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

The Corporation

OF

The City of Cape Town

ANNUAL REPORT

OF THE

Medical Officer of Health

1959

CITY OF CAPE TOWN.

Principal Vital Statistics for 1960

Population.

	Male.	Female	Total
All races	277,280	292,710	569,990
White	94,080	103,730	197,810
Non-White	183,200	188,980	372,180
Coloured	146,120	166,950	313,070
African	32,200	18,710	50,910
Asiatic	4,880	3,320	8,200

African Townships. (Additional)

Langa	21,276	4,074	25,350
Nyanga West	5,001	5,470	10,471

Births.

	Total live births		Corrected births.		Birth rate.
	Male	Female.	Male	Female.	
All races	9,416	9,351	8,056	7,935	28.1
White	2,486	2,446	1,823	1,733	18.0
Non-White	6,930	6,905	6,233	6,202	33.4
Coloured	6,140	6,127	5,655	5,628	36.0
African	646	626	438	428	17.0
Asiatic	144	152	140	146	34.9

(Plus 6 of unknown race or sex)

Still Births.

	Crude.	Corrected	Still Birth Rate.
All races	479	366	22.4
White	56	35	9.7
Non-White	423	331	25.9
Coloured	341	277	24.0
African	70	43	47.3
Asiatic	12	11	37.0

Illegitimate Births.

	Crude.	Corrected	Percentage.
All races	3,693	3,037	19.0
White	243	143	4.0
Non-White	3,444	2,888	23.2
Coloured	3,029	2,605	23.1
African	407	276	31.9
Asiatic	8	7	2.4

(Including 6 of unknown race)

Births in Institutions.

	Live Births			Still Births.		
	Crude	Corrected No.	%	Crude	Corrected No.	%
All races	11,868	9,116	55	357	243	61
White	4,544	3,153	87	53	31	89
Non-White	7,324	5,963	46	304	212	58
Coloured	5,674	4,716	42	224	160	58
African	1,582	1,187	88	77	50	65
Asiatic	68	60	21	3	2	18

Deaths.

	Crude		Corrected		Death rate.
	Male	Female	Male	Female	
All races	3,498	2,985	2,851	2,505	9.41
White	1,361	1,174	1,109	1,007	10.70
Non-White	2,137	1,811	1,742	1,498	8.71
Coloured	1,781	1,570	1,481	1,340	9.01
African	303	227	212	124	7.00
Asiatic	53	14	49	14	7.68

(Plus 6 of unknown race or sex)

Principal Causes of Mortality.

White			Non-White		
	No.	Rate.		No.	Rate.
Cardiovascular	795	4.0	Cardiovascular	576	1.6
Arterial	394	2.0	Diarrhoea	479	1.3
Neoplasms	324	1.6	Arterial	345	0.9
Violence	102	0.5	Early infancy	314	0.8
Bronchitis & pneumonia	61	0.3	Bronchitis & pneumonia	307	0.8
Early infancy	52	0.3	Violence	242	0.7
Senility	37	0.2	Neoplasms	212	0.6
Liver	32	0.2	Tuberculosis	171	0.5
Diabetes	32	0.2	Cong. Malformation	50	0.1
Tuberculosis	28	0.1	Nephritis	44	0.1

Age at Death.

	0 - 1	1 - 5	5 - 25	25 - 65	65+
All races	1,097	333	209	1,803	1,914
White	90	15	39	731	1,241
Non-White	1,007	318	170	1,072	673
Coloured	839	263	146	937	636
African	157	48	21	118	12
Asiatic	11	7	3	17	25

Infant Mortality.

	Neonatal	Post neonatal	Total	
			No.	Rate
All races	432	665	1,103	69.0
White	68	22	90	25.3
Non-White	364	643	1,007	81.0
Coloured	312	527	839	74.4
African	45	112	157	181.3
Asiatic	7	4	11	38.5

(Including 6 of unknown race)

Principal Causes of Infant Mortality.

	White		Non-White.	
	No.	Rate	No.	Rate.
Diarrhoea	4	1.1	362	29.1
Bronchitis & pneumonia	6	1.7	157	12.6
Immaturity	27	7.6	163	13.1
Birth injury	13	3.7	55	4.4
Cong malformation	13	3.7	36	2.9
Tuberculosis	-	-	5	0.4

Maternal Mortality.

	No.	Rate.
All Races	20	1.25
White	-	-
Non-White	20	1.61

Infectious Diseases Notified.

	Total	White	Non-White.
Tuberculosis, pulmonary	1,339	125	1,214
Tuberculosis, other	121	13	108
Enteric	16	-	16
Diphtheria	87	27	60
Scarlet fever	146	117	29
Poliomyelitis	39	14	25
Whooping cough	182	53	129
Cerebrospinal fever	21	4	17
Erysipelas	5	3	2
Encephalitis	8	2	6
Puerperal fever	6	1	5
Ophthalmia neonatorum	430	15	415

Poliomyelitis Immunization.

	White.	Non-White.	All races.
Salk vaccine	4,055	24,240	28,295
Oral vaccine	79,524	137,386	216,910

Child Welfare.

		New cases.	Total.
Attendances -	infant consultations	15,275	223,700
	pre-natal clinics	9,284	36,987
	school clinics	5,395	15,637
	post-natal clinics	1,059	4,570
	orthopaedic clinics	296	7,067
	day nurseries	136	57,169
Diphtheria immunization			24,443
Visits by health visitors			155,565

Dental Clinics.

Sessions	3,090
New cases	29,190
Total attendances	57,739

Tuberculosis Clinics.

Sessions	1,270
New cases	10,125
Total attendances	54,672

Venereal Disease Clinics.

Sessions	1,251
New cases	3,783
Total attendances	13,980

Environmental Sanitation.

Visits by Health Inspectors	143,967
Visits by ratcatchers	117,497
Rodents caught	8,044
Notices served	3,109
Foodstuffs analysed	767
Legal proceedings	39
Attendances at washhouses	51,051
Attendances at showerbaths	27,963
Dwellings completed	1,817

Daily average of patients in

City Infectious Diseases Hospital	336
Brooklyn Chest Hospital	307
Langa Hospital	20

The Corporation

OF

The City of Cape Town

ANNUAL REPORT

OF THE

Medical Officer of Health

1959

THE CORPORATION OF THE CITY OF CAPE TOWN.

Report of the Medical Officer of Health

FOR THE YEAR 1959.

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, together with an account of the work carried out by the City Health Department, for the year 1959.

Vital Statistics.

The population of the city, estimated as at 30th June, 1959, the middle of the year, was 551,710 (196,560 Europeans and 355,150 non-Europeans).

This is calculated from previous Census figures. In addition, there were on the same date 25,057 persons in the Langa African Township. The new township of Nyanga West, into which the first families were moved during January, has derived its inhabitants mostly from other areas of the city, and is not considered an addition for the purpose of a population count. The rate of natural increase, static among Europeans, has increased slightly among non-Europeans, but this figure bears no relation to the calculated increase, which has always proved to be much nearer to actual fact in a growing community.

Births.

According to the returns of the local Registrar of Births and Deaths, 3,772 European and 12,167 non-European live births were registered during the year as belonging to the Municipality of Cape Town. This is equal to a birth rate of 19.2 for Europeans and 34.3 for non-Europeans. The European birth rate is the highest since 1950 but is still well below the peak figure reached in former years. Although more non-European births were registered in 1959 than in the previous year, these were offset by the estimated increase of population, resulting in a lower birth rate.

The percentage of city live births occurring in institutions rose from 54 to 55 per cent, and is reflected in both racial groups.

Illegitimacy among Europeans now stands at the highest level since 1942. There was a substantial decrease in the number of still births. Preponderance of male over female births continued.

Deaths.

The number of deaths registered as belonging to the city was 1,957 European and 3,047 non-European, equivalent to death rates of 10.0 for Europeans, 8.6 for non-Europeans and 9.1 for all races.

This represents a slight increase in the European rate, and is reflected in only minor changes among the principal causes of death.

Among non-Europeans there is a substantial decrease in the number of deaths from gastro enteritis, which has been relegated to second place among the principal causes of death in this racial group. A general decline in deaths from all the principal causes is also recorded, and the position with regard to tuberculosis which is and has been the special target of the department is very satisfactory.

The steady increase over the past ten years in the number of deaths occurring at 55 years and over, in both racial groups, is some indication that the improvement in the environmental and health services in Cape Town is bearing fruit.

In this regard it should be pointed out that no less than 77.5 per cent of the European group die at ages 55 or over. Only 32.5 per cent of the non-European group reach this age.

Although an increase in this latter group is occurring, it is nevertheless slow and there is a long road to travel before the non-European groups attain the figures reflected by the European group.

The steady increase in the number of fatal road accidents - 106 for the year under review - leaves no room for complacency. Notwithstanding the construction of new and modern traffic-ways the road accident rate continues to show a sharply rising curve. Is there some inherent and underlying physiological impulse in many of us which takes control of what appears to be a reasonably tolerant and apparently normal individual once he sits himself behind the steering wheel of a motorcar? Or can our present restricted, self-limited, dragooned, and regimented form of living and working give a clue to the metamorphosis which so often occurs? In any event, the investigation and elucidation of this aspect of the problem may well be an excellent

investment in reducing not only fatal accidents, but also those many others which are so costly in suffering, broken and lost time, and the demand they exert on valuable and costly hospital beds.

Even the home is not as safe as it should be, as 48 persons — 21 European and 27 non-European — died as a result of home accidents. This number of deaths far exceeds the deaths from diphtheria and poliomyelitis, and are — like these diseases — in the main preventable.

The Health Visitors attached to the Department are charged with the duty of noting dangerous situations and proceedings in the home while carrying out their home visiting duties. The mere indication and reference to such dangerous situations on the part of the health visitor should and does, in the main, result in the necessary preventable action being taken by the mother.

There is no doubt that the general practitioner should also play his part in the prevention of the many home accidents which do occur, not only because of his calling, but also because of the fact that his training is largely based on teaching him to observe things and to apply the information obtained therefrom. Instructions or advice of any sort emanating from a doctor is usually more than acceptable and is usually acted on with alacrity by the majority of his patients.

Infant Mortality.

A noteworthy fall has occurred in the infant mortality rates for all races. Estimation plays no part in the computation of infant mortality rates, so that the improvement this year over the previous year is an actual fact, and would be still better in the case of the non-European groups if means could be instituted for the fuller and more complete registration of all births in these groups. The rates of 17.5 for Europeans and 80.2 for non-Europeans are the lowest rates ever recorded in the Municipality and are very justifiable cause for much satisfaction.

Among Europeans there is a decline in infant deaths from bronchitis and pneumonia, immaturity and congenital malformation. The latter two causes of death can hardly be claimed to be directly controllable, so that this reduction is in the nature of an unexpected dividend in favour of the records of the department.

Non-European infant deaths from gastro enteritis have now fallen to the level recorded eight years ago. It is reasonable to suggest that this is mainly due to the impact of the child welfare work of the department, as well as the additional in- and out-patient attention provided for these cases at the Provincial Hospitals.

Maternal Mortality.

It is most encouraging to be able to record that the maternal mortality rate — including deaths from septic abortion — for the non-European group is, apart from the rates reflected during the year 1949—50, the lowest on record (1.15 per thousand live births).

This pleasing state of affairs is due in great measure to the comprehensive ante-natal and maternity services provided by private medical practitioners and the Provincial and Municipal departments concerned.

Infectious Diseases.

It is most disappointing to once again have to report an increase in the number of cases of diphtheria (80 cases — 17 European and 63 non-European). Every means at the disposal of the department is used in persuading parents to have their children immunized, and the overall number of individuals presenting themselves for this service once again shows an increase. Two fatal cases — one a European and the other a non-European — occurred. No record of immunization against the disease in these two cases could be found.

An increase in the number of scarlet fever notifications has to be recorded. The first death in seven years from this disease occurred in a Coloured female child who developed it in an unusually virulent form, with probable complications.

The resurgence in poliomyelitis notifications — 76 cases, 16 European and 60 non-European — after the sharp drop of the previous year caused some disquiet in certain lay quarters. When, however, it was pointed out that whereas the epidemic of 1956 had commenced in April and continued throughout the winter months, a most unusual event, the current increase in incidence appeared to be seasonable, much of this disquiet was dissipated. Fortunately our surmises proved to be correct. In one respect the publicity afforded by the daily press to poliomyelitis notifications had the effect of boosting the demands for Salk poliomyelitis vaccine. The department administered a total of 98,069 ccs. to all racial groups under the age of 15 years.

Only 29 cases of enteric fever — 5 European and 24 non-European — were reported for the year under review. This is the lowest number of typhoid cases ever recorded in the municipal area. Particular and intensive attention is paid to every notified case and all available active steps are initiated with a view to finding the responsible "carriers". Known carriers resident in the municipal area are regularly visited with a view to checking as to their occupation and any possibility of their being responsible for further cases.

The incidence of cerebrospinal fever has also shown a very welcome decline in that only 19 cases — 8 Europeans and 11 non-Europeans — were notified in the year in question.

Localised occurrences of Asian influenza, during mid-winter, are also recorded as having occurred in the municipal area. The total numbers of these cases are not known as this condition is not notifiable; but from our own experience of cases occurring in the Municipal Fire and Traffic Branches, and from information supplied by general medical practitioners, it appears to have occurred in persons who had not contracted Asian type of influenza during the epidemic of 1957. Throat washings from several of these victims demonstrated on culture a virus A.2 Asian type.

Tuberculosis.

The small reduction in notifications of pulmonary tuberculosis is more encouraging than it appears, as it has occurred in an ever increasing population and in the face of sustained efforts at case finding, particularly among children. This latter effort must eventually lead to a diminution in the numbers of new cases notified.

Figures show that the wholesale liquidation of youth by "consumption" has now ceased in Cape Town as in most modern cities of the Western world, but at the same time the increased number of deaths later in life indicates that a state of "survival without recovery" is being attained. It is this source which is almost wholly responsible for the continued spread of infection.

Tuberculosis of the meninges has dropped to 48 notifications (3 Europeans – 45 non-Europeans) – a most gratifying situation. The introduction of B.C.G. it is hoped will result in an even greater fall in the notifications of this most troublesome and serious disease.

Child Welfare.

A makeshift child welfare centre was opened during May, 1959, in two sample dwellings at Nyanga West African Township. This will be vacated when permanent buildings are erected.

Once again this year's records show an increase in attendances at the child welfare centres, and what is more important, more babies are being brought for examination and advice. There is still room for improvement in European interest in the child welfare centres.

Immunization against poliomyelitis was intensified and the tempo more than maintained against diphtheria. B.C.G. immunization against tuberculosis was introduced not only at the municipal centres but also in collaboration with certain of the Provincial and voluntary welfare associations' maternity homes. Untoward reactions to these injections has been minimal. Despite the fact that a large proportion of the health visiting staff are fully occupied with this type of immunization, the general home visiting has been maintained.

Dental Branch.

Attention is drawn to an exposition of the place of dentistry in public health later in this report. Practical experience reveals the lamentable lack of co-operation from most sections of the community, and the waste of painstaking restorative treatment. Dental education in the school is posed as a solution to the problem, but in the meantime it is considered that the extensiveness of the services provided must be having some beneficial effect on the public health.

Environmental Sanitation.

Steps were taken during the year to draft new regulations regarding the construction of butcher's meat delivery vehicles. The proposals are that all vehicles over 1–ton carrying capacity are to be constructed in such a manner that all carcases are suspended and hang completely free of the floor. As carcases are to be chilled, it will be necessary for these vehicles to be insulated.

Amendments to, and consolidation of the Dairy Regulations were adopted by the City Council, but have as yet not been promulgated by the Administrator.

Previous references in this report to the dangers of using modern pesticides, as evidenced by the discovery of foodstuffs contaminated with these chemicals at the public market, has had some effect in that, through the press and radio, warnings to the general public have now been issued by the Central Government.

As in previous years, a substantial increase in visits by the Health Inspectors is recorded. According to the number of nuisances discovered and dealt with by statutory notice, drainage defects appear to have increased in number. Three per cent of food samples taken under the provisions of the Food, Drugs and Disinfectants Act, No. 13 of 1929, were found to be adulterated. This is very satisfactory considering that the item concentrated upon is milk which can so easily and even unwittingly be rendered sub-standard.

The Department was consulted in regard to an outbreak of staphylococcal infection (boils) Type 80/81 which occurred amongst the nursing staff of the Victoria Hospital, Wynberg, following the admission of a patient with septic bed sores. The hospital was closed and it and the nurses' home completely disinfected by means of formaldehyde gas with satisfactory results.

The arrival of a large American caravan group called attention to the lack of a suitable caravan site in the city. Such an amenity is being planned at Muizenberg, but something nearer the centre of the city would be an advantage, and probably more popular with caravan visitors.

The periodical consideration of the question of fluorization of the city's water supply has been further postponed in view of the still controversial nature of this proceedure.

It is a pleasure to recall the centenary of the Somerset Hospital after a long and distinguished record in the service of the sick. In recent years the hospital has been solely used for the hospitalisation of non-Europeans who have thus benefitted not only to the extent of the beds available to them, but have also been afforded the practical experience required in the training of medical and nursing personnel.

City Hospital for Infectious Diseases.

Increased admissions of patients suffering from poliomyelitis and scarlet fever chiefly accounted for the higher average of beds occupied during 1959. One-quarter of the patients isolated in the City Infectious Diseases and Brooklyn Chest Hospitals are generally the responsibility of other local authorities.

Brooklyn Chest Hospital.

Two new wards accommodating 34 patients were opened during the year. Male patients are now able to be isolated after chest surgery in these wards and thereby reduce the risk of re-infection.

A new laundry to handle the requirements of both the City Hospital and Brooklyn Chest Hospital is in the course of erection on the northern boundary. Its completion will materially improve the difficulties occasioned by the congestion at the present City Hospital laundry.

Milk.

The effectiveness of the control of milk production and distribution is evidenced by the improvement in the results of bacteriological tests of raw and pasteurised milk carried out during the year. Many structural improvements were effected at farms mainly on the advice or instructions of the department.

No anthrax incidents have occurred, but a meeting of the farming interests, the Government Veterinary staff and ourselves was called at which it was decided that annual inoculation of all dairy cattle against anthrax was advisable, and farmers were notified accordingly.

Housing.

The Municipality has continued the erection of dwellings for the economic and sub-economic groups of its population. For a variety of reasons only 564 units were erected for non-Europeans, a figure which falls far short of the requirements of housing for this section of the population. With the projected Eastern Boulevard scheme and the requirements of the Group Areas this number will have to be at least trebled over the next few years. In addition, 500 prefabricated hutments were erected at the Nyanga West African Township as temporary accommodation for African families who qualify for eventual permanent accommodation in the Cape Town area. Notwithstanding the amount of building carried out by the local authority over the past five years, the standard of overcrowding in some of the central city areas amongst the non-European racial group is still a family per room. New housing is still one of the most urgent requirements for the non-European residents of the Mother City.

Acknowledgments.

I desire to acknowledge with gratitude the loyal support and ever willing assistance given to me by all members of my staff, 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,

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

CITY HEALTH DEPARTMENT,
Libertas,
Hertzog Boulevard,
CAPE TOWN.
October, 1960.

CONTENTS

MUNICIPALITY OF THE CITY OF CAPE TOWN.

LEADING STATISTICS, YEAR ENDED 31st DECEMBER, 1959.

	European.	*Non-European*	*All races.*
Area:— 55,608 acres.			
Total population	196,581	380,061	576,642
Population (excluding the African Township of Langa)	196,560	355,150	551,710
Birth rate	19.2	34.3	28.9
Death rate	9.96	8.58	9.07
Infant mortality rate	17.5	80.2	65.5
Maternal mortality rate	0.26	1.12	0.92
Tuberculosis death rate	0.17	0.51	0.39
Enteric incidence rate	0.03	0.07	0.05
Enteric death rate	—	0.00	0.00

All the above rates are annual and expressed as per 1,000 population of each class, except the infant and the maternal mortality rate, the former being expressed as per 1,000 live births occurring during the year (corrected) and the latter per 1,000 live and still births. The figures for the Langa African Township are excluded from these rates.

RAINFALL.

Amount in inches	22.5 (Average 21.38)
No. of rainy days	99 (Average 103)

TEMPERATURE.

Maximum	99.3F (Average 60.2F)
Minimum	43.9F.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1959.

SECTION I. 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 (3,549 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.

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 as the result of the construction of the new harbour.

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 on its outlying masses, Devil's Peak on the east and Lion's Head and Signal Hill on the west. It therefore lies between the mountain and the sea, and, unlike the centre of most cities, is not surrounded by its suburbs.

The suburbs extend beyond this amphitheatre on either hand. To the west, the marine suburbs, known as Green Point, Sea Point, Clifton, Camps Bay and Bakoven (Ward 1 and part of Wards 2 and 3) lie along the Atlantic sea board for a distance of about six miles curving with the coast in a southerly direction. They are on the seaward slopes of Signal Hill and Lion's Head.

To the east the "Southern Suburbs" (Wards 7–9 and 11—15) extend around Devil's Peak and are stretched for about sixteen miles along the road and suburban railway line which after rounding Devil's Peak pass along the eastern side of Table Mountain in a southerly direction to the shore of False Bay. Woodstock and Salt River (Wards 6 and 7), next to Cape Town proper, slope down to Table Bay, and at the other end Muizenberg, St. James and Kalk Bay (Ward 15) lie on the False Bay coast. The string of suburbs between, known successively as Observatory, Mowbray, Rosebank, Rondebosch, Newlands, Claremont, Kenilworth, Wynberg, Plumstead, Diep River, Heathfield, Retreat and Lakeside, lie on the eastern slopes of the mountain range, and, to a greater extent, on the Cape Flats below them. The Municipality extends over the Flats to a varying depth up to 4½ miles, and the parts on the Flats contain a number of scattered townships and estates, some of which are served by the Cape Flats railway, which forms a loop lying in a more easterly position than the suburban line.

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.

Due to the inclusion of Nyanga West in the Municipality, the area has now been increased to 55,608 acres, or 86.99 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 seaboards are much frequented by holiday-makers from other parts of the country. To the attractions of the climate are added the great natural beauties of the Peninsula and its neighbourhood.

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.

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*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.

SOCIAL AND ECONOMIC CONDITIONS.

Thirty-four per cent of the total population of the Municipality of Cape Town (including Langa African Township) of over 576,600 consists of Whites or "Europeans". The other 66 per cent is commonly designated as "non-Europeans", 85 per cent of these non-Europeans are of the mixed race known as Cape Coloured, the remainder consists of Africans and Indians.

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 Africans constitute only 19 per cent. of the non-Europeans. They live in the Council's African township, or as ordinary non-European residents in the city (where they are mostly slum dwellers), or in unsanitary shacks on the Cape Flats, or on their employers' premises. The segregation prescribed by the Natives (Urban Areas) Act is by no means completely enforced, for the reason that the houses in the township are too few to accommodate the population to be housed. Many of the Africans 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 Africans 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 8,000 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.

WATER SUPPLY.

The following are the main sources of supply —

Wemmershoek Dam	12,900 million gallons
Steenbras Dam	7,543 million gallons
5 Reservoirs on Table Mountain	522 million gallons.

During 1959 the daily consumption varied between a maximum of 47.9 million gallons during the summer and a minimum of 17.0 million gallons during the winter. The average daily consumption during the year was 30.3 million gallons.

Fourteen local authorities obtain their supplies of water from the Cape Town undertaking.

DRAINAGE.

Practically the entire built-up area of the municipality is provided with water-borne sanitation.

The principal sewage treatment plant is located at Athlone with a present dry weather flow of 12.5 million gallons per day. The Athlone plant is now completely surrounded by residential areas and is only 5 miles from the centre of the city. Extensions at present in hand and scheduled to be completed by 1962 will increase the capacity of this plant to 18 million gallons per day.

At the Wynberg sewage works 2.5 million gallons are handled daily and a scheme for treating all the sewage from the Wynberg—Clovelly area by the photosynthetic method of ponding is under consideration.

MARKETS.

The city's fruit and vegetable wholesale market is situated in Sir Lowry Road in the heart of a thickly populated area. Details of inspections and foodstuffs condemned will be found on page 71. The wholesale market, which is at present greatly congested, is being replaced by a new £1,156,000 market at Epping where an initial covered area of 6 acres is in the course of erection.

ABATTOIRS.

The accommodation at the municipal abattoirs at Maitland has been strained for some time, and extensions involving an expenditure of some £940,000 are contemplated, which, when completed, are expected to be adequate for the city's needs for the next 25 years. Details of meat condemned during the year will be found on page 71.

WARDS.

The following is a guide to the municipal wards, together with the density of the estimated population:-

Ward	*District*	*Density per acre.*
1.	Sea Point	25
2.	Green Point and harbour area	18
3.	Signal Hill, Kloof, Camps Bay	11
4.	Gardens	10
5.	Upper Castle area and Bloemhof	31
6.	Lower Castle area and Woodstock	56
7.	Part of Woodstock and Salt River	34
8.	Maitland, Brooklyn, Windermere	14
9.	Part of Salt River, Observatory, Mowbray and part of Rosebank	22
10.	Athlone to Lansdowne (Including Langa & Nyanga West)	11
11.	Rondebosch	11
12.	Newlands and part of Claremont	14
13.	Part of Claremont and Kenilworth	17
14.	Wynberg, Plumstead, Southfield	15
15.	Diep River to Clovelly	2
	City	10

SECTION II.—VITAL STATISTICS.

The vital statistics in this report refer to the Municipality of Cape Town and are for the calendar year 1959. Births and deaths are attributed to date of registration.

Unless the contrary is stated, all statistics in this report are exclusive of the Langa African Township, by reason of its rapidly changing, migratory population, and the new township of Nyanga West, which are shown separately.

The birth and death statistics are shown variously as:—

"Crude or uncorrected", including all births and deaths registered during the year as having occurred in the Municipality of Cape Town.

"Corrected for outward transfers", which is the foregoing after 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.

"Corrected", which is the foregoing after the addition of locally registered births and deaths of Cape Town residents occurring outside the municipal area.

Information as to births and deaths, including inward and outward transfers, is extracted from the records, and by courtesy of the local Registrar of Births and Deaths.

In the Table on page 91 of this report the record of vital statistical rates is set out for a series of years.

Rounding: Figures are rounded off independently of one another and, therefore, may not add to totals.

POPULATION.

The estimated population of the Municipality of Cape Town (excluding Langa African Township), for the year under report and the previous year is shown in the following table:-

Race	1959			1958		
	Males	Females	Persons	Males	Females	Persons
European	93,480	103,080	196,560	92,888	102,422	195,310
Coloured	139,700	159,610	299,310	133,561	152,599	286,160
African	30,240	17,560	47,800	28,390	16,490	44,880
Asiatic	4,790	3,250	8,040	4,686	3,184	7,870
Non-European	174,730	180,420	355,150	166,637	172,273	338,910
All Races	268,210	283,500	551,710	259,525	274,695	534,220

The rates for the Municipality of Cape Town for the year under review are based on the above figures.

An approximation of the population in the various wards of the city at 30th June (exclusive of shipping, travellers and Langa African Township), together with the related vital statistics, will be found in Table I on page 88.

The following is an annual average of the population of the Langa African Township, based on an enumeration made at the end of each month by the Township authorities:-

European		African		Total		
Males	Females	Males	Females	Males	Females	Persons
10	11	21,151	3,760	21,161	3,771	24,932

Development of the new African Township of Nyanga West commenced during January. Prefabricated hutments have been erected by the Council and families from Windermere and Retreat have also been encouraged to erect their own temporary shacks. At the end of the year the population was as follows –

Adults		Children		Total
Males	Females	Males	Females	
1,297	1,497	1,383	1,549	5,726

HEALTH INDICATORS.

These tables indicate that the percentage of deaths occurring at age 55 and over in both racial groups of the population show, over the past ten years, a steady rise. These trends can be accepted as a satisfactory indication that the general environmental and health services are having the desired effect. More persons are attaining the age of 55 years than formerly, and, generally speaking, it is the female who enjoys the longer span of life.

The mounting percentage of deaths occurring in the higher age groups is more evident among non-Europeans where the increase over the 10-year period was 54 per cent compared with 13 per cent for Europeans. Notwithstanding the apparent great increase in the non-European group, the low percentage of deaths still occurring amongst this group should be noted.

The tables relating to the mortality rates of infants reveal how the rates for Europeans have fallen in all age categories notwithstanding the fact that there has been no marked increase in child welfare services for this group during the period under review. The greatest fall occurs in the age group one month to one year.

In the non-European group the rate has remained steady in the first two age groups over the ten year period, but shows a fall in the age group one month to one year. This factor is heartening in its suggestion that the non-European mother is now making more use of clinic and hospital services available to her and her young infant, and thereby enhancing the likelihood of its survival to the higher age groups. The Department's child welfare services must take much credit for the educational propaganda and supervision at home and in the clinics for this improved state of affairs amongst this group.

BIRTHS.

