

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, 1953.



CAPE TIMES LIMITED, PAROW—55529

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CITY OF CAPE TOWN.

ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH.

PRELIMINARY (PROVISIONAL) RETURN FOR THE YEAR
ENDED 30TH JUNE, 1954.

VITAL STATISTICS.

	1953-54.					
	European	Coloured	Native	Asiatic	Non-European	All Races
Total population ø	189853	233760	45818	7170	286748	476601
Population excluding Langa Native Township.....	189810	233760	33790	7170	274720	464530
Total live births.	3450	8872	1126	375	10373	13833*
Birth rate (per 1,000 population)	18.23	38.06	33.42	52.44	37.86	29.86
Total deaths.....	1773	2762	533	61	3356	5139*
Death rate (per 1,000 population)	9.37	11.85	15.82	8.53	12.25	11.09
Deaths of infants under 1 year of age.....	105	783	237	23	1043	1158*
Infant mortality rate (per 1,000 live births ...)	30.43	88.26	210.48	61.33	100.55	83.71
Maternal mortality rate (per 1,000 live births)...	1.16	1.92	1.78	-	1.83	1.66
Tuberculosis death rate (per 1,000 population)...	0.24	1.78	2.05	0.28	1.77	1.15
Enteric fever death rate (per 1,000 population)	-	0.01	-	-	0.01	0.004

ø 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.

* Including ten of unknown race.

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

CITY OF CAIRO, EGYPT

ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH TOWNSHIP (PROVINCIAL) RETURN FOR THE YEAR ENDING 31st DEC. 1922 VITAL STATISTICS

	1922-23				
	European	Coloured	Native	Asiatic	European
Total population	18083	23700	43818	7770	206718
Population exclusive of large Native Township	18083	23700	33700	7770	206730
Total live births	3450	8925	1720	372	10373
Birth rate (per 1,000 population)	18.23	38.08	15.42	22.44	37.86
Total deaths	1773	2782	203	61	3356
Death rate (per 1,000 population)	9.37	11.82	27.86	6.73	12.22
Deaths of infants under 1 year of age	107	788	237	23	1043
Infant mortality rate (per 1,000 live births)	30.43	88.26	210.48	61.33	100.22
Infant mortality rate (per 1,000 live births)	1.16	1.22	1.78	+	1.63
Tuberculous death rate (per 1,000 population)	0.24	1.78	2.02	0.28	1.27
Infant fever death rate (per 1,000 population)	-	0.01	-	-	0.01

* Estimated as at 31st December (the middle of the year) based on the final figures of the 1921 census, exclusive of the large Native Township.

* Including ten of unknown race.

The figures of infant, diphtheria and tuberculous deaths and a corrected death rate, do not include deaths in the large Native Township. The rates are calculated on the population of the Township exclusive of the large Native Township. The figures are corrected for infant mortality only.

VITAL STATISTICS (CONTINUED)

- 2 -

CAUSE OF DEATH	Eur.	Col.	Native	Asiatic	Non- Eur.	All Rcs.
Tuberculosis of respiratory system	38	315	58	1	374	412
Tuberculosis, other forms	8	99	11	1	111	119
Syphilis and its sequelae	3	21	3	-	24	27
Typhoid fever	-	2	-	-	2	2
Dysentery, all forms	-	7	4	-	11	11
Scarlet fever	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-
Whooping cough	-	5	4	-	9	9
Meningococcal infections	1	3	1	-	4	5
Acute poliomyelitis	5	-	-	-	-	5
Measles	-	15	-	1	16	16
Typhus and other rickettsial diseases	-	-	-	-	-	-
Malaria	-	-	-	-	-	-
All other diseases classified as infective and parasitic	2	20	-	-	20	22
Malignant neoplasms, including neo- plasms of lymphatic and haematopoietic tissues.	307	201	13	3	217	524
Benign and unspecified neoplasms	11	15	-	-	15	26
Diabetes mellitis	41	27	1	-	28	69
Anaemias	2	2	-	1	3	5
Vascular lesions affecting central nervous system	201	182	9	4	195	396
Nonmeningococcal meningitis	2	14	3	-	17	19
Rheumatic fever	2	11	-	-	11	13
Chronic rheumatic heart disease	15	40	4	-	44	59
Arteriosclerotic and degenerative heart disease	475	224	10	12	246	721
Other diseases of heart	25	27	3	1	31	56
Hypertension with heart disease	12	31	2	1	34	46
Hypertension without mention of heart	60	74	2	3	79	139
Diseases of the arteries	65	48	2	-	50	115
Influenza	-	5	2	-	7	7
Pneumonia (including pneumonia of the new born)	69	188	49	6	243	312
Bronchitis	16	22	4	-	26	42
Ulcer of stomach and duodenum	7	4	-	2	6	13
Appendicitis	-	1	-	-	1	1
Intestinal obstruction and hernia	12	13	2	-	15	27
Gastro-enteritis and colitis (including diarrhoea of the new born)	10	444	171	8	623	633
Cirrhosis of the liver	14	9	2	-	11	25
Nephritis and nephrosis	30	38	7	-	45	75
Hyperplasia of prostate	7	1	-	-	1	8
Complications of pregnancy, childbirth and the puerperium	4	18	1	-	19	23
Congenital malformations	21	31	6	3	40	61
Birth injuries, post-natal asphyxia and atelectasis	20	80	15	1	96	116
Other diseases peculiar to early infancy and immaturity unqualified	36	139	26	7	172	208
Senility and ill-defined diseases	85	169	37	2	208	293
Motor vehicle accidents	22	37	17	1	55	77
All other accidents	34	40	19	-	59	93
Suicide and self-inflicted injury	17	6	-	-	6	23
Homicide	5	24	25	1	50	55
All other causes	89	110	20	2	132	221
TOTAL	1773	2762	533	61	3356	5139*

* Including ten of unknown race.

It should be noted that the above classifications are based on the sixth decennial revision of the International List of Causes of Death, which has been used by this department in the year 1953-54 for the first time.

VITAL STATISTICS (CONTINUED).

-3-

DEATHS OF INFANTS UNDER ONE YEAR OF AGE.

DISEASE:	1953-54.					
	Eur.	Col.	Native.	Asiatic.	Non-Eur.	All Res.
I. Tuberculous Diseases	1	37	7	1	45	46
II. Common Infectious Diseases	-	5	3	-	8	8
III. Bronchitis and Pneumonia	17	104	34	3	141	158
IV. Diarrhoea and Enteritis	6	292	131	8	431	437
V. Developmental and Wasting Disease	55	187	37	9	233	288
VI. Miscellaneous Diseases(remainder)	26	158	25	2	185	211
Tuberculosis, Meningeal	-	14	1	1	16	16
Tuberculosis, abdominal	-	-	-	-	-	-
Tuberculosis, other forms	1	23	6	-	29	30
Syphilis, congenital	-	2	1	-	3	3
Diphtheria	-	-	-	-	-	-
Whooping Cough	-	3	3	-	6	6
Measles	-	2	-	-	2	2
Scarlet fever	-	-	-	-	-	-
Rickets	-	1	-	-	1	1
Simple meningitis	1	11	1	-	12	13
Bronchitis	1	12	3	-	15	16
Pneumonia (all forms)	16	92	31	3	126	142
Diarrhoea and enteritis	6	292	131	8	431	437
Congenital malformations	16	24	4	2	30	46
Injury at birth	17	55	8	1	64	81
Immaturity	31	108	18	6	132	163
Other diseases peculiar to early infancy	8	55	15	1	71	79
Accidental mechanical suffocation	-	1	-	-	1	1
Lack of care	-	-	-	-	-	-
Other and ill-defined or unknown causes	8	88	15	1	104	112
TOTAL	105	783	237	23	1043	1158*

* Including ten of unknown race.

DEATHS BY INFANTS UNDER ONE YEAR OF AGE

DISEASE	1957-58				
	Non-All Res.	Non-All Res.	Native Res.	Col. Res.	Other Res.
I. Tuberculosis Diseases	1	32	7	1	45
II. Common Infectious Diseases	-	2	3	-	8
III. Bronchitis and Pneumonia	17	104	34	3	158
IV. Diarrhoea and Enteritis	6	222	131	8	437
V. Developmental and Wasting Diseases	22	187	37	9	288
VI. Miscellaneous Diseases (remainder)	26	128	27	2	211
Tuberculosis, Meningeal	-	10	1	1	16
Tuberculosis, abdominal	-	2	-	-	-
Tuberculosis, other forms	1	20	6	-	30
Typhoid, congenital	-	-	1	-	3
Dysentery	-	-	-	-	-
Whooping cough	-	-	3	-	6
Measles	-	-	-	-	-
Scarlet fever	-	-	-	-	-
Rickets	-	-	-	-	-
Staphylococcal	1	11	1	-	13
Bronchitis	1	12	2	-	15
Pneumonia (all forms)	15	62	21	3	101
Diarrhoea and enteritis	6	222	131	8	437
Conjunctival infections	10	20	4	2	46
Injury at birth	19	22	8	1	50
Lowbirth	21	102	18	6	147
Other diseases peculiar to early infancy	8	22	13	1	44
Accidental mechanical suffocation	-	-	-	-	-
Lack of care	-	-	-	-	-
Other and ill-defined or unknown causes	8	88	12	1	109
TOTAL	102	707	237	23	1049

* Including ten of unknown cause.

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

Disease	European	Coloured	Native	Asiatic	Non-Eur.	All Races.
Tuberculosis, pulmonary.....	239	1174	350	13	1537	1776
Tuberculosis, other forms....	19	230	34	6	270	289
Diphtheria.....	28	35	5	-	40	68
Scarlet fever.....	176	26	-	-	26	202
Puerperal fever.....	1	10	-	-	10	11
Erysipelas.....	4	4	-	-	4	8
Enteric fever	13	76	12	-	88	101
Cerebrospinal fever	11	43	6	-	49	60
Acute poliomyelitis.....	41	23	2	-	25	66
Infective encephalitis.....	2	2	-	-	2	4
Typhus fever *	-	-	-	-	-	-
Malta fever	-	2	-	-	2	2
Anthrax	-	-	-	-	-	-
Lead poisoning	-	-	-	-	-	-
Leprosy.....	-	-	3	-	3	3
Ophthalmia neonatorum.....	13	147	32	-	179	192
Gonorrhoeal ophthalmia.....	-	-	-	-	-	-
Whooping cough	125	244	24	1	269	394
Trachoma	-	1	-	-	1	1
TOTAL	672	2017	468	20	2505	3177

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

Note:- During the year 1953-54 the declaration of acute primary pneumonia and influenzal pneumonia, as notifiable diseases in the Municipality of Cape Town, was rescinded.

Infectious Diseases Reported

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

Disease	European Colonies	Native	Asiatic Eur.	Non-Asiatic Eur.	All Races
Tuberculosis, pulmonary.....	239	177	320	13	1770
Tuberculosis, other forms....	12	230	34	6	599
Mphthia.....	28	32	2	-	68
Scarlet fever.....	176	26	-	-	202
Pharyngeal fever.....	1	10	-	-	11
Erysipelas.....	4	4	-	-	8
Enteric fever.....	13	76	12	-	101
Cerebrospinal fever.....	11	43	6	-	60
Acute poliomyelitis.....	41	23	2	-	66
Infective endophthalmitis.....	2	2	-	-	4
Typhus fever.....	-	-	-	-	-
Malaria fever.....	-	2	-	-	2
Anthrax.....	-	-	-	-	-
Dead poisoning.....	-	-	-	-	-
Dysentery.....	-	-	3	-	3
Ophthalmia neonatorum.....	13	147	30	-	192
Gonorrheal ophthalmia.....	-	-	-	-	-
Whooping cough.....	127	240	24	1	394
Trachoma.....	-	1	-	-	1
TOTAL	675	5212	443	20	2502

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

Notes: During the year 1925-26 the designation of acute primary pneumonia and influenza pneumonia, as notifiable diseases in the Municipality of Hong Kong, was abolished.

The Corporation
OF
The City of Cape Town



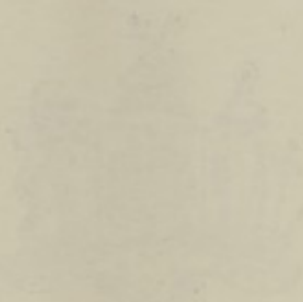
ANNUAL REPORT
OF THE
Medical Officer of Health

For the year ended 30th June, 1953.



The Corporation

The City of Cape Town



ANNUAL REPORT

Medical Officer of Health

For the year ended 31st Dec. 1953

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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, 1953.

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, 1953, together with an account of the work of the City Health Department during the year.

Vital Statistics.

Since the publication of the last annual report the final figures of the 1951 census have been received from the Director of Census and Statistics, Pretoria. The vital statistical rates for the year under review and for each year since 1946-47 have been corrected in the light of these figures. The particulars of the census so far as the Municipality of Cape Town is concerned are shown in the report on page 11. The most interesting sidelight on these figures is the preponderance of females in both European and Coloured racial groups of the community.

In the year 1952-53 the City of Cape Town with an estimated population of 450,850 (188,610 European and 262,240 non-European), excluding Langa Native Township, calculated from the 1951 census, had a general death rate of 11.54 for all races, 9.33 for Europeans and 13.12 for non-Europeans. The death rate for non-Europeans and for all races are the most satisfactory that have been recorded and have attained a new low record, while the European death rate is the lowest recorded for the last twenty years. In comparison with the death rates for the corresponding period of last year these rates show decreases of 10.0 per cent for all races, 5.6 per cent for Europeans and 12.5 per cent for non-Europeans. As compared with the average of the annual figures for the preceding five-year period the general death rate for all races has fallen by 9.9 per cent (2.9 per cent Europeans and 14.1 per cent non-Europeans) and the death rate from tuberculosis (all forms) by 37.7 per cent, from bronchitis and pneumonia by 23.0 per cent and from cardio-vascular diseases by 7.2 per cent. Deaths from diarrhoea and enteritis for the period under review numbered 655 (13 European and 642 non-European). The death rate was 1.42 per 1,000 population; compared with the preceding quinquennium it showed an increase of 8.4 per cent. The mortality from this disease particularly amongst non-Europeans is now assuming the status of a major cause of death. For the first time on record, this disease, with 642 deaths, heads the list of the ten principal causes of death in non-Europeans, while tuberculosis (all forms) with 551 deaths, occupies second place. In the previous annual report, reference was made to the bad social factors including housing operative amongst the non-European group of the population, which may be considered as the chief cause of the high incidence of these two diseases.

It is very gratifying to report that the infant mortality rates of 81.32 for all races, 21.29 for Europeans and 101.35 for non-Europeans in the year 1952-53 are lower than ever before. The lowest previous rate for Europeans was in 1950-51 when it was 23.91 and for non-Europeans in 1949-50 when it was 101.47 and for all races in 1949-50 when it was 83.0. Despite the improvement in the non-European infant mortality rate the position in regard to the mortality from diarrhoea and enteritis of infants under one year of age remains most unsatisfactory. In the period under review 440 deaths of non-European infants were certified as being due to this disease, as against 417 in 1951-52 and 381 in 1950-51. This is equivalent to an infant mortality rate of 41.87 per 1,000 live births. The highest incidence occurred amongst the non-European population living in the district of Windermere and on the Cape Flats. Prematurity as a cause of death in the non-European infant groups was also particularly high. 207 such deaths were registered in 1952-53 and the corresponding infant mortality rate was 19.70. Amongst Europeans 30 deaths of infants due to prematurity are recorded, which is the highest single cause of death in this group.

In the year under review 3,522 European and 10,508 non-European births were registered as belonging to the Municipality of Cape Town in comparison with 3,405 European and 10,192 non-European births recorded in the previous year. The European birth rate of 18.37 approximates closely the rate for the previous year, while the non-European birth rate of 39.42 decreased by 3.7 per cent and is again the lowest birth rate recorded in the city for this group of the population. Amongst the different races of the non-European population of the City of Cape Town more Native births were registered in the year 1952-53 than previously. This may be due to the compulsory registration of Native births in the Union of South Africa which came into effect as from the 1st July, 1952, in accordance with Notice No. 131, published in the *Government Gazette*, dated 20th June, 1952 (No. 4865). For the period under review there were 1,135 Native births registered as against 1,009 during last year and the corresponding birth rate was 35.19 and 34.06 respectively.

The percentage of illegitimate births amongst non-Europeans has remained consistently high throughout the last forty years (since Unification, 1913-14). In the year 1952-53, 2,583 illegitimate births were registered compared with 2,589 in 1951-52 and 2,465 in 1950-51. The percentage of illegitimate to total live births was 24.6 and is 1.0 per cent higher than the average for the last ten years. This high rate has also materially affected the infant mortality rate per 1,000 live births in respect of illegitimate infants, in that the mortality rate of 138.6 for the year under review was 1.6 times as great as the rate of 84.7 for legitimate infants.

Infectious Diseases.

Except for a slight increase in the number of cases of diphtheria, scarlet fever and acute poliomyelitis in the year 1952-53, the incidence of infectious diseases in the Municipality of Cape Town was comparatively low. For the period under review 80 cases (33 European and 47 non-European) of diphtheria were notified, 236 cases (212 European and 24 non-European) of scarlet fever and 27 cases (14 European and 13 non-European) of poliomyelitis compared with 68, 202 and 12 respectively during the previous year. The incidence of whooping cough in the present period was appreciably lower than for the previous period, there being 762 cases (244 European and 418 non-European) notified in comparison with 1,114 cases (278 European and 836 non-European) in 1951-52, a decrease of 31.6 per cent. Enteric fever was less prevalent than last year, but in conformity with previous experience the majority of cases occurred in the non-European group. 74 Cape Town cases (13 European and 61 non-European) of enteric fever were notified as against 81 cases (23 European and 58 non-European) in the preceding year. There were no cases directly attributable to milk-borne infection.

Tuberculosis.

It is again very gratifying to report that there has been a further reduction in the number of deaths from tuberculosis (all forms) in the Municipality of Cape Town, during the year under review, particularly amongst non-Europeans. The number of deaths from this disease and the corresponding mortality rate for the year 1952-53 are the lowest recorded for the city. Deaths from tuberculosis (all forms) numbered 591 (40 European and 551 non-European) compared with 788 in 1951-52 and 914 in 1950-51. Most of the deaths occurred in the age-groups 0-15 years (191) and 25-45 years (195). The mortality rate for all races was 1.29 per 1,000 population (0.21 European and 2.07 non-European) which is 28.7 per cent lower than the rate of 1.81 for the year 1951-52, and 67.0 per cent lower than the highest tuberculosis death rate of 3.91 recorded ten years ago. There were 2,216 new notifications of tuberculosis (1,931 pulmonary and 285 non-pulmonary) in the Municipality of Cape Town during the year 1952-53, which is the highest total since the year 1944, and represents an increase of 157 cases, or 7.6 per cent over last year's total of 2,059 notified cases. The corresponding incidence rate per 1,000 population was 4.91 (4.28 pulmonary and 0.63 non-pulmonary) and is 1.2 per cent greater than the average for the last five years. These figures represent the effects of bad social conditions, including housing, which affect the lower income groups of the population; the effect of the antibiotics in prolonging the life of the open advanced case who is thus afforded greater opportunities of disseminating the disease; the increasing use made of Mass X-rays for earlier diagnosis; better notification; and the shortage of beds for the non-European sufferers.

Housing.

The provision of only forty new dwellings during the year in question is making no contribution to the dire position that so many of the lower income groups find themselves faced with to-day. The dwellings in question have been erected Departmentally by the City Engineer, are experimental and conform to the requirements laid down by the National Housing and Planning Commission. The experience gained by their erection will result, it is hoped, in a concerted effort to erect many more of a similar type in an effort to overhaul the housing backlog which exists in this Municipality and which is playing such an important part in the continuance of ill-health and the persistence of those social diseases such as gastro-enteritis and tuberculosis.

Veneral Disease.

During the year 1952-53 a further decrease has occurred in the number of new cases of venereal disease registered at the municipal treatment centres. The decrease was found chiefly in the number of cases of syphilis (all forms), 1,196 as against 1,686 in the previous year. Of the 1,196 new cases of syphilis, 72 were congenital syphilis, a decrease of 40.5 per cent compared with the 121 cases in 1951-52. Over the last five years the number of new cases of congenital syphilis has shown the remarkable decrease of 88.1 per cent (53.3 per cent European and 89.0 non-Europeans). There can be little doubt that the major contributing factor in this reduction is the early use of penicillin in the treatment of all known pregnant syphilitic mothers.

Maternal and Child Welfare.

The number of maternal and child welfare centres in the municipality of Cape Town is the same as that for last year, but the demand for this preventive service for mothers and children continues to increase. The total number of attendances at the infant consultations during the year was 158,740 compared with 157,586 in 1951-52, and at the pre-natal clinics the total number of attendances was 26,543 as against 26,270 in the preceding year. During the year under review a new municipal day nursery in the Langa Native Township to serve the needs of the Native residents was opened. There are now four municipal day nurseries and nursery schools, which provide proper care in hygienic surroundings for the under-privileged child under the control of the Maternal and Child Welfare Branch. The total attendances of children at these centres was 47,778 in 1952-53 and 31,532 in 1951-52.

All the nursery schools and crèches, including those run by private and charitable organizations, receiving infants and children, and caring for them during their mother's or guardian's hours of employment, require to be registered with the Union Department of Social Welfare in terms of the Children's Act No. 31 of 1937 as amended by Act No. 25 of 1944 under Notice No. 438 of 1951, published in the *Government Gazette* dated 18th May, 1951 (No. 4611).

Brooklyn Chest Hospital.

On the 10th July, 1952, a new surgical block at the Brooklyn Chest Hospital was formally opened by the Mayor of Cape Town, Councillor F. Sonnenberg, M.P.C. It consists of a single-storey building comprising (1) a complete surgical ward providing accommodation for 22 patients, (2) a complete operating theatre assembly, (3) an X-ray department including a clinic with X-ray screening and waiting-room accommodation for patients and (4) radiography facilities with X-ray processing and storage rooms. The cost of the building was £24,000 and equipment £7,500, a total of £31,500. This amount was subject to 87½ per cent refund from the Union Government.

Since the opening of this new surgical block it has been possible to carry out one session for minor surgery and three sessions for major surgery per week. In previous years patients at this institution were transferred to the City Hospital for major chest operations.

Compulsory Pasteurization of Milk.

A notable event during the year under review was the introduction of the compulsory pasteurization of all milk, other than that from accredited and approved disease-free herds, sold in the Municipality of Cape Town. The amended regulations *re* Dairies and keeping of animals were promulgated in the *Official Gazette* No. 2453, dated 1st January, 1950, and were brought into force in May, 1953. In the year under review nine pasteurization plants were already in operation and a tenth pasteurization plant was being installed.

Staff.

Dr. F. J. Wicht, Medical Superintendent of the Council Hospitals for the past 25 years, retired on the grounds of ill-health on 15th August, 1952.

Dr. Wicht, known to a multitude of former Cape Town University medical students who attended the City Infectious Diseases Hospital during their under-graduate days, and to every practitioner in this city, will be sorely missed. His vast experience of his speciality, so readily given to both members of the Departmental staff and outside practitioners will always be appreciated.

I would take this opportunity of placing on record my own personal appreciation of the valuable help and advice so readily accorded to me by Dr. Wicht both during the period when I served under him and also since my assumption of duty on the administrative side of the department.

Dr. Broome, the Maternal and Child Welfare Officer for the past 23 years, retired on reaching the age of superannuation on the 8th August, 1952.

Dr. Broome was appointed to the department when this Branch was still in its early stage of development and it has been due in no small measure to her efforts that it has now attained the size and importance that it has. She can now in retirement look back with every satisfaction on something which through her hard work, integrity and devotion to duty has been built up for the benefit of the mother and child in this city.

Miss Donnan, the Chief Health Visitor in the Maternal and Child Welfare Branch of this department for the past 17 years, retired on reaching the age of superannuation on the 16th June, 1953.

Miss Donnan, who was appointed to the health visitors' staff of the Branch on 21st March, 1927, has, like Dr. Broome, seen and assisted in its growth. Her cheerful personality, stock of sound common sense and boundless energy will be much missed by all at Keerom Street.

Acknowledgements.

I desire to acknowledge the loyal support and assistance given to me by all of 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, 1954.

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MUNICIPALITY OF THE CITY OF CAPE TOWN.

LEADING STATISTICS, YEAR ENDED 30TH JUNE, 1953.

	<i>European.</i>	<i>Non-European.</i>	<i>All races.</i>
Area: 52,292 acres.			
Total population	188,653	273,213	461,866
Population (excluding the Native Township of Langa)	188,610	262,240	450,850
Birth rate	18·37	39·42	30·62
Death rate	9·33	13·12	11·54
Infant mortality rate	21·29	101·35	81·32
Maternal mortality rate	0·56	1·61	1·35
Tuberculosis death rate	0·21	2·07	1·29
Enteric incidence rate	0·07	0·23	0·16
Enteric death rate	—	0·01	0·004

All the above rates are annual and expressed as per 1,000 population of each class, except the infant mortality rate and maternal mortality rate, which are 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, 1953.

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, 1953, 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 134 to 137.

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

SOCIAL AND ECONOMIC CONDITIONS.

Forty-one per cent of the total population of the Municipality of Cape Town (including Langa Native Township) of over 460,000 consists of Whites or "Europeans". The other 59 per cent is commonly designated as "non-Europeans", 82 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 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 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 53 weeks ended 3rd July, 1953. The vital statistical rates are corrected to the basis of a year of 365 days. Births and deaths are attributed to the date of registration.

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

The births and deaths statistics are stated variously as:—

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

Information as to outward transfers is available locally, for both European and non-European, but in regard to inward transfers the information is supplied by the Director of Census and Statistics, Pretoria, and is available in respect of Europeans only. In Table N on page 125 of this report, a record of European vital statistical rates, corrected for inward and outward transfers, is set out for a series of past years.

POPULATION.

The finally approved population figures for all races for the Municipality of Cape Town (including the Langa Native Township) as enumerated at the census in May, 1951, kindly supplied by the Department of Census and Statistics, Pretoria, are set out in the table below in respect of the fifteen constituted wards of the city.

CENSUS, 8TH MAY, 1951, MUNICIPALITY OF CAPE TOWN.

Municipal Wards	European		Native		Asiatic		Cape Malays		Other Coloured		All Non-European		All races		Total.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1	6,537	8,098	811	390	29	17	4	31	338	1,655	1,182	2,093	7,719	10,191	17,910
2	5,812	6,245	1,446	343	80	59	351	374	1,369	2,052	3,237	2,819	9,050	9,064	18,114
3	4,210	5,017	904	487	273	183	2,883	3,109	2,335	3,041	6,395	6,820	10,605	11,837	22,442
4	7,623	9,061	601	399	59	34	75	109	577	1,587	1,312	2,129	8,935	11,190	20,125
5	4,317	4,447	1,013	551	369	237	4,305	4,696	6,650	7,407	12,337	12,891	16,654	17,338	33,992
6	2,776	2,914	834	339	826	567	3,747	4,218	7,586	8,441	12,993	13,556	15,769	16,470	32,239
7	6,427	6,609	184	56	352	261	1,577	1,741	4,750	5,270	6,863	7,328	13,290	13,937	27,227
8	8,723	8,926	5,253	3,207	399	274	603	609	11,526	11,882	17,781	15,972	26,506	24,898	51,404
9	8,358	9,321	423	240	178	133	312	362	1,593	2,281	2,506	3,016	10,864	12,337	23,201
10*	3,032	2,954	10,441	3,638	461	346	2,313	2,464	16,112	16,598	29,327	23,046	32,359	26,000	58,359
11	6,315	7,236	452	454	60	49	395	414	1,849	2,856	2,756	3,773	9,071	11,009	20,080
12	6,839	7,603	502	421	214	161	1,568	1,737	3,962	5,005	6,246	7,324	13,085	14,927	28,012
13	4,580	5,712	673	331	127	88	928	1,016	3,460	4,400	5,188	5,835	9,768	11,547	21,315
14	7,120	7,792	372	249	245	155	1,201	1,328	4,687	5,574	6,505	7,306	13,625	15,098	28,723
15	4,989	5,694	2,954	1,991	265	189	720	767	8,621	9,522	12,660	12,469	17,549	18,163	35,712
Table Mountain ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Shipping ..	919	138	17	—	98	1	4	—	318	—	437	1	1,356	139	1,495
Railway Passengers ..	195	118	212	36	8	2	3	4	68	27	291	69	486	187	673
Totals ..	88,775	97,885	27,092	13,123	4,043	2,747	20,989	22,979	75,792	87,598	127,916	126,447	216,691	224,332	441,023
Census 1946 ..	86,831	93,974	21,666	9,592	3,587	2,538	—	—	76,968	88,674	102,221	100,804	189,052	194,778	383,830

*Including Langa Native Township (Natives: 9,022 males, 2,627 females).

NOTE: In the 1946 Census the population figures for Cape Malays were not enumerated separately, but were included in the figures for other Coloured.

The estimates of population and the calculated vital statistics for the previous years, since 1946-47, have been revised in the light of these figures (see Table N, on page 125).

The estimated population for the Municipality of Cape Town (excluding Langa Native Township), for the year under report and for the previous year are shown in the following table. It is calculated for the middle of the year (31st December) from the final figures of the 1951 and 1946 censuses. European females outnumber males by 9,000 and a similar position occurs amongst the Coloured group.

Race.	1952-53			1951-52		
	Males.	Females.	Persons.	Males.	Females.	Persons.
European	89,702	98,908	188,610	89,131	98,279	187,410
Coloured	104,306	119,171	223,480	99,727	113,943	213,670
Native (not Langa) ..	20,072	11,658	31,730	18,844	10,946	29,790
Asiatic	4,186	2,844	7,030	4,097	2,783	6,880
Non-European	128,564	133,676	262,240	122,668	127,672	250,340
All Races	218,266	232,584	450,850	211,799	225,951	437,750

The rates for the Municipality of Cape Town for the year under review are based on the above figures. The estimated population in the various wards of the City for the 31st December, 1952 (exclusive of shipping, railway passengers and Langa Native Township) together with the vital statistics, will be found in Table K, on page 122.

The following are the estimated population figures of the Langa Native Township, based on the annual average of an enumeration made at the end of each month.

European.		Natives.		All Races.		TOTAL.
Males.	Females.	Males.	Females.	Males.	Females.	
22	21	8,258	2,715	8,280	2,736	11,016

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 123.

The births, birth rates, and rates of natural increase per 1,000 population for the year 1952-53, and for the previous year were as follows:—

Race.	1952-53					1951-52				
	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 ..	4,702	24.53	3,522	18.37	9.04	4,538	24.35	3,405	18.27	8.39
Coloured ..	10,060	44.29	9,064	39.90	27.18	9,748	45.87	8,818	41.50	27.17
Native ..	1,609	49.89	1,135	35.19	18.17	1,394	47.05	1,009	34.06	12.86
Asiatic ..	322	45.06	309	43.24	35.12	370	54.07	365	53.34	74.72
Non-European	11,991	44.99	10,508	39.42	26.30	11,512	46.24	10,192	40.94	26.94
All races* ..	16,694	36.43	14,031	30.62	19.08	16,056	36.88	13,603	31.25	18.43

*Including 1 in 1952-53 and 6 in 1951-52 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 1952-53 (corrected for outward transfers) was 2.1 times as great as that for the European. The ratio was 2.2 for Coloured, 1.9 for Natives and 2.4 for Asiatics.

The European birth rate was 0.5 per cent greater than that for last year, while the non-European birth rate decreased by 3.7 per cent and is again the lowest recorded for the city.

Amongst the different races of the non-European populations more Native births were registered in the year 1952-53 than previously. This may be due to the compulsory registration of Native births in the Union of South Africa, which came into effect as from the 1st July, 1952, in accordance with Notice No. 131, published in the *Government Gazette*, dated 20th June, 1952 (No. 4865). Reference to the table on page 13, will show the variation in the number of births registered and the corresponding birth rates over a period of five years.

The natural increase of the non-European population (i.e. excess of births over deaths) was 4.0 times as great as that for the European population; expressed as per 1,000 population it was 2.9 times as great.

The number of male births per 100 female births (corrected for outward transfers) was 111.2 amongst Europeans and 99.6 amongst non-Europeans.

In the year under review there were 119 European and 2,583 non-European illegitimate births registered (corrected for outward transfers) as compared with 106 European and 2,589 non-European in the previous year. The percentage of illegitimate to total live births was 3.4 amongst Europeans and 24.6 amongst non-Europeans. The corresponding figures for former years will be found in Table N, on page 125.

The number of live births and still births registered in the year 1952-53 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 ..	83.52	3,522	762	78.36	85.33	59	11	81.36
Coloured ..	41.46	9,064	5,864	35.30	61.46	298	145	51.34
Native ..	91.36	1,135	134	88.19	70.89	62	23	62.90
Asiatic ..	9.63	309	284	8.09	45.45	10	6	40.00
All Non-European	47.30	10,508	6,282	40.22	62.66	370	174	52.97
All races ..	57.50	14,031*	7,045*	49.79	65.76	429	185	56.88

*Including 1 of unknown race.

Table H, on page 119, 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 120.

In Table J, on page 121, is shown the number of births which took place in the various institutions in the Municipality of Cape Town during the year 1952-53.

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 1952-53, are indicated in Table K, on page 122.

The annual birth rate (corrected for outward transfers) since Unification (1913) is set out in years and quinquennia in Table N, on page 125. 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 126, 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 132.

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

BIRTH RATES (1948-49, 1952-53).

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 final population figures of the Censuses of 1946 and 1951.

Race.	1952-53		1951-52		1950-51		1949-50		1948-49	
	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.
European ..	3,522	18.37	3,405	18.27	3,346	18.02	3,451	18.70	3,721	20.29
Coloured ..	9,064	39.90	8,818	41.50	8,616	42.29	8,497	43.63	8,517	45.74
Native ..	1,135	35.19	1,009	34.06	936	33.56	967	36.93	823	33.47
Asiatic ..	309	43.24	365	53.34	314	46.72	322	48.85	265	41.07
Non-European	10,508	39.42	10,192	40.94	9,866	41.40	9,786	43.01	9,605	44.21
All races*	14,031 ¹	30.62	13,603 ²	31.25	13,215 ³	31.16	13,241 ⁴	32.13	13,330 ⁵	33.27

*Including ¹ 1, ² 6, ³ 3, ⁴ 4, ⁵ 4 of unknown race.

GENERAL MORTALITY.

The deaths and death rates for the Municipality of Cape Town for the year 1952-53, are shown in Table L, on page 123.

The following table shows the relationship of deaths and death rates for the year 1952-53 and for the previous year.

Race.	1952-53				1951-52			
	Uncorrected.		Corrected for Outward Transfers.		Uncorrected.		Corrected for Outward Transfers.	
	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.
European ..	2,271	11.85	1,789	9.33	2,326	12.48	1,842	9.88
Coloured ..	3,321	14.62	2,891	12.72	3,448	16.23	3,045	14.33
Native ..	705	21.86	548	17.00	737	24.88	628	21.20
Asiatic ..	75	10.50	58	8.12	67	9.79	59	8.62
Non-European ..	4,101	15.38	3,497	13.12	4,252	15.95	3,732	14.99
All races*	6,374 ¹	13.91	5,288 ²	11.54	6,587 ³	15.13	5,583 ²	12.82

*Including ¹ 2, ² 9 of unknown race.

The death rates for the year under review compared with the previous year (corrected for outward transfers) show a decrease of 5.5 per cent for Europeans, 12.4 per cent for non-Europeans and 9.9 per cent for all races. The death rates for non-Europeans and for all races are the most satisfactory that have been recorded and are the lowest on record for this city; and the European death rate is the lowest recorded for twenty years.

The non-European death rate for the year 1952-53 was 1.4 times as great as that for the European rate. The ratio was 1.4 for Coloured, 1.8 for Natives; in Asiatics the death rate was 1.1 times less than the European rate.

Reference to Table K, on page 122, 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 125, 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 purposes of comparison the death rates of certain other town in the Union of South Africa, and for England and Wales, are set out in Table O, on page 126.

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 132, and in Table A5, on page 110.

Information regarding deaths for the district of Windermere will be found in Table A4 on pages 108 and 109 and Table V on page 133.

PRINCIPAL CAUSES OF MORTALITY.

Fewer residents in the Municipality of Cape Town died during the year 1952-53 than in the previous year. The number of deaths registered in the year under review was 5,288¹ (1,789 European and 3,497 non-European) as against 5,583² (1,842 European and 3,732 non-European) recorded last year. Amongst the diseases in which there was a reduction in the mortality in Europeans were tuberculosis (all forms) (9), cardiovascular diseases (41), nephritis (21), and diseases of early infancy (15), and in non-Europeans tuberculosis (all forms) 188, syphilis (14), intra-cranial lesions of vascular origin (25), cardiovascular diseases (58) and bronchitis and pneumonia (24). The mortality from diarrhoea and enteritis which occurs chiefly amongst non-Europeans, continues to show an upward trend and is assuming the status of a major cause of death in non-Europeans. For the first time on record, this disease, with 642 deaths, heads the list of the ten principal causes of mortality amongst non-Europeans, while tuberculosis (all forms), with 551 deaths occupies second place.

The following table shows the principal causes of death in the year 1952-53 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 ..	527	29.5	2.75	Diarrhoea and en- teritis ..	642	18.4	2.41
Arterial diseases ..	306	17.1	1.60	Tuberculosis (all forms) ..	551	15.8	2.07
Cancer (all forms)	280	15.7	1.46	Cardiac diseases ..	356	10.2	1.34
Violence ..	76	4.3	0.40	Congenital malfor- mations and di- seases of early infancy ..	335	9.6	1.26
Congenital malfor- mations and diseases of early infancy ..	57	3.2	0.30	Bronchitis and pneumonia ..	299	8.6	1.12
Bronchitis and pneumonia ..	56	3.1	0.29	Arterial diseases ..	281	8.0	1.05
Tuberculosis (all forms) ..	40	2.2	0.21	Cancer (all forms)	201	5.8	0.75
Diabetes ..	37	2.1	0.19	Violence ..	151	4.3	0.57
Nephritis ..	31	1.7	0.16	Nephritis ..	65	1.9	0.24
Diarrhoea and en- teritis ..	13	0.7	0.07	Syphilis, G.P.I. tabes and aneu- rysm of aorta ..	32	0.9	0.12

¹Including intracranial lesions of vascular origin.

In Tables A1, A2, A3, A4 and A5, on pages 80 to 110, the deaths for the year under review will be found fully classified for cause, race, sex, age and ward. A shorter classification by cause and race is set out in Table B, on page 111, and in Table E, on pages 114 and 115, the rates of mortality from a short list of causes are shown by race with the corresponding figures for the previous ten years. Table D, on page 113, 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, diarrhoea and enteritis, bronchitis and pneumonia, which are fostered by bad living conditions, result in a greater mortality in the non-European 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 124, afford a comparison between the races free from the distortion caused by difference in age constitution.) Similarly cancer, circulatory diseases and diabetes occur especially in middle and old age, and the prominence of the mortality rates from these diseases in Europeans is mainly due to the larger proportion of people of such age in the European population. In other words a larger proportion of non-Europeans die before reaching the age when they are most liable to develop such diseases (see table, Age at Death, page 15).

SEASONAL VARIATION.

The seasonal variation in mortality is shown in Table C, on page 112, where the deaths for the year 1952-53, classified for certain causes and by race, are set out according to the months of registration.

¹Including 2 of unknown race.

²Including 9 of unknown race.

AGE AT DEATH.

The number of deaths at various ages, with the percentage of total deaths, is summarized in the following tables:—

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 ..	34	41	9	8	30	21	349	238	544	515	966	823
	Coloured ..	446	372	213	179	96	81	553	408	238	305	1,546	1,345
	Native ..	131	105	42	37	21	14	139	40	18	1	351	197
	Asiatic ..	6	5	1	—	2	1	21	6	15	1	45	13
	Non-European ..	583	482	256	216	119	96	713	454	271	307	1,942	1,555
	All races ..	617	523	265	224	149	117	1,062	692	815	822	2,908	2,378
Percent-age	European ..	3.5	5.0	0.9	0.9	3.1	2.6	36.2	28.9	56.3	62.6	100.0	100.0
	Coloured ..	28.9	27.7	13.8	13.3	6.2	6.0	35.7	30.3	15.4	22.7	100.0	100.0
	Native ..	37.3	53.3	12.0	18.8	6.0	7.1	39.6	20.3	5.1	0.5	100.0	100.0
	Asiatic ..	13.3	38.5	2.2	—	4.5	7.7	46.7	46.1	33.3	7.7	100.0	100.0
	Non-Europeans ..	30.0	31.0	13.2	13.9	6.1	6.2	36.7	29.2	14.0	19.7	100.0	100.0
	All races ..	21.2	22.0	9.1	9.4	5.2	4.9	36.5	29.1	28.0	34.6	100.0	100.0

From the foregoing figures it will be seen that the deaths under five years of age constitute 5.1 per cent of all deaths in Europeans as compared with 44.0 in non-Europeans (Coloured 41.9, Natives 57.5, Asiatic 20.7), and that the deaths under 25 years of age constitute 8.0 per cent of all deaths in Europeans as compared with 50.1 per cent in non-Europeans (Coloured 48.0, Natives 63.9, Asiatic 25.9).

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 ..	1,267	1,004	13.90	9.99	966	823	10.59	8.19
Coloured ..	1,768	1,553	16.68	12.82	1,546	1,345	14.58	11.10
Native ..	468	237	22.94	20.00	351	197	17.20	16.62
Asiatic ..	59	16	13.87	5.53	45	13	10.58	4.50
Non-European ..	2,295	1,806	17.56	13.29	1,942	1,555	14.86	11.44
All races ..	3,562	2,810	16.06	11.89	2,908	2,378	13.10	10.06

It will be seen from the above table that in Europeans the death rate for males (corrected for outward transfers) was 29.3 per cent greater than that for females and in non-Europeans the death rate for males was 29.9 per cent greater than that for females (Coloured 31.4, Native 3.5, Asiatic 135.1).

DEATHS IN INSTITUTIONS.

In Table G, on page 118, is shown the number of deaths which took place in the various institutions. The number of deaths in the Municipality of Cape Town, and the percentage of total deaths occurring in institutions for the year under review, are indicated in the following table:—

Race.	Uncorrected.		Corrected for Outward Transfers.	
	Total deaths.	Percentage of total deaths occurring in institutions.	Total deaths.	Percentage of total deaths occurring in institutions.
European ..	2,271	54.1	1,789	43.7
Coloured ..	3,321	32.6	2,891	23.7
Native ..	705	44.4	548	31.2
Asiatic ..	75	24.0	58	13.8
Non-European ..	4,101	34.5	3,497	24.7
All races ..	6,374*	41.5	5,288*	31.1

*Including 2 of unknown race.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

DEATH RATES (1948-49, 1952-53).

