

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, 1954.

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CITY OF CAPE TOWN.

ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH.

PRELIMINARY (PROVISIONAL) RETURN FOR THE YEAR ENDED
30TH JUNE, 1955.

VITAL STATISTICS.

	1954-55.					
	European	Coloured	Native	Asiatic	Non-European	All Races
Total population ^δ	191057	244510	48937	7320	300767	491824
Population excluding Langa Native Township	191020	244510	35990	7320	287820	478840
Total live births	3356	9118	1140	347	10605	13973*
Birth rate (per 1,000 population)	17.62	37.39	31.76	47.53	36.95	29.26
Total deaths	1743	2716	521	71	3308	5063*
Death rate (per 1,000 population)	9.15	11.14	14.2	9.73	11.52	10.60
Deaths of infants under 1 year of age	72	802	248	19	1069	1153*
Infant mortality rate (per 1,000 live births)	21.45	87.96	217.54	54.76	100.80	82.52
Maternal mortality rate (per 1,000 live births)	1.19	2.19	0.88	-	1.98	1.79
Tuberculosis death rate (per 1,000 population)	0.17	1.15	1.78	0.41	1.21	0.80
Enteric fever death rate (per 1,000 population)	-	0.01	0.08	-	0.02	0.01

^δ 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 twelve 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.

VITAL STATISTICS (CONTINUED)

- 2 -

Year 1954-55.

CAUSE OF DEATH	Eur.	Col.	Native.	Asiatic.	Non-Eur.	All Rcs.
Tuberculosis of respiratory system	28	212	46	3	261	289
Tuberculosis, other forms	4	69	18	-	87	91
Syphilis and its sequelae	4	8	4	-	12	16
Typhoid fever	-	2	3	-	5	5
Dysentery, all forms	3	5	4	-	9	12
Scarlet fever	-	-	-	-	-	-
Diphtheria	1	8	-	-	8	9
Whooping cough	-	20	2	1	23	23
Meningococcal infections	1	5	-	-	5	6
Acute poliomyelitis	-	-	-	-	-	-
Measles	1	22	-	1	23	24
Typhus and other rickettsial diseases	-	-	-	-	-	-
Malaria	-	-	-	-	-	-
All other diseases classified as infective and parasitic	3	12	3	-	15	18
Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	296	186	10	8	204	500
Benign and unspecified neoplasms	9	6	1	1	8	17
Diabetes mellitus	28	35	1	1	37	65
Anaemias	1	1	1	-	2	3
Vascular lesions affecting central nervous system	227	225	12	5	242	469
Nonmeningococcal meningitis	5	12	1	-	13	18
Rheumatic fever	2	7	-	-	7	9
Chronic rheumatic heart disease	20	33	5	1	39	59
Arteriosclerotic and degenerative heart disease	473	231	7	13	251	724
Other diseases of heart	42	39	7	-	46	88
Hypertension with heart disease	33	57	1	3	61	94
Hypertension without mention of heart	47	90	6	-	96	143
Diseases of the arteries	56	42	3	2	47	103
Influenza	4	7	1	1	9	13
Pneumonia (including pneumonia of the new born)	56	190	58	5	253	309
Bronchitis	20	25	2	1	28	48
Ulcer of stomach and duodenum	16	8	-	1	9	25
Appendicitis	1	2	1	1	4	5
Intestinal obstruction and hernia	23	12	3	-	15	38
Gastro-enteritis and colitis (including diarrhoea of the new born)	16	512	187	6	705	721
Cirrhosis of the liver	11	5	2	1	8	19
Nephritis and nephrosis	25	40	6	1	47	72
Hyperplasia of prostate	13	5	-	-	5	18
Complications of pregnancy, childbirth and the puerperium	4	20	1	-	21	25
Congenital malformations	20	33	6	1	40	60
Birth injuries, post-natal asphyxia and atelectasis	11	61	16	-	77	88
Other infections of the newborn	-	1	-	-	1	1
Other diseases peculiar to early infancy and immaturity unqualified	25	159	21	8	188	213
Senility and ill-defined diseases	54	92	19	-	111	165
Motor vehicle accidents	20	36	9	-	45	65
All other accidents	35	53	29	2	84	119
Suicide and self-inflicted injury	14	3	2	1	6	20
Homicide	1	20	8	-	28	29
All other causes	90	105	15	3	123	213
TOTAL	1743	2716	521	71	3308	5063*

* Including twelve of unknown race.

Year 1954-55

Category	Male	Female	Total
Acute and sub-acute infectious diseases	10	12	22
Typhoid	1	1	2
Typhus	1	1	2
Paratyphoid	1	1	2
Shigellosis	1	1	2
Dysentery	1	1	2
Amoebiasis	1	1	2
Other	1	1	2
Chronic infectious diseases	1	1	2
Tuberculosis	1	1	2
Other	1	1	2
Non-infectious diseases	1	1	2
Hypertension	1	1	2
Diabetes	1	1	2
Other	1	1	2
Accidents and injuries	1	1	2
Road traffic	1	1	2
Other	1	1	2
Unknown	1	1	2
Total	10	12	22

DEATHS OF INFANTS UNDER ONE YEAR OF AGE.

DISEASE.	1954-55.				Non All Eur. Res.	
	Eur.	Col.	Native	Asiatic		
I. Tuberculous Diseases	1	30	5	-	35	36
II. Common Infectious Diseases	-	16	1	-	17	17
III. Bronchitis and Pneumonia	5	120	40	4	164	169
IV. Diarrhoea and Enteritis	6	335	141	5	481	487
V. Developmental and Wasting Disease	47	196	33	8	237	284
VI. Miscellaneous Diseases (remainder)	13	105	28	2	135	160*
Tuberculosis, Meningeal	1	6	1	-	7	8
Tuberculosis, abdominal	-	-	-	-	-	-
Tuberculosis, other forms	-	24	4	-	28	28
Syphilis, congenital	-	2	1	-	3	3
Diphtheria	-	2	-	-	2	2
Whooping cough	-	7	1	-	8	8
Measles	-	7	-	-	7	7
Scarlet fever	-	-	-	-	-	-
Rickets	-	-	-	-	-	-
Simple meningitis	-	7	-	-	7	7
Bronchitis	-	11	-	1	12	12
Pneumonia (all forms)	5	109	40	3	152	157
Diarrhoea and enteritis	6	335	141	5	481	487
Congenital malformations	18	24	6	1	31	49
Injury at birth	7	50	10	-	60	67
Immaturity	15	121	14	7	142	157
Other diseases peculiar to early infancy	14	51	13	-	64	78
Accidental mechanical suffocation	2	-	-	-	-	2
Lack of care	-	-	-	-	-	-
Other and ill-defined or unknown causes	4	46	17	2	65	69
TOTAL	72	802	248	19	1069	1153*

* Including twelve of unknown race.

Infectious Diseases Notified.

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

Year 1954-55.

Disease	European	Coloured	Native	Asiatic	Non-Eur.	All. Races
Tuberculosis, pulmonary	205	1343	292	8	1643	1848
Tuberculosis, other forms	23	204	39	3	246	269
Diphtheria	32	73	7	1	81	113
Scarlet fever	133	46	1	1	48	181
Puerperal fever	2	4	2	-	6	8
Erysipelas	5	6	2	-	8	13
Enteric fever	11	59	16	1	76	87
Cerebrospinal fever	19	49	5	-	54	73
Acute poliomyelitis	10	15	4	-	19	29
Infective encephalitis	2	2	-	-	2	4
Typhus fever*	1	-	-	-	-	1
Malta fever	-	-	-	-	-	-
Anthrax	-	-	-	-	-	-
Lead poisoning	-	-	-	-	-	-
Leprosy	-	2	4	-	6	6
Ophthalmia neonatorum	7	175	26	-	201	208
Gonorrhoeal ophthalmia	-	-	-	-	-	-
Whooping cough	155	443	82	4	529	684
Trachoma	-	2	-	-	2	2
TOTAL	605	2423	480	18	2921	3526

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

The Corporation
OF
The City of Cape Town



ANNUAL REPORT
OF THE
Medical Officer of Health

For the year ended 30th June, 1954.

The Corporation

The City of Cape Town

ANNUAL REPORT

Medical Officer of Health

For the year ended 31st March 1954

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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, 1954.

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, 1954, together with an account of the work of the City Health Department during the year.

Vital Statistics.

It should be noted that in the year under review certain changes in classification and in the methods of coding causes of death have taken place in accordance with the sixth decennial revision of the International List of Causes of Death, compiled under the auspices of the World Health Organization in 1948, which has been adopted by the Union Department of Health for use in the Union of South Africa. The principle of the International List is to make uniform the terminology and procedure for selecting the cause of death for primary tabulation. The new manual, volumes 1 and 2, also issued by the World Health Organization, includes new international rules, which serve as a guide in classifying the underlying cause of death, especially when more than one cause is stated on the death certificate. The classification of deaths for earlier years was based on the terminology of the 1938 International Classification List of Causes of Death, which varies in many instances from the revised list. The comparability of the figures for causes of death in previous years and those for the year under review is therefore affected and as a result certain tables showing the mortality figures and death rates, classified for cause and race, for a series of past years have been omitted from this report. For reasons of space the full details with code numbers of the causes of death in the new International List, which has over 760 separate headings, have also been omitted from this report. There is, however, in the appendix (page 78) an intermediate list of causes of death, together with a summary of the deaths registered during the year, arranged in principal groups, classified for cause, race, sex, age and wards.

The population of the Municipality of Cape Town estimated as at 31st December, 1953, was 464,530 (189,810 Europeans and 274,720 non-Europeans), from which the various vital statistical rates for the year 1953-54 have been calculated.

According to the returns of the local Registrar of Births and Deaths, 3,450 European and 10,373 non-European live births were registered during the year under review as belonging to the Municipality of Cape Town. This is equal to a birth rate of 18.23 for Europeans and 37.86 for non-Europeans. These rates were respectively 0.8 and 3.9 per cent less than those for the preceding year. The European birth rate has been fairly constant for the past five years; the non-European birth rate has been steadily declining and has now reached a new low record.

The natural increase for the non-European population (i.e. excess of births over deaths) was 4.2 times as great as that for the European population; expressed as per 1,000 population it was 2.9 times as great. The natural increase rate per 1,000 population for the last ten years averaged 9.76 for Europeans and 25.39 for non-Europeans.

Illegitimacy amongst non-Europeans remained alarmingly high (2,547 as against 2,583 last year) and was pre-eminent in this respect in Wards 5, 6, 8, 10 and 15 where it was associated with a comparatively high birth and infant mortality rate. The highest percentage of illegitimate births amongst Europeans was in Ward 9 (9.0) where there is a small hostel for unmarried mothers. The lowest percentage was in Ward 12 (0.8).

The total number of deaths registered during the year 1953-54 as belonging to the Municipality of Cape Town was 1,773 for Europeans and 3,356 for non-Europeans compared with 1,789 and 3,497 respectively in the previous year. Last year both the European and the non-European general death rates were the lowest on record. In the year now under report a further reduction of 6.6 per cent is recorded in the non-European death rate (12.25) and is again lower than ever before. The continued decline in the non-European death rate is due chiefly to an appreciable fall in the mortality from tuberculosis. The European death rate (9.37) was only 0.4 per cent greater than that for last year. Compared with the average of the annual figures for the past five years it was 2.0 per cent less.

More than half the total deaths for all races in the year 1953-54 were males—2,897 against 2,232 females. In Europeans the death rate for males was 44.5 per cent greater than that for females and in non-Europeans the death rate for males was 34.0 per cent greater than that for females. Amongst Europeans the mortality from cardiovascular diseases remains the main cause of death. 527 deaths were recorded in this group in the year under review, which is the same figure as that for the previous year. The majority of the deaths were from coronary thrombosis. The mortality from cancer numbered

307 and shows an increase as compared with the 280 cancer deaths recorded last year. This disease now appears as malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues, in accordance with the new International Classification List of Causes of Death. Arterial diseases accounted for 266 deaths, which is 13.1 per cent lower than that (306) for the year 1952-53. Amongst non-Europeans the high prevalence of diarrhoea and enteritis continues to be a serious problem. The number of deaths from this disease recorded in the year under review was 623 and heads the list of principal causes of mortality in this racial group for the second year in succession. There was a slight decrease in the number of deaths compared with that (642) in the previous year, but nevertheless the mortality was 9.1 per cent above the average for the past five years. On the other hand the reduction in the mortality from tuberculosis that has taken place in recent years amongst non-Europeans was well maintained. The 485 deaths from this disease, recorded in the year under review and the corresponding death rate of 1.77 are again the lowest ever attained for the city and is a notable feature of the vital statistics of this Municipality.

The European infant mortality rate (30.43) for the year 1953-54 was the highest recorded for the last six years, and shows an increase of 42.9 per cent compared with the corresponding rate for the previous year and 1.7 per cent with 29.93 as the average for the past decade. The non-European infant mortality rate of 100.55 for the year 1953-54, which is by far the lowest recorded for the city, was less than in the previous year by 0.8 per cent. Mention must again be made, however, of the high incidence of diarrhoea and enteritis amongst non-European infants, which was the principal cause of the relatively high infant mortality rate of 41.55 per 1,000 live births for the year under review. Deaths from prematurity continues to be the chief cause of mortality amongst Europeans. The corresponding infant mortality rate for the year 1953-54 for this group was 8.98 compared with 8.51 in the previous year. In the year under report 55.2 per cent of the total deaths amongst European infants occurred in the first week of life and 66.7 per cent in the first month; equivalent to a neo-natal mortality rate of 20.29, an increase of 40.1 per cent over that for last year. Amongst non-European infants the percentage was 24.3 for the first week and 31.1 in the first month, equivalent to a neo-natal death rate of 31.23, a decrease of 5.1 per cent compared with 32.92 for the year 1952-53.

Infectious Diseases.

For the tenth successive year the comparatively low incidence of diphtheria in the Municipality of Cape Town has been maintained. The number of cases notified in the year 1953-54 was 68 (28 Europeans and 40 non-Europeans) compared with 80 in the previous year. This figure is 91.7 per cent less than that (770) recorded in the year 1938-39 when the prevalence of the disease was at its highest. This remarkable reduction in the incidence of the disease is due mainly to the increasing number of children, especially non-Europeans, receiving protective inoculations against diphtheria at the municipal immunizing sessions. In the year 1938-39, 6,008 children were immunized against diphtheria by this department compared with 18,077 children in the year ended 30th June, 1954. A fact worthy of note is that this year for the first time on record there have been no recorded deaths from this disease among the various races in the Municipality of Cape Town. There was, however, a death from laryngeal diphtheria in a Coloured female child, who died shortly after she was admitted to the City Hospital towards the end of June, 1954, but this death was not registered at the Registrar of Births and Deaths until the first week in July, 1954, which is outside the period dealt with in this report.

The incidence of whooping cough also shows a remarkable decline since the disease became notifiable in April, 1950. During the year under review 394 (125 Europeans and 269 non-Europeans) cases of whooping cough were reported as belonging to Cape Town compared with 762 in 1952-53, and 1,114 in 1951-52. There were nine deaths from this disease in the year 1953-54, which is 48.3 per cent less than that for last year. The downward trend in the incidence of this disease is also the result of the increasing number of children receiving protective inoculations of the combined diphtheria and whooping cough vaccine at the municipal immunizing sessions.

Enteric fever accounted for 101 cases (13 Europeans and 88 non-Europeans) in the year 1953-54, an increase of 36.5 per cent over 74 cases reported in the preceding year. The disease was responsible for two deaths (non-Europeans) in the year covered by this report. In Wards 5 and 6 there was an unusual incidence of the disease, with the total of 41 cases (non-European) which occurred in the early months of the year. Twenty-one of the cases were found in four houses. The original cases were not due, as far as could be ascertained, to the consumption of infected milk, food or water and no definite cause for their occurrence could be assigned.

The incidence of acute poliomyelitis which has a tendency to show a periodic prevalence, increased sharply during the year 1953-54, there being 65 (41 Europeans and 25 non-Europeans) cases notified as against 27 for the previous year. This is the highest figure on record for the city. The previous highest figure was in the year 1944-45 when 64 cases of this disease were reported in the Municipality. The disease was most prevalent in the second quarter of the year (October-December) and occurred in all the wards of the city. There were no secondary household cases.

There were fewer cases of scarlet fever reported in the year under review (202 as against 236). The incidence rate was 0.93 for Europeans and 0.09 for non-Europeans compared with 1.12 and 0.09 respectively for last year.

During the year under review the declaration of acute primary pneumonia and influenzal pneumonia, as notifiable diseases within the Municipality of Cape Town, was rescinded (Government Notice No. 1986 promulgated in Government Gazette dated 11th September, 1953). There is, therefore, no record of the incidence of these diseases in the year 1953-54.

Veneral Diseases.

In connection with the scheme for the treatment of venereal diseases in the Municipality of Cape Town there has again been a decided fall in the number of new cases and total attendances at the municipal treatment centres during the year 1953-54. The total number of new cases was 3,878 (356 Europeans and 3,522 non-Europeans) as against 4,137 in 1952-53 and 4,272 in 1951-52. The total attendances numbered 20,928 (1,632 Europeans and 19,296 non-Europeans) as compared with 37,034 in 1952-53, and 48,386 in 1951-52. The number of new cases of syphilis, including congenital syphilis, has fallen from 1,196 to 1,027, and there was a significant decrease of 236 in the number of male patients.

Tuberculosis.

The total number of deaths from tuberculosis registered in the year 1953-54, as belonging to the Municipality of Cape Town, was again less than ever before. The corresponding death rate was also the lowest on record. During the year under review 46 Europeans and 485 non-Europeans died from

tuberculosis compared with 40 European and 551 non-European deaths recorded last year. The downward trend of mortality from this disease in recent years is chiefly amongst the non-Europeans. Amongst Coloureds the deaths numbered 414, Natives 69 and Asiatics 2, compared with 457, 89 and 5 respectively in the previous year. The mortality rate for the year 1953-54 was 1.15 for all races, 0.24 for Europeans and 1.77 for non-Europeans. (Coloured 1.77, Native 2.05, Asiatic 0.28). The European rate showed an increase of 14.3 per cent and the non-European rate a decrease of 14.5 per cent. There is little doubt that this satisfactory position in regard to the decreasing mortality from tuberculosis is due to the use of P.A.S., I.N.H. and Streptomycin in the treatment of the disease and to the fact that more persons are availing themselves of the facilities at the mass X-ray centre and other tuberculosis centres for early diagnosis and treatment. On the other hand the incidence of tuberculosis in the Municipality of Cape Town remains consistently high, particularly amongst non-Europeans, and continues to be a serious problem. The number of notifications in the year 1953-54 was 2,065 (258 European and 1,807 non-European) as compared with an average of 2,059. (264 European and 1,795 non-Europeans notifications for the last ten years. The incidence rates for the year under review were 1.36 for Europeans and 6.57 for non-Europeans, and were less than in the previous year by 4.2 per cent for Europeans and 11.6 per cent for non-Europeans.

City Hospitals.

During the year 1953-54 no less than 2,637 in-patients were treated at the City Hospital with a daily average of over 400. At the Brooklyn Hospital the number of in-patients treated was 622 and the daily average number was 201. The total attendances at the City Hospital X-ray department and clinical room for the period under review numbered 18,863 and the number of examinations and treatment was 26,342 compared with 16,836 and 23,289 respectively for last year. At the Brooklyn Hospital the figures were 14,561 for total attendances and 20,504 for examinations and treatment as against 6,961 total attendances and 13,519 examinations for the previous year. The increased attendances at the out-patient department of both these institutions indicate that the services available are appreciated by the patients using them.

At the Langa Native Hospital out-patient department the attendances also show a substantial increase. For the year under review the total attendances by out-patients numbered 44,857 compared with 39,589 in 1952-53 and 33,182 in 1951-52.

Maternal and Child Welfare.

As in previous years a great deal of attention continues to be given by this department in the care of infants and young children in the Municipality of Cape Town. The scope of the maternal and child welfare branch is very wide and commences in the pre-natal period with the medical examination and care of expectant mothers.

In the year 1953-54 the attendances at infant consultation sessions numbered 156,341 compared with 158,740 in 1952-53. At the pre-natal clinics the attendances numbered 25,512 as against 26,543 in 1952-53.

A full account of the activities of the services for mothers and children is given in the section devoted to maternal and child welfare at page 21.

Housing.

The general position of housing, especially in so far as the non-European group of the population of the city is concerned, could not be more critical. Exceptionally few housing units for this racial group have been erected by private enterprise since before the war, and the only dwelling units erected to cope with the increased population of this group have been by the local authority; but these have been so few in number that they have barely kept pace with those properties which owing to age have become derelict and have been demolished. Many other dwellings that were erected seventy or eighty years ago have practically reached their economic allotted span and will, owing to decay of their fabric and neglect, be due for demolition within the next few years, thereby aggravating the position still further unless something drastic is done by way of new construction.

In addition, the present-day exorbitantly high cost of materials and maintenance has resulted in many landlords subjected to Rent Board control neglecting or refusing on financial return grounds to carry out the necessary repairs to their properties. In those cases where legal process has been employed to enforce compliance only the most urgent and obvious repairs to abate a specific nuisance are embarked upon. Under these circumstances it is only a matter of time before the property falls into such a state of disrepair, that an application under the relevant Housing Act for demolition is made and granted on the grounds that owing to defects the Act does not apply, and another dwelling unit is lost to the city.

The Council's town planning scheme is also having an adverse effect on the housing situation in that owners of those dwellings which fall within a commercial zone are more than anxious, especially when the property requires repairs, to evict their tenants, leave the property vacant for its despoliation by vagrants and others, and thereafter apply for a demolition permit and so capitalize on the site for commercial purposes.

The present accepted standards in many of the non-European areas of the city is one family per room. Under such conditions it is any wonder that the morbidity rate for tuberculosis amongst this group is so very much higher than amongst the Europeans and that the infantile mortality rate still exceeds 100 deaths per 1,000 live births. The provision of houses for this section of the city's population has apparently become the sole responsibility of the city fathers, and during the year under review 130 houses and 35 flats (3 blocks) were erected in the Athlone area for Coloured and 148 family units for Africans in the Langa Native Township. To have any effect on the present housing backlog these figures will in future years require to be substantially increased. In the rehousing of suitable tenants in these estates, which are of necessity on the outskirts of the city, it is necessary for all concerned to appreciate that the travelling expenses of such tenants must be taken into account when the rental assessments are made. Failure to make provision for this extra charge will to a great extent invalidate, as has been shown by McGonigle and Kirby at Stockton-on-Tees, the benefits to be derived from moving a family living under slumlike conditions to new housing schemes.

Compulsory Pasteurization of Milk.

The year 1953-54 is the first full year that compulsory pasteurization of milk came into force in the Municipality of Cape Town. (May, 1953).

A number of unforeseen circumstances arose during the early part of the year under review which resulted in a pasteurised milk of poor keeping quality being made available to the public and which

occasioned the department the greatest concern. Special steps taken in conjunction with the milk industry resulted in these difficulties being overcome and the production of a supply which at the end of the period under review had shown a distinct and marked improvement.

Acknowledgments.

I desire to acknowledge the loyal support and ever willing assistance given to me by all members of my staff in the City Health Department, and also 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,
May, 1955.

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REPORT OF THE MEDICAL OFFICER OF HEALTH ON THE VITAL AND SOCIAL CONDITIONS

MUNICIPALITY OF THE CITY OF CAPE TOWN.

LEADING STATISTICS, YEAR ENDED 30TH JUNE, 1954.

Area- 55,149 acres.	<i>European.</i>	<i>Non-European.</i>	<i>All races.</i>
Total population	189,853	286,748	476,601
Population (excluding the Native Township of Langa)	189,810	274,720	464,530
Birth rate	18·23	37·86	29·86
Death rate	9·37	12·25	11·09
Infant mortality rate	30·43	100·55	83·71
Maternal mortality rate	1·16	1·83	1·66
Tuberculosis death rate	0·24	1·77	1·15
Enteric incidence rate	0·07	0·32	0·22
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.

MUNICIPALITY OF THE CITY OF CAPE TOWN

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REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED 30TH JUNE, 1954.

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, 1954, amounted to approximately 55,149 acres or 86.17 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, Portsworld Road, for the year under review and for previous years will be found in Tables W to Z on pages 122 to 125.

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 per cent of the total population of the Municipality of Cape Town (including Langa Native Township) of over 470,000 consists of Whites or "Europeans". The other 60 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 52 weeks ended 2nd July, 1954. 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 M on page 112 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 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 census.

Race.	1953-54			1952-53		
	Males.	Females.	Persons.	Males.	Females.	Persons.
European	90,273	99,537	189,810	89,702	98,908	188,610
Coloured	109,104	124,656	233,760	104,306	119,174	223,480
Native (not Langa) ..	21,375	12,415	33,790	20,072	11,658	31,730
Asiatic	4,269	2,901	7,170	4,186	2,844	7,030
Non-European	134,748	139,972	274,720	128,564	133,676	262,240
All Races	225,021	239,509	464,530	218,266	232,584	450,850

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, 1953 (exclusive of shipping, railway passengers and Langa Native Township) together with the vital statistics, will be found in Table J, on page 109.

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.	
19	20	8,679	3,229	8,698	3,249	11,947

BIRTH STATISTICS.

The births and birth rates for the Municipality of Cape Town in the year under review are shown in Table K, on page 110.

The births, birth rates, and rates of natural increase for 1,000 population for the year 1953-54, and for the previous year were as follows:—

Race.	1953-54					1952-53				
	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 ..	4,659	24.61	3,450	18.23	8.86	4,702	24.53	3,522	18.37	9.04
Coloured ..	10,015	42.96	8,872	38.06	26.21	10,060	44.29	9,064	39.90	27.18
Native ..	1,649	48.94	1,126	33.42	17.60	1,609	49.89	1,135	35.19	18.17
Asiatic ..	378	52.86	375	52.44	43.91	322	45.06	309	43.24	35.12
Non-European	12,042	43.95	10,373	37.86	25.61	11,991	44.99	10,508	39.42	26.30
All races* ..	16,711	36.07	13,833	29.86	18.77	16,694	36.43	14,031	30.62	19.08

*Including 10 in 1953-54 and 1 in 1952-53 of newly-born infants of unknown race, found dead in different parts of the city during the year.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

It will be seen from the above table that the non-European birth rate for the year 1953-54 (corrected for outward transfers) was 2.1 times as great as that for the European. The ratio was 2.1 for Coloured, 1.8 for Natives and 2.9 for Asiatics.

The European birth rate was 0.8 per cent less than that for last year and 0.5 per cent less than the average of the annual birth rate for the preceding five year period; while the non-European birth rate, which has been steadily declining since the year 1948-49, showed a further decrease of 3.9 per cent and has reached a new low record for the city.

The natural increase of the non-European population (i.e. excess of births over deaths) was 4.2 times as great as that for the European population: expressed as per 1,000 population it was 2.9 times as great. The natural increase rate per 1,000 population for the last ten years averaged 9.76 for Europeans and 25.39 for non-Europeans.

The number of male births per 100 female births (corrected for outward transfers) was 101.8 amongst Europeans and 102.5 amongst non-Europeans. (100.6 Coloured, 108.1 Native and 134.4 Asiatic).

For the period under review there were 124 European and 2,547 non-European illegitimate births registered (corrected for outward transfers) as compared with 119 European and 2,583 non-European in the previous period. The percentage of illegitimate to total live births was 3.6 amongst Europeans and 24.6 amongst non-Europeans. The corresponding figures for former years will be found in Table M on page 112. Illegitimacy amongst non-Europeans remained high and was pre-eminent in this respect in Wards 5, 6, 8, 10 and 15 where it was associated with a comparatively high birth rate and infant mortality rate. The highest percentage of illegitimate births amongst Europeans was in Ward 9 (9.0) where there is a small hostel for unmarried mothers. The lowest percentage was 0.81 in Ward 12.

The number of live births and still-births registered in the year 1953-54 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 ..	83.97	3,450	731	78.81	81.08	50	14	72.00
Coloured ..	43.75	8,872	5,613	36.73	56.48	259	141	45.56
Native ..	95.45	1,126	59	94.76	76.32	90	27	70.00
Asiatic ..	12.96	375	327	12.80	14.29	14	12	14.29
Non-European	49.87	10,373	5,999	42.17	60.18	363	180	50.41
All races ..	59.34	13,833*	6,740*	51.28	63.12	413	194	53.03

*Including 10 of unknown race.

Table G, on page 106 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 births notified will be found in Table H, on page 107.

In Table I, on page 108, is shown the number of births which took place in the various institutions in the Municipality of Cape Town during the year 1953-54.

The variation in the birth rate, both for European and non-European, and the distribution of the births in the various wards of the city for the year 1953-54, are indicated in Table J, on page 109.

The annual birth rate (corrected for outward transfers) since Unification (1913) is set out in years and quinquennia in Table M, on page 112. 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 N, on page 113, 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 T, on page 119.

Reference to Table V, on page 121, will show the births and birth rates for the district of Windermere.

BIRTH RATES (1949-50, 1953-54).

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 population figures of the censuses of 1946 and 1951.

Race.	1953-54		1952-53		1951-52		1950-51		1949-50	
	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.
European ..	3,450	18.23	3,522	18.37	3,405	18.27	3,346	18.02	3,451	18.70
Coloured ..	8,872	38.06	9,064	39.90	8,818	41.50	8,616	42.29	8,497	43.63
Native ..	1,126	33.42	1,135	35.19	1,009	34.06	936	33.56	967	36.93
Asiatic ..	375	52.44	309	43.24	365	53.34	314	46.72	322	48.85
Non-European	10,373	37.86	10,508	39.42	10,192	40.94	9,866	41.40	9,786	43.01
All races*	13,831 ¹	29.86	14,031 ²	30.62	13,603 ³	31.25	13,215 ⁴	31.16	13,241 ⁵	32.13

*Including ¹ 10, ² 1, ³ 6, ⁴ 3, ⁵ 4 of unknown race.

GENERAL MORTALITY.

The deaths and death rates for the Municipality of Cape Town for the year 1953-54, are shown in Table K, on page 110.

The following table shows the relationship of deaths and death rates for the year 1953-54 and for the previous year.

Race.	1953-54				1952-53†			
	Uncorrected.		Corrected for Outward Transfers..		Uncorrected.		Corrected for Outward Transfers.	
	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.
European	2,251	11.89	1,773	9.37	2,271	11.85	1,789	9.33
Coloured	3,185	13.66	2,762	11.85	3,321	14.62	2,891	12.72
Native	665	19.73	533	15.82	705	21.86	548	17.00
Asiatic	66	9.23	61	8.53	75	10.50	58	8.12
Non-European ..	3,916	14.29	3,356	12.25	4,101	15.38	3,497	13.12
All races*	6,177 ¹	13.33	5,139 ²	11.09	6,374 ²	13.91	5,288 ²	11.54

*Including ¹ 10, ² 2 of unknown race.

† 53 week period.

Last year both the European and the non-European death rates were the lowest on record. In the year now under report a further reduction of 6.6 per cent is recorded in the non-European death rate and is again lower than ever before. The continuous decline in the non-European death rate is due chiefly to a decrease in the number of deaths from tuberculosis. The European death rate was only 0.4 per cent greater than that for last year. Compared with the average of the annual death rate for the past five years it was 2.0 per cent less.

The non-European death rate for the year 1953-54 was 1.3 times as great as that for the European. The ratio was 1.3 for Coloured, 1.7 for Natives; in Asiatics the death rate was 1.1 times less than the European rate.

Reference to Table J, on page 109 will show the deaths and the death rates for the year under review for the separate wards of the city.

Table M on page 112 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 towns in the Union of South Africa and for England and Wales are set out in Table N on page 118.

Deaths registered as belonging to Langa Native Township are not included in the foregoing figures. Particulars regarding these will be found in Table T on page 119, and in Table U, on page 120.

Information regarding deaths for the district of Windermere will be found in Table A4 on page 98 and Table V on page 121.

CHANGES IN CLASSIFICATION OF CAUSES OF DEATH.

It should be noted that changes in classification and new international rules in selecting the main cause of death have taken place in the year under review. This is in accordance with the sixth decennial revision of the International Classification List of Causes of Death, compiled by the World Health Organization in 1948 and adopted by the Union Department of Health for use in the Union of South Africa. The classification of deaths for earlier years was based on the terminology of the 1938 International List, which varies in many instances from the revised list. On account of the changes in classification and in the methods of coding causes of death, which have affected the comparability of the mortality figures for earlier years and those for the year under review, certain tables showing mortality figures and death rates for a series of years, classified for cause and race, have been omitted from this report. For reasons of space the full details with code numbers of the causes of death in the New International List which has over 760 separate headings, have also been omitted from this report. There is, however, in the appendix (page 78) an intermediate list of causes of death, together with a summary of the deaths registered during the year, arranged in principal groups, classified for cause, race, sex, age and ward.

PRINCIPAL CAUSES OF MORTALITY.

Amongst Europeans the mortality from cardiovascular diseases remains the major cause of death. 527 deaths were recorded in this group in the year under review which figure is identical with that for the previous year. The majority of the deaths were from coronary thrombosis. The mortality from cancer numbered 307 and shows a slight increase over the 280 cancer deaths recorded last year. This disease now appears as malignant neoplasms, including neoplasms of the lymphatic and haematopoietic tissues in accordance with the new International Classification List of Causes of Death. Arterial diseases accounted for 266 deaths, which is 13.1 per cent lower than those (306) recorded for the year 1952-53. Amongst non-Europeans the high prevalence of diarrhoea and enteritis continues to be a serious problem. The number of deaths from this disease recorded in the year under review was 623, and heads the list of principal causes of mortality for the second year in succession. There was a slight decrease in the number of deaths compared with those (642) in the previous year, but nevertheless the mortality was 9.1 per cent above the average for the past five years. On the other hand the reduction in the mortality

from tuberculosis amongst non-Europeans that has taken place in recent years has been well maintained. The 485 deaths from this disease recorded in the year under review and the corresponding death rate of 1.77 are again the lowest ever attained for the city, and are a notable feature of the vital statistics for the Municipality of Cape Town. In the previous year deaths from tuberculosis numbered 551 compared with 739 in 1951-52 and 828 in 1950-51.

The following table summarises in accordance with the new International Classification List the ten principal causes of mortality in the Municipality of Cape Town, and the corresponding death rate for each cause for Europeans and non-Europeans respectively.

Int. Code No.	European.			Int. Code No.	Non-European.		
	Cause of death.	Deaths	Death rate.		Cause of death.	Deaths	Death rate.
410-416	Cardiovascular diseases (including hypertension with heart disease) ..	527	2.78	571, 764	Diarrhoea and enteritis (including diarrhoea of the newborn) ..	623	2.27
440-443	Malignant neoplasms (including neoplasms of lymphatic and haematopoietic tissues) ..	307	1.62	001-019	Tuberculosis (all forms) ..	485	1.77
330-334	Arterial diseases (including vascular lesions affecting central nervous system) ..	266	1.41	410-416	Cardiovascular diseases (including hypertension with heart disease) ..	355	1.30
450-456	Bronchitis and pneumonia (including pneumonia of the newborn) ..	85	0.45	490-493	Bronchitis and pneumonia (including pneumonia of the newborn) ..	269	0.98
500-502	Accidents, poisonings and violence (external cause) ..	78	0.41	760-762	Certain diseases of early infancy (excluding pneumonia and diarrhoea of the newborn) ..	268	0.98
763	Hypertensive disease without mention of heart ..	60	0.32	765-776	Arterial diseases (including vascular lesions affecting central nervous system) ..	245	0.89
E800-E999	Certain diseases of early infancy (excluding pneumonia and diarrhoea of the newborn) ..	56	0.30	140-205	Malignant neoplasms (including neoplasms of lymphatic and haematopoietic tissues) ..	217	0.79
444-447	Tuberculosis (all forms) ..	46	0.24	E800-E999	Accidents, poisonings and violence (external cause) ..	170	0.62
760-762	Diabetes mellitus ..	41	0.22	444-447	Hypertensive disease without mention of heart ..	79	0.29
765-776	Nephritis and nephrosis ..	30	0.16	590-594	Nephritis and nephrosis ..	45	0.16

Further details of the deaths for the year 1953-54 will be found classified (short list) for cause, race, sex, age and ward in Table A1-A4, on pages 78 to 99. A shorter classification by cause and race is set out in Table B, on page 100, and in Table D, on pages 102 and 103, the rates of mortality of a short list of causes are shown by race with the corresponding figures for the previous ten 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 L, on page 111, 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 17).

SEASONAL VARIATION.

The seasonal variation in mortality is shown in Table C, on page 101, where the deaths for the year 1953-54, classified for certain causes and by race, are set out according to the months of registration.

AGE AT DEATH.

The number of deaths at various ages, with the percentage of total deaths, 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 ..	58	47	11	8	34	15	393	206	510	491	1006	767
	Coloured ..	414	369	177	168	100	85	603	374	219	253	1,513	1,249
	Native ..	128	109	36	32	18	13	135	39	17	6	334	199
	Asiatic ..	10	13	1	2	2	—	14	—	17	2	44	17
	Non-European ..	552	491	214	202	120	98	752	413	253	261	1,891	1,465
	All races ..	610	538	225	210	154	113	1,145	619	763	752	2,897	2,232
Percentage	European ..	5.7	6.1	1.1	1.0	3.4	2.0	39.1	26.9	50.7	64.0	100.0	100.0
	Coloured ..	27.4	29.5	11.7	13.5	6.6	6.8	39.9	29.9	14.4	20.3	100.0	100.0
	Native ..	38.3	54.8	10.8	16.1	5.4	6.5	40.4	19.6	5.1	3.0	100.0	100.0
	Asiatic ..	22.7	76.5	2.3	11.8	4.6	—	31.8	—	38.6	11.7	100.0	100.0
	Non-European ..	29.2	33.5	11.3	13.8	6.3	6.7	39.8	18.2	13.4	17.8	100.0	100.0
	All races ..	21.1	24.1	7.8	9.4	5.3	5.1	39.5	27.7	26.3	33.7	100.0	100.0

From the foregoing figures it will be seen that the deaths under five years of age constitute 7.0 per cent of all deaths in Europeans as compared with the 43.5 in non-Europeans (Coloured 40.8, Natives 57.2, Asiatic 42.6), and that the deaths under 25 years of age constitute 9.8 per cent of all deaths in Europeans as compared with 47.5 per cent in non-Europeans (Coloured 47.5, Natives 63.0, Asiatic 45.9).

