

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

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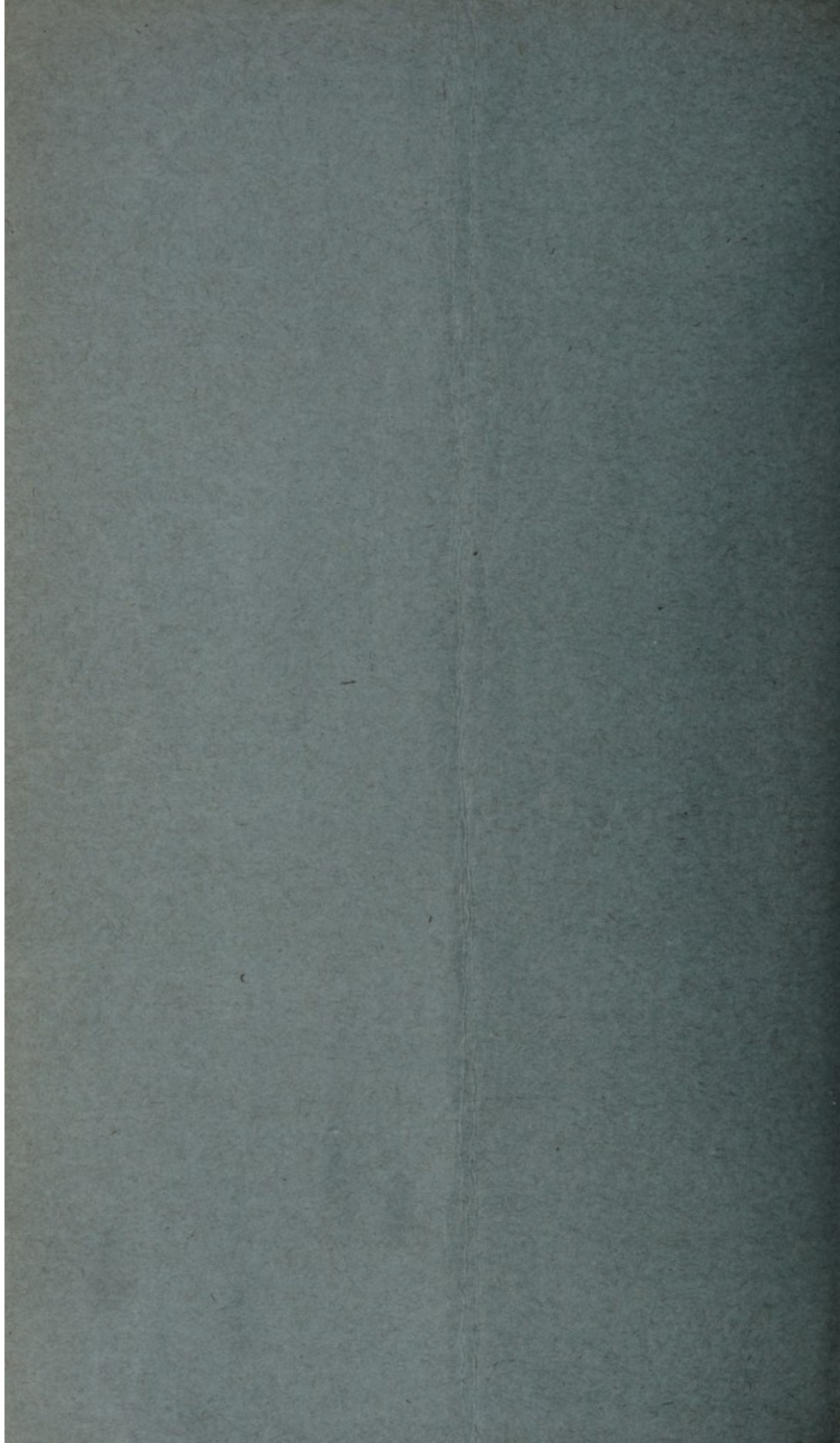
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The Corporation
OF
The City of Cape Town



ANNUAL REPORT
OF THE
Medical Officer of Health

For the year ended 30th June, 1947.

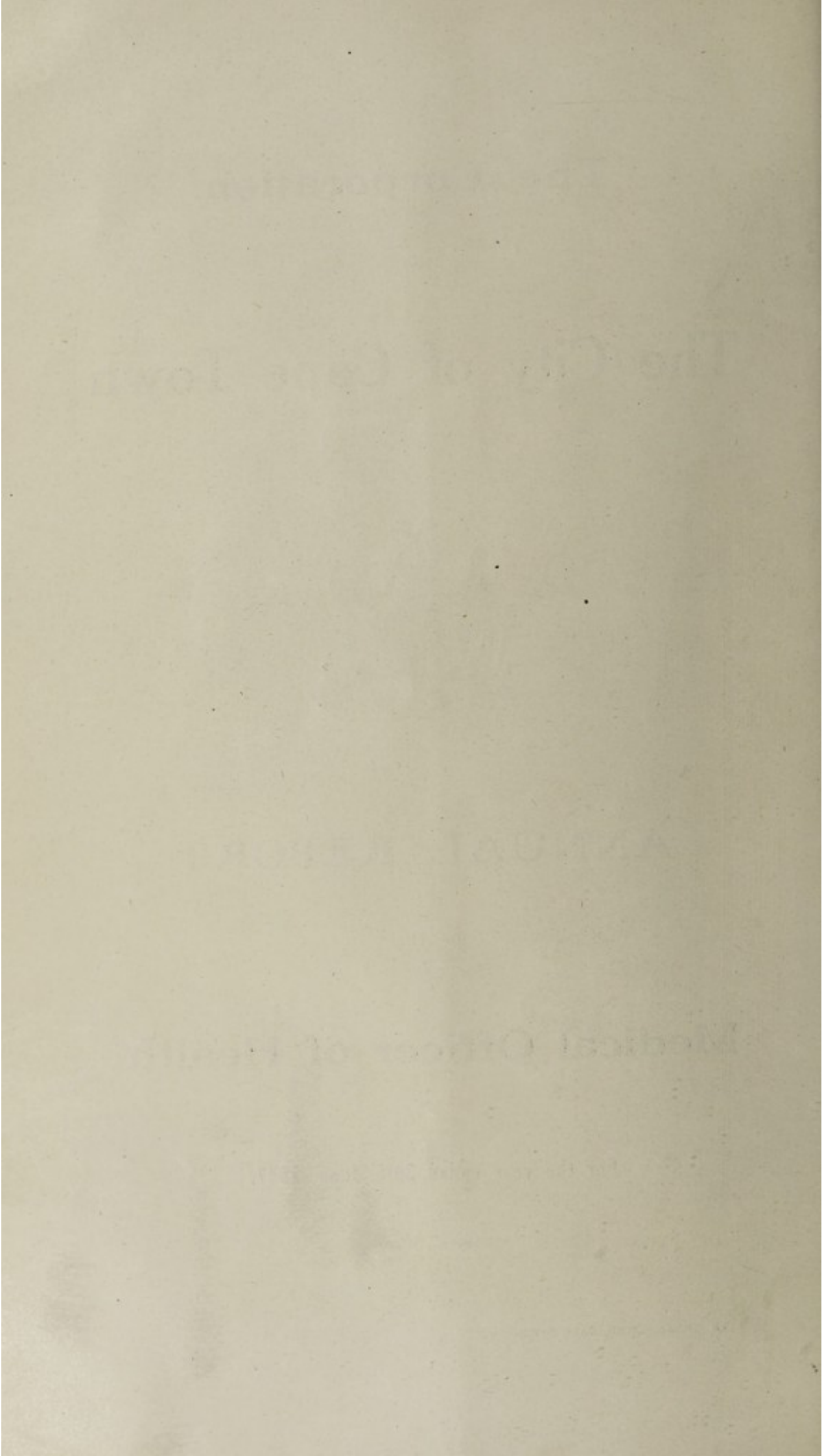


The Corporation
OF
The City of Cape Town



ANNUAL REPORT
OF THE
Medical Officer of Health

For the year ended 30th June, 1947.



THE CORPORATION OF THE CITY OF CAPE TOWN.

Report of the Medical Officer of Health

FOR THE YEAR ENDED 30TH JUNE, 1947.

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, 1947, together with an account of the work of the City Health Department during the year.

Ward Redelimitation.

The boundaries of the existing wards of the Municipality were redelimited in December, 1945, under the City of Cape Town Unification Ordinance 1913 (Ordinance No. 19 of 1913), as proclaimed in the Official Gazette No. 2201 of 21st December, 1945. The description of the boundaries of the wards of the City redistributed are set out in this report at page 8.

The Municipal alphabetical street list of the wards which is used for the allocation of events in different parts of the Municipality was revised accordingly and completed in November, 1946.

Statistics of events which occurred in the various wards of the City were maintained on the basis of the previous delimitation until 30th June, 1946.

City Extension.

The addition of the district of Windermere, including Factreton (Ward 8), an area of approximately 1,198 acres which took place in May, 1943, increased the population of the City of Cape Town by 11,366 (894 European and 10,472 non-European), as enumerated at the Census taken in May, 1946.

Census.

The population figures for the City of Cape Town have come to hand, and the rates for the year under report and for former years have been corrected accordingly. The particulars of the Census as far as the Municipality of Cape Town is concerned are shown in the report at page 12.

Vital Statistics.

All statistics in this report are inclusive of the added area of Windermere, and the rates used in comparison refer to the Municipality inclusive of this area. In previous years the vital statistics for Windermere were shown separately. The estimate of the population as at the 31st December, 1946, from which the rates in this report are based, has been calculated from the figures of the 1946 Census.

There was an increase of 6.9 per cent. in the birth rate for all races compared with the rate of 32.15 for the previous year. The European birth rate of 21.67 showed an increase of 10.1 per cent. and the non-European rate of 46.18 an increase of 5.5 per cent. as compared with that of last year. The natural increase of the non-European population (i.e. the excess of births over deaths) was 2.4 times as great as that of the European population. 23.0 per cent. of the total non-European births were illegitimate. Amongst Europeans the percentage was 3.1.

The general death rate of 14.27 for all races for the year under review was the lowest on record for the City. The rate was 4.9 per cent. less than that of the previous year. There was also an improvement in the death rate for Europeans and non-Europeans. Compared with the previous year the decrease was 3.0 per cent. for Europeans and 5.8 per cent. for non-Europeans. 50.9 per cent. of the non-European deaths occurred in persons under 25 years of age as compared with 11.4 per cent. in Europeans.

The infant mortality rate also showed a decrease compared with the previous year. The decrease was 5.3 per cent. for all races, 27.0 per cent. for Europeans and 1.3 per cent. for non-Europeans. In all three instances the rates are the lowest on record for the City.

Infectious Diseases.

Tuberculosis.—There was a slight decrease in the number of new cases of tuberculosis notified during the year under review, 2,023 (279 European and 1,744 non-European) as compared with 2,117 (267 European and 1,850 non-European) in the year 1945-46. There was also an improvement in the mortality rate from tuberculosis (all forms). The decreases were 11.9 per cent. for all races; 5.4 per cent. for Europeans, and 12.5 per cent. for non-Europeans. 491 non-European deaths or 47.9 per cent. occurred in persons under 25 years of age as compared with 32 or 25.0 per cent. in Europeans.

Enteric fever.—Enteric fever was more prevalent than in the previous year, particularly amongst non-Europeans. In non-Europeans there were 144 cases and 24 deaths as compared with 24 cases and 5 deaths in Europeans. The highest incidence of the disease was in Ward 8.

The department became aware of a sharp outbreak of the disease in the beginning of January, 1947. A report on the investigation and precautions undertaken by the department is given in this report on page 30.

Diphtheria.—It is gratifying to note that the incidence rate of diphtheria for both Europeans and non-Europeans over the last four years shows a steady and progressive fall, which is due to the increased number of immunised children in the Municipal area. The department is satisfied that the steady increase of an immunised child population will result in a still lower morbidity rate for this disease.

Scarlet fever.—This disease which varies in prevalence from year to year was in a phase of abeyance in the year under report. The European incidence rate was 1.36 as against 1.80 in 1945-46.

Acute poliomyelitis.—There was a further decline in the number of notifications of this disease. Only 7 cases were notified during the present period as compared with 14 in the previous year.

Other diseases.—The position in regard to Cerebrospinal fever, Whooping cough and Measles was normal.

Veneral diseases.—The number of new cases of these diseases registered at the treatment centres during the year was 5,112 as compared with 5,150 in the previous year, and the number of new cases registered at the pre-natal clinics increased from 611 in the previous year to 905 in the present year.

At the pre-natal clinics routine Wassermann tests are carried out for every expectant mother and during the year under review 11,132 blood specimens (901 from European and 10,231 from non-European women) were submitted for examination. The number of Wassermann tests carried out during the previous year was 8,276 (594 from European and 7,682 from non-European women).

Housing.—During the year under review 8 sub-economic flats and 688 sub-economic houses were built by the Council. Many more houses are needed to alleviate the acute housing shortage in the City, particularly for the poorer sections of the community, most of whom are living under grossly overcrowded conditions. The Housing Supervisor has on her waiting lists 6,000 suitable applicants drawn largely from the lower income groups who have voluntarily applied for re-housing. In addition there are untold thousands of families living under appalling housing conditions who would apply if they knew where and how, or could be given any hope of getting alternative accommodation within a reasonable time.

The health inspectors in the course of their daily duties are constantly finding cases of overcrowding where families of five or more persons are forced to live in one small room. The department is powerless to deal with this problem under the Public Health Act or Slums Act as no alternative accommodation is available. The increase in the number of non-Europeans who inhabit the mountainside and the slopes of Signal Hill, and the growth in the number of unauthorised shacks on the Cape Flats and elsewhere are further indications of the acute housing shortage in the municipal area.

The problem has also been accentuated by the migration of natives to the City. Owing to the limited size of Langa Native Township the natives have steadily infiltrated into what was formerly regarded as Coloured areas and have squeezed the indigenous Coloured from their habitations.

Tuberculosis.—The most serious results of the overcrowding which exists in the City are reflected in the non-European morbidity and mortality rates for pulmonary tuberculosis which for Cape Town are about the highest for any civilized community in the world. The inadequate hospital accommodation available for tuberculosis patients prevents the department from isolating the infectious cases who continue to spread the disease amongst their families and other persons who share their overcrowded dwellings and shacks.

Based upon the formula of providing at least one bed for each death per annum from tuberculosis, Cape Town requires at least 1,250 beds for the isolation and treatment of cases of this disease. The accommodation at present available in hospitals, sanatoria and nursing homes for cases in the municipal area comprises 420 beds.

Plans of proposed extensions to Rentzkie's Farm Hospital to provide accommodation for an additional 350 patients have been approved by the Council and will be submitted to the Government in the near future.

The installation of a Mass Radiography Unit authorised by the Council will reveal more cases of the disease especially in its early stage, and the necessity for additional hospital accommodation will be more and more urgent.

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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Medical Officer of Health.

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

March, 1949.

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MUNICIPALITY OF THE CITY OF CAPE TOWN.

LEADING STATISTICS, YEAR ENDED 30TH JUNE, 1947.

Area: 50,810 Acres.	European.	Non-European.	All races.	European.
Total population	183,720	206,997	390,717	—
Population (excluding the Native Township of Langa)	183,690	196,480	380,170	—
	<i>A</i>	<i>A</i>	<i>A</i>	<i>B</i>
Birth rate	21·67	46·18	34·36	22·21
Death rate	9·33	18·84	14·27	9·68
Infant mortality rate	27·46	107·97	84·05	27·04
Tuberculosis death rate	0·70	5·23	3·04	0·73
Enteric incidence rate	0·13	0·73	0·44	—
Enteric death rate.. .. .	0·03	0·12	0·08	0·03

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 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, 1947.

SECTION 1.—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 2-6), 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 Wards 2 and 3) 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 7-8 and 11-15) 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 6 and 7), next to Cape Town proper, slope down to Table Bay, and at the other end Muizenberg, St. James and Kalk Bay (Ward 15) 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 8) 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, 1947, amounted to approximately 50,810 acres or 79 square miles. The length of the main road passing through the Municipality from the boundary at Bakoven to that of Kalk Bay is about 25 miles.

Recently the boundaries of the existing wards of the Municipality were altered under the City of Cape Town Unification Ordinance, 1913 (Ordinance No. 19 of 1913). The description of the boundaries of the wards redistributed are set out as follows:—

NOTE.—Where a road, river or railway line is mentioned the middle of such road, river or railway line is to be taken, unless inconsistent with the context. Directions are to be taken as true bearings and not magnetic.

WARD 1.

From the point where the prolongation of Rocklands Road meets the boundary of the Municipality at low-water mark of the sea-shore; thence along the said prolongation to Rocklands Road; thence along Rocklands Road, Main Road, Frere Road, High Level Road, and Glengariff Road to its intersection with the prolongation of the south-eastern boundary of Erf 239 Sea Point East; thence along a straight line towards the trigonometrical beacon "Lion's Rump" to Signal Hill Road; thence south-westwards along Signal Hill Road so as to exclude it from this ward to the watershed on Lion's Rump; thence along the said watershed to the eastern beacon of Erf 148 Clifton (Section No. 1, Cape Town Commonage) on Lion's Head; thence along the boundaries of the said Erf 148 Clifton to exclude it from this ward to low-water mark of the sea-shore; thence along the boundaries of the Municipality to the point first named.

WARD 2.

From a point on the boundary of the Municipality at low-water mark of the sea-shore situated north-east of the beacon on Tennant Street of the Railway property called Lot Cape Foreshore Section 2; thence in a straight line to the said beacon on Tennant Street; thence along the boundaries of said Lot Cape Foreshore to include it in this ward to its first beacon on Castle Street; thence along Castle Street, Darling Street, Plein Street, Longmarket Street, Adderley Street, Shortmarket Street, Loop Street, Castle Street, Chiappini Street, Strand Street and High Level Road to the boundary of Cape Town Commonage Section 5 (C.G. 10-66) near Boundary Road; thence along the boundaries of the said Commonage and of the Position Finding Station (C.F. 20-43) so as to exclude them from this ward, to the north-western beacon of the latter; thence in a straight line towards the trigonometrical beacon "Lion's Rump" to Signal Hill Road; thence along Signal Hill Road, to exclude it from this ward to the boundary of Ward 1; thence along the boundaries of Ward 1 and of the Municipality to the point first named.

WARD 3.

From the point of intersection of Longmarket Street and Adderley Street; thence along Adderley Street, Wale Street, Long Street, Kloof Street, Park Road, New Church Street, Kloof Nek Road, and Camps Bay Drive to the northern boundary of Lot TMS about to be granted to the Council of the City of Cape Town; thence along the boundaries of the said Lot TMS so as to include it in this ward to its southernmost beacon on the boundary of the Municipality; thence along the boundaries of the Municipality, Ward 1 and Ward 2 to the point first named.

WARD 4.

From the point of intersection of Darling Street and Buitenkant Street; thence along Buitenkant Street, Upper Buitenkant Street, and Platteklip Road to the southernmost beacon of Erf 866 Oranjezicht; thence along the boundaries of the following properties so as to include them in this Ward, viz.: the said Erf 866 Oranjezicht, Erf 863 Oranjezicht (St. Cyprians School) and Erf 658 Oranjezicht (Oranjezicht Estate) to the southernmost beacon of the said Erf 658; thence up the Platteklip Stream and Gorge to the northern boundary of Lot Plateau (C.F. 28-27); thence along the boundaries of Lot Plateau to include it in this ward to its southernmost beacon ("Table Mountain"); thence along the boundary of the Municipality to the northernmost beacon of the land granted to the Wynberg Municipality (C.F. 24-10); thence along the boundaries of the Catchment Area (C.F. 21-7) and of the land transferred by the Wynberg Municipality to the Cape Town Municipality by Deed No. 1951 dated 13/4/1895, so as to include them in this ward, to the westernmost beacon of the latter; thence along the boundaries of the Municipality, Ward 3 and Ward 2 to the point first named.

WARD 5.

From the point of intersection of Buitenkant Street and Darling Street, thence along Darling Street, Hanover Street, Windsor Street and Cambridge Street to its intersection with Upper Cambridge Street; thence to the nearest beacon of Erf 610 Vredehoek (Zonnebloem Estate); thence along the boundaries of the said Erf 610 to its south-eastern beacon; thence in a straight line to the trigonometrical beacon "Devil's Peak"; thence in a straight line to the north-eastern beacon of Lot Plateau (C.F. 28-27); thence along the boundaries of Ward 4 to the point first named.

WARD 6.

From a point on the boundary of the Municipality at low-water mark of the sea-shore, north-west of the reference mark (L 7a) on the Marine Drive near the Church Street Bridge; thence in a straight line to the said reference mark; thence in a straight line to the nearest point of Lower Church Street; thence along Lower Church Street, Albert Road, Aberdeen Street, Victoria Road, and Mountain Road to its southern end; thence along the western boundary of Lot A of Roodebloem Estate (General Plan R 7d) to De Waal Drive; thence along De Waal Drive to the north-western boundary of Groot Schuur Estate; thence along the boundaries of Groot Schuur Estate so as to exclude it from this ward to its beacon approximately 400 feet south-east of the trigonometrical beacon "Kings Battery"; thence in a straight line to the trigonometrical beacon "Devil's Peak"; thence along the boundaries of Ward 5, Ward 2, and the Municipality to the point first named.

WARD 7.

From the point where the south-western boundary of Lot Super Power Station Annexe (C.F. 33-23) produced meets the boundary of the Municipality at high-water mark of the sea-shore; thence in a straight line to the westernmost beacon of the said Super Power Station Annexe; thence along the boundaries of the following properties and roads so as to exclude them from this ward, viz.: the said Super Power Station Annexe, the Super Power Station (C.F. 32-27), Paarden Eiland Township (General Plan T.P. 25R), Lot P.I.3 (Deed No. 10183 dated 11.10.1929), the said Paarden Eiland Township, Paarden Eiland Road, Koeberg Road, Royal Road, Royal Subdivided Estate (General Plan T.P. 9h), Royal Road, Beach Road, Coronation Road, Lot 11c (C.F. 8.45) and Voortrekkerweg to the Salt River; thence up the Salt River and Liesbeek River to Nelson Road; thence along Nelson Road, the Suburban Railway Line, Malta Road, Rochester Road, Cemetery Road and De Waal Drive to the boundary of Ward 6; thence along the boundaries of Ward 6 and the Municipality to the point first named.

WARD 8.

From a point on the boundary of the Municipality nearest the south-eastern beacon of Oude Molen (C.Q. 5-49); thence across Alexandra Road to that beacon; thence along the boundaries of the said Oude Molen and of Valkenberg (C.F. 14-41) so as to include them in this ward to the boundary of the Caledonian Sports Ground (Deed No. 2064 dated 18.3.1898); thence along the boundaries of the said Caledonian Sports Ground so as to exclude it from this ward to the Liesbeek River; thence along the Liesbeek River to Nelson Road; thence along the boundaries of Ward 7 and the Municipality to the point first named.

WARD 9.

From the southernmost beacon of Erf 92 Pinelands (C.G. 92-1938) on the boundary of Bokmakierie Vlei; thence to the nearest point on Langa Road; thence along Langa Road, the Cape Flats railway line, Klipfontein Road, Sawkins Road, Upper Liesbeek Road, Liesbeek Road, the Liesbeek River, the private road in prolongation of Ryans Road, Ryans Road, Main Road, and Chapel Road, to the boundary of the Rhodes Recreation Ground (Deed No. 2064 dated 18.3.1898); thence along the boundaries of the said Recreation Ground and of the Trigonometrical Survey Office, so as to include them in this ward to Rhodes Avenue; thence along Rhodes Avenue, and Rhodes Drive to the boundary of the University of Cape Town Site (C.F. 30-39); thence along the boundaries of the said University Site so as to exclude it from this ward to its north-western beacon; thence in a straight line to the beacon on Groot Schuur Estate approximately 400 feet south-east of the trigonometrical beacon "Kings Battery"; thence along the boundaries of Ward 6, Ward 7, Ward 8 and the Municipality to the point first named.

WARD 10.

From the north-western beacon of Lot A (C.Q. 37-20); thence across Wetton Road to the south-eastern beacon of Kenilworth Race Course (C.F. 18-1); thence along the eastern boundary of the said Kenilworth Race Course to its northern beacon; thence along Race Course Road, Lansdowne Road, and the Cape Flats railway line to Klipfontein Road; thence along the boundaries of Ward 9 and of the Municipality to the beacon first named.

WARD 11.

From the point where the southern boundary of Milner-Lansdowne Estate (General Plan M.69B) produced meets the Cape Flats Railway Line; thence in a straight line to the south-eastern beacon of the said Milner-Lansdowne Estate; thence along the southern boundary of the said Estate to its south-western beacon; thence in a straight line to the north-eastern beacon of the Kromboom Estate (General Plan C.37); thence along the northern boundaries of the said Kromboom Estate and of Lot 1, Block B (Deed No. 8472 dated 7.10.1897) to the Kromboom River; thence up the Kromboom River to the southernmost point of Golden Grove (C.F. 27-18); thence along the south-western boundary of the said Golden Grove to Avenue De Mist; thence along Avenue De Mist, Belvedere Road, Kromboom Road, Palmyra Road, Camp Ground Road, Kelvin Road, Boundary Road, Main Road, Dean Street, Newlands Avenue and Groot Schuur to the north-eastern boundary of Newlands Forest; thence along that boundary—that is to say the north-eastern boundaries of the Estate Papenboom or the Brewery transferred to J. M. Maynard (Deed No. 90 dated 21.3.1837) and the land granted to Daniel van Reenen (C.Q. 8-45) to the northernmost beacon of the latter; thence in a straight line to the trigonometrical beacon "Devil's Peak"; thence along the boundaries of Ward 6, Ward 9 and Ward 10 to the point first named.

WARD 12.

From the point of intersection of Race Course Road with Myhof Road; thence to the south-western beacon of Oaklands Estate (General Plan O.19); thence along the western boundary of the said Oaklands Estate and the prolongation thereof north-westwards to Myhof Road; thence along Myhof Road, Lansdowne Road, Stanhope Road, Brooke Street, Grove Walk, Grove Avenue, Newlands Road, Mountain Road and Bishopscourt Road to the boundary of the Municipality, Ward 4, Ward 5, Ward 11 and Ward 10 to the point first named.

WARD 13.

From a point on Wetton Road on the boundary of Ward 10; thence along Wetton Road, Riverstone Road, Aliwal Road, Wolfe Street, and Alphen Hill Road to the boundary of the Municipality; thence along the boundaries of the Municipality, Ward 12 and Ward 10 to the point first named.

WARD 14.

From the north-western beacon of Zeekoe Vlei Estate (General Plan Z.17); thence in a straight line to the south-eastern end of Princess Road; thence along Princess Road, Victoria Road, Main Road, Gabriel Road and Constantia Road to the boundary of the Municipality; thence along the boundaries of the Municipality to Alphen Hill Road; thence along the boundaries of Ward 13, and the Municipality to the beacon first named.

WARD 15.

From the point where Constantia Road meets the boundary of the Municipality; thence along the boundaries of Ward 14 to the north-western beacon of Zeekoe Vlei Estate (General Plan Z.17); thence along the boundary of the Municipality to the point first named.

CLIMATE.

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

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

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

The meteorological readings taken by the City Health Department at the City Hospital, Portwood Road, for the year under review and for previous years will be found in Tables U to X, on pages 127 to 130.

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.

Forty-seven per cent. of the Cape Town population of over three hundred and ninety thousand consists of whites, or "Europeans". The other fifty-three per cent. is commonly designated as "non-European". Eighty-one per cent. 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 40s. 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. 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 15 per cent. of the non-Europeans. They live in the Council's native township, 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 township 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 7,000 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 township 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.

CENSUS, 7th MAY, 1946. MUNICIPALITY OF CAPE TOWN.

Municipal Wards.	European.		Native.		Asiatic.		Other Coloured.		All non-European.		All Races.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1 ..	6,563	8,084	768	383	28	14	299	1,658	1,095	2,055	7,658	10,129
2 ..	6,078	6,459	846	328	69	37	1,711	2,329	2,626	2,694	8,704	9,153
3 ..	4,242	4,865	602	426	358	305	4,144	4,984	5,104	5,715	9,346	10,580
4 ..	7,405	8,803	547	310	34	19	374	1,300	955	1,629	8,360	10,432
5 ..	4,172	4,341	1,082	605	439	350	9,800	10,816	11,321	11,771	15,493	16,112
6 ..	3,063	3,264	700	210	585	400	10,184	11,407	11,469	12,017	14,532	15,281
7 ..	6,733	7,010	175	57	257	172	4,509	5,063	4,941	5,292	11,674	12,302
8 ..	8,081	7,889	3,712	1,709	319	216	8,899	9,301	12,930	11,226	21,011	19,115
9 ..	8,890	10,008	394	215	211	164	3,482	4,343	4,087	4,722	12,977	14,730
10 ..	2,191	2,089	1,047	708	377	278	11,067	11,175	12,491	12,161	14,682	14,250
11 ..	6,447	6,715	541	388	48	51	1,697	2,623	2,286	3,062	8,733	9,777
12 ..	5,575	5,968	297	217	177	122	4,384	5,163	4,858	5,502	10,433	11,470
13 ..	5,354	6,356	716	336	166	126	4,291	5,087	5,173	5,549	10,527	11,905
14 ..	5,701	6,141	356	155	186	136	4,859	5,603	5,401	5,894	11,102	12,035
15 ..	5,102	5,715	1,770	1,026	202	141	6,804	7,684	8,776	8,851	13,878	14,566
Table Mountain	—	—	3	—	—	—	5	8	8	8	8	8
Langa Native Township	14	12	7,936	2,479	—	—	10	7	7,946	2,486	7,960	2,498
Shipping ..	668	31	17	—	120	—	198	—	335	—	1,003	31
Railway Passengers	552	234	157	40	11	7	251	123	419	170	971	404
Totals ..	86,831	93,974	21,666	9,592	3,587	2,538	76,968	88,674	102,221	100,804	189,052	194,778
Census:*												
1941 (European) ..	71,914	85,331	9,548	4,035	2,439	1,046	61,920	70,216	73,907	75,297	71,914	85,331
1936 (non-European) ..											73,907	75,297
Increase ..	14,917	8,643	12,118	5,557	1,148	1,492	15,048	18,458	28,314	25,507	43,231	34,150
Percentage ..	20.7	10.1	126.9	137.7	47.1	142.6	24.3	26.3	38.3	33.9	29.7	21.3
												25.3

* Including the district of Windermere.

SECTION II—VITAL STATISTICS.

The vital statistics in this report refer to the Municipality of Cape Town as extended by the addition of the district of Windermere (including Factreton) which was incorporated in May, 1943, and are for the period of 52 weeks ended 27th June, 1947. Vital statistics for the district of Windermere, which were based on the population figures enumerated in the housing survey carried out there in 1944 and 1945, have previously been shown separately in the annual reports for the years 1944, 1945 and 1946 respectively.

Except where otherwise stated, the Langa Native Township which has a rapidly changing population has been excluded from all statistics in this report.

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.

(CENSUS, 7TH MAY, 1946.)

The finally approved population figures for all races for the Municipality of Cape Town (including the Langa Native Township and the added area of Windermere) as enumerated at the census on 7th May, 1946, kindly supplied by the Department of Census and Statistics, Pretoria, are set out in the table on previous page in respect of each of the fifteen constituent wards of the City according to the boundaries redelimited in 1945 (Official Gazette No. 2201, December, 1945), under the City of Cape Town Unification Ordinance 1913 (Ordinance No. 19 of 1913). The table also shows the increase in the population for each race since the last census.

The last census of the total population was taken in May, 1936, but in May, 1941, a census was taken in respect of the European population only.

The racial proportions of the total population for the Municipality of Cape Town were, European 47.1 per cent., Native, 8.1 per cent., Asiatic, 1.6 per cent., and other Coloured, 43.2 per cent. The percentage of the different races amongst the non-Europeans were: Native, 15.4 per cent., Asiatic, 3.0 per cent., and other Coloured, 81.6 per cent. Of the Natives, 33.3 per cent. were living in the Langa Native Township and 66.7 per cent. in the rest of Cape Town.

The ratio between the sexes for each race (i.e. the number of males to each 100 females) were, European, 92.4, Native, 225.9, Asiatic, 141.3 and other Coloured, 86.8.

An outstanding feature of the census is the growth of the native population within the Municipality. In the 1936 census the native population was 13,583, including residents in the Langa Native Township. In the 1946 census the native population had grown to 31,258, an increase of 17,675, or 130.1 per cent. for the decennial period. Although the largest number of natives in the City is shown as living in Ward 8, which includes the district of Windermere, it will be seen that the native population is fairly well spread over the whole of the Municipality.

The estimates of population and the calculated vital statistics for the previous years since 1941-42 (European) and 1936-37 (non-European) have been revised in the light of these figures (see Table G, page 113).

The vital statistic rates for the separate wards of the City which were redelimited in 1945, are based on these figures and will continue to be the basis for the calculation of the vital statistic rates in subsequent years until after the next census when the annual factor of increase for ward populations will become known. The census figures for each of the wards as constituted prior to the redelimitation are not available.

Populations and vital statistic rates for the separate wards of the city will be found in Table J, page 116.

POPULATION.

(ESTIMATED AS AT 31ST DECEMBER, 1946.)

The estimated population of the extended municipality as recorded below (excluding Langa Native Township) is calculated for the middle of the year under report (31st December, 1946); as to Europeans from the figures of the 1941 and 1946 censuses, and as to non-Europeans, the 1936 and 1946 censuses.

Race.	Males.	Females.	Persons.
European	88,215	95,475	183,690
Native (not Langa)	14,466	7,494	21,960
Asiatic	3,725	2,635	6,360
Other Coloured	78,136	90,024	168,160
Non-European	96,327	100,153	196,480
All races	184,542	195,628	380,170

The rates for the extended Municipality for the year under report are based on the above figures, and the events (births and deaths) in the Langa Native Township are excluded.

For the purpose of comparison it is of interest to note that according to the population figures of the 1946 census for the Municipality of Cape Town (excluding the figures for Windermere and the Langa Native Township), the estimated European population as at 31st December, 1946, calculated from the figures of the 1936 census and that of the 1941 census taken during the war, is underestimated by 12.6

per cent. (162,730 instead of 183,220). The non-European population which was based on the censuses of 1926 and 1936, is underestimated by 1.2 per cent. (183,230 instead of 185,440). The population for all races is underestimated by 6.6 per cent. (345,960 instead of 368,660).

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

European.		Native.		All races.	
Males.	Females.	Males.	Females.	Males.	Females.
13	17	7,801	2,716	7,814	2,733

BIRTHS.

The births and birth rates for the Municipality of Cape Town in the year 1946-47 are shown in Table F, on page 112.

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

	Birth rate.	Rate of natural increase.	
European	22.21	12.53	corrected for outward and inward transfers.
Coloured	48.54	30.36	corrected for outward transfers.
Native (not Langa) ..	32.88	6.08	" " "
Asiatic	29.80	20.97	" " "
All non-Europeans ..	46.18	27.34	" " "
All races	34.36	20.09	" " "

The non-European birth rate was 2.1 times as great as the European (corrected for outward transfers). The ratio was 2.2 for Coloured, 1.5 for Natives and 1.4 for Asiatics.

In Table G, on page 113, the annual birth rate and rate of natural increase for 34 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 an increase of 10.7 per cent., and the non-European (corrected for outward transfers) an increase of 5.5 per cent.

The natural increase of the non-European population (i.e., the excess of births over deaths) was 2.4 times as great as that of the European population (corrected for outward transfers); expressed as per 1,000 population it was 2.2 times as great.

In Table E, on page 111, 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 105.3 amongst Europeans and 97.5 amongst non-Europeans.

The percentage of illegitimate to total births (corrected for outward transfers) was 3.1 amongst Europeans and 23.0 amongst non-Europeans. The corresponding figures for former years will be found in Table G, on page 113.

The number of still-births registered as having taken place in Cape Town during the year was 473, including 100 Europeans and 373 non-Europeans. Corrected for outward transfers the number was 419 (82 European and 337 non-European).

6,184 births (3,301 European and 2,883 non-European) and 235 still-births (75 European and 160 non-European) took place in maternity homes and other institutions within the Municipality, the remaining 7,961 births and 238 still-births were home deliveries attended by doctors or midwives. Corrected for outward transfers, the births in institutions were 5,111 live births (2,576 European and 2,535 non-European) and 188 still-births (55 European and 133 non-European). This is equivalent to a percentage of 39.2 of all live births (corrected for outward transfers), the percentage being 64.9 amongst Europeans and 28.0 amongst non-Europeans.

Statistics based on birth notifications will be found in Table M, on page 119.

Births registered as belonging to the Langa Native Township are not included in the foregoing figures. Particulars regarding these will be found in Table S, on page 125.

Reference to Table T, on page 126, will show the births for the district of Windermere.

In Table K, on page 117, 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 1946-47 are shown in Table F, on page 112. The death rates per 1,000 population were as follows:—

European	9.68	corrected for outward and inward transfers.
Coloured	18.18	corrected for outward transfers.
Native (not Langa) ..	26.80	corrected for outward transfers.
Asiatic	8.83	" " "
All non-Europeans ..	18.84	" " "
All races	14.27	" " "

The non-European death rate (corrected for outward transfers) was 2.0 times as great as the European rate (Coloured 1.9, Natives 2.9); in Asiatics the death rate was 1.1 times less than the European rate.

