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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, 1948.





THE CORPORATION
OF
The City of Cape Town
Report of the Medical Officer of Health

The City of Cape Town



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For the year ended 30th June, 1948.

The Corporation

The City of Cape Town



ANNUAL REPORT

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Medical Officer of Health

For the year ended 30th June, 1918.

THE CORPORATION OF THE CITY OF CAPE TOWN.

Report of the Medical Officer of Health

FOR THE YEAR ENDED 30TH JUNE, 1948.

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, 1948, together with an account of the work of the City Health Department during the year.

Vital Statistics.

In the year 1924-25 the Director of Census and Statistics, Pretoria, brought into operation a system whereby in regard to Europeans only, he supplied a list of inward transfers (births and deaths belonging to Cape Town) which have since been included in the vital statistics in the annual report for each year concerned. Of recent years there has been considerable delay in the receipt of this information. With a view to expediting the publication of the annual report, it has now been decided to exclude the figures for inward transfers from all statistics.

A record of vital statistic rates for Europeans up to the year 1946-47, corrected for inward and outward transfers, is shown in Table N on page 123. The rates for subsequent years will be recorded whenever circumstances permit.

The birth rate of 32.24 for all races in the year under review was 6.2 per cent. less than in the previous year; the European birth rate being 7.6 per cent. less and the non-European 5.7 per cent. less. The non-European birth rate was 2.2 times as great as the European and the natural increase (i.e. excess of births over deaths) was 2.6 times as great in non-Europeans as in Europeans. The number of male births per 100 female births registered in the year covered by this report was 106.5 amongst Europeans and 103.7 amongst non-Europeans as compared with 105.3 and 97.5 respectively for last year.

There was an increase of 5.5 per cent. in the general death rate for all races in the present year as compared with that in the previous year, when the death rate for all races was the lowest yet recorded for the City. The European death rate of 10.18 showed an increase of 9.1 per cent., and the non-European death rate of 19.55, an increase of 3.8 per cent., as compared with that of last year. The increase in the European mortality rate was mainly due to the increased number of deaths from intracranial lesions of vascular origin, cardiac diseases and nephritis; in the non-European mortality rate by a greater number of deaths from whooping cough, tuberculosis (all forms), cancer (all forms), cardiac diseases, bronchitis and pneumonia (all forms), and diarrhoea and enteritis.

The infant mortality rates for Europeans, non-Europeans and all races in the year under review also showed increases as compared with that of last year. The European rate of 37.06 compared with 27.46 for the previous year increased by 35.0 per cent., and the non-European rate of 122.20 compared with 107.97 in the year 1946-47 increased by 13.2 per cent. The chief causes of the increased infant mortality were whooping cough, tuberculosis (all forms), bronchitis and pneumonia (all forms), and diarrhoea and enteritis.

Infectious Diseases.

Tuberculosis.—There was no significant change in the incidence or death rates in the year under report. The estimated reservoir of infection is alarmingly large, but it is hoped the new mass radiography service will reduce the number of unknown cases, which are a particular civic danger. It was possible to admit to hospital only one-quarter of the number of cases notified during the year.

In 1943 the Council granted authority for the purchase and installation of a mass miniature X-ray apparatus at the Tuberculosis Clinic, Chapel Street, Cape Town. Owing to war-time and post-war exigencies the apparatus could not be supplied until April, 1948.

During the period 13th April to 30th June, 1948, 4,361 persons were examined, of whom 196 were recalled for further examination. Of this number, 41 were unaware that they were suffering from active disease. The incidence of active tuberculosis per 1,000 persons examined was 9.4 (European 5.6, non-European 12.1). These results fully justify the expense, energy and skill entailed in the work.

Attention must again be drawn to the serious results of overcrowding which exist in the City, and the lack of hospital accommodation for tuberculosis patients. As long as there is such a large reservoir of infection as exists in the City, just so long will there continue to be an annual crop of 2,000 new cases.

Enteric fever.—Enteric fever was less prevalent amongst non-Europeans than in the previous year, when there was a sharp outbreak of the disease. In the year under review there were 102 cases (35 European and 67 non-European) as compared with 168 cases (24 European and 144 non-European) in the year 1946-47. The reduction in the incidence of enteric fever amongst non-Europeans occurred mainly in Wards 5, 6, 7 and 8.

Diphtheria.—There were more cases of diphtheria, both amongst Europeans and non-Europeans, than in the year 1946-47, but less so than the average for the previous three years. In Europeans there were 64 cases and 3 deaths, compared with 73 cases and 6 deaths in non-Europeans.

Scarlet fever.—The reduction that had occurred in the previous year in the incidence of scarlet fever was satisfactorily maintained. There were 177 cases of this disease during the current year as compared with 269 in the previous year.

Acute poliomyelitis.—During the year under review there were 26 Cape Town cases (13 European and 13 non-European) of this disease, as compared with 7 cases (4 European and 3 non-European) in the previous year. The majority of the cases were notified in the months of January to June, 1948. There were no secondary household cases. Two European females died from the disease in the year covered by this report.

Whooping cough.—During the year ended 30th June, 1948, there were 107 deaths (5 European and 102 non-European) from whooping cough, the highest since the severe outbreak in the year 1935-36. The prevalence of the disease, which was chiefly amongst non-Europeans, began in July and continued until November, 1947, when it abated considerably. Thirty-two of the deaths occurred in families living in Ward 10 (Athlone—Lansdowne area).

The significant difference in the number of deaths between the Europeans and non-Europeans is attributable to overcrowding, bad social conditions, and lack of suitable nursing and isolation facilities for the non-European section of the population.

Veneral diseases.—There was a slight reduction in the number of new cases appearing at the clinics. The surprising and unusual ratio of syphilis to gonorrhoea is again revealed. This is probably due to the ease with which gonorrhoea is now cured and the apparent availability of the necessary drugs to those not wishing to attend a public clinic.

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.

January, 1950.

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REPORT OF THE MEDICAL OFFICER OF HEALTH

MUNICIPALITY OF THE CITY OF CAPE TOWN.

SECTION I.—NATURAL AND SOCIAL CONDITIONS.

LEADING STATISTICS, YEAR ENDED 30TH JUNE, 1948.

	European.	Non-European.	All races.
Area: 48,690 acres.			
Total population	188,834	212,894	401,728
Population (excluding the Native Town- ship of Langa)	188,800	202,510	391,310
Birth rate	20.02	43.57	32.24
Death rate	10.18	19.55	15.06
Infant mortality rate	37.06	122.20	97.51
Tuberculosis death rate	0.64	5.59	3.20
Enteric incidence rate	0.19	0.33	0.26
Enteric death rate	0.03	0.04	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 (corrected for outward transfers). The figures for the Langa Native Township are excluded from these rates.

MUNICIPALITY OF THE CITY OF CAPE TOWN

TRAINING STATISTICS FROM 1911 TO 1914

Year	1911	1912	1913	1914
Total population	128,000	135,000	142,000	148,000
Population including the Native Town	128,000	135,000	142,000	148,000
Birth rate	20.00	20.00	20.00	20.00
Death rate	12.00	12.00	12.00	12.00
Infant mortality rate	25.00	25.00	25.00	25.00
Infant death rate	5.00	5.00	5.00	5.00
Female death rate	10.00	10.00	10.00	10.00
Female death rate	10.00	10.00	10.00	10.00

As the above rates are annual and representative of the population of the city, the rates for the Native Town, which is included in the above rates, are also included in the above rates. The figures for the Native Town are also included in the above rates.

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REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED 30TH JUNE, 1948.

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.

*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.

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".

AREA.

The area of the Municipality on 30th June, 1948, amounted to approximately 48,690 acres or 76 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.

CLIMATE.

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

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

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

The meteorological readings taken by the City Health Department at the City Hospital, Portwood Road, for the year under review and for previous years will be found in Tables W to Z, on pages 132 to 135.

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 400,000 consists of whites, or "Europeans." The other 53 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 70s. 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 16 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.

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.

SECTION II—VITAL STATISTICS.

The vital statistics in this report refer to the Municipality of the City of Cape Town and are for the period of 53 weeks ended 2nd July, 1948. The vital statistic rates are corrected to the basis of a year of 365 days. Births and deaths are attributed to the date of registration.

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

The births and deaths statistics are stated variously as:—

- (1) "Crude or uncorrected," including all births and deaths registered during the year as having occurred in Cape Town.
- (2) "Corrected for outward transfers," which is the foregoing (1) after the deduction of deaths in Cape Town of persons who were not Cape Town residents and births in Cape Town to mothers who were not Cape Town residents.

Information as to outward transfers is available locally 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. The inward transfer figures (births and deaths belonging to Cape Town) for the year under review are, however, excluded from all statistics in this report owing to the information not being available in time for publication of this report.

POPULATION.

The estimated population of the Municipality of Cape Town, exclusive of the Langa Native Township, for the year under report and for the previous year is shown in the following table. It is calculated for the middle of the year (31st December), as to Europeans from the 1941 and 1946 censuses, and as to non-Europeans, the 1936 and 1946 censuses.

Race.	1947-48			1946-47			Estimated increase.
	Males.	Females.	Persons.	Males.	Females.	Persons.	
European	90,669	98,131	188,800	88,215	95,475	183,690	5,110
Coloured	79,939	92,101	172,040	78,136	90,024	168,160	3,880
Native	15,638	8,102	23,740	14,466	7,494	21,960	1,780
Asiatic	3,941	2,789	6,730	3,725	2,635	6,360	370
Non-European	99,518	102,992	202,510	96,327	100,153	196,480	6,030
All races	190,187	201,123	391,310	184,542	195,628	380,170	11,140

The estimated increase in the population for the respective races as shown in the above table, is greater than the actual increase of births over deaths in the year under review. The actual increase is 6,813 (European 1,883 and non-European 4,930) which figure is a little more than half of the estimated increase. The difference is due to the fact that the generally accepted method of estimating the population is based upon the assumption that the rate of increase which had obtained during the preceding intercensal period would continue.

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

The population as enumerated at the 1946 census for the separate wards of the City, which were re-delimited in 1945, and the vital statistics for the wards for the year under review are shown in Table K, on page 120. It will be seen from this table that the estimated population for the middle of the year (31st December) and the vital statistic rates are not stated as has been done in previous years. This is because the annual factor of increase for estimating the ward population will not be available until after the next census.

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

Europeans.		Natives.		All races.		Total.
Males.	Females.	Males.	Females.	Males.	Females.	
13	18	7,592	2,867	7,605	2,885	10,490

BIRTH STATISTICS.

The births and birth rates for the Municipality of Cape Town in the year under review are shown in Table L, on page 121.

The births, birth rates and rates of natural increase per 1,000 population for the year 1947-48 and for the previous year were as follows:—

Race.	1947-48					1946-47				
	Uncorrected.		Corrected for Outward Transfers.			Uncorrected.		Corrected for Outward Transfers.		
	Live births.	Birth rate.	Live births.	Birth rate.	Rate of natural increase.	Live births.	Birth rate.	Live births.	Birth rate.	Rate of natural increase.
European ..	4,633	24·21	3,832	20·02	9·84	4,716	25·74	3,970	21·67	12·34
Coloured ..	8,272	47·43	7,858	45·06	25·98	8,448	50·38	8,140	48·54	30·36
Native ..	856	35·57	785	32·62	7·23	783	35·75	720	32·88	6·08
Asiatic ..	302	44·27	301	44·12	32·98	189	29·80	189	29·80	20·97
Non-European	9,430	45·94	8,944	43·57	24·02	9,420	48·08	9,049	46·18	27·34
All races* ..	14,075	35·48	12,788	32·24	17·18	14,145	37·31	13,028	34·36	20·09

*Including 12 in 1947-48 and 9 in 1946-47 of newly-born infants of unknown race, found dead in different parts of the City during the year.

The variation in the number of births and birth rates per 1,000 population (corrected for outward transfers) for the Municipality, including the district of Windermere, over a period of five years, is shown in the following table:—

Race.	1947-48		1946-47		1945-46		1944-45		1943-44	
	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.
European ..	3,832	20·02	3,970	21·67	3,510	19·69	3,568	20·58	3,839	22·82
Coloured ..	7,858	45·06	8,140	48·54	7,304	44·56	7,205	44·97	7,316	46·84
Native ..	785	32·62	720	32·88	777	38·36	726	38·76	496	28·71
Asiatic ..	301	44·12	189	29·80	246	41·04	238	42·02	232	43·44
Non-European	8,944	43·57	9,049	46·18	8,327	43·79	8,169	44·25	8,044	44·99
All races* ..	12,788	32·24	13,028	34·36	11,845	32·15	11,747	32·81	11,887	34·25

*See footnote to previous table.

The European birth rates corrected for inward and outward transfers, for a series of past years will be found in Table N, on page 123.

The non-European birth rate for the year 1947-48, was 2·2 times as great as the European (corrected for outward transfers). The ratio was 2·3 for Coloured, 1·6 for Natives and 2·2 for Asiatics.

As compared with the previous year the European birth rate (corrected for outward transfers) showed a decrease of 7·6 per cent. and the non-European a decrease of 5·7 per cent.

The birth rates for the year 1947-48, compared with the preceding quinquennium show decreases of 4·3 per cent. for Europeans, 2·2 per cent. for non-Europeans and 2·7 per cent. for all races.

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

The number of male births per 100 female births (corrected for outward transfers) was 106·5 amongst Europeans and 103·7 amongst non-Europeans.

The percentage of illegitimate to total live births (corrected for outward transfers) was 3·0 amongst Europeans and 23·1 amongst non-Europeans. The corresponding figures for former years will be found in Table N, on page 123.

The number of live births and still-births registered as having taken place at home, and the percentage of total births delivered in institutions within the Municipality, are shown in the following table for the year under report:—

Race.	Live-births.				Still-births.			
	Un-corrected.	Corrected for Outward Transfers.			Un-corrected.	Corrected for Outward Transfers.		
	Percentage of total births delivered in institutions.	Births.	Home deliveries.	Percentage of total births delivered in institutions.	Percentage of total births delivered in institutions.	Births.	Home deliveries.	Percentage of total births delivered in institutions.
European ..	70.17	3,832	1,322	65.50	65.88	71	30	57.75
Coloured ..	29.00	7,858	5,818	25.96	44.67	249	154	38.15
Native ..	80.14	785	178	77.32	52.63	69	37	46.38
Asiatic ..	6.62	301	281	6.64	28.57	13	10	23.08
Non-European	32.93	8,944	6,277	29.82	45.67	331	201	39.27
All races ..	45.16	12,788*	7,611*	40.48	49.36	402	231	42.54

*Including 12 of unknown race.

In Table H, on page 117, will be found the registered births and still-births for the year 1947-48, classified in wards as to race, sex, legitimacy, and the percentage of total births occurring in institutions.

In Table J, on page 119, is shown the number of births which took place in the various institutions during the year 1947-48.

Statistics based on birth notifications will be found in Table I, on page 118.

In Table N, on page 123, the annual birth rate for 35 years is set out in years and quinquennia.

Births registered as belonging to the Langa Native Township are not included in the foregoing figures. Particulars regarding these will be found in Table U, on page 130.

Reference to Table V, on page 131, will show the births for the district of Windermere.

In Table O, on page 124, the birth rates of certain other towns, the Union of South Africa and England and Wales are set out for the purpose of comparison.

GENERAL MORTALITY.

The deaths and death rates for the Municipality of Cape Town for the year 1947-48, are shown in Table L, on page 121.

The following table shows at a glance the relationship of deaths and death rates per 1,000 population of the Municipality for the year 1947-48, compared with the figures for the previous year:—

Race.	1947-48				1946-47			
	Uncorrected.		Corrected for Outward Transfers.		Uncorrected.		Corrected for Outward Transfers.	
	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.
European ..	2,329	12.17	1,949	10.18	2,078	11.34	1,709	9.33
Coloured ..	3,719	21.33	3,327	19.08	3,423	20.41	3,048	18.18
Native ..	679	28.22	611	25.39	644	29.41	587	26.80
Asiatic ..	77	11.29	76	11.14	59	9.30	56	8.83
Non-European ..	4,475	21.80	4,014	19.55	4,126	21.06	3,691	18.84
All races* ..	6,816 ¹	17.18	5,975 ¹	15.06	6,213 ²	16.39	5,409 ²	14.27

*Including ¹ 12, ² 9, of unknown race.

The number of deaths and death rates per 1,000 population (corrected for outward transfers) for the Municipality including the district of Windermere, are shown in the following table for a period of five years.

Race.	1947-48		1946-47		1945-46		1944-45		1943-44	
	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.
European ..	1,949	10.18	1,709	9.33	1,714	9.62	1,762	10.16	1,664	9.89
Coloured ..	3,327	19.08	3,048	18.18	3,154	19.24	3,413	21.30	3,883	24.86
Native ..	611	25.39	587	26.80	586	28.96	607	32.41	591	34.21
Asiatic ..	76	11.14	56	8.83	62	10.34	75	13.24	88	16.48
Non-European	4,014	19.55	3,691	18.84	3,802	19.99	4,095	22.18	4,562	25.51
All races* ..	5,975 ¹	15.06	5,409 ²	14.27	5,525 ³	15.00	5,867 ⁴	16.39	6,231 ⁵	17.95

*Including ¹ 12, ² 9, ³ 9, ⁴ 10, ⁵ 5, of unknown race.

The European death rate (corrected for inward and outward transfers) for a series of years will be found in Table N, on page 123.

The non-European death rate for the year 1947-48, was 1.9 times as great as the European rate (corrected for outward transfers). Against the European rate, the ratio was 1.9 for Coloured, 2.5 for Natives and 1.1 for Asiatics.

As compared with the previous year, the European death rate showed an increase of 9.1 per cent. and the non-European an increase of 3.8 per cent. The rate for all races showed an increase of 5.5 per cent.

The death rate for the year 1947-48, compared with the previous quinquennium showed an increase of 3.5 per cent. for Europeans, a decrease of 7.4 per cent. for non-Europeans and a decrease of 4.0 per cent. for all races.

In Table N, on page 123, the annual death rate for 35 years is set out in years and quinquennia.

Deaths registered as belonging to the Langa Native Township are not included in the foregoing figures. Particulars regarding these will be found in Table A5, on page 108.

For the purpose of comparison, the death rates of certain other towns in the Union of South Africa and England and Wales are set out in Table O, on page 124.

PRINCIPAL CAUSES OF MORTALITY.

In the year under report, the increase in the European mortality rate was largely accounted for by the greater number of deaths from intracranial lesions of vascular origin, cardiac diseases and nephritis; in the non-European mortality rate, by the greater number of deaths from whooping cough, tuberculosis (all forms), cancer (all forms), cardiac diseases, bronchitis and pneumonia and diarrhoea and enteritis.

On Tables A1, A2, A3, A4 and A5, on pages 78 to 108, the deaths for the year under review 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 109; and in Table E, on pages 112 and 113, the rates of mortality from a short list of causes are shown by race with corresponding figures for the preceding ten years. Table D, on page 111, shows the trends in mortality from certain causes over a period of years.

The following table shows which are the greater recorded causes of deaths in the year 1947-48, for Europeans and non-Europeans respectively:—

European.				Non-European.			
Cause of death.	Deaths.	Percent- age of total deaths.	Death rate.	Cause of death.	Deaths.	Percent- age of total deaths.	Death rate.
Cardiac diseases ..	575	29.5	3.0	Tuberculosis ..	1,147	28.6	5.6
Cancer ..	269	13.8	1.4	Bronchitis and pneumonia ..	551	13.7	2.7
Arterial diseases*	252	12.9	1.3	Cardiac diseases ..	427	10.6	2.0
Tuberculosis ..	123	6.3	0.6	Diarrhoea and en- teritis ..	380	9.5	1.9
Violence ..	109	5.6	0.6	Congenital malfor- mations and di- seases of early infancy ..	334	8.3	1.6
Congenital malfor- mations and di- seases of early infancy ..	85	4.4	0.4	Arterial diseases*	168	4.2	0.8
Nephritis ..	76	3.9	0.4	Cancer ..	154	3.8	0.8
Bronchitis and pneumonia ..	66	3.4	0.4	Violence ..	131	3.3	0.6
Diabetes ..	47	2.4	0.3	Nephritis ..	82	2.0	0.4
Diarrhoea and en- teritis ..	24	1.2	0.1	Syphilis, G.P.I., ta- bes and aneu- rysm of aorta ..	78	1.9	0.4

*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 M, on page 122, 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 K, on page 120, 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 A5, on page 108 and in Table U, on page 130.

Information regarding deaths for the district of Windermere will be found in Tables A4 and V, on pages 106 and 131.

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 O, on page 124.

SEASONAL VARIATION.

The seasonal variation in mortality is shown in Table C, on page 110, where the deaths for the year 1947-48, classified for certain causes and by race, are set out according to the month of registration.

AGE AT DEATH.

The number of deaths at various ages with the percentage of total deaths are summarized in the following table (corrected for outward transfers):—

Race.		Age groups.											
		0—1		1—5		5—25		25—65		65 and over.		Total.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Deaths..	European ..	75	67	19	14	30	39	420	261	537	487	1,081	868
	Coloured ..	470	389	277	250	172	220	630	466	205	248	1,754	1,573
	Native ..	132	82	53	71	29	21	164	45	12	2	390	221
	Asiatic ..	8	12	3	2	9	2	22	3	15	—	57	19
	Non-European	610	483	333	323	210	243	816	514	232	250	2,201	1,813
	All races ..	685	550	352	337	240	282	1,236	775	769	737	3,282	2,681
Percentage of total deaths	European ..	6.9	7.7	1.8	1.6	2.8	4.5	38.8	30.1	49.7	56.1	100.0	100.0
	Coloured ..	26.8	24.7	15.8	15.9	9.8	14.0	35.9	29.6	11.7	15.8	100.0	100.0
	Native ..	33.8	37.1	13.6	32.1	7.4	9.5	42.1	20.4	3.1	0.9	100.0	100.0
	Asiatic ..	14.0	63.2	5.3	10.5	15.8	10.5	38.6	15.8	26.3	—	100.0	100.0
	Non-European	27.7	26.6	15.1	17.8	9.5	13.4	37.1	28.4	10.6	13.8	100.0	100.0
	All races ..	20.9	20.5	10.7	12.6	7.3	10.5	37.7	28.9	23.4	27.5	100.0	100.0

From the foregoing figures, it will be seen that the deaths under 5 years of age constitute 9.0 per cent. of all deaths in Europeans as compared with 43.6 per cent. in non-Europeans (Coloured 41.7, Natives 55.3, Asiatics 32.9) and that the deaths under 25 years of age constitute 12.5 per cent. of all deaths in Europeans as compared with 54.9 per cent. in non-Europeans (Coloured 53.4, Natives 63.5, Asiatics 47.4).

SEX.

The deaths and death rates per 1,000 population during the year under review are shown in the accompanying table according to sex:—

Race.	Uncorrected.				Corrected for Outward Transfers.			
	Deaths.		Death rate.		Deaths.		Death rate.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
European ..	1,309	1,020	14.24	10.25	1,081	868	11.76	8.73
Coloured ..	1,983	1,736	24.47	18.59	1,754	1,573	21.65	16.85
Native ..	434	245	27.38	29.83	390	221	24.60	26.91
Asiatic ..	57	20	14.27	7.07	57	19	14.27	6.72
Non-European ..	2,474	2,001	24.52	19.17	2,201	1,813	21.82	17.37
All races ..	3,783	3,021	19.62	14.82	3,282	2,681	17.02	13.15

It will be seen from the above figures that in Europeans the male death rate (corrected for outward transfers) was 34.7 per cent. greater than the female; and in non-Europeans the male death rate was 25.6 per cent. greater than the female (Coloured 28.5, Asiatic 112.4; in Natives the male death rate was 8.6 per cent. less than the female).

DEATHS IN INSTITUTIONS.

In Table G, on page 116, is shown the number of deaths which took place in the various institutions. The total number of deaths in Cape Town and the percentage of total deaths occurring in institutions for the year under review, are indicated in the following table:—

Race.	Uncorrected.		Corrected for Outward Transfers.	
	Total deaths.	Percentage of total deaths occurring in institutions.	Total deaths.	Percentage of total deaths occurring in institutions.
European	2,329	50.2	1,949	42.2
Coloured	3,719	30.1	3,327	22.7
Native	679	47.4	611	42.6
Asiatic	77	18.2	76	17.1
Non-European	4,475	31.3	4,014	24.3
All races	6,816*	37.7	5,975*	30.1

* Including 12 of unknown race.

INFANT MORTALITY.

The deaths of infants under one year of age for the Municipality of Cape Town in the year 1947-48, and the corresponding rates are shown in Table L, on page 121.

A comparative view of the deaths of infants under one year of age and the corresponding mortality rates expressed per 1,000 live births, for the year 1947-48 and for the previous year, are shown in the following table:—

Race.	1947-48				1946-47			
	Uncorrected.		Corrected for Outward Transfers.		Uncorrected.		Corrected for Outward Transfers.	
	Deaths under 1 year.	Infant mortality rate.	Deaths under 1 year.	Infant mortality rate.	Deaths under 1 year.	Infant mortality rate.	Deaths under 1 year.	Infant mortality rate.
European	186	40.15	142	37.06	148	31.38	109	27.46
Coloured	941	113.76	859	109.32	837	99.08	759	93.24
Native	235	274.53	214	272.61	218	278.42	204	283.33
Asiatic	21	69.54	20	66.45	14	74.07	14	74.07
Non-European	1,197	126.94	1,093	122.20	1,069	113.48	977	107.97
All races*	1,395 ¹	99.11	1,247 ¹	97.51	1,226 ²	86.67	1,095 ²	84.05

*Including ¹ 12, ² 9, of unknown race.

The deaths of infants under one year of age in the Municipality, including the district of Windermere, and the infant mortality rates per 1,000 live births, for the last five years, are indicated in the following table (corrected for outward transfers):—

Race	1947-48		1946-47		1945-46		1944-45		1943-44	
	Deaths under 1 year.	Infant mortality rate.	Deaths under 1 year.	Infant mortality rate.	Deaths under 1 year.	Infant mortality rate.	Deaths under 1 year.	Infant mortality rate.	Deaths under 1 year.	Infant mortality rate.
European	142	37.06	109	27.46	132	37.61	121	33.91	126	32.82
Coloured	859	109.32	759	93.24	716	98.03	840	116.59	966	132.04
Native	214	272.61	204	283.33	181	232.95	187	257.58	167	336.69
Asiatic	20	66.45	14	74.07	14	56.91	12	50.42	19	81.90
Non-European	1,093	122.20	977	107.97	911	109.40	1,039	127.19	1,152	143.21
All races*	1,247 ¹	97.51	1,095 ²	84.05	1,051 ³	88.73	1,170 ⁴	99.60	1,282 ⁵	107.85

* Including ¹ 12, ² 9, ³ 8, ⁴ 10, ⁵ 4, of unknown race.

The European infant mortality rate (corrected for inward and outward transfers) will be found in Table N, on page 123, for a series of years.

The non-European infant mortality rate for the year 1947-48, was 3.3 times as great as the European (corrected for outward transfers). Against Europeans, the ratio was 2.9 for Coloured, 7.4 for Natives and 1.8 for Asiatics.

The European infant mortality rate (corrected for outward transfers) was 34.96 per cent. greater than that of the previous year and 10.10 per cent. greater than that of the preceding quinquennium. The non-European rate was 13.18 per cent. greater than that of the previous year and 0.49 per cent. greater than that of the previous quinquennium. In Table N, on page 123, the annual infant mortality rate for 35 years is set out in years and quinquennia.

The death rate for the year 1947-48, of children between one and two years of age per 1,000 survivors of those born in the previous year was 4.92 for Europeans and for non-Europeans 51.29, or 10.4 times as great. The causes of infant mortality, both for children under one year of age and children between one and two years of age are set out in Table M, on page 122.

Amongst European infants, in the year under report, 52.82 per cent. of the deaths under one year of age occurred in the first week of life and 65.49 per cent. in the first month (4 weeks). Amongst non-European infants the percentages were 21.96 in the first week and 33.03 in the first month.

The neo-natal (under 4 weeks) and post neo-natal (over 4 weeks) mortality rates per 1,000 live births for the year under review are shown in the accompanying table classified for certain causes and by race:—

Cause of death.	Neo-natal mortality rate.		Post-neo-natal* mortality rate.		Infant mortality rate.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Whooping cough	—	—	0.52	4.70	0.52	4.70
Scarlet fever	—	—	—	0.11	—	0.11
Measles	—	—	0.26	1.01	0.26	1.01
Diphtheria	—	—	0.26	0.22	0.26	0.22
Tuberculosis	—	0.11	0.78	9.62	0.78	9.73
Syphilis	—	1.23	—	1.45	—	2.68
Bronchitis and pneumonia	1.04	3.24	3.66	28.18	4.70	31.42
Diarrhoea and enteritis	1.30	2.01	2.61	27.17	3.91	29.18
Premature birth	14.09	19.68	0.26	2.80	14.35	22.48
Injury at birth	1.83	5.48	0.26	0.11	2.09	5.59
Congenital malformations and debility	1.83	1.12	1.05	1.45	2.88	2.57
Other diseases peculiar to early infancy	2.35	5.81	0.26	0.33	2.61	6.14
Other causes	1.83	1.68	2.87	4.69	4.70	6.37
Total	24.27	40.36	12.79	81.84	37.06	122.20

* Over one month, but under one year.

In Table F1, on page 114, the deaths of infants under one year of age are classified by race according to age at death and cause of death.

The next table shows the variation in the neo-natal (under four weeks) and post-neo-natal (over four weeks) mortality rates for both Europeans and non-Europeans over a period of five years (corrected for outward transfers).

Period.	European		Non-European	
	Neo-natal	Post neo-natal	Neo-natal	Post neo-natal
Year ended 30th June, 1944	16.93	15.89	38.79	104.42
" " " 1945	20.74	13.17	39.17	88.02
" " " 1946	23.65	13.96	38.91	70.49
" " " 1947	18.89	8.57	41.44	66.53
" " " 1948	24.27	12.79	40.36	81.84
Quinquennium (1944-1948)	20.83	12.82	39.78	81.82

Reference to Table F2, on page 115, will show the deaths of infants under one year of age arranged according to cause and race for a period of years.

The difference in the infant mortality for the year under review as between legitimate and illegitimate infants are indicated in the following table:—

	European.	Non-European.	All Races.
Number of legitimate births	3,717	6,877	10,594
Number of legitimate deaths under one year of age	131	758	889
Infant mortality (legitimate) per 1,000 births	35.24	110.22	83.92
Number of illegitimate births	115	2,067	2,194*
Number of illegitimate deaths under one year of age	11	335	358*
Infant mortality (illegitimate) per 1,000 births	95.65	162.07	163.17

* Including 12 of unknown race.

On Table K, on page 120, the infant mortality by race will be found classified according to place of residence (wards).

Infant deaths in the Langa Native Township are not included in the foregoing figures. Particulars regarding these will be found in Table A.5, page 108, and Table U, page 130.

In Table V, on page 131, will be found the infant mortality rate for the district of Windermere.

Infant mortality rates of certain other towns in the Union of South Africa and England and Wales are set out in Table O, on page 124, for the purposes of comparison.

MATERNAL MORTALITY.

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

	Deaths.			Maternal mortality rates per 1,000 live births.		
	Eur.	Non-E.	All races.	Eur.	Non-E.	All races.
Puerperal septicaemia (including post-abortion infection) ..	—	7	7	—	0.78	0.55
Abortion, ectopic gestation, and haemorrhages of pregnancy ..	—	2	2	—	0.22	0.16
Toxaemias and other diseases and accidents of pregnancy ..	3	5	8	0.78	0.56	0.62
Puerperal haemorrhage ..	—	3	3	—	0.34	0.23
Other puerperal accidents and diseases	1	1	2	0.26	0.11	0.16
All causes, other than puerperal septicaemia (including post-abortion infection)	4	11	15	1.04	1.23	1.17
Total	4	18	22	1.04	2.01	1.72

The maternal mortality rate (per 1,000 births) based on the total deliveries (live births and still births) registered during the year 1947-48, were as follows:—

	Puerperal septicaemia.			Other causes.			All causes.		
	Eur.	Non-E.	All races.	Eur.	Non-E.	All races.	Eur.	Non-E.	All races.
1947-48	—	0.75	0.53	1.02	1.19	1.14	1.02	1.94	1.67

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	—	0.49	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	—	0.44	0.31	0.25	1.22	0.92	0.25	1.66	1.23
1947-48	—	0.78	0.55	1.04	1.23	1.17	1.04	2.01	1.72

SECTION III.—MATERNAL AND CHILD WELFARE.

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

This Branch is administered from the head office, Keerom Street, Cape Town, and carries out its work at 21 branch centres in Cape Town and the suburbs. Of these centres, 16 are devoted entirely to this service, five being in housing schemes; in addition, fortnightly sessions for Europeans are held in five halls rented for the purpose, and at the Municipal buildings at Muizenberg. For Natives living in the Langa Native Township there is a weekly pre-natal clinic and a child welfare session, held at the Langa hospital.

There are four full-time women medical officers, and in addition several paediatricians, obstetricians and general practitioners undertake one or more weekly session each.

Trained nurses with additional qualifications are employed as health visitors; they visit homes and advise the mothers of young children on all points of child welfare and nutrition, in order to ensure as far as possible that children should have the chance of a healthy start in life.

Other health visitors carry out more specialised work in the fields of supervision of midwives, diphtheria immunization, orthopaedic after-care and school clinics. Social problems referred by the medical officers, especially in relation to the unmarried mother are investigated by a senior health visitor assisted by a qualified social worker.

MATERNAL AND CHILD WELFARE CENTRES.

The following 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 1947-48:—

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 . .	 208	225 671 896	43 87 130	2,478 9,792 12,270	 52	23 337 360	80 1,582 1,662	 18	23 183 206	52 580 632	— 3,524 3,524	— 2,95 2,95		
Aspeling St., Cape Town.	Eur. . . Non-Eur. Total . .	 248	— 969 969	— 229 229	24 19,389 19,413	 103	2 940 942	2 3,712 3,714	 39	1 1,025 1,026	1 3,170 3,171	2 5,407 5,409	16 19,438 19,454		
Bloemhof, Cape Town.	Eur. . . Non-Eur. Total . .	 50	— 181 181	— 41 41	— 4,050 4,050										
Devil's Peak Estate	Eur. . . Non-Eur. Total . .	 23	61 — 61	10 — 10	687 — 687										
Camps Bay . .	Eur. . . Non-Eur. Total . .	 17	15 — 15	— — —	253 — 253										
Woodstock . .	Eur. . . Non-Eur. Total . .	 255	324 502 826	40 109 149	4,072 8,781 12,853	 103	174 457 631	787 2,056 2,843	 39	406 809 1,215	1,072 3,040 4,112	112 2,278 2,390	211 5,668 5,879		
Mowbray* . .	Eur. . . Non-Eur. Total . .	 11	25 — 25	4 — 4	153 — 153										
Maitland . .	Eur. . . Non-Eur. Total . .	 151	89 437 526	28 83 111	1,021 7,873 8,894	 55	25 380 405	133 1,588 1,721	 30	77 349 426	218 1,155 1,373	17 1,789 1,806	17 4,813 4,830		
Brooklyn . .	Eur. . . Non-Eur. Total . .	 51	164 — 164	40 — 40	2,517 — 2,517	 25	31 — 31	165 — 165							
Windermere . .	Eur. . . Non-Eur. Total . .	 201	— 893 893	— 231 231	— 13,659 13,659	 103	— 730 730	— 3,300 3,300	 10	22 104 126	99 338 437	— 3,302 3,302	— 5,976 5,976		
Langa	Native . .	47	241	14	3,552	53	297	1,524							
Athlone	Eur. . . Non-Eur. Total . .	 248	25 802 827	1 143 144	426 13,685 14,111	 103	20 719 739	27 3,388 3,415	 20	— 360 360	— 856 856	— 4,069 4,069	3 16,373 16,376		
Bokmakirie . .	Eur. . . Non-Eur. Total . .	 150	— 361 361	— 67 67	— 11,100 11,100	 54	— 347 347	— 1,650 1,650				3,197 3,197	8,982 8,982		
Station Rd., Claremont.	Eur. . . Non-Eur. Total . .	 103	171 223 394	48 83 131	2,247 3,767 6,014	 51	74 271 345	351 1,333 1,684	 20	25 190 215	44 701 745	— 1,254 1,254	— 2,705 2,705		
Wesley St., Claremont.	Eur. . . Non-Eur. Total . .	 102	— 189 189	— 46 46	— 5,112 5,112	 48	— 70 70	— 374 374				224 870 1,094	448 8,208 8,656		
Lansdowne . .	Eur. . . Non-Eur. Total . .	 112	99 280 379	25 67 92	1,256 4,204 5,460	 72	26 247 273	135 1,191 1,326				26 1,794 1,820	210 3,933 4,143		
Wynberg	Eur. . . Non-Eur. Total . .	 151	181 351 532	43 95 138	2,177 5,658 7,835	 77	39 472 511	171 1,731 1,902	 19	61 245 306	161 508 669	1 2,068 2,069	2 3,446 3,448		
Parkwood and Southfield	Eur. . . Non-Eur. Total . .	 97	35 97 132	13 26 39	502 1,764 2,266	 48	5 72 77	29 232 261				— 1,207 1,207	3 4,503 4,506		
Retreat	Eur. . . Non-Eur. Total . .	 200	65 664 729	34 123 157	913 8,553 9,466	 105	22 709 731	96 3,140 3,236				— 2,596 2,596	— 4,775 4,775		
Muizenberg . .	Eur. . . Non-Eur. Total . .	 25	65 — 65	9 — 9	635 — 635										
Kalk Bay . . .	Eur. . . Non-Eur. Total . .	 27	— 31 31	— 5 5	— 581 581	 22	— 17 17	— 110 110							
TOTAL	Eur. . . Non-Eur. Total . .	 2,477	1,544 6,892 8,436	338 1,449 1,787	19,361 121,520 140,881	 1,074	441 6,065 6,506	1,976 26,911 28,887	 195	615 3,265 3,880	1,647 10,348 11,995	382 33,355 33,737	910 91,771 92,681		

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 13th January, 1948, a fortnightly session for European infant consultations was inaugurated at Mossop Hall, Mowbray.

At the end of the year under review, 49 infant consultations were being held weekly. During the year 10,223 children were registered as new cases, and the total attendances of children at the infant consultations numbered 140,881. Details are shown in the Table on page 19.

Of the 10,223 children registered as new cases, 8,436 (1,544 European and 6,892 non-Europeans) were under one year of age at the time of their first attendance, and 1,787 (338 European and 1,449 non-European) were over one year of age at that time.

Of the new cases registered, 107 were of children resident outside the municipal area, viz., under one year of age, Europeans 36, non-Europeans 49; over one year of age, Europeans 13, non-Europeans 9. The new cases registered within the City (excluding attendance at the Langa centre) were as follows:

	European.	Non-European.
Under one year of age ..	1,508	6,602
Over one year of age ..	325	1,426

These first attendances under one year of age amounted to 63 per cent. of the registered births (39 per cent. in the case of Europeans and 74 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, 1948, is shown on page 21.

Toddlers' Sessions:

These sessions are for European children between two and five 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 49 and the total attendances 811.

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 3,300 mothers attended with their infants for instructional test feeding (846 European and 2,454 non-European). These were made up from the different centres as follows:—

	European.	Non-European.
Keerom Street	134	273
Aspeling Street	—	393
Bloemhof	—	111
Devil's Peak Estate	5	—
Woodstock	187	132
Mowbray	9	—
Maitland	49	175
Brooklyn	81	—
Windermere	—	165
Langa	—	83
Athlone	13	204
Bokmakirie	—	228
Claremont (Station Rd.)	103	113
Claremont (Wesley St.)	5	135
Lansdowne	56	63
Wynberg	103	144
Parkwood and Southfield	14	15
Retreat	60	199
Muizenberg	24	—
Kalk Bay	3	21
Totals	846	2,454

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, 1948, 1,382 new cases were supplied with dried milk and 54,570 pounds were issued. The cost of the dried milk was £5,411 17s. 6d. The amount contributed by mothers in respect of dried milk and medicines was £2,860 14s. 8d.