The births, birth rates and rates of natural increase per 1,000 population were as follows:-

Race	Total live births		Outward transfers		Inward transfers		Corrected births	Corrected birth rate	Birth rate 1958	Rate of natural increase
	M.	F.	M.	F.	M.	F.				
European	2,606	2,414	644	628	10	14	3,772	19.2	18.8	9.2
Coloured	5,739	5,732	478	444	6	5	10,560	35.3	34.8	26.6
Native	866	794	198	178	–	–	1,284	26.9	30.5	18.8
Asiatic	188	146	5	6	–	–	323	40.2	38.4	32.8
Non-European	6,793	6,672	681	628	6	5	12,167	34.3	34.4	25.7
All Races* ..	9,399	9,086	1,325	1,256	16	19	15,941	28.9	28.7	19.8

*Including those of unknown race or sex.

The European birth rate is the highest since 1950 having increased by 2.1 per cent over the previous year, and is now 4.9 per cent higher than the average of the previous five years. The non-European rate decreased by 0.3 per cent. Notwithstanding appeals to those attending births to encourage the registration of all births by the persons responsible, there is once again an appreciable gap between the number of births registered and those notified direct to the department by midwives and others.

The greatest natural increase continues to be in Ward 14 for Europeans and in Ward 10 for non-Europeans.

The number of male births per 100 female births was 109.6 among Europeans and 101.1 among non-Europeans (99.5 Coloured, 108.4 African and 130.7 Asiatic).

Illegitimate live births during the year were as follows:–

Race	Crude	Outward transfers	Percentage of corrected births	Percentage 1958
European	261	107	4.1	4.0
Coloured	2,925	449	23.5	23.5
African	527	111	32.4	30.2
Asiatic	1	1	–	1.3
Non-European	3,453	561	23.8	23.7
All Races*	3,716	668	19.2	19.0

*Including those of unknown race.

In the case of 174 pairs of twin births which occurred, the details are as follows:–

Race.	No. of pairs.	Children.					
		Both males.		Both females.		Mixed.	
		Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.
European	47	21	–	11	–	15	–
Non-European	127	32	7	37	11	32	8
Total	174	53	7	48	11	47	8

In addition, there was one set of triplets (European), and one set of quadruplets (non-European).

STILL BIRTHS.

Race.	Crude Total.	Outward Transfers.	Inward Transfers.	Corrected Total.	Still birth Rate.	1958 Rate.
European	57	19	–	38	10.0	13.9
Coloured	318	42	–	276	25.5	27.5
African	86	25	–	61	45.4	49.9
Asiatic	8	1	–	7	21.2	35.1
Non-European	412	68	–	344	27.5	30.4
All races	469	87	–	382	23.4	26.5

The rate is calculated as per 1,000 maternities.

The total number of still births during the year under review is the lowest since 1952.

BIRTHS IN INSTITUTIONS.

Race.	Live births.			Still births.		
	Crude Total.	Corrected.		Crude Total.	Corrected.	
		No.	%		No.	%
European	4,558	3,291	87	50	31	82
Coloured	5,085	4,200	40	186	145	53
African	1,747	1,374	89	71	46	75
Asiatic	60	53	16	3	2	29
Non-European ...	6,892	5,627	45	260	193	56
All races	11,450	8,918	55	310	224	59

During 1959 there were 764 more births in institutions than in the previous year, without any major addition to the accommodation available.

Table G on page 86 will show the registered births and still births for the year classified in wards as to race, sex, legitimacy and the percentage of total births occurring in institutions.

In Table H on page 87 the number of births which took place in the various institutions in the municipality is listed.

The annual birth rates since Unification (1913) are set out in years and quinquennia in Table L on page 91.

In Table M on page 92 the birth rates of certain other towns in the Union and for England and Wales are set out for comparison.

Births registered as belonging to Langa African Township are excluded from the foregoing figures. Particulars regarding these will be found in Table G on page 86.

BIRTH RATES.

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 from 1956 are corrected for inward and outward transfers, but in previous years for outward transfers only.

Race.	1959		1958		1957		1956		1954–55	
	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.
European	3,772	19.2	3,677	18.8	3,575	18.4	3,587	18.6	3,356	17.6
Coloured	10,560	35.3	9,971	34.8	10,202	37.3	9,189	35.1	9,118	37.4
African	1,284	26.9	1,371	30.5	1,274	30.2	1,059	26.8	1,140	31.8
Asiatic	323	40.2	302	38.4	344	44.6	332	44.0	347	47.5
Non-European	12,167	34.3	11,644	34.4	11,820	36.5	10,580	34.3	10,605	37.0
All races *....	15,941	28.9	15,329	28.7	15,405	29.8	14,171	28.3	13,973	29.3

*Including those of unknown race.

GENERAL MORTALITY.

The deaths and death rates per 1,000 population are shown in the following table:—

Race.	Crude Total.		Outward Transfers.		Inward Transfers.		Corrected Deaths.	Death rate.	Death rate 1958.
	M.	F.	M.	F.	M.	F.			
European ...	1,255	1,070	264	177	41	32	1,957	9.96	9.65
Coloured ...	1,678	1,395	313	234	38	37	2,601	8.69	9.61
African	299	241	91	74	4	8	387	8.10	12.05
Asiatic	49	11	1	—	—	—	59	7.34	9.40
Non-European	2,026	1,647	405	308	42	45	3,047	8.58	9.93
All races* ...	3,281	2,717	669	485	83	77	5,006	9.07	9.84

*Including 2 of unknown race or sex.

Compared with the previous year, there was a decrease of 7.8 per cent in the general death rate, an increase of 3.2 per cent for Europeans and a decrease of 13.6 for non-Europeans. The increase in the European rate was only slight and due to a higher number of deaths from cancer, senility and motor accidents. Among non-Europeans, a substantial fall in the number of deaths from gastro enteritis, influenza and pneumonia, and tuberculosis, in that order, accounted for the decrease in the rate. The decrease in deaths occurred predominantly in the 0—25 years age group. The total deaths in the infectious group of diseases again showed a substantial decrease.

Reference to Table I on page 88 will show the deaths and death rates for the separate wards of the city.

Table L on page 91 sets out the death rates in years and quinquennia since Unification in 1913.

For the purpose of comparison the death rates for certain other towns in the Union and for England and Wales are set out in Table M on page 92.

Deaths registered as belonging to Langa African Township are not included in the foregoing figures, but will be found in Table A on page 78.

PRINCIPAL CAUSES OF MORTALITY.

Among Europeans, cardiovascular diseases continue to be the major cause of death. In this group arteriosclerotic heart disease, including coronary disease, with a moderate rise in number over the previous year, was by far the highest individual killer. Cancer and arterial diseases alternate annually as claimants for second position. These three causes of death account for the great majority of European deaths and have done so ever since comparable modern medical nomenclature and classification have been used.

There is far greater variety in causes of death among non-Europeans. When deaths from diseases of early infancy are combined with those from gastro enteritis, the contrast between the races in this respect is illuminating. It is fortunate therefore that the most noteworthy feature in non-European mortality in recent years has been the subsidence in deaths from gastro enteritis, where the figure is now at par with that of ten years ago. Particular attention is also directed to the continued steady decline in deaths from tuberculosis.

The following table summarises in accordance with the 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 (corrected).

Int. Code No.	European. Cause of Death.	Deaths.	Death rate.	Int. Code No.	Non-European. Cause of Death.	Deaths.	Death rate.
410–416 420–422 430–434 440–443	Cardiovascular diseases (including hypertension with heart disease) ...	711	3.62	410–416 420–422 430–434 440–443	Cardiovascular diseases (including hypertension with heart disease) ...	535	1.51
330–334 450–456	Arterial diseases (including vascular lesions affecting central nervous system)	352	1.79	571, 764	Diarrhoea & enteritis (including diarrhoea of the newborn)	465	1.31
140–205	Malignant neoplasms (including neoplasms of lymphatic and haematopoietic tissues)...	335	1.70	760–762	Diseases peculiar to early infancy (excluding pneumonia & diarrhoea of the newborn) ...	332	0.93
E800-E999	Accidents, poisonings and violence (external cause)...	88	0.45	330–334 450–456	Arterial diseases (including vascular lesions affecting central nervous system)	320	0.90
490–493	Bronchitis & pneumonia (including pneumonia of the newborn)	71	0.36	490–493 500–502 763	Bronchitis & pneumonia (including pneumonia of the newborn)	251	0.71
580–583	Diseases of the Liver	36	0.18	140–205	Malignant neoplasms including neoplasms of lymphatic and haematopoietic tissues)	217	0.61
760–762	Diseases peculiar to early infancy (excluding pneumonia & diarrhoea of the newborn) ...	35	0.18	E800-E999	Accidents, poisonings and violence (external cause)...	213	0.60
590–594	Nephritis and nephrosis	33	0.18	001–019	Tuberculosis (all forms)	182	0.51
001–019	Tuberculosis (all forms)	33	0.18	750–759	Congenital malformation	45	0.13
794	Senility without mention of psychosis	24	0.12	590–594	Nephritis and nephrosis	36	0.10

The deaths listed above account for 86 per cent of all city deaths.

Further details of the deaths for the year will be found in Tables A to C, pages 78 to 80, and in Table D, on pages 81 and 82, 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 91, 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 of Death, page 18).

SEASONABLE VARIATION.

The seasonal variation in mortality is shown in the table below and in Table C on page 80, where the deaths for the year 1959 are classified for certain causes.

	1954	1955	1956	1957	1958	Mean 5 years.	1959
January	465	421	406	453	505	450	451
February	427	416	370	356	456	405	368
March	479	453	455	427	422	447	364
April	331	347	446	383	447	391	399
May	399	467	464	432	439	440	452
June	534	417	465	434	418	453	446
July	395	400	508	452	439	439	464
August	380	561	400	474	416	446	419
September	480	396	409	508	427	444	400
October	343	352	388	449	397	386	379
November	376	481	367	396	374	399	346
December	520	340	329	433	341	393	356
Total	5,129	5,051	5,007	5,197	5,081	5,093	4,844
Mean	427	421	417	433	423	424	404
Per 1,000 population..	11.1	10.6	10.2	10.4	9.8	10.2	8.8

Corrected for outward transfers only.

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 ...	43	23	8	8	22	15	383	248	576	631	1032	925
	Coloured ...	432	334	118	115	75	52	549	373	229	324	1403	1198
	African ...	86	106	29	21	12	3	75	35	10	10	212	175
	Asiatic ...	14	4	—	—	—	1	13	6	21	—	48	11
	Non-European	532	444	147	136	87	56	637	414	260	334	1663	1384
	All races ...	575	467	155	144	109	71	1020	662	836	965	2695	2309
Percentage	European ...	4.2	2.5	0.8	0.9	2.1	1.6	37.1	26.8	55.8	68.2	100	100
	Coloured ...	30.8	27.9	8.4	9.6	5.3	4.3	39.1	31.1	16.3	27.0	100	100
	African ...	40.6	60.6	13.7	12.0	5.7	1.7	35.4	20.0	4.7	5.7	100	100
	Asiatic ...	29.2	36.4	—	—	—	9.1	27.1	54.5	43.8	—	100	100
	Non-European	32.0	32.1	8.8	9.8	5.2	4.0	38.3	29.9	15.6	24.1	100	100
	All races ...	21.3	20.2	5.8	6.2	4.0	3.1	37.8	28.7	31.0	41.8	100	100

The percentage of non-European deaths under one year of age is nine and a half times greater than that of Europeans. In the non-European group 32.0 per cent of all deaths occur under the age of one year.

Deaths under five years of age constitute 4.2 per cent of all deaths in Europeans as compared with 41.3 per cent in non-Europeans (Coloured 38.4 per cent, African 62.5 per cent, Asiatic 30.5 per cent respectively). The European figure declined from 5.4 per cent in the previous year, and that for non-Europeans from 45.1 per cent.

Deaths under 25 years of age constitute 6.1 per cent of all deaths in Europeans compared with 7.5 per cent in the previous year, while among non-Europeans 46.0 per cent of all deaths occurred under 25 years of age. This is a decline from 50.0 per cent recorded in the previous year.

The table below shows the percentage of deaths in age groups at intervals during the past 30 years:—

Year.	European.									
	0—1		1—5		5—25		25—65		65 +	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1915	23	24								
1925	16	13	4	7	8	8	45	40	27	32
1935	6	9	4	3	7	9	42	37	41	41
1945	7	7	2	2	4	5	40	35	47	51
1955	5	3	1	1	2	1	36	29	56	66
1959	4	2	1	1	2	2	37	27	56	68
	Non-European.									
1915	39	36								
1925	34	33	16	19	10	14	33	26	6	8
1935	27	28	21	21	10	13	33	28	9	10
1945	26	24	15	19	10	15	39	30	10	12
1955	32	33	14	16	6	5	33	26	15	20
1959	32	32	9	10	5	4	38	30	16	24

The deaths and death rates per 1,000 population are shown in the accompanying table according to sex:—

Race.	Crude.		Corrected.					
			Deaths.		Rate.		Rate 1958.	
	M.	F.	M.	F.	M.	F.	M.	F.
European	1,255	1,070	1,032	925	11.0	9.0	11.1	8.3
Coloured	1,678	1,395	1,403	1,198	10.0	7.5	11.2	9.2
African	299	241	212	175	7.0	10.0	7.6	10.8
Asiatic	49	11	48	11	10.0	3.4	12.2	5.3
Non-European	2,026	1,647	1,663	1,384	9.5	7.7	10.6	9.3
All races*	3,281	2,717	2,695	2,309	10.0	8.1	10.8	8.9

*Including those of unknown race.

The rates are in the ratio of 1 female to 1.2 males for both Europeans and non-Europeans.

DEATHS IN INSTITUTIONS.

The number of deaths occurring in institutions and the percentage of total deaths are shown in the following table:—

Race.	Crude.		Corrected for Outward Transfers.	
	Deaths in institutions.	Percentage of total deaths.	Deaths in institutions.	Percentage of total deaths.
European	1,262	54	872	46
Coloured	1,372	45	880	35
African	361	67	214	57
Asiatic	20	33	19	32
Non-European	1,753	48	1,113	38
All races	3,015	50	1,985	41

More Europeans, but fewer non-Europeans died in recognised hospitals and nursing homes during the year under review, with a slight overall decrease in institutional deaths.

HOME ACCIDENTS.

The following list of deaths in Cape Town from accidents in the home has been compiled from death certificates where mention is made of an accident being either the main or a contributing cause of death:—

	Europeans.	*Non-Europeans.*
Burns and scalds	3	14
Falls	14	6
Poisoning by drugs, etc.	–	–
Carbon monoxide poisoning	–	2
Suffocation	–	5
Trauma	1	–
Drowning	2	–
Electrocution	1	–

ACCIDENTAL DEATHS.

The table below sets out the causes of accidental deaths over a series of years. The main feature is the steadily mounting deaths from road traffic accidents. These figures represent the minimum of deaths from unnatural causes, as inquest findings do not always establish the cause of death.

	1959	1958	1957	1956	1955
Railway	9	12	23	8	7
Road traffic	106	72	93	78	68
Poisoning	7	4	8	10	6
Falls	25	34	25	22	31
Drowning	19	18	18	14	14
Asphyxia	6	6	16	12	12
Burns	17	33	19	22	23
Crushing	–	3	4	2	4
Firearms	–	2	1	3	1
Miscellaneous	12	17	22	14	18
Total	201	201	229	185	184

Road traffic accidents continue to claim their toll. The development in the city of fast express ways have assisted in permitting traffic to move from one area to the next with a minimum of hold up and delay, but has also encouraged the increase in the overall speed of many vehicles. Resulting road crashes are more serious in their effect on the inmates of such vehicles and are also resulting in appreciably more vehicles being involved. For the year under review the total of deaths from road accidents has passed the century. The question of the use of seat harness in fast moving vehicles is something that will limit injuries and might even prevent certain fatalities.

Should the local authority give the lead by instructing all its staff to provide and use such safety devices??

DEATHS BY OCCUPATION.

Deaths at certain ages are classified here as to occupation at time of death.

Occupation.	Sex.	Age Groups.								Out of City.	
		15–25		25–45		45–65		65 +			
		E.	O.	E.	O.	E.	O.	E.	O.	E.	O.
Agriculture	M.	–	–	–	–	3	–	3	–	11	–
	F.	–	–	–	–	–	–	–	–	–	–
Clerical	M.	1	–	12	3	32	4	5	–	6	2
	F.	1	–	1	–	7	–	1	–	2	1
Domestic Servant	M.	–	2	–	2	–	–	–	–	–	–
	F.	–	4	–	16	–	10	–	1	–	7
Fishing & Marine	M.	–	–	1	6	8	5	2	–	4	4
	F.	–	–	–	–	–	–	–	–	–	–
Invalid	M.	–	2	4	3	4	4	3	–	5	4
	F.	2	3	3	–	3	3	2	2	4	1
Labourer	M.	–	34	–	116	3	147	1	25	4	116
	F.	–	–	–	–	–	–	–	–	–	–
Managerial	M.	–	–	1	–	18	–	15	–	10	–
	F.	–	–	–	–	–	–	–	–	–	–
Commercial	M.	–	1	4	7	17	13	16	9	10	1
	F.	–	–	–	–	1	–	–	–	–	–
Professional	M.	1	–	5	–	25	–	12	–	6	–
	F.	–	–	–	–	–	–	1	–	1	–
Police & Military	M.	–	–	2	1	6	–	–	–	6	3
	F.	–	–	–	–	–	–	–	–	–	–
Salesman	M.	–	–	5	1	11	4	5	2	6	1
	F.	1	–	–	–	4	1	–	–	–	–
Scholar	M.	2	5	–	–	–	–	–	–	5	3
	F.	1	1	–	–	–	–	–	–	1	3
Teacher	M.	–	1	1	2	3	1	–	1	4	1
	F.	–	–	1	–	2	–	–	–	1	1
Tradesman	M.	5	2	19	31	41	66	15	9	15	9
	F.	–	–	–	–	–	–	–	–	–	–
Transport	M.	1	–	7	10	24	22	1	1	25	4
	F.	–	–	–	–	–	–	–	–	–	–
Other Workers	M.	3	10	3	26	21	42	7	10	14	17
	F.	–	5	1	8	3	4	1	1	1	2
Housewives	M.	–	–	–	–	–	–	–	–	–	–
	F.	5	12	27	108	149	195	265	47	96	70
Retired, etc.	M.	–	1	3	15	82	78	470	198	91	29
	F.	1	1	1	3	34	45	340	268	37	13
Total	M.	13	58	67	223	298	386	555	255	222	194
	F.	11	26	34	135	203	258	610	319	143	98

DEATH RATES.

The following table shows the variation in the number of deaths and death rates per 1,000 population for the Municipality of Cape Town over a period of five years. The rates are based on the population figures of the censuses of 1946 and 1951, and are corrected for locally registered outward transfers up to 1954–55, and for inward and outward transfers from 1956.

Race.	1959		1958		1957		1956		1954–55	
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate
European	1,957	9.96	1,885	9.65	1,934	9.96	1,930	10.01	1,743	9.15
Coloured	2,601	8.69	2,750	9.61	2,800	10.23	2,611	9.98	2,716	11.14
African	387	8.10	541	12.05	571	13.55	528	13.35	521	14.52
Asiatic	59	7.34	74	9.40	57	7.39	52	6.89	71	9.73
Non-European	3,047	8.58	3,365	9.93	3,428	10.60	3,191	10.34	3,308	11.52
All races*....	5,006	9.07	5,259	9.84	5,372	10.38	5,126	10.22	5,063	10.60

*Including those of unknown race.

INFANT MORTALITY.

The deaths of infants under one year of age and the corresponding rates per 1,000 live births for the year 1959 are shown in the following table:–

Race.	Crude.		Outward Transfers.		Inward Transfers.		Corrected infant deaths.	Infant mortality rate.	Rate 1958.
	M.	F.	M.	F.	M.	F.			
European	76	45	33	22	–	–	66	17.5	23.1
Coloured	474	411	42	78	–	1	766	72.5	85.6
African	177	179	91	74	–	1	192	149.5	191.1
Asiatic	15	4	1	–	–	–	18	55.7	66.2
Non-European ..	666	594	134	152	–	2	976	80.2	97.6
All races*	742	639	167	174	–	2	1,044	65.5	80.2

*Including 2 of unknown race.

The decline in the infant mortality rates in all the racial groups to the present record low level is no mean achievement.

The European rate, the lowest on record, shows a decrease of 24.3 per cent compared with the previous year, and is now 25 per cent below the average of the previous five years. The reduction in the rate was due mainly to fewer infant deaths from prematurity, congenital malformation and pneumonia.

The non-European infant mortality rate, also the lowest on record, declined by 17.9 per cent compared with the previous year, and is now 20 per cent below the average of the previous five years. The three main causes of infant death among non-Europeans, i.e. gastro enteritis, pneumonia and prematurity, all claimed substantially fewer deaths during 1959, with gastro enteritis recording the lowest figure for the past ten years.

Of all the various causes listed as contributing to the infant mortality rate of the two main racial groups, it is of interest to note that the rate for congenital malformation is the only main cause which is lower in the non-European than in the European group. This has been the case for at least the past seven years.

No figures are available to indicate the number of prematurely born babies, and deaths from this cause are only so classified when the condition is the main or only cause of death as set out on the death certificate. Prematurity appearing as either a main or contributory cause of death on death certificates accounted for 39 per cent of European, and 24 per cent of non-European infant deaths during the year.

The causes of infant mortality both for children under one year of age and children between one and two years of age are set out in Table K on page 90. This table shows very clearly the reduction in infant mortality over the past forty years, and latterly in particular how the number of infant deaths from tuberculosis has declined. Tables E and F on pages 83 and 84 show the deaths of infants classified according to age, cause, months and legitimacy.

The infant mortality rates since Unification (1913) are set out in years and quinquennia in Table L on page 91.

In the year under review 61 per cent of the total deaths among European infants occurred in the first week of life (perinatal period) and 68 per cent in the first month (neonatal). Among non-Europeans the percentages were 31 and 41 respectively. Compared with the previous year, deaths during the perinatal period have risen in both racial groups.

Infant mortality, 1959, (corrected for outward transfers):—

	European.	*Non-European.*	*All Races.*
First quarter	18	107	86
Second quarter	16	84	68
Third quarter	21	63	53
Fourth quarter	16	69	57

The neonatal (under 4 weeks) and post neonatal (over 4 weeks but under one year) mortality rates per 1,000 live births are shown in the accompanying table, classified for certain causes:—

Cause of death.	Neonatal mortality rate.		Post neonatal mortality rate.		Infant mortality rate.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Whooping cough	—	—	—	0.41	—	0.41
Scarlet fever	—	—	—	—	—	—
Measles	—	—	—	0.49	—	0.49
Diphtheria	—	—	—	—	—	—
Tuberculosis (all forms)	—	—	—	1.07	—	1.07
Syphilis	—	0.08	—	0.08	—	0.16
Bronchitis and pneumonia	0.80	2.63	1.85	9.04	2.65	11.67
Diarrhoea and enteritis	—	1.07	0.27	27.70	0.27	28.77
Immaturity	4.24	12.82	—	0.08	4.24	12.90
Injury at birth	1.59	5.01	0.26	0.08	1.85	5.10
Congenital malformations	2.12	2.05	1.86	0.90	3.98	2.96
Other diseases of early infancy	3.18	7.64	—	1.56	3.18	9.21
Other and ill-defined or unknown causes	—	1.73	1.33	5.75	1.33	7.48
Total	11.93	33.04	5.57	47.18	17.50	80.22

Compared with the corresponding rates for last year, the European neonatal death rate decreased by 27.0 per cent, and the non-European rate by 13.2 per cent. Neonatal deaths from immaturity and congenital malformation, though still in the majority, have subsided sufficiently to cause the large decrease in the rate. The non-European decrease resulted from fewer neonatal deaths from immaturity and bronchitis and pneumonia.

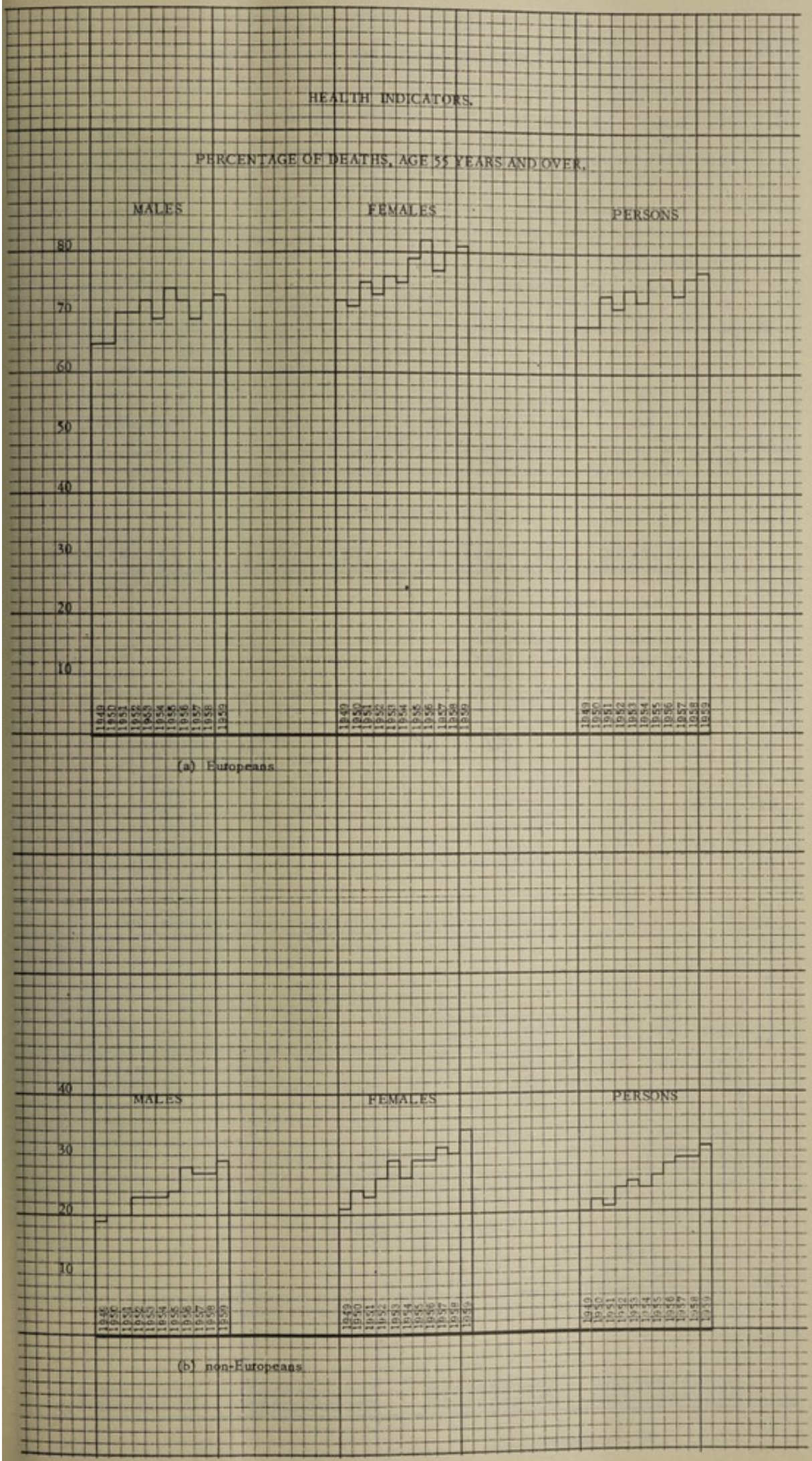
The post neonatal rates also decreased by 17.7 per cent for Europeans and 20.8 per cent for non-Europeans. Fewer deaths from bronchitis and pneumonia and congenital malformation caused the European decline in the rate, while among non-Europeans the only noticeable change was a sharp decline in deaths from gastro enteritis.

