

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

**Contributors**

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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, 1952.**

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## CITY OF CAPE TOWN.

## ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH.

PRELIMINARY (PROVISIONAL) RETURN FOR THE YEAR  
ENDED 30TH JUNE, 1953.

## VITAL STATISTICS.

	1952-1953			1951-1952		
	Eur.	Non-Eur.	All Races	Eur.	Non-Eur.	All Races.
Total population*	188653	273213	461866	187453	261163	448616
Population excluding Langa Native Township.....	188610	262240	450850 <sup>(1)</sup>	187410	250340	437750 <sup>(2)</sup>
Total live births.	3522	10508	14031	3405	10192	13603
Birth rate (per 1,000 population)	18.37	39.42	30.62 <sup>(3)</sup>	18.27	40.94	31.25 <sup>(4)</sup>
Total deaths.....	1789	3497	5288	1842	3732	5583
Death rate (per 1,000 population)	9.33	13.12	11.54	9.88	14.99	12.82
Deaths of infants under 1 year of age.....	75	1065	1141 <sup>(1)</sup>	98	1083	1187 <sup>(2)</sup>
Infant mortality rate (per 1,000 live births.....)	21.29	101.35	81.32	28.78	106.26	87.26
Maternal mortality rate (per 1,000 live births).....	0.56	1.61	1.35	0.59	1.37	1.17
Tuberculosis death rate(per 1,000 population).....	0.21	2.07	1.29	0.26	2.97	1.81
Enteric fever death rate (per 1,000 population)	-	0.01	0.004	-	0.01	0.004

\*Estimated as at 31st December (the middle of the year) based on the final figures of the 1951 census, inclusive of the Langa Native Township.

- (1). Including one of unknown race.
- (2). Including six of unknown race.
- (3). Including two of unknown race.
- (4). Including nine of unknown race.

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





Cause of Death	1952-1953			1951-1952		
	Eur.	Non-Eur.	All Races	Eur.	Non-Eur.	All Races
Enteric fever .....	-	2	2	-	2	2
Meningococcal meningitis.....	-	10	10	1	6	7
Scarlet fever.....	-	-	-	-	1	1
Whooping cough.....	-	18	18	2	24	26
Diphtheria.....	3	5	8	1	1	2
Erysipelas.....	-	-	-	-	1	1
Tetanus.....	1	6	7	2	6	8
Tuberculosis, respiratory system ...	32	448	480	44	619	663
Tuberculosis, central nervous system.	7	66	73	4	78	82
Tuberculosis, other forms.....	1	37	38	1	42	43
Purulent infection and septicaemia..	-	2	2	-	5	5
(non-puerperal).....	-	2	2	-	5	5
Dysentery (all forms).....	1	7	8	3	12	15
Syphilis (all forms).....	10	32	42	9	46	55
Influenza.....	3	9	12	3	6	9
Measles.....	-	18	18	-	-	-
Acute anterior poliomyelitis.....	4	-	4	1	-	1
Encephalitis lethargica.....	-	1	1	-	-	-
Typhus fever.....	-	-	-	-	-	-
Other infective and parasitic diseases	11	9	20	7	8	15
Cancer (all forms).....	280	201	481	289	190	479
Tumours, non-malignant.....	4	9	13	7	8	15
Acute rheumatic fever.....	1	9	10	2	9	11
Diabetes.....	37	36	73	36	25	61
Other general diseases.....	2	10	12	4	10	14
Diseases of the blood and blood						
forming organs.....	15	9	24	17	15	32
Chronic poisonings and intoxication.	1	1	2	1	1	2
Intracranial lesions of vascular						
origin.....	237	227	464	205	252	457
Other diseases of the nervous						
system and sense organs.....	17	50	67	21	39	60
Cardiac diseases.....	527	356	883	568	414	982
Arterio-sclerosis.....	69	54	123	49	72	121
Other diseases of the circulatory system.	47	88	135	48	59	107
Bronchitis and pneumonia (all forms)	56	299	355	69	323	392
Other diseases of the respiratory						
system.....	34	32	66	40	43	83
Ulcer of the stomach and duodenum...	12	7	19	13	4	17
Diarrhoea and enteritis (under 2 yrs)	9	607	616	12	586	598
Diarrhoea and enteritis and ulcera-						
tion of intestines (over 2 years)..	4	35	39	7	40	47
Appendicitis.....	3	2	5	1	1	2
Diseases of the liver and biliary						
passages.....	33	12	45	34	15	49
Other diseases of the digestive system	21	9	30	10	15	25
Nephritis.....	31	65	96	52	67	119
Other genito-urinary diseases						
(non-venereal).....	30	7	37	18	20	38
Puerperal sepsis.....	-	-	-	-	5	5
Other diseases of pregnancy and						
puerperal state.....	2	17	19	2	9	11
Diseases of the skin and cellular tissue	2	5	7	-	5	5
Diseases of the bones - organs of						
movement.....	3	2	5	2	5	7
Congenital malformations.....	18	32	50	24	31	55
Diseases of early infancy.....	39	303	342	54	300	354
Senility.....	29	4	33	36	20	56
Suicide.....	18	4	22	21	4	25
Other violent or accidental deaths..	58	147	205	67	149	216
Causes ill-defined or unknown.....	77	188	265	55	139	194
Total .....	1789	3497	5288*	1842	3732	5583**

\* Including two of unknown race.

\*\* Including nine of unknown race.





## Deaths of Infants Under One Year of Age.

DISEASES	1952-1953			1951-1952		
	Eur.	Non-Eur.	All Races	Eur.	Non-Eur.	All Races
I - Common infectious diseases,	-	12	12	1	12	13
II - Tuberculous diseases .....	2	50	52	-	61	61
III - Diarrhoea and enteritis ...	7	440	447	9	417	426
IV - Bronchitis and pneumonia ..	5	140	145	9	175	184
V - Developmental and wasting diseases .....	48	274	322	64	277	341
VI - Miscellaneous diseases (remainder).....	13	149	163*	15	141	162**
Measles.....	-	2	2	-	-	-
Whooping cough.....	-	9	9	1	12	13
Diphtheria and croup .....	-	1	1	-	-	-
Scarlet fever.....	-	-	-	-	-	-
Tuberculosis, meningeal.....	1	19	20	-	19	19
Tuberculosis, abdominal .....	-	1	1	-	-	-
Tuberculosis, other forms .....	1	30	31	-	42	42
Syphilis .....	-	7	7	-	9	9
Rickets .....	-	-	-	-	-	-
Simple meningitis .....	-	3	3	-	3	3
Convulsions .....	1	3	4	-	4	4
Bronchitis .....	-	23	23	-	32	32
Pneumonia (all forms).....	5	117	122	9	143	152
Diarrhoea and enteritis .....	7	440	447	9	417	426
Congenital malformations.....	13	20	33	16	24	40
Congenital debility.....	-	10	10	-	19	19
Premature birth .....	30	207	237	39	186	225
Injury at birth .....	4	49	53	6	47	53
Other diseases peculiar to the first year of life.....	5	37	42	9	48	57
Lack of care.....	-	-	-	-	-	-
Suffocation (overlying).....	1	6	7	1	11	12
Other causes .....	7	81	89*	8	67	81**
TOTAL .....	75	1065	1141*	98	1083	1187**

\* Including one of unknown race.

\*\* Including six of unknown race.



Deaths of Infants Under One Year of Age

DISEASE	1947-1948		1946-1947		All Infants
	Non- Fatal	Fatal	Non- Fatal	Fatal	
I - Common infectious diseases	12	1	12	1	13
II - Tuberculosis diseases	20	-	22	-	22
III - Diarrhea and enteritis	440	9	447	9	449
IV - Bronchitis and pneumonia	140	9	142	9	149
V - Gastrointestinal and watery diseases	274	64	323	64	387
VI - Miscellaneous diseases (residual)	149	18	153	18	171
.....	-	-	2	-	2
.....	-	-	9	1	10
.....	-	-	1	-	1
.....	-	-	-	-	-
.....	10	-	20	-	30
.....	1	-	1	-	2
.....	1	-	31	-	32
.....	-	-	7	-	7
.....	-	-	-	-	-
.....	-	-	3	-	3
.....	-	-	3	-	3
.....	1	-	3	-	4
.....	-	-	23	-	23
.....	2	9	122	9	133
.....	7	9	447	9	456
.....	13	10	31	10	41
.....	-	-	10	-	10
.....	30	30	237	30	267
.....	4	40	23	4	47
.....	-	-	-	-	-
.....	2	42	42	9	53
.....	-	-	-	-	-
.....	1	2	2	1	4
.....	2	2	20	2	24
TOTAL	1067	111	1141	123	1264

\* Including one of unknown cause

\*\* Including six of unknown cause

Infectious Diseases Notified.(Corrected to date for errors of diagnosis  
and imported infection).

	1952-1953			1951-1952		
	Eur.	Non-Eur.	All Rcs.	Eur.	Non-Eur.	All Rcs.
Tuberculosis, pulmonary .....	247	1684	1931	233	1540	1773
Tuberculosis, other forms.....	20	265	285	9	277	286
Diphtheria.....	33	47	80	34	34	68
Scarlet fever.....	212	24	236	176	26	202
Puerperal fever.....	2	16	18	1	19	20
Erysipelas.....	10	11	21	17	15	32
Enteric fever.....	13	61	74	23	58	81
Cerebrospinal fever.....	7	40	47	6	51	57
Acute poliomyelitis.....	14	13	27	10	2	12
Infective encephalitis.....	4	4	8	3	2	5
Typhus fever * .....	1	-	1	-	1	1
Malta fever.....	1	-	1	-	-	-
Anthrax .....	-	-	-	1	-	1
Lead poisoning.....	-	-	-	-	-	-
Leprosy .....	-	1	1	-	1	1
Ophthalmia neonatorum.....	12	139	151	20	125	145
Gonorrhoeal ophthalmia.....	-	-	-	-	-	-
Whooping cough.....	244	518	762	278	836	1114
Trachoma .....	-	1	1	-	1	1
Acute primary pneumonia.....	18	180	198	44	261	305
Influenzal pneumonia.....	3	11	14	14	6	20
TOTAL.....	841	3015	3856	869	3255	4124

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



Infectious Diseases-Continued

(Corrected for date for errors of diagnosis and reported incidence)

	1951-1952			1950-1951		
	Non- Fatal	Fatal	All Cases	Non- Fatal	Fatal	All Cases
Tuberculosis, pulmonary.....	1240	233	1473	1604	265	1869
Tuberculosis, other forms.....	277	2	279	265	2	267
Diphtheria.....	34	34	68	42	23	65
Scarlet fever.....	26	170	196	24	219	243
Prophyl fever.....	13	1	14	16	3	19
Erysipelas.....	13	17	30	11	10	21
Bacterial fever.....	28	23	51	21	13	34
Cerebrospinal fever.....	21	6	27	40	8	48
Acute poliomyelitis.....	3	10	13	13	14	27
Infective mononucleosis.....	2	3	5	4	4	8
Typhus fever.....	1	-	1	-	1	1
Malaria fever.....	-	-	-	-	1	1
Anthrax.....	-	1	1	-	-	-
Lead poisoning.....	-	-	-	-	-	-
Leprosy.....	1	-	1	1	-	2
Ophthalmia neonatorum.....	125	20	145	139	121	260
Gonorrheal ophthalmia.....	-	-	-	-	-	-
Whooping cough.....	2114	298	2412	228	263	2551
Tetanus.....	1	-	1	1	-	2
Acute primary pneumonia.....	261	44	305	260	42	302
Secondary pneumonia.....	6	14	20	21	3	24
TOTAL.....	3202	869	4071	3002	641	3643

\* Including tubercle fever, anthrax or malaria fever.

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**For the year ended 30th June, 1952.**



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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, 1952.

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

Ladies and Gentlemen,

I have the honour to present my report on the health conditions of the City of Cape Town for the year ended 30th June, 1952, together with an account of the work of the City Health Department during the year.

Dr. F. O. Fehrsen, who retired on superannuation from the position of Medical Officer of Health on 17th January, 1952, was responsible for the administration of this Department for the first half of the period dealt with in this report.

#### *Vital Statistics.*

The population of the Municipality of Cape Town as at the 31st December, 1951, is estimated at 437,570 (188,090 European and 249,480 non-European), from which the rates for the year 1951-52 in this report are based. The estimates have been calculated from the preliminary figures of the 1951 census and will require to be corrected when the final figures for the census are available.

The general death rates of 12.83 for all races, 9.85 for Europeans and 15.04 for non-Europeans for the year 1951-52 show very little change from those for last year. The European death rate was 3.5 per cent greater than in the previous year, and 0.2 per cent greater than the preceding quinquennium. The non-European death rate, however, was in excess of that for the year 1950-51, by only 0.2 per cent. Compared with the preceding quinquennium the non-European death rate showed a decrease of 8.9 per cent.

Amongst Europeans the deaths from cardio-vascular diseases (568), cancer (all forms) (289), and arterial diseases (254), accounted for 1,111, or 60.3 per cent of the total deaths. The number of deaths in the year from cardio-vascular diseases alone was responsible for 30.8 per cent of the total deaths and is again the highest recorded cause of death. In non-Europeans, 73.8 per cent of the total deaths were caused by tuberculosis (all forms) (739), diarrhoea and enteritis (624), cardio-vascular diseases (414), congenital malformations and diseases of early infancy (331), arterial diseases (324) and bronchitis and pneumonia (323). Although tuberculosis heads the list of causes of death amongst non-Europeans, it is very gratifying to be able to report that the mortality from this disease has been declining during the past five years, and that the mortality rate of 2.98 for the year 1951-52 has reached a new low level and is the lowest ever attained for non-Europeans in the Municipality of Cape Town. On the other hand, deaths from diarrhoea and enteritis over the same period show an upward trend and rank high amongst the causes of death. Of the 624 non-European deaths from diarrhoea and enteritis in the year under review 211 occurred in Ward 8 (including 158 in the district of Windermere), 114 in Ward 10, 103 in Ward 15, 44 in Ward 5, 42 in Ward 6, and 110 in the rest of Cape Town. Compared with last year the mortality from this disease amongst non-Europeans increased by 12.8 per cent; expressed as per 1,000 population it was 7.7 per cent greater.

There is little doubt that the increase in mortality from this disease is indicative of the worsening socio-economic circumstances of the Coloured and African sections of the City's population, of the gross overcrowded conditions under which these people live, and of the lack of sufficient hospital accommodation for the treatment of patients. It is significant that of the total of 624 deaths from this cause no less than 158 (25.3 per cent) occurred in the district of Windermere. This grossly overcrowded and insanitary area requires urgent amelioration. It is imperative that when the building programme at Langa is resumed all additional accommodation be reserved for the African population at Windermere with a view to their speedy removal and to the demolition of the insanitary and squalid shacks. The area would then be available for additional Coloured housing schemes.

The birth rate for all races (31.26) and for non-Europeans (41.08) for the year 1951-52 was practically identical with that for last year except that the non-European birth rate, which is 1.0 per cent less than in the previous year, is the lowest recorded for the City. The former lowest birth rate was in 1918-19, when it was 41.21. The European birth rate (18.20) for the period under review increased by 1.3 per cent. Compared with the preceding quinquennium it shows a decrease of 4.9 per cent.

Illegitimacy amongst non-Europeans is again alarmingly high and is still on the increase. In the year under report 2,589 non-European illegitimate births, or 25.4 per cent of the total live births, were registered as belonging to the Municipality of Cape Town, compared with 2,465 in 1950-51, 2,384 in 1949-50, and 2,295 in 1948-49. The percentage of illegitimate to total live births was 8.2 times as great as that for Europeans. The continued high number of illegitimate births amongst non-Europeans is also a noticeable feature in Wards 8, 10 and 15, there being 1,313 illegitimate births in the year 1951-52, which is equivalent to 50.7 per cent of the total non-European illegitimate births.

The infant mortality rate for all races (87.26) and for both Europeans (28.78) and non-Europeans (106.26) in the year under review shows an increase of 3.8 per cent, 20.4 per cent and 2.0 per cent respectively. The infant mortality rate per 1,000 live births in respect of legitimate infants in the year 1951-52 was 27.28 for Europeans and 89.83 for non-Europeans, while the infant mortality rate for illegitimate infants was 75.47 for Europeans and 147.55 for non-Europeans.



In the year under review more non-European infants under one year of age died from diarrhoea and enteritis than in the previous year. For the year 1951-52 there were 417 deaths compared with 381 in 1950-51, and 266 in 1949-50. The non-European mortality rate per 1,000 live births from this disease in the year was 40.91, an increase of 5.9 per cent, or 15.4 times as great as the European rate of 2.65. The rate for the year under review is the highest recorded since 1941-42. There is also an increase in the rate for non-Europeans in the age groups 1-2 years, the rate for this group being the highest recorded since 1944-45 (Page 122, Table M).

There occurred also in the year 1951-52, increases in the neo-natal (under 4 weeks) mortality rate per 1,000 live births both in regard to the European rate of 19.68 and the non-European rate of 32.67. In comparison with the corresponding rates for last year these rates show increases of 21.9 per cent for Europeans and 6.7 per cent for non-Europeans. The principal cause of the increases was due to an increase in the number of premature births.

In the year 1951-52, 16 deaths occurred in women from causes associated with pregnancy and the puerperium. This figure produced a maternal mortality rate of 1.17 per 1,000 live births. It is 8.6 per cent less than in the previous year and is lower than that for any other year except the year 1949-50, when the rate of 0.91 was the lowest on record for the City. The European maternal mortality rate for the year was 0.59 and the non-European rate was 1.37.

#### *Infectious Diseases.*

It is pleasing to record a further decrease in the incidence of diphtheria in the Municipality of Cape Town during the year 1951-52. 68 cases (34 European and 34 non-European) were notified with 2 deaths, as against 101 cases (41 European and 60 non-European) with 9 deaths in the previous year. In the year 1938-39, when the prevalence of this disease was at its highest, there were 770 cases (537 European and 233 non-European) notified as belonging to Cape Town, and 66 deaths. The remarkable decline in the incidence of this disease that has taken place since then may be attributed partly to advances in medicine but mainly to the fact that parents have availed themselves to a greater extent of the facilities that are provided at the municipal immunization sessions for the protective inoculation of children.

Whooping cough, which is a notifiable disease in the Municipality of Cape Town, again showed a considerable prevalence in the City. During the year under review the number of cases notified was 1,114 (278 European and 836 non-European) and the number of deaths registered was 26, compared with 865 cases (138 European and 727 non-European) and 10 deaths for the corresponding period of last year. The incidence rate per 1,000 population in 1951-52 was 2.55 (1.48 European and 3.35 non-European), and for the previous year it was 2.03 (0.74 European and 3.05 non-European). The disease was widespread throughout the Municipality, most of the cases being amongst non-Europeans, particularly those living in Wards 5, 6, 8 and 10, and was most prevalent during the spring and early summer months. In the year covered by this report the health visitors made 1,821 visits to homes where whooping cough occurred or was suspected. 16,369 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. It is anticipated that by increased propaganda, additional immunization sessions and the co-operation of parents that the incidence of this disease will be greatly reduced.

Enteric fever was more prevalent than last year. There were 81 Cape Town cases notified during the year under review (23 European and 58 non-European) compared with 45 Cape Town cases (10 European and 35 non-European) in 1950-51. The disease caused two deaths amongst non-Europeans. This is the third year in succession that there has not been a single death from enteric fever in Europeans. Nearly every Ward of the Municipality was involved in this year's total. No cases were directly attributed to milk-borne infection.

There were fewer cases of scarlet fever, cerebro-spinal fever and acute poliomyelitis reported in the year 1951-52 than in the year 1950-51. The incidence rate per 1,000 population for these diseases was 0.46, 0.13 and 0.03 respectively.

For the first time on record a case of human trypanosomiasis was reported to this Department during the year under review. The patient, a European male, residing in Goodwood, C.P., outside the municipal boundary, was a science student and had been doing experimental work on trypanosoma brucei at the laboratory at the University of Cape Town. He sickened with a febrile illness of sudden onset associated with rash, rigors, malaise, anorexia, headaches and muscular pains. He was removed to the City Hospital for treatment and recovered.

There were no deaths from measles in the year 1951-52. This is the first time since the year 1939-40 that there has not been a fatal case of this disease.

*Veneral Diseases.*—These diseases continue to be less prevalent in Cape Town, especially in non-Europeans. The number of new cases registered at the municipal treatment centres in the year 1951-52 was 4,272 as against 4,675 in 1950-51 and 5,182 in 1949-50. The decrease in the incidence of these diseases is due mainly to the reduction in the number of cases of syphilis (all forms). In the year 1951-52, there were 121 (7 European and 114 non-European) new cases of congenital syphilis registered at the clinics as compared with 344 (11 European and 333 non-European) new cases in 1950-51; a decrease of 64.8 per cent. This very favourable figure is the lowest yet recorded and indicates the excellent results obtained by the use of penicillin in the treatment of pregnant syphilitic mothers attending the ante-natal clinics.

*Tuberculosis.*—It is encouraging to again record a decrease in the mortality from tuberculosis in the Municipality of Cape Town. The total deaths from tuberculosis (all forms) in the year 1951-52 numbered 788 (49 European and 739 non-European) as against 914 (86 European and 828 non-European) for last year. The corresponding mortality rates for the year under review were 0.26 for Europeans, 2.98 for non-Europeans and 1.81 for all races, and are the lowest ever attained for the City.

*Maternal and Child Welfare.* This work continues to expand. Since July, 1951, a weekly combined infant consultation and pre-natal session for non-Europeans has been held in the new municipal office at Steenberg, the Council's Retreat housing scheme. This new centre has given some relief to the very inadequate accommodation at the Retreat child welfare centre. At the infant consultation, pre-natal, post-natal, orthopaedic, school, and dental clinics held at all the child welfare centres, the new cases attending during the year numbered 31,942 and the total attendances 223,423. Adding to these the attendances for test feeds, dinners, free milk, and diphtheria and whooping cough immunization, the total attendances were 491,973.

*Van Riebeeck Tercentenary Festival.*

During the months of March and April, 1952, the tercentenary celebration of the founding of the Cape by Jan van Riebeeck and of the Mother City was held in the form of an Exhibition on the reclaimed foreshore and the partly completed Railway goods yards and sheds lying between the Harbour and Cape Town proper. To house the thousands of visitors expected from all parts of the Union and overseas it became necessary to plan and lay out tent towns as additional accommodation. The staff of this Department were fully occupied prior to the opening of the Festival in the planning of sanitary accommodation for both the Festival and the camp towns, in drawing up the minimum health requirements for the many restaurants, eating houses and kiosks, and ensuring the efficient functioning of these facilities during the period the exhibition was open. These responsibilities entailed much additional work by the staff of the Department as well as many hours of overtime during the six weeks of the Exhibition. I would take this opportunity of placing on record my sincere thanks to those who so ably assisted in the arrangements, which met with full approbation by the Festival Tercentenary Committee.

*Staff.*

Dr. F. O. Fehrsen, Medical Officer of Health of the City for the past seven years, retired on reaching the age of superannuation on the 17th January, 1952. He joined the service of the City Council on the 6th June, 1931, on his appointment as Deputy to the then Medical Officer of Health, Dr. T. Shadick Higgins. Dr. Fehrsen was greatly liked and respected, and gave yeoman service to the preventive and public health services of this City.

I would take this opportunity of placing on record my personal appreciation of the valuable help so readily accorded to me during the happy period I was associated with him in the Department.

*Acknowledgments.*

I desire to acknowledge the loyal support and assistance given to me by the staff of the City Health Department, and the consideration and much appreciated help afforded to me at all times by the Chairman and members of your Health Committee, and other members of the Council.

I am, Ladies and Gentlemen,

Your obedient servant,

EDMUND D. COOPER,

M.D., F.R.F.P.S. (G.), D.P.H. (Glas.). Professor of  
Public Hygiene, University of Cape Town. Medical  
Officer of Health.

CITY HEALTH DEPARTMENT.  
12, KEEROM STREET,  
CAPE TOWN.  
June, 1953.



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## MUNICIPALITY OF THE CITY OF CAPE TOWN.

LEADING STATISTICS, YEAR ENDED 30th JUNE, 1952.

	<i>European.</i>	<i>Non-European.</i>	<i>All races.</i>
Area: 52,292 acres.			
Total population .. .. .	188,134	260,302	448,436
Population (excluding the Native Township of Langa) .. .. .	188,090	249,480	437,570
Birth rate .. .. .	18·20	41·08	31·26
Death rate .. .. .	9·85	15·04	12·83
Infant mortality rate .. .. .	28·78	106·26	87·26
Tuberculosis death rate .. .. .	0·26	2·98	1·81
Enteric incidence rate .. .. .	0·12	0·23	0·19
Enteric death rate .. .. .	—	0·01	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 live births occurring during the year (corrected for outward transfers). The figures for the Langa Native Township are excluded from these rates.

# REPORT

OF THE

## MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED 30TH JUNE, 1952.

### 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  $4\frac{1}{2}$  miles, and the parts on the Flats contain a number of scattered townships and estates, some of which are served by the Cape Flats railway, which forms a loop lying in a more easterly position than the suburban line.

\*The geological particulars in this section are taken from "Chapman's Peak" Guide Book of International Geological Congress, XV Session, South Africa, 1929, by Andrew Young, D.Sc.



There is an extension of the Municipality beyond Salt River in a north-easterly direction on the Flats bordering Table Bay. This (Ward 8) includes the suburbs of Maitland, Brooklyn, Rugby, Kensington and Windermere which, together with other townships lying outside the municipal area of the City and following the main road to the north, are known as the "Northern Suburbs".

#### AREA.

The area of the Municipality of Cape Town on 30th June, 1952, amounted to approximately 52,292 acres or 81.7 square miles. The length of the main road passing through the Municipality from the boundary at Bakoven to that of Clovelly is about 26 miles.

#### CLIMATE.

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

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

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

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

From the point of view of public health Cape Town belongs definitely to the temperate zone, and tropical diseases, except in imported cases, are entirely absent. The state of health and the mortality statistics of the European part of the population are much the same as in a healthy European town.

#### SOCIAL AND ECONOMIC CONDITIONS.

Forty-three per cent of the Cape Town population of over four hundred thousand consists of whites, or "Europeans". The other fifty-seven 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 employer's 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 27th June, 1952. The vital statistical rates are corrected to the basis of a leap year of 366 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 123 of this report, a record of European vital statistic rates, corrected for inward and outward transfers, is set out for a series of past years.

## POPULATION.

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

Race.	1951-52			1950-51		
	Males.	Females.	Persons.	Males.	Females.	Persons.
European .. .. .	89,580	98,510	188,090	88,956	97,824	186,780
Native (Not Langa) ..	99,660	113,140	212,800	95,347	108,243	203,590
Asiatic .. .. .	18,797	11,043	29,840	17,644	10,366	28,010
Other Coloured .. ..	4,028	2,812	6,840	3,951	2,759	6,710
Non-European .. .. .	122,485	126,995	249,480	116,942	121,368	238,310
All Races .. .. .	212,065	225,505	437,570	205,898	219,192	425,090

Except for the years 1950-51 and 1951-52, the estimates of population and the calculated vital statistics for the years since 1946-47 as shown in Table N, on page 123, have not been revised in the light of the 1951 preliminary census figures. The correction of the population figures and the vital statistical rates for the year 1946-47 and subsequent years will be made when the final figures for the census are available.

The estimated population for the separate wards of the City as at the 31st December, 1951, exclusive of shipping, railway passengers, and Langa Native Township, are as follows:—

Wards.	Race.		
	European.	Non-European.	All Races.
1 .. .. .	14,570	3,220	17,790
2 .. .. .	11,930	6,040	17,970
3 .. .. .	9,220	13,230	22,450
4 .. .. .	16,690	3,120	19,810
5 .. .. .	8,830	25,560	34,390
6 .. .. .	5,610	27,760	33,370
7 .. .. .	13,040	14,480	27,520
8 .. .. .	17,810	38,470	56,280
9 .. .. .	18,540	6,300	24,840
10 .. .. .	6,020	43,190	49,210
11 .. .. .	13,580	6,660	20,240
12 .. .. .	14,860	14,060	28,920
13 .. .. .	10,110	11,040	21,150
14 .. .. .	15,400	14,100	29,500
15 .. .. .	10,680	26,610	37,290

The vital statistical rates for the separate wards of the City, based on the above figures, are shown in Table K, on page 120.

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

European.		Natives.		All Races.		TOTAL.
Males.	Females.	Males.	Females.	Males.	Females.	
22	22	8,170	2,652	8,192	2,674	10,866



## BIRTH STATISTICS.

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

The births, birth rates, and rates of natural increase for 1,000 population for the year 1951-52, and for the previous year were as follows:—

Race.	1951-52					1950-51				
	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 ..	4,538	24.26	3,405	18.20	8.35	4,349	23.35	3,346	17.96	8.44
Coloured ..	9,748	46.06	8,818	41.67	27.33	9,445	46.52	8,616	42.44	28.06
Native ..	1,394	46.97	1,009	34.00	12.47	1,265	45.29	936	33.51	12.82
Asiatic ..	370	54.39	365	53.66	44.99	321	47.97	314	46.92	36.31
Non-European	11,512	46.40	10,192	41.08	26.04	11,031	46.42	9,866	41.51	26.50
All races* ..	16,056	36.90	13,603	31.26	18.43	15,383	36.29	13,215	31.17	18.56

\*Including 6 in 1951-52 and 3 in 1950-51 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 1951-52 (corrected for outward transfers) was 2.3 times as great as that for the European. The ratio was 2.3 for Coloured, 1.9 for Natives and 2.9 for Asiatics.

As compared with the previous year, the European birth rate showed an increase of 1.3 per cent and the non-European birth rate a decrease of 1.0 per cent.

The natural increase of the non-European population (i.e. excess of births over deaths) was 4.1 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 104.6 amongst Europeans and 101.8 amongst non-Europeans.

In the year under review there were 106 European and 2,589 non-European illegitimate births registered (corrected for outward transfers) as compared with 99 European and 2,465 non-European in the previous year. The percentage of illegitimate to total live births was 3.1 amongst Europeans and 25.4 amongst non-Europeans. The corresponding figures for former years will be found in Table N, on page 123.

The number of live births and still-births registered in the year 1951-52 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 ..	82.50	3,405	787	76.89	89.0	42	8	80.9
Coloured ..	41.92	8,818	5,640	36.04	56.5	255	137	46.3
Native ..	88.31	1,009	143	85.83	54.7	62	35	43.5
Asiatic ..	8.38	365	338	7.40	33.3	12	8	33.3
All Non-European	46.46	10,192	6,121	39.94	55.4	329	180	45.3
All races ..	56.63	13,603*	6,914*	49.17	60.5	371	188	49.3

\*Including 6 cases of unknown race.

Table H, on page 117, will show the registered births and still-births for the year under review, classified in wards as to race, sex, legitimacy and the percentage of total births occurring in institutions.

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

In Table J, on page 119, is shown the number of births which took place in the various institutions in the Municipality of Cape Town during the year 1951-52.

The variation in the birth rates, both for European and non-European, and the distribution of the births in the various wards of the City for the year 1951-52, are indicated in Table K, on page 120.

The annual birth rate (corrected for outward transfers) since Unification (1913) is set out in years and quinquennia in Table N, on page 123. In the same table the European birth rate corrected for inward and outward transfers is also set out for a series of past years.

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

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 130.

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

#### BIRTH RATES (1947-48-1951-52).

The following table shows the variation in the number of births and birth rates per 1,000 population 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 the 1946 census.

Race.	1951-52		1950-51		1949-50		1948-49		1947-48	
	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.
European ..	3,405	18.20	3,346	17.96	3,451	18.66	3,721	20.26	3,832	20.67
Coloured ..	8,818	41.67	8,616	42.44	8,497	43.74	8,517	45.83	7,858	43.48
Native ..	1,009	34.00	936	33.51	967	36.88	823	33.44	785	33.44
Asiatic ..	365	53.66	314	46.92	322	49.07	265	41.20	301	46.91
Non-European	10,192	41.08	9,866	41.51	9,786	43.11	9,605	44.28	8,944	42.47
All races* ..	13,603 <sup>1</sup>	31.26	13,215 <sup>2</sup>	31.17	13,241 <sup>3</sup>	32.14	13,330 <sup>4</sup>	33.28	12,788 <sup>5</sup>	32.29

\*Including <sup>1</sup> 6, <sup>2</sup> 3, <sup>3</sup> 4, <sup>4</sup> 4, <sup>5</sup> 12 of unknown race.

#### GENERAL MORTALITY.

The deaths and death rates for the Municipality of Cape Town for the year 1951-52, are shown in Table L, on page 121.

The following table shows the relationship of deaths and death rates for the year 1951-52 and for the previous year.

Race.	1951-52				1950-51			
	Uncorrected.		Corrected for Outward Transfers.		Uncorrected.		Corrected for Outward Transfers.	
	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.
European .. ..	2,326	12.43	1,842	9.85	2,184	11.73	1,774	9.52
Coloured .. ..	3,448	16.29	3,045	14.39	3,357	16.53	2,919	14.38
Native .. ..	737	24.83	628	21.16	677	24.24	578	20.69
Asiatic .. ..	67	9.85	59	8.67	76	11.36	71	10.61
Non-European ..	4,252	17.14	3,732	15.04	4,110	17.29	3,568	15.01
All races* .. ..	6,587 <sup>1</sup>	15.12	5,583 <sup>1</sup>	12.83	6,297 <sup>2</sup>	14.85	5,345 <sup>2</sup>	12.61

\*Including <sup>1</sup> 9, <sup>2</sup> 3 of unknown race.

The death rates for the year under review compared with the previous year (corrected for outward transfers) show an increase of 3.5 for Europeans, 0.2 for non-Europeans and 1.7 for all races.

The non-European death rate for the year 1951-52 was 1.5 times as great as that for the European. The ratio was 1.5 for Coloured, 2.1 for Natives; in Asiatics the death rate was 1.1 times less than the European rate.

Reference to Table K, on page 120 will show the deaths and the death rates for the year under review for the separate wards of the City.

In Table N, on page 123, the annual death rate (corrected for outward transfers) since Unification (1913) is set out in years and quinquennia. In the same table the European death rate, corrected for inward and outward transfers, is also set out for a series of past years.



For the purpose 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 124.

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 130, and in Table A5, on page 108.

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

#### PRINCIPAL CAUSES OF MORTALITY.

The total number of deaths registered during the year under review as belonging to the Municipality of Cape Town was 5,583 compared with 5,345 in the previous year; an increase of 4.5 per cent. In Europeans 60.3 per cent of the total deaths were caused from cardio-vascular diseases (568), cancer (all forms) (289) and arterial diseases (254). The number of deaths in the year from cardio-vascular diseases alone caused 30.8 per cent of the total European deaths, and is again the highest recorded cause of death. Amongst non-Europeans 73.8 per cent of the total deaths were caused by tuberculosis (all forms) (739), diarrhoea and enteritis (624), cardio-vascular diseases (414), congenital malformation and diseases of early infancy (331), arterial diseases (324), and bronchitis and pneumonia (323). Although the number of deaths from tuberculosis amongst non-Europeans still remains high, it is very gratifying to be able to report that the mortality from this disease has been declining over the last five years. On the other hand, deaths from diarrhoea and enteritis amongst non-Europeans over the same period show an upward trend and rank high amongst the causes of death. Compared with the previous year the mortality from this disease in the year under review increased by 12.8 per cent.

The following table shows the principal causes of death in the year 1951-52 with the percentage of total deaths and the corresponding death rate for each cause 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 ..	568	30.8	3.0	Tuberculosis (all forms) ..	739	19.8	3.0
Cancer (all forms)	289	15.7	1.5	Diarrhoea and en- teritis ..	624	16.7	2.5
Arterial diseases*	254	13.8	1.4	Cardiac diseases ..	414	11.1	1.7
Violence ..	88	4.8	0.5	Congenital malfor- mations and di- seases of early infancy ..	331	8.9	1.3
Congenital malfor- mations and di- seases of early infancy ..	74	4.0	0.4	Arterial diseases ..	324	8.7	1.3
Bronchitis and pneumonia ..	69	3.7	0.4	Bronchitis and pneumonia ..	323	8.6	1.3
Nephritis ..	52	2.8	0.3	Cancer (all forms)	190	5.1	0.8
Tuberculosis (all forms) ..	49	2.7	0.3	Violence ..	153	4.1	0.6
Diabetes ..	36	1.9	0.2	Nephritis ..	67	1.8	0.3
Diarrhoea and en- teritis ..	19	1.0	0.1	Syphilis, G.P.I. tabes and aneu- rysm of aorta ..	46	1.2	0.2

\*Including intracranial lesions of vascular origin.

In Tables A1, A2, A3, A4 and A5, on pages 78 to 108, the deaths for the year under review will be found fully classified for cause, race, sex, age and ward. A shorter classification by cause and race is set out in Table B, on page 109, and in Table E, on pages 112 and 113, the rates of mortality from a short list of causes are shown by race with the corresponding figures for the previous ten years. Table D, on page 111, shows the trends in mortality from certain causes over a period of years.

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, gastro-enteritis, bronchitis and pneumonia, which are fostered by bad living conditions, result in a greater mortality in the non-Europeans groups. As regards the age factor, bronchitis and pneumonia, diarrhoea and enteritis, measles, whooping cough and the conditions in the "congenital" category, chiefly affect young children; and the large corresponding death rates in non-Europeans are in part due to the mere fact that there is a greater proportion of young children in the non-European population than in the European. (The figures for infant mortality in Table M, on page 122, afford a comparison between the races free from the distortion caused by difference in age constitution.) Similarly cancer, circulatory diseases and diabetes occur especially in middle and old age, and the prominence of the mortality rates from these diseases in Europeans is mainly due to the larger proportion of people of such age in the European population. In other words a larger proportion of non-Europeans die before reaching the age when they are most liable to develop such diseases (see table, Age at Death, page 15).

#### SEASONAL VARIATION.

The seasonal variation in mortality is shown in Table C, on page 110, where the deaths for the year 1951-52 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 ..	50	48	18	9	25	18	401	240	520	513	1,014	828
	Coloured ..	449	356	195	185	118	121	638	451	235	297	1,635	1,410
	Native ..	141	119	41	60	18	12	153	63	18	3	371	257
	Asiatic ..	10	8	3	1	4	3	11	2	17	—	45	14
	Non-European	600	483	239	246	140	136	802	516	270	300	2,051	1,681
All races ..		650	531	257	255	165	154	1,203	756	790	813	3,065	2,509
Percent-age	European ..	4.9	5.8	1.8	1.1	2.5	2.1	39.5	29.0	51.3	62.0	100.0	100.0
	Coloured ..	27.5	25.2	11.9	13.1	7.2	8.6	39.0	32.0	14.4	21.1	100.0	100.0
	Native ..	38.0	46.3	11.0	23.3	4.9	4.7	41.2	24.5	4.9	1.2	100.0	100.0
	Asiatic ..	22.2	57.2	6.7	7.1	8.9	21.4	24.4	14.3	37.8	—	100.0	100.0
	Non-Europeans	29.3	28.7	11.7	14.6	6.8	8.1	39.1	30.7	13.1	17.9	100.0	100.0
All races ..		21.2	21.2	8.4	10.2	5.4	6.1	39.2	30.1	25.8	32.4	100.0	100.0

From the foregoing figures it will be seen that the deaths under five years of age constitute 6.8 per cent of all deaths in Europeans as compared with 42.0 in non-Europeans (Coloured 38.9, Natives 57.5, Asiatic 37.3) and that the deaths under 25 years of age constitute 9.1 per cent of all deaths in Europeans as compared with 49.4 per cent in non-Europeans (Coloured 46.8, Natives 62.3, Asiatic 49.2).

## 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 ..	1,305	1,021	14.65	10.42	1,014	828	11.38	8.45
Coloured ..	1,876	1,572	18.93	13.97	1,635	1,410	16.49	12.53
Native ..	440	297	23.54	27.04	371	257	19.85	23.40
Asiatic ..	51	16	12.73	5.72	45	14	11.23	5.01
Non-European ..	2,367	1,885	19.43	14.92	2,051	1,681	16.84	13.31
All races ..	3,672	2,906	17.41	12.96	3,065	2,509	14.53	11.19

It will be seen from the above table that in Europeans the death rate for males (corrected for outward transfers) was 34.7 per cent greater than that for females and in non-Europeans the death rate for males was 26.5 per cent greater than that for females (Coloured 31.6, Asiatic 124.2; in Natives the death rate for males was 15.2 per cent less than the female).

## DEATHS IN INSTITUTIONS.

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

Race.	Uncorrected.		Corrected for Outward Transfers.	
	Total deaths.	Percentage of total deaths occurring in institutions.	Total deaths.	Percentage of total deaths occurring in institutions.
European ..	2,326	52.3	1,842	41.7
Coloured ..	3,448	30.1	3,045	22.0
Native ..	737	38.1	628	29.0
Asiatic ..	67	35.8	59	27.1
Non-European ..	4,252	31.6	3,732	23.2
All races ..	6,587*	38.8	5,583*	29.3

\*Including 9 of unknown race.



## DEATH RATES (1947-48—1951-52).

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 of the 1946 census.

Race.	1951-52.		1950-51		1949-50.		1948-49.		1947-48.	
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate
European ..	1,842	9.85	1,774	9.52	1,787	9.66	1,761	9.59	1,949	10.51
Coloured ..	3,045	14.39	2,919	14.38	3,125	16.09	3,167	17.04	3,327	18.41
Natives ..	628	21.16	578	20.69	557	21.24	544	22.10	611	26.03
Asiatics ..	59	8.67	71	10.61	58	8.84	65	10.11	76	11.84
Non-Europeans	3,732	15.04	3,568	15.01	3,740	16.47	3,776	17.41	4,014	19.06
All races* ..	5,583 <sup>1</sup>	12.83	5,345 <sup>2</sup>	12.61	5,532 <sup>3</sup>	13.43	5,541 <sup>4</sup>	13.83	5,975 <sup>5</sup>	15.09

\*Including <sup>1</sup>9, <sup>2</sup>3, <sup>3</sup>5, <sup>4</sup>4, <sup>5</sup>12, of unknown race.