At page 23, 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.	1947-48	1946-47	1945-46	1944-45	1943-44
Keerom Street	12,270	12,008	10,875	11,905	13,764
Aspeling Street	19,413	16,192	17,199	19,624	20,813
Bloembhof	4,050	4,826	3,919	4,493	3,610
Devil's Peak Estate	687	560			
Camps Bay	253	209			
Woodstock	12,853	13,656	13,495	14,220	15,024
Mowbray	153				
Maitland	8,894	7,812	7,691	8,183	7,681
Brooklyn	2,517	2,209	1,751	1,701	2,191
Windermere	13,659	13,881	15,272	12,564	6,653
Langa	3,552	3,751	4,219	4,092	3,677
Athlone	14,111	12,984	12,800	18,410	19,025
Bokmakirie	11,100	9,232	8,866	3,959	
Claremont (Station Road)	6,014	5,252	5,108	5,477	4,176
Claremont (Wesley Street)	5,112	4,462	4,215	4,874	4,718
Lansdowne	5,460	4,112	4,980	5,106	5,104
Wynberg	7,835	7,464	7,166	7,780	7,507
Parkwood and Southfield	2,266	1,634	1,873	1,907	1,565
Retreat	9,466	8,386	7,639	7,260	7,252
Muizenberg	635	569	541	203	
Kalk Bay	581	464	489	996	1,315
Totals ..	140,881	129,663	128,098	132,754	124,075

SOUTH AFRICAN MOTHERCRAFT TRAINING CENTRE.

(LADY BUXTON HOME.)

The following table shows the number of infants who attended the consultations of the South African Mothercraft Training Centre during the year ended 30th June, 1948:—

Voluntary Centre.	No. of sessions in the year.	No. of new cases (Infants).	Total attendances (Infants).	Total attendances (Toddlers).
Bowwood Road, Claremont	195	486	2,770	166
Sea Point	45	171	1,870	163

PRE-NATAL CLINICS.

Attendances at the pre-natal clinics show a slight decrease from those recorded for 1946-47, although the new cases registered increased by 323.

The pre-natal clinics work in close co-operation with the maternity homes, especially the Peninsula Maternity Hospital, the Somerset Hospital, St. Monica's Home and the new maternity section at the Groote Schuur Hospital which was opened in September, 1947, to all of which cases requiring in-patient treatment for diseases associated with pregnancy are referred.

Routine tests are carried out for every expectant mother and treatment is given in cases found to be suffering from syphilis or gonorrhoea. Pregnant women with primary or secondary syphilis are admitted to the City Hospital under the venereal disease officer for intensive treatment.

In the year under review, 7,308 blood specimens (628 from European and 6,680 from non-European women) were submitted for examination by the Wassermann test. Of these 1,498 were positive or doubtful (77 in European and 1,421 in non-European women).

During the year 23 pre-natal clinics were held weekly, at which 6,506 expectant mothers were registered as new cases and the total attendances numbered 28,887. Details are shown in the table on page 19.

Of the new cases registered 92 were of expectant mothers resident outside the Cape Town Municipal area (14 European and 78 non-European). The new cases registered within the city, exclusive of the clinic at Langa, numbered 6,117 (427 European and 5,690 non-European) that is to say, the number of new cases attending the municipal pre-natal clinics amounted to 48 per cent. of the number of registered live births (11 per cent. for European and 64 per cent. non-European).

It is to be noted that pre-natal clinics are also held at the maternity homes and the Somerset and Groote Schuur Hospitals.

The majority of midwives working within the municipal area are co-operating 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.	1947-48	1946-47	1945-46	1944-45	1943-44	1942-43
Keerom Street	1,662	1,809	1,427	1,212	711	252
Aspeling Street	3,714	4,294	4,054	4,121	3,968	4,057
Bloemhof	—	—	—	—	—	14
Woodstock	2,843	2,824	2,188	2,613	2,275	1,911
Maitland	1,721	2,423	2,484	1,915	1,622	1,433
Brooklyn	165	206	205	167	231	262
Windermere	3,300	2,804	2,666	2,054	1,714	—
Langa	1,524	1,450	1,721	1,787	1,283	1,234
Athlone	3,415	3,344	3,078	3,065	3,582	2,754
Bokmakirie	1,650	1,594	892	476	—	—
Claremont (Station Road)	1,684	1,301	1,554	1,561	1,476	1,350
Claremont (Wesley Street)	374	378	84	—	—	—
Lansdowne	1,326	1,306	1,260	1,212	1,135	1,091
Wynberg	1,902	2,375	2,145	2,013	2,408	2,127
Parkwood and Southfield	261	251	75	16	7	—
Retreat	3,236	3,403	3,066	2,870	2,088	1,742
Kalk Bay	110	135	87	31	—	—
Totals ..	28,887	29,897	26,986	25,113	22,500	18,227

POST-NATAL CLINICS.

Fortnightly sessions were held at five 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 788 new cases (106 European and 682 non-European) and a total attendance of 2,697 (461 European and 2,236 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 specialised 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 clinic attendants.

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

Twice a week ophthalmic clinics are held at Woodstock Clinic, but to minimise travelling, a large number of children have preliminary eye tests carried out by the health visitor in charge at the general school sessions and are duly referred to the eye specialists for correction of refraction error or other eye troubles when these are indicated.

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 or Free Dispensary.

As the work of the one health visitor doing the school work entails clinic attendance, visiting the homes and school and all the clerical work, a part-time assistant has taken over the responsibility of certain sessions.

The work done during the year ended 30th June, 1948, is shown in the table on page 19, 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	124	370	494	491	2,895	3,386
Total attendances	276	1,132	1,408	1,371	9,216	10,587
Number of sessions held			72			195
Children fitted with spectacles:						
Full-paying	66	90	156			
Part-paying	33	127	160			
Free	3	17	20			

PROVISION OF DINNERS AND MILK MEALS.

At 13 of the centres (see table on page 19) 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 126,418. Details are shown in the table on page 19.

In the calendar year 1948 the cost amounted to 5·7d. 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 192,764 and the milk consumed amounted to 11,003 gallons (not including the municipal nursery school).

HEALTH VISITING IN THE HOME.

The Health Visitors undertake home visiting for children under school age, visiting of expectant mothers, and also the visiting required for certain infectious diseases—ophthalmia neonatorum, puerperal fever, pneumonia, influenza, and some of the infectious diseases of childhood. In addition each health visitor assists at sessions in the welfare centre in her district.

Home visiting forms a very important part of the work of a health visitor, since it aims at teaching the mothers the care of her child in relation to the home. Visits are made soon after an infant's birth, and thereafter subsequent visits are paid as frequently as the health visitors' time permits, if possible at intervals of three months during the first year of life.

The health visiting staff is made up as follows:—

Chief Health Visitor	1
Deputy Chief Health Visitor	1
Supervisor of Midwives	1
Supervisor of Nursing Homes	1
Social Welfare Worker	1
Assistant Social Welfare Worker	1
Diphtheria Immunization Nurses	2
Orthopaedic Nurse	1
European Health Visitors	31
Coloured Health Visitors	4
Native Health Visitors	2
	—
Total	46
	—

The following table shows the number of visits made during 1947-48 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.									
	1947-48	1946-47	1945-46	1944-45	1943-44	1942-43	1941-42	1940-41	1939-40	1938-39
Visits to houses where births have occurred...	14,667	14,622	13,339	13,168	13,273	11,495	10,841	10,582	10,731	10,516
Subsequent visits to houses where births have occurred ..	50,989	43,812	47,252	45,732	45,517	38,391	41,136	39,469	38,914	34,792
Visits to houses where deaths under 5 years of age have occurred	1,620	1,303	1,502	1,754	2,069	1,496	1,740	1,483	1,326	1,315
Visits to expectant mothers ..	2,912	2,890	2,820	2,773	3,526	3,219	3,570	3,439	3,190	2,966
Visits re protected infants ..	2,778	3,029	3,486	3,434	3,686	3,451	3,719	4,131	3,593	3,516
Special follow-up visits	5,267	4,843	5,214	6,559	5,439	4,573	4,313	4,847	3,861	3,639
Visits to cases of tuberculosis ..	21,006	19,018	17,352	17,115	14,621	12,188	13,102	12,231	11,482	9,900
Visits re cases of puerperal fever ..	86	76	77	64	109	76	92	105	97	85
Visits re measles ..	89	83	55	29	90	241	33	180	2	42
Visits re whooping cough	104	48	9	127	69	16	69	133	55	41
Visits re diarrhoea ..	45	29	83	115	42	121	131	132	42	27
Visits re chicken-pox ..	19	8	10	8	23	9	12	25	22	19
Visits re ophthalmia neonatorum ..	427	564	563	775	492	457	700	510	700	579
Visits re pneumonia ..	348	360	305	299	370	368	370	489	454	481
Visits re trachoma ..	1	5	6	5	1	2	4	3	13	5
Visits re influenza ..	—	2	1	2	4	5	15	21	9	3
Visits re other diseases..	154	81	121	79	127	106	182	92	104	188
Visits re diphtheria immunization ..	1,025	2,150	2,830	3,882	3,532	2,987	3,168	3,166	2,221	2,337
Visits re diphtheria ..	13	54	167	241	359	82	109	141		
Visits re midwives ..	625	560	962	1,247	1,010	856	1,057	1,165	1,123	1,254
Visits re schools ..	596	569	781	687	547	591	527	803	424	479
Visits to school children	900	870	740	449	694	910	1,213	835	811	851
Visits to shops and factories ..	209	410	572	523	129	212	107	205	325	135
Visits to nursing homes	92	114	151	123	137	105	133	105	115	85
Visits re verminous persons ..	10	44	25	43	151	61	50	56	39	25
Visits re dental treatment ..	130	189	156	181	183	277	316	394	361	268
House-to-house visitations ..	6,350	5,884	6,042	6,465	6,730	4,207	4,873	4,770	5,308	4,446
Visits re venereal disease	7,808	8,876	8,071	7,195	6,291	5,896	5,718	5,206	5,364	4,597
Visits re prospective foster mothers ..	21	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 ..	3,502	3,341	3,302	2,241	681					
Other visits ..	1,157	1,023	1,155	1,629	2,416	2,226	1,904	1,694	1,329	1,118
Visits by Social Welfare Investigator ..	2,114	1,515	1,631	1,968	1,860	1,754	1,535	2,454	2,668	2,890
Total visits ..	122,064	116,417	118,843	118,969	114,269	96,497	100,834	99,209	94,683	86,699
Complaints referred to Chief Health Inspector	21	19	44	80	55	41	48	31	52	38

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 1947-48, the number of births and still-births notified (including births to mothers who were non-Cape Town residents) was 15,795, as follows:—

Notified by midwives and nurses (other than extern or intern institutional cases)	6,625
Notified by doctors ..	793
Notified by institutions (extern or intern) ..	8,188
Notified by parents and others ..	95
Notified by health visitors ..	94

There were 317 births notified in Langa Native Township.

In Table I, on page 122, 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 ..	..	..	..	..	..	..	..	..	..	780	5.4
By private midwives:											
Certificated ..	..	..	..	..	..	..	..	..	..	4,761	33.0
Uncertificated ..	..	..	..	..	..	..	..	..	..	1,626	11.3
By public midwives or midwife students ..	..	..	..	..	..	..	..	..	..	1,572	10.9
No doctor or midwife ..	..	..	..	..	..	..	..	..	..	124	0.9
No information ..	..	..	..	..	..	..	..	..	..	84	0.5
										8,947	62.0
<i>In institutions:</i>											
Public institutions ..	..	..	..	..	..	..	..	..	..	4,061	28.1
Private nursing homes ..	..	..	..	..	..	..	..	..	..	1,423	9.9
										5,484	38.0

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. In the present year the percentage was 25.5 per cent.

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

SUPERVISION OF MIDWIFERY.

The supervision of practising midwives was officially undertaken by this department when the regulations regarding persons practising midwifery (made under Section 18 (b) of the Public Health (Amendment) Act No. 15 of 1928) came into force in 1931.

Under these regulations, all persons, other than medical practitioners wishing to practise midwifery within the Municipal area are required to have their names placed on the list kept at the City Health Department.

A senior health visitor occupies the post of Supervisor of Midwifery and she keeps in close touch with all the midwives working in the Municipal area. Periodical inspections are held at the larger centres and the midwives are given the opportunity of keeping up to date with all aspects of midwifery practise. One of the medical officers usually attends these inspections and lectures or demonstrations are given, together with the showing of educational films. A new Supervisor Miss L. O. Agg, began work in July, 1947.

Of recent years, there has been a great increase in the number of trained midwives, especially Cape Coloured, applying to work in the Municipal area; this is especially so in the Athlone and Crawford areas, where there now remains only one uncertificated midwife in practice.

In some outlying areas, the influx of natives during recent years has created many problems. This is particularly so at Retreat and Windermere, where Native mothers, fresh from the Territories, often fail to make any provision for their confinement, and some unauthorised person is called in to assist at the last minute. At Windermere, pupil midwives from the Somerset Hospital carry out their district training under the supervision of a trained midwife but emergency cases are not accepted by the training schools.

In the central Cape Town area, it is only the well-established private midwives who are able to make a living as most women tend more and more to arrange to be confined through the midwifery training schools where the fees are very low and where the medical and midwifery students attend confinements, under supervision in the patients' homes.

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, 1947	128	82	7	22	239
Added to list during 1947-48	11	12	2	—	25
Removed from list by resolution of Council	—	—	—	2	2
Removed from list, having ceased to practise in the Municipality	30	4	1	1	36
On list 30th June, 1948	109	90	8	19	226

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

Visits to midwives in their own homes	473
Total visits by supervisor	1,408
Meetings of midwives for inspection	10
Attendances of midwives at periodic inspections	147
Midwives specially interviewed by medical officer	70

At an inspection of midwives held at Bokmakirie in September, 1947, ten doctors taking the course for the Diploma of Public Health attended, and educational films were shown.

ASSISTED MIDWIFERY.

During the year, 1947-48, the City Council paid the fees of private midwives attending indigent persons in thirty-three cases, the total disbursement amounting to £61 7s. 0d.

Fees to medical practitioners called in by midwives to indigent confinement cases in emergency were paid in twenty-six cases, the total disbursement amounting to £30 8s. 0d.

Prosecution.

F.M. (Coloured Female) was sentenced to a fine of £10 or two months hard labour suspended for two years for practising as a midwife in the Municipal area of Cape Town, when her name was not on the Council's list of midwives.

Removals.

D.G. (Coloured uncertificated) was removed by resolution of the Public Health Committee from the Council's list of midwives. She failed to co-operate with the Department and acted in a manner prejudicial to the welfare of her patients.

L.S. (Coloured uncertificated) was removed by resolution of the Public Health Committee from the Council's list of midwives. She had proved most unsatisfactory and dirty in her home, person and work.

In both cases, these resolutions were confirmed by the Minister of Health.

PUERPERAL FEVER.

Reported cases of this notifiable disease are investigated by the maternal and child welfare branch. Cases are admitted to the City Hospital.

The cases of puerperal fever reported in the year 1947-48, corrected for imported cases and misdiagnosis, numbered 80 (15 European and 65 non-European). The number of deaths among the 80 Cape Town cases was 4 (non-European). There were 3 Cape Town deaths 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 18.

Attendance at Confinement.

Seventy-two of the cases were confined at home and eight in hospitals. Of the 72 at home, 40 were attended in labour by midwives only, 1 by a doctor and 2 by doctors and midwives; 29 were unattended (5 being abortions).

Condition of Child.

Forty-two of the cases supervened upon the birth of a living child and 38 a dead foetus. Of the 38 cases following delivery of a dead foetus, 10 were of a dead viable foetus and 28 of a non-viable foetus. Thirteen of the cases were reported as occurring in women in the first confinement.

Treatment.

Forty-six of the cases (corrected for misdiagnosis and for imported cases) were treated in the City Hospital, 5 in the Groote Schuur Hospital and 1 in the Peninsula Maternity Hospital; the remaining 28 cases were treated at home.

There was one case at the Langa Native Township.

NURSING AND MATERNITY HOMES.

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

On 30th June, 1948, there were 26 registered nursing or maternity homes in the municipal area, as follows:—

	Premises.	Beds.
General	17	557
Maternity	8	159
Combined	1	—
General	—	15
Maternity	—	15
	—	—
Total	26	746
	—	—

During the year ended 30th June, 1948, one registered premises was closed (8 beds) and 2 new premises were registered (49 beds).

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

Annual inspection of premises	20
Visits re registration of premises	19
Subsequent visits to registered premises	54
	—
Total	93
	—

Full reports were sent to the Secretary for Public Health in respect of 28 premises reported on by the assistant inspector as follows:—

				<i>New applica- tions.</i>	<i>New registered premises.</i>
General	..	..	..	7	13
Maternity	..	..	..	1	6
Combined	..	..	..	—	1
				<hr/>	<hr/>
				Total 8	20
				<hr/>	<hr/>

Three registered premises have accommodation for cases of tuberculosis. The total number of beds available is 54.

DAY NURSERIES AND NURSERY SCHOOLS.

High cost of living and economic stress which cause a large number of married women to continue working; and overcrowding in the poor areas which results in home unhygienic conditions, lack of space to play in safety in the fresh air and insufficient rest, are two factors which prejudice the welfare of many of the infants and pre-school children of the city. The only adequate way to safeguard the health of these children is by the provision of nurseries and nursery schools.

These institutions are to be regarded as an important part of the health service for pre-school children. For this reason the City Council subsidises a number of nurseries and nursery schools run for children of the lower income group by various organizations, and itself maintains three institutions two being nursery schools and one a combined nursery school and crèche. Two of these form an integral part of new Council Housing Schemes at Bokmakierie and Bloemhof and the third is in the centre of a very overcrowded industrial area at Salt River. At the Council's nursery school preference is given to children whose mothers are obliged to work in order to supplement the family income.

The Nurseries and Nursery Schools run by private and charitable organisations are as follows:—

(1) *Board of Aid Day Nurseries.*

- (a) European Day Nursery at the corner of Roeland Street and Harrington Street, Cape Town. This day nursery caters for European children, 6 months to 6 years. Its capacity is 56.
- (b) Non-European Day Nursery, Tafelberg House, Canterbury Street, Cape Town. This day nursery caters for non-European children, 6 months to 6 years. Its capacity is 106.

(2) *A.C.V.V. Day Nursery.*

A Day Nursery for European children is included in the Social Centre and European Working Girls' Home at 41, Salt River Road, Salt River. Its capacity is 40.

(3) *Union of Jewish Women Crèche and Day Nursery.*

A Crèche and Day Nursery for non-European children at 2nd Avenue, Kensington. This crèche and day nursery caters for 60 children from 1 to 6 years.

(4) *Janet Bourhill Institution, 3rd Avenue, Claremont.*

A Day Nursery for non-European children is included in the institution which aims at the promotion of the health and social welfare of non-Europeans in the area. The day nursery caters for 42 children.

(5) *Wesleyan Church Day Nursery, Ronde Vlei, Retreat.*

This Nursery caters for 35 children. The cost of feeding the children is borne by the City Council.

(6) *Cafda Day Nursery, Retreat.*

A Day Nursery for non-European children is run in conjunction with the Social Centre. Although out of the Municipal area, several children from the Municipal area attend the nursery. It caters for 40 children under 6 years.

(7) *Chiappini Street Nursery Play Centre.*

This play centre is run by the Eoan Group assisted by a subsidy from the Union Social Welfare Department, 80 children between 2½ and 6 years are catered for. There are two full-time helpers with Buxton trainees as part-time assistants. The building lent by the City Council leaves much to be desired but improvements have been effected since the close of the year.

(8) *Marion Institute, 124, Chapel Street, Cape Town.*

A Nursery School for non-European children is run at the Marion Institute. It caters for 52 children. Mid-day meals and milk are provided.

(9) *The Liberman Institute, Nursery School, Muir Street, Cape Town.*

This nursing school is run for non-European children in old District Six. It is recognised as a Nursery School by the Cape Provincial Education Department and receives a Provincial Grant in Aid. It caters for 70 children up to the age of 6 years. The school is staffed by two non-European Nursery School teachers under the supervision of the Institute Supervisor. The school follows the Provincial School terms. During the holidays, the needy children receive daily meals and milk at Aspelg Street Welfare Centre.

Training Schools.

Nursery School teachers are trained at the Buxton Training College, Molteno Road, Claremont. A good deal of their practical training is done in these various Nursery Schools, and in the Municipal Nursery Schools, in addition to the Lady Buxton Home Nursery School.

Training of non-European girls as nursery and domestic helps is carried out with the Board of Aid non-European Nursery, the Janet Bourhill Institute and the Municipal Nursery Schools.

MUNICIPAL NURSERIES AND NURSERY SCHOOLS.

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

The supervisor of the Crèche and Nursery School is a trained health visitor and a trained non-European midwife helps in the nursery; a European nursery school teacher is in charge of the children of nursery school age.

The Shelly Street Nursery School.—This nursery school is not part of a housing scheme, but is in the centre of a congested area in Salt River where there are many families living under extremely poor conditions with the employment of women in adjacent factories. Forty-five Coloured children attend the nursery school, which is under the direction of a European nursery school teacher. The hours are from 9 a.m. to 4 p.m. and meals are provided. The parents are asked to make some payment for each child attending the nursery.

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

Non-European Helpers.—At all the nursery schools Coloured girls from 14 to 18 years of age are employed as helpers and are given a systematic training in nursery school methods, child nutrition, simple cooking and hygiene; at Bokmakirie they also have training in infant care.

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

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

Resident Nursery for Babies.—Young infants whose mothers have died 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 6 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, for in this way the mother is relieved of responsibility, and the child removed from infection; or otherwise if no suitable arrangement can be made for an infant, the mother often refuses to go to hospital when a bed is offered to her and will remain at home to spread infection to her family.

The attendances at the Municipal Nursery Schools during the year ended 30th June, 1948, are shown in the following table:—

	Shelley Street.	Bloemhof.	Bokmakirie.
New entrants	25	24	32
Mean total on register	42	38	78
Daily sessions	329	232	226
Mean attendances per session	31	44	63
Total attendances	8,032	8,788	14,252

PROTECTED INFANTS.

Children under 10 years of age who are maintained apart from their parents or close relatives and are living with foster-parents have by law to be registered by the foster-mother with the Commissioner of Child Welfare of the District. Infant Protection Visitors are appointed by the Commissioner to visit and report at regular intervals, so that the interests of the children are safeguarded.

In Cape Town the Commissioner of Child Welfare has appointed the Medical Officer, through the health visitors of the Child Welfare Branch, to act as infant protection visitors. As the branch is concerned with the health and welfare of pre-school children, the visiting of protected infants of school-going age was found to be a waste of the health visitors' time. In February, 1948, therefore the matter was discussed with the Secretary for Social Welfare and the Commissioner of Child Welfare and it was arranged for the responsibility for supervision of protected infants over 6 years of age to be transferred to the Department of Social Welfare.

The practice of placing children with foster-mothers is very common in Cape Town, principally among non-Europeans. Many of the foster-mothers care for the children well, and receive regular payment. When the parents of the foster-child are unmarried however, payments may become irregular or cease altogether after a few months, and the parents may disappear. Further, an infant may be placed with unsuitable foster-parents who take foster-children only as a means of making a living.

All these social problems affect the welfare of the young child, and are brought to light at the health visitor's periodic visits. Where a foster-mother is not suitable, arrangements are made where possible for a child's removal to better conditions.

The number of protected infants registered in the period 1st July, 1947, to 30th June, 1948, was as follows:—

Cape Town Magisterial District	114
Wynberg Magisterial District	136
Simonstown Magisterial District	1
	<hr/>
	251
	<hr/>

The total number of visits made by health visitors during the year to protected infants was 2,778.

ADOPTION OF CHILDREN.

Any person who is desirous of taking a child for adoption in Cape Town usually applies in the first instance to the Adoption Committee of the Society for the Protection of Child Life; similarly, anyone who wishes to have a child adopted is referred to the Secretary of the Adoption Committee. Where an adoption is to be arranged, this committee acts in an advisory capacity to the Commissioner of Child

Welfare who is responsible for authorising legal adoption under the Children's Act. Adoptive parents and the children concerned are usually kept under supervision for a period to see how the adoption works before it is made final. The list of proposed adoptions are referred to the Maternal and Child Welfare Officers, who advise as to the suitability and health of persons concerned.

During the current year, 156 European infants and 159 non-European infants were placed with adoptive parents on probation.

CARE OF CHILDREN SUFFERING FROM ORTHOPAEDIC DEFECTS.

The Child Welfare Branch has since the appointment in 1944 of an Orthopaedic Health Visitor carried out the supervision, treatment and after-care of all children suffering from crippling deformities. The main causes of these are tuberculosis, poliomyelitis and congenital abnormalities.

The work is of great benefit to the community, since the early treatment of many orthopaedic cases prevents permanent crippling.

The number of children under supervision has increased by 126 over the previous year making a total of 772 on 30th June, 1948.

By the end of the year the attendances at the clinics had increased so much it was felt that the services of an Orthopaedic Surgeon would be fully justified. In June, 1948, an arrangement was made with the Cripple Care Association for a surgeon to be in attendance once a month at four centres, *viz.* Bokmakirie, Aspeling Street, Wynberg and Windermere. The first of these clinics was held at Bokmakirie on 26th June, 1948, and these new sessions have since proved of great benefit to many crippled children, who are now able to receive attention nearer to their own homes.

The following is a record of the cases dealt with by the Orthopaedic Health Visitor.

There were 772 children under supervision on 30th June, 1948, of these 107 were European, 60 Natives and 605 Cape Coloured. 353 children were 6 years old and under, and 419 were over 6.

Causes of Disablement.

Surgical tuberculosis	252
Infantile paralysis	110
Congenital deformities	124
Deformities due to ricketts	167
Spastic paralysis	42
Flat-feet	29
Osteitis and septic arthritis	21
Perthe's disease	5
Injuries with resulting deformities	2
Amputations	2
Spina bifida with deformities	5
Osteogenesis imperfecta	2
Clutter's joints	2
Scoliosis	9
	<hr/>
	772

Other particulars of the work effected are as follows:—

Sessions held by the Orthopaedic Health Visitor	106
Attendances at sessions	1,680
Attendances at Groote Schuur Hospital, by Orthopaedic Health Visitor	46
Home visits made by Orthopaedic Health Visitor	3,502
Children admitted to Orthopaedic Institutions for treatment	60
Children discharged from Orthopaedic Institutions to this Department for supervision and after-care	58
Children in Institutions on 30th June, 1948	81
Children moved out of the Municipal area and referred to the Cripple Care Association for supervision	27
Children referred to the Cripple Care Association on reaching the age of 16 years	26
Recoveries	91
Deaths	8

DIPHTHERIA IMMUNIZATION.

Sessions for diphtheria immunization have been continued during the year at the welfare centres, primary schools and institutions.

A team consisting of a doctor and two health visitors carries out work at the various welfare centres in rotation as well as at primary schools and institutions. Sessions are held on four mornings a week, and for the rest of the time the nurses are engaged in propaganda work, in keeping the records up to date and in interviewing principals of schools and institutions.

Consent forms are sent to the parents of all children under 10 years who are entering school for the first time. Each individual record is checked, and children who have not been previously immunized receive two injections of alum precipitated toxoid, those who have been immunized in infancy receive a "booster" injection to protect them at the time when exposure to infection is most likely to occur.

The sending out of "birthday" post-cards, advising immunization to every parent whose baby is born in the Municipal area who has reached the age of six months, has increased the number of children immunized in the first year of life.

The Schick test is now carried out mainly at institutions and hospitals for adults who come into contact with babies and small children. Any positive reactors are immunized.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

The work done at the municipal sessions during the year ended 30th June, 1948, is shown by the following figures:—

Number of Sessions.

At schools	33
At institutions	18
At child welfare centres	91
	<hr/> 142

First series protective inoculations:

First.	Second.	Third.	No. of persons.
10,805	9,645	9	20,459

Second series of stimulating doses given:

First.	Second.	Total.
937	6	943

Persons immunized:

Age.	European.	Non-European.	All races
0—1	807	3,165	3,972
1—2	220	690	910
2—3	128	629	757
3—4	113	526	639
4—5	100	418	518
5—6	326	362	688
6—7	744	688	1,432
7—8	469	723	1,192
8—9	253	408	661
9—10	190	286	476
10—11	94	188	282
11 and over	50	119	169
Age unknown	21	25	46
	<hr/> 3,515	<hr/> 8,227	<hr/> 11,742
At schools			3,929
At institutions			742
At child welfare centres			7,071
			<hr/> 11,742

Injections given:

Alum-precipitated toxoid (B.W.A.P.T.)	44
Alum-precipitated toxoid (S.A.A.P.T.)	21,192
Toxoid-antitoxin floccules	166
	<hr/> 21,402

Persons Schick-tested:

Positive.	Negative.	Total.
15	106	121

OPHTHALMIA NEONATORUM AND GONORRHOEAL OPHTHALMIA.

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

The number of cases of these diseases reported in year 1947-48, corrected for imported cases and misdiagnosis was 214 (21 European and 193 non-European).

Of these 214, 3 were not in the newly-born (1 European and 2 non-European) being at the time of onset aged 22 days, 2½ months and 3 years respectively.

The number of Cape Town cases of true ophthalmia neonatorum notified during the year was therefore 211, comprising 20 European and 191 non-European. Of these 211 cases, 42 were born in institutions and 169 at home. Of the 169 home confinements 16 were recorded as having been attended by doctors and 148 by midwives; 4 were unattended (in 1 case no information).

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 dispensed 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 99 of the cases as "slight" and 110 as "moderate" or "grave" (in 2 cases no information).

In addition to the above figures there were at the Langa Native Township 2 native cases of ophthalmia (at the time of onset aged 2 and 8 days respectively).

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

Eyes completely recovered	204
Cases of blindness	—
Sight damaged	—
Died before recovery	—
Lost trace of	6
No information	3
	<hr/> 213 <hr/>

SOCIAL WELFARE WORKER.

There are two officials engaged in this work; the Senior Social Worker is an experienced health visitor and she is assisted by a Junior Social Worker holding the diploma in Social Science or its equivalent.

Social problems relating to expectant mothers and young children are referred to the Social Welfare Worker for advice. The problems are mainly in relation to unmarried mothers and their infants.

During the year 150 of the unmarried mothers dealt with were under the age of 16 years and were made the subject of special enquiry and assistance. In addition, cases were investigated for enquiry under the Children's Act, and in order to obtain support in difficult cases.

Of the cases dealt with, 11 per cent. were European, 82 per cent. mixed race and 7 per cent. Natives. Many cases drifting in from adjacent Divisional Council areas or from further afield become social problems in the city; and when possible, efforts are made to return problem cases to their own homes.

The work done during the year may be summarised as follows:—

Cases interviewed in office	1,094
Visits made to cases in hospitals and institutions ..	445
Visits made to new cases at home	505
Subsequent visits	1,386
Interviews at Magistrate's Court or Court offices ..	117

SECTION IV.—DENTAL BRANCH.

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

Dental diseases are among the most common and widespread of all human ailments. They are more prevalent among the poorer sections of the community owing to incorrect feeding, the ignorance of oral hygiene and the prejudice against conservative treatment. The fact that they rarely result in fatal termination is the cause of the provision of dental treatment being relegated to an unimportant place in some public health schemes; but the universal prevalence of dental diseases, as well as their contribution to ill-health, make the provision of dental treatment essential in any social and health undertaking.

The untold misery resulting from prolonged dental disease in adults and children, the ill-health and permanent crippling effects of established dental sepsis, the lost hours and days from school and work, have long been recognized; but the heavy expense involved in carrying out free treatment for these cases has been a factor against the more general institution of dental clinics by public authorities. The scheme instituted by the Cape Town City Council has, however, overcome this difficulty to a great extent by making full dental treatment available to the underprivileged. The short time the Central Dental Clinic in Hope Street has been in existence has justified the venture.

In the year under review the Central Dental Clinic was completed and additional full-time staff engaged. A brief description of the building and the facilities provided will indicate the scope of the dental services undertaken.

On the ground floor are the administrative offices, large assembly hall and toilet facilities for patients, a conservation room, equipped in the most up-to-date manner, with four dental chair units and usual accessories, an X-ray examination room, two extraction surgeries for local and general anaesthesia, recovery rooms, photographic dark room, store-room, laundry and kitchen; on the first floor, the prosthetic section, consisting of a surgery, waiting-room and well-equipped laboratories. There is also a nurses' rest room with toilet and hot and cold shower. The male staff rest room is situated above this. The cost of the building, including equipment, was £22,500.

The services available at the Central Dental Clinic are additional to those provided at the following centres, where school children, pre-school children, expectant and nursing mothers, tubercular and other cases of infectious diseases, are treated: Aspeling Street, Cape Town; St. James Street, Salt River; Town Hall, Wynberg; Lawrence Road, Athlone; Lansdowne Road; Langa Hospital; City Hospital for Infectious Diseases; Rentzies Farm Hospital and the Tuberculosis Clinic, Chapel Street, Cape Town.

At the Central Dental Clinic treatment is provided for all persons unable to afford ordinary dental fees. While patients are encouraged to contribute towards the cost of their dental treatment, if their financial circumstances are such that the modified fee would involve hardship it is further reduced or even waived.

The dental treatment of school children is subsidized by the Provincial Education Department, and that of tuberculosis patients by the Union Health Department. The cost of providing dentures to the indigent is paid by the Union Health Department. The dental treatment of Natives at the Langa Native Township is financed from the Native Revenue Account.

Owing to the high incidence of dental disease it can be expected that the demands for treatment will continue to increase, and it is already apparent that additional staff will be required.

In the table printed below the attendances at the new clinic represent a section of the community which previously either received no treatment or obtained it at a cost they could ill-afford. While the number of persons requiring dental extractions is still deplorably high, there is a gradual but steady increase in the number prepared to undergo conservative treatment.

A number of orthodontic cases are also under treatment. This new venture should prove a great boon, as formerly only children of the well-to-do were able to undergo such treatment.

The supply of artificial dentures is an important part of the clinic's activities and has assisted in restoring the health and self-respect of several hundred persons who would otherwise spend the rest of their lives in an edentulous state. It has also enabled a large number of persons to obtain employment in positions where personal appearance is a consideration.

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.
Hope Street ..	General: Adults ..	475	604	2,141	1,573	4,115	411	1,649	169	52	993	2,414	124	188
	Children ..		284	400	517	569	247	338	88	24	182	207	5	1
	School children:													
	School Board ..	20	111	305	161	369	118	343	2	2	41	24	—	—
	Non-School Board	1	—	30	—	30	—	27	—	—	—	3	—	—
Aspeling Street	Nursing and expectant mothers ..	67*	—	318	—	511	—	426	—	—	—	85	—	3
	Pre-school children		2	326	3	431	2	424	—	—	1	7	—	—
	School children:													
	School Board ..	41	—	778	1	1,167	1	1,027	—	—	—	140	—	—
	Non-School Board	20	—	392	—	526	—	462	—	—	—	64	—	—
Woodstock ..	Nursing and expectant mothers ..	79*	70	310	132	440	87	391	—	1	45	48	7	2
	Pre-school children		170	242	232	288	225	280	—	—	7	8	—	—
	School children:													
	School Board ..	146	492	519	1,434	1,076	977	890	240	60	217	126	—	—
	Non-School Board	31	9	488	10	760	10	715	—	—	—	45	—	—
Athlone ..	Nursing and expectant mothers ..	49*	1	266	1	339	1	325	—	—	—	14	—	—
	Pre-school children		1	198	2	232	2	226	—	—	—	6	—	—
	School children:													
	School Board ..	47	—	842	—	1,334	—	1,175	—	—	—	159	—	—
	Non-School Board	28	—	411	—	733	—	644	—	—	—	89	—	—
Lansdowne ..	School children:													
	School Board ..	84	145	529	446	904	228	800	133	24	85	80	—	—
	Non-School Board	3	2	60	2	79	1	69	—	—	1	10	—	—
Wynberg ..	Nursing and expectant mothers ..	58*	27	272	47	534	30	339	—	—	17	195	8	25
	Pre-school children		54	178	72	208	55	203	—	—	17	5	1	—
	School children:													
	School Board ..	100	203	575	574	1,165	301	975	150	28	123	162	—	—
	Non-School Board	25	3	360	4	661	4	578	—	—	—	83	—	—
City Hospital ..	In-patients ..	16	12	32	36	36	9	32	9	—	18	4	—	—
Rentzkie's Farm Hospital	In-patients ..	1	—	1	—	1	—	1	—	—	—	—	—	—
Langa Hospital	Native residents, Langa	52	—	572	—	842	—	826	—	—	—	16	—	—
Tuberculosis Clinic, Chapel Street ..	Out-patients ..	64	45	242	107	555	32	238	3	—	72	317	4	38
	Totals ..	1,407	2,235	10,787	5,354	17,905	2,741	13,403	794	191	1,819	4,311	149	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, 1948, are shown in Table P, on page 125.

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 126 to 128, the notified cases (corrected) are classified by race and:—

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

(Table R) in age and sex groups.

(Table S) in wards.

The number of cases notified in a series of past years is set out in Table T, on page 129, and similar information as to deaths from these and certain other infectious diseases will be found in Tables C and E on pages 110 and 112.

Other statistical details as to deaths from infectious diseases are contained in Table A, at page 78, and in Tables B and C, on pages 109 and 110.

ENTERIC OR TYPHOID FEVER.

The cases of this disease reported in the year 1947-48, corrected for misdiagnosis and imported cases, numbered 102 (35 European and 67 non-European); equivalent to an incidence rate of 0.26 per 1,000 population (0.19 European and 0.33 non-European).

The number of deaths amongst these 102 cases was 13 (5 European and 8 non-European), giving a case mortality of 12.7 per cent. (14.3 European and 11.9 non-European).

The total deaths from enteric fever according to date of registration in the year as belonging to Cape Town numbered 13 (5 European and 8 non-European); equivalent to a death rate of 0.03 per 1,000 population (0.03 European and 0.04 non-European).

There were 2 cases of the disease at the Langa Native Township.

The figures for 34 years are given in the table on page 34.

The notifications are classified in age-groups, months and wards in the Tables R, Q and S, on pages 126, 127 and 128 respectively. Reference to these tables will show that the disease was most prevalent in the months of January and February. The highest incidence was in Wards, 5, 8, 10 and 15.

11 cases occurred in institutions, viz. 9 at the Cape Town Gaol, 1 at the City Hospital (housemaid) and 1 at the Woodstock Hospital (nurse). The other cases occurred in 82 houses, in 76 of which there was 1 case each, in 4, 2 cases each, in 1, 3 cases, and in 1, 4 cases.

Of the 102 Cape Town cases, 96 were treated at the City Hospital, 3 in other hospitals and 3 were nursed at home.

62 extra-municipal cases (including 1 from overseas) notified as enteric fever were admitted to the City Hospital for Infectious Diseases. In 44 cases the diagnosis was confirmed. In addition, there were 3 cases notified as cerebrospinal fever, which afterwards proved to be cases of enteric fever.

Enteric fever carriers.—In addition to the above figures, 3 patients, including 1 from outside the municipal area, were admitted to the City Hospital as "enteric carriers," and in 1 case, which was admitted as enteric fever, the diagnosis was changed to "enteric carrier."

There was less enteric fever in Cape Town in 1947-48, than in the previous year, as shown both by incidence and mortality.

DIPHTHERIA.

The cases of this disease reported in the year 1947-48, corrected for misdiagnosis and imported cases, numbered 137 (64 European and 73 non-European), equivalent to an incidence rate of 0.35 per 1,000 population (0.34 European and 0.36 non-European).

The number of deaths among the 137 cases was 6 (1 European and 5 non-European); giving a case mortality of 4.4 per cent. (1.6 European and 6.8 non-European).

The total deaths from diphtheria according to date of registration in the year as belonging to Cape Town numbered 9 (3 European and 6 non-European); equivalent to a death rate of 0.02 per 1,000 population (0.02 European and 0.03 non-European). All the deaths were in children under 5 years of age.

There were 2 cases of this disease in the Langa Native Township.

Of the 137 Cape Town cases, 2 occurred in institutions, viz. 1 at the City Hospital (nurse) and 1 at the Somerset Hospital (nurse). The remaining cases occurred in 132 houses, in 130 of which there was 1 case each, in 1, 2 cases and in 1, 3 cases.

The figures for 34 years are given in the table on page 34.

Of the 137 Cape Town cases, 133 were treated at the City Hospital, 1 at the Groote Schuur Hospital, which was admitted for another disease but died from diphtheria, and 3 were nursed at home.

114 extra-municipal cases, notified as diphtheria, were admitted to the City Hospital for Infectious Diseases. In 68 cases the diagnosis was confirmed.

