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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, 1950.

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OF

The City of Cape Town



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The City of Cape Town

ANNUAL REPORT

Medical Officer of Health

For the year ended 31st June 1950

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THE CORPORATION OF THE CITY OF CAPE TOWN.

Report of the Medical Officer of Health

FOR THE YEAR ENDED 30TH JUNE, 1950.

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, 1950, together with an account of the work of the City Health Department during the year.

Vital Statistics.

In the year 1949-50 a further fall occurred in the birth rate for Europeans and is the lowest recorded since 1936-37. The birth rate was 9.8 per cent less than in the previous year and 11.3 per cent less than the preceding quinquennium. There was also a decrease in the non-European birth rate, being 1.2 per cent less than that in the previous year. Compared with the preceding quinquennium the non-European birth rate showed an increase of 1.9 per cent. The natural increase in the non-European population (i.e., excess of births over deaths) in the year under review was 3.6 times as great as that for the European population; expressed as per 1,000 population it was 3.4 times as great.

The general death rate for Europeans (8.98), non-Europeans (17.41) and all races (13.37) for the year 1949-50 has reached a new low level. Last year the general death rates were the lowest on record for the City. In the year now under report a further reduction of 3.0 per cent is recorded for the whole of the population (all races) in the Municipality of Cape Town; 1.3 per cent for Europeans and 3.9 per cent for non-Europeans.

More males died in the year under review than females. The European male death rate of 9.90 was 21.8 per cent greater than the female rate and in non-Europeans the male death rate of 19.27 was 23.5 per cent greater than the female rate.

In Europeans 7.2 per cent of all deaths were under five years of age, as compared with 41.9 per cent in non-Europeans; and 11.5 per cent of all deaths in Europeans were under 25 years of age as against 52.0 per cent of all deaths in non-Europeans.

Of the principal causes of mortality in the year under review, 27.6 per cent of the total European deaths were caused from cardiac diseases, 14.4 per cent from cancer (all forms) and 13.0 per cent from arterial diseases. In non-Europeans, 24.1 per cent of the total deaths were caused from tuberculosis (all forms), 11.7 per cent from bronchitis and pneumonia and 11.0 per cent from diarrhoea and enteritis. It is gratifying to note that although the number of deaths from tuberculosis amongst non-Europeans remains high, there were fewer deaths from this disease recorded in the year, and that the death rate for tuberculosis is the lowest since the year 1936-37.

The non-European infant mortality rate for the year 1949-50, which is by far the lowest recorded for the City, was less than in the previous year by 8.5 per cent and 7.9 per cent less than the preceding quinquennium. The European infant mortality rate was practically identical with that for last year.

Amongst non-European infant deaths, the infant mortality rate was 27.19 for diarrhoea and enteritis, 21.46 for bronchitis and pneumonia and 19.83 for premature birth, as compared with 4.34, 2.90 and 10.14 respectively amongst European infants.

Infectious Diseases.

Whooping Cough.—In the year under review whooping cough was declared a notifiable disease in the Municipality of Cape Town as from 30th April, 1950, and the declaration was promulgated in the *Union Government Gazette* (No. 4368) of the 28th April, 1950. The Department has for some considerable time viewed with anxiety the number of deaths due to respiratory disease following whooping cough and as a first step towards reducing the incidence received the approval of the Union Health Department for the use of a combined whooping cough and diphtheria antigen in its immunization work. Owing to the high incidence of whooping cough amongst the child population in Cape Town, this Department considered it essential to follow up all patients found to be suffering from the disease or where complications and home conditions were such that hospitalization was in the best interest of the patient.

During the year under review there were 67 deaths from whooping cough (1 European and 66 non-Europeans), compared with 19 deaths (1 European and 18 non-Europeans) in the previous year.

Tuberculosis.—The number of new cases of pulmonary tuberculosis in Europeans notified in the year 1949-50, increased from 239 to 277 and the number of new cases in non-Europeans decreased from 1,500 to 1,445. The corresponding incidence rates per 1,000 population increased from 1.23 to 1.39 in Europeans and decreased from 7.18 to 6.71 in non-Europeans.

There were fewer deaths from tuberculosis in the Municipality of Cape Town during the year 1949-50 than in the preceding year. The total mortality from all forms of tuberculosis numbered 1,006 compared with 1,101 for last year. The death rate for all races was 2.43 or 11.3 per cent less than the rate for the year 1948-49.

From the figures revealed in this report, it is gratifying to note that despite the intensified search for new cases, the incidence rates for pulmonary tuberculosis continue to show a steady decrease from the peak of the mid-war years. The steadiness of these rates may indicate that the expenditure of money and effort in the fight against tuberculosis in Cape Town is resulting in some benefit to the public health.

Other diseases.

There were more cases of scarlet fever and diphtheria in Europeans and acute primary pneumonia in non-Europeans reported in the year 1949-50 than in the previous year. The increase in the incidence of these diseases was not abnormal. The decline in enteric fever has continued, especially amongst non-Europeans. For both races the enteric fever death rate was the lowest on record.

There was a slight decrease in the incidence of cerebrospinal fever and acute poliomyelitis in the year covered by this report.

Sanitary Administration.

Whalemeat.—The year 1949-50 was marked by the introduction of whalemeat for human consumption into the Municipality of Cape Town. This was the outcome of representations made to the City Council by a Whaling Company operating at Saldanha Bay, C.P., and having its registered office in Cape Town. This Company was prepared to market this commodity at a price well below that of butchers' meat. Whalemeat is acknowledged to be a most nutritious article of food, containing all the necessary amino acids as well as showing comparatively high values for calcium and phosphorus. It is gratifying that there is now available a supply of an essential food as an alternative to butchers' meat, and at a price within the reach of most of the lower-income groups. There was a fair demand for this commodity when it was introduced into the municipal area, and it is anticipated that a continuing ready sale for it will materialize in the future.

Compulsory pasteurization of milk.—During the year under review the Regulations re Dairies and the Keeping of Animals were amended to provide for the compulsory pasteurization of all milk, other than that from accredited or approved disease-free herds, brought for sale into the municipal area. The amended regulations were promulgated in the *Official Gazette* dated 13th January, 1950 (No. 2453) but in order that the necessary arrangements and provision for pasteurization plant may be made by the dairy industry, these regulations will not come into force until January, 1953.

Other services.

In the year under review, pioneer work was carried out by a local tobacco manufacturing company in the use of Methyl Bromide, a new fumigant. At a conference held at the factory, attended by a representative of this Department and the Government Entomologist, the gas was found to be most effective for insect pests, being penetrating, non-inflammable and non-corrosive. It is anticipated that with the extended use of this useful, but somewhat dangerous gas, additional powers on the lines of the existing hydrocyanic acid gas regulations will be invoked by the Government.

Acknowledgements.

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

I am, Ladies and Gentlemen,

Your obedient servant,

F. O. FEHRSEN,

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

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

May, 1951.

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REPORT OF THE MEDICAL OFFICER OF HEALTH

MUNICIPALITY OF THE CITY OF CAPE TOWN.

LEADING STATISTICS, YEAR ENDED 30TH JUNE, 1950.

	<i>European.</i>	<i>Non-European.</i>	<i>All races.</i>
Area: 50,643 acres.			
Total population	199,487	226,388	425,875
Population (excluding the Native Township of Langa)	199,450	215,370	414,820
Birth rate	17·35	45·56	32·01
Death rate	8·98	17·41	13·37
Infant mortality rate	29·56	101·47	83·00
Tuberculosis death rate	0·53	4·19	2·43
Enteric incidence rate	0·07	0·20	0·11
Enteric death rate	0·01	0·04	0·01

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

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED 30TH JUNE, 1950.

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 7-9 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 4½ 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, 1950, amounted to approximately 50,643 acres or 79 square miles. The length of the main road passing through the Municipality from the boundary at Bakoven to that of Clovelly is about 26 miles.

CLIMATE

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

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

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

The meteorological readings taken by the City Health Department at the City Hospital, Portsworld Road, for the year under review and for previous years will be found in Tables W to Z, on pages 134 to 137.

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-eight per cent of the Cape Town population of over four hundred thousand consists of whites, or "Europeans". The other fifty-two per cent is commonly designated as "non-European". Eighty-four 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 17 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 approximately 7,500 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 Cape Town and are for the period 52 weeks ended 30th June, 1950. The vital statistics 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 the Municipality of 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 European and non-European, 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. In Table N on page 125 of this report, a record of European vital statistic rates, corrected for inward and outward transfers, is set out for a series of past years.

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.	1949-50			1948-49			Estimated increase.
	Males.	Females.	Persons.	Males.	Females.	Persons.	
European	95,784	103,666	199,450	93,190	100,860	194,050	5,400
Coloured	83,675	96,405	180,080	81,783	94,227	176,010	4,070
Native	18,286	9,474	27,760	16,910	8,760	25,670	2,090
Asiatic	4,410	3,120	7,530	4,170	2,950	7,120	410
Non-European	106,371	108,999	215,370	102,863	105,937	208,800	6,570
All races	202,155	212,665	414,820	196,053	206,797	402,850	11,970

The estimated increase in the total population as shown in the above table has no bearing on the natural increase of births over deaths in the year under review.

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, and the vital statistics for the wards for the year under review, are shown in Table K on page 122. 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 the years prior to the last census in 1946. 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.	
19	18	7,963	3,055	7,982	3,073	11,055

BIRTH STATISTICS.

The birth and birth rates for the Municipality of Cape Town in the year under review are shown in Table L, on page 123.

The births, birth rates, and rates of natural increase per 1,000 population for the year 1949-50 and for the previous year, were as follows:—

Race.	1949-50					1948-49				
	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 ..	4,399	22.12	3,451	17.35	8.37	4,602	23.78	3,721	19.23	10.13
Coloured ..	9,224	51.36	8,497	47.31	29.91	9,077	51.71	8,517	48.52	30.48
Native ..	1,232	44.50	967	34.93	14.81	929	36.29	823	32.15	10.90
Asiatic ..	323	43.01	322	42.88	35.16	268	37.74	265	37.32	28.17
Non-European	10,779	50.19	9,786	45.56	28.15	10,274	49.34	9,605	46.13	28.00
All races* ..	15,182	36.70	13,241	32.01	18.64	14,880	37.04	13,330	33.18	19.39

*Including 4 in 1949-50 and 4 in 1948-49 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 the birth rates per 1,000 population (corrected for outward transfers) for the Municipality over a period of five years, are shown in the following table:—

Race.	1949-50		1948-49		1947-48		1946-47		1945-46	
	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.
European ..	3,451	17.35	3,721	19.23	3,832	20.02	3,970	21.67	3,510	19.69
Coloured ..	8,497	47.31	8,517	48.52	7,858	45.06	8,140	48.54	7,304	44.56
Native ..	967	34.93	823	32.15	785	32.62	720	32.88	777	38.36
Asiatic ..	322	42.88	265	37.32	301	44.12	189	29.80	246	41.04
Non-European	9,786	45.56	9,605	46.13	8,944	43.57	9,049	46.18	8,327	43.79
All races* ..	13,241	32.01	13,330	33.18	12,788	32.24	13,028	34.36	11,845	32.15

*See footnote to previous table.

It will be seen from the above table that the non-European birth rate for the year 1949-50, was 2.6 times as great as the European. The ratio was 2.7 for Coloured, 2.0 for Natives and 2.5 for Asiatics.

As compared with the previous year the European birth rate (corrected for outward transfers) showed a decrease of 9.8 per cent and the non-European a decrease of 1.2 per cent.

The birth rates for the year 1949-50, compared with the preceding quinquennium, show a decrease of 11.3 per cent for Europeans, an increase of 1.1 per cent for non-Europeans, and a decrease of 2.3 per cent for all races.

The natural increase of the non-European population (i.e., the excess of births over deaths in the year under review) was 3.6 times as great as that of the European population; expressed as per 1,000 population it was 3.4 times as great. The non-European rate of natural increase has become larger in recent years, while there has been a decrease in the birth rate amongst Europeans.

The number of male births per 100 female births (corrected for outward transfers) was 105.1 amongst Europeans and 99.7 amongst non-Europeans.

The percentage of illegitimate to total live births (corrected for outward transfers) was 2.7 amongst Europeans and 24.4 amongst non-Europeans. The corresponding figures for former years will be found in Table N on page 125.

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 review:—

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 ..	77.72	3,451	955	72.32	85.91	56	11	80.35
Coloured ..	38.22	8,497	5,658	33.41	54.94	266	145	45.49
Native ..	90.01	967	134	86.14	57.47	71	37	47.88
Asiatic ..	8.66	322	294	8.69	60.00	4	2	50.00
Non-European	43.26	9,786	6,086	37.80	55.52	341	184	46.04
All races ..	53.23	13,241*	7,045	46.79	59.95	397	195	50.88

*Including 4 of unknown race.

In Table J on page 121 is shown the number of births which took place in the various institutions in the Municipality of Cape Town during the year 1949-50.

Table H on page 119 will show the registered births and still-births for the year 1949-50, classified in wards as to race, sex, legitimacy and the percentage of total births occurring in institutions.

Statistics based on birth notifications will be found in Table I, on page 120.

The European birth rate (corrected for inward and outward transfers) for a series of past years will be found in Table N on page 125.

In Table O on page 126, the birth rates of certain other towns, the Union of South Africa, and England and Wales, are set out for the purposes of comparison.

Births registered as belonging to Langa Native Township are not included in the foregoing figures. Particulars regarding these will be found in Table U, on page 132.

Reference to Table V, on page 133, will show the births for the district of Windermere.

GENERAL MORTALITY.

The deaths and death rates for the Municipality of Cape Town for the year 1949-50, are shown in Table L, on page 123.

The following table shows at a glance the relationship of deaths and death rates per 1,000 population of the Municipality of Cape Town for the year 1949-50, compared with the figures for the previous year:—

Race.	1949-50				1948-49			
	Uncorrected.		Corrected for Outward Transfers.		Uncorrected.		Corrected for Outward Transfers.	
	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.
European ..	2,236	11.24	1,787	8.98	2,134	11.03	1,761	9.10
Coloured ..	3,552	19.78	3,125	17.40	3,556	20.26	3,167	18.04
Native ..	673	24.31	557	20.12	629	24.57	544	21.25
Asiatic ..	61	8.12	58	7.72	72	10.14	65	9.15
Non-European ..	4,286	19.96	3,740	17.41	4,257	20.44	3,776	18.13
All races* ..	6,527 ¹	15.78	5,532 ¹	13.37	6,395 ²	15.92	5,541 ²	13.79

*Including ¹ 5, ² 4, of unknown race.

The number of deaths and death rates per 1,000 population (corrected for outward transfers) for the Municipality of Cape Town, are shown in the following table for a period of five years:—

Race.	1949-50		1948-49		1947-48		1946-47		1945-46	
	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.
European ..	1,787	8.98	1,761	9.10	1,949	10.18	1,709	9.33	1,714	9.62
Coloured ..	3,125	17.40	3,167	18.04	3,327	19.08	3,048	18.18	3,154	19.24
Native ..	557	20.12	544	21.25	611	25.39	587	26.80	586	28.96
Asiatic ..	58	7.72	65	9.15	76	11.14	56	8.83	62	10.34
Non-European	3,740	17.41	3,776	18.13	4,014	19.55	3,691	18.84	3,802	19.99
All races* ..	5,532 ¹	13.37	5,541 ²	13.79	5,975 ³	15.06	5,409 ⁴	14.27	5,525 ⁵	15.00

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

The death rates for European, non-European and all races for the year 1949-50 have reached a new low level and are the lowest on record for the City. The death rates compared with the previous year show decreases of 1.3 per cent for Europeans, 3.9 per cent for non-Europeans and 3.0 per cent for all races. As compared with the preceding quinquennium the death rates show decreases of 4.9 for Europeans, 7.1 per cent for non-Europeans and 6.2 per cent for all races.

The non-European death rate for the year 1949-50 was 1.9 times as great as the European (corrected for outward transfers). The ratio was 1.9 for Coloured, 2.2 for Natives; in Asiatics the death rate was 1.2 times less than the European rate.

The European death rate (corrected for inward and outward transfers) for a series of past years will be found in Table N, on page 125.

In Table N, on page 125, the annual death rate for the Municipality of Cape Town since unification (1913) is set out in years and quinquennia.

In Table K, on page 122, 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 110, and in Table U, on page 132.

Information regarding deaths for the district of Windermere will be found in Tables A4 and V, on pages 108 and 133.

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 126.

PRINCIPAL CAUSES OF MORTALITY.

The total mortality figures (all races) for the Municipality of Cape Town in the year 1949-50, compared with that of last year, show a slight decrease. In Europeans, there was a slight increase in the mortality which was caused chiefly by a rise in the number of deaths from tuberculosis (all forms). The non-European deaths show a decrease which was due mainly to a reduction in the number of deaths from tuberculosis (all forms) and diarrhoeal diseases.

In Tables A1, A2, A3, A4 and A5 on pages 80 to 110, 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 111, and in Table E on pages 114 and 115, the rates of mortality from a short list of causes are shown by race with the corresponding figures for the preceding ten years. Table D on page 113 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 1949-50 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 ..	493	27.6	2.5	Tuberculosis (all forms) ..	900	24.1	4.2
Cancer (all forms)	258	14.4	1.3	Bronchitis and pneumonia ..	436	11.7	2.0
Arterial diseases*	232	13.0	1.2	Diarrhoea and en- teritis ..	413	11.0	1.9
Tuberculosis (all forms) ..	106	5.9	0.5	Cardiac diseases ..	334	8.9	1.6
Violence ..	96	5.4	0.5	Congenital malfor- mations and di- seases of early infancy ..	301	8.0	1.4
Bronchitis and pneumonia ..	73	4.1	0.4	Arterial diseases*	243	6.5	1.1
Nephritis ..	65	3.6	0.3	Cancer (all forms) ..	171	4.6	0.8
Congenital malfor- mations and di- seases of early infancy ..	65	3.6	0.3	Violence ..	151	4.0	0.7
Diabetes ..	35	2.0	0.2	Nephritis ..	64	1.7	0.3
Diarrhoea and en- teritis ..	18	1.0	0.1	Syphilis, G.P.I., tabes and aneu- rysm of aorta ..	61	1.6	0.3

*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 124, 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).

SEASONAL VARIATION.

The seasonal variation in mortality is shown in Table C, on page 112, where the deaths for the year 1949-50 classified for certain causes and by race, are set out according to the months of registration.

AGE AT DEATH.

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

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 ..	55	47	8	19	51	25	380	266	452	484	946	841
	Coloured ..	438	346	255	222	137	175	608	462	213	269	1,651	1,474
	Native ..	106	93	51	39	35	30	132	48	21	2	345	212
	Asiatic ..	7	3	4	2	1	2	22	3	14	—	48	10
	Non-European	551	442	310	263	173	207	762	513	248	271	2,044	1,696
	All races ..	606	489	318	282	224	232	1,142	779	700	755	2,990	2,537
Percentage of total deaths	European ..	5.8	5.6	0.8	2.3	5.4	2.9	40.2	31.6	47.8	57.6	100.0	100.0
	Coloured ..	26.5	23.5	15.5	15.1	8.3	11.9	36.8	31.3	12.9	18.2	100.0	100.0
	Native ..	30.7	43.9	14.8	18.4	10.1	14.2	38.3	22.6	6.1	0.9	100.0	100.0
	Asiatic ..	14.6	30.0	8.3	20.0	2.1	20.0	45.8	30.0	29.2	—	100.0	100.0
	Non-European	26.9	26.1	15.2	15.5	8.5	12.2	37.3	30.2	12.1	16.0	100.0	100.0
	All races ..	20.3	19.3	10.6	11.1	7.5	9.1	38.2	30.7	23.4	29.8	100.0	100.0

From the foregoing figures it will be seen that the deaths under five years of age constitute 7.2 per cent of all deaths in Europeans, as compared with 41.9 per cent in non-Europeans (Coloured 40.4, Natives 51.9, Asiatic 27.6); and that the deaths under 25 years of age constitute 11.5 per cent of all deaths in Europeans as compared with 52.0 per cent in non-Europeans (Coloured 50.3, Natives 63.6, Asiatic 32.8).

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 ..	1,207	1,029	12.64	9.95	946	841	9.90	8.13
Coloured ..	1,908	1,644	22.87	17.10	1,651	1,474	19.79	15.33
Native ..	427	246	23.42	26.04	345	212	18.92	22.44
Asiatic ..	51	10	11.60	3.21	48	10	10.91	3.21
Non-European ..	2,386	1,900	22.49	17.48	2,044	1,696	19.27	15.60
All races ..	3,593	2,929	17.82	13.81	2,990	2,537	14.83	11.96

It will be seen from the above figures that in Europeans the male death rate (corrected for outward transfers) was 21.8 per cent greater than the female; and in non-Europeans the male death rate was 23.5 per cent greater than the female (Coloured 29.1, Asiatic 239.8; in Natives the male death rate was 15.7 per cent less than the female).

DEATHS IN INSTITUTIONS.

In Table G, on page 118, is shown the number of deaths which took place in the various institutions. The number of deaths in the Municipality of 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	2,236	49.5	1,787	39.6
Coloured	3,552	33.3	3,125	25.1
Native	673	43.2	557	32.5
Asiatic	61	14.7	58	13.8
Non-European	4,286	34.6	3,740	26.0
All races	6,527*	39.7	5,532*	30.4

*Including 5 of unknown race.

INFANT MORTALITY.

The deaths of infants under one year of age for the Municipality of Cape Town in the year 1949-50 and the corresponding rates are shown in Table L on page 123.

A comparative view of the deaths of infants under the age of one year, and the corresponding mortality rates expressed per 1,000 live births for the year 1949-50 and for the previous year, are shown in the following table:—

Race.	1949-50				1948-49			
	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	150	34.10	102	29.56	158	34.33	109	29.29
Coloured	901	97.68	784	92.27	958	105.54	866	101.68
Native	235	190.75	199	205.79	198	213.13	180	218.71
Asiatic	10	30.96	10	31.06	20	74.61	19	71.70
Non-European	1,146	106.32	993	101.47	1,176	114.46	1,065	110.88
All races*	1,300 ¹	85.63	1,099 ¹	83.00	1,338 ²	89.92	1,178 ²	88.37

*Including ¹ 4, ² 4, of unknown race.

The deaths of infants under one year of age for the Municipality of Cape Town, 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.	1949-50		1948-49		1947-48		1946-47		1945-46	
	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	102	29.56	109	29.29	142	37.06	109	27.46	132	37.61
Coloured	784	92.27	866	101.68	859	109.32	759	93.24	716	98.03
Native	199	205.79	180	218.71	214	272.61	204	283.33	181	232.95
Asiatic	10	31.06	19	71.70	20	66.45	14	74.07	14	56.91
Non-European	993	101.47	1,065	110.88	1,093	122.20	977	107.97	911	109.40
All races*	1,099 ¹	83.00	1,178 ²	88.37	1,247 ³	97.51	1,095 ⁴	84.05	1,051 ⁵	88.73

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

The non-European infant mortality rate for the year 1949-50, which is the lowest yet recorded for the City, was 3.4 times as great as the European (corrected for outward transfers). Against the European rate, the ratio was 3.1 for Coloured, 7.0 for Natives and 1.1 for Asiatics.

The European infant mortality rate for the year under review was greater than that of the previous year by 0.7 per cent, and the non-European infant mortality rate was less by 8.5 per cent. For all races, there was a decrease of 6.1 per cent.

Compared with the preceding quinquennium, the European infant mortality rate showed a decrease of 8.0 per cent and the non-European a decrease of 7.9 per cent. The infant mortality rate for all races showed a decrease of 6.0 per cent.

There were fewer deaths from tuberculosis (all forms), diarrhoea and enteritis, and premature births in non-European infants during the year 1949-50.

The death rate for the year 1949-50 of children between one and two years of age per 1,000 survivors of those born in the previous year was 1.9 for Europeans and for non-Europeans 44.7 or 23.5 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 124.

In the year under report 43.1 per cent of the deaths amongst European infants occurred in the first week of life and 49.6 per cent in the first month (4 weeks). Amongst non-European infants the percentages were 24.9 in the first week, and 38.0 in the first month.

The neo-natal (under 4 weeks) and post neo-natal (over 4 weeks, but under one year) 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	—	—	0.29	2.55	0.29	2.55
Scarlet fever	—	—	—	—	—	—
Measles	—	—	—	0.71	—	0.71
Diphtheria	—	—	—	0.31	—	0.31
Tuberculosis (all forms)	—	—	0.58	7.97	0.58	7.97
Syphilis	—	0.51	—	1.02	—	1.53
Bronchitis and pneumonia	—	2.76	2.90	18.70	2.90	21.46
Diarrhoea and enteritis	—	0.72	4.34	26.47	4.34	27.19
Premature birth	9.56	18.50	0.58	1.33	10.14	19.83
Injury at birth	1.16	3.88	—	—	1.16	3.88
Congenital malformations and debility	2.03	1.74	1.45	1.84	3.48	3.58
Other diseases peculiar to early infancy	1.45	3.06	0.87	—	2.32	3.06
Other causes	0.29	2.35	4.06	7.05	4.35	9.40
Total	14.49	33.52	15.07	67.95	29.56	101.47

*Over one month, but under one year.

In Table F1, on page 116, 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, 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
" " " 1949	18.00	11.29	37.27	73.61
" " " 1950	14.49	15.07	33.52	67.95
Quinquennium (1946-1950)	19.91	12.23	38.20	72.04

Reference to Table F2, on page 117, 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 is indicated in the following table:—

	European.	Non-European.	All races.
Number of legitimate births	3,358	7,402	10,760
Number of legitimate deaths under one year of age	92	691	783
Infant mortality (legitimate) per 1,000 live births ..	27.40	93.35	72.77
Number of illegitimate births	93	2,384	2,481*
Number of illegitimate deaths under one year of age	10	302	316*
Infant mortality (illegitimate) per 1,000 live births ..	107.53	126.68	127.37

*Including 4 of unknown race.

In Table K, on page 122, the infant mortality by race will be found classified according to place of residence (wards).

The European infant mortality rate (corrected for inward and outward transfers) will be found in Table N, on page 125.

Infant mortality rates of certain other towns in the Union of South Africa and in England and Wales are set out in Table O, on page 126, for the purposes of comparison.

Infant deaths in the Langa Native Township are not included in the foregoing figures. Particulars regarding these will be found in Table A5, on page 110, and Table U, on page 132.

In Table V, on page 133, will be found the infant mortality rate for the district of Windermere.

MATERNAL MORTALITY.

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

	Deaths.			Maternal mortality rates per 1,000 live births.		
	Eur.	Non-E.	All races.	Eur.	Non-E.	All races.
Puerperal septicaemia (including post-abortion infection) ..	—	1	1	—	0.10	0.08
Abortion, ectopic gestation, and haemorrhages of pregnancy ..	—	3	3	—	0.31	0.23
Toxaemias and other diseases and accidents of pregnancy ..	1	6	7	0.29	0.61	0.53
Puerperal haemorrhage ..	—	1	1	—	0.10	0.08
Other puerperal accidents and diseases ..	—	—	—	—	—	—
All causes, other than puerperal septicaemia (including post-abortion infection) ..	1	10	11	0.29	1.02	0.83
Total ..	1	11	12	0.29	1.12	0.91

The maternal mortality rates (per 1,000 births) based on the total deliveries (live births and still-births) registered during the year 1949-50 and in previous years, 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
1948-49 ..	0.53	—	0.15	1.06	2.01	1.75	1.59	2.01	1.90
1949-50 ..	—	0.10	0.07	0.29	0.99	0.81	0.28	1.09	0.88

In the next table the annual maternal mortality rates (per 1,000 live births) for the Municipality of Cape Town, 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
1944-45 to 1948-49	0.14	0.52	0.41	0.79	1.70	1.47	0.93	2.22	1.88
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
1948-49 ..	0.54	—	0.15	1.07	2.08	1.80	1.61	2.19	2.03
1949-50 ..	—	0.10	0.08	0.29	1.02	0.83	0.29	1.12	0.91

SECTION III.—MATERNAL AND CHILD WELFARE.

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

ORGANIZATION.

Four full-time medical officers administer the branch and attend the medical consultations at the welfare centres: in addition several part-time specialists and general practitioners undertake one or more weekly sessions. Health Visitors who are general trained nurses holding two or more additional qualifications assist at the welfare centres and visit infants and young children up to school age.

Other health visitors carry out more specialized 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.

All activities of the Maternal and Child Welfare Branch aim at promoting the health of mothers and children, but the treatment of existing illness and ailments is necessary to some extent owing to the overcrowded hospital services and the poverty and bad home conditions in many parts of the city.

There is a serious need for a Maternity and Child Welfare Centre in central Cape Town to serve as headquarters for the branch and as premises in which to conduct pre-natal clinics, infant consultations and the other activities which are at present carried out under unsatisfactory conditions in temporary premises rented for the purpose.

Voluntary workers, as in the past, have assisted at many of the sessions. Students from the Social Science Department of the University and mothercraft trainees from the Mothercraft Training Centre attend as part of their course to gain experience in health and welfare administration. Doctors taking the University course for the Diploma in Public Health and nurses taking the course at the Technical College to qualify for the Royal Sanitary Institute certificate for Health Visitors and School Nurses, attend for demonstrations and practical work at the welfare centres.

MATERNAL AND CHILD WELFARE CENTRES.

The table on page 20 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 1949-50.

INFANT CONSULTATIONS.

Sessions are held at 24 branch Maternal and Child Welfare Centres. During the year 51 infant welfare consultations were held weekly, and three infant sessions were held fortnightly. At these sessions 11,372 children were registered as new cases. Of these 9,582 (1,664 European and 7,918 non-European) were under one year of age at the time of their first attendance, and 1,790 (323 Europeans and 1,467 non-Europeans) were over one year of age at that time.

Of the new cases registered, 81 were of children resident outside the municipal area, viz., under one year of age, Europeans 18, non-Europeans 43; over one year of age, Europeans 5, non-Europeans 15. The new cases registered within the city (excluding attendance at the Langa centre) were as follows:—

	European.	Non-European.
Under one year of age ..	1,646	7,641
Over one year of age ..	318	1,427

These first attendances under one year of age amounted to 70 per cent, of the registered births (47 per cent, in the case of Europeans and 78 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, 1950, is shown on page 21.

Instructional Test Feeds:

The Health Visitors take sessions for mothers needing guidance in feeding their infants and these instructional test feeds are of great value in maintaining the nutrition of the infant.

During the year, instructional test feeds were given to 800 European mothers with infants and 2,605 Coloured and Native mothers with infants.

Dried milk for infants who cannot be entirely breast-fed by their mothers is supplied at the centres under the direction of the medical officers. Cost price is charged, but in cases of poverty, the milk is supplied at part-cost or free. Such medicines as may be ordered are supplied on similar terms.

During the year ended 30th June, 1950, 2,127 new cases were supplied with dried milk and 47,553 pounds were issued. The cost of the dried milk was £3,545 14s. 5d.

At page 22 reference is made to the provision of meals for mothers and children, and of free milk for children under school age at the welfare centres.

Centre.	Race.	Infant consultations.				Pre-natal clinics.			School clinics.			Dinners.	
		Sessions.	First attendances.		Total attendances.	Sessions.	Attendances.		Sessions.	Attendances.		Attendances.	
			Under 1 year.	Over 1 year.			First.	Total.		First.	Total.	Adults.	Children.
Shortmarket St., Cape Town	Eur. .. Non-Eur. .. Total ..	150	617 617	102 102	9,388 9,388	52	237 237	1,104 1,104	20	230 230	912 912	1,914 1,914	6,493 6,493
Kloof St., Cape Town	Eur. .. Non-Eur. .. Total ..	50	148 148	22 22	1,711 1,711								
Aspeling St., Cape Town	Eur. .. Non-Eur. .. Total ..	275	1,063 1,063	267 267	20,925 20,925	75	804 804	2,986 2,986	41	943 943	3,160 3,160	4,020 4,020	15,063 15,063
Bloemhof, Cape Town	Eur. ... Non-Eur. ... Total ..	57	266 266	38 38	5,637 5,637	23	30 30	221 221					
Devil's Peak Estate	Eur. .. Non-Eur. .. Total ..	43	108 108	22 22	1,791 1,791								
Green Point ..	Eur. .. Non-Eur. .. Total ..	24	96 96	7 7	830 830								
Camps Bay ..	Eur. .. Non-Eur. .. Total ..	22	32 32	1 1	345 345								
Woodstock ..	Eur. .. Non-Eur. .. Total ..	248	313 501 814	32 92 124	4,421 8,506 12,927	100	184 432 616	759 2,087 2,846	137	328 758 1,086	1,180 2,854 4,034	8 1,684 1,692	26 2,827 2,853
Mowbray ..	Eur. .. Non-Eur. .. Total ..	23	69 69	10 10	856 856								
Maitland ..	Eur. .. Non-Eur. .. Total ..	175	95 564 659	32 104 136	1,593 8,820 10,413	53	14 362 376	45 1,564 1,609	22	55 233 288	124 611 735	3 1,900 1,903	3 4,967 4,970
Brooklyn ..	Eur. .. Non-Eur. .. Total ..	51	155 155	39 39	2,306 2,306	26	43 43	175 175					
Windermere ..	Eur. ... Non-Eur. ... Total ..	200	1,054 1,054	155 155	14,256 14,256	145	894 894	4,013 4,013	18	21 171 192	103 620 723	— 2,856 2,856	— 8,826 8,826
Langa ..	Native ..	47	234	25	3,374	51	263	1,275					
Athlone ..	Eur. .. Non-Eur. .. Total ..	251	15 1,025 1,040	— 182 182	269 16,479 16,748	100	1 714 715	3 3,479 3,482	18	— 295 295	— 690 690	1 2,881 2,882	3 9,154 9,157
Bokmakirie ..	Eur. .. Non-Eur. .. Total ..	148	446 446	73 73	13,658 13,658	54	356 356	1,756 1,756				4,093 4,093	9,775 9,775
Station Rd., Claremont	Eur. .. Non-Eur. .. Total ..	101	167 246 413	49 68 117	2,603 4,285 6,888	51	65 257 322	310 1,209 1,519	22	13 270 283	37 828 865	25 1,375 1,400	66 3,300 3,366
Wesley St., Claremont	Eur. .. Non-Eur. .. Total ..	101	212 212	45 45	5,475 5,475	51	97 97	489 489				265 265	6,776 6,776
Lansdowne ..	Eur. .. Non-Eur. .. Total ..	147	102 405 507	28 85 113	1,581 3,845 5,426	77	31 287 318	134 1,191 1,325	18	110 11 121	224 47 271	5 1,890 1,895	5 4,016 4,021
Wynberg ..	Eur. .. Non-Eur. .. Total ..	152	158 384 542	25 64 89	2,555 7,729 10,284	52	30 379 409	125 1,495 1,620	16	38 158 196	162 393 555	205 2,022 2,227	308 3,903 4,211
Parkwood and Southfield	Eur. .. Non-Eur. .. Total ..	98	61 57 118	6 12 18	1,046 1,768 2,814	48	5 48 53	24 176 200				1,812 1,812	4,791 4,791
Retreat ..	Eur. .. Non-Eur. .. Total ..	254	97 818 915	47 151 198	1,465 11,353 12,818	101	12 771 783	32 3,326 3,358				1 2,132 2,133	2 3,520 3,522
Muizenberg ..	Eur. .. Non-Eur. .. Total ..	23	41 41	3 3	402 402								
Kalk Bay ..	Eur. .. Non-Eur. .. Total ..	27	7 26 33	— 4 4	45 462 507	21	— 14 14	— 76 76					
TOTAL ..	Eur. .. Non-Eur. .. Total ..	2,667	1,664 7,918 9,582	323 1,467 1,790	23,819 135,960 159,779	1,080	385 5,945 6,330	1,607 26,447 28,054	312	565 3,069 3,634	1,830 10,115 11,945	248 28,844 29,092	413 83,411 83,824

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

Centre.	1949-50	1948-49	1947-48	1946-47	1945-46
Keerom Street		9,574	12,270	12,008	10,875
Shortmarket Street	9,388	1,559			
Kloof Street	1,711	308			
Aspeling Street	20,925	18,933	19,413	16,192	17,199
Bloemhof	5,637	5,021	4,050	4,826	3,919
Devil's Peak	1,791	632	687	560	
Green Point	830	96			
Camps Bay	345	332	253	209	
Woodstock	12,927	13,608	12,853	13,656	13,495
Mowbray	856	708	153		
Maitland	10,413	9,031	8,894	7,812	7,691
Brooklyn	2,306	2,021	2,517	2,209	1,751
Windermere	14,256	13,268	13,659	13,881	15,272
Langa	3,374	3,947	3,552	3,751	4,219
Athlone	16,748	13,805	14,111	12,984	12,800
Bokmakirie	13,658	11,885	11,100	9,232	8,826
Claremont (Station Road)	6,888	6,924	6,014	5,252	5,108
Claremont (Wesley Street)	5,475	4,822	5,112	4,462	4,215
Lansdowne	5,426	5,825	5,460	4,112	4,980
Wynberg	10,284	8,731	7,835	7,464	7,166
Parkwood and Southfield	2,814	2,947	2,266	1,634	1,873
Retreat	12,818	10,661	9,466	8,386	7,639
Muizenberg	402	417	635	569	541
Kalk Bay	507	492	581	464	489
Totals	159,779	145,547	140,881	129,663	128,098

Toddlers' Sessions.

A weekly session is held for European children between two and five years at the Woodstock Welfare Centre. 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. Children attending for the first time during the year numbered 21 and the total attendances 707.

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, 1950:—

Voluntary Centre.	No. of sessions in the year.	No. of new cases (Infants).	Total attendances (Infants).	Total attendances (Toddlers).
Bowwood Road, Claremont	144	90	615	46
Sea Point	48	1,201	1,156	88

PRE-NATAL CLINICS.

Pre-natal clinics are conducted at all the larger centres. In December, 1949, one of the pre-natal sessions held at Aspeling Street was discontinued, and early in 1950 a new session was opened at Bloemhof for expectant mothers and for mothers with young babies living in the Council's sub-economic flats.

The municipal ante-natal clinics work in close co-operation with the various public maternity homes, both those under the Provincial Administration and under charitable organizations. Arrangements are made at the municipal centres for in-patient treatment where necessary.

The introduction of free maternity services at the provincial hospitals has made many more women apply for confinement in institutions or as externe cases.

At the municipal clinics routine serological tests are carried out for every expectant mother, and treatment is given in cases found to be suffering from syphilis or gonorrhoea. During the year experimental work was started at some of the centres in the use of penicillin for treatment of syphilis to replace the use of arsenical drugs. The advantages of this method of treatment are twofold. In the first place only four weeks' treatment is required instead of continuous treatment throughout pregnancy, a much simpler matter for the mothers as it reduces the number of injections required and, secondly, the treatment is much safer as the use of arsenicals carries a definite risk. The efficiency of weekly penicillin injections in protecting the infant is still uncertain, and records are being kept to discover the condition at birth and to note the progress of the infants in cases so treated.

Rh group testing is still carried out on an experimental basis for Native women attending the Langa pre-natal clinic. Eventually it is hoped that it will be possible to carry out the test for every pregnant woman.

In the year under review 10,102 blood specimens (817 from European and 9,285 from non-European women) were submitted for examination by the Wasserman test and in special cases by the Kahn test as well. Of these 1,575 were reported as positive or doubtful (72 in European and 1,503 in non-European women).

During the year 20 pre-natal clinics were held weekly at which 6,330 expectant mothers were registered as new cases and the total attendances numbered 28,054. Details are shown in the table on page 20.

Of the new cases registered 106 were of expectant mothers resident outside the Cape Town municipal area (9 European and 97 non-European). The new cases registered within the city, exclusive of the clinic at Langa, numbered 5,961 (376 European and 5,585 non-European) that is to say, the number of new cases attending the municipal pre-natal clinics amounted to 45 per cent of the number of registered live births (11 per cent for European and 57 per cent non-European).

Pre-natal clinics are also held at Groote Schuur and Somerset Hospitals, the Peninsula Maternity Hospital, Mowbray Maternity Hospital, St. Monica's Home and the Salvation Army Homes.

The majority of midwives working within the municipal area co-operate well and keep in touch with the pre-natal clinics. Midwives are encouraged to come with their patients to see the doctor at the clinic.

The attendances at the pre-natal clinics in the welfare centres are shown in the following table over a period of years:—

Centre.	1949-50	1948-49	1947-48	1946-47	1945-46
Keerom Street		1,519	1,662	1,809	1,427
Shortmarket Street	1,104	255			
Aspeling Street	2,986	3,303	3,714	4,294	4,054
Bloemhof	221				
Woodstock	2,846	2,705	2,843	2,824	2,188
Maitland	1,609	1,814	1,721	2,423	2,484
Brooklyn	175	157	165	206	205
Windermere	4,013	3,096	3,300	2,804	2,666
Langa	1,275	1,360	1,524	1,450	1,721
Athlone	3,482	3,323	3,415	3,344	3,078
Bokmakirie	1,756	1,578	1,650	1,594	892
Claremont (Station Road)	1,519	1,546	1,684	1,301	1,554
Claremont (Wesley Street)	489	455	374	378	84
Lansdowne	1,325	1,249	1,326	1,306	1,260
Wynberg	1,620	1,513	1,902	2,375	2,145
Parkwood and Southfield	200	293	261	251	75
Retreat	3,358	3,342	3,236	3,403	3,066
Kalk Bay	76	54	110	135	87
Totals	28,054	27,562	28,887	29,897	26,986

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 992 new cases (231 European and 761 non-European) and a total attendance of 4,306 (1,027 European and 3,279 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.

PROVISION OF DINNERS AND MILK MEALS.

At 13 of the centres (see table on page 20) 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 112,916. Details are shown in the table on page 20.

In the calendar year 1950 the cost amounted to 6·5d. 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 155,589 and the milk consumed amounted to 8,533 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 in addition, the visiting required for certain infectious diseases—ophthalmia neonatorum, puerperal fever, pneumonia, influenza, whooping cough, and other 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 mother the care of her child in relation to the home. Visits are made soon after an infant's birth, and thereafter subsequent visits 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 Visitor	1
Assistant Social Welfare Visitor	1
Diphtheria Immunization Nurses	2
Orthopaedic Nurse	1
European Health Visitors	32
Coloured Health Visitors	4
Native Health Visitors	2
Total	47

The following table shows the number of visits made during 1949-50 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.									
	1949-50	1948-49	1947-48	1946-47	1945-46	1944-45	1943-44	1942-43	1941-42	1940-41
Visits to houses where births have occurred ..	14,725	14,758	14,667	14,622	13,339	13,168	13,273	11,495	10,841	10,582
Subsequent visits to houses where births have occurred ..	57,127	54,503	50,989	43,812	47,252	45,732	45,517	38,391	41,136	39,469
Visits to houses where deaths under 5 years of age have occurred	1,336	1,269	1,620	1,303	1,502	1,754	2,069	1,496	1,740	1,483
Visits to expectant mothers	2,612	2,795	2,912	2,890	2,820	2,773	3,526	3,219	3,570	3,439
Visits re protected infants	2,024	2,097	2,778	3,029	3,486	3,434	3,686	3,451	3,719	4,131
Special follow-up visits	6,211	6,096	5,267	4,843	5,214	6,559	5,439	4,573	4,313	4,847
Visits to cases of tuberculosis	21,609	20,500	21,006	19,018	17,352	17,115	14,621	12,188	13,102	12,231
Visits re cases of puerperal fever	48	51	86	76	77	64	109	76	92	105
Visits re measles	52	41	89	83	55	29	90	241	33	180
Visits re whooping cough	287	42	104	48	9	127	69	16	69	133
Visits re diarrhoea	85	60	45	29	83	115	42	121	131	132
Visits re chicken-pox	23	9	19	8	10	8	23	9	12	25
Visits re ophthalmia neonatorum	332	431	427	564	563	775	492	457	700	510
Visits re pneumonia	271	276	348	360	305	299	370	368	370	489
Visits re trachoma	1	3	1	5	6	5	1	2	4	3
Visits re influenza	1	1	—	2	1	2	4	5	15	21
Visits re other diseases ..	18	76	154	81	121	79	127	106	182	92
Visits re diphtheria immunization	1,340	1,115	1,025	2,150	2,830	3,882	3,532	2,987	3,168	3,166
Visits re diphtheria	2	1	13	54	167	241	359	82	109	141
Visits re midwives	615	796	625	560	962	1,247	1,010	856	1,057	1,165
Visits re schools	277	491	596	569	781	687	547	591	527	803
Visits to school children	1,129	756	900	870	740	449	694	910	1,213	835
Visits to shops and factories	370	229	209	410	572	523	129	212	107	205
Visits to nursing homes	139	88	92	114	151	123	137	105	133	105
Visits re verminous persons	1	5	10	44	25	43	151	61	50	56
Visits re dental treatment	72	94	130	189	156	181	183	277	316	394
House-to-house visitations	7,700	7,312	6,350	5,884	6,042	6,465	6,730	4,207	4,873	4,770
Visits re venereal disease	7,236	7,169	7,808	8,876	8,071	7,195	6,291	5,896	5,718	5,206
Visits re prospective foster mothers ..	39	51	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	2,913	3,588	3,502	3,341	3,302	2,241	681			
Other visits	393	732	1,157	1,023	1,155	1,629	2,416	2,226	1,904	1,694
Visits by Social Welfare Investigator	2,294	2,630	2,114	1,515	1,631	1,968	1,860	1,754	1,535	2,454
Total visits	131,282	128,165	122,064	116,417	118,843	118,969	114,269	96,497	100,834	99,209
Complaints referred to Chief Health Inspector	31	43	21	19	44	80	55	41	48	31

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 1949-50, the number of births and still births notified (including births to mothers who were non-Cape Town residents) was 17,114, as follows:—

Notified by midwives and nurses (other than extern or intern institutional cases)	6,211
Notified by doctors	652
Notified by institutions (extern or intern)	10,084
Notified by parents and others	64
Notified by health visitors	103

There were 284 births notified in Langa Native Township.