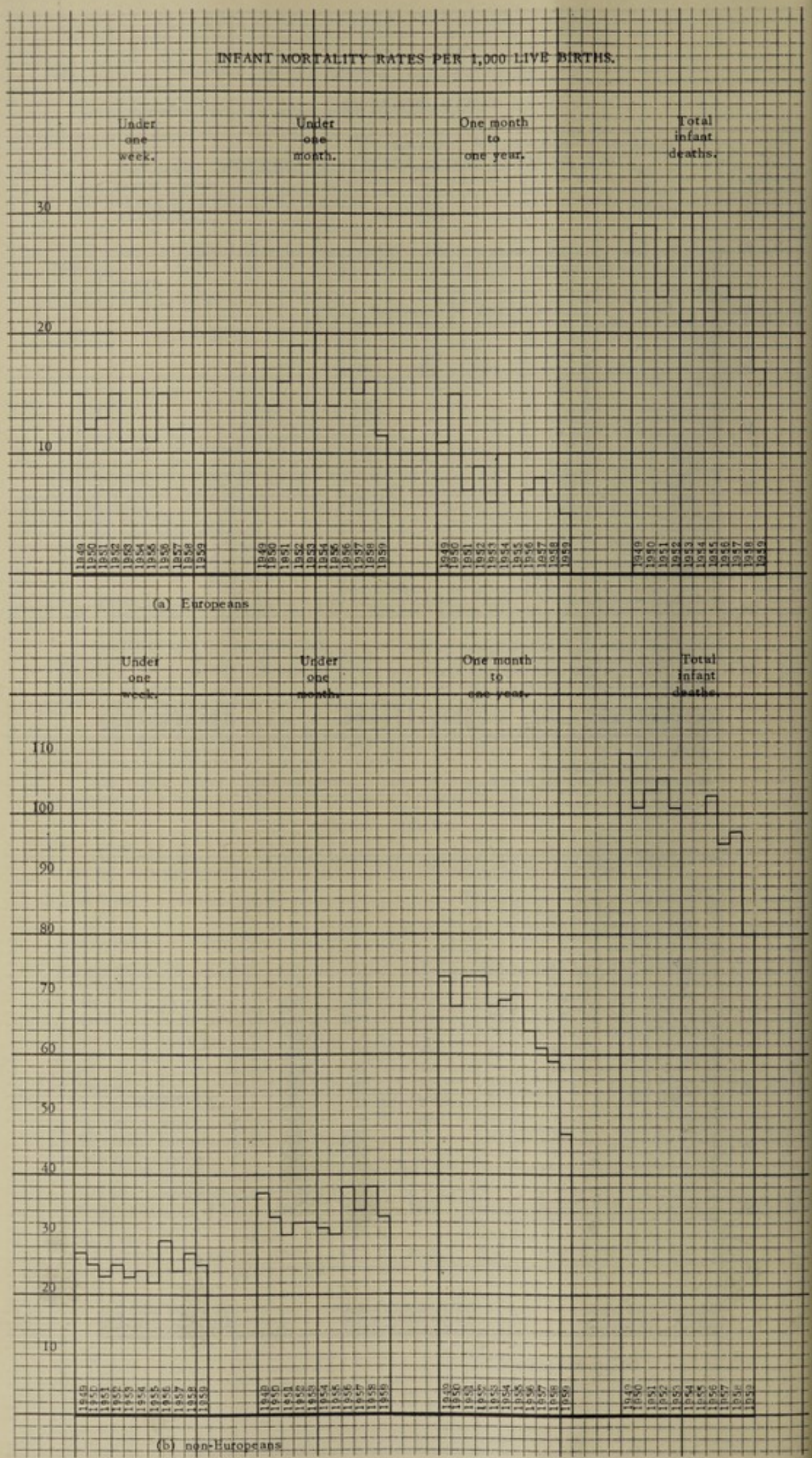
The general decline in all categories of these rates results in the overall picture of unprecedented low infant mortality rate for all racial groups in this city.

SEASONAL VARIATION.

The seasonal variation in infant mortality is shown in the table below and in Table E, on page 83 where the infant deaths for the year 1959 are classified for certain causes.

	1954	1955	1956	1957	1958	Mean 5 years	1959
January	128	113	129	125	163	131	136
February	111	116	126	111	123	117	102
March	132	130	131	128	129	130	96
April	74	105	115	88	119	100	100
May	85	110	113	104	102	103	63
June	85	96	88	87	82	88	92
July	76	71	95	96	98	87	76
August	83	96	72	83	77	82	75
September	91	56	83	91	73	79	71
October	68	56	86	101	73	77	64
November	86	97	71	83	86	85	85
December	139	107	71	118	99	107	82
TOTAL.	1,158	1,153	1,180	1,215	1,224	1,186	1,042
Mean	96.5	96.0	98.3	101.2	102.0	98.8	86.8
Per 1,000 live births	83.7	82.5	83.4	79.2	80.0	81.5	65.5


HEALTH INDICATORS.
PERCENTAGE OF DEATHS, AGE 55 YEARS AND OVER.
MALES
FEMALES
PERSONS
80
70
60
50
40
30
20
10
1940
1950
1951
1952
1953
1954
1955
1956
1957
1958
1959
(a) Europeans
40
30
20
10
MALES
FEMALES
PERSONS
(b) non-Europeans


INFANT MORTALITY RATES PER 1,000 LIVE BIRTHS.
Under one week.
Under one month.
One month to one year.
Total infant deaths.
30
20
10
1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959
(a) Europeans
Under one week.
Under one month.
One month to one year.
Total infant deaths.
110
100
90
80
70
60
50
40
30
20
10
1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959
(b) non-Europeans

The following table shows the corrected number of perinatal, neonatal and post neonatal deaths for the various races and the corresponding rates per 1,000 live births.

Race.	Perinatal Mortality. Including still births.		Neonatal.		Post neonatal.		Infant Mortality.	
	No.	Mortality Rate.	Deaths.	Mortality Rate.	Deaths.	Mortality Rate.	Deaths.	Mortality Rate.
European ...	78	20.5	45	11.9	21	5.6	66	17.5
Coloured ...	526	48.5	332	31.4	434	41.1	766	72.5
African ...	105	78.1	60	46.7	132	102.8	192	149.5
Asiatic ...	17	51.5	10	30.9	8	24.8	18	55.7
Non-European	648	51.8	402	33.0	574	47.2	976	80.2
All races* ...	728	44.6	449	28.2	595	37.3	1,044	65.5

*Including 2 of unknown race.

The next table shows the variation in the perinatal, neonatal and post neonatal rates over a period of five years:—

Period.	European.			Non-European.		
	Perinatal.	Neonatal.	Post neonatal.	Perinatal.	Neonatal.	Post neonatal.
Year ended 30th June, 1955 ...	29	14.60	6.85	53	29.99	70.81
" " 31st December, 1956	31	17.0	7.5	62	38.1	64.9
" " " 1957	27	15.4	8.1	52	34.0	61.3
" " " 1958	27	16.3	6.8	57	38.0	59.6
" " " 1959	20	11.9	5.6	52	33.0	47.2
Quinquennium (1955—1959)	27	15.0	7.0	55	34.6	60.4

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

	European.	Coloured.	African	Asiatic	All non-Eur.	All races.
Number of legitimate births	3,616	8,079	868	323	9,270	12,886
Number of legitimate deaths under one year of age	61	489	113	17	619	680
Infant mortality (legitimate) per 1,000 live births ..	17	61	130	53	67	53
Number of illegitimate births	156	2,476	416	—	2,897	3,055
Number of illegitimate deaths under one year of age	3	230	42	—	272	277
Infant mortality (illegitimate) per 1,000 live births ..	19	93	101	—	94	91

*Including 2 of unknown race.

The deaths of 87 infants under one year of age (2 European, 47 Coloured, 37 African, 1 Asiatic) are excluded from above figures as information regarding legitimacy was unobtainable.

INFANT MORTALITY.

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:—

Race.	1959		1958		1957		1956		1954–55	
	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 ...	66	17.5	85	23.1	84	23.5	88	24.5	72	21.5
Coloured ...	766	72.5	864	86.7	832	81.6	811	88.3	802	88.0
African ...	192	149.5	262	191.1	276	216.6	265	250.2	248	217.5
Asiatic ...	18	55.7	20	66.2	19	55.2	14	42.2	19	54.8
Non-European	976	80.2	1,146	98.4	1,127	95.4	1,090	103.0	1,069	100.8
All races* ...	1,044	65.5	1,239	80.8	1,221	79.3	1,182	83.4	1,153	82.5

*Including those of unknown race.

MATERNAL MORTALITY.

The following table shows the corrected number of deaths which occurred during 1959 from causes ascribed to pregnancy and childbirth including abortion, and the corresponding maternal mortality rate per 1,000 live births.

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, 682, 684	Other puerperal septicaemia (including abortion with sepsis)	—	7	7	—	0.57	0.44
681	Sepsis of puerperium ...	—	—	—	—	—	—
642, 652, 685–686	Toxaemia of pregnancy and the puerperium	—	2	2	—	0.16	0.13
643–644 670–672	Haemorrhage of pregnancy and childbirth	—	3	3	—	0.25	0.19
650	Abortion without mention of sepsis or toxaemia	1	1	2	0.27	0.08	0.13
645–649 673–680 683 687–689	Other complications of pregnancy, childbirth and the puerperium	—	1	1	—	0.08	0.06
	All causes (except puerperal septicaemia)	1	7	8	0.27	0.57	0.50
	Total ...	1	14	15	0.27	1.15	0.94

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
1954–55 to 1959	0·11	0·40	0·33	0·28	1·14	0·94	0·39	1·54	1·27
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
1954–55	0·30	0·19	0·21	0·89	1·79	1·57	1·19	1·98	1·79
1956	0·28	0·28	0·28	—	1·04	0·78	0·28	1·32	1·06
1957	—	0·51	0·39	0·28	1·53	1·24	0·28	2·03	1·63
1958	—	0·43	0·33	—	0·86	0·65	—	1·29	0·98
1959	—	0.57	0.44	0.27	0.57	0.50	0.27	1.15	0.94

The maternal mortality rate per 1,000 total deliveries, (live births and still births) registered during the year 1959 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
1954–55	0·29	0·18	0·21	0·88	1·74	1·53	1·17	1·92	1·74
1956	0·27	0·27	0·27	—	1·00	0·75	0·27	1·28	1·03
1957	—	0·49	0·38	0·28	1·48	1·21	0·28	1·98	1·59
1958	—	0·42	0·32	—	0·83	0·64	—	1·25	0·95
1959	—	0·56	0·43	0·26	0·56	0·49	0·26	1·12	0·92

SECTION III.—MATERNAL AND CHILD WELFARE.

Dr. Isobel Robertson, B.A., M.B., Ch.B., D.P.H.,
Maternal and Child Welfare Officer.

This Branch is responsible for health education and preventive work among mothers and young children.

The work of the branch comprises home visiting carried out by a staff of 52 health visitors, and clinic sessions, child welfare and pre-natal, conducted by one of three full-time medical officers or by a part-time medical officer with special knowledge of this type of work, together with the assistance of the health visitors of the district. There are at present 42 part-time doctors doing one to three clinic sessions per week. Valuable assistance is given in the form of clerical work at many of the sessions by voluntary workers, whose interest and help is much appreciated.

Child welfare sessions are held for infants and pre-school children at which medical and feeding advice is given, and dried milk and vitamin oil are distributed.

These clinics are conducted at 18 municipal welfare centres, sited as near as possible to the homes of the population to be served, the out-patient department of the Langa African Hospital, the housing office of the Silvertown municipal housing estate, and six hired halls.

A new centre was opened during May, 1959, in one of the Council's sample houses in Nyanga West Township, to serve the Africans who have moved into this township from other areas.

The Society for Maternal and Family Welfare conducts post-natal sessions in seven of the welfare centres. Some assistance is rendered by the departmental staff.

Mothers are visited about two weeks after their confinement, assisted with any problems relating to their infants, and advised to attend the nearest welfare centre regularly with their babies and pre-school children. Thereafter they are visited at regular intervals up to school age. Mothers who have private doctors in attendance are visited on request only.

Protected infants, that is, children maintained apart from their parents, are visited at three-monthly intervals, and reports on their condition are sent to the Commissioner for Child Welfare.

General medical sessions are conducted weekly for indigent school children at nine centres, and special ear, nose and throat, and eye sessions are held every week for cases referred from these clinics and from schools.

Dental sessions for mothers and children are held in six of the welfare centres.

Orthopaedic sessions are held in six of the centres weekly. An orthopaedic surgeon attends four of these sessions once a month. The orthopaedic health visitor also carries out domiciliary visits in those cases where such is required.

An intensive programme of immunization against diphtheria, whooping cough and tetanus is carried out throughout the year.

Immunization against poliomyelitis by use of the Salk vaccine was very much intensified during the year, particularly in the spring and summer months, when the incidence of poliomyelitis was high.

Immunization of newborn infants with B.C.G. was introduced early in the year. Infants born in the maternity hospitals were vaccinated there, while those born at home were done at special sessions conducted at the child welfare centres.

Supplementary feeding for expectant and nursing mothers and malnourished children is provided at all the larger centres. This takes the form of soup and snacks of high nutritional value, together with milk.

The branch is responsible for running three nursery schools, one with a creche attached, for Coloured children, another for African children at Langa, and a small resident nursery for infants of women suffering from tuberculosis.

The Health Department is responsible for keeping a register of all midwives practising in the municipal area, and this branch carries out the supervision of all these individuals.

MATERNAL AND CHILD WELFARE CENTRES.

Sessions are held at 26 municipal and other centres in the city and suburbs. 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.

The table on page 27 indicates the attendances (classified for race) at the various child welfare sessions, pre-natal clinics, and school clinics held at the centres during the year, together with the numbers of children attending for snacks and milk during this period.

CHILD WELFARE SESSIONS.

During the year, 59 child welfare sessions were held weekly and 4 fortnightly. At these sessions there were 204,933 attendances, 15,982 of these children were new cases. 13,945 (1,700 European and 12,245 non-European) were under one year of age at the time of their first attendance, and 2,037 (226 European and 1,811 non-European) were over one year of age at that time.

First attendances of children under one year of age, excluding Langa, amounted to 85 per cent of the registered local births, 45 per cent in the case of Europeans and 97 per cent in the case of non-Europeans.

These figures do not include infants who attended the consultations of the S.A. Mothercraft Training Centre, which, if included, would increase the percentage of European attendances.

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

Centre.	1959	1958	1957	1956	1954–55
Shortmarket Street	9,469	9,566	8,448	7,972	8,718
Kloof Street	2,088	2,095	2,418	2,213	1,750
Aspeling Street	20,303	21,248	18,333	19,218	16,563
Bloemhof	7,387	7,305	6,698	6,307	5,939
Devil's Peak	1,562	1,398	1,663	1,596	1,736
Green Point	1,492	1,469	1,318	1,237	1,296
Camps Bay	779	572	561	579	508
Woodstock	12,549	12,131	11,954	12,715	14,009
Mowbray	—	219	437	392	643
Maitland	5,182	4,042	3,650	5,255	9,592
Brooklyn	3,014	2,803	2,597	2,612	2,067
Windermere (8th Avenue)	—	29,100	26,150	25,152	—
Kensington	28,088	—	—	—	15,627
Langa	4,076	3,935	3,314	3,846	3,569
Athlone	17,023	13,767	12,892	14,469	15,797
Bokmakirie	11,440	11,492	9,145	13,393	12,660
Silvertown	7,972	6,853	5,865	342	—
Claremont (Station Road)	7,648	7,381	7,442	7,768	5,403
Claremont (Wesley Street)	5,395	5,412	5,133	5,334	5,312
Claremont (Franklin Road)	721	638	683	829	834
Lansdowne	7,505	7,093	6,311	6,369	6,359
Wynberg	9,909	9,731	9,811	9,507	8,247
Parkwood and Southfield	6,063	3,551	3,156	3,685	3,108
Retreat Road, Retreat	7,640	3.887	17,354	20.722	14,596
Steenberg	—	—	2,288	2,651	2,141
Muizenberg	358	329	289	308	346
Kalk Bay	988	759	706	771	780
Retreat (11th Avenue)	22,939	19,593	702		
Nyanga West	3,343				
Totals	204,933	186,369	169,318	175,242	157,600

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 31st December, 1959:—

Voluntary Centre.	No. of sessions in the year.	No. of new cases (Infants).	Total attendances (Infants).	Total attendances (Toddlers).
Bowwood Road, Claremont	199	480	3,499	215
Sea Point	55	189	1,873	19

ADVISORY WORK AT CHILD WELFARE SESSIONS.

At the sessions, mothers are advised on correct feeding and hygiene of infants and pre-school children.

Breast feeding is encouraged, and sessions are held by the health visitors at which instructional test feeds are done. During the year, instructional test feeds were given to 429 European mothers and 2,814 Coloured and African mothers.

Centre.	Race.	Infant consultations.				Pre-natal clinics.			School clinics.			Dinners.	
		Sessions.	First attendances.		Total attendances.	Sessions.	Attendances.		Sessions.	Attendances.		Attendances.	
			Under 1 year.	Over 1 year.			First.	Total.		First.	Total.	Adults.	Children.
Shortmarket St., Cape Town	Eur. ...		—	—	—		—	—		—	—	—	—
	Non-Eur.		703	18	9,469		160	632		128	529	362	8,622
	Total ...	154	703	18	9,469	28	160	632	19	128	529	362	8,622
Kloof St., Cape Town	Eur. ...		180	2	2,088								
	Non-Eur.		—	—	—								
	Total ...	50	180	2	2,088								
Aspeling St., Cape Town	Eur. ...		—	—	—		—	—		—	—	—	—
	Non-Eur.		1,332	149	20,303		575	2,704		850	3,505	2,717	34,083
	Total ...	280	1,332	149	20,303	51	575	2,704	40	850	3,505	2,717	34,083
Bloemhof, Cape Town	Eur. ...		—	—	—		—	—					
	Non-Eur.		354	15	7,387		114	473					
	Total ...	103	354	15	7,387	33	114	473					
Devil's Peak Estate	Eur. ...		141	3	1,562								
	Non-Eur.		—	—	—								
	Total ...	47	141	3	1,562								
Green Point	Eur. ...		94	2	1,492								
	Non-Eur.		—	—	—								
	Total ...	51	94	2	1,492								
Camps Bay	Eur. ...		66	1	779								
	Non-Eur.		—	—	—								
	Total ...	28	66	1	779								
Woodstock	Eur. ...		235	27	3,189		5	13		420	1,247		
	Non-Eur.		669	94	9,360		341	1,616		1,405	3,815		
	Total ...	250	904	121	12,549	50	346	1,629	199	1,825	5,062		
Maitland	Eur. ...		71	8	1,440		22	81		23	85		
	Non-Eur.		326	21	3,742		330	1,490		171	860		
	Total ...	102	397	29	5,182	51	352	1,571	20	194	945		
Brooklyn	Eur. ...		204	23	3,014								
	Non-Eur.		—	—	—								
	Total ...	100	204	23	3,014								
Kensington	Eur. ...		—	—	—		—	—		—	—	—	—
	Non-Eur.		2,004	272	28,088		1,814	7,458		447	1,791	1,767	14,258
	Total ...	250	2,004	272	28,088	104	1,814	7,458	21	447	1,791	1,767	14,258
Silvertown	Eur. ...		—	—	—								
	Non-Eur.		504	96	7,972								
	Total ...	103	504	96	7,972								
Athlone	Eur. ...		—	—	—		—	—		—	—	—	—
	Non-Eur.		1,563	139	17,023		899	3,007		577	1,322	654	5,353
	Total ...	200	1,563	139	17,023	101	899	3,007	21	577	1,322	654	5,353
Langa	African ..	47	436	15	4,076	51	512	2,492					
Bokmakirie	Eur. ...		—	—	—		—	—				—	—
	Non-Eur.		558	97	11,440		709	3,409				3,470	14,737
	Total ...	147	558	97	11,440	97	709	3,409				3,470	14,737
Station Rd., Claremont	Eur. ...		146	14	1,743		28	128		19	74	—	—
	Non-Eur.		390	61	5,905		339	1,481		385	952	1,448	9,113
	Total ...	148	536	75	7,648	51	367	1,609	20	404	1,026	1,448	9,113
Wesley St., Claremont	Eur. ...		—	—	—		—	—				—	—
	Non-Eur.		236	22	5,395		57	239				1,645	8,552
	Total ...	102	236	22	5,395	49	57	239				1,645	8,552
Franklin Rd., Claremont	Eur. ...		67	12	721								
	Non-Eur.		—	—	—								
	Total ...	22	67	12	721								
Lansdowne	Eur. ...		118	29	1,684		7	61					
	Non-Eur.		557	171	5,821		289	1,146					
	Total ...	150	675	200	7,505	51	296	1,207					
Wynberg	Eur. ...		160	26	1,893		22	61		26	34	—	—
	Non-Eur.		489	81	8,016		431	1,442		277	758	1,182	3,761
	Total ...	152	649	107	9,909	52	453	1,503	18	303	792	1,182	3,761
Parkwood and Southfield	Eur. ...		107	40	1,795		13	47				—	—
	Non-Eur.		209	79	4,268		152	617				1,166	3,258
	Total ...	105	316	119	6,063	39	165	664				1,166	3,258
Retreat Rd., Retreat	Eur. ...		79	35	1,309		1	4				—	—
	Non-Eur.		272	85	6,331		—	—				445	8,301
	Total ...	134	351	120	7,640		1	4				445	8,301
11th Avenue, Retreat	Eur. ...		—	—	—		—	—		—	—	—	—
	Non-Eur.		1,328	330	22,939		1,269	4,791		692	1,521	2,437	231,175
	Total ...	250	1,328	330	22,939	98	1,269	4,791	37	692	1,521	2,437	231,175
Nyanga West	African ..	51	261	62	3,343	36	186	770					
Muizenberg	Eur. ...		31	3	358								
	Non-Eur.		—	—	—								
	Total ...	23	31	3	358								
Kalk Bay	Eur. ...		1	1	32		—	—					
	Non-Eur.		54	4	956		20	55					
	Total ...	28	55	5	988	20	20	55					
TOTAL	Eur. ...		1,700	226	23,099		98	395		488	1,440	—	—
	Non-Eur.		12,245	1,811	181,834		8,197	33,822		4,932	15,053	17,293	133,213
	Total ...	3,077	13,945	2,037	204,933	982	8,295	34,217	236	5,420	16,493	17,293	133,213

Dried milk for infants who cannot be entirely breast fed, and skimmed milk for children with malnutrition are supplied at the centres under the direction of the medical officers at cost price. In cases of poverty the milk is supplied free or at a reduced price. Vitamin oil and such medicines as may be ordered are supplied on similar terms.

During the year, 2,708 new cases were supplied with dried milk and 70,708 pounds were issued.

MEDICAL EXAMINATIONS.

All infants attending welfare centres are medically examined at their first visit and periodically thereafter. Children requiring special treatment are referred to hospital or to their own doctors. Minor ailments in indigent cases are treated at the welfare centre.

SUPPLEMENTARY FEEDING.

At 11 of the centres milk and supplementary meals were served throughout the year from Monday to Friday to indigent expectant and nursing mothers and pre-school children.

These meals consist of soup, cheese, fruit and enriched bread spread with a mixture of margarine, peanut butter, food yeast and golden syrup.

By arrangement with the Union Department of Social Welfare, who are responsible for the distribution of free milk to pre-school children under the scheme of the Dairy Industry Control Board, 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 184,332 and 9,139 gallons of milk were consumed (exclusive of the milk provided at the municipal nursery schools).

HEALTH VISITING IN THE HOME.

Home visiting can be considered the most important aspect 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.

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. Each health visitor assists at sessions held at the centre which lies in her district.

The full complement of health visiting staff on 31st December, 1959, was as follows:—

Principal Health Visitor.	
Health Visitors:	
European	28
Coloured	13
African	3
Clinic nurses	6
Social Welfare Worker	1

Special duties are done by nine of the health visitors and clinic nurses —

Diphtheria, poliomyelitis and B.C.G. vaccination	5
Orthopaedic clinics and visiting	1
School clinics and visiting	2
Supervision of midwifery	1

The following table shows the number of visits made during 1959 and the previous year by health visitors and the social welfare worker. Visits made by the health visitors of the tuberculosis and venereal disease branches are included here for convenience —

Visits in connection with:—	1959	1958
Births	17,798	16,980
Subsequent birth visits	67,833	69,624
Child deaths	1,324	1,584
Expectant mothers	1,201	1,459
Midwives	1,542	1,514
Orthopaedic	2,248	2,059
Schools	2,654	3,302
Protected infants	2,323	2,569
Social welfare	3,666	3,396
Infectious disease	2,697	2,724
Other visits	9,507	10,205
	112,793	115,476
Tuberculosis	41,663	38,555
Venereal disease	999	883
	155,455	154,914

PRE-NATAL CLINICS.

Pre-natal sessions are conducted at all the larger centres and the work is carried out in close co-operation with the public maternity hospitals which fall either under the Provincial Administration or charitable organizations.

In view of the inadequate number of maternity beds in Cape Town, the Provincial Administration's maternity hospitals limit admission as far as possible to primiparae, abnormal confinements, women who have had seven or more pregnancies, and those where bad socio-economic conditions preclude confinement at home. Women attending the ante-natal clinics are referred to one or other local maternity institution when hospital confinement is considered advisable for any of the above reasons.

6,108 cases were attended by private midwives in their own homes, and many of these cases attended the welfare centres for ante-natal care.

During the year, 17 pre-natal sessions were held weekly, 5 of which were double sessions, and 6 fortnightly, at which there were 8,295 new cases. The total attendances numbered 34,217, the details of which are shown in the table on page 27.

The number of new cases attending the municipal pre-natal sessions amounted to 51 per cent of the number of registered live births (3 per cent European and 65 per cent non-European).

In addition to the above municipal sessions, pre-natal sessions are also held at the Peninsula, Somerset and Mowbray maternity hospitals which fall under the Provincial Administration, and at the Booth Memorial and St. Monica's Homes run by religious organizations.

Midwives working within the municipal area are supervised by the department's supervisor of midwives, and are encouraged to attend the pre-natal centre with their patients to see the doctor.

Routine serological tests for syphilis are carried out on all women attending pre-natal sessions and specific treatment is provided for those requiring it. 13,122 blood specimens were taken during the year (445 European and 12,677 non-European). Of these, 427 (11 European and 416 non-European) gave positive or doubtful reactions.

Routine tests are done by the Blood Transfusion Service laboratory on all women attending ante-natal sessions to ascertain their blood-grouping. Those who proved to be Rhesus negative are further investigated and referred to hospital if necessary.

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

Centre.	1959	1958	1957	1956	1954–55
Shortmarket Street	632	529	722	631	449
Aspeling Street	2,704	2,779	3,031	2,896	2,212
Bloemhof	473	543	674	628	544
Woodstock	1,629	1,859	2,327	2,552	2,586
Maitland	1,571	1,450	1,603	235	1,575
Brooklyn	—	—	—	39	—
Windermere (8th Avenue)	—	—	—	—	3,916
Kensington	7,458	8,086	7,131	6,685	—
Langa	2,492	2,044	1,890	1,645	1,453
Athlone	3,007	3,053	3,255	3,226	2,936
Bokmakirie	3,409	3,519	2,961	2,763	2,263
Claremont (Station Road)	1,609	1,632	1,575	1,388	1,393
Claremont (Wesley Street)	239	321	444	344	252
Lansdowne	1,207	1,092	1,203	1,096	1,072
Wynberg	1,503	1,246	1,328	1,234	1,146
Parkwood and Southfield	664	114	114	108	252
Retreat, Retreat Road	4	—	4,176	3,825	3,274
Steenberg	—	—	217	213	202
Kalk Bay	55	76	62	99	34
Retreat, 11th Avenue	4,791	3,943	158	—	—
Nyanga West	770				
Totals	34,217	32,286	32,871	29,607	25,559

POST-NATAL CLINICS.

Fortnightly sessions are held at seven of the child welfare centres in co-operation with the S.A. Council for Maternal and Family Welfare.

At these sessions each woman receives routine post-natal examination and any abnormalities found are treated or, if necessary, referred to the gynaecological department of one of the general hospitals.

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

During the year there were 1,012 new cases (79 European and 933 non-European) and a total attendance of 4,219 (387 European and 3,832 non-European).

NOTIFICATION OF BIRTHS.

The regulations regarding Early Notification of Births (made by the Minister of Health in 1920) require the notification of all births in the municipality within twenty-four hours of their occurrence. This information is invaluable to the department in following up all new births.

In addition, births are also required under the relevant section of the Births, Marriages and Deaths Registration Act, as amended, to be registered with the Registrar of Births and Deaths at any time within seven days of occurrence by the father of the child or, failing him, some other responsible person present at the time of birth.

During the year, the number of births and still-births notified (including births to mothers who were not Cape Town residents) was 20,300 as follows :—

Notified by midwives and nurses (other than extern or intern institutional cases)	6,108
Notified by doctors	728
Notified by institutions (extern or intern)	13,464

There were 235 births notified in the Langa Native Township.

The births and stillbirths notified as having taken place in the municipality during the year are further classified hereunder:—

Attended.	*Births.*	*Percentage.*
In private houses:		
By private doctors	728	3.6
By private midwives:		
Certificated	5,464	26.9
Uncertificated	644	3.2
By public midwives or student midwives	1,835	9.0
No doctor or midwife	15	0.1
No information	3	0.0
	8,689	42.8
In institutions:		
Public institutions	7,246	35.7
Private nursing homes	4,365	21.5
	11,611	57.2

2,478 of these births were non-resident in Cape Town.

Public domiciliary midwifery is carried out from the Peninsula Maternity Hospital, Somerset Hospital, Booth Memorial Hospital and St. Monica's Home, all institutions which are recognized as training schools for midwives, and by Provincial district midwives employed by the Provincial Administration but not attached to any hospital.

SUPERVISION OF MIDWIVES.

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 (Amendment) Act, No. 15 of 1928.

The various groups of midwives practising in the municipal area consist of the following:—

(1) One hundred and eight private midwives, of whom one hundred and three are trained and five untrained. No untrained midwives are now permitted to start practice, and it should not be long before all midwives practising in this city are certificated.