## INFANT MORTALITY.

The deaths of infants under one year of age for the Municipality of Cape Town in the year 1951-52 and the corresponding rates are shown in Table L, on page 121.

A comparative view of the deaths of infants under one year of age and the corresponding mortality rates expressed per 1,000 live births for the year 1951-52 and for the previous year are shown in the following table:—

Race.	1951-52				1950-51			
	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 ..	165	36.36	98	28.78	138	31.73	80	23.91
Coloured ..	915	93.87	805	91.29	895	94.76	787	91.34
Native ..	295	211.62	260	257.68	259	204.74	223	238.25
Asiatic ..	19	51.35	18	49.32	18	56.07	18	57.32
Non-European ..	1,229	106.76	1,083	106.26	1,172	106.25	1,028	104.20
All races* ..	1,400 <sup>1</sup>	87.19	1,187 <sup>1</sup>	87.26	1,313 <sup>2</sup>	85.35	1,111 <sup>2</sup>	84.07

\*Including <sup>1</sup>6, <sup>2</sup>3, of unknown race.

The non-European infant mortality rate (corrected for outward transfers) was 3.7 times as great as that for the European. The ratio was 3.2 for Coloured, 8.9 for Natives and 1.7 for Asiatics).

The infant mortality rates for the year under review compared with the previous year (corrected for outward transfers) show an increase of 20.4 for Europeans, 2.0 per cent for non-Europeans, and 3.8 per cent for all races.

The causes of infant mortality, both for children under one year of age and children between one and two years of age are set out in Table M, on page 122, where it will be seen that there was a further increase in the mortality from diarrhoea and enteritis in non-Europeans.

In Table F1, on page 114, the deaths of infants under one year of age for the year 1951-52 are classified by race according to age at death and cause of death; and in Table F2, on page 115, the deaths of infants under one year of age are arranged according to cause and race for a series of years.

The annual infant mortality rate (corrected for outward transfers) since Unification (1913) is set out in years and quinquennia in Table N, on page 123. In the same table the European infant mortality rate (corrected for inward and outward transfers) is also set out for a series of past years.

In the year under review 52.0 per cent of the total deaths amongst European infants occurred in the first week of life and 68.4 per cent in the first month (4 weeks). Amongst non-European infants the percentages were 23.5 in the first week and 30.7 in the first month.

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

Cause of death.	Neo-natal mortality rate.		Post neo-natal* mortality rate.		Infant mortality rate.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Whooping cough .. .. .	—	—	0.29	1.18	0.29	1.18
Scarlet fever .. .. .	—	—	—	—	—	—
Measles .. .. .	—	—	—	—	—	—
Diphtheria .. .. .	—	—	—	—	—	—
Tuberculosis (all forms) .. .. .	—	—	—	5.99	—	5.99
Syphilis .. .. .	—	0.39	—	0.49	—	0.88
Bronchitis and pneumonia .. .. .	1.18	1.47	1.47	15.70	2.65	17.17
Diarrhoea and enteritis .. .. .	0.59	1.37	2.06	39.54	2.65	40.91
Premature birth .. .. .	10.57	16.39	0.88	1.86	11.45	18.25
Injury at birth .. .. .	1.76	4.51	—	0.10	1.76	4.61
Congenital malformations and debility .. .. .	2.06	1.96	2.64	2.26	4.70	4.22
Other diseases peculiar to early infancy .. .. .	2.64	4.32	—	0.39	2.64	4.71
Other causes .. .. .	0.88	2.26	1.76	6.08	2.64	8.34
Total .. .. .	19.68	32.67	9.10	73.59	28.78	106.26

\*Over one month, but under one year.

Compared with the corresponding rates for last year the neo-natal death rate increased by 21.9 per cent for Europeans and 6.7 per cent for non-Europeans. The post neo-natal death rate increased by 17.1 per cent for Europeans, but for non-Europeans there was no change in the rate, it being identical with that for last year.

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, 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
" " " 1952 .. .. .	19.68	9.10	32.67	73.59
Quinquennium (1948-1952) .. .. .	18.64	11.26	34.76	73.98

The following table is designed to show the infant mortality in respect of legitimate and illegitimate infants amongst the various races in the Municipality of Cape Town for the year 1951-52.

	Euro-pean.	Coloured.	Native	Asiatic	All non-Eur.	All races.
Number of legitimate births .. .. .	3,299	6,623	618	362	7,603	10,902
Number of legitimate deaths under one year of age .. .. .	90	509	156	18	683	773
Infant mortality (legitimate) per 1,000 live births .. .. .	27.28	76.85	252.43	49.72	89.83	70.90
Number of illegitimate births .. .. .	106	2,195	391	3	2,589	2,701*
Number of illegitimate deaths under one year of age .. .. .	8	286	96	—	382	396*
Infant mortality (illegitimate) per 1,000 live births .. .. .	75.47	130.29	245.52	—	147.55	146.61

\*Including 6 of unknown race.

The deaths of 18 infants under one year of age (10 Coloured and 8 Natives) are excluded from the above figures as information regarding legitimacy was unobtainable.

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

The deaths of infants in the Langa Native Township are not included in the foregoing figures. Particulars regarding these will be found in Table A5, on page 108, and Table U, on page 130.

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

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



## REPORT OF THE MEDICAL OFFICER OF HEALTH.

## INFANT MORTALITY RATE (1947-48-1951-52).

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.	1951-52		1950-51		1949-50		1948-49		1947-48	
	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 ..	98	28.78	80	23.91	102	29.56	109	29.29	142	37.06
Coloured ..	805	91.29	787	91.34	784	92.27	866	101.68	859	109.32
Native ..	260	257.68	223	238.25	199	205.79	180	218.71	214	272.61
Asiatic ..	18	49.32	18	57.32	10	31.06	19	71.70	20	66.45
Non-European	1,083	106.26	1,028	104.20	993	101.47	1,065	110.88	1,093	122.20
All races* ..	1,187 <sup>1</sup>	87.26	1,111 <sup>2</sup>	84.07	1,099 <sup>3</sup>	83.00	1,178 <sup>4</sup>	88.37	1,247 <sup>5</sup>	97.51

\*Including <sup>1</sup>6, <sup>2</sup>3, <sup>3</sup>4, <sup>4</sup>4, <sup>5</sup>12 of unknown race.

## MATERNAL MORTALITY.

The following table shows the number of deaths of women which occurred from causes associated with pregnancy and the puerperium classified for causes and race and the corresponding maternal 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) ..	—	5	5	—	0.49	0.36
Abortion, ectopic gestation, and haemorrhages of pregnancy ..	—	2	2	—	0.20	0.15
Toxaemias and other diseases and accidents of pregnancy ..	2	4	6	0.59	0.39	0.44
Puerperal haemorrhage ..	—	2	2	—	0.20	0.15
Other puerperal accidents and diseases ..	—	1	1	—	0.90	0.07
All causes, other than puerperal septicaemia (including post-abortive infection) ..	2	9	11	0.59	0.88	0.81
Total ..	2	14	16	0.59	1.37	1.17

In the next table the annual maternal mortality rates per 1,000 live births for the Municipality are shown for a series of years.

	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	2.10	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
1951-52 ..	—	0.49	0.36	0.59	0.88	0.81	0.59	1.37	1.17

The maternal mortality rates (per 1,000 births) based on the total deliveries (live births and still-births) registered during the year 1951-52 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
1951-52 .. ..	—	0.47	0.35	0.58	0.86	0.79	0.58	1.33	1.14

### 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 by race) at the infant consultations (including pre-school children), pre-natal clinics, school clinics and dinners held at the centres during the year 1951-52.

There are 25 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. There is, therefore, urgent need for a centre to serve the needs of central Cape Town.

Since July 1951 a weekly combined infant welfare and pre-natal session has been held in the municipal offices at Steenberg, the Council's Retreat Housing Scheme. This has given some relief to the very inadequate accommodation at the Retreat child welfare centre.

#### INFANT CONSULTATIONS

During the year 53 infant welfare consultations were held weekly, and three infant sessions were held fortnightly. At these sessions 11,450 children were registered as new cases. Of these, 9,886 (1,510 European and 8,376 non-European) were under one year of age at the time of their first attendance, and 1,564 (239 Europeans and 1,325 non-Europeans) were over one year of age at that time.

Of the new cases registered, 123 were of children resident outside the municipal area, viz. under one year of age, Europeans 38, non-Europeans 60, over one year of age, Europeans 11, non-Europeans 14. The new cases registered within the City (excluding attendance at the Langa centre) were as follows:—

	European.	Non-European.
Under one year of age .. ..	1,472	8,040
Over one year of age .. ..	228	1,295

These first attendances under one year of age amounted to 70 per cent of the registered births (43 per cent in the case of Europeans and 79 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, 1952, is shown on page 21.

#### Instructional Test Feeds:

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

During the year, instructional test feeds were given to 820 European mothers with infants and 2,698 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, 1952, 1,738 new cases were supplied with dried milk and 53,015 pounds were issued. The cost of the dried milk was £7,365 3s. 11d.

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



Centre.	Race.	Infant consultations.			Pre-natal clinics.			School clinics.			Dinners.	
		Sessions.	First attendances.		Sessions.	Attendances.		Sessions.	Attendances.		Attendances.	
			Under 1 year.	Over 1 year.		First.	Total.		First.	Totals.	Adults.	Children.
Shortmarket St., Cape Town	Eur. ..	—	—	—	—	—	—	—	—	—	—	—
	Non-Eur. ..	—	614	51	—	179	606	—	163	732	2,032	5,503
	Total ..	154	614	51	51	179	606	20	163	732	2,032	5,503
Kloof St., Cape Town	Eur. ..	—	122	16	—	—	—	—	—	—	—	—
	Non-Eur. ..	—	—	—	—	—	—	—	—	—	—	—
	Total ..	48	122	16	—	—	—	—	—	—	—	—
Aspeling St., Cape Town	Eur. ..	—	—	—	—	—	—	—	3	4	—	—
	Non-Eur. ..	—	1,010	245	—	707	2,515	—	951	3,341	3,989	12,008
	Total ..	296	1,010	245	63	707	2,515	39	954	3,345	3,989	12,008
Bloemhof, Cape Town	Eur. ..	—	—	—	—	—	—	—	—	—	—	—
	Non-Eur. ..	—	306	38	—	111	500	—	—	—	—	—
	Total ..	99	306	38	48	111	500	—	—	—	—	—
Devil's Peak Estate	Eur. ..	—	112	12	—	—	—	—	—	—	—	—
	Non-Eur. ..	—	—	—	—	—	—	—	—	—	—	—
	Total ..	47	112	12	—	—	—	—	—	—	—	—
Green Point ..	Eur. ..	—	92	11	—	—	—	—	—	—	—	—
	Non-Eur. ..	—	—	—	—	—	—	—	—	—	—	—
	Total ..	48	92	11	—	—	—	—	—	—	—	—
Camps Bay ..	Eur. ..	—	42	—	—	—	—	—	—	—	—	—
	Non-Eur. ..	—	—	—	—	—	—	—	—	—	—	—
	Total ..	24	42	—	—	—	—	—	—	—	—	—
Woodstock ..	Eur. ..	—	297	44	—	172	606	—	362	1,427	1	2
	Non-Eur. ..	—	556	150	—	395	1,606	—	1,217	4,517	2,096	3,022
	Total ..	246	853	194	98	567	2,302	196	1,579	5,944	2,097	3,024
Mowbray ..	Eur. ..	—	78	5	—	—	—	—	—	—	—	—
	Non-Eur. ..	—	—	—	—	—	—	—	—	—	—	—
	Total ..	23	78	5	—	—	—	—	—	—	—	—
Maitland ..	Eur. ..	—	80	22	—	21	108	—	41	67	—	—
	Non-Eur. ..	—	514	79	—	348	1,247	—	246	907	1,185	5,057
	Total ..	199	594	101	51	369	1,355	22	287	974	1,185	5,057
Brooklyn ..	Eur. ..	—	128	16	—	—	—	—	—	—	—	—
	Non-Eur. ..	—	—	—	—	—	—	—	—	—	—	—
	Total ..	51	128	16	—	—	—	—	—	—	—	—
Windermere ..	Eur. ..	—	—	—	—	—	—	—	21	89	—	—
	Non-Eur. ..	—	1,152	118	—	1,020	4,309	—	178	663	2,902	10,187
	Total ..	198	1,152	118	150	1,020	4,309	17	199	752	2,902	10,187
Athlone ..	Eur. ..	—	6	—	—	—	—	—	—	—	—	—
	Non-Eur. ..	—	1,092	162	—	739	3,394	—	325	754	2,124	6,276
	Total ..	216	1,098	162	99	739	3,394	18	325	754	2,124	6,276
Langa ..	Native ..	50	276	16	49	264	1,102	—	—	—	—	—
Bokmakirle ..	Eur. ..	—	—	—	—	—	—	—	—	—	—	—
	Non-Eur. ..	—	566	92	—	424	1,967	—	—	—	4,077	12,105
	Total ..	148	566	92	97	424	1,967	—	—	—	4,077	12,105
Station Rd., Claremont	Eur. ..	—	92	20	—	71	384	—	14	26	22	24
	Non-Eur. ..	—	264	59	—	282	1,191	—	220	713	1,340	2,358
	Total ..	97	356	79	81	353	1,575	22	234	739	1,362	2,382
Wesley St., Claremont	Eur. ..	—	—	—	—	—	—	—	—	—	—	—
	Non-Eur. ..	—	249	45	—	95	508	—	—	—	472	4,498
	Total ..	101	249	45	34	95	508	—	—	—	472	4,498
Franklin Rd., Claremont	Eur. ..	—	47	3	—	—	—	—	—	—	—	—
	Non-Eur. ..	—	—	—	—	—	—	—	—	—	—	—
	Total ..	23	47	3	—	—	—	—	—	—	—	—
Lansdowne ..	Eur. ..	—	115	35	—	24	95	—	7	38	—	—
	Non-Eur. ..	—	377	50	—	257	1,021	—	13	39	1,512	4,297
	Total ..	147	492	85	70	281	1,116	5	20	77	1,512	4,297
Wynberg ..	Eur. ..	—	142	25	—	28	90	—	36	88	—	—
	Non-Eur. ..	—	385	65	—	343	1,256	—	274	734	2,278	4,190
	Total ..	150	527	90	51	371	1,346	17	310	822	2,278	4,190
Parkwood and Southfield	Eur. ..	—	49	8	—	11	52	—	—	—	—	—
	Non-Eur. ..	—	78	21	—	68	218	—	—	—	2,060	4,804
	Total ..	99	127	29	20	79	270	—	—	—	2,060	4,804
Retreat ..	Eur. ..	—	71	18	—	20	48	—	—	—	—	—
	Non-Eur. ..	—	826	94	—	796	2,919	—	—	—	1,789	3,127
	Total ..	195	897	112	98	816	2,967	—	—	—	1,789	3,127
Steenberg ..	Eur. ..	—	—	—	—	—	—	—	—	—	—	—
	Non-Eur. ..	—	78	35	—	49	304	—	—	—	—	—
	Total ..	49	78	35	49	49	304	—	—	—	—	—
Muizenberg ..	Eur. ..	—	37	4	—	—	—	—	—	—	—	—
	Non-Eur. ..	—	—	—	—	—	—	—	—	—	—	—
	Total ..	23	37	4	—	—	—	—	—	—	—	—
Kalk Bay ..	Eur. ..	—	—	—	—	—	—	—	—	—	—	—
	Non-Eur. ..	—	33	5	—	13	44	—	—	—	—	—
	Total ..	27	33	5	23	13	44	—	—	—	—	—
TOTAL ..	Eur. ..	—	1,510	239	—	347	1,473	—	484	1,739	23	26
	Non-Eur. ..	—	8,376	1,325	—	6,090	24,797	—	3,587	12,400	27,856	77,432
	Total ..	2,758	9,886	1,564	1,132	6,437	26,270	356	4,071	14,139	27,879	77,458

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

Centre.	1951-52	1950-51	1949-50	1948-49	1947-48
Keerom Street .. .. .				9,574	12,270
Shortmarket Street .. .. .	8,970	8,283	9,388	1,559	
Kloof Street .. .. .	1,454	1,569	1,711	308	
Aspeling Street .. .. .	19,448	21,270	20,925	18,933	19,413
Bloemhof .. .. .	7,553	7,227	5,637	5,021	4,050
Devil's Peak .. .. .	1,560	1,894	1,791	632	687
Green Point .. .. .	1,332	1,334	830	96	
Camps Bay .. .. .	423	437	345	332	253
Woodstock .. .. .	13,873	14,419	12,927	13,608	12,853
Mowbray .. .. .	805	845	856	708	153
Maitland .. .. .	8,542	8,992	10,413	9,031	8,894
Brooklyn .. .. .	2,126	2,231	2,306	2,021	2,517
Windermere .. .. .	13,911	14,337	14,256	13,268	13,659
Langa .. .. .	3,446	3,124	3,374	3,947	3,552
Athlone .. .. .	16,807	18,162	16,748	13,805	14,111
Bokmakirie .. .. .	13,551	14,250	13,658	11,885	11,100
Claremont (Station Road) .. .. .	5,497	6,182	6,888	6,924	6,014
Claremont (Wesley Street) .. .. .	5,672	5,948	5,475	4,822	5,112
Claremont (Franklin Road) .. .. .	726	534			
Lansdowne .. .. .	5,435	5,693	5,426	5,825	5,460
Wynberg .. .. .	8,963	8,648	10,284	8,731	7,835
Parkwood and Southfield .. .. .	2,612	2,365	2,814	2,947	2,266
Retreat .. .. .	12,126	12,783	12,818	10,661	9,466
Steenberg .. .. .	1,853				
Muizenberg .. .. .	340	339	402	417	635
Kalk Bay .. .. .	561	636	507	492	581
Totals .. .. .	157,586	161,502	159,779	145,547	140,881

## 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, 1952:—

Voluntary Centre.	No. of sessions in the year.	No. of new cases (Infants).	Total attendances (Infants).	Total attendances (Toddlers).
Bowwood Road, Claremont .. .. .	144	528	2,545	174
Sea Point .. .. .	48	147	1,390	72

## 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 organisations.

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 and 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 still being kept and the infants followed up to the age of 4 months with examination and serological tests. The results of this follow-up continues to be satisfactory and the deputy maternal and child welfare officer hopes to publish a survey on 250 such cases in the near future.

Rh group testing is being carried out on European women attending the pre-natal clinics and on certain selected non-European women.

In the year under review 10,482 blood specimens (811 for European and 9,671 non-European women) were submitted for examination by the Wasserman test. Of these 1,157 were reported as positive or doubtful (27 in European and 1,130 in non-European women).

The government pathological laboratory introduced the Price Precipitin Reaction during this year, which is now employed for the diagnosis of syphilis, in addition to the Wasserman test.

During the year 21 pre-natal clinics were held weekly, at which 6,437 expectant mothers were registered as new cases, and the total attendances numbered 26,270. Details are shown in the table on page 20.

Of the new cases registered 90 were expectant mothers resident outside the Cape Town municipal area (17 European and 73 non-European). The new cases registered within the City, exclusive of the clinic at Langa, numbered 6,083 (330 European and 5,753 non-European) that is to say, the number of new cases attending the municipal pre-natal clinics amounted to 45 per cent of the number of registered live births (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 they 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.	1951-52	1950-51	1949-50	1948-49	1947-48
Keerom Street .. .. .				1,519	1,662
Shortmarket Street .. .. .	696	752	1,104	255	
Aspeling Street .. .. .	2,515	2,535	2,986	3,303	3,714
Bloemhof .. .. .	500	450	221		
Woodstock .. .. .	2,302	2,480	2,846	2,605	2,843
Maitland .. .. .	1,355	1,753	1,609	1,814	1,721
Brooklyn .. .. .		43	175	157	165
Wandermere .. .. .	4,309	4,364	4,013	3,096	3,300
Langa .. .. .	1,102	1,127	1,275	1,360	1,524
Athlone .. .. .	3,394	3,579	3,482	3,323	3,415
Bokmakirie .. .. .	1,967	1,926	1,756	1,578	1,650
Claremont (Station Road) .. .. .	1,575	1,508	1,519	1,546	1,684
Claremont (Wesley Street) .. .. .	508	454	489	455	374
Lansdowne .. .. .	1,116	1,063	1,325	1,249	1,326
Wynberg .. .. .	1,346	1,430	1,620	1,513	1,902
Parkwood and Southfield .. .. .	270	244	200	293	261
Retreat .. .. .	2,967	3,321	3,358	3,342	3,236
Steenberg .. .. .	304				
Kalk Bay .. .. .	44	29	76	54	110
Totals .. .. .	26,270	27,058	28,054	27,562	28,887

#### 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 906 new cases (190 European and 716 non-European and a total attendance of 4,371 (987 European and 3,384 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 105,337. Details are shown in the table on page 20.

In the year 1951-52 the cost amounted to 7.4d. per dinner. This figure includes the cost of food and fuel at two centres where coal fires were used. It does not include current for the electric stoves at the other centres, nor the wages of the ordinary members of the staff who may assist in connection with the dinners. The services of the mothers themselves are utilized as much as possible.

In accordance with arrangements made with the School Board, who are responsible for the distribution of free milk to school children under the scheme of the Dairy Industry Control Board, free milk is distributed to poor children under school age at the infant welfare centres. The distribution is made every week-day, and the children consume the milk at the centres. During the year under review the attendances of children for milk numbered 140,867 and the milk consumed amounted to 7,228 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 visitor's 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
Social Welfare Worker .. .. .	1
Assistant Social Welfare Visitor .. .. .	1
Diphtheria Immunization Nurses .. .. .	2
Orthopaedic Nurse .. .. .	1
European Health Visitors .. .. .	32
Coloured Health Visitors .. .. .	7
Native Health Visitors .. .. .	2
Total .. .. .	49

The following table shows the number of visits made during 1951-52 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.									
	1951-52	1950-51	1949-50	1948-49	1947-48	1946-47	1945-46	1944-45	1943-44	1942-43
Visits to houses where births have occurred..	14,930	14,773	14,725	14,758	14,667	14,622	13,339	13,168	13,273	11,495
Subsequent visits to houses where births have occurred ..	53,726	57,082	57,127	54,503	50,989	43,912	47,252	45,732	45,517	38,391
Visits to houses where deaths under 5 years of age have occurred	1,308	1,365	1,336	1,369	1,620	1,303	1,502	1,754	2,069	1,496
Visits to expectant mothers ..	2,184	2,426	2,612	2,795	2,912	2,890	2,820	2,773	3,526	3,219
Visits re protected infants ..	2,322	2,059	2,024	2,097	2,778	3,029	3,486	3,434	3,686	3,451
Special follow-up visits	5,847	6,231	6,211	6,096	5,267	4,843	5,214	6,559	5,439	4,573
Visits to cases of tuberculosis ..	25,705	24,087	21,609	20,500	21,006	19,018	17,352	17,115	14,621	12,188
Visits re cases of puerperal fever ..	24	18	48	51	86	76	77	64	109	76
Visits re measles ..	19	69	52	41	89	83	55	29	90	241
Visits re whooping cough	1,821	944	287	42	104	48	9	127	69	16
Visits re diarrhoea ..	80	83	85	60	45	29	83	115	42	121
Visits re chicken-pox ..	11	21	23	9	19	8	10	8	23	9
Visits re ophthalmia neonatorum ..	209	325	332	431	427	564	563	775	492	457
Visits re pneumonia ..	158	229	271	276	348	360	305	299	370	368
Visits re trachoma ..	1	1	1	3	1	5	6	5	1	2
Visits re influenza ..	2	1	1	1	—	2	1	2	4	5
Visits re other diseases ..	18	23	18	76	154	81	121	79	127	106
Visits re diphtheria immunization ..	897	1,197	1,340	1,115	1,025	2,150	2,830	3,882	3,532	2,987
Visits re diphtheria ..	2	4	2	1	13	54	167	241	359	82
Visits re midwives ..	613	560	615	796	625	560	962	1,247	1,010	856
Visits re schools ..	234	321	277	491	596	569	781	687	547	591
Visits to school children	3,034	4,061	1,129	756	900	870	740	449	694	910
Visits to shops and factories ..	302	312	370	229	209	410	572	523	129	212
Visits to nursing homes	3	4	139	88	92	114	151	123	137	105
Visits re verminous persons ..	—	—	1	5	10	44	25	43	151	61
Visits re dental treatment ..	109	88	72	94	130	189	156	181	183	277
House-to-house visitations ..	7,634	8,386	7,700	7,312	6,350	5,884	6,042	6,465	6,730	4,207
Visits re venereal disease	5,769	7,172	7,236	7,169	7,808	8,876	8,071	7,195	6,291	5,896
Visits re prospective foster mothers ..	25	42	39	51	21	45	63	42	64	84
Visits re evacuees ..	—	—	—	—	—	—	—	15	27	35
Visits to orthopaedic cases ..	2,053	2,774	2,913	3,588	3,502	3,341	3,302	2,241	681	—
Other visits ..	240	248	393	732	1,157	1,023	1,155	1,629	2,416	2,226
Visits by Social Welfare Investigator ..	1,954	2,286	2,294	2,630	2,114	1,515	1,631	1,968	1,860	1,754
Total visits ..	131,234	137,192	131,282	128,165	122,064	116,417	118,843	118,969	114,269	96,497
Complaints referred to Chief Health Inspector	16	32	31	43	21	19	44	80	55	41

## 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 1951-52, the number of births and still births notified (including births to mothers who were non-Cape Town residents) was 18,166 as follows:—

Notified by midwives and nurses (other than extern or intern institutional cases) ..	6,290
Notified by doctors ..	657
Notified by institutions (extern or intern) ..	11,043
Notified by parents and others ..	73
Notified by health visitors ..	103

There were 304 births notified in Langa Native Township.



In Table I, on page 118, 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 .. .. .		615	3.9
By private midwives:			
Certificated .. .. .		5,231	33.7
Uncertificated .. .. .		915	5.9
By public midwives or midwife students .. .. .		1,500	9.7
No doctor or midwife .. .. .		69	0.4
No information .. .. .		71	0.5
		<hr/> 8,401	<hr/> 54.1
<i>In institutions:</i>			
Public institutions .. .. .		6,059	39.0
Private nursing homes .. .. .		1,060	6.8
		<hr/> 7,119	<hr/> 45.9

The extern births attended by certificated private midwives continued to increase in proportion to those attended by uncertificated women. In the year 1930-31, 80 per cent of midwife births (extern) were attended by uncertificated midwives. In the present year the percentage was 14.9 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 and Salvation Army non-European Maternity Centre. Public extern midwifery is done from the Peninsula Maternity Hospital, Salvation Army non-European Maternity Centre, St. Monica's Home and Somerset Hospital.

Groote Schuur Hospital now only admits for confinement those women who are suffering from toxæmia of pregnancy.

#### SUPERVISION OF MIDWIFERY.

The supervision of all persons (other than medical practitioners) practising midwifery in the municipal area is carried out in compliance with the regulations made under Section 18 (b) of the Public Health (Amendment) Act No. 15 of 1928.

The post of Supervisor of Midwives which was created in 1931, is occupied by a senior health visitor who works under the direction of the Maternal and Child Welfare Officer. Close contact with midwives working in a private capacity is maintained and it has been found that midwives readily appreciate the fact that there is someone to whom they can apply for advice and guidance when any difficulty arises. In September 1951, the Supervisor was elected as a midwives' representative to the South African Nursing Council for a period of five years.

Free maternity services have been provided by the maternity institutions of the Cape Provincial Administration—both intern and extern since 1950. On the 1st June 1952, the Administration started the employment of non-European district midwives to work in the outlying areas not catered for by the institutions. Only two of these district midwives work in the municipal area *viz.* at Retreat and Kensington. The extern staff of the Somerset Hospital provide free services at Windermere and in the Docks area, while that of the Peninsula Maternity Hospital cater for the needs of the City area and as far as Mowbray Police Station. During the year under review, the Peninsula Maternity Hospital has opened a district service in the Claremont area. It is probable that, in time, these free services will affect the practices of the private midwives who are dependant upon the fees collected from their patients.

Since the last report, the position of the midwifery service at Retreat has improved. In addition to the C.P.A. midwife, another certified midwife has started a practice in the new housing estate at Steenberg—making a total of 2 midwives there. The certificated Native midwife in the Free Ground area gave up practice and has been replaced by a trained woman, whose certificate however, is unfortunately not registrable with the South African Nursing Council.

#### *Assisted Midwifery.*

Despite the above-mentioned services, there are still some areas which do not have free services and payment of private midwives by the City Council is authorised in respect of expectant mothers attending pre-natal clinics who are unable, through poverty, to pay for their confinements.

An amount of £99 0s. 0d. was paid to midwives during the year. Fees to medical practitioners called in by midwives to cases of obstetrical emergencies were paid in 16 instances—a total disbursement of £22 13s. 6d.

#### *Prosecutions or Removals:*

There were no prosecutions or removals from the list of midwives during the year and no disciplinary action was necessary.

#### *Inspections:*

Inspections of midwives are arranged periodically at the larger welfare centres. A Medical Officer from this Branch usually attends and discussions and educational films are arranged where possible. Every effort is made to keep midwives engaged in domiciliary practice conversant with the latest methods of treatment.

In October 1951, 4 doctors taking the Post-Graduate Diploma in Public Health attended the inspection held at the Bokmakirie Centre.

In June 1952, a demonstration-inspection with films was arranged at Bokmakirie Centre and attended by 10 non-European health visitor students from the Cape Technical College, in addition to the local midwives.

A total of 9 inspections, attended by 110 midwives were held during the year.

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, 1951 .. .. .	101	106	9	15	231
Added to the list during 1951-52 .. ..	5	4	—	1	10
Removed from list, having ceased to practice or untraceable .. .. .	14	12	1	2	29
On list 30th June, 1952 .. .. .	92	98	8	14	212

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	526
Midwives interviewed at Office .. .. .	68
Inspections held during 1951-52 .. .. .	9
Attendances of midwives at inspection .. .. .	110
Total visits paid by supervisor .. .. .	1,602

#### 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 1951-52 corrected for imported cases and misdiagnosis, numbered 20 (1 European and 19 non-European). There was 1 Cape Town death from the disease according to date of registration in the year.

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

#### Attendances at Confinement.

Fourteen of the notified cases were confined at home and six in hospitals. Of the 14 at home, 7 were attended in labour by midwives only and 1 by a doctor; 6 were unattended.

#### Condition of Child.

Seventeen of the cases supervened upon the birth of a living child and 3 a dead foetus (non-viable). Six of the cases were reported as occurring in a woman in the first confinement.

#### Treatment.

Eleven of the cases were treated in the City Hospital; the remaining 9 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.

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

The work done at the municipal sessions during the year ending 30th June, 1952 is shown by the following figures:—

#### Number of Sessions:

At schools .. .. .	41
At institutions .. .. .	26
At child welfare centres .. .. .	195
	262

European	Non-European.	All Races.
2,588	9,439	12,027

#### Number of injections given:

S.A. Alum Precipitated Toxoid .. .. .	10,088
S.A. Combined Whooping Cough and Diphtheria Vaccine .. .. .	16,369
B.W. Toxoid Antitoxin Floccules .. .. .	23
S.A. Absorbed Dissolved Floccules .. .. .	38
	26,518



## 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 Cape Town cases of true ophthalmia neonatorum during the year 1951-52 (corrected for imported cases and misdiagnosis) was 145, comprising 20 European and 125 non-Europeans. Of these 145 cases, 43 were born in institutions and 102 at home. Of the 102 home confinements 12 were recorded as having been attended by doctors and 82 by midwives; 8 were unattended.

Every case has been kept under observation by the health visitors in order to secure efficient treatment. The use of penicillin and the sulphonamide drugs has increased the efficiency of treatment, and except in cases under private medical practitioners these drugs are ordered by the medical officers of the Maternal and Child Welfare Centres, to which the patients are brought for consultation, and the cases are followed up by the health visitors until the eyes are clear. 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 81 of the cases as "slight" and 64 as "moderate" or "grave".

In addition to the above figures there was at the Langa Native Township 3 Native cases 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 .. .. .	143
Cases of blindness .. .. .	—
Sight damaged .. .. .	—
Died .. .. .	—
Lost trace of .. .. .	5
	148

## 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.

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 Nursery School and Barkly House Nursery School as practising nursery schools for students at the Barkly House 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 helpers.

*Bloemhof Nursery School*. This nursery school is run in the Bloemhof community centre attached to the 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, 1952, are shown in the following table:—

	Shelley Street.	Bloemhof.	Bokmakirie.
New entrants .. .. .	36	27	33
Mean total on register .. .. .	48	45	81
Daily sessions .. .. .	205	213	213
Mean attendances per session .. .. .	40	38	73
Total attendances .. .. .	8,273	7,909	15,350



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 16 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 Streets, Cape Town. This day nursery caters for European children 6 months to 6 years. Its capacity is 50.

Non-European day nursery, Tafelberg House, Canterbury Street, Cape Town. This day nursery caters for non-European children 3 months to 6 years. Its capacity is 107.

(2) *A.C.V.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 children.

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

This nursery school is run for non-European children. It is recognized as a nursery school by the Cape Provincial Department and receives a Provincial Grant-in-Aid. It caters for 70 children from 3 to 6 years. The school is staffed by two non-European nursery school teachers under the supervision of the institute supervisor. The school follows the Provincial school terms. During the holidays the needy children receive daily meals and milk at Aspeling Street welfare centre.

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

A nursery school for non-European children is 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; 150 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 22 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) *Cafda Day Nursery, Retreat.*

There is a day nursery for non-European children in conjunction with the Social Centre.

Although it is 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.

(9) *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.

The training course for non-European nursery school assistants has been started, their lectures and practical work being done at this nursery school.

(10) *Bokmakirie Crèche.*

This crèche is run by the Care Committee for tuberculosis patients and caters for 30 children under 7, and in addition gives a mid-day meal to 30 children of school going age.

It is in charge of a trained social welfare worker with a cook and five additional helpers.

(11) *Training Schools.*

Nursery school teachers are trained at the Barkly House Training College, Molteno Road, Claremont. The students do their practical work at the Buxton Nursery School, Barkly House Nursery School and the municipal nursery schools. A course for non-European nursery school assistants was started in 1952 under the auspices of Barkly House Training College. These students are trained at the Athlone Training Centre, and do their practical work in the Athlone Nursery School and other nursery schools and crèches.

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, 1951, to 30th June, 1952, was as follows:—

Cape Town Magisterial District	..	..	..	..	..	..	140
Wynberg Magisterial District	..	..	..	..	..	..	169
							<hr/> 309

The total number of visits made by health visitors during the year to protected infants was 2,322.

#### ADOPTION OF CHILDREN.

Any person in Cape Town who is desirous of taking a child for adoption 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	..	..	..	..	..	..	81
Non-Europeans	..	..	..	..	..	..	108
							<hr/> 189
Total	..	..	..	..	..	..	

#### CARE OF CHILDREN SUFFERING FROM ORTHOPAEDIC DEFECTS.

There were 392 children under the age of 6 years being supervised by the City Council orthopaedic health visitor on 30th June, 1952. Of these, 44 were Europeans, 31 were Natives and 317 were Coloured.

##### *Causes of Disablement.*

Surgical tuberculosis	..	..	..	..	..	..	50
Poliomyelitis	..	..	..	..	..	..	38
Cerebral palsy	..	..	..	..	..	..	18
Congenital deformities	..	..	..	..	..	..	94
Flat feet	..	..	..	..	..	..	43
Rickets	..	..	..	..	..	..	133
Perthes' disease	..	..	..	..	..	..	2
Septic arthritis	..	..	..	..	..	..	1
Nerve injuries	..	..	..	..	..	..	2
Erbs palsy	..	..	..	..	..	..	7
Old fractures with deformity	..	..	..	..	..	..	4
							<hr/> 392

Of the 50 children suffering from surgical tuberculosis 30 were new cases notified during the year.

Of the 94 congenital deformities 62 were suffering from club feet of whom 15 were born during the year.

##### *Other particulars of the work effected are as follows:—*

Number of clinics held with surgeon in attendance	..	..	..	..	..	..	43
Number of other clinics	..	..	..	..	..	..	220
Attendances at surgeons' clinics	..	..	..	..	..	..	1,525
Attendances at other clinics	..	..	..	..	..	..	3,400
Children admitted to hospital	..	..	..	..	..	..	24
Children discharged from hospital	..	..	..	..	..	..	24
Children in hospital on 30th June 1952 (under 6)	..	..	..	..	..	..	43
Children referred to the Provincial Administration after-care nursing Sisters on reaching the age of 6 years	..	..	..	..	..	..	48
House visits	..	..	..	..	..	..	2,019
Recoveries	..	..	..	..	..	..	44
Deaths	..	..	..	..	..	..	7
Moved out of the municipal area	..	..	..	..	..	..	29

During the year under review the orthopaedic section of the Child Welfare Branch has continued to progress.

The number of children suffering from active surgical tuberculosis who are being nursed at home on Thomas splints, spinal and abduction frames, has increased from 13 to 25. These children need frequent visiting and special nursing care.

The number of clinics, held weekly at the four most centrally situated centres increased by 25, and, as the mothers are co-operating better in bringing their children regularly, less visiting has been necessary.

The surgeons have continued to operate on children at the out-patient department of the Lady Michaelis Home on Monday mornings, thus enabling the children to receive treatment early and also lessening the waiting list for orthopaedic hospitals.

#### 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, Aspelung Street (Cape Town) and fortnightly at Shortmarket Street (Cape Town), Claremont, Wynberg, Maitland, Windermere and Athlone.

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 3 times weekly 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.

An ear, nose and throat specialist holds weekly sessions at Woodstock, for children referred for special attention.

The work done during the year ended 30th June, 1952, is shown in the table on page 20, and is further analysed in the following figures:—

	Ophthalmic school clinic.			General school clinic.			Ear, Nose and Throat clinic.		
	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.
Number of new cases . . . .	214	522	736	232	2,790	3,022	38	275	313
Total attendances . . . .	967	2,041	3,008	718	9,914	10,632	54	445	499
Number of sessions held . . .			119			199			38
Children fitted with spectacles:									
Full-paying . . . . .	104	164	268						
Part-paying . . . . .	40	137	177						
Free . . . . .	15	24	39						

#### 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, 113 of the unmarried mothers (European 4, Coloured 83, Native 26) 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 therefore 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).

Dental disease continues to be an important problem in public health throughout the civilized world. The two aspects which occupy the attention of health authorities are prevention and treatment. The study of the problems of prolonged dental disease has not received the systematic investigation on a national scale which it deserves, and it is hoped that such a study will be undertaken by the Central Government at an early date.

The actual occurrence of dental disease in its many forms is not immediately dangerous to life nor totally incapacitating in its effects, and for this reason its incidence and insidious progress is so frequently tolerated and viewed with complacency. A brief resumé of the factors connected with the development of dental tissues, the incidence of disease and the effects produced should prove indicative of the importance of the problem in its relation to public health.



The calcification of the primary dentition commences in the fifth month of intra uterine life, and although these teeth do not normally erupt until the sixth or seventh month of life, their development continues throughout this period and even after eruption. Even before this dentition is completely calcified, permanent dentition has started to form, and although the eruption of all the important permanent teeth is complete about the twelfth year, tooth formation is only completed about the fifteenth year. It can thus be seen that from well before birth to the fifteenth year, there is continuous activity in the development and the eruption of the teeth.

Such development is accompanied by growth and pronounced changes in the jaw and face, and it can readily be appreciated that any unfavourable factors during this long period of development and growth will have very detrimental effects on the development of the dental and adjoining bony structures.

In the light of our present knowledge of this subject, it is known that environmental and dietary factors are of considerable importance in the development of sound dentitions, that oral hygiene and early treatment are matters of importance in the direct control of dental disease. It is still apparent that many other facets of the problem are still unanswered, but it is equally obvious that where the knowledge already gained is not applied deterioration of dental health in the masses will continue on its present scale.

At present active treatment often becomes necessary from the age of two years, with a view to prolonging the life of the deciduous dentition. Unfortunately, such prolonged treatment is beyond the financial capacity of a large section of the community, who are anxious for treatment, while ignorance and indolence amongst the remainder have precluded them from seeking treatment. The inevitable result is the development of deep sepsis, and all that results therefrom, or at least a deprivation of a functional masticatory system with its attendant evils and obvious aesthetic loss. The latter is of marked importance in its effects on the fitting of individuals for the labour market.

Public health is concerned with the prevention and treatment of dental disease. The former, being a national problem, should be investigated and dealt with on a national scale, whereas local bodies are usually best fitted to provide treatment. Institutions established to provide treatment should be staffed and fully equipped for all branches of dentistry.

A modern health authority must take cognisance of all those factors likely to affect the health of all persons in its area. Two of these are the regulation of the water supply and the control of the quality of the food consumed in its area.

With regard to the former, the Cape Town supply does not possess the optimum quantity of those minerals, particularly fluorine, which are said to have a beneficial effect by their inhibitory action on dental caries. The addition of such substances in the correct quantities is not a simple matter, and caution is advised, as the long term results of experiments carried out in this connection in other countries have still to be fully ascertained. In any case, it appears that any benefits so obtained only produce an increased relative immunity to dental caries and do not provide positive prevention.

Food plays the most important part in the development of dental tissues as well as being a factor in the production of dental disease, therefore, in the consideration of a nation's food supply it is not merely enough to ensure purity and the absence of deleterious substances; processed foodstuffs should contain those substances they are reputed to possess, and where denaturing is inevitable foods should be fortified to restore their natural properties.

Where the only source of dental treatment is that provided by private practitioners, it is found that the less affluent section of the community is unable to avail itself of the benefits of a comprehensive service. Even could they afford it they still seek only a first-aid service for the elimination of pain. The majority of this section indeed seem to have only one object in mind when they seek dental treatment and that is the total removal of all teeth. Inculcation of the importance of the preventive aspects of dental treatment is the only method of obviating such an attitude of mind and such can only be obtained by widening the scope of hygiene as taught in the primary and secondary schools of the Union.

