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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, 1951.



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The Corporation
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The City of Cape Town



ANNUAL REPORT
OF THE
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For the year ended 30th June, 1951.

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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, 1951.

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, 1951, together with an account of the work of the City Health Department during the year.

Vital Statistics.

During the year under review a national population census was taken (8th May, 1951). This enabled a revised estimate to be made of the population for the Municipality of Cape Town and of the several wards of the City. The revised estimate of the population for the middle of the year (31st December, 1950) has been based on the preliminary returns of the census from which the rates for the year 1950-51 in this report are based. Except where especially mentioned the calculated vital statistical rates for the previous years, since 1946-47, have not been corrected in the light of the 1951 preliminary figures. The correction of the vital statistical rates for these years will be made when the final figures for the census are available.

The estimate of the previous year (1949-50), which was based on earlier censuses, proved that for Europeans it was overestimated by 7.0 per cent and underestimated by 5.7 per cent for non-Europeans. The discrepancy, particularly in the European estimate, was largely due to the abnormal population movement during and after the war which affected the censuses of 1941 and 1946, resulting in a high factor of increase used in estimating the population for subsequent years until the 1951 census. The estimates have now been corrected in the light of the preliminary census figures of 1951 together with the final figures for the 1946 census.

The statistics set out in this report show that the general death rate for the whole population (all races) was 6.1 per cent lower than that for last year (corrected in accordance with the preliminary 1951 census figures). For Europeans the general death rate was 1.5 per cent less and for non-Europeans 8.9 per cent less. The non-European death rate continues to decline and the rate for the year under review is the lowest recorded for the City.

There was a further decrease in the total mortality figures for the Municipality of Cape Town for the year 1950-51 compared with those for last year. In the figures for Europeans there was not much change. In non-Europeans, notable decreases were found in the number of deaths from whooping cough, tuberculosis (all forms), syphilis, cancer (all forms), bronchitis and pneumonia; but there was a sharp rise in the number of deaths from diarrhoea and enteritis, particularly in infants under one year of age. The non-European mortality rate from diarrhoea and enteritis (all ages) in the year 1950-51 was 21.2 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 9.2 times as great as the European rate.

The birth rate for all races, and for both Europeans and non-Europeans for the year under review, show decreases of 3.0 per cent, 3.8 per cent and 3.7 per cent respectively compared with the birth rates for last year (corrected in accordance with the preliminary 1951 census figures). The non-European birth rate was 2.3 times as great as the corresponding European rate and the natural increase rate (i.e. the excess of births over deaths) was more than treble that for non-Europeans. The non-European natural increase rate for the last five years has increased by 24.0 per cent compared with that for the previous five years.

Illegitimate births are still alarmingly high amongst the non-European community of the Municipality of Cape Town. In the year 1950-51, 2,465 non-European illegitimate births were registered compared with 2,384 in 1949-50 and 2,295 in 1948-49. This represents a percentage of 25.0 per cent of the total live births which is 8.4 times as great as that for Europeans. The number of illegitimate births in each municipal ward of the City and the corresponding percentage of the total births are given in the table at page 118.

The European infant mortality rate was the lowest yet recorded for the City. It was 19.1 per cent less than in the previous year and 19.2 per cent less than the preceding quinquennium. It was also below that of any other of the larger towns in the Union of South Africa. Compared with the previous year the non-European infant mortality rate increased by 2.7 per cent, which may be considered as being due to the high mortality from diarrhoea and enteritis in infants under one year of age. The preponderance of non-European infant deaths from diarrhoea and enteritis was found in wards 8, 10 and 15 where most of the depressed social and economic conditions exist amongst the non-European community through undernourishment and bad housing.

Infectious Diseases.

The number of cases of enteric fever reported in the year under review was almost the same as in the previous year, but the incidence of this disease continued to be greater amongst non-Europeans than Europeans.

Cerebrospinal fever was more prevalent than last year. As usual, the cases were mostly non-Europeans. There were 71 Cape Town cases during the year under review (16 European and 55 non-European) compared with 49 Cape Town cases (10 European and 39 non-European) in the previous year.

The incidence of diphtheria in the year 1950-51 was appreciably lower than last year and was also well below the average of the last five years. The disease caused nine deaths amongst non-Europeans. It is gratifying to be able to report that this year for the first time on record there have been no deaths from this disease in Europeans. This very satisfactory state of affairs may be attributed to the increasing number of children who have been protected in recent years by inoculations at the municipal immunizing sessions and by private practitioners.

The year 1950-51 was the first full year since whooping cough was made notifiable (30th April, 1950) in the Municipality of Cape Town. For the period under review there were 865 cases of whooping cough reported as belonging to Cape Town (138 European and 727 non-European). There were 23 deaths from this disease during the year compared with 67 in the previous year.

Tuberculosis.—In the field of tuberculosis experience and statistics show that all active measures available are increasingly employed year by year by the Anti-Tuberculosis section of the City Health Department. More persons are being examined at the clinics and more cases are found in a curable stage. The financial aid and other social services to the dependants of patients have been intensified and made more readily available.

To those of us who are aware of the reduction in tuberculosis mortality in other countries and of the local possibilities with adequate facilities, there is little satisfaction in reporting that the death rate for all races for tuberculosis in the Municipality of Cape Town for the year under review is the lowest recorded during the past twenty-five years. This rate is still far too high.

Considerably fewer people died of tuberculosis in Cape Town in the year 1950-51 than in the previous year. Deaths from tuberculosis (all forms) numbered 914 (86 European and 828 non-European) compared with 1,006 deaths (106 European and 900 non-European) registered last year. The mortality rate for all races was 2.16 per 1,000 population, which is 11.5 per cent lower than that for the year 1949-50.

Veneral Diseases.—The new clinic and ward buildings at the City Hospital, which were started in January, 1949, is now in use. It embodies the latest advances for efficient handling of patients and its design and size compares very favourably with any similar building in other countries.

The number of new cases registered at the various Municipal Treatment Centres during the year 1950-51 was 4,675 (412 European and 4,263 non-European). This is a decrease of 507 new cases (35 European and 472 non-European) in the total of 5,182 registered during the previous year. A most satisfactory feature in the campaign against venereal disease is the reduction in the number of new cases of congenital syphilis, particularly amongst non-Europeans. For the period under review, there were 344 new cases of congenital syphilis as compared with 497 in 1949-50 and 607 in 1948-49. This indicates the excellent results being obtained by the use of penicillin in the treatment of pregnant syphilitic mothers attending the ante-natal clinics.

Maternal and Child Welfare.

There are, at present, 24 municipal child welfare centres in Cape Town and suburbs under the control of the City Health Department, which has as its aim to secure improved standards of child life and safeguarding the welfare of mothers and young children up to school age. At these centres, the attendances at the infant consultation sessions continue to increase. In the period under review there were 161,502 attendances compared with 159,779 in 1949-50, 145,547 in 1948-49 and 140,881 in 1947-48. In the central area of Cape Town there is an urgent need for a suitable child welfare centre to serve the needs of the non-European population. At present, temporary use is made of a dwelling in the Malay quarter, which will shortly be required to house a family.

Housing.

There has been no improvement in the housing position during the year in so far as the lower income groups are concerned and the number of applications on the waiting list for tenancies in the Council's sub-economic housing estates exceed 8,000. In addition, there are thousands of families living in overcrowded and slum-like conditions who have not considered it worth while to apply.

The provision of sub-economic houses for the poorer sections of the community has already placed a heavy financial burden on the ratepayers of the City, and if the Council is to provide the many thousands of houses required to stabilize the housing situation of this group more liberal financial assistance will be required from the central Government.

Staff.

Dr. C. K. O'Malley, M.C., Venereal Disease Officer, retired from the service on reaching the age of superannuation on 22nd July, 1950. He was appointed to this position on 16th August, 1926, and during his term of office he rendered outstanding service to the community.

The development of the venereal disease services of this City to its present high standard of efficiency is due entirely to his clinical skill and organizing ability. Particularly linked with his name is the planning and design of the modern venereal disease wards and clinic at the City Hospital which stands as a monument to his endeavours.

Dr. O'Malley was succeeded by Dr. L. I. Cohen, Deputy Venereal Disease Officer.

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 Health Committee and other members of the Council.

I am, Ladies and Gentlemen,

Your obedient servant,

F. O. FEHRSEN,

M.R.C.S., L.R.C.P. (London), D.P.H., F.R.San.I.,
Professor of Public Health, University of Cape Town,
Medical Officer of Health.

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

May, 1952.

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REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1951 AND THE NATURAL DEATHAL CONDITIONS

MUNICIPALITY OF THE CITY OF CAPE TOWN.

LEADING STATISTICS, YEAR ENDED 30TH JUNE, 1951.

	<i>European.</i>	<i>Non-European.</i>	<i>All races.</i>
Area: 52,292 acres.			
Total population	186,822	249,258	436,080
Population (excluding the Native Township of Langa)	186,780	238,310	425,090
Birth rate	17·96	41·51	31·17
Death rate	9·52	15·01	12·61
Infant mortality rate	23·91	104·20	84·07
Tuberculosis death rate	0·46	3·48	2·16
Enteric incidence rate	0·05	0·15	0·11
Enteric death rate	—	0·02	0·01

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

MEMORANDUM OF THE CITY OF NEW YORK

TO THE BOARD OF ALDERMEN
FROM THE COMMISSIONER OF THE DEPARTMENT OF PUBLIC WORKS
SUBJECT: [Illegible text]

[The following text is illegible due to extreme fading and blurring. It appears to be a formal report or memorandum detailing city operations, possibly related to public works or infrastructure.]

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED 30TH JUNE, 1951.

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 of Cape Town on 30th June, 1951, amounted to approximately 52,292 acres or 81.7 square miles. On the 23rd February, 1951, certain land, in extent of 1,649 acres, at and around Zeekoe Vlei was incorporated in Ward 15 of the Municipality of Cape Town. 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° 56' S., Long. 18° 30' E. Its climate is largely determined by the fact that during the summer season the prevailing winds are south-easterly and in the winter season north-westerly; and that the western shore of the Cape Peninsula is washed by a cold current from the Antarctic.

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

The parts of the Municipality on the two seaboards 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 130 to 133.

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-four per cent of the Cape Town population of over four hundred thousand consists of whites, or "Europeans". The other fifty-six per cent is commonly designated as "non-European". Eighty-five per cent of these non-Europeans are of the mixed race known as Cape Coloured, and the remainder consists of Natives and Indians, who are both comparatively newcomers.

The Cape Coloured are largely the descendants of the slaves of earlier days, whose emancipation was completed in 1835. Their ancestors of the eighteenth century and earlier were mainly Europeans, Hottentots, blacks from Mozambique, Madagascar and other parts of Africa, and East Indians from the Dutch East Indies. In more recent years they have received additions from European, Bantu and other stocks.

There is one section of the Cape Coloured, Moslem in religion, known as "Malays", who are more immediately descended from the Dutch East Indians. Though they possess a larger infusion of this strain, they are much mixed with the other elements present in the Cape Coloured generally.

The social and economic conditions of the Cape Coloured are on the whole unsatisfactory. A part of them have skilled trades and earn good wages but the majority are unskilled labourers and many of the men earn less than 70s. a week when in full work. The position is aggravated by the large size of the families, but the family income is eked out when possible by earnings brought in by the wife and children. The measures taken for the prevention and relief of distress are inadequate, and there is no compulsory insurance against sickness. There is much undernourishment, and housing accommodation is expensive and bad. The social and cultural level is low. The principle of compulsory education does not apply to non-Europeans, and, though there are some good Coloured schools, the general level of schooling is low, and there is a lack of discipline in adolescents and a serious problem caused by Coloured delinquency. The illegitimacy rate is high and venereal disease is rife. The social contrast between the Europeans and Cape Coloured can be expressed by the statement that whereas in the whites it is only a small minority that belong to the depressed classes, in the Coloured it is the majority. The same contrast is seen in housing conditions; it is a small minority of Europeans who live in slum conditions, but a majority of the Coloured.

The natives constitute only 16 per cent of the non-Europeans. They live in the Council's native township, or as ordinary non-European residents in the City (where they are mostly slum dwellers), or in unsanitary shacks on the Cape Flats, or on their employers' premises. The segregation prescribed by the Natives (Urban Areas) Act is by no means completely enforced, for the reason that the houses in the township are too few to accommodate the population to be housed. Many of the natives are men from the native territories who still retain their link with the territories and commonly return there eventually; but there is an increasing population of detribalized natives who are permanently resident in Cape Town and live here with their families. Their social and economic conditions are on the whole worse than those of the Coloured people.

The Indians are less than 7,000 in number. They are nearly all traders, and they are better off than the Cape Coloured. Some of them are making good progress in business and becoming well-to-do.

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

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

SECTION II.—VITAL STATISTICS.

The vital statistics in this report refer to the Municipality of Cape Town and are for the period 52 weeks ended 29th June, 1951. The vital statistic rates are corrected to the basis of a year of 365 days. Births and deaths are attributed to the date of registration.

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

The births and deaths statistics are stated variously as:—

- (1) "Crude or uncorrected", including all births and deaths registered during the year as having occurred in 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 121 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 preliminary population figures for all races for the Municipality of Cape Town (including the Langa Native Township) as enumerated at the Census on 8th May, 1951, kindly supplied by the Department of Census and Statistics, Pretoria, are set out in the table on page 12 in respect of each of the fifteen wards of the City.

The estimates of population and the calculated vital statistics for the previous years, since 1946-47, have not been revised in the light of these figures. The correction will be made when the final figures for the census are available (see Table N, page 121).

The estimated population for the Municipality of Cape Town (excluding Langa Native Township) for the year under report and for the previous year are shown in the following table. It is calculated for the middle of the year (31st December), from the preliminary figures for the 1951 census together with the final figures for 1946 census.

Race.	1950-51			1949-50		
	Males.	Females.	Persons.	Males.	Females.	Persons.
European	88,956	97,824	186,780	88,337	97,143	185,480
Native (Not Langa) ..	17,644	10,366	28,010	16,561	9,729	26,290
Asiatic	3,951	2,759	6,710	3,875	2,705	6,580
Other Coloured	95,347	108,243	203,590	91,221	103,559	194,780
Non-European	116,942	121,368	238,310	111,657	115,993	227,650
All Races	205,898	219,192	425,090	199,994	213,136	413,130

The rates for the Municipality for the year under report are based on the above figures.

It is of interest to note the discrepancy in the estimate of the population for the previous year (1949-50, 199,450 for Europeans and 215,370 for non-Europeans) which was based on the 1941 and 1946 censuses as compared with the new estimate, based on the preliminary figures of the 1951 census, of 185,480 for Europeans and 227,650 for non-Europeans. The previous figures were therefore overestimated by 7.0 per cent for Europeans, and underestimated by 5.7 per cent for non-Europeans. The total population was overestimated by 0.4 per cent.

The discrepancy in the European estimate was largely due to the abnormal population movement during and after the war, which affected the censuses of 1941 and 1946. The disparity between these two censuses was 23,500, resulting in a high factor of increase used in estimating the population for subsequent years until the 1951 census. The disparity between the census figures of 1946 and 1951 was approximately 6,400, giving a low factor of increase which in turn was used in correcting the previous estimate for each of the years from 1946 to 1951. This latter increase is a little more than the increase between the censuses of 1931 and 1936 (4,481) and of 1936 and 1941 (5,113), but 50 per cent less than the increase between the censuses of 1926 and 1931 (12,827).

The shortfall in the European population of the Municipality of Cape Town may be largely due to Cape Town residents moving to areas adjacent to Cape Town under the jurisdiction of other local authorities, particularly the districts of Bellville, Parow, Goodwood and Pinelands. The curtailment of immigration from overseas and the emigration of Cape Town residents to Rhodesia in recent years may also have some bearing on the position. In the last twenty years the European population of the areas adjacent to Cape Town has multiplied approximately $4\frac{1}{2}$ times, while that of the Cape Town Municipal Area has increased by only 36.4 per cent. The approximate proportion of the total European population living in the outlying areas has increased from 9.0 per cent in 1931 to 25.0 per cent in 1951.

With regard to the non-European population in the Municipality of Cape Town, there has not been much change, except that the natural increase rate of the non-European population (i.e. excess of births over deaths) for the last five years has increased by 24.0 per cent compared with that for the previous five years; according to the latest census figures, the non-European population has increased in every ward except ward 9, where there was a decrease of 25.6 per cent. The largest proportional increase was in ward 10 from 24,652 to 40,434, in ward 8 from 24,156 to 33,679, and in ward 15 from 17,627 to 25,340.

PRELIMINARY CENSUS RETURN 8TH MAY, 1951—MUNICIPALITY OF CAPE TOWN.

Municipal Wards.	European.		Native.		Asiatic.		Other Coloured.		All Non-European.		All Races.		
	M	F	M	F	M	F	M	F	M	F	M	F	Total.
1	6,512	8,066	808	391	26	11	333	1,647	1,167	2,049	7,679	10,115	17,794
2	5,786	6,217	1,417	349	88	58	1,672	2,366	3,177	2,773	8,963	8,990	17,953
3	4,198	5,018	890	484	254	175	5,128	5,989	6,272	6,648	10,460	11,666	22,126
4	7,612	9,018	589	396	48	27	489	1,504	1,126	1,927	8,738	10,945	19,683
5	4,328	4,466	971	542	357	236	10,841	11,879	12,169	12,657	16,497	17,123	33,620
6	2,773	2,916	818	323	809	578	11,358	12,576	12,985	13,477	15,758	16,393	32,151
7	6,466	6,655	180	52	332	246	6,268	6,883	6,780	7,181	13,246	13,836	27,082
8	8,692	8,890	5,251	3,232	396	282	12,118	12,400	17,765	15,914	26,457	24,804	51,261
9	8,784	9,799	500	282	199	154	2,328	3,089	3,027	3,525	11,811	13,324	25,135
10	3,030	2,753	1,414	1,036	438	336	18,324	18,886	20,176	20,258	23,206	23,011	46,217
11	6,390	7,233	439	449	59	49	2,237	3,256	2,735	3,754	9,035	10,987	20,022
12	6,846	7,578	500	425	221	171	5,336	6,709	6,257	7,305	13,103	14,883	27,986
13	4,578	5,704	665	329	137	93	4,395	5,382	5,197	5,804	9,775	11,508	21,283
14	7,139	7,790	371	250	250	166	5,862	6,839	6,483	7,255	13,622	15,045	28,667
15	5,003	5,693	2,966	2,009	258	193	9,494	10,420	12,718	12,622	17,721	18,315	36,036
Table Mountain	—	—	—	—	—	—	—	—	—	—	—	—	—
Langa Native Town-	—	—	—	—	—	—	—	—	—	—	—	—	—
ship	21	22	8,997	2,589	—	—	25	38	9,022	2,627	9,043	2,649	11,692
Shipping	913	133	17	—	98	—	312	—	427	—	1,340	133	1,473
Railway Passengers	212	122	222	36	8	2	68	26	298	64	510	186	696
Totals	89,183	98,073	27,015	13,174	3,978	2,777	96,788	109,889	127,781	125,840	216,964	223,913	440,877
Census, May 1946	86,831	93,974	21,666	9,592	3,587	2,538	76,968	88,074	102,221	100,804	189,052	194,778	383,830
Increase	2,352	4,099	5,349	3,582	391	239	19,820	21,215	25,560	25,036	27,912	29,135	57,047
Percentage	2.7	4.4	24.7	37.3	10.9	9.4	25.8	23.9	25.0	24.8	14.8	15.0	14.9

The estimated populations in the various wards of the City for 31st December, 1950, exclusive of shipping, railway passengers and Langa Native Township are as follows:—

Wards.	Race.		
	European.	Non-European.	All Races.
1	14,580	3,210	17,790
2	12,040	5,910	17,950
3	9,200	12,770	21,970
4	16,600	3,020	19,620
5	8,780	25,190	33,970
6	5,730	27,100	32,830
7	13,160	13,610	26,770
8	17,470	35,990	53,460
9	18,600	6,680	25,280
10	5,670	39,120	44,790
11	13,510	6,410	19,920
12	14,210	13,320	27,530
13	10,370	10,980	21,350
14	14,700	13,560	28,260
15	10,700	24,750	35,450

The vital statistical rates for the separate wards of the City, based on the above figures, are shown in Table K on page 118.

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

European.		Native.		All Races.		TOTAL.
Males.	Females.	Males.	Females.	Males.	Females.	
21	21	8,046	2,902	8,067	2,923	10,990

BIRTH STATISTICS.

The births and birth rates for the Municipality of Cape Town in the year under review are shown in Table L on page 119.

The births, birth rates and rates of natural increase per 1,000 population for the year 1950-51 and for the previous year (corrected in accordance with the preliminary census figures of 1951) were as follows:—

Race.	1950-51					1949-50				
	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 ..	4,349	23·35	3,346	17·96	8·44	4,399	23·78	3,451	18·66	8·99
Coloured ..	9,445	46·52	8,616	42·44	28·06	9,224	47·49	8,497	43·74	27·66
Native ..	1,265	45·29	936	33·51	12·82	1,232	46·99	967	36·88	15·64
Asiatic ..	321	47·97	314	46·92	36·31	323	49·22	322	49·07	40·23
Non-European	11,031	46·42	9,866	41·51	26·50	10,779	47·48	9,786	43·11	26·63
All races* ..	15,383	36·29	13,215	31·17	18·56	15,182	36·85	13,241	32·14	18·71

*Including 3 in 1950-51 and 4 in 1949-50 of newly-born infants of unknown race, found dead in different parts of the City during the year.

It will be seen from the above table that the non-European birth rate for the year 1950-51 (corrected for outward transfers) was 2·3 times as great as that for the European. The ratio was 2·4 for Coloured, 1·9 for Natives and 2·6 for Asiatics.

As compared with the previous year, the European birth rate showed a decrease of 3·8 per cent and the non-European a decrease of 3·7 per cent.

The natural increase of the non-European population (i.e. the excess of births over deaths) was 4·0 times as great as that for the European population; expressed as per 1,000 population it was 3·1 times as great.

The number of male births per 100 female births (corrected for outward transfers) was 106·5 amongst Europeans and 99·8 amongst non-Europeans.

The percentage of illegitimate to total live births (corrected for outward transfers) was 2·9 amongst Europeans and 24·9 amongst non-Europeans. The corresponding figures for former years will be found in Table N, on page 121.

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

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 ..	81·47	3,346	790	76·39	74·14	41	14	65·83
Coloured ..	39·61	8,616	5,676	34·12	54·20	271	157	42·07
Native ..	90·04	936	129	86·22	59·03	64	34	46·88
Asiatic ..	9·66	314	286	8·92	33·33	9	6	33·33
All Non-European	44·52	9,866	6,091	38·26	54·69	344	197	42·73
All races ..	54·96	13,215*	6,884*	47·91	56·97	385	211	45·19

*Including 3 of unknown race.

In Table J, on page 117, is shown the number of births which took place in the various institutions in the Municipality of Cape Town during the year 1950-51.

Table H, on page 115, will show the registered births and still-births for the year 1950-51, classified as to race, sex, legitimacy and the percentage of total births occurring in institutions.

The European birth rate (corrected for inward and outward transfers) for a series of past years will be found in Table N, on page 121.

In Table K, on page 118, will be found the birth rates and natural increase rates for the year 1950-51 for the separate wards of the City.

Statistics based on birth notifications will be found in Table I, on page 116.

Births registered as belonging to Langa Native Township are excluded from the foregoing figures. Particulars regarding these will be found in Table U on page 128.

Reference to Table V, on page 129, will show the births and birth rates for the district of Windermere.

In Table O, on page 122, the birth rates of certain other towns in the Union of South Africa and for England and Wales are set out for the purposes of comparison.

BIRTH RATES (1946-47—1950-51).

The following table shows the variation in the number of births and birth rates per 1,000 population (corrected for outward transfers) for the Municipality of Cape Town over a period of five years. The rates are corrected in accordance with the preliminary census figures of 1951, together with the final figures of 1946 census.

Race.	1950-51		1949-50		1948-49		1947-48		1946-47	
	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.
European ..	3,346	17.96	3,451	18.66	3,721	20.26	3,832	20.67	3,970	21.88
Coloured ..	8,616	42.44	8,497	43.74	8,517	45.83	7,858	43.48	8,140	47.85
Native ..	936	33.51	967	36.88	823	33.44	785	33.44	720	33.21
Asiatic ..	314	46.92	322	49.07	265	41.20	301	46.91	189	30.52
Non-European	9,866	41.51	9,786	43.11	9,605	44.28	8,944	42.47	9,049	45.71
All races*	13,215 ¹	31.17	13,241 ²	32.14	13,330 ³	33.28	12,788 ⁴	32.29	13,028 ⁵	34.36

*Including ¹3, ²4, ³4, ⁴12, ⁵9 of unknown race.

GENERAL MORTALITY.

The deaths and death rates for the Municipality of Cape Town for the year 1950-51, are shown in Table L, on page 119.

The following table shows at a glance the relationship of deaths and death rates for the year 1950-51 and for the previous year (corrected in accordance with the preliminary census figures in 1951).

Race.	1950-51				1949-50			
	Uncorrected.		Corrected for Outward Transfers.		Uncorrected.		Corrected for Outward Transfers.	
	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.
European ..	2,184	11.73	1,774	9.52	2,236	12.09	1,787	9.66
Coloured ..	3,357	16.53	2,919	14.38	3,552	18.29	3,125	16.09
Native ..	677	24.24	578	20.69	673	25.67	557	21.24
Asiatic ..	76	11.36	71	10.61	61	9.30	58	8.84
Non-European ..	4,110	17.29	3,568	15.01	4,286	18.88	3,740	16.47
All races*	6,297 ¹	14.85	5,345 ¹	12.61	6,527 ²	15.84	5,532 ¹	13.43

*Including ¹3, ²5 of unknown race.

The European death rate (corrected for inward and outward transfers) for a series of past years will be found in Table N, on page 121.

The death rates for the year under review compared with the previous year (corrected for outward transfers) show a decrease of 1.5 per cent for Europeans, 8.9 per cent for non-Europeans and 6.1 per cent for all races.

The non-European death rate for the year 1950-51 was 1.6 times as great as that for the European rate. The ratio was 1.5 for Coloured, 2.2 for Natives and 1.1 for Asiatics.

In Table N, on page 121, the annual death rate for the Municipality of Cape Town since Unification (1913) is set out in years and quinquennia.

Reference to Table K on page 118 will be found the death rates for the year under review for the separate wards of the City.

Deaths 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 128 and in Table A 5 on page 106.

Information regarding deaths for the district of Windermere will be found in Table A 4 and V on pages 104 and 129.

For the purposes of comparison the death rates of certain other towns in the Union of South Africa and for England and Wales are set out in Table O, on page 122.

PRINCIPAL CAUSES OF MORTALITY.

There was a further decrease in the total mortality figures for the Municipality of Cape Town for the year 1950-51, compared with those for last year. In Europeans there was not much change in the total deaths. Of the chief causes of death, however, there was an increase in the number of deaths from cardio-vascular diseases and cancer (all forms) and a decrease in the number of deaths from tuberculosis (all forms), bronchitis and pneumonia. Of the total non-European deaths, there was a decrease of 172 or 4.6 per cent which was caused chiefly by a reduction in the number of deaths from whooping cough, tuberculosis (all forms), syphilis, cancer, bronchitis and pneumonia; but there was a sharp rise in the number of deaths from diarrhoea and enteritis, particularly in infants under one year of age.

In Tables A1, A2, A3 and A5 on pages 76 to 106, 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 107 and in Table E on pages 110 and 111, 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 109, shows the trends in mortality from certain causes over a period of years.

The following table shows which are the greater recorded causes of death in the year 1950-51 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 ..	519	29.3	2.79	Tuberculosis (all forms) ..	838	23.2	3.48
Arterial diseases* ..	300	16.9	1.61	Diarrhoea and en- teritis ..	553	15.5	2.33
Cancer (all forms)	265	14.9	1.42	Bronchitis and pneumonia ..	347	9.7	1.46
Tuberculosis (all forms) ..	86	4.8	0.46	Cardiac diseases ..	341	9.6	1.43
Violence ..	79	4.5	0.42	Congenital malfor- mations and di- seases of early infancy ..	301	8.4	1.27
Nephritis ..	69	3.9	0.37	Arterial diseases* ..	278	7.8	1.17
Bronchitis and pneumonia ..	57	3.2	0.31	Cancer (all forms) ..	159	4.5	0.67
Congenital malfor- mations and di- seases of early infancy ..	56	3.2	0.30	Violence ..	139	3.9	0.58
Diabetes ..	35	2.0	0.19	Nephritis ..	60	1.7	0.25
Diarrhoea and en- teritis ..	21	1.2	0.11	Syphilis, G.P.I., tabes and aneu- rysm of aorta ..	46	1.3	0.19

*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 120, 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 108, where the deaths for the year 1950-51, 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 ..	47	33	14	4	25	16	348	255	496	536	930	844
	Coloured ..	434	353	210	199	136	153	539	424	220	251	1,539	1,380
	Native ..	124	99	62	43	21	21	151	39	8	10	366	212
	Asiatic ..	8	10	3	2	2	7	23	3	12	1	48	23
	Non-European	566	462	275	244	159	181	713	466	240	262	1,953	1,615
	All races ..	613	495	289	248	184	197	1,061	721	736	798	2,883	2,459
Percentage	European ..	5.1	3.9	1.5	0.5	2.7	1.9	37.4	30.2	53.3	63.5	100.0	100.0
	Coloured ..	28.2	25.6	13.7	14.4	8.8	11.1	35.0	30.7	14.3	18.2	100.0	100.0
	Native ..	33.9	46.7	16.9	20.3	5.7	9.9	41.3	18.4	2.2	4.7	100.0	100.0
	Asiatic ..	16.7	43.5	6.2	8.7	4.2	30.4	47.9	13.0	25.0	4.4	100.0	100.0
	Non-European	29.0	28.6	14.1	15.1	8.1	11.2	36.5	28.9	12.3	16.2	100.0	100.0
	All races ..	21.3	20.1	10.0	10.1	6.4	8.0	36.8	29.3	25.5	32.5	100.0	100.0

From the foregoing figures it will be seen that the deaths under five years of age constitute 5.5 per cent of all deaths in Europeans as compared with 43.4 per cent in non-Europeans (Coloured 41.0, Native 56.7, Asiatic 32.4); and that the deaths under 25 years of age constitute 7.8 per cent of all deaths in Europeans as compared with 52.9 per cent in non-Europeans (Coloured 50.9, Native 64.0, Asiatic 45.1).

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 ..	1,170	1,014	13.19	10.39	930	844	10.48	8.65
Coloured ..	1,784	1,573	18.76	14.57	1,539	1,380	16.19	12.78
Native ..	428	249	24.32	24.09	366	212	20.80	20.51
Asiatic ..	52	24	13.20	8.72	48	23	12.18	8.36
Non-European ..	2,264	1,846	19.41	15.25	1,953	1,615	16.75	13.34
All races ..	3,434	2,860	16.72	13.08	2,883	2,459	14.04	11.25

It will be seen from the above figures that in Europeans the male death rate (corrected for outward transfers) was 21.2 per cent greater than the female; and in non-Europeans the male death rate was 25.6 per cent greater than the female (Coloured 26.7, Native 1.4, Asiatic 45.7).

DEATHS IN INSTITUTIONS.

In Table G, on page 114, is shown the number of deaths which took place in the various institutions. The total number of deaths in Cape Town and the percentage of total deaths occurring in institutions for the year under review, are indicated in the following table:—

Race.	Uncorrected.		Corrected for Outward Transfers.	
	Total deaths.	Percentage of total deaths occurring in institutions.	Total deaths.	Percentage of total deaths occurring in institutions.
European ..	2,184	50.2	1,774	41.1
Coloured ..	3,357	31.5	2,919	22.1
Native ..	677	44.9	578	36.0
Asiatic ..	76	30.3	71	25.4
Non-European ..	4,110	33.6	3,568	24.4
All races ..	6,297*	39.4	5,345*	30.0

* Including 3 of unknown race.

DEATH RATES (1946-47—1950-51).

The following table shows the variation in the number of deaths and death rates per 1,000 population (corrected for outward transfers) for the Municipality of Cape Town over a period of five years. The rates are corrected in accordance with the preliminary census figures of 1951 together with the final figures for 1946 census.

Race.	1950-51.		1949-50.		1948-49.		1947-48.		1946-47.	
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate
European	1,774	9.52	1,787	9.66	1,761	9.59	1,949	10.51	1,709	9.42
Coloured	2,919	14.38	3,125	16.09	3,167	17.04	3,327	18.41	3,048	17.92
Natives	578	20.69	557	21.24	544	22.10	611	26.03	587	27.08
Asiatics	71	10.61	58	8.84	65	10.11	76	11.84	56	9.04
Non-Europeans ..	3,568	15.01	3,740	16.47	3,776	17.41	4,014	19.06	3,691	18.64
All races*	5,345 ¹	12.61	5,532 ²	13.43	5,541 ³	13.83	5,975 ⁴	15.09	5,409 ⁵	14.27

*Including ¹3, ²5, ³4, ⁴12, ⁵9, of unknown race.

INFANT MORTALITY.

The deaths of infants under one year of age for the Municipality of Cape Town in the year 1950-51, and the corresponding rates are shown in Table L, on page 119.

A comparative view of the deaths of infants under one year of age and the corresponding mortality rates expressed per 1,000 live births for the year 1950-51 and for the previous year, are shown in the following table:—

Race.	1950-51				1949-50			
	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	138	31.73	80	23.91	150	34.10	102	29.56
Coloured	895	94.76	787	91.34	901	97.68	784	92.27
Native	259	204.74	223	238.25	235	190.75	199	205.79
Asiatic	18	56.07	18	57.32	10	30.96	10	31.06
Non-European ..	1,172	106.25	1,028	104.20	1,146	106.32	993	101.47
All races*	1,313 ¹	85.35	1,111 ¹	84.07	1,300 ²	85.63	1,099 ²	83.00

*Including ¹3, ²4, of unknown race.

The non-European infant mortality rate (corrected for outward transfers) was 4.4 times as great as the European.

The European infant mortality rate for the year under review was less than that for the previous year by 19.1 per cent, and the non-European rate was greater by 2.7 per cent. The rates for the year were less than those of the preceding quinquennium by 19.2 per cent and 4.5 per cent respectively.

Amongst non-European infants there was a decrease in the mortality from whooping cough, bronchitis, pneumonia, and premature birth, but a substantial increase in the number of infant deaths from diarrhoea and enteritis. The mortality from these causes alone constitute more than half the total infant deaths in the year under review.

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 120.

In the year under report 57.5 per cent of the deaths amongst European infants occurred in the first week of life and 67.5 per cent in the first month (4 weeks). Amongst non-European infants the percentages were 22.7 in the first week and 29.4 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	—	—	0.30	0.91	0.30	0.91
Scarlet fever	—	—	—	—	—	—
Measles	—	—	—	0.41	—	0.41
Diphtheria	—	—	—	0.10	—	0.10
Tuberculosis (all forms) ..	—	—	0.60	8.01	0.60	8.01
Syphilis	—	0.81	—	0.30	—	1.11
Bronchitis and pneumonia ..	0.30	1.52	0.90	14.39	1.20	15.91
Diarrhoea and enteritis ..	—	0.51	4.18	38.11	4.18	38.62
Premature birth	8.37	15.51	0.30	1.32	8.67	16.83
Injury at birth	3.59	4.46	—	—	3.59	4.46
Congenital malformations and debility	1.79	1.72	0.60	2.74	2.39	4.46
Other diseases peculiar to early infancy	1.79	3.95	—	0.20	1.79	4.15
Other causes	0.30	2.13	0.89	7.10	1.19	9.23
Total	16.14	30.61	7.77	73.59	23.91	104.20

*Over one month, but under one year.

In Table F1, on page 112, the deaths 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 4 weeks) and post neo-natal (over 4 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, 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
" " " 1951	16.14	7.77	30.61	73.59
Quinquennium (1947-1951)	18.50	11.08	36.49	72.63

Reference to Table F2, on page 113, will show the deaths of infants under one year of age, arranged according to cause and race for a series of years.

The following table is designed to show the infant mortality for the year under report (corrected for outward transfers) amongst legitimate and illegitimate infants respectively.

	European.	Non-European.	All races.
Number of legitimate births	3,247	7,401	10,648
Number of legitimate deaths under one year of age	78	687	765
Infant mortality (legitimate) per 1,000 live births	24.02	92.83	71.83
Number of illegitimate births	99	2,465	2,567*
Number of illegitimate deaths under one year of age	2	341	346*
Infant mortality (illegitimate) per 1,000 live births	20.20	138.34	134.79

*Including 3 of unknown race.

In Table K, on page 118, the infant mortality by race will be found classified according to place of residence (wards).

Infant deaths in the Langa Native Township are not included in the foregoing figures. Particulars regarding these will be found in Table A5, on page 106, and Table U, on page 128.