(2) Six Provincial district midwives working in the Kensington, Athlone, Lansdowne and Retreat areas where there is much poverty.

(3) Midwives attached to the training schools, doing district work in the vicinity of the training schools and in two outlying areas, Windermere (Somerset Hospital district) and Claremont (Peninsula Maternity Hospital district).

(4) Three midwives employed at the Grassy Park Health Centre (outside the municipality) provide a district service for the contiguous area of Parkwood Estate which is within the municipality.

(5) Two African midwives employed by this Department in the Langa African Township.

In approved indigent cases delivered on district, private midwives are paid by the department for services rendered in areas not served by the Provincial district midwives or midwives from the training schools.

Assisted Midwifery.

An amount of £174 2s. 6d. was paid to private midwives during the year. Fees paid to medical practitioners called in by midwives to indigent cases with obstetrical emergency amounted to £85. 0s. 0d.

Inspections.

Regular meetings for private midwives are held at the various centres every quarter, at which talks on midwifery are given by the departmental medical officers, and inspections of the midwives' records and equipment are carried out by the supervisor of midwives. At these sessions the opportunity is taken of encouraging the midwives to discuss their problems with the doctors. In addition, regular visits are paid by the supervisor to the homes of the midwives.

The extent of the supervisor's work is indicated by the following figures:—

Midwives interviewed at office	216
Visits paid to midwives in their own homes	1,301
Inspections held	23
Attendances of midwives at inspections	256
Total visits by supervisor	2,368

During the year 18 additional certificated midwives were registered. Four midwives were interviewed at head office and reprimanded for various reasons.

PUERPERAL FEVER.

Reported cases of this notifiable disease are investigated by the Maternal and Child Welfare Branch and are admitted to the City Hospital where necessary.

The cases of puerperal fever reported in the year, corrected for imported cases and misdiagnosis, numbered 7, all non-Europeans. None of the cases were confined in institutions. In six instances the condition supervened on the birth of a living child, and one followed a still birth.

All the cases were treated in the City Hospital. There were no cases in the Langa African Township.

There were no deaths from this cause in the city area, the seven deaths shown under the heading "Maternal Mortality" in the table on page being due to septic abortion in six instances and an incomplete abortion in the other case.

The mortality from this cause for a series of years is shown on page 24.

OPHTHALMIA.

For the purpose of notification, ophthalmia neonatorum is defined as a purulent inflammation of the eyes of an infant occurring within twenty-one days after birth, whether it be 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.

481 (9 European and 472 non-European) cases of ophthalmia neonatorum were notified, which is 3 per cent of the registered live births. Of these, 215 were born in institutions and 97 confined at home by institution district staff. The remaining 169 cases were confined at home, 5 having been attended by doctors, 159 by private midwives, one was unattended and 4 untraced.

Swab results are recorded in 469 cases, of which 49 were positive for gonococci, 12 doubtful and the remainder negative.

It is to be recorded that the health visitors reported 233 of the cases as "slight" and 171 as "moderate" or "grave". 77 were not commented upon.

With the exception of one child who died in hospital from other causes and 20 cases where contact was lost through removal to other premises, all the cases recovered completely.

In addition to the above figures, there were 7 cases in the Langa Township, and another 7 cases in Nyanga West.

DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNIZATION.

Two immunizing teams, each consisting of a medical officer, health visitor and an assistant, conducted 10 immunizing sessions per week throughout the year at clinics, institutions and schools.

A postcard is sent to all parents whose infants have reached the age of five months indicating the seriousness of diphtheria and advising immunization by a private doctor or by the nearest clinic.

At the Department's sessions the triple antigen of diphtheria, whooping cough and tetanus toxoid was used. This was stopped during the last quarter of the year, and diphtheria antigen alone was used. This was a precautionary measure to minimise reactions during the polio epidemic.

A booster injection against the selfsame diseases is given one year after the initial course to all infants, and further injections against diphtheria and tetanus to school entrants.

The work done at the municipal sessions during the year is shown by the following figures:

Number of sessions:

At schools	62
At institutions	25
At child welfare centres	305
	392

Total persons immunized:

European.	*Non-European.*	*All races.*
4,157	22,099	26,256

Of the 26,256 persons immunized, 25,925 were children under nine years of age, and 19,769 were immunized for the first time.

Type of material used:	No. of persons immunized	No. of injections
Combined diphtheria, whooping cough, tetanus (Diphtheria P.T.A.P., Haemophilus pertussis, Tetanus toxoid)	14,127	32,991
Combined whooping cough, diphtheria prophylactic (haemophilus pertussis and diphtheria P.T.A.P.)	358	375
Combined diphtheria, tetanus (Diphtheria P.T.A.P. and tetanus toxoid)	499	1,081
Diphtheria P.T.A.P. (Purified toxoid on aluminium phosphate)	11,233	19,210
Diphtheria adsorbed dissolved floccules	39	64
	26,256	53,721

POLIOMYELITIS IMMUNIZATION.

During the year, poliomyelitis immunization (Salk vaccine) was carried out at ten weekly sessions to children up to 16 years of age and expectant mothers. The figures show a considerable increase on the numbers presenting themselves for immunization during 1958.

Total persons immunized:

European.	*Non-European.*	*All races.*
7,590	36,343	43,933
Number of injections given		98,069

Reactions to the poliomyelitis injections were minimal. Among the 98,000 injections given, the only reactions occurring were in two school children, who fainted shortly after the injection but revived rapidly after injection of adrenaline.

B.C.G. VACCINATION.

In January, 1959, B.C.G. vaccination of newborn infants was started in the city. The material used was freeze dried B.C.G. supplied by the Union Department of Health. Infants born in the Provincial hospitals and in St. Monica's and the Salvation Army homes were immunized by the staff of the homes. In the case of infants born on the district, the health visitor at her first visit invited the mother to bring the baby to the local welfare centre where vaccination was done as soon after birth as possible.

While it is not possible yet to give a complete survey of the results, the conversion rate for a small series of cases followed up was over 90 per cent. The local effects have been minimal and no serious complications have been noted.

Number of B.C.G. vaccinations:

	European.	*Non-European.*	*Total.*
Mowbray Maternity Home	795	–	795
Peninsula Maternity Hospital	290	820	1,110
Somerset Hospital	–	1,510	1,510
St. Monica's Home	–	1,170	1,170
Salvation Army non-European Home	–	972	972
Child Welfare Centres	64	3,241	3,305
	1,149	7,713	8,862

SCHOOL CLINICS.

By arrangement with the Provincial Administration school clinics are organised by the Maternal and Child Welfare Branch and held during the school term at certain of the Council Welfare centres.

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

Cases requiring specialised attention are referred to the appropriate out-patients department of a general hospital, or to a child guidance or mental hygiene clinic, while those suffering from the effects of malnutrition and debility following illness are sent to convalescent homes. Where necessary, visits are made to the homes of such children and the parents or guardians interviewed.

Ophthalmic and ear, nose and throat sessions with specialists in attendance are held three times and once per week respectively at the Woodstock centre.

Two health visitors are employed on this work.

The work done during the year is shown in the table on page 27 and is further analysed in the following figures:—

	Ophthalmic school clinic.			General school clinic.			Ear, nose and throat clinic.		
	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.
Number of new cases ...	319	839	1,158	134	3,835	3,969	35	258	293
Total attendances	826	2,196	3,022	562	12,454	13,016	52	403	455
Number of sessions held ...			124			236			35
Children fitted with spectacles:									
Full-paying	88	140	228						
Part-paying	75	361	436						
Free	26	50	76						

ORTHOPAEDIC WORK.

The Child Welfare Branch is responsible for the care of children under 6 years of age living within the municipal area who are suffering from orthopaedic conditions but are not in hospital.

The department employs one orthopaedic health visitor who works in close collaboration with the Orthopaedic District Sisters of the Provincial Administration, and divides her time between domiciliary visiting and clinic sessions.

Clinics.

Monthly sessions are held in four centres with an orthopaedic surgeon in attendance, two orthopaedic sisters from the Provincial Administration, an orthopaedic technician, clinic clerk and Cripple Care Worker.

Weekly sessions are also held in these centres, where the treatment ordered by the orthopaedic surgeon is carried out by the orthopaedic sisters.

The following figures give an indication of the work of the orthopaedic health visitor:—

Number of children on record:—

European	39
Coloured	309
African	60
House visits made	2,248

Sessions held:—

Surgeons	43
Sisters	192
	235

Attendances at sessions:—

Surgeons	1,406
Sisters	5,729
	7,135

The causes of disablement are varied but more than half of these are due to poliomyelitis and congenital deformities.

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 reasonable standard of living.

Many of the infants of working mothers are cared for by foster mothers. Although the care given is often good, in some cases it leaves much to be desired.

Nurseries and nursery schools are therefore an essential health measure for the underprivileged child providing, as they do, proper care in hygienic surroundings, in addition to forming constructive social and educational backgrounds. Three nursery schools, one with creche attached, and a day nursery at Langa African Township are maintained by the Branch and are supervised by a senior European nursery school teacher.

All private nursery schools and creches must be registered by the Union Department of Social Welfare, and with a view to assisting this body, a municipal health visitor visits them and reports on the suitability or otherwise of the premises in question.

BOKMAKIRIE CRECHE AND NURSERY SCHOOL.

This nursery school serves the Council's housing schemes in Kew Town and Bokmakirie and has accommodation for 80 children under school age, 20 babies between 3 months and 2 years, and 60 children between 2 and 6 years of age. The nursery is open from 8 a.m. to 5 p.m. and meals are provided. It is staffed by a creche superintendent, three non-European junior nursery school teachers, and three helpers.

BLOEMHOF NURSERY SCHOOL.

This school is run in the Bloemhof Community Centre attached to the municipal housing scheme in Constitution Street, Cape Town. There is accommodation for 40 children from 3 to 6 years of age, under the supervision of a European nursery school teacher, and a non-European junior nursery school teacher. The nursery is open from 8 a.m. to 5 p.m. and a 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 very popular. There is accommodation for 45 children from 3 to 6 years of age, under the supervision of two non-European junior nursery school teachers. The nursery school is open from 8 a.m. to 5 p.m. and meals are provided.

LANGA DAY NURSERY.

A day nursery is conducted in the Langa African Township for 20 infants and 50 children between the age of 2 and 6 years. There are two trained African nurses, 3 adult helpers and 2 juvenile helpers.

HYMAN LIBERMAN INSTITUTION NURSERY SCHOOL.

The City Council took over the nursery school at the Hyman Liberman Institute on the 1st April, 1958. This nursery school is conducted in the hall of the Institute and caters for 70 children between the age of 3 and 6 years.

The attendances at the municipal nurseries and nursery schools during the year are shown in the following table:—

	Shelley St.	Bloemhof.	Bokmakirie.	Langa.	Liberman.
New entrants	39	29	20	36	36
Mean total on register	50	45	80	79	70
Daily sessions	211	211	211	249	201
Mean attendances per session	42	40	66	61	64
Total attendances	8,856	8,348	13,970	15,304	12,794

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 housemother in charge. They are vaccinated with B.C.G., and remain in the home until the mothers are in a fit condition to care for them or some other suitable arrangements 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 for Child Welfare of the district. Infant protection visitors who visit and report on these children are appointed by the Commissioner.

In Cape Town, the health visitors of the Child Welfare Branch have been nominated to act as infant protection visitors for children under school age.

The practice of placing children with foster mothers particularly amongst non-Europeans is very common in Cape Town. Many of these foster mothers diligently care for their wards but difficulties do arise when payments tend to become irregular or cease altogether owing to the fact that the parents being unmarried, frequently disappear.

All social problems which might affect the welfare of the young child are brought to light by the health visitor at her periodic visits. Should a foster mother prove unsuitable, the Commissioner for Child Welfare is informed so that arrangements may be made for the removal of that child to some more suitable person.

The number of protected infants registered in the year was as follows:—

Cape Town Magisterial District	59
Wynberg Magisterial District	141
	200

ADOPTION OF CHILDREN.

Any person who is desirous of adopting a child in Cape Town usually applies in the first instance to the Adoption Committee of the Society for the Protection of Child Life, or the A.C.V.V. Similarly, anyone who wishes to have a child adopted is referred to the Secretary of one of these Adoption Committees. Where an adoption is to be arranged, these Committees act in an advisory capacity to the Commissioner for Child Welfare who is responsible for authorising legal adoption under the Children's Act. Adoptive parents and the children concerned are usually kept under observation for a period so that it may be ascertained whether the adoption is satisfactory before it is finalised. The list of proposed adoptions is referred to the maternal and child welfare officer, who advises on the health of the persons concerned.

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

Europeans	86
Non-Europeans	116
	202

SOCIAL WELFARE WORK.

One social welfare worker is attached to the Branch, particularly to safeguard the interests of unmarried mothers and their infants. She is available for interviews each morning and in the afternoons visits private homes, institutions and maternity homes in connection with cases.

Many requests for advice and help from expectant mothers, and mothers of small children, are in connection with non-support from fathers and reputed fathers. Many of these are for various reasons loath to report to the non-support officer.

As required by the Immorality Act of 1957, all cases of unmarried mothers under the age of 16 years are fully investigated. During 1959, 191 cases (17 European, 129 Coloured and 45 African) were so investigated.

The social welfare investigator visits in an advisory capacity rescue homes and reports to the health visitors when the mothers and babies leave such institutions.

Close contact and co-operation is maintained with Societies such as the Society for the Protection of Child Life, Afrikaanse Christelike Vrouens Vereniging, Mental Health Society, Social Welfare Department and non-support officers.

SECTION IV.—DENTAL BRANCH.

Prepared by Dr. S. Winer: Principal Dental Officer.

The place of dentistry in public health is not so well defined as is, for instance, the isolation and treatment of the infectious individual. Contagion from any dental disease is uncommon and in any event is limited in its occurrence and spread.

Another factor is that although the results of dental disease may have serious sequelae leading to grave incapacity and in some cases may even terminate fatally, it is only too frequently assumed that dental ill health is a very personal matter, that acute pain will not always follow from neglect, that dental treatment is unpleasant, and being often prolonged, is often deferred and may be entirely neglected.

The effects of continued dental ill-health are profound, ranging from a variety of arthritic conditions to acute local and secondary infections of a virulent type.

The occurrence of neoplasms in the oral cavity due to dental irritation, while not very common, occurs with sufficient frequency to constitute a serious health hazard.

The state of the supporting dental tissues is often an indication of dietary deficiencies, and when occurring with sufficient frequency in certain classes of individual is indicative of serious defects in the group's feeding habits.

The importance of well balanced diets in the development and maintenance of dental tissues can not be sufficiently laboured. All tissue development from foetal life until full development has been attained is dependent upon the quality and quantity of food intake. As the result of deficiencies, the teeth often appear to be more affected than other tissues. Furthermore, changes involving the loss of dental tissue are irreversible.

The greatest problem in dentistry is dental caries. If unchecked and untreated this may progress to the entire loss of the teeth, bringing in its wake severe and prolonged pain, abscess formation which might affect contiguous tissues, ill health and disfigurement with attendant evils such as absence from work or school, inability to carry out duties, and frequently loss of employment.

Dental caries affects more particularly the younger age groups and can manifest itself from the time teeth commence eruption at about six months of age. It is often very severe in infants as young as two years, and it is obvious that unless there is a complete change in parental outlook towards dietary habits, this same deleterious process will continue throughout childhood and adolescence. Particularly in the very young, caries is preventable by attention to diet, hygiene and feeding habits. In older children where owing to practical difficulties it is impossible to enforce a strict dietary regime, caries will be limited according to the adequacy of dental hygiene.

Consideration must of course be given to the fact that owing to the inherent structure of teeth there is a variation in susceptibility to caries in different children, even in the same family, and this variation can even extend to teeth of different eruption groups in the same mouth. Other factors affecting the liability to caries are the shape and relative positions of the teeth, irregularity, and ages of eruption.

A public health dental service such as is provided by this department must be equipped to provide for all age groups and every type of specialised form of dental treatment.

Patients attending the department's dental clinics are drawn from the lower income groups. These include a substantial number who "have seen better days" and also comprise the pensioner group as well as widows. With the exception of these named groups the response to conservative treatment is very poor. Efforts to persuade are frequently useless, so that this class more often than not will only consent to the removal of the teeth.

Among school children where compulsory attendances for treatment are demanded, there is so little co-operation from the children and their parents that much painstaking restorative treatment is frequently wasted. It is often found that these children present themselves within a short period of leaving school with such neglected mouths that the only available treatment left is extraction.

The only solution to the problem of the patients' approach to dental treatment is more education in schools. There is not only a lack of parental example, but there is among adults a degree of objection to conservative treatment amounting to hostility.

It is obvious that the burden of this teaching must remain in the hands of school teachers whose influence, in fields other than formal education, is profound.

Proposals are made periodically, albeit unsuccessfully, for the establishment of a group of ancillary dental workers, the members of which should, among other duties, be trained for the teaching of oral hygiene to school children and other groups. They would also be permitted to carry out superficial mouth examinations in order to refer children for treatment. It was further proposed that these workers should only be employed by public health authorities and work under the supervision of full-time dental officers.

In some countries, notably the United States of America and New Zealand, universities undertake the training of these ancillaries who are variously known as dental hygienists, school dental nurses, etc. In Britain a similar scheme is being undertaken. The extent of the duties of these workers varies in different countries.

By incorporating some such system as envisaged above, the difficulty of the dental education of children, together with better control of teeth might be largely overcome.

Lectures by competent authorities to parent-teacher associations and other groups are helpful and would supplement such a scheme if they were not given sporadically as at present.

On account of the geographical layout of the city, it is necessary, with other municipal undertakings, to decentralise the facilities provided for dental treatment in order to obviate patients travelling long distances, incurring travelling expenses and loss of school or working time. Branch clinics have therefore in addition to the central clinic been established in various suburban localities where the maximum population groups can be catered for.

The full-time professional staff is, in addition, assisted by a number of part-time dental officers, anaesthetists, nurses and clinic assistants. The following table briefly indicates the scope and extent of the services rendered in the year 1959.

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	1,478	895	7,255	3,540	19,397	513	6,157	367	130	2,711	13,454	294	1,056
	Children... ...		841	1,645	2,887	3,519	743	1,620	334	37	1,842	1,891	25	5
	School children...	450	199	86	1,609	647	112	5	1,385	585	253	81	—	—
	Total...	1,928	1,935	8,986	8,036	23,563	1,368	7,782	2,086	752	4,806	15,426	319	1,061
Aspeling Street, Cape Town	Nursing and expectant mothers...	52	—	189	—	221	—	204			—	17		
	Pre-school children:		—	546	—	644	—	674			—	20		
	School children...	42	—	1,184	—	1,392	—	1,076			—	326		
	Total...	94	—	1,919	—	2,257	—	1,954			—	363		
Woodstock	Nursing and expectant mothers...	26	—	72	—	88	—	87	—	—	—	1		
	Pre-school children:		5	218	5	256	4	249	—	—	1	8		
	School children...	85	240	1,083	451	1,213	187	977	143	—	125	236		
	Total...	111	245	1,373	456	1,557	191	1,313	143	—	126	245		
Maitland	General:													
	Adults	122	11	730	30	1,373	17	822	—	—	13	752		
	Children... ...		34	571	80	1,043	41	464	—	—	39	581		
	Nursing and expectant mothers...	52	6	365	9	447	7	400	—	—	2	51		
	Pre-school children:		23	396	25	479	21	416	—	—	4	66		
	School children...	143	259	1,327	530	1,572	168	1,281	276	23	123	271		
	Total...	317	333	3,389	674	4,914	254	3,183	276	23	181	1,721		
Athlone	Nursing and expectant mothers...	67	1	293	1	398	1	375	—	—	—	23		
	Pre-school children:		—	712	—	824	—	802	—	—	—	22		
	School children...	64	—	1,783	—	2,096	—	1,834	—	1	—	270		
	Total...	131	1	2,788	1	3,011	1	3,011	—	1	—	315		
Wynberg	Nursing and expectant mothers...	30	12	173	12	217	11	206	—	—	1	11		
	Pre-school children:		49	231	54	266	53	254	—	—	1	12		
	School children...	183	180	1,968	515	2,608	161	1,852	239	185	136	583		
	Total...	213	241	2,372	581	3,091	225	2,312	239	185	138	606		
Lansdowne	School children...	102	176	267	614	803	197	640	247	6	174	157		
Retreat	General:													
	Adults	172	—	1,807	2	3,125	2	1,313	—	—	—	1,814		
	Children... ...		14	954	17	1,690	6	737	—	—	11	953		
	Nursing and expectant mothers...	26	—	246	—	310	—	247	—	—	—	65		
	Pre-school children:		6	216	6	247	5	200	—	—	1	48		
	School children...	34	—	617	12	219	1	591	7	5	5	123		
	Total...	232	20	3,840	37	5,591	14	3,088	7	5	17	3,003		
St. Mary's Training School	Inmates	3	44	—	100	—	18	—			82	—		
City Hospital	In-patients ...	7	14	138	14	142	5	75			9	67		
Brooklyn Chest Hospital	In-patients ...	5	—	72	—	92	—	87			—	5		
Langa Hospital	Native residents, Langa	50	—	545	—	1,117	—	1,088			—	29		
Dr. A.J. Stals Memorial Sanatorium	In-patients ...	19	—	245	—	383	—	298			—	65		
Tuberculosis Clinic	Out-patients ...	73	53	369	112	1,153	24	342	22	9	67	812	4	132
Lady Michaelis Home	In-patients ...	5	29	34	36	53	7	19			29	34		
Cerebral Palsy School	Inmates	1	25	—	25	—					25	—		
	Totals...	3,291	3,116	26,337	10,686	48,014	2,304	25,192	3,020	981	5,654	22,848	323	1,193

E : European. O : Other or non-European.

SECTION V.—INFECTIOUS AND OTHER DISEASES.

The cases of compulsorily notifiable diseases reported in the Municipality of Cape Town during the year are shown in the tables on pages 93 to 95 classified by race and:

Table N, in months according to date of notification.
Table O, in age and sex groups.
Table P, in wards.

Other statistical details as to deaths from infectious diseases are contained in Tables A, B and C on pages 78 to 80.

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

ENTERIC OR TYPHOID FEVER.

The number of cases reported during the year, corrected for misdiagnosis and imported cases, was 29, of which four were probably imported. This fact could however not be established beyond all doubt.

29 cases (5 European and 24 non-European) represents an incidence rate of 0.05 per 1,000 population (0.03 European and 0.07 non-European).

One non-European case died.

The incidence rate for the year under review is the lowest ever recorded in Cape Town. During the previous year there were 46 cases (2 deaths) which up to then represented the lowest recorded incidence.

There was one case in the Langa African Township.

The cases were treated at the City Hospital, with the exception of two who remained at a general hospital. One of these died before being notified to the department.

In addition, there were 38 cases notified (3 European and 35 non-European) from outside the city area and admitted to the City Hospital. Of these, one non-European died.

There were two episodes of four cases in a single household. In one instance the infection had very obviously been introduced by a case from outside the municipal area, and in the other, the mother of the family (a friend of an earlier case in the same street) was found to be an asymptomatic carrier.

In addition, there were two houses in which there were two cases each. In one instance the children were infected by a case who had returned from the Bantu reserves where there was "sickness in the tribe". In the other, case to case infection occurred, the original case probably having been imported from outside the municipal area.

Contact investigation of a European case resident in the Brooklyn suburb resulted in the discovery of a European boy of 13 years of age resident in Green Point who was excreting typhoid bacilli in his stools. He was admitted to the City Hospital as a "carrier", but developed the symptoms of typical typhoid fever on the day following admission. This boy gave a history of being confined to bed for five weeks some four years previously, with what could well have been typhoid fever, though this was not suspected by the attending physician.

Full investigation failed to reveal the original source of infection of the three other European cases.

It is noteworthy that not a single case was reported from Ward 15.

Generally the epidemiological pattern was typical in that most cases occurred in older children and younger adults, while multiple cases occurred in those homes which were overcrowded. Only three cases were notified from unsewered dwellings.

Two permanent carriers were discovered during the year, and in addition, three carriers were admitted to the City Hospital for investigation from outside the municipal area.

DIPHTHERIA.

The cases of this disease reported during the year, corrected for misdiagnosis and imported cases, numbered 80 (17 European and 63 non-European) equivalent to an incidence rate of 0.15 per 1,000 population (0.09 European and 0.18 non-European). During the previous year 76 cases were reported (22 European and 54 non-European).

Of the 80 cases reported in 1959, a European female aged 3 years and a non-European female of 16 months died. There is no record of either of these fatal cases having been immunized. 11 of the 56 cases under 10 years of age had received immunizing injections, i.e. 6 had received a full course, three had two injections, and two cases had only received the first injection.

Secondary infection occurred in two houses, in one of which a child was found to have diphtheritic ulcers on the legs. All the cases were treated in the City Hospital. One of the cases developed the disease while hospitalised for tuberculosis, and one other case occurred in an institution in Ward 5.

There was one case each from Langa and Nyanga West African Townships.

Excluded from above figures are 110 cases from outside the city area treated in the City Hospital, of whom 10 non-Europeans died.

The record of the department's work in immunization is given on page 38.

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
1954-55 ..	32	81	113	4,162	17,955	22,117
1956 ..	11	38	49	4,433	17,356	21,789
1957 ..	21	53	74	3,999	17,944	21,943
1958 ..	22	54	76	4,141	19,046	23,187
1959 ..	17	63	80	4,157	22,099	26,256

Diphtheria Carriers.

Seven non-European carriers were notified in the city area, and one in the Langa Township, all of whom were treated at the City Hospital. In addition, one non-European carrier was admitted to the City Hospital direct from outside the municipal area.

Other particulars will be found in the table on page 39 and in Tables N to P on pages 93 to 95.

SCARLET FEVER.

The cases of this disease reported in the year, corrected for misdiagnosis and imported cases, numbered 166 (147 European and 19 non-European) equivalent to an incidence rate of 0.30 per 1,000 population (0.85 European and 0.05 non-European).

There was one non-European death from this disease. This child was admitted to hospital in addition to its scarlet fever with haemorrhages into the mucous membranes and oedema of the glottis. A tracheotomy was performed. The child died two days after admission. Blood counts revealed that she had also probably been suffering from leukaemia, but this could not be definitely established as permission for a postmortem was not obtained. In the previous year there were 103 cases and no deaths.

There were no cases in the Langa Township.

Two cases occurred in each of two institutions in Wards 11 and 13, and one other case occurred in another institution in Ward 11.

Secondary infection occurred in 15 houses, in 12 of which there were two cases each, and in 3 houses three cases each. As satisfactory isolation facilities were available at home, permission to nurse 43 cases was given to the private practitioner and the parents.

In addition to the above figures, three cases of imported infection were notified, and 30 cases admitted to the City Infectious Diseases Hospital from outside the city area.

Other particulars will be found in the table on page 39 and in Tables N to P on pages 93 to 95.

CEREBROSPINAL FEVER.

During the year there were 19 cases (8European and 11 non-European) notified, equivalent to an incidence rate of 0.03 per 1,000 population (0.04 European and 0.03 non-European). In the previous year 25 cases were reported. The figure for the year under report is the lowest since 1938. Two deaths — one European and the other a non-European — were notified as suffering from this infectious disease only after death had occurred. Two other cases occurred concurrently in an institution in Ward 11.

All except the two fatal cases were treated in the City Hospital. In addition, 25 cases (two fatal) were admitted to the City Hospital direct from outside the municipal area.

Other particulars will be found in the table on page 40 and in Tables N to P on pages 93 to 95.

ACUTE POLIOMYELITIS.

The cases of this disease reported during the year, corrected for misdiagnosis and imported cases, numbered 76 (16 European and 60 non-European), equivalent to an incidence rate of 0.14 per 1,000 population (0.08 European and 0.17 non-European). During the previous year, 27 cases (7 European and 20 non-European) were notified.

Of the 76 cases reported, one European aged 36 years and one non-European aged 5 years succumbed. All the cases were admitted to the City Infectious Diseases Hospital. In two instances two cases occurred in the same house. Five of the patients gave a history of having been immunized with Salk vaccine at municipal or other centres, but these statements could not be confirmed from our official records.

In addition to above figures, 101 cases were admitted to the City Infectious Diseases Hospital direct from outside the city area, and two from ships in the harbour. Four of these cases proved fatal. Two further cases were reported (one fatal) in persons newly arrived in the city who had obviously contracted their disease elsewhere.

There were three cases in the Langa African Township, and also three cases in Nyanga West African Township.

Other particulars will be found in Tables N to P on pages 93 to 95.