For many years the only treatment available for these patients was the extraction of teeth, and it was only with the establishment of the Municipal Dental Department by the Municipality that the scope has been widened to include both prevention and conservation. In the conservation of teeth, the most valuable treatment is that given to children, and where reasonable care and treatment are exercised one does not find the atrocious conditions all too common in the mouths of adolescents and adults.

Before the Municipality assumed responsibility for the provision of dental treatment to the underprivileged, the only available treatment for adults was an extraction service at some of the hospital out-patient departments, the responsibility for indigent school children resting with the Education Authority. Occasionally a district surgeon certified an indigent as requiring dentures.

At the Central Dental Clinic all groups are treated. Facilities have been provided for the removal of teeth under local and general anaesthesia, fillings, prophylactic treatment, X-ray examination, orthodontic treatment and the provision of dentures and other appliances. At the undermentioned municipal and other centres, treatment is provided as indicated:—

Aspeling Street; St. James Street, Woodstock; Town Hall, Wynberg; Athlone and Lansdowne;—Expectant and Nursing mothers and pre-school and school children; City Infectious Diseases Hospital and Brooklyn Chest Hospital;—In patients; Chapel Street;—Tuberculosis out-patients; Langa Hospital;—Residents of Langa Native Township.

Visits are paid to the following institutions for the treatment of in-patients. Westlake (Government) Tuberculosis Hospital; the Dr. A. J. Stals Memorial Sanatorium (Divisional Council); the Lady Michaelis Orthopaedic Hospital and the Maitland Cripple Hospital.

It is under such circumstances that it is pleasing to note an increase in the attendances for restorative treatment. The large attendances from the very inception of the Council's dental schemes and the steady increase year after year indicate how great was the need for this service. Today, the grossly septic oral conditions in children so commonplace several years ago are not nearly so evident which by and large is entirely due to the treatment provided at the pre-school and school dental clinics conducted by the Municipality.



The provision of orthodontic treatment has proved an unqualified success. This type of treatment is necessarily prolonged and expensive and quite beyond the resources of most individuals. A weekly session conducted by a part-time orthodontist is very well attended, and the results are most gratifying.

The denture sessions are always fully booked for several months ahead. The fact that so many of the applicants for dentures have been edentulous for many years indicates how great was the need for the establishment of this section of the Clinic's activities.

The system adopted for the reception and treatment of patients at the Central Dental Clinic is as follows:—Special times are allotted for the first attendances of patients. These are assessed for eligibility and then examined, the required treatment being noted on the patient's card. Appointments are given and assessments made for the portion of the basic (sub-economic) fee chargeable.

The various types of treatment are given at different sessions as, by this means, it has been found possible to deal with larger numbers at less cost. Urgent cases are usually treated immediately. At school sessions the appointments are booked for groups of children through the school principals, and treatment for other groups is through the institution concerned.

Although the City Council has assumed responsibility for the provision of dental treatment much of the expenditure is recovered as stated hereunder.

The Provincial Administration is responsible for the cost of treatment of school children, and contribute largely towards this section.

The Union Health Department refunds the deficiency in the cost of supplying dentures and in addition refunds half the annual deficit. The cost of dental services at the Langa Hospital is borne by the Native Revenue account, and for services at the Infectious Diseases Hospitals and Tuberculosis clinic by the Council and the Union Health Department. The accompanying tables indicate the scope and distribution of the services rendered.

In the year under review, 21,183 general anaesthetics were administered. The number of patients treated parenterally with antibiotic drugs was 471, and 24 persons were similarly given prophylactic treatment against haemorrhage. These figures are in addition to similar treatment with orally administered drugs.

The number of attendances for orthodontic treatment was 277.

The number of persons, 1,113, supplied with dentures indicates in the large majority of cases full upper and lower prosthesis, the actual number of dentures being 1,992. This is exclusive of orthodontic appliances.

The number of sessions held was approximately 700 more than in the previous year, and totalled about 8,500 more attendances, of which approximately 3,700 were for extractions (mostly general anaesthetics). The most gratifying feature was an increase of about 2,750 attendances for conservative treatment.

Although the number of dentures supplied shows a small increase this is of no significance as the output cannot be increased until the dental mechanic staff is increased. During the year there were 440 X-ray examinations.

Modern antibiotic drugs have proved very efficacious in treating cases of Vincent's Infection (trench mouth), a communicable and formerly very intractable condition. One suspected case of cancrum oris in a child, (a condition formerly invariably fatal), was successfully treated by the same means. Two cases of malignancy in the mouth were diagnosed and referred for treatment to the Groote Schuur General Hospital.

Several persons with fractures of the jaw were given professional treatment and referred to the Maxillo-Facial Department at Groote Schuur Hospital, as were a few children with cleft palates.

There is a need for the extension of the dental services to areas such as Windermere and Retreat, as the cost of travel, especially from the latter area, imposes hardship on the lower income groups of those districts.

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

In addition the continued services of part-time anaesthetists, dentists, nurses and clinic assistants have once again been utilized, a factor which materially assists in the allocation of duties of full-time staff at the various sessions where fluctuation in numbers is most unpredictable.



## 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 .. ..	1,506*	1,100	6,535	4,209	17,039	961	6,530	361	164	2,995	10,818	300	720
	Children .. ..		743	2,033	2,803	4,105	745	2,026	617	69	1,506	2,043	7	—
	School Children:													
	School Board ..	317	255	188	1,571	345	208	186	1,099	120	300	53	—	—
	Non-School Board	1	—	2	—	30	—	30	—	—	—	2	—	—
	Total ..	1,824	2,098	8,758	8,583	21,519	1,914	8,772	2,077	353	4,801	12,916	307	720
Aspelg Street, Cape Town	Nursing and expectant mothers ..	49*	—	199	—	311	—	293	—	—	—	18	—	—
	Pre-school children:		—	422	—	548	—	536	—	—	—	12	—	—
	School children:													
	School Board ..	41	—	656	—	1,548	—	1,296	—	—	—	254	—	—
	Non-School Board	22	—	269	—	621	—	539	—	—	—	82	—	—
	Total ..	112	—	1,546	—	3,028	—	2,664	—	—	—	366	—	—
Woodstock	Nursing and expectant mothers ..	68*	47	285	54	383	52	362	—	—	3	22	—	—
	Pre-school children		119	328	164	392	158	384	—	—	6	8	—	—
	School children:													
	School Board ..	134	516	651	1,606	1,256	1,033	1,099	257	5	328	153	—	—
	Non-School Board	26	—	430	—	650	—	603	—	—	—	47	—	—
	Total ..	228	682	1,694	1,824	2,681	1,243	2,448	257	5	337	230	—	—
Athlone	Nursing and expectant mothers ..	61*	—	296	—	407	—	386	—	—	—	21	—	—
	Pre-school children		—	455	—	551	—	528	—	—	—	23	—	—
	School children:													
	School Board ..	39	—	804	—	1,511	—	1,317	—	—	—	194	—	—
	Non-School Board	22	—	426	—	607	—	567	—	—	—	40	—	—
	Total ..	122	—	1,981	—	3,076	—	2,798	—	—	—	278	—	—
Wynberg	Nursing and expectant mothers ..	57*	18	300	21	441	18	411	—	—	3	30	—	—
	Pre-school children		35	292	50	330	46	325	—	—	4	5	—	—
	School children:													
	School Board ..	195	252	881	931	1,680	263	1,361	470	60	246	261	—	—
	Non-School Board	22	11	322	22	540	20	480	—	5	4	55	—	—
	Total ..	274	316	1,795	1,024	2,991	347	2,577	470	65	257	351	—	—
Lansdowne	School children:													
	School Board ..	72	111	535	463	938	219	796	106	—	143	142	—	—
	Non-School Board	2	—	23	—	59	—	55	—	—	—	4	—	—
	Total ..	74	111	558	463	997	219	851	106	—	143	146	—	—
Bokmakirie	Pre-school children	1	—	48	—	48	—	—	—	—	—	48	—	—
City Hospital	In-patients ..	6	15	52	18	75	10	50	—	—	8	25	—	—
Brooklyn Chest Hospital ..	In-patients ..	2	—	16	—	17	—	11	—	—	—	6	—	—
Langa Hospital	Native residents, Langa ..	49	—	511	—	952	—	929	—	—	—	23	—	—
Westlake Tuberculosis Hospital..	In-patients ..	1	12	—	12	—	1	—	—	—	11	—	—	—
Dr. A. J. Stals Memorial Sanatorium ..	In-patients ..	17	—	301	—	592	—	224	—	—	—	368	—	—
Tuberculosis Clinic, Chapel Street ..	Out-patients ..	84	52	223	257	684	43	213	90	25	125	449	21	65
Lady Michaelis Home ..	In-patients ..	1	12	14	—	—	—	—	—	—	12	14	—	—
Maitland Cottage Home ..	In-patients ..	2	—	18	—	24	—	6	—	—	—	18	—	—
	Totals ..	2,797	3,298	17,515	12,181	36,684	3,777	21,543	3,000	448	5,694	15,238	328	785

\*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, 1952, are shown in Table P, on page 125.

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

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

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

(Table R) in age and sex groups.

(Table S) in wards.

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

Other statistical details as to deaths from infectious diseases are contained in Table A at page 80 and in Tables B and D on pages 109 and 111.

## ENTERIC OR TYPHOID FEVER.

The cases of this disease reported in the year 1951–52, corrected for misdiagnosis and imported cases, number 81 (23 European and 58 non-European); equivalent to an incidence rate of 0.19 per 1,000 population (0.12 European and 0.23 non-European). There were no milk-borne cases of enteric fever reported during the year under review.

The number of deaths from enteric fever according to date of registration in the year as belonging to Cape Town was 2 (non-European); equivalent to a death rate of 0.004 per 1,000 population (0.01 non-Europeans).

There were no cases of enteric fever in the Langa Native Township.

One case of the 81 Cape Town cases occurred in an institution in Ward 9. The other cases occurred in 68 houses, in 63 of which there was one case each, in 3 two cases each, and 1 house five cases, and in one house six cases.

In the case of one household (Coloured) referred to as family "A" in which five cases of typhoid fever occurred it is of interest to record that the mother aged 41 years developed an illness with gastro-intestinal symptoms on the 1st July, 1951, which was not diagnosed by her private practitioner until nearly four weeks later, when she was notified to the department as a case of typhoid fever. Immediate investigation by the department revealed a further case of clinical typhoid with two further cases four days later.

The dwelling in question was a shanty which was grossly overcrowded and located in an area where the bucket system is in operation. Protective immunisation was offered to all contacts residing in this household and was refused by only one contact. This individual sickened of typhoid fever twelve days later.

Considering the general degree of overcrowding and squalor, and the fact that one case of typhoid fever was nursed under these conditions for four weeks, it is surprising that the disease was not more widely spread. The source of infection of the primary case was never established.

The household "N" (Coloured) comprising father, mother and eight children varying in age from 24 to 1½ years occupied two rooms and a landing in the District 6 area of Central Cape Town. Their dwelling was old, dirty, untidy and overcrowding was only too obvious. The mother, a woman aged 50 years had been under treatment by her private practitioner for a period of 18 days before the district nurse approached a medical member of this staff to see the patient. An immediate clinical diagnosis of typhoid fever was made and the patient admitted to the Infectious Diseases Hospital. At the same time a further member of the household, under treatment for gastroenteritis was diagnosed as suffering from enteric fever and also admitted to hospital. The remainder of the family were offered and accepted active immunization against typhoid fever. Two days later two further cases sickened with gastro-intestinal symptoms and were admitted to hospital, where the diagnosis of typhoid fever was confirmed. A fifth case sickened two days later and was also hospitalised. The sixth case, aged 2½ years, who appeared to be fit and well except for some "looseness of the bowels", and whose stools and urine on culture had proved to be negative on the first examination, did not respond to treatment and was also hospitalised. Stool culture carried out immediately after admission gave a positive culture for *S. Typhosus*. This child was apparently well and afebrile throughout her stay in hospital. The source of this outbreak was never established. No other cases of the disease had been notified to the department from this area of the City. It is possible that "W.N." (6th case) may well have been infected from some unknown source and as an ambulatory case have infected other members of his family.

The importance especially in grossly overcrowded households of early diagnosis and isolation of typhoid fever patients cannot be too strongly stressed. Suspicion of typhoid fever by the medical practitioners concerned and consequent prompt isolation of the original case in both households may well have prevented further "family" spread and removed any danger threatening other members of the community.

Seventy-nine of the 81 Cape Town cases were admitted to the City Hospital. One of the cases was originally admitted for another disease and was afterwards found to be suffering from enteric fever.

In addition to the above figures there were 67 (19 European and 48 non-European) extra municipal cases of enteric fever treated at the City Hospital.

Table P, on page 125, 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 1951–52.

Reference to Tables Q, R and S, on pages 126, 127 and 128, 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 129.

*Enteric Carriers:* One patient (non-European) was admitted to the City Hospital as an enteric carrier. In 5 cases (non-European), including 3 from outside the Municipality, which were admitted as enteric fever the diagnosis was changed to enteric carrier. One other case (non-European) admitted as diphtheria was later found to be an enteric carrier.

## DIPHTHERIA.

The cases of this disease reported in the year 1951–52, corrected for misdiagnosis and imported cases, numbered 68 (34 Europeans and 34 non-Europeans); equivalent to an incidence rate of 0.16 per 1,000 population (0.18 European and 0.14 non-European).

The total deaths from diphtheria according to date of registration in the year 1951–52 as belonging to Cape Town numbered 2 (1 European and 1 non-European); equivalent to a death rate of 0.004 per 1,000 population (0.005 European and 0.004 non-European).



There was one case of diphtheria in Langa Native Township.

The 68 Cape Town cases occurred in 65 houses (including 1 in an institution in ward 5), in 62 of which there was one case each and in 3 two cases each.

Sixty-seven of the cases were treated at the City Hospital (1 fatal) and 1 case died at home.

Excluded from the above figures were 178 cases from outside the Municipality of Cape Town admitted to the City Hospital diagnosed as suffering from diphtheria. In 69 cases the diagnosis was confirmed. One patient admitted for another disease proved to be a case of diphtheria.

Table P, on page 125, 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 1951-52.

Other particulars will be found in the table below and in the Tables Q to T, on pages 126 to 129.

The incidence of diphtheria in the Municipality of Cape Town has been declining in recent years and the present notifications are the lowest on record. In the year 1938-39, when the prevalence of the disease was at its highest, there were 770 (537 European and 233 non-European) cases notified as belonging to Cape Town and 66 deaths. The remarkable decline that has taken place since then may be attributed partly to advances in medicine, but mainly to the fact that parents have been availing themselves to a greater extent of the facilities that are provided at the municipal immunising sessions for the protective inoculation of children. Particulars regarding diphtheria immunization during the year under review will be found on page 25.

*Diphtheria Carriers:* 3 Cape Town patients were admitted to the City Hospital as diphtheria carriers. In 21 cases (including 7 from outside the Municipality) which were admitted as diphtheria, the diagnosis was changed to diphtheria carriers.

#### SCARLET FEVER.

The cases of this disease reported in the year 1951-52, corrected for misdiagnosis and imported cases, numbered 202, (176 European and 26 non-European); equivalent to an incidence rate of 0.46 per 1,000 population (0.94 Europeans and 0.10 non-Europeans).

There was one death (non-European) from scarlet fever during the year under review.

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

One of the 202 Cape Town cases occurred in an institution in ward 9 (nurse). The other cases occurred in 186 houses, in 169 of which there was one case each, and in 16 two cases each.

Of the 202 Cape Town cases, 161 were treated at the City Hospital and 41 were treated at home.

In addition to the above figures there were 71 cases of scarlet fever admitted to the City Hospital from outside the Municipality (including 1 case from overseas).

Reference to Table P, on page 125, 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 1951-52.

Other particulars will be found in the table below and in the Table Q to T, on pages 126 to 129.

#### 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	0.62	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	1.13	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	—	—
1951-52 ..	0.12	0.23	—	0.01	0.18	0.14	0.01	0.00	0.94	0.10	—	0.00



## CEREBROSPINAL FEVER.

In the year 1951-52 there were 57 Cape Town cases (6 European and 51 non-European) of cerebrospinal fever notified; equivalent to an incidence rate of 0.13 per 1,000 population (0.03 European and 0.20 non-European).

There were 7 deaths (1 European and 6 non-European) from cerebrospinal fever registered as belonging to Cape Town during the year 1951-52, equivalent to a death rate of 0.02 per 1,000 population (0.01 European and 0.02 non-European).

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

Of the 57 Cape Town cases, 50 were treated at the City Hospital (1 fatal), 1 case at the Groote Schuur Hospital (fatal) and 1 case at the Somerset Hospital. The remaining 5 cases were not removed to hospital and all were fatal.

Forty-seven cases of cerebrospinal fever from outside the Municipality were treated at the City Hospital. In addition, 2 other cases of cerebrospinal fever died in the Groote Schuur Hospital before receipt of notification.

Reference to Table P, on page 125, will show the number of uncorrected cases and the correction for errors of diagnosis for both Cape Town and extra municipal cases of cerebrospinal fever reported in the year 1951-52.

Other particulars will be found in the table below and in the Tables Q to T, on pages 126 to 129.

## ACUTE POLIOMYELITIS.

Of this disease, 12 cases (10 European and 2 non-European) were reported in the year under review; equivalent to an incidence rate of 0.03 per 1,000 population (0.05 European and 0.01 non-European). There was one death (European).

There were no cases in the Langa Native Township.

The 12 Cape Town cases occurred in separate houses and were in the age-groups 0-1 year (2), 1-2 years (1), 2-5 years (2), 5-10 years (3), 10-15 years (1), 15-25 years (1), 25-35 years (1) and 35-45 years (1). In all the cases the onset of illness was recent at the time of notification. All the patients were treated in the City Hospital (1 fatal).

Twenty-two extra municipal cases of acute poliomyelitis (including 1 case from overseas) were treated in the City Hospital. One other case, which arrived in Ward 1 from Ficksburg, Orange Free State, already ill from this disease, was admitted to the City Hospital.

Table P, on page 125, will show the number of uncorrected cases and the correction for errors of diagnosis for both Cape Town and extra municipal cases of acute poliomyelitis reported in the year 1951-52.

Other particulars will be found in the table below and in the Table Q to T, on pages 126 to 129.

## INFECTIVE ENCEPHALITIS.

There were 5 Cape Town cases (3 European and 2 non-European) of infective encephalitis reported in the year 1951-52. There were no deaths.

There were 3 extra municipal cases admitted to the City Hospital for another disease which were afterwards found to be suffering from infective encephalitis.

Other particulars will be found in the table below, in Table P, on page 125, and in the Table Q to T, on pages 126 to 129.

## CASES (CORRECTED) AND DEATHS FROM CEREBROSPINAL FEVER, ACUTE POLIOMYELITIS, AND INFECTIVE ENCEPHALITIS.

Year.	Cerebrospinal fever.				Acute poliomyelitis.				Infective encephalitis.			
	Cases.		Deaths.		Cases.		Deaths.		Cases.		Deaths.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1915-16 ..	2	-	-	-	4	5	-	-	-	-	-	-
1916-17 ..	2	-	1	-	3	1	1	2	-	-	-	-
1917-18 ..	6	2	3	2	3	2	1	1	-	-	-	-
1918-19 ..	3	5	-	5	2	2	2	-	-	-	-	-
1919-20 ..	3	6	3	5	1	1	-	1	-	-	-	-
1920-21 ..	4	1	3	1	3	1	-	-	3	1	2	1
1921-22 ..	4	1	-	-	1	1	1	1	5	-	5	-
1922-23 ..	4	5	4	2	-	1	-	1	3	1	2	1
1923-24 ..	2	3	2	3	1	-	-	-	5	4	3	4
1924-25 ..	6	19	5	11	1	1	1	1	6	5	3	4
1925-26 ..	4	21	5	19	-	-	-	-	6	10	6	7
1926-27 ..	10	39	6	29	2	-	1	-	6	5	4	5
1927-28 ..	39	183	18	92	8	4	2	1	8	3	3	3
1928-29 ..	30	101	16	59	4	1	1	-	7	5	5	3
1929-30 ..	14	48	8	27	11	6	3	1	4	3	3	-
1930-31 ..	4	18	3	15	5	5	-	2	1	4	-	3
1931-32 ..	7	35	3	21	-	-	-	-	7	2	5	2
1932-33 ..	8	22	5	15	4	4	1	2	4	4	-	1
1933-34 ..	3	17	3	17	8	3	-	-	2	-	-	-
1934-35 ..	5	20	3	15	11	14	1	3	8	3	2	1
1935-36 ..	1	9	1	10	1	3	-	-	4	3	2	4
1936-37 ..	7	11	7	9	7	2	2	-	1	3	2	1
1937-38 ..	3	15	2	5	4	2	4	-	4	4	2	1
1938-39 ..	5	33	1	17	2	9	-	-	-	2	-	1
1939-40 ..	2	24	1	7	5	11	-	-	2	3	1	-
1940-41 ..	23	45	4	8	5	4	-	1	1	5	1	3
1941-42 ..	19	47	1	4	4	3	2	2	3	1	2	-
1942-43 ..	23	80	2	13	2	-	-	-	6	3	3	2
1943-44 ..	39	222	9	36	5	1	-	-	-	2	-	-
1944-45 ..	25	80	6	18	46	18	1	1	-	1	-	1
1945-46 ..	16	58	1	12	10	4	1	2	1	-	-	-
1946-47 ..	15	31	2	6	4	3	-	-	-	5	-	1
1947-48 ..	5	33	1	9	13	13	2	-	-	-	-	-
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
1951-52 ..	6	51	1	6	10	2	1	-	3	2	-	-



## ERYSIPELAS.

The number of notified cases of erysipelas in the Municipality of Cape Town in the year 1951-52 was 32 (17 European and 15 non-European). There was one death (non-European).

There were 2 cases of erysipelas in Langa Native Township.

Seven of the 32 Cape Town cases were treated in the City Hospital, 1 case at the Groote Schuur Hospital, and the remainder were treated at home. All the cases occurred in separate houses.

In addition to the above there were 3 extra municipal cases of erysipelas treated in the City Hospital. Other particulars will be found in the Tables Q to T, on pages 126 to 129.

## INFLUENZAL PNEUMONIA.

In the year 1951-52, 20 cases of influenzal pneumonia (14 European and 6 non-European), and 305 cases of acute primary pneumonia (44 European and 261 non-European) were reported in the Municipality of Cape Town. Of the 20 cases of influenzal pneumonia, 12 occurred in an institution in Ward 8.

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 126 to 128. Reference to Table T on page 129, will show the notifications of both these diseases for a series of years classified by race.

There were 2 cases of acute primary pneumonia and no cases of influenzal 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	29	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
1951-52* ..	3	0.02	6	0.02	12	0.06	72	0.29	57	0.30	251	1.01

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 show the contrast between Europeans and non-Europeans compared with the previous year:—

	1951-52		1950-51	
	European	Non-European	European	Non-European
Under 5 years of age ..	12	238	5	253
0-1 year ..	9	175	4	157
1-2 years ..	3	49	—	65
2-5 years ..	—	14	1	31
All other ages ..	57	85	52	94
	69	323	57	347

The infant mortality rate per 1,000 live births from these causes for a series of past years is set out in Table M, on page 122.

The seasonal character of mortality from bronchitis and pneumonia will be found in Table C, on page 110.

## TYPHUS FEVER.

There was 1 Cape Town case (C.F.) of tick-bite fever reported in the year 1951-52 under the heading of typhus fever. In addition to this case 2 European males from outside the Municipality were reported as suffering from enteric fever, but after admission to the City Hospital the diagnosis was changed to tick-bite fever. In one other case of tick-bite fever a European female, residing in ward 4, there was evidence that tick-bite occurred while camping at Kommetjie, C.P.

## TRACHOMA.

A case of trachoma was reported on the 26th September, 1951, in the person of a Native male aged 18 years (Ward 3). Onset of eye trouble was stated to be approximately 4 months previously when living in Cape Town. He received treatment at the Somerset Hospital out-patient department.

## LEPROSY.

One case of leprosy was notified on the 17th October, 1951, in the person of a Native female adult, living at Windermere (Ward 8). The first sign of the disease was stated to be approximately 2½ months before notification. The source of the infection was not traced. The patient was removed to the Conradie Home, Pinelands, C.P.

## ANTHRAX.

One Cape Town patient was reported during the year 1951-52 as suffering from this disease. The patient was a European male aged 36 years, residing in Ward 8, and employed as a buyer by a local firm dealing with wool and karakul pelts. The site of the infection was the face and patient was treated in the City Hospital, where he recovered.

Reference to Table T, on page 129, will show the number of cases of anthrax notified as having occurred in the Municipality of Cape Town during the past 18 years.

## TRYPANOSOMIASIS.

A case of trypanosomiasis was admitted to the City Hospital from Goodwood, C.P., outside the municipal area on the 4th March, 1952. The patient, a European male aged 22 years, was a science student and had been doing experimental work on trypanosoma brucei in the laboratory at the University of Cape Town. He took ill ten days before admission with a febrile illness of sudden onset associated with rash, rigors, malaise, anorexia, headaches, and muscular pains. He gave a history of being bitten by a rat and also by a flea from a rat in the laboratory. Pathological finds were:— blood smear:— numerous trypanosomes in both wet and stained preparations, W.R. (- -), Kahn and Berger tests (+). The patient recovered.

This is the first time a case of trypanosomiasis has been brought to the notice of this Department.

## MEASLES AND WHOOPING COUGH.

In the following table the number of deaths from measles and whooping cough together with the corresponding rates, are shown for a series of years.

Year.	Measles.				Whooping cough.			
	Deaths.		Rate per 1,000 population.		Deaths.		Rate per 1,000 population.	
	Eur.	Non-E.	Eur.	Non-E.	Eur.	Non-E.	Eur.	Non-E.
1914-15	1	1	0.01	0.01	16	72	0.20	0.95
1915-16	2	—	0.02	—	2	2	0.02	0.03
1916-17	20	147	0.23	1.90	12	20	0.14	0.26
1917-18	1	7	0.09	0.09	10	40	0.11	0.51
1918-19	3	2	0.03	0.03	7	22	0.08	0.28
1919-20	9	12	0.01	0.15	10	29	0.10	0.36
1920-21	2	27	0.02	0.33	16	41	0.16	0.50
1921-22	—	—	—	—	—	5	—	0.06
1922-23	3	21	0.03	0.24	8	25	0.08	0.29
1923-24	20	116	0.19	1.30	21	69	0.19	0.77
1924-25	1	2	0.01	0.02	4	10	0.04	0.11
1925-26	—	6	—	0.06	5	20	0.04	0.21
1926-27	9	38	0.08	0.39	7	26	0.06	0.27
1927-28	3	12	0.02	0.11	21	74	0.16	0.66
1928-29	9	9	0.07	0.08	11	32	0.08	0.28
1929-30	3	17	0.02	0.14	6	15	0.04	0.13
1930-31	—	17	—	0.14	9	58	0.06	0.47
1931-32	8	39	0.06	0.31	8	44	0.06	0.35
1932-33	—	—	—	—	10	32	0.07	0.25
1933-34	3	23	0.02	0.17	1	19	0.01	0.14
1934-35	6	80	0.04	0.59	5	19	0.03	0.14
1935-36	3	—	0.02	—	10	178	0.07	1.26
1936-37	—	4	—	0.03	3	23	0.02	0.16
1937-38	6	65	0.04	0.45	—	20	—	0.14
1938-39	1	7	0.01	0.05	1	81	0.01	0.54
1939-40	—	—	—	—	4	66	0.02	0.43
1940-41	4	37	0.02	0.23	3	43	0.02	0.27
1941-42	5	6	0.03	0.01	3	54	0.02	0.33
1942-43	2	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
1951-52*	—	—	—	—	2	24	0.01	0.10

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

\*Corrected for outward transfers only.



## MEASLES.

There were no deaths from measles in the year 1951-52. This is the first time since the year 1939-40 that there has not been a fatal case resulting from this disease.

During the year under review 41 cases of measles were treated in the City Hospital. Other particulars will be found in Table F2, on page 115.

## WHOOPIING COUGH

For the period under review, the number of cases of whooping cough, reported as belonging to Cape Town was 1,114 (278 European and 836 non-European); equivalent to an incidence rate of 2.55 per 1,000 population (1.48 European and 3.35 non-European). Last year there were 865 Cape Town cases of whooping cough notified (138 European and 727 non-European), and the incidence rate per 1,000 population was 2.03, 0.74 and 3.05 respectively.

The total deaths from whooping cough according to the date of registration in the year 1951-52 numbered 26 (2 European and 24 non-European) equivalent to a death rate of 0.06 per 1,000 population (0.01 European and 0.10 non-European).

The 1,114 cases occurred in 755 houses in 517 of which there was 1 case each, in 155 two cases each, in 58 three cases each, in 14 four cases each, in 9 five cases each and in 2 six cases each. Twenty-eight of the cases were treated in the City Hospital and 3 in other hospitals.

The distribution of the 1,114 cases according to months, age-groups and wards of the City will be found in the Tables Q to S, on pages 126 to 128.

There were 25 cases of whooping cough in Langa Native Township.

Table P, on page 125, 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 1951-52.

In the year under review 16,369 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.

## DIARRHOEAL DISEASES.

The deaths certified in the year 1951-52 as being due to diarrhoea and enteritis numbered 643 (19 European and 624 non-European) as compared with 574 (21 European and 553 non-European) in the previous year.

The deaths for the year 1951-52 were classified as follows:—

	European.	Non-European.	All races.
Diarrhoea and enteritis (under 2 years)	12	586	598
Diarrhoea and enteritis (2 years and over)	7	38	45
Cholera nostras .. .. .	—	—	—
Dysentery, bacillary .. .. .	1	8	9
Dysentery, amoebic .. .. .	1	3	4
Dysentery, other .. .. .	1	1	2
Total .. .. .	22	636	658
Diarrhoeal death rate per 1,000 population	0.12	2.56	1.51

Of the 624 non-European deaths from diarrhoea and enteritis in the year under review, 211 occurred in Ward 8, (including 158 in the district of Windermere), 114 in Ward 10, 103 in Ward 15, 44 in Ward 5, 42 in Ward 6 and 110 in the rest of Cape Town.

The non-European mortality rate from diarrhoea and enteritis in the year 1951-52 was 25.1 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 15.4 times as great as the European. (See Table M on page 122). These great contrasts in the mortality from this disease is due mainly to the depressed social and economic conditions and gross overcrowding of the non-Europeans, particularly amongst those living in Wards 8, 10 and 15. The lack of general hospital beds for this type of case has also materially been responsible for the high mortality rate amongst this group of the population.

The seasonal character of diarrhoea and enteritis is shown in Table C, on page 110.

Reference to Table D, on page 111, will show the trends in mortality from diarrhoea and enteritis over the last five years and Table E, on page 112, the rates of mortality from this disease for a series of years.

## CANCER.

The number of deaths certified during the year 1951-52 as being due to cancer was 479 (289 European and 190 non-European).

The deaths from cancer registered during the year 1951-52 and the corresponding rates, are classified below according to the parts of the body affected.

Parts affected.	European.		Non-European.		All races.	
	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.
Buccal cavity and pharynx .. .. .	12	0.07	4	0.02	16	0.04
Digestive organs and peritoneum .. .. .	120	0.64	102	0.41	222	0.51
Respiratory organs .. .. .	38	0.20	17	0.07	55	0.13
Uterus .. .. .	23	0.12	22	0.09	45	0.10
Other female genital organs .. .. .	12	0.06	1	—	13	0.03
Breast .. .. .	30	0.16	20	0.08	50	0.11
Prostate .. .. .	19	0.10	4	0.02	23	0.05
Other male genital organs .. .. .	—	—	—	—	—	—
Male and female genito-urinary organs .. .. .	13	0.07	5	0.02	18	0.04
Skin .. .. .	—	—	—	—	—	—
Other or unspecified organs .. .. .	22	0.12	15	0.06	37	0.09
Total .. .. .	289	1.54	190	0.77	479	1.10

The variation in the number of deaths from cancer over the last five years is shown in Table D, on page 111. The rates per 1,000 population from this malignant disease during the past ten years are shown in Table E, on page 112. Other statistics concerning cancer mortality are shown in Table A to C, on pages 84 to 110.

## SECTION VI.—TUBERCULOSIS.

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

The new cases of this disease reported in the year 1951-52, corrected for misdiagnosis and imported cases, numbered 2,059. 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 .. ..	132	4	136	1.47	0.05	1.52
	Female .. ..	101	5	106	1.03	0.05	1.08
	Total .. ..	233	9	242	1.24	0.05	1.29
Non-European .. ..	Male .. ..	886	145	1,031	7.23	1.19	8.42
	Female .. ..	654	132	786	5.15	1.04	6.19
	Total .. ..	1,540	277	1,817	6.17	1.11	7.28
All races .. ..	Male .. ..	1,018	149	1,167	4.80	0.70	5.50
	Female .. ..	755	137	892	3.35	0.61	3.96
	Total .. ..	1,773	286	2,059	4.05	0.66	4.71

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 .. ..	34	4	38	0.38	0.05	0.43
	Female .. ..	10	1	11	0.10	0.01	0.11
	Total .. ..	44	5	49	0.24	0.02	0.26
Coloured .. ..	Male .. ..	305	57	362	3.08	0.57	3.65
	Female .. ..	210	40	250	1.87	0.35	2.22
	Total .. ..	515	97	612	2.43	0.46	2.89
Native (not Langa) .. ..	Male .. ..	61	8	69	3.26	0.43	3.69
	Female .. ..	40	13	53	3.64	1.18	4.82
	Total .. ..	101	21	122	3.40	0.71	4.11
Asiatic .. ..	Male .. ..	2	1	3	0.50	0.25	0.75
	Female .. ..	1	1	2	0.36	0.36	0.72
	Total .. ..	3	2	5	0.44	0.29	0.73
All Non-European .. ..	Male .. ..	368	66	434	3.02	0.54	3.56
	Female .. ..	251	54	305	1.99	0.43	2.42
	Total .. ..	619	120	739	2.50	0.48	2.98
All races .. ..	Male .. ..	402	70	472	1.91	0.33	2.24
	Female .. ..	261	55	316	1.16	0.25	1.41
	Total .. ..	663	125	788	1.52	0.29	1.81
Native (Langa) .. ..	Male .. ..	17	3	20	2.13	0.37	2.50
	Female .. ..	11	4	15	3.55	1.29	4.84
	Total .. ..	28	7	35	2.53	0.63	3.16

## NOTIFICATIONS.

There was an increase of 31 in the number of persons found during the year to be suffering from tuberculosis in all its forms, compared to the previous year.

An increase of 49 pulmonary cases was partially offset by a reduction of 18 in the non-pulmonary forms.



It should be noted that the total pulmonary cases has been affected by the more assiduous search for, and a more scrupulous notification of primary tuberculosis in children (see Table K).

Despite the greater number of new cases the incidence rates have fallen owing to the increase of the estimated population and the reduction in non-pulmonary forms. This improvement in the incidence rates is greater in the non-European than in the European group, but the non-European incidence rate is still nearly six times as great as that for Europeans.

The European population is estimated to be 188,000, which is an increase of 1,310 during the year.

The number of European persons notified during the year suffering from all forms of tuberculosis amounted to 242: a small increase of pulmonary cases and a decrease of the non-pulmonary cases brought the total to a figure approximate to last year.

The incidence rates showed similar changes. For every 100,000 Europeans living in Cape Town 129 were discovered during the year to be suffering from some form of tuberculosis. Pulmonary tuberculosis is mainly responsible for the spread of the disease, and its incidence is recorded as having increased in Europeans to a greater extent in women than in men.

Table C sets out the relevant figures for a series of years.

TABLE C.

	New cases.				Discovery rates per 1,000 population.			
	Pulmonary		Other forms.		Pulmonary.		Other forms.	
	M.	F.	M.	F.	M.	F.	M.	F.
European:								
Year 1947-48 ..	127	125	10	17	1.46	1.30	0.11	0.17
1948-49 ..	142	97	21	12	1.62	1.01	0.23	0.12
1949-50 ..	154	123	14	13	1.74	1.27	0.15	0.13
1950-51 ..	129	94	16	5	1.45	0.96	0.18	0.05
1951-52 ..	132	101	4	5	1.47	1.03	0.05	0.05
Non-European:								
Year 1947-48 ..	814	675	148	118	7.99	6.56	1.45	1.11
1948-49 ..	892	608	140	116	8.37	5.48	1.31	1.05
1949-50 ..	816	629	140	113	7.31	5.42	1.25	0.97
1950-51 ..	826	675	137	146	7.06	5.56	1.17	1.20
1951-52 ..	886	654	145	132	7.23	5.15	1.19	1.04

Table D shows the incidence rates, per 1,000 population, of pulmonary tuberculosis amongst European males and females. As elsewhere the rates are always higher in men and broadly show the increases inseparable from the war years and associated with the introduction of the Mass Radiography Service in 1948.

The variations in the female figures appear whimsical and inexplicable.

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
1951-52 .. .. .	1.47	1.03

The calculated non-European population is 249,480, an increase of 11,170 over the previous year. The number of new cases of pulmonary tuberculosis increased from 1,501 to 1,540, but owing to the increase in population the incidence per 100,000 fell from 630 to 617.

The incidence of pulmonary tuberculosis in the total population has been kept unchanged only by the figures for non-European females, who form the only sex-race group to have shown an improvement compared to the previous year. The assumption that this decline is associated with the excellent work of the Dr. A. J. Stals Memorial Sanatorium which was opened especially for non-European women and children in 1950, and with their far readier acceptance of treatment cannot be gainsaid.

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
1951-52 .. .. .	1,540	6.17

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 smaller than that of the preceding year owing to the decreased notifications of the meningitis and disseminated tuberculosis. These forms are directly attributable to the failure to separate the infectious parents from their younger children and this improvement is particularly gratifying if it can be attributed to some success in this basic measure for the prevention of tuberculosis and if it is recalled that the modern treatment of tubercular meningitis in hospital is prolonged, painstaking and expensive.

TABLE F.

	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
Meninges .. .. .	2	2	59	52	115
Abdominal* .. .. .	—	—	6	7	13
Bones and joints .. .. .	—	—	27	23	50
Glands .. .. .	1	3	28	25	57
Genito-urinary system .. .. .	—	—	—	—	—
Disseminated .. .. .	1	—	24	21	46
Other organs .. .. .	—	—	1	4	5
Total .. .. .	4	5	145	132	286

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

## DEATHS.

Far fewer persons resident in the Municipality of Cape Town died from tuberculosis in the year ended 30th June, 1952, than in the previous year and the corresponding mortality rates were the lowest yet recorded for the City.

Deaths from all forms of tuberculosis numbered 788 compared with 914 in the previous year. The mortality rate for all races was 181 per 100,000, a decrease of 16.2 per cent on the rate of 216 in 1950-51.

It was inevitable that the mortality rates for tuberculosis would be reduced by the new chemotherapy inaugurated by the discovery of streptomycin, P.A.S. and I.N.H., and Cape Town has shared in the almost global application of the successes of the research chemists. It would be more satisfying if a full and proper use of the new drugs was made for all in clinical need of them, and this can be attained by an increase of expenditure to establish an integrated domiciliary service.

The death rates per 1,000 population for pulmonary and non-pulmonary tuberculosis (corrected for outward transfers) are shown below for each racial group during the past five years.

TABLE G.

Race.	Pulmonary tuberculosis.					Tuberculosis, other forms.				
	1951-52	1950-51	1949-50	1948-49	1947-48	1951-52	1950-51	1949-50	1948-49	1947-48
European .. .. .	0.24	0.39	0.48	0.37	0.55	0.02	0.07	0.09	0.08	0.11
Coloured .. .. .	2.43	2.68	3.01	3.70	4.43	0.46	0.73	0.78	0.89	0.90
Native .. .. .	3.40	3.79	4.65	5.44	6.18	0.71	0.79	1.18	0.85	1.06
Asiatic .. .. .	0.44	0.75	0.91	1.09	2.03	0.29	0.30	0.61	0.47	0.16
Non-European .. .. .	2.50	2.76	3.14	3.82	4.55	0.48	0.72	0.82	0.88	0.90
All races .. .. .	1.52	1.72	1.95	2.24	2.68	0.29	0.44	0.49	0.51	0.53

The total number of deaths from tuberculosis was reduced this year by an all-round improvement, i.e. in both forms of the disease and in all race-sex groups (except Native females inside Langa). The rate for Coloured males remained practically unchanged. For the first time there was an impressive reduction in the number of deaths from the non-pulmonary forms of tuberculosis.



As noted previously, pulmonary tuberculosis during recent years has killed fewer persons of each race every year, but the rate of decline shows a striking contrast. It was responsible for the deaths of 44 Europeans compared to 73 and of 619 non-Europeans compared to 656 in the previous year. The European death rate fell from 39 to 24 per 100,000 (38.5 per cent) whilst the corresponding rate for non-Europeans fell from 276 to 250 per 100,000 (9.4 per cent). During the past three years the rate of decline in the mortality from pulmonary tuberculosis has been quickened amongst the Europeans and slowed down amongst the non-Europeans. These death rates have shown annual falls amongst Europeans of 13, 19 and 38 per cent, amongst non-Europeans of 17, 12 and 9 per cent. This difference must be accepted as a measurement of the contrasting facilities for the two groups. If this disturbing trend continues, it appears probable that the mortality rate among non-Europeans will soon reach a figure at which it will become static unless facilities for their treatment are increased.

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

TABLE H.

	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
Tuberculosis, meningeal .. ..	3	1	43	35	82
" abdominal .. ..	—	—	4	3	7
" of bones and joints .. ..	—	—	3	2	5
" of genito-urinary system .. ..	1	—	1	—	2
" disseminated .. ..	—	—	15	14	29
" of other organs .. ..	—	—	—	—	—
Total .. ..	4	1	66	54	125

The number of deaths from tubercular meningitis has been halved in the last two years. The relevant totals for the last three years were 160, 127 and 82.

This improvement is associated with (1) the decreased incidence reported above, and (2) the intensive and up-to-date treatment in hospital.

The advantages of prevention can never be more emphatically urged than in the case of this catastrophic disease. It is commendable to restore any of these grievously afflicted children back to full health, but with a disease which was inexorably fatal a few years ago, it is still infrequent.