In Table V, on page 129, will be found the infant mortality rate for the district of Windermere.

Infant mortality rates of certain other towns in the Union of South Africa and for England and Wales are set out in Table O, on page 122, for the purposes of comparison.

INFANT MORTALITY RATE (1946-47—1950-51).

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.	1950-51		1949-50		1948-49		1947-48		1946-47	
	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 ..	80	23.91	102	29.56	109	29.29	142	37.06	109	27.46
Coloured ..	787	91.34	784	92.27	866	101.68	859	109.32	759	93.24
Native ..	223	238.25	199	205.79	180	218.71	214	272.61	204	283.33
Asiatic ..	18	57.32	10	31.06	19	71.70	20	66.45	14	74.97
Non-European	1,028	104.20	993	101.47	1,065	110.88	1,093	122.20	977	107.97
All races* ..	1,111 ¹	84.07	1,099 ²	83.00	1,178 ³	88.37	1,247 ⁴	97.51	1,095 ⁵	84.05

*Including ¹3, ²4, ³12, ⁴9 of unknown race.

MATERNAL MORTALITY.

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

	Deaths.			Maternal mortality rates per 1,000 live births.		
	Eur.	Non-E.	All races.	Eur.	Non-E.	All races.
Puerperal septicaemia (including post-abortive infection) ..	1	3	4	0.30	0.30	0.30
Abortion, ectopic gestation, and haemorrhages of pregnancy ..	—	3	3	—	0.30	0.23
Toxaemias and other diseases and accidents of pregnancy ..	—	6	6	—	0.61	0.45
Puerperal haemorrhage ..	—	2	2	—	0.20	0.15
Other puerperal accidents and diseases ..	—	2	2	—	0.20	0.15
All causes, other than puerperal septicaemia (including post-abortive infection) ..	—	13	13	—	1.32	0.98
Total ..	1	16	17	0.30	1.62	1.28

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

	Puerperal septicaemia.			Other causes.			All causes.		
	Eur.	Non-E.	All races.	Eur.	Non-E.	All races.	Eur.	Non-E.	All races.
1914-15 to 1918-19	0.59	1.30	1.02	2.13	3.55	2.98	2.72	4.85	4.00
1919-20 to 1923-24	1.76	1.20	1.40	2.84	2.16	2.41	4.60	3.36	3.81
1924-25 to 1928-29	1.03	1.71	1.48	1.74	3.73	3.07	2.77	5.43	4.56
1929-30 to 1933-34	0.94	1.27	1.17	3.04	3.12	3.10	3.98	4.40	4.27
1934-35 to 1938-39	0.96	1.39	1.26	2.43	3.30	3.05	3.38	4.49	4.32
1939-40 to 1943-44	0.85	1.79	1.49	1.09	2.50	2.06	1.93	4.29	3.55
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
1950-51 ..	0.30	0.30	0.30	—	1.32	0.98	0.30	1.62	1.28

The maternal mortality rates (per 1,000 births) based on the total deliveries (live births and still-births) registered during the year 1950-51 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
1950-51 ..	0.30	0.29	0.29	—	1.27	0.96	0.30	1.57	1.25

SECTION III.—MATERNAL AND CHILD WELFARE.

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

This branch of the City Health Department has as its aims the safeguarding of infant life and the welfare of mothers and young children up to school age.

The main object is to prevent, where possible, disorders and diseases of infant life especially those which might arise from improper feeding and ignorance. Minor ailments and diseases are also dealt with at the welfare centres and followed up by the health visitors, since delay in obtaining treatment might have serious consequences; but persons able to afford to do so are advised to consult their own doctors in cases of illness.

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 1950-51.

There are 24 branch centres in Cape Town and the suburbs, but as there is no centre for the central Cape Town area, sessions are held for Europeans in halls hired for the purpose.

For the non-Europeans, temporary use is made of a house in the Malay quarter, which will shortly be required for housing a family. There is, therefore, urgent need for a centre to serve the needs of central Cape Town.

Centre.	Race.	Infant consultations.				Pre-natal clinics.			School clinics.			Dinners.	
		Ses-sions.	First attendances.		Total attend-ances.	Ses-sions.	Attendances.		Ses-sions.	Attendances.		Attendances.	
			Under 1 year.	Over 1 year.			First.	Total.		First.	Totals.	Adults.	Child-ren.
Shortmarket St., Cape Town	Eur. . . Non-Eur. Total . .	150	629 629	65 65	8,283 8,283	51	174 174	752 752	21	252 252	1,144 1,144	1,608 1,608	6,526 6,526
Kloof St., Cape Town	Eur. . . Non-Eur. Total . .	52	118 118	18 18	1,569 1,569								
Aspeling St., Cape Town	Eur. . . Non-Eur. Total . .	295	1,020 1,020	350 350	21,270 21,270	53	733 733	2,535 2,535	40	992 992	3,267 3,267	4,036 4,036	12,990 12,990
Bloemhof, Cape Town	Eur. . . Non-Eur. Total . .	96	336 336	62 62	7,227 7,227	48	80 80	450 450					
Devil's Peak Estate	Eur. . . Non-Eur. Total . .	46	111 111	26 26	1,894 1,894								
Green Point . .	Eur. . . Non-Eur. Total . .	44	96 96	9 9	1,334 1,334								
Camps Bay . .	Eur. . . Non-Eur. Total . .	23	36 36	4 4	437 437								
Woodstock . .	Eur. . . Non-Eur. Total . .	250	309 570 879	43 137 180	4,165 10,254 14,419	102	168 394 562	675 1,805 2,480	151	371 766 1,137	1,552 3,073 4,625	59 1,592 1,651	148 2,442 2,590
Mowbray . .	Eur. . . Non-Eur. Total . .	22	88 88	4 4	845 845								
Maitland . .	Eur. . . Non-Eur. Total . .	197	77 528 605	18 86 104	997 7,995 8,992	59	30 429 459	107 1,646 1,753	22	26 321 347	87 971 1,058	12 1,697 1,709	101 3,661 3,762
Brooklyn . .	Eur. . . Non-Eur. Total . .	49	150 150	33 33	2,231 2,231	7	6 6	43 43					
Windermere . .	Eur. . . Non-Eur. Total . .	198	1,084 1,084	137 137	14,337 14,337	152	954 954	4,364 4,364	18	23 140 163	79 615 694	— 2,532 2,532	— 9,706 9,706
Athlone . .	Eur. . . Non-Eur. Total . .	232	9 1,103 1,112	2 175 177	162 18,000 18,162	103	— 638 638	— 3,579 3,579	18	2 446 448	4 1,093 1,097	— 2,597 2,597	— 8,188 8,188
Langa . .	Native . .	49	279	26	3,124	52	248	1,127					
Bokmakirie . .	Eur. . . Non-Eur. Total . .	148	526 526	110 110	14,250 14,250	100	374 374	1,926 1,926				4,827 4,827	12,391 12,391
Station Rd., Claremont	Eur. . . Non-Eur. Total . .	103	127 267 394	32 76 108	1,904 4,278 6,182	51	83 261 344	351 1,157 1,508	22	15 234 249	63 703 766	75 1,231 1,306	99 2,095 2,194
Wesley St., Claremont	Eur. . . Non-Eur. Total . .	99	192 192	45 45	5,948 5,948	50	91 91	454 454				349 349	6,029 6,029
Franklin Rd., Claremont	Eur. . . Non-Eur. Total . .	21	40 40	8 8	534 534								
Lansdowne . .	Eur. . . Non-Eur. Total . .	148	102 358 460	47 105 152	1,589 4,104 5,693	71	23 231 254	115 948 1,063	18	60 40 100	221 85 306	— 1,730 1,730	6 4,792 4,798
Wynberg . .	Eur. . . Non-Eur. Total . .	149	153 337 490	32 86 118	2,339 6,309 8,648	60	35 359 394	128 1,302 1,430	15	31 202 233	122 499 621	53 1,971 2,024	97 3,837 3,934
Parkwood and Southfield	Eur. . . Non-Eur. Total . .	93	42 90 132	7 11 18	669 1,696 2,365	47	7 63 70	43 201 244				1,731 1,731	4,797 4,797
Retreat . .	Eur. . . Non-Eur. Total . .	250	85 912 997	22 141 163	1,078 11,705 12,783	92	16 796 812	64 3,257 3,321				2,898 2,898	4,046 4,046
Muizenberg . .	Eur. . . Non-Eur. Total . .	22	42 42	10 10	339 339								
Kalk Bay . .	Eur. . . Non-Eur. Total . .	28	32 32	4 4	636 636	3	7 7	29 29					
TOTAL . .	Eur. . . Non-Eur. Total . .	2,764	1,585 8,263 9,848	315 1,616 1,931	22,086 139,416 161,502	1,101	368 5,832 6,200	1,526 25,532 27,058	325	528 3,393 3,921	2,128 11,450 13,578	199 28,799 28,998	451 81,500 81,951

In August 1950, a fortnightly European infant welfare session was opened in the East Claremont Congregational Church Hall in Franklin Road, Claremont. This branch centre has proved very popular with mothers living in the neighbourhood.

Since the early days, voluntary workers have helped health visitors at the welfare centres and our thanks are again due for their valuable assistance, which makes it possible for the trained staff to devote more time to advisory visits to mothers and babies.

INFANT CONSULTATIONS.

During the year 54 infant welfare consultations were held weekly, and three infant sessions were held fortnightly. At these sessions 11,779 children were registered as new cases. Of these 9,848 (1,585 European and 8,263 non-European) were under one year of age at the time of their first attendance, and 1,931 (315 Europeans and 1,616 non-Europeans) were over one year of age at that time.

Of the new cases registered, 71 were of children resident outside the municipal area, viz. under one year of age, Europeans 24, non-Europeans 35, over one year of age, Europeans 7, non-Europeans 5. The new cases registered within the City (excluding attendance at the Langa centre) were as follows:—

	European.	Non-European.
Under one year of age	1,561	7,949
Over one year of age	308	1,585

These first attendances under one year of age amounted to 72 per cent of the registered births (45 per cent in the case of Europeans and 80 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, 1951, is shown in the table below

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 905 European mothers with infants and 2,550 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, 1951, 1,856 new cases were supplied with dried milk and 53,570 pounds were issued. The cost of the dried milk was £7,339.

At page 20 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.

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

Centre.	1950-51	1949-50	1948-49	1947-48	1946-47
Keerom Street			9,574	12,270	12,008
Shortmarket Street	8,283	9,388	1,559		
Kloof Street	1,569	1,711	308		
Aspeling Street	21,270	20,925	18,933	19,413	16,192
Bloemhof	7,227	5,637	5,021	4,050	4,826
Devil's Peak	1,894	1,791	632	687	560
Green Point	1,334	830	96		
Camps Bay	437	345	332	253	209
Woodstock	14,419	12,927	13,608	12,853	13,656
Mowbray	845	856	708	153	
Maitland	8,992	10,413	9,031	8,894	7,812
Brooklyn	2,231	2,306	2,021	2,517	2,209
Windermere	14,337	14,256	13,268	13,659	13,881
Langa	3,124	3,374	3,947	3,552	3,751
Athlone	18,162	16,748	13,805	14,111	12,984
Bokmakirrie	14,250	13,658	11,885	11,100	9,232
Claremont (Station Road)	6,182	6,888	6,924	6,014	5,252
Claremont (Wesley Street)	5,948	5,475	4,822	5,112	4,462
Claremont (Franklin Road)	534				
Lansdowne	5,693	5,426	5,825	5,460	4,112
Wynberg	8,648	10,284	8,731	7,835	7,464
Parkwood and Southfield	2,365	2,814	2,947	2,266	1,634
Retreat	12,783	12,818	10,661	9,466	8,386
Muizenberg	339	402	417	635	569
Kalk Bay	636	507	492	581	464
Totals	161,502	159,779	145,547	140,881	129,663

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, 1951:—

Voluntary Centre.	No. of sessions in the year.	No. of new cases (Infants).	Total attendances (Infants).	Total attendances (Toddlers).
Bowwood Road, Claremont	144	333	2,340	160
Sea Point	48	116	1,310	59

PRE-NATAL CLINICS.

Pre-natal clinics are conducted at all the larger centres and 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 women to be admitted as in-patients when necessary.

The free maternity services form an inducement to many women to apply for confinement in institutions, since otherwise fees must be paid to private midwives. The provincial maternity hospitals as far as possible limit admission to *primiparae*, abnormal confinements, women who have had five or more pregnancies and to those cases where confinement at home is impossible owing to bad social conditions.

Routine serological tests in pregnancy are carried out at all the municipal centres and treatment for syphilis or gonorrhoea is given where necessary to expectant mothers at the pre-natal clinics.

The treatment of syphilis with 4 injections of penicillin at weekly intervals has continued and it is satisfactory to note that because of the shortness of the treatment and the absence of any unpleasant side-effects, very few patients have defaulted.

Careful statistics are being kept and infants are followed up to the age of four months with examination and serological tests. Impressions so far give ground for the belief that the treatment is quite adequate for protection of the foetus from syphilis.

Rh group testing on Native women has been discontinued since it has been shown that the number of Native women who are Rh negative is negligible.

Rh group testing is now being carried out on European mothers attending the Salt River European ante-natal clinic only, as the laboratory facilities available for municipal cases at the University are not sufficient for a larger number of tests.

In the year under review 9,610 blood specimens (683 from European and 8,927 from non-European women) were submitted for examination by the Wasserman test and in special cases by the Kahn test as well. Of these 1,694 were reported as positive or doubtful (38 in European and 1,656 in non-European women).

During the year 21 pre-natal clinics were held weekly at which 6,200 expectant mothers were registered as new cases and the total attendances numbered 27,058. Details are shown in the table on page 20.

Of the new cases registered 96 were of expectant mothers resident outside the Cape Town municipal area (15 European and 81 non-European). The new cases registered within the city, exclusive of the clinic at Langa, numbered 5,856 (353 European and 5,503 non-European) that is to say, the number of new cases attending the municipal pre-natal clinics amounted to 44 per cent of the number of registered live births (10 per cent for European and 56 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.	1950-51	1949-50	1948-49	1947-48	1946-47
Keerom Street			1,519	1,662	1,809
Shortmarket Street	752	1,104	255		
Aspeling Street	2,535	2,986	3,303	3,714	4,294
Bloemhof	450	221			
Woodstock	2,480	2,846	2,705	2,843	2,824
Maitland	1,753	1,609	1,814	1,721	2,423
Brooklyn	43	175	157	165	206
Wandermer	4,364	4,013	3,096	3,300	2,804
Langa	1,127	1,275	1,360	1,524	1,450
Athlone	3,579	3,482	3,323	3,415	3,344
Bokmakirie	1,926	1,756	1,578	1,650	1,594
Claremont (Station Road)	1,508	1,519	1,546	1,684	1,301
Claremont (Wesley Street)	454	489	455	374	378
Lansdowne	1,063	1,325	1,249	1,326	1,306
Wynberg	1,430	1,620	1,513	1,902	2,375
Parkwood and Southfield	244	200	293	261	251
Retreat	3,321	3,358	3,342	3,236	3,403
Kalk Bay	29	76	54	110	135
Totals	27,058	28,054	27,562	28,887	29,897

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 1,133 new cases (209 European and 924 non-European) and a total attendance of 5,386 (936 European and 4,450 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 110,949. Details are shown in the table on page 20.

In the year 1950-51 the cost amounted to 6-3d. per dinner. This figure includes the cost of food and fuel at two centres where coal fires were used. It does not include current for the electric 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 143,392 and the milk consumed amounted to 7,206 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 Worker	1
Assistant Social Welfare Visitor	1
Diphtheria Immunization Nurses	2
Orthopaedic Nurse	1
European Health Visitors	36
Coloured Health Visitors	5
Native Health Visitors	2
Total	52

The following table shows the number of visits made during 1950-51 and previous years by the health visitors and the social welfare workers (including the visits made by the tuberculosis health visitors and the nurse visitors from the Venereal Diseases Branch).

Classification of visits.	Number of visits.									
	1950-51	1949-50	1948-49	1947-48	1946-47	1945-46	1944-45	1943-44	1942-43	1941-42
Visits to houses where births have occurred..	14,773	14,725	14,758	14,667	14,622	13,339	13,168	13,273	11,495	10,841
Subsequent visits to houses where births have occurred ..	57,082	57,127	54,503	50,989	43,812	47,252	45,732	45,517	38,391	41,136
Visits to houses where deaths under 5 years of age have occurred	1,365	1,336	1,369	1,620	1,303	1,502	1,754	2,069	1,496	1,740
Visits to expectant mothers	2,426	2,612	2,795	2,912	2,890	2,820	2,773	3,526	3,219	3,570
Visits re protected infants	2,059	2,024	2,097	2,778	3,019	3,486	3,434	3,686	3,451	3,719
Special follow-up visits	6,231	6,211	6,036	5,267	4,813	5,214	6,559	5,439	4,573	4,313
Visits to cases of tuberculosis	24,087	21,609	20,500	21,006	19,018	17,352	17,115	14,621	12,188	13,102
Visits re cases of puerperal fever	18	48	51	86	76	77	64	109	76	92
Visits re measles	69	52	41	89	83	55	29	90	241	33
Visits re whooping cough	944	287	42	104	48	9	127	69	16	69
Visits re diarrhoea	83	85	60	45	29	83	115	42	121	131
Visits re chicken-pox	21	23	9	19	8	10	8	23	9	12
Visits re ophthalmia neonatorum	325	332	431	427	564	563	775	492	457	700
Visits re pneumonia	229	271	276	348	360	305	299	370	368	370
Visits re trachoma	1	1	3	1	5	6	5	1	2	4
Visits re influenza	1	1	1	—	2	1	2	4	5	15
Visits re other diseases..	23	18	76	154	81	121	79	127	106	182
Visits re diphtheria immunization	1,197	1,340	1,115	1,025	2,150	2,830	3,882	3,532	2,987	3,168
Visits re diphtheria	4	2	1	13	54	167	241	359	82	109
Visits re midwives	560	615	796	625	560	962	1,247	1,010	856	1,057
Visits re schools	321	277	491	596	569	781	687	547	591	527
Visits to school children	4,061	1,129	756	900	870	740	449	694	910	1,213
Visits to shops and factories	312	370	229	209	410	572	523	129	212	107
Visits to nursing homes	4	139	88	92	114	151	123	137	105	133
Visits re verminous persons	—	1	5	10	44	25	43	151	61	50
Visits re dental treatment	88	72	94	130	189	156	181	183	277	316
House-to-house visitations	8,386	7,700	7,312	6,350	5,884	6,042	6,465	6,730	4,207	4,873
Visits re venereal disease	7,172	7,236	7,169	7,808	8,876	8,071	7,195	6,291	5,896	5,718
Visits re prospective foster mothers ..	42	39	51	21	45	63	42	64	84	48
Visits re evacuees	—	—	—	—	—	—	15	27	35	47
Visits to orthopaedic cases	2,774	2,913	3,588	3,502	3,341	3,302	2,241	681	—	—
Other visits	248	393	732	1,157	1,023	1,155	1,629	2,416	2,226	1,904
Visits by Social Welfare Investigator	2,286	2,294	2,630	2,114	1,515	1,631	1,968	1,860	1,754	1,535
Total visits ..	137,192	131,282	128,165	122,064	116,417	118,843	118,969	114,269	96,497	100,834
Complaints referred to Chief Health Inspector	32	31	43	21	19	44	80	55	41	48

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 1950-51, the number of births and still births notified (including births to mothers who were non-Cape Town residents) was 17,446, as follows:—

Notified by midwives and nurses (other than extern or intern institutional cases) ..	6,199
Notified by doctors	696
Notified by institutions (extern or intern)	10,349
Notified by parents and others	75
Notified by health visitors	127

There were 294 births notified in Langa Native Township.

In Table I, on page 116, the births and still births notified as having taken place in the Municipality during the year are classified by ward according to the manner in which the mothers were attended.

The following is a summary of the table:—

<i>Attended</i>		<i>Births</i>	<i>Percentage</i>
<i>In private houses:</i>			
By private doctors		745	4.9
By private midwives:			
Certificated		5,068	33.4
Uncertificated		963	6.4
By public midwives or midwife students		1,637	10.8
No doctor or midwife		64	0.4
No information		54	0.4
		<hr/> 8,531	<hr/> 56.3
<i>In institutions:</i>			
Public institutions		5,761	38.0
Private nursing homes		869	5.7
		<hr/> 6,630	<hr/> 43.7

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 15.9 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 the Salvation Army Non-European Maternity Centre. Public extern midwifery is done from the Peninsula Maternity Hospital, the Salvation Army Non-European Maternity Centre, St. Monica's Home and Somerset Hospital.

SUPERVISION OF MIDWIFERY.

As in previous years, the supervision of all persons practising midwifery in the municipal area of Cape Town has been undertaken by this Department.

The Supervisor of Midwives, working under the direction of the Maternal and Child Welfare Officer, supervises the practising midwives especially in regard to the equipment and the keeping of records required by the South African Nursing Council in the case of a certificated midwife and the Department of Health for uncertificated midwives. For any obstetrical emergencies, where the services of medical practitioners are not obtainable, the midwives are encouraged to contact the Maternal and Child Welfare Officer or the Supervisor for assistance and guidance.

Twelve new non-European certificated midwives have started practice in the municipal area during the past year and there are now more non-European than European midwives on the list kept by this Department. These figures do not include those European midwives who are on the permanent staff of maternity homes. Owing to constant changes, a separate list of these midwives is kept and their names are listed only when they notify their intention to practise independently.

In the areas of the Municipality which are served by the extern staff of the Provincial Administration midwifery training schools, the demand for free maternity services (supplied by these institutions) has increased and there appears to be a decrease in the number of cases attended by private midwives. Many midwives are now finding it difficult to make a living and complain that their fees are frequently not paid.

At Retreat, a certificated midwife has now started practice from a cottage in the new housing estate and there are four midwives (3 certificated and 1 uncertificated) in practice in this area. With the growing population in the new estate, there is scope for yet another midwife.

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. 52 such confinement cases were paid for; the total disbursement amounting to £110. 15s.

Fees to medical practitioners called in by midwives to indigent confinement cases in emergency were paid in 18 cases at a cost of £19. 2s. 6d.

As before, periodical inspections of midwives, their equipment and registers have been held at the welfare centres. These inspections are attended by a medical officer of this Branch and short lectures illustrated, when possible, by films are arranged.

In September 1950, doctors taking the Post-graduate Diploma in Public Health attended an inspection at Lansdowne.

On the 29th May, 1951, at the inspection held at Bokmakierie Welfare Centre, a film on Natural Childbirth, produced in Cape Town, was shown. This was preceded by a lecture given by a gynaecologist and attended by 16 European students attending the course for Health Visitors and School Nurses at the Cape Technical College.

There were no prosecutions during the year and no disciplinary action was found necessary.

J.H.B., a European certificated midwife applied to practise in the municipal area. Her application to have her name placed on the list, was refused by the City Council on the 3rd November, 1950, on the grounds that this woman had been convicted in the Magistrate's Court for procuring abortion in 1949. The Council's action was confirmed by the South African Nursing Council on the 15th February, 1951.

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, 1950	96	95	9	16	216
Added to list during 1950-51	6	12	—	—	18
Removed from list, having ceased to practice or untraceable	1	1	—	1	3
On list 30th June, 1951	101	106	9	15	231

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	458
Midwives interviewed at Office	69
Inspections held during 1950-51	7
Attendances of midwives at inspection	97
Total visits paid by Supervisor	1,369

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 1950-51, corrected for imported cases and misdiagnosis, numbered 25 (2 European and 23 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 19.

Attendances at Confinement.

Twenty-one of the notified cases were confined at home and four in hospitals. Of the 21 at home, 10 were attended in labour by midwives only and 3 by a doctor and midwife; 8 were unattended (2 being abortions).

Condition of Child.

Seventeen of the cases supervened upon the birth of a living child and 8 a dead foetus. Of these 8 cases, 1 was of a dead viable foetus and 7 of a non-viable foetus. One of the cases was reported as occurring in a woman in the first confinement.

Treatment.

Eight of the cases were treated in the City Hospital, 2 in the Groote Schuur Hospital, 1 in the Woodstock Hospital and 1 in the Wynberg, Victoria Hospital; the remaining 13 cases were treated at home.

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

DIPHTHERIA AND WHOOPING COUGH IMMUNIZATION.

Sessions for diphtheria and whooping cough immunization have been continued during the year, afternoon sessions being conducted twice a month, in addition to five daily morning sessions.

Infants and children under six years of age who have not had whooping cough receive combined whooping cough and diphtheria vaccine, with the consent of the parents, while the school entrants, older children in institutions and children who have had whooping cough receive the diphtheria prophylactic only.

Immunising sessions are held at the infant welfare centres in rotation, and schools and institutions are visited regularly. School children who have been immunised in infancy are given a single "booster" injection.

The work done at the municipal sessions during the year ending 30th June, 1951, is shown by the following figures:—

<i>Number of Sessions:</i>			
At schools			29
At institutions			21
At child welfare centres			187
<i>Total Persons Immunized:</i>			
European	Non-European.	All Races.	
2,375	10,514	12,889	
<i>Number of Injections Given:</i>			
S.A. Alum Precipitated Toxoid			8,210
S.A. Combined Whooping Cough and Diphtheria Vaccine			20,870
B.W. Toxoid Antitoxin Floccules			38
			29,118

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 the 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 1950-51, corrected for imported cases and misdiagnosis was 174 (14 European and 160 non-European).

Of these 174 cases, 4 were not in the newly born, being at the time of onset aged 22, 22 days, 1½ months and 2½ months respectively.

The number of Cape Town cases of true ophthalmia neonatorum notified during the year was therefore 170, comprising 14 European and 156 non-European. Of these 170 cases, 43 were born in institutions and 127 at home. Of the 127 home confinements 11 were recorded as having been attended by doctors and 109 by midwives; 7 were unattended.

Every case has been kept under observation by the health visitors in order to secure efficient treatment. The use of penicillin and the sulphonamide drugs has increased the efficiency of treatment, and except in cases under private medical practitioners these drugs are 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 84 of the cases as "slight" and 86 as "moderate" or "grave".

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

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

Eyes completely recovered	167
Cases of blindness	—
Sight damaged	—
Died	2
Lost trace of	2
	171

DAY NURSERIES AND NURSERY SCHOOLS.

The employment of married women in factories, domestic work and other spheres of labour has become a necessity for many families, who could not otherwise maintain a decent standard of living. It is found in Cape Town that roughly one third of the coloured women continue employment during pregnancy and one quarter are back at work by the time their babies are six months old. Of the Europeans only 3 per cent are in employment during pregnancy or while their children are young. Many of the infants of working mothers are cared for by relatives, some by unrelated foster mothers and some in crèches and nursery schools. Although many of these infants are well cared for by relations, there is always the danger of neglect during the mother's absence where no suitable arrangement can be made. In a recent investigation it was found that the death rate from enteritis among these fostered children is much higher than that among children cared for by their own mothers.

Nurseries and nursery schools are therefore an essential health measure for the under-privileged child, providing, as they do, proper care in hygienic surroundings, in addition to forming constructive social and educational background. Nurseries and nursery schools are run by the City Health Department, by various charitable bodies with assistance from the City Council and the Government in some instances, by private enterprise, and in the case of the Buxton Training College Nursery School as a practising Nursery School for students at the Barkly Training College.

The present institutions are especially valuable for the children from overcrowded areas, but still fall far short of the requirements of the community. They all have long lists of children awaiting admission and many areas are not yet provided for.

MUNICIPAL NURSERIES AND NURSERY SCHOOLS.

The Municipal Child Welfare Branch at present maintains three Nursery Schools, one with a crèche attached. A day nursery is in process of construction in the Langa Native Township, which will have accommodation for 60 pre-school infants and children.

The Bokmakirie Crèche and Nursery School, which serves the Council's housing schemes in Kew Town and Bokmakirie, has accommodation for 80 children under school age, 20 being babies between 3 months and 2 years and 60 being between 2 and 6 years of age. The nursery is open from 8 a.m. to 5 p.m. and meals are provided. A trained Health Visitor supervises the crèche and nursery school, with the assistance of a nursery school teacher, a non-European nursery assistant and 11 young girls, 9 of whom are in training as nursery helpers.

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 of age, under the supervision of a nursery school teacher and four helpers. The nursery is open from 8 a.m. to 5 p.m. and mid-day dinner is provided.

Shelley Street Nursery School. This nursery school is situated in the centre of a busy factory area in Salt River, and is much in demand. There is accommodation for 45 children from 3 to 6 years of age, under the supervision of a nursery school teacher and 4 helpers. The nursery school is open from 8 a.m. to 5 p.m. and meals are provided.

The attendances at the Municipal Nursery Schools during the year ended 30th June, 1951, are shown in the following table:—

	Shelley Street.	Bloemhof.	Bokmakirie.
New entrants	19	21	33
Mean total on register	47	40	81
Daily sessions	221	212	217
Mean attendances per session	39	34	73
Total attendances	8,651	7,275	14,808

A resident nursery for young infants whose mothers have tuberculosis is run in a cottage in the municipal housing scheme in Kew Town. The infants are usually admitted straight from a maternity home, the mothers being transferred to a tuberculosis hospital or sanatorium.

The home has accommodation for six infants. During the year 8 infants were admitted. The infants are kept in the home for some months, until the mothers are in a fit condition to care for them or until some other suitable arrangement can be made.

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 of 3 months to 6 years. Its capacity is 106.

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

This day nursery is for European children and is included in the Social Centre and European Working Girls' Home at 41 Salt River Road, Salt River. Recent additions have been made to the nursery, and there is now accommodation for 70 to 80 children.

(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 Aspelg Street welfare centre.

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

A Nursery School for non-European children is conducted 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. 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. A nursery for 20 infants from 6 months to 2 years was opened in May 1950.

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

A Day Nursery for non-European children is conducted 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, which was run with assistance from the City Council, and catered for 40 children, was closed on 22nd March, 1951.

(9) *Cafda Day Nursery, Retreat.*

There is a Day Nursery for non-European children in conjunction with the Social Centre.

Although out of the municipal area, several children from the municipal area attend the nursery. It caters for 42 children under 6 years of age. Recently several improvements including shower baths have been made to the building.

(10) *Athlone Nursery School.*

This nursery school is run by a voluntary committee on approved Nursery School lines. It caters for 40 coloured children from 2 to 6 years old. The hours are from 8.30 a.m. to 3 p.m. and mid-day meals are provided.

In the near future when the course for non-European nursery school teachers is started, their lectures and practical work will be done at this nursery school.

Training Schools.

Nursery school teachers are trained at the Barkly Training College, Molteno Road, Claremont. The students do their practical work at the Buxton Nursery School, Pollsmoor Government Village Nursery School, Athlone Nursery School and the Municipal Nursery Schools. It is hoped that a nursery school will be opened at the Training College in the near future. Plans are on foot to start a course for non-European nursery school teachers in 1952.

Training of non-European girls as nursery assistants is carried out in the Board of Aid non-European Nursery 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, 1950, to 30th June, 1951, was as follows:—

Cape Town Magisterial District	..	..	..	..	..	106
Wynberg Magisterial District	..	..	..	..	..	151
						<hr/> 257

The total number of visits made by Health Visitors during the year to protected infants was 2,059.

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	..	..	..	..	..	75
Non-Europeans	..	..	..	..	..	93
Total	..	..	..	..	..	<hr/>168

CARE OF CHILDREN SUFFERING FROM ORTHOPAEDIC DEFECTS.

There were 313 children under supervision on 30th June, 1951; of these, 35 were Europeans, 30 were Natives and 248 were Coloured.

Causes of Disablement.

Surgical Tuberculosis	..	..	..	..	..	..	44
Poliomyelitis	..	..	..	..	..	..	31
Cerebral Palsy	..	..	..	..	..	..	10
Congenital deformities	..	..	..	..	..	..	92 (75 club feet)
Flat feet	..	..	..	..	..	..	34
Rickets	..	..	..	..	..	..	101
Old fracture with deformity	..	..	..	..	..	..	1
							<hr/> 313

Other particulars of the work effected are as follows:—

Number of clinics held with surgeon in attendance	..	..	..	..	41
Number of other clinics	..	..	..	..	196
Attendances at surgeon's clinics	..	..	..	..	1,878
Attendances at other clinics	..	..	..	..	3,111
Attendances of Orthopaedic Health Visitor at Groote Schuur Hospital out-patients' department	..	..	..	..	34
Children admitted to orthopaedic institutions for treatment	..	..	..	..	35
Children discharged from institutions to this department for after-care	..	..	..	..	21
Children in hospital on 30th June, 1951	..	..	..	..	54
Children referred to a Cape Hospital Board after-care sister for supervision on reaching the age of six	..	..	..	..	82
House visits	..	..	..	..	2,774
Recoveries	..	..	..	..	108
Deaths	..	..	..	..	14

During the year under review the Orthopaedic work of the Child Welfare Branch has continued to progress. It will be noticed that the number of clinics held has increased by 96 and the attendances at these sessions by 1,525. This is the result of weekly clinics being held at the four most central areas, *viz.*:

Athlone.
Aspeling Street.
Wynberg.
Windermere.

As the shortage of beds in Orthopaedic institutions is still acute, and the treatment of children suffering from surgical tuberculosis in plaster of Paris in their own homes is so unsatisfactory, it was decided to attempt to nurse them on Spinal and Abduction Frames and Thomas splints. This has proved quite successful; the mothers were co-operative and reasonably satisfactory, caring for them at home. These children need special nursing care and have to be visited at least twice a week. On the 30th June, 1951, there were 13 cases being supervised on these appliances and 3 cases were waiting for frames ordered.

The surgeons continue to operate on children at Lady Michaelis Home out-patient department on Monday mornings, the great majority of the cases being club feet. Many other children are treated at the clinics by manipulation and plaster, thus lessening the waiting list to Orthopaedic institutions.

SCHOOL CLINICS.

By arrangement with the Provincial Administration, School Clinics are organized in the Maternal and Child Welfare branch and are held during the term at certain of the City Council 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.

Attendances at the Lansdowne European school clinic have been so small that this session was discontinued shortly after the end of the report year.

At the school clinics, many children suffering from the effects of illness and malnutrition are sent to convalescent homes.

Ophthalmic clinics with a specialist in attendance are held twice weekly, and once a week for rough testing with a health visitor only, at the Woodstock centre.

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

Spectacles are supplied by a local firm of opticians at reduced rates, the charges being further reduced or remitted in cases of indigency.

The number of school children found to require attention to their eyes is growing and a third session attended by an eye specialist has since been opened.

In April 1951, an ear, nose and throat specialist was appointed to hold weekly sessions at Woodstock, for children referred for special attention.

The work done during the year ended 30th June, 1951, 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	195	413	608	333	2,980	3,313
Total attendances	934	1,681	2,615	1,194	9,769	10,963
Number of sessions held			112			213
Children fitted with spectacles:						
Full-paying	116	104	220			
Part-paying	81	145	226			
Free	14	16	30			

SOCIAL WELFARE WORK.

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.

Medico-social problems relating to expectant mothers and young children are referred for advice, mainly in relation to unmarried mothers and their infants.

During the year 147 of the unmarried mothers (European 8, Coloured 118, Native 21) 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, in order to obtain support in difficult cases.

Many cases drifting in from adjacent areas or from further afield might become special problems if they remained in the city; efforts are thus 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.)

Because dental disease is so prevalent, not obviously dangerous and rarely fatal, its study and control has not gripped the imagination, nor made that appeal to public consciousness which its severity and prevalence merit.

A study of the direct and remote results of dental disease, the crippling effects of prolonged dental ill-health, and the time lost by adults and children due to dental pain and disease, reveals so serious a picture that this aspect of public health should stimulate national activity beyond the present efforts, now limited largely to the few important towns of the Union.

Much of the present activity is confined to the treatment of children, and while this is a desirable state of affairs where facilities are limited, the benefits so attained in this restricted field are frequently nullified by the discontinuance of treatment and control in adolescence and adult life.

The deleterious effects of dental sepsis and inadequate masticatory efficiency are mostly evidenced in middle and advanced age, and geriatricians will agree that this problem plays an important role in their practice.

The effects of dental ill-health are so insidious that it is difficult to enumerate its many facets. Pain, inability to concentrate at school, absenteeism, secondary general infection, arthritic crippling of dental origin, digestive disturbance and the inability to obtain suitable employment on account of bad aesthetic appearances are but some of the manifestations and results of dental disease, while direct and indirect financial losses incurred by the formidable array of the effects of dental conditions are incalculable.

The expense of carrying out dental treatment is an important aspect in so far as public authorities are concerned, and the reasons for the high cost of treatment as compared with that for certain other conditions are not generally understood. The universal prevalence of dental caries makes the almost continuous treatment from infancy to middle age a necessity. Each tooth is vulnerable on all its exposed surfaces and each individual has twenty deciduous and thirty-two permanent teeth. At the age when caries becomes less rampant, other oral conditions affecting the attachment of the teeth often become apparent. It would therefore appear, and it is indeed often the case, that as long as teeth are present, a ceaseless struggle must continue against the ravages of dental disease. This explains the high cost of treatment and the tendency on the part of the public to neglect regular and routine visits for examination and necessary treatment.