The European death rate (corrected for outward and inward transfers) was 3.6 per cent. less than that of the previous year and 6.9 per cent. less than that of the preceding quinquennium. The non-European rate (corrected for outward transfers) was 5.8 per cent. less than that of the previous year and 12.6 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 113, the annual death rate for 34 years is set out in years and quinquennia.

CAUSES OF MORTALITY.

In Tables A1, A2, A3, A4 and A5, on pages 76 to 106, 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 107; and in Table C, on pages 108 and 109, 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	2.58	Tuberculosis	5.23
Cancer	1.52	Bronchitis and pneumonia	2.50
Arterial diseases*	1.24	Cardiac diseases	1.97
Tuberculosis	0.73	Congenital malformations and diseases of	
Violence	0.50	early infancy	1.79
Congenital malformations and diseases of		Diarrhoea and enteritis	1.69
early infancy	0.41	Arterial diseases*	1.02
Bronchitis and pneumonia	0.40	Violence	0.75
Diarrhoea and enteritis	0.40	Cancer	0.69
Nephritis	0.32	Syphilis, G.P.I., tabes and aneurysm of the	
Diabetes	0.19	aorta	0.57
		Nephritis	0.38

* Including intracranial lesions of vascular origin.

The contrast between the races is largely due to two factors, viz., (1) the prominence in non-Europeans of deaths from causes associated with bad social and economic conditions; and (2) the difference in the age constitution of the two populations. Thus tuberculosis, and bronchitis and pneumonia, which are fostered by bad conditions of life, cause more mortality in non-Europeans than in Europeans, where they are far exceeded by circulatory diseases and cancer. The same influence operates in diarrhoeal diseases, measles and whooping cough. As regards the age factor, bronchitis and pneumonia, diarrhoea and enteritis, measles, whooping cough and the conditions in the "congenital" category, chiefly affect young children; and the large corresponding death-rates in non-Europeans are in part due to the mere fact that there is a greater proportion of young children in the non-European population than in the European. (The figures for infant mortality in Table H, on page 114, 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 116, the deaths by race are classified according to place of residence (wards).

Deaths in the Langa Native Township are not included in the foregoing figures. Particulars regarding these will be found in Table A4, on page 104 and in Table S, on page 125.

Information regarding deaths for the district of Windermere will be found in Tables A5 and T, on pages 105 and 126.

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 117.

DEATHS IN INSTITUTIONS.

In Table L, page 118, the deaths which took place in various institutions are set out.

Of the total deaths in Cape Town (uncorrected) 37.0 per cent. took place in institutions (48.5 per cent. of all European deaths and 31.3 per cent. of all non-European deaths).

After correcting for outward transfers the percentage of deaths occurring in institutions was 29.0 (39.4 per cent. of European deaths and 24.2 per cent. of non-European deaths). Correcting also for inward transfers 39.9 per cent. of European deaths took place in institutions.

SEASONAL VARIATIONS.

The seasonal variation in mortality is shown in Table D, on page 110, where the deaths for the year 1946-47, classified for certain causes and by race, are set out according to the month of registration.

SEX.

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

Race.	Uncorrected.		Corrected for outward transfers.		Corrected for outward and inward transfers.	
	Males.	Females.	Males.	Females.	Males.	Females.
European	13.57	9.28	10.96	7.82	11.38	8.11
Native (not Langa)	28.28	31.58	25.58	29.17		
Asiatic	12.38	4.95	11.58	4.95		
Other Coloured	23.72	17.54	20.58	16.08		
Non-European	23.96	18.26	20.99	16.77		
All races	19.00	13.88	16.19	12.40		
Native (Langa)			16.36	14.89		

It will be seen from the above figures that in Europeans the male death rate (corrected for outward and inward transfers) was 40.3 per cent. greater than the female; and in non-Europeans the male death rate (corrected for outward transfers) was 25.2 per cent. greater than the female (Asiatics, 133.9, Coloured 28.0; in Natives the male death rate was 12.3 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	58	52	110	5.79	6.73	6.20
Over 1 and under 5 years ..	18	6	24	1.80	0.78	1.35
" 5 .. 25	39	29	68	3.90	3.76	3.84
" 25 .. 65	391	272	663	39.06	35.23	37.40
" 65 years	495	413	908	49.45	53.50	51.21
Total European deaths ..	1,001	772	1,773	100.00	100.00	100.00
B. Non-Europeans :						
Under 1 year	523	454	977	25.94	27.10	26.47
Over 1 and under 5 years ..	250	232	482	12.40	13.85	13.06
" 5 .. 25	217	202	419	10.77	12.06	11.35
" 25 .. 65	826	567	1,393	40.97	33.85	37.74
" 65 years	200	220	420	9.92	13.14	11.38
Total non-European deaths	2,016	1,675	3,691	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 7.6 per cent. of all deaths in Europeans, as compared with 39.5 per cent. in non-Europeans; and that the deaths under 25 years of age constitute 11.4 per cent. of all deaths in Europeans as compared with 50.9 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 1946-47, and the corresponding rates, are shown in Table F, on page 112. The infant mortality rates per 1,000 births were as follows :—

Europeans	27.04	corrected for outward and inward transfers.
Coloured	93.24	corrected for outward transfers.
Native (not Langa) ..	283.33	" " "
Asiatic	74.07	" " "
All non-Europeans ..	107.97	" " "
All races	84.05	" " "

The non-European infant mortality rate was 3.9 times as great as the European (corrected for outward transfers). The ratio was 3.4 for Coloured, 10.3 for Natives and 2.7 for Asiatics.

The European infant mortality rate (corrected for outward and inward transfers) was 26.7 per cent. less than that of the previous year and 21.4 per cent. less than that of the preceding quinquennium. The non-European rate was 1.3 per cent. less than that of the previous year and 11.6 per cent. less than that of the preceding quinquennium. The infant mortality rate for European, non-European and all races in the year under review was by far the lowest ever recorded for the City. In Table G, on page 113, the annual infant mortality rate for 34 years is set out in years and quinquennia.

The death rate for 1946-47 of children between one and two years old per 1,000 survivors of those born in the previous year, was 3.0 for Europeans and for non-Europeans 39.5 or 13.2 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 114, 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 53.2 per cent. of the deaths under one year old occurred in the first week of life, and 68.8 per cent. in the first month (four weeks). Amongst non-European infants the percentages were 24.1 in the first week and 38.4 in the first month. In Table I, on page 115, 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	16.9	38.8
" " " " " 1945	20.7	39.2
" " " " " 1946	23.7	38.9
" " " " " 1947	18.9	41.4

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	3,847	6,965	10,812
Number of legitimate deaths under one year of age	102	649	751
Infant mortality (legitimate) per 1,000 births.. ..	26.5	93.2	69.5
Number of illegitimate births	123	2,084	2,216*
Number of illegitimate deaths under one year of age	7	328	344*
Infant mortality (illegitimate) per 1,000 births ..	56.9	157.4	155.2

* Including 9 of unknown race.

In Table J, on page 116, the infant mortality by race will be found classified according to place of residence (wards).

The infant deaths in the Langa Native Township are not included in the foregoing figures. Particulars regarding these will be found in Table A4, on page 104, and in Table S, on page 125.

In Table T, on page 126, will be found the infant mortality rate for the district of Windermere.

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) ..	—	4	4	—	0.44	0.31
Abortion, ectopic gestation, and haemorrhages of pregnancy ..	—	2	2	—	0.22	0.15
Toxaemias and other diseases and accidents of pregnancy ..	1	4	5	0.25	0.44	0.38
Puerperal haemorrhage	—	—	—	—	—	—
Other puerperal accidents and diseases	—	5	5	—	0.55	0.38
All causes, other than puerperal septicaemia (including post-abortive infection)	1	11	12	0.25	1.22	0.92
Total	1	15	16	0.25	1.66	1.23

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	1.79	1.49	1.09	2.50	2.06	1.93	4.29	3.55
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	1.04	2.11	1.77	1.30	2.61	2.19	2.34	4.72	3.95
1944-45	0.00	0.49	0.34	0.56	2.20	1.70	0.56	2.69	2.04
1945-46	0.28	0.96	0.76	1.71	1.68	1.69	1.99	2.64	2.45
1946-47	0.00	0.44	0.31	0.25	1.22	0.92	0.25	1.66	1.23

MATERNAL AND CHILD WELFARE.

B.—ADMINISTRATIVE.

During the year under review the work of this Branch of the City Health Department has been extended by the inauguration of a fortnightly session for European infant consultations at Devil's Peak Estate and the taking over of the Camps Bay voluntary centre from the S.A. Mothercraft Training Centre.

Pre-natal clinics show an encouraging increase in attendances and in many areas this is due to the co-operation of the midwives. The attendances during the last five years have increased by 64 per cent. It was 18,227 in 1942-43 compared with 29,897 for the present year. This increase has taken place mainly at the suburban centres.

Births in maternity homes and other institutions within the Municipality are steadily on the increase. In 1945-46, 38.5 per cent. of all live births belonging to Cape Town occurred in institutions (63.2 per cent. European and 27.6 per cent. non-European). In the year under report the percentage was 39.2 (64.9 European and 28.0 non-European). Notification of births to this Department under the Regulations re Early Notification of Births reveals that of the extern births reported by private midwives the percentage of uncertificated midwives involved was 28.0 per cent. compared with 80.0 per cent. in 1930-31.

During May, 1947, there was an outbreak of neo-natal diarrhoea amongst newly born infants at the Peninsula Maternity Hospital. The epidemic continued beyond the end of the year under report and investigations regarding the epidemic are still proceeding.

The Supervisor of Midwives (Mrs. L. H. Stade) who was appointed to this position in 1931, died on 1st February, 1947, after a long illness. Mrs. Stade was the first full-time Supervisor of Midwives appointed in Cape Town, and she had carried out her work with great interest and enthusiasm from the start. She was in close touch with the problems of midwives especially those working under difficult conditions, and her tact and sympathetic handling were much appreciated by the midwives themselves.

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 1946-47, the number of births and still-births notified was 15,850, as follows:—

Notified by midwives and nurses (other than extern or intern institutional cases)	7,052
Notified by doctors	730
Notified by institutions (extern or intern)	7,764
Notified by parents and others	109
Notified by health visitors	195

There were 281 births notified in Langa Native Township.

In Table M, on page 119, 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>
<i>In private houses:</i>			
By private doctors		787	5.3
By private midwives:			
Certificated		4,807	32.9
Uncertificated		1,870	12.8
By public midwives or midwife students		1,573	10.8
No doctor or midwife		97	0.6
No information		70	0.5
		9,204	62.9
<i>In institutions:</i>			
Public institutions		3,851	26.4
Private nursing homes		1,565	10.7
		5,416	37.1

The extern births attended by certificated private midwives continued to increase in proportion to those attended by uncertificated women. In the year 1930-31, 80 per cent. of midwife births (extern) were attended by uncertificated midwives. This figure had fallen to 32 per cent. in 1945-46 and has been reduced to 28 per cent. for the present year.

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 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 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, 1947, there were 25 registered nursing or maternity homes in the municipal area, as follows:—

	<i>Premises.</i>	<i>Beds.</i>
General	16	508
Maternity	8	164
Combined	1	—
General		15
Maternity		15
	25	702

During the year ended 30th June, 1947, 3 registered premises were closed (3 maternity—42 beds) and 3 new premises were registered (2 general—23 beds and 1 maternity—14 beds).

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

Annual inspection of premises	19
Visits re registration of premises	21
Subsequent visits to registered premises	67
	107

Full reports were sent to the Secretary for Health in respect of 29 premises reported on by the assistant inspector as follows:—

	<i>New applications.</i>	<i>Registered premises.</i>
General	6	12
Maternity	4	6
Combined	—	1
	10	19

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 36 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 three non-European junior health visitors, 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 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. Visits are also made to children under 7 years of age who have been recently discharged from hospital.

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

The following table shows the number of visits made during 1946-47 and previous years by the health visitors and the social welfare investigators (including the visits made by the tuberculosis health visitors and the nurse visitors from the Venereal Diseases Branch).

Classification of visits.	Number of visits.									
	1946-47	1945-46	1944-45	1943-44	1942-43	1941-42	1940-41	1939-40	1938-39	1937-38
Visits to houses where births have occurred..	14,622	13,339	13,168	13,273	11,495	10,841	10,582	10,731	10,516	9,580
Subsequent visits to houses where births have occurred ..	43,812	47,252	45,732	45,517	38,391	41,136	39,469	38,914	34,792	34,862
Visits to houses where deaths under 5 years of age have occurred	1,303	1,502	1,754	2,069	1,496	1,740	1,483	1,326	1,315	1,213
Visits to expectant mothers ..	2,890	2,820	2,773	3,526	3,219	3,570	3,439	3,190	2,966	2,547
Visits re protected infants ..	3,029	3,486	3,434	3,686	3,451	3,719	4,131	3,593	3,516	3,252
Special follow-up visits	4,843	5,214	6,559	5,439	4,573	4,313	4,847	3,861	3,639	3,833
Visits to cases of tuberculosis ..	19,018	17,352	17,115	14,621	12,188	13,102	12,231	11,482	9,900	8,683
Visits re cases of puerperal fever ..	76	77	64	109	76	92	105	97	85	70
Visits re measles ..	83	55	29	90	241	33	180	2	42	227
Visits re whooping cough	48	9	127	69	16	69	133	55	41	26
Visits re diarrhoea ..	29	83	115	42	121	131	132	42	27	14
Visits re chicken-pox ..	8	10	8	23	9	12	25	22	19	3
Visits re ophthalmia neonatorum ..	564	563	775	492	457	700	510	700	579	726
Visits re pneumonia ..	360	305	299	370	368	370	489	454	481	526
Visits re trachoma ..	5	6	5	1	2	4	3	13	5	19
Visits re influenza ..	2	1	2	4	5	15	21	9	3	47
Visits re other diseases..	81	121	79	127	106	182	92	104	188	29
Visits re diphtheria immunization ..	2,150	2,830	3,882	3,532	2,987	3,168	3,166	2,221	2,337	2,272
Visits re diphtheria ..	54	167	241	359	82	109	141			
Visits re midwives ..	560	962	1,247	1,010	856	1,057	1,165	1,123	1,254	1,270
Visits re schools ..	569	781	687	547	591	527	803	424	479	403
Visits to school children	870	740	449	694	910	1,213	835	811	851	1,048
Visits to shops and factories ..	410	572	523	129	212	107	205	325	135	142
Visits to nursing homes	114	151	123	137	105	133	105	115	85	41
Visits re verminous persons ..	44	25	43	151	61	50	56	39	25	1
Visits re dental treatment ..	189	156	181	183	277	316	394	361	268	110
House-to-house visitations ..	5,884	6,042	6,465	6,730	4,207	4,873	4,770	5,308	4,446	2,637
Visits re venereal disease	8,876	8,071	7,195	6,291	5,896	5,718	5,206	5,364	4,597	3,996
Visits re prospective foster mothers ..	45	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 ..	3,341	3,302	2,241	681						
Other visits ..	1,023	1,155	1,629	2,416	2,226	1,904	1,694	1,329	1,118	644
Visits by Social Welfare Investigator ..	1,515	1,631	1,968	1,860	1,754	1,535	2,454	2,668	2,890	3,528
Total visits ..	116,417	118,843	118,969	114,269	96,497	100,834	99,209	94,683	86,699	81,749
Complaints referred to Chief Health Inspector	19	44	80	55	41	48	31	52	38	30

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, 1946	131	71	7	26	235
Added to list during 1946-47	9	13	—	—	22
Removed from list during 1946-47 by resolution of Council	—	—	—	—	—
Removed from list during 1946-47, having ceased to practise in the Municipality ..	12	2	—	5	19
On list 30th June, 1947	128	82	7	21	238

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

Owing to the illness of the Supervisor of Midwives, the work of supervision was carried out by the health visitors in addition to their other duties during the greater part of the year under review. Consequently the figures for inspections and visits in this section show a considerable falling off from the previous year.

The extent of the work is indicated by the following figures:—

Visits to midwives in their own homes	441
Meetings of midwives for inspection	10
Attendances of midwives at meetings	121
Midwives specially interviewed by medical officer	93

Prosecution.—Under Section 18 (b) of the Public Health (Amendment) Act No. 15 of 1928, C.A., non-European, was prosecuted and sentenced to a fine of £10 or three months hard labour, suspended for 12 months, for practising as a midwife within the municipal area of Cape Town when her name was not on the Council's list of midwives.

ASSISTED MIDWIFERY.

During the year the City Council paid the fees of private midwives attending indigent persons in 43 cases, the total disbursement amounting to £81 18s. 0d.

Fees to medical practitioners called in by midwives to indigent confinement cases in emergency were paid in 26 cases, the total disbursement amounting to £29 10s. 6d.

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 welfare centres in rotation. These are conducted by one of the medical officers of the child welfare branch assisted by the supervisor of midwives, and have been well attended by the midwives working in the municipal area.

Films were shown at one of the periodic inspections held for midwives at the Wynberg centre. This was also attended by students taking the Health Visitors' and School Nurses' Course at the Technical College, Cape Town.

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 1946-47, corrected for imported cases and misdiagnosis, numbered 82 (11 European and 71 non-European). The number of deaths among the 82 Cape Town cases was 2 (non-European). There was one Cape Town death from the disease according to date of registration in the year.

The mortality from this cause for a series of years, expressed as a rate per 1,000 live births, is shown on page 17.

Attendance at Confinement.—Seventy-two of the cases were confined at home, 8 in hospitals and in 2 instances birth took place in an ambulance. Of the 72 at home, 20 were attended in labour by midwives only, 9 by doctors only, 6 by doctors and midwives, 36 were unattended (9 being abortions) and in one case, no information.

Condition of Child.—Twenty-five of the cases supervened upon the birth of a living child and 57 a dead foetus. Of the 57 cases following delivery of a dead foetus, 2 were of a dead viable foetus and 55 of a non-viable foetus. Thirteen of the cases were reported as occurring in women in the first confinement.

Treatment.—Forty-seven of the cases (corrected for misdiagnosis and for imported infection) were treated in the City Hospital, 2 in the Groote Schuur Hospital and 1 in the Woodstock Hospital; the remaining 32 cases were treated at home.

There were no cases 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 293 registrations of protected infants, and the total visits made by the health visitors during the year was 3,029.

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 1946-47 by the social welfare workers is given below:—

New cases investigated	453
Visits to institutions	438
Visits to cases	855
Visits to Government offices	130
Other visits	92
Total visits	1,515
Office consultations	898

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 again increased, so that it is now too great for one nurse to carry out adequately, and the employment of a second nurse, specialised in orthopaedic work, would be fully justified.

There are now 646 children under supervision of whom 86 are European, 56 are natives and 504 are other coloured. These include the following cases:—

Surgical tuberculosis	221
Rickets with resulting deformities	143
Infantile paralysis	92
Congenital deformities	102
Spastic paralysis	29
Others	59

During the year the orthopaedic nurse visited 3,341 cases, and held 109 sessions which were attended by 1,463 children. Other particulars of the work effected are as follows:—

Children admitted to institutions for orthopaedic treatment	65
Children discharged after treatment	78
Children removed out of the municipal area	35
Referred to Cripple Care Association on reaching age limit of 16 years	24
Cases recovered	89
Deaths	12

MATERNAL AND CHILD WELFARE CENTRES.

Twenty maternal and child welfare centres are maintained, at which 68 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 68 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 for race) at the infant consultations (including pre-school children), pre-natal clinics, school clinics and dinners held at the centres during the year 1946-47.

Centre.	Race.	Infant consultations.				Pre-natal clinics.			School clinics.			Dinners for children under school age, and nursing and expectant mothers.	
		Ses-sions.	First attendances.		Total attend-ances.	Ses-sions.	Attendances.		Ses-sions.	Attendances.		Attendances	
			Under 1 year.	Over 1 year.			First.	Total.		First.	Total.	Adults.	Child-ren.
93, Keerom St., Cape Town.	Eur. .. Non-Eur. Total ..	183	273 605 878	56 113 169	3,083 8,925 12,008	52	27 311 338	163 1,646 1,809	11	13 148 161	20 246 266	7 2,025 2,032	10 2,256 2,266
Aspeling St., Cape Town.	Eur. .. Non-Eur. Total ..	274	4 921 925	1 210 211	112 16,080 16,192	100	5 1,090 1,095	29 4,265 4,294	35	— 876 876	— 2,034 2,034	32 4,372 4,404	96 20,415 20,511
Bloemhof, Cape Town	Eur. .. Non-Eur. Total ..	51	— 203 203	— 59 59	— 4,826 4,826								
Devil's Peak Estate	Eur. .. Non-Eur. Total ..	21	71 — 71	11 — 11	560 — 560								
Camps Bay ..	Eur. .. Non-Eur. Total ..	11	14 — 14	1 — 1	209 — 209								
Woodstock ..	Eur. .. Non-Eur. Total ..	250	320 541 861	55 126 181	3,937 9,719 13,656	101	193 439 632	809 2,015 2,824	101	339 791 1,130	972 2,070 3,042	— 2,687 2,687	11 5,513 5,524
Maitland ..	Eur. .. Non-Eur. Total ..	146	102 507 609	22 109 131	1,396 6,416 7,812	53	39 473 512	247 2,176 2,423	36	83 473 556	207 1,572 1,779	36 2,255 2,291	56 5,597 5,653
Brooklyn ..	Eur. .. Non-Eur. Total ..	50	132 — 132	33 — 33	2,209 — 2,209	26	38 — 38	206 — 206					
Windermere ..	Eur. .. Non-Eur. Total ..	178	— 829 829	— 250 250	— 13,881 13,881	101	— 665 665	— 2,804 2,804					
Langa	Native ..	47	243	21	3,751	52	262	1,450					
Athlone	Eur. .. Non-Eur. Total ..	248	28 798 826	6 138 144	529 12,455 12,984	101	1 638 639	5 3,339 3,344	18	1 343 344	1 758 759	— 3,959 3,959	— 15,665 15,665
Bokmakierie ..	Eur. .. Non-Eur. Total ..	134	— 359 359	— 67 67	— 9,232 9,232	49	— 395 395	— 1,594 1,594				— 2,321 2,321	— 11,010 11,010
Station Rd., Claremont.	Eur. .. Non-Eur. Total ..	104	150 180 330	26 54 80	2,146 3,106 5,252	48	68 207 275	329 972 1,301	21	18 275 293	62 752 814	— 1,426 1,426	— 3,171 3,171
Wesley St., Claremont.	Eur. .. Non-Eur. Total ..	100	— 214 214	— 61 61	— 4,462 4,462	51	— 78 78	— 378 378				150 1,687 1,837	300 9,683 9,983
Lansdowne ..	Eur. .. Non-Eur. Total ..	104	95 254 349	16 40 56	1,071 3,041 4,112	75	33 266 299	152 1,154 1,306				— 1,718 1,718	— 2,945 2,945
Wynberg	Eur. .. Non-Eur. Total ..	152	151 362 513	31 73 104	2,033 5,431 7,464	79	60 553 613	287 2,088 2,375	17	127 203 330	241 368 609	53 1,822 1,875	54 3,227 3,281
Parkwood and Southfield	Eur. .. Non-Eur. Total ..	96	19 72 91	4 15 19	314 1,320 1,634	51	6 63 69	31 220 251				5 1,615 1,620	7 3,839 3,846
Retreat	Eur. .. Non-Eur. Total ..	197	52 667 719	18 139 157	809 7,577 8,386	151	16 715 731	81 3,322 3,403				— 2,417 2,417	— 4,388 4,388
Muizenberg ..	Eur. .. Non-Eur. Total ..	26	56 — 56	9 — 9	553 16 569								
Kalk Bay ..	Eur. .. Non-Eur. Total ..	26	2 33 35	— 3 3	23 441 464	25	— 25 25	5 130 135					
Total ..	Eur. .. Non-Eur. Total ..	2,398	1,469 6,788 8,257	289 1,478 1,767	18,984 110,679 129,663	1,115	486 6,180 6,666	2,344 27,553 29,897	239	581 3,109 3,690	1,503 7,800 9,303	283 28,304 28,587	534 87,709 88,243

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.

On 12th August, 1946, a fortnightly session for European infant consultations was inaugurated at Devil's Peak Estate. From 28th December, 1946, the Camps Bay voluntary centre was taken over from the S.A. Mothercraft Training Centre, the sessions being conducted fortnightly by an experienced health visitor.

At the end of the year under review, 45 infant consultations were being held weekly. During the year 10,024 children were registered as new cases, and the total attendances of children at the infant consultations numbered 129,663. Details are shown in the table on page 22.

Of the 10,024 children registered as new cases, 8,257 (1,469 European and 6,788 non-European) were under one year of age at the time of their first attendance, and 1,767 (289 European and 1,478 non-European) were over one year of age at that time.

Of the new cases registered, 99 were of children resident outside the municipal area, viz. under one year of age, European 33, non-European 39; over one year of age, European 11, non-European 16. The new cases registered within the City (excluding attendance at the Langa centre) were as follows:—

	European.	Non-European.
Under one year of age	1,436	6,506
Over one year of age	278	1,441

These first attendances under one year of age amounted to 61 per cent. of the registered births (36 per cent. in the case of Europeans and 72 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, 1947, 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 ..	146	676	3,694	528
Sea Point	52	239	2,240	189
Camps Bay	10	11	134	24
Mowbray	13	39	252	24

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 59, and the total attendances 951.

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 3,104 mothers attended with their infants for instructional test feeding (702 European and 2,402 non-European). These were made up from the different centres as follows:—

	European.	Non-European
Keerom Street	122	209
Aspeling Street	3	354
Bloemhof	3	156
Devil's Peak Estate	2	—
Woodstock	60	138
Maitland	46	149
Brooklyn	57	—
Windermere	—	152
Langa	—	44
Athlone	28	294
Bokmakierie	—	215
Claremont (Station Rd.)	110	83
Claremont (Wesley St.)	—	149

Lansdowne	68	77
Wynberg	86	191
Parkwood and Southfield	16	14
Retreat	54	152
Muizenberg	46	4
Kalk Bay	1	21
Totals	702	2,402

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, 1947, 1,242 new cases were supplied with dried milk and 47,040 lbs. were issued. The cost of the dried milk was £4,877 13s. 9d. The amount contributed by mothers in respect of dried milk and medicines was £2,433 15s. 2d.

At page 26 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.	1946-47	1945-46	1944-45	1943-44	1942-43
Keerom Street	12,008	10,875	11,905	13,764	12,161
Aspeling Street	16,192	17,199	19,624	20,813	18,983
Bloemhof	4,826	3,919	4,493	3,610	2,347
Devil's Peak Estate	560				
Camps Bay	209				
Woodstock	13,656	13,495	14,220	15,024	13,773
Maitland	7,812	7,691	8,183	7,681	7,843
Brooklyn	2,209	1,751	1,701	2,191	2,511
Windermere	13,881	15,272	12,564	6,653	
Langa	3,751	4,219	4,092	3,677	3,620
Athlone	12,984	12,800	18,410	19,025	13,959
Bokmakierie	9,232	8,806	3,959		
Claremont (Station Road)	5,252	5,108	5,477	4,176	3,667
Claremont (Wesley Street)	4,462	4,215	4,874	4,718	4,684
Lansdowne	4,112	4,980	5,106	5,104	4,817
Wynberg	7,464	7,106	7,780	7,507	7,636
Parkwood and Southfield	1,634	1,873	1,907	1,565	992
Retreat	8,386	7,639	7,260	7,252	6,456
Muizenberg	569	541	203		
Kalk Bay	464	489	996	1,315	959
Totals	129,663	128,098	132,754	124,075	104,408

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 gonorrhoea. Pregnant women requiring in-patient treatment for these diseases are referred to the Venereal Diseases Officer for admission to the City Hospital. In the year under review 11,132 blood specimens (901 from European and 10,231 from non-European women) were submitted for examination by the Wassermann test, and a total of 905 new cases (15 European and 890 non-European) were given anti-syphilitic treatment. The total attendances (all cases) for anti-syphilitic treatment was 8,062 (216 European and 7,846 non-European).

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 Council 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 22 weekly pre-natal sessions were held at which a total of 6,666 expectant mothers were registered as new cases, and the total attendances numbered 29,897. At two of these sessions there were two doctors in attendance owing to the large numbers. Three other sessions were combined with infant consultations for Europeans.

Of the new cases registered, 72 were of expectant mothers resident outside the municipal area (14 European and 58 non-European). The new cases resident within the City, exclusive of the clinic at Langa, numbered 6,332 (European 472 and non-European 5,860). That is to say, the number of new cases attending the municipal pre-natal clinics amounted to 49 per cent. of the number of registered live births (12 per cent. for European and 65 per cent. for non-European). It is to be noted that pre-natal clinics are also held by the Peninsula Maternity Hospital, and Somerset Hospital 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.	1946-47	1945-46	1944-45	1943-44	1942-43
Keerom Street	1,809	1,427	1,212	711	252
Aspeling Street	4,294	4,054	4,121	3,968	4,057
Bloemhof					14
Woodstock	2,824	2,188	2,613	2,275	1,911
Maitland	2,423	2,484	1,915	1,622	1,433
Brooklyn	206	205	167	231	262
Windermere	2,804	2,666	2,054	1,714	
Langa	1,450	1,721	1,787	1,283	1,234
Athlone	3,344	3,078	3,065	3,582	2,754
Bokmakierie	1,594	892	476		
Claremont (Station Road)	1,301	1,554	1,561	1,476	1,350
Claremont (Wesley Street)	378	84			
Lansdowne	1,306	1,260	1,212	1,135	1,091
Wynberg	2,375	2,145	2,013	2,408	2,127
Parkwood and Southfield	251	75	16	7	
Retreat	3,403	3,066	2,870	2,088	1,742
Kalk Bay	135	87	31		
Totals	29,897	26,986	25,113	22,500	18,227

POST-NATAL CLINICS.

Fortnightly sessions were held at four of the child welfare centres in co-operation with the South African Council for Maternal and Family Welfare.

During the year under review there were 374 new cases (49 European and 325 non-European) and a total attendance of 2,111 (333 European and 1,778 non-European).

At these clinics each woman receives a routine post-natal examination and any case requiring further treatment is referred to a gynaecological department of a hospital.

Instruction in family spacing and limitation is also given when this is deemed advisable for socio-medical reasons.

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, Maitland and Aspeling Street, and fortnightly at Athlone, Claremont, Keerom Street and Wynberg.

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

In certain areas it is gratifying to note the keen interest displayed by the non-European teachers who accompany the children to the centres and discuss the cases brought by them with the paediatrician thus bringing about greater co-operation between the schools, parents and clinic attendants. In many areas greater co-operation would be to the benefit of the school children.

A large number of children are found to be suffering from the effects of undernourishment and many of these are sent to convalescent homes.

Two weekly ophthalmic clinics are held at Salt River, but to minimise travelling, a large number of children have preliminary eye tests at the general school sessions and are only referred to the specialists for correction of refraction error or other eye troubles.

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

Children requiring dental attention are referred to the municipal dental officer. (See page 29).

As the work of the school health visitor entails clinic attendance, visiting the homes and schools, as well as the clerical work, a part-time assistant was appointed in October, 1946, to assist at certain sessions.

The work done during the year ended 30th June, 1947, is shown in the table on page 22, 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	103	390	493	470	2,684	3,154
Residents outside Cape Town	8	20	28	—	15	15
Total attendances	208	717	925	1,295	7,083	8,378
Number of sessions held			61			178
Children fitted with spectacles:						
Full-paying	53	107	160			
Part-paying	38	100	138			
Free	6	19	25			

PROVISION OF DINNERS AND MILK MEALS.

At 12 of the centres (see table on page 22) 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 116,830. Details are shown in the table on page 22.

In the calendar year 1947 the cost amounted to 6·4d. 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 stoves at the other centres, nor the wages of the ordinary members of the staff who may assist in connection with the dinners. The services of the mothers themselves are utilized as much as possible.

In accordance with arrangements made with the School Board, who are responsible for the distribution of free milk to school children under the scheme of the Dairy Industry Control Board, free milk is distributed to poor children under school age at the infant welfare centres. The distribution is made every week-day, and the children consume the milk at the centres. During the year under review, the attendances of children for milk numbered 213,608 and the milk consumed amounted to 12,229 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. This day nursery is for non-European children 3 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 3rd 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.
- (5) By the Wesleyan Church at Ronde Vlei. This nursery caters for about 30 non-European children and the cost of the feeding is borne by the City Council.
- (6) By the Union of Jewish Women, Kensington crèche, 2nd Avenue, Kensington. There has been an average attendance of 70 children and only lack of accommodation prevents these figures from being larger. Miss Manning, the Matron, who received her training at the Board of Aid Nursery, has been in charge of the crèche under the supervision of the Crèche Subcommittee of the Union of Jewish Women.

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.

Marion Institute, 124 Chapel Street, Cape Town. This nursery school accommodates 52 children and has a staff of 2 European kindergarten teachers and 1 non-European assistant teacher. Midday meals and milk are provided. The children contribute a small amount weekly. Lack of accommodation prevents the school taking more children.

The Hyman Liberman Institute, Muir Street, Cape Town, has a nursery school which accommodates 70 non-European children. There is always a long waiting list for admissions. The children are in the charge of one qualified nursery school teacher. The children receive medical attention and periodic medical examination from the honorary medical officer. Dental treatment is carried out at Municipal dental clinics. A midday meal is provided.

MUNICIPAL NURSERIES AND NURSERY SCHOOLS.

Constructive health work among the pre-school children of the lower income groups is in many instances rendered ineffectual by conditions at home, such as overcrowded and unhealthy dwellings, lack of proper food, lack of sufficient rest and sleep and perhaps most important, poverty which compels the mother of the family to work, leaving the pre-school children to the indifferent care of neighbours or at home with an older child who should be at school.

It is for these children that day nurseries and nursery schools are a vitally necessary health measure. In modern town-planning they are included in sub-economic housing schemes.

So far the Cape Town Municipality has three such institutions, two as an integral part of housing schemes, and one in the heart of the densely populated industrial area in Salt River. There is an urgent need for further nurseries in other areas, such as Maitland, Athlone, Claremont, Wynberg and for native children in Langa Township and Retreat.

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, 1947, are shown in the following table:—

	Shelley Street.	Bloemhof.	Bokmakierie.
New entrants	25	30	19
Mean total on register	44	43	76
Daily sessions	217	221	233
Mean attendances per session	30	38	58
Total attendances	6,399	8,427	13,648

DIPHTHERIA IMMUNIZATION.

During the year under review, as in previous years, 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. The response to propaganda advising parents to have their children immunized at 6 months has been most encouraging at the European and non-European child welfare centres. At sessions held at schools, the aim has been to immunize children of 10 years and under, and in many cases only a "boosting" dose was necessary as these children had been immunized in infancy. At institutions the immunizing of 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 Alum Precipitated Toxoid (S.A. Institute), given by means of two injections with an interval of four weeks between the doses (dosage 0.2 cc. followed by 0.5 cc.). As previously, material for diphtheria immunization has been supplied to medical practitioners (on application) free of charge for their private cases. These medical practitioners have been requested to supply the department with particulars of children immunized by them in order that, should a case of diphtheria be notified, it may be ascertained by reference to the card index of immunized cases kept in the department, whether or not any immunizing treatment had been received by the suspected case prior to the present illness.

The work done at the municipal sessions during the year ended 30th June, 1947, is shown by the following figures:—

Number of sessions:

At schools	70
At institutions	33
At child welfare centres	90
	193

First series protective inoculations:

First.	Second.	Third.	No. of persons.
11,377	10,046	109	21,532

Second series of stimulating doses given:

First.	Second.	Total.
765	123	888

Persons immunized:

Age.	European.	Non-European.
0—1	573	2,067
1—2	217	940
2—3	166	696
3—4	162	638
4—5	141	476
5—6	238	480
6—7	642	814
7—8	424	770
8—9	269	568
9—10	166	432
10—11	124	281
11 and over	92	55
	3,214	8,217
At schools		4,362
At institutions		704
At child welfare centres		6,365
		11,431

Injections given :

Alum-precipitated toxoid (B.W.A.P.T.)	..	..	..	..	307
Alum-precipitated toxoid (S.A.A.P.T.)	..	..	..	..	21,977
Toxoid-antitoxin floccules	..	..	..	..	136
					22,420

Persons Schick-tested :

Positive.	Negative.	Not read.	Total.
14	38	3	55

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 21 days after birth, whether it is due to infection with gonococcus or not. Cases of inflammation of the eyes beginning after the twenty-first day of life are not regarded as ophthalmia neonatorum, but if due to gonococcal infection are notifiable as gonorrhoeal ophthalmia.

The number of cases of these diseases reported in the year 1946-47, corrected for imported cases and misdiagnosis was 292, (24 European and 268 non-European).

Of these 292, 11 were cases not in the newly-born (1 European and 10 non-European) being at the time of onset aged 24, 24, 25, 26, 26, 27 days, 1, 1½, 1½, 1½ and 1½ months respectively.