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 final population figures of the Censuses of 1946 and 1951.

Race.	1952-53.		1951-52.		1950-51.		1949-50.		1948-49.	
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate
European ..	1,789	9.33	1,842	9.88	1,774	9.55	1,787	9.68	1,761	9.60
Coloured ..	2,891	12.72	3,045	14.33	2,919	14.33	3,125	16.04	3,167	17.01
Natives ..	548	17.00	628	21.20	578	20.72	557	21.27	544	22.12
Asiatics ..	58	8.12	59	8.62	71	10.56	58	8.80	65	10.07
Non-Europeans	3,497	13.12	3,732	14.99	3,568	14.97	3,740	16.44	3,776	17.38
All races* ..	5,288 ¹	11.54	5,583 ²	12.82	5,345 ³	12.60	5,532 ⁴	13.42	5,541 ⁵	13.83

*Including ¹2, ²9, ³3, ⁴5, ⁵4, of unknown race.

INFANT MORTALITY.

The deaths of infants under one year of age for the Municipality of Cape Town in the year 1952-53 and the corresponding rates are shown in Table L, on page 123.

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 1952-53 and for the previous year are shown in the following table:—

Race.	1952-53				1951-52			
	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 ..	135	28.71	75	21.29	165	36.36	98	28.78
Coloured ..	960	95.43	818	90.25	915	93.87	805	91.29
Native ..	294	182.72	236	207.92	295	211.62	260	257.68
Asiatic ..	16	49.69	11	35.60	19	51.35	18	49.32
Non-European ..	1,270	105.91	1,065	101.35	1,229	106.76	1,083	106.26
All races* ..	1,406 ¹	84.22	1,141 ¹	81.32	1,400 ²	87.19	1,187 ²	87.26

*Including ¹1, ²6, of unknown race.

The infant mortality rate for Europeans, non-Europeans and all races in the year 1952-53 (corrected for outward transfers), are lower than ever recorded, the best previous record for Europeans was in 1950-51, when it was 23.91, for non-Europeans in 1949-50, when it was 101.47, and for all races, in 1949-50, when it was 83.00. The non-European infant mortality rate (corrected for outward transfers) was 4.8 times as great as that for the European. The ratio was 4.2 for Coloured, 9.8 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 decreases of 26.0 per cent for Europeans, 4.6 per cent for non-Europeans, and 6.8 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 124, where it will be seen that there was a further increase in the mortality from diarrhoea and enteritis amongst non-European infants under one year of age. In Table F1, on page 116, the deaths of infants under one year of age for the year 1952-53 are classified by race according to age at death and cause of death, and in Table F2, on page 117, 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 125. 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 68.0 per cent in the first month (4 weeks). Amongst non-European infants the percentages were 23.3 in the first week and 32.5 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	—	—	—	0.86	—	0.86
Scarlet fever	—	—	—	—	—	—
Measles	—	—	—	0.19	—	0.19
Diphtheria	—	—	—	0.09	—	0.09
Tuberculosis (all forms)	—	—	0.57	4.76	0.57	4.76
Syphilis	—	0.38	—	0.29	—	0.67
Bronchitis and pneumonia	0.85	1.81	0.56	11.52	1.41	13.33
Diarrhoea and enteritis	—	0.95	1.99	40.92	1.99	41.87
Premature birth	8.23	18.08	0.28	1.62	8.51	19.70
Injury at birth	1.14	4.57	—	0.09	1.14	4.66
Congenital malformations and debility	2.27	1.33	1.42	1.52	3.69	2.85
Other diseases peculiar to early infancy	1.42	3.33	—	0.19	1.42	3.52
Other causes	0.57	2.47	1.99	6.38	2.56	8.85
Total	14.48	32.92	6.81	68.43	21.29	101.35

*Over one month, but under one year.

Compared with the corresponding rates for last year the European neo-natal death rate decreased by 26.4 per cent and the non-European neo-natal death rate increased by 0.8 per cent. The post neo-natal rate decreased by 25.2 per cent for Europeans and by 7.0 per cent for non-Europeans.

The next table shows the variation in the neo-natal (under 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, 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
" " " 1953	14.48	6.81	32.92	68.43
Quinquennium (1949-1953)	16.57	10.03	33.37	71.40

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 1952-53.

	Euro-pean.	Col-oured.	Native	Asiatic	All non-Eur.	All races.
Number of legitimate births	3,403	6,910	708	307	7,925	11,328
Number of legitimate deaths under one year of age	69	527	135	10	672	741
Infant mortality (legitimate) per 1,000 live births	20.28	76.27	190.68	32.57	84.79	65.41
Number of illegitimate births	119	2,154	427	2	2,583	2,703*
Number of illegitimate deaths under one year of age	6	279	78	1	358	365*
Infant mortality (illegitimate) per 1,000 live births	50.42	129.53	182.67	500.00	138.60	135.04

*Including 1 of unknown race.

The deaths of 35 infants under one year of age (12 Coloured and 23 Natives) are excluded from the above figures as information regarding legitimacy was unobtainable.

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

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

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 126, for the purposes of comparison.

INFANT MORTALITY RATES (1948-49-1952-53).

The death 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.	1952-53		1951-52		1950-51		1949-50		1948-49	
	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 ..	75	21.29	98	28.78	80	23.91	102	29.56	109	29.29
Coloured ..	818	90.25	805	91.29	787	91.34	784	92.27	866	101.68
Native ..	236	207.92	260	257.68	223	238.25	199	205.79	180	218.71
Asiatic ..	11	35.60	18	49.32	18	57.32	10	31.06	19	71.70
Non-European	1,065	101.35	1,083	106.26	1,028	104.20	993	101.47	1,065	110.88
All races* ..	1,141 ¹	81.32	1,187 ²	87.26	1,111 ³	84.07	1,099 ⁴	83.00	1,178 ⁵	88.37

* Including ¹1, ²6, ³3, ⁴4, ⁵4 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) ..	—	2	2	—	0.19	0.14
Abortion, ectopic gestation, and haemorrhages of pregnancy ..	—	3	3	—	0.28	0.21
Toxaemias and other diseases and accidents of pregnancy ..	1	5	6	0.28	0.48	0.43
Puerperal haemorrhage ..	—	4	4	—	0.38	0.29
Other puerperal accidents and diseases ..	1	3	4	0.28	0.28	0.28
All causes, other than puerperal septicaemia (including post-abortive infection) ..	2	15	17	0.56	1.42	1.21
Total ..	2	17	19	0.56	1.61	1.35

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
1952-53 ..	—	0.19	0.14	0.56	1.42	1.21	0.56	1.61	1.35

The maternal mortality rates (per 1,000 births) based on the total deliveries (live births and still-births) registered during the year 1952-53 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
1952-53	—	0.18	0.14	0.56	1.38	1.18	0.56	1.56	1.31

SECTION III.—MATERNAL AND CHILD WELFARE.

DR. E. P. WOODROW, M.R.C.S. (ENG.), L.R.C.P., D.C.H. (LOND.), MATERNAL AND CHILD WELFARE OFFICER.

This branch of the City Health Department is responsible for the health and welfare of mothers and young children up to school age.

Its main object is health education and preventive work, but treatment of disease and minor ailments is carried out at the welfare centres for those persons who cannot afford to consult their own doctors.

The scope of the Branch is very wide and commences in the pre-natal period with the medical examination and care of expectant mothers.

Classes in relaxation and exercises to ensure natural and easier childbirth are provided at many of the centres and post-natal clinics are held for routine examination and the treatment of abnormalities which have arisen during and following childbirth. At these clinics advice may also be given in family planning, where this is desirable for socio-medical reasons.

In addition child welfare sessions for infants and pre-school children, school clinics, ophthalmic and ear, nose and throat clinics with a specialist in attendance, and orthopaedic clinics, four of which are conducted by a surgeon, are provided at the centres falling under the control of the Branch.

Immunization against diphtheria and whooping cough is carried out monthly at all the centres and against diphtheria only in children up to the age of 8, at all the primary schools, in the municipal area.

Dinners of milk and snacks are served at the centres for indigent mothers and pre-school children.

There are four nursery schools, two with crèches attached, run as part of the department's health programme.

The Maternal and Child Welfare Officer is also responsible for the supervision of all midwives who practise in the municipal area.

In August, 1952, Dr. E. M. Broome retired after 25 years' service and Dr. E. P. Woodrow was appointed to succeed her on September 1st, 1952.

Dr. I. Robertson was promoted to the position of Deputy Maternal and Child Welfare Officer and Dr. E. Stern was appointed as the second Clinical Medical Officer on May 1st, 1953.

Our grateful thanks are once again due to those voluntary workers who have given so much valuable assistance to the health visitors and medical staff of the welfare centres throughout the year.

MATERNAL AND CHILD WELFARE CENTRES.

The table on page 20 shows the attendances (classified for race) at the child welfare sessions, pre-natal clinics, school clinics and dinners held at the centres during the year 1952-53.

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 and for the non-Europeans temporary use is made of a house in the Malay quarter.

CHILD WELFARE SESSIONS.

During the year 53 child welfare sessions were held weekly, and three fortnightly. At these sessions 12,070 children were registered as new cases. Of these 10,376 (1,528 European and 8,848 non-European) were under one year of age at the time of their first attendance, and 1,694 (217 Europeans and 1,477 non-Europeans) were over one year of age at that time.

Of the new cases registered, 211 were of children resident outside the municipal area, viz. under one year of age, Europeans 65, non-Europeans 114, over one year of age, Europeans 17, non-Europeans 15.

The new cases registered within the city (excluding attendance at the Langa centre) were as follows:—

	European.	Non-European.
Under one year of age	1,463	8,442
Over one year of age	200	1,425

These first attendances under one year of age amounted to 71 per cent of the registered births (42 per cent in the case of Europeans and 80 per cent in the case of non-Europeans).

These figures do not include infants who attended the consultations of the South African Mothercraft Training Centre which, if included, would increase the percentage of European babies. The work done at these sessions during the year ended 30th June, 1953, is shown in the table on page 21.

Instructional Test Feeds:

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

During the year, instructional test feeds were given to 638 European mothers and 2,698 Coloured and Native mothers.

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.

Centre.	Race.	Infant consultations.			Pre-natal clinics.			School clinics.			Dinners.	
		Ses- sions.	First attendances.		Ses- sions.	Attendances.		Ses- sions.	Attendances.		Attendances.	
			Under 1 year.	Over 1 year.		First.	Total.		First.	Totals.	Adults.	Child- ren.
Shortmarket St., Cape Town	Eur. . . Non-Eur. . . Total . .	154	559 559	60 60	7,807 7,807	50	154 673 673	17	186 186	598 598	926 926	3,536 3,536
Kloof St., Cape Town	Eur. . . Non-Eur. . . Total . .	52	131 131	9 9	1,783 1,783							
Aspeling St., Cape Town	Eur. . . Non-Eur. . . Total . .	299	1,035 1,035	280 280	19,090 19,090	58	693 693 2,497 2,497	41	921 921	3,453 3,453	4,421 4,421	14,077 14,077
Bloemhof, Cape Town	Eur. . . Non-Eur. . . Total . .	100	331 331	42 42	6,354 6,354	47	117 117 594 594					
Devil's Peak Es- tate	Eur. . . Non-Eur. . . Total . .	49	138 138	9 9	1,530 1,530							
Green Point . .	Eur. . . Non-Eur. . . Total . .	52	87 87	2 2	1,555 1,555							
Camps Bay . .	Eur. . . Non-Eur. . . Total . .	24	43 43	— —	502 502							
Woodstock . .	Eur. . . Non-Eur. . . Total . .	257	300 612 912	37 118 155	4,602 10,184 14,786	103	145 391 536 1,542 2,136	202	372 1,103 1,475	1,408 4,011 5,419	2,254 2,254	3,165 3,165
Mowbray . .	Eur. . . Non-Eur. . . Total . .	24	63 63	1 1	771 771							
Maitland . .	Eur. . . Non-Eur. . . Total . .	202	68 537 605	38 107 145	1,007 7,607 8,614	53	11 401 412 40 1,591 1,631	20	13 243 256	29 917 946	1,406 1,406	4,185 4,185
Brooklyn . .	Eur. . . Non-Eur. . . Total . .	50	127 127	20 20	2,046 2,046							
Windermere . .	Eur. . . Non-Eur. . . Total . .	205	1,311 1,311	167 167	15,809 15,809	152	1,175 1,175 4,423 4,423	20	338 338	1,006 1,006	3,574 3,574	9,653 9,653
Athlone . .	Eur. . . Non-Eur. . . Total . .	200	3 1,244 1,247	58 130 130	17,157 17,215	102	828 828 3,185 3,185	20	521 521	1,193 1,193	1,749 1,749	5,655 5,655
Langa . .	Native . .	49	292	37	3,489	53	295 1,284					
Bokmakirrie . .	Eur. . . Non-Eur. . . Total . .	152	537 537	114 114	13,113 13,113	99	471 471 2,320 2,320				4,026 4,026	12,557 12,557
Station Rd., Clare- mont	Eur. . . Non-Eur. . . Total . .	100	85 281 366	23 52 75	1,342 3,847 5,189	53	24 291 315 91 1,213 1,304	20	10 224 234	15 921 936	1 1,320 1,321	3 2,678 2,681
Wesley St., Clare- mont	Eur. . . Non-Eur. . . Total . .	100	229 229	60 60	5,716 5,716	49	85 85 434 434				435 435	6,034 6,034
Franklin Rd., Claremont	Eur. . . Non-Eur. . . Total . .	22	46 46	10 10	566 566							
Lansdowne . .	Eur. . . Non-Eur. . . Total . .	152	109 401 510	20 82 102	1,477 5,948 5,816	65	18 248 266 82 941 1,023				17 1,533 1,550	89 4,593 4,682
Wynberg . .	Eur. . . Non-Eur. . . Total . .	150	154 358 512	16 73 89	2,180 5,948 8,128	52	22 352 374 61 1,184 1,245	20	14 329 334	53 1,113 1,166	— 1,948 1,948	— 3,878 3,878
Parkwood and Southfield	Eur. . . Non-Eur. . . Total . .	98	41 82 123	4 17 21	563 1,672 2,235	24	6 80 86 12 238 250				1,905 1,905	4,801 4,801
Retreat . .	Eur. . . Non-Eur. . . Total . .	236	90 948 1,038	26 118 144	938 12,894 13,832	102	17 817 834 79 3,204 3,283				— 1,861 1,861	— 1,861
Steenberg . .	Eur. . . Non-Eur. . . Total . .	40	59 59	16 16	1,873 1,873	49	49 49 310 310				— 2,832 2,832	— 2,832
Muizenberg . .	Eur. . . Non-Eur. . . Total . .	24	43 43	2 2	421 421							
Kalk Bay . .	Eur. . . Non-Eur. . . Total . .	27	32 32	4 4	500 500	27	15 15 41 41					
TOTAL . .	Eur. . . Non-Eur. . . Total . .	2,827	1,528 8,848 10,376	217 1,477 1,694	21,341 137,399 158,740	1,138	243 6,462 6,705	360	409 3,856 4,265	1,505 13,212 14,717	18 25,497 25,515	92 79,505 79,597

During the year ended 30th June, 1953, 1,647 new cases were supplied with dried milk and 48,928 pounds were issued. The cost of the dried milk was £7,751 17s. 11d.

The attendances at the child welfare sessions are shown in the following table over a period of years:—

Centre.	1952-53	1951-52	1950-51	1949-50	1948-49
Keerom Street					9,574
Shortmarket Street	7,807	8,970	8,283	9,388	1,559
Kloof Street	1,783	1,454	1,569	1,711	308
Aspeling Street	19,090	19,448	21,270	20,925	18,933
Bloemhof	6,354	7,553	7,227	5,637	5,021
Devil's Peak	1,530	1,560	1,894	1,791	632
Green Point	1,555	1,332	1,334	830	96
Camps Bay	502	423	437	345	332
Woodstock	14,786	13,873	14,419	12,927	13,608
Mowbray	771	805	845	856	708
Maitland	8,614	8,542	8,992	10,413	9,031
Brooklyn	2,046	2,126	2,231	2,306	2,021
Windermere	15,809	13,911	14,337	14,256	13,268
Langa	3,489	3,446	3,124	3,374	3,947
Athlone	17,215	16,897	18,162	16,748	13,805
Bokmakirie	13,113	13,551	14,250	13,658	11,885
Claremont (Station Road)	5,189	5,497	6,182	6,888	6,924
Claremont (Wesley Street)	5,716	5,672	5,948	5,475	4,822
Claremont (Franklin Road)	566	726	534		
Lansdowne	5,816	5,435	5,693	5,426	5,825
Wynberg	8,128	8,963	8,648	10,284	8,731
Parkwood and Southfield	2,235	2,612	2,365	2,814	2,947
Retreat	13,832	12,126	12,783	12,818	10,661
Steenberg	1,873	1,853			
Muizenberg	421	340	339	402	417
Kalk Bay	500	561	636	507	492
Totals	158,740	157,586	161,502	159,779	145,547

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, 1953:—

Voluntary Centre.	No. of sessions in the year.	No. of new cases (Infants).	Total attendances (Infants).	Total attendances (Toddlers).
Bowwood Road, Claremont	154	457	2,620	195
Sea Point	48	169	1,396	88

PRE-NATAL CLINICS.

Pre-natal clinics are conducted at all the larger centres and work in close co-operation with the Provincial Administration and other charitable organizations, and public maternity homes.

Arrangements when necessary are made at the municipal centres for women to be admitted as in-patients to these institutions.

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 Administration maternity hospitals limit as far as possible 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 of syphilis or gonorrhoea with penicillin injections is given where necessary.

Rh group testing is also carried out on European mothers.

In the year under review 10,183 blood specimens (575 from European and 9,608 from non-European women) were submitted for serological examination. Of these, 746 were reported as positive or doubtful (7 in European and 739 in non-European women).

During the year 20 pre-natal sessions were held weekly at which 6,705 expectant mothers were registered as new cases and the total attendances numbered 26,543. Details are shown in the table on page 20.

Of the new cases registered 114 were of expectant mothers resident outside the Cape Town municipal area (14 European and 100 non-European). The new cases registered within the city, exclusive of the clinic at Langa, numbered 6,591 (229 European and 6,362 non-European), that is to say, the number of new cases attending the municipal pre-natal clinics amounted to 47 per cent of the number of registered live births (7 per cent for European and 61 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 private midwives working within the municipal area are most co-operative and keep in close touch with the pre-natal clinics. Midwives are encouraged to attend with their patients at these centres staffed by a medical officer.

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

Centre.	1952-53	1951-52	1950-51	1949-50	1948-49
Keerom Street					1,519
Shortmarket Street	673	696	752	1,104	255
Aspeling Street	2,497	2,515	2,535	2,986	3,303
Bloemhof	504	500	450	221	
Woodstock	2,136	2,302	2,480	2,846	2,605
Maitland	1,631	1,355	1,753	1,609	1,814
Brooklyn			43	175	157
Windermere	4,423	4,309	4,364	4,013	3,096
Langa	1,284	1,102	1,127	1,275	1,360
Athlone	3,185	3,394	3,579	3,482	3,323
Bokmakirie	2,320	1,967	1,926	1,756	1,578
Claremont (Station Road)	1,304	1,575	1,508	1,519	1,546
Claremont (Wesley Street)	434	508	454	489	455
Lansdowne	1,023	1,116	1,063	1,325	1,249
Wynberg	1,245	1,346	1,430	1,620	1,513
Parkwood and Southfield	250	270	244	200	293
Retreat	3,283	2,967	3,321	3,358	3,342
Steenberg	310	304			
Kalk Bay	41	44	29	76	54
Totals	26,543	26,270	27,058	28,054	27,562

POST-NATAL CLINICS.

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

During the year under review there were 1,050 new cases (151 European and 899 non-European) and a total attendance of 4,704 (862 European and 3,842 non-European).

At these clinics each woman receives a routine post-natal examination and any abnormalities found are, when necessary, either treated at the clinic or referred to a gynaecological department of a general hospital.

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

PROVISION OF DINNERS OR MILK WITH SNACKS.

At 9 of the centres dinners were served throughout the year from Monday to Friday to indigent expectant and nursing mothers and pre-school children.

As an experiment it was decided in January, 1953, to give milk and snacks consisting of Bremer bread with a margarine, peanut butter and golden syrup mixture or cheese and fruit in place of the dinners at Shortmarket Street, Claremont (Station Road), Claremont (Wesley Street), Steenberg and Retreat.

The experiment has proved a success and has the advantage that children can attend at any time when it is convenient for the mothers, and that more children can be given the extra food supplements.

In the year under review the number of meals given amounted to 105,112, of which 11,544 were in the form of milk and snacks. The cost per head per day amounted to 6.82 pence for the dinners and 3.92 pence for the snacks.

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 150,653 and the milk consumed amounted to 7,854 gallons (exclusive of the milk provided at the municipal nursery schools).

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, 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 as frequently as the health visitors' time permits, but not less frequently than every three months during the first year of life.

It should, however, be noted that, despite staff shortages the actual number of visits made increased from 131,234 in 1951-52 to 142,419, the highest number on record.

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	33
Malay Health Visitors	2
Coloured Health Visitors	5
African Health Visitors	3
Total	51

Miss G. Donnan, the Chief Health Visitor, retired on June 16th, 1953, after 26 years of service.

Miss P. Store, the Deputy Chief Health Visitor, unofficially took over her duties until the end of the year under review, and the post of Deputy was left unfilled pending a reorganization of the Branch.

The following table shows the number of visits made during 1952-53 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.									
	1952-53	1951-52	1950-51	1949-50	1948-49	1947-48	1946-47	1945-46	1944-45	1943-44
Visits to houses where births have occurred..	15,548	14,930	14,773	14,725	14,758	14,667	14,622	13,339	13,168	13,273
Subsequent visits to houses where births have occurred ..	67,960	53,726	57,082	57,127	54,503	50,989	43,912	47,252	45,732	45,517
Visits to houses where deaths under 5 years of age have occurred	1,147	1,308	1,365	1,336	1,369	1,620	1,303	1,502	1,754	2,069
Visits to expectant mothers ..	1,851	2,184	2,426	2,612	2,795	2,912	2,890	2,820	2,773	3,526
Visits re protected infants ..	2,624	2,322	2,059	2,024	2,097	2,778	3,029	3,486	3,434	3,686
Special follow-up visits	4,875	5,847	6,231	6,211	6,096	5,267	4,843	5,214	6,559	5,439
Visits to cases of tuberculosis ..	25,052	25,705	24,087	21,609	20,500	21,006	19,018	17,352	17,115	14,621
Visits re cases of puerperal fever ..	25	24	18	48	51	86	76	77	64	109
Visits re measles ..	121	19	69	52	41	89	83	55	29	90
Visits re whooping cough	1,155	1,821	944	287	42	104	48	9	127	69
Visits re diarrhoea ..	27	80	83	85	60	45	29	83	115	42
Visits re chicken-pox ..	9	11	21	23	9	19	8	10	8	23
Visits re ophthalmia neonatorum ..	245	209	325	332	431	427	564	563	775	492
Visits re pneumonia ..	47	158	229	271	276	348	360	305	299	370
Visits re trachoma ..	1	1	1	1	3	1	5	6	5	1
Visits re influenza ..	—	2	1	1	1	—	2	1	2	4
Visits re other diseases ..	3	18	23	18	76	154	81	121	79	127
Visits re diphtheria immunization ..	874	897	1,197	1,340	1,115	1,025	2,150	2,830	3,882	3,532
Visits re diphtheria ..	3	2	4	2	1	13	54	167	241	359
Visits re midwives ..	697	613	560	615	796	625	560	962	1,247	1,010
Visits re schools ..	273	234	321	277	491	596	569	781	687	547
Visits to school children	3,319	3,034	4,061	1,129	756	900	870	740	449	694
Visits to shops and factories ..	228	302	312	370	229	209	410	572	523	129
Visits to nursing homes	8	3	4	139	88	92	114	151	123	137
Visits re verminous persons ..	—	—	—	1	5	10	44	25	43	151
Visits re dental treatment ..	145	109	88	72	94	130	189	156	181	183
House-to-house visitations ..	7,566	7,634	8,386	7,700	7,312	6,350	5,884	6,042	6,465	6,730
Visits re venereal disease	3,671	5,769	7,172	7,236	7,169	7,808	8,876	8,071	7,195	6,291
Visits re prospective foster mothers ..	20	25	42	39	51	21	45	63	42	64
Visits re evacuees ..	—	—	—	—	—	—	—	—	15	27
Visits to orthopaedic cases ..	2,229	2,053	2,774	2,913	3,588	3,502	3,341	3,302	2,241	681
Other visits ..	287	240	248	393	732	1,157	1,023	1,155	1,629	2,416
Visits by Social Welfare Investigator ..	2,409	1,954	2,286	2,294	2,630	2,114	1,515	1,631	1,968	1,860
Total visits ..	142,419	131,234	137,192	131,282	128,165	122,064	116,417	118,843	118,969	114,269
Complaints referred to Chief Health Inspector	10	16	32	31	43	21	19	44	80	55

NOTIFICATION OF BIRTHS.

The Regulations re Early Notification of Births (made by the Minister of Public Health in 1920) require the notification of all births in the Municipality within twenty-four hours.

During the year 1952-53, the number of births and still-births notified (including births to mothers who were non-Cape Town residents) was 18,343, as follows:—

Notified by midwives and nurses (other than extern or intern institutional cases) ..	6,308
Notified by doctors	644
Notified by institutions (extern or intern)	11,222
Notified by parents and others	58
Notified by health visitors	111

There were 283 births notified in Langa Native Township.

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

The following is a summary of the table:—

	<i>Attended.</i>	<i>Births.</i>	<i>Percentage.</i>
In private houses:			
By private doctors		574	3.69
By private midwives:			
Certificated		5,557	35.68
Uncertificated		870	5.59
By public midwives or midwife students		1,361	8.74
No doctor or midwife		58	0.37
No information		50	0.32
		8,470	54.39
In institutions:			
Public institutions		5,879	37.75
Private nursing homes		1,224	7.86
		7,103	45.61

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 13.5 per cent.

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

SUPERVISION OF MIDWIFERY.

The supervision of all persons, other than registered medical practitioners, practising midwifery in the municipal area is undertaken by this Branch, in accordance with the regulations made under Section 18 (b) of the Public Health (Amendment) Act No. 15 of 1928.

In the "built-up" areas of the city, the maternity needs of expectant mothers are adequately catered for by the Provincial Administration midwifery training schools and by private midwives practising under the supervision of this department. In the outlying areas at Retreat, Parkwood and Surrey Estate, there is still a need for additional midwives. Owing to the housing problems and the difficulty of transport, it has not been possible to persuade young newly-qualified midwives to start a practice in these bush and sandy areas.

Difficulties are still being experienced by mothers who fail to make provision for their confinements. This is particularly evident at Retreat, Windermere and Surrey Estate. Poverty is frequently given as the reason, but free services are now provided by the Cape Provincial Administration in most areas of the municipality. In those areas not catered for, the Health Department assists by paying the confinement fee in cases which have been investigated by the Health Visitors and approved by the Medical Officer of Health.

Assisted Midwifery.

An amount of £109 10s. was paid to midwives during the year. Fees to medical practitioners called in by midwives to cases of obstetrical emergencies amounted to £13 11s.

Inspections.

Periodical meetings of private midwives have been held at the various welfare centres. Films and lectures are provided and midwives are encouraged to discuss their problems and difficulties with the Maternal and Child Welfare Officer or her deputy. One meeting at Aspeling Street was arranged as a demonstration for 3 doctors attending a post graduate course in Public Health and another at Salt River was attended by 8 student health visitors. On both these occasions educational strip films were shown.

In addition, the midwives are visited in their homes by the supervisor of midwives.

Classes in the Preparation for Natural Childbirth.

The Supervisor of Midwives conducts classes at which relaxation, simple exercises and instructional talks are given.

These are well attended by Europeans and efforts are now being made to interest intelligent and co-operative non-European women.

Classes are held for the latter when a sufficient number wish to attend and midwives are encouraged to accompany their patients.

Prosecutions or Removals

During the year there were no prosecutions or removals from the list of midwives for disciplinary reasons. One Coloured certificated midwife (S.H.E.) was, however, reported to the South African Nursing Council because she failed to comply with the regulations for registered midwives made by that Council. This action was taken after repeated warnings had failed to have any effect.

The Nursing Council has signified its intention of conducting an enquiry before a disciplinary committee on 20th July, 1953.

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, 1952	92	98	8	14	212
Added to the list during 1952-53	7	8	—	1	16
Removed from list, having ceased to practice or untraceable	5	5	1	1	12
On list 30th June, 1953	94	101	7	14	216

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

Midwives interviewed at office	68
Number of visits paid by supervisor to midwives in their own homes	526
Inspections held during 1952-53	11
Attendances of midwives at inspections	137
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, when necessary.

The cases of puerperal fever reported in the year 1952-53, corrected for imported cases and misdiagnosis, numbered 18 (2 European and 16 non-European).

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 4 in hospitals. Of the 14 at home, 9 were attended in labour by midwives only and 2 by a doctor and midwife; 3 were unattended.

Condition of Child.

Fifteen of the cases supervened upon the birth of a living child and 3 a dead foetus. Of these 3 cases, 1 was of a dead viable foetus and 2 of a non-viable foetus. Five of the cases were reported as occurring in women in their first confinement.

Treatment.

Ten of the cases were treated in the City Hospital, the remaining 8 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 once a week, in addition to five daily morning sessions.

With the consent of the parents, infants and children under six years of age who have not had whooping cough receive combined whooping cough and diphtheria vaccine, 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, 1953, is shown by the following figures:—

Number of Sessions:

At schools	58
At institutions	30
At child welfare centres	201
	289

Total Persons Immunized:

<i>European.</i>	<i>Non-European.</i>	<i>All Races.</i>
3,750	13,010	16,760

Number of Injections Given:

S.A. Alum Precipitated Toxoid	13,534
S.A. Combined Whooping Cough and Diphtheria Vaccine	21,036
A.D.F. and D.F.	160
	34,730

OPHTHALMIA NEONATORUM AND GONORRHOEAL OPHTHALMIA.

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

The number of cases of these diseases in the year 1952-53, corrected for imported cases and misdiagnosis was 151 (12 European and 139 non-European).

Of these 151 cases, 63 were born in institutions and 88 at home. Of the 88 home confinements 5 were recorded as having been attended by doctors and 82 by midwives; 1 was unattended.

Every case has been kept under observation by the health visitors in order to secure efficient treatment. Except in cases under private medical practitioners, penicillin and the sulphonamides are dispensed by the health visitors under the authority of the medical officers of the maternal and child welfare centres, to which the patients are brought for consultation. Some of the cases have been treated by the district nurses of the Provincial Administration and at the out-patient departments of the hospitals.

It is to be recorded that the health visitors reported 81 of the cases as "slight" and 69 as "moderate" "grave" (in 1 case no information).

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

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

Eyes completely recovered	..	..	..	149
Cases of blindness	..	..	..	—
Sight damaged	..	..	..	—
Died	..	..	..	—
Lost trace of	..	..	..	3
				152

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. 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 backgrounds. They are run by various private and charitable organizations and by the Child Welfare Branch, which maintains three nursery schools, one with a crèche attached, and a day nursery at the Langa Native Township.

It is hoped that in the future the Union Education Department will take over the full responsibility of nursery school education. At present the City Council receives a grant of £6 per child per annum at the three nursery schools.

Since 18th May, 1951, all nursery schools and crèches must be registered with the Government Social Welfare Department. Before registration, a municipal health inspector inspects and reports on the premises, with regard to its suitability for the purpose to which it is being put and this report is dispatched via the Medical Officer of Health to the Social Welfare Department who then decide whether registration is to be granted or withheld.

MUNICIPAL NURSERIES AND NURSERY SCHOOLS.

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 Coloured helpers, 7 of whom are young girls in training.

Bloemhof Nursery School. This nursery school is run in the Bloemhof community centre attached to the municipal Housing Scheme 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 midday 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 5 helpers. The nursery school is open from 8 a.m. to 5 p.m. and meals are provided.

Langa Day Nursery. In August, 1952, a day nursery was opened in the Langa Native Township for 20 infants and 40 children between the ages of 2 and 6 years.

There are two trained African nurses, one in charge of each section and 11 helpers, 8 being young girls in training for nursery work.

The nursery is open from 7.30 a.m.—5.30 p.m. and meals are provided.

The attendances at the municipal nurseries and nursery schools during the year ended 30th June, 1953, are shown in the following table:—

	Shelley Street.	Bloemhof.	Bokmakirie.	Langa.
New entrants	35	21	43	18
Mean total on register	50	45	83	84
Daily sessions	488	217	217	333
Mean attendances per session	41	39	70	60
Total attendances	8,374	8,404	15,235	15,765

A resident nursery for the infants of tuberculosis non-European women is run in a cottage in the municipal housing scheme in Kew Town.

The infants are admitted, as soon after birth as possible, to enable the mothers to be transferred to a tuberculosis hospital for treatment.

The home has accommodation for a maximum of seven infants with a non-European house-mother in charge.

The infants receive injections of B.C.G. (*Bacillus Calmetta Guérin*) which is from time to time imported in small quantities from Denmark, and remain in the home for some months, until the mothers are in a fit state to care for them or some other suitable arrangements can be made for their care.

PROTECTED INFANTS.

Children under 10 years of age who are maintained apart from the parents or close relatives and live with foster-parents have by law to be registered with the Commissioner of Child Welfare of the district. Infant protection visitors are appointed by the Commissioner to visit these children at regular intervals and report to him on the suitability of the foster homes and the care provided by the foster parents.

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-parents is particularly common amongst the non-European groups in the City of Cape Town. The high degree of illegitimacy amongst this group of the population is a major reason for the great demand for foster homes and parents. While many such parents, particularly when adequately remunerated, provide the homes, care and attention so necessary for proper physical and mental development, others again are totally unsuitable and arrangements must be made by the health visitors for the child's removal to more suitable homes and parents.

The number of protected infants registered in the period 1st July, 1952, to 30th June, 1953, was as follows:—

Cape Town Magisterial District	..	..	..	105
Wynberg Magisterial District	..	..	..	176
				281

The total number of visits made by health visitors during the year to protected infants was 2,624.

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 Officer, who advises as to the suitability and health of the persons concerned.

During the current year the following number of infants were placed with adoptive parents on probation:—

Europeans	..	..	..	..	..	66
Non-Europeans	..	..	..	..	..	77
						143

CARE OF CHILDREN SUFFERING FROM ORTHOPAEDIC DEFECTS.

This section of the child welfare branch is responsible for the care of all children under 6 years of age living within the municipal area, who are suffering from orthopaedic defects.

During the year under review the work has continued to increase. The number of attendances at clinics has increased by 708, and the number of children suffering from active surgical tuberculosis has increased from 25 to 40. As the latter are nursed at home on special appliances, while waiting for admission to hospital, they require at least two visits a week with special nursing care. This additional responsibility could not be undertaken by the present staff of this department. Fortunately as the result of the co-operation and liaison between the Provincial Administration and ourselves the out-patient orthopaedic staff of this authority have taken over the supervision of 10 of these special cases in the Claremont, Wynberg and Retreat area, leaving 30 in the other parts of the Municipality for whom this Branch continues to be responsible. As the surgeons operate on approximately 3-12 children in one day of the week at the out-patient department of the Lady Michaelis Hospital, and these children must be visited in their homes the next day, the strain on the existing orthopaedic staff of the Branch is considerable and can only be accomplished by sacrificing other necessary home visits.

The following figures give an indication of the work done:—

Number of children on the books of the health visitor on the 30th June, 1953:

European	..	..	..	..	..	..	55
Coloured	..	..	..	..	..	..	306
Native	..	..	..	..	..	..	30
							391

Causes of Disablement:

Surgical tuberculosis	..	..	..	..	..	..	49
Poliomyelitis	..	..	..	..	..	..	42
Cerebral palsy	..	..	..	..	..	..	15
Congenital deformities	..	..	..	..	..	..	115
Rickets	..	..	..	..	..	..	106
Flat feet	..	..	..	..	..	..	48
Nerve injuries	..	..	..	..	..	..	1
Erbs palsy	..	..	..	..	..	..	13
Smith's arthritis	..	..	..	..	..	..	2
							391

Particulars of the work done during the year:

Number of clinics held with surgeon in attendance	45
Number of other clinics held	223
Attendances at surgeon's clinics	1,616
Attendances at other clinics	4,023
Children admitted to hospital	23
Children discharged from hospital	15
Children in hospital on 30th June, 1953 (under 6)	34
Children referred to the Provincial Administration Nursing Sisters on reaching the age of 6 years	88
House visits made	2,136
Recoveries	59
Deaths	13
Children moved out of the municipal area	10

SCHOOL CLINICS.

By arrangement with the Provincial Administration, school clinics are organized in the Maternal and Child Welfare Branch and are held during the school term at certain of the City Council welfare centres.

General sessions, with a medical officer in attendance, are held weekly at Woodstock and Aspelung Street (Cape Town) and fortnightly at Maitland, Windermere, Claremont, Athlone, Wynberg and Shortmarket Street (Cape Town).

There has been an increase of approximately 3,800 attendances at these sessions during the past year.

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

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

Ophthalmic clinics with a specialist in attendance are held three times a week at the Woodstock centre.

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

In the past year there has been an increase of over 900 attendances.

An ear, nose and throat specialist is in attendance at the Woodstock centre once a week where there has also been an appreciable increase of attendances in the year under review.

The work done during the year ended 30th June, 1953, 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 ..	179	580	759	158	3,003	3,161	72	273	345
Total attendances ..	830	1,935	2,765	546	10,725	11,271	129	552	681
Number of sessions held ..			121			199			40
Children fitted with spectacles:									
Full-paying	80	125	205						
Part-paying	47	237	284						
Free	16	25	41						

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 155 of the unmarried mothers (European 1, Coloured 126, Native 28) 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.

SECTION IV.—DENTAL BRANCH.

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

The inclusion of dentistry in Public Health programmes has become essential in view of the widespread prevalence of dental disease in all sections of civilized communities, young and old, rich and poor. The occurrence of dental defects in itself is not the only factor to be considered, as their far-reaching sequelae affect the general health and welfare of the community to a profound degree.

In order better to visualize the onset, progress and results of dental disease, it is necessary to visualize the development of the masticatory system.

At an early stage of foetal life, the deciduous teeth have commenced to form, and at birth signs of the commencement of the formation of the permanent dentition are present, although these series only commence eruption at the approximate ages of six months and six years respectively.

It can thus be appreciated that adverse developmental factors during the pre-natal and early post-natal periods can have very detrimental effects on the dentition and supporting structures. This is evinced in poor development and inability to resist disease. The resistance referred to is relative, and it is an unfortunate fact that modern dietary influences are such that even the best developed dental structures are unable to resist their ill-effects.

Dental disease manifests itself primarily in affections of the teeth and their adjacent structures. The greatest problem is caries which occurs in many cases within several months of the initial eruption of teeth. The actual process involved in caries causation is the fermentation of carbohydrates in close contact with the hard dental tissues. These foodstuffs include flours, starches and sugars, and the more finely divided and sticky they are the more is the process intensified. The modern refining of food has therefore had a most harmful effect on the human dentition.

Untreated caries is a progressive disease which if allowed to develop, will, besides the production of pain, eventually give rise to a number of chronic ailments seriously affecting the normal tenor of the individual.

The extent of the effects of ill-health caused directly and remotely through dental disease is incalculable. Absenteeism and lack of attention in school children, deterioration of health in workers, and in extreme cases, a total inability to perform any useful function are some of the results attributed primarily to dental pain and sepsis. Included in these conditions are arthritic and cardiac affections and other illnesses precipitated by remote dental sepsis.

The problem is therefore mainly one of twofold significance, prevention and treatment. The aspect of prevention is primarily bound up with ensuring a suitable and adequate diet, and as such assumes national proportions.

The question of water supply is also of importance. An adequate mineral-containing supply is essential to bony and dental development and in this respect, the presence of fluorine is of some significance as in the optimum amount, about 0.9 parts per million it has been demonstrated to have an inhibitory effect on dental caries. This effect is relative and is only of benefit when included in the diet in the first few years of life. Naturally occurring fluorine has been demonstrated to be of some value, but in excess amounts has a harmful effect. The effects of adding this mineral to the water supply appears beneficial, but its effects are still being studied.

It would appear, therefore, that the function of the local authority should be devoted to treatment and the individual encouragement of prophylactic measures.

In the development of dental science, as in medicine, attention is being increasingly directed to the social aspect. A public health programme can not only be satisfied with the adjustment, repair or replacement of the dentition and the treatment of oral conditions. Investigation must be directed to the causes of dental maldevelopment and lesions. This requires constant surveillance of dental conditions and the oral and nasal relationship and a departure from the idea that dental examination and treatment are only necessary for the reasons of pain, discomfort or aesthetics.

Although the question of prevention and treatment have been separated, no hard line of demarcation can be drawn on account of the fact that certain aspects of treatment are corrective or only reparative to the extent that prevention of further damage is ensured.

The very nature of dental treatment which entails protracted operative procedures with expensive equipment and materials entails a high cost which is prohibitive to a large section of the community. In addition, such treatment is rarely final, the average person requiring conservative treatment once or twice a year. Nor does this ensure the retention of the teeth in middle age as other conditions may supervene causing the loss of part of, or the complete dentition.

These factors have a marked effect on most of the under-privileged classes, who, for these and other reasons, rarely seek dental treatment unless driven to it by pain or ill-health. Then the demand is for the removal and replacement of the complete dentition.

It is on encountering this all too prevalent attitude that one appreciates the value of correct health education. Until 1947, dental treatment, as undertaken by the City Health Department, was restricted to the following classes of persons: Pre-school children and expectant and nursing mothers, school children, inmates of the Council's infectious diseases hospitals, out-patients attending the anti-tuberculosis clinics and the residents of Langa Native Township. The services were conducted by a full-time dental officer, two full-time nurses with occasional assistance from part-time dental officers.

On the principle that dental services should not be restricted to these special classes, the Council decided to extend treatment to all persons unable to afford the cost of private treatment, and the new institution was staffed and equipped to deal with all the ordinary aspects of dental treatment. The principle was established that a charge for treatment should be made, based on sub-economic levels and varied according to the applicant's financial position.