Apart from the expense involved, there is a large section of the population which refuses to avail itself of the opportunities for conservative treatment, and the continued neglect leads to the earlier total loss of the teeth. The cost of administering dental treatment by a public authority bears no relation to the cost of receiving similar treatment by private practitioners. The fact that large numbers of persons have to receive attention, makes it possible for the grouping of patients requiring similar treatment and so expediting such treatment.

Contributions towards treatment by the recipients themselves assist substantially in keeping down the costs, and as far as local authorities are concerned, the refunds of the Union Health Department and the Provincial Administration are most welcome forms of relief.

In recent years, many advances such as the introduction of antibiotics, have been made in the treatment of pathogenic infection. Included in the benefits conferred by these developments is the treatment of infective diseases of the mouth, as well as prophylactic measures directed at the prevention of the spread of infection caused by radical elimination of septic processes.

Despite all these advances, no panacea has yet been found for the most common of all diseases—dental caries, and to a lesser degree, chronic periodontal infections. These continue to present a major problem in public health.

Some years ago the study of the effect of the presence of fluorine and other minerals in the water supply led investigators to hope that a ready means of control was at hand, but world-wide investigation has indicated that although fluorine in the optimum concentration provides a means of developing more resistance to caries in the hard dental tissues, it cannot be said to provide positive or complete immunity. To some extent, the predisposing and exciting causes of dental caries are known, but owing to social, economic and dietary variations, it is impossible fully to apply the accepted preventive measures on an extensive scale.

Correct feeding for the expectant mother and the young child are necessary and beneficial factors in the building up of sound dental tissues which are better able to resist disease. This must be accompanied by sound hygienic measures and the elimination of those food factors known to encourage caries. Regular prophylactic and reparative treatment is also necessary. Regarding the reference to harmful food factors, it is of interest to public health authorities to indicate that the extreme refining of flour for bread and confectionary is one of the most potent factors in encouraging caries. This, accompanied by the inclusion in the diet of sticky sweets and cakes affords an ideal medium for the development of those conditions which the dental profession is trying to eliminate.

Modern processing of foodstuffs has led to the over-refinement of flour and sugar and the partial or complete elimination of valuable vitamin factors. This has led to the farcical situation where synthetic vitamins are frequently added to prepared foods, or prescribed even for well-to-do persons who could well afford a properly balanced diet.

In contemplating the provision of dental treatment for the under-privileged, public health authorities must concern themselves with all aspects of a complete dental service. A first-aid service, commendable as it may be, is not a potent instrument in maintaining the health of the community.

The following factors are all important and inter-dependent, and any lesser scheme falls far short of its purpose. Conservative and prophylactic treatment, the elimination of sepsis, orthodontic treatment for children, the extraction of teeth when required, the restoration of an efficient and aesthetic masticatory apparatus, and the means of treating the more common diseases of the mouth.

The provision of dentures has proved of inestimable value to very large numbers. It helps to maintain health by assisting the assimilation of food, it has enabled many persons to be suitably placed in employment, and remedies the "crippled mouth" appearance of the edentulous person. Treatment of fractures of the jaws and other maxillo-facial conditions are not yet fully developed, but it is hoped at some later date to provide a service of this nature to those in need.

The service must be available to all age groups, but especially to children, when it can be accompanied by the inculcation of an appreciation of oral hygiene and the benefits of regular treatment.

This is the pattern of the service which has been built up in Cape Town. Dental services at first were provided at the various Maternal and Child Welfare centres for expectant mothers and pre-school children. Later, this was extended to include sessions for school children. Treatment was provided by part-time personnel until a full-time dental officer was appointed in December 1941. Treatment was then extended to include out-patients at the newly-built anti-tuberculosis clinic at Chapel Street, inmates of the City Hospital for Infectious Diseases, Brooklyn Chest Hospital and the residents of the Native Township at Langa. As the demand for dental treatment continued to increase, additional centres were provided and finally a central dental clinic was built to provide a complete dental service for men, women and children for whom the ordinary cost of dental treatment would prove prohibitive.

Since its inception, attendances have continued to increase, as shown by the annual returns, and all sections of the branch's activities are fully occupied. At the Central Dental Clinic, special times are set aside for the reception of new patients. A mouth examination is made and any proposed treatment charted on a special card. Appointments for special sessions are then made for the various conditions requiring treatment. As large numbers are seen at the examination session, the fullest use can be made of the treatment sessions, the number of which can be varied weekly, according to requirements.

The assistance of part-time dental personnel helps to make this scheme flexible. Urgent cases receive attention immediately or at short notice. School children arrive in batches by appointment through the co-operation of the education authorities, and the maternal and child welfare branch of the Health Department also refers cases by a similar arrangement.

In the treatment of maxillo-facial, plastic and special social cases, there is co-operation between this branch and the Groote Schuur Hospital, which ensures the maximum benefit to all concerned.

In addition to services provided at the Central Dental Clinic in Hope Street, treatment is carried out for expectant and nursing mothers, pre-school children and school children at Child Welfare Centres at Aspeling Street, Cape Town; St. James Street, Woodstock; Wynberg; Athlone and Lansdowne; for out-patients at the Anti-Tuberculosis Clinic, Chapel Street and for residents of Langa Native Township at the Langa Hospital. In-patients at the City Infectious Diseases Hospital and the Brooklyn Chest Hospital also receive treatment.

When required, dental treatment is given at the following non-council institutions: Westlake Tuberculosis Hospital; Dr. A. J. Stals Memorial Sanatorium; The Lady Michaelis Orthopaedic Home and the Maitland Cripple Home. The number of sessions held, *viz.* 2,049, represents an increase of 273 over the previous year, and accounts for 3,936 additional attendances, the total attendances being 40,297.

The City Council has assumed financial responsibility for the provision of dental treatment to the under-privileged in Cape Town. In addition, a contribution towards the cost of treatment by the recipient, as well as refunds as explained hereafter, have reduced the Council's annual expenditure to a relatively small proportion of the total cost of the service.

Each person attending is assessed for eligibility and ability to contribute towards the cost of treatment. Dentures are supplied at cost price, but where the recipient is unable to pay even this amount, such cost is recoverable from the Union Health Department.

The Provincial Administration is responsible for the cost of treatment to school children.

The cost of dental services at the Langa Hospital is borne by the Native Revenue Account, and at the Infectious Diseases Hospitals, by the Council and the Union Health Department.

The Union Health Department refunds half the annual deficit on dental services provided by the Cape Town City Council.

The accompanying table indicates the distribution of attendances and the services rendered.

The steady growth of attendances indicates the appreciation by the public of the benefits of dental treatment.

A gratifying feature is the increase in the number of persons receiving conservative treatment, the attendances having increased by 502 over the previous year.

In view of the unwillingness of a large section of the community to accept such treatment, this increase is very satisfactory.

During the year, 17,868 general anaesthetics were administered. Of the 1,035 persons supplied with artificial dentures, 824 received both upper and lower dentures and the remainder single dentures.

A session conducted by a specialist in orthodontic treatment is held weekly at the Central Dental Clinic and has been well attended.

Little variation occurs in the numbers attending at the Branch Clinics from year to year. These sessions have been carried on for many years (Woodstock since 1927) and are being utilized to their capacity. At the Central Dental Clinic, where practically all the increase of work has taken place, saturation point has not yet been reached, but there is every indication that this will not be long delayed.

Staff.

The full-time staff consists of the Chief Dental Officer; Deputy Dental Officer, Assistant Dental Surgeon; three dental mechanics; one senior health visitor; four dental nurses; three clinic assistants; three clerks; one social worker and cleaning staff.

In addition, the services of part-time anaesthetists, dentists, nurses and clinic assistants are also 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	1,081	1,162	5,135	4,260	12,903	898	4,616	271	47	3,091	8,240	365	601
	Children		644	1,279	2,123	2,620	633	1,224	362	28	1,128	1,368	19	6
	School Children:													
	School Board ..	113	91	6	528	37	13	—	372	29	143	8	—	—
Aspeling Street, Cape Town	Nursing and expectant mothers ..	56*	—	213	—	314	—	292	—	—	—	22	—	—
	Pre-school children:		1	522	1	642	1	633	—	—	—	9	—	—
	School children:													
	School Board ..	57	17	1,011	42	2,068	34	1,764	—	—	8	304	—	—
	Non-School Board	14	—	223	—	367	—	325	—	—	—	42	—	—
Woodstock	Nursing and expectant mothers ..	68*	53	244	65	345	55	321	—	—	10	24	—	—
	Pre-school children		151	307	183	355	172	351	—	—	11	4	—	—
	School children:													
	School Board ..	149	714	725	1,979	1,356	1,303	1,175	254	—	422	181	—	—
	Non-School Board	9	1	157	3	241	3	226	—	—	—	15	—	—
Athlone	Nursing and expectant mothers ..	59*	—	320	—	460	—	418	—	—	—	42	—	—
	Pre-school children		—	355	—	428	—	420	—	—	—	8	—	—
	School children:													
	School Board ..	45	—	944	—	1,684	—	1,428	—	—	—	256	—	—
	Non-School Board	23	—	446	—	663	—	590	—	—	—	73	—	—
Lansdowne	School children:													
	School Board ..	51	160	384	466	727	265	625	68	4	133	98	—	—
	Non-School Board	3	—	62	—	78	—	68	—	—	—	10	—	—
Wynberg	Nursing and expectant mothers ..	55*	20	290	28	444	21	388	—	—	7	56	—	2
	Pre-school children		55	272	65	309	61	307	—	—	4	2	—	—
	School children:													
	School Board ..	118	216	686	675	1,334	289	1,090	208	23	178	221	—	—
	Non-School Board	14	65	178	67	309	55	272	—	—	12	37	—	—
City Hospital ..	In-patients ..	9	13	70	30	80	7	55	—	—	23	25	—	—
Westlake Tuberculosis Hospital ..	In-patients ..	2	22	97	25	97	1	—	—	—	24	97	—	—
Dr. A. J. Stals Memorial Sanatorium ..	In-patients ..	5	28	4	37	52	11	50	—	—	26	2	—	—
Langa Hospital	Native residents, Langa	49	—	556	—	940	—	890	—	—	—	50	—	—
Tuberculosis Clinic, Chapel Street ..	Out-patients ..	51	39	174	116	457	30	188	21	1	65	268	7	35
Lady Michaelis Home ..	In-patients ..	18	100	122	128	166	20	38	—	—	108	128	—	—
	Totals	2,049	3,552	14,782	10,821	29,476	3,872	17,754	1,556	132	5,393	11,590	391	644

*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, 1951, are shown in Table P, on page 123.

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

In the tables on pages 124 to 126, 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 127. Similar information as to deaths from these and certain other infectious diseases will be found in Tables C and E on pages 108 and 110.

Other statistical details as to deaths from infectious diseases are contained in Table A at page 76 and in Tables B and D on pages 107 and 109.

ENTERIC FEVER.

The cases of this disease reported in the year 1950-51, corrected for misdiagnosis and imported cases, numbered 45 (10 European and 35 non-European); equivalent to an incidence rate of 0.11 per 1,000 population (0.05 European and 0.15 non-European).

The total deaths from enteric fever according to date of registration in the year as belonging to Cape Town numbered 5 (non-European), equivalent to a death rate of 0.01 per 1,000 population (0.02 non-European).

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

The 45 Cape Town cases occurred in 37 houses, in 33 of which there was one case each, in 2 two cases each, and in 2 four cases each.

Forty-two of the 45 Cape Town cases were treated in the City Hospital, 2 in the Groote Schuur Hospital (both fatal), and 1 case was nursed at home. In addition, there were 77 cases admitted to the City Hospital from outside the Municipality, three of which were originally admitted for another disease, and were afterwards found to be suffering from enteric fever.

Table P, on page 123, will show the number of uncorrected cases and the correction for errors of diagnosis for both Cape Town and extra-municipal cases of enteric fever reported in the year 1950-51.

Reference to Tables Q, R and S, on pages 124, 125 and 126 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 127.

Enteric carriers.—One case was admitted to the City Hospital from outside the Municipality as an enteric fever carrier. In a case admitted to the City Hospital from Ward 13 as enteric fever, the diagnosis was changed to enteric fever carrier.

DIPHTHERIA.

The cases of this disease reported in the year 1950-51, corrected for misdiagnosis and imported cases, numbered 101 (41 European and 60 non-European); equivalent to an incidence rate of 0.24 per 1,000 population (0.22 European and 0.25 non-European).

The total deaths from diphtheria according to date of registration in the year 1950-51 as belonging to Cape Town numbered 9 (non-European); equivalent to a death rate of 0.02 per 1,000 population (0.04 non-European). It is gratifying to be able to report that this year for the first time on record there have been no deaths from this disease in Europeans.

There were two cases of diphtheria in Langa Native Township.

The 101 Cape Town cases occurred in 99 houses, in 97 of which there was one case each, and in 2 two cases each.

One hundred of the cases were treated at the City Hospital (8 fatal) and 1 case died at home.

Excluded from above figures there were 198 cases from outside the Municipality (including one from overseas) admitted to the City Hospital diagnosed as suffering from diphtheria. In 95 cases the diagnosis was confirmed. One patient admitted for another disease proved to be a case of diphtheria.

Table P, on page 123, will show the number of uncorrected cases and the correction for errors of diagnosis for both Cape Town and extra-municipal cases of diphtheria reported in the year 1950-51.

Other particulars will be found in the table on page 34, and in the Tables Q to T on pages 124 to 127.

Particulars regarding diphtheria immunization will be found on page 25.

Diphtheria carriers.—3 Cape Town patients were admitted to the City Hospital as diphtheria carriers. In 19 cases which were admitted as diphtheria the diagnosis was changed to diphtheria carriers. In six cases admitted as diphtheria from outside the City area, the diagnosis was changed to diphtheria carriers.

SCARLET FEVER.

The cases of this disease reported in the year 1950-51, corrected for misdiagnosis and imported cases, numbered 257 (209 European and 48 non-European); equivalent to an incidence rate of 0.60 per 1,000 population (1.12 European and 0.20 non-European).

There was one death from scarlet fever during the year under review. The cause of death was certified by the medical practitioner as scarlet fever complicated with streptococcal septicaemia which is regarded as a contributing cause of death.

There were no cases of scarlet fever in Langa Native Township.

Four of the 257 Cape Town cases occurred in institutions, *viz.*, 2 in an institution in ward 13, 1 case at the City Hospital (nurse), and 1 at the Groote Schuur Hospital (nurse). The remaining cases occurred in 230 houses, in 210 of which there was one case each, in 17 two cases each, and in 3 three cases each.

Of the 257 Cape Town cases, 223 were treated at the City Hospital and 34 were treated at home.

In addition to the above figures, there were 68 cases of scarlet fever admitted to the City Hospital from outside the Municipality.

Reference to Table P, on page 123, will show the number of uncorrected cases and the correction for errors of diagnosis for both Cape Town and extra-municipal cases of scarlet fever reported in the year 1950-51.

Other particulars will be found in the table below, and in Tables Q to T on pages 124 to 127.

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	1.63	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	—	—
1950-51 ..	0.05	0.15	—	0.02	0.22	0.25	—	0.04	1.12	0.20	—	—

CEREBROSPINAL FEVER.

In the year 1950-51 there were 71 Cape Town cases (16 European and 55 non-European) of cerebrospinal fever notified; equivalent to an incidence rate of 0.17 per 1,000 population (0.09 European and 0.23 non-European).

There were 16 deaths (3 European and 13 non-European) from cerebrospinal fever registered during the year under review; equivalent to a death rate of 0.04 per 1,000 population (0.02 European and 0.05 non-European).

There was one case of cerebrospinal fever in Langa Native Township (fatal).

Sixty-three of the 71 Cape Town cases were treated at the City Hospital. Two of the cases were originally admitted for another disease and were afterwards found to be suffering from cerebrospinal fever. The remaining 8 cases were treated at home. 218 other cases admitted to the City Hospital under the diagnosis of cerebrospinal fever were afterwards proved to be: pulmonary tuberculosis 8, tuberculous meningitis 64, pneumococcal meningitis 11, virus meningitis 13, influenza meningitis 12, meningitis of unknown cause 10, pyrexia of unknown origin 10, lobar pneumonia 12, and other diseases 78.

One hundred and eighty-four extra-municipal cases of cerebrospinal fever were admitted to the City Hospital. After correction for errors of diagnosis the number of such cases was 49.

Other particulars will be found in the table on page 35, in Table P, on page 123, and in the Tables Q to T on pages 124 to 127.

ACUTE POLIOMYELITIS.

Of this disease, 20 cases (12 European and 8 non-European) were reported in the year ended 30th June, 1951 (corrected for misdiagnosis and imported cases); equivalent to an incidence rate of 0.03 per 1,000 population (0.06 European and 0.03 non-European). All the cases occurred in separate houses, and there were no deaths.

Twenty-nine patients were admitted to the City Hospital for treatment and 1 patient was not removed to hospital. Of the 29 patients admitted, 12 were found not to be suffering from poliomyelitis. Two other cases admitted for another disease proved to be acute poliomyelitis.

Besides those enumerated above, there were 25 corrected cases of acute poliomyelitis (including 1 from overseas) admitted to the City Hospital from outside the Municipality.

Other particulars will be found in the table below, in Table P, on page 123, and in the Tables Q to T on pages 124 to 127.

INFECTIVE ENCEPHALITIS.

There were 2 Cape Town cases (non-European) of infective encephalitis reported in the year 1950-51. Both were fatal.

In addition, there were 3 cases (1 European and 2 non-European) of infective encephalitis admitted to the City Hospital from outside the Municipality (including 1 from overseas).

Other particulars will be found in the table below, in Table P on page 123, and in the Tables Q to T on pages 124 to 127.

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
1950-51 ..	16	55	3	13	12	8	-	-	-	2	-	2

ERYSIPELAS.

In the year under review, the number of cases of erysipelas reported in the Municipality of Cape Town was 28 (17 European and 11 non-European).

Eleven of the 28 cases were treated at the City Hospital and 17 cases were nursed at home. There were no deaths and no secondary household cases.

Two cases of erysipelas were admitted to the City Hospital from outside the Municipality.

Other particulars will be found in the Tables Q to T on pages 124 to 127.

INFLUENZA AND PNEUMONIA.

In the year 1950-51, 16 cases of influenzal pneumonia (8 European and 8 non-European) and 321 cases of acute primary pneumonia (36 European and 285 non-European) were reported in the Municipality of Cape Town.

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 124 to 126. Reference to Table T, on page 127, will show the notifications of both these diseases for a series of years classified by race.

There were no cases of influenzal pneumonia or acute primary pneumonia in 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	39	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	18	0.09	81	0.38	59	0.30	355	1.65
1950-51* ..	10	0.05	5	0.02	15	0.08	71	0.30	42	0.23	276	1.16

Corrected for outward transfers, and from 1924-25—1949-50 inclusive for European inward transfers.

*Corrected for outward transfers only.

The following figures for deaths from bronchitis and pneumonia in 1950-51, show the contrast between Europeans and non-Europeans compared with the previous year.

	1950-51.		1949-50.	
	European.	Non-European.	European.	Non-European.
Under 5 years of age ..	5	253	13	328
0-1 year ..	{ 4	{ 157	{ 10	{ 210
1-2 years ..	{ -	{ 65	{ 2	{ 76
2-5 years ..	{ 1	{ 31	{ 1	{ 42
All other ages ..	52	94	60	108
	57	347	73	436

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 120.

The seasonal character of mortality from bronchitis and pneumonia will be seen in Table C, on page 108.

TYPHUS FEVER.

Two Cape Town cases (E.F., N.M.) were reported under this heading during the year 1950-51. Both cases were regarded as suffering from tick-bite fever and were treated at the City Hospital, where they recovered.

Besides the two Cape Town cases, four patients (E.M.2, C.M., C.F.) were admitted to the City Hospital from outside the Municipality. One of the cases was of the epidemic louse-borne type and the other three cases were diagnosed as suffering from tick-bite fever.

LEAD POISONING.

On the 28th September, 1950, a case of lead poisoning was reported to this department in the person of a Coloured male, residing in ward 7, and employed at a motor accumulator battery company. He was admitted to the Somerset Hospital and recovered. No other history suggesting contact with lead was known. The water service pipes at his residence were of iron. This is the second case of lead poisoning at the same firm, the previous case occurring in March, 1950. Arrangements were made to have the matter investigated by the Inspector of Factories.

TRACHOMA.

There was only one case of trachoma notified in the year under review, in the person of a Coloured female aged 20 years, residing in ward 1. She received treatment at the Groote Schuur Hospital out-patient department.

MALTA FEVER.

Three non-European male adults were reported during the year 1950-51, as suffering from malta fever. Two of the patients resided in ward 8 and one patient resided in Elsie's River, outside the Municipality. All three patients were employed at the Cape Town Municipal Abattoirs and took ill within a few days of each other. The two patients in ward 8 were known to have been drinking goat's milk at the abattoir. There was no confirmation that the patient from Elsie's River had been drinking goat's milk. They were admitted to the City Hospital for treatment and recovered.

LEPROSY.

There were three cases of leprosy reported in the year 1950-51 (E.M., N.M., C.F.). The particulars are as follows:—

European male, aged 36 years, residing in ward 5. Employed as a night watchman at a hostel in Cape Town. The first indication of the disease was stated to be about seven years ago while he was living in Lourenco Marques. He lived in Durban for four years and was treated for sores on his feet by different medical practitioners. Subsequently, he came to his present address, where he has been residing for approximately one year. He presented himself at the Cape Town Free Dispensary for medical attention, and was later admitted to the Conrardie Home, Pinelands, C.P.

Native male, aged 45 years, unemployed, residing in Windermere, ward 8. He was notified as suffering from leprosy by the District Surgeon, Cape Town, on the 5th February, 1951, and removed to the Conrardie Home, Pinelands, C.P., on the same day. No information was available as to the probable source of infection.

Coloured female, aged 8 years, living in Athlone, Ward 10, with three families in one house (16 occupants). She previously lived in a pondokkie in Lansdowne, where she was born, until September, 1950, when she went to her present address. The first indication of the disease was approximately two months prior to notification on the 23rd January, 1951. She attended the Groote Schuur Hospital out-patient department for medical examination, and was admitted to the Conrardie Home, Pinelands, C.P., and subsequently transferred to the Leper Institution, Pretoria.

ANTHRAX.

One Cape Town patient, a Coloured male, was reported as suffering from this disease and was admitted to the City Hospital, where he recovered. The patient's home address was untraceable, and the probable source of infection unknown.

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
1950-51*	—	15	—	0.06	2	21	0.01	0.09

Corrected for outward transfers, and from 1924-25—1949-50 inclusive for European inward transfers.

*Corrected for outward transfers only.

MEASLES.

There were 15 deaths from measles in the year 1950-51, all non-Europeans. The deaths occurred in the age-groups 0-1 year (4), 1-2 years (4), 2-5 years (5), and 5-10 years (2). One hundred and three cases of measles were treated in the City Hospital. Other particulars will be found in the Tables A to F on pages 81 to 112.

WHOOPIING COUGH.

The year 1950-51 was the first full year since this disease was made notifiable in the Municipality of Cape Town on 30th April, 1950. For the period under review, the cases reported as belonging to Cape Town numbered 865 (138 European and 727 non-European); equivalent to an incidence rate of 2.03 per 1,000 population (0.74 European and 3.05 non-European).

Twenty-three children under five years of age died from whooping cough, according to date of registration, in the year under review (2 European and 21 non-European); equivalent to a death rate of 0.05 per 1,000 population (0.01 European and 0.09 non-European).

The Cape Town cases were most numerous amongst the non-Europeans, and the highest incidence of the disease was in wards 5, 6, 8 and 10. The 865 cases occurred in 594 houses, in 421 of which there was one case each, in 109 two cases each, in 40 three cases each, in 18 four cases each, in 3 five cases each, in 2 six cases each, and in 1 house seven cases.

There were 27 cases of whooping cough in Langa Native Township.

Forty-nine cases of whooping cough were treated at the City Hospital.

Table P, on page 123, will show the number of uncorrected cases and the correction for errors of diagnosis for both Cape Town and extra-municipal cases of whooping cough reported in the year 1950-51.

In the year under review, 20,870 injections of the S.A. Combined Whooping Cough and Diphtheria Vaccine were given at the immunizing sessions held at the municipal child welfare centres, primary schools and institutions.

Other particulars will be found in Tables Q to T in pages 124 to 127.

DIARRHOEAL DISEASES.

The deaths certified in the year 1950-51 as being due to diarrhoea and enteritis numbered 574 (21 European and 553 non-European) as compared with 431 (18 European and 413 non-European) in the previous year.

The deaths for the year 1950-51 were classified as follows:—

	European.	Non-European.	All races.
Diarrhoea and enteritis (under 2 years) ..	18	511	529
Diarrhoea and enteritis (2 years and over) ..	3	42	45
Cholera nostras	—	—	—
Dysentery, bacillary	—	4	4
Dysentery, amoebic	—	—	—
Dysentery, other	—	1	1
Total	21	558	579
Diarrhoeal death rate per 1,000 population	0.11	2.35	1.37

Of the 553 non-European deaths from diarrhoea and enteritis in the year under review, 169 occurred in Ward 8 (including 128 in the district of Windermere), 120 in Ward 10, 94 in Ward 15, 37 in Ward 14, 36 in Ward 6, 34 in Ward 5 and 63 in the rest of Cape Town.

The non-European mortality rate from diarrhoea and enteritis in the year 1950-51 was 21.2 times as great as that of 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 9.2 times as great as that of the European. (See Table M on page 120).

The seasonal character of diarrhoea and enteritis is shown in Table C, on page 108.

Table D, on page 109, shows the trends in mortality from diarrhoea and enteritis over the last five years.

CANCER.

The number of deaths certified during the year 1950-51 as being due to cancer was 424 (265 European and 159 non-European).

The deaths from cancer registered during the year 1950-51 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	6	0.03	2	0.01	8	0.02
Digestive organs and peritoneum ..	101	0.54	81	0.34	182	0.43
Respiratory organs	39	0.21	19	0.08	58	0.13
Uterus	24	0.12	22	0.09	46	0.11
Other female genital organs	11	0.06	2	0.01	13	0.03
Breast	28	0.15	13	0.06	41	0.10
Prostate	16	0.09	3	0.01	19	0.04
Other male genital organs	1	0.01	1	—	2	0.01
Male and female genito-urinary organs	16	0.09	4	0.02	20	0.05
Skin	2	0.01	1	—	3	0.01
Other or unspecified organs	21	0.11	11	0.05	32	0.07
Total	265	1.42	159	0.67	424	1.00

The variation in the number of deaths from cancer over the last five years is shown in Table D, on page 109. The rates per 1,000 population from this malignant disease during the past ten years are shown in Table E, on page 110. Other statistics concerning cancer mortality are shown in Tables A to C on pages 82 to 108.

SECTION VI.—TUBERCULOSIS.

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

The new cases of this disease reported in the year 1950-51, corrected for misdiagnosis and imported cases, numbered 2,028. 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	129	16	145	1.45	0.18	1.63
	Female	94	5	99	0.96	0.05	1.01
	Total	223	21	244	1.19	0.11	1.30
Non-European	Male	826	137	963	7.06	1.17	8.23
	Female	675	146	821	5.56	1.20	6.76
	Total	1,501	283	1,784	6.30	1.19	7.49
All races	Male	955	153	1,108	4.64	0.74	5.38
	Female	769	151	920	3.51	0.69	4.20
	Total	1,724	304	2,028	4.06	0.71	4.77

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	44	11	55	0.50	0.12	0.62
	Female	29	2	31	0.30	0.02	0.32
	Total	73	13	86	0.39	0.07	0.46
Coloured	Male	289	72	361	3.04	0.76	3.80
	Female	256	76	332	2.37	0.70	3.07
	Total	545	148	693	2.68	0.73	3.41
Native (not Langa) ..	Male	72	13	85	4.09	0.74	4.83
	Female	34	9	43	3.29	0.87	4.16
	Total	106	22	128	3.79	0.79	4.58
Asiatic	Male	3	—	3	0.76	—	0.76
	Female	2	2	4	0.72	0.72	1.44
	Total	5	2	7	0.75	0.30	1.05
All Non-European ..	Male	364	85	449	3.12	0.73	3.85
	Female	292	87	379	2.41	0.72	3.13
	Total	656	172	828	2.76	0.72	3.48
All races	Male	408	96	504	1.99	0.46	2.45
	Female	321	89	410	1.47	0.41	1.88
	Total	729	185	914	1.72	0.44	2.16
Native (Langa) ..	Male	19	8	27	2.37	1.00	3.37
	Female	16	5	21	5.15	1.61	6.76
	Total	35	13	48	3.15	1.17	4.32

NOTIFICATIONS.

The European population is estimated to be 186,780; the number of new cases of pulmonary tuberculosis, compared with the previous year, decreased from 277 to 223. The incidence rate per 100,000 of population decreased from 139 to 119. For all ages the incidence rate in males is always greater than in females; both sexes shared in the decrease recorded, but the fall was greater in females.

The preliminary population figures of the 1951 census have revealed that the incidence rates per 1,000 population for pulmonary tuberculosis in the two racial groups was not as disproportionate as published in previous annual reports. For instance, in the year 1949-50, the European incidence rate was calculated as 1.39 per 1,000 population and the non-European incidence rate as 6.71 per 1,000 population. The corrected rates are 1.50 and 6.35 respectively. The incidence rate for non-Europeans was 4.2 times greater than that for Europeans instead of 4.8 times greater as previously claimed.

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

TABLE C.

Race.	New cases.				Discovery rates per 1,000 population.			
	Pulmonary.		Other forms.		Pulmonary.		Other forms.	
	1950-51	1949-50	1950-51	1949-50	1950-51	1949-50	1950-51	1949-50
European:								
Males	129	154	16	14	1.45	1.60	0.18	0.15
Females	94	123	5	13	0.96	1.19	0.05	0.12
Non-Europeans:								
Males	826	816	137	140	7.06	7.67	1.17	1.32
Females	675	629	146	113	5.56	5.77	1.20	1.04

The proportion of new cases of non-pulmonary tuberculosis to pulmonary tuberculosis is accepted as one of the measurements of tuberculosis control. This proportion remains almost stationary, i.e. 283 to 1,501 for the year under report (1 to 5.3) compared to 253 to 1,445 for the previous year (1 to 5.7) for non-Europeans, and 21 to 223 (1 to 10.6) and 27 to 277 (1 to 10.3) for Europeans during the same periods. Unfortunately this comparison cannot be regarded as particularly relevant whilst the failure to notify the non-pulmonary forms of tuberculosis persists.

The incidence rates per 1,000 population of pulmonary tuberculosis amongst European males and females for the last 11 years are set out below. The rates for the year 1946-47, and subsequent years are corrected in accordance with the preliminary census figures of 1951. The population was lower than previously estimated and the corrected rates are therefore higher than those previously published.

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	1.76	1.04
1947-48	1.46	1.30
1948-49	1.62	1.01
1949-50	1.74	1.27
1950-51	1.45	0.96

The calculated non-European population is 238,310. The number of new cases of pulmonary tuberculosis increased from 1,455 to 1,501, but owing to the increase in population the incidence per 100,000 population fell from 635 to 630. This decrease was mainly due to the reduced incidence rate in males.

It is gratifying to note that, despite the intensified search for new cases by a permanently small team in an increasing population, these rates continue to show a decrease from the peak of the mid-war years, as is shown below. The rates for the year 1946-47 and subsequent years are corrected in accordance with the preliminary census figures of 1951. The non-European population was higher than previously estimated, and the corrected rates are slightly lower than those previously published.

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	7.59
1947-48	1,489	7.17
1948-49	1,500	6.89
1949-50	1,445	6.35
1950-51	1,501	6.30

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 greater than that of the preceding year owing to the increased notifications of the glandular and disseminated forms, 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 primarily the direct result of the failure to isolate the infectious pulmonary cases.

TABLE F.

	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
Meninges... ..	11	3	70	65	149
Abdominal*	1	—	6	4	11
Bones and joints	—	—	17	18	35
Glands	1	1	14	24	40
Genito-urinary system	1	1	—	—	2
Disseminated	2	—	27	33	62
Other organs	—	—	3	2	5
Total	16	5	137	146	304

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

DEATHS.

Considerably fewer people died of tuberculosis in Cape Town in the year ended 30th June, 1951, than in the previous year. Deaths from all forms of tuberculosis numbered 914 compared with 1,006 for last year. The mortality rate for all races was 216 per 100,000, or a decrease of 11·1 per cent of the rate of 243 in 1949-50.

The death rates per 1,000 population from pulmonary and non-pulmonary tuberculosis, corrected for outward transfers, are shown below for each racial group during the past five years. The rates are corrected in accordance with the preliminary census figures of 1951 and are slightly higher in Europeans and slightly lower in non-Europeans than previously reported.

TABLE G.

Race.	Pulmonary tuberculosis.					Tuberculosis, other forms.				
	1950-51	1949-50	1948-49	1947-48	1946-47	1950-51	1949-50	1948-49	1947-48	1946-47
European	0·39	0·48	0·37	0·55	0·60	0·07	0·09	0·08	0·11	0·11
Coloured	2·68	3·01	3·70	4·43	4·03	0·73	0·78	0·89	0·90	0·68
Native	3·79	4·65	5·44	6·18	6·78	0·79	1·18	0·85	1·06	1·34
Asiatic	0·75	0·91	1·09	2·03	1·13	0·30	0·61	0·47	0·16	0·65
Non-European	2·76	3·14	3·82	4·55	4·24	0·72	0·82	0·88	0·90	0·93
All races	1·72	1·95	2·24	2·68	2·50	0·44	0·49	0·51	0·53	0·54

The total number of deaths from tuberculosis was reduced mainly by the decrease in mortality from the pulmonary form of the disease, which was responsible for the deaths of 73 Europeans compared to 89 and of 656 non-Europeans compared to 713 in the previous year.

The European death rate for pulmonary tuberculosis fell from 48 to 39 per 100,000 of population (19·0 per cent), whilst the corresponding rate of non-Europeans fell from 314 to 276 per 100,000 population (12·0 per cent).

The decrease in the non-European death rate for pulmonary tuberculosis was 17·0 per cent last year and, instead of being slowed down, the rate of decline might be rendered progressive if the basic inadequacy of hospital accommodation for the non-Europeans could be relieved.

Experience and statistics show that all other active measures available are being increasingly employed year by year by the Anti-Tuberculosis section of the City Health Department. More persons are being examined at the clinics, more cases are found in a curable stage, aid to dependents has improved and co-operation from general practitioners, patients and employers is more general.

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	8	2	55	62	127
" abdominal	1	—	7	2	10
" of bones and joints	—	—	3	1	4
" of genito-urinary system	1	—	—	—	1
" disseminated	1	—	20	21	42
" of other organs	—	—	—	1	1
Total	11	2	85	87	185

Owing to the ubiquity of the tubercle bacillus in Cape Town the number of notified cases of tubercular meningitis remained approximately unchanged, but the hospitals, by the intensive use of new methods, have been able to reduce the number of deaths from 160 in the previous year to 127 in the year under report.

To those who are aware of the improvement in the reduction in tuberculosis mortality in other countries and of the local possibilities with adequate facilities, there is little satisfaction in reporting that the death-rate for all races for tuberculosis in the Municipality of Cape Town for the year under review is the lowest recorded during the past 25 years.

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
5 " " " " 1951	..	..	..	..	0.57	4.51	2.71
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	..	..	..	..	0.71	5.17	3.04
1 " " " " 1948	..	..	..	..	0.66	5.45	3.21
1 " " " " 1949	..	..	..	..	0.45	4.70	2.75
1 " " " " 1950	..	..	..	..	0.57	3.96	2.44
1 " " " " 1951	..	..	..	..	0.46	3.48	2.16

Other particulars will be found in Tables A to F, on pages 78 to 112 and M to T, on pages 120 to 127.

PROVISION OF TREATMENT.

The in-patient accommodation available for cases of pulmonary tuberculosis on 30th June, 1951, included the following:—

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

At the Brooklyn Chest Hospital: non-European males 246, children 29.

At Nelspoort Sanatorium: a varying number. During the year under report the average daily number of cases was Europeans 35, non-Europeans 23.

At the Langa Native Hospital: Natives only 9.

At the Westlake Hospital: the average daily number of Cape Town cases (Europeans) was 41.

At Dr. Stals Memorial Sanatorium (opened 23rd October, 1950): the average weekly number of Cape Town cases (non-Europeans) was 52.

At the Airemont 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 42 non-Europeans. During the year 94 European and 67 non-European children were admitted, the average length of stay was 275 and 260 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	2	21 days.
Eaton Home:		
Coloured children	16	19 "
Coloured adults	—	
European adults	2	

Provision for cases of surgical tuberculosis is made in the hospitals of the Cape Hospital Board, the Maitland Cottage Homes and the 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.