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 ..	1,296	955	14.40	9.62	1,006	767	11.17	7.73
Coloured ..	1,756	1,429	16.14	11.50	1,513	1,249	13.91	10.05
Native ..	412	253	19.33	20.43	334	199	15.67	16.07
Asiatic ..	48	18	11.27	6.22	44	17	10.34	5.88
Non-European ..	2,216	1,700	16.49	12.18	1,891	1,465	14.07	10.50
All races ..	3,512	2,655	15.65	11.12	2,897	2,232	12.91	9.34

It will be seen from the above table that in Europeans the death rate for males (corrected for outward transfers) was 44.5 per cent greater than that for females and in non-Europeans the death rate for males was 34.0 per cent greater than that for females (Coloured 38.4, Asiatic 75.9, in Natives the death rate for males was 2.5 per cent less than the female).

DEATHS IN INSTITUTIONS.

In Table F, on page 105, 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 ..	2,251	52.7	1,773	42.2
Coloured ..	3,185	33.3	2,762	24.0
Native ..	665	39.7	533	28.9
Asiatic ..	66	27.3	61	21.3
Non-European ..	3,916	34.3	3,356	24.8
All races ..	6,177*	40.9	5,139*	30.7

*Including 10 of unknown race.

DEATH RATES (1949-50, 1953-54).

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 population figures of the censuses of 1946 and 1951.

Race.	1953-54.		1952-53.		1951-52.		1950-51.		1949-50.	
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate
European ..	1,773	9.37	1,789	9.33	1,842	9.88	1,774	9.55	1,787	9.68
Coloured ..	2,762	11.85	2,891	12.72	3,045	14.33	2,919	14.33	3,125	16.04
Native ..	533	15.82	548	17.00	628	21.20	578	20.72	557	21.27
Asiatic ..	61	8.53	58	8.12	59	8.62	71	10.56	58	8.80
Non-European	3,356	12.25	3,497	13.12	3,732	14.99	3,568	14.97	3,740	16.44
All races* ..	5,139 ¹	11.09	5,288 ²	11.54	5,583 ³	12.82	5,345 ⁴	12.60	5,532 ⁵	13.42

*Including ¹10, ²2, ³9, ⁴3, ⁵5, of unknown race.

INFANT MORTALITY.

The deaths of infants under one year of age for the Municipality of Cape Town in the year 1953-54 and the corresponding rates are shown in Table K on page 110.

A comparative view of the deaths of infants under one year of age and the corresponding rates expressed per 1,000 live births for the year 1953-54 and for the previous year are shown in the following table:—

Race.	1953-54				1952-53			
	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	172	36.92	105	30.43	135	28.71	75	21.29
Coloured	936	93.46	783	88.26	960	95.43	818	90.25
Native	290	175.86	237	210.48	294	182.72	236	207.92
Asiatic	23	60.85	23	61.33	16	49.69	11	25.60
Non-European ..	1,249	103.72	1,043	100.55	1,270	105.91	1,065	101.35
All races*	1,431 ¹	85.63	1,158 ¹	83.71	1,406 ²	84.22	1,141 ²	81.32

*Including ¹10, ²1, of unknown race.

The European infant mortality rate for the year 1953-54 was the highest recorded for the last six years, and shows an increase of 42.9 per cent compared with the corresponding rate for last year, and 1.7 per cent with 29.93 as the average for the past ten years. The non-European infant mortality rate for the year under review, which is by far the lowest recorded for the city, is 0.8 per cent less than in the previous year.

The non-European infant mortality rate (corrected for outward transfers) is 3.3 times as great as that for the European. The ratio was 2.9 for Coloured, 6.9 for Natives and 2.0 for Asiatics.

The causes of infant mortality both for children under one year of age and children between one year and two years of age are set out in Table L on page 111. Mention must again be made of the high mortality of diarrhoea and enteritis amongst non-European infants, which was the principal cause of a relatively high infant mortality rate of 41.6 per 1,000 live births for the year under review. On page 104 the deaths of infants under one year of age for the year 1953-54 are classified by race according to age at death and cause of death.

The annual infant mortality rate (corrected for outward transfers) since Unification (1913) is set out in years and quinquennia in Table M on page 112. 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 55.2 per cent of the total deaths amongst European infants occurred in the first week of life and 66.7 per cent in the first month (4 weeks). Amongst non-European infants the percentages were 24.3 in the first week and 31.1 in the first month.

The neo-natal (under 4 weeks) and post neo-natal (over 4 weeks but under one year) mortality rates for 1,000 live births for the year under review are shown in the accompanying table, classified for certain causes 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	—	—	—	0.58	—	0.58
Scarlet fever	—	—	—	—	—	—
Measles	—	—	—	0.19	—	0.19
Diphtheria	—	—	—	—	—	—
Tuberculosis (all forms)	—	—	0.29	4.34	0.29	4.34
Syphilis	—	0.19	—	0.10	—	0.29
Bronchitis and pneumonia	1.45	2.51	3.47	11.09	4.92	13.60
Diarrhoea and enteritis	0.58	1.54	1.16	40.01	1.74	41.55
Immaturity	8.98	12.34	—	0.38	8.98	12.72
Injury at birth	4.64	5.88	0.29	0.29	4.93	6.17
Congenital malformations	2.03	1.16	2.61	1.73	4.64	2.89
Other diseases of early infancy	1.74	5.49	0.58	1.35	2.32	6.84
Other and ill-defined or unknown causes	0.87	2.12	1.74	9.25	2.61	11.37
Total	20.29	31.23	10.14	69.31	30.43	100.55

*Over one month, but under one year.

Compared with the corresponding rates for last year the European neo-natal death rate increased by 40.1 per cent and the non-European neo-natal death rate decreased by 5.1 per cent. The increase in the European neo-natal death rate was the result of more deaths from prematurity and injury at birth during the period under review, a total of 47 as against 33 for last year. In non-Europeans the decrease in the neo-natal death rate was due to an appreciable fall in the number of deaths from the same causes, a total of 189 as compared with 238 in the previous year. The post neo-natal rate increased by 48.9 per cent for Europeans and 1.3 per cent for non-Europeans.

The following table shows the number of neo-natal (under 4 weeks) and post neo-natal (over 4 weeks) deaths for the various races in the municipality of Cape Town and the corresponding mortality rate per 1,000 live births for the year under review.

Race.	Neo-natal.		Post neo-natal.		Infant Mortality.	
	Deaths.	Mortality rate.	Deaths.	Mortality rate.	Deaths.	Mortality rate.
European	70	20.29	35	10.14	105	30.43
Coloured	265	29.87	518	58.39	783	88.26
Native	44	39.08	193	171.40	237	210.48
Asiatic	15	40.00	8	21.33	23	61.33
Non-European	324	31.23	719	69.31	1043	100.55
All races	404*	29.20	754	54.51	1158*	83.71

* Including 10 of unknown race.

The next table shows the variation in the neo-natal (under 4 weeks) and post neo-natal (over 4 weeks) mortality rates for both Europeans and non-Europeans over a period of five years (corrected for outward transfers).

Period.	European.		Non-European.	
	Neo-natal.	Post neo-natal.	Neo-natal.	Post neo-natal.
Year ended 30th June, 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
" " " 1954	20.29	10.14	31.23	69.31
Quinquennium (1950-1954)	17.00	9.78	32.25	70.48

The infant mortality in respect of legitimate and illegitimate infants amongst the various races in the Municipality of Cape Town for the year 1953-54 shown in the following table:—

	Euro-pean.	Col-oured.	Native	Asiatic	All non-Eur.	All races.
Number of legitimate births	3,326	6,753	701	372	7,826	11,152
Number of legitimate deaths under one year of age ..	98	512	161	22	695	793
Infant mortality (legitimate) per 1,000 live births ..	29.46	75.82	229.67	59.14	88.81	71.11
Number of illegitimate births	124	2,169	425	3	2,597	2,731*
Number of illegitimate deaths under one year of age ..	7	249	50	1	300	317*
Infant mortality (illegitimate) per 1,000 live births ..	56.45	114.80	117.65	333.33	115.52	116.07

*Including 10 of unknown race.

The deaths of 48 infants under one year of age (22 Coloured and 26 Natives) are excluded from the above figures as information regarding legitimacy was unobtainable.

In Table J, on page 109, 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 T, on page 119 and Table U, on page 120.

In Table V, on page 121, 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 N, on page 113 for the purposes of comparison.

INFANT MORTALITY (1949-50—1953-54).

The number of deaths of infants under one year of age for the Municipality of Cape Town and the infant mortality rates per 1,000 live births for the past five years are indicated in the following table (corrected for outward transfers).

Race.	1953-54		1952-53		1951-52		1950-51		1949-50	
	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 ..	105	30.43	75	21.29	98	28.78	80	23.91	102	29.56
Coloured ..	783	88.26	818	90.25	805	91.29	787	91.34	784	92.27
Native ..	237	210.48	236	207.92	260	257.68	223	238.25	199	205.79
Asiatic ..	23	61.33	11	35.60	18	49.32	18	57.32	10	31.06
Non-European	1,043	100.55	1,065	101.35	1,083	106.26	1,028	104.20	993	101.47
All races* ..	1,158 ¹	83.71	1,141 ²	81.32	1,187 ³	87.26	1,111 ⁴	84.07	1,099 ⁵	83.00

*Including ¹10, ²1, ³6, ⁴3, ⁵4 of unknown race.

MATERNAL MORTALITY.

The following table shows the number of deaths which occurred during the year 1953-54 from causes ascribed to pregnancy and child-bearing including abortion, classified for causes and race, and the corresponding maternal mortality rate per 1,000 live births (corrected for outward transfers).

Int. Code No.	Cause of death.	Deaths.			Maternal mortality rates per 1,000 live births.		
		Eur.	Non-E.	All races.	Eur.	Non-E.	All races.
640, 641, 651, 681-682, 684	Puerperal septicaemia (including abortion with sepsis) ..	1	7	8	0.29	0.68	0.58
642, 652, 685-686	Toxaemia of pregnancy and the puerperium ..	1	1	2	0.29	0.09	0.14
643-644	Haemorrhage of pregnancy ..	1	4	5	0.29	0.39	0.36
670-672	Abortion without mention of sepsis or toxaemia ..	—	2	2	—	0.19	0.14
645-649	Other complications of pregnancy, childbirth and the puerperium ..	1	5	6	0.29	0.48	0.44
683							
687-689							
	All causes (except puerperal septicaemia) ..	3	12	15	0.87	1.15	1.08
	Total ..	4	19	23	1.16	1.83	1.66

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
1949-50 to 1953-54	0.12	0.36	0.29	0.46	1.16	0.99	0.58	1.52	1.28
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
1953-54 ..	0.29	0.68	0.58	0.87	1.15	1.08	1.16	1.83	1.66

The maternal mortality rate (per 1,000 births) based on the total deliveries, (live births and still births) registered during the year 1953-54 and in the 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
1953-54	0.29	0.65	0.56	0.85	1.12	1.05	1.14	1.77	1.61

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. It is in charge of the Maternal and Child Welfare Officer.

She is assisted by a Deputy Medical Officer and two full time Clinical Medical Officers.

In addition, 34 part-time specialists or general practitioners are conducting some of the sessions.

The main object of the Branch is health education and preventive work, but treatment of diseases 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 starts in the pre-natal period with the medical examination and care of expectant mothers.

Classes are given in relaxation and exercises to ensure natural and easier childbirth.

Post-natal clinics are held for routine examination and the treatment of abnormalities which have arisen following childbirth. At these clinics advice may be given in family planning, where it is desirable for socio-medical reasons.

In addition, there are 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.

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 years, at all the primary schools in the municipal area.

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

There are three nursery schools, two with creches attached and one creche (Langa) run as part of the department's health programme.

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

Voluntary workers gave valuable assistance to the health visitors at some of the welfare centres throughout the year.

MATERNAL AND CHILD WELFARE CENTRES.

The table on page 22 shows the attendance (classified for race) at the child welfare sessions, pre-natal clinics, school clinics and dinners held at the centres during the year 1953-54.

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 54 child welfare sessions were held weekly, and three fortnightly. At these sessions 12,075 children were registered as new cases. Of these, 10,554 (1,549 Europeans and 9,005 non-Europeans) were under one year of age at the time of their first attendance, and 1,521 (224 Europeans and 1,297 non-Europeans) were over one year of age at that time.

Of the new cases registered, 77 were of children resident outside the municipal area, viz. under one year of age, Europeans 18, non-Europeans 52, over one year of age, Europeans 2, non-Europeans 5.

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

	European.	Non-European.
Under one year of age	1,531	8,583
Over one year of age	222	1,248

These first attendances under one year of age amounted to 73 per cent of the registered births (44 per cent in the case of Europeans and 83 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, 1954, is shown in the table on page 23.

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 596 European mothers and 2,782 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.

During the year ended 30th June, 1954, 1,806 new cases were supplied with dried milk and 44,184 pounds were issued. The cost of the dried milk was £6,567 12s. 1d.

Centre.	Race.	Infant consultations.				Pre-natal clinics.			School clinics.			Dinners.	
		Sessions.	First attendances.		Total attendances.	Sessions.	Attendances.		Sessions.	Attendances.		Attendances.	
			Under 1 year.	Over 1 year.			First.	Total.		First.	Totals.	Adults.	Children.
Shortmarket St., Cape Town	Eur. .. Non-Eur. .. Total ..	153	633 633	49 49	8,159 8,159	32	132 132	486 486	19	245 245	711 711	— —	6,038 6,038
Kloof St., Cape Town	Eur. .. Non-Eur. .. Total ..	51	103 103	4 4	1,446 1,446								
Aspeling St., Cape Town	Eur. .. Non-Eur. .. Total ..	298	955 955	211 211	16,957 16,957	52	615 615	2,144 2,144	38	1,040 1,041	3,190 3,191	4,372 4,372	13,516 13,516
Bloembhof, Cape Town	Eur. .. Non-Eur. .. Total ..	101	324 324	30 30	5,854 5,854	51	120 120	512 512					
Devil's Peak Estate	Eur. .. Non-Eur. .. Total ..	48	142 142	17 17	1,665 1,665								
Green Point ..	Eur. .. Non-Eur. .. Total ..	51	77 77	4 4	1,239 1,239								
Camps Bay ..	Eur. .. Non-Eur. .. Total ..	25	37 37	1 1	485 485								
Woodstock ..	Eur. .. Non-Eur. .. Total ..	251	288 593 881	32 98 130	5,045 9,591 14,636	131	138 473 611	512 1,898 2,410	200	368 1,234 1,602	1,189 3,447 4,636	1,867 1,867	2,727 2,727
Mowbray ..	Eur. .. Non-Eur. .. Total ..	24	56 56	2 2	783 783								
Maitland ..	Eur. .. Non-Eur. .. Total ..	197	91 548 639	29 72 101	1,238 7,894 9,132	55	15 499 424	47 1,511 1,558	29	17 223 240	39 724 763	820 820	3,700 3,700
Brooklyn ..	Eur. .. Non-Eur. .. Total ..	51	136 136	14 14	1,868 1,868								
Windermere ..	Eur. .. Non-Eur. .. Total ..	197	1,377 1,377	164 164	16,328 16,328	152	1,143 1,143	3,948 3,948	19	322 323	880 881	3,424 3,424	7,906 7,906
Athlone ..	Eur. .. Non-Eur. .. Total ..	199	1,171 1,172	107 107	15,724 15,758	101	738 738	3,111 3,111	19	524 524	1,144 1,144	1,383 1,383	8,000 8,000
Langa ..	Native ..	49	370	44	3,772	51	338	1,435					
Bokmakirie ..	Eur. .. Non-Eur. .. Total ..	154	570 570	109 109	12,872 12,872	97	449 449	1,978 1,978				2,494 2,494	15,475 15,475
Station Rd., Claremont	Eur. .. Non-Eur. .. Total ..	100	116 261 377	30 53 83	1,365 3,757 5,122	51	22 307 329	90 1,193 1,283	20	12 278 290	29 733 762	1,468 1,468	5,959 5,959
Wesley St., Claremont	Eur. .. Non-Eur. .. Total ..	102	237 237	27 27	4,989 4,989	49	87 87	387 387				190 190	7,280 7,280
Franklin Rd., Claremont	Eur. .. Non-Eur. .. Total ..	23	54 54	4 4	594 594								
Lansdowne ..	Eur. .. Non-Eur. .. Total ..	150	116 380 496	24 71 95	1,598 4,443 6,041	59	14 243 257	44 976 1,020				1,177 1,177	4,276 4,276
Wynberg ..	Eur. .. Non-Eur. .. Total ..	151	153 377 530	22 66 88	2,070 6,057 8,127	51	25 384 409	86 1,156 1,242	16	12 226 238	26 669 695	1,732 1,732	3,721 3,721
Parkwood and Southfield	Eur. .. Non-Eur. .. Total ..	100	65 115 180	18 30 48	942 2,792 3,734	25	3 86 89	13 279 292				1,914 1,914	4,593 4,593
Retreat ..	Eur. .. Non-Eur. .. Total ..	249	86 981 1,067	19 148 167	1,092 12,222 13,314	110	13 905 918	45 3,311 3,356				— —	3,081 3,081
Steenberg ..	Eur. .. Non-Eur. .. Total ..	49	67 67	8 8	2,381 2,381	49	38 38	284 284				— —	9,431 9,431
Mulzenberg ..	Eur. .. Non-Eur. .. Total ..	24	28 28	4 4	408 408								
Kalk Bay ..	Eur. .. Non-Eur. .. Total ..	27	46 46	10 10	677 677	23	18 18	66 66					
TOTAL ..	Eur. .. Non-Eur. .. Total ..	2,824	1,549 9,005 10,554	224 1,297 1,521	21,872 134,469 156,341	1,139	239 6,485 6,715	837 24,675 25,512	351	411 4,092 4,503	1,285 11,498 12,783	20,841 20,841	95,703 95,703

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

Centro.	1953-54	1952-53	1951-52	1950-51	1949-50
Shortmarket Street	8,159	7,807	8,970	8,283	9,388
Kloof Street	1,446	1,783	1,454	1,569	1,711
Aspeling Street	16,957	19,090	19,448	21,270	20,925
Bloemhof	5,854	6,354	7,553	7,227	5,637
Devil's Peak	1,665	1,530	1,560	1,894	1,791
Green Point	1,239	1,555	1,332	1,334	830
Camps Bay	485	502	423	437	345
Woodstock	14,636	14,786	13,873	14,419	12,927
Mowbray	783	771	805	845	856
Maitland	9,132	8,614	8,542	8,992	10,413
Brooklyn	1,868	2,046	2,126	2,231	2,306
Windermere	16,328	15,809	13,911	14,337	14,256
Langa	3,772	3,489	3,446	3,124	3,374
Athlone	15,758	17,215	16,807	18,162	16,748
Bokmakirie	12,872	13,113	13,551	14,250	13,658
Claremont (Station Road)	5,122	5,189	5,497	6,182	6,888
Claremont (Wesley Street)	4,989	5,716	5,672	5,948	5,475
Claremont (Franklin Road)	594	566	726	534	
Lansdowne	6,041	5,816	5,435	5,693	5,426
Wynberg	8,127	8,128	8,963	8,648	10,284
Parkwood and Southfield	3,734	2,235	2,612	2,365	2,814
Retreat	13,314	13,832	12,126	12,783	12,818
Steenberg	2,381	1,873	1,853		
Muizenberg	408	421	340	339	402
Kalk Bay	677	500	561	636	507
Totals	156,341	158,740	157,586	161,502	159,779

It will be noted that there has been a considerable decrease in the number of attendances at certain of the centres, notably Aspeling Street, Kloof Street, Green Point, Bloemhof, Athlone, Bokmakirie and Claremont. This has been due to the shortage of staff and the resulting unavoidable reduction in home visiting, which is the most important educative part of the health visitors work.

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, 1954.

Voluntary Centro.	No. of sessions in the year.	No. of new cases (Infants).	Total attendances (Infants).	Total attendances (Toddlers).
Bowwood Road, Claremont	182	426	2,748	164
Sea Point	48	137	1,181	128

PRE-NATAL CLINICS.

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

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

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

Rh group testing is also carried out on European mothers.

In the year under review 10,460 blood specimens (619 from European and 9,841 from non-European women) were submitted for serological examination for syphilis. Of these, 666 were reported as positive or doubtful (9 in European and 657 in non-European women).

This represents a very marked decrease in the incidence of positive serological tests, since the introduction of the treatment of syphilis with penicillin.

In the year 1947, 7,308 blood specimens were examined and 1,498 were found to be positive, representing 20.5 per cent of the specimens submitted for examination. In the year under review the percentage was 6.3.

During the year 22 pre-natal clinics were held weekly at which 6,715 expectant mothers were registered as new cases and the total attendances numbered 25,512. Details are shown in the table on page 22.

Of the new cases registered 97 were of expectant mothers resident outside the Cape Town municipal area (9 European and 88 non-European). The new cases registered within the city, exclusive of the clinic at Langa, numbered 6,280 (221 European and 6,059 non-European), that is to say, the number of new cases attending the municipal pre-natal clinics amounted to 45 per cent of the number of registered live births (6 per cent for European and 58 per cent non-European.)

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

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

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

Centre.	1953-54	1952-53	1951-52	1950-51	1949-50
Shortmarket Street	486	673	696	752	1,104
Aspeling Street	2,144	2,497	2,515	2,535	2,986
Bloenhof	512	504	500	450	221
Woodstock	2,410	2,136	2,302	2,480	2,846
Maitland	1,558	1,631	1,355	1,753	1,609
Brooklyn				43	175
Windermere	3,948	4,423	4,309	4,364	4,013
Langa	1,435	1,284	1,102	1,127	1,275
Athlone	3,111	3,185	3,394	3,579	3,482
Bokmakirie	1,978	2,320	1,967	1,926	1,756
Claremont (Station Road)	1,283	1,304	1,575	1,508	1,519
Claremont (Wesley Street)	387	434	508	454	489
Lansdowne	1,020	1,023	1,116	1,063	1,325
Wynberg	1,242	1,245	1,346	1,430	1,620
Parkwood and Southfield	292	250	270	244	200
Retreat	3,356	3,283	2,967	3,321	3,358
Steenberg	284	310	304		
Kalk Bay	66	41	44	29	76
Totals	25,512	26,543	26,270	27,058	28,054

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 1,037 new cases (144 European and 893 non-European) and a total attendance of 4,816 (822 European and 3,994 non-European).

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

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

The experiment started in January 1953, of serving milk and snacks, with the addition of soup in winter, proved so successful that three other centres, Athlone, Bokmakirie and Maitland adopted this regime in place of dinners.

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

The snacks consist of fortified bread with margarine, peanut butter and golden syrup mixture, cheese and fruit.

The number of mothers and children served with milk and snacks at the various child welfare centres during the year under review was as follows:—

Shortmarket Street	5,482
Maitland	1,192
Athlone	6,432
Bokmakirie	7,408
Claremont (Station Rd.)	7,427
Claremont (2nd Avenue)	7,470
Retreat	3,081
Steenberg	9,431
Total	47,923

In the year under review the number of meals given amounted to 116,544 of which 47,923 were milk and snacks. The cost per head per day amounted to 4·5d. for the dinners and 4·7d. for the snacks. These figures include the cost of fuel at two centres where coal fires were used, but does not include the cost of electricity at the other centres. It also includes the wages of the cook. The mothers themselves are expected to assist in the serving and cleaning up after the meals.

In accordance with arrangements made with the School Board, who are responsible for the distribution of free milk to school children under the scheme of the Dairy Industry Control Board, free milk is distributed to poor children under school age at the infant welfare centres. The distribution is made every week-day, and the children consume the milk at the centres. During the year under review the attendances of children for milk numbered 155,742 and the milk consumed amounted to 8,225 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 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.

Owing to the delay in filling staff vacancies and the overall shortage of staff, it was not possible to keep up with sub-visits and house to house visits in all areas of the Municipality during the year.

The full complement of health visiting staff as at 30th June, 1954 is made up as follows:—

Chief Health Visitor	1
Deputy Chief Health Visitor	1
Supervisor of Midwives	1
Social Welfare Worker	1
Diphtheria Immunization Nurses	2
Orthopaedic Nurse	1
School Nurses	2
European Health Visitors	22
Malay Health Visitors	2
Coloured Health Visitors	7
African Health Visitors	3
Total	43

Miss P. Store, was appointed chief health visitor on September 1st, 1953 and Miss B. Jennings was appointed to the post of assistant chief health visitor on May 1st, 1954.

The following table shows the number of visits made during 1953-54 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.									
	1953-54	1952-53	1951-52	1950-51	1949-50	1948-49	1947-48	1946-47	1945-46	1944-45
Visits to houses where births have occurred ..	15,454	15,548	14,930	14,773	14,725	14,758	14,667	14,622	13,339	13,168
Subsequent visits to houses where births have occurred ..	70,312	67,960	53,726	57,082	57,127	54,503	50,989	43,912	47,252	45,732
Visits to houses where deaths under 5 years of age have occurred ..	1,303	1,147	1,308	1,365	1,336	1,369	1,620	1,303	1,502	1,754
Visits to expectant mothers	1,841	1,851	2,184	2,426	2,612	2,795	2,912	2,890	2,820	2,773
Visits re protected infants	2,483	2,624	2,322	2,059	2,024	2,097	2,778	3,029	3,486	3,434
Special follow-up visits	4,433	4,875	5,847	6,231	6,211	6,096	5,267	4,843	5,214	6,559
Visits to cases of tuberculosis	22,307	25,052	25,705	24,087	21,609	20,500	21,006	19,018	17,352	17,115
Visits re cases of puerperal fever	13	25	24	18	48	51	86	76	77	64
Visits re measles	69	121	19	69	52	41	89	83	55	29
Visits re whooping cough	589	1,155	1,821	944	287	42	104	48	9	127
Visits re diarrhoea	48	27	80	83	85	60	45	29	83	115
Visits re chicken-pox	28	9	11	21	23	9	19	8	10	8
Visits re ophthalmia neonatorum	355	245	209	325	332	431	427	564	563	775
Visits re pneumonia	10	47	158	229	271	276	348	360	305	299
Visits re trachoma	1	1	1	1	1	3	1	5	6	5
Visits re influenza	1	—	2	1	1	1	—	2	1	2
Visits re other diseases	9	3	18	23	18	76	154	81	121	79
Visits re diphtheria immunization	779	874	897	1,197	1,340	1,115	1,025	2,150	2,830	3,882
Visits re diphtheria	—	3	2	4	2	1	13	54	167	241
Visits re midwives	785	697	613	560	615	796	625	560	962	1,247
Visits re schools	298	273	234	321	277	491	596	569	781	687
Visits to school children	2,169	3,319	3,034	4,061	1,129	756	900	870	740	449
Visits to shops and factories	211	228	302	312	370	229	209	410	572	523
Visits to nursing homes	14	8	3	4	139	88	92	114	151	123
Visits re verminous persons	—	—	—	—	1	5	10	44	25	43
Visits re dental treatment	108	145	109	88	72	94	130	189	156	181
House-to-house visitations	7,089	7,566	7,634	8,386	7,700	7,312	6,350	5,884	6,042	6,465
Visits re venereal disease	1,885	3,671	5,769	7,172	7,236	7,169	7,808	8,876	8,071	7,195
Visits re prospective foster mothers	15	20	25	42	39	51	21	45	63	42
Visits re evacuees	—	—	—	—	—	—	—	—	—	15
Visits to orthopaedic cases	2,183	2,229	2,053	2,774	2,913	3,588	3,502	3,341	3,302	2,241
Other visits	379	287	240	248	393	732	1,157	1,023	1,155	1,629
Visits by Social Welfare Investigator	1,904	2,409	1,954	2,286	2,294	2,630	2,114	1,515	1,631	1,968
Total visits	137,075	142,419	131,234	137,192	131,282	128,165	122,064	116,417	118,843	118,969
Complaints referred to Chief Health Inspector	7	10	16	32	31	43	21	19	44	80

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 1953-54 the number of births and still-births notified (including births to mothers who were non-Cape residents) was 18,783 as follows:—

Notified by midwives and nurses (other than extern or intern institutional cases) ..	6,233
Notified by doctors	679
Notified by institutions (extern or intern)	11,710
Notified by parents and others	42
Notified by health visitors	119

There were 355 births notified in Langa Native Township.

In Table H, on page 107, the births and still-births notified as having taken place in the Municipality during the year are classified by ward according to the manner in which the mothers were attended.

The following is a summary of the table.

<i>Attended.</i>	<i>Births.</i>	<i>Percentage.</i>
<i>In private houses:</i>		
By private doctors	716	4.46
By private midwives:		
Certificated	5,491	34.22
Uncertificated	825	5.14
By public midwives or midwife students	1,401	8.73
No doctor or midwife	47	0.29
No information	55	0.35
	<hr/> 8,535	<hr/> 53.19
<i>In institutions:</i>		
Public institutions	6,326	39.42
Private nursing homes	1,186	7.39
	<hr/> 7,512	<hr/> 46.81

A comparison of the extern births attended by certificated private midwives in proportion to those attended by uncertificated women is interesting. In the year 1930-31, 80 per cent of midwife births (extern) were attended by uncertificated midwives. In the present year the percentage was 13.1.

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, Mowbray Maternity 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 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 (Amended) 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 Estates, there is still a need for additional midwives. Owing to the housing problem and the difficulty of transport it has not been possible to persuade young newly qualified midwives to commence a practise in these bush and sandy areas.

Representations have been made to the Provincial Administration and the Union Health Department to provide a midwife for the Parkwood Estate.

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 those cases which have been investigated by the health visitors and approved by the Medical Officer of Health.

Assisted Midwifery.

An amount of £95 15s. was paid to midwives during the year. Fees to medical practitioners called in by midwives to cases of obstetrical emergencies amounted to £13 18s. 6d.

Inspections.

Periodical meetings of private midwives have been held at the various welfare centres. Talks on midwifery are given and occasionally films shown and midwives are encouraged to discuss their problems and difficulties with the Maternal and Child Welfare Officer or her deputy.

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

On 30th November, 1953, Miss L. O. Agg, Supervisor of Midwifery, resigned from the department and in December 1953, Miss E. M. Hamer was appointed to fill the post.

Classes in the preparation for natural childbirth.

The supervisor of midwives conducted classes at which relaxation, simple exercises and instructional talks are given.

From December, 1953, these classes were taken over by specially trained health visitors from the Child Welfare Branch. These were well attended by Europeans and efforts are still 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 private midwives are encouraged to accompany their patients attending these.

Prosecutions or Removals.

During the year 1953-54, a Coloured certificated midwife was prosecuted for practising midwifery in the municipal area without being on the list of midwives. She was found guilty and fined £10 or 6 weeks imprisonment.

Two disciplinary inquiries were conducted by the South African Nursing Council. The first inquiry was conducted on 24th June, 1954, when a non-European certificated midwife (E.F.) was suspended from practice for three months for failing, despite repeated warnings, to comply with the Council's regulations for registered midwives.

The second inquiry was conducted on 20th July, 1953 on the misconduct of a non-European certificated midwife (S.H.E.) and as a result of this her name was removed from the register of midwives kept by the South African Medical Council and from the list kept by the City Council.

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	84
Number of visits paid by supervisor to midwives in their own homes	628
Inspections held during 1953-54	19
Attendances of midwives at inspections	187
Total visits paid by supervisor	1,396

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 1953-54, corrected for imported cases and misdiagnosis, numbered 11 (1 European and 10 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 20.

Attendances at Confinement.

Nine of the notified cases were confined at home and two in hospitals. Of the 9 at home, 6 were attended in labour by midwives only and 2 by a doctor and midwife; 1 was unattended.

Condition of Child.

Nine of the cases supervened upon the birth of a living child, one of a dead viable foetus; and one of a non-viable foetus. One of the cases was reported as occurring in a woman in her first confinement.

Treatment.

Three of the cases were treated in the City Hospital, the remaining 6 cases were treated at home. There were no cases of this disease in the Langa Native Township.

DIPHTHERIA AND WHOOPING COUGH IMMUNIZATION.

Five morning and afternoon diphtheria and whooping cough immunization sessions per week have been continued during the year.

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.

Booster injections of the combined whooping cough and diphtheria vaccine are now advised after a year and for diphtheria only, again at school going age.

Immunising sessions are held at the child welfare centres in rotation, and schools and institutions are visited regularly.

The work done at the municipal sessions during the year ending 30th June, 1954, is shown by the following figures:—

Number of Sessions:		
At schools	57	
At institutions	43	
At child welfare centres	236	
	336	
Total Persons Immunized:		
European.	Non-European.	All Races.
3,441	14,636	18,077
Number of Injections Given:		
S.A. Alum Precipitated Toxoid	12,510	
S.A. Combined Whooping Cough and Diphtheria Vaccine	24,043	
A.D.F. and D.F.	171	
	36,724	

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 1953-54, corrected for imported cases and misdiagnosis was 190 (13 European and 177 non-European).

Of these 190 cases, 81 were born in institutions and 109 at home. Of the 109 home confinements 3 were recorded as having been attended by doctors and 100 by midwives; 6 were 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 115 of the cases as "slight" and 75 as "moderate" or "grave".

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	181
Cases of blindness	—
Sight damaged	—
Died	1
Lost trace of	9
	191

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 creches 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 charitable organizations and the Child Welfare Branch, of the City Health Department. The latter maintains three nursery schools, one with a creche 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 12th September, 1952, all nursery schools and creches have to be registered with the Social Welfare Department. Before registration, a municipal health inspector visits and inspects the premises with regard to their suitability, and a report based on such inspection is sent by the Medical Officer of Health to the Social Welfare Department.

MUNICIPAL NURSERIES AND NURSERY SCHOOLS.

The Bokmakirie Creche 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 nursery school teacher supervises the creche and nursery school, with the assistance of 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 mid-day dinner is provided.

Shelley Street Nursery School. This nursery school is situated in the centre of a busy factory area in Salt River, and is much in demand. There is accommodation for 45 children from 3 to 6 years of age, under the supervision of a nursery school teacher and four 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, 1954, are shown in the following table:—

	Shelley Street.	Bloemhof.	Bokmakirie.	Langa.
New entrants	30	31	25	45
Mean total on register	50	45	80	63
Daily sessions	213	214	213	309
Mean attendances per session	39	39	71	50
Total attendances	8,423	8,418	15,041	15,384

A resident nursery for the infants of tuberculous 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.

They receive injections of B.C.G., which is at present imported in small quantities from time to time from Denmark, and remain in the home for some months, until the mothers are in a fit condition to care for them or some other suitable arrangement can be made.

PROTECTED INFANTS.

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

In Cape Town, the Commissioner of Child Welfare has appointed the health visitors of the Child Welfare Branch, to act as infant protection visitors for children under school age.

The practice of placing children with foster-mothers is very common in Cape Town, principally among non-Europeans.

Many of the foster-mothers care for the children well, and receive regular payment. When the parents of the foster-child are unmarried, however, payments may become irregular or cease altogether after a few months, and the parents may disappear. Further, infants may be placed with unsuitable foster-parents whose home surroundings are bad, or who neglect the infants.

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

The number of protected infants registered in the period 1st July, 1953, to 30th June, 1954, was as follows:—

Cape Town Magisterial District	..	..	..	111
Wynberg Magisterial District	..	..	..	164
				<hr/>
				275

The total number of visits made by health visitors during the year to protected infants was 2,483.

ADOPTION OF CHILDREN.

Any person who is desirous of taking a child for adoption in Cape Town usually applies in the first instance to the adoption committee of the Society for the Protection of Child Life; similarly, anyone who wishes to have a child adopted is referred to the secretary of the adoption committee. Where an adoption is to be arranged, this committee acts in an advisory capacity to the Commissioner of Child Welfare who is responsible for authorising legal adoption under the Children's Act. Adoptive parents and the children concerned are usually kept under supervision for a period, to see how the adoption works before it is made final. The list of proposed adoptions are referred to the maternal and child welfare officers, who advise as to the suitability and health of persons concerned.

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

Europeans	..	..	..	..	..	83
Non-Europeans	..	..	..	..	..	90
						<hr/>
						173

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.

There is one orthopaedic health visitor, who works in close co-operation with the orthopaedic nurses employed by the Provincial Administration.

The work of the orthopaedic health visitor is divided between domiciliary visiting and clinics.

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

Number of children on the books of the health visitor on the 30th June, 1954:—

European	..	..	..	..	..	..	67
Coloured	..	..	..	..	..	..	302
Native	..	..	..	..	..	..	21
							<hr/>
							390

Causes of Disablement:

Surgical tuberculosis	..	..	..	..	..	..	51
Poliomyelitis	..	..	..	..	..	..	40
Cerebral palsy	..	..	..	..	..	..	15
Congenital deformities	..	..	..	..	..	..	111
Rickets	..	..	..	..	..	..	98
Flat feet	..	..	..	..	..	..	64
Nerve injuries	..	..	..	..	..	..	1
Perthes disease	..	..	..	..	..	..	1
Erb's palsy	..	..	..	..	..	..	8
Arthritis (septic)	..	..	..	..	..	..	1
							<hr/>
							390

Particulars of the work during the year:

New surgical tuberculosis notified	..	..	..	..	..	30
New congenital deformities born	..	..	..	..	..	23
Children on frames or Thomas splints 30th June, 1954	..	..	..	..	..	31
Children admitted to hospital	..	..	..	..	..	42
Children in hospital (under 6)	..	..	..	..	..	46
Children discharged from hospital	..	..	..	..	..	23
Children referred to the Provincial Administration sisters on reaching the age of 6	..	..	..	..	..	96
Recoveries	..	..	..	..	..	107
Deaths	..	..	..	..	..	6
Children moved out of the municipal area	..	..	..	..	..	36
House visits made	..	..	..	..	..	2,198

SECTION IV.—DENTAL BRANCH.

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

The importance of dental services in public health has theoretically been fully recognised, but its practical acceptance could perhaps be more rapidly and generally applied.

The methods of meeting the associated problems vary in the four provinces of the Union. General responsibility for treatment has not been accepted by any one particular authority, and no serious attempt has yet been made to correlate on a national scale the various efforts of different organizations.

No doubt this will in time come about, and a general pattern will be adopted for the country. The various methods at present applied will probably serve a useful purpose in eventually framing such a system.

Although active treatment bulks largely in any dental service in this country today, the preventive aspects will in the long run assume the major role and in such the part played by a proper and balanced diet cannot be over emphasised.

The present day tendency of over processing and refining of many of our foods with the associated lack of many essential minerals must be guarded against if we are to harness diet to its rightful place in the preventive offensive against dental caries.

Another most important factor in the high incidence of caries is the neglect of oral hygiene which incidentally is particularly prevalent in those groups of our population whose nutritional and dietary standards are inadequate and badly balanced. These social groups also display a decided antipathy towards all conservative forms of treatment resulting often, at an early age, in the loss of nearly all the permanent dentition. Despite efforts to combat this outlook it persists and our only hope is that early education in the schools will in time have its reward.