Other particulars will be found in the table on page 34 and in the Tables P to T, on pages 125 to 129.

Particulars regarding diphtheria immunization will be found on page 29.

The incidence of diphtheria in Cape Town in the year 1947-48, was slightly higher than in the previous year.

Diphtheria carriers.—One European was admitted to the City Hospital as a "diphtheria carrier." In 15 cases (5 European and 10 non-European), which were admitted as diphtheria, the diagnosis was changed to "diphtheria carrier."

Of the patients from outside the municipal area, 2 were admitted to the City Hospital as "diphtheria carriers"; in 5 cases admitted as diphtheria the diagnosis was changed to "diphtheria carrier."

SCARLET FEVER.

The cases of this disease reported in the year 1947-48, corrected for misdiagnosis and imported cases, numbered 177 (152 European and 25 non-European), equivalent to an incidence rate of 0.45 per 1,000 population (0.81 European and 0.12 non-European).

Of the 177 Cape Town cases, 4 occurred in institutions, *viz.* 1 at the City Hospital (nurse), 1 at the House of Mercy, 1 at the Lady Buxton Home and 1 at the Princess Alice Home. The remaining cases occurred in 164 houses, in 155 of which there was 1 case each, and in 9, 2 cases each.

There was 1 case of this disease at the Langa Native Township.

Of the 177 Cape Town cases, 148 were treated in the City Hospital, and 28 were nursed at home. There was also a case in the Somerset Hospital, a non-European female of 8 months, who was admitted on 10th February, 1948, for another disease but who died the following day of acute septicaemia due to scarlet fever. This is the only death from scarlet fever recorded in the present year.

30 extra municipal cases (including 1 from overseas) were admitted to the City Hospital as suffering from scarlet fever, and diagnosis confirmed. In addition, a case which was originally admitted to the City Hospital as suffering from diphtheria was afterwards found to be a case of scarlet fever.

Figures for 34 years are given in the table below.

Other particulars will be found in the table below and in the Tables P to T on pages 125 to 129.

The disease has been much less prevalent in the year under review than in the previous year.

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	—	—
1947-48 ..	0.19	0.33	0.03	0.04	0.34	0.36	0.02	0.03	0.81	0.12	—	0.01

CEREBROSPINAL FEVER.

The cases of this disease reported in the year 1947-48, corrected for misdiagnosis and imported cases, numbered 38 (5 European and 33 non-European), equivalent to an incidence rate of 0.10 per 1,000 population (0.03 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 10 (1 European and 9 non-European), equivalent to a death rate of 0.03 per 1,000 population (0.01 European and 0.04 non-European).

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

Of the 38 Cape Town cases, 22 were removed to the City Hospital (all recovered), and 5 to other hospitals (4 died). The remaining 11 cases were not removed to hospital (10 died). In one of the 11 cases the diagnosis of cerebrospinal fever was not confirmed.

Of the 201 (uncorrected) Cape Town cases admitted to the City Hospital under the diagnosis of cerebrospinal fever, only 38 proved to be suffering from the meningococcal infection.

In addition to the cases enumerated above there were 121 patients admitted to the City Hospital from outside the Municipality as suffering from cerebrospinal fever, 88 of which were afterwards found not to be suffering from this disease. One patient admitted to the City Hospital for another disease proved to be a case of cerebrospinal fever.

All the Cape Town cases occurred in separate houses.

Other particulars will be found in the table on page 35, and in Tables P to T on pages 125 to 129.

ACUTE POLIOMYELITIS.

There were 26 cases (13 European and 13 non-European) of this disease reported in the year 1947-48, corrected for misdiagnosis and imported cases, as compared with 7 cases (4 European and 3 non-European) notified in the previous year.

Of the 26 cases, 22 were notified in the months of January to June, 1948. 21 of the 26 cases were in children under 10 years of age. All the cases occurred in separate houses.

There were 2 deaths from poliomyelitis during the year.

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

The original number of notifications in the present year was 46 (22 European and 24 non-European). Of this number, 3 cases contracted the disease outside the municipal area. 18 of the 43 cases were afterwards found in the City Hospital not to be suffering from acute poliomyelitis. One case admitted to the City Hospital as suffering from another disease proved to be a case of polio-encephalitis.

Besides those enumerated above there were 27 cases (18 European and 9 non-European) admitted to the City Hospital from outside the Municipality (including 2 Europeans from overseas) suffering from acute poliomyelitis. Of these, 2 Europeans and 2 non-Europeans were afterwards found not to be suffering from this disease. One patient (European) admitted to the City Hospital for another disease proved to be a case of acute poliomyelitis.

Other particulars will be found in the table below, and in Tables P to T on pages 125 to 129.

INFECTIVE ENCEPHALITIS.

There were no cases of this disease reported in the municipal area of Cape Town in the year 1947-48.

One extra-municipal case (European male infant), which was admitted to the Groote Schuur Hospital from Long Vlei, Philippi, Cape Flats, died from infective encephalitis.

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

Other particulars will be found in the following table, and in Tables P to T on pages 125 to 129.

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
1947-48 ..	5	33	1	9	13	13	2	-	-	-	-	-

ERYSIPELAS.

The cases of this disease reported in the year 1947-48, corrected for misdiagnosis and imported cases, numbered 34 (18 European and 16 non-European). There were no deaths.

Of the 34 cases, 33 occurred in separate houses, and 1 in an institution in Ward 14.

Of the 35 (uncorrected) Cape Town cases notified, 14 were treated at the City Hospital, 1 at the Groote Schuur Hospital and 20 were nursed at home.

There were 2 cases in the Langa Native Township.

Other particulars will be found in the Tables P to T, on pages 125 to 129.

INFLUENZA AND PNEUMONIA.

In the year 1947-48 the corrected number of notified cases of pneumonia was as follows: influenzal pneumonia 25 (9 European, 16 non-European), acute primary pneumonia 460 (58 European and 402 non-European). Further details will be found in Tables P to T, on pages 125 to 129.

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
1947-48* ..	9	0.05	5	0.02	10	0.05	109	0.53	56	0.29	442	2.15

Corrected for outward transfers, and from 1924-25—1946-47 inclusive for European inward transfers.

*Corrected for outward transfers only.

The non-European mortality rate from bronchitis and pneumonia is still far greater than that of the European. In the year under review the non-European mortality rate for bronchitis was 10.6 times as great as that of the European, and for pneumonia 7.4 times.

The following figures for deaths from bronchitis and pneumonia in 1947-48 show the contrast between those for Europeans and non-Europeans:—

	European.		Non-European.	
Under 5 years old	21	..	435
0—1 year	18	..	281
1—2 years	3	..	100
2—5 years	—	..	54
All other ages	45	..	116
		66		551

TYPHUS FEVER.

There were 4 cases (E.M., E.F., C.M., N.M.) recorded under this heading, of which 3 (E.M., E.F., C.M.) were regarded as suffering from tick-bite fever and were originally notified as enteric fever. The Native male, who came from the district of Windermere, and was admitted to the City Hospital, was originally notified as cerebrospinal fever. He was later found to be a case of typhus fever, from which he died. The source of the infection was not traced.

There were 2 Native male cases of typhus fever in the Langa Native Township. One of the Natives came to Langa from Paarl, C.P., already ill from this disease. Both were admitted to the City Hospital, where they recovered. Deverminization of contacts and of dormitories and bedding was carried out.

In addition to the above there were 3 cases (E.M. 2, C.F.1) of tick-bite fever from outside the Municipality. All three cases were admitted to the City Hospital for another disease and were afterwards found to be cases of tick-bite fever.

Other particulars will be found in the Tables P to T on pages 125 to 129.

LEPROSY.

A case of leprosy was reported in August, 1947, in the person of a Coloured female, aged 45 years, living in Ward 9. She was originally notified by a medical practitioner as a case of venereal disease and was admitted to the City Hospital, where it was found that the disease was leprosy. The source of the infection was not traced. The patient was removed to the Conradie Home and thence to Pretoria.

TRACHOMA.

There were 3 Cape Town cases (E.F., C.M., C.F.) reported in the year 1947-48. The European female and Coloured female were both inmates at the Valkenberg Mental Hospital and the Native male resided in the district of Windermere. In all three instances there was no information as to the duration of the disease. One Coloured male, aged 24, living in Ward 7, was admitted to the Somerset Hospital. The patient's eye trouble began about four years ago while living at Ladismith, C.P.

Another case of trachoma, in the person of a European male, aged 11 years, was admitted to the Groote Schuur Hospital from Barrydale, C.P.

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	0.04	3	54	0.02	0.33
1942-43	2	20	0.01	0.12	2	5	0.01	0.03
1943-44	2	48	0.01	0.27	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
1947-48*	1	27	0.01	0.13	5	102	0.03	0.50

Corrected for outward transfers, and from 1924-25—1946-47 inclusive for European inward transfers.

*Corrected for outward transfers only.

MEASLES.

There were 28 deaths from this disease during the year under review (1 European and 27 non-European). Of the 27 non-European deaths, 9 were under 1 year of age, 12 in the age-group 1—2 years, 5 in the age-group 2—5 years, and 1 in the age-group 5—10 years.

Other information will be found in Tables A to F2 on pages 78 to 115.

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

127 cases of measles (88 European and 39 non-European) were treated in the City Hospital.

WHOOPING COUGH.

There were 107 deaths from whooping cough in the year under review (5 European and 102 non-European).

Of the 5 European deaths, 4 were of children under 10 years of age (under 1 year 2, 1—2 years 1, 5—10 years 1), and 1 of a female in the age-group of 35-45 years. Of the 102 non-European deaths, 99 were of children under 5 years of age (under 1 year 42, 1—2 years 39, 2—5 years 18); the other 3 were in the age-group of 5—10 years.

The largest number of deaths occurred in the month of September, 1947, followed, in number, by November, August, July and October. The highest incidence of the disease was in Ward 10 (Athlone-Lansdowne area), where there were 32 deaths (non-Europeans).

Other information will be found in the Tables A to F2, on pages 78 to 115.

There were 7 deaths in the Langa Native Township, of which 5 were of children under 5 years of age; the other 2 were adults.

45 cases of whooping cough (22 European and 23 non-European) were treated at the City Hospital.

The mortality from whooping cough amongst non-Europeans was greater in the year under review than in any year since the outbreak in 1935-36.

DIARRHOEAL DISEASES.

The deaths from diarrhoea and enteritis registered in the year 1947-48 (corrected for outward transfers), are classified as follows:—

	European.	Non-European.	All races.
Diarrhoea and enteritis (under 2 years)...	16	350	366
Diarrhoea and enteritis (2 years and over)	8	30	38
Cholera nostras	—	—	—
Dysentery, bacillary	—	3	3
Dysentery, amoebic	—	5	5
Dysentery, other	1	1	2
Total	25	389	414
Diarrhoeal death rate per 1,000 population	0·13	1·90	1·04

The non-European death rate from diarrhoeal diseases was 14·6 times as great as the European. In children under 1 year of age the non-European mortality rate from diarrhoeal diseases was 7·5 times as great as the European (see Table M, on page 122). In the diarrhoeas of infancy 366 deaths occurred in babies under 2 years of age, and only 38 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 C, on page 110. The deaths in the six months December, 1947, to May, 1948, numbered 278 as compared with 126 in the other six months of the year.

CANCER.

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

Part affected.	European.		Non-European.		All races.	
	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.
Buccal cavity and pharynx	11	0·06	3	0·01	14	0·03
Digestive organs and peritoneum ..	133	0·69	77	0·38	210	0·53
Respiratory organs	36	0·19	14	0·07	50	0·12
Uterus	17	0·09	30	0·15	47	0·12
Other female genital organs	4	0·02	2	0·01	6	0·02
Breast	15	0·07	9	0·04	24	0·06
Male and female genito-urinary organs	28	0·15	11	0·05	39	0·10
Skin	3	0·02	—	—	3	0·01
Other or unspecified organs	22	0·12	8	0·04	30	0·08
Total	269	1·41	154	0·75	423	1·07

The variation in cancer mortality during the past ten years is shown in Table E, on page 112.

Other statistics concerning cancer mortality are shown in Tables A to E, on pages 78 to 113.

SECTION VI.—TUBERCULOSIS.

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

The new cases of this disease reported in the year 1947-48, corrected for misdiagnosis and imported cases, numbered 2,034. 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	127	10	137	1.40	0.11	1.51
	Female	125	17	142	1.27	0.17	1.44
	Total	252	27	279	1.34	0.14	1.48
Non-European	Male	814	148	962	8.18	1.49	9.67
	Female	675	118	793	6.55	1.15	7.70
	Total	1,489	266	1,755	7.35	1.31	8.66
All races	Male	941	158	1,099	4.95	0.83	5.78
	Female	800	135	935	3.98	0.67	4.65
	Total	1,741	293	2,034	4.45	0.75	5.20

The deaths from tuberculosis and the corresponding death rates are shown in the next table (corrected for outward transfers).

Race.	Sex.	Deaths.			Death rates		
		Pul-monary.	Other forms.	All forms.	Pul-monary.	Other forms.	All forms.
European	Male	63	7	70	0.68	0.08	0.76
	Female	40	13	53	0.40	0.13	0.53
	Total	103	20	123	0.54	0.10	0.64
Other Coloured	Male	438	94	532	5.40	1.16	6.56
	Female	362	69	431	3.88	0.74	4.62
	Total	800	163	963	4.59	0.93	5.52
Native (not Langa)	Male	99	12	111	6.24	0.76	7.00
	Female	46	13	59	5.60	1.58	7.18
	Total	145	25	170	6.02	1.04	7.06
Asiatic	Male	10	—	10	2.50	—	2.50
	Female	3	1	4	1.06	0.35	1.41
	Total	13	1	14	1.90	0.15	2.05
Non-European	Male	547	106	653	5.42	1.05	6.47
	Female	411	83	494	3.94	0.79	4.73
	Total	958	189	1,147	4.67	0.92	5.59
All races	Male	610	113	723	3.16	0.59	3.75
	Female	451	96	547	2.21	0.47	2.68
	Total	1,061	209	1,270	2.67	0.53	3.20
Native (Langa)	Male	20	6	26	2.62	0.78	3.40
	Female	11	5	16	3.78	1.72	5.50
	Total	31	11	42	2.94	1.04	3.98

DEATH RATES FOR TUBERCULOSIS (1943-44—1947-48).

(Corrected for Outward Transfers.)

Race.	Pulmonary tuberculosis.					Tuberculosis, other forms.				
	1947-48	1946-47	1945-46	1944-45	1943-44	1947-48	1946-47	1945-46	1944-45	1943-44
European	0.54	0.60	0.64	0.62	0.63	0.10	0.10	0.10	0.11	0.10
Coloured	4.59	4.09	4.69	4.59	5.55	0.93	0.90	0.99	1.07	1.13
Native	6.02	6.71	8.79	7.64	8.74	1.04	1.33	1.44	1.44	1.39
Asiatic	1.90	1.10	0.83	1.77	2.43	0.15	0.63	0.17	0.53	0.56
Non-European	4.67	4.29	5.00	4.81	5.77	0.92	0.94	0.98	1.09	1.13
All Races	2.67	2.50	2.89	2.78	3.28	0.53	0.54	0.56	0.62	0.63

The near uniformity of most of these figures suggest that they may be accurate or that the same errors such as non-certification remain unchanged from year to year.

The egress of more Natives who have been found to be tuberculous in Cape Town and have returned to the country to die, may probably account for the drop in the death rates during the past two years. But the reduction in the number of urban Natives following the rush of raw Natives to work in the factories during the war years and a consequent reduction in overcrowding, together with a slight increase in hospital accommodation may be an amelioratory factor.

As in other countries, the death rate is now approaching the lower pre-war levels, although this decrease is not shown in the coloured group in the year under report.

The incidence rates of pulmonary tuberculosis amongst non-Europeans for the years 1940-41 to 1947-48 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
1947-48	1,489	7.35

Incidence rates of pulmonary tuberculosis amongst European males and females for the years 1940-41 to 1947-48 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
1947-48	1.40	1.27

PULMONARY TUBERCULOSIS.

INCIDENCE.

The European population is estimated to be 188,800. The number of new cases of pulmonary tuberculosis increased from 251 to 252. The incidence per 100,000 fell from 137 to 134.

The calculated non-European population is 202,500. The number of new cases of pulmonary tuberculosis decreased from 1,507 to 1,489. The incidence per 100,000 fell from 767 to 735.

MORTALITY.

More people died of tuberculosis in Cape Town in the year ending 30th June, 1948, than in the previous year. Tuberculosis deaths (all forms) numbered 1,270 compared to 1,152. The mortality rate for all races was 320 per 100,000, or nearly 7.2 per cent. below the rate of 345 in 1946.

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

	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
Meninges.. .. .	5	10	72	51	138
Abdominal*	—	2	8	8	18
Bones and joints	2	1	24	11	38
Glands	—	2	15	14	31
Genito-urinary system.. .. .	1	1	1	2	5
Disseminated	2	1	25	30	58
Other organs	—	—	3	2	5
Total	10	17	148	118	293

* 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	10	72	49	135
" abdominal	1	2	6	5	14
" of bones and joints	—	—	6	4	10
" of genito-urinary system	1	—	—	—	1
" disseminated	1	1	21	25	48
" of other organs.. .. .	—	—	1	—	1
Total	7	13	106	83	209

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
1 " " " " " 1948	..	..	..	..	0.64	5.59	3.20

Other particulars will be found in Tables A to F, on pages 78 to 115 and M to T, on pages 122 to 129.

PROVISION OF TREATMENT.

The in-patient accommodation available for cases of pulmonary tuberculosis includes the following (30th June, 1948):—

At the City Hospital, Portwood Road: 64 beds for Europeans and 84 for non-European females.

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

At Nelspoort Sanatorium: a varying number. During the year 1947-48, the average daily number of Cape Town cases at the Sanatorium was 36 Europeans and 32 non-Europeans.

At the Native Hospital, Langa: a varying number. During the year 1947-48, the average daily number of cases was 6.3 (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 41 non-Europeans. During the year, 108 children (60 European and 48 non-European), were admitted; average length of stay was 324 days for Europeans and 289 days for non-Europeans.

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

	No.	Average length of stay.
McGregor Home :		
European children	14	35
Eaton Home :		
Coloured children	25	26
Coloured adults	6	
European adults	1	

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 54.

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 and a mass radiography unit.

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 22,265 attendances at the clinics, and 5,958 persons attended for the first time; the details are shown in the following table:—

	1947-48.		1946-47.	
	New consultations.	Total attendances.	New consultations.	Total attendances.
<i>Cape Town:</i>				
European: Males	786	1,965	332	1,422
Females	395	1,627	290	1,285
Non-Eur.: Males	1,280	5,037	977	4,366
Females	1,249	4,884	918	4,235
Total	3,710	13,513	2,517	11,308
<i>Wynberg:</i>				
European: Males	194	689	115	469
Females	115	610	119	487
Non-Eur.: Males	777	2,940	459	2,138
Females	729	2,856	476	2,003
Total	1,815	7,095	1,169	5,097
<i>Langa:</i>				
Native: Males	33	61	44	58
Females	37	72	61	98
Total	70	133	105	156
<i>Windermere:</i>				
European: Males	—	—	—	1
Females	1	1	—	—
Non-Eur.: Males	177	741	165	637
Females	185	782	198	892
Total	363	1,524	363	1,530

The European attendances increased by 1,225 and the non-European increased by 2,946. The European "new cases" increased by 635 and the non-European increased by 1,169.

The total number of medical sessions was 416; 549 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	71	58	3	1	133	241	176	58	57	532	665
Observation ..	1	1	—	—	2	14	9	6	9	38	40
Not accepted ..	1	3	1	—	5	28	23	8	8	67	72
	73	62	4	1	140	283	208	72	74	637	777
Suspects :											
Notified	39	29	1	2	71	263	178	52	53	546	617
Observation ..	7	4	2	1	14	32	24	16	15	87	101
Non-tuberculous	568	85	55	28	736	905	747	167	196	2,015	2,751
	614	118	58	31	821	1,200	949	235	264	2,648	3,469
Contacts :											
Notified	1	10	6	6	23	15	22	26	30	93	116
Observation ..	1	—	4	4	9	—	6	14	13	33	42
Non-tuberculous	104	169	115	110	498	154	317	268	317	1,056	1,554
	106	179	125	120	530	169	345	308	360	1,182	1,712
Total	793	359	187	152	1,491	1,652	1,502	615	698	4,467	5,958

NOTIFIED CASES.

Of the 777 cases who presented themselves for examination as the result of notification 72 (9 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.

1,712 contacts examined represent 136 per 100 deaths, as compared with the pre-war figure of 178 in England.

Tuberculous meningitis.—In the 138 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 58 cases (i.e. 42 per cent.). The infecting agents were mainly father (5), mother (13), brother (7), sister (5) and relatives and friends (28).

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

NOTIFICATION.

The sources of the 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	1,113	38	20	5	18	1,194
Consultants	23	1	—	13	—	37
	1,136	39	20	18	18	1,231
Groote Schuur Hospital ..	227	10	10	85	—	332
Cape Town Free Dispensary ..	30	—	—	—	—	30
Wynberg (Victoria) Hospital ..	20	—	—	—	—	20
Woodstock Hospital	16	3	—	6	—	25
Valkenberg Mental Hospital ..	16	—	—	15	—	31
Somerset Hospital	78	6	3	18	1	106
Other hospitals and institutions	10	1	—	10	—	21
	397	20	13	134	1	565
City Health Department:						
Anti-tuberculosis Centres ..	243	7	1	7	1	259
City Hospital	107	2	2	47	—	158
Langa Hospital	3	—	46	1	—	50
Medical Officer for poor relief	27	1	—	—	—	28
Other clinics	61	1	—	—	1	63
	441	11	49	55	2	558
Port Health Officer	1	—	—	9	—	10
Immigration Officer	2	4	—	—	—	6
	3	4	—	9	—	16
Magistrate, Police and District Surgeons	11	1	—	4	—	16
From public mortuaries ..	31	2	4	—	—	37
Transferred from other Local Authorities:						
Cape Divisional Council ..	—	10	—	49	—	59
Others	4	8	—	12	—	24
	4	18	—	61	—	83
South African Medical Corps ..	11	3	—	13	—	27
Total	2,034	98	86	294	21	2,533

A study of the origin of notifications emphasizes our dependence on the goodwill of the general practitioners who provide nearly 50 per cent. of the total notifications. The number of notifications received from hospitals has decreased 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	1,267	60	24	54	20	1,425
Failed to attend	767	38	62	240	1	1,108
Total	2,034	98	86	294	21	2,533
Failure to attend clinic: ..						
In hospital	260	21	40	197	1	519
Too ill	224	3	4	—	—	231
Died before notification ..	45	1	5	—	—	51
First advice through death registration	137	9	5	43	—	194
Refusals	34	—	2	—	—	36
Under private care	39	1	—	—	—	40
Untraceable	10	—	4	—	—	14
Moved out of area on notification	18	3	2	—	—	23
Total	767	38	62	240	1	1,108

RESERVOIR OF INFECTION.

In the main, every new case of tuberculosis has contracted the disease from another infectious case. If the tuberculous population is eight times as great as the number of annual deaths, it amounts to $1,270 \times 8 = 10,160$ persons. If it is presumed that 8/9ths of this total are suffering from the pulmonary form, there are 9,032 agents of spread, but the annual census only reveals 4,985. Whilst little sound preventive work can be carried out in many notified cases, it is the unknown case which is particularly dangerous. Many of these hidden cases are only revealed in the terminal stage and provide not only a civic danger but a constant rebuke to those responsible for a case-finding scheme. A small proportion of these dead or dying cases is due to the general practitioners' failure to notify the case; more often the victim has been too ignorant or poor to secure adequate medical advice.

Each year the reasons for failing to attend the clinic are tabulated and it will be interesting to see if the number of (1) bedfast cases and (2) those dead on notification is decreased by the expansion of the work of the clinics (including the introduction of the mass radiography service in April, 1948).

Period.	Total Cape Town cases notified.	Bedfast on notification.	Percentage of total cases notified.	Dead on notification.	Percentage of total cases notified.
1945-46	2,195	168	7.7	298	13.6
1946-47	2,023	214	10.6	236	11.7
1947-48	2,034	224	11.0	182	9.0

There is little solace in the finding that the recent tendency is to notify these terminal cases when they are dying rather than when they are dead and that the proportion of dead and dying remains unchanged in total notifications. In every 5 cases discovered, 1 is beyond any help and has already caused havoc. The presence of large numbers of infectious cases of tuberculosis in our midst maintains its endemicity, the extent of which can be accurately gauged by the number of persons found by the Mantoux test to be infected.

The danger from those at large is obvious and should not be disregarded. Whilst we have 9,000 pulmonary cases in Cape Town and only 500 of them in hospitals, then we shall continue to have an annual crop of 2,000 new cases. It will take a very long time to make up the leeway by merely concentrating on the treatment of early cases, in the few beds available.

Compared with last year the proportion of local notifications who attended the clinic was raised from 60 per cent. to 62 per cent., and a further 16 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 same discouraging figure as already shown in the table above.

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 2,115 (primary) and 20,063 (total) as compared with 2,150 and 16,868 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. 187 new cases were put on this allowance during the year, and the cost of the supplies was £2,011 11s. 2d.

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	1,741	87	68	3	215
Known to have had T.B. positive sputum	502	35	19	—	53
New pulmonary cases admitted to institutions for treatment of tuberculosis	472	30	42	4	152
Proportion of new cases admitted	27.1%		61.8%		70.7%
Died before receipt of notification	152	7	5	1	21
Died within 1 month of notification	220	13	14	2	30
" 1 to 3 months of notification	127	5	9	—	6
" 3 to 6 months of notification	99	2	6	—	4
" 6 to 12 months of notification	107	3	4	—	13

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	55	56	232	145	488
Nelspoort Sanatorium	48	46	42	50	186
Langa Hospital	—	—	39	26	65
Airemount N. H., Rondebosch	24	30	—	—	54
I. D. Hospital, Stellenbosch	—	—	1	2	3
King George V Hospital, Durban	—	—	5	1	6
McVicar Hospital, Lovedale	—	—	11	4	15
Rietfontein Hospital, Johannesburg	—	—	—	1	1
Sprinkell Sanatorium, Johannesburg	1	1	—	—	2
	128	133	330	229	820

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 below, was only 17 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.

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, 1948, there were 186 admissions of Cape Town municipal patients. Of these admissions 20 were of patients who had had a previous period of treatment in the institution, the number of new cases being 166.

The monthly average number of Cape Town municipal patients in the Sanatorium during the year 1947-48, was 68 (36 Europeans and 32 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	6	19	23	48
	Female	9	23	14	46
Non-European :	Male	5	25	12	42
	Female	11	23	16	50
All races		31	90	65	186

REPORT OF THE MEDICAL OFFICER OF HEALTH.

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 during the year 1948, is indicated by the following statistics:—

Families helped by payment of rent	140
" " maintenance grants	20
" " rent and maintenance grants	28
" " payment of foster-mother	7
" " provision of clothing and blankets	256
No. of articles of clothing distributed	665
" blankets distributed	66
Almoner:	
Visits paid	1,278
Interviews given	1,281
New cases handled	159

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.

MASS RADIOGRAPHY SERVICE.

HISTORY.

As soon as mass miniature radiography was accepted as a valuable and even essential auxiliary to a case-finding scheme, the Council in 1943 authorized the purchase of the necessary apparatus. At that time it was impossible to secure apparatus from the United Kingdom, and after some delay, a Keleket machine arrived from the United States. The working factors are: 60-100 KV., 50-200 MA., F.S. distance 40 inches, screen to film 34 inches, a Morgan-Hodges phototimer, a Fairchild camera with 1.5 lens and a 70 mm. film. A rotating anode allows 500 exposures to be taken in a day. The apparatus can be adapted to take a 14 by 17 in. film by taking the tube back to 52 in. and the use of an aluminium-backed cassette to allow the phototimer to function. After further delay incurred in the adaptation of the small space available at the central clinic in Chapel Street, this apparatus was installed and the service was made available to the public on 13th April, 1948.

The Department was fortunate in securing the services of Mr. S. R. Hansell, M.S.R., who had had technical experience of mass radiography in the Royal Navy, and of Mr. J. S. van Eeden as organising clerk, and for many months the service was competently run by a staff of two, augmented for the purposes of the interpretation of the films by the tuberculosis specialists already in attendance at the clinics. None had had previous knowledge of this type of work and it would have been an obvious advantage to have been allowed overseas experience, however short.

Any means which furthers the avowed object of finding the early case and isolating the infectious one must be fully used in any area known to have such a high incidence as Cape Town, as is shown by the figures given below. Mass radiography certainly attains this end.

It would be foolhardy to claim that the diagnosis of pulmonary tuberculosis in the future will be always made sufficiently early but failures will be less frequent and from now on the patient will share the responsibility of the delay if he has omitted to attend for examination with his colleagues.

A return of 9 cases of active tuberculosis in every 1,000 persons examined fully justifies the expense, energy and skill entailed in the work; it is more than double the average figure obtained in many English surveys.

The disadvantages of engendering a false sense of security in those passed as normal and of over-burdening the clinics with observation cases is fully realised. It is similarly realised that the evaders are likely to contain a high proportion of persons, who owing to their symptoms suspect that they may be suffering from tuberculosis, but many of the hesitant and laggard are corralled by the refusal to examine a factory group unless the volunteer-rate is over 80 per cent. In several groups the attendance has been 100 per cent.

The success of mass radiography service depends on publicity, and acknowledgment for their help is due to the local Press and South African Broadcasting Corporation. Additional propaganda was provided by a colour film made by Mr. Lewis Lewis and his colleagues in a local insurance company. This has not yet been adequately exhibited to social agencies, clubs, factory groups and welfare organisations. The expense of this production was met by the Tuberculosis Samaritan Fund and at no cost to public funds; unfortunately the Department of Education was not prepared to make a copy of the film in colour.

Mass radiography will never replace the general practitioner in anti-tuberculosis work, in fact, it increases the need for the closest co-operation between the clinic and the family doctor. Concurrently all propaganda teaches the public the early symptoms of tuberculosis and encourages them to attend their own doctor, who should be constantly reminded that no chest examination is complete without an X-ray.

The lack of hospital accommodation reduces the value of the M.R.S., but the revelation of tuberculosis to an individual patient at least allows him to take some preventive measures in the home.

The established routine of recalling for a 14 by 17 in. film all those who show abnormal shadows has been followed. The patient then attends a special session which is held on Saturday morning for the convenience of workers; a full history is taken and physical and bacteriological examinations are carried out and finally a tuberculin test is applied. If the abnormality is considered to be due to tuberculosis, the patient is then referred to the tuberculosis clinics.

It should be noted that no effort has been made to X-ray large groups of children under the age of 15. The age-group 5-15 years is known to provide a minimal incidence of progressive tuberculosis. If an enlightened principal of a school has occasionally requested the examination of pupils, they are first submitted to a Mantoux test and only the reactors are X-rayed.

The examinations have been carried out in working time and the M.R.S. is deeply indebted to employers and their welfare officers for their co-operation which has largely prevented hardship to employees by allowing observation cases to continue work, by financially aiding the unfit and assuring them of re-employment on recovery.

A most successful scheme has been introduced by the Industrial Council for the Printing and Newspaper Industries of South Africa, whereby all employees receive 80 per cent. of their wages on condition that they accept adequate treatment for their tuberculosis. Since its introduction no patient in this group has refused hospital or sanatorium treatment.

PROCEDURE.

1 The organising clerk actively solicits the attendance of employees by contact with the employer, welfare officer, trade union or industrial councils; appointments are staggered in the larger groups to reduce the operating time to a minimum and 60 persons at a time are brought up by a shuttle service at reduced rates through the goodwill of the local transport company.

The first session of the day at 8.30 a.m. is reserved for pre-employment examinations, which have been welcomed by several large firms on the grounds that their workers should not be exposed to massive infection in the factory and that the entry into pension schemes and sick benefit societies of persons with undisclosed disease is thereby prevented.

It appears a rational step to insist on an X-ray examination as a preliminary condition to employment and this procedure has been already adopted by a few organisations including the City Council of Cape Town, the printing industry and a leading tobacco firm. Legislation has been introduced in several countries to ensure the compulsory radiological examination of all those who by their occupation might endanger the health of children, *e.g.* teachers.

RESULTS.

Owing to the delay in reporting the results of the first three months it is possible and pleasing to report that several cases of active tuberculosis discovered in this short period have completed treatment and have been back at work for 6 to 12 months.

The following table shows the number of examinations, classified according to sex and race, carried out from 13th April, 1948 to 30th June, 1948:—

	European.		Non-European.		Total.
	Males.	Females.	Males.	Females.	
April	484	9	355	2	850
May	279	335	195	321	1,130
June	318	368	1,007	688	2,381
Total	1,081	712	1,557	1,011	4,361

Recalled for further examination: 196 (45 Eur. and 151 non-Eur.).

A final diagnosis of active tuberculosis was made in 48 cases:—

	European.		Non-European.		Total.
	Males.	Females.	Males.	Females.	
Cape Town	2	8	25	8	43
Extra Municipal	—	—	2	3	5
Total	2	8	27	11	48

41 of this total were unaware that they were suffering from tuberculosis. 6 Coloured males and 1 Coloured female were already notified.

Admitted to hospital	11	} 8 fit for work after discharge. 1 unfit for work after discharge. 2 still in hospital.
Domiciliary treatment	2	
Waiting for admission	1	
Died	1	
Working under observation	19	
Evaded treatment	11	
Left for up-country	3	
	48	

The incidence of active tuberculosis per 1,000 persons examined is 9.4 (Europeans 5.6, non-Europeans 12.1).

SECTION VII—VENEREAL DISEASES.

(PREPARED BY DR. C. K. O'MALLEY, M.C., M.B., B.Ch., B.A.O., M.Sc. (HON. CAUSA.) (NUI.), D.M.R.E.(CAMP.), VENEREAL DISEASE OFFICER.)

EPIDEMIOLOGY.

Fewer cases were registered at the Municipal Venereal Disease Clinics this year than in the corresponding period for the previous year. This decrease applies to both racial groups, Europeans and non-Europeans, but is probably a periodic fluctuation without any deeper significance.

The total figure of such new cases is 5,521 but as of these 612 were found not to be suffering from any venereal disease, the true figure, that is the number of new cases of venereal disease reported during the year ending June, 1948, is 4,909.

Table I pictures an analysis of this figure showing how it is composed according to race, according to sex and according to diagnostic groups.

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	597	3.2
Non-European	4,924	23.1
<i>Sex :</i>		
Male	2,722	13.8
Female	2,799	13.7
<i>Disease :</i>		
Syphilis	3,335	8.3
Gonorrhoea	1,309	3.3
Other venereal diseases	89	0.2
Non-venereal diseases	612	1.5
Undiagnosed	176	0.4
All new cases	5,521	13.7

The above table brings out certain points which are worthy of closer attention.

1. The decrease in the number of new patients as compared with the preceding year is shared by both races.
2. There is no significant statistical difference between the number of male as compared with female cases.
3. The ratio of infection between Europeans and non-Europeans remains approximately the same. It seems to be more or less a fixed proposition that there are seven times more venereal cases amongst non-Europeans than amongst Europeans in Cape Town.
4. Syphilis is apparently the commonest venereal disease in our midst.
5. The TRUE INCIDENCE RATE for this particular year, that is the number of new cases (excluding those found not to be suffering from any venereal disease) is 11.8 per 1,000 of the population.
6. The figure 612, representing cases who came to the clinics for advice but were found not to have a venereal disease gives cause for satisfaction. It means that the population as a whole is realizing the purpose of our venereal disease service. It reflects a high standard of awareness of the danger of allowing disease to develop before medical advice is sought.

Table II illustrates the venereal disease rate amongst the European section of the population of Cape Town compared with other cities. It will be seen that these figures do not show any alarming state of affairs in our city, if we consider the European section only. There seems to be no urgent necessity for the blatant propaganda methods in vogue in other parts of the world, which at times endow the whole subject of venereal disease with a halo of unwanted publicity. This does not mean, of course, that our citizens, particularly those of the younger generation, should not be informed about the inevitable dangers attaching to sex promiscuity. But the methods chosen should be discreet as well as forceful and should be particularly directed to those who need it, without subjecting the whole population to an aesthetically offensive campaign.

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

Town.	Population.	New cases, 1948.	Rate per 1,000 population.
Glasgow	1,110,000	7,554	6.8
Birmingham	1,096,100	5,470	5.0
Newark	445,000*	1,551	3.5
Cape Town	188,834	597	3.2

*Including 50,000 Negroes.

Further comparative figures are presented in Table III below, where the position over the last fourteen years is presented. It is clear that a certain stabilization exists, that an inevitable, though avoidable, crop of venereal disease will appear each year despite the progress made in the development of rapidly curative methods, and despite the fact that a steady barrage of anti-venereal disease propaganda is kept up from year to year.

TABLE III.—INCIDENCE RATE OF VENEREAL DISEASE DURING THE FOURTEEN-YEAR PERIOD 1935-48

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
1948	4,733*	401,728	11.8

* Excluding non-venereal and undiagnosed cases.

Table IV sets out the number of new cases and the number of consultations given at the various centres functioning in the venereal disease branch, with, in addition, those referred from centres under the control of the medical officer in charge of the ante-natal and child welfare clinics. It will be noted that a clinic exists in the suburb Windermere, which has a particularly insalubrious reputation amongst the general public. Yet the number of new cases registered there was only 406. It would not be right to assume that there is less venereal disease in this locality. Indeed, there may be more, in which case the facilities offered by the Municipality in bringing medical aid and advice right into their midst are not being appreciated or used. In the Langa Native Township there is also a centre within easy reach of every inhabitant, yet the number of new cases reporting in one year was only 45 compared, for instance, with 1,686 registering in the Salt River area.

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	1,489	23,610
Salt River	1,686	29,906
Wynberg	1,040	18,189
Windermere	406	5,746
Langa	45	1,083
Pre-natal clinics (at child welfare centres)	855	5,319
Totals	5,521	83,853

INCIDENCE OF VENEREAL DISEASE IN NATIVES.

Considerable confusion exists about the amount of venereal disease prevalent amongst the African population. No separate figures are obtainable in the Municipal area, as no statistical differences are drawn between the various racial groups which make up the non-European section of our population. Figures have appeared from time to time from various sources, purporting to reflect the venereal disease incidence rate amongst Natives and very high figures have been published and accepted. Thus, one investigator gave a figure as great as 40 per cent., which, if true throughout the Union, would reflect a most serious state of affairs. On the other hand, the writer and the medical officer in charge of the Langa Native Township obtained, as the results of tests in 1,000 unselected African males, the low figure of 7 per cent. Some of these cases had been in large urban areas before, some were coming in for the first time. Some were married, some not. And these facts did not seem seriously to affect the general findings. Though not claiming any special merit for our figures, the gross discrepancy revealed between them and those of other authors indicate the need for a most searching and exact investigation.

ORGANIZATION.

Medical Staff.—There are two full-time medical officers, viz. the Venereal Disease Officer and the Deputy Venereal Disease Officer. Eight part-time 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 venereal disease 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 venereal disease cases at the City Hospital for Infectious Diseases.

The remainder of the staff of the venereal disease 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.

Table V presents, in the form demanded by the Union Health Department, a closer analysis of new cases, listed according to their scheme of classification. It shows in addition the attendances of the various groups subdivided according to race and sex. The word "attendance" in this table is synonymous with "consultation" and no special virtue is apparent to the writer in dividing the gross number of consultations into their various diagnostic categories. Various social factors such as work, poverty, etc. might cause a lower attendance ratio amongst, say, non-European females; but it is difficult to see what influences could affect the attendance rate of diagnostic group 2 as compared with group 1 save the obvious one of numerical disparity.