Many organizations carry out only a first-aid dental service for adults and limited conservative treatment for children, but it was felt that financial considerations should not debar the public from the benefits of a full dental service, which the requirements of a public health service demand, and as far as possible, treatment is provided according to the needs of the individual case and is not dictated by expediency. For instance, orthodontic treatment is carried out for children by a specialist in this Branch of dental surgery.

The provision of dentures, beside being necessary for health, also serves a most essential service in fitting people for the labour market and restoring their self-respect and confidence. These remarks apply equally to orthodontic treatment.

All cases applying for treatment are investigated to ascertain their eligibility and are assessed in order to determine their contribution, if any, towards the cost of treatment.

Apart from the attendances of unclassified patients, treatment is also carried out for special groups and classes.

The Education Department of the Provincial Administration contributes towards the cost of treatment of school children on a sessional basis. The cost of treatment for tubercular patients is covered by an appropriate vote from the Union Health Department, and for residents of Langa by the Native Administration.

It has thus been made possible to carry out an extensive and ordinarily expensive service at a very low direct cost to the ratepayers. Dental services are carried out at the following council establishments: The Central Dental Clinic, Hope Street, Cape Town; the anti-Tuberculosis Clinic, Chapel Street; Langa Native Township; the Infectious Diseases Hospital, Green Point; Brooklyn Chest Hospital; The Child Welfare Centres at Aspeling Street; St. James Street, Woodstock; Athlone; Lansdowne and Wynberg, and also at the following non-municipal institutions: Maitland Cottage Homes for crippled children; the Lady Michaelis Orthopaedic Hospital; the Stanhope Home; the Westlake Tuberculosis Hospital and the Dr. A. J. Stals Memorial Sanatorium. The extension of services could with great benefit be extended to Windermere and Retreat.

Unfortunately, there are no regular records of the incidence of dental disease, and it is therefore impossible scientifically to report the effects of widespread dental treatment in this area, but evidence which is available clearly indicates the improvement in health, particularly of children. Several school principals report better attendance averages and fewer complaints of toothache, and while this may in some measure be the result of feeding schemes, there is no doubt that the dental treatment received has played its part. It has also been found that at well attended dental clinics for school children the average extraction rate per child has fallen by about 40 per cent.

Among the poorer section of the community, which constitute the majority of cases treated at clinics, the unwillingness to submit to the conservative treatment of teeth is pronounced. This attitude is still more marked among the Coloured group, and will not be remedied until additional sessions regarding hygiene (including Dental Health) are provided in the primary schools of this country.

The average age at which these people lose their teeth is far too low, and it is noteworthy that in a large number it is due to preventable or curable disease.

The staff of the dental branch consists of the following: The Chief Dental Officer; Deputy Officer; assistant dental surgeon; four dental mechanics and one apprentice; one senior health visitor; four dental nurses; three clinic assistants; three clerks; one social worker; and the cleaning staff. In addition to the full-time staff, the services of part-time dental officers, anaesthetists, nurses and clinic assistants are employed.

The accompanying table indicates the extent of the services rendered, and its increase over the previous year.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

31

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	1,568	1,124	7,551	4,104	20,843	1,025	7,445	277	113	1,508	4,689	279	987
	Children		778	2,258	2,940	4,985	829	2,389	601	89	250	36	11	1
	School Children: School Board ..	362	319	193	1,898	410	394	212	1,274	174	216	18	—	—
	Total ..	1,930	2,221	10,002	8,942	26,238	2,248	10,046	2,152	376	1,974	4,743	290	988
Aspeling Street, Cape Town	Nursing and expectant mothers ..	52*	—	214	—	286	—	269	—	—	—	—	—	—
	Pre-school children:		—	526	—	643	—	621	—	—	—	—	—	—
	School children: School Board ..	48	—	703	—	1,705	—	1,433	—	—	—	5	—	—
	Non-School Board ..	22	—	285	—	568	—	493	—	—	—	—	—	—
	Total ..	122	—	1,728	—	3,202	—	2,816	—	—	—	5	—	—
Woodstock	Nursing and expectant mothers ..	70*	31	236	46	338	43	317	—	—	—	—	—	—
	Pre-school children:		153	372	196	450	187	445	—	—	—	—	—	—
	School children: School Board ..	137	538	690	1,455	1,393	957	1,157	248	19	34	3	—	—
	Non-School Board ..	13	—	126	—	303	—	270	—	—	—	—	—	—
	Total ..	220	722	1,424	1,697	2,484	1,187	2,189	248	19	34	3	—	—
Athlone	Nursing and expectant mothers ..	64*	—	268	—	414	—	396	—	—	—	—	—	—
	Pre-school children:		—	498	—	574	—	559	—	—	—	—	—	—
	School children: School Board ..	45	—	832	—	1,574	—	1,375	—	—	—	—	—	—
	Non-School Board ..	19	—	279	—	485	—	431	—	—	—	—	—	—
	Total ..	128	—	1,877	—	3,047	—	2,761	—	—	—	—	—	—
Wynberg	Nursing and expectant mothers ..	59*	11	343	32	509	20	448	13	24	1	7	—	—
	Pre-school children:		42	373	53	454	44	431	4	—	—	—	—	—
	School children: School Board ..	190	267	1,110	882	1,947	329	1,548	428	106	52	9	—	—
	Non-School Board ..	10	—	169	—	281	—	247	—	—	—	—	—	—
	Total ..	259	320	1,995	967	3,191	393	2,674	445	130	53	16	—	—
Lansdowne	School children: School Board ..	89	172	338	680	577	269	523	255	—	58	—	—	—
	Non-School Board ..	7	—	95	—	175	—	157	—	—	—	—	—	—
	Total ..	96	172	433	680	752	269	680	255	—	58	—	—	—
City Hospital	In-patients ..	9	13	151	17	155	8	122	—	—	2	—	—	—
Brooklyn Chest Hospital ..	In-patients ..	6	—	60	—	88	—	71	—	—	—	—	—	—
Langa Native Hospital ..	Native residents, Langa ..	51	—	534	—	1,027	—	1,015	—	—	—	—	—	—
Westlake Tuberculosis Hospital ..	In-patients ..	4	—	—	5	—	1	—	—	—	4	—	—	—
Dr. A. J. Stals Memorial Sanatorium ..	In-patients ..	17	—	248	—	532	—	241	—	—	—	—	—	—
Tuberculosis Clinic, Chapel Street ..	Out-patients ..	96	80	177	389	876	68	196	106	49	170	526	26	104
Lady Michaelis Home ..	In-patients and school children ..	14	76	142	90	195	14	39	—	—	—	—	—	—
Leliebloem House ..	In-patients ..	2	—	70	—	70	—	—	—	—	—	—	—	—
St. Mary's Training School ..	In-patients ..	3	78	—	128	—	50	—	—	—	—	—	—	—
Maitland Cottage Homes	In-patients ..	6	—	173	—	204	—	60	—	—	—	—	—	—
	Totals ..	2,963	3,682	19,014	12,915	42,061	4,238	22,190	3,206	574	2,295	5,293	316	1,092

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, 1953, are shown in Table P, on page 127.

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

In the tables on pages 128 to 130, the notified cases (corrected) are classified by race and:—

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

(Table R) in age and sex groups.

(Table S) in wards.

The number of cases notified in a series of past years is set out in Table T on page 131. Similar information as to deaths from these and certain other infectious diseases will be found in Tables C and E on pages 112 and 114.

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

ENTERIC OR TYPHOID FEVER.

The cases of this disease reported in the year 1952-53, corrected for misdiagnosis and imported cases, numbered 74 (13 European and 61 non-European), equivalent to an incidence rate of 0.16 per 1,000 population (0.07 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-European).

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

The 74 Cape Town cases occurred in 65 houses, in 59 of which there was one case each, in 4 two cases each and 1 house three cases, and in 1 house four cases. All the cases were treated at the City Hospital (2 fatal).

In addition to the 74 Cape Town cases 56 patients were admitted to the City Hospital from outside the Municipality, 3 of whom were originally admitted for another disease and were afterwards found to be suffering from enteric fever.

Excluded from the 74 cases there were 4 Cape Town cases that had acquired the infection outside the municipal area.

Table P, on page 127, 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 1952-53.

Reference to Tables Q, R and S, on pages 128, 129 and 130, will show the notifications for the year in months, age-groups and wards of the city. Other particulars will be found in the table on page 33 and in Table T, on page 131.

DIPHTHERIA.

The cases of this disease reported in the year 1952-53 corrected for misdiagnosis and imported cases, numbered 80 (33 Europeans and 47 non-Europeans); equivalent to an incidence rate of 0.18 per 1,000 population (0.17 European and 0.18 non-European).

The total deaths from diphtheria according to date of registration in the year 1952-53 as belonging to Cape Town numbered 8 (3 European and 5 non-European); equivalent to a death rate of 0.02 per 1,000 population (0.02 European and 0.02 non-European). It is particularly significant that none of these fatal cases had at any time been actively immunized against the disease. We are fully aware that satisfactory active diphtheria immunization does not in all cases render an individual immune to the disease but in those few cases where the disease is subsequently contracted it is usually mild and a fatal outcome exceptional. The propaganda value of these *sequelae* cannot be sufficiently stressed when dealing with the public.

There were 4 cases of diphtheria in Langa Native Township.

The 80 Cape Town cases occurred in 77 houses, in 75 of which there was one case each, in 1 house two cases and in 1 house three cases.

Seventy-nine of the cases were treated at the City Hospital (9 fatal, of which one was regarded as a non-Cape Town resident).

Excluded from the above figures there were 185 cases from outside the Municipality of Cape Town admitted to the City Hospital diagnosed as suffering from diphtheria. In 82 cases the diagnosis was confirmed.

Table P, on page 127, 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 1952-53.

Other particulars will be found in the table on page 33 and in the Tables Q to T on pages 128 to 131.

The incidence of diphtheria in the Municipality of Cape Town in the year 1952-53 was slightly higher than last year, when it was the lowest ever recorded for the city. The increase was found chiefly amongst non-Europeans. Notwithstanding the efforts of the department in regard to diphtheria immunization of the susceptible population in the city it would appear from these figures that still much more is necessary before diphtheria as a disease entity is likely to be eliminated. In a disease where deaths should not occur to-day it is most disheartening to record no fewer than 8 deaths (3 in Europeans and 5 in non-Europeans). There is no doubt that the diphtheria immunization programme must be stepped up.

Diphtheria Carriers. In 10 Cape Town patients who were admitted to the City Hospital as diphtheria the diagnosis was changed to diphtheria carriers.

SCARLET FEVER.

The cases of this disease reported in the year 1952-53, corrected for misdiagnosis and imported cases, numbered 236 (212 for European and 24 for non-European); equivalent to an incidence rate of 0.52 per 1,000 population (1.12 European and 0.09 non-European).

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

Of the 236 Cape Town cases 2 cases occurred in an institution, namely one at the City Hospital (nurse) and 1 at the Groote Schuur Hospital (nurse), and 4 cases occurred in a boarding school (Ward 8). The remaining cases occurred in 207 houses, in 187 of which there was one case each, in 17 two cases each, and in 3 three cases each. 189 of the cases were treated in the City Hospital and 47 were treated at home.

In addition to the above figures, there were 50 cases of scarlet fever from outside the Municipality of Cape Town (including one from overseas) treated at the City Hospital.

Reference to Table P, on page 127, 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 1952-53.

Other particulars will be found in the table below and in the Table Q to T, on pages 128 to 131.

CORRECTED NOTIFICATION AND DEATH RATES PER 1,000 POPULATION FROM ENTERIC FEVER, DIPHTHERIA AND SCARLET FEVER.

Year.	Enteric fever.				Diphtheria.				Scarlet fever.			
	Notifications.		Deaths.		Notifications.		Deaths.		Notifications.		Deaths.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1914-15 ..	3.13	2.89	0.26	0.30	1.94	0.82	0.20	0.29	0.98	0.13	0.03	—
1915-16 ..	1.96	1.73	0.01	0.37	2.27	0.67	0.20	0.25	1.54	0.10	—	—
1916-17 ..	1.90	1.92	0.16	0.41	1.91	0.53	0.12	0.17	0.60	0.05	—	—
1917-18 ..	1.55	1.58	0.13	0.40	1.20	0.41	0.08	0.14	1.09	0.17	—	—
1918-19 ..	2.20	2.40	0.19	0.42	1.22	0.31	0.03	0.13	1.65	0.23	—	—
1919-20 ..	2.60	2.50	0.22	0.52	1.30	0.45	0.08	0.15	2.84	0.29	0.03	—
1920-21 ..	3.46	3.78	0.37	0.56	0.75	0.29	0.05	0.04	2.25	0.18	0.02	—
1921-22 ..	1.98	2.48	0.20	0.50	0.86	0.22	0.08	0.07	0.94	0.11	—	—
1922-23 ..	1.71	1.64	0.21	0.31	1.15	0.28	0.10	0.06	0.45	0.06	—	—
1923-24 ..	1.12	1.04	0.11	0.23	1.51	0.55	0.08	0.12	0.24	0.03	—	—
1924-25 ..	0.72	1.02	0.07	0.21	1.90	0.45	0.15	0.09	0.46	0.01	—	—
1925-26 ..	0.78	1.05	0.07	0.18	1.60	0.48	0.07	0.12	1.15	0.08	—	0.01
1926-27 ..	1.02	1.26	0.13	0.28	1.62	0.89	0.10	0.16	1.07	0.11	—	—
1927-28 ..	0.84	1.19	0.08	0.22	1.25	0.54	0.08	0.11	1.76	0.05	0.02	—
1928-29 ..	0.76	0.86	0.10	0.22	1.23	0.60	0.10	0.13	1.17	0.08	—	0.01
1929-30 ..	0.65	0.79	0.06	0.14	1.23	0.45	0.10	0.09	1.93	0.16	0.01	0.01
1930-31 ..	0.71	0.84	0.06	0.19	1.38	0.76	0.06	0.09	3.11	0.32	0.01	—
1931-32 ..	0.51	0.78	0.09	0.19	0.86	0.53	0.05	0.09	0.87	0.14	—	—
1932-33 ..	0.21	0.23	0.02	0.04	1.00	0.57	0.06	0.05	0.85	0.14	—	—
1933-34 ..	0.36	0.36	0.01	0.05	1.33	0.80	0.04	0.08	0.71	0.07	—	—
1934-35 ..	0.22	0.36	0.04	0.07	1.61	1.00	0.06	0.14	1.55	0.10	0.01	—
1935-36 ..	0.20	0.31	0.02	0.04	1.25	0.88	0.07	0.12	3.95	0.24	0.02	0.01
1936-37 ..	0.22	0.67	0.01	0.09	1.45	0.83	0.01	0.08	2.98	0.20	0.02	0.01
1937-38 ..	0.37	0.28	0.03	0.05	2.20	1.73	0.12	0.23	0.72	0.09	0.01	—
1938-39 ..	0.09	0.25	0.01	0.03	3.36	1.55	0.12	0.31	0.51	0.05	—	—
1939-40 ..	0.22	0.22	0.01	0.02	1.75	0.84	0.03	0.12	0.76	0.07	—	—
1940-41 ..	0.07	0.16	0.01	0.06	1.21	0.56	0.04	0.05	1.30	0.11	—	—
1941-42 ..	0.23	0.45	0.01	0.07	1.22	0.85	0.04	0.10	1.67	0.06	0.01	—
1942-43 ..	0.55	0.41	0.02	0.08	0.98	0.81	0.06	0.09	0.94	0.04	—	—
1943-44 ..	0.10	0.32	0.02	0.04	1.63	0.61	0.02	0.09	0.91	0.04	0.01	—
1944-45 ..	0.12	0.42	0.02	0.09	0.51	0.48	0.03	0.07	0.82	0.09	0.01	0.01
1945-46 ..	0.12	0.45	0.02	0.06	0.15	0.44	0.01	0.06	1.80	0.22	—	0.01
1946-47 ..	0.13	0.73	0.03	0.12	0.28	0.29	0.01	0.03	1.36	0.10	—	—
1947-48 ..	0.19	0.33	0.03	0.04	0.34	0.36	0.02	0.03	0.81	0.12	—	0.01
1948-49 ..	0.07	0.20	0.01	0.04	0.17	0.29	0.02	0.02	0.97	0.12	—	—
1949-50 ..	0.08	0.14	—	0.03	0.30	0.29	0.02	0.05	1.17	0.13	—	—
1950-51 ..	0.05	0.15	—	0.02	0.22	0.25	—	0.04	1.12	0.20	—	—
1951-52 ..	0.12	0.23	—	0.01	0.18	0.14	0.01	0.00	0.94	0.10	—	0.00
1952-53 ..	0.07	0.23	—	0.01	0.17	0.18	0.02	0.02	1.12	0.09	—	—

CEREBROSPINAL FEVER.

In the year 1952-53 there were 47 Cape Town cases (7 European and 40 non-European) of cerebrospinal fever notified; equivalent to an incidence rate of 0.10 per 1,000 population (0.04 European and 0.15 non-European).

There were 10 deaths (non-European) from cerebrospinal fever registered as belonging to Cape Town during the year 1952-53; equivalent to a death rate of 0.02 per 1,000 population (0.04 non-European).

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

Of the 47 Cape Town cases, 40 were treated at the City Hospital (3 fatal), 1 at the Victoria Hospital (fatal) and 1 died before receipt of notification. The remaining 5 cases were not removed to hospital and all were fatal.

Twenty-eight cases of cerebrospinal fever from outside the municipality were treated at the City Hospital.

Reference to Table P, on page 127, 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 1952-53.

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

ACUTE POLIOMYELITIS.

Of this disease, 27 cases (14 European and 13 non-European) were reported in the year under review, equivalent to an incidence rate of 0.06 per 1,000 population (0.07 European and 0.05 non-European). There were four deaths (European). Last year there were 12 cases (10 European and 2 non-European) of acute poliomyelitis notified and the incidence rate per 1,000 population was 0.03, 0.05 and 0.01 respectively.

There was one case of acute poliomyelitis in Langa Native Township.

Most of the cases were in children under 10 years of age. There were no secondary household cases.

Twenty-five of the 27 Cape Town cases were treated in the City Hospital (3 fatal) and 1 died on the day of admission to the Victoria Hospital, Wynberg. Twenty-seven extra municipal cases of acute poliomyelitis were treated in the City Hospital, three of which were admitted for another disease and were afterwards found to be suffering from acute poliomyelitis.

Table P, on page 127, 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 1952-53.

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

INFECTIVE ENCEPHALITIS.

The number of cases under this heading reported in the year 1952-53, corrected for misdiagnosis and imported cases, was 8 (4 European and 4 non-European). One case was fatal (non-European).

There were 2 extra municipal cases of infective encephalitis, both of which were originally admitted to the City Hospital for another disease.

Other particulars will be found in the table below, in Table P, on page 127, and in the Tables Q to T, on pages 128 to 131.

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

Year.	Cerebrospinal fever.				Acute poliomyelitis.				Infective encephalitis.			
	Cases.		Deaths.		Cases.		Deaths.		Cases.		Deaths.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1915-16 ..	2	-	-	-	4	5	-	-	-	-	-	-
1916-17 ..	2	-	1	-	3	1	1	2	-	-	-	-
1917-18 ..	6	2	3	2	3	2	1	1	-	-	-	-
1918-19 ..	3	5	-	5	2	2	2	-	-	-	-	-
1919-20 ..	3	6	3	5	1	1	-	1	-	-	-	-
1920-21 ..	4	1	3	1	3	1	-	-	3	1	2	1
1921-22 ..	4	1	-	-	1	1	1	1	5	-	5	-
1922-23 ..	4	5	4	2	-	1	-	1	3	1	2	1
1923-24 ..	2	3	2	3	1	-	-	-	5	4	3	4
1924-25 ..	6	19	5	11	1	1	1	1	6	5	3	4
1925-26 ..	4	21	5	19	-	-	-	-	6	10	6	7
1926-27 ..	10	39	6	29	2	-	1	-	6	5	4	5
1927-28 ..	39	183	18	92	8	4	2	1	8	3	3	3
1928-29 ..	30	101	16	59	4	1	1	-	7	5	5	3
1929-30 ..	14	48	8	27	11	6	3	1	4	3	3	-
1930-31 ..	4	18	3	15	5	5	-	2	1	4	-	3
1931-32 ..	7	35	3	21	-	-	-	-	7	2	5	2
1932-33 ..	8	22	5	15	4	4	1	2	4	4	-	1
1933-34 ..	3	17	3	17	8	3	-	-	2	-	-	-
1934-35 ..	5	20	3	15	11	14	1	3	8	3	2	1
1935-36 ..	1	9	1	10	1	3	-	-	4	3	2	4
1936-37 ..	7	11	7	9	7	2	2	-	1	3	2	1
1937-38 ..	3	15	2	5	4	2	4	-	4	4	2	1
1938-39 ..	5	33	1	17	2	9	-	-	-	2	-	1
1939-40 ..	2	24	1	7	5	11	-	-	2	3	1	-
1940-41 ..	23	45	4	8	5	4	-	1	1	5	1	3
1941-42 ..	19	47	1	4	4	3	2	2	3	1	2	-
1942-43 ..	23	80	2	13	2	-	-	-	6	3	3	2
1943-44 ..	39	222	9	76	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	-	-
1952-53 ..	7	40	-	10	14	13	4	-	4	4	-	1

ERYSIPELAS.

The number of notified cases of erysipelas in the Municipality of Cape Town in the year 1952-53 was 21 (10 European and 11 non-European). There were no cases of erysipelas in Langa Native Township.

Five of the 21 Cape Town cases were treated in the City Hospital, 1 at the Groote Schuur Hospital and the remainder were treated at home. All the cases occurred in separate houses.

In addition to the above, 3 cases of erysipelas were removed to hospital from outside the Municipality of Cape Town.

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

INFLUENZA AND PNEUMONIA.

In the year 1952-53, 14 cases of influenzal pneumonia (3 European and 11 non-European), and 198 cases of acute primary pneumonia (18 European and 180 non-European) were reported in the Municipality of Cape Town.

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

There was 1 case 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	39	0.32	29	0.26	148	1.59	58	0.52	323	3.46
1925-26 ..	13	0.12	22	0.23	26	0.23	213	2.25	70	0.63	269	2.84
1926-27 ..	13	0.11	18	0.18	40	0.35	255	2.62	84	0.74	387	3.96
1927-28 ..	20	0.16	52	0.46	39	0.30	305	2.69	96	0.75	509	4.49
1928-29 ..	23	0.18	33	0.28	40	0.31	217	1.87	93	0.71	390	3.56
1929-30 ..	32	0.24	29	0.24	36	0.27	221	1.86	65	0.49	338	2.84
1930-31 ..	9	0.06	26	0.21	46	0.33	201	1.61	58	0.42	345	2.77
1931-32 ..	30	0.22	43	0.34	35	0.25	218	1.74	100	0.72	403	3.22
1932-33 ..	12	0.08	18	0.14	20	0.14	157	1.22	71	0.50	385	3.00
1933-34 ..	8	0.06	9	0.07	30	0.21	170	1.29	61	0.42	346	2.63
1934-35 ..	30	0.20	27	0.20	29	0.20	278	2.06	114	0.77	482	3.57
1935-36 ..	36	0.24	32	0.23	19	0.12	193	1.37	92	0.60	453	3.21
1936-37 ..	13	0.08	17	0.12	35	0.23	132	0.93	57	0.37	317	2.23
1937-38 ..	24	0.15	24	0.16	34	0.22	252	1.73	80	0.51	465	3.19
1938-39 ..	15	0.09	15	0.10	30	0.19	170	1.14	79	0.50	446	2.98
1939-40 ..	17	0.10	12	0.08	20	0.12	131	0.86	66	0.41	438	2.86
1940-41 ..	18	0.11	18	0.11	27	0.16	159	1.01	73	0.44	442	2.80
1941-42 ..	8	0.05	10	0.06	21	0.13	129	0.78	68	0.42	474	2.87
1942-43 ..	8	0.05	8	0.05	33	0.20	128	0.77	61	0.37	412	2.48
1943-44 ..	12	0.07	13	0.07	12	0.07	182	1.02	60	0.36	584	3.27
1944-45 ..	5	0.03	9	0.05	19	0.11	118	0.64	59	0.34	425	2.30
1945-46 ..	3	0.02	9	0.05	20	0.11	113	0.59	47	0.26	372	1.96
1946-47 ..	4	0.02	10	0.05	18	0.10	126	0.64	56	0.31	364	1.86
1947-48 ..	9	0.05	5	0.02	12	0.06	109	0.53	57	0.30	442	2.15
1948-49 ..	3	0.02	12	0.06	20	0.10	98	0.47	61	0.32	293	1.41
1949-50 ..	3	0.02	10	0.05	18	0.09	81	0.38	59	0.30	355	1.65
1950-51* ..	10	0.05	5	0.02	15	0.08	71	0.30	42	0.23	276	1.16
1951-52* ..	3	0.02	6	0.02	12	0.06	72	0.29	57	0.30	251	1.01
1952-53* ..	3	0.02	9	0.03	16	0.08	54	0.20	40	0.21	245	0.92

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:—

	1952-53		1951-52	
	European.	Non-European.	European.	Non-European.
Under 5 years of age	8	207	12	238
0-1 year	5	140	9	175
1-2 years	2	43	3	49
2-5 years	1	24	—	14
All other ages	48	92	57	85
Totals	56	299	69	323

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

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

TYPHUS FEVER.

In the year 1952-53 one case of tick-bite fever belonging to Cape Town was recorded under this heading. The patient, a European female aged 10 years, residing in Sea Point (Ward 1), was in the habit of playing on vacant ground in the neighbourhood and complained of tick bites. She was originally notified and admitted to the City Hospital as a case of enteric fever and was afterwards found to be suffering from tick-bite fever.

Two other cases (European males), admitted to the City Hospital from outside the municipal area, diagnosed as suffering from another disease, proved to be tick-bite fever. Another case, a European female aged 46 years, was admitted to the City Hospital from Milnerton, C.P., suffering from murine typhus.

TRACHOMA.

There was only one Cape Town case (Native male adult) of this disease notified during the year 1952-53. He was employed at the City Hospital as a Native male orderly and received treatment at the Groote Schuur Hospital out-patient department.

LEPROSY.

One case of this disease was reported to this department on the 4th July, 1952, by a private medical practitioner in the person of a Native female, aged 26 years, residing in Athlone (Ward 10). It was stated that she had been suffering from anaemia and general weakness for approximately one year before her arrival in Cape Town from the Transkei. The first symptoms of the disease were in April, 1952. The patient was removed to the Conrads Home, Pinelands, C.P.

ANTHRAX.

Three cases of anthrax (E.M., E.F., C.F.) were admitted to the City Hospital from outside the municipal area. These three cases contracted the disease during an outbreak of anthrax in the Paarl, Stellenbosch and Ceres areas, Cape Province, in December, 1952. They all recovered.

MALTA FEVER.

A case of this disease was reported to this department on the 14th November, 1952, in the person of a European male, aged 44 years, residing in Rondebosch (Ward 11). On the 24th October, 1952, he complained of weakness and slight pains in legs and pyrexia. The source of this infection was unknown. He was later admitted to a private nursing home.

WHOOPIING COUGH.

For the period under review, the number of cases of whooping cough, reported as belonging to Cape Town, was 762 (244 European and 418 non-European), equivalent to an incidence rate of 1.69 per 1,000 population (1.29 European and 1.59 non-European). Last year there were 1,114 Cape Town cases of whooping cough notified (278 European and 836 non-European), and the incidence rate per 1,000 population was 2.55, 1.48 and 3.35 respectively.

The total deaths from whooping cough according to the date of registration in the year 1952-53 numbered 18, all non-Europeans, equivalent to a death rate of 0.04 per 1,000 total population (0.07 non-European). All the deaths were in children under 10 years of age.

The 762 cases occurred in 502 houses, in 326 of which there was 1 case each, in 124 two cases each, in 29 three cases each, in 16 four cases each, in 5 five cases each and in 2 six cases each. Thirty-one of the cases were treated in the City Hospital.

The distribution of the 762 cases according to months, age-groups and wards of the city will be found in the Tables Q to S, on pages 128 to 130.

There were 3 cases of whooping cough in Langa Native Township.

Table P, on page 127, 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 1952-53.

In the year under review, 21,036 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.

The following table shows the number of deaths from whooping cough and the corresponding rates per 1,000 population for a series of years, together with the number of notifications and incidence rates since the disease was made notifiable on 30th April, 1950:—

Year.	Whooping cough.							
	Notifications.		Incidence rate per 1,000 population.		Deaths.		Death rate per 1,000 population.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1914-15	—	—	—	—	16	72	0.20	0.95
1915-16	—	—	—	—	2	2	0.02	0.03
1916-17	—	—	—	—	12	20	0.14	0.26
1917-18	—	—	—	—	10	40	0.11	0.51
1918-19	—	—	—	—	7	22	0.08	0.28
1919-20	—	—	—	—	10	29	0.10	0.36
1920-21	—	—	—	—	16	41	0.16	0.50
1921-22	—	—	—	—	—	5	—	0.06
1922-23	—	—	—	—	8	25	0.08	0.29
1923-24	—	—	—	—	21	69	0.19	0.77
1924-25	—	—	—	—	4	10	0.04	0.11
1925-26	—	—	—	—	5	20	0.04	0.21
1926-27	—	—	—	—	7	26	0.06	0.27
1927-28	—	—	—	—	21	74	0.16	0.66
1928-29	—	—	—	—	11	32	0.08	0.28
1929-30	—	—	—	—	6	15	0.04	0.13
1930-31	—	—	—	—	9	58	0.06	0.47
1931-32	—	—	—	—	8	44	0.06	0.35
1932-33	—	—	—	—	10	32	0.07	0.25
1933-34	—	—	—	—	1	19	0.01	0.14
1934-35	—	—	—	—	5	19	0.03	0.14
1935-36	—	—	—	—	10	178	0.07	1.26
1936-37	—	—	—	—	3	23	0.02	0.16
1937-38	—	—	—	—	—	20	—	0.14
1938-39	—	—	—	—	1	81	0.01	0.54
1939-40	—	—	—	—	4	66	0.02	0.43
1940-41	—	—	—	—	3	43	0.02	0.27
1941-42	—	—	—	—	3	54	0.02	0.33
1942-43	—	—	—	—	2	5	0.01	0.03
1943-44	—	—	—	—	6	33	0.04	0.18
1944-45	—	—	—	—	2	90	0.01	0.49
1945-46	—	—	—	—	—	5	—	0.03
1946-47	—	—	—	—	2	17	0.01	0.09
1947-48	—	—	—	—	5	102	0.03	0.50
1948-49	—	—	—	—	1	18	0.01	0.09
1949-50*	29	148	—	—	1	66	0.01	0.31
1950-51*	138	727	0.74	3.05	2	21	0.01	0.09
1951-52*	278	836	1.48	3.35	2	24	0.01	0.10
1952-53*	244	518	1.29	1.98	—	18	—	0.07

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

*Corrected for outward transfers only.

MEASLES.

There were 18 non-European deaths from measles in the year 1952-53. Seventeen of the deaths were in children under 5 years of age and one in the age-group 5-10 years.

During the year under review, 95 cases of measles were treated in the City Hospital.

Other particulars will be found in the Tables A to F, on pages 84 to 117.

In the following table the number of deaths from measles and the corresponding rates are shown for a series of years:—

Year.	Measles.			
	Deaths.		Rate per 1,000 population.	
	European.	Non-European.	European.	Non-European.
1914-15	1	1	0.01	0.01
1915-16	2	—	0.02	—
1916-17	20	147	0.23	1.90
1917-18	1	7	0.09	0.09
1918-19	3	2	0.03	0.03
1919-20	9	12	0.01	0.15
1920-21	2	27	0.02	0.33
1921-22	—	—	—	—
1922-23	3	21	0.03	0.24
1923-24	20	116	0.19	1.30
1924-25	1	2	0.01	0.02
1925-26	—	6	—	0.06
1926-27	9	38	0.08	0.39
1927-28	3	12	0.02	0.11
1928-29	9	9	0.07	0.08
1929-30	3	17	0.02	0.14
1930-31	—	17	—	0.14
1931-32	8	39	0.06	0.31
1932-33	—	—	—	—
1933-34	3	23	0.02	0.17
1934-35	6	80	0.04	0.59
1935-36	3	—	0.02	—
1936-37	—	4	—	0.03
1937-38	6	65	0.04	0.45
1938-39	1	7	0.01	0.05
1939-40	—	—	—	—
1940-41	4	37	0.02	0.23
1941-42	5	6	0.03	0.04
1942-43	2	20	0.01	0.12
1943-44	2	48	0.01	0.27
1944-45	2	9	0.01	0.05
1945-46	1	29	0.01	0.15
1946-47	1	19	0.01	0.10
1947-48	1	27	0.01	0.13
1948-49	—	17	—	0.08
1949-50	4	29	0.02	0.14
1950-51*	—	15	—	0.06
1951-52*	—	—	—	—
1952-53*	—	18	—	0.07

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

*Corrected for outward transfers only.

DIARRHOEAL DISEASES.

The deaths certified in the year 1952-53 as being due to diarrhoea and enteritis numbered 655 (13 European and 642 non-European) as compared with 643 (19 European and 624 non-European) in the previous year.

The deaths for the year 1952-53 were classified as follows:—

	European.	Non-European.	All races.
Diarrhoea and enteritis (under 2 years)	9	607	616
Diarrhoea and enteritis (2 years and over)	4	35	39
Cholera nostras	—	—	—
Dysentery, bacillary	—	4	4
Dysentery, amoebic	1	3	4
Dysentery, other	—	—	—
Total	14	649	663
Diarrhoeal death rate per 1,000 population	0.07	2.43	1.45

Of the 642 non-European deaths from diarrhoea and enteritis in the year under review, 167 occurred in Ward 8 (including 128 in the district of Windermere), 162 in Ward 10, 109 in Ward 15, 47 in Ward 6, 41 in Ward 5 and 116 in the rest of Cape Town.

The non-European mortality rate from diarrhoea and enteritis in the year 1952-53 was 34.4 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 21.0 times as great as that for European. (See Table M on page 124.) In the last annual report reference was made to the slum-like and overcrowded conditions amongst non-Europeans living in different parts of the municipality, which may be considered as the chief cause of the high incidence of the disease.

In the following table the mortality figures from this disease in infants under one year of age are classified for race and sex over a period of years. It will be seen that the mortality is greater among the males:—

Year.	Diarrhoea and Enteritis.					
	European.		Non-European.		All races.	
	Male.	Female.	Male.	Female.	Male.	Female.
1947-48	9	6	151	110	160	116
1948-49	8	5	171	134	179	139
1949-50	10	5	155	111	165	116
1950-51	9	5	197	184	206	189
1951-52	7	2	211	206	218	208
1952-53	4	3	236	204	240	207

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

Reference to Table D, on page 113, will show the trends in mortality from diarrhoea and enteritis over the last five years and Table E, on page 115, the rates of mortality from this disease for a series of years.

CANCER.

The number of deaths certified during the year 1952-53 as being due to cancer was 481 (280 European and 201 non-European).

The deaths from cancer registered during the year 1952-53 and the corresponding rates are classified in the following table according to the parts of the body affected, from which it will be seen that more than half the total deaths of 481 were caused from cancer of the digestive and respiratory organs. Of the 226 deaths from cancer of the digestive organs, 116 were from cancer of the stomach and duodenum, and 54 of the 59 deaths from cancer of the respiratory organs were from cancer of the lung.

Parts affected.	European.		Non-European.		All races.	
	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.
Buccal cavity and pharynx	4	0.02	6	0.02	10	0.02
Digestive organs and peritoneum	124	0.65	102	0.38	226	0.49
Respiratory organs	36	0.19	23	0.09	59	0.13
Uterus	13	0.07	22	0.08	35	0.08
Other female genital organs	11	0.05	4	0.02	15	0.04
Breast	34	0.18	13	0.05	47	0.10
Prostate	13	0.07	11	0.04	24	0.05
Other male genital organs	—	—	1	—	1	—
Male and female genito-urinary organs	12	0.06	7	0.03	19	0.04
Skin	6	0.03	—	—	6	0.01
Other or unspecified organs	27	0.14	12	0.04	39	0.09
Total	280	1.46	201	0.75	481	1.05

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

SECTION VI.—TUBERCULOSIS.

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

The new cases of this disease reported in the year 1952-53, corrected for misdiagnosis and imported cases, numbered 2,216. 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	139	11	150	1.55	0.12	1.67
	Female	108	9	117	1.09	0.09	1.18
	Total	247	20	267	1.31	0.11	1.42
Non-European	Male	923	131	1,054	7.18	1.02	8.20
	Female	761	134	895	5.69	1.00	6.69
	Total	1,684	265	1,949	6.42	1.01	7.43
All races	Male	1,062	142	1,204	4.87	0.65	5.52
	Female	869	143	1,012	3.74	0.61	4.35
	Total	1,931	285	2,216	4.28	0.63	4.91

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	21	5	26	0.23	0.05	0.28
	Female	11	3	14	0.11	0.03	0.14
	Total	32	8	40	0.17	0.04	0.21
Coloured	Male	241	39	280	2.27	0.37	2.64
	Female	131	46	177	1.08	0.38	1.46
	Total	372	85	457	1.64	0.37	2.01
Native (not Langa) ..	Male	48	10	58	2.35	0.49	2.84
	Female	23	8	31	1.94	0.68	2.62
	Total	71	18	89	2.20	0.56	2.76
Asiatic	Male	5	—	5	1.18	—	1.18
	Female	—	—	—	—	—	—
	Total	5	—	5	0.70	—	0.70
All Non-European ..	Male	294	49	343	2.25	0.37	2.62
	Female	154	54	208	1.13	0.40	1.53
	Total	448	103	551	1.68	0.39	2.07
All races	Male	315	54	369	1.42	0.24	1.66
	Female	165	57	222	0.70	0.24	0.94
	Total	480	111	591	1.05	0.24	1.29
Native (Langa) ..	Male	19	6	25	2.26	0.71	2.97
	Female	11	2	13	4.01	0.73	4.74
	Total	30	8	38	2.69	0.72	3.41

NOTIFICATIONS.

There was an increase of 157 in the number of persons found during the year to be suffering from tuberculosis in all its forms, compared to the previous year.

The higher incidence of tuberculosis is mainly attributable to the increase of the pulmonary forms of the disease (428 compared to 405 per 100,000 persons). Amongst the Europeans this increase is less marked than in the non-Europeans, and it is equally proportioned in the sexes.

Amongst the non-Europeans the incidence of pulmonary tuberculosis per 100,000 in the year under review has moved from 615 to 642 and the onus has fallen on the females, where the percentage increase was 11.1 on last year's figure, while the corresponding rate for males shows a decrease of 0.6 per cent. The incidence rate for non-European females was unusually low last year.

The notifications of non-pulmonary tuberculosis still provide an inaccurate assessment of the number of persons who are found to be suffering from this disease, owing to the persistent failure of the hospitals to notify such cases. The total numbers notified are practically the same as last year.

An increasing incidence of tuberculosis associated with a decreasing death rate has been an almost general finding in the past 5 years (the Streptomycin Age), but this divergence was first noted officially by the Ministry of Health in England in 1938. Amongst the few reports available, the North of Ireland Tuberculosis Authority provides a contradiction. It is logical that if current treatment prolongs the lives of infectious cases, the chances of infection of others are increased especially if a greater number are to be treated at home. In this way the number of chronic and partially disabled persons has increased and the carrier population has probably increased. If this trend continues, more and more persons will be infected by tuberculosis and pass through a shorter or longer period spreading the disease, unless it is diagnosed early and isolation and prompt and full treatment initiated.

The calculated non-European population is 262,240, and the incidence of tuberculosis in all its forms in this group is higher than in the previous year. This rise is mainly due to the increased incidence of the pulmonary form in non-European females.

Tables C, D and E set out the relevant figures for a series of years. All the "discovery rates" have been corrected in accordance with the final population figures of the 1951 census.

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	0.12	0.18
1948-49 ..	142	97	21	12	1.62	1.01	0.24	0.12
1949-50 ..	154	123	14	13	1.75	1.27	0.16	0.13
1950-51 ..	129	94	16	5	1.46	0.96	0.18	0.05
1951-52 ..	132	101	4	5	1.48	1.03	0.04	0.05
1952-53 ..	139	108	11	9	1.55	1.09	0.12	0.09
Non-European:								
Year 1947-48 ..	814	675	148	118	8.00	6.35	1.45	1.11
1948-49 ..	892	608	140	116	8.37	5.47	1.31	1.04
1949-50 ..	816	629	140	113	7.31	5.40	1.25	0.97
1950-51 ..	826	675	137	146	7.06	5.54	1.17	1.20
1951-52 ..	886	654	145	132	7.22	5.12	1.18	1.03
1952-53 ..	923	761	131	134	7.18	5.69	1.02	1.00

TABLE D.

PULMONARY TUBERCULOSIS.

Year.	European.	
	Incidence rate.	
	Male.	Female.
1940-41 ..	1.02	0.88
1941-42 ..	1.31	0.90
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 ..	1.57	0.98
1947-48 ..	1.46	1.30
1948-49 ..	1.62	1.01
1949-50 ..	1.75	1.27
1950-51 ..	1.46	0.96
1951-52 ..	1.48	1.03
1952-53 ..	1.55	1.09

TABLE E.

PULMONARY TUBERCULOSIS.

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	7.16
1948-49 ..	1,500	6.89
1949-50 ..	1,445	6.33
1950-51 ..	1,501	6.28
1951-52 ..	1,540	6.15
1952-53 ..	1,684	6.42

The notifications of non-pulmonary tuberculosis received during the year under review, corrected for imported cases and errors of diagnosis, are classified in the following table. The total is similar to that of last year.

The notifications among Europeans have more than doubled owing to the increase of tubercular meningitis in this group, but there has been a welcome reduction of this form in the non-Europeans. These losses, however, have been balanced by increases in the disseminated forms and in tuberculosis of the bones and joints.

TABLE F.

	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
Meninges	6	4	53	45	108
Abdominal* .. .	1	—	2	4	7
Bones and joints .. .	1	1	30	25	57
Glands .. .	2	2	18	31	53
Genito-urinary system .. .	—	—	1	1	2
Disseminated .. .	1	1	26	25	53
Other organs .. .	—	1	1	3	5
Total .. .	11	9	131	134	285

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

DEATHS.

Far fewer persons resident in the City of Cape Town died from tuberculosis during the year ended 30th June, 1953, than in the previous year, and the corresponding mortality rates are the lowest recorded in all races—sex groups, except in European females and in Native males in the Langa Native Township.