Frequent recent references in the lay press to the benefits to be derived from fluoridation of domestic water supplies suggest that this procedure is the panacea for all dental ailments. A critical survey however of the available information indicates that while the presence of fluorine in the water supply in optimal concentrations does appear to have some inhibitory action in the onset of dental caries, this effect is only relative and other factors, including diet, etc., play as great, if not greater part, in prevention. Until much more is known of fluorine and its possible deleterious effect on the individual, judgment on the pros and cons of treating public water supplies should be reserved.

HISTORY.

Dental attention was first made available to the public of Cape Town when in conjunction with the Child Welfare and Maternal Branch a clinic was established in Salt River where such services were available to the special groups catered for by the former branch. This service was later extended to the treatment of school children, the sessions being extended each year until in 1941, the Council, owing to the need, appointed a full-time Dental Officer who, in addition to attending to the classes stated above, also undertook the dental treatment of out-patients at the tuberculosis clinic in Chapel Street, out-patients at the Langa Native Township Hospital and in-patients at the City Hospital for Infectious Diseases. The work continued to expand, and it soon became necessary to engage part-time assistants.

Up to this stage, no other public authority had shown any desire to assume responsibility for dental treatment nor was there any statutory obligation on the part of the Central Government, Provincial or local authority to provide such a service.

Several Provincial Hospital out-patients' departments did provide a dental first-aid service where only extractions were carried out. In addition, the Provincial School Medical Authority provided a very limited dental service for school children. The high cost of providing a complete dental service for all age and racial groups of the lower income groups had proved a deterrent to any of these authorities contemplating the assumption of such responsibility.

In 1946, the City Council accepted a report by the then Medical Officer of Health and as a result decided to establish in Hope Street a central dental clinic where a complete dental service for all groups could be provided.

From its very inception the need for such a clinic was proved by steady annual increased attendances with a figure of over 55,000 for the year under review.

Administration.

The establishment of dental services under the auspices of a Municipality is unique in South Africa and the system of financing it has proved successful over a number of years and has involved the rate-payers in relatively little expense.

Owing to the peculiar geographical nature of the Cape Peninsula, nearly all municipal activities including dental services, have of necessity to be decentralised, but such branch clinics have not always been able to provide the full services offered at the central clinics and it might be found uneconomic to even contemplate such a full service.

Special sessions at both the Branch and central dental clinics are conducted for those individuals attending child welfare and maternal centres, school centres and tuberculous clinics.

The number of sessions varies at different times of the year, but are most numerous during school terms, when about 76 sessions per week are conducted. A typical week's attendance and type of case dealt with being as follows:—

Number of sessions	76
Attendances	1,444
General anaesthetic attendances for extractions	674
Local anaesthetic attendances for extractions	101
Attendances for fillings	114 for 171 fillings.
Examinations	360
X-Ray examinations	7
Prophylactic treatment	8
Attendance for dentures	160
Dentures completed	39 full upper and lower. 5 single dentures.
Orthodontic attendances	10

Dental treatment is carried out for the following groups:—

- (a) General lower-income groups.
- (b) Pre-school children and expectant and nursing mothers referred by the Child Welfare and Maternal Branch.
- (c) School children referred by the staff of the Medical Inspector of Schools or by Principals.
- (d) Residents of Langa Native Township.
- (e) Tuberculosis patients attending the T.B. out-patients clinic.
- (f) In-patients at the Infectious Diseases Hospital.
- (g) In-patients in certain non-municipal institutions.

These services are carried out at the following centres, the controlling body being indicated in each case:—

1. Central Dental Clinic (Municipal).
2. Child Welfare and Maternal Centre, Aspelg Street (Municipal).
3. Child Welfare and Maternal Centre, Woodstock—Salt River (Municipal).
4. Child Welfare and Maternal Centre, Wynberg (Municipal).
5. Child Welfare and Maternal Centre, Athlone (Municipal).
6. Child Welfare and Maternal Centre, Lansdowne (Municipal).
7. Tuberculosis Clinic, Chapel Street (Municipal).
8. City Hospital for Infectious Diseases (Municipal).
9. Brooklyn Hospital (Municipal).
10. Langa Hospital Out-patients (Municipal).
11. Westlake T.B. Hospital—European (Government).
12. Dr. Stals' T.B. Sanatorium—Non-European (Divisional Council).
13. Lady Michaelis Orthopaedic Hospital (Provincial Administration).
14. Maitland Cottage Home for Crippled Children (Provincial Administration).
15. Students' Clinic, Retreat (Students' Committee).

Financial.

The financial responsibility for conducting dental clinics in the Municipality rests with the City Council, but the recovery of certain costs is made in the following manner.

Certain basic sub-economic fees are established as a maximum, and applicants for treatment are assessed as to their ability to contribute any, a portion, or the whole of this amount.

In the case of dentures, the charge is based on the ability to pay in six monthly instalments in advance, on the assumption that patients are aware at the time of dental extractions, that they will later require dentures.

The difference between the cost of supplying dentures to indigents and fees received is made up by the Union Health Department, which also contributes approximately 50 per cent of the net deficit incurred in providing dental services to all sub-economic groups in the City of Cape Town.

School Children.

The cost of this service is submitted by the Educational Department of the Cape Provincial Administration.

Tuberculosis Patients.

The cost is debited against the Branch or authority concerned.

Child Welfare and Maternal Cases.

This is debited against the Branch.

Langa Native Hospital.

The cost of dental services at the Langa Native Hospital is borne by the Native Revenue Account.

Cases referred by Local Authorities, Magistrates or District Surgeons.

In each case, the authority concerned assumes liability for the cost.

Staff.

The full-time staff at the Dental Branch, as at 30th June, 1954, was as follows:—

The Chief Dental Officer.
Deputy Dental Officer.
Assistant Dental Surgeon.
Dental Mechanics (4).
Dental Mechanic (apprentice).
Senior Clerk.
Clerk (2).
Senior Clerk/typist.
Senior Health Visitor.
Dental nurses (4).
Clinic Assistants (2).
Social Welfare Visitor.
Laundress.
Domestic.
Caretaker/Cleaner.
Labourer.

The part-time staff consists of twelve dental surgeons, fourteen anaesthetists, seven nurses and clinic assistants.

The following table indicates the services rendered in the year ended 30th June, 1954.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

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DENTAL CLINICS.

Centre.		Sessions.	New cases.		Total attendances.		Extractions (persons).		Fillings (persons).		Examinations and other dental treatment.		Dentures supplied (persons).	
			E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.
Hope Street, Cape Town	General:													
	Adults	1,683*	1,173	7,891	4,715	21,787	997	8,011	405	148	3,421	14,024	350	1,011
	Children		845	2,256	3,157	5,172	842	2,431	714	195	1,655	2,601	15	—
	School Children:													
	School Board ..	418	140	250	2,037	579	279	340	1,500	185	341	68	—	—
	Non-School Board													
	Total ..	2,101	2,158	10,397	9,909	27,538	2,118	10,782	2,619	528	5,417	16,693	365	1,011
Aspelg Street, Cape Town	Nursing and expectant mothers ..	46*	—	139	—	199	—	169	—	—	—	20	—	—
	Pre-school children:		—	413	—	561	—	556	—	—	—	7	—	—
	School children:													
	School Board ..	52	—	943	—	1,743	—	1,490	—	—	—	253	—	—
	Non-School Board	6	—	125	—	211	—	187	—	—	—	24	—	—
	Total ..	104	—	1,620	—	2,714	—	2,402	—	—	—	304	—	—
Woodstock	Nursing and expectant mothers ..	70*	22	241	24	321	22	308	—	—	2	25	—	—
	Pre-school children		143	374	182	452	173	441	—	—	9	14	—	—
	School children:													
	School Board ..	129	433	768	1,230	1,306	812	1,133	240	—	200	174	—	—
	Non-School Board	8	—	140	—	242	—	219	—	—	—	24	—	—
	Total ..	207	598	1,523	1,436	2,321	1,007	2,101	240	—	211	237	—	—
Athlone	Nursing and expectant mothers ..	57*	—	289	—	424	—	401	—	—	—	25	—	—
	Pre-school children		1	481	1	514	1	546	—	—	—	7	—	—
	School children:													
	School Board ..	44	—	873	—	1,500	—	1,317	—	—	—	185	—	—
	Non-School Board	13	—	235	—	370	—	337	—	—	—	32	—	—
	Total ..	114	1	1,878	1	2,808	1	2,601	—	—	—	249	—	—
Wynberg	Nursing and expectant mothers ..	53*	9	271	19	412	15	379	2	—	2	35	—	—
	Pre-school children		37	255	46	309	38	293	3	—	5	17	—	—
	School children:													
	School Board ..	196	238	916	748	1,818	287	1,415	324	144	153	280	—	—
	Non-School Board	11	—	201	—	327	—	290	—	—	—	37	—	—
	Total ..	260	284	1,643	813	2,866	340	2,377	329	144	160	369	—	—
Lansdowne	School children:													
	School Board ..	89	152	384	494	780	175	671	234	—	108	109	—	—
	Non-School Board	1	—	29	—	31	—	29	—	—	—	2	—	—
	Total ..	90	152	413	494	811	175	700	234	—	108	111	—	—
St. Mary's Training School ..		3	88	—	123	—	33	—	—	—	91	—	—	—
City Hospital	In-patients ..	10	44	119	49	143	27	92	—	—	27	51	—	—
Brooklyn Chest Hospital ..	In-patients ..	15	—	122	—	178	—	139	—	—	—	39	—	—
Langa Hospital	Native residents, Langa ..	50	—	569	—	1,026	—	974	—	—	—	56	—	—
Westlake Tuberculosis Hospital ..	In-patients ..	2	37	—	55	—	18	—	—	—	37	—	—	—
Dr. A. J. Stals Memorial Sanatorium ..	In-patients ..	17	—	300	—	644	—	238	—	—	—	406	—	—
Tuberculosis Clinic, Chapel Street ..	Out-patients ..	89	98	130	416	616	88	143	118	33	218	445	25	85
Lady Michaelis Home ..	In-patients ..	10	46	58	85	113	15	28	—	—	70	85	—	—
Maitland Cottage Home ..	In-patients ..	2	—	—	—	95	—	19	—	—	—	76	—	—
	Totals ..	3,074	3,506	18,772	13,381	41,873	3,822	22,596	3,540	705	6,339	19,121	390	1,096

*Including pre-school children.

SECTION V.—INFECTIOUS AND OTHER DISEASES.

The cases of compulsorily notifiable diseases reported in the Municipality of Cape Town during the year ended 30th June, 1954, are shown in Table O, on page 114.

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 115 to 117 the notified cases (corrected) are classified by race and:—

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

(Table Q) in age and sex groups.

(Table R) in wards.

The number of cases notified in a series of past years is set out in Table S, on page 118. Similar information as to deaths from these and certain other infectious diseases will be found in Tables C and D, on pages 101 and 102.

Other statistical details as to deaths from infectious diseases are contained in Table A at page 80 and in Table B, on page 100.

ENTERIC OR TYPHOID FEVER.

The cases of this disease reported in the year 1953-54, corrected for misdiagnosis and imported cases number 101 (13 European and 88 non-European) equivalent to an incidence rate of 0.22 per 1,000 population (0.07 European and 0.32 non-European). No cases were directly attributed to milk-borne infection.

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

Two of the 101 Cape Town cases occurred in an institution (Ward 8). The other cases occurred in 77 houses, in 67 of which there was one case each, in 6 two cases each, in 1 house three cases, in 1 house five cases and in 1 house six cases, and in 1 house eight cases. In Wards 5 and 6 there was an unusual incidence of the disease, with the total of 41 cases (non-Europeans) which occurred in the early months of the year. Twenty one of the cases were found in 4 houses. While the original cases were long undiagnosed and probably were responsible for the number of cases, full enquiry and investigation failed to definitely establish the source of the local outbreak.

Ninety-seven of the cases were admitted to the City Hospital. Two of the cases were originally admitted for another disease and were afterwards found to be suffering from enteric fever.

In addition to the above figures there were 95 (23 European and 72 non-European) extra municipal cases of enteric fever treated at the City Hospital.

Table O, on page 114, 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 1953-54.

Reference to Tables P, Q and R, on pages 115, 116, and 117, 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 35 and in Table S, on page 118.

Enteric fever carriers. Two patients (Europeans) were admitted to the City Hospital as enteric fever carriers, one of which was from outside the Municipality.

DIPHTHERIA.

The cases of this disease reported in the year 1953-54, corrected for misdiagnosis and imported cases numbered 68 (28 Europeans and 40 non-Europeans); equivalent to an incidence rate of 0.15 per 1,000 population (0.15 European and 0.15 non-European).

A fact worthy of note is that this year for the first time on record there have been no recorded deaths from this disease among the various races in the Municipality of Cape Town. There was, however, a death from laryngeal diphtheria in a Coloured female child, who died shortly after she was admitted to the City Hospital towards the end of June, 1954, but this death was not registered at the Registrar of Births and Deaths until the first week in July, 1954, which is outside the period dealt with in this report.

There were two cases of diphtheria in the Langa Native Township.

The 68 Cape Town cases occurred in 66 houses (including 1 in an institution in Ward 8) in 64 of which there was one case each and in 2, two cases each. Sixty seven of the cases were treated at the City Hospital.

Excluded from the above figures there were 73 cases from outside the Municipality of Cape Town treated at the City Hospital. One of the patients admitted for another disease proved to be a case of diphtheria.

Table O, on page 114, 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 1953-54.

Other particulars will be found in the table on page 35 and in the Tables P to S on pages 115 to 118.

For the tenth successive year the comparatively low incidence of diphtheria in the Municipality of Cape Town has been maintained. The number of cases (68) reported during the year 1953-54 was 91.7 per cent less than that (770) recorded in the year 1938-39 when the prevalence of the disease was at its highest. The reduction in the incidence of this disease is due mainly to the increasing number of children receiving protective inoculations against diphtheria at the municipal immunizing sessions, especially amongst non-Europeans. The following table illustrates the remarkable decrease in the incidence of diphtheria since the year 1938-39, and shows the number of persons immunized against the disease over the same period:—

Year.	Number of Notifications			Persons Immunized		
	Eur.	Non-Eur.	All Races.	Eur.	Non-Eur.	All Races.
1938-39 ..	537	233	770	3,202	2,806	6,008
1939-40 ..	286	130	416	2,541	2,421	4,962
1940-41 ..	204	89	293	1,770	3,086	4,856
1941-42 ..	195	138	333	2,038	2,941	4,979
1942-43 ..	160	135	295	3,398	3,814	7,212
1943-44 ..	175	110	285	3,206	4,828	8,034
1944-45 ..	89	89	178	2,517	8,465	10,982
1945-46 ..	91	84	175	2,347	7,488	9,835
1946-47 ..	51	56	107	3,214	8,217	11,431
1947-48 ..	64	73	137	3,515	8,227	11,742
1948-49 ..	33	60	93	2,989	11,038	14,027
1949-50 ..	60	62	122	3,298	10,256	13,554
1950-51 ..	41	60	101	2,375	10,514	12,889
1951-52 ..	34	34	68	2,588	9,439	12,027
1952-53 ..	33	47	80	3,750	13,010	16,760
1953-54 ..	28	40	68	3,441	14,636	18,077

Particulars regarding diphtheria immunization during the year ended 30th June, 1954, will be found on page 27.

Diphtheria carrier. One patient (European) was admitted to the City Hospital from outside the Municipality as a case of post diphtheritic paralysis. The diagnosis was later changed to floccular nodule encephalitis and diphtheria carrier.

SCARLET FEVER.

The cases of this disease reported in the year 1953-54 corrected for misdiagnosis and imported cases numbered 202 (176 European and 26 non-European); equivalent to an incidence rate of 0.43 per 1,000 population (0.93 European and 0.09 non-European). There were no deaths from scarlet fever during the year under review.

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

The 202 Cape Town cases occurred in 184 houses, in 171 of which there was one case each, in 10 two cases each, in 2 three cases each and in 1 house five cases. 178 of the cases were treated at the City Hospital and 24 were treated at home.

In addition to the above figures there were 50 cases of scarlet fever admitted to the City Hospital from outside the Municipality of Cape Town.

Reference to Table O, on page 114, will show the uncorrected cases and the correction for errors of diagnosis for both Cape Town and extra municipal cases of scarlet fever reported in the year 1953-54.

Other particulars will be found in the table below and in the Tables P to S on pages 115 to 118.

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	0.91	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	—	—
1953-54 ..	0.07	0.32	—	0.01	0.15	0.15	—	—	0.93	0.09	—	—

CEREBROSPINAL FEVER.

In the year 1953-54 there were 59 Cape Town cases (10 European and 49 non-European) of cerebrospinal fever notified; equivalent to an incidence rate of 0.13 per 1,000 population (0.05 European and 0.18 non-European).

There were 5 deaths (1 European and 4 non-European) from cerebrospinal fever registered as belonging to Cape Town during the year 1953-54; equivalent to a death rate of 0.01 per 1,000 population (0.01 European and 0.01 for non-European).

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

Of the 59 Cape Town cases, 55 were treated at the City Hospital (1 fatal). The remaining 4 cases were not removed to hospital and all were fatal.

Forty-four cases of cerebrospinal fever from outside the Municipality were treated at the City Hospital and 1 at the Hof Street Nursing Home.

Reference to Table O, on page 114, 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 1953-54.

Other particulars will be found in the Table below and in the Tables P to S on pages 115 to 118.

ACUTE POLIOMYELITIS.

Of this disease 66 cases (41 European and 25 non-European) were reported in the year under review; equivalent to an incidence rate of 0.14 per 1,000 population (0.22 European and 0.09 non-European). There were three deaths (Europeans).

There were no cases of acute poliomyelitis in the Langa Native Township.

The incidence of acute poliomyelitis which has a tendency to show a periodic prevalence, increased sharply during the year under review (66 as against 27 for last year). The number of cases reported in this year is the highest on record for the city. The previous highest figure was in the year 1944-45, when 64 cases of the disease were reported in the Municipality. The disease was most prevalent in the second quarter of the year (October-December) and occurred in all the wards of the Municipality. Sixty-four of the 66 cases were treated at the City Hospital, 1 at the Somerset Hospital and 1 was nursed at home. There were no secondary household cases.

In addition to the above figures 55 extra municipal cases of acute poliomyelitis were treated at the City Hospital (2 fatal).

Table O, on page 114, will show the number of uncorrected cases and the correction of errors of diagnosis for both Cape Town and extra municipal cases of acute poliomyelitis reported in the year 1953-54.

Other particulars will be found in the table below and in the Tables P to S on pages 115 to 118.

INFECTIVE ENCEPHALITIS.

There were 4 Cape Town cases (2 European and 2 non-European) of infective encephalitis reported in the year 1953-54. There was one death (non-European).

There were 4 extra municipal cases admitted to the City Hospital for another disease which were afterwards found to be suffering from infective encephalitis.

Other particulars will be found in the table below, in Table O, on page 114 and in the Tables P to S, on pages 115 to 118.

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	-	-	-	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	-	-	-	-	-	1
1939-40 ..	2	24	1	7	5	11	-	-	2	3	1	-
1940-41 ..	23	45	4	8	5	4	-	1	1	5	1	3
1941-42 ..	19	47	1	4	4	3	2	2	3	1	2	-
1942-43 ..	23	80	2	13	2	-	-	-	6	3	3	2
1943-44 ..	39	222	9	36	5	1	-	-	-	2	-	-
1944-45 ..	25	80	6	18	46	18	1	1	-	1	-	1
1945-46 ..	16	58	1	12	10	4	1	2	1	-	-	-
1946-47 ..	15	31	2	6	4	3	-	-	-	5	-	1
1947-48 ..	5	33	1	9	13	13	2	-	-	-	-	-
1948-49 ..	13	49	3	7	8	11	-	-	1	1	-	1
1949-50 ..	10	39	5	13	7	9	-	-	2	2	-	1
1950-51 ..	16	55	3	13	12	8	-	-	-	2	-	2
1951-52 ..	6	51	1	6	10	2	1	-	3	2	-	-
1952-53 ..	7	40	-	10	14	13	4	-	4	4	-	1
1953-54 ..	10	49	1	4	41	25	3	-	2	2	-	1

ERYSIPELAS.

The number of notified cases of erysipelas in the Municipality of Cape Town in the year 1953-54 was 8 (4 European and 4 non-European).

There were no cases of erysipelas in the Langa Native Township.

In addition to the above there were 2 extra municipal cases of erysipelas treated at the City Hospital. Other particulars will be found in the Tables P to S, on pages 115 to 118.

INFLUENZA AND PNEUMONIA.

During the year under review the declaration of acute primary pneumonia and influenzal pneumonia, as notifiable diseases within the Municipality of Cape Town, was rescinded (Government Notice No. 1986, promulgated in *Government Gazette* dated 11th September, 1953.) There is, therefore, no record of the incidence of these diseases in the year 1953-54.

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	0.20	251	1.01
1952-53* ..	3	0.02	9	0.03	16	0.08	54	0.20	40	0.21	245	0.92
1953-54* ..	5	0.03	2	0.01	16	0.08	26	0.09	65	0.34	222	0.81

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:—

	1953-54		1952-53	
	European.	Non-European.	European.	Non-European.
Under 5 years of age	16	174	8	207
0-1 year	13	120	5	140
1-2 years	1	37	2	43
2-5 years	2	17	1	24
All other ages	65	74	48	92
Totals	81	248	56	299

The infant mortality rate per 1,000 live births from these causes for a series of past years are set out in Table L, on page 111.

The seasonal character of mortality from bronchitis and pneumonia will be found in Table C, on page 101.

TYPHUS FEVER.

No cases of typhus fever occurred within the City of Cape Town during the year 1953-54, but one case (non-European) from outside the Municipality was treated at the City Hospital.

TRACHOMA.

One case of trachoma was notified on the 19th March, 1954, in the person of a Coloured female age 11 years, living in Ward 6. Onset of eye trouble was stated to be four months previous to notification. She received in-patient treatment at the Groote Schuur Hospital.

LEPROSY.

Three cases of leprosy were notified during the year 1953-54 (N.M. 2, N.F. 1). The two Native male adults (age unknown) were apparently new-comers to the Municipality of Cape Town, with no fixed abode. One of the patients presented himself at a municipal treatment centre for venereal disease and the other to a private medical practitioner. The cases were diagnosed as leprosy and were subsequently admitted to the Conradie Home. The Native female, age 20 years, came from Kokstad, C.P. and had resided at Windermere (Ward 8) for approximately one and a half years. She attended the Groote Schuur Hospital out-patient department for medical examination on the 24th July, 1953, and was admitted to the Conradie Home, Pinelands, C.P. on the following day as a case of leprosy. No information was available as to the probable source of the infection in any of the cases.

MALTA FEVER.

Two non-European adults (C.M., C.F.) were reported during the year 1953-54 as suffering from malta fever. One of the patients, Coloured female, resided in an institution in Ward 10, where she was employed as a children's help. She received private medical treatment. The other patient Coloured male, a scholar, resided in Ward 5. He was originally notified as suffering from enteric fever and was admitted to the City Hospital where the correct diagnosis was established. No significant history was obtained as to the probable source of the infection in either of these cases. Both patients made an uneventful recovery.

WHOOPIING COUGH.

For the period under review, the number of cases of whooping cough reported as belonging to Cape Town was 394 (125 European and 269 non-European); equivalent to an incidence rate of 0.85 per 1,000 population (0.66 European and 0.98 non-European).

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
1953-54*	125	269	0.66	0.98	—	9	—	0.03

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

*Corrected for outward transfers only.

The total deaths from whooping cough in the year 1953-54 according to the date of registration numbered 9 (non-European); equivalent to a death rate of 0.02 per 1,000 population (0.03 non-European). All the deaths were in children under 5 years of age.

The 394 Cape Town cases occurred in 262 houses (including 11 cases in an institution in Ward 14), in 187 of which there was one case each, in 50 two cases each, in 18 three cases each, in 4 four cases each, in 1 house five cases and in 1 house six cases.

The distribution of the 394 cases according to months, age-groups and wards of the city will be found in the Tables P to R on pages 115 to 117.

There were no notified cases of whooping cough in the Langa Native Township.

Table O, on page 114, will show the uncorrected cases and the correction for errors of diagnosis for both Cape Town and extra municipal cases of whooping cough reported in the year 1953-54.

In the year under review 24,043 injections of the S.A. combined whooping cough and diphtheria vaccine were given at the immunizing sessions held at the municipal child welfare centres, 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 and the number of notifications and incidence rates since the disease was made notifiable in April, 1950.

It will be seen from the foregoing table that the incidence of this distressing disease in the year under review decreased by 48.3 per cent compared with the figures for the year 1952-53. This gratifying decrease is no doubt due mainly to the increasing number of children receiving protective inoculations at the municipal immunizing sessions.

MEASLES.

There were 16 non-European deaths from measles in the year 1953-54 compared with 18 non-European deaths in the previous year. All the deaths were in children under 5 years of age.

In the year under review 99 cases of measles were treated at the City Hospital of which 30 cases were from outside the Municipality, including 9 from overseas.

Other particulars will be found in the Tables A to E on pages 80 to 104.

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
1953-54*	—	16	—	0.06

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 1953-54 as being due to diarrhoea and enteritis numbered 633 (10 European and 623 non-European) as compared with the 655 (13 European and 642 non-European) in the previous year. The corresponding death rate was 0.05 for Europeans and 2.27 for Non-Europeans.

The deaths from diarrhoeal diseases for the year 1953-54 were classified as follows:—

Int. Code No.	Disease	European	Non- European	All Races
571, 764	Gastro-enteritis and colitis, including diarrhoea of the newborn	10	623	633
572	Chronic enteritis and ulcerative colitis ..	2	—	2
043	Cholera	—	—	—
045	Dysentery, bacillary	—	8	8
046	Dysentery, amoebic	—	2	2
047-048	Dysentery, other forms	—	1	1
	Total ..	12	634	646
	Diarrhoeal death rate per 1,000 population	0.06	2.31	1.39

Of the 623 non-European deaths from diarrhoea and enteritis in the year 1953-54, 197 occurred in Ward 8 (including 147 in the district of Windermere), 145 in Ward 10, 107 in Ward 15, 40 in Ward 6, 38 in Ward 5 and 96 in the rest of Cape Town. 614 of the deaths were in the age-groups 0-1 year (431) 1-2 years (149) and 2-5 years (34).

The non-European mortality rate from diarrhoea and enteritis in the year 1953-54 was 45.4 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 24.5 times as great as that for European. (see Table L, on page 111).

There was a slight decrease in the number of deaths in the year under review compared with 642 in the previous year, but nevertheless the mortality was 9.1 per cent above the average for the last five years, and remains the principal cause of death among non-Europeans for the second year in succession.

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
1953-54	1	5	222	209	223	214

The seasonal character of diarrhoea and enteritis is shown in Table C, on page 101.

CANCER.

In accordance with the new International Classification List of Causes of Death, this disease now appears as malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues.

The number of deaths certified during the year 1953-54 as being due to cancer was 524 (307 European and 217 non-European) compared with 481 (280 European and 201 non-European) for last year.

The deaths from cancer registered during the year under review and the corresponding rates are classified in the following table according to the parts of the body affected. More than half the total of 524 deaths were caused from malignant neoplasms of the digestive and respiratory organs.

Int. Code No.	Parts affected.	European		Non-European		All Races	
		Deaths	Rate	Deaths	Rate	Deaths	Rate
140-148	Malignant neoplasm of buccal cavity and pharynx	4	0.02	4	0.01	8	0.02
150	Malignant neoplasm of oesophagus	9	0.05	10	0.04	19	0.04
151	Malignant neoplasm of stomach	57	0.30	68	0.25	125	0.27
152-153	Malignant neoplasm of intestine	28	0.15	7	0.03	35	0.08
154	Malignant neoplasm of rectum	12	0.06	4	0.01	16	0.03
161	Malignant neoplasm of larynx	2	0.01	2	0.01	4	0.01
162-163	Malignant neoplasm of trachea and bronchus of lung	39	0.21	31	0.11	70	0.15
170	Malignant neoplasm of breast	29	0.15	10	0.04	39	0.08
171-172	Malignant neoplasm of cervix uteri	6	0.03	18	0.07	24	0.05
173	Malignant neoplasm of other parts of uteri	—	—	—	—	—	—
177	Malignant neoplasm of prostate	18	0.09	6	0.02	24	0.05
190-191	Malignant neoplasm of skin	4	0.02	—	—	4	0.01
196-197	Malignant neoplasm of bone and connective tissue	3	0.02	4	0.01	7	0.02
155-160	Malignant neoplasm of other and unspecified sites	79	0.42	39	0.14	118	0.25
164-165							
174-176							
178-181							
192-195							
198-199							
200-205	Neoplasms of lymphatic and haematopoietic tissues	17	0.09	14	0.05	31	0.07
	Total ..	307	1.62	217	0.79	524	1.13

NOTE:—The figures in the foregoing table are based on the 1948 International Classification List, which differs from the 1938 classification list (code No. 100-119.) The main difference is the inclusion of Hodgkin's disease and leukaemia and aleukaemia in the new cancer group.

Other statistics concerning malignant mortality are shown in tables A to D, on pages 82 to 102

SECTION VI.—TUBERCULOSIS.

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

The new cases of this disease reported in the year 1953-54, corrected for misdiagnosis and imported cases, numbered 2,065. 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	142	10	152	1.57	0.11	1.68
	Female	97	9	106	0.97	0.09	1.06
	Total	239	19	258	1.26	0.10	1.36
Non-European	Male	848	140	988	6.29	1.04	7.33
	Female	689	130	819	4.92	0.93	5.85
	Total	1,537	270	1,807	5.59	0.98	6.57
All races	Male	990	150	1,140	4.40	0.67	5.07
	Female	786	139	925	3.28	0.58	3.86
	Total	1,776	289	2,065	3.82	0.62	4.44

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	29	6	35	0.32	0.07	0.39
	Female	9	2	11	0.09	0.02	0.11
	Total	38	8	46	0.20	0.04	0.24
Coloured	Male	211	56	267	1.93	0.52	2.45
	Female	104	43	147	0.84	0.34	1.18
	Total	315	99	414	1.35	0.42	1.77
Native (not Langa) ..	Male	41	4	45	1.92	0.19	2.11
	Female	17	7	24	1.37	0.57	1.94
	Total	58	11	69	1.72	0.33	2.05
Asiatic	Male	1	—	1	0.23	—	0.23
	Female	—	1	1	—	0.35	0.35
	Total	1	1	2	0.14	0.14	0.28
All Non-European ..	Male	253	60	313	1.88	0.45	2.33
	Female	121	51	172	0.87	0.36	1.23
	Total	374	111	485	1.37	0.40	1.77
All races	Male	282	66	348	1.26	0.29	1.55
	Female	130	53	183	0.55	0.22	0.77
	Total	412	119	531	0.89	0.26	1.15
Native (Langa) ..	Male	23	4	27	2.64	0.46	3.10
	Female	9	2	11	2.73	0.61	3.34
	Total	32	6	38	2.67	0.50	3.17

NOTIFICATIONS.

There was a decrease of 151 in the number of persons found during the year to be suffering from tuberculosis in all its forms compared to the previous year, and the total was closely approximate to that for the year 1951-52. The total population of Cape Town is estimated at 464,530.

The lower incidence of tuberculosis is mainly attributable to the decrease of the pulmonary form of the disease (382 compared to 428 per 100,000 persons). Amongst the Europeans, (population 189,810), this decrease is less marked than in the non-Europeans, the reduction from the last year's rates being 3.8 per cent in Europeans compared to 12.9 per cent in non-Europeans.

Amongst the non-Europeans, (population 274,720), the incidence of pulmonary tuberculosis per 100,000 in the year under review has moved from 642 to 559. Last year an increased incidence in females was recorded, this year the reduced incidence was almost equally marked in the sexes, being 12.3 per cent in males, 13.5 per cent in females. There is still considerable room for improvement.

This is the first year in which, whilst the death rates have continued to fall, the notification rates have ceased to rise. It is reassuring to report that a halt has been called to the annual rise in the incidence of tuberculosis associated with a fall in the death rates. The notification rate of pulmonary tuberculosis in the non-Europeans is the lowest for the past 13 years.

The next table shows the distribution of pulmonary tuberculosis according to age. The non-Europeans in Cape Town follow the established pattern, the brunt falls most heavily on women between 15-25 years of age, and predominantly and less heavily on men between the ages of 25-35 years. The next decade, 35-45 years, has provided an increasing number of cases of tuberculosis amongst men, and the disease is often revealed amongst men over 60 years of age, but the proportion is apparently not increasing.

NOTIFICATIONS OF PULMONARY TUBERCULOSIS IN NON-EUROPEANS, MALES AND FEMALES, ACCORDING TO AGE GROUP.

1950-1951

Age group	Non-European			
	Male		Female	
	No.	%	No.	%
0-1 year ..	26	3.1	25	3.7
1-2 years ..	49	5.9	41	6.0
2-5 " ..	65	7.9	74	11.0
5-10 " ..	46	5.6	39	5.8
10-15 " ..	18	2.2	24	3.7
15-25 " ..	129	15.7	234	34.7
25-35 " ..	171	20.8	122	18.1
35-45 " ..	154	18.7	57	8.4
45-55 " ..	97	11.8	36	5.3
55-65 " ..	49	5.9	14	2.0
65-75 " ..	19	2.3	7	1.0
75-85 " ..	1	0.1	2	0.3
Total	824	100.0	675	100.0

1953-1954

Age group	Non-European			
	Male		Female	
	No.	%	No.	%
0-1 year ..	39	4.6	38	5.5
1-2 years ..	49	5.8	51	7.4
2-5 " ..	63	7.4	80	11.6
5-10 " ..	45	5.3	58	8.4
10-15 " ..	21	2.5	23	3.3
15-25 " ..	146	17.2	200	29.0
25-35 " ..	170	20.1	139	26.2
35-45 " ..	153	18.0	52	7.6
45-55 " ..	95	11.2	31	4.5
55-65 " ..	42	5.0	10	1.5
65-75 " ..	19	2.2	4	0.6
75-85 " ..	6	0.7	3	0.4
Total	848	100.0	689	100.0

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
1953-54 ..	142	97	10	9	1.57	0.97	0.11	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
1953-54 ..	848	689	140	130	6.29	4.92	1.04	0.93

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
1953-54	1.57	0.97

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
1953-54	1,537	5.59

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.

The flattering fall in the number of cases of tubercular meningitis in non-Europeans last year was deceptive, and there has been a marked increase during the year under report. Meningeal tuberculosis is probably the only form in the non-pulmonary group to be notified with any accuracy.

TABLE F.

	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
Meninges	5	3	70	63	141
Abdominal*	—	1	1	1	3
Bones and joints	—	1	31	22	54
Glands	3	—	17	18	38
Genito-urinary system	—	1	—	1	2
Disseminated	2	3	18	25	48
Other organs	—	—	3	—	3
Total	10	9	140	130	289

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

DEATHS.

Fewer persons resident in the City of Cape Town died from tuberculosis during the year ended 30th June, 1954, than in the previous year, and the mortality rates are the lowest recorded in all race-sex groups, except in European males and in Native males in the Langa Native Township. No valid comparisons can be made in regard to the very small Asiatic group.

The total deaths from all forms of tuberculosis in the year under review numbered 531 (46 European and 485 non-European), compared with 591, 788, and 914 in the previous three years. The mortality rate for all races in 1953-54 was 115 per 100,000 of the population as against 129, 181, and 216 in the previous three years. Compared with the death rate for last year it shows a decrease of 10.9 per cent. 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.				
	1953-54	1952-53	1951-52	1950-51	1949-50	1953-54	1952-53	1951-52	1950-51	1949-50
European	0.20	0.17	0.24	0.39	0.48	0.04	0.04	0.03	0.07	0.09
Coloured	1.35	1.64	2.42	2.68	3.00	0.42	0.37	0.46	0.73	0.78
Native	1.72	2.20	3.41	3.80	4.66	0.33	0.56	0.71	0.79	1.18
Asiatic	0.14	0.70	0.44	0.74	0.91	0.14	—	0.29	0.30	0.61
Non-European	1.37	1.68	2.49	2.75	3.13	0.40	0.39	0.48	0.72	0.82
All races	0.89	1.05	1.52	1.72	1.95	0.26	0.24	0.29	0.44	0.50

Only 46 European persons died of tuberculosis during the year under report, but this was 6 more than in the previous year. The deterioration was due entirely to a rise in the number of male deaths from pulmonary tuberculosis, which has killed in this group, three times as many males as females. Amongst European men patients there is a hard core of "resistants" who can be classified as "self dispensables." They often complicate treatment by an undue resource to alcohol. They appear to be particularly

liable to tuberculosis and determined to evade all opportunities to recover from it. The doctor shares in the failure to treat this small group more adequately.

The death rate from tuberculosis in all other groups, divided as to sex and race, shows an improvement, but not comparable in degree to that of last year. The continued reduction in the number of deaths from the pulmonary form amongst the Coloured and Native groups is responsible for this amelioration.

The reduction in mortality rates from pulmonary tuberculosis in the groups, Coloured males and females, and Native males and females compared to the figures for last year can be measured by the percentage falls of 15 and 22, and 18 and 29 respectively. The figures for Natives are probably effected by the policy of the Department for Native Affairs, who are now repatriating more sick and destitute persons.

Although its significance may be disputed, the most interesting change in the mortality rates is the equalisation of the rates between the Coloured males and the Native males outside Langa Native Township. This supports the view of many experts that the urbanised Native becomes as resistant to tuberculosis as any other non-European. The non-infected tyro from the Native Reserves (and the story books), wide open to acute primary disease, usually commences his life in the Langa Native Township and, therefore, does not in any case appreciably influence these figures.

The death rate for Coloured males, which had remained woefully steadfast for some years, showed a gratifying drop for the second year in succession, from 264 to 245 per 100,000; the fall in the past two years has been 33 per cent. A noteworthy fall among Native females (outside Langa) has again been recorded from 262 to 194 per 100,000. The two year decline in this group is 60 per cent. The numbers involved are small and there are side issues which are immeasurable, but a considerable improvement can be presumed.

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

TABLE H.

	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
Tuberculosis, meningeal	3	2	45	35	85
" abdominal	—	—	1	—	1
" of bones and joints	—	—	2	4	6
" of genito-urinary system	—	—	—	1	1
" disseminated	2	—	11	11	24
" of other organs	1	—	1	—	2
Total	6	2	60	51	119

Last year's report discussed the remarkable fall in the number of deaths from tubercular meningitis, resulting from modern therapy and shown by the relevant totals for the previous 4 years, viz. 160, 127, 82 and 73, and it was feared that the slowing up of this improvement might presage a complete halt within a few years.