It has been suggested that preventive measures against the spread of tuberculosis may at last be showing some results, but they are still hopelessly lagging behind treatment. Under the present methods more persons are contracting tuberculosis and fewer are dying of it. During the past three years the notifications have numbered 2,002, 2,028, and 2,059 and the deaths have numbered 1,006, 914 and 788. The mortality rates per 100,000 were 244, 216 and 181. The public by its recent generous community efforts and the doctors and nurses in their formidable tasks may feel encouraged by the reduction in tuberculosis mortality rates of over 25 per cent in the past two years, but there is much more to be done, especially on the preventive side.

It is here appropriate to pay tribute to the work of the many voluntary organizations who unremittingly work to abet the efforts of the health authorities by alleviating the social stresses and economic difficulties basically responsible for tuberculosis. Particular mention must be made of the vigorous South African National Tuberculosis Association (SANTA), the Friends of the Sick Association (FOSA), the Christmas Stamp Fund, the Silver Jubilee Fund and the numerous Care Committees.

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
1 " " " " 1952	..	..	..	0.26	2.98	1.81

Other particulars will be found in Tables A to F on pages 81 to 115 and M to T on pages 122 to 129.



## PROVISION OF TREATMENT.

The in-patient accommodation available for cases of pulmonary tuberculosis on 30th June, 1952, included the following:—

At the City Hospital, Portsworld Road: Europeans 75, Non-European females 116.

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 16, non-Europeans 12.

At the Westlake Hospital: the average daily number of Cape Town cases (Europeans) was 43.

At Dr. A. J. Stals Memorial Sanatorium (opened 23rd October 1950): the average weekly number of Cape Town cases (non-Europeans) was 88.

At the Airemount Nursing Home, Rondebosch: Europeans 30.

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 51 European and 45 non-European children were admitted, the average length of stay was 209 and 169 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 .. .. .	—	—
Coloured adults .. .. .	2	25
European adults .. .. .	1	42

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.

All X-ray films of patients attending the clinics are taken at the City Hospital. Although the Mass Radiography Service is housed at the Chapel Street Clinic, it can now only cope with its particular work, and it is no longer possible to arrange for the X-raying of clinic patients there. One of the most urgent needs in the anti-tuberculosis service is the provision of adequate quarters for the Mass Radiography Service.

## 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, and referring cases to the Chapel Street clinic where 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 31,208 attendances at the clinics and 9,761 persons attended for the first time. Included in these new consultations were 1,084 persons who were not resident in the municipal area. The attendances at the anti-tuberculosis centres are shown in the following table over a period of years:—

TABLE J.

Period.	New Consultations.									Total.			
	Chapel Street, Cape Town.			Church Street, Wynberg.			3rd Street, 10th Ave., Windermere.						
	Eur.	Non- Eur.	Total..	Eur.	Non- Eur.	Total.	Eur.	Non- Eur.	Total.	Eur.	Non- Eur.	Total.	
Year 1948-49	1,696	3,539	5,235	388	1,317	1,705	1	389	390	2,085	5,245	7,330	
1949-50	2,044	3,693	5,737	583	1,424	2,007	—	478	478	2,627	5,595	8,222	
1950-51	1,946	4,170	6,116	740	1,698	2,438	—	516	516	2,686	6,384	9,070	
1951-52	2,130	4,514	6,644	753	1,755	2,508	1	608	609	2,884	6,877	9,761	
Year	Total Attendances.									5,779	20,423	26,202	
	1948-49	4,430	12,781	17,211	1,348	5,644	6,992	1	1,998				1,999
	1949-50	4,937	13,480	18,417	1,673	5,464	7,137	—	2,097				2,097
	1950-51	4,872	13,922	18,794	1,718	5,671	7,389	—	2,099				2,099
	1951-52	5,325	15,452	20,777	1,879	5,858	7,737	1	2,693				2,694
										7,205	24,003	31,208	



For many years a generous attitude has been maintained towards extra-municipal applicants for examination and treatment, but reluctantly a halt had to be called to these self-inflicted exertions and the Cape Divisional Council, with happy co-operation, is gradually reducing this extra load by the establishment of an excellent service in the perimeter of Cape Town.

It will be noted that the progressive annual increase of attendances continues unabated with an unexpanding medical staff and has reached a stage where two doctors are in attendance on 160 or more persons during a single session. This work is, of necessity, lamentably remote from clinical medicine and carries with it the dangers of haste and fatigue.

The European attendances increased by 615 and the non-European increased by 2,311. The European new consultations increased by 198 and the non-European by 493.

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 Airemount Nursing Home and are still undergoing artificial pneumothorax treatment. There was a total of 726 attendances at this session during the year under report.

The primary consultation at the clinics during the year are classified in the following table:—

TABLE K.

Persons attending for first time.	European.					Non-European.					All races.
	Adults.		Children.		Total.	Adults.		Children.		Total.	
	M.	F.	M.	F.		M.	F.	M.	F.		
Notified:											
Accepted .. ..	39	26	3	4	72	194	117	51	57	419	491
Observation ..	8	9	1	1	19	11	13	18	12	54	73
Not accepted ..	—	2	—	1	3	7	4	5	2	18	21
	47	37	4	6	94	212	134	74	71	491	585
Suspects:											
Notified .. ..	60	55	4	3	122	440	263	96	91	890	1,012
Observation ..	22	13	1	—	36	48	25	6	2	81	117
Non-tuberculous	688	898	219	223	2,028	1,265	1,528	330	346	3,469	5,497
	770	966	224	226	2,186	1,753	1,816	432	439	4,440	6,626
Contacts:											
Notified .. ..	4	10	4	5	23	48	55	78	57	238	261
Observation ..	1	4	—	—	5	—	6	16	6	28	33
Non-tuberculous	114	219	119	124	576	213	567	413	487	1,680	2,256
	119	233	123	129	604	261	628	507	550	1,946	2,550
Total ..	936	1,236	351	361	2,884	2,226	2,578	1,013	1,060	6,877	9,761

*Notified cases.*—Of the 585 persons who presented themselves for examination as the result of notification, 21 (3·6 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 6,626 suspects recorded in the above table is an understatement of the full primary investigations carried out each year, for there is after 15 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. The attendance of European adults in this category decreased by 122 and the non-European increased by 15 compared with the previous year. The number of child contacts increased, so that the total of 2,550 contacts examined represented 323 per 100 deaths and exceeded for the third successive year the pre-war figure of 178 in England.

The incidence of tuberculosis in the European contacts of all ages was 38 per 1,000, whilst the relative figure for non-European was 122 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 1·29 per 1,000 for Europeans and 7·28 per 1,000 for non-Europeans.

*Tuberculous meningitis.*—In the 115 local cases notified during the year an open case of pulmonary tuberculosis was known or found to have been living in contact with the patient in 54 cases (i.e., 47 per cent). The infecting agents were mainly fathers (13), mothers (8), brothers (4), sisters (9) and other relatives and friends (20).

*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.	Total.
Private practitioners .. .. .	793	53	13	6	865
Consultants .. .. .	17	3	—	30	50
	810	56	13	36	915
Groote Schuur Hospital .. .. .	230	16	4	50	300
Cape Town Free Dispensary .. .. .	37	4	—	—	41
Wynberg (Victoria) Hospital .. .. .	21	1	—	6	28
Woodstock Hospital .. .. .	13	1	1	5	20
Valkenberg Hospital .. .. .	4	—	—	—	4
Somerset Hospital .. .. .	56	3	1	13	73
Other hospitals and institutions .. .. .	11	1	—	3	15
	372	26	6	77	481
City Health Department:					
Anti-tuberculosis centres .. .. .	330	22	6	—	358
City Hospital .. .. .	67	8	4	58	137
Brooklyn Hospital .. .. .	2	1	—	—	3
Langa Hospital .. .. .	2	—	63	1	66
Mass X-Ray service .. .. .	372	13	29	—	414
Domiciliary medical service .. .. .	9	—	—	—	9
Other centres .. .. .	56	1	2	—	59
	838	45	104	59	1,046
Port Health Officer .. .. .	1	—	—	1	2
Immigration Officer .. .. .	—	—	—	—	—
	1	—	—	1	2
Magistrate, Police and District Surgeons .. .. .	7	—	—	5	12
From public mortuaries .. .. .	22	—	—	1	23
	29	—	—	6	35
Transferred from other Local Authorities:					
Cape Divisional Council .. .. .	5	12	1	94	112
Others .. .. .	1	3	—	17	21
	6	15	1	111	133
South African Medical Corps .. .. .	3	—	—	1	4
Total .. .. .	2,059	142	124	291	2,616

A study of the origin of notifications emphasizes our dependence on the goodwill of the general practitioners, who provide 33 per cent of the total notifications. Included in the 865 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 the year 1950. 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.	Total.
Attended clinic .. .. .	1,540	106	63	45	1,754
Failed to attend .. .. .	519	36	61	246	862
Total .. .. .	2,059	142	124	291	2,616



TABLE M.—continued.

	Cape Town.	Imported infection.	Langa.	Outside Cape Town.	Total.
Failure to attend clinic:					
In hospital .. .. .	189*	12	24	226	451
Hospital out-patients .. .	43	2	13	—	58
Too ill .. .. .	83	9	3	—	95
Died before notification .. .	50	—	3	—	53
First advice through death registration .. .	69	8	5	20	102
Refusals .. .. .	39	—	2	—	41
Under private care .. .. .	9	1	—	—	10
Untraceable .. .. .	24	—	6	—	30
Decamped on notification .. .	13	4	5	—	22
Total .. .. .	519	36	61	246	862

The proportion of local notifications who attended the clinic was 75 per cent, and a further 9 per cent were in hospital.

During the year the visits made by the health visitors were 2,274 (primary) and 25,698 (total) as compared with 2,044 and 24,084 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 eighty-seven new cases were put on this allowance during the year, and the cost of the supplies was £1,976 10s. 11d.

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 5·8 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
1951-52 .. .. .	2,059	83	4·0	119	5·8

It should be noted, however, that this percentage is an exaggeration of the hazards of infection from hidden cases, in that, of the total number of 202 persons who were bedfast or dead on notification, only 156 were suffering from pulmonary tuberculosis.

#### 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 218 persons notified prior to death or within one month of death represented 12·3 per cent of the total notifications from the municipal area; the proportion was 15·7 per cent last year and 20·4 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 .. .. .	1,773	126	103	6	185
Known to have had T.B. positive sputum .. .. .	525	41	18	—	27
New pulmonary cases admitted to institutions for treatment of tuberculosis .. .. .	519	16	25	—	131
Proportion of new cases admitted .. .. .	28·2%	—	22·9%	—	70·8%
Died before receipt of notification .. .. .	93	7	4	1	—
Died within 1 month of notification .. .. .	125	9	8	1	—
„ 1 to 3 months of notification .. .. .	79	3	5	—	—
„ 3 to 6 months of notification .. .. .	51	3	2	1	—

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

The total number of Cape Town cases of pulmonary tuberculosis admitted to institutions during the year are as follows:—

TABLE P.

	European.		Non-European.		Total.
	Males.	Females.	Males.	Females.	
City Hospital, Cape Town .. .. .	46	54	24	140	264
Brooklyn Hospital, Cape Town .. .. .	—	—	260	15	275
Langa Hospital, Cape Town .. .. .	—	—	10	3	13
Airemount Nursing Home, Cape Town .. .. .	34	27	—	—	61
Brewelskloof Sanatorium, Worcester .. .. .	1	2	—	—	3
Cape F.O.S.A. T.B. Settlement .. .. .	—	—	24	—	24
Durban F.O.S.A. T.B. Settlement .. .. .	—	—	1	—	1
Dr. A. J. Stals Memorial Hospital, Retreat .. .. .	6	91	—	—	97
Hamlet Hospital, Johannesburg .. .. .	1	—	—	—	1
Holy Cross Mission Hospital, Flagstaff .. .. .	—	1	—	—	1
Isolation Hospital, East London .. .. .	—	—	—	1	1
Isolation Hospital, Kimberley .. .. .	—	—	—	1	1
King George V Hospital, Durban .. .. .	—	—	2	1	3
Lilleshall Farm Hostel, Rosetta .. .. .	—	6	—	—	6
McVicar Hospital, Alice .. .. .	—	—	4	1	5
Nelspoort Sanatorium .. .. .	11	7	5	17	40
Rietfontein Hospital .. .. .	1	—	—	—	1
Springkell Sanatorium .. .. .	1	1	—	—	2
Stella Londt Home, Port Elizabeth .. .. .	—	1	1	—	2
Stellenbosch Sanatorium .. .. .	—	5	—	—	5
Tembuland Hospital .. .. .	—	—	3	2	5
Wentworth Hospital, Durban .. .. .	1	—	—	—	1
West-end Hospital, Kimberley .. .. .	2	—	6	1	9
Westlake Hospital, Retreat .. .. .	26	24	—	—	50
Total .. .. .	130	219	340	182	871

## 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, 1952, there were 40 admissions of Cape Town municipal patients.

The average daily number of Cape Town municipal patients in the Sanatorium during the year 1951-52 was 28 (16 Europeans and 12 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.

## AIREMOUNT NURSING HOME. \*

Since August 1946 European cases of pulmonary tuberculosis have also been admitted for in-patients 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 34 male and 27 female Cape Town patients were admitted. In addition, 5 male and 5 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 Q.

Area.	Under 20 Years.	20—30 Years.	30—40 Years.	40—50 Years.	50—60 Years.	60 years and over.	Total.	Died
Cape Town Municipal Area:								
European: Males ..	2	6	15	8	3	—	34	—
Females ..	3	17	7	—	—	—	27	—
Cape Divisional Council Area:								
European: Males ..	—	1	1	1	—	—	3	1
Females ..	1	4	—	—	—	—	5	—
Other Local Authorities:								
European: Males ..	—	1	1	—	—	—	2	—
Females ..	—	—	—	—	—	—	—	—
Total ..	6	29	24	9	3	—	71	1

During the year 1951-52 considerable use was made of the newer drugs in the treatment of pulmonary tuberculosis. In 10 selected cases artificial pneumothorax inductions were performed and a total of 109 refills were given.

There remained in the nursing home on 30th June, 1952, 19 male and 14 female Cape Town patients, and 4 male and 3 female patients from the Cape Divisional Council area.

## 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, 1952 was:—

TABLE R.

DISTRICT (not Wards).	Pulmonary.			Non-pulmonary (chiefly bones and joints).			Total.
	Eur.	Col.	Nat.	Eur.	Col.	Nat.	
Bakoven to Sea Point to Central, Cape Town ..	266	245	58	3	1	2	575
Tamboers Kloof, Gardens, Oranjezicht and Vredehoek .. .. .	195	301	18	5	25	2	546
District Six .. .. .	6	668	21	1	146	5	847
Kensington, Windermere, Brooklyn and Rugby	137	630	260	13	66	34	1,140
Woodstock, Salt River .. .. .	205	488	19	16	80	4	812
Observatory, Mowbray, Rosebank, Black River	206	146	3	9	12	—	376
Rondebosch, Newlands, Claremont, Kenilworth	135	292	11	6	47	1	492
Lansdowne, Kromboom Est., Hampton Est., Meadows Est., Wynberg, Wittebome ..	149	361	14	5	47	3	579
Plumstead to Clovelly .. .. .	96	583	70	3	58	8	818
Athlone, to Surrey Est. and Maitland Garden Village .. .. .	6	741	34	—	61	9	851
Total .. .. .	1,401	4,455	508	61	543	68	7,036

## 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 1951-52, is indicated by the following statistics:—

Families helped by payment of rent .. .. .	150
“ “ maintenance grants .. .. .	22
“ “ rent and maintenance grants .. .. .	12
“ “ payment of foster-mother .. .. .	—
“ “ provision of clothing and blankets .. .. .	131
No. of articles of clothing distributed .. .. .	300
“ blankets distributed .. .. .	36
Almoner:	
Visits paid .. .. .	1,007
Interviews given .. .. .	1,172
New cases handled .. .. .	186

*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 S.

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
" 1951-52 .. .. .	12,046	9,181	16,435	7,981	45,643

In addition to the 45,643 miniature film examinations made during the year under review, 3,213 large films were taken, as compared with 3,042 taken in the previous year.

During the year 1951-52 there was an increase of 6.1 per cent in mass miniature examinations compared with 22.0 per cent in the year 1950-51. The accommodation at the Mass X-Ray Service is proving inadequate to cope with the large increase in the attendances.

Two thousand five hundred and forty three persons were recalled for further examination. Of these, 632 were found to be suffering from active tuberculosis, compared with 387 out of 1,916 persons re-examined in the previous year. This represents 1.38 per cent of the 45,643 miniature films examined during the year under review.

Comparative figures for the incidence of active pulmonary tuberculosis discovered in the various age groups are given in the following table for a series of years.

TABLE T.

Year.	Race.	Active tuberculosis discovered.					Extra municipal cases (included in foregoing columns).	Total persons examined.
		Age-groups.				Total.		
		15—25 Years.	25—35 Years.	35—45 Years.	45 Years & over.			
1948-49	European:							
	Males .. ..	6	14	9	8	37	8	6,420
	Females .. ..	14	3	1	—	18	1	4,129
	Non-European:							
	Males .. ..	41	54	35	31	161	26	7,353
	Females .. ..	22	3	—	—	25	1	2,500
	All races ..	83	74	45	39	241	36	20,402
1949-50	European:							
	Males .. ..	16	13	10	7	46	11	10,066
	Females .. ..	24	13	6	—	43	5	7,999
	Non-European:							
	Males .. ..	65	98	66	32	261	49	12,869
	Females .. ..	55	11	12	2	80	11	4,449
	All races ..	160	135	94	41	430	76	35,383
1950-51	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
1951-52	European:							
	Males .. ..	15	15	10	14	54	12	12,046
	Females .. ..	35	18	4	1	58	17	9,181
	Non-European:							
	Males .. ..	102	141	84	57	384	72	16,435
	Females .. ..	78	40	12	6	136	23	7,981
	All races ..	230	214	110	78	632	124	45,643

Of the 632 new cases of pulmonary tuberculosis discovered, only 76 were previously known to the Anti-Tuberculosis Clinic. Ninety-five 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 98 (or 19·3 per cent) of the 508 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 47 (or 17·6 per cent) of the 266 new Cape Town cases so discovered.

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 124 extra municipal cases of tuberculosis were discovered, compared with 121 in the previous year. These 124 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.)

The number of new cases registered at the various municipal treatment centres during the year ended 30th June, 1952, was 4,272 (397 European and 3,875 non-European), a decrease of 403 new cases (15 European and 388 non-European) in the total of 4,675 registered during the previous year. A study of Table I which follows shows a gratifying picture of the drop in the numbers of all types of persons suffering from venereal disease while the outstanding features of the table are the significant drop in the number of cases of congenital syphilis (121 as against 344 for the previous year) and also the increase in the number of non-venereal cases (805 cases as against 585) in the previous year.

In regard to the drop in the number of cases of congenital syphilis the explanation lies in the fact that more and more pregnant women suffering from syphilis are receiving adequate pre-natal treatment, with the result that infants born of these mothers show no signs of infection at any time. While the increase in the number of cases found not to be suffering from venereal disease means that more people are making use of the facilities provided for them and are coming for advice and, if necessary, treatment at the slightest indication that something may be wrong with them even though it may be non-venereal. However, sight must not be lost of the fact that while venereal disease remains a non-notifiable disease and while treatment becomes more safe, simple and comparatively cheap, the number of new cases indicating the true incidence of venereal disease in the municipal area will never be adequately appraised as private practitioners are under no obligation to notify their cases.

The following Table I shows the number of new cases for the year 1951-52 and for the previous year analysed according to race, sex and disease and the corresponding incidence rate per 1,000 population.

TABLE I.

	1951-52		1950-51	
	New cases.	Incidence rate.	New cases.	Incidence rate.
<i>Race:</i>				
European .. .. .	397	2·1	412	2·2
Non-European .. .. .	3,875	14·9	4,263	17·1
<i>Sex:</i>				
Male .. .. .	2,623	11·9	2,768	12·9
Female .. .. .	1,649	7·2	1,907	8·6
<i>Disease:</i>				
Syphilis .. .. .	1,565	3·5	2,124	4·9
Syphilis, congenital .. .. .	121	0·3	344	0·8
Gonorrhoea .. .. .	1,558	3·5	1,458	3·3
Other venereal diseases .. .. .	73	0·1	56	0·1
Non-venereal diseases .. .. .	805	1·8	585	1·3
Undiagnosed .. .. .	150	0·3	108	0·2
All new cases .. .. .	4,272	9·5	4,675	10·7

The true incidence rate for diagnosed cases of venereal disease for the year 1951-52, that is the rate obtained by omitting those cases found not to have venereal disease and those remaining undiagnosed, was 7·4 per 1,000 population (1·3 Europeans and 11·8 non-Europeans.)

Table II shows the comparison between European venereal disease incidence rates for the Municipality of Cape Town with those of other cities.

TABLE II.

	Population.	New cases.	Rate per 1,000 population.
Glasgow (year 1951) .. .. .	1,089,767	4,947	4·5
Montreal (year 1950) .. .. .	1,067,000	5,111	4·8
County of London (year 1950) .. .. .	3,389,620	9,902	2·9
Cape Town (year 1951-52) .. .. .	188,090	397	2·1

The incidence of venereal disease amongst the European population of Cape Town continues to present no serious problem. The continued excellent treatment available by means of penicillin and the other antibiotics has brought, as indicated in previous comments, a further drop in the true incidence from 1.7 per 1,000 European (last year) to 1.3 per 1,000 European this year.

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
1952 .. .. .	3,317*	448,717	7.4

\*Excluding non-venereal and undiagnosed cases.

## MUNICIPAL TREATMENT CENTRES.

Six municipal treatment centres continue to function for free advice and treatment of venereal disease. 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 direction of a medical officer appointed and subsidised by this Department.

During the year under review 36 medical sessions (8 European and 28 non-European) were held each week.

Table IV gives the number of new cases 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, Portwood Road .. .. .	1,275	12,333
Salt River .. .. .	1,366	16,643
Wynberg .. .. .	665	9,006
Windermere .. .. .	352	3,864
Langa .. .. .	156	2,160
Retreat .. .. .	159	2,071
Pre-natal clinics (at child welfare centres) .. .. .	299	2,309
Total .. .. .	4,272	48,386

As compared with the previous year there is an appreciable drop in attendances, 48,386 as against 65,632. It is an indication of the excellent results being obtained with the use of penicillin in the treatment of venereal disease resulting in patients having to attend for shorter periods than with the older forms of treatment.



In Table V a detailed analysis of all new cases registered in the year 1951-52 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 .. .. .	2	—	34	2	38	27	1	513	33	574
2. Seropositive primary syphilis .. .. .	10	—	148	23	181	112	8	2,302	248	2,670
3. Secondary syphilis ..	5	4	190	129	328	99	114	2,164	2,397	4,774
4. Tertiary syphilis (1)	4	5	79	60	148	220	153	1,964	1,238	3,575
5. Endosyphilis (2) ..	9	12	159	659	839	297	648	4,971	10,728	16,644
6. Neurosyphilis ..	3	—	22	6	31	283	19	914	152	1,368
	33	21	632	879	1,565	1,038	943	12,828	14,796	29,605
7. Congenital syphilis (under 1 year) ..	—	2	16	50	68	51	59	725	919	1,754
8. Congenital syphilis (over 1 year) ..	3	2	22	26	53	50	279	732	1,177	2,238
Total syphilis ..	36	25	670	955	1,686	1,139	1,281	14,285	16,892	33,597
9. Gonorrhoea ..	151	21	1,243	94	1,509	732	205	6,602	596	8,135
10. Gonococcal vulvovaginitis .. .. .	—	3	—	37	40	—	61	—	298	359
11. Gonococcal ophthalmia .. .. .	—	—	3	6	9	—	—	—	9	9
Total gonorrhoeal infections ..	151	24	1,246	137	1,558	732	266	6,602	903	8,503
12. Ulcus molle ..	5	—	56	2	63	31	1	201	4	237
13. Lymphopathia venereum .. .. .	—	—	—	—	—	—	—	—	—	—
14. Granuloma venereum ..	—	—	—	—	—	—	—	—	—	—
15. Venereal warts ..	1	—	9	—	10	1	—	21	3	25
16. Phagedaena ..	—	—	—	—	—	—	—	—	—	—
Total venereal diseases ..	193	49	1,981	1,904	3,317	1,903	1,548	21,109	17,802	42,362
17. Non-venereal disease	111	29	268	397	805	244	71	786	1,171	2,272
18. Undiagnosed ..	9	6	61	74	150	232	116	1,627	1,777	3,752
Grand Total ..	313	84	2,310	1,565	4,272	2,379	1,735	23,522	20,750	48,386

(1) Clinically recognizable.

(2) Diagnosed on result of serological test alone.

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

- (1) in a grand total of 4,272 new cases registered 1,686 were diagnosed as suffering from syphilis in all its stages of which only 61 were Europeans.
- (2) In the early stage of syphilis, that is, those listed under 1, 2 and 3, of a total of 547 individuals only 21 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 non-European females (659 cases) comprised the largest number in this group, but these figures show a decrease as compared with the previous year (993). This figure is still too high as it means that if one adds the number of European females with endosyphilis (12), close on 700 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) One hundred and twenty-one new cases (7 European and 114 non-European) of congenital syphilis were recorded. Of these 68 were under one year of age. When one compares it with similar figures for the previous year (344 new cases of congenital syphilis of which 253 were under one year of age) the results are most gratifying. There can be no doubt that the use of penicillin in the treatment of pregnant syphilitic mothers at the various centres offering this treatment is the answer to the problem of the elimination of congenital syphilis in the infant.
- (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. 1,558 as against 1,458. Of these patients 94 were non-European female adults as compared with 54 the previous year. This number although it shows an increase on the previous year is still too small when compared with the number of non-European male patients recorded as suffering from gonorrhoea (1,243). It indicates that too many non-European female cases of gonorrhoea are roaming around undetected and in spite of all our efforts we are not succeeding in tracing sufficient contacts. Promiscuity amongst the non-Europeans, particularly in the males and their indifference to the identity of the sexual partners is the cause of our failure to get at these contacts and induce them to attend for examination and treatment.

- (6) Ulcus molle or soft chancre (diagnosis 12) is still one of no great significance in Cape Town (63 cases for the period under review as against 51 last year). 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 (inguinale), present no problem whatsoever so far as Cape Town is concerned. In fact no cases of either disease were seen during the period under review.
- (8) It is satisfactory to note that 805 new cases were diagnosed as non-venereal. This is an increase from last year (585 cases) of 220 cases. Increases of this nature are always gratifying to record as it indicates that individuals are making use of the facilities offered and are sufficiently health-minded to seek our advice at the slightest suspicion that they might be suffering from a venereal condition.
- (9) The 150 undiagnosed cases in category 18 means that at the end of June, 1952, 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.

The following classes of venereal diseases are admitted to the venereal diseases wards at the City Hospital.

- (a) Patients suffering from syphilis in a communicable form (including early congenital syphilis) who are unable to attend a 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.

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 is the form of penicillin used. 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, 1952, is presented by the following table:—

TABLE VI.

Disease.	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
1. Seronegative primary syphilis .. .. .	—	—	10	—	10
2. Seropositive primary syphilis .. .. .	—	1	29	14	44
3. Secondary syphilis .. .. .	5	1	83	145	234
4. Tertiary syphilis (1) .. .. .	2	1	3	1	7
5. Endosyphilis (2) .. .. .	—	—	1	5	6
6. Neurosyphilis .. .. .	—	1	2	1	4
7. Congenital syphilis (under 1 year) .. .. .	—	—	1	1	2
8. Congenital syphilis (over 1 year) .. .. .	—	—	1	3	4
Total syphilis .. .. .	7	4	130	170	311
9. Gonorrhoea .. .. .	3	1	17	4	25
10. Gonococcal vulvovaginitis .. .. .	—	1	—	—	1
11. Gonococcal ophthalmia .. .. .	—	—	—	—	—
Total gonorrhoeal infections .. .. .	3	2	17	4	26
12. Ulcus molle .. .. .	—	—	3	—	3
13. Lymphopathia venereum .. .. .	—	—	—	—	—
14. Granuloma venereum .. .. .	—	—	—	—	—
15. Venereal warts .. .. .	—	—	—	—	—
16. Phagedaena .. .. .	—	—	—	—	—
Total venereal disease .. .. .	—	—	3	—	3
17. Non-venereal disease .. .. .	—	—	2	3	5
18. Undiagnosed .. .. .	—	—	—	—	—
Grand total .. .. .	10	6	152	177	345

(The actual number of individuals was 340 as 5 patients had more than one disease).

(1) clinically recognisable.

(2) diagnosed on result of serological test only.



## VENEREAL DISEASE CONTACTS.

Only 83 contacts were reported to the Medical Officer of Health during the current year. Of these 41 reported at the clinics for examination. This is far from satisfactory when one considers that over 4,000 new cases were registered for investigation and treatment. It indicates that a large reservoir of undetected venereal disease is still present in Cape Town. Very often it is reported by the investigator that the address of the alleged contact is either false or that the individual has since left the address and is untraceable.

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 1951-52.

TABLE VII.

Number of contacts reported .. .. .	83
Number of such contacts who reported for examination ..	41
Number of those who attended found to be suffering from a venereal disease .. .. .	27

## 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/visitor 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 5,769 visits to defaulting female patients and 4,929 letters were sent to defaulting male patients. Sixty-three patients were referred to the Magistrate under the Public Health Act, 31 were prosecuted and the remainder were either discharged or untraceable.

## ORGANIZATION.

The full time staff of the Venereal Diseases Branch as at the 30th June, 1952, was as follows:—

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

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 Diseases 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 carry out technical duties at the male sessions and in addition carry out ward duties in the male wards at the City Hospital.

At all 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 at the Venereal Diseases Branch during the year ended 30th June, 1952, is as follows:—

TABLE VIII.

	Positive.	Negative.	Doubtful.	Total.
Number of dark-ground examinations for Sp. Pall	456	325	1	782
Number of smear examinations for gonococci ..	1,762	291	3	2,056
Number of blood sera tested by Kahn test ..	2,440	1,680	578	4,698

## SECTION VIII.—CITY HOSPITALS.

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

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

The staff at these Hospitals is shown on pages 76 and 77.

## CITY HOSPITAL FOR INFECTIOUS DISEASES, PORTSWOOD ROAD.

The hospital provides accommodation for approximately 510 patients, including 88 beds in the new venereal diseases block which was completed during the year 1950-51. Ordinarily, the accommodation is for patients suffering from enteric fever, diphtheria, erysipelas, puerperal fever, cerebrospinal fever, acute poliomyelitis, infective encephalitis and scarlet fever, but cases of other infective diseases are also admitted for special medical and social reasons. The accommodation also includes beds for cases of pulmonary tuberculosis. In the new venereal diseases block some of the wards are used for venereal diseases and others for tuberculosis.

The medical staff (June 30th, 1952) 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 diseases 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) .. .. .	534
Total attendances:	
Out-patients .. .. .	9,897
In-patients .. .. .	7,291
	— 17,188
Examinations and treatments:	
Skiagrams .. .. .	9,588
Screenings .. .. .	8,521
Consultations .. .. .	1,919
Refills .. .. .	3,711
Aspirations .. .. .	52
Mantoux tests .. .. .	591
Blood sedimentation .. .. .	29
Special injections .. .. .	37
Examinations .. .. .	20
	— 24,468

## DENTAL CLINIC.

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

During the year under report 93 patients attended and 122 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 .. .. .	16
Appendicectomy .. .. .	2
Bronchoscopy .. .. .	9
Drainage and curettage .. .. .	2
Fistulectomy .. .. .	1
Gastrectomy .. .. .	1
Incision of abscess .. .. .	6
Incision of gland in neck .. .. .	1
Laparotomy .. .. .	1
Lobectomy .. .. .	10
Mastoidectomy .. .. .	1
Oesophagoscopy .. .. .	1
Paracentesis right eye .. .. .	1
Phrenic nerve crush .. .. .	41
Pleuro pneumonectomy .. .. .	2
Pneumonectomy .. .. .	6
Rib resection and pneumolysis .. .. .	2
Thoracoplasty .. .. .	1
Thoracoscopy .. .. .	20
Tonsillectomy .. .. .	4
Tonsillectomy and adenoidectomy .. .. .	5
Ventricular tapping .. .. .	6
	— 139

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 56 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.
Measles .. .. .	1.0	0.2	0.3	0.2
Acute poliomyelitis .. ..	0.6	0.2	1.3	0.9
Cerebrospinal fever .. ..	0.6	3.0	0.7	2.2
Diphtheria .. .. .	4.7	4.7	7.4	4.0
Enteric fever .. .. .	2.4	7.8	2.2	6.1
Scarlet fever .. .. .	14.3	2.5	6.4	0.5
Venereal diseases .. .. .	0.4	8.2	0.1	2.3
Whooping cough .. .. .	0.7	2.0	0.3	0.6
Tuberculosis, pulmonary ..	60.5	294.5	17.0	72.3
Tuberculosis, other forms ..	4.6	31.1	4.3	20.1
Other diseases .. .. .	10.6	22.2	9.1	11.8
Total .. .. .	100.4	376.4	49.1	121.0

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

1923-24 62.9	1924-25 69.6	1925-26 107.7	1926-27 125.5	1927-28 151.7	1928-29 156.2
1929-30 159.1	1930-31 204.3	1931-32 238.2	1932-33 245.3	1933-34 256.7	1934-35 263.4
1935-36 280.2	1936-37 268.4	1937-38 267.4	1938-39 362.3	1939-40 331.4	1940-41 330.4
1941-42 342.3	1942-43 354.3	1943-44 354.4	1944-45 348.4	1945-46 364.3	1946-47 340.9
1947-48 351.7	1948-49 323.5	1949-50 332.2	1950-51 353.8	1951-52 376.1	

Details in regard to cases treated are shown in Tables 1 and 2, on page 59.

## 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 I .. .. .	24 (Malay Ward).
Ward 2 .. .. .	29 (Children).

The average daily number of in-patients during the year 1951-52 was 270.8.

Details in regard to patients treated during the year are shown in Tables 3 and 4 on page 60.

## 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-patients 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 .. ..	20.65
In-patients admitted .. ..	649*
New Out-patients .. ..	4,216
Attendances by out-patients .. ..	33,182
Visits to patients at their homes by—	
Doctor .. ..	2,342
Nurse .. ..	639
Midwifery service—	
Confinements attended (extern) .. ..	169
Visits made by midwife .. ..	2,300
Pre-natal clinic—	
New cases .. ..	264
Total attendances .. ..	1,102
Infant consultations—	
New cases .. ..	292
Total attendances .. ..	3,446
V.D. clinic—	
New cases .. ..	156
Total attendances .. ..	2,160
Dental clinic—	
New cases .. ..	511
Total attendances .. ..	952

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

Abortion and miscarriage .. ..	31	Hypertension .. ..	3
Abscess .. ..	6	Impetigo .. ..	1
Adenitis .. ..	11	Influenza .. ..	1
Admitted after operation .. ..	7	Injuries from accidents or violence .. ..	102
Admitted with mother or infant .. ..	24	Jaundice .. ..	5
Alcoholism .. ..	3	Mental disorders and deficiency .. ..	3
Appendicitis .. ..	10	Ophthalmia neonatorum .. ..	3
Asthma .. ..	4	Other diseases of digestive system .. ..	13
Born in hospital .. ..	5	Other diseases of nervous system .. ..	2
Bronchitis and pneumonia .. ..	81	Other diseases of skin and cellular tissue .. ..	21
Cancer .. ..	1	Pellagra .. ..	4
Cerebral haemorrhage .. ..	4	Pleurisy .. ..	1
Cholecystitis .. ..	1	Prematurity .. ..	4
Circumcision .. ..	7	Puerperal fever .. ..	1
Confinement .. ..	8	Pyrexia of unknown origin .. ..	13
Convulsions .. ..	5	Quinsy .. ..	7
Diabetes .. ..	5	Rheumatic fever .. ..	2
Diarrhoea and enteritis .. ..	30	Rheumatism .. ..	3
Diseases of the blood and blood-forming organs .. ..	1	Scabies .. ..	2
Diseases of bones and joints .. ..	8	Stomatitis .. ..	1
Diseases of ear .. ..	4	Syphilis .. ..	7
Diseases of eye .. ..	3	Tetanus .. ..	1
Diseases of female genital organs .. ..	8	Tonsillitis .. ..	2
Diseases of genito-urinary system .. ..	9	Tuberculosis, pulmonary .. ..	16
Diseases of heart .. ..	32	Tuberculosis, other forms .. ..	15
Diseases peculiar to early infancy .. ..	11	Vincent's angina .. ..	1
Diseases of pregnancy and parturition .. ..	13	Whooping cough .. ..	4
Dysentery .. ..	8	Worms .. ..	4
Epilepsy .. ..	12	Diagnosis doubtful or indefinite .. ..	16
Epistaxis .. ..	3	Other conditions .. ..	32
Erysipelas .. ..	2		
Gingivitis .. ..	1		
Hemiplegia .. ..	1		
		Total .. ..	649



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

Langa Native Township .. .. .	577
Elsewhere in Cape Town Municipality .. .. .	46
Extra municipal .. .. .	26
	<hr/> 649 <hr/>

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

In-patients .. .. .	29
Out-patients .. .. .	501

#### SCABIES AND PEDICULOSIS.

(CLEANSING STATION).

The cleansing station at 15 Cowley Street, Cape Town, is provided for the disinfestation 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 .. .. .	27	—	12	39	70	—	18	88
European girls .. .. .	40	—	9	49	135	—	16	151
Non-European boys .. .. .	266	—	26	292	1,018	—	28	1,046
Non-European girls .. .. .	279	—	291	570	1,208	—	370	1,578
Total children .. .. .	612	—	338	950	2,431	—	432	2,863
<i>Adults :</i>								
European males .. .. .	5	3	—	8	21	5	—	26
European females .. .. .	8	—	2	10	22	—	5	27
Non-European males .. .. .	31	4	—	35	72	6	—	78
Non-European females .. .. .	62	1	24	87	166	1	47	214
Total adults .. .. .	106	8	26	140	281	12	52	345
<i>Total persons :</i>								
European .. .. .	80	3	23	106	248	5	39	292
Non-European .. .. .	638	5	341	984	2,464	7	445	2,916
All races .. .. .	718	8	364	1,090	2,712	12	484	3,208

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.
2,053	344	715	1,038

The distance covered during the year by the vans and ambulances was 84,405 miles.

TABLE 1.—NUMBER OF PERSONS TREATED IN THE CITY HOSPITAL FOR THE PERIOD 1ST JULY, 1951 TO 30TH JUNE, 1952  
(Classified according to the wards of the City, etc., to which they belonged).

Wards, etc.	Under treatment, 1st July, 1951.				Admitted.				Discharged.				Died.				Under treatment, 30th June, 1952				Total admit- ted persons.	Day units.				Total.
	E.		O.		E.		O.		E.		O.		E.		O.		E.		O.							
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.						
	1	2	—	—	2	17	14	4	13	16	15	4	14	—	—	2	3	4	1	—	—	48	909	1,109	70	704
2	4	10	3	8	6	4	30	32	7	4	27	31	15	20	2	3	4	3	—	—	112	1,203	2,024	191	539	
3	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	72	1,082	1,843	943	1,527	
4	4	7	1	3	29	32	5	12	25	35	5	12	25	31	2	6	4	3	2	—	78	1,245	2,216	223	778	
5	—	—	4	6	7	14	10	55	64	12	11	51	45	2	—	—	—	3	3	5	143	634	1,173	2,096	4,390	
6	—	—	2	4	6	7	14	10	58	60	17	9	59	53	1	—	—	3	3	—	138	1,258	934	2,348	4,687	
7	—	—	7	3	7	12	11	9	58	60	17	9	59	53	1	—	—	3	3	—	143	1,258	934	2,348	4,687	
8	5	4	3	5	26	25	17	23	24	22	17	3	1	—	—	—	—	3	3	—	138	1,258	934	2,348	4,687	
9	8	6	4	15	30	43	76	99	32	43	60	84	—	—	—	—	—	5	5	4	94	1,920	2,090	1,143	1,499	
10	—	—	1	4	1	6	31	40	6	12	26	41	6	14	1	—	—	5	5	4	248	2,713	3,006	2,031	5,888	
11	—	—	2	—	—	15	22	90	134	14	17	75	101	1	1	17	19	2	5	7	89	1,065	1,377	469	925	
12	—	—	—	—	—	4	15	11	9	15	13	7	14	—	—	—	—	—	—	—	261	739	1,200	3,511	9,282	
13	—	—	3	1	2	4	7	14	11	11	10	13	10	12	—	—	—	—	—	—	50	371	324	144	2,137	
14	—	—	2	4	—	10	17	15	21	8	18	13	20	14	—	—	—	2	2	—	343	504	720	166	1,567	
15	—	—	4	1	3	4	17	19	22	24	21	19	20	22	—	—	—	4	1	—	63	1,038	923	656	1,378	
Not allocated ...	—	2	3	13	18	13	31	52	15	12	28	41	1	—	—	—	—	4	7	—	82	821	1,158	541	1,546	
Langa Native Township	1	—	1	1	4	—	1	—	2	—	2	—	—	—	—	—	—	3	—	—	114	565	481	1,147	4,129	
From ships in Harbour	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	432	—	—	366	
From outside the Municipality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21	—	—	302	2,642	
Totals	80	74	74	156	434	511	724	805	421	511	630	686	25	13	99	90	90	68	61	69	793	25,535	29,196	26,193	56,737	
																					2,474	40,477	12,753	10,141	8,947	
																					400	137,661	40,477	12,753	10,141	









1. The first part of the document is a list of names and addresses of the members of the committee. The names are written in the first column, and the addresses are written in the second column.