The total deaths from all forms of tuberculosis in the year under review numbered 591 (40 European and 551 non-European), compared with 788 in 1951-52 and 914 in 1950-51. The mortality rate for all races in 1952-53 was 129 per 100,000 of the population as against 181 for the previous year and 216 in 1950-51. Compared with the death rate for last year it shows a decrease of 28·7 per cent. The rate of improvement has been quickened and for the 100 persons who were dying two years ago, only 60 are dying now. The death rates per 1,000 population from pulmonary and non-pulmonary tuberculosis (corrected for outward transfers), are shown below for each racial group during the past 5 years.

TABLE G.

Race.	Pulmonary tuberculosis.					Tuberculosis, other forms.				
	1952-53	1951-52	1950-51	1949-50	1948-49	1952-53	1951-52	1950-51	1949-50	1948-49
European .. .	0·17	0·24	0·39	0·48	0·37	0·04	0·03	0·07	0·09	0·08
Coloured .. .	1·64	2·42	2·68	3·00	3·69	0·37	0·46	0·73	0·78	0·89
Native .. .	2·20	3·41	3·80	4·66	5·44	0·56	0·71	0·79	1·18	0·85
Asiatic .. .	0·70	0·44	0·74	0·91	1·08	—	0·29	0·30	0·61	0·46
Non-European .. .	1·68	2·49	2·75	3·13	3·82	0·39	0·48	0·72	0·82	0·87
All races .. .	1·05	1·52	1·72	1·95	2·24	0·24	0·29	0·44	0·50	0·51

The total number of deaths from tuberculosis was reduced this year in all the main racial groups and in both forms of the disease, with the exception of non-pulmonary tuberculosis in Europeans, who, as reported above, show a higher incidence of tubercular meningitis.

The death rate for Coloured males, which has remained woefully steadfast for some years, showed a gratifying drop from 365 to 264 per 100,000. An equally noteworthy fall occurs among Native females (outside Langa), from 482 to 262 per 100,000, but this improvement may be more apparent than real as the figures are not corrected for inward transfers and more persons in this group may have returned during the year to the Native Territories to die at home.

The deaths from non-pulmonary tuberculosis registered during the year are classified below according to the certifications.

TABLE H.

	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
Tuberculosis, meningeal .. .	4	3	33	33	73
“ abdominal .. .	—	—	3	3	6
“ of bones and joints .. .	1	—	4	—	5
“ of genito-urinary system .. .	—	—	—	1	1
“ disseminated .. .	—	—	9	14	23
“ of other organs .. .	—	—	—	3	3
Total .. .	5	3	49	54	111

As in the notifications, the improvement is due to a reduction of meningeal and disseminated tuberculosis amongst non-Europeans.

The remarkable fall in the number of deaths from tubercular meningitis, resulting from modern therapy is shown by the relevant totals for the past 4 years, viz., 160, 127, 82 and 73. The slowing up of this improvement during the year under report may presage a complete halt within a few years. Treatment may have reached its zenith of success and further reduction will be entirely dependent on earlier diagnosis and with it, prompt attack on the disease. Only under these circumstances is full recovery usual. Conversely delayed treatment results in the survival of "vegetables", who are deaf and dumb, often paralysed and spastic, and who are then unduly retained in hospital at the expense of early new cases in dire need of treatment.

It is pertinent here to urge that the general hospitals, particularly the new Children's Hospital, should treat meningeal tuberculosis, which in its non-infectivity is no more the responsibility of the local authority than pericardial or renal tuberculosis.

Many of these cases are admitted to the City Hospital for Infectious Diseases by the well-established subterfuge of notifying them as cerebrospinal meningitis.

The advantages of prevention can never be more emphatically urged than in the case of this still catastrophic disease.

The death rates from all forms of tuberculosis (corrected for outward transfer) 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	5.44	3.21
1 " " " " 1949	..	..	..	..	0.45	4.69	2.75
1 " " " " 1950	..	..	..	..	0.57	3.96	2.44
1 " " " " 1951	..	..	..	..	0.46	3.47	2.16
1 " " " " 1952	..	..	..	..	0.26	2.97	1.81
1 " " " " 1953	..	..	..	..	0.21	2.07	1.29

Other particulars will be found in Tables A to F on pages 82 to 117 and M to T on pages 124 to 131.

The main purpose of these annual reports is to measure the progress, or otherwise, of every section of the City Health Department and it is now clear that the falling death rate can no longer be a "yard stick" of efficiency, as it is an almost unavoidable sequel to the discovery of the antibiotics.

The ratio of deaths to 100 cases notified has been introduced, but both figures are variable and the ratio cannot be considered a direct measurement of progress.

Period.	Cape Town.			Period.	England and Wales.		
	Pulmonary.	Non-pulmonary.	All forms.		Pulmonary.	Non-pulmonary.	All forms.
1946-47 to 1948-49 ..	55	73	58	1946-48 ..	45	37	43
1949-50 ..	47	73	50	1949 ..	39	31	38
1950-51 ..	42	61	45	1950 ..	33	27	32
1951-52 ..	38	44	38	1951 ..	28	26	27
1952-53 ..	25	39	27	1952 ..	22	20	22

An efficient appraisal of the anti-tuberculosis work carried out in the city requires the following additional information:—

- (1) The number of cases removed each year from the tuberculosis register as cured.
- (2) The "Patient days" in hospital, in series.
- (3) The number of refusals of treatment.
- (4) Abscondings from hospital.
- (5) The number of ailing non-Europeans from Cape Town who die of tuberculosis elsewhere, and whose deaths are not debited to Cape Town.
- (6) Delay by the doctor in notifying all cases.
- (7) Delay by the patients in seeking advice.

The following figures from other areas provide interesting comparisons, rather than evidence of success in Cape Town:—

DEATH RATES PER 100,000 FROM RESPIRATORY TUBERCULOSIS.

Year.	European.		Coloured.		Native.		Asiatic.		All races.	
	Cape Town.	Durban.	Cape Town.	Durban.	Cape Town.	Durban.	Cape Town.	Durban.	Cape Town.	Durban.
1945-46 ..	70	38	455	429	955	423	115	215	302	223
1952-53 ..	17	18	164	168	220	217	70	28	105	91
Percentage decrease ..	75.7	52.6	64.0	60.8	77.0	48.7	39.1	87.0	65.2	59.1

DEATH RATES PER 100,000 FROM TUBERCULOSIS (ALL FORMS).

Year.	Natives.		Coloured.	
	East London.	Cape Town.	East London.	Cape Town.
1949-50	899	584	947	378
1952-53	373	276	297	201
Percentage decrease	58.5	52.7	68.6	46.8

DEATH RATES PER MILLION FROM RESPIRATORY TUBERCULOSIS.

Year.	England and Wales.		
	Males.	Females.	Total.
1952	304	128	212
1953	257	108	179

The decrease in the total death rate in one year was 15 per cent.

The levelling-off of the death rates in Cape Town and Durban within the past five years, except for the Asiatic group, is encouraging in view of the larger staff and hospital accommodation available in the latter city. The Asiatic population of Cape Town is too small to be statistically significant.

The work of the clinics has primarily been devoted to diagnosis and prevention, but advice and recommendations must be in keeping with current treatment, and some clarification of procedures and trends, after the initial years of experiment and hesitation, is welcomed. The year under report has shown that preliminary treatment at home during the long wait for admission to hospital, is extremely valuable in halting the advance of the disease. Children with miliary tuberculosis can be sustained for many months on I.N.H., and then fully restored to health by additional treatment in hospital.

In addition to the less rigid insistence on bed-rest, and the immediate and full use of chemotherapy for minimal and miliary tuberculosis, present usage demands the prevention of the rapidly developing irreversible lesions in the lungs by similar means and the introduction of surgery, for failures of whatever origin, to eradicate those fibro-necrotic masses—which harbour M. tuberculosis for years and are alone responsible for later breakdown, rather than to depend on traditional collapse measures.

PROVISION OF TREATMENT.

The in-patient accommodation available for cases of pulmonary tuberculosis on 30th June, 1953, included the following:—

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

At the Brooklyn Chest Hospital: Non-European males 250, children 29, plus a surgical ward to accommodate non-European males 11, and non-European females 11.

At Nelspoort Sanatorium: A varying number. During the year under report the average daily number of cases was Europeans 16, non-Europeans 14.

At the Westlake Hospital: The average daily number of Cape Town cases (Europeans) was 42.

Dr. A. J. Stals Memorial Sanatorium (opened 23rd October, 1950): The average weekly number of Cape Town cases (non-Europeans) was 163.

At the Airemont Nursing Home, Rondebosch: Europeans 58.

The Sunshine Home for Children at Bellville, a holiday home reserved for tuberculosis contacts, provides accommodation for 60 Europeans and 60 non-Europeans. During the year 71 European and 60 non-European children were admitted, the average length of stay was 265 and 245 days respectively.

The Eaton and the McGregor Convalescent Homes which are administered by the Cape Provincial Administration, 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	8	32 days
Eaton Home:		
Non-European children	—	—
Non-European adults	3	23 days
European adults	1	38 days

Provision for cases of surgical tuberculosis is made in the hospitals of the Cape Provincial Administration, 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 barely cope with its particular work, and it is not 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 14, *viz.*, 8 at Cape Town (2 for Europeans and 6 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 36,084 attendances at the clinics and 11,184 persons attended for the first time. Included in these new consultations were 1,095 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
1952-53	2,476	5,221	7,697	1,034	1,777	2,811	—	676	676	3,510	7,674	11,184
Year	Total Attendances.											
	4,430	12,781	17,211	1,348	5,644	6,992	1	1,998	1,999	5,779	20,423	26,202
	4,937	13,480	18,417	1,673	5,464	7,137	—	2,097	2,097	6,610	21,041	27,651
	4,872	13,922	18,794	1,718	5,671	7,389	—	2,099	2,099	6,590	21,692	28,282
	5,325	15,452	20,777	1,879	5,858	7,737	1	2,693	2,694	7,205	24,003	31,208
	5,937	17,854	23,791	2,472	6,788	9,260	—	3,033	3,033	8,409	27,675	36,084

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 1,204 and the non-European increased by 3,672. The European new consultations increased by 626 and the non-European by 797.

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 Airmount Nursing Home and are still undergoing artificial pneumothorax treatment. There was a total of 312 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	33	14	3	2	52	153	107	66	81	407	459
Observation ..	—	2	—	—	2	7	2	6	9	24	26
Not accepted ..	2	2	—	1	5	19	9	9	5	42	47
	35	18	3	3	59	179	118	81	95	473	532
Suspects:											
Notified	86	80	7	6	179	552	414	115	116	1,197	1,376
Observation ..	31	17	4	—	52	127	71	35	21	254	306
Non-tuberculous	735	1,001	361	307	2,404	1,255	1,600	338	366	3,559	5,963
	852	1,098	372	313	2,635	1,934	2,085	488	503	5,010	7,645
Contacts:											
Notified	6	5	7	6	24	19	19	79	78	195	219
Observation ..	2	1	2	2	7	—	16	18	25	59	66
Non-tuberculous	165	267	184	169	785	247	658	510	522	1,937	2,722
	173	273	193	177	816	266	693	607	625	2,191	3,007
Total ..	1,060	1,389	568	493	3,510	2,379	2,896	1,176	1,223	7,674	11,184

Notified cases.—Of the 532 persons who presented themselves for examination as the result of notification, 47 (8·8 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 7,645 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 94 and the non-European increased by 118 compared with the previous year. The number of child contacts increased, so that the total of 3,007 contacts examined represented 508 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 29 per 1,000, whilst the relative figure for non-European was 89 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 1·42 per 1,000 for Europeans and 7·43 per 1,000 for non-Europeans.

Tuberculous meningitis.—In the 108 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 33 cases (i.e., 30·5 per cent). The infecting agents were mainly fathers (7), mothers (3), brothers (1), sisters (9) and other relatives and friends (13).

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	846	57	10	5	918
Consultants	6	—	—	12	18
	852	57	10	17	936
Groote Schuur Hospital	231	30	8	40	309
Cape Town Free Dispensary	40	5	—	—	45
Wynberg (Victoria) Hospital	30	1	—	3	34
Woodstock Hospital	21	4	—	—	25
Valkenberg Hospital	2	—	—	—	2
Somerset Hospital	61	5	3	9	78
Medical Students' Clinic	16	2	—	—	18
Other Hospitals and Institutions ..	18	—	3	1	22
	419	47	14	53	533
City Health Department:					
Anti-Tuberculosis Centre	361	30	10	1	402
City Hospital	72	3	1	38	114
Brooklyn Chest Hospital	—	—	—	3	3
Langa Native Hospital	3	2	60	1	66
Mass X-ray service	402	23	39	6	470
Domiciliary medical service ..	26	3	—	—	29
Maternal and child welfare centres..	42	1	4	—	47
Other centres	1	—	—	—	1
	907	62	114	49	1,132
Port Health Officer	1	—	—	3	4
Immigration Officer	—	—	—	—	—
	1	—	—	3	4
Magistrate, Police and District Surgeons	6	—	—	—	6
From public mortuaries	12	—	—	—	12
	18	—	—	—	18
Transferred from other Local Authorities:					
Cape Divisional Council	11	7	—	98	116
Others	2	6	—	28	36
	13	13	—	126	152
South African Medical Corps	6	1	—	2	9
Total	2,216	180	138*	250	2,784

*Including 10 imported cases of pulmonary tuberculosis.

The number of cases discovered by the Mass Radiography Service has increased to 470. The number of notifications by the clinics is an understatement of their diagnostic work, owing to the routine of crediting all cases found among the suspects to the family practitioner who referred them.

As before, the main source of notifications is the general practitioner who again supplies 33 per cent of the total. Included in the 918 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 Provincial Hospital authorities 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	1,749	142	80	45	2,016
Failed to attend	467	38	58	205	768
	2,216	180	138	250	2,784

TABLE M.—continued.

	Cape Town.	Imported Infection.	Langa.	Outside Cape Town.	Total.
Failure to attend clinic:					
In hospital	181	13	34	185	413
Hospital out-patients	18	2	—	—	20
Too ill	88	11	10	—	109
Died before notification	23	1	—	—	24
First advice through death registration	76	2	4	20	102
Refusals	26	8	2	—	36
Under private care	12	1	—	—	13
Untraceable	37	—	3	—	40
Decamped on notification	6	—	5	—	11
Total	467	38	58	205	768

The proportion of local notifications who attended the clinic was 79 per cent, and a further 8 per cent were in hospital.

During the year the visits made by the health visitors were 2,499 (primary) and 24,867 (total) as compared with 2,274 and 25,698 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. Two hundred and fifteen new cases were put on this allowance during the year, and the cost of the supplies was £2,177 8s. 6d.

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 add 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 4·5 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
1952-53	2,216	88	3·9	99	4·5

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 187 persons who were bedfast or dead on notification only 136 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 are making unanswerable demands on our hospital accommodation.

The 166 persons notified prior to death or within one month of death represented 8·6 per cent of the total notifications from the municipal area; the proportion was 12·3 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	1,931	160	109	10	160
Known to have had T.B. positive sputum	517	47	20	2	27
New pulmonary cases admitted to institutions for treatment of tuberculosis	534	29	11	3	123
Proportion of new cases admitted	26·9%		11·8%		
Died before receipt of notification	90	5	7	—	—
Died within 1 month of notification	76	6	8	1	—
" 1 to 3 months of notification	64	6	2	—	—
" 3 to 6 months of notification	37	1	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	61	55	25	136	277
Brooklyn Hospital, Cape Town	—	—	202	43	245
Airemont Nursing Home, Cape Town	43	38	—	—	81
Brewelskloof Sanatorium, Worcester	1	3	—	—	4
Cape F.O.S.A. T.B. Settlement	—	—	12	—	12
Dr. A. J. Stals Memorial Hospital, Retreat	—	—	44	179	223
Erica Nursing Home, Johannesburg	1	—	—	—	1
Glen Grey Mission Hospital	—	—	2	—	2
Grey St. T.B. Hospital, Worcester	—	—	1	—	1
King George V Hospital, Durban	7	—	1	1	9
McVicar Hospital, Alice	—	—	2	—	2
Nelspoort Sanatorium	12	7	2	12	33
St. Francis Mission Hospital, Aliwal North	—	—	1	—	1
Springkell Sanatorium	—	1	—	—	1
Stellenbosch Sanatorium	2	—	—	—	2
Tembuland Hospital, Umtata	—	—	3	1	4
Waterval Hospital, Johannesburg	—	—	—	1	1
Wentworth Hospital, Durban	2	—	—	—	2
West End Hospital, Kimberley	—	—	4	3	7
Westlake Hospital, Retreat	37	23	—	—	60
Total	166	127	299	376	968

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, 1953, there were 33 admissions of Cape Town municipal patients.

The average daily number of Cape Town municipal patients in the Sanatorium during the year 1952-53 was 30 (16 Europeans and 14 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.

AIREMONT NURSING HOME.

Since August, 1946, European cases of pulmonary tuberculosis have also been admitted for in-patient treatment to the Airemont 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 period under review, extensive enlargement and modernization of the premises was undertaken.

During the year 1952-53, 43 male and 38 female Cape Town patients were admitted. In addition, 5 male and 14 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 patient was 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 ..	4	10	9	9	9	2	43	1
Females ..	10	16	10	1	1	—	38	1
Cape Divisional Council Area:								
European: Males ..	—	3	1	1	—	—	5	—
Females ..	4	4	—	—	—	—	8	—
Other Local Authorities:								
European: Males ..	—	—	—	—	—	—	—	—
Females ..	2	3	1	—	—	—	6	—
Total ..	20	36	21	11	10	2	100	2

During the year 1952-53 considerable use was made of the newer drugs in the treatment of pulmonary tuberculosis.

It was only found necessary to induce one artificial pneumothorax.

There remained in the Nursing Home on the 30th June, 1953, 29 male and 28 female Cape Town patients; from the Cape Divisional Council area, 2 male and 1 female patients, and from other local authorities, 2 female patients.

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, 1953, 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 ..	189	288	61	—	18	1	557
Tamboers Kloof, Gardens, Oranjezicht and Vredehoek	228	347	30	4	23	—	632
District Six	10	821	34	—	143	7	1,015
Kensington, Windermere, Brooklyn and Rugby	155	683	273	9	64	28	1,212
Woodstock, Salt River	239	522	34	18	71	1	885
Observatory, Mowbray, Rosebank, Black River	209	153	2	6	11	—	381
Rondebosch, Newlands, Claremont, Kenilworth	137	314	13	7	66	1	538
Lansdowne, Kromboom Est., Hampton Est., Meadows Est., Wynberg, Wittebone ..	136	451	23	5	58	4	677
Plumstead to Clovelly	93	607	79	3	52	8	842
Athlone, to Surrey Est. and Maitland Garden Village	10	1,073	48	—	7	—	1,138
Total	1,406	5,259	597	52	513	50	7,877

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 1952-53, is indicated by the following statistics:—

Families helped by payment of rent	155
“ “ maintenance grants	85
“ “ rent and maintenance grants	72
“ “ payment of foster-mother	1
“ “ provision of clothing and blankets	100
No. of articles of clothing distributed	288
“ blankets distributed	38
Almoner:	
Visits paid	1,077
Interviews given	1,118
New cases handled	185

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
.. 1952-53	16,018	12,902	18,343	15,001	62,264

In addition to the 62,264 miniature film examinations made during the year under review, 3,313 large films were taken, as compared with 3,213 taken in the previous year.

During the year 1952-53 there was an increase of 36.4 per cent in mass miniature examinations compared with 6.1 per cent in the year 1951-52. The accommodation at the Mass X-ray Service is proving inadequate to cope with the large increase in the attendances.

Two thousand six hundred and three persons were re-called for further examination, of these 706 were found to be suffering from active tuberculosis, compared with 632 out of 2,543 persons re-examined in the previous year. This represents 1.1 per cent of the 62,264 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 tables for series of years:—

TABLE T.

Year.	Race.	Active tuberculosis discovered.										Extra municipal cases (included in foregoing columns).	
		Age-groups.								Total.			
		15-25 years.		25-35 years.		35-45 years.		45 years and over.					
		M.	F.	M.	F.	M.	F.	M.	F.		M.		F.
1948-49	European	6	14	14	3	9	1	8	—	37	18	8	1
	Non-European ..	41	22	54	3	35	—	31	—	161	25	26	1
	All races	47	36	68	6	44	1	39	—	198	43	34	2
1949-50	European	16	24	13	13	10	6	7	—	46	43	11	5
	Non-European ..	65	55	98	11	66	12	32	2	261	80	49	11
	All races	81	79	111	24	76	18	39	2	307	123	60	16
1950-51	European	7	21	10	3	10	3	13	—	40	27	14	14
	Non-European ..	44	51	106	30	53	3	33	—	236	84	71	22
	All races	51	72	116	33	63	6	46	—	276	111	85	36
1951-52	European	15	35	15	18	10	4	14	1	54	58	12	17
	Non-European ..	102	78	141	40	84	12	57	6	384	136	72	23
	All races	117	113	156	58	94	16	71	7	438	194	84	40
1952-53	European	14	28	20	26	12	5	14	—	60	59	16	15
	Non-European ..	79	158	123	66	84	18	56	3	342	245	87	52
	All races	93	186	143	92	96	23	70	3	402	304	103	67

Of the 706 new cases of pulmonary tuberculosis discovered, only 103 were previously known to the anti-tuberculosis clinic. 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 89 of the 536 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 98 of the 508 Cape Town cases so discovered.

Those not requiring institutional treatment or refusing such treatment were kept under strict surveillance 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, 170 extra-municipal cases of tuberculosis were discovered, compared with 124 the previous year. These extra-municipal cases (170) were referred to the local authority concerned for treatment.

SECTION VII.—VENEREAL DISEASES.

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

During the year ended 30th June, 1953, there was a further reduction in the number of attendances at the various municipal treatment centres. The number of new cases was 4,137 (367 European and 3,770 non-European) as against 4,272 in 1951-52 and 4,675 in 1950-51. The total attendances numbered 37,034 (2,789 European and 34,245 non-European) as compared with 48,386 in 1951-52 and 65,632 in 1950-51. In regard to the sexes there was an increase of 379 in the number of male patients and a significant decrease of 514 in the number of female patients.

The new cases for the year 1952-53 and for the previous year are analysed in the following table according to race, sex and disease, together with the corresponding incidence rate per 1,000 population (including the population of Langa Native Township).

TABLE I.

	1952-53		1951-52	
	New cases.	Incidence rate.	New cases.	Incidence rate.
<i>Race:</i>				
European	367	1.9	397	2.1
Non-European	3,770	13.8	3,875	14.9
<i>Sex:</i>				
Male	3,002	13.3	2,623	11.9
Female	1,135	4.8	1,649	7.2
<i>Disease:</i>				
Syphilis	1,124	2.4	1,565	3.5
Syphilis, congenital	72	0.2	121	0.3
Gonorrhoea	1,958	4.2	1,558	3.5
Other venereal diseases	100	0.2	73	0.1
Non-venereal diseases	725	1.6	805	1.8
Undiagnosed	158	0.3	150	0.3
All new cases	4,137	8.9	4,272	9.5

The true incidence rate for diagnosed cases of venereal disease for the year 1952-53, that is the rate obtained by omitting those cases found not to have venereal disease and those remaining undiagnosed, was 7.0 per 1,000 population (1.2 European and 11.1 non-European). Last year the true incidence rates were 7.4, 1.3 and 11.8 respectively. It should be noted that these rates are based on the number of individuals treated for venereal disease at the municipal treatment centres only. As the disease is not notifiable there is no record of the number of persons being treated by private practitioners or at institutions.

The following table shows the comparison between European venereal disease incidence rates for the municipality of Cape Town with those of other cities.

TABLE II.

	New cases.	Population.	Rate per 1,000 population.
Glasgow (year 1952)	5,301	1,086,800	4.8
Montreal (year 1950)	5,111	1,067,000	4.8
County of London (year 1950)	8,902	3,389,620	2.6
Cape Town (year 1952-53)	367	188,610	1.2

The incidence of venereal disease amongst the European population of Cape Town continues to present no serious problem, and the incidence rate shows no significant change (1.2 per 1,000 population this year as against 1.3 per 1,000 population last year). This is the result of the excellent treatment available by means of penicillin and the other anti-biotics.

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

TABLE III.

Year ended 30th June.	Total new cases.*	Population (including Langa Native Township).	Incidence rate per 1,000 population.
1945	3,591	366,854	9.8
1946	4,854	377,344	12.9
1947	5,318	390,539	13.6
1948	4,733	401,084	11.8
1949	4,891	412,613	11.9
1950	4,461	424,207	10.5
1951	3,982	436,357	9.1
1952	3,317	448,569	7.4
1953	3,254	461,811	7.0

*Excluding non-venereal and undiagnosed cases.

In Table IV a detailed analysis of all new cases registered in the year 1952-53 is presented. The classification follows that advocated by the Union Health Department for compilation of their statistics.

TABLE IV.

Disease.	New cases.					Total attendances.				
	European.		Non-European.		Total.	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.	
1. Seronegative primary syphilis	3	—	47	6	56	43	—	714	74	831
2. Seropositive primary syphilis	4	—	151	12	167	92	1	1,893	209	2,195
3. Secondary syphilis ..	6	1	160	121	288	57	76	1,762	1,928	3,823
4. Tertiary syphilis (1) ..	4	1	54	26	85	79	112	1,363	664	2,218
5. Endosyphilis (2) ..	5	7	129	354	495	145	266	3,190	5,981	9,582
6. Neurosyphilis ..	—	—	22	11	33	99	10	756	136	1,001
	22	9	563	530	1,124	515	465	9,678	8,992	19,650
7. Congenital syphilis (under 1 year) ..	1	1	10	15	27	7	30	208	291	536
8. Congenital syphilis (over 1 year) ..	1	4	14	26	45	35	123	615	817	1,590
Total syphilis ..	24	14	587	571	1,196	557	618	10,501	10,100	21,776
9. Gonorrhoea ..	164	7	1,683	76	1,930	699	157	8,181	435	9,472
10. Gonococcal vulvovaginitis	—	—	—	23	23	—	42	—	155	197
11. Gonococcal ophthalmia	—	—	—	5	5	—	—	—	17	17
Total gonorrhoeal infections ..	164	7	1,683	104	1,958	699	199	8,181	607	9,686
12. Ulcus molle ..	10	—	83	1	94	22	—	248	15	285
13. Lymphopathia venereum	—	—	—	—	—	—	—	—	—	—
14. Granuloma venereum ..	—	—	—	—	—	—	—	—	—	—
15. Venereal warts ..	—	—	6	—	6	—	—	18	—	18
16. Phagedaena ..	—	—	—	—	—	—	—	—	—	—
Total venereal diseases ..	198	21	2,359	676	3,254	1,278	817	18,948	10,722	31,765
17. Non-venereal disease ..	111	29	270	315	725	239	91	698	991	2,019
18. Undiagnosed ..	4	4	60	90	158	191	173	1,471	1,415	3,250
Grand Total ..	313	54	2,689	1,081	4,137	1,708	1,081	21,117	13,128	37,034

(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 4,137 new cases registered at the municipal treatment centres 1,196 were diagnosed as suffering from syphilis (all forms), of which 38 were Europeans. Last year the figure was 1,686, of which 61 were Europeans.
- (2) In the early stages of syphilis, that is, those listed under Nos. 1, 2 and 3, out of a total of 511 individuals only 14 were Europeans.
- (3) Endosyphilis, that is, syphilis diagnosed only as a result of a blood test, again accounted for the largest number in the total for all forms of syphilis. The non-European females (354 cases) comprised the largest number in this group, but this is a decrease of 305 or 46·3 per cent in comparison with 659 cases in 1951-52. Out of a total of 495 cases of endosyphilis 361 female patients (7 Europeans and 354 non-Europeans) received treatment, both for their cure and to prevent the development of congenital syphilis in the child to be born. In the year under review 10,183 routine blood examinations were made of pregnant women attending ante-natal clinics, of which 746 were positive or doubtful. The total number of specimens examined in previous years was 10,482 in 1951-52, 9,610 in 1950-51 and 10,102 in 1949-50.
- (4) Seventy-two (7 European and 65 non-European) new cases of congenital syphilis were recorded at the clinics during the year and is the lowest figure on record. Of these, 27 were under one year of age and 45 over one year of age. This represents a decrease of 40·5 per cent when compared with the 121 new cases of congenital syphilis registered last year.
- (5) 1,958 cases of gonorrhoea (including gonococcal vulvovaginitis (23) and gonococcal ophthalmia (5)) were recorded in the year under review, an increase of 400 cases or 25·7 per cent in comparison with 1,558 cases in the previous year. The increase is in conformity with reports received from centres in other countries. The ease with which cure is effected with modern treatment, promiscuity, particularly amongst non-Europeans and the difficulty of tracing contacts, are contributing factors to this significant increase.

- (6) Ulcus Molle or soft chancre showed an increase of 31 cases (94 cases as against 63 for the previous year). The causes are most probably similar to those set out in the previous section for gonorrhoea. The disease, once the diagnosis is established, is of no significant importance and usually responds rapidly to modern treatment without *sequelae*.
- (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) 725 cases were diagnosed as non-venereal. This is satisfactory, although the higher the figure the more gratifying it is as it indicates the readiness of individuals to make use of the services available at the slightest suspicion that they might be suffering from a venereal condition.
- (9) The 158 undiagnosed cases in category 18 means that at the end of June, 1953, 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".

The following table is designed to show the number of new cases registered at the municipal treatment centres over a period of five years, classified according to disease, race and sex. It will be seen from this table that there has been a remarkable reduction in the number of cases of syphilis (all forms) particularly amongst non-Europeans. The figures for congenital syphilis in the year 1952-53 compared with those recorded in 1948-49 show a decrease of 88.1 per cent (53.3 European and 89.0 non-European); and the figures for other forms of syphilis a decrease of 59.6 per cent (83.0 per cent for European and 57.9 per cent for non-European). The figures for gonorrhoea show an increase of 41.4 per cent (in Europeans a decrease of 40.2 per cent and in non-Europeans an increase of 62.6 per cent).

TABLE V.

Year.	New cases.										Total.
	Syphilis, congenital.		Syphilis, other forms.		Gonorrhoeal infections.		Other venereal diseases.		Non-venereal diseases and undiagnosed cases.		
	E.	C.	E.	C.	E.	C.	E.	C.	E.	C.	
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	
1948-49	1 14	90 502	111 71	777 1,820	245 41	949 150	17 —	99 4	201 30	314 416	5,852
1949-50	5 5	149 338	96 25	809 1,479	167 12	1,141 146	15 —	61 13	109 13	298 301	5,182
1950-51	— 11	72 261	62 41	794 1,227	170 21	1,192 75	4 —	51 1	92 11	331 259	4,675
1951-52	3 4	38 76	33 21	632 879	151 24	1,246 137	6 —	65 2	120 35	329 471	4,272
1952-53	2 5	24 41	22 9	563 530	164 7	1,683 104	10 —	89 1	115 33	330 405	4,137

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 VI 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 VI.

Centre.	New cases.	Attendances.
City Hospital, Portsworld Road	1,320	10,404
Salt River	1,375	12,606
Wynberg	669	6,345
Windermere	328	3,335
Langa	127	1,501
Retreat	128	1,704
Pre-natal clinics (at child welfare centres)	190	1,139
Total	4,137	37,034

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.

Treatment for syphilis is by penicillin only and early infectious syphilitic cases are usually detained in hospital for a period of 7 days, a period now considered sufficient for adequate treatment to be administered. Patients are then referred to one of the clinics for an observation period, during which time tests are carried out on the blood and cerebrospinal 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, 1953, is presented by the following table:—

TABLE VII.

Disease.	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
1. Seronegative primary syphilis	—	—	30	4	34
2. Seropositive primary syphilis	—	—	36	11	47
3. Secondary syphilis	1	2	99	129	231
4. Tertiary syphilis (1)	—	—	6	—	6
5. Endosyphilis (2)	—	—	—	2	2
6. Neurosyphilis	—	1	—	—	1
7. Congenital syphilis (under 1 year)	—	—	2	1	3
8. Congenital syphilis (over 1 year)	—	—	5	2	7
Total syphilis	1	3	178	149	331
9. Gonorrhoea	1	—	9	4	14
10. Gonococcal vulvovaginitis	—	—	—	—	—
11. Gonococcal ophthalmia	—	—	—	—	—
Total gonorrhoeal infections	1	—	9	4	14
12. Ulcus molle	—	—	19	2	21
13. Lymphopathia venereum	—	—	—	—	—
14. Granuloma venereum	—	—	—	—	—
15. Venereal warts	—	—	—	—	—
16. Phagedaena	—	—	—	—	—
Total venereal disease	—	—	19	2	21
17. Non-venereal disease	1	—	7	4	12
18. Undiagnosed	—	—	—	—	—
Grand total	3	3	213	159	378

(The actual number of individuals was 369 as 9 patients had more than one disease.)

(1) Clinically recognizable.

(2) Diagnosed on result of serological test only.

VENEREAL DISEASE CONTACTS.

Ninety-six contacts were reported to the Medical Officer of Health during the current year. While this figure is an improvement on the previous year (83 contacts) it is still far from satisfactory when one considers that the number of cases registered for investigation and treatment was 4,137. The implication is that a large reservoir of undetected venereal disease still exists in Cape Town.

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 1952-53.

TABLE VIII.

Number of contacts reported	96
Number of such contacts who reported for examination	51
Number of those who attended found to be suffering from a venereal disease	34

DEFAULTERS.

Every endeavour is made to induce defaulting patients to return to the clinic for further treatment and although modern treatment has materially lessened the risk of late *sequelae* as a result of insufficient treatment, patients are all too prone to default from the clinics immediately all outward signs of the disease has disappeared. In the case of females a visit is made to the patients' homes by the nurse visitor. If the patients fail to return, warning notices issued by the Medical Officer of Health are delivered by the nurse/visitor advising 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 re-attend the clinics. In the case of no response to these letters, warning notices similar to those issued to females are delivered by health inspectors of the department.

During the year under review, nurse/visitors paid 3,671 visits to defaulting female patients and 4,863 letters were sent to defaulting male patients. Forty-nine patients were referred to the Magistrate under the Public Health Act, 22 were prosecuted and the remainder were either discharged or reported untraceable.

PATHOLOGICAL EXAMINATIONS.

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, 1953, is as follows:—

TABLE IX.

	Positive.	Negative.	Doubtful.	Total.
Number of dark-ground examinations for Sp. Pall	347	248	—	595
Number of smear examinations for gonococci ..	1,658	203	—	1,861
Number of blood sera tested by Kahn test ..	2,253	1,581	349	4,183

SECTION VIII.—CITY HOSPITALS.

(PREPARED BY DR. H. R. ACKERMANN, M.B., CH.B., T.D.D., F.C.C.P., 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 page 79.

CITY HOSPITAL FOR INFECTIOUS DISEASES, PORTSWOOD ROAD.

The hospital now provides accommodation for 518 patients. The new block built for venereal diseases was completed in August, 1952. Because the treatment of venereal disease has been revolutionized by the use of penicillin and sulphadiazine it is no longer necessary to admit as many patients to hospital. Consequently, part of this block is used for other infectious diseases and part for venereal diseases. Ordinarily, patients suffering from the following diseases can be admitted to the hospital: enteric fever, diphtheria, erysipelas, puerperal fever, cerebrospinal fever, acute poliomyelitis, infective encephalitis, and scarlet fever. Cases of other infectious diseases are admitted for special medical or social reasons. Accommodation is also provided for cases of pulmonary tuberculosis.

The medical staff at June 30th, 1953, consisted of the medical superintendent, deputy medical superintendent, one resident medical officer and three house physicians. The house physicians are changed every six months.

VIRUS MENINGITIS.

An interesting feature of the hospital statistics was the number of cases of virus meningitis treated at the City Hospital during the year under report. Because virus meningitis is so infrequently diagnosed outside hospital and because its very existence as a separate entity is doubted by some medical practitioners, it is appropriate to draw attention to it in this report. The incidence is by no means negligible—92 patients suffering from this disease were treated in hospital during the year.

Microscopic examination and examination by culture of the spinal fluid of these patients are invariably negative for organisms, but these tests are an essential part of the diagnosis. However, a history of contact with another similar case is obtained in a somewhat higher proportion than in acute poliomyelitis, and multiple cases are quite often present at an institution or camp at the same time. It is, as a result, reasonable to suspect a virus cause and to retain the name in anticipation.

Professor M. v. d. Ende, of the Department of Bacteriology, Cape Town University, kindly attempted but failed, to isolate a causal virus from the spinal fluid, saliva, blood and faeces of some typical cases in 1952. He holds out hope that a new technique using human embryonic tissue offers a better chance of success.

The pre-hospital diagnosis offers an interesting sidelight to its mode of onset.

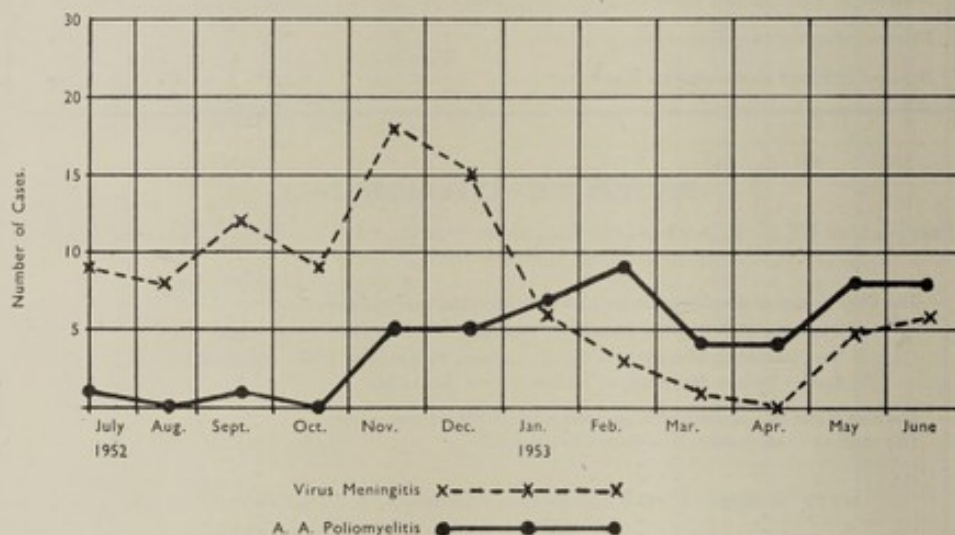
69 patients were admitted to hospital as cerebrospinal fever.

9	"	"	"	"	virus meningitis.
4	"	"	"	"	infective encephalitis.
5	"	"	"	"	tuberculous meningitis.
2	"	"	"	"	enteric fever.
1	"	"	"	"	meningitis (non-meningococcal).
1	"	"	"	"	acute poliomyelitis.
1	"	"	"	"	virus encephalitis.

The mode of onset of virus meningitis is remarkably constant in those patients old enough to give a history. The first complaint is of persistent headache, which is fractionally or totally unrelieved by aspirin. This increases in intensity and is finally followed by vomiting, which is a constant feature. Headache followed by vomiting exists for 1 to 4 days, seldom longer, before definite evidence of meningeal irritation precipitates admission to hospital. In infants the first symptoms are irritability, listlessness, fretfulness, feverishness or shivering, a convulsion or fit and sometimes drowsiness bordering on coma, followed by vomiting and finally meningeal irritation.

An antecedent history of a cold or influenza-like condition was given in 4 cases (4 per cent); of muscular pains in the back or legs in 6 cases; and of definite chest or abdominal pain of some severity in 9 cases. The short history of virus meningitis—usually 2 days and sometimes less—contrasts quite sharply with the two-phase, rather longer history (average 7 days), of acute poliomyelitis.

Seasonal incidence. In the accompanying graph the seasonal incidence of virus meningitis is compared with overt poliomyelitis within the same period. There would appear to be no parallel seasonal incidence.



Age incidence. The age incidence of virus meningitis is compared with acute poliomyelitis in the following table:—

	Age groups.							
	0-6 years.	6-10 years.	11-15 years.	16-20 years.	21-25 years.	26-30 years.	31-40 years.	Over 41 years.
Virus meningitis	E. 14 } C. 14 } 28	E. 11 } C. 6 } 17	E. 10 } C. 2 } 12	E. 8 } C. 3 } 11	E. 6 } C. 3 } 9	E. 7 } C. 0 } 7	E. 3 } C. 1 } 4	E. 3 } C. 1 } 4
Acute poliomyelitis	E. 18 } C. 22 } 40	E. 3 } C. 2 } 5	E. 2 } C. — } 2	E. — } C. — } —	E. — } C. — } —	E. 1 } C. — } 1	E. 4 } C. — } 4	E. — } C. — } —

Virus meningitis appears to be more evenly spread over the various age-groups than acute poliomyelitis.

Race and sex incidence.

Race and sex.		E. M.	E. F.	C. M.	C. F.
Virus meningitis		41	21	18	12
Poliomyelitis		15	13	10	14

Clinical findings.

In the bulk of cases there is more or less evidence of meningeal irritation—sufficient to necessitate a lumbar puncture. They are irritable and anxious, exhibit neck rigidity and often retraction as well. The Kernig and Brudzinkski's signs are mostly positive—the Kernig more frequently. In some cases photophobia is a prominent feature.

Pyrexia was absent in 16 per cent of cases, the remainder exhibiting temperature ranges up to 103° F. The temperature settles within 3 days in over 90 per cent of the cases but may last for up to a week. The neck stiffness and retraction usually disappear within a few days, as also the headache and vomiting. The patient then feels completely recovered and strains to go home. These patients never look really ill. Paralysis or other *sequelae* are always absent.

The *spinal fluid* pressure may be normal or only slightly increased; it is colourless, but shows a haze—the haze indicating the cellular increase—no clot develops. The only abnormality found is a pleocytosis—predominantly lymphocytic—varying from off normal to 700 per c/mm. In the few cases in which L.P. was repeated the spinal fluid was normal within a week.

	Protein.	Globulin.	Chlorides.	Glucose.	Cells Polys.	Lymphos.
Least change	N	Tr.	N	N	—	3
Average change	N	Tr.	N	N	1-15	7-90
Highest change	80	Tr.	N	N	337	305

Diagnosis.

In the absence of recoverable causal organisms, the diagnosis must remain entirely clinical.

Bacterial meningitis presents no difficulty in diagnosis on account of the usual purulent spinal fluid containing the causal organism and the satisfactory response to chemotherapy.

Tuberculous meningitis has a spinal fluid which superficially resembles virus meningitis. In addition to a pleocytosis, there is a marked reduction of the sugar content, elevation of protein, and the tubercle bacillus can be recovered in most specimens.