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

Year.	Enteric fever.				Diphtheria.				Scarlet fever.			
	Notifications.		Deaths.		Notifications.		Deaths.		Notifications.		Deaths.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1914–15 ..	3·13	2·89	0·26	0·30	1·94	0·82	0·20	0·29	0·98	0·13	0·03	—
1915–16 ..	1·96	1·73	0·01	0·37	2·27	0·67	0·20	0·25	1·54	0·10	—	—
1916–17 ..	1·90	1·92	0·16	0·41	1·91	0·53	0·12	0·17	0·60	0·05	—	—
1917–18 ..	1·55	1·58	0·13	0·40	1·20	0·41	0·08	0·14	1·09	0·17	—	—
1918–19 ..	2·20	2·40	0·19	0·42	1·22	0·31	0·03	0·13	1·65	0·23	—	—
1919–20 ..	2·60	2·50	0·22	0·52	1·30	0·45	0·08	0·15	2·84	0·29	0·03	—
1920–21 ..	3·46	3·78	0·37	0·56	0·75	0·29	0·05	0·04	2·25	0·18	0·02	—
1921–22 ..	1·98	2·48	0·20	0·50	0·86	0·22	0·08	0·07	0·94	0·11	—	—
1922–23 ..	1·71	1·64	0·21	0·31	1·15	0·28	0·10	0·06	0·45	0·06	—	—
1923–24 ..	1·12	1·04	0·11	0·23	1·51	0·55	0·08	0·12	0·24	0·03	—	—
1924–25 ..	0·72	1·02	0·07	0·21	1·90	0·45	0·15	0·09	0·46	0·01	—	—
1925–26 ..	0·78	1·05	0·07	0·18	1·60	0·48	0·07	0·12	1·15	0·08	—	0·01
1926–27 ..	1·02	1·26	0·13	0·28	1·62	0·89	0·10	0·16	1·07	0·11	—	—
1927–28 ..	0·84	1·19	0·08	0·22	1·25	0·54	0·08	0·11	1·76	0·05	0·02	—
1928–29 ..	0·76	0·86	0·10	0·22	1·23	0·60	0·10	0·13	1·17	0·08	—	0·01
1929–30 ..	0·65	0·79	0·06	0·14	1·23	0·45	0·10	0·09	1·93	0·16	0·01	0·01
1930–31 ..	0·71	0·84	0·06	0·19	1·38	0·76	0·06	0·09	3·11	0·32	0·01	—
1931–32 ..	0·51	0·78	0·09	0·19	0·86	0·53	0·05	0·09	0·87	0·14	—	—
1932–33 ..	0·21	0·23	0·02	0·04	1·00	0·57	0·06	0·05	0·85	0·14	—	—
1933–34 ..	0·36	0·36	0·01	0·05	1·33	0·80	0·04	0·08	0·71	0·07	—	—
1934–35 ..	0·22	0·36	0·04	0·07	1·61	1·00	0·06	0·14	1·55	0·10	0·01	—
1935–36 ..	0·20	0·31	0·02	0·04	1·25	0·88	0·07	0·12	3·95	0·24	0·02	0·01
1936–37 ..	0·22	0·67	0·01	0·09	1·45	0·83	0·01	0·08	2·98	0·20	0·02	0·01
1937–38 ..	0·37	0·28	0·03	0·05	2·20	1·73	0·12	0·23	0·72	0·09	0·01	—
1938–39 ..	0·09	0·25	0·01	0·03	3·36	1·55	0·12	0·31	0·51	0·05	—	—
1939–40 ..	0·22	0·22	0·01	0·02	1·75	0·84	0·03	0·12	0·76	0·07	—	—
1940–41 ..	0·07	0·16	0·01	0·06	1·21	0·56	0·04	0·05	1·30	0·11	—	—
1941–42 ..	0·23	0·45	0·01	0·07	1·22	0·85	0·04	0·10	1·67	0·06	0·01	—
1942–43 ..	0·55	0·41	0·02	0·08	0·98	0·81	0·06	0·09	0·94	0·04	—	—
1943–44 ..	0·10	0·32	0·02	0·04	1·03	0·61	0·02	0·09	0·91	0·04	0·01	—
1944–45 ..	0·12	0·42	0·02	0·09	0·51	0·48	0·03	0·07	0·82	0·09	0·01	0·01
1945–46 ..	0·12	0·45	0·02	0·06	0·15	0·44	0·01	0·06	1·80	0·22	—	0·01
1946–47 ..	0·13	0·73	0·03	0·12	0·28	0·29	0·01	0·03	1·36	0·10	—	—
1947–48 ..	0·19	0·33	0·03	0·04	0·34	0·36	0·02	0·03	0·81	0·12	—	0·01
1948–49 ..	0·07	0·20	0·01	0·04	0·17	0·29	0·02	0·02	0·97	0·12	—	—
1949–50 ..	0·08	0·14	—	0·03	0·30	0·29	0·02	0·05	1·17	0·13	—	—
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	—	—
1954–55 ..	0·06	0·26	—	0·02	0·17	0·28	0·01	0·03	0·70	0·17	—	—
1956 ..	0·05	0·22	—	—	0·06	0·12	—	0·01	0·44	0·05	—	—
1957 ..	0·05	0·19	—	0·00	0·11	0·16	0·01	0·02	0·42	—	—	
1958	0·01	0·13	—	0·01	0·11	0·16	0·01	0·01	0·45	0·04	—	—
1959 ..	0·03	0·07	—	0·00	0·09	0·18	0·01	0·00	0·85	0·05	—	0·00

INFECTIVE ENCEPHALITIS.

There were 11 cases (1 European and 10 non-European) reported during the year, with one European and four non-European deaths. Seven of the cases were admitted to the City Infectious Diseases Hospital, three to general hospitals, and the remaining case was notified after dying at home.

There were two cases (one fatal) in the Langa African Township.

Four non-European cases were admitted to the City Hospital direct from outside the municipal area.

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

Year.	Cerebrospinal fever.				Acute poliomyelitis.				Infective encephalitis.			
	Cases.		Deaths.		Cases.		Deaths.		Cases.		Deaths.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1915–16 ..	2	–	–	–	4	5	—	—				
1916–17 ..	2	–	1	–	3	1	1	2				
1917–18 ..	6	2	3	2	3	2	1	1				
1918–19 ..	3	5	–	5	2	2	2	–				
1919–20 ..	3	6	3	5	1	1	–	1				
1920–21 ..	4	1	3	1	3	1	–	–	3	1	2	1
1921–22 ..	4	1	–	–	1	1	1	1	5	–	5	–
1922–23 ..	4	5	4	2	–	1	–	1	3	1	2	1
1923–24 ..	2	3	2	3	1	–	–	–	5	4	3	4
1924–25 ..	6	19	5	11	1	1	1	1	6	5	3	4
1925–26 ..	4	21	5	19	–	–	–	–	6	10	6	7
1926–27 ..	10	39	6	29	2	–	1	–	6	5	4	5
1927–28 ..	39	183	18	92	8	4	2	1	8	3	3	3
1928–29 ..	30	101	16	59	4	1	1	–	7	5	5	3
1929–30 ..	14	48	8	27	11	6	3	1	4	3	3	–
1930–31 ..	4	18	3	15	5	5	–	2	1	4	–	3
1931–32 ..	7	35	3	21	–	–	–	–	7	2	5	2
1932–33 ..	8	22	5	15	4	4	1	2	4	4	–	1
1933–34 ..	3	17	3	17	8	3	–	–	2	–	–	–
1934–35 ..	5	20	3	15	11	14	1	3	8	3	2	1
1935–36 ..	1	9	1	10	1	3	–	–	4	3	2	4
1936–37 ..	7	11	7	9	7	2	2	–	1	3	2	1
1937–38 ..	3	15	2	5	4	2	4	–	4	4	2	1
1938–39 ..	5	33	1	17	2	9	–	–	–	2	–	1
1939–40 ..	2	24	1	7	5	11	–	–	2	3	1	–
1940–41 ..	23	45	4	8	5	4	–	1	1	5	1	3
1941–42 ..	19	47	1	4	4	3	2	2	3	1	2	–
1942–43 ..	23	80	2	13	2	–	–	–	6	3	3	2
1943–44 ..	39	222	9	36	5	1	–	–	–	2	–	–
1944–45 ..	25	80	6	18	46	18	1	1	–	1	–	1
1945–46 ..	16	58	1	12	10	4	1	2	1	–	–	–
1946–47 ..	15	31	2	6	4	3	–	–	–	5	–	1
1947–48 ..	5	33	1	9	13	13	2	—	—	—	—	—
1948–49 ..	13	49	3	7	8	11	—	—	1	1	—	1
1949–50 ..	10	39	5	13	7	9	—	—	2	2	—	1
1950–51 ..	16	55	3	13	12	8	—	—	—	2	—	2
1951–52 ..	6	51	1	6	10	2	1	—	3	2	—	—
1952–53 ..	7	40	—	10	14	13	4	—	4	4	—	1
1953–54 ..	10	49	1	4	41	25	3	—	2	2	—	1
1954–55 ..	19	54	1	5	10	19	—	—	2	2	—	1
1956 ..	12	36	2	4	39	85	—	5	1	17	—	5
1957 ..	6	25	—	5	86	185	9	9	1	8	—	2
1958 ..	3	22	1	3	7	20	1	1	2	8	1	—
1959 ..	8	11	2	1	16	60	1	1	1	10	1	4

ASIAN INFLUENZA.

In mid-June a severe type of influenza was detected amongst a few members of the municipal Fire Brigade and the Traffic Control Branch. Noteworthy was its extremely sudden onset with marked frontal and occipital headaches and deep muscular pains — followed after a lapse of about 24 hours with the onset of sore throat and coryzal symptoms.

Discussions with local general medical practitioners revealed an increasing number of similar cases in certain localized parts of the Cape Peninsula. These areas appeared to be located where the incidence of Asian influenza had been relatively low in the epidemic of 1957.

The Department of Bacteriology and Virology of the University of Cape Town who had no prior advice of this limited incident carried out virological examinations of throat washings and identified in all cases the cause as being due to Type A2 influenza virus (Asian strain).

As influenza is not a notifiable disease, the general epidemiological pattern could not be followed, but an interesting facet that emerged from the study of cases under our treatment was that in not one single instance did the disease affect those who had contracted it during the 1957 epidemic.

Although influenza is not notifiable, deaths from influenza and from bronchitis and pneumonia with the corresponding death rates for previous years are set out in the following table:—

Period.	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.
Average												
1921–25 ..	8	0·07	13	0·15	37	0·35	198	2·30	88	0·84	394	4·57
1926–30 ..	20	0·16	31	0·28	36	0·29	240	2·26	82	0·66	379	3·54
1931–35 ..	18	0·12	25	0·19	32	0·23	205	1·58	81	0·57	392	3·04
1936–40 ..	21	0·13	20	0·14	28	0·18	176	1·21	75	0·48	424	2·89
1941–45 ..	10	0·06	12	0·07	22	0·13	143	0·84	64	0·39	467	2·74
1946–50 ..	4	0·03	9	0·05	18	0·09	105	0·52	56	0·30	365	1·81
1951–55 ..	5	0·03	6	0·02	16	0·08	50	0·20	52	0·27	249	0·96
Year 1956	2	0·01	1	0·00	10	0·05	40	0·13	55	0·29	262	0·85
,, 1957	3	0·02	13	0·04	13	0·07	30	0·09	50	0·26	260	0·80
,, 1958	3	0·02	6	0·02	14	0·07	18	0·05	49	0·25	298	0·88
,, 1959	4	0·02	8	0·02	12	0·06	30	0·08	59	0·30	221	0·62

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

	1959		1958	
	European.	*Non-European.*	*European.*	*Non-European.*
Under 5 years of age	12	191	19	248
0–1 year	10	142	16	183
1–2 years	2	40	3	42
2–5 years	–	9	–	23
All other ages	59	60	44	68
Totals	71	251	63	316

The infant mortality rate per 1,000 live births from these causes for a series of past years are set out in Table K on page 90.

The seasonal character of mortality from bronchitis and pneumonia will be found in Table C, on page 80.

WHOOPING COUGH.

For the period under review, the number of cases was 123 (10 European and 113 non-European), equivalent to an incidence rate of 0.22 per 1,000 population (0.05 European and 0.32 non-European). Of these cases, 8 non-Europeans died, giving a death rate of 0.02 for that racial group. In the previous year there were 222 cases and 7 deaths.

Spread of infection occurred in 17 instances, i.e. two cases each were notified from 13 dwellings, three cases each occurred in three dwellings, and in one dwelling four cases developed the disease. 33 cases were treated in the City Infectious Diseases Hospital.

The distribution of the 123 cases according to months, age-groups and wards of the city will be found in Tables N to P on pages 93 to 95.

In addition, 28 cases of this disease from outside the city area were treated in the City Hospital. Of this number 4 died.

There were no cases in the Langa Township.

In the year under review, 26,256 children were immunized with the diptheria/whooping cough/tetanus antigen at the municipal child welfare centres, schools and other institutions.

Period.	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.
Average								
1916–20	—	—	—	—	11	37	0·13	0·48
1921–25	—	—	—	—	10	30	0·09	0·35
1926–30	—	—	—	—	10	33	0·08	0·31
1931–35	—	—	—	—	7	34	0·04	0·27
1936–40	—	—	—	—	4	74	0·02	0·51
1941–45	—	—	—	—	3	45	0·02	0·26
1945–50	—	—	—	—	2	42	0·01	0·20
1951–55	188	576	1·00	2·24	1	19	0·00	0·07
Year 1956	96	77	0·50	0·25	—	1	—	0·00
,, 1957	51	301	0·26	0·93	—	18	—	0·06
,, 1958	30	192	0·15	0·57	—	7	—	0·02
,, 1959	10	113	0.05	0.32	—	8	—	0·02

MEASLES.

15 measles deaths, all non-European, occurred in Cape Town during the year, compared with 20 in the previous year. 13 of the deaths in the present period occurred in children under two years of age. Eight non-residents also died.

During the year, 207 cases of measles were admitted to the City Infectious Diseases Hospital, of whom 97 were from outside the city area, 3 from ships in harbour, and 2 from Langa Township. 23 of the local cases contracted their infection in local general hospitals.

Period.	Measles.			
	Deaths.		Rate per 1,000 population.	
	European.	Non-European.	European.	Non-European.
Average:				
1916–20	7	34	0·08	0·43
1921–25	5	33	0·05	0·38
1926–30	5	16	0·04	0·16
1931–35	3	32	0·02	0·24
1936–40	2	15	0·01	0·11
1941–45	3	24	0·02	0·14
1946–50	1	24	0·01	0·12
1951–55	—	14	0·00	0·05
Year 1956	—	4	—	0·01
„ 1957	—	30	—	0·09
„ 1958	4	16	0·02	0·05
„ 1959	—	15	—	0·04

DIARRHOEAL DISEASES.

The deaths registered in the year due to diarrhoea and enteritis (corrected) numbered 472 as compared with 621 in the previous year. The corresponding death rate for the city was 0.86 per 1,000 population (0.04 European and 1.31 non-European).

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

Int. Code No.	Disease	European	Non-European	All races
571, 764	Gastro-enteritis and colitis, including diarrhoea of the newborn	7	465	472
572	Chronic enteritis and ulcerative colitis ..	3	11	14
043	Cholera	—	—	—
045	Dysentery, bacillary	1	4	5
046	Dysentery, amoebic	—	4	4
047–048	Dysentery, other forms	—	—	—
	Total ..	11	484	495
	Diarrhoeal death rate per 1,000 population	0.06	1.36	0.90

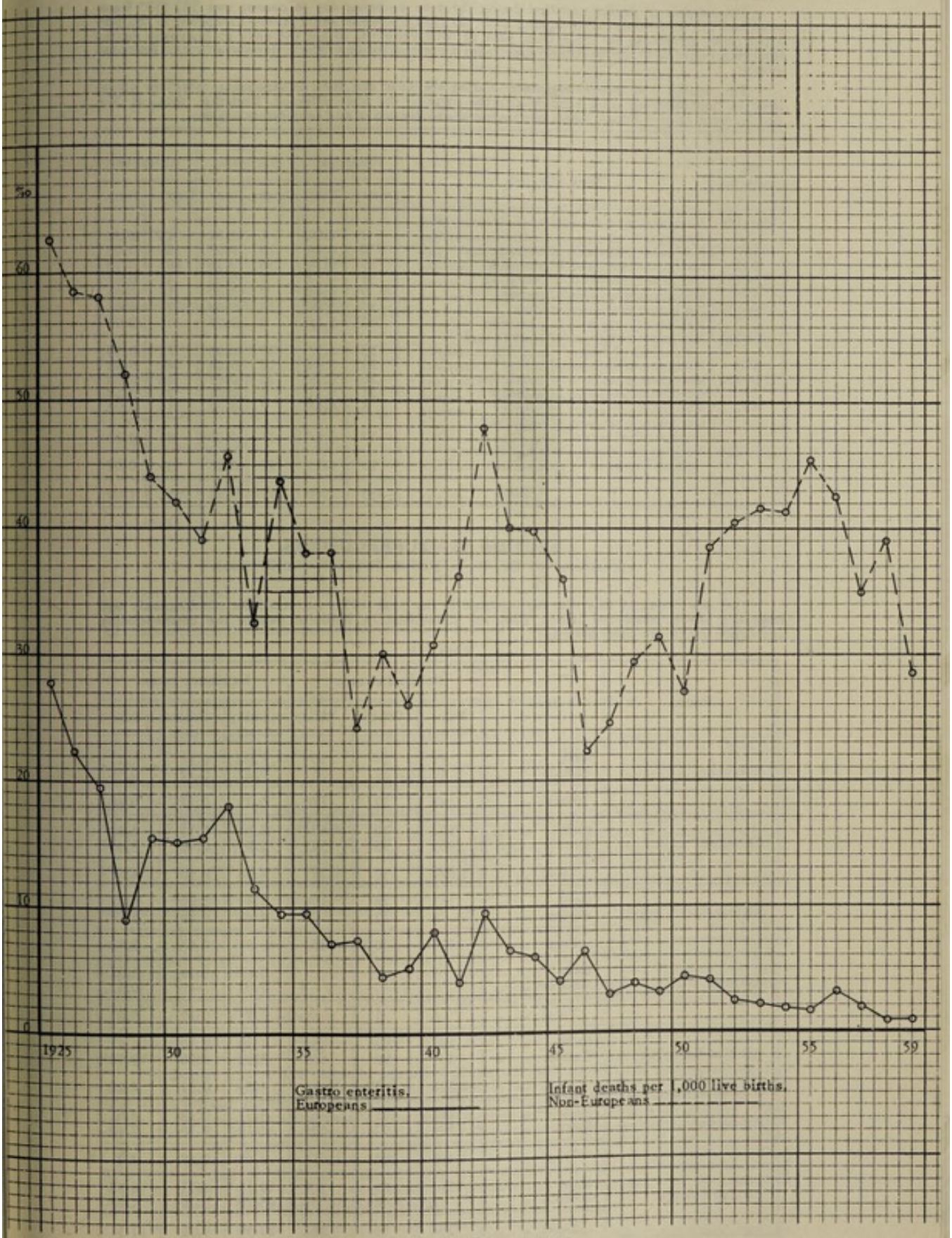
Of the 465 non-European deaths from diarrhoea and enteritis, 165 occurred in Ward 8 (including 137 in the district of Windermere), 82 in Ward 10, 95 in Ward 15, and 123 in the rest of the city. 98.9 per cent of the deaths were under 5 years of age, i.e. 350 under one year, 95 between one and two years, and 15 between two and five years of age. Compared with the previous year, the decrease in deaths occurred mainly in the district of Windermere and in Ward 10.

These figures constitute a substantial decline in mortality from this disease. Presumably the decline in the Windermere area is partly due to the emigration of Africans from this area to the Nyanga African Township during the year, but the position in Ward 10 where there are large new Council housing schemes can be regarded with some degree of satisfaction.

Infant deaths from diarrhoea and enteritis for a series of years:—

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	180
1951–52	7	2	211	206	218	208
1952–53	4	3	236	204	240	207
1953–54	1	5	222	209	223	214
1954–55	4	2	255	226	259	228
1956	8	3	251	195	259	198
1957	4	1	211	204	215	205
1958	—	1	213	239	213	240
1959	—	1	182	168	182	169

The seasonal character of diarrhoea and enteritis is shown in Table C, on page 80.


70
60
50
40
30
20
10
0
1925
30
35
40
45
50
55
59
Gastro enteritis.
Europeans
Infant deaths per 1,000 live births.
Non-Europeans

CANCER.

In accordance with the 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 as being due to cancer was 552 (335 European and 217 non-European) compared with 529 (315 European and 214 non-European) in the previous year. Reference to Table D on page 81 will show the slight increase in European deaths from this cause over the past ten years, with a correspondingly slight decrease in non-European deaths.

The deaths from cancer registered during the year and the corresponding rates are classified in the following table according to the parts of the body affected. Half the total of 552 deaths were caused by 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	7	0.04	6	0.02	13	0.02
150	Malignant neoplasm of oesophagus	8	0.04	10	0.03	18	0.03
151	Malignant neoplasm of stomach	45	0.23	56	0.16	101	0.18
152–153	Malignant neoplasm of intestine	34	0.17	7	0.02	41	0.07
154	Malignant neoplasm of rectum	9	0.05	7	0.02	16	0.03
155–156	Malignant neoplasm of liver	12	0.06	15	0.04	27	0.05
157	Malignant neoplasm of pancreas	11	0.06	4	0.01	15	0.03
162–163	Malignant neoplasm of trachea and bronchus of lung	53	0.27	19	0.05	72	0.13
170	Malignant neoplasm of breast	28	0.04	14	0.04	42	0.08
171–172	Malignant neoplasm of cervix uteri	20	0.10	26	0.07	46	0.08
177	Malignant neoplasm of prostate	21	0.11	2	0.01	23	0.04
181	Malignant neoplasm of bladder	8	0.04	7	0.02	15	0.03
—	Malignant neoplasm of other and unspecified sites	57	0.29	27	0.08	84	0.15
200–205	Neoplasms of lymphatic and haematopoietic tissues	22	0.11	17	0.05	39	0.07
	Total	335	1.70	217	0.61	552	1.00

SECTION VI.—TUBERCULOSIS.

(Prepared by Dr. W. L. Hoole, Tuberculosis Officer).

The new cases of this disease reported in the year 1959, corrected for misdiagnosis and imported cases, numbered 1,988. They are classified in Table A, where the corresponding incidence rates are also shown:—

TABLE A.

Race.	Sex.	Notified cases.			Incidence rates.		
		Pulmonary.	Other forms.	All forms.	Pulmonary.	Other forms.	All forms.
European	Male	99	10	109	1.06	0.11	1.17
	Female	49	12	61	0.47	0.12	0.59
	Total	148	22	170	0.75	0.11	0.86
Coloured	Male	602	72	674	4.31	0.51	4.82
	Female	465	78	543	2.91	0.49	3.40
	Total	1,067	150	1,217	3.56	0.50	4.07
African (not Langa)	Male	161	18	179	5.32	0.60	5.92
	Female	78	12	90	4.44	0.68	5.12
	Total	239	30	269	5.00	0.63	5.63
Asiatic	Male	4	1	5	0.83	0.21	1.04
	Female	2	—	2	0.62	—	0.62
	Total	6	1	7	0.75	0.12	0.87
All Non-European	Male	767	91	858	4.39	0.52	4.91
	Female	545	90	635	3.02	0.50	3.52
	Total	1,312	181	1,493	3.69	0.51	4.20
All races	Male	866	101	967	3.23	0.38	3.61
	Female	594	102	696	2.10	0.36	2.46
	Total	1,460	203	1,663	2.65	0.37	3.01
African (Langa)	Male	214	15	229	10.11	0.71	10.82
	Female	50	3	53	13.26	0.79	14.05
	Total	264	18	282	10.59	0.72	11.31
African (Nyanga West)	Male	14	1	15			
	Female	26	2	28			
	Total	40	3	43			

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

TABLE B.

Race.	Sex.	Deaths.			Death rates.		
		Pulmonary.	Other forms.	All forms.	Pulmonary.	Other forms.	All forms.
European	Male	20	1	21	0.21	0.01	0.22
	Female	11	1	12	0.11	0.01	0.12
	Total	31	2	33	0.16	0.01	0.17
Coloured	Male	86	16	102	0.62	0.11	0.73
	Female	40	14	54	0.25	0.09	0.34
	Total	126	30	156	0.42	0.10	0.52
African (not Langa)	Male	8	5	13	0.26	0.17	0.43
	Female	8	—	8	0.46	—	0.46
	Total	16	5	21	0.33	0.10	0.44
Asiatic	Male	4	1	5	0.83	0.21	1.04
	Female	—	—	—	—	—	—
	Total	4	1	5	0.50	0.12	0.62
All Non-European ..	Male	98	22	120	0.56	0.13	0.69
	Female	48	14	62	0.27	0.08	0.34
	Total	146	36	182	0.41	0.10	0.51
All races	Male	118	23	141	0.44	0.09	0.53
	Female	59	15	74	0.21	0.05	0.26
	Total	177	38	215	0.32	0.07	0.39
African (Langa) ..	Male	13	1	14	0.61	0.05	0.66
	Female	1	3	4	0.27	0.79	1.06
	Total	14	4	18	0.56	0.16	0.72

NOTIFICATIONS.

There was an increase of 37 persons in the total notified in 1959 as suffering from tuberculosis in all its forms compared to 1958.

The total number of newly discovered cases was 1,988: it had fallen from 2,313 to 1,951 during the two previous years. Fortunately this increased total was due to an excess of 88 non-pulmonary forms of tuberculosis over the previous year: composed of 16 European and 72 non-European it was not a real increase and will be discussed later. New cases of pulmonary tuberculosis, which is the only form responsible for the spread of the disease and therefore the only form the department is called upon to control, were reduced by 51. This improvement occurred entirely in non-Europeans, amongst whom a reduction of 81 Africans and 6 Asiatics was offset by an increase of 36 Coloureds. The non-European reduction was therefore predominantly due to African and still further analysis of Table A shows that this was due to urban Africans, who provided 130 fewer cases whilst the Langa and Nyanga West villages provided 49 more cases than 1958. These changes must, in fact, be attributed to the movement of Africans from the slums to the locations, particularly to the recently built settlement of Nyanga West, where a new clinic was responsible for the discovery of 40 of the excess cases since its opening in April, 1959.

In this fashion tuberculosis has moved with the African population from the city slums to the boundary villages of Langa and Nyanga but this move has seemingly been accompanied by an improvement in regard to pulmonary tuberculosis. However it is probable that tuberculosis has been exported to the Native territories in greater numbers by the flight of the workless and itinerants from the city. There are obvious difficulties in estimating the current population of urban Africans and it would be naive to accept fully the diminished incidence of this group from 822 to 500 per 100,000 as published.

Amongst Europeans, pulmonary tuberculosis continues to be found in twice as many males as females and at older ages.

The annual crop of new cases is composed of over 67 per cent males in Europeans, the proportion is 56 per cent in Coloureds and in Africans it is 67 per cent outside Langa and 81 per cent in the village: the latter figure loses significance owing to the present barrack-system which creates a predominantly male society. The ratios in other groups give some indication as to how the available hospital beds should be allocated and where new cases should be mainly sought. For instance, the proportion of men attending the non-European sessions at the Mass Radiography section is 52 per cent and as this service is running to capacity, an increased attendance of men could only be obtained at the expense of women workers who now accept their annual X-Ray as part of their working lives, largely in response to the co-operation of the employers and unions especially in the Clothing Industry.

The small reduction of notifications of pulmonary tuberculosis is more encouraging than it appears as it occurred in an ever-increasing population and in the face of sustained effort in case-finding.

Reference to Table A indicates that the incidence of pulmonary tuberculosis in the Municipal area excepting the two African villages of Langa and Nyanga West, fell from 292 to 265 per 100,000 following an increase in the estimated population of 17,490.

The total number of persons attending the clinics for diagnosis for the first time was 11,499 in 1959 compared with 11,432 in 1958. This figure does not include the large number who return to the clinics after an absence of several years for re-investigation and therefore does not accurately represent the amount of new work during the year. These returners are included in the 135,018 persons who have attended during the past 20 years and remain on the books for all time. Individuals attending for the first time are increasingly derived from new municipal settlers and annual crops of children, and these numbers as listed in these reports must at some time logically diminish. Experience shows that there is an immediate falling-off of new attendances when the staff of Health Visitors is reduced by illness or delay in new appointments.

The incidence rates give a more accurate view of the present state of tuberculosis in Cape Town.

Amongst Europeans and Coloureds the discovery rates of pulmonary tuberculosis are practically unchanged: it has been shown in previous reports that the rise in the gross numbers of annually discovered cases is associated with an increased search for pulmonary tuberculosis in children. Table C shows that the proportion of children under 10 years of age in the total non-European notifications of pulmonary tuberculosis had increased to 36 per cent compared with 32 per cent in the previous year, whilst the proportion of adult and adolescent tuberculosis, where the damage is done, was reduced from 65 per cent to 61 per cent.

It has already been noted that the considerable reduction in the incidence of pulmonary tuberculosis amongst urban Africans has followed the shift to the locations and elsewhere.

The incidence of pulmonary tuberculosis amongst all non-Europeans has fallen during the year under report from 417 to 369 per 100,000: each year since 1957 this figure has provided a "new low". For the entire City with a population of 551,710 the incidence of pulmonary tuberculosis has fallen from 292 to 265 per 100,000, and of tuberculosis in all its forms from 314 to 301. It must be recorded that this small decrease would have been much greater had the rates for non-pulmonary tuberculosis not been artificially raised from 22 to 37 per 100,000 by the sudden enthusiasm of one of the busiest Dispensaries in notifying an accumulation of cases. The extra 86 notifications mainly consisted of orthopaedic and glandular cases.