Name	Address	Occupation	Education	Religion	Other
John A. Smith	123 Main St.	Teacher	High School	Methodist	
Mary E. Jones	456 Oak St.	Homemaker	College	Catholic	
Robert L. Brown	789 Elm St.	Engineer	University	Protestant	
Elizabeth C. White	101 Pine St.	Nurse	Nursing School	Anglican	
James H. Black	234 Cedar St.	Farmer	High School	Baptist	
Sarah K. Green	567 Birch St.	Shopkeeper	College	Presbyterian	
William D. Hall	890 Spruce St.	Doctor	Medical School	Episcopal	
Anna M. Young	1122 Ash St.	Librarian	Library School	Lutheran	
Charles F. Adams	1444 Willow St.	Lawyer	Law School	Jewish	
Margaret A. Baker	1777 Hickory St.	Artist	Art School	Unitarian	
George W. Clark	2000 Poplar St.	Merchant	Business School	Quaker	
Helen B. Lewis	2323 Sycamore St.	Musician	Music School	Atheist	
Frank J. Miller	2656 Chestnut St.	Scientist	Science School	Agnostic	
Alice S. Wilson	2989 Walnut St.	Writer	Writing School	Deist	
Edward G. Taylor	3312 Elm St.	Banker	Banking School	Spiritualist	
Bertha L. Moore	3645 Oak St.	Translator	Language School	Polytheist	
Harold K. Jackson	3978 Pine St.	Explorer	Exploration School	Pantheist	

## SECTION IX.—SANITARY ADMINISTRATION.

## HEALTH INSPECTORS.

On 30th June, 1952, 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 3 learner health inspectors besides 3 health inspectors for dairies and 4 pest control officers. A meat inspector for the inspection of 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, ophthalmia, 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; submission of reports on applications for permission to demolish or convert dwellings under section 16 of the Housing Act (No. 35 of 1920), and regulation 42 of the regulations made under section 2 of the Housing (Emergency Powers) Act of 1945; 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, 1952 were as follows:—

*Inspections made:*

Public markets .. .. .	3,892
Butchers' shops .. .. .	6,290
Dealers' and general dealers' shops (food) .. .. .	16,674
Dealers' and general dealers' shops (no food) .. .. .	5,794
Fish and poultry shops .. .. .	2,694
Bakers' shops (without bakehouses) .. .. .	235
Bakehouses .. .. .	442
Milk shops (purveyors of milk) .. .. .	5,184
Ice-cream purveyors and manufacturers .. .. .	1,882
Tea shops .. .. .	2,111
Cafés .. .. .	1,229
Restaurants .. .. .	3,433
Eating-houses .. .. .	1,011
Residential hotels and boarding houses .. .. .	2,123
Aerated-water manufacturers .. .. .	149
Other places where food is manufactured .. .. .	158
Hawkers' premises .. .. .	3,509
Hawkers' carts .. .. .	2,525
Butchers' carts and carriers .. .. .	1,103
Milk-delivery vehicles and carriers .. .. .	611
Fish vehicles .. .. .	233
Bakers' vehicles .. .. .	369
Ice-cream vehicles .. .. .	40
Tents .. .. .	136
Sideshowes .. .. .	47
Theatres and bioscopes .. .. .	608
Billiard saloons .. .. .	57
Common lodging houses .. .. .	48
Tenement houses .. .. .	1,665
Other house inspections .. .. .	33,790
Hairdressers .. .. .	1,939
Laundries .. .. .	128
Mattress-makers and upholsterers .. .. .	91
Other factories and workplaces .. .. .	4,353
Courts, lanes and alleys .. .. .	4,434
Open land .. .. .	3,110
Piggeries .. .. .	36
Horse stables .. .. .	1,881
Dairy stables .. .. .	3,643
Cattle dealers' premises .. .. .	41
Visits made in connection with infectious disease .. .. .	2,783
Hackney carriages .. .. .	1
Standing water, catchpits, etc., re mosquitoes .. .. .	452



## REPORT OF THE MEDICAL OFFICER OF HEALTH.

Sites or premises <i>re</i> plans of proposed buildings .. .. .	402
Public sanitary conveniences .. .. .	6,175
Refuse tips .. .. .	624
Washhouses .. .. .	273
Attendances at magistrates' courts .. .. .	172
Natives deloused and vaccinated .. .. .	3,787
Other visits .. .. .	4,085
<b>Total .. .. .</b>	<b>136,452</b>

*Particulars in connection with visits recorded in the above inspections.—*

Visits to premises where action was taken in connection with rodent infestation .. .. .	16
Visits at which premises were disinfected .. .. .	27
Drain tests carried out .. .. .	83
Visits where enquiries were made <i>re</i> outworkers .. .. .	2

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

Verbal notices .. .. .	845
Written request notices .. .. .	—
Formal written notices .. .. .	2,595
<b>Total proceedings begun .. .. .</b>	<b>3,440</b>
Written notices following verbal notices .. .. .	383
<b>Total notices served:—</b>	
Verbal notices .. .. .	845
Request notices .. .. .	—
Formal notices .. .. .	3,053
Final notices .. .. .	440
<b>Total .. .. .</b>	<b>4,338</b>

The number of items included in the 3,440 notices were as follows:—

Ward 1 .. .. .	457
Ward 2 .. .. .	502
Ward 3 .. .. .	561
Ward 4 .. .. .	430
Ward 5 .. .. .	949
Ward 6 .. .. .	1,193
Ward 7 .. .. .	616
Ward 8 .. .. .	469
Ward 9 .. .. .	389
Ward 10 .. .. .	261
Ward 11 .. .. .	175
Ward 12 .. .. .	605
Ward 13 .. .. .	286
Ward 14 .. .. .	1,134
Ward 15 .. .. .	865
<b>Total .. .. .</b>	<b>8,892</b>

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 .. .. .	496
Defective water fittings .. .. .	41
Unauthorized structures .. .. .	17
Undrained premises .. .. .	6
Structural defects to premises .. .. .	52
Other defects .. .. .	55

## STABLE PREMISES.

The municipal regulations empower the Council to prohibit the use for the keeping of animals, any stable, cowshed, pigstye, kraal, etc., which in its opinion is "unfit, undesirable or objectionable by reason of its locality, construction or manner of use". The City Council may also restrict the number or kind of animals to be kept at any such premises. During the year ended 30th June, 1952, the City Council prohibited the further use of 4 stable premises (equine) for the keeping of animals.

Previously, since 1929, the City Council had prohibited the use of 140 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 further 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.

Throughout the sandy open lands of the Cape Flats scattered colonies of gerbilles and groups of other veld rodents are to be found, 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 wood 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.

With the advent of Warfarin a new and valuable weapon has come to the forefront in the war against domestic rodents (brown and black rats). The remarkable results obtained have justified its extensive use and it has now become one of the principal methods of exterminating rodents.

Extensive experiments and trials have resulted in the production of a bait which has been found acceptable to these rodents under all conditions. The experiments conducted from the pest control centre have been fully justified and it is reassuring to observe that there has been no evidence of bait shyness or immunity developing. It has been established beyond all doubt that the number of carcasses when Warfarin is used bears no relation to the number of rodents destroyed. In one building, in response to a complaint of rodent infestation, Warfarin bait was laid. A few days later 50 carcasses were recovered. When a portion of the building was razed to the ground a week or 10 days afterwards in order to allow for alterations and extensions, a further 150 carcasses were recovered. In another building 6 carcasses were recovered soon after the bait was laid, but six months later when a further inspection of the building was carried out, the burrows were accidentally discovered and the remains of a further 150 carcasses were found.

These encouraging results fully justify a more extensive use of this poison and our efforts in this direction are being intensified. It would appear that the numerical value of carcasses recovered can no longer be considered of primary importance, as a fairly accurate assessment of the number of rats destroyed can be made by the quantity of bait laid and consumed.

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

## Inspections by pest control officers:

<i>Re</i> rodents	..	..	..	..	..	..	13,301	
<i>Re</i> mosquitoes	..	..	..	..	..	..	4,082	17,383

Inspections *re* rodents by other inspectors .. .. . 16

Inspections *re* mosquitoes by other inspectors .. .. . 519

## Visits made to lands and premises by rat-catchers:

<i>Re</i> rodents	..	..	..	..	..	..	65,735	
<i>Re</i> mosquitoes	..	..	..	..	..	..	19,356	
								85,091

## Examination of building plans:

With requirements	..	..	..	..	..	..	1,720	
No objection	..	..	..	..	..	..	252	
								1,972

## Number of notices served by pest control officers:

Verbal notices	..	..	..	..	..	..	56	
Written notices	..	..	..	..	..	..	143	199

## Number of rodents caught and destroyed:

Brown rats	..	..	..	..	..	..	7,814	
Black rats	..	..	..	..	..	..	1,923	
Gerbilles	..	..	..	..	..	..	841	
								10,578

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.



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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
1952 .. .. .	7,814	1,923	841	10,578

## MOSQUITOES.

One of the pest control officers specialises also in anti-mosquito work. He investigates local prevalence of mosquitoes discovered through complaints or systematic inspections. He also controls permanent anti-mosquito measures in the Black River Valley, extending from the Bokmakirie Township to the Royal Observatory, as well as giving attention to seasonal collections of standing water and other known mosquito breeding foci within the municipal area. Such collections of water are mapped and logged by the pest control officer. Four of the rat-catching staff under his supervision devote the whole of their time to oil-spraying of waters where mosquitoes are bred. In addition to these four operatives, another employee carries out regular treatment of standing water at the sewage disposal works at Athlone.

The chief prevalence of mosquitoes is in those parts of the Southern Suburbs which are within a mile or two of the disposal works at Athlone; but with the elimination of broad land irrigation considerable reduction of mosquito breeding has been effected, with a consequent decrease in the number of complaints. The nuisance is worst when moist warm weather conditions prevail, namely the months of April, May and October. It has been found that fog conditions, frequently encountered at these times of the year, encourage the migration of adult mosquitoes. The mosquitoes are exclusively of the genus *Culex*. *Anopheles* and *Aedes Egypti* are not found.

Mosquito prevalence is by no means confined to the summer, and is liable to occur in any part of the Municipality through breeding taking place in local collections of water. It is interesting to note that, in the majority of cases, upon investigation into complaints of the prevalence of mosquitoes, the breeding places are discovered in collections of standing water on private property, the complainants' premises often being responsible for the nuisance.

Intensive mosquito breeding also occurs in trapped street catchpits, which require constant attention by the City Engineer's Department.

The number of inspections of sites and premises is shown on page 61.

## CAMPING.

During the year 1951-52, 3 applications for the erection of tents and 2 applications for the parking of caravans on private sites were received. These were granted for occupation by 17 persons.

An investigation is being conducted to find suitable camping sites, similar to those of the English and American caravan parks, 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 Regulation 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.

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The following is a record of the samples taken during the calendar year 1952:—

Nature of sample.	No. of samples.	Not genuine.					Genuine.
		No action taken.	Letter sent.	Warning notice sent.	Summons applied for.	Total.	
Milk .. .. .	544	—	—	4	25	29	515
Meat products .. ..	80	—	—	—	9	9	71
Minced meat .. ..	46	—	—	—	16	16	30
Ice-cream .. ..	35	—	—	—	1	1	34
Cream .. ..	13	1	—	—	—	1	12
Skimmed milk .. ..	2	—	—	—	2	2	—
Skimmed milk (sour) ..	2	—	—	—	—	—	2
Honey .. ..	1	—	—	—	—	—	1
Dripping .. ..	1	—	—	—	—	—	1
Total .. ..	724	1	—	4	53	58	666

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

Percentage of milk fat.	No. of samples.	Percentage of milk-solids-not-fat.	No. of samples.
1.0—1.4	1	5.5—5.9	—
1.5—1.9	—	6.0—6.4	—
2.0—2.4	3	6.5—6.9	1
2.5—2.9	16	7.0—7.4	2
3.0—3.4	266	7.5—7.9	6
3.5—3.9	213	8.0—8.4	6
4.0—4.4	21	8.5—8.9	402
4.5—4.9	8	9.0—9.4	118
5.0—5.4	4	9.5—10.0	—
5.5—5.9	3	10.5 (deficient)	1
6.0—6.4	3		8 (sour)
6.5—6.9	1		
7.0—7.4	2		
7.5—7.9	—		
8.0—8.4	1		
8.5—8.9	—		
9.0—9.4	1		
9.5—10.0	—		
13.0—13.4	1		

## SALE OF MILK AND ICE CREAM.

*Compulsory Pasteurization of Milk.*

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

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, five pasteurization plants were already in operation and there are indications that five more pasteurization plants will be in operation by the time compulsory pasteurization of milk is introduced.

*Dairy Premises Licensed.*

The number of dairy premises licensed\* for the sale of milk in the Municipality at 30th June, 1952, was as follows:—

	In the municipal area.	Outside the municipal area.
	30th June, 1952	30th June, 1952
Milkshops .. .. .	185	6
Cowsheds .. .. .	10	305

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



*Staff.*

One veterinary officer, provided with transport, confines himself to the veterinary inspection of dairy cattle, the supervision of cowsheds of all producers, both within and outside the municipal area, who supply milk for consumption in the city, and the supervision of all pasteurization plants. He is assisted by 2 full-time dairy inspectors in the inspection of producers' premises, and by one inspector who assists in the supervision of pasteurization plants, in taking samples for bacteriological examination and in laboratory work. During the year under report inspections were made as follows:—

Dairy stables .. .. .	3,643
Milk shops .. .. .	5,184
Milk delivery vehicles .. .. .	611
Ice-cream premises .. .. .	1,882
Ice-cream vehicles .. .. .	40

*Milkshops and Ice-cream Premises.*

Milkshops and ice-cream premises are inspected by the health inspectors. The Veterinary Officer supervises and inspects premises where milk is pasteurized. Five 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 1952 and those for ice-cream to the year ended 30th June, 1952:—

	Cowshed premises.		Milk shop premises.	Manufacturers and vendors of ice-cream.
	In the municipal area.	Outside the municipal area.		
Applications for licences received .. .. .	10	310	204	788
Licences issued .. .. .	10	310	204	781
Applications cancelled .. .. .	—	—	—	5
Licences not granted .. .. .	—	—	—	2

*Control of Pasteurization Plants.*

During the year a fifth pasteurization plant was licensed. Systematic daily sampling of milk at the four licensed pasteurization plants was undertaken. Samples were collected from the five 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. The phosphatase test devised by the veterinary officer, Dr. B. M. Horwitz, was used during the year.

In all, 1,716 phosphatase tests were carried out, of which 60 or 3.5 per cent, proved to be definitely under-pasteurized and 93 or 5.4 per cent, slightly 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 1,287 samples examined, 785 were satisfactory, i.e., 61.0 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 1,287 samples examined by the Breed Smear method 127, or 9.9 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 .. .. .	12	593	605
Bulk samples:			
Raw milk .. .. .	—	—	—
Total .. .. .	12	593	605

In addition to the above routine samples a further 63 samples were taken, the results of which were inconclusive.

*Examination of Dairy Cows.*

During the year under review 4,246 cows belonging to 60 dairies, were examined clinically, and as a result 464 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) .. .. .	65
Mastitis (chronic) .. .. .	185
Mange .. .. .	35
Tuberculosis (other than tuberculosis of the udder) .. .. .	6
Tubercular mastitis .. .. .	6
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 6 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) Three hundred and nine 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 309 samples examined, 193 satisfied this standard and 116 were above this standard. Two hundred and eighty samples of ice-cream were examined for efficiency of pasteurization and of these 262 proved to be efficiently pasteurized and 18 under-pasteurized.
- (ii) Samples of milk from individual cows were examined for the following conditions:—
  - (a) Mastitis.—280 samples, of which 55 were positive, 44 doubtful and the rest negative.
  - (b) Tuberculosis.—464 samples from individual cows were examined. Of these, 6 were positive.
  - (c) Butter Fat Tests.—293 butter fat tests were carried out. Of these, 53 proved to be below the Government standard and 240 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) B. Coli Tests.—69 B. Coli tests were carried out on samples of pasteurized milk to determine the efficiency of the sterilization of bottles. Of these, 47 were positive and 22 negative.
- (v) Outside municipalities.—168 samples of milk were tested by the Breed Smear for other municipalities. Of these, 50 were satisfactory. Mastitis was found in 14 of the samples.
- (vi) Municipal Pounds.—During the year the Veterinary Officer examined 3 mules, 33 donkeys and 26 horses. Five operations were carried out.
- (vii) Pasteurized Cream.—Two samples were tested. One sample proved to be properly pasteurized and the other under-pasteurized.
- (viii) Pasteurized Butter Milk.—19 samples were taken. Of these, only one sample was satisfactory. This investigation was carried out as the result of an outbreak of tuberculosis in pigs fed on butter milk. The outbreak was due to under-pasteurized butter milk.
- (ix) Special investigation into the faulty flavour of a milk supply.—The fault was traced to the method of cleaning the milking machine. 4 milk and 5 water samples were tested in this instance.
- (x) Pasteurized Milk from outside Municipalities.—8 samples were tested from Paarl, C.P.—all proved to be satisfactorily pasteurized.

## 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, 1952:—

	Restaurants.	Tea Shops.	Cafés.	Eating-Houses.	Boarding Houses.
1. Applications received . . . . .	204	640	29	38	313
2. Granting of licences recommended (without conditions) . . . . .	138	504	23	20	312
3. Granting of licences recommended (subject to conditions) . . . . .	66	129	6	18	—
4. Number under item 3 later reported as having complied with conditions . . . . .	44	95	5	12	—
5. Refusal of licences recommended . . . . .	—	5	—	—	—
6. Applications withdrawn . . . . .	—	2	—	—	1

## REGISTERED TRADES.

*Mattress-makers, Laundries, Barbers and Hairdressers.*

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

The figures in the following table refer to the calendar year 1952:—

	Mattress-makers and Upholsterers.	Laundries.	Barbers and Hairdressers.
Applications received . . . . .	10	4	294
Registration certificates issued . . . . .	9	2	261
Registration granted subject to conditions . . . . .	1	2	33
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, 1952:—

	Hawkers and Pedlars.
1. Applications received .. .. .	1,883
2. Granting of licences recommended (without conditions) .. ..	1,262
3. Granting of licences recommended (subject to conditions) .. ..	608
4. Refusal of licences recommended .. .. .	5
5. Number under items 3 and 4 later recommended .. .. .	288
6. Applications withdrawn .. .. .	8

## 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, 1952:—

	General dealers.	Fresh produce dealers.	Butchers.	Bakers.	Motor garages.	Mineral water dealers.	Mineral water manufacturers.
1. Applications received .. .. .	1,219	396	19	1	53	56	4
2. Granting of licences recommended (without conditions) .. ..	712	179	5	—	24	30	1
3. Granting of licences recommended (subject to conditions) .. ..	486	214	14	1	28	26	1
4. Number under item 3 later reported as having complied with conditions .. ..	401	168	13	1	24	17	1
5. Refusal of licences recommended .. .. .	10	—	—	—	1	—	2
6. Applications withdrawn .. .. .	11	3	—	—	—	—	—

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, 1952:—

Description.	Inspected.	Passed.	Condemned partly.	Condemned entirely.	
				Amount.	Percentage.
Carcases of pork .. .. .	24,399	24,237	144	18	0·07
Pigs' kidneys .. .. .	24,399	24,261	—	138	0·57
Pigs' plucks .. .. .	19,422	19,306	—	116	0·60
<i>Pigs' plucks</i> .. { <i>Livers</i> .. .. .			—	408	2·10
<i>Lungs (prs.)</i> .. .. .			—	180	0·93
<i>Hearts</i> .. .. .			—	138	0·71

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, 1951, to 30th June, 1952:—

Description.	Total.	Abcess.	Bruised.	Cirrhosis.	Cysts (Hydatid).	Gangrene.	Inflammation.	Mastitis.	Measles.	Necrosis.	Nephritis.	Pericarditis.	Peritonitis.	Pneumonia.	Tuberculosis.
Carcasses of pork ..	18	—	—	—	—	1	—	1	10	—	—	—	5	—	1
Parts of pork ..	144	62	5	—	—	—	13	—	—	—	—	—	—	—	64
Pigs' kidneys ..	138	—	—	—	120	—	—	16	—	—	2	—	—	—	—
" plucks ..	116	—	—	—	104	—	9	—	—	—	—	—	—	—	3
" Livers ..	408	—	—	36	345	—	—	—	—	25	—	—	—	—	2
" Lungs (prs.) ..	180	—	—	—	60	—	—	—	—	—	—	—	120	—	—
" Hearts ..	138	—	—	—	—	—	—	—	—	—	—	138	—	—	—

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 .. ..	2,283	1,141,575	5	675

#### Whalemeat.

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. In the year under review only one application was made and granted by the City Council for the sale of this commodity. This was chiefly due to the increased supplies of butcher's meat. It is interesting to note that the public, especially the lower income group, showed no further interest in whalemeat, notwithstanding the fact that it is nutritious and cheap, once the sale of butcher's meat became plentiful.

#### 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, 1952:—

	Weight (lb.)		Weight (lb.)
<b>Meat:</b>		<b>Fruit and Vegetables (cont.)</b>	
Biltong .. ..	15	Pears .. ..	1,582
Polony .. ..	83	Pineapples .. ..	9,036
		Prunes .. ..	100
<b>Poultry and Game:</b>		Rhubarb .. ..	172
Ducks .. ..	20	Watermelons .. ..	12,358
Fowls .. ..	5,052	Artichokes .. ..	16
Game .. ..	715	Beans (green) .. ..	142,218
Geese .. ..	148	Beetroot .. ..	4,937
Turkeys .. ..	397	Betel leaves .. ..	61
		Bringals .. ..	978
<b>Fish:</b>		Cabbages .. ..	55,655
Tinned fish .. ..	286	Cauliflowers .. ..	1,333
		Carrots .. ..	603
<b>Fruit and Vegetables:</b>		Celery .. ..	152
Apples .. ..	72	Chillies .. ..	877
Apricots .. ..	210	Cucumber .. ..	1,569
Avocado pears .. ..	2,337	Garlic .. ..	2,619
Bananas .. ..	9,005	Lettuce .. ..	19,069
Cherries .. ..	130	Marrows .. ..	510
Cocoanuts .. ..	1,120	Mealies .. ..	4,220
Egg fruit .. ..	630	Mint .. ..	21
Figs .. ..	320	Onions .. ..	32,555
Gooseberries .. ..	358	Parsley .. ..	285
Grapes .. ..	1,347	Parsnips .. ..	2,207
Grape fruit .. ..	2,080	Peas (green) .. ..	33,725
Grenadillas .. ..	495	Peppers .. ..	210
Lemons .. ..	550	Potatoes .. ..	26,008
Litchies .. ..	322	Potatoes (sweet) .. ..	21,502
Mangoes .. ..	10,075	Pumpkins .. ..	1,612
Melons .. ..	1,410	Radish .. ..	1,413
Naartjies .. ..	55	Spinach .. ..	3,341
Nectarines .. ..	12	Squashes .. ..	565
Oranges .. ..	240	Sweet melons .. ..	1,907
Paw paws .. ..	13,790	Tomatoes .. ..	29,181
Peaches .. ..	4,175	Turnips .. ..	7,236
		Watercress .. ..	108



*Other Provisions:*

Bacon .. .. .	718
Biscuits .. .. .	81
Canned fruit .. .. .	1,229
Cereals .. .. .	1,664
Cheese .. .. .	612
Coffee .. .. .	1
Delicacies .. .. .	5
Eggs .. .. .	3
Fish paste .. .. .	1
Flour .. .. .	5
Ham .. .. .	679
Jam .. .. .	994
Maize .. .. .	134
Milk (condensed) .. .. .	461
Pickles .. .. .	5
Preserved fruit .. .. .	4

*Other Provisions (cont.)*

Pudding powder .. .. .	12
Rice .. .. .	382
Sauer kraut .. .. .	5
Sugar .. .. .	303
Sweets .. .. .	722
Spice .. .. .	1
Tea .. .. .	1
Tinned cream .. .. .	1
.. fat .. .. .	4
.. meat .. .. .	109
.. sausage .. .. .	437
.. soap .. .. .	112
.. vegetables .. .. .	474
Citric acid .. .. .	5
Unclassified .. .. .	48

## CASES BEFORE THE MAGISTRATE.

The following table gives particulars of cases heard by the magistrates during the year ended 30th June, 1952, 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.			
Dwelling-house premises in insanitary condition (excluding the keeping of animals) .. .. .	3	3	—	—	—	—	3	£	s.	d.
Insanitary conditions or other offences at food premises:										
Butchers' shop premises .. .. .	1	—	—	—	1	—	1	—	—	—
Other food premises .. .. .	2	2	—	—	—	—	3	13	0	0
Insanitary conditions or other offences in transport or delivery of foodstuffs:										
Milk .. .. .	5	4	—	—	—	1	7	16	0	0
Other foodstuffs .. .. .	13	12	—	—	1	—	16	19	0	0
Selling, delivering or depositing meat not slaughtered at the municipal abattoir or not inspected and stamped .. .. .	2	1	—	—	—	1	3	10	0	0
Selling foodstuffs in contravention of the Food, Drugs and Disinfectants Act:										
Milk .. .. .	30	24	2	—	—	4	40	268	0	0
Sausage .. .. .	5	4	1	—	—	—	13	33	0	0
Polony .. .. .	2	2	—	—	—	—	11	10	10	0
Minced meat .. .. .	14	13	—	1	—	—	27	115	0	0
Ice-cream .. .. .	1	1	—	—	—	—	1	7	10	0
Trading as a purveyor of milk without licence (no cows kept) .. .. .	7	7	—	—	—	—	11	27	0	0
Trading as a hawkers without licence .. .. .	1	1	—	—	—	—	1	2	0	0
Other nuisances or insanitary conditions .. .. .	2	1	—	—	1	—	2	3	0	0
Total .. .. .	88	75	3	1	3	6	139	550	0	0

## PUBLIC SANITARY CONVENIENCES.

The following is a list of the public sanitary conveniences open at 30th June, 1952, 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
Saunders Rocks (Sea Point) .. .. .	1	1
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
	83	55
Relief attendants .. .. .	12	9
Night-shift attendants .. .. .	3	2
	98	66

\*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 (males only) are open day and night. Of the five 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.  
Saunders Rocks (Sea Point).  
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, 1952, were as follows:—

	Attendances.	Money taken.		
		£	s.	d.
Hout Street .. .. .	12,418	228	9	5
Platteklip .. .. .	3,695	57	1	0
Hanover Street .. .. .	11,692	698	10	9
Salt River .. .. .	5,025	93	17	11
Mowbray .. .. .	9,257	163	14	8
Claremont .. .. .	10,708	205	17	5
Wynberg .. .. .	3,927	77	18	3
Kalk Bay .. .. .	1,880	47	0	0
	58,602	£1,572	9	5

The attendances and takings at the Hout Street shower-baths during the year ended 30th June, 1952, were as follows:—

	Shower-baths.		
	Attendances.	Money taken.	
		£	s. d.
Adults .. .. .	44,750	559	7 6
Children .. .. .	170	1	8 4
Total .. .. .	44,920	£560	15 10

#### 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. Private enterprise is to-day making no provision for the housing of the lower income groups owing to the high building costs of erecting such dwelling and have concentrated on the erection of large blocks of flats. Such flat development is taking place all over the Municipality but far and away the most popular suburb for such development is the Sea Point, Three Anchor Bay and Green Point areas. There is a decided danger in the overcrowding of any one area with large flat blocks owing to the danger of ultimate deterioration of both building and inmates and the possibility of slum conditions eventually developing.

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, 1952, the City Council and the Citizens' Housing League Utility Company have completed the erection of about 9,000 dwellings, in addition to the building of Langa Native Township.

It is with great concern that it must be reported that for a variety of reasons and notwithstanding the very serious housing shortage existing in this City that no dwelling units for the lower income groups have been completed by the City Council during the year under review.

In the year under report, the Citizens' Housing League Utility Company built 70 dwelling houses for Europeans at the Thornton Township, Pinelands, C.P. at an average cost of £2,000 each, and 171 dwelling houses for non-Europeans at Bishop Lavis Township, Matroosfontein, Elsie's River, C.P. at an average cost of £650 each.

The dwellings completed bring the figures from 1920 to 30th June, 1952, 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. ..	1,965	171	2,136
Total .. .. .	3,953	5,016	8,969

The number of new dwelling houses built in the calendar year 1952 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	1952 ..	13,020	937

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 .. ..	1	Ward 10 .. ..	331
" 2 .. ..	30	" 11 .. ..	7
" 3 .. ..	48	" 12 .. ..	257
" 4 .. ..	47	" 13 .. ..	87
" 5 .. ..	702	" 14 .. ..	155
" 6 .. ..	108	" 15 .. ..	855
" 7 .. ..	380	" Not allocated	2
" 8 .. ..	522		
" 9 .. ..	21		
		Total ..	3,553

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, 1952, the number of such burials was 360.

### RELIEF WORKS.

During the period under review an average of 183 men have been employed on relief works maintained by the City Council. The total expenditure of the Council under this heading in the year 1951-52 was £46,383 7s. 3d. of which £18,874 14s. 3d. was paid in wages, including cost-of-living allowance. The Government repaid to the Council £15,615 0s. 11d. in the form of subsidy.

### BOARD OF AID.

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

Its funds are provided by the Department of Social Welfare, supplemented to some extent by voluntary donations. Under section 16 of the Finance Act, No. 27 of 1940, the responsibility of the Provincial Administration in this matter was transferred to the Union Department of Social Welfare as from 1st April, 1940.



The Secretary of the Board of Aid has kindly supplied the following statistics for the calendar years 1952 and 1951.

	1952.	1951.
	£ s. d.	£ s. d.
Income from voluntary sources .. .. .	999 15 7	3,731 4 8*
Subsidy from Provincial Administration for investigations re		
Conradie Home applications .. .. .	30 0 0	120 0 0
Subsidy from Department of Social Welfare .. .. .	34,806 15 6	33,859 10 0
Subsidy from City Council .. .. .	—	—
Expenditure on relief, excluding administration costs .. .. .	15,530 8 2	10,402 3 6
Number of applications received .. .. .	1,743	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 105 pensioners. Aged Coloureds are accommodated in the Hostel at £2 2s. 6d. 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 50 children.

#### FOOD SUPPLIED BY CITY HEALTH DEPARTMENT.

Free dinners are provided at thirteen welfare centres on Mondays to Fridays inclusive to nursing and expectant mothers and children under school age who are found by the medical officers to be suffering from undernourishment caused by poverty. The figures for the year under report are given on pages 20 and 22. The dinners given numbered 105,337 (mothers, 27,879; children, 77,458). To these figures are to be added 32,324 dinners supplied to children at the municipal nursery schools (see page 26).

Free milk is also provided at the welfare centres for necessitous children under school age. This is supplied without cost to the Council under the scheme of the Dairy Industry Control Board by arrangement with the School Board. The milk meals are consumed at the centres. During the year the attendances for milk meals numbered 140,867 and 7,223 gallons of milk were consumed. To these figures are to be added 32,134 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, 1952, 1,738 new cases were supplied and 53,015 lbs. of dried milk were issued. The cost was £7,365 3s. 11d. (see page 19). As a result of this provision no suckling infant in the Municipality need lack an adequate diet on account of poverty.

The City Council also provides bread and milk as additional nourishment for indigent cases of tuberculosis. The ordinary daily allowance for a patient is 1 lb. bread and 1 pint milk. 187 new cases were put on this allowance during the year and the cost of the supplies was £1,976 10s. 11d.

#### 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 amount and variety of foodstuffs supplied to all schools during the calendar year 1952, are as follows:—

Milk .. .. .	343,391 Gals.
Milk powder .. .. .	1,648 lbs.
Fish .. .. .	25,196 dozen pieces
Butter .. .. .	54,449 lbs.
Margarine .. .. .	24,605 lbs.
Cheddar cheese .. .. .	71,326 lbs.
Pasteurized cheese .. .. .	12,825 lbs.
Cocoa .. .. .	14,364 lbs.
Milo .. .. .	1,728 lbs.
Moskonfyt .. .. .	17,036 lbs.
Sugar .. .. .	110,300 lbs.
Grapes .. .. .	21,913 half lugs.
Oranges .. .. .	25,104 pkts.
Pure orange juice .. .. .	262 ca.
Raisins .. .. .	72,450 lbs.
Fruit salad .. .. .	34,150 lbs.
Crystallized fruit .. .. .	2,645 lbs.
Bread .. .. .	506,406 lbs.
Peanuts .. .. .	60,550 lbs.
Peanut butter .. .. .	55,610 lbs.
Fresh fruit and vegetables (excluding grapes and oranges)	£30,634
Sundry foodstuffs .. .. .	£6,239

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

European .. .. .	106 (31,088 children)
Coloured .. .. .	185 (62,674 children)



## 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 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 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, 1952, one certificate was 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 Windermere, Belmead 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 sledges have 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 sterco collected in the district Diep River to Heathfield is buried in trenches on municipal land at Wynberg Flats. Elsewhere it is passed into the sewers at the depositing depots at Camps Bay, Maitland, Kensington, Athlone, Kenilworth and Muizenberg.

At Plumstead, Diep River, Heathfield, Muizenberg, Clovelly and Kalk Bay, the O'Brien earth closet is in use, the service, including removals, being undertaken by a private firm under contract with the Corporation. Householders are required to provide the closets and the removals are paid for by the Corporation. Ordinary pail closets are allowed in Heathfield district. Fifty-five 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 495,913 cubic yards.
- In all areas house refuse is disposed of by controlled tipping.



## SECTION XI.—STAFF OF CITY HEALTH DEPARTMENT.

The full-time staff as at 30th June, 1952, was as follows:—

## ADMINISTRATIVE BRANCH.

Medical Officer of Health.  
Deputy Medical Officer of Health.  
Assistant Deputy Medical Officer of Health.  
Chief Administrative Officer.  
Assistant Administrative Officer.  
Chief Clerk.  
Principal Clerk.  
Clerks-in-Charge, 8.  
Senior Clerks, 6.  
Clerks, 4.  
Junior Clerks, 2.  
Senior Clerk/Typist.  
Senior Shorthand Typist.  
Head Office Messenger.  
Messenger Learner.  
Motor Driver.  
Caretaker/Cleaner.  
Labourer.

## HEALTH INSPECTION BRANCH.

Chief Health Inspector.  
Assistant Chief Health Inspector.  
Divisional Health Inspectors, 5.  
Pest Control Officers, 4.  
Senior Health Inspectors, 17.  
Health Inspectors, 10.  
Assistant Health Inspectors, 4.  
Learner Health Inspectors, 3.  
Senior Clerk.  
Junior Clerk.  
Shorthand Typist.  
Washhouse Caretaker/Fitter.  
Washhouse Caretakers, 6.  
Assistant Washhouse Caretakers, 3.  
Ratcatchers, 16.  
Ratcatchers' Assistants, 6.  
Ratcatchers' Assistants-Learners, 4.  
Motor Driver.  
Checker.  
Fireman/Stoker.  
Labourers, 5.  
Stores-Yardsman.  
Attendants at Public Sanitary Conveniences, 161.

## 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, 26.  
Health Visitors, 13.  
Junior Health Visitors, 8.  
Supervisor of Midwives.  
Social Welfare Visitor.  
Clinic Assistant, 3.  
Senior Clerk.  
Junior Clerk.  
Senior Clerk/Typist.  
Clerk/Typists, 2.  
Junior Shorthand Typist.  
Nursery School Teachers, 2.  
Nursery School Teacher (Junior).  
Nursery School Superintendent.  
Domestic Adults, 18.  
Children's Helps, 14.  
Cooking Hands, 15.  
Laundresses, 3.  
Motor Drivers, 4.

Labourer.  
Nightwatchmen, 2.

## VENEREAL DISEASE BRANCH.

Venereal Disease Officer.  
Deputy Venereal Disease Officer.  
Senior Health Visitors, 3.  
Health Visitors, 3.  
Male Nurses, 2.  
Senior Clerk.  
Senior Clerk/Typist.  
Domestic.  
Labourers, 2.

## TUBERCULOSIS BRANCH.

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

## DENTAL BRANCH.

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

## CITY HOSPITAL, INCLUDING AMBULANCE AND DISINFECTION SERVICES.

Medical Superintendent of Hospitals.  
Deputy Medical Superintendent of Hospitals.  
Resident Medical Officer.  
House Physicians, 2.  
Matron.  
Assistant Matron.  
Sisters, 14.  
Staff Nurses, 4.  
Student Nurses, 19.  
Nurses, 4.  
Nursing Assistants, 6.  
Probationer Nurses, 16.  
Head Male Nurse.  
Male Nurses, 5.  
Chief Pharmacist.  
Senior Pharmacist.  
Pharmacists, 3.  
Radiographer.  
Disinfection Officer.  
Ambulance Officer.  
Principal Clerk.  
Senior Clerks, 2.  
Junior Clerk.  
Senior Clerk/Typist.

Clerk/Typist.  
Clinic Assistant.  
Senior Works Foreman.  
Fitter.  
Handyman/Electrician.  
Handyman/Carpenter.  
Brush-hand.  
Works Storeman.  
Store-hand.  
Boiler Attendant.  
Painter.  
Labourers, 12.  
Laundry Supervisor.  
Laundresses, 34.  
Seamstresses, 3.  
Housekeeper.  
Housemaids, 23.  
Native Male Orderlies, 44.  
Hospital Cooks, 5.  
Senior Telephone Operators, 3.  
Senior Hospital Porter.  
Hospital Porters, 4.  
Ambulance and Motor Drivers, 5.

## BROOKLYN HOSPITAL FOR CHEST DISEASES.

Deputy Medical Superintendent.  
Resident Medical Officer.  
House Physicians, 2.  
Matron.  
Sisters, 9.  
Staff Nurse (non-European).  
Non-European Nurses, 19.  
Non-European Probationer Nurses, 6.  
Non-European Nursing Assistants, 31.  
Non-European Male Nursing Assistants, 2.  
Radiographer.  
Occupational Therapist (Workshops Rehabilitation).

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.

*Administrative:*

Dr. F. O. Fehrsen, Medical Officer of Health, retired on attaining the age of superannuation on the 17th January, 1952, after 20½ years service in the Health Department. He was succeeded by Dr. E. D. Cooper, Deputy Medical Officer of Health on 18th January, 1952.

Dr. A. Stewart, Assistant Deputy Medical Officer of Health, was appointed Deputy Medical Officer of Health on 1st April, 1952.

*Dairy Inspection:*

Mr. M. A. Higgo, Dairy Inspector, retired on pension on 15th May, 1952, after serving the Department for 31 years.

Occupational Therapist (Diversional and Physical).  
Senior Clerk.  
Clerk.  
Senior Works Foreman.  
Handyman/Carpenter.  
Brush-hand.  
Boiler Attendant.  
Labourers, 15.  
Storekeepers, 2.  
Housekeeper.  
Seamstresses, 2.  
Kitchen Supervisor.  
Hospital Cooks, 4.  
Native Male Orderlies, 50.  
Hospital Porters, 4.  
Senior Telephone Operator.  
Telephone Operators, 2.  
Patrolmen, 3.  
Motor Driver.

## NATIVE HOSPITAL, LANGA.

Medical Officer.  
House Physicians, 2.  
Matron.  
Sister.  
Native Nurses, 5.  
Junior Male Nurse (Native).  
Native Male Nursing Assistants, 4.  
Native Midwives, 3.  
Native Male Orderlies, 2.  
Housemaid.  
Domestic.  
Hospital Cooks, 2.

## DOMICILIARY MEDICAL SERVICE.

Medical Officer for Indigent Sick.



TABLE A1. DEATHS REGISTERED IN 1951-52 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, 1952.)

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

AGE-GROUPS : CORRELATED FOR OUTWARD TRANSFERS.

SUMMARY.

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		TOTALS.		Deaths in Cape Town of Non-Residents (Excluded from foregoing columns.)		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.	F.	
I.—Infectious and parasitic diseases	{E. 1 O. 38 E. 1	2 40 —	2 54 —	1 — —	1 — —	32 41 1	1 — —	133 124 1	3 124 1	2 11 —	13 — —	— — —	1 — —	2 56 —	52 — —	6 80 1	5 71 6	5 84 8	1 37 12	11 74 14	1 30 29	15 35 43	2 15 30	11 15 39	3 8 39	3 25 21	— — 8	2 — —	1 — —	2 — —	21 360 157	78 52 296	29 76 58	16 52 38
II.—Cancer and other tumours	{E. 1 O. 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
III.—Rheumatism, diseases of nutrition, of endocrine glands and other general diseases	{E. 1 O. 1 E. 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —
IV.—Diseases of the blood and various blood-forming organs	{E. 1 O. 1 E. 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —
V.—Chronic poisonings and intoxication	{E. 1 O. 1 E. 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —
VI.—Diseases of the nervous system and sense organs	{E. 1 O. 1 E. 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —
VII.—Diseases of the circulatory system	{E. 1 O. 1 E. 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —
VIII.—Diseases of the respiratory system (not specified as tuberculosis)	{E. 1 O. 1 E. 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —
IX.—Diseases of the digestive system	{E. 1 O. 1 E. 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —
X.—Non-Veneral diseases of the genito-urinary system and annexa	{E. 1 O. 1 E. 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —
XI.—Diseases of pregnancy and puerperal state	{E. 1 O. 1 E. 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —
XII.—Diseases of the skin and cellular tissue	{E. 1 O. 1 E. 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —
XIII.—Diseases of the bones and organs of movement	{E. 1 O. 1 E. 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —
XIV.—Congenital malformations	{E. 1 O. 1 E. 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —
XV.—Diseases peculiar to the infant year of life	{E. 1 O. 1 E. 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —
XVI.—Senility, old age	{E. 1 O. 1 E. 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —
XVII.—Violent or accidental deaths	{E. 1 O. 1 E. 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —
XVIII.—Ill-defined causes of death	{E. 1 O. 1 E. 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —
Totals	{E. 50 O. 600 E. 1	48 483 171	11 174 68	6 72 68	7 72 68	3 72 68	3 72 68	68 839 729	57 729 729	8 31 26	2 26 26	5 17 20	12 92 92	13 80 80	22 160 160	21 114 114	71 186 186	41 113 113	112 251 251	85 147 147	106 205 205	93 142 142	230 429 429	202 144 144	216 81 81	215 105 105	65 30 30	104 2,051 2,051	828 1,681 1,681	291 316 316	193 204 204			
Totals, all races	{E. 650 O. 650 E. 1	531 483 182	180 174 68	180 75 75	180 75 75	907 72 72	786 72 72	907 839 729	786 729 729	39 31 26	28 26 26	22 17 20	102 92 92	102 80 80	182 160 160	135 114 114	257 186 186	154 113 113	363 251 251	232 147 147	401 205 205	235 142 142	398 429 429	346 144 144	297 81 81	320 105 105	95 30 30	2,005 2,051 2,051	5,583 1,681 1,681	607 316 316	397 204 204			

## SUMMARY.

MALES: CORRECTED FOR OUTWARD TRANSFERS.