The number of Cape Town cases of true ophthalmia neonatorum notified during the year was therefore 281, comprising 23 European and 258 non-European. Of these 281 cases, 74 were born in institutions and 207 at home. Of the 207 home confinements, 6 were recorded as having been attended by doctors and 190 by midwives; 11 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 144 of the cases as "slight" and 134 as "moderate" or "grave" (in 3 cases no information). Eye smears were taken in 216 cases and submitted to the Government laboratory for examination. In 24 smears the gonococcus were isolated.

In addition to the above figures there was at the Langa Native Township one native case of ophthalmia (at the time of onset aged 5 days).

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

Eyes completely recovered	..	..	..	..	269
Cases of blindness	..	..	..	..	—
Sight damaged	..	..	..	..	—
Died before recovery	..	..	..	..	4
Lost trace of	..	..	..	..	6
No information	..	..	..	..	3
					282

SECTION IV.—DENTAL BRANCH.

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

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

Clinics are conducted for the following classes of persons: Expectant and nursing mothers and pre-school children; school children; tuberculosis patients, etc., and indigent persons referred by the hospitals and other organisations. The demand for dental services continues to increase and difficulty is being encountered in fitting in treatment for classes not specified above in the existing framework, owing to the clinics being fully used and staff shortage. With the completion and staffing of the new Central Dental Clinic in Hope Street expected in August, 1947, many of these difficulties will be overcome.

This clinic will be one of the best equipped in the country, and all branches of dentistry will be undertaken. Treatment will be extended to all citizens who are unable to afford the cost of private dental treatment. Artificial dentures, which are now provided by utilizing the services of a firm of dental mechanics, will be manufactured on the premises.

The present staff consists of the full-time Chief Dental Officer, two nurses and one clinic assistant, as well as part-time dental surgeons, anaesthetists, nurses and clinic assistants.

Until such time as the public become more conscious of the value of dental health, and the preservation of the teeth by conservative measures, it will remain necessary to continue the extraction of large numbers of badly diseased teeth, as the majority of patients only attend clinics when driven by pain or the results of gross oral sepsis.

This education cannot be commenced too early, and the schools could perform a very valuable service in the dissemination of dental health education.

The effect of the dental treatment provided over a number of years is already manifest, but still better results could be obtained by the acquisition by the public of knowledge on preventive measures.

The dental treatment of school children is subsidized by the Provincial Education Department, and that of tuberculosis patients by the Union Health Department. The dental treatment of natives at the Langa Native Township Hospital 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.		Dentures supplied (persons).	
			E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.
Aspelg Street	Nursing and expectant mothers ..	116*	1	376	4	964	1	434	—	—	3	530	3	116
	Pre-school children ..		5	368	5	454	5	447	—	—	—	7	—	—
	School children ..	54	—	1,035	—	1,413	—	1,303	—	—	—	110	—	—
Woodstock ..	Nursing and expectant mothers ..	127*	81	319	232	716	86	396	9	4	137	316	29	57
	Pre-school children ..		184	266	248	324	233	321	4	—	11	3	—	—
	School children ..	215	557	1,435	1,448	2,209	931	1,916	293	74	224	219	—	—
Athlone ..	Nursing and expectant mothers ..	49*	2	275	3	369	2	350	—	—	1	19	—	—
	Pre-school children ..		10	189	13	233	13	222	—	—	—	11	—	—
	School children ..	76	28	1,213	28	1,773	18	1,623	—	—	10	150	—	—
Lansdowne ..	Nursing and expectant mothers ..	—	—	—	—	—	—	—	—	—	—	—	—	—
	Pre-school children ..		—	—	—	—	—	—	—	—	—	—	—	—
	School children ..	96	292	292	648	447	373	400	192	8	83	39	—	—
Wynberg ..	Nursing and expectant mothers ..	57*	16	282	52	542	21	363	—	—	31	179	7	30
	Pre-school children ..		36	253	52	315	45	301	—	—	7	14	—	—
	School children ..	114	188	941	515	1,533	281	1,348	152	43	82	142	—	—
City Hospital ..	In-patients ..	13	35	79	47	84	27	69	—	—	20	15	—	—
Rentzkie's Farm Hospital	In-patients ..	3	—	14	—	16	—	11	—	—	—	5	—	—
Langa Hospital	Native residents, Langa ..	51	—	501	—	769	—	719	—	—	—	50	—	—
Tuberculosis Clinic, Chapel Street ..	Out-patients ..	81	72	247	217	603	39	262	10	1	168	340	33	54
Totals ..		1,052	1,507	8,085	3,512	12,764	2,075	10,485	660	130	777	2,149	72	257

* 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, 1947, are shown in Table N on page 120.

No cases were reported of the following notifiable diseases: Asiatic cholera, plague, glanders, rabies, trypanosomiasis, yellow fever, malta fever and small pox.

In the Tables on pages 121 to 123, 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 124, and similar information as to deaths from these and certain other infectious diseases will be found in Table C, on pages 108 and 109.

Other statistical details as to deaths from infectious diseases are contained in Table A, at page 76, and in Tables B and D, on pages 107 and 110.

ENTERIC OR TYPHOID FEVER.

The cases of this disease reported in the year 1946-47, corrected for misdiagnosis and imported cases, numbered 168 (24 European and 144 non-European); equivalent to an incidence rate of 0.44 per 1,000 population (0.13 European and 0.73 non-European).

The number of deaths amongst these 168 cases was 26 (3 European and 23 non-European), giving a case mortality of 15.5 per cent. (12.5 European and 16.0 non-European).

The total deaths from enteric fever according to date of registration in the year as belonging to Cape Town numbered 29 (5 European and 24 non-European); equivalent to a death rate of 0.08 per 1,000 population (0.03 European and 0.12 non-European).

There was one case at the Langa Native Township (fatal).

The figures for 33 years are given in the table on page 31.

The notifications are classified in age-groups, months and wards in the Tables O, P and Q on pages 121, and 123 respectively. It will be seen from these Tables that enteric fever was most prevalent in the five months, January to May when 113 cases were reported as compared with 55 in the rest of the year. The highest incidence was in wards 5, 6, 8 and 15.

Five cases occurred in institutions, viz. 4 at the Cape Town Gaol and 1 at the Nazareth House. From routine investigation it would appear in 9 other cases there was little doubt that the infection occurred in the Cape Town Gaol. The other cases occurred in 135 houses, in 121 of which there was one case each, in 12 two cases, in 1 four cases and in 1 five cases.

Amongst the 168 Cape Town cases, there were 3 reported as paratyphoid fever, of which one was fatal. Paratyphoid infection is extremely rare in Cape Town.

122 extra-municipal cases (including one from overseas) notified as enteric fever were admitted to the City Hospital for Infectious Diseases. The diagnosis was confirmed in 93 patients. In addition there were 2 cases notified as cerebrospinal fever which afterwards proved to be cases of enteric fever.

Enteric carrier.—A European female infant living in Ward 9, notified as enteric fever and admitted to the City Hospital, was afterwards proved to be an enteric carrier.

Investigation and Precautions.—The department became aware of an unusual incidence of enteric fever at the beginning of January, 1947. During January, 47 cases were notified, 7 of which were prisoners in the Roeland Street Gaol. Of the 47 cases, 12 appeared to have been infected outside the municipal area as a result of camping, visits or picnics. Of the 7 prisoners, 3 were reported to have been working on Cape Flats farms outside the municipal area, and there appeared to be little doubt that they had derived the infection whilst serving their sentences.

During February, 1947, 37 cases of enteric fever were notified, 11 of which occurred in prisoners at the Roeland Street Gaol. Of the 37 cases, 5 appeared to have contracted the disease outside the municipal area.

Apart from the Gaol, where a systematic investigation was undertaken by the Union Health Department, the cases were scattered throughout the various wards of the city, and, except in six instances where more than one case occurred in the same household, there were no circumstances that incriminated any particular source.

In the absence of any definite localizing evidence it was decided to check up on the more common sources of spread of the disease. To this end systematic blood tests (Vi) were carried out on the employees of registered ice-cream manufacturers in the city, amounting to some 200 persons. The result of these investigations was negative.

Examinations of the products of various mineral water manufacturers were also carried out. These, too, failed to throw any light on the prevalence of the disease.

The staffs of two large plants producing pasteurized milk and milk products were subjected to blood tests (Vi), approximately 80 persons being examined. Two proved to be positive Vi reactors and were suspended from handling milk products.

Whenever insanitary and overcrowded conditions were found to exist, or where more than one case occurred in the same household, routine immunization of the contacts with typhoid vaccine was carried out by this department.

In the investigation of milk it was at once apparent that owing to the large number of producers supplying the principal milk purveyors, the examination of bulk milk could afford no useful information. This fact once again emphasizes the necessity for the complete and efficient pasteurization of all milk brought into the Municipality.

The prevalence of enteric fever in the municipal area coincided with the visit of the Royal Family. This department was asked by the Union Health Department to co-operate with them in ensuring as far as possible that every precaution was taken to prevent contamination of water, milk and other foodstuffs to be consumed by the Royal guests. This entailed some further 100 blood examinations of all persons coming in contact with or preparing foodstuffs for the Royal party at the various Civic and Government functions. The general sanitation of the culinary departments of the City Hall, Government House, Westbrooke, Kenilworth race course and Fernwood, was subject to inspection by this department, as was also the market gardens on the Cape Flats, from which vegetables, lettuce, etc., were derived for the Royal functions.

The Council's Veterinary Officer had under his personal supervision all milk and cream supplied to the Royal party during their stay in Cape Town.

DIPHTHERIA.

* The cases of this disease reported in the year 1946-47, corrected for misdiagnosis and imported cases, numbered 107 (51 European and 56 non-European), equivalent to an incidence rate of 0.28 per 1,000 population (0.28 European and 0.29 non-European).

The number of deaths among the 107 cases was 11 (4 European and 7 non-European), giving a case mortality of 10.3 per cent. (7.8 per cent. European and 12.5 per cent. non-European). The total deaths from diphtheria according to date of registration in the year as belonging to Cape Town numbered 8 (2 European and 6 non-European), equivalent to a death rate of 0.02 per 1,000 population (0.01 European and 0.03 non-European). All the deaths were in children under 5 years of age. There was one case in the Langa Native Township.

Other particulars will be found in Tables N to R, on pages 120 to 124.

Five of the 107 Cape Town cases occurred in institutions, viz. three at McGregor Convalescent Home, one at the Place of Safety, Sandown, and one at the City Hospital (nurse). The remaining cases occurred in 101 houses, in 100 of which there was one case each and in one, two cases.

Diphtheria carriers.—Eleven patients who were admitted to the City Hospital as diphtheria (not counted in the above figures), the diagnosis was changed to "diphtheria carrier". Included in the 107 Cape Town cases counted as diphtheria there were 3 cases in which the infection was nasal and 1 in which the infection was in the ear.

One of the 64 patients admitted as diphtheria from outside the municipality, the diagnosis was changed to "diphtheria carrier".

Particulars regarding diphtheria immunization will be found on page 27.

SCARLET FEVER.

The cases of this disease reported in the year 1946-47, corrected for misdiagnosis and imported cases numbered 269 (249 European and 20 non-European); equivalent to an incidence rate of 0.71 per 1,000 population (1.36 European and 0.10 non-European).

There were no cases in the Langa Native Township.

Three of the 269 Cape Town cases occurred in institutions, 1 at McGregor Convalescent Home and 2 at the Cape Jewish Orphanage. The remaining cases occurred in 240 houses, in 217 of which there was one case each, in 20 two cases and in 3 three cases.

Of the 269 Cape Town cases, 234 were treated in the City Hospital and 35 were nursed at home.

In addition to the above figures there were 22 extra-municipal cases admitted to the City Hospital, diagnosis confirmed, one of which was originally notified as diphtheria, and was afterwards found to be a case of scarlet fever.

The disease has been much less prevalent in the year covered by this report than in the previous year.

Other particulars will be found in the following table and in Tables N to R, on pages 000 to 000.

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	0.83	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	1.55	0.12	0.31	0.51	0.05	—	—
1939-40 ..	0.22	0.22	0.01	0.02	1.75	0.84	0.03	0.12	0.76	0.07	—	—
1940-41 ..	0.07	0.16	0.01	0.06	1.21	0.56	0.04	0.05	1.30	0.11	—	—
1941-42 ..	0.23	0.45	0.01	0.07	1.22	0.85	0.04	0.10	1.67	0.06	0.01	—
1942-43 ..	0.55	0.41	0.02	0.08	0.98	0.81	0.06	0.09	0.94	0.04	—	—
1943-44 ..	0.10	0.32	0.02	0.04	1.03	0.61	0.02	0.09	0.91	0.04	0.01	—
1944-45 ..	0.12	0.42	0.02	0.09	0.51	0.48	0.03	0.07	0.82	0.09	0.01	0.01
1945-46 ..	0.12	0.45	0.02	0.06	0.15	0.44	0.01	0.06	1.80	0.22	—	0.01
1946-47 ..	0.13	0.73	0.03	0.12	0.28	0.29	0.01	0.03	1.36	0.10	—	—

CEREBROSPINAL FEVER.

The cases of this disease reported in the year 1946-47, corrected for misdiagnosis and imported cases, numbered 46 (15 European and 31 non-European); equivalent to an incidence rate of 0.12 per 1,000 population (0.08 European and 0.16 non-European).

The total deaths from cerebrospinal fever according to date of registration during the year as belonging to Cape Town numbered 8 (2 European and 6 non-European); equivalent to a death rate of 0.02 per 1,000 population (0.01 European and 0.03 non-European).

There was one case (native male) in the Langa Native Township who arrived there already ill of this disease. He was admitted to the City Hospital where he recovered.

Amongst the 46 Cape Town cases there were 3 non-European males who died at home and 1 non-European female who died in the Groote Schuur Hospital before receipt of notification. The remaining 42 patients were removed to the City Hospital for Infectious Diseases, of whom 33 recovered.

123 extra-municipal cases notified as cerebrospinal fever were admitted to the City Hospital. The diagnosis was confirmed in 30 patients.

It is to be noted that out of 380 cases (including Langa Native Township) admitted to the City Hospital under the diagnosis of cerebrospinal fever, only 77 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 on page 32, and in Tables N to R, on pages 120 to 124.

ACUTE POLIOMYELITIS.

There were 7 cases of this disease reported in the year 1946-47, corrected for misdiagnosis and imported infection (4 European and 3 non-European).

All these 7 cases were notified in the months of July to November, 1946, and were in the age-groups 1-15 years, 1-2 (4), 5-10 (2) and 10-15 (1). There were no deaths.

Five of the cases were treated at the City Hospital, one of which was admitted as a case of cerebrospinal fever and was afterwards proved to be a case of acute poliomyelitis. Two cases were not removed to hospital.

In 6 cases the onset of illness occurred a few days before notification and in 1 case the onset had been approximately two months previously.

Excluded from above figures, were 4 cases admitted direct to the City Hospital from outside the municipality. There was also a native male who arrived in Ward 10 from Goodwood, C.P. being already ill from this disease.

It is satisfactory to note that the disease has declined considerably since the outbreak in 1945. The number of cases notified in the year under review compares favourably with the figures for the years prior to the outbreak.

Other particulars will be found in the table below and in the Tables N to R, on pages 120 to 124.

INFECTIVE ENCEPHALITIS.

Five non-European cases of this disease were reported during the year 1946-47 of which 2 were fatal.

Two were treated at the City Hospital, two at Groote Schuur Hospital and one was not removed to hospital. All the cases occurred in separate houses, no source of infection being traced.

In addition to the 5 Cape Town cases there were 2 cases from outside the municipality admitted to Groote Schuur Hospital. Both cases were fatal.

There were no cases in the Langa Native Township.

Other particulars will be found in the following table and in Tables N to R, on pages 120 to 124.

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	36	5	1	-	-	-	2	-	-
1944-45 ..	25	80	6	18	46	18	1	1	-	1	-	1
1945-46 ..	16	58	1	12	10	4	1	2	1	-	-	-
1946-47 ..	15	31	2	6	4	3	-	-	-	5	-	1

ERYSIPELAS.

The cases of this disease reported in the year 1946-47, corrected for misdiagnosis and imported cases, numbered 43 (17 European and 26 non-European). There were 2 deaths.

All the cases occurred in separate houses.

There were no cases in the Langa Native Township.

Of the 47 (uncorrected) Cape Town cases, 11 were treated in the City Hospital.

Other particulars will be found in Tables N to R, on pages 120 to 124.

INFLUENZA AND PNEUMONIA.

In the year 1946-47, the corrected number of notified cases of pneumonia was as follows: influenzal pneumonia, 29 (5 European and 24 non-European); acute primary pneumonia, 463 (68 European and 395 non-European). Further details will be found in Tables N to R, on pages 120 to 124.

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	2.98
1939-40 ..	17	0.10	12	0.08	20	0.12	131	0.86	66	0.41	438	2.86
1940-41 ..	18	0.11	18	0.11	27	0.16	159	1.01	73	0.44	442	2.80
1941-42 ..	8	0.05	10	0.06	21	0.13	129	0.78	68	0.42	474	2.87
1942-43 ..	8	0.05	8	0.05	33	0.20	128	0.77	61	0.37	412	2.48
1943-44 ..	12	0.07	13	0.07	12	0.07	182	1.02	60	0.36	584	3.27
1944-45 ..	5	0.03	9	0.05	19	0.11	118	0.64	59	0.34	425	2.30
1945-46 ..	3	0.02	9	0.05	20	0.11	113	0.59	47	0.26	372	1.96
1946-47 ..	4	0.02	10	0.05	18	0.10	126	0.64	56	0.31	364	1.86

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 6.4 times as great as the European, and for pneumonia 6.0 times.

The following figures for deaths from bronchitis and pneumonia in 1946-47, show the contrast between Europeans and non-Europeans:—

	European.		Non-European.	
Under 5 years old	..	13	..	356
0-1 year	..	9	..	224
1-2 years	..	3	..	86
2-5 years	..	1	..	46
All other ages	..	61	..	134
TOTAL	..	74	..	490

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 110. The greatest mortality was registered in the quarter following mid-winter (July-September, 181) and the least in the quarter January-March, 120.

TYPHUS FEVER.

There were 13 cases (E.M. 6, E.F. 2, C.M. 3, C.F. 2) recorded in the year under this heading, of which 7 (E.M. 4, E.F. 1, C.F. 2) were regarded as suffering from tick-bite fever. The two non-European females were originally notified as enteric fever. The remaining 4 cases were admitted to the City Hospital for another disease which later proved to be typhus fever.

Ten of the cases were treated in the City Hospital, one in Somerset Hospital and two were not removed to hospital. All the cases recovered.

In addition to the cases enumerated above, 6 patients suffering from tick-bite fever were admitted to the City Hospital from outside the municipality, of whom 5 were admitted as suffering from another disease which afterwards proved to be tick-bite fever.

There were no cases of this disease in the Langa Native Township.

LEPROSY.

There were 3 cases, all non-Europeans (N.M. 1 and C.F. 2), notified during the year. One of the females apparently with no fixed abode was removed to the Pretoria leper institution from the Cape Town Gaol already suffering from the disease. In the case of the other female (Ward 13) the symptoms began about 5 months before notification. The probable source of the infection was not known, and the patient was removed to the Conradie Home. The native male (Ward 7) had resided for approximately one year in the house from which he was removed to the Cape Town Gaol and gave a history of having had symptoms for about 4 months.

LEAD POISONING.

A death from lead poisoning on 28th March, 1946, in a native male, aged 46, living in Ward 10 was reported to this department in September, 1946. This was the only notification of the case received and no further details or history were available.

ANTHRAX.

One case of this disease was notified in the person of a native male, aged 56, living in Ward 8. He was employed by a local firm dealing in skins and hides. The site of the infection was the face, and the patient was treated in the City Hospital.

There was also one case, coloured male aged 68, admitted to the City Hospital from Long Street, Manre, C.P.

TRACHOMA.

Eight cases of this disease were reported during the year. 5 were living in Cape Town and the other 3 were all from outside the Municipality admitted as in-patients to the Groote Schuur Hospital. The following particulars refer to the 5 Cape Town cases:—

European male, aged 34 (Ward 7). Onset in July, 1946. Out-patient at Groote Schuur Hospital.
European male, aged 28 (Ward 12). Onset in October, 1946. Out-patient at Groote Schuur Hospital.

Coloured male, aged 14 (Ward 5). Onset about a year ago when living at Saron, C.P. Out-patient at Somerset Hospital.

Coloured male, aged 18 (Ward 5). Onset in November, 1946, while living at same address. Out-patient at Groote Schuur Hospital.

Coloured female, aged 26 (Ward 2). Onset a year ago while living at same address. Out-patient at Somerset 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	0.23	3	43	0.02	0.27
1941-42	5	6	0.03	0.01	3	54	0.02	0.33
1942-43	2	50	0.01	0.12	2	5	0.01	0.03
1943-44	2	48	0.01	0.17	6	33	0.04	0.18
1944-45	2	9	0.01	0.05	2	90	0.01	0.49
1945-46	1	29	0.01	0.15	—	5	—	0.03
1946-47	1	19	0.01	0.10	2	17	0.01	0.09

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

MEASLES.

There were 20 deaths from this disease during the year under report (1 European and 19 non-European). Of the 19 non-European deaths, 5 were under 1 year of age, 11 in the age-group 1-2 years and 3 in the age-group 2-5 years. There was a decrease of 34.5 per cent. in the number of deaths amongst non-Europeans.

Other information will be found in Tables A, B and C on pages 76, 107 and 108.

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

Ninety-seven cases of measles (69 European and 28 non-European) were treated in the City Hospital.

WHOOPIING COUGH.

There were 19 deaths from whooping cough recorded in the year under review (2 European and 17 non-European). Seventeen of the deaths were in children under 5 years of age and two in the age-group 5-10 years. The highest incidence of the disease was in Ward 10.

Other information will be found in Tables A, B and C on pages 76, 107 and 108.

There were 2 deaths from whooping cough in the Langa Native Township.

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

DIARRHOEAL DISEASES.

The deaths from diarrhoea and enteritis in the year 1946-47 (corrected for outward transfers), were certified and classified as follows:—

	European.	Non-European.	All races.
Diarrhoea and enteritis (under 2 years) ..	16	302	318
Diarrhoea and enteritis (2 years and over)	11	30	41
Cholera nostras	—	—	—
Dysentery, bacillary	—	5	5
Dysentery, amoebic	1	6	7
Dysentery, other	—	1	1
Total	28	344	372
Diarrhoeal death rate per 1,000 population	0.15	1.76	0.98

The non-European death-rate from diarrhoeal diseases was 11.7 times as great as the European. In children under 1 year of age the non-European mortality rate from diarrhoeal diseases was 8.5 times as great as the European (see Table H, on page 000). In the diarrhoeas of infancy 318 deaths occurred in babies under 2 years of age, and only 41 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 000. The deaths in the six months December, 1946, to May, 1947, numbered 247 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	11	0.06	5	0.03	16	0.04
Digestive organs and peritoneum ..	135	0.74	69	0.35	204	0.54
Respiratory organs	28	0.15	7	0.03	35	0.09
Uterus	21	0.11	22	0.11	43	0.11
Other female genital organs	6	0.03	2	0.01	8	0.02
Breast	36	0.20	17	0.09	53	0.14
Male and female genito-urinary organs	28	0.15	8	0.04	36	0.09
Skin	1	0.01	—	—	1	0.01
Other or unspecified organs	12	0.07	5	0.03	17	0.04
Total	278	1.52	135	0.69	413	1.08

The variation in cancer mortality during the past ten years is shown in Table C, on page 108.

Other statistics concerning cancer mortality are shown in Tables A to D, on pages 76 to 110.

SECTION VI.—TUBERCULOSIS.

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

The new cases of this disease reported in the year 1946-47, corrected for misdiagnosis and imported cases, numbered 2,023. 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	152	13	165	1.72	0.15	1.87
	Female	99	15	114	1.04	0.15	1.19
	Total	251	28	279	1.37	0.15	1.52
Non-European	Male	827	129	956	8.59	1.34	9.93
	Female	680	108	788	6.79	1.08	7.87
	Total	1,507	237	1,744	7.67	1.21	8.88
All races	Male	979	142	1,121	5.31	0.77	6.08
	Female	779	123	902	3.98	0.63	4.61
	Total	1,758	265	2,023	4.62	0.70	5.32

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

Race.	Sex.	Deaths.			Death rates.		
		Pul-monary.	Other forms.	All forms.	Pul-monary.	Other forms.	All forms.
*European	Male	74	8	82	0.84	0.09	0.93
	Female	41	11	52	0.43	0.12	0.55
	Total	115	19	134	0.63	0.10	0.73
Native (not Langa)	Male	97	16	113	6.72	1.11	7.83
	Female	50	13	63	6.69	1.74	8.43
	Total	147	29	176	6.71	1.33	8.04
Asiatic	Male	6	1	7	1.61	0.27	1.88
	Female	1	3	4	0.38	1.14	1.52
	Total	7	4	11	1.10	0.63	1.73
Other Coloured	Male	381	85	466	4.89	1.09	5.98
	Female	305	66	371	3.40	0.73	4.13
	Total	686	151	837	4.09	0.90	4.99
Non-European	Male	484	102	586	5.04	1.06	6.10
	Female	356	82	438	3.56	0.82	4.38
	Total	840	184	1,024	4.29	0.94	5.23
All races	Male	554	110	664	3.01	0.60	3.61
	Female	395	93	488	2.02	0.48	2.50
	Total	949	203	1,152	2.50	0.54	3.04
Native (Langa)	Male	19	5	24	4.38	1.15	5.53
	Female	13	3	16	4.84	1.12	5.96
	Total	32	8	40	3.09	0.77	3.86

*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 1946-47 are set out below :—

Year.	No. of cases notified.	Incidence rate.
1940-41	883	5.59
1941-42	1,072	6.61
1942-43	1,233	7.40
1943-44	1,706	9.49
1944-45	1,491	8.05
1945-46	1,558	8.17
1946-47	1,507	7.67

Incidence rates of pulmonary tuberculosis amongst European males and females for the years 1940-41 to 1946-47 are set below:—

Year.	Males.	Females.
1940-41	1.02	0.88
1941-42	1.31	0.99
1942-43	1.31	1.03
1943-44	1.42	1.23
1944-45	1.44	0.91
1945-46	1.42	1.28
1946-47	1.72	1.04

PULMONARY TUBERCULOSIS.

INCIDENCE.

The European population is estimated to have increased by 4,970. The number of new cases of pulmonary tuberculosis increased from 241 to 251. The incidence per 100,000 fell from 149 to 137.

The calculated increase of the non-European population is 5,790. The number of new cases of pulmonary tuberculosis decreased from 1,558 to 1,507. The incidence per 100,000 fell from 810 to 767.

MORTALITY.

Fewer people died of tuberculosis in Cape Town in the year ending 30th June, 1947, than in the previous year. Tuberculosis deaths (all forms) numbered 1,152 compared to 1,270. The mortality rate for all races was 304 per 100,000, or nearly 12 per cent. below the rate of 345 in 1946.

Trend of the Death Rate.

The published rates since 1938 have now been calculated on the population figures based on the 1946 census (including the population of Windermere since 1944).

	Europeans.	Non-Europeans.
1938	86	476
1939	79	477
1940	72	425
1941	77	477
1942	73	538
1943	68	609
1944	73	690
1945	73	590
1946	74	598
1947	70	523
	<u>745</u>	<u>5,403</u>

	European.	Non-European.
Mean for the past 10 years ..	74.5	540.3
Mean for 1925-1934 ..	78.0	474.0

The mortality amongst Europeans has decreased slightly during the past 20 years. During the past 10 years the last quinquennium shows a mean rate of 71.6 compared to 79.4 in the first five-year period.

The mortality amongst non-Europeans has increased considerably. During the past 10 years it reached a peak in 1944. The claim that it might be due to the increased industrialisation of Natives with its accompanying change in environment as a result of the war is borne out by the following comparison:—

PUBLISHED DEATH RATES PER 100,000 POPULATION FOR THE PAST TEN YEARS.

	Coloured.	Natives (not Langa).
1938	470	655
1939	465	778
1940	419	585
1941	463	759
1942	522	967
1943	585	1,080
1944	612	1,133
1945	542	997
1946	536	1,203
1947	499	804
	<u>5,113</u>	<u>8,961</u>

Reviewing the past ten years, the death rate in the second quinquennium has increased in the Coloured by 19 per cent., whilst in the Natives it has increased by 39 per cent.

The brunt of the increased incidence in the non-Europeans fell, therefore, on the Natives, and the figures below show that it was the Native men who were predominantly responsible for this rise.

PUBLISHED DEATH RATES PER 100,000 POPULATION FOR THE PAST TEN YEARS FOR NATIVES OUTSIDE THE LANGA TOWNSHIP.

	Male.		Female.
1938	601		796
1939	723		918
1940	468	3,386	888
1941	760	(mean 677)	758
1942	834		1,311
1943	1,036		1,197
1944	1,039		1,375
1945	1,030	4,966	909
1946	1,078	(mean 993)	1,526
1947	783		843
	<u>8,352</u>		<u>10,521</u>

With the exception of 1945, the death rate in Native females has been consistently higher than in Native males. Whilst there are occasional wide and sudden variations which appear so inexplicable that some doubt over the individual figures is justifiable, e.g. the sudden decrease in males in 1940 and the fantastic figure for females in 1946, it can be seen that in a comparison between the first and second five-year periods the rate of increase was much higher in males than in females. The increase in the last five-year period was 47 per cent. in males, and 25 per cent. in females.

Native women were not to any appreciable extent employed in factories on war-work, and basically the home conditions in which the Natives are at present forced to live are responsible for the increased mortality rate; and of all the adverse socio-economic factors, overcrowding is probably the most important. In Cape Town as it is to-day with its acknowledged high incidence, only adequate accommodation and a reduction of the infectious pool by increased hospital facilities will save the unprotected native from persistent exposure to gross infection.

Work in a modern factory cannot in itself cause an increase of tuberculosis and there is no evidence to refute the Russian experience that modern industrialisation is accompanied by a decrease of tuberculosis.

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	3	6	60	49	118
Abdominal*	1	2	12	10	25
Bones and joints	2	2	24	19	47
Glands	1	1	9	5	16
Genito-urinary system	1	1	—	—	2
Disseminated	4	3	23	24	54
Other organs	1	—	1	1	3
Total	13	15	129	108	265

* 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	7	66	49	126
" abdominal	1	1	12	7	21
" of bones and joints	—	—	6	3	9
" of genito-urinary system	—	1	—	—	1
" of other organs	—	—	1	—	1
" disseminated	3	2	17	23	45
Total	8	11	102	82	203

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	..	..	..	..	0·76	4·55	2·62
5 " " " " " 1946	..	..	..	..	0·72	6·06	3·45
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	4·77	2·78
1 " " " " " 1942	..	..	..	..	0·73	5·38	3·08
1 " " " " " 1943	..	..	..	..	0·68	6·09	3·40
1 " " " " " 1944	..	..	..	..	0·73	6·90	3·91
1 " " " " " 1945	..	..	..	..	0·73	5·90	3·40
1 " " " " " 1946	..	..	..	..	0·74	5·98	3·45
1 " " " " " 1947	..	..	..	..	0·70	5·23	3·04

Other particulars will be found in Tables A to D, on pages 76 to 110, G to K, on pages 113 to 117, N to T, on pages 120 to 126.

NON-RESPIRATORY TUBERCULOSIS.

INCIDENCE.

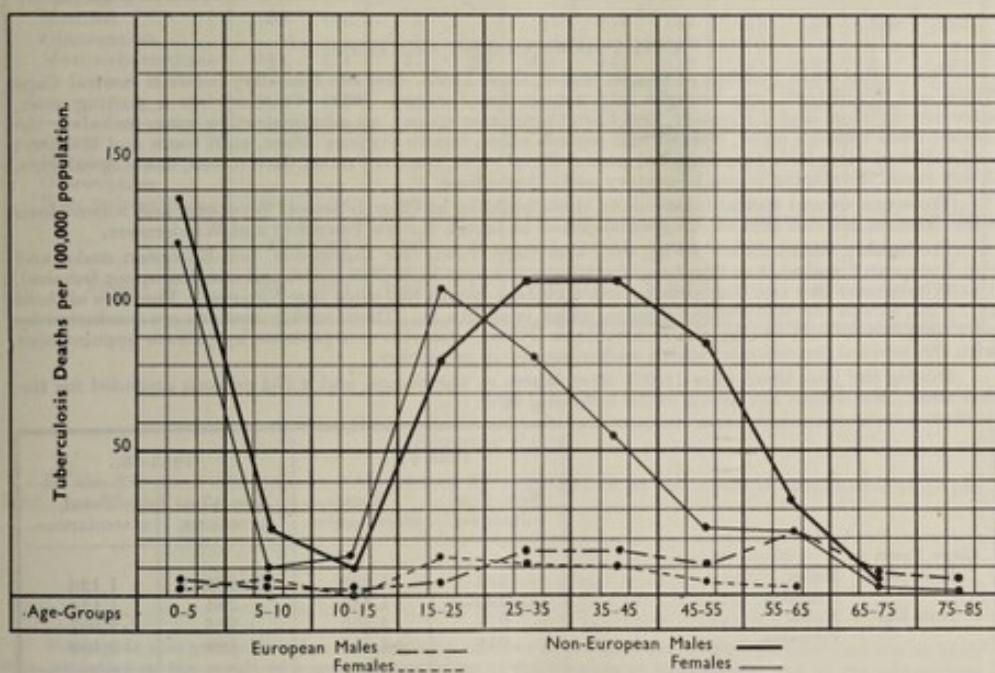
The new cases of non-pulmonary tuberculosis notified during the year numbered 28 in Europeans and 237 in non-Europeans, compared to 26 and 292 respectively in the previous year. The incidence per 100,000 has fallen in Europeans from 16 to 15 and in non-Europeans from 152 to 121. The fall was particularly marked in tuberculosis of the meninges, the most common form of non-pulmonary tuberculosis in the published list, and in non-Europeans the total dropped from 138 to 109 cases. It is tempting to hope that this improvement is due to the continued efforts to protect infants by separation from infectious cases.

MORTALITY.

Of the total number of tuberculosis deaths registered during the year in Europeans, 115 or 86 per cent. were attributed to respiratory tuberculosis and 19 or 14 per cent. to the non-respiratory forms. In non-Europeans 840 or 82 per cent. died from respiratory tuberculosis, 184 or 18 per cent. from other forms. Of the total deaths in all races in the United States of America in 1947, the proportion attributed to non-respiratory forms of tuberculosis was 7.5 per cent. This figure is one of the more reliable means by which the success of the anti-tuberculosis effort can be measured.

Whilst the frequency of deaths from non-respiratory tuberculosis has been restricted to a fairly low level among Europeans, it is still of substantial importance in the non-European population. The death rate for non-respiratory tuberculosis was 10 per 100,000 Europeans, whereas the rate for non-Europeans was 94, or over 9 times as large. The race differential is greater than that seen for respiratory tuberculosis. The respiratory tuberculosis death rate per 100,000 for non-Europeans was 429 or nearly 7 times the rate of 63 for Europeans. The race differential for the two forms in the U.S.A. is 5 to 3.

The tuberculosis death rates per 100,000 of the population by race, sex and age groups for the year under review are depicted graphically below:—



PROVISION OF TREATMENT.

The in-patient accommodation available for cases of pulmonary tuberculosis includes the following (30th June, 1947):—

At the City Hospital, Portwood 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 1946-47, 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 1946-47, the average daily number of cases was 5.2 (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.

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	9	39
Eaton Home:		
Coloured children	25	23
Coloured adults	5	21
European adults	2	25

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 51.

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 18,091 attendances at the clinics, and 4,154 persons attended for the first time; the details are shown in the following table:—

				1946-47.		1945-46.	
				New Con-sultations.	Total attendances.	New Con-sultations.	Total attendances.
<i>Cape Town:</i>							
European:	Males	..	..	332	1,422	259	1,136
	Females	..	..	290	1,285	284	1,124
Non-Eur.:	Males	..	..	977	4,366	924	3,507
	Females	..	..	918	4,235	909	3,409
Total				2,517	11,308	2,367	9,176
<i>Wynberg:</i>							
European:	Males	..	..	115	469	54	290
	Females	..	..	119	487	57	293
Non-Eur.:	Males	..	..	459	2,138	340	1,448
	Females	..	..	476	2,003	405	1,355
Total				1,169	5,097	856	3,386
<i>Langa:</i>							
Native:	Males	..	..	44	58	40	59
	Females	..	..	61	98	41	73
Total				105	156	81	132
<i>Windermere:</i>							
European:	Males	..	..	—	1	2	2
	Females	..	..	—	—	4	7
Non-Eur.:	Males	..	..	165	637	161	567
	Females	..	..	198	892	206	899
Total				363	1,530	373	1,475

The European attendances increased by 812 and the non-European increased by 3,110. The European "new cases" increased by 205 and the non-European increased by 261.

The total number of medical sessions was 417; 250 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 of early or unrecognised disease.

