influenza epidemic (1918-19) is excluded, the figures shown being the mean of the other four years of the quinquennium. The birth rates, illegitimacy rates, natural increase rates and infant mortality rates are uncorrected for the year 1919-20 and previous years, and are corrected for outward transfers in subsequent years. The figures in Tables (1918-19) represent rates of natural decrease. The European populations for 1936-37 and subsequent years are corrected according to the censuses of 1936 and 1941. The non-European populations for 1926-27 and subsequent years are corrected according to the censuses of 1926 and 1936. On 3rd September, 1927 the Municipality was extended by the addition of the Wynberg Ward (Ward 15). Figures for Langa, Native Township and Windermere are excluded from this Table.

TABLE I.—Deaths of Infants under 1 Year of Age, Classified by Causes, Race and Age, 1945-46.

(CORRECTED FOR OUTWARD TRANSFERS.)

Classification No.	DISEASE.	RACE.	AGE PERIODS.												TOTAL under one year.		EUROPEAN. Total corrected for outward and inward transfers.																				
			Under 1 day.	Under 2 days.	Under 3 days.	Under 4 days.	Under 5 days.	Under 6 days.	Under 7 days.	Total under 1 week.	Under 2 weeks.	Under 3 weeks.	Under 4 weeks.	Total under 4 weeks.	Over 4 weeks & under 2 months.	Under 3 months.	Under 4 months.	Under 5 months.	Under 6 months.	Under 7 months.	Under 8 months.	Under 9 months.	Under 10 months.	Under 11 months.	Under 12 months.	M.	F.	Per-sons	M.	F.	Per-sons						
010	Scarlet fever	Eur. Non-E.	1																																		
011	Whooping cough	Eur. Non-E.																																			
012	Diphtheria	Eur. Non-E.																																			
013	Erysipelas	Eur. Non-E.																																			
016	Tuberculosis of central nervous system	Eur. Non-E.																																			
017	Tuberculosis of intestines and periton- eum	Eur. Non-E.																																			
015, 018 to 025	Tuberculosis, other forms	Eur. Non-E.																																			
43	Syphilis, congenital	Eur. Non-E.	1	2																																	
052	Measles	Eur. Non-E.																																			
169	Rickets	Eur. Non-E.																																			
292 and 293	Simple meningitis	Eur. Non-E.																																			
310	Convulsions	Eur. Non-E.																																			
402 and 403	Bronchitis	Eur. Non-E.																																			
404 to 406	Pneumonia, all forms	Eur. Non-E.																																			
458	Diarrhoea and enteritis	Eur. Non-E.																																			
700 to 709	Congenital malformations	Eur. Non-E.	5	1	2	1																															
750	Congenital debility	Eur. Non-E.	2																																		
751	Premature birth	Eur. Non-E.	22	11	7	3	4	4	3	4	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4
752 and 753	Injury at birth	Eur. Non-E.	2	2	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
754 to 758	Other diseases peculiar to the first year of life	Eur. Non-E.	9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
892	Suffocation (overlying)	Eur. Non-E.																																			
907	Lack of care of the new born ..	Eur. Non-E.																																			
--	Other causes	Eur. Non-E.	5																																		
	Totals	All Races	31	15	16	4	1	1	5	6	5	6	5	6	5	6	5	6	5	6	5	6	5	6	5	6	5	6	5	6	5	6	5	6	5	6	
			69	49	3	21	6	9	5	180	75	25	14	297	6	47	51	57	40	53	44	55	41	35	51	658	131	75	56	131	811	56	56	131			
			168*	55	40	25	6	10	5	219*	86	33	19	367*	71	59	57	41	46	59	47	59	43	39	51	533	409	75	56	131	95**	75	56	131			

* Including 8 of unknown race.

TABLE J.—Populations and Vital Statistic Rates for the separate Wards of the City, 1945-46.
(Corrected for outward transfers.)

Wards	Calculated Populations on the 31st December, 1945		Births		Birth rates per 1,000 persons		Illegitimate Births		Illegitimate births, percentage 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 Tuberculosis (all forms)		Death rates from Tuberculosis (all forms) per 1,000 persons			
	Eur.	Non-Eur.	Total	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	
1. Sea Point ..	23,269	3,331	26,600	342	71	14.74	21.37	3	45	0.88	63.38	254	11	10.95	3.31	88	60	3.79	18.06	10	6	29.24	84.51	10	—	0.43	—	
2. Harbour ..	3,341	3,633	6,974	49	131	14.71	36.16	1	37	2.04	28.24	42	65	12.61	17.94	7	66	2.10	18.22	1	13	20.41	90.24	1	23	0.30	6.55	
3. West Central ..	612	4,128	4,740	12	222	19.66	53.93	2	47	16.67	21.17	10	99	16.38	24.05	2	123	3.28	29.88	—	11	—	49.55	1	38	1.64	9.23	
4. Kloof ..	10,677	6,563	17,240	211	387	19.82	32.24	5	90	2.37	23.26	117	142	10.99	21.70	94	245	8.83	10.54	6	33	28.44	85.27	7	46	0.66	7.03	
5. Park ..	11,794	1,740	13,533	251	58	21.50	33.25	8	28	3.19	48.28	148	18	12.68	10.32	103	40	8.82	22.93	11	2	43.82	34.48	6	3	0.51	1.72	
6. East Central ..	9,213	25,208	34,421	187	1,056	20.35	42.01	3	267	1.60	25.28	74	457	8.05	18.18	113	569	12.30	23.83	4	99	21.39	93.75	4	129	0.44	5.13	
7. Castle ..	100	16,742	16,842	21	667	210.58	39.95	6	136	28.57	29.39	5	392	50.14	18.09	16	365	169.44	21.86	—	77	—	115.44	—	84	—	5.03	
8. Woodstock ..	6,429	13,050	19,479	242	499	37.75	35.87	9	72	3.72	14.43	113	212	17.02	15.24	129	287	20.13	20.63	15	47	61.08	94.16	15	61	2.34	4.38	
9. Salt River ..	10,828	8,123	18,951	321	423	29.73	52.22	13	79	4.05	18.68	131	169	12.13	20.86	100	254	17.60	31.36	13	38	40.50	89.83	26	44	2.41	5.43	
10. Mowbray ..	15,617	2,335	17,952	258	112	16.57	48.10	6	32	2.33	28.57	141	36	9.05	15.46	117	76	7.52	12.64	14	7	54.26	62.50	10	17	0.64	7.30	
11. Maitland† ..	12,164	17,234	29,398	385	656	31.74	38.17	13	173	3.38	26.37	102	328	8.41	19.08	283	328	23.33	19.09	12	90	31.17	137.20	12	95	0.99	5.53	
12. Rondebosch* ..	16,536	47,368	63,904	246	1,307	14.92	27.67	3	251	1.22	19.20	110	538	6.67	11.39	136	769	8.25	16.28	5	117	20.33	89.52	8	196	0.49	4.15	
13. Claremont ..	29,515	16,414	45,929	439	987	21.46	60.30	6	294	1.37	29.67	157	385	7.67	23.52	282	692	13.79	36.78	18	104	41.00	195.37	6	114	0.29	6.96	
14. Kaik Bay ..	6,784	6,032	12,816	104	446	15.37	64.52	3	163	2.88	36.55	71	284	10.49	41.08	33	162	4.88	23.44	5	87	48.08	195.07	3	72	0.44	10.42	
15. Wynberg ..	15,898	18,653	34,551	394	803	24.85	43.17	5	174	1.27	21.97	167	339	10.53	17.74	227	473	14.32	25.43	14	66	35.53	82.19	17	89	1.07	4.78	
Not allocated ..				32	62			31	58			79	63							3	14			6	9			
A. Inward transfers ..				67				75				75																
B. City of Cape Town ..	161,660	1178,680	1,340,340	13,561	7,887	22.08	44.26	117	11,856	3.35c	23.53	1,787	3,439	11.08	19.30	1,774	4,448	11.00	24.96	131	813	36.79	102.83	136	1,020	0.84	5.72	