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	13	—	59	8	80	440	9	1,632	34	2,115
2. Seropositive primary syphilis	12	4	194	18	228	620	124	5,782	431	6,957
3. Secondary syphilis ..	26	12	303	273	614	933	536	8,251	7,221	16,941
4. Tertiary syphilis (1)	4	6	75	91	176	239	244	1,568	2,061	4,112
5. Endosyphilis (2) ..	4	41	236	1,433	1,714	378	1,009	5,943	17,880	25,210
6. Neurosyphilis ..	5	1	35	14	55	249	109	1,206	201	1,765
	64	64	902	1,837	2,867	2,859	2,031	24,382	27,828	57,100
7. Congenital syphilis (under 1 year) (3) ..	3	—	348	—	351	63	—	4,466	—	4,529
8. Congenital syphilis (over 1 year) (3) ..	—	—	117	—	117	373	—	4,813	—	5,186
Total syphilis ..	—	—	—	—	3,335	—	—	—	—	66,815
9. Gonorrhoea	229	37	952	73	1,291	1,442	408	6,380	424	8,654
10. Gonococcal vulvovaginitis	—	4	—	11	15	—	40	—	140	180
11. Gonococcal ophthalmia	—	—	—	3	3	—	2	—	9	11
Total gonorrhoeal infections ..	229	41	952	87	1,309	1,442	450	6,380	573	8,845
12. Ulcus molle	13	—	70	2	85	71	—	363	4	438
13. Lymphopathia venereum	—	—	—	—	—	—	—	—	—	—
14. Granuloma venereum ..	—	—	—	—	—	—	—	—	—	—
15. Venereal warts ..	1	—	3	—	4	1	—	15	—	16
16. Phagedaena	—	—	—	—	—	—	—	—	—	—
Total venereal diseases	—	—	—	—	4,733	—	—	—	—	76,114
17. Non-venereal disease ..	124	30	219	239	612	362	138	726	728	1,954
18. Undiagnosed ..	22	6	105	43	176	463	189	2,397	2,736	5,785
Grand total ..	—	—	—	—	5,521	—	—	—	—	83,853

(1) Clinically recognizable.

(2) Diagnosed on result of serological test alone.

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

Special remarks on Table V.

1. The number of cases of syphilis is almost three times larger than the number of cases of gonorrhoea. This ratio has been noted and commented on in former years. It is not a ratio which exists elsewhere in the world. Indeed, gonorrhoea is probably a far commoner disease than syphilis but today it is easily cured, and, no doubt, without even seeking medical aid. There is reason to believe that sulphonamide tablets are fairly easily acquired by those who do not wish to pay a private doctor or go to a public clinic.

2. The largest single group in the syphilis category is that represented by non-European females suffering from "endosyphilis" that is, syphilis without any external, visible signs. This preponderance seems paradoxical, but it is due to the excellent precaution of doing a routine blood test for syphilis, no matter what the complaint for which the individual sought advice on the first instance. This is the procedure at the various ante-natal centres, for instance, from whence a large proportion of these 1,714 individuals are referred to the venereal disease clinics. This figure alone, i.e. non-European females with no external signs, represents more than half of the total number of syphilitics registered during the year. It represents, further, a laudable effort in the preventive field of social medicine.

3. The number of cases of early syphilis in the primary stage is disappointingly low—80 out of the total of 3,335. Moreover, by far the greater number are males. For obvious reasons, however, the earliest manifestation of syphilis is more likely to force itself on the attention of the male than on the female. In the female the primary sore may be hidden from personal observation, and only revealed by a careful inspection on the part of the doctor. In more ways than one, it is regrettable that syphilis cannot be, or is not, detected in this earlier stage more frequently, because, firstly, cure is then more rapidly and more effectively established and, secondly, the dangerous infectious period, when the disease may be conveyed to others, is "nipped in the bud," as it were.

4. Only 3 cases of congenital syphilis amongst Europeans were detected at the clinics throughout the year. Compare this amount with the number that occurred amongst non-Europeans—3 compared to 465! As treatment given during pregnancy would certainly have prevented all the cases of congenital infection, it is more than a pity that such a state of affairs can obtain in a society with modern preventative means at its disposal.

5. Gonorrhoea in little girls, vulvo-vaginitis, shows a great reduction in numbers—50 per cent. less than in the preceding year. This is gratifying, as is the small amount of gonorrhoeal ophthalmia. The ready and rapid curative methods for gonorrhoea, at the disposal of everybody, can be credited with this remarkable improvement. A drawback of these quickly-acting drugs is their removal of that fear of acquiring venereal disease, with the result that frequent attacks of gonorrhoea in the same individual are commonplace.

6. Of the other venereal diseases, listed as 12, 13, 14, 15 and 16 in the official classification, chan-croid is the only one which occurs in any significant degree in Cape Town. Even then, the number is not a large one—85 for the whole population. This is a fairly common disease in other parts of the world. The reasons for its relative scarcity in Cape Town are not apparent. Lymphopathia venereum (No. 13) and granuloma venereum (No. 14) were almost entirely confined to tropical countries before World War II; but owing to the widespread area of hostilities, particularly in the campaigns against Japan, these diseases have spread to climates where they were unknown before. This applies particularly to the last-named disease as cases of lymphopathia venereum are occasionally met with in Cape Town. Fortunately since the introduction of the new so-called anti-biotic drugs, they have lost much of their former terror and are now within the compass of modern therapy to subdue.

7. Comment has already been made on the figures appearing in the horizontal space after the number 17 in Table V. This col. represents those patients who came to the clinic for advice, believing themselves to be infected, or referred there by outside medical organizations. The figure 612 is more than 10 per cent. of the total, and far from being the object of annoyance for taking up professional time to no purpose, these patients are, on the contrary, to be congratulated for making use of the facilities offered to them, in good time.

8. Finally there are the "undiagnosed" cases of which there were 176 at the end of the year. At the end of June, these individuals had not been classified, either because they had so recently come for advice that there was insufficient time to carry out the necessary investigations, or they had defaulted and stayed away before such tests could be performed.

Table VII shows the number of cases who were admitted to hospital for treatment. Usually it is difficult to prevail on patients to come into hospital unless they are suffering from some incapacitating or painful condition, and our cases do not often fall into such a category. The main purpose of advising patients with early syphilis to enter hospital is to submit them to some intensive scheme of treatment, which is more conveniently carried out, and kept under supervision in the wards. At the same time, those in social contact with such patients are relieved when, as they believe, a highly-infectious individual is removed from their midst. It has been laid down as a proper policy that only those patients suffering from a venereal disease in a communicable form should be admitted to such wards, for the maintenance of which the Union Health Department refund local authorities. In carrying out this policy, some misunderstanding inevitably arises with outside bodies, who fail to realize the limitations imposed, or with hospital authorities whose interpretation of what constitutes infectiousness differs from that of the medical staff of the venereal disease wards. That some restriction should be exercised is obvious. On the other hand, when the contemplated new venereal disease wards are completed, consideration should be given to the advisability of admitting ALL types of cases who require hospital treatment for ANY KIND of venereal disease. Such an arrangement would result in cases coming from centres remote from Cape Town and would provide excellent opportunities for clinical study and teaching purposes. The new unit to be erected at the City Hospital for infectious diseases may well be a recognized nucleus for the training of personnel, and the investigation of newer forms of treatment. Meanwhile, patients receive treatment which conforms to that advocated in centres abroad, where abundant opportunities exist for experimental research.

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	23	—	9	1	33
2. Seropositive primary syphilis	17	—	15	8	40
3. Secondary syphilis	33	15	81	176	305
4. Tertiary syphilis (1)	2	—	3	6	11
5. Endosyphilis (2)	5	1	3	8	17
6. Neurosyphilis	7	2	1	2	12
7. Congenital syphilis (under 1 year)	—	—	6	7	13
8. Congenital syphilis (over 1 year)	—	2	6	11	19
Total syphilis	87	20	124	219	450
9. Gonorrhoea	12	2	29	5	48
10. Gonococcal vulvovaginitis	—	—	—	2	2
11. Gonococcal ophthalmia	—	—	—	—	—
Total gonorrhoeal infections	12	2	29	7	50
12. Ulcus molle	6	—	5	—	11
13. Lymphopathia venereum	—	—	—	—	—
14. Granuloma venereum	—	—	—	—	—
15. Venereal warts	—	—	—	—	—
16. Phagedaena	1	1	—	3	5
Total venereal disease	106	23	158	229	516
17. Non-venereal disease	—	—	4	5	9
18. Undiagnosed	—	—	—	—	—
Grand total	106	23	162	234	525

(The actual number of individuals was 518 as some patients had more than one disease.)

(1) Clinically recognizable.

(2) Diagnosed on result of serological test alone.

DEFAULTERS AND FOLLOW-UP SERVICE.

The treatment of venereal disease, especially syphilis and the necessity for long continual periods of observation, try the patience of most individuals. Going to the clinic week after week, almost takes on the character of an endurance test. Added to this, the cost of transport, the time lost, the interference with work, all militate against our desire and efforts to keep our patients with us for the requisite time. Small wonder that many patients cease to attend long before their treatment is finished. To cope with this problem of default, a follow-up system is in force. Female patients are visited in their homes by a Nurse-Visitor. The method of approach of course varies with the type of patient, that is to say, whether the patient is in an infectious condition or not. In the former case, with the knowledge that the law may be invoked, the nurse-visitor can take a firm stand, while in cases where no contagiousness exists, the patient's own interests are put forward as the reason for continued attendance. In the case of males, no home visits are made but a letter of exhortation is sent instead. In both cases, when the provisions of the Public Health Act demand it, in those instances, that is, where the patient may convey his or her disease to others, a statutory warning notice is sent. Failing response to this, the matter is referred to the magistrate in compliance with the provisions of the Act. Experience has shown that patients who fail to respond to these personal visits or letters advising re-attendance, are best posted as "non-co-operating" and their files marked "self-discharged." In no case, however, when the disease is in a communicable form, is this "laissez-faire" attitude adopted.

Table VII gives the details of the work done in following-up defaulters.

TABLE VII.

Home visits to female defaulting patients	7,399
Letters to male defaulting patients	4,186
Referred to magistrate under Public Health Act	133

CONTACTS.

Every case of venereal disease has some opposite number from whom the disease has been contracted, or to whom it may have been communicated. This is a ready generalization which points out the moral that every medical practitioner has an ethical, if not a legal, obligation to trace and report every suspected case of venereal contact. Two methods of approach to this problem are in practice in the venereal disease service in Cape Town. In the case of husbands and wives the patient is entrusted with the task of securing the attendance of the other partner. A special "contact investigation" chit, with appropriate headings, is used for this purpose. The form is filled in by the first medical officer who sees the original patient. The form is then placed in an envelope, which is sealed and addressed to the medical officer to whom the partner must, in due course, report. Thus, the first party's role is

limited to handing a sealed note already addressed to the second person. This method is adopted, too, when patients express their readiness to co-operate with the scheme. But if this system fails, or when the original patient gives a name and address of a casual sex contact, sterner measures are adopted. Then a different approach is made, and a different form, which sets out the name and address of the contact is used. On receipt of this latter report from a medical practitioner a "warning notice" is sent to the alleged contact instructing him or her to consult a medical practitioner forthwith. The contacts can, of course, either see their own "house doctor" or report to one of the municipal clinics. But attendance at one or the other is obligatory. In Table VIII it will be seen that only 98 contacts were officially reported to the Medical Officer of Health and of those, only 46 reported at one or other of the council's clinics. And of these 46, 28 were found to be suffering from a venereal disease. The table does not figure those whose attendance was secured by the first described, unofficial method. In any case, so few patients can identify their contacts by name and address that, in Cape Town, contact tracing is disappointing in its results.

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	98
Number of such contacts who reported for examination ..	46
Number of those who attended found to be suffering from a venereal disease	28

In Table IX below, it will be seen that many pathological examinations were carried out in the centres. For instance, there were 1,309 cases of gonorrhoea registered at the centres during the year and 1,312 examinations for this disease were carried out. In the case of syphilis, 804 microscopic investigations were done at the clinics as against 922 cases of early syphilis, on whom such examinations could, normally, be performed. Of course this record is but a small part of the gross total of laboratory examinations necessary in any venereal disease service. The Government Laboratory in Cape Town renders great assistance in this respect and ready acknowledgement is hereby made to the director and his staff for their unfailing help and co-operation.

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

	Positive.	Negative.	Total.
Number of dark-ground examinations for Sp. Pall. ..	500	304	804
Number of smear examinations for gonococci	1,121	191	1,312
Number of blood sera tested by Kahn test	1,501	1,678	3,179

The standards of diagnosis and methods of treatment for venereal disease in use in Cape Town are similar to those employed in larger centres elsewhere in the world. Judging from the literature the venereal disease patient in Cape Town has the same chance of being cured of his infection as if he were residing in one of the world's great centres. So universal is the beneficent art of healing humanity, that the sufferer has not long to wait before the latest discoveries in medicine are placed at his disposal. Penicillin is used freely, though in syphilis, the older, well-tried remedies, arsenic and bismuth, are not neglected. There is a place for each of the three in the medicine chest of the venereologist.

It is not due to lack of healing methods that the problem of venereal disease persists in this, or in any other communities. Rather is it man's inability to subordinate his sexual life to the demands of social hygiene, and his unwillingness to forego the satisfaction of his libido in the interests of health, that creates and perpetuates the evil of venereal disease.

SECTION VIII—CITY HOSPITALS.

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

The hospitals for infectious diseases provided by the City Council are two in number, the City Hospital, Portwood 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 76.

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 $7\frac{1}{4}$ 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, 1948), 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)	..	..	..	..	..	..	..	..	61
Total attendances:									
Out-patients	..	..	..	..	..	..	..	..	9,300
In-patients	..	..	..	..	..	..	..	..	4,186
									13,486
Examinations and treatments:									
Skiagrams	..	..	..	..	..	..	..	..	6,008
Screenings	..	..	..	..	..	..	..	..	11,978
Consultations	..	..	..	..	..	..	..	..	577
Refills	..	..	..	..	..	..	..	..	3,804
Aspirations	..	..	..	..	..	..	..	..	167
Mantoux tests	..	..	..	..	..	..	..	..	685
Blood sedimentation	..	..	..	..	..	..	..	..	1
Thoracoscopy	..	..	..	..	..	..	..	..	11
Bronchogram	..	..	..	..	..	..	..	..	1
Internal pneumolysis	..	..	..	..	..	..	..	..	76
Examinations	..	..	..	..	..	..	..	..	76
									23,384

DENTAL CLINIC.

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

During the year under report, 76 patients attended and 114 teeth were extracted. Further details are shown in the table on page 32.

OPERATING THEATRE.

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

Appendicectomy	2
Appendix abscess, drainage	1
Bronchoscopy	11
Circumcision	2
Fistulectomy	1
Ileo-transverse colostomy	1
Laparotomy and drainage	1
Miscellaneous	4
Phrenic nerve crush	86
Posterior colpotomy	2
Thoracoplasty	3
Typhoid perforation, laparotomy	4
	<hr/> 118 <hr/>

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, Portswood Road, and Rentzkie's Farm Hospital in the year under report was as follows :—

	European.	Non-European.
Tuberculosis :		
From Cape Town Municipality	65	220
From outside Municipality	10	49
Venereal diseases :		
From Cape Town Municipality	2	10
From outside Municipality	1	2
Other diseases :		
From Cape Town Municipality	47	70
From outside Municipality	19	25
	<hr/> 144 <hr/>	<hr/> 376 <hr/>

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 62·9	1924-25 69·6	1925-26 107·7	1926-27 125·5	1927-28 151·7	1928-29 156·2
1929-30 159·1	1930-31 204·3	1931-32 238·2	1932-33 245·3	1933-34 256·7	1934-35 263·4
1935-36 280·2	1936-37 268·4	1937-38 267·4	1938-39 362·3	1939-40 331·4	1940-41 330·4
1941-42 342·3	1942-43 354·3	1943-44 354·4	1944-45 348·4	1945-46 364·3	1946-47 340·9
1947-48 351·7					

Details in regard to cases treated are shown in Tables 1 and 2, on page 56.

TABLE I.—NUMBER OF PERSONS TREATED IN THE CITY HOSPITAL FOR THE PERIOD 1ST JULY, 1947, TO 30TH JUNE, 1948.
(Classified according to the wards of the City, etc., to which they belonged.)

Wards, etc.	Under treatment, 1st July, 1947.						Admitted.						Discharged.						Died.						Under treatment, 30th June, 1948.						Total admit- ted persons.	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.									
1 ..	4	3	1	22	11	7	12	13	7	12	22	13	7	12	2	—	—	—	—	1	—	—	1	—	—	1,259	934	64	440	52	2,697							
2 ..	4	6	5	31	116	28	42	29	114	27	43	29	114	27	43	3	1	1	2	3	7	—	2	—	3	7	3	385	1,488	2,140	385	5,146						
3 ..	2	2	1	11	12	36	54	9	11	27	46	11	27	46	1	1	9	8	3	2	2	1	8	3	2	1	900	338	900	2,564	4,702							
4 ..	9	4	6	34	27	3	11	36	29	3	16	36	29	3	16	—	—	1	1	7	2	—	—	—	1,993	1,438	51	728	75	4,210								
5 ..	3	5	7	15	19	60	77	15	20	58	64	17	56	82	—	—	6	21	3	3	3	3	9	—	7	55	966	1,941	6,037	9,699								
6 ..	3	3	9	23	21	59	92	24	17	56	82	24	17	56	3	5	7	10	5	5	5	15	15	2	1,224	1,498	2,328	5,341	171	10,391								
7 ..	10	12	2	46	34	25	39	48	34	18	34	35	48	34	18	34	7	7	8	8	10	2	8	2	2,455	2,608	725	2,900	144	8,688								
8 ..	8	5	6	47	52	68	105	45	41	46	81	45	41	46	81	5	6	26	23	5	10	2	17	2	1,930	2,479	2,157	6,141	272	12,707								
9 ..	4	4	1	41	44	14	20	40	42	11	19	40	42	11	19	2	1	1	2	3	5	2	2	2	2,421	1,712	476	721	119	5,330								
10 ..	—	—	11	11	19	90	124	11	9	73	101	11	9	73	101	—	1	16	21	—	—	—	6	13	361	437	2,968	6,153	232	9,919								
11 ..	4	1	2	24	19	11	19	24	16	9	14	16	9	14	1	1	2	5	3	3	3	2	1	73	1,063	772	357	850	3,042									
12 ..	—	1	1	9	17	11	32	9	16	10	27	9	16	10	27	—	1	1	5	—	—	—	1	3	211	836	326	1,383	69	2,756								
13 ..	4	—	6	23	25	21	19	25	14	17	19	25	14	17	19	1	—	5	1	1	1	1	5	78	1,063	501	519	1,480	3,563									
14 ..	3	5	3	23	22	19	32	23	20	17	32	23	20	17	32	2	2	4	3	1	5	1	4	96	788	1,646	536	2,249	5,219									
15 ..	4	2	4	17	23	51	66	19	22	38	58	1	22	38	58	1	—	14	10	3	3	3	7	157	624	1,451	1,695	3,483	7,253									
Not allocated ..	1	1	4	2	—	9	4	2	1	8	4	2	1	8	4	—	—	1	3	1	—	—	1	15	234	38	79	532	883									
Langa Native Township ..	—	—	2	—	—	26	18	—	—	25	15	—	—	25	15	—	—	3	3	—	—	—	1	44	—	—	405	875	1,280									
From ships in Harbour ..	3	1	—	59	18	3	—	56	18	3	—	—	56	18	3	—	—	—	6	1	—	—	—	80	1,180	304	28	—	1,512									
From outside the Municipality ..	16	10	23	148	134	194	205	130	121	158	159	12	121	158	159	12	12	39	44	22	11	20	25	681	6,635	6,490	7,888	8,694	29,707									
Totals ..	82	69	67	586	591	735	971	567	558	611	826	33	558	611	826	33	33	142	167	68	69	49	122	2,883	26,229	26,588	23,828	52,059	128,704									

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 as the City Hospital, Portswood Road.

On 30th March, 1948, the Council appointed Dr. H. R. Ackermann to the position of Deputy Medical Superintendent and Miss A. J. Glenday to that of Matron of Rentzkie's Farm Hospital. These officials commenced duty on 1st June, 1948.

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 57).

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	.. .. .	24.69
In-patients admitted	.. .. .	606*
New out-patients	.. .. .	5,410
Attendances by out-patients	.. .. .	30,258
Visits to patients at their homes by—		
Doctor	.. .. .	1,915
Nurse	.. .. .	543
Midwifery service—		
Confinements attended (extern)	.. .. .	228
Visits made by midwife	.. .. .	3,235
Pre-natal clinic—		
New cases	.. .. .	297
Total attendances	.. .. .	1,524
Infant consultations—		
New cases	.. .. .	255
Total attendances	.. .. .	3,552
V.D. clinic—		
New cases	.. .. .	48
Total attendances	.. .. .	1,083
Tuberculosis clinic—		
New cases	.. .. .	70
Total attendances	.. .. .	133
Dental clinic—		
New cases	.. .. .	572
Total attendances	.. .. .	842

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

Abortion and miscarriage	.. .. .	13	Diseases of heart	.. .. .	10
Abscess	.. .. .	14	Diseases of nervous system	.. .. .	4
Admitted after operation	.. .. .	1	Diseases of pregnancy, child-birth and the puerperal state	.. .. .	9
Admitted with mother or infant	.. .. .	14	Diseases of skin and cellular tissue	.. .. .	16
Appendicitis	.. .. .	1	Diseases of the urinary and genital systems	.. .. .	12
Asthma	.. .. .	6	Dysentery	.. .. .	5
Bronchiectasis	.. .. .	2	Erysipelas	.. .. .	4
Bronchitis and pneumonia	.. .. .	71	Gangrene	.. .. .	1
Cancer	.. .. .	5	Influenza	.. .. .	15
Circumcision	.. .. .	1	Injury at birth	.. .. .	1
Diarrhoea and enteritis	.. .. .	33	Injuries from accidents or violence	.. .. .	104
Diseases of bones and joints	.. .. .	5	Malnutrition	.. .. .	1
Diseases of the circulatory system	.. .. .	6	Mastitis	.. .. .	1
Diseases of ear	.. .. .	2	Measles	.. .. .	3
Diseases of eye	.. .. .	21			

Molaena neonatorum	1	Syphilis	2
Other diseases of digestive system .. .	5	Tonsillitis	8
Pleurisy	5	Tuberculosis, pulmonary .. .	67
Prematurity	1	Tuberculosis, other forms .. .	17
Pyrexia of unknown origin	6	Typhus fever	1
Quinsy	5	Vincent's Angina	1
Rheumatic fever	1	Whooping cough	1
Rheumatism	6	Worms	2
Salpingitis	4	Diagnosis doubtful or indefinite .. .	20
Scabies	2	Other conditions	60
Septic infection	10		

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

Langa Native Township	541
Elsewhere in Cape Town Municipality .. .	50
Extra-municipal	15

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

In-patients	30
Out-patients	485

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	31	—	1	32	99	—	3	102
European girls	41	—	12	53	124	—	29	153
Non-European boys	654	—	17	671	1,935	—	30	1,965
Non-European girls	707	—	178	885	2,223	—	294	2,517
Total children	1,433	—	208	1,641	4,381	—	356	4,737
<i>Adults :</i>								
European males	20	12	—	32	42	12	—	54
European females	24	—	—	24	65	—	—	65
Non-European males	193	1	—	194	461	1	1	463
Non-European females	282	1	22	305	655	1	41	697
Total adults	519	14	22	555	1,223	14	42	1,279
<i>Total persons :</i>								
European	116	12	13	141	330	12	32	374
Non-European	1,836	2	217	2,055	5,274	2	366	5,642
All races	1,952	14	230	2,196	5,604	14	398	6,016

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

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

Ambulance journeys (return).		Premises disinfected.	
To City Hospital.	To other hospitals or premises.	For tuberculosis.	For other infectious diseases.
2,079	210	1,005	1,231

The distance covered during the year by the vans and ambulances was 89,341 miles.

SECTION IX.—SANITARY ADMINISTRATION.

HEALTH INSPECTORS.

On 30th June, 1948, the staff of health inspectors consisted of the chief health inspector, the assistant chief health inspector, 5 divisional health inspectors, 27 health inspectors, 2 assistant health inspectors, and 4 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 cowsheds); inspections concerning the licensing and regulation of licensed, registered and regulated trades and of theatres and other places of amusement and camping sites; the inspection of courts, lanes, alleys, open land, refuse tips, and standing water; the inspection of municipal washhouses and sanitary conveniences; investigations into social conditions in connection with remission of fees for treatment in municipal hospitals; and the 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, 1948, were as follows:—

Inspections made:

Public markets	3,317
Butchers' shops	7,545
Dealers' and general dealers' shops (food)	18,523
Dealers' and general dealers' shops (no food)	4,623
Fish and poultry shops	2,209
Bakers' shops (without bakehouses)	115
Bakehouses	659
Milk shops (purveyors of milk)	5,115
Ice-cream purveyors and manufacturers	1,056
Tea shops	1,570
Cafés	1,102
Restaurants	2,681
Eating-houses	1,101
Residential hotels and boarding houses	2,061
Aerated-water manufacturers	161
Other places where food is manufactured	204
Hawkers' premises	3,655
Hawkers' carts	2,368
Butchers' carts and carriers	453
Milk-delivery vehicles and carriers	1,569
Fish vehicles	96
Bakers' vehicles	174
Ice-cream vehicles	16
Tents	60
Sideshowes	138
Theatres and bioscopes	521
Billiard saloons	34
Common lodging houses	34
Tenement houses	3,497
Dwellings, re Slums Act	297
Other house inspections	45,919
Hairdressers	1,804
Laundries	192
Mattress-makers and upholsterers	102
Other factories and workplaces	3,141
Courts, lanes and alleys	3,868
Open land	2,510
Piggeries	361
Windermere, re notices in connection with the keeping of pigs	1,190
Horse stables	3,668
Dairy stables	3,593
Cattle dealers' premises	33
Visits made in connection with infectious disease	3,229
Hackney carriages	16
Standing water, catchpits, etc., re mosquitoes	326
Sites or premises re plans of proposed buildings	78
Public sanitary conveniences	5,213
Refuse tips	507
Washhouses	323
Other visits	6,702
Total	147,729

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

Visits to premises where action was taken in connection with rodent infestation	77
Visits at which premises were disinfected	26
Drain tests carried out	118
Visits where enquires were made re outworkers	1

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

Proceedings begun by :

Verbal notices	1,063
Written request notices	1
Formal written notices	5,315
Total proceedings begun	6,379

Written notices following verbal notices	297
--	-----

Total notices served :

Verbal notices	1,063
Request notices	1
Formal notices	5,694
Final notices	799
Total	7,557

The number of items included in the 6,379 notices were as follows :—

Ward 1.	714
Ward 2.	923
Ward 3.	732
Ward 4.	1,479
Ward 5.	1,794
Ward 6.	3,044
Ward 7.	2,203
Ward 8.	1,154
Ward 9.	736
Ward 10.	597
Ward 11.	380
Ward 12.	578
Ward 13.	461
Ward 14.	2,554
Ward 15.	1,565
Total	18,914

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	302
Defective water fittings	111
Unauthorised structures	18
Undrained premises	60
Structural defects to premises	21
Other defects	31

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, 1948, the City Council prohibited the further use of 11 stable premises (equine) for the keeping of animals.

Previously, since 1929, the City Council had prohibited the use of 120 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. During the year ended 30th June, 1947, the Union Health Department reports that there were 23 human cases (Cape Province 16, Orange Free State 7) and 12 human deaths. All the cases were non-Europeans.

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 examination of plans; 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 the built-up areas, 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.

In July, 1947, owing to the extreme congestion of staff at the Central Health Office, Keerom Street, an old building at Klipfontein Road, Mowbray, was taken over from the City Engineer and converted into a Pest Control Centre. The whole of the work of pest extermination is now carried out from this centre. A small staff being retained at Keerom Street, to deal with the City and Sea Point areas.

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

Inspections by pest control officers :				
Re rodents	9,656			
Re mosquitoes	5,636			
		15,292		
Inspections re rodents by other inspectors		112		
Inspections re mosquitoes by other inspectors		326		
Visits made to lands and premises by ratcatchers :				
Re rodents	59,932			
Re mosquitoes	21,274			
		81,206		
Number of notices served by pest control officers :				
Verbal notices	33			
Written notices	343			
		376		
Number of rodents caught and destroyed :				
Brown rats	8,678			
Black rats	2,185			
Gerbilles	348			
		11,211		

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
1948	8,678	2,185	348	11,211

MOSQUITOES.

One of the pest control officers 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 1947-48, 12 applications for the erection of tents, etc., were received, all of which were granted and were for occupation by 532 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, 1948:—

Nature of sample.	No. of samples.	Not genuine.					Genuine.
		No action taken.	Letter sent.	Warning notice sent.	Summons applied for.	Total.	
Milk	462	2 (sour)	2	—	32	36	426
Cream	8	—	—	—	—	—	8
Ice cream	6	—	—	—	1	1	5
Honey	2	—	—	—	—	—	2
Bread	16	1	—	7	3	11	5
Meat products ..	65	—	—	—	6	6	59
Minced meat ..	32	—	—	—	7	7	25
Dripping	4	—	—	—	—	—	4
Cooking fat .. .	1	—	—	—	—	—	1
Cooking oil .. .	3	—	—	—	—	—	3
Fried fish .. .	5	—	—	—	—	—	5
Dried pears .. .	3	—	—	—	2	2	1
Dried apple rings	1	—	—	—	—	—	1
Rice	1	—	—	—	—	—	1
Aerated water ..	1	—	—	—	—	—	1
Totals	610	3	2	7	51	63	647

Of the 51 summonses in respect of samples taken during the year ended 30th June, 1948, 9 cases were not heard until after the end of the year. Fourteen cases in respect of samples taken in the previous year were heard in the year under report. Fifty-six cases were therefore heard during the year and are included in the list of prosecutions at page 69.

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

Percentage of milk fat.	No. of samples.	Percentage of milk-solids-not-fat.	No. of samples.
1.0—1.4	1	6.0—6.4	1
1.5—1.9	1	6.5—6.9	2
2.0—2.4	11	7.0—7.4	1
2.5—2.9	11	7.5—7.9	7
3.0—3.4	136	8.0—8.4	3
3.5—3.9	187	8.5—8.9	249
4.0—4.4	78	9.0—9.4	190
4.5—4.9	19	9.5—9.9	2
5.5—5.9	3		1 (cream)
6.0—6.4	1		4 (sour)
6.5—6.9	2		2 (skim)
7.0—7.4	1		
7.5—7.9	1		
9.0—9.4	2		
9.5—10.0	2		
14.0—14.5	1		
29.5	1		
	2 (sour)		
	2 (skim)		

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. These culminated in a report to the City Council in February, 1948, containing the proposed new regulations required to bring pasteurisation into effect and to effectively control the process. This report was adopted by the Public Health Committee who forwarded it to the City Council.

After some discussion the report was adopted with the alteration that pasteurisation was not to be enforced until three years after promulgation of the regulations. The draft regulations were sent to the Provincial Council for adoption and at the end of the year under review had not yet been promulgated by the Cape Provincial Council.

Dairy Regulations and Licences.

The number of dairy premises licensed* for the sale of milk in the Municipality at 30th June, 1948, was as follows:—

	In the municipal area.		Outside the municipal area.	
	30th June, 1948.	30th June, 1947.	30th June, 1948.	30th June, 1947.
Cowsheds	20	17	246	198
Milkshops	122	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	3,593
Milk shops	5,115
Milk delivery vehicles	1,569
Ice-cream premises	1,056
Ice-cream vehicles	16

Milkshops and Ice-cream Premises.

Milkshops and ice-cream premises are under the inspection of the health inspectors but the Veterinary Officer in addition supervises and inspects premises where milk is 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 1948, and those for ice-cream to the year ended 30th June, 1948.

	Cowshed premises.		Milk shop premises.	Manufacturers and vendors of ice-cream.
	In the municipal area.	Outside the municipal area.		
Applications for licences received	19	292	152	443
Licences issued	15	283	114	437
Applications cancelled	1	3	8	—
Licences not granted	3	6	30	6

Of the 437 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 was found to be 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 underpasteurisation, while the remainder proved to be properly pasteurised. Neave's modification of the Kay-Graham test was used for the first half of the year. This test was then replaced by a more sensitive and simple test devised by the Veterinary Officer, Dr. B. M. Horwitz. By means of the new test the addition of 1 part of raw milk to 1,700 parts of pasteurised milk can be shown as opposed to the Kay-Graham test which will detect with certainty 1 part raw milk in 500 parts pasteurised milk.

In all 1,220 phosphatase tests were carried out: of this total 51 or 4.18 per cent. proved to be definitely underpasteurised.

Samples of milk tested for total bacteria, year ended 30th June, 1948.

Milk samples taken by the City Health Department are examined by the Breed Smear method by the Veterinary Officer in his laboratory. The procedure adopted is the same as that described last year—all samples are kept at room temperature for as near as possible, eight hours after production before examination; the standards adopted were those laid down last year of 500,000 organisms per ml. for the summer months and 200,000 per ml. for the winter months. Using this yardstick, of the 1,449 samples examined, 879 were satisfactory, i.e. 60.6 per cent. The fixed time factor resulted in counts showing a fairly close correlation to the method of production, i.e. the worse the methods of production the higher the count.

Of the 1,449 samples examined by the Breed method, 301 or 20·7 per cent showed the presence of streptococci and cell groups suggestive of mastitis.

Samples of Milk tested for Tubercle Bacilli, year ended 30th June, 1948.

	Positive.	Negative.	Total.
Samples taken from mixed milk of herd.	4	218	222
Bulked samples:			
Raw milk	—	10	10
Total	4	228	232

In addition to the above routine samples, 4 samples from individual cows were taken to follow up the routine samples reported as positive. All 4 were found to be negative.

Examination of Dairy Cows.

During part of the year under review 4,746 cows, belonging to 161 dairies, were examined clinically, and as a result, 461 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)	191
Mange	21
Emaciation	9
Tuberculosis (other than tuberculosis of the udder)	4
Tubercular mastitis	5
Contagious abortion	11

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 five 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.

The following is an analysis of the applications dealt with during the year ended 30th June, 1948:—

	Restaurants.	Tea Shops.	Cafés.	Eating-houses.	Boarding Houses.
1. Applications received	235	449	40	58	468
2. Granting of licences recommended (without conditions)	148	324	33	28	468
3. Granting of licences recommended (subject to conditions)	86	124	7	28	—
4. Number under item 3 later reported as having complied with conditions	62	72	5	23	—
5. Refusal of licences recommended	1	—	—	2	—
6. Applications withdrawn	—	1	—	—	—

REGISTERED TRADES.

Mattress-Makers, Laundries, Barbers and Hairdressers.

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

The figures in the following table refer to the calendar year 1948:—

	Mattress-makers and Upholsterers.	Laundries.	Barbers and Hairdressers.
Applications received	13	1	253
Registration certificates issued	13	1	250
Registration refused	—	—	2
Applications withdrawn	—	—	1

Hawkers and Pedlars :

The municipal regulations also require annual licences for hawkers and pedlars. The following figures refer to the year ended 30th June, 1948 :—

	Hawkers and Pedlars.
1. Applications received	2,019
2. Granting of licences recommended (without conditions)	1,136
3. Granting of licences recommended (subject to conditions)	833
4. Refusal of licences recommended	29
5. Number under items 3 and 4 later recommended	400
6. Applications withdrawn	21

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, 1948 :—

	General dealers.	Fresh produce dealers.	Butchers.	Bakers.	Motor garages.	Mineral water dealers.	Mineral water manufacturers.
1. Applications received	1,231	238	21	2	60	54	2
2. Granting of licences recommended (without conditions)	679	71	4	—	24	28	1
3. Granting of licences recommended (subject to conditions)	499	157	16	2	27	26	1
4. Number under item 3 later reported as having complied with conditions	433	120	16	2	20	22	—
5. Refusal of licences recommended	43	9	1	—	8	—	—
6. Applications withdrawn	10	1	—	—	1	—	—

Figures for hawkers and pedlars and for restaurant (etc.) keepers are shown above.

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, 1948 :—

Description.	Inspected.	Passed.	Condemned partly.	Condemned entirely.	
				Amount.	Percentage.
Carcases of beef	1	1	—	—	—
Carcases of mutton	3	3	—	—	—
Carcases of pork	42,901	41,877	879	145	0·34
Ox heads	1	1	—	—	—
Ox hearts	1	1	—	—	—
Ox tongues	1	1	—	—	—
Ox livers	1	—	—	1	—
Ox lungs	1	—	—	1	—
Pigs' plucks	livers	42,901	39,220	3,681	8·58
	lungs (prs.)	42,901	40,661	2,240	5·22
	hearts	42,901	42,517	384	0·90

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, 1947 to 30th June, 1948:—

Description.	Total.	Abscess.	Bruised.	Cysts (Hydatid).	Emaciation.	Gangrene.	Inflammation.	Measles.	Pericarditis.	Pneumonia.	Pyæmia.	Sarcocysta.	Septicæmia.	Tuberculosis.
Carcases of pork ..	145	—	4	—	4	5	—	72	—	2	1	8	5	44
Parts of pork ..	879	86	7	—	—	—	—	—	—	—	—	—	—	786
Ox livers ..	1	—	—	1	—	—	—	—	—	—	—	—	—	—
Ox lungs ..	1	—	—	1	—	—	—	—	—	—	—	—	—	—
Pigs':														
livers ..	3,681	—	—	2,951	—	—	300	—	—	—	—	430	—	—
lungs ..	2,240	—	—	174	—	—	1,916	—	—	150	—	—	—	—
hearts ..	384	—	—	—	—	—	—	—	384	—	—	—	—	—

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	3,190	1,494,419	27	3,691
Cape Town depots	—	—	26	3,273
Total	3,190	1,494,419	53	6,964

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, 1948:—

Meat:	Weight (lb.).
Biltong	367
Mutton	2
<i>Poultry and Game:</i>	
Ducks	137
Fowls	3,217
Geese	43
Turkeys	468
<i>Fish:</i>	
Fish	20
Preserved fish	1,312
<i>Fruit and Vegetables:</i>	
Apples	987
Avocado pears	1,462
Apricots	45
Bananas	16,268
Dates	18,829
Egg fruit	320
Figs	365
Gooseberries	20
Grapefruit	520
Grapes	518
Grenadillas	988
Guavas	92
Lemons	5,108
Litchies	150
Mangoes	4,878
Melons	3,914
Naartjes	4,304
Oranges	732

Fruit and Vegetables

Weight (lb.).

Pawpaws	18,115
Peaches	7,280
Pears	3,859
Pineapples	2,562
Plums	150
Spanspek	587
Water melons	33,776
Beans (green)	66,183
Beetroot	3,940
Betel leaves	39
Bringels	1,458
Cabbages	20,301
Carrots	3,959
Cauliflowers	683
Chillies	484
Cucumber	1,581
Garlic	3,817
Ginger	38
Kohlkohl	150
Leeks	90
Lettuce	4,633
Marrows	934
Mealies	90
Mixed vegetables	772
Onions	57,213
Parsley	136
Peas (green)	36,917
Parsnips	464
Potatoes	30,430
Potatoes (sweet)	10,247
Pumpkins	7,777
Radishes	1,014
Rhubarb	35
Spinach	3,764
Squashes	6,645
Sweet melons	7,460
Tomatoes	68,042
Turnips	918

Other Provisions:

Biscuits	72
Bacon	435
Canned fruit	52
Canned vegetables	531
Cereals	11
Cigarettes	4
Delicacies	22
Eggs	88
Glucose	108
Icing sugar	2,250
Jam	66
Mazena	4
Mealie meal	1,512
Meat Paste (sandwich)	270
Milk (condensed)	49
Moskonfyt	18
Oatmeal	24
Peas (dried)	2
Preserved fruit	1,504
Raisins	162
Sago	20
Spaghetti	202
Sugar	201
Sweets	1,848
Syrup (golden)	5
Tinned meat	228
Other tinned food	113

CASES BEFORE THE MAGISTRATE.