The consultations at 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	83	48	2	—	133	303	172	61	66	602	735
Observation	2	—	—	—	2	11	9	11	12	43	45
Not accepted	2	1	—	1	4	25	20	7	3	55	59
	87	49	2	1	139	339	201	79	81	700	839
Suspects :											
Notified	24	16	3	1	44	210	142	43	55	450	494
Observation	1	—	1	—	2	8	12	6	6	32	34
Non-tuberculous	141	151	41	27	360	441	419	143	179	1,182	1,542
	166	167	45	28	406	659	573	192	240	1,664	2,070
Contacts :											
Notified	1	5	3	2	11	4	22	13	28	67	78
Observation	—	—	3	2	5	—	—	4	3	7	12
Non-tuberculous	46	76	94	79	295	77	211	278	294	860	1,155
	47	81	100	83	311	81	233	295	325	934	1,245
Total	300	297	147	112	856	1,079	1,007	566	646	3,298	4,154

NOTIFIED CASES.

Of the 839 cases who presented themselves for examination as the result of notification 59 (7 per cent.) were found to be non-tuberculous.

SUSPECTS.

Each year this group includes an increasing number of persons who attend for examination on their own initiative as the result of a general awareness of the menace of tuberculosis and of the advantages of regular X-ray examination.

CONTACTS.

At present, contacts in the most susceptible age-groups are not being examined in sufficient number, but all are now examined in a more comprehensive manner since the installation of X-ray facilities at the clinics on 15th April, 1947.

1,245 contacts examined represent 108 per 100 deaths, as compared with the pre-war figure of 178 in England.

Tuberculous meningitis.—In the 118 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 56 cases (i.e. 47 per cent.). The infecting agents were mainly father (7), mother (9), brother (5), sister (1) and relatives and friends (34).

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 notification 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.	Imported infection.	Langa.	Outside Cape Town cases.	Cases cancelled.	Total.
Private practitioners	1,169	27	12	—	12	1,220
Consultants	14	—	1	—	—	15
	1,183	27	13	—	12	1,235
Groote Schuur Hospital ..	194	1	5	47	—	247
Cape Town Free Dispensary ..	52	3	—	—	—	55
Wynberg (Victoria) Hospital ..	22	—	—	11	—	33
Woodstock Hospital	9	3	—	3	—	15
Valkenberg Mental Hospital ..	20	—	—	1	—	21
Somerset Hospital	75	1	4	19	—	99
Other hospitals and institutions	15	—	—	11	—	26
	387	8	9	92	—	496
City Health Department:						
Anti-tuberculosis Centres ..	194	4	2	—	3	203
City Hospital	100	1	2	38	—	141
Langa Hospital	3	1	61	—	—	65
Medical Officer for poor relief	22	—	—	—	2	24
Other clinics	42	—	—	—	2	44
	361	6	65	38	7	477
Port Health Officer	—	—	3	7	—	10
Immigration Officer	—	3	—	—	—	3
	—	3	3	7	—	13
Magistrate, Police and District Surgeons	11	—	—	5	—	16
From public mortuaries ..	35	2	1	1	—	39
Transferred from other Local Authorities:						
Cape Divisional Council ..	3	9	—	58	1	71
Others	13	13	1	14	—	41
	16	22	1	72	1	112
South African Medical Corps ..	30	2	—	13	—	45
Total	2,023	70	92	228	20	2,433

GENERAL.

A study of the origin of notifications emphasizes our dependence on the goodwill of the general practitioner. Every year this group provides over 50 per cent. of the total notifications and undoubtedly this proportion will increase as the clinic services improve. The number of notifications received from hospitals has decreased by over 100 as a result of diverting the work of diagnosis from the general hospitals to the tuberculosis clinics, a policy advocated by both the Cape Hospital Board and the City Health Department. 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 and in child welfare clinics.

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

	Cape Town.	Imported infection.	Langa.	Outside Cape Town cases.	Cases cancelled.	Total.
Attended clinic	1,207	22	36	34	17	1,316
Failed to attend	816	48	56	194	3	1,117
Total	2,023	70	92	228	20	2,433
Failure to attend clinic:						
In hospital	241	8	30	134	2	415
Too ill	214	25	2	—	—	241
Died before notification	117	5	2	—	—	124
First advice through death returns	119	6	7	26	—	158
Refusals	51	1	2	—	1	55
Under private care	29	1	—	—	—	30
Untraceable	21	—	3	—	—	24
Moved out of area on notification	24	2	10	34	—	70
Total	816	48	56	194	3	1,117

Compared with last year the proportion of local notifications who attended the clinic was raised from 53 per cent. to 60 per cent., and a further 12 per cent. were in hospital. However, the proportion of cases who were dying or already dead when first brought to official notice remained at the discouraging figure of 22 per cent., and slightly higher than last year. Until this is considerably reduced, there is little hope of material improvement in the present calamitous position.

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 2 150 (primary) and 16,868 (total) as compared with 2,406 and 17,352 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. 239 new cases were put on this allowance during the year, and the cost of the supplies was £2,064 16s. 5d.

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.

Only a quarter 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.

	Cape Town.		Langa.		Outside Cape Town cases.
	Local.	Imported infection.	Local.	Imported infection.	
New pulmonary cases notified during the year	1,758	54	76	2	154
Known to have had T.B. positive sputum .. .	482	9	27	1	53
New pulmonary cases admitted to institutions for treatment of tuberculosis .. .	450	11	47	1	113
Proportion of new cases admitted .. .	25.4%		61.5%		73.3%
Died before receipt of notification .. .	198	8	5	—	10
Died within 1 month of notification .. .	160	14	13	—	—
" 1 to 3 months of notification .. .	118	4	5	—	—
" 3 to 6 months of notification .. .	111	2	2	—	—
" 6 to 12 months of notification .. .	132	3	6	—	—

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 Rentzkie's Farm .. .	75	66	381	177	699
Nelspoort Sanatorium .. .	31	58	49	45	183
Langa Hospital .. .	—	—	26	14	40
Airemount N. H., Rondebosch .. .	15	16	—	—	31
I. D. Hospital, Caledon .. .	—	—	1	—	1
Glen Gray Mission Hospital, Lady Frere .. .	—	—	1	—	1
I. D. Hospital, Stellenbosch .. .	—	—	—	1	1
King George V Hospital, Durban .. .	—	—	2	1	3
King Edward Hospital, Durban .. .	—	—	1	—	1
McVicar Hospital, Lovedale .. .	—	—	9	3	12
Rietfontein Hospital, Johannesburg .. .	—	—	3	1	4
Sprinkell Sanatorium, Johannesburg .. .	—	1	—	—	1
Waterval Hospital, Johannesburg .. .	—	—	1	—	1
	121	141	474	242	978

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 I cases shown in the table on page 44, was only 15 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, 1947, was :—

District (not wards).	Pulmonary.	Non-pulmonary (chiefly bones and joints).	Total.
Camps Bay—Adderley Street	689	57	746
District Six—Vredehoek	682	146	828
Woodstock—Salt River	644	66	710
Rugby—Brooklyn—Maitland	141	7	148
Athlone—Crawford	479	71	550
Observatory—Claremont	471	34	505
Windermere and Kensington	334	37	371
Lansdowne—Kenilworth—Wynberg ..	539	80	619
Wittebome—Clovelly	431	77	508
Total	4,410	575	4,985

4,410 is the minimal number of pulmonary cases. There are large numbers undiscovered, undiagnosed, unnotified or lost sight of and it is hoped that a considerable portion of these cases will 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 9,216 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 17s. a day. Part-paying and free patients are received on the application of local authorities on the basis of 16s. a day for European patients, and 11s. 6d. 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, 1947, there were 183 admissions of Cape Town municipal patients. Of these admissions 23 were of patients who had had a previous period of treatment in the institution, the number of new cases being 160.

The monthly average number of Cape Town municipal patients in the Sanatorium during the year 1946-47, was 75 (39 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	7	12	12	31
Female	8	34	16	58
Non-European : Male	5	22	22	49
Female	9	25	11	45
All races	29	93	61	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 1947.	
		European.	Non-European.
Families helped by payment of rent .. ..	.. ..	20	93
" " maintenance grants .. ..	.. ..	13	21
" " rent and maintenance grants .. ..	.. ..	3	13
" " payment of foster-mother .. ..	.. ..	—	3
" " provision of clothing and blankets .. ..	.. ..	251	—
No. of articles of clothing distributed .. ..	.. ..	828	—
" blankets distributed .. ..	.. ..	79	—
Almoner :			
Visits paid .. ..	.. ..	1,383	—
Interviews given .. ..	.. ..	1,082	—
New cases handled .. ..	.. ..	162	—

Of the above disbursements from 1st January to 31st December, 1947, the Community Chest paid the rent for 58 families, maintenance grants for 19, rent and maintenance for 9 and the payment of foster-mothers for 2, milk grants 12; the Silver Jubilee Fund paid the rent for 8 families, and rent maintenance for 9, maintenance only 4.

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, 1947, 45 families (9 European and 36 non-European), were assisted in this way, the expenditure amounting to £725 4s. 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 still 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 DISEASE OFFICER.)

EPIDEMIOLOGY.

A further increase in the number of new cases registered at the various centres throughout the Municipality is to be noted. The increase, however, is too small to have any special significance: 6,017 as compared with 5,761 in the previous year.

Table I shows how these new cases were distributed 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	703	3.8
Non-European	5,314	25.7
<i>Sex :</i>		
Male	2,824	14.7
Female	3,193	16.1
<i>Disease :</i>		
Syphilis	3,902	10.0
Gonorrhoea	1,314	3.4
Other venereal diseases	102	0.2
Non-venereal diseases	548	1.4
Undiagnosed	151	0.4
All new cases	6,017	15.4

Certain points in the above table deserve especial attention:—

- (1) The increase in the number of new patients registering this year over that of the preceding year is due entirely to the non-European section of the population.
- (2) The ratio of V.D. incidence between non-Europeans and Europeans remains approximately 7:1.
- (3) No important difference exists in a comparison based on the sex of patients. The existence of numerous ante-natal clinics affords greater opportunities for the detection of syphilis in females and this may account for the larger number of female patients.
- (4) The *true* incidence rate, that is to say the rate obtained after excluding those patients who were found *not* to be suffering from a venereal disease and those patients who remained undiagnosed at the end of the year, is 13.6 per thousand of the population.
- (5) The *true* incidence rate for Europeans is 3.1 per thousand and that for non-Europeans, 23. The first figure, that for Europeans, does not indicate an alarming state of affairs. It compares favourably with that obtaining in other cities where the population is exclusively Europeans.
- (6) The *true* incidence rate for non-Europeans is still very high: 23 per one thousand of the population.

TABLE II.—COMPARISON BETWEEN THE EUROPEAN VENEREAL DISEASE INCIDENCE RATE OF CAPE TOWN WITH THAT OF OTHER CITIES.

Town.	Population.	New cases, 1947.	Rate per 1,000 population.
Glasgow	1,100,000	8,181	7.4
Montreal	1,096,060	7,751	7.07
Newark	445,000*	1,908	4.29
Cape Town	183,690	703	3.8

*Including 50,000 Negroes.

The following Table, Table III, shows the incidence rate of venereal disease per 1,000 of the population over a number of years. It is apparent from these figures that no headway in lessening the volume of V.D. can be recorded. The inference to be drawn, however, from this record is not that the Health services of the City are failing in their task of reducing disease. Such a criticism would be no more justifiable than if the nations' medical services were to be blamed for their failure to prevent war. They deal effectively with wars' casualties but cannot prevent its origins. The Cape Town Health Department deals adequately and effectively with its venereal casualties, but the factors which are productive of these victims lie outside the scope of its preventive powers.

TABLE III.—INCIDENCE RATE OF VENEREAL DISEASE DURING THE THIRTEEN-YEAR PERIOD 1935-47.

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
1947	5,318*	390,549	13.6

* Excluding non-venereal and undiagnosed cases.

ORGANIZATION.

Medical Staff.—There are two full-time medical officers; viz., the Venereal Disease Officer and the Deputy Venereal Disease Officer. Eight part-time medical officers conduct some of the sessions and are remunerated accordingly.

Nursing Staff.—Five full-time female nurses attend at the female sessions and, in addition, visit defaulting patients and notified female contacts in their homes. These nurse visitors are, naturally, fully-qualified nurses and are specially trained in the handling of V.D. patients.

Male Nurses.—There are five full-time male nurses who perform technical duties at the male sessions and in the male wards reserved for V.D. cases at the City Hospital for Infectious Diseases.

The remainder of the staff of the V.D. Branch is composed of two full-time male caretaker/assistants and senior medical students who are replaced from time to time.

Centres.—Consultations and treatment for venereal diseases are available at five different centres, as follows:—

- (1) The City Hospital for Infectious Diseases.
- (2) Salt River: Spencer Road.
- (3) Wynberg: Church Street.
- (4) Windermere: c/o 10th Avenue and 3rd Street.
- (5) Langa Native Township: Hospital Out-patient Department.

Sessions are held in the mornings from 9 a.m. to 11.30 a.m., in the afternoons from 2 p.m. to 3.30 p.m. and in the evenings from 5 p.m. to 7 p.m. or 8 p.m. In each instance all patients, who arrive at the clinic before the last-named time, are seen by the Medical Officer before he departs.

The number of sessions held each week is 36. The localization of centres for the treatment of V.D. is most important. For many years and on many occasions the writer has advocated the erection of a large centre in the city proper. This centre would maintain an "open door" policy, so that patients coming at any hour of the day, from 9 a.m. to 9 p.m., say, could be registered and their individual complaints dealt with without delay. This would mean relays of medical, technical and clerical staff working throughout the entire day. Such a centre, embodied in a large architectural unit housing the various personal medical services, is a social amenity which Cape Town has long awaited.

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	1,629	24,477
Salt River	1,874	34,159
Wynberg	1,057	18,206
Windermere	468	5,584
Langa	84	1,527
Pre-natal clinics (at child welfare centres)	905	8,062
Totals	6,017	92,015

ANALYSIS OF NEW CASES.

1. Three times as many cases of syphilis than gonorrhoea were registered at the various clinics during the year. This ratio probably does not represent the true statistical relationship between the two disease groups. For one thing, a very large portion of the syphilis cases, roughly half, are diagnosed

as the result of a routine investigation deliberately carried out to unmask syphilis. The examination in question is the blood Wassermann test which is performed on all pregnant females. In the case of gonorrhoea, on the contrary, tests are made only when there is clinical evidence of the disease. Besides, the presence of the signs and symptoms of gonorrhoea are frequently disregarded as of no import, particularly by females, so that they are not so likely to complain of their symptoms and are consequently overlooked.

2. Of all cases of syphilis, 3,902, roughly half, belonged to that group designated "endo-syphilis" where the disease has no clinically recognizable signs but is discovered as the result of a blood test. The great majority of individuals in this group are females in the child-bearing age. A certain responsibility, therefore, rests on laboratory staff to maintain a high standard of exactness in tests which are so important in revealing syphilis. If the test is not reliable it will "smell out" syphilis where it does not exist or fail to detect it when it is actually present.

3. Of the total number of syphilis cases, including all stages of the disease, 1,126 were in the early infectious stage when it is easy to convey the disease to another person. Approximately 90 per cent. of these early infectious cases were non-Europeans. When we say it is easy to transmit the disease in this stage, we imply that some intimate physical contact, usually sexual, is necessary. Non-sexually acquired syphilis, that is purely accidental syphilis, is rare. Cases undoubtedly exist particularly amongst children who are doomed to sleep huddled together with some adult who has external lesions of syphilis. Under such circumstances opportunities for accidental transmission of the disease exist and unfortunately cause many infections.

4. Congenital syphilis is practically limited to the non-European section of our population. Only 18 European cases of congenital syphilis were registered during the year under review out of a total of 649. Congenital syphilis is almost entirely preventable, particularly nowadays since the introduction of Penicillin. If all pregnant women were to have a reliable blood test done and anti-syphilitic treatment given when the disease was discovered, congenital syphilis would practically vanish. This has been accomplished in those communities which have had the foresight and power to make a blood test for syphilis obligatory on all women during pregnancy.

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	34	—	65	—	99	530	—	1,505	66	2,101
2. Seropositive primary syphilis	26	1	215	13	255	669	116	5,254	400	6,439
3. Secondary syphilis ..	44	11	387	330	772	1,380	744	9,431	7,946	19,501
4. Tertiary syphilis (1)	10	3	69	88	170	358	361	1,436	2,219	4,374
5. Endosyphilis (2) ..	14	40	199	1,665	1,918	376	1,328	5,056	21,762	28,522
6. Neurosyphilis ..	2	1	29	7	39	241	83	1,150	294	1,768
	130	56	964	2,103	3,253	3,554	2,632	23,832	32,687	62,705
7. Congenital syphilis (under 1 year) (3) ..	7	—	466	—	473	107	—	5,284	—	5,391
8. Congenital syphilis (over 1 year) (3) ..	11	—	165	—	176	418	—	4,653	—	5,071
Total syphilis ..					3,902					73,167
9. Gonorrhoea	298	31	885	64	1,278	1,715	517	7,070	595	9,897
10. Gonococcal vulvovaginitis	—	4	—	30	34	—	66	—	239	305
11. Gonococcal ophthalmia	—	—	—	2	2	1	—	2	3	6
Total gonorrhoeal infections ..	298	35	885	96	1,314	1,716	583	7,072	837	10,208
12. Ulcus molle	23	1	73	—	97	68	3	424	3	498
13. Lymphopathia venereum	—	—	—	—	—	—	—	—	—	—
14. Granuloma venereum	—	—	—	—	—	—	—	—	—	—
15. Venereal warts	—	—	4	1	5	—	—	5	1	6
16. Phagedaena	—	—	—	—	—	—	—	—	—	—
Total venereal					5,318					83,879
17. Non-venereal disease ..	103	14	201	230	548	255	70	601	838	1,764
18. Undiagnosed	17	8	62	64	151	449	214	2,531	3,178	6,372
Grand total					6,017					92,015

(1) Clinically recognizable.

(2) Diagnosed on result of serological test alone.

(3) Cases of congenital syphilis, not classified by sex.

5. Gonorrhoea is mainly represented by male cases, largely non-Europeans. The signs and symptoms of the disease are more easily recognized by the male, hence he is more readily prompted to seek medical advice. It is gratifying to note that out of the 1,314 cases of gonorrhoea only 2 cases of gonorrhoeal ophthalmia (gonorrhoea of the eyes) occurred and only 34 cases of vulvovaginitis among little girls.

6. Ulcus molle or soft sore is relatively rare in Cape Town, though common in other parts of the world as are some of the other venereal diseases such as those designated in Table V as 13 and 14. These infections seem to pass us by, notwithstanding the fact that we are subject to possible contamination by them through seamen arriving from those tropical areas where they are rampant.

7. The number of individuals who reported at the various clinics but were not found to be suffering from a venereal disease is large:—548. This is an encouraging sign. It means that this group had sufficient knowledge and common sense to suspect the presence of disease and, what is more praiseworthy, possessed a well-developed sense of personal hygiene.

8. A certain amount of undiagnosed cases must remain out-standing at any given time. The figure in Table V under 18 merely means that in the case of these 151 individuals no definite conclusion had been reached at the end of June, 1947.

A word about the preventability of venereal diseases in general may not be out of place in this report. Mechanical aids to prevention are readily procurable and offer a large measure of security. The writer has no doubts that the routine use of preventatives by the male population on the occasions of their clandestine sexual adventures, would result in a considerable fall in the incidence rate of venereal disease, and its gradual reduction to well-circumscribed limits.

VENEREAL DISEASE CASES TREATED IN HOSPITAL.

A classification and analysis of the cases of V.D. admitted to hospital during the year are shown in Table VI:—

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	31	—	3	—	34
2. Seropositive primary syphilis	38	1	10	7	56
3. Secondary syphilis	29	5	28	144	206
4. Tertiary syphilis (1)	3	—	—	5	8
5. Endosyphilis (2)	2	1	1	5	9
6. Neurosyphilis	1	1	5	2	9
7. Congenital syphilis (under 1 year)	—	—	5	6	11
8. Congenital syphilis (over 1 year)	1	1	3	11	16
Total syphilis	105	9	55	180	349
9. Gonorrhoea	22	2	21	7	52
10. Gonococcal vulvovaginitis	1	2	—	8	11
11. Gonococcal ophthalmia	—	—	1	—	1
Total gonorrhoeal infections	23	4	22	15	64
12. Ulcus molle	5	—	5	1	11
13. Lymphopathia venereum	—	—	—	—	—
14. Granuloma venereum	—	—	—	—	—
15. Venereal warts	—	—	—	1	1
16. Phagedaena	—	—	—	—	—
Total venereal disease	133	13	82	197	425
17. Non-venereal disease	5	—	2	8	15
18. Undiagnosed	—	—	—	—	—
Grand total	138	13	84	205	440

(The actual number of individuals was 426 as some patients had more than one disease.)

(1) Clinically recognizable.

(2) Diagnosed on result of serological test alone.

Most of the cases were suffering from early syphilis. Without indulging in purely technical details it can be stated that all hospital cases are treated with penicillin, combined with the older drugs, arsenic and bismuth, and on lines which conform closely to the methods advocated by experts in other parts of the world. The latest periodicals and literature are available to the medical staff responsible for the treatment of V.D. in Cape Town. Unfortunately the supply of penicillin remains somewhat curtailed. But when the so-called newer anti-biotics, such as penicillin, are available in amounts and in a form which makes their administration, even to out-patients, a matter of mere routine, a considerable victory over the venereal diseases will have been achieved.

DEFAULTERS.

The defaulting patient is always with us. Every organization concerned with the handling of V.D. patients has this problem to contend with—how to get the patient to persist with treatment and not to stay away. Default may be due to lack of interest and determination to be cured, or it may be due

to economic causes. A lot depends, too, on the environment of the clinic and the way the patients are handled and treated. Professional skill and technical operative standards should be high so that injections cause a minimum of pain and discomfort. When methods of persuasion fail, when the patient still in an infectious condition does not respond to a domiciliary visit or personal letter, then recourse is had to the processes of the law and the recalcitrant patient is summoned before the magistrate.

Table VII illustrates our efforts to secure the continued attendance of patients for necessary treatment. The results, judged by the numbers who resume attendance, or are forced to do so, make this expenditure of time and money really worth while:—

TABLE VII.

Home visits to female defaulting patients.	8,499
Letters to male defaulting patients	4,086
Referred to magistrate under Public Health Act	135

CONTACTS.

Every endeavour is made to trace the origin of any venereal disease and secure the attendance of the presumed source of the disease. No obligation exists on Medical Officers in the Union of South Africa to trace and report such contacts, but for many years such a policy has been an integrated portion of the activities of the V.D. Branch. Much depends on the initiative of the individual doctor and the energy with which any reported contacts are sought.

The procedure varies according to whether the disease discovered in the patient is in a communicable stage or not, and whether the alleged source of the disease is a member of the patient's family or a "friend".

In the case of the young unmarried adult with an infectious venereal disease the doctor attempts to secure the name and address of the contact. If he is satisfied that the information thus obtained indicates the origin of the particular infection under investigation, a report is made out and forwarded to the Medical Officer of Health. This official, in accordance with the provisions of the Public Health Act, sends the contact thus identified a statutory notice to attend a clinic or, when necessary, reports the relevant facts to the Magistrate. The latter can enforce the attendance of the alleged contact or the production of a medical certificate of freedom from venereal disease in a communicable form. The possible contingency of a patient wilfully giving false information so as to incriminate an innocent party does not often arise in practice, as the informant in such cases would be liable to punishment. In general, the system works well and it is only rarely that individuals ignore the statutory warning notice of the Medical Officer of Health calling on the contact to submit to a medical examination or produce a medical certificate of freedom from venereal disease.

Whenever possible, the attendance of the sexual partner is accomplished by the patient, who is entrusted with the task of giving the contact a letter to bring to the clinic. A laudable degree of co-operation is met with even among the less privileged sections of our community, and a large number of contacts are brought under treatment as a result of this unofficial method.

Table VIII indicates the results of contact tracing only when statutory methods have been employed. The vagueness of some of the addresses supplied and the frequent change of residence of many cases, account for our failure to bring all contacts to treatment.

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	113
Number of such contacts who reported for examination	63
Number of those who attended found to be suffering from a venereal disease	39

PATHOLOGICAL EXAMINATIONS.

Although the main bulk of the pathological work for the V.D. clinics is performed by the Government Laboratory in Cape Town, the microscopic diagnosis of all cases of syphilis and many cases of gonorrhoea is carried out at the centres themselves. Each centre is equipped expressly for the purpose so that no time is lost in arriving at a definite diagnosis. This is particularly important in the case of syphilis as no treatment should be given until the nature of the disease is known. Examination on the spot thus not only establishes the diagnosis, but curtails the waiting period with the patient in a still-infectious condition.

The V.D. Branch performs the Kahn test on specimens submitted from the V.D. clinics. Mr. Austen of the male nursing staff is responsible for the actual performance of the test and it is regrettable that circumstances do not permit this service to be expanded into a Departmental feature.

The writer records with pleasure the unfailing helpfulness and co-operation of the Director of the Government Laboratory, Dr. R. Turner, and that of his staff, in carrying out the onerous task imposed by our unceasing demands on their time and skill.

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

	Positive.	Negative.	Total.
Number of dark-ground examinations for Sp. Pall. . .	438	356	794
Number of smear examinations for gonococci	1,017	165	1,182
Number of blood sera tested by Kahn test	—	—	3,079

DIAGNOSIS AND TREATMENT.

In the diagnosis of venereal disease reliance is placed on the accepted standards and laboratory procedures. The blood tests favoured for the diagnosis of syphilis are:—

- (a) The Wassermann Test—Method No. III of the Medical Research Council.
- (b) The Standard Kahn Test.

For gonorrhoea, diagnosis is made on the result of examination of material stained by a modification of the Gram method. Facilities for cultural methods on a large scale do not exist. This is to be regretted as observations elsewhere in the world reveal that both smear and culture methods should be employed. Repeated observation and clinical judgment, however, prevent any serious oversight being made.

In the matter of treatment Cape Town keeps well abreast of modern concepts and the treatment schedules employed are in line with those favoured by experts in other countries.

SECTION VIII—CITY HOSPITALS.

(PREPARED BY DR. J. F. WIGHT, 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 75.

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, cerebrospinal 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, 1947), consists of medical superintendent, deputy medical superintendent, one resident medical officer and two 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.

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)	170	
Total attendances :		
Out-patients	8,182	
In-patients	4,518	
		12,700
Examinations and treatments :		
Skiagrams	5,170	
Screenings	9,991	
Consultations	267	
Refills	3,001	
Aspirations	210	
Mantoux tests	822	
Blood sedimentation	10	
Thoracoscopy	22	
Adhesions	2	
Laryngeal mirror test	2	
Internal pneumolysis	52	
Examinations	54	
		19,603

DENTAL CLINIC.

The dental officer attends weekly and provides dental attention for tuberculosis in-patients.

During the year under report, 132 patients attended and 305 teeth were extracted. Further details are shown in the table on page 29.

OPERATING THEATRE.

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

Appendicectomy	4
Bronchoscopy	11
Fistulectomy	2
Ileo-transverse colostomy	1
Laparotomy and drainage	1
Miscellaneous	4
Phrenic nerve crush	86
Posterior colpotomy	1
Removal of retained part of placenta	1
Thoracoplasty	3
Typhoid perforation, laparotomy	7
	121

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 50 patients with 41 recoveries.

HOSPITAL STATISTICS.

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

	European.	Non-European.
Tuberculosis :		
From Cape Town Municipality	58	227
From outside Municipality	13	45
Venereal diseases :		
From Cape Town Municipality	2	8
From outside Municipality	1	2
Other diseases :		
From Cape Town Municipality	46	66
From outside Municipality	19	27
	139	375

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	1946-47
542·3	354·3	354·4	348·4	364·3	340·9

Details in regard to cases treated are shown in Tables 1 and 2, on page 52.

TABLE I.—NUMBER OF PERSONS TREATED IN THE CITY HOSPITAL FOR THE PERIOD 1ST JULY, 1946, TO 30TH JUNE, 1947.
(Classified according to the wards of the City, etc., to which they belonged.)

Wards, etc. *	Under treatment, 1st July, 1946.						Admitted.						Discharged.						Died.						Total admitted persons.	Day units.						Total.			
	E.			O.			E.			O.			E.			O.			E.			O.				E.			O.						
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		M.	F.	T.							
1	5	5	1	5	20	17	5	5	18	19	6	9	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	47	1,597	861	112	867	3,437		
2	1	2	1	1	25	66	21	36	21	61	21	32	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	148	857	1,919	413	937	4,126		
3	—	—	—	4	22	22	22	44	19	20	18	36	1	—	7	4	2	2	2	2	2	2	2	2	2	2	2	110	1,207	630	573	1,499	3,909		
4	5	5	3	7	51	25	4	20	48	24	7	20	1	2	—	2	2	2	2	2	2	2	2	2	2	2	2	100	1,902	1,594	175	1,896	5,567		
5	4	2	—	3	35	38	58	87	32	34	43	66	2	1	9	12	5	5	5	5	5	5	5	5	5	5	5	218	1,597	1,439	1,721	4,572	9,329		
6	—	—	—	21	23	15	58	68	22	14	46	58	—	1	11	11	3	3	3	3	3	3	3	3	3	3	3	164	1,344	1,323	2,279	6,977	11,923		
7	—	—	—	4	10	39	39	23	36	29	27	21	34	1	3	3	3	3	3	3	3	3	3	3	3	3	3	137	1,052	1,746	1,268	3,122	7,188		
8	3	4	3	8	32	30	62	101	25	28	38	70	3	1	21	27	7	5	5	5	5	5	5	5	5	5	5	225	1,570	2,294	2,386	4,509	10,759		
9	9	9	9	4	6	31	41	4	12	34	45	7	12	2	2	1	3	4	5	—	—	—	—	—	—	—	—	88	1,886	2,567	297	1,372	6,122		
10	—	—	—	1	5	1	9	61	70	10	8	43	48	2	2	14	17	—	4	5	3	7	151	236	1,285	1,540	2,417	151	1,937	789	881	3,076	6,683		
11	12	7	11	18	16	15	9	11	19	20	16	22	3	1	1	1	1	6	2	3	6	3	6	3	6	1	1	69	766	487	568	3,384	5,205		
12	—	—	—	3	5	18	21	11	17	20	20	18	27	3	1	3	6	—	—	—	—	—	—	—	—	—	—	77	608	709	459	2,937	4,713		
13	5	5	2	8	21	6	22	28	21	8	15	24	1	2	7	4	4	4	1	2	5	3	4	88	624	1,232	568	984	1,322	1,564	1,004	1,369	4,667	8,604	
14	—	—	—	3	18	23	21	26	15	21	13	21	1	1	6	4	2	5	5	3	4	12	132	1,564	1,004	1,369	4,667	23	60	4	275	423	762		
15	6	6	4	11	14	15	31	72	14	19	26	58	1	—	5	13	5	2	4	2	4	4	23	60	4	275	423	23	60	4	275	423	762		
Not allocated	—	—	—	—	5	1	10	7	4	—	—	11	1	—	—	—	2	1	—	—	—	—	—	—	—	—	—	16	—	—	—	219	578	797	
Langa Native Township	—	—	—	3	—	—	11	5	—	—	7	7	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	114	823	206	217	—	—	1,336	
From ships in Harbour	—	—	—	—	75	24	15	—	71	23	15	—	—	1	—	—	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,336
From outside the Municipality	19	13	18	18	115	87	177	156	105	84	138	120	13	6	35	31	16	10	10	22	23	23	23	16	10	10	10	535	6,005	4,745	6,609	7,730	25,089		
Totals	74	73	70	144	574	484	631	804	527	467	509	665	39	21	126	138	82	69	66	145	2,493	25,635	24,924	21,929	51,947	124,435									

E. = Europeans O. = Others or non-Europeans.

TABLE 2.—NUMBER OF CASES TREATED AT THE CITY HOSPITAL FOR THE PERIOD 1ST JULY, 1946, TO 30TH JUNE, 1947, CLASSIFIED ACCORDING TO RACE, SEX AND DISEASE.

Disease (ultimate diagnosis).	Under treatment, 1st July, 1946.				Admitted.				Discharged.				Died.				Under treatment 30th June, 1947.				Total cases admit- ted.	Day units.				Total.			
	E.		O.		E.		O.		E.		O.		E.		O.		E.		O.										
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.									
Etiotic fever	2	2	13	6	19	27	119	89	15	27	97	73	4	1	15	8	2	1	20	14	254	925	1,435	6,291	5,582	14,233			
Diphtheria	10	10	9	13	47	38	42	44	42	41	36	44	1	2	5	4	14	5	10	9	171	2,302	1,779	1,902	2,356	8,330			
Scarlet fever	21	18	4	1	97	136	11	10	103	139	13	11	—	—	—	—	15	15	2	—	254	3,771	4,851	396	380	9,398			
Erysipelas	—	—	—	—	3	6	4	8	2	6	—	—	—	—	—	—	—	—	—	—	21	28	90	52	269	439			
Puerperal fever	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Cerebrospinal fever	—	—	—	—	8	2	15	11	20	25	10	9	28	21	2	—	3	3	3	2	7	3	68	314	—	1,240	1,554		
Acute anterior poliomyelitis	—	—	—	—	1	3	1	3	3	3	3	3	4	—	—	—	—	—	—	—	10	82	243	129	152	597			
Infective encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Measles	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	106	26	132			
Whooping cough	—	—	—	—	1	1	—	—	29	40	14	14	26	40	15	12	—	—	—	3	1	1	2	97	371	307	415	350	1,643
Chicken pox	—	—	—	—	1	1	—	—	4	1	3	5	3	3	—	—	—	—	—	—	13	89	4	86	112	291			
Mumps	1	—	—	—	12	4	—	—	3	11	4	—	—	—	—	—	—	—	—	2	1	—	—	19	124	148	123	59	454
Etiotic fever	—	—	—	—	1	1	—	—	2	6	13	6	2	7	9	4	—	—	—	—	27	15	52	206	59	332			
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	19	8	—	154	140	302			
Typhus fever*	—	—	—	—	—	—	—	—	8	5	1	2	8	5	1	2	—	—	—	—	16	181	94	28	52	335			
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Influenza	1	—	—	—	2	1	—	—	3	5	2	1	1	—	—	—	—	—	—	—	10	38	34	127	51	102			
Malaria	—	—	—	—	—	—	—	—	8	9	8	—	—	—	—	—	—	—	—	—	17	104	—	111	—	215			
Acute primary pneumonia	—	—	—	—	2	3	—	—	9	9	3	—	—	—	—	—	—	—	—	—	21	45	—	313	237	595			
Influenza pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Tuberculosis, pulmonary	32	29	7	96	67	60	18	127	47	42	14	86	19	12	6	47	33	35	5	90	272	12,450	12,603	2,227	32,091	59,771			
Tuberculosis, bones and joints	—	—	—	—	1	2	8	39	41	2	1	4	5	5	55	39	1	—	—	—	114	329	79	392	322	1,122			
Tuberculosis, glands	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Tuberculosis, miliary	—	—	—	—	—	—	—	—	2	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Dead cases (excluded from above):	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Diphtheria and enteric fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Acute primary pneumonia and measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Measles-pneumonia and measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Measles-pneumonia and whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Whooping cough and enteritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Whooping cough and tonsillitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Measles and appendicitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Mumps and appendicitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Tuberculosis, pulmonary and meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Tuberculosis, pulmonary and abdominal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Tuberculosis, pulmonary and bones and joints	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Tuberculosis, pulmonary and enteric fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Tuberculosis, pulmonary and endocarditis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Tuberculosis, pulmonary and appendicitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Tuberculosis, abdominal and diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Tuberculosis, miliary and diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Veneral diseases:	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Syphilis	—	—	—	—	1	2	3	99	15	49	177	96	16	31	171	—	2	3	—	—	340	822	136	750	2,090	3,798			
Gonorrhoea	—	—	—	—	2	1	16	2	16	13	16	4	17	12	—	—	—	—	—	—	47	135	35	123	169	462			
Syphilis and gonorrhoea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16	52	27	52	16	147			
Soft chancre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	17	—	56	42	115			
Veneral warts	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Curers:	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Diphtheria carrier	—	—	—	—	3	—	2	5	4	—	2	5	7	—	—	—	—	—	—	—	11	—	73	188	258	519			
Enteric carrier	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Other diseases:	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Abdomen, cerebral	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Abdomen, liver	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Abdomen, lung	—	—	—	—	—	—	—	—	—	—	—	—																	

TABLE 3.—CASES TREATED IN RENTZKIE'S FARM HOSPITAL FOR THE PERIOD 1ST JULY, 1946, TO 30TH JUNE, 1947.

[illegible]

TABLE 4.

[illegible]

E. = Europeans.

O. = Others or non-Europeans.

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, Portwood 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 53).