In Table I, on page 120, the births and still births notified as having taken place in the Municipality during the year are classified by ward according to the manner in which the mothers were attended.

The following is a summary of the table:—

<i>Attended</i>		<i>Births</i>	<i>Percentage</i>
In private houses:			
By private doctors		610	4.1
By private midwives:			
Certificated		5,062	33.8
Uncertificated		981	6.5
By public midwives or midwife students		1,630	10.9
No doctor or midwife		57	0.4
No information		59	0.4
		8,399	56.1
In institutions:			
Public institutions		5,487	36.5
Private nursing homes		1,107	7.4
		6,594	43.9

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 16.2 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 midwives is carried out in Cape Town in compliance with the government regulations regarding persons (other than Medical Practitioners) practising midwifery within the municipal area.

Since the 1st January, 1950, all maternity hospitals controlled by the Provincial Administration of the Cape of Good Hope have provided free maternity services for all mothers confined in these hospitals or attended at home by district staff. This has led to a marked increase in the number of mothers wishing to go into Provincial institutions for their confinements, but the shortage of beds in Cape Town makes it impossible to admit all those applying.

Many women fail to make provision for confinement and as a result have no attendant at the time of the infant's birth; such cases continue to present many problems. Poverty is the reason usually given and this is particularly so in the Retreat area where the private midwives complain that their fees are frequently not paid. Moreover, many confinements in this area are still being attended by unqualified persons, owing to the reluctance of qualified midwives to start in private practice in Retreat. It is hoped that a qualified midwife will shortly offer her services from a house which has been obtained for her in the new municipal housing scheme at Retreat.

At Windermere, another certificated midwife has started in private practice, and cases are also confined free of charge by the district staff of the Somerset Hospital. The needs of this district are now well catered for, but as before, Native mothers from the territories often fail to attend the pre-natal clinics or to make any arrangements for confinement.

During the year there has been a decrease in the number of European midwives, and a slight increase in the number of non-European midwives.

Only a few European midwives practice privately, all the rest prefer to work as maternity nurses, only attending cases under the supervision of the family doctor.

The non-European midwives on the other hand are all working as such, and only call in private doctors when necessary.

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 list 30th June, 1949	105	91	9	16	221
Added to list during 1949-50	7	7	—	1	15
Removed from list, having ceased to practice or untraceable	16	3	—	1	20
On list 30th June, 1950	96	95	9	16	216

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

Number of visits paid by Supervisor to midwives in their own homes	519
Midwives interviewed at Office	91
Inspections held during 1949-50	8
Attendances of midwives at Inspection	114
Total visits paid by Supervisor	2,061

In August, 1949, doctors taking the Post-Graduate Diploma in Public Health attended the inspection of midwives held at Bokmakierie.

In May, 1950, a demonstration-inspection with films was arranged at the Woodstock Centre and attended by non-European Health Visitor students from the Cape Technical College.

ASSISTED MIDWIFERY.

Payment of midwives by the City Council is authorized in respect of expectant mothers attending pre-natal clinics, who are unable through poverty to pay for the services of a midwife.

These cases are all investigated by the health visitors and payment is limited to cases not served by a Provincial hospital extern midwifery service, or by a midwife subsidized by the Provincial Administration.

There has been an increase in the number of such confinement fees paid to private midwives. Forty-five confinement cases were paid for; the total disbursements amounting to £91. In three cases, the police called the midwife.

Fees to medical practitioners called in by midwives to indigent confinement cases in emergency, were paid in 16 cases, the total disbursement being £13 8s. 0d.

During the year no disciplinary action was found necessary in connection with midwifery practice.

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 1949-50 corrected for imported cases and mis-diagnosis, numbered 36 (9 European and 27 non-European). There was 1 Cape Town death from the disease according to date of registration in the year.

The mortality from this cause for a series of years, expressed as a rate per 1,000 live births, is shown on page 18.

Attendance at Confinement.

Thirty-four of the notified cases were confined at home and two in hospitals. Of the 34 at home, 12 were attended in labour by midwives only, 1 by a doctor and 1 by a doctor and midwife; 20 were unattended (8 being abortions).

Condition of Child.

Eighteen of the cases supervened upon the birth of a living child and 18 a dead foetus: Of these 18 cases, 1 was of a dead viable foetus and 17 of a non-viable foetus. Eight of the cases were reported as occurring in women in the first confinement.

Treatment.

Twelve of the cases were treated in the City Hospital, 2 in the Groote Schuur Hospital and 2 in the Woodstock Hospital; the remaining 20 cases were treated at home.

There was one case at the Langa Native Township.

DIPHTHERIA AND WHOOPING COUGH IMMUNIZATION.

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

As the Medical Officers of the department were much concerned at the high incidence of whooping cough in the Peninsula, and the serious nature of its after-effects in infants and young children, at the end of 1949 the Medical Officer of Health applied to the Minister for this disease to be made notifiable, as a preliminary to an attempt at its control. After some preliminary experimental work, combined prophylactic treatment of children under five years against whooping cough and diphtheria was begun in January, 1950. The combined vaccine was supplied free by the Union Health Department.

The results of such immunization overseas have been sufficiently encouraging to justify the introduction of the combined immunization for young children who have not had whooping cough.

The response of the parents of all races proved this to be a popular measure as shown by the steady increase in the number of infants brought for immunization.

The combined prophylaxis against diphtheria and whooping cough is given in a series of three injections at monthly intervals, instead of two injections as in the case of diphtheria prophylactic alone previously used. This has much increased the work at these sessions and in following up those who might otherwise fail to complete the course.

The work done at the municipal sessions during the year ending 30th June, 1950, is shown by the following figures:—

Number of Sessions:

At schools	45
At institutions	25
At child welfare centres	133
	203

First series protective inoculations against diphtheria:

First.	Second.	Third.	Total.
8,581	8,336	22	16,939

Second series or stimulating doses given:

First.	Second.	Third.	Total.
1,276	6	—	1,282

Persons Schick-tested:

Positive.	Negative.	Total.
51	50	101

First series protective inoculations of the combined prophylaxis against diphtheria and whooping cough:

First.	Second.	Third.	Fourth.	Total.
3,697	2,425	1,465	8	7,595

Total persons immunized:

Age.	European.	Non-European.	All races.
0—1	857	3,974	4,831
1—2	200	851	1,051
2—3	150	705	855
3—4	106	742	848
4—5	136	629	765
5—6	317	560	877
6—7	740	829	1,569
7—8	367	787	1,154
8—9	227	599	826
9—10	91	283	374
10—11	39	185	224
11 and over	46	93	139
Age unknown	22	19	41
	3,298	10,256	13,554

Injections given:

Toxoid antitoxin floccules (B.W.T.A.F.)	229
Alum-precipitated toxoid (S.A.A.P.T.)	17,992
Combined whooping cough-diphtheria prophylaxis (S.A.) and (B.W.)	7,595
	25,816

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 1949-50 corrected for imported cases and misdiagnosis was 214 (11 European and 203 non-European).

Of these 214, 3 were not in the newly-born, being at the time of onset aged 23 days, 1 month and 2 months respectively.

The number of Cape Town cases of true ophthalmia neonatorum notified during the year was therefore 211, comprising 11 European and 200 non-Europeans. Of these 211 cases, 64 were born in institutions and 147 at home. Of the 147 home confinements 3 were recorded as having been attended by doctors and 135 by midwives; 8 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 124 of the cases as "slight" and 87 as "moderate" or "grave".

In addition to the above figures there was at the Langa Native Township 1 native case of gonorrhoeal ophthalmia.

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

Eyes completely recovered	204
Cases of blindness	—
Sight damaged	—
Died	3
Lost trace of	4
	211

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.

In terms of the Government notice No. 1482 published in the *Government Gazette*, No. 4417, dated 30th June, 1950, the regulations regarding Nursing and Maternity Homes were amended and the registration and inspection of private Nursing and Maternity Homes will become the responsibility of the Provincial Administration, as from 1st July, 1950, in terms of Ordinance No. 18 of 1946 (Cape) which came into force on 1st January, 1950.

On 30th June, 1950, there were 30 registered private Nursing and Maternity Homes in the municipal area as follows:—

									Premises	Beds
General	..	..	..	..	..	..	..	..	21	607
Maternity	..	..	..	..	..	..	..	..	9	162
									—	—
Total	..	..	..	..	..	..	..	..	30	769
									—	—

During the year ended 30th June, 1950, one registered premises was closed (8 beds) and four new premises were registered (60 beds).

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

Annual inspection	..	..	..	..	..	26
Re-registration of premises	..	..	..	..	..	40
Subsequent visits	..	..	..	..	..	78
						—
Total	..	..	..	..	..	144
						—

Full reports were sent to the Secretary for Health as follows:—

				Re New applica- tions	Re Registered premises
General	..	..	..	9	19
Maternity	..	..	..	3	7
				—	—
Totals	..	..	..	12	26
				—	—

DAY NURSERIES AND NURSERY SCHOOLS.

Creches and nursery schools are run in the poorer areas by the City Council and various charitable bodies in addition to those run by other welfare organizations and those run privately for children whose parents are able to pay economic fees.

There is a great demand for admission to and a long waiting list for all these institutions. At the present time many mothers are forced to work to supplement the family budget, owing to the high cost of foodstuffs and the low wages paid to many workers.

An analysis of 500 families carried out during the year showed that many women continue in employment during pregnancy. Of the European women 10 per cent of the mothers were in employment during pregnancy, of the Coloured and Malay women 33 per cent were in employment, and of the Native mothers 25 per cent were in employment. A number of these mothers gave up their employment after confinement, but many started work again when their babies were two or three months old, and it was found that:—

By the time the babies were 3 months old 3 per cent of European mothers, 18 per cent of Coloured and Malay mothers and 10 per cent of Native mothers had returned to work.

By the time the babies were six months old 3 per cent of European mothers, 23 per cent of Coloured and Malay mothers and 14 per cent of Native mothers had returned to work.

In many cases the provision made for the infants is most unsatisfactory; they are left in the care of other children or otherwise not suitably provided for.

The present creches and nursery schools do not meet the requirements, and it is hoped that more of these institutions will be built when funds become available.

MUNICIPAL NURSERIES AND NURSERY SCHOOLS.

Two of these institutions are run in conjunction with Municipal Housing schemes, namely, Bokmakirrie Day Nursery and Nursery School, serving the Council's housing schemes in Bokmakirrie and Kew Town, and Bloemhof Nursery School serving the Bloemhof Flats. The third nursery school which is unrelated to a housing scheme, is at Shelley Street, Salt River, and serves the busy industrial areas of Salt River and Woodstock.

The Bokmakirrie Creche and Nursery School has accommodation for 78 children under school age, 19 being babies and 59 children between 2 and 6 years. Its close association with the welfare centre, which is built in the same grounds, makes for efficient and convenient working.

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

The Bloemhof Nursery School.—This nursery school is run in the community centre attached to the Bloemhof Municipal Flats in Constitution Street. There is accommodation for 40 children from 3 to 6 years. These are all children of residents in the Bloemhof, Constitution Street and Canterbury Street Flats. A Nursery school teacher is in charge, with 3 non-European girls as helpers, and a non-European cook.

The Shelley Street Nursery School.—This nursery school is not part of a housing scheme, but is in the centre of a congested area in Salt River where there are many families living under extremely poor conditions with the employment of women in adjacent factories. Forty-five Coloured children attend the Nursery school, which is under the direction of a European nursery school teacher with 4 non-European girls as assistants. 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 attendances at the Municipal Nursery Schools during the year ended 30th June, 1950, are shown in the following table:—

	Shelley Street.	Bloemhof.	Bokmakirie.
New entrants	30	19	30
Mean total on register	47	40	78
Daily sessions	217	218	220
Mean attendances per session	37	33	63
Total attendances	8,321	7,156	13,897

The Kew Town Resident Nursery.—A cottage in the Municipal Housing Scheme at Kew Town is run as a foster home for young infants whose mothers have tuberculosis. The infants are usually admitted when they leave a maternity home, while the mothers are undergoing treatment in a tuberculosis hospital or at a sanatorium.

There is accommodation for six infants at a time in the care of a house mother and assistant. The infants have thrived well and results have been most satisfactory in safeguarding the infants from early infection and in providing a home for the babies whose mothers are thus, during their illness, saved from anxiety. The infants are kept for a limited time until other arrangements can be made. Some are adopted; others are placed in the care of relatives or returned to their homes when their mothers have been certified as non-infectious.

NURSERIES AND NURSERY SCHOOLS RUN BY PRIVATE AND CHARITABLE ORGANIZATIONS.

(1) *Board of Aid Day Nurseries.*

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 50.

Non-European Day Nursery, Tafelberg House, Canterbury Street, Cape Town. This Day Nursery caters for non-European children 3 months to 6 years. Its capacity is 106.

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

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 50.

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

This nursery school is run for non-European children in District Six. It is recognized as a Nursery School by the Cape Provincial Education Department and receives a Provincial Grant in Aid. It caters for 70 children from 3 to 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 Aspeling Street welfare centre.

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

A Nursery School for non-European children is run at the Marion Institute. It caters for 50 children. Mid-day meals and milk are provided.

(5) *Chiappini Street Nursery Play Centre.*

This play centre is organized by the Eoan Group assisted by a subsidy from the Union Social Welfare Department, 120 children between 2½ and 5 years are catered for. There are two full-time helpers with Buxton Trainees as part-time assistants. The centre is open in the mornings only.

(6) *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 48 children from 2 to 6 years.

(7) *Union of Jewish Women Creche and Day Nursery.*

A Day Nursery for non-European children at 2nd Avenue, Kensington.
This Day Nursery caters for 80 children from 1 to 6 years.

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

This Nursery caters for 40 children. The cost of feeding the children is borne by the City Council.

(9) *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.

Training Schools.

Nursery School teachers are trained at the Barkly Training College, Molteno Road, Claremont. A good deal of their practical training is carried out in the various Nursery Schools, and use is made of the Municipal Nursery Schools, in addition to the Buxton Nursery School. This Nursery School in Claremont caters for 48 European children from 2 to 6 years.

A Nursery School for European children is conducted in connection with the Barkly Training College at Pollsmoor Government Village. It caters for 35 children from 2 to 6 years.

Non-European mothers at Athlone, with the help and guidance of the Barkly Training College have opened a Nursery School for 40 non-European children from 2 to 6 years.

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

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 Health Visitors of the Child Welfare Branch, to act as infant protection visitors for children under school age.

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, infants may be placed with unsuitable foster-parents whose home surroundings are bad, or who neglect the infants.

All these social problems affect the welfare of the young child, and are brought to light at the health visitors' 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, 1949, to 30th June, 1950, was as follows:—

Cape Town Magisterial District	..	..	..	..	..	..	109
Wynberg Magisterial District	..	..	..	..	..	..	150
Simonstown Magisterial District	..	..	..	..	..	..	—
							259

The total number of visits made by Health Visitors during the year to protected infants was 2,024.

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 authorizing 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 the following number of infants were placed with adoptive parents on probation:—

Europeans	..	..	..	..	..	..	95
Non-Europeans	..	..	..	..	..	..	108
Total	..	..	..	..	..	..	203

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.

During the past year the work of the Orthopaedic Health Visitor had increased to such an extent that it was arranged that she should only be responsible for children under six years old. Those between 6 to 8 years were transferred to the Orthopaedic Sister employed by the Provincial Administration. This still left her with an increase of 54 patients over last year. The increase of work has been due to an additional amount of active treatment done both at clinics and on the district. In addition to this, two Orthopaedic surgeons operate on children seen at the clinics at Lady Michaelis Home Out-patient Department on Monday mornings, and these children have to be visited on Tuesdays. This arrangement has reduced the waiting list for the Orthopaedic Hospitals, and enabled treatment to be given earlier, resulting in fewer recurring deformities. Congenital club feet are treated from birth, better results being obtained than formerly, and in most cases operative treatment becomes unnecessary.

An increase of 515 patients over the previous year's total attending the surgeon's clinics has shown the value of branch clinics.

There were 443 children under supervision on 30th June, 1950. Of these, 57 were European, 40 Native and 346 Coloured.

Causes of disablement.

Surgical tuberculosis	89
Infantile paralysis	60
Spastic paralysis	19
Congenital deformities	115
Deformities due to rickets	110
Perthe's disease	1
Flat feet	38
Septic arthritis	2
Paralysis due to other causes	9
	443

Other particulars of the work effected are as follows:—

Number of clinics held with surgeon in attendance	47
Number of other clinics	94
Attendances at surgeon's clinics	1,998
Attendances at other clinics	1,466
Attendances of Orthopaedic Health Visitor at Groote Schuur Hospital out-patients' department	39
Children admitted to orthopaedic institutions for treatment	34
Children discharged from institutions to this department for after-care	30
Children in hospital on 30th June, 1950	61
Children moved out of the municipal area and referred to a Cape Hospital Board after-care sister for supervision	18
Children referred to a Cape Hospital Board after-care sister for supervision on reaching the age of eight	46
Recoveries	81
Deaths	6

SCHOOL CLINICS.

By arrangement with the Provincial Administration, School Clinics are organized by the Maternal and Child Welfare Branch and are held during the term at certain of the City Council's Welfare Centres.

General sessions, with a Medical Officer in attendance, are conducted weekly at Woodstock, Aspeling Street (Cape Town), and fortnightly at Shortmarket Street (Cape Town), Claremont, Wynberg, Maitland, Windermere, Athlone and Lansdowne.

Many children suffering from the effects of malnutrition and illness are sent to convalescent homes.

It is apparent that more satisfactory results would be obtained if a greater number of parents would accompany their children to these clinics, but with the rising cost of living more women are obliged to find work to increase the family income. However, this difficulty is partly overcome by many of the teachers who take a great interest in the well-being of the children; and tribute should be paid for their assistance. Parents are encouraged to make some payment towards the cost of the medicines they receive, but owing to the rising cost of living the revenue has dropped this year.

Ophthalmic clinics are held twice weekly at the Woodstock Centre; to minimise travelling, preliminary eye tests are done by the Health Visitor if possible at the general sessions, and only cases suffering from refractive errors or special eye trouble are referred to the ophthalmic surgeons.

Spectacles are supplied by a local firm of opticians at reduced rates, the charge being further reduced or remitted in cases of indigency. Children requiring dental attention are referred to the municipal dental officer for treatment.

For some time the need for an assistant school clinic nurse has been apparent. This was authorized by the Provincial Administration, and in April, 1950, an assistant nurse was appointed.

Cases requiring other specialist attention are referred to the out-patient departments of the hospitals, chiefly to paediatrics and ear, nose and throat sessions or to child guidance and mental health clinics.

The work done during the year ended 30th June, 1950, is shown in the table on page 20 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	164	410	574	401	2,659	3,060
Total attendances	665	1,475	2,140	1,165	8,640	9,805
Number of sessions held			97			215
Children fitted with spectacles:						
Full-paying	64	102	166			
Part-paying	52	191	243			
Free	13	17	30			

SOCIAL WELFARE WORKER.

There are two officials engaged in this work; the Senior Social Worker who is an experienced Health Visitor and a second Social Worker who holds the University diploma in Social Science.

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

During the year 130 of the unmarried mothers (European 8, Coloured 105, Native 17) 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, 13 per cent were European, 76 per cent mixed race and 11 per cent Natives. Many cases drifting in from adjacent areas or from further afield might become special problems if they remained in the city; and efforts are made to assist girls to return to their own homes when this is possible.

SECTION IV.—DENTAL BRANCH.

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

Despite the recognised importance of dental and allied conditions in public health, there has been, till recently, a reticence on the part of government and public authorities to assume responsibility for this branch of treatment. This is easily understood on account of the generally acknowledged high cost of dental treatment caused by the following factors.

Practically all dental treatment is operative. Each individual frequently requires a number of small or prolonged treatments which can be carried out only by qualified personnel. No treatment can be carried out by auxiliaries.

The cost of equipment and materials is a big factor. The incidence of dental disease and conditions requiring treatment is extremely high—in some parts almost 100 per cent.

Dental treatment, with the exception of extractions and provision of dentures, is not final, and as long as teeth are present they are a potential source of disease.

As a result of these factors the various public bodies concerned accepted a limited degree of responsibility for the cost of dental treatment, but little was done in the establishment of special institutions or the encouragement of the public to make use of the available resources.

As the greatest obstacle to the establishment of adequate facilities for treatment is financial, it appears that arrangement different from the generally accepted scheme for treating indigents must be adopted, and it is by such means that the City has been able to maintain its dental services at a very low cost to the ratepayers. The system adopted in Cape Town is to accept for treatment all persons unable to afford ordinary dental fees. The applicants are then further assessed to determine what proportion, if any, of the basic fee they are capable of contributing. By these means it has been found possible to recover the major portion of the costs incurred.

Progress in the scope of dental treatment in the field of public health has been such during the last eight years as fully to justify the step taken in 1941 by the Council of recognising the importance of dental health in the public health programme of the City.

The benefits of dental treatment are not easily assessed, but investigations in this Department have indicated a marked diminution in the incidence of oral sepsis in school children. School principals have remarked on the improved attendances and well-being of pupils which has become apparent over the last few years, since larger numbers of children are receiving treatment.

Treatment of pre-school children is also of great assistance in this respect, and it would be of further benefit if the education authorities would insist on dental treatment being completed before children are admitted to school for the first time.

The early treatment of dental disease, even by radical means, is an important factor in public health by the prevention of apical and periodontal infection which is the cause of much pain and crippling disease, often permanent, in later life. From the public health aspect, one can, with the treatment of young children, inculcate ideas of oral hygiene and so initiate a system of partial prevention of dental disease. In older persons one's efforts can most profitably be devoted to the removal of the causes of infection and the repair and replacement of the masticatory system.

At the central dental clinic in Hope Street, a complete system of dental treatment is provided for all persons eligible. At Aspeling Street, St. James Street, Woodstock, Athlone, Lansdowne and Wynberg, treatment is carried out for expectant and nursing mothers and pre-school children referred by the Maternal and Child Welfare branch, as well as for school children.

At the City Hospital for Infectious Diseases, and the Westlake Tuberculosis Hospital, dental treatment is carried out when required, and similar sessions are provided for children of school-going age at the Lady Michaelis Home and the Maitland Cottage Home, while regular sessions for out-patients are held at the Tuberculosis Clinic, Chapel Street. Residents of the Langa Native Township are treated at the hospital there.

Financial.

Patients attending the Central Dental Clinic contribute towards the cost of their treatment or dentures according to their means. Where they are unable to pay for, or contribute towards the cost of the latter, the cost is met or deficit made good by the Union Health Department.

The treatment of school children is subsidized by the Provincial Education Department. The cost of dental services at the Langa Hospital is borne by the Native Affairs Administration, and for infectious disease cases by the Council and the Union Health Department.

An analysis of the figures in the appended table indicates a steady annual increase in the number of sessions and attendances, the increases for the year being 196 and 7,006 respectively. 1,087 persons were supplied with dentures, representing an increase of 222. In this table, the omission of certain types of treatment from branch centres indicates that these have been referred to the Hope Street Clinic for economic reasons.

All types of treatment are undertaken, and in the prosthetic section orthodontic treatment is also carried out, as well as the provision of obturators for perforated and cleft palates. Some of this work is carried out in collaboration with the Maxillo-Facial Department of Groote Schuur Hospital.

With the exception of the Westlake Tuberculosis Hospital, the Lady Michaelis Home and the Maitland Cottage Home, all the centres shown on the returns are Municipal. At the non-municipal centres eligible patients are treated, the cost in each case being borne by the authority concerned.

Excluding a small number of children included in the total attendances for Langa Hospital, the Tuberculosis Clinic and City Hospital, it is found that the total attendances of 36,361 is made up of 18,928 adults and 17,433 children. Of the adults, 15,353 attendances were made at the Central Dental Clinic, and 907 at Langa, these persons attending primarily for dental treatment. Of the balance of 2,668, the Maternal and Child Welfare Branch referred 1,789, and 879 were infectious diseases cases.

The children's attendances consist of 12,222 referred from schools, 3,191 (pre-school and school) brought directly to Central Clinic, 260 inmates of the Lady Michaelis Home and Maitland Cottage Home, while 1,760 were pre-school children referred by the Maternal and Child Welfare Branch.

There was a total of 17,203 new cases for the year (adults 7,915 and children 9,288). So that although the total attendances of adults exceeded those of children by 1,495, the number of new cases of children exceeded that of adults by 1,373.

Staff.

The full-time staff consists of the Chief Dental Officer, Deputy Dental Officer, Assistant Dental Surgeon, three dental mechanicians, one senior health visitor, three dental nurses, three clinic assistants, three clerical assistants and cleaning staff.

In addition to these, the services of part-time anaesthetists, dentists, nurses and clinic assistants are utilized.

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, Cape Town	General:													
	Adults	896	1,066	4,751	3,618	11,735	832	3,992	217	48	2,569	7,695	287	679
	Children		416	981	1,377	1,814	422	836	263	17	692	961	27	3
	School Children:													
	School Board ..	42	45	29	155	68	27	11	103	49	25	8	—	—
	Non-School Board	2	—	53	—	53	—	49	—	—	—	4	—	—
Aspelg Street, Cape Town	Nursing and expectant mothers ..	58*	—	269	—	384	—	354	—	—	—	30	—	—
	Pre-school children:		—	459	—	560	—	550	—	—	—	10	—	—
	School children:													
	School Board ..	61	—	1,098	—	2,099	—	1,765	—	—	—	334	—	—
	Non-School Board	6	—	111	—	167	—	147	—	—	—	20	—	—
Woodstock	Nursing and expectant mothers ..	66*	66	287	96	374	93	350	—	—	3	24	—	—
	Pre-school children:		150	269	194	318	186	310	—	—	8	8	—	—
	School children:													
	School Board ..	152	592	777	1,645	1,526	1,085	1,297	233	66	327	163	—	—
	Non-School Board	16	—	230	—	393	—	358	—	—	—	35	—	—
Athlone	Nursing and expectant mothers ..	49*	1	266	1	375	1	358	—	—	—	17	—	—
	Pre-school children:		1	308	1	359	1	343	—	—	—	16	—	—
	School children:													
	School Board ..	48	—	949	—	1,662	—	1,448	—	—	—	214	—	—
	Non-School Board	16	—	248	—	441	—	413	—	—	—	28	—	—
Lansdowne	School children:													
	School Board ..	48	187	455	445	813	280	679	61	3	104	131	—	—
	Non-School Board	3	1	42	2	86	2	82	—	—	—	4	—	—
Wynberg	Nursing and expectant mothers ..	52*	14	284	45	514	20	348	—	—	25	166	5	28
	Pre-school children:		39	218	59	269	52	266	—	—	7	3	2	—
	School children:													
	School Board ..	97	255	952	593	1,718	322	1,435	112	9	159	274	—	—
	Non-School Board	15	—	218	—	356	—	340	—	—	—	16	—	—
City Hospital ..	In-patients ..	21	28	52	91	58	12	47	39	1	40	10	—	—
Westlake Tuberculosis Hospital ..	In-patients ..	4	19	1	42	1	10	1	7	—	25	—	—	—
Langa Hospital	Native residents, Langa ..	48	—	575	—	907	—	865	—	—	—	42	—	—
Tuberculosis Clinic, Chapel Street ..	Out-patients ..	65	27	209	102	585	20	198	19	1	63	386	11	45
Lady Michaelis Home ..	In-patients ..	9	57	94	75	123	14	25	—	—	61	98	—	—
Maitland Cottage Home	In-patients ..	2	—	54	—	62	—	30	—	—	—	32	—	—
	Totals	1,776	2,964	14,239	8,541	27,820	3,379	16,897	1,054	194	4,108	10,729	332	755

*Including pre-school children.

SECTION V.—INFECTIOUS AND OTHER DISEASES.

The cases of compulsorily notifiable diseases reported in the Municipality of Cape Town during the year ended 30th June, 1950, are shown in Table P, on page 127.

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

In the tables on pages 128 to 130, 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 131. Similar information as to deaths from these and certain other infectious diseases will be found in Tables C and E on pages 112 and 114.

Other statistical details as to deaths from infectious diseases are contained in Table A at page 82 and in Tables B and D on pages 111 and 113.

ENTERIC OR TYPHOID FEVER.

The cases of this disease reported in the year 1949-50, corrected for misdiagnosis and imported cases, numbered 46 (15 European and 31 non-European); equivalent to an incidence rate of 0.11 per 1,000 population (0.08 European and 0.14 non-European).

The number of deaths amongst these 46 cases was 5 (non-European) giving a case mortality of 10.9 per cent (16.1 non-European).

The total deaths from enteric fever according to date of registration in the year as belonging to Cape Town numbered 6 (non-European), equivalent to a death rate of 0.01 per 1,000 population (0.03 non-European). Included in the 6 non-European deaths is one of a patient who was originally notified as a case of enteric fever and admitted to the City Hospital, where the diagnosis was later changed to tuberculous meningitis. Shortly after being discharged from hospital the patient died and was certified by a medical practitioner as having died from typhoid meningitis, which must be accepted with considerable reserve.

There was one case of enteric fever in the Langa Native Township.

One of the 46 Cape Town cases occurred in the Valkenberg Mental Hospital. The other cases occurred in 43 houses, in 41 of which there was 1 case each, and in 2, 2 cases each.

Forty-one of the 46 Cape Town cases were treated in the City Hospital, 3 in other hospitals and 2 were not removed to hospital (both fatal).

Besides those enumerated above, there were 78 cases diagnosed as suffering from enteric fever admitted to the City Hospital from outside the Municipality. After correction for misdiagnosis, the number of such cases was 47. Three other cases admitted to the City Hospital for another disease were afterwards found to be enteric fever.

Reference to Tables Q, R, and S on pages 128, 129 and 130 will show the notifications for the year in months, age-groups and wards of the City. Other particulars will be found in the table on page 34 and in Table T on page 131.

The reduction in the incidence of enteric fever that has occurred since the outbreak in 1946-47 was satisfactorily maintained.

Enteric fever carriers.—In one case admitted to the City Hospital as enteric fever, the diagnosis was changed to enteric fever carrier.

DIPHTHERIA.

The cases of this disease reported in the year 1949-50, corrected for misdiagnosis and imported cases, numbered 122 (60 European and 62 non-European); equivalent to an incidence rate of 0.29 per 1,000 population (0.30 European and 0.29 non-European).

The number of deaths among the 122 cases was 15 (5 European and 10 non-European) giving a case mortality of 12.3 per cent (8.3 European and 16.1 non-European).

The total deaths from diphtheria according to date of registration in the year 1949-50 as belonging to Cape Town numbered 14 (4 European and 10 non-European); equivalent to a death rate of 0.03 per 1,000 population (0.02 European and 0.05 non-European). In addition, one case, a European patient who was admitted to the City Hospital as suffering from diphtheria died from diphtheria and carcinoma of the maxillary antrum. The cause of death was classified under carcinoma of the bones.

There were two cases of diphtheria in the Langa Native Township (one fatal).

The distribution of the 122 Cape Town cases was general throughout the Municipality and the highest incidence of the disease was found in wards 6, 7, 8 and 10. One of the cases occurred in the City Hospital (nurse). The remaining cases occurred in 117 houses, in 114 of which there was one case each, in 2, two cases each and in 1 house three cases.

Of the 122 Cape Town cases 117 were treated in the City Hospital, 3 were nursed at home, and 2 had already died on receipt of notification. Two other cases notified and admitted to the City Hospital as suffering from diphtheria were afterwards found not to be suffering from this disease.

Excluded from above figures, there were 173 cases from outside the Municipality (including 3 from overseas), admitted to the City Hospital diagnosed as suffering from diphtheria. In 70 cases the diagnosis was confirmed. One patient admitted for another disease proved to be a case of diphtheria.

Particulars regarding diphtheria immunization will be found on page 25.

There was an increase in the incidence of diphtheria during the year under review compared with that of last year. The increase is not abnormal and compares favourably with the figures over the last few years.

Other particulars will be found in the table on page 34 and in the Tables Q to T on pages 128 to 131.

SCARLET FEVER.

The cases of this disease reported in the year 1949-50, corrected for misdiagnosis and imported cases, numbered 262 (233 European and 29 non-European), equivalent to an incidence rate of 0.63 per 1,000 population (1.17 European and 0.13 non-European).

There were no deaths from scarlet fever during the year under review.

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

The incidence of the disease covered all the wards of the Municipality of Cape Town and occurred mostly in children in the age-group 5-10 years. Of the 262 Cape Town cases, 3 occurred in institutions, viz., 1 at the Grootte Schuur Hospital, 1 at the Lady Michaelis Home and 1 at the Cape Jewish Orphanage. Ten cases occurred in boarding schools (1 in ward 8 and 9 in ward 13). The remaining cases were found in 230 houses, in 216 of which there was one case each, in 11 two cases each, in 1 house three cases and in 2 houses four cases each.

223 of the 262 Cape Town cases were treated at the City Hospital and 39 were treated at home. Ten other cases notified and admitted to the City Hospital as suffering from scarlet fever were afterwards found not to be suffering from this disease.

Excluded from the above figures there were 46 cases of scarlet fever removed to the City Hospital from outside the Municipal area. In 44 cases the diagnosis was confirmed. Two other cases admitted for another disease were afterwards found to be suffering from scarlet fever.

The distribution of the 262 Cape Town cases according to months, age-groups and wards of the City will be found in Tables Q, R and S on pages 128, 129 and 130, respectively. Other particulars will be found in the table below and in Table T on page 131.

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
1948-49 ..	0.07	0.20	0.01	0.04	0.17	0.29	0.02	0.02	0.97	0.12	—	—
1949-50 ..	0.08	0.14	—	0.03	0.30	0.29	0.02	0.05	1.17	0.13	—	—

CEREBROSPINAL FEVER.

There were 49 Cape Town cases (10 European and 39 non-European) of cerebrospinal fever reported in the year 1949-50; equivalent to an incidence rate of 0.12 per 1,000 population (0.05 European and 0.18 non-European).

The total deaths from cerebrospinal fever according to the date of registration in the present year as belonging to Cape Town, numbered 18 (5 European and 13 non-European), giving a death rate of 0.04 per 1,000 population (0.03 European and 0.06 non-European).

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

Fourteen of the 49 Cape Town cases were certified as having died from cerebrospinal fever before receipt of notification, of which 3 died in hospital and 11 at home. The remaining 35 cases were treated at the City Hospital (4 died).

Counting also the cases from outside the Municipality, the total number of cases admitted to the City Hospital as suffering from cerebrospinal fever was 433, of which 101 proved to be suffering from the meningococcal infection.

Other particulars will be found in the following table and in Tables Q to T on pages 128 to 131.

ACUTE POLIOMYELITIS.

There were 16 Cape Town cases (7 European and 9 non-European) of acute poliomyelitis reported in the year 1949-50, equivalent to an incidence rate of 0.04 per 1,000 population (0.04 European and 0.04 non-European). Most of the cases were in children under 10 years of age.

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

Fourteen of the 16 Cape Town cases were treated in the City Hospital and two in other hospitals.

In 15 cases the onset of illness was recent at the time of notification. In one case the onset of illness was stated to have been approximately eighteen months prior to notification. All the cases were in separate houses.

Thirteen extra-municipal cases of acute poliomyelitis were admitted to the City Hospital. One other case which arrived in ward 10 from Rawsonville, C.P., already ill from this disease was admitted to the City Hospital.

Other particulars will be found in the following table and in the Tables Q to T on pages 128 to 131.

The incidence of this disease continues to decline.

INFECTIVE ENCEPHALITIS.

The cases under this heading reported in the year 1949-50, corrected for misdiagnosis and imported cases was 4 (2 European and 2 non-European). One case was fatal.

Three cases were admitted to the City Hospital, one of which was originally admitted as a case of cerebrospinal fever and one died before receipt of notification.

There were 9 extra-municipal cases admitted to the City Hospital, in 4 of which the diagnosis was confirmed.

Other particulars will be found in the following table and in Tables Q to T on pages 128 to 131.

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	-	-	-	-	-
1948-49 ..	13	49	3	7	8	11	-	-	1	1	-	1
1949-50 ..	10	39	5	13	7	9	-	-	2	2	-	1

ERYSIPELAS.

In the year 1949-50, the number of notified cases of erysipelas in the Municipality of Cape Town was 23 (10 European and 13 non-European).

There were no cases in the Langa Native Township.

The cases occurred in 23 separate houses (including 1 institution), there being no secondary household cases.

Thirteen of the 23 cases were treated in the City Hospital, 1 in another hospital and 9 were treated at home.

Other particulars will be found in Tables Q to T, on pages 128 to 131.

INFLUENZA AND PNEUMONIA.

The number of cases of pneumonia reported in the year 1949-50, corrected for misdiagnosis and imported cases, were as follows—influenzal pneumonia 25 (9 European and 16 non-European); acute primary pneumonia 394 (43 European and 351 non-European).

The distribution of these cases according to months, age-groups and wards of the City, will be found in the Tables Q to S on pages 128 to 130. Reference to Table T on page 131 will show the notifications of both these diseases, for a series of years, classified for race.

There were no cases of influenzal pneumonia or acute primary pneumonia in the Langa Native Township.

The deaths from influenza since the epidemic in 1918 and from bronchitis and pneumonia (all forms), with the corresponding death rates, are set out 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	12	0.06	109	0.53	57	0.30	442	2.15
1948-49 ..	3	0.02	12	0.06	20	0.10	98	0.47	61	0.32	293	1.41
1949-50* ..	3	0.02	10	0.05	16	0.08	81	0.38	57	0.29	355	1.65

Corrected for outward transfers, and from 1924-25—1948-49 inclusive for European inward transfers.

*Corrected for outward transfers only.

The following figures for deaths from bronchitis and pneumonia in 1949-50 show the contrast between Europeans and non-Europeans compared with the figures for the previous year:—

	1949-50.		1948-49.	
	European.	Non-European.	European.	Non-European.
Under 5 years of age ..	13	328	13	289
0-1 year ..	10	210	11	192
1-2 years ..	2	76	2	64
2-5 years ..	1	42	—	33
All other ages ..	60	108	61	102
Total ..	73	436	74	391

Most of the deaths from bronchitis and pneumonia amongst non-Europeans occurred in the Windermere and Athlone—Lansdowne areas.

The infant mortality rate per 1,000 live births from these causes for a series of past years are set out in Table M on page 124.

The seasonal character of mortality from bronchitis and pneumonia will be seen in Table C on page 112.

TYPHUS FEVER.

In the year 1949-50, 5 cases (E.M.2, E.F.3) belonging to Cape Town were recorded under this heading. Four of the cases (E.M.2, E.F.2) were regarded as suffering from tick-bite fever and 1 case (E.F.) which was originally notified and admitted to the City Hospital as a case of enteric fever, proved to be typhus fever.

In addition there were 6 other cases (E.M.2, E.F.1, C.M.2, C.F.1) admitted to the City Hospital from outside the Municipality diagnosed as suffering from tick-bite fever. All recovered.

LEPROSY.

Three cases of leprosy were reported during the year 1949-50. The particulars are as follows:—

Coloured female, aged 38 years, residing in ward 10. Notified on 25th January, 1950. Employed as a domestic servant at her present address since August, 1948. She gave history of having had symptoms for about four months. Her uncle (deceased), her mother's brother, also had leprosy and was an inmate of the Old Leper Institute, Robben Island. Patient was admitted to the Conradie Home, Pinelands, C.P.

Native male, age unknown of no fixed abode, admitted to the Cape Town Gaol on 4th February, 1950. Notified on the 7th February, 1950, and was transferred to the Conradie Home, Pinelands, C.P., on the same day. The Department was unable to obtain any history of the probable source of infection.

Native female, aged 15 years, residing in ward 10. Notified on the 8th July, 1949. Born at Lakeside and lived there for ten years. She subsequently lived on a farm at Philippi, Cape Flats, until the year 1946 when she went to Crawford, Cape Flats, where she was employed as a domestic servant. The first symptoms of the disease was about three years ago. It was stated that she had open wounds on her hands and was also suspected of having pulmonary tuberculosis. Patient was admitted to the Conradie Home, Pinelands, C.P.

LEAD POISONING.

One case of this disease was reported to this Department on the 22nd March, 1950, by a private medical practitioner in the person of a Coloured male, aged 18 years, residing in ward 8. He had been employed at a Motor Accumulator Battery Company, cleaning lead plates of surplus lead oxide powder. It was stated that he had been negligent in not wearing the mask provided for the purpose. He was admitted to the Groote Schuur Hospital and recovered.

TRACHOMA.

Two cases (C.M.1, N.F.1) of this disease were notified during the year 1949-50. The Coloured male resided in ward 7 and the Native female in ward 10. Both cases received out-patient treatment at the Groote Schuur Hospital.

MALTA FEVER.

A case of malta fever was reported to this Department on the 24th November, 1949, in the person of a European male aged 42 years, residing in ward 15. He is employed in the City Health Department as a pest control officer. His duty involves the attendance and supervision of anti-mosquito work, particularly in the Black River valley and places where the prevalence of mosquitoes is discovered through complaints or otherwise.

On the 1st November, 1949, he complained of severe headache, pains in body and weakness in legs with pyrexia. The patient was removed to the False Bay Hospital, Simonstown for observation, where malta fever organisms were isolated. He was later transferred to the City Hospital for treatment, where he recovered.

Another case of malta fever in the person of a European male aged 21 years, was admitted to the City Hospital from Paarl, 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
1948-49	—	17	—	0.08	1	18	0.01	0.09
1949-50*	4	29	0.02	0.14	1	66	0.01	0.31

Corrected for outward transfers, and from 1924-25—1948-49 inclusive for European inward transfers.

*Corrected for outward transfers only.

MEASLES.

There were 33 deaths from measles in the year 1949-50 (4 European and 29 non-European). Of the 4 European deaths, 1 was in the age-group 5-10 years and 3 were adults in the age-group 15-35 years. All the non-European deaths were in children under five years of age.

Other information will be found in Tables A to F on pages 84 to 117.

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

Ninety-eight cases (53 European and 45 non-European) of measles were treated at the City Hospital.

WHOOPIING COUGH.

Whooping cough was declared a notifiable disease in the Municipality of Cape Town as from the 30th April, 1950, and the declaration promulgated in the *Union Government Gazette* (No. 4368) of the 28th April, 1950.

The disease generally prevails amongst children and is dealt with by this Department on the same lines as is measles. In view of its high incidence particularly among the non-European section of the population, the Department found it necessary to have all cases of whooping cough brought to its notice so as to enable convalescent cases to be followed up and to keep a closer surveillance over the morbidity trends of the disease.

In January, 1950, a series of injections of a combined prophylaxis against diphtheria and whooping cough given at monthly intervals, was begun at the municipal child welfare sessions. (See diphtheria and whooping cough immunization, page 25.)

The number of cases of whooping cough notified from the 30th April to 30th June, 1950, and the number of deaths from this disease registered during the same period were as follows:—

Notifications	177 (29 European and 148 non-European)
Deaths	6 (non-European).

The total deaths from whooping cough for the year 1949-50 was 67 (1 European and 66 non-European) nearly all of which were in children under five years of age.

Other information will be found in Tables A to F, on pages 82 to 117.

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

During the year 1949-50, 139 cases (47 European and 92 non-European) of whooping cough were treated at the City Hospital.

DIARRHOEAL DISEASES.

The deaths certified in the year 1949-50 as being due to diarrhoea and enteritis numbered 431 (18 European and 413 non-European) as compared with 500 (18 European and 482 non-European) in the previous year.

The deaths for the year 1949-50 were classified as follows:—

	European.	Non-European.	All races.
Diarrhoea and enteritis (under 2 years) ..	16	380	396
Diarrhoea and enteritis (2 years and over)	2	33	35
Cholera nostras	—	—	—
Dysentery, bacillary	2	6	8
Dysentery, amoebic	—	2	2
Dysentery, other	1	—	1
Total	21	421	442
Diarrhoeal death rate per 1,000 population	0.11	1.96	1.07

Of the 413 non-European deaths from diarrhoea and enteritis in the year under review, 132 occurred in ward 8 (including 91 in the district of Windermere), 74 in ward 10, 58 in ward 15, 42 in ward 5, 35 in ward 6 and 72 in the rest of Cape Town.

The non-European mortality rate from diarrhoea and enteritis in the year 1949-50 was 17.8 times as great as the European rate. In children under one year of age, the non-European mortality rate from diarrhoea and enteritis per 1,000 live births was 6.3 times as great as the European. (See Table M on page 124.)