The following table gives particulars of cases heard by the magistrates during the year ended 30th June, 1948, at the instance of the City Health Department. In most of the cases there were two or more separate counts; the counts are not enumerated in the table. In some cases more than one person was summonsed for the same offence; if any one accused was fined or reprimanded the case is recorded in the table accordingly, notwithstanding that the other accused may have been discharged:—

Nature of offence.	Number of cases.						Total fines. £ s. d.	
	Total.	Fined.	Suspended sentence.	Reprimanded.	Summons withdrawn.	Discharged.		No. of persons summoned.
Dwelling-house premises in insanitary condition (excluding the keeping of animals)	29	20	2	1	4	2	37	161 0 0
Insanitary conditions at food premises:								
Butchers' shop premises	4	4	—	—	—	—	12	36 0 0
Bakehouses	1	1	—	—	—	—	4	3 0 0
Other food premises	11	10	—	—	—	1	14	76 0 0
Insanitary conditions or other offences in transport or delivery of foodstuffs:—								
Meat	1	1	—	—	—	—	1	10 0 0
Milk	52	48	—	—	2	2	125	245 0 0
Other foodstuffs	7	7	—	—	—	—	12	12 10 0
Selling, delivering or depositing meat not slaughtered at the municipal abattoir or not inspected and stamped	3	3	—	—	—	—	4	38 0 0
Selling foodstuffs in contravention of the Food, Drugs and Disinfectants Act:								
Milk	28	27	—	—	—	1	28	280 0 0
Ice-cream	1	1	—	—	—	—	4	10 0 0
Bread	3	—	—	—	3	—	3	—
Pears (Dried)	10	7	—	—	3	—	10	34 10 0
Sausage, minced meat, etc.	14	14	—	—	—	—	30	80 0 0
Trading as purveyor of milk without licence (no cows kept)	15	14	—	—	—	1	22	110 0 0
Trading as purveyor of milk without licence (cows kept)	1	1	—	—	—	—	2	3 0 0
Trading as hawker without licence	25	25	—	—	—	—	35	45 10 0
Other nuisances or insanitary conditions	12	11	—	—	—	1	14	52 0 0
Practising midwifery in contravention of regulations under the Public Health Act	1*	1	—	—	—	—	1	—
Total	218	195	2	1	12	8	358	£1,196 10 0

*This case was sentenced to £10 fine or two months' imprisonment suspended for two years.

PUBLIC SANITARY CONVENIENCES.

The following is a list of the public sanitary conveniences open at 30th June, 1948, together with the number of attendants employed:—

	Chalet.	Attendants.	
		Male.	Female.
Aberdeen Street, Woodstock	2	2
Bakoven	2	1
Beach Road, Sea Point	2	2
Beach Road, Three Anchor Bay	1	1
Camps Bay Beach	2	1
The Camp, Camps Bay	1	—
Castle Bridge	2	2
Castle Street, Cape Town	3	—
Claremont Park	1	1
Clifton, 4th Beach	1	1
De Waal Park	2	1
Dock Road, Cape Town	3	—
Early Morning Market, Sir Lowry Road	3	1
Gleemoor, Athlone	3	2
Green Point Common	1	—
Greenmarket Square	2	2
Hanover Street, Cape Town	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, Cape Town	2	2
Mayor's Garden	2	2

	Chalet.	Attendants.	
		Male.	Female.
Maitland Outspan	2	1
Mowbray	2	1
Muizenberg Beach	2	2
Museum, Cape Town	2	1
Queen's Park	1	1
Queen Victoria Street, Cape Town	2	1
Ralph Street, Claremont	2	2
Riebeeck Square	2	1
St. Andrew's Square	2	—
St. James' Beach	2	1
Salt River Market	3	2
Sea Point Swimming Pool (Non-European)	1	1
Searle Street, Woodstock	2	1
Shelley Street, Salt River	2	2
Spencer Road, Salt River	1	1
Station Road, Observatory	2	1
Strand Street, Cape Town	1	1
Three Anchor Bay (Children's Playground)	—	1
Trafalgar Park	2	1
Victoria Walk	1	1
Windermere	2	2
Wynberg	2	1
		82	53
	Relief attendants	14	9
	Night-shift attendants	4	2
		100	64

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 six 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 Plattekliip, Mowbray and Claremont, 3d. per day; at Hout Street, Wynberg and Salt River, 4d. per day; at Kalk Bay, 6d. per day. The charges for ironing (including use of electric iron) is 1d. per hour. At Hanover Street the charges are 3d. for two hours and 3d. for each additional hour up to a maximum of 1s. 6d. per day (including ironing facilities).

The charges for the use of the shower-baths at Hout Street are as follows: Adults, 3d.; children, 2d.

The attendances and takings at the washhouses (including ironing rooms) during the year ended 30th June, 1948, were as follows:—

	Attendances.	Money taken.	
		£	s. d.
Hout Street	11,368	215	0 8
Plattekliip	4,693	59	9 7
Hanover Street	14,326	838	16 0
Salt River	3,708	61	9 11
Mowbray	9,648	171	10 5
Claremont	8,944	167	15 2
Wynberg	6,037	126	9 9
Kalk Bay	2,696	67	8 0
	61,420	£1,707	19 6

The attendances and takings at the Hout Street shower-baths during the year ended 30th June 1948, were as follows:—

							Shower-baths.	
							Atten- dances.	Money taken.
Adults	..	..	..	..	..	..	28,418	£ s. d. 355 4 6
Children	..	..	..	..	..	..	245	2 0 10
Total							28,663	357 5 4

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 Kew Township, Epping-Uitvlugt, Windermere, Factreton Housing Scheme and Gibbonsville and Thomasville Estates. The stormwater drainage scheme in Parkwood Estate was completed.

Portions of the Liesbeek, Black and Blomvlei Rivers were canalized to relieve flooding and to eliminate stagnant pools, and the Southfield Canal was extended to Princess Vlei.

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 waterborne sewerage facilities.

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

There has been further progress in the construction of sewers in Kew Town and progress was made in the construction of a pumping station, interceptor and rising main for the Northern Suburbs and Industrial Areas Main Drainage.

Sewerage reticulation was completed in Thomasville, Gibbonsville and Naruna Estates.

PAIL CLOSETS.

The City Engineer's Department undertakes the weekly collection of sterco in the outlying unsewered 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 Camps Bay, Maitland, Kensington, Athlone, Kenilworth and Muizenberg.

The number of removals effected during the year ended 30th June, 1948, is shown by the following figures:—

Camps Bay	..	..	..	..	..	..	..	575
Woodstock	..	..	..	..	..	..	..	6,139
Maitland, Brooklyn and Rugby	..	..	..	..	..	..	..	7,825
Kensington	..	..	..	..	..	..	..	20,935
Added areas, Mowbray to Claremont	}							198,889
Claremont								
Wynberg	..	..	..	..	..	..	..	50,851
Muizenberg and Retreat	..	..	..	..	..	..	..	72,629
Windermere	..	..	..	..	..	..	..	230,766
								588,609

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. 68 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 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 404,916 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, 1948, the City Council and the Citizens' Housing League Utility Company have completed the erection of about 7,600 houses, in addition to the building of Langa Township.

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

	Cottages.	Average cost per dwelling.
Q-Town, Athlone (non-European)	112	£ 870
Windermere	70	914

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

Houses.	Cottages.	Average cost per dwelling.
1	—	£ 823
2	—	550
(1 block)	399	800

The dwellings completed bring the figures from 1920 to 30th June, 1948, 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	4,196	5,242
Citizens' Housing League Utility Co. ..	801	28	829
	1,847	4,224	6,071
Outside Cape Town municipal area :			
Citizens' Housing League Utility Co. ..	1,540	—	1,540
Total	3,387	4,224	7,611

The number of new dwelling houses built in the calendar year 1948 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	1,274
1921 ..	5,340	210	1939 ..	4,840	1,555
1922 ..	4,950	308	1940 ..	4,970	2,086
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	778
1929 ..	5,570	1,773	1947 ..	10,760	990
1930 ..	5,700	1,320	1948 ..	11,140	1,086
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	4	Ward 10	348
" 2	80	" 11	21
" 3	206	" 12	82
" 4	68	" 13	76
" 5	465	" 14	109
" 6	265	" 15	179
" 7	311		
" 8	182	Total	2,434
" 9	38		

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, 1948, the number of such burials was 273.

RELIEF WORKS.

During the period under review an average of 128 men have been employed on relief works maintained by the City Council. The total expenditure of the Council under this heading in the year 1948 was £120,863 14s. 3d. of which £72,700 13s. 11d. was paid in wages including cost-of-living allowance. The Government repaid to the Council £10,414 7s. 10d. 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 1947 and 1948:—

	1947.			1948.		
	£	s.	d.	£	s.	d.
Income from voluntary sources	140	0	0	485	0	0
Subsidy from Provincial Administration for investigations re Conradie Home applications	120	0	0	120	0	0
Subsidy from Department of Social Welfare	23,165	5	0	21,043	10	0
Subsidy from City Council	23,165	5	0	21,043	10	0
Expenditure on relief, excluding administration costs	22,912	17	4	20,804	19	8
Number of applications received	2,339			3,010		

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

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

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

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

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

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

FOOD SUPPLIED BY CITY HEALTH DEPARTMENT.

Free dinners are provided at thirteen 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 19 and 23. The dinners given numbered 126,418 (mothers, 33,737; children, 92,681). To these figures are to be added 31,198 dinners supplied to children at the municipal nursery schools (see page 28).

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 192,764 and 11,003 gallons of milk were consumed. To these figures are to be added 31,072 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, 1948, 1,382 new cases were supplied and 54,370 lbs. of dried milk were issued. The cost was £5,411 17s. 6d. and the takings from mothers for dried milk and medicines amounted to £2,860 14s. 8d. (see page 21). 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. 187 new cases were put on this allowance during the year, and the cost of the supplies was £2,011 11s. 2d.

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 holidays, on similar lines as in previous years. Although there was no actual shortage of foodstuffs the committee found it extremely difficult to provide a supplementary meal with a daily grant of only 2d. per child.

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.	83,296	95,681	100,236	93,867	373,080
Butter lbs.	14,464	41,191	15,096	13,003	83,754
Cheddar cheese .. lbs.	27,871	31,070	20,330	20,816	100,087
Pasteurised cheese .. lbs.	3,182	5,112	3,982	2,808	15,084
Cocoa lbs.	3,470	7,528	7,907	3,689	22,594
Moskonfyt lbs.	4,304	3,750	2,822	2,490	13,366
Sugar pkts.	283	514	408	363	1,568
Oranges pkts.	—	14,938	16,119	5,696	36,753
Grapes lugs	17,336	2,201	—	—	19,537
Raisins lbs.	58,725	46,600	42,950	34,450	182,725
Fruit salad lbs.	20,875	11,675	10,475	9,245	52,270
Crystallised fruit .. lbs.	9,815	5,603	5,639	4,042	25,099
Bread lvs.	103,793	112,459	128,251	128,000	472,503
Peanuts lbs.	27,825	29,275	31,475	23,275	111,850
Peanut butter lbs.	12,300	12,700	12,040	5,640	42,680
Fresh fruit and vegetables (other than grapes and oranges)	£7,023 7 3	£8,848 16 7	£6,959 15 9	£6,538 5 9	£29,370 5 4

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

Schools.	Board and State-aided.	Private (paying direct).	Total.
European	99 (26,119 children)	—	99
Coloured	176 (54,318 children)	1	177
Native	—	11	11
Total	275 (80,437 children)	12	287

STATE-AIDED MILK AND BUTTER SCHEME.

Butter.

The City Health Department discontinued to administer the sale of State-aided butter and margarine in Cape Town on the 11th August, 1947. The scheme was instituted in May, 1937, and is now administered by the Government.

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, 1948, the Medical Officer of Health issued 1 certificate to a person resident in Cape Town. The examination was oral and practical.

SECTION XI.—STAFF OF CITY HEALTH DEPARTMENT.

The full-time staff as at 30th June, 1948, 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, 7.
Senior Clerks, 2.
Clerks, 5.
Junior Clerks, 4.
Senior Shorthand Typistes, 2.
Head Office Messenger.
Messenger Learner.
Motor 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, 13.
Supervisor of Midwives.
Health Visitors, 22.
Junior Health Visitors, 10.
Social Welfare Visitor.
Clinic Assistants, 3.
Clerk.
Junior Clerk.
Senior Clerk Typiste.
Shorthand Typiste.
Clerk Typistes, 2.
Nursery School Teacher.
Nursery School Superintendent.
Junior Nursery School Teacher.
Domestic Adults, 23.
Domestic Juveniles, 14.
Cooking Hands, 14.
Labourers, 2.
Night Watchmen, 2.

VENEREAL DISEASE BRANCH.

Venereal Disease Officer.
Deputy Venereal Disease Officer.
Senior Health Visitors, 3.
Health Visitor, 1.
Head Male Nurse.
Male Nurses, 7.
Senior Clerk.
Clerk Typiste.
Domestic Adult.
Labourers, 2.

TUBERCULOSIS BRANCH.

Tuberculosis Officer.
Senior Radiographer.
Senior Health Visitors, 3.
Health Visitors, 2.
Junior Health Visitors, 3.
Senior Clerk.
Clerks, 3.
Junior Clerk.
Clerk-Typistes, 2.
Domestic Adults, 2.
Caretaker/Cleaner.
Labourer.

CITY HOSPITAL, INCLUDING AMBULANCE AND DISINFECTION SERVICES.

Medical Superintendent of Hospitals.
Deputy Medical Superintendent.
Resident Medical Officer.
House Physicians, 2.
Matron.
Assistant Matron.
Home Sister.
Night Sister.
Theatre Sister.
Sisters, 10.
Staff Nurses, 2.
Student Nurses, 10.
Nurse.
Nursing Assistants, 3.
Probationer Nurses, 13.
Chief Pharmacist.
Senior Pharmacist.
Pharmacist.
Dispensary Assistant.
Radiographer.
Disinfection Officer.
Ambulance Officer.
Clerk-in-Charge.
Clerks, 2.
Shorthand Typiste.
Junior Clerk.
Senior Works' Foreman.
Fitter.
Handyman/Electrician.
Handyman/Carpenter.
Brush-hand Learner.
Works' Storeman.
Storehand.
Boiler Attendant.
Labourers, 13.
Laundry Supervisor.
Seamstresses, 3.
Laundresses, 25.
Housekeeper.
Housemaids, 21.
Native Male Orderlies, 34.
Hospital Cooks, 4.
Senior Telephone Operators, 2.
Telephone Operator.
Hospital Porters, 4.
Ambulance and Motor-drivers, 5.

HEALTH INSPECTION BRANCH.

Chief Health Inspector.
Assistant Chief Health Inspector.
Divisional Health Inspectors, 5.
Pest Control Officers, 4.
Senior Health Inspectors, 11.
Health Inspectors, 16.
Assistant Health Inspectors, 2.
Learner Health Inspectors, 4.
Clerk-in-Charge.
Senior Clerk.
Junior Clerk.
Washhouse Caretaker/Fitter.
Washhouse Caretaker, 6.
Assistant Washhouse Caretakers, 6.
Ratcatchers, 15.
Ratcatchers' Assistants, 7.
Ratcatchers' Assistant-Learners, 4.
Motor-Driver.
Checker.
Fireman/Stoker.
Labourers, 4.
Drain Tester.
Attendants at Public Sanitary Conveniences, 154.

DAIRY INSPECTION.

Veterinary Officer.
Dairy Inspectors, 3.

DENTAL BRANCH.

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

Hospital Caretaker.
Hospital Porters, 2.
Senior Telephone Operator.
Seamstress.
Native Male Orderlies, 25.
Boiler Attendant.
Hospital Cooks, 3.
Labourers, 4.

NATIVE HOSPITAL, LANGA.

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

RENTZKIE'S FARM HOSPITAL.

Deputy Medical Superintendent.
House Physician.
Matron.
Sisters, 3.
Non-European Nurses, 12.
Male Nursing Assistants, 3.
Non-European Probationer Nurse.
Non-European Nursing Assistants, 22.
Occupational Therapist.

DOMICILIARY MEDICAL SERVICE.

Medical Officer for Indigent Sick.

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

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

CHANGES IN PERSONNEL.

Medical Staff.

Dr. H. R. Ackermann was appointed to the position of Deputy Medical Superintendent, Rentzkie's Farm Hospital and entered the service on 1st June, 1948.

Dr. P. B. Blaiberg was appointed to the position of Deputy Dental Officer and entered the service on 1st December, 1947.

Dr. Hilda M. Croxford was appointed to the position of Assistant Dental Surgeon and entered the service on 1st August, 1947.

Dr. R. M. Langerman was appointed to the position of Medical Officer for Indigent Sick and entered the service on 7th June, 1948.

Dr. J. D. Strachan resigned from the service as Medical Officer for Indigent Sick on 31st May, 1948.

Administrative.

Mr. Cecil Bates, Chief Clerk, retired on pension on reaching the age of superannuation on 3rd September, 1947, after serving the Department for over 33 years.

Senior Health Visitor Miss C. R. MacLeod, on reaching the age of superannuation, retired on pension on 10th October, 1947, after completing over 21 years' service.

TABLE A1. DEATHS REGISTERED IN 1947-48 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. (53 weeks ended 2nd July, 1948).

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

AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.

SUMMARY.

CAUSE OF DEATH.	Race.	Total under 5										TOTALS.										Deaths in Cape Town of Non-Residents (Excluded from foregoing columns.)																	
		0 to 1		1 to 2		2 to 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards		M.		F.		Per-sons.		M.		F.			
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	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	E. 3	6	4	6	1	4	8	16	2	2	11	6	17	7	14	12	6	24	5	17	2	13	7	6	3	1	—	98	74	172	30	22	30	22					
II.—Cancer and other tumours	O. 99	73	94	103	67	69	260	245	23	28	1	1	1	1	3	7	8	15	24	25	29	36	21	28	5	4	787	620	1,407	102	68	102	68						
III.—Rheumatism, diseases of nutrition, of endocrine glands and other general diseases and vitamin-deficiency diseases	E. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	143	138	281	44	20	44	20						
IV.—Diseases of the blood and blood-forming organs	O. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	75	87	162	17	8	17	8						
V.—Chronic poisonings and intoxication	E. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
VI.—Diseases of the nervous system and sense organs	E. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
VII.—Diseases of the circulatory system	E. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
VIII.—Diseases of the respiratory system (not specified as tuberculous)	E. 10	9	3	—	—	—	13	0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	96	127	223	18	14	18	14					
IX.—Diseases of the digestive system	O. 154	139	54	46	31	25	239	201	4	8	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	324	266	500	10	15	10	15					
X.—Non-venereal diseases of the genito-urinary system and annexa	E. 10	7	4	—	—	—	12	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	62	35	97	21	14	21	14					
XI.—Diseases of pregnancy, and puerperal state	E. 10	7	4	—	—	—	12	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	239	154	423	26	27	26	27					
XII.—Diseases of the skin and cellular tissue	E. 10	7	4	—	—	—	12	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
XIII.—Diseases of the bones and organs of movement	E. 10	7	4	—	—	—	12	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
XIV.—Congenital malformations	E. 9	2	—	—	—	—	9	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
XV.—Diseases peculiar to the first year of life	O. 13	4	—	—	—	—	16	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16	38	73	4	—	—	—	—	—	—	—	
XVI.—Scullity, old age	E. 35	38	—	—	—	—	35	38	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	35	38	73	4	—	—	—	—	—	—	—	
XVII.—Violent or accidental deaths	O. 106	145	—	—	—	—	166	145	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	166	145	311	11	14	11	14					
XVIII.—Ill-defined causes of death	E. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	O. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	O. 14	6	3	1	1	2	18	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	33	20	53	9	3	9	3	—	—	—	—	
Totals	E. 75	67	10	9	9	5	94	81	6	5	3	4	21	30	30	45	80	40	123	72	104	289	206	197	200	51	81	1,081	868	1,949	228	152	228	152					
	O. 610	483	208	206	125	117	943	806	42	53	25	18	143	172	162	137	242	125	230	131	182	121	135	136	75	76	22	38	2,201	1,813	4,014	273	188	273	188				
Totals, all races	685	550	218	215	134	122	1,037	887	48	58	28	22	164	202	192	162	322	165	353	203	369	225	424	342	272	276	73	111	2,282	2,681	5,975*	501	340	501	340				

* Including the deaths of 10 newly-born infants, 30/15 males and 8 females) of unknown race and age

REPORT OF THE MEDICAL OFFICER OF HEALTH.

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SUMMARY.

WARDS: CORRECTED FOR OUTWARD TRANSFERS.

CAUSE OF DEATH.	Race.	.																TOTALS.																				
		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		Not Allocated. Residential Addresses Un-ascertained.		F.	M.	Per-sons.		
		M.	F.	M.	F.	M.	F.	M.	F.	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 ..	{E. {O. {C.	3 10 20	13 14 12	5 14 12	3 5 3	2 5 10	5 10 10	2 8 10	4 5 1	5 7 9	2 3 3	4 5 10	5 8 10	4 6 6	15 29 5	8 16 9	10 16 17	6 9 17	7 11 1	3 4 13	2 13 13	— — —	2 6 8	— — —	4 13 1	— — —	5 13 2	11 23 2	2 11 2	11 23 2	5 13 2	3 9 2	4 9 2	3 6 6	4 15 2	98 787 143	74 620 138	172 1,407 281
II.—Cancer and .. other	{E. {O. {C.	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	
III.—Rheumatism, diseases of nutrition, of endocrine glands and other	{E. {O. {C.	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —		
IV.—Diseases of the blood and general diseases and vitamin-deficiency diseases	{E. {O. {C.	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —		
V.—Chronic poisonings and Intoxication ..	{E. {O. {C.	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —		
VI.—Diseases of the nervous system and sense organs ..	{E. {O. {C.	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —		
VII.—Diseases of the circulatory system ..	{E. {O. {C.	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —		
VIII.—Diseases of the respiratory system (not specified as tuberculous)	{E. {O. {C.	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —		
IX.—Diseases of the digestive system ..	{E. {O. {C.	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —		
X.—Non-venereal diseases of the genito-urinary system and anæmia	{E. {O. {C.	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —		
XI.—Diseases of pregnancy, and puerperal state ..	{E. {O. {C.	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —		
XII.—Diseases of the skin and cellular tissues ..	{E. {O. {C.	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —		
XIII.—Diseases of the bones and organs of movement ..	{E. {O. {C.	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —		
XIV.—Congenital malformations ..	{E. {O. {C.	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —		
XV.—Diseases peculiar to the first year of life ..	{E. {O. {C.	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —		
XVI.—Senility, old age ..	{E. {O. {C.	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —		
XVII.—Violent or accidental deaths ..	{E. {O. {C.	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —		
XVIII.—Un-defined causes of death ..	{E. {O. {C.	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —		
Totals	{E. {O. {C.	98 2 5	79 52 35	64 122 102	51 102 102	47 213 210	37 210 256	46 256 185	28 11 9	72 11 9	47 213 210	37 210 256	46 256 185	58 99 98	90 99 98	77 458 355	64 355 301	78 30 21	15 352 352	58 18 13	50 13 81	50 13 81	73 81 69	59 69 84	66 84 59	47 123 106	75 123 106	67 229 182	45 229 182	33 38 38	46 12 12	1,081 2,201 1,813	868 1,813 4,014	1,949 4,014 5,975*				
Totals, all races	{E. {O. {C.	100 94 131	99 131 100	99 131 100	151 105 105	151 105 105	247 302 213	302 213 213	213 302 213	151 105 105	247 302 213	302 213 213	213 302 213	151 105 105	247 302 213	302 213 213	151 105 105	247 302 213	99 131 100	151 105 105																		

* Including the deaths of 12 newly-born infants, 10 (5 males and 5 females) of unknown race and 2 of unknown race and sex.

[illegible]

Death Classification.		AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																				TOTALS.		Deaths in Cape Town of Non-Residents											
Code No.	International Code No.	CAUSE OF DEATH.	Race.	0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55			55 to 65		65 to 75		75 to 85		85 and upwards		Persons.		
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
040	30	I. (Cont.) Locomotor ataxia (tabes dorsalis) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
041	30	General paralysis of the insane ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
042	30	Aneurysm of the aorta ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
043	30	Syphilis, congenital ..	{E. O.	14	10	1	8	-	-	15	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
044	30	Syphilis, other forms ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
045	31	Relapsing fever ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
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.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	1	1	-	3	3	6	-
049	33	Influenza without respiratory complications specified ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	-	1	2	3	-	
050	34	Smallpox ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
051	34	Measles ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
052	35	Measles ..	{E. O.	6	3	3	9	2	3	11	15	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
053	36	Acute poliomyelitis & polioencephalitis ..	{E. O.	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
054	37	Acute lethargic (or epidemic) encephalitis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
055	37	Parkinsonism (post-encephalitic) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
056	38	Yellow fever ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
057	38	Rabies ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
058	38	Herpes zoster (zona) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
059	38	Varicella (chicken pox) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
060	38	German measles ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
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-fluke ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-																		

CAUSE OF DEATH.	Race.	WARDS: CORRECTED FOR OUTWARD TRANSFERS.																														Not Allocated. Residential Address 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.				
		E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.				
I. (Contd.)																																			
Locomotor ataxia (tabes dorsalis) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
General paralysis of the insane ..	{E. O.	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	3			
Aneurysm of the aorta ..	{E. O.	-	-	1	-	-	-	-	-	1	-	1	3	-	-	2	1	-	-	1	-	-	-	-	-	-	-	-	-	-	7	8			
Syphilis, congenital ..	{E. O.	-	-	-	-	1	-	-	1	1	1	4	1	-	4	7	1	-	4	3	-	-	1	-	2	-	-	-	1	-	15	18			
Syphilis, other forms ..	{E. O.	-	-	-	-	1	-	-	-	-	-	1	-	-	2	4	-	-	2	2	-	-	-	-	1	-	-	-	-	6	9				
Relapsing fever ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Well's disease ..	{E. O.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1			
Other diseases due to spirochaetes ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Influenza with respiratory complications specified ..	{E. O.	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	1	3	3			
Influenza without respiratory complications specified ..	{E. O.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	2	3			
Smallpox ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Amias and alastrim ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Measles ..	{E. O.	-	-	1	-	2	-	-	3	4	3	3	1	2	2	1	-	-	2	-	-	-	-	-	-	1	-	1	1	-	12	15			
Acute poliomyelitis & polioencephalitis ..	{E. O.	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2			
Acute lethargic (or epidemic) encephalitis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Parkinsonism (post-encephalitic) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2			
Yellow fever ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Rabies ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Herpes zoster (zona) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Varicella (chicken pox) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
German measles ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other diseases due to viruses ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1			
Typhus, louse-borne ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1			
Typhus, flea-borne ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Typhus, tick-borne, tick-bite fever ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Typhus, unspecified ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Ankylostomiasis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Hydatid disease ..	{E. O.	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3			
Cestodes-tape ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Trematodes-fluke ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other diseases due to helminths — nematodes—round ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other diseases due to helminths — bilharzia ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other diseases due to helminths — others and unspecified ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Mycoses ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1			
Venereal diseases (other than syphilis or gonorrhoea) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1			
Pernicious lympho-granulomatosis (Hodgkin's disease) ..	{E. O.	-	-	-	1	-	1	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	4	1	5		
Mumps ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other infectious or parasitic diseases ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Totals for I ..	{E. O.	3	3	13	5	3	6	4	2	2	5	2	4	15	8	10	16	6	7	3	135	7	4	6	2	11	2	5	9	4	3	4	98	74	
		-	-	19	14	56	36	5	3	81	72	85	61	29	24	164	127	9	4	135	135	6	4	25	20	28	18	39	29	91	66	15	787	620	

CAUSE OF DEATH.	Race.	WARDS: CORRECTED FOR OUTWARD 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.	M.	F.				
II. CANCER AND OTHER TUMOURS.																																					
Cancer and other malignant tumours of the buccal cavity—pharynx ..	{E. O.	-	2	-	-	-	-	-	-	1	-	-	-	3	-	1	-	1	-	-	-	1	-	-	-	1	-	1	-	-	-	-	9	2	11		
Cancer of the oesophagus ..	{E. O.	1	1	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	1	-	5	3	8			
Cancer of the stomach and duodenum ..	{E. O.	3	-	8	2	3	1	2	1	2	1	3	3	4	2	3	4	2	1	6	5	1	2	1	1	2	3	1	-	2	3	35	29	64			
Cancer of the rectum ..	{E. O.	1	1	-	1	-	-	-	1	1	-	-	-	-	1	-	3	1	-	-	-	1	1	-	-	-	-	-	1	1	-	7	7	14			
Cancer of the liver ..	{E. O.	-	-	1	-	-	-	-	-	1	1	-	1	3	-	2	1	-	2	1	-	-	2	1	1	-	-	-	-	-	-	7	8	15			
Cancer of the pancreas ..	{E. O.	-	-	-	1	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	1	2	3	3			
Cancer of other digestive organs ..	{E. O.	1	3	-	1	-	-	4	4	-	1	-	-	-	1	1	-	1	2	1	-	1	4	1	2	2	-	2	-	1	3	1	14	21	35		
Cancer of the larynx ..	{E. O.	2	-	-	-	2	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	2	-	-	-	-	1	8	1	9			
Cancer of the mediastinum ..	{E. O.	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
Cancer of the lung ..	{E. O.	1	-	3	-	1	-	2	-	1	1	1	1	-	1	1	2	1	-	2	-	1	-	2	-	2	1	-	2	-	1	21	5	26			
Cancer of the uterus ..	{E. O.	-	3	-	-	-	-	-	-	1	-	-	-	-	-	2	3	-	2	-	-	2	-	1	-	1	-	1	-	1	-	17	17	34			
Cancer of other female genital organs ..	{E. O.	-	2	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	4	2	6			
Cancer of the breast (male or female) ..	{E. O.	-	3	-	2	-	2	-	1	-	-	1	-	-	-	-	-	-	2	-	1	-	-	-	1	-	2	-	-	-	-	15	15	30			
Cancer of the prostate ..	{E. O.	-	-	-	-	-	3	-	3	-	-	-	-	-	-	-	2	-	1	-	2	-	1	-	-	-	-	-	-	-	-	12	-	12			
Cancer of other male genital organs ..	{E. O.	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	1			
Cancer of male and female urinary organs ..	{E. O.	1	3	-	1	-	1	-	1	-	1	1	-	-	-	-	-	-	-	-	1	1	2	-	1	1	-	1	1	-	-	7	8	15			
Cancer of the skin ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	1	-	-	-	-	1	2	3			
Cancer of the brain and other parts of the nervous system ..	{E. O.	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
Cancer of the bones ..	{E. O.	-	1	-	-	-	1	1	-	-	-	-	1	-	-	-	-	1	-	-	-	1	-	-	-	1	1	-	-	-	-	2	5	7			
Cancer of other and unspecified organs ..	{E. O.	-	-	-	1	-	2	-	1	-	1	-	-	-	1	-	1	1	-	1	3	-	-	-	-	1	1	2	-	1	-	3	11	14			
Non-malignant tumours: female genital organs ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Non-malignant tumours: other and unspecified organs ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
Tumour of the ovaries ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Tumour of the uterus ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Tumour of other female genital organs ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Tumour of the brain and other parts of the nervous system ..	{E. O.	-	1	-	-	-	1	-	-	1	1	-	-	1	-	1	-	-	1	-	1	-	-	-	-	-	1	-	-	-	1	4	5	9			
Tumours of other and unspecified organs ..	{E. O.	-	-	-	-	-	1	-	-	-	-	-	-	-	-	2	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	3	-	3			
Totals for II ..	{E. O.	10	20	12	9	7	9	13	9	10	8	3	1	9	5	9	17	9	-	11	6	2	8	13	9	11	7	5	11	10	9	7	8	6	143	138	281
III. RHEUMATISM, DISEASES OF NUTRITION AND OF THE ENDOCRINE GLANDS, OTHER GENERAL DISEASES AND VITAMIN-DEFICIENCY DISEASES.																																					
Acute rheumatic fever ..	{E. O.	-	-	-	-	1	1	-	-	-	-	1	-	1	-	3	3	-	-	-	-	-	-	-	-	-	-	1	-	-	-	7	4	11			
Chronic rheumatism, osteo arthritis, ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	2	2	4		
Gout ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Diabetes ..	{E. O.	-	3	1	2	2	1	2	4	2	-	1	3	5	1	3	1	2	2	5	-	2	1	-	-	3	3	1	-	-	3	1	2	16	31	47	
Diseases of the pituitary gland ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Simple goitre ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		

[illegible]

CAUSE OF DEATH.	Race.	WARDS : CORRECTED FOR OUTWARD TRANSFERS.																														Not Allocated. Residential Address Un-ascertained.		TOTALS.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			Persons.	
V. (<i>Contd.</i>)																																			
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.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.																																			
Intra-cranial abscess	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other forms of encephalitis (non-epidemic)	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Meningitis, pneumococcal	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other forms of meningitis (non-meningococcal)	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Diseases of the medulla and spinal cord, other than locomotor ataxia and disseminated sclerosis	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Cerebral hæmorrhage (not due to injury at birth)	{E. O.	7	4	5	7	3	8	8	4	1	3	5	4	4	2	2	7	7	10	1	2	5	5	3	4	3	4	5	7	4	6	2	2		
Cerebral embolism and thrombosis	{E. O.	2	6	-	2	1	1	2	3	-	1	-	1	1	1	1	-	1	1	-	4	5	-	4	1	-	2	2	3	3	6	4	3	1	
Hemiplegia and other paralysis of unstated origin	{E. O.	1	-	1	1	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	4	5	-	4	1	-	2	2	3	3	1	2	1	1	
Mental disorders and deficiency (excluding general paralysis of the insane)	{E. O.	-	-	-	-	-	-	-	-	-	3	2	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Epilepsy	{E. O.	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Convulsions in children under 5 years of age	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Chorea	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Neuritis (non-rheumatic)	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Paralysis agitans (Parkinson's disease)	{E. O.	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-		
Disseminated sclerosis	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other diseases of the nervous system	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Diseases of the organs of vision	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Diseases of the ear and the mastoid process	{E. O.	-	1	-	-	-	-	-	-	-	1	1	3	1	1	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Totals for VI	{E. O.	10	11	7	10	5	9	10	7	1	6	6	5	7	4	3	8	9	15	1	2	10	12	4	10	5	6	8	7	7	10	3	5		
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 sequelæ of rheumatic fever	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other chronic affections of the valves and endocardium	{E. O.	4	2	3	1	1	1	3	-	1	-	3	4	7	3	2	2	2	1	-	3	-	1	-	2	1	1	3	2	1	1	-	-		
Acute myocarditis	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Chronic myocarditis specified as rheumatic	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other chronic myocarditis	{E. O.	13	13	10	4	11	7	11	10	3	1	9	5	8	4	10	9	18	10	3	2	5	2	11	7	11	7	9	4	11	4	7	10		
Totals for VII	{E. O.	1	-	3	2	9	6	-	1	19	25	15	29	5	2	24	8	3	1	12	2	2	1	3	11	4	5	6	9	11	8	3	10		
TOTALS																																			

Death Classification.		CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																																TOTALS.		Deaths in Cape Town of Non-Residents
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.	M.	F.					
358	94	VII. (Contd.) Diseases of the coronary arteries and angina pectoris ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	3	-	8	3	18	2	41	13	53	33	36	18	3	9	162	78	240	22					
359	95	Heart disease specified as rheumatic ..	{E. O.	-	-	-	-	-	-	-	-	-	-	1	1	1	-	1	1	1	-	-	1	1	1	-	-	-	-	2	1	3	1					
360	95	Heart disease not specified as rheumatic ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	2	1	2	3	4	4	4	2	3	1	-	13	12	25	1					
361	96	Aneurysm, except of heart and aorta ..	{E. O.	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	1	1	-	-					
362	97	Arterio-sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral hemorrhage ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	-	1	13	7	12	12	6	7	33	28	61	4	-						
363	98	Gangrene (including cancrum oris) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	-	-	-	-	-	-	-	1	-	1	-						
364	99	Other diseases of the arteries ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	1	-	1	-	-	-	-	3	1	1	-						
365	100	Diseases of the veins ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1	-						
366	101	Diseases of the lymphatic system ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
367	102	High blood pressure ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	2	2	2	2	2	2	2	2	2	2	2	1	-	2	13	12	25	1					
368	103	Other diseases of the circulatory system (including hypertension) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
		Totals for VII ..	{E. O.	-	-	-	-	-	-	1	2	4	2	7	8	9	9	33	22	62	28	57	43	53	58	38	40	11	21	275	233	508	1					
		VIII. DISEASES OF THE RESPIRATORY SYSTEM (NOT SPECIFIED AS TUBERCULOUS).																																				
400	104	Diseases of the nasal fossae and antrix ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
401	105	Diseases of the larynx ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-						
402	106	Bronchitis, acute ..	{E. O.	1	38	25	9	7	5	6	52	38	1	2	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1	-						
403	106	Bronchitis, chronic ..	{E. O.	-	-	-	2	-	-	1	2	1	-	-	-	1	1	2	-	-	1	1	1	1	3	3	1	-	1	5	4	9	-					
404	107	Broncho-pneumonia (including capillary bronchitis) ..	{E. O.	5	86	37	33	21	16	161	135	2	6	2	-	6	5	1	6	9	1	10	1	1	1	5	2	4	2	3	197	167	364	1				
405	108	Pneumonia, lobar ..	{E. O.	2	12	17	6	6	3	2	21	25	1	-	-	2	3	-	7	1	4	-	7	1	2	1	1	-	1	8	7	15	-					
406	109	Pneumonia, unspecified, including acute congestion of the lungs ..	{E. O.	1	-	-	-	-	1	-	-	-	-	-	-	1	-	-	1	-	-	-	1	-	-	1	-	-	4	1	5	-						
407	110	Empyema ..	{E. O.	-	1	-	-	1	-	1	1	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	2	2	4	-						
408	110	Other unspecified forms of pleurisy (not specified as tuberculous) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1	-						
409	111	Hæmorrhagic infarction of the lung (including pulmonary embolism) ..	{E. O.	1	-	-	-	-	1	-	-	-	-	-	-	1	-	-	1	1	-	1	2	2	-	1	-	-	4	6	10	-						
410	111	Chronic or unspecified congestion of the lungs (including hypostatic pneumonia of unknown origin) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	1	1	-	1	2	2	-	1	-	4	1	5	-						
411	112	Asthma ..	{E. O.	1	1	-	-	1	-	2	1	-	-	-	3	-	-	1	1	2	1	2	1	1	1	1	-	1	6	10	16	-						
412	113	Pulmonary emphysema ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
413	114	Miners' phthisis without tuberculosis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
414	114	Miners' phthisis with tuberculosis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
415	114	Other occupational respiratory diseases ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
416	114	Gangrene of the lung ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
417	114	Abscess of the lung ..	{E. O.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	1	2	1	-	-	-	-	-	-	2	1	3	-						
418	114	Other diseases of the respiratory system not specified as occupational ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-						
		Totals for VIII ..	{E. O.	10	154	9	3	-	-	13	9	-	1	-	-	1	2	3	3	4	7	3	10	4	7	6	12	7	2	6	56	41	97	1				