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 clinic 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 28,282 attendances at the clinics and 9,070 persons attended for the first time. Included in these new consultations there were 1,250 persons who were not resident in the municipal area.

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

TABLE J.

	1950-51.		1949-50.	
	New consultations.	Total attendances.	New consultations.	Total attendances.
<i>Cape Town:</i>				
European: Males	957	2,325	1,000	2,432
Females	989	2,547	1,044	2,505
Non-Eur.: Males	1,990	7,315	1,900	7,317
Females	2,180	6,607	1,793	6,163
Total	6,116	18,794	5,737	18,417
<i>Wynberg:</i>				
European: Males	294	716	241	705
Females	446	1,002	342	968
Non-Eur.: Males	763	2,702	643	2,622
Females	935	2,969	781	2,842
Total	2,438	7,389	2,007	7,137
<i>Windermere:</i>				
European: Males	—	—	—	—
Females	—	—	—	—
Non-Eur.: Males	255	1,090	218	1,163
Females	261	1,009	260	934
Total	516	2,099	478	2,097
Total	9,070	28,282	8,222	27,651

The European attendances decreased by 24 and the non-European increased by 651. The European new consultations increased by 59 and the non-European by 789.

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.

In addition to the general clinics a refill session is held weekly for those patients who have been discharged from the Airmont Nursing Home and are still undergoing artificial pneumothorax treatment. There was a total of 251 attendances at this session during the year under report.

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 . . .	38	18	1	2	59	111	70	59	61	301	360
Observation . .	1	2	—	—	3	8	1	2	5	16	19
Not accepted . .	5	1	1	—	7	15	13	5	4	37	44
	44	21	2	2	69	134	84	66	70	354	423
Suspects :											
Notified . . .	96	61	2	2	161	513	340	94	98	1,045	1,206
Observation . .	28	19	—	—	47	72	26	21	22	141	188
Non-tuberculous	598	727	173	149	1,647	1,128	1,347	284	297	3,056	4,703
	722	807	175	151	1,855	1,713	1,713	399	417	4,242	6,097
Contacts :											
Notified . . .	1	4	7	5	17	12	40	47	57	156	173
Observation . .	—	—	2	1	3	—	9	5	7	21	24
Non-tuberculous	170	299	130	143	742	236	577	390	408	1,611	2,353
	171	303	139	149	762	248	626	442	472	1,788	2,550
Total . .	937	1,131	316	302	2,686	2,095	2,423	907	959	6,384	9,070

Notified cases.—Of the 423 persons who presented themselves for examination as the result of notification, 44 (10·4 per cent) were found to be non-tuberculous.

Suspects.—This group attended the clinics on the advice of their doctors, their friends, employers, or social agencies. An increasing number of persons attended on their own initiative. The 6,097 suspects recorded in the above table is an understatement of the full primary investigations carried out each year, for there is after 14 years a huge accumulation of persons who remain as suspects or contacts in the records kept by this Department. Many of these re-attend after a lapse of several years and again require full investigation. These are not listed in Table K.

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 21 and the non-European by 245 compared with the previous year. The number of child contacts also increased, so that the total of 2,550 contacts examined represented 279 per 100 deaths and exceeded for the second successive year the pre-war figure of 178 in England.

The incidence of tuberculosis in the European contacts of all ages was 23 per 1,000, whilst the relative figure for non-European was 87 per 1,000.

The danger of an infectious case, known or unknown in the home, is emphasized by comparing the incidence amongst contacts to the incidence in the general population, where it was 1·30 per 1,000 for Europeans and 7·49 per 1,000 for non-Europeans.

Tuberculous meningitis.—In the 149 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 66 cases (i.e., 44 per cent). The infecting agents were mainly fathers (8), mothers (12), brothers (3), sisters (8) and other relatives and friends (35).

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 ..	836	41	15	37	7	936
Consultants ..	20	3	—	32	—	55
	856	44	15	69	7	991
Groote Schuur Hospital ..	188	7	4	72	3	274
Cape Town Free Dispensary ..	52	—	—	—	—	52
Wynberg (Victoria) Hospital ..	36	2	—	12	1	51
Woodstock Hospital ..	18	—	1	3	1	23
Valkenberg Hospital ..	2	—	—	—	—	2
Somerset Hospital ..	57	2	—	12	1	72
Medical Students' Clinic ..	9	—	—	2	—	11
Other hospitals and institutions	7	—	—	1	—	8
	369	11	5	102	6	493

TABLE L.—continued.

	Cape Town.	Imported infection.	Langa.	Outside Cape Town cases.	Cases cancelled.	Total.
City Health Department:						
Anti-tuberculosis Centres ..	320	15	3	4	—	342
City Hospital	99	—	1	81	—	181
Brooklyn Hospital	1	—	—	2	—	3
Langa Hospital	5	—	42	1	—	48
Mass X-Ray Service ..	292	12	27	8	1	340
Domiciliary medical service ..	12	2	1	—	—	15
Other centres	34	1	1	1	—	37
	763	30	75	97	1	966
Port Health Officer	1	—	—	3	—	4
Immigration Officer	—	—	—	—	—	—
	1	—	—	3	—	4
Magistrate, Police and District Surgeons	9	—	1	4	1	15
From public mortuaries ..	16	—	1	—	—	17
	25	—	2	4	1	32
Transferred from other Local Authorities:						
Cape Divisional Council ..	4	4	—	47	—	55
Others	5	15	1	20	—	41
	9	19	1	67	—	96
South African Medical Corps ..	5	1	—	—	—	6
Total	2,028	105	98	342	15	2,588

A study of the origin of notifications emphasizes our dependence on the goodwill of the general practitioners, who provide 36 per cent of the total notifications. Included in the 936 persons so notified are those suspects sent to the clinic by private practitioners and later found to be suffering from tuberculosis: these persons are routinely notified in the practitioner's name and the appropriate fees are paid.

The number of notifications from general hospitals has not decreased since last year. It was hoped that the policy advocated by the City Health Department and the Cape Hospital Board would continue to divert the work of diagnosis to the tuberculosis clinics. Time and money continues to be wasted by the examination, including X-Rays, of known cases of pulmonary tuberculosis at the general hospitals: a telephone enquiry is cheaper than two 14-in. x 17-in. films.

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	1,431	80	42	50	13	1,616
Failed to attend	597	25	56	292	2	972
Total	2,028	105	98	342	15	2,588
Failure to attend clinic:						
In hospital	257	10	31	292	1	591
Hospital out-patients ..	12	—	2	—	1	15
Too ill	91	9	6	—	—	106
Died before notification ..	64	1	3	—	—	68
First advice through death registration ..	118	1	3	—	—	122
Refusals	27	2	3	—	—	32
Under private care	8	2	—	—	—	10
Untraceable	7	—	5	—	—	12
Decamped on notification ..	13	—	3	—	—	16
Total	597	25	56	292	2	972

The proportion of local notifications who attended the clinic was 71 per cent, and a further 13 per cent were in hospital.

During the year the visits made by the health visitors were 2,044 (primary) and 24,084 (total) as compared with 2,193 and 21,609 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 seventy-one new cases were put on this allowance during the year, and the cost of the supplies was £2,079 14s. 10d.

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 9.0 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
1950-51	2,028	91	4.5	182	9.0

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.

The failure to reduce progressively the number of persons notified prior to death or within one month of death is disappointing: these 272 persons provide 15.7 per cent of the total notifications from the municipal area; the proportion was similar last year and 20 per cent in 1947.

TABLE O.

	Cape Town.		Langa.		Outside Cape Town cases.
	Local.	Imported infection.	Local.	Imported infection.	
New pulmonary cases notified during the year	1,724	90	81	7	223
Known to have had T.B. positive sputum	452	26	12	2	39
New pulmonary cases admitted to institutions for treatment of tuberculosis	480	18	32	2	132
Proportion of new cases admitted	27.5%		38.6%		
Died before receipt of notification	150	1	4	—	
Died within 1 month of notification	122	9	11	—	
" 1 to 3 months of notification	67	2	1	1	
" 3 to 6 months of notification	52	2	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 ..	46	63	26	129	264
Brooklyn Hospital, Cape Town ..	—	—	304	16	320
Langa Hospital, Cape Town ..	—	—	21	24	45
Airemount Nursing Home, Cape Town ..	32	19	—	—	51
Brewelskloof Sanatorium, Worcester ..	2	1	—	—	3
Cape F.O.S.A. T.B. Settlement ..	—	—	38	—	38
Infectious Diseases Hospital, Stellenbosch ..	2	3	—	—	5
King George V Hospital, Durban ..	2	2	2	1	7
Lilleshall Farm Hostel, Rosetta ..	2	2	—	—	4
McVicar Hospital, Lovedale ..	—	—	3	—	3
Nelspoort Sanatorium, Restvale ..	35	19	9	29	92
Rietfontein Tuberculosis Hospital ..	—	—	1	—	1
Sonstraal Hospital, Paarl ..	—	—	—	1	1
Springkell Sanatorium ..	2	1	—	—	3
Stella Londt Home, Port Elizabeth ..	—	1	—	—	1
Voortrekker Hospital, Kroonstad ..	—	1	—	—	1
Wentworth Hospital, Durban ..	—	1	—	—	1
West End Hospital, Kimberley ..	—	—	14	6	20
Westlake Hospital, Cape Town ..	34	26	—	—	60
Waterval Hospital, Johannesburg ..	—	—	1	—	1
Dr. A. J. Stals Memorial Sanatorium ..	—	—	29	62	91
Total	157	139	448	268	1,012

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, 1951, there were 92 admissions of Cape Town municipal patients. Of these admissions 17 were of patients who had had a previous period of treatment in the institution, the number of new cases being 75.

The average daily number of Cape Town municipal patients in the Sanatorium during the year 1950-51 was 58 (35 Europeans and 23 non-Europeans).

The selection of municipal cases for admission to Nelspoort Sanatorium is made, as to clinic patients by the Tuberculosis Officers, 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	5	16	14	35
	Female	6	6	6	18
Non-European :	Male	3	3	3	9
	Female	13	13	4	30
All races		27	38	27	92

AIREMOUNT NURSING HOME.

Since August 1946 European cases of pulmonary tuberculosis have also been admitted for in-patient treatment to the Airemount Nursing Home, a private institution. This has proved of very 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.

During the year under review 32 male and 19 female Cape Town patients were admitted. In addition, 12 male and 4 female cases were admitted from areas of other local authorities (including the Cape Divisional Council area).

The following table shows the number of patients admitted during the year, arranged in age groups and area from which the patients were admitted:—

TABLE R.

Area.	Under 20 Years.	20—29 Years.	30—39 Years.	40—49 Years.	50—59 Years.	Over 60 Years.	Total.	Died
Cape Town Municipal Area:								
European: Males ..	4	8	10	8	1	1	32	1
Females ..	5	11	3	—	—	—	19	1
Cape Divisional Council Area:								
European: Males ..	2	2	4	—	1	2	10	1
Females ..	1	—	1	—	—	—	3	—
Other Local Authorities:								
European: Males ..	—	1	—	1	—	—	2	—
Females ..	—	1	—	—	—	—	1	—
Total ..	12	23	18	9	2	3	67	3

Patients admitted to the Airmount Nursing Home are classified below according to the stage of the disease.

TABLE S.

Area.	Stage I.	Stage II.	Stage III.	Total.
Cape Town Municipal Area:				
European: Males ..	13	10	9	32
Females ..	9	6	4	19
Cape Divisional Council Area:				
European: Males ..	2	4	4	10
Females ..	1	1	1	3
Other Local Authorities:				
European: Males ..	—	—	2	2
Females ..	1	—	—	1
Total ..	26	21	20	67

During the year 1950-51, considerable use was made of the newer drugs in the treatment of pulmonary tuberculosis. In 15 selected cases artificial pneumothorax inductions were performed and a total of 467 refills were given.

There remained in the nursing home on 30th June, 1951, 15 male and 8 female Cape Town patients, and 6 male and 2 female patients from the Cape Divisional Council area. In addition there were 2 male patients from other local authorities.

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, 1951 was:—

TABLE T.

DISTRICT (not Wards).	Pulmonary.			Non-pulmonary (chiefly bones and joints).			Total.
	Eur.	Col.	Nat.	Eur.	Col.	Nat.	
Bakoven to Sea Point to Central ..	241	282	104	7	22	3	659
Tamboers Kloof, Gardens, Oranjezicht and Vredehoek ..	257	326	30	8	41	2	664
District Six ..	8	714	24	—	140	5	891
Kensington, Windermere, Brooklyn and Rugby	92	542	103	1	5	1	744
Woodstock, Salt River ..	213	493	17	14	82	2	821
Observatory, Mowbray, Rosebank, Black River	179	134	5	14	16	—	348
Rondebosch, Newlands, Claremont, Kenilworth	133	265	14	7	41	1	461
Lansdowne, Kromboom Est., Hampton Est., Meadows Est., Wynberg, Wittebome ..	137	354	10	7	50	2	560
Plumstead to Clovelly ..	104	471	89	3	79	12	758
Athlone, to Surrey Est. and Maitland Garden Village ..	2	686	9	—	66	—	763
Total ..	1,366	4,267	405	61	542	28	6,669

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 1950-51 is indicated by the following statistics:—

Families helped by payment of rent	151
" " maintenance grants	17
" " rent and maintenance grants	8
" " payment of foster-mother	3
" " provision of clothing and blankets	235
No. of articles of clothing distributed	484
" blankets distributed	75
Almoner:	
Visits paid	991
Interviews given	1,033
New cases handled	192

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
" 1950-51	12,560	8,784	14,863	6,799	43,006

In addition to the 43,006 miniature film examinations made during the year under review, 3,042 large films were taken, as compared with 2,709 taken in the previous year.

During the year 1950-51, there was an increase of 22.0 per cent in mass miniature examinations compared with 35,383 in the year 1949-50. The accommodation at the Mass X-Ray Service is proving inadequate to cope with the large increase in the attendances.

One thousand nine hundred and sixteen persons were recalled for further examination. Of these, 387 were found to be suffering from active tuberculosis, compared with 430 out of 2,352 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, 1949-50 and 1950-51 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
1949-50	All races ..	83	74	45	39	241	36	20,402
	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
1950-51	All races ..	160	135	94	41	430	76	35,383
	European:							
	Males	7	10	10	13	40	14	12,560
	Females	21	3	3	—	27	14	8,784
	Non-European:							
	Males	44	106	53	33	236	71	14,863
	Females	51	30	3	—	84	22	6,799
	All races ..	123	149	69	46	387	121	43,006

Of the 387 new cases of pulmonary tuberculosis discovered, only 73 were previously known to the Anti-Tuberculosis Clinic. Eighty-four of the new cases were found to have a positive sputum on 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.

Owing to the great demand for hospital accommodation it was found possible to admit to hospital only 47 (or 17.6 per cent) of the 266 new Cape Town cases of active tuberculosis discovered at the Mass X-Ray service during the year under review. In the previous year it was possible to admit to hospital 100 (or 28.2 per cent) of the 354 new Cape Town cases so discovered. Of the 47 admitted during the year, 20 were discharged after receiving treatment, and were able to return to their work.

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.

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 121 extra municipal cases of tuberculosis were discovered, compared with 76 in the previous year. These 121 extra municipal cases were referred to the local authority concerned for treatment.

SECTION VII—VENEREAL DISEASES.

(PREPARED BY DR. L. I. COHEN, VENEREAL DISEASE OFFICER.)

EPIDEMIOLOGY.

The number of new cases registered at the various municipal treatment centres during the year ended 30th June, 1951, was 4,675 (412 European and 4,263 non-European), a decrease of 507 new cases (35 European and 472 non-European) in the total of 5,182 registered during the previous year. This decrease might be accounted for by the fact that owing to the comparatively cheap and easy method of modern treatment of the disease, more persons are availing themselves of private treatment. In spite of the continuous and increasing use of penicillin in the treatment of venereal diseases, the incidence rate for the Municipality of Cape Town for the past fifteen years does not indicate any significant decrease.

The following table shows the number of new cases for the year 1950-51, analysed according to race, sex and disease, and the corresponding incidence rate per 1,000 population.

TABLE I.

	Cases.	Rate per 1,000 population.
<i>Race :</i>		
European	412	2.2
Non-European	4,263	17.1
<i>Sex :</i>		
Male	2,768	12.9
Female	1,907	8.6
<i>Disease :</i>		
Syphilis	2,124	4.9
Syphilis, Congenital	344	0.8
Gonorrhoea	1,458	3.3
Other venereal diseases	56	0.1
Non-venereal diseases	585	1.3
Undiagnosed	108	0.2
All new cases	4,675	10.7

The true incidence rate for diagnosed cases of venereal disease, that is, the rate obtained by omitting those cases found not to have a venereal disease and those remaining undiagnosed, was 9.1 per 1,000 population (1.7 European and 14.7 non-European).

The next table shows the comparison between the European venereal disease incidence rate for the Municipality of Cape Town with those of other cities.

TABLE II.

	Population.	New cases.	Rate per 1,000 population.
Glasgow (Year 1950) ..	1,100,000	6,185	5.6
Montreal " ..	1,067,000	5,111	4.8
County of London " ..	3,389,620	9,902	2.9
Cape Town (Year 1950-51)	186,780	412	2.2

The incidence of venereal disease amongst the European population of Cape Town is by no means high and compares favourably with some of the cities as shown in Table II. In view of the excellent results that have already been obtained by the use of penicillin in the treatment of venereal disease and by the further development of the antibiotics, it should be possible to reduce the incidence rates for the Municipality of Cape Town to even a lower level.

A record of new cases of venereal disease and the incidence rates for the Municipality of Cape Town is set out in the following table for a series of years.

TABLE III.

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
1951	3,982*	436,237	9.1

*Excluding non-venereal and undiagnosed cases.

MUNICIPAL TREATMENT CENTRES.

Six municipal treatment centres continue to function for the free advice and treatment of venereal diseases. Five of these centres, namely, at the City Hospital, Salt River, Wynberg, Windermere and Langa Native Township come under the complete control of the City Health Department. The sixth centre is at Retreat, and although under similar control, is in the building erected as a result of the efforts of the medical students of the University of Cape Town who have kindly placed the building at the disposal of this Department. The students staff the clinic under the control of a Medical Officer supplied by this Department.

During the year under review, 40 medical sessions (8 European and 32 non-European) were held each week.

Table IV gives the number of new patients registered at the various municipal treatment centres in the Municipality of Cape Town together with the number of attendances or consultations given. It should be noted that the treatment centres at the City Hospital, Salt River and Wynberg, have male and female sessions for both Europeans and non-Europeans and the centres at Windermere, Langa Native Township and Retreat have male and female sessions for non-Europeans only.

TABLE IV.

Centre.	New cases.	Attendances.
City Hospital, Portsworld Road	1,214	15,580
Salt River	1,409	22,150
Wynberg	756	13,279
Windermere	395	5,227
Langa	185	2,633
Retreat	182	2,418
Pre-natal clinics (at child welfare centres)	534	4,295
Totals	4,675	65,632

The new clinic at the City Hospital, Portsworld Road, the building of which was started in January 1949, is now in use. For its design and size it compares favourably with any similar building in other countries, embodying as it does the very latest advances for efficient handling of patients.

In Table V, a detailed analysis of all new cases registered in the year 1950-51 is presented. The classification follows that advocated by the Union Health Department for compilation of their statistics.

TABLE V.

Disease.	New cases.					Total attendances.				
	European.		Non-European.		Total.	European.		Non-European.		Total.
	Male.	Fe-male.	Male.	Fe-male.		Male.	Fe-male.	Male.	Fe-male.	
1. Seronegative primary syphilis	5	—	31	1	37	66	4	776	39	885
2. Seropositive primary syphilis	16	1	199	22	238	178	19	3,108	302	3,607
3. Secondary syphilis ..	10	10	210	145	375	222	206	3,288	3,318	7,034
4. Tertiary syphilis (1) ..	8	2	81	61	152	273	177	2,197	2,648	5,295
5. Endosyphilis (2) ..	20	28	254	993	1,295	465	1,055	5,906	16,766	24,192
6. Neurosyphilis ..	3	—	19	5	27	416	9	945	167	1,537
	62	41	794	1,227	2,124	1,620	1,470	16,220	23,240	42,550
7. Congenital syphilis (under 1 year) ..	—	7	35	211	253	64	216	1,759	2,573	4,612
8. Congenital syphilis (over 1 year) ..	—	4	37	50	91	43	339	959	1,833	3,174
Total syphilis ..	62	52	866	1,488	2,468	1,727	2,025	18,938	27,646	50,336
9. Gonorrhoea	170	14	1,191	54	1,429	692	152	7,128	523	8,495
10. Gonococcal vulvovaginitis	—	7	—	19	26	—	52	—	220	272
11. Gonococcal ophthalmia	—	—	1	2	3	—	4	5	12	21
Total gonorrhoeal infections ..	170	21	1,192	75	1,458	692	208	7,133	755	8,788
12. Ulcus molle	4	—	47	—	51	4	—	120	2	126
13. Lymphopathia venereum	—	—	—	—	—	—	—	—	—	—
14. Granuloma venereum	—	—	—	—	—	—	—	—	—	—
15. Venereal warts	—	—	4	1	5	—	—	30	17	47
16. Phagedaena	—	—	—	—	—	—	—	—	—	—
Total venereal diseases	236	73	2,109	1,564	3,982	2,423	2,233	26,221	28,420	59,297
17. Non-venereal disease	90	11	294	190	585	167	47	603	800	1,617
18. Undiagnosed	2	—	37	69	108	242	100	2,010	2,366	4,718
Grand Total ..	328	84	2,440	1,823	4,675	2,832	2,380	28,834	31,586	65,632

(1) Clinically recognizable.

(2) Diagnosed on result of serological test alone.

Certain points in the above table merit special attention. These are as follows:—

- (1) In a grand total of 4,675 new cases registered, 2,124 were diagnosed as suffering from syphilis in all stages. Of this total only 103 were Europeans.
- (2) Of the early cases of syphilis, that is, those listed under Nos. 1, 2 and 3, out of a total of 650 individuals only 42 were Europeans.
- (3) Endosyphilis, that is, syphilis diagnosed only as a result of a blood test, accounted for the largest group of all sections.
The largest part of this group were non-European females (993 cases). This means that with the 28 European females in the same group, over 1,000 women might have gone on giving birth to children liable to congenital syphilis had it not been for the fact that a routine blood test revealed their infection.
- (4) Three hundred and forty-four new cases (11 European and 333 non-European) of congenital syphilis were recorded. Of these, 253 were under one year of age, a decrease of 34 per cent over the previous year. The decrease is in conformity with similar reports from other centres, and indicates the excellent results being obtained by the use of penicillin in the treatment of pregnant syphilitic mothers attending the pre-natal clinics. It would thus appear that a weapon is now at hand for the elimination of all congenital syphilis and if it were possible for every pregnant mother to have a blood test done, congenital syphilis would soon be a thing of the past. At the pre-natal clinics which are conducted by the Maternal and Child Welfare Branch, 9,610 blood specimens from pregnant women were submitted for examination by the Wasserman test of which 1,694, or 17.6 per cent, were reported as positive or doubtful.
- (5) There is no significant change in the number of new cases of gonorrhoea reported in the year under review as compared with last year, viz. 1,458 as against 1,466. Only when we have a system which will inform us of the number of cases of gonorrhoea treated privately will we be able to evaluate the true incidence of gonorrhoea in Cape Town.
- (6) Ulcus molle, or soft chancre (diagnosis 12) appears to be of no great significance in Cape Town. The disease, once the diagnosis is established, is of minor importance and usually responds rapidly to modern treatment.
- (7) The remaining venereal diseases, lymphopathia venereum and granuloma venereum, present no problem whatsoever as far as Cape Town is concerned. In fact, although other countries definitely have these cases, it is problematical whether any other centre of the Union of South Africa has ever microscopically diagnosed a case.
- (8) It is satisfactory to note that 585 new cases were diagnosed as non-venereal. It indicates a healthy state of affairs when individuals are sufficiently health-minded to make use of the facilities available at the slightest suspicion that they might be suffering from a venereal condition.
- (9) The 108 undiagnosed cases, in category 18, means that at the end of June 1951, sufficient information was not at hand to classify them. Most of the cases are subsequently diagnosed but a few default before all tests are completed and therefore remain "undiagnosed".

HOSPITAL TREATMENT OF VENEREAL DISEASE.

Owing to the fact that the Union Health Department has indicated (by their directive) that refund can only be claimed in certain instances, only the following classes of venereal disease are admitted to the venereal disease wards at the City Hospital.

- (a) Patients suffering from syphilis in a communicable form (including early congenital syphilis) who cannot attend clinic and whose admission to an institution for treatment would be more economical than periodic domiciliary visits by the district surgeon.
- (b) Complicated cases of gonorrhoea.
- (c) Advanced cases of tertiary syphilis, e.g. sloughing, gummata, whose condition precludes treatment on out-patient lines or admission to a provincial hospital.

Financially this may be commendable but it means that a large number of patients who would benefit by in-patient treatment and for whom beds are available, now have to go elsewhere.

Early cases of syphilis are treated by a combination of penicillin, arsenic and bismuth on the lines recommended by the Union Health Department. For hospital cases, crystalline penicillin G, dissolved in sterile saline solution, is the form of penicillin chosen. The choice is determined by the availability of supplies from the Health Department stores in Pretoria. Patients are detained in hospital for a period of ten days to complete their penicillin schedules, after which they are directed to the out-patients' clinic, where they continue treatment with weekly injections of arsenic and bismuth. Patients are then placed on a two-year observation period, during which time tests are carried out on the blood and spinal fluid to establish the fact of cure.

An analysis of the number and type of patients admitted to the wards during the year ended 30th June, 1951, is presented in the following table:—

TABLE VI.

Disease.	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
1. Seronegative primary syphilis	—	—	3	2	5
2. Seropositive primary syphilis	—	—	14	8	22
3. Secondary syphilis	—	1	30	121	152
4. Tertiary syphilis (1)	—	—	1	10	11
5. Endosyphilis (2)	—	—	—	4	4
6. Neurosyphilis	—	—	4	2	6
7. Congenital syphilis (under 1 year)	—	—	7	4	11
8. Congenital syphilis (over 1 year)	—	—	2	6	8
Total syphilis	—	1	61	157	219
9. Gonorrhoea	—	—	11	3	14
10. Gonococcal vulvovaginitis	—	1	—	2	3
11. Gonococcal ophthalmia	—	—	—	—	—
Total gonorrhoeal infections	—	1	11	5	17
12. Ulcus molle	—	—	5	—	5
13. Lymphopathia venereum	—	—	—	—	—
14. Granuloma venereum	—	—	—	—	—
15. Venereal warts	—	—	—	—	—
16. Phagedaena	—	—	—	—	—
Total venereal disease	—	—	5	—	5
17. Non-venereal disease	—	—	3	—	3
18. Undiagnosed	—	—	—	—	—
Grand total	—	2	80	162	244

(The actual number of individuals was 239 as some patients had more than one disease.)

(1) Clinically recognizable.

(2) Diagnosed on result of serological test alone.

VENEREAL DISEASE CONTACTS.

Only 94 contacts were reported to the Medical Officer of Health during the current year. Of these 37 reported at the clinics for examination. This is far too small a quota of the 4,675 new cases registered at the clinics for investigation and treatment. Very often it is reported by the investigator that the address given for the alleged contact is either false or that the individual has since left the address and is untraceable. This is particularly noticeable amongst non-Europeans and indicates a constant moving around of a potential pool of infection.

The following table shows the number of contacts of patients suffering from venereal diseases in a communicable form reported to the Medical Officer of Health during the year 1950-51.

TABLE VII.

Number of contacts reported	94
Number of such contacts who reported for examination	37
Number of those who attended found to be suffering from a venereal disease	24

DEFAULTERS.

Every endeavour is made to induce defaulting patients to return to the clinic for further treatment. In the case of females, a visit is made to the patients' homes by the nurse/visitor staff. If the patients fail to return, warning notices issued by the Medical Officer of Health, are delivered by the nurse/visitors advising them of the consequences of failing to carry out the requirements of the relevant section of the Public Health Act. In the case of male defaulters no home visits are made. A special form of letter is sent urging them to attend the clinics. If there is no response to the letters, warning notices similar to those issued to females are delivered by the health inspectors of this Department.

During the year under review the nurse/visitors made 7,172 visits to defaulting female patients, and 5,365 letters were sent to defaulting male patients. Seventy-six patients were referred to the Magistrate under the Public Health Act, 34 were prosecuted and the remainder were either discharged or untraceable.

ORGANIZATION.

The full time staff of the Venereal Disease Branch, as at the 30th June, 1951, was as follows:—

Venereal Disease Officer.
Deputy Venereal Disease Officer.
Nurse Visitors (6).
Male Nurses (8).
Clerk.
Clerk/typist.

The Venereal Disease Officer and the Deputy Venereal Disease Officer are assisted by several part-time medical officers who conduct some of the medical sessions at the treatment centres. The Venereal Disease Officer and his Deputy are also in charge of the Venereal Disease wards at the City Hospital.

The nurse visitors perform technical duties at the female sessions, visit defaulting patients at their homes or places of work and trace female contacts. The male nurses or technical assistants attend at the male sessions and in addition carry out ward duties in the male wards.

At all the medical sessions, microscopic examinations are carried out in order to establish an early diagnosis. In addition, serological (Kahn) tests for syphilis are performed twice a week at the City Hospital. The amount of pathological work done in the Venereal Disease Branch during the year ended 30th June, 1951, is as follows:—

TABLE VIII.

	Positive.	Negative.	Doubtful.	Total.
Number of dark-ground examinations for Sp. Pall	343	204	—	547
Number of smear examinations for gonococci ..	1,255	145	—	1,400
Number of blood sera tested by Kahn test. . .	2,440	1,680	578	4,698

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 Portswood 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 75.

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, puerpera fever, cerebrospinal fever, acute poliomyelitis, infective encephalitis, and 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, 1951) 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)	543	
Total attendances:		
Out-patients	8,813	
In-patients	7,409	
	—	16,222
Examinations and treatments:		
Skiagrams	8,970	
Screenings	9,417	
Consultations	1,360	
Refills	3,788	
Aspirations	10	
Mantoux tests	563	
Blood sedimentation	5	
Special injections	8	
Examinations	49	
	—	24,170

DENTAL CLINIC.

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

During the year under report, 110 patients attended and 62 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	12
Appendicectomy	4
Bronchoscopy	11
Drainage and curettage	4
Epididymectomy	1
Fistulectomy	1
Gangrene of gall bladder	1
Haemorrhoidectomy	1
Halstead	1
Ischio-rectal abscess	2
Lobectomy	10
Oesophagoscopy	2
Opening of osteitis	1
Phrenic nerve crush	33
Pleuro-pneumectomy	1
Pneumectomy	4
Right decortication	1
Termination of pregnancy	2
Thoracoplasty	1
Thoracoscopy	19
Thoracotomy and gastrostomy	1
Tonsillectomy	5
Ventricular tapping	5

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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 49 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:—

Disease.	From Cape Town Municipality.		From Outside Municipality.	
	European.	Non-European.	European.	Non-European.
Acute poliomyelitis	1.2	1.0	2.1	1.5
Cerebrospinal fever	0.9	3.2	0.6	3.4
Diphtheria	6.1	6.7	5.9	6.2
Enteric fever	1.3	4.1	1.6	7.4
Scarlet fever	16.5	4.2	5.9	0.8
Veneral diseases	0.2	7.5	—	1.8
Whooping cough	0.6	2.2	0.3	0.9
Tuberculosis, pulmonary	56.3	289.3	19.7	73.0
Tuberculosis, other forms	3.7	14.2	2.7	12.7
Other diseases	14.8	23.2	8.5	12.4
Total	101.6	355.6	47.3	120.1

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	1945-46 364.2	1946-47 340.9
1947-48 351.7	1948-49 323.5	1949-50 332.2	1950-51 353.8		

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

TABLE 1.—NUMBER OF PERSONS TREATED IN THE CITY HOSPITAL FOR THE PERIOD 1ST JULY, 1950, TO 30TH JUNE, 1951
(Classified according to the wards of the City, etc., to which they belonged.)

Wards, etc.	Under treatment, 1st July, 1950.						Admitted.						Discharged.						Died.						Under treatment, 30th June, 1951.						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.									
	M.	F.	O.	M.	F.	O.	M.	F.	O.	M.	F.	O.	M.	F.	O.	M.	F.	O.	M.	F.	O.	M.	F.	O.	M.	F.	O.	M.	F.	O.								
1 ..	—	2	2	3	4	11	4	9	3	11	6	9	—	—	—	1	2	—	4	10	3	8	2	28	314	450	183	911	1,858									
2 ..	5	4	3	6	22	66	21	41	20	61	19	39	3	2	3	4	4	7	4	4	3	8	2	150	1,882	2,796	392	1,168	6,238									
3 ..	7	4	—	—	14	19	31	36	17	18	29	27	2	2	7	7	4	1	4	3	3	8	100	1,190	1,670	946	1,330	5,136										
4 ..	3	7	—	—	31	41	7	11	27	40	5	8	3	1	1	—	4	7	4	7	1	3	90	1,090	1,895	324	519	3,828										
5 ..	1	3	—	—	17	13	56	60	15	12	41	49	1	—	9	8	2	4	6	7	12	7	146	556	852	1,688	2,812	5,908										
6 ..	3	4	2	14	14	11	56	78	8	12	44	68	2	—	7	12	7	3	3	7	12	159	1,469	746	1,753	5,084	9,052											
7 ..	6	7	—	7	23	33	22	18	24	36	14	16	—	—	5	4	3	5	4	3	5	96	1,682	2,059	611	2,261	6,613											
8 ..	12	8	2	23	44	34	58	80	43	34	48	69	5	2	8	19	8	6	4	15	216	4,123	2,162	1,643	6,950	14,878	14,878											
9 ..	6	7	—	2	21	31	8	22	25	32	7	17	1	2	—	1	1	4	1	4	1	6	82	1,665	1,535	255	1,390	4,845										
10 ..	1	—	9	16	15	11	93	115	13	10	74	86	1	—	19	24	2	2	1	9	21	234	820	333	3,016	6,151	10,320											
11 ..	1	1	—	3	12	21	4	9	12	20	3	8	1	—	1	1	—	2	2	4	4	46	285	947	67	990	2,289											
12 ..	3	1	1	5	4	13	14	33	4	12	12	31	2	1	1	3	3	1	2	4	4	64	807	335	233	1,935	3,310											
13 ..	4	1	—	4	5	16	17	19	6	13	13	15	1	—	4	4	2	4	—	4	57	711	682	209	1,247	2,849												
14 ..	2	2	—	6	19	23	19	24	17	22	14	25	2	2	1	3	4	1	3	4	85	715	1,815	605	1,469	4,604												
15 ..	1	1	1	9	19	13	33	66	19	12	22	51	1	—	9	11	2	2	3	13	131	741	552	938	3,300	5,531	720											
Not allocated ..	—	—	—	—	1	—	2	1	—	—	2	—	—	—	—	1	1	—	—	—	1	4	—	208	—	136	376	720										
Langa Native Township ..	—	—	—	5	—	—	7	15	—	—	6	10	—	—	—	1	4	—	—	—	6	22	—	—	—	—	—	129	2,556	2,685								
From ships in Harbour ..	2	—	—	—	14	7	1	—	15	6	1	—	—	—	—	—	—	1	1	—	—	22	812	95	29	—	—	—	936									
From outside the Municipality ..	25	17	16	164	135	282	259	151	120	202	181	—	—	—	13	65	31	19	31	39	840	9,428	6,950	8,572	12,586	37,536												
Totals ..	82	70	37	443	498	735	896	419	471	562	709	26	23	136	170	80	74	74	74	156	2,572	28,498	25,874	21,729	53,035	129,136												

E. = European.

O. = Others or non-European.

TABLE 3.—CASES TREATED IN THE BROOKLYN HOSPITAL FOR CHEST DISEASES FOR THE PERIOD 1ST JULY, 1950, TO 30TH JUNE, 1951.

Disease (ultimate diagnosis).	Under treatment, 1st July, 1950.			Admitted.			Discharged.			Died.			Under treatment, 30th June, 1951.			Total cases admit- ted.	Day units.			Total.
	E.		O.	E.		O.	E.		O.	E.		O.	E.		O.		E.		O.	
	M.	F.	M.	M.	F.	M.	M.	F.	M.	M.	F.	M.	M.	F.	M.		M.	F.	M.	
Tuberculosis, pulmonary ..	—	262	9	—	—	391	—	—	302	9	—	100	—	—	251	406	—	92,972	4,192	97,164
" ..	—	—	1	—	—	2	—	—	1	—	—	—	—	—	2	4	—	—	148	568
" ..	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	—	—	362	362
" ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
" ..	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	2	—	36	230	266
" ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	5	—	5
" ..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
" ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	239	—	239
" ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	175	—	175
" ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	9	—	9
" ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	114	—	114
Other conditions ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ..	—	264	10	—	—	402	—	—	309	10	—	102	—	—	255	422	—	93,970	4,932	98,902

TABLE 4.