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	..	..	..	..	..	25.58
In-patients admitted	..	..	..	..	..	757*
New out-patients	..	..	..	..	..	4,602
Attendances by out-patients	..	..	..	..	..	25,626
Visits to patients at their homes by—						
Doctor	..	..	..	..	..	1,498
Nurse	..	..	..	..	..	440
Midwifery service—						
Confinements attended (extern)	..	..	..	..	..	192
Visits made by midwife	..	..	..	..	..	2,949
Pre-natal clinic—						
New cases	..	..	..	..	..	262
Total attendances	..	..	..	..	..	1,450
Infant consultations—						
New cases	..	..	..	..	..	264
Total attendances	..	..	..	..	..	3,751
V.D. clinic—						
New cases	..	..	..	..	..	84
Total attendances	..	..	..	..	..	1,527
Tuberculosis clinic—						
New cases	..	..	..	..	..	105
Total attendances	..	..	..	..	..	156
Dental clinic—						
New cases	..	..	..	..	..	501
Total attendances	..	..	..	..	..	769

* The diagnosis in in-patients was as follows:—

Abortion and miscarriage	..	..	12	Influenza	..	..	14
Abscess	..	..	26	Injury at birth	..	..	3
Adenitis	..	..	1	Injuries from accidents or violence	..	..	125
Admitted after operation	..	..	3	Malnutrition	..	..	1
Admitted with mother or infant	..	..	5	Marasmus	..	..	3
Apoplexy	..	..	1	Mastitis	..	..	5
Appendicitis	..	..	4	Ophthalmia neonatorum	..	..	3
Asthma	..	..	8	Other diseases of circulatory system	..	..	2
Bilharzia	..	..	1	Other diseases of digestive system	..	..	4
Boils	..	..	7	Other diseases of nervous system	..	..	6
Bronchitis and pneumonia	..	..	107	Pharyngitis	..	..	1
Cancer	..	..	8	Pleurisy	..	..	7
Circumcision	..	..	1	Prematurity	..	..	2
Confinement	..	..	8	Puerperal fever	..	..	2

Convulsions	16	Pyorrhoea	3
Dementia	1	Pyrexia of unknown origin	12
Diabetes	4	Quinsy	1
Diarrhoea and enteritis	46	Rheumatic fever	1
Diseases of bones and joints	6	Rheumatism	9
Diseases of ear	2	Salpingitis	13
Diseases of eye	11	Septic infection	26
Diseases of heart	12	Sinusitis	3
Diseases of female generative organs	3	Syphilis	2
Diseases of genito-urinary system	9	Tonsillitis	6
Diseases of pregnancy and parturition	8	Tuberculosis, pulmonary	46
Diseases of skin and cellular tissue	14	Tuberculosis, other forms	13
Dysentery	6	Vincent's angina	1
Enteric fever	2	Whooping cough	1
Epistaxis	1	Worms	18
Erysipelas	2	Diagnosis doubtful or indefinite	48
Gangrene	1	Other conditions	37
Gonorrhoea	3		
			757

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

Langa Native Township	701
Elsewhere in Cape Town Municipality	43
Extra-municipal	13

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

In-patients	38
Out-patients	517

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	82	—	5	87	163	—	5	168
European girls	74	—	26	100	163	—	26	189
Non-European boys	705	—	11	716	1,621	—	11	1,632
Non-European girls	808	—	99	907	1,713	—	121	1,834
Total children	1,669	—	141	1,810	3,660	—	163	3,823
<i>Adults :</i>								
European males	34	23	—	57	43	25	1	69
European females	55	—	2	57	77	—	2	79
Non-European males	238	4	—	242	357	5	—	362
Non-European females	278	—	11	289	394	—	11	405
Total adults	605	27	13	645	871	30	14	915
<i>Total persons :</i>								
European	245	23	33	301	446	25	34	505
Non-European	2,029	4	121	2,154	4,085	5	143	4,233
All races	2,274	27	154	2,455	4,531	30	177	4,738

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

AMBULANCE AND DISINFECTING STATION.

This is situated in the grounds of the City Hospital, Portsworld Road. There is garage accommodation, in which are housed (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.
1,965	191	920	1,180

The distance covered during the year by the vans and ambulances was 74,180 miles.

SECTION IX.—SANITARY ADMINISTRATION.

HEALTH INSPECTORS.

On 30th June, 1947, the staff of health inspectors consisted of the chief health inspector, the assistant chief health inspector, 5 divisional health inspectors, 25 health inspectors, 3 assistant health inspectors, and 2 learner health inspectors; besides 3 health inspectors for dairies and 4 pest control officers. 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 (29 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 work of the pest control officers is 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 cow-sheds); 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 de-verminization of incoming natives to the Langa Native Township, or wherever the circumstances demand.

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 pest control officers) during the year ended 30th June, 1947, were as follows:—

Inspections made:

Public markets	2,533
Butchers' shops	7,976
Dealers' and general dealers' shops (food)	17,502
Dealers' and general dealers' shops (no food)	4,881
Fish and poultry shops	2,107
Bakers' shops (without bakehouses)	132
Bakehouses	596
Milk shops (purveyors of milk)	5,447
Ice-cream purveyors and manufacturers	823
Tea shops	1,346
Cafés	982
Restaurants	2,585
Eating-houses	1,353
Residential hotels and boarding houses	1,362
Aerated-water manufacturers	157
Other places where food is manufactured	134
Hawkers' premises	3,404
Hawkers' carts	2,831
Butchers' carts and carriers	426
Milk-delivery vehicles and carriers	577

Fish vehicles	178
Bakers' vehicles	138
Ice-cream vehicles	12
Tents	58
Sideshows	128
Theatres and bioscopes	562
Billiard saloons	83
Common lodging houses	329
Tenement houses	5,659
Other house inspections	50,814
Hairdressers	1,833
Laundries	187
Mattress-makers and upholsterers	98
Other factories and workplaces	3,178
Courts, lanes and alleys	4,385
Open land	2,832
Piggeries	210
Horse stables	4,434
Dairy stables	2,916
Cattle dealers' premises	31
Visits made in connection with infectious disease	3,453
Hackney carriages	36
Standing water, catchpits, etc., re mosquitoes	347
Sites or premises re plans of proposed buildings	253
Public sanitary conveniences	4,895
Refuse tips	672
Washhouses	338
Re State-aided butter	129
Other visits	6,517
Total	151,859

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

Visits to premises where action was taken in connection with rodent infestation	184
Visits at which premises were disinfected	27
Drain tests carried out	281

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

Proceedings begun by :

Verbal notices	1,479
Written request notices	1
Formal written notices	5,462
Total proceedings begun	6,942

Written notices following verbal notices 512

Total notices served :

Verbal notices	1,479
Request notices	1
Formal notices	6,072
Final notices	2,168
Total	9,720

The number of items included in the 6,942 notices were as follows :—

Ward 1.	862
Ward 2.	922
Ward 3.	896
Ward 4.	1,793
Ward 5.	2,325
Ward 6.	4,201
Ward 7.	2,585
Ward 8.	1,727
Ward 9.	815
Ward 10.	347
Ward 11.	590
Ward 12.	875
Ward 13.	936
Ward 14.	1,429
Ward 15.	2,786
Total	23,089

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	366
Defective water fittings	108
Unauthorised structures	37
Undrained premises	207
Structural defects to premises	59
Other defects	43

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, 1947, the City Council prohibited the further use of 9 stable premises (equine) for the keeping of animals.

Previously, since 1929, the City Council had prohibited the use of 109 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 pest control officers and 26 ratcatchers. This staff devotes itself to the rat-proofing of buildings and the destruction of rodents, especially rats and veld rodents. *Rattus rattus*, both *rattus* and *alexandrinus* and *Rattus norvegicus* are found in the business centres and old houses of the city, *Rattus rattus frugivorus* in the suburbs, and *Rattus norvegicus* on the sea beaches and in the banks of streams, etc. Systematic destruction of gerbilles is carried out in the unbuilt-on part of the municipal area on the Cape Flats, stretching from Table Bay to False Bay; and this is supported by similar work carried on by the Cape Divisional Council on the Cape Flats more to the east.

In town, attention is given chiefly to the rat-proofing of premises which attract, harbour and nourish rats, and the destruction of rats in infested premises. In the granting of trading licences for grocers' shops and the like, rat-proofing has been insisted on. Many wooden floors in such premises have been replaced by concrete. Rat-proofing 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	12,007						
Re mosquitoes	4,279						
		16,286					
Inspections re rodents by other inspectors		184					
Inspections re mosquitoes by other inspectors		347					
Visits made to lands and premises by ratcatchers:							
Re rodents	68,074						
Re mosquitoes	19,035						
		87,109					
Number of notices served by Rodent Inspectors:							
Verbal notices	19						
Written notices	251						
		270					
Number of rodents caught and destroyed:							
Brown rats	6,231						
Black rats	2,210						
Gerbilles	56						
		8,497					

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	3,606	55	13,409
1946	9,082	1,879	287	11,248
1947	6,231	2,210	56	8,497

MOSQUITOES.

One of the pest control officer 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 1946-47, 12 applications for the erection of tents, etc., were received, all of which were granted and were for occupation by 182 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, 1947:—

Nature of sample.	No. of samples.	Not genuine.					Genuine.
		No action taken.	Letter sent.	Warning notice sent.	Summons applied for.	Total.	
Milk	434	1 (broken)	118	2	49	170	264
Minced meat	31	—	—	—	8	8	23
Meat products	86	—	—	—	5	5	81
Mixed coffee	2	—	—	—	—	—	2
Cooking oil	3	—	—	—	2	2	1
Fried fish	12	—	—	—	2	2	10
Honey	4	—	—	—	—	—	4
Potato chips	15	—	—	—	—	—	15
Ice-cream	10	—	—	—	—	—	10
Dripping	1	—	—	—	—	—	1
Sago	1	—	—	—	—	—	1
Jam	1	—	—	—	—	—	1
Bread	3	—	—	—	—	—	3
Doughnuts	1	—	—	—	—	—	1
Dried fruit	11	—	—	—	8	8	3
Total	615	1	118	2	74	195	420

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

Percentage of milk fat.	No. of samples.	Percentage of milk-solids- not-fat.	No. of samples.
1.5—1.9	3	6.0—6.4	4
2.0—2.4	8	6.5—6.9	6
2.5—2.9	22	7.0—7.4	12
3.0—3.4	185	7.5—7.9	7
3.5—3.9	147	8.0—8.4	132
4.0—4.4	49	8.5—8.9	256
4.5—4.9	8	9.0—9.4	15
5.0—5.4	6		1 (broken)
5.5—5.9	2		1 (no result)
6.0—6.4	—		
6.5—6.9	—		
7.0—7.4	1		
7.5—7.9	—		
8.0—8.4	—		
8.5—8.9	—		
9.0—9.4	1		
9.5—9.9	1		
	1 (broken)		

SALE OF MILK AND ICE-CREAM.

Compulsory pasteurisation of Milk.

During the year further efforts were made to bring about the compulsory pasteurisation of all milk sold in the city area. In October and November, 1946, further reports supported by the City Treasurer were submitted urging that the most effective and practical method of effecting compulsory pasteurisation was for the Council to undertake the pasteurisation of all milk and to allow the dairy industry to carry out the distribution.

In November, 1946, representatives of the City Council attended a Government Interdepartmental Committee on Milk Control held in Pretoria. This Committee gave full support to the compulsory pasteurisation of milk and sent this recommendation forward to the Central Government.

In June, 1947, the Health Committee of the City Council held a meeting with the representatives of the dairy industry at which their delegates objected most strongly to the Municipality carrying out the pasteurisation of milk and gave the impression that if compulsory pasteurisation had to come into being then the trade should be left to carry out both the pasteurisation and the distribution. At the end of the year under review the matter was still under discussion.

Dairy Regulations and Licences.

The number of dairy premises licensed* for the sale of milk in the Municipality at 30th June, 1947, was as follows:—

	In the municipal area.		Outside the municipal area.	
	30th June, 1946.	30th June, 1947.	30th June, 1946.	30th June, 1947.
Cowsheds	26	17	165	198
Milkshops	123	117	—	—

*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. During the year under report inspections were made as follows:—

Dairy stables	2,916
Milk shops	5,447
Milk delivery vehicles	577
Ice-cream premises	823
Ice-cream vehicles	12

Milk shops and Ice-cream premises.

Milk shops 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 pasteurised 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 1947, and those for ice-cream to the year ended 30th June, 1947:—

	Cowshed premises.		Milk shop premises.	Manufacturers and vendors of ice cream.
	In the municipal area.	Outside the municipal area.		
Applications for licences received	28	240	138	360
Licences issued	24	231	100	358
Applications cancelled	—	2	4	2
Licences not granted	4	7	34	—

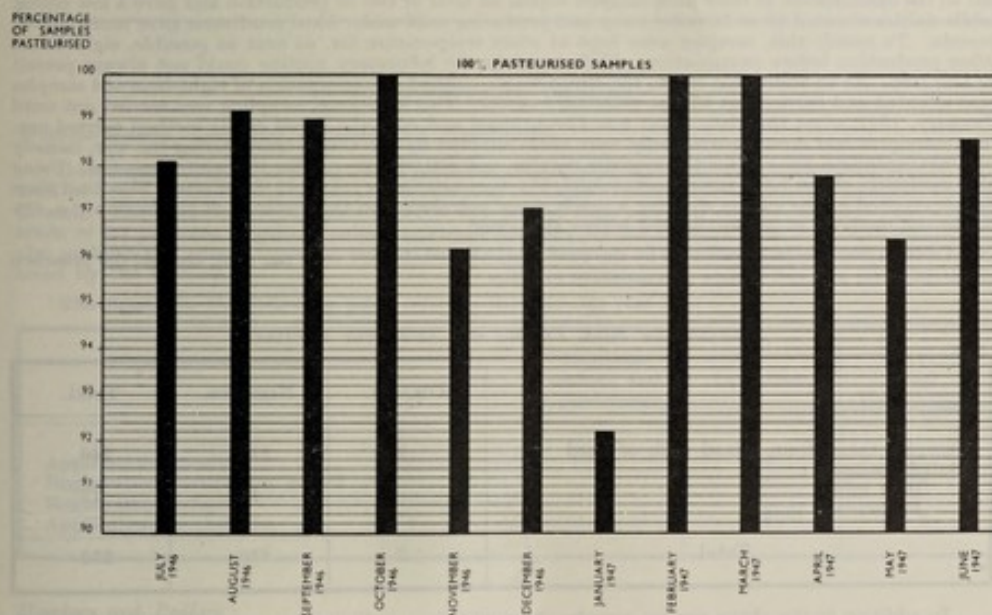
Of the 343 persons licensed to make or sell ice-cream only 12 were licensed for its manufacture. The remainder were licensed only for selling ice-cream not made on the premises. The 12 licensed for the manufacture of ice-cream include 4 who have a large wholesale trade.

Control of Pasteurisation Plants.

Systematic daily sampling of the two licensed pasteurisation plants was undertaken. Samples were collected from the two licensed plants at intervals during the day, as many as six samples being 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 was frequently found that in the course of the day one sample would show definite under-pasteurisation, while the remainder proved to be properly pasteurised. Neave's modification of the Kay-Graham test was used. Unfortunately, owing to the shortage of the necessary chemicals needed for the test only a limited number of tests could be carried out daily. In all 974 phosphatase tests were carried out; of this total 24 or 2.47 per cent. proved to be definitely under-pasteurised.

Our findings agree with those found during the war when, in spite of continual supervision by an inspecting officer, commercial dairies could not maintain a consistently pasteurised product.

The monthly results are depicted graphically below:—



SAMPLES OF MILK TESTED FOR TOTAL BACTERIA.

Milk samples taken by the City Health Department are examined by the plate count 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.						Coliform bacilli present in :					
	Not more than					More than	1 c.c.	Absent in 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	1,000,000						
Cowshed premises	5	4	10	4	2	1	—	4	8	4	7	3
On delivery to retailer by cowkeeper (cowshed in Municipality)	—	—	—	—	—	—	—	—	—	—	—	—
On delivery to retailer by cowkeeper (cowshed outside Municipality)	16	29	19	13	9	11	—	13	12	24	22	26
On milk-round of cowkeeper supplying retail customers (cowshed in Municipality)	—	—	—	—	—	—	—	—	—	—	—	—
On milk-round of cowkeeper supplying retail customers (cowshed outside Municipality)	—	—	—	—	—	—	—	—	—	—	—	—
In retailer's shop or depot	10	17	8	19	12	11	—	7	14	4	13	39
On milk-round of retailer	1	—	1	—	—	—	—	—	1	1	—	—
Total	32	50	38	36	23	23	—	24	35	33	42	68

The results depicted in the above table were obtained from the examination of milk samples by means of the plate count. Of the 202 samples examined, 120 or 59.4 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 or 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 carried out until January, 1947, when the plate count was discontinued and only the Breed smear method carried out. 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 1,365 samples examined, 584 were satisfactory, i.e., 42.8 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 1,365 samples examined by the Breed Smear method, 151 or 11 per cent. showed the presence of streptococci and cell groups of suggestive mastitis.

SAMPLES OF MILK TESTED FOR TUBERCLE BACILLI.

	Positive.	Negative.	Total.
Samples taken from mixed milk of herd ..	2	238	240
Bulked samples :			
Raw milk	—	12	12
Pasteurised milk	—	—	—
Total	2	250	252

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 4,836 cows, belonging to 152 dairies, were examined clinically, and as a result, 432 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)	169
Mange	33
Emaciation	11
Tuberculosis (other than tuberculosis of the udder)	6
Tubercular mastitis	7
Contagious abortion	9

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 7 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, CAFES, RESTAURANTS, EATING-HOUSES AND BOARDING HOUSES.

Municipal Regulations provide for the annual licensing of these premises and the controlling of the equipment and management. Applications for licences are considered by the responsible Committee after report by the Medical Officer of Health.

On 6th February, 1947, new regulations relating to boarding houses and premises used for supplying lodgings and meals were promulgated. The purpose of the new regulations was not to establish a strict control system but to enable the Department to deal adequately with premises where ordinary amenities expected in such premises are lacking. The regulations provide for annual licensing involving inspection of premises and furnishings with emphasis on the following specific points:—(1) the maximum number of persons in occupation, (2) the number of bathrooms, latrines and sitting rooms. During the year under review, action taken by the Department under the new regulations has been confined to a general survey of boarding house premises, with warnings where necessary of infringements of the regulations, which will be dealt with in due course.

The following is an analysis of the applications dealt with during the year ended 30th June, 1947:—

	Restaurants.	Tea Shops.	Cafés.	Eating-houses.	Boarding Houses.
1. Applications received	195	245	32	48	240
2. Granting of licences recommended (without conditions)	120	188	30	27	234
3. Granting of licences recommended (subject to conditions)	71	54	2	17	—
4. Number under item 3 later reported as having complied with conditions	70	52	2	19	—
5. Refusal of licences recommended	1	1	—	4	—
6. Applications withdrawn	3	2	—	—	6

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 off 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 1947:—

	Mattress-makers and Upholsterers.	Laundries.	Barbers and Hairdressers.
Applications received	20	6	261
Registration certificates issued	19	5	258
Registration refused	1	—	—
Applications withdrawn	—	1	3

Hawkers and Pedlars:

The municipal regulations also require annual licences for hawkers and pedlars. The following figures refer to the year ended 30th June, 1947:—

	Hawkers and Pedlars.
1. Applications received	1,888
2. Granting of licences recommended (without conditions)	803
3. Granting of licences recommended (subject to conditions)	951
4. Refusal of licences recommended	97
5. Number under items 3 and 4 later recommended	330
6. Applications withdrawn	37

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, 1947:—

	General dealers.	Fresh produce dealers.	Butchers.	Bakers.	Motor garages.	Mineral water dealers.	Mineral water manufacturers.
1. Applications received	1,166	224	25	3	34	51	1
2. Granting of licences recommended (without conditions) ..	640	129	8	—	11	27	—
3. Granting of licences recommended (subject to conditions)	472	88	17	3	19	21	1
4. Number under item 3 later reported as having complied with conditions ..	453	46	17	3	19	21	1
5. Refusal of licences recommended ..	32	4	—	—	3	2	—
6. Applications withdrawn	22	3	—	—	1	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 depots 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, 1947:—

Description.	Inspected.	Passed.	Condemned partly.	Condemned entirely.	
				Amount.	Percentage.
Carcases of beef	365	365	—	—	—
Carcases of mutton	1	1	—	—	—
Carcases of pork	42,858	41,870	811	177	0·41
Ox heads	1	1	—	—	—
Ox hearts	1	1	—	—	—
Ox tongues	716	716	—	—	—
Ox livers	716	716	—	—	—
Ox lungs	1	1	—	—	—
Pigs' plucks	livers ..	42,858	38,532	4,326	10·09
	lungs (prs.) ..	42,858	37,187	5,671	13·23
	hearts ..	42,858	42,250	608	1·42

The following return shows the imported meat condemned at the depots appointed by the Council, classified under the various diseases for which it was condemned, during the period 1st July, 1946 to 30th June, 1947:—

Description.	Total.	Cysts (Hydatid).	Emaciation.	Inflammation.	Measles.	Pericarditis.	Pyæmia.	Sarcocysts.	Septicæmia.	Tuberculosis.
Carcases of pork ..	177	—	4	10	101	1	1	4	4	52
Parts of pork ..	811	—	—	—	—	—	—	—	—	811
Pigs':										
livers ..	4,326	4,126	—	—	—	—	—	—	—	200
lungs (prs.) ..	5,671	—	—	5,671	—	—	—	—	—	—
hearts ..	608	—	—	—	—	608	—	—	—	—

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	2,439	1,087,583	7	512
Cape Town depots	—	—	12	1,643
Total	2,439	1,087,583	19	2,155

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, 1947:—

Meat: *Weight (lb.).*

Meat (uncured)	75
Sausage	30

Poultry and Game:

Turkeys	48
Geese	4
Ducks	16
Fowls	792
Game	165

Fish:

Fish	556
Preserved fish	11,837

Fruit and vegetables:

Apples	765
Avocado pears	1,578
Bananas	9,150
Apricots	230
Dates	15,830
Figs	15
Gooseberries	93
Grapes	412
Granadillas	75
Lemons	1,850
Limes	1,080
Mangoes	1,060
Melons	1,640
Mixed fruit and vegetables	25
Naartjes	406
Pawpaws	4,965
Peaches	2,375
Pears	112
Pineapples	3,018
Plums	20
Prunes	10
Watermelons	1,003
Beans (green)	45,183
Beetroot	6,110
Betel leaves	30
Bringils	858
Cabbages	11,452
Carrots	1,380
Cauliflowers	2,763
Celery	83
Cucumbers	4,875
Lettuce	3,075
Marrows	380
Mealies	70
Onions	2,670
Peas (green)	20,290
Potatoes	31,680
Potatoes (sweet)	2,315
Pumpkins	4,467
Parsnips	700
Radishes	2,409
Spinach	552
Squashes	215
Sweet melons	35
Tomatoes	7,459
Turnips	7,802
Watercress	40

Other provisions:

Anchovies	1,144
Bacon	59
Beans (dried)	3,250
Breakfast cereals	204
Cake	1,698
Cake powder	59
Eggs	72
Flour	48
Ham	374
Jam	116
Pickles and delicacies	684
Preserved fruit	1,378
Polony	46
Oats	340
Rusks	8
Sweets	15
Syrup	150
Spaghetti	1,736
Tinned meat	161
Other tinned food	3,893
Tinned vegetables	9

CASES BEFORE THE MAGISTRATE.

The following table gives particulars of cases heard by the magistrates during the year ended 30th June, 1947, 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.			
Dwelling-house premises in insanitary condition (excluding the keeping of animals)	37	25	7	—	3	2	47	222	0 0
Insanitary conditions at food premises:									
Butchers' shop premises	5	5	—	—	—	—	9	23	10 0
Other food premises	19	19	—	—	—	—	34	133	10 0
Insanitary conditions or other offences in transport or delivery of foodstuffs:									
Meat	8	8	—	—	—	—	14	34	0 0
Milk	24	24	—	—	—	—	59	137	10 0
Other foodstuffs	2	2	—	—	—	—	2	3	10 0
Selling, delivering or depositing meat not slaughtered at the municipal abattoir or not inspected and stamped	7	7	—	—	—	—	13	54	0 0
Selling foodstuffs in contravention of the Food, Drugs and Disinfectants Act:									
Milk	47	46	1	—	—	—	56	435	0 0
Sausage, minced-meat, etc.	16	16	—	—	—	—	35	144	10 0
Trading as purveyor of milk without licence (no cows kept)	6	6	—	—	—	—	7	51	10 0
Trading as purveyor of milk without licence (cows kept)	1	1	—	—	—	—	1	1	0 0
Trading as hawker without licence	5	5	—	—	—	—	10	11	0 0
Other nuisances or insanitary conditions	10	7	—	—	1	2	10	21	0 0
Practising midwifery in contravention of regulations under the Public Health Act	1 ⁽¹⁾	1	—	—	—	—	1	—	—
Neglect of children (Children's Act)	1 ⁽²⁾	—	1	—	—	—	1	—	—
Total	189	172	9	—	4	4	299	1,272	0 0

(1) This case was sentenced to £10 fine or 3 months imprisonment suspended for 1 year.

(2) This case was sentenced to 3 months imprisonment suspended for 1 year.

PUBLIC SANITARY CONVENIENCES.

The following is a list of the public sanitary conveniences open at 30th June, 1947, together with the number of attendants employed:—

Chalet.	Attendants.	
	Male.	Female.
Bakoven	2	1
Camps Bay Beach	2	1
The Camp, Camps Bay	1	—
Castle Bridge	2	2
Castle Street	3	—
Claremont Park	1	1

Claremont, Ralph Street	2	2
Clifton, 4th Beach	1	1
De Waal Park	2	1
Dock Road	3	—
Early Morning Market, Sir Lowry Road	3	1
Gleemoor, Athlone	3	2
Green Point Common	1	—
Greenmarket Square	2	2
Hanover Street	2	1
Jurgens Park	2	—
Kalk Bay	2	1
Kalk Bay Beach (non-European)	1	1
Keurboom Park	1	—
Kloof Nek	1	1
Ladies' Rest Room, Darling Street	—	2
McGregor Street	2	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	3	2
Sea Point, Beach Road	2	2
Sea Point Swimming Pool (non-Europeans)	1	1
Searle Street	2	1
Shelley Street, Salt River	2	2
Spencer Road, Salt River	1	1
Strand Street, Cape Town	1	1
Three Anchor Bay	1	1
Trafalgar Park	2	1
Victoria Walk	1	1
Windermere	2	2
Woodstock	2	2
Wynberg	2	1
	81	52
Relief attendants	14	9
Night-shift attendants	4	1
	99	62

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.

It is customary during the summer season (November-April) to extend the hours at the seaside conveniences. During this season the conveniences are staffed by two attendants in each section, i.e. male and female. They are open from 7 a.m. to 11 p.m.

In the winter season the staff is reduced to one attendant in each section and the conveniences are open from 8 a.m. to 6 p.m.

The following is a list of conveniences which are affected by this seasonal change:—

Bakoven.
Camps Bay Beach.
Clifton, 4th Beach.
St. James Beach.
Sea Point Swimming Pool (non-European)
Three Anchor Bay, Beach Road.
Kalk Bay.
Kalk Bay Beach (non-European).

The convenience at Muizenberg (Beach Road) is open from 7 a.m. to 11 p.m. throughout the year.

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 Platteklip, 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, 1947, were as follows:—

	<i>Attendances.</i>	<i>Money taken.</i>		
		£	s	d
Hout Street	10,897	202	1	0
Platteklip	4,730	60	0	1
Hanover Street	13,091	808	17	3
Salt River	3,972	68	14	4
Mowbray	8,381	148	6	9
Claremont	8,631	164	19	9
Wynberg	6,329	132	4	2
Kalk Bay	2,494	62	7	0
	58,525	£1,647	10	4

The attendances and takings at the Hout Street shower-baths during the year ended 30th June, 1947, were as follows:—

		Shower-baths.		
		Atten- dances.	Money taken.	
Adults	25,531	£	s.	d.
Children	262	319	2	9
		2	3	8
Total	25,793	321	6	5

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.

STORMWATER PROGRESS.

Progress was made with the stormwater drainage schemes in Q-Township, Parkwood Estate, Retreat Native Housing Scheme, Epping-Uitvlugt, Windermere and Faetreton Housing Scheme. Portions of the Liesbeek and Black Rivers were canalized to relieve flooding and to eliminate stagnant pools.

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.

Rapid progress is being made in the construction of sewers to serve the Belmead-Belgravia Area and Epping-Uitvlugt.

PAIL CLOSETS.

The City Engineer's Department undertakes the weekly collection of sterco in the outlying unserved areas, but two removals weekly are effected in the Windermere area. In parts of the Cape Flats this work is carried out with great difficulty owing to the lack of roads. The men and wagons have to plough through heavy sand and bush, and, in winter, through water, to reach isolated places 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 at Wynberg Flats. Elsewhere it is passed into the sewers at the depositing depots at Maitland, Kensington, Athlone, Kenilworth and Muizenberg.

The number of premises from which sterco was being removed at 30th June, 1947, is shown by the following figures:—

Woodstock and Salt River	..	..	..	..	..	17
Maitland and Brooklyn	..	..	..	..	..	89
Kensington	..	..	..	..	..	160
Added areas, Mowbray to Claremont	}	..	..	..	..	3,503
Claremont		..	..	..	..	
Wynberg	..	..	..	..	..	741
Muizenberg and Retreat	..	..	..	..	..	1,422
Windermere	..	..	..	..	..	940
						6,872

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. 98 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 daily 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 394,500 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, 1947, the City Council and the Citizens' Housing League Utility Company have completed the erection of about 7,000 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.
Boundary Road, Diep River (non-European) ..	8	—	£ 958
Q-Town, Athlone (non-European)	—	552	870
Windermere	—	136	914
Langa, Bachelor Quarters	4 (blocks)	—	22,250

In the year under report, 315 cottages for Europeans at an average cost of £800 per dwelling were completed at Epping Garden Village (Cape Division) by the Citizens Housing League Utility Company.

The dwellings completed bring the figures from 1920 to 30th June, 1947, 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	4,014	5,060
Citizens' Housing League Utility Co. ..	801	28	829
	1,847	4,042	5,889
Outside Cape Town municipal area:			
Citizens' Housing League Utility Co. ..	1,138	—	1,138
Total	2,985	4,042	7,027

The number of new dwelling houses built in the calendar year 1947 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 ..	5,270	1,272
1920 ..	4,680	139	1938 ..	4,710	1,033
1921 ..	5,340	210	1939 ..	4,840	1,431
1922 ..	4,950	308	1940 ..	4,970	1,970
1923 ..	5,080	425	1941 ..	5,100	1,489
1924 ..	5,220	561	1942 ..	7,450	1,063
1925 ..	5,380	335	1943 ..	8,800	651
1926 ..	5,320	444	1944 ..	9,720	1,005
1927 ..	5,070	675	1945 ..	10,050	870
1928 ..	5,450	846	1946 ..	10,400	454
1929 ..	5,570	1,773	1947 ..	10,760	1,039
1930 ..	5,700	1,320			
1931 ..	5,640	1,564			
1932 ..	6,000	1,102			

City extended by incorporation of the district of Windermere, 1943-44.

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 local chemists.

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

Ward 1	2	Ward 10	200
" 2	58	" 11	14
" 3	134	" 12	76
" 4	33	" 13	132
" 5	276	" 14	76
" 6	208	" 15	178
" 7	244		
" 8	119		
" 9	17	Total	1,767

One half of the cost of medical attention and medicines, and the full cost of surgical appliances are refunded to the City Council by the Union Government.

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, 1947, the number of such burials was 395.

RELIEF WORKS.

During the period under review an average of 113 men have been employed on relief works maintained by the City Council. The total expenditure of the Council under this heading in the year 1947 was £124,742 4s. 6d. of which £12,313 19s. 9d. was paid in wages and £3,634 14s. 4d. cost-of-living allowance. The Government repaid to the Council £9,218 11s. 9d. in the form of subsidy.

BOARD OF AID.

Poor relief in the City of Cape Town is administered by the Cape Town General Board of Aid instituted under the Poor Relief and Charitable Institutions Ordinances of 1919 and 1924. The Board consists of nine members, including the Mayor of Cape Town and three members of the City Council.

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 1946 and 1947:—

	1946.			1947.		
	£	s.	d.	£	s.	d.
Income from voluntary sources	200	0	0	140	0	0
Subsidy from Provincial Administration for investigations <i>re</i> Conradie Home applications	120	0	0	120	0	0
Subsidy from Department of Social Welfare	20,176	10	0	23,165	5	0
Subsidy from City Council	20,176	10	0	23,165	5	0
Expenditure on relief, excluding administration costs	20,164	4	5	22,912	17	4
Number of applications received	2,490			2,339		

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 shum or semi-shum 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 Bokmakirrie 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.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

FOOD SUPPLIED BY CITY HEALTH DEPARTMENT.

Free dinners are provided at twelve 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 22 and 26. The dinners given numbered 116,830 (mothers, 28,587; children, 88,243). To these figures are to be added 29,451 dinners supplied to children at the municipal nursery schools (see page 26).

Free milk is also provided at the welfare centres for necessitous children under school age. This is supplied without cost to the Council under the scheme of the Dairy Industry Control Board by arrangement with the School Board. The milk meals are consumed at the centres. During the year the attendances for milk meals numbered 213,608 and 12,229 gallons of milk were consumed. To these figures are to be added 18,474 milk meals supplied from the same source to children at the municipal nursery schools.

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, 1947, 1,242 new cases were supplied and 47,040 lbs. of dried milk were issued. The cost was £4,877 13s. 9d. and the takings from mothers for dried milk and medicines amounted to £2,433 15s. 2d. (see page 24). 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. 239 new cases were put on this allowance during the year, and the cost of the supplies was £2,064 16s. 5d.

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, of the school feeding scheme into which the State-aided milk scheme was merged:—

NATIONAL FEEDING SCHEME FOR SCHOOL CHILDREN.

The scheme was continued for all schools during the whole of the year excluding school holidays. The Central Feeding Committee finds increasing difficulty in providing the children with a supplementary meal with a daily grant of only 2d. per child. The increased cost of foodstuffs is more than 33½ per cent. above the figures for the year 1944 when the scheme was first introduced. During the year there were again periodic shortages of such essential foodstuffs as milk and butter.

The following table indicates the amount and variety of foodstuffs supplied to all schools:—

Commodity.	January — March.	April — June.	July — September.	October — December.	Total for year.
Milk gals.	10,908	51,850	51,875	54,880	169,513
Butter lbs.	13,608	13,965	18,488	14,847	60,908
Cheddar cheese .. lbs.	43,169	28,896	27,408	24,121	123,594
Pasteurised cheese .. lbs.	3,045	3,512	2,923	1,890	11,370
Cocoa lbs.	3,639	5,677	6,683	6,245	22,244
Moskonfy lbs.	—	4,900	3,592	2,648	11,140
Sugar pkts.	316	428	588	334	1,666
Oranges pkts.	—	7,459	18,065	10,009	35,533
Grapes lugs	38,540	35,742	10,529	—	84,811
Raisins lbs.	74,000	80,725	56,725	60,625	272,075
Fruit salad lbs.	25,625	39,800	24,300	33,725	123,450
Crystallised fruit .. lbs.	8,225	18,400	18,825	8,500	53,950
Bread lbs.	129,072	138,050	165,536	107,094	539,752
Peanuts lbs.	35,425	37,275	32,500	25,360	130,560
Peanut butter lbs.	15,360	15,440	11,280	13,120	55,200
Chocolates doz.	1,603	1,622	817	963	5,005
Malt syrup lbs.	—	1,280	4,240	1,680	7,200
Fresh fruit and vegetables (other than grapes and oranges)	£7,771 15 7	£5,889 14 6	£5,947 0 5	£4,282 0 7	£23,890 11 1

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

Schools.	Board and State-aided.	Private (paying direct).	Total.
European	100 (26,567 children)	1	101
Coloured	176 (53,305 children)	1	177
Native	—	9	9
Total	276 (79,872 children)	11	287

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, 1947, the Medical Officer of Health issued 1 certificate to a person resident in Cape Town, and 1 to a person resident elsewhere. The examinations were oral and practical.

STATE-AIDED MILK AND BUTTER SCHEME.

Butter.

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 1st June, 1947, the price at which State-aided butter was sold was increased by 1d. per lb. to 1s. 4d., 1s. 3d. and 1s. 2d. for 1st, 2nd and 3rd grades respectively.

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 4d. 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. per 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 Indians.

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

	Butter.	Margarine.
Old Drill Hall, Cape Town	99,086	78,259½
12 Keerom Street, Cape Town	6,126½	2,381½
Woodstock Town Hall	49,591½	47,691½
Maitland Town Hall	22,193	22,222½
Brooklyn Village Hall	6,536	5,124½
Mowbray Town Hall	5,977½	5,129
Athlone Town Hall	39,842	45,218½
Rondebosch Town Hall	5,713½	5,043½
Claremont Town Hall	27,103	24,849½
Lansdowne Town Hall	13,000½	14,425½
Wynberg Town Hall	43,143½	39,678
Retreat Welfare Centre	11,909½	14,292
Municipal Office, Muizenberg	4,724	5,127½
Total	334,946½	309,443

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

1st grade	92,974½
2nd grade	223,579½
3rd grade	18,392½
Total	334,946½

SECTION XI.—STAFF OF CITY HEALTH DEPARTMENT.

The full-time staff as at 30th June, 1947, was as follows:—

ADMINISTRATIVE BRANCH.