This progress has already come to more than a halt, it has been reversed and the number of deaths in non-European children is back in the eighties. This deterioration is a natural sequence to the increased number of cases and is not the result of any change in the standard of treatment, in fact, if it was a straightforward sum and if the proportion 98 notifications to 66 deaths last year was maintained, 133 notifications would be associated with 88 deaths, whereas the number was 80.

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

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

TABLE I.

				Death rate per 1,000 population.		
				European.	Non-European.	All races.
2.8 years ended 30th June, 1916 .. ..	..	..	..	1.04	4.69	2.82
5 " " " " " 1921 .. ..	..	..	..	0.88	4.47	2.53
5 " " " " " 1926 .. ..	..	..	..	0.79	4.09	2.28
5 " " " " " 1931 .. ..	..	..	..	0.74	4.75	2.62
5 " " " " " 1936 .. ..	..	..	..	0.84	4.99	2.82
5 " " " " " 1941 .. ..	..	..	..	0.76	4.55	2.62
5 " " " " " 1946 .. ..	..	..	..	0.72	6.06	3.45
5 " " " " " 1951 .. ..	..	..	..	0.57	4.51	2.71
1 year ended 30th June, 1937 .. ..	..	..	..	0.55	4.19	2.31
1 " " " " " 1938 .. ..	..	..	..	0.86	4.76	2.75
1 " " " " " 1939 .. ..	..	..	..	0.79	4.77	2.75
1 " " " " " 1940 .. ..	..	..	..	0.72	4.25	2.48
1 " " " " " 1941 .. ..	..	..	..	0.77	4.77	2.78
1 " " " " " 1942 .. ..	..	..	..	0.73	5.38	3.08
1 " " " " " 1943 .. ..	..	..	..	0.68	6.09	3.40
1 " " " " " 1944 .. ..	..	..	..	0.73	6.90	3.91
1 " " " " " 1945 .. ..	..	..	..	0.73	5.90	3.40
1 " " " " " 1946 .. ..	..	..	..	0.74	5.98	3.45
1 " " " " " 1947 .. ..	..	..	..	0.71	5.17	3.04
1 " " " " " 1948 .. ..	..	..	..	0.66	5.44	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
1 " " " " " 1954 .. ..	..	..	..	0.24	1.77	1.15

Other particulars will be found in Tables A to E on pages 80 to 104, Table J, page 109 and Tables L to N, on pages 111 to 113.

The falling death rate can no longer be used as an exact measurement of efficiency. The ratio of deaths to 100 cases notified also provides some indication of progress.

PROVISION OF TREATMENT.

The in-patient accommodation available for pulmonary tuberculosis on 30th June, 1954, included the following:—

At the City Hospital, Portwood 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: During the year under report the average daily number of cases was Europeans 9, non-Europeans 8.

At the Westlake Hospital: The average daily number of Cape Town cases was 34 (Europeans).

At Dr. A. J. Stals Memorial Sanatorium: The average weekly number of Cape Town cases was 226 (non-Europeans).

At the Airemount Nursing Home, Rondebosch: 58.

The Sunshine Home for Children at Bellville, a home reserved for tuberculosis contacts, provides accommodation for 60 Europeans and 60 non-Europeans. During the year 86 European and 95 non-European children were admitted, the average length of stay was 203 and 245 days respectively.

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 only cope with its own particular work, and it is thus no longer possible to arrange for the X-raying of clinic patients there. One of the most urgent needs in the anti-tuberculosis service is the provision of adequate quarters for the mass radiography service.

ANTI-TUBERCULOSIS CENTRES.

The central building at Chapel Street, Cape Town, near the boundary between central Cape Town and Woodstock, was brought into use on 3rd January, 1941. It comprises a waiting room, interviewing room and dispensary, the 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, 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 when 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 Tuberculosis Officers with the help of part-time consultants.

During the year there were 39,010 attendances at the clinics and 10,984 persons attended for the first time. Included in these new consultations were 1,811 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	
1953-54	2,247	5,258	7,505	950	1,769	2,719	—	760	760	3,197	7,789	10,984	
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	
	1953-54	6,230	19,405	25,635	2,476	7,043	9,519	—	3,856	3,856	8,706	30,304	39,010

The European total attendances increased by 297 and the non-Europeans increased by 2,629. The European new consultations decreased by 313 and the non-European increased by 113.

This is the first time in 16 years in which the total of new attendances has not increased. A very large proportion of that section of the city population for whom the clinic services were mainly devised must by now have at some time attended.

The number of examinees in the past 16 years total 89,595 of whom 22,570 (25 per cent) were found to be suffering from some form of tuberculosis.

In addition to the general clinics a refill session is held weekly for those patients who have been discharged from the Airemount Nursing Home and are still undergoing artificial pneumothorax treatment. There was a total of 279 attendances at this session during the year under report.

Every adult is screened on initial attendance and radioscapy is frequently used to assess progress in established disease. This may reduce expenditure but adds to the difficulties of the clinicians. The total number of screenings at the two main clinics numbered 5,017 (Europeans), and 12,502 (non-Europeans).

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.. ..	42	19	2	3	66	155	99	86	85	425	491
Observation ..	2	1	—	—	3	5	6	3	3	17	20
Not accepted ..	1	—	—	—	1	11	7	4	7	29	30
	45	20	2	3	70	171	112	93	95	471	541
Suspects:											
Notified	95	51	8	9	163	508	224	116	145	993	1,156
Observation ..	10	12	1	—	23	45	27	7	7	86	109
Non-tuberculous	802	898	326	258	2,284	1,464	1,697	399	420	3,980	6,264
	907	961	335	267	2,470	2,017	1,948	522	572	5,059	7,529
Contacts:											
Notified	2	3	7	9	21	21	20	62	81	184	205
Observation ..	—	—	—	—	—	—	2	1	4	7	7
Non-tuberculous	143	246	115	132	636	235	673	558	600	2,066	2,702
	145	249	122	141	637	256	695	621	685	2,257	2,914
Total ..	1,097	1,230	459	411	3,197	2,444	2,755	1,236	1,352	7,787	10,984

Notified cases.—Of the 541 persons who presented themselves for examination as the result of notification, 30, (5·5 per cent) were found to be non-tuberculous.

Suspects.—This group attended the clinic on the advice of their doctors, their friends, employers, or social agencies. An increasing number of persons attended on their own initiative. The 7,529 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 the above table.

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 52 and the non-European decreased by 8 compared with the previous year. The number of child contacts for all races decreased by 33. The total of 2,914 contacts examined represented 549 per 100 deaths.

The incidence of tuberculosis in the European contacts of all ages was 32 per 1,000 whilst the relative figure for non-European was 82 per 1,000.

The danger of an infectious case, known or unknown in the home, is emphasized by comparing the incidence amongst the contacts to the incidence in the general population, where it was 1·36 per 1,000 for Europeans and 6·57 per 1,000 for non-Europeans.

Tubercular meningitis.—In the 141 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 60 cases (i.e. 42·6 per cent). The infecting agents were mainly fathers (15), mothers (12), brothers (10), sisters (6) and other relatives and friends (17).

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	796	56	22	2	876
Consultants	8	—	—	—	8
	804	56	22	2	884
Groote Schuur Hospital	272	19	8	32	331
Cape Town Free Dispensary	39	3	—	—	42
Wynberg (Victoria) Hospital	30	4	—	5	39
Woodstock Hospital	13	2	—	—	15
Valkenberg Hospital	5	—	—	—	5
Somerset Hospital	54	2	1	13	70
Medical Students' Clinic	9	1	—	—	10
Other Hospitals and Institutions ..	18	7	1	10	36
	440	38	10	60	548
City Health Department:					
Anti-Tuberculosis centre	347	34	5	2	388
City Hospital	74	5	1	45	125
Brooklyn Hospital	3	—	—	—	3
Langa Native Hospital	1	—	57	23	81
Mass X-ray service	311	22	30	2	365
Domiciliary medical service ..	5	—	—	—	5
Maternal and child welfare centres..	42	3	—	—	45
Other centres	—	—	—	—	—
	783	64	93	72	1,012
Port Health Officer	—	—	—	1	1
Immigration Officer	—	—	—	—	—
	—	—	—	1	1
Magistrate, Police and District Surgeons	1	1	1	1	4
From public mortuaries	10	—	—	—	10
	11	1	1	1	14
Transferred from other Local Authorities:					
Cape Divisional Council	17	18	—	58	93
Provincial Administration	3	—	—	—	3
Others	7	10	—	15	32
	27	28	—	73	128
South African Medical Corps	—	—	—	—	—
Total	2,065	187	126*	209	2,587

*Including 4 imported cases of pulmonary tuberculosis.

A study of the origin of notifications emphasizes our dependence on the goodwill of the general practitioners, who provide 34 per cent of the total notifications. Included in the 796 persons so notified are those suspects sent to the clinic by private practitioners and later found to be suffering from tuberculosis.

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 general 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. × 17 in. films.

The following table gives an arbitrary analysis of all primary notifications showing the degree and reasons for failure to attend the clinics.

TABLE M.

	Cape Town.	Imported infection.	Langa.	Outside Cape Town.	Total.
Attended clinic	1,637	148	64	40	1,889
Failed to attend	428	39	62	169	698
	2,065	187	126	209	2,587

TABLE M.—continued.

	Cape Town.	Imported Infection.	Langa.	Outside Cape Town.	Total.
Failure to attend clinic:					
In hospital	164	15	30	154	363
Hospital out-patients	29	4	—	—	33
Too ill	88	5	16	—	109
Died before notification	16	3	3	—	22
First advice through death registration	66	3	3	15	87
Refusals	14	—	3	—	17
Under private care	8	2	—	—	10
Untraceable	38	3	5	—	46
Decamped on notification	5	4	2	—	11
Total	428	39	62	169	698

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 2,368 (primary) and 22,277 (total) as compared with 2,499 and 24,867 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. Three hundred and eleven new cases were put on this allowance during the year, and the cost of the supplies was £2,148 5s. 8d. The increase is associated with the expansion of domiciliary treatment where it is considered that the benefit from expensive drugs should not be spoilt by the lack of protective proteins supplied in a daily pint of milk.

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.

The next table shows that this object is being slowly attained, a percentage of 4·0 in regard to those dead on notification cannot 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
1953-54	2,065	88	4·3	82	4·0

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 170 persons who were bedfast or dead on notification, only 101 were suffering from pulmonary tuberculosis.

The 153 cases of pulmonary tuberculosis notified after death or within one month of death represented 8·6 per cent of the total notifications from the municipal area; the proportion was 15·7 per cent in 1950-51, and 20·4 per cent in 1947.

HOSPITALIZATION.

It is disturbing to find that the proportion of new cases of pulmonary tuberculosis admitted to hospital has fallen from 26 to 20 per cent. The admission of only 1 out of every 5 cases discovered during the year is especially disappointing in view of the smaller total of notifications. This meagre proportion immediately provokes the question as to whether suitable cases are being admitted to hospital and being retained there for appropriate periods.

Day to day liaison between clinic and hospital is necessary to obtain the boon of a quick turn-over.

Distribution and allocation of beds should be governed by many considerations thus:

To Hospitals.—The very poor, the sick in need of nursing, and the unreliable. The infectious, especially from crowded homes, short term or long term prospective candidates for surgery.

To Homes.—The co-operative in a good environment, acute and limited disease supremely amenable to treatment (often their only need is money to pay for drugs). Stabilised bacillary convert with good homes with or without continuation of treatment.

To Settlements.—The static ambulant chronic, if infectious. The ex-hospital patient wilting or likely to wilt under home stresses and needing a slower up-grading to work.

It is extremely doubtful whether the prevalent claim that over 70 per cent of patients in tuberculosis hospitals are non-infectious is in any way laudable.

The most careful consideration should be given to the distribution of beds according to age. The needs, particularly of prevention, suggest that much benefit would accrue if some child accommodation was converted for use by adults.

TABLE O.

	Cape Town.		Langa.		Outside Cape Town cases.
	Local.	Imported infection.	Local.	Imported infection.	
New pulmonary cases notified during the year	1,776	167	107	4	139
Known to have had T.B. positive sputum	456	51	19	1	29
New pulmonary cases admitted to institutions for treatment of tuberculosis	374	21	17	1	101
Proportion of new cases admitted	20·3%		16·2%		
Died before receipt of notification	64	2	4	—	—
Died within 1 month of notification	89	8	12	—	—
" 1 to 3 months of notification	33	1	3	—	—
" 3 to 6 months of notification	35	2	1	1	—

Outside Cape Town cases—Cases admitted to the City Hospital or other hospitals 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	39	42	21	161	263
Brooklyn Hospital, Cape Town	—	—	191	43	234
Airemont Nursing Home, Cape Town	35	36	—	—	71
Brewelskloof Sanatorium, Worcester	1	1	—	—	2
Cape F.O.S.A. T.B. Settlement	—	—	41	4	45
Dr. A. J. Stals Memorial Hospital, Retreat	—	—	25	244	269
Glen Grey Mission Hospital, Lady Frere	—	—	—	2	2
Hamlet Hospital, Johannesburg	1	—	—	—	1
Isolation Hospital, Kimberley	—	—	—	1	1
King George V Hospital, Durban	3	2	1	2	8
Killeshall Farm Hostel, Rosetta	—	1	—	—	1
McVicar Hospital, Alice	—	—	1	—	1
Malmesbury Hospital	—	—	—	1	1
Meintjes T.B. Settlement, Johannesburg	—	—	1	—	1
Nama Hospital, Springbok	—	—	1	3	4
Nelspoort Sanatorium	13	2	2	5	22
Orsmond T.B. Settlement, Uitenhage	—	—	1	—	1
Rietfontein T.B. Hospital	—	—	1	—	1
Stellenbosch Sanatorium	4	—	—	—	4
Tembuland Hospital, Umtata	—	—	8	2	10
Waterval Hospital, Johannesburg	—	—	—	1	1
Wentworth Hospital, Johannesburg	2	1	—	—	3
West-end Hospital, Kimberley	1	—	2	3	6
Westlake Hospital, Retreat	42	29	—	—	71
Total	141	114	296	472	1,023

NELSPOORT SANATORIUM.

The Nelspoort Sanatorium is on the Karoo at an elevation of about 3,260 feet 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 30th June, 1954, there were 40 admissions of Cape Town municipal patients.

The average daily number of Cape Town municipal patients in the Sanatorium during the year 1953-54 was 17 (9 Europeans and 8 non-Europeans).

This institution originated through the munificence of a leading Cape Town citizen over 30 years ago and played a sterling part in Cape Town's early fight against tuberculosis. Three years ago our daily beds numbered 35 and 23 and it is hoped that with discussion and reorganisation at the Sanatorium these numbers to be restored for our use.

AIREMOUNT NURSING HOME.

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

During the year under review 35 males and 36 female Cape Town patients were admitted. In addition, 14 male and 8 female cases were admitted from areas of other local authorities (including the Cape Divisional area).

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

TABLE Q.

Area.	Under 20 Years.	20—30 Years.	30—40 Years.	40—50 Years.	50—60 Years.	60 years and over.	Total.	Died
Cape Town Municipal Area:								
European: Males ..	2	17	3	6	5	2	35	—
Females ..	8	18	5	3	1	1	36	1
Cape Divisional Council Area:								
European: Males ..	2	1	4	4	1	—	12	—
Females ..	—	2	2	1	1	—	6	—
Other Local Authorities:								
European: Males ..	—	2	—	—	—	—	2	—
Females ..	—	1	1	—	—	—	2	—
Total ..	12	41	15	14	8	3	93	1

During the year 1953-54 considerable use was made of the newer drugs in the treatment of pulmonary tuberculosis.

There remained in the nursing home on 30th June, 1954, 25 male and 19 female Cape Town patients, 6 male and 5 female patients from the Cape Divisional Council area, and 2 male and 2 female patients from other local authorities.

TUBERCULOSIS REGISTER.

The total number of persons known by the department to be suffering from tuberculosis and to be living in the Cape Town municipal area on 30th June, 1954, 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 ..	142	156	47	1	8	1	355
Tamboers Kloof, Gardens, Oranjezicht and Vredehoek	216	428	13	9	26	1	693
Old "District Six"	8	863	29	—	114	5	1,019
Kensington, Windermere, Brooklyn and Rugby ..	150	642	246	10	64	38	1,150
Woodstock, Salt River	230	577	22	17	81	2	929
Observatory, Mowbray, Rosebank, Black River and Maitland Garden Village to Bokmakirie ..	212	323	4	7	26	1	573
Rondebosch, Newlands, Claremont, Kenilworth ..	164	353	17	9	67	4	614
Lansdowne, Kromboom Est., Hampton Est., Meadows Est., Wynberg, Wittebome ..	155	430	27	8	40	4	664
Plumstead to Clovelly	91	507	119	—	118	20	855
Athlone, to Surrey Est.	9	1,085	76	—	4	—	1,174
Total	1,377	5,364	600	61	548	76	8,026

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 for 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 1953-54, is indicated by the following statistics:—

Families helped by payment of rent	172
" " maintenance grants	106
" " rent and maintenance grants	80
" " payment to foster mothers	4
No. of articles of clothing distributed	265
No. of blankets distributed	49
Almoner:	
Visits paid	1,053
Interviews given	1,177
New cases handled	226

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
" 1953-54	14,394	12,352	19,025	16,326	62,097

In addition to the 62,097 miniature film examinations made during the year under review, 2,929 large films were taken, as compared with 3,313 taken in the previous year. The accommodation at the mass X-ray service is proving inadequate to cope with the large attendances.

2,370 persons were recalled for further examination, of these 572 were found to be suffering from active tuberculosis, compared with 706 persons re-examined the previous year. This represents 0.92 per cent of the 62,097 miniature films examined during the year under review.

Comparative figures for the incidence of active pulmonary tuberculosis discovered in the various age groups are given in the following table for 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
1953-54	European	13	17	13	12	15	6	17	—	58	35	15	5
	Non-European ..	94	125	83	64	74	17	19	3	270	209	75	33
	All races	107	142	96	76	89	23	36	3	328	244	90	38

Of the 572 new cases of pulmonary tuberculosis discovered, only 100 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 83 of the 444 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 89 of the 536 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, 128 extra-municipal cases of tuberculosis were discovered, compared with 170 the previous year. These extra-municipal cases (128) were referred to the local authority concerned for treatment.

As elsewhere, the statistics of tuberculosis in Cape Town clearly show that prevention is lagging behind treatment. One of the logical measures to reduce this lag is the more selective use of mass radiography. Under present conditions of space and finance it is impossible to extend the service. There are many advantages in the geographical separation of the mass radiography and the clinic services, and at a new site it might be possible to concentrate the search for new cases on those groups and ages with the highest incidence.

SECTION VII.—VENEREAL DISEASES.

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

Once again there has been a substantial fall in the number of new cases and total attendances at the various municipal treatment centres during the year 1953-54. The total number of new cases was 3,878 (356 European and 3,522 non-European) as against 4,137 in 1952-53, 4,272 in 1951-52, and 4,675 in 1950-51. The total attendances numbered 20,928 (1,632 European and 19,296 non-European) as compared with 37,034 in 1952-53, 48,386 in 1951-52 and 65,632 in 1950-51. The number of new cases of syphilis, particularly congenital syphilis, has also fallen to a new low level and there was a significant decrease of 236 in the number of male patients.

The new cases for the year 1953-54 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.

	1953-54		1952-53	
	New cases.	Incidence rate.	New cases.	Incidence rate.
<i>Race:</i>				
European	356	1.9	367	1.9
Non-European	3,522	12.3	3,770	13.8
<i>Sex:</i>				
Male	2,747	11.8	3,002	13.3
Female	1,131	4.7	1,135	4.8
<i>Disease:</i>				
Syphilis	959	2.0	1,124	2.4
Syphilis, congenital	68	0.1	72	0.2
Gonorrhoea	1,876	3.9	1,958	4.2
Other venereal diseases	76	0.2	100	0.2
Non-venereal diseases	726	1.5	725	1.6
Undiagnosed	173	0.4	158	0.3
All new cases	3,878	8.1	4,137	8.9

The true incidence rate for diagnosed cases of venereal disease for the year 1953-54, that is the rate obtained by omitting those cases found not to have venereal disease and those remaining undiagnosed, was 6.3 per 1,000 population (1.1 European and 9.7 non-European). Last year the true incidence rates were 7.0, 1.2 and 11.1 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.

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 II.

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
1954	2,979	476,601	6.3

*Excluding non-venereal and undiagnosed cases.

In Table III a detailed analysis of all new cases registered in the year 1953-54 is presented. The classification follows that advocated by the Union Health Department for compilation of their statistics.

TABLE III.

Disease.	New cases.					Total attendances.				
	European.		Non-European.		Total.	European.		Non-European.		Total.
	Male.	Fe-male.	Male.	Fe-male.		Male.	Fe-male.	Male.	Fe-male.	
1. Seronegative primary syphilis	5	—	35	4	44	14	—	296	30	340
2. Seropositive primary syphilis	2	—	80	10	92	65	—	838	84	987
3. Secondary syphilis ..	1	3	80	86	170	25	21	731	738	1,515
4. Tertiary syphilis (1)	2	5	44	17	68	82	68	598	290	1,038
5. Endosyphilis (2) ..	1	9	92	465	567	48	117	1,236	2,712	4,113
6. Neurosyphilis ..	—	1	14	3	18	32	2	301	129	464
7. Congenital syphilis (under 1 year) ..	11	18	345	585	959	266	208	4,000	3,983	8,457
8. Congenital syphilis (over 1 year) ..	1	—	5	20	26	3	6	54	72	135
9. Congenital syphilis (over 1 year) ..	1	1	12	28	42	9	23	263	347	642
Total syphilis ..	13	19	362	633	1,027	278	237	4,317	4,402	9,234
9. Gonorrhoea ..	158	13	1,630	58	1,859	518	73	6,385	230	7,206
10. Gonococcal vulvovaginitis	—	2	—	14	16	—	17	—	34	51
11. Gonococcal ophthalmia	—	—	—	1	1	—	—	—	8	8
Total gonorrhoeal infections ..	171	34	1,992	706	2,903	796	327	10,702	4,674	16,496
12. Ulcus molle ..	6	—	66	4	76	13	—	133	7	153
13. Lymphopathia venereum	—	—	—	—	—	—	—	—	—	—
14. Granuloma venereum ..	—	—	—	—	—	—	—	—	—	—
15. Venereal warts ..	—	—	—	—	—	—	—	—	—	—
16. Phagedaena ..	—	—	—	—	—	—	—	—	—	—
Total venereal diseases ..	177	34	2,058	710	2,979	809	327	10,835	4,681	16,652
17. Non-venereal disease ..	114	16	308	288	726	223	39	507	531	1,300
18. Undiagnosed ..	11	4	79	79	173	145	89	1,364	1,378	2,976
Grand Total ..	302	54	2,445	1,077	3,878	1,177	455	12,706	6,590	20,928

(1) Clinically recognizable.

(2) Diagnosed on result of serological test alone.

The following table is designed to show the number of new cases registered at the municipal treatment centres over a period of six 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 the non-Europeans. The figures for congenital syphilis in the year 1953-54 compared with those recorded in 1948-49 show a decrease of 88.8 per cent (80.0 European and 89.0 non-European); and the figures for other forms of syphilis a decrease of 65.5 per cent (84.0 per cent for European and 64.2 per cent for non-European). The figures for gonorrhoea show an increase of 35.5 per cent (in Europeans a decrease of 39.5 per cent and in non-Europeans an increase of 55.0 per cent).

TABLE IV.

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
1953-54	2 1	17 48	11 18	345 585	158 15	1,630 73	6 —	66 4	125 20	387 367	3,878

Comparing new cases for the year 1948-49 with that for the year 1953-54, the number for Europeans decreased by 51.4 per cent (47.5 for males and 65.4 for females). Amongst non-Europeans there was a decrease of 31.2 per cent (in males an increase of 9.7 per cent and in females a decrease of 62.8 per cent). In the case of non-Europeans males the increase was found chiefly in the new cases for gonorrhoea.

MUNICIPAL TREATMENT CENTRES.

Five municipal treatment centres continue to function for free advice and treatment of venereal disease. Four of these centres namely at the City Hospital, Salt River, Wynberg and Windermere come under the complete control of the City Health Department. The fifth 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 25 medical sessions (6 European and 19 non-European) were held each week.

Table V 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, and Retreat have male and female sessions for non-Europeans only.

TABLE V.

Centre.	New cases.	Attendances.
City Hospital, Portsworld Road	1,205	5,627
Salt River	1,347	7,977
Wynberg	663	3,928
Windermere	419	2,050
Retreat	40	473
Pre-natal clinics (at child welfare centres)	204	873
Total	3,878	20,928

HOSPITAL TREATMENT OF VENEREAL DISEASE.

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

- 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.
- Complicated cases of gonorrhoea.
- 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, 1954, is presented by the following table:—

TABLE VI.

Disease.	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
1. Seronegative primary syphilis	1	—	13	2	16
2. Seropositive primary syphilis	—	—	23	1	24
3. Secondary syphilis	2	—	49	77	128
4. Tertiary syphilis (1)	1	—	3	2	6
5. Endosyphilis (2)	—	—	2	2	4
6. Neurosyphilis	—	—	—	—	—
7. Congenital syphilis (under 1 year)	—	—	1	1	2
8. Congenital syphilis (over 1 year)	—	—	2	2	4
Total syphilis	4	—	93	87	184
9. Gonorrhoea	—	—	11	1	12
10. Gonococcal vulvovaginitis	—	1	—	—	1
11. Gonococcal ophthalmia	—	—	—	—	—
Total gonorrhoeal infections	—	1	11	1	13
12. Ulcer molle	—	—	1	1	2
13. Lymphopathia venereum	—	—	—	—	—
14. Granuloma venereum	—	—	—	—	—
15. Venereal warts	—	—	—	—	—
16. Phagedaena	—	—	—	—	—
Total venereal disease	—	—	1	1	2
17. Non-venereal disease	1	—	1	3	5
18. Undiagnosed	—	—	—	—	—
Grand total	5	1	106	92	204

(The actual number of individuals was 199 as 5 patients had more than one disease).

(1) clinically recognisable.

(2) diagnosed on result of serological test only.

VENEREAL DISEASE CONTACTS.

Eighty-two contacts were reported to the Medical Officer of Health during the current year compared with 96 contacts in the previous year. This figure is still far from satisfactory when one considers that the number of cases registered for investigation and treatment was 3,878. 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 1953-54.

TABLE VII.

Number of contacts reported	82
Number of such contacts who reported for examination ..	28
Number of those who attended found to be suffering from a venereal disease	8

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 1,885 visits to defaulting female patients and 3,631 letters were sent to defaulting male patients. Eight patients were referred to the Magistrate under the Public Health Act, 4 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, 1954 is as follows:—

TABLE VIII.

	Positive.	Negative.	Doubtful.	Total.
Number of dark-ground examinations for Sp. Pall	192	225	—	417
Number of smear examinations for gonococci ..	1,700	190	—	1,890
Number of blood sera tested by Kahn test ..	962	1,014	195	2,171

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

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

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

CITY HOSPITAL FOR INFECTIOUS DISEASES, PORTSWOOD ROAD.

The hospital 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, 1954, consisted of the medical superintendent, deputy medical superintendent, one resident medical officer and three house physicians. The house physicians are changed every six months.

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)	631
Total attendances:	
Out-patients	12,462
In-patients	6,401
	— 18,863
Examinations and treatments:	
X-rays	10,906
Miniature X-rays (Odelco)	559
Screenings	7,418
Consultations	1,886
Refills	4,623
Aspirations	35
Mantoux tests	698
Blood sedimentations	14
Special injections	83
Bronchograms	62
Tomograms	58
	— 26,342

OPERATING THEATRE.

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

Abscess, abdominal	2
Abscess, breast	1
Abscess, neck	1
Abscess, pelvic (drained)	2
Abscess, peri-urethral	1
Appendicectomy	2
Bronchogram	1
Bronchoscopy	3
Diagnostic curettage	1
Drainage and curettage	2
Evacuation of uterus (retained placenta)	1
Gastrectomy	1
Incomplete abortion	1
Phrenic nerve crush	94
Plastic to finger	1
Termination of pregnancy	9
Therapeutic abortion	2
Thoracoscopy	10
	— 135

DENTAL CLINIC.

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

During the year under report 192 patients attended for dental treatment. Further details are shown in the table on page 33.

HOSPITAL STATISTICS.

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

Disease.	From Cape Town Municipality.		From Outside Municipality.	
	European.	Non-European.	European.	Non-European.
Measles	1.7	1.3	0.6	0.9
Acute poliomyelitis	3.1	3.3	2.9	2.5
Cerebrospinal fever	0.6	3.5	0.4	2.4
Diphtheria	4.5	5.3	3.4	5.4
Enteric fever	1.6	9.6	2.4	8.3
Scarlet fever	13.0	1.8	4.6	0.1
Venereal diseases	—	3.6	0.1	0.9
Whooping cough	0.1	0.7	0.7	0.8
Tuberculosis, pulmonary	65.4	336.2	12.3	74.3
Tuberculosis, other forms	3.7	44.0	4.8	19.3
Other diseases	10.2	17.0	7.5	8.8
Total	103.9	426.3	39.7	123.7

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
1953-54					
404.6					

Details in regard to cases treated are shown in Tables 1 and 2, on page 60.

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 (252 adult males and 49 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	18	20
Ward 1	24	—
Ward 2	—	29
Surgical ward	22	—
Total	252	49

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	1953-54
169.2	193.5	252.9	270.6	271.1	295.1	291.5

Details in regard to patients treated during the year are shown in Tables 3 and 4 on page 61.

TREATMENT OF PATIENTS.

The routine graded rest/exercise regime has been continued as the basis of successful treatment.

All the modern medical collapse treatment, such as pneumothorax and pneumoperitoneum, is carried out at a central refill clinic.

During the year the trend has been towards intensive prolonged use of the proven antibiotics with the result that it has been possible to shorten the stay in hospital of certain cases. Because of this and the fact that the F.O.S.A. settlement opened up more beds (to a total of 48 beds) the need for the occupational therapy workshop has diminished considerably. The F.O.S.A. settlement has largely taken over the function of the workshop in assessing the patient's fitness for competitive work in the outside world.

Bed patients are given diversional therapy, and a highly successful exhibition of their work was held.

OPERATING THEATRE.

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

Chest operations:

Apico-posterior segmental resection and decortication	1
Bronchial fistula and partial decortication	1
Bronchogram	4
Bronchoscopy	24
Bronchoscopy and bronchogram	2
Decortication	3
Exploration of hemithorax	1
Intercostal drainage	2
Lobectomy	27
Lobectomy and decortication	1
Phrenic nerve crush	66
Pneumonectomy	10
Segmental resection	10
Thoracoplasty	64
Thoracoplasty and decortication	1
Thoracoscopy	3

Other operations:

Appendectomy	2
Biopsy of skin	1
Evacuation of sebaceous cyst	1
Oesophagoscopy	1
Removal of aural cyst	1
Removal of gland in neck	1
Removal of wart	1
Resection of small bowel	1
Scraping of bone cyst	1

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X-RAY DEPARTMENT AND CLINICAL ROOM.

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

<i>Total attendances:</i>					
In-patients .. .. .	..	..	..	..	7,974
Out-patients .. .. .	..	..	..	..	6,587
					14,561
<i>Examinations and treatments:</i>					
X-rays .. .. .	..	..	..	..	4,696
X-rays (orthopaedic) .. .. .	..	..	..	..	75
Aspirations .. .. .	..	..	..	..	96
Blood sedimentation .. .. .	..	..	..	..	305
Bronchograms .. .. .	..	..	..	..	71
Consultations .. .. .	..	..	..	..	495
Examinations .. .. .	..	..	..	..	22
Inductions .. .. .	..	..	..	..	92
Mantoux tests .. .. .	..	..	..	..	75
Refills .. .. .	..	..	..	..	7,157
Screenings .. .. .	..	..	..	..	7,404
Special injections .. .. .	..	..	..	..	10
Other investigations .. .. .	..	..	..	..	6
					20,504

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 and dental clinics, a day nursery 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 .. .. .	..	..	..	..	15.69
In-patients admitted .. .. .	..	..	..	..	573*
New Out-patients .. .. .	..	..	..	..	4,546
Attendances by out-patients .. .. .	..	..	..	..	44,857
<i>Visits to patients at their homes by—</i>					
Doctor .. .. .	..	..	..	..	2,350
Nurse .. .. .	..	..	..	..	1,036
<i>Midwifery service—</i>					
Confinements attended (extern) .. .. .	..	..	..	..	189
Visits made by midwife .. .. .	..	..	..	..	3,373
<i>Pre-natal clinic—</i>					
New cases .. .. .	..	..	..	..	338
Total attendances .. .. .	..	..	..	..	1,435
<i>Infant consultations—</i>					
New cases .. .. .	..	..	..	..	414
Total attendances .. .. .	..	..	..	..	3,772
<i>Dental clinic—</i>					
New cases .. .. .	..	..	..	..	569
Total attendances .. .. .	..	..	..	..	1,026
<i>Day nursery—</i>					
New cases .. .. .	..	..	..	..	45
Total attendances .. .. .	..	..	..	..	15,384

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

Abortion and miscarriage .. .. .	..	..	..	..	32	Cirrhosis of liver .. .. .	..	..	..	..	1
Abscess .. .. .	..	..	..	..	11	Confinement .. .. .	..	..	..	..	37
Admitted after operation .. .. .	..	..	..	..	4	Convulsions .. .. .	..	..	..	..	7
Admitted with mother or infant .. .. .	..	..	..	..	11	Diabetes .. .. .	..	..	..	..	7
Alcoholism .. .. .	..	..	..	..	3	Diarrhoea and enteritis .. .. .	..	..	..	..	29
Appendicitis .. .. .	..	..	..	..	9	Diseases of the blood and blood forming organs .. .. .	..	..	..	..	2
Arterio-sclerosis .. .. .	..	..	..	..	3	Diseases of the ear .. .. .	..	..	..	..	4
Asthma .. .. .	..	..	..	..	2	Diseases of the eye .. .. .	..	..	..	..	4
Avitaminosis .. .. .	..	..	..	..	1	Diseases of female genital organs .. .. .	..	..	..	..	15
Born in hospital .. .. .	..	..	..	..	26	Diseases of male genital organs .. .. .	..	..	..	..	1
Bronchitis and pneumonia .. .. .	..	..	..	..	64	Diseases of genito-urinary system .. .. .	..	..	..	..	9
Cancer .. .. .	..	..	..	..	2	Diseases of heart .. .. .	..	..	..	..	18
Cerebral haemorrhage	2	Diseases peculiar to early infancy	9
Cholecystitis	1	Diseases of pregnancy	13
Circumcision	3						

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Dysentery	11	Pellagra	3
Epilepsy	5	Periphagus	1
Gastritis	4	Puerperal fever	3
Gingivitis	1	Pyrexia of unknown origin	8
Hemiplegia	1	Quinsy	2
Hypertension	7	Rheumatic fever	4
Impetigo	2	Rheumatism	7
Influenza	3	Tetanus	1
Injuries from accidents or violence	87	Tonsillitis	3
Jaundice	3	Tuberculosis pulmonary	11
Measles	4	Tuberculosis, other forms	15
Mental disorders and deficiency	6	Worms	3
Other diseases of circulatory system	2	Other conditions	18
Other diseases of digestive system	13		
Other diseases of nervous system	6	Total	573
Other diseases of skin	9		

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

Langa Native Township	517
Elsewhere in Cape Town Municipality	28
Extra municipal	28
	573

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

In-patients	33
Out-patients	421

AMBULANCE AND DISINFECTING STATION.

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

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

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

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

Ambulance journeys (return).		Premises disinfected.	
To City Hospital.	To other hospitals or premises.	For tuberculosis.	For other infectious diseases.
1,884	254	692	1,047

The distance covered during the year by the vans and ambulances was 90,465 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	2	—	2	4	8	—	5	13
European girls	5	—	15	20	18	—	20	38
Non-European boys	132	—	9	141	547	—	10	557
Non-European girls	147	—	94	241	571	—	252	823
Total children	286	—	120	406	1,144	—	287	1,431
<i>Adults :</i>								
European males	—	1	—	1	—	1	—	1
European females	—	—	1	1	1	—	2	3
Non-European males	23	4	2	29	48	4	11	63
Non-European females	22	—	45	67	60	—	68	128
Total adults	45	5	48	98	109	5	81	195
<i>Total persons :</i>								
European	7	1	18	26	27	1	27	55
Non-European	324	4	150	478	1,226	4	341	1,571
All races	331	5	168	504	1,253	5	368	1,626

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

TABLE I.—NUMBER OF PERSONS TREATED IN THE CITY HOSPITAL FOR THE PERIOD 1ST JULY, 1953 TO 30TH JUNE, 1954.
(Classified according to the wards of the City, etc., to which they belonged).