TABLE C.

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

1954–55.

Age Group.	Non-European.			
	Male.		Female.	
	No.	%	No.	%
0–1 year ..	29	3.4	43	5.8
1–2 years ..	73	8.5	64	8.6
2–5 " ..	102	11.9	99	13.3
5–10 " ..	71	8.3	57	7.7
10–15 " ..	11	1.3	17	2.3
15–25 " ..	130	15.2	198	26.6
25–35 " ..	157	18.3	131	17.6
35–45 " ..	125	14.6	69	9.3
45–55 " ..	87	10.2	36	4.8
55–65 " ..	50	5.8	22	3.0
65–75 " ..	14	1.6	5	0.7
75 " ..	8	0.9	2	0.3
Total ..	857	100	743	100

1959.

Age Group.	Non-European.			
	Male.		Female.	
	No.	%	No.	%
0–1 year ..	32	4.2	36	6.6
1–2 years ..	48	6.3	47	8.6
2–5 " ..	98	12.8	106	19.4
5–10 " ..	54	7.0	51	9.4
10–15 " ..	18	2.3	19	3.5
15–25 " ..	96	12.5	127	23.3
25–35 " ..	141	18.4	78	14.3
35–45 " ..	124	16.2	47	8.6
45–55 " ..	87	11.3	9	1.7
55–65 " ..	49	6.4	14	2.6
65–75 " ..	13	1.7	8	1.5
75 " ..	7	0.9	3	0.5
Total ..	767	100	545	100

TABLE D.

	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
1954–55 ..	126	72	15	8	1·39	0·72	0·16	0·08
1956	111	61	6	6	1·21	0·60	0·07	0·06
1957	123	61	7	5	1·33	0·60	0·08	0·05
1958	93	55	3	3	1·00	0·54	0·03	0·03
1959	99	49	10	12	1.06	0.47	0.11	0.12
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
1954–55 ..	857	743	112	116	6·07	5·07	0·79	0·79
1956	898	717	99	95	5·92	4·57	0·65	0·60
1957	978	728	82	81	6·15	4·43	0·52	0·49
1958	803	609	52	59	4·82	3·54	0·31	0·34
1959	767	545	91	90	4.39	3.02	0.52	0.50

TABLE E.

	Notifications (City).				Total.	Langa.		Nyanga West.	
	European.		Non-European.						
	M.	F.	M.	F.		M.	F.	M.	F.
Meninges	1	2	22	18	43	4	—	1	—
Abdominal*	—	1	5	5	11	—	—	—	—
Bones and joints	3	1	26	22	52	9	1	—	1
Glands	5	6	22	17	50	1	1	—	—
Genito-urinary system ..	1	2	1	11	15	—	—	—	—
Disseminated	—	—	12	15	27	1	1	—	—
Other organs	—	—	3	2	5	—	—	—	1
Total	10	12	91	90	203	15	3	1	2

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

DEATHS.

The death rates per 1,000 population from pulmonary and non-pulmonary tuberculosis (corrected) are shown below for each racial group during the past 5 years:—

TABLE F.

Race.	Pulmonary tuberculosis.					Tuberculosis, other forms.				
	1959	1958	1957	1956	1954–55	1959	1958	1957	1956	1954–55
European	0.16	0.17	0.13	0.11	0.14	0.01	0.01	0.02	0.03	0.03
Coloured	0.42	0.50	0.64	0.58	0.87	0.10	0.12	0.20	0.15	0.28
Native	0.33	1.05	0.95	0.66	1.25	0.10	0.18	0.21	0.35	0.53
Asiatic	0.50	0.13	0.13	0.13	0.41	0.12	0.13	—	0.13	—
Non-European	0.41	0.56	0.66	0.58	0.90	0.10	0.13	0.20	0.18	0.31
All races	0.32	0.42	0.46	0.40	0.60	0.07	0.09	0.13	0.12	0.19

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

TABLE G.

	Deaths (City).				Total.	Langa.
	European.		Non-European.			
	Male.	Female.	Male.	Female.		
Tuberculosis, meningeal	1	—	14	7	22	2
" abdominal	—	1	—	—	1	1
" of bones and joints ..	—	—	—	—	—	—
" of genito-urinary system	—	—	—	3	3	—
" disseminated	—	—	7	4	11	1
" of other organs	—	—	1	—	1	—
Total	1	1	22	14	38	4

TABLE H.

	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
5 " " 31st Dec. 1956	0·20	1·70	1·09
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
1 " " " " 1955	0·17	1·21	0·80
Calendar year 1956	0·13	0·76	0·52
" " 1957	0·15	0·87	0·60
" " 1958	0·18	0·69	0·51
" " 1959	0·17	0·51	0·39

215 (270) persons were certified during the year to have died of tuberculosis. The figures in brackets refer to the corresponding numbers in 1958. Pulmonary tuberculosis was responsible for the death of 177 (224) persons of all races, of which 146 (191) were non-European and 31 (33) were European, and the death rates per 100,000 were 16 (17) in Europeans and 41 (56) in non-Europeans. It is inspiring to those engaged in local anti-tuberculosis work to recollect that 10 years ago the death rates were 35 in Europeans and 398 in non-Europeans.

To avoid undue optimism, it has to be conceded that whilst the Coloured population showed an appreciable reduction in mortality from pulmonary tuberculosis, the extravagant fall amongst urban Africans from 105 to 33 per 100,000 cannot be accepted as accurate. The return of sick Africans with pulmonary tuberculosis to their homes in the country has consistently falsified their mortality figures and 1959 has seen an exaggeration of this movement and its consequent error whereby the urban African is credited with the lowest death rate amongst the diversity of non-Europeans to the extent that the rate for males (26) approaches that of European males (21). What we gain by this swing in Cape Town is lost in the rondavels of the Transkei.

There are striking contrasts in the death rates of men and women. In keeping with their greater susceptibility, in both main race groups it is twice as high in men, but in non-Europeans, women recover in greater numbers. This capacity to survive may provide some rewarding deductions. Women are still less burdened financially in their responsibilities towards their families and thereby more free to undertake prompt and prolonged treatment, but they may also be more logical in their attitude and certainly less often prejudice their chances to recover by resorting, in their anxieties, to alcohol. It is now universally recognised that financial aid to dependents is paramount in any determined public effort to combat tuberculosis and although both official and lay organisations have increased their contributions for this purpose, the co-operation of the patient is still jeopardised by delay and inadequacy. These reflections are prompted by a conviction that medically no one ought to die from pulmonary tuberculosis in the present era of social welfare and chemotherapy. There has usually been some intransigience or folly at some stage in the therapeutic past: time, patience and experience are needed to impose the correct attitude and the will to win. However the catastrophic elimination of youth by "consumption" has now ceased in Cape Town as it has already done in most modern cities of the Western world, and analysis shows that the majority of deaths occur in the older age groups.

Of the total 31 European deaths, only 2 are recorded under the age of 35 years and 18 were over the age of 55. This feature is not so marked in non-Europeans who have in general a lower longevity, only 16 deaths occurred under the age of 25 years and 35 were over the age of 55. The majority of deaths occurred in the years of greatest producibility and experience in the technical sense, and when family responsibilities were heaviest. The onslaught on the age-group 25-35 remains an economic and personal disaster, and must partially be debited to late discovery of the disease and the misapplication of therapy, whereby the victims, too often from individual default, are carried over to the chronic and usually infectious stage.

Deaths from pulmonary tuberculosis, according to age.

	0-15 years	15-25 years	25-35 years	35-55 years	55 years and over	Total
European	—	—	2	11	18	31
non-Eur.	10	6	29	66	35	146

This "Survival without Recovery" provides a pool of infection which is almost wholly responsible for the spread of tuberculosis. It is certainly responsible for the incidence and mortality from tubercular meningitis, which is shown by reference to tables E and G to have produced 48 new cases and 24 deaths in 1959. This is a reduction of 7 and 15 respectively from the previous year, and there are three forces at work which will continue gradually to reduce this maiming disease. (1) B.C.G. vaccination. (2) Pre-natal mass radiography, whereby pulmonary tuberculosis is revealed for the first time in the mother and can be rendered sub-active and even non-infectious before the time of confinement. (3) The discovery and treatment of primary tuberculosis in infants and children. 34 of the 48 cases of tubercular meningitis were under the age of 5 years, and 13 were under 12 months. This latter group is ordinarily not encouraged to attend a tuberculosis clinic.

Only if the child is found and treated in an early stage can he or she avoid the dreadful sequelae of paralysis and cerebral damage. It can therefore be seen that the reduction of mortality by over one-third, however creditable, has been attained at the expense of more maimed and defective children.

It behoves every family doctor to be alert to the significance of the early symptoms of tubercular meningitis: in no other medical emergency is prompt diagnosis more essential and treatment more rewarding than in these difficult cases.

A case of tubercular meningitis needs an average of twelve months treatment in hospital. No field of prevention yields greater reward: the six less cases reported this year has saved 2,190 patient-days in hospital, and this would have cost some £3,500.

The position would also be improved if the responsibility for the treatment of tubercular meningitis was firmly laid on a particular authority or medical unit: at present all general hospitals tend to reject these cases as they block a bed for 12 months.

ANTI-TUBERCULOSIS CENTRES.

TABLE I.

	New Consultations.						
	1959	1958	1957	1956	1954–55	1953–54	1952–53
Cape Town:							
Eur. ..	1,450	1,415	1,643	1,774	2,108	2,247	2,476
Non-Eur. ..	3,686	3,548	3,991	4,475	5,162	5,258	5,221
Total ..	5,136	4,963	5,634	6,249	7,270	7,505	7,697
Wynberg:							
Eur. ..	616	688	710	737	677	950	1,034
Non-Eur. ..	1,872	1,798	1,868	1,830	1,801	1,769	1,777
Total ..	2,488	2,486	2,578	2,567	2,478	2,719	2,811
Windermere:							
Eur. ..	–	–	–	–	–	–	–
Non-Eur. ..	1,277	1,183	1,018	902	680	760	676
Total ..	1,277	1,183	1,018	902	680	760	676
Athlone:							
Eur. ..	–	–	1	5	–		
Non-Eur. ..	1,821	2,118	2,067	1,568	592		
Total ..	1,821	2,118	2,068	1,573	592		
Langa:							
Non-Eur. ..	593	682	383				
Nyanga:							
Non-Eur. ..	184						
Total:							
Eur. ..	2,066	2,103	2,354	2,516	2,785	3,197	3,510
Non-Eur. ..	9,433	9,329	9,327	8,775	8,235	7,787	7,674
Total ..	11,499	11,432	11,681	11,291	11,020	10,984	11,184
	Total Attendances.						
Cape Town:							
Eur. ..	4,916	4,849	5,513	5,913	6,155	6,230	5,937
Non-Eur. ..	17,245	17,199	18,213	19,464	21,618	19,405	17,854
Total ..	22,211	22,048	23,726	25,377	27,773	25,635	23,791
Wynberg:							
Eur. ..	2,166	2,289	2,186	2,032	2,093	2,476	2,472
Non-Eur. ..	7,670	7,848	7,972	8,448	7,542	7,043	6,788
Total ..	9,786	10,137	10,158	10,480	9,635	9,519	9,260
Windermere:							
Eur. ..	–	–	–	–	–	–	–
Non-Eur. ..	8,586	7,574	6,544	5,898	4,381	3,856	3,033
Total ..	8,586	7,574	6,544	5,898	4,381	3,856	3,033
Athlone:							
Eur. ..	–	2	3	5	–		
Non-Eur. ..	9,637	9,593	8,761	5,788	1,747		
Total ..	9,637	9,595	8,764	5,793	1,747		
Langa:							
Non-Eur. ..	4,091	3,023	1,134				
Nyanga:							
Non-Eur. ..	951						
Total:							
Eur. ..	7,082	7,140	7,702	7,950	8,248	8,706	8,409
Non-Eur. ..	48,180	45,237	42,624	39,598	35,288	30,304	27,675
Total ..	55,262	52,377	50,326	47,548	43,536	39,010	36,084

No of sessions:–

Cape Town	487
Wynberg	245
Athlone	249
Windermere	173
Langa	101
Nyanga West	37
	1,292

There are now six well-sited clinics, to which local residents can be referred for diagnosis and treatment. The central building at Chapel Street has been in use since January, 1941, and now provides separate offices for the four permanent medical officers. Dental attention for tuberculosis patients is provided at Spencer Road, Salt River, and recent improvements in the accommodation for Mass Radiography have been referred to elsewhere. Cape Town has conservatively adhered to the use of radioscopy, which is available at four of the six clinics, on the grounds that (1) it provided an immediate diagnosis in a large proportion of first attenders whereby patients, general practitioners and employers can be promptly informed as to the capacity for work and the need for therapy and financial aid, and (2), it reduces expenditure. Efficiency is not sacrificed as the intermediate group between the obviously established case and the perfectly clear are referred at some delay to the two main local tuberculosis hospitals, where all facilities for radiography are available. Evening sessions are held until 7.30 p.m. for the benefit of those who have continued or returned to work. The weekly sessions number 25, plus three evening sessions per month.

During the year there were 55,262 attendances, a figure which has increased annually since 1945: a doctor has dealt with every one of these attendances and the total should be increased by the inclusion of 46,962 attendances for injections carried out by the nursing staff to 102,224. It is particularly satisfactory to note that there has been a considerable increase of first attenders at Windermere, where despite the building of the new village of Factreton, the majority of inhabitants still live in adverse circumstances. This response must be mainly credited to the energy and experience of a senior health visitor who has been responsible for this discouraging area since a squalid cottage was adapted as a clinic in 1944.

AMBULATORY TREATMENT.

Centre.	Injections.				Total.
	European.		Non-European.		
	Males.	Females.	Males.	Females.	
Chapel Street	1,755	399	12,090	3,083	17,327
Wynberg	388	114	1,632	1,089	3,223
Windermere	–	–	3,547	3,293	6,840
Athlone	–	–	6,895	1,401	8,296
Langa	–	–	8,314	2,545	10,859
Nyanga	–	–	206	211	417
Total	2,143	513	32,684	11,622	46,962

SCREENINGS.

Centre.	Europeans.		Non-Europeans.		Total.
	Males.	Females.	Males.	Females.	
Chapel Street	1,203	1,250	3,444	3,458	9,355
Wynberg	515	605	1,522	1,973	4,615
Windermere	–	–	–	–	–
Athlone	–	–	1,741	2,280	4,021
Langa	–	–	844	413	1,257
Nyanga	–	–	–	–	–
Total	1,718	1,855	7,551	8,124	19,248

P.A.S. AND/OR I.N.H. TREATMENT.

Centre.	New cases.				Total.
	European.		Non-European.		
	Males.	Females.	Males.	Females.	
Chapel Street	68	28	460	236	792
Wynberg	27	17	161	141	346
Windermere	–	–	117	107	224
Athlone	–	–	113	85	198
Langa	–	–	171	54	225
Nyanga	–	–	8	17	25
Total	95	45	1,030	640	1,810

No. of domicilliary injections given: 18,772.

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

TABLE J.

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	30	16	6	2	54	121	95	58	52	326	380
Observation ...	—	—	1	—	1	—	2	1	2	5	6
Not accepted ...	2	3	—	—	5	7	6	3	4	20	25
	32	19	7	2	60	128	103	62	58	351	411
Suspects:											
Notified	56	19	4	1	80	535	202	107	130	974	1,054
Observation ...	5	5	—	2	12	79	47	34	45	205	217
Non-tuberculous	432	511	127	152	1,222	1176	1456	587	540	3,759	4,981
	493	535	131	155	1,314	1790	1705	728	715	4,938	6,252
Contacts:											
Notified	2	3	6	3	14	40	32	119	110	301	315
Observation ...	—	1	—	1	2	12	34	39	60	145	147
Non-tuberculous	156	230	137	153	676	483	1062	988	1165	3,698	4,374
	158	234	143	157	692	535	1128	1146	1335	4,144	4,836
Total	683	788	281	314	2,066	2453	2936	1936	2108	9,433	11,499

Notified cases.

Of the 411 cases who presented themselves as the result of notification, 25 (6 per cent) were found to be non-tuberculous.

Suspects.

This large group attended the clinics on the advice of their doctors, their friends, employers or official social organizations.

Contacts.

This group has always been considered the most profitable field in the search for tuberculosis: from a practicable point of view it applies mainly to children who fortunately attended in large numbers, which as previously explained provide an increasing proportion of total new cases discovered during the year.

Last year in Europeans, 317 adults produced 1.9 per cent, and 280 children 2.1 per cent. In non-Europeans, 1,406 adults yielded 3.3 per cent, and 2,270 children 7.4 per cent.

In 1959 the corresponding percentage yields were Europeans 1.3 and 3.0, and in the non-Europeans examined 4.3 and 9.2.

The increased number of new cases found by the examination of contacts in non-European homes, both in adults and children, is disturbing and suggests that the hazard of tuberculosis in the family circle is being augmented by the retention of infectious cases within the home for the purpose of domiciliary treatment. The dangerous results of failure in this field have already been referred to as survival without recovery and the vulnerability of non-European children forced to remain exposed to these lethal fathers or mothers is shown to be considerable by a comparison of the incidence amongst child contacts (92) and that of the general non-European population (4).

Further support of this threat can be derived from the experience of the mass radiography service which suggests that whilst the total notifications of pulmonary tuberculosis remain approximately unchanged, the disease is disappearing in those factories who have sent their personnel regularly for examination, and eliminated infection in the workroom by the pre-employment X-ray of new entrants. The old adage that tuberculosis is usually contracted in the home and seldom cured there has not lost all force.

SOURCES OF NOTIFICATION.

The sources of notification received during the year (including imported infections, i.e. those now resident in Cape Town and known to have contracted the disease before arrival) were as follows:—

TABLE K.

	Cape Town.	Imported infection.	Langa.	Nyanga.	Outside Cape Town cases.	Total.
Private practitioners	347	38	105	1	4	495
Consultants	1	–	–	–	–	1
	348	38	105	1	4	496
Groote Schuur Hospital	209	16	23	3	18	269
Cape Town Free Dispensary	128	4	2	–	–	134
Wynberg (Victoria) Hospital	12	1	1	–	2	16
Woodstock Hospital	36	–	–	–	–	36
Valkenberg Hospital	9	–	–	–	1	10
Somerset Hospital	54	4	4	3	3	68
Red Cross Hospital	82	9	6	4	5	106
Conradie Hospital	15	–	–	–	–	15
Other Hospitals and Institutions	37	3	2	–	1	43
	582	37	38	10	30	697
City Health Department:						
Anti-Tuberculosis centre	405	17	41	21	–	484
City Hospital	27	2	4	2	14	49
Brooklyn Hospital	1	–	–	–	–	1
Langa Native Hospital	6	1	68	4	2	81
Mass X-ray service	171	12	39	–	–	222
Maternal and child welfare centres	50	2	2	2	–	56
	660	34	154	29	16	893
Port Health Officer	–	–	–	–	1	1
Immigration Officer	–	–	–	–	–	–
Magistrate, Police and District Surgeons	5	1	–	–	1	7
From public mortuaries	26	1	3	–	2	32
Transferred from other Local Authorities:						
Cape Divisional Council	29	43	18	13	131	234
Others	9	25	9	–	13	56
South African Medical Corps	4	–	–	–	6	10
Total	1,663	179	327*	53	204	2,426

*Including 42 imported cases of pulmonary tuberculosis.

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

TABLE L.

	Cape Town.	Imported infection.	Langa.	Nyanga.	Outside Cape Town.	Total.
Attended clinic	1,410	148	292	48	15	1,913
Failed to attend	253	31	35	5	189	513
	1,663	179	327	53	204	2,426
Failure to attend clinic:						
In hospital	109	11	18	4	188	330
Hospital out-patients	27	1	–	–	–	28
Too ill	6	3	1	–	–	10
Died before notification	18	1	2	1	–	22
First advice through death registration	27	3	–	–	1	31
Refusals	6	1	2	–	–	9
Under private care	8	–	–	–	–	8
Untraceable or decamped on notification	52	11	12	–	–	75
Total	253	31	35	5	189	513

The proportion of notifications who attended the clinic was 85 per cent and a further 6 per cent were in hospital *ab initio*.

The non-attenders included a larger proportion of the 224 newly notified persons suffering from non-pulmonary forms of tuberculosis; they are not the primary concern of a preventive service and are cared for elsewhere.

TABLE M.

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
1954–55	2,049	54	2.6	78	3.8
1956	1,993	34	1.7	51	2.6
1957	2,065	22	1.1	47	2.3
1958	1,677	6	0.4	41	2.4
1959	1,663	6	0.4	45	2.7

HOSPITALIZATION.

TABLE N.

	Cape Town.		Langa.		Outside Cape Town cases.
	Local.	Imported infection.	Local.	Imported infection.	
New pulmonary cases notified during the year	1,460	162	264	42	166
Known to have had T.B. positive sputum	354	52	43	9	33
New pulmonary cases admitted to institutions for treatment of tuberculosis	499	34	54	13	165
Proportion of new cases admitted	32.9%		17.0%		
Died before receipt of notification	35	1	2	–	1
Died within 1 month of notification	16	1	1	2	–
Died within 1 to 3 months of notification	12	3	2	–	–
Died within 3 to 6 months of notification	6	1	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 was 1,126 compared to 1,103 last year.

These were admitted to the following institutions :—

TABLE O.

	European.		Non-European.		Total.
	Males.	Females.	Males.	Females.	
Brooklyn Chest Hospital	–	–	350	53	403
Cape FOSA Settlement	–	–	52	2	54
City Hospital	54	27	17	187	285
Dr. Stals Sanatorium	–	–	30	166	196
D.P. Marais Centre	–	–	108	–	108
Fyfe King SANTA Centre	–	–	4	–	4
Glen Grey Mission	–	–	2	1	3
Isolation Hospital, East London	–	–	2	–	2
King George V Hospital	1	–	2	–	3
Lilliesfarm Hostel, Rosetta	1	–	–	–	1
Mat de Jager Settlement, Beaufort West	–	–	1	–	1
Mjanyana Hospital	–	–	12	–	12
Nelspoort Sanatorium	1	–	4	1	6
Sir Henry Elliott Hospital, Umtata	–	–	1	–	1
Tembuland Hospital, Umtata	–	–	3	–	3
West End Hospital, Kimberley	–	–	1	–	1
Westlake Hospital, Retreat	29	9	–	–	38
Other institutions	1	–	3	1	5
Total	87	36	592	411	1,126

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 31st December, 1959, is given below.

TABLE P.

DISTRICT (not Wards).	Pulmonary.			Non-pulmonary (chiefly bones and joints).			Total.
	Eur.	Col.	Nat.	Eur.	Col.	Nat.	
Bakoven, Sea Point, Central Cape Town, Tamboers Kloof, Gardens, Oranjezicht and Vredehoek	332	438	57	14	29	4	874
Old "District Six"	11	813	42	–	55	5	926
Maitland Garden Village, Kensington, Windermere, Brooklyn and Rugby	83	880	448	7	44	14	1,476
Woodstock, Salt River	124	447	18	2	14	–	605
Observatory, Mowbray, Rosebank, Black River, Hazendal and Bokmakirie	136	230	4	4	27	–	401
Rondebosch, Newlands, Claremont, Kenilworth, Wynberg and Wittebome	276	668	49	–	16	–	1,009
Lansdowne, Kromboom Est., Meadows Est., Hampton Est.	62	336	22	2	8	2	432
Plumstead to Clovelly	71	778	315	6	30	11	1,211
Athlone to Surrey Est., Langa	–	844	93	–	34	5	976
Total	1,095	5,434	1,048	35	257	41	7,910

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 engaged in this work is defrayed by the Local Authority.

The work done during the year is as follows:—

Families helped by payment of rent	121
" " " maintenance grants	195
" " " rent and maintenance grants	109
" " " payment of foster-mothers	4
" " " provision of clothing and blankets	85
No. of articles of clothing distributed	220
No. of blankets distributed	24
Almoner:	
Visits paid	646
Interviews given	1,368
New cases	233

Creche. An average of seventy children attend the creche daily. These little ones are the children of tuberculous patients, who themselves show no signs as yet of the disease. The Committee's object is to keep the children in healthy surroundings while the parents are hospitalised or obliged to augment the family income.

A second creche, under the auspices of S.A.N.T.A., was opened in Athlone on 1st July, 1956. There is a visiting medical officer and a staff of six Coloured workers, to whom the department and the public owe a considerable debt for their part in this preventive work. An average of 36 children and infants are cared for each day.

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 Q.

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
" 1954–55	14,668	10,643	19,839	15,877	61,027
" 1956	13,945	10,558	21,664	17,464	63,631
" 1957	13,998	9,837	22,329	20,075	66,239
" 1958	12,681	10,071	23,749	18,949	65,450
" 1959	12,755	8,692	20,963	19,444	61,854

In addition to the 61,854 miniature film examinations made during the year, 1,826 large films were taken, as compared with 2,670 in the previous year.

1,224 persons were recalled for further examination. Of these 374 were found to be suffering from active tuberculosis compared with 463 in the previous year. This represents 0.6 per cent of the 61,854 miniature films examined in the year under review.

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

TABLE R.

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.	M.	F.
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
1954–55	European	13	14	22	15	14	2	14	2	63	33	15	9
	Non-European ..	79	82	110	69	53	15	34	6	276	172	85	23
	All races ..	92	96	132	84	67	17	48	8	339	205	100	32
1956	European	2	5	17	10	8	3	8	2	35	20	9	3
	Non-European ..	52	49	89	54	54	12	40	7	235	122	45	12
	All races ..	54	54	106	64	62	15	48	9	270	142	54	15
1957	European	11	4	12	10	7	2	10	1	40	17	13	4
	Non-European ..	103	93	113	62	79	15	43	8	338	178	75	38
	All races ..	114	97	125	72	86	17	53	9	378	195	88	42
1958	European	8	8	8	3	6	2	10	1	32	14	8	5
	Non-European ..	66	55	116	48	67	11	49	5	298	119	49	17
	All races ..	74	63	124	51	73	13	59	6	330	133	57	20
1959	European	2	4	3	5	7	5	10	1	22	15	3	3
	Non-European ..	44	63	89	43	56	9	32	1	221	116	49	15
	All races ..	46	67	92	48	63	14	42	2	243	131	52	18

Of the 374 new cases of pulmonary tuberculosis discovered, 80 were previously known to the staff of the anti-tuberculosis clinic. A very high proportion of these cases denied having any symptoms and maintained that they were in a very good state of health and well able to carry on with their work.

Fortunately this method of diagnosis reveals the comparatively early and minimal tuberculosis lesion so that treatment in their own homes more often than not suffices.

Cases desiring private medical treatment were referred to their own medical practitioners with full reports.

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 70 extra-municipal cases of tuberculosis were discovered, compared with 77 the previous year. These extra-municipal cases were referred for treatment to the local authority concerned.

Building operations during the year may account for the fall of some 3,600 in the total attendances at the mass radiography service. The technical and office sections remain unchanged, but considerable improvement and extensions were made to the accommodation for patients, who can now be sheltered from inclement weather.

SECTION VII.-VENEREAL DISEASES.

(Dr. L. I. Cohen, Venereal Disease Officer.)

The year under review shows a reduction by 79 of new cases attending the municipal treatment centres compared with the previous year. Three hundred and thirteen European new cases were registered during the year as against 318 for the previous year, while non-European new patients amounted to 3,260 as against 3,334 for the previous year.

The total attendances numbered 13,496 (1,133 European and 12,363 non-European) as compared with 13,375 in 1958, 12,593 in 1957, and 14,048 in 1956.

The number of new cases of syphilis decreased by 36, while cases of congenital syphilis recorded amounted to 21 as against 33 in the previous year.

Table I.

	1959		1958	
	New cases.	Incidence rate.	New cases.	Incidence rate.
Race:				
European	313	1.6	318	1.6
Non-European	3,260	8.6	3,334	9.2
Sex:				
Male	2,631	9.1	2,717	9.7
Female	942	3.3	935	3.4
Disease:				
Syphilis	693	1.2	729	1.3
Syphilis, congenital	21	0.0	33	0.1
Gonorrhoea	2,278	4.0	2,214	4.0
Other venereal diseases	40	0.1	135	0.2
Non-venereal diseases	488	–	483	–
Undiagnosed	53	–	58	–
All new cases	3,573	6.2	3,652	6.5

The true incidence rate for diagnosed cases of venereal disease, that is, the rate obtained by omitting those cases found not to have venereal disease and those remaining undiagnosed was 5.3 per 1,000 population (1.1 European and 7.4 non-European). Last year the true incidence rates were 5.6, 1.2 and 7.9 respectively.

As venereal disease is not one of the notifiable infectious diseases except under certain specific circumstances, it should be realised that these rates are based on the number of individuals treated for venereal disease at the municipal treatment centres.