CAUSE OF DEATH.	Race.	WARDS: CORRECTED FOR OUTWARD TRANSFERS.																														Not Allocated, Residential Addresses 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.								
VII. (Contd.)																																							
Diseases of the coronary arteries and angina pectoris ..	{E. O.	19 -	11 -	11 3	7 2	4 5	4 3	21 1	8 6	13 1	4 10	4 4	1 9	9 3	2 12	6 4	4 2	13 -	5 -	3 7	- 3	7 -	5 -	15 1	5 2	14 5	2 1	10 5	7 2	11 4	7 3	2 2	6 -	162 55	78 29	240 81			
Heart disease specified as rheumatic ..	{E. O.	- -	- -	1 -	1 -	- 1	- -	1 -	- -	1 -	- -	- -	- 1	- -	- -	3 -	2 -	- -	- -	1 -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	2 7	1 3	3 1				
Heart disease not specified as rheumatic ..	{E. O.	2 -	1 -	2 -	1 -	- 1	- -	1 -	- -	1 -	- 1	- -	- -	- -	- -	- 1	1 1	2 -	- 1	1 3	- -	- -	- 1	2 -	3 -	3 2	1 -	- -	- -	- 1	1 1	- -	13 4	12 9	25 13				
Aneurysm, except of heart and aorta ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	- -	1 2	1 2					
Arterio-sclerosis, excluding diseases of the coronary arteries, renal sclerosis, and cerebral hemorrhage ..	{E. O.	7 -	3 -	1 -	2 -	- 3	- 2	- -	1 -	2 1	1 3	- 2	1 2	1 1	2 -	- -	5 1	2 1	2 5	- -	2 -	1 -	1 -	4 1	3 1	1 -	2 1	4 -	7 2	2 -	- -	4 -	33 14	28 16	61 30				
Cancer (including cancerum oris) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	1 2					
Other diseases of the arteries ..	{E. O.	- -	- -	1 -	- -	- -	- -	- -	- -	1 -	- -	1 -	1 -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	3 1	1 4						
Diseases of the veins ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -						
Diseases of the lymphatic system ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -						
High blood pressure ..	{E. O.	2 -	1 -	- -	1 -	1 -	2 -	1 -	- -	- -	1 3	2 -	3 -	1 1	- -	4 -	- -	3 -	1 -	- -	- -	- -	2 -	- -	- -	1 3	2 3	1 3	1 3	2 1	- -	13 23	12 22	25 45					
Other diseases of the circulatory system (including hypertension) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -						
Totals for VII ..	{E. O.	47 1	31 -	28 7	18 8	18 22	16 16	35 -	20 2	21 35	6 42	19 35	13 38	23 13	13 11	16 40	16 20	39 6	24 3	9 40	4 29	15 2	9 1	31 5	20 16	32 17	17 10	26 19	29 17	31 27	15 20	13 6	22 275	403 233	264 508				
VIII. DISEASES OF THE RESPIRATORY SYSTEM (NOT SPECIFIED AS TUBERCULOUS).																																							
Diseases of the nasal fossae and annexa ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -						
Diseases of the larynx ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -						
Tracheitis, acute ..	{E. O.	- -	- -	1 -	- -	1 4	- -	- -	5 -	4 5	5 3	- -	2 28	17 1	1 1	9 4	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	1 4	3 -	- -	- -	54 7	40 8	94 15				
Tracheitis, chronic ..	{E. O.	- -	- -	- -	1 -	- -	1 -	- -	1 1	1 1	- -	1 1	- -	1 1	1 1	- -	1 3	4 -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	1 -	- -	- -	- -	5 7	4 8	9 15				
Whooping-cough ..	{E. O.	1 -	1 -	1 3	2 1	2 6	- 8	1 3	1 17	1 21	1 22	1 15	6 4	2 9	2 42	2 33	2 1	2 47	2 35	1 1	1 13	1 4	1 10	2 9	2 7	1 19	1 7	1 19	1 22	- 2	- -	21 197	15 167	36 364					
Pneumonia, lobar ..	{E. O.	1 -	2 -	1 3	- -	- 2	1 1	- -	- -	4 5	6 1	3 1	1 12	9 1	1 1	5 6	- -	- -	- -	1 -	1 -	- -	1 2	1 -	1 -	1 -	1 -	1 -	1 -	1 -	- -	8 48	7 28	15 76					
Pneumonia, unspecified, including acute congestion of the lungs ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	2 -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	4 1	1 1	5 2						
Empyema ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 2	- -	4 -					
Other unspecified forms of pleurisy (not specified as tuberculous) ..	{E. O.	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	1 -					
Emorrhagic infarction of the lung (including pulmonary embolism) ..	{E. O.	- -	1 -	- -	- -	- -	- -	1 2	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 3	4 4	6 7					
Chronic or unspecified congestion of the lungs (including hypostatic pneumonia of unknown origin) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -						
Asthma ..	{E. O.	- -	1 -	- -	- -	- -	1 -	- -	1 1	- -	1 2	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -					
Pulmonary emphysema ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -						
Others' phthisis without tuberculosis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -						
Others' phthisis with tuberculosis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -						
Other occupational respiratory diseases ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -						
Cancer of the lung ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -						
Abscess of the lung ..	{E. O.	1 -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	2 2	1 1	3 3					
Other diseases of the respiratory system not specified as occupational ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 2	1 1	1 3					
Totals for VIII ..	{E. O.	3 -	4 1	2 8	2 1	3 9	1 13	4 3	7 30	1 33	3 33	- 21	9 8	3 14	5 87	5 63	2 3	1 5	3 67	4 54	4 1	6 16	3 5	1 12	2 10	5 9	4 10	3 33	3 33	2 5	2 5	56 324	41 206	97 590					

Death Classification.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																</	
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[illegible]

[illegible]

Death Classification.		CAUSE OF DEATH.	Race.	AGE GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																																TOTALS.		Deaths in Cape Town.
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.		
572	148	XI. (Contd.) Acute yellow atrophy of the liver (post-partum)	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
573	148	Other puerperal toxæmias	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
574	149	Other accidents of childbirth	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1	-					
575	150	Other or unspecified diseases of childbirth and the puerperium	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
		Totals for XI	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	7	1	5	2	6	-	-	-	-	-	-	-	-	-	4	18	4	-				
		XII. DISEASES OF THE SKIN AND CELLULAR TISSUE.																																				
600	151	Carbuncle, boils	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	-					
601	152	Cellulitis, acute abscess	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
602	153	Other diseases of the skin, etc.	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1	1	-					
		Totals for XII	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	1	-	2	2	2	-					
		XIII. DISEASES OF THE BONES—ORGANS OF MOVEMENT.																																				
650	154	Osteomyelitis and periostitis	{E. O.	-	-	-	-	1	-	1	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3	-					
651	155	Other diseases of the bones (except tuberculosis)	{E. O.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-					
652	156	Diseases of the joints (except tuberculosis and rheumatism)	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-					
653	156	Diseases of the organs of movement	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
		Totals for XIII	{E. O.	-	-	-	-	1	-	1	-	1	-	2	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	4	1	5	-					
		XIV. CONGENITAL MALFORMATIONS.																																				
700	157	Congenital hydrocephalus	{E. O.	-	-	1	-	-	-	-	1	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	1					
701	157	Spina bifida and meningocele	{E. O.	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-					
702	157	Congenital malformation of the heart	{E. O.	2	2	1	-	-	3	-	2	2	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	4	-					
703	157	Monstrosities	{E. O.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-					
704	157	Congenital pyloric stenosis	{E. O.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-					
705	157	Cleft palate, harelip	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
706	157	Imperforate anus	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
707	157	Cystic disease of the kidney	{E. O.	2	-	-	-	-	-	2	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-					
708	157	Other stated congenital malformations	{E. O.	2	-	1	-	-	-	2	-	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-					
709	157	Unspecified congenital malformations	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
		Totals for XIV	{E. O.	9	2	-	-	3	1	9	2	-	2	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	10	2	12	4					
		XV. DISEASES PECULIAR TO THE FIRST YEAR OF LIFE.																																				
750	158	Congenital debility	{E. O.	-	2	4	-	-	-	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	4	6	-					
751	159	Premature birth	{E. O.	24	31	-	-	-	-	24	31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	24	31	55	3					
				97	104	-	-	-	-	97	104	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	97	104	201	3					
752	160	Intra-cranial or spinal hemorrhage due to injury at birth	{E. O.	4	4	-	-	-	-	4	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	4	8	-					
				29	15	-	-	-	-	29	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	29	15	44	1					
753	160	Other birth injuries	{E. O.	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
				4	1	-	-	-	-	4	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	1	5	-					
754	161	Asphyxia during or after birth, atelectasis	{E. O.	4	2	-	-	-	-	4	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	2	6	-					
				11	7	-	-	-	-	11	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11	7	18	-					
755	161	Intoxication due to maternal toxæmia	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
				1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-					
756	161	Infections of the newborn, non-syphilitic pemphigus	{E. O.	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
				-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
757	161	Molena neonatorum	{E. O.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-					
				11	5	-	-	-	-	11	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11	5	16	-					

[illegible]

CAUSE OF DEATH.	Race.	WARDS: CORRECTED FOR OUTWARD 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.	M.	F.			
XV. (Contd.)																																				
Other specified diseases (including gangrene or hemorrhage of umbilicus, icterus neonatorum, acute catarrhal hepatitis)	{E. O.	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	2 11	1 8	3 19	
Totals for XV ..	{E. O.	1 -	1 2	4 5	- 3	1 7	3 11	- 2	5 20	1 11	1 16	1 11	2 17	4 12	7 28	9 26	4 2	3 4	4 24	1 26	- 2	2 2	2 8	2 3	1 4	3 4	5 20	2 12	2 13	2 14	- -	35 166	38 145	73 311		
XVI. SENILITY, OLD AGE.																																				
Senility (age 65 and over)	{E. O.	- -	3 -	1 -	1 -	- -	- -	2 -	- -	- -	- -	- -	2 -	- -	1 -	3 -	- -	1 -	2 -	2 -	- -	3 -	1 -	- -	- -	2 -	- -	- -	5 -	1 -	2 -	1 -	1 -	8 9	19 12	27 21
XVII. VIOLENT OR ACCIDENTAL DEATHS.																																				
Suicide	{E. O.	1 -	1 -	- -	1 -	1 -	1 -	3 -	- -	1 -	- -	1 -	- -	1 -	- -	- -	- -	- -	- -	1 -	2 -	1 -	1 -	1 -	1 -	1 -	1 -	1 -	1 -	1 -	12 7	7 1	19 8			
Homicide	{E. O.	- -	- -	- -	- -	1 -	3 -	- -	- -	- -	- -	1 -	1 -	2 -	- -	- -	- -	- -	1 -	1 -	- -	1 -	1 -	1 -	1 -	1 -	1 -	1 -	1 -	1 -	7 24	4 3	11 27			
Accidental injury by railway, road and other transport ..	{E. O.	5 -	- -	1 -	- -	1 -	1 -	1 -	1 -	1 -	4 -	1 -	6 -	3 -	3 -	2 -	1 -	3 -	1 -	1 -	1 -	1 -	1 -	1 -	1 -	1 -	1 -	1 -	1 -	33 47	5 7	38 54				
Accidental injury by industrial or other mechanical causes ..	{E. O.	1 -	- -	1 -	- -	- -	1 -	1 -	- -	- -	3 -	1 -	1 -	- -	1 -	- -	1 -	- -	1 -	- -	1 -	1 -	1 -	1 -	1 -	1 -	1 -	1 -	1 -	1 -	9 6	6 1	15 7			
Injury by venomous animals	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Injury by other animals	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Food poisoning	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Accidental absorption of poisonous gases	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Other acute accidental poisoning (not by gas)	{E. O.	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Conflagration	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Accidental burns (conflagration excepted)	{E. O.	- -	- -	1 -	- -	- -	- -	- -	2 -	- -	- -	- -	1 -	3 -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Accidental mechanical suffocation	{E. O.	- -	- -	1 -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Accidental drowning	{E. O.	- -	- -	- -	- -	1 -	1 -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Cataclysm (all deaths, whatever their cause)	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Hunger or thirst	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Excessive cold	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Excessive heat (including heat stroke on mines)	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Lightning	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Other accidents due to electric currents	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Anesthetic accidents (experiments, normal childbirth, sterilizing or aesthetic operations or operations of unknown nature)	{E. O.	- -	- -	1 -	1 -	1 -	- -	- -	- -	- -	1 -	- -	1 -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Lack of care of the new-born	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Deaths of persons in military service during operations of war	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Deaths of civilians due to operations of war	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Legal executions	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Open verdict	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-									

REPORT OF THE MEDICAL OFFICER OF HEALTH.

101

Code No.	CAUSE OF DEATH.	WARDS.															TOTALS.			Petrols.
																	Totals.			
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	M.	F.	M.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.
015	Tuberculosis, respiratory system ..	-	-	2	-	3	1	1	1	-	2	2	-	-	-	-	-	10	3	13
016	Tuberculosis, central nervous system ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
043	Congenital syphilis ..	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1
105	Cancer of the pancreas ..	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	1
106	Cancer of other digestive organs ..	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1	1
109	Cancer of the lung ..	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	1	1
135	Tumour of brain and other parts of the nervous system ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
152	Diabetes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2
206	Other and unspecified anaemias ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
212	Agranulocytosis ..	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	1	1
305	Cerebral haemorrhage (not due to injury at birth) ..	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	3	1	4
306	Cerebral embolism and thrombosis ..	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	1	1
310	Convulsions in children under 5 years of age ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
317	Diseases of ear and mastoid process ..	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1
352	Acute endocarditis (excluding rheumatic endocarditis) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
354	Other chronic affections of the valves and endocardium ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
357	Other chronic myocarditis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
358	Diseases of the coronary arteries and angina pectoris ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	5
362	Arterio-sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage ..	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	3	1	4
365	Diseases of the veins ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
367	High blood pressure ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
402	Bronchitis, acute ..	-	-	-	-	-	-	-	-	-	1	-	-	2	-	-	-	3	3	3
404	Broncho pneumonia, including capillary bronchitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	2
406	Pneumonia, unspecified, including acute congestion of the lungs ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1
455	Ulcer of the stomach ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
458	Diarrhoea and enteritis (under 2 years of age) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
461	Appendicitis ..	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	2	2	4
467	Cirrhosis of the liver, without mention of alcoholism ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
500	Nephritis, acute ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
504	Other diseases of the kidneys and uterus (not connected with pregnancy) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
708	Other stated congenital malformations ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
751	Premature birth ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
752	Intra-cranial or spinal haemorrhage due to injury at birth ..	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	2	4	6
758	Other specified diseases (including gangrene or haemorrhage of umbilicus, icterus neonatorum, acute catarrhal hepatitis) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
850-	Suicide ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
863-	Accidental injury by railway, road and other transport ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
868-	Ill-defined causes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
951	Totals ..	1	1	4	3	8	15	6	4	1	5	2	6	3	1	1	57	19	76	

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

Section.	Code No.	CAUSE OF DEATH.	AGE GROUPS (YEARS).																												TOTALS		Persons. Deaths in Cape Town of non-residents (ex-	
			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.					
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
I	001	Typhoid fever	-	-	1	-	1	-	2	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	4	2	
I	008	Cerebrospinal meningococcal meningitis	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1		
I	011	Whooping cough	3	7	1	3	2	1	6	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	11	17	-	
I	012	Diphtheria	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	
I	014	Tetanus	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
I	015	Tuberculosis, respiratory system	11	2	8	3	7	13	26	18	1	2	1	-	13	6	19	9	13	8	18	3	5	-	2	-	1	-	-	99	46	145	13	
I	016	Tuberculosis, central nervous system	1	-	1	4	-	2	2	6	-	1	-	-	-	-	1	-	2	-	-	-	-	-	-	-	-	-	-	5	7	12	3	
I	017	Tuberculosis, intestines and peritoneum	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-	
I	018	Tuberculosis, vertebral column	-	-	-	-	1	1	1	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	-	
I	024	Tuberculosis, acute miliary	-	-	1	2	-	1	1	3	-	1	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	3	4	7	1	
I	025	Tuberculosis, chronic miliary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1	-	1	-	
I	032	Dysentery, bacillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	1	-	1	-	
I	033	Dysentery, amoebic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
I	035	Dysentery, other and unspecified forms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
I	041	General paralysis of the insane	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	1	-	1	-	-	-	-	-	-	5	-	5	-	
I	042	Aneurysm of the aorta	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1	-	
I	043	Congenital syphilis	5	1	-	-	-	-	5	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	1	6	1	
I	044	Syphilis, other forms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	1	2	3	1	
I	052	Measles	-	1	2	1	-	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	4	2	
I	062	Typhus, louse-borne	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
II	101	Cancer of the oesophagus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1	-	
II	102	Cancer of stomach and duodenum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	1	1	2	-	
II	104	Cancer of the liver	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	1	-	-	-	-	-	-	3	1	4	-	
II	106	Cancer of other digestive organs	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2	2	-	
II	109	Cancer of the lung	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	1	-	-	-	-	-	-	3	-	3	-	
II	110	Cancer of the uterus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	3	3	-	
II	112	Cancer of the breast (male or female)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	1	-	
II	113	Cancer of the prostate	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
II	135	Tumour of brain and other parts of the nervous system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
III	149	Acute rheumatic fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
III	164	Other general diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	
IV	207	Leukaemia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	
VI	300	Intra-cranial abscess	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
VI	301	Other forms of encephalitis (non-epidemic)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
VI	302	Meningitis, pneumococcal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1	-	
VI	303	Other forms of meningitis (non-meningococcal)	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	
VI	305	Cerebral haemorrhage (not due to injury at birth)	1	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	1	1	-	-	-	-	-	-	-	-	4	1	5	-	
VI	306	Cerebral embolism and thrombosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
VI	308	Mental disorders and deficiency (excluding general paralysis of the insane)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
VI	309	Epilepsy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1	-	1	-	
VI	317	Diseases of ear and the mastoid process	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	2	-	
VII	351	Other pericarditis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
VII	352	Acute endocarditis (excluding rheumatic endocarditis)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	-	
VII	353	Valvular disease specified as sequelae of rheumatic fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	-
VII	354	Other chronic affections of the valves and endocardium	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	2	1	3	-
VII	356	Chronic myocarditis specified as rheumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-
VII	357	Other chronic myocarditis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	5	-	3	1	-	-	-	-	-	-	9	2	11	1
VII	358	Diseases of the coronary arteries and angina pectoris	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	2	-	-	-	-	-	-	-	6	-	6	-
VII	359	Heart disease specified as rheumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	1	1	2	-
VII	362	Arterio-sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1
VII	367	High blood pressure	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2	1	3	-
VIII	401	Diseases of the larynx	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-
VIII	402	Bronchitis, acute	17	7	1	1	2	3	20	11	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21	12	33	-</	

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

[illegible]

TABLE A3 (Continued).

Section.	Code No.	CAUSE OF DEATH.	AGE GROUPS (YEARS).																																TOTALS.		Persons. Deaths in Cape Town.
			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.								
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.							
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
VIII	409	Haemorrhagic infarction of the lung (including pulmonary embolism) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1					
VIII	417	Abscess of the lung ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
VIII	418	Other diseases of the respiratory system not specified as occupational ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
IX	451	Septic sore throat ..	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1					
IX	457	Other diseases of the stomach (except cancer and other malignant tumours) ..	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	2	2					
IX	458	Diarrhoea and enteritis (under 2 years of age) ..	30	28	7	9	-	-	37	37	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	37	37	74				
IX	459	Diarrhoea and enteritis (2 years of age and over) ..	-	-	-	-	2	4	2	4	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	4	4	8				
IX	463	Intestinal obstruction ..	1	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	5	5	5				
IX	467	Cirrhosis of the liver, without mention of alcoholism ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1				
IX	469	Other diseases of the liver ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1	2				
IX	470	Biliary calculi ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1	1				
IX	472	Diseases of the pancreas (other than diabetes) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1				
X	500	Nephritis, acute ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1				
X	501	Nephritis, chronic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
X	502	Nephritis (not stated to be acute or chronic) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3				
X	503	Pyelitis, pyelonephritis and pyelocystitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
X	512	Diseases of the ovaries, fallopian tubes and parametria ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2				
XI	550	Post-abortive infection, spontaneous, therapeutic or of unspecified origin ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
XI	558	Eclampsia of pregnancy ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
XIII	652	Diseases of the joints (except tuberculosis and rheumatism) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
XIV	700	Congenital hydrocephalus ..	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
XIV	702	Congenital malformation of the heart ..	2	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2				
XIV	708	Other stated congenital malformations ..	2	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2				
XV	751	Premature birth ..	21	11	-	-	-	21	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21	11	32				
XV	752	Intra-cranial or spinal haemorrhage due to injury at birth ..	7	1	-	-	-	7	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	1	8				
XV	753	Other birth injuries ..	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
XV	754	Asphyxia during or after birth, atelectasis ..	1	2	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	3				
XV	757	Molena neonatorum ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
XV	758	Other specified diseases (including gangrene or haemorrhage of umbilicus, icterus neonatorum, acute catarrhal hepatitis) ..	2	1	-	-	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3				
XVI	800	Senility (age 65 and over) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
XVII	850-863	Suicide ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
XVII	864-867	Homicide ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10	-	3	-	-	-	-	-	-	-	-	-	-	-	13	-	13				
XVII	868-879	Accidental injury by railway, road and other transport ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	4	-	2	-	4	-	-	-	1	-	-	-	-	-	12	-	12				
XVII	880-886	Accidental injury by industrial or other mechanical causes ..	-	-	-	-	-	1	-	1	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3				
XVII	887-908	Accidental absorption of poisonous gases ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
XVII	888	Accidental burns (conflagration excepted) ..	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	2	3			
XVII	906	Anaesthetic accidents experiments, normal childbirth, sterilising or anesthetic operations or operations of unknown nature ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
XVII	916	Open verdict ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
XVIII	951	Ill-defined causes ..	-	2	2	-	1	-	3	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	7	2	9		
XVIII	952	Found dead, cause unknown ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1			
		Totals ..	132	82	33	37	20	34	185	153	4	5	4	1	21	15	49	18	43	13	54	11	18	3	7	1	3	1	2	-	390	221	611				

TABLE A3 (Continued).

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.	M.	F.	Persons.				
Haemorrhagic infarction of the lung (including pulmonary embolism) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1				
Other diseases of the respiratory system not specified as occupational ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1				
Septic sore throat ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1				
Other diseases of the stomach (except cancer and other malignant tumours) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2				
Diarrhoea and enteritis (under 2 years of age) ..	-	-	-	1	1	-	-	-	1	-	2	2	-	-	23	16	-	-	4	10	-	-	-	-	1	-	-	1	5	7	-	37	37	74			
Diarrhoea and enteritis (2 years of age and over) ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	3	1	-	-	1	-	-	-	-	-	-	-	-	-	2	-	-	4	4	8			
Intestinal obstruction ..	-	-	-	1	-	-	-	-	-	2	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	5	-	5			
Cirrhosis of the liver, without mention of alcoholism ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
Other diseases of the liver ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2			
Biliary calculi ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1			
Diseases of the pancreas (other than diabetes) ..	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
Nephritis, acute ..	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
Nephritis, chronic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	3	-	3			
Nephritis (not stated to be acute or chronic) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
Pyelitis, pyelonephritis and pyelocystitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2	-	2			
Diseases of the ovaries, fallopian tubes and parametria ..	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1			
Post-abortive infection, spontaneous, therapeutic or of unspecified origin ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1			
Eclampsia of pregnancy ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1			
Diseases of the joints (except tuberculosis and rheumatism) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
Congenital hydrocephalus ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1			
Congenital malformation of the heart ..	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2		
Other stated congenital malformations ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2			
Premature birth ..	-	-	1	1	1	-	-	-	2	-	-	-	-	-	4	5	-	-	8	1	-	-	1	-	-	1	1	3	3	-	-	21	11	32			
Intra-cranial or spinal haemorrhage due to injury at birth ..	-	-	1	-	-	-	-	-	-	1	-	-	-	-	3	-	-	-	1	1	-	-	-	-	-	-	-	1	-	-	-	7	1	8			
Other birth injuries ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1			
Asphyxia during or after birth, atelectasis ..	-	-	-	-	1	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	3			
Other specified diseases (including gangrene or haemorrhage of umbilicus, icterus neonatorum, acute catarrhal hepatitis) ..	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3			
Senility (age 65 and over) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	1			
Suicide ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Homicide ..	-	-	1	-	-	1	-	1	-	-	1	-	6	-	1	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	13	-	13			
Accidental injury by railway, road and other transport ..	-	-	1	-	-	-	-	-	-	-	1	-	2	-	-	-	-	3	-	-	-	-	-	2	-	-	-	2	-	1	-	12	-	12			
Accidental injury by industrial or other mechanical causes ..	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	2	1	3				
Accidental absorption of poisonous gases ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2	-	2			
Accidental .. burns (conflagration excepted) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	3			
Open verdict ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
Ill-defined causes ..	-	-	1	-	-	-	-	-	1	-	1	-	-	-	3	-	-	2	-	-	-	-	-	-	-	-	-	1	-	-	-	7	2	9			
Found dead, cause unknown ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
Totals ..	-	-	14	7	18	11	4	1	2	12	19	15	3	1	164	83	4	-	54	37	5	2	7	5	13	1	7	5	51	41	7	-	390	221	611		

TABLE A4.—DEATHS OF RESIDENTS IN WINDERMERE, CLASSIFIED AS IN TABLE A1.
(Included in Table A1.)

Section.	Code No.	CAUSE OF DEATH.	Race.	AGE GROUPS (YEARS).																																TOTAL.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
				0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and up-wards.		M.	F.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
				M.	F.	M.	F.	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	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE A4 (Continued)

[illegible]

TABLE A5. DEATHS OF NATIVES RESIDENT IN LANGA CLASSIFIED AS IN TABLE A1.
(Excluded from Table A1.)

Sec- tion	Code No.	CAUSE OF DEATH.	AGE GROUPS (YEARS).																												TOTAL	
			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and Up- wards.		M.	F.
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
I	011	Whooping cough .. .	-	3	-	2	-	-	5	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	6	
I	015	Tuberculosis, respiratory sys- tem .. .	1	-	2	-	1	5	4	5	-	-	1	4	2	4	-	4	1	2	1	2	1	-	-	-	-	-	-	20	11	
I	016	Tuberculosis, central nervous system .. .	1	-	-	2	1	1	2	3	-	2	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	5		
I	017	Tuberculosis, intestines and peritoneum .. .	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-		
I	024	Tuberculosis, acute miliary ..	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-		
I	025	Tuberculosis chronic miliary ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-		
I	042	Aneurysm of the aorta .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-		
I	067	Hydatid disease .. .	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-		
II	102	Cancer of stomach and duo- denum .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-		
II	104	Cancer of the liver .. .	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1		
II	106	Cancer of other digestive organs .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-		
II	109	Cancer of the lung .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	1	1		
II	110	Cancer of the uterus .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	2		
VI	305	Cerebral haemorrhage (not due to injury at birth) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-		
VI	306	Cerebral embolism and throm- bosis .. .	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1		
VI	317	Diseases of ear and mastoid process .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-		
VII	352	Acute endocarditis (excluding rheumatic endocarditis) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-		
VII	353	Valvular disease specified as sequelae of rheumatic fever ..	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-		
VII	354	Other chronic affections of the valves and endocardium ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-		
VII	356	Chronic myocarditis specified as rheumatic .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1		
VII	357	Other chronic myocarditis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	1	-	-	-	-	2	2		
VII	358	Diseases of the coronary arteries and angina pectoris ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-		
VII	363	Gangrene (including cancerum oris) .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-		
VIII	402	Bronchitis, acute .. .	-	2	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-		
VIII	404	Broncho-pneumonia, includ- ing capillary bronchitis ..	1	4	1	1	1	-	3	5	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	4	5		
IX	458	Diarrhoea and enteritis (under 2 years of age) ..	3	9	2	1	-	-	5	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	10		
IX	466	Cirrhosis of the liver, with mention of alcoholism ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-		
IX	467	Cirrhosis of the liver, without mention of alcoholism ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
X	501	Nephritis, chronic .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-		
XI	574	Other accidents of childbirth ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1	-	-	-	-	-	2		
XV	751	Premature birth .. .	3	1	-	-	-	-	3	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	3	1		
XV	752	Intra-cranial or spinal hae- morrhage due to injury at birth .. .	2	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-		
XV	758	Other specified diseases (in- cluding gangrene or hae- morrhage of umbilicus, icterus neonatorum, acute catarrhal hepatitis) ..	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-		
XVII	864- 867	Homicide .. .	-	-	-	-	-	-	-	-	-	-	-	-	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	
XVII	868- 879	Accidental injury by railway road or other transport ..	-	-	-	-	-	-	-	1	-	-	-	-	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	5	-	
XVII	880- 882, 885- 886, 894- 897, 908	Accidental injury by in- dustrial or other mechanical causes .. .	-	-	-	-	-	-	-	-	-	-	1	-	1	-	2	-	-	-	-	-	-	-	-	-	-	-	-	4	-	
XVII	891	Accidental burns (conflagra- tion excepted) .. .	-	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	2	
XVIII	951	Ill-defined causes .. .	-	1	-	-	-	-	1	-	-	-	-	-	-	1	-	1	-	-	-	1	-	-	-	-	-	-	-	2	1	
		Totals .. .	12	21	5	6	5	6	22	33	3	2	-	1	8	4	12	3	12	3	10	2	4	5	2	3	1	1	-	74	57	

TABLE B.—Deaths Classified for Causes and Race : 1947-48.

(Corrected for Outward Transfers.)

Disease.	Euro- pean.	Native (not Langa).	Asiatic.	Other Coloured.	Non- Euro- pean.	Total all races.	Native (Langa).
Typhoid and paratyphoid fevers	5	4	—	4	8	13	—
Meningococcal cerebrospinal meningitis	1	1	—	8	9	10	—
Scarlet fever	—	—	—	1	1	1	—
Whooping cough	5	17	—	85	102	107	7
Diphtheria	3	1	—	5	6	9	—
Erysipelas	—	—	—	—	—	—	—
Tetanus	—	1	—	7	8	8	—
Tuberculosis of respiratory system	103	145	13	800	958	1,061	31
Tuberculosis of central nervous system	14	12	1	108	121	135	8
Tuberculosis, other forms	6	13	—	55	68	74	3
Leprosy	—	—	—	—	—	—	—
Purulent infection and septicaemia (non puerperal)	2	—	—	—	—	2	—
Gonococcal infections (all sites)	—	—	—	—	—	—	—
Dysentery (all forms)	1	3	—	6	9	10	—
Syphilis (all forms, including parasymphilitic diseases)	11	15	1	62	78	89	1
Influenza	9	—	—	5	5	14	—
Smallpox	—	—	—	—	—	—	—
Measles	1	4	—	23	27	28	—
Acute poliomyelitis and polioencephalitis	2	—	—	—	—	2	—
Acute infectious encephalitis (lethargic or epidemic)	—	—	—	—	—	—	—
Typhus and typhus-like diseases (rickettsioses)	—	1	—	—	1	1	—
Rest of Section I (001-077). Other infectious and parasitic diseases (all forms)	9	—	—	6	6	15	1
Cancer (all forms)	269	17	3	134	154	423	8
Rest of Section II (100-136). Tumours, non-malignant, or of un- determined nature	12	—	1	7	8	20	—
Acute rheumatic fever	—	1	—	10	11	11	—
Diabetes	47	—	2	22	24	71	—
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	1	—	6	7	11	—
Section IV (200-214). Diseases of the blood and blood-forming organs	19	1	2	11	14	33	—
Section V (250-258). Chronic poisonings and intoxication	—	—	—	—	—	—	—
Intracranial lesions of vascular origin	200	5	5	139	149	349	3
Rest of Section VI (300-317). Other diseases of the nervous system and sense organs	23	6	2	43	51	74	1
Cardiac diseases	575	28	11	388	427	1,002	9
Arterio-sclerosis (excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage)	61	3	1	26	30	91	—
Rest of Section VII (350-368). Other diseases of the circulatory system	31	1	4	46	51	82	1
Bronchitis and pneumonia (all forms)	66	122	7	422	551	617	12
Rest of Section VIII (400-418). Other diseases of the respiratory system	31	5	—	34	39	70	—
Ulcer of the stomach and duodenum	21	—	1	3	4	25	—
Diarrhoea and enteritis (under two years of age)	16	74	4	272	350	366	15
Diarrhoea and enteritis and ulceration of the intestines (two years old and over)	9	8	—	22	30	39	—
Appendicitis	3	—	1	1	2	5	—
Diseases of the liver and biliary passages	29	4	1	8	13	42	2
Rest of Section IX (450-473). Other diseases of the digestive system	19	9	—	15	24	43	—
Nephritis	76	5	1	76	82	158	2
Rest of Section X (500-515). Other diseases of the urinary and genital systems (not venereal or connected with pregnancy or the puerperium)	26	3	1	18	22	48	—
Puerperal sepsis	—	1	—	6	7	7	—
Rest of Section XI (550-575). Other diseases of pregnancy, childbirth and the puerperal state	4	1	—	10	11	15	1
Section XII (600-602). Diseases of the skin and cellular tissue	1	—	—	2	2	3	—
Section XIII (650-653). Diseases of the bones—organs of movement	—	1	—	4	5	5	6
Section XIV (700-709). Congenital malformations	12	5	1	17	23	35	—
Section XV (750-758). Diseases peculiar to the first year of life	73	47	9	255	311	384	1
Section XVI (800). Senility (age 65 and over)	27	1	—	20	21	48	—
Suicide	19	1	2	5	8	27	—
Rest of Section XVII (850-916). Other violent or accidental deaths*	90	34	1	88	123	213*	16
Section XVIII (950-953). Causes ill-defined or unknown	14	10	1	42	53	67	3
Total	1,949	611	76	3,327	4,014	5,963	131

* In addition to the figures against this cause of death, there are the deaths of 12 newly-born infants; 10 (5 males, 5 females) of unknown race and 2 of unknown race and sex.

TABLE C.—Deaths by Causes, Race and Date of Registration. 1947-48.

(Corrected for Outward Transfers.)

Disease.	Race.	July (5 weeks).	August (4 weeks).	September (5 weeks).	October (4 weeks).	November (4 weeks).	December (5 weeks).	January (4 weeks).	February (4 weeks).	March (5 weeks).	April (4 weeks).	May (4 weeks).	June (5 weeks).	Year (53 weeks).
Enteric fever ..	Eur.	1	—	—	—	—	—	—	1	1	—	—	—	5
	Non-E.	—	2	—	1	1	—	1	2	1	—	—	—	8
Meningococcal cere- brospinal meningi- tis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	1
	Non-E.	1	1	—	1	—	1	—	—	1	2	2	—	9
Scarlet fever..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ..	Eur.	—	—	—	2	—	1	1	1	—	—	—	—	1
	Non-E.	15	16	24	9	20	6	4	3	3	—	1	1	102
Diphtheria ..	Eur.	1	—	—	—	—	1	—	—	—	—	—	—	3
	Non-E.	1	—	2	—	—	—	—	1	1	—	1	—	6
Purulent infection— septicaemia and erysipelas (non- puerperal)	Eur.	—	—	1	—	—	—	—	1	—	—	—	—	2
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, respira- tory system ..	Eur.	3	9	13	10	7	14	8	6	9	4	14	6	103
	Non-E.	91	72	80	86	78	89	81	71	94	68	63	85	958
Tuberculosis, other forms ..	Eur.	—	1	2	—	—	3	3	2	3	3	—	3	20
	Non-E.	16	11	26	24	14	19	15	13	13	16	11	11	189
Syphilis (all forms, in- cluding parasymphili- tic diseases)	Eur.	5	—	1	1	—	—	1	—	—	2	—	1	11
	Non-E.	6	7	8	8	4	5	10	5	7	5	4	9	78
Influenza ..	Eur.	2	1	2	1	—	1	—	—	1	—	—	1	9
	Non-E.	1	1	2	—	—	—	—	—	—	—	—	1	5
Measles ..	Eur.	—	—	1	—	—	—	—	—	—	—	—	—	1
	Non-E.	2	3	5	4	7	2	2	1	—	—	—	1	27
Acute anterior polio- myelitis and polio- encephalitis	Eur.	—	—	—	—	—	—	—	—	—	1	—	1	2
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute infectious ence- phalitis	Eur.	—	1	—	—	—	—	—	—	—	—	—	1	2
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Cancer ..	Eur.	25	19	19	25	22	27	24	18	23	23	18	26	269
	Non-E.	22	16	8	15	14	13	7	9	10	15	12	13	154
Acute rheumatic fever	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	2	1	3	—	—	—	—	1	—	1	2	1	11
Diabetes ..	Eur.	10	2	6	2	2	2	4	3	1	5	4	6	47
	Non-E.	2	3	3	2	1	1	1	1	1	5	1	3	24
Intracranial lesions of vascular origin	Eur.	18	16	13	22	15	20	19	11	13	18	14	21	200
	Non-E.	15	11	19	9	11	8	10	19	7	15	13	12	149
Cardiac diseases ..	Eur.	67	54	59	41	42	45	44	35	37	49	36	66	575
	Non-E.	59	40	53	43	25	27	21	24	35	22	31	47	427
Arterio-sclerosis (ex- cluding diseases of the coronary arteri- es, renal sclerosis, and cerebral hae- morrhage)	Eur.	8	3	6	4	4	7	3	4	4	7	4	7	61
	Non-E.	—	3	4	2	1	—	2	1	1	6	4	6	30
Bronchitis and pneu- monia	Eur.	9	7	10	3	4	5	6	2	3	5	3	9	66
	Non-E.	74	75	69	58	34	32	47	26	40	17	24	55	551
Diarrhoea and enter- itis	Eur.	2	—	6	—	3	1	5	2	1	1	2	1	24
	Non-E.	30	9	10	14	21	48	44	47	41	45	41	30	380
Nephritis ..	Eur.	12	7	6	12	5	6	3	5	—	3	9	8	76
	Non-E.	13	9	7	4	7	5	8	3	3	11	7	5	82
Puerperal sepsis ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	1	—	1	—	—	—	1	—	—	—	3
Other diseases of preg- nancy, childbirth, and the puerperal state	Eur.	1	—	—	—	1	1	—	—	—	—	1	—	4
	Non-E.	1	1	1	1	1	1	2	—	2	1	1	3	15
Congenital malforma- tions and diseases of early infancy	Eur.	7	4	8	11	8	6	7	9	3	4	8	10	85
	Non-E.	45	25	29	38	20	22	28	27	21	24	21	34	334
Senility ..	Eur.	4	3	2	7	—	1	2	1	2	1	1	3	27
	Non-E.	2	5	4	—	1	1	—	2	3	1	2	—	21
Violence ..	Eur.	11	11	12	6	11	4	17	4	8	3	9	13	109
	Non-E.	16	11	15	11	10	10	11	11	7	7	10	12	131
All causes ..	Eur.	216	158	192	165	146	157	170	122	132	147	135	209	1,949
	Non-E.	449	347	399	362	299	313	329	289	313	280	269	365	4,014

TABLE D.—Deaths Classified for principal Causes and Race: 1943-44 to 1947-48.

(Corrected for Outward Transfers.)

Cause of Death.	1947-48		1946-47		1945-46		1944-45		1943-44		Total (5 Years).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Enteric fever	5	8	5	24	3	11	3	17	3	8	19	68
Measles	1	27	1	19	1	29	2	9	2	48	7	132
Scarlet fever	—	1	—	—	—	2	1	1	—	—	—	4
Whooping cough	5	102	2	17	—	5	2	90	6	33	15	247
Diphtheria	3	6	2	6	2	12	5	12	3	14	15	50
Influenza	9	5	3	10	3	9	4	9	11	13	30	46
Purulent infection and septicaemia (non-puerperal)	2	—	1	3	3	1	4	3	1	10	11	17
Acute poliomyelitis and polioence- phalitis	2	—	—	—	1	2	1	1	—	—	4	3
Acute infectious encephalitis	—	—	—	1	—	—	—	1	—	—	—	2
Meningococcal cerebrospinal men- ingitis	1	9	2	6	1	12	6	18	9	36	19	81
Tuberculosis, respiratory system ..	103	958	109	840	114	951	108	888	106	1,031	540	4,668
Tuberculosis, other forms	20	189	19	184	18	187	19	202	17	203	93	965
Syphilis	—	49	4	66	6	66	4	53	10	80	24	314
General paralysis of the insane: tabes dorsalis	3	19	4	19	4	16	3	15	2	20	16	89
Aneurysm of the aorta	8	10	7	26	10	23	10	21	7	10	42	90
Cancer (all forms)	269	154	269	135	244	146	226	143	236	138	1,244	716
Acute rheumatic fever	—	11	1	17	2	19	8	23	5	41	16	111
Diabetes	47	24	33	16	38	19	45	30	52	31	215	120
Intracranial lesions of vascular ori- gin	200	149	169	174	167	156	170	195	159	175	865	849
Arterio-sclerosis	61	30	50	26	57	28	67	33	64	36	299	153
Cardiac diseases	575	427	462	386	446	403	476	408	413	405	2,372	2,029
Bronchitis	10	109	18	126	18	113	18	118	12	182	76	648
Pneumonia (all forms)	56	442	50	364	47	372	59	425	55	584	267	2,187
Diarrhoea and enteritis (under 2 years of age)	16	350	16	302	25	311	19	459	28	480	104	1,902
Diarrhoea and enteritis (2 years of age and over)	8	30	11	30	6	36	8	39	10	56	43	191
Nephritis	76	82	59	75	65	89	59	90	69	80	328	416
Puerperal sepsis	—	7	—	4	1	8	—	4	4	17	5	40
Other diseases of pregnancy, child- birth and puerperal state	4	11	1	11	6	14	2	18	5	21	18	75
Congenital malformations	12	23	13	22	17	14	16	28	14	37	72	124
Diseases peculiar to the first year of life	73	311	62	329	63	299	68	268	55	268	321	1,475
Senility	27	21	38	19	32	22	32	18	29	11	158	91
Suicide	19	8	21	9	15	4	12	6	12	5	79	32
Homicide	11	27	6	36	7	44	10	44	3	36	37	187
Other violent or accidental deaths ..	79	96	53	101	52	93	45	97	39	108	268	495
Other causes	244	319	218	288	240	286	250	309	222	345	1,174	1,547
Total	1,949	4,014	1,709	3,691	1,714	3,802	1,762	4,095	1,664	4,562	8,798	20,164
Death rate per 1,000 population ..	10.18	19.55	9.33	18.84	9.62	19.99	10.16	22.18	9.89	25.51	9.84	21.12

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

TABLE E.—Death Rates per 1,000 Population for 1947-48 and Ten Previous Years by Causes and Race.
(European corrected for inward and outward transfers, non-European for outward only: 1937-38—1946-47).