* Exclusive of Langa Native Township.
 † Exclusive of Windermere.
 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 Township of Langa and the district of Windermere (which are shown separately in Tables S and T), 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 67 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 1945-46.
(Corrected for outward transfers.)

Centre.	Birth rate.				Death rate.				Infant mortality rate.				All forms of tuberculosis : Death rate.					
	E	N	A	C	NE	A	C	NE	E	N	A	C	NE	E	N	A	C	NE
	Union of South Africa (1944)	26.63	—	—	—	—	—	—	—	42.53	—	—	—	—	0.34	—	—	—
Johannesburg	24.65	15.91 ¹	47.76	35.72	18.56	21.47	20.18	16.47	34.30	372.60 ²	82.13	153.55	313.20	0.19	2.08 ²	1.25	3.26	2.11
Cape Town	21.67	36.56 ³	56.76	43.01	44.26	14.43	18.22	19.30	37.49	188.15 ³	58.33	95.89	102.83	0.82	12.03 ³	1.42	5.36	5.72
Durban	21.38	28.46	45.99	51.46	—	10.46	21.31	—	32.50	359.18	90.83	102.08	—	0.38	4.72	2.30	4.39	3.43
Pretoria	27.78	9.93 ²	45.80	26.32	13.27	6.81	11.10	7.99	34.02	215.24 ²	25.77	115.39	159.35	0.10	0.96 ²	1.65	3.01	1.12
Port Elizabeth	24.64	36.14	56.35	42.64	—	8.90	23.74	24.56	34.03	332.57	81.22	146.41	—	0.80	11.05	5.43	7.79	—
Springs	26.9	26.4 ⁴	49.4	37.4	7.8	5.6	16.7 ⁴	9.3	33.9	265.0 ²	—	—	238.9	0.16	1.28 ⁴	—	—	0.83
Benoni*	25.49	26.71	43.16	40.22	16.27	7.52	24.26 ⁴	15.54	29.30	310.00 ⁴	94.30	176.40	278.50	0.24	1.31 ⁴	2.34	1.97	—
Krugersdorp..	28.11	9.56	34.20	28.73	—	8.19	11.25	25.23	57.66	399.09	47.62	243.9	—	0.17	1.56 ²	—	4.91	—
Brakpan	27.64	—	—	—	0.69	4.73 ³	—	—	30.26	—	—	—	363.15	0.14	—	—	—	0.85
Bloemfontein	21.95	—	—	—	30.96	5.36	—	—	34.21	—	—	—	153.36	0.17	—	—	—	2.05
Boksburg	25.57	—	—	—	21.38 ³	7.04	—	—	32.50	—	—	—	466.05 ⁴	0.20	—	—	—	1.85 ⁴
Roosepoort	30.29	11.38 ⁴	43.89	21.66	13.06 ³	6.36	11.92 ⁴	12.99	44.60	362.42 ⁴	176.47	160.00	319.37	0.08	1.07 ⁴	2.59	0.86	1.18
East London	22.6	24.9	30.9	36.8	26.6	9.7	34.2	27.9	29.9	592.0	78.9	196.7	498.4	0.4	8.2	2.4	9.0	8.1
Pietermaritzburg	23.51	13.31	54.42	42.15	—	10.09 ³	11.62 ³	11.05 ³	23.85	174.6	44.8	58.3	—	0.48	1.90	1.45	2.05	—
Kimberley	28.69	37.0	—	54.4	—	10.20	23.04	23.60	50.30	215.70	—	94.01	—	0.06	4.20	—	3.35	—
Vereeniging*	32.52	30.25	41.82	57.78	30.91	7.91 ³	21.16 ³	28.89 ³	61.49	258.41	43.48	76.92	247.44	0.08	1.38	—	6.67	1.43
King William's Town	21.57	22.39	32.36	34.17	25.63	7.14	17.75	21.51	45.11	195.12	333.33	288.89	230.77	0.49	5.73	—	9.87	6.70
England and Wales (1945) ¹	17.8 ²	—	—	—	—	12.6 ³	—	—	46.0	—	—	—	—	0.61 ³	—	—	—	—
County of London (1945) ¹	17.6 ²	—	—	—	—	14.1 ³	—	—	43.0	—	—	—	—	0.86 ³	—	—	—	—

E = European. N = Native. A = Asiatic. C = Mixed and other Coloured. NE = All non-Europeans.
 1 Calendar year. 2 Inclusive of mines. 3 Crude or uncorrected.
 4 Exclusive of mine and prison. 5 Excluding Langa Township.
 * European rates corrected for inward and outward transfers.