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
1955	3,208	490,992	6.5
Calendar year 1956	2,855	521,356	5.5
Calendar year 1957	2,846	540,633	5.3
Calendar year 1958	3,111	558,237	5.6
Calendar year 1959	3,032	576,642	5.3

*Excluding non-venereal and undiagnosed cases.

In table III a detailed analysis of all new cases registered in the year 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.	Female.	Male.	Female.		Male.	Female.	Male.	Female.	
1. Seronegative primary syphilis	2	–	32	6	40	59	–	201	38	298
2. Seropositive primary syphilis	3	–	85	11	99	30	–	467	63	560
3. Secondary syphilis	2	4	79	112	197	7	45	398	839	1289
4. Tertiary syphilis (1)	–	–	11	17	28	–	5	127	136	268
5. Endosyphilis (2)	–	3	27	289	319	–	30	230	1039	1299
6. Neurosyphilis	–	–	8	2	10	6	–	68	20	94
7. Congenital syphilis (under 1 year)	–	–	3	9	12	–	–	42	61	103
8. Congenital syphilis (over 1 year)	–	–	1	8	9	–	9	12	96	117
Total syphilis	7	7	246	454	714	102	89	1545	2292	4028
9. Gonorrhea	179	19	1887	171	2256	540	71	5830	451	6892
10. Gonococcal vulvovaginitis	–	2	–	18	20	–	36	–	101	137
11. Gonococcal ophthalmia	–	–	–	2	2	–	–	–	4	4
Total gonorrheal infections	179	21	1887	191	2278	540	107	5830	556	7033
12. Ulcus molle	1	–	33	3	37	2	–	42	13	57
13. Lymphopathia venereum	–	–	2	–	2	–	–	13	–	13
14. Granuloma venereum	–	–	–	1	1	–	–	–	1	1
15. Venereal warts	–	–	–	–	–	–	–	–	–	–
16. Phagedaena	–	–	–	–	–	–	–	–	–	–
Total venereal diseases	187	28	2168	649	3032	644	196	7430	2862	11132
17. Non-venereal disease	56	17	133	228	434	71	39	147	336	593
18. Non-gonococcal urethritis	17	2	33	2	54	37	10	74	16	137
19. Reiter's disease	–	–	–	–	–	–	–	–	–	–
20. Undiagnosed	4	2	33	14	53	67	69	645	853	1634
Grand Total	264	49	2367	893	3573	819	314	8296	4067	13496

(1) Clinically recognizable.

(2) Diagnosed on result of serological test alone.

The following table is designed to show the number of cases registered at the municipal treatment centres over a period of eleven years. It will be seen from this table that the number of cases of syphilis continues its downward trend. Since 1950, gonorrhoea among Europeans has remained unchanged, but the steady increase of incidence in the non-European group has continued.

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
1954–55	1	—	5	45	15	12	290	506	175	12	1,840	90	53	1	111	52	112	11	183	191	3,705
1956 ..	—	—	5	29	10	6	252	480	145	4	1,784	86	2	—	49	3	122	20	303	302	3,602
1957 ..	—	2	6	16	7	5	237	378	122	9	1,826	154	6	—	69	9	87	17	242	272	3,464
1958 ..	—	1	11	21	21	7	265	436	179	9	1,857	169	10	—	117	8	67	24	190	260	3,652
1959 ..	—	—	4	17	7	7	242	437	179	21	1,887	191	1	—	35	4	77	21	199	244	3,573

MUNICIPAL TREATMENT CENTRES.

Four municipal treatment centres continue to function for free advice and treatment of venereal disease, i.e. at the City Infectious Diseases Hospital, Salt River, Wynberg and Windermere. During the year, 25 medical sessions (6 European and 19 non-European) were held each week.

Table V shows the number of new cases registered at the various municipal treatment centres, together with the number of attendances or consultations held. It should be noted that male and female sessions for Europeans and non-Europeans are held at the City Hospital and Wynberg centres, male and female sessions for non-Europeans together with a European female session at Salt River, and male and female sessions for non-Europeans only at Windermere.

TABLE V.

Centre.	Sessions.	New cases.	Attendances.
City Hospital, Portswood Road	399	1,017	3,384
Salt River	350	1,348	5,269
Wynberg	202	753	3,368
Windermere	150	256	940
Pre-natal clinics (at child welfare centres)...	—	199	535
Total	1,101	3,573	13,496

VENEREAL DISEASE CONTACTS.

Fifty six contacts were reported to the Medical Officer of Health during the year compared with 66 in the previous year. This figure is far from satisfactory when one considers the number of cases registered for investigation and treatment was 3,573. This implies that a large reservoir of undetected and untreated cases of venereal disease continues to exist in this city.

TABLE VI.

Number of contacts reported	56
Number of such contacts who reported for examination	34
Number of those who attended found to be suffering from a venereal disease	34

During the year under review, nurse/visitors paid 999 visits to defaulting female patients and 3,896 letters were sent to defaulting male patients. Forty six patients were referred to the Magistrate under the Public Health Act No. 36 of 1919.

PATHOLOGICAL EXAMINATIONS.

In order to establish an early diagnosis, microscopic examinations of all discharges are carried out at all clinic sessions. In addition serological (Kahn) tests for syphilis are performed once a week at the City Hospital. Pathological examinations carried out in the venereal diseases Branch during the year were as follows:

TABLE VII.

	Positive.	Negative.	Doubtful.	Total.
Number of dark-ground examinations for Sp. Pall	218	89	—	307
Number of smear examinations for gonococci	1,898	68	—	1,966
Number of blood sera tested by Kahn test	233	201	26	460

SECTION VIII.—CITY HOSPITALS.

(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 African Hospital, at Langa African Township.

Each of these institutions will be dealt with in its special section. The staff at these hospitals is shown on page 77.

CITY HOSPITAL FOR INFECTIOUS DISEASES, PORTSWOOD ROAD.

The hospital provides accommodation for 518 patients. In spite of the venereal disease wards having been taken over entirely for infectious diseases, isolation facilities for Coloured patients remain desperately short. 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 31st December, 1959, consisted of the medical superintendent, deputy medical superintendent, three resident medical officers and three house physicians.

HOSPITAL STATISTICS.

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

Disease.	From Cape Town Municipality.		From outside Municipality.	
	European.	Non-European.	European.	Non-European.
Measles	0.7	3.6	0.5	3.8
Acute poliomyelitis	1.3	3.2	1.9	4.1
Cerebrospinal fever	0.4	0.7	0.3	1.2
Diphtheria	2.0	8.7	3.6	11.2
Enteric fever	0.5	3.6	0.3	5.5
Scarlet fever	7.8	1.1	2.0	0.2
Whooping cough	—	2.7	0.2	1.6
Tuberculosis, pulmonary ...	47.2	352.7	9.2	102.2
Tuberculosis, other forms ...	0.2	43.2	1.9	21.8
Other diseases	3.9	7.8	2.5	4.9
Total	64	427	22	157

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	1954–55	1956	1957	1958	1959
404·6	420·5	393·6	379·2	349.1	353.8

Patients treated in City Hospital during the year:—

	European.		Non-European.		Total
	M.	F.	M.	F.	
Patients in hospital 31st Dec., 1958	36	34	84	170	324
Admitted	303	267	508	688	1,766
Discharged	260	264	470	628	1,622
Died	8	7	42	43	100
In hospital 31st December, 1959 ...	71	30	80	187	368

X-RAY DEPARTMENT AND CLINICAL ROOM.

This department is available not only for in-patients but also for out-patients from this and other hospitals, and for cases referred from the tuberculosis clinic. The work done during the year is indicated in the following table:—

Clinical room:

Total attendances:

Europeans	572
Non-Europeans	860
In-patients	833
Out-patients	599

Examinations and treatments:

Screenings	913
Refills	256
Surgical consultations	564
Blood sedimentation	6
Shick Tests	228
Special injections (bronchograms)	123
Other injections	1,560

X-ray department:

X-rays	14,696
Miniature X-rays (Odelco)	1,532
Bronchograms	123
Tomograms	111
Special X-rays	164

Operating Theatre.

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

Amputation of leg	1
Appendicectomy	2
Biopsy from chest	1
Bronchoscopy	2
Curettage of Tub. cervical abscess	1
Drainage of abscess	3
Dilatation and curettage	3
Evacuation of uterus	2
Excision of axillary sarcoma mass	1
Excision of lymph nodes	1
Incarcerated hernia plus undescended testis	1
Incision of abscess	2
Intestinal obstruction	1
Intussusception	1
Manipulation of fractured arm	1
Perforation of small bowel	1
Therapeutic abortion	3

The year at the City Infectious Diseases Hospital has been marked by the fact that a serious shortage of infectious diseases trained staff continued to exist. While this institution serves as a training school for nurses desirous of obtaining their Infectious Diseases Certificate and has usually a reasonably full quota of nurses in training, these individuals do not materially assist in replacing the permanent staff who leave or are placed on superannuation.

Dental Clinic.

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

During the year under report 156 patients attended for dental treatment. Further details are shown in the table on page 36.

BROOKLYN CHEST HOSPITAL.

This institution with its medical and nursing staff is under the general supervision of the Medical Superintendent of Hospitals, and is dependent on the City Hospital for dispensary and laundry services only.

The total bed state of this hospital is 330 beds, included in which are 22 beds (11 male and 11 female) for surgery.

The average daily number of in-patients during the year was 316.

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

In all, 132 open chest operations were done during the year. There has been a significant increase in the number of segmental resections. There has again been an increase in the number of general operations, with those on the gastro-intestinal tract predominating.

There has been a slight increase in the amount of collapse therapy over the figure of last year.

All patients are assessed for occupational therapy shortly after admission and are started on work as soon as they are considered fit.

Due to lack of suitable accommodation, no exhibition of work was held.

Development.

On 7th January, 1959, two new wards were opened — Ward 4 of 21 adult beds and Ward 3 of 13 adult beds. This latter ward has been used throughout the year as a post-operative ward where males are sent after chest surgery. This procedure has isolated these cases from the general wards and has reduced the risk of re-infection.

In January the contractors arrived to start work on the laundry. The main building was complete except for electrical fittings, final floor covering and machinery, by the middle of December. The boilerhouse at this time was not so far advanced.

Throughout the year, clearing of bush below the Surgical ward and round wards 1 and 2 has been going on. The areas are still in need of final clearing by bulldozer and grassing.

There have been no further developments in the provision of tarred roads. Due to the two dry winters, the gravel roads are deteriorating rapidly.

All buildings in the hospital are now equipped with electric hot water cylinders. This has reduced the handling of coal and ash, and improved cleanliness in the wards.

Trouble has been experienced with the steam line to the operating theatre — the steam pipe itself is in places badly corroded, the lagging is very faulty, and these defects result in wastage of fuel.

Sanitary arrangements in ward 2 and the water supply to wards 1 and 2 have been improved during the year.

Much work remains to be done on the old buildings and their services.

Patients treated in Brooklyn Chest Hospital during the year —

	Non-European.		
	Males.	*Females.*	*Total.*
Under treatment 31st December, 1958	277	5	282
Admitted	464	106	570
Discharged	380	106	486
Died	55	2	57
Remaining in hospital at end of year	306	3	309

Examinations and Treatment.

	Staff.	*In-patients.*	*Out-patients.*	*Total.*
Refills A.P.P. ...	–	56	–	56
Inductions A.P.P ...	–	6	–	6
Examinations ...	42	–	–	42
Sick Parade	499	–	–	499
Mantoux Tests ...	95	–	–	95
Special Injections ...	41	–	–	41
Blood Sedimentations	–	–	179	179
Aspirations Chest ...	–	69	–	69
Lumbar Punctures ...	–	133	–	133
Intubations	–	38	–	38
Vaccinations	1	–	–	1
Eye Examinations ...	–	59	–	59

Dental Clinic.

	New cases.	*Extractions.*	*Other.*	*Total.*
Adults	71	86	5	91
Children	1	1	–	1
Sessions				5

X-ray Department.

	Skia-grams.	*Broncho-grams.*	*Tomo-grams.*	*Surgeons Consul-tations.*	*Ortho-paedic.*	*Special Examin-ations.*
Staff	654	–	–	–	14	–
In-patients	3,395	161	41	364	125	89
Out-patients:						
Clinic (B.C.H.) ...	212	21	27	21	4	–
Ex Chapel Street)						
Langa and)						
City Hospital) ...	677	–	–	–	–	–
Divisional Council ...	547	–	–	–	–	–
Valkenberg Hospital	168	–	–	–	–	–
F.O.S.A.	364	–	–	–	–	–
Windermere	2,073	–	–	–	–	–
Other Municipalities	4	–	–	–	–	–
	8,094	182	68	385	143	89

Operating Theatre.

Major Surgery.

Pneumonectomy	33
Lobectomy	62
Segmental Resection	20
Wedge Resection	1
Thoracoplasty	10
Decortication	2
Thoracotomy	3
Removal of cyst from upper lobe ...	1
Gastrostomy	1
Oesophago-Gastrectomy	1
Reduction of volvulus of stomach ...	1
Ileo-colic anastomosis	1
Appendicectomy	6
Right Salpingectomy and Appendicectomy	1

Minor Surgery.

Bronchoscopy	27
Resuturing of Wound	1
Phrenic Crush	3
Dilatations Urethral	29
Oesophogoscopy	1
Tracheotomy	3
Circumcision	2
Cystoscopy & actropade pyelogram ...	1
Cystoscopy	3
Rectal Examinations	2
Opening of Ischio-rectal abscess ...	1
Incision of abscess	1
Incision of septic foot	1
Application of plaster of paris	2
Removal of Keloid from chest wall ...	1

Major Surgery (Contd.)

Laparotomy	2
Haemorrhoidectomy	1
Hernia	2
Hysterectomy	1
Mastoidectomy	8
Dilatation & Curettage & Cauterisation of Cervix	4
Nephrectomy	1
Pericardectomy	1
Myringotomy	1
Decompression of spinal cord	1
Skin Graft	2
Excision of plantar warts	1
Excision of fistula in ano	1
Excision of head and neck of femur	1
Removal of foreign body from buttock	1
Aspiration of retropharyngeal abscess	1
Trans urethral resection of prostate and laparotomy for closure of bladder wall	1

LANGA HOSPITAL.

At Langa Township the African 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 another medical officer.

The hospital is under the general supervision of the Medical Superintendent of Hospitals, who pays it a weekly visit.

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	23.4
In-patients admitted	794
New out-patients	5,363
Attendances by out-patients	64,778
Visits to patients at their homes by —	
Doctor	1,335
Nurse	121
Midwifery service —	
Confinements attended (extern)	152
Visits made by midwife	3,221
Pre-natal clinic —	
New cases	512
Total attendances	2,492
Infant consultations —	
New cases	451
Total attendances	4,076
Dental clinic —	
New cases	545
Total attendances	1,117
Day nursery —	
New cases	36
Total attendances	15,304

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

Langa African Township	686
Elsewhere in Cape Town Municipality	23
Extra municipal	11
Nyanga Township	74

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

In-patients	24
Out-patients	705

AMBULANCE AND DISINFECTING STATION.

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

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

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

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.
1,619	305	487	664

The distance covered during the year by the vans and ambulances was 171,966 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. 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.	Impetigo.	Ringworm.	Body lice.	Head lice only.	Total.	Scabies.	Impetigo.	Ringworm.	Body lice.	Head lice only.	Total.
Children under 16 years of age:												
European boys	3	2	—	—	—	5	9	2	—	—	—	11
European girls	4	1	—	—	12	17	10	1	—	—	14	25
Non-European boys ...	103	183	1	—	40	327	271	936	1	—	81	1,289
Non-European girls ...	101	224	—	—	400	725	262	1,256	—	—	587	2,105
Total children ...	211	410	1	—	452	1,074	552	2,195	1	—	682	3,430
Adults:												
European males ...	—	—	—	—	—	—	—	—	—	—	—	—
European females ...	1	—	—	—	1	2	1	—	—	—	2	3
Non-European males ..	13	2	—	1	—	16	35	3	—	1	—	39
Non-European females	28	6	—	1	11	46	66	24	—	1	21	112
Total adults ...	42	8	—	2	12	64	102	27	—	2	23	154
Total persons:												
European	8	3	—	—	13	24	20	3	—	—	16	39
Non-European	245	415	1	2	451	1,114	634	2,219	1	2	689	3,545
All races	253	418	1	2	464	1,138	654	2,222	1	2	705	3,584

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

SECTION IX.—ENVIRONMENTAL SANITATION.

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 of 1929. 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 Principal Health Inspector, who, with his assistant, is also responsible for the municipal washhouses, 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 is, generally speaking, to assist in safeguarding the public health and carrying out the provisions of the Public Health Act. Included in their activities may be cited the following:— The investigation of notified cases of infectious disease, with the exception of tuberculosis, which are referred to health visitors working under the control of the Tuberculosis Officer, and of ophthalmia, trachoma, puerperal fever, whooping cough and diseases notifiable by school teachers, such as measles and chicken pox, which are referred to the health visitors of the Child Welfare Branch; special follow-up visits made to persons discharged from the City Hospital suspected of being typhoid carriers; the routine inspection of dwelling houses, shops, food places and vehicles, stables and other places where

animals are kept, except licensed cowsheds, which are under the control of the Veterinary Officer and the special inspectors attached to the Milk Control Branch; inspections concerning the licensing and regulation of various trades, residential hotels and boarding houses, camping sites and theatres and other places of amusement; the inspection of courts, lanes and alleys, open land, undeveloped areas, standing water and refuse tips; reports on applications for permission to demolish or convert dwellings under the provisions of Housing Act No. 10 of 1957; and the deverminization of incoming Africans to the Langa African Township or wherever the circumstances demand, and the submission of reports in terms of the Native Service Levy Act, No. 64 of 1952.

HEALTH INSPECTORS.

On the 31st December, 1959, the staff of health inspectors consisted of the principal health inspector, the assistant principal health inspector, 5 divisional health inspectors, 25 health inspectors and 5 learner health inspectors, besides 3 health inspectors for dairies and 3 pest control officers.

The inspections recorded as made by the health inspectors (other than pest control officers) during the year were as follows:—

Aerated water factories	121
Bakehouses	425
Boarding houses and hotels	2,257
Chalets	5,961
Dairy stables	2,439
Foodshops	30,889
Other shops	6,077
Hawkers	2,862
Horse stables and cattle premises	1,274
House inspections	25,149
Ice cream dealers	1,828
Infectious diseases	1,281
Markets	3,203
Milk shops	5,288
Africans vaccinated	17,814
Office interviews	2,532
Open land, beaches	4,158
Places of entertainment	1,276
Refuse tips	473
Restaurants and cafes	8,220
Schools	227
Streets and lanes	3,957
Tenements	676
Vehicles	3,785
Washhouses	97
Other visits	5,921
Other workplaces	5,053

Particulars in connection with visits recorded in the above inspections:

Visits to premises where action was taken in connection with rodent infestation	38
Visits at which premises were disinfected	13
Drain tests carried out	51

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

Proceedings begun by:	
Verbal notices	916
Formal written notices	2,163
Total proceedings begun	3,079
Written notices following verbal notices	274
Total notices served:	
Verbal notices	916
Formal notices	2,491
Final notices	158
Total	3,565

The number of items included in the 3,079 notices were as follows:—

	Drainage.	Household.	Business.	Stable.	Other.	Total.
Ward 1 ...	11	43	51	—	24	129
Ward 2 ...	30	57	121	—	12	220
Ward 3 ...	13	52	49	—	6	120
Ward 4 ...	56	83	117	1	24	281
Ward 5 ...	126	205	188	2	36	557
Ward 6 ...	118	177	176	13	14	498
Ward 7 ...	132	161	100	3	24	420
Ward 8 ...	31	71	67	12	15	196
Ward 9 ...	57	84	65	1	13	220
Ward 10 ...	133	258	100	1	48	540
Ward 11 ...	11	34	29	—	7	81
Ward 12 ...	30	55	53	2	18	158
Ward 13 ...	20	34	29	—	7	90
Ward 14 ...	32	50	208	5	41	336
Ward 15 ...	35	59	143	1	64	302
Total ...	835	1,423	1,496	41	353	4,148

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	399
Defective water fittings	30
Unauthorised structures	34
Undrained premises	6
Structural defects to premises	36
Other defects	38

STABLE PREMISES.

The municipal regulations empower the Council to prohibit the use for the keeping of animals of 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.

Since 1929, the City Council has 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 have been closed by order of the City Council.

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 3 pest control officers, 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 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, including Warfarin, 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 carcases 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 carcases 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, 31,000 lbs. of Warfarin bait 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	8,209	
Re mosquitoes	812	9,021
Inspections *re* rodents by other inspectors		38
Inspections *re* mosquitoes by other inspectors		407
Visits made to lands and premises by rat-catchers:		
Re rodents	74,975	
Re mosquitoes	46,659	121,634
Examination of building plans:		
With requirements	1,224	
No objection	244	1,468
Number of notices served by pest control officers:		
Verbal notices	18	
Written notices	47	65
Number of rodents caught and destroyed:		
Brown rats	7,104	
Black rats	1,363	
Gerbilles	1,315	9,782

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

RODENTS CAUGHT AND DESTROYED.

Year.	Brown rats.	Black rats.	Gerbilles.	Total.
1926	8,409	1,206	3,430	13,045
1936	3,757	3,240	610	7,607
1946	9,082	1,879	287	11,248
1956	4,868	1,487	1,489	7,844
1957	5,673	1,503	1,093	8,269
1958	5,575	1,175	2,265	9,015
1959	7,104	1,363	1,315	9,782

MOSQUITOES.

The pest control officers specialise also in anti-mosquito work. They investigate local prevalence of mosquitoes discovered through complaints or systematic inspections. They also control permanent anti-mosquito measures in the Black River valley, extending from the Bokmakirie Township to the Royal Observatory, as well as giving attention to seasonal collections of standing water and other known mosquito breeding foci within the municipal area. Four of the ratcatching staff under their control devote the whole of their time to oil-spraying of waters where mosquitoes are likely to breed. In addition to these four operatives, another employee carries out regular oil treatment of standing water at the sewage disposal works at Athlone.

During 1959, owing to extensive road works in connection with the national road and connecting ways to the D.F. Malan airport, collections of water in proximity to these through ways have required constant and repeated attention by the pest control staff so as to prevent mosquito breeding.

SALE OF MILK AND ICE CREAM.

The Regulations governing the compulsory pasteurisation of all milk offered for sale in Cape Town (except milk from accredited disease-free herds, of which none is licensed at present) have been in force since 8th May, 1953.

Following the initial difficulties a steady and progressive improvement in the bacterial quality of the milk as supplied to the public has resulted.

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, the supervision of all pasteurising plants, as well as ice cream factories. He is assisted by two full-time dairy inspectors in the inspection of producers' premises and one full-time dairy inspector who assists in the supervision of pasteurising plants and ice cream factories, in taking samples and

in laboratory work. A laboratory technical assistant confines himself to the laboratory where tests are performed and recorded. At all times a very close co-operation exists between the laboratory workers and the field workers of this Branch.

During the year under review the work listed below was carried out:

Control of raw milk.

Dairy farms licensed to sell milk in Cape Town	234
Approximate number of gallons of milk produced daily	52,000
Approximate number of gallons of milk consumed daily	41,000
Approximate number of gallons of milk surplus per day	11,000
Total number of inspections on farms	2,525
Herds inspected	36
Investigations on farms regarding high bacterial counts	133
Recording of temperatures of mechanically cooled milk	174

Breed smears of 4,243 samples of milk were examined, the bacterial counts of 471 (11.1 per cent) of these were unsatisfactory.

Mastitis was diagnosed in 45 (1.06 per cent) of these samples. Numerous pus cells were seen in 46 (1.1 per cent) of these samples.

Smears from the gravitation cream of 189 composite bulk samples of producers milk were examined for mastitis. Thirty-nine were positive.

Whenever mastitis was diagnosed in the laboratory, the producers were notified and the herd examined. Prevention, diagnosis and treatment were discussed with the farmers.

Anthrax.

During the year a meeting was held by representatives from various Farmers Associations, officials from the Division of Veterinary Services, together with officials from the Divisional Council of the Cape and the City Council's Health Department. It was unanimously agreed that all milk producers should be advised to annually have all cattle inoculated against anthrax.

A circular letter was thereafter posted to each licensed milk producer advising him of the advantages of annual inoculation against anthrax.

No cases of anthrax were recorded during the year.

Structural improvements.

Two hundred and twenty improvements to the structure of farm dairies were made, due to the advice, or on the instructions of, the Milk Control Branch.

Butterfat tests.

On a number of occasions farmers appealed to this Branch for assistance and advice regarding unsatisfactory butterfat percentages of their milk. All such requests were fully investigated and the necessary advice furnished.

During the course of these investigations 120 butterfat tests were performed of which 46 were unsatisfactory.

Control of pasteurised milk.

Pasteurising plants licensed and certified	9
Total number of visits to pasteurising plants	2,559

Phosphatase Tests.

For the period under review 2,399 tests on pasteurised milk samples were carried out, of which 70 (2.9 per cent) revealed the samples to be underpasteurised. Of these, 17 were grossly underpasteurised, 27 were underpasteurised and 26 were very slightly underpasteurised.

One hundred and eighty-six phosphatase tests were performed on samples of cream. Of these 7 samples were grossly underpasteurised, six samples were underpasteurised and 16 samples were very slightly underpasteurised.

Early in 1959 officials of this Branch suspected that a pasteurising establishment which was operating satisfactorily in other respects was surreptitiously distributing raw milk and cream. These suspicions were confirmed by sudden mass-testing. Appropriate action was taken and the plant has since operated satisfactorily.

Bacterial Counts.

Breed smears of 2,636 samples were examined of which 35 (1.33 per cent) were unsatisfactory.

B. Coli Tests.

Eleven hundred and seventy-five tests were carried out of which 521 (44.3 per cent) were unsatisfactory.

These figures indicate an improvement since the previous year when 52.3 per cent of tests were unsatisfactory.

Control of Ice Cream.

The five licensed ice cream factories were visited on 193 occasions.

Of the 229 samples of ice cream submitted to the phosphatase test four proved to be slightly underpasteurised. Two hundred and forty-three samples of ice cream were examined by the Breed smear method; eight proved unsatisfactory. One hundred and forty-nine B. Coli tests were performed on samples of ice cream of which 38 were satisfactory.

Vi-Tests.

Vi-tests on 361 persons were carried out during the year. Eight of these were found to be positive and were removed from food handling.

It was noticed during the year under review that improvement in organisation, routine working and supervision at pasteurising establishments had taken place. Two concerns equipped their own laboratories and reaped immediate benefits in that the quality of their milk improved.

Additional Veterinary and Laboratory Work:

The following additional veterinary and laboratory work was carried out during the period under review:

(1) Six hundred and seventy-six tests were performed on milk samples submitted by other municipalities and by the Department of Defence. Forty-five samples proved to be unsatisfactory.

(2) Numerous tests on the caustic concentration of the sumps of bottle washing machines and "lipstick" tests on milk bottles were again performed as part of the educational and instructional campaign for the benefit of the milk pasteurisers. These tests have assisted in rectifying faults in the bottle cleansing and sterilising system.

(3) *Abattoirs:* The Veterinary Officer deputised for the Director of Abattoirs during that official's absence on leave.

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 766 by Government Notice No. 997 of 11th July, 1958.

Sampling duty is undertaken by the five divisional health inspectors.

The following is a record of the samples taken during the year.

Nature of Sample.	No. of samples.	Adulterated.	Prosecuted.	Withdrawn.	Fines. £
Milk	407	10	10	–	97–10–0
Sausage	51	6	6	–	87–10–0
Mince meat	34	6	5	1	60– 0–0
Cream	117	–	–	–	–
Polony	14	1	1	–	10– 0–0
Ice cream	47	1	1	–	5– 0–0
Yoghourt	4	–	–	–	–
Dripping	13	1	1	–	10– 0–0
Brawn	1	–	–	–	–
Cheese	54	–	–	–	–
Other	14	–	–	–	–
Total	756	25	24	1	270– 0–0

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:–

	Restaurants.	Tea Shops.	Cafés.	Eating-Houses.	Boarding Houses.
1. Applications received	286	1,123	45	32	223
2. Granting of licences recommended (without conditions)	202	956	35	14	203
3. Granting of licences recommended (subject to conditions)	82	160	8	17	18
4. Number under item 3 later reported as having complied with conditions	61	154	7	15	8
5. Refusal of licences recommended	–	–	–	–	1
6. Applications withdrawn	2	7	2	1	1

REGISTERED TRADES.

Mattress-makers, Laundries, Barbers and Hairdressers.

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

	Mattress-makers and Upholsterers.	Laundries.	Barbers and Hairdressers.
Applications received	23	35	340
Registration certificates issued ...	20	28	316
Registration granted subject to conditions	3	6	23
Registration refused	–	1	1
Applications withdrawn	–	–	–

Hawkers and Pedlars.

The municipal regulations also require annual licences for hawkers and pedlars.