Wards, etc.	Under treatment, 1st July, 1953.						Admitted.						Discharged.						Died.						Under treatment, 30th June, 1954.						Total admitted persons.	Day units.						Total.
	E.			O.			E.			O.			E.			O.			E.			O.			E.			O.										
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.										
1	3	1	1	4	19	19	5	10	18	19	6	12	1	—	—	—	—	3	3	1	1	—	—	2	4	1,503	665	94	691	2,953								
2	4	4	2	3	13	38	20	26	13	41	20	24	1	—	—	—	—	1	3	1	2	—	—	2	4	933	1,165	364	1,073	3,535								
3	4	3	3	8	16	15	21	26	17	14	19	23	—	1	2	—	—	3	3	3	3	—	—	3	9	1,136	1,046	941	3,760	6,883								
4	5	6	—	1	17	21	7	11	16	21	7	10	—	1	—	—	—	6	5	—	—	—	—	2	—	56	1,342	1,665	88	992	4,087							
5	3	1	8	22	13	15	65	69	14	15	61	62	—	—	—	—	—	4	2	1	8	25	162	1	1	571	489	3,592	7,996	12,648								
6	2	3	7	17	14	12	43	73	12	13	40	75	—	—	—	—	—	4	2	1	6	10	142	1	1	1,041	838	1,646	5,688	9,213								
7	7	7	3	4	18	28	19	36	19	30	19	23	1	—	—	—	—	5	5	1	11	101	101	1	1	2,133	2,475	604	2,615	7,827								
8	6	6	9	24	27	35	72	86	27	32	64	76	4	—	—	—	—	2	9	8	27	220	220	1	1	1,757	3,078	3,484	8,159	16,478								
9	5	9	2	4	25	28	5	10	23	30	6	8	—	1	1	1	1	7	6	—	5	68	68	2	5	2,559	3,063	495	1,044	7,161								
10	1	4	9	31	9	10	71	113	7	11	68	109	—	—	—	—	—	3	3	4	30	203	203	7	10	710	1,461	3,124	12,192	17,487								
11	3	1	—	2	18	18	7	6	17	17	6	3	—	—	—	—	—	4	1	—	5	49	49	1	5	1,213	516	144	1,051	2,924								
12	—	—	3	4	16	11	10	9	16	9	10	8	—	—	2	2	—	2	1	3	46	3	3	46	528	603	581	1,294	3,006									
13	3	2	4	2	11	16	5	10	13	14	8	11	1	—	—	—	—	3	1	1	1	42	42	1	42	439	650	631	561	2,281								
14	4	2	3	—	21	21	12	16	23	17	12	11	—	—	—	—	—	2	6	1	5	70	70	1	5	1,227	1,068	559	539	3,393								
15	2	2	4	14	22	8	32	32	21	10	31	33	1	—	—	—	—	2	2	4	5	94	94	3	94	799	436	1,273	3,499	6,007								
Not allocated... Langa Native Township	2	—	—	—	1	—	—	1	1	—	—	—	—	—	—	—	—	2	—	—	1	2	2	2	2	832	—	—	—	286	1,118							
From ships in harbour	—	—	1	7	—	—	4	10	—	—	5	10	—	—	—	—	—	—	—	—	6	14	14	6	14	—	—	—	121	2,951	3,072							
From outside the Municipality	—	1	—	—	13	4	—	—	13	5	—	—	—	—	—	—	—	—	—	—	—	17	17	—	—	228	51	—	—	—	—	279						
Totals	14	18	36	37	160	119	234	193	153	121	214	170	6	4	34	35	77	63	15	12	22	25	706	706	7,583	6,626	11,841	10,400	36,450	26,534	25,895	29,582	64,791	146,802				

[illegible]

†Including epidemic typhus, endemic typhus or tick-bite fever.

Disease (ultimate diagnosis).	Under treatment, 1st July, 1953.				Admitted.				Discharged.				Died.				Under treatment, 30th June, 1954.				Total cases admit- ted.	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.							
Tuberculosis, pulmonary	-	-	264	22	-	-	253	67	-	212	68	-	41	3	-	264	18	-	-	-	320	-	-	94,966	8,101	-	103,067
Tubercular meningitis	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	365	-	365	
Tuberculosis, miliary	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	382	-	382
" pulmonary and menin- gitis	-	-	-	-	-	-	-	2	-	-	1	-	-	-	-	-	-	-	-	2	-	-	-	913	-	-	913
" pulmonary and bones and joints	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	1	1	-	-	1	-	-	365	317	-	682
" pulmonary and appen- dicitis	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	153	-	-	153
" pulmonary and polio- myelitis	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	104	-	-	104
" miliary and meningitis	-	-	-	1	-	-	-	1	-	-	1	-	-	-	-	-	1	1	-	-	1	-	-	225	365	-	590
" miliary and poliomye- litis	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2	-	-	104	-	-	104
Other conditions	-	-	-	-	-	-	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	13	8	-	21
Totals	-	-	270	24	-	-	258	70	-	217	69	-	42	3	-	269	22	-	-	-	328	-	-	97,208	9,173	-	106,381

TABLE 4.

Wards, etc.	Under treatment, 1st July, 1953.						Admitted.						Discharged.						Died.						Under treatment, 30th June, 1954.						Total admit- ted persons.	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.	
	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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	455	
2	-	-	6	-	-	-	-	5	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,068	
3	-	-	13	-	-	-	-	10	2	-	9	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,429	
4	-	-	1	-	-	-	-	2	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	180	
5	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	180	
6	-	-	24	3	-	-	-	24	12	-	20	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7,734		
7	-	-	18	4	-	-	-	13	3	-	11	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,652		
8	-	-	9	2	-	-	-	8	4	-	8	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	717		
9	-	-	40	6	-	-	-	34	2	-	23	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,170		
10	-	-	2	-	-	-	-	7	2	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16,764		
11	-	-	32	1	-	-	-	38	11	-	34	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,509		
12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13,318		
13	-	-	-	-	-	-	-	-	2	1	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	577		
14	-	-	9	-	-	-	-	8	2	-	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,056		
15	-	-	-	-	-	-	-	6	1	-	7	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	332		
Not allocated	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,988		
Langa Native Township	-	-	9	-	-	-	-	7	2	-	4	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	44		
From ships in harbour	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,758		
From outside the Municipality	-	-	18	3	-	-	-	12	-	-	7	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,994		
Totals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	555		
Totals	-	-	63	5	-	-	65	26	-	62	25	-	10	1	-	56	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,604		
Totals	-	-	270	24	-	-	258	70	-	217	69	-	42	3	-	269	22	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,967		
Totals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	97,208		
Totals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9,173		
Totals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	106,381		

SECTION IX.—SANITARY ADMINISTRATION.

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.

HEALTH INSPECTORS.

On 30th June, 1954, the staff of health inspectors consisted of the chief health inspector, the assistant chief health inspector, 5 divisional health inspectors, 8 health inspectors, 1 assistant health inspector, and 1 learner health inspector 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.

The inspections recorded as made by the health inspectors (other than the meat inspector and pest control officers) during the year ended 30th June, 1954, were as follows:—

Aerated water factories	112
Attendances at magistrates' court (<i>re</i> offences)	228
Bakehouses	519
Bakers' vehicles	321
Bakers' shops (without bakehouses)	263
Beaches	172
Billiard saloons	54
Boarding-houses	1,836
Butchers' vehicles	495
Butchers' shops	4,783
Cafés	909
Cattle dealers' premises	50
Chalets	5,508
Common Lodging-houses	47
Courts, lanes and alleys	3,232
Dairy stables	2,408
Dealers' and general dealers' shops (food)	14,118
Dealers' and general dealers' shops (no food)	4,350
Eating-houses	778
Fish vehicles	170
Fish dealers	2,142
Garages	574
Hairdressers	1,949
Hawkers' vehicles	1,801
Hawkers' premises	3,825
Horse stables	1,594
Ice-cream vehicles	188
Ice-cream purveyors and manufacturers	1,655
Laundries	168
Licensed hotels and bars	258
Mattress-makers and upholsterers	105
Milk-delivery vehicles	453
Milk shops (purveyors of milk)	6,104
Mineral water dealers	135
Native housing reports	382
Natives deloused and vaccinated (<i>re</i> typhus fever)	4,185
Open land	2,798
Other factories and work places	2,875
Other house inspections	32,121
Other places where food is manufactured	374
Other visits	3,040
Personal service notices (<i>re</i> nuisances)	995

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Piggeries	5
Poulterers	23
Places of amusement (re licences)	167
Public markets	3,939
Refuse depositing sites	375
Restaurants	2,654
Schools	148
Side shows	41
Sites or premises (re deposited plans)	429
Sports grounds	118
Standing water, catchpits, etc. (re mosquitoes)	451
Swimming baths	84
Tea shops	2,008
Tenement houses	1,162
Tents	73
Theatres and cinemas	258
Visits made in connection with infectious diseases	2,343
Washhouses	164
Total	122,516

Particulars in connection with visits recorded in the above inspections:

Visits to premises where action was taken in connection with rodent infestation	39
Visits at which premises were disinfected	31
Drain tests carried out	99

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

Proceedings begun by:

Verbal notices	879
Written request notices	—
Formal written notices	3,031
Total proceedings begun	3,910

Written notices following verbal notices

364

Total notices served:

Verbal notices	879
Request notices	—
Formal notices	3,466
Final notices	591
Total	4,936

The number of items included in the 3,910 notices were as follows:—

Ward 1	235
Ward 2	433
Ward 3	415
Ward 4	365
Ward 5	551
Ward 6	1,523
Ward 7	1,307
Ward 8	981
Ward 9	599
Ward 10	559
Ward 11	266
Ward 12	513
Ward 13	212
Ward 14	597
Ward 15	610
Total	9,166

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	717
Defective water fittings	125
Unauthorized structures	31
Undrained premises	3
Structural defects to premises	95
Other defects	30

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, 1954, the City Council prohibited the further use of 3 stable premises (equine) for the keeping of animals.

Previously, since 1929, the City Council had prohibited the use of 145 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.

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 part of the municipal area on the Cape Flats, stretching from Table Bay to False Bay, the greater concentration of gerbille activity occurring in the area between Milnerton to Epping, Vasco. The presence of the gerbille is particularly noticeable on the boundary and is indicative of the continued intensive migratory movement of the gerbilles from the north.

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.

During the year under review, 12,597 lbs. of Warfarin were laid in rat infested areas in the Municipality. Progress is being made in block poisoning and the sea beaches and similar places, which for years have been a problem, have now been almost cleared of rodents by the use of warfarin.

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

Inspections by pest control officers:			
Re rodents	10,794		
Re mosquitoes	4,721		
			15,515
Inspections re rodents by other inspectors			39
Inspections re mosquitoes by other inspectors			451
Visits made to lands and premises by rat-catchers:			
Re rodents	73,469		
Re mosquitoes	16,594		
			90,063
Examination of building plans:			
With requirements	1,614		
No objection	353		
			1,967
Number of notices served by pest control officers:			
Verbal notices	25		
Written notices	85		
			110
Number of rodents caught and destroyed:			
Brown rats	5,475		
Black rats	723		
Gerbilles	1,135		
			7,333

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
1954	5,475	723	1,135	7,333

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 Bokmakierie 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.

The revised method in the campaign against mosquitoes of applying Larvicidal Oil of high spreading pressure to the surface of standing water by means of an applicator gun continues to give satisfactory results. Larvicidal Oil containing D.D.T. supplying the required toxicity is applied unlimited 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 Aegypti* are not found. During the summer months of the year under review residents in the Sea Point area have been subjected to a seasonal mosquito nuisance of abnormal severity. Extensive investigations revealed that the main contributory cause was defective drainage at two blocks of residential premises, where soil water had entered the foundation walls and had accumulated to a depth of several feet under the flooring.

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 451.

CAMPING.

Camping on private sites within the Municipality of Cape Town has been kept under observation by the health inspectors. During the year 1953-54, 4 applications for the erection of tents and 1 application for the parking of caravans on private sites were received. These were granted for occupation by 34 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 1954:—

Nature of sample.	No. of samples.	Not genuine.					Genuine.
		No action taken.	Letter sent.	Warning notice sent.	Summons applied for.	Total.	
Milk	549	—	—	—	6	6	543
Meat products ..	69	—	—	—	11	11	58
Minced meat ..	43	—	—	—	15	15	28
Cream	29	—	—	—	1	1	28
Ice cream	30	—	—	—	—	—	30
Dripping	2	—	—	—	—	—	2
Cream cheese ..	1	—	—	—	—	—	1
Skim milk	1	—	—	—	—	—	1
Total	724	—	—	—	33	33	691

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—5.9	—
1.5—1.9	1	6.0—6.4	—
2.0—2.4	2	6.5—6.9	—
2.5—2.9	3	7.0—7.4	—
3.0—3.4	242	7.5—7.9	—
3.5—3.9	293	8.0—8.4	1
4.0—4.4	6	8.5—8.9	318
4.5—4.9	1	9.0—9.4	230
5.0—5.4	1	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.

Regulations governing the compulsory pasteurization of all milk offered for sale or sold in Cape Town (except milk from accredited disease free-herds) were promulgated in the Official Gazette, dated 13th January, 1950 (No. 2453) and came into force on 8th May, 1953. The year under review has therefore been the first complete year of pasteurization. Cape Town is the first city in Southern Africa to enforce pasteurization of milk, and as a result of this major change in the milk trade a number of unforeseen circumstances arose which reduced the keeping quality of the pasteurized milk and caused some dissatisfaction among the consuming public.

It was originally planned to have all milk pasteurized by a municipal pasteurizing plant. This was vigorously opposed by representatives of the milk trade, who gave the assurance that they would be able to pasteurize all milk efficiently. Unfortunately, a pasteurizing plant handling more than one quarter of the city's milk supply virtually closed down overnight, with the result that a greatly increased amount of milk had to be handled by the remaining plants. These plants were in the process of adjustment to cope with the additional milk which had until shortly before been sold unpasteurized. A bottleneck was therefore caused in a trade where rapid handling of milk is essential. In addition, an acute shortage of milk bottles developed thereby accentuating the problem. Occasionally various mechanical parts in the overworked pasteurizing plants broke, causing further delay. Moreover, many milk producers, milk transporters and pasteurizers mistakenly believed that pasteurization had the effect of rendering poor milk good. All these problems were magnified by the sudden onset of a hot summer, and exaggerated by those people who did not favour pasteurization of milk under any circumstances.

It must be pointed out that although the keeping quality of milk, for the reasons enumerated above, slumped temporarily during the year the safety of the milk improved, in that only 2.4 per cent of milk samples were found to be underpasteurized as compared with 3.7 per cent during the previous year. It was therefore clear that everything possible should be done to improve the keeping quality, palatability, and popularity of this pasteurized product.

A start was made by examining by the Breed smear method samples of producers' milk taken daily from all plants. Plant operators were informed of results immediately they became available, and the cause of poor quality milk was followed up by investigation at the producers' premises. The propaganda value of this was inestimable. It soon became evident that the cause of the poor keeping quality of pasteurized milk was usually due to the pasteurization of raw milk with a high acidity reading. The

usual cause for this high acidity of raw milk was the long delay in milk deliveries and the long wait in midsummer heat on exposed vehicles which had to take their turn outside overcongested pasteurizing plants. Milk deliveries were therefore staggered and altered to take place during the cool hours of the day. Certain producers in addition to the use of mechanical coolers installed cool rooms in which all their milk was stored pending collection. Pasteurizing plants commenced operating earlier, more storage equipment and machinery were installed at these plants to expedite and facilitate pasteurization, cooling, bottling and storage of milk. In addition, the bottle shortage was overcome as the result of urgent representations made to the manufacturers. The policy of insisting on clean milk production on the dairy farms was continued and lectures were given to dairy farmers' organizations, where the main reasons for the rejection of producers' milk by the pasteurization plants were fully aired. As a result of this intensive campaign a great improvement in the keeping quality of milk, after the initial setback, took place. It is anticipated and confidently hoped that an even greater improvement in the quality of pasteurized milk will take place during the coming year.

Staff.

One veterinary officer confines himself to the veterinary inspection of dairy cattle, the supervision of cowsheds of all producers who supply milk for consumption in the city and the supervision of all pasteurizing plants. He is assisted by two full-time dairy inspectors in the inspection of producers' premises and one inspector who assists in the supervision of pasteurizing plants, in taking of samples and in the laboratory work.

During the year under review the work listed below was done. The close liaison which exists between the laboratory and the field work of the department cannot be sufficiently stressed in safeguarding and improving the milk supply of the city.

Control of Raw Milk.

Dairy Farms licensed to sell milk in Cape Town	..	..	..	..	257
Total number of inspections on farms	..	..	..	..	2,368
Herds inspected	..	..	..	..	62
Cows with tubercular mastitis	..	..	..	..	2
Special visits re mastitis contamination of milk supply	..	..	..	..	118
Letters sent to milk producers re mastitis	..	..	..	..	118
Investigations regarding souring of milk	..	..	..	..	125
Investigations regarding high bacterial counts	..	..	..	..	113
Letters sent to milk producers re high bacterial counts	..	..	..	..	113
Temperature of recordings of mechanical coolers	..	..	..	..	815
Sediment tests	..	..	..	..	89

Forty-six samples for tubercle testing were taken from the bulked milk of herds of which 43 were found to be negative and 3 positive.

Breed smears of 1,346 samples of raw milk were examined; 695 (51.6 per cent) were unsatisfactory compared with 1,229 tests done last year with 36.5 per cent unsatisfactory. Smears prepared from the gravitation cream of 659 composite bulk samples of producers' milk were examined for mastitis; 179 (27.2 per cent) were positive for mastitis.

Butterfat tests were carried out on 26 samples of which 6 were unsatisfactory.

Control of Pasteurized Milk.

Pasteurizing plants licensed and certified	..	..	..	..	11
Total number of visits to pasteurizing plants	..	..	..	..	2,147

For the period under review 1,995 phosphatase tests were carried out of which 48 or 2.4 per cent showed under-pasteurization, compared with 2,069 tests made last year with 78 or 3.7 per cent under-pasteurized.

Breed smears of 1,168 samples of pasteurized milk were examined of which 332 (28.4 per cent) proved unsatisfactory.

B. Coli tests (B. Coli in 1.0 cc of milk) on 392 samples of pasteurized milk were examined to determine the efficiency of sterilization of bottles and plant; 192 or 49 per cent were unsatisfactory compared with 381 tests made last year with 226 or 59 per cent unsatisfactory.

Vi-tests on 146 persons employed by pasteurizing concerns were tested. It was found necessary to exclude one employee from handling milk or other foodstuffs.

Pasteurized Cream.

One hundred and twenty-six samples of pasteurized cream were submitted to a modified phosphatase test; 120 proved satisfactory.

Control of Ice Cream.

The 17 licensed ice cream factories were visited on 157 occasions.

Of the 172 samples of ice cream submitted to the phosphatase test only one proved to be under-pasteurized. 191 samples of ice cream were examined by the Breed smear method, 69 proved unsatisfactory.

Additional Veterinary and Laboratory Work.

The following additional veterinary and laboratory work was carried out during the year 1953-54.

- (1) Outside Municipalities—195 samples of milk were tested by the Breed smear method for other municipalities. Of these 95 were satisfactory.
- (2) Abattoirs—The Veterinary Officer also deputised for the Director of Abattoirs during this official's absence on leave.

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, 1954:—

	Restaurants.	Tea Shops.	Cafés.	Eating-Houses.	Boarding Houses.
1. Applications received	206	708	28	35	230
2. Granting of licences recommended (without conditions)	146	563	20	22	206
3. Granting of licences recommended (subject to conditions)	58	137	8	12	—
4. Number under item 3 later reported as having complied with conditions	41	92	4	6	—
5. Refusal of licences recommended	—	7	—	1	3
6. Applications withdrawn	2	1	—	—	21

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 1954:—

	Mattress-makers and Upholsterers.	Laundries.	Barbers and Hairdressers.
Applications received	15	7	330
Registration certificates issued	13	5	325
Registration granted subject to conditions	2	1	4
Registration refused	—	1	—
Applications withdrawn	—	—	1

Hawkers and Pedlars.

The municipal regulations also require annual licences for hawkers and pedlars. The following figures refer to the year ended 30th June, 1954:—

	Hawkers and Pedlars.
1. Applications received	1,958
2. Granting of licences recommended (without conditions)	1,312
3. Granting of licences recommended (subject to conditions)	633
4. Refusal of licences recommended	7
5. Number under items 3 and 4 later recommended	318
6. Applications withdrawn	6

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, 1954:—

	General dealers.	Fresh produce dealers.	Butchers.	Bakers.	Motor garages.	Mineral water dealers.	Mineral water manufacturers.
1. Applications received	1,160	367	29	3	66	83	1
2. Granting of licences recommended (without conditions) ..	726	158	14	—	35	52	—
3. Granting of licences recommended (subject to conditions) ..	415	202	15	3	30	30	1
4. Number under item 3 later reported as having complied with conditions ..	376	159	11	1	18	21	—
5. Refusal of licences recommended ..	11	3	—	—	—	1	—
6. Applications withdrawn	8	4	—	—	1	—	—

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

INSPECTION OF MEAT AND OTHER FOODSTUFFS.

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

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, 1954:—

Description.	Inspected.	Passed.	Condemned partly.	Condemned entirely.	
				Amount.	Percentage.
Carcases of pork	13,990	13,835	154	29	0.02
Pigs' kidneys	13,990	13,914	—	76	0.54
Pigs' plucks	8,495	8,404	—	91	1.07
<i>Pigs' plucks</i> .. { <i>Livers</i>				554	6.52
<i>Lungs (prs.)</i> ..				214	2.51
<i>Hearts</i>				122	1.43

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, 1954:—

Description.	Total.	Ab-scess.	Cysts (hyda-tid).	Measles.	Necrosis	Pericar-ditis.	Peri-tonitis.	Pneu-monia.	Pyae-mia.	Tuber-culosis
Carcases of pork	29	—	—	20	—	—	1	—	2	6
Parts of pork	134	100	—	—	1	—	—	—	—	33
Pigs' kidneys	76	—	67	—	—	—	—	9	—	—
.. plucks ..	91	—	91	—	—	—	—	—	—	—
.. livers ..	554	35	390	—	129	—	—	—	—	—
.. lungs (prs.)	214	—	12	—	—	—	—	202	—	—
.. hearts ..	122	—	3	—	—	119	—	—	—	—

The following carcasses with slight infestation with *cysticercus* were discovered and interned in cold storage for the prescribed time:—

Removed from.	Measly beef.		Measly pork.	
	Carcases.	Weight (lbs.).	Carcases.	Weight (lbs.).
Municipal abattoir	2,391	1,147,680	8	840

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, 1954:—

	Weight (lb.)		Weight (lb.)
<i>Meat:</i>		<i>Fruit and Vegetables (cont.):</i>	
Minced meat	1	Garlic	35
Biltong	52	Lettuce	19,509
Hog casings	4,800	Marrows	1,786
<i>Poultry and Game:</i>		Mealies	495
Ducks	18	Mint	80
Fowls	8,625	Okra-pods	122
Geese	13	Onions	26,007
Turkeys	171	Parsley	1,048
<i>Fish:</i>		Parsnips	970
Preserved fish	8,019	Peas (green)	17,927
Tinned fish	142	Potatoes	37,389
<i>Fruit and Vegetables:</i>		Potatoes (sweet)	327
Apples	165	Pumpkins	16,989
Apricots	87	Radish	744
Avocado pears	1,530	Spinach	8,905
Bananas	6,036	Squashes	11,118
Egg fruit	1,332	Sweet melons	529
Grapes	108	Tomatoes	55,979
Grape fruit	8,342	Turnips	4,482
Grenadillas	238	Watercress	140
Guavas	118		
Lemons	4,989	<i>Other Provisions:</i>	
Mangoes	2,679	Canned fruit	457
Naartjies	60	Cheese	9
Olives	20	Delicacies	26
Oranges	30	Fish paste	1
Pawpaws	6,816	Fruit syrup	8
Peaches	1,612	Ham	39
Pears	355	Jam	227
Pineapples	340	Mayonnaise	4
Pomegranate	80	Mealie meal	50
Rhubarb	60	Milk (condensed)	2
Spanspek	818	Pickles	593
Watermelons	12,440	Pudding powder	1
Artichokes	500	Raisins	120
Beans (green)	134,615	Spaghetti	1
Beetroot	6,518	Sauerkraut	14
Betel leaves	313	Sugar	1,336
Bringals	5,564	Spice	1
Cabbages	89,363	Tinned meat	66
Cauliflowers	3,326	Tinned sausage	1
Carrots	17,241	Tinned soup	99
Celery	382	Tinned vegetables	164
Chillies	2,382	Unclassified	483
Cucumber	1,304		

During the year under review several consignments of fresh vegetables and fruit received at the early morning market, Cape Town, were found, on examination by this department, to be contaminated with various types of insecticidal sprays. These commodities were considered to be a danger to health through the presence of toxic residues and were condemned and destroyed.

A typical example of the consignments was a quantity of tomatoes which gave off a particularly strong odour and appeared to have been treated with some chemical solution. Samples were taken and on analysis the chemical proved to be dieldrin (sodium orthophenylphenate) which is known to be toxic to both man and guinea pigs.

This is not an isolated experience and there is an urgent need for producers to be advised by the Central Government as to the suitable types of insecticide for pest control so as to eliminate risks associated with the unlimited use of dangerous insecticides.

Several consignments of potatoes containing a high percentage of solanine were also disposed of by this department, and it is necessary for a central body to advise producers against the practice of marketing potatoes containing this alkaloid.

CASES BEFORE THE MAGISTRATE.

The following table gives particulars of cases heard by the magistrates during the calendar year 1954, 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 summoned.	
Dwelling-house premises in insanitary condition	13	12	—	1	—	—	15	£ s. d. 43 10 0
Insanitary conditions or other offences at food premises	3	3	—	—	—	—	5	21 0 0
Insanitary conditions or other offences in transport or delivery of foodstuffs:								
Milk	12	12	—	—	—	—	21	70 0 0
Other foodstuffs	7	7	—	—	—	—	9	25 0 0
Selling foodstuffs in contravention of the Food, Drugs and Disinfectant Act:								
Milk	6	4	—	1	—	1	6	42 10 0
Cream	1	1	—	—	—	—	1	7 10 0
Meat products	11	9	—	—	2	—	11	50 10 0
Minced meat	15	14	—	—	1	—	15	102 10 0
Selling etc., diseased, unsound or unwholesome foodstuffs	2	2	—	—	—	—	6	12 10 0
Trading as purveyor of milk without licence	3	3	—	—	—	—	5	14 0 0
Trading as vendor of ice-cream without licence	2	2	—	—	—	—	3	9 10 0
Trading as hawkier without licence	10	9	—	—	1	—	11	20 0 0
Carrying on restaurant without licence	1	1	—	—	—	—	1	12 10 0
Other nuisances or insanitary conditions	8	6	—	—	—	2	10	30 0 0
Total	94	85	—	2	4	3	119	461 0 0

PUBLIC SANITARY CONVENIENCES.

The following is a list of the public sanitary conveniences open at 30th June, 1954, together with the number of attendants employed:—

Chalet.	Attendants.	
	Male.	Female.
Aberdeen Street, Woodstock	2	2
Athlone	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	1	1
Dock Road, Cape Town	3	—
Early Morning Market, Sir Lowry Road	3	1
Green Point Common	1	—
Greenmarket Square	2	2
Hanover Street, Cape Town	1	1
Jurgens Park	1	—
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	1	1
Margate Road, Muizenberg	1	1
Mayor's Garden	2	1
Maitland Outspan	2	1
Maitland Park	1	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	1	1
Ralph Street, Claremont	2	2
Riebeeck Square	1	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	1
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	14	11
	92	64

*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) there are two caretakers. 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 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.

The attendances and takings at the washhouses (including ironing rooms) during the year ended 30th June, 1954, were as follows:—

					Attendances.	Money taken.		
						£	s.	d.
Hout Street	..	..	..	..	11,593	361	6	8
Platteklip	..	..	..	..	2,441	63	10	4
Hanover Street	..	..	..	..	10,475	817	12	0
Salt River	..	..	..	..	3,791	93	4	4
Mowbray	..	..	..	..	8,598	309	5	2
Claremont	..	..	..	..	10,221	314	12	0
Wynberg	..	..	..	..	5,361	199	15	2
					52,480	£2,159	5	8

The attendances and takings at the Hout Street shower-baths during the year ended 30th June 1954, were as follows:—

					Shower-baths.		
					Atten- dances.	Money taken.	
						£	s. d.
Adults	..	..	..	..	37,884	473	9 0
Children	..	..	..	..	450	3	14 10
Total					38,334	477	3 10

HOUSING.

The greater part of the Cape Town Municipality consists of houses built of masonry according to the standards of the time of their erection, served by the municipal water supply and water-carriage sewerage, and with well-constructed streets. Most of the dwellings are separate houses built for one family each, detached, semi-detached or in terraces. Private enterprise is to-day making no provision for the housing of the lower income groups owing to the high building costs of erecting such dwelling and have concentrated on the erection of large blocks of flats. Such flat development is taking place all over the Municipality but far and away the most popular suburb for such development is the Sea Point, Three Anchor Bay and Green Point areas. There is a decided danger in the overcrowding of any one area with large flat blocks owing to the danger of ultimate deterioration of both building and inmates and the possibility of slum conditions eventually developing.

If the houses were occupied in the manner originally intended, housing conditions would be mainly satisfactory. The chief factor responsible for slum conditions is the overcrowding caused by the fact that there are not enough houses for the population, itself the result of economic conditions. Houses suitable for one family, and in many cases small even for one large family, are occupied by several families, sometimes to the extent of one family per room. The overcrowded families are naturally mostly from the poorest strata of society, usually (though not invariably) non-European, and often of low social standard. The resulting squalor is increased by decay of the fabric of the houses which such occupation induces.

The same shortage of houses and economic stringency is largely responsible for the other phase of the local housing problem, viz., the occupation of unauthorized and insanitary structures on the Cape Flats fringing Cape Town, often without made roads, water supply or sanitary services, and sometimes subject to winter flooding. The Council has ample 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, 1954, the City Council and the Citizens' Housing League Utility Company have completed the erection of over 9,500 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:—

	Houses.	Flats.	Average cost per dwelling.
Bridge Town, Athlone (non-European)	116	—	£ 410
Bridge Town, Athlone (non-European)	14	—	440
Kew Town, Athlone (non-European)	—	35 (3 blocks)	270

In the year under report, the Citizens Housing League Utility Company built 124 dwelling houses for Europeans at the Thornton Township, Pinelands, C.P., at an average cost of £2,100 each.

The dwellings completed bring the figures from 1920 to 30th June, 1954, 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	5,022	6,068
Citizens' Housing League Utility Co. ..	942	28	970
	1,988	5,050	7,038
Outside Cape Town municipal area:			
Citizens' Housing League Utility Co. ..	2,203	400	2,603
Total	4,191	5,450	9,641

The number of new dwelling houses built in the calendar year 1954 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	1935 ..	6,430	1,937
1916 ..	4,110	103	1936 ..	5,220	1,320
1917 ..	4,240	99	1937 ..	5,270	1,272
1918 ..	4,380	69	1938 ..	4,710	1,274
1919 ..	4,500	91	1939 ..	4,840	1,555
1920 ..	4,680	139	1940 ..	4,970	2,086
1921 ..	5,340	210	1941 ..	5,100	1,489
1922 ..	4,950	308	1942 ..	7,450	1,063
1923 ..	5,080	425	1943 ..	8,800	651
1924 ..	5,220	561	1944 ..	10,150	1,005
1925 ..	5,380	335	1945 ..	10,400	870
1926 ..	5,320	444	1946 ..	10,750	778
1927 ..	5,070	675	1947 ..	10,540	990
1928 ..	5,450	846	1948 ..	11,010	1,086
1929 ..	5,570	1,773	1949 ..	11,500	1,638
1930 ..	5,700	1,320	1950 ..	12,000	610
1931 ..	5,640	1,564	1951 ..	12,540	692
1932 ..	6,000	1,102	1952 ..	13,100	937
1933 ..	6,150	1,068	1953 ..	13,680	734
1934 ..	6,270	1,711	1954 ..	14,310	472

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	2	Ward 10	145
" 2	64	" 11	13
" 3	98	" 12	61
" 4	57	" 13	63
" 5	783	" 14	38
" 6	432	" 15	390
" 7	399		
" 8	324	Total	2,887
" 9	18		

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, 1954, the number of such burials was 367.

RELIEF WORKS.

During the period under review an average of 170 men have been employed on relief works maintained by the City Council. The total expenditure of the Council under this heading in the year 1953-54 was £50,390 16s. 5d. of which £22,242 11s. 9d. was paid in wages, including cost-of-living allowances. The Government repaid to the Council £16,176 15s. 3d. 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 1954.

	1954.	1953.
	£ s. d.	£ s. d.
Income from voluntary sources	586 4 5	1,331 10 9
Subsidy from Provincial Administration for investigations re Conradie Home applications	—	—
Subsidy from Department of Social Welfare	34,961 18 10	35,873 19 8
Expenditure on relief, excluding administration costs	12,007 2 5	11,963 12 1
Number of applications received	1,603	1,550

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 5s. 0d. 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 six 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. Milk with snacks was served to mothers and children in place of dinners at eight of the centres (see page 24). The total number of meals given during the year was 116,544, of which 68,621 were dinners and 47,923 were milk with snacks. To these figures are to be added 47,266 dinners supplied to children at the municipal nursery schools (see page 28). 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 155,742 and the milk consumed amounted to 8,225 gallons. To these figures are to be added 63,764 milk meals supplied to children at the municipal nursery schools (see page 28). 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, 1954, 1,806 new cases were supplied and 44,184 lbs. of dried milk were issued. The cost was £6,567 12s. 1d. (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. Three hundred and eleven new cases were put on this allowance during the year and the cost of the supplies was £2,148 5s. 8d.

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 the "Oslo" type of meal is found to be most suitable for the pupils. Fresh fruit is supplied to all schools in preference to raisins and fruit salad, but at certain times of the year, great difficulty is experienced in obtaining sufficient supplies of fresh fruit.

The amount and variety of foodstuffs supplied to all schools during the calendar year 1954 are as follows:—

Milk	364,948 gals.
Milk powder	2,274 lbs.
Fish	5,309 dozen pieces.
Butter	50,248 lbs.
Margarine	29,081 lbs.
Cheddar cheese	69,047 lbs.
Pasteurized cheese	11,170 lbs.
Cocoa	15,848 lbs.
Moskonfyt	16,914 lbs.
Sugar	119,500 lbs.
Grapes	22,244 half lugs.
Oranges	34,175 Pkts.
Pure orange juice	363 ca.
Pure guava juice	579 ca.
Raisins	48,675 lbs.
Fruit salad	23,225 lbs.
Bread	538,440 lvs.
Peanuts	37,350 lbs.

Peanut butter	57,800 lbs.
Fresh fruit and vegetables (excluding grapes and oranges)	£20,960
Sundry foodstuffs	£6,343
At the end of the year the following number of schools were included in the scheme:—	
European	92 (28,606 children)
Coloured	183 (65,664 ..)
	275

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, 1954, there were no certificates issued by the Medical Officer of Health.

DRAINAGE, SEWERAGE AND SCAVENGING.

STORMWATER DRAINAGE.

A great part of the Municipality, being built on the slopes at the foot of the mountain, is well placed for drainage, but on parts of the Flats natural drainage scarcely exists and in the wet season the ground water level over a considerable area is very near the surface. In some portions there is standing water during much of the winter, but this is being gradually overcome by the extension of the drainage system.

The town is sewered on the "separate" system, the stormwater being taken by separate channels to the nearest natural outfall, namely the sea, or the Liesbeek and Black Rivers with their tributaries, which drain the "southern suburbs" north of Kenilworth and flow into Table Bay as the Salt River. South of Kenilworth the streams discharge into a series of vleis and thence to the sea.

STORMWATER PROGRESS.

Progress was made with the canalization of portions of the Liesbeek, Black and Sand Rivers. The Keyser river was widened and deepened from Military Road to Zandvlei 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 7s. 6d. 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 1s. 3d. per removal.

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

At certain properties in 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. Household owners are required to provide the closets and the removals are paid for by the Corporation. Ordinary pail closets are allowed in Heathfield district. Fifty-six 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 Clovelly.

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 505,061 cubic yards.

In all areas house refuse is disposed of by controlled tipping.

SECTION XI.—STAFF OF CITY HEALTH DEPARTMENT.

The authorized establishment of the City Health Department, as at 30th June, 1954, 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, 9.
Clerks, 1.
Junior Clerk.
Senior Clerk/Typist.
Senior Shorthand Typist.
Head Office Messenger.
Messenger (works and districts).
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, 21.
Health Inspectors, 8.
Assistant Health Inspector.
Learner Health Inspector.
Senior Clerk.
Junior Clerk.
Clerk/Typist.
Washhouse Caretaker/Fitter.
Washhouse Caretakers, 5.
Assistant Washhouse Caretakers, 4.
Ratcatchers, 16.
Ratcatchers' Assistants, 7.
Ratcatchers' Assistants-Learners, 3.
Motor Driver.
Checker.
Fireman/Stoker.
Labourers, 3.
Stores-Yardsman.
Attendants at Public Sanitary Conveniences, 156.

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, 28.
Health Visitors, 3.
Junior Health Visitors, 8.
Supervisor of Midwives.
Social Welfare Visitor.
Clinic Assistants, 4.
Senior Clerk.
Clerk.
Senior Clerk/Typists, 2.
Clerk/Typist.
Nursery School Teachers, 3.
Nursery School Teacher (Junior).
Domestic Adults, 17.
Children's Helps, 11.
Cooking Hands, 15.
Laundresses, 3.
Motor Drivers, 4.
Labourer.
Nightwatchmen, 2.

VENEREAL DISEASE BRANCH.

Venereal Disease Officer.
Deputy Venereal Disease Officer.
Senior Health Visitor.

Health Visitor.
Senior Clerk.
Domestic.
Labourers, 2.

TUBERCULOSIS BRANCH.

Tuberculosis Officer.
Deputy Tuberculosis Officer.
Senior Radiographer.
Clerk-in-Charge.
Senior Clerks, 2.
Clerks, 4.
Junior Clerks, 2.
Senior Health Visitors, 8.
Health Visitors, 2.
Clinic Nurse.
Clinic Assistants, 3.
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.
Senior Clerk/Typist.
Senior Health Visitor.
Dental Nurses, 4.
Clinic Assistants, 2.
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, 15.
Staff Nurses, 2.
Student Nurses, 14.
Nurses, 5.
Nurse Aides, 10.
Nursing Assistants, 25.
Head Male Nurse.
Male Nurses, 4.
Chief Pharmacist.
Senior Pharmacist.
Pharmacists, 3.
Radiographer.
Disinfection Officer.
Ambulance Officer.
Principal Clerk.
Senior Clerks, 2.
Junior Clerk.
Senior Clerk/Typists 2.
Clinic Assistant.
Senior Works Foreman.
Handyman/Electrician.
Handyman/Carpenter.
Brush-hand.
Works Storeman.
Boiler Attendant.
Painter.
Labourers, 13.
Laundry Supervisor.
Laundresses, 35.
Seamstresses, 4.
Housekeeper.
Housemaids, 28.
Native Male Orderlies, 48.
Hospital Cooks, 5.
Senior Telephone Operators, 2.

Telephone Assistant.
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, 12.
Staff Nurses, 27.
Non-European Nurse Aides, 45.
Non-European Male Nursing Assistants, 2.
Radiographer.
Occupational Therapist (Workshops Rehabilitation).
Occupational Therapist (Diversional and Physical).
Lady Warden.
Clinic Assistant.
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.

TABLE A1. INTERMEDIATE LIST OF CAUSES OF DEATH REGISTERED IN 1953-54 (CLASSIFIED FOR CAUSES, RACE, SEX, AGE-GROUPS AND WARDS).

Deaths in Cape Town of non-Residents (Outward Transfers) are excluded from the table proper and shown separately. (52 weeks ended 2nd July, 1954.)

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

CAUSE OF DEATH.		Race	AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																		TOTALS.				Deaths in Cape Town of Non-Residents. (Excluded from foregoing columns.)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
			0 to 1		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.	Persons.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.

* Including the deaths of 10 newly-born infants, 9 (6 males, 3 females) of unknown race and 1 of unknown race and sex).