TABLE L.—Deaths in Institutions, 1945-46.

Institution.	Total deaths.		Deaths belonging to Cape Town.		Deaths not belonging to Cape Town (outward transfers).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Groote Schuur Hospital	356	320	241	207	115	113
City Hospital	69	318	48	228	21	90
Somerset Hospital	3	207	3	151	—	56
Rentzkie's Farm Hospital	1	138	1	109	—	29
Valkenberg Mental Hospital	74	57	38	23	36	34
Wynberg (Victoria) Hospital	29	68	21	50	8	18
Woodstock Hospital	36	29	19	22	17	7
Peninsula Maternity Hospital	21	43	14	37	7	6
Elizabeth Nursing Home	43	—	35	—	8	—
Volkshospitaal	39	—	16	—	23	—
Mowbray and Rondebosch Hospital	25	14	18	12	7	2
Sea Point Nursing Home	34	—	31	—	3	—
Monastery Nursing Home	29	—	21	—	8	—
Wynberg (Military) Hospital	14	15	11	10	3	5
Alexandra Institution	23	2	22	2	2	—
St. Joseph's Sanatorium	22	—	14	—	8	—
Tamboers Kloof Nursing Home	17	—	13	—	4	—
Cape Jewish Aged Home	16	—	15	—	1	—
Airemount Nursing Home	15	—	6	—	9	—
„Vrede Oord"	—	12	—	11	—	1
Hof Street Nursing Home	12	—	9	—	3	—
Notley Nursing Home	12	—	9	—	3	—
Mowbray Nursing Home	12	—	12	—	—	—
Cambridge Nursing Home	11	—	10	—	1	—
Booth Memorial Hospital	11	—	8	—	3	—
Monte Rosa Nursing Home	10	—	4	—	6	—
Leighwood Nursing Home	9	—	7	—	2	—
Leeuwendal Nursing Home	9	—	7	—	2	—
Fairmont Nursing Home	8	—	7	—	1	—
St. Monica's Home	—	8	—	7	—	1
Clarendon Nursing Home	7	—	2	—	5	—
Dunmore Nursing Home	7	—	6	—	—	—
Nazareth House	6	—	6	—	—	—
Biblis Nursing Home	6	—	6	—	—	—
Ladies Christian Home	5	—	5	—	—	—
Princess Christian Home	5	—	5	—	—	—
Cape Town Gaol	—	5	—	4	—	1
Lady Buxton Home	6	—	4	—	2	—
The Gables Nursing Home	4	—	1	—	3	—
Invergie Nursing Home	4	—	4	—	—	—
Salubritas Nursing Home	3	—	3	—	—	—
Delherbe Nursing Home	3	—	3	—	—	—
Eaton Convalescent Home	2	1	1	1	1	—
Dorcas Homes	2	—	2	—	—	—
House of Correction	—	2	—	—	—	2
Good Hope Maternity Home	1	—	1	—	—	—
Brentwood Nursing Home	1	—	1	—	—	—
Kingsbury Maternity Home	1	—	1	—	—	—
Totals	1,023	1,239	711	874	312	365
Institutions in other parts of the Union of South Africa:						
General Hospital			15			
Nursing Home			19			
Mental Hospital			5			
Sanatorium			1			
Chronic Sick Hospital			13			
Lock and Isolation Hospital			1			
Leper Institution			1			
Total			55			
Langa Hospital	—	59	—	59	—	—

Deaths of Langa residents are included in this table.

TABLE M.—Births and Still-Births notified, Classified for attendance at Confinement and for home address of Mother, 1945-46.

CLASSIFICATION.	WARDS OF THE CITY.													Excluded from foregoing columns.					
	1 Sea Point.	2 Harbour.	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 of Wards.	Langa	Non-Residents.
Private doctors	14	5	6	21	11	27	26	44	46	19	162	98	100	34	100	3	716	—	9
Private midwives (including any non-medical persons attending a confinement)	11	42	59	148	26	425	330	397	271	87	375	1,006	576	161	496	2	4,322	1	26
Certificated	—	4	38	28	6	25	35	103	60	8	632	203	352	309	288	1	2,092	—	2
Uncertificated	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Midwives (or midwife students) from:																			
Booth Memorial Hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Monica's Home	—	19	74	109	1	1	2	—	—	—	1	11	2	1	—	—	221	—	—
F. Almsula Maternity Hospital	1	1	—	1	7	190	84	94	108	—	1	1	3	1	—	1	493	—	—
Somersset Hospital	7	23	13	8	—	6	—	2	2	—	172	1	2	1	—	1	238	—	1
District nurse midwives	—	—	—	—	1	18	12	—	—	—	91	—	1	111	13	—	247	—	3
Vrede Oord, Tuin Plein	1	—	2	3	10	143	51	—	—	—	4	3	3	1	1	—	222	—	4
No doctor or midwife	4	1	1	1	4	11	5	4	3	5	64	15	10	28	6	10	172	—	5
No information	—	—	—	—	—	1	1	—	—	—	2	10	2	4	2	42	64	—	1
Confinement in institutions:																			
Booth Memorial Hospital	77	14	5	55	98	55	2	29	50	71	56	39	40	11	40	5	647	—	297
St. Monica's Home	8	2	5	35	7	30	29	16	19	2	47	56	51	26	39	4	377	5	57
Feminula Maternity Hospital	4	8	7	19	35	218	112	119	133	58	150	128	153	31	85	5	1,274	48	192
Somersset Hospital	43	60	45	92	19	91	42	36	29	7	120	90	71	11	37	4	806	17	130
Vrede Oord, Tuin Plein	4	—	4	10	13	33	21	11	3	6	16	22	25	12	10	—	190	7	38
Magdalena Huls	—	—	—	—	—	1	—	—	—	—	1	—	4	1	—	—	7	—	22
Other public institutions	1	—	—	—	1	—	1	1	—	—	3	4	1	1	2	—	15	—	5
Private nursing homes	260	11	2	148	93	67	1	38	55	128	36	169	180	36	131	—	1,355	2	397
Totals	435	199	261	680	332	1,342	754	804	770	391	1,942	1,856	1,576	780	1,250	78	13,459	80	1,099