Disease.	Race.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	Mean for 10 years.	1947†
Enteric fever ..	Eur. Non-E.	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	0.03 0.12	0.02 0.07	0.03 0.04
Measles ..	Eur. Non-E.	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 0.10	0.01 0.14	0.01 0.13
Scarlet fever ..	Eur. Non-E.	0.01	—	—	—	0.01	—	0.01	0.01	—	—	—	—
Whooping cough ..	Eur. Non-E.	— 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	—	0.01 0.09	0.01 0.25	0.03 0.50
Diphtheria ..	Eur. Non-E.	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	0.01 0.03	0.05 0.11	0.12 0.03
Influenza ..	Eur. Non-E.	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	0.02 0.05	0.07 0.08	0.05 0.02
Purulent infection—septicaemia, and erysipelas (non- puerperal) ..	Eur. Non-E.	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	0.02 0.02	0.05 0.05	0.01 —
Acute anterior poliomyelitis and polioencephalitis ..	Eur. Non-E.	0.03	—	—	—	0.01	—	—	0.01	0.01	—	—	0.01
Acute infectious encephalitis ..	Eur. Non-E.	0.01	—	0.01	0.01	0.01	0.03	—	—	—	—	0.01	—
Meningococcal cerebrospinal meningitis ..	Eur. Non-E.	0.01	0.01	0.01	0.02	0.01	0.01	0.01	0.01	—	0.01	0.01	—
Tuberculosis, respiratory system ..	Eur. Non-E.	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	0.63 4.29	0.66 4.52	0.54 4.67
Tuberculosis, other forms ..	Eur. Non-E.	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	0.10 0.94	0.12 0.93	0.10 0.92
Syphilis ..	Eur. Non-E.	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	0.02 0.35	0.02 0.34	0.04 0.42	— 0.24
General paralysis of the insane : tabes dorsalis ..	Eur. Non-E.	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	0.02 0.10	0.03 0.10	0.12 0.09
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 0.13	0.04 0.01	0.04 0.05
Cancer ..	Eur. Non-E.	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	1.52 0.69	1.43 0.74	1.41 0.75

TABLE E—Continued.

Disease.	Race.	1937. 1938.	1938. 1939.	1939. 1940.	1940. 1941.	1941. 1942.	1942. 1943.	1943. 1944.	1944. 1945.	1945. 1946.	1946. 1947.	Mean for 10 years.	1947† 1948
Acute rheumatic fever	Eur. Non-E.	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	0.01 0.09	0.04 0.19	0.05
Diabetes	Eur. Non-E.	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	0.19 0.08	0.28 0.15	0.25 0.12
*Intracranial lesions of vascular origin	Eur. Non-E.	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	0.96 0.89	1.43 0.73	1.05 0.73
*Arterio-sclerosis	Eur. Non-E.	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	1.37 0.15	0.28 0.13	1.13 0.15	0.32 0.15
Cardiac diseases	Eur. Non-E.	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	2.58 1.97	2.44 1.93	3.00 2.08
Bronchitis and pneumonia	Eur. Non-E.	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	0.40 2.50	0.54 3.52	0.34 2.68
Diarrhoea and enteritis	Eur. Non-E.	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	0.15 1.69	0.22 2.41	0.13 1.85
Nephritis	Eur. Non-E.	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	0.32 0.38	0.39 0.49	0.40 0.40
Puerperal sepsis	Eur. Non-E.	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 0.02	0.01 0.06	0.03
Other diseases of pregnancy, childbirth, and puerperal state	Eur. Non-E.	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	0.01 0.06	0.02 0.10	0.02 0.05
Congenital malformations and diseases of early infancy	Eur. Non-E.	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	0.41 1.79	0.43 1.61	0.44 1.63
Senility	Eur. Non-E.	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	0.21 0.10	0.18 0.12	0.14 0.10
Violence	Eur. Non-E.	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	0.50 0.75	0.47 0.76	0.57 0.64
Other causes	Eur. Non-E.	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	1.21 1.46	1.52 1.74	1.27 1.55
TOTAL	Eur. Non-E.	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	19.04 10.99	9.68 18.84	10.55 21.76	10.18 19.55

* There has been some variation in the allocation of deaths as between these two causes. † corrected for outward transfers only. City extended by incorporation of the district of Windermere 1943-44.

TABLE F1.—Deaths of Infants under 1 Year of Age, Classified by Causes, Race and Age, 1947-48.

(CORRECTED FOR OUTWARD TRANSFERS.)

Classification No.	DISEASE.	RACE.	TOTAL under one year.																									
			Under 1 day.	Under 2 days.	Under 3 days.	Under 4 days.	Under 5 days.	Under 6 days.	Under 7 days.	Total under 7 days.	Under 1 week.	Under 2 weeks.	Under 3 weeks.	Under 4 weeks.	Total under 4 weeks.	Over 4 weeks & under 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.		
010	Scarlet fever	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
011	Whooping cough	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
012	Diphtheria	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21	21
013	Erysipelas	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
016	Tuberculosis of central nervous system	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
017	Tuberculosis of intestines and periton- eum	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
015, 018 to 025	Tuberculosis, other forms	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
043	Syphilis, congenital	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14	14
052	Measles	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
169	Rickets	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
302 and 303	Simple meningitis	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
310	Convulsions	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
402 and 403	Bronchitis	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
404 to 406	Pneumonia, all forms	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
458	Diarrhoea and enteritis	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
700 to 709	Congenital malformations	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
750	Congenital debility	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
751	Premature birth	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
752 and 753	Injury at birth.. ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
754 to 758	Other diseases peculiar to the first year of life	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
802	Suffocation (overlying)	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
907	Lack of care of the new born ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	Other causes	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals			125	48	55	53	26	8	12	327*	63	47	29	166*	82	60	77	77	68	78	76	61	86	59	55	685	550	1,247*

TABLE F2.—Deaths of Infants under 1 Year of Age, Classified by Causes and Race, for Five Years, 1943-44 to 1947-48.

(Corrected for Outward Transfers.)

Cause of Death.	1947-48		1946-47		1945-46		1944-45		1943-44		Total (5 years).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Scarlet fever.	—	1	—	1	—	1	—	—	—	—	—	3
Whooping cough.	2	42	2	6	—	1	—	42	3	15	7	106
Diphtheria.	1	2	—	1	1	1	—	3	—	4	2	11
Erysipelas.	—	—	—	—	—	—	—	—	1	1	1	1
Tuberculosis of central nervous system.	1	24	3	25	3	25	1	28	1	21	9	123
Tuberculosis of intestines and peritoneum.	—	—	—	4	—	2	—	—	—	1	—	7
Tuberculosis, other forms.	2	63	2	45	1	42	—	48	4	45	9	243
Syphilis, congenital.	—	24	—	43	1	41	—	31	2	36	3	175
Measles.	1	9	—	5	1	10	1	3	1	11	4	38
Rickets.	—	—	—	—	—	—	—	2	—	—	—	2
Simple meningitis.	1	8	2	7	—	2	1	5	2	8	6	30
Convulsions.	—	4	—	9	—	6	1	9	—	8	1	36
Bronchitis.	1	63	—	50	1	46	1	54	2	101	5	314
Pneumonia, all forms.	17	218	9	174	12	164	11	177	10	232	59	965
Diarrhoea and enteritis.	15	261	12	231	24	217	14	313	25	314	90	1,336
Congenital malformations.	11	17	12	18	15	10	14	23	10	31	62	99
Congenital debility.	—	6	—	12	—	12	2	5	1	15	3	50
Premature birth.	55	201	42	208	53	198	45	190	37	173	232	970
Injury at birth.	8	50	10	59	4	38	11	30	11	39	44	216
Other diseases peculiar to the first year of life.	10	55	10	50	6	50	10	43	6	41	42	239
Suffocation (overlying).	1	—	1	1	2	2	—	3	—	6	4	12
Lack of care of the new-born.	—	—	—	—	—	—	—	—	—	—	—	—
Other causes.	16	45	4	28	8	43	9	30	10	50	47	196
Total.	142	1,093	109	977	132	911	121	1,039	126	1,152	630	5,172
Infant mortality rate per 1,000 live births.	37.06	122.20	27.46	107.97	37.61	109.40	33.91	127.19	32.82	143.21	33.66	121.60

TABLE G.—Deaths in Institutions, 1947-48.

Institution.	Total deaths.		Deaths belonging to Cape Town.		Deaths not belonging to Cape Town (Outward Transfers).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Groote Schuur Hospital	452	426	296	261	156	165
City Hospital	65	310	40	224	25	86
New Somerset Hospital	2	230	2	171	—	59
Victoria Hospital, Wynberg	31	100	26	65	5	35
Valkenberg Mental Hospital	57	68	28	48	29	20
Rentzkie's Farm Hospital	—	110	—	84	—	26
Woodstock Hospital	56	36	39	29	17	7
Peninsula Maternity Hospital	16	58	13	45	3	13
Cape Jewish Aged Home	43	—	41	—	2	—
The Monastery Nursing Home	42	—	37	—	5	—
Volk's Hospitaal	40	—	18	—	22	—
Elizabeth Private Hospital	36	—	25	—	11	—
Rondebosch and Mowbray Hospital	22	11	18	8	4	3
Sea Point Nursing Home	30	—	27	—	3	—
St. Joseph's Sanatorium	26	—	12	—	14	—
Tamboers Kloof Nursing Home	23	—	18	—	5	—
Military Hospital, Wynberg	18	3	13	2	5	1
Belmont Nursing Home	19	—	16	—	3	—
Booth Memorial Hospital	18	—	16	—	2	—
Cambridge Nursing Home	17	—	13	—	4	—
Monte Rosa Nursing Home	17	—	10	—	7	—
Mowbray Nursing Home	17	—	11	—	6	—
Hilary Nursing Home	16	—	15	—	1	—
Airemount Nursing Home	14	—	8	—	6	—
St. Monica's Home	—	14	—	13	—	1
Hof Street Nursing Home	13	—	9	—	4	—
Cape Town Gaol Hospital	3	9	3	5	—	4
Biblis Nursing Home	10	—	10	—	—	—
Alexandra Institution	10	—	9	—	1	—
„Vrede Oord”	—	9	—	7	—	2
Nazareth House	8	—	8	—	—	—
Leeuwendal Nursing Home	7	—	6	—	1	—
Inverurie Nursing Home	7	—	7	—	—	—
Leighwood Nursing Home	6	—	6	—	—	—
Delherbe Nursing Home	5	—	3	—	2	—
Notley Nursing Home	4	—	4	—	—	—
Kingsbury Nursing Home	4	—	4	—	—	—
Princess Christian Home	3	1	3	—	—	1
House of Correction	—	3	—	2	—	1
Eaton Convalescent Home	1	2	1	1	—	1
Ladies' Christian Home	3	—	3	—	—	—
Gables Nursing Home	3	—	2	—	1	—
Lady Buxton Home	2	—	1	—	1	—
Clarendon Nursing Home	2	—	2	—	—	—
Marsh Memorial Homes	—	1	—	1	—	—
Total	1,168	1,391	823	966	345	425
Langa Hospital	—	63	—	61	—	2

TABLE I.—Births and Still-Births notified, Classified for attendance at confinement and for home address of Mother, 1947-48.

CLASSIFICATION.	WARDS OF THE CITY.															Total of Wards.	Excluded from foregoing columns.	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Not allocated.	Langa	Non-Resident.
Private doctors.	8	14	44	6	36	50	38	180	22	132	16	62	25	76	69	2	789	12
Private midwives (including any non-medical persons attending a confinement)																		
Certificated	4	40	182	41	317	535	348	404	132	1,440	61	201	177	385	404	—	4,761	38
Uncertificated	—	12	53	—	22	88	88	500	18	128	34	75	93	146	369	—	1,626	9
Midwives (or midwife students) from:																		
Booth Memorial Hospital	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
St. Monica's Home	—	17	165	1	—	1	—	—	—	1	—	—	—	—	2	1	188	4
Peninsula Maternity Hospital	1	4	12	12	211	206	141	4	20	2	—	—	—	4	—	—	617	2
Somerset Hospital	5	16	6	—	1	—	1	209	—	2	—	—	—	1	—	—	301	1
District nurse midwives	—	—	—	—	—	—	—	96	—	4	—	1	—	4	108	—	213	—
Vrede Oord, Tuin Plein	—	3	5	3	165	69	—	3	—	1	2	—	—	1	—	—	252	—
No doctor or midwife	1	5	4	—	7	7	2	48	1	13	1	2	—	7	21	5	124	4
No information	—	—	—	—	—	—	—	2	—	—	—	—	—	1	—	81	84	—
Confined in institutions:																		
Booth Memorial Hospital	68	67	60	108	65	24	53	73	103	10	47	44	40	52	24	1	839	265
St. Monica's Home	6	5	31	7	29	51	28	49	14	88	14	19	18	30	45	1	435	63
Peninsula Maternity Hospital	1	14	24	53	213	210	158	160	63	146	24	79	44	94	69	—	1,352	39
Somerset Hospital	38	102	180	35	101	125	45	194	14	158	9	28	17	28	41	3	1,118	24
Vrede Oord, Tuin Plein	3	—	13	11	20	16	5	10	2	15	4	7	6	11	14	—	137	12
Magdalena Huis	—	—	1	—	—	—	—	—	—	—	—	1	3	—	—	—	5	23
Other public institutions	3	3	4	—	7	15	11	25	12	39	4	18	6	15	13	—	175	8
Private nursing homes	200	103	87	92	52	16	33	51	120	23	159	178	90	161	58	—	1,423	36
Totals	338	405	871	369	1,246	1,413	951	2,068	522	2,202	375	805	519	1,016	1,237	94	14,431	404

Births actually occurring in the Langa Native Township are excluded from the above table. They numbered 829.

TABLE J.—Births in Institutions, 1947-48.

LIVE-BIRTHS.

Institution.	Total Live-births.		Live-births belonging to Cape Town.		Live-births not belonging to Cape Town (Outward Transfers).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Peninsula Maternity Hospital	447	1,059	354	934	93	125
Somerset Hospital	2	1,182	2	1,025	—	157
Booth Memorial Hospital	1,022	2	792	2	230	—
St. Monica's Home	—	472	—	405	—	67
Leighwood Nursing Home	410	—	292	—	118	—
Delherbe Nursing Home	381	—	281	—	100	—
Mowbray Nursing Home	365	2	272	1	93	1
Inverurie Nursing Home	284	—	256	—	28	—
Kingsbury Nursing Home	274	—	226	—	48	—
Groote Schuur Hospital	28	192	24	154	4	38
„Vrede Oord”	—	183	—	137	—	46
Magdalena Huis	22	—	—	—	22	—
The Monastery Nursing Home	10	—	7	—	3	—
House of Correction	—	8	—	6	—	2
City Hospital	1	3	1	2	—	1
Leeuwendal Nursing Home	3	—	1	—	2	—
Rondebosch and Mowbray Hospital	—	1	—	1	—	—
Clairvaux Nursing Home	1	—	1	—	—	—
Alexandra Institution	1	—	1	—	—	—
Valkenberg Mental Hospital	—	1	—	—	—	1
Total	3,251	3,105	2,510	2,667	741	438

STILL-BIRTHS.

Institution.	Total Still-births.		Still-births belonging to Cape Town.		Still-births not belonging to Cape Town (Outward Transfers).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Somerset Hospital	—	78	—	57	—	21
Peninsula Maternity Hospital	20	40	14	26	6	14
Groote Schuur Hospital	3	32	2	26	1	6
St. Monica's Home	—	17	—	15	—	2
Booth Memorial Hospital	14	—	8	—	6	—
Mowbray Nursing Home	10	—	9	—	1	—
„Vrede Oord”	—	7	—	6	—	1
Leighwood Nursing Home	3	—	3	—	—	—
Delherbe Nursing Home	2	—	2	—	—	—
Kingsbury Nursing Home	2	—	2	—	—	—
Inverurie Nursing Home	1	—	1	—	—	—
Magdalena Huis	1	—	—	—	1	—
Total	56	174	41	130	15	44

TABLE K.—Populations and Vital Statistics for the separate Wards of the City, 1947-48.

(Corrected for Outward Transfers.)

Wards of the City. ⁽¹⁾	Populations as enumerated at the Census, May, 1946.			Births.		Illegitimate births.		Illegitimate births, percentage of total births.		Deaths.		Natural increase (Excess of births over deaths).		Deaths under 1 year of age.		Infant Mortality (per 1,000 births).		Deaths from Tuberculosis (all forms).	
	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1. . .	14,637	3,150	17,787	258	62	—	38	—	61.29	187	7	71	55	5	2	19.38	32.26	4	—
2. . .	12,537	5,320	17,857	222	201	3	64	1.35	31.84	143	87	79	114	9	19	40.54	94.53	10	29
3. . .	9,107	10,819	19,926	171	603	3	152	1.75	25.21	100	224	71	379	9	54	52.63	89.55	4	75
4. . .	16,208	2,584	18,792	276	92	15	40	5.43	43.48	166	20	110	72	15	6	54.35	65.22	4	7
5. . .	8,513	23,092	31,605	178	1,007	5	206	2.81	20.46	84	423	94	584	3	105	16.85	104.27	6	124
6. . .	6,327	23,486	29,813	170	1,108	13	237	7.65	21.39	74	441	96	667	6	91	35.29	82.13	4	114
7. . .	13,743	10,233	23,976	300	481	11	102	3.67	21.21	148	197	152	284	21	49	70.00	101.87	15	47
8. . .	15,976	24,156	40,136	447	1,262	16	358	3.58	28.37	141	813	306	449	24	268	53.69	212.36	21	240
9. . .	18,898	8,809	27,707	348	151	15	41	4.31	27.15	176	51	172	100	12	16	34.48	105.96	12	10
10. . .	4,280	24,652	28,932	148	1,746	3	327	2.03	18.73	44	737	104	1,009	5	221	33.78	126.58	2	207
11. . .	13,162	5,348	18,510	226	112	1	25	0.44	22.32	108	31	118	81	3	8	13.27	71.43	5	10
12. . .	11,543	10,360	21,903	284	452	8	65	2.82	14.38	132	150	152	302	6	37	21.13	81.86	8	38
13. . .	11,710	10,722	22,432	210	315	6	52	2.86	16.51	113	143	97	172	5	35	23.81	111.11	10	39
14. . .	11,842	11,295	23,137	367	508	10	104	2.72	20.47	142	229	225	279	15	68	40.87	133.86	9	60
15. . .	10,817	17,627	28,444	222	825	2	237	0.90	28.73	112	411	110	414	4	107	18.02	129.70	6	132
Not allocated..				5	19	4	19			79	50			—	7	—	—	3	15
Total ⁽²⁾ . .	479,294	191,653	670,947	3,832	8,944	115	2,067	3.00	23.11	1,949	4,014	1,883	4,930	142	1,093	37.06	122.20	123	1,147

⁽¹⁾ According to the boundaries re delimited in December, 1945, under Ordinance No. 19 of 1913 (see page 11).⁽²⁾ Exclusive of all figures relating to the Native Township of Langa (which are shown separately in Table S).

TABLE L.—Births, Deaths, Natural Increase, and Infant Deaths, and corresponding rates, for the year 1947-48.

Race.	Births.		Deaths.		Natural Increase.		Deaths under one year old.	
	Number.	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.
Europeans : uncorrected	4,633	24.21	2,329	12.17	2,304	12.04	186	40.15
corrected for outward transfers	3,832	20.02	1,949	10.18	1,883	9.84	142	37.06
Other Coloured : uncorrected	8,272	47.43	3,719	21.33	4,553	26.10	941	113.76
corrected for outward transfers	7,858	45.06	3,327	19.08	4,531	25.98	859	109.32
Natives (not Langa) : uncorrected	856	35.57	679	28.22	177	7.35	235	274.53
corrected for outward transfers	785	32.62	611	25.39	174	7.23	214	272.61
Asiaties : uncorrected	302	44.27	77	11.29	225	32.98	21	69.54
corrected for outward transfers	301	44.12	76	11.14	225	32.98	20	66.45
All non-Europeans : uncorrected	9,430	45.94	4,475	21.80	4,955	24.14	1,197	126.94
corrected for outward transfers	8,944	43.57	4,014	19.55	4,930	24.02	1,093	122.20
All races : uncorrected	14,975*	35.48	6,816*	17.18	7,259	18.30	1,395*	99.11
corrected for outward transfers	12,788*	32.24	5,975*	15.06	6,813	17.18	1,247*	97.51
Natives resident at Langa Township	101	9.57	131	12.41	—30	—2.84	33	326.73

* Including twelve of unknown race.
All rates are per 1,000 population except the infant mortality rate, which is expressed per 1,000 live births.

TABLE M.—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	25.2	79.1	189.3
1916-1917 ..	5.4	12.1	4.5	2.5	1.7	8.2	14.0	56.6	23.1	57.5	35.5	53.0	12.0	36.9	96.2	226.7
1917-1918 ..	2.4	5.0	1.2	1.9	1.6	12.1	5.7	50.4	27.7	53.2	26.0	48.0	14.7	30.6	79.1	200.9
1918-1919 ..	2.3	4.0	0.9	2.8	1.8	7.0	10.9	77.3	35.3	59.6	28.6	49.2	25.8	98.1	114.6	297.8
1919-1920 ..	2.8	3.6	0.8	2.2	0.4	7.7	13.9	52.5	25.9	47.9	21.9	41.0	15.9	29.0	81.5	183.8
1920-1921 ..	2.8	6.1	0.4	2.1	0.8	11.9	15.4	61.0	35.6	76.9	32.9	48.0	18.2	32.4	101.5	231.7
1921-1922 ..	—	1.2	1.2	0.9	1.6	9.4	10.8	53.3	22.4	44.6	22.4	40.6	10.8	26.5	69.5	173.3
1922-1923 ..	2.1	4.4	0.4	3.3	0.8	5.6	15.0	66.2	21.7	54.1	28.4	35.8	13.4	30.7	80.4	196.4
1923-1924 ..	7.0	13.9	0.4	2.9	0.4	9.7	8.6	57.7	25.0	50.7	20.1	39.9	11.1	18.0	72.4	187.3
1924-1925 ..	1.7	1.3	2.1	1.0	0.4	8.3	4.2	44.4	27.1	62.7	25.4	41.3	11.0	18.7	71.9	173.9
1925-1926 ..	1.3	2.2	0.4	4.0	1.7	10.7	9.0	46.5	23.6	58.9	18.9	40.5	10.3	20.9	65.2	175.5
1926-1927 ..	4.3	6.3	0.9	4.1	0.9	10.4	11.5	59.8	19.2	58.1	22.6	39.0	8.1	16.5	67.4	186.6
1927-1928 ..	5.0	6.4	1.4	3.6	1.1	10.7	14.4	62.5	9.3	52.1	21.2	34.2	7.9	21.3	60.3	190.6
1928-1929 ..	2.1	3.9	0.7	5.2	2.5	12.5	11.0	38.4	15.3	44.2	20.3	36.7	9.3	17.8	61.2	158.6
1929-1930 ..	1.7	1.2	0.7	5.9	1.0	14.5	8.2	39.7	14.7	42.4	22.8	40.0	11.6	16.4	69.7	160.0
1930-1931 ..	3.1	4.2	1.7	2.9	3.1	11.2	9.2	39.4	15.2	39.2	23.7	38.4	9.2	20.5	65.0	155.8
1931-1932 ..	2.1	4.4	0.7	6.0	1.4	15.7	12.9	44.2	17.8	45.9	24.1	35.2	8.0	16.5	67.1	167.7
1932-1933 ..	4.0	2.3	2.4	4.5	0.8	10.2	5.6	43.4	11.1	32.8	16.7	35.6	8.3	14.7	48.8	143.8
1933-1934 ..	—	3.6	0.8	4.5	0.8	9.3	3.9	31.4	9.4	43.8	16.0	30.2	3.9	10.4	34.8	133.3
1934-1935 ..	2.1	4.9	0.4	4.1	0.8	9.6	8.2	47.6	9.0	38.2	21.7	28.5	8.6	13.5	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	36.3	4.0	36.3	15.7	31.1	10.4	13.2	35.8	128.8
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	39.2	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
1947-1948 ..	1.0	6.0	0.8	9.7	—	2.7	4.7	31.4	3.9	29.2	19.8	31.2	6.8	12.0	37.1	122.2
Quinquennium 1916-1917 to 1920-1921 ..	3.3	6.6	1.7	2.2	1.1	9.9	12.3	55.1	28.1	58.7	29.0	47.2	15.2	32.1	90.8	211.7
* 1921-1922 to 1925-1926 ..	2.4	4.6	0.9	2.4	1.0	8.7	9.6	53.4	23.9	54.4	23.0	39.7	11.3	22.8	71.9	181.6
1926-1927 to 1930-1931 ..	3.2	4.3	1.1	4.3	1.7	11.9	10.8	47.2	14.6	46.7	22.1	37.6	9.3	18.6	62.7	169.4
1931-1932 to 1935-1936 ..	2.0	5.5	1.1	4.4	0.8	10.6	7.4	41.3	11.0	39.9	20.0	31.6	7.5	13.9	49.6	147.2
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).

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	23.0	0.5	0.8	3.2	9.8	20.1	85.7
1928-1929 ..	4.6	4.9	0.8	6.2	—	1.1	2.7	27.9	4.2	24.6	0.4	1.1	2.7	10.2	15.3	75.9
1929-1930 ..	3.0	3.8	1.5	8.0	—	0.8	3.4	25.8	4.2	23.4	0.8	0.4	3.4	8.0	16.3	70.2
1930-1931 ..	0.7	7.2	0.7	5.6	—	2.0	1.8	21.9	3.3	19.5	—	0.4	2.5	7.8	9.1	64.5
1931-1932 ..	2.2	6.8	0.4	8.9	—	2.5	3.3	26.6	2.2	26.0	—	—	2.5	8.9	10.5	79.7
1932-1933 ..	1.5	2.5	0.8	5.1	—	1.5	4.1	19.0	2.3	12.2	0.8	0.2	4.1	6.8	13.5	47.3
1933-1934 ..	2.1	3.0	1.7	8.9	—	2.8	2.5	25.3	4.2	25.9	—	0.8	2.9	6.8	13.3	73.5
1934-1935 ..	1.6	8.2	1.2	7.5	—	1.9	4.1	30.4	1.6	19.4	0.4	0.7	3.2	6.1	12.1	74.1
1935-1936 ..	3.0	10.4	0.4	7.2	—	1.7	4.8	22.2	2.6	12.8	—	0.2	2.2	7.8	12.9	62.2
1936-1937 ..	—	2.4	1.9	5.5	0.4	1.2	2.7	17.4	2.7	14.7	0.4	0.7	2.3	6.0	10.2	48.0
1937-1938 ..	1.6	6.7	1.2	7.7	—	0.7	4.4	26.6	0.8	18.9	—	0.7	3.6	7.5	11.7	68.7
1938-1939 ..	0.4	6.4	0.7	5.9	—	1.2	3.3	24.0	1.5	12.7	—	0.3	1.5	6.1	7.3	56.6
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	1.3	5.7	9.5	69.1
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
1947-1948 ..	0.8	6.6	1.6	16.5	—	1.1	0.8	12.4	0.3	11.0	—	—	1.6	3.7	4.9	51.3
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 N.—Estimated Populations and Vital Statistic Rates since 1913.

Periods.	Estimated Populations.			Birth rates.			Illegitimate births percentage of total births.			Deaths 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.
	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.			Eur.			Eur.			Eur.			Eur.			Eur.			Eur.			Eur.			Eur.	
(*) 296 Days Year ..	76,940	74,560	151,500	29,39	45,48	37,31	6,49	25,75	18,04	12,10	27,02	19,44	15,62	17,23	16,42	107,96	250,55	103,50	0,21	0,30	0,25	1,03	4,85	2,91		
1913-1914	70,840	75,510	146,350	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	101,92	0,26	0,37	0,28	1,11	5,09	3,04		
1915-1916	82,860	76,510	159,370	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	104,92	0,10	0,16	0,13	0,89	4,21	2,48		
1917-1918	85,990	76,450	162,440	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	107,92	0,16	0,24	0,20	1,10	5,55	3,51		
1919-1920	89,240	77,450	166,690	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	110,94	0,13	0,20	0,18	0,94	4,50	2,81		
1921-1922	92,010	79,450	171,460	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	113,96	0,19	0,28	0,24	0,87	4,80	2,19		
1923-1924	96,110	80,450	176,560	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	116,98	0,22	0,32	0,26	0,83	3,77	2,17		
1925-1926	99,750	81,490	181,240	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	120,00	0,22	0,34	0,28	0,83	3,77	2,17		
1927-1928	103,120	83,450	186,570	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	123,02	0,37	0,50	0,46	0,73	4,10	2,25		
1929-1930	105,330	86,290	191,620	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	126,04	0,20	0,30	0,26	0,98	4,43	2,07		
1931-1932	107,870	89,030	196,900	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	129,06	0,21	0,31	0,26	0,94	4,34	2,07		
1933-1934	110,870	91,000	201,870	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	132,08	0,11	0,22	0,16	0,75	4,12	2,27		
1935-1936	112,830	93,170	206,000	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	135,10	0,07	0,11	0,08	0,44	3,52	2,43		
1937-1938	114,530	94,770	209,300	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	138,12	0,07	0,11	0,08	0,44	3,52	2,43		
1939-1940	116,240	96,320	212,560	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	141,14	0,13	0,22	0,14	0,85	4,51	2,52		
1941-1942	117,940	97,870	215,810	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	144,16	0,07	0,11	0,08	0,44	3,52	2,43		
1943-1944	119,640	99,420	219,060	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	147,18	0,13	0,22	0,14	0,85	4,51	2,52		
1945-1946	121,340	100,970	222,310	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	150,20	0,07	0,11	0,08	0,44	3,52	2,43		
1947-1948	123,040	102,520	225,560	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	153,22	0,13	0,22	0,14	0,85	4,51	2,52		
1949-1950	124,740	104,070	228,810	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	156,24	0,08	0,12	0,09	0,44	3,52	2,43		
1951-1952	126,440	105,620	232,060	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	159,26	0,13	0,22	0,14	0,85	4,51	2,52		
1953-1954	128,140	107,170	235,310	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	162,28	0,08	0,12	0,09	0,44	3,52	2,43		
1955-1956	129,840	108,720	238,560	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	165,30	0,13	0,22	0,14	0,85	4,51	2,52		
1957-1958	131,540	110,270	241,810	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	168,32	0,08	0,12	0,09	0,44	3,52	2,43		
1959-1960	133,240	111,820	245,060	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	171,34	0,13	0,22	0,14	0,85	4,51	2,52		
1961-1962	134,940	113,370	248,310	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	174,36	0,08	0,12	0,09	0,44	3,52	2,43		
1963-1964	136,640	114,920	251,560	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	177,38	0,13	0,22	0,14	0,85	4,51	2,52		
1965-1966	138,340	116,470	254,810	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	180,40	0,08	0,12	0,09	0,44	3,52	2,43		
1967-1968	140,040	118,020	258,060	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	183,42	0,13	0,22	0,14	0,85	4,51	2,52		
1969-1970	141,740	119,570	261,310	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	186,44	0,08	0,12	0,09	0,44	3,52	2,43		
1971-1972	143,440	121,120	264,560	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	189,46	0,13	0,22	0,14	0,85	4,51	2,52		
1973-1974	145,140	122,670	267,810	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	192,48	0,08	0,12	0,09	0,44	3,52	2,43		
1975-1976	146,840	124,220	271,060	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	195,50	0,13	0,22	0,14	0,85	4,51	2,52		
1977-1978	148,540	125,770	274,310	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	198,52	0,08	0,12	0,09	0,44	3,52	2,43		
1979-1980	150,240	127,320	277,560	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	201,54	0,13	0,22	0,14	0,85	4,51	2,52		
1981-1982	151,940	128,870	280,810	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	204,56	0,08	0,12	0,09	0,44	3,52	2,43		
1983-1984	153,640	130,420	284,060	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	207,58	0,13	0,22	0,14	0,85	4,51	2,52		
1985-1986	155,340	131,970	287,310	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	210,60	0,08	0,12	0,09	0,44	3,52	2,43		
1987-1988	157,040	133,520	290,560	29,95	47,52	38,49	6,90	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,39	213,62	0,13	0,22	0,14	0,85	4,51	2,52		
1989-1990	158,740	135,070	293,810																							

TABLE O.—Vital Statistic Rates for Various Centres for the Year 1947-48.

(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	NE
Union of South Africa (1945)	25.48	—	—	—	—	9.32 ²	—	—	—	—	40.33	—	—	—	—	—
Johannesburg ..	25.83	17.88 ²	57.53	41.98	—	8.53	13.17 ²	13.27	19.63	—	33.34	311.21	78.33	129.02	—	—
Cape Town ..	20.02	32.62 ²	44.12	45.06	43.57	10.18	25.39 ²	11.14	19.08	19.55	37.06	272.61 ²	66.45	109.32	122.20	5.59
Durban ..	20.45	28.29	42.45	53.50	—	9.43	24.36	16.30	19.23	—	30.93	329.02	91.64	102.04	—	2.50
Pretoria ..	27.06	9.95	42.59	21.16	12.74	6.12	6.49	10.76	18.24	7.33	33.16	138.78	61.80	224.14	127.30	1.17
Port Elizabeth ..	30.51	23.71	64.90	44.42	—	9.60	27.67	19.36	22.61	—	47.39	339.93	57.02	141.40	—	—
East London ..	26.82	43.26	37.99	47.64	—	9.39	33.81	11.39	33.64	—	32.77	294.72	20.00	200.00	—	—
Springs ..	31.3	6.3	40.0	27.1	6.8	7.04	5.8 ²	14.7	5.7	6.1	32.3	229.24	166.6	218.9	109.7	0.65
Benoni* ..	28.77	29.02 ²	52.14	38.0	30.05	6.83	21.37 ²	18.80	21.98	15.54	41.66	302.52 ²	180.33	200.00	287.16	1.12
Krugersdorp ..	28.6	11.3	37.7	40.6	—	7.3	8.9	4.9	22.9	—	38.2	287.0	43.5	156.2	—	—
Brakpan ..	27.93	—	—	0.36	—	3.64 ²	—	—	7.44 ²	—	21.94	—	—	—	—	—
Bloemfontein ..	23.04	—	—	—	34.22	6.47	—	—	—	22.41	33.71	—	—	—	—	1.53
Boksburg ..	27.83	—	—	—	20.71	6.75	7.08 ²	—	—	13.6	40.68	—	—	—	—	0.95
Rodepoort ..	28.88	13.36 ²	68.18	23.20	15.72	5.31	11.09 ²	6.82	12.00	6.38	26.63	273.22 ²	33.33	103.45	223.14	1.17
Pietermaritzburg ..	26.6	19.1	64.8	48.5	—	10.0 ²	12.1 ²	11.6 ²	12.4 ²	—	17.04	184.8	36.9	60.2	—	—
Kimberley ..	26.54	29.30	—	47.36	—	9.13	19.69	—	26.14	—	30.30	202.04	—	147.35	—	—
Vereeniging* ..	34.44	30.75	28.33	11.32	30.36	7.20 ²	12.88 ²	5.00 ²	1.88 ²	12.53 ²	37.21	145.53	—	—	—	1.49
King William's Town	24.56	24.50	19.42	52.74	—	8.82	12.12	19.42	14.97	—	38.46	131.87	—	81.08	—	—
England and Wales (1947) ¹	21.1 ²	—	—	—	—	12.3 ²	—	—	—	—	41.0	—	—	—	—	—
County of London (1947) ¹	21.8 ²	—	—	—	—	12.8 ²	—	—	—	—	34.0	—	—	—	—	—

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.⁶ European rates corrected for inward and outward transfers.

TABLE P.—Cases of Notifiable Disease reported, 1947-48.

	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 ..	223	85	—	1	137	2	114	46	—	68	—
Scarlet fever ..	182	1	6	3	177	1	31	1	1	30	1
Enteric fever ..	171	64	6	3	102	2	62	18	3	46	1
Puerperal fever ..	86	6	—	1	80	1	15	2	—	13	—
Cerebrospinal fever ..	202	163	1	—	38	—	121	88	1	34	—
Erysipelas ..	37	1	—	—	34	2	1	—	—	1	—
Acute poliomyelitis ..	46	18	3	1	26	—	27	4	1	22	2
Infective encephalitis ..	6	6	—	—	—	—	5	4	—	1	—
Typhus fever* ..	4	1	2	4	—	1	—	—	3	3	—
Leprosy ..	—	—	—	1	1	—	—	—	—	—	—
Ophthalmia ..	216	—	—	—	214	2	1	—	—	1	—
Trachoma ..	4	—	1	—	3	—	1	—	—	1	—
Acute primary pneumonia ..	434	—	—	28	460	2	19	—	16	35	—
Influenzal pneumonia ..	26	—	—	—	25	1	—	—	—	—	—
Tuberculosis, respiratory system	1,889	19	90	29	1,741	68	202	—	13	206	9
Tuberculosis, other forms ..	250	4	11	93	293	15	50	1	30	79	—
Total ..	3,756	368	120	164	3,335	97	649	164	68	540	13

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.

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

5. Excluding Langa Native Township.

7. Cases admitted to City Hospital or other hospital from outside Cape Town or from ships in the port.

8. = 2.

9. = 4.

10. Excluding cases from ships.

TABLE Q.—Notification of Infectious Disease Classified for Race, and Month of Notification, 1947-48.

E.—European.

O.—Non-European.

Period,	Tuberculosis, respiratory system.			Tuberculosis, other forms.			Enteric fever.			Diphtheria.			Scarlet fever.			Erysipelas.			Cerebrospinal fever.			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.
1947.																											
July	23	109	132	—	23	23	1	3	4	3	8	11	17	2	19	1	1	2	1	3	4	—	—	—	—	—	—
August	24	140	164	—	35	37	1	1	2	7	8	15	21	1	22	—	—	—	—	—	—	—	—	—	—	—	—
September	21	142	163	—	28	30	—	3	3	4	8	12	11	2	13	—	—	—	—	—	—	—	—	—	—	—	—
October	15	141	156	3	30	33	2	14	16	4	4	8	12	1	13	—	—	—	—	—	—	—	—	—	—	—	—
November	16	123	139	4	25	29	2	6	8	3	5	8	21	2	23	—	—	—	—	—	—	—	—	—	—	—	—
December	25	117	142	3	22	25	—	5	5	12	5	17	7	3	10	—	—	—	—	—	—	—	—	—	—	—	—
1948.																											
January	23	141	164	3	17	20	7	11	18	8	6	14	9	1	10	—	—	—	—	—	—	—	—	—	—	—	—
February	18	133	151	2	20	22	—	14	12	26	3	5	10	1	11	—	—	—	—	—	—	—	—	—	—	—	—
March	31	123	154	4	20	24	5	5	10	6	4	10	11	3	14	—	—	—	—	—	—	—	—	—	—	—	—
April	21	116	137	4	15	19	1	3	4	5	10	15	10	3	13	—	—	—	—	—	—	—	—	—	—	—	—
May	19	92	111	—	16	16	1	2	3	2	8	7	6	4	10	—	—	—	—	—	—	—	—	—	—	—	—
June	15	112	127	—	15	15	1	2	3	3	5	13	17	2	19	—	—	—	—	—	—	—	—	—	—	—	—
Year	252	1,489	1,741	27	266	293	35	67	102	64	73	137	152	25	177	18	16	34	5	33	38	—	1	1	13	13	26

Period.	Influenza pneumonia.			Acute primary pneumonia.			Ophthalmia.			Puerperal fever.			Trachoma.			Typhus fever.*			Totals.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
1947.																					
July	1	2	3	6	38	44	1	17	18	—	1	6	—	1	1	—	—	—	54	214	268
August	2	7	9	1	60	61	4	22	26	—	5	6	—	—	—	—	—	—	67	244	311
September	1	1	2	11	54	65	5	14	19	3	5	8	—	—	—	—	—	—	50	267	317
October	2	1	3	4	42	46	3	12	15	—	3	5	—	—	—	—	—	—	47	255	302
November	—	1	1	1	32	33	1	27	28	—	—	8	—	—	—	—	—	—	48	234	282
December	1	—	1	1	30	31	—	8	9	—	1	5	—	—	—	—	—	—	56	199	255
1948.																					
January	1	—	1	5	32	37	—	23	23	—	3	5	—	—	—	—	—	—	60	242	302
February	—	—	—	5	27	32	2	16	18	—	7	9	—	—	—	—	—	—	58	227	285
March	—	—	—	7	24	31	2	17	19	—	8	10	—	—	—	—	—	—	73	211	284
April	—	—	—	4	23	27	2	12	14	—	5	7	—	—	—	—	—	—	56	192	248
May	—	—	—	3	14	17	2	7	9	—	4	6	—	—	—	—	—	—	42	153	195
June	1	1	2	6	26	32	1	16	17	—	4	4	—	—	—	—	—	—	52	185	237
Year	9	16	25	58	492	550	21	103	124	15	65	80	1	2	3	2	2	4	672	2,663	3,335

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

TABLE R.—Notification of Infectious Disease Classified for Race, Sex and Age-Groups, 1947-48.