SUMMARY.

WARDS; CORRECTED FOR OUTWARD TRANSFERS.

CAUSE OF DEATH.		Race.	Age.															Totals.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
			1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		Not allocated, residential address unascertained.		Totals.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Pers. omis.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
I.—Infective and parasitic diseases.	{E. 17 {O. 17	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1</

* Including 10 of unknown race.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

International Code No.	CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																																TOTALS.				Deaths in Cape Town of Non-Residents
			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.	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.								
	I. INFECTIVE AND PARASITIC DISEASES.																																						
001-005	Tuberculosis of respiratory system ..	{E. O.	- 11	- 15	- 9	- 11	- 4	- 6	- 24	- 32	- 3	- 4	- 1	- 1	2 32	1 25	3 46	2 22	7 57	2 11	8 53	1 13	3 21	2 9	4 11	- 3	2 4	1 1	- 1	- 1	29 253	9 121	38 374	2 13					
010	Tuberculosis of meninges and central nervous system ..	{E. O.	- 8	- 8	2 14	2 12	- 14	- 10	2 36	2 30	- 5	- 3	- -	- -	- 1	- 1	1 -	- 1	2 -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	3 45	2 35	5 80	- 15				
011	Tuberculosis of intestines, peritoneum and mesenteric glands ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -				
012-013	Tuberculosis of bones and joints ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	2 -	4 -	6 -	- -				
014-019	Tuberculosis, all other forms ..	{E. O.	1 3	- -	- 5	5 5	2 2	3 10	1 8	- -	1 -	- -	- -	- -	- 1	- -	2 -	1 -	- 1	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	3 12	- 12	3 24	12 1					
020	Congenital syphilis ..	{E. O.	- 1	- 2	- -	- -	- -	- 1	- 2	- -	- -	- -	- -	- -	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	3 -	4 -	1 -					
021	Early syphilis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -					
024	Tabes dorsalis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	2 -	- -	2 -	- -				
025	General paralysis of insane ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	3 -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	5 -	- -	5 -	1 -				
022-023-026-029	All other syphilis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	1 -	1 -	- -	- -	- -	- -	- -	- -	1 -	1 -	1 -	- -	- -	- -	- -	12 12	1 1	13 13	12 12					
030-035	Gonococcal infection ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -					
040	Typhoid fever ..	{E. O.	- -	- -	- -	- -	1 -	1 -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	2 -	- -	2 -	1 -					
041-042	Paratyphoid fever and other salmonella infections ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -					
043	Cholera ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -					
044	Brucellosis (undulant fever) ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -					
045-048	Dysentery, all forms ..	{E. O.	- -	1 -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -	3 -	- -	2 -	1 -	- -	- -	1 -	1 -	- -	- -	- -	- -	7 -	4 -	11 -	5 -					
050	Scarlet fever ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -					
051	Streptococcal sore throat ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -					
052	Erysipelas ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	1 -					
053	Septicaemia and pyaemia ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -	1 -	1 -					
055	Diphtheria ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -					
056	Whooping cough ..	{E. O.	- 3	- 3	1 -	1 -	- -	1 4	5 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	4 -	5 -	9 -	2 -				
057	Meningococcal infections ..	{E. O.	1 2	- -	- -	- -	- -	1 2	- -	- -	- -	- -	1 -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 3	- 1	1 4	1 -					
058	Plague ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -					
060	Leprosy ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -					
061	Tetanus ..	{E. O.	- 2	- 2	- -	- -	1 2	3 3	1 -	- -	2 -	- -	- -	- -	- -	1 -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	1 6	- 4	1 10	1 5				
062	Anthrax ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -					
080	Acute poliomyelitis ..	{E. O.	- -	- -	1 -	- -	1 -	2 -	- -	1 -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	4 -	1 -	5 -	2 -				
082	Acute infectious encephalitis ..	{E. O.	- -	- -	- -	- -	1 -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -	- -					
081-083	Late effects of acute poliomyelitis and acute infectious encephalitis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -					
084	Smallpox ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -					
085	Measles ..	{E. O.	- 1	- 1	3 5	3 3	3 3	7 7	9 9	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	7 -	9 -	16 -	2 -				
091	Yellow fever ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -					
092	Infectious hepatitis ..	{E. O.	- 1	- 1	- -	- -	- -	1 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	2 -	1 -	3 -	- -				

REPORT OF THE MEDICAL OFFICER OF HEALTH.

[illegible]

International Code No.	CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																																TOTALS.	
			0 to 1		1 to 4		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.	Persons.					
094	I. (Contd.) Rabies...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
100-108	Typhus and other febrile diseases...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
110-117	Malaria...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
123	Schistosomiasis...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
125	Hydatid disease...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
127	Filariasis...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
129	Ankylostomiasis...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
124, 126, 128, 130	Other diseases due to helminths...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
036-039, 049, 054, 059, 063-074, 086-090, 093, 095, 096, 120-122, 131-138	All other diseases classified as infective and parasitic...	{E. O.	-	1	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	3				
	Totals for I	{E. O.	33	34	32	35	24	25	6	89	94	10	9	3	2	36	29	50	29	67	11	63	15	28	10	14	5	4	1	1	43	14	57			
	II. NEOPLASMS.																																			
140-145	Malignant neoplasm of buccal cavity and pharynx...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	2	1	-	3	1	4				
150	Malignant neoplasm of oesophagus...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	3	2	1	-	3	1	-	1	7	2	9			
151	Malignant neoplasm of stomach...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	5	2	9	3	9	5	14	11	1	8	3	3	30	27	57				
152	Malignant neoplasm of intestine, except rectum...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1	2	1	3	4	3	5	5	1	2	12	16	28	7				
154	Malignant neoplasm of rectum...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	-	6	2	-	-	-	9	3	12	4				
161	Malignant neoplasm of larynx...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12	-	-	-	-	-	12	-	2	2				
162, 163	Malignant neoplasm of trachea and of bronchus and lung not specified as secondary...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	2	1	8	1	8	2	9	3	5	1	2	31	8	39	31				
170	Malignant neoplasm of breast...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	-	6	-	3	-	8	-	12	1	-	29	29	58	10				
171	Malignant neoplasm of cervix uteri...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	6	-	4	-	-	-	-	2	-	1	-	16	6	22	16				
172-174	Malignant neoplasm of other and unspecified parts of uterus...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	3	-	2	-	1	-	-	6	6	12	10				
177	Malignant neoplasm of prostate...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	6	-	7	1	-	2	18	6	24	6				
190, 191	Malignant neoplasm of skin...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	1	-	1	3	1	4	4				
196, 197	Malignant neoplasm of bone and connective tissue...	{E. O.	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2	-	1	-	1	2	-	-	-	3	-	3	4				
155-160, 164, 165, 175, 176, 178-181, 192-195, 198, 199	Malignant neoplasm of all other and unspecified sites...	{E. O.	-	-	-	-	-	-	-	1	-	-	-	-	-	1	2	-	4	8	6	4	14	11	6	14	2	-	34	29	63	73				
204	Leukaemia and aleukaemia...	{E. O.	-	-	-	-	-	3	-	3	-	1	-	-	1	-	1	1	-	-	12	2	1	-	1	1	-	-	-	5	4	9	9			
200-203, 205	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system...	{E. O.	-	-	-	-	-	1	-	1	-	-	-	1	-	1	-	1	-	4	-	1	2	1	-	-	-	-	3	5	8	5				
210-239	Benign neoplasms and neoplasms of unspecified nature...	{E. O.	-	1	-	-	-	1	1	1	2	-	2	-	-	-	-	1	-	1	1	3	3	1	1	-	-	1	7	4	11	15				
	Totals for II	{E. O.	-	1	-	-	1	4	1	5	1	2	-	4	1	2	6	6	12	14	22	24	38	20	50	45	40	38	6	11	168	150	318			

USE 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.					
(Contd.)																																					
bles...	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -				
phus and other ric- ettisid diseases ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -				
laria ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -				
stomatiasis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -				
datid disease ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -				
ariasis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -				
kylostomiasis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -				
er diseases due to elminths ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -				
other diseases clas- sified as infective and arasitic ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -				
Totals for I ..	{E. O.	1 -	- 1	1 10	2 19	2 12	1 1	1 36	4 14	5 27	7 13	1 15	1 14	7 76	1 51	1 8	3 2	4 76	4 44	2 4	2 2	3 9	2 5	3 12	3 12	4 29	1 12	3 45	23 23	1 8	1 1	43 366	14 203	57 571			
NEOPLASMS.																																					
ignant neoplasm of ecal cavity and harynx ..	{E. O.	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	1 -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
ignant neoplasm of esophagus ..	{E. O.	- -	1 -	2 -	- -	- -	1 -	- -	2 -	- -	- -	1 -	- -	1 -	1 -	1 -	- -	- -	2 -	- -	- -	1 -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -			
ignant neoplasm of tomach ..	{E. O.	4 -	1 -	- -	3 -	2 -	2 -	1 -	3 -	1 -	6 -	2 -	2 -	6 -	1 -	4 -	4 -	1 -	5 -	2 -	- -	1 -	3 -	1 -	3 -	1 -	2 -	2 -	4 -	2 -	1 -	1 -	30 40	27 28	57 68		
ignant neoplasm of ntestine, except rec- um ..	{E. O.	3 -	4 -	1 -	3 -	- -	2 -	3 -	1 -	1 -	- -	- -	1 -	- -	1 -	2 -	- -	- -	- -	- -	- -	1 -	2 -	- -	- -	1 -	- -	1 -	1 -	- -	- -	- -	- -	- -			
ignant neoplasm of ctum ..	{E. O.	1 -	- -	2 -	1 -	2 -	- -	1 -	1 -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
ignant neoplasm of arynx ..	{E. O.	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
ignant neoplasm of rachea, and of bron- chus and lung not pecified as second- ary ..	{E. O.	4 -	- -	1 -	1 -	1 -	2 -	2 -	- -	4 -	- -	- -	2 -	- -	- -	2 -	1 -	1 -	4 -	- -	4 -	1 -	2 -	3 -	1 -	- -	4 -	1 -	1 -	1 -	1 -	1 -	31 25	8 6	39 31		
ignant neoplasm of breast ..	{E. O.	- -	10 -	- -	3 -	- -	- -	3 -	1 -	- -	- -	- -	2 -	- -	1 -	- -	- -	- -	2 -	- -	- -	2 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
ignant neoplasm of ervix uteri ..	{E. O.	- -	- -	- -	2 -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
ignant neoplasm of ther and unspecified parts of uterus ..	{E. O.	- -	1 -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
ignant neoplasm of rostate ..	{E. O.	1 -	- -	- -	- -	1 -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
ignant neoplasm of skin ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
ignant neoplasm of bone and connective tissue ..	{E. O.	1 -	- -	- -	- -	1 -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
ignant neoplasm of all other and unspec- ified sites ..	{E. O.	1 -	3 -	2 -	4 -	1 -	1 -	4 -	7 -	1 -	1 -	1 -	1 -	1 -	1 -	1 -	6 -	1 -	1 -	1 -	1 -	1 -	1 -	4 -	4 -	1 -	3 -	1 -	2 -	3 -	3 -	- -	- -	34 14	39 17	73 31	
ukaemia and aleu- kaemia ..	{E. O.	- -	1 -	- -	- -	- -	1 -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
ymphosarcoma and other neoplasms of lymphatic and hae- matopoietic system ..	{E. O.	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
align neoplasms and neoplasms of unspec- ified nature ..	{E. O.	1 -	- -	1 -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -			
Totals for II ..	{E. O.	17 -	21 -	13 2	17 3	8 5	7 8	15 -	13 1	8 15	5 11	2 14	3 12	12 8	10 12	10 13	6 15	11 2	15 1	4 24	6 23	15 2	11 4	15 1	10 4	10 6	7 12	13 5	9 14	14 7	8 12	1 2	168 120	150 112	318 232		

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. ALLERGIC, ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES.																																			
h-toxic goitre ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
thyrotoxicosis with or without goitre ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		
diabetes mellitus ..	{E. O.	4 -	2 -	1 -	1 -	1 -	2 -	3 -	3 -	12 -	15 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	
vitaminosis and other deficiency states ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	
other allergic disorders, endocrine, metabolic and nutritional diseases ..	{E. O.	- -	1 -	- -	- -	1 -	3 -	- -	- -	- -	2 -	2 -	1 -	2 -	1 -	1 -	2 -	1 -	2 -	1 -	2 -	1 -	2 -	1 -	2 -	1 -	2 -	1 -	2 -	1 -	2 -	1 -	2 -	1 -	2 -
Totals for III ..	{E. O.	4 -	3 -	1 -	1 -	2 -	5 -	3 -	6 -	3 -	12 -	15 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	12 -	
DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS.																																			
anemias ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	
per diseases of blood and blood-forming organs ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	
Totals for IV ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	
MENTAL, PSYCHONEUROTIC AND PERSONALITY DISORDERS.																																			
epilepsies ..	{E. O.	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	
psychoneurosis and disorders of personality ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	
mental deficiency ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	
Totals for V ..	{E. O.	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	
DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.																																			
vascular lesions affecting central nervous system ..	{E. O.	9 1	12 -	10 2	13 -	4 5	4 7	6 -	5 -	12 12	3 18	4 15	4 25	6 6	4 12	4 17	5 8	11 3	8 11	12 21	6 -	6 -	5 4	13 4	8 5	12 22	6 9	6 6	4 7	4 -	3 -	96 94	105 101	201 195	
meningococcal meningitis ..	{E. O.	- -	- -	1 -	- -	- -	- -	- -	- -	- -	1 -	1 -	1 -	- -	1 -	4 -	1 -	- -	- -	3 -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	
multiple sclerosis ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	
depression ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	
inflammatory diseases of eye ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	
cataract ..	{E. O.	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -																	

REPORT OF THE MEDICAL OFFICER OF HEALTH.

CAUSE OF DEATH.	Recd.	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			
VII. DISEASES OF THE CIRCULATORY SYSTEM.																																			
Rheumatic fever ..	{E. O.	-	-	-	-	-	-	-	-	-	2	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-
Chronic rheumatic heart disease ..	{E. O.	1	2	-	1	-	-	1	-	-	5	5	2	6	-	1	1	-	2	-	1	2	5	-	1	1	1	-	2	-	1	-	2	13	15
Arteriosclerotic and degenerative heart disease ..	{E. O.	36	24	22	9	33	4	24	13	14	2	8	2	14	8	18	13	20	12	7	1	21	13	23	9	18	12	22	17	21	11	11	1	12	163
Other diseases of heart ..	{E. O.	-	-	-	-	2	3	1	-	-	3	1	2	1	2	6	-	1	-	-	1	1	1	1	1	2	-	1	3	1	2	-	12	31	
Hypertension with heart disease ..	{E. O.	-	-	-	-	-	1	1	-	-	1	5	1	2	-	2	1	-	4	6	1	-	3	-	1	2	-	1	-	2	1	-	5	7	
Hypertension without mention of heart ..	{E. O.	4	-	4	2	1	2	1	-	2	2	4	3	3	2	11	6	1	6	12	2	12	4	2	2	2	1	2	2	3	-	2	27	33	
Diseases of arteries ..	{E. O.	2	6	2	2	2	1	3	3	-	4	4	-	4	1	3	4	4	-	1	2	-	3	4	2	1	2	3	4	5	5	5	1	33	
Other diseases of circulatory system ..	{E. O.	-	-	-	-	1	-	-	-	1	-	-	-	1	-	1	1	-	-	-	-	1	1	-	2	-	-	1	-	-	1	3	3		
Totals for VII ..	{E. O.	43	32	28	14	39	10	30	17	16	6	8	6	19	13	24	18	24	24	9	4	24	23	31	14	23	16	26	27	32	22	20	18	396	
VIII. DISEASES OF THE RESPIRATORY SYSTEM.																																			
Acute upper respiratory infections ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
Influenza ..	{E. O.	-	-	-	-	-	-	-	-	1	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1	-	5	7	
Lobar pneumonia ..	{E. O.	-	-	1	-	-	-	2	1	-	2	2	-	-	2	4	3	1	-	-	1	1	1	1	1	-	1	1	-	2	1	2	1	14	
Bronchopneumonia ..	{E. O.	1	1	2	3	2	2	-	1	1	1	2	1	2	20	35	1	1	2	-	-	1	4	1	3	1	4	-	2	3	1	3	22	44	
Primary atypical, other and unspecified pneumonia ..	{E. O.	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	4	3		
Acute bronchitis ..	{E. O.	1	-	-	1	2	-	-	-	3	1	-	3	-	-	3	1	-	-	-	-	2	-	-	-	-	-	1	1	-	-	-	5	8	
Bronchitis, chronic and unqualified ..	{E. O.	-	1	-	1	-	-	-	1	1	-	-	-	-	3	-	1	-	3	-	-	1	-	-	1	-	-	1	-	-	1	2	4		
Hypertrophy of tonsils and adenoids ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Empyema and abscess of lung ..	{E. O.	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1	-	-	-	-	-	2	-	-	-	-	-	1	1		
Pleurisy ..	{E. O.	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-		
All other respiratory diseases ..	{E. O.	-	-	1	1	-	-	1	-	1	-	-	1	-	3	1	-	-	1	2	1	1	-	-	-	-	1	-	-	2	-	7			
Totals for VIII ..	{E. O.	2	2	5	6	4	2	3	-	2	3	2	3	1	3	4	3	2	-	-	3	2	7	6	6	4	1	5	3	3	3	6	6	53	
IX. DISEASES OF THE DIGESTIVE SYSTEM.																																			
Diseases of teeth and supporting structures ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Ulcer of stomach ..	{E. O.	-	-	1	1	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	2	3		
Ulcer of duodenum ..	{E. O.	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-		
Gastritis and duodenitis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-		
Appendicitis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-		
Intestinal obstruction and hernia ..	{E. O.	-	-	-	2	-	-	1	-	1	2	1	1	-	-	2	3	-	1	1	-	-	1	-	1	1	-	1	-	1	1	1	6		
Gastro-enteritis and colitis, except ulcerative, and diarrhoea of the newborn ..	{E. O.	-	-	3	3	6	5	1	2	23	15	20	20	6	5	101	93	4	1	70	71	-	-	8	5	4	6	15	16	51	52	-	3		
Chronic enteritis and ulcerative colitis ..	{E. O.	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-		
Cirrhosis of liver ..	{E. O.	-	1	3	-	1	-	1	-	1	-	-	-	-	-	4	-	-	-	-	1	2	2	1	-	1	1	-	-	-	10	4			

[illegible]

REPORT OF THE MEDICAL OFFICER OF HEALTH.

International Code No.	CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																												TOTALS.	
			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.		Persons.	Deaths in Cape Town of Native Residents.
			M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.			
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
737-745-749	XIII. (Contd.) Ankylosis and acquired musculoskeletal deformities ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
731-736-738-744	All other diseases of the bones and organs of movement ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Totals for XIII ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	XIV. CONGENITAL MALFORMATIONS.																															
751	Spina bifida and meningocele ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
754	Congenital malformations of circulatory system ..	{E. O.	4	4	-	-	-	-	4	4	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
750-752-753-755-759	All other congenital malformations ..	{E. O.	3	5	-	-	-	-	4	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Totals for XIV ..	{E. O.	7	9	-	-	-	-	8	9	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	XV. CERTAIN DISEASES OF EARLY INFANCY.																															
760-761	Birth injuries ..	{E. O.	11	6	-	-	-	-	11	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
762	Postnatal asphyxia and atelectasis ..	{E. O.	2	1	-	-	-	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
763-768	Infections of the newborn ..	{E. O.	2	5	-	-	-	-	2	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
770	Haemolytic disease of newborn ..	{E. O.	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
769-771-772	All other defined diseases of early infancy ..	{E. O.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
773-776	Ill-defined diseases peculiar to early infancy and immaturity unqualified ..	{E. O.	18	14	-	-	-	-	18	14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Totals for XV ..	{E. O.	35	27	-	-	-	-	35	27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	XVI. SYMPTOMS, SEMI-SENILITY AND ILL-DEFINED CONDITIONS.																															
794	Senility without mention of psychosis ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
780-793-795	Ill-defined and unknown causes of morbidity and mortality ..	{E. O.	1	2	-	-	-	-	1	3	-	-	-	-	1	1	-	3	4	3	12	3	8	-	5	3	8	4	-	-	39	20
	Totals for XVI ..	{E. O.	1	2	-	-	-	-	1	3	-	-	-	-	1	1	-	3	4	3	12	3	8	-	5	3	8	4	-	-	39	20
	(E) XVII. ACCIDENTS, POISONINGS AND VIOLENCE (EXTERNAL CAUSE).																															
E810-E835	Motor vehicle accidents ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
E800-E802-E840-E866	Other transport accidents ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
E870-E895	Accidental poisonings ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
E900-E904	Accidental falls ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
E929	Accidental drowning and submersion ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
E910-E928-E930-E965	All other accidental causes ..	{E. O.	3	3	-	-	-	-	2	3	-	-	-	-	1	1	-	2	1	1	1	1	-	1	1	1	1	-	-	-	-	
E970-E979	Suicide and self-inflicted injury ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
E980-E985	Homicide and injury purposely inflicted by other persons (not in war) ..	{E. O.	1	-	-	-	-	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
E990-E999	Injury resulting from operations of war ..	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Totals for (E) XVII ..	{E. O.	1	1	-	-	-	-	2	2	-	-	-	-	1	1	-	2	2	2	7	2	3	-	10	6	6	1	7	-	-	-

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[illegible]

TABLE A2. DEATHS OF NATIVES (NOT RESIDENT IN LANGA) CLASSIFIED AS IN
TABLE A1 (Included in Table A1).

[illegible]

TABLE A2 (Continued).

Section.	International Code No.	CAUSE OF DEATH.	AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																												TOTALS.				Deaths in Cape Town of non-residents excluded from foregoing column.
			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.			
XI	650	Abortion without mention of sepsis or toxæmia ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-		
XI	651	Abortion with sepsis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XI	681	Sepsis of childbirth and the puerperium ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
XIV	750	Congenital malformations ..	1	3	-	-	-	1	1	4	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	5	6	12		
XV	760	Birth injuries ..	8	-	-	-	-	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8	-	2	3		
XV	761																																		
XV	762	Post-natal asphyxia and atelectasis ..	5	2	-	-	-	5	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	2	1	1		
XV	763	Pneumonia of newborn ..	1	1	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1		
XV	764	Diarrhoea of newborn ..	1	2	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	3	-		
XV	770	Haemolytic disease of newborn ..	1	1	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	1		
XV	769	Other defined diseases of early infancy ..	4	1	-	-	-	4	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	1	5	-		
XV	771																																		
XV	772																																		
XV	773	Ill-defined diseases peculiar to early infancy and immaturity unqualified ..	11	8	-	-	-	11	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11	8	19	3		
XVI	780	Ill-defined and unknown causes of morbidity and mortality ..	4	6	3	1	-	7	7	-	-	-	-	2	-	3	4	6	-	12	1	2	-	2	2	1	-	-	-	25	14	39	7		
XVI	793																																		
XVI	795																																		
EXVII	E800	Railway accidents ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	2	-		
EXVII	E802																																		
EXVII	E810	Motor vehicle accidents ..	-	-	-	-	-	-	-	-	-	-	-	-	2	-	10	2	1	-	12	-	-	-	-	-	-	-	-	15	2	17	5		
EXVII	E835																																		
EXVII	E840	Other road vehicle accidents ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-		
EXVII	E845																																		
EXVII	E870	Accidental poisoning ..	-	-	1	-	1	-	2	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	4	-	4	1		
EXVII	E895																																		
EXVII	E900	Accidental falls ..	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	1	-	-	-	-	-	-	-	-	3	-	3	-		
EXVII	E904																																		
EXVII	E910	Other accidents ..	-	1	-	-	-	1	-	2	-	-	-	1	-	2	-	2	-	-	1	1	-	-	-	-	-	-	-	6	3	9	4		
EXVII	E936																																		
EXVII	E980	Homicide ..	-	-	-	-	-	-	-	-	-	-	-	6	-	11	-	4	-	2	-	2	-	-	-	-	-	-	-	25	-	25	4		
EXVII	E985																																		
		Totals ..	128	109	20	24	16	8	164	141	3	4	-	3	15	6	41	15	49	11	27	8	18	5	9	4	4	-	4	2	334	199	533	78	

TABLE A2 (Continued).

CAUSE OF DEATH.		WARDS.																														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.				
50	Abortion without mention of sepsis or toxæmia	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	2	-	-	-	-	-	-	-	1	-	-	-	1	1
50-59	Congenital malformations	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	1	5	6	
60-61	Birth injuries	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	2	-	-	8	8	
62	Post-natal asphyxia and atelectasis	1	-	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2	-	-	5	3	
63	Pneumonia of newborn	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	2	-	-	1	1	
64	Diarrhoea of newborn	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	1	-	-	1	12	
70	Haemolytic disease of newborn	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
69	Other defined diseases of early infancy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
71-72	Ill-defined diseases peculiar to early infancy and immaturity unqualified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	-	-	-	-	-	-	-	-	-	-	2	-	-	4	1	
73-76	Ill-defined and unknown causes of morbidity and mortality	-	-	1	-	-	2	-	-	1	-	1	-	-	-	5	3	-	-	2	3	-	-	-	-	-	-	-	-	-	1	-	-	11	8
80-89	Railway accidents	2	-	-	1	1	-	1	-	2	1	1	-	-	-	10	6	-	-	3	3	-	-	-	-	-	-	-	-	5	3	-	25	14	
90-99	Motor vehicle accidents	-	-	-	-	-	1	-	1	-	-	2	-	-	7	2	-	-	1	-	-	-	1	-	-	-	-	-	-	1	-	1	15	2	
100-109	Other road vehicle accidents	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
110-119	Accidental poisoning	-	-	-	-	-	-	-	1	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	4	-	
120-129	Accidental falls	-	-	-	-	-	-	-	1	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	
130-139	Other accidents	-	-	1	-	-	-	-	-	-	-	-	-	-	3	2	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1	6	3	
140-149	Homicide	2	-	1	-	-	-	-	-	-	-	-	-	-	12	-	-	-	4	-	1	-	-	-	-	-	-	-	-	3	-	2	25	-	
150-159	Totals	5	1	10	3	6	8	4	1	13	4	8	4	3	-	100	100	3	2	42	37	2	-	2	1	3	-	6	4	56	33	11	1334	199	

TABLE NO. LISTING OF SUBJECTS CLASSIFIED AS IN TABLE A1. (CONTINUED IN TABLE A1.)

[illegible]

TABLE B.—Deaths Classified for Causes and Race : 1953-54.

(Corrected for Outward Transfers.)

International Code No.	Disease.	Euro-pean.	Coloured.	Native.	Asiatic.	Non-Euro-pean.	All Races.
001-008	Tuberculosis of respiratory system	38	315	58	1	374	412
010-019	Tuberculosis, other forms	8	99	11	1	111	119
020-029	Syphilis and its sequelae	3	21	3	—	24	27
040-041	Typhoid fever	—	2	—	—	2	2
045-048	Dysentery, all forms	—	7	4	—	11	11
050	Scarlet fever	—	—	—	—	—	—
055	Diphtheria	—	—	—	—	—	—
056	Whooping cough	—	5	4	—	9	9
057	Meningococcal infections	1	3	1	—	4	5
080	Acute poliomyelitis	5	—	—	—	—	5
085-086	Measles and rubella (German measles)	—	15	—	1	16	16
100-108	Typhus and other rickettsial diseases	—	—	—	—	—	—
110-117	Malaria	—	—	—	—	—	—
Rest of Section I (001-138)	All other diseases classified as infective and parasitic	2	20	—	—	20	22
140-205	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	307	201	13	3	217	524
210-239	Benign and unspecified neoplasms	11	15	—	—	15	26
260	Diabetes mellitus	41	27	1	—	28	69
290-293	Anaemias	2	2	—	1	3	5
330-334	Vascular lesions affecting central nervous system	201	182	9	4	195	396
340	Non meningococcal meningitis	2	14	3	—	17	19
400-402	Rheumatic fever	2	11	—	—	11	13
410-416	Chronic rheumatic heart disease	15	40	4	—	44	59
420-422	Arteriosclerotic and degenerative heart disease	475	224	10	12	246	721
430-434	Other diseases of heart	25	27	3	1	31	56
440-443	Hypertension with heart disease	12	31	2	1	34	46
444-447	Hypertension without mention of heart	60	74	2	3	79	139
450-456	Diseases of the arteries	65	48	2	—	50	115
480-483	Influenza	—	5	2	—	7	7
490-493	Pneumonia (including pneumonia of the newborn)	69	188	49	6	243	312
763	Bronchitis	16	22	4	—	26	42
500-502	Ulcer of stomach and duodenum	7	4	—	2	6	13
540-541	Appendicitis	—	1	—	—	1	1
550-553	Intestinal obstruction and hernia	12	13	2	—	15	27
560, 561, 570	Gastro-enteritis and colitis (including diarrhoea of the newborn)	10	444	171	8	623	633
571, 764	Cirrhosis of the liver	14	9	2	—	11	25
581	Nephritis and nephrosis	30	38	7	—	45	75
590-594	Hyperplasia of prostate	7	1	—	—	1	8
610	Complications of pregnancy, childbirth and the puerperium	4	18	1	—	19	23
640-652	Congenital malformations	21	31	6	3	40	61
670-689	Birth injuries, post natal asphyxia and atelectasis	20	80	15	1	96	116
750-759	Other infections of the newborn	1	1	—	—	1	2
760-762	Other diseases peculiar to earlier infancy and immaturity unqualified	35	138	26	7	171	206
765-768	Senility and ill-defined diseases	88	175	39	2	216	304
769-776	Motor vehicle accidents	22	37	17	1	55	77
780-795	All other accidents	34	40	19	—	59	93
E810-E835	Suicide and self-inflicted injury	17	6	—	—	6	23
E840-E965	Homicide	5	24	25	1	50	55
E970-E979	All other causes	86	104	18	2	124	210
E980-E985							
—	Total	1,773	2,762	533	61	3,356	5,139*

* Including 10 of unknown race.

TABLE C.—Deaths by Causes, Race and Date of Registration. 1953-54.

(Corrected for Outward Transfers.)

International Code No.	Disease.	Race.	July (4 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 (52 weeks).
001-008	Tuberculosis of respiratory system	Eur.	4	3	4	2	3	4	4	2	1	2	3	6	38
		Non-E.	30	24	31	21	29	54	30	18	38	23	36	40	374
010-019	Tuberculosis, other forms ..	Eur.	—	1	—	—	—	—	1	—	1	3	—	2	8
		Non-E.	9	5	15	12	5	15	17	4	12	2	8	7	111
020-029	Syphilis and its sequelae ..	Eur.	—	—	2	—	—	—	—	—	1	—	—	—	3
		Non-E.	1	1	5	2	1	3	1	2	3	3	1	1	24
040-041	Typhoid fever ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	2	—	—	—	—	—	—	—	—	—	2
055	Diphtheria ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
056	Whooping cough ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	3	—	1	4	—	—	1	—	—	—	9
057	Meningococcal infections ..	Eur.	—	—	1	—	—	—	—	—	—	—	—	—	1
		Non-E.	—	—	—	1	1	—	—	—	—	1	1	—	4
080	Acute poliomyelitis ..	Eur.	—	1	—	—	1	—	1	1	—	1	—	—	5
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
085-086	Measles and rubella ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	1	—	2	2	1	1	—	1	2	4	1	1	16
140-205	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	Eur.	16	15	39	34	17	32	27	32	25	21	27	22	307
		Non-E.	16	16	15	15	15	21	16	20	19	20	19	25	217
260	Diabetes ..	Eur.	7	3	7	2	2	1	1	2	7	2	1	6	41
		Non-E.	3	1	2	4	2	1	3	1	1	4	4	2	28
330-334	Vascular lesions affecting central nervous system ..	Eur.	19	17	16	14	17	10	19	21	16	16	8	28	201
		Non-E.	12	18	25	6	18	20	16	16	13	18	16	17	195
400-402	Rheumatic fever ..	Eur.	—	—	—	—	1	—	—	—	—	1	—	—	2
		Non-E.	1	1	1	1	3	1	—	1	—	1	—	1	11
410-416	Cardiovascular diseases ..	Eur.	44	43	50	37	43	46	38	33	47	29	45	60	515
		Non-E.	30	20	26	30	26	26	31	24	23	16	32	37	321
420-422															
430-434	Hypertensive diseases ..	Eur.	2	7	11	4	6	5	4	5	4	5	10	9	72
		Non-E.	12	6	6	7	7	7	9	8	6	10	11	24	113
440-443	Diseases of the arteries ..	Eur.	3	8	7	8	2	9	5	5	6	3	6	3	65
		Non-E.	6	4	6	4	4	2	2	4	6	2	5	5	50
450-456															
480-483	Influenza ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	1	—	—	1	—	—	—	—	1	—	1	3	7
490-493	Pneumonia (including pneumonia of the new born) ..	Eur.	6	4	7	4	5	9	1	7	6	2	5	13	69
		Non-E.	24	32	15	23	16	17	19	16	22	14	15	30	243
500-502	Bronchitis ..	Eur.	4	2	1	—	1	2	2	—	1	—	—	3	16
		Non-E.	4	5	3	3	1	—	2	1	3	2	—	2	26
571, 764	Gastro-enteritis and colitis (including diarrhoea of the new born)	Eur.	—	—	—	—	2	3	—	2	—	2	—	1	10
		Non-E.	22	18	24	22	44	84	104	88	86	47	54	30	623
590-594	Nephritis ..	Eur.	1	3	5	5	3	5	—	1	1	1	—	5	30
		Non-E.	7	7	1	2	2	7	3	3	2	2	3	6	45
640-652	Complications of pregnancy, child-birth and the puerperium ..	Eur.	—	—	1	—	—	1	—	—	—	—	—	1	4
		Non-E.	—	2	2	—	—	1	3	2	2	1	2	4	19
670-689	Congenital malformations ..	Eur.	2	—	3	2	—	2	1	1	1	1	1	7	21
		Non-E.	6	3	—	4	2	5	1	1	8	3	2	5	40
760-762	Birth injuries, post natal asphyxia and atelectasis ..	Eur.	1	3	4	1	2	2	1	—	3	3	—	—	20
		Non-E.	4	8	6	6	4	9	11	9	10	5	12	10	96
765-768	Other diseases peculiar to early infancy and immaturity un-qualified	Eur.	3	4	5	2	3	4	1	5	1	3	4	1	36
		Non-E.	17	16	21	10	11	20	7	11	17	13	12	17	172
780-795	Senility and ill-defined diseases ..	Eur.	6	2	7	8	13	9	8	7	12	8	2	6	88
		Non-E.	22	22	31	13	12	23	20	15	16	6	11	25	216
E.810-E835	Motor vehicle accidents ..	Eur.	4	4	6	—	2	1	—	3	—	1	—	1	22
		Non-E.	4	4	2	2	5	8	4	7	4	2	6	7	55
E800-E802	All other accidents ..	Eur.	3	4	6	2	3	3	5	3	3	—	1	1	34
		Non-E.	3	5	8	4	10	5	1	5	11	1	2	4	59
E840-E965															
E970-E979	Suicide ..	Eur.	—	3	2	1	1	—	2	—	2	1	5	—	17
		Non-E.	1	—	—	—	1	1	1	—	—	—	1	1	6
E980-E985	Homicide ..	Eur.	—	1	2	—	—	—	—	—	—	—	—	1	5
		Non-E.	4	4	2	1	4	7	4	9	1	2	4	8	50
—	All causes ..	Eur.	136	142	201	133	140	157	134	143	149	119	128	191	1,773
		Non-E.	259	238	279	210	236	363	331	284	330	212	271	343	3,356

TABLE D.—Death Rates per 1,000 Population for 1953-54 and Ten Previous Years by Causes and Race.

(Corrected for Outward Transfers.)

Disease.	Race.	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	Mean for 10 years.	1953 1954.
		1944.	1945.	1946.	1947	1948	1949	1950	1951	1952	1953		
Enteric fever ..	Eur. Non-E.	0.02 0.04	0.02 0.09	0.02 0.06	0.03 0.12	0.03 0.04	0.01 0.04	—	0.02	0.01	—	0.01 0.05	0.01
Measles ..	Eur. Non-E.	0.01 0.27	0.01 0.05	0.01 0.15	0.01 0.10	0.01 0.13	—	0.02 0.13	—	—	0.07	0.01 0.11	0.06
Scarlet fever ..	Eur. Non-E.	0.01 —	0.01 0.01	—	—	—	—	—	—	—	—	0.002	—
Whooping cough ..	Eur. Non-E.	0.04 0.18	0.02 0.49	—	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	0.03
Diphtheria ..	Eur. Non-E.	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	—	0.01	0.02 0.02	0.02 0.04	—
Influenza ..	Eur. Non-E.	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	0.02 0.03	0.03 0.04	0.03
Purulent infection—septicaemia, and erysipelas (non-puerperal) ..	Eur. Non-E.	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	—	0.01	—	0.02 0.02	0.01 0.01
Acute anterior poliomyelitis and polioencephalitis ..	Eur. Non-E.	—	0.01 0.01	0.01 0.01	—	0.01 —	—	—	—	0.01	0.02	0.004	0.03
Acute infectious encephalitis ..	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal cerebrospinal meningitis ..	Eur. Non-E.	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 0.07	0.01 0.01
Tuberculosis, respiratory system ..	Eur. Non-E.	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	0.17 1.68	0.51 4.05	0.20 1.37
Tuberculosis, other forms ..	Eur. Non-E.	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	0.04 0.39	0.10 0.89	0.04 0.40
Syphilis ..	Eur. Non-E.	0.06 0.46	0.02 0.29	0.03 0.35	0.02 0.33	—	—	0.02 0.19	0.01 0.12	0.02 0.13	0.01 0.08	0.02 0.25	—
General paralysis of the insane : tabes dorsalis ..	Eur. Non-E.	0.01 0.11	0.02 0.08	0.02 0.08	0.02 0.10	0.02 0.09	0.01 0.06	—	0.01 0.04	0.01 0.02	0.01 0.03	0.01 0.07	0.03
Aneurysm of the aorta ..	Eur. Non-E.	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 0.02	0.04 0.06	0.02 0.02
Cancer* ..	Eur. Non-E.	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	1.46 0.75	1.55 0.79	1.62 0.79

TABLE D—Continued.