Medical Officer of Health.
Deputy Medical Officer of Health.
Assistant Deputy Medical Officer of Health.
Chief Administrative Officer.
Chief Clerk.
Principal Clerks, 2.
Clerks-in-charge, 9.
Senior Clerks, 2.
Senior Shorthand Typistes, 2.
Junior Clerks, 3.
Head Office Messenger.
Learner Messenger.
Motor Vehicle Drivers, 6.
Caretaker/Cleaner.
Labourer.

MATERNAL AND CHILD WELFARE BRANCH.

Maternal and Child Welfare Officer.
Deputy Maternal and Child Welfare Officer.
Senior Assistant Maternal and Child Welfare Officer.
Assistant Maternal and Child Welfare Officer.
Chief Health Visitor.
Assistant Chief Health Visitor.
Senior Health Visitors, 11.
Supervisor of Midwives.
Health Visitors, 23.
Junior Health Visitors, 9 (3 non-Europeans).
Social Welfare Visitor.
Clinic Assistants, 3.
Clerk.
Senior Shorthand/Typiste.
Shorthand/Typiste.
Clerk/Typistes, 2.
Junior Clerk.
Nursery School Teachers, 2.
Nursery School Superintendent.
Domestic Adults, 23.
Domestic Juveniles, 14.
Cooking Hands, 14.
Store Hand.
Labourers, 2.
Night Watchmen, 2.

VENEREAL DISEASE BRANCH.

Venereal Disease Officer.
Deputy Venereal Disease Officer.
Senior Health Visitors, 3.
Health Visitors, 2.
Head Male Nurse.
Male Nurses, 5.
Male Caretaker Assistants, 2.
Senior Clerk.
Clerk.
Senior Clerk/Typiste.
Domestic.
Labourers, 2.

TUBERCULOSIS BRANCH.

Tuberculosis Officer.
Senior Health Visitors, 3.
Health Visitors, 2.
Junior Health Visitors, 3.
Senior Clerk.
Clerk.
Junior Clerks, 3.
Shorthand/Typiste.
Domestic Adults, 2.
Caretaker/Cleaner.
Labourer.

HEALTH INSPECTION BRANCH.

Chief Health Inspector.
Assistant Chief Health Inspector.
Divisional Health Inspectors, 5.
Pest Control Officers, 4.
Senior Health Inspectors, 10.
Health Inspectors, 15.
Assistant Health Inspectors, 3.
Learner Health Inspectors, 2.
Ratcatchers, 15.
Ratcatchers' Assistants, 5.
Learner Ratcatchers, 6.
Motor Vehicle Driver.
Washhouse Caretaker/Fitter.
Washhouse Caretakers, 6.
Assistant Washhouse Caretakers, 6.
Checker.
Fireman/Stoker.
Labourers, 4.
Clerk-in-charge.
Senior Clerk.
Clerk.
Junior Clerk.
Drain Tester.
Chalet Attendants, 161.

DAIRY INSPECTION.

Veterinary Officer.
Dairy Inspectors, 3.

DENTAL BRANCH.

Chief Dental Officer.
Deputy Dental Officer.
Assistant Dental Surgeon.
Dental Mechanics, 2.
Senior Health Visitor.
Dental Nurses, 3.
Clinic Assistants, 3.
Clerk.
Senior Shorthand/Typiste.
Domestic.
Caretaker/Cleaner.

HOUSING BRANCH.

Housing Supervisor.
Assistant Housing Supervisor.
Housing Superintendents, 2.
Director of Community Centres.
Housing Managers, 6.
Housing Caretakers, 5.
Club Leaders, 2.
Social Welfare Visitors, 3.
Assistant Housing Caretakers, 4.
Housing Student Assistants, 6.
Senior Clerk.
Junior Clerks, 2.
Shorthand/Typiste.
Clerk/Typiste.
Handyman/Carpenter.
Maintenance Labourers, 7.
Labourers, 21.

CITY HOSPITAL, INCLUDING AMBULANCE AND
DISINFECTION SERVICES.

Medical Superintendent of Hospitals.
Deputy Medical Superintendent of Hospitals.
Resident Medical Officer.
House Physicians, 2.
Chief Pharmacist.
Senior Pharmacist.
Pharmacist.
Dispensary Assistant.
Matron.
Assistant Matron.
Radiographer.
Sisters, 9.
Staff Nurses, 2.
Hospital Porters, 3.
Nurse.
Student Nurses, 8.
Housekeeper.
Probationer Nurses, 15.
Male Nursing Assistant.
Senior Works Foreman.
Handyman/Electrician.
Handyman/Carpenter.
Brush Hand.
Senior Telephone Operators, 2.
Telephone Operator.
Clerk-in-charge.
Clerks, 2.
Shorthand Typistes, 2.
Junior Clerk.
Laundry Supervisor.
Laundresses, 23.
Seamstresses, 4.
Male Orderlies, 34.
Housemaids, 23.
Storehand.
Boiler Attendant.
Fitter.
Hospital Cooks, 2.
Labourers, 13.
Works Storeman.
Disinfection Officer.
Ambulance Officer.
Motor Vehicle Drivers, 5.

RENTZKIE'S FARM HOSPITAL.

Sisters, 3.
Non-European Nurses, 4.
Non-European Probationer Nurses, 2.
Male Nursing Assistants, 3.
Non-European Nursing Assistants, 16.
Hospital Caretaker.
Senior Telephone Operator.
Hospital Porters, 2.
Labourers, 4.
Hospital Cooks, 2.
Male Orderlies, 17.
Occupational Therapist.

NATIVE HOSPITAL LANGA TOWNSHIP.

Medical Officer.
Matron.
Sister.
Native Nurses, 3.
Native Junior Male Nurse.
Native Male Nursing Assistant.
Native Midwives, 4.
Male Orderlies, 5.
Domestic.
Hospital Cooks, 2.

DOMICILIARY MEDICAL SERVICE.

Medical Officer.

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.

It is with regret that the death of Mrs. Letitia Hermina Stade, Supervisor of Midwives, is recorded. Mrs. Stade died on the 1st January, 1947. She had served the Department for 19 years.

TABLE A1. DEATHS REGISTERED IN 1946-47 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 27th June, 1947).

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.															O.—OTHER, OR NON-EUROPEAN.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
CAUSE OF DEATH.			Race.			0 to 1			1 to 2			2 to 5			5 to 10			10 to 15			15 to 25			25 to 35			35 to 45			45 to 55			55 to 65			65 to 75			75 to 85			85 and upwards			TOTALS.			Deaths in Cape Town of Non-Residents (Excluded from foregoing column)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
						M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
I.—Infectious and parasitic diseases and ..	{E. 76 O. 60 O. 1	5	60	65	1	55	52	1	5	50	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1

* Including the deaths of 9 newly-born infants, 7 (1 male and 6 females) of unknown race and 2 of unknown race and sex.
The European Cape Town deaths which occurred outside the Municipality (Inward Transfers) numbered 64 (37 males and 27 females).

REPORT OF THE MEDICAL OFFICER OF HEALTH.

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SUMMARY.

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

CAUSE OF DEATH.	Race.	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		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.					
I.—Infectious and parasitic diseases and .. other	{E. O.	4	—	10	13	38	27	4	11	5	2	1	5	8	11	8	7	5	14	6	6	3	3	7	19	16	22	20	31	24	78	56	4	4	102	62	164	
II.—Cancer and .. other	{E. O.	1	—	25	6	11	5	3	9	13	7	1	9	6	39	25	158	103	8	133	94	4	1	19	12	19	16	22	31	9	9	3	11	727	520	1,247		
III.—Rheumatism, diseases of nutrition, of endocrine glands and other	{E. O.	18	—	6	—	—	—	—	1	10	10	7	9	4	4	3	11	9	1	3	11	18	—	—	—	—	—	—	—	5	2	2	—	64	80	144		
IV.—Diseases of the blood and blood-forming organs	{E. O.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
V.—Chronic poisonings and intoxication	{E. O.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
VI.—Diseases of the nervous system and sense organs	{E. O.	8	12	7	4	6	4	6	8	2	5	2	4	7	6	6	7	2	7	10	4	5	11	6	5	2	8	7	9	11	4	7	4	5	98	203		
VII.—Diseases of the circulatory system	{E. O.	—	—	4	1	8	9	—	—	12	16	12	11	1	7	18	23	2	1	17	26	1	1	26	6	5	3	8	14	13	16	4	4	114	128	242		
VIII.—Diseases of the respiratory system (not specified as tuberculous)	{E. O.	26	27	28	15	25	12	33	16	11	30	17	4	5	14	9	21	12	30	17	4	5	19	9	17	13	25	16	27	18	30	13	6	330	443			
IX.—Diseases of the digestive system	{E. O.	5	3	1	2	4	4	4	7	3	2	6	3	6	4	3	1	3	1	3	2	3	2	1	1	7	2	11	11	21	14	17	19	5	1	221	254	435
X.—Non-venereal diseases of the genito-urinary system and amnixa	{E. O.	4	3	11	6	4	1	5	2	39	32	35	19	12	4	74	50	49	1	49	39	32	1	1	9	3	6	22	6	6	32	29	9	2	524	584	992	
XI.—Diseases of pregnancy, and puerperal state	{E. O.	—	—	3	2	10	11	—	—	29	9	22	4	7	6	67	53	1	31	28	1	28	1	4	5	6	10	7	10	20	17	5	3	210	162	372		
XII.—Diseases of the skin and cellular tissues	{E. O.	1	3	6	3	3	3	3	7	5	4	6	6	6	6	3	6	1	31	15	1	1	5	3	3	5	4	4	—	—	—	—	—	45	31	76		
XIII.—Diseases of the bones and organs of movement	{E. O.	—	—	—	—	—	—	—	—	5	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	46	43	89		
XIV.—Congenital malformations	{E. O.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15	15	30	
XV.—Diseases peculiar to the first year of life	{E. O.	2	2	1	1	—	—	—	3	3	1	3	3	3	5	3	6	1	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	22	33
XVI.—Senility, old age	{E. O.	—	—	—	—	—	—	—	—	22	20	23	8	3	32	25	32	25	4	26	24	2	1	2	5	5	4	5	9	8	5	20	14	37	175	329	504	
XVII.—Violent or accidental deaths	{E. O.	3	3	4	5	6	4	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	175	154	329	
XVIII.—Ill-defined causes of death	{E. O.	—	—	—	—	—	—	—	—	12	3	4	4	4	2	22	5	2	6	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	14	24	38
Totals	{E. O.	72	86	77	57	42	105	60	88	32	44	34	63	52	68	38	94	72	29	23	59	34	56	34	59	47	69	51	63	40	33	44	964	745	1,709			
Totals, All races	{E. O.	75	90	145	99	163	142	101	71	251	220	281	216	157	128	494	360	118	103	355	310	69	42	125	103	126	120	168	129	269	211	83	76	2,980	2,429	5,409		

* Including 9 of unknown race or sex.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

[illegible]

[illegible]

Death Classification.		CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR INWARD AND OUTWARD TRANSFERS IN THE CASE OF EUROPEANS BUT CORRECTED FOR OUTWARD TRANSFERS ONLY IN THE CASE OF NON-EUROPEANS.																																TOTALS.	
Code No.	International Code No.			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.		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.						
040	30	I. (Cont.) Locomotor ataxia (tabes dorsalis) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3				
041	30	General paralysis of the insane ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	4				
042	30	Aneurysm of the aorta ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	7				
043	30	Syphilis, congenital ..	{E. O.	27	16	3	2	1	-	31	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	32	50				
044	30	Syphilis, other forms ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2				
045	31	Relapsing fever ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	13				
046	32	Well's disease ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
047	32	Other diseases due to spirochaetes ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
048	33	Influenza with respiratory complications specified ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	4				
049	33	Influenza without respiratory complications specified ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	7				
050	34	Smallpox ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
051	34	Anaas and alastrim ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
052	35	Measles ..	{E. O.	3	2	3	8	2	1	8	11	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	19				
053	36	Acute poliomyelitis & polioencephalitis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
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.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
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.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
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—flake ..	{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.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
073	43	Mycoses ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
074	44	Veneral diseases (other than syphilis or gonorrhea) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
075	44	Pernicious lympho-granulomatosis (Hodgkin's disease) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
076	44	Mumps ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
077	44	Other infectious or parasitic diseases ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Totals for I ..				{E. O.	2	5	1	5	1	7	7	5	6	1	-	3	15	16	12	20	13	14	7	24	4	9	1	8	1	-	107	66	173				
				{O.	76	60	63	55	52	50	191	165	28	15	15	12	84	111	120	87	130	67	98	30	50	26	11	5	2	-	727	520	1247				

[illegible]

[illegible]

[illegible]

CAUSE OF DEATH.		Race.	WARDS: CORRECTED FOR OUTWARD TRANSFERS BUT NOT FOR INWARD TRANSFERS.																														Not Allocated, Residential Address Unascertained.		TOTALS.				
			1		2		3		4		5		6		7		8		9		10		11		12		13		14		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.							
V. (Contd.)																																							
Lead poisoning not specified as occupational ..		{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
Occupational poisoning ..		{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
Poisoning by narcotic and soporific drugs ..		{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
Other non-occupational poisoning ..		{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
Unspecified poisoning ..		{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
Totals for V ..		{E. {O.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	2	-	2				
VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.																																							
Intra-cranial abscess ..		{E. {O.	-	-	-	-	1	-	-	-	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	3	2	6				
Other forms of encephalitis (non-epidemic) ..		{E. {O.	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	1	-	-	-	1	-	-	1	2	2				
Meningitis, pneumococcal ..		{E. {O.	-	-	-	-	-	1	-	-	-	-	1	1	-	-	-	2	-	-	1	2	-	-	-	-	-	-	-	2	-	-	1	2	9				
Other forms of meningitis (non-meningococcal) ..		{E. {O.	-	-	-	-	1	-	-	-	-	-	1	2	-	-	1	-	-	-	-	-	-	1	-	1	-	-	-	1	-	-	1	1	2				
Diseases of the medulla and spinal cord, other than locomotor ataxia and disseminated sclerosis ..		{E. {O.	1	-	-	1	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	2	5	5				
Cerebral hemorrhage (not due to injury at birth) ..		{E. {O.	5	6	4	12	3	12	12	5	12	4	12	3	1	4	3	5	3	8	3	3	5	12	12	-	4	4	3	6	1	3	1	1	48	58	106		
Cerebral embolism and thrombosis ..		{E. {O.	2	5	1	-	12	12	4	-	-	1	-	1	3	1	1	1	3	1	1	5	3	1	1	1	1	1	1	1	1	1	1	1	1	39	21	51	
Hemiplegia and other paralysis of unstated origin ..		{E. {O.	-	-	-	-	1	-	-	1	-	-	1	2	-	2	-	-	1	-	-	-	-	1	1	-	-	1	1	1	1	1	1	1	1	1	1		
Mental disorders and deficiency (excluding general paralysis of the insane) ..		{E. {O.	-	-	-	1	-	-	-	-	-	-	1	-	1	-	-	-	-	-	2	1	-	-	-	-	-	-	-	-	-	-	2	2	6	8			
Epilepsy ..		{E. {O.	-	-	-	1	1	-	-	-	1	-	-	-	1	-	1	1	-	-	-	-	-	1	-	-	-	-	-	1	1	1	1	1	1	4	2	6	
Convulsions in children under 5 years of age ..		{E. {O.	-	-	-	-	1	-	-	-	-	-	-	-	-	-	5	-	-	-	3	1	-	-	-	-	-	-	-	-	-	-	-	11	2	13			
Chorea ..		{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Neuritis (non-rheumatic) ..		{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Paralysis agitans (Parkinson's disease) ..		{E. {O.	-	1	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	1	2	4	4		
Disseminated sclerosis ..		{E. {O.	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-			
Other diseases of the nervous system ..		{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-			
Diseases of the organs of vision ..		{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Diseases of the ear and the mastoid process ..		{E. {O.	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	5	1			
Totals for VI ..		{E. {O.	8	12	7	4	6	4	8	8	2	5	2	4	7	8	6	7	7	10	4	5	11	6	5	2	8	7	9	11	4	7	4	5	98	105	203		
VII. DISEASES OF THE CIRCULATORY SYSTEM.																																							
Chronic pericarditis specified as rheumatic ..		{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other pericarditis ..		{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Acute endocarditis (excluding rheumatic endocarditis) ..		{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Valvular disease specified as sequelae of rheumatic fever ..		{E. {O.	-	-	-	1	-	-	-	1	-	-	1	3	-	2	1	2	-	-	3	2	-	1	3	-	-	-	-	-	-	-	-	-	-	-			
Other chronic affections of the valves and endocardium ..		{E. {O.	1	3	12	1	-	1	1	1	-	-	3	2	1	2	1	1	3	7	-	2	3	3	-	1	-	1	1	5	12	3	-	1	8	12	20		
Acute myocarditis ..		{E. {O.	1	1	-	-	2	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	1	7			
Chronic myocarditis specified as rheumatic ..		{E. {O.	-	-	-	-	1	3	-	-	-	1	3	2	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other chronic myocarditis ..		{E. {O.	9	8	9	3	6	8	15	8	2	3	6	2	7	6	10	8	12	7	3	3	2	2	3	3	4	5	7	7	12	4	5	1	2	5	114	78	192

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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.			Deaths in Cape Town of non-residents (ex- cluded from fore- going columns).					
			0 to		1 to		2 to		Total under		5 to		10 to		15 to		25 to		35 to		45 to		55 to		65 to		75 to		85 and up- wards.		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.	P.			
I	015	Tuberculosis of respiratory system ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
I	016	Tuberculosis of central nervous system ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
I	032	Dysentery, bacillary ..	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
I	043	Syphilis, congenital ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
IV	207	Leukaemia ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
V	251	Chronic alcoholism ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
VI	305	Cerebral haemorrhage (not due to injury at birth) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
VI	306	Cerebral embolism and thrombosis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
VI	313	Paralysis agitans (Parkinson's disease) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
VII	353	Vascular disease specified as sequelae of rheumatic fever ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
VII	356	Chronic myocarditis specified as rheumatic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
VII	357	Other chronic myocarditis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
VII	358	Diseases of the coronary arteries and angina pectoris ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
VII	362	Arterio-sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8
VII	367	High blood pressure ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
VIII	404	Broncho-pneumonia (including capillary bronchitis) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
VIII	405	Pneumonia, lobar ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
IX	458	Diarrhoea and enteritis (under 2 years of age) ..	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
IX	467	Cirrhosis of the liver without mention of alcoholism ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
IX	472	Diseases of the pancreas (other than diabetes) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
X	501	Nephritis, chronic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
XIV	708	Other stated congenital malformations ..	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
XV	751	Premature birth ..	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
XV	754	Asphyxia during or after birth, atelectasis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
XV	758	Other specified diseases (including gangrene or haemorrhage of umbilicus, icterus neo-natorum, acute catarrhal hepatitis) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
XVII	864-867	Homicide ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
XVII	880-882	Accidental injury by industrial or other mechanical causes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
885-886			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
894-897			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
908			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
		Totals ..	8	6	1	2	-	-	1	9	9	2	-	-	2	4	-	-	4	2	1	-	10	-	9	-	-	-	-	2	-	43	13	56	3

REPORT OF THE MEDICAL OFFICER OF HEALTH.

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Sec- tion.	Code No.	CAUSE OF DEATH.	WARDS.																														Not Allo- cated. Resi- dential ad- dresses un- ascer- tained.	TOTALS.					
			1		2		3		4		5		6		7		8		9		10		11		12		13		14		15			M.	F.	Persons.			
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.							
I	015	Tuberculosis of respiratory system...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	1	7			
I	016	Tuberculosis of central nervous system...	-	-	-	-	-	-	-	2	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	4		
I	032	Dysentery, bacillary...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
I	043	Syphilis, congenital...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
IV	207	Leukaemia...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
V	251	Chronic alcoholism...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
VI	305	Cerebral hemorrhage (not due to injury at birth)...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
VI	306	Cerebral embolism and thrombosis...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
VI	313	Paralysis agitans (Parkinson's disease)...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
VII	353	Valvular disease specified as sequelae of rheumatic fever...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
VII	356	Chronic myocarditis, specified as rheumatic...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
VII	357	Other chronic myocarditis...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
VII	358	Diseases of the coronary arteries and angina pectoris...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	4	8	
VII	362	Arterio-sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8	1	9	
VII	367	High blood pressure...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
VIII	404	Broncho-pneumonia (including capillary bronchitis)...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	
VIII	405	Pneumonia lobar...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
IX	458	Diarrhoea and enteritis (under 2 years of age)...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	
IX	472	Diseases of the pancreas (other than diabetes)...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	4	
X	501	Nephritis, chronic...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
XIV	708	Other stated congenital malformations...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	
XV	751	Premature birth...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
XV	754	Asphyxia during or after birth, atelectasis...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	
XV	758	Other specified diseases (including gangrene or haemorrhage of umbilicus, icterus neonatorum, acute catarrhal hepatitis)...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
XVII	864-867	Homicide...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
XVII	880-882, 885-886, 894-897, 908	Accidental injury by industrial or other mechanical causes...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43	13	56
Totals			3	1	2	-	-	-	-	6	1	12	1	2	1	2	2	21	1	1	7	4	1	1	1	3	-	1	1	-	-	-	-	-	-	-	-	-	

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.	
		1		2		3		4		5		6		7		8		9		10		11		12		13		14		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.				
I 001	Typhoid fever ..	-	-	1	-	-	-	-	-	-	1	-	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	2	6	
I 011	Whooping cough ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
I 012	Diphtheria ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
I 014	Tetanus ..	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	
I 015	Tuberculosis of respiratory system ..	-	-	7	4	6	5	-	1	4	3	4	1	1	38	15	-	-	20	9	1	-	-	2	-	-	1	1	15	6	1	2	97	50	14
I 016	Tuberculosis of central nervous system ..	-	-	1	-	1	-	-	-	-	-	-	1	-	3	1	-	-	3	-	-	-	-	-	-	-	-	-	-	1	-	8	3	11	
I 017	Tuberculosis of intestines and peritoneum ..	-	-	-	-	-	-	-	-	-	-	-	-	3	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	4	1	5	
I 018	Tuberculosis of vertebral column ..	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
I 024	Tuberculosis, acute miliary ..	-	-	-	-	1	-	-	-	1	-	1	-	1	2	-	-	1	2	-	-	-	-	-	-	-	-	2	-	-	-	3	8	11	
I 032	Dysentery, bacillary ..	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	
I 033	Dysentery, amoebic ..	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	
I 035	Dysentery, other forms and unspecified ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
I 041	General paralysis of the insane ..	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	
I 042	Aneurysm of the aorta ..	-	-	-	-	1	-	-	-	-	-	-	-	2	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	
I 043	Syphilis, congenital ..	-	-	-	-	1	-	-	-	-	-	-	-	2	1	-	-	1	-	-	-	-	-	-	-	-	-	1	1	-	-	2	2	4	
I 044	Syphilis, other forms ..	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	4	
I 048	Influenza, with respiratory complications specified ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
I 052	Measles ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
I 067	Hydatid disease ..	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	4	
II 100	Cancer and other malignant tumours of the buccal cavity ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
II 102	Cancer of the stomach and duodenum ..	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	
II 104	Cancer of the liver ..	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
II 106	Cancer, other digestive organs (including peritoneum) ..	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
II 110	Cancer of the uterus ..	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
II 112	Cancer of the breast (male or female) ..	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
II 119	Cancer of other and unspecified organs ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	
II 135	Tumour of the brain and other parts of the nervous system ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
III 149	Acute rheumatic fever ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
III 152	Diabetes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
IV 200	Primary purpura ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
V 253	Lead poisoning specified as occupational ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
VI 300	Intra-cranial abscess ..	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	
VI 302	Meningitis, pneumococcal ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
VI 303	Other forms of meningitis (non-pneumococcal) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
VI 304	Diseases of the medulla and spinal cord, other than locomotor ataxia and disseminated sclerosis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
VI 305	Cerebral haemorrhage (not due to injury at birth) ..	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
VI 306	Cerebral embolism and thrombosis ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	
VI 310	Convulsions in children under 5 years of age ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	
VII 352	Acute endocarditis (excluding rheumatic endocarditis) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	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	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	2	5	
VII 357	Other chronic myocarditis ..	-	-	1	-	2	-	-	-	1	-	-	-	3	-	-	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	8	2	10
VII 358	Diseases of the coronary arteries and angina pectoris ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3
VII 359	Heart disease specified as rheumatic ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	
VII 360	Heart disease not specified as rheumatic ..	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	3	
VII 362	Arterio-sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	

TABLE A3 (Continued).

Section.	Code No.	CAUSE OF DEATH.	AGE GROUPS (YEARS).																								TOTALS.				Persons. Deaths in Cape Town of non-residents (ex- cluded from fore- going 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.				
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
VII	367	High blood pressure	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	1	-	-	-	3	-	3	
VIII	402	Bronchitis, acute	5	10	5	3	3	2	13	15	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	14	16	30		
VIII	403	Bronchitis, chronic	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	2	1	3		
VIII	404	Broncho-pneumonia (including capillary bronchitis)	13	24	3	4	1	3	17	31	-	1	-	1	4	2	-	-	2	-	1	-	-	-	1	-	-	25	32	57			
VIII	405	Pneumonia, lobar	3	1	-	-	1	-	4	1	2	-	-	1	3	1	4	2	1	-	1	-	-	-	-	-	-	15	5	20			
VIII	407	Empyema	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
VIII	409	Haemorrhagic infarction of the lung (including pulmonary embolism)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1			
VIII	410	Chronic or unspecified congestion of the lungs (including hypostatic pneumonia)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
VIII	411	Asthma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1	-	-		
VIII	418	Other diseases of the respiratory system not specified as occupational	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1		
IX	452	Other diseases of the pharynx and tonsils	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
IX	458	Diarrhoea and enteritis (under 2 years of age)	32	26	2	12	-	-	34	38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	34	38	72	-		
IX	459	Diarrhoea and enteritis (2 years of age and over)	-	-	-	-	1	1	1	1	-	-	-	1	-	1	-	1	2	-	-	-	-	-	1	-	-	7	1	8	-		
IX	460	Ulceration of the intestines (except duodenum)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
IX	463	Intestinal obstruction	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1		
IX	467	Cirrhosis of the liver, without mention of alcoholism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1		
IX	469	Other diseases of the liver	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	1		
X	500	Nephritis, acute	-	-	-	-	-	-	-	-	1	-	-	-	-	2	-	1	-	-	-	-	1	-	-	-	-	-	4	2	6		
X	501	Nephritis, chronic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1		
XI	561	Other toxæmias of pregnancy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
XI	567	General or local puerperal infection (including puerperal tetanus)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
XI	574	Other accidents of childbirth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
XIV	700	Congenital hydrocephalus	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
XIV	702	Congenital malformations of heart	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-		
XIV	708	Other stated congenital malformations	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
XV	750	Congenital debility	4	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	4	-		
XV	751	Premature birth	17	10	-	-	-	-	17	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17	10	27	-		
XV	752	Intra-cranial or spinal hæmorrhage due to injury at birth	11	3	-	-	-	-	11	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11	3	14	-		
XV	754	Asphyxia during or after birth, atelectasis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XV	757	Morbus neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XVI	800	Senility (age 65 and over)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-		
XVII	864-867	Homicide	-	-	-	-	-	-	-	-	-	-	-	-	2	-	9	-	3	-	1	1	1	-	-	-	-	1	16	1	17		
XVII	868-879	Accidental injury by railway, road and other transport	-	-	1	-	-	-	1	-	-	-	-	-	4	-	3	-	2	-	1	-	1	-	-	-	-	-	12	-	12	1	
XVII	880-885-886-894-897-906	Accidental injury by industrial or other mechanical causes	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	2	-	1	-	-	-	-	-	-	-	5	-	5	12	
XVII	889	Other acute accidental poisoning (not by gas)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XVII	891	Accidental burns (conflagration excepted)	-	-	1	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	2	1	3	1	
XVII	906	Anæsthetic accidents (experiments, normal childbirth, sterilising or æsthetic operations or operations of unknown nature)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1		
XVII	916	Open verdict	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
XVIII	951	Ill-defined causes	-	-	1	1	-	-	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	3	-	
XVIII	952	Found dead—cause unknown	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	2	-	2	-		
XVIII	953	Other deaths from unknown or unspecified causes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
		Totals	111	93	29	38	17	14	148	145	8	4	-	2	19	17	63	23	64	14	37	10	16	1	5	-	8	-	1	2	369	218	587

TABLE A3 (Continued).

[illegible]

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).																TOT													
			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
I	011	Whooping cough	1	-	1	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
I	015	Tuberculosis of respiratory system	1	1	-	5	1	1	2	7	-	1	-	-	5	3	5	-	5	2	2	-	-	-	-	-	-	-	-	-	-	19
I	016	Tuberculosis of central nervous system	-	-	-	2	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
I	017	Tuberculosis of intestines and peritoneum	-	-	-	-	1	-	1	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	2
I	022	Tuberculosis of genito-urinary system	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
I	024	Tuberculosis, acute miliary	-	-	-	-	-	1	-	1	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
I	032	Dysentery, bacillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
I	041	Syphilis, general paralysis of the insane	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
I	043	Syphilis, congenital	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
I	044	Syphilis, other forms	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
II	102	Cancer of stomach and duodenum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	1
II	104	Cancer of the liver	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	1
III	152	Diabetes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-	-	-	1
VI	305	Cerebral haemorrhage (not due to injury at birth)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	1
VII	356	Chronic myocarditis specified as rheumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1	1	1	-	1	-	1	-	-	-	-	-	1
VII	357	Other chronic myocarditis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	1	-	-	-	-	-	5
VII	358	Diseases of the coronary arteries and angina pectoris	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
VII	359	Other heart disease specified as rheumatic	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
VII	367	High blood pressure	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1
VIII	404	Broncho-pneumonia	2	2	-	1	-	-	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	2
VIII	405	Lobar pneumonia	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1
VIII	411	Asthma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	2
VIII	417	Abscess of lung	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	2
IX	458	Diarrhoea and enteritis (under 2 years of age)	4	1	1	3	-	-	5	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
IX	459	Diarrhoea and enteritis (2 years of age and over)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
X	500	Nephritis, acute	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
XI	574	Other accidents of childbirth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	1
XIV	700	Congenital hydrocephalus	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
XV	751	Premature birth	3	2	-	-	-	-	3	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
XV	752	Injury at birth	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
XV	754	Asphyxia during or after birth, atelectasis	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XV	757	Molaena neonatorum	1	2	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
XVII	864	Homicide	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
XVII	867	Accidental deaths by railway, road and other transport	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
XVII	879	Accidental injury by industrial or other mechanical causes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	-	-	-	-	-	-	-	-	-	-	-	4
XVII	885	Accidental poisoning (not by gas)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
XVII	891	Accidental burns (conflagration excepted)	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
XVIII	951	Ill-defined causes of death	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
XVIII	953	Other deaths from unknown or unspecified causes	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
		Totals	14	10	4	9	4	2	22	21	-	1	1	-	8	3	15	2	12	4	5	4	5	4	2	1	1	-	-	-	-	71

TABLE A5.—DEATHS OF RESIDENTS IN WINDERMERE, CLASSIFIED AS IN TABLE A1.
(Included therein.)

[illegible]

TABLE B.—Deaths Classified for Causes and Race : 1946-47.

(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	5	6	—	18	24	29	1
Meningococcal cerebrospinal meningitis .. .	2	—	—	6	6	8	—
Scarlet fever	—	—	—	—	—	—	—
Whooping cough	2	1	—	16	17	19	2
Diphtheria	2	1	—	5	6	8	—
Erysipelas	1	—	—	1	1	2	—
Tetanus	—	2	—	7	9	—	—
Tuberculosis of respiratory system	115	147	7	686	840	955	32
Tuberculosis of central nervous system .. .	11	11	4	100	115	126	2
Tuberculosis, other forms	8	18	—	51	69	77	6
Leprosy	—	—	—	—	—	—	—
Puerperal infection and septicæmia (non puerperal)	2	—	—	3	3	5	—
Genococcal infections (all sites)	1	—	—	—	—	—	—
Dysentery (all forms)	1	7	1	4	12	13	1
Syphilis (all forms, including parasyphilitic diseases)	15	17	1	93	111	126	4
Influenza	4	1	—	9	10	14	—
Smallpox	—	—	—	—	—	—	—
Measles	1	4	—	15	19	20	—
Acute poliomyelitis and polioencephalitis .. .	—	—	—	1	1	1	—
Acute infectious encephalitis (lethargic or epidemic)	—	—	—	—	—	—	—
Typhus and typhus-like diseases (rickettsioses)	—	—	—	—	—	—	—
Rest of Section I (001-077). Other infectious and parasitic diseases	4	2	—	2	4	8	—
Cancer (all forms)	278	10	—	125	135	413	3
Rest of Section II (100-136). Tumours, non-malignant, or of undetermined nature	10	1	—	8	9	19	—
Acute rheumatic fever	1	1	—	16	17	18	—
Diabetes	35	2	—	14	16	51	2
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	4	—	—	11	11	15	—
Section IV (200-214). Diseases of the blood and blood-forming organs	16	1	1	11	13	29	—
Section V (250-258). Chronic poisonings and intoxication .. .	—	1	1	—	2	2	—
Intracranial lesions of vascular origin	175	5	2	167	174	349	3
Rest of Section VI (300-317). Other diseases of the nervous system and sense organs	35	8	1	59	68	103	—
Cardiac diseases	472	27	15	344	386	854	9
Arterio-sclerosis (excluding diseases of the coronary arteries, renal sclerosis and cerebral hæmorrhage) .. .	52	1	1	24	26	78	—
Rest of Section VII (350-368). Other diseases of the circulatory system	31	3	1	39	43	74	1
Bronchitis and pneumonia (all forms)	74	110	4	376	490	564	7
Rest of Section VIII (400-418). Other diseases of the respiratory system	28	5	—	29	34	62	3
Ulcer of the stomach and duodenum	14	—	—	8	8	22	—
Diarrhoea and enteritis (under two years of age) .. .	16	72	4	226	302	318	9
Diarrhoea and enteritis and ulceration of the intestines (two years old and over)	13	9	—	22	31	44	1
Appendicitis	3	—	—	4	4	7	—
Diseases of the liver and biliary passages	25	3	—	6	9	34	—
Rest of Section IX (450-473). Other diseases of the digestive system	23	2	1	15	18	41	—
Nephritis	59	7	3	65	75	134	1
Rest of Section X (500-515). Other diseases of the urinary and genital systems (not venereal or connected with pregnancy or the puerperium)	18	—	—	14	14	22	—
Puerperal sepsis	—	1	—	1	2	2	—
Rest of Section XI (550-575). Other diseases of pregnancy, childbirth and the puerperal state	1	2	—	11	13	14	1
Section XII (600-602). Diseases of the skin and cellular tissue .. .	5	—	—	3	3	8	—
Section XIII (650-653). Diseases of the bones—organs of movement .. .	—	—	—	1	1	1	—
Section XIV (700-709). Congenital malformations	13	3	2	17	22	35	1
Section XV (750-758). Diseases peculiar to the first year of life .. .	62	50	5	274	329	391	10
Section XVI (800). Senility (age 65 and over)	39	2	—	17	19	58	—
Suicide	21	—	—	9	9	30	—
Rest of Section XVII (850-916). Other violent or accidental deaths*	71	39	2	96	137	208*	10
Section XVIII (950-953). Causes ill-defined or unknown	6	5	—	19	24	30	2
Total	1,773	587	56	3,048	3,691	5,464	111

* In addition to the figures against this cause of death, there are the deaths of 9 newly-born infants; 7 (1 male, 6 females) of unknown race and 2 of unknown race and sex.

TABLE C.—Death Rates per 1,000 Population for 1946-47 and Ten Previous Years by Causes and Race.
(European corrected for inward and outward transfers, non-European for outward only.)