Wards, etc.	Under treatment, 1st July, 1950.			Admitted.			Discharged.			Died.			Under treatment, 30th June, 1951.			Total admit- ted persons.	Day units.			Total.
	E.		O.	E.		O.	E.		O.	E.		O.	E.		O.		E.		O.	
	M.	F.	M.	M.	F.	M.	M.	F.	M.	M.	F.	M.	M.	F.	M.		M.	F.	M.	
1 ..	—	—	—	—	—	2	—	—	—	—	—	—	—	—	2	2	—	—	—	230
2 ..	—	—	—	—	—	17	—	—	—	—	—	—	—	—	7	18	—	—	—	3,370
3 ..	—	—	—	—	—	14	—	—	—	—	—	—	—	—	12	15	—	—	—	3,350
4 ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1,132
5 ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	30	—	—	—	8,979
6 ..	—	—	—	—	—	27	—	—	—	—	—	—	—	—	19	38	—	—	—	8,322
7 ..	—	—	—	—	—	34	—	—	—	—	—	—	—	—	22	38	—	—	—	8,107
8 ..	—	—	—	—	—	19	—	—	—	—	—	—	—	—	11	20	—	—	—	5,173
9 ..	—	—	—	—	—	49	—	—	—	—	—	—	—	—	28	50	—	—	—	10,839
10 ..	—	—	—	—	—	8	—	—	—	—	—	—	—	—	5	8	—	—	—	1,351
11 ..	—	—	—	—	—	44	—	—	—	—	—	—	—	—	34	50	—	—	—	9,984
12 ..	—	—	—	—	—	4	—	—	—	—	—	—	—	—	1	4	—	—	—	726
13 ..	—	—	—	—	—	10	—	—	—	—	—	—	—	—	6	10	—	—	—	2,451
14 ..	—	—	—	—	—	16	—	—	—	—	—	—	—	—	9	16	—	—	—	4,096
15 ..	—	—	—	—	—	10	—	—	—	—	—	—	—	—	5	10	—	—	—	2,061
Not allocated ..	—	—	—	—	—	33	—	—	—	—	—	—	—	—	22	35	—	—	—	6,616
Langs Native Township ..	—	—	—	—	—	4	—	—	—	—	—	—	—	—	2	4	—	—	—	222
From ships in harbour ..	—	—	—	—	—	19	—	—	—	—	—	—	—	—	12	19	—	—	—	4,161
From outside the Municipality ..	—	—	—	—	—	90	—	—	—	—	—	—	—	—	56	91	—	—	—	21,744
Totals ..	—	264	10	—	—	402	—	—	309	10	—	102	—	—	255	422	—	93,970	4,932	98,902

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

BROOKLYN HOSPITAL FOR CHEST DISEASES, KOEBERG ROAD, MAITLAND.

This institution, with its medical and nursing staff is under the general supervision of the Medical Superintendent of Hospitals, and is dependent on the City Hospital for X-ray and laundry services. As there is no suitable theatre at the Brooklyn Hospital patients are transferred to the City Hospital for major surgery.

The hospital provides accommodation for 275 non-European tuberculous patients (246 adult males and 29 children).

The bed-state is 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).

The average daily number of in-patients during the year 1950-51 was 270.9.

Details in regard to patients treated during the year are shown in Tables 3 and 4 on page 57.

TREATMENT OF PATIENTS.

The routine graded rest regime compares favourably with hospitals in Britain and 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, is carried out in the wards. Minor surgical operations, such as thoracoscopy and phrenic crush, are done in the Hospital.

DEVELOPMENT OF THE HOSPITAL GROUNDS.

Some of the internal roads were tarred and avenues of trees planted during the year, which has made an enormous difference to the Hospital.

Progress was also made in laying out the grounds on the Hospital side of the Nurses' Home, the Deputy Medical Superintendent's residence and of some of the wards.

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	.. .. .	25.98
In-patients admitted	.. .. .	564*
New out-patients	.. .. .	4,382
Attendances by out-patients	.. .. .	34,780
Visits to patients at their homes by—		
Doctor	.. .. .	2,611
Nurse	.. .. .	1,353
Midwifery service—		
Confinements attended (extern)	.. .. .	197
Visits made by midwife	.. .. .	2,479
Pre-natal clinic—		
New cases	.. .. .	248
Total attendances	.. .. .	1,127
Infant consultations—		
New cases	.. .. .	305
Total attendances	.. .. .	3,124
V.D. clinic—		
New cases	.. .. .	185
Total attendances	.. .. .	2,633
Dental clinic—		
New cases	.. .. .	556
Total attendances	.. .. .	940

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

Abortion and miscarriage	24	Hemiplegia	3
Abscess	16	Impetigo	2
Adenitis	3	Influenza	12
Admitted with mother or infant ..	16	Injuries from accidents or violence ..	82
Appendicitis	4	Jaundice	3
Arterio-sclerosis	1	Meningitis (non-meningococcal) ..	1
Asthma	5	Mental disorders and deficiency ..	2
Bilharzia	2	Ophthalmia neonatorum	2
Born in hospital	1	Other diseases of digestive system ..	5
Bronchitis and pneumonia	61	Other diseases of nervous system ..	3
Cancer	2	Other diseases of skin and cellular tissue ..	6
Cerebral haemorrhage	1	Pellagra	7
Cirrhosis of liver	2	Pemphigus	1
Confinement	1	Prematurity	3
Convulsions	2	Puerperal fever	4
Dermatitis	2	Pyorrhoea	1
Diabetes	7	Pyrexia of unknown origin	10
Diarrhoea and enteritis	31	Quinsy	9
Diseases of bones and joints	7	Rheumatic fever	1
Diseases of ear	2	Rheumatism	5
Diseases of eye	10	Scurvy	2
Diseases of female genital organs ..	14	Syphilis	5
Diseases of genito-urinary system ..	6	Tonsillitis	3
Diseases of heart	18	Tuberculosis, pulmonary	45
Diseases peculiar to early infancy ..	6	Tuberculosis, other forms	10
Diseases of pregnancy and parturition ..	8	Whooping cough	1
Dysentery	4	Worms	7
Enteric fever	3	Diagnosis doubtful or indefinite ..	13
Epilepsy	11	Other conditions	38
Epistaxis	4		
Erysipelas	1		
Gastritis	1		
Gingivitis	2		
		Total	564

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

Langa Native Township	479
Elsewhere in Cape Town Municipality ..	41
Extra municipal	44
	564

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

In-patients	8
Out-patients	396

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 prevalent 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	14	—	2	16	35	—	2	37
European girls	14	—	13	27	50	—	19	69
Non-European boys	382	—	15	397	1,494	—	22	1,516
Non-European girls	432	1	172	605	1,738	1	260	1,999
Total children	842	1	202	1,045	3,317	1	303	3,621
<i>Adults :</i>								
European males	8	5	2	15	15	7	—	22
European females	7	—	4	11	21	—	4	25
Non-European males	59	2	2	63	157	2	3	162
Non-European females	73	2	54	129	154	2	81	237
Total adults	147	9	62	218	347	11	88	446
<i>Total persons :</i>								
European	43	5	21	69	121	7	25	153
Non-European	946	5	243	1,194	3,543	5	366	3,914
All races	989	10	264	1,263	3,664	12	391	4,067

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

AMBULANCE AND DISINFECTING STATION.

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

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

The ambulance and disinfecting service is staffed by 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.
2,172	292	749	1,145

The distance covered during the year by the vans and ambulances was 87,598 miles.

SECTION IX.—SANITARY ADMINISTRATION.

HEALTH INSPECTORS.

On 30th June, 1951, the staff of health inspectors consisted of the chief health inspector, the assistant chief health inspector, 5 divisional health inspectors, 28 health inspectors, 4 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 and the taking of samples of water from municipal reservoirs for bacteriological analysis.

The work of the district health inspection staff includes the investigation of notified cases of infectious disease (except tuberculosis, pneumonia, opthalmia, trachoma, puerperal fever, whooping cough and diseases notifiable by school teachers, such as measles and chicken-pox); the inspection of dwelling houses, shops, food places and vehicles, stables and other places where animals are kept (except licensed cowsheds); inspections concerning the licensing and regulation of licensed, registered and regulated trades, 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, 1951, were as follows:—

Inspections made:

Public markets	4,048
Butchers' shops	6,549
Dealers' and general dealers' shops (food)	16,671
Dealers' and general dealers' shops (no food)	5,094
Fish and poultry shops	2,461
Bakers' shops (without bakehouses)	288
Bakehouses	583
Milk shops (purveyors of milk)	5,367
Ice-cream purveyors and manufacturers	1,522
Tea shops	2,215
Cafés	1,192
Restaurants	3,341
Eating-houses	1,084
Residential hotels and boarding houses	2,074
Aerated-water manufacturers	157
Other places where food is manufactured	296
Hawkers' premises	4,228
Hawkers' carts	2,631
Butchers' carts and carriers	441
Milk-delivery vehicles and carriers	824
Fish vehicles	217
Bakers' vehicles	279
Ice-cream vehicles	79
Tents	83
Sideshowes	132
Theatres and bioscopes	663
Billiard saloons	72
Common lodging houses	110
Tenement houses	2,352
Other house inspections	34,988
Hairdressers	1,994
Laundries	227

Mattress-makers and upholsterers	179
Other factories and workplaces	4,035
Courts, lanes and alleys	4,538
Open land	3,039
Piggeries	86
Horse stables	2,761
Dairy stables	3,696
Cattle dealers' premises	51
Visits made in connection with infectious disease	2,481
Hackney carriages	6
Standing water, catchpits, etc., re mosquitoes	371
Sites or premises re plans of proposed buildings	1,186
Public sanitary conveniences	6,071
Refuse tips	807
Washhouses	246
Attendances at magistrates' courts	252
Natives deloused and vaccinated	5,252
Other visits	3,528
Total	140,857

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

Visits to premises where action was taken in connection with rodent infestation	42
Visits at which premises were disinfected	2
Drain tests carried out	107
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	648
Written request notices	—
Formal written notices	3,525
Total proceedings begun	4,173

Written notices following verbal notices	49
Total notices served:—	
Verbal notices	648
Request notices	—
Formal notices	3,603
Final notices	487
Total	4,738

The number of items included in the 4,173 notices were as follows:—

Ward 1	657
Ward 2	314
Ward 3	716
Ward 4	554
Ward 5	694
Ward 6	1,025
Ward 7	716
Ward 8	504
Ward 9	394
Ward 10	284
Ward 11	147
Ward 12	618
Ward 13	418
Ward 14	800
Ward 15	674
Total	8,515

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	377
Defective water fittings	41
Unauthorized structures	33
Undrained premises	22
Structural defects to premises	41
Other defects	39

STABLE PREMISES.

The municipal regulations empower the Council to prohibit the use for the keeping of animals, any stable, cowshed, pigsty, 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, 1951, the City Council prohibited the further use of 3 stable premises (equine) for the keeping of animals.

Previously, since 1929, the City Council had prohibited the use of 136 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.

In the year under review, investigations were made into the possibility of zoning a certain part of the Cape Town Municipality as a stable area for the keeping of animals. Should this project be found practical, it would give tradesmen who depend on horse-drawn transport for carrying out their business, an opportunity of acquiring land in an area under municipal supervision.

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 Rhynsdorp district near the Olifants River towards its mouth. There has been no outbreak of plague in Cape Town since about 1901, when there was an epidemic which spread from the infection of rats in the Port. At that time many parts of the country were also affected. And until 1938, when a few human cases occurred in Port Elizabeth and rats were found to be plague infected in that city, there has been no infection of rats in South Africa for many years.

In view of this position an anti-rodent staff is maintained in the City Health Department, consisting of the 4 pest control officers, a senior health inspector who assists in the examination of building plans, and 26 rat catchers. This staff also devotes itself to the examination of 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	9,602		
Re mosquitoes	6,303		
		15,905	
Inspections re rodents by other inspectors		40	
Inspections re mosquitoes by other inspectors		381	
Visits made to lands and premises by rat-catchers:			
Re rodents	68,901		
Re mosquitoes	15,872		
		84,773	
Examination of building plans:			
With requirements	1,617		
No objection	343		
		1,960	
Number of notices served by pest control officers:			
Verbal notices	5		
Written notices	150		
		155	
Number of rodents caught and destroyed:			
Brown rats	10,308		
Black rats	2,372		
Gerbilles	649		
		13,329	

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
1951	10,308	2,372	649	13,329

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 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.

During the year 1950-51, 10 applications for the erection of tents, etc., on private sites were received, of which 3 were refused and 7 were granted for occupation by 38 persons.

Suitable camping sites, similar to those of the English and American caravan parks are urgently needed within the Municipality of Cape Town.

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, 1951:—

Nature of sample.	No. of samples.	Not genuine.					Genuine.
		No action taken.	Letter sent.	Warning notice sent.	Summons applied for.	Total.	
Milk	518	—	—	2	47	49	469
Meat products	71	—	—	—	14	14	57
Minced meat	33	—	—	—	7	7	26
Ice-cream	38	—	—	1	1	2	36
Cream	13	—	—	—	—	—	13
Snow freeze	1	—	—	—	—	—	1
Dripping	3	—	—	—	—	—	3
Soda water	1	—	—	—	—	—	1
Honey	1	—	—	—	—	—	1
Totals	679	—	—	3	69	72	607

Of the 69 summonses in respect of samples taken during the year ended 30th June, 1951, 10 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. Sixty-five cases were therefore heard during the year and are included in the list of prosecutions on page 68.

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	5	6.0—6.4	1
2.0—2.4	6	6.5—6.9	1
2.5—2.9	31	7.0—7.4	6
3.0—3.4	271	7.5—7.9	7
3.5—3.9	164	8.0—8.4	8
4.0—4.4	28	8.5—8.9	264
4.5—4.9	3	9.0—9.4	229
5.0—5.4	2	9.5—9.9	2
5.5—5.9	2		
6.0—6.4	1		
6.5—6.9	1		
7.0—7.4	1		
7.5—7.9	1		
8.0—8.4	2		
8.5—8.9	1		
9.0—9.4	2		
9.5—10.0	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. In the year under review, four pasteurization plants were already in operation and a fifth plant was being installed.

Dairy Premises Licensed.

The number of dairy premises licensed* for the sale of milk in the Municipality at 30th June, 1951, was as follows:—

	In the municipal area.	Outside the municipal area.
	30th June, 1951.	30th June, 1951.
Milkshops	221	8
Cowsheds	11	336

*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	3,696
Milk shops	5,367
Milk delivery vehicles	824
Ice-cream premises	1,522
Ice-cream vehicles	79

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. Four 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 1951, and those for ice-cream to the year ended 30th June, 1951:—

	Cowshed premises.		Milk shop premises.	Manufacturers and vendors of ice-cream.
	In the municipal area.	Outside the municipal area.		
Applications for licences received	11	332	200	430
Licences issued	11	332	200	426
Applications cancelled	—	—	—	4
Licences not granted	—	—	—	—

Control of Pasteurization Plants.

During the year a fourth pasteurization plant was licensed. Systematic daily sampling of milk at the four licensed pasteurization plants was undertaken. Samples were collected from the four 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, 1,834 phosphatase tests were carried out: of this total 119, or 6.5 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 1,397 samples examined, 797 were satisfactory, i.e., 57.0 per cent. The fixed time factor resulted in counts showing a fairly close correlation to the methods of production, i.e., the worse the method of production the higher the count.

Of the 1,397 samples examined by the Breed smear method, 46 or 3·3 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	10	511	521
Bulked samples:			
Raw milk	—	—	—
Total	10	511	521

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

Examination of Dairy Cows.

During the year under review, 5,936 cows belonging to 142 dairies, were examined clinically, and as a result 552 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)	98
Mastitis (chronic)	343
Mange	34
Tuberculosis (other than tuberculosis of the udder)	17
Tubercular mastitis	13
Contagious abortion	44

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 13 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 Veterinary and Laboratory Work.

The following additional Veterinary and Laboratory work is carried out by the Veterinary Officer:—

- (i) Two hundred and ninety-five 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 295 samples examined, 217 satisfied this standard and 78 were above this standard. Two hundred and forty-five samples of ice-cream were examined for efficiency of pasteurization and of these 232 proved to be efficiently pasteurized and 13 under-pasteurized.
- (ii) Samples of milk from individual cows were examined for the following conditions:—
 - (a) Mastitis.—895 of which 249 were positive, 90 doubtful and the rest negative.
 - (b) Tuberculosis.—552 samples from individual cows were examined. Of these 13 were positive.
 - (c) Butter Fat Tests.—226 butter fat tests were carried out. Of these, 52 proved to be below the Government standard, and 174 above the standard.
 - (d) Contagious Abortion Tests.—72 tests were carried out. Of these 44 were positive and 28 negative.
- (iii) Government Survey of Local Milk.—117 samples of milk were collected for the Central Government for their survey of the chemical composition of local milk supplies.
- (iv) Temperature Readings of Milk Arriving in Cape Town.—3,126 cans of milk belonging to 1,184 suppliers were tested during the year as a check on the efficiency of milk producers methods of cooling.
- (v) B. Coli Tests.—190 B. Coli tests were carried out on samples of pasteurized milk to determine the efficiency of the sterilization of bottles. Of these 146 were positive and 44 negative.
- (vi) Outside municipalities.—87 samples of milk were tested by the Breed smear for other municipalities. Of these 23 were satisfactory. Mastitis was found in 46 of the samples.
- (vii) Municipal Pounds.—During the year the Veterinary Officer examined 17 mules, 35 donkeys and 12 horses. Eleven operations were carried out.

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, 1951:—

	Restaurants.	Tea Shops.	Cafés.	Eating-houses.	Boarding Houses.
1. Applications received	225	731	41	49	325
2. Granting of licences recommended (without conditions)	150	575	29	25	321
3. Granting of licences recommended (subject to conditions)	74	152	12	24	—
4. Number under item 3 later reported as having complied with conditions	49	107	10	17	—
5. Refusal of licences recommended	1	4	—	—	—
6. Applications withdrawn	—	—	—	—	4

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 1951:—

	Mattress-makers and Upholsterers.	Laundries.	Barbers and Hairdressers.
Applications received	12	6	302
Registration certificates issued	11	3	251
Registration granted subject to conditions ..	1	3	51
Registration refused	—	—	—
Applications withdrawn	—	—	—

Hawkers and Pedlars:

The municipal regulations also require annual licences for hawkers and pedlars. The following figures refer to the year ended 30th June, 1951:—

	Hawkers and Pedlars.
1. Applications received	1,976
2. Granting of licences recommended (without conditions)	1,123
3. Granting of licences recommended (subject to conditions)	819
4. Refusal of licences recommended	15
5. Number under items 3 and 4 later recommended	611
6. Applications withdrawn	19

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 following is an analysis of applications for certificates dealt with during the year ended 30th June, 1951:—

	General dealers.	Fresh produce dealers.	Butchers.	Bakers.	Motor garages.	Mineral water dealers.	Mineral water manufacturers.
1. Applications received	1,092	380	20	1	47	80	4
2. Granting of licences recommended (without conditions)	602	195	8	—	30	44	1
3. Granting of licences recommended (subject to conditions)	467	178	12	—	15	33	1
4. Number under item 3 later reported as having complied with conditions	367	133	8	—	12	25	1
5. Refusal of licences recommended	12	3	—	1	1	3	2
6. Applications withdrawn	11	4	—	—	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, 1951:—

Description.	Inspected.	Passed.	Condemned partly.	Condemned entirely.	
				Amount.	Percentage.
Carcasses of pork	47,870	47,174	610	86	0.18
Pigs' kidneys	45,728	44,946	—	782	1.71
Pigs' plucks	45,728	44,216	—	1,512	3.31
<i>Livers</i>	—	—	—	2,347	5.13
<i>Lungs (prs.)</i>	—	—	—	1,446	3.16
<i>Hearts</i>	—	—	—	547	1.20

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, 1950, to 30th June, 1951:—

Description.	Total.	Abscess.	Bruised.	Cirrhosis.	Cysts (Hydatid).	Erysipelas.	Hepatitis.	Inflammation.	Measles.	Necrosis.	Nephritis.	Pericarditis.	Pleurisy.	Pneumonia.	Pyæmia.	Tuberculosis.
Carcasses of pork ..	86	—	3	—	—	2	—	—	47	—	—	—	2	—	14	18
Parts of pork ..	610	177	22	—	—	—	—	—	—	—	—	—	—	—	—	411
Pigs' kidneys ..	782	—	—	—	574	—	—	30	—	—	178	—	—	—	—	—
" plucks ..	1,512	—	—	—	1,112	—	—	216	—	—	—	—	—	—	—	184
<i>Livers</i> ..	2,347	—	—	73	1,734	—	428	—	—	112	—	—	—	—	—	—
<i>Lungs (prs.)</i> ..	1,446	—	—	—	495	—	—	380	—	—	—	—	—	571	—	—
<i>Hearts</i> ..	547	—	—	—	—	—	—	—	—	—	—	547	—	—	—	—

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	2,390	1,195,000	25	2,730

Whalemeat.

An entirely new source of supply of an essential foodstuff is now being sold within the Municipality of Cape Town. In the year 1949-50, representations were 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. In the year under review there has been a falling off in the demand for this commodity owing to the increased supplies of butcher's meat.

In the year ended 30th June, 1951, 15 certificates were granted by the City Council for the sale of whalemeat in the Cape Town municipal area.

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, 1951:—

		Weight (lb.)			Weight (lbs.)
<i>Meat:</i>			<i>Fish:</i>		
Beef .. .. .	.. .. .	75	Tinned fish .. .. .	.. .. .	477
<i>Poultry and Game:</i>			<i>Fruit and Vegetables:</i>		
Ducks .. .. .	.. .. .	28	Apples .. .. .	.. .. .	380
Fowls .. .. .	.. .. .	3,052	Apricots .. .. .	.. .. .	90
Geese .. .. .	.. .. .	7	Avocado pears .. .. .	.. .. .	14,159
Pigeons .. .. .	.. .. .	1	Bananas .. .. .	.. .. .	2,025
Turkeys .. .. .	.. .. .	146	Egg fruit .. .. .	.. .. .	278

	Weight (lbs.)		Weight (lb.)
<i>Fruit and Vegetables:</i>		Pumpkins	1,310
Gooseberries	227	Radishes	818
Granadillas	1,768	Spinach	3,997
Grapes	281	Squashes	3,466
Guavas	45	Sweet melons	8,645
Lemons	94	Tomatoes	33,376
Litchies	1,108	Turnips	2,858
Mangoes	3,884	Watercress	159
Naartjies	1,154		
Okra-pods	984	<i>Other Provisions:</i>	
Oranges	188	Bacon	1,411
Pawpaws	12,798	Biscuits	19
Peaches	1,553	Bread	55
Pears	752	Canned fruit	2,472
Pineapples	690	Cereals	4
Plums	685	Cheese	9
Quinces	20	Chutney	3
Rhubarb	15	Cooking fat	23
Spaanspek	170	Eggs	23
Water melons	6,426	Fish paste	25
Beans (green)	103,427	Flour	6
Beetroot	9,197	Fruit syrup	450
Betel leaves	93	Jam	333
Bringles	935	Margarine	1
Cabbages	51,852	Maizena	1
Carrots	14,492	Mealie meal	5
Cauliflowers	10,377	Milk (condensed)	1,052
Celery	1,208	Mushrooms	5
Cucumbers	2,648	Oatmeal	3
Garlic	50	Pickles and delicacies	32
Leeks	720	Pudding powder	1,107
Lettuce	21,948	Raisins	1
Marrows	3,209	Salt	10
Mealies	3,350	Sauerkraut	26
Mint	34	Spaghetti	32
Mixed vegetables	23	Sugar	610
Onions	78,730	Sweets	588
Parsley	559	Tea	1
Parsnips	561	Tinned soup	354
Peas (green)	65,793	Tinned meat	738
Potatoes	20,465	Tinned sausage	126
Potatoes (sweet)	18,155	Other tinned food	1,650

CASES BEFORE THE MAGISTRATE.

The following table gives particulars of cases heard by the magistrates during the year ended 30th June, 1951, 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.
	Total.	Fined.	Suspended sentence.	Reprimanded.	Summons withdrawn.	Discharged.	No. of persons summonsed.	
								£ s. d.
Dwelling-house premises in insanitary condition (excluding the keeping of animals)	10	7	—	—	2	1	11	16 0 0
Insanitary conditions or other offences at food premises	2	2	—	—	—	—	4	15 0 0
Insanitary conditions or other offences in trans- port or delivery of foodstuffs:								
Milk	10	9	—	—	1	—	22	77 10 0
Other foodstuffs	4	4	—	—	—	—	11	14 0 0
Selling foodstuffs in contravention of the Food, Drugs and Disinfectant Act:								
Milk	41	39	1	—	—	1	—	362 10 0
Meat products	15	15	—	—	—	—	—	76 0 0
Minced meat	8	8	—	—	—	—	—	57 10 0
Ice-cream	1	—	—	—	1	—	—	—
Selling, delivering or depositing meat not slaugh- tered at the Municipal Abattoir or not inspected and stamped	1	1	—	—	—	—	1	3 0 0
Selling, etc., diseased, unsound or unwholesome foodstuffs	1	1	—	—	—	—	1	5 0 0
Trading as purveyor of milk without licence (no cows kept)	7	7	—	—	—	—	10	66 0 0
Trading as hawker without licence	21	20	—	—	—	1	27	102 0 0
Other nuisances or insanitary conditions	3	—	2	1	—	—	3	—
Obstructing health inspector in performance of his duty	2	1	—	—	1	—	2	5 0 0
Total	126	114	3	1	5	3	92	799 10 0

PUBLIC SANITARY CONVENIENCES.

The following is a list of the public sanitary conveniences open at 30th June, 1951, 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
Margate Road, Muizenberg	1	1
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)	—	—
Trafalgar Park	2	1
Victoria Walk	1	1
Windermere	2	2
Wynberg	2	1
	82	54
Relief attendants	11	9
Night-shift attendants	4	2
	97	65

* The female attendant is also in charge of the sanitary convenience at the Children's Playground, Three Anchor Bay.

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).
Margate Road, Muizenberg.

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 and Salt River there are no assistants). 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 6 hours or part thereof. 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, 1951, were as follows:—

					Attendances.	Money taken.
						£ s. d.
Hout Street	..	..	..	..	12,744	235 2 1
Platteklop	..	..	..	..	3,112	42 19 3
Hanover Street	..	..	..	..	13,121	780 8 3
Salt River	..	..	..	..	3,682	54 8 8
Mowbray	..	..	..	..	9,476	170 16 6
Claremont	..	..	..	..	9,914	183 17 6
Wynberg	..	..	..	..	5,413	111 6 9
Kalk Bay	..	..	..	..	2,320	58 0 0
					59,782	£1,636 19 0

The attendances and takings at the Hout Street shower-baths during the year ended 30th June, 1951, were as follows:—

					Shower-baths.	
					Attendances.	Money taken.
						£ s. d.
Adults	..	..	..	..	40,671	508 7 9
Children	..	..	..	..	252	2 2 0
Total	..	..	..	..	40,923	£510 9 9

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, 1951, the City Council and the Citizens' Housing League Utility Company have completed the erection of about 8,700 dwellings, in addition to the building of Langa Native Township.

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

	Houses.	Average cost per dwelling.
Retreat (Non-European Housing Scheme)	275	£670

In the year under report, the Citizens' Housing League Utility Company constructed a building comprising a shop and flat, at Zorgvleit, Brooklyn, at a cost of £8,163. This company also built 110 flats (1 block) for Europeans at Welverdiend, Rondebosch, at an average cost of £1,300 each, and 103 houses for Europeans at the Thornton Township, Pinelands, C.P. Information in regard to the average cost of the latter dwellings was not available at the time of publication of this report.

The dwellings completed bring the figures from 1920 to 30th June, 1951, 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	4,817	5,863
Citizens' Housing League Utility Co. ..	942	28	970
	1,988	4,845	6,833
Outside Cape Town municipal area:			
Citizens' Housing League Utility Co. ..	1,895	—	1,895
Total	3,883	4,845	8,728

The number of new dwelling houses built in the calendar year 1951 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	1934 ..	6,270	1,711
1916 ..	4,110	103	1935 ..	6,430	1,937
1917 ..	4,240	99	1936 ..	5,220	1,320
1918 ..	4,380	69	1937 ..	5,270	1,272
1919 ..	4,500	91	1938 ..	4,710	1,274
1920 ..	4,680	139	1939 ..	4,840	1,555
1921 ..	5,340	210	1940 ..	4,970	2,086
1922 ..	4,950	308	1941 ..	5,100	1,489
1923 ..	5,080	425	1942 ..	7,450	1,063
1924 ..	5,220	561	1943 ..	8,800	651
1925 ..	5,380	335	1944 ..	9,720	1,005
1926 ..	5,320	444	1945 ..	10,050	870
1927 ..	5,070	675	1946 ..	10,400	778
1928 ..	5,450	846	1947 ..	10,530	990
1929 ..	5,570	1,773	1948 ..	10,990	1,086
1930 ..	5,700	1,320	1949 ..	11,460	1,638
1931 ..	5,640	1,564	1950 ..	11,960	610
1932 ..	6,000	1,102	1951 ..	12,480	692
1933 ..	6,150	1,068			

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	2	Ward 10	362
" 2	30	" 11	1
" 3	71	" 12	203
" 4	47	" 13	58
" 5	386	" 14	222
" 6	234	" 15	749
" 7	426		
" 8	485	Total	3,298
" 9	22		

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, 1951, the number of such burials was 363.

RELIEF WORKS.

During the period under review an average of 185 men have been employed on relief works maintained by the City Council. The total expenditure of the Council under this heading in the year 1950-51 was £43,297 3s. 8d. of which £19,161 10s. 6d. was paid in wages, including cost-of-living allowance. The Government repaid to the Council £15,283 3s. 6d. 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 consist 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 1950 and 1951.

	1950.	1951.
	£ s. d.	£ s. d.
Income from voluntary sources	291 12 8	3,731 4 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	34,764 10 0	33,859 10 0
Subsidy from City Council	—	—
Expenditure on relief, excluding administration costs	13,253 10 1	10,402 3 6
Number of applications received	1,905	1,734

* Including £2,923 bequeathed by a Cape Town resident.

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

Accommodation is provided for 115 pensioners. Aged Coloureds are accommodated in the Hostel at £2 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 undernourishment caused by poverty. The figures for the year under report are given on pages 20 and 22. The dinners given numbered 110,949 (mothers, 28,998; children, 81,951). To these figures are to be added 31,654 dinners supplied to children at the municipal nursery schools (see page 27).

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 143,392 and 7,206 gallons of milk were consumed. To these figures are to be added 31,654 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, 1951, 1,856 new cases were supplied and 53,570 lb. of dried milk were issued. The cost was £7,339 (see page 21). As a result of this provision no suckling infant in the Municipality need lack an adequate diet on account of poverty.

The City Council also provides bread and milk as additional nourishment for indigent cases of tuberculosis. The ordinary daily allowance for a patient is 1 lb. bread and 1 pint milk. 171 new cases were put on this allowance during the year, and the cost of the supplies was £2,079 14s. 10d.

NATIONAL FEEDING SCHEME FOR SCHOOL CHILDREN.

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.

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

Commodity.	January — March.	April — June.	July — September.	October — December.	Total for year.
Milk gals.	89,558	95,077	102,373	84,068	371,076
Powdered milk .. lbs.	48	240	288	120	696
Butter lbs.	11,579	13,466	14,069	10,892	50,006
Margarine lbs.	6,102	6,621	6,068	5,013	23,804
Cheddar cheese .. lbs.	18,824	20,580	23,230	12,776	75,410
Pasteurized cheese .. lbs.	3,820	4,480	5,120	3,225	16,645
Cocoa lbs.	2,233	5,593	6,748	2,709	17,283
Milo tins	96	408	552	504	1,560
Fish doz. pieces	6,752	6,500	5,348	3,745	22,345
Moskonfyt lbs.	3,316	3,976	7,816	3,812	18,920
Sugar pkts.	21,100	40,100	17,700	29,500	108,400
Oranges pkts.	—	7,915	14,985	5,519	28,419
Grapes half lugs	27,057	5,681	—	—	32,738
Raisins lbs.	12,350	17,050	20,975	25,125	75,500
Fruit salad lbs.	3,325	7,500	7,000	12,150	29,975
Crystallized fruit .. lbs.	890	1,295	1,100	2,270	5,555
Bread lbs.	111,811	127,239	137,270	113,885	490,205
Peanuts lbs.	14,250	15,400	18,375	18,250	66,275
Peanut butter .. lbs.	9,360	12,880	13,860	13,040	49,140
Pure orange juice .. ca.	5	11	10	37	63
Fresh fruit (other than grapes and oranges) ..	£2,854	£5,913	£7,108	£7,862	£23,737
Sundry foodstuffs	£259	£352	£367	£114	£1,092

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

European	106	(29,995 children)
Coloured	183	(62,050 children)
	289	

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, 1951, two certificates were 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 canalization of portions of the Liesbeek, Black and Sand Rivers 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 the Belmead main drainage and the Retreat main drainage schemes.

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 £1 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 stercus 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. Fifty-eight 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 488,890 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 the 30th June, 1951, 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, 7.
Clerks, 3.
Junior Clerks, 2.
Senior Shorthand Typist.
Senior Clerk/Typist.
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, 18.
Health Inspectors, 10.
Assistant Health Inspectors, 4.
Learner Health Inspectors, 4.
Clerk-in-Charge.
Senior Clerk.
Junior Clerk, 2.
Junior Shorthand Typist.
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, 159.

DAIRY INSPECTION.

Veterinary Officer.
Dairy Inspectors, 3.

MATERNAL AND CHILD WELFARE BRANCH.

Maternal and Child Welfare Officer.
Deputy Maternal and Child Welfare Officer.
Senior Assistant Maternal and Child Welfare Officer.
Assistant Maternal and Child Welfare Officer.
Chief Health Visitor.
Assistant Chief Health Visitor.
Senior Health Visitors, 23.
Supervisor of Midwives.
Health Visitors, 16.
Junior Health Visitors, 9.
Social Welfare Visitor.
Clinic Assistants, 3.
Senior Clerk.
Junior Clerk.
Senior Clerk/Typist.
Shorthand Typist (Junior).
Clerk/Typist.
Nursery School Teachers, 3.
Nursery School Teacher (Junior).
Nursery School Superintendent.
Domestic Adults, 20.
Children's Helps, 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/Typist.
Domestic.
Labourers, 2.

TUBERCULOSIS BRANCH.

Tuberculosis Officer.
Deputy Tuberculosis Officer.
Senior Radiographer.
Senior Health Visitors, 3.
Health Visitors, 5.
Junior Health Visitors, 2.
Clerk-in-Charge.
Senior Clerks, 3.
Junior Clerks, 3.
Clinic Assistant.
Clerk/Typists, 2.
Domestic, Adult.
Caretaker/Cleaner.
Labourer.

DENTAL BRANCH.

Chief Dental Officer.
Deputy Dental Officer.
Assistant Dental Surgeon.
Dental Mechanics, 3.
Dental Nurses, 4.
Clinic Assistants, 3.
Senior Health Visitor.
Clerk.
Junior Clerk.
Clerk/Typist.
Social Welfare Visitor.
Domestic Adult.
Caretaker/Cleaner.
Laundress.
Labourer.

CITY HOSPITAL, INCLUDING AMBULANCE AND
DISINFECTION SERVICES.

Medical Superintendent of Hospitals.
Deputy Medical Superintendent.
Resident Medical Officer.
House Physicians, 2.
Matron.
Assistant Matron.
Home Sister.
Night Sister.
Theatre Sister.
Sisters, 11.
Staff Nurses, 9.
Student Nurses, 16.
Nurses, 2.
Nursing Assistants, 8.
Probationer Nurses, 19.
Chief Pharmacist.
Senior Pharmacist.
Pharmacists, 3.
Dispensary Assistant.
Radiographer.
Disinfection Officer.
Ambulance Officer.
Clerk-in-Charge.
Senior Clerk.
Clinic Assistant, Male.
Clerk.
Junior Shorthand Typists, 2.
Junior Clerk.
Senior Works Foreman.
Fitter.
Handyman/Electrician.

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

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

CHANGES IN PERSONNEL.

Medical Staff:

Dr. C. K. O'Malley, Venereal Disease Officer, retired on pension on 22nd July, 1950. Dr. O'Malley had occupied this position with distinction for 25 years. He was succeeded by Dr. L. I. Cohen who joined the Department as Deputy Venereal Disease Officer on 1st February, 1939.

Dr. A. Stern was appointed Deputy Venereal Disease Officer as from 24th July, 1950.

Dr. Z. Koch was appointed as Resident Medical Officer at the Brooklyn Chest Hospital, as from 1st May, 1951.