The seasonal character of diarrhoea and enteritis is shown in Table C on page 112.

Table D on page 113 shows the trends in mortality from diarrhoea and enteritis over the last five years.

CANCER.

The number of deaths certified during the year 1949-50 as being due to cancer was 429 (258 European and 171 non-European).

The deaths from cancer registered during the year 1949-50 and the corresponding rates, are classified below according to the parts of the body affected:—

Part affected.	European.		Non-European.		All races.	
	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.
Buccal cavity and pharynx	8	0.04	6	0.03	14	0.03
Digestive organs and peritoneum ..	110	0.55	96	0.45	206	0.50
Respiratory organs	34	0.17	20	0.09	54	0.13
Uterus	23	0.12	25	0.12	48	0.12
Other female genital organs	9	0.05	1	—	10	0.03
Breast	22	0.11	7	0.03	29	0.07
Prostate	11	0.05	3	0.01	14	0.03
Other male genital organs	2	0.01	1	—	3	0.01
Male and female genito-urinary organs	15	0.07	7	0.03	22	0.05
Skin	3	0.02	1	—	4	0.01
Other or unspecified organs	21	0.11	4	0.02	25	0.06
Total	258	1.30	171	0.79	429	1.04

The variation in the number of deaths from cancer over the last five years is shown in Table D, on page 113. The rates per 1,000 population from this malignant disease during the past 10 years are shown in Table E, on page 114. Other statistics concerning cancer mortality are shown in Tables A to C on pages 86 to 112.

SECTION VI.—TUBERCULOSIS.

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

The new cases of this disease reported in the year 1949-50, corrected for misdiagnosis and imported cases, numbered 2,002. They are classified in Table A, where the corresponding incidence rates are also shown:—

TABLE A.

Race.	Sex.	Notified cases.			Incidence rates.		
		Pul-monary.	Other forms.	All forms.	Pul-monary.	Other forms.	All forms.
European	Male	154	14	168	1.60	0.15	1.75
	Female	123	13	136	1.19	0.12	1.31
	Total	277	27	304	1.39	0.13	1.52
Non-European	Male	816	140	956	7.67	1.32	8.99
	Female	629	113	742	5.77	1.04	6.81
	Total	1,445	253	1,698	6.71	1.17	7.88
All races	Male	970	154	1,124	4.80	0.76	5.56
	Female	752	126	878	3.54	0.59	4.13
	Total	1,722	280	2,002	4.15	0.67	4.82

The deaths from tuberculosis and the corresponding death rates are shown in Table B (corrected for outward transfers):—

TABLE B.

Race.	Sex.	Deaths.			Death rates		
		Pul-monary.	Other forms.	All forms.	Pul-monary.	Other forms.	All forms.
European	Male	57	9	66	0.60	0.09	0.69
	Female	32	8	40	0.31	0.08	0.39
	Total	89	17	106	0.45	0.08	0.53
Coloured	Male	310	82	392	3.71	0.98	4.69
	Female	275	70	345	2.86	0.73	3.59
	Total	585	152	737	3.26	0.84	4.10
Native (not Langa)	Male	70	20	90	3.84	1.10	4.94
	Female	52	11	63	5.50	1.17	6.67
	Total	122	31	153	4.41	1.12	5.53
Asiatic	Male	5	2	7	1.14	0.45	1.59
	Female	1	2	3	0.32	0.64	0.96
	Total	6	4	10	0.80	0.53	1.33
All Non-European	Male	385	104	489	3.63	0.98	4.61
	Female	328	83	411	3.02	0.76	3.78
	Total	713	187	900	3.32	0.87	4.19
All races	Male	442	113	555	2.19	0.56	2.75
	Female	360	91	451	1.70	0.43	2.13
	Total	802	204	1,006	1.94	0.49	2.43
Native (Langa)	Male	22	5	27	2.78	0.63	3.41
	Female	22	3	25	7.22	0.99	8.21
	Total	44	8	52	4.01	0.73	4.74

NOTIFICATIONS.

The European population is estimated to be 199,450: the number of new cases of pulmonary tuberculosis, compared with the previous year, increased from 239 to 277. The incidence per 100,000 increased from 123 to 139: this annual increase is much greater for females than for males but it should be noted that the discovery-rate in females was unaccountably low last year and that, as always, the onslaught of tuberculosis is more formidable amongst males.

Table C sets out the pertinent figures for the past two years:—

TABLE C.

Europeans.	New cases.				Discovery rates per 1,000 population.			
	Pulmonary.		Other forms.		Pulmonary.		Other forms.	
	1949-50	1948-49	1949-50	1948-49	1949-50	1948-49	1949-50	1948-49
Males	154	142	14	21	1.60	1.52	0.15	0.23
Females	123	97	13	12	1.19	0.96	0.12	0.12

No accurate comment can be made on the figures for the non-pulmonary forms owing to the persistent failure of the general hospitals to notify this type of the disease.

The incidence rates of pulmonary tuberculosis amongst European males and females for the last 10 years are set out below:—

TABLE D.

Year.	European.	
	Male.	Female.
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
1948-49	1.52	0.96
1949-50	1.60	1.19

The calculated non-European population is 215,370. The number of new cases of pulmonary tuberculosis decreased from 1,500 to 1,445, and the incidence per 100,000 fell from 718 to 671.

It is gratifying to note that, despite the intensified search for new cases, these rates continue to show a steady decrease from the peak of the mid-war years, as is shown below:—

TABLE E.

Year.	Non-European.	
	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
1948-49	1,500	7.18
1949-50	1,445	6.71

The notification of cases of non-pulmonary tuberculosis during the year under review, corrected for imported cases and errors of diagnosis, are classified below. The total is approximate to that of the preceding year and it is disturbing to record that the cases of tubercular meningitis remain almost as high as previously, in view of the fact that they are the direct result of the failure to isolate the infectious pulmonary cases.

TABLE F.

	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
Meninges.. .. .	3	6	86	57	152
Abdominal*	—	—	4	4	8
Bones and joints	2	1	19	10	32
Glands	4	4	7	14	29
Genito-urinary system	1	1	—	1	3
Disseminated	3	1	23	25	52
Other organs	1	—	1	2	4
Total	14	13	140	113	280

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

DEATHS.

Fewer people died of tuberculosis in Cape Town in the year ending 30th June, 1950, than in the previous year. Deaths from all forms of tuberculosis numbered 1,006 compared with 1,101. The mortality rate for all races was 243 per 100,000, or a decrease of nearly 11·3 per cent of the rate of 274 in 1949.

The death rates from pulmonary and non-pulmonary tuberculosis, corrected for outward transfers, are shown below for each racial group during the past five years:—

TABLE G.

Race.	Pulmonary tuberculosis.					Tuberculosis, other forms.				
	1949-50	1948-49	1947-48	1946-47	1945-46	1949-50	1948-49	1947-48	1946-47	1945-46
European	0·45	0·35	0·54	0·60	0·64	0·08	0·07	0·10	0·10	0·10
Coloured	3·26	3·92	4·59	4·09	4·69	0·84	0·95	0·93	0·90	0·99
Native	4·41	5·23	6·02	6·71	8·79	1·12	0·82	1·04	1·33	1·44
Asiatic	0·80	0·99	1·90	1·10	0·83	0·53	0·42	0·15	0·63	0·17
Non-European	3·32	3·98	4·67	4·29	5·00	0·87	0·91	0·92	0·94	0·98
All races	1·94	2·23	2·67	2·50	2·89	0·49	0·51	0·53	0·54	0·56

No gross inconsistencies are apparent in the rates for the two main racial groups except for the rate of 0·35 for Europeans in the year 1948-49. Conjecture can have no place in a full statistical review, but in this summary it might be surmised that this fall was due to the prolongation of life by streptomycin therapy of those who were deteriorating and were thereby tided over into the following year. A similar fall would not occur amongst the non-Europeans, possibly owing to the relatively smaller number who were clinically eligible for streptomycin.

When these figures are broken down and applied to smaller groups, occasional inconsistencies can be expected as the result of incorrect or confused racial assessments. This form of irregularity is emphasized in the smallest numerical group, *videlicet*, the death rates from non-pulmonary tuberculosis amongst Asiatics in the years 1945-46 and 1947-48. Some uniformity of change can be claimed for the overall decrease in the death rates of pulmonary tuberculosis in the two principal groups, and one of the discouraging aspects of tuberculosis control arises when at the same time the incidence is sustained or increased, for this results in more survivors. Unless these survivors are healed, or abacterial cases, the pool of infectious cases is raised and may be now harbouring bacilli resistant to streptomycin.

It is therefore reassuring to note that neither the incidence nor the death rates of non-pulmonary tuberculosis have yet increased: for the brunt of this type of tuberculosis falls on the children and its incidence provides one of the measurements by which the efficacy of anti-tuberculosis schemes can be judged. The steadiness of the incidence rates may indicate that the expenditure of money and effort in the fight against tuberculosis in Cape Town is finally resulting in some profit to the public health. Or the danger envisaged above may be imaginary or a threat for the future. It would be nice to know.

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

TABLE H.

	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
Tuberculosis, meningeal	7	6	83	64	160
" abdominal	—	—	2	3	5
" of bones and joints	—	—	—	—	—
" of genito-urinary system	—	1	2	—	3
" disseminated	2	1	14	15	32
" of other organs	—	—	3	1	4
Total	9	8	104	83	204

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

TABLE I.

					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
1 " " " " 1949	..	..	..	..	0.42	4.89	2.74
1 " " " " 1950	..	..	..	..	0.53	4.19	2.43

Other particulars will be found in Tables A to F, on pages 82 to 116 and M to T, on pages 124 to 131.

PROVISION OF TREATMENT.

The in-patient accommodation available for cases of pulmonary tuberculosis on 30th June, 1950, included the following:—

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

At the Brooklyn Chest Hospital: non-European males 235, children 40.

At Nelspoort Sanatorium: a varying number. During the year under report the average daily number of cases was Europeans 37, non-Europeans 24.

At the Langa Native Hospital: Natives only 7.

At the Westlake Hospital: the average daily number of cases was Europeans 33.

At the Airemound Nursing Home, Rondebosch: Europeans 20.

The Sunshine Home for Children at Bellville, a holiday home reserved for tuberculosis contacts, provides accommodation for 60 Europeans and 41 non-Europeans. During the year 66 Europeans and 34 non-European children were admitted, the average length of stay was 275 and 428 days respectively.

The Eaton and the McGregor Convalescent Homes which are administered by the Cape Hospital Board, admitted the following number of children found by the tuberculosis clinics to be in a depressed state of health:—

	No.	Average length of stay.
McGregor Home:		
European children	15	23 days.
Eaton Home:		
Coloured children	16	24 "
Coloured adults	7	
European adults	3	

Provision for cases of surgical tuberculosis is made in the hospitals of the Cape Hospital Board, the Maitland Cottage Homes and the new St. Joseph's Home at 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 anti-tuberculosis branch of the City Health Department is under the direction of a full-time Tuberculosis Officer. On 15th August, 1949, Dr. H. L. Ackerman was appointed Deputy Tuberculosis Officer and has taken over the work of the Wynberg Clinic, the Airemound Nursing Home and the interpretation of films for the Mass Radiography Service.

All X-ray films of patients attending the clinics were formerly taken at the City Hospital but a proportion are now taken at the Chapel Street Centre where the mass radiography apparatus was adapted to take 14 in. x 17 in. films by taking the tube back to 52 inches and using an aluminium-backed cassette to allow the phototimer to function.

ANTI-TUBERCULOSIS CENTRES.

The central 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 three clinical rooms, dental room, recovery room, dark rooms, dressing cubicles, X-ray room, developing room and a mass radiography unit. This latter is housed in quarters hurriedly adapted in March, 1948. The dressing room is totally inadequate and new premises are urgently needed.

There is a second special tuberculosis clinic building at Church Street, Wynberg. Temporary quarters are shared with the venereal diseases section at Windermere, where diagnostic work is hampered by the lack of a screening apparatus. The medical officer in charge of the Langa Native Hospital has been dealing with tuberculosis at his out-patient clinics, treating the few for whom there is accommodation in the Langa Hospital and referring cases to the Chapel Street clinic when necessary.

The weekly sessions number 13, viz., 7 at Cape Town (2 for Europeans and 5 for non-Europeans), 4 at Wynberg (1 for Europeans and 3 for non-Europeans) and 2 at Windermere for non-Europeans. In addition, there are 3 sessions held during the month at the central clinic, Chapel Street, in the evening from 5 p.m. to 7 p.m. (1 for Europeans and 2 for non-Europeans). These sessions are conducted by the Chief and Deputy Tuberculosis Officers with help of part-time consultants.

During the year there were 27,651 attendances at the clinics and 8,222 persons attended for the first time. Included in these new consultations there were 1,017 persons who were not resident in the municipal area; this heavy incursion was primarily due to the lack of facilities elsewhere but it has become greater each year despite the provision of clinics in the peri-urban areas of the Cape Divisional Council. Often at the Wynberg clinic, which is near the city boundary, half of the new consultations originate from neighbouring areas: a long wait is inevitable when 80 persons attend on the same afternoon and measures are now being discussed whereby patients will be encouraged to attend other appropriate clinics. Nevertheless the increased use of diagnostic facilities, wherever situated, is welcome evidence of the public recognition of their value. Real progress and practical changes in the conquest of tuberculosis require the mental conviction and daily support of the ordinary person. Good health does not come by law but as a usual consequence of education and the expenditure of effort and money. The prevention of tuberculosis is only achieved when people believe in good health and are determined to have it for themselves and their children.

The work of the clinics is detailed in the following table:—

TABLE J.

	1949-50.		1948-49.	
	New consultations.	Total attendances.	New consultations.	Total attendances.
<i>Cape Town:</i>				
European: Males	1,000	2,432	852	2,251
Females	1,044	2,505	844	2,179
Non-Eur.: Males	1,900	7,317	1,851	7,033
Females	1,793	6,163	1,688	5,748
Total	5,737	18,417	5,235	17,211
<i>Wynberg:</i>				
European: Males	241	705	137	565
Females	342	968	251	783
Non-Eur.: Males	643	2,622	622	2,853
Females	781	2,842	695	2,791
Total	2,007	7,137	1,705	6,992
<i>Windermere:</i>				
European: Males	—	—	—	—
Females	—	—	1	1
Non-Eur.: Males	218	1,163	182	973
Females	260	934	207	1,025
Total	478	2,097	390	1,999
<i>Langa:</i>				
Native: Males	—	—	1	3
Females	—	—	2	3
Total	—	—	3	6
Total	8,222	27,651	7,333	26,208

The European attendances, increased by 831 and the non-European by 612. The European new consultations increased by 542 and the non-European by 347. Each of these increases is smaller than the corresponding figures of last year and they suggest that the present facilities are being used to their full capacity.

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

The primary consultations at the clinics during the year are classified in the following table:—
TABLE K.

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	40	35	3	1	79	137	97	43	39	316	395
Observation ..	3	—	—	—	3	7	5	7	4	23	26
Not accepted ..	4	3	2	—	9	12	18	6	4	40	49
	47	38	5	1	91	156	120	56	47	379	470
Suspects :											
Notified	98	69	6	4	177	473	299	76	66	914	1,091
Observation ..	44	21	6	2	73	129	50	17	28	224	297
Non-tuberculous	535	685	135	149	1,504	1,062	1,130	237	261	2,690	4,194
	677	775	147	155	1,754	1,664	1,479	330	355	3,828	5,582
Contacts :											
Notified	2	6	5	7	20	7	13	27	29	76	96
Observation ..	2	2	5	3	12	3	14	23	29	69	81
Non-tuberculous	190	251	161	148	750	185	407	310	341	1,243	1,993
	194	259	171	158	782	195	434	360	399	1,388	2,170
Total	918	1,072	323	314	2,627	2,015	2,033	746	801	5,595	8,222

Notified cases.—Of the 470 persons who presented themselves as the result of notification, 49 (10 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. There were 5,148 persons in this group last year. It is suggested that children should not be referred for diagnosis from the Child Welfare Centres unless the skin tests have already shown the children to be infected.

Contacts.—At present contacts in the adolescent and young adult groups are not being examined in sufficient numbers but the attendance of European adults in this category increased by 118 and the non-European by 216 compared with the previous year. The number of child contacts also increased, so that the total of 2,170 contacts examined represented 215 per 100 deaths and exceeded for the first time the pre-war figure of 178 in England.

Tuberculous meningitis.—There was a disturbing increase in this form of tuberculosis and in the 152 local cases notified during the year an open case of pulmonary tuberculosis was known or found to have been living in contact with deceased in 73 cases (i.e., 42 per cent). The infecting agents were mainly fathers (14), mothers (6), brothers (12), sisters (8) and other relatives and friends (33).

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

SOURCES OF NOTIFICATION.

The sources of 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:—

TABLE L.

	Cape Town.	Imported infection.	Langa.	Outside Cape Town cases.	Cases cancelled.	Total.
Private practitioners	927	45	17	67	16	1,072
Consultants	9	—	—	40	—	49
	936	45	17	107	16	1,121
Groote Schuur Hospital ..	208	7	3	56	—	274
Cape Town Free Dispensary ..	37	2	—	—	1	40
Wynberg (Victoria) Hospital ..	22	1	—	6	1	30
Woodstock Hospital	15	—	—	3	—	18
Valkenberg Hospital	9	—	—	—	1	10
Somerset Hospital	52	—	1	10	—	63
Other hospitals and institutions	14	—	—	4	—	18
	357	10	4	79	3	453

TABLE L.—continued.

	Cape Town.	Imported infection.	Langa.	Outside Cape Town cases.	Cases cancelled.	Total.
City Health Department:						
Anti-tuberculosis Centres ..	239	14	2	22	—	277
City Hospital	107	3	2	50	—	162
Brooklyn Hospital	2	—	—	1	—	3
Langa Hospital	2	—	56	2	—	60
Mass X-Ray Service	261	8	14	9	—	292
Domiciliary medical service ..	19	1	—	—	2	22
Other centres	40	3	2	—	1	46
	670	29	76	84	3	862
Port Health Officer	4	—	—	4	—	8
Immigration Officer	—	—	—	—	—	—
	4	—	—	4	—	8
Magistrate, Police and District Surgeons	12	1	—	3	1	17
From public mortuaries	7	1	1	—	—	9
	19	2	1	3	1	26
Transferred from other Local Authorities:						
Cape Divisional Council ..	3	1	1	18	—	23
Others	6	7	2	14	—	29
	9	8	3	32	—	52
South African Medical Corps ..	7	4	—	8	—	19
Total	2,002	98	101	317	23	2,541

A study of the origin of notifications emphasizes our dependence on the goodwill of the general practitioners who provide 44 per cent of the total notifications. The number of notifications from general hospitals continues to decrease as a result of diverting the work of diagnosis of suspect pulmonary disease to the tuberculosis clinics, a policy advocated by both the Cape Hospital Board and the City Health Department. The ideal is to examine every notified case or otherwise to confirm the diagnosis. An arbitrary analysis of the primary notifications shows the degree and reasons for failure in the following table:—

TABLE M.

	Cape Town.	Imported infection.	Langa.	Outside Cape Town.	Cases cancelled.	Total.
Attended clinic	1,328	67	36	62	22	1,515
Failed to attend	674	31	65	255	1	1,026
Total	2,002	98	101	317	23	2,541
Failure to attend clinic:						
In hospital	249	11	42	255	1	558
Hospital out-patients	11	—	—	—	—	11
Too ill	122	7	2	—	—	131
Died before notification ..	24	2	—	—	—	26
First advice through death registration ..	135	5	4	—	—	144
Refusals	69	—	5	—	—	74
Under private care	24	—	—	—	—	24
Untraceable	21	1	4	—	—	26
Decamped on notification ..	19	5	8	—	—	32
Total	674	31	65	255	1	1,026

The proportion of local notifications who attended the clinic was 66 per cent, and a further 12 per cent were in hospital.

During the year the visits made by the health visitors were 2,193 (primary) and 21,609 (total) as compared with 2,150 and 20,500 in the previous year.

The 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. One hundred and eight-three new cases were put on this allowance during the year, and the cost of the supplies was £2,152 6s.

In view of the acknowledged danger from the unrecognized infectious case of pulmonary tuberculosis it is imperative to reduce the proportion whose disease has progressed to such a stage that the victim cannot reach the clinic or is already dead when the case is belatedly brought to official notice.

This delay is due mainly to the poverty and impercipient or obtuseness of the patient and to the failure of the doctor to send in a notification.

The next table shows that this object is being slowly attained but despite the difficulties, a percentage of 7.9 in regard to those dead on notification cannot yet be regarded as satisfactory.

TABLE N.

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
1948-49	2,028	193	9.5	191	9.4
1949-50	2,002	122	6.1	159	7.9

These figures do not include the majority of meningitic cases as they are admitted to hospital. No preventive measures can be taken with the dead; and there is increasing difficulty in admitting advanced cases to hospital owing to the official preference for constructive cases within the scope of therapy. The folly of disregarding the danger from infectious cases in the home is constantly proved in retrospect by development of disease in other members of the family; in addition to the loss of labour and the maintenance of dependents, the final hospital expenditure is considerable. A foreman, aged 58 years, was discovered by the mass radiography service in July, 1949, to have fibrotic tuberculosis in an infectious stage. He owned his small home and had 10 children; he was advised to retire on a small pension and was unwilling to enter hospital. He was allowed to remain at home owing to his satisfactory environment. The only result of this regime was that within six months he weighed over 200 lb. and that within 18 months two of his daughters and a son-in-law were in hospital suffering from pulmonary tuberculosis at a public expenditure of over £70 per month. This is a heavy penalty for the failure to send the head of the house to a settlement at a cost of £9 15s. per month.

The City Health Department is indebted to Mr. Paul Sykes of F.O.S.A., Durban, who arrived in June, 1950, to establish a settlement at Duinendal on the Cape Flats on 10 morgen of land originally placed at the disposal of the City Council for the treatment of tuberculosics by the late Capt. Hare.

HOSPITALIZATION.

The number of patients admitted to the municipal hospitals from beyond the city boundaries is a measure of the deficient services in the country areas and a tribute to the up-to-date treatment in the City and Brooklyn Chest Hospitals and to the generously broad view that the Department adopts towards those in need of treatment and unable to secure it elsewhere. The smaller local authorities occasionally evade their obligations in regard to the maintenance fees in hospital, and this attitude leads to unnecessary correspondence, but most local bodies are taking an encouraging interest as the opportunity to cater for their sick and infectious cases increases.

TABLE O.

	Cape Town.		Langa.		Outside Cape Town cases.
	Local.	Imported infection.	Local.	Imported infection.	
New pulmonary cases notified during the year	1,722	88	93	—	222
Known to have had T.B. positive sputum	414	31	23	—	50
New pulmonary cases admitted to institutions for treatment of tuberculosis	520	19	60	—	176
Proportion of new cases admitted	29.8%		64.5%		79.7%
Died before receipt of notification	137	3	4	—	—
Died within 1 month of notification	137	6	20	—	—
" 1 to 3 months of notification	96	7	6	—	—
" 3 to 6 months of notification	62	5	2	—	—

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:—

TABLE P.

	European.		Non-European.		Total.
	Males.	Females.	Males.	Females.	
City Hospital, Cape Town	42	61	57	134	294
Brooklyn Hospital, Cape Town ..	—	—	358	12	370
Langa Hospital, Cape Town	—	—	34	30	64
Airemount Nursing Home, Cape Town	41	25	—	—	66
Addington Hospital, Durban	—	1	—	—	1
Boksburg-Benoni Hospital	—	—	1	—	1
Brewskloof Sanatorium, Worcester ..	1	—	—	—	1
Elizabeth Donkin Hospital, Port Elizabeth	—	1	1	—	2
Isolation Hospital, East London ..	—	1	—	—	1
Infectious Diseases Hospital, Stellenbosch	1	—	—	—	1
King George V Hospital, Durban ..	2	4	2	—	8
Lilleshall Farm Hostel, Rosetta ..	4	5	—	—	9
McVicar Hospital, Lovedale	—	—	3	—	3
Nelspoort Sanatorium, Restvale ..	30	43	16	34	123
Pietermaritzburg Infectious Diseases Hospital	—	—	1	—	1
Rietfontein Tuberculosis Hospital ..	—	—	2	—	2
Springkell Sanatorium	1	2	—	—	3
Stella Londt Home, Port Elizabeth ..	—	1	—	—	1
Sir Henry Elliott Hospital, Umtata ..	—	—	—	1	1
St. Aidan's Mission (Indian) Hospital ..	—	—	1	—	1
Wentworth Hospital, Durban	—	1	—	—	1
West End Hospital, Kimberley ..	2	1	12	6	21
Westlake Hospital, Cape Town ..	17	26	—	—	43
Total	141	172	488	217	1,018

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 33 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. During the year ended 30th June, 1950, there were 123 admissions of Cape Town municipal patients. Of these admissions 14 were of patients who had had a previous period of treatment in the institution, the number of new cases being 109.

The average daily number of Cape Town municipal patients in the Sanatorium during the year 1949-50 was 61 (37 Europeans and 24 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 Sanatorium are classified below according to the stage of the disease:—

TABLE Q.

	I.	II.	III.	Total.
European : Male	10	9	11	30
Female	18	14	11	43
Non-European : Male	5	6	5	16
Female	8	12	14	34
All races	41	41	41	123

AIREMOUNT NURSING HOME.

Since August, 1946, European cases of tuberculosis are also admitted for in-patient treatment to the Airemount Nursing Home, a private institution. This is proving of great value in reducing the number of patients awaiting admission to hospital. All the cases are examined and selected for admission by the Deputy Tuberculosis Officer who also undertakes their medical treatment at the nursing home.

There remained in the nursing home at the end of the year, 8 males and 9 females. During the year under review, 41 male and 25 female Cape Town patients were admitted. In addition, 25 patients (15 males and 10 females) were admitted from areas of other local authorities (including 11 males and 8 females from the Cape Divisional Council Area).

The daily average number of in-patients during the year under review was 20.

The following table shows the number of patients admitted to the Airemount Nursing Home during the year ended 30th June, 1950, arranged in age-groups and area from which the patients were admitted:—

TABLE R.

Area.	Under 20 Years.	20—30 Years.	30—40 Years.	40—50 Years.	50—60 Years.	Over 60 Years.	Total.
Cape Town Municipal Area:							
European : Males	5	14	11	5	3	3	41
Females	4	16	4	—	—	1	25
Cape Divisional Council Area:							
European : Males	—	7	3	1	—	—	11
Females	—	6	1	1	—	—	8
Other Local Authorities:							
European : Males	1	2	1	—	—	—	4
Females	—	1	—	1	—	—	2
Total	10	46	20	8	3	4	91

During the year 1949-50, the number of cases that received artificial pneumothorax treatment was as follows: Cape Town Municipal cases 25, Cape Divisional Council cases 11, other local authority 1. In all, 468 refills were given. The following table is an analysis of the results of the treatment.

TABLE S.

Area.	Good.	Fair.	Poor.	Abandoned and unsuccessful.	Total.
Cape Town Municipal Area:					
European : Males	5	4	2	2	13
Females	6	3	1	2	12
Cape Divisional Council Area:					
European : Males	—	4	1	1	6
Females	1	2	—	2	5
Other Local Authorities:					
European : Males	—	1	—	—	1
Females	—	—	—	—	—
Total	12	14	4	7	37

TUBERCULOSIS REGISTER.

The total number of persons known by the Department to be suffering from tuberculosis and to be living in the Cape Town municipal area on 30th June, 1950, was:—

TABLE T.

	Pulmonary.	Non-pulmonary (chiefly bones and joints).	Total.
Bakoven to Sea Point to Central, Tamboers Kloof, Gardens, Oranjezicht	722	62	784
District Six, Vredehoek, Devil's Peak Est.	832	161	993
Kensington, Windermere	448	49	497
Maitland Garden Village, Brooklyn, Rugby	226	21	247
Woodstock, Salt River	666	75	741
Observatory, Mowbray, Rosebank, Black River	325	13	338
Rondebosch, Newlands, Claremont, Kenilworth	445	50	495
Lansdowne, Kromboom Est., Hampton Est., Meadows Est., Wynberg, Wittebome	441	52	493
Plumstead to Clovelly	466	80	546
Athlone, to Surrey Est.	629	59	688
Total	5,200	622	5,822

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 1949-50 is indicated by the following statistics:—

Families helped by payment of rent	174
" " maintenance grants	—
" " rent and maintenance grants	173
" " payment of foster-mother	1
" " provision of clothing and blankets	238
No. of articles of clothing distributed	721
" blankets distributed	30

Almoner:

Visits paid	1,335
Interviews given	1,249
New cases handled	164

Patient's Friend.—This is an apt name for the case worker employed by the Care Committee for tuberculosis 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.

The Mass X-Ray Service at the Tuberculosis Clinic, Chapel Street, Cape Town, was made available to the public on 13th April, 1948. The comparative figures of the miniature film examinations made from that date to the end of the year under report, are shown in the following table, classified according to race and sex:—

TABLE U.

Period.	European.		Non-European.		Total.
	Males.	Females.	Males.	Females.	
13th April, 1948, to 30th June, 1948 ..	1,081	712	1,557	1,011	4,361
Year 1948-49	6,420	4,129	7,353	2,500	20,402
" 1949-50	10,066	7,999	12,869	4,449	35,383

In addition to the 35,383 miniature film examinations made during the year under review, 2,709 large films were taken, as compared with 868 taken in the previous year.

During the year 1949-50, there was an increase of 73 per cent in mass miniature examinations compared with 20,402 in the year 1948-49. The accommodation at the Mass X-Ray Service is proving inadequate to cope with the large increase in the attendances.

Two thousand, three hundred and fifty-two persons were recalled for further examination. Of these, 430 were found to be suffering from active tuberculosis, compared with 241 out of 900 persons re-examined in the previous year.

Comparative figures for the incidence of active pulmonary tuberculosis discovered in the various age-groups are given in the following table for the years 1948-49 and 1949-50 respectively:—

TABLE V.

Year.	Race.	Active tuberculosis discovered.					Extra municipal cases (included in foregoing columns).	Total persons examined.
		Age-groups.				Total.		
		15—24 Years.	25—34 Years.	35—44 Years.	45 Years & over.			
1948-49	European:							
	Males	6	14	9	8	37	8	6,420
	Females	14	3	1	—	18	1	4,129
	Non-European:							
	Males	41	54	35	31	161	26	7,353
	Females	22	3	—	—	25	1	2,500
	All races ..	83	74	45	39	241	36	20,402

TABLE W.

Year.	Race.	Active tuberculosis discovered.					Extra municipal cases (included in foregoing columns).	Total persons examined.
		Age-groups.				Total.		
		15—24 Years.	25—34 Years.	35—44 Years.	45 Years & over.			
1949-50	European:							
	Males	16	13	10	7	46	11	10,066
	Females	24	13	6	—	43	5	7,999
	Non-European:							
	Males	65	98	66	32	261	49	12,869
	Females	55	11	12	2	80	11	4,449
	All races ..	160	135	94	41	430	76	35,383

Of the 430 new cases of pulmonary tuberculosis discovered, only 46 were previously known to the Anti-Tuberculosis Clinic. Eighty-six of the new cases were found to have a positive sputum on first examination. A very high proportion of these new cases denied having symptoms of the disease, and maintained that they were in a very good state of health and well able to carry on with their work.

One hundred of the new cases were admitted to hospitals, 40 of which were able to return to their former occupation after discharge. Those not requiring institutional treatment or refusing such treatment were kept under strict supervision by the Clinic. Many cases had comparatively early lesions and treatment in their own homes sufficed.

Cases desiring private medical treatment were referred to their own medical practitioners with a full report. The Medical Aid Societies of some private firms were usually anxious to co-operate fully in regard to cases of pulmonary tuberculosis discovered.

Although the Mass X-Ray service is primarily for Cape Town residents a fair proportion of residents outside the City were X-Rayed because they were employed within the Cape Town municipal area. In the year under review 76 extra municipal cases of tuberculosis were discovered, compared with 36 in the previous year. These 76 extra municipal cases were referred to the local authority concerned for treatment. It is of interest to note that only 28 of the 430 new cases were lost sight of or left the municipal area.

SECTION VII—VENEREAL DISEASES.

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

A definite decrease in the number of new cases registered at the various clinics throughout the year can be recorded. This fall in incidence of venereal disease is not dramatic in its proportions; but it may be a pointer to what is about to happen; and it is not only in Cape Town that a noticeable decline in venereal disease has been recorded. In certain teaching institutions in the U.S.A., for instance, there is a dearth of cases for clinical demonstrations to medical students.

We owe this favourable state of affairs to the rapid curative action of the new anti-biotic drugs, chiefly penicillin. Now, although the administration of penicillin will not influence the promiscuous sex impulse it does cut short drastically and abruptly the infectious stage of the two common diseases, Gonorrhoea and Syphilis. Thus, although the occasions of acquiring venereal disease will not be lessened the gross level of infectivity will be greatly diminished. We may cure a man within a few days of his Gonorrhoea, but the ease of cure will not blunt his sexual appetite. He may acquire the disease several times in the course of a year. Still, despite this regrettable tendency, the overall effects of the anti-biotics is beneficial to the general public health.

In Table I the total number of new cases is classified under three headings according to race, sex and disease. The gross number of cases, 5,182, shows a fair reduction over the number for the preceding year, 5,852. Expressed in terms of 1,000 of the population the corresponding figures are 12·2 compared with 14·1. From the table it is evident that the chief statistical factor in causing this reduction is the great fall in the number of European cases.

In the year ending 30th June, 1949, 732 new European cases were registered at the various clinics throughout the City. In the year ending 30th June, 1950, only 447 such cases appeared—a reduction of 39 per cent. But this drop in European incidence may be more suggestive than real. The explanation may be that the treatment of venereal disease is so free of danger to-day, and so well within the technical competence of the general practitioner, that many European patients prefer to pay one or two visits to their house doctor than attend at a public clinic. When the treatment of venereal disease necessitated repeated visits over a long period, the expense was important enough to prompt patients to have recourse to free treatment. Nowadays the cost of one or two visits is not prohibitive.

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	447	2·2
Non-European	4,735	20·9
<i>Sex :</i>		
Male	2,850	13·6
Female	2,332	10·8
<i>Disease :</i>		
Syphilis	2,409	5·7
Syphilis, Congenital	497	1·2
Gonorrhoea	1,466	3·4
Other venereal diseases	89	0·2
Non-venereal diseases	518	1·2
Undiagnosed	203	0·5
All new cases	5,182	12·2

Other noteworthy points embodied in the figures of Table I are:—

- (1) Of 497 cases of congenital syphilis only 10 were Europeans.
- (2) The ratio of race incidence is roughly exemplified in the statement Eur. : Non-Eur. : 1 : 11. This proportion is obtained by excluding from the gross figure 5,182, the sum of the figures 518 and 203, which mark the non-venereal and undiagnosed cases. Thus the real number of new cases for the year is 5,182-721=4,461. The race incidence of this corrected figure expressed in terms of 1,000 of the population is: European 1.6 and non-European 18.3.
- (3) Syphilis is apparently the most common Venereal Disease. But there are good reasons for believing that this is not really the case. The symptoms of Gonorrhoea pass unnoticed in many females and many individuals undoubtedly treat themselves for Gonorrhoea with tablets without having recourse to medical advice at all.
- (4) The true incidence rate of venereal disease is expressed by the figure: 10.5 per 1,000 of the population.

A comparison between Cape Town and certain overseas Cities shows that the European element of our City is not infected to an alarming extent. The writer was criticised publicly on one occasion for drawing a distinction in this regard between the non-European and European components of the population. It is not clear what statistical objections can be maintained against such a division which throws the European section into favourable pre-eminence. No conclusions are drawn in this report from these figures. But the figures, merely as such, are significant in as much as they reveal an outstanding difference between the incidence rate of Europeans and non-Europeans. To ignore this epidemiological fact would be an omission on the part of the conscientious recorder.

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

	Population.	New cases, 1949.	Rate per 1,000 population.
Glasgow	1,110,000	6,678	6.0
Montreal	1,049,500	5,829	5.6
County of London	3,375,470	10,099	3.0
Cape Town	194,050	501	2.6

It is discouraging to have to record over the passage of many years, the same incidence level of venereal disease in our City. But, as has so often been stated by the writer, the acquisition of a venereal disease is a question of sex behaviour which falls outside the scope of any official preventive effort.

Not all the Health Campaigns, Free Treatment Schemes, Cinema Propaganda or moral teaching are an effective substitute for the individual's own control over the sexual urge. Where this is lacking or defective, disease will continue to thrive, since under these circumstances it is unlikely that any efforts in the direction of self protection or prophylaxis will be made. Observations exist in abundance which prove the great protective power of penicillin given as a means of protection, to prevent the possible development of a venereal disease following exposure. But there is no evidence that this excellent safeguard is employed. Indeed, it seems that even the most common sense safety precautions are consistently ignored; for even the simple act of washing with soap and water would prevent many a person from contracting a disease which may afterwards be a serious menace to health.

Table III shows the incidence rate of venereal disease in Cape Town over the last 10 years. Both the absolute figures for the total population and the relative rate per 1,000 of the population are included.

TABLE III.—INCIDENCE RATE OF VENEREAL DISEASE DURING THE SIXTEEN-YEAR PERIOD 1935-50.

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
1949	4,891*	413,729	11.8
1950	4,461*	425,817	10.5

* Excluding non-venereal and undiagnosed cases.

The most outstanding event in this Branch during the year was the opening of the new clinic at the City Hospital. Plans for this building had been under consideration for many years as the previous building had long ceased to be adequate for the demands on its capacity and suitability. The clinic is merely one part of a completely new unit comprising wards for European and non-European adults and separate wards for children.

Entrance to the new clinic is from Fort Wynyard Street which opens off Lower Portwood Road between the City Hospital grounds and those of the Somerset Hospital.

The interior design of the clinic does not unfortunately, allow of the simultaneous attendance of both sex/race groups, so that special sessions have to be allotted to these sub-divisions. Thus, European male sessions are conducted at one time; non-European males attend at another. The ideal arrangement of any clinic is to be so situated that it is easily reached by all and that any patient could attend at any hour without clashing with another sex/race group. It is possible to criticize the new centre on these grounds but as wards had also to be built at the City Hospital it was considered advisable to accommodate the out-patient clinic on the same site.

That the situation of the City Hospital clinic is not too remote is clear from Table IV which figures the number of new cases and attendances for all the clinics in the City area. A large proportion, 1,565 cases out of a total of 5,182, were registered at the City Hospital. After all, it would be impossible to place a centre anywhere in our City which could not impose a long journey on someone, and the present site is fairly accessible to most of the residents of Cape Town central, while being close to Green Point and Sea Point. Both of the latter suburbs contain a large domestic servant population, male and female, and for this section the new clinic is ideally situated.

The lay-out of the clinic differs in no fundamental respect from the many other clinics of similar nature that exist in Cape Town. The waiting room has again been treated as the focus point round which all other rooms are built. The configuration and dimensions of the terrain are frequently determining factors in planning any new building. But the writer feels that more consideration should be given to the circulation of patients from entry to exit and the architectural design accommodated to this function.

Nevertheless, Cape Town will soon have a unit for the treatment and accommodation of venereal disease patients of which it can justly be proud. It would make an ideal teaching and clinical research unit, admitting patients from all over the Western Province with all types of clinical syndromes of Venereal Disease, omitting only the syphilitic woman in labour or the paretic under physical restraint.

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	1,565	19,461
Salt River	1,481	24,933
Wynberg	856	14,592
Windermere	420	5,447
Langa	185	2,778
Retreat	186	3,004
Pre-natal clinics (at child welfare centres)	489	4,953
Totals	5,182	75,168

In Table V a close analysis of all the new cases registered during the year is made. The figures are divided *vertically* into two main categories, NEW CASES and ATTENDANCES, and horizontally into the diagnostic groups demanded by the Union Health Department. Attention has frequently been drawn in these reports in successive years to the apparently purposeless classification of "attendances" into diagnostic groups. A comparison between the "attendance" factor of males and females, Europeans and non-Europeans might afford some minor statistical information. But it is difficult to see what can be gained by recording the attendances of patients according to the stage of syphilis they are in when they first attend. We know beforehand that a case of early primary syphilis will not be required to undergo such a long course of treatment as a patient suffering from a later manifestation. The writer sees no use for a minute compilation of figures which are merely abstract symbols.

On the other hand the close study of "new" cases reveals several points of interest.

- (1) The total number of cases of syphilis, 2,906, is more than double the number of cases of Gonorrhoea, 1,466. Gonorrhoea, to-day, thanks to the rapidly curative action of penicillin and other recently discovered drugs, is a short-lived disease and is easily treated by the general practitioner. A large number of cases can be cured as a result of one single injection and, no doubt, many individuals are in a position to afford the cost of a single private treatment.
- (2) Of this total of 2,906 cases of syphilis, 712, that is roughly a quarter were suffering from syphilis in an early contagious and communicable form.
- (3) The largest single category of syphilis is that called "endo-syphilis" in the Table—the description indicates that there were no external signs of syphilis so that the condition was discovered presumably by the result of a routine Wassermann test on the blood. This group includes 1,416 individuals, practically 50 per cent of the total, and the chief component of the group is the non-European female.
- (4) There is a considerable reduction in the number of cases of congenital syphilis—497 this year as against 607 in the preceding year. Only 10 of this still considerable number were European; a fact which indicates that there is need for energetic measures to reduce this high incidence in the non-European section of our population!

It is important to know what are the criteria which determined the diagnosis of congenital syphilis in each case. The diagnosis is made by the Medical Officer seeing the case, and as there are numerous part-time doctors engaged in the Venereal Disease Branch, it is probable, to say the least, that a large degree of variance exists between their individual standards. This should not be; but frequently the diagnosis of congenital syphilis is made on the sole grounds that the mother's Wassermann is positive during the pregnancy in question. Strictly speaking the infant should be considered as a distinct and separate problem and the diagnosis of congenital syphilis should not be made unless there are incontrovertible signs of syphilis present. A SINGLE, unconfirmed Wassermann test, whether positive or negative, is not enough. Every infant should be followed closely for the first four months of life when there is a chance of it being syphilitic, that is when the Wassermann of the mother is positive or there are other grounds for assuming she is suffering from syphilis.

The writer believes that with more rigidly accurate diagnostic criteria the number of listed congenital syphilitics would show a drastic reduction; on the other hand many may never be seen by a doctor at all.

- (5) It is pleasing to note that only 2 cases of Gonorrhoeal Ophthalmia, both non-Europeans, were notified during the year. This small number is no doubt attributable to the excellence of the preventive treatment at birth. It is a tribute to the City's Maternity Service. Gonorrhoea in little girls is not so rare—35 cases of whom 5 were Europeans.
- (6) The rarer Venereal Diseases do not constitute much of a problem in Cape Town. Soft chancre heads the list. This is a readily curable condition. Its chief danger lies in its similarity to the first stages of syphilis. Those diseases listed under 13 and 14 which are so common in other parts of the world, chiefly the tropical and sub-tropical countries, do not often make their appearance in our midst.
- (7) Again, the "Non-Venereal" patients form a large group—almost exactly 10 per cent of all patients seen at the clinics. The significance of this figure has been commented on before. It indicates that good use is being made of the free service. To make a comparison—the Tuberculosis Officer would no doubt be highly gratified if the number of individuals successfully passing a routine lung screening was of large proportions. In both cases, the more persons found NOT to be suffering from disease, the clearer is the evidence that the net of detection is being cast wider and wider.

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 ..	23	—	37	14	74	220	9	1,186	82	1,497
2. Seropositive primary syphilis ..	29	1	122	22	174	275	98	4,217	365	4,955
3. Secondary syphilis ..	20	4	229	211	464	493	279	5,037	4,683	10,492
4. Tertiary syphilis (1) ..	4	1	120	98	223	285	322	2,569	2,234	5,410
5. Endosyphilis (2) ..	13	19	269	1,115	1,416	474	1,117	5,428	18,053	25,072
6. Neurosyphilis ..	7	—	32	19	58	325	12	877	308	1,522
	96	25	809	1,479	2,409	2,072	1,837	19,314	25,725	48,948
7. Congenital syphilis (under 1 year) ..	1	3	105	277	386	81	165	2,449	3,003	5,698
8. Congenital syphilis (over 1 year) ..	4	2	44	61	111	66	355	1,292	2,168	3,881
Total syphilis ..	101	30	958	1,817	2,906	2,219	2,357	23,055	30,896	58,527
9. Gonorrhoea ..	167	7	1,140	115	1,429	955	117	7,621	534	9,227
10. Gonococcal vulvovaginitis ..	—	5	—	30	35	—	131	—	175	306
11. Gonococcal ophthalmia ..	—	—	1	1	2	—	—	3	3	6
Total gonorrhoeal infections ..	167	12	1,141	146	1,466	955	248	7,624	712	9,539
12. Ulcus molle ..	15	—	60	13	88	25	—	277	10	312
13. Lymphopathia venereum ..	—	—	1	—	1	—	—	—	—	—
14. Granuloma venereum ..	—	—	—	—	—	—	—	—	—	—
15. Venereal warts ..	—	—	—	—	—	—	—	12	—	12
16. Phagedaena ..	—	—	—	—	—	—	—	—	—	—
Total venereal diseases ..	283	42	2,160	1,976	4,461	3,199	2,605	30,968	31,618	68,390
17. Non-venereal disease ..	88	6	229	195	518	187	108	617	732	1,644
18. Undiagnosed ..	21	7	69	106	203	320	166	2,094	2,554	5,134
Grand Total ..	392	55	2,458	2,277	5,182	3,706	2,879	33,679	34,904	75,168

(1) Clinically recognizable.