Other virus meningitis. Bornholm's disease at present considered as being caused by the coxsackie virus, is sometimes associated with meningeal symptoms and a pleocytosis of the spinal fluid. The chief difficulty is to distinguish virus meningitis from non-paralytic poliomyelitis. From the public health point of view this is most important, for virus meningitis is not a notifiable disease, nor does it necessarily demand treatment in an infectious diseases hospital. Several points are important:

- (a) Virus meningitis has such a consistent onset, clinical findings, benign course without complications as to justify its existence as a separate entity.
- (b) It is hardly likely that such a large number of cases should present meningeal symptoms without paralysis, if it were non-paralytic polio.
- (c) The spinal fluid of poliomyelitis usually has changes other than a pleocytosis, which early, is mainly polymorph, later lymphocytic. There is also an increase in the protein content which later in the disease becomes more marked.
- (d) The bi-platic history of acute poliomyelitis is quite different from that of virus meningitis.
- (e) The pain in the back and muscular tenderness of acute poliomyelitis are invariably absent in virus meningitis.
- (f) The seasonal incidence is different.

Treatment. The course of the disease is so benign as to demand no treatment, nor do we possess at the present stage any drug of any value.

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)	604
Total attendances:	
Out-patients	10,137
In-patients	6,699
	16,836
Examinations and treatments:	
Skiagrams	9,103
Screenings	7,672
Consultations	1,865
Refills	3,843
Aspirations	43
Mantoux tests	688
Blood sedimentation	35
Bronchograms	40
	23,289

DENTAL CLINIC.

The dental officer attends weekly and provides dental attention for tuberculosis in-patients. During the year under report 172 patients attended and 130 teeth were extracted. Further details are shown in the table on page 31.

OPERATING THEATRE.

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

Adhesion cut	3
Amputation of leg	1
Appendectomy	2
Bronchoscopy	7
Drainage and curettage	1
Excision of palmar fascia	1
Laparotomy	1
Lumbar sympathectomy	1
Opening and drainage of bone abscess	2
Phrenic nerve crush	55
Piles	1
Suprapubic	1
Termination of pregnancy	2
Thoracoscopy	16
Trimming of amputation stump	1
Total	95

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 51 patients.

HOSPITAL STATISTICS.

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

Disease.	From Cape Town Municipality.		From Outside Municipality.	
	European.	Non-European.	European.	Non-European.
Acute poliomyelitis	1.5	2.1	1.0	1.3
Cerebrospinal fever	0.5	1.8	0.3	1.5
Diphtheria	4.9	5.7	5.3	4.9
Enteric fever	2.1	7.2	1.2	5.2
Scarlet fever	14.5	2.1	4.4	0.5
Venereal diseases	—	8.3	0.2	2.4
Whooping cough	0.7	2.2	0.5	1.0
Tuberculosis, pulmonary	56.0	327.8	18.5	79.9
Tuberculosis, other forms	4.8	49.2	4.7	24.4
Other diseases	9.8	22.8	7.8	12.3
Total	94.8	429.2	43.9	133.4

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

1923-24	1924-25	1925-26	1926-27	1927-28	1928-29
62.9	69.6	107.7	125.5	151.7	156.2
1929-30	1930-31	1931-32	1932-33	1933-34	1934-35
159.1	204.3	238.2	245.3	256.7	263.4
1935-36	1936-37	1937-38	1938-39	1939-40	1940-41
280.2	268.4	267.4	362.3	331.4	330.4
1941-42	1942-43	1943-44	1944-45	1945-46	1946-47
342.3	354.3	354.4	348.4	364.3	340.9
1947-48	1948-49	1949-50	1950-51	1951-52	1952-53
351.7	323.5	332.2	353.8	376.1	411.1

Details in regard to cases treated are shown in Tables 1 and 2, on page 62.

BROOKLYN HOSPITAL FOR CHEST DISEASES, KOEBERG ROAD, BROOKLYN.

This institution, with its medical and nursing staff, is under the general supervision of the Medical Superintendent of Hospitals. The hospital provides accommodation for 301 non-European tuberculosis patients (260 adult males and 41 children). The bed-state is made up as follows:—

	Adults.	Children.
Ward A	38	—
Ward B	38	—
Ward C	38	—
Ward D	38	—
Ward E	36	—
Ward F	26	12
Ward 1	24	—
Ward 2	—	29
Surgical ward	22	—
Total	260	41

The average daily number of in-patients in the hospital for a series of years is as follows:—

1947-48	1948-49	1949-50	1950-51	1951-52	1952-53
169.2	193.5	252.9	270.6	271.1	295.1

Details in regard to patients treated during the year are shown in Tables 3 and 4 on page 63.

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 from hospital. Their fitness for competitive work in the outside world can thereby be estimated by actual trial under medical supervision.

NEW SURGICAL BLOCK.

On the 10th July, 1952, a new surgical block at the Brooklyn Chest Hospital was formally opened by the Mayor of Cape Town, Councillor F. Sonnenberg, M.P.C. It consists of a single storey building comprising (1) a complete surgical ward providing accommodation for 22 patients, (2) a complete operating theatre assembly, (3) an X-ray department, including a clinic with X-ray screening and waiting-room accommodation for patients and (4) radiography facilities with X-ray processing and storage rooms. The cost of the building was £24,000 and equipment £7,500, a total of £31,500. This amount was subject to 87½ per cent refund from the Union Government.

Since the opening of this new surgical block it has been possible to carry out one minor session and three major surgical sessions per week. In previous years patients were transferred to the City Hospital for major chest operations. Major surgery remains an indispensable method of treatment and one which is assuming larger proportions under cover of modern chemotherapy.

OPERATING THEATRE.

The following operations were performed in the new operating theatre during the year under review:—

Chest operations:

Adhesion section	5
Bronchoscopy	11
Intercostal drainage	2
Lobectomy	22
Phrenic nerve crush	109
Pneumolysis	1
Pneumonectomy	7
Pulmonary decortication	2
Segmental resection	1
Thoracoplasty	50
Thoracoplasty and thoracotomy	1
Thoracoplasty and apicectomy	2
Thoracoscopy	16
Thoracotomy	1

Other operations:

Appendicectomy	3
Biopsy of scar	1
Cystoscopy	2
Excision of fistulae	1
Excision of multiple cysts	4
Incision of septic thumb	1
Laparotomy	1
Manipulation of shoulder	1
Removal of toe nail	1
Resection of lobes	1
Sinus in neck exposed and plugged	1
Suprapubic	1
Termination of pregnancy	1

X-RAY DEPARTMENT AND CLINICAL ROOM.

The work done at this department during the year under review is indicated in the following table:—

Total attendances:

In-patients	3,884
Out-patients	3,077
	6,961

Examinations and treatments:

Artificial refills	1,791
Artificial pneumoperitoneum	4,603
Aspirations	164
Screenings	6,961

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, and he is assisted by two house physicians. 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	..	..	22.14
In-patients admitted	..	..	721*
New Out-patients	..	..	3,896
Attendances by out-patients	..	..	39,589
Visits to patients at their homes by—			
Doctor	..	..	2,583
Nurse	..	..	646
Midwifery service—			
Confinements attended (extern)	..	..	202
Visits made by midwife	..	..	2,520
Pre-natal clinic—			
New cases	..	..	295
Total attendances	..	..	1,284
Infant consultations—			
New cases	..	..	329
Total attendances	..	..	3,489
V.D. clinic—			
New cases	..	..	101
Total attendances	..	..	973
Dental clinic—			
New cases	..	..	534
Total attendances	..	..	1,027

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

Abortion and miscarriage	..	..	34	Hemiplegia	..	..	4
Abscess	..	..	11	Hypertension	..	..	2
Adenitis	..	..	6	Impetigo	..	..	2
Admitted with mother or infant	..	..	9	Influenza	..	..	4
Alcoholism	..	..	2	Injuries from accidents or violence	..	..	104
Appendicitis	..	..	11	Jaundice	..	..	1
Arterio-sclerosis	..	..	2	Laryngitis	..	..	1
Asthma	..	..	4	Measles	..	..	1
Born in hospital	..	..	26	Mental disorders and deficiency	..	..	4
Bronchiectasis	..	..	2	Other diseases of circulatory system	..	..	5
Bronchitis and pneumonia	..	..	98	Other diseases of digestive system	..	..	19
Cancer	..	..	4	Other diseases of nervous system	..	..	8
Cerebral haemorrhage	..	..	2	Other diseases of skin and cellular tissue	..	..	16
Circumcision	..	..	6	Pellagra	..	..	2
Cirrhosis of liver	..	..	1	Pleurisy	..	..	1
Confinement	..	..	31	Prematurity	..	..	2
Convulsions	..	..	5	Pyrexia of unknown origin	..	..	9
Diabetes	..	..	10	Quinsy	..	..	1
Diarrhoea and enteritis	..	..	64	Rheumatic fever	..	..	2
Diphtheria	..	..	1	Rheumatism	..	..	4
Diseases of the bones and joints	..	..	10	Scabies	..	..	1
Diseases of the ear	..	..	1	Senility	..	..	1
Diseases of the eye	..	..	10	Syphilis	..	..	5
Diseases of female genital organs	..	..	11	Tonsillitis	..	..	9
Diseases of male genital organs	..	..	5	Tuberculosis, pulmonary	..	..	16
Diseases of genito-urinary system	..	..	6	Tuberculosis, other forms	..	..	25
Diseases of heart	..	..	18	Worms	..	..	10
Diseases peculiar to the first year of life	..	..	19	Diagnosis doubtful or indefinite	..	..	5
Diseases of pregnancy and parturition	..	..	3	Other conditions	..	..	31
Dysentery	..	..	5				
Epilepsy	..	..	5				
Epistaxis	..	..	2				
Erysipelas	..	..	2				
				Total	..	..	721

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

Langa Native Township	..	..	636
Elsewhere in Cape Town Municipality	..	..	49
Extra municipal	..	..	36
			721

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

In-patients	..	..	30
Out-patients	..	..	357

AMBULANCE AND DISINFECTING STATION.

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

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

The ambulance and disinfecting service is staffed by the ambulance officer, disinfection officer, five motor drivers and two labourers. This staff is also responsible for the disinfecting of houses and other premises for infectious diseases and other conditions. A fitter, assisted by a boiler attendant and labourer is in charge of the disinfecting station and supervises the machinery of the hospital laundry. The disinfection of bedding, etc., for both the hospitals is also done at the disinfecting station.

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

Ambulance journeys (return).		Premises disinfected.	
To City Hospital.	To other hospitals or premises.	For tuberculosis.	For other infectious diseases.
1,747	232	562	980

The distance covered during the year by the vans and ambulances was 87,239 miles.

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	6	—	2	8	25	—	3	28
European girls	26	—	15	41	69	—	23	92
Non-European boys	333	—	11	344	1,424	—	18	1,442
Non-European girls	311	—	152	463	1,348	—	246	1,594
Total children	676	—	180	856	2,866	—	290	3,156
<i>Adults :</i>								
European males	1	8	2	11	2	8	2	12
European females	4	—	2	6	15	—	7	22
Non-European males	36	—	1	37	107	—	3	110
Non-European females	67	1	29	97	167	2	77	246
Total adults	108	9	34	151	291	10	89	390
<i>Total persons :</i>								
European	37	8	21	66	111	8	35	154
Non-European	747	1	193	941	3,046	2	344	3,392
All races	784	9	214	1,007	3,157	10	379	3,546

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

TABLE 1.—NUMBER OF PERSONS TREATED IN THE CITY HOSPITAL FOR THE PERIOD 1ST JULY, 1952 TO 30TH JUNE, 1953
(Classified according to the wards of the City, etc., to which they belonged.)

Wards, etc.	Under treatment, 1st July, 1952.						Admitted.						Discharged.						Died.						Under treatment, 30th June, 1953.						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.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.								
1 ..	2	1	—	1	21	18	7	11	20	17	6	8	—	3	1	1	4	57	1,215	728	89	815	2,847															
2 ..	3	4	—	2	28	50	20	22	24	50	18	21	3	4	4	2	3	129	1,721	1,747	693	711	4,872															
3 ..	3	3	—	5	18	15	32	30	15	15	26	27	2	—	4	3	8	95	1,016	1,309	1,555	2,650	6,530															
4 ..	6	4	1	2	21	22	10	14	22	19	9	15	—	5	6	—	1	67	1,619	1,537	392	412	3,960															
5 ..	2	3	7	23	23	16	54	56	21	16	49	52	1	2	4	5	8	22	149	702	557	2,197	6,987															
6 ..	—	3	3	14	5	13	61	72	3	13	52	63	—	5	6	2	3	17	151	355	838	2,908	10,443															
7 ..	—	5	4	4	27	27	21	31	25	22	20	30	—	3	2	1	7	4	106	2,185	2,033	1,035	2,465	10,297														
8 ..	6	6	9	23	23	30	91	110	22	30	83	100	1	—	8	9	6	24	254	1,621	1,668	3,556	9,002	15,847														
9 ..	5	3	1	3	26	39	13	15	25	33	11	14	1	—	8	9	6	9	93	1,184	2,182	263	1,515	5,144														
10 ..	2	5	7	35	6	12	82	99	7	12	71	89	—	1	9	14	9	31	199	739	1,493	4,295	11,817	18,344														
11 ..	—	—	—	5	9	13	5	10	6	12	4	13	—	—	1	—	2	37	605	471	92	1,311	2,479															
12 ..	—	2	—	3	14	11	13	14	14	13	8	10	—	—	2	3	—	52	510	554	443	1,346	2,853															
13 ..	4	2	2	3	10	8	17	16	11	8	14	15	—	3	2	4	2	51	733	834	900	1,043	3,510															
14 ..	—	1	1	5	20	16	18	14	14	15	16	18	2	—	1	2	3	68	1,133	769	617	1,477	3,996															
15 ..	2	3	2	17	21	29	32	45	20	30	27	45	1	3	3	3	4	127	643	1,051	1,079	5,532	8,305															
Not allocated ...	3	—	—	1	—	—	2	—	1	—	2	—	—	—	—	1	—	2	877	—	—	22	98	997														
Langa Native Township ...	—	—	—	4	—	—	15	12	—	—	12	5	—	—	2	4	—	27	—	—	689	1,459	2,148															
From ships in Harbour ...	1	—	—	—	7	4	3	—	8	3	3	—	—	—	1	—	—	14	143	46	32	—	—	221														
From outside the Municipality	24	16	30	35	145	138	244	228	147	128	201	187	8	37	39	18	36	755	7,891	7,934	11,291	12,408	39,524															
Totals ..	68	61	69	185	424	461	740	799	405	436	632	712	88	82	19	16	8	2,424	24,892	25,751	32,148	67,244	150,035															

Disease (ultimate diagnosis)	Under treatment, 1st July, 1952.				Admitted.				Discharged.				Died.				Under treatment, 29th June, 1953.				Total cases treated.	Day units.				Total.			
	E.		O.		E.		O.		E.		O.		E.		O.		E.		O.			E.		O.					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.				
Enteric fever	1	2	4	8	15	8	66	45	16	10	61	44	4	1	3	2	8	6	134	871	336	2,701	1,746	5,744	2,701	336	2,701	1,746	5,744
Dysentery	2	3	6	7	33	37	35	48	29	36	32	42	4	1	6	6	153	1,071	2,036	1,692	2,161	7,560	1,692	2,161	7,560	2,161	7,560	7,560	
Erysipelas	1	1	1	1	88	126	14	14	89	125	15	15	4	1	1	1	242	2,893	4,050	466	456	1,569	466	456	1,569	456	1,569	1,569	
Paratyphoid	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	13	4	10	10	10	10	10	10	10	10	10	10	
Cerebrospinal fever	2	1	2	1	5	5	26	27	7	5	22	24	2	1	3	2	63	163	115	616	616	2,169	616	616	2,169	616	2,169	2,169	
Infective encephalitis	1	1	1	1	17	13	11	14	13	10	10	9	2	2	1	4	1	44	491	601	684	2,169	684	601	684	2,169	684	2,169	
Meningitis	1	1	1	1	15	23	29	20	12	10	29	18	1	1	2	3	87	239	230	622	465	1,562	465	230	622	465	1,562	1,562	
Cholera	1	1	1	1	8	10	13	16	6	10	11	13	1	1	2	3	47	175	277	674	502	1,628	502	277	674	502	1,628	1,628	
Cholera	1	1	1	1	5	7	2	2	4	6	7	2	1	1	1	1	16	68	82	38	43	273	43	82	38	43	273	273	
Enteritis	1	1	1	1	14	3	12	4	3	12	4	3	1	1	5	1	36	66	8	220	126	426	126	8	220	126	426	426	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	2	14	26	4	74	89	74	4	74	89	89	89	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47	47	
Enteritis	1	1	1	1	2	2	1	1	2	2	1	1	1	1	1	1	3	24	18	23	47	23	47	23	47	23	47		

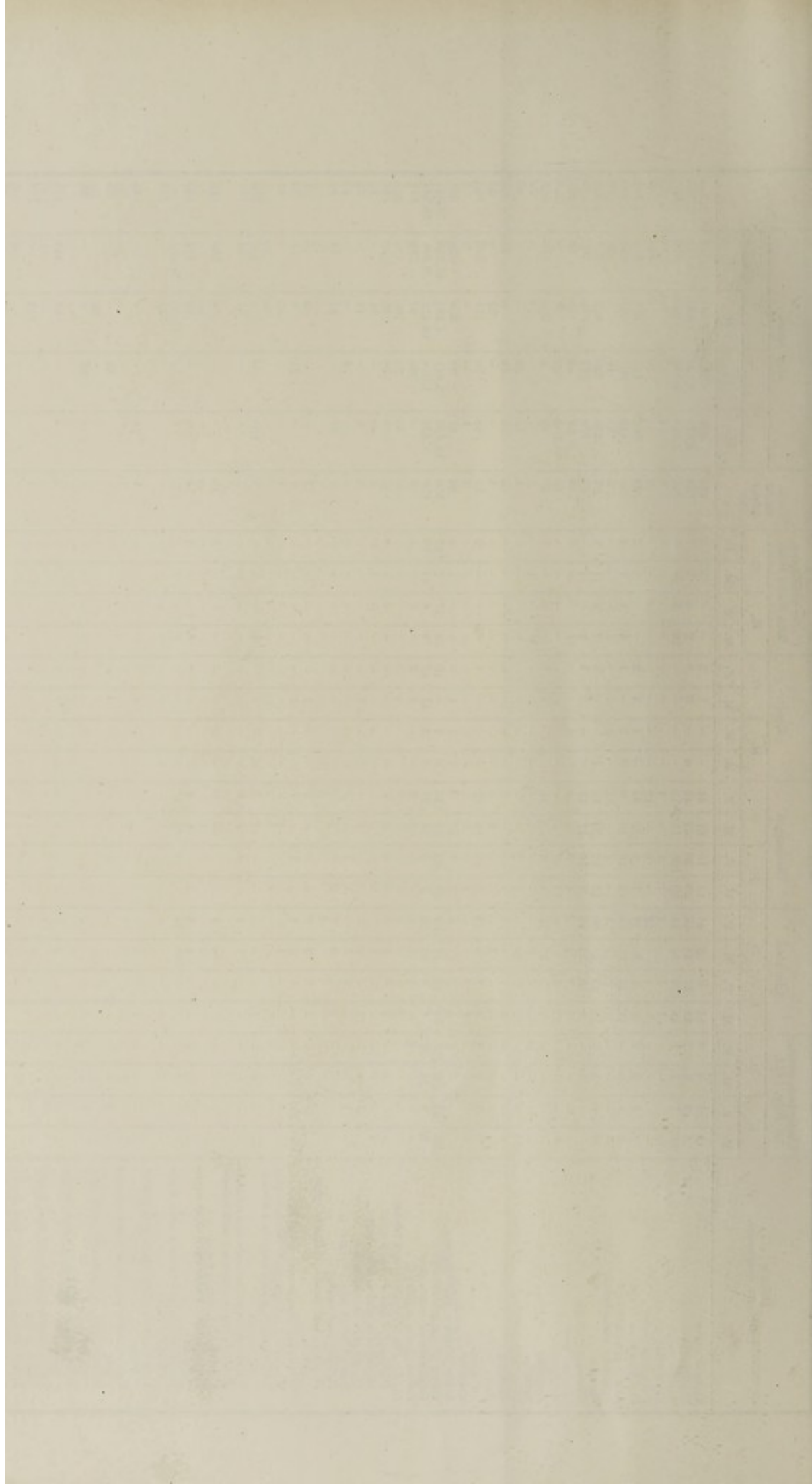


TABLE 3.—CASES TREATED IN THE BROOKLYN HOSPITAL FOR CHEST DISEASES FOR THE PERIOD 1ST JULY, 1952, TO 30TH JUNE, 1953.

Disease (ultimate diagnosis).	Under treatment, 1st July, 1952.			Admitted.			Discharged.			Died.			Under treatment, 30th June, 1953.			Total cases admit- ted.	Day units.				Total.							
	E.			O.			E.			O.			E.				O.											
	M.			F.			M.			F.			M.				F.			M.				F.				
	M.	F.	O.	M.	F.	O.	M.	F.	O.	M.	F.	O.	M.	F.	O.		M.	F.	O.	M.		F.	O.					
Tuberculosis, pulmonary	—	—	249	7	—	—	275	64	—	—	212	47	—	—	52	1	—	—	—	95,920	6,659	102,579						
" meningitis	—	—	—	—	—	—	1	2	—	—	—	1	—	—	—	1	—	—	3	147	254	401						
" miliary	—	—	5	3	—	—	2	—	—	—	6	2	—	—	—	—	—	—	—	1,339	528	1,867						
" pulmonary and menin- gitis	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	141	—	141						
" miliary and meningitis	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	1	—	1						
" pulmonary and bones and joints	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	365	—	365						
" pulmonary and glands	—	—	1	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	22	22						
Bronchiectasis	—	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	—	—	—	281	—	281						
Erythema multiforme	—	—	—	—	—	—	—	1*	—	—	—	1	—	—	—	—	—	—	—	—	4	4						
Other conditions	—	—	—	—	—	—	3	2	—	—	—	5	2	—	—	—	—	—	—	160	133	293						
Totals	—	—	258	11	—	—	284	69	—	—	225	54	—	—	53	2	—	—	—	98,354	7,600	105,954						

*This case was originally admitted as a case of smallpox to the isolation and quarantine station for smallpox or other formidable epidemic diseases, which is situated in the grounds of the Brooklyn Hospital for Chest Diseases.

TABLE 4.

Wards, etc.	Under treatment, 1st July, 1952.			Admitted.			Discharged.			Died.			Under treatment, 30th June, 1953.			Total admit- ted persons.	Day units.			Total.	
	E.			O.			E.			O.			E.				O.				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.				
1	—	—	2	—	—	4	—	—	3	—	—	1	—	—	2	—	4	—	1,117	—	1,117
2	—	—	6	—	—	6	—	—	3	—	—	3	—	—	6	—	6	—	2,007	—	2,007
3	—	—	14	—	—	6	4	—	7	3	—	—	1	—	13	—	10	—	5,017	164	5,181
4	—	—	2	—	—	2	—	—	2	—	—	—	—	—	—	—	2	—	535	—	535
5	—	—	29	1	—	16	9	—	16	6	—	6	1	—	23	3	25	—	8,762	1,068	9,830
6	—	—	19	1	—	16	8	—	16	5	—	2	—	—	17	4	24	—	7,106	922	8,028
7	—	—	10	—	—	9	3	—	10	1	—	1	—	—	8	2	12	—	3,027	83	3,110
8	—	—	26	3	—	52	8	—	31	5	—	7	—	—	40	6	60	—	14,520	1,781	16,301
9	—	—	1	—	—	2	—	—	—	—	—	—	—	—	2	—	2	—	472	—	472
10	—	—	26	3	—	39	5	—	31	7	—	3	—	—	31	1	44	—	11,816	787	12,603
11	—	—	2	—	—	1	—	—	1	—	—	—	—	—	2	—	1	—	880	—	880
12	—	—	4	1	—	7	—	—	3	1	—	—	—	—	8	—	7	—	2,008	111	2,119
13	—	—	10	—	—	9	3	—	9	3	—	1	—	—	9	—	12	—	3,869	70	3,939
14	—	—	5	—	—	14	—	—	9	—	—	1	—	—	9	—	14	—	1,983	—	1,983
15	—	—	18	1	—	15	6	—	13	4	—	2	—	—	18	3	21	—	6,769	894	7,663
Not allocated	—	—	2	—	—	3	—	—	—	—	—	4	—	—	1	—	3	—	622	—	622
Langa Native Township	—	—	17	1	—	7	1	—	8	2	—	—	3	—	13	—	8	—	4,415	23	4,438
From ships in harbour	—	—	—	—	—	3	—	—	3	—	—	—	—	—	—	—	3	—	158	—	158
From outside the Municipality	—	—	65	—	—	73	22	—	60	17	—	—	—	—	61	5	95	—	23,271	1,697	24,968
Totals	—	—	258	11	—	284	69	—	225	54	—	—	—	—	264	24	353	—	98,354	7,600	105,954

SECTION IX.—SANITARY ADMINISTRATION.

HEALTH INSPECTORS.

On 30th June, 1953, the staff of health inspectors consisted of the chief health inspector, the assistant chief health inspector, 5 divisional health inspectors, 28 health inspectors, 2 assistant health inspectors, and 2 learner health inspectors besides 3 health inspectors for dairies and 4 pest control officers. A meat inspector for the inspection of 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, ophthalmia, trachoma, puerperal fever, whooping cough and diseases notifiable by school teachers, such as measles and chicken pox); and also special follow-up visits to persons discharged from City Hospital suspected of being typhoid fever carriers; 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 de-verminization of incoming Natives to the Langa Native Township, or wherever the circumstances demand, besides the submission of reports in terms of the Native Service Levy Act, No. 64 of 1952, and under section 9 of Act No. 25 of 1945. In addition, the submission of reports for registration in terms of section 27 of the winter cereal scheme.

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, 1953, were as follows:—

Aerated water factories	139
Attendances at magistrates' court (<i>re</i> offences)	209
Bakehouses	414
Bakers' vehicles	467
Bakers' shops (without bakehouses)	294
Beaches	165
Billiard saloons	105
Boarding-houses	2,662
Butchers' vehicles	565
Butchers' shops	5,362
Cafés	1,151
Cattle dealers' premises	47
Chalets	5,771
Common Lodging-houses	183
Courts, lanes and alleys	3,346
Dairy stables	3,333
Dealers' and general dealers' shops (food)	15,053
Dealers' and general dealers' shops (no food)	5,363
Eating-houses	1,040
Fish vehicles	215
Fish dealers	2,253
Garages	341
Hairdressers	2,014
Hawkers' vehicles	1,899
Hawkers' premises	3,896
Horse stables	2,292
Ice-cream vehicles	103
Ice-cream purveyors and manufacturers	1,495
Laundries	102
Licensed hotels and bars	143
Mattress-makers and upholsterers	99
Milk-delivery vehicles	559
Milk shops (purveyors of milk)	5,313
Mineral water dealers	89
Native housing reports	434
Natives deloused and vaccinated (<i>re</i> typhus fever)	5,369
Open land	3,127
Other factories and work places	3,528
Other house inspections	29,745
Other places where food is manufactured	357
Other visits	3,066
Personal service notices (<i>re</i> nuisances)	581

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Piggeries	18
Poulterers	86
Places of amusement (re licences)	166
Public markets	4,500
Refuse depositing sites	493
Restaurants	2,969
Schools	117
Side shows	23
Sites or premises (re deposited plans)	869
Sports grounds	46
Standing water, catchpits, etc. (re mosquitoes)	554
Swimming baths	42
Tea shops	2,316
Tenement houses	1,387
Tents	163
Theatres and cinemas	484
Visits made in connection with infectious diseases	2,777
Washhouses	321
Total	130,020

Particulars in connection with visits recorded in the above inspections:

Visits to premises where action was taken in connection with rodent infestation	83
Visits at which premises were disinfected	64
Drain tests carried out	93

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

Proceedings begun by:

Verbal notices	904
Written request notices	—
Formal written notices	2,447
Total proceedings begun	3,351

Written notices following verbal notices

Total notices served:	422
Verbal notices	904
Request notices	—
Formal notices	2,910
Final notices	529
Total	4,343

The number of items included in the 3,351 notices were as follows:—

Ward 1	567
Ward 2	574
Ward 3	537
Ward 4	1,085
Ward 5	797
Ward 6	889
Ward 7	1,045
Ward 8	574
Ward 9	855
Ward 10	293
Ward 11	251
Ward 12	539
Ward 13	267
Ward 14	541
Ward 15	593
Total	9,407

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	797
Defective water fittings	91
Unauthorized structures	16
Undrained premises	1
Structural defects to premises	28
Other defects	45

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, 1953, the City Council prohibited the further use of 2 stable premises (equine) for the keeping of animals.

Previously, since 1929, the City Council had prohibited the use of 142 stable premises. Many others have been closed without formal action by the City Council.

These figures do not include dairy stables that had been closed by order of the City Council.

No further progress has been made with the proposal to provide sanitary communal stables in which people who depend on the use of horses for their living (such as hawkers) may obtain accommodation at a small rental.

In the year under review investigations were continued 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. 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. Block poisoning, i.e. dealing with all premises within a given area, has been developed, and excellent results obtained showing that poisoning with the new substance is suitable for operations on an extended scale. This poison is sold in most shops in a ready mixed form, and being easy to use and giving positive results the public are co-operating by obtaining and using cartons.

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

Inspections by pest control officers:

<i>Re</i> rodents	12,480	
<i>Re</i> mosquitoes	4,200	
		16,680
Inspections <i>re</i> rodents by other inspectors		83
Inspections <i>re</i> mosquitoes by other inspectors		554

Visits made to lands and premises by rat-catchers:

<i>Re</i> rodents	62,998	
<i>Re</i> mosquitoes	21,696	
		84,694

Examination of building plans:

With requirements	1,587	
No objection	245	
		1,832

Number of notices served by pest control officers:

Verbal notices	27	
Written notices	61	
		88

Number of rodents caught and destroyed:

Brown rats	6,075	
Black rats	864	
Gerbilles	988	
		7,927

The figures given above as to rodents destroyed include only the number of animals whose dead bodies were actually recovered. There is no reason to doubt that many more were destroyed by the methods employed.

The above figures do not include certain inspections made and notices served by the district health inspectors in connection with rodents.

The rodents destroyed and recovered are shown in the following table:—

RODENTS CAUGHT AND DESTROYED.

Year ended 30th June.	Brown rats.	Black rats.	Gerbilles.	Total.
1926	8,409	1,206	3,430	13,045
1927	8,716	1,282	1,537	11,535
1928	7,651	1,352	816	9,819
1929	6,803	1,388	414	8,605
1930	5,297	1,631	510	7,438
1931	3,982	1,918	770	6,670
1932	4,103	2,017	634	6,754
1933	3,939	2,556	929	7,424
1934	3,839	2,690	1,321	7,850
1935	3,257	3,597	543	7,397
1936	3,757	3,240	610	7,607
1937	3,642	4,030	619	8,291
1938	3,793	6,063	585	10,441
1939	4,407	5,376	514	10,297
1940	6,002	4,891	182	11,075
1941	4,896	3,793	77	8,766
1942	6,038	4,147	48	10,233
1943	7,240	5,066	405	12,711
1944	8,573	4,692	176	13,441
1945	9,748	3,606	55	13,409
1946	9,082	1,879	287	11,248
1947	6,231	2,210	56	8,497
1948	8,678	2,185	348	11,211
1949	8,719	2,666	985	12,370
1950	8,557	2,097	807	11,461
1951	10,308	2,372	649	13,329
1952	7,814	1,923	841	10,578
1953	6,075	864	988	7,927

MOSQUITOES.

One of the pest control officers specializes 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 lodged 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.

Recently a revised method has been adopted in the campaign against mosquitoes. Larvicidal oil containing D.D.T. supplying the required toxicity is applied undiluted to standing water at the rate of 2-4 pints per acre of water surface. The method of spreading this larvicide is by means of an applicator gun containing a pistol grip to which is attached a 3-foot nozzle. A small piston operating within the pistol grip delivers approximately 10 ccs. of oil every time the hand is clenched. The gun is gravity fed from a knapsack spray can. This method involves the use of an oil of high spreading pressure, causing it to spread over the water until a film of only micro-molecular thickness is reached. It has proved to be more efficient, convenient and clean in application, and has the facility of applying the larvicide to the water below any cover of vegetation which may be present. The old system was the use of a mixture of petroleum oils in the proportion of 15-20 gallons of oil per acre of water surface applied by means of the conventional knapsack sprayer.

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 made during the year under review was 554.

CAMPING.

Camping on private sites within the Municipality of Cape Town has been kept under observation by the health inspectors. During the year 1952-53, 20 applications for the erection of tents were received, 12 of which was granted and were for occupation by 760 persons.

FOOD, DRUGS AND DISINFECTANTS ACT.

In terms of Government Notice No. 1572 of 1932, the Minister of Public Health added the Municipality of the City of Cape Town to the list of local authorities empowered under Government Notice No. 666 of 1930 to administer the Food, Drugs and Disinfectants Act in respect of (a) perishable articles mentioned or defined in the 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.

The following is a record of the samples taken during the calendar year 1953:—

Nature of sample.	No. of samples.	Not genuine.					Genuine.
		No action taken.	Letter sent.	Warning notice sent.	Summons applied for.	Total.	
Milk	545	—	—	—	5	5	540
Meat products ..	67	—	—	—	7	7	60
Minced meat ..	38	—	—	—	9	9	29
Ice-cream	41	—	—	—	2	2	39
Cream	22	—	—	—	2	2	20
Cheese	3	—	—	—	—	—	3
Skim milk	1	—	—	—	—	—	1
Frozen suckers ..	7	—	—	—	—	—	7
Total	724	—	—	—	25	25	699

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	—	5.5—6.0	—
1.5—1.9	—	6.0—6.4	—
2.0—2.4	—	6.5—6.9	1
2.5—2.9	3	7.0—7.4	—
3.0—3.4	280	7.5—7.9	1
3.5—3.9	253	8.0—8.4	1
4.0—4.4	8	8.5—8.9	420
4.5—4.9	1	9.0—9.4	122
5.0—5.4	—	9.5—9.9	—
5.5—5.9	—		
6.0—6.4	—		
6.5—6.9	—		
7.0—7.4	—		
7.5—7.9	—		
8.0—8.4	—		
8.5—8.9	—		
9.0—9.4	—		
9.5—10.0	—		

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 were not brought into force until 8th May, 1953, in order that the necessary arrangements and provision for pasteurization plant may be made by the dairy industry. In the year under review nine pasteurization plants were already in operation and a tenth pasteurization plant was being installed.

Control of Pasteurization Plants.

During the year four additional pasteurization plants came into operation, bringing the total to nine licensed pasteurization plants, at all of which daily systematic sampling of milk is undertaken. In the control of pasteurization plants it was found to be essential to take samples of milk at different times of the day because the efficacy of pasteurization varies. For the period under review 2,069 phosphatase tests were carried out, of which 78 or 3.7 per cent showed various degrees of under pasteurization, compared with 1,716 phosphatase tests made last year with 93 or 5.4 per cent being under-pasteurized. Twenty-eight phosphatase tests were also carried out on pasteurized cream and of those three were underpasteurized. In addition, 381 B.Coli tests were made on samples of pasteurized milk to determine the efficiency of the sterilization of bottles and of the pasteurization plants. Of these, 226 were positive and 155 negative. Besides these tests two hundred and eleven employees at the pasteurization plants were Vi and Widal tested. Seven were found Vi positive and were removed from handling foodstuffs.

Samples of Raw Milk Tested for Total Bacteria.

Raw 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 1,229 samples examined, 781 were satisfactory, i.e. 63.5 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 1,229 samples examined by the Breed Smear method 80 or 6.5 per cent showed the presence of pus and streptococci, suggestive of mastitis.

Samples of Milk Tested for Tubercle Bacilli.

In the year under review 559 routine samples were taken from mixed milk of herds and using guinea pigs, were biologically tested for tubercle bacilli; 9 were positive and 550 negative.

Examination of Dairy Cows.

During the year under review 2,779 cows belonging to 17 dairies, were examined clinically, and as a result 214 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)	22
Mastitis (chronic)	101
Mange	27
Tuberculosis (other than tuberculosis of the udder) ..	3
Tubercular mastitis	1

Milk Shops and Ice-cream Premises.

Milk shops and ice-cream premises are inspected by the district health inspectors in connection with applications for licences. In the following table the figures for cowshed and milk-shop premises are for the calendar year 1953. Those for ice-cream are for the year ended 30th June, 1953.

	Cowshed premises.		Milk shop premises.	Manufacturers and vendors of ice-cream.
	In the municipal area.	Outside the municipal area.		
Applications for licences received	9	291	211	984
Licences issued	9	291	211	978
Applications cancelled	—	—	—	3
Licences not granted	—	—	—	3

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 two 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 the following routine inspections were made by the dairy inspectors and the district health inspectors:—

Dairy stables	3,333
Milk shops	5,313
Milk delivery vehicles	559
Ice-cream premises	1,495
Ice-cream vehicles	103
Pasteurization plants	1,222

Additional Veterinary and Laboratory Work.

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

- (i) Two hundred and four samples of ice-cream were examined by means of the Breed Smear, a standard of 300,000 per c.c. was laid down as a yard stick for ice-cream kept at freezing temperature at the factory, preliminary work showing that under clean normal conditions this standard could easily be reached. Of the 204 samples examined, 150 satisfied this standard and 54 were above this standard. Two hundred and eight samples of ice-cream were examined for efficiency of pasteurization and of these 200 proved to be efficiently pasteurized and 8 under-pasteurized.
- (ii) Samples of milk from individual cows were examined for the following conditions:—
 - (a) Mastitis: 4 samples all of which were negative.
 - (b) Tuberculosis: 214 samples from individual cows were examined. Of these, 3 were positive.
- (iii) *Butterfat Tests.*—23 butterfat tests were carried out, none of which proved to be below the Government standard.
- (iv) *Government Survey of Local Milk.*—18 samples of milk were collected for the Central Government for their survey of the chemical composition of local milk supplies.
- (v) *Outside Municipalities.*—206 samples of milk were tested by the Breed Smear method for other municipalities. Of these, 63 were satisfactory. Mastitis was found in 4 of the samples. There were also 6 samples of pasteurised milk examined by means of the phosphatase test—all of which were satisfactory. In addition, 8 samples of milk were examined for the Department of Defence; 1 sample was unsatisfactory.
- (vi) *Municipal Pounds.*—During the year the Veterinary Officer examined 1 mule, 14 donkeys and 8 horses.

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, 1953:—

	Restaurants.	Tea Shops.	Cafés.	Eating-Houses.	Boarding Houses.
1. Applications received	230	951	34	42	205
2. Granting of licences recommended (without conditions)	159	787	26	28	128
3. Granting of licences recommended (subject to conditions)	70	161	8	14	75
4. Number under item 3 later reported as having complied with conditions	44	103	8	7	48
5. Refusal of licences recommended	1	3	—	—	—
6. Applications withdrawn	—	—	—	—	2

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 1953:—

	Mattress-makers and Upholsterers.	Laundries.	Barbers and Hairdressers.
Applications received	12	7	335
Registration certificates issued	6	2	245
Registration granted subject to conditions	6	5	90
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, 1953:—

	Hawkers and Pedlars.
1. Applications received	2,122
2. Granting of licences recommended (without conditions)	1,398
3. Granting of licences recommended (subject to conditions)	707
4. Refusal of licences recommended	8
5. Number under items 3 and 4 later recommended	459
6. Applications withdrawn	9

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, 1953:—

	General dealers.	Fresh produce dealers.	Butchers.	Bakers.	Motor garages.	Mineral water dealers.	Mineral water manufacturers.
1. Applications received	1,126	338	27	3	58	46	1
2. Granting of licences recommended (without conditions) ..	667	155	10	2	21	30	—
3. Granting of licences recommended (subject to conditions)	431	178	16	1	31	16	1
4. Number under item 3 later reported as having complied with conditions ..	339	131	12	1	22	13	1
5. Refusal of licences recommended ..	14	2	—	—	3	—	—
6. Applications withdrawn	14	3	1	—	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, 1953:—

Description.	Inspected.	Passed.	Condemned partly.	Condemned entirely.	
				Amount.	Percentage.
Carcasses of pork	26,667	26,429	212	26	0.09
Pigs' kidneys	22,365	22,081	—	284	1.27
Pigs' plucks	20,823	20,684	—	139	0.67
Pigs' plucks .. {				474	2.28
				199	0.95
				186	0.89

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, 1952, to 30th June, 1953:—

Description.	Total.	Ab-scess.	Cysts (hyda-tid).	Measles.	Pericar-ditis.	Peri-tonitis.	Pneu-monia.	Putre-faction.	Tuber-culosis.
Carcasses of pork	26	—	—	21	—	1	—	—	4
Parts of pork ..	212	53	—	—	—	—	—	82	77
Pigs' kidneys ..	284	—	284	—	—	—	—	—	—
.. plucks ..	139	—	139	—	—	—	—	—	—
.. livers ..	474	—	474	—	—	—	—	—	—
.. lungs (prs.)	199	—	91	—	—	—	108	—	—
.. hearts ..	186	—	—	—	186	—	—	—	—

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	1,656	794,881	6	630

Whale Meat.

As a result of the falling off in the demand for whale meat in the Municipality of Cape Town, the Whaling Company at Saldanha Bay, C.P., discontinued to market this nutritious and cheap article of food; therefore no certificates for the sale of whale meat in the Cape Town municipal area were issued by the Council during the year under review.

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, 1953:—

	Weight (lb.).		Weight (lb.).
<i>Meat:</i>		<i>Fruit and Vegetables (cont.):</i>	
Beef	368	Garlic	574
<i>Poultry and Game:</i>		Ginger	109
Ducks	59	Kohl kohl	20
Fowls	6,001	Lettuce	13,582
Game	50	Marrows	649
Geese	10	Mealies	5,335
Turkeys	353	Mint	89
<i>Fish:</i>		Onions	18,929
Tinned fish	326	Parsley	727
<i>Fruit and Vegetables:</i>		Parsnips	1,058
Apples	140	Peas (green)	31,622
Apricots	180	Pepper (green)	767
Avocado pears	2,524	Potatoes	20,627
Bananas	21,505	Pumpkins	14,633
Egg fruit	196	Radishes	110
Figs	34	Spinach	3,488
Grapes	10	Squashes	1,066
Grape fruit	6,018	Tomatoes	32,185
Granadillas	25	Turnips	5,912
Guavas	6,131	<i>Other Provisions:</i>	
Lemons	4,368	Bread	19
Litchies	2,900	Cake	22
Loquats	30	Canned fruit	3,691
Mangoes	17,522	Cereals	46
Melons	3,055	Cheese	5
Naartjies	35	Eggs	3
Nectarines	80	Flour	2
Oranges	6,588	Fruit syrup	105
Paw paws	11,066	Ham	4
Peaches	1,837	Jam	291
Pears	2,210	Maizena	4
Pineapples	523	Mealie meal	3,740
Rhubarb	155	Milk (condensed)	26
Watermelons	3,039	Pickles	16
Beans (green)	43,950	Preserved fruit	1,548
Beetroot	6,252	Pudding powder	5
Betel leaves	90	Salt	2
Bringles	448	Spaghetti	10
Cabbages	72,519	Tinned Meat	36
Cauliflower	31,308	Tinned sausage	696
Carrots	4,633	Tinned soup	6
Celery	525	Tinned vegetables	321
Chillies	1,347	Unclassified	51
Cucumbers	3,850	Yeast	3

CASES BEFORE THE MAGISTRATE.