CAUSE OF DEATH.	Race.	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		Not Allocated, Residential Addresses Un-Ascertained.		TOTALS.		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons.		
I.—Infectious and parasitic diseases .....	{E. O.	1	2	4	3	1	2	1	4	1	3	1	3	1	4	2	7	3	6	1	9	1	2	3	2	1	2	1	3	2	1	1	57	21	78	
II.—Cancer and other tumors .....	{E. O.	9	12	16	20	11	12	11	28	21	32	35	36	24	15	121	11	91	2	112	92	3	14	13	18	14	30	18	40	38	9	4	497	360	857	
III.—Phthisis, diseases of nutrition, of endocrine glands and other general diseases and vitamin-deficiency diseases .....	{E. O.	1	2	3	5	1	5	1	16	16	11	15	4	7	5	12	20	2	19	16	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
IV.—Diseases of the blood and blood-forming organs .....	{E. O.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
V.—Chronic poisonings and intoxication .....	{E. O.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
VI.—Diseases of the nervous system and sense organs .....	{E. O.	6	13	3	11	9	13	7	1	7	4	2	2	2	8	8	1	18	15	6	5	8	6	11	7	3	11	5	5	7	10	115	111	226		
VII.—Diseases of the circulatory system .....	{E. O.	39	26	13	23	13	25	13	11	10	12	13	13	12	12	20	17	31	34	25	34	24	23	23	25	17	23	20	21	19	17	15	375	299	674	
VIII.—Diseases of the respiratory system (not specified as tuberculous) .....	{E. O.	1	1	1	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
IX.—Diseases of the digestive system .....	{E. O.	5	3	1	3	1	6	2	2	3	2	1	6	3	6	3	4	2	4	2	4	3	4	2	6	3	1	2	5	3	2	6	8	70	30	109
X.—Non-Veneral diseases of the genito-urinary system and anæmia .....	{E. O.	4	2	3	4	3	7	2	2	2	2	2	2	4	3	7	1	4	1	12	11	1	1	3	3	1	3	3	3	3	2	1	48	22	70	
XI.—Diseases of pregnancy and puerperal state .....	{E. O.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
XII.—Diseases of the skin and cellular tissue .....	{E. O.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
XIII.—Diseases of the bones and organs of movement .....	{E. O.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
XIV.—Congenital malformations .....	{E. O.	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
XV.—Diseases peculiar to the first year of life .....	{E. O.	1	3	1	4	1	3	1	17	16	23	10	10	6	6	22	19	4	4	42	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
XVI.—Scallity, old age .....	{E. O.	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
XVII.—Violent or accidental deaths .....	{E. O.	6	2	4	3	6	1	1	1	1	1	1	1	1	1	1	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	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Totals .....	{E. O.	78	80	68	58	54	38	91	58	39	43	31	20	66	40	80	61	100	86	35	20	66	64	69	60	56	44	74	69	64	41	52	1,014	828	1,842	
Totals, all races .....	{E. O.	4	11	45	26	104	71	13	9	195	186	189	181	92	73	425	325	22	18	397	329	9	13	80	77	69	63	121	84	254	198	16	2,051	1,651	3,702	
Totals, all races .....	{E. O.	82	91	113	84	158	109	104	67	234	229	211	201	158	113	508	387	122	104	432	349	75	77	149	137	125	107	195	144	318	242	81	68	3,065	2,509	5,574

\*Including 9 of unknown race.



[illegible]



Cause of Death.	Race.	WARDS: CORRECTED FOR OUTWARD TRANSFERS.																														Not Allocated. Residential Addresses Unascertained.	TOTALS.		
		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15			M.	F.	Persons.
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
I. INFECTIVE AND PARASITIC DISEASES—DISEASES DUE TO BACTERIA.																																			
1 Typhoid fever .. {E.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
2 Paratyphoid fevers .. {O.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
3 Plague, bubonic and septicæmic .. {E.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
4 Plague, pneumonic .. {O.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
5 Plague, unspecified .. {E.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
6 Cholera .. {O.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
7 Undulant fever .. {E.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
8 Cerebrospinal meningococcal meningitis .. {O.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
9 Anthrax .. {E.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
10 Scarlet fever .. {O.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
11 Whooping cough .. {E.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
12 Diphtheria .. {O.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
13 Erysipelas .. {E.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
14 Tetanus .. {O.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
15 Tuberculosis of respiratory system .. {E.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
16 Tuberculosis of central nervous system .. {O.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
17 Tuberculosis of intestines and peritoneum .. {E.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
18 Tuberculosis of vertebral column .. {O.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
19 Tuberculosis of other bones and joints .. {E.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
20 Tuberculosis of skin .. {O.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
21 Tuberculosis of lymphatic system .. {E.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
22 Tuberculosis of genitourinary system .. {O.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
23 Tuberculosis of other organs .. {E.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
24 Tuberculosis, acute miliary .. {O.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
25 Tuberculosis, chronic miliary .. {E.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
26 Leprosy .. {O.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
27 Purulent infection and septicaemia (non-puerperal) .. {E.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
28 Gonococcal infections (all sites) .. {O.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
29 Glanders .. {E.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
30 Tularaemia .. {O.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
31 Other bacterial diseases .. {E.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
32 Dysentery, bacillary .. {O.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
33 Dysentery, amoebic .. {E.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
34 Other protozoal dysentery .. {O.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
35 Dysentery, other and unspecified forms .. {E.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
36 Malaria .. {O.		-	-	-	-	-	-	-	-	-	-	-	-	-																					







[illegible]







Death Classification. Code No.	CAUSE OF DEATH.	Race.	WARDS: CORRECTED FOR OUTWARD TRANSFERS.																														Not Allocated. Residential Address Unascertained.		TOTALS.			
			1		2		3		4		5		6		7		8		9		10		11		12		13		14		15				Persons.			
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
II. CANCER AND OTHER TUMOURS.																																						
00	Cancer and other malignant tumours of the buccal cavity-pharynx ..	{E. O.	1	-	1	-	1	-	-	-	-	-	-	-	1	-	1	-	-	1	-	4	1	-	-	2	1	-	-	1	-	-	-	10	2	12		
01	Cancer of the oesophagus ..	{E. O.	-	1	-	-	1	1	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1	-	-	1	1	-	-	5	3	8		
02	Cancer of the stomach and duodenum ..	{E. O.	1	6	3	1	2	2	1	1	1	1	1	2	1	4	3	6	3	3	-	1	2	12	1	1	3	4	-	1	2	1	1	32	28	60		
03	Cancer of the rectum ..	{E. O.	-	-	-	-	2	-	-	-	-	-	1	-	-	-	-	12	-	-	-	1	-	-	-	-	1	-	1	-	-	3	3	6				
04	Cancer of the liver ..	{E. O.	-	1	-	-	-	-	-	-	1	1	-	-	1	-	-	-	1	-	-	1	1	-	-	-	1	-	2	1	1	-	-	4	5	9		
05	Cancer of the pancreas ..	{E. O.	-	-	-	-	1	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	4	3	7		
06	Cancer of other digestive organs ..	{E. O.	4	3	-	-	2	4	-	1	3	1	-	-	-	12	1	-	12	-	2	4	-	-	1	1	1	1	2	-	1	1	17	19	36			
07	Cancer of the larynx ..	{E. O.	-	-	-	-	1	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	2	1	3				
08	Cancer of the mediastinum ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
09	Cancer of the lung ..	{E. O.	2	1	1	4	3	-	-	1	1	-	3	1	3	1	3	-	3	1	3	-	3	-	1	12	-	1	1	1	-	1	25	9	34			
10	Cancer of the uterus ..	{E. O.	-	3	-	1	-	1	-	3	-	1	-	1	-	3	-	3	1	-	-	-	-	-	-	-	-	-	-	1	1	-	11	3	14			
11	Cancer of other female genital organs ..	{E. O.	-	-	-	-	-	2	-	1	-	-	1	-	-	-	-	2	-	-	1	-	-	-	-	-	1	-	-	1	-	2	-	12	1	13		
12	Cancer of the breast (male or female) ..	{E. O.	-	3	-	2	-	1	-	4	-	3	-	5	-	1	-	12	-	1	-	1	-	1	-	5	-	2	1	2	-	2	30	30	60			
13	Cancer of the prostate ..	{E. O.	1	-	1	-	2	-	-	-	-	-	-	1	-	1	-	5	-	-	-	-	-	12	-	12	-	-	-	1	-	19	4	23				
14	Cancer of other male genital organs ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
15	Cancer of male and female urinary organs ..	{E. O.	-	-	2	-	-	1	-	1	-	-	1	1	-	1	-	-	-	1	1	1	-	-	1	-	2	2	1	-	-	10	3	13				
16	Cancer of the skin ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
17	Cancer of the brain and other parts of the nervous system ..	{E. O.	-	-	-	-	1	-	-	-	-	-	1	-	-	1	-	-	-	-	1	-	1	-	1	-	1	-	-	-	-	1	4	5				
18	Cancer of the bones ..	{E. O.	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2				
19	Cancer of other and unspecified organs ..	{E. O.	-	-	-	-	2	-	-	1	-	-	-	-	1	1	-	1	1	2	1	1	1	1	1	-	1	-	2	1	2	6	9	15				
20	Non-malignant tumours: female genital organs ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
21	Non-malignant tumours: other and unspecified organs ..	{E. O.	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-					
22	Tumour of the ovaries ..	{E. O.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
23	Tumour of the uterus ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
24	Tumour of other female genital organs ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
25	Tumour of the brain and other parts of the nervous system ..	{E. O.	-	-	-	-	-	-	1	1	-	-	-	-	-	1	-	-	-	1	-	-	-	1	-	-	-	1	-	-	-	1	2	3				
26	Tumours of other and unspecified organs ..	{E. O.	-	-	1	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	12	12	24				
Totals for II ..			{E. O.	9	18	9	8	9	7	10	11	3	11	3	3	7	4	11	10	20	2	14	4	12	16	8	10	9	11	15	14	6	10	3	10	139	157	296
III. RHEUMATISM, DISEASES OF NUTRITION AND OF THE ENDOCRINE GLANDS, OTHER GENERAL DISEASES AND VITAMIN-DEFICIENCY DISEASES.																																						
27	Acute rheumatic fever ..	{E. O.	-	-	-	-	-	-	-	2	-	1	1	-	-	2	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	6	3	9				
28	Chronic rheumatism, osteo arthritis. ..	{E. O.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2			
29	Gout ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
30	Diabetes ..	{E. O.	-	12	-	12	-	12	12	1	-	2	5	-	1	12	1	1	-	3	-	3	-	1	12	2	3	1	1	3	-	1	1	2	10	26	36	
31	Diseases of the pituitary gland ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
32	Simple goitre ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2			







[illegible]







Death Class. Location.	Code No.	CAUSE OF DEATH.	Race.	WARDS: CORRECTED FOR OUTWARD TRANSFERS.																														Not Allocated. Residual 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.	M.	F.		
V. (Contd.)																																					
Lead poisoning not specified as occupational ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Occupational poisoning ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Poisoning by narcotic and soporific drugs ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Other non-occupational poisoning ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Unspecified poisoning ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Totals for V ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.																																					
Intra-cranial abscess ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Other forms of encephalitis (non-epidemic) ..	{E. O.	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Meningitis, pneumococcal ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Other forms of meningitis (non-meningococcal) ..	{E. O.	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Diseases of the medulla and spinal cord, other than locomotor ataxia and disseminated sclerosis ..	{E. O.	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Cerebral hemorrhage (not due to injury at birth) ..	{E. O.	3 -	8 1	1 1	9 4	8 8	3 1	7 1	6 1	1 9	7 12	10 10	7 7	11 11	5 15	1 13	11 3	9 3	4 12	3 17	3 -	12 1	9 1	6 3	2 4	1 5	4 7	3 4	4 10	5 4	10 1	12 6	68 75	78 100	146 175		
Cerebral embolism and thrombosis ..	{E. O.	1 -	4 -	2 -	1 4	1 2	1 1	- -	- -	- -	28 5	1 28	1 1	- -	- -	3 1	6 1	2 -	2 11	4 -	4 -	12 3	1 2	12 1	2 1	5 4	1 2	1 3	12 6	3 -	- -	28 29	26 31	54 60			
Hemiplegia and other paralysis of unstated origin ..	{E. O.	- -	- -	2 -	- -	2 -	- -	1 -	3 -	1 -	3 -	- -	- -	- -	1 -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	5 6	11 11	5 17			
Mental disorders and deficiency (excluding general paralysis of the insane) ..	{E. O.	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	1 4	2 4			
Epilepsy ..	{E. O.	- -	- -	- -	1 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 2	5 4	2 1			
Convulsions in children under 5 years of age ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Chorea ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Neuritis (non-rheumatic) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Paralysis agitans (Parkinson's disease) ..	{E. O.	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Disseminated sclerosis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Other diseases of the nervous system ..	{E. O.	- -	- -	- -	1 -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Diseases of the organs of vision ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Diseases of the ear and the mastoid process ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Totals for VI ..	{E. O.	6 -	13 1	3 2	11 9	4 13	11 -	7 1	1 11	7 21	4 15	2 13	12 7	8 12	8 20	1 17	18 4	15 3	6 25	5 34	8 -	6 1	11 5	7 8	5 6	3 6	11 11	5 10	5 11	7 20	7 1	10 118	115 163	226 291			
VII. DISEASES OF THE CIRCULATORY SYSTEM.																																					
Chronic pericarditis specified as rheumatic ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Other pericarditis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Acute endocarditis (excluding rheumatic endocarditis) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Valvular disease specified as sequelae of rheumatic fever ..	{E. O.	1 -	- -	1 -	- -	12 -	1 -	- -	1 -	3 -	4 -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Other chronic affections of the valves and endocardium ..	{E. O.	- -	- -	1 -	1 -	3 -	- -	1 -	4 -	2 -	1 -	3 -	1 -	5 -	6 -	12 -	1 -	12 -	6 -	12 -	- -	1 -	1 -	- -	12 -	12 -	1 -	1 -	1 -	- -	- -	- -	- -	- -			
Acute myocarditis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Chronic myocarditis specified as rheumatic ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Other chronic myocarditis ..	{E. O.	7 1	3 -	2 -	7 4	5 4	12 4	1 -	8 -	3 9	4 14	3 10	10 8	12 12	11 9	8 7	7 1	1 1	8 12	12 -	4 -	7 1	12 9	4 10	1 4	6 3	4 8	7 11	8 -	12 -	8 12	6 1	76 82	77 86	153 168		







CAUSE OF DEATH.		Race.	WARDS: CORRECTED FOR OUTWARD TRANSFERS.																														Not Allocated, Residential Addresses Unascertained.		TOTALS.	
Code No.	Description		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		M.	F.	Persons.	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
58	VII. (Contd.) Diseases of the coronary arteries and angina pectoris ..	{E. {O.	27 19	19 23	10 3	9 2	7 5	24 9	17 8	6 15	4 6	4 6	11 6	5 4	7 8	6 3	15 2	14 3	1 20	5 2	16 1	15 1	17 13	10 1	14 4	6 2	14 4	9 10	19 8	7 1	1 100	225 134	359 147			
59	Heart disease specified as rheumatic ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
60	Heart disease not specified as rheumatic ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
61	Aneurysm, except of heart and aorta ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
62	Arterio-sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral hemorrhage ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
63	Gangrene (including cancrum oris) ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
64	Other diseases of the arteries ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
65	Diseases of the veins ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
66	Diseases of the lymphatic system ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
67	High blood pressure ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
68	Other diseases of the circulatory system (including hypertension) ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
	Totals for VII ..	{E. {O.	39 1	26 1	32 7	22 9	18 15	12 16	35 2	24 33	19 42	13 35	9 28	25 17	9 14	21 34	21 25	31 6	32 7	8 48	24 32	25 2	20 4	23 13	25 13	17 11	23 19	20 21	31 32	14 21	17 5	15 3	375 298	290 247	665 545	
	VIII. DISEASES OF THE RESPIRATORY SYSTEM (NOT SPECIFIED AS TUBERCULOUS).																																			
69	Diseases of the nasal fossae and annexa ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
70	Diseases of the larynx ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
71	Bronchitis, acute ..	{E. {O.	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
72	Bronchitis, chronic ..	{E. {O.	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
73	Broncho-pneumonia, including capillary bronchitis ..	{E. {O.	2 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
74	Pneumonia, lobar ..	{E. {O.	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
75	Pneumonia, unspecified, including acute congestion of the lungs ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
76	Empyema ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
77	Other unspecified forms of pleurisy (not specified as tuberculous) ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
78	Hæmorrhagic infarction of the lung (including pulmonary embolism) ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
79	Chronic or unspecified congestion of the lungs (including hypostatic pneumonia of unknown origin) ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
80	Asthma ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
81	Pulmonary emphysema ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
82	Miners' phthisis without tuberculosis ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
83	Miners' phthisis with tuberculosis ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
84	Other occupational respiratory diseases ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
85	Gangrene of the lung ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
86	Abscess of the lung ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
87	Other diseases of the respiratory system not specified as occupational ..	{E. {O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
	Totals for VIII ..	{E. {O.	5 -	3 -	5 -	1 -	3 -	11 -	6 -	12 -	13 -	12 -	1 -	6 -	6 -	3 -	3 -	6 -	3 -	4 -	28 -	4 -	12 -	6 -	12 -	3 -	1 -	12 -	5 -	6 -	12 -	6 -	8 -	70 -	39 -	109 -







[illegible]







Death Classification. Code No.	CAUSE OF DEATH.	Race.	WARDS: CORRECTED FOR OUTWARD TRANSFERS.																														Not Allocated. Residential Addresses 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.	M.	F.				
508	X. (Contd.) Diseases of the urethra, urinary abscess, etc.	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
509	Hypertrophy .. ..	{E. O.	1	-	2	-	-	-	1	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-	-	-	2	-	-	-	2	-	2	-	13	5	13	5
510	Other diseases of the prostate .. ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
511	Diseases of the male genital organs (not specified as venereal)	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
512	Diseases of the ovaries, fallopian tubes and parametria .. ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
513	Diseases of the uterus	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
514	Diseases of the breast	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
515	Other diseases of the female genital organs .. ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Totals for X .. ..	{E. O.	4	2	4	3	4	2	3	2	2	2	4	2	1	4	1	4	1	4	1	1	1	3	3	1	1	3	3	2	4	5	2	-	48	22	70	
			-	1	-	-	3	2	-	4	2	6	7	3	2	9	3	-	-	1	12	11	-	-	1	3	2	-	3	2	4	5	1	-	48	39	87	
	XI. DISEASES OF PREGNANCY, CHILDBIRTH, AND THE PUERPERAL STATE.																																					
550	Post-abortion infection, spontaneous therapeutic or of unspecified origin	{E. O.	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
551	Abortion, induced for reasons other than therapeutic ..	{E. O.	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
552	Abortion without mention of septic conditions, spontaneous, therapeutic or unspecified origin	{E. O.	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
553	Abortion induced for reasons other than therapeutic ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
554	Ectopic gestation ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
555	Hæmorrhage from placenta prævia ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
556	Hæmorrhage from premature separation of placenta and other accidental hæmorrhage during pregnancy (except abortion) .. ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
557	Other and unspecified hæmorrhages of pregnancy .. ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
558	Eclampsia of pregnancy .. ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
559	Albuminuria and nephritis of pregnancy ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
560	Acute yellow atrophy of the liver associated with pregnancy .. ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
561	Other toxæmias of pregnancy .. ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
562	Other diseases and accidents of pregnancy .. ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
563	Hæmorrhage from placenta prævia during childbirth .. ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
564	Hæmorrhage from premature separation of placenta during childbirth .. ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
565	Other hæmorrhages during childbirth .. ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
566	Other hæmorrhages after childbirth .. ..	{E. O.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
567	General or local puerperal infection (including puerperal tetanus) with or without mention of pyelitis .. ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
568	Puerperal thrombophlebitis .. ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
569	Puerperal embolism and sudden death	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
570	Puerperal eclampsia	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
571	Puerperal albuminuria and nephritis .. ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		



Death Classification.		International Code No.	CAUSE OF DEATH.	Race.	AGE GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																																TOTALS.				Deaths in Cape Town of Non-Residents (excluded from Census returns and statistics.)
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.	
572	148		XI. (Contd.) Acute yellow atrophy of the liver (post-partum) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
573	148		Other puerperal toxæmias ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
574	149		Other accidents of childbirth ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-						
575	150		Other or unspecified diseases of childhood and the puerperium ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
			Totals for XI ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	7	-	4	1	12	-	-	-	-	-	-	-	-	-	-	-	1	13	14	-	-					
			XII. DISEASES OF THE SKIN AND CELLULAR TISSUE.																																						
600	151		Carbuncle, boils ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
601	152		Cellulitis, acute abscess ..	{E. O.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-						
602	153		Other diseases of the skin, etc. ..	{E. O.	-	-	-	1	-	-	-	1	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	3	1	4	1	-						
			Totals for XII ..	{E. O.	1	-	-	1	-	-	1	1	-	-	1	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	4	1	5	1	-						
			XIII. DISEASES OF THE BONES—ORGANS OF MOVEMENT.																																						
650	154		Osteomyelitis and periostitis ..	{E. O.	-	-	-	-	1	-	-	1	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	4	-	-						
651	155		Other diseases of the bones (except tuberculosis) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-						
652	156		Diseases of the joints (except tuberculosis and rheumatism) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
653	156		Diseases of the organs of movement ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	1	1	2	-	-						
			Totals for XIII ..	{E. O.	-	-	-	-	1	-	-	1	-	-	1	1	-	-	1	-	1	-	-	-	1	-	-	-	-	-	1	3	2	5	-	1					
			XIV. CONGENITAL MALFORMATIONS.																																						
700	157		Congenital hydrocephalus ..	{E. O.	-	1	-	-	-	-	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	4	3	-						
701	157		Spina bifida and meningocele ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1						
702	157		Congenital malformation of the heart ..	{E. O.	6	5	-	-	1	1	6	5	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	6	7	13	6	3							
703	157		Monstrosities ..	{E. O.	2	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	1	-	-						
704	157		Congenital pyloric stenosis ..	{E. O.	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-	-						
705	157		Cleft palate, harelip ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
706	157		Imperforate anus ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-						
707	157		Cystic disease of the kidney ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	1	1	2	-	-	-						
708	157		Other stated congenital malformations ..	{E. O.	-	12	-	-	-	-	-	12	-	1	-	-	-	2	1	1	-	-	-	1	-	-	-	-	-	4	4	8	5	1							
709	157		Unspecified congenital malformations ..	{E. O.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-						
			Totals for XIV ..	{E. O.	7	9	-	-	1	1	7	9	1	-	1	-	12	2	1	1	1	-	1	-	-	-	-	-	-	11	13	24	17	4							
			XV. DISEASES PECULIAR TO THE FIRST YEAR OF LIFE.																																						
750	158		Congenital debility ..	{E. O.	14	5	-	-	-	-	14	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	14	5	19	5	3							
751	159		Premature birth ..	{E. O.	21	18	-	-	-	-	21	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21	18	39	10	11							
																														112	74	186	17	15							
752	160		Intra-cranial or spinal hæmorrhage due to injury at birth ..	{E. O.	3	2	-	-	-	-	3	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	2	5	-	-							
																														25	15	40	7	1							
753	160		Other birth injuries ..	{E. O.	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-						
																														4	3	7	-	1							
754	161		Asphyxia during or after birth, atelectasis ..	{E. O.	-	12	-	-	-	-	-	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12	5	17	3	1						
755	161		Intoxication due to maternal toxæmia ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
756	161		Infections of the newborn, non-syphilitic pemphigus ..	{E. O.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-						
																														-	-	-	-	-	-						
757	161		Molena neonatorum ..	{E. O.	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-	-	-						
																														7	3	10	-	-	-						



[illegible]



Death Classification.		CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																												TOTALS.				Persons Deaths in Cape Town of Non-Residents (excluded from
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.			
758	161	XV. (Contd.) Other specified diseases (including gangrene or hemorrhage of umbilicus, icterus neonatorum, acute catarrhal hepatitis	{E. O.	4 17	- 4	- -	- -	- -	4 17	- 4	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	4 17	- 4	4 21	2 1	
		Totals for XV	{E. O.	30 191	24 109	- -	- -	- -	30 191	24 109	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	30 191	24 109	54 300	13 33	
		XVI. SENILITY, OLD AGE.																																		
800	162	Senility (age 65 and over)	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 12	2 22	5 11	9 6	5 3	14 6	11 6	25 14	26 20	6 12		
		XVII. VIOLENT OR ACCIDENTAL DEATHS.																																		
850-863	163-164	Suicide	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	4 12	1 1	8 1	3 1	2 2	2 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	17 3	4 1	21 4	4 -	
864-867	165-168	Homicide	{E. O.	- 1	1 1	- -	- -	- -	- 1	1 1	- -	- -	- -	- -	- -	3 9	- 5	- 2	1 2	1 2	2 2	1 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 23	2 4	2 27	6 -	
868-879	169-173	Accidental injury by railway, road and other transport	{E. O.	- 1	- 1	- 1	1 4	1 1	6 2	2 2	- -	1 1	6 7	2 2	2 2	4 1	- -	7 2	1 1	2 2	4 4	2 2	- -	2 1	1 1	2 2	1 1	2 2	1 1	- -	- -	1 21	8 41	29 10	12 23	
880-885	174-184	Accidental injury by industrial or other mechanical causes	{E. O.	- 1	- 1	- -	- -	1 1	- -	1 1	- -	- -	- -	1 3	- -	1 5	1 2	- -	- -	- -	- -	1 2	1 2	1 1	1 1	- -	2 2	1 1	2 2	7 16	5 2	12 18	7 7	12 18		
886-894	185-195	Injury by venomous animals	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
884-889	175-188	Injury by other animals	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
887	177	Food poisoning	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
888	178	Accidental absorption of poisonous gases	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	- -	2 2	1 1	- -	1 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 2	2 2	1 4	1 -	
889	179	Other acute accidental poisoning (not by gas)	{E. O.	- -	- -	- -	- -	1 1	- -	1 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	1 1	- -	- -	
890	180	Conflagration	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	3 3	- -	1 1	- -	1 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	5 5	- -	5 5	1 -	
891	181	Accidental burns (conflagration excepted)	{E. O.	- 2	1 1	1 1	- -	1 1	4 1	1 1	- -	- -	- -	- -	- -	- -	2 2	- -	1 1	1 1	- -	1 1	- -	1 1	- -	1 1	- -	1 1	- -	- -	- -	4 7	3 5	7 12	1 2	
892	182	Accidental mechanical suffocation	{E. O.	- 4	1 7	- -	- -	- -	1 4	1 7	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	- -	- -	1 1	- -	- -	- -	- -	- -	- -	1 4	2 5	3 11	- -	
893	183	Accidental drowning	{E. O.	- -	- 1	- 1	- -	- -	- 1	1 1	- -	- -	1 2	1 2	- -	2 2	- -	1 1	- -	2 2	1 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	4 8	1 1	5 9	- 3	
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.	- -	- -	- -	- -	1 1	- -	1 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	4 5	2 2	6 8	4 3
907	195	Lack of care of the new-born	{E. O.	- -	- -	- -	- -	1 1	- -	1 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
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.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-									



[illegible]













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	409	Haemorrhagic infarction of the lung (including pulmonary embolism) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-			
VIII	410	Chronic or unspecified congestion of the lungs (including hypostatic pneumonia of unknown origin) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
VIII	411	Asthma ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
VIII	412	Pulmonary emphysema ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
VIII	417	Abscess of the lung ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
IX	458	Diarrhoea and enteritis (under 2 years of age) ..	76	66	17	23	-	-	93	89	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	93	89	182	3	9	
IX	459	Diarrhoea and enteritis (2 years of age and over) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	3	8	-	1	
IX	460	Ulceration of the intestines (except duodenum) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
IX	463	Intestinal obstruction ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
IX	467	Cirrhosis of the liver, without mention of alcoholism ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
IX	468	Acute yellow atrophy of the liver (not associated with pregnancy or the puerperium) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
IX	469	Other diseases of the liver ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
IX	472	Diseases of the pancreas (other than diabetes) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
X	500	Nephritis, acute ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
X	501	Nephritis, chronic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
X	502	Nephritis, not stated to be acute or chronic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
X	503	Pyelitis, pyelonephritis and pyelocystitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XI	558	Eclampsia of pregnancy ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XI	562	Other diseases and accidents of pregnancy ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XI	574	Other accidents of childbirth ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XII	601	Cellulitis, acute abscess ..	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XII	602	Other diseases of the skin, etc. ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XIII	651	Other diseases of the bones (except tuberculosis) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XIV	700	Congenital hydrocephalus ..	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XIV	708	Other stated congenital malformations ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XIV	709	Unspecified congenital malformations ..	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XV	750	Congenital debility ..	1	3	-	-	-	-	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XV	751	Premature birth ..	15	14	-	-	-	-	15	14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XV	752	Intra-cranial or spinal haemorrhage due to injury at birth ..	7	3	-	-	-	-	7	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XV	753	Other birth injuries ..	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XV	754	Asphyxia during or after birth, atelectasis ..	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XV	757	Molena neonatorum ..	1	2	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XVI	800	Senility (age 65 and over) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XVII	864	Homicide ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XVII	867	Accidental injury by railway, road and other transport ..	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XVII	879	Accidental injury by industrial or other mechanical causes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XVII	880	Accidental absorption of poisonous gases ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XVII	881	Accidental burns (conflagration excepted) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XVII	882	Accidental mechanical suffocation ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XVII	883	Accidental drownings ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XVII	884	Anaesthetic accidents (experiments, normal childbirth, sterilizing or aesthetic operations of unknown nature) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XVIII	951	Ill-defined causes ..	5	2	1	1	-	-	6	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
		Totals ..	141	119	31	46	10	14	182	179	2	2	-	4	16	6	47	26	46	15	45	12	15	10	10	2	3	1	5	-	371	257	628	69	40	

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								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.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
410	Chronic or unspecified congestion of the lungs (including hypostatic pneumonia of unknown origin)	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-





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.	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.						
VIII	405	Pneumonia, lobar .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
VIII	406	Pneumonia, unspecified, including acute congestion of the lungs .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
VIII	407	Empyema .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
VIII	410	Chronic or unspecified congestion of the lungs (including hypostatic pneumonia of unknown origin .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
VIII	411	Asthma .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
VIII	417	Abscess of the lung .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
IX	455	Ulcer of the stomach .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
IX	458	Diarrhoea and enteritis (under 2 years of age) .. ..	E.	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
IX	459	Diarrhoea and enteritis (2 years of age and over) .. ..	E.	58	51	16	20	-	-	74	71	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
IX	463	Intestinal obstruction .. ..	E.	-	-	-	-	5	6	5	6	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
IX	464	Diverticulitis .. ..	E.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
IX	466	Cirrhosis of the liver with mention of alcoholism .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
IX	467	Cirrhosis of the liver without mention of alcoholism .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
IX	469	Other diseases of the liver .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
X	500	Nephritis, acute .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
X	501	Nephritis, chronic .. ..	E.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
X	502	Nephritis not stated to be acute or chronic .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
X	509	Hypertrophy .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XI	562	Other diseases and accidents of pregnancy .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XII	602	Other diseases of the skin, etc. .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XIII	651	Other diseases of the bones (except tuberculosis) .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XIV	702	Congenital malformation of the heart .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XIV	708	Other stated congenital malformations .. ..	E.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XV	750	Congenital debility .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XV	751	Premature birth .. ..	E.	1	2	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XV	752	Intra-cranial or spinal hæmorrhage due to injury at birth .. ..	E.	9	5	-	-	-	-	9	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XV	753	Other birth injuries .. ..	E.	-	4	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XV	754	Asphyxia during or after birth, atelectasia .. ..	E.	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XV	757	Molena neonatorum .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XVII	864	Homicide .. ..	E.	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XVII	867	Accidental injury by railway, road and other transport .. ..	E.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XVII	880	Accidental injury by industrial or other mechanical causes .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XVII	889	Other acute accidental poisoning (not by gas) .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XVII	891	Accidental burns (conflagration excepted) .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XVII	892	Accidental mechanical suffocation .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
XVIII	951	Ill-defined causes .. ..	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
		Totals .. ..	E.	1	4	1	-	-	-	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
			O.	95	94	30	31	14	14	139	139	2	3	2	1	15	8	29	18	32	8	27	14	15	10	4	10	3	4	2	1	270	216	486					



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

Section.	Code No.	CAUSE OF DEATH.	AGE GROUPS (YEARS).																		TOTALS.												
			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.		Persons.		
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
I	011	Whooping cough ..	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-			
I	012	Diphtheria ..	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-			
I	014	Tetanus ..	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2			
I	015	Tuberculosis of respiratory system ..	2	-	1	-	-	1	3	1	-	1	2	2	3	2	3	7	-	2	1	1	-	-	-	-	-	-	17	11	28		
I	016	Tuberculosis of central nervous system ..	-	-	2	1	1	-	3	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	15	18			
I	024	Tuberculosis, acute miliary ..	-	1	-	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
I	044	Syphilis, other forms ..	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	2	-	2			
I	049	Influenza without respiratory complications specified ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1			
II	102	Cancer of the stomach and duodenum ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	1			
II	104	Cancer of the liver ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
II	107	Cancer of the larynx ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1			
II	119	Cancer of other and unspecified organs ..	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1			
III	152	Diabetes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1			
VI	301	Other forms of encephalitis (non-epidemic) ..	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
VI	305	Cerebral haemorrhage (not due to injury at birth) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	1	2	3			
VI	306	Cerebral embolism and thrombosis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1			
VI	307	Hemiplegia and other paralysis of unstated origin ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	1			
VI	309	Epilepsy ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	2	-	2			
VII	354	Other chronic affections of the valves and endocardium ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1			
VII	358	Diseases of the coronary arteries and angina pectoris ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1			
VII	362	Arterio-sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1			
VII	367	High blood pressure ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1	-	1	-	-	-	2	1	3		
VIII	403	Bronchitis, chronic ..	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1		
VIII	404	Broncho-pneumonia (including capillary bronchitis) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
VIII	408	Other unspecified forms of pleurisy (not specified as tuberculous) ..	3	3	1	1	-	4	4	-	-	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	7	4	11		
IX	458	Diarrhoea and enteritis (under 2 years of age) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
IX	459	Diarrhoea and enteritis (2 years of age and over) ..	4	4	-	-	-	4	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	4	8		
IX	461	Appendicitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1	2		
IX	469	Other diseases of the liver ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
X	501	Nephritis, chronic ..	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	2	-	2		
XV	751	Premature birth ..	-	3	-	-	-	-	3	-	-	-	-	-	-	2	-	-	-	1	-	-	-	-	-	-	-	-	1	3	4		
XV	752	Intra-cranial or spinal haemorrhage due to injury at birth ..	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1		
XVI	800	Senility (age 65 and over) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1		
XVII	864-867	Homicide ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
XVII	868-879	Accidental injury by railway, road and other transport ..	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	2	-	2		
XVIII	951	Ill-defined causes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1	2	
		Totals ..	10	12	5	3	3	2	18	17	1	2	1	3	4	4	4	3	17	3	4	2	9	1	2	3	-	2	-	1	60	41	101

TABLE B.—Deaths Classified for Causes and Race : 1951-52.

(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	—	—	2	2	—
Meningococcal cerebrospinal meningitis .. .. .	1	—	—	6	6	7	—
Scarlet fever .. .. .	—	—	—	1	1	1	—
Whooping cough .. .. .	2	3	—	21	24	26	1
Diphtheria .. .. .	1	—	—	1	1	2	1
Erysipelas .. .. .	—	—	—	1	1	1	—
Tetanus .. .. .	2	3	—	3	6	8	2
Tuberculosis of respiratory system .. .. .	44	101	3	515	619	663	28
Tuberculosis of central nervous system .. .. .	4	14	1	63	78	82	5
Tuberculosis, other forms .. .. .	1	7	1	34	42	43	2
Leprosy .. .. .	—	—	—	—	—	—	—
Purulent infection and septicaemia (non puerperal) .. .. .	—	1	—	4	5	5	—
Gonococcal infections (all sites) .. .. .	—	—	—	—	—	—	—
Dysentery (all forms) .. .. .	3	7	—	5	12	15	—
Syphilis (all forms, including parasyphilitic diseases) .. .. .	9	9	—	37	46	55	2
Influenza .. .. .	3	1	—	5	6	9	1
Smallpox .. .. .	—	—	—	—	—	—	—
Measles .. .. .	—	—	—	—	—	—	—
Acute poliomyelitis and polioencephalitis .. .. .	1	—	—	—	—	1	—
Acute infectious encephalitis (lethargic or epidemic) .. .. .	—	—	—	—	—	—	—
Typhus and typhus-like diseases (rickettsioses) .. .. .	—	—	—	—	—	—	—
Rest of Section I (001-077). Other infectious and parasitic diseases .. .. .	7	1	—	7	8	15	—
Cancer (all forms) .. .. .	289	16	3	171	190	479	4
Rest of Section II (100-135). Tumours, non-malignant, or of un- determined nature .. .. .	7	3	—	5	8	15	—
Acute rheumatic fever .. .. .	2	2	—	7	9	11	—
Diabetes .. .. .	36	—	—	25	25	61	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 .. .. .	4	—	—	10	10	14	—
Section IV (200-214). Diseases of the blood and blood-forming organs .. .. .	17	1	—	14	15	32	—
Section V (250-258). Chronic poisonings and intoxication .. .. .	1	—	—	1	1	2	—
Intracranial lesions of vascular origin .. .. .	205	18	4	230	252	457	5
Rest of Section VI (300-317). Other diseases of the nervous system and sense organs .. .. .	21	8	1	30	39	60	3
Cardiac diseases .. .. .	568	17	17	380	414	982	2
Arterio-sclerosis (excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage) .. .. .	49	2	—	70	72	121	2
High blood pressure .. .. .	42	2	1	46	49	91	3
Rest of Section VII (350-368). Other diseases of the circulatory system .. .. .	6	1	—	9	10	16	—
Bronchitis and pneumonia (all forms) .. .. .	69	73	3	247	323	392	12
Rest of Section VIII (400-418). Other diseases of the respiratory system .. .. .	40	6	1	36	43	83	1
Ulcer of the stomach and duodenum .. .. .	13	—	—	4	4	17	—
Diarrhoea and enteritis (under two years of age) .. .. .	12	182	5	399	586	598	8
Diarrhoea and enteritis and ulceration of the intestines (two years old and over) .. .. .	7	9	1	30	40	47	2
Appendicitis .. .. .	1	—	—	1	1	2	1
Diseases of the liver and biliary passages .. .. .	34	2	—	13	15	49	1
Rest of Section IX (450-473). Other diseases of the digestive system .. .. .	10	1	—	14	15	25	—
Nephritis .. .. .	52	11	—	56	67	119	3
Rest of Section X (500-515). Other diseases of the urinary and genital systems (not venereal or connected with pregnancy or the puerperium) .. .. .	18	2	2	16	20	38	—
Puerperal sepsis .. .. .	—	—	—	5	5	5	—
Rest of Section XI (550-575). Other diseases of pregnancy, childbirth and the puerperal state .. .. .	2	1	—	8	9	11	—
Section XII (600-602). Diseases of the skin and cellular tissue .. .. .	—	3	—	2	5	5	—
Section XIII (650-653). Diseases of the bones—organs of movement .. .. .	2	1	—	4	5	7	—
Section XIV (700-709). Congenital malformations .. .. .	24	3	2	26	31	55	—
Section XV (750-758). Diseases peculiar to the first year of life .. .. .	54	49	11	240	300	354	5
Section XVI (800). Senility (age 65 and over) .. .. .	36	2	—	18	20	56	1
Suicide .. .. .	21	—	—	4	4	25	—
Rest of Section XVII (850-916). Other violent or accidental deaths* .. .. .	67	37	3	109	149	216*	3
Section XVIII (950-953). Causes ill-defined or unknown .. .. .	55	27	—	112	139	194	2
Total .. .. .	1,842	628	59	3,045	3,732	5,574	101

\* In addition to the figures against this cause of death, there are the deaths of 6 newly-born infants (2 males, 4 females) of unknown race, and 3 adults of unknown race.



TABLE C.—Deaths by Causes, Race and Date of Registration. 1951-52.

(Corrected for Outward Transfers.)