(2) Diagnosed on result of serological test alone.

The fact that fewer patients were treated in hospital this year is due to the building alterations going on in the Venereal Disease wards. At the time of writing one wing of the handsome new double-storied Venereal Disease block is completed and is being occupied. But in the interim there was great difficulty in finding accommodation. Indeed, on many occasions admission to hospital had to be refused to patients whose condition warranted their seclusion during the contagious stage of their illness. This is not to say that dangerous infection went unhindered. Venereal Diseases are not ordinarily infectious and admission to hospital is usually determined on other grounds—convenience and comfort to the patient, for instance.

An analysis of the number and type of patients admitted to the wards during the year ending in June, 1950, is presented below in Table VI.

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

Disease.	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
1. Seronegative primary syphilis	4	—	3	1	8
2. Seropositive primary syphilis	5	—	15	9	29
3. Secondary syphilis	9	2	45	120	176
4. Tertiary syphilis (1)	—	1	4	2	7
5. Endosyphilis (2)	—	1	1	1	3
6. Neurosyphilis	1	—	3	2	6
7. Congenital syphilis (under 1 year)	2	1	5	6	14
8. Congenital syphilis (over 1 year)	—	—	4	6	10
Total syphilis	21	5	80	147	253
9. Gonorrhoea	3	—	4	3	10
10. Gonococcal vulvovaginitis	—	—	—	—	—
11. Gonococcal ophthalmia	—	—	—	—	—
Total gonorrhoeal infections	3	—	4	3	10
12. Ulcus molle	1	—	—	—	1
13. Lymphopathia venereum	—	—	—	—	—
14. Granuloma venereum	—	—	—	—	—
15. Venereal warts	—	—	—	—	—
16. Phagedaena	—	—	—	—	—
Total venereal disease	25	5	84	150	264
17. Non-venereal disease	2	—	1	3	6
18. Undiagnosed	—	—	—	—	—
Grand total	27	5	85	153	270

(The actual number of individuals was 269 as one patient had more than one disease.)

(1) Clinically recognizable.

(2) Diagnosed on result of serological test alone.

Most of the cases, as is right, were suffering from a Venereal Disease in an infectious form, and the largest single component is that made up by the non-European female suffering from early contagious syphilis. Many of these are young girls in their 'teens, promiscuous in their habits, so that the advantages gained by temporarily removing this type from circulation are obvious. It has always been the stated policy of the Union Health Department to restrict the admission to hospital of those patients who are suffering from a Venereal Disease in a communicable form and who are consequently, theoretically at least, a menace to health.

The writer has always considered this a short-sighted policy "more honoured in the breach than in the observance". For how else is the Venereologist to become acquainted with all aspects of his subject, if opportunities for that closer study of certain aspects, which hospital isolation affords, are officially denied to him. General hospitals are loath to accommodate any patient suffering from a Venereal Disease and indeed, refuse to do so. The patient going steadily blind from optic atrophy due to syphilis is a case in point. As often as not the general hospitals will refuse such a case, or if admission is accorded in one case it may be refused on principle in the next.

At least one or two hospitals in each province should, as a matter of policy, admit all types of Venereal Disease with the sole exceptions of the paretic under restraint and the female in labour. Thus would the Medical Officer in charge have a chance to carry out clinical research into the new methods of treatment and make contributions of value for the guidance of others. It would be absurd, for instance, to treat the new unit, being constructed at the City Hospital, Cape Town, for infectious diseases, merely as a "clinic", when it so obviously lends itself to play an important and determining role in the Venereal Disease service of the Union. A fairly free hand should be given to the Medical Officer in charge in his choice of drugs and equipment.

The current conception that all doctors are incurably wasteful and extravagant, unless under the constant observance of the official eye, does much to stultify legitimate efforts to widen the horizons of experience.

"The Rapid Treatment Centre" in the United States represents a ready response on the part of the health authorities there to accommodate all cases of early Venereal Disease particularly syphilis, in an institution where intensified schemes of treatment are carried out under well-nigh ideal circumstances for the patients. Little by little the other remedies, arsenic and bismuth, are disappearing from the scene; their field of therapeutic usefulness becomes more and more circumscribed as Penicillin is slowly replacing all other remedies in the treatment of syphilis. The other antibiotic drugs, streptomycin, aureomycin, chloromycetin, terramycin have all demonstrably curative effects in certain Venereal Diseases. So far, however, their prohibitive cost or short supply has prevented their entry into the list of free drugs. Besides, it is only in the rare case, here and there, that their administration is called for.

VENEREAL DISEASE CONTACTS.

Only 81 possible or probable sources of venereal infection were notified to the Medical Officer of Health during the year. This is but a small fraction of the total number of new cases registered during the year all of whom presumably had some opposite sex contact as a possible source of origin or transference of a Venereal Disease. There is no obligation to report sex contacts in Venereal Disease cases in the Union, but every endeavour should be made to do so. The 81 individuals figuring in Table VII were notified to the Medical Officer of Health as probably suffering from a Venereal Disease in a

communicable form, thus coming within the scope of the Public Health Act. Of the 5,182 new cases seen during the year over 2,000 of them were suffering from a recently acquired infection so that it is disappointing to record such a low number of discovered contacts. Even if our efforts in this direction resulted in the detection of a mere handful of unsuspected infections—32 in all—it still seems worth while.

TABLE VII.—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	81
Number of such contacts who reported for examination ..	42
Number of those who attended found to be suffering from a venereal disease	32

DEFAULTERS.

Like the poor, they are always with us—or rather their problems remain after they have ceased to attend themselves. It was perhaps natural in the "old days", before the discovery of penicillin, for the patient to become fretful of the long period of attendance at the clinic in order to bring about a cure. But nowadays when a course of treatment means only a few painless injections it is a real pity there is not more co-operation on the part of those who have benefited from a free and confidential service. The failure of so many to report for observation at the prescribed intervals spoils our records and makes it well-nigh impossible to carry out any worth-while clinical investigations. If the defaulter is suffering from any disease in a contagious communicable form, the powers of the Medical Officer of Health to deal with such cases is invoked, but only after attempts have been made to persuade the patient to return, voluntarily.

In non-infectious cases only, three such attempts are made which if unsuccessful are taken to indicate complete unco-operation on the patient's part; such individuals are written off the records like a bad debt. Our organization allows for home visits to female patients, but in the case of males a carefully worded letter which jogs the memory but discloses nothing, is employed instead.

Table VIII gives the details of our efforts in this sphere.

TABLE VIII.

Home visits to female defaulting patients.	7,236
Letters to male defaulting patients	4,717
Referred to magistrate under Public Health Act	125

ORGANIZATION.

Medical sessions are conducted at six different centres throughout the municipal area. In three of these only non-Europeans are seen, and one is solely for Africans and is situated in close proximity to their homes in the Langa Township. At three of the other centres sessions are held for both Europeans and non-Europeans at different hours. This does not mean that a non-European who presents himself at a European session is summarily dismissed. On the contrary standing instructions demand that he receive attention if his condition warrants it, and be subsequently referred to his proper hour. Usually sessions are held at stated hours—a morning session from 9 to 11.30 a.m. an afternoon session from 2 to 3.30 p.m. and an evening session from 5 to 7 p.m. or 8 p.m. As the nursing and technical staff have to move from one centre to another, it is impossible to adopt the "ever open door" policy which would permit patients to attend at the centre at any time. On the whole, the hours are very accommodating, most patients having a choice of attending either in the morning, afternoon or evening.

Forty sessions are held each week throughout the year, 31 for non-Europeans and 9 for Europeans or, considering our patients on a sex basis, 17 for males, 23 for females.

Some of the sessions are conducted by part-time Medical Officers some by the permanent medical staff, the Venereal Disease Officer and his Deputy. Senior medical students are allotted temporary technical duties and are remunerated accordingly, as it is difficult to accomplish all the work with the permanent nursing staff.

Table IX shows the amount of pathological work which is done in the Venereal Disease Branch both at the separate centres, each of which is furnished with a microscope, and at the City Hospital where serological tests for syphilis are performed. Ordinarily, the Government Laboratory performs these tests free of charge and due acknowledgement is made to the great assistance thus given. But speedy diagnosis on the spot is frequently necessary and the requisite examinations are carried out during the progress of the session. The Venereal Disease Branch does not aim at performing serological (Kahn) tests on outside patients. Its functions in this respect are limited to patients attending at one of the centres.

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

	Positive.	Negative.	Doubtful.	Total.
Number of dark-ground examinations for Sp. Pall	445	192	—	637
Number of smear examinations for gonococci ..	1,306	198	—	1,504
Number of blood sera tested by Kahn test. . .	1,765	1,286	478	3,529

The writer is desirous of placing on record his sense of obligation to the staff who have been associated with him for many years and without whose help it would have been impossible to build up the organization which now exists. The maintaining of a service of this nature and scope requires an insistence on accurate routine and exacts high standards of work. The occasion is appropriate to acknowledge the willing and effective co-operation which has made possible this achievement.

SECTION VIII—CITY HOSPITALS.

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

The City group of hospitals consists of the following institutions:—

- (1) The City Hospital for Infectious Diseases, situated in Portwood Road, Cape Town.
- (2) The Brooklyn Hospital for Chest Diseases at Koeberg Road, Maitland.
- (3) Langa Native Hospital, situated at Langa Native Township.

Each of these institutions will be dealt with in its special section.

The staff at these Hospitals is shown on page 79.

CITY HOSPITAL FOR INFECTIOUS DISEASES, PORTSWOOD ROAD.

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.

The medical staff (June 30th, 1950) 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)	575	
Total attendances:		
Out-patients	9,229	
In-patients	7,251	
		16,480
Examinations and treatments:		
Skiagrams	8,592	
Screenings	11,421	
Consultations	1,435	
Refills	3,353	
Aspirations	49	
Mantoux tests	515	
Blood sedimentation	1	
Thoracoscopy	11	
Lipiodal	1	
Internal pneumolysis	22	
Examinations	22	
		25,422

DENTAL CLINIC.

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

During the year under report, 80 patients attended and 59 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:—

Adhesions	8
Appendicectomy	3
Bronchoscopy	31
Cyst, Removal of	2
Excision of fibroadenoma	1
Fistulectomy	1
Gynaecological examination	2
Laparotomy, typhoid perforation	2
Laparotomy, pancreatitis	1
Lobectomy	4
Mastoidectomy	2
Osteotomy	1
Phrenic nerve crush	30
Thoracoplasty	50
Tonsillectomy	1
Wound explored	1
	140

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 52 patients.

HOSPITAL STATISTICS.

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

	<i>European.</i>	<i>Non-European.</i>
Tuberculosis:		
From Cape Town Municipality	62	286
From outside Municipality	21	71
Venereal diseases:		
From Cape Town Municipality	1	6
From outside Municipality	1	2
Other diseases:		
From Cape Town Municipality	44	46
From outside Municipality	22	26
	151	437

The average daily number of patients in the hospital (exclusive of Brooklyn 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	1948-49 323.5	1949-50 332.2			

Details in regard to cases treated are shown in Tables 1 and 2, on page 58.

TABLE I.—NUMBER OF PERSONS TREATED IN THE CITY HOSPITAL FOR THE PERIOD 1ST JULY, 1949, TO 30TH JUNE, 1950.

(Classified according to the wards of the City, etc., to which they belonged.)

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

Wards, etc.	Under treatment, 1st July, 1949.						Admitted.						Discharged.						Died.						Under treatment, 30th June, 1950.						Total admitted 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.	M.	F.	M.	F.	M.	F.	M.	F.										
1 ..	6	—	—	—	22	17	9	12	25	15	6	9	—	3	—	—	1	—	—	—	2	—	—	2	—	—	—	1,167	591	268	661	2,687						
2 ..	1	5	—	1	4	—	28	66	18	40	23	66	16	39	—	1	—	—	3	—	—	5	—	—	5	—	—	152	1,492	1,676	230	1,506	4,904					
3 ..	—	1	3	6	18	14	33	39	11	29	36	10	29	36	—	3	—	—	4	—	—	7	—	—	7	—	—	104	743	741	927	2,186	4,597					
4 ..	3	6	—	3	28	33	8	10	27	28	8	13	—	—	—	1	—	—	4	—	—	3	—	—	4	—	—	79	1,456	1,299	139	480	3,374					
5 ..	5	3	6	10	22	24	53	69	25	23	45	68	—	—	—	1	—	—	14	—	—	7	—	—	3	—	—	168	1,108	1,770	1,455	2,778	7,111					
6 ..	6	4	3	11	13	14	67	80	16	14	58	69	—	—	—	—	—	—	10	—	—	8	—	—	4	—	—	174	1,304	906	1,988	4,587	8,785					
7 ..	7	9	2	10	22	34	19	30	19	36	16	24	—	4	—	—	5	—	9	—	6	—	6	—	7	—	—	105	2,202	1,884	596	2,601	7,283					
8 ..	5	9	10	14	43	37	71	99	35	35	60	73	—	1	—	—	19	—	17	—	12	—	8	—	2	—	—	250	3,191	2,643	1,742	6,310	13,886					
9 ..	2	1	—	2	33	42	14	17	28	35	12	15	—	1	—	—	2	—	2	—	6	—	7	—	9	—	—	106	1,640	2,031	301	882	4,854					
10 ..	1	3	9	19	7	8	87	114	6	9	67	97	—	1	—	—	20	—	20	—	1	—	1	—	9	—	—	216	575	668	2,379	5,212	8,834					
11 ..	3	3	1	—	10	18	9	14	12	20	9	10	—	—	—	—	1	—	1	—	1	—	1	—	1	—	—	51	787	1,010	173	783	2,753					
12 ..	—	2	—	—	12	18	15	22	10	19	11	16	—	—	—	—	3	—	3	—	3	—	4	—	1	—	—	67	393	727	326	1,237	2,683					
13 ..	3	2	3	6	9	22	9	15	8	22	12	14	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	4	55	971	914	465	1,568	3,918				
14 ..	3	4	1	5	26	25	17	30	26	26	15	26	—	1	—	—	3	—	3	—	2	—	2	—	2	—	—	98	1,358	1,280	437	1,644	4,719					
15 ..	4	3	3	8	14	20	47	54	15	22	37	40	—	2	—	—	12	—	13	—	1	—	1	—	1	—	—	135	922	937	1,449	2,513	5,821					
Not allocated ..	—	—	—	1	2	—	—	2	2	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	6	176	—	28	459	663					
Langa Native Township ..	—	—	—	1	—	—	16	12	—	—	12	7	—	—	—	—	4	—	1	—	—	—	—	—	—	—	—	28	—	—	271	1,307	1,578					
From ships in Harbour ..	4	—	—	—	22	4	1	—	23	4	1	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	27	823	38	2	—	—	863				
From outside the Municipality ..	17	23	29	23	142	136	243	207	118	133	200	163	33	16	9	56	40	25	17	16	27	7,123	7,729	7,948	9,131	27,431	26,844	21,124	45,845	121,244								
Totals ..	71	78	71	125	473	738	866	429	517	615	720	163	33	23	157	132	56	40	25	17	16	27	7,123	7,729	7,948	9,131	27,431	26,844	21,124	45,845	121,244							

TABLE 2.—NUMBER OF CASES TREATED AT THE CITY HOSPITAL FOR THE PERIOD 1st JULY, 1948, TO 30th JUNE, 1950, CLASSIFIED ACCORDING TO RACE, SEX AND DURATION.

[illegible]

* Excluding epidemic typhus, endemic or murine typhus and tick-borne fever.

TABLE 3.—CASES TREATED IN THE BROOKLYN HOSPITAL FOR CHEST DISEASES FOR THE PERIOD 1ST JULY, 1949, TO 30TH JUNE, 1950.

Disease (ultimate diagnosis).	Under treatment, 1st July, 1949.			Admitted.			Discharged.			Died.			Under treatment, 30th June, 1950.			Total admit- ted, persons.	Day units.			Total.	
	E.		O.	E.		O.	E.		O.	E.		O.	E.		M.		F.	M.	F.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.	M.	F.		
Tuberculosis, pulmonary	—	240	—	—	—	457	13	—	—	319	2	—	116	2	—	262	9	—	89,944	1,128	91,072
" miliary	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	1	—	12	3	15
" bones and joints	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	338	—	338
" miliary and meningitis	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	61	—	61
Bronchiectasis	—	—	—	—	—	2	—	—	—	2	—	—	—	—	—	—	—	—	181	—	181
Bronchiectasis and lung abscess (suspected)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	137	—	137
Erythema	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	6	—	6
Lung abscess	—	—	1	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	215	—	215
Malaria (suspected)	—	—	—	—	—	3	—	—	4	—	—	—	—	—	—	—	—	—	14	—	14
Pulmonary embolism	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	12	—	12
Pyelitis	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	40	40
No apparent disease	—	—	—	—	—	—	4	—	—	—	4	—	—	—	—	—	—	—	281	—	281
Totals	—	242	—	—	—	472	15	—	—	332	3	—	118	2	—	264	10	—	91,201	1,171	92,372

TABLE 4.

Wards, etc.	Under treatment, 1st July, 1949.				Admitted.				Discharged.				Died.				Under treatment, 30th June, 1950.				Total dimit- 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.														
1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	191	—	—	3	—	—	191	—	—	191
2	—	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16	—	—	3,266	—	—	3,266
3	—	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15	—	—	3,981	135	—	4,116
4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	—	1,542	—	—	1,542
5	—	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	43	—	—	8,166	72	—	8,238
6	—	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	36	—	—	8,050	7	—	8,057
7	—	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16	—	—	4,256	—	—	4,256
8	—	32	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	65	—	—	11,503	298	—	11,801
9	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	—	—	1,447	—	—	1,447
10	—	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	64	—	—	10,398	179	—	10,577
11	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	792	—	—	792
12	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	—	—	2,038	3	—	2,041
13	—	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14	—	—	3,241	—	—	3,241
14	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18	—	—	2,743	—	—	2,743
15	—	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	28	—	—	6,121	149	—	6,270
Not allocated	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	401	—	—	401
Langa Native Township	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21	—	—	4,117	126	—	4,243
From ships in harbour	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	159	—	—	159
From outside the Municipality	—	50	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	110	—	—	18,789	202	—	18,991
Totals	—	242	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	487	—	—	91,201	1,171	—	92,372

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

BROOKLYN HOSPITAL FOR CHEST DISEASES, KOEBERG ROAD, MAITLAND.

This hospital was operated under the same medical and nursing staff as the City Hospital until 1st June, 1948, when Dr. H. R. Ackermann was appointed Deputy Medical Superintendent and Miss A. J. Glenday, Matron. The hospital now has a separate medical and nursing staff, though it remains under the general supervision of the Medical Superintendent of Hospitals and is dependent on the City Hospital for laundry and X-ray services. As there is not a suitable theatre at the Brooklyn Hospital, patients are transferred to the City Hospital for major surgery.

In addition to the tuberculosis beds at this Hospital, there is a compound containing a brick ward and a wood and iron building for the isolation and treatment of persons suffering from smallpox (including Amaas). Cases of smallpox are infrequent, but when they occur considerable inconvenience is entailed as the patients and staff of the whole institution are re-vaccinated and visiting is restricted to persons who have either been vaccinated or are willing to undergo vaccination on the spot.

These procedures are adopted even on a mere suspicion of smallpox, and it is hoped that in the near future the wards in question will be removed from the grounds of the Brooklyn Hospital for Chest Diseases to a suitably isolated place on the outskirts of the City or beyond its boundaries.

The hospital caters for non-European tuberculosis patients only, and at the end of the year under report there were 275 beds in the institution.

The accompanying diagram shows the layout of the Hospital which is comprised of the following buildings, numbered as follows:—

No. 1—Nurses' Home.

This is a modern well-constructed building. It was built in two sections, the first in 1942 and the second in 1947 and contains 40 bedrooms, 2 lounges, 2 dining rooms, kitchen, etc. The section completed in 1942 is occupied by non-European trained nurses and the other section by European nursing sisters.

No. 2—Medical Officer's Residence.

A well-constructed building, modern in design and finish. Completed in 1947.

Nos. 3, 4 and 5—Wards A, B and C.

Well-constructed buildings designed in accordance with modern army type plan. Erected in 1942, accommodation for 38 patients each.

Nos. 6, 7 and 8—Wards D, E and F.

Similar in size and construction to Wards A, B and C with certain minor improvements. A portion of Ward E is used as a clinic and screening room, thereby reducing the accommodation in that ward to 32 beds.

Nos. 9, 10 and 11.

Wards erected prior to 1924 for accommodating smallpox contacts. No. 9, which was Ward 3, was adapted in January, 1949, for use as a home for non-European nursing assistants; No. 10, for use by non-European nurses; No. 11, previously improperly used by the patients for recreation purposes, was set aside for conversion into operating theatre, X-ray and clinic rooms. In addition, Nos. 9 and 10 are inconveniently situated, and No. 11 is in a bad state of repair.

No. 12—Main Kitchen and Boiler House.

Erected in 1947. Well-constructed and finished and satisfactorily equipped.

No. 13—Native male orderlies' quarters.

A well-built structure erected in two sections, the first in 1942 and the second in 1947. The building has accommodation for 32 Native male orderlies.

No. 14—Store.

Brick-built structure completed in 1947. It includes a main and subsidiary store, office and cold room. A well-built garage is adjacent to it.

No. 15—Store.

Built before 1924 of corrugated iron is in a dilapidated state. For the want of another building, part of it had to be used as an occupational therapy workshop and a tuckshop for patients.

No. 16—Kitchen.

Built of brick prior to 1924. It is of poor construction and finish. The building was renovated and converted into a kitchen for preparing meals for Moslem patients.

No. 17—Workshop.

Built prior to 1924 of corrugated iron and originally used as a kitchen.

Nos. 18 and 19—Wards 1 and 2.

Brick-built structures erected prior to 1924 for accommodating smallpox contacts. Poor construction and bagged finish. Ward 1 (No. 18) accommodates 24 patients, mainly Malays. Ward 2, which was previously used as an occupational therapy workshop, was re-equipped and used for patients as from February, 1950. It accommodates 29 children.

No. 20—Caretaker's quarters and nurses' rooms.

The caretaker's quarters were constructed prior to 1924, with subsequent additions to accommodate nursing staff engaged to nurse smallpox patients and contacts. The nurses' quarters are now used as administrative offices.

No. 21—Mortuary.

Brick building of poor construction and bagged finish. Erected prior to 1924.

No. 22—Disinfection station and boiler.

Constructed of corrugated iron. An Equifex disinfectant is provided.

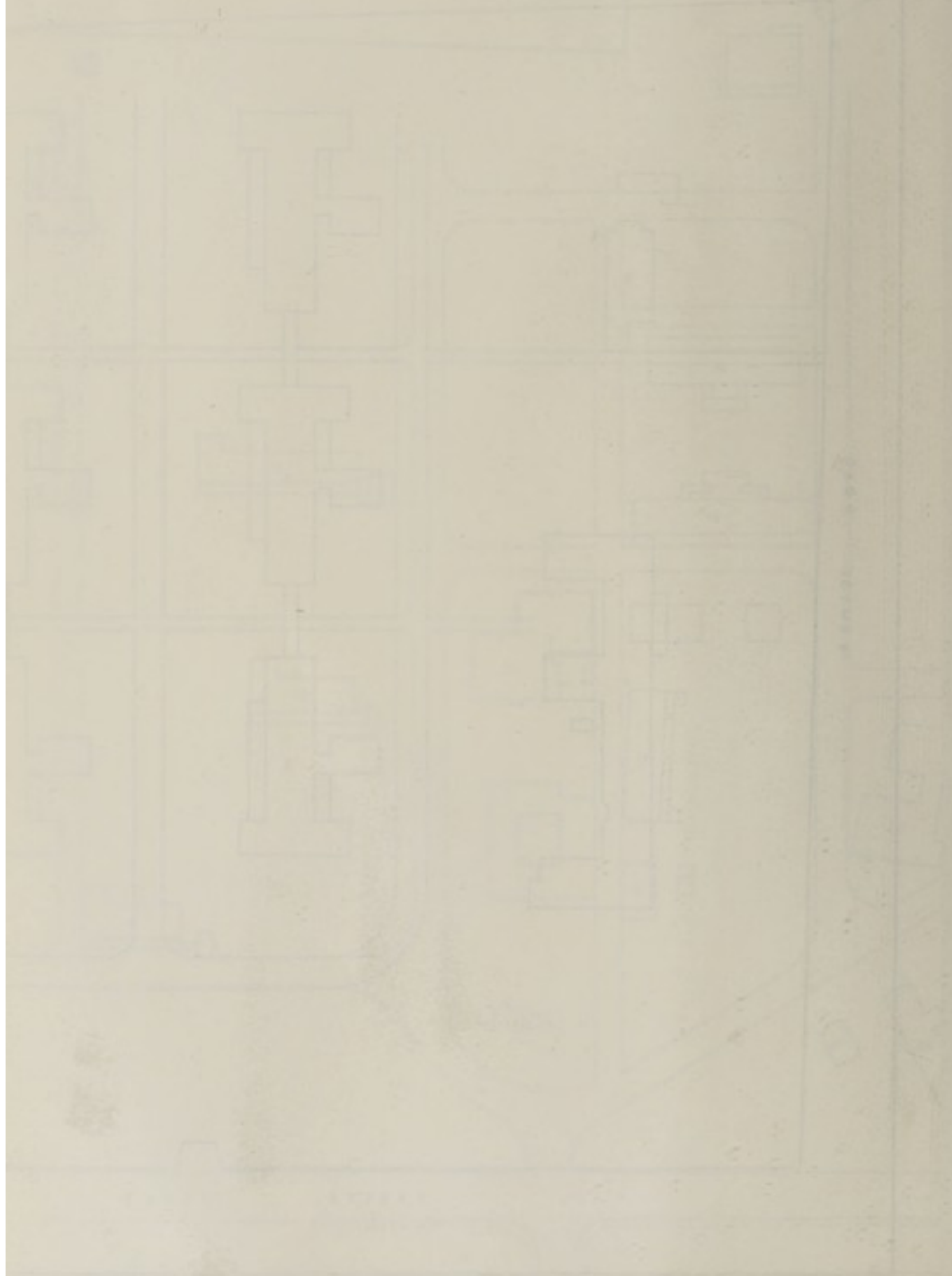
SCALE 100 FEET = 1 INCH

SCALE 100 FEET = 1 INCH



LAYOUT OF WICKHAM HOSPITAL
FOR CHEST DISEASES

SCALE: 1/4" = 1'-0"



No. 23—*Smallpox hospital enclosed in corrugated iron fence.*

- (a) Brick-built block containing 12 beds.
- (b) Wood and iron building intended for 32 patients—now unusable.
- (c) Kitchen—also unusable.

Nos. 24 and 25—*Sewage pumping stations.*

No. 26—*Old farmhouse and outbuildings.*

These were the original buildings on the estate. They are unfit for habitation and no longer in use.

No. 27—*Ward.*

Constructed prior to 1924 for the accommodation of smallpox contacts and since used as a home for non-European nurses. It is of poor construction and finish and inconvenient.

No. 28—*Ward.*

Constructed prior to 1924 and now used as quarters for Native male orderlies.

BED-STATE.

Up to February, 1950, 7 wards were in use and thereafter Ward 2 was pressed back into use for children. From then the bed-state was 275, made up as follows:—

Ward A	..	..	..	..	..	..	38
Ward B	..	..	..	..	..	..	38
Ward C	..	..	..	..	..	..	38
Ward D	..	..	..	..	..	..	38
Ward E	..	..	..	..	..	..	32
Ward F	..	..	..	..	..	..	38
Ward 1	..	..	..	..	..	..	24 (Malay Ward)
Ward 2	..	..	..	..	..	..	29 (Children's Ward)

This means that every possible building was used either for patients or for staff.

HOSPITAL STATISTICS.

Tables 3 and 4 on page 59 show:—

- (a) The number of patients in hospital at the beginning and at the end of the year under report, and the admissions, discharges and deaths during the year;
- (b) The number of patient days; and
- (c) The areas from which the patients were admitted.

TREATMENT OF PATIENTS.

The routine graded rest regime compares favourably with hospitals in Britain and on the Continent of Europe. Bed patients are given diversional therapy. Certain patients qualify to work in the occupational therapy workshop prior to discharge. Their fitness for competitive work in the outside world can thereby be estimated by actual trial under medical supervision.

All the modern medical collapse treatment such as pneumothorax and pneumoperitoneum are carried out in the wards. Minor surgical operations such as thoracoscopy and phrenic crush are done in the hospital—admittedly under difficult conditions.

The out-patient clinics have grown from zero to an average of 50, four times a week. The accommodation is strained to breaking point to deal with these refills efficiently.

Major surgical operations continued to be done at the City Hospital.

Once a week, a surgical and diagnostic chest clinic is held at the City Hospital. This clinic, with Dr. J. F. Ficht as chairman, is attended by the Chest Surgeon and medical personnel at the City and Brooklyn Chest Hospitals. It is a most valuable clinic and has brought into being an efficient chest team for the City Health Department.

URGENT NEEDS OF THE HOSPITAL.

The following extensions to the hospital are urgently needed:—

- (1) At the end of the report year, a start had been made with the construction of the internal tarred roads. At the completion of this, layout of the grounds will become possible.
- (2) A security fence around the hospital.
- (3) A laundry.
- (4) A surgical block comprising operation theatre, out-patient clinic, X-ray rooms and a post-operative ward. This has been agreed to by the City Council and the Union Department of Health.
- (5) The provision of a proper nurses' home for the non-European nurses.
- (6) A recreation hall.
- (7) Proper workshop facilities for patients and staff.

LANGA NATIVE HOSPITAL.

At Langa Native Township the Native residents are provided with free medical attention at a hospital with 30 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 and V.D. clinics and health visiting.

The work of the hospital is conducted by Dr. A. J. Wilson, M.B., Ch.B., who is non-resident. Out-patient departments are conducted by Dr. Wilson, daily at 8.30 a.m., and evening clinics are provided. Dr. Wilson also visits patients in their homes.

The hospital is under the general supervision of the Medical Superintendent of Hospitals who pays it a weekly visit. There is no X-ray apparatus and patients are referred to the City Hospital for the taking of films. There is close co-operation as regards tuberculosis work between Langa Hospital and the City and Brooklyn Hospitals.

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	27.04
In-patients admitted	620*
New out-patients	4,116
Attendances by out-patients	32,361
Visits to patients at their homes by—	
Doctor	1,928
Nurse	828
Midwifery service—	
Confinements attended (extern)	164
Visits made by midwife	2,469
Pre-natal clinic—	
New cases	263
Total attendances	1,275
Infant consultations—	
New cases	259
Total attendances	3,374
V.D. clinic—	
New cases	185
Total attendances	2,778
Dental clinic—	
New cases	575
Total attendances	907

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

Abortion and miscarriage	21	Haemorrhage, cerebral	2
Abscess	15	Herpes zoster	1
Admitted with mother or infant	12	Influenza	18
Anaemia	1	Injuries from accidents or violence	104
Appendicitis	6	Lymphangitis	1
Arterio-sclerosis	1	Measles	2
Ascaris	8	Meningismus	2
Asthma	5	Meningitis non-meningococcal	2
Boils	5	Mental disorders and deficiency	3
Born in hospital	1	Mononucleosis	1
Bronchitis and pneumonia	60	Ophthalmia neonatorum	2
Cancer	3	Other diseases of digestive system	3
Cholecystitis	1	Other diseases of nervous system	3
Cirrhosis of liver	2	Other diseases of skin and cellular tissue	8
Confinement	1	Pellagra	4
Convulsions	4	Peritonitis	4
Diabetes	5	Pleurisy	5
Diarrhoea and enteritis	39	Prematurity	3
Diphtheria	1	Puerperal fever	1
Diseases of bones and joints	9	Pyrexia of unknown origin	11
Diseases of ear	11	Quinsy	5
Diseases of eye	6	Rheumatic fever	2
Diseases of female genital organs	6	Rheumatism	10
Diseases of genito-urinary system	8	Salpingitis	10
Diseases of heart	10	Syphilis	9
Diseases of male genital organs	5	Tetanus	1
Diseases peculiar to the first year of life	3	Tonsillitis	4
Diseases of pregnancy and parturition	7	Tuberculosis, pulmonary	64
Diseases of the veins	2	Tuberculosis, other forms	3
Dysentery	3	Vincent's angina	3
Enteric fever	4	Whooping cough	2
Epilepsy	3	Diagnosis doubtful or indefinite	15
Epistaxis	1	Other conditions	31
Erysipelas	2		
Gangrene	1		
Gastritis	4		
Gingivitis	5		
			620

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

Langa Native Township	558
Elsewhere in Cape Town Municipality	40
Extra municipal	20
No fixed abode	2

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

In-patients	37
Out-patients	390

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	20	—	2	22	50	—	4	54
European girls	21	—	16	37	75	—	25	100
Non-European boys	414	—	10	424	1,391	—	11	1,402
Non-European girls	453	—	119	572	1,574	—	137	1,711
Total children	908	—	147	1,055	3,090	—	177	3,267
<i>Adults :</i>								
European males	11	2	—	13	26	2	—	28
European females	16	—	2	18	42	—	3	45
Non-European males	77	4	—	81	198	7	—	205
Non-European females	95	1	27	123	222	1	43	266
Total adults	199	7	29	235	488	10	46	544
<i>Total persons :</i>								
European	68	1	20	89	193	2	32	227
Non-European	1,039	6	156	1,201	3,385	8	191	3,584
All races	1,107	7	176	1,290	3,578	10	223	3,811

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

AMBULANCE AND DISINFECTING STATION.

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

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

The ambulance and disinfecting service is staffed by the ambulance officer, disinfection officer, 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.
2,080	286	790	1,231

The distance covered during the year by the vans and ambulances was 87,306 miles.

SECTION IX.—SANITARY ADMINISTRATION.

HEALTH INSPECTORS.

On 30th June, 1950, the staff of health inspectors consisted of the chief health inspector, the assistant chief health inspector, 5 divisional health inspectors, 27 health inspectors, 3 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 inspection of plans in collaboration with the City Engineer's Department, rat-proofing of buildings, the destruction of town and veld rodents, and the prevention of mosquito breeding. The district inspectors are also concerned in this work. All the inspectors work under the control of the Chief Health Inspector, who, with his assistant, is also responsible for the municipal washhouses and the public sanitary conveniences.

The work of the district health inspection staff includes the investigation of notified cases of infectious disease (except tuberculosis, pneumonia, ophthalmia, trachoma, puerperal fever and diseases notifiable by school teachers, such as measles and whooping cough); the inspection of dwelling houses, shops, food places and vehicles, stables and other places where animals are kept (except licensed cow-sheds); inspections concerning the licensing and regulation of licensed, registered and regulated trades, residential hotels and boarding houses, and of theatres and other places of amusement and camping

sites; the inspection of courts, lanes, alleys, open land, undeveloped areas, 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 devernization 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, 1950, were as follows:—

Inspections made:

Public markets	3,514
Butchers' shops	7,992
Dealers' and general dealers' shops (food)	19,632
Dealers' and general dealers' shops (no food)	5,100
Fish and poultry shops	2,744
Bakers' shops (without bakehouses)	287
Bakehouses	584
Milk shops (purveyors of milk)	6,106
Ice-cream purveyors and manufacturers	1,495
Tea shops	2,146
Cafés	1,131
Restaurants	3,024
Eating-houses	1,117
Residential hotels and boarding houses	2,418
Aerated-water manufacturers	153
Other places where food is manufactured	254
Hawkers' premises	4,724
Hawkers' carts	3,186
Butchers' carts and carriers	603
Milk-delivery vehicles and carriers	1,022
Fish vehicles	217
Bakers' vehicles	353
Ice-cream vehicles	44
Tents	218
Sideshows	208
Theatres and bioscopes	609
Billiard saloons	69
Common lodging houses	79
Tenement houses	2,000
Other house inspections	42,337
Hairdressers	2,109
Laundries	291
Mattress-makers and upholsterers	166
Other factories and workplaces	4,259
Courts, lanes and alleys	4,735
Open land	3,617
Piggeries	73
Horse stables	3,962
Dairy stables	4,682
Cattle dealers' premises	37
Visits made in connection with infectious disease	2,856
Hackney carriages	9
Standing water, catchpits, etc., re mosquitoes	335
Sites or premises re plans of proposed buildings	325
Public sanitary conveniences	6,111
Refuse tips	649
Washhouses	313
Attendances at magistrates court	327
Natives deloused and vaccinated	3,937
Other visits	4,455
Total	156,614

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

Visits to premises where action was taken in connection with rodent infestation	62
Visits at which premises were disinfected	17
Drain tests carried out	203
Visits where enquiries were made re outworkers	1

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

Proceedings begun by:—

Verbal notices	1,131
Written request notices	—
Formal written notices	3,903
Total proceedings begun	5,034

Written notices following verbal notices

Total notices served:—	443
Verbal notices	1,131
Request notices	—
Formal notices	4,441
Final notices	757
Total	6,329

The number of items included in the 5,034 notices were as follows:—

Ward 1	..	..	..	..	..	..	..	790
Ward 2	..	..	..	..	..	..	..	764
Ward 3	..	..	..	..	..	..	..	872
Ward 4	..	..	..	..	..	..	..	918
Ward 5	..	..	..	..	..	..	..	1,512
Ward 6	..	..	..	..	..	..	..	1,772
Ward 7	..	..	..	..	..	..	..	1,460
Ward 8	..	..	..	..	..	..	..	1,030
Ward 9	..	..	..	..	..	..	..	666
Ward 10	..	..	..	..	..	..	..	239
Ward 11	..	..	..	..	..	..	..	138
Ward 12	..	..	..	..	..	..	..	547
Ward 13	..	..	..	..	..	..	..	560
Ward 14	..	..	..	..	..	..	..	1,643
Ward 15	..	..	..	..	..	..	..	933
Total	..	..	..	..	..	..	..	13,844

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	..	..	..	..	..	..	..	364
Defective water fittings	..	..	..	..	..	..	..	73
Unauthorized structures	..	..	..	..	..	..	..	28
Undrained premises	..	..	..	..	..	..	..	22
Structural defects to premises	..	..	..	..	..	..	..	45
Other defects	..	..	..	..	..	..	..	40

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, 1950, the City Council prohibited the further use of 2 stable premises (equine) for the keeping of animals.

Previously, since 1929, the City Council had prohibited the use of 133 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.

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 Rhyndorp 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.

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

Inspections by pest control officers:							
Re rodents	..	..	..	..	..	..	10,179
Re mosquitoes	..	..	..	..	..	..	4,360
							14,539
Inspections re rodents by other inspectors	..	..	..	..	..	..	62
Inspections re mosquitoes by other inspectors	..	..	..	..	..	..	335
Visits made to lands and premises by ratcatchers:							
Re rodents	..	..	..	..	..	..	61,241
Re mosquitoes	..	..	..	..	..	..	16,833
							78,074

REPORT OF THE MEDICAL OFFICER OF HEALTH.

Number of notices served by pest control officers:

Verbal notices	15
Written notices	143
	158

Number of rodents caught and destroyed:

Brown rats	8,557
Black rats	2,097
Gerbilles	807
	11,461

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
1949	8,719	2,666	985	12,370
1950	8,557	2,097	807	11,461

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 1949-50, 22 applications for the erection of tents, etc., were received, of which 5 were refused and 17 were granted for occupation by 213 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 724 by Government Notice No. 4166 of 20th May, 1949.

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, 1950:—

Nature of sample.	No. of samples.	Not genuine.					Genuine.
		No action taken.	Letter sent.	Warning notice sent.	Summons applied for.	Total.	
Milk	619	3	—	—	46	49	570
Meat products ..	79	2	—	—	12	14	65
Minced meat ..	65	3	—	—	20	23	42
Ice-cream	29	—	—	—	3	3	26
Cooking oil	2	—	—	—	—	—	2
Dripping	6	—	—	—	—	—	6
Honey	5	—	—	—	—	—	5
Cream cheese ..	4	—	—	—	—	—	4
Cheddar cheese ..	1	—	—	—	—	—	1
Sugar	1	—	—	—	—	—	1
Sago	1	—	—	—	—	—	1
Flour	1	—	—	—	—	—	1
Butter	1	—	—	—	—	—	1
Lard	1	—	—	—	—	—	1
Totals	815	8	—	—	81	89	726

Of the 81 summonses in respect of samples taken during the year ended 30th June, 1950, 6 cases were not heard until after the end of the year. Six cases in respect of samples taken in the previous year were heard in the year under report. Eighty-one cases were therefore heard during the year and are included in the list of prosecutions on page 72.

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

Percentage of milk fat.	No. of samples.	Percentage of milk-solids-not-fat.	No. of samples.
1.5—1.9	1	6.0—6.4	1
2.0—2.4	10	6.5—6.9	2
2.5—2.9	28	7.0—7.4	1
3.0—3.4	268	7.5—7.9	9
3.5—3.9	224	8.0—8.4	7
4.0—4.4	60	8.5—8.9	313
4.5—4.9	14	9.0—9.4	283
5.0—5.4	2	9.5—9.9	3
5.5—5.9	2		
6.0—6.4	4		
6.5—6.9	1		
7.0—7.4	3		
8.0—8.4	1		
10.0—10.4	1		

SALE OF MILK AND ICE-CREAM.

Compulsory Pasteurization of Milk.

In consequence of a severe outbreak of enteric fever in Cape Town during the year 1943, the then Medical Officer of Health (Dr. T. Shadick Higgins) submitted a report to the Health Committee recommending the pasteurization of the milk supply in the interests of public health and with a view to minimizing the risk of further outbreaks of the disease. In 1944, as a result of this report, a Veterinary Surgeon was appointed to supervise the City's milk supply under the direction of the Medical Officer of Health.

Further reports were submitted to the City Council advocating the compulsory pasteurization of milk by one plant under the control of the Municipality.

In December, 1945, the Council adopted the recommendation of the Health Committee that the necessary steps be taken to ensure the compulsory pasteurization of Cape Town's milk supply being enforced at the earliest possible moment, and subsequently draft amendments to the regulations *re* Dairies and the Keeping of Animals were drawn up to provide for this measure. The dairy industry, however, was strongly opposed to any suggestion of compulsory pasteurization and to the Council carrying out any of the functions they themselves perform, e.g., processing, bottling, etc.

The matter was held in abeyance pending the decision of the conference of milk suppliers called by the Government Department of Agriculture in February, 1946, and in order that enquiries might be instituted as to the steps the central government proposed to take to initiate the necessary enabling legislation for the compulsory pasteurization of milk.

From time to time further efforts were made by the Health Department to bring about the compulsory pasteurization of milk. Eventually the original scheme was modified and the responsibility for pasteurization was left to private enterprise. This was accepted by the Council and the draft amendments to the Cape Town municipal regulations were accordingly revised and subsequently submitted to His Honour the Administrator for his consent. These now provide for the compulsory pasteurization of all milk for sale in the municipal area other than that from accredited and approved disease-free herds. The amended regulations were promulgated in the Official Gazette dated 13th January, 1950 (No. 2453) but will not be brought into force until January, 1953, in order that the necessary arrangements and provision for pasteurization plant may be made by the dairy industry.

Dairy Premises Licensed.

The number of dairy premises licensed* for the sale of milk in the Municipality at 30th June, 1950, was as follows:—

	In the municipal area.	Outside the municipal area.
	30th June, 1950.	30th June, 1950.
Milkshops	192	4
Cowsheds	12	305

*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 pasteurization plants. He is assisted by 2 full-time dairy inspectors in the inspection of producers' premises, and by one inspector who assists in the supervision of pasteurization plants, in taking samples for bacteriological examination and in laboratory work. During the year under report inspections were made as follows:—

Dairy stables	4,682
Milk shops	6,106
Milk delivery vehicles	1,022
Ice-cream premises	1,495
Ice-cream vehicles	44

Milkshops and Ice-cream Premises.

Milkshop and ice-cream premises are inspected by the health inspectors. The Veterinary Officer supervises and inspects premises where milk is pasteurized. Three pasteurization plants are now 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 1950, and those for ice-cream to the year ended 30th June, 1950:—

	Cowshed premises.		Milk shop premises.	Manufacturers and vendors of ice-cream.
	In the municipal area.	Outside the municipal area.		
Applications for licences received	14	308	192	766
Licences issued	12	298	186	752
Applications cancelled	2	10	3	8
Licences not granted	—	—	3	6

Of the 752 persons licensed to make or sell ice-cream only 14 were licensed for its manufacture. The remainder were licensed only for selling ice-cream not made on the premises. The 14 licensed for the manufacture of ice-cream include 4 who have a large wholesale trade.

Control of Pasteurization Plants.