E.—European. O.—Non-European.

Age-group.	Tuberculosis, respiratory system.			Tuberculosis, other forms.			Enteric fever.			Diphtheria.			Scarlet fever.			Erysipelas.			Cerebrospinal fever.			Leprosy.		
	E.		To-tal.	E.		To-tal.	E.		To-tal.	E.		To-tal.	E.		To-tal.	E.		To-tal.	E.		To-tal.	E.		To-tal.
	M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.	
0-1 year.	2	2	4	1	1	2	1	1	2	3	3	6	1	1	2	1	1	2	1	1	2	1	1	2
1-2 years.	2	2	4	1	1	2	1	1	2	3	3	6	1	1	2	1	1	2	1	1	2	1	1	2
2-5 years.	2	2	4	1	1	2	1	1	2	3	3	6	1	1	2	1	1	2	1	1	2	1	1	2
5-10 years.	2	2	4	1	1	2	1	1	2	3	3	6	1	1	2	1	1	2	1	1	2	1	1	2
10-15 years.	2	2	4	1	1	2	1	1	2	3	3	6	1	1	2	1	1	2	1	1	2	1	1	2
15-25 years.	23	57	80	1	1	2	1	1	2	3	3	6	1	1	2	1	1	2	1	1	2	1	1	2
25-35 years.	23	57	80	1	1	2	1	1	2	3	3	6	1	1	2	1	1	2	1	1	2	1	1	2
35-45 years.	25	57	82	1	1	2	1	1	2	3	3	6	1	1	2	1	1	2	1	1	2	1	1	2
45-55 years.	25	57	82	1	1	2	1	1	2	3	3	6	1	1	2	1	1	2	1	1	2	1	1	2
55-65 years.	25	57	82	1	1	2	1	1	2	3	3	6	1	1	2	1	1	2	1	1	2	1	1	2
65-75 years.	25	57	82	1	1	2	1	1	2	3	3	6	1	1	2	1	1	2	1	1	2	1	1	2
75-85 years.	25	57	82	1	1	2	1	1	2	3	3	6	1	1	2	1	1	2	1	1	2	1	1	2
85 years and over.	25	57	82	1	1	2	1	1	2	3	3	6	1	1	2	1	1	2	1	1	2	1	1	2
Unknown.	1	1	2	1	1	2	1	1	2	3	3	6	1	1	2	1	1	2	1	1	2	1	1	2
Totals.	127	125	252	10	17	27	16	19	35	22	42	64	73	79	152	5	13	18	2	3	5	1	1	2

Age-group.	Acute anterior poliomyelitis.				Influenza pneumonia.				Acute primary pneumonia.				Ophthalmia.				Puerperal fever.				Trachoma.				Typhus fever.				Totals.						
	E.		O.		To-tal.	E.		O.		To-tal.	E.		O.		To-tal.	E.		O.		To-tal.	E.		O.		To-tal.	E.		O.		To-tal.					
	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.	
0-1 year	-	-	1	3	4	1	3	4	3	81	6	15	88	104	213	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16	21	211	189	435	
1-2 years	4	-	1	1	5	4	3	26	21	50	4	3	26	21	44	-	-	-	-	-	-	-	-	-	-	-	-	-	16	11	120	109	256		
2-5 years	4	3	1	1	9	4	3	26	17	44	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	31	29	145	141	346			
5-10 years	2	1	1	1	5	-	3	14	16	35	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	54	63	72	105	294			
10-15 years	2	1	1	1	5	-	3	16	8	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	24	30	37	52	143			
15-25 years	-	-	-	-	-	1	1	3	43	8	59	-	-	-	-	-	4	24	28	-	-	-	-	-	-	-	-	39	83	203	269	594			
25-35 years	-	-	1	1	2	2	5	6	34	19	64	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	35	61	238	194	528			
35-45 years	-	-	-	-	-	1	3	3	29	13	45	-	-	-	-	-	8	30	13	-	-	-	-	-	-	-	-	32	27	173	159	322			
45-55 years	-	-	-	-	-	2	2	15	8	26	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	17	19	142	92	111			
55-65 years	-	-	-	-	-	2	2	15	3	22	-	-	-	-	-	-	7	-	-	-	-	-	-	-	-	-	-	16	7	97	10	60			
65-75 years	-	-	-	-	-	1	3	4	2	3	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	6	1	4	19			
75-85 years	-	-	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3			
85 years and over	-	-	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1			
Unknown	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	2	6	
Totals	9	4	6	7	26	5	4	13	3	25	34	24	253	149	400	6	15	88	105	214	15	65	80	-	1	1	1	2	-	4	310	362	1,423	1,240	3,335

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

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

Disease.	Race.	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
		1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Scarlatina or Scarlet fever	Eur. ..	425	121	121	103	229	596	458	113	81	124	216	267	154	154	143	321	249	152
	Non-E. ..	40	18	19	9	14	34	28	13	8	11	18	10	7	8	17	41	20	25
Diphtheria or membranous croup ..	Eur. ..	189	120	142	192	238	189	223	344	537	286	204	195	160	175	89	91	51	64
	Non-E. ..	93	67	73	106	136	122	119	253	233	130	89	138	135	110	89	84	56	73
Enteric or Typhoid fever	Eur. ..	97	71	30	52	33	30	34	58	14	35	11	36	90	17	20	22	24	35
	Non-E. ..	103	98	30	47	49	43	96	41	37	34	26	73	68	57	77	85	144	67
Erysipelas	Eur. ..	41	40	28	37	44	51	43	33	30	29	37	38	27	28	38	28	17	18
	Non-E. ..	30	28	41	30	50	42	31	28	36	39	41	41	46	33	41	37	26	16
Puerperal fever	Eur. ..	19	16	22	26	24	22	13	19	22	18	33	15	16	16	14	14	11	15
	Non-E. ..	42	51	49	48	67	74	51	51	62	61	61	50	60	70	52	57	71	65
Ophthalmia	Eur. ..	50	53	47	30	38	39	42	24	35	29	28	36	18	22	29	30	24	21
	Non-E. ..	227	199	218	190	259	227	215	213	181	212	164	182	170	215	235	227	268	193
Cerebrospinal fever	Eur. ..	4	7	8	3	5	1	7	3	5	2	23	19	23	39	25	16	15	5
	Non-E. ..	18	25	22	17	20	9	11	15	33	24	45	47	80	222	80	58	31	33
Acute poliomyelitis	Eur. ..	5	—	4	8	11	1	7	4	2	5	5	4	2	5	46	10	4	13
	Non-E. ..	5	—	4	3	14	3	2	2	9	11	4	3	—	1	18	4	3	13
Infective encephalitis	Eur. ..	1	9	2	2	8	4	1	4	—	2	1	3	6	—	—	1	—	—
	Non-E. ..	4	2	4	—	3	3	3	4	2	3	5	1	3	2	1	—	5	—
Leprosy	Eur. ..	1	1	—	—	1	—	—	1	—	—	—	1	2	—	—	—	—	—
	Non-E. ..	1	4	2	2	1	1	3	2	1	1	3	4	5	2	—	1	—	1
Typhus fever*	Eur. ..	2	4	2	4	—	2	4	1	6	4	4	6	2	7	10	2	8	2
	Non-E. ..	1	—	—	1	—	—	—	—	1	—	1	2	—	—	1	2	5	2
Smallpox	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	5	—	—	—
Influenza	Eur. ..	69	101†	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	171	140†	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenzal pneumonia	Eur. ..	24	41	19	13	45	56	29	37	17	23	23	10	13	18	2	8	5	9
	Non-E. ..	38	91	31	31	82	64	41	74	30	30	40	15	27	60	26	18	24	16
Acute primary pneumonia	Eur. ..	84	98	77	59	138	148	103	96	103	100	106	80	76	100	74	47	68	58
	Non-E. ..	289	334	253	294	566	465	376	466	420	433	385	319	321	338	353	326	395	402
Cholera	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Plague	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anthrax	Eur. ..	—	—	1	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—
	Non-E. ..	—	—	—	1	—	—	—	—	—	—	—	—	1	1	—	1	—	—
Glanders	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rabies	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malta fever	Eur. ..	1	2	—	1	1	—	—	—	—	1	—	2	1	—	—	—	—	—
	Non-E. ..	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Yellow fever	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Human trypanosomiasis	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Trachoma	Eur. ..	—	3	1	1	2	1	2	1	6	5	—	—	—	—	1	—	2	1
	Non-E. ..	4	4	6	1	14	5	7	1	2	10	3	1	2	—	8	9	3	2
Lead poisoning	Eur. ..	3	—	1	—	1	1	1	—	1	—	—	—	—	—	—	—	1	—
	Non-E. ..	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, respiratory system ..	Eur. ..	183	209	210	185	161	164	149	186	183	158	157	182	191	223	202	241	251	252
	Non-E. ..	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	1,489
Other forms of tuberculosis	Eur. ..	19	30	21	21	20	21	16	29	17	28	30	33	35	34	29	26	28	27
	Non-E. ..	134	168	165	203	163	151	137	188	162	181	224	229	283	293	295	292	237	266

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 U.—Vital Statistics for the Langa Native Township, 1947-48.

Average population for the 12 months July, 1947, to June, 1948.										NATIVES.														
European.			Natives.																					
Adults.		To- tal.	Adults.		Child- ren.	Total.	Grand Total.	Births.			Still- births.	Birth- rate (per 1,000 per- sons).	Illegitimate percentage of total births.	Deaths.		Death rate (per 1,000 per- sons).	Deaths under one year of age.		Infant mortality (per 1,000 births).	Deaths from Tuberculosis (all forms).		Death rate for Tuberculosis all forms, (per 1,000 persons).		
M.	F.		M.	F.				Legiti- mate.	Illegiti- mate.	Total.				M.	F.		M.	F.		M.	F.			
13	18	31	6,312	1,397	2,750	10,459	10,490	34	23	25	19	101*	14	9.57	43.56	74	57	12.41	12	21	326.73	26	16	3.98

* Not including 1 European birth.

PRINCIPAL CAUSES OF DEATH

	Male.	Female.	Total.
Tuberculosis (all forms)	26	16	42
Violent or accidental deaths	13	3	16
Diarrhoea and enteritis	5	10	15
Bronchitis and pneumonia	5	7	12
Cardiac diseases	4	5	9
Cancer (all forms)	4	4	8
Whooping cough	1	6	7
Congenital malformations and diseases of early infancy	6	1	7

Deaths in Langa Hospital, 63 (Natives: 35 males, 28 females).

NOTIFICATION OF INFECTIOUS DISEASE.

Tuberculosis (respiratory system).		Tuberculosis (other forms).		Enteric fever.		Diphtheria.		Scarlet fever.		Typhus fever.		Puerperal fever.		Acute Primary pneumonia.		Influenzal Pneumonia.		Erysipelas.		Ophthalmia.		Total.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
50	18	9	6	1	1	—	2	—	1	1	—	1	—	2	—	—	1	—	2	—	2	—	65	32

Excluded from above are 3 cases of tuberculosis of the respiratory system and 1 case of typhus fever, who contracted the disease outside the Municipal area, being already ill on arrival in Langa Native Township.

TABLE V.—Vital Statistics for the Added Area of Windermere, 1947-48.

Estimated population as at 31st December, 1947.			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.	Eur.				Non- Eur.	Eur.										
				Non- Eur.	Eur.													Non- Eur.	Eur.	Non- Eur.	Eur.					
Non- Eur.	Total.		Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.								
1,070	12,360	13,430	14	331	—	169	14	500	1	27	—	33.80	12.87	39.80	5	474	4.60	37.73	1	161	71.43	322.00	2	134	1.84	10.67

PRINCIPAL CAUSES OF DEATH

	European.		Non-European.		Total.
Tuberculosis (all forms)	136
Diarrhoea and enteritis	87
Bronchitis and pneumonia	79
Cardiac diseases	32
Congenital malformations and diseases of early infancy	28
Violent or accidental deaths	19
Syphilis	16
Cancer (all forms)	15
Whooping cough	12

NOTIFICATION OF INFECTIOUS DISEASE.

Tuberculosis (respiratory system).	Tuberculosis (other forms).		Enteric fever.		Diphtheria.		Cerebro-spinal fever.		Puerperal fever.		Acute primary pneumonia.		Erysipelas.		Ophthalmia.		Total.	
Non-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.
2	168	—	20	—	4	—	5	—	1	—	5	—	31	—	1	—	23	5

TABLE W.—Barometrical Readings, 1947-48.

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

Month.	Mean.	Average for forty-one years, 1st July, 1906, to 30th June, 1947.	Highest.	Date.	Lowest.	Date.	Highest and date for forty-one years, 1st July, 1906, to 30th June, 1947.	Lowest and date for forty-one years, 1st July, 1906, to 30th June, 1947.
1947.								
July ..	30.182	30.252	30.597	15th	29.849	8th	30.737 14th, 1934	28.924 13th, 1917
August ..	30.152	30.276	30.377	26th	29.823	31st	30.984 26th, 1921	29.753 29th, 1920
September ..	30.159	30.271	30.463	3rd	29.949	22nd	30.691 8th, 1924	29.573 3rd, 1946
October ..	30.072	30.209	30.264	16th	29.835	28th	30.563 5th, 1912	29.727 6th, 1928
November ..	29.986	30.167	30.275	9th	29.742	27th	30.841 24th, 1913	29.714 13th, 1946
December ..	29.985	30.097	30.165	19th	29.727	22nd	30.569 13th, 1921	29.754 24th, 1926
1948.								
January ..	29.942	30.077	30.087	16th	29.785	21st	30.500 30th, 1917	29.757 17th, 1911
February ..	29.968	30.100	30.191	21st	29.810	17th	30.945 9th, 1923	28.933 10th, 1945
March ..	30.015	30.144	30.309	20th	29.734	4th	30.608 11th, 1921	29.002 15th, 1921
April ..	30.056	30.241	30.282	30th	29.900	3rd	30.514 7th, 1940	29.098 3rd, 1916
May ..	30.079	30.219	30.275	22nd 23rd	29.811	11th	30.641 3rd, 1927	29.078 19th, 1916
June ..	30.202	30.277	30.515	30th	29.949	25th	30.663 22nd, 1915	29.089 11th, 1906
Year ..	30.066	30.194	30.315	30/6/1948	29.727	22/1/1947	30.984 26/8/1921	28.924 13/7/1917

TABLE Y.—Rainfall and Humidity, 1947-48.

Month.	RAINFALL.						HUMIDITY.	
	Amount in inches.	Average for 41 years in inches, 1st July, 1906 to 30th June, 1947.	No. of rainy days.	Average rainy days for 41 years, 1st July, 1906 to 30th June, 1947.	Greatest fall in one day.		Mean Saturation 100.	Average for 41 years, 1st July, 1906 to 30th June, 1947.
					Amount in inches.	Date.		
1947								
July ..	6.70	3.29	19	13.85	1.23	12th	2.67	84.58
August ..	2.34	2.62	16	13.24	0.73	31st	1.90	86.12
September ..	0.98	2.08	6	10.90	0.30	22nd	1.45	76.40
October ..	0.62	1.31	6	8.46	0.20	28th	1.55	79.69
November ..	0.38	0.95	5	6.73	0.20	7th	2.35	72.79
December ..	0.03	0.76	1	5.53	0.03	4th	1.61	69.34
1948								
January ..	0.11	0.61	3	3.84	0.08	21st	1.50	68.95
February ..	0.18	0.52	7	3.90	0.03	6th	1.12	73.22
March ..	1.19	0.73	8	5.41	0.42	18th	1.08	74.64
April ..	1.55	1.70	11	9.02	0.54	26th	1.62	81.66
May ..	3.14	2.95	12	12.00	0.62	31st	2.76	83.40
June ..	2.44	3.62	12	13.19	0.46	27th	2.65	83.91
Year ..	19.66	21.14	106	106.07	1.23	12/7/1947	2.76	76.90

TABLE Z.—Earth Temperature, 1947-48.

Month.	Range at one foot, °F	Range at one foot, 41 years, 1st July, 1906, to 30th June, 1947. °F	Range at two feet, °F	Range at two feet, 41 years, 1st July, 1906, to 30th June, 1947. °F	Range at four feet, °F	Range at four feet, 41 years, 1st July, 1906, to 30th June, 1947. °F
1947						
July ..	53.0 to 58.0	49.2 to 64.0	56.0 to 58.0	54.0 to 61.3	59.6 to 61.8	53.0 to 62.9
August ..	56.4 to 61.0	59.9 to 62.6	58.6 to 61.2	53.8 to 62.1	60.0 to 61.4	55.0 to 62.0
September ..	58.0 to 66.0	50.9 to 67.9	60.0 to 65.0	55.0 to 67.0	61.4 to 64.0	57.0 to 65.5
October ..	65.0 to 72.4	57.1 to 75.9	65.4 to 71.0	58.0 to 72.8	64.0 to 68.8	56.8 to 73.8
November ..	66.4 to 79.6	59.3 to 83.0	69.0 to 77.0	60.5 to 79.7	68.6 to 73.4	60.8 to 76.2
December ..	75.0 to 79.0	63.0 to 83.8	76.0 to 78.2	60.5 to 80.5	73.6 to 78.0	63.8 to 81.4
1948						
January ..	76.0 to 81.2	66.7 to 84.0	77.4 to 80.0	66.8 to 80.0	76.0 to 78.0	66.2 to 82.5
February ..	77.0 to 82.0	66.9 to 86.9	79.0 to 80.0	68.9 to 82.9	77.4 to 79.0	68.0 to 81.4
March ..	71.6 to 82.0	63.7 to 81.0	74.0 to 80.0	65.2 to 80.7	75.4 to 78.0	67.9 to 80.2
April ..	64.2 to 75.0	58.9 to 76.6	69.0 to 75.0	63.0 to 76.3	71.8 to 75.0	62.2 to 76.1
May ..	62.0 to 67.0	53.0 to 74.4	65.4 to 69.0	58.0 to 74.6	68.0 to 71.4	61.0 to 74.0
June ..	56.0 to 61.8	49.8 to 64.1	60.0 to 65.0	56.0 to 66.0	63.0 to 68.0	59.1 to 67.4
Year ..	53.0 to 82.0	49.2 to 86.9	56.0 to 80.0	53.8 to 82.9	59.6 to 79.0	53.0 to 82.5

CITY OF CAPE TOWN

ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH

PRELIMINARY (PROVISIONAL) RETURN FOR THE YEAR ENDED 30TH
JUNE, 1950.

VITAL STATISTICS

	1949-1950			1948-1949		
	Eur.	Non-Eur.	All Races	Eur.	Non-Eur.	All Races
Total population*	199,485	226,367	425,852	194,085	219,703	413,788
Population excluding Langa Native Township	199,450	215,370	414,820 **	194,050	208,800	402,850 **
Births	3,451	9,786	13,241	3,721	9,605	13,330
Birth rate (per 1,000 population)	17.35	45.56	32.01 +	19.23	46.13	33.18 **
Total deaths	1,787	3,740	5,532	1,761	3,776	5,541
Death rate (per 1,000 population)	8.98	17.41	13.37	9.10	18.13	13.79
Deaths of infants under 1 year of age	102	993	1,099 **	109	1,065	1,178 **
Infant mortality rate (per 1,000 births)	29.56	101.47	83.00	29.29	110.88	88.37
Maternal mortality rate (per 1,000 live births)	0.29	1.12	0.91	1.61	2.19	2.03
Tuberculosis death rate (per 1,000 population)	0.53	4.19	2.43	0.42	4.89	2.74
Enteric fever death rate (per 1,000 population)	-	0.03	0.01	0.01	0.04	0.02

* Estimated as at 31st December (the middle of the year) based on the final figures of the 1946 census, inclusive of the added area of Windermere and the Langa Native Township.

** Including four of unknown race.

+ Including five of unknown race.

The figures for births, deaths and infectious disease and the corresponding rates, do not include events in the Langa Native Township. The rates are calculated on the population of the Municipality exclusive of the Langa Native Township. The figures are corrected for outward transfers only.

CITY OF CARMEL, CALIF.
ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH
PRELIMINARY (PROVISIONAL) RETURN FOR THE YEAR ENDING 1934
JUNE, 1935
VITAL STATISTICS

	1948-1949			1949-1950		
	ALL Races	Non- Mex.	Mex.	ALL Races	Non- Mex.	Mex.
1. Population	413,708	219,703	194,005	326,867	226,867	99,999
2. Population exclu- sive of Native born	402,870	208,800	194,070	315,870	215,870	99,999
3. Rate (per 100 population)	12.130	9.602	3.781	9.706	12.141	12.337
4. Rate (per 100 population)	35.18	45.13	19.23	45.26	35.01	35.01
5. Deaths	2,781	3,776	1,781	2,781	2,781	1,781
6. Rate (per 100 population)	18.72	18.13	9.10	17.41	12.33	12.33
7. Rate of infant mortality per 1,000 live births	1,178	1,062	102	923	1,099	1,099
8. Infant mortality rate (per 1,000 live births)	66.37	110.88	29.22	101.47	63.00	63.00
9. Infant mortality rate (per 1,000 live births)	2.03	2.12	1.61	1.12	0.91	0.91
10. Infant mortality rate (per 1,000 live births)	2.74	4.22	0.42	4.12	2.43	2.43
11. Infant mortality rate (per 100 population)	0.02	0.04	0.01	0.03	0.01	0.01

Estimated as at first of January (the middle of the year) based on the
final figures of the 1950 census, inclusive of the added area of
Indian reservation and the large Native Township.

Including four of unknown race.

Including five of unknown race.

The figures for infant, neonatal and infectious diseases and the
corresponding rates, do not include cases in the large Native
Township. The rates are calculated on the population of the
municipality exclusive of the large Native Township. The figures
are corrected for census transfers only.

VITAL STATISTICS (CONTINUED)

- 2 -

	1949-1950			1948-1949		
	Eur.	Non-Eur.	All Res.	Eur.	Non-Eur.	All Res.
Enteric fever	-	6	6	2	8	10
Meningococcal meningitis	5	13	18	3	7	10
Scarlet fever	-	-	-	-	-	-
Whooping cough	1	66	67	1	18	19
Diphtheria	4	10	14	3	4	7
Erysipelas	-	-	-	1	-	1
Tetanus	1	3	4	3	5	8
Tuberculosis, respiratory system ..	89	713	802	68	829	897
Tuberculosis, central nervous system	13	147	160	10	141	151
Tuberculosis, other forms	4	40	44	4	49	53
Purulent infection and septicaemia (non-puerperal)	3	4	7	2	3	5
Dysentery (all forms)	3	8	11	1	2	3
Syphilis (all forms)	10	61	71	5	62	67
Influenza	3	10	13	3	12	15
Measles	4	29	33	-	17	17
Acute anterior poliomyelitis	-	-	-	-	-	-
Encephalitis lethargica	-	1	1	-	1	1
Typhus fever	-	-	-	-	-	-
Other infective and parasitic diseases	12	4	16	6	5	11
Cancer (all forms)	258	171	429	256	147	403
Tumours, non-malignant	12	6	18	9	8	17
Acute rheumatic fever	4	16	20	1	10	11
Diabetes	35	25	60	32	23	55
Other general diseases	5	4	9	3	5	8
Diseases of the blood and blood forming organs	8	7	15	11	9	20
Chronic poisonings and intoxication	-	1	1	2	-	2
Intracranial lesions of vascular origin	191	202	393	182	163	345
Other diseases of the nervous system and sense organs	23	42	65	28	30	58
Cardiac diseases	494	334	828	493	356	849
Arterio-sclerosis	50	57	107	59	59	118
Other diseases of the circulatory system	40	87	127	53	72	125
Bronchitis and pneumonia (all forms)	73	436	509	74	391	465
Other diseases of the respiratory system	32	37	69	37	32	69
Ulcer of the stomach and duodenum.	14	10	24	3	3	6
Diarrhoea and enteritis (undr 2yrs)	16	380	396	14	443	457
Diarrhoea and enteritis and ulceration of intestines (over 2 yrs.)	3	33	36	5	39	44
Appendicitis	2	1	3	5	1	6
Diseases of the liver and biliary passages	33	16	49	36	13	49
Other diseases of the digestive stm.	13	14	27	16	21	37
Nephritis	65	64	129	71	89	160
Other genito-urinary diseases (non-venereal)	32	26	58	27	16	43
Puerperal sepsis	-	1	1	2	-	2
Other diseases of pregnancy and puerperal state	1	10	11	4	21	25
Diseases of the skin and cellular tissue	3	1	4	1	2	3
Diseases of the bones - organs of movement	2	2	4	1	2	3
Congenital malformations	18	26	44	8	19	27
Diseases of early infancy	47	275	322	58	310	368
Senility	26	14	40	24	12	36
Suicide	27	8	35	17	5	22
Other violent or accidental deaths	69	143	212	65	130	195
Causes ill-defined or unknown	39	176	215	52	182	234
TOTAL	1787	3740	5527*	1761	3776	5537**

* Including five of unknown race

** Including four of unknown race.

Deaths of Infants Under One Year of Age.

DISEASES	1949-1950			1948-1949		
	Eur.	Non-Eur.	All Res.	Eur.	Non-Eur.	All Res.
I - Common infectious diseases....	1	35	36	1	16	17
II - Tuberculous diseases	2	78	80	3	92	95
III - Diarrhoea and enteritis	15	266	281	13	304	317
IV - Bronchitis and pneumonia.....	10	210	230	11	192	203
V - Developmental and wasting diseases	55	259	314	51	289	340
VI - Miscellaneous diseases (remainder)	19	145	168*	30	172	206*
Measles	-	7	7	-	5	5
Whooping cough	1	25	26	1	9	10
Diphtheria and croup	-	3	3	-	2	2
Scarlet fever	-	-	-	-	-	-
Tuberculosis, meningeal	2	32	34	1	38	39
Tuberculosis, abdominal	-	3	3	-	2	2
Tuberculosis, other forms	-	43	43	2	52	54
Syphilis	-	15	15	-	25	25
Rickets	-	-	-	-	-	-
Simple meningitis	-	4	4	5	4	9
Convulsions	-	4	4	-	3	3
Bronchitis	-	38	38	2	43	45
Pneumonia (all forms)	10	172	182	9	149	158
Diarrhoea and enteritis	15	266	281	13	304	317
Congenital malformations	12	22	34	7	16	23
Congenital debility	-	13	13	-	10	10
Premature birth	35	194	229	37	222	259
Injury at birth	4	38	42	14	37	51
Other diseases peculiar to the first year of life	8	30	38	7	41	48
Lack of care	-	-	-	-	-	-
Suffocation (overlying)	-	1	1	1	-	1
Other causes	15	83	102*	10	103	117*
TOTAL	102	993	1099*	109	1065	1174*

* Including four of unknown race.

Deaths of Infants Under One Year of Age

DISEASE	1924		1925		Total
	No.	Rate	No.	Rate	
1 - Common infectious diseases...	1	35	35	35	1
2 - Tuberculous diseases	2	80	80	80	2
3 - Diarrhoea and enteritis	15	301	205	205	15
4 - Bronchitis and pneumonia	10	210	210	210	10
5 - Developmental and wasting diseases	27	559	345	345	27
6 - Miscellaneous diseases (residual)	12	158	158	158	12
7 -	1	27	27	27	1
8 -	1	3	3	3	1
9 -	2	40	40	40	2
10 -	1	20	20	20	1
11 -	1	20	20	20	1
12 -	1	20	20	20	1
13 -	1	20	20	20	1
14 -	1	20	20	20	1
15 -	1	20	20	20	1
16 -	1	20	20	20	1
17 -	1	20	20	20	1
18 -	1	20	20	20	1
19 -	1	20	20	20	1
20 -	1	20	20	20	1
21 -	1	20	20	20	1
22 -	1	20	20	20	1
23 -	1	20	20	20	1
24 -	1	20	20	20	1
25 -	1	20	20	20	1
26 -	1	20	20	20	1
27 -	1	20	20	20	1
28 -	1	20	20	20	1
29 -	1	20	20	20	1
30 -	1	20	20	20	1
31 -	1	20	20	20	1
32 -	1	20	20	20	1
33 -	1	20	20	20	1
34 -	1	20	20	20	1
35 -	1	20	20	20	1
36 -	1	20	20	20	1
37 -	1	20	20	20	1
38 -	1	20	20	20	1
39 -	1	20	20	20	1
40 -	1	20	20	20	1
41 -	1	20	20	20	1
42 -	1	20	20	20	1
43 -	1	20	20	20	1
44 -	1	20	20	20	1
45 -	1	20	20	20	1
46 -	1	20	20	20	1
47 -	1	20	20	20	1
48 -	1	20	20	20	1
49 -	1	20	20	20	1
50 -	1	20	20	20	1
51 -	1	20	20	20	1
52 -	1	20	20	20	1
53 -	1	20	20	20	1
54 -	1	20	20	20	1
55 -	1	20	20	20	1
56 -	1	20	20	20	1
57 -	1	20	20	20	1
58 -	1	20	20	20	1
59 -	1	20	20	20	1
60 -	1	20	20	20	1
61 -	1	20	20	20	1
62 -	1	20	20	20	1
63 -	1	20	20	20	1
64 -	1	20	20	20	1
65 -	1	20	20	20	1
66 -	1	20	20	20	1
67 -	1	20	20	20	1
68 -	1	20	20	20	1
69 -	1	20	20	20	1
70 -	1	20	20	20	1
71 -	1	20	20	20	1
72 -	1	20	20	20	1
73 -	1	20	20	20	1
74 -	1	20	20	20	1
75 -	1	20	20	20	1
76 -	1	20	20	20	1
77 -	1	20	20	20	1
78 -	1	20	20	20	1
79 -	1	20	20	20	1
80 -	1	20	20	20	1
81 -	1	20	20	20	1
82 -	1	20	20	20	1
83 -	1	20	20	20	1
84 -	1	20	20	20	1
85 -	1	20	20	20	1
86 -	1	20	20	20	1
87 -	1	20	20	20	1
88 -	1	20	20	20	1
89 -	1	20	20	20	1
90 -	1	20	20	20	1
91 -	1	20	20	20	1
92 -	1	20	20	20	1
93 -	1	20	20	20	1
94 -	1	20	20	20	1
95 -	1	20	20	20	1
96 -	1	20	20	20	1
97 -	1	20	20	20	1
98 -	1	20	20	20	1
99 -	1	20	20	20	1
100 -	1	20	20	20	1
TOTAL	100	2000	100	2000	100

Excluding four of unknown cause.

VITAL STATISTICS (CONT'D.)

Infectious Diseases Notified

(Corrected to date for errors of diagnosis
and imported infection)

	1949-1950			1948-1949		
	Eur.	Non-Eur.	All Res.	Eur.	Non-Eur.	All Res.
Tuberculosis, pulmonary	280	1506	1786	239	1500	1739
Tuberculosis, other forms	26	251	277	33	256	289
Diphtheria	60	63	123	33	60	93
Scarlet fever	233	29	262	188	25	213
Puerperal fever	9	27	36	7	42	49
Erysipelas	10	13	23	13	16	29
Enteric fever	16	30	46	14	42	56
Cerebrospinal fever	10	42	52	13	49	62
Acute poliomyelitis	7	9	16	8	11	19
Infective encephalitis	2	2	4	1	1	2
(1) Typhus fever	4	-	4	6	2	8
Malta fever	1	-	1	-	-	-
Lead poisoning	-	1	1	-	-	-
Leprosy	-	3	3	-	2	2
Ophthalmia neonatorum	11	199	210	15	235	250
Gonorrhoeal ophthalmia	2	1	3	-	3	3
(2) Whooping cough	29	150	179	-	-	-
Trachoma	-	2	2	1	3	4
Acute primary pneumonia	43	352	395	36	334	370
Influenzal pneumonia	9	16	25	5	12	17
TOTAL	752	2696	3448	612	2593	3205

(1) Including epidemic typhus, endemic or murine typhus
and tick-bite fever

(2) Declared a notifiable disease as from 30th April, 1950.

WORK DONE BY CITY HEALTH DEPARTMENT

	<u>1949-1950</u>	<u>1948-1949</u>
Inspections made by health inspectors	156,614	156,915
Inspections made by pest control officers ...	14,539	16,306
Notices served:		
Proceedings begun by verbal notice	1,131	1,220
Proceedings begun by written notice	3,903	4,644
Total proceedings begun	5,034	5,864
Total written notices served	6,329	5,919
Premises disinfected	2,021	2,013
Inspections made by rat-catchers	78,074	81,909
Rats caught and destroyed:		
Brown rats	8,557	8,719
Black rats	2,097	2,666
Gerbilles	807	985
Applications for licences:		
Dealers, general dealers, bakers, butchers, motor garages and mineral water dealers and manufacturers	1,503	1,550
Tea rooms, cafes, restaurants, eating houses and boarding houses	1,446	1,200
Laundries, mattress makers and barbers or hairdressers	288	294
Purveyors of milk (other than cowkeepers)	191	162
Cowkeepers:		
Premises within municipal area	16	17
Premises outside municipal area	312	224
Manufacturers and vendors of ice cream	534	798
Hawkers and pedlars	2,847	2,061
Places of amusement	181	69
Visits made by Health Visitors (including Maternal and Child Welfare, Tuberculosis, Venereal Disease, Social Welfare, etc.) ...	131,282	128,165

WORK DONE BY CITY HEALTH DEPARTMENT

1912-1913	1913-1914	
150,000	150,000	Inspections made by health inspectors
10,000	10,000	Inspections made by pest control officers
1,000	1,000	Offices served:
1,000	1,000	Proceedings begun by verbal notice
1,000	1,000	Proceedings begun by written notice
1,000	1,000	Total proceedings begun
1,000	1,000	Total written notices served
1,000	1,000	Trunks disinfected
1,000	1,000	Inspections made by rat-catchers
1,000	1,000	Sts. caught and destroyed:
1,000	1,000	Brown rats
1,000	1,000	Black rats
1,000	1,000	Catfish
1,000	1,000	Applications for licenses:
1,000	1,000	Butchers, general dealers, bakers, butchers,
1,000	1,000	Motor garages and mineral water dealers and
1,000	1,000	Manufacturers
1,000	1,000	Ten rooms, cafes, restaurants, eating houses
1,000	1,000	and boarding houses
1,000	1,000	Licenses, mattress makers and barbers or
1,000	1,000	hairdressers
1,000	1,000	Producers of milk (other than cooperatives)
1,000	1,000	Cowkeepers:
1,000	1,000	Producers within municipal area
1,000	1,000	Producers outside municipal area
1,000	1,000	Manufacturers and vendors of ice cream
1,000	1,000	Newborn and pedlars
1,000	1,000	Places of amusement
1,000	1,000	Stalls made by Health Officers (sanitary)
1,000	1,000	General and Child Welfare, Tuberculosis,
1,000	1,000	General Welfare, Social Welfare, etc., ..

Maternity and Child Welfare Centres.

Number of sessions

1949-1950

1948-1949

New Cases.

Infant consultations -

under 1 year	1665	7918	9583
over 1 year	344	1467	1811
total	2009	9385	11394
Pre-natal clinics	386	5945	6331
Post-natal clinics	231	761	992
School clinics	566	3069	3635
Orthopaedic clinics	83	245	328
Nursery schools			79
Toddlers' sessions			22

Total attendances

Infant consultations	24528	135960	160488
Pre-natal clinics	1608	26447	28055
Post-natal clinics	1027	3279	4306
School clinics	1831	10115	11946
Orthopaedic clinics	242	3219	3461
Test feeds	800	2605	3405
Dinners for mothers and children	664	112255	112919
Milk meals			155589
Nursery schools			30036
Toddlers' sessions			707
Fresh milk issued (gals.)			8533
Dried milk issued (lbs.)			47553

Persons schick-tested

Persons subjected to protective inoculation against diphtheria

Protective inoculation against diphtheria (number of injections)

Dental clinics.

New Cases

Total attendances

Eur. Non- All
Eur. Eur. Res.

Eur. Non- All
Eur. Eur. Res.

	1696	7521	9217
	337	1323	1660
	2033	8844	10877
	393	5795	6188
	263	692	955
	512	3031	3543
	39	272	311
			90
			40
	21712	123835	145547
	1891	25671	27562
	1004	3013	4017
	1568	9761	11329
	163	2302	2465
	802	2473	3275
	480	111691	112171
			159263
			28874
			728
			9562
			48680
			188
	2989	11038	14027
	5145	19328	24473
	2825	11729	14554
	7238	21617	29355

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1949-1950

1948-1949

Cleansing Station

New cases
Total attendances
Tuberculosis Clinics

Number of sessions

New cases
Total attendances
Attendances at Mass Radiography Service
Expenditure on assistance to patients and dependants
Attendances of out-patients at clinic at City Hospital (not included above)
New cases
Total attendances

Venereal Disease Clinics

Number of sessions
New cases
Total attendances at medical sessions

City Hospital for Infectious Diseases, Portsworld Road
New cases (ultimate diagnosis)

Scarlet fever
Diphtheria
Enteric fever
Cerebrospinal fever
Acute anterior poliomyelitis
Typhus fever
Whooping Cough
Puerperal fever
Tuberculosis, pulmonary
Tuberculosis, other forms
Venereal diseases
Other conditions

TOTAL

New cases from City of Cape Town
New cases from outside Municipal area

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

Eur. Non- All
Eur. Eur. Res.

Eur. Non- All
Eur. Eur. Res.

437 4256 2080
7320 63724 71044

713 4450 1877
7472 66409 73881

£3660 £2884. 2. 4.

575 9229 303
9229 11604

242	36	278	190	27	217
162	206	368	70	99	169
37	92	129	27	63	90
44	198	242	18	80	98
21	19	40	15	14	29
4	4	8	9	3	12
3	10	13	-	-	-
2	17	19	7	37	44
126	211	337	107	220	327
23	156	179	26	150	176
31	234	265	58	327	385
307	416	723	372	595	967
1002	1599	2601	899	1615	2514
706	1144	1850	635	1198	1833
296	455	751	264	417	681

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Brooklyn Hospital for Chest Diseases New cases (ultimate diagnosis)

Tuberculosis, pulmonary.....	-
Smallpox.....	-
Other conditions.....	-
TOTAL	3

New cases from City of Cape Town
 New cases from outside municipal area

Cape Town cases at Helderport Sanatorium for Tuberculosis

New cases admitted	70
Patient day-units	13626

Langka Native Hospital

New in-patients admitted	621
New out-patients	4116
Total attendances of out-patients	32361
Attendances on patients in their own homes:	
By doctor	1928
By nurse	828
Confinements attended in women's own homes	164
Visits by midwife in connection with confinements.....	2469

Medical Relief

New cases attended	1087
Number of visits by medical assistant	3754

Public Washhouses

Total attendances at washhouses	59607
Fees collected at washhouses	£1629.16. 1
Total attendances at shower-baths, Hout Street	37974
Fees collected at shower-baths, Hout Street	£471. - . 7

1942-1950

1948-1949

	Day.	Non-Day.	All Res.	Day.	Non-Day.	All Res.
	-	480	480	-	448	448
	-	-	-	-	1	1
	-	3	3	-	8	8
	-	483	483	-	457	457
	-	368	368	-	357	357
	-	115	115	-	100	100
	70	47	117	70	71	141
	13626	8770	22396	13374	9507	22881
		621	621		679	679
		4116	4116		4611	4611
		32361	32361		32293	32293
		1928	1928		2100	2100
		828	828		660	660
		164	164		194	194
		2469	2469		2748	2748

1087	1359
3754	3675

59607	60861
£1629.16. 1	£1683.19. -
37974	32557
£471. - . 7	£406. 1. 4