Sanitary Administration:

Mr. R. P. Humphries, Pest Control Officer, on reaching the age of superannuation, retired on pension on 15th September, 1950, after serving the Department for 31 years.

Handyman/Carpenter.
Brush-hand.
Works Storeman.
Storehand.
Boiler Attendant.
Labourers, 12.
Laundry Supervisor.
Seamstresses, 2.
Laundresses, 31.
Checker (Laundry).
Housekeeper.
Housemaids, 24.
Native Male Orderlies, 41.
Hospital Cooks, 5.
Senior Telephone Operators, 2.
Telephone Operator.
Hospital Porters, 5.
Ambulance and Motor Drivers, 5.

BROOKLYN HOSPITAL FOR CHEST DISEASES.

Deputy Medical Superintendent.
Resident Medical Officer.
House Physicians, 2.
Matron.
Sisters, 11.
Non-European Nurses, 18.
Male Nursing Assistants, 2.
Non-European Probationer Nurse.
Non-European Nursing Assistants, 33.
Occupational Therapist (Workshops Rehabilitation).
Occupational Therapist (Divisional and Physical).
Senior Works Foreman.
Hospital Porters, 3.
Senior Telephone Operator.
Telephone Operator, 2.
Seamstresses, 2.
Housekeeper.
Native Male Orderlies, 48.
Boiler Attendant.
Hospital Cooks, 4.
Labourers, 11.
Clerk.
Kitchen Supervisor.
Brushhand (Learner).
Hospital Patrolmen, 3.
Motor Driver.
Storekeepers, 2.

NATIVE HOSPITAL, LANGA.

Medical Officer.
House Physician.
Matron.
Sister.
Native Nurses, 4.
Junior Male Nurse.
Male Nursing Assistants, 4.
Native Midwives, 4.
Native Male Orderlies, 2.
Domestic.
Hospital Cooks, 2.

DOMICILIARY MEDICAL SERVICE.

Medical Officer for Indigent Sick.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

TABLE A1. DEATHS REGISTERED IN 1950-51 CLASSIFIED FOR CAUSES, RACE, SEX, AGE-GROUPS AND WARDS.
Deaths in Cape Town of non-Residents (Outward Transfers) are excluded from the table proper and shown separately. (52 weeks ended 29th June, 1951.)

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

SUMMARY.

AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.

CAUSE OF DEATH.	Race	AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.												TOTALS.			Deaths in Cape Town of Non-Residents (Excluded from foregoing columns.)															
		0 to 1						5 to 10						15 to 25						45 to 55						75 to 85						Per-sons.
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
I.—Infectious and parasitic diseases ..	{E. 2 O. 63	1	4	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	114	
II.—Cancer and .. other ..	{E. 43 O. 1	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	47	
III.—Rheumatism, diseases of nutrition, of endocrine glands and other general diseases and vitamin-deficiency diseases ..	{E. 1 O. 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	536	
IV.—Diseases of the blood and blood-forming organs ..	{E. 1 O. 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	427	
V.—Chronic poisonings and intoxication ..	{E. 1 O. 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	261	
VI.—Diseases of the nervous system and sense organs of the circulatory system ..	{E. 1 O. 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	273	
VII.—Diseases of the respiratory system ..	{E. 1 O. 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	148	
VIII.—Diseases of the respiratory system (not specified as tuberculous) ..	{E. 86 O. 9	74	37	31	22	11	1	145	116	7	2	1	2	5	4	8	6	7	5	10	13	14	9	10	4	7	13	15	3	6	52	40
IX.—Diseases of the digestive system ..	{E. 199 O. 184	184	73	58	20	14	292	256	11	7	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	217
X.—Non-venereal diseases of the genito-urinary system and annexa ..	{E. 1 O. 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	317	
XI.—Diseases of pregnancy, and puerperal state ..	{E. 1 O. 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	48	
XII.—Diseases of the skin and cellular tissue ..	{E. 1 O. 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	39	
XIII.—Diseases of the bones and organs of movement ..	{E. 8 O. 16	8	16	2	2	2	18	16	16	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	15
XIV.—Congenital malformations ..	{E. 23 O. 113	24	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113
XV.—Deaths .. related to the first year of life ..	{E. 2 O. 2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
XVI.—Senility, old age ..	{E. 1 O. 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
XVII.—Violent or accidental deaths ..	{E. 4 O. 4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
XVIII.—Ill-defined causes of death ..	{E. 28 O. 28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
Totals ..	{E. 47 O. 566	47	566	47	566	47	566	47	566	47	566	47	566	47	566	47	566	47	566	47	566	47	566	47	566	47	566	47	566	47	566	47
Totals, all races ..	{E. 613 O. 495	613	495	180	160	109	88	902	743	54	31	23	26	107	140	171	142	235	190	332	232	323	217	395	354	258	315	83	199	2,883	2,459	5,345*

* Including the deaths of 3 newly-born infants (2 males and 1 female) of unknown race.

SUMMARY.

WARDS: CORRECTED FOR OUTWARD TRANSFERS.

CAUSE OF DEATH.	Race.	Age.															Totals.		
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	M.	F.	Pr- soba.
I.—Infectious and parasitic diseases ..	{E. {O.	3	1	5	4	2	8	7	6	10	3	4	6	7	2	3	67	47	114
II.—Cancer and "other" tumours ..	{E. {O.	1	11	10	25	1	59	38	55	51	26	14	108	87	7	4	536	427	963
III.—Rheumatism, diseases of nutrition, of endo- crine glands and other general diseases and vitamin-deficiency di- seases ..	{E. {O.	12	8	10	9	11	7	3	2	4	9	12	9	10	2	5	123	148	271
IV.—Diseases of the blood and blood-forming organs ..	{E. {O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	85	81	166
V.—Chronic poisoning and intoxication ..	{E. {O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
VI.—Diseases of the nervous system ..	{E. {O.	15	15	6	9	4	10	10	13	3	3	5	6	6	10	7	114	140	254
VII.—Diseases of the circula- tory system ..	{E. {O.	37	27	24	25	13	32	92	14	11	20	9	22	15	10	15	329	290	619
VIII.—Diseases of the respira- tory system (not specifi- cally as tuberculous) ..	{E. {O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	252	250	452
IX.—Diseases of the digestive system ..	{E. {O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	52	40	92
X.—Non-venereal diseases of the genito-urinary system and annexa ..	{E. {O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	217	173	390
XI.—Diseases of pregnancy, and puerperal state ..	{E. {O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	44	39	72
XII.—Diseases of the skin and cutaneous appendages ..	{E. {O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	317	272	589
XIII.—Diseases of the bones and joints ..	{E. {O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
XIV.—Congenital malforma- tions ..	{E. {O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
XV.—Diseases peculiar to the first year of life ..	{E. {O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
XVI.—Senility, old age ..	{E. {O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
XVII.—Violent or accidental deaths ..	{E. {O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
XVIII.—Ill-defined causes of death ..	{E. {O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Totals ..	{E. {O.	85	76	59	49	46	91	73	40	27	42	27	67	46	60	47	930	844	1,774
Totals, all races ..	{E. {O.	89	81	109	87	140	143	99	79	232	180	223	197	138	116	497	1,933	1,615	3,548
																	2,853	2,459	5,312*

* Including 3 of unknown race.

[illegible]

Death Classification.		CAUSE OF DEATH.	Race.	AGE-GROUPS CORRECTED FOR OUTWARD TRANSFERS.																																																TOTALS.				Deaths in Cape Town of Non-Residents (excluded from foregoing columns)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
Code No.	International Code No.			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards		Persons.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
040	30	I. (Cont.) Locomotor ataxia (tabes dorsalis) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

CAUSE OF DEATH.	Race.	WARDS: CORRECTED FOR OUTWARD TRANSFERS.																														Not Allocated, Residential Address Unascertained.		TOTALS.		Persons.
		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15						
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
		E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.					
I. (Contd.)																																				
Locomotor ataxia (tabes dorsalis) ..	{E. {O.	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
General paralysis of the insane ..	{E. {O.	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	5	1	8	1	9
Aneurysm of the aorta ..	{E. {O.	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	1	1	-	-	-	-	-	-	1	-	-	1	-	-	2	4	4	8
Syphilis, congenital ..	{E. {O.	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	2	1	-	1	1	-	-	1	-	1	-	-	-	2	1	-	7	5	12	
Syphilis, other forms ..	{E. {O.	-	-	-	1	2	1	-	-	-	2	1	1	-	-	-	2	1	-	-	-	-	1	1	1	-	-	-	-	1	-	-	10	6	16	
Relapsing fever ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Well's disease ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other diseases due to spirochetes ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Influenza with respiratory complications specified ..	{E. {O.	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3	-	
Influenza without respiratory complications specified ..	{E. {O.	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1	-	-	1	1	-	-	1	3	4	7	5	
Smallpox ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Measles ..	{E. {O.	-	-	-	-	-	-	-	-	-	1	-	1	1	-	1	1	-	-	-	2	2	-	-	-	-	1	1	1	1	1	1	-	7	8	15
Acute poliomyelitis & polioencephalitis ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Acute lethargic (or epidemic) encephalitis ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2		
Parkinsonism (post-encephalitic) ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Yellow fever ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Rabies ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Herpes zoster (zona) ..	{E. {O.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
Varicella (chicken pox) ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
German measles ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other diseases due to viruses ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	3	
Typhus, louse-borne ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Typhus, flea-borne ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Typhus, tick-borne, tick-bite fever ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Typhus, unspecified ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Ankylostomiasis ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Hydatid disease ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cestodes-tape ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Trematodes-fluke ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other diseases due to helminths — nematodes—round ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
Other diseases due to helminths — bilharzia ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other diseases due to helminths — others and unspecified ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Mycoses ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Venereal diseases (other than syphilis or gonorrhea) ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Pernicious lympho-granulomatosis (Hodgkin's disease) ..	{E. {O.	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	2	4	
Mumps ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other infectious or parasitic diseases ..	{E. {O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Totals for I ..	{E. {O.	3	1	5	1	3	5	4	2	4	2	8	2	7	6	10	3	4	6	7	2	1	2	3	1	2	3	6	3	3	1	3	67	47	114	
		1	2	11	10	30	25	2	1	59	35	55	51	26	14	108	87	7	4	98	99	1	2	25	16	18	8	20	19	62	45	13	6	536	427	963

[illegible]

REPORT OF THE MEDICAL OFFICER OF HEALTH

[illegible]

CAUSE OF DEATH.	Race.	WARDS: CORRECTED FOR OUTWARD TRANSFERS.																														Not Allocated, Residential Address Unascertained.				TOTALS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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Exophthalmic goitre	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Death Classification.		CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS																				TOTALS.		Persons.	Deaths in Cape Town of Non-Residents (excluded from Totals)									
Code No.	International Code No.			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65				65 to 75		75 to 85		85 and upwards.		M. F.		
				M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	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.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	1	-	-	-	-	-	-	-	-	-	-	3	-	3	-	
		VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.																																		
300	80	Intra-cranial abscess ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1	3	
301	80	Other forms of encephalitis (non-epidemic) ..	{E. O.	-	-	1	-	1	-	2	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	3	1	3	1	
302	81	Meningitis, pneumococcal ..	{E. O.	-	-	-	-	-	-	4	-	1	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1	-	
303	81	Other forms of meningitis (non-meningococcal) ..	{E. O.	1	-	1	-	-	1	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	6	
304	82	Diseases of the medulla and spinal cord, other than locomotor ataxia and disseminated sclerosis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	2	-	-	-	-	1	-	-	-	-	1	2	3	-		
305	83	Cerebral haemorrhage (not due to injury at birth) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	1	2	2	4	7	13	23	12	8	24	26	14	23	6	13	68	85	153	7	-		
306	83	Cerebral embolism and thrombosis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	6	7	3	3	12	12	2	2	1	4	26	28	54	4	-		
307	83	Hemiplegia and other paralysis of un- stated origin ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	3	4	6	-	3	-	1	6	14	20	-	1	-	
308	84	Mental disorders and deficiency (exclud- ing general paralysis of the insane) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	2	1	-	-	1	-	-	1	-	-	1	-	-	-	-	-	-	3	2	5	-		
309	85	Epilepsy ..	{E. O.	-	-	-	1	-	-	1	2	-	-	-	1	-	5	-	1	-	1	1	-	-	-	-	-	-	-	-	2	-	2	1	-	
310	86	Convulsions in child- ren under 5 years of age ..	{E. O.	-	2	3	1	-	1	3	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-		
311	87	Chorea ..	{E. O.	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-		
312	87	Neuritis (non-rheuma- tic) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-		
313	87	Paralysis agitans (Par- kinson's disease) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	3	-	3	-	-	-		
314	87	Disseminated sclerosis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
315	87	Other diseases of the nervous system ..	{E. O.	-	-	-	-	1	-	1	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-		
316	88	Diseases of the organs of vision ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
317	89	Diseases of the ear and the mastoid process ..	{E. O.	-	7	-	1	-	7	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1		
		Totals for VI ..	{E. O.	15	3	3	2	2	1	20	6	3	2	-	1	5	1	8	2	8	4	21	32	17	25	31	38	44	27	44	11	18	114	140	254	
		VII. DISEASES OF THE CIRCULATORY SYSTEM.																																		
350	90	Chronic pericarditis specified as rheu- matic ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
351	90	Other pericarditis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	1	-	-	
352	91	Acute endocarditis (excluding rheu- matic endocarditis) ..	{E. O.	-	-	-	-	-	-	-	-	-	1	1	-	3	1	2	1	-	1	-	-	-	-	-	-	-	-	-	4	6	10	2	-	
353	92	Valvular disease speci- fied as sequelae of rheumatic fever ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	2	1	-	-	-	-	-	-	-	1	2	3	2	-	
354	92	Other chronic affec- tions of the valves and endocardium ..	{E. O.	-	-	1	-	-	1	-	1	-	-	2	1	-	4	-	7	3	7	2	2	1	1	4	3	1	-	1	9	13	22	4	-	
355	93	Acute myocarditis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	1	-	-	
356	93	Chronic myocarditis specified as rheu- matic ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-	-	
357	93	Other chronic myo- carditis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	1	1	1	3	2	15	7	15	17	21	28	14	18	1	12	70	86	156	7	-		

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.					
V. (Contd.)																																						
Lead poisoning not specified as occupational ..	{E. O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
Occupational poisoning ..	{E. O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
Poisoning by narcotic and soporific drugs ..	{E. O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
Other non-occupational poisoning ..	{E. O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
Unspecified poisoning ..	{E. O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
Totals for V ..	{E. O.}	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	3	-	3				
VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.																																						
Intra-cranial abscess ..	{E. O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	1				
Other forms of encephalitis (non-epidemic) ..	{E. O.}	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	1	3				
Meningitis, pneumococcal ..	{E. O.}	-	-	-	1	-	-	-	-	1	-	1	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	5	1	6				
Other forms of meningitis (non-meningococcal) ..	{E. O.}	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	2	1	-	3				
Diseases of the medulla and spinal cord, other than locomotor ataxia and disseminated sclerosis ..	{E. O.}	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	1	2	3				
Cerebral hemorrhage (not due to injury at birth) ..	{E. O.}	9	8	4	3	-	6	6	10	1	2	1	4	4	9	6	7	6	7	5	4	4	6	7	5	4	4	6	7	5	3	68	85	153				
Cerebral embolism and thrombosis ..	{E. O.}	5	5	-	6	3	4	3	3	-	1	4	2	1	1	-	1	5	4	-	4	9	-	1	5	3	-	5	1	3	1	29	45	74				
Hemiplegia and other paralysis of unstated origin ..	{E. O.}	-	-	1	-	1	-	-	1	1	1	3	-	-	1	-	3	1	-	2	2	-	-	-	-	1	-	-	1	1	1	-	4	4	8			
Mental disorders and deficiency (excluding general paralysis of the insane) ..	{E. O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	-	-	-	-	-	-	-	-	1	-	-	1	3	5	5				
Epilepsy ..	{E. O.}	-	-	1	-	-	-	-	1	-	-	1	1	-	3	1	-	-	-	-	-	-	-	-	1	-	-	-	3	-	-	9	2	11				
Convulsions in children under 5 years of age ..	{E. O.}	-	-	-	-	-	-	-	-	-	1	1	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
Chorea ..	{E. O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1				
Neuritis (non-rheumatic) ..	{E. O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1				
Paralysis agitans (Parkinson's disease) ..	{E. O.}	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	-	3				
Disseminated sclerosis ..	{E. O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Other diseases of the nervous system ..	{E. O.}	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	1	3			
Diseases of the organs of vision ..	{E. O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Diseases of the ear and the mastoid process ..	{E. O.}	-	-	-	-	1	-	-	-	1	-	-	-	-	3	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	2	-	7	10			
Totals for VI ..	{E. O.}	15	15	6	9	4	10	10	13	3	3	5	6	6	10	7	8	24	26	4	3	18	31	4	13	8	5	10	12	8	7	3	4	7	6	114	140	254
VII. DISEASES OF THE CIRCULATORY SYSTEM.																																						
Chronic pericarditis specified as rheumatic ..	{E. O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Other pericarditis ..	{E. O.}	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
Acute endocarditis (excluding rheumatic endocarditis) ..	{E. O.}	-	-	-	1	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	1	1	-	-	1	-	-	-	4	6	10				
Valvular disease specified as sequelae of rheumatic fever ..	{E. O.}	-	-	-	-	-	-	-	-	-	1	-	-	-	4	2	-	1	5	-	-	-	-	-	1	-	-	1	-	-	-	6	10	16				
Other chronic affections of the valves and endocardium ..	{E. O.}	-	3	-	-	-	2	1	-	-	3	3	3	-	1	5	2	-	3	3	-	5	4	-	2	1	2	-	2	1	4	-	1	9	13	22		
Acute myocarditis ..	{E. O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
Chronic myocarditis specified as rheumatic ..	{E. O.}	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	2			
Other chronic myocarditis ..	{E. O.}	7	9	2	8	1	3	2	5	2	4	5	1	10	1	4	9	8	11	1	2	10	11	-	3	8	5	9	4	2	10	7	8	6	15	78	100	178

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.	25 1	9 1	16 1	10 2	12 4	5 4	22 1	13 1	9 1	6 1	12 3	12 1	9 1	8 1	7 1	6 1	13 2	9 1	5 1	3 1	12 2	10 1	9 1	7 1	9 1	6 1	8 1	9 1	12 4	7 1	4 1	184 62	114 37	298 99		
Heart disease specified as rheumatic ..	{E. O.	- -	- -	1 -	- -	- -	1 -	- -	- -	2 -	- -	- -	- -	1 -	- -	- -	1 -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	2 -	- -	3 -	5 -	8 -		
Heart disease not specified as rheumatic ..	{E. O.	- -	- -	- -	3 1	1 1	- -	2 -	- -	- -	- -	- -	- -	- -	1 2	- -	- -	1 -	- -	- -	1 2	- -	- -	- -	1 -	- -	1 1	1 1	- -	1 1	- -	2 -	5 5	9 6	11 11		
Aneurysm, except of heart and aorta ..	{E. O.	- -	1 -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	2 -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	2 3	2 4		
Arterio-sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral hemorrhage ..	{E. O.	5 -	5 -	3 2	3 -	2 2	2 3	3 -	1 -	3 3	1 2	2 5	2 2	1 2	1 4	3 1	1 -	3 1	3 1	1 5	7 -	2 -	5 -	1 -	1 1	3 1	1 4	1 2	1 3	3 3	3 24	33 24	65 48				
Gangrene (including cancerum oris) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -	1 -				
Other diseases of the arteries ..	{E. O.	- -	- -	- -	1 -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	1 2	2 3				
Diseases of the veins ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	1 -	- -				
Diseases of the lymphatic system ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -				
High blood pressure ..	{E. O.	- -	- -	2 1	1 2	- -	3 -	1 2	- -	2 3	3 3	3 2	1 2	1 3	- -	1 1	2 5	1 -	1 2	1 5	- -	1 2	1 5	- -	1 1	1 3	1 3	2 4	1 3	2 4	2 1	1 1	14 28	15 26	29 54		
Other diseases of the circulatory system (including hypertension) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	1 -			
Totals for VII ..	{E. O.	37 1	27 1	24 4	25 3	18 14	13 14	32 1	22 1	14 32	11 24	20 30	9 23	22 12	13 18	15 37	16 24	28 4	30 4	7 34	7 41	17 3	25 2	15 12	18 13	18 10	13 9	23 21	18 15	24 22	19 15	24 22	329 232	290 220	619 452		
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.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	1 -			
Bronchitis, acute ..	{E. O.	- -	- -	1 -	- -	- -	- -	1 1	- -	1 -	2 1	1 1	1 6	10 -	- -	- -	8 6	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	2 -	1 -	- -	2 -	1 24	18 18	42 42			
Bronchitis, chronic ..	{E. O.	- -	1 -	- -	- -	1 3	- -	- -	- -	- -	1 1	1 1	2 2	1 6	3 2	- -	1 3	1 -	- -	- -	- -	1 -	- -	1 1	1 2	- -	1 1	- -	1 1	- -	1 1	- -	5 19	7 10	12 29		
Broncho-pneumonia, including capillary bronchitis ..	{E. O.	- -	2 1	1 -	- -	3 5	1 1	2 7	1 20	- 11	1 11	5 36	2 29	1 2	1 34	18 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	2 135	19 112	31 247			
Pneumonia, lobar ..	{E. O.	1 -	- -	- -	- -	1 2	1 -	- -	3 -	- -	1 1	- -	2 4	2 1	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 21	8 8	9 29			
Pneumonia, unspecified, including acute congestion of the lungs ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Empyema ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	2 -	1 -	3 -			
Other unspecified forms of pleurisy (not specified as tuberculous) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -	2 -			
Hæmorrhagic infarction of the lung (including pulmonary embolism) ..	{E. O.	- -	- -	- -	2 -	- -	1 -	- -	1 -	- -	1 -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	5 1	5 1	10 1			
Chronic or unspecified congestion of the lungs (including hypostatic pneumonia of unknown origin) ..	{E. O.	- -	2 -	- -	- -	- -	1 -	- -	1 -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	3 1	4 3	7 4		
Asthma ..	{E. O.	1 -	1 -	2 -	1 -	- -	1 -	- -	2 2	- -	1 -	2 3	1 2	1 1	- -	1 4	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 8	5 14	13 22			
Pulmonary emphysema ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	2 -	1 -	3 -			
Miners' phthisis without tuberculosis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	1 -		
Miners' phthisis with tuberculosis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Other occupational respiratory diseases ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Gangrene of the lung ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -			
Abscess of the lung ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 2	1 2	2 4			
Other diseases of the respiratory system not specified as occupational ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	1 1	2 2			
Totals for VIII ..	{E. O.	2 1	6 1	3 1	3 -	1 5	9 12	3 1	3 14	3 24	12 15	12 17	6 8	2 55	4 48	- -	5 7	3 1	1 31	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	6 217	52 173	104 390			

REPORT OF THE MEDICAL OFFICER OF HEALTH.

Death Classification.		AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																												TOTALS.				Persons.		Deaths in Case Town of Non-Residents (Corrected for Outward Transfers).		
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		M.	F.	M.	F.		
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
IX. DISEASES OF THE DIGESTIVE SYSTEM																																						
450	115	Diseases of the teeth and gums ..	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
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451	115	Septic sore throat ..	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
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452	115	Other diseases of the pharynx and tonsils	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
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453	115	Diseases of other and unspecified sites ..	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
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454	116	Diseases of the oesophagus ..	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
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455	117	Ulcer of the stomach	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
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456	117	Ulcer of the duodenum	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
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457	118	Other diseases of the stomach (except cancer and other malignant tumours)	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
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458	119	Diarrhoea and enteritis (under 2 years of age) ..	{E.	9	5	2	2	-	-	11	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
			{O.	197	184	72	58	-	-	269	242	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
459	120	Diarrhoea and enteritis (2 years of age and over) ..	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
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460	120	Ulceration of the intestines (except duodenum) ..	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
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461	121	Appendicitis ..	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
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462	122	Hernia ..	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
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463	122	Intestinal obstruction	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
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464	123	Diverticulitis ..	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
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465	123	Other diseases of the intestines ..	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
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466	124	Cirrhosis of the liver, with mention of alcoholism ..	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
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467	124	Cirrhosis of the liver, without mention of alcoholism ..	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
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468	125	Acute yellow atrophy of the liver (not associated with pregnancy or the puerperium) ..	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
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469	125	Other diseases of the liver ..	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
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470	126	Biliary calculi ..	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
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471	127	Cholecystitis without record of biliary calculi ..	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
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[illegible]

[illegible]

[illegible]

Death Classification.		CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																																TOTALS.				Deaths in Cape Town of Non-Residents (excluded from total.)
Code No.	International Code No.			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.		Persons								
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.							
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
758	161	XV. (Contd.) Other specified diseases (including gangrene or hemorrhage of umbilicus, icterus neonatorum, acute catarrhal hepatitis ..	{E. {O.	- 9	- 9	- -	- -	- -	- 9	- 9	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
		Totals for XV ..	{E. {O.	23 153	24 113	- -	- -	- -	23 153	24 113	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
		XVI. SENILITY, OLD AGE.																																						
800	162	Senility (age 65 and over) ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
		XVII. VIOLENT OR ACCIDENTAL DEATHS.																																						
850-863	163-164	Suicide ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
864-867	165-168	Homicide ..	{E. {O.	- 2	- 1	- -	- -	- -	- 2	- 2	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
868-879	169-173	Accidental injury by railway, road and other transport ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
880-885	174-176	Accidental injury by industrial or other mechanical causes	{E. {O.	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
886-894	176-186		{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
897-908	187-195		{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
883-905	175-194	Injury by venomous animals ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
884-899	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.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
890	180	Conflagration ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
891	181	Accidental burns (conflagration excepted)	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
892	182	Accidental mechanical suffocation ..	{E. {O.	- 1	- 2	- -	- -	- -	- 1	- 2	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
893	183	Accidental drowning	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
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	Anaesthetic accidents (experiments, normal childbirth, sterilizing or aesthetic operations or operations of unknown nature)	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
907	195	Lack of care of the new-born ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
909-911	196	Deaths of persons in military service during operations of war ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
912-914	197	Deaths of civilians due to operations of war ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
915	198	Legal executions ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
916	-	Open verdict ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -							
		Totals for XVII ..	{E. {O.	2 4	2 3	1 1	4 5	10 10	6 14	1 14	1 14	1 14	1 14	1 14	1 14	1 14	1 14	1 14	1 14	1 14	1 14	1 14	1 14	1 14	1 14	1 14	1 14	1 14	1 14	1 14	1 14	1 14	1 14							
		XVIII. ILL-DEFINED CAUSES OF DEATH.																																						

Deaths in City Towns of Non-Residents (excluded from

[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 (excluded from fore- going columns).						
			0 to 1	1 to 2	2 to 5	Total under 5	5 to 10	10 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 and up- wards.	M.	F.	M.	F.		M.	F.	M.	F.		
I	012	Diphtheria	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-				
I	015	Tuberculosis of the respiratory system ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	2	3	-	-				
I	016	Tuberculosis of central nervous system ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
I	044	Syphilis, other forms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
I	049	Influenza without respiratory complications specified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
II	104	Cancer of the liver	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
II	109	Cancer of the lung	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
III	152	Diabetes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
VI	306	Cerebral embolism and thrombosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
VI	315	Other diseases of the nervous system ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
VI	317	Diseases of the ear and mastoid process ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
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	367	High blood pressure	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
VIII	402	Bronchitis, acute	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
VIII	403	Bronchitis, chronic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
VIII	404	Broncho-pneumonia (including capillary bronchitis)	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	3	1	4	-	-				
VIII	409	Haemorrhagic infarction of the lung (including pulmonary embolism)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
VIII	410	Chronic or unspecified congestion of the lungs (including hypostatic pneumonia of un- known origin)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
IX	454	Diseases of the oesophagus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
IX	458	Diarrhoea and enteritis (under 2 years of age)	2	3	1	3	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-				
IX	461	Appendicitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3	6	-	-				
IX	462	Hernia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	-				
X	500	Nephritis, acute	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
X	501	Nephritis, chronic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
X	502	Nephritis not stated to be acute or chronic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
XI	558	Eclampsia of pregnancy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
XI	561	Other toxæmias of pregnancy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
XIV	708	Other stated congenital malformations ..	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
XV	751	Premature birth	1	3	-	1	3	-	-	-	-	-	-	-	-	-	-	-	1	3	4	-	-				
XV	752	Intra-cranial or spinal haemorrhage due to injury at birth	1	2	-	1	2	-	-	-	-	-	-	-	-	-	-	-	1	2	3	-	-				
XV	754	Asphyxia during or after birth, atelectasis	1	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	-				
XV	758	Other specified diseases (including gangrene or haemorrhage of umbilicus, icterus neon- atorum, acute catarrhal hepatitis)	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-				
XVIII	951	Ill-defined causes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Totals			8	10	2	1	1	1	2	1	4	3	2	2	-	7	1	11	9	1	1	2	48	23	71	4	1

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

[illegible]

TABLE A3 (Continued).

Section.	Code No.	CAUSE OF DEATH.	AGE GROUPS (YEARS).																																TOTALS.				Deaths in Cape Town of non-residents (excluded from foregoing columns).
			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.		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.									
VIII	403	Bronchitis, chronic	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-						
VIII	404	Broncho-pneumonia (including capillary bronchitis)	16	13	8	7	3	1	27	21	1	-	-	-	-	-	-	2	-	1	1	1	1	-	1	-	-	-	32	25	57	5	5						
VIII	405	Pneumonia, lobar	1	-	2	-	2	1	5	1	-	-	-	-	1	-	4	-	1	-	1	-	-	-	-	-	-	-	11	1	12	1	-						
VIII	407	Emphysema	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	2	-	2	-	-						
VIII	408	Other unspecified forms of pleurisy (not specified as tuberculous)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
VIII	409	Haemorrhagic infarction of the lung (including pulmonary embolism)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-						
VIII	410	Chronic or unspecified congestion of the lungs (including hypostatic pneumonia of unknown origin)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1						
VIII	411	Asthma	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	2	1	1	-					
VIII	417	Abscess of the lung	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-						
IX	452	Other diseases of the pharynx and tonsils	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1						
IX	458	Diarrhoea and enteritis (under 2 years of age)	56	56	15	12	-	-	71	68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	71	68	139	9	6						
IX	459	Diarrhoea and enteritis (2 years of age and over)	-	-	-	-	8	2	8	2	1	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	11	2	13	-	-						
IX	467	Cirrhosis of the liver without mention of alcoholism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	-	-						
IX	468	Acute yellow atrophy of the liver (not associated with pregnancy or the puerperium)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
IX	469	Other diseases of the liver	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	-						
IX	471	Cholecystitis without record of biliary calculi	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-						
X	500	Nephritis, acute	-	-	-	1	-	-	-	1	1	-	-	-	-	-	1	1	1	-	2	-	-	-	-	-	-	-	1	2	4	-	-						
X	501	Nephritis, chronic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	7	-	7	-	-						
X	502	Nephritis, not stated to be acute or chronic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	-	-						
X	504	Other diseases of the kidneys and uterus (not connected with pregnancy)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
X	506	Cystitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-						
X	507	Other diseases of the bladder	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
X	513	Diseases of the uterus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	-	-						
XII	602	Other diseases of the skin	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1					
XIV	700	Congenital hydrocephalus	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-					
XIV	702	Congenital malformation of the heart	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-	-						
XIV	703	Monstrosities	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-					
XIV	704	Congenital pyloric stenosis	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-					
XIV	708	Other stated congenital malformations	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-					
XV	750	Congenital debility	5	-	-	-	-	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	-	5	1	-						
XV	751	Premature birth	7	10	-	-	-	-	7	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	10	17	3	3						
XV	752	Intra-cranial or spinal haemorrhage due to injury at birth	10	2	-	-	-	-	10	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10	2	12	-	-						
XV	753	Other birth injuries	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-						
XV	754	Asphyxia, during or after birth, atelectasis	2	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	-						
XV	757	Moleana neonatorum	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-						
XV	758	Other specified diseases (including gangrene or haemorrhage of umbilicus, icterus neonatorum, acute catarrhal hepatitis)	3	1	-	-	-	-	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	4	-	-						
XVII	850-863	Suicide	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-						
XVII	864-867	Homicide	-	-	-	-	-	-	-	-	-	-	-	-	3	1	7	-	3	-	2	1	-	-	-	-	-	-	15	2	17	3	-						
XVII	868-879	Accidental injury by railway, road and other transport	-	-	-	-	-	-	2	-	2	1	-	-	-	-	3	1	-	2	-	-	-	-	-	-	-	-	8	3	11	3	1						
XVII	880-886	Accidental injury by industrial or other mechanical causes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XVII	887-894	Other acute accidental poisoning (not by gas)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XVII	890	Conflagration	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	-						
XVII	891	Accidental burns (conflagration excepted)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XVII	893	Accidental drowning	-	-	-	-	2	1	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	1	1						
XVII	906	Anaesthetic accidents (experiments, normal childbirth, sterilizing or aesthetic operations or operations of unknown nature)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-						
XVIII	951	Ill-defined causes	5	2	5	-	1	-	1	10	3	1	-	-	-	-	1	-	1	-	2	-	1	-	-	-	-	-	16	3	19	3	-						
		Totals	124	99	34	29	28	14	186	142	11	3	-	2	10	16	49	14	44	9	42	11	16	5	4	5	4	1	4	366	212	578	62	37					

TABLE A3 (Continued).

Code No.	CAUSE OF DEATH.	WARDS.																														Not allocated. Residential addresses unascertained.				TOTALS.		
		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15								
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Persons.						
411	Asthma	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2					
417	Abscess of the lung ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1					
458	Diarrhoea and enteritis (under 2 years of age) ..	-	-	1	-	-	-	-	-	1	2	3	-	-	-	36	43	-	-	11	4	-	1	-	-	-	-	4	3	15	15	-	71	139				
459	Diarrhoea and enteritis (2 years of age and over) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	1	-	-	3	-	-	-	-	-	-	-	1	2	-	-	11	13					
467	Cirrhosis of the liver, without mention of alcoholism ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1					
468	Acute yellow atrophy of the liver (not associated with pregnancy or the puerperium) ..	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1				
469	Other diseases of the liver ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1					
471	Cholecystitis without record of biliary calculi ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	2					
500	Nephritis, acute ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	2	-	1					
501	Nephritis, chronic ..	-	-	-	-	-	-	-	-	1	-	-	-	-	-	3	-	1	-	-	-	2	-	-	-	-	-	-	-	-	7	-	4					
502	Nephritis not stated to be acute or chronic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1					
504	Other diseases of the kidneys and uterus not connected with pregnancy ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1					
506	Cystitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1					
507	Other diseases of the bladder ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1					
602	Other diseases of the skin, etc. ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1					
700	Congenital hydrocephalus ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1					
702	Congenital malformation of the heart ..	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2					
703	Monstrosities ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1					
704	Congenital pyloric stenosis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1					
708	Other stated congenital malformations ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1					
750	Congenital debility ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	1	-	-	-	-	-	-	-	-	-	1	-	5	-	5					
751	Premature birth ..	-	-	1	2	-	3	-	-	-	-	-	-	-	-	3	2	-	-	1	1	-	1	-	-	1	-	-	2	-	7	10	17					
752	Intra-cranial or spinal hæmorrhage due to injury at birth ..	-	-	-	-	-	-	-	-	1	-	-	-	-	-	5	2	-	-	1	-	-	-	-	-	1	-	2	-	-	10	12	12					
753	Other birth injuries ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	1	-	1					
754	Asphyxia during or after birth ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
757	Molæna neonatorum ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2					
758	Other specified diseases (including gangrene or hæmorrhage of umbilicus, icterus neonatorum, acute catarrhal hepatitis) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	1	-	1	-	-	1	-	4					
850	Suicide	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1					
863	Homicide	1	-	-	1	-	-	-	-	1	-	-	-	-	-	5	1	-	2	-	-	-	-	1	-	1	-	3	-	1	-	15	2	17				
864	Accidental injury by railway, road and other transport ..	-	-	-	-	-	-	-	-	1	-	-	-	-	-	3	1	-	2	-	-	1	-	-	1	-	-	-	1	1	-	8	3	11				
867	Accidental injuries by industrial or other mechanical causes ..	-	-	-	1	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3				
880	Other acute accidental poisoning (not by gas) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
886	Conflagration	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2					
890	Accidental burns ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1				
891	Accidental drowning ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
893	Anæsthetic accidents (experiments, normal childbirth, sterilizing or anæsthetic operations or operations of unknown nature) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
906	Ill-defined causes ..	-	-	-	-	2	1	-	-	1	-	2	-	-	-	5	1	-	-	2	-	-	-	-	-	-	-	-	1	-	-	16	3	19				
951	Totals	2	-	8	5	8	7	1	-	13	5	11	4	1	-	158	105	2	-	56	39	1	3	3	1	8	-	11	5	73	38	10	-	366	578			

TABLE A4 (Continued).