During the year a third pasteurization plant was licensed. Systematic daily sampling of milk at the three licensed pasteurization plants was undertaken. Samples were collected from the three 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 pasteurization plant this was found to be essential since the efficacy of pasteurization varies during the day. It was frequently found that in the course of the day one sample would show definite under-pasteurization, while the remainder proved to be properly pasteurized. Both Neave's modification of the Kay-Graham test and the additional test devised by the Veterinary Officer, Dr. Horwitz, were used during the year.

In all, 1,557 phosphatase tests were carried out; of this total 99, or 6.3 per cent, proved to be definitely under-pasteurized.

Samples of Milk Tested for Total Bacteria.

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 yard stick, of the 1,891 samples examined, 1,042 were satisfactory, i.e., 55.1 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 1,891 samples examined by the Breed method, 215, or 11.3 per cent showed the presence of streptococci and cell groups suggestive of mastitis.

Samples of Milk Tested for Tubercle Bacilli.

	Positive.	Negative.	Total.
Samples taken from mixed milk of herd	—	128	128
Bulked samples:			
Raw milk	1	7	8
Total	1	135	136

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

Examination of Dairy Cows.

During part of the year under review 3,842 cows, belonging to 121 dairies, were examined clinically, and as a result, 229 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)	201
Mange	32
Emaciation	8
Tuberculosis (other than tuberculosis of the udder)	3
Tubercular mastitis	3
Contagious abortion	14

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*, 29th April, 1922) and Matthews (*Veterinary Record*, 11th April, 1931) brought to light 3 cases of early tubercular mastitis within a day after the clinical examination. This not only made the use of the 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.

Additional Laboratory Work.

The following additional laboratory work is carried out by the Veterinary Officer in his laboratory:—

Ice-cream.

Three hundred and twenty-four samples of ice-cream were examined by means of the Breed smear, a standard of 300,000 per c.c. was laid down as a yard stick for ice-cream kept at freezing temperature at the factory, preliminary work showing that under clean normal conditions this standard could easily be reached. Of the 324 samples examined only 111 satisfied this standard. Two hundred and ninety-three samples of ice-cream were examined for efficiency of pasteurization; of these 288 proved to be efficiently pasteurized and 5 under-pasteurized.

Dairy Herds.

Samples of milk from individual cows were examined for the following conditions:—

Mastitis.—1,548; of which 399 were positive and 230 doubtful. Of the doubtful samples, 134 subsequently proved to be positive.

Tuberculosis.—97 samples from individual cows were examined. Of these, 3 were positive.

Butter Fat Tests.—102 butter fat tests were carried out. Of these, 14 proved to be below the Government standard.

Contagious Abortion Tests.—23 tests were carried out. Of these, 14 were positive.

Government Survey of Local Milk.—81 samples of milk were collected for the Central Government for their survey of the chemical composition of local milk supplies.

Temperature Reading of Milk Arriving in Cape Town.—583 cans of milk belonging to 230 suppliers were tested during the year as a check on the efficiency of milk producers' methods of cooling.

TRADING LICENCES.

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, 1950:—

	Restaurants.	Tea Shops.	Cafés.	Eating-houses.	Boarding Houses.
1. Applications received	229	739	38	51	373
2. Granting of licences recommended (without conditions)	166	539	25	17	372
3. Granting of licences recommended (subject to conditions)	62	196	13	34	—
4. Number under item 3 later reported as having complied with conditions	48	144	9	23	—
5. Refusal of licences recommended	—	—	—	—	—
6. Applications withdrawn	1	4	—	—	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 1950:—

	Mattress-makers and Upholsterers.	Laundries.	Barbers and Hairdressers.
Applications received	16	10	225
Registration certificates issued	15	2	140
Registration granted subject to conditions ..	1	6	84
Registration refused	—	—	1
Applications withdrawn	—	2	—

Hawkers and Pedlars:

The municipal regulations also require annual licences for hawkers and pedlars. The following figures refer to the year ended 30th June, 1950:—

	Hawkers and Pedlars.
1. Applications received	2,324
2. Granting of licences recommended (without conditions) ..	1,322
3. Granting of licences recommended (subject to conditions) ..	955
4. Refusal of licences recommended	31
5. Number under items 3 and 4 later recommended	393
6. Applications withdrawn	16

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, 1950:—

	General dealers.	Fresh produce dealers.	Butchers.	Bakers.	Motor garages.	Mineral water dealers.	Mineral water manufacturers.
1. Applications received	1,012	349	30	2	42	57	2
2. Granting of licences recommended (without conditions) ..	513	149	6	1	15	32	2
3. Granting of licences recommended (subject to conditions) ..	482	194	24	1	26	24	—
4. Number under item 3 later reported as having complied with conditions ..	412	163	17	1	19	23	—
5. Refusal of licences recommended	5	5	—	—	—	1	—
6. Applications withdrawn	12	1	—	—	1	—	—

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

INSPECTION OF MEAT AND OTHER FOODSTUFFS.

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

Butchers' Meat.

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, 1950:—

Description.	Inspected.	Passed.	Condemned partly.	Condemned entirely.	
				Amount.	Percentage.
Carcasses of pork	54,594	53,817	684	93	0.17
Pigs' kidneys	54,594	53,997	—	597	1.09
Pigs' plucks	54,594	53,047	—	1,547	2.83
<i>Livers</i>	—	—	—	2,735	5.00
<i>Lungs (prs.)</i>	—	—	—	2,094	3.83
<i>Hearts</i>	—	—	—	443	0.81

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, 1949, to 30th June, 1950:—

Description.	Total.	Abscess.	Cirrhosis.	Cysta (Hydatid).	Hepatitis.	Inflammation.	Measles.	Necrosis.	Nephritis.	Pericarditis.	Pleurisy.	Pneumonia.	Pyæmia.	Sarcocysts.	Tuberculosis.
Carcasses of pork	93	—	—	—	—	—	53	—	—	—	1	—	9	2	28
Parts of pork ..	684	174	—	—	—	—	—	—	—	—	—	—	—	—	510
Pigs' kidneys ..	597	10	12	410	—	—	—	—	165	—	—	—	—	—	—
" plucks ..	1,547	—	—	1,014	—	161	—	—	—	—	—	—	—	—	372
" Livers ..	2,735	—	100	1,972	240	220	—	203	—	—	—	—	—	—	—
" Lungs (prs.)	2,094	—	—	639	—	780	—	—	—	—	—	675	—	—	—
" Hearts ..	443	—	—	—	—	—	—	—	—	398	—	45	—	—	—

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.	
	Carcasses.	Weight (lbs.).	Carcasses.	Weight (lbs.).
Municipal abattoir	3,081	1,463,295	36	5,837

Whalemeat.

An entirely new source of supply of an essential foodstuff was presented during the year under review. Representations had been made by a whaling company operating at Saldanha Bay, Cape Province, about 120 miles by road from Cape Town, for permission to sell whalemeat in the Cape Town municipal area. The factory premises were inspected by officials of this department in association with a senior medical officer of the Union Health Department, when it was found that they would be suitable for the handling of whalemeat and other by-products after compliance with certain municipal requirements. The Council's regulations governing the sale of butcher's meat do not allow of the sale of whalemeat from butcher or fish shops. Draft regulations for the control of this commodity are in course of preparation, and pending promulgation the Council has authorized the sale of whalemeat at special depots or from special counters in butcher shops. During the whaling season, viz., from May to October, a qualified meat inspector is seconded from the staff of the municipal abattoirs and employed at the factory at Saldanha Bay for full-time supervision.

Whalemeat is acknowledged to be a most nutritious article of food, containing approximately 80 per cent of protein of a high biological value, various calcium and phosphorus salts and being practically devoid of fat; and weight for weight, it is more nutritious than butcher's meat. It is gratifying that there is now available a supply of an essential food as an alternative to butcher's meat, and that, being much cheaper, it is within the reach of many of the lower-income group. There was a fair demand for this new commodity when it was introduced and it is anticipated that it will meet with a ready sale in the future.

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, 1950:—

	Weight (lb.)		Weight (lb.)
<i>Meat:</i>		<i>Fish:</i>	
Sausage	1	Fish	139
		Tinned fish	284
<i>Poultry and Game:</i>		<i>Fruit and Vegetables:</i>	
Turkeys	481	Apples	312
Geese	15	Avocado pears	10,025
Ducks	48	Bananas	11,600
Fowls	3,394	Cherries	224
Game	30		

<i>Fruit and Vegetables:</i>	<i>Weight (lb.)</i>		<i>Weight (lb.)</i>
Dates	2,446	Parsnips	488
Egg fruit	104	Peas (green)	22,225
Figs	72	Peppers	434
Grape fruit	100	Potatoes	30,506
Grapes	50	Potatoes (sweet)	5,253
Grenadillas	4,064	Pumpkins	7,186
Lemons	491	Radishes	2,396
Letchies	1,826	Spinach	5,254
Mangoes	10,551	Squashes	4,302
Melons	14,970	Tomatoes	21,549
Mixed fruit	20	Turnips	12,967
Mulberries	3	Watercress	8
Naartjies	89		
Nectarines	144	<i>Other Provisions:</i>	
Oranges	980	Beans (dried)	14
Paw paws	31,664	Biscuits	152
Peaches	1,077	Canned fruit	2,497
Pears	1,765	Cereals	18
Persimmons	12	Cheese	22
Pineapples	78	Chutney	509
Quinces	80	Coffee	2
Rhubarb	411	Eggs	98
Watermelons	31,713	Fish paste	1
Bean (green)	57,753	Flour	1,220
Beetroot	73,108	Ham	117
Bringels	5,506	Jam	415
Cabbages	27,337	Meat paste	62
Cauliflowers	10,011	Milk (condensed)	84
Carrots	7,525	Peas (dried)	319
Celery	231	Pickles and Delicacies	113
Chillies	3,150	Postum	12
Cucumbers	4,085	Preserved fruit	51
Garlic	126	Raisins	1
Leeks	66	Spaghetti	21
Lettuce	8,998	Spice	23
Marrows	1,420	Sugar	500
Mealies	6,797	Sweets	11
Mint	20	Syrup (fruit)	2
Mixed Vegetables	44	Tinned meat	6,506
Onions	6,030	Other tinned food	1,113
Parsley	577		

CASES BEFORE THE MAGISTRATE.

The following table gives particulars of cases heard by the magistrates during the year ended 30th June, 1950, at the instance of the City Health Department. In most of the cases there were two or more separate counts; the counts are not enumerated in the table. In some cases more than one person was summonsed for the same offence; if any one accused was fined or reprimanded the case is recorded in the table accordingly, notwithstanding that the other accused may have been discharged:—

Nature of offence.	Number of cases.						Total Fines. £ s. d.	
	Total.	Fined.	Suspended sentence.	Reprimanded.	Summons withdrawn.	Discharged.		
						No. of persons summonsed.		
Dwelling-house premises in insanitary condition (excluding the keeping of animals)	18	13	—	1	—	4	20	38 10 0
Dwelling-house premises in insanitary condition (including the keeping of animals)	1	—	—	—	1	—	1	—
Insanitary conditions or other offences at food premises:								
Butchers' shop premises	1	1	—	—	—	—	8	5 0 0
Bake houses	3	3	—	—	—	—	6	12 0 0
Other food premises	8	8	—	—	—	—	13	57 10 0
Insanitary conditions or other offences in trans- port or delivery of foodstuffs:								
Milk	20	18	—	—	—	2	40	160 0 0
Other foodstuffs	24	22	—	—	2	—	26	48 0 0
Selling, delivering or depositing meat not slaughtered at the Municipal Abattoir or not inspected and stamped	2	2	—	—	—	—	3	8 0 0
Selling, etc., diseased unsound or unwholesome food:								
Meat	1	—	—	—	—	1	1	—
Other foodstuffs	1	1	—	—	—	—	1	5 0 0
Selling foodstuffs in contravention of the Food, Drugs and Disinfectants Act:								
Milk	49	42	—	4	3	—	53	309 10 0
Meat products	10	9	—	—	1	—	40	71 0 0
Minced meat	19	19	—	—	—	—	45	153 0 0
Ice-cream	3	3	—	—	—	—	3	27 10 0
Trading as purveyor of milk without licence (no cows kept)	6	5	—	1	—	—	10	48 10 0
Trading as purveyor of milk without licence (cows kept)	1	1	—	—	—	—	1	2 0 0
Trading as a hawker without licence	16	14	—	—	2	—	18	27 10 0
Other nuisances or insanitary conditions	8	5	—	1	1	1	8	14 10 0
Expectorating on the floor of a public place ..	2	1	—	—	1	—	2	1 0 0
Total	193	167	—	7	11	8	299	988 10 0

PUBLIC SANITARY CONVENIENCES.

The following is a list of the public sanitary conveniences open at 30th June, 1950, 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	2	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
Maitland Outspan	2	1
Mowbray	2	1
Muizenberg Beach	2	2
Museum, Cape Town	2	1
Newlands	1	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	1	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
	81	54
Relief attendants	10	9
Night-shift attendants	4	2
	95	65

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 attendants from 7 a.m. to 11 p.m. The conveniences at the Early Morning Market and Salt River Market (for males and females) are open 24 hours a day and the Castle Street and Dock Road conveniences (also for males and females) are open day and night for males only. Of the six night-shift attendants mentioned above, four attendants (2 male, 2 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.
Camp's 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 Platteklop, 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, 1950, were as follows:—

	Attendances.	Money taken.		
		£	s.	d.
Hout Street	11,513	213	13	2
Platteklop	4,027	56	0	3
Hanover Street	12,763	763	0	0
Salt River	3,926	61	8	11
Mowbray	10,387	183	19	2
Claremont	8,850	170	17	9
Wynberg	5,501	114	16	10
Kalk Bay	2,640	66	0	0
	59,607	£1,629	16	1

The attendances and takings at the Hout Street shower-baths during the year ended 30th June 1950, were as follows:—

	Shower-baths.	
	Attendances.	Money taken.
		£ s. d.
Adults	37,822	469 15 3
Children	152	1 5 4
Total	37,974	£471 0 7

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 unauthorized 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 8,000 houses, in addition to the building of Langa Township.

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

	Houses.	Average cost per dwelling.
Q-Town, Athlone (non-European)	234	£ 586

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.	Flats.	Cottages.	Average cost per dwelling.
4	—	—	£
1	—	—	1,756
—	8	—	3,256
—	4	—	1,104
—	—	6	625
—	—	—	1,487

The company also built 30 flats (1 block) for Europeans at Zorgvliet, Brooklyn, at a cost of £818 each.

The dwellings completed bring the figures from 1920 to 30th June, 1950, 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	4,542	5,588
Citizens' Housing League Utility Co. ..	831	28	859
	1,877	4,570	6,447
Outside Cape Town municipal area:			
Citizens' Housing League Utility Co. ..	1,792	—	1,792
Total	3,669	4,570	8,239

The number of new dwelling houses built in the calendar year 1950 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	1949 ..	11,540	1,638
1932 ..	6,000	1,102	1950 ..	11,970	610

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 Organization 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	28	Ward 10	416
" 2	51	" 11	5
" 3	98	" 12	226
" 4	124	" 13	37
" 5	358	" 14	266
" 6	223	" 15	709
" 7	664		
" 8	361	Total	3,601
" 9	35		

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, 1950, the number of such burials was 329.

RELIEF WORKS.

During the period under review an average of 160 men have been employed on relief works maintained by the City Council. The total expenditure of the Council under this heading in the year 1949-50 was £43,221 7s. 4d., of which £29,653 12s. 9d. was paid in wages, including cost-of-living allowance. The Government repaid to the Council £13,090 9s. 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, supplemented to some 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 1949 and 1950.

	1949.			1950.		
	£	s.	d.	£	s.	d.
Income from voluntary sources	576	0	0	291	12	8
Subsidy from Provincial Administration for investigations <i>re</i> Conradie Home applications	120	0	0	120	0	0
Subsidy from Department of Social Welfare	18,880	2	6	34,764	10	0
Subsidy from City Council	18,880	2	6	—	—	—
Expenditure on relief, excluding administration costs	11,186	0	0	13,253	10	1
Number of applications received	3,031			1,905		

The Board maintains a hostel in Canterbury Street for Coloured old-age pensioners of both sexes.

Accommodation is provided for 120 pensioners. Aged Coloureds are accommodated in the Hostel at £1 15s. per month inclusive. Recreational facilities and other amenities are provided to make old-age as comfortable as possible.

Two Day Nurseries are maintained by the Board. The Tafelberg Day Nursery in Canterbury Street accommodates 106 Coloured children aged three months to six years. The European nursery in Harrington Street has accommodation for 56 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 20 and 22. The dinners given numbered 112,916 (mothers, 29,092; children, 83,824). To these figures are to be added 30,687 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 155,589 and 8,533 gallons of milk were consumed. To these figures are to be added 42,240 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, 1950, 2,127 new cases were supplied and 47,553 lbs. of dried milk were issued. The cost was £3,545 14s. 5d. (see page 19). As a result of this provision no suckling infant in the Municipality need lack an adequate diet on account of poverty.

The City Council also provides bread and milk as additional nourishment for indigent cases of tuberculosis. The ordinary daily allowance for a patient is 1 lb. bread and 1 pint milk. 183 new cases were put on this allowance during the year, and the cost of the supplies was £2,152 6s. 0d.

NATIONAL FEEDING SCHEME FOR SCHOOL CHILDREN.

This scheme, which includes the distribution of State-aided milk, is administered by the School Board for the Cape Division. The Secretary of the Board has kindly furnished the following particulars concerning the variety of foodstuffs supplied to all the schools under its jurisdiction during the year ended 30th June, 1950.

The scheme was continued for all schools on much the same lines as during preceding years. It was found increasingly difficult to provide a suitable variety of foodstuffs with the daily grant of only 2d. per pupil.

Milk and dairy products form the basis of the feeding scheme. At many schools it was found necessary to provide the "Oslo" type of meal. Fresh fruit was supplied to all schools in preference to raisins and fruit salad, but at certain times of the year great difficulty was experienced in obtaining sufficient supplies of fresh fruit.

Commodity.	January — March.	April — June.	July — September.	October — December.	Total for year.
Milk gals.	94,408	105,551	94,394	85,460	379,813
Powdered milk .. lbs.	166	569	180	47	962
Butter lbs.	14,842	11,969	14,554	12,273	53,638
Margarine lbs.	11,464	8,495	5,932	3,777	29,668
Cheddar cheese .. lbs.	20,872	24,565	15,559	23,594	84,590
Pasteurized cheese .. lbs.	4,652	4,640	3,113	3,512	15,917
Cocoa lbs.	2,682	6,811	3,174	2,800	15,467
Milo tins	22	264	240	192	718
Fish doz. pieces	—	11,294	15,976	11,104	38,374
Moskonfyt lbs.	2,632	5,869	3,546	3,991	16,038
Sugar pkts.	199	267	382	227	1,075
Oranges pkts.	—	25,238	19,700	3,496	48,434
Grapes half lugs	26,308	3,196	—	—	29,504
Raisins lbs.	23,800	37,075	14,475	28,925	104,275
Fruit salad lbs.	10,275	16,250	4,875	9,275	40,675
Crystallized fruit .. lbs.	825	1,675	500	3,400	6,400
Bread lbs.	128,100	143,776	140,857	107,967	520,700
Peanuts lbs.	17,669	27,425	14,100	20,975	80,169
Peanut butter .. lbs.	13,181	16,898	11,839	12,458	54,376
Soup ingredients	£6	£3	£419	—	£428
Fresh fruit (other than grapes and oranges) ..	£2,420	£4,286	£2,204	£5,936	£14,846
Sundry foodstuffs	£460	£429	£559	£477	£1,925

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

European	104 (29,372 children)
Coloured	178 (59,228 children)
Native	9 (2,881 children)
	291 (91,481 children)

METHYL BROMIDE FUMIGATION.

During the year under review this new fumigant was introduced in the city. Pioneer work by a local tobacco manufacturing concern led to a request for this Department's opinion on the principles of the processes involved, and a conference was arranged at the factory, attended by the Government Entomologist and a representative of this Department.

The gas itself was found to be lethal, and a most effective fumigant for insect pests, having a heavy penetrating power, and being non-inflammable and non-corrosive. Each of these aspects had to be considered in evolving a fumigating chamber which would fit into the factory production line and at the same time give full protection to the staff.

It was realized at the start that interest in this new fumigant had already been aroused amongst industrialists and merchants, and that in designing a gas chamber acceptable to the Department a precedent for further erection of this type was being undertaken. Bearing these aspects in mind a sketch plan of a fumigating chamber was drawn up embodying the following features:—

A steel-lined, gas-tight chamber, airtighty segregated from the rest of the premises, with exhaust fans and ducts of impervious material conducted up the outside of the building to a safe terminal above the roof. In addition, adequate warning notices on the outside of disconnecting lobbies communicating with the chamber itself were strongly recommended.

The close co-operation of all parties concerned enabled a complete plan of the chamber to be submitted and approved by this Department, the adequacy of which will have to be determined by experience. This plan has already served as a model for other similar proposals which have since been handled by the Department.

It is anticipated that with the extended use of this useful but highly dangerous gas, additional powers on the lines of the existing hydrocyanic acid gas regulations will have to be invoked by the Union Government Health Department.

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 12 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 authorized 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, 1950, there were no certificates issued by the Medical Officer of Health.

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 scheme in Retreat Native Housing Scheme. Portions of the Liesbeek, Black and Blaauwvlei Rivers were canalized to relieve flooding and to eliminate stagnant pools.

SEWERAGE.

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

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

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 ninepence per removal.

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

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. Sixty-two 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 444,211 cubic yards.
- In all areas house refuse is disposed of by controlled tipping.

SECTION XI.—STAFF OF CITY HEALTH DEPARTMENT.

The full-time staff as at 30th June, 1950, 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, 8.
Senior Clerks, 6.
Clerks, 2.
Junior Clerks, 4.
Senior Shorthand Typiste.
Senior Clerk Typiste.
Head Office Messenger.
Messenger Learner.
Motor Drivers, 6.
Caretaker/Cleaner.
Labourer.

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, 3.
Learner Health Inspectors, 4.
Clerk-in-Charge.
Senior Clerk.
Junior Clerk.
Junior Shorthand Typiste.
Washhouse Caretaker/Fitter.
Washhouse Caretakers, 6.
Assistant Washhouse Caretakers, 5.
Ratcatchers, 15.
Ratcatchers' Assistants, 7.
Ratcatchers' Assistants-Learners, 4.
Motor-Driver.
Checker.
Fireman/Stoker.
Labourers, 5.
Stores-Yardsman.
Attendants at Public Sanitary Conveniences, 160.

DAIRY INSPECTION.

Veterinary Officer.
Dairy Inspectors, 3.

MATERNITY 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, 23.
 Junior Health Visitors, 7.
 Social Welfare Visitor.
 Clinic Assistants, 3.
 Clerk.
 Junior Clerk.
 Senior Clerk Typiste.
 Shorthand Typiste.
 Clerk Typistes, 2.
 Nursery School Teachers, 3.
 Nursery School Teacher (Junior).
 Nursery School Superintendent.
 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 Visitors, 3.
 Head Male Nurse.
 Male Nurses, 7.
 Senior Clerk.
 Senior Clerk Typiste.
 Domestic Adult.
 Labourers, 2.

TUBERCULOSIS BRANCH.

Tuberculosis Officer.
 Deputy Tuberculosis Officer.
 Senior Radiographer.
 Senior Health Visitors, 3.
 Health Visitors, 4.
 Junior Health Visitors, 2.
 Clerk-in-Charge.
 Senior Clerk.
 Clerks, 2.
 Junior Clerks, 3.
 Clinic Assistant.
 Clerk-Typistes, 2.
 Domestic Adults, 2.
 Caretaker/Cleaner.
 Labourer.

DENTAL BRANCH.

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

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.

Mr. H. Fish, Dairy Inspector, on reaching the age of superannuation, retired on pension on 2nd April, 1950, after completing 26 years' service.

Home Sister.
 Night Sister.
 Theatre Sister.
 Sisters, 8.
 Staff Nurses, 2.
 Student Nurses, 10.
 Nurse.
 Nursing Assistants, 6.
 Probationer Nurses, 11.
 Chief Pharmacist.
 Senior Pharmacist.
 Pharmacist.
 Dispensary Assistant.
 Radiographer.
 Disinfection Officer.
 Ambulance Officer.
 Clerk-in-Charge.
 Clerks, 2.
 Junior Shorthand Typiste, 2.
 Junior Clerk.
 Senior Works Foreman.
 Fitter.
 Handyman/Electrician.
 Handyman/Carpenter.
 Brush-hand Learner.
 Works Storeman.
 Storehand.
 Boiler Attendant.
 Labourers, 13.
 Laundry Supervisor.
 Seamstresses, 2.
 Laundresses, 29.
 Checker-Laundry.
 Housemaids, 24.
 Native Male Orderlies, 40.
 Hospital Cooks, 4.
 Senior Telephone Operators, 2.
 Telephone Operator.
 Hospital Porters, 4.
 Ambulance and Motor-drivers, 5.

BROOKLYN HOSPITAL FOR CHEST DISEASES.

Deputy Medical Superintendent.
 House Physicians, 2.
 Matron.
 Sisters, 8.
 Non-European Nurses, 17.
 Male Nursing Assistants, 3.
 Non-European Probationer Nurses, 2.
 Non-European Nursing Assistants, 30.
 Occupational Therapist.
 Housekeeper.
 Hospital Porters, 2.
 Senior Telephone Operator.
 Telephone Operator.
 Seamstresses, 2.
 Native Male Orderlies, 37.
 Boiler Attendant.
 Hospital Cooks, 4.
 Labourers, 7.
 Clerk.
 Kitchen Supervisor.
 Handyman-Carpenter.
 Hospital Patrolmen, 3.
 Motor Driver.
 Storekeepers, 2.

NATIVE HOSPITAL, LANGA.

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

DOMICILIARY MEDICAL SERVICE.

Medical Officer for Indigent Sick.

[illegible]

Death Classification.		International Code No.	CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																																TOTALS.			Persons.	Deaths in Chicago Town of Non-Residents.
Code No.	No.				0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.		M.	F.							
					M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.									
040	30	I. (Cont.) Locomotor ataxia (tabes dorsalis) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 2	- -	- -	- -	- -	- -	- -	- -	- -	1 2	- -	1 2							
041	30	General paralysis of the insane ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 3	1 3	- -	- -	2 2	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	8 2	10 10								
042	30	Aneurysm of the aorta ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 3	- -	- -	2 2	- -	2 2	- -	- -	- -	- -	- -	- -	- -	- -	2 5	5 2	7 8								
043	30	Syphilis, congenital ..	{E. O.	- 10	- 4	- 1	- 4	- -	- -	11 8	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	11 8	19 5									
044	30	Syphilis, other forms ..	{E. O.	- 1	- -	- -	- -	- -	- 1	- -	- -	- -	- -	- -	- -	1 2	1 8	3 4	- -	1 2	- -	- -	- -	- -	- -	- -	1 1	- -	- -	- -	2 17	- 5	2 22								
045	31	Relapsing fever ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -								
046	32	Weil's disease ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -								
047	32	Other diseases due to spirochetes ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -								
048	33	Influenza with respi- ratory complications specified ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	- 1	- -	- -	- 1	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 3	1 1	2 4								
049	33	Influenza without respiratory complica- tions specified ..	{E. O.	- 2	- 3	- -	- -	- -	2 3	- -	- -	- -	- -	- 1	- -	- -	- -	- -	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 3	- 3	1 6								
050	34	Smallpox ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -								
051	34	Amias and alastrim ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -								
052	35	Measles ..	{E. O.	- 2	- 5	- 9	- 6	- 4	- 3	15 14	- -	- -	- 1	- -	- 1	- 1	- -	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	3 15	4 14								
053	36	Acute poliomyelitis & polioencephalitis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -								
054	37	Acute lethargic (or epidemic) encephali- tis ..	{E. O.	- -	- -	- 1	- -	- -	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	- 1	- -								
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.	- -	- -	- -	- 2	- -	- 2	- -	- -	- -	- 1	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	3 3	4 4								
061	38	Other diseases due to viruses ..	{E. O.	- 1	- 1	- -	- -	- -	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	- 1	1 1								
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.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	- -	- -	- -	- -	- -	- -	- 1	- -	- -	- -	- -	- -	- -	- -	- 1	2 1	2 1								
068	42	Cestodes-tape ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -								
069	42	Trematodes-fluke ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -								
070	42	Other diseases due to helminths-nematodes -round ..	{E. O.	- -	- -	- 1	- -	- -	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	- 1	- -								
071	42	Other diseases due to helminths-bilharzia ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -								
072	42	Other diseases due to helminths - others and unspecified ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1								
073	43	Mycoses ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -								
074	44	Veneral diseases (other than syphilis or gonorrhea) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -								
075	44	Periculous lympho- granulomatosis (Hodgkin's disease) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	- -	- 1	- -	- -	- -	- 1	- 1	- 1	- -	- -	- -	- -	- -	- -	- 4	1 1	5 3								
076	44	Mumps ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -								
077	44	Other infectious or parasitic diseases ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -								
Totals for I ..				{E. O.	2 71	5 67	1 79	3 81	12 58	5 43	18 208	4 191	1 18	- 22	- 7	11 9	11 66	7 99	9 82	9 95	9 104	8 41	16 75	7 30	25 35	5 11	6 9	3 6	4 4	3 1	- 1	87 609	65 506	152 1115	40 111						

[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.					
II. CANCER AND OTHER TUMOURS.																																				
Cancer and other malignant tumours of the buccal cavity—pharynx ..	{E. O.	1	1	1	-	-	2	-	1	-	-	-	1	-	-	-	-	-	2	-	1	-	-	-	-	-	-	-	-	-	1	-	1	6	2	8
Cancer of the oesophagus ..	{E. O.	1	1	-	-	1	-	-	-	-	1	-	-	-	2	1	-	1	-	3	-	-	1	-	-	-	-	1	-	-	-	-	3	4	7	
Cancer of the stomach and duodenum ..	{E. O.	2	1	-	1	-	1	-	6	1	1	-	1	3	2	1	2	6	2	3	2	6	1	2	1	1	1	2	5	2	2	1	20	28	48	
Cancer of the rectum ..	{E. O.	-	-	-	1	-	-	1	1	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	1	-	-	-	-	1	-	5	3	8		
Cancer of the liver ..	{E. O.	1	1	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	1	-	3	4	7		
Cancer of the pancreas ..	{E. O.	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	1	-	1	-	-	-	-	-	2	1	-	1	-	1	-	4	3	7	
Cancer of other digestive organs ..	{E. O.	1	2	1	3	3	2	1	1	1	1	1	-	1	-	1	3	-	1	1	1	1	1	3	2	1	-	-	-	-	1	14	19	33		
Cancer of the larynx ..	{E. O.	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	4	-	4			
Cancer of the mediastinum ..	{E. O.	-	-	-	-	-	1	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2			
Cancer of the lung ..	{E. O.	-	1	1	2	4	-	4	-	1	-	3	1	-	2	2	2	-	3	-	3	1	-	1	-	3	2	1	1	1	1	29	9	29		
Cancer of the uterus ..	{E. O.	-	-	-	12	-	12	-	1	-	1	-	-	1	-	12	-	5	-	1	-	1	-	1	-	12	-	12	-	12	-	23	23	23		
Cancer of other female genital organs ..	{E. O.	-	12	-	12	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	12	-	9	9	1		
Cancer of the breast (male or female) ..	{E. O.	-	12	-	12	-	3	-	1	-	-	-	1	-	12	-	12	-	2	-	1	-	1	-	12	-	1	-	3	-	12	-	22	7	29	
Cancer of the prostate ..	{E. O.	1	-	-	-	-	-	-	1	1	-	2	-	1	-	-	-	12	-	-	-	-	-	-	12	-	3	-	-	-	1	11	3	11		
Cancer of other male genital organs ..	{E. O.	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	2	-	2	1		
Cancer of male and female urinary organs ..	{E. O.	1	1	1	-	-	1	-	1	1	1	-	-	1	-	12	-	12	-	12	-	1	-	-	-	1	-	2	-	-	10	5	15			
Cancer of the skin ..	{E. O.	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	3	-	3	1		
Cancer of the brain and other parts of the nervous system ..	{E. O.	1	-	-	-	-	-	-	-	-	-	-	-	1	-	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	4			
Cancer of the bones ..	{E. O.	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3	1	3			
Cancer of other and unspecified organs ..	{E. O.	1	1	-	2	-	-	-	-	-	-	1	-	2	-	1	1	1	-	1	-	1	-	-	1	-	-	-	1	1	-	8	6	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.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1			
Tumour of the uterus ..	{E. O.	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1			
Tumour of other female genital organs ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Tumour of the brain and other parts of the nervous system ..	{E. O.	-	-	-	-	1	-	-	1	1	-	-	-	2	-	-	-	1	-	-	-	-	-	1	-	-	-	-	1	-	1	4	5			
Tumours of other and unspecified organs ..	{E. O.	-	-	2	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	4			
Totals for II ..	{E. O.	11	13	4	16	8	11	12	11	7	5	5	2	10	7	7	16	19	5	13	2	10	2	6	5	8	12	6	13	10	8	1	5	124	146	270
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	-	2	-	-	1	1	2	3	-	1	1	1	-	-	-	-	1	-	-	1	2	-	2	2	4		
Chronic rheumatism, osteo arthritis. ..	{E. O.	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1			
Gout ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Diabetes ..	{E. O.	2	2	1	12	2	-	-	1	-	2	-	2	1	1	1	1	1	2	1	1	4	-	-	3	1	2	3	1	1	-	4	1	13	22	35
Diseases of the pituitary gland ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Simple goitre ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			

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									
		M.	F.	M.	F.	M.	F.	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. (Contd.)																																							
Exophthalmic goitre	{E. O.	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1	12		
Myxedema and cretinism	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other diseases of the thyroid glands	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Diseases of the parathyroid glands (Tetany)	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Diseases of the thymus	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Addison's disease	{E. O.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	12	12			
Other diseases of the adrenal glands	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Acromegaly	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Malnutrition	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Other general diseases	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Scurvy, infantile	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Scurvy, other forms	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Beri-beri	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1				
Pellagra	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1				
Rickets	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Other vitamin-deficiency diseases	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Totals for III	{E. O.	12	3	12	12	12	1	-	12	1	12	1	12	1	1	12	12	1	12	12	1	12	12	1	12	12	1	12	12	1	12	12	1	16	28	44			
IV. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS.																																							
Primary purpura	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1			
Hæmophilia	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Other and unspecified hæmorrhagic conditions	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Perniciou anemia	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1				
Other hyperchromic anemias	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Hypochromic anemias	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Other and unspecified anemias	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1				
Leukæmic	{E. O.	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12	1	6			
Aleukæmic	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Splenic anemia	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Banti's disease	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1				
Other diseases of the spleen	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Agranulocytosis	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Erythrocytosis	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Other diseases of the blood and blood-forming organs	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Totals for IV	{E. O.	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	12	8			
V. CHRONIC POISONINGS AND INTOXICATIONS.																																							
Acute alcoholism	{E. O.	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-			
Chronic alcoholism	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Unspecified alcoholism	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Lead poisoning specified as occupational	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				

REPORT OF THE MEDICAL OFFICER OF HEALTH

Death Classification.		CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS																																TOTALS.		Persons. 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.								
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
254	78	V. (Contd.) Lead poisoning not specified as occupational	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
255	79	Occupational poisoning	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
256	79	Poisoning by narcotic and soporific drugs ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
257	79	Other non-occupational poisoning ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
258	79	Unspecified poisoning ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
		Totals for V ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
300	80	VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS. Intra-cranial abscess ..	{E. O.	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	2	1	3				
301	80	Other forms of encephalitis (non-epidemic)	{E. O.	-	12	-	1	-	-	3	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	1	4	5	2				
302	81	Meningitis, pneumococcal	{E. O.	1	12	-	-	-	-	1	2	-	-	2	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	2	4	6				
303	81	Other forms of meningitis (non-meningococcal)	{E. O.	1	-	-	-	2	-	3	-	1	-	-	-	1	1	-	-	1	-	-	-	-	-	-	-	-	-	-	2	1	3					
304	82	Diseases of the medulla and spinal cord, other than locomotor ataxia and disseminated sclerosis	{E. O.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	2	-	1	-	-	1	-	-	-	-	-	-	1	1	2					
305	83	Cerebral haemorrhage (not due to injury at birth)	{E. O.	-	-	-	-	-	-	-	-	-	1	-	-	-	-	5	4	7	6	11	6	12	19	16	20	4	8	55	63	118	8					
306	83	Cerebral embolism and thrombosis	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	-	4	3	3	5	10	6	10	19	2	5	26	38	64	3	-	-					
307	83	Hemiplegia and other paralysis of un- stated origin	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1	2	3	4	1	1	2	-	1	3	6	9	2	-					
308	84	Mental disorders and deficiency (exclud- ing general paralysis of the insane) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	1	1	2	1					
309	85	Epilepsy	{E. O.	-	-	-	-	-	-	-	-	-	2	1	-	1	1	2	-	1	-	-	-	-	-	-	-	-	-	1	3	4	-					
310	86	Convulsions in children under 5 years of age	{E. O.	-	2	2	2	-	-	4	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	2	6	-					
311	87	Chorea	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
312	87	Neuritis (non-rheumatic)	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
313	87	Paralysis agitans (Parkinson's disease) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	1	-	1	-	-	-	-	2	1	2	-	-					
314	87	Disseminated sclerosis	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	1	-	-					
315	87	Other diseases of the nervous system ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	1	-	-	-	-	-	2	1	3	-					
316	88	Diseases of the organs of vision	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
317	89	Diseases of the ear and the mastoid process ..	{E. O.	2	2	-	1	-	-	2	3	1	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	4	7					
		Totals for VI ..	{E. O.	-	7	12	2	1	2	-	11	3	7	1	2	-	2	5	1	2	2	1	7	5	10	11	18	21	29	26	36	29	42	6				
				7	6	2	1	2	-	11	7	1	2	-	2	5	1	2	2	1	9	7	19	18	21	29	26	36	29	42	6	14	95					
		VII. DISEASES OF THE CIRCULATORY SYSTEM.																																				
350	90	Chronic pericarditis specified as rheumatic	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
351	90	Other pericarditis	{E. O.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1	-	-				
352	91	Acute endocarditis (excluding rheumatic endocarditis) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	2	-	-	-	-	-	-	1	2	3	-				
353	92	Valvular disease specified as sequelae of rheumatic fever ..	{E. O.	-	-	-	-	-	-	-	1	-	2	2	3	1	2	3	1	1	1	1	-	-	-	-	-	-	-	5	3	8	-					
354	92	Other chronic affections of the valves and endocardium ..	{E. O.	-	-	-	-	-	-	-	1	-	-	-	1	3	1	4	1	3	5	2	5	2	3	4	4	1	3	1	2	14	14	28				
355	93	Acute myocarditis	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	1	1	-	-	-				
356	93	Chronic myocarditis specified as rheumatic	{E. O.	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-				
357	93	Other chronic myocarditis	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	3	3	-	-				

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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.	22 9	13 2	9 1	7 2	5 4	17 4	4 8	7 3	2 8	7 4	10 6	8 1	5 5	1 3	9 1	10 8	1 7	10 1	11 1	8 4	18 4	10 6	9 6	6 1	13 4	6 1	6 1	7 1	161 55	93 26	254 81			
Heart disease specified as rheumatic ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Heart disease not specified as rheumatic ..	{E. O.	1 5	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	6 7	17 10	23 17			
Aneurysm, except of heart and aorta ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Arterio-sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral hemorrhage ..	{E. O.	2 2	2 2	2 2	1 5	2 2	3 3	2 2	1 3	1 6	3 3	2 2	1 2	4 4	1 1	2 2	2 2	1 1	2 2	2 2	1 1	2 2	1 1	2 2	3 3	6 6	1 1	4 4	34 28	16 29	50 57				
Gangrene (including cancer oris) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Other diseases of the arteries ..	{E. O.	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Diseases of the veins ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Diseases of the lymphatic system ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
High blood pressure ..	{E. O.	1 -	1 -	1 -	- -	1 2	1 2	1 -	1 6	3 3	5 2	2 4	5 4	2 4	5 4	3 2	7 5	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	
Other diseases of the circulatory system (including hypertension) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Totals for VII ..	{E. O.	32 2	28 5	25 4	16 15	17 17	28 17	13 13	14 42	6 31	10 29	7 34	22 16	20 16	18 28	4 23	24 5	28 5	39 32	7 1	19 3	23 1	20 14	11 13	28 16	22 10	22 16	19 20	30 16	16 21	9 2	26 22	321 246		
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.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Bronchitis, acute ..	{E. O.	- -	- -	- -	1 1	- 4	- -	- -	2 4	4 4	2 -	- -	1 11	9 9	- -	- -	10 6	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Bronchitis, chronic ..	{E. O.	- -	- -	1 -	- -	4 1	- -	- -	2 -	4 -	1 -	- -	3 3	- -	1 -	- -	5 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Broncho-pneumonia, including capillary bronchitis ..	{E. O.	1 2	2 3	1 3	1 11	- 1	2 1	1 6	2 12	1 13	1 10	2 9	2 30	2 34	2 22	1 43	4 33	1 1	1 6	1 13	1 8	1 4	1 8	1 7	1 18	1 10	1 2	1 18	4 10	3 2	1 169	24 139	45 99		
Pneumonia, lobar ..	{E. O.	- -	- -	1 -	- 3	- -	1 -	1 3	- -	6 -	1 -	- -	1 11	5 5	- -	1 8	3 3	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Pneumonia, unspecified, including acute congestion of the lungs ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Empyema ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Other unspecified forms of pleurisy (not specified as tuberculous) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Hæmorrhagic infarction of the lung (including pulmonary embolism) ..	{E. O.	- -	- -	1 2	1 1	- -	2 1	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Chronic or unspecified congestion of the lungs (including hypostatic pneumonia of unknown origin) ..	{E. O.	1 -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Asthma ..	{E. O.	- -	- -	- -	1 -	- -	1 -	- -	1 -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Pulmonary emphysema ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Miners' phthisis without tuberculosis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Miners' phthisis with tuberculosis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Other occupational respiratory diseases ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Gangrene of the lung ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Abscess of the lung ..	{E. O.	- -	- -	- -	1 -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Other diseases of the respiratory system not specified as occupational ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
Totals for VIII ..	{E. O.	2 4	3 4	4 4	3 17	6 11	5 12	2 15	2 17	3 29	1 14	2 10	5 5	5 52	6 2	5 72	4 45	3 3	1 2	5 11	1 15	4 11	4 7	1 12	4 10	2 25	4 13	5 3	4 1	53 275	52 198	105 473			

[illegible]

[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					
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
		{E. O.	{E. O.	{E. O.	{E. O.	{E. O.	{E. O.	{E. O.	{E. O.	{E. O.	{E. O.	{E. O.	{E. O.	{E. O.	{E. O.	{E. O.	{E. O.	{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.				
XI. (Contd.)																																			
Acute yellow atrophy of the liver (post-partum) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Other puerperal toxæmia ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Other accidents of childbirth ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Other or unspecified diseases of child- birth and the puerperium ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Totals for XI ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
XII. DISEASES OF THE SKIN AND CELLULAR TISSUE.																																			
Carbuncle, boils ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Cellulitis, acute abscesses ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Other diseases of the skin, etc. ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Totals for XII ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
XIII. DISEASES OF THE BONES—ORGANS OF MOVEMENT.																																			
Osteomyelitis and periostitis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Other diseases of the bones (except tuberculosis) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Diseases of the joints (except tuberculosis and rheumatism) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Diseases of the organs of movement ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Totals for XIII ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
XIV. CONGENITAL MALFORMATIONS.																																			
Congenital hydrocephalus ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Spina bifida and meningocele ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Congenital malformation of the heart ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-																	

Death Classification.		AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																											TOTALS.						
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		Deaths in Cape Town of Non-Residents	
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.			
758	161	XV. (Contd.) Other specified diseases (including gangrene or hæmorrhage of umbilicus, lacerations, acute catarrhal hepatitis ..	{E. O.	1 2	1 3	-	-	-	-	1 2	1 3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1 2	1 3	1 2
		Totals for XV ..	{E. O.	25 155	22 129	-	-	-	-	25 155	22 129	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25 155	22 129	47 275	
		XVI. SENILITY, OLD AGE.																																	
800	162	Senility (age 65 and over) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1 2	1 1	1 5	3 9	15 3	5 2	21 11	26 14	1		
		XVII. VIOLENT OR ACCIDENTAL DEATHS.																																	
850-863	163-164	Suicide ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	2 14	1 12	4 9	2 5	1 1	5 12	1 1	12 1	1 1	2 1	1 1	-	-	-	-	-	20 6	7 2	27 8	
864-867	165-168	Homicide ..	{E. O.	-	-	-	-	-	-	3 1	1 1	-	-	-	-	14 12	2 9	2 12	1 5	2 1	1 2	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	32 8	6 40	12 40	
868-879	169-173	Accidental injury by railway, road and other transport ..	{E. O.	-	-	1 1	-	1 4	1 1	2 5	1 1	5 3	2 1	5 8	2 2	3 1	2 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	17 37	6 8	23 45		
880-886	174-186	Accidental injury by industrial or other mechanical causes	{E. O.	1 1	-	-	-	-	-	2 1	1 1	-	-	-	-	2 1	-	4 3	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	9 14	3 1	12 15		
887-897	187-195	Injury by venomous animals ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
888-899	175-188	Injury by other animals ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
887	177	Food poisoning ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
888	178	Accidental absorption of poisonous gases	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
889	179	Other acute accidental poisoning (not by gas) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	1 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12 1	2 1	4 1		
890	180	Conflagration ..	{E. O.	1 1	-	1 1	-	-	-	2 1	-	-	-	-	-	-	1 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5 5	-	2	
891	181	Accidental burns (conflagration excepted)	{E. O.	-	-	-	-	1 1	1 1	1 1	-	1 1	-	1 1	-	2 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2 4	3 3	6 8	
892	182	Accidental mechanical suffocation ..	{E. O.	1 1	-	1 1	-	-	-	1 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1 1	-	1	
893	183	Accidental drowning	{E. O.	-	-	-	-	-	-	1 1	-	-	-	2 3	2 6	-	2 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5 12	3 3	5 15	
898	187	Cataclysm (all deaths, whatever their cause)	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
900	189	Hunger or thirst ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
901	190	Excessive cold ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
902	191	Excessive heat (including heat stroke on mines) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
903	192	Lightning ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
904	193	Other accidents due to electric currents ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
906	195	Anæsthetic accidents (experiments, normal childbirth, sterilising or æsthetic operations or operations of unknown nature)	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
907	196	Lack of care of the new-born ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-									