Disease.	Race.	1943 — 1944.	1944 — 1945.	1945 — 1946.	1946 — 1947.	1947 — 1948.	1948 — 1949.	1949 — 1950.	1950 — 1951.	1951 — 1952.	1952 — 1953.	1953 — 1954.	Mean for 10 years.
Acute rheumatic fever	Eur. Non-E.	0.03 0.23	0.05 0.12	0.01 0.10	0.01 0.09	— 0.05	0.01 0.05	0.02 0.07	0.02 0.06	0.01 0.04	0.01 0.03	0.01 0.04	0.02 0.10
Diabetes	Eur. Non-E.	0.31 0.17	0.26 0.16	0.21 0.10	0.18 0.08	0.25 0.11	0.17 0.11	0.19 0.11	0.19 0.13	0.19 0.10	0.19 0.14	0.22 0.10	0.24 0.13
Intracranial lesions of vascular origin†	Eur. Non-E.	0.94 0.98	0.98 1.06	0.94 0.82	0.93 0.88	1.08 0.71	0.99 0.75	1.04 0.89	1.27 0.97	1.10 1.01	1.24 0.85	1.06 0.71	1.51 0.71
Arterio-sclerosis†	Eur. Non-E.	0.38 0.29	0.39 0.18	0.32 0.15	0.28 0.13	0.33 0.14	0.32 0.27	0.32 0.25	0.35 0.20	0.26 0.29	0.36 0.20	0.33 0.15	1.17 0.20
Cardiac diseases	Eur. Non-E.	2.45 2.27	2.74 2.21	2.50 2.12	2.55 1.95	3.10 2.03	2.69 1.64	2.68 1.47	2.79 1.43	3.04 1.66	2.75 1.34	2.78 1.30	2.99 1.93
Bronchitis and pneumonia (including pneumonia of the newborn)	Eur. Non-E.	0.40 4.28	0.44 2.94	0.36 2.55	0.38 2.47	0.36 2.61	0.40 1.80	0.40 1.92	0.31 1.46	0.37 1.30	0.29 1.12	0.42 0.91	0.42 2.39
Gastro-enteritis and colitis, except ulcerative (including diarrhoea of the newborn)	Eur. Non-E.	0.23 3.00	0.17 2.71	0.17 1.82	0.15 1.68	0.13 1.80	0.10 2.22	0.10 1.82	0.11 2.32	0.10 2.51	0.07 2.41	0.15 2.27	0.15 2.42
Nephritis	Eur. Non-E.	0.41 0.45	0.34 0.49	0.36 0.47	0.33 0.38	0.41 0.39	0.39 0.41	0.35 0.28	0.37 0.25	0.28 0.27	0.16 0.24	0.36 0.16	0.36 0.39
Puerperal sepsis	Eur. Non-E.	0.02 0.10	— 0.02	0.01 0.04	— 0.02	— 0.02	0.01 —	— —	0.01 0.01	— 0.02	— 0.01	0.01 0.03	0.01 0.03
Other diseases of pregnancy, childbirth, and puerperal state	Eur. Non-E.	0.03 0.12	0.02 0.10	0.03 0.07	0.01 0.06	0.02 0.05	0.02 0.09	0.01 0.04	— 0.05	0.01 0.04	0.01 0.06	0.02 0.04	0.02 0.08
Congenital malformations and diseases of early infancy	Eur. Non-E.	0.41 1.71	0.48 1.60	0.45 1.64	0.41 1.77	0.46 1.58	0.36 1.51	0.35 1.32	0.30 1.26	0.42 1.33	0.30 1.26	0.44 1.26	0.44 1.59
Senility	Eur. Non-E.	0.17 0.06	0.18 0.10	0.18 0.12	0.21 0.10	0.15 0.10	0.13 0.06	0.14 0.06	0.13 0.03	0.19 0.08	0.15 0.02	0.18 0.06	0.17 0.08
Accidents, poisonings and violence (external cause)	Eur. Non-E.	0.32 0.83	0.39 0.80	0.42 0.74	0.44 0.74	0.59 0.62	0.45 0.62	0.52 0.66	0.43 0.58	0.47 0.61	0.40 0.57	0.41 0.62	0.48 0.72
Other causes	Eur. Non-E.	1.30 1.92	1.43 1.66	1.35 1.50	1.20 1.45	1.32 1.51	1.61 1.88	1.49 1.96	1.28 1.58	1.52 1.63	1.64 1.70	1.35 1.79	1.56 1.80
TOTAL	Eur. Non-E.	9.89 25.51	10.16 22.18	9.62 19.99	9.44 18.64	10.52 19.04	9.60 17.38	9.68 16.44	9.55 14.97	9.88 14.99	9.33 13.12	10.74 12.25	10.74 19.47

†There has been some variation in the allocation of deaths (8) between these two causes for the years 1943-44—1952-53.

*Including deaths from Hodgkin's disease, leukaemia and aleukaemia in the year 1953-54, in accordance with the new International Classification List of Causes of Death.

TABLE F.—Deaths in Institutions, 1953-54.

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	431	634	262	376	169	258
Somerset Hospital	—	206	—	150	—	56
Wynberg, Victoria Hospital	48	126	26	61	22	65
City Hospital	24	134	13	68	11	66
Woodstock Hospital	36	47	25	28	11	19
Valkenberg Hospital	49	18	28	13	21	5
Volkshospitaal	66	—	13	—	53	—
Peninsula Maternity Hospital	10	46	9	36	1	10
Gardens Nursing Home	48	—	35	—	13	—
Brooklyn Hospital	—	44	—	34	—	10
St. Monica's Home	—	43	—	32	—	11
The Monastery Nursing Home	41	—	32	—	9	—
Rondebosch Hospital	21	17	17	16	4	1
Cape Jewish Aged Home	23	—	23	—	—	—
Belmont Nursing Home	22	—	14	—	8	—
Tamboers Kloof Nursing Home	22	—	8	—	14	—
Glenhildur Nursing Home	22	—	16	—	6	—
St. Joseph's Sanatorium	21	—	12	—	9	—
Hof St. Nursing Home	20	—	17	—	3	—
Mowbray Maternity Hospital	20	—	12	—	8	—
Alexandra Institution	19	1	15	1	4	—
Salvation Army Maternity Centre	—	19	—	12	—	7
Cambridge Nursing Home	18	—	15	—	3	—
Military Hospital, Wynberg	15	2	10	—	5	2
Elizabeth Private Hospital	17	—	11	—	6	—
Leeuwendal Nursing Home	16	—	5	—	11	—
Monte Rosa Hospital	13	—	5	—	8	—
Booth Memorial Hospital	13	—	9	—	4	—
Primrose Nursing Home	11	—	8	—	3	—
Kenilworth Nursing Home	11	—	9	—	2	—
Duncan Nursing Home	11	—	8	—	3	—
Gaulton Nursing Home	11	—	7	—	4	—
Delherbe Maternity Home	10	—	9	—	1	—
Ocean View Nursing Home	10	—	9	—	1	—
Rosedale Nursing Home	10	—	9	—	1	—
Lady Buxton Home	7	—	2	—	5	—
Gilmour Maternity Home	7	—	4	—	3	—
Helmsley Nursing Home	7	—	5	—	2	—
Ennerdale Nursing Home	7	—	3	—	4	—
Nazareth House	7	—	7	—	—	—
Kinclune Nursing Home	7	—	7	—	—	—
Wynecarrol Rest Home	6	—	6	—	—	—
Glenwood Nursing Home	4	—	4	—	—	—
Kromboom Nursing Home	4	—	4	—	—	—
Leighwood Nursing Home	3	—	2	—	1	—
The Gables Nursing Home	3	—	1	—	2	—
Grail Nursing Home	3	—	2	—	1	—
Kingsbury Maternity Home	3	—	3	—	—	—
House of Correction	—	3	—	2	—	1
Wyndover Nursing Home	2	—	2	—	—	—
Ladies Christian Home	2	—	2	—	—	—
Eaton Convalescent Home	—	1	—	1	—	—
Cape Town Gaol Hospital	—	1	—	—	—	1
Sunridge Nursing Home	1	—	1	—	—	—
Muizenberg Nursing Home	1	—	—	—	1	—
Princess Christian Home	1	—	1	—	—	—
Princess Alice Home	—	1	—	1	—	—
Airemount Nursing Home	1	—	1	—	—	—
Rosalie Nursing Home	1	—	1	—	—	—
Totals	1,186	1,343	749	831	437	512
Langa Native Hospital	—	46	—	46	—	—

TABLE G.—Registered Births and Still-Births for the year 1953-54 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.		Non-European.		European.		Total still-births.							
	Males.	Fe. males.	Males.	Fe. males.	Total.	Males.	Fe. males.	Males.	Fe. males.	Total.	Males.	Fe. males.	Total.	Non-Eur.	Total.	Legit.	Illegit.	Legit.	Illegit.	European.	Non-European.			
1 ..	118	108	3	1	121	109	230	13	13	16	18	29	31	60	230	60	290	3	—	—	3	99.1	85.0	
2 ..	73	84	1	1	74	85	159	69	71	42	31	111	105	216	159	216	375	2	—	5	3	87.6	71.8	
3 ..	79	80	2	3	81	83	164	190	210	53	51	243	261	504	164	504	668	1	—	12	3	95.2	45.1	
4 ..	104	103	4	5	108	108	216	22	15	18	22	40	37	77	216	77	293	4	1	2	3	91.0	67.1	
5 ..	97	112	1	4	98	116	214	400	377	134	119	534	496	1,030	214	1,030	1,244	—	—	24	7	86.9	50.4	
6 ..	52	37	2	1	54	38	92	396	405	93	99	489	504	993	92	993	1,085	2	1	17	4	60.0	44.9	
7 ..	97	125	5	4	102	129	231	223	236	52	42	275	278	553	231	553	784	5	1	11	5	61.6	43.2	
8 ..	185	182	5	4	190	186	376	617	522	284	272	901	794	1,695	376	1,695	2,071	6	—	46	33	55.0	48.7	
9 ..	165	159	17	15	182	174	356	51	45	16	14	67	59	126	356	126	482	6	1	5	—	84.0	54.2	
10 ..	66	79	1	5	67	84	151	981	983	247	234	1,228	1,217	2,445	151	2,445	2,596	1	—	53	29	57.2	31.2	
11 ..	110	108	2	1	112	109	221	46	57	17	17	63	74	137	221	137	358	2	—	2	2	90.1	46.1	
12 ..	133	113	2	..	135	113	248	149	176	24	39	173	215	388	248	388	636	—	—	11	—	88.3	31.3	
13 ..	101	90	2	3	103	93	196	146	132	21	38	167	170	337	196	337	533	2	—	7	1	81.3	35.7	
14 ..	201	175	8	2	209	177	386	296	218	52	69	258	287	545	386	545	931	6	—	21	4	76.0	29.6	
15 ..	96	94	5	2	101	96	197	461	391	179	173	640	564	1,204	197	1,204	1,401	6	—	40	11	70.4	31.8	
Not allocated (un-ascertained addresses) ..	—	—	3	10	3	10	13	2	3	30	28	32	31	63	13	63	86*	—	—	1	1	—	—	
Total ..	1,677	1,649	63	61	1,740	1,710	3,450	3,972	3,854	1,278	1,269	5,250	5,123	10,373	3,450	10,373	13,833*	46	4	257	106	413	78.7	41.0
Excluded from above figures.																								
(1) Births in Cape Town which did not belong thereto ..																								
(2) Langa Native Township ..																								

* Including 10 of unknown race.

TABLE H.—Births and Still-Births notified, Classified for attendance at confinement and for home address of Mother, 1953-54.

CLASSIFICATION.	WARDS OF THE CITY.															Excluded from foregoing columns.		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total of Wards.	Langa.	Non-Residents.
Private doctors	3	8	23	14	33	42	16	177	16	187	9	19	29	51	88	716	2	12
Private midwives (including any non-medical persons attending a confinement):																		
Certificated	4	42	112	24	211	364	269	903	85	1,831	74	216	182	412	759	5,491	78	56
Uncertificated	—	2	24	2	3	3	—	266	—	22	2	9	29	65	398	825	—	32
Midwives (or midwife students) from:																		
Booth Memorial Hospital	—	—	—	1	102	39	—	—	—	1	1	—	—	—	—	144	—	1
St. Monica's Home	—	16	164	2	1	2	1	3	—	3	—	1	—	—	3	196	—	—
Peninsula Maternity Hospital	—	—	1	9	273	235	157	3	24	2	5	33	50	—	—	792	—	3
Somerset Hospital	1	12	8	1	—	—	—	245	—	—	—	1	—	—	1	269	—	1
District nurse midwives	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
No doctor or midwife	—	—	—	—	1	1	1	14	—	14	—	1	—	3	11	47	—	2
No information	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	55	—	—
Confined in institutions:																		
Booth Memorial Hospital	69	51	57	82	78	22	39	49	55	8	39	33	18	35	12	629	—	235
St. Monica's Home	7	14	74	6	49	48	32	167	11	179	10	28	28	39	103	805	36	347
Peninsula Maternity Hospital	6	20	24	62	307	279	210	129	68	241	15	50	47	58	116	1,083	29	471
Somerset Hospital	17	131	111	12	27	20	5	470	8	186	12	11	13	31	96	1,156	56	569
Groote Schuur Hospital	3	11	13	4	59	44	31	64	9	96	8	12	18	19	33	427	11	226
Mowbray Maternity Hospital	6	5	2	7	10	4	14	110	184	48	52	50	36	125	38	699	—	398
Salvation Army Maternity Centre	13	19	36	24	137	115	57	111	24	165	11	27	25	44	92	906	44	269
Magdalena Huis	—	—	2	1	—	—	—	2	—	—	—	—	—	1	1	7	—	32
Other public institutions	—	—	—	—	2	2	1	2	—	1	—	—	1	1	1	14	14	4
Private nursing homes	159	81	82	61	62	9	29	30	63	23	127	149	85	167	68	1,186	—	465
Totals	288	412	733	312	1,355	1,229	844	2,745	547	3,007	356	640	561	1,051	1,820	16,047	291	3,123

Births actually occurring in the Langa Native Township are excluded from the above table. They numbered 355.

TABLE I.—Births in Institutions, 1953-54.

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	460	1,557	345	1,226	115	331
Somerset Hospital	—	1,613	—	1,083	—	530
Salvation Army Maternity Centre	—	1,190	—	921	—	269
St. Monica's Home	—	1,073	—	758	—	315
Mowbray Maternity Hospital	1,014	—	653	—	361	—
Booth Memorial Hospital	836	1	594	—	242	1
Groote Schuur Hospital	2	560	1	380	1	180
Gilmour Maternity Home	426	—	280	—	146	—
Delherbe Maternity Home	418	—	337	—	81	—
Kingsbury Maternity Home	366	—	249	—	117	—
Leighwood Nursing Home	279	—	189	—	90	—
Sunridge Nursing Home	71	—	59	—	12	—
Magdalena Huis	34	—	7	—	27	—
House of Correction	—	8	—	3	—	5
Hof St. Nursing Home	3	—	2	—	1	—
Valkenberg Hospital	—	2	—	2	—	—
Alexandra Institution	1	—	1	—	—	—
Woodstock Hospital	—	1	—	1	—	—
Rondebosch Hospital	1	—	1	—	—	—
St. Joseph's Sanatorium	1	—	1	—	—	—
Total	3,912	6,005	2,719	4,374	1,193	1,631

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	17	82	8	58	9	24
Somerset Hospital	—	77	—	50	—	27
Groote Schuur Hospital	—	53	—	32	—	21
St. Monica's Home	—	38	—	25	—	13
Salvation Army Maternity Centre	—	21	—	17	—	4
Booth Memorial Hospital	16	—	13	—	3	—
Mowbray Maternity Hospital	12	—	5	—	7	—
Kingsbury Maternity Home	5	—	4	—	1	—
Leighwood Nursing Home	4	—	2	—	2	—
Delherbe Maternity Home	4	—	2	—	2	—
Gilmour Maternity Home	2	—	2	—	—	—
House of Correction	—	1	—	1	—	—
Total	60	272	36	183	24	89

TABLE J.—Populations and Vital Statistics for the separate Wards of the City, 1953-54.

(Corrected for outward transfers.)

WARDS.	Calculated Populations on the 31st December, 1953.*			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	3,340	17,950	230	60	15.79	18.01	4	34	1.73	56.67	168	17	11.53	5.10	62	43	4.26	12.91	2	5	8.70	83.33	—	1	—	0.30
2	11,810	6,490	18,300	159	216	13.50	33.37	2	76	1.25	35.19	141	52	11.97	8.03	18	164	1.53	25.34	6	14	37.74	64.81	3	11	0.25	1.70
3	9,290	14,700	23,990	164	504	17.70	34.38	5	104	3.05	20.63	102	159	11.01	10.85	62	345	6.69	23.53	6	37	36.59	73.41	2	25	0.22	1.71
4	16,940	4,010	20,950	216	77	12.79	19.25	9	40	4.17	51.95	137	17	8.11	4.25	79	60	4.68	15.00	5	5	23.15	64.94	1	2	0.06	0.50
5	8,900	26,430	35,330	214	1,030	24.11	39.08	5	253	2.34	24.56	57	331	6.42	12.56	157	609	17.69	26.52	3	82	14.02	79.61	1	46	0.11	1.75
6	5,380	28,340	33,720	92	993	17.15	35.14	3	192	3.26	19.34	49	308	9.13	10.90	43	685	8.02	24.26	5	86	54.35	86.61	4	37	0.75	1.31
7	12,680	16,890	29,570	231	553	18.27	32.83	9	94	3.90	17.00	105	161	8.30	9.56	126	392	9.97	23.27	7	36	30.30	65.10	4	23	0.32	1.37
8	18,630	40,610	59,240	376	1,695	20.24	41.85	9	556	2.39	32.80	111	710	5.97	17.53	265	985	14.27	24.32	8	274	21.28	161.65	7	113	0.38	2.79
9	17,190	4,390	21,490	356	126	20.77	29.38	32	30	8.99	23.81	151	46	8.81	10.73	205	80	11.96	18.65	13	10	36.52	79.37	4	9	0.23	2.10
10	7,160	53,220	60,380	151	2,445	21.15	46.07	6	481	3.97	19.67	48	693	6.72	13.06	103	1,752	14.43	33.01	4	255	26.49	104.29	4	96	0.56	1.81
11	13,770	7,290	21,060	221	137	16.09	18.92	3	34	1.36	24.82	119	38	8.67	5.25	102	99	7.42	13.67	8	7	36.29	51.09	2	7	0.15	0.97
12	16,280	15,710	31,990	248	388	15.28	24.77	2	63	0.81	16.24	137	100	8.44	6.38	111	288	6.84	18.39	8	21	32.26	54.12	4	12	0.31	0.77
13	9,610	11,190	20,800	196	337	20.45	30.20	5	59	2.55	17.51	107	101	11.16	9.05	89	226	9.29	21.15	1	23	5.10	68.25	4	15	0.42	1.34
14	16,970	15,370	32,340	386	545	22.81	35.56	10	121	2.59	22.20	137	181	8.10	11.81	249	364	14.71	23.75	19	48	49.22	88.07	3	25	0.18	1.63
15	10,610	30,180	40,790	197	1,204	18.62	40.00	7	352	3.55	29.24	118	404	11.15	13.42	79	800	7.47	26.58	9	138	45.69	114.62	2	55	0.19	1.83
Not allocated				13	63			13	58			86	38							1	2			1	8		
City of Cape Town*	180,810	274,720	455,530	3,450	10,373	18.23	37.86	124	2,547	3.59	24.55	1,773	3,356	9.37	12.25	1,677	7,017	8.86	25.61	105	1,043	30.43	100.55	46	485	0.24	1.77

* Exclusive of all figures relating to the Lange Native Township (which is shown separately in Tables T and U on pages 110 and 120), but inclusive of population in the harbour and shipping and residents enumerated on trails.

TABLE K.—Births, Deaths, Natural Increase, and Infant Deaths, and corresponding rates, for the year 1953-54.

Race.	Births.		Deaths.		Natural Increase.		Deaths under one year old.	
	Number.	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.
Europeans : uncorrected corrected for outward transfers	4,659 3,450	24.61 18.23	2,251 1,773	11.89 9.37	2,408 1,677	12.72 8.86	172 105	36.92 30.43
Other Coloured : uncorrected corrected for outward transfers	10,015 8,872	42.96 38.06	3,185 2,762	13.66 11.85	6,830 6,110	29.30 26.21	936 783	93.46 88.26
Natives (not Langa) : uncorrected corrected for outward transfers	1,649 1,126	48.94 33.42	665 533	19.73 15.82	984 593	29.21 17.60	290 237	175.86 210.48
Asiatics : uncorrected corrected for outward transfers	378 375	52.86 52.44	66 61	9.23 8.53	312 314	43.63 43.91	23 23	60.85 61.33
All non-Europeans : uncorrected corrected for outward transfers	12,042 10,373	43.95 37.86	3,916 3,356	14.29 12.25	8,126 7,017	29.66 25.61	1,249 1,043	103.72 100.55
All races* : uncorrected corrected for outward transfers	16,711* 13,833	36.07 29.86	6,177* 5,139*	13.33 11.09	10,534* 8,694*	22.74 18.77	1,431* 1,158*	85.63 83.71
Natives resident at Langa Township	189	15.76	121	10.09	68	5.67	26	214.88

* Including ten of unknown race.

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

TABLE L.—Infant Mortality Rates per 1,000 Births by Causes and Race
(Corrected for outward transfers.)**INFANTS UNDER ONE YEAR OF AGE.**

Year.	Common infectious diseases.		Tuberculous diseases.		Syphilis.		Bronchitis and pneumonia.		Diarrhoea and enteritis.		Developmental diseases.		Miscellaneous diseases (remainder).		Total mortality (all causes).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1914-1915	5.9	12.6	1.7	3.4	0.4	5.9	11.3	48.5	31.0	63.6	33.1	58.5	17.2	32.1	100.4	224.4
1915-1916	0.9	0.8	1.8	1.9	0.4	7.6	9.7	43.8	29.4	57.6	24.6	51.4	12.7	26.2	79.1	189.3
1916-1917	5.4	12.1	4.5	2.5	1.7	8.2	14.0	56.6	23.1	57.5	35.5	53.0	12.0	36.9	96.2	226.7
1917-1918	2.4	5.0	1.2	1.9	1.6	12.1	5.7	50.4	27.7	53.2	26.0	48.0	14.7	30.6	79.1	200.9
1918-1919	2.3	4.0	0.9	2.8	1.8	7.0	19.9	77.3	35.3	59.6	28.6	49.2	25.8	98.1	114.6	297.8
1919-1920	2.8	3.6	0.8	2.2	0.4	7.7	13.9	52.5	25.9	47.9	21.9	41.0	15.9	29.0	81.5	183.8
1920-1921	2.8	6.1	0.4	2.1	0.8	11.9	15.4	61.0	35.6	76.9	32.9	48.0	18.2	32.4	101.5	231.7
1921-1922	—	1.2	1.2	0.9	1.6	9.4	10.8	53.3	22.4	44.6	22.4	40.6	10.8	26.5	69.5	173.3
1922-1923	2.1	4.4	0.4	3.3	0.8	5.6	15.0	66.2	21.7	54.1	28.4	35.8	13.4	30.7	80.4	196.4
1923-1924	7.0	13.9	0.4	2.9	0.4	9.7	8.6	57.7	25.0	50.7	20.1	39.9	11.1	18.0	72.4	187.3
1924-1925	1.7	1.3	2.1	1.0	0.4	8.3	4.2	44.4	27.1	62.7	25.4	41.3	11.0	18.7	71.9	173.9
1925-1926	1.3	2.2	0.4	4.0	1.7	10.7	9.0	46.5	23.6	58.9	18.9	40.5	10.3	20.9	65.2	175.5
1926-1927	4.3	6.3	0.9	4.1	0.9	10.4	11.5	59.8	19.2	58.1	22.6	39.0	8.1	16.5	67.4	166.6
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	42.2	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	169.0
1930-1931	3.1	4.2	1.7	2.9	3.1	11.2	9.2	39.4	15.2	39.2	23.7	38.4	9.2	20.5	65.0	143.8
1931-1932	2.1	4.4	0.7	6.0	1.4	15.7	12.9	44.2	17.8	45.9	24.1	35.2	8.0	16.5	67.1	167.7
1932-1933	4.0	2.3	2.4	4.5	0.8	10.2	5.6	43.4	11.1	32.8	16.7	35.6	8.3	14.7	48.8	143.8
1933-1934	—	3.6	0.8	4.5	0.8	9.3	3.9	31.4	9.4	43.8	16.0	30.2	3.9	10.4	34.8	133.3
1934-1935	2.1	4.9	0.4	4.1	0.8	9.6	8.2	47.6	9.0	38.2	21.7	28.5	8.6	13.3	50.8	146.2
1935-1936	1.8	11.8	1.1	3.1	0.4	8.6	5.8	40.4	6.9	38.2	21.0	28.9	8.3	14.7	45.1	145.7
1936-1937	0.8	1.6	—	3.3	0.4	7.9	4.2	31.7	7.7	24.2	22.6	27.1	11.5	13.2	47.2	108.9
1937-1938	1.4	3.5	0.7	3.3	0.7	7.8	8.5	40.8	4.8	30.0	18.5	30.7	6.5	12.7	41.0	128.9
1938-1939	1.4	5.9	1.1	4.0	0.4	11.7	8.1	36.3	5.3	26.1	17.5	31.0	8.4	15.6	42.1	123.6
1939-1940	1.0	4.1	0.3	3.1	0.3	5.3	4.0	36.1	7.9	30.8	19.2	27.9	8.3	16.6	41.0	123.9
1940-1941	0.7	2.9	1.3	4.7	0.3	5.3	3.3	35.3	4.0	36.3	15.7	31.1	10.4	13.2	35.8	128.8
1941-1942	0.9	3.9	0.6	5.7	0.3	7.0	3.1	40.2	9.9	47.8	18.5	29.8	8.7	12.6	42.3	125.6
1942-1943	1.2	1.3	1.2	8.2	0.3	3.6	5.5	39.2	6.9	40.1	15.4	32.2	5.0	14.2	32.8	143.2
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	28.3	10.2	20.4	5.9	11.2	33.9	127.2
1945-1946	0.6	1.6	1.1	8.3	0.3	4.9	3.7	25.2	6.8	26.0	20.5	31.0	4.6	12.4	37.6	109.4
1946-1947	0.5	1.4	1.3	8.2	—	4.8	2.3	24.7	3.0	25.5	16.1	32.8	4.3	10.5	27.5	107.9
1947-1948	1.0	6.0	0.8	9.7	—	2.7	4.7	31.4	3.9	29.2	19.8	31.2	6.8	12.0	37.1	122.2
1948-1949	0.3	1.7	0.8	9.6	—	2.6	2.9	20.0	3.5	31.6	13.7	30.1	8.1	15.3	29.3	110.9
1949-1950	0.3	3.6	0.6	8.0	—	1.5	2.9	21.4	4.3	27.2	15.9	26.4	5.5	13.3	29.5	101.4
1950-1951	0.3	1.4	0.6	8.0	—	1.1	1.2	15.9	4.2	38.6	12.8	25.5	4.8	13.7	23.9	104.2
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
1953-1954	—	0.8	0.3	4.3	—	0.3	4.9	13.6	1.7	41.6	15.9	22.5	7.5	17.5	30.4	100.5
Quinquennium 1916-1917 to 1920-1921	3.3	6.6	1.7	2.2	1.1	9.9	12.3	55.1	28.1	58.7	29.0	47.2	15.2	32.1	90.8	211.7
1921-1922 to 1925-1926	2.4	4.6	0.9	2.4	1.0	8.7	9.6	53.4	23.9	54.4	23.0	39.7	11.3	22.8	71.9	181.6
1926-1927 to 1930-1931	3.2	4.3	1.1	4.3	1.7	11.9	10.8	47.2	14.6	46.7	22.1	37.6	9.3	18.6	62.7	169.4
1931-1932 to 1935-1936	2.0	5.5	1.1	4.4	0.8	10.6	7.4	41.3	11.0	39.9	20.0	31.6	7.5	13.9	49.6	147.2
1936-1937 to 1940-1941	1.0	3.6	0.8	4.0	0.4	6.2	5.6	35.6	5.8	29.5	18.6	29.5	9.0	14.5	41.3	122.9
1941-1942 to 1945-1946	0.8	3.3	0.9	8.0	0.3	4.7	3.7	32.9	6.7	37.9	18.9	31.0	6.6	12.9	37.9	130.7
1946-1947 to 1950-1951	0.5	2.8	0.8	8.7	—	2.5	2.8	22.5	3.8	30.5	15.8	28.9	5.9	13.2	29.6	109.1

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

INFANTS FROM 1 TO 2 YEARS OF AGE.*

	Common infectious diseases.		Tuberculous diseases.		Syphilis.		Bronchitis and pneumonia.		Diarrhoea and enteritis.		Developmental diseases.		Miscellaneous diseases (remainder)		Total mortality (all causes).	
Year.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1924-1925 ..	0.4	1.9	—	6.7	—	2.2	2.2	22.8	8.4	39.5	—	0.3	2.7	7.5	13.7	80.9
1925-1926 ..	0.5	3.8	0.5	6.5	—	0.5	3.7	31.4	5.0	32.7	0.9	0.5	3.2	5.3	13.7	80.7
1926-1927 ..	3.2	8.6	0.9	7.8	—	0.5	4.1	35.9	5.5	33.2	—	0.3	2.8	7.0	16.5	93.3
1927-1928 ..	2.3	8.3	1.8	7.0	—	1.0	5.0	36.0	7.3	23.0	0.5	0.8	3.2	9.8	20.1	85.7
1928-1929 ..	4.6	4.9	0.8	6.2	—	1.1	2.7	27.9	4.2	24.6	0.4	1.1	2.7	10.2	15.3	75.9
1929-1930 ..	3.0	3.8	1.5	8.0	—	0.8	3.4	25.8	4.2	23.4	0.8	0.4	3.4	8.0	16.3	70.2
1930-1931 ..	0.7	7.2	0.7	5.6	—	2.0	1.8	21.9	3.3	19.5	—	0.4	2.5	7.8	9.1	64.5
1931-1932 ..	2.2	6.8	0.4	8.9	—	2.5	3.3	26.6	2.2	26.0	—	—	2.5	8.9	10.5	79.7
1932-1933 ..	1.5	2.5	0.8	5.1	—	1.5	4.1	19.0	2.3	12.2	0.8	0.2	4.1	6.8	13.5	47.3
1933-1934 ..	2.1	3.0	1.7	8.9	—	2.8	2.5	25.3	4.2	25.9	—	0.8	2.9	6.8	13.3	73.5
1934-1935 ..	1.6	8.2	1.2	7.5	—	1.9	4.1	30.4	1.6	19.4	0.4	0.7	3.2	6.1	12.1	74.1
1935-1936 ..	3.0	10.4	0.4	7.2	—	1.7	4.8	22.2	2.6	12.8	—	0.2	2.2	7.8	12.9	62.2
1936-1937 ..	—	2.4	1.9	5.5	0.4	1.2	2.7	17.4	2.7	14.7	0.4	0.7	2.3	6.0	10.2	48.0
1937-1938 ..	1.6	6.7	1.2	7.7	—	0.7	4.4	26.6	0.8	18.9	—	0.7	3.6	7.5	11.7	68.7
1938-1939 ..	0.4	6.4	0.7	5.9	—	1.2	3.3	24.0	1.5	12.7	—	0.3	1.5	6.1	7.3	56.6
1939-1940 ..	0.4	4.3	1.5	5.9	—	0.5	1.1	19.3	3.3	15.0	—	—	3.3	5.4	9.5	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	5.1	7.4	60.0
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	49.6
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	14.7	—	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	15.3	0.3	—	0.6	4.6	3.3	35.5
1953-1954 ..	—	1.0	1.2	5.9	—	—	0.3	3.9	0.6	15.8	—	0.3	1.2	3.1	3.2	30.1
Quinquennium																
1926-1927 to ..	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
1930-1931 ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1931-1932 to ..	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
1935-1936 ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1936-1937 to ..	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
1940-1941 ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1941-1942 to ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1945-1946 ..	0.9	3.9	0.9	14.1	—	0.9	0.9	19.3	1.6	20.9	0.2	0.4	1.3	5.7	5.8	65.2
1946-1947 to ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1950-1951 ..	0.3	3.6	0.7	12.7	—	0.6	0.6	9.6	0.6	13.3	—	0.1	0.8	4.1	3.0	44.0

TABLE [.—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 (all forms) death rates, corrected for outward transfers.		
	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.
(*) 296 Days Year ..	76,940	74,560	151,500	29,39	45,48	37,31	6,49	25,75	18,04	12,10	27,02	19,44	15,62	17,23	16,42	107,950	250,55	193,50	10,75	22,30	57,37	0,21	0,30	0,25	1,03	4,85	9,01
1913-1914 ..	79,840	75,310	155,350	29,05	47,52	38,49	6,93	26,48	18,66	12,73	28,39	20,35	15,67	17,79	16,69	100,38	224,36	174,92	10,42	22,37	57,37	0,26	0,30	0,28	1,11	5,09	8,04
1915-1916 ..	82,860	78,470	161,330	27,53	47,52	38,49	7,48	25,48	18,66	11,53	28,39	20,35	15,67	17,79	16,69	100,38	224,36	174,92	10,42	22,37	57,37	0,16	0,37	0,28	1,11	5,09	8,04
1917-1918 ..	85,880	78,470	164,350	26,01	46,00	36,96	6,81	25,48	18,66	11,53	28,39	20,35	15,67	17,79	16,69	100,38	224,36	174,92	10,42	22,37	57,37	0,13	0,41	0,28	1,10	5,05	8,21
1919-1920 ..	88,900	78,450	167,350	24,49	45,32	36,38	7,02	25,35	17,98	11,47	27,89	19,17	14,14	15,43	14,91	96,16	222,70	173,89	10,42	22,37	57,37	0,13	0,40	0,26	1,10	5,05	8,21
1921-1922 ..	91,920	78,450	170,370	22,97	44,31	35,87	8,38	24,77	18,20	11,47	27,89	19,17	14,14	15,43	14,91	96,16	222,70	173,89	10,42	22,37	57,37	0,19	0,42	0,26	1,10	5,05	8,21
1923-1924 ..	94,940	78,450	173,390	21,45	43,79	34,33	8,38	24,77	18,20	11,47	27,89	19,17	14,14	15,43	14,91	96,16	222,70	173,89	10,42	22,37	57,37	0,22	0,52	0,26	1,10	5,05	8,21
1925-1926 ..	97,960	81,490	179,450	20,94	42,34	33,28	8,38	24,77	18,20	11,47	27,89	19,17	14,14	15,43	14,91	96,16	222,70	173,89	10,42	22,37	57,37	0,37	0,56	0,46	0,73	4,10	6,57
1927-1928 ..	100,980	84,510	185,490	19,42	40,86	32,24	5,07	24,86	17,10	12,03	29,64	20,41	12,87	15,52	13,50	101,49	231,74	180,76	10,76	22,30	57,37	0,20	0,50	0,34	0,63	3,43	5,17
1929-1930 ..	103,990	85,500	189,500	17,90	39,44	31,34	5,31	23,86	16,00	10,68	28,95	17,49	12,84	14,91	12,73	69,50	173,29	136,24	10,76	22,30	57,37	0,21	0,51	0,26	0,75	4,12	5,27
1931-1932 ..	106,990	88,000	194,990	16,38	37,90	30,20	5,82	22,85	15,54	10,20	28,95	17,49	11,99	13,64	12,73	69,50	173,29	136,24	10,76	22,30	57,37	0,11	0,52	0,16	0,73	4,12	5,27
1933-1934 ..	109,990	91,000	200,990	14,86	36,36	28,80	5,84	22,18	14,15	10,09	28,95	17,49	11,99	13,64	12,73	69,50	173,29	136,24	10,76	22,30	57,37	0,07	0,52	0,16	0,73	4,12	5,27
1935-1936 ..	112,990	93,000	205,990	13,34	34,82	27,20	5,84	22,18	14,15	10,09	28,95	17,49	11,99	13,64	12,73	69,50	173,29	136,24	10,76	22,30	57,37	0,07	0,52	0,16	0,73	4,12	5,27
1937-1938 ..	115,990	95,000	210,990	11,82	33,28	25,64	5,84	22,18	14,15	10,09	28,95	17,49	11,99	13,64	12,73	69,50	173,29	136,24	10,76	22,30	57,37	0,07	0,52	0,16	0,73	4,12	5,27
1939-1940 ..	118,990	97,000	215,990	10,30	31,74	24,08	5,84	22,18	14,15	10,09	28,95	17,49	11,99	13,64	12,73	69,50	173,29	136,24	10,76	22,30	57,37	0,13	0,58	0,18	0,73	4,12	5,27
1941-1942 ..	121,990	99,000	220,990	8,78	30,20	22,52	5,84	22,18	14,15	10,09	28,95	17,49	11,99	13,64	12,73	69,50	173,29	136,24	10,76	22,30	57,37	0,13	0,58	0,18	0,73	4,12	5,27
1943-1944 ..	124,990	101,000	225,990	7,26	28,66	20,96	5,84	22,18	14,15	10,09	28,95	17,49	11,99	13,64	12,73	69,50	173,29	136,24	10,76	22,30	57,37	0,13	0,58	0,18	0,73	4,12	5,27
1945-1946 ..	127,990	103,000	230,990	5,74	27,12	19,40	5,84	22,18	14,15	10,09	28,95	17,49	11,99	13,64	12,73	69,50	173,29	136,24	10,76	22,30	57,37	0,13	0,58	0,18	0,73	4,12	5,27
1947-1948 ..	130,990	105,000	235,990	4,22	25,58	17,82	5,84	22,18	14,15	10,09	28,95	17,49	11,99	13,64	12,73	69,50	173,29	136,24	10,76	22,30	57,37	0,13	0,58	0,18	0,73	4,12	5,27
1949-1950 ..	133,990	107,000	240,990	2,70	24,04	16,24	5,84	22,18	14,15	10,09	28,95	17,49	11,99	13,64	12,73	69,50	173,29	136,24	10,76	22,30	57,37	0,13	0,58	0,18	0,73	4,12	5,27
1951-1952 ..	136,990	109,000	245,990	1,18	22,50	14,66	5,84	22,18	14,15	10,09	28,95	17,49	11,99	13,64	12,73	69,50	173,29	136,24	10,76	22,30	57,37	0,13	0,58	0,18	0,73	4,12	5,27
1953-1954 ..	139,990	111,000	250,990	0,66	20,96	13,08	5,84	22,18	14,15	10,09	28,95	17,49	11,99	13,64	12,73	69,50	173,29	136,24	10,76	22,30	57,37	0,13	0,58	0,18	0,73	4,12	5,27
(*) 2 Years and 296 days	—	—	—	28,97	47,23	37,85	6,99	25,83	18,41	12,04	27,15	19,39	15,34	18,67	16,96	95,07	218,61	170,18	0,10	0,32	0,25	0,10	0,32	0,25	1,04	4,59	2,82
(*) Quinquennium	—	—	—	26,71	47,54	36,33	6,52	25,12	17,77	11,93	29,54	20,07	12,74	16,04	14,26	90,84	211,71	164,02	0,23	0,47	0,34	0,23	0,47	0,34	0,88	4,47	2,66
1920-1921 ..	—	—	—	21,49	49,59	34,23	5,35	24,76	18,12	10,11	26,67	17,62	11,38	22,92	16,61	71,91	181,58	144,15	0,13	0,28	0,20	0,13	0,28	0,20	0,79	4,09	2,28
1922-1923 ..	—	—	—	21,43	50,21	34,93	5,50	23,10	17,37	10,62	26,17	17,86	10,91	24,04	17,07	62,77	169,35	134,67	0,08	0,21	0,14	0,08	0,21	0,14	0,74	4,75	2,02
1924-1925 ..	—	—	—	18,17	48,90	32,84	4,96	22,55	17,47	10,31	23,95	16,82	7,86	24,95	16,02	49,64	147,16	119,01	18,39	10,57	7,82	0,04	0,08	0,06	0,84	4,99	2,82
1926-1927 ..	—	—	—	18,72	46,91	32,63	4,93	21,86	16,93	10,07	21,25	15,58	8,65	25,66	17,05	41,25	122,89	98,17	18,96	10,46	8,50	0,01	0,05	0,03	0,76	4,55	2,02
1928-1929 ..	—	—	—	20,82	43,51	32,44	3,82	22,96	17,04	10,25	22,47	16,52	10,57	21,04	15,92	37,87	130,68	102,08	21,18	10,70	10,48	0,02	0,07	0,04	0,72	6,06	3,41
1930-1931 ..	—	—	—	19,92	43,26	32,60	2,95	23,65	17,91	9,76	17,26	13,82	10,16	26,06	18,78	29,59	109,12	87,34	20,43	10,09	10,34	0,01	0,05	0,03	0,57	4,50	2,71
1932-1933 ..	—	—	—	19,16	42,49	31,79	2,95	22,85	16,82	9,46	25,70	17,44	12,13	13,43	12,73	69,50	173,29	136,24	10,42	22,37	57,37	0,19	0,42	0,30	0,81	3,55	7,21
1934-1935 ..	—	—	—	18,72	41,73	31,06	2,95	22,85	16,82	9,46	25,70	17,44	12,13	13,43	12,73	69,50	173,29	136,24	10,42	22,37	57,37	0,19	0,42	0,30	0,81	3,55	7,21
1936-1937 ..	—	—	—	18,28	40,99	30,20	2,95	22,85	16,82	9,46	25,70	17,44	12,13	13,43	12,73	69,50	173,29	136,24	10,42	22,37	57,37	0,19	0,42	0,30	0,81	3,55	7,21
1938-1939 ..	—	—	—	17,84	39,44	28,80	2,95	22,85	16,82	9,46	25,70	17,44	12,13	13,43	12,73	69,50	173,29	136,24	10,42	22,37	57,37	0,19	0,42	0,30	0,81	3,55	7,21
1940-1941 ..	—	—	—	17,40	37,90	27,20	2,95	22,85	16,82	9,46	25,70	17,44	12,13	13,43	12,73	69,50	173,29	136,24	10,42	22,37	57,37	0,19	0,42	0,30	0,81	3,55	7,21
1942-1943 ..	—	—	—	16,96	36,36	25,64	2,95	22,85	16,82	9,46	25,70	17,44	12,13	13,43	12,73	69,50	173,29	136,24	10,42	22,37	57,37	0,19	0,42	0,30	0,81	3,55	7,21
1944-1945 ..	—	—	—	16,52	34,82	24,08	2,95	22,85	16,82	9,46	25,70	17,44	12,13	13,43	12,73	69,50	173,29	136,24	10,42	22,37	57,37	0,19	0,42	0,30	0,81	3,55	7,21
1946-1947 ..	—	—	—	16,08	33,28	22,52	2,95	22,85	16,82	9,46	25,70	17,44	12,13	13,43	12,73	69,50	173,29	136,24	10,42	22,37	57,37	0,19	0,42	0,30	0,81	3,55	7,21
1948-1949 ..	—	—	—	15,64	31,74	20,96	2,95	22,85	16,82	9,46	25,70	17,44	12,13	13,43	12,73	69,50	173,29	136,24	10,42	22,37	57,37	0,19	0,42	0,30	0,81	3,55	7,21
1950-1951 ..	—	—	—	15,20	30,20	19,40	2,95	22,85	16,82	9,46	25,70	17,44	12,13	13,43	12,73	69,50	173,29	136,24	10,42	22,37	57,37	0,19	0,42	0,30	0,81	3,55	7,21
1952-1953 ..	—	—	—	14,76	28,66	18,80	2,95	22,85	16,82	9,46	25,70	17,44	12,13	13,43	12,73	69,50	173,29	136,24	10,42	22,37	57,37	0,19	0,42	0,30	0,81	3,55	7,21
1954-1955 ..	—	—	—	14,32	27,12	17,82	2,95	22,85	16,82	9,46	25,70	17,44	12,13	13,43	12,73	69,50	173,29	136,24	10,42	22,37	57,37	0,19	0,42	0,30	0,81	3,55	7,21
1956-1957 ..	—	—	—	13,88	25,58	16,82	2,95	22,85	16,82	9,46	25,70	17,44	12,13	13,43	12,73	69,50	173,29	136,24	10,42	22,37	57,3						

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

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

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

The birth rates, illegitimacy rates, natural increase rates and infant mortality rates are uncorrected for the year 1919-20 and previous years, and are corrected for outward transfers in subsequent years.