*Including the district of Windermere. Births actually occurring in the Langa Native Township are excluded from the above table. They numbered 269.

TABLE N.—Cases of Notifiable Disease reported, 1945-46.

	Uncorrected.	Deduction for diagnosis.	Deduction of imported cases.	Addition for diagnosis.	Corrected number of cases.	Corrected cases, Langa Township.	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	331	149	—	1	175	8	124	52	—	72	—
Scarlet fever	376	15	1	2	362	—	34	1	2	34	1
Puerperal fever	74	2	—	—	71	1	10	—	—	10	—
Enteric fever	153	51	1	9	107	3	92	35	5	62	—
Erysipelas	65	—	—	1	65	1	4	—	—	4	—
Cerebrospinal fever	325	245	—	—	74	6	147	92	2	57	—
Acute poliomyelitis	20	8	—	—	14	—	13	8	—	5	—
Infective encephalitis	9	8	—	—	1	—	4	1	—	3	—
Typhus fever*	3	1	—	2	4	—	—	—	1	1	—
Leprosy	1	—	—	—	1	—	—	—	—	—	—
Anthrax	—	—	—	—	—	—	3	—	—	—	—
Ophthalmia	264	—	—	—	257	7	—	1	—	—	—
Trachoma	10	—	—	—	9	1	4	—	—	4	—
Acute primary pneumonia	375	—	—	17	373	19	14	—	8	22	—
Influenzal pneumonia	27	—	—	—	26	1	—	—	—	—	—
Tuberculosis, respiratory system	2,013	77	75	15	1,799	77	188	2	6	189	3
Tuberculosis, other forms	240	9	6	110	318	17	39	—	39	78	—
Totals	4,286	565	83	159	3,656	141	676	192	63	543	4

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 Native Township.
 6. Cases admitted to City Hospital or other hospital from outside Cape Town or from ships in the port.
 7. Excluding epidemic typhus, endemic typhus or murine typhus and tick-bite fever.
 8. = 2.
 9. = 4.
 10. Excluding cases from ships.

TABLE O.—Notification of Infectious Disease Classified for Race, Sex and Age-Groups, 1945-46.

E.—European. O.—Non-European.

Age-group.	Tuberculosis, respiratory system.			Tuberculosis, other forms.			Enteric fever.			Diphtheria.			Scarlet fever.			Erysipelas.			Cerebrospinal fever.			Infective encephalitis.			Leprosy.																
	E.	M.	F.	E.	M.	F.	E.	M.	F.	E.	M.	F.	E.	M.	F.	E.	M.	F.	E.	M.	F.	E.	M.	F.	E.	M.	F.														
																												To-tal.	To-tal.	To-tal.	To-tal.	To-tal.	To-tal.	To-tal.	To-tal.	To-tal.	To-tal.	To-tal.	To-tal.	To-tal.	To-tal.
0-1 years	1	27	23	4	17	29	42	1	4	1	7	2	2	5	3	1	4	3	1	4	3	1	4	3	1	4															
1-2 years	1	52	39	1	26	28	56	1	18	10	24	2	3	5	1	4	1	4	1	5	5	11	1	1	1	1															
2-5 years	6	52	45	1	45	45	93	1	15	11	27	1	1	7	1	7	67	2	3	5	13	1	1	1	1	1															
5-10 years	3	31	45	4	25	23	54	1	15	11	27	1	1	7	1	1	177	1	2	3	5	15	1	1	1	1															
10-15 years	3	21	39	65	9	14	23	2	1	2	12	1	4	12	3	6	8	2	3	1	5	15	1	1	1	1															
15-25 years	14	62	123	496	1	3	12	11	27	7	17	3	5	17	3	5	8	2	3	6	9	4	1	1	1	1															
25-35 years	28	26	180	144	378	1	1	4	2	8	18	1	4	17	3	5	1	1	3	2	1	4	1	1	1	1															
35-45 years	26	16	165	92	289	2	1	1	1	1	2	1	4	4	3	5	1	1	4	5	1	1	1	1	1	1															
45-55 years	20	6	124	26	176	1	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1															
55-65 years	20	8	45	26	99	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1															
65-75 years	2	1	6	3	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1															
75-85 years	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1															
85 years and over	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1															
Unknown																																									
Totals	122	119	844	714	1,799	12	15	143	149	318	14	8	44	41	107	45	46	37	47	175	137	184	13	28	562	12	16	13	24	65	9	7	34	24	74	1	-	1	-	1	-

Age-group.	Acute anterior poliomyelitis.			Influenza pneumonia.			Acute primary pneumonia.			Ophthalmia.			Puerperal fever.			Trachoma.			Typhus fever.*			Totals.																																				
	E.	M.	F.	E.	M.	F.	E.	M.	F.	E.	M.	F.	E.	M.	F.	E.	M.	F.	E.	M.	F.	E.	M.	F.	E.	M.	F.																															
																												To-tal.	To-tal.	To-tal.	To-tal.	To-tal.	To-tal.	To-tal.	To-tal.	To-tal.	To-tal.	To-tal.	To-tal.	To-tal.																		
0-1 years	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1																	
1-2 years	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1																
2-5 years	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1																
5-10 years	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1																
10-15 years	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1																	
15-25 years	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1																	
25-35 years	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1																	
35-45 years	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1																	
45-55 years	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1																	
55-65 years	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1																	
65-75 years	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1																	
75-85 years	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1																	
85 years and over	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1																	
Unknown																																																										
Totals	4	6	4	14	4	4	11	7	26	31	16	208	118	373	12	18	128	99	257	14	57	71	-	-	5	4	9	2	-	1	1	4	496	451	1,486	1,313	3,656	405	242	404	413	425	504	519	406	240	154	40	240	154	53	35	134	7	3	17	6	12

* Including epidemic typhus, endemic or murine typhus and tick-bite fever.