[illegible]

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

Sec- tion.	Code No.	CAUSE OF DEATH.	AGE GROUPS (YEARS).																TOTALS.			Deaths in Cape Town of non-residents (ex- cluding columns).	M.	F.									
			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.	M.	F.	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	008	Cerebrospinal meningococcal meningitis	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
I	015	Tuberculosis of respiratory system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	-	
I	016	Tuberculosis of central nervous system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	
II	101	Cancer of the oesophagus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	
II	102	Cancer of the stomach and duodenum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
II	103	Cancer of the rectum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
III	152	Diabetes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
IV	207	Leukaemia (leukaemic)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VI	305	Cerebral haemorrhage (not due to injury at birth)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VI	306	Cerebral embolism and thrombosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VII	354	Other chronic affections of the valves and endocardium	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VII	357	Other chronic myocarditis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VII	358	Diseases of the coronary arteries and angina pectoris	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VII	360	Other diseases of the heart not specified as rheumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VII	362	Arterio-sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VII	367	High blood pressure	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VIII	404	Broncho-pneumonia, including capillary bronchitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VIII	405	Pneumonia, lobar	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
IX	458	Diarrhoea and enteritis (under 2 years of age)	2	1	-	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
IX	459	Diarrhoea and enteritis (2 years of age and over)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XIV	700	Congenital hydrocephalus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XV	751	Premature birth	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XV	752	Intra-cranial or spinal haemorrhage due to injury at birth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVII	868-	Accidental injury by railway road and other transport	3	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVII	879	Open verdict	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVIII	916	Ill-defined causes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVIII	951	Totals	7	3	1	-	3	2	11	5	1	-	1	-	1	8	1	1	-	4	1	9	1	12	-	1	-	-	-	-	-	-	

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

Sec- tion.	Code No.	CAUSE OF DEATH	WARDS.															Not Allo- cated. Residen- tial ad- dresses unascert- ained.	TOTALS.												
																			M.	F.											
			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.										
I	008	Cerebrospinal meningococcal menin- gitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1									
I	015	Tuberculosis of respiratory system ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	6									
I	016	Tuberculosis of central nervous system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	4									
II	101	Cancer of oesophagus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1									
II	102	Cancer of the stomach and duodenum ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1									
II	103	Cancer of the rectum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1									
IV	207	Leukemia (leukaemic)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1									
VI	305	Cerebral haemorrhage (not due to injury at birth)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	5									
VI	306	Cerebral embolism and thrombosis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1									
VII	354	Other chronic affections of the valves and endocardium	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1									
VII	357	Other chronic myocarditis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	4									
VII	358	Diseases of the coronary arteries and angina pectoris	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	5									
VII	360	Other diseases of the heart not specified as rheumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1									
VII	362	Arterio-sclerosis excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1									
VII	367	High blood pressure	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	4									
VIII	404	Broncho-pneumonia, including ca- pillary bronchitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	5									
VIII	405	Pneumonia, lobar	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2									
IX	458	Diarrhoea and enteritis (under 2 years of age)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1									
IX	459	Diarrhoea and enteritis (2 years of age and over)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3									
XIV	700	Congenital hydrocephalus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1									
XV	751	Premature birth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1									
XV	752	Intra-cranial or spinal haemorrhage due to injury at birth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3									
XVII	868	Accidental injury by railway road ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3									
XVII	879	or other transport	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1									
XVIII	916	Open verdict	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1									
XVIII	951	Ill-defined causes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1									
		Totals	-	1	1	4	1	-	6	-	10	1	2	-	5	1	-	7	4	-	1	2	4	-	6	-	2	-	48	10	58

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 (excluded from above).	
			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	-	1	-			
I	008	Cerebrospinal meningococcal meningitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-			
I	011	Whooping cough ..	1	4	2	2	1	3	4	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	9	13	-			
I	012	Diphtheria ..	-	2	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-			
I	014	Tetanus ..	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-			
I	015	Tuberculosis of respiratory system ..	-	2	10	4	1	3	11	9	1	2	2	2	8	12	15	18	19	4	10	3	4	2	-	-	-	-	70	52	122	11			
I	016	Tuberculosis of central nervous system ..	2	-	4	-	4	-	10	-	1	2	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	12	3	15	6			
I	017	Tuberculosis of intestines and peritoneum ..	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-			
I	021	Tuberculosis of lymphatic system ..	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-			
I	022	Tuberculosis of genito-urinary system ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1	-			
I	024	Tuberculosis, acute milary ..	3	4	1	1	1	-	5	5	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	5	7	12	3			
I	025	Tuberculosis, chronic milary ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-		
I	032	Dysentery, bacillary ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1	-		
I	033	Dysentery, amoebic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1	-		
I	041	General paralysis of the insane ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1	-		
I	042	Aneurysm of the aorta ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1	-			
I	043	Syphilis, congenital ..	2	1	-	-	-	-	2	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	3	3	6	-			
I	044	Syphilis, other forms ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2	2	4	-			
I	049	Influenza without respiratory complications specified ..	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-			
I	067	Hydatid disease ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-			
I	075	Pernicious lympho-granulomatosis (Hodgkin's disease) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-		
II	100	Cancer and other malignant tumours of the buccal cavity-pharynx ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
II	101	Cancer of the oesophagus ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1	-	1	-	
II	102	Cancer of the stomach and duodenum ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1	-	1	-	
II	104	Cancer of the liver ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1	-	1	-	
II	109	Cancer of the lung ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1	-	1	-	
II	115	Cancer of male and female urinary organs ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1	-	1	-	
II	119	Cancer of other and unspecified organs ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
III	149	Acute rheumatic fever ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	-		
III	152	Diabetes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
IV	200	Primary purpura ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	
IV	207	Leukaemia ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
VI	300	Intra-cranial abscess ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-
VI	301	Other forms of encephalitis (non-epidemic) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	-	1	-
VI	302	Meningitis, pneumococcal ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
VI	304	Diseases of the medulla and spinal cord, other than locomotor ataxia, and disseminated sclerosis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VI	305	Cerebral haemorrhage (not due to injury at birth) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	-	1	-	3	1	4	2	2	-	
VI	306	Cerebral embolism and thrombosis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
VI	308	Mental disorders and deficiency (excluding general paralysis of the insane) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VI	309	Epilepsy ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
VI	310	Convulsions in children under 5 years of age ..	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
VI	317	Diseases of the ear and the mastoid process ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-
VII	352	Acute endocarditis (excluding rheumatic endocarditis) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VII	353	Valvular diseases specified as sequelae of rheumatic fever ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VII	354	Other chronic affections of the valves and endocardium ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VII	357	Other chronic myocarditis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VII	359	Diseases of the coronary arteries and angina pectoris ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VII	350	Heart disease specified as rheumatic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VII	360	Heart disease not specified as rheumatic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VII	362	Arterio-sclerosis excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

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

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					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.						
1 Typhoid fever ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
2 Cerebrospinal meningococcal meningitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2		
3 Whooping cough ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1	4	-	-	-	-	-	-	-	-	-	-	3	9	12		
4 Diphtheria ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
5 Tetanus ..	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
6 Tuberculosis of respiratory system ..	1	-	2	1	5	2	-	-	1	12	1	2	-	-	30	15	-	-	10	8	-	-	2	-	-	2	2	1	15	18	1	1	70	52	122	
7 Tuberculosis of central nervous system ..	1	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	12	3	15		
8 Tuberculosis of intestines and peritoneum ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
9 Tuberculosis of lymphatic system ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
10 Tuberculosis of genito-urinary system ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
11 Tuberculosis, acute milary ..	-	-	1	-	1	-	-	-	1	-	-	-	-	-	1	3	-	-	1	1	-	-	-	-	1	-	-	1	-	-	-	5	7	12		
12 Tuberculosis, chronic milary ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	
13 Dysentery, bacillary ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	
14 Dysentery, amoebic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
15 General paralysis of the insane ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
16 Aneurysm of the aorta ..	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	1	1	
17 Syphilis, congenital ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	
18 Syphilis, other forms ..	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	
19 Influenza without respiratory complications specified ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
20 Hydatid disease ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
21 Cancer of the oesophagus ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3	
22 Cancer of the stomach and duodenum ..	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	
23 Cancer of the lung ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
24 Cancer of male and female urinary organs ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
25 Cancer, other and unspecified organs ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	
26 Diabetes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	
27 Primary purpura ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
28 Intracranial abscess ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
29 Other forms of encephalitis (non-epidemic) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
30 Meningitis, pneumococcal ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
31 Cerebral haemorrhage (not due to injury at birth) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	4	
32 Mental disorders and deficiency (excluding general paralysis of the insane) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
33 Epilepsy ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	
34 Convulsions in children under 5 years of age ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
35 Acute endocarditis (excluding rheumatic endocarditis) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
36 Valvular disease specified as sequelae of rheumatic fever ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3	
37 Other chronic affections of the valves and endocardium ..	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	
38 Other chronic myocarditis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	4	
39 Diseases of the coronary arteries and angina pectoris ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3	
40 Other diseases of the heart not specified as rheumatic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	
41 Arterio-sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	-	6	
42 Diseases of the veins ..	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
43 High blood pressure ..	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
44 Bronchitis, acute ..	-	-	-	-	-	1	-	-	-	-	-	-	-	-	4	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10	-	10
45 Bronchitis, chronic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	24	-	24	
46 Broncho-pneumonia, including capillary bronchitis ..	-	-	1	-	1	-	-	-	1	1	-	-	-	-	17	12	-	-	7	4	-	-	-	-	-	3	1	1	-	-	-	-	31	22	53	
47 Pneumonia, lobar ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
48 Haemorrhagic infarction of the lung (including pulmonary embolism) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
49 Asthma ..	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
50 Abscess of lung ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	
51 Ulcer of stomach ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

TABLE A3 (Continued).

Section.	Code No.	CAUSE OF DEATH.	AGE GROUPS (YEARS).																												TOTALS.			
			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.		Persons.	Deaths in Cape Town of non-residents (ex-		
			M.	F.	M.	F.	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	365	Diseases of the veins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-		
VII	367	High blood pressure	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1	-	-	-	3	-	3	-	
VIII	402	Bronchitis, acute	4	5	3	2	-	1	7	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	8	15	-	
VIII	403	Bronchitis, chronic	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	2	1	-	-	1	-	-	-	-	-	-	3	2	-	-	
VIII	404	Broncho-pneumonia, including capillary bronchitis	15	14	6	2	1	6	22	22	-	-	-	1	-	1	-	3	-	2	-	1	-	1	-	-	-	-	-	31	22	53	2	
VIII	405	Pneumonia, lobar	2	-	2	-	-	4	-	-	-	-	-	-	1	-	3	-	-	-	2	-	1	-	-	-	-	-	-	7	-	7	2	
VIII	409	Haemorrhage in infarction of the lung (including pulmonary embolism)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1	2	1	
VIII	411	Asthma	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	
VIII	417	Abscess of the lung	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	1	-	-	-	1	-	-	-	-	-	5	-	5	1	
IX	455	Ulcer of the stomach	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2	-	2	-	
IX	458	Diarrhoea and enteritis (under 2 years of age)	41	31	9	9	-	-	50	40	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50	40	90	12	
IX	459	Diarrhoea and enteritis (2 years of age and over)	-	-	-	-	1	3	1	3	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	3	4	7	2	
IX	463	Intestinal obstruction	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
IX	467	Cirrhosis of the liver, without mention of alcoholism	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	1	-	-	-	-	2	1	3	1	
IX	468	Acute yellow atrophy of the liver (not associated with pregnancy or the puerperium)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
IX	469	Other diseases of the liver	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	
IX	473	Peritonitis without stated cause	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
X	500	Nephritis acute	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-	-	-	3	-	3	1	
X	501	Nephritis, chronic	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1	2	3	
X	503	Pyelitis, pyelonephritis and pyelocystitis	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	
X	504	Other diseases of the kidneys and uterus (not connected with pregnancy)	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	2	2	-	
XI	561	Other toxæmias of pregnancy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XIV	700	Congenital hydrocephalus	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	
XIV	702	Congenital malformation of the heart	1	1	-	-	1	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	-	
XIV	708	Other stated congenital malformations	-	1	-	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XV	750	Congenital debility	1	2	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	-	
XV	751	Premature birth	18	17	-	-	-	18	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	18	17	35	6	
XV	752	Intra-cranial or spinal hæmorrhage due to injury at birth	4	2	-	-	-	4	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	2	6	2	
XV	753	Other birth injuries	2	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	
XV	754	Asphyxia during or after birth, atelectasis	1	3	-	-	-	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	4	-	
XV	757	Molæra neonatorum	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
XVI	800	Senility (age 65 and over)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
XVII	864	Homicide	-	-	-	-	-	-	-	-	-	-	-	6	1	5	-	1	-	1	-	-	-	-	-	-	-	-	-	13	1	14	-	
XVII	867		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVII	868	Accidental injury by railway, road and other transport	-	-	-	-	-	-	-	-	-	1	1	1	5	-	1	1	-	-	1	-	-	-	-	-	-	-	-	-	8	3	11	7
XVII	880	Accidental injury by industrial or other mechanical causes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	1	-	-	-	-	-	-	-	-	-	-	-	4	-	4	1
XVII	882		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVII	885		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVII	886		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVII	894		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVII	897		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVII	908		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVII	888	Accidental absorption of poisonous gases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	2	-	2	-	
XVII	890	Conflagration	1	-	1	-	-	2	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	4	-	4	-	
XVII	891	Accidental burns (conflagration excepted)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVIII	951	Ill-defined causes	4	3	1	1	1	-	6	4	-	-	-	-	1	1	2	3	5	1	5	-	2	-	3	-	-	1	-	25	9	34	1	
		Totals	106	93	40	23	11	16	157	132	3	7	5	4	27	19	44	26	45	12	32	7	11	3	16	-	2	2	3	345	212	557	82	

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								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.						
8 Diarrhoea and enteritis (under 2 years of age) ..	-	-	-	-	1	1	-	-	2	-	1	-	-	-	29	26	-	-	8	2	-	-	-	-	1	-	1	-	7	11	-	-	50	40	90			
9 Diarrhoea and enteritis (2 years of age and over) ..	-	-	-	-	-	1	-	-	-	-	-	-	-	1	1	-	-	1	-	-	-	-	-	-	-	-	-	-	2	1	-	-	3	4	7			
17 Cirrhosis of the liver without mention of alcoholism ..	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3				
18 Acute yellow atrophy of the liver (not associated with pregnancy or the puerperium) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
19 Other diseases of the liver ..	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
20 Nephritis, acute ..	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3				
21 Nephritis, chronic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	1	2				
23 Pyelitis, pyelonephritis and pyelocystitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1				
24 Other diseases of the kidneys and uterus (not associated with pregnancy) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2				
30 Congenital hydrocephalus ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1				
32 Congenital malformations of heart ..	-	-	1	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3				
38 Other stated congenital malformations ..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	2	2				
50 Congenital debility ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	2	3				
51 Premature birth ..	-	-	-	-	-	1	-	-	1	-	-	-	-	5	7	-	-	7	2	-	-	-	-	-	1	-	4	6	-	1	18	17	35					
52 Intracranial or spinal haemorrhage due to injury at birth ..	-	-	-	-	-	-	-	-	1	-	-	-	-	-	3	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	4	2	6					
53 Other birth injuries ..	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2	-	2					
54 Asphyxia during or after birth, atelectasis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	1	3	4					
57 Molaena neonatorum ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1					
60 Senility (age 65 years and over) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1					
64-67 Homicide ..	-	-	-	-	1	-	-	-	3	-	-	-	-	-	6	-	-	1	-	-	-	-	-	-	1	1	1	-	-	-	13	1	14					
68-79 Accidental injury by railway, road and other transport ..	-	-	-	-	1	-	-	-	1	-	-	-	-	5	1	-	-	1	1	-	-	-	-	-	-	-	1	-	-	-	-	8	3	11				
80-82 Accidental injury by industrial or other mechanical causes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	4				
83-85 Accidental absorption of poisonous gases ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
86-88 Conflagration ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	2	-	2				
89-91 Accidental burns (conflagration excepted) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	4	-	4				
92-95 Ill-defined causes ..	-	-	-	-	-	1	-	-	-	-	1	-	-	-	14	6	-	-	3	1	-	-	-	-	-	-	1	-	-	6	1	-	25	9	34			
Totals ..	6	-	8	4	13	8	2	-	9	4	6	4	2	-	159	92	-	-	65	31	1	-	3	1	7	4	9	7	51	55	4	2345	212	557				

TABLE A4 (Continued).

Code No.	CAUSE OF DEATH.	Race.	AGE GROUPS (YEARS).																																TOTALS.	
			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.		Persons.					
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
I 404	Broncho-pneumonia (including capillary bronchitis)	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
I 405	Pneumonia, lobar	O.	8	14	2	3	1	3	11	20	-	-	1	-	1	-	2	-	2	-	3	-	1	-	1	-	-	-	-	1	22	21	43			
I 409	Haemorrhage infarction of the lung (including pulmonary embolism)	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
I 417	Abscess of the lung	O.	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1				
X 455	Ulcer of the stomach	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	-	-	-	-	-	-	-	-	3	-	3				
X 458	Diarrhoea and enteritis (under 2 years of age)	O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1				
X 459	Diarrhoea and enteritis (2 years of age and over)	E.	37	26	10	11	-	-	47	37	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47	37	84				
X 462	Hernia	O.	-	-	-	-	3	3	3	3	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	4	7				
X 468	Acute yellow atrophy of the liver (not associated with pregnancy or the puerperium)	E.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
X 469	Other diseases of the liver	O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1				
X 500	Nephritis, acute	E.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1				
X 501	Nephritis, chronic	O.	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2				
X 502	Nephritis not stated to the acute or chronic	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1				
X 503	Pyelitis pyelonephritis and pyelocystitis	O.	-	-	-	1	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1				
X 504	Other diseases of the kidneys and ureters (not connected with pregnancy)	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1				
X 508	Diseases of the urethra, urinary abscess etc.	O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1				
II 559	Puerperal embolism and sudden death	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1				
II 601	Cellulitis, acute abscess	O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1				
V 700	Congenital hydrocephalus	E.	-	-	-	1	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1				
V 701	Spina bifida and meningocele	O.	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1				
V 702	Congenital malformation of heart	E.	1	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1				
V 750	Congenital debility	O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1				
V 751	Premature birth	E.	1	-	2	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2				
V 752	Intra-cranial or spinal haemorrhage due to injury at birth	O.	10	9	-	-	-	-	10	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10	9	19			
V 754	Asphyxia during or after birth, alectasia	E.	-	3	1	-	-	-	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	4			
V 757	Molosa neonatorum	O.	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2			
V 758	Other specified diseases (including gangrene or haemorrhage of umbilicus, icterus neonatorum, acute catarrhal hepatitis)	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
VI 800	Senility	O.	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1			
II 864-867	Homicide	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1			
II 868-879	Accidental injury by railway road and other transport	O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10	1	11		
II 880-882	Accidental injury by industrial or other mechanical causes	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9	1	10	
II 885-894	Other accidents due to electric currents	O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	
II 897-904	Ill-defined causes	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1		
III 951	Totals	O.	5	1	1	1	2	1	8	3	-	-	-	-	1	-	2	1	4	1	4	-	3	1	2	-	-	-	-	1	24	7	31			
		E.	2	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	1	6	
		O.	81	69	25	32	14	13	120	114	5	7	4	2	17	22	32	17	25	8	25	6	16	5	13	7	2	2	-	4	259	194	453			

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

Section	Code No.	CAUSE OF DEATH.	AGE GROUPS (YEARS).																								TOTALS					
			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and Upwards.		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.				
I	611	Whooping cough ..	-	1	1	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
I	612	Diphtheria ..	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
I	615	Tuberculosis of respiratory system ..	-	1	2	3	2	1	4	5	-	-	-	-	6	5	8	4	1	4	2	2	1	2	-	-	-	-	22	22	44	
I	616	Tuberculosis of central nervous system ..	1	1	-	-	-	-	1	1	-	-	1	-	2	-	1	-	-	-	-	-	-	-	-	-	-	-	4	2	6	
I	617	Tuberculosis of intestines and peritoneum ..	-	-	-	-	1	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
I	627	Purulent infection and septicaemia (non-puerperal) ..	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
I	633	Dysentery, amoebic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
I	643	Syphilis, congenital ..	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
I	649	Influenza without respiratory complications specified ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
I	672	Other diseases due to helminths-others and unspecified ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
II	101	Cancer of the oesophagus ..	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2	-	1	
II	104	Cancer of the liver ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	1	-	1	
II	110	Cancer of the uterus ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	2	-	-	-	-	-	-	-	-	3	-	3	
II	112	Cancer of the breast (male or female) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	
II	119	Cancer of other and unspecified organs ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	
VI	302	Meningitis, pneumococcal ..	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
VI	305	Cerebral haemorrhage (not due to injury at birth) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	-	-	-	-	-	-	-	1	2	3	
VI	310	Convulsions in children under 5 years of age ..	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
VII	357	Other chronic myocarditis ..	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	2	-	4	-	-	1	-	1	7	3	10		
VII	358	Diseases of the coronary arteries and angina pectoris ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VII	359	Heart disease specified as rheumatic ..	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VII	362	Arterio-sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	
VII	367	High blood pressure ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
VIII	402	Bronchitis, acute ..	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
VIII	404	Broncho-pneumonia (including capillary bronchitis) ..	3	5	-	2	1	-	4	7	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-	6	7	13	
VIII	417	Abscess of the lung ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
VIII	418	Other diseases of the respiratory system not specified as occupational ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
IX	458	Diarrhoea and enteritis (under 2 years of age) ..	7	2	-	2	-	-	7	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	4	11	
IX	459	Diarrhoea and enteritis (2 years of age and over) ..	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
IX	463	Intestinal obstruction ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
IX	466	Cirrhosis of the liver, with mention of alcoholism ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
IX	467	Cirrhosis of the liver, without mention of alcoholism ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
X	501	Nephritis, chronic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1	
XI	558	Eclampsia of pregnancy ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	1	-	1	
XV	751	Premature birth ..	2	1	-	-	-	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	
XV	752	Intra-cranial or spinal haemorrhage due to injury at birth ..	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
XV	754	Asphyxia during or after birth, atelectasis ..	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
XV	757	Molaena neonatorum ..	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
XVI	800	Senility (age 65 and over) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVII	864	Homicide ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	2	-	2	
XVII	867	Accidental injury by railway, road and other transport ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVII	868	Accidental injury by industrial or other mechanical causes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1
XVII	880	Accidental injury by industrial or other mechanical causes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVII	882	Accidental injury by industrial or other mechanical causes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVII	885	Accidental injury by industrial or other mechanical causes ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
XVII	886	Accidental injury by industrial or other mechanical causes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVII	894	Accidental injury by industrial or other mechanical causes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVII	897	Accidental injury by industrial or other mechanical causes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVII	908	Accidental injury by industrial or other mechanical causes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XVII	889	Other acute accidental poisoning (not by gas) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
XVII	891	Accidental burns (conflagration excepted) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
XVIII	951	Ill-defined causes ..	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	2	1	3	
		Totals ..	16	16	4	8	6	2	26	26	1	-	1	-	10	7	16	9	6	6	6	6	5	2	7	1	-	1	78	59	137	

TABLE B.—Deaths Classified for Causes and Race : 1949-50.

(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	—	1	—	5	6	6	—
Meningococcal cerebrospinal meningitis	5	1	1	11	13	18	—
Scarlet fever	—	—	—	—	—	—	—
Whooping cough	1	13	—	53	66	67	2
Diphtheria	4	2	—	8	10	14	1
Erysipelas	—	—	—	—	—	—	—
Tetanus	1	1	—	2	3	4	—
Tuberculosis of respiratory system	89	122	6	585	713	802	44
Tuberculosis of central nervous system	13	15	4	128	147	160	6
Tuberculosis, other forms	4	10	—	24	40	44	2
Leprosy	—	—	—	—	—	—	—
Purulent infection and septicaemia (non puerperal)	3	—	—	4	4	7	1
Gonococcal infections (all sites)	—	—	—	—	—	—	—
Dysentery (all forms)	3	2	—	6	8	11	1
Syphilis (all forms, including parasymphilitic diseases)	10	9	—	52	61	71	1
Influenza	3	1	—	9	10	13	1
Smallpox	—	—	—	—	—	—	—
Measles	4	—	—	29	29	33	—
Acute poliomyelitis and polioencephalitis	—	—	—	—	—	—	—
Acute infectious encephalitis (lethargic or epidemic)	—	—	—	1	1	1	—
Typhus and typhus-like diseases (rickettsioses)	—	—	—	—	—	—	—
Rest of Section I (001-077). Other infectious and parasitic diseases	12	1	—	3	4	16	1
Cancer (all forms)	258	8	3	169	171	429	9
Rest of Section II (100-136). Tumours, non-malignant, or of un- determined nature	12	—	—	6	6	18	—
Acute rheumatic fever	4	—	—	16	16	20	—
Diabetes	35	1	—	24	25	60	—
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	5	—	—	4	4	9	—
Section IV (200-214). Diseases of the blood and blood-forming organs	8	1	1	5	7	15	—
Section V (250-258). Chronic poisonings and intoxication	—	—	—	1	1	1	—
Intracranial lesions of vascular origin	191	4	6	192	202	393	3
Rest of Section VI (300-317). Other diseases of the nervous system and sense organs	23	6	—	36	42	65	2
Cardiac diseases	494	15	11	308	334	828	12
Arterio-sclerosis (excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage)	50	6	1	50	57	107	1
High blood pressure	33	3	4	72	79	112	1
Rest of Section VII (350-368). Other diseases of the circulatory system	7	1	—	7	8	15	—
Bronchitis and pneumonia (all forms)	73	80	7	349	436	599	14
Rest of Section VIII (400-418). Other diseases of the respiratory system	32	8	—	29	37	69	2
Ulcer of the stomach and duodenum	14	2	—	8	10	24	—
Diarrhoea and enteritis (under two years of age)	16	90	3	287	380	396	11
Diarrhoea and enteritis and ulceration of the intestines (two years old and over)	3	7	1	25	33	36	1
Appendicitis	2	—	—	1	1	3	—
Diseases of the liver and biliary passages	33	5	—	11	16	49	2
Rest of Section IX (450-473). Other diseases of the digestive system	13	—	—	14	14	27	1
Nephritis	65	5	—	59	64	129	1
Rest of Section X (500-515). Other diseases of the urinary and genital systems (not venereal or connected with pregnancy or the puerperium)	32	3	—	23	26	58	—
Puerperal sepsis	—	—	—	1	1	1	—
Rest of Section XI (550-575). Other diseases of pregnancy, childbirth and the puerperal state	1	—	—	10	10	11	1
Section XII (600-602). Diseases of the skin and cellular tissue	3	—	—	1	1	4	—
Section XIII (650-653). Diseases of the bones—organs of movement	2	—	—	2	2	4	—
Section XIV (700-709). Congenital malformations	18	6	1	19	26	44	—
Section XV (750-758). Diseases peculiar to the first year of life	47	51	4	220	275	322	6
Section XVI (800). Senility (age 65 and over)	26	1	—	13	14	40	1
Suicide	27	—	—	8	8	35	—
Rest of Section XVII (850-916). Other violent or accidental deaths	69	36	4	103	143	212	6
Section XVIII (950-953). Causes ill-defined or unknown	39	34	1	141	176	215	3
Total	1,787	557	58	3,125	3,740	5,527	187

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

TABLE C.—Deaths by Causes, Race and Date of Registration. 1949-50.

(Corrected for Outward Transfers.)

Disease.	Race.	July (4 weeks).	August (5 weeks).	September (4 weeks).	October (4 weeks).	November (5 weeks).	December (4 weeks).	January (5 weeks).	February (4 weeks).	March (4 weeks).	April (4 weeks).	May (5 weeks).	June (4 weeks).	Year (52 weeks).
Enteric fever ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	1	1	—	1	—	1	1	1	—	—	—	—	6
Meningococcal cere- brospinal meningi- tis	Eur.	2	—	—	—	—	—	1	1	1	—	—	—	5
	Non-E.	3	3	1	1	—	2	1	—	—	1	1	—	13
Scarlet fever ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ..	Eur.	—	—	—	—	1	—	—	—	—	—	—	—	1
	Non-E.	5	14	6	7	9	9	4	2	2	2	4	2	66
Diphtheria ..	Eur.	—	—	—	—	2	—	—	—	—	2	—	—	4
	Non-E.	—	4	1	1	3	—	—	—	—	1	—	—	10
Purulent infection— septicaemia and erysipelas (non- puerperal)	Eur.	—	—	—	—	1	—	1	1	—	—	—	—	3
	Non-E.	—	1	—	1	1	—	1	—	—	—	—	—	4
Tuberculosis, respira- tory system ..	Eur.	3	8	9	6	10	7	7	8	6	8	10	7	89
	Non-E.	52	65	57	43	79	59	86	52	49	56	49	66	713
Tuberculosis, other forms ..	Eur.	2	1	2	2	3	1	1	2	2	—	—	1	17
	Non-E.	15	13	16	12	20	25	27	13	9	14	6	17	187
Syphilis (all forms, in- cluding parasyphi- litic diseases)	Eur.	1	3	—	1	—	1	1	2	—	—	1	—	10
	Non-E.	13	10	4	2	3	3	2	5	8	6	3	2	61
Influenza ..	Eur.	—	—	—	1	—	—	1	—	—	—	1	—	3
	Non-E.	2	4	—	1	—	1	1	—	1	—	—	—	10
Measles ..	Eur.	—	—	—	—	—	4	—	—	—	—	—	—	4
	Non-E.	2	1	2	—	4	4	12	—	1	1	1	1	29
Acute anterior polio- myelitis and polio- encephalitis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	1	—	—	—	—	—	—	—	—	—	—	—	1
Acute infectious ence- phalitis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	4	23	18	20	32	16	50	16	27	20	29	33	258
Cancer ..	Eur.	8	18	14	17	20	18	18	11	13	16	8	10	171
	Non-E.	—	2	—	—	—	—	—	1	1	—	—	—	4
Acute rheumatic fever	Eur.	—	1	1	—	2	2	2	2	—	1	4	1	16
	Non-E.	6	5	2	1	2	1	2	7	1	4	4	—	35
Diabetes ..	Eur.	3	1	1	2	4	3	1	1	2	3	3	1	25
	Non-E.	13	21	21	13	14	4	23	12	11	14	19	26	191
Intracranial lesions of vascular origin	Eur.	22	19	27	14	13	9	28	16	10	13	19	12	202
	Non-E.	30	40	45	44	50	34	40	36	41	31	52	51	494
Cardiac diseases ..	Eur.	30	39	24	22	29	24	30	18	30	28	24	36	334
	Non-E.	4	7	3	2	12	5	2	2	4	2	4	3	50
Arterio-sclerosis (ex- cluding diseases of the coronary arteri- es, renal sclerosis, and cerebral hae- morrhage)	Eur.	4	5	6	4	6	3	6	4	3	4	8	4	57
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis and pneu- monia	Eur.	9	8	7	7	4	3	6	6	7	1	6	9	73
	Non-E.	49	69	34	33	48	35	38	20	28	18	20	44	436
Diarrhoea and enter- itis	Eur.	1	1	—	1	—	—	4	2	1	2	2	4	18
	Non-E.	16	15	9	12	37	55	83	48	32	40	37	29	413
Nephritis ..	Eur.	10	7	6	6	11	6	3	4	2	3	3	4	65
	Non-E.	4	7	6	5	10	4	5	2	4	4	6	7	64
Puerperal sepsis ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	1	—	—	—	—	—	—	—	1
Other diseases of preg- nancy, childbirth, and the puerperal state	Eur.	—	—	—	—	—	—	—	—	1	—	—	—	1
	Non-E.	1	2	1	—	—	—	4	—	1	1	—	—	10
Congenital malforma- tions and diseases of early infancy	Eur.	6	5	4	9	8	3	3	5	6	3	4	9	65
	Non-E.	32	36	23	15	23	21	31	13	24	19	34	30	301
Senility ..	Eur.	3	5	—	3	2	2	3	—	1	4	3	—	26
	Non-E.	1	4	1	1	—	1	1	—	—	2	2	1	14
Violence ..	Eur.	6	7	10	6	14	8	6	7	9	2	11	10	96
	Non-E.	14	14	19	9	19	6	16	9	12	9	12	12	151
All causes ..	Eur.	119	176	153	140	185	118	147	136	137	119	174	183	1,787
	Non-E.	311	394	299	227	381	316	442	248	263	268	278	313	3,740

TABLE D.—Deaths Classified for principal Causes and Race: 1945-46 to 1949-50.

(Corrected for Outward Transfers.)

Cause of Death.	1949-50		1948-49		1947-48		1946-47		1945-46		Mean for 5 Years.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Enteric fever	—	6	2	8	5	8	5	24	3	11	3.0	11.4
Measles	4	29	—	17	1	27	1	19	1	29	1.4	24.2
Scarlet fever	—	—	—	—	—	1	—	—	—	2	—	0.6
Whooping cough	1	66	1	18	5	102	2	17	—	5	1.8	41.6
Diphtheria	4	10	3	4	3	6	2	6	2	12	2.8	7.6
Influenza	3	10	3	12	9	5	3	10	3	9	4.2	9.2
Purulent infection and septicaemia (non-puerperal)	3	4	2	3	2	—	1	3	3	1	2.2	2.2
Acute poliomyelitis and polioencephalitis	—	—	—	—	2	—	—	—	1	2	0.6	0.4
Acute infective encephalitis	—	1	—	1	—	—	—	1	—	—	—	0.6
Meningococcal cerebrospinal meningitis	5	13	3	7	1	9	2	6	1	12	2.4	9.4
Tuberculosis, respiratory system	89	713	68	829	103	958	109	840	114	951	96.6	858.2
Tuberculosis, other forms	17	187	14	190	20	189	19	184	18	187	17.6	187.4
Syphilis	2	41	—	40	—	49	4	66	6	66	2.4	52.4
General paralysis of the insane: tabes dorsalis	1	12	1	12	3	19	4	19	4	16	2.6	15.6
Aneurysm of the aorta	7	8	4	10	8	10	7	26	10	23	7.2	15.4
Cancer (all forms)	258	171	256	147	269	154	269	135	244	146	259.2	150.6
Acute rheumatic fever	4	16	1	10	—	11	1	17	2	19	1.6	14.6
Diabetes	35	25	32	23	47	24	33	16	38	19	37.0	21.4
Intracranial lesions of vascular origin	191	202	182	163	200	149	169	174	167	156	181.8	168.8
Arterio-sclerosis	50	57	59	59	61	39	50	26	57	28	55.4	40.0
Cardiac diseases	494	334	493	356	575	427	462	386	446	403	494.0	381.2
Bronchitis	16	81	18	98	10	109	18	126	18	113	16.0	105.4
Pneumonia (all forms)	57	355	56	293	56	442	50	364	47	372	53.2	365.2
Diarrhoea and enteritis (under 2 years of age)	16	380	14	443	16	350	16	302	25	311	17.4	357.2
Diarrhoea and enteritis (2 years of age and over)	2	33	4	39	8	30	11	30	6	36	6.2	33.6
Nephritis	65	64	71	89	76	82	59	75	65	89	67.2	79.8
Puerperal sepsis	—	1	2	—	—	7	—	4	1	8	0.6	4.0
Other diseases of pregnancy, childbirth and puerperal state	1	10	4	21	4	11	1	11	6	14	3.2	13.4
Congenital malformations	18	26	8	19	12	23	13	22	17	14	13.6	20.8
Diseases peculiar to the first year of life	47	275	58	310	73	311	62	329	63	299	60.6	304.8
Senility	26	14	24	12	27	21	38	19	32	22	29.4	17.6
Suicide	27	8	17	5	19	8	21	9	15	4	19.8	6.8
Homicide	12	40	3	35	11	27	6	36	7	44	7.8	36.4
Other violent or accidental deaths	57	103	62	95	79	96	53	101	52	93	60.6	97.6
Other causes	275	445	296	408	244	319	218	288	240	286	254.6	349.2
Total	1,787	3,740	1,761	3,776	1,949	4,014	1,709	3,691	1,714	3,802	1784.0	3804.6
Death rate per 1,000 population	8.98	17.41	9.10	18.13	10.18	19.55	9.33	18.84	9.62	19.99	9.44	18.75

TABLE E.—Death Rates per 1,000 Population for 1949-50 and Ten Previous Years by Causes and Race.
(Corrected for Outward Transfers.)

Disease.	Race.	1939-1940.	1940-1941.	1941-1942.	1942-1943.	1943-1944.	1944-1945.	1945-1946.	1946-1947.	1947-1948.	1948-1949.	Mean for 10 years.	1949-1950.
Enteric fever	Eur. Non-E.	0-01 0-02	0-01 0-06	0-01 0-07	0-03 0-08	0-02 0-04	0-02 0-09	0-02 0-06	0-03 0-12	0-03 0-04	0-01 0-04	0-02 0-06	0-03
Measles	Eur. Non-E.	—	0-03 0-23	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 0-13	—	0-01 0-12	0-02 0-14
Scarlet fever	Eur. Non-E.	—	—	0-01	—	0-01	0-01	0-01	—	0-01	—	—	—
Whooping cough	Eur. Non-E.	0-03 0-43	0-01 0-27	0-02 0-33	0-01 0-03	0-04 0-18	0-02 0-49	—	0-01 0-09	0-03 0-50	0-01 0-09	0-02 0-24	0-01 0-31
Diphtheria	Eur. Non-E.	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	0-02 0-03	0-02 0-02	0-03 0-06	0-02 0-05
Influenza	Eur. Non-E.	0-10 0-08	0-10 0-11	0-05 0-06	0-05 0-05	0-07 0-07	0-02 0-05	0-02 0-05	0-02 0-05	0-05 0-02	0-02 0-06	0-05 0-06	0-02 0-05
Purulent infection—septicaemia, and erysipelas (non-puerperal)	Eur. Non-E.	0-06 0-10	0-04 0-03	0-09 0-09	0-06 0-04	0-01 0-06	0-02 0-02	0-02 0-02	0-01 0-02	0-01	0-02 0-01	0-03 0-04	0-02 0-02
Acute anterior poliomyelitis and polioencephalitis	Eur. Non-E.	—	0-01	0-01	—	—	0-01	0-01	—	0-01	—	—	—
Acute infectious encephalitis	Eur. Non-E.	0-01	0-01	0-01	0-02	0-01	—	—	0-01	—	—	0-01	0-01
Meningococcal cerebrospinal meningitis	Eur. Non-E.	0-01 0-05	0-03 0-05	0-01 0-02	0-01 0-08	0-05 0-20	0-03 0-10	0-01 0-06	0-01 0-03	0-01 0-04	0-02 0-03	0-02 0-07	0-03 0-06
Tuberculosis, respiratory system	Eur. Non-E.	0-56 3-56	0-67 4-02	0-67 4-41	0-53 4-95	0-63 5-77	0-62 4-81	0-64 5-00	0-60 4-29	0-54 4-67	0-35 3-98	0-58 4-56	0-45 3-32
Tuberculosis, other forms	Eur. Non-E.	0-16 0-69	0-10 0-75	0-07 0-98	0-15 1-14	0-10 0-14	0-11 1-09	0-10 0-98	0-10 0-94	0-10 0-92	0-07 0-91	0-11 0-96	0-09 0-87
Syphilis	Eur. Non-E.	0-06 0-53	0-04 0-48	0-06 0-48	0-05 0-31	0-06 0-46	0-02 0-29	0-03 0-35	0-02 0-34	—	—	0-03 0-36	0-02 0-20
General paralysis of the insane : tabes dorsalis	Eur. Non-E.	—	0-03 0-09	0-01 0-14	0-03 0-11	0-01 0-11	0-02 0-08	0-02 0-08	0-02 0-10	0-02 0-09	0-01 0-06	0-02 0-09	—
Aneurysm of the aorta	Eur. Non-E.	—	0-04 0-04	0-06 0-06	0-07 0-08	0-04 0-05	0-06 0-11	0-06 0-12	0-04 0-13	0-04 0-05	0-02 0-05	0-04 0-07	0-04 0-04
Cancer	Eur. Non-E.	1-10 0-67	1-28 0-79	1-50 0-78	1-41 0-70	1-40 0-77	1-30 0-78	1-37 0-76	1-47 0-69	1-41 0-75	1-32 0-71	1-36 0-74	1-30 0-80

TABLE E—Continued.

Disease.	Race.	1939 — 1940.	1940 — 1941.	1941 — 1942.	1942 — 1943.	1943 — 1944.	1944 — 1945.	1945 — 1946.	1946 — 1947.	1947 — 1948.	1948 — 1949.	Mean for 10 years.	1949 — 1950.
Acute rheumatic fever	Eur. Non-E.	0.02 0.13	0.04 0.13	0.02 0.39	0.07 0.34	0.03 0.23	0.05 0.12	0.01 0.10	0.01 0.09	— 0.05	0.01 0.05	0.02 0.16	0.02 0.07
Diabetes	Eur. Non-E.	0.27 0.14	0.34 0.15	0.31 0.12	0.32 0.16	0.31 0.17	0.26 0.16	0.21 0.10	0.18 0.08	0.25 0.12	0.17 0.11	0.26 0.13	0.18 0.12
*Intracranial lesions of vascular origin	Eur. Non-E.	0.06 0.08	0.90 0.96	0.99 0.78	0.93 0.79	0.94 0.98	0.98 1.06	0.94 0.82	0.92 0.89	1.05 0.73	0.94 0.78	1.35 0.94	0.96 0.94
*Arterio-sclerosis	Eur. Non-E.	1.75 1.16	0.38 0.29	0.25 0.19	0.47 0.11	0.38 0.20	0.39 0.18	0.32 0.15	0.27 0.13	0.32 0.15	0.30 0.28	1.07 0.28	0.25 0.27
Cardiac diseases	Eur. Non-E.	1.86 1.38	2.28 1.65	2.50 2.09	2.86 2.03	2.45 2.27	2.74 2.21	2.50 2.12	2.52 1.97	3.00 2.08	2.55 1.71	2.54 1.96	2.48 1.56
Bronchitis and pneumonia	Eur. Non-E.	0.54 3.71	0.58 3.81	0.54 3.66	0.53 3.25	0.40 4.28	0.44 2.94	0.36 2.55	0.37 2.50	0.34 2.68	0.38 1.88	0.44 3.07	0.37 2.03
Diarrhoea and enteritis	Eur. Non-E.	0.27 2.15	0.20 2.63	0.35 3.27	0.23 2.52	0.23 3.00	0.17 2.71	0.17 1.82	0.15 1.69	0.13 1.85	0.09 2.31	0.19 2.37	0.09 1.92
Nephritis	Eur. Non-E.	0.41 0.67	0.46 0.45	0.38 0.44	0.29 0.53	0.41 0.45	0.34 0.49	0.36 0.47	0.32 0.38	0.40 0.40	0.37 0.43	0.37 0.47	0.33 0.30
Puerperal sepsis	Eur. Non-E.	0.01 0.09	0.02 0.08	0.02 0.06	0.01 0.07	0.02 0.10	— 0.02	0.01 0.04	— 0.02	— 0.03	0.01 0.01	0.01 0.05	— 0.01
Other diseases of pregnancy, childbirth, and puerperal state	Eur. Non-E.	0.02 0.08	0.02 0.09	0.03 0.11	0.01 0.16	0.03 0.12	0.02 0.10	0.03 0.07	0.01 0.06	0.02 0.05	0.02 0.10	0.02 0.09	0.01 0.05
Congenital malformations and diseases of early infancy	Eur. Non-E.	0.43 1.40	0.40 1.62	0.46 1.62	0.49 1.44	0.41 1.71	0.48 1.60	0.45 1.64	0.41 1.79	0.44 1.63	0.34 1.58	0.43 1.61	0.33 1.40
Senility	Eur. Non-E.	0.15 0.13	0.17 0.15	0.17 0.15	0.12 0.18	0.17 0.06	0.18 0.10	0.18 0.12	0.21 0.10	0.14 0.10	0.12 0.06	0.16 0.11	0.13 0.07
Violence	Eur. Non-E.	0.47 0.65	0.44 0.93	0.51 0.90	0.42 0.64	0.32 0.83	0.39 0.80	0.42 0.74	0.44 0.75	0.57 0.64	0.42 0.65	0.44 0.75	0.48 0.70
Other causes	Eur. Non-E.	1.48 1.76	1.47 1.80	1.66 1.95	1.59 1.55	1.30 1.92	1.43 1.66	1.35 1.50	1.19 1.46	1.27 1.55	1.52 1.96	1.42 1.71	1.38 2.07
TOTAL	Eur. Non-E.	9.87 19.89	10.12 21.72	10.85 23.30	10.84 21.59	9.89 25.51	10.16 22.18	9.62 19.99	9.33 18.84	10.18 19.55	9.10 18.13	9.97 20.97	8.98 17.41

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

TABLE F1.—Deaths of Infants under 1 Year of Age, Classified by Causes, Race and Age, 1949-50.