The following table gives particulars of cases heard by the magistrates during the year ended 30th June, 1953, at the instance of the City Health Department. In most of the cases there were two or more separate counts; the counts are not enumerated in the table. In some cases more than one person was summonsed for the same offence; if any one accused was fined or reprimanded the case is recorded in the table accordingly, notwithstanding that the other accused may have been discharged:—

Nature of offence.	Number of cases.							Total Fines.
	Total.	Fined.	Suspended sentence.	Reprimanded.	Summons withdrawn.	Discharged.	No. of persons summonsed.	
								£ s. d.
Insanitary conditions or other offences at food premises	3	3	—	—	—	—	5	13 0 0
Insanitary conditions or other offences in transport or delivery of foodstuffs:								
Milk	10	10	—	—	—	—	21	116 0 0
Other foodstuffs	5	5	—	—	—	—	9	31 5 0
Selling foodstuffs in contravention of the Food, Drugs and Disinfectants Act:								
Milk	20	14	—	—	—	5	21	109 0 0
Meat products	7	6	—	—	—	1	7	55 0 0
Minced meat	8	8	—	—	—	—	15	74 10 0
Ice-cream	1	1	—	—	—	—	1	10 0 0
Selling, delivering or depositing meat not slaughtered at the municipal abattoir or not inspected and stamped	2	—	—	—	1	1	2	—
Selling, etc., diseased, unsound or unwholesome foodstuffs	2	1	—	—	—	1	8	10 0 0
Trading as a purveyor of milk without licence (no cows kept)	4	4	—	—	—	—	6	13 0 0
Trading as a hawker without licence	9	9	—	—	—	—	12	19 10 0
Obstructing health inspector in performance of his duty	1	1	—	—	—	—	1	2 0 0
Total	72	62	—	—	1	8	108	453 5 0

PUBLIC SANITARY CONVENIENCES.

The following is a list of the public sanitary conveniences open at 30th June, 1953, together with the number of attendants employed:—

<i>Chalet.</i>	<i>Attendants.</i>	
	<i>Male.</i>	<i>Female.</i>
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
Relief attendants	83	55
Night-shift attendants	12	9
	3	2
	98	66

*The male attendant is also in charge of the sanitary convenience at the children's playground Three Anchor Bay.

MUNICIPAL WASHHOUSES.

The washhouse at Kalk Bay was closed on the 2nd April, 1953, as it was found that the expenditure involved in its use by so few patrons was not justified. There are now seven washhouses in the Municipality of Cape Town, namely, at Hout Street, Platteklip, Hanover Street, Salt River, Mowbray, Claremont and Wynberg. At each of four washhouses there is a caretaker, at each of two an assistant caretaker, and at one washhouse (Hout Street) a caretaker and an assistant caretaker. All the washhouses are supplied with cold water only, and the drying and bleaching are done in the open air. At the Hanover Street washhouse the washing troughs are supplied with steam, and "hydro-extractor" drying chambers, ironing machines and electric irons are provided.

The charges for washing and ironing were revised during the year under review. The new charges are: for washing 6d. per day and for ironing (including use of electric irons) 2d. per hour at all the washhouses, except the Hanover Street washhouse, where the charges are 1s. per half-day and 2s. per full day for washing and ironing (combined).

At Hout Street washhouse there is an installation for hot and cold water shower-baths. The charges for the use of the shower-baths are as follows: adults 3d., children 2d.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

The attendances and takings at the washhouses (including ironing rooms) during the year ended 30th June, 1953, were as follows:—

					Attendances.	Money taken.		
						£	s.	d.
Hout Street	..	..	..	..	12,056	300	4	2
Platteklip	..	..	..	..	4,129	85	17	8
Hanover Street	..	..	..	..	13,765	818	13	9
Salt River	..	..	..	..	3,756	70	9	7
Mowbray	..	..	..	..	9,100	242	12	7
Claremont	..	..	..	..	10,981	267	0	8
Wynberg	..	..	..	..	5,407	144	17	8
Kalk Bay	..	..	..	..	1,888	47	1	0
					61,082	£1,977	0	1

The attendances and takings at the Hout Street shower-baths during the year ended 30th June, 1953, were as follows:—

							Shower-baths.			
							Atten- dances.	Money taken.		
								£	s.	d.
Adults	..	..	..	..	..	..	46,931	586	12	9
Children	..	..	..	..	..	..	160	1	6	8
Total							..	..	..	
							47,091	£587	19	5

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 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, 1953, the City Council and the Citizens' Housing League Utility Company have completed the erection of over 9,000 dwellings, in addition to the building of Langa Native Township.

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

					Cottages.	Average cost per dwelling.
Kew Town, Athlone (non-European)	..	..	..	..	40	£410

This pitiful number of new dwellings for the lower income groups for the year in question is no advertisement for the City of Cape Town. The Housing Committee of the Council are, however, well aware of the magnitude of the task lying before them and the dwellings in question are of an experimental design and type which have been erected departmentally by the City Engineer and his building construction unit. It is hoped that the experience gained during the erection of these units will bear better fruit in succeeding years and contribute in no small manner to the excessive housing backlog which faces this city and its citizens.

In the year under report, the Citizens Housing League Utility Company built 114 dwelling houses for Europeans at the Thornton Township, Pinelands, C.P., at an average cost of £2,200 each, and 229 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, 1953, 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	4,857	5,903
Citizens' Housing League Utility Co. ..	942	28	970
	1,988	4,885	6,873
Outside Cape Town municipal area:			
Citizens' Housing League Utility Co. ..	2,079	400	2,479
Total	4,067	5,285	9,352

The number of new dwelling houses built in the calendar year 1953 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 ..	10,150	1,005
1926 ..	5,320	444	1945 ..	10,400	870
1927 ..	5,070	675	1946 ..	10,750	778
1928 ..	5,450	846	1947 ..	10,540	990
1929 ..	5,570	1,773	1948 ..	11,010	1,086
1930 ..	5,700	1,320	1949 ..	11,500	1,638
1931 ..	5,640	1,564	1950 ..	12,000	610
1932 ..	6,000	1,102	1951 ..	12,540	692
1933 ..	6,150	1,068	1952 ..	13,100	937
			1953 ..	13,680	734

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 Provincial Administration. 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	3	Ward 10	256
" 2	66	" 11	18
" 3	52	" 12	111
" 4	50	" 13	44
" 5	486	" 14	105
" 6	369	" 15	565
" 7	343		
" 8	373	Total	2,864
" 9	23		

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, 1953, the number of such burials was 366.

RELIEF WORKS.

During the period under review an average of 187 men have been employed on relief works maintained by the City Council. The total expenditure of the Council under this heading in the year 1952-53 was £59,709 2s. 11d., of which £22,693 18s. 9d. was paid in wages, including cost-of-living allowances. The Government repaid to the Council £16,552 0s. 2d. 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 1953 and 1952.

	1953.	1952.
	£ s. d.	£ s. d.
Income from voluntary sources	1,331 10 9	999 15 7
Subsidy from Provincial Administration for investigations re Conradie Home applications	—	30 0 0
Subsidy from Department of Social Welfare	35,873 19 8	34,806 15 6
Expenditure on relief, excluding administration costs	11,963 12 1	15,530 8 2
Number of applications received	1,550	1,743

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 fourteen of the child welfare centres on Mondays to Fridays inclusive to expectant and nursing mothers, and children under school age who are found by the medical officers to be suffering from undernourishment. In January, 1953, milk with snacks was served to children in place of dinners at five of the centres (see page 22). The total number of meals given during the year was 105,112, of which 93,568 were dinners and 11,544 were milk with snacks. To these figures are to be added 47,778 dinners supplied to children at the municipal nursery schools (see page 26). Free milk meals are also supplied at most of the child welfare centres to necessitous children under school age. During the year the attendances of children for milk meals numbered 150,653 and the milk consumed amounted to 7,854 gallons. To these figures are to be added 16,778 milk meals supplied to children at the municipal nursery schools (see page 26). The milk consumed at the centres is supplied without cost to the Council by the Dairy Industry Control Board by arrangement with the School Board.

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, 1953, 1,647 new cases were supplied and 48,928 lbs. of dried milk were issued. The cost was £7,751 17s. 11d. (see page 21). As a result of this provision no suckling infant in the Municipality need lack an adequate diet on account of poverty.

The City Council also provides bread and milk as additional nourishment for indigent cases of tuberculosis. The ordinary daily allowance for a patient is 1 lb. bread and 1 pint milk. Two hundred and fifteen new cases were put on this allowance during the year and the cost of the supplies was £2,177 8s. 6d.

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 1953 are as follows:—

Milk	375,126 gals.
Milk powder	720 lbs.
Fish	9,750 dozen pieces.
Butter	54,103 lbs.
Margarine	27,656 lbs.
Cheddar cheese	65,337 lbs.
Pasteurized cheese	11,829 lbs.

Cocoa	7,433 lbs.
Milo	1,152 lbs.
Moskonfyt	17,406 lbs.
Sugar	136,800 lbs.
Grapes	26,180 half lugs.
Oranges	29,828 pkts.
Pure orange juice	404 ca.
Pure guava juice	225 ca.
Raisins	49,250 lbs.
Fruit salad	24,050 lbs.
Crystallized fruit	900 lbs.
Bread	539,108 lbs.
Peanuts	39,025 lbs.
Peanut butter	52,960 lbs.
Fresh fruit and vegetables (excluding grapes and oranges)	£21,675
Sundry foodstuffs	£6,277

At the end of the calendar year 1953 the following number of schools were included in the scheme:—

European	97 (30,008 children)
Coloured	182 (63,976 ..)

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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, 1953, 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 sewerage schemes. Portions of Belmead and Retreat areas have already been connected to the sewerage system.

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-nine 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 506,547 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, 1953, 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, 8.
Clerks, 2.
Junior Clerk.
Senior Clerk/Typist.
Senior Shorthand Typist.
Clerk/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, 18.
Health Inspectors, 10.
Assistant Health Inspectors, 2.
Learner Health Inspectors, 2.
Senior Clerk.
Junior Clerk.
Shorthand Typist.
Washhouse Caretaker/Fitter.
Washhouse Caretakers, 6.
Assistant Washhouse Caretakers, 4.
Ratcatchers, 16.
Ratcatchers' Assistants, 8.
Ratcatchers' Assistants-Learners, 2.
Motor Driver.
Checker.
Fireman/Stoker.
Labourers, 5.
Stores-Yardsman.
Attendants at Public Sanitary Conveniences, 163.

DAIRY INSPECTION.

Veterinary Officer.
Dairy Inspectors, 3.

MATERNAL AND CHILD WELFARE BRANCH.

Maternal and Child Welfare Officer.
Deputy Maternal and Child Welfare Officer.
Clinical Medical Officers, 2.

Chief Health Visitor.
Assistant Chief Health Visitor.
Senior Health Visitors, 26.
Health Visitors, 10.
Junior Health Visitors, 8.
Supervisor of Midwives.
Social Welfare Visitor.
Clinic Assistants, 5.
Senior Clerk.
Clerk.
Senior Clerk/Typists, 2.
Clerk/Typist.
Junior Shorthand Typist.
Nursery School Teachers, 3.
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, 2.
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, 4.
Junior Clerk.
Senior Health Visitors, 3.
Health Visitors, 5.
Junior Health Visitors, 2.
Clerk/Typist.
Clinic Assistants, 2.
Domestic.
Caretaker/Cleaner.
Labourers, 2.

DENTAL BRANCH.

Chief Dental Officer.
Deputy Dental Officer.
Assistant Dental Surgeon.

Dental Mechanics, 4.
Dental Mechanic (Apprentice).
Senior Clerk.
Clerk.
Clerk/Typist.
Senior Health Visitor.
Dental Nurses, 4.
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, 3.
Matron.
Assistant Matron.
Sisters, 14.
Staff Nurses, 8.
Student Nurses, 15.
Nurses, 7.
Nurse Aides, 11.
Nursing Assistants, 29.
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, 36.
Seamstresses, 4.
Housekeeper.
Housemaids, 30.
Native Male Orderlies, 43.

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 Physician.
Matron.
Sisters, 10.
Staff Nurses.
Non-European Nurse Aides, 40.
Non-European Male Nursing Assistants, 2.
Radiographer.
Occupational Therapist (Workshops Rehabilitation).
Occupational Therapist (Diversional and Physical).
Senior Clerk.
Clerk.
Senior Works Foreman.
Handyman/Carpenter.
Brush-hand.
Boiler Attendant.
Labourers, 15.
Storekeepers, 2.
Housekeeper.
Seamstress.
Kitchen Supervisor.
Hospital Cooks, 3.
Native Male Orderlies, 54.
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, 6.
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.

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.

City Hospitals:

Dr. J. F. Wicht, Medical Superintendent of Hospitals, retired from the service on the 15th August, 1952, on account of ill-health, after serving the department for 25 years. He was succeeded by Dr. H. R. Ackermann, Deputy Medical Superintendent at the Brooklyn Chest Hospital, on the 19th December, 1952.

Dr. J. B. Porteous was appointed Deputy Medical Superintendent at the Brooklyn Chest Hospital, as from the 1st June, 1953.

Maternal and Child Welfare:

Dr. E. M. Broome, Maternal and Child Welfare Officer, retired on attaining the age of superannuation on the 8th August, 1952, after 23 years' service in the City Health Department. She was succeeded by Dr. E. P. Woodrow, who joined the department as Assistant Medical Officer on the 15th July, 1953.

Dr. E. H. Stern was appointed Clinical Medical Officer in the Maternal and Child Welfare Branch as from the 11th May, 1953.

Miss G. Donnan, Chief Health Visitor, retired on reaching the age of superannuation on the 16th June, 1953. She served the department for 26 years.

Dairy Inspection:

On the 9th September, 1952, Dr. B. M. Horwitz, who held the position of Veterinary Officer in this department, was transferred to the Municipal Abattoirs, Maitland, as Director of Abattoirs. He was succeeded by Dr. A. A. L. Albertyn as Veterinary Officer on the 27th April, 1953.

TABLE A1. DEATHS REGISTERED IN 1952-53 CLASSIFIED FOR CAUSES, RACE, SEX, AGE-GROUPS AND WARDS.
Deaths in Cape Town of non-Residents (Outward Transfers) are excluded from the table proper and shown separately. (53 weeks ended 3rd July, 1953.)

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

SUMMARY.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AGE-GROUPS : CORRECTED FOR OUTWARD TRANSFERS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
CAUSE OF DEATH.	Race.	5 to 10										Total under 5		1 to 2										2 to 5		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2		1 to 2	

* Including 2 deaths of unknown race.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

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SUMMARY.

WARDS: 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 Unascertained.		TOTALS.		Per-1000.
		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.	F.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
I.—Infectious and parasitic diseases and other	{E. O.	5	4	4	4	1	4	1	4	3	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	23	73		
II.—Cancer	{E. O.	18	28	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	670		
III.—Phenitiazine, of endo-nutrition, of endo-crine glands and other general diseases and vitamin-deficiency diseases	{E. O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
IV.—Diseases of the blood and blood-forming organs	{E. O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
V.—Chronic poisonings and intoxication	{E. O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
VI.—Diseases of the nervous system and sense organs of the circulatory system	{E. O.	9	14	7	10	5	7	13	14	5	5	1	4	5	4	6	6	9	9	2	3	18	11	9	7	3	8	10	16	6	14	12	142	254		
VII.—Diseases of the respiratory system	{E. O.	36	26	24	17	16	11	26	11	9	8	17	4	23	22	24	20	24	8	9	24	21	26	17	25	15	22	24	23	24	24	24	24	24	24	24
VIII.—Diseases of the respiratory system (not specified as tuberculous)	{E. O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
IX.—Diseases of the digestive system	{E. O.	4	3	7	4	3	23	5	24	3	21	16	4	21	2	46	21	1	1	33	4	91	3	63	3	4	2	1	5	27	13	4	1	201	331	
X.—Non-Veneral diseases of the genito-urinary system and anæmia	{E. O.	3	3	6	1	5	4	1	4	3	3	7	1	1	3	1	1	5	1	5	1	6	3	3	3	3	3	3	3	3	3	3	3	3	3	
XI.—Diseases of pregnancy, and puerperal state	{E. O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
XII.—Diseases of the skin and cellular tissue	{E. O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
XIII.—Diseases of the bones and joints	{E. O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
XIV.—Congenital malformations	{E. O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
XV.—Diseases peculiar to the first year of life	{E. O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
XVI.—Senility, old age	{E. O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
XVII.—Violent or accidental deaths	{E. O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
XVIII.—Ill-defined causes of death	{E. O.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Totals	{E. O.	84	96	76	44	54	97	77	72	44	30	29	21	70	54	62	49	80	69	22	21	67	63	69	50	60	43	63	59	66	49	33	66	823	1,789	
	{E. O.	7	5	30	15	93	67	17	9	173	167	189	167	94	70	394	254	30	23	338	380	22	10	60	63	52	60	87	80	256	173	40	12	1,042	3,497	
Totals, all races	{E. O.	91	101	106	59	147	164	94	81	217	197	228	188	164	124	456	303	110	92	420	401	89	73	129	113	112	103	150	189	322	222	73	2,908	2,378	5,285*	

*Including 2 deaths of unknown race.

[illegible]

CAUSE OF DEATH.	Race.	WARDS: CORRECTED FOR OUTWARD TRANSFERS.																														Not Allocated. Residential Address Unascertained.		TOTALS.		
		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15						
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
I. (Contd.)																																				
Locomotor ataxia (tabes dorsalis) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
General paralysis of the insane ..	{E. O.	-	-	-	-	-	-	-	-	1	1	-	-	1	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	4	3		
Aneurysm of the aorta ..	{E. O.	-	-	1	-	1	-	-	-	-	-	-	1	-	1	-	1	-	1	-	-	-	-	-	-	-	-	-	1	-	-	6	1	7		
Syphilis, congenital ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	1	-	2	1	-	-	-	2	-	-	-	-	-	-	-	-	1	-	-	4	3	7		
Syphilis, other forms ..	{E. O.	-	-	-	-	-	-	-	-	1	1	2	-	1	-	2	-	-	3	1	-	1	-	-	-	1	-	-	-	-	2	-	5	14		
Relapsing fever ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Well's disease ..	{E. O.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
Other diseases due to spirochaetes ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Influenza with respiratory complications specified ..	{E. O.	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1	1	12	4			
Influenza without respiratory complications specified ..	{E. O.	-	-	-	-	-	-	-	-	-	-	1	-	1	-	2	-	-	-	1	-	1	-	-	-	-	-	-	-	-	4	1	5			
Smallpox ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Amias and alastrim ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Measles ..	{E. O.	-	-	-	-	1	-	-	-	1	2	1	1	2	-	1	2	-	-	3	2	-	-	-	-	-	-	-	-	1	1	-	9	9	18	
Acute poliomyelitis & polioencephalitis ..	{E. O.	-	-	1	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	3	1	4			
Acute lethargic (or epidemic) encephalitis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
Parkinsonism (post-encephalitic) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
Yellow fever ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Rabies ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Herpes zoster (zona) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Varicella (chicken pox) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
German measles ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other diseases due to viruses ..	{E. O.	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	1	2	3	4		
Typhus, louse-borne ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Typhus, flea-borne ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Typhus, tick-borne, tick-bite fever ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Typhus, unspecified ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Ankylostomiasis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Hydatid disease ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Cestodes—tape ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Trematodes—flake ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other diseases due to helminths — nematodes—round ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other diseases due to helminths — bilharzia ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other diseases due to helminths — others and unspecified ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Mycoses ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Venereal diseases (other than syphilis or gonorrhoea) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Pernicious lympho-granulomatosis (Hodgkin's disease) ..	{E. O.	2	1	-	-	-	1	-	-	-	1	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	4	1	5	6		
Mumps ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other infectious or parasitic diseases ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Totals for I ..	{E. O.	5	4	4	-	3	1	4	-	3	3	4	-	4	4	2	-	5	4	1	1	2	2	1	1	2	2	4	-	3	1	3	1	50	23	73
	{O.	1	1	7	2	18	9	4	1	43	26	37	28	28	6	92	49	6	92	81	79	22	1	10	11	9	6	15	6	46	25	15	4	414	256	670

[illegible]

[illegible]

[illegible]

Death Classification.		CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																																TOTALS.	
Code No.	International Code No.			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.		Persons.					
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
358	94	VII. (Contd.) Diseases of the coronary arteries and angina pectoris ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 2	1 -	5 8	2 25	30 10	8 25	42 14	15 22	54 18	44 4	52 4	43 2	11 3	10 88	195 51	123 139	318 139					
359	95	Heart disease specified as rheumatic ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	2 1	1 2	- -	- -	1 -	- -	2 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	3 6	1 9					
360	95	Heart disease not specified as rheumatic ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	- 1	1 -	2 -	1 2	1 2	2 1	3 1	3 1	- -	3 1	8 5	10 3	18 8						
361	96	Aneurysm, except of heart and aorta ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 1					
362	97	Arterio-sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral hæmorrhage ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	2 2	1 7	10 3	8 9	11 8	14 12	10 1	13 8	33 18	36 36	69 54						
363	98	Gangrene (including cancrum oris) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 3	- -	- -	- -	- -	1 3	2 1	2 4						
364	99	Other diseases of the arteries ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	- -	- -	- -	- -	- -	- -	1 -	- -	1 1	1 1	2 1	3 1						
365	100	Diseases of the veins ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-					
366	101	Diseases of the lymphatic system ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-					
367	102	High blood pressure ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	1 1	5 5	12 5	3 8	3 7	3 8	4 15	7 6	7 7	6 4	4 7	2 1	19 40	22 42	41 82						
368	103	Other diseases of the circulatory system (including hypertension) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-					
		Totals for VII ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	1 1	- -	1 6	2 7	3 11	2 9	10 22	5 16	41 58	20 33	65 54	29 43	94 61	87 74	111 33	96 42	43 21	358 252	285 246	643 498							
		VIII. DISEASES OF THE RESPIRATORY SYSTEM (NOT SPECIFIED AS TUBERCULOSIS).																																			
400	104	Diseases of the nasal fossæ and annexa ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-					
401	105	Diseases of the larynx ..	{E. O.	- -	- -	- -	- -	1 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-					
402	106	Bronchitis, acute ..	{E. O.	10 11	3 2	1 2	14 15	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	1 14	18 32	1 1							
403	106	Bronchitis, chronic ..	{E. O.	1 1	2 -	- -	1 3	- -	- -	- -	- -	- -	1 1	- -	- -	4 -	- -	- -	- -	1 4	2 5	3 1	4 1	2 1	1 1	1 17	10 5	15 22	5 5								
404	107	Broncho-pneumonia (including capillary bronchitis) ..	{E. O.	2 64	3 50	1 19	13 14	7 97	4 70	3 3	1 1	- -	1 3	- -	3 1	5 5	1 6	1 3	3 5	1 4	3 7	5 4	1 7	4 4	2 4	4 16	12 134	12 87	28								
405	108	Pneumonia, lobar ..	{E. O.	2 2	1 1	3 1	- -	5 2	2 -	1 2	- -	1 -	- -	- -	- -	2 -	1 1	3 -	- -	1 1	2 3	- -	1 1	2 2	- -	- -	- -	1 14	5 7	10 21							
406	109	Pneumonia, unspecified, including acute congestion of the lungs ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	2 -	- -	- -	- -	- -	- -	- -	2 1	- -	- -	- -	- -	- -	- -	2 1	2 3						
407	110	Empyema ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-					
408	110	Other unspecified forms of pleurisy (not specified as tuberculous) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-					
409	111	Hæmorrhagic infarction of the lung (including pulmonary embolism) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	2 -	- -	1 2	1 1	1 1	1 1	- -	3 1	- -	2 1	3 -	- -	1 6	3 4	9 10	12							
410	111	Chronic or unspecified congestion of the lungs (including hypostatic pneumonia of unknown origin) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	1 1	1 1	- -	3 2	5 1	7 1	10							
411	112	Asthma ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	1 1	2 3	- -	1 2	3 1	1 2	- -	2 -	- -	- -	- -	6 8	4 4	10							
412	113	Pulmonary emphysema ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-					
413	114	Miners' phthisis without tuberculosis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-					
414	114	Miners' phthisis with tuberculosis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-					
415	114	Other occupational respiratory diseases ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-					
416	114	Gangrene of the lung ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-					
417	114	Abscess of the lung ..	{E. O.	1 1	1 -	- -	1 1	2 -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	1 1	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	2 3	1 2	3 5						
418	114	Other diseases of the respiratory system not specified as occupational ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-					
		Totals for VIII ..	{E. O.	2 78	3 64	1 25	1 18	1 16	4 11	4 119	1 93	1 3	4 3	3 5	4 8	2 2	15 15	7 3	1 7	2 13	7 3	5 12	9 5	5 13	6 5	13 9	12 5	3 5	11 1	47 201	43 150	90					

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				P.O.D.					
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.								
VII. (Contd.)																																							
Diseases of the coronary arteries and angina pectoris ..	{E. O..	22 2	17 2	12 2	4 2	9 6	3 5	16 1	14 1	13 11	8 2	6 16	22 9	12 5	11 7	6 5	20 4	13 15	4 3	12 3	11 2	16 3	5 3	16 4	6 4	7 3	9 9	14 3	12 3	5 1	5 1	195 88	123 51	318 139					
Heart disease specified as rheumatic ..	{E. O..	- -	- -	1 -	- -	2 -	- -	- -	1 -	1 -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	3 6	1 9						
Heart disease not specified as rheumatic ..	{E. O..	- -	1 -	2 -	1 -	- -	1 -	1 -	1 -	1 -	- -	1 -	1 -	1 -	1 -	1 -	- -	- -	- -	- -	- -	2 -	- -	- -	- -	- -	1 -	1 -	- -	- -	1 -	8 5	10 3	18 8					
Aneurysm, except of heart and aorta ..	{E. O..	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -						
Arterio-sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral hemorrhage ..	{E. O..	1 -	3 -	3 -	2 1	1 1	2 3	3 -	5 -	2 3	2 4	3 -	1 5	3 -	2 1	2 3	- -	3 1	1 7	1 9	3 1	1 1	1 3	1 1	3 1	1 1	1 3	1 1	1 1	1 1	2 2	9 18	33 36	69 54					
Cancer (including cancer oris) ..	{E. O..	- -	1 -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	3 -	2 -	5 -					
Other diseases of the arteries ..	{E. O..	- -	- -	- -	- -	- -	- -	1 -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	1 -	2 -						
Diseases of the veins ..	{E. O..	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -						
Diseases of the lymphatic system ..	{E. O..	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -						
High blood pressure ..	{E. O..	3 -	- -	1 -	2 1	1 3	2 -	- -	- -	2 3	1 4	1 4	1 3	2 6	1 3	1 3	1 1	- -	9 17	12 1	1 1	12 1	12 1	12 1	1 -	- -	12 3	1 5	12 5	1 3	1 3	19 40	22 42	41 83					
Other diseases of the circulatory system (including hypertension) ..	{E. O..	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -						
Totals for VII ..	{E. O..	36 2	26 2	24 2	17 3	16 16	11 18	26 1	26 1	19 32	8 31	17 39	4 41	23 11	22 14	25 30	14 17	24 7</																					

CAUSE OF DEATH.	Race.	WARDS: CORRECTED FOR OUTWARD TRANSFERS.																														Not Allocated, Residential Addresses Unascertained.		TOTALS.			
		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15							
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Persons.			
IX. DISEASES OF THE DIGESTIVE SYSTEM.																																					
Diseases of the teeth and gums ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Septic sore throat ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Other diseases of the pharynx and tonsils ..	{E. O.	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1			
Diseases of other and unspecified sites ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Diseases of the oesophagus ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Ulcer of the stomach ..	{E. O.	1	-	1	-	-	-	-	1	-	1	2	-	1	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	1	-	9	5	10			
Ulcer of the duodenum ..	{E. O.	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	2	2	2			
Other diseases of the stomach (except cancer and other malignant tumours) ..	{E. O.	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1			
Diarrhoea and enteritis (under 2 years of age) ..	{E. O.	-	-	1	1	-	-	-	-	-	1	1	-	1	2	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	4	5	9			
Diarrhoea and enteritis (2 years of age and over) ..	{E. O.	-	-	-	-	1	1	-	-	1	-	-	-	2	7	3	-	1	-	-	-	-	1	-	1	2	1	2	1	5	-	22	13	35			
Ulceration of the intestines (except duodenum) ..	{E. O.	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	4			
Appendicitis ..	{E. O.	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1	-	-	1	-	-	1	42	42	84			
Hernia ..	{E. O.	-	1	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	12	13			
Intestinal obstruction ..	{E. O.	-	-	1	-	-	-	1	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	2	3	5		
Diverticulitis ..	{E. O.	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	2	-	2			
Other diseases of the intestines ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Cirrhosis of the liver, with mention of alcoholism ..	{E. O.	1	1	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	3	2	5			
Cirrhosis of the liver, without mention of alcoholism ..	{E. O.	1	1	2	-	2	1	3	-	1	1	1																									

[illegible]

Death Classification.		CAUSE OF DEATH.	Race.	AGE GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																																TOTALS.		Deaths in Cape Town.
Code No.	International Code No.			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.								
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
572	148	XI. (Contd.) Acute yellow atrophy of the liver (post-partum)	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
573	148	Other puerperal toxæmias	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
574	149	Other accidents of childbirth	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	1	12	1				
575	150	Other or unspecified diseases of childbirth and the puerperium	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
		Totals for XI	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	4	6	1	6	1	6	1	-	-	-	-	-	-	-	-	-	17	112	17				
		XII. DISEASES OF THE SKIN AND CELLULAR TISSUE.																																				
600	151	Carbuncle, boils	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
601	152	Cellulitis, acute abscess	{E. O.	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	12	1	12				
602	153	Other diseases of the skin, etc.	{E. O.	-	1	-	-	-	-	1	-	-	-	-	-	-	-	1	1	-	1	-	-	-	-	-	-	-	-	-	3	1	4	-				
		Totals for XII	{E. O.	-	1	1	-	-	-	1	1	-	-	-	-	-	-	1	1	-	1	-	1	-	-	-	-	-	-	-	5	12	12	5				
		XIII. DISEASES OF THE BONES—ORGANS OF MOVEMENT.																																				
650	154	Osteomyelitis and periostitis	{E. O.	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-				
651	155	Other diseases of the bones (except tuberculosis)	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	1	1	12	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	-			
		Totals for XIII	{E. O.	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	1	-	12	-	-	-	-	1	12	3	12				
		XIV. CONGENITAL MALFORMATIONS.																																				
700	157	Congenital hydrocephalus	{E. O.	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-			
701	157	Spina bifida and meningocele	{E. O.	-	-	2	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-			
702	157	Congenital malformation of the heart	{E. O.	3	5	1	-	-	4	5	-	-	-	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	6	10	10				
703	157	Monstrosities	{E. O.	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-				
704	157	Congenital pyloric stenosis	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
705	157	Cleft palate, harelip	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
706	157	Imperforate anus	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
707	157	Cystic disease of the kidney	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	-			
708	157	Other stated congenital malformations	{E. O.	1	3	-	-	-	1	3	-	-	-	1	1	2	1	1	-	-	-	1	-	-	-	-	-	-	-	-	3	4	7	15				
709	157	Unspecified congenital malformations	{E. O.	1	1	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-				
		Totals for XIV	{E. O.	5	8	1	-	-	6	8	-	-	-	-	2	2	1	1	-	-	-	1	-	1	-	-	-	-	-	-	8	10	18	14				
		XV. DISEASES PECULIAR TO THE FIRST YEAR OF LIFE.																																				
750	158	Congenital debility	{E. O.	-	6	4	-	-	-	6	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	4	10	1				
751	159	Premature birth	{E. O.	13	17	-	-	-	13	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13	17	30	5				
				117	90	-	-	-	117	90	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	117	90	207	2				
752	160	Intra-cranial or spinal hæmorrhage due to injury at birth ..	{E. O.	2	2	-	-	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	4	7				
				26	20	-	-	-	26	20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26	20	46	7				
753	160	Other birth injuries	{E. O.	-	1	2	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	3	-			
754	161	Asphyxia during or after birth, atelectasis	{E. O.	1	3	-	-	-	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	4	5				
				13	8	-	-	-	13	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13	8	21	5				
755	161	Intoxication due to maternal toxæmia	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
756	161	Infections of the newborn, non-syphilitic pemphigus	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
757	161	Molena neonatorum	{E. O.	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-				
				5	2	-	-	-	5	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	2	7	-				

CAUSE OF DEATH.	Race.	WARDS: CORRECTED FOR OUTWARD TRANSFERS.																														Not Allocated. Residential Address Unascertained.		TOTALS.	
		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15					
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Persons			
I. (Contd.)																																			
cute yellow atrophy of the liver (post-partum) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
ther puerperal toxæmia ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
ther accidents of childbirth ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	1	12			
ther or unspecified diseases of child-birth and the puerperium ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Totals for XI ..	{E. O.	-	-	-	-	-	2	-	-	-	1	-	2	-	1	-	3	-	1	-	6	-	-	-	1	-	-	1	-	-	-	12	17		
II. DISEASES OF THE SKIN AND CELLULAR TISSUE.																																			
carbuncle, boils ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
cellulitis, acute abscess ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	12			
ther diseases of the skin, etc. ..	{E. O.	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	2	-	-	-	-	-	-	-	-	-	-	3	1	4			
Totals for XII ..	{E. O.	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	2	-	-	-	-	-	-	-	-	1	-	-	3	12			
III. DISEASES OF THE BONES—ORGANS OF MOVEMENT.																																			
osteomyelitis and periostitis ..	{E. O.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-			
ther diseases of the bones (except tuberculosis) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	1	1	12			
diseases of the joints (except tuberculosis and rheumatism) ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
diseases of the organs of movement ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1			
Totals for XIII ..	{E. O.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	1	12			
XIV. CONGENITAL MALFORMATIONS.																																			
congenital hydrocephalus ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1			
ana bilda and meningocele ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	2			
congenital malformation of the heart ..	{E. O.	-	-	-	-	1	-	-	2	-	-	-	1	1	-	1	1	-	2	-	-	1	-	1	-	1	1	2	-	-	4	6			
constrictions ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1			
congenital pyloric stenosis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
left palate, harelip ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
imperforate anus ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
retic disease of the kidney ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1			
ther stated congenital malformations ..	{E. O.	-	1	1	-	-	-	-	-	-	1	-	1	1	1	1	-	-	3	12	-	-	-	-	-	-	1	-	-	-	3	4			
unspecified congenital malformations ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Totals for XIV ..	{E. O.	-	1	1	-	-	-	-	1	2	-	1	3	2	1	2	1	2	5	15	-	1	-	2	-	1	2	1	1	2	-	8	10		
XV. DISEASES PECULIAR TO THE FIRST YEAR OF LIFE.																																			
congenital debility ..	{E. O.	-	-	-	-	1	-	-	1	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	1	1	2	-	6	4			
premature birth ..	{E. O.	1	1	-	-	6	1	1	2	13	11	11	1	7	4	5	2	2	3	1	1	2	1	6	3	6	5	6	3	3	9	13	17		
extra-cranial or spinal hemorrhage due to injury at birth ..	{E. O.	-	-	-	1	-	1	-	-	-	1	2	-	1	2	-	1	4	1	-	1	7	6	1	1	1	-	2	1	2	-	2	2		
ther birth injuries ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
asphyxia during or after birth, atelectasis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3	-	1	1	1	1	2	-	-	-	-	-	-	-	-	-			
stomatitis due to maternal toxæmia ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
fections of the newborn, non-syphilitic pemphigus ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
edema neonatorum ..	{E. O.	-	-	-	-	1	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	-	1	5	2			

Death Classification.		CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																								TOTALS.						
Code No.	International Code No.			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.		Persons		
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
758	161	XV. (Contd.) Other specified diseases (including gangrene or hemorrhage of umbilicus, icterus neonatorum, acute catarrhal hepatitis ..	{E. O.	- 7	- 2	- -	- -	- -	- 7	- 2	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 7	- 2	- -
		Totals for XV ..	{E. O.	17 175	22 128	- -	- -	- -	17 175	22 128	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	17 175	22 128	39 303
		XVI. SENILITY, OLD AGE.																																
800	162	Senility (age 65 and over) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
		XVII. VIOLENT OR ACCIDENTAL DEATHS.																																
850-863	163-164	Suicide ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
864-867	165-168	Homicide ..	{E. O.	- -	- 3	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
868-879	169-173	Accidental injury by railway, road and other transport ..	{E. O.	- -	- -	- -	- 3	- 4	- 3	- 4	- 12	- 1	- 12	- 3	- 25	- 3	- 1	- 11	- 2	- 13	- 6	- 6	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1
880-885	174-176	Accidental injury by industrial or other mechanical causes	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
886-894	180-195		{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
883-905	175-194	Injury by venomous animals ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
884-899	175-188	Injury by other animals ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
887	177	Food poisoning ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
888	178	Accidental absorption of poisonous gases	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
889	179	Other acute accidental poisoning (not by gas) ..	{E. O.	- -	- -	- 1	- -	- 1	- 1	- 2	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
890	180	Conflagration ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
891	181	Accidental burns (conflagration excepted)	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
892	182	Accidental mechanical suffocation ..	{E. O.	1 5	- 1	- -	- -	- -	1 5	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
893	183	Accidental drowning	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
898	187	Cataclysm (all deaths, whatever their cause)	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
900	189	Hunger or thirst ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
901	190	Excessive cold ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
902	191	Excessive heat (including heat stroke on mines) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
903	192	Lightning ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
904	193	Other accidents due to electric currents ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
906	195	Anaesthetic accidents (experiments, normal childbirth, sterilizing or aesthetic operations or operations of unknown nature)	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
907	195	Lack of care of the new-born ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
909-911	196	Deaths of persons in military service during operations of war ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
912-914	197	Deaths of civilians due to operations of war	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
915	198	Legal executions ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
916	-	Open verdict ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
		Totals for XVII ..	{E. O.	1 5	- 4	- 1	- -	- -	1 7	- 10	2 11	- 3	3 4	- 1	8 16	3 4	10 32	2 7	9 25	3 8	8 12	4 5	12 15	3 3	2 3	3 4	1 1	3 1	1 1	54 111	22 40	76 151		
		XVIII. ILL-DEFINED CAUSES OF DEATH.																																
950	199	Sudden death ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-

[illegible]

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

CAUSE OF DEATH.	WARDS.																														Not allocated. Residential addresses unascertained.	TOTALS.				
	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15							
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		Person.				
Whooping cough ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	4		
Diphtheria ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
Tetanus ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Tuberculosis of respiratory system ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Tuberculosis of central nervous system ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Tuberculosis of intestines and peritoneum ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Tuberculosis of vertebral column ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Tuberculosis, acute miliary ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Purulent infection and septicaemia (non-puerperal) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Dysentery, bacillary ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Dysentery, amoebic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Dysentery, other and unspecified organs ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
General paralysis of the insane ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Syphilis, congenital ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Syphilis, other forms ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Influenza without respiratory complications specified ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Measles ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Pernicious Lymphogranulomatosis (Hodgkin's disease) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Cancer of the oesophagus ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Cancer of the stomach and duodenum ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Cancer of other digestive organs ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Cancer of the lung ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Cancer of the uterus ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Cancer of the breast (male or female) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Cancer of other and unspecified organs ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Tumour of the brain and other parts of the nervous system ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Acute rheumatic fever ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Chronic rheumatism osteo-arthritis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Diabetes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Other diseases of the adrenal glands ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Pellagra ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Intra-cranial abscess ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Meningitis pneumococcal ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Other forms of meningitis (non-meningococcal) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Cerebral haemorrhage (not due to injury at birth) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Cerebral embolism and thrombosis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Diseases of the ear and the mastoid process ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Other pericarditis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Acute endocarditis (excluding rheumatic endocarditis) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Valvular disease specified as sequelae of rheumatic fever ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Other chronic affections of the valves and endocardium ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Other chronic myocarditis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Diseases of the coronary arteries and angina pectoris ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Aneurysm, except of heart and aorta ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Arterio-sclerosis, excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
High blood pressure ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Diseases of the larynx ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Bronchitis, acute ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																			

TABLE A3 (Continued).