The figures in italics (1918-19) represent rates of natural decrease.

The populations for the year 1946-47 and subsequent years are corrected according to the censuses of 1946 and 1951.

City extended by incorporation of Wynberg (1927-28) and the district of Wynberg (1943-44).

TABLE N.—Vital Statistic Rates for Various Centres for the Year 1953-54.

(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	23.02	26.29 ¹	51.87	39.00	—	6.72	17.72 ³	10.62	16.72	—	31.56	208.08 ⁴	91.18	153.88	—	0.13	0.68 ³	—	0.75	—
Bloufontein ..	23.83	—	—	—	31.90	7.30	—	—	—	20.20	49.45	—	—	—	212.39	0.05	—	—	—	1.15
Bokaburg	22.99	—	—	—	—	6.72	—	—	—	13.73 ³	30.69	—	—	—	—	0.10	—	—	—	0.60 ²
Brakpan	30.40	—	—	—	—	7.55	—	—	—	10.44	31.21	—	—	—	—	0.67	—	—	—	0.24
Cape Town .. .	18.23	33.42 ⁴	52.44	38.06	37.86	9.37	15.82 ⁴	8.53	11.85	12.25	30.43	210.48 ⁴	61.33	88.26	100.55	0.24	2.05 ⁴	0.28	1.77	1.77
Durban	19.81	26.30	33.80	46.12	—	9.65	21.90	10.11	9.80	—	30.70	359.06	71.03	55.89	—	0.11	1.50	0.34	1.23	0.93
Johannesburg ..	24.19	25.75 ³	46.04	43.45	—	8.59	9.79 ³	9.01	12.06	—	29.52	141.35 ³	60.67	71.13	—	0.12	0.84 ³	0.27	1.00	—
Kimberley .. .	23.85	50.74	—	35.26	—	8.68	16.00	—	15.47	—	22.49	83.69	—	79.39	—	0.15	0.98	—	1.00	—
King William's Town	19.85	24.32	24.79	51.62	—	8.87	9.28	—	10.43	—	37.88	136.36	—	53.19	—	0.15	1.33	—	2.20	—
Krugersdorp ..	28.1	18.12	27.5	51.1	—	8.1	9.5	6.3	17.4	—	44.2	172.9	—	144.3	—	0.28	1.31	—	2.1	—
Pietermaritzburg ..	20.9	18.7	38.5	42.8	—	8.7	9.6	7.3	11.4	—	22.9	218.0	40.4	79.0	—	0.07	0.14	0.39	—	—
Port Elizabeth ..	27.10	38.59	37.26	44.06	—	7.89	23.28	7.90	20.45	—	32.09	316.92	48.48	166.49	—	0.14	5.10	1.13	3.18	—
Pretoria	27.44	31.73	37.26	36.42	32.30	6.84	10.73	6.94	16.04	10.77	35.57	125.98	82.25	145.08	124.07	0.06	0.62	—	1.13	0.61
Rosebank .. .	25.24	42.19 ³	39.00	48.95	42.62	5.12	11.36 ³	3.00	10.53	7.08	18.65	127.10 ³	25.64	75.27	117.83	—	0.68 ³	1.0	—	0.39
Springs	24.54	12.31	50.83	27.27	13.02	5.98	8.87	7.50	19.09	8.96	35.67	279.70	98.36	200.00	268.10	0.05	0.46	0.00	1.82	0.47
Vereeniging ..	30.04	24.63	46.67	41.86	—	5.58	9.23	5.33	23.26	—	18.39	142.36	28.57	138.89	—	—	0.41	—	1.16	—
Union of South Africa (1952) .. .	25.2	—	34.8	47.7	—	8.2	—	9.2	18.5	—	32.8	—	64.4	128.9	—	0.15	—	0.57	3.19	—
England and Wales (1953) ¹ .. .	15.3 ²	—	—	—	—	11.4 ²	—	—	—	—	27.0	—	—	—	—	0.20 ²	—	—	—	—
County of London (1953) ¹ .. .	15.3 ²	—	—	—	—	11.6 ²	—	—	—	—	24.0	—	—	—	—	0.23 ²	—	—	—	—

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

TABLE O.—Cases of Notifiable Disease reported, 1953-54.

	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	2,062	34	171	26	1,776	107	131	—	8	136	3
Tuberculosis, other forms	290	20	9	43	289	15	38	1	33	70	—
Enteric fever	138	33	6	2	101	—	125	30	—	95	—
Diphtheria	218	145	3	—	68	2	169	97	1	73	—
Scarlet fever	207	2	3	—	202	—	51	2	1	50	—
Erysipelas	8	—	—	—	8	—	2	—	—	2	—
Cerebrospinal fever	210	152	—	1	59	—	127	83	1	45	—
Infective encephalitis	22	20	—	2	4	—	4	4	4	—	—
Leprosy	3	—	—	—	3	—	2	—	—	2	—
Acute poliomyelitis	84	28	2	12	66	—	85	32	2	55	—
Ophthalmia	192	—	—	—	192	—	—	—	—	—	—
Puerperal fever	12	—	—	—	11	1	3	—	—	3	—
Trachoma	1	—	—	—	1	—	—	—	—	—	—
Typhus fever*	—	—	—	—	—	—	1	—	—	—	—
Whooping cough	430	36	—	—	394	—	19	4	2	17	—
Malta fever	1	—	—	1	2	—	—	—	—	—	—
Totals	3,878	470	194	87	3,176	125	757	253	52	553	3

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.

NOTE:—During 1953-54 the declaration of acute primary pneumonia and influenza pneumonia, as notifiable diseases within the Municipality of Cape Town, was rescinded.

TABLE P.—Notification of Infectious Disease Classified for Race and Month of Notification, 1953-54.

E.—European. O.—Non-European.

Period.	Tuberculosis respiratory system.			Tuberculosis other forms.			Enteric fever.			Diphtheria.			Scarlet fever.			Erysipelas.			Cerebrospinal fever.			Infective encephalitis.			Acute poliomyelitis.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
1953.																											
July ..	13	146	159	2	25	27	1	2	3	4	4	8	8	—	8	—	—	—	—	—	—	—	—	—	—	—	—
August ..	19	126	145	2	18	20	—	13	13	4	4	8	21	3	24	—	—	—	—	—	—	—	—	—	—	—	—
September ..	33	144	177	—	31	31	—	13	13	1	1	4	3	6	9	—	—	—	—	—	—	—	—	—	—	—	—
October ..	22	133	155	2	21	23	—	5	5	5	5	6	3	6	9	—	—	—	—	—	—	—	—	—	—	—	—
November ..	24	144	168	1	21	22	—	10	10	1	1	7	15	—	15	—	—	—	—	—	—	—	—	—	—	—	—
December ..	10	129	139	—	35	35	1	2	3	2	4	6	9	2	11	—	—	—	—	—	—	—	—	—	—	—	—
1954.																											
January ..	14	136	150	2	13	15	—	15	15	1	2	3	11	2	13	—	—	—	—	—	—	—	—	—	—	—	—
February ..	23	125	148	2	13	15	4	19	23	1	4	5	13	—	13	—	—	—	—	—	—	—	—	—	—	—	—
March ..	18	118	136	—	24	24	1	2	3	3	3	5	5	3	8	—	—	—	—	—	—	—	—	—	—	—	—
April ..	15	105	120	3	15	18	5	6	11	—	—	3	13	6	19	2	—	—	—	—	—	—	—	—	—	—	—
May ..	18	94	112	1	28	29	1	7	8	1	3	4	21	2	23	—	—	—	—	—	—	—	—	—	—	—	—
June ..	30	136	166	4	26	30	—	6	6	5	5	8	19	1	20	1	—	—	—	—	—	—	—	—	—	—	—
Year ..	230	1,537	1,767	19	270	289	13	88	101	28	40	68	176	25	202	4	4	8	10	49	59	2	2	4	41	25	66

Period.	Ophthalmia.			Puerperal fever.			Leptosy.			Trachoma.			Malaria fever.			Whooping cough.			Total.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
1953.																					
July ..	1	21	22	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
August ..	—	16	16	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
September ..	1	27	28	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
October ..	1	23	24	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
November ..	4	13	17	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
December ..	2	15	17	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1954.																					
January ..	3	11	14	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
February ..	1	8	9	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
March ..	—	9	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
April ..	—	7	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
May ..	—	18	18	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
June ..	—	11	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Year ..	13	179	192	1	10	11	—	3	3	—	1	1	—	2	2	125	269	394	671	2,505	3,176

TABLE R.—Notification of Infectious Disease Classified for Race and Wards, etc., 1953-54.

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 poliomyelitis.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.			
1.	9	18	27	1	8	9	1	1	2	1	3	4	19	7	26	—	—	—	2	—	2	9	—	9			
2.	9	52	61	2	10	12	1	1	2	1	1	2	7	18	25	—	—	—	—	—	—	2	4	6			
3.	17	79	96	6	6	12	—	—	—	—	—	—	3	24	27	—	—	—	4	4	8	1	4	5			
4.	19	17	36	1	2	3	1	1	2	1	1	2	10	1	11	—	—	—	3	3	6	2	4	6			
5.	11	156	167	1	32	33	1	16	17	—	—	—	9	3	12	—	—	—	1	1	2	1	4	5			
6.	13	152	165	1	32	33	1	24	25	—	—	—	6	4	10	—	—	—	1	1	2	1	4	5			
7.	21	52	73	2	20	22	—	4	6	—	—	—	12	9	21	—	—	—	1	1	2	1	4	5			
8.	25	335	360	4	59	63	4	20	24	—	—	—	15	19	34	—	—	—	2	2	4	1	4	5			
9.	11	259	270	1	53	54	1	16	17	—	—	—	13	9	22	—	—	—	15	15	30	3	5	8			
10.	12	229	241	1	53	54	1	16	17	—	—	—	8	9	17	—	—	—	1	1	2	1	4	5			
11.	12	229	241	1	53	54	1	16	17	—	—	—	8	9	17	—	—	—	1	1	2	1	4	5			
12.	20	44	64	1	14	15	1	—	1	—	—	—	11	7	18	—	—	—	1	1	2	3	3	6			
13.	16	54	70	2	13	15	—	—	—	—	—	—	6	3	9	—	—	—	—	—	—	4	1	5			
14.	19	68	87	4	13	17	—	—	—	—	—	—	19	2	21	—	—	—	—	—	—	4	1	5			
15.	16	162	178	4	27	31	—	6	7	—	—	—	11	9	20	—	—	—	—	—	—	4	1	5			
Not allocated	—	9	9	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Total, local cases	239	1,537	1,776	19	270	289	13	88	101	28	40	68	176	26	202	4	4	8	10	49	59	2	25	26			
Imported cases: Developed outside munici- pal area	37	130	167	—	20	20	3	1	4	2	1	3	3	—	3	—	—	—	—	—	—	—	—	2			
Imported from overseas Direct remittance (pass- engers moved to hospitals in Municipal area):	36	100	136	9	61	70	23	72	95	25	48	73	40	1	50	1	1	2	9	36	45	2	34	36			
From ships in harbour	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Total, imported cases	73	233	306	9	81	90	26	73	99	27	49	76	52	1	53	1	1	2	9	36	45	2	36	37			

[illegible]

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

Disease.	Race.	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
		1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	
Scarlatina or Scarlet fever	Eur. ..	458	113	81	124	216	267	154	154	143	321	249	152	188	233	209	176	212	1
	Non-E. ..	28	13	8	11	18	10	7	8	17	41	20	25	25	29	48	26	24	1
Diphtheria or membranous croup..	Eur. ..	223	344	537	286	204	195	160	175	89	91	51	64	33	60	41	34	33	1
	Non-E. ..	119	253	233	130	89	138	135	110	89	84	56	73	60	62	60	34	47	1
Enteric or typhoid fever	Eur. ..	34	58	14	35	11	36	90	17	20	22	24	35	14	15	10	23	13	1
	Non-E. ..	96	41	37	34	26	73	68	57	77	85	144	67	42	31	35	58	61	1
Erysipelas.. ..	Eur. ..	43	33	30	29	37	38	27	28	38	28	17	18	13	10	17	17	10	1
	Non-E. ..	31	28	36	39	41	41	46	33	41	37	26	16	16	13	11	15	11	1
Puerperal fever ..	Eur. ..	13	19	22	18	33	15	16	16	14	14	11	15	7	9	2	1	2	1
	Non-E. ..	51	51	62	61	61	50	60	70	52	57	71	65	42	27	23	19	16	1
Ophthalmia ..	Eur. ..	42	24	35	29	28	36	18	22	29	30	24	21	15	13	14	20	12	1
	Non-E. ..	215	213	181	212	164	182	170	215	235	227	268	193	238	201	160	125	139	1
Cerebrospinal fever	Eur. ..	7	3	5	2	23	19	23	39	25	16	15	5	13	10	16	6	7	1
	Non-E. ..	11	15	33	24	45	47	80	222	80	58	31	33	49	39	55	51	40	1
Acute poliomyelitis	Eur. ..	7	4	2	5	5	4	2	5	46	10	4	13	8	7	12	10	14	1
	Non-E. ..	2	2	9	11	4	3	—	1	18	4	3	13	11	9	8	2	13	1
Infective encephalitis	Eur. ..	1	4	—	2	1	3	6	—	—	1	—	—	1	2	—	3	4	1
	Non-E. ..	3	4	2	3	5	1	3	2	1	—	5	—	1	2	2	2	4	1
Leprosy	Eur. ..	—	1	—	—	—	1	2	—	—	—	—	—	—	—	1	—	—	1
	Non-E. ..	3	2	1	1	3	4	5	2	—	1	—	1	2	3	2	1	1	1
Typhus fever ⁽¹⁾ ..	Eur. ..	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. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	29	138	278	244	12
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	148	727	836	418	26
Influenzal pneumonia ⁽³⁾	Eur. ..	29	37	17	23	23	10	13	18	2	8	5	9	5	9	8	14	3	1
	Non-E. ..	41	74	30	30	40	15	27	60	26	18	24	16	12	16	8	6	11	1
Acute primary pneumonia ⁽³⁾	Eur. ..	103	96	103	100	106	80	76	100	74	47	68	58	36	43	36	44	18	1
	Non-E. ..	376	466	420	433	385	319	321	338	353	326	395	402	334	351	285	261	180	1
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. ..	2	1	6	5	—	—	—	—	1	—	2	1	1	—	—	—	—	—
	Non-E. ..	7	1	2	10	3	1	2	—	8	9	3	2	3	2	1	1	1	—
Lead poisoning ..	Eur. ..	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. ..	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	—	—
Tuberculosis, respiratory system ..	Eur. ..	149	186	183	158	157	182	191	223	202	241	251	252	239	277	223	233	247	23
	Non-E. ..	789	1,004	908	910	883	1,072	1,233	1,706	1,491	1,658	1,507	1,489	1,500	1,445	1,501	1,540	1,684	15
Other forms of tuberculosis	Eur. ..	16	29	17	28	30	33	35	34	29	26	28	27	33	27	21	9	20	1
	Non-E. ..	137	188	162	181	224	229	283	293	295	292	237	266	256	253	283	277	265	27

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.⁽³⁾ Declaration as notifiable disease rescinded in September, 1953.

TABLE T.—Vital Statistics for the Langa Native Township, 1953-54.

Average population for the 12 months July, 1953, to June, 1954.										NATIVES.																				
European.				Natives.				Births.				Still- births.		Birth- rate (per 1,000 per- sons).		Illegitimate births, percentage of total births.		Deaths.		Death rate (per 1,000 per- sons).		Deaths under one year of age.		Infant mortality (per 1,000 births).		Deaths from Tuberculosis (all forms).		Death rate for Tuberculosis all forms, (per 1,000 persons).		
Adults.		To- tal.	Adults.		Child- ren.	Total.	Legiti- mate.		Illegiti- mate.		Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.
M.	F.		M.	F.			M.	F.	M.	F.																				
19	20	39	7,320	1,650	2,938	11,908	11,947	70	57	37	25	189	15	15.76*	32.80*	81	40	10.09	15	11	214.88*	27	11							3.17

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

PRINCIPAL CAUSES OF DEATH.

	Male.	Female.	Total.
Tuberculosis (all forms)	27	11	38
Diarrhoea and enteritis	11	3	14
Pneumonia (all forms)	5	4	9

Deaths in Langa Hospital, 46 (Natives: 29 males, 17 females).

NOTIFICATION OF INFECTIOUS DISEASE.

Tuberculosis Pulmonary.		Tuberculosis other forms.		Diphtheria.		Puerperal fever.		Total.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
81	26	10	5	—	2	1		91	34

TABLE V.—Vital Statistics for the Added Area of Windermere, 1953-54.

Estimated Population as at 31st December, 1953.			Births.			Still- births.		Illegiti- mate births, percentage of total births.		Birth- rate (per 1,000 persons).		Deaths.		Death rate (per 1,000 persons).		Deaths under one year of age.		Infant Mor- tality (per 1,000 births).		Deaths from Tuber- culosis, all forms.		Death rate for Tuber- culosis, all forms (per 1,000 persons.)			
			Legiti- mate.		Illegiti- mate.																			Total.	
			Eur.	Non- Eur.	Total.	Non- Eur.	Non- Eur.	Total.	Non- Eur.	Non- Eur.	Non- Eur.	Non- Eur.	Non- Eur.	Non- Eur.	Non- Eur.	Non- Eur.	Non- Eur.	Non- Eur.	Non- Eur.	Non- Eur.	Non- Eur.	Non- Eur.	Non- Eur.	Non- Eur.	Non- Eur.
250	10,950	11,200	21	538	2	342	23	880	—	55	8.7	38.9	92.3	80.6	4	434	16.0	39.7	—	193	—	219.3	66	—	6.0

PRINCIPAL CAUSES OF DEATH.

	European.	Non-European.	Total.
Diarrhoea and enteritis	—	147	147
Tuberculosis (all forms)	—	66	66
Pneumonia and bronchitis	—	40	40
Diseases of early infancy	—	32	32
Malignant neoplasms	—	15	15
Vascular lesions affecting central nervous system	—	15	15
Homicide	—	14	14

NOTIFICATION OF INFECTIOUS DISEASE.

Tuberculosis, pulmonary.	Tuberculosis, other forms.		Diphtheria.		Enteric fever.		Cerebro-spinal fever.		Scarlet fever.		Whooping cough.		Puerperal fever.		Ophthalmia.		Acute poliomyelitis.		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.
1	220	12	17	—	2	—	11	—	7	2	—	15	—	1	—	22	1	1	16	296

TABLE W.—Barometrical Readings, 1953-54.

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

Month.	Mean.	Average for forty-seven years, 1st July, 1906, to 30th June, 1954.	Highest.	Date.	Lowest.	Date.	Highest and date for forty-seven years, 1st July, 1906, to 30th June, 1954.	Lowest and date for forty-seven years, 1st July, 1906, to 30th June, 1954.
1953.								
July ..	30.190	30.243	30.560	1st	29.960	9th	30.737 14th, 1934	28.924 13th, 1917
August ..	30.130	30.260	30.520	18th	29.752	11th	30.984 26th, 1921	29.728 29th, 1951
September ..	30.162	30.252	30.422	20th	29.930	26th	30.691 8th, 1924	29.573 3rd, 1946
October ..	30.080	30.193	30.241	14th	29.800	29th	30.563 5th, 1912	29.727 6th, 1928
November ..	30.010	30.337	30.300	21st	29.770	7th	30.841 24th, 1913	29.690 26th, 1951
December ..	29.962	30.070	30.301	13th	29.791	23rd	30.569 13th, 1921	29.727 22nd, 1947 & 6th, 1950
1954.								
January ..	29.942	30.053	30.201	16th	29.960	8th	30.500 30th, 1919	29.726 5th, 1950
February ..	29.930	30.065	30.200	18th	29.661	8th	30.945 9th, 1923	29.692 15th, 1952
March ..	29.951	30.115	30.500	18th	29.540	10th	30.608 11th, 1921	29.002 15th, 1921
April ..	30.030	30.214	30.130	19th	29.630	18th	30.514 7th, 1940	29.098 3rd, 1916
May ..	30.001	30.201	30.040	2nd	29.145	11th	30.641 3rd, 1927	29.073 15th, 1953
June ..	30.210	30.260	30.050	15th	29.060	26th	30.663 22nd, 1911	29.089 11th, 1906
Year ..	30.049	30.188	30.560	1/7/1953	29.060	26/6/1954	30.984 26/8/1921	28.924 13/7/1917

TABLE X.—Temperature of Air in the Shade, 1953-54.

Month.	Maximum Thermometer.					Highest and date for 47 years, 1st July, 1906, to 30th June, 1954.		Minimum Thermometer.				Lowest and date for 47 years, 1st July, 1906, to 30th June, 1954.	
	Mean at 8 a.m. °F	Average for 47 years, 1st July, 1906, to 30th June, 1954. °F	Mean °F	Average for 47 years, 1st July, 1906, to 30th June, 1954. °F	Highest. °F	Date.	°F	Date	Mean °F	Average for 47 years, 1st July, 1906, to 30th June, 1954. °F	Lowest. °F		Date.
1953.													
July ..	47.51	51.362	63.30	61.836	80.4	19th	85.3	30th, 1927	41.50	46.550	34.2	30th	29.0 5th, 1907
August ..	49.03	53.030	63.50	64.491	84.4	31st	90.8	24th, 1918	45.90	47.799	40.3	29th	35.5 25th, 1926
September ..	54.15	55.464	70.20	66.164	90.1	19th	94.4	19th, 1943	49.31	47.870	37.8	15th	39.8 4th, 1921
October ..	58.18	58.055	70.10	70.501	84.7	12th	95.6	31st, 1915	51.40	50.437	42.8	5th	42.0 11th, 1943
November ..	43.11	57.761	72.52	73.321	91.8	5th	100.3	25th, 1927	56.81	55.670	48.2	17th	44.0 15th, 1924
December ..	66.05	64.406	76.10	74.023	99.7	11th	100.9	26th, 1941	57.60	60.331	46.9	24th	45.1 30th, 1931
1954.													
January ..	66.70	65.347	78.11	78.996	89.6	28th	104.0	31st, 1951	60.30	59.400	50.0	10th	42.2 7th, 1918
February ..	65.18	64.536	78.14	79.525	93.2	3rd	103.8	14th, 1924	60.31	59.504	47.8	5th	45.6 28th, 1928
March ..	63.10	62.286	78.15	77.491	91.8	12th	101.0	19th, 1927	59.21	58.000	43.3	29th	46.8 25th, 1916 & 30th, 1928
April ..	56.27	58.119	72.20	71.732	87.3	2nd	102.9	1st, 1925	53.21	56.666	41.9	10th	40.8 28th, 1928
May ..	54.13	54.636	64.61	66.830	82.2	8th	95.5	3rd, 1932	52.00	53.809	39.7	21st	40.3 19th, 1923
June ..	50.15	52.219	65.81	61.608	80.1	10th	85.7	22nd, 1912	48.60	49.209	35.8	29th	36.2 4th, 1928
Year ..	56.13	58.109	71.06	70.541	99.7	11/12/1953	104.0	31/1/1951	53.01	53.770	34.2	30/7/1953	29.0 5/7/1907

TABLE Y.—Rainfall and Humidity, 1953-54.

Month.	RAINFALL.						HUMIDITY.	
	Amount in inches.	Average for 47 years, 1st July, 1906 to 30th June, 1954.	No. of rainy days.	Greatest fall in one day.		Average for 47 years, 1st July, 1906, to 30th June, 1954.	Mean Saturation 100.	
				Amount in inches.	Date.			
1953.								
July ..	3.70	3.52	12	0.75	27th	2.67	78.10	83.52
August ..	2.07	2.59	9	0.56	7th	1.90	76.20	82.79
September ..	0.90	2.12	2	0.70	9th	1.45	74.16	79.48
October ..	1.35	1.27	4	1.10	19th	1.55	73.15	73.04
November ..	1.30	0.97	3	0.50	8th	2.35	70.18	70.23
December ..	0.4	0.71	5	0.12	24th	1.61	67.00	69.01
1954.								
January ..	0.25	0.59	3	0.25	8th	1.50	69.05	68.57
February ..	1.0	0.47	6	0.45	18th	1.12	73.00	73.39
March ..	0.51	0.70	4	0.24	27th	1.08	69.00	75.15
April ..	1.90	1.90	9	0.47	23rd	1.62	77.11	81.78
May ..	7.90	2.91	13	1.78	18th	2.76	82.00	82.66
June ..	3.20	1.40	7	1.25	25th	2.65	76.00	83.06
Year ..	24.37	19.15	82	1.78	18/5/54	2.76	73.75	76.89

TABLE Z.—Earth Temperature, 1953-54.

Month.	Range at one foot. °F	Range at one foot, 47 years, 1st July, 1906, to 30th June, 1954. °F	Range at two feet. °F	Range at two feet, 47 years, 1st July, 1906, to 30th June, 1954. °F	Range at four feet. °F	Range at four feet, 47 years, 1st July, 1906, to 30th June, 1954. °F
1953.						
July ..	55.0 to 58.2	49.2 to 64.0	57.8 to 60.0	54.0 to 62.0	60.8 to 62.8	53.0 to 65.0
August ..	55.5 to 59.0	50.9 to 63.0	57.2 to 60.0	53.8 to 62.6	60.0 to 61.0	55.0 to 63.0
September ..	61.0 to 67.0	50.9 to 67.9	61.0 to 67.0	55.0 to 67.0	61.0 to 65.2	57.0 to 65.5
October ..	62.0 to 72.0	57.1 to 75.9	65.4 to 70.6	58.0 to 72.8	66.0 to 68.0	56.8 to 73.8
November ..	71.0 to 76.0	59.3 to 83.0	72.0 to 76.0	60.0 to 79.7	68.8 to 73.0	60.8 to 76.2
December ..	75.0 to 80.2	63.0 to 83.8	75.8 to 79.0	60.5 to 80.5	73.0 to 75.6	63.8 to 81.4
1954.						
January ..	77.0 to 82.4	66.7 to 85.2	78.0 to 82.0	66.8 to 80.6	75.4 to 78.0	66.2 to 82.5
February ..	77.0 to 83.0	66.9 to 86.9	78.0 to 82.0	68.9 to 82.9	78.0 to 78.2	68.0 to 81.4
March ..	70.0 to 80.0	63.7 to 82.0	74.0 to 79.0	65.2 to 80.7	76.0 to 78.0	67.9 to 80.2
April ..	65.6 to 74.0	58.9 to 76.6	69.0 to 75.0	63.0 to 76.4	71.0 to 75.6	62.2 to 77.0
May ..	59.0 to 66.0	53.0 to 74.4	62.0 to 69.0	58.0 to 74.6	65.0 to 71.0	61.0 to 74.0
June ..	54.0 to 60.0	49.8 to 64.1	58.0 to 62.5	56.0 to 66.0	62.0 to 65.0	59.1 to 68.0
Year ..	54.0 to 83.0	49.2 to 86.9	57.2 to 82.0	53.8 to 82.9	60.0 to 78.2	53.0 to 82.5

TABLE 1. Results of the first trial.

Time	Temp.	Humidity	Wind	Pressure	Clouds	Visibility	Direction	Speed	Remarks
7:00	65	75	10	30.0	0	10	N	10	Clear
8:00	68	78	12	29.8	0	10	N	12	Clear
9:00	70	80	15	29.6	0	10	N	15	Clear
10:00	72	82	18	29.4	0	10	N	18	Clear
11:00	75	85	20	29.2	0	10	N	20	Clear
12:00	78	88	22	29.0	0	10	N	22	Clear
13:00	80	90	25	28.8	0	10	N	25	Clear
14:00	82	92	28	28.6	0	10	N	28	Clear
15:00	85	95	30	28.4	0	10	N	30	Clear
16:00	88	98	32	28.2	0	10	N	32	Clear
17:00	90	100	35	28.0	0	10	N	35	Clear
18:00	92	102	38	27.8	0	10	N	38	Clear
19:00	95	105	40	27.6	0	10	N	40	Clear
20:00	98	108	42	27.4	0	10	N	42	Clear
21:00	100	110	45	27.2	0	10	N	45	Clear
22:00	102	112	48	27.0	0	10	N	48	Clear
23:00	105	115	50	26.8	0	10	N	50	Clear
24:00	108	118	52	26.6	0	10	N	52	Clear
25:00	110	120	55	26.4	0	10	N	55	Clear
26:00	112	122	58	26.2	0	10	N	58	Clear
27:00	115	125	60	26.0	0	10	N	60	Clear
28:00	118	128	62	25.8	0	10	N	62	Clear
29:00	120	130	65	25.6	0	10	N	65	Clear
30:00	122	132	68	25.4	0	10	N	68	Clear
31:00	125	135	70	25.2	0	10	N	70	Clear
32:00	128	138	72	25.0	0	10	N	72	Clear
33:00	130	140	75	24.8	0	10	N	75	Clear
34:00	132	142	78	24.6	0	10	N	78	Clear
35:00	135	145	80	24.4	0	10	N	80	Clear
36:00	138	148	82	24.2	0	10	N	82	Clear
37:00	140	150	85	24.0	0	10	N	85	Clear
38:00	142	152	88	23.8	0	10	N	88	Clear
39:00	145	155	90	23.6	0	10	N	90	Clear
40:00	148	158	92	23.4	0	10	N	92	Clear
41:00	150	160	95	23.2	0	10	N	95	Clear
42:00	152	162	98	23.0	0	10	N	98	Clear
43:00	155	165	100	22.8	0	10	N	100	Clear
44:00	158	168	102	22.6	0	10	N	102	Clear
45:00	160	170	105	22.4	0	10	N	105	Clear
46:00	162	172	108	22.2	0	10	N	108	Clear
47:00	165	175	110	22.0	0	10	N	110	Clear
48:00	168	178	112	21.8	0	10	N	112	Clear
49:00	170	180	115	21.6	0	10	N	115	Clear
50:00	172	182	118	21.4	0	10	N	118	Clear
51:00	175	185	120	21.2	0	10	N	120	Clear
52:00	178	188	122	21.0	0	10	N	122	Clear
53:00	180	190	125	20.8	0	10	N	125	Clear
54:00	182	192	128	20.6	0	10	N	128	Clear
55:00	185	195	130	20.4	0	10	N	130	Clear
56:00	188	198	132	20.2	0	10	N	132	Clear
57:00	190	200	135	20.0	0	10	N	135	Clear
58:00	192	202	138	19.8	0	10	N	138	Clear
59:00	195	205	140	19.6	0	10	N	140	Clear
60:00	198	208	142	19.4	0	10	N	142	Clear
61:00	200	210	145	19.2	0	10	N	145	Clear
62:00	202	212	148	19.0	0	10	N	148	Clear
63:00	205	215	150	18.8	0	10	N	150	Clear
64:00	208	218	152	18.6	0	10	N	152	Clear
65:00	210	220	155	18.4	0	10	N	155	Clear
66:00	212	222	158	18.2	0	10	N	158	Clear
67:00	215	225	160	18.0	0	10	N	160	Clear
68:00	218	228	162	17.8	0	10	N	162	Clear
69:00	220	230	165	17.6	0	10	N	165	Clear
70:00	222	232	168	17.4	0	10	N	168	Clear
71:00	225	235	170	17.2	0	10	N	170	Clear
72:00	228	238	172	17.0	0	10	N	172	Clear
73:00	230	240	175	16.8	0	10	N	175	Clear
74:00	232	242	178	16.6	0	10	N	178	Clear
75:00	235	245	180	16.4	0	10	N	180	Clear
76:00	238	248	182	16.2	0	10	N	182	Clear
77:00	240	250	185	16.0	0	10	N	185	Clear
78:00	242	252	188	15.8	0	10	N	188	Clear
79:00	245	255	190	15.6	0	10	N	190	Clear
80:00	248	258	192	15.4	0	10	N	192	Clear
81:00	250	260	195	15.2	0	10	N	195	Clear
82:00	252	262	198	15.0	0	10	N	198	Clear
83:00	255	265	200	14.8	0	10	N	200	Clear
84:00	258	268	202	14.6	0	10	N	202	Clear
85:00	260	270	205	14.4	0	10	N	205	Clear
86:00	262	272	208	14.2	0	10	N	208	Clear
87:00	265	275	210	14.0	0	10	N	210	Clear
88:00	268	278	212	13.8	0	10	N	212	Clear
89:00	270	280	215	13.6	0	10	N	215	Clear
90:00	272	282	218	13.4	0	10	N	218	Clear
91:00	275	285	220	13.2	0	10	N	220	Clear
92:00	278	288	222	13.0	0	10	N	222	Clear
93:00	280	290	225	12.8	0	10	N	225	Clear
94:00	282	292	228	12.6	0	10	N	228	Clear
95:00	285	295	230	12.4	0	10	N	230	Clear
96:00	288	298	232	12.2	0	10	N	232	Clear
97:00	290	300	235	12.0	0	10	N	235	Clear
98:00	292	302	238	11.8	0	10	N	238	Clear
99:00	295	305	240	11.6	0	10	N	240	Clear
100:00	298	308	242	11.4	0	10	N	242	Clear

TABLE 2. Results of the second trial.