(CORRECTED FOR OUTWARD TRANSFERS.)

Classification No.	DISEASE.	RACE.	Under 1 year.												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 12 months.	Under 12 months.	Per-sons.
010	Scarlet fever ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
011	Whooping cough ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
012	Diphtheria ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
013	Erysipelas ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
016	Tuberculosis of central nervous system	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
017	Tuberculosis of intestines and periton- eum	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
015, 018 to 025	Tuberculosis, other forms ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
043	Syphilis, congenital ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
052	Measles ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
169	Rickets ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
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.	1	1	1	1	1	1	1	6	1	3	1	15	1	7	5	12
750	Congenital debility ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
751	Premature birth ..	Eur. Non-E.	19	2	6	1	1	1	3	30	2	1	—	33	2	17	18	35
752 and 753	Injury at birth..	Eur. Non-E.	62	39	26	10	5	1	3	146	18	10	7	181	7	103	91	194
754 to 758	Other diseases peculiar to the first year of life	Eur. Non-E.	1	1	1	1	1	1	1	3	1	1	1	4	—	4	—	4
802	Suffocation (overlying)	Eur. Non-E.	2	1	1	1	1	1	1	5	1	5	—	30	1	27	11	38
907	Lack of care of the new born ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	Other causes ..	Eur. Non-E.	9	3	3	2	—	—	—	18	—	1	2	22	4	5	10	15
		Eur. Non-E.	23	3	10	2	3	1	2	44	4	2	—	50	10	1	55	47
		Eur. Non-E.	95	60	42	27	9	5	9	247	33	28	20	328	50	59	351	442
	Totals ..	All Races	118	63	52	29	12	6	11	295*	37	30	20	352*	60	606	459	1,099*

* Including 4 of unknown race.

TABLE F2.—Deaths of Infants under 1 Year of Age, Classified by Causes and Race, for Five Years, 1945-46 to 1949-50.

(Corrected for Outward Transfers.)

Cause of Death.	1949-50		1948-49		1947-48		1946-47		1945-46		Mean for 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	—	0.6
Whooping cough	1	25	1	9	2	42	2	6	—	1	1.2	16.6
Diphtheria	—	3	—	2	1	2	—	1	1	1	0.4	1.8
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of central nervous system	2	32	1	38	1	24	3	25	3	25	2.0	28.8
Tuberculosis of intestines and peritoneum	—	3	—	2	—	—	—	4	—	2	—	2.2
Tuberculosis, other forms	—	43	2	52	2	63	2	45	1	42	1.4	49.0
Syphilis, congenital	—	15	—	25	—	24	—	43	1	41	0.2	29.6
Measles	—	7	—	5	1	9	—	5	1	10	0.4	7.2
Rickets	—	—	—	—	—	—	—	—	—	—	—	—
Simple meningitis	—	4	5	4	1	8	2	7	—	2	1.6	5.0
Convulsions	—	4	—	3	—	4	—	9	—	6	—	5.2
Bronchitis	—	38	2	43	1	63	—	50	1	46	0.8	48.0
Pneumonia, all forms	10	172	9	149	17	218	9	174	12	164	11.4	175.4
Diarrhoea and enteritis	15	266	13	304	15	261	12	231	24	217	15.8	255.8
Congenital malformations	12	22	7	16	11	17	12	18	15	10	11.4	16.6
Congenital debility	—	13	—	10	—	6	—	12	—	12	—	10.6
Premature birth	35	194	37	222	55	201	42	208	53	198	44.4	204.6
Injury at birth	4	38	14	37	8	50	10	59	4	38	8.0	44.4
Other diseases peculiar to the first year of life	8	30	7	41	10	55	10	50	6	50	8.2	45.2
Suffocation (overlying)	—	1	1	—	1	—	1	1	2	2	1.0	0.8
Lack of care of the new-born	—	—	—	—	—	—	—	—	—	—	—	—
Other causes	15	83	10	103	16	45	4	28	8	43	10.6	60.4
Total	102	993	109	1,065	142	1,093	109	977	132	911	118.8	1,007.8
Infant mortality rate per 1,000 live births	29.56	101.47	29.29	110.88	37.06	122.20	27.46	107.97	37.61	109.40	32.14	110.24

TABLE G.—Deaths in Institutions, 1949-50.

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	489	582	311	343	178	239
City Hospital	59	284	31	194	28	90
Somerset Hospital	—	258	—	183	—	75
Wynberg Victoria Hospital	42	81	23	52	19	29
Brooklyn Hospital	—	121	—	94	—	27
Valkenberg Hospital	42	44	24	31	18	13
Woodstock Hospital	31	37	19	22	12	15
Volkshospitaal	54	—	14	—	40	—
Peninsula Maternity Hospital	9	36	5	24	4	12
Rondebosch Hospital	23	10	16	7	7	3
Cape Jewish Aged Home	30	—	30	—	—	—
Sea Point Nursing Home	25	—	20	—	5	—
Belmont Nursing Home	25	—	18	—	7	—
Alexandra Institution	23	1	16	1	7	—
Elizabeth Private Nursing Home	23	—	12	—	11	—
Hilary Nursing Home	22	—	18	—	4	—
The Monastery Nursing Home	21	—	18	—	3	—
Booth Memorial Hospital	17	—	9	—	8	—
Wynberg Military Hospital	16	1	7	1	9	—
Airemount Nursing Home	15	—	11	—	4	—
Cambridge Nursing Home	13	—	10	—	3	—
Hof Street Nursing Home	13	—	10	—	3	—
St. Joseph's Sanatorium	13	—	9	—	4	—
Leeuwendal Nursing Home	13	—	8	—	5	—
Tamboers Kloof Nursing Home	12	—	7	—	5	—
Monte Rosa Hospital	12	—	8	—	4	—
St. Monica's Home	—	12	—	8	—	4
Biblis Nursing Home	11	—	10	—	1	—
Mowbray Nursing Home	11	—	9	—	2	—
Nazareth House	8	—	8	—	—	—
"Vrede Oord"	—	7	—	5	—	2
Cape Town Gaol Hospital	—	7	—	6	—	1
Notley Nursing Home	5	—	3	—	2	—
Ladies' Christian Home	4	—	4	—	—	—
Kingsbury Nursing Home	4	—	4	—	—	—
Leighwood Hospital	4	—	3	—	1	—
Inverurie Nursing Home	3	—	3	—	—	—
Princess Christian Home	3	—	3	—	—	—
Wyndover Nursing Home	3	—	3	—	—	—
Dorcas Homes	2	—	2	—	—	—
House of Correction	—	2	—	1	—	1
Gables Nursing Home	2	—	—	—	2	—
Clarendon Nursing Home	1	—	—	—	1	—
Princess Alice Home	—	1	—	—	—	1
Magdalena Huis	1	—	—	—	1	—
Gilmour Nursing Home	1	—	—	—	1	—
Lady Buxton Home	1	—	1	—	—	—
Holdsworth Nursing Home	1	—	1	—	—	—
Total	1,107	1,484	708	972	399	512
Langa Hospital	—	68	—	67	—	1

TABLE H.—Registered Births and Still-Births for the year 1949-1950 classified in wards as to Race, Sex, Legitimacy and Percentage of Total Births in Institutions.
(Corrected for outward transfers.)

Wards.	EUROPEAN.						NON-EUROPEAN.						TOTALS.				STILL-BIRTHS.				Total still-births.	Percentage of total births, including still-institutions.		
	Legitimate.			Illegitimate.			Legitimate.			Illegitimate.			Total.			European.		Non-European.		European.		Non-European.		
	Males.	Fe-males.	Total.	Males.	Fe-males.	Total.	Males.	Fe-males.	Total.	Males.	Fe-males.	Total.	Eur.	Non-Eur.	Total.	Legit.	Illegit.	Legit.	Illegit.					
1 ..	118	97	—	1	118	98	216	5	9	8	13	13	22	35	216	35	251	1	—	—	2	3	97.7	81.1
2 ..	93	89	1	2	94	91	185	79	71	32	32	111	103	214	185	214	399	2	—	1	2	5	86.6	63.6
3 ..	62	84	1	1	63	85	148	246	224	63	78	309	302	611	148	611	759	1	—	12	1	14	86.6	40.9
4 ..	127	113	4	2	131	115	246	17	20	13	12	30	32	62	246	62	308	3	—	2	1	6	90.4	70.8
5 ..	107	80	3	1	110	81	191	439	404	119	125	558	529	1,087	191	1,087	1,278	—	—	28	5	33	80.1	40.1
6 ..	57	63	3	4	60	67	127	444	461	108	105	552	566	1,118	127	1,118	1,245	2	1	36	10	49	59.2	38.8
7 ..	141	106	6	6	147	112	259	221	237	57	50	278	287	565	259	565	824	2	—	5	1	8	54.4	35.4
8 ..	182	199	6	2	188	201	389	501	470	226	259	727	729	1,456	389	1,456	1,845	9	—	43	20	72	50.5	38.5
9 ..	159	175	13	11	172	186	358	57	64	22	19	79	83	162	358	162	520	7	—	2	2	11	81.4	48.2
10 ..	59	63	1	3	60	66	126	797	833	212	205	1,009	1,038	2,047	126	2,047	2,173	3	—	52	15	70	39.5	30.8
11 ..	97	100	—	3	97	103	200	55	45	18	9	73	54	127	200	127	327	2	—	3	1	6	91.1	43.5
12 ..	118	122	2	4	120	126	246	168	177	41	47	209	224	433	246	433	679	4	—	18	5	27	76.0	37.5
13 ..	83	85	1	3	84	88	172	156	154	48	29	204	183	387	172	387	559	2	—	8	4	14	71.8	38.8
14 ..	205	175	1	4	206	179	385	189	222	45	56	234	278	512	385	512	897	14	—	12	5	31	68.7	33.5
15 ..	115	84	1	—	116	84	200	315	319	166	141	481	460	941	200	941	1,141	3	—	24	20	47	56.7	29.0
Not allocated (un-ascertained addresses) ..	—	—	2	1	2	1	3	3	—	16	10	19	10	29	3	29	36*	—	—	—	1	2†	—	—
Total ..	1,723	1,635	45	48	1,768	1,683	3,451	3,692	3,710	1,194	1,190	4,886	4,900	9,786	3,451	9,786	13,241*	55	1	246	95	398†	72.3	36.9
Excluded from above figures.																								
(1) Births in Cape Town which did not belong thereto ..	504	404	21	19	525	423	948	259	259	233	242	492	501	993	948	993	1,941	15	—	51	24	90	97.7	97.2
(2) Langa Township ..	—	—	—	—	—	—	—	28	34	16	26	44	60	104	—	—	104	—	—	4	3	7	—	77.5

Including * 4, † 1 of unknown race.

TABLE I.—Births and Still-Births notified, Classified for attendance at confinement and for home address of Mother, 1949-50.

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		
Private doctors	2	7	31	7	22	39	35	126	31	123	13	30	24	57	62	1	15
Private midwives (including any non-medical persons attending a confinement)																	
Certificated	5	47	179	30	273	425	277	565	117	1,081	72	286	194	423	488	—	53
Uncertificated	—	7	31	1	8	51	14	426	3	23	10	25	53	42	287	—	6
Midwives (or midwife students) from :																	
Booth Memorial Hospital ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
St. Monica's Home	—	12	143	4	1	2	1	3	—	2	—	—	1	2	3	—	3
Peninsula Maternity Hospital ..	—	5	4	11	244	212	160	7	28	6	1	—	2	1	—	—	3
Somerset Hospital	4	23	7	—	25	17	14	321	—	4	—	3	—	—	4	—	2
District nurse midwives ..	—	1	—	1	3	1	—	26	—	7	1	—	—	—	137	—	2
Vrede Oord, Tulin Plein ..	1	2	1	4	120	40	—	—	—	2	—	—	3	1	1	—	2
No doctor or midwife	—	1	1	—	3	2	1	19	1	8	—	2	1	2	13	3	3
No information	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	57	1
Confined in institutions :																	
Booth Memorial Hospital ..	66	55	68	146	73	26	28	71	77	5	49	52	21	69	25	3	305
St. Monica's Home	6	8	44	11	20	23	18	63	5	99	4	18	20	28	63	16	127
Peninsula Maternity Hospital ..	2	18	20	37	352	333	185	205	49	156	16	38	41	71	46	12	407
Somerset Hospital	12	126	171	7	88	101	37	275	7	128	5	23	25	42	55	5	329
Groote Schuur Hospital ..	—	4	9	—	15	18	9	139	34	298	29	66	56	67	114	1	259
Mowbray Nursing Home ..	6	5	5	13	5	26	50	35	127	21	22	33	22	81	10	7	131
Vrede Oord, Tulin Plein ..	8	2	17	11	23	21	7	13	5	26	2	10	6	5	16	2	61
Magabena Huis	—	—	—	1	2	1	—	—	—	—	—	1	—	—	1	3	29
Other public institutions ..	—	—	1	—	—	2	—	1	—	3	—	1	—	—	1	—	9
Private nursing homes ..	152	82	60	68	38	22	30	28	84	13	123	123	70	162	52	—	341
Totals	264	405	792	352	1,315	1,362	866	2,325	568	2,405	347	711	540	1,053	1,378	110	2,090

Births actually occurring in the Langa Native Township are excluded from the above table. They numbered 284.

TABLE J.—Births in Institutions, 1949-50.

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	361	1,444	230	1,196	131	248
Somerset Hospital	—	1,351	—	1,064	—	287
Booth Memorial Hospital	1,121	3	814	3	307	—
Groote Schuur Hospital	3	1,048	2	818	1	230
St. Monica's Home	—	547	—	418	—	129
Mowbray Nursing Home	510	4	398	3	112	1
Leighwood Nursing Home	426	1	303	1	123	—
Kingsbury Nursing Home	306	—	230	—	76	—
Inverurie Nursing Home	283	—	241	—	42	—
Delherbe Nursing Home	281	1	194	1	87	—
"Vrede Oord"	1	251	1	191	—	60
Good Hope Nursing Home	56	1	51	1	5	—
Magdalena Huis	33	2	4	—	29	2
Gilmour Nursing Home	33	—	24	—	9	—
House of Correction	—	7	—	2	—	5
Monastery Nursing Home	4	—	4	—	—	—
Valkenberg Hospital	—	2	—	2	—	—
Hof Street Nursing Home	1	—	—	—	1	—
City Hospital	—	1	—	—	—	1
Total	3,419	4,663	2,496	3,700	923	963

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.
Groote Schuur Hospital	4	88	2	59	2	29
Peninsula Maternity Hospital	20	67	10	47	10	20
Somerset Hospital	—	55	—	33	—	22
Mowbray Nursing Home	13	—	11	—	2	—
Booth Memorial Hospital	12	—	11	—	1	—
St. Monica's Home	—	12	—	11	—	1
"Vrede Oord"	—	8	—	7	—	1
Leighwood Nursing Home	4	—	4	—	—	—
Kingsbury Nursing Home	4	—	4	—	—	—
Delherbe Nursing Home	2	—	1	—	1	—
Inverurie Nursing Home	1	—	1	—	—	—
Gilmour Nursing Home	1	—	1	—	—	—
House of Correction	—	1	—	—	—	1
Total	61	231	45	157	16	74

TABLE K.—Populations and Vital Statistics for the separate Wards of the City, 1949-50.

(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	216	35	1	21	0.46	60.00	145	11	71	24	3	2	13.89	57.14	4	2
2 ..	12,537	5,320	17,857	185	214	3	64	1.62	29.91	124	75	61	139	6	14	32.43	65.42	4	25
3 ..	9,107	10,819	19,926	148	611	2	141	1.35	23.08	105	188	43	423	3	44	20.27	72.01	5	51
4 ..	16,208	2,584	18,792	246	62	6	25	2.44	40.32	132	16	114	46	6	1	24.39	16.13	6	5
5 ..	8,513	23,092	31,605	191	1,087	4	244	2.09	22.45	73	367	118	720	4	81	20.94	74.52	3	88
6 ..	6,327	23,486	29,813	127	1,118	7	213	5.51	19.05	66	380	61	738	5	86	39.37	76.92	4	82
7 ..	13,743	10,233	23,976	259	565	12	107	4.63	18.94	114	177	145	388	11	32	42.47	56.64	18	35
8 ..	15,970	24,156	40,126	389	1,456	8	485	2.06	33.31	118	780	271	676	19	240	48.84	164.84	9	203
9 ..	18,898	8,809	27,707	358	162	24	41	6.70	25.31	183	53	175	109	8	12	22.35	74.07	16	13
10 ..	4,280	24,652	28,932	126	2,047	4	417	3.17	20.37	54	711	72	1,336	11	227	87.30	110.89	5	179
11 ..	13,162	5,348	18,510	200	127	3	27	1.50	21.26	101	28	99	99	2	4	10.00	31.50	3	5
12 ..	11,543	10,360	21,903	246	433	6	88	2.44	20.32	86	157	160	276	2	33	8.13	76.21	2	27
13 ..	11,710	10,722	22,432	172	387	4	77	2.33	19.90	126	144	46	243	4	33	23.26	85.27	4	31
14 ..	11,842	11,295	23,137	385	512	5	101	1.30	19.73	133	180	252	332	15	47	38.96	91.80	12	40
15 ..	10,817	17,627	28,444	200	941	1	307	0.50	32.62	132	409	68	532	3	128	15.00	136.03	9	101
Not allocated	—	—	—	3	29	3	26	—	—	95	64	—	—	—	9	—	—	2	13
Totals ⁽²⁾ ..	179,294	191,653	370,947	3,451	9,786	93	2,384	2.69	24.36	1,787	3,740	1,664	6,046	102	993	29.56	101.47	106	900

⁽¹⁾ According to the boundaries redelineated in December, 1945, under Ordinance No. 19 of 1913.⁽²⁾ Exclusive of all figures relating to the Langa Native Township, which are shown separately in Table U, on page 132.

TABLE L.—Births, Deaths, Natural Increase, and Infant Deaths, and corresponding rates, for the year 1949-50.

Race.	Births.		Deaths.		Natural Increase.		Deaths under one year old.	
	Number.	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.
Europeans: uncorrected corrected for outward transfers	4,399 3,451	22.12 17.35	2,236 1,787	11.24 8.98	2,163 1,664	10.88 8.37	150 102	34.10 29.56
Other Coloured: uncorrected corrected for outward transfers	9,224 8,497	51.36 47.31	3,552 3,125	19.78 17.40	5,672 5,372	31.58 29.91	901 784	97.68 92.27
Natives (not Langa): uncorrected corrected for outward transfers	1,232 967	44.50 34.93	673 557	24.31 20.12	559 410	20.19 14.81	235 199	190.75 205.79
Asiatics: uncorrected corrected for outward transfers	323 322	43.01 42.88	61 58	8.12 7.72	262 264	34.89 35.16	10 10	30.96 31.06
All non-Europeans: uncorrected corrected for outward transfers	10,779 9,786	50.19 45.56	4,286 3,740	19.96 17.41	6,493 6,046	30.23 28.15	1,146 993	106.32 101.47
All races*: uncorrected corrected for outward transfers	15,182 ⁽¹⁾ 13,241 ⁽¹⁾	36.70 32.01	6,527 ⁽²⁾ 5,532 ⁽²⁾	15.78 13.37	8,655 7,709	20.92 18.64	1,300 ⁽¹⁾ 1,099 ⁽¹⁾	85.63 83.00
Natives resident at Langa Township	104	9.48	137	12.49	—33	—3.01	32	307.69

* Including ⁽¹⁾ 4, ⁽²⁾ 5 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	26.2	79.1	189.3
1916-1917 ..	5.4	12.1	4.5	2.5	1.7	8.2	14.0	56.6	23.1	57.5	35.5	53.0	12.0	36.9	96.2	226.7
1917-1918 ..	2.4	5.0	1.2	1.9	1.6	12.1	5.7	50.4	27.7	53.2	26.0	48.0	14.7	30.6	79.1	200.9
1918-1919 ..	2.3	4.0	0.9	2.8	1.8	7.0	19.9	77.3	35.3	59.6	28.6	49.2	25.8	98.1	114.6	297.8
1919-1920 ..	2.8	3.6	0.8	2.2	0.4	7.7	13.9	52.5	25.9	47.9	21.9	41.0	15.9	29.0	81.5	183.8
1920-1921 ..	2.8	6.1	0.4	2.1	0.8	11.9	15.4	61.0	35.6	76.9	32.9	48.0	18.2	32.4	101.5	231.7
1921-1922 ..	—	1.2	1.2	0.9	1.6	9.4	10.8	53.3	22.4	44.6	22.4	40.6	10.8	26.5	69.5	173.3
1922-1923 ..	2.1	4.4	0.4	3.3	0.8	5.6	15.0	66.2	21.7	54.1	28.4	35.8	13.4	30.7	80.4	196.4
1923-1924 ..	7.0	13.9	0.4	2.9	0.4	9.7	8.6	57.7	25.0	50.7	20.1	39.9	11.1	18.0	72.4	187.3
1924-1925 ..	1.7	1.3	2.1	1.0	0.4	8.3	4.2	44.4	27.1	62.7	25.4	41.3	11.0	18.7	71.9	173.9
1925-1926 ..	1.3	2.2	0.4	4.0	1.7	10.7	9.0	46.5	23.6	58.9	18.9	40.5	10.3	20.9	65.2	175.5
1926-1927 ..	4.3	6.3	0.9	4.1	0.9	10.4	11.5	59.8	19.2	58.1	22.6	39.0	8.1	16.5	67.4	186.6
1927-1928 ..	5.0	6.4	1.4	3.6	1.1	10.7	14.4	62.5	9.3	52.1	21.2	34.2	7.9	21.3	60.3	190.6
1928-1929 ..	2.1	3.9	0.7	5.2	2.5	12.5	11.0	38.4	15.3	44.2	20.3	36.7	9.3	17.8	61.2	158.6
1929-1930 ..	1.7	1.2	0.7	5.9	1.0	14.5	8.2	39.7	14.7	42.4	22.8	40.0	11.6	16.4	60.7	160.0
1930-1931 ..	3.1	4.2	1.7	2.9	3.1	11.2	9.2	39.4	15.2	39.2	23.7	38.4	9.2	20.5	65.0	155.8
1931-1932 ..	2.1	4.4	0.7	6.0	1.4	15.7	12.9	44.2	17.8	45.9	24.1	35.2	8.0	16.5	67.1	167.7
1932-1933 ..	4.0	2.3	2.4	4.5	0.8	10.2	5.6	43.4	11.1	32.8	16.7	35.6	8.3	14.7	48.8	143.8
1933-1934 ..	—	3.6	0.8	4.5	0.8	9.3	3.9	31.4	9.4	43.8	16.0	30.2	3.9	10.4	34.8	133.3
1934-1935 ..	2.1	4.9	0.4	4.1	0.8	9.6	8.2	47.6	9.0	38.2	21.7	28.5	8.6	13.3	50.8	146.2
1935-1936 ..	1.8	11.8	1.1	3.1	0.4	8.6	5.8	40.4	6.9	38.2	21.0	28.9	8.3	14.7	45.1	146.7
1936-1937 ..	0.8	1.6	—	3.3	0.4	7.9	4.2	31.7	7.7	24.2	22.6	27.1	11.5	13.2	47.2	108.9
1937-1938 ..	1.4	3.5	0.7	3.3	0.7	7.8	8.5	40.8	4.8	30.0	18.5	30.7	6.5	12.7	41.0	128.9
1938-1939 ..	1.4	5.9	1.1	4.0	0.4	11.7	8.1	36.3	5.3	26.1	17.5	31.0	8.4	15.6	42.1	123.6
1939-1940 ..	1.0	4.1	0.3	3.1	0.3	5.3	4.0	36.1	7.9	30.8	19.2	27.9	8.3	16.6	41.0	123.9
1940-1941 ..	0.7	2.9	1.3	4.7	0.3	5.3	3.3	35.3	4.6	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	22.2	5.0	14.2	32.8	143.2
1944-1945 ..	0.3	5.9	0.3	9.3	—	3.8	3.3	18.3	3.9	28.3	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	36.9	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	122.0
1948-1949 ..	0.3	1.7	0.8	9.6	—	2.6	2.9	29.0	3.5	31.6	13.7	30.1	8.1	15.3	29.3	110.9
1949-1950 ..	0.3	3.6	0.6	8.0	—	1.5	2.9	21.4	4.3	27.2	15.9	26.4	5.5	13.3	29.5	101.4
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	71.0	181.6
1926-1927 to 1930-1931 ..	3.2	4.3	1.1	4.3	1.7	11.9	10.8	47.2	14.6	46.7	22.1	37.6	9.3	18.6	62.7	169.4
1931-1932 to 1935-1936 ..	2.0	5.5	1.1	4.4	0.8	10.6	7.4	41.3	11.0	39.9	20.0	31.6	7.5	13.9	49.6	147.2
1936-1937 to 1940-1941 ..	1.0	3.6	0.8	4.0	0.4	6.2	5.6	35.6	5.8	29.5	18.6	29.5	9.0	14.5	41.3	122.9
1941-1942 to 1945-1946 ..	0.8	3.3	0.9	8.0	0.3	4.7	3.7	32.9	6.7	37.9	18.9	31.0	6.6	12.9	37.9	130.7

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

INFANTS FROM 1 TO 2 YEARS OF AGE.*

Year.	Common infectious diseases.		Tuberculous diseases.		Syphilis.		Bronchitis and pneumonia.		Diarrhoea and enteritis.		Developmental diseases.		Miscellaneous diseases (remainder).		Total mortality (all causes).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1924-1925 ..	0.4	1.9	—	6.7	—	2.2	2.2	22.8	8.4	39.5	—	0.3	2.7	7.5	13.7	80.9
1925-1926 ..	0.5	3.8	0.5	6.5	—	0.5	3.7	31.4	5.0	32.7	0.9	0.5	3.2	5.3	13.7	80.7
1926-1927 ..	3.2	8.6	0.9	7.8	—	0.5	4.1	35.9	5.5	33.2	—	0.3	2.8	7.0	16.5	93.3
1927-1928 ..	2.3	8.3	1.8	7.0	—	1.0	5.0	36.0	7.3	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	—	2.6	1.8	21.9	3.3	19.5	—	0.4	2.5	7.8	9.1	44.5
1931-1932 ..	2.2	6.8	0.4	8.9	—	2.5	3.3	26.6	2.2	26.0	—	—	2.5	8.9	10.5	79.7
1932-1933 ..	1.5	2.5	0.8	5.1	—	1.5	4.1	19.0	2.3	12.2	0.8	0.2	4.1	6.8	13.5	47.3
1933-1934 ..	2.1	3.0	1.7	8.9	—	2.8	2.5	25.3	4.2	25.9	—	0.8	2.9	6.8	13.3	73.5
1934-1935 ..	1.6	8.2	1.2	7.5	—	1.9	4.1	30.4	1.6	19.4	0.4	0.7	3.2	6.1	12.1	74.1
1935-1936 ..	3.0	10.4	0.4	7.2	—	1.7	4.8	22.2	2.6	12.8	—	0.2	2.2	7.8	12.9	62.2
1936-1937 ..	—	2.4	1.9	5.5	0.4	1.2	2.7	17.4	2.7	14.7	0.4	0.7	2.3	6.0	10.2	48.0
1937-1938 ..	1.6	6.7	1.2	7.7	—	0.7	4.4	26.6	0.8	18.9	—	0.7	3.6	7.5	11.7	68.7
1938-1939 ..	0.4	6.4	0.7	5.9	—	1.2	3.3	24.0	1.5	12.7	—	0.3	1.5	6.1	7.3	56.6
1939-1940 ..	0.4	4.3	1.5	5.9	—	0.5	1.1	19.3	3.3	15.0	—	—	3.3	5.4	9.5	50.4
1940-1941 ..	1.0	5.5	1.4	10.0	—	1.0	1.7	24.9	2.1	19.4	0.3	0.5	2.8	8.2	9.3	69.4
1941-1942 ..	1.1	3.2	0.7	11.8	—	0.9	1.4	20.9	5.3	25.8	—	0.6	1.8	5.7	9.5	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	3.0	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
1948-1949 ..	—	1.9	0.8	15.0	—	0.8	0.5	8.1	0.3	17.6	—	0.1	0.5	4.0	2.1	47.5
1949-1950 ..	—	4.9	0.3	12.4	—	0.6	0.5	8.9	0.3	13.4	—	0.2	0.8	4.3	1.9	44.7
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

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

Periods.	Estimated Populations.			Birth rates.			Illegitimate births percentage of total births.			Death rates corrected for Outward Transfers.			Natural increase rates.			Infant mortality rates.			European rates corrected for Inward and Outward Transfers.			Enteric fever death rates, corrected for Outward Transfers.			Tuberculosis death rates corrected for Outward Transfers.				
			Total.			Total.			Total.			Total.			Total.			Total.			Total.			Total.					
	Eur.	Non-Eur.		Eur.	Non-Eur.		Eur.	Non-Eur.		Eur.	Non-Eur.		Eur.	Non-Eur.		Eur.	Non-Eur.		Eur.	Non-Eur.		Eur.	Non-Eur.			Eur.	Non-Eur.		
(*) 296 Days Year ..	76,040	74,560	151,500	29,399	45,488	37,321	6,490	25,775	18,004	12,100	27,021	19,444	15,492	17,223	16,422	107,960	55,193	50	22-95	10-75	12-20	0-21	0-30	0-25	1-03	4-85	2-91		
1913-1914 ..	79,840	76,510	156,350	29,995	47,522	38,498	6,900	26,488	18,466	12,728	28,399	20,335	15,677	17,779	16,699	100,384	56,174	49	22-95	10-75	12-20	0-21	0-30	0-25	1-11	5-09	3-04		
1915-1916 ..	82,800	79,470	162,270	30,591	48,565	39,477	7,408	27,193	19,014	13,236	29,015	20,840	16,185	18,298	17,216	101,492	57,288	47	22-95	10-75	12-20	0-21	0-30	0-25	0-89	4-29	2-48		
1917-1918 ..	85,990	82,440	168,430	31,187	49,386	40,388	7,812	27,999	19,517	13,744	29,743	21,345	16,691	18,811	17,729	102,600	58,400	46	22-95	10-75	12-20	0-21	0-30	0-25	0-89	4-29	2-48		
1919-1920 ..	89,240	85,690	174,930	31,781	50,207	41,288	8,216	28,804	20,020	14,252	30,492	21,846	17,194	19,323	18,236	103,708	59,512	45	22-95	10-75	12-20	0-21	0-30	0-25	0-87	4-29	2-47		
1921-1922 ..	92,610	89,060	181,670	32,376	51,028	42,189	8,620	29,609	20,521	15,261	31,241	22,347	17,697	19,832	18,737	104,816	60,624	44	22-95	10-75	12-20	0-21	0-30	0-25	0-87	4-29	2-47		
1923-1924 ..	96,110	92,560	188,670	32,971	51,849	43,090	9,024	30,414	21,022	16,270	32,046	22,848	18,199	20,336	19,238	105,928	61,736	43	22-95	10-75	12-20	0-21	0-30	0-25	0-87	4-29	2-47		
1925-1926 ..	99,750	96,200	195,950	33,566	52,670	43,991	9,428	31,219	21,523	16,775	32,851	23,349	18,698	20,837	19,739	107,040	62,848	42	22-95	10-75	12-20	0-21	0-30	0-25	0-87	4-29	2-47		
1927-1928 ..	103,130	99,580	202,710	34,161	53,491	44,892	9,832	32,024	22,024	17,280	33,646	23,850	19,197	21,338	20,240	108,152	63,960	41	22-95	10-75	12-20	0-21	0-30	0-25	0-87	4-29	2-47		
1929-1930 ..	106,510	102,960	209,470	34,756	54,312	45,793	10,236	32,829	22,525	17,785	34,441	24,351	19,696	21,839	20,741	109,264	65,072	40	22-95	10-75	12-20	0-21	0-30	0-25	0-87	4-29	2-47		
1931-1932 ..	109,890	106,340	216,230	35,351	55,133	46,694	10,640	33,634	23,026	18,290	35,236	25,353	20,694	22,837	21,743	110,376	66,184	39	22-95	10-75	12-20	0-21	0-30	0-25	0-87	4-29	2-47		
1933-1934 ..	113,270	109,720	222,990	35,946	55,954	47,595	11,044	34,439	23,527	18,795	36,031	25,854	21,193	23,336	22,244	111,488	67,296	38	22-95	10-75	12-20	0-21	0-30	0-25	0-87	4-29	2-47		
1935-1936 ..	116,650	113,100	229,750	36,541	56,775	48,496	11,448	35,244	24,028	19,296	36,826	26,355	21,692	23,835	22,745	112,600	68,408	37	22-95	10-75	12-20	0-21	0-30	0-25	0-87	4-29	2-47		
1937-1938 ..	120,030	116,580	236,610	37,136	57,596	49,397	11,852	36,049	24,529	20,298	37,621	26,856	22,191	24,334	23,246	113,712	69,520	36	22-95	10-75	12-20	0-21	0-30	0-25	0-87	4-29	2-47		
1939-1940 ..	123,410	119,960	243,370	37,731	58,417	50,298	12,256	36,854	25,030	20,799	38,416	27,357	22,690	24,833	23,747	114,824	70,632	35	22-95	10-75	12-20	0-21	0-30	0-25	0-87	4-29	2-47		
1941-1942 ..	126,790	123,340	250,130	38,326	59,238	51,199	12,660	37,659	25,531	21,300	39,211	27,858	23,189	25,332	24,248	115,936	71,744	34	22-95	10-75	12-20	0-21	0-30	0-25	0-87	4-29	2-47		
1943-1944 ..	130,170	126,720	256,890	38,921	60,059	52,100	13,064	38,464	26,032	21,801	40,006	28,359	23,683	25,827	24,749	117,048	72,856	33	22-95	10-75	12-20	0-21	0-30	0-25	0-87	4-29	2-47		
1945-1946 ..	133,550	130,100	263,650	39,516	60,880	53,001	13,468	39,269	26,533	22,300	40,801	28,860	24,187	26,326	25,250	118,160	73,968	32	22-95	10-75	12-20	0-21	0-30	0-25	0-87	4-29	2-47		
1947-1948 ..	136,930	133,480	270,410	40,111	61,701	53,902	13,872	40,074	27,034	22,801	41,596	28,860	24,681	26,825	25,751	119,272	75,080	31	22-95	10-75	12-20	0-21	0-30	0-25	0-87	4-29	2-47		
1949-1950 ..	140,310	136,860	277,170	40,706	62,522	54,803	14,276	40,879	27,535	23,301	42,391	29,361	24,681	26,825	25,751	120,384	76,192	30	22-95	10-75	12-20	0-21	0-30	0-25	0-87	4-29	2-47		
(*) 2 Years and 296 days	—	—	—	28,97	47,22	37,85	6,99	25,83	18,41	12,04	27,15	19,39	15,34	18,67	16,96	95,07	51,61	170	18	—	—	—	0-19	0-32	0-23	1-04	4-69	2-82	
(*) Quinquennium	—	—	—	26,71	47,54	36,33	6,52	25,12	17,77	11,95	29,54	20,07	12,74	16,04	14,26	90,84	51,71	164	02	—	—	—	0-23	0-47	0-34	0-88	4-47	2-68	
1913-1917 ..	—	—	—	21,49	49,59	34,23	5,35	24,76	18,12	10,11	26,67	17,62	11,38	22,92	16,61	71,91	48,14	145	—	—	—	0-13	0-28	0-20	0-79	4-09	2-28		
1918-1922 ..	—	—	—	21,43	50,21	34,93	5,50	23,10	17,37	10,52	26,17	17,86	10,91	24,04	17,07	62,77	49,35	134	07	—	—	—	0-08	0-21	0-14	0-74	4-75	2-62	
1923-1927 ..	—	—	—	18,17	48,90	32,84	4,96	22,55	17,47	10,31	23,95	16,82	7,86	24,95	16,02	49,64	47,16	119	01	18-39	10-57	7-82	0-49	0-08	0-06	0-84	4-99	2-82	
1928-1932 ..	—	—	—	18,72	46,91	32,63	4,93	21,86	16,93	10,7	21,25	15,58	8,65	23,06	17,45	41,25	42,89	98	17	18-96	10-46	8-50	0-40	0-01	0-05	0-03	0-76	4-55	2-62
1933-1937 ..	—	—	—	20,82	43,51	32,44	3,82	22,96	17,04	10,2	22,47	16,52	10,57	21,04	15,92	37,57	43,68	102	08	21-18	10-70	10-48	0-38	0-02	0-04	0-72	6-06	3-45	

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

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

(‡) The year of the influenza epidemic (1918-19) is excluded, the figures shown being the mean of the other four years of the quinquennium.

(§) The figures in italics represent rates uncorrected for the year 1919-20 and previous years, and are corrected for outward transfers in subsequent years.

(¶) The figures in italics represent rates uncorrected for the year 1919-20 and previous years, and are corrected for outward transfers in subsequent years.

(‡) The figures in italics represent rates uncorrected for the year 1919-20 and previous years, and are corrected for outward transfers in subsequent years.

(§) The figures in italics represent rates uncorrected for the year 1919-20 and previous years, and are corrected for outward transfers in subsequent years.

(¶) The figures in italics represent rates uncorrected for the year 1919-20 and previous years, and are corrected for outward transfers in subsequent years.

(‡) The figures in italics represent rates uncorrected for the year 1919-20 and previous years, and are corrected for outward transfers in subsequent years.

(§) The figures in italics represent rates uncorrected for the year 1919-20 and previous years, and are corrected for outward transfers in subsequent years.

(¶) The figures in italics represent rates uncorrected for the year 1919-20 and previous years, and are corrected for outward transfers in subsequent years.

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(§) The figures in italics represent rates uncorrected for the year 1919-20 and previous years, and are corrected for outward transfers in subsequent years.

TABLE O.—Vital Statistic Rates for Various Centres for the Year 1949-50.

(Corrected for outward transfers.)

Centre.	Birth rate.				Death rate.				Infant mortality rate.				All forms of tuberculosis: Death rate.			
	E	N	A	C	NE	E	N	A	C	NE	E	N	A	C	NE	E
Union of South Africa (1945)	25.48	—	—	—	—	9.32 ²	—	—	—	—	40.33	—	—	—	—	0.32
Johannesburg ..	24.55	20.30	54.62	46.15	—	8.11	11.72 ²	12.60	18.19	—	31.90	232.00	75.13	95.51	—	0.15
Cape Town ..	17.35	34.93 ⁵	42.88	47.31	45.56	8.98	20.12 ⁵	7.72	17.40	17.41	29.56	205.79 ⁵	31.06	92.27	101.47	0.53
Durban ..	20.04	23.69	44.62	51.25	—	9.06	22.82	12.86	14.04	—	28.74	330.02	72.25	73.06	—	0.29
Pretoria ..	25.53	23.56	47.32	42.92	25.49	5.80	10.71	9.29	17.07	10.87	32.34	181.97	75.47	85.23	165.83	0.14
Port Elizabeth ..	30.49	31.34	63.00	48.85	—	8.98	34.56	21.87	24.56	—	38.78	417.29	49.59	162.57	—	0.76
Springs ..	29.07	15.36 ⁴	45.00	40.00	6.44	6.25	15.28 ⁴	17.50	21.43	8.39	41.50	453.50 ⁴	194.35	178.50	426.20	0.10
Benoni ..	29.77	27.16 ⁴	57.50	49.00	—	8.41	22.41 ⁴	16.66	19.33	—	39.48	312.25 ⁴	57.96	136.05	—	0.27
Krugersdorp ..	31.5	12.6	48.3	47.0	—	7.8	10.0	8.3	14.7	—	56.6	261.1	68.9	112.5	—	0.15
Brakpan ..	26.03	—	—	—	—	5.53 ³	—	—	—	8.27 ³	22.22	—	—	—	—	0.10
Bloemfontein ..	23.04	—	—	—	33.98	7.14	—	—	—	20.80	47.17	—	—	—	168.37	0.25
Boksburg ..	26.94	—	—	25.98	—	7.97	—	—	21.49	—	35.12	—	—	343.25	—	0.18
Rodepoort-Maarsburg ..	27.06	14.30 ⁴	65.45	42.96	18.45	6.33	15.85 ⁴	1.82	17.78	8.47	34.88	472.91 ⁴	27.78	155.17	356.90	—
East London ..	26.21	54.39	40.09	42.73	—	10.50	43.05	13.6	32.69	—	39.53	305.42	53.57	188.03	—	0.47
Pietermaritzburg ..	23.95	14.9	58.9	35.4	—	9.4	12.9	10.9	13.9	—	23.9	270.0	54.9	110.1	—	0.15
Kimberley ..	24.08	33.78	—	52.09	—	11.11	18.60	—	27.09	—	49.04	165.51	—	129.14	—	0.32
King William's Town	21.80	36.75	36.70	43.24	—	7.52	15.12	9.17	24.02	—	41.32	163.12	—	238.10	—	0.30
England and Wales (1949) ¹	16.9 ³	—	—	—	—	11.8 ³	—	—	—	—	32.0 ³	—	—	—	—	0.46 ³
County of London (1949) ¹	16.8 ³	—	—	—	—	11.7 ³	—	—	—	—	27.0 ³	—	—	—	—	0.52 ³

E = European.

N = Native.

A = Asiatic.

C = Mixed and other Coloured.

NE = All non-Europeans.

¹ Calendar year.² Inclusive of mines.³ Crude or uncorrected.⁴ Exclusive of mine and prison.⁵ Excluding Langa Native Township.

TABLE P.—Cases of Notifiable Disease reported, 1949-50.

	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
Tuberculosis, respiratory system	1,909	98	88	22	1,722	93	229	9	2	217	5
Tuberculosis, other forms	240	24	10	82	280	8	68	18	45	95	—
Enteric fever	99	53	4	5	46	1	78	31	3	50	—
Diphtheria	343	217	2	—	122	2	173	103	1	70	1
Scarlet fever	274	12	1	1	262	—	46	2	2	46	—
Erysipelas	23	—	—	—	23	—	2	—	—	2	—
Cerebrospinal fever	286	237	—	—	49	—	167	116	4	54	1
Infective encephalitis	11	8	—	1	4	—	7	5	3	5	—
Acute anterior poliomyelitis	28	11	1	—	16	—	21	8	—	13	—
Influenza pneumonia	26	1	—	—	25	—	—	—	—	—	—
Acute primary pneumonia	372	—	—	22	394	—	9	—	11	20	—
Ophthalmia	215	—	—	—	214	1	—	—	—	—	—
Puerperal fever	38	1	—	—	36	1	7	1	—	6	—
Leprosy	3	—	—	—	3	—	—	—	—	—	—
Trachoma	2	—	—	—	2	—	—	—	—	—	—
Typhus fever ⁽¹⁾	4	1	—	2	5	—	5	1	2	6	—
Lead poisoning	1	—	—	—	1	—	—	—	—	—	—
Malta fever	1	—	—	—	1	—	—	—	—	—	—
Whooping cough ⁽²⁾	183	2	—	—	177	4	7	1	2	8	—
Totals	4,058	595	106	135	3,382	110	819	295	75	592	7

1. Notifications re Cape Town cases received, including Langa.
 2. Found not to be suffering from the disease as notified.

3. Arrived in Cape Town from outside already suffering from the disease.
 4. Diagnosis changed to the disease named.
 5. Including epidemic typhus, endemic typhus or murine typhus and tick-bite fever.
 6. 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.

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

TABLE Q.—Notification of Infectious Disease Classified for Race, and Month of Notification, 1949-50.

E.—European. O.—Non-European.