Section.	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.				
VII	367	High blood pressure ..	E	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VIII	402	Bronchitis, acute ..	O	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VIII	403	Bronchitis, chronic ..	E	2	2	-	3	1	1	3	6	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	1	5	8	13
VIII	404	Broncho-pneumonia ..	O	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	3	-	-
VIII	405	Pneumonia, lobar ..	E	15	10	4	3	4	1	23	14	1	-	-	-	1	-	1	-	2	2	-	-	1	1	1	-	1	-	28	20	48	
VIII	408	Other unspecified forms of pleurisy (not specified as tuberculous) ..	O	-	-	-	-	1	1	1	1	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	4	
VIII	411	Asthma ..	E	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	
VIII	417	Abscess of the lung ..	O	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	2	-	2	
IX	458	Diarrhoea and enteritis (under 2 years of age) ..	E	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
IX	459	Diarrhoea and enteritis (2 years of age and over) ..	O	39	47	17	16	-	-	56	63	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	56	63	119	
IX	463	Intestinal obstruction ..	E	-	-	-	-	5	1	5	1	1	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	7	2	9	
IX	468	Acute yellow atrophy of the liver (not associated with pregnancy or the puerperium) ..	O	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
IX	469	Other diseases of the liver ..	E	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
IX	471	Cholecystitis without record of biliary calculi ..	O	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
X	500	Nephritis, acute ..	E	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
X	501	Nephritis, chronic ..	O	-	-	-	-	1	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	2	3	5	
X	502	Nephritis not stated to be acute or chronic ..	E	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1	
X	504	Other diseases of the kidneys and uterus (not connected with pregnancy) ..	O	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
XI	558	Eclampsia of pregnancy ..	E	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
XIV	700	Congenital hydrocephalus ..	O	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
XIV	702	Congenital malformation of the heart ..	E	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
XIV	703	Monstrosities ..	O	2	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	
XIV	704	Congenital pyloric stenosis ..	E	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
XIV	706	Imperforate anus ..	O	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
XIV	708	Other stated congenital malformations ..	E	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
XV	750	Congenital debility ..	O	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
XV	751	Premature birth ..	E	3	1	-	-	-	-	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	4	
XV	752	Intra-cranial or spinal hæmorrhage due to injury at birth ..	O	10	8	-	-	-	-	10	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10	8	18	
XV	754	Asphyxia during or after birth atelectasis ..	E	4	2	-	-	-	-	4	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	2	6	
XV	758	Other specified diseases (including gangrene or hæmorrhage of umbilicus, leterus neonatorum, acute catarrhal hepatitis) ..	O	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
VII	864	Homicide ..	E	-	2	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3	5
VII	867	Accidental injury by railway, road and other transport ..	O	-	-	-	-	-	-	-	-	-	-	1	-	4	-	1	-	1	-	-	-	-	-	-	-	-	-	6	-	6	12
VII	880	Accidental injury by industrial or other mechanical causes ..	E	-	-	-	-	-	2	-	2	-	-	-	-	1	-	1	-	2	-	-	-	-	-	-	-	-	-	4	2	6	12
VII	885	Other acute accidental poisoning (not by gas) ..	O	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VII	890	Conflagration ..	E	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VII	891	Accidental burns (conflagration excepted) ..	O	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VIII	951	Ill-defined causes ..	E	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		Totals ..	O	89	80	29	28	18	13	136	121	8	2	-	-	10	16	26	16	36	7	23	11	13	5	8	10	7	32	3	267	194	461

TABLE B.—Deaths Classified for Causes and Race : 1950-51.

(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	—	2	—	3	5	5	—
Meningococcal cerebrospinal meningitis	3	—	—	13	13	16	1
Scarlet fever	—	—	—	1	1	1	—
Whooping cough	2	4	—	17	21	23	2
Diphtheria	—	1	1	7	9	9	—
Erysipelas	—	—	—	—	—	—	—
Tetanus	1	2	—	2	4	5	—
Tuberculosis of respiratory system	73	106	5	545	656	729	35
Tuberculosis of central nervous system	10	12	2	103	117	127	6
Tuberculosis, other forms	3	10	—	45	55	58	7
Leprosy	—	—	—	—	—	—	—
Parulant infection and septicaemia (non puerperal)	—	—	—	1	1	1	—
Gonococcal infections (all sites)	—	—	—	—	—	—	—
Dysentery (all forms)	—	2	—	3	5	5	—
Syphilis (all forms, including parasyphilitic diseases)	6	6	1	39	46	52	2
Influenza	10	2	1	2	5	15	—
Smallpox	—	—	—	—	—	—	—
Measles	—	1	—	14	15	15	2
Acute poliomyelitis and polioencephalitis	—	—	—	—	—	—	—
Acute infectious encephalitis (lethargic or epidemic)	—	—	—	2	2	2	—
Typhus and typhus-like diseases (rickettsioses)	—	—	—	—	—	—	—
Rest of Section I (001-077). Other infectious and parasitic diseases	6	1	—	7	8	14	—
Cancer (all forms)	265	13	2	144	159	424	7
Rest of Section II (100-136). Tumours, non-malignant, or of un- determined nature	6	—	—	7	7	13	—
Acute rheumatic fever	3	3	—	11	14	17	—
Diabetes	35	—	5	25	30	65	1
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	7	1	—	9	10	17	—
Section IV (200-214). Diseases of the blood and blood-forming organs	12	1	—	7	8	20	—
Section V (250-258). Chronic poisonings and intoxication	3	—	—	1	1	4	—
Intracranial lesions of vascular origin	235	5	2	223	230	465	3
Rest of Section VI (300-317). Other diseases of the nervous system and sense organs	19	6	2	40	48	67	—
Cardiac diseases	519	25	15	301	341	860	13
Arterio-sclerosis (excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage)	65	5	—	43	48	113	—
High blood pressure	29	2	1	51	54	83	1
Rest of Section VII (350-368). Other diseases of the circulatory system	6	—	—	9	9	15	—
Bronchitis and pneumonia (all forms)	57	82	6	259	347	404	15
Rest of Section VIII (400-418). Other diseases of the respiratory system	35	7	2	34	43	78	1
Ulcer of the stomach and duodenum	8	—	—	3	3	11	—
Diarrhoea and enteritis (under two years of age)	18	139	6	366	511	529	20
Diarrhoea and enteritis and ulceration of the intestines (two years old and over)	4	13	—	29	42	46	1
Appendicitis	4	—	1	—	1	5	—
Diseases of the liver and biliary passages	23	5	—	10	15	38	2
Rest of Section IX (450-473). Other diseases of the digestive system	15	—	2	15	17	32	—
Nephritis	69	12	—	48	60	129	3
Rest of Section X (500-515). Other diseases of the urinary and genital systems (not venereal or connected with pregnancy or the puerperium)	15	3	3	8	14	29	—
Puerperal sepsis	1	—	—	3	3	4	—
Rest of Section XI (550-575). Other diseases of pregnancy, childbirth and the puerperal state	—	—	2	11	13	13	—
Section XII (600-602). Diseases of the skin and cellular tissue	—	1	—	—	1	1	—
Section XIII (650-653). Diseases of the bones—organs of movement	2	—	—	2	2	4	—
Section XIV (700-709). Congenital malformations	9	6	1	29	36	45	1
Section XV (750-758). Diseases peculiar to the first year of life	47	41	10	214	265	312	9
Section XVI (800). Senility (age 65 and over)	24	—	—	7	7	31	—
Suicide	16	1	—	5	6	22	1
Rest of Section XVII (850-916). Other violent or accidental deaths*	63	39	—	94	133	196*	2
Section XVIII (950-953). Causes ill-defined or unknown	46	19	1	107	127	173	2
Total	1,774	578	71	2,919	3,568	5,342	137

* In addition to the figures against this cause of death, there are the deaths of 3 newly-born infants (2 males, 1 female) of unknown race.

TABLE C.—Deaths by Causes, Race and Date of Registration. 1950-51.

(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	—	—	—	—	3	—	—	1	—	—	—	5
Meningococcal cerebrospinal meningitis	Eur.	—	—	1	1	—	—	—	—	—	1	—	—	3
	Non-E.	2	3	—	3	—	1	—	1	—	—	1	2	13
Scarlet fever..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	1	1
Whooping cough ..	Eur.	—	—	—	—	—	—	1	1	—	—	—	—	2
	Non-E.	1	—	2	3	—	—	3	1	—	2	7	2	21
Diphtheria ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	2	2	—	1	—	—	—	—	—	—	2	2	9
Purulent infection—septicaemia and erysipelas (non-puerperal)	Eur.	—	—	—	—	—	—	—	—	—	—	—	1	1
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, respiratory system ..	Eur.	4	7	5	9	3	5	4	3	8	6	12	7	73
	Non-E.	35	84	50	73	43	43	46	66	41	66	68	41	656
Tuberculosis, other forms ..	Eur.	—	—	1	4	1	—	2	—	1	2	—	2	13
	Non-E.	10	21	21	19	9	9	16	18	10	12	16	11	172
Syphilis (all forms, including parasymphilitic diseases)	Eur.	—	1	—	—	1	—	—	—	1	2	1	—	6
	Non-E.	4	9	2	6	2	1	3	5	1	3	5	5	46
Influenza ..	Eur.	—	2	2	2	2	—	1	—	—	—	—	1	10
	Non-E.	—	1	—	1	—	—	1	—	1	—	1	—	5
Measles ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	3	1	—	4	2	1	—	2	2	—	—	—	15
Acute anterior poliomyelitis and polioencephalitis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	1	—	—	—	—	—	—	1	—	—	—	—	2
Cancer ..	Eur.	11	19	19	32	22	18	21	33	21	19	29	21	265
	Non-E.	9	22	12	14	13	5	11	14	13	11	22	13	159
Acute rheumatic fever	Eur.	—	2	—	—	—	—	—	—	1	—	—	—	3
	Non-E.	2	1	1	—	1	1	—	—	1	1	4	2	14
Diabetes ..	Eur.	2	7	6	2	4	2	1	4	3	2	—	2	35
	Non-E.	7	3	2	4	3	1	—	3	4	—	1	2	30
Intracranial lesions of vascular origin	Eur.	18	24	15	28	7	21	21	26	12	11	25	27	235
	Non-E.	20	33	14	17	16	16	27	14	22	17	22	12	230
Cardiac diseases ..	Eur.	44	72	39	46	44	27	53	40	24	38	44	48	519
	Non-E.	20	53	28	20	26	23	38	17	16	22	38	40	341
Arterio-sclerosis (excluding diseases of the coronary arteries, renal sclerosis, and cerebral haemorrhage)	Eur.	4	5	6	6	3	6	6	5	2	10	8	4	65
	Non-E.	7	4	2	5	3	2	9	1	2	2	2	9	48
Bronchitis and pneumonia	Eur.	4	7	2	6	6	2	7	6	3	6	3	5	57
	Non-E.	27	34	40	44	26	22	38	21	25	23	19	28	347
Diarrhoea and enteritis	Eur.	4	3	1	1	—	4	2	2	—	2	1	1	21
	Non-E.	19	13	7	23	39	61	103	85	47	52	62	42	553
Nephritis ..	Eur.	6	10	6	6	7	2	5	10	2	5	2	8	69
	Non-E.	7	6	3	8	2	8	7	—	1	2	11	5	60
Puerperal sepsis ..	Eur.	—	—	—	—	—	—	—	1	—	—	—	—	1
	Non-E.	—	—	—	1	—	—	—	—	1	—	—	1	3
Other diseases of pregnancy, childbirth, and the puerperal state	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	1	4	1	—	—	—	1	2	—	1	2	1	13
Congenital malformations and diseases of early infancy	Eur.	5	3	4	8	5	2	4	2	3	8	5	7	56
	Non-E.	33	29	28	33	26	18	36	22	14	20	24	18	301
Senility ..	Eur.	5	4	4	—	2	1	3	1	3	—	1	—	24
	Non-E.	1	—	2	—	—	1	1	1	1	—	—	—	7
Violence ..	Eur.	5	6	10	9	2	6	9	8	5	5	8	6	79
	Non-E.	10	12	13	12	10	12	16	10	12	12	14	6	139
All causes ..	Eur.	129	197	140	182	122	109	165	158	109	134	162	167	1,774
	Non-E.	249	365	259	329	249	258	393	312	240	273	357	284	3,568

TABLE D.—Deaths Classified for principal Causes and Race: 1946-47 to 1950-51.

(Corrected for Outward Transfers.)

Cause of Death.	1950-51		1949-50		1948-49		1947-48		1946-47		Mean for 5 Years.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Enteric fever	—	5	—	6	2	8	5	8	5	24	2.4	10.2
Measles	—	15	4	29	—	17	1	27	1	19	1.2	21.4
Scarlet fever	—	1	—	—	—	—	—	1	—	—	—	0.4
Whooping cough	2	21	1	66	1	18	5	102	2	17	2.2	44.8
Diphtheria	—	9	4	10	3	4	3	6	2	6	2.4	7.0
Influenza	10	5	3	10	3	12	9	5	3	10	5.6	8.4
Purulent infection and septicaemia (non-puerperal)	—	1	3	4	2	3	2	—	1	3	1.6	2.2
Acute poliomyelitis and polioencephalitis	—	—	—	—	—	—	2	—	—	—	0.4	—
Acute infective encephalitis	—	2	—	1	—	1	—	—	—	1	—	1.0
Meningococcal cerebrospinal meningitis	3	13	5	13	3	7	1	9	2	6	2.8	9.6
Tuberculosis, respiratory system	73	656	89	713	68	829	103	958	109	840	88.4	799.2
Tuberculosis, other forms	13	172	17	187	14	190	20	189	19	184	16.6	184.4
Syphilis	1	28	2	41	—	40	—	49	4	66	1.4	44.8
General paralysis of the insane: tabes dorsalis	1	10	1	12	1	12	3	19	4	19	2.0	14.4
Aneurysm of the aorta	4	8	7	8	4	10	8	10	7	26	6.0	12.4
Cancer (all forms)	265	159	258	171	256	147	269	154	269	135	263.4	153.2
Acute rheumatic fever	3	14	4	16	1	10	—	11	1	17	1.8	13.6
Diabetes	35	30	35	25	32	23	47	24	33	16	36.4	23.6
Intracranial lesions of vascular origin	235	230	191	202	182	163	200	149	169	174	195.4	183.6
Arterio-sclerosis	65	48	50	57	59	59	61	30	50	26	57.0	44.0
Cardiac diseases	519	341	494	334	493	356	575	427	462	386	508.6	368.8
Bronchitis	15	71	16	81	18	98	10	109	18	126	15.4	97.0
Pneumonia (all forms)	42	276	57	355	56	293	56	442	50	364	52.2	346.0
Diarrhoea and enteritis (under 2 years of age)	18	511	16	380	14	443	16	350	16	302	16.0	397.2
Diarrhoea and enteritis (2 years of age and over)	3	42	2	33	4	39	8	30	11	30	5.6	34.8
Nephritis	69	60	65	64	71	89	76	82	59	75	68.0	74.0
Puerperal sepsis	1	3	—	1	2	—	—	7	—	4	0.6	3.0
Other diseases of pregnancy, childbirth and puerperal state	—	13	1	10	4	21	4	11	1	11	2.0	13.2
Congenital malformations	9	36	18	26	8	19	12	23	13	22	12.0	25.2
Diseases peculiar to the first year of life	47	265	47	275	58	310	73	311	62	329	57.4	298.0
Senility	24	7	26	14	24	12	27	21	38	19	27.8	14.6
Suicide	16	6	27	8	17	5	19	8	21	9	20.0	7.2
Homicide	6	43	12	40	3	35	11	27	6	36	7.6	36.2
Other violent or accidental deaths	57	90	57	103	62	95	79	96	53	101	61.6	97.0
Other causes	238	377	275	445	296	408	244	319	218	288	254.2	367.4
Total	1,774	3,568	1,787	3,740	1,761	3,776	1,949	4,014	1,709	3,691	1796.0	3757.8
Death rate per 1,000 population	9.52	15.01	9.66	16.47	9.59	17.41	10.51	19.06	9.42	18.64	9.75	17.32

TABLE E.—Death Rates per 1,000 Population for 1950-51 and Ten Previous Years by Causes and Race.
(Corrected for Outward Transfers.)

Disease.	Race.	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	Mean for 10 years, 1950-51
Enteric fever ..	Eur. Non-E.	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
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	—	0-02 0-14	0-02 0-06
Scarlet fever ..	Eur. Non-E.	—	0-01	—	0-01	0-01	—	—	—	—	—	—
Whooping cough ..	Eur. Non-E.	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	0-01 0-31	0-01 0-09
Diphtheria ..	Eur. Non-E.	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	0-02 0-05	0-03 0-06
Influenza ..	Eur. Non-E.	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	0-02 0-05	0-04 0-05
Purulent infection—septicaemia, and erysipelas (non-puerperal) ..	Eur. Non-E.	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	0-02 0-02	0-03 0-03
Acute anterior poliomyelitis and polioencephalitis ..	Eur. Non-E.	—	0-01	—	—	0-01	0-01	—	0-01	—	—	—
Acute infectious encephalitis ..	Eur. Non-E.	0-01 0-02	0-01	0-02 0-01	—	—	—	—	—	—	—	—
Meningococcal cerebrospinal meningitis ..	Eur. Non-E.	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	0-03 0-06	0-02 0-05
Tuberculosis, respiratory system ..	Eur. Non-E.	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	0-45 3-32	0-56 4-50
Tuberculosis, other forms ..	Eur. Non-E.	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	0-09 0-87	0-10 0-97
Syphilis ..	Eur. Non-E.	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 0-12
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	0-02 0-06	0-02 0-05	0-02 0-04
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 0-04	0-05 0-07
Cancer ..	Eur. Non-E.	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	1-30 0-80	1-37 0-75

TABLE E—Continued.

Disease.	Race.	1940 1941.	1941 1942.	1942 1943.	1943 1944.	1944 1945.	1945 1946.	1946 1947.	1947 1948.	1948 1949.	1949 1950.	Mean for 10 years.	1950 1951
Acute rheumatic fever	Eur. Non-E.	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	0.01 0.05	0.02 0.07	0.02 0.15	0.02 0.05	0.02 0.05
Diabetes	Eur. Non-E.	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	0.18 0.12	0.25 0.13	0.19 0.13
*Intracranial lesions of vascular origin	Eur. Non-E.	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	0.96 0.94	1.29 0.97	1.26 0.97
*Arterio-sclerosis	Eur. Non-E.	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	0.25 0.27	1.07 0.20	0.35 0.20
Cardiac diseases	Eur. Non-E.	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	2.48 1.56	2.59 1.96	2.79 1.43
Bronchitis and pneumonia	Eur. Non-E.	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	0.37 2.03	0.43 2.89	0.31 1.46
Diarrhoea and enteritis	Eur. Non-E.	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	0.09 1.92	0.18 2.34	0.11 2.33
Nephritis	Eur. Non-E.	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	0.33 0.30	0.36 0.43	0.37 0.25
Puerperal sepsis	Eur. Non-E.	0.02 0.08	0.02 0.06	0.01 0.07	0.02 0.10	0.02 0.02	0.01 0.04	0.02 0.02	0.03 0.03	0.01 0.01	0.01 0.01	0.01 0.04	0.01 0.01
Other diseases of pregnancy, childbirth, and puerperal state	Eur. Non-E.	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	0.01 0.05	0.02 0.09	0.02 0.05
Congenital malformations and diseases of early infancy	Eur. Non-E.	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	0.33 1.40	0.42 1.60	0.30 1.27
Senility	Eur. Non-E.	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	0.13 0.07	0.16 0.10	0.13 0.03
Violence	Eur. Non-E.	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	0.48 0.70	0.44 0.75	0.42 0.58
Other causes	Eur. Non-E.	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	1.38 2.07	1.41 1.75	1.27 1.59
TOTAL	Eur. Non-E.	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	8.98 17.41	9.87 20.64	9.52 15.01

*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, 1950-51.

(CORRECTED FOR OUTWARD TRANSFERS.)

Classification No.	DISEASE.	RACE.	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 1 month.	Under 2 months.	Under 3 months.	Under 4 months.	Under 5 months.	Under 6 months.	Under 7 months.	Under 8 months.	Under 9 months.	Under 10 months.	Under 11 months.	Under 12 months.	TOTAL under one year.	
			1	2	3	4	5	6	7	1	2	3	4	5	6	7	8	9	10	11	12	M.	F.	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.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
750	Congenital debility	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
751	Premature birth	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
752 and 753	Injury at birth.. ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
754 to 758	Other diseases peculiar to the first year of life	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
892	Suffocation (overlying)	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
907	Lack of care of the new born	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	Other causes	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	.. ..	All Races	108*	65	28	37	18	17	9	253*	40	19	18	359*	73	69	77	64	84	84	74	66	79	65	53	48	613	495	1,111*	

* Including 3 of unknown race.

TABLE F2.—Deaths of Infants under 1 Year of Age, Classified by Causes and Race, for Five Years, 1946-47 to 1950-51.

(Corrected for Outward Transfers.)

Cause of Death.	1950-51		1949-50		1948-49		1947-48		1946-47		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	—	0.4
Whooping cough	1	9	1	25	1	9	2	42	2	6	1.4	18.2
Diphtheria	—	1	—	3	—	2	1	2	—	1	0.2	1.8
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of central nervous system	2	29	2	32	1	38	1	24	3	25	1.8	29.6
Tuberculosis of intestines and peritoneum	—	—	—	3	—	2	—	—	—	4	—	1.8
Tuberculosis, other forms	—	50	—	43	2	52	2	63	2	45	1.2	50.6
Syphilis, congenital	—	11	—	15	—	25	—	24	—	43	—	23.6
Measles	—	4	—	7	—	5	1	9	—	5	0.2	6.0
Rickets	—	—	—	—	—	—	—	—	—	—	—	—
Simple meningitis	—	5	—	4	5	4	1	8	2	7	1.6	5.6
Convulsions	—	5	—	4	—	3	—	4	—	9	—	5.0
Bronchitis	—	20	—	38	2	43	1	63	—	50	0.6	42.8
Pneumonia, all forms	4	137	10	172	9	149	17	218	9	174	9.8	170.0
Diarrhoea and enteritis	14	381	15	266	13	304	15	261	12	231	13.8	288.6
Congenital malformations	8	30	12	22	7	16	11	17	12	18	10.0	20.6
Congenital debility	—	14	—	13	—	10	—	6	—	12	—	11.0
Premature birth	29	166	35	194	37	222	55	201	42	208	39.6	198.2
Injury at birth	12	44	4	38	14	37	8	50	10	59	9.6	45.6
Other diseases peculiar to the first year of life	6	41	8	30	7	41	10	55	10	50	8.2	43.4
Suffocation (overlying)	1	4	—	1	1	—	1	—	1	1	0.8	1.2
Lack of care of the new-born	—	—	—	—	—	—	—	—	—	—	—	—
Other causes	3	77	15	83	10	103	16	45	4	28	9.6	67.2
Total	80	1,028	102	993	109	1,065	142	1,093	109	977	108.4	1031.2
Infant mortality rate per 1,000 live births	23.91	104.20	29.56	101.47	29.29	110.88	37.06	122.20	27.46	107.97	29.59	109.12

TABLE G.—Deaths in Institutions, 1950-51.

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	451	518	301	303	150	215
City Hospital	48	293	27	176	21	117
Somerset Hospital	—	234	—	169	—	65
Brooklyn Chest Hospital	—	107	—	81	—	26
Victoria Hospital	35	66	22	34	13	32
Valkenberg Hospital	41	25	28	18	13	7
Woodstock Hospital	26	34	20	21	6	13
Peninsula Maternity Hospital	9	48	4	35	5	13
Volkshospitaal	47	—	9	—	38	—
Rondebosch Hospital	25	16	12	10	13	6
Belmont Nursing Home	38	—	32	—	6	—
Glenhildur Nursing Home	33	—	32	—	1	—
The Monastery Nursing Home	33	—	23	—	10	—
Sea Point Nursing Home	28	—	22	—	6	—
Gardens Nursing Home	25	—	16	—	9	—
St. Monica's Home	—	23	—	14	—	9
Cape Jewish Aged Home	22	—	22	—	—	—
Cambridge Nursing Home	19	—	18	—	1	—
St. Joseph's Sanatorium	19	—	11	—	8	—
Booth Memorial Hospital	17	—	9	—	8	—
Elizabeth Private Hospital	17	—	11	—	6	—
Hilary Nursing Home	16	—	14	—	2	—
Leeuwendal Nursing Home	14	—	5	—	9	—
Hof Street Nursing Home	13	—	10	—	3	—
Mowbray Maternity Hospital	13	—	10	—	3	—
Wynberg Military Hospital	12	1	7	—	5	1
Alexandra Institution	11	1	5	1	6	—
Salvation Army Maternity Centre	—	12	—	8	—	4
Tamboers Kloof Nursing Home	11	—	6	—	5	—
Monte Rosa Hospital	9	—	3	—	6	—
Nazareth House	9	—	9	—	—	—
Leighwood Nursing Home	8	—	5	—	3	—
Wyndover Nursing Home	7	—	6	—	1	—
Gilmour Maternity Home	6	—	2	—	4	—
Airemount Nursing Home	5	—	3	—	2	—
Holdsworth Nursing Home	4	—	4	—	—	—
Cape Town Gaol	—	4	—	2	—	2
Ennerdale Nursing Home	4	—	3	—	1	—
Kingsbury Nursing Home	3	—	3	—	—	—
Ladies' Christian Home	3	—	3	—	—	—
Lady Buxton Home	3	—	1	—	2	—
Delherbe Nursing Home	2	—	1	—	1	—
Inverurie Nursing Home	2	—	2	—	—	—
The Gables Nursing Home	1	—	1	—	—	—
House of Correction	—	1	—	—	—	1
Clarendon Nursing Home	1	—	1	—	—	—
Dorkas Tehuis	1	—	1	—	—	—
Rosedale Nursing Home	1	—	1	—	—	—
Glenwood Nursing Home	1	—	1	—	—	—
Magdalena Huis	1	—	1	—	—	—
Clouds Nursing Home	1	—	1	—	—	—
Princess Christian Home	1	—	1	—	—	—
Total	1,096	1,383	729	872	367	511
Langa Hospital	—	60	—	55	—	5

TABLE H.—Registered Births and Still-Births for the year 1950-51 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.				Percentage of total births, including still-births, occurring in institutions.	
	Legitimate.		Illegitimate.		Total.		Legitimate.		Illegitimate.		Total.		European.		Non-European.		Total still-births.					
	Males.	Fe- males.	Males.	Fe- males.	Males.	Fe- males.	Males.	Fe- males.	Males.	Fe- males.	Males.	Fe- males.	Total.	Legit.	Illegit.	European.	Non-European.	Legit.	Illegit.	European.	Non-European.	
1 ..	93	85	1	—	94	85	179	13	5	21	13	34	18	52	231	1	—	3	4	96.7	83.6	
2 ..	86	98	2	2	88	100	188	67	72	43	24	110	96	206	394	3	—	5	8	93.7	73.0	
3 ..	87	75	1	3	88	78	166	199	225	59	59	258	284	542	708	—	—	13	6	92.2	44.9	
4 ..	106	121	—	3	106	124	230	19	23	14	15	33	38	71	301	1	—	1	3	92.2	65.8	
5 ..	118	73	—	1	118	74	192	406	423	109	128	515	551	1,066	1,258	2	—	22	10	85.6	41.4	
6 ..	51	54	2	1	53	55	108	430	419	107	114	537	533	1,070	1,178	1	—	24	8	66.1	34.8	
7 ..	125	123	2	3	127	126	253	198	221	54	56	252	277	529	782	4	1	6	6	66.7	38.6	
8 ..	197	185	7	5	204	190	394	499	487	257	243	756	730	1,486	1,880	4	1	47	22	47.9	43.6	
9 ..	195	145	24	9	219	154	373	47	60	19	21	66	81	147	520	3	—	4	5	83.0	55.1	
10 ..	70	76	5	—	75	76	151	894	867	214	230	1,108	1,097	2,205	2,356	4	—	46	16	59.4	30.2	
11 ..	76	79	—	3	76	82	158	47	36	17	12	64	48	112	270	—	—	1	1	91.1	43.9	
12 ..	111	118	1	5	112	123	235	169	182	40	35	209	217	426	661	4	—	8	2	88.5	30.3	
13 ..	84	65	2	2	86	67	153	158	130	33	40	191	170	361	514	4	—	12	4	77.1	32.9	
14 ..	181	176	4	2	185	178	363	195	183	44	57	239	240	479	842	4	—	17	6	66.5	30.1	
15 ..	89	105	3	—	92	105	197	307	358	169	174	536	532	1,068	1,265	4	—	34	14	66.7	29.5	
Not allocated (un- ascertained ad- dresses) ..	—	—	3	3	3	3	6	1	1	20	24	21	25	46	55*	—	—	—	—	—	—	
Total ..	1,669	1,578	57	42	1,726	1,620	3,346	3,709	3,692	1,220	1,245	4,929	4,937	9,866	13,215*	39	2	235	109	385	76.3	37.5
Excluded from above figures. (1) Births in Cape Town which did not belong thereto ..	462	468	43	30	505	498	1,003	314	300	258	293	572	593	1,165	2,168	16	1	61	32	110	98.3	97.6
(2) Langa Township ..	—	—	—	—	—	—	—	42	54	28	23	70	77	147	147	—	—	10	4	14	—	59.6

* Including 3 of unknown race.

TABLE I.—Births and Still-Births notified, Classified for attendance at confinement and for home address of Mother, 1950-51.

CLASSIFICATION.	WARDS OF THE CITY.															Total of Wards.	Excluded from foregoing columns.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Not allocated.	
Private doctors	—	8	31	5	35	36	25	195	16	184	8	35	24	72	71	—	745
Private midwives (including any non-medical persons attending a confinement):																	
Certificated	5	34	167	20	252	368	261	604	112	1,776	60	266	215	379	549	—	5,068
Uncertificated	—	4	26	1	11	33	3	364	2	25	5	16	47	79	347	—	963
Midwives (or midwife students) from:																	
St. Monica's Home	—	12	132	—	4	2	1	—	—	4	—	—	—	2	3	1	161
Peninsula Maternity Hospital	1	3	4	13	278	301	163	1	25	3	—	—	1	2	3	—	798
Somerset Hospital	2	9	4	—	1	1	1	244	—	4	—	—	—	2	1	—	269
District nurse midwives	—	—	—	—	—	—	—	63	—	—	—	—	—	6	144	—	213
Salvation Army Maternity Centre	1	—	—	4	128	60	—	1	—	1	—	—	—	—	1	—	196
No doctor or midwife	—	1	—	—	2	2	—	28	1	10	—	—	—	5	15	—	64
No information	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	54	54
Confined in institutions:																	
Booth Memorial Hospital	60	78	71	104	91	21	36	60	73	15	53	59	23	49	25	—	818
St. Monica's Home	1	8	64	8	42	30	29	65	13	117	5	26	16	30	67	25	546
Peninsula Maternity Hospital	2	24	24	49	303	283	166	125	34	110	6	16	26	31	39	19	1,257
Somerset Hospital	28	128	148	16	22	36	21	368	6	136	8	19	15	42	66	19	1,078
Groote Schuur Hospital	1	3	5	1	15	12	11	163	43	317	14	49	62	74	118	2	890
Mowbray Maternity Hospital	9	15	9	18	18	45	93	84	151	41	39	52	35	118	34	23	784
Salvation Army Maternity Centre	6	7	22	18	75	43	17	30	11	41	10	20	12	16	45	4	377
Magdalena Huis	—	—	—	—	1	—	—	1	—	—	—	—	1	—	—	1	4
Other public institutions	—	—	—	—	—	—	—	4	—	—	—	—	1	1	—	—	7
Private nursing homes	111	76	66	65	25	4	19	25	67	21	71	86	65	133	35	—	809
Totals	227	410	773	322	1,303	1,277	847	2,425	554	2,805	279	644	543	1,041	1,563	147	15,161
																	105
																	2,965

Births actually occurring in the Lanza Native Township are excluded from the above table. They numbered 294.

TABLE J.—Births in Institutions, 1950-51.

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	343	1,251	223	999	120	252
Somerset Hospital	1	1,343	—	1,008	1	335
Groote Schuur Hospital	2	1,124	2	839	—	285
Booth Memorial Hospital	1,072	1	783	1	289	—
Mowbray Maternity Hospital	967	7	725	7	242	—
St. Monica's Home	—	699	—	542	—	157
Salvation Army Maternity Centre	—	474	—	373	—	101
Leighwood Nursing Home	367	—	239	—	128	—
Kingsbury Nursing Home	220	—	164	—	56	—
Inverurie Nursing Home	212	—	187	—	25	—
Gilmour Nursing Home	155	—	113	—	42	—
Delherbe Nursing Home	136	—	99	—	37	—
Magdalena Huis	46	—	2	—	44	—
Good Hope Nursing Home	12	—	10	—	2	—
House of Correction	—	10	—	4	—	6
Valkenberg Hospital	2	1	1	1	1	—
The Monastery Nursing Home	3	—	3	—	—	—
Wynberg Military Hospital	2	—	2	—	—	—
Hof Street Nursing Home	2	—	2	—	—	—
Monte Rosa Hospital	—	1	—	1	—	—
Alexandra Institution	1	—	1	—	—	—
Total	3,543	4,911	2,556	3,775	987	1,136

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.
Peninsula Maternity Hospital	12	70	7	42	5	28
Groote Schuur Hospital	—	71	—	45	—	26
Somerset Hospital	—	68	—	38	—	30
St. Monica's Home	—	18	—	12	—	6
Mowbray Maternity Hospital	12	—	9	—	3	—
Booth Memorial Hospital	11	—	5	—	6	—
Salvation Army Maternity Centre	—	11	—	9	—	2
Kingsbury Nursing Home	3	—	3	—	—	—
Rondebosch Hospital	1	—	1	—	—	—
Victoria Hospital	—	1	—	1	—	—
Gilmour Nursing Home	1	—	1	—	—	—
Tamboers Kloof Nursing Home	1	—	1	—	—	—
Delherbe Nursing Home	2	—	—	—	2	—
Total	43	239	27	147	16	92

TABLE K.—Populations and Vital Statistics for the separate Wards of the City, 1950-51.

(Corrected for Outward Transfers.)

WARD.	Calculated Populations on the 31st December, 1950.*			Births.		Birth rates per 1,000 Persons.		Illegitimate Births.		Illegitimate Births, Percentage of Total Births.		Deaths.		Death rates per 1,000 Persons.		Natural Increase (Excess of Births over Deaths).		Natural Increase rates per 1,000 Persons.		Deaths under 1 year of Age.		Infant Mortality (per 1,000 Births).		Deaths from Tuberculosis (All Forms).		Death rates from Tuberculosis (all Forms) per 1,000 Persons.	
	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1	14,580	2,210	17,790	179	52	12.31	16.24	1	34	0.56	65.38	161	9	11.07	2.81	18	43	1.24	13.43	2	4	1.12	76.92	4	3	0.28	0.94
2	12,040	5,910	17,950	188	206	15.66	34.95	4	67	2.12	32.52	134	62	11.16	10.52	54	144	4.50	24.43	6	12	31.91	58.25	4	18	0.03	3.05
3	9,280	12,770	21,970	166	542	18.09	42.56	4	118	2.40	21.77	95	188	10.35	14.76	71	354	7.74	27.80	3	43	18.07	79.34	6	46	0.65	3.01
4	16,600	3,020	19,620	230	71	13.89	23.57	3	29	1.30	40.85	164	14	9.01	4.65	66	57	3.98	18.92	2	5	8.70	70.42	3	2	0.18	0.66
5	8,780	25,190	33,970	192	1,066	21.93	42.43	1	237	0.52	22.23	67	345	7.65	13.73	125	721	14.28	28.70	3	98	15.63	91.93	5	83	0.57	3.30
6	5,730	27,100	32,830	108	1,070	18.90	39.59	3	221	2.78	20.65	69	351	12.07	12.99	39	719	6.83	26.60	—	82	—	76.64	10	96	1.75	3.55
7	13,160	13,010	26,770	253	529	19.28	38.98	5	110	1.98	20.79	113	141	8.01	10.39	140	388	10.67	28.59	8	24	31.62	45.37	10	36	0.76	2.65
8	17,470	35,900	53,400	394	1,486	22.61	41.40	12	500	3.05	33.65	116	761	6.06	21.20	278	725	15.95	20.20	13	253	32.99	17.03	11	173	0.63	4.82
9	18,600	6,680	25,280	373	147	20.11	22.07	33	40	8.84	27.21	164	49	8.84	7.36	209	98	11.27	14.71	5	9	13.40	61.22	8	11	0.43	1.05
10	5,670	39,120	44,790	151	2,205	26.70	56.52	5	444	3.31	20.14	62	695	10.96	17.89	89	1,507	15.74	38.63	4	232	26.49	105.22	7	170	1.24	4.51
11	13,510	6,410	19,920	158	112	11.73	17.52	3	29	1.90	25.89	102	36	7.57	5.63	56	76	4.16	11.89	3	11	18.99	98.21	2	3	0.15	0.47
12	14,210	13,320	27,530	235	426	16.58	32.07	6	75	2.55	17.61	113	129	7.97	9.71	122	297	8.61	22.36	8	23	34.04	53.99	2	36	0.14	2.71
13	10,370	10,980	21,350	153	361	14.79	32.97	4	73	2.61	20.22	105	108	10.15	9.86	48	253	4.64	23.13	4	27	26.14	74.79	2	19	0.19	1.74
14	14,700	13,500	28,200	363	479	24.76	35.42	6	101	1.65	21.09	121	197	8.25	14.57	242	282	16.51	20.85	9	52	24.79	108.56	7	30	0.48	2.22
15	10,700	24,750	35,450	197	1,068	18.46	43.27	3	343	1.52	32.12	103	437	9.65	17.71	94	631	8.51	25.56	9	148	45.69	138.58	3	85	0.28	3.44
Not allocated	—	—	—	6	46	—	—	6	44	—	—	85	43	—	—	—	—	—	—	1	5	—	—	2	11	—	—
City of Cape Town	186,780	235,310	422,090	3,346	9,866	17.96	41.51	99	2,465	2.96	24.98	1,774	3,568	9.52	15.01	1,572	6,298	8.44	26.50	80	1,028	23.91	104.20	86	828	0.46	3.48

* Based on the preliminary figures of the 1951 census.