TABLE P.—Notification of Infectious Disease Classified for Race, and Month of Notification, 1945-46.

E.—European. O.—Non-European.

Period,	Tuberculosis, respiratory system,		Tuberculosis, other forms,		Enteric fever,		Diphtheria,		Scarlet fever,		Erysipelas,		Cerebrospinal fever,		Infective encephalitis,		Leprosy.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	
1945.																			
July	18	107	125	4	23	27	6	12	18	24	30	3	6	11	—	—	—	—	—
August	18	119	137	1	20	21	1	13	14	24	25	4	15	16	—	—	—	—	—
September	19	142	161	2	29	31	—	10	9	20	21	1	3	3	—	—	—	—	—
October	15	142	157	—	25	25	2	8	8	28	29	4	6	10	—	—	—	—	—
November	20	175	195	1	35	36	1	7	12	34	35	4	9	13	—	—	—	—	—
December	22	136	158	3	28	31	3	6	9	42	45	1	3	4	—	—	—	—	—
1946.																			
January	27	134	161	5	26	31	4	13	17	18	22	5	7	12	—	—	—	—	—
February	28	129	157	1	16	17	1	5	6	15	16	2	3	5	—	—	—	—	—
March	20	148	168	2	22	24	—	6	6	21	22	2	2	4	—	—	—	—	—
April	18	112	130	2	22	24	1	10	11	15	16	2	2	4	—	—	—	—	—
May	20	109	129	2	18	20	2	9	11	26	28	1	1	2	—	—	—	—	—
June	16	129	145	4	16	20	1	6	7	40	41	1	1	2	—	—	—	—	—
Year	241	1,558	1,799	26	202	318	22	85	107	321	377	28	65	93	1	—	—	—	—
Period,																			
1945.																			
July	2	—	2	1	1	2	6	22	28	3	14	—	—	—	—	—	—	—	—
August	1	1	2	—	38	40	6	38	44	3	33	—	—	—	—	—	—	—	—
September	1	1	2	1	5	6	4	37	41	3	20	—	—	—	—	—	—	—	—
October	—	—	—	1	1	2	5	23	28	3	15	—	—	—	—	—	—	—	—
November	2	1	3	—	—	—	4	25	29	3	23	—	—	—	—	—	—	—	—
December	—	—	—	—	1	1	3	28	31	3	15	—	—	—	—	—	—	—	—
1946.																			
January	—	1	1	—	—	—	3	20	23	5	18	—	—	—	—	—	—	—	—
February	—	—	—	—	—	—	4	13	17	2	22	5	5	10	—	—	—	—	—
March	—	—	—	—	—	—	3	20	23	1	13	—	—	—	—	—	—	—	—
April	1	1	2	2	5	7	1	28	29	1	17	—	—	—	—	—	—	—	—
May	3	—	3	1	2	3	3	34	36	4	19	—	—	—	—	—	—	—	—
June	—	—	—	2	2	4	6	38	44	2	18	—	—	—	—	—	—	—	—
Year	10	4	14	8	18	26	47	326	373	30	227	9	28	36	4	857	2,799	3,656	—

* Including epidemic typhus, endemic or murine typhus and tick-bite fever

TABLE Q.—Notification of Infectious Disease Classified for Race, and Wards, etc., 1945-46.

E.—European. O.—Non-European.

Wards of the City, etc.	Tuberculosis, respiratory system.		Tuberculosis, other forms.		Enteric fever.		Diphtheria.		Scarlet fever.		Erysipelas.		Cerebrospinal fever.		Infective encephalitis.		Leprosy.		
	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	
	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	
1. Sea Point	19	16	3	3	1	—	5	1	39	1	—	—	1	—	—	—	—	—	
2. Harbour	8	34	—	4	1	—	2	—	1	—	—	—	—	—	—	—	—	—	
3. West Central	—	32	—	7	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
4. Kloof	—	67	—	12	2	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. Park	10	93	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6. East Central	14	187	—	30	—	—	18	25	39	3	—	—	—	—	—	—	—	—	
7. Eastside	—	281	—	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8. Woodstock	—	79	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9. Salt River	—	82	—	0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10. Mowbray	—	35	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
11. Melrose	—	32	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
12. Rondebosch	—	278	—	54	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13. Claremont	—	259	—	44	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
14. Kalk Bay	—	192	—	32	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
15. Wynberg	—	142	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Not allocated	—	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals, local cases	241	1,568	29	292	22	85	91	84	175	41	362	28	37	65	58	74	1	1	
Imported cases:																			
Developed outside Municipal area	21	51	—	6	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Introduced from overseas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Direct remissions (cases removed to hospitals in Municipal area)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
From outside Municipal area	58	131	189	65	20	42	34	38	72	31	34	1	3	4	43	57	1	2	
From ships in docks	1	2	3	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—
Total imported cases	80	184	264	13	71	42	63	38	72	33	36	1	3	4	43	57	1	2	

Wards of the City, etc.	Acute anterior poliomyelitis.		Influenza pneumonitis.		Acute primary pneumonitis.		Ophthalmia.		Puerperal fever.		Trachoma.		Typhus fever.†		Anthrax.		Totals.		
	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	
	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	
1. Sea Point	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2. Harbour	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3. West Central	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4. Kloof	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. Park	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6. East Central	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7. Woodstock	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8. Salt River	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9. Mowbray	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10. Melrose	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
11. Rondebosch	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
12. Claremont	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13. Kalk Bay	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
14. Wynberg	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Not allocated	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals, local cases	10	4	14	8	18	26	30	227	257	14	57	71	9	9	2	4	857	2,799	
Imported cases:																			
Developed outside Municipal area	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Introduced from overseas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Direct remissions (cases removed to hospitals in Municipal area)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
From outside Municipal area	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
From ships in docks	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals, imported cases	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

† Including epidemic typhus, endemic or murine typhus and tick-bite fever.