Disease.	Race.	July (4 weeks).	August (4 weeks).	September (4 weeks).	October (5 weeks).	November (4 weeks).	December (4 weeks).	January (5 weeks).	February (4 weeks).	March (4 weeks).	April (5 weeks).	May (4 weeks).	June (4 weeks).	Year (52 weeks).
Enteric fever ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	—	—	—	1	1	—	—	2
Meningococcal cere- brospinal meningi- tis	Eur.	1	—	—	—	—	—	—	—	—	—	—	—	1
	Non-E.	1	1	2	—	—	—	—	—	1	—	—	1	6
Scarlet fever..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	1	—	—	—	—	—	—	—	—	—	1
Whooping cough ..	Eur.	—	—	1	1	—	—	—	—	—	—	—	—	2
	Non-E.	1	2	—	1	3	2	2	3	5	3	2	—	24
Diphtheria ..	Eur.	—	—	—	—	1	—	—	1	—	—	—	—	1
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	1
Purulent infection— septicaemia and erysipelas (non- puerperal)	Eur.	—	—	—	—	—	—	—	—	—	1	—	—	—
	Non-E.	—	—	3	1	—	—	—	—	—	—	—	—	5
Tuberculosis, respira- tory system ..	Eur.	2	5	5	2	3	4	2	4	7	1	6	3	44
	Non-E.	52	51	33	68	54	41	69	43	54	45	55	54	619
Tuberculosis, other forms ..	Eur.	1	—	—	—	2	—	1	—	1	—	—	—	5
	Non-E.	14	9	5	9	12	10	14	10	11	7	8	11	120
Syphilis (all forms, in- cluding parasyphili- tic diseases)	Eur.	1	—	—	2	—	—	3	—	1	1	—	1	9
	Non-E.	5	5	6	5	2	6	1	1	5	2	7	1	46
Influenza ..	Eur.	—	1	—	—	—	—	—	—	—	—	—	2	3
	Non-E.	—	—	—	—	—	1	—	1	—	—	2	2	6
Measles ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute anterior polio- myelitis and polio- encephalitis	Eur.	—	1	—	—	—	—	—	—	—	—	—	—	1
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute infectious ence- phalitis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Cancer ..	Eur.	23	21	19	29	21	12	28	29	27	20	31	29	289
	Non-E.	22	17	12	16	7	11	20	14	13	24	17	17	190
Acute rheumatic fever	Eur.	—	—	—	—	1	—	—	—	1	—	—	—	2
	Non-E.	—	1	1	—	1	1	—	—	1	4	—	—	9
Diabetes ..	Eur.	2	2	2	4	5	—	2	2	1	5	4	7	36
	Non-E.	2	1	3	1	1	3	3	2	2	3	—	4	25
Intracranial lesions of vascular origin	Eur.	23	21	18	25	19	10	10	15	17	12	18	17	205
	Non-E.	17	24	25	27	15	18	22	15	13	32	20	24	252
Cardiac diseases ..	Eur.	51	62	55	62	32	33	50	32	31	59	37	64	568
	Non-E.	36	40	34	38	29	29	25	27	28	37	43	48	414
Arterio-sclerosis (ex- cluding diseases of the coronary arter- ies, renal sclerosis, and cerebral hae- morrhage)	Eur.	11	4	4	9	1	1	3	1	—	5	3	7	49
	Non-E.	11	5	7	7	2	5	11	6	2	4	8	4	72
Bronchitis and pneu- monia	Eur.	5	7	6	6	4	2	6	3	3	4	6	17	69
	Non-E.	37	31	34	39	29	17	21	22	18	19	22	34	323
Diarrhoea and enter- itis	Eur.	2	—	1	1	—	—	8	2	2	2	—	1	19
	Non-E.	43	21	18	20	24	42	112	73	83	76	63	49	624
Nephritis ..	Eur.	4	7	3	7	2	2	7	4	2	3	7	4	52
	Non-E.	6	7	3	9	5	4	6	5	6	7	5	4	67
Puerperal sepsis ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	1	3	1	—	—	—	—	—	—	5
Other diseases of preg- nancy, childbirth, and the puerperal state	Eur.	—	—	—	—	—	1	1	—	—	—	—	—	2
	Non-E.	—	1	1	1	—	3	1	—	1	—	1	—	9
Congenital malforma- tions and diseases of early infancy	Eur.	5	7	5	5	4	9	7	5	9	10	5	7	78
	Non-E.	32	21	21	39	29	17	41	17	25	28	33	28	331
Senility ..	Eur.	6	2	1	6	3	2	5	2	2	—	2	5	36
	Non-E.	5	—	—	1	—	2	1	3	2	3	—	3	20
Violence ..	Eur.	10	10	3	5	4	10	4	4	11	9	7	11	88
	Non-E.	16	18	14	16	10	17	15	6	6	12	3	20	153
All causes ..	Eur.	178	170	141	189	135	104	163	124	133	154	144	207	1,842
	Non-E.	344	285	254	324	254	252	410	271	309	346	329	354	2,732

**TABLE D.—Deaths Classified for principal Causes and Race: 1947-48 to 1951-52.**

(Corrected for Outward Transfers.)

Cause of Death.	1951-52		1950-51		1949-50		1948-49		1947-48		Mean for 5 Years.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Enteric fever .. .. .	—	2	—	5	—	6	2	8	5	8	1.4	5.8
Measles .. .. .	—	—	—	15	4	29	—	17	1	27	1.0	17.6
Scarlet fever .. .. .	—	1	—	1	—	—	—	—	—	1	—	0.6
Whooping cough .. .. .	2	24	2	21	1	66	1	18	5	102	2.2	46.2
Diphtheria .. .. .	1	1	—	9	4	10	3	4	3	6	2.2	6.0
Influenza .. .. .	3	6	10	5	3	10	3	12	9	5	5.6	7.6
Purulent infection and septicaemia (non-puerperal) .. .. .	—	5	—	1	3	4	2	3	2	—	1.4	2.6
Acute poliomyelitis and polioencephalitis .. .. .	1	—	—	—	—	—	—	—	2	—	0.6	—
Acute infective encephalitis .. .. .	—	—	—	2	—	1	—	1	—	—	—	0.8
Meningococcal cerebrospinal meningitis .. .. .	1	6	3	13	5	13	3	7	1	9	2.6	9.6
Tuberculosis, respiratory system .. .. .	44	619	73	656	89	713	68	829	103	958	75.4	755.0
Tuberculosis, other forms .. .. .	5	120	13	172	17	187	14	190	20	189	13.8	171.6
Syphilis .. .. .	3	33	1	28	2	41	—	40	—	49	1.2	38.2
General paralysis of the insane: tabes dorsalis .. .. .	2	5	1	10	1	12	1	12	3	19	1.6	11.6
Aneurysm of the aorta .. .. .	4	8	4	8	7	8	4	10	8	10	5.4	8.8
Cancer (all forms) .. .. .	289	190	265	159	258	171	256	147	269	154	267.4	164.2
Acute rheumatic fever .. .. .	2	9	3	14	4	16	1	10	—	11	2.0	12.0
Diabetes .. .. .	36	25	35	30	35	25	32	23	47	24	37.0	25.4
Intracranial lesions of vascular origin .. .. .	205	252	235	230	191	202	182	163	200	149	202.6	199.2
Arterio-sclerosis .. .. .	49	72	65	48	50	57	59	59	61	30	56.8	53.2
Cardiac diseases .. .. .	568	414	519	341	494	334	493	356	575	427	529.8	374.4
Bronchitis .. .. .	12	72	15	71	16	81	18	98	10	109	14.2	86.2
Pneumonia (all forms) .. .. .	57	251	42	276	57	355	56	293	56	442	53.6	323.4
Diarrhoea and enteritis (under 2 years of age) .. .. .	12	586	18	511	16	380	14	443	16	350	15.2	454.0
Diarrhoea and enteritis (2 years of age and over) .. .. .	7	38	3	42	2	33	4	39	8	30	4.8	36.4
Nephritis .. .. .	52	67	69	60	65	64	71	89	76	82	66.6	72.4
Puerperal sepsis .. .. .	—	5	1	3	—	1	2	—	—	7	0.6	3.2
Other diseases of pregnancy, childbirth and puerperal state .. .. .	2	9	—	13	1	10	4	21	4	11	2.2	12.8
Congenital malformations .. .. .	24	31	9	36	18	26	8	19	12	23	14.2	27.0
Diseases peculiar to the first year of life .. .. .	54	300	47	265	47	275	58	310	73	311	55.8	292.2
Senility .. .. .	36	20	24	7	26	14	24	12	27	21	27.4	14.8
Suicide .. .. .	21	4	16	6	27	8	17	5	19	8	20.0	6.2
Homicide .. .. .	3	27	6	43	12	40	3	35	11	27	7.0	34.4
Other violent or accidental deaths .. .. .	85	126	57	90	57	103	62	95	79	96	68.0	102.0
Other causes .. .. .	262	404	238	377	275	445	296	408	244	319	263.0	390.6
Total .. .. .	1,842	3,732	1,774	3,568	1,787	3,740	1,761	3,776	1,949	4,014	1822.6	3766.0
Death rate per 1,000 population .. .. .	9.85	15.04	9.52	15.01	9.66	16.47	9.59	17.41	10.51	19.06	9.83	16.51



TABLE E.—Death Rates per 1,000 Population for 1951-52 and Ten Previous Years by Causes and Race.  
(Corrected for Outward Transfers.)

Disease.	Race.	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	Mean for 10 years	1951 — 1952
Enteric fever ..	Eur. Non-E.	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	—	—	0.01 0.06	— 0.01
Measles ..	Eur. Non-E.	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	—	0.01 0.11	—
Scarlet fever ..	Eur. Non-E.	0.01 —	—	0.01 —	0.01 0.01	—	—	—	—	—	—	—	—
Whooping cough ..	Eur. Non-E.	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	0.01 0.21	0.01 0.10
Diphtheria ..	Eur. Non-E.	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	—	0.02 0.05	0.01 —
Influenza ..	Eur. Non-E.	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	0.05 0.02	0.04 0.05	0.02 0.02
Purulent infection—septicaemia, and erysipelas (non-puerperal) ..	Eur. Non-E.	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	—	0.02 0.03	— 0.02
Acute anterior poliomyelitis and polioencephalitis ..	Eur. Non-E.	0.01 0.01	—	—	0.01 0.01	0.01 0.01	—	0.01 —	—	—	—	—	0.01 —
Acute infectious encephalitis ..	Eur. Non-E.	0.01 —	0.02 0.01	—	0.01 0.01	—	—	—	—	—	—	—	—
Meningococcal cerebrospinal meningitis ..	Eur. Non-E.	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	0.02 0.07	0.01 0.02
Tuberculosis, respiratory system ..	Eur. Non-E.	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 4.07	0.35 3.98	0.45 3.32	0.39 2.76	0.55 4.26	0.24 2.49
Tuberculosis, other forms ..	Eur. Non-E.	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	0.07 0.72	0.10 0.94	0.03 0.48
Syphilis ..	Eur. Non-E.	0.06 0.48	0.05 0.31	0.06 0.46	0.02 0.29	0.03 0.35	0.02 0.34	—	—	0.02 0.20	0.01 0.12	0.03 0.28	0.02 0.13
General paralysis of the insane: tabes dorsalis ..	Eur. Non-E.	0.01 0.14	0.03 0.11	0.01 0.11	0.02 0.08	0.02 0.08	0.02 0.10	0.02 0.09	0.01 0.06	—	0.01 0.04	0.01 0.08	0.01 0.02
Aneurysm of the aorta ..	Eur. Non-E.	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	0.02 0.03	0.04 0.07	0.02 0.03
Cancer ..	Eur. Non-E.	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	1.42 0.67	1.41 0.73	1.54 0.77



TABLE E—Continued.

Disease.	Race.	1941 1942.	1942 1943.	1943 1944.	1944 1945.	1945 1946.	1946 1947.	1947 1948.	1948 1949.	1949 1950.	1950 1951.	Mean for 10 years	1951 1952
Acute rheumatic fever	Eur. Non-E.	0.02 0.39	0.07 0.34	0.03 0.23	0.05 0.12	0.01 0.10	0.01 0.09	— 0.05	0.01 0.05	0.02 0.07	0.02 0.06	0.02 0.14	0.01 0.04
Diabetes	Eur. Non-E.	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	0.19 0.13	0.24 0.12	0.19 0.10
•Intracranial lesions of vascular origin	Eur. Non-E.	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	1.26 0.97	1.34	1.10 1.02
•Arterio-sclerosis	Eur. Non-E.	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	0.35 0.20	1.05	0.26 0.29
Cardiac diseases	Eur. Non-E.	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	2.79 1.43	2.69 1.89	3.04 1.67
Bronchitis and pneumonia	Eur. Non-E.	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	0.31 1.46	0.41 2.61	0.37 1.30
Diarrhoea and enteritis	Eur. Non-E.	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	0.11 2.33	0.17 2.28	0.10 2.51
Nephritis	Eur. Non-E.	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	0.37 0.25	0.36 0.40	0.28 0.27
Puerperal sepsis	Eur. Non-E.	0.02 0.06	0.01 0.07	0.02 0.10	— 0.02	0.01 0.04	— 0.02	— 0.03	0.01 0.01	— 0.01	0.01 0.01	0.01 0.03	— 0.02
Other diseases of pregnancy, childbirth, and puerperal state	Eur. Non-E.	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	— 0.05	0.02 0.08	0.01 0.04
Congenital malformations and diseases of early infancy	Eur. Non-E.	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	0.30 1.27	0.42 1.54	0.42 1.33
Senility	Eur. Non-E.	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	0.13 0.03	0.16 0.09	0.19 0.08
Violence	Eur. Non-E.	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	0.42 0.58	0.45 0.71	0.47 0.62
Other causes	Eur. Non-E.	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	1.27 1.59	1.42 1.70	1.51 1.64
TOTAL	Eur. Non-E.	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	9.52 15.01	9.98 19.58	9.85 15.04

\*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, 1951-52.

(CORRECTED FOR OUTWARD TRANSFERS.)

Classification No.	DISEASE.	RACE.	TOTAL under one year.												Per-sons.
			Under 1 day.	Under 2 days.	Under 3 days.	Under 4 days.	Under 5 days.	Under 6 days.	Under 7 days.	Total under 1 week.	Under 2 weeks.	Under 3 weeks.	Under 4 weeks.	Total under 4 weeks.	
010	Scarlet fever .. ..	Eur. Non-E.	1	2	3	4	5	6	7	1	2	3	4	1	12
011	Whooping cough .. ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	1
012	Diphtheria .. ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	1
013	Erysipelas .. ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	1
016	Tuberculosis of central nervous system	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
017	Tuberculosis of intestines and periton- eum	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
015, 018 to 025	Tuberculosis, other forms .. ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
043	Syphilis, congenital .. ..	Eur. Non-E.	2	1	—	—	—	—	—	—	—	—	—	—	—
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.	2	2	2	2	2	2	2	2	2	2	2	2	2
750	Congenital debility .. ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
751	Premature birth .. ..	Eur. Non-E.	11	7	9	1	1	1	1	1	1	1	1	1	1
752 and 753	Injury at birth .. ..	Eur. Non-E.	50	31	21	14	10	3	7	28	5	2	1	36	1
754 to 758	Other diseases peculiar to the first year of life	Eur. Non-E.	10	13	6	8	1	1	2	41	3	2	—	46	—
892	Suffocation (overlying) .. ..	Eur. Non-E.	3	1	—	1	1	1	1	8	1	1	1	9	—
907	Lack of care of the new born .. ..	Eur. Non-E.	15	6	2	5	4	2	2	36	6	1	1	44	—
—	Other causes .. ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
—	Other causes .. ..	Eur. Non-E.	2	1	1	2	1	—	—	3	—	—	—	3	—
—	Other causes .. ..	Eur. Non-E.	19	12	12	5	1	1	1	51	6	6	4	67	—
—	Other causes .. ..	Eur. Non-E.	97	54	34	32	17	7	14	255	35	18	25	333	—
—	Other causes .. ..	Eur. Non-E.	116	66	46	37	18	8	15	312*	41	24	29	406*	—
—	Totals .. ..	All Races	116	66	46	37	18	8	15	312*	41	24	29	406*	1,187*

\* Including 3 of unknown race.

**TABLE F2.—Deaths of Infants under 1 Year of Age, Classified by Causes and Race, for Five Years, 1947-48 to 1951-52.**

(Corrected for Outward Transfers.)

Cause of Death.	1951-52		1950-51		1949-50		1948-49		1947-48		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	—	0.2
Whooping cough . . . . .	1	12	1	9	1	25	1	9	2	42	1.2	19.4
Diphtheria . . . . .	—	—	—	1	—	3	—	2	1	2	0.2	1.6
Erysipelas . . . . .	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of central nervous system . . . . .	—	19	2	29	2	32	1	38	1	24	1.2	28.4
Tuberculosis of intestines and peritoneum . . . . .	—	—	—	—	—	3	—	2	—	—	—	1.0
Tuberculosis, other forms . . . . .	—	42	—	50	—	43	2	52	2	63	0.8	50.0
Syphilis, congenital . . . . .	—	9	—	11	—	15	—	25	—	24	—	16.8
Measles . . . . .	—	—	—	4	—	7	—	5	1	9	0.2	5.0
Rickets . . . . .	—	—	—	—	—	—	—	—	—	—	—	—
Simple meningitis . . . . .	—	3	—	5	—	4	5	4	1	8	1.2	4.8
Convulsions . . . . .	—	4	—	5	—	4	—	3	—	4	—	4.0
Bronchitis . . . . .	—	32	—	20	—	38	2	43	1	63	0.6	39.2
Pneumonia, all forms . . . . .	9	143	4	137	10	172	9	149	17	218	9.8	163.8
Diarrhoea and enteritis . . . . .	9	417	14	381	15	266	13	304	15	261	13.2	325.8
Congenital malformations . . . . .	16	24	8	30	12	22	7	16	11	17	10.8	21.8
Congenital debility . . . . .	—	19	—	14	—	13	—	10	—	6	—	12.4
Premature birth . . . . .	39	186	29	166	35	194	37	222	55	201	39.0	193.8
Injury at birth . . . . .	6	47	12	44	4	38	14	37	8	50	8.8	43.2
Other diseases peculiar to the first year of life . . . . .	9	48	6	41	8	30	7	41	10	55	8.0	43.0
Suffocation (overlying) . . . . .	1	11	1	4	—	1	1	—	1	—	0.8	3.2
Lack of care of the new-born . . . . .	—	—	—	—	—	—	—	—	—	—	—	—
Other causes . . . . .	8	67	3	77	15	83	10	103	16	45	10.4	75.0
Total . . . . .	98	1,083	80	1,028	102	993	109	1,065	142	1,093	106.2	1052.4
Infant mortality rate per 1,000 live births . . . . .	28.78	106.26	23.91	104.20	29.56	101.47	29.29	110.88	37.06	122.20	29.91	108.73



TABLE G.—Deaths in Institutions, 1951-52.

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 .. .. .	475	555	280	342	195	213
Somerset Hospital .. .. .	1	228	1	162	—	66
City Hospital .. .. .	39	185	17	107	22	78
Wynberg Victoria Hospital .. .. .	44	95	31	54	13	41
Valkenberg Hospital .. .. .	62	40	39	26	23	14
Woodstock Hospital .. .. .	41	45	27	30	14	15
Peninsula Maternity Hospital .. .. .	13	59	6	39	7	20
Brooklyn Chest Hospital .. .. .	—	71	—	58	—	13
Volkshospitaal .. .. .	57	—	15	—	42	—
Belmont Nursing Home .. .. .	45	—	33	—	12	—
Rondebosch Hospital .. .. .	17	11	12	11	5	—
Gardens Nursing Home .. .. .	39	—	37	—	2	—
Glenhildur Nursing Home .. .. .	36	—	31	—	5	—
Salvation Army Maternity Centre .. .. .	—	30	—	20	—	10
The Monastery Nursing Home .. .. .	28	1	20	1	8	—
St. Joseph's Sanatorium .. .. .	22	—	7	—	15	—
Cape Jewish Aged Home .. .. .	22	—	22	—	—	—
Hilary Nursing Home .. .. .	20	—	17	—	3	—
Elizabeth Private Hospital .. .. .	20	—	12	—	8	—
Mowbray Maternity Hospital .. .. .	18	—	13	—	5	—
Sea Point Nursing Home .. .. .	18	—	17	—	1	—
St. Monica's Home .. .. .	—	15	—	12	—	3
Leeuwendal Nursing Home .. .. .	14	—	4	—	10	—
Tamboers Kloof Nursing Home .. .. .	14	—	10	—	4	—
Hof Street Nursing Home .. .. .	13	—	6	—	7	—
Monte Rosa Hospital .. .. .	12	—	10	—	2	—
Cambridge Nursing Home .. .. .	12	—	8	—	4	—
Duncan Nursing Home .. .. .	12	—	10	—	2	—
Wynberg Military Hospital .. .. .	12	—	7	—	5	—
Alexandra Institution .. .. .	12	1	6	1	6	—
Booth Memorial Hospital .. .. .	9	—	3	—	6	—
Ennerdale Nursing Home .. .. .	9	—	8	—	1	—
Glenwood Nursing Home .. .. .	9	—	7	—	2	—
Wyndover Nursing Home .. .. .	8	—	8	—	—	—
Lady Buxton Home .. .. .	8	—	3	—	5	—
Nazareth House .. .. .	7	—	7	—	—	—
Gilmour Nursing Home .. .. .	6	—	4	—	2	—
Primrose Nursing Home .. .. .	6	—	2	—	4	—
Kinclune Nursing Home .. .. .	5	—	4	—	1	—
Kingsbury Nursing Home .. .. .	5	—	3	—	2	—
Rosedale Nursing Home .. .. .	5	—	4	—	1	—
Cape Town Gaol .. .. .	1	4	—	2	1	2
Leighwood Nursing Home .. .. .	4	—	4	—	—	—
Kromboom Nursing Home .. .. .	3	—	3	—	—	—
Ladies' Christian Home .. .. .	3	—	3	—	—	—
Clarendon Nursing Home .. .. .	3	—	3	—	—	—
Airemount Nursing Home .. .. .	2	—	1	—	1	—
Delherbe Nursing Home .. .. .	2	—	2	—	—	—
Princess Christian Home .. .. .	2	—	2	—	—	—
House of Correction .. .. .	—	2	—	2	—	—
The Gables Nursing Home .. .. .	1	—	—	—	1	—
Eaton Convalescent Home .. .. .	—	1	—	—	—	1
Total .. .. .	1,216	1,343	769	867	447	476
Langa Native Hospital .. .. .	—	36	—	33	—	3





TABLE I.—Births and Still-Births notified, Classified for attendance at confinement and for home address of Mother, 1951-52.

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.	Langs.
Private doctors .. .. .	2	6	24	4	30	39	25	143	11	152	10	20	23	64	62	—	1	6
Private midwives (including any non-medical persons attending a confinement):																		
Certificated .. .. .	5	45	159	28	259	422	260	632	94	1,789	73	261	208	433	540	3	6	52
Uncertificated .. .. .	—	4	21	1	5	4	5	367	—	13	4	13	49	63	366	—	—	1
Midwives (or midwife students) from:																		
St. Monica's Home .. .. .	—	12	129	4	4	6	2	1	—	2	—	1	—	1	3	—	—	2
Peninsula Maternity Hospital .. .. .	—	4	7	12	266	252	168	4	24	—	—	1	1	—	—	—	—	—
Somerset Hospital .. .. .	1	—	1	—	1	—	—	211	—	3	—	1	1	—	—	—	1	6
District nurse midwives .. .. .	—	—	—	2	1	7	1	51	—	10	—	1	—	2	131	—	—	18
Salvation Army Maternity Centre .. .. .	1	2	3	4	123	43	1	1	1	1	—	—	—	—	1	—	—	—
No doctor or midwife .. .. .	—	4	2	1	3	2	—	20	—	9	1	1	—	3	29	3	69	7
No information .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	71	71	1
Confined in institutions:																		
Booth Memorial Hospital .. .. .	59	59	72	119	87	18	43	54	60	8	43	38	12	43	19	2	736	287
St. Monica's Home .. .. .	2	7	70	6	45	47	33	119	10	126	10	38	41	37	80	13	684	215
Peninsula Maternity Hospital .. .. .	3	34	28	58	293	259	160	132	45	181	13	40	27	49	66	27	1,415	455
Somerset Hospital .. .. .	20	155	178	17	26	43	48	415	10	190	12	23	13	38	45	9	1,242	429
Groote Schuur Hospital .. .. .	3	9	10	3	33	39	30	110	9	187	11	35	31	25	64	1	600	222
Mowbray Maternity Hospital .. .. .	5	11	5	8	7	32	42	94	178	44	36	43	35	100	32	27	699	321
Salvation Army Maternity Centre .. .. .	12	8	38	16	109	76	44	71	17	116	16	17	29	36	68	4	677	192
Magdalene Halls .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	29
Other public institutions .. .. .	—	—	1	—	1	—	1	—	—	—	—	—	—	—	1	1	5	13
Private nursing homes .. .. .	147	70	66	68	45	4	12	18	70	25	109	141	87	146	50	2	1,060	404
Totals .. .. .	260	430	814	351	1,338	1,293	865	2,463	529	2,856	338	674	557	1,940	1,548	164	15,520	2,661

Births actually occurring in the Langs Native Township are excluded from the above table. They numbered 394.

**TABLE J.—Births in Institutions, 1951-52.**

## 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 .. .. .	369	1,366	259	1,049	110	317
Somerset Hospital .. .. .	—	1,516	—	1,136	—	380
Groote Schuur Hospital .. .. .	2	774	1	574	1	200
Booth Memorial Hospital .. .. .	997	—	702	—	295	—
Mowbray Maternity Hospital .. .. .	952	—	664	—	288	—
St. Monica's Home .. .. .	—	834	—	647	—	187
Salvation Army Maternity Centre .. .. .	—	843	—	660	—	183
Leighwood Nursing Home .. .. .	410	—	280	—	130	—
Gilmour Nursing Home .. .. .	428	—	318	—	110	—
Kingsbury Nursing Home .. .. .	335	—	229	—	106	—
Delherbe Nursing Home .. .. .	210	—	159	—	51	—
Magdalena Huis .. .. .	35	—	3	—	32	—
House of Correction .. .. .	—	9	—	1	—	8
City Hospital .. .. .	1	—	—	—	1	—
Wynberg Victoria Hospital .. .. .	—	1	—	—	—	1
Hof Street Nursing Home .. .. .	1	—	1	—	—	—
Woodstock Hospital .. .. .	—	2	—	2	—	—
Volkshospitaal .. .. .	2	—	1	—	1	—
Valkenberg Hospital .. .. .	1	3	—	2	1	1
Inverurie Nursing Home .. .. .	1	—	1	—	—	—
Total .. .. .	3,744	5,348	2,618	4,071	1,126	1,277

## STILL-BIRTHS.

Institution.	Total Still-births.		Still-births belonging to Cape Town.		Still-births not belonging to Cape Town (Outward Transfers).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Groote Schuur Hospital .. .. .	1	55	—	32	1	23
Somerset Hospital .. .. .	—	72	—	48	—	24
Peninsula Maternity Hospital .. .. .	15	55	7	36	8	19
Salvation Army Maternity Centre .. .. .	—	26	—	18	—	8
St. Monica's Home .. .. .	—	20	—	14	—	6
Booth Memorial Hospital .. .. .	14	—	8	—	6	—
Leighwood Nursing Home .. .. .	10	—	6	—	4	—
Mowbray Maternity Hospital .. .. .	15	—	7	—	8	—
Kingsbury Nursing Home .. .. .	6	—	3	—	3	—
Delherbe Nursing Home .. .. .	2	—	2	—	—	—
Gilmour Nursing Home .. .. .	2	—	1	—	1	—
City Hospital .. .. .	—	1	—	1	—	—
Total .. .. .	65	229	34	149	31	80



TABLE K.—Populations and Vital Statistics for the separate Wards of the City, 1951-52.

(Corrected for Outward Transfers.)

WARDS.	Calculated Populations on the 31st December, 1951.*			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	14,570	3,220	17,790	195	46	13.40	14.36	2	29	1.03	63.04	158	15	10.90	4.68	37	31	2.56	9.68	6	4	30.77	86.96	—	1	—	0.31
2	11,930	6,040	17,970	175	229	14.75	38.12	3	64	1.71	27.05	126	71	10.62	11.82	49	158	4.13	26.30	2	17	11.43	74.24	4	18	0.34	3.00
3	9,220	13,230	22,450	144	598	15.70	45.45	3	135	2.08	22.58	92	175	10.03	13.39	52	423	5.67	32.15	3	39	20.83	65.22	1	35	0.11	2.66
4	16,690	3,120	19,810	235	83	14.16	26.75	6	45	2.55	54.22	149	22	8.98	7.09	86	61	5.18	19.66	6	10	25.53	107.53	1	2	0.06	0.64
5	8,830	25,560	34,390	207	1,058	28.72	41.62	1	259	0.48	24.48	82	381	11.38	14.99	125	677	17.34	26.63	4	101	19.32	95.46	4	57	0.55	2.24
6	5,610	27,760	33,370	115	1,048	20.61	37.96	5	206	4.35	19.66	51	361	9.14	13.08	64	687	11.47	24.88	3	99	26.09	94.47	2	67	0.36	2.43
7	13,040	14,480	27,520	249	498	19.21	34.58	10	106	4.02	21.29	106	165	8.18	11.46	143	333	11.03	23.12	10	34	40.16	68.27	6	38	0.46	2.64
8	17,810	38,470	56,280	365	1,576	20.61	41.19	7	512	1.92	32.49	141	754	7.96	19.71	224	822	12.65	21.48	16	257	43.84	163.07	8	157	0.45	4.10
9	18,540	6,300	24,840	382	138	20.72	22.03	48	40	12.56	28.98	186	40	10.09	6.38	196	98	10.63	15.65	7	8	18.32	57.07	6	5	0.32	0.80
10	6,020	43,190	49,210	168	2,316	28.06	53.92	2	489	1.19	21.11	55	726	9.19	16.90	113	1,590	18.87	37.02	7	214	41.67	92.40	9	184	1.50	4.28
11	13,580	6,660	20,240	163	118	12.07	17.82	—	30	—	25.42	130	22	9.63	3.32	33	96	2.44	14.50	3	7	18.40	59.32	—	3	—	0.45
12	14,860	14,060	28,920	272	441	18.40	31.54	1	97	0.37	22.00	129	157	8.73	11.23	143	284	9.67	20.31	10	39	36.76	68.03	2	23	0.14	1.64
13	10,110	11,040	21,150	161	405	16.01	36.89	1	92	0.62	22.71	100	132	9.05	12.62	61	273	6.06	24.87	1	40	6.21	98.77	2	29	0.20	2.64
14	15,400	14,100	29,500	385	520	25.14	37.08	7	123	1.82	23.65	134	205	8.75	14.62	251	315	16.39	22.46	10	53	25.97	101.92	2	39	0.13	2.78
15	10,680	26,610	37,290	181	1,073	17.04	40.54	4	318	2.21	29.64	108	452	10.17	17.08	73	621	6.87	23.46	9	161	49.72	150.05	2	72	0.19	2.72
Not allocated				8	45			6	44			95	54							1	9				9		
City of Cape Town†	188,090	249,480	437,570	3,405	10,192	18.20	41.08	106	2,889	3.11	25.40	1,842	3,732	9.85	15.04	1,650	6,469	8.35	20.04	98	1,083	28.78	106.26	49	739	0.26	2.98

\* 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 130), 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 1951-52.

Race.	Births.		Deaths.		Natural Increase.		Deaths under one year old.	
	Number.	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.
Europeans : uncorrected .. .. . corrected for outward transfers .. .. .	4,538 3,405	24.26 18.20	2,326 1,842	12.43 9.85	2,212 1,563	11.83 8.35	165 98	36.36 28.78
Other Coloured : uncorrected .. .. . corrected for outward transfers .. .. .	9,748 8,818	46.06 41.07	3,448 3,045	16.29 14.39	6,300 5,773	29.77 27.33	915 805	93.87 91.29
Natives (not Langa) : uncorrected .. .. . corrected for outward transfers .. .. .	1,394 1,009	46.97 34.00	737 628	24.83 21.16	657 381	22.14 12.47	295 260	211.62 257.68
Asiatics : uncorrected .. .. . corrected for outward transfers .. .. .	370 365	54.39 53.66	67 59	9.85 8.67	303 306	44.54 44.99	19 18	51.35 49.32
All non-Europeans : uncorrected .. .. . corrected for outward transfers .. .. .	11,512 10,192	46.40 41.08	4,252 3,732	17.14 15.04	7,260 6,460	29.26 26.04	1,229 1,083	106.76 106.26
All races* : uncorrected .. .. . corrected for outward transfers .. .. .	16,056 <sup>1</sup> 13,603 <sup>1</sup>	36.90 31.26	6,587 <sup>2</sup> 5,583 <sup>2</sup>	15.12 12.83	9,469 8,020	21.78 18.43	1,400 <sup>3</sup> 1,187 <sup>3</sup>	87.19 87.26
Natives resident at Langa Township .. .. .	207	18.67	101	9.11	106	9.56	22	106.28

\* Including (1) 6 (2) 9 of unknown race.

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



**TABLE M.—Infant Mortality Rates per 1,000 Births by Causes and Race**  
(Corrected for outward transfers.)

**INFANTS UNDER ONE YEAR OF AGE.**

Year.	Common infectious diseases.		Tuberculous diseases.		Syphilis.		Bronchitis and pneumonia.		Diarrhoea and enteritis.		Developmental diseases.		Miscellaneous diseases (remainder).		Total mortality (all causes).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1914-1915 ..	5.9	12.6	1.7	3.4	0.4	5.9	11.3	48.5	31.0	63.6	33.1	58.5	17.2	32.1	100.4	224.4
1915-1916 ..	0.9	0.8	1.8	1.9	0.4	7.6	9.7	43.8	29.4	57.6	24.6	51.4	12.7	26.2	79.1	189.3
1916-1917 ..	5.4	12.1	4.5	2.5	1.7	8.2	14.0	56.6	23.1	57.5	35.5	53.0	12.0	36.9	96.2	226.7
1917-1918 ..	2.4	5.0	1.2	1.9	1.6	12.1	5.7	50.4	27.7	53.2	26.0	48.0	14.7	30.6	79.1	200.9
1918-1919 ..	2.3	4.0	0.9	2.8	1.8	7.0	19.9	77.3	35.3	59.6	28.6	49.2	25.8	98.1	114.6	297.8
1919-1920 ..	2.8	3.6	0.8	2.2	0.4	7.7	13.9	52.5	25.9	47.9	21.9	41.0	15.9	29.0	81.5	183.8
1920-1921 ..	2.8	6.1	0.4	2.1	0.8	11.9	15.4	61.0	35.6	76.9	32.9	48.0	18.2	32.4	101.5	231.7
1921-1922 ..	—	1.2	1.2	0.9	1.6	9.4	10.8	53.3	22.4	44.6	22.4	40.6	10.8	26.5	69.5	173.3
1922-1923 ..	2.1	4.4	0.4	3.3	0.8	5.6	15.0	66.2	21.7	54.1	28.4	35.8	13.4	30.7	89.4	196.4
1923-1924 ..	7.0	13.9	0.4	2.9	0.4	9.7	8.6	57.7	25.0	59.7	20.1	39.9	11.1	18.0	72.4	187.3
1924-1925 ..	1.7	1.3	2.1	1.0	0.4	8.3	4.2	44.4	27.1	62.7	25.4	41.3	11.0	18.7	71.9	173.9
1925-1926 ..	1.3	2.2	0.4	4.0	1.7	10.7	9.0	46.5	23.6	58.9	18.9	40.5	10.3	20.9	65.2	175.5
1926-1927 ..	4.3	6.3	0.9	4.1	0.9	10.4	11.5	59.8	19.2	58.1	22.6	39.0	8.1	16.5	67.4	186.6
1927-1928 ..	5.0	6.4	1.4	3.6	1.1	10.7	14.4	62.5	9.3	52.1	21.2	34.2	7.9	21.3	60.3	190.6
1928-1929 ..	2.1	3.9	0.7	5.2	2.5	12.5	11.0	38.4	15.3	44.2	20.3	36.7	9.3	17.8	61.2	158.6
1929-1930 ..	1.7	1.2	0.7	5.9	1.0	14.5	8.2	39.7	14.7	42.4	22.8	40.0	11.6	16.4	60.7	160.0
1930-1931 ..	3.1	4.2	1.7	2.9	3.1	11.2	9.2	39.4	15.2	39.2	23.7	38.4	9.2	20.5	65.0	155.8
1931-1932 ..	2.1	4.4	0.7	6.0	1.4	15.7	12.9	44.2	17.8	45.9	24.1	35.2	8.0	16.5	67.1	167.7
1932-1933 ..	4.0	2.3	2.4	4.5	0.8	10.2	5.6	43.4	11.1	32.8	16.7	35.6	8.3	14.7	48.8	143.8
1933-1934 ..	—	3.6	0.8	4.5	0.8	9.3	3.9	31.4	9.4	43.8	16.0	30.2	3.9	10.4	34.8	133.3
1934-1935 ..	2.1	4.9	0.4	4.1	0.8	9.6	8.2	47.6	9.0	38.2	21.7	28.5	8.6	13.3	50.8	146.2
1935-1936 ..	1.8	11.8	1.1	3.1	0.4	8.6	5.8	40.4	6.9	38.2	21.0	28.9	8.3	14.7	45.1	145.7
1936-1937 ..	0.8	1.6	—	3.3	0.1	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	3.6	0.7	3.3	0.7	7.8	8.5	40.8	4.8	39.0	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	2.9	0.6	5.7	0.3	7.9	3.1	40.2	9.9	47.8	18.8	33.5	10.2	14.7	43.8	150.6
1942-1943 ..	1.2	1.3	1.2	8.2	0.3	3.6	5.5	39.2	6.9	40.1	18.5	29.8	8.7	12.6	42.3	125.8
1943-1944 ..	1.0	3.6	1.3	8.3	0.5	4.5	3.1	41.4	6.5	39.0	15.4	32.2	5.0	14.2	32.8	143.2
1944-1945 ..	0.3	5.9	0.3	9.3	—	3.8	3.3	28.3	3.9	38.3	10.2	30.4	5.9	11.2	33.9	127.2
1945-1946 ..	0.6	1.6	1.1	8.3	0.3	4.9	3.7	25.2	6.8	26.0	20.5	31.0	4.6	12.4	37.6	109.4
1946-1947 ..	0.5	1.4	1.3	8.2	—	4.8	2.3	24.7	3.0	25.5	16.1	32.8	4.3	10.6	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
1951-1952 ..	0.3	1.2	—	6.0	—	0.9	2.7	17.2	2.7	40.9	18.8	27.2	4.4	12.9	28.8	106.3
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
Quinquennium 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
Quinquennium 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
Quinquennium 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
Quinquennium 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
Quinquennium 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
Quinquennium 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.\***