CAUSE OF DEATH.	WARDS.															Not allocated. Residential addresses unascertained.	TOTALS.																			
	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15							
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Persons.				
406 Pneumonia, unspecified, including acute congestion of the lungs ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2		
409 Haemorrhagic infarction of the lungs (including pulmonary embolism) ..	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2		
411 Asthma ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2		
417 Abscess of the lung ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
418 Other diseases of the respiratory system not specified as occupational ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
458 Diarrhoea and enteritis (under 2 years of age) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
459 Diarrhoea and enteritis (2 years of age and over) ..	-	-	-	-	1	1	-	-	2	3	4	1	1	1	43	39	-	-	13	11	-	-	-	-	1	-	1	4	21	9	-	-	87	69	156	
468 Acute yellow atrophy of the liver (not associated with pregnancy or the puerperium) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	1	-	-	1	1	-	-	-	-	-	1	-	1	-	-	-	7	2	9		
500 Nephritis, acute ..	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
501 Nephritis, chronic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3		
503 Pyelitis, pyelonephritis and pyelocystitis ..	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	4		
504 Haemorrhage from premature separation of placenta during childbirth ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	1		
602 Other diseases of the skin, etc. ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1		
702 Congenital malformation of the heart ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
708 Other stated congenital malformations ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1		
751 Premature birth ..	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	3		
752 Intra-cranial or spinal haemorrhage due to injury at birth ..	-	-	-	-	1	-	1	1	-	-	-	-	-	-	5	3	-	-	1	1	-	-	-	1	1	1	1	1	1	5	1	-	15	9	24	
753 Other birth injuries ..	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	1	1	-	-	-	-	-	-	-	-	-	3	-	-	1	6	2	8
754 Asphyxia during or after birth, atelectasis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1		
757 Molaena neonatorum ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	-	3	3	6
758 Other specified diseases (including gangrene or haemorrhage of umbilicus, icterus neonatorum, acute catarrhal hepatitis) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
850 Suicide ..	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2		
863 Homicide ..	-	-	-	-	1	-	-	-	-	-	-	-	-	-	4	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	7	2	9	
867 Accidental injury by railway, road and other transport ..	-	-	-	-	-	-	-	1	-	-	-	1	-	4	1	1	-	-	-	-	-	-	1	-	-	-	-	-	1	-	3	-	12	1	13	
880 Accidental injury by industrial or other mechanical causes ..	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2		
886 Accidental absorption of poisonous gases ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	
891 Accidental burns (conflagration excepted) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1		
893 Accidental drowning ..	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
906 Anaesthetic accidents (experiments, normal childbirth, sterilising or aesthetic operations or operations of unknown nature) ..	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
951 Ill-defined causes ..	-	-	1	-	-	-	1	-	1	-	1	-	13	8	-	-	3	2	-	-	-	-	-	1	-	1	-	-	4	3	2	-	23	18	41	
Totals ..	3	1	9	1	11	3	2	2	14	10	11	7	2	1	154	90	1	-	51	38	1	-	1	5	7	2	7	9	66	24	12	4	352	197	549	

TABLE A4 (Continued).

Section.	Code No.	CAUSE OF DEATH.	Race.	AGE GROUPS (YEARS).																TOTALS												
				0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.		Persons.
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
VII	367	High blood pressure . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VIII	402	Bronchitis, acute . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VIII	404	Broncho-pneumonia (including capillary bronchitis) . .	E.	4	-	1	-	1	1	6	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	11	5	1	1	2	1	14	7	1	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VIII	405	Pneumonia, lobar . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VIII	406	Pneumonia unspecified, including acute congestion of the lungs . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VIII	411	Asthma . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VIII	417	Abscess of the lung . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VIII	418	Other diseases of the respiratory system not specified as occupational . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IX	455	Ulcer of the stomach . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IX	458	Diarrhoea and enteritis (under 2 years of age) . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	56	36	18	12	-	-	74	48	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IX	459	Diarrhoea and enteritis (2 years of age and over) . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	1	2	1	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IX	462	Hernia . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IX	463	Intestinal obstruction . . .	E.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
X	509	Hypertrophy . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XI	564	Haemorrhage from premature separation of placenta during childbirth . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XI	574	Other accidents of childbirth . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XIV	708	Other stated congenital malformations . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XV	751	Premature birth . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	7	6	-	-	-	-	7	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XV	752	Intra-cranial or spinal haemorrhage due to injury at birth . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	2	1	-	-	-	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XV	753	Other birth injuries . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XV	754	Asphyxia during or after birth, atelectasis . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	2	1	-	-	-	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XV	757	Molaena neonatorum . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	4	1	-	-	-	-	4	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XV	758	Other specified diseases (including gangrene or haemorrhage of umbilicus, icterus neonatorum, acute catarrhal hepatitis) . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XVII	850	Suicide . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XVII	863	Homicide . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XVII	864	Accidental injury by railway, road and other transport . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XVII	867	Accidental injury by industrial or other mechanical causes . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XVII	868	Accidental absorption of poisonous gases . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XVII	869	Accidental burns (conflagration excepted) . . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XVII	906	Anaesthetic accidents (experiments, normal childbirth, sterilising or aesthetic operations or operations of unknown nature) . .	E.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								

TABLE B.—Deaths Classified for Causes and Race : 1952-53.

(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	—	—	—	10	10	10	—
Scarlet fever	—	—	—	—	—	—	—
Whooping cough	—	—	—	14	18	18	—
Diphtheria	—	4	—	4	5	8	1
Erysipelas	3	1	—	—	—	—	—
Tetanus	—	—	—	—	—	—	—
Tuberculosis of respiratory system	1	1	—	5	6	7	1
Tuberculosis of central nervous system	32	71	5	372	448	480	30
Tuberculosis, other forms	7	8	—	58	66	73	6
Leprosy	1	10	—	27	37	38	2
Purulent infection and septicaemia (non puerperal)	—	—	—	—	—	—	—
Gonococcal infections (all sites)	—	2	—	—	2	2	—
Dysentery (all forms)	—	—	—	—	—	—	—
Syphilis (all forms, including parasymphilitic diseases)	1	7	—	—	7	8	—
Influenza	10	4	—	28	32	42	3
Smallpox	3	1	1	7	9	12	—
Measles	—	—	—	—	—	—	—
Acute poliomyelitis and polioencephalitis	—	5	—	13	18	18	3
Acute infectious encephalitis (lethargic or epidemic)	4	—	—	—	—	4	—
Typhus and typhus-like diseases (rickettsioses)	—	—	—	1	1	1	—
Rest of Section I (001-077). Other infectious and parasitic diseases	—	—	—	—	—	—	—
Cancer (all forms)	11	1	—	8	9	20	—
Rest of Section II (100-136). Tumours, non-malignant, or of un- determined nature	280	11	6	184	201	481	6
Acute rheumatic fever	4	2	—	7	9	13	3
Diabetes	1	1	—	8	9	10	—
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	37	2	1	33	36	73	—
Section IV (200-214). Diseases of the blood and blood-forming organs	2	4	—	6	10	12	—
Section V (250-258). Chronic poisonings and intoxication	15	—	—	9	9	24	—
Intracranial lesions of vascular origin	1	—	—	1	1	2	—
Rest of Section VI (300-317). Other diseases of the nervous system and sense organs	237	13	6	208	227	464	3
Cardiac diseases	17	7	—	43	50	67	2
Arterio-sclerosis (excluding diseases of the coronary arteries, renal sclerosis and cerebral haemorrhage)	527	16	20	320	356	883	17
High blood pressure	69	1	1	52	54	123	—
Rest of Section VII (350-368). Other diseases of the circulatory system	41	9	1	72	82	123	—
Bronchitis and pneumonia (all forms)	6	1	—	5	6	12	—
Rest of Section VIII (400-418). Other diseases of the respiratory system	56	66	5	228	299	355	16
Ulcer of the stomach and duodenum	34	6	—	26	32	66	4
Diarrhoea and enteritis (under two years of age)	12	—	—	7	7	19	—
Diarrhoea and enteritis and ulceration of the intestines (two years old and over)	9	156	3	448	607	616	13
Appendicitis	4	9	—	26	35	39	2
Diseases of the liver and biliary passages	3	—	—	2	2	5	1
Rest of Section IX (450-473). Other diseases of the digestive system	33	1	—	11	12	45	1
Nephritis	21	—	—	9	9	30	—
Rest of Section X (500-515). Other diseases of the urinary and genital systems (not venereal or connected with pregnancy or the puerperium)	31	7	—	58	65	96	1
Puerperal sepsis	30	1	1	5	7	37	—
Rest of Section XI (550-575). Other diseases of pregnancy, childbirth and the puerperal state	—	—	—	—	—	—	—
Section XII (600-602). Diseases of the skin and cellular tissue	2	1	—	16	17	19	—
Section XIII (650-653). Diseases of the bones—organs of movement	2	1	—	4	5	7	—
Section XIV (700-709). Congenital malformations	3	—	—	2	2	5	—
Section XV (750-758). Diseases peculiar to the first year of life	18	4	—	28	32	50	1
Section XVI (800). Senility (age 65 and over)	39	42	4	257	303	342	10
Suicide	29	—	—	4	4	33	1
Rest of Section XVII (850-916). Other violent or accidental deaths*	18	3	—	1	4	22	—
Section XVIII (950-953). Causes ill-defined or unknown †	58	28	2	117	147	205	11
Total	77	41	2	145	188	265	4
Total	1,789	548	58	2,891	3,497	5,286	142

*In addition to the figures against this cause of death, there is the death of a newly-born infant (male) of unknown race.

†In addition to the figures against this cause of death, there is the death of 1 male adult of unknown race.

TABLE C.—Deaths by Causes, Race and Date of Registration. 1952-53.

(Corrected for Outward Transfers.)

Disease.	Race.	July (5 weeks).	August (4 weeks).	September (5 weeks).	October (4 weeks).	November (4 weeks).	December (5 weeks).	January (4 weeks).	February (4 weeks).	March (5 weeks).	April (4 weeks).	May (4 weeks).	June (5 weeks).	Year (53 weeks).
Enteric fever ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	1	—	—	—	—	1	—	—	—	—	2
Meningococcal cerebrospinal meningitis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	1	—	1	—	1	2	—	1	1	—	1	2	10
Scarlet fever ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	3	2	4	1	—	2	1	2	—	2	1	—	18
Diphtheria ..	Eur.	—	1	—	—	—	—	1	—	—	1	—	—	3
	Non-E.	—	—	—	2	1	—	—	—	1	—	—	1	5
Purulent infection—septicaemia and erysipelas (non-puerperal)	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	—	—	—	—	—	2	—	2
Tuberculosis, respiratory system ..	Eur.	6	1	3	4	2	3	1	4	1	2	2	3	32
	Non-E.	48	33	44	34	31	40	34	30	37	30	32	55	448
Tuberculosis, other forms ..	Eur.	—	1	1	1	1	—	1	1	—	—	1	1	8
	Non-E.	8	8	9	10	15	10	10	8	5	9	5	6	103
Syphilis (all forms, including parasyphilitic diseases)	Eur.	1	1	1	—	—	2	1	1	—	—	—	3	10
	Non-E.	4	1	3	6	2	2	3	2	2	2	2	3	32
Influenza ..	Eur.	1	—	1	—	—	—	—	—	—	1	—	—	3
	Non-E.	—	1	2	1	—	—	—	1	—	1	—	3	9
Measles ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	1	3	3	1	2	1	2	2	1	1	1	18
Acute anterior poliomyelitis and polioencephalitis	Eur.	—	—	—	—	—	—	1	1	2	—	—	—	4
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute infectious encephalitis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	1	—	—	—	—	—	—	1
Cancer ..	Eur.	26	21	27	24	19	20	23	21	28	13	30	28	280
	Non-E.	20	13	23	11	8	19	19	10	22	18	16	22	201
Acute rheumatic fever	Eur.	—	—	—	—	1	—	—	—	—	—	—	—	1
	Non-E.	1	1	—	1	1	—	—	1	—	1	1	2	9
Diabetes ..	Eur.	3	4	4	2	1	2	1	1	3	5	4	7	37
	Non-E.	5	4	2	3	3	1	3	2	3	1	3	6	36
Intracranial lesions of vascular origin	Eur.	25	21	27	14	11	19	24	16	20	15	17	28	237
	Non-E.	23	14	22	16	20	18	13	17	21	24	20	19	227
Cardiac diseases ..	Eur.	76	53	50	36	36	32	43	34	27	40	45	55	527
	Non-E.	34	29	28	30	31	35	24	29	21	27	33	35	356
Arterio-sclerosis (excluding diseases of the coronary arteries, renal sclerosis, and cerebral haemorrhage)	Eur.	10	3	8	6	6	4	3	7	5	3	4	10	69
	Non-E.	—	5	6	5	2	6	4	6	2	3	1	14	54
Bronchitis and pneumonia	Eur.	7	7	8	1	4	4	2	3	2	5	3	10	56
	Non-E.	45	35	38	17	19	12	25	24	22	14	15	33	299
Diarrhoea and enteritis	Eur.	—	1	—	—	—	1	1	—	5	1	1	3	13
	Non-E.	19	22	16	10	40	68	96	124	94	50	53	50	642
Nephritis ..	Eur.	3	3	4	3	—	3	3	1	4	5	1	1	31
	Non-E.	7	3	8	5	2	6	6	7	4	2	5	10	65
Puerperal sepsis ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of pregnancy, childbirth, and the puerperal state	Eur.	—	—	—	—	—	—	—	—	—	—	2	—	2
	Non-E.	1	2	2	2	4	1	2	1	—	—	1	1	17
Congenital malformations and diseases of early infancy	Eur.	10	4	6	4	3	3	8	4	2	5	2	6	57
	Non-E.	40	23	35	28	20	30	27	23	25	23	21	40	335
Senility ..	Eur.	7	1	2	—	1	2	—	2	2	5	2	5	29
	Non-E.	—	—	1	—	—	1	—	—	1	—	—	1	4
Violence ..	Eur.	10	8	7	2	5	7	8	5	9	4	9	2	76
	Non-E.	23	8	14	6	9	7	9	10	14	17	22	12	151
All causes ..	Eur.	209	155	182	117	115	128	141	120	135	134	153	200	1,789
	Non-E.	333	247	313	222	241	291	300	344	312	258	270	366	3,497

TABLE D.—Deaths Classified for principal Causes and Race: 1948-49 to 1952-53.

(Corrected for Outward Transfers.)

Cause of Death.	1952-53		1951-52		1950-51		1949-50		1948-49		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	—	2	—	5	—	6	2	8	0·4	4·6
Measles	—	18	—	—	—	15	4	29	—	17	0·8	15·8
Scarlet fever	—	—	—	1	—	1	—	—	—	—	—	0·4
Whooping cough	—	18	2	24	2	21	1	66	1	18	1·2	29·4
Diphtheria	3	5	1	1	—	9	4	10	3	4	2·2	5·8
Influenza	3	9	3	6	10	5	3	10	3	12	4·4	8·4
Purulent infection and septicaemia (non-puerperal)	—	2	—	5	—	1	3	4	2	3	1·0	3·0
Acute poliomyelitis and polioencephalitis	4	—	1	—	—	—	—	—	—	—	1·0	—
Acute infective encephalitis	—	1	—	—	—	2	—	1	—	1	—	1·0
Meningococcal cerebrospinal meningitis	—	10	1	6	3	13	5	13	3	7	2·4	9·8
Tuberculosis, respiratory system	32	448	44	619	73	656	89	713	68	829	61·2	653·0
Tuberculosis, other forms	8	103	5	120	13	172	17	187	14	190	11·4	154·4
Syphilis	2	21	3	33	1	28	2	41	—	40	1·6	32·6
General paralysis of the insane: tabes dorsalis	1	7	2	5	1	10	1	12	1	12	1·2	9·2
Aneurysm of the aorta	7	4	4	8	4	8	7	8	4	10	5·2	7·6
Cancer (all forms)	280	201	289	190	265	159	258	171	256	147	269·6	173·6
Acute rheumatic fever	1	9	2	9	3	14	4	16	1	10	2·2	11·6
Diabetes	37	36	36	25	35	30	35	25	32	23	35·0	27·8
Intracranial lesions of vascular origin	237	227	205	252	235	230	191	202	182	163	210·0	214·8
Arterio-sclerosis	69	54	49	72	65	48	50	57	59	59	58·4	58·0
Cardiac diseases	527	356	568	414	519	341	494	334	493	356	520·2	360·2
Bronchitis	16	54	12	72	15	71	16	81	18	98	15·4	75·2
Pneumonia (all forms)	40	245	57	251	42	276	57	355	56	293	50·4	284·0
Diarrhoea and enteritis (under 2 years of age)	9	607	12	586	18	511	16	380	14	443	13·8	505·4
Diarrhoea and enteritis (2 years of age and over)	4	35	7	38	3	42	2	33	4	39	4·0	37·4
Nephritis	31	65	52	67	69	60	65	64	71	89	57·6	69·0
Puerperal sepsis	—	—	—	5	1	3	—	1	2	—	0·6	1·8
Other diseases of pregnancy, childbirth and puerperal state	2	17	2	9	—	13	1	10	4	21	1·8	14·0
Congenital malformations	18	32	24	31	9	36	18	26	8	19	15·4	28·8
Diseases peculiar to the first year of life	39	303	54	300	47	265	47	275	58	310	49·0	290·6
Senility	29	4	36	20	24	7	26	14	24	12	27·8	11·4
Suicide	18	4	21	4	16	6	27	8	17	5	19·8	5·4
Homicide	3	34	3	27	6	43	12	40	3	35	5·4	35·8
Other violent or accidental deaths	55	113	85	126	57	90	57	103	62	95	63·2	105·4
Other causes	314	453	262	404	238	377	275	445	296	408	277·0	417·4
Total	1,789	3,497	1,842	3,732	1,774	3,568	1,787	3,740	1,761	3,776	1790·6	3662·6
Death rate per 1,000 population	9·33	13·12	9·88	14·99	9·55	14·97	9·68	16·44	9·60	17·38	9·61	15·28

TABLE E.—Death Rates per 1,000 Population for 1952-53 and Ten Previous Years by Causes and Race.
(Corrected for Outward Transfers.)

Disease.	Race.	1942	1943	1944	1946	1946	1947	1948	1949	1950	1951	Mean for 10 years	1952
Enteric fever ..	Eur. Non-E.	0-03 0-08	0-02 0-04	0-02 0-09	0-02 0-06	0-02 0-12	0-03 0-04	0-01 0-04	— —	— 0-02	— 0-01	0-01 0-05	— 0-01
Measles ..	Eur. Non-E.	0-01 0-12	0-01 0-27	0-01 0-05	0-01 0-15	0-01 0-10	0-01 0-13	— 0-08	0-02 0-13	— 0-06	— —	0-01 0-10	— 0-07
Scarlet fever ..	Eur. Non-E.	— —	0-01 —	0-01 0-01	— 0-01	— —	— —	— —	— —	— —	— —	— —	— —
Whooping cough ..	Eur. Non-E.	0-01 0-03	0-04 0-18	0-02 0-49	— 0-03	0-01 0-09	0-03 0-48	0-01 0-08	0-01 0-29	0-01 0-09	0-01 0-10	0-01 0-18	— 0-07
Diphtheria ..	Eur. Non-E.	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 0-04	— 0-04	0-01 —	0-02 0-04	0-02 0-02
Influenza ..	Eur. Non-E.	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 0-04	0-05 0-02	0-02 0-02	0-03 0-04	0-02 0-03
Purulent infection—septicæmia, and erysipelas (non-puerperal) ..	Eur. Non-E.	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	0-02 0-02	— 0-01
Acute anterior poliomyelitis and polioencephalitis ..	Eur. Non-E.	— —	— —	0-01 0-01	0-01 0-01	— —	0-01 —	— —	— —	— —	0-01 —	— —	0-02 —
Acute infectious encephalitis ..	Eur. Non-E.	0-02 0-01	— 0-01	— 0-01	— —	— 0-01	— —	— —	— —	— 0-01	— —	— —	— —
Meningococcal cerebrospinal meningitis ..	Eur. Non-E.	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	0-01 0-02	0-02 0-06	— 0-04
Tuberculosis, respiratory system ..	Eur. Non-E.	0-53 4-95	0-63 5-77	0-62 4-81	0-64 5-00	0-60 4-24	0-56 4-54	0-37 3-82	0-48 3-13	0-39 2-76	0-24 2-49	0-50 4-03	0-17 1-68
Tuberculosis, other forms ..	Eur. Non-E.	0-15 1-14	0-10 0-14	0-11 1-09	0-10 0-98	0-10 0-93	0-11 0-90	0-08 0-87	0-09 0-82	0-07 0-72	0-03 0-48	0-09 0-88	0-04 0-39
Syphilis ..	Eur. Non-E.	0-05 0-31	0-06 0-46	0-02 0-29	0-03 0-35	0-02 0-33	— 0-23	— 0-18	0-02 0-19	0-01 0-12	0-02 0-13	0-02 0-25	0-01 0-08
General paralysis of the insane : tabes dorsalis ..	Eur. Non-E.	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	— 0-04	0-01 0-04	0-01 0-02	0-01 0-07	0-01 0-03
Aneurysm of the aorta ..	Eur. Non-E.	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	0-02 0-03	0-04 0-07	0-04 0-02
Cancer ..	Eur. Non-E.	1-41 0-70	1-40 0-77	1-30 0-78	1-37 0-76	1-49 0-68	1-45 0-73	1-40 0-68	1-40 0-75	1-43 0-67	1-55 0-76	1-42 0-73	1-46 0-75

TABLE E—Continued.

Disease.	Race.	1942		1943		1944		1945		1946		1947		1948		1949		1950		1951		Mean for 10 years.	1952	
		1942	1943	1943	1944	1944	1945	1945	1946	1946	1947	1947	1948	1948	1949	1949	1950	1950	1951	1951	1952		1953	
Acute rheumatic fever	Eur. Non-E.	0.07 0.34	0.03 0.23	0.05 0.12	0.01 0.10	0.01 0.09	0.01 0.09	0.01 0.10	0.01 0.09	0.01 0.09	0.01 0.09	0.01 0.05	0.01 0.05	0.01 0.05	0.01 0.05	0.02 0.07	0.02 0.07	0.02 0.06	0.02 0.06	0.01 0.04	0.01 0.04	0.02 0.11	0.01 0.03	
Diabetes	Eur. Non-E.	0.32 0.16	0.31 0.17	0.26 0.16	0.21 0.10	0.18 0.08	0.18 0.08	0.21 0.10	0.18 0.08	0.18 0.08	0.25 0.11	0.25 0.11	0.17 0.11	0.17 0.11	0.19 0.11	0.19 0.11	0.19 0.13	0.19 0.13	0.19 0.10	0.19 0.10	0.23 0.12	0.19 0.14		
•Intracranial lesions of vascular origin	Eur. Non-E.	0.93 0.79	0.94 0.98	0.98 1.06	0.94 0.82	0.93 0.88	0.93 0.88	0.94 0.82	0.93 0.88	0.93 0.88	1.08 0.71	1.08 0.71	0.99 0.75	0.99 0.75	1.04 0.89	1.04 0.89	1.27 0.97	1.27 0.97	1.10 1.01	1.10 1.01	1.36 0.85	1.24 0.85		
•Arterio-sclerosis	Eur. Non-E.	0.47 0.11	0.38 0.20	0.39 0.18	0.32 0.15	0.28 0.13	0.28 0.13	0.32 0.15	0.28 0.13	0.28 0.13	0.33 0.14	0.33 0.14	0.32 0.27	0.32 0.27	0.27 0.25	0.27 0.25	0.35 0.20	0.35 0.20	0.26 0.29	0.26 0.29	1.09 0.36	0.36 0.20		
Cardiac diseases	Eur. Non-E.	2.86 2.03	2.45 2.27	2.74 2.21	2.50 2.12	2.55 1.95	2.55 1.95	2.50 2.12	2.55 1.95	2.55 1.95	3.10 2.03	3.10 2.03	2.69 1.64	2.69 1.64	2.68 1.47	2.68 1.47	2.79 1.43	2.79 1.43	3.04 1.66	3.04 1.66	2.75 1.83	2.75 1.34		
Bronchitis and pneumonia	Eur. Non-E.	0.53 3.25	0.40 4.28	0.44 2.94	0.36 2.55	0.38 2.47	0.38 2.47	0.36 2.55	0.38 2.47	0.38 2.47	0.36 2.61	0.36 2.61	0.40 1.80	0.40 1.80	0.40 1.92	0.40 1.92	0.31 1.46	0.31 1.46	0.37 1.30	0.37 1.30	0.39 2.36	0.29 1.12		
Diarrhoea and enteritis	Eur. Non-E.	0.23 2.52	0.23 3.00	0.17 2.71	0.17 1.82	0.15 1.68	0.15 1.68	0.17 1.82	0.15 1.68	0.15 1.68	0.13 1.80	0.13 1.80	0.10 2.22	0.10 2.22	0.10 1.82	0.10 1.82	0.11 2.32	0.11 2.32	0.10 2.51	0.10 2.51	0.15 2.23	0.07 2.41		
Nephritis	Eur. Non-E.	0.29 0.53	0.41 0.45	0.34 0.49	0.36 0.47	0.33 0.38	0.33 0.38	0.36 0.47	0.33 0.38	0.33 0.38	0.41 0.39	0.41 0.39	0.39 0.41	0.39 0.41	0.35 0.28	0.35 0.28	0.37 0.25	0.37 0.25	0.28 0.27	0.28 0.27	0.35 0.48	0.16 0.24		
Puerperal sepsis	Eur. Non-E.	0.01 0.07	0.02 0.10	0.02 0.02	0.01 0.04	0.02 0.02	0.02 0.04	0.01 0.04	0.02 0.04	0.02 0.04	0.02 0.02	0.02 0.02	0.01 0.04	0.01 0.04	0.01 0.04	0.01 0.04	0.01 0.05	0.01 0.05	0.01 0.04	0.01 0.04	0.01 0.07	0.01 0.06		
Other diseases of pregnancy, childbirth, and puerperal state	Eur. Non-E.	0.01 0.16	0.03 0.12	0.02 0.10	0.03 0.07	0.01 0.06	0.03 0.07	0.03 0.07	0.01 0.06	0.01 0.06	0.02 0.05	0.02 0.05	0.02 0.09	0.02 0.09	0.01 0.04	0.01 0.04	0.05 0.30	0.05 0.30	0.04 0.42	0.04 0.42	0.01 1.50	0.01 1.26		
Congenital malformations and diseases of early infancy	Eur. Non-E.	0.49 1.44	0.41 1.71	0.48 1.60	0.45 1.64	0.41 1.77	0.45 1.64	0.45 1.64	0.41 1.77	0.41 1.77	0.46 1.58	0.46 1.58	0.36 1.51	0.36 1.51	0.35 1.32	0.35 1.32	0.30 1.26	0.30 1.26	0.42 1.33	0.42 1.33	0.41 1.50	0.30 1.26		
Senility	Eur. Non-E.	0.12 0.18	0.17 0.06	0.18 0.10	0.18 0.12	0.21 0.10	0.18 0.12	0.18 0.12	0.21 0.10	0.21 0.10	0.15 0.10	0.15 0.10	0.13 0.06	0.13 0.06	0.14 0.06	0.14 0.06	0.13 0.03	0.13 0.03	0.19 0.08	0.19 0.08	0.16 0.08	0.15 0.02		
Violence	Eur. Non-E.	0.42 0.64	0.32 0.83	0.39 0.80	0.42 0.74	0.44 0.74	0.42 0.74	0.42 0.74	0.44 0.74	0.44 0.74	0.59 0.62	0.59 0.62	0.45 0.66	0.45 0.66	0.52 0.66	0.52 0.66	0.43 0.58	0.43 0.58	0.47 0.61	0.47 0.61	0.45 0.68	0.40 0.57		
Other causes	Eur. Non-E.	1.59 1.55	1.30 1.92	1.43 1.66	1.35 1.50	1.20 1.45	1.35 1.50	1.35 1.50	1.20 1.45	1.20 1.45	1.32 1.51	1.32 1.51	1.61 1.88	1.61 1.88	1.49 1.96	1.49 1.96	1.28 1.58	1.28 1.58	1.52 1.63	1.52 1.63	1.41 1.67	1.64 1.70		
TOTAL	Eur. Non-E.	10.84 21.59	9.89 25.51	10.16 22.18	9.62 19.99	9.44 18.64	9.62 19.99	9.62 19.99	9.44 18.64	9.44 18.64	10.52 19.04	10.52 19.04	9.60 17.38	9.60 17.38	9.68 16.44	9.68 16.44	9.55 14.97	9.55 14.97	9.88 14.99	9.88 14.99	9.91 18.71	9.33 13.12		

*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 F2.—Deaths of Infants under 1 Year of Age, Classified by Causes and Race, for Five Years, 1948-49 to 1952-53.

(Corrected for Outward Transfers.)

Cause of Death.	1952-53		1951-52		1950-51		1949-50		1948-49		Mean for 5 years.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Scarlet fever	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough	—	9	1	12	1	9	1	25	1	9	0.8	12.8
Diphtheria	—	1	—	—	—	1	—	3	—	2	—	1.4
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of central nervous system	1	19	—	19	2	29	2	32	1	38	1.2	27.4
Tuberculosis of intestines and peritoneum	—	1	—	—	—	—	—	3	—	2	—	1.2
Tuberculosis, other forms	1	30	—	42	—	50	—	43	2	52	0.6	43.4
Syphilis, congenital	—	7	—	9	—	11	—	15	—	25	—	13.4
Measles	—	2	—	—	—	4	—	7	—	5	—	3.6
Rickets	—	—	—	—	—	—	—	—	—	—	—	—
Simple meningitis	—	3	—	3	—	5	—	4	5	4	1.0	3.8
Convulsions	1	3	—	4	—	5	—	4	—	3	0.2	3.8
Bronchitis	—	23	—	32	—	20	—	38	2	43	0.4	31.2
Pneumonia, all forms	5	117	9	143	4	137	10	172	9	149	7.4	143.6
Diarrhoea and enteritis	7	440	9	417	14	381	15	266	13	304	11.6	361.6
Congenital malformations	13	20	16	24	8	30	12	22	7	16	11.2	22.4
Congenital debility	—	10	—	19	—	14	—	13	—	10	—	13.2
Premature birth	30	207	39	186	29	166	35	194	37	222	34.0	195.0
Injury at birth	4	49	6	47	12	44	4	38	14	37	8.0	43.0
Other diseases peculiar to the first year of life	5	37	9	48	6	41	8	30	7	41	7.0	39.4
Suffocation (overlying)	1	6	1	11	1	4	—	1	1	—	0.8	4.4
Lack of care of the new-born .. .	—	—	—	—	—	—	—	—	—	—	—	—
Other causes	7	81	8	67	3	77	15	83	10	103	8.6	82.2
Total	75	1,065	98	1,083	80	1,028	102	993	109	1,065	92.8	1046.8
Infant mortality rate per 1,000 live births	21.29	101.35	28.78	106.26	23.91	104.20	29.56	101.47	29.29	110.88	26.60	104.77

TABLE G.—Deaths in Institutions, 1952-53.

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	637	280	346	195	291
Somerset Hospital	—	239	—	165	—	74
City Hospital	33	168	20	94	13	74
Wynberg Victoria Hospital	40	100	19	60	21	40
Valkenburg Hospital	50	32	29	20	21	12
Peninsula Maternity Hospital	8	66	3	55	5	11
Woodstock Hospital	26	35	12	18	14	17
Brooklyn Chest Hospital	—	57	—	43	—	14
Volkshospitaal	57	—	17	—	40	—
Rondebosch Hospital	34	14	27	11	7	3
Belmont Nursing Home	45	—	34	—	11	—
Gardens Nursing Home	43	—	38	—	5	—
The Monastery Nursing Home	40	—	37	—	3	—
St. Monica's Home	—	38	—	26	—	12
Glenhildur Nursing Home	33	1	28	1	5	—
Kenilworth Nursing Home	26	—	19	—	7	—
Tamboers Kloof Nursing Home	25	—	11	—	14	—
Alexandra Institution	24	1	14	1	10	—
Cape Jewish Aged Home	23	—	22	—	1	—
Mowbray Maternity Hospital	21	—	15	—	6	—
St. Joseph's Sanatorium	20	—	6	—	14	—
Salvation Army Maternity Centre	—	20	—	19	—	1
Cambridge Nursing Home	18	—	17	—	1	—
Elizabeth Private Hospital	16	—	12	—	4	—
Monte Rosa Hospital	15	—	8	—	7	—
Leeuwendal Nursing Home	14	—	6	—	8	—
Primrose Nursing Home	14	—	8	—	6	—
Military Hospital, Wynberg	11	1	7	—	4	1
Hof Street Nursing Home	11	—	8	—	3	—
Duncan Nursing Home	11	—	10	—	1	—
Nazareth House	10	—	10	—	—	—
Kromboom Nursing Home	10	—	9	—	1	—
Wyncaarol Nursing Home	8	—	8	—	—	—
Booth Memorial Hospital	7	—	5	—	2	—
Kingsbury Maternity Nursing Home	6	—	5	—	1	—
Wyndover Nursing Home	6	—	4	—	2	—
Gilmour Maternity Home	5	—	2	—	3	—
Glenwood Nursing Home	5	—	4	—	1	—
Cape Town Gaol	1	4	1	3	—	1
Ennerdale Nursing Home	4	—	4	—	—	—
Rosedale Nursing Home	4	—	4	—	—	—
Lady Buxton Home	4	—	1	—	3	—
Kinclune Nursing Home	4	—	3	—	1	—
Delherbe Maternity Home	3	—	3	—	—	—
Ladies Christian Home	3	—	3	—	—	—
Gables Nursing Home	3	—	1	—	2	—
Rosalie Nursing Home	3	—	2	—	1	—
Leighwood Nursing Home	2	—	—	—	2	—
House of Correction	—	2	—	2	—	—
Airemount Nursing Home	2	—	2	—	—	—
Greenwood Nursing Home	1	—	1	—	—	—
Eaton Convalescent Home	1	—	—	—	1	—
Hilary Nursing Home	1	—	1	—	—	—
Clarendon Nursing Home	1	—	—	—	1	—
Princess Christian Home	1	—	1	—	—	—
Total	1,228	1,415	781	864	447	551
Langa Native Hospital	—	53	—	50	—	3

TABLE H.—Registered Births and Still-Births for the year 1952-53 classified in wards as to Race, Sex, Legitimacy and Percentage of Total Births in Institutions.
(Corrected for outward transfers.)

Wards.	EUROPEAN.										NON-EUROPEAN.										TOTALS.				STILL-BIRTHS.				Percentage of total births, including still-births, occurring in institutions.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
	Legitimate.		Illegitimate.		Total.		Legitimate.		Illegitimate.		Total.		Legitimate.		Illegitimate.		Total.		European.		Non-European.		Total still-births.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
																								Males.	Fe. males.	Males.	Fe. males.	Males.	Fe. males.	Males.	Fe. males.	Males.	Fe. males.	Males.	Fe. males.	Males.	Fe. males.	Males.	Fe. males.	Males.	Fe. males.	Males.	Fe. males.	Males.	Fe. males.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								

* Including 1 of unknown race.

TABLE I.—Births and Still-Births notified, Classified for attendance at confinement and for home address of Mother, 1952-53.

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 all called.	Langa.	Non-Residents.
Private doctors	—	3	14	2	24	38	18	152	12	145	11	17	16	56	66	—	—	7	
Private midwives (including any non-medical persons attending a confinement):																			
Certificated	10	43	150	24	238	380	253	835	97	1,933	56	236	194	393	715	—	5,557	66	
Uncertificated	—	9	21	1	4	1	—	391	—	28	2	10	46	79	368	—	870	6	
Midwives (or midwife students) from:																			
Booth Memorial Hospital	—	—	—	—	14	3	—	—	—	—	—	1	—	—	—	—	18	—	
St. Monica's Home	—	15	137	13	2	—	—	3	—	3	—	—	—	—	3	—	176	1	
Peninsula Maternity Hospital	—	4	5	5	271	250	173	4	20	1	2	34	28	—	—	—	806	—	
Somerset Hospital	1	1	1	—	—	—	—	244	—	—	—	—	—	—	—	—	247	1	
District nurse midwives	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Salvation Army Maternity Centre	—	—	1	5	73	31	—	1	1	1	—	—	1	—	—	—	114	1	
No doctor or midwife	—	—	—	—	4	2	2	20	—	9	—	3	1	2	15	—	58	2	
No information	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	50	1	
Confined in institutions:																			
Booth Memorial Hospital	67	51	54	80	68	14	46	44	50	4	33	19	16	46	11	—	603	208	
St. Monica's Home	4	2	72	8	61	50	43	120	7	192	7	30	32	49	84	15	776	283	
Peninsula Maternity Hospital	4	33	23	51	261	250	192	115	40	203	16	55	38	60	68	23	1,432	462	
Somerset Hospital	15	121	140	12	35	22	12	432	9	170	8	14	17	46	60	4	1,126	469	
Groote Schuur Hospital	1	10	10	3	40	48	26	79	14	115	5	15	19	29	35	5	454	175	
Mowbray Maternity Hospital	3	5	6	8	11	19	31	81	157	38	33	42	33	107	38	43	655	343	
Salvation Army Maternity Centre	7	13	34	29	139	128	44	106	14	125	22	33	28	36	64	5	827	248	
Magdalena Huis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	
Other public institutions	—	—	—	—	—	1	1	1	—	—	1	—	—	—	1	—	6	7	
Private nursing homes	157	85	94	88	54	8	12	26	86	33	135	123	93	178	52	—	1,224	464	
Totals	269	395	762	329	1,299	1,254	853	2,564	507	3,000	331	632	562	1,031	1,589	146	15,573	2,747	

Births actually occurring in the Langa Native Township are excluded from the above table. They numbered 283.

TABLE J.—Births in Institutions, 1952-53.

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	428	1,365	323	1,046	105	319
Somerset Hospital	—	1,543	—	1,102	—	441
Groote Schuur Hospital	4	590	2	431	2	159
Booth Memorial Hospital	811	—	596	—	215	—
Mowbray Maternity Hospital	972	2	628	1	344	1
St. Monica's Home	—	1,040	—	763	—	277
Salvation Army Maternity Centre	—	1,118	—	876	—	242
Leighwood Nursing Home	464	—	306	—	158	—
Kingsbury Nursing Home	389	—	260	—	129	—
Gilmour Nursing Home	465	—	319	—	146	—
Delherbe Nursing Home	370	—	312	—	58	—
Magdalena Huis	5	—	—	—	5	—
Sunridge Nursing Home	14	—	10	—	4	—
Woodstock Hospital	2	1	2	1	—	—
City Hospital	1	1	1	1	—	—
House of Correction	—	9	—	2	—	7
Valkenberg Hospital	1	2	1	2	—	—
Volkshospitaal	1	—	—	—	1	—
Rondebosch Hospital	—	1	—	1	—	—
Total	3,927	5,672	2,760	4,226	1,167	1,446

STILL-BIRTHS.

Institution.	Total Still-births.		Still-births belonging to Cape Town.		Still-births not belonging to Cape Town (outward transfers).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Peninsula Maternity Hospital	13	93	8	60	5	33
Groote Schuur Hospital	—	72	—	46	—	26
Somerset Hospital	—	80	—	53	—	27
St. Monica's Home	—	35	—	22	—	13
Mowbray Maternity Hospital	24	—	20	—	4	—
Booth Memorial Hospital	14	—	9	—	5	—
Salvation Army Maternity Centre	—	17	—	15	—	2
Kingsbury Nursing Home	7	—	5	—	2	—
Leighwood Nursing Home	1	—	1	—	—	—
Gilmour Nursing Home	3	—	3	—	—	—
Delherbe Nursing Home	2	—	2	—	—	—
Total	64	297	48	196	16	101

TABLE K.—Populations and Vital Statistics for the separate Wards of the City, 1952-53.

(Corrected for Outward Transfers.)

WARDS.	Calculated Populations on the 31st December, 1952.*				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	14,610	3,320	17,930	221	47	14.88	13.93	—	28	—	59.57	180	12	12.12	3.56	41	35	2.76	10.37	3	3	13.57	63.83	4	2	0.27	0.59	
2	11,900	6,320	18,220	198	219	16.37	34.09	3	72	1.52	32.88	120	45	9.92	7.01	78	174	6.45	27.08	2	9	10.10	41.10	1	8	0.08	1.25	
3	9,270	14,130	23,400	186	579	19.74	40.31	—	131	—	22.63	91	160	9.66	11.14	95	419	10.08	29.17	2	48	10.75	82.90	1	23	0.11	1.60	
4	16,850	3,790	20,640	212	83	12.38	21.55	3	38	1.42	45.78	149	26	8.70	6.75	63	57	3.68	14.80	3	12	14.15	144.58	2	4	0.12	1.04	
5	8,850	25,960	34,810	207	1,069	23.01	40.51	2	255	0.97	23.85	74	310	8.22	12.89	133	729	14.79	27.02	3	78	14.49	72.97	4	58	0.44	2.20	
6	5,490	27,660	33,150	117	1,099	20.97	39.09	6	221	5.23	20.11	60	356	10.75	12.66	57	743	10.22	26.43	2	84	17.09	76.43	3	51	0.54	1.81	
7	12,820	15,830	28,650	250	570	19.19	35.43	12	102	4.80	17.89	124	164	9.52	10.19	126	406	9.67	25.24	12	31	48.00	54.39	7	27	0.54	1.68	
8	18,260	37,950	56,210	341	1,636	18.37	42.41	8	561	2.35	34.29	111	648	5.98	16.80	230	988	12.39	25.61	15	226	43.99	144.25	—	113	—	2.93	
9	17,420	4,780	22,200	356	142	20.11	29.54	27	34	7.58	23.94	149	53	8.42	11.02	297	89	11.69	18.52	8	13	22.47	91.55	6	8	0.34	1.66	
10	6,690	48,140	54,830	165	2,397	24.26	48.99	5	434	3.03	18.11	43	778	6.32	15.90	122	1,619	17.94	33.09	5	264	30.30	110.14	1	131	0.15	2.68	
11	13,690	6,980	20,670	219	127	15.78	17.90	—	32	—	25.20	130	32	9.40	4.51	89	95	6.38	13.39	2	8	9.13	62.99	2	2	0.14	0.28	
12	15,590	14,880	30,470	227	429	14.35	28.36	2	87	0.88	20.28	119	123	7.52	8.13	108	306	6.83	20.23	4	30	17.62	69.93	—	20	—	1.32	
13	9,890	11,130	21,020	191	397	19.09	35.09	6	85	3.14	21.41	103	112	10.28	9.90	88	255	8.78	25.19	1	29	5.24	73.05	2	12	0.20	1.06	
14	16,190	14,770	30,960	396	557	24.06	37.10	12	122	3.03	21.90	122	167	7.41	11.12	274	390	16.65	25.98	7	52	17.68	93.36	3	18	0.18	1.20	
15	10,640	28,130	38,770	269	1,122	19.33	39.24	6	348	2.87	31.02	115	429	10.63	15.00	94	693	8.70	24.24	6	161	28.71	143.49	3	56	0.28	1.96	
Not allocated	—	—	—	27	35	—	—	—	33	—	—	99	52	—	—	—	—	—	—	—	7	—	—	1	18	—	—	
City of Cape Town†	188,610	292,240	480,850	3,522	10,508	18.37	39.42	110	2,583	3.38	24.58	1,789	3,497	9.33	13.12	1,733	7,011	9.04	26.30	75	1,065	21.29	101.35	40	551	0.21	2.07	

* Based on the final figures of the 1951 census.

† Exclusive of all figures relating to the Langa Native Township (which is shown separately in Table U on page 132), 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 1952-53.