Disease.	Race.	1936. 1937.	1937. 1938.	1938. 1939.	1939. 1940.	1940. 1941.	1941. 1942.	1942. 1943.	1943. 1944.	1944. 1945.	1945. 1946.	Mean for 10 years.	1946. 1947.
Enteric fever	Eur. Non-E.	0.01 0.09	0.03 0.05	0.01 0.03	0.01 0.03	0.02 0.06	0.01 0.07	0.02 0.08	0.02 0.04	0.02 0.09	0.02 0.06	0.02 0.06	0.03 0.12
Measles	Eur. Non-E.	— 0.03	0.04 0.45	0.01 0.05	— —	0.02 0.25	0.03 0.04	0.01 0.12	0.01 0.27	0.01 0.05	0.01 0.15	0.01 0.14	0.01 0.10
Scarlet fever	Eur. Non-E.	0.02 0.01	0.01 —	— —	— —	— —	0.01 —	— —	0.01 —	0.01 —	— —	— —	— —
Whooping cough	Eur. Non-E.	0.02 0.16	— 0.14	0.01 0.54	0.02 0.43	0.02 0.27	0.02 0.33	0.01 0.03	0.04 0.18	0.01 0.49	— 0.03	0.01 0.26	0.01 0.09
Diphtheria	Eur. Non-E.	0.01 0.08	0.12 0.23	0.13 0.31	0.03 0.12	0.04 0.05	0.04 0.10	0.06 0.09	0.02 0.08	0.03 0.07	0.01 0.06	0.05 0.12	0.01 0.03
Influenza	Eur. Non-E.	0.08 0.12	0.15 0.16	0.09 0.10	0.10 0.08	0.11 0.11	0.05 0.06	0.05 0.05	0.07 0.07	0.03 0.05	0.02 0.05	0.08 0.08	0.02 0.05
Purulent infection—septicaemia, and erysipelas (non- puerperal)	Eur. Non-E.	0.11 0.11	0.12 0.09	0.06 0.11	0.06 0.10	0.04 0.03	0.09 0.09	0.08 0.04	0.01 0.06	0.02 0.02	0.02 0.02	0.06 0.06	0.02 0.02
Acute anterior poliomyelitis and polioencephalitis	Eur. Non-E.	0.01 —	0.03 —	— —	— —	— 0.01	0.01 0.01	— —	— —	0.01 0.01	0.01 0.01	0.01 —	— —
Acute infectious encephalitis	Eur. Non-E.	0.01 0.01	0.01 0.01	— 0.01	0.01 —	0.01 0.02	0.01 —	0.03 0.01	— 0.01	— 0.01	— —	0.01 0.01	— 0.01
Meningococcal cerebrospinal meningitis	Eur. Non-E.	0.05 0.06	0.01 0.03	0.01 0.11	0.01 0.05	0.02 0.05	0.01 0.02	0.01 0.08	0.05 0.20	0.03 0.10	0.01 0.06	0.02 0.08	0.01 0.03
Tuberculosis, respiratory system	Eur. Non-E.	0.48 3.60	0.73 4.05	0.74 4.04	0.58 3.56	0.66 4.03	0.68 4.45	0.56 4.97	0.65 5.77	0.65 4.81	0.66 5.00	0.64 4.47	0.63 4.29
Tuberculosis, other forms	Eur. Non-E.	0.08 0.58	0.14 0.71	0.10 0.73	0.15 0.69	0.10 0.76	0.07 0.98	0.16 1.14	0.11 0.14	0.12 1.09	0.11 0.98	0.11 0.90	0.10 0.94
Syphilis	Eur. Non-E.	0.07 0.68	0.05 0.66	0.05 0.38	0.06 0.53	0.09 0.52	0.12 0.54	0.12 0.39	0.16 0.46	0.02 0.29	0.03 0.35	0.05 0.45	0.02 0.34
General paralysis of the insane : tabes dorsalis	Eur. Non-E.	0.05 0.12	0.05 0.16	0.05 0.09	0.04 0.10	0.04 0.09	0.03 0.14	0.04 0.11	0.01 0.11	0.02 0.08	0.03 0.08	0.04 0.11	0.02 0.10
Aneurysm of the aorta	Eur. Non-E.	— —	— —	— —	— —	0.05 0.04	0.06 0.06	0.08 0.08	0.05 0.05	0.06 0.11	0.06 0.12	0.04 0.05	0.04 0.13
Cancer	Eur. Non-E.	1.31 0.70	1.51 0.71	1.34 0.76	1.10 0.67	1.27 0.79	1.59 0.79	1.54 0.71	1.45 0.77	1.36 0.78	1.41 0.76	1.41 0.74	1.52 0.69

TABLE C—Continued.

Disease.	Race.	1936. 1937.	1937. 1938.	1938. 1939.	1939. 1940.	1940. 1941.	1941. 1942.	1942. 1943.	1943. 1944.	1944. 1945.	1945. 1946.	Mean for 10 years.	1946. 1947.
Acute rheumatic fever	Eur. Non-E.	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 0.23	0.05 0.12	0.01 0.10	0.04 0.20	0.01 0.09
Diabetes	Eur. Non-E.	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	0.32 0.17	0.26 0.16	0.22 0.10	0.30 0.15	0.19 0.08
*Intracranial lesions of vascular origin	Eur. Non-E.	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	0.99 0.98	1.01 1.06	0.96 0.82	1.44 1.23	0.96 0.89
*Arterio-sclerosis	Eur. Non-E.	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	0.45 0.20	0.45 0.18	0.37 0.15		0.28 0.13
Cardiac diseases	Eur. Non-E.	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	2.53 2.27	2.83 2.21	2.56 2.12	2.40 1.91	2.58 1.97
Bronchitis and pneumonia	Eur. Non-E.	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	0.43 4.28	0.45 2.94	0.38 2.55	0.56 3.63	0.40 2.50
Diarrhoea and enteritis	Eur. Non-E.	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	0.24 3.00	0.17 2.71	0.17 1.82	0.22 2.45	0.15 1.69
Nephritis	Eur. Non-E.	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	0.42 0.45	0.35 0.49	0.39 0.47	0.41 0.51	0.32 0.38
Puerperal sepsis	Eur. Non-E.	0.02 0.06	0.03 0.09	0.01 0.06	0.01 0.09	0.02 0.08	0.02 0.06	0.01 0.07	0.02 0.10	0.02 0.02	0.01 0.04	0.02 0.07	0.02
Other diseases of pregnancy, childbirth, and puerperal state	Eur. Non-E.	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 0.07	0.03 0.12	0.01 0.06
Congenital malformations and diseases of early infancy	Eur. Non-E.	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	0.42 1.71	0.50 1.60	0.45 1.64	0.44 1.57	0.41 1.79
Senility	Eur. Non-E.	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	0.17 0.06	0.18 0.10	0.19 0.12	0.18 0.13	0.21 0.10
Violence	Eur. Non-E.	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	0.37 0.83	0.41 0.80	0.47 0.74	0.46 0.75	0.50 0.75
Other diseases	Eur. Non-E.	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	1.42 1.92	1.53 1.66	1.45 1.50	1.54 1.77	1.21 1.46
TOTAL	Eur. Non-E.	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	10.45 25.51	10.59 22.18	10.04 19.99	10.59 21.91	9.68 18.84

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

City extended by incorporation of the district of Windermere 1943-44.

TABLE D.—Deaths by Causes, Race and Date of Registration. 1946-47.

(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 (5 weeks).	January (4 weeks).	February (4 weeks).	March (4 weeks).	April (5 weeks).	May (4 weeks).	June (4 weeks).	Year (52 weeks).
Enteric fever ..	Eur.	—	—	—	—	—	—	—	1	1	2	1	—	7
	Non-E.	1	1	—	1	2	3	4	2	3	4	2	1	24
Meningococcal cerebrospinal meningitis	Eur.	1	—	—	1	—	—	—	—	—	—	—	—	2
	Non-E.	—	—	—	1	1	1	—	—	1	1	1	—	6
Scarlet fever ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ..	Eur.	—	—	—	—	1	—	1	—	—	—	—	—	2
	Non-E.	—	—	—	—	—	1	2	2	1	3	4	4	17
Diphtheria ..	Eur.	—	—	—	—	1	—	—	—	—	1	—	—	2
	Non-E.	1	2	1	—	1	—	—	—	—	—	1	—	6
Purulent infection—septicaemia and erysipelas (non-puerperal)	Eur.	1	—	1	—	1	—	—	—	—	—	—	—	3
	Non-E.	1	—	1	—	1	—	—	—	—	1	—	—	4
Tuberculosis, respiratory system ..	Eur.	14	7	13	14	11	9	4	7	9	8	12	7	115
	Non-E.	79	86	61	77	59	93	71	66	51	77	63	57	840
Tuberculosis, other forms ..	Eur.	1	2	2	4	2	2	3	1	1	1	—	—	19
	Non-E.	16	10	17	28	24	20	9	17	10	10	8	15	184
Syphilis (all forms, including parasymphilitic diseases)	Eur.	3	4	—	—	2	2	—	—	1	—	1	2	15
	Non-E.	18	11	10	7	7	16	11	8	4	7	8	4	111
Influenza ..	Eur.	—	—	—	1	1	1	—	—	—	—	—	1	4
	Non-E.	1	2	2	1	1	2	—	—	—	—	—	1	10
Measles ..	Eur.	—	1	—	—	—	—	—	—	—	—	—	—	1
	Non-E.	—	1	1	3	—	2	1	1	2	2	2	4	19
Acute anterior poliomyelitis and poliomyelitis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute infectious encephalitis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	—	—	—	1	—	—	—	1
Cancer ..	Eur.	26	28	18	25	18	14	27	21	27	35	22	17	278
	Non-E.	13	13	11	10	13	20	12	5	4	10	10	14	135
Acute rheumatic fever	Eur.	—	—	—	1	—	—	—	—	—	—	—	—	1
	Non-E.	1	2	1	4	1	2	—	1	1	1	1	2	17
Diabetes ..	Eur.	5	3	2	1	1	5	2	4	3	4	2	3	35
	Non-E.	1	1	1	—	2	3	2	1	1	—	4	—	16
Intracranial lesions of vascular origin	Eur.	18	16	13	10	23	17	15	13	9	10	15	16	175
	Non-E.	17	18	22	16	11	24	12	7	7	14	11	15	174
Cardiac diseases ..	Eur.	52	47	37	51	34	35	35	25	33	41	43	39	472
	Non-E.	51	34	43	31	27	21	25	34	27	30	31	32	386
Arterio-sclerosis (excluding diseases of the coronary arteries, renal sclerosis, and cerebral haemorrhage)	Eur.	6	5	3	5	4	2	2	6	4	2	8	5	52
	Non-E.	4	2	3	1	5	4	2	—	4	—	—	1	26
Bronchitis and pneumonia ..	Eur.	10	13	9	5	6	4	6	3	4	3	4	7	74
	Non-E.	55	47	47	50	35	25	36	32	39	49	38	37	490
Diarrhoea and enteritis	Eur.	2	—	3	3	2	1	2	1	3	5	2	3	27
	Non-E.	15	11	9	15	21	31	56	45	25	36	40	28	332
Nephritis ..	Eur.	3	4	5	8	6	4	9	6	3	3	3	5	59
	Non-E.	6	11	5	10	2	4	6	8	8	6	2	7	75
Puerperal sepsis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	1	—	—	—	—	1	—	—	—	—	2
Other diseases of pregnancy, childbirth, and the puerperal state	Eur.	—	—	—	—	1	—	—	—	—	—	—	—	1
	Non-E.	—	1	2	1	1	4	—	1	—	2	—	1	13
Congenital malformations and diseases of early infancy	Eur.	8	10	4	9	4	6	6	4	5	7	6	6	75
	Non-E.	47	24	39	38	21	26	24	21	18	26	30	37	351
Senility ..	Eur.	5	10	4	5	5	2	—	—	2	1	1	4	39
	Non-E.	1	6	1	3	—	1	2	—	1	—	2	2	19
Violence ..	Eur.	11	5	6	15	3	10	7	3	9	6	4	13	92
	Non-E.	12	10	6	24	10	12	14	9	15	12	9	13	146
All causes ..	Eur.	191	178	138	176	148	131	130	117	133	146	144	141	1,773
	Non-E.	371	311	308	350	259	341	324	283	243	316	286	299	3,691

TABLE E.—Registered Births and Still-Births for the year 1946-1947 classified as to Race, Sex, Legitimacy and Wards.
(Corrected for outward transfers.)

Wards.	EUROPEAN.						NON-EUROPEAN.						TOTALS.				STILL-BIRTHS.						
	Legitimate.			Illegitimate.			Legitimate.			Illegitimate.			Total.		Non-Eur.	European.		Non-European.		Total still-births.			
	Males.	Fe.	Total.	Males.	Fe.	Total.	Males.	Fe.	Total.	Males.	Fe.	Total.	Eur.	Legit.		Illegit.	Legit.	Illegit.					
1	121	123	248	2	2	123	125	248	7	15	13	9	20	24	44	248	44	292	9	—	—	9	
2	98	123	223	1	1	99	124	223	64	70	34	43	98	113	211	223	211	434	3	—	5	4	12
3	82	89	175	3	1	85	90	175	236	238	47	61	283	299	582	175	582	757	1	—	15	6	22
4	121	134	262	4	3	125	137	262	22	22	16	18	38	40	78	262	78	340	5	—	2	1	8
5	98	102	207	4	3	102	105	207	403	436	135	116	538	552	1,090	207	1,090	1,297	4	—	32	13	49
6	90	73	168	3	2	93	75	168	473	447	89	107	562	554	1,116	168	1,116	1,284	2	—	36	11	49
7	162	170	342	5	5	167	175	342	224	229	40	65	264	294	558	342	558	900	12	—	11	4	27
8	242	197	450	8	3	250	200	450	426	419	163	173	589	592	1,181	450	1,181	1,631	10	1	43	23	77
9	218	204	439	12	5	230	209	439	61	57	26	19	87	76	163	439	163	602	6	—	3	—	9
10	97	78	180	5	—	102	78	180	703	690	171	174	874	864	1,738	180	1,738	1,918	1	—	37	9	47
11	116	110	227	1	—	117	110	227	45	34	10	5	55	39	94	227	94	321	2	—	5	—	7
12	104	113	219	1	1	105	114	219	152	175	34	43	186	218	404	219	404	623	3	2	7	—	12
13	120	99	220	1	—	121	99	220	157	161	36	45	193	206	399	220	399	619	8	—	9	3	20
14	183	149	337	4	1	187	150	337	188	217	42	42	230	259	489	337	489	826	8	—	12	5	25
15	113	113	234	3	5	116	118	234	288	298	121	120	409	418	827	234	827	1,061	5	—	26	14	45
Not allocated (un-ascertained addresses) ..	2	3	39	2	6	39	25	39	2	6	39	28	41	34	75	39	75	123*	—	—	—	1	1
Total ..	1,967	1,880	3,970	69	54	2,036	1,934	3,970	3,451	3,514	1,016	1,068	4,467	4,582	9,049	3,970	9,049	13,028*	79	3	243	94	419
Excluded from above figures. (1) Births in Cape Town which did not belong thereto ..	383	313	746	24	26	407	339	746	83	89	94	105	177	194	371	746	371	1,117	17	1	21	15	54
(2) Langa Township ..	—	1	1	—	—	—	1	1	25	29	22	23	47	52	99	1	99	100	—	—	6	4	10

* Including nine of unknown race

TABLE F.—Births, Deaths, Natural Increase, and Infant Deaths, and corresponding rates, for the year 1946-47.

Race.	Births.		Deaths.		Natural Increase.		Deaths under one year old.	
	Number.	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.
Europeans :								
uncorrected	4,716	25.74	2,078	11.34	2,638	14.40	148	31.38
corrected for outward transfers	3,970	21.67	1,709	9.33	2,261	12.34	109	27.46
corrected for outward and inward transfers	4,068	22.21	1,773	9.68	2,295	12.53	110	27.04
Natives (not Langa) :								
uncorrected	783	35.75	644	29.41	139	6.34	218	278.42
corrected for outward transfers	720	32.88	587	26.80	133	6.08	204	283.33
Asiatics :								
uncorrected	189	29.80	59	9.30	130	20.50	14	74.07
corrected for outward transfers	189	29.80	56	8.83	133	20.97	14	74.07
Other Coloured :								
uncorrected	8,448	50.38	3,423	20.41	5,025	29.97	837	99.08
corrected for outward transfers	8,140	48.54	3,048	18.18	5,092	30.36	759	93.24
All non-Europeans :								
uncorrected	9,420	48.08	4,126	21.06	5,294	27.02	1,069	113.48
corrected for outward transfers	9,049	46.18	3,691	18.84	5,358	27.34	977	107.97
All races :								
uncorrected	14,145*	37.31	6,213*	16.39	7,932	20.92	1,226*	86.67
corrected for outward transfers	13,028*	34.36	5,409*	14.27	7,619	20.09	1,093*	84.05
Natives resident at Langa Township	99	9.56	111	10.72	—12	—1.16	24	242.42

* 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.

Periods.	Estimated Populations.			Birth rates.			Illegitimate births percentage of total births.			Death rates corrected for Outward Transfers.			Natural Increase rates.			Infant Mortality rates.			European rates corrected for Inward and Outward Transfers.			Enteric fever death rates, corrected for Outward Transfers.			Tuberculosis (all forms) death rates, corrected for Outward Transfers.		
	Total.		Non-Eur.	Total.		Non-Eur.	Total.		Non-Eur.	Total.		Non-Eur.	Total.		Non-Eur.	Total.		Non-Eur.	Total.		Non-Eur.	Total.		Non-Eur.	Total.		
	Eur.	Total.		Eur.	Total.		Eur.	Total.		Eur.	Total.		Eur.	Total.		Eur.	Total.		Eur.	Total.		Eur.	Total.		Eur.	Total.	Eur.	Total.
(*) 296 Days	76,040	74,560	151,500	29,399	45.48	37.31	6.49	25.75	18.04	12.10	27.02	19.44	15.62	17.23	16.42	107.96	250.55	193.50	0.21	0.30	0.25	1.03	4.55	2.91	1.03	4.55	2.91
"	79,840	75,510	155,350	29,905	47.52	38.49	6.90	26.48	18.66	12.78	28.39	20.35	15.07	17.79	16.69	100.38	224.36	174.02	0.26	0.30	0.25	1.11	4.59	3.04	1.11	4.59	3.04
"	82,860	76,470	159,330	27,533	48.23	37.67	7.48	25.26	18.49	11.25	26.00	18.33	14.72	20.65	17.56	79.14	189.20	141.49	0.10	0.37	0.28	0.89	5.51	3.81	0.89	5.51	3.81
"	85,990	77,450	163,440	25,117	48.85	36.56	7.81	25.06	17.47	13.34	32.70	22.62	12.13	20.65	17.56	96.16	226.70	173.69	0.16	0.41	0.28	1.10	5.55	3.57	1.10	5.55	3.57
"	89,240	78,440	167,680	23,841	46.32	36.38	7.02	25.35	17.98	11.47	27.69	19.17	14.14	15.79	14.91	79.14	260.94	152.13	0.13	0.40	0.26	0.81	5.50	3.19	0.81	5.50	3.19
"	92,010	79,450	172,060	23,841	41.31	31.87	8.38	24.71	18.20	22.08	26.09	42.42	7.32	23.76	17.76	114.58	297.80	224.29	0.13	0.42	0.26	0.83	5.50	3.17	0.83	5.50	3.17
"	96,110	80,450	176,590	20,125	51.74	37.79	6.44	24.75	17.86	11.05	29.09	18.31	13.22	23.17	17.76	81.48	183.74	140.76	0.22	0.52	0.36	0.73	4.10	2.65	0.73	4.10	2.65
"	99,750	83,490	181,240	24,903	45.86	34.00	5.07	24.86	17.10	12.03	30.64	20.41	12.27	23.17	17.76	101.49	231.74	180.76	0.30	0.50	0.36	0.73	4.10	2.65	0.73	4.10	2.65
"	103,330	85,450	186,580	23,022	59.69	35.41	5.31	25.66	18.50	10.68	25.90	17.49	13.27	23.17	17.76	99.49	173.29	136.33	0.30	0.50	0.36	0.73	4.10	2.65	0.73	4.10	2.65
"	105,330	86,290	191,530	21,361	49.44	34.00	5.82	25.95	17.52	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	107,580	89,030	196,610	21,391	49.47	34.12	5.84	24.12	17.15	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	109,870	91,960	201,830	21,161	51.55	35.02	5.84	24.12	17.15	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	112,229	94,990	207,210	20,944	47.46	33.03	4.67	24.94	16.56	9.91	24.94	16.56	10.16	22.42	15.81	72.38	180.92	143.61	0.07	0.21	0.12	0.85	4.61	3.22	0.85	4.61	3.22
"	114,429	97,700	212,120	20,550	50.30	34.33	4.67	24.94	16.56	10.53	25.90	18.96	10.16	22.42	15.81	72.38	180.92	143.61	0.07	0.21	0.12	0.85	4.61	3.22	0.85	4.61	3.22
"	118,740	113,590	242,330	21,711	49.32	34.63	5.38	25.15	17.96	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	128,740	116,490	242,780	21,485	51.18	35.06	4.98	25.05	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	131,290	119,460	253,550	21,271	50.16	34.03	5.39	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	133,890	122,660	259,050	20,922	49.15	33.25	5.40	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	139,070	128,820	264,660	20,624	50.16	33.25	5.40	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	141,870	132,110	270,980	17,781	50.16	33.25	5.40	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	144,730	135,750	275,480	16,500	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	147,640	138,350	280,540	16,000	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	150,550	141,000	285,540	15,500	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	153,350	143,520	290,510	15,000	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	156,350	146,040	295,510	14,500	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	159,350	148,560	300,510	14,000	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	162,350	151,080	305,510	13,500	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	165,350	153,600	310,510	13,000	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	168,350	156,120	315,510	12,500	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	171,350	158,640	320,510	12,000	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	174,350	161,160	325,510	11,500	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	177,350	163,680	330,510	11,000	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	180,350	166,200	335,510	10,500	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	183,350	168,720	340,510	10,000	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	186,350	171,240	345,510	9,500	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	189,350	173,760	350,510	9,000	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	192,350	176,280	355,510	8,500	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	195,350	178,800	360,510	8,000	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	198,350	181,320	365,510	7,500	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	201,350	183,840	370,510	7,000	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	204,350	186,360	375,510	6,500	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	207,350	188,880	380,510	6,000	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	210,350	191,400	385,510	5,500	46.84	31.06	5.41	25.04	17.45	10.73	28.66	17.58	11.36	23.17	17.76	80.44	199.39	156.33	0.11	0.37	0.26	0.73	4.10	2.65	0.73	4.10	2.65
"	2																										

^(*) From 8th September, 1913 to 30th June, 1914.

¹⁶⁾ From 8th September, 1913 to 30th June, 1916.

19) From 8th September, 1913 to 30th June, 1916.

The birth rates, illegitimacy rates, natural increase

for outward transfers in subsequent years.

The figures in italics (1915-19) represent rates of increase in the European population for 1941-49 and subse-

The non-European populations for 1935-37 and sub-

City extended by Incorporation of Wynberg (1927-28)

Figures for Langa Native Township are excluded in

TABLE H.—Infant Mortality Rates per 1,000 Births by Causes and Race
(Corrected for outward transfers.)
INFANTS UNDER ONE YEAR OF AGE.

Year.	Common infectious diseases.		Tuberculous diseases.		Syphilis.		Bronchitis and pneumonia.		Diarrhoea and enteritis.		Developmental diseases.		Miscellaneous diseases (remainder).		Total mortality (all causes).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1914-1915 ..	5.9	12.6	1.7	3.4	0.4	5.9	11.3	48.5	31.0	63.6	33.1	58.5	17.2	32.1	100.4	224.4
1915-1916 ..	0.9	0.8	1.8	1.9	0.4	7.6	9.7	43.8	29.4	57.6	24.6	51.4	12.7	26.2	79.1	189.3
1916-1917 ..	5.4	12.1	4.5	2.5	1.7	8.2	14.0	55.6	23.1	57.5	35.5	53.0	12.0	36.9	96.2	226.7
1917-1918 ..	2.4	5.0	1.2	1.9	1.6	12.1	5.7	50.4	27.7	53.2	26.0	48.6	14.7	30.6	79.1	220.9
1918-1919 ..	2.3	4.0	0.9	2.8	1.8	7.0	19.9	77.3	35.3	59.6	28.6	49.2	25.8	38.1	114.6	297.8
1919-1920 ..	2.8	3.6	0.8	2.2	0.4	7.7	13.9	52.5	25.9	47.9	21.9	41.0	15.9	29.0	81.5	183.8
1920-1921 ..	2.8	6.1	0.4	2.1	0.8	11.9	15.4	61.0	35.6	76.9	32.9	48.0	18.2	32.4	101.5	231.7
1921-1922 ..	—	1.2	1.2	0.9	1.6	9.4	10.8	53.3	22.4	44.6	22.4	40.6	10.8	26.5	69.5	173.3
1922-1923 ..	2.1	4.4	0.4	3.3	0.8	5.6	15.0	66.2	21.7	54.1	28.4	35.8	13.4	30.7	80.4	196.4
1923-1924 ..	7.0	13.9	0.4	2.9	0.4	9.7	8.6	57.7	25.0	50.7	20.1	39.9	11.1	18.0	72.4	187.3
1924-1925 ..	1.7	1.3	2.1	1.0	0.4	8.3	4.2	44.4	27.1	62.7	25.4	41.3	11.0	18.7	71.9	173.9
1925-1926 ..	1.3	2.2	0.4	4.0	1.7	10.7	9.0	46.5	23.6	58.9	18.9	40.5	10.3	20.9	65.2	175.5
1926-1927 ..	4.3	6.3	0.9	4.1	0.9	10.4	11.5	59.8	19.2	58.1	22.6	39.0	8.1	16.5	67.4	186.6
1927-1928 ..	5.0	6.4	1.4	3.6	1.1	10.7	14.4	62.5	9.3	52.1	21.2	34.2	7.9	21.3	60.3	190.6
1928-1929 ..	2.1	3.9	0.7	5.2	2.5	12.5	11.0	38.4	15.3	44.2	20.3	36.7	9.3	17.8	61.2	158.6
1929-1930 ..	1.7	1.2	0.7	5.9	1.0	14.5	8.2	39.7	14.7	42.4	22.8	40.0	11.6	16.4	60.7	160.0
1930-1931 ..	3.1	4.2	1.7	2.9	3.1	11.2	9.2	39.4	15.2	39.2	23.7	38.4	9.2	20.5	65.0	155.8
1931-1932 ..	2.1	4.4	0.7	6.0	1.4	15.7	12.9	44.2	17.8	45.9	24.1	35.2	8.0	16.5	67.1	167.7
1932-1933 ..	4.0	2.3	2.4	4.5	0.8	10.2	5.6	43.4	11.1	32.8	16.7	35.6	8.3	14.7	48.8	143.8
1933-1934 ..	—	3.6	0.8	4.5	0.8	9.3	3.9	31.4	9.4	43.8	16.0	30.2	3.9	1.4	34.8	133.3
1934-1935 ..	2.1	4.9	0.4	4.1	0.8	9.6	8.2	47.6	9.0	38.2	21.7	28.5	8.6	13.3	50.8	146.2
1935-1936 ..	1.8	11.8	1.1	3.1	0.4	8.6	5.8	40.4	6.9	38.2	21.0	28.9	8.3	14.7	45.1	145.7
1936-1937 ..	0.8	1.6	—	3.3	0.4	7.9	4.2	31.7	7.7	24.2	22.6	27.1	11.5	13.2	47.2	108.9
1937-1938 ..	1.4	3.5	0.7	3.3	0.7	7.8	8.5	40.8	4.8	30.0	18.5	30.7	6.5	12.7	41.0	128.9
1938-1939 ..	1.4	5.9	1.1	4.0	0.4	11.7	8.1	36.3	5.3	26.1	17.5	31.0	8.4	15.6	42.1	123.6
1939-1940 ..	1.0	4.1	0.3	3.1	0.3	5.3	4.0	36.1	7.9	30.8	19.2	27.9	8.3	16.6	41.0	123.9
1940-1941 ..	0.7	2.9	1.3	4.7	0.3	5.3	3.3	35.3	4.0	36.3	15.7	31.1	10.4	13.2	35.8	128.8
1941-1942 ..	0.9	3.9	0.6	5.7	0.3	7.0	3.1	40.2	9.9	47.8	18.8	33.5	10.2	14.7	43.8	150.6
1942-1943 ..	1.2	1.3	1.2	8.2	0.3	3.6	5.5	30.2	6.9	40.1	18.5	29.8	8.7	12.6	42.3	125.8
1943-1944 ..	1.0	3.6	1.3	8.3	0.5	4.5	3.1	41.4	6.5	39.0	15.4	32.2	5.0	14.2	32.8	143.2
1944-1945 ..	0.3	5.9	0.3	9.3	—	3.8	3.3	28.3	3.9	38.3	10.2	30.4	5.9	11.2	33.9	127.2
1945-1946 ..	0.6	1.6	1.1	8.3	0.3	4.9	3.7	25.2	6.8	26.0	20.5	31.0	4.6	12.4	37.6	109.4
1946-1947 ..	0.5	1.4	1.3	8.2	—	4.8	2.3	24.7	3.0	25.5	16.1	32.8	4.3	10.5	27.5	107.9
Quinquennium 1916-1917 to 1920-1921 ..	3.3	6.6	1.7	2.5	1.1	9.9	12.3	55.1	28.1	58.7	29.0	47.2	15.2	32.1	90.8	211.7
1921-1922 to 1925-1926 ..	2.4	4.6	0.9	2.4	1.0	8.7	9.6	53.4	23.9	54.4	23.0	39.7	11.3	22.8	71.9	181.6
1926-1927 to 1930-1931 ..	3.2	4.3	1.1	4.3	1.7	11.9	10.8	47.2	14.6	46.7	22.1	37.6	9.3	18.6	62.7	169.4
1931-1932 to 1935-1936 ..	2.0	5.5	1.1	4.4	0.8	10.6	7.4	41.3	11.0	39.9	20.0	31.6	7.5	13.9	49.6	147.2
1936-1937 to 1940-1941 ..	1.0	3.6	0.8	4.0	0.4	6.2	5.6	35.6	5.8	29.5	18.6	29.5	9.0	14.5	41.3	122.9
1941-1942 to 1945-1946 ..	0.8	3.3	0.9	8.0	0.3	4.7	3.7	32.9	6.7	37.9	18.9	31.0	6.6	12.9	37.9	130.7

* Year of influenza epidemic 1918-1919 excluded (mean of other 4 years of quinquennium shown).
City extended by incorporation of Wynberg 1927-1928 and Windermere (Ward 8), 1943-44.

INFANTS FROM 1 TO 2 YEARS OF AGE.*

Year.	Common infectious diseases.		Tuberculous diseases.		Syphilis.		Bronchitis and pneumonia.		Diarrhoea and enteritis.		Developmental diseases.		Miscellaneous diseases (remainder).		Total mortality (all causes).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1924-1925 ..	0.4	1.9	—	6.7	—	2.2	2.2	22.8	8.4	39.5	—	0.3	2.7	7.5	13.7	80.9
1925-1926 ..	0.5	3.8	0.5	6.5	—	0.5	3.7	31.4	5.0	32.7	0.9	0.5	3.2	5.3	13.7	80.7
1926-1927 ..	3.2	8.6	0.9	7.8	—	0.5	4.1	35.9	5.5	33.2	—	0.3	2.8	7.0	16.5	93.3
1927-1928 ..	2.3	8.3	1.8	7.0	—	1.0	5.0	36.0	7.3	29.0	0.5	0.8	3.2	9.8	20.1	85.7
1928-1929 ..	4.6	4.9	0.8	6.2	—	1.1	2.7	27.9	4.2	24.6	0.4	1.1	2.7	10.2	15.3	75.9
1929-1930 ..	3.0	3.8	1.5	8.0	—	0.8	3.4	25.8	4.2	23.4	0.8	0.4	3.4	8.0	16.3	70.2
1930-1931 ..	0.7	7.2	0.7	5.6	—	2.0	1.8	21.9	3.3	19.5	—	0.4	2.5	7.8	9.1	64.5
1931-1932 ..	2.2	6.8	0.4	8.9	—	2.5	3.3	26.6	2.2	26.0	—	—	2.5	8.9	10.5	79.7
1932-1933 ..	1.5	2.5	0.8	5.1	—	1.5	4.1	19.0	2.3	12.2	0.8	0.2	4.1	6.8	13.5	47.3
1933-1934 ..	2.1	3.0	1.7	8.9	—	2.8	2.5	25.3	4.2	25.9	—	0.8	2.9	6.8	13.3	73.5
1934-1935 ..	1.6	8.2	1.2	7.5	—	1.9	4.1	30.4	1.6	19.4	0.4	0.7	3.2	6.1	12.1	74.1
1935-1936 ..	3.0	10.4	0.4	7.2	—	1.7	4.8	22.2	2.6	12.8	—	0.2	2.2	7.8	12.9	62.2
1936-1937 ..	—	2.4	1.9	5.5	0.4	1.2	2.7	17.4	2.7	14.7	0.4	0.7	2.3	6.0	10.2	48.0
1937-1938 ..	1.6	6.7	1.2	7.7	—	0.7	4.4	26.6	0.8	18.9	—	0.7	3.6	7.5	11.7	68.7
1938-1939 ..	0.4	6.4	0.7	5.9	—	1.2	3.3	24.0	1.5	12.7	—	0.3	1.5	6.1	7.3	56.6
1939-1940 ..	0.4	4.3	1.5	5.9	—	0.5	1.1	19.3	3.3	15.0	—	—	3.3	5.4	9.5	50.4
1940-1941 ..	1.0	5.5	1.4	10.0	—	1.0	1.7	24.9	2.1	19.4	0.3	0.5	2.8	8.2	9.3	69.4
1941-1942 ..	1.1	3.2	0.7	11.8	—	0.9	1.4	20.9	5.3	25.8	—	0.6	1.8	5.7	9.5	60.1
1942-1943 ..	1.3	2.5	1.0	13.8	—	1.0	1.0	22.4	1.6	19.2	0.3	0.2	0.6	5.7	5.8	64.9
1943-1944 ..	1.2	5.7	0.3	13.3	0.6	0.5	0.6	25.2	0.9	22.1	0.6	0.5	0.9	6.7	5.1	74.0
1944-1945 ..	1.1	4.2	1.6	13.8	—	0.6	1.1	14.4	1.3	21.0	—	0.4	1.1	6.4	6.2	60.8
1945-1946 ..	—	3.4	0.9	15.8	—	0.7	0.3	12.8	0.3	13.2	—	0.1	1.7	3.5	3.2	49.5
1946-1947 ..	0.3	2.4	—	12.0	—	0.7	0.9	11.6	1.2	9.4	—	0.1	0.6	3.3	3.0	39.5
Quinquennium 1926-1927 to 1930-1931 ..	2.8	6.4	1.1	6.9	—	1.1	3.3	28.9	4.8	24.3	0.3	0.6	2.9	8.6	15.2	76.7
1931-1932 to 1935-1936 ..	2.1	6.2	0.9	7.5	—	2.1	3.7	24.8	2.5	19.2	0.2	0.4	3.0	7.3	12.4	67.4
1936-1937 to 1940-1941 ..	0.7	5.1	1.2	7.3	0.1	0.9	2.6	22.4	2.1	15.9	0.2	0.4	2.6	6.9	9.5	58.8
1941-1942 to 1945-1946 ..	0.9	3.9	0.9	14.1	—	0.9	0.9	19.3	1.6	20.9	0.2	0.4	1.3	5.7	5.8	65.2

* The rate for the year is calculated on the births (less the deaths under one year) in the previous year.
City extended by incorporation of Wynberg 1927-1928 and Windermere (Ward 8), 1943-44.

TABLE I.—Deaths of Infants under 1 Year of Age, Classified by Causes, Race and Age, 1946-47.

(CORRECTED FOR OUTWARD TRANSFERS.)

Classification No.	DISEASE.	RACE.	TOTAL under one year.												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 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.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

* Including 9 of unknown race.

TABLE J.—Populations and Vital Statistic Rates for the separate Wards of the City, 1946-47.
(Corrected for outward transfers.)

Wards of the City.*	Populations as enumerated at the Census, May, 1946		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.	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.	14,637	3,150	248	44	16.99	14.01	4	22	1.61	50.00	158	7	10.82	2.23	90	37	6.17	11.78	4	3	16.13	68.18	4	1	0.27	0.32
2.	12,537	5,320	223	211	17.84	39.77	2	77	0.90	36.49	134	110	10.72	20.73	89	101	7.12	19.04	5	21	22.42	99.53	14	33	1.12	6.22
3.	9,107	10,819	175	582	19.27	53.94	4	108	2.29	18.56	99	206	10.90	19.09	76	376	8.37	34.85	5	56	28.57	96.22	5	51	0.55	4.73
4.	10,208	2,584	262	78	16.21	30.27	7	34	2.67	43.59	148	24	9.17	9.31	114	54	7.04	20.96	8	9	39.53	115.38	11	6	0.68	2.33
5.	8,513	23,092	207	1,090	24.38	47.33	7	251	3.38	23.03	64	407	7.54	17.67	143	683	16.84	29.66	5	105	24.15	96.33	1	112	0.12	4.86
6.	6,827	23,486	168	1,116	26.63	47.65	5	196	2.98	17.56	78	419	12.36	17.89	90	697	14.27	29.76	4	102	23.81	91.40	12	122	1.90	5.21
7.	13,743	10,233	342	588	24.95	54.68	10	105	2.92	18.82	115	170	8.39	16.66	227	388	16.56	38.02	12	42	35.09	75.27	17	54	1.24	5.29
8.	15,970	24,156	450	1,181	28.26	49.02	11	336	2.44	28.45	106	748	6.66	31.05	344	433	21.69	17.97	14	232	31.11	196.44	10	206	0.63	8.55
9.	18,898	8,809	439	163	23.29	18.55	17	45	3.87	27.61	166	55	8.81	6.26	273	108	14.48	12.29	12	13	27.33	79.75	18	14	0.96	1.50
10.	4,280	24,652	180	1,738	42.17	70.70	5	345	2.78	19.85	52	613	12.18	24.93	125	1,125	30.01	45.77	5	165	27.78	94.94	7	190	1.64	7.23
11.	13,162	5,348	227	94	17.29	17.62	1	15	0.44	15.96	93	18	7.09	3.37	134	76	10.29	14.25	5	5	22.03	53.19	2	4	0.15	0.75
12.	11,543	10,360	219	404	19.02	39.16	2	77	0.91	19.06	90	188	7.82	13.36	129	266	11.29	25.74	6	29	27.40	71.78	7	30	0.61	2.90
13.	11,710	10,722	220	399	18.84	37.32	1	81	0.45	20.30	106	140	9.08	13.09	114	259	9.76	24.23	9	39	40.91	97.74	2	31	0.17	2.90
14.	11,842	11,295	337	489	28.54	43.41	5	84	1.48	17.18	120	177	10.16	15.71	217	312	18.38	27.70	6	42	17.80	85.89	6	49	0.51	4.35
15.	10,817	17,027	234	827	21.69	47.05	8	241	3.42	29.14	103	377	9.55	21.45	131	450	12.14	25.60	6	96	25.64	116.08	7	108	0.65	6.14
Not allocated			39	75			34	67			77	82							3	18			5	13		
A. Inward transfers ..			98								64								1				6			
B. City of Cape Town	183,690	196,480	4,068	9,049	22.21	46.18	123	2,084	3.02 ^c	23.03	1,773	3,691	9.68	18.84	2,295	5,358	12.53	27.84	110	977	27.04	107.97	184	1,024	0.73	5.23

* According to the boundaries redefined in December 1945, under Ordinance No. 10 of 1945 (See page 8).