* Includes the district of Windermere.

TABLE R.—Notification of Infectious Disease for a series of years, classified for Race.

Disease.	Race.	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946
		1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	
Scarlatina or Scarlet fever	Eur. ..	228	154	260	425	121	121	103	229	596	458	113	81	124	216	267	154	154	143	321	
	Non-E. ..	6	10	20	40	18	19	9	14	34	28	13	8	11	18	10	7	8	17	41	
Diphtheria or membranous croup..	Eur. ..	162	162	166	189	120	142	192	238	189	223	344	537	286	204	195	160	175	89	91	
	Non-E. ..	62	70	54	93	67	73	106	136	122	119	253	233	130	89	138	135	110	89	84	
Enteric or Typhoid fever	Eur. ..	109	100	87	97	71	30	52	33	30	34	58	14	35	11	36	90	17	20	22	
	Non-E. ..	135	100	94	103	98	30	47	49	43	96	41	37	34	26	73	68	57	77	85	
Erysipelas	Eur. ..	35	43	33	41	40	28	37	44	51	43	33	30	29	37	38	27	28	38	28	
	Non-E. ..	34	26	32	30	28	41	30	50	42	31	28	36	39	41	41	46	33	41	37	
Puerperal fever ..	Eur. ..	20	29	16	19	16	22	26	24	22	13	19	22	18	33	15	16	16	14	14	
	Non-E. ..	38	54	53	43	51	49	48	67	74	51	51	62	61	61	50	60	70	52	57	
Ophthalmia ..	Eur. ..	27	25	50	50	53	47	30	38	39	42	24	35	29	28	36	18	22	29	30	
	Non-E. ..	135	122	208	227	199	218	190	259	227	215	213	181	212	164	182	170	215	235	227	
Cerebrospinal fever	Eur. ..	39	30	14	4	7	8	3	5	1	7	3	5	2	23	19	23	39	25	16	
	Non-E. ..	183	101	48	18	25	22	17	20	9	11	15	33	24	45	47	80	222	80	58	
Acute poliomyelitis	Eur. ..	8	4	11	5	—	4	8	11	1	7	4	2	5	5	4	2	5	46	10	
	Non-E. ..	4	1	6	5	—	4	3	14	3	2	2	9	11	4	3	—	1	18	4	
Infective encephalitis	Eur. ..	8	7	4	1	9	2	2	8	4	1	4	—	2	1	3	6	—	—	1	
	Non-E. ..	3	5	3	4	2	4	—	3	3	3	4	2	3	5	1	3	2	1	—	
Leprosy	Eur. ..	—	—	1	1	1	—	—	1	—	—	1	—	—	—	1	2	—	—	—	
	Non-E. ..	1	4	3	1	4	2	2	1	1	3	2	1	1	3	4	5	2	—	1	
Typhus fever* ..	Eur. ..	—	1	1	2	4	2	4	—	2	4	1	6	4	4	6	2	7	10	2	
	Non-E. ..	—	—	—	1	—	—	1	—	—	—	—	1	—	1	2	—	—	1	2	
Smallpox	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	5	—	
Influenza	Eur. ..	132	166	238	69	101†	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E. ..	327	349	348	171	140†	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Influenzal pneumonia	Eur. ..	45	62	54	24	41	19	13	45	56	29	37	17	23	23	10	13	18	2	8	
	Non-E. ..	121	78	80	38	91	31	31	82	64	41	74	30	30	40	15	27	60	26	18	
Acute primary pneumonia	Eur. ..	84	91	58	84	98	77	59	138	148	103	96	103	100	106	80	76	100	74	47	
	Non-E. ..	396	386	302	289	334	253	294	566	465	376	466	420	433	385	319	321	338	353	326	
Cholera	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Plague	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Anthrax	Eur. ..	—	1	—	—	—	1	—	—	—	—	—	—	—	—	1	1	—	—	—	
	Non-E. ..	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	—	
Glanders	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Rabies	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Malta fever ..	Eur. ..	2	—	3	1	2	—	1	1	—	—	—	—	1	—	2	1	—	—	—	
	Non-E. ..	—	—	1	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	
Yellow fever ..	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Human trypanosomiasis	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Trachoma	Eur. ..	2	3	3	—	3	1	1	2	1	2	1	6	5	—	—	—	—	1	—	
	Non-E. ..	12	12	23	4	4	6	1	14	5	7	1	2	10	3	1	2	—	8	9	
Lead poisoning ..	Eur. ..	—	—	3	3	—	1	—	1	1	1	—	1	—	—	—	—	—	—	—	
	Non-E. ..	—	—	5	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	
Tuberculosis, respiratory system ..	Eur. ..	175	202	188	183	209	210	185	161	164	149	186	183	158	157	182	191	223	202	241	
	Non-E. ..	794	823	911	911	1,049	1,015	1,002	931	867	789	1,004	908	910	883	1,072	1,233	1,706	1,491	1,558	
Other forms of tuberculosis	Eur. ..	28	27	35	19	30	21	21	20	21	16	29	17	28	30	33	35	34	29	26	
	Non-E. ..	143	148	181	134	168	165	203	163	151	137	188	162	181	224	229	283	293	295	292	

All figures corrected for imported cases and misdiagnosis.

City extended by incorporation of Wynberg, 1927-28.

* Including epidemic typhus, endemic or murine typhus and tick-bite fever.

† 1st July—18th December, 1931.

TABLE S.—Vital Statistics for the Langa Native Township, 1945-46.