Race.	Births.		Deaths.		Natural Increase.		Deaths under one year old.	
	Number.	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.
Europeans :								
uncorrected	4,702	24.53	2,271	11.85	2,431	12.68	135	28.71
corrected for outward transfers	3,522	18.37	1,789	9.33	1,733	9.04	75	21.29
Other Coloured :								
uncorrected	10,060	44.29	3,321	14.62	6,739	29.67	960	95.43
corrected for outward transfers	9,064	39.90	2,891	12.72	6,173	27.18	818	90.25
Natives (not Langa) :								
uncorrected	1,609	49.89	705	21.86	904	28.03	294	182.72
corrected for outward transfers	1,135	35.19	548	17.00	587	18.17	236	207.92
Asiaties :								
uncorrected	322	45.06	75	10.50	247	34.56	16	49.69
corrected for outward transfers	309	43.24	58	8.12	251	35.12	11	35.60
All non-Europeans :								
uncorrected	11,991	44.99	4,101	15.38	7,890	29.61	1,270	105.91
corrected for outward transfers	10,508	39.42	3,497	13.12	7,011	26.30	1,065	101.35
All races* :								
uncorrected	16,694 ¹	36.43	6,374 ²	13.91	10,320	22.52	1,406 ³	84.22
corrected for outward transfers	14,031 ¹	30.62	5,288 ²	11.54	8,743	19.08	1,141 ³	81.32
Natives resident at Langa Township	192	17.23	142	12.75	50	4.48	32	166.67

* Including ¹1, ²2 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	23.6	49.2	25.8	98.1	114.6	297.8
1919-1920 ..	2.8	3.6	0.8	2.2	0.4	7.7	13.9	52.5	25.9	47.9	21.9	41.0	15.9	29.0	81.5	183.8
1920-1921 ..	2.8	6.1	0.4	2.1	0.8	11.9	15.4	61.0	35.6	76.9	32.9	48.0	18.2	32.4	101.5	231.7
1921-1922 ..	—	1.2	1.2	0.9	1.6	9.4	10.8	53.3	22.4	44.6	22.4	40.6	10.8	26.5	69.5	173.3
1922-1923 ..	2.1	4.4	0.4	3.3	0.8	5.6	15.0	66.2	21.7	54.1	28.4	35.8	13.4	30.7	80.4	196.4
1923-1924 ..	7.0	13.9	0.4	2.9	0.4	9.7	8.6	57.7	25.0	50.7	20.1	39.9	11.1	18.0	72.4	187.3
1924-1925 ..	1.7	1.3	2.1	1.0	0.4	8.3	4.2	44.4	27.1	62.7	25.4	41.3	11.0	18.7	71.9	173.9
1925-1926 ..	1.3	2.2	0.4	4.0	1.7	10.7	9.0	46.5	23.6	58.9	18.9	40.5	10.3	20.9	65.2	175.5
1926-1927 ..	4.3	6.3	0.9	4.1	0.9	10.4	11.5	59.8	19.2	58.1	22.6	39.0	8.1	16.5	67.4	186.6
1927-1928 ..	5.0	6.4	1.4	3.6	1.1	10.7	14.4	62.5	9.3	52.1	21.2	34.2	7.9	21.3	60.3	190.6
1928-1929 ..	2.1	3.9	0.7	5.2	2.5	12.5	11.0	38.4	15.3	44.2	20.3	36.7	9.3	17.8	61.2	158.6
1929-1930 ..	1.7	1.2	0.7	5.9	1.0	14.5	8.2	39.7	14.7	42.4	22.8	40.0	11.6	16.4	60.7	160.0
1930-1931 ..	3.1	4.2	1.7	2.9	3.1	11.5	9.2	39.7	15.2	39.2	23.7	38.4	9.2	20.6	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	39.2	3.9	10.4	34.8	133.3
1934-1935 ..	2.1	4.9	0.4	4.1	0.8	9.6	8.2	47.6	9.0	38.2	21.7	28.5	8.6	13.3	50.8	146.2
1935-1936 ..	7.8	11.8	1.1	3.1	0.4	8.6	5.8	40.4	6.9	38.2	21.0	28.9	8.3	14.7	45.1	145.7
1936-1937 ..	0.8	1.6	—	3.3	0.4	7.9	4.2	31.7	7.7	24.2	22.6	27.1	11.5	13.2	47.2	108.9
1937-1938 ..	1.4	3.5	0.7	3.3	0.7	7.8	8.5	40.8	4.8	30.0	18.5	39.7	6.5	12.7	41.0	128.9
1938-1939 ..	1.4	5.9	1.1	4.0	0.4	11.7	8.1	36.3	5.3	26.1	17.5	31.0	8.4	15.6	42.1	123.6
1939-1940 ..	1.0	4.1	0.3	3.1	0.3	5.3	4.0	36.1	7.9	30.8	19.2	27.9	8.3	16.6	41.0	123.9
1940-1941 ..	0.7	2.9	1.3	4.7	0.3	5.3	3.3	35.3	4.0	36.3	15.7	31.1	10.4	13.2	35.8	128.8
1941-1942 ..	0.9	3.9	0.6	5.7	0.3	7.0	3.1	40.2	9.9	47.8	18.8	33.5	10.2	14.7	43.8	150.6
1942-1943 ..	1.2	1.3	1.2	8.2	0.3	3.6	5.5	30.2	6.9	40.1	18.5	29.8	8.7	12.6	42.3	125.8
1943-1944 ..	1.0	3.6	1.3	8.3	0.5	4.5	3.1	41.4	6.5	39.0	15.4	32.2	5.0	14.2	32.8	143.2
1944-1945 ..	0.3	5.9	0.3	9.3	—	3.8	3.3	28.3	3.9	38.3	10.2	30.4	5.9	11.2	33.9	127.2
1945-1946 ..	0.6	1.6	1.1	8.3	0.3	4.9	3.7	25.2	6.8	26.0	20.5	31.0	4.6	12.4	37.6	109.4
1946-1947 ..	0.5	1.4	1.3	8.2	—	4.8	2.3	24.7	3.0	25.5	16.1	32.8	4.3	10.5	27.6	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	29.9	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
1952-1953 ..	—	1.1	0.6	4.8	—	0.7	1.4	13.3	2.0	41.9	13.6	26.1	3.7	13.5	21.3	101.4
Quinquennium 1916-1917 to 1920-1921 ..	3.3	6.6	1.7	2.2	1.1	9.9	12.3	55.1	28.1	58.7	29.0	47.2	15.2	32.1	90.8	211.7
1921-1922 to 1925-1926 ..	2.4	4.6	0.9	2.4	1.0	8.7	9.6	53.4	23.9	54.4	23.0	39.7	11.3	22.8	71.9	181.6
1926-1927 to 1930-1931 ..	3.2	4.3	1.1	4.3	1.7	11.9	10.8	47.2	14.6	46.7	22.1	37.6	9.3	18.6	62.7	169.4
1931-1932 to 1935-1936 ..	2.0	5.5	1.1	4.4	0.8	10.6	7.4	41.3	11.0	39.9	20.0	31.6	7.5	13.9	49.6	147.2
1936-1937 to 1940-1941 ..	1.0	3.6	0.8	4.0	0.4	6.2	5.6	35.6	5.8	29.5	18.6	29.5	9.0	14.5	41.3	122.9
1941-1942 to 1945-1946 ..	0.8	3.3	0.9	8.0	0.3	4.7	3.7	32.9	6.7	37.9	18.9	31.0	6.6	12.9	37.9	130.7
1946-1947 to 1950-1951 ..	0.5	2.8	0.8	8.7	—	2.5	2.8	22.5	3.8	30.5	15.8	28.9	5.9	13.2	29.6	109.1

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

INFANTS FROM 1 TO 2 YEARS OF AGE.*

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	21.4	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	93.8
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	3.2	26.0	—	—	2.5	8.9	10.5	79.7
1932-1933 ..	1.5	2.5	0.8	5.1	—	1.5	4.1	19.0	2.3	12.2	0.8	0.2	4.1	6.8	13.5	47.3
1933-1934 ..	2.1	3.0	1.7	8.9	—	2.8	2.5	25.3	4.2	25.9	—	0.8	2.9	6.8	13.3	73.5
1934-1935 ..	1.6	8.2	1.2	7.5	—	1.9	4.1	30.4	1.6	19.4	0.4	0.7	3.2	6.1	12.1	74.1
1935-1936 ..	3.0	10.4	0.4	7.2	—	1.7	4.8	22.2	2.6	12.8	—	0.2	2.2	7.8	12.9	62.2
1936-1937 ..	—	2.4	1.9	5.5	0.4	1.2	2.7	17.4	2.7	14.7	0.4	0.7	2.3	6.0	10.2	48.0
1937-1938 ..	1.6	6.7	1.2	7.7	—	0.7	4.4	26.6	0.8	18.9	—	0.7	3.6	7.5	11.7	68.7
1938-1939 ..	0.4	6.4	0.7	5.9	—	1.2	3.3	24.0	1.5	12.7	—	0.3	1.5	6.1	7.3	56.6
1939-1940 ..	0.4	4.3	1.5	5.9	—	0.5	1.1	19.3	3.3	15.0	—	—	3.3	5.4	9.5	50.4
1940-1941 ..	1.0	5.5	1.4	10.0	—	1.0	1.7	24.9	2.1	19.4	0.3	0.5	2.8	8.2	9.3	69.4
1941-1942 ..	1.1	3.2	0.7	11.8	—	0.9	1.4	20.9	5.3	25.8	—	0.6	1.8	5.7	9.5	69.1
1942-1943 ..	1.3	2.5	1.0	13.8	—	1.0	1.0	22.4	1.6	19.2	0.3	0.2	0.6	5.7	5.8	64.9
1943-1944 ..	1.2	5.7	0.3	13.3	0.6	0.5	0.6	25.2	0.9	22.1	0.6	0.5	0.9	6.7	5.1	74.0
1944-1945 ..	1.1	4.2	1.6	13.8	—	0.6	1.1	14.4	1.3	21.0	—	0.4	1.1	6.4	6.2	60.8
1945-1946 ..	—	3.4	0.9	15.8	—	0.7	0.3	12.8	0.3	13.2	—	0.1	1.7	3.5	3.2	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
1952-1953 ..	0.6	1.6	0.6	6.3	—	—	0.6	4.7	0.6	18.3	0.3	—	0.6	4.6	3.3	35.5
Quinquennium																
1926-1927 to 1930-1931 ..	2.8	6.4	1.1	6.9	—	1.1	3.3	28.9	4.8	24.3	0.3	0.6	2.9	8.6	15.2	76.7
1931-1932 to 1935-1936 ..	2.1	6.2	0.9	7.5	—	2.1	3.7	24.8	2.5	19.2	0.2	0.4	3.0	7.3	12.4	67.4
1936-1937 to 1940-1941 ..	0.7	5.1	1.2	7.3	0.1	0.9	2.6	22.4	2.1	15.9	0.2	0.4	2.6	6.9	9.5	58.8
1941-1942 to 1945-1946 ..	0.9	3.9	0.9	14.1	—	0.9	0.9	19.3	1.6	20.9	0.2	0.4	1.3	5.7	5.8	65.2
1946-1947 to 1950-1951 ..	0.8	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 as percentage of total births.			Death rates corrected for outward transfers.			Natural increase rates.			Infant mortality rates.			European rates corrected for inward and outward transfers.			Enteric fever death rates, corrected for outward transfers.			Tuberculosis death rates, corrected for outward transfers.			
	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.
(*) 1913-1914	76,940	151,500	228,440	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	193.59	10.75	12.20	57.37	0.21	0.20	0.25	1.03	4.85	2.91	
(*) 1914-1915	79,840	155,320	235,160	29.95	47.52	38.49	6.49	26.44	18.60	12.73	28.39	20.35	15.47	17.79	16.69	108.38	254.17	194.42	10.93	11.44	60.39	0.26	0.20	0.28	1.11	5.09	3.04	
(*) 1915-1916	82,860	159,320	242,180	30.51	49.37	39.47	6.48	27.06	19.10	13.05	29.06	21.00	15.72	18.05	17.00	108.70	257.81	195.44	11.13	11.85	61.30	0.30	0.21	0.31	1.18	5.31	3.11	
(*) 1916-1917	85,900	163,440	249,340	31.17	51.22	40.47	6.48	27.61	19.60	13.37	29.77	21.69	16.00	18.34	17.50	109.02	261.46	196.46	11.33	12.26	62.21	0.34	0.22	0.34	1.25	5.53	3.18	
(*) 1917-1918	89,240	167,680	256,920	31.83	53.07	41.60	6.47	28.16	20.10	13.69	30.48	22.38	16.28	18.62	17.80	109.34	265.11	197.48	11.53	12.67	63.12	0.38	0.23	0.36	1.32	5.75	3.25	
(*) 1918-1919	92,610	172,060	264,670	32.49	54.92	42.70	6.46	28.71	20.60	14.01	31.19	23.09	16.47	18.89	18.10	109.66	268.76	198.50	11.73	13.08	64.03	0.42	0.24	0.38	1.39	5.97	3.32	
(*) 1919-1920	96,710	176,560	273,270	33.15	56.87	43.81	6.45	29.26	21.10	14.32	31.90	23.79	16.66	19.17	18.40	110.00	272.41	199.52	11.93	13.49	64.94	0.46	0.25	0.40	1.46	6.19	3.39	
(*) 1920-1921	99,750	181,240	280,990	33.81	58.82	44.92	6.44	29.81	21.60	14.63	32.61	24.48	16.85	19.44	18.70	110.34	276.06	200.54	12.13	13.90	65.85	0.50	0.26	0.42	1.53	6.41	3.46	
(*) 1921-1922	103,130	186,580	289,710	34.47	60.77	46.03	6.43	30.36	22.10	14.94	33.32	25.17	17.04	19.71	18.90	110.68	280.71	201.56	12.33	14.31	66.76	0.54	0.27	0.44	1.60	6.63	3.53	
(*) 1922-1923	107,580	192,000	299,580	35.13	62.72	47.14	6.42	30.91	22.60	15.25	34.03	25.86	17.23	20.00	19.10	111.02	284.36	202.58	12.53	14.72	67.67	0.58	0.28	0.46	1.67	6.85	3.60	
(*) 1923-1924	109,770	196,010	305,780	35.79	64.67	48.25	6.41	31.46	23.10	15.56	34.74	26.55	17.42	20.29	19.30	111.36	288.01	203.60	12.73	15.13	68.58	0.62	0.29	0.48	1.74	7.07	3.67	
(*) 1924-1925	112,220	199,960	312,180	36.45	66.62	49.36	6.40	32.01	23.60	15.87	35.45	27.24	17.61	20.58	19.50	111.70	291.66	204.62	12.93	15.54	69.49	0.66	0.30	0.50	1.81	7.29	3.74	
(*) 1925-1926	114,420	203,820	318,240	37.11	68.57	50.47	6.39	32.56	24.10	16.18	36.16	27.93	17.80	20.87	19.70	112.04	295.31	205.64	13.13	15.95	70.40	0.70	0.31	0.52	1.88	7.51	3.81	
(*) 1926-1927	118,740	212,520	331,260	37.77	70.52	51.58	6.38	33.11	24.60	16.49	36.87	28.62	18.00	21.16	20.00	112.38	298.96	206.66	13.33	16.36	71.31	0.74	0.32	0.54	1.95	7.73	3.88	
(*) 1927-1928	122,500	221,220	343,720	38.43	72.47	52.69	6.37	33.66	25.10	16.80	37.58	29.31	18.19	21.45	20.30	112.72	302.61	207.68	13.53	16.77	72.22	0.78	0.33	0.56	2.02	7.95	3.95	
(*) 1928-1929	126,260	230,000	356,260	39.09	74.42	53.75	6.36	34.21	25.60	17.11	38.29	30.00	18.38	21.74	20.60	113.06	306.26	208.70	13.73	17.18	73.13	0.82	0.34	0.58	2.09	8.17	4.02	
(*) 1929-1930	130,020	238,780	368,800	39.75	76.37	54.86	6.35	34.76	26.10	17.42	39.00	30.69	18.57	22.03	20.90	113.40	310.91	209.72	13.93	17.59	74.04	0.86	0.35	0.60	2.16	8.39	4.09	
(*) 1930-1931	133,780	247,560	381,340	40.41	78.32	55.97	6.34	35.31	26.60	17.73	39.71	31.38	18.76	22.32	21.20	113.74	314.56	210.74	14.13	18.00	74.95	0.90	0.36	0.62	2.23	8.61	4.16	
(*) 1931-1932	137,540	256,340	393,880	41.07	80.27	57.08	6.33	35.86	27.10	18.04	40.42	32.07	18.95	22.61	21.50	114.08	318.21	211.76	14.33	18.41	75.86	0.94	0.37	0.64	2.30	8.83	4.23	
(*) 1932-1933	141,300	265,120	406,420	41.73	82.22	58.19	6.32	36.41	27.60	18.35	41.13	32.76	19.14	22.90	21.80	114.42	321.86	212.78	14.53	18.82	76.77	0.98	0.38	0.66	2.37	9.05	4.30	
(*) 1933-1934	145,060	273,900	418,960	42.39	84.17	59.30	6.31	36.96	28.10	18.66	41.84	33.45	19.33	23.19	22.10	114.76	325.51	213.80	14.73	19.23	77.68	1.02	0.39	0.68	2.44	9.27	4.37	
(*) 1934-1935	148,820	282,680	431,500	43.05	86.12	60.41	6.30	37.51	28.60	18.97	42.55	34.14	19.52	23.48	22.40	115.10	329.16	214.82	14.93	19.64	78.59	1.06	0.40	0.70	2.51	9.49	4.44	
(*) 1935-1936	152,580	291,460	444,040	43.71	88.07	61.52	6.29	38.06	29.10	19.28	43.26	34.83	19.71	23.77	22.70	115.44	332.81	215.84	15.13	20.05	79.50	1.10	0.41	0.72	2.58	9.71	4.51	
(*) 1936-1937	156,340	300,240	456,580	44.37	90.02	62.63	6.28	38.61	29.60	19.59	43.97	35.52	19.90	24.06	23.00	115.78	336.46	216.86	15.33	20.46	80.41	1.14	0.42	0.74	2.65	9.93	4.58	
(*) 1937-1938	160,100	309,020	469,120	45.03	91.97	63.74	6.27	39.16	30.10	20.00	44.68	36.21	20.09	24.35	23.30	116.12	340.11	217.88	15.53	20.87	81.32	1.18	0.43	0.76	2.72	10.15	4.65	
(*) 1938-1939	163,860	317,800	481,660	45.69	93.92	64.85	6.26	39.71	30.60	20.31	45.39	36.90	20.28	24.64	23.60	116.46	343.76	218.90	15.73	21.28	82.23	1.22	0.44	0.78	2.79	10.37	4.72	
(*) 1939-1940	167,620	326,580	494,200	46.35	95.87	65.96	6.25	40.26	31.10	20.62	46.10	37.59	20.47	24.93	23.90	116.80	347.41	219.92	15.93	21.69	83.14	1.26	0.45	0.80	2.86	10.59	4.79	
(*) 1940-1941	171,380	335,360	506,740	47.01	97.82	67.07	6.24	40.81	31.60	20.93	46.81	38.28	20.66	25.22	24.20	117.14	351.06	220.94	16.13	22.10	84.05	1.30	0.46	0.82	2.93	10.81	4.86	
(*) 1941-1942	175,140	344,140	519,280	47.67	99.77	68.18	6.23	41.36	32.10	21.24	47.52	38.97	20.85	25.51	24.50	117.48	354.71	221.96	16.33	22.51	84.96	1.34	0.47	0.84	3.00	11.03	4.93	
(*) 1942-1943	178,900	352,920	531,820	48.33	101.72	69.29	6.22	41.91	32.60	21.55	48.23	39.66	21.04	25.80	24.80	117.82	358.36	222.98	16.53	22.92	85.87	1.38	0.48	0.86	3.07	11.25	5.00	
(*) 1943-1944	182,660	361,700	544,360	48.99	103.67	70.40	6.21	42.46	33.10	21.86	48.94	40.35	21.23	26.09	25.10	118.16	362.01	224.00	16.73	23.33	86.78	1.42	0.49	0.88	3.14	11.47	5.07	
(*) 1944-1945	186,420	370,480	556,900	49.65	105.62	71.51	6.20	43.01	33.60	22.17	49.65	41.04	21.42	26.38	25.40	118.50	365.66	225.02	16.93	23.74	87.69	1.46	0.50	0.90	3.21	11.69	5.14	
(*) 1945-1946	190,180	379,260	569,440	50.31	107.57	72.62	6.19	43.56	34.10	22.48	50.36	41.73	21.61	26.67	25.70	118.84	369.31	226.04	17.13	24.15	88.60	1.50	0.51	0.92	3.28	11.91	5.21	
(*) 1946-1947	193,940	388,040	581,980	50.97	109.52	73.73	6.18	44.11	34.60	22.79	51.07	42.42	21.80	26.96	26.00	119.18	372.96	227.06	17.33	24.56	89.51	1.54	0.52	0.94	3.35	12.13	5.28	
(*) 1947-1948	197,700	396,820	594,520	51.63	111.47	74.84	6.17	44.66	35.10	23.10	51.78	43.11	22.00	27.25	26.30	119.52	376.61	228.08	17.53	24.97	90.42	1.58	0.53	0.96	3.42	12.35	5.35	
(*) 1948-1949	201,460	405,600	607,060	52.29	113.42	75.95	6.16	45.21	35.60	23.41	52.49	43.80	22.19	27.54	26.60	119.86	380.26	229.10	17.1									

TABLE O.—Vital Statistic Rates for Various Centres for the Year 1952-53.

(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
Benoni ..	27.25	27.68 ¹	22.66	45.26	—	7.59	21.39 ²	11.33	15.26	—	38.27	358.17 ³	88.24	116.28	—	0.20	1.23 ⁴	0.66	1.31	—
Bloemfontein ..	25.31	—	—	—	29.94	6.23	—	—	—	18.84	38.54	—	—	—	207.64	0.08	—	—	—	1.14
Boksburg ..	25.86	—	—	—	22.24	6.61	—	—	—	15.92	30.82	—	—	—	278.78	—	—	—	—	0.55
Brakpan ..	28.9	—	—	—	2.15	0.31	—	—	—	8.48	29.3	—	—	—	3.09	0.07	—	—	—	0.42
Cape Town ..	18.37	35.19 ⁴	43.24	39.90	39.42	9.33	17.00 ⁴	8.12	12.72	13.12	21.29	207.92 ⁴	35.60	90.25	101.35	0.21	2.76 ⁴	0.70	2.01	2.07
Durban ..	20.33	28.08	34.83	45.00	—	8.54	22.89	8.81	13.14	—	22.94	336.30	62.14	85.27	—	0.20	2.69	0.41	2.03	—
East London ..	24.36	49.69	39.51	44.52	—	9.49	31.87	7.90	17.21	—	22.16	294.08	46.15	107.80	—	0.22	4.57	1.20	3.46	—
Johannesburg ..	24.12	20.57 ⁵	41.71	44.62	—	7.80	10.90 ⁵	8.33	14.27	—	29.45	206.64 ⁵	58.82	85.20	—	0.13	1.18 ⁵	0.46	1.59	—
Kimberley ..	25.90	53.68	—	39.03	—	9.65	18.23	—	18.48	—	27.03	85.34	—	100.71	—	0.15	1.84	—	1.72	—
King William's Town	20.37	23.34	50.85	40.09	—	9.27	9.65	—	22.34	—	22.39	125.00	—	228.57	—	—	2.02	—	4.00	—
Krugersdorp ..	28.9	17.6	35.7	31.1	—	7.3	9.04	5.7	15.5	—	48.8	208.2	40.0	162.2	—	0.14	1.19	—	1.1	—
Pietermaritzburg ..	22.0	11.6	33.8	51.4	—	8.6	10.7	6.6	14.8	—	27.6	322.6	32.8	80.2	—	0.12	0.80	0.27	1.70	—
Port Elizabeth ..	27.45	47.11	61.19	41.68	—	8.01	25.17	15.59	16.85	—	37.53	225.49	64.64	139.49	—	0.18	6.28	1.86	2.76	—
Pretoria ..	27.16	31.43	41.03	38.49	32.34	6.18	10.00	6.38	15.09	10.06	28.14	113.94	42.02	112.75	108.70	0.09	0.60	0.17	0.94	0.60
Roodepoort-Maraiburg ..	26.19	42.36 ²	49.41	54.44	43.68	5.08	12.38 ²	7.06	16.07	8.26	18.91	134.54 ²	95.24	173.47	136.91	0.06	0.49 ²	—	—	0.42
Springs ..	24.15	7.36	47.27	27.27	—	5.47	7.88	6.36	10.90	—	32.68	416.01	57.69	133.33	—	0.06	0.54	0.91	0.91	—
Vereeniging ..	35.01	26.88	37.40	48.04	—	5.73	10.79	4.16	17.70	—	30.58	165.11	74.07	78.95	—	0.05	0.77	—	1.26	—
Union of South Africa (1951) ..	25.0	—	35.5	47.9	—	8.8	—	9.7	19.4	—	33.5	—	62.5	125.5	—	0.20	—	0.89	3.56	—
England and Wales (1952) ¹ ..	15.3 ²	—	—	—	—	11.3 ²	—	—	—	—	28.0	—	—	—	—	0.24 ²	—	—	—	—
County of London (1952) ¹ ..	15.3 ²	—	—	—	—	12.0 ²	—	—	—	—	23.0	—	—	—	—	0.30 ²	—	—	—	—

¹ Calendar year.

E = European.

N = Native.

A = Asiatic.

C = Mixed and other Coloured.

NE = All non-Europeans.

² Crude or uncorrected.³ Exclusive of mine and prison.⁴ Excluding Langa Native Township.⁵ Inclusive of Mines.

TABLE P.—Cases of Notifiable Disease reported, 1952-53.

	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	2,224	38	170	24	1,931	109	146	2	16	157	3
Tuberculosis, other forms	319	32	22	39	285	19	86	19	23	90	—
Enteric fever	123	48	4	4	74	1	87	34	3	56	—
Diphtheria	250	164	2	—	80	4	185	103	—	82	1
Scarlet fever	246	7	7	4	236	—	50	3	4	50	—
Erysipelas	21	1	—	—	21	—	2	—	—	2	—
Cerebrospinal fever	223	178	1	3	47	—	142	116	2	28	—
Infective encephalitis	9	3	—	2	8	—	7	7	2	2	—
Leprosy	1	—	—	—	1	—	—	—	—	—	—
Acute poliomyelitis	33	11	—	6	27	1	37	13	3	27	—
Influenza pneumonia	14	—	—	—	14	—	—	—	—	—	—
Acute primary pneumonia	181	—	—	18	198	1	4	—	13	17	—
Ophthalmia	153	—	1	—	151	1	—	—	—	—	—
Puerperal fever	22	4	—	—	18	—	6	1	—	5	—
Trachoma	2	—	1	—	1	—	—	—	—	—	—
Typhus fever*	—	—	—	1	1	—	1	—	2	3	—
Whooping cough	895	129	2	1	762	3	24	4	1	21	—
Anthrax	—	—	—	—	—	—	3	—	—	3	—
Malta Fever	1	—	—	—	1	—	—	—	—	—	—
Totals	4,717	615	210	103	3,836	139	780	302	69	543	4

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 R.—Notification of Infectious Disease Classified for Race, Sex and Age-Groups, 1952-53.

E.—European. O.—Non-European.

Age-groups.	Tuberculosis respiratory system.						Tuberculosis, other forms.						Enteric fever.						Diphtheria.						Scarlet fever.						Erysipelas.						Cerebrospinal fever.						Infective encephalitis.						Acute anterior poliomyelitis.						Influenza pneumonia.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.			O.			E.		

Age-groups.	Acute primary pneumonia.			Ophthalmia.			Purpural fever.			Leprosy.			Trachoma.			Typhus fever.*			Malta fever.			Whooping cough.			Totals.		
	E.			E.			E.			E.			E.			E.			E.			E.			E.		
	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.	M.	F.	To- tal.
0-1 year	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1-2 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2-5 "	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5-10 "	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10-15 "	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15-25 "	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25-35 "	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35-45 "	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45-55 "	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
55-65 "	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65-75 "	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
75-85 "	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
85 years and over	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Age unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	12	6	18	5	7	12	2	16	18	—	—	—	1	1	2	1	1	2	—	—	—	1	1	2	413	428	841

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

TABLE S. Notification of Infectious Disease Classified for Race and Wards, etc., 1952-53.

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 polomyelitis.			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.
1.	9	13	22	1	—	1	2	4	—	—	—	—	20	—	20	—	—	—	1	—	1	—	—	—	1	—	1	—	—	
2.	20	51	80	1	3	4	—	—	—	—	—	—	1	19	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3.	11	80	91	1	17	18	—	—	—	—	—	—	2	12	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4.	20	17	37	1	3	4	—	—	—	—	—	—	2	11	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5.	12	171	183	28	30	58	—	—	—	—	—	—	3	12	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6.	12	171	183	28	30	58	—	—	—	—	—	—	3	12	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7.	12	171	183	28	30	58	—	—	—	—	—	—	3	12	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8.	12	171	183	28	30	58	—	—	—	—	—	—	3	12	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9.	31	27	58	1	2	3	—	—	—	—	—	—	2	10	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10.	13	321	334	2	65	67	—	—	—	—	—	—	7	17	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
11.	14	16	30	2	4	6	—	—	—	—	—	—	1	12	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
12.	8	63	71	—	11	11	—	—	—	—	—	—	2	18	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13.	8	65	73	—	12	12	—	—	—	—	—	—	3	13	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
14.	19	78	97	1	6	7	—	—	—	—	—	—	6	14	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
15.	9	148	157	2	26	28	—	—	—	—	—	—	4	20	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Not allocated	—	8	8	—	—	—	—	—	—	—	—	—	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total, local cases	247	1,684	1,931	20	265	285	13	61	74	33	47	80	212	24	236	10	11	21	7	40	47	4	4	8	14	13	27	3	11	14
Imported cases:	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Developed outside municipal area	33	127	160	1	20	21	1	3	4	1	1	2	7	—	7	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Introduced from overseas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Direct removals (cases removed to hospitals in Municipal area):	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
From outside municipal area	48	109	157	10	80	90	9	47	56	38	44	82	45	5	50	1	1	2	4	24	28	2	—	2	17	10	27	—	—	—
From ships in harbour	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total, imported cases	81	239	320	11	100	111	10	50	60	39	45	84	53	5	58	1	1	2	4	25	29	2	—	2	17	10	27	—	—	—

Wards of the City, etc.	Acute primary pneumonia.			Ophthalmia.			Puerperal fever.			Leprosy.			Trachoma.			Typhus fever.*			Malaria fever.			Whooping cough.			Anthrax.			Totals.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.			
1.	—	3	3	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
2.	1	10	11	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
3.	—	2	2	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
4.	—	3	3	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
5.	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
6.	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
7.	1	9	10	2	8	10	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
8.	—	3	3	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
9.	—	24	24	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
10.	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
11.	1	11	12	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
12.	—	5	5	—	7	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
13.	—	50	50	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
14.	—	22	22	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
15.	—	14	14	—	13	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Not allocated	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Total, local cases	18	180	198	12	139	151	2	16	18	—	—	—	1	1	1	1	—	—	—	—	—	244	518	762	—	—	—	841	3,015	3,856
Imported cases: Introduced outside mun- icipal area	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Introduced from overseas	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Direct removals (cases re- moved to hospitals in Municipal area):	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
From outside municipal area	7	10	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
From ships in harbour	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total, imported cases	7	10	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	16	23	—	—	—	9	1	3

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

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

Disease.	Race.	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
		1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Scarlatina or Scarlet fever	Eur. ..	596	458	113	81	124	216	267	154	154	143	321	249	152	188	233	209	176	212
	Non-E. ..	34	28	13	8	11	18	10	7	8	17	41	20	25	25	29	48	26	24
Diphtheria or membranous croup ..	Eur. ..	189	223	344	537	286	204	195	160	175	89	91	51	64	33	60	41	34	33
	Non-E. ..	122	119	253	233	130	89	138	135	110	89	84	56	73	60	62	60	34	47
Enteric or Typhoid fever	Eur. ..	30	34	58	14	35	11	36	90	17	20	22	24	35	14	15	10	23	13
	Non-E. ..	43	96	41	37	34	26	73	68	57	77	85	144	67	42	31	35	58	61
Erysipelas	Eur. ..	51	43	33	30	29	37	38	27	28	38	28	17	18	13	10	17	17	10
	Non-E. ..	42	31	28	36	39	41	41	46	33	41	37	26	16	16	13	11	15	11
Puerperal fever ..	Eur. ..	22	13	19	22	18	33	15	16	16	14	14	11	15	7	9	2	1	2
	Non-E. ..	74	51	51	62	61	61	50	60	70	52	57	71	65	42	27	23	19	16
Ophthalmia ..	Eur. ..	39	42	24	35	29	28	36	18	22	29	30	24	21	15	13	14	20	12
	Non-E. ..	227	215	213	181	212	164	182	170	215	235	227	268	193	138	201	160	125	139
Cerebrospinal fever	Eur. ..	1	7	3	5	2	23	19	23	39	25	16	15	5	13	10	16	6	7
	Non-E. ..	9	11	15	33	24	45	47	80	222	80	58	31	33	49	39	55	51	40
Acute poliomyelitis	Eur. ..	1	7	4	2	5	5	4	2	5	46	10	4	13	8	7	12	10	14
	Non-E. ..	3	2	2	9	11	4	3	—	1	18	4	3	13	11	9	8	2	13
Infective encephalitis	Eur. ..	4	1	4	—	2	1	3	6	—	—	1	—	—	1	2	—	3	4
	Non-E. ..	3	3	4	2	3	5	1	3	2	1	—	5	—	1	2	2	2	4
Leprosy	Eur. ..	—	—	1	—	—	—	1	2	—	—	—	—	—	—	—	1	—	—
	Non-E. ..	1	3	2	1	1	3	4	5	2	—	1	—	1	2	3	2	1	1
Typhus fever ⁽¹⁾ ..	Eur. ..	2	4	1	6	4	4	6	2	7	10	2	8	2	6	5	1	—	1
	Non-E. ..	—	—	—	1	—	1	2	—	—	1	2	5	2	2	—	1	1	—
Smallpox	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	1	—	—	—	5	—	—	—	—	—	—	—	—
Whooping cough ⁽²⁾	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29	138	278	244
Influenzal pneumonia	Eur. ..	56	29	37	17	23	23	10	13	18	2	8	5	9	5	9	8	14	3
	Non-E. ..	64	41	74	30	30	40	15	27	60	26	18	24	16	12	16	8	6	11
Acute primary pneumonia	Eur. ..	148	103	96	103	100	106	80	76	100	74	47	68	58	36	43	36	44	18
	Non-E. ..	465	376	466	420	433	385	319	321	338	353	326	395	402	334	351	285	261	180
Cholera	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Plague	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anthrax	Eur. ..	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	—
	Non-E. ..	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	1	—	—
Glanders	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rabies	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malta fever ..	Eur. ..	—	—	—	—	1	—	2	1	—	—	—	—	—	—	1	—	—	1
	Non-E. ..	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—
Yellow fever ..	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Human trypanosomiasis	Eur. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Trachoma ..	Eur. ..	1	2	1	6	5	—	—	—	—	1	—	2	1	1	—	—	—	—
	Non-E. ..	5	7	1	2	10	3	1	2	—	8	9	3	2	3	2	1	1	1
Lead poisoning ..	Eur. ..	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—
Tuberculosis, respiratory system ..	Eur. ..	164	149	186	183	158	157	182	191	223	202	241	251	252	239	277	223	233	247
	Non-E. ..	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	1,684
Other forms of tuberculosis	Eur. ..	21	16	29	17	28	30	33	35	34	29	26	28	27	33	27	21	9	20
	Non-E. ..	151	137	188	162	181	224	229	283	293	295	292	237	266	256	253	283	277	265

All figures corrected for imported cases and misdiagnosis.

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

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

TABLE U.—Vital Statistics for the Langa Native Township, 1952-53.

Average population for the 12 months July, 1952, to June, 1953.										NATIVES.																
European.				Natives.																						
Adults.		To- tal.	Adults.		Child- ren.	Total.	Grand Total.	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).				
M.	F.		M.	F.				Legiti- mate.	Illegiti- mate.	Total.				M.	F.		M.	F.		M.	F.					
22	21	43	7,156	1,470	2,347	10,973	11,016	61	59	33	39	192*	10	17.23*		37.50	85	57	12.75	15	17	166.67*	25	13		3.41

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

PRINCIPAL CAUSES OF DEATH.

	Male.	Female.	Total.
Tuberculosis (all forms)	25	13	38
Cardiac diseases	9	8	17
Bronchitis and pneumonia	9	7	16
Diarrhoea and enteritis	6	9	15
Congenital malformations and diseases of early infancy	6	5	11
Violent or accidental deaths	11	—	11
Cancer (all forms)	5	1	6
Ill-defined causes	2	2	4

Deaths in Langa Hospital, 53 (Natives: 31 males, 22 females).

NOTIFICATION OF INFECTIOUS DISEASE.

Tuberculosis respiratory system.		Tuberculosis (other forms).		Enteric fever.		Diphtheria.		Acute anterior poliomyelitis.		Acute primary pneumonia.		Ophthalmia.		Whooping cough.		Total.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
78	31	13	6	1	—	2	2	—	1	1	—	—	1	2	1	97	42

TABLE V.—Vital Statistics for the Added Area of Windermere, 1952-53.

Estimated Population as at 31st December, 1952.		Births.				Still- births.		Illegiti- mate births, percentage of total births.		Birth- rate (per 1,000 persons).		Deaths.		Death rate (per 1,000 persons).		Deaths under one year of age.		Infant Mor- tality (per 1,000 births).		Deaths from Tuber- culosis, all forms.		Death rate for Tuber- culosis, all forms (per 1,000 persons.)				
		Legiti- mate.		Total.																						
		Non- Eur.	Total.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	
300	10,880	11,180	11	459	2	353	13	812	2	41	15	38	34	47	42	63	73	43	153	8	107	0	—	—	6	60

PRINCIPAL CAUSES OF DEATH.

	European.	Non- European.	Total.
Diarrhoea and enteritis	—	128	128
Tuberculosis (all forms)	—	73	73
Bronchitis and pneumonia	—	40	40
Ill-defined causes	1	34	35
Congenital malformations and diseases of early infancy	—	28	28
Violent or accidental deaths	—	20	20
Cardiac diseases	2	12	14
Intracranial lesions of vascular origin	1	12	13
Cancer (all forms)	—	12	12

NOTIFICATION OF INFECTIOUS DISEASE.

Tuberculosis (pulmonary).	Tuberculosis (other forms).		Diphtheria.		Enteric fever.		Cerebro- spinal fever.		Acute primary pneumonia.		Whooping cough.		Puerperal fever.		Ophthalmia.		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.
2	222	—	23	1	6	—	10	—	5	—	9	5	—	1	—	19	12	296

TABLE Y.—Rainfall and Humidity, 1952-53.

Month.	RAINFALL.						HUMIDITY.	
	Amount in inches.	Average for 46 years in inches, 1st July, 1906 to 30th June, 1953.	No. of rainy days.	Average rainy days for 46 years, 1st July, 1906 to 30th June, 1953.	Greatest fall in one day.		Mean Saturation 100.	Average for 46 years, 1st July, 1906, to 30th June, 1953.
					Amount in inches.	Date.		
1952								
July ..	3.52	3.52	9	14.06	0.85	27th	80.00	83.60
August ..	4.60	2.57	15	13.10	1.50	4th	80.00	82.85
September ..	4.39	2.08	10	10.97	1.30	27th	76.00	79.55
October ..	0.59	1.28	9	8.28	0.28	8th	73.00	73.04
November ..	1.51	0.95	6	8.82	0.50	17th	74.00	70.14
December ..	0.06	0.71	2	5.32	0.04	18th	70.00	68.99
1953								
January ..	0.08	0.60	2	3.76	0.02	8th	53.00	68.90
February ..	—	0.48	—	3.76	—	—	71.00	73.44
March ..	0.20	0.71	2	5.47	0.10	22nd	72.00	75.22
April ..	6.02	1.81	14	9.15	1.20	18th	71.00	82.01
May ..	3.20	2.90	9	11.82	0.89	25th	53.00	83.30
June ..	1.50	3.57	11	12.93	0.47	30th	83.00	83.06
Year ..	25.67	21.18	89	107.44	1.50	4/8/1952	71.33	77.00

TABLE Z.—Earth Temperature, 1952-53.

Month.	Range at one foot, °F	Range at one foot, 46 years, 1st July, 1906, to 30th June, 1953. °F	Range at two feet, °F	Range at two feet, 46 years, 1st July, 1906, to 30th June, 1953. °F	Range at four feet, °F	Range at four feet, 46 years, 1st July, 1906, to 30th June, 1953. °F
1952						
July ..	54.0 to 59.0	49.2 to 64.0	57.6 to 59.8	54.0 to 62.0	61.0 to 62.0	53.0 to 65.0
August ..	56.0 to 60.2	50.9 to 63.0	58.0 to 61.0	53.8 to 62.6	60.0 to 61.0	55.0 to 63.0
September ..	59.0 to 66.0	50.9 to 67.9	60.6 to 65.4	55.0 to 67.0	61.0 to 64.0	57.0 to 65.5
October ..	62.0 to 72.0	57.1 to 75.9	63.2 to 71.0	58.0 to 72.8	64.0 to 69.0	56.8 to 73.8
November ..	71.0 to 76.0	59.3 to 83.0	71.0 to 74.6	60.0 to 79.7	69.0 to 72.6	60.8 to 76.2
December ..	74.0 to 78.0	63.0 to 83.8	75.0 to 78.0	60.5 to 80.5	73.0 to 75.8	63.8 to 81.4
1953						
January ..	77.0 to 82.6	66.7 to 85.2	77.4 to 81.0	66.8 to 80.6	75.6 to 78.2	66.2 to 82.5
February ..	79.0 to 82.0	66.9 to 86.9	77.0 to 81.0	68.9 to 82.9	78.0 to 78.8	68.0 to 81.4
March ..	73.0 to 79.0	63.7 to 82.0	75.2 to 79.0	65.2 to 80.7	76.0 to 78.8	67.9 to 80.2
April ..	62.0 to 73.0	58.9 to 76.6	66.0 to 75.0	63.0 to 76.4	69.0 to 76.0	62.2 to 77.0
May ..	62.0 to 65.0	53.0 to 74.4	63.0 to 67.0	58.0 to 74.6	65.4 to 69.4	61.0 to 74.0
June ..	57.0 to 62.0	49.8 to 64.1	60.0 to 64.0	56.0 to 66.0	63.0 to 65.4	59.0 to 68.0
Year ..	54.0 to 82.6	49.2 to 86.9	57.6 to 81.0	53.8 to 82.9	60.0 to 78.8	53.0 to 82.5