Year.	Common infectious diseases.		Tuberculous diseases.		Syphilis.		Bronchitis and pneumonia.		Diarrhoea and enteritis.		Developmental diseases.		Miscellaneous diseases (remainder)		Total mortality (all causes).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1924-1925 ..	0.4	1.9	—	6.7	—	2.2	2.2	22.8	8.4	39.5	—	0.3	2.7	7.5	13.7	80.9
1925-1926 ..	0.5	3.8	0.5	6.5	—	0.5	3.7	31.4	5.0	32.7	0.9	0.5	3.2	5.3	13.7	80.7
1926-1927 ..	3.2	8.6	0.9	7.8	—	0.5	4.1	35.9	5.5	33.2	—	0.3	2.8	7.0	16.5	93.3
1927-1928 ..	2.3	8.3	1.8	7.0	—	1.0	5.0	36.0	7.3	23.0	0.5	0.8	3.2	9.8	20.1	85.7
1928-1929 ..	4.6	4.9	0.8	6.2	—	1.1	2.7	27.9	4.2	24.6	0.4	1.1	2.7	10.2	15.3	75.9
1929-1930 ..	3.0	3.8	1.5	8.0	—	0.8	3.4	25.8	4.2	23.4	0.8	0.4	3.4	8.0	16.3	70.2
1930-1931 ..	0.7	7.2	0.7	5.6	—	2.0	1.8	21.9	3.3	19.5	—	0.4	2.5	7.8	9.1	64.5
1931-1932 ..	2.2	6.8	0.4	8.9	—	2.5	3.3	26.6	2.2	26.0	—	—	2.5	8.9	10.5	79.7
1932-1933 ..	1.5	2.5	0.8	5.1	—	1.5	4.1	19.0	2.3	12.2	0.8	0.2	4.1	6.8	13.5	47.3
1933-1934 ..	2.1	3.0	1.7	8.9	—	2.8	2.5	25.3	4.2	25.9	—	0.8	2.9	6.8	13.3	73.5
1934-1935 ..	1.6	8.2	1.2	7.5	—	1.9	4.1	39.4	1.6	19.4	0.4	0.7	3.2	6.1	12.1	74.1
1935-1936 ..	3.0	10.4	0.4	7.2	—	1.7	4.8	22.2	2.6	12.8	—	0.2	2.2	7.8	12.9	62.2
1936-1937 ..	—	2.4	1.9	5.5	0.4	1.2	2.7	17.4	2.7	14.7	0.4	0.7	2.3	6.0	10.2	48.0
1937-1938 ..	1.6	6.7	1.2	7.7	—	0.7	4.4	26.6	0.8	18.9	—	0.7	3.6	7.5	11.7	68.7
1938-1939 ..	0.4	6.4	0.7	5.9	—	1.2	3.3	24.0	1.5	12.7	—	0.3	1.5	6.1	7.3	56.6
1939-1940 ..	0.4	4.3	1.5	5.9	—	0.5	1.1	19.3	3.3	15.0	—	—	3.3	5.4	9.5	50.4
1940-1941 ..	1.0	5.5	1.4	10.0	—	1.0	1.7	24.9	2.1	19.4	0.3	0.5	2.8	8.2	9.3	69.4
1941-1942 ..	1.1	3.2	0.7	11.8	—	0.9	1.4	20.9	5.3	25.8	—	0.6	1.8	5.7	9.5	62.1
1942-1943 ..	1.3	2.5	1.0	13.8	—	1.0	1.0	22.4	1.6	19.2	0.3	0.2	0.6	5.7	5.8	64.9
1943-1944 ..	1.2	5.7	0.3	13.3	0.6	0.5	0.6	25.2	0.9	22.1	0.6	0.5	0.9	6.7	5.1	74.0
1944-1945 ..	1.1	4.2	1.6	13.8	—	0.6	1.1	14.4	1.3	21.0	—	0.4	1.1	6.4	6.2	60.8
1945-1946 ..	—	3.4	0.9	15.8	—	0.7	0.3	12.8	0.3	13.2	—	0.1	1.7	3.5	3.2	49.5
1946-1947 ..	0.3	2.4	—	12.0	—	0.7	0.9	11.6	1.2	9.4	—	0.1	0.6	3.3	3.0	39.5
1947-1948 ..	0.8	6.6	1.6	16.5	—	1.1	0.8	12.4	0.3	11.0	—	—	1.6	3.7	4.9	51.3
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
1951-1952 ..	0.3	6.8	0.6	9.3	—	0.3	0.9	5.6	0.9	19.1	—	0.1	2.4	4.0	5.2	39.0
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	65.3
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.			Death rates corrected for Outward Transfers.			Natural increase rates.			Infant mortality rates.			European rates corrected for Inward and Outward Transfers.			Enteric fever death rates, corrected for Outward Transfers.			Tuberculosis (all forms) death rates corrected for Outward Transfers.			
	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-Mortality rates.	Infant-Mortality rates.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.
(*) 296 Days Year ..	76,940	74,560	151,500	29-39	45-48	37-31	6-49	25-75	18-04	12-10	27-02	19-44	15-02	17-23	16-42	107-96	250-55	193-50	10-75	10-93	10-84	0-21	0-30	0-25	1-03	4-85	2-91	
1913-1914 ..	76,940	74,560	151,500	29-39	45-48	37-31	6-49	25-75	18-04	12-10	27-02	19-44	15-02	17-23	16-42	107-96	250-55	193-50	10-75	10-93	10-84	0-21	0-30	0-25	1-03	4-85	2-91	
1915-1916 ..	79,840	75,510	155,350	29-95	47-52	38-49	6-90	26-48	18-66	12-73	28-39	20-35	15-07	17-79	16-69	100-38	224-36	174-92	10-93	10-93	10-93	0-26	0-30	0-28	1-11	5-09	3-04	
1916-1917 ..	82,860	78,430	161,290	27-53	48-23	37-47	7-48	25-25	18-49	11-42	26-00	18-33	14-72	17-79	16-69	100-38	224-36	174-92	10-93	10-93	10-93	0-26	0-30	0-28	1-11	5-09	3-04	
1917-1918 ..	85,990	77,450	163,440	28-17	48-85	36-56	6-81	25-06	17-67	13-34	27-02	19-44	15-02	17-79	16-69	100-38	224-36	174-92	10-93	10-93	10-93	0-26	0-30	0-28	1-11	5-09	3-04	
1918-1919 ..	89,240	78,440	167,680	27-61	46-32	36-38	7-02	23-35	17-98	11-47	27-89	19-17	14-14	15-79	14-91	99-14	200-94	152-13	10-82	10-82	10-82	0-13	0-40	0-26	0-87	4-50	2-57	
1919-1920 ..	92,610	79,450	172,060	23-84	41-21	31-87	8-38	24-77	18-20	10-06	26-09	18-42	13-31	15-79	14-91	99-14	200-94	152-13	10-82	10-82	10-82	0-13	0-40	0-26	0-87	4-50	2-57	
1920-1921 ..	96,110	80,450	176,560	24-12	41-74	37-79	6-00	24-86	17-10	12-03	26-64	20-41	12-37	15-22	13-59	101-49	221-74	180-76	10-75	10-75	10-75	0-22	0-52	0-36	0-83	3-77	2-17	
1921-1922 ..	99,750	81,490	181,240	24-30	45-86	34-00	5-07	24-86	17-10	12-03	26-64	20-41	12-37	15-22	13-59	101-49	221-74	180-76	10-75	10-75	10-75	0-22	0-52	0-36	0-83	3-77	2-17	
1922-1923 ..	103,130	83,450	186,580	23-02	50-09	35-41	5-31	25-86	18-50	10-68	26-95	17-63	11-36	14-79	12-92	99-50	217-39	176-24	10-75	10-75	10-75	0-20	0-50	0-34	0-98	3-43	2-07	
1923-1924 ..	105,330	85,000	190,330	21-36	49-44	34-00	5-82	25-25	18-54	10-00	26-95	17-63	11-36	14-79	12-92	99-50	217-39	176-24	10-75	10-75	10-75	0-21	0-31	0-26	0-78	4-12	2-27	
1924-1925 ..	107,880	89,030	196,910	21-39	49-47	34-12	5-11	24-21	17-70	10-20	28-66	18-58	11-19	15-79	14-91	99-14	200-94	152-13	10-82	10-82	10-82	0-11	0-22	0-16	0-73	4-47	2-42	
1925-1926 ..	109,870	91,060	200,930	21-16	51-56	35-02	5-84	24-12	18-15	10-09	28-66	17-74	11-23	15-79	14-91	99-14	200-94	152-13	10-82	10-82	10-82	0-07	0-21	0-14	0-85	4-51	2-52	
1926-1927 ..	112,430	94,990	207,420	20-84	47-46	33-03	4-67	23-20	17-36	9-61	24-94	16-66	11-23	15-79	14-91	99-14	200-94	152-13	10-82	10-82	10-82	0-07	0-21	0-14	0-85	4-51	2-52	
1927-1928 ..	114,430	97,700	212,130	20-84	47-46	33-03	4-67	23-20	17-36	9-61	24-94	16-66	11-23	15-79	14-91	99-14	200-94	152-13	10-82	10-82	10-82	0-13	0-28	0-20	0-85	4-51	2-52	
1928-1929 ..	118,740	115,090	233,830	21-71	49-32	34-65	5-84	23-45	17-26	10-59	28-66	18-58	11-19	15-79	14-91	99-14	200-94	152-13	10-82	10-82	10-82	0-08	0-22	0-14	0-82	4-61	2-63	
1929-1930 ..	121,290	116,490	237,780	21-48	51-18	35-05	4-98	23-45	17-31	10-69	28-66	18-58	11-19	15-79	14-91	99-14	200-94	152-13	10-82	10-82	10-82	0-13	0-28	0-20	0-85	4-51	2-52	
1930-1931 ..	123,590	119,490	243,080	21-97	49-73	35-06	4-98	23-45	17-31	10-69	28-66	18-58	11-19	15-79	14-91	99-14	200-94	152-13	10-82	10-82	10-82	0-08	0-22	0-14	0-82	4-61	2-63	
1931-1932 ..	125,590	122,490	248,080	21-27	50-16	34-93	5-59	23-01	17-42	10-76	28-66	18-58	11-19	15-79	14-91	99-14	200-94	152-13	10-82	10-82	10-82	0-06	0-19	0-12	0-68	4-40	2-43	
1932-1933 ..	127,590	125,820	253,410	20-62	50-92	35-00	4-86	23-04	17-42	10-76	28-66	18-58	11-19	15-79	14-91	99-14	200-94	152-13	10-82	10-82	10-82	0-06	0-19	0-12	0-68	4-40	2-43	
1933-1934 ..	131,570	128,820	260,390	17-83	48-12	32-25	4-40	22-44	17-31	9-21	22-85	15-73	8-53	15-79	14-91	99-14	200-94	152-13	10-82	10-82	10-82	0-11	0-31	0-26	0-78	4-12	2-27	
1934-1935 ..	133,570	132,110	265,680	17-74	50-46	33-36	5-31	23-39	18-36	9-21	22-85	15-73	8-53	15-79	14-91	99-14	200-94	152-13	10-82	10-82	10-82	0-06	0-19	0-12	0-68	4-40	2-43	
1935-1936 ..	135,610	135,470	271,080	16-59	46-84	31-06	4-75	21-98	17-13	10-68	23-74	16-85	7-41	15-79	14-91	99-14	200-94	152-13	10-82	10-82	10-82	0-11	0-31	0-26	0-78	4-12	2-27	
1936-1937 ..	137,590	138,930	276,520	18-09	48-03	32-45	5-42	21-98	17-13	10-68	23-74	16-85	7-41	15-79	14-91	99-14	200-94	152-13	10-82	10-82	10-82	0-06	0-19	0-12	0-68	4-40	2-43	
1937-1938 ..	139,590	142,820	282,410	17-17	48-37	32-26	4-72	21-91	16-47	10-56	23-45	16-85	8-57	15-79	14-91	99-14	200-94	152-13	10-82	10-82	10-82	0-06	0-19	0-12	0-68	4-40	2-43	
1938-1939 ..	141,590	145,220	286,810	19-13	47-53	32-99	5-47	21-11	16-47	10-56	23-45	16-85	8-57	15-79	14-91	99-14	200-94	152-13	10-82	10-82	10-82	0-06	0-19	0-12	0-68	4-40	2-43	
1939-1940 ..	143,590	148,040	291,630	18-52	46-42	32-97	5-02	22-35	17-32	10-66	23-45	16-85	8-57	15-79	14-91	99-14	200-94	152-13	10-82	10-82	10-82	0-06	0-19	0-12	0-68	4-40	2-43	
1940-1941 ..	145,590	153,940	299,530	19-82	46-27	32-53	4-41	21-74	16-94	10-12	21-72	15-96	9-06	14-05	13-43	81-159	117-19	10-75	10-75	10-75	0-06	0-19	0-12	0-68	4-40	2-43		
1941-1942 ..	147,590	156,580	304,170	19-18	47-37	32-54	4-41	21-74	16-94	10-12	21-72	15-96	9-06	14-05	13-43	81-159	117-19	10-75	10-75	10-75	0-06	0-19	0-12	0-68	4-40	2-43		
1942-1943 ..	149,590	162,650	312,240	19-97	42-35	31-27	4-57	22-12	16-60	10-86	23-00	17-14	10-27	14-05	13-43	81-159	117-19	10-75	10-75	10-75	0-06	0-19	0-12	0-68	4-40	2-43		
1943-1944 ..	151,590	166,590	318,180	19-97	42-35	31-27	4-57	22-12	16-60	10-86	23-00	17-14	10-27	14-05	13-43	81-159	117-19	10-75	10-75	10-75	0-06	0-19	0-12	0-68	4-40	2-43		
1944-1945 ..	153,590	170,780	324,370	19-97	42-35	31-27	4-57	22-12	16-60	10-86	23-00	17-14	10-27	14-05	13-43	81-159	117-19	10-75	10-75	10-75	0-06	0-19	0-12	0-68	4-40	2-43		
1945-1946 ..	155,590	175,120	330,710	19-97	42-35	31-27	4-57	22-12	16-60	10-86	23-00	17-14	10-27	14-05	13-43	81-159	117-19	10-75	10-75	10-75	0-06	0-19	0-12	0-68	4-40	2-43		
1946-1947 ..	157,590	180,690	338,280	19-97	42-35	31-27	4-57	22-12	16-60	10-86	23-00	17-14	10-27	14-05	13-43	81-159	117-19	10-75	10-75	10-75	0-06	0-19	0-12	0-68	4-40	2-43		
1947-1948 ..	159,590	186,480	346,070	19-97	42-35	31-27	4-57	22-12	16-60	10-86	23-00	17-14	10-27	14-05	13-43	81-159	117-19	10-75	10-75	10-75	0-06	0-19	0-12	0-68	4-40	2-43		
1948-1949 ..	161,590	192,510	354,100	19-97	42-35	31-27	4-57	22-12	16-60	10-86	23-00	17-14	10-27	14-05	13-43	81-159	117-19	10-75	10-75	10-75	0-06	0-19	0-12	0-68	4-40	2-43		
1949-1950 ..	163,590	205,800	369,390	19-97	42-35	31-27	4-57	22-12	16-60	10-86	23-00	17-1																



TABLE O.—Vital Statistic Rates for Various Centres for the Year 1951-52.

(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	N	A	C	NE
Union of South Africa (1951) .. ..	25.0	—	35.5	47.9	—	8.8	—	9.7	10.4	—	33.5	—	62.5	125.5	—	0.20	—	0.89	3.56	—
Cape Town .. ..	18.20	34.00 <sup>4</sup>	53.66	41.67	41.08	9.85	21.16 <sup>4</sup>	8.67	14.39	15.04	28.78	257.68 <sup>4</sup>	49.32	91.29	106.26	0.26	4.11 <sup>4</sup>	0.73	2.89	2.98
Durban .. ..	19.97	29.51	35.32	49.00	—	9.02	24.43	10.61	13.37	—	28.65	369.27	85.30	79.13	—	0.30	3.48	0.87	1.99	2.13
Pretoria .. ..	25.00	30.34	40.00	34.51	31.10	6.46	13.21	11.58	12.55	13.09	30.26	136.86	140.39	79.55	133.91	0.13	1.51	0.53	1.96	1.47
Port Elizabeth ..	26.55	32.07	56.50	43.57	—	8.07	28.65	17.19	18.63	—	42.52	370.21	82.61	135.15	—	0.47	8.14	2.46	4.56	—
Springs .. ..	25.92	6.32	29.67	55.78	—	6.02	9.79	6.92	18.59	—	36.71	—	—	—	499.08	0.03	—	—	—	0.89
Benoni .. ..	27.25	27.68 <sup>3</sup>	22.66	45.26	—	7.59	21.39 <sup>3</sup>	11.33	15.26	—	38.27	358.17 <sup>3</sup>	88.24	116.28	—	0.20	1.23 <sup>3</sup>	0.66	1.31	—
Krugersdorp ..	29.4	13.9	37.6	35.7	—	8.1	10.8	17.2	24.6	—	30.9	285.8	166.6	245.9	—	0.08	1.4	—	4.2	—
Brakpan .. ..	22.06 <sup>3</sup>	—	—	—	0.49 <sup>3</sup>	2.91 <sup>3</sup>	—	—	—	9.63 <sup>3</sup>	16.00	—	—	—	245.00	0.003	—	—	—	0.37
Bloemfontein ..	21.14	—	—	—	31.63	6.64	—	—	—	21.03	37.18	—	—	—	206.66	0.18	—	—	—	1.66
Boksburg .. ..	25.86	—	—	—	22.24	6.61	—	—	—	15.92	30.82	—	—	—	278.78	—	—	—	—	0.55
Roodepoort-Mariaburg ..	26.54	39.60 <sup>3</sup>	42.50	38.82	39.65	5.37	13.31 <sup>3</sup>	1.25	18.82	7.73	19.51	151.51 <sup>3</sup>	29.41	212.12	151.32	0.16	1.31 <sup>3</sup>	—	4.71	0.97
East London ..	23.57	50.72	42.06	45.94	—	10.21	31.96	11.93	25.52	—	31.98	254.87	89.55	125.93	—	0.38	5.59	1.26	8.08	—
Pietermaritzburg ..	22.2	16.2	41.4	47.4	—	8.4	12.5	8.4	9.3	—	16.1	245.4	43.2	42.9	—	0.03	1.59	0.81	1.75	—
Kimberley .. ..	22.90	46.70	—	42.50	—	8.90	20.33	—	18.79	—	32.75	143.47	—	139.50	—	—	2.23	—	2.86	—
King William's Town ..	22.44	28.67	44.64	51.31	—	7.84	11.38	—	19.83	—	34.25	182.54	—	113.64	—	0.31	1.60	—	6.41	—
England and Wales (1950) <sup>1</sup> .. ..	15.9 <sup>2</sup>	—	—	—	—	11.6 <sup>2</sup>	—	—	—	—	30.0	—	—	—	—	0.36 <sup>2</sup>	—	—	—	—
County of London (1950) <sup>1</sup> .. ..	15.8 <sup>2</sup>	—	—	—	—	11.3 <sup>2</sup>	—	—	—	—	25.0	—	—	—	—	0.40 <sup>2</sup>	—	—	—	—

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

TABLE P.—Cases of Notifiable Disease reported, 1951-52.

	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 .. ..	2,028	47	132	27	1,773	103	169	3	19	182	3
Tuberculosis, other forms .. ..	285	16	16	48	286	15	83	16	39	106	—
Enteric fever .. ..	133	50	3	1	81	—	96	30	1	67	—
Diphtheria .. ..	241	171	1	—	68	1	186	117	1	70	1
Scarlet fever .. ..	210	10	1	3	202	—	71	—	—	70	—
Erysipelas .. ..	33	—	—	1	32	2	1	—	2	3	—
Cerebrospinal fever .. ..	257	202	—	2	57	—	178	129	—	49	—
Infective encephalitis .. ..	4	—	—	1	5	—	1	1	3	3	—
Acute poliomyelitis .. ..	23	14	1	4	12	—	31	11	2	21	1
Influenzal pneumonia .. ..	20	—	—	—	20	—	2	—	—	2	—
Acute primary pneumonia .. ..	300	—	—	7	305	2	11	—	8	19	—
Ophthalmia .. ..	148	—	—	—	145	3	1	—	—	1	—
Puerperal fever .. ..	26	5	—	—	20	1	8	—	—	8	—
Leprosy .. ..	1	—	—	—	1	—	—	—	—	—	—
Trachoma .. ..	1	—	—	—	1	—	—	—	—	—	—
Typhus fever* .. ..	3	1	1	—	1	—	—	—	2	2	—
Trypanosomiasis .. ..	—	—	—	—	—	—	1	—	—	1	—
Anthrax .. ..	1	—	—	—	—	—	—	—	—	—	—
Whooping cough .. ..	1,156	18	—	1	1,114	25	23	9	—	14	—
Totals .. ..	4,870	534	155	95	4,124	152	862	316	77	618	5

1. Notifications re Cape Town cases received, including Langa.  
 2. Found not to be suffering from the disease as notified.  
 3. Arrived in Cape Town from outside already suffering from the disease.  
 4. Diagnosis changed to the disease named.  
 5. Excluding Langa Native Township.  
 6. Cases admitted to City Hospital or other hospital from outside Cape Town or from ships in the port.  
 7. Including epidemic typhus, endemic typhus or murine typhus and tick-bite fever.  
 8. = 2.  
 9. = 4.  
 10. Excluding cases from ships.



TABLE Q.—Notification of Infectious Disease Classified for Race, and Month of Notification, 1951-52.

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.
1951.																														
July ..	19	148	167	2	23	25	5	7	12	5	6	11	34	6	40	4	—	4	1	7	8	—	2	—	2	1	3	—	1	1
August ..	20	138	158	—	25	25	3	8	11	3	5	8	21	6	27	4	—	4	—	8	8	—	—	—	—	—	—	—	—	—
September ..	23	143	166	1	31	32	1	—	1	1	2	3	25	3	28	1	—	1	1	3	6	—	—	—	1	1	—	—	—	—
October ..	19	129	148	—	27	27	1	1	2	2	3	5	15	1	16	2	—	2	1	5	6	1	1	—	—	—	—	—	—	—
November ..	21	138	159	1	26	27	2	2	4	2	3	5	17	—	17	1	2	3	1	4	5	—	—	—	—	—	—	—	—	—
December ..	15	90	105	—	27	27	1	2	3	4	—	6	8	4	12	2	1	3	3	3	—	—	—	2	—	—	—	1	1	1
1952.																														
January ..	23	151	174	2	29	31	3	11	14	3	2	5	10	2	12	1	1	2	—	4	4	1	1	2	—	—	—	—	—	—
February ..	24	137	161	—	22	22	5	4	9	5	1	6	10	—	10	1	—	1	—	3	—	—	—	1	—	—	—	—	—	—
March ..	26	129	155	2	20	22	4	9	13	3	3	6	12	2	14	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—
April ..	13	104	117	1	14	15	—	5	6	—	—	4	12	—	12	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—
May ..	20	127	147	—	17	17	10	12	22	3	6	9	12	1	13	—	1	2	1	5	—	—	—	—	—	—	—	—	—	—
June ..	10	106	116	—	16	16	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Year ..	223	1,540	1,773	9	277	286	23	58	81	34	34	68	176	26	202	17	15	32	6	51	57	3	2	5	10	2	12	14	6	20

Period.	Acute primary pneumonia.			Ophthalmia.			Puerperal fever.			Leprosy.			Trachoma.			Typhus 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.
1951.																											
July ..	6	31	37	2	7	9	—	3	3	—	—	—	—	—	—	—	—	19	75	94	—	—	—	96	312	408	
August ..	10	39	49	3	8	11	—	—	—	—	—	—	—	—	—	—	—	21	61	82	—	—	—	77	302	379	
September ..	3	17	20	1	8	9	—	—	—	—	—	—	—	—	—	—	—	22	51	73	—	—	1	79	298	347	
October ..	4	25	29	4	14	18	—	4	4	—	1	—	—	—	—	—	—	31	70	101	—	—	—	80	279	359	
November ..	—	15	15	2	17	19	—	—	—	—	—	—	—	—	—	—	—	46	107	153	—	—	—	91	304	395	
December ..	—	14	14	2	15	17	1	—	1	—	—	—	—	—	—	—	—	31	55	86	—	—	—	66	214	280	
1952.																											
January ..	1	11	12	1	11	12	—	—	—	—	—	—	—	—	—	1	—	49	85	134	—	—	—	96	308	404	
February ..	1	14	15	2	16	18	—	4	4	—	—	—	—	—	—	—	—	12	59	71	—	—	—	64	257	321	
March ..	2	9	11	1	14	15	—	—	—	—	—	—	—	—	—	—	—	16	62	78	—	—	—	67	248	315	
April ..	6	18	24	—	7	7	—	1	1	—	—	—	—	—	—	—	—	3	57	60	—	—	—	38	213	251	
May ..	6	38	44	1	10	11	—	—	—	—	—	—	—	—	—	—	—	10	88	98	—	—	—	50	304	354	
June ..	5	30	35	1	8	9	—	—	—	—	—	—	—	—	—	—	—	18	66	84	—	—	—	65	246	311	
Year ..	44	291	305	20	125	145	1	19	20	—	1	1	1	1	1	1	1	278	836	1,114	1	—	1	869	3,255	4,124	

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





TABLE S.—Notification of Infectious Disease Classified for Race, and Wards, etc., 1951-52.

E.—European. O.—Non-European.

Wards of the City, etc.	Tuberculosis, respiratory system.			Tuberculosis, other forms.			Enteric fever.			Diphtheria.			Scarlet fever.			Erysipelas.			Cerebrospinal fever.			Infective encephalitis.			Acute anterior poliomyelitis.			Influenza pneumonia.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.			
1. . . . .	8	11	19	—	—	—	3	1	4	1	—	1	17	1	18	3	—	3	—	—	—	—	—	—	—	—	—	—		
2. . . . .	18	54	72	—	—	—	1	—	—	—	—	4	6	10	6	—	1	—	—	—	—	—	—	—	—	—	—			
3. . . . .	18	89	107	—	—	—	1	1	2	—	—	3	15	17	17	—	1	—	—	—	—	—	—	—	—	—	—			
4. . . . .	20	14	34	—	—	—	—	—	—	—	—	7	9	16	6	—	1	—	—	—	—	—	—	—	—	—	—			
5. . . . .	14	174	188	—	—	—	—	12	12	—	—	4	6	10	1	—	—	—	—	—	—	—	—	—	—	—	—			
6. . . . .	14	165	179	—	—	—	—	1	3	4	—	7	9	16	1	—	—	—	—	—	—	—	—	—	—	—	—			
7. . . . .	18	54	72	—	—	—	—	—	—	—	—	4	5	9	1	—	—	—	—	—	—	—	—	—	—	—	—			
8. . . . .	25	388	413	—	—	—	—	6	6	12	—	5	9	14	1	—	—	—	—	—	—	—	—	—	—	—	—			
9. . . . .	20	16	36	—	—	—	—	—	—	—	—	3	6	9	1	—	—	—	—	—	—	—	—	—	—	—	—			
10. . . . .	18	295	313	—	—	—	—	2	15	17	—	10	14	24	3	—	—	—	—	—	—	—	—	—	—	—	—			
11. . . . .	11	42	53	—	—	—	—	1	—	—	—	—	15	16	31	—	—	—	—	—	—	—	—	—	—	—	—			
12. . . . .	11	58	69	—	—	—	—	1	—	—	—	2	19	21	1	—	—	—	—	—	—	—	—	—	—	—	—			
13. . . . .	11	42	53	—	—	—	—	1	—	—	—	3	10	13	1	—	—	—	—	—	—	—	—	—	—	—	—			
14. . . . .	16	68	84	—	—	—	—	8	10	18	—	4	21	25	1	—	—	—	—	—	—	—	—	—	—	—	—			
15. . . . .	10	147	157	—	—	—	—	2	9	11	—	3	9	12	3	—	—	—	—	—	—	—	—	—	—	—	—			
Not allocated	1	4	5	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Totals, local cases . .	233	1,540	1,773	9	277	286	23	58	81	34	34	68	176	26	202	17	15	32	6	51	57	3	2	5	10	2	12	14	6	29
Imported cases : Developed outside Muni- cipal area . . . . .	17	109	126	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Introduced from overseas Direct remissions (cases re- moved to hospitals in Municipal area) . . . . .	71	111	182	18	88	106	19	48	67	44	26	70	65	5	70	3	—	3	15	34	49	1	2	3	12	9	21	21	—	—
From outside Municipal area . . . . .	3	—	3	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
From ships in Harbour . .	91	220	311	18	104	122	21	49	70	44	27	71	67	5	72	3	—	3	15	34	49	1	2	3	14	9	23	23	—	—
Totals, imported cases . .																														

Wards of the City, etc.	Acute primary pneumonia.			Ophthalmia.			Puerperal fever.			Leprosy.			Trachoma.			Typhus fever.*			Typhosomiasis.			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.			
1. . . . .	2	6	8	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	7	16	43	13	56			
2. . . . .	3	27	30	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	20	30	40	80	120				
3. . . . .	1	5	6	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	9	11	20	34	175	209				
4. . . . .	3	17	20	1	15	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	120	92	212	50	33	83				
5. . . . .	3	32	35	1	6	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13	92	105	47	443	490				
6. . . . .	1	19	20	1	14	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13	92	105	37	338	375				
7. . . . .	6	25	31	2	28	30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	36	43	79	93	150	243				
8. . . . .	13	38	51	3	32	35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	37	140	177	1	131	132				
9. . . . .	1	3	4	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	26	3	29	74	29	103				
10. . . . .	1	27	28	2	24	26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	200	218	418	50	655	705				
11. . . . .	1	11	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18	17	35	47	46	93				
12. . . . .	1	18	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16	16	32	56	88	144				
13. . . . .	2	50	52	1	47	48	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29	16	45	38	159	197				
14. . . . .	3	20	23	5	17	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	37	37	74	53	156	209				
15. . . . .	1	18	19	1	17	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	32	43	75	34	269	303				
Not allocated	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
Total local cases . .	44	201	305	20	125	145	1	19	20	—	1	1	1	1	1	—	—	—	—	—	—	836	1,114	1	869	3,255	4,124			
Imported cases:																														
Developed outside Muni- cipal area . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
Introduced from overseas																														
Direct remissions (cases re- moved to hospitals in Municipal area) . . . .	7	12	19	—	1	1	2	6	8	—	—	—	—	—	—	—	—	—	—	—	7	7	14	—	22	149				
From outside Municipal area . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
From ships in harbour . .	7	12	19	—	1	1	2	6	8	—	—	—	—	—	—	—	—	—	—	—	7	7	14	—	209	349				
Totals, imported cases . .	7	12	19	—	1	1	2	6	8	—	—	—	—	—	—	—	—	—	—	—	7	7	14	—	296	476				

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



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

Disease.	Race.	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
		1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Scarlatina or Scarlet fever .. ..	Eur. ..	229	596	458	113	81	124	216	267	154	154	143	321	249	152	188	233	209	176
	Non-E. ..	14	34	28	13	8	11	18	10	7	8	17	41	20	25	25	29	48	26
Diphtheria or membranous croup..	Eur. ..	238	189	223	344	537	286	204	195	160	175	89	91	51	64	33	60	41	34
	Non-E. ..	136	122	119	253	233	130	89	138	135	110	89	84	56	73	60	62	60	34
Enteric or Typhoid fever .. ..	Eur. ..	33	30	34	58	14	35	11	36	90	17	20	22	24	35	14	15	10	23
	Non-E. ..	49	43	96	41	37	34	26	73	68	57	77	85	144	67	42	31	35	58
Erysipelas .. ..	Eur. ..	44	51	43	33	30	29	37	38	27	28	38	28	17	18	13	10	17	17
	Non-E. ..	50	42	31	28	36	39	41	41	46	33	41	37	26	16	16	13	11	15
Puerperal fever ..	Eur. ..	24	22	13	19	22	18	33	15	16	16	14	14	11	15	7	9	2	1
	Non-E. ..	67	74	51	51	62	61	61	50	60	70	52	57	71	65	42	27	23	19
Ophthalmia ..	Eur. ..	38	39	42	24	35	29	28	36	18	22	29	30	24	21	15	13	14	20
	Non-E. ..	259	227	215	213	181	212	164	182	170	215	235	227	268	193	238	201	160	125
Cerebrospinal fever	Eur. ..	5	1	7	3	5	2	23	19	23	39	25	16	15	5	13	10	16	6
	Non-E. ..	20	9	11	15	33	24	45	47	80	222	80	58	31	33	49	39	55	51
Acute poliomyelitis	Eur. ..	11	1	7	4	2	5	5	4	2	5	46	10	4	13	8	7	12	10
	Non-E. ..	14	3	2	2	9	11	4	3	—	1	18	4	3	13	11	9	8	2
Infective encephalitis	Eur. ..	8	4	1	4	—	2	1	3	6	—	—	1	—	—	1	2	—	3
	Non-E. ..	3	3	3	4	2	3	5	1	3	2	1	—	5	—	1	2	2	2
Leprosy .. ..	Eur. ..	1	—	—	1	—	—	—	1	2	—	—	—	—	—	—	—	1	—
	Non-E. ..	1	1	3	2	1	1	3	4	5	2	—	1	—	1	2	3	2	1
Typhus fever <sup>(1)</sup> ..	Eur. ..	—	2	4	1	6	4	4	6	2	7	10	2	8	2	6	5	1	—
	Non-E. ..	—	—	—	—	1	—	1	2	—	—	1	2	5	2	2	—	1	1
Smallpox .. ..	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	1	—	—	—	5	—	—	—	—	—	—	—
Whooping cough <sup>(2)</sup>	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29	138	278
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	148	727	836
Influenzal pneumonia	Eur. ..	45	56	29	37	17	23	23	10	13	18	2	8	5	9	5	9	8	14
	Non-E. ..	82	64	41	74	30	30	40	15	27	60	26	18	24	16	12	16	8	6
Acute primary pneumonia	Eur. ..	138	148	103	96	103	100	106	80	76	100	74	47	68	58	36	43	36	44
	Non-E. ..	566	465	376	466	420	433	385	319	321	338	353	326	395	402	334	351	285	261
Cholera .. ..	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Plague .. ..	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anthrax .. ..	Eur. ..	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1
	Non-E. ..	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	1	—
Glanders .. ..	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rabies .. ..	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malta fever ..	Eur. ..	1	—	—	—	—	1	—	2	1	—	—	—	—	—	—	1	—	—
	Non-E. ..	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
Yellow fever ..	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Human trypanosomiasis	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Trachoma .. ..	Eur. ..	2	1	2	1	6	5	—	—	—	—	1	—	2	1	1	—	—	—
	Non-E. ..	14	5	7	1	2	10	3	1	2	—	8	9	3	2	3	2	1	1
Lead poisoning ..	Eur. ..	1	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—
Tuberculosis, respiratory system ..	Eur. ..	161	164	149	186	183	158	157	182	191	223	202	241	251	252	239	277	223	233
	Non-E. ..	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	1,540
Other forms of tuberculosis	Eur. ..	20	21	16	29	17	28	30	33	35	34	29	26	28	27	33	27	21	9
	Non-E. ..	163	151	137	188	162	181	224	229	283	293	295	292	237	266	256	253	283	277

All figures corrected for imported cases and misdiagnosis.

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

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



TABLE U.—Vital Statistics for the Langa Native Township, 1951-52.

Average population for the 12 months July, 1951, to June, 1952.															NATIVES.																				
European.					Natives.					Births.					Still- births.		Birth- rate (per 1,000 per- sons).		Illegitimate births, 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).				
Adults.		To- tal.		Adults.		Child- ren.		Grand Total.		Legiti- mate.		Illegiti- mate.		Total.		Total.		Total.		M.		F.		M.		F.		M.		F.		M.		F.	
22	21	43	7,118	1,445	2,250	10,823	10,866			62	72	37	36	207*	10	18.67*	35.26*	60	41	9.11	10	12	106.28*	20	15									3.16	

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

## PRINCIPAL CAUSES OF DEATH

	Male.	Female.	Total.
Tuberculosis (all forms)	20	15	35
Bronchitis and pneumonia	7	5	12
Diarrhoea and enteritis	5	5	10
Premature birth	1	3	4

Deaths in Langa Hospital, 36 (Natives: 24 males, 12 females).

## NOTIFICATION OF INFECTIOUS DISEASE.

Tuberculosis respiratory system.		Tuberculosis (other forms).		Diphtheria.		Erysipelas.		Acute primary pneumonia.		Puerperal fever.		Ophthalmia Neonatorum.		Whooping cough.		Total.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
83	20	11	4	1	—	1	1	1	1	1	1	2	1	10	15	109	43

TABLE V.—Vital Statistics for the Added Area of Windermere, 1951-52.

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, all persons.		Death rate for Tuber- culosis, all forms (per 1,000 persons.)						
		Legiti- mate.		Illegiti- mate.		Total.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.		Eur.								
		Non- Eur.	Total.															Non- Eur.		Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.
350	10,820	23	484	1	291	24	775	—	39	4·16	37·54	6·89	72·02	12	486	3·45	45·16	5	189	208·33	243·87	2	95	0·57	8·83

### PRINCIPAL CAUSES OF DEATH.

	European.	Non-European.	Total.
Diarrhoea and enteritis	2	158	160
Tuberculosis (all forms)	2	95	97
Bronchitis and pneumonia (all forms)	—	48	48
Congenital malformation and diseases of early infancy	3	27	30
Cardiac diseases	3	23	26
Violent or accidental deaths	2	18	20
Intracranial lesions of vascular origin	—	16	16
Syphilis	—	10	10

## NOTIFICATION OF INFECTIOUS DISEASE.

Tuberculosis Respiratory system.	Tuberculosis (other forms).		Enteric fever.		Diphtheria.		Scarlet fever.		Whooping cough.		Cerebro- spinal fever.		Acute primary pneumonia.		Ophthalmia neonatorum.		Puerperal 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.	
1	182	—	34	—	4	—	3	1	3	—	61	—	4	1	13	—	24	—	1	—	1	5	328



TABLE W.—Barometrical Readings, 1951-52.

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

Month.	Mean.	Average for forty-five years, 1st July, 1906, to 30th June, 1951.	Highest.	Date.	Lowest.	Date.	Highest and date for forty-five years, 1st July, 1906, to 30th June, 1951.	Lowest and date for forty-five years, 1st July, 1906, to 30th June, 1951.
1951.								
July ..	30.215	30.245	30.398	26th	29.775	24th	30.737 14th, 1934	28.924 13th, 1917
August ..	30.158	30.266	30.445	5th	29.728	29th	30.084 26th, 1921	29.745 3rd, 1949
September ..	30.127	30.258	30.374	23rd	29.877	30th	30.091 8th, 1924	29.573 3rd, 1946
October ..	30.025	30.196	30.223	11th	29.821	26th	30.563 5th, 1912	29.727 6th, 1928
November ..	29.983	30.153	30.291	18th	29.690	26th	30.841 24th, 1913	29.714 13th, 1946
December ..	30.026	30.087	30.342	2nd	29.820	16th	30.569 13th, 1921	29.727 22nd, 1947 & 6th, 1950
1952.								
January ..	29.973	30.064	30.054	27th	29.826	29th	30.500 30th, 1919	29.726 5th, 1950
February ..	29.890	30.073	30.017	1st	29.692	15th	30.945 9th, 1923	29.757 23rd, 1950
March ..	29.862	30.129	30.143	13th	29.822	1st	30.608 11th, 1921	29.002 15th, 1921
April ..	30.037	30.223	30.234	24th	29.729	30th	30.514 7th, 1940	29.098 3rd, 1916
May ..	30.089	30.208	30.328	6th	29.649	5th	30.641 3rd, 1927	29.078 19th, 1916
June ..	30.263	30.265	30.406	22nd	29.893	21st	30.663 22nd, 1915	28.089 11th, 1906
Year ..	30.054	30.180	30.445	5/8/1951	29.649	5/5/1952	30.984 26/8/1921	29.924 13/7/1917

TABLE X.—Temperature of Air in the Shade, 1951-52.

Month.	Mean at 8 a.m. °F	Average for 45 years, 1st July, 1906, to 30th June, 1951. °F	Maximum Thermometer.			Highest and date for 45 years, 1st July, 1906, to 30th June, 1951. °F	Minimum Thermometer.				Lowest and date for 45 years, 1st July, 1906, to 30th June, 1951. °F
			Mean °F	Average for 45 years, 1st July, 1906, to 30th June, 1951. °F	Highest. °F	Date.	Mean °F	Average for 45 years, 1st July, 1906, to 30th June, 1951. °F	Lowest. °F	Date.	
1951											
July ..	52.96	51.308	61.95	61.834	70.8	18th	49.52	46.445	39.2	26th	29.0 15th, 1907
August ..	54.43	53.001	69.07	64.402	83.0	26th	50.15	47.683	41.8	3rd	35.5 25th, 1926
September ..	54.85	55.427	64.42	66.186	77.0	5th	50.25	47.694	44.2	1st	39.8 4th, 1921
October ..	59.27	57.903	67.37	70.601	81.2	20th	53.16	50.285	48.0	11th	42.0 11th, 1943
November ..	62.21	62.972	72.13	74.426	90.0	13th	55.90	55.587	51.0	7th	44.0 15th, 1924
December ..	66.24	65.465	76.25	75.028	95.4	15th	58.74	60.375	53.0	22nd	45.1 30th, 1931
1952											
January ..	66.79	66.339	79.17	80.140	93.0	10th	60.42	59.325	52.0	1st	42.2 7th, 1918
February ..	66.97	65.447	84.04	80.601	96.0	14th	63.30	59.416	56.8	6th	45.6 28th, 1928
March ..	62.52	63.286	78.70	78.604	88.0	10th	75.00	58.281	54.0	27th	46.8 25th, 1916 30th, 1928
April ..	60.86	59.034	72.76	72.859	91.0	20th	56.24	56.639	52.0	26th	40.8 28th, 1928
May ..	55.58	55.551	65.94	67.894	78.0	8th	50.98	53.792	46.0	7th	40.3 19th, 1923
June ..	54.00	53.090	61.92	62.566	82.0	4th	50.36	49.026	43.0	23rd	36.2 4th, 1928
Year ..	59.75	57.073	71.14	71.261	96.0	14/2/1952	56.16	53.712	39.2	26/7/1951	29.0 15/7/1907



TABLE Y.—Rainfall and Humidity, 1951-52.

Month.	RAINFALL.							HUMIDITY.	
	Amount in inches.	Average for 45 years, 1st July, 1906 to 30th June, 1951.	No. of rainy days.	Average rainy days for 45 years, 1st July, 1906 to 30th June, 1951.	Greatest fall in one day.		Greatest fall in one day for 45 years, 1st July, 1906 to 30th June, 1951.	Mean Saturation 100.	Average for 45 years, 1st July, 1906, to 30th June, 1951.
					Amount in inches.	Date.			
1951									
July ..	3.29	3.53	12	14.11	1.13	23rd	2.67	81.00	83.65
August ..	1.21	2.60	10	13.15	0.44	16th	1.90	77.00	82.98
September ..	2.17	2.07	13	10.93	0.46	30th	1.45	76.26	79.62
October ..	1.59	1.28	9	8.26	0.55	8th	1.55	71.93	73.06
November ..	1.62	0.94	9	8.82	0.56	24th	2.35	73.86	70.06
December ..	—	0.73	—	5.44	—	—	1.61	76.19	66.61
1952									
January ..	0.24	0.61	2	3.80	0.15	20th	1.50	70.76	68.86
February ..	0.19	0.49	1	3.83	0.19	20th	1.12	68.51	73.55
March ..	0.86	0.71	7	5.44	0.50	22nd	1.08	78.12	75.15
April ..	1.22	1.82	4	9.26	0.40	16th	1.62	79.72	82.07
May ..	2.38	2.93	7	11.91	0.74	9th	2.76	82.06	83.33
June ..	2.54	3.59	6	13.08	1.38	20th	2.65	79.30	83.14
Year ..	17.31	21.30	80	108.03	1.38	20/6/1952	2.76	76.22	76.84

TABLE Z.—Earth Temperature, 1951-52.

Month.	Range at one foot. °F	Range at one foot, 45 years, 1st July, 1906, to 30th June, 1951. °F	Range at two feet. °F	Range at two feet, 45 years, 1st July, 1906, to 30th June, 1951. °F	Range at four feet. °F	Range at four feet, 45 years, 1st July, 1906, to 30th June, 1951. °F
<b>1951</b>						
July ..	54.0 to 59.8	49.2 to 64.0	57.0 to 61.0	54.0 to 62.0	61.0 to 63.2	53.0 to 65.0
August ..	56.0 to 62.2	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 ..	59.0 to 62.0	50.9 to 67.9	61.0 to 63.0	55.0 to 67.0	62.0 to 63.0	57.0 to 65.5
October ..	61.0 to 69.0	57.1 to 75.9	63.0 to 68.0	68.0 to 72.8	63.0 to 67.0	56.8 to 73.8
November ..	68.0 to 73.8	59.3 to 83.0	69.0 to 73.0	60.5 to 79.4	67.0 to 71.2	60.8 to 76.2
December ..	72.0 to 79.0	63.0 to 83.8	72.0 to 78.0	60.5 to 80.5	70.0 to 75.0	63.8 to 81.4
<b>1952</b>						
January ..	77.0 to 80.2	66.7 to 84.2	77.8 to 79.8	66.8 to 80.6	75.6 to 77.0	66.2 to 82.5
February ..	78.0 to 80.4	66.9 to 86.9	78.4 to 80.0	68.9 to 82.9	77.0 to 78.4	68.0 to 81.4
March ..	69.0 to 79.4	63.7 to 82.0	73.0 to 79.0	65.2 to 80.7	73.8 to 78.0	67.9 to 80.2
April ..	67.0 to 72.2	58.9 to 76.6	70.0 to 73.6	63.0 to 76.4	71.6 to 74.0	62.2 to 77.0
May ..	60.0 to 67.0	53.0 to 74.4	63.0 to 70.0	58.0 to 74.6	66.0 to 71.4	61.0 to 74.0
June ..	56.0 to 62.0	49.8 to 64.1	59.0 to 63.0	56.0 to 66.0	62.6 to 66.4	59.1 to 68.0
<b>Year</b> ..	54.0 to 80.4	49.2 to 86.9	57.0 to 80.0	53.8 to 82.9	60.6 to 78.4	53.0 to 82.5