Average population for the 12 months July, 1945, to June, 1946.		NATIVES.																					
European.		Natives.						Natives.															
Adults.	Total.	Adults.		Child- ren.	Total.	Grand Total.	Births.			Illegitimate percentage of total births.	Deaths.		Death rate (per 1,000 per- sons).	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.				Legiti- mate.	Illegiti- mate.	Still- births.		Birth- rate (per 1,000 per- sons).	M.		F.	M.		F.	M.		F.	M.	F.	
13	14	27	4,671	1,289	2,200	8,160	8,187	32	40	16	23	111*	13	14.03	86	68	19.46	24	21	405.41	36	32	8.59

* Not including 2 European births.

NOTIFICATION OF INFECTIOUS DISEASE.

European.		Natives.																			
Adults.	Total.	Adults.		Child- ren.	Total.	Grand Total.	Births.			Illegitimate percentage of total births.	Deaths.		Death rate (per 1,000 per- sons).	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.				Legiti- mate.	Illegiti- mate.	Still- births.		Birth- rate (per 1,000 per- sons).	M.		F.	M.		F.	M.		F.	M.	F.
50	27	9	8	4	4	2	2	1	5	1	1	13	6	1	4	3	1	—	—	89	52

Excluded from above are three cases of tuberculosis of the respiratory system (2 males and 1 female) who contracted the disease outside the municipal area, being already ill on arrival in Langa Township.

Deaths in Langa hospital, 59 (Natives : 30 males, 29 females).

TABLE T.—Vital Statistics for the Added Area of Windermere, 1945-46.

Population as enumerated in the Housing Survey in 1944 and 1945.		Births.				Still-births.	Illegitimate births, percentage of total births.	Birth-rate (per 1,000 persons).	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.)									
		Legitimate.		Illegitimate.											Total.								
		Non-Eur.	Eur.	Non-Eur.	Eur.										Non-Eur.	Eur.	Non-Eur.	Eur.					
557	13,678	15	278	1	162	16	440	40	6.25	36.82	28.80	32.26	2	363	3.60	26.61	1	100	62.50	227.27	118	—	8.65

NOTIFICATION OF INFECTIOUS DISEASE.

Tuberculosis, respiratory system.	Tuberculosis, other forms.		Diphtheria.	Enteric fever.		Erysipelas.	Cerebrospinal fever.		Acute primary pneumonia.	Ophthalmia.		Puerperal fever.		Influenzal pneumonia.		Trachoma.		Total.			
	Non-Eur.	Eur.		Non-Eur.	Eur.		Non-Eur.	Eur.		Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.				
—	161	—	24	—	2	—	6	—	1	—	34	—	23	—	2	—	1	—	1	1	256

TABLE U.—Barometrical Readings, 1945-46.

CORRECTED FOR ALTITUDE, TEMPERATURE, INDEX ERROR, CAPACITY AND CAPILLARITY.

Month.	Mean.	Average for thirty-nine years, 1st July, 1906, to 30th June, 1945.	Highest.	Date.	Lowest.	Date.	Highest and date for thirty-nine years, 1st July, 1906, to 30th June, 1945.	Lowest and date for thirty-nine years, 1st July, 1906, to 30th June, 1945.
1945.								
July ..	30.144	30.256	30.417	10th	29.631	7th	30.737 14th, 1937	28.924 13th, 1917
August ..	30.172	30.281	30.527	7th	29.797	4th	30.984 26th, 1921	29.753 29th, 1920
September ..	30.155	30.279	30.422	7th	29.888	28th	30.691 8th, 1924	29.694 13th, 1907
October ..	30.099	30.216	30.292	20th	29.837	4th	30.563 5th, 1912	29.727 6th, 1928
November ..	30.014	30.175	30.255	18th	29.737	9th	30.841 24th, 1913	29.739 19th, 1943
December ..	30.017	30.102	30.287	21st	29.807	31st	30.569 13th, 1921	29.754 24th, 1926
1946.								
January ..	29.945	30.000	30.189	21st	29.759	4th	30.500 30th, 1917	29.757 17th, 1911
February ..	29.926	30.109	30.065	16th	29.792	12th	30.945 9th, 1923	28.933 10th, 1945
March ..	29.997	30.135	30.197	20th	29.765	13th	30.908 11th, 1921	29.002 15th, 1921
April ..	30.016	30.251	30.189	1st	29.801	5th	30.514 7th, 1940	29.098 3rd, 1916
May ..	30.095	30.225	30.375	27th	29.784	2nd	30.641 3rd, 1927	29.078 19th, 1916
June ..	30.250	30.279	30.410	13th	29.938	2nd	30.663 22nd, 1915	29.089 11th, 1906
Year ..	30.069	30.192	30.527	7/8/1945	29.631	7/7/1945	30.984 26/8/1921	28.924 13/7/1917

TABLE V.—Temperature of Air in the Shade, 1945-46.