Period.	Tuberculosis respiratory system.			Tuberculosis other forms.			Enteric fever.			Diphtheria.			Scarlet fever.			Erysipelas.			Cerebrospinal fever.			Infective encephalitis.			Acute anterior poliomyelitis.			Influenza pneumonia.		
	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.			
1949.																														
July ..	12	97	109	4	18	22	1	6	7	4	7	11	18	5	23	—	—	—	—	5	5	10	1	1	2	2	3	5		
August ..	26	136	162	2	16	18	1	3	4	10	7	17	31	1	32	—	—	—	—	6	6	12	—	3	—	3	4			
September ..	26	130	156	2	24	26	2	1	3	3	12	15	31	2	33	—	—	—	—	3	3	6	—	—	—	—	—			
October ..	21	132	153	3	22	25	2	2	4	6	6	12	21	4	25	—	—	—	—	2	2	4	—	—	—	—	—			
November ..	31	142	173	3	26	29	—	—	—	—	—	—	24	11	35	—	—	—	—	—	—	—	—	—	—	—	—			
December ..	18	136	154	1	30	31	5	—	5	7	7	14	18	—	18	—	—	—	2	2	4	—	—	—	—	—	—			
1950.																														
January ..	25	94	119	3	22	25	—	4	4	2	1	3	5	3	8	—	1	—	1	5	6	—	—	—	1	—	1			
February ..	19	114	133	2	26	28	3	2	5	6	—	6	17	1	18	—	2	—	2	3	5	—	—	—	2	—	2			
March ..	27	137	164	4	16	20	3	4	7	7	4	11	15	1	15	—	—	—	—	4	4	—	—	—	1	—	—			
April ..	21	106	127	1	15	16	—	3	3	—	3	5	33	2	35	—	—	—	—	1	1	2	—	—	2	—	4			
May ..	27	117	144	2	20	22	—	2	2	2	4	5	20	—	20	—	—	—	2	6	8	—	—	—	—	—	—			
June ..	24	104	128	—	18	18	1	3	4	4	5	9	20	—	20	—	—	—	—	—	—	—	—	—	—	—	—			
Year ..	277	1,445	1,722	27	253	280	15	31	46	60	62	122	233	29	262	10	13	23	39	49	4	2	4	7	9	16	9	16	25	

Period.	Acute primary pneumonia.			Ophthalmia.			Puerperal fever.			Leprosy.			Trachoma.			Typhus fever.*			Lead poisoning.			Malaria fever.			Whooping cough.†			Totals.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.			
1949.																														
July ..	7	44	51	1	26	27	—	3	3	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	53	215	268	
August ..	5	37	42	—	19	19	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	70	235	305	
September ..	4	32	36	1	20	21	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	73	229	302	
October ..	6	31	37	—	17	17	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	62	220	282	
November ..	5	35	40	1	14	15	—	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	70	242	312	
December ..	4	28	32	2	9	11	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	57	219	276	
1950.																														
January ..	4	28	32	—	11	11	—	3	3	—	1	1	—	1	1	3	—	—	—	—	—	—	—	—	—	—	46	175	221	
February ..	—	15	15	5	18	23	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	44	182	226	
March ..	—	11	11	1	15	16	1	4	6	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	—	—	65	197	262	
April ..	3	22	25	—	15	15	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	73	92	105	50	173	223	
May ..	2	31	33	1	15	16	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	19	73	92	92	269	361	
June ..	3	37	40	1	22	23	—	3	3	—	—	—	—	—	—	1	—	—	—	—	—	—	10	74	84	68	276	344		
Year ..	43	351	394	13	201	214	9	27	36	—	3	3	—	2	2	5	—	—	1	1	1	—	1	29	148	177	760	2,632	3,382	

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

† Declared a notifiable disease as from 30th April, 1950.

TABLE R.—Notification of Infectious Disease Classified for Race, Sex and Age-Groups, 1949-50.

E.—European. O.—Non-European.

Age-group.	Tuberculosis respiratory system.			Tuberculosis other forms.			Enteric fever.			Diphtheria.			Scarlet fever.			Erysipelas.			Cerebrospinal fever.			Infective encephalitis.			Acute anterior poliomyelitis.			Influenza pneumonia.		
	E.			E.			E.			E.			E.			E.			E.			E.			E.			E.		
	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.
0-1 year	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1-2 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2-5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5-10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10-15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15-25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25-35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35-45	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45-55	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
55-65	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65-75	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
75-85	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
85 years and over	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	154	123	277	14	13	27	7	8	15	32	27	59	10	19	29	4	6	10	4	18	22	1	1	4	3	4	5	16	6	3

Age-group.	Acute primary pneumonia.			Ophthalmia.			Puerperal fever.			Leptosy.			Trachoma.			Typhus fever.*			Lead poisoning.			Malta fever.			Whooping cough.†			Totals.		
	E.			E.			E.			E.			E.			E.			E.			E.			E.			E.		
	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.
0-1 year	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1-2 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2-5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5-10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10-15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15-25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25-35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35-45	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45-55	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
55-65	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65-75	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
75-85	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
85 years and over	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	22	21	43	7	6	13	9	27	36	—	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

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

† Declared a notifiable disease as from 30th April, 1950.

TABLE S.—Notification of Infectious Disease Classified for Race, and Wards, etc., 1949-50.

E.—European. O.—Non-European.

Wards of the City, etc.	Tuberculosis, respiratory system.			Tuberculosis, other forms.			Enteric fever.			Diphtheria.			Scarlet fever.			Erysipelas.			Cerebrospinal fever.			Infective encephalitis.			Acute anterior poliomyelitis.			Influenza pneumonia.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.			
1.	8	11	19	2	4	6	1	—	1	3	—	3	27	—	27	—	1	1	—	—	—	—	—	—	—	—	—	—		
2.	21	61	82	13	9	22	1	—	1	3	9	3	20	14	34	1	1	2	1	1	—	—	—	—	—	—	—			
3.	19	66	85	13	15	28	1	5	6	—	—	—	—	—	—	1	1	2	1	1	—	—	—	—	—	—	—			
4.	23	32	55	1	3	4	2	—	2	6	—	6	22	—	22	—	—	—	—	—	—	—	—	—	—	—	—			
5.	15	141	156	27	27	54	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
6.	10	141	151	19	29	48	1	4	5	5	8	13	7	12	19	1	3	4	4	4	—	—	—	—	—	—				
7.	20	141	161	19	29	48	2	—	2	—	—	12	13	15	28	2	1	3	3	10	1	1	—	—	—	—				
8.	26	992	1,018	55	55	110	3	9	12	9	9	16	15	15	30	—	—	—	—	—	13	1	1	—	—	—	—			
9.	35	28	63	5	19	24	—	—	—	—	—	17	18	35	2	—	—	—	—	—	9	1	1	—	—	—	—			
10.	8	275	283	1	53	54	7	1	8	5	12	7	13	2	15	—	—	—	—	—	2	—	—	—	—	—	—			
11.	10	14	24	1	—	1	1	—	—	5	2	7	11	1	12	1	1	—	—	—	—	—	—	—	—	—	—			
12.	12	40	52	—	5	5	2	2	4	3	1	4	11	1	12	—	—	—	—	—	5	—	—	—	—	—	—			
13.	14	56	70	2	8	10	—	—	—	3	1	4	16	1	17	—	—	—	—	—	4	1	1	—	—	—	—			
14.	19	68	87	2	8	10	1	1	2	7	1	8	14	3	17	2	2	4	3	3	—	—	—	—	—	—	—			
15.	17	162	179	1	26	27	2	6	8	5	5	10	19	2	21	—	—	—	—	—	—	—	—	—	—	—	—			
Not allocated	1	7	8	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Totals, local cases	277	1,445	1,722	27	253	280	15	31	46	60	62	122	233	29	262	10	13	23	39	49	2	2	4	7	9	16	9	16	25	
Imported cases:																														
Developed outside Muni- cipal area	20	68	88	—	10	10	2	2	4	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Introduced from overseas Direct remittance (cases re- moved to hospital in Municipal area):	89	128	217	19	76	95	12	38	50	36	34	70	41	5	46	1	1	2	9	45	54	3	1	4	11	2	13	—	—	
From outside Municipal area	2	3	5	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—		
From ships in Harbour . .	111	199	310	19	86	105	14	40	54	39	34	73	42	5	47	1	1	2	10	45	55	3	1	4	12	2	14	—	—	
Total imported cases . .	111	199	310	19	86	105	14	40	54	39	34	73	42	5	47	1	1	2	10	45	55	3	1	4	12	2	14	—	—	

Wards of the City, etc.	Acute primary pneumonia.			Opthalmia.			Puerperal fever.			Leptosy.			Trachoma.			Typhus fever.*			Lead poisoning.			Malaria fever.			Whooping cough.†			Totals.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
1. ...	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. ...	9	24	33	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. ...	—	30	30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. ...	3	2	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. ...	3	20	23	2	10	12	1	8	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. ...	2	44	46	1	14	15	1	6	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. ...	4	12	16	3	8	11	6	1	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. ...	10	65	75	9	41	50	1	6	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. ...	2	7	9	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. ...	1	37	38	—	—	—	1	1	2	2	2	2	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. ...	—	16	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. ...	—	35	35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13. ...	3	35	38	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14. ...	1	21	22	2	6	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15. ...	8	36	44	1	43	44	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Not allocated	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals, local cases	43	351	394	13	201	214	9	27	36	—	3	3	2	2	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Imported cases:																														
Developed outside Muni- cipal area	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Introduced from overseas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Direct remittance (cases re- moved to hospital in Municipal area):	4	16	20	—	—	—	—	—	—	—	—	—	—	—	—	3	3	6	—	—	—	—	—	—	—	—	—	—	—	—
From outside Municipal area:	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
From ships in Harbour...	4	16	20	—	—	—	—	—	—	—	—	—	—	—	—	3	3	6	—	—	—	—	—	—	—	—	—	—	—	—
Total imported cases	4	16	20	—	—	—	—	—	—	—	—	—	—	—	—	3	3	6	—	—	—	—	—	—	—	—	—	—	—	—

* Including epidemic typhus, endemic or murine typhus.

† Declared a notifiable disease as from 30th April 1950.

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

Disease.	Race.	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
		1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Scarlatina or Scarlet fever	Eur. ..	121	103	229	596	458	113	81	124	216	267	154	154	143	321	249	152	188	233
	Non-E. ..	19	9	14	34	28	13	8	11	18	10	7	8	17	41	20	25	25	29
Diphtheria or membranous croup..	Eur. ..	142	192	238	189	223	344	537	286	204	195	160	175	89	91	51	64	33	60
	Non-E. ..	73	106	136	122	119	253	233	130	89	138	135	110	89	84	56	73	60	62
Enteric or Typhoid fever	Eur. ..	30	52	33	30	34	58	14	35	11	36	90	17	20	22	24	35	14	15
	Non-E. ..	30	47	49	43	96	41	37	34	26	73	68	57	77	85	144	67	42	31
Erysipelas	Eur. ..	28	37	44	51	43	33	30	29	37	38	27	28	38	28	17	18	13	10
	Non-E. ..	41	30	50	42	31	28	36	39	41	41	46	33	41	37	26	16	16	13
Puerperal fever ..	Eur. ..	22	26	24	22	13	19	22	18	33	15	16	16	14	14	11	15	7	9
	Non-E. ..	49	48	67	74	51	51	62	61	61	50	60	70	52	57	71	65	42	27
Ophthalmia ..	Eur. ..	47	30	38	39	42	24	35	29	28	36	18	22	29	30	24	21	15	13
	Non-E. ..	218	190	259	227	215	213	181	212	164	182	170	215	235	227	268	193	238	201
Cerebrospinal fever	Eur. ..	8	3	5	1	7	3	5	2	23	19	23	39	25	16	15	5	13	10
	Non-E. ..	22	17	20	9	11	15	33	24	45	47	80	222	80	58	31	33	49	39
Acute poliomyelitis	Eur. ..	4	8	11	1	7	4	2	5	5	4	2	5	46	10	4	13	8	7
	Non-E. ..	4	3	14	3	2	2	9	11	4	3	—	1	18	4	3	13	11	9
Infective encephalitis	Eur. ..	2	2	8	4	1	4	—	2	1	3	6	—	—	1	—	—	1	2
	Non-E. ..	4	—	3	3	3	4	2	3	5	1	3	2	1	—	5	—	1	2
Leprosy	Eur. ..	—	—	1	—	—	1	—	—	—	1	2	—	—	—	—	—	—	—
	Non-E. ..	2	2	1	1	3	2	1	1	3	4	5	2	—	1	—	1	2	3
Typhus fever ⁽¹⁾ ..	Eur. ..	2	4	—	2	4	1	6	4	4	6	2	7	10	2	8	2	6	5
	Non-E. ..	—	1	—	—	—	—	1	—	1	2	—	—	1	2	5	2	2	—
Smallpox	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	1	—	—	—	5	—	—	—	—	—
Whooping cough ⁽²⁾	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	148
Influenzal pneumonia	Eur. ..	19	13	45	56	29	37	17	23	23	10	13	18	2	8	5	9	5	9
	Non-E. ..	31	31	82	64	41	74	30	30	40	15	27	60	26	18	24	16	12	16
Acute primary pneumonia	Eur. ..	77	59	138	148	103	96	103	100	106	80	76	100	74	47	68	58	36	43
	Non-E. ..	253	294	566	465	376	466	420	433	385	319	321	338	353	326	395	402	334	351
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	1	—	—	—	—	1	—	2	1	—	—	—	—	—	—	1
	Non-E. ..	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Yellow fever ..	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Human trypanosomiasis	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Trachoma	Eur. ..	1	1	2	1	2	1	6	5	—	—	—	—	1	—	2	1	1	—
	Non-E. ..	6	1	14	5	7	1	2	10	3	1	2	—	8	9	3	2	3	2
Lead poisoning ..	Eur. ..	1	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Tuberculosis, respiratory system ..	Eur. ..	210	185	161	164	149	186	183	158	157	182	191	223	202	241	251	252	239	277
	Non-E. ..	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	1,500	1,445
Other forms of tuberculosis	Eur. ..	21	21	20	21	16	29	17	28	30	33	35	34	29	26	28	27	33	27
	Non-E. ..	165	203	163	151	137	188	162	181	224	229	283	293	295	292	237	266	256	253

All figures corrected for imported cases and misdiagnosis.

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

⁽¹⁾ Including epidemic typhus, endemic or murine typhus and tick-bite fever.⁽²⁾ Declared a notifiable disease as from 30th April, 1950.

TABLE U.—Vital Statistics for the Langa Native Township, 1949-50.

Average population for the 12 months July, 1949, to June, 1950.									
European.					Natives.				
Adults.		Totals.		Grand Total.	Adults.		Child- ren.		Grand Total.
M.	F.	M.	F.		M.	F.	M.	F.	
19	18	37	6,558	1,433	3,026	11,017	11,054		
					Births.				
				Total.	Legiti- mate.		Still- births.		Birth- rate (per 1,000 per- sons).
M.	F.	M.	F.		M.	F.	M.	F.	
28	34	16	26	104*	7	9.48*	40.38*	78	59
					Deaths.		Infant mortality (per 1,000 births).		Death rate for Tuberculosis all forms, (per 1,000 persons).
				Total.	M.	F.	M.	F.	
16	16	307.69*	27	25	4.74				

* These figures are unreliable owing to incomplete registration of births.

PRINCIPAL CAUSES OF DEATH

	Male.	Female.	Total.
Tuberculosis (all forms)	27	25	52
Bronchitis and pneumonia	7	7	14
Diarrhoea and enteritis	7	5	12
Cardiac diseases	8	4	12
Cancer	4	5	9
Congenital malformations and diseases of early infancy	2	4	6
Violent or accidental deaths	6	—	6

Deaths in Langa Hospital, 68 (Natives: 38 males, 30 females).

NOTIFICATION OF INFECTIOUS DISEASE.

Tuberculosis (respiratory system).		Tuberculosis (other forms).		Enteric fever.		Diphtheria.		Whooping cough*.		Puerperal fever.		Ophthalmia neonatorum.		Total.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
59	34	6	2	1	—	2	—	1	3	1	—	1	—	69	41

* Declared a notifiable disease as from 30th April, 1950.

TABLE V.—Vital Statistics for the Added Area of Windermere, 1949-50.

Estimated population as at 31st December, 1949.		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 Tubercu-losis, all forms.	Death rate for Tubercu-losis, all forms (per 1,000 persons.)											
		Legiti-mate.		Illegiti-mate.					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.									
1,340	15,410	16,750	34	381	—	261	34	642	—	33	—	40.65	25.44	41.78	6	453	4.49	29.48	2	150	58.82	233.64	—	119	—	7.74

PRINCIPAL CAUSES OF DEATH

	European.		Non-European.		Total.
Tuberculosis (all forms)	..	..	..	..	119
Diarrhoea and enteritis	..	..	..	..	91
Bronchitis and pneumonia	..	..	..	..	65
Congenital malformations and diseases of early infancy	..	..	..	..	34
Violent or accidental deaths	..	..	..	..	24
Arterial diseases	..	..	..	..	18
Syphilis	..	..	..	..	9
Whooping cough	..	..	..	..	7

NOTIFICATION OF INFECTIOUS DISEASE.

Tuberculosis (respiratory system).	Tuberculosis (other forms).		Enteric fever.		Diphtheria.		Scarlet fever.		Whooping cough.*		Cerebro-spinal fever.		Acute primary pneumonia.		Influenza pneumonia.		Ophthalmia neonatorum.		Total.	
Non-Eur.	Non-Eur.	Total.	Non-Eur.	Total.	Non-Eur.	Total.	Non-Eur.	Total.	Non-Eur.	Total.	Non-Eur.	Total.	Non-Eur.	Total.	Non-Eur.	Total.	Non-Eur.	Total.	Non-Eur.	Total.
162	—	31	—	1	—	4	1	—	—	7	—	2	1	31	—	2	—	36	2	276

* Declared a notifiable disease as from 30th April, 1950.

TABLE W.—Barometrical Readings, 1949-50.

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

Month.	Mean.	Average for forty-three years, 1st July, 1906, to 30th June, 1949.	Highest.	Date.	Lowest.	Date.	Highest and date for forty-three years, 1st July, 1906, to 30th June, 1949.	Lowest and date for forty-three years, 1st July, 1906, to 30th June, 1949.
1949.								
July ..	30.183	30.249	30.439	12th	29.969	30th	30.737 14th, 1934	28.924 13th, 1917
August ..	30.138	30.271	30.326	11th	29.745	3rd	30.984 26th, 1921	29.753 29th, 1920
September ..	30.131	30.265	30.579	7th	29.895	27th	30.691 8th, 1924	29.573 3rd, 1946
October ..	30.051	30.202	30.327	22nd	29.852	24th	30.563 5th, 1912	29.727 6th, 1928
November ..	29.993	30.160	30.214	4th	29.744	28th	30.841 24th, 1913	29.714 13th, 1946
December ..	29.947	30.092	30.127	20th	29.747	18th	30.569 13th, 1921	29.727 22nd, 1947
1950.								
January ..	29.918	30.070	30.089	9th	29.726	5th	30.500 30th, 1917	29.745 7th, 1949
February ..	29.224	30.094	30.183	3rd	29.757	23rd	30.945 9th, 1923	29.765 26th, 1949
March ..	29.977	30.137	30.096	3rd	29.878	18th	30.608 11th, 1921	29.002 15th, 1921
April ..	30.022	30.233	30.295	5th	29.750	24th	30.514 7th, 1940	29.098 3rd, 1916
May ..	30.146	30.213	30.329	6th	29.849	3rd	30.641 3rd, 1927	29.078 19th, 1916
June ..	30.114	30.272	30.326	14th	29.909	10th	30.663 22nd, 1915	29.089 11th, 1906
Year ..	29.237	30.188	30.579	4/9/1949	29.726	5/1/1950	30.984 26/8/1921	28.924 13/7/1917

TABLE Y.—Rainfall and Humidity, 1949-50.

Month.	RAINFALL.						HUMIDITY.	
	Amount in inches.	Average for 43 years in inches, 1st July, 1906 to 30th June, 1949.	No. of rainy days.	Average rainy days for 43 years, 1st July, 1906 to 30th June, 1949.	Greatest fall in one day.		Mean Saturation 100.	Average for 43 years, 1st July, 1906, to 30th June, 1949.
					Amount in inches.	Date.		
1949								
July ..	3.44	3.40	13	14.00	0.78	18th	83.30	83.70
August ..	3.48	2.60	13	13.25	0.53	16th	80.00	83.00
September ..	2.23	2.05	13	10.83	0.48	5th	80.03	79.58
October ..	1.05	1.29	7	8.41	0.48	24th	69.87	73.06
November ..	0.80	0.92	5	8.95	0.67	1st	68.93	70.14
December ..	0.37	0.74	5	5.41	0.22	18th	68.22	68.79
1950								
January ..	0.21	0.61	3	3.81	0.11	31st	62.09	69.02
February ..	0.14	0.50	2	3.93	0.08	23rd	68.57	73.43
March ..	0.31	0.73	7	5.44	0.07	26th	82.80	74.84
April ..	4.40	1.71	12	9.06	1.38	25th	83.13	81.92
May ..	1.85	2.93	6	12.06	0.30	5th	77.48	83.53
June ..	2.19	2.56	14	13.00	0.68	11th	83.63	83.29
Year ..	20.47	20.04	100	108.15	1.38	25/4/1950	75.07	77.02
						19/5/1911		

TABLE Z.—Earth Temperature, 1949-50.

Month.	Range at one foot. °F	Range at one foot, 43 years, 1st July, 1906, to 30th June, 1949. °F	Range at two feet. °F	Range at two feet, 43 years, 1st July, 1906, to 30th June, 1949. °F	Range at four feet. °F	Range at four feet, 43 years, 1st July, 1906, to 30th June, 1949. °F
1949						
July ..	56.2 to 61.0	49.2 to 64.0	59.2 to 62.0	54.0 to 61.3	62.0 to 65.0	53.0 to 62.9
August ..	59.0 to 62.0	50.9 to 62.6	60.4 to 62.6	53.8 to 62.1	62.2 to 63.0	55.0 to 62.0
September ..	57.4 to 65.2	50.9 to 67.9	60.0 to 65.2	55.0 to 67.0	62.0 to 65.0	57.0 to 65.5
October ..	64.0 to 71.0	57.1 to 75.9	65.0 to 70.0	58.0 to 72.8	65.0 to 68.2	56.8 to 73.8
November ..	68.0 to 77.0	59.3 to 83.0	69.0 to 75.2	60.5 to 79.7	68.4 to 72.2	60.8 to 76.2
December ..	72.0 to 79.0	63.0 to 83.8	73.0 to 78.0	60.5 to 80.5	72.0 to 75.6	63.8 to 81.4
1950						
January ..	77.0 to 81.6	66.7 to 84.2	77.6 to 80.1	66.8 to 80.6	76.0 to 78.2	66.2 to 82.5
February ..	74.8 to 80.0	66.9 to 86.9	76.8 to 79.0	68.9 to 82.9	77.0 to 78.0	68.0 to 81.4
March ..	70.0 to 78.0	63.7 to 82.0	73.6 to 78.0	65.2 to 80.7	75.0 to 77.0	67.9 to 80.2
April ..	62.0 to 71.0	58.9 to 76.6	66.0 to 73.6	63.0 to 76.3	70.0 to 75.0	62.2 to 77.0
May ..	62.8 to 65.0	53.0 to 74.4	65.0 to 67.4	58.0 to 74.6	67.0 to 70.0	61.0 to 74.0
June ..	58.0 to 63.0	59.8 to 64.1	61.0 to 65.0	56.0 to 66.0	63.8 to 67.0	59.1 to 68.0
Year ..	56.2 to 81.6	49.2 to 86.9	59.2 to 80.1	53.8 to 82.9	62.0 to 78.2	53.0 to 82.5

No.		Date		Description		Amount		Total	
1		1911	Jan 1	Balance forward					
2		1911	Jan 15	Payroll					
3		1911	Jan 30	Payroll					
4		1911	Feb 15	Payroll					
5		1911	Feb 28	Payroll					
6		1911	Mar 15	Payroll					
7		1911	Mar 31	Payroll					
8		1911	Apr 15	Payroll					
9		1911	Apr 30	Payroll					
10		1911	May 15	Payroll					
11		1911	May 31	Payroll					
12		1911	Jun 15	Payroll					
13		1911	Jun 30	Payroll					
14		1911	Jul 15	Payroll					
15		1911	Jul 31	Payroll					
16		1911	Aug 15	Payroll					
17		1911	Aug 31	Payroll					
18		1911	Sep 15	Payroll					
19		1911	Sep 30	Payroll					
20		1911	Oct 15	Payroll					
21		1911	Oct 31	Payroll					
22		1911	Nov 15	Payroll					
23		1911	Nov 30	Payroll					
24		1911	Dec 15	Payroll					
25		1911	Dec 31	Payroll					
26		1911	Jan 1	Balance forward					
27		1911	Jan 15	Payroll					
28		1911	Jan 30	Payroll					
29		1911	Feb 15	Payroll					
30		1911	Feb 28	Payroll					
31		1911	Mar 15	Payroll					
32		1911	Mar 31	Payroll					
33		1911	Apr 15	Payroll					
34		1911	Apr 30	Payroll					
35		1911	May 15	Payroll					
36		1911	May 31	Payroll					
37		1911	Jun 15	Payroll					
38		1911	Jun 30	Payroll					
39		1911	Jul 15	Payroll					
40		1911	Jul 31	Payroll					
41		1911	Aug 15	Payroll					
42		1911	Aug 31	Payroll					
43		1911	Sep 15	Payroll					
44		1911	Sep 30	Payroll					
45		1911	Oct 15	Payroll					
46		1911	Oct 31	Payroll					
47		1911	Nov 15	Payroll					
48		1911	Nov 30	Payroll					
49		1911	Dec 15	Payroll					
50		1911	Dec 31	Payroll					



CITY OF CAPE TOWN.

With the Compliments of the
Medical Officer of Health.



STAD KAAPSTAD.

Met die Komplimente van die
Mediese Gezondheidsbeampste.

CITY OF CAPE TOWN.

ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH.

PRELIMINARY (PROVISIONAL) RETURN FOR THE YEAR ENDED 30TH JUNE 1951.

VITAL STATISTICS.

1950 - 1951.

	Euro- pean.	Non- Eur.	All Races
Total population *	183532	243448	426980
Population exclu- ding Langa Native Township.	183490	232500	415990 **
Total Live births ..	3346	9866	13215
Birth rate (per 1,000 population)	18.29	42.55	31.85 **
Total deaths	1774	3568	5345
Death rate (per 1,000 population)	9.69	15.39	12.88
Deaths of infants under 1 year of age	80	1028	1111 **
Infant mortality rate (per 1,000 births)	23.91	104.20	84.07
Maternal mortality rate (per 1,000 live births) ..	0.30	1.62	1.29
Tuberculosis death rate (per 1,000 live births) ..	0.47	3.57	2.20
Enteric fever death rate (per 1,000 population)	-	0.02	0.01

* Estimated as at 31st December, 1950, based on the preliminary figures of the 1951 census, inclusive of the Langa Native Township.

** Including three 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.

VITAL STATISTICS (CONTINUED)

- 2 -

1950 - 1951

Diseases (Total Deaths)						Eur.	Non-Eur.	All Races
Enteric fever	..	..	..	..	..	-	5	5
Meningococcal meningitis	..	..	..	..	..	3	13	16
Scarlet fever	..	..	..	..	..	-	1	1
Whooping cough	..	..	..	..	..	2	21	23
Diphtheria	..	..	..	..	..	-	9	9
Erysipelas	..	..	..	..	..	-	-	-
Tetanus	..	..	..	..	..	1	4	5
Tuberculosis, respiratory system	..	..	..	..	..	73	656	729
Tuberculosis, central nervous system	..	..	..	..	..	10	117	127
Tuberculosis, other forms	..	..	..	..	..	3	55	58
Purulent infection and septicaemia (non-puerperal)	..	..	..	..	..	-	1	1
Dysentery (all forms)	..	..	..	..	..	-	5	5
Syphilis (all forms)	..	..	..	..	..	6	46	52
Influenza	..	..	..	..	..	10	5	15
Measles	..	..	..	..	..	-	15	15
Acute anterior poliomyelitis	..	..	..	..	..	-	-	-
Encephalitis lethargica	..	..	..	..	..	-	2	2
Typhus fever	..	..	..	..	..	-	-	-
Other infective and parasitic diseases	..	..	..	..	..	6	8	14
Cancer (all forms)	..	..	..	..	..	265	159	424
Tumours, non-malignant	..	..	..	..	..	6	7	13
Acute rheumatic fever	..	..	..	..	..	3	14	17
Diabetes	..	..	..	..	..	35	30	65
Other general diseases	..	..	..	..	..	7	10	17
Diseases of the blood and blood forming organs	..	..	..	..	..	12	8	20
Chronic poisonings and intoxication	..	..	..	..	..	3	1	4
Intracranial lesions of vascular origin	..	..	..	..	..	235	230	465
Other diseases of the nervous system and sense organs	..	..	..	..	..	19	48	67
Cardiac diseases	..	..	..	..	..	519	341	860
Arterio-sclerosis	..	..	..	..	..	65	48	113
Other diseases of the circulatory system	..	..	..	..	..	35	63	98
Bronchitis and pneumonia (all forms)	..	..	..	..	..	57	347	404
Other diseases of the respiratory system	..	..	..	..	..	35	43	78
Ulcer of the stomach and duodenum	..	..	..	..	..	8	3	11
Diarrhoea and enteritis (under 2 years)	..	..	..	..	..	18	511	529
Diarrhoea and enteritis and ulceration of intestines (over 2 years)	..	..	..	..	..	4	42	46
Appendicitis	..	..	..	..	..	4	1	5
Diseases of the liver and biliary passages	..	..	..	..	..	23	15	38
Other diseases of the digestive system	..	..	..	..	..	15	17	32
Nephritis	..	..	..	..	..	69	60	129
Other genito-urinary diseases (non-venereal)	..	..	..	..	..	15	14	29
Puerperal sepsis	..	..	..	..	..	1	3	4
Other diseases of pregnancy and puerperal state	..	..	..	..	..	-	13	13
Diseases of the skin and cellular tissue	..	..	..	..	..	-	1	1
Diseases of the bones - organs of movement	..	..	..	..	..	2	2	4
Congenital malformations	..	..	..	..	..	9	36	45
Diseases of early infancy	..	..	..	..	..	47	265	312
Senility	..	..	..	..	..	24	7	31
Suicide	..	..	..	..	..	16	6	22
Other violent or accidental deaths	..	..	..	..	..	63	133	199*
Causes ill-defined or unknown	..	..	..	..	..	46	127	173
TOTAL						1,774	3,568	5,345*

* Including three of unknown race.

VITAL STATISTICS (CONTINUED)

Deaths of Infants under one year of age.

1950 - 1951.

Diseases.	Eur.	Non-Eur.	All Races.
I - Common infectious diseases	1	14	15
II - Tuberculous diseases	2	79	81
III - Diarrhoea and enteritis	14	381	395
IV - Bronchitis and pneumonia	4	157	161
V - Developmental and wasting diseases	43	251	294
VI - Miscellaneous diseases (remainder)	16	146	165*
Measles	-	4	4
Whooping cough	1	9	10
Diphtheria and croup	-	1	1
Scarlet fever	-	-	-
Tuberculosis, meningeal.. .. .	2	29	31
Tuberculosis, abdominal.. .. .	-	-	-
Tuberculosis, other forms	-	50	50
Syphilis	-	11	11
Rickets	-	-	-
Simple meningitis	-	5	5
Convulsions	-	5	5
Bronchitis	-	20	20
Pneumonia (all forms)	4	137	141
Diarrhoea and enteritis.. .. .	14	381	395
Congenital malformations	8	30	38
Congenital debility	-	14	14
Premature birth.. .. .	29	166	195
Injury at birth.. .. .	12	44	56
Other diseases peculiar to the first ..			
year of life.	6	41	47
Lack of care	-	-	-
Suffocation (overlying).. .. .	1	4	5
Other causes	3	77	83*
	80	1028	1111*

* Including three of unknown race.

TABLE 1. Clinical and Laboratory Findings

Case No.	Age	Sex	Onset	Duration	Course	Outcome
1	25	M	1935	10 days	Acute	Recovery
2	30	F	1936	15 days	Subacute	Recovery
3	35	M	1937	20 days	Chronic	Recovery
4	40	F	1938	25 days	Chronic	Recovery
5	45	M	1939	30 days	Chronic	Recovery
6	50	F	1940	35 days	Chronic	Recovery
7	55	M	1941	40 days	Chronic	Recovery
8	60	F	1942	45 days	Chronic	Recovery
9	65	M	1943	50 days	Chronic	Recovery
10	70	F	1944	55 days	Chronic	Recovery
11	75	M	1945	60 days	Chronic	Recovery
12	80	F	1946	65 days	Chronic	Recovery
13	85	M	1947	70 days	Chronic	Recovery
14	90	F	1948	75 days	Chronic	Recovery
15	95	M	1949	80 days	Chronic	Recovery
16	100	F	1950	85 days	Chronic	Recovery
17	105	M	1951	90 days	Chronic	Recovery
18	110	F	1952	95 days	Chronic	Recovery
19	115	M	1953	100 days	Chronic	Recovery
20	120	F	1954	105 days	Chronic	Recovery
21	125	M	1955	110 days	Chronic	Recovery
22	130	F	1956	115 days	Chronic	Recovery
23	135	M	1957	120 days	Chronic	Recovery
24	140	F	1958	125 days	Chronic	Recovery
25	145	M	1959	130 days	Chronic	Recovery
26	150	F	1960	135 days	Chronic	Recovery
27	155	M	1961	140 days	Chronic	Recovery
28	160	F	1962	145 days	Chronic	Recovery
29	165	M	1963	150 days	Chronic	Recovery
30	170	F	1964	155 days	Chronic	Recovery
31	175	M	1965	160 days	Chronic	Recovery
32	180	F	1966	165 days	Chronic	Recovery
33	185	M	1967	170 days	Chronic	Recovery
34	190	F	1968	175 days	Chronic	Recovery
35	195	M	1969	180 days	Chronic	Recovery
36	200	F	1970	185 days	Chronic	Recovery
37	205	M	1971	190 days	Chronic	Recovery
38	210	F	1972	195 days	Chronic	Recovery
39	215	M	1973	200 days	Chronic	Recovery
40	220	F	1974	205 days	Chronic	Recovery
41	225	M	1975	210 days	Chronic	Recovery
42	230	F	1976	215 days	Chronic	Recovery
43	235	M	1977	220 days	Chronic	Recovery
44	240	F	1978	225 days	Chronic	Recovery
45	245	M	1979	230 days	Chronic	Recovery
46	250	F	1980	235 days	Chronic	Recovery
47	255	M	1981	240 days	Chronic	Recovery
48	260	F	1982	245 days	Chronic	Recovery
49	265	M	1983	250 days	Chronic	Recovery
50	270	F	1984	255 days	Chronic	Recovery
51	275	M	1985	260 days	Chronic	Recovery
52	280	F	1986	265 days	Chronic	Recovery
53	285	M	1987	270 days	Chronic	Recovery
54	290	F	1988	275 days	Chronic	Recovery
55	295	M	1989	280 days	Chronic	Recovery
56	300	F	1990	285 days	Chronic	Recovery
57	305	M	1991	290 days	Chronic	Recovery
58	310	F	1992	295 days	Chronic	Recovery
59	315	M	1993	300 days	Chronic	Recovery
60	320	F	1994	305 days	Chronic	Recovery
61	325	M	1995	310 days	Chronic	Recovery
62	330	F	1996	315 days	Chronic	Recovery
63	335	M	1997	320 days	Chronic	Recovery
64	340	F	1998	325 days	Chronic	Recovery
65	345	M	1999	330 days	Chronic	Recovery
66	350	F	2000	335 days	Chronic	Recovery
67	355	M	2001	340 days	Chronic	Recovery
68	360	F	2002	345 days	Chronic	Recovery
69	365	M	2003	350 days	Chronic	Recovery
70	370	F	2004	355 days	Chronic	Recovery
71	375	M	2005	360 days	Chronic	Recovery
72	380	F	2006	365 days	Chronic	Recovery
73	385	M	2007	370 days	Chronic	Recovery
74	390	F	2008	375 days	Chronic	Recovery
75	395	M	2009	380 days	Chronic	Recovery
76	400	F	2010	385 days	Chronic	Recovery
77	405	M	2011	390 days	Chronic	Recovery
78	410	F	2012	395 days	Chronic	Recovery
79	415	M	2013	400 days	Chronic	Recovery
80	420	F	2014	405 days	Chronic	Recovery
81	425	M	2015	410 days	Chronic	Recovery
82	430	F	2016	415 days	Chronic	Recovery
83	435	M	2017	420 days	Chronic	Recovery
84	440	F	2018	425 days	Chronic	Recovery
85	445	M	2019	430 days	Chronic	Recovery
86	450	F	2020	435 days	Chronic	Recovery
87	455	M	2021	440 days	Chronic	Recovery
88	460	F	2022	445 days	Chronic	Recovery
89	465	M	2023	450 days	Chronic	Recovery
90	470	F	2024	455 days	Chronic	Recovery
91	475	M	2025	460 days	Chronic	Recovery
92	480	F	2026	465 days	Chronic	Recovery
93	485	M	2027	470 days	Chronic	Recovery
94	490	F	2028	475 days	Chronic	Recovery
95	495	M	2029	480 days	Chronic	Recovery
96	500	F	2030	485 days	Chronic	Recovery
97	505	M	2031	490 days	Chronic	Recovery
98	510	F	2032	495 days	Chronic	Recovery
99	515	M	2033	500 days	Chronic	Recovery
100	520	F	2034	505 days	Chronic	Recovery

TABLE 2. Clinical and Laboratory Findings

VITAL STATISTICS (CONTINUED).

Infectious Diseases Notified.

(Corrected to date for errors of diagnosis.)
1950 - 1951.

	Eur.	Non-Eur.	All Races
Tuberculosis, pulmonary	234	1515	1749
Tuberculosis, other forms	20	288	308
Diphtheria	41	60	101
Scarlet fever	209	48	257
Puerperal fever	2	23	25
Erysipelas	17	11	28
Enteric fever	10	35	45
Cerebrospinal fever	16	58	74
Acute poliomyelitis	12	9	21
Infective encephalitis	-	3	3
*Typhus fever	1	1	2
Lead poisoning	-	1	1
Leprosy	1	4	5
Anthrax	-	1	1
Malta fever	-	2	2
Ophthalmia neonatorum	14	156	170
Gonorrhoeal ophthalmia	-	4	4
Trachoma	-	1	1
Acute primary pneumonia	36	287	323
Influenzal pneumonia	8	8	16
	621	2515	3136

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

WORK DONE BY CITY HEALTH DEPARTMENT.

1950 - 1951

Inspections made by health inspectors	140,857
Inspections made by pest control officers ..	15,905
Notices served:	
Proceedings begun by verbal notice	648
Proceedings begun by written notice	3,525
Total proceedings begun	4,173
Total written notices served	4,738
Premises disinfected	1,894
Visits made by rat-catchers	84,573
Rats caught and destroyed:	
Brown rats	10,308
Black rats	2,372
Gerbillos	649
Applications for licences:	
Dealers, general dealers, bakers, butchers, motor garages and mineral water dealers and manufacturers	1,675
Tea rooms, cafes, restaurants, eating houses and boarding houses	1,393
Laundries, mattress makers and barbers or hairdressers	309
Purveyors of milk (other than cowkeepers).	211
Cowkeepers:	
Premises within municipal area	11
Premises outside municipal area.. ..	332
Manufacturers and vendors of ice cream ..	570
Hawkers and pedlars	2,408
Places of amusement	170
Visits made by Health Visitors (including Maternal and Child Welfare, Tuberculosis, Venereal Disease, Social Welfare, etc. ..	137,192

TABLE 1. Results of the Survey

Age Group	Sex	Marital Status	Education	Occupation	Income	Health Status	Medical History	Current Medication	Health Insurance
18-24	M	Single	High School	Student	\$0-\$100	Good	None	None	Medicaid
18-24	F	Single	High School	Student	\$0-\$100	Good	None	None	Medicaid
25-34	M	Married	College	Teacher	\$100-\$200	Good	None	None	Private
25-34	F	Married	College	Teacher	\$100-\$200	Good	None	None	Private
35-44	M	Married	College	Engineer	\$200-\$300	Good	None	None	Private
35-44	F	Married	College	Engineer	\$200-\$300	Good	None	None	Private
45-54	M	Married	College	Manager	\$300-\$400	Good	None	None	Private
45-54	F	Married	College	Manager	\$300-\$400	Good	None	None	Private
55-64	M	Married	College	Manager	\$400-\$500	Good	None	None	Private
55-64	F	Married	College	Manager	\$400-\$500	Good	None	None	Private
65-74	M	Married	College	Manager	\$500-\$600	Good	None	None	Private
65-74	F	Married	College	Manager	\$500-\$600	Good	None	None	Private
75-84	M	Married	College	Manager	\$600-\$700	Good	None	None	Private
75-84	F	Married	College	Manager	\$600-\$700	Good	None	None	Private
85-94	M	Married	College	Manager	\$700-\$800	Good	None	None	Private
85-94	F	Married	College	Manager	\$700-\$800	Good	None	None	Private
95-104	M	Married	College	Manager	\$800-\$900	Good	None	None	Private
95-104	F	Married	College	Manager	\$800-\$900	Good	None	None	Private
105-114	M	Married	College	Manager	\$900-\$1000	Good	None	None	Private
105-114	F	Married	College	Manager	\$900-\$1000	Good	None	None	Private

NOTE: Survey conducted from 1980-1985.

Maternity and Child Welfare Centres.

Number of sessions

1950 - 1951

4,356

New Cases.

Infant consultations -

under 1 year
over 1 year
total
Pre-natal clinics
Post-natal clinics
School clinics
Orthopaedic clinics
Nursery schools
Toddlers' sessions

Fur. Non-Fur.

All Races

1,585	8,263	9,848
315	1,616	1,931
1,900	9,879	11,779
368	5,832	6,200
209	727	936
528	3,393	3,921
63	198	261
		69
		16

Total attendances

Infant consultations
Pre-natal clinics
Post-natal clinics
School clinics
Orthopaedic clinics
Test feeds
Dinners for mothers and children
Milk meals
Nursery schools
Toddlers' sessions
Fresh milk issued (gals.)
Dried milk issued (lbs.)

22,086	139,416	161,502
1,526	25,532	27,058
624	3,526	4,150
2,128	11,450	13,578
289	4,680	4,969
905	2,550	3,455
650	110,299	110,949
		143,392
		30,703
		7,206
		53,570

Persons subjected to protective inoculation against diphtheria and whooping cough

2,375	10,513	12,888
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Protective inoculation against diphtheria and whooping cough (number of injections)

5,160	23,958	29,118
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Dental clinics

New cases
Total attendances

3,552	14,782	18,334
10,821	29,476	40,297

1950 - 1951

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

Veneral Disease Clinics

Number of sessions
New cases
Total attendances at medical sessions

City Hospital for Infectious Diseases, Portswood Road.

New cases (ultimate diagnosis)

Cerebrospinal fever
Scarlet fever
Diphtheria
Enteric fever
Acute anterior poliomyelitis
Acute primary pneumonia
Typhus fever
Whooping cough
Puerperal fever
Tuberculosis, pulmonary
Tuberculosis, other forms
Veneral 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
Races

67 1,194 1,261
153 3,914 4,067
2,686 6,384 9,070
6,590 21,692 28,282
21,344 21,662 43,006
£3,520

412 4,263 2,080
5,212 60,420 4,675
65,632

26 85 111
240 54 294
86 112 198
25 94 119
31 17 48
3 30 33
3 4 7
3 38 44
1 13 14
148 200 348
15 179 194
2 245 247
355 560 915
941 1,631 2,572
621 1,089 1,710
320 542 862

Brooklyn Hospital for Chest Diseases

1950 - 1951

New cases (ultimate diagnosis) . . .
 Tuberculosis, pulmonary
 Tuberculosis, other forms
 Other conditions

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

Cape Town cases at Nelspoort Sanatorium for Tuberculosis

New cases admitted
 Patient day units

Langa Native Hospital

New in-patients admitted
 New out-patients
 Total attendances of out-patients

Attendances on patients in their own homes:

By doctor
 By nurse
 Confinements attended in women's own homes
 Visits by midwife in connection with confinements

Medical Relief

New cases attended
 Number of visits by medical assistant

Public Washhouses

Total attendances at washhouses
 Fees collected at washhouses
 Total attendances at shower-baths, Hout Street
 Fees collected at shower-baths, Hout Street

ALL
Races

<u>Eur.</u>	<u>Non- Eur.</u>	
-	409	409
-	7	7
-	6	6
-	422	422
330	92	330
92		92

12,529⁵³ 8,481³⁹ 21,010⁹²

34,780⁵⁶⁴ 4,382⁵⁶⁴ 34,780⁵⁶⁴

2,611^{2,611} 1,353^{1,353} 2,479^{2,479}

1,088^{1,088} 3,299^{3,299}

£1,636.19. 0.
 £510. 9. 9.

from collected at shower-paths, Port Street

Public Dispensary

Number of visits by medical residents

Medical Relief

Visits by medical in connection with dispensary

Confidential attendances in connection with

Local Dispensary

Attendance on patients in their own homes

Local Dispensary

Attendance on patients in their own homes

Attendance on patients in their own homes

Attendance on patients in their own homes

Attendance on patients in their own homes

Local Dispensary

210 1 3

3,530

5,450 1,323 5,450

3,450 1,323 3,450

15,450 8,450 51,010

330 330

100 100

100 100