† Exclusive of all figures relating to the Langa Native Township (which is shown separately in Table U on page 128), but inclusive of population in the harbour and shipping and residents enumerated on trains.

TABLE L.—Births, Deaths, Natural Increase, and Infant Deaths, and corresponding rates, for the year 1950-51.

Race.	Births.		Deaths.		Natural Increase.		Deaths under one year old.	
	Number.	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.
Europeans : uncorrected corrected for outward transfers	4,349 3,346	23.35 17.96	2,184 1,774	11.73 9.52	2,165 1,572	11.62 8.44	138 80	31.73 23.91
Other Coloured : uncorrected corrected for outward transfers	9,445 8,616	46.52 42.44	3,357 2,919	16.53 14.38	6,088 5,697	29.99 28.06	895 787	94.76 91.34
Natives (not Langa) : uncorrected corrected for outward transfers	1,265 936	45.29 33.51	677 578	24.24 20.59	588 358	21.05 12.82	259 223	204.74 238.25
Asiatics : uncorrected corrected for outward transfers	321 314	47.97 46.92	76 71	11.36 10.61	245 243	36.61 36.31	18 18	56.07 57.32
All non-Europeans : uncorrected corrected for outward transfers	11,031 9,866	46.42 41.51	4,110 3,568	17.29 15.01	6,921 6,298	29.13 26.50	1,172 1,028	106.25 104.29
All races* : uncorrected corrected for outward transfers	15,383* 13,215*	36.29 31.17	6,297 5,345	14.85 12.61	9,086 7,870	21.44 18.56	1,313* 1,111*	85.35 84.07
Natives resident at Langa Township	147	13.22	137	12.32	10	0.90	46	312.93

* Including three 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	39.6	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	12.4	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	39.2	3.9	10.4	34.8	133.3
1934-1935 ..	2.1	4.9	0.4	4.1	0.8	9.6	8.2	47.6	9.0	38.2	21.7	28.5	8.6	13.3	50.8	146.2
1935-1936 ..	1.8	11.8	1.1	3.1	0.4	8.6	5.8	40.4	6.9	38.2	21.0	28.9	8.3	14.7	45.1	145.7
1936-1937 ..	0.8	1.6	—	3.3	0.4	7.9	4.2	31.7	7.7	24.2	22.6	27.1	11.5	13.2	47.2	108.9
1937-1938 ..	1.4	3.5	0.7	3.3	0.7	7.8	8.5	40.8	4.8	30.0	18.5	30.7	6.5	12.7	41.0	128.9
1938-1939 ..	1.4	5.9	1.1	4.0	0.4	11.7	8.1	36.3	5.3	26.1	17.5	31.0	8.4	15.6	42.1	123.6
1939-1940 ..	1.0	4.1	0.3	3.1	0.3	5.3	4.0	36.1	7.9	30.8	19.2	27.9	8.3	16.6	41.0	123.9
1940-1941 ..	0.7	2.9	1.3	4.7	0.3	5.3	3.3	35.3	4.0	36.3	15.7	31.1	10.4	13.2	35.8	128.8
1941-1942 ..	0.9	3.9	0.6	5.7	0.3	7.0	3.1	40.2	9.9	47.8	18.8	33.5	10.2	14.7	43.8	150.6
1942-1943 ..	1.2	1.3	1.2	8.2	0.3	3.6	5.5	30.2	6.9	40.1	18.5	29.8	8.7	12.6	42.3	125.8
1943-1944 ..	1.0	3.6	1.3	8.3	0.5	4.5	3.1	41.4	6.5	39.0	15.4	32.2	5.0	14.2	32.8	143.2
1944-1945 ..	0.3	5.9	0.3	9.3	—	3.8	3.3	28.3	3.9	38.3	10.2	30.4	5.9	11.2	33.9	127.2
1945-1946 ..	0.6	1.6	1.1	8.3	0.3	4.9	3.7	25.2	6.8	26.0	20.5	31.0	4.6	12.4	37.6	109.4
1946-1947 ..	0.5	1.4	1.3	8.2	—	4.8	2.3	24.7	3.0	25.5	16.1	32.8	4.3	10.5	27.5	107.9
1947-1948 ..	1.0	6.0	0.8	9.7	—	2.7	4.7	31.4	3.9	29.2	19.8	31.2	6.8	12.0	37.1	122.2
1948-1949 ..	0.3	1.7	0.8	9.6	—	2.6	2.9	20.0	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
1950-1951 ..	0.3	1.4	0.6	8.0	—	1.1	1.2	15.9	4.2	38.6	12.8	25.5	4.8	13.7	23.9	104.2
Quinquennium 1916-1917 to 1920-1921 ..	3.3	6.6	1.7	2.2	1.1	9.9	12.3	55.1	28.1	58.7	29.0	47.2	15.2	32.1	90.8	211.7
1921-1922 to 1925-1926 ..	2.4	4.6	0.9	2.4	1.0	8.7	9.6	53.4	23.9	54.4	23.0	39.7	11.3	22.8	71.9	181.6
1926-1927 to 1930-1931 ..	3.2	4.3	1.1	4.3	1.7	11.9	10.8	47.2	14.6	46.7	22.1	37.6	9.3	18.6	62.7	169.4
1931-1932 to 1935-1936 ..	2.0	5.5	1.1	4.4	0.8	10.6	7.4	41.3	11.0	39.9	20.0	31.6	7.5	13.9	49.6	147.2
1936-1937 to 1940-1941 ..	1.0	3.6	0.8	4.0	0.4	6.2	5.6	35.6	5.8	29.5	18.6	29.5	9.0	14.5	41.3	122.9
1941-1942 to 1945-1946 ..	0.8	3.3	0.9	8.0	0.3	4.7	3.7	32.9	6.7	37.9	18.9	31.0	6.6	12.9	37.9	130.7
1946-1947 to 1950-1951 ..	0.5	2.8	0.8	8.7	—	2.5	2.8	22.5	3.8	30.5	15.8	28.9	5.9	13.2	29.6	109.1

* 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.*

	Common Infectious diseases.		Tuberculous diseases.		Syphilis.		Bronchitis and pneumonia.		Diarrhoea and enteritis.		Developmental diseases.		Miscellaneous diseases (remainder).		Total mortality (all causes).	
Year.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1924-1925 ..	0.4	1.9	—	6.7	—	2.2	2.2	22.8	8.4	39.5	—	0.3	2.7	7.5	13.7	80.9
1925-1926 ..	0.5	3.8	0.5	6.5	—	0.5	3.7	31.4	5.0	32.7	0.9	0.5	3.2	5.3	13.7	80.7
1926-1927 ..	3.2	8.6	0.9	7.8	—	0.5	4.1	35.9	5.5	33.2	—	0.3	2.8	7.0	16.5	93.3
1927-1928 ..	2.3	8.3	1.8	7.0	—	1.0	5.0	36.0	7.3	23.0	0.5	0.8	3.2	9.8	20.1	85.7
1928-1929 ..	4.6	4.9	0.8	6.2	—	1.1	2.7	27.9	4.2	24.6	0.4	1.1	2.7	10.2	15.3	75.9
1929-1930 ..	3.0	3.8	1.5	8.0	—	0.8	3.4	25.8	4.2	23.4	0.8	0.4	3.4	8.0	16.3	70.2
1930-1931 ..	0.7	7.2	0.7	5.6	—	2.0	1.8	21.9	3.3	19.5	—	0.4	2.5	7.8	9.1	64.5
1931-1932 ..	2.2	6.8	0.4	8.9	—	2.5	3.3	26.6	2.2	26.0	—	—	2.5	8.9	10.5	79.7
1932-1933 ..	1.5	2.5	0.8	5.1	—	1.5	4.1	19.0	2.3	12.2	0.8	0.2	4.1	6.8	13.5	47.3
1933-1934 ..	2.1	3.0	1.7	8.9	—	2.8	2.5	25.3	4.2	25.9	—	0.8	2.9	6.8	13.3	73.5
1934-1935 ..	1.6	8.2	1.2	7.5	—	1.9	4.1	30.4	1.6	19.4	0.4	0.7	3.2	6.1	12.1	74.1
1935-1936 ..	3.0	10.4	0.4	7.2	—	1.7	4.8	22.2	2.6	12.8	—	0.2	2.2	7.8	12.9	62.2
1936-1937 ..	—	2.4	1.9	5.5	0.4	1.2	2.7	17.4	2.7	14.7	0.4	0.7	2.3	6.0	10.2	48.0
1937-1938 ..	1.6	6.7	1.2	7.7	—	0.7	4.4	26.6	0.8	18.9	—	0.7	3.6	7.5	11.7	68.7
1938-1939 ..	0.4	6.4	0.7	5.9	—	1.2	3.3	24.0	1.5	12.7	—	0.3	1.5	6.1	7.3	56.6
1939-1940 ..	0.4	4.3	1.5	5.9	—	0.5	1.1	19.3	3.3	15.0	—	—	3.3	5.4	9.6	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	3.6	3.2	49.5
1946-1947 ..	0.3	2.4	—	12.0	—	0.7	0.9	11.6	1.2	9.4	—	0.1	0.6	3.3	3.0	39.5
1947-1948 ..	0.8	6.6	1.6	16.5	—	1.1	0.8	12.4	0.3	11.0	—	—	1.6	3.7	4.9	51.3
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
1950-1951 ..	0.3	1.9	0.9	8.1	—	0.1	—	7.4	1.2	14.8	—	0.2	0.6	5.0	3.0	37.5
Quinquennium 1926-1927 to 1930-1931 ..	2.8	6.4	1.1	6.9	—	1.1	3.3	28.9	4.8	24.3	0.3	0.6	2.9	8.6	15.2	76.7
1931-1932 to 1935-1936 ..	2.1	6.2	0.9	7.5	—	2.1	3.7	24.8	2.5	19.2	0.2	0.4	3.0	7.3	12.4	67.4
1936-1937 to 1940-1941 ..	0.7	5.1	1.2	7.3	0.1	0.9	2.6	22.4	2.1	15.9	0.2	0.4	2.6	6.9	9.5	58.8
1941-1942 to 1945-1946 ..	0.9	3.9	0.9	14.1	—	0.9	0.9	19.3	1.6	20.9	0.2	0.4	1.3	5.7	5.8	65.2
1946-1947 to 1950-1951 ..	0.3	3.6	0.7	12.7	—	0.6	0.6	9.6	0.6	13.3	—	0.1	0.8	4.1	3.0	44.0

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

Periods.	Estimated Populations.			Birth rates.			Illegitimate births percentage of total births.			Deaths rates corrected for Outward Transfers.			Natural increase rates.			Infant mortality rates.			European rates corrected for Inward and Outward Transfers.			Enteric fever death rates, corrected for Outward Transfers.			Tuberculosis death rates, corrected for Outward Transfers.			
	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Birth rates.	Death rates.	Natural increase rates.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	
" 1913-1914 ..	76,840	74,560	151,500	29.39	45.48	37.31	6.49	25.75	18.04	12.10	27.02	19.44	15.02	17.23	16.42	107,965	250.55	193.59	22.37	10.93	11.44	10.93	0.21	0.30	0.25	1.03	4.85	2.91
" 1914-1915 ..	79,840	75,510	155,350	29.95	47.32	38.49	6.90	26.48	18.66	12.73	28.39	20.35	15.67	17.79	16.69	100,224	261.74	192.92	22.37	10.93	11.44	10.93	0.26	0.30	0.28	1.11	5.09	3.04
" 1915-1916 ..	82,860	76,470	159,330	27.53	48.23	37.47	7.48	25.26	18.49	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1916-1917 ..	85,860	79,480	165,340	25.47	48.83	36.56	8.11	25.93	19.07	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1917-1918 ..	88,860	82,480	171,340	23.41	49.43	35.69	8.74	26.60	19.74	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1918-1919 ..	91,860	85,480	177,340	21.35	50.03	34.82	9.37	27.27	20.41	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1919-1920 ..	94,860	88,480	183,340	19.29	50.63	33.95	10.00	27.94	21.08	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1920-1921 ..	97,860	91,480	189,340	17.23	51.23	33.08	10.63	28.51	21.75	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1921-1922 ..	100,860	94,480	195,340	15.17	51.83	32.21	11.26	29.08	22.42	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1922-1923 ..	103,860	97,480	201,340	13.11	52.43	31.34	11.89	29.65	23.13	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1923-1924 ..	106,860	100,480	207,340	11.05	53.03	30.47	12.52	30.22	23.84	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1924-1925 ..	109,860	103,480	213,340	9.00	53.63	29.60	13.15	30.81	24.55	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1925-1926 ..	112,860	106,480	219,340	6.94	54.23	28.73	13.78	31.40	25.26	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1926-1927 ..	115,860	109,480	225,340	4.88	54.83	27.86	14.41	32.00	25.97	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1927-1928 ..	118,860	112,480	231,340	2.82	55.43	26.99	15.04	32.60	26.68	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1928-1929 ..	121,860	115,480	237,340	0.76	56.03	26.12	15.67	33.20	27.39	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1929-1930 ..	124,860	118,480	243,340	0.00	56.63	25.25	16.30	33.80	28.10	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1930-1931 ..	127,860	121,480	249,340	0.00	57.23	24.38	16.93	34.40	28.90	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1931-1932 ..	130,860	124,480	255,340	0.00	57.83	23.51	17.56	35.00	29.70	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1932-1933 ..	133,860	127,480	261,340	0.00	58.43	22.64	18.19	35.60	30.50	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1933-1934 ..	136,860	130,480	267,340	0.00	59.03	21.77	18.82	36.20	31.30	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1934-1935 ..	139,860	133,480	273,340	0.00	59.63	20.90	19.45	36.80	32.10	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1935-1936 ..	142,860	136,480	279,340	0.00	60.23	19.99	20.08	37.40	32.90	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1936-1937 ..	145,860	139,480	285,340	0.00	60.83	19.12	20.71	38.00	33.70	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1937-1938 ..	148,860	142,480	291,340	0.00	61.43	18.25	21.34	38.60	34.50	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1938-1939 ..	151,860	145,480	297,340	0.00	62.03	17.38	21.97	39.20	35.30	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1939-1940 ..	154,860	148,480	303,340	0.00	62.63	16.51	22.60	39.80	36.10	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1940-1941 ..	157,860	151,480	309,340	0.00	63.23	15.64	23.23	40.40	36.90	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1941-1942 ..	160,860	154,480	315,340	0.00	63.83	14.77	23.86	41.00	37.70	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1942-1943 ..	163,860	157,480	321,340	0.00	64.43	13.90	24.49	41.60	38.50	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1943-1944 ..	166,860	160,480	327,340	0.00	65.03	13.03	25.12	42.20	39.30	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1944-1945 ..	169,860	163,480	333,340	0.00	65.63	12.16	25.75	42.80	40.10	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1945-1946 ..	172,860	166,480	339,340	0.00	66.23	11.29	26.38	43.40	40.90	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1946-1947 ..	175,860	169,480	345,340	0.00	66.83	10.42	27.01	44.00	41.70	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93	11.44	10.93	0.10	0.37	0.23	0.89	4.21	2.48
" 1947-1948 ..	178,860	172,480	351,340	0.00	67.43	9.55	27.64	44.60	42.50	11.23	25.00	18.53	14.72	17.31	17.80	99,141	259.17	191.49	22.37	10.93								

TABLE O.—Vital Statistic Rates for Various Centres for the Year 1950-51.

(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	—	—	—	—	40.33	—	—	—	—	—
Johannesburg ..	24.72	25.90	47.12	47.55	—	7.94	14.78	9.81	16.78	—	27.44	243.76	48.54	80.51	—	0.32
Capo Town ..	17.96	33.51 ¹	46.92	42.44	41.51	9.52	20.69 ¹	10.61	14.38	15.01	23.91	238.25 ¹	57.32	91.34	104.20	0.15
Durban ..	19.01	29.65	39.10	54.86	—	8.59	24.54	11.82	14.97	—	29.42	324.01	78.28	73.67	—	0.46
Pretoria ..	26.97	28.07	43.93	39.69	29.47	6.08	11.67	8.02	12.52	11.51	28.98	151.51	43.48	58.82	136.93	0.29
Port Elizabeth ..	26.43	37.34	57.02	41.05	—	8.92	30.60	14.83	18.41	—	37.08	313.47	31.39	121.64	—	0.13
Springs ..	28.85	7.07	34.56	40.20	—	6.38	28.49	2.96	15.85	—	26.50	319.04	57.14	131.58	—	0.07
Benoni ..	28.09	22.43 ²	50.50	37.75	—	7.02	20.22 ²	10.10	16.39	—	27.88	348.42 ²	57.14	175.57	—	1.12 ³
Krugersdorp ..	29.4	13.9	37.6	35.7	—	8.1	10.8	17.2	24.6	—	30.9	284.8	166.6	245.9	—	0.08
Brakpan ..	25.17	—	—	—	—	3.33	—	—	—	7.17	12.09	—	—	—	—	0.02
Bloemfontein ..	23.66	—	—	—	34.12	5.97	—	—	—	26.15	24.48	—	—	—	208.01	0.18
Boksburg ..	24.29	—	—	—	21.90	6.19	—	—	—	16.53	27.21	—	—	—	338.49	0.12
Rodepoort-Marisburg ..	28.20	27.26 ²	44.72	48.06	29.70	6.30	10.71 ²	4.07	12.32	7.08	19.42	168.12 ²	60.61	115.38	154.66	0.07
East London ..	23.21	58.01	40.39	45.36	—	9.52	37.65	13.23	23.21	—	38.04	269.98	51.72	118.11	—	0.39
Pietermaritzburg ..	22.1	14.2	60.3	38.6	—	9.5	11.4	9.2	10.5	—	22.0	250.0	30.95	54.5	—	0.07
Kimberley ..	23.14	51.21	—	46.66	—	9.74	23.14	—	20.01	—	48.05	132.62	—	94.94	—	0.05
King William's Town	19.64	29.88	74.77	49.15	—	10.21	12.14	9.35	11.53	—	64.00	140.62	125.00	61.75	—	0.16
England and Wales (1949) ¹ ..	16.9 ²	—	—	—	—	11.8 ²	—	—	—	—	32.0 ²	—	—	—	—	0.46 ²
County of London (1949) ¹ ..	16.8 ²	—	—	—	—	11.7 ²	—	—	—	—	27.0 ²	—	—	—	—	0.52 ²

E = European. N = Native. A = Asiatic. C = Mixed and other Coloured. NE = All non-Europeans.
¹ Calendar year. ² Crude or uncorrected. ³ Exclusive of mine and prison. ⁴ Excluding Langa Native Township.

TABLE P.—Cases of Notifiable Disease reported, 1950-51.

	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	1,900	23	97	25	1,724	81	205	1	19	219	4
Tuberculosis, other forms	280	28	8	77	304	17	71	12	60	119	—
Enteric fever	90	46	—	2	45	1	108	34	3	77	—
Diphtheria	276	174	—	1	101	2	198	103	1	95	1
Scarlet fever	261	6	2	4	257	—	71	3	—	68	—
Erysipelas	30	2	—	—	28	—	2	—	—	2	—
Cerebrospinal fever	289	218	1	2	71	1	182	135	2	49	—
Infective encephalitis	8	6	—	—	2	—	6	3	—	2	—
Leprosy	3	—	—	—	3	—	—	—	—	—	1
Acute poliomyelitis	30	12	—	2	20	—	39	17	3	24	1
Influenza pneumonia	17	1	—	—	16	—	—	—	—	—	—
Acute primary pneumonia	296	—	—	25	321	—	3	—	11	14	—
Ophthalmia	175	—	—	—	174	1	1	—	—	1	—
Puerperal fever	26	1	—	—	25	—	11	2	—	9	—
Trachoma	1	—	—	—	1	—	—	—	—	—	—
Typhus fever*	1	—	—	1	2	—	2	—	2	4	—
Whooping cough	905	15	—	2	865	27	15	3	2	14	—
Anthrax	2	1	—	—	1	—	—	—	—	—	—
Lead poisoning	1	—	—	—	1	—	—	—	—	—	—
Malta Fever	3	1	—	—	2	—	—	—	1	1	—
Totals	4,594	534	108	141	3,963	130	914	313	104	698	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.

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

5. Excluding Langa Native Township.

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

8. = 2.

9. = 4.

10. Excluding cases from ships.

TABLE Q.—Notification of Infectious Disease Classified for Race, and Month of Notification, 1950-51.

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.	E.	O.	Total.
1950.																														
July	15	107	122	—	12	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
August	17	143	160	—	33	33	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
September	27	113	140	—	31	31	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
October	16	106	122	—	24	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
November	21	138	159	—	29	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
December	12	108	120	—	25	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1951.																														
January	17	133	150	—	28	28	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
February	18	128	146	—	21	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
March	22	118	140	—	16	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
April	17	149	166	—	25	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
May	23	120	143	—	16	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
June	18	138	156	—	23	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Year	223	1,501	1,724	21	283	304	10	35	45	41	60	101	209	48	257	17	11	28	16	55	71	—	2	12	8	20	8	8	16	16

Period.	Acute primary pneumonia.			Ophthalmia.			Puerperal fever.			Leprosy.			Trachoma.			Typhus fever.*			Lead poisoning.			Malaria fever.			Whooping cough.			Anthrax.			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.			
1950.																																	
July	34	36	70	—	14	14	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
August	6	36	42	1	14	15	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
September	37	39	76	1	10	11	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
October	27	29	56	2	13	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
November	4	28	32	1	18	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
December	3	21	24	1	9	10	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
1951.																																	
January	—	21	21	—	14	14	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
February	—	18	18	—	12	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
March	—	11	11	—	19	19	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
April	—	14	14	3	17	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
May	—	5	5	—	20	20	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
June	—	23	23	—	12	12	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Year	36	285	321	14	160	174	2	23	25	1	3	3	—	1	1	1	1	2	—	1	1	2	—	2	138	727	865	—	1	1	749		
																														3,214	3,963		

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

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

Disease.	Race.	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
		1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Scarlatina or Scarlet fever	Eur. ..	103	229	596	458	113	81	124	216	267	154	154	143	321	249	152	188	233	209
	Non-E. ..	9	14	34	28	13	8	11	18	10	7	8	17	41	20	25	25	29	48
Diphtheria or membranous croup ..	Eur. ..	192	238	189	223	344	537	286	204	195	160	175	89	91	51	64	33	60	41
	Non-E. ..	106	136	122	119	253	233	130	89	138	135	110	89	84	56	73	60	62	60
Enteric or Typhoid fever	Eur. ..	52	33	30	34	58	14	35	11	36	90	17	20	22	24	35	14	15	10
	Non-E. ..	47	49	43	96	41	37	34	26	73	68	57	77	85	144	67	42	31	35
Erysipelas	Eur. ..	37	44	51	43	33	30	29	37	38	27	28	38	28	17	18	13	10	17
	Non-E. ..	30	50	42	31	28	36	39	41	41	46	33	41	37	26	16	16	13	11
Puerperal fever ..	Eur. ..	26	24	22	13	19	22	18	33	15	16	16	14	14	11	15	7	9	2
	Non-E. ..	48	67	74	51	51	62	61	61	50	60	70	52	57	71	65	42	27	23
Ophthalmia ..	Eur. ..	30	38	39	42	24	35	29	28	36	18	22	29	30	24	21	15	13	14
	Non-E. ..	190	259	227	215	213	181	212	164	182	170	215	235	227	268	193	238	201	160
Cerebrospinal fever	Eur. ..	3	5	1	7	3	5	2	23	19	23	39	25	16	15	5	13	10	16
	Non-E. ..	17	20	9	11	15	33	24	45	47	80	222	80	58	31	33	49	39	55
Acute poliomyelitis	Eur. ..	8	11	1	7	4	2	5	5	4	2	5	46	10	4	13	8	7	12
	Non-E. ..	3	14	3	2	2	9	11	4	3	—	1	18	4	3	13	11	9	8
Infective encephalitis	Eur. ..	2	8	4	1	4	—	2	1	3	6	—	—	1	—	—	1	2	—
	Non-E. ..	—	3	3	3	4	2	3	5	1	3	2	1	—	5	—	1	2	2
Leprosy	Eur. ..	—	1	—	—	1	—	—	—	1	2	—	—	—	—	—	—	—	1
	Non-E. ..	2	1	1	3	2	1	1	3	4	5	2	—	1	—	1	2	3	2
Typhus fever ⁽¹⁾ ..	Eur. ..	4	—	2	4	1	6	4	4	6	2	7	10	2	8	2	6	5	1
	Non-E. ..	1	—	—	—	—	1	—	1	2	—	—	1	2	5	2	2	—	1
Smallpox	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	1	—	—	—	5	—	—	—	—	—	—
Whooping cough ⁽²⁾	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29	138
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	148	727
Influenzal pneumonia	Eur. ..	13	45	56	29	37	17	23	23	10	13	18	2	8	5	9	5	9	8
	Non-E. ..	31	82	64	41	74	30	30	40	15	27	60	26	18	24	16	12	16	8
Acute primary pneumonia	Eur. ..	59	138	148	103	96	103	100	106	80	76	100	74	47	68	58	36	43	36
	Non-E. ..	294	566	465	376	466	420	433	385	319	321	338	353	326	395	402	334	351	285
Cholera	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Plague	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anthrax	Eur. ..	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—
	Non-E. ..	1	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	1
Glanders	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rabies	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malta fever ..	Eur. ..	1	1	—	—	—	—	1	—	2	1	—	—	—	—	—	—	1	—
	Non-E. ..	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Yellow fever ..	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Human trypanosomiasis	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Trachoma ..	Eur. ..	1	2	1	2	1	6	5	—	—	—	—	1	—	2	1	1	—	—
	Non-E. ..	1	14	5	7	1	2	10	3	1	2	—	8	9	3	2	3	2	1
Lead poisoning ..	Eur. ..	—	1	1	1	—	1	—	—	—	—	—	—	—	1	—	—	1	—
	Non-E. ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Tuberculosis, respiratory system ..	Eur. ..	185	161	164	149	186	183	158	157	182	191	223	202	241	251	252	239	277	223
	Non-E. ..	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	1,501
Other forms of tuberculosis	Eur. ..	21	20	21	16	29	17	28	30	33	35	34	29	26	28	27	33	27	21
	Non-E. ..	203	163	151	137	188	162	181	224	229	283	293	295	292	237	266	256	253	283

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, 1950-51.

Average population for the 12 months July, 1950, to June, 1951.												NATIVES.											
European.				Natives.																			
Adults.		To- tal.	Adults.		Child- ren.	Grand Total.	Births.				Still- births.	Birth- rate (per 1,000 per- sons).	Illegitimate percentage of total births.	Deaths.		Death rate (per 1,000 per- sons).	Deaths under one year of age.		Infant mortality (per 1,000 births).	Deaths from Tuberculosis (all forms).		Death rate for Tuberculosis all forms, (per 1,000 persons).	
M.	F.		M.	F.			Legiti- mate.	Illegiti- mate.	M.	F.				Total.	M.		F.	M.		F.	M.		F.	M.	F.
21	21	42	6,773	1,447	2,728	10,948	10,990	42	54	28	23	147*	14	13-22*	34-69*	74	63	24	22	312-93*	27	21	4-32

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

PRINCIPAL CAUSES OF DEATH

	Male.	Female.	Total.
Tuberculosis (all forms)	27	21	48
Diarrhoea and enteritis	7	14	21
Bronchitis and pneumonia	9	6	15
Cardiac diseases	7	6	13
Congenital malformations and diseases of early infancy	7	3	10
Cancer (all forms)	4	3	7
Violent or accidental deaths	1	2	3
Whooping cough	—	2	2

Deaths in Langa Hospital, 60 (Natives: 35 males, 25 females).

NOTIFICATION OF INFECTIOUS DISEASE.

Tuberculosis (respiratory system).		Tuberculosis (other forms).		Enteric fever.		Diphtheria.		Whooping cough*.		Cerebrospinal fever.		Ophthalmia neonatorum.		Total.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
55	26	12	5	—	1	—	2	—	13	14	—	1	1	81	49

TABLE V.—Vital Statistics for the Added Area of Windermere, 1950-51.

Populations as enumerated at the Census, May, 1951.		Births.				Still- births.	Illegiti- mate births, percentage of total births.		Birth- rate (per 1,000 persons).		Deaths.		Death rate (per 1,000 persons).		Deaths under one year of age.		Infant Mor- tality (per 1,000 births).		Deaths from Tuber- culosis, all forms.		Death rate for Tuber- culosis, all forms (per 1,000 persons.)												
		Legiti- mate.		Illegiti- mate.																			Total.										
		Non- Eur.	Total. Eur.	Non- Eur.	Total. Eur.																		Non- Eur.	Total. Eur.	Non- Eur.	Total. Eur.	Non- Eur.	Total. Eur.	Non- Eur.	Total. Eur.	Non- Eur.	Total. Eur.	Non- Eur.
390	10,645	11,035	25	388	—	297	25	685	—	44	—	43	36	64	28	64	53	9	461	23	14	43	—	169	—	246	72	1	95	2	57	8	96

PRINCIPAL CAUSES OF DEATH.

	European.	Non-European.	Total.
Diarrhoea and enteritis	—	128	128
Tuberculosis (all forms) .. .	1	96	96
Bronchitis and pneumonia .. .	—	68	68
Congenital malformations and diseases of early infancy .. .	—	39	39
Cardiac diseases .. .	—	26	26
Violent or accidental deaths .. .	2	21	23
Intracranial lesions of vascular origin .. .	3	13	16

NOTIFICATION OF INFECTIOUS DISEASE.

Tuberculosis (pulmonary).		Tuberculosis (other forms).		Diphtheria.		Enteric fever.		Scarlet fever.		Cerebro-spinal fever.		Acute poliomyelitis.		Acute primary pneumonia.		Whooping cough.		Puerperal fever.		Ophthalmia.		Malta fever.		Leprosy.		Total.		
Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	
—	144	—	29	—	1	—	5	—	2	—	2	—	2	—	12	1	18	—	2	—	37	—	1	—	1	—	1	256

TABLE W.—Barometrical Readings, 1950-51.

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

Month.	Mean.	Average for forty-four years, 1st July, 1906, to 30th June, 1950.	Highest.	Date.	Lowest.	Date.	Highest and date for forty-four years, 1st July, 1906, to 30th June, 1950.	Lowest and date for forty-four years, 1st July, 1906, to 30th June, 1950.
1950.								
July ..	30.125	30.248	30.633	27th	29.678	11th	30.737	28.924
August ..	30.203	30.268	30.447	28th	29.985	24th	30.984	29.745
September ..	30.115	30.262	30.393	14th	29.640	29th	30.691	29.573
October ..	30.086	30.199	30.531	2nd	29.835	13th	30.563	29.727
November ..	30.007	30.156	30.197	5th	29.738	23rd	30.841	29.714
December ..	29.995	30.089	30.259	8th	29.727	6th	30.569	29.727
1951.								
January ..	29.952	29.383	30.110	29th	29.731	5th	30.500	29.726
February ..	30.025	30.133	30.191	24th	29.858	3rd	30.945	29.757
March ..	29.936	30.133	30.114	8th	29.700	3rd	30.008	29.002
April ..	29.993	30.228	30.118	26th	29.793	14th	30.514	29.098
May ..	30.081	30.211	30.367	8th	29.683	15th	30.641	29.078
June ..	30.100	30.269	30.370	12th	29.615	7th	30.663	29.089
Year ..	30.051	29.298	30.633	27/7/1950	29.615	7/6/1951	30.984	28.924
							26/8/1921	13/7/1917

TABLE Y.—Rainfall and Humidity, 1950-51.

Month.	RAINFALL.						HUMIDITY.	
	Amount in inches.	Average for 44 years in inches, 1st July, 1906 to 30th June, 1950.	No. of rainy days.	Greatest fall in one day.		Average rainy days for 44 years, 1st July, 1906 to 30th June, 1950.	Mean Saturation 100.	Average for 44 years, 1st July, 1906, to 30th June, 1950.
				Amount in inches.	Date.			
1950								
July ..	8.98	3.40	20	1.56	12th	2.67	82.00	83.69
August ..	2.00	2.62	10	0.65	19th	1.90	75.29	83.16
September ..	3.05	2.03	13	0.55	28th	1.45	81.30	79.59
October ..	0.85	1.29	3	0.62	17th	1.55	76.34	72.99
November ..	1.71	0.92	7	0.80	6th	2.35	67.90	70.11
December ..	0.56	0.73	7	0.16	1st	1.61	71.35	68.78
1951								
January ..	1.00	0.60	4	0.81	11th	1.50	68.90	68.86
February ..	0.16	0.49	1	0.16	16th	1.12	82.53	73.34
March ..	0.18	0.72	4	0.06	19th	1.08	80.74	75.03
April ..	4.25	1.77	16	0.98	18th	1.62	87.76	81.94
May ..	3.54	2.90	13	1.95	23rd	2.76	80.61	83.39
June ..	6.51	3.53	16	1.06	7th	2.65	76.26	83.30
Year ..	32.79	21.00	114	1.98	18/4/1951	2.76	77.57	77.01

TABLE Z.—Earth Temperature, 1950-51.

Month.	Range at one foot. °F	Range at one foot, 44 years, 1st July, 1906, to 30th June, 1950, °F	Range at two feet. °F	Range at two feet, 44 years, 1st July, 1906, to 30th June, 1950, °F	Range at four feet. °F	Range at four feet, 44 years, 1st July, 1906, to 30th June, 1950, °F
1950						
July ..	55.0 to 59.4	49.2 to 64.0	58.0 to 61.2	54.0 to 62.0	61.0 to 63.8	53.0 to 65.0
August ..	56.4 to 63.0	50.9 to 63.0	58.0 to 62.2	53.8 to 62.6	60.6 to 62.4	55.0 to 63.0
September ..	59.4 to 66.0	50.9 to 67.9	61.4 to 66.0	55.0 to 67.0	62.6 to 65.0	57.0 to 65.5
October ..	60.0 to 71.4	57.1 to 75.9	63.0 to 71.0	58.0 to 72.8	64.0 to 65.0	56.8 to 73.8
November ..	68.0 to 76.0	59.3 to 83.0	70.0 to 74.2	60.5 to 79.7	64.0 to 69.0	60.8 to 76.2
December ..	70.0 to 78.8	63.0 to 83.8	72.4 to 77.8	60.5 to 80.5	69.0 to 72.0	63.8 to 81.4
1951						
January ..	73.2 to 78.6	66.7 to 84.2	75.0 to 78.0	66.8 to 80.6	71.6 to 75.0	66.2 to 82.5
February ..	75.6 to 80.4	66.9 to 86.9	77.0 to 79.6	68.9 to 82.9	74.8 to 76.0	68.0 to 81.4
March ..	71.0 to 77.0	63.7 to 82.0	73.6 to 77.0	65.2 to 80.7	75.2 to 77.2	67.9 to 80.2
April ..	66.4 to 71.4	58.9 to 76.6	69.0 to 73.4	63.0 to 76.4	74.2 to 77.0	62.2 to 77.0
May ..	62.0 to 67.0	53.0 to 74.4	65.0 to 69.4	58.0 to 74.6	67.0 to 71.0	61.0 to 74.0
June ..	58.0 to 63.0	49.8 to 64.1	61.0 to 64.2	56.0 to 66.0	63.8 to 67.0	59.1 to 68.0
Year ..	55.0 to 80.4	49.2 to 86.9	58.0 to 79.6	53.8 to 82.9	61.0 to 77.2	53.0 to 82.5