Month.	Mean at 8 a.m. °F	Average for 39 years, 1st July, 1906, to 30th June, 1945. °F	Maximum Thermometer.			Minimum Thermometer.			Lowest and date for 39 years, 1st July, 1906, to 30th June, 1945. °F					
			Mean °F	Average for 39 years, 1st July, 1906, to 30th June, 1945. °F	Highest. °F	Date.	Mean °F	Average for 39 years, 1st July, 1906, to 30th June, 1945. °F		Lowest. °F	Date.			
1945														
July	50.95	51.181	— ¹	63.429	— ¹	85.3	30th, 1927	47.91	47.273	42.0	16th	29.0	5th, 1907	
August	52.51	52.865	83.0	64.413	28th	90.8	24th, 1918	48.54	47.317	41.2	8th	35.5	25th, 1926	
September	58.55	55.571	91.0	66.172	28th	94.4	19th, 1943	53.18	49.645	49.2	10th	39.8	4th, 1921	
October	59.54	57.563	83.4	70.539	24th	95.6	31st, 1915	54.85	49.831	50.0	23rd	42.0	11th, 1943	
November	64.31	62.751	91.4	74.391	14th	100.3	25th, 1927	57.21	55.320	53.0	17th, 22nd	44.0	15th, 1924	
December	63.66	65.407	89.0	75.069	2nd	100.9	26th, 1941	58.12	60.659	54.0	23rd, 28th	45.1	30th, 1931	
1946														
January	64.59	66.362	96.0	80.417	3rd	102.3	27th, 1929	58.84	59.391	52.3	28th	42.2	7th, 1918	
February	65.60	65.319	93.0	80.537	11th	103.8	14th, 1924	59.67	59.238	50.4	3rd	45.6	28th, 1928	
March	62.65	63.251	96.2	78.752	27th	101.0	19th, 1927	58.05	57.093	51.0	24th	46.8	25th, 1916 & 30th, 1928	
April	58.40	58.960	91.0	73.233	2nd	102.9	1st, 1925	55.46	54.121	56.8	26th	40.8	28th, 1928	
May	56.16	55.343	82.0	67.923	1st	95.5	3rd, 1932	52.94	53.825	48.8	18th	40.3	19th, 1923	
June	52.47	52.912	76.4	62.291	11th	85.7	22nd, 1912	48.92	48.854	44.2	7th, 29th	36.2	4th, 1928	
Year	59.11	58.957	88.4	71.430	27/3/1946	103.8	14/2/1924	54.47	53.547	41.2	8/8/1945	29.0	5/7/1907	

¹ No record.

TABLE W.—Rainfall and Humidity, 1945-46.

Month.	RAINFALL.							HUMIDITY.		
	Amount in inches.	Average for 39 years in inches, 1st July, 1906 to 30th June, 1945.	No. of rainy days.	Average rainy days for 39 years, 1st July, 1906 to 30th June, 1945.	Greatest fall in one day.		Greatest fall in one day for 39 years, 1st July, 1906 to 30th June, 1945.	Mean Saturation 100.	Average for 39 years, 1st July, 1906 to 30th June, 1945.	
					Amount in inches.	Date.				Inches.	Date.
1945										
July ..	3.53	3.30	15	13.84	0.72	30th	2.67	26th, 1920	86.93	83.44
August ..	3.42	2.62	12	13.31	0.90	5th	1.90	8th, 1909	80.03	83.07
September ..	0.13	2.04	4	11.00	0.05	24th	1.45	17th, 1911	77.33	79.63
October ..	1.37	1.32	8	8.48	0.76	3rd	1.55	6th, 1931	75.61	72.65
November ..	0.25	0.99	4	6.87	0.11	10th	2.35	13th, 1923	71.33	69.20
December ..	0.38	0.77	7	5.46	0.06	25th	1.61	18th, 1920	71.78	68.26
1946										
January ..	0.61	0.62	5	3.79	0.21	6th	1.50	2nd, 1936	74.00	68.75
February ..	0.04	0.54	2	4.05	0.02	13th & 21st	1.12	15th, 1940	76.39	73.18
March ..	0.74	0.70	9	5.33	0.15	28th	1.08	27th, 1910	78.19	74.48
April ..	2.37	1.71	8	9.07	1.45	4th	1.62	15th, 1938	85.23	81.62
May ..	3.01	2.96	13	11.95	0.91	3rd	2.76	19th, 1911	87.00	83.35
June ..	2.17	3.72	8	13.38	0.80	2nd	2.65	8th, 1942	82.20	84.06
Year ..	18.02	21.29	95	106.53	1.45	4/4/1946	2.76	19/5/1911	78.83	76.80

TABLE X.—Earth Temperature, 1945-46.

Month.	Range at one foot, °F	Range at one foot, 39 years, 1st July, 1906, to 30th June, 1945. °F	Range at two feet, °F	Range at two feet, 39 years, 1st July, 1906, to 30th June, 1945. °F	Range at four feet, °F	Range at four feet, 39 years, 1st July, 1906, to 30th June, 1945. °F
1945						
July ..	53.0 to 57.6	49.2 to 64.0	57.0 to 60.0	54.0 to 61.3	59.0 to 62.0	53.0 to 62.9
August ..	53.0 to 60.2	50.9 to 62.6	56.6 to 61.0	53.8 to 62.1	59.0 to 60.4	55.0 to 62.0
September ..	59.4 to 67.4	50.9 to 67.9	60.6 to 67.0	55.0 to 66.0	60.8 to 65.0	57.0 to 65.5
October ..	62.0 to 69.0	57.1 to 75.9	65.0 to 69.0	58.0 to 72.8	65.0 to 67.4	56.8 to 73.8
November ..	70.0 to 78.2	59.3 to 83.0	69.4 to 76.2	60.5 to 79.7	68.0 to 72.4	60.8 to 76.2
December ..	74.0 to 80.0	63.0 to 83.8	76.0 to 78.0	60.5 to 80.5	73.0 to 75.5	63.8 to 81.4
1946						
January ..	73.0 to 81.0	66.7 to 84.0	73.0 to 80.0	66.8 to 82.0	75.0 to 77.0	66.2 to 82.5
February ..	76.0 to 79.5	66.9 to 86.9	78.0 to 80.0	68.9 to 82.9	76.5 to 77.5	68.0 to 81.4
March ..	70.0 to 79.0	63.7 to 81.0	73.0 to 79.0	65.2 to 80.7	74.6 to 77.6	67.9 to 80.2
April ..	65.6 to 71.2	58.9 to 76.6	69.0 to 73.0	63.0 to 76.3	70.8 to 74.6	62.2 to 76.1
May ..	61.0 to 66.2	53.0 to 74.4	63.6 to 69.0	58.0 to 74.6	66.0 to 70.8	61.0 to 74.0
June ..	55.4 to 62.4	49.8 to 64.1	58.8 to 64.0	56.0 to 66.0	62.0 to 66.0	59.1 to 67.4
Year ..	53.0 to 81.0	49.2 to 86.9	56.6 to 80.0	53.8 to 82.9	59.0 to 77.6	53.0 to 82.5