A. These figures refer to European births and deaths belonging to Cape Town, but which occurred outside the Municipality.

B. Estimated as at 31st December 1946 and exclusive of all figures relating to the Native Township of Langa (which are shown separately in Table S), 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 90 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 1946-47.
(Corrected for outward transfers.)

Centre.	Birth rate.				Death rate.				Infant mortality rate.				All forms of tuberculosis : Death rate.			
	E	N	A	C	NE	E	N	A	C	NE	E	N	A	C	NE	E
Union of South Africa (1944)	26.63	—	—	—	—	9.33 ²	—	—	—	—	42.53	—	—	—	—	0.34
Johannesburg ..	27.55	16.99 ⁴	52.36	36.13	19.64	8.24	13.22	14.02	18.50	13.57	32.35	343.43 ²	90.02	133.80	288.80	0.20
Cape Town ..	21.67	32.88 ³	29.80	48.54	46.18	9.33	26.80 ³	8.83	18.18	18.84	27.46	283.33 ³	74.07	93.24	107.97	0.70
Durban ..	22.01	26.71	42.96	54.07	—	8.50	24.52	15.14	16.76	—	26.53	330.36	80.69	81.88	—	0.53
Pretoria ..	29.96	8.61	48.10	22.62	12.01	6.18	6.70	12.20	14.96	7.46	25.90	235.16	55.00	161.29	178.52	0.10
Port Elizabeth ..	29.35	27.86	59.68	42.28	—	8.36	29.50	22.00	21.66	—	36.84	347.83	55.30	139.78	—	0.49
Springs ..	32.2	24.54	49.3	35.6	7.5	6.2	11.44	17.3	7.4	5.6	32.2	206.37	538.5	83.3	200.3	—
Benoni* ..	29.59	29.44	57.5	26.3	32.01	7.22	20.64	10.0	20.4	14.35	31.46	299.64	29.0	145.2	261.9	0.16
Krugersdorp ..	38.14	12.96	34.44	40.46	—	11.26 ²	11.85	11.47 ³	27.43 ³	—	49.05	303.33	142.86	169.49	—	0.04
Brakpan ..	33.66	—	—	0.58	—	3.89 ³	—	—	7.26 ³	—	26.77	—	—	—	—	0.04
Bloemfontein ..	23.18	—	—	—	30.53	6.69	—	—	—	16.51	1.42	—	—	—	—	0.29
Boksburg ..	29.71	—	—	—	22.09 ⁴	6.44	—	—	—	16.85 ⁴	32.36	—	—	—	—	0.14
Roseboom ..	33.21	12.54 ⁴	45.00	20.83	14.07	5.80	11.94 ⁴	10.00	15.83	7.30	35.94	321.43 ⁴	166.66	120.00	284.36	0.16
Pietermaritzburg ..	27.2	21.0	67.2	56.8	—	10.7	11.13	12.1	15.8	—	23.0	203.2	38.0	61.2	—	0.43
Kimberley ..	31.99	28.37	—	50.61	—	9.13	18.88	—	20.19	—	37.70	183.53	—	101.10	—	0.11
Vereeniging* ..	33.36	31.16	44.83	68.00	32.03	5.67 ²	11.71 ²	5.17	6.00	11.49 ³	39.41	145.23	38.44	—	137.21	—
King William's Town	23.35	19.90	97.09	44.44	27.92	9.44	18.26	—	20.00	18.36	27.39	369.86	—	133.33	244.75	0.80
England and Wales (1946) ¹	20.2 ¹	—	—	—	—	12.0 ³	—	—	—	—	43.0	—	—	—	—	0.55 ³
County of London (1946) ¹	21.2 ¹	—	—	—	—	12.6 ³	—	—	—	—	40.0	—	—	—	—	0.70 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, 1946-47.

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.
New Somerset Hospital	2	257	2	189	—	68
Groote Schuur Hospital	364	365	241	229	123	136
City Hospital	65	228	40	164	25	64
Valkenberg Mental Hospital	67	87	35	49	32	38
Victoria Hospital, Wynberg	36	87	27	62	9	25
Rentzkie's Farm Hospital	1	107	1	82	—	25
Peninsula Maternity Hospital	23	65	16	55	7	10
Woodstock Hospital	30	35	13	20	17	15
Elizabeth Private Hospital	44	—	32	—	12	—
Volkshospitaal	42	—	17	—	25	—
Rondebosch-Mowbray Cottage Hospital	25	11	20	8	5	3
Sea Point Nursing Home	28	—	25	—	3	—
The Monastery Nursing Home	24	—	14	—	10	—
Cape Jewish Aged Home	24	—	24	—	—	—
Military Hospital, Wynberg	15	7	10	3	5	4
Cape Town Gaol	—	21	—	13	—	8
Tamboers Kloof Nursing Home	19	—	14	—	5	—
Alexandra Institution	19	—	15	—	4	—
Cambridge Nursing Home	18	—	15	—	3	—
Airemount Nursing Home	17	—	7	—	10	—
Mowbray Nursing Home	16	—	11	—	5	—
Biblis Nursing Home	15	—	12	—	3	—
St. Joseph's Sanatorium	14	—	8	—	6	—
Hof Street Nursing Home	13	—	9	—	4	—
Hilary Nursing Home	12	—	10	—	2	—
Monte Rosa Nursing Home	10	—	4	—	6	—
"Vrede Oord"	—	10	—	10	—	—
Booth Memorial Hospital	9	—	7	—	2	—
Leeuwendal Nursing Home	7	—	6	—	1	—
Ladies Christian Home	7	—	7	—	—	—
St. Monica's Home	—	7	—	6	—	1
Notley Nursing Home	6	—	4	—	2	—
Nazareth Home	6	—	4	—	2	—
Clarendon Nursing Home	5	—	3	—	2	—
House of Correction	—	5	—	4	—	1
Leighwood Nursing Home	4	—	4	—	—	—
Onslow Nursing Home	2	—	2	—	—	—
Kinclure Nursing Home	2	—	2	—	—	—
Dunmore Nursing Home	2	—	2	—	—	—
Delherbe Nursing Home	2	—	2	—	—	—
Lady Buxton Home	2	—	1	—	1	—
Princess Christian Home	2	—	2	—	—	—
Kenmore Nursing Home	2	—	1	—	1	—
Inverurie Nursing Home	2	—	2	—	—	—
Ottery Lodge Nursing Home	1	—	1	—	—	—
Maitland Cottage Homes	—	1	—	1	—	—
Gables Nursing Home	1	—	1	—	—	—
Kingsbury Nursing Home	1	—	1	—	—	—
Andrew Minnaar Nursing Home	1	—	—	—	1	—
Magdalena Huis	1	—	—	—	1	—
Totals	1,008	1,293	674	895	334	398
Institutions in other parts of the Union of South Africa:						
General Hospital	—	—	19	—	—	—
Nursing Home	—	—	5	—	—	—
Mental Hospital	—	—	1	—	—	—
Sanatorium	—	—	2	—	—	—
Chronic Sick Hospital	—	—	5	—	—	—
Lock and Isolation Hospital	—	—	1	—	—	—
Total	—	—	33	—	—	—
Langa Hospital	—	51	—	51	—	—

TABLE M.—Births and Still-Births notified, Classified for attendance at Confinement and for home address of Mother, 1946-47.

CLASSIFICATION.	WARDS OF THE CITY.															Excluded from foregoing columns.			
	1*	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total of Wards.	Langa	Non-Residents.	
Private doctors	1	9	45	6	32	55	51	208	34	124	20	34	32	65	71	787	—	6	
Private midwives (including any non-medical persons attending a confinement)																			
Certificated	5	41	213	35	408	558	341	483	160	1,313	52	286	296	342	364	4,807	4	23	
Uncertificated	—	19	55	2	22	92	33	569	13	298	40	123	115	175	404	1,870	—	4	
Midwives (or midwife students) from:																			
Booth Memorial Hospital	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	—	—	
St. Monica's Home	—	19	103	4	—	—	1	—	1	1	—	2	1	—	—	102	—	1	
Peninsula Maternity Hospital	1	8	7	17	196	193	168	9	8	6	—	2	2	1	5	624	—	4	
Somerset Hospital	5	27	11	2	1	4	1	180	1	4	2	—	—	1	1	241	—	2	
District nurse midwives	—	—	—	—	—	4	—	75	—	2	—	—	—	19	140	240	—	1	
Vrede Oord, Tuin Plein	4	—	4	6	177	74	—	2	1	1	—	—	2	2	—	274	—	3	
No doctor or midwife	—	—	1	—	—	6	1	20	1	22	1	2	—	5	37	97	5	3	
No information	—	1	—	—	—	—	—	6	—	1	—	1	—	—	1	70	—	7	
Confinement in institutions:																			
Booth Memorial Hospital	47	51	37	113	77	27	37	48	105	10	43	42	26	39	24	726	—	223	
St. Monica's Home	3	3	44	19	33	31	28	32	11	55	8	20	26	37	48	1	399	3	41
Peninsula Maternity Hospital	7	20	32	36	243	231	192	196	101	190	21	82	47	102	88	1	1,589	38	254
Somerset Hospital	41	109	136	26	91	97	37	172	10	116	13	25	24	28	38	2	965	24	169
Vrede Oord, Tuin Plein	2	1	8	5	32	15	6	25	6	22	3	9	2	9	13	—	158	11	33
Magdalena Huis	—	—	—	—	—	—	—	1	—	1	—	1	1	—	1	—	5	—	32
Other public institutions	—	1	—	—	2	3	—	6	—	1	1	1	1	1	1	—	18	—	5
Private nursing homes	229	118	107	108	76	18	55	59	166	26	170	129	98	133	73	—	1,565	—	377
Totals	345	427	893	370	1,399	1,410	951	2,091	618	2,103	374	759	583	959	1,399	68	14,629	85	1,193

Births actually occurring in the Langa Native Township are excluded from the above table. They numbered 110.

TABLE N.—Cases of Notifiable Disease reported, 1946-47.

	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 ..	258	150	1	1	107	1	125	61	—	64	—
Scarlet fever ..	283	16	4	6	269	—	22	1	1	22	—
Puerperal fever ..	89	8	—	1	82	—	22	1	—	21	—
Enteric fever ..	252	70	21	8	168	1	122	29	2	94	1
Erysipelas ..	47	4	—	—	43	—	2	1	—	1	—
Cerebrospinal fever ..	263	216	—	—	46	1	123	93	—	30	—
Acute poliomyelitis ..	8	1	1	1	7	—	5	1	—	4	—
Infective encephalitis ..	7	2	—	—	5	—	4	2	4	2	—
Typhus fever ..	7	—	—	6	13	—	—	—	—	6	—
Leprosy ..	3	—	—	—	3	—	—	—	—	—	—
Lead poisoning ..	1	—	—	—	1	—	1	—	—	1	—
Anthrax ..	2	1	—	—	1	—	—	—	—	—	—
Smallpox ..	1	1	—	—	—	—	—	—	—	—	—
Ophthalmia ..	295	—	1	—	292	2	—	—	—	—	—
Trachoma ..	5	—	—	—	5	—	3	—	—	3	—
Acute primary pneumonia ..	450	—	—	20	463	7	14	—	1	15	—
Influenzal pneumonia ..	30	1	—	—	29	—	—	—	—	—	—
Tuberculous, respiratory system ..	1,901	23	66	24	1,758	78	152	3	6	148	7
Tuberculosis, other forms ..	204	3	4	82	265	14	74	1	—	73	—
Totals ..	4,106	496	98	149	3,557	104	671	193	14	484	8

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 cases from ships.
 8. = 2.
 9. = 4.
 10. Excluding cases from ships.

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

TABLE O.—Notification of Infectious Disease Classified for Race, Sex and Age-Groups, 1946-47.

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.			E.			E.			E.			E.			E.			E.			E.			E.		
	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.
0-1 year	1	1	2	1	3	4	1	1	2	4	4	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
1-2 years	1	1	2	1	3	4	1	1	2	4	4	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
2-5 years	2	2	4	2	5	7	1	1	2	4	4	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
5-10 years	3	2	5	3	5	8	1	1	2	4	4	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
10-15 years	10	4	14	10	16	26	3	3	6	13	13	26	3	3	6	1	1	2	1	1	2	1	1	2	1	1	2
15-25 years	37	27	64	37	55	92	3	3	6	13	13	26	3	3	6	1	1	2	1	1	2	1	1	2	1	1	2
25-35 years	31	27	58	31	44	75	1	1	2	4	4	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
35-45 years	23	16	39	23	31	54	1	1	2	4	4	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
45-55 years	17	11	28	17	21	38	1	1	2	4	4	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
55-65 years	9	5	14	9	11	20	1	1	2	4	4	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
65-75 years	1	1	2	1	1	2	1	1	2	4	4	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
75-85 years	1	1	2	1	1	2	1	1	2	4	4	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
85 years and over	1	1	2	1	1	2	1	1	2	4	4	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Unknown	1	1	2	1	1	2	1	1	2	4	4	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Totals	152	99	251	152	220	372	12	12	24	23	33	56	11	9	20	8	9	17	9	6	15	2	3	5	1	2	3

Age-group.	Acute anterior poliomyelitis.			Influenza pneumonia.			Acute primary pneumonia.			Ophthalmia.			Typhoid fever.*			Typhus fever.*			Anthrax.			Lead poisoning.			Totals.		
	E.			E.			E.			E.			E.			E.			E.			E.			E.		
	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.
0-1 year	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
1-2 years	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
2-5 years	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
5-10 years	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
10-15 years	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
15-25 years	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
25-35 years	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
35-45 years	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
45-55 years	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
55-65 years	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
65-75 years	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
75-85 years	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
85 years and over	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Unknown	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Totals	2	2	4	2	2	4	2	2	4	2	2	4	2	2	4	2	2	4	2	2	4	2	2	4	2	2	4

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

TABLE P.—Notification of Infectious Disease Classified for Race, and Month of Notification, 1946-47.

E.—European. O.—Non-European.

Period,	Tuberculosis, respiratory system.			Tuberculosis, other forms.			Enteric fever.			Diphtheria.			Scarlet fever.			Erysipelas.			Cerebrospinal fever.			Infective encephalitis.			Leprosy.			Acute anterior poliomyelitis.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
1946.																														
July	19	119	138	1	25	26	2	4	6	4	5	9	23	25	48	3	5	8	3	3	6	3	1	4	—	—	—	—	—	—
August	24	138	162	3	18	21	—	9	9	18	1	10	19	22	31	1	2	3	1	1	2	—	—	—	—	—	—	—	—	—
September	25	139	164	1	31	32	—	3	3	6	8	13	19	19	21	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
October	21	138	159	1	26	27	2	8	10	18	1	1	2	21	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
November	26	130	156	2	25	27	—	2	8	10	2	2	4	24	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
December	13	111	124	2	16	18	4	10	14	24	2	2	4	27	31	4	4	8	3	3	6	—	—	—	—	—	—	—	—	—
1947.																														
January	23	137	160	4	21	25	5	28	33	24	21	45	10	—	—	—	1	1	2	1	1	2	—	—	—	—	—	—	—	—
February	19	123	142	1	19	20	1	21	22	24	6	13	19	12	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—	—
March	18	123	141	2	13	15	4	28	32	27	4	8	16	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
April	20	98	118	1	9	10	3	13	16	2	4	6	9	26	32	3	3	6	4	4	8	1	1	2	—	—	—	—	—	—
May	22	131	153	1	21	22	2	7	8	10	6	16	20	30	36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
June	21	129	150	2	16	18	1	4	5	15	8	15	33	35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Year	251	1,507	1,758	28	237	265	24	144	168	249	51	107	249	209	209	17	26	43	15	31	46	—	—	—	—	—	—	—	—	—

Period.	Influenzal pneumonia.			Acute primary pneumonia.			Ophthalmia.			Puerperal fever.			Trachoma.			Typhus fever.*			Anthrax.			Lead poisoning.			Totals.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
1946.																											
July	—	1	1	5	36	41	1	21	22	3	5	8	1	—	1	2	2	1	—	—	—	—	—	—	67	228	295
August	—	5	5	8	50	58	3	40	43	1	11	12	—	—	—	3	3	—	—	—	—	—	—	—	352	286	352
September	—	3	3	3	49	52	1	17	18	1	8	9	—	—	—	—	2	2	—	—	—	—	—	57	272	329	
October	1	2	3	10	29	39	2	21	23	1	2	3	1	1	2	3	1	1	—	—	—	—	—	74	241	315	
November	—	2	2	3	6	25	31	2	23	25	1	2	3	—	—	—	—	—	—	—	—	—	—	69	225	294	
December	—	1	1	3	24	27	3	22	25	—	—	2	1	1	1	1	—	—	—	—	—	—	—	56	198	254	
1947.																											
January	—	1	1	4	23	27	3	21	24	—	11	11	—	—	—	—	—	—	—	—	—	—	—	—	51	247	298
February	—	1	1	5	29	34	2	21	23	—	9	9	1	1	1	—	—	—	—	—	—	—	—	50	235	285	
March	—	2	2	7	32	36	2	22	24	1	6	7	—	—	—	—	—	—	—	—	—	—	—	66	237	287	
April	—	1	1	4	32	39	4	16	20	1	7	8	—	—	—	1	1	—	—	—	—	—	—	70	185	251	
May	—	3	3	4	39	43	4	19	23	—	7	8	—	—	—	—	—	—	—	—	—	—	—	81	245	315	
June	—	2	2	9	27	36	2	16	18	—	—	3	—	—	—	—	—	—	—	—	—	—	—	81	201	282	
Year	5	24	29	63	395	463	24	208	232	11	71	82	2	3	5	8	5	13	—	1	1	1	757	2,800	3,557		

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

TABLE Q.—Notification of Infectious Disease Classified for Race, and Wards, etc., 1940-41.

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.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
1.	18	14	32	2	2	4	2	1	3	1	4	5	18	1	1	2	1	1	2	—	—	—	—	—	—	—	—
2.	29	51	80	4	17	21	1	6	7	4	6	10	11	1	1	2	3	3	6	1	—	—	—	—	—	—	
3.	22	14	36	2	33	35	1	1	2	2	4	6	42	1	1	2	3	4	7	—	—	—	—	—	—	—	
4.	9	187	196	3	32	35	2	24	26	4	8	12	39	5	5	10	5	5	10	—	—	—	—	—	—	—	
5.	16	169	185	3	33	36	3	24	27	1	7	8	8	4	4	8	4	4	8	—	—	—	—	—	—	—	
6.	25	71	96	3	33	36	3	24	27	1	7	8	11	1	1	2	4	4	8	1	—	—	—	—	—	—	
7.	37	264	301	4	33	37	7	31	38	12	18	30	31	13	13	26	13	13	26	4	1	5	6	1	1	1	
8.	26	27	53	2	3	5	1	3	4	3	4	7	20	1	1	2	3	3	6	1	1	2	2	1	1	1	
9.	7	261	268	1	46	47	1	13	14	13	13	26	17	1	1	2	3	3	6	—	—	—	—	—	—	—	
10.	11	17	28	1	12	13	1	3	4	2	3	5	16	1	1	2	3	3	6	1	1	2	2	1	1	1	
11.	13	59	72	4	13	17	1	4	5	1	4	5	14	4	4	8	4	4	8	—	—	—	—	—	—	—	
12.	14	69	83	3	13	16	2	18	20	3	7	10	12	2	2	4	3	3	6	—	—	—	—	—	—	—	
13.	12	155	167	3	24	27	2	18	20	3	7	10	12	2	2	4	3	3	6	—	—	—	—	—	—	—	
14.	2	10	12	—	4	4	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Not allocated	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals, local cases	251	1,507	1,758	28	237	265	24	144	168	51	56	107	249	20	209	17	26	43	15	31	46	—	5	5	—	3	3
Imported cases: Developed outside Muni- cipal area	20	44	64	1	2	3	12	7	19	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	
Introduced from overseas Direct remittance (cases re- ported to Hospital in Municipal area).	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
From outside Municipal area	34	114	148	16	57	73	18	76	94	35	29	64	21	1	22	—	1	1	9	21	30	1	1	2	—	—	
From ships in docks	5	2	7	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total imported cases	59	160	219	17	59	76	31	83	114	35	29	64	24	1	25	—	1	1	9	21	30	1	1	2	—	—	

Wards of the City, etc.	Acute anterior poliomyelitis.			Influenza pneumonia.			Acute primary pneumonia.			Ophthalmia.			Puerperal fever.			Trachoma.			Typhus fever.*			Anthrax.			Lead poisoning.			Totals.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.			
1.	1	—	1	—	—	—	1	—	1	—	—	—	2	1	3	—	—	—	1	—	1	—	—	—	—	—	—			
2.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—				
3.	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—				
4.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—				
5.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—				
6.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—				
7.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—				
8.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—				
9.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—				
10.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—				
11.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—				
12.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—				
13.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—				
14.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—				
15.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—				
Not allocated	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
Totals, local cases	4	3	7	5	24	29	68	395	463	24	268	292	11	71	82	2	3	5	8	5	13	1	1	1	757	2,800	3,557			
Imported cases: Developed outside Muni- cipal area	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
Introduced from overseas Direct remittance (cases re- ported to Hospital in Municipal area).	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
From outside Municipal area	2	2	4	—	—	—	5	10	15	—	—	—	4	17	21	3	3	6	—	—	6	—	1	1	—	—				
From ships in docks	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
Total imported cases	2	2	4	—	—	—	5	10	15	—	—	—	4	17	21	3	3	6	—	—	6	—	1	1	—	—				

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

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

Disease.	Race.	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
		1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	
Scarlatina or Scarlet fever	Eur. ..	154	260	425	121	121	103	229	596	458	113	81	124	216	267	154	154	143	321	249	
	Non-E. ..	10	20	40	18	19	9	14	34	28	13	8	11	18	10	7	8	17	41	20	
Diphtheria or mem- branous croup..	Eur. ..	162	166	189	120	142	192	238	189	223	344	537	286	204	195	160	175	89	91	51	
	Non-E. ..	70	54	93	67	73	106	136	122	119	253	233	130	89	138	135	110	89	84	56	
Enteric or Typhoid fever	Eur. ..	100	87	97	71	30	52	33	30	34	58	14	35	11	36	90	17	20	22	24	
	Non-E. ..	100	94	103	98	30	47	49	43	96	41	37	34	26	73	68	57	77	85	144	
Erysipelas.. ..	Eur. ..	43	33	41	40	28	37	44	51	43	33	30	29	37	38	27	28	38	28	17	
	Non-E. ..	26	32	30	28	41	30	50	42	31	28	36	39	41	41	46	33	41	37	26	
Puerperal fever ..	Eur. ..	29	16	19	16	22	26	24	22	13	19	22	18	33	15	16	16	14	14	11	
	Non-E. ..	54	53	43	51	49	48	67	74	51	51	62	61	61	50	60	70	52	57	71	
Ophthalmia ..	Eur. ..	25	50	50	53	47	30	38	39	42	24	35	29	28	36	18	22	29	30	24	
	Non-E. ..	122	208	227	199	218	190	259	227	215	213	181	212	164	182	170	215	235	227	268	
Cerebrospinal fever	Eur. ..	30	14	4	7	8	3	5	1	7	3	5	2	23	19	23	39	25	16	15	
	Non-E. ..	101	48	18	25	22	17	20	9	11	15	33	24	45	47	80	222	80	58	31	
Acute poliomyelitis	Eur. ..	4	11	5	—	4	8	11	1	7	4	2	5	5	4	2	5	46	10	4	
	Non-E. ..	1	6	5	—	4	3	14	3	2	2	9	11	4	3	—	1	18	4	3	
Infective encephalitis	Eur. ..	7	4	1	9	2	2	8	4	1	4	—	2	1	3	6	—	—	1	—	
	Non-E. ..	5	3	4	2	4	—	3	3	3	4	2	3	5	1	3	2	1	—	5	
Leprosy	Eur. ..	—	1	1	1	—	—	1	—	—	1	—	—	—	1	2	—	—	—	—	
	Non-E. ..	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	8	
	Non-E. ..	—	—	1	—	—	1	—	—	—	—	1	—	1	2	—	—	1	2	5	
Smallpox	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	5	—	—	
Influenza	Eur. ..	166	238	69	101†	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E. ..	349	348	171	140†	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Influenzal pneumonia	Eur. ..	62	54	24	41	49	13	45	56	29	37	17	23	23	10	13	18	2	8	5	
	Non-E. ..	78	80	38	91	31	31	82	64	41	74	30	30	40	15	27	60	26	18	24	
Acute primary pneumonia	Eur. ..	91	58	84	98	77	59	138	148	103	96	103	100	106	80	76	100	74	47	68	
	Non-E. ..	386	302	289	334	253	294	566	465	376	466	420	433	385	319	321	338	353	326	395	
Cholera	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Plague	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Anthrax	Eur. ..	1	—	—	—	1	—	—	—	—	—	—	—	—	1	1	—	—	—	—	
	Non-E. ..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	—	1	
Glanders	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Rabies	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Malta fever ..	Eur. ..	—	3	1	2	—	1	1	—	—	—	—	1	—	2	1	—	—	—	—	
	Non-E. ..	—	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	
Yellow fever ..	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Human trypano- somiasis	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Trachoma ..	Eur. ..	3	3	—	3	1	1	2	1	2	1	6	5	—	—	—	—	1	—	2	
	Non-E. ..	12	23	4	4	6	1	14	5	7	1	2	10	3	1	2	—	8	9	3	
Lead poisoning ..	Eur. ..	—	3	3	—	1	—	1	1	1	—	1	—	—	—	—	—	—	—	—	
	Non-E. ..	—	5	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	
Tuberculosis, respi- ratory system ..	Eur. ..	202	188	183	209	210	185	161	164	149	186	183	158	157	182	191	223	202	241	251	
	Non-E. ..	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	1,507	
Other forms of tuberculosis	Eur. ..	27	35	19	30	21	21	20	21	16	29	17	28	30	33	35	34	29	26	28	
	Non-E. ..	148	181	134	168	165	203	163	151	137	188	162	181	224	229	283	293	295	292	237	

All figures corrected for imported cases and misdiagnosis.

City extended by incorporation of the district of Windermere, 1943-44.

* 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, 1946-47.

Average population for the 12 months July, 1946, to June, 1947.										NATIVES.										
European.				Natives.																
Adults.		To- tal.	Adults.		Child- ren.	Grand Total.	Births.			Still- births.	Birth- rate (per 1,000 per- sons).	Illegitimate births, percentage of total births.	Deaths.		Deaths under one year of age.		Infant mortality (per 1,000 births).	Deaths from Tuberculosis (all forms).		Death rate for Tuberculosis all forms, (per 1,000 persons).
M.	F.		M.	F.			Legiti- mate.	Illegiti- mate.	Total.				M.	F.	M.	F.		M.	F.	
13	17	30	6,613	1,377	2,527	10,517	25	29	23	99*	10	45.45	71	40	14	10	242.42	24	16	3.86

* Not including 1 European birth.

NOTIFICATION OF INFECTIOUS DISEASE.

Natives.											
Tuberculosis, respiratory system.		Tuberculosis, other forms.		Diphtheria.		Enteric fever.		Ophthalmia.		Acute primary pneumonia.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
51	27	10	4	1	—	1	—	1	1	6	1
Total.		Total.		Total.		Total.		Total.		Total.	
78		14		1		1		2		7	

Excluded from above are two cases of tuberculosis of the respiratory system, 1 case of tuberculosis, other forms, and 1 case of cerebrospinal fever who contracted the disease outside the municipal area, being already ill on arrival in Langa Township.

Deaths in Langa hospital, 51 (Natives : 29 males, 22 females).

TABLE T.—Vital Statistics for the Added Area of Windermere, 1946-47.

Population as enumerated at the Census, May, 1946.		Births.				Still- births.	Illegiti- mate 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 Mor- tality (per 1,000 births).		Deaths from Tuber- culosis, all forms.		Death rate for Tuber- culosis, all forms (per 1,000 persons.)						
		Legiti- mate.		Illegiti- mate.																		Total.				
		Non- Eur.	Total.	Non- Eur.	Total.																	Non- Eur.	Total.	Non- Eur.	Total.	Non- Eur.
894	10,472	11,366	9	296	—	119	9	415	1	31	—	28.67	10.09	39.74	5	460	5.61	44.05	—	154	—	371.08	—	125	—	11.97

NOTIFICATION OF INFECTIOUS DISEASE.

Tuberculosis, respiratory system.	Tuberculosis, other forms.		Enteric fever.		Diphtheria.		Puerperal fever.		Cerebrospinal fever.		Acute primary pneumonia.		Ophthalmia.		Total.	
	Non-Eur.	Total.	Non-Eur.	Total.	Non-Eur.	Total.	Non-Eur.	Total.	Non-Eur.	Total.	Non-Eur.	Total.	Non-Eur.	Total.	Non-Eur.	Total.
1	152	—	18	—	1	12	1	2	—	2	—	19	—	25	3	234

TABLE U.—Barometrical Readings, 1946-47.

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

Month.	Mean.	Average for forty years, 1st July, 1906, to 30th June, 1946.	Highest.	Date.	Lowest.	Date.	Highest and date for forty years, 1st July, 1906, to 30th June, 1946.	Lowest and date for forty years, 1st July, 1906, to 30th June, 1946.
1946.								
July ..	30.207	30.254	30.696	28th	29.897	18th	30.737 14th, 1934	28.924 13th, 1917
August ..	30.179	30.278	30.509	11th	29.941	30th	30.984 26th, 1921	29.753 29th, 1920
September ..	30.089	30.276	30.438	17th	29.573	3rd	30.691 8th, 1924	29.694 13th, 1907
October ..	30.048	30.214	30.261	15th	29.793	22nd	30.563 5th, 1912	29.727 6th, 1928
November ..	29.991	30.100	30.201	22nd	29.714	13th	30.841 24th, 1913	29.739 9th, 1945
December ..	29.976	30.100	30.207	12th	29.800	29th	30.569 13th, 1921	29.754 24th, 1926
1947.								
January ..	29.979	30.080	30.189	2nd	29.800	29th	30.500 30th, 1917	29.757 17th, 1911
February ..	29.944	30.104	30.097	15th	29.786	17th	30.945 9th, 1923	28.933 10th, 1945
March ..	30.017	30.148	30.315	15th	29.794	2nd	30.608 11th, 1921	29.002 15th, 1921
April ..	30.079	30.245	30.302	30th	29.914	23rd	30.514 7th, 1940	29.098 3rd, 1916
May ..	30.113	30.221	30.391	12th	29.813	10th	30.641 3rd, 1927	29.078 19th, 1916
June ..	30.216	30.278	30.536	8th	29.945	23rd	30.663 22nd, 1915	29.089 11th, 1906
Year ..	30.069	30.191	30.696	28/7/1946	29.573	3/9/1946	30.984 26/8/1921	28.924 13/7/1917

TABLE V.—Temperature of Air in the Shade, 1946-47.

Month.	Mean at 8 a.m. °F	Maximum Thermometer.				Highest and date for 40 years, 1st July, 1906, to 30th June, 1946. °F		Minimum Thermometer.				Lowest and date for 40 years, 1st July, 1906, to 30th June, 1946. °F
		Average for 40 years, 1st July, 1906, to 30th June, 1946. °F	Mean °F	Average for 40 years, 1st July, 1906, to 30th June, 1946. °F	Highest. °F			Mean °F	Average for 40 years, 1st July, 1906, to 30th June, 1946. °F	Lowest. °F	Date.	
1946												
July ..	51.51	51.175	61.16	61.844	74.0	85.3	30th, 1927	48.23	47.289	43.0	21st	29.0 5th, 1907
August ..	54.14	52.856	65.55	64.451	82.2	90.08	24th, 1918	50.07	47.348	42.0	12th	35.5 25th, 1926
September ..	54.96	55.395	64.90	66.274	79.0	94.4	19th, 1943	50.70	49.744	45.0	18th, 29th	39.8 4th, 1921
October ..	60.41	57.612	69.65	70.511	84.0	95.6	31st, 1915	54.76	49.981	44.0	1st	42.0 11th, 1943
November ..	63.78	62.790	75.65	74.442	90.6	100.3	25th, 1927	56.76	55.367	50.6	16th	44.0 15th, 1924
December ..	65.34	65.363	77.64	75.099	94.0	100.9	26th, 1941	58.42	60.596	52.0	21st	45.1 30th, 1931
1947												
January ..	65.47	66.317	78.27	80.379	86.0	102.3	27th, 1929	59.63	59.377	54.0	29th	42.2 7th, 1918
February ..	66.76	65.326	83.34	80.530	101.2	103.8	14th, 1924	60.83	59.248	54.4	12th	45.6 28th, 1928
March ..	64.47	63.236	79.29	78.689	100.0	101.0	19th, 1927	60.00	57.092	55.0	12th	46.8 25th, 1916 & 30th, 1928
April ..	59.36	58.946	71.54	73.179	83.0	102.9	1st, 1925	55.03	54.155	47.8	19th	40.8 28th, 1928
May ..	55.52	55.363	66.88	67.907	84.4	95.5	3rd, 1932	51.92	53.803	44.4	20th	40.3 19th, 1923
June ..	52.15	52.901	62.20	62.332	77.0	85.7	22nd, 1912	48.80	48.855	40.0	26th, 27th	36.2 4th, 1928
Year ..	59.49	58.940	71.34	71.303	101.2	103.8	14/2/1924	54.59	53.571	40.0	26th & 27th June, 1947	29.0 5/7/1907

TABLE X.—Earth Temperature, 1946-47.

Month.	Range at one foot, °F	Range at one foot, 40 years, 1st July, 1906, to 30th June, 1946. °F	Range at two feet, °F	Range at two feet, 40 years, 1st July, 1906, to 30th June, 1946. °F	Range at four feet, °F	Range at four feet, 40 years, 1st July, 1906, to 30th June, 1946. °F
1946						
July ..	54.0 to 59.0	49.2 to 64.0	57.0 to 60.0	54.0 to 61.3	60.4 to 62.0	53.0 to 62.9
August ..	56.0 to 61.4	50.9 to 62.6	58.2 to 62.0	53.8 to 62.1	60.0 to 62.0	55.0 to 62.0
September ..	59.0 to 65.0	50.9 to 67.9	61.0 to 65.0	55.0 to 67.0	61.6 to 64.0	57.0 to 65.5
October ..	62.6 to 70.0	57.1 to 75.9	64.0 to 69.0	58.0 to 72.8	64.2 to 67.8	56.8 to 73.8
November ..	68.0 to 78.0	59.3 to 83.0	69.0 to 75.8	60.5 to 79.7	68.0 to 72.4	60.8 to 76.2
December ..	74.0 to 79.0	63.0 to 83.8	75.0 to 79.0	60.5 to 80.5	72.8 to 75.6	63.8 to 81.4
1947						
January ..	74.0 to 80.6	66.7 to 84.0	77.0 to 79.8	66.8 to 80.0	75.8 to 77.0	66.2 to 82.5
February ..	77.6 to 81.6	66.9 to 86.9	78.2 to 79.8	68.9 to 82.9	76.8 to 78.0	68.0 to 81.4
March ..	70.8 to 79.6	63.7 to 81.0	73.8 to 78.8	65.2 to 80.7	75.0 to 78.0	67.9 to 80.2
April ..	64.0 to 73.8	58.9 to 76.6	68.0 to 74.4	63.0 to 76.3	71.0 to 75.0	62.2 to 76.1
May ..	59.0 to 65.0	53.0 to 74.4	63.6 to 68.0	58.0 to 74.6	66.4 to 70.6	61.0 to 74.0
June ..	53.8 to 60.0	49.8 to 64.1	58.0 to 63.4	56.0 to 66.0	62.0 to 66.0	59.1 to 67.4
Year ..	53.8 to 81.6	49.2 to 86.9	57.0 to 79.8	53.8 to 82.9	60.0 to 78.0	53.0 to 82.5