	Hawkers.	Pedlars.
1. Applications received	1,822	451
2. Granting of licences recommended (without conditions) ...	1,001	431
3. Granting of licences recommended (subject to conditions).	809	19
4. Refusal of licences recommended	3	–
5. Number under items 3 and 4 later recommended	778	19
6. Applications withdrawn	9	1

TRADE LICENCES.

The Registration of Business Ordinance, No. 15 of 1953, provides that a certificate must be obtained from the Council before a licence is issued to trade as a general dealer, fresh produce dealer, apothecary, 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:–

	General dealers.	Fresh produce dealers.	Butchers.	Bakers.	Motor garages.	Mineral water dealers.	Mineral water manufacturers	Apothecary.	Live Stock dealer.
1. Applications received	1,231	345	134	3	66	119	–	22	5
2. Granting of licences recommended (without conditions) ..	797	80	–	–	24	55	–	15	5
3. Granting of licences recommended (subject to conditions)	422	263	133	2	41	64	–	7	–
4. Number under item 3 later reported as having complied with conditions ..	778	76	122	–	30	35	–	7	–
5. Refusal of licences recommended ..	3	1	–	–	–	–	–	–	–
6. Applications withdrawn	9	1	1	1	1	–	–	–	–

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. 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 where it is inspected and stamped.

Butchers' Meat.

The following is a return of meat condemned at the abattoir with diseases discovered:—

Cause.	Number of items.				Portions (Weight).
	Beef.	Mutton.	Veal.	Pork.	
Abscess	3,781	–	4	13	·81
Actinomycosis	476	–	–	–	–
Anaemia	1	1	–	–	–
Angiomatosis	82	–	–	–	–
Bladderworm	1,279	–	2	391	–
Botriomycosis	–	–	–	1	–
Bruising	764	76	8	25	39,380
Caseous Lymphadenitis	–	56,806	–	4	4,529
Cirrhosis	15	1,017	1	263	–
Cysts	137	1,782	73	3,076	–
Emaciation	1	72	–	3	–
Defective bleeding	1	–	–	–	–
Emootic ictions	–	23	–	–	–
Enteritis	–	–	1	–	–
Fevered	74	80	54	6	–
Flukes	1,110	1,384	7	3	–
Gall sickness	1	–	–	–	–
Gangrene	111	4	5	9	–
Immaturity	–	–	19	–	–
Inflammation	77	2	6	17	–
Jaundice	8	112	47	2	–
Lumpy skin	3	–	–	1	–
Mastitis	4	2	–	–	–
Melanosis	1	–	–	–	–
Metritis	8	5	–	–	–
Moribund	2	63	1	1	–
Necrosis	141	149	9	1,862	–
Neoplasms	3	–	–	1	–
Nephritis	2	113	2	–	–
Oedema	4	3	2	3	–
Pericarditis	76	1	1	1	1
Peritonitis	24	22	8	4	–
Pleurisy	5	19	6	79	7,068
Pneumonia	32	178	47	99	–
Pyaemia	9	194	12	10	–
Redwater	4	–	–	–	–
Sapraemia	1	–	–	–	–
Sarcosporidiosis	17	–	–	24	–
Septicaemia	6	3	–	2	–
Stilesia	1	59,423	–	–	–
Strongyles	–	10	–	–	–
Tuberculosis	75	–	1	370	–
Tumours	1	1	–	–	–
Uraemia	1	1	6	1	–

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 other than inspectors of imported meat during the year:—

Meat:	*Weight (lb.)*
Beef	550
Duck	26
Fowls	3,198
Ham	371
Turkey	45
Fish:	
Fresh fish	1,199
Preserved fish	1,826

Fruit and Vegetables:	*Weight (lb.)*
Apples	507
Avocado pears	180
Bananas	14,588
Coconuts	150
Cherries	14
Grape fruit	500
Grenadillas	70
Lemons	8,737
Litchies	12
Mangoes	1,138

Fruit and Vegetables: (cont.)	*Weight (lb.)*
Nectarines	70
Paw Paws	3,376
Pears	1,405
Peaches	2,121
Pineapples	3,090
Plums	2,574
Prunes	160
Sweet melons	555
Watermelons	61,403
Artichokes	300
Asparagus	124
Beans (green)	29,949
Beetroot	570
Brussels sprouts	730
Bringles	325
Cabbage	8,350
Carrots	1,600
Cauliflower	901
Celery	190
Cucumber	3,290
Green ginger	280
Kale	32
Lettuce	8,220
Marrows	265
Mealies	50
Onions	107,106
Parsley	50
Peas	6,770
Potatoes	67,899
Potatoes (sweet)	12,755

Fruit and Vegetables: (cont.)	*Weight (lb.)*
Pumpkin	4,825
Radish	2,025
Spinach	897
Squash	1,811
Tomatoes	11,829
Turnips	1,650
Other provisions:	
Canned foods	6,847
Canned milk	1,097
Cereals	518
Cheese	1,064
Coffee	28
Condiments	195
Curry	211
Fruit, preserved	10
Flour	15
Jam	1,714
Lard	113
Nuts	5,278
Pastry	830
Pickles	7
Rice	341
Sandwich spread	186
Soup mixture	235
Spices	5
Sugar	400
Sweets	1,485
Tea	13

Consignments of fruit and vegetables received at the early morning market are still being found to be contaminated with various types of insecticidal sprays.

One of the health inspectors spends much of his time at the market, primarily for the purpose of examining and seizing foodstuffs unfit for human consumption. In recent years he has had the added difficulty and responsibility of detecting and investigating commodities which might have been treated with some chemical or poisonous solution. The market agent may sometimes be given the option of washing such consignments, but as suitable facilities for such operations are not provided at the market, the consignment has more often than not had to be destroyed.

It is rather perturbing that farmers in this country should even consider despatching into the city consignments of foodstuffs treated with some chemical known to be toxic to man. It would appear that joint action by the Union Health Department and the Department of Agriculture to obviate such a position is indicated.

MUNICIPAL WASHHOUSES.

There are now six washhouses in the Municipality of Cape Town, namely, at Hout Street, 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. At the Hanover Street washhouse the washing troughs are supplied with steam, and "hydro-extractor" drying chambers, ironing machines and electric irons are provided. All the others are supplied with cold water only and the drying and bleaching are done in the open air.

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 were as follows:—

	Attendances.	*Money taken.* £ s. d.
Hout Street	9,614	303 15 6
Hanover Street	10,392	967 6 0
Salt River	3,516	91 19 0
Mowbray	9,740	419 15 0
Claremont	11,289	385 16 4
Wynberg	6,545	236 10 8
	51,096	2,405 2 6

The attendances and takings at the Hout Street shower-baths during the year were as follows:—

	Shower-baths.	
	Attendances.	Money taken.
		£ s. d.
Adults	27,892	348 13 0
Children	2,171	18 1 8
Total	30,063	366 14 8

CASES BEFORE THE MAGISTRATES.

The following table gives particulars of cases heard by the magistrates during the calendar year 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.	Withdrawn.	
				£ s. d.
Insanitary conditions or other offences in transport or delivery of Foodstuffs ...	5	5	—	24 10 0
Selling foodstuffs in contravention of the Food, Drugs and Disinfectants Act:				
Milk	14	11	3	98 10 0
Sausage	6	6	—	62 10 0
Minced meat	4	4	—	30 0 0
Polony	1	1	—	5 0 0
Trading as purveyor of milk without licence	1	1	—	5 0 0
Selling unsound Foodstuffs	1	1	—	10 0 0
	32	29	3	235 10 0

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 dwellings 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.

The problem is largely financial. Under present conditions, three-quarters of the non-Europeans in Cape Town will never be able to occupy proper housing. Most of these families live in single rooms in and around the city within walking distance from their places of work.

Cape Town's topography has been the reason for siting the major Municipal housing schemes at Athlone, about eight miles from the city. Local conditions also necessitate a better standard of construction than in other parts of the country, not the least being the provision of floors and ceilings owing to the high water table and humidity factor.

There remains also the lowest sub-sub-economic group of the population who are a social welfare problem and cannot be provided for through Municipal housing.

These housing conditions have been aggravated by the influx of Africans 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 1959 the City Council, the Citizens' Housing League Utility Company, the Servitas Organization and Cape Flats Distress Association (CAFDA) have completed the erection of 12,000 dwellings, in addition to the building of Langa African Township.

The Council erects houses for non-Europeans departmentally. Two building units are functioning with artisans recruited from the building industry and working under conditions of service applicable to that industry. Coloured housing is based on standard plans evolved by the National Housing Commission. New developments in Native housing are in progress at the moment, and one of the building units builds Native houses only, employing Native labour almost exclusively.

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

	Houses.	Average cost per dwelling.
		£
Factreton (non-European)	90	440
Retreat (non-European)	474	440

The dwellings completed bring the figures from 1920 to 1959 for public housing operations in Cape Town and suburbs (exclusive of Langa African Township) to the following:—

	European.	Non-European.	Total.
Within Cape Town municipal area:			
City Council	1,131	8,537	9,668
Citizens' Housing League Utility Co. ...	1,063	28	1,091
Cafda	—	336	336
Servitas Organisation	84	—	84
Total	2,278	8,901	11,179

Pending the erection of brick dwellings, 500 pre-fabricated hutments were erected by the Council for family occupation at Nyanga West at a cost of £100 each. The hutments comprise two rooms and were allocated to African families from Windermere and Retreat who qualified for permanent accommodation. Towards the end of the year, building operations commenced on the permanent houses into which these families will ultimately be moved.

The number of new dwelling houses built in the calendar year 1959 in the Municipality as compared with the growth of population is shown in the following table:—

Year.	Estimated increase in population.	Buildings for human habitation completed (dwellings).
1915	3,980	123
1925	5,380	335
1935	6,430	1,937
1945	10,400	870
1955	14,960	2,155
1956	15,620	1,936
1957	15,990	1,704
1958	16,710	2,539
1959	17,490	2,706 *

* Including 925 flats.

SECTION X.—OTHER SERVICES.

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.

No certificates were issued by the Medical Officer of Health during 1959.

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 the number of such burials was 291.

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 year:-

	£
Income from voluntary sources	491
Subsidy from Department of Social Welfare	39,752
Expenditure on outdoor poor relief, excluding administration costs	15,807
Number of applications received	2,127

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 10. 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.

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 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 or lakes and thence to the sea.

The Keyser River has now been widened and deepened from Zand Vlei to the Main Road. The canalisation of the Diep River and the Sand River from the Main Road to Zand Vlei has been completed. A canal providing an outlet from Lange Vlei to the Sand River has also been constructed. Further work on the canalisation of the Liesbeek and Black Rivers is in progress at present.

SEWERAGE.

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

Rapid progress has been made in the construction of the Windermere and Retreat main sewerage schemes. Portions of Windermere, and the Retreat areas, have already been connected to the sewerage system. The Belmead and Rompe Valley Schemes are completed.

The construction of the Clovelly sewerage reticulation and the pumping station structure has been completed. The scheme is in operation.

PAIL CLOSETS.

The City Engineer's Department undertakes the weekly collection of stercus in the outlying unsewered areas, but two removals weekly are effected in the Windermere area, and in certain areas in Plumstead and Retreat. In parts of the Cape Flats this work is carried out with difficulty owing to the lack of roads. 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 7. 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 stercus 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.

In terms of an old agreement, certain owners of properties in the unsewered areas of the old Wynberg Municipality were permitted to continue using "O'Brien" dry earth closets until such time as they could connect their properties to the drainage system.

The City Engineer's Department serviced these closets once weekly free of service charge.

The City Engineer's Department also serviced all "O'Brien" installations in other unsewered areas where property owners preferred such dry earth closets to the ordinary sanitary pails. In such cases owners were required to pay an installation fee of £19 10. 0d. together with a charge of 2/6d. for each clearance effected. Temporary installations were also serviced on building sites etc. upon application and payment of prescribed charges.

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 Sunday in certain congested sectors. Sunday services are also carried out at other premises 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, but every week-day at certain specific 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 payment of a special charge.
Clifton, Camps Bay and Lakeside three times a week.
Certain added areas on the Cape Flats, twice a week.
During the year the quantity of refuse removed was 512,137 cubic yards.
In all areas house refuse is disposed of by controlled tipping.

SECTION XI.—STAFF OF CITY HEALTH DEPARTMENT.

The authorised establishment of the City Health Department as at 31st December, 1959, was as follows:—

ADMINISTRATIVE BRANCH.

Medical Officer of Health.
Deputy Medical Officer of Health.
Assistant Deputy Medical Officer of Health.
Administrative Officer.
Assistant Administrative Officer.
Administrative Assistant, Gr. I.
Administrative Assistant, Gr. II.
Clerks, 15.
Junior Clerks, 4.
Senior Secretarial Assistant.
Shorthand Typiste, Gr. II.
Clerk Typiste, Gr. I.
Clerk Typiste, Gr. II.
Head Office Attendant.
Office Attendant.
Caretaker/Cleaner.
Labourer.

HEALTH INSPECTION BRANCH.

Principal Health Inspector.
Assistant Principal Health Inspector.
Pest Control Officers, 3.
Divisional Health Inspectors, 5.
Health Inspectors, 29.
Learner Health Inspectors, 5.
Clerk.
Junior Clerk.
Clerk/Typiste.
Washhouse Caretaker/Fitter.
Washhouse Caretakers, 2.
Assistant Washhouse Caretakers, 3.
Motor Driver.
Stores Yardsman.
Ratcatchers, 26.
Checker.
Fireman/Stoker.
Labourers, 5.
Attendants at Public Sanitary Conveniences, 157.

MILK CONTROL.

Veterinary Officer.
Dairy Inspectors, 3.
Laboratory Technician.

MATERNAL & CHILD WELFARE BRANCH.

Maternal & Child Welfare Officer.
Deputy Maternal & Child Welfare Officer.
Clinical Medical Officers, 2.
Principal Health Visitor.
Clinic Sister/Health Visitors, 35.
Clinic Nurses, 6.
Junior Health Visitors, 9.
Nursery School Supervisor.
Nursery School Teacher.
Junior Nursery School Teachers, 6.
Senior Social Welfare Visitor.
Clerk/Typistes, 4.
Clerk.
Junior Creche Superintendent.
Clinic Assistants, 5.
Laundresses, 3.
Domestics, 20.
Children's Helps, 3.
Drivers, 4.
Cooking Hands, 16.
Store/Hand.
Labourer.
Night Watchman, 2.

TUBERCULOSIS BRANCH.

Tuberculosis Officer.
Deputy Tuberculosis Officer.
Clinical Medical Officers, 2.
Senior Radiographer.
Clinic Sister/Health Visitors, 10.
Clinic Nurses, 5.
Clerk/Typistes, 2.
Principal Clerk.
Clerks, 5.
Junior Clerks, 3.
Clinic Assistants, 4.
Domestic.
Caretaker/Cleaner.
Labourers, 3.

VENEREAL DISEASE BRANCH.

Venereal Disease Officer.
Deputy Venereal Disease Officer.
Clinic Sister.
Clerk.
Domestic.
Labourers, 2.

DENTAL BRANCH.

Principal Dental Officer.
Deputy Dental Officer.
Assistant Dental Surgeon.
Senior Dental Mechanic.
Dental Mechanics, 4.
Apprentice Dental Mechanic.
Clerks, 3.
Clerk/Typiste.
Social Welfare Visitor.
Clinic Assistants, 3.
Senior Clinic Nurse.
Dental Nurses, 4.
Laundresses, 3.
Domestic.
Caretaker/Cleaner.
Labourer.

CITY HOSPITAL, INCLUDING AMBULANCE AND DISINFECTION SERVICES.

Medical Superintendent of Hospitals.
Deputy Medical Superintendent of Hospitals.
Resident Medical Officers, 3.
Junior Resident Medical Officers, 3.
Matron.
Assistant Matron.
Sisters, 20.
Staff Nurses, 17.
Student Nurses, 24.
Nurses, 2.
Nursing Assistants, 44.
Nurse Aides, 35.
Male Nurses, 2.
Principal Pharmacist.
Senior Pharmacist.
Pharmacists, 3.
Radiographer.
Dietician.
Occupational Therapist.
Disinfection Officer.
Ambulance Officer.
Lady Warden.
Principal Clerk.
Clerks, 2.
Junior Clerk.
Clerk/Typistes, 2.
Clinic Assistant.
Senior Works Foreman.
Handyman/Electrician.
Handyman/Carpenter.
Brush Hand.
Works Storeman.
Boiler Attendant.
Painter.
Labourers, 17.
Laundry Supervisor.
Assistant Laundry Supervisor.
Laundresses, 40.
Housekeeper.
Housemaids, 36.
Kitchen Supervisors, 2.
Seamstress, 4.
Native Male Orderlies, 65.
Hospital Cooks, 7.
Senior Telephone Operators, 2.
Telephone Operator.
Senior Hospital Porter.
Hospital Porters, 4.
Ambulance and Motor Drivers, 6.

BROOKLYN HOSPITAL.

Deputy Medical Superintendent.
Resident Medical Officers, 4.
Matron.
Assistant Matron.
Sisters, 14.
Staff Nurses, 29.
Probationer Nurses, 2.
Non-European Nurse Aides, 66.
Non-European Male Nursing Assistant.
Radiographer.
Clinic Assistants, 2.
Occupational Therapist.
Lady Warden.
Clerks, 2.
Clerk/Typiste.
Senior Works Foreman.
Laundry Manager.
Unindentured Mason.
Craft Worker.
Brush Hand.
Boiler Attendant.
Labourers, 14.
Storekeeper.
Housekeeper.
Seamstress.
Assistant Seamstress.
Kitchen Supervisors, 2.
Hospital Cooks.
Male Orderlies, 70.
Hospital Porters, 4.
Senior Telephone Operator.
Telephone Operators, 2.
Patrolmen, 3.
Motor Driver.

LANGA HOSPITAL.

Medical Officer.
Resident Medical Officer.
Matron.
Sister.
Native Nurses, 6.
Junior Native Male Nurse.
Native Male Nursing Assistants, 5.
Native Midwives, 3.
Native Male Orderlies, 3.
Housemaid.
Domestic.
Hospital Cooks, 2.

TABLE A. CAUSES OF DEATH REGISTERED IN 1959.

Corrected.

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

CAUSE OF DEATH.	Race.	AGE-GROUPS																																Langa African Township.	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		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.	Persons.		M.	F.
I.—Infective and parasitic diseases	E.	—	—	—	2	1	1	1	3	—	—	—	—	—	1	1	2	5	4	5	4	7	1	6	3	3	3	—	—	28	21	49	—	5	2
	O.	21	21	21	9	7	7	49	37	6	4	1	—	4	4	22	15	33	12	25	9	23	10	7	6	3	—	—	—	173	97	270	25	60	30
II.—Neoplasms	E.	1	—	—	—	1	1	2	1	—	1	2	—	1	2	4	3	8	8	21	20	49	34	36	50	48	31	8	14	179	164	343	—	54	41
	O.	—	—	—	1	1	—	1	1	2	1	—	1	4	2	4	6	15	21	31	22	28	19	19	19	14	13	1	1	117	104	221	14	49	29
III.—Allergic, endocrinic, metabolic, and nutritional diseases	E.	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	1	1	1	2	—	1	1	6	5	7	—	1	10	20	30	—	4	3
	O.	—	—	12	7	1	4	13	11	—	—	—	—	2	1	3	7	4	3	2	11	3	6	4	6	—	3	—	1	31	49	80	2	17	22
IV.—Diseases of the blood & blood-forming organs	E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	3	3	1	—	6	3	9	—	1	—
	O.	—	1	—	—	—	—	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	3	—	2	—
V.—Mental, psychoneurotic, and personality disorders	E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	—	—	3	3	—	—	—
	O.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	—	—	—	1	—	—	—	—	1	3	4	—	—	1
VI.—Diseases of the nervous system & sense organs	E.	1	—	1	1	—	—	2	1	—	—	—	—	1	1	—	1	3	3	12	16	14	24	33	40	49	71	15	29	129	186	315	—	40	28
	O.	12	5	7	2	1	3	20	10	1	—	—	1	7	3	3	2	9	12	20	24	45	29	18	48	25	32	8	14	156	175	331	13	20	23
VII.—Diseases of the circulatory system	E.	—	—	—	—	—	1	—	1	—	—	—	—	1	2	8	1	14	1	63	23	78	47	117	89	106	126	46	75	433	365	798	1	70	50
	O.	3	1	—	—	1	—	4	1	—	—	—	1	4	6	16	10	31	17	54	39	90	63	62	76	42	51	19	24	322	288	610	12	38	24
VIII.—Diseases of the respiratory system (not specified as tuberculous)	E.	4	4	2	—	—	—	6	4	—	—	—	—	—	—	3	2	1	2	3	2	9	2	10	3	14	7	9	10	52	32	84	—	9	12
	O.	59	54	21	22	1	9	81	85	1	1	1	1	1	2	3	7	6	1	8	1	13	3	5	6	11	8	3	3	133	118	251	7	28	24
IX.—Diseases of the digestive system	E.	—	—	2	1	—	—	2	1	—	—	—	—	—	—	1	—	2	1	8	3	13	7	9	12	5	8	2	4	47	37	84	—	17	7
	O.	177	166	55	45	3	14	235	225	—	4	—	—	—	—	2	1	7	4	5	3	10	5	1	2	1	1	—	—	260	244	504	23	53	58
X.—Diseases of the genito-urinary system ...	E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	3	—	3	2	3	5	9	4	13	2	1	1	33	15	48	—	10	7
	O.	—	—	—	1	—	1	—	2	—	—	1	—	1	—	—	3	3	3	3	7	5	6	7	4	2	—	—	2	22	27	49	2	6	6
XI.—Deliveries & complications of pregnancy, childbirth and puerperium	E.	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—
	O.	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	8	—	2	—	—	—	1	1	—	—	—	—	—	—	14	14	1	—	4
XII.—Diseases of the skin & cellular tissue ...	E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—
	O.	—	2	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	2	3	—	1	—
XIII.—Diseases of the bones & organs of movement	E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	—	2	—
	O.	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	2	1	—	—
XIV.—Congenital malformations	E.	8	7	—	—	—	—	8	7	—	—	1	1	1	1	—	—	—	—	—	1	—	1	—	—	—	1	—	—	10	12	22	—	9	6
	O.	21	15	1	1	1	—	23	16	—	—	—	1	—	2	—	1	1	—	1	—	—	—	—	—	—	1	—	—	25	20	45	2	9	7
XV.—Certain diseases of early infancy	E.	27	11	—	—	—	—	27	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	27	11	38	—	18	9
	O.	213	163	—	—	—	—	213	163	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	213	163	376	17	60	63
XVI.—Symptoms, senility & ill-defined conditions	E.	1	—	—	1	—	—	1	1	—	—	—	—	—	—	—	—	1	—	1	1	1	1	3	4	6	7	4	10	17	25	42	—	6	3
	O.	21	14	2	4	1	—	24	18	—	1	—	—	1	2	—	2	1	1	3	2	2	—	3	1	—	4	1	5	35	36	71	2	4	4
(E)XVII.—Accidents, poisonings and violence (external cause)	E.	1	—	1	—	—	—	2	—	4	—	1	1	9	2	9	1	5	2	11	11	6	1	8	4	5	4	—	2	60	28	88	—	19	9
	O.	5	2	6	2	5	3	16	7	6	7	4	2	39	6	53	8	24	4	19	4	8	—	2	2	1	1	—	—	172	41	213	33	58	13
Totals	E.	43	23	6	5	2	3	51	31	4	1	4	3	14	11	25	12	48	23	128	86	182	127	233	215	257	270	86	146	1,032	925	1,957	1	264	177
	O.	532	444	125	95	22	41	679	580	16	18	7	8	64	30	107	69	133	80	172	124	225	141	128	171	100	113	32	50	1,863	1,384	3,247	154	405	308
All races*		575	467	131	100	24	44	730	611	20	19	11	11	78	41	132	81	181	103	300	210	407	268	361	386	357	383	118	196	2,695	2,309	5,006	155	669	485

* Including 2 infants of unknown race.

TABLE B. Deaths Classified for Causes and Race: 1959.

(Corrected)

International Code No.	CAUSE OF DEATH.	European.	Coloured.	African.	Asiatic.	Non-European.	All Races.
001–008	Tuberculosis of respiratory system	31	126	16	4	146	177
010–019	Tuberculosis, other forms	2	30	5	1	36	38
020–029	Syphilis	4	20	1	–	21	25
040	Typhoid fever	–	–	1	–	1	1
045–048	Dysentery	1	6	2	–	8	9
055	Diphtheria	1	1	–	–	1	2
056	Whooping cough	–	7	1	–	8	8
057	Meningococcal infections	2	1	–	–	1	3
080	Acute poliomyelitis	1	1	–	–	1	2
085–086	Measles	–	14	1	–	15	15
	All other diseases classified as infective and parasitic	7	27	4	1	32	39
140–205	Malignant neoplasms	335	191	23	3	217	552
210–239	Benign neoplasms	8	4	–	–	4	12
260	Diabetes mellitus	19	25	2	1	28	47
290–293	Anaemias	7	1	–	–	1	8
330–334	Vascular lesions affecting central nervous system	297	264	10	4	278	575
340	Non-meningococcal meningitis	4	24	4	–	28	32
400–402	Rheumatic fever	1	1	–	–	1	2
410–416	Chronic rheumatic heart disease	13	39	4	1	44	57
420–422	Arteriosclerotic and degenerative heart disease	551	242	8	14	264	815
430–434	Other diseases of heart	79	63	5	1	69	148
440–443	Hypertension with heart disease	68	147	8	3	158	226
444–447	Hypertension without mention of heart	22	18	3	–	21	43
450–456	Diseases of the arteries	55	37	2	3	42	97
480–483	Influenza	4	7	1	–	8	12
490–3, 763	Pneumonia	59	184	33	4	221	280
500–502	Bronchitis	12	25	3	2	30	42
540–541	Ulcer of stomach and duodenum	17	10	–	–	10	27
550–553	Appendicitis	2	3	1	–	4	6
560, 561, 570	Intestinal obstruction and hernia	6	5	1	–	6	12
571, 764	Gastro-enteritis and colitis	7	344	118	3	465	472
581	Cirrhosis of liver	30	10	–	1	11	41
590–594	Nephritis and nephrosis	33	35	–	1	36	69
610	Hyperplasia of prostate	5	1	–	–	1	6
640–652							
670–689	Complications of pregnancy and childbirth	1	12	2	–	14	15
750–759	Congenital malformations	22	37	7	1	45	67
760–762	Birth injuries and postnatal asphyxia	16	79	18	2	99	115
765–776	Other diseases peculiar to early infancy and immaturity	19	193	33	7	233	252
780–795	Senility and ill defined diseases	42	60	11	–	71	113
810–835	Motor vehicle accidents	38	63	10	–	73	111
800–802							
840–965	All other accidents	30	71	14	–	85	115
970–979	Suicide	17	12	1	–	13	30
980–999	Homicide	3	31	11	–	42	45
	All other causes	86	130	23	2	155	241
	Total *	1,957	2,601	387	59	3,047	5,006

* Including 2 of unknown race.

TABLE C. Deaths by Cause and Month of Registration, 1959.

(Corrected for Outward Transfers.)

International Code No.	Disease.	Race.	January	February	March	April	May	June	July	August	September	October	November	December	Year
001–008	Tuberculosis of respiratory system	Eur.	2	1	2	1	1	4	5	4	2	1	1	1	24
		Non-E.	15	7	9	13	12	12	12	11	14	10	6	13	134
010–019	Tuberculosis, other forms	Eur.	1	–	–	–	–	–	–	–	–	–	–	1	2
		Non-E.	3	2	1	2	4	5	5	3	4	1	1	4	35
020–029	Syphilis and its sequelae	Eur.	–	–	–	1	–	–	–	–	1	1	1	–	4
		Non-E.	2	1	2	2	3	3	1	1	–	1	1	1	18
040–041	Typhoid fever	Eur.	–	–	–	–	–	–	–	–	–	–	–	–	–
		Non-E.	–	–	–	–	–	–	–	–	1	–	–	–	1
055	Diphtheria	Eur.	–	–	–	–	–	–	–	–	–	–	–	1	1
		Non-E.	–	–	–	–	1	–	–	–	–	–	–	–	1
056	Whooping cough	Eur.	–	–	–	–	–	–	–	–	–	–	–	–	–
		Non-E.	–	1	1	–	1	–	1	1	1	1	–	1	8
057	Meningococcal infections	Eur.	–	–	–	–	–	–	–	–	–	–	–	1	1
		Non-E.	–	–	–	–	–	–	1	–	–	–	–	–	1
080	Acute poliomyelitis	Eur.	–	–	–	–	–	–	–	–	–	–	–	1	1
		Non-E.	–	–	–	–	–	–	–	–	–	–	–	1	1
085–086	Measles and rubella	Eur.	–	–	–	–	–	–	–	–	–	–	–	–	–
		Non-E.	–	–	1	–	–	2	–	1	2	2	5	2	15
140–205	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	Eur.	28	30	29	32	28	24	27	22	33	23	20	26	322
		Non-E.	14	17	16	22	19	14	19	17	17	20	16	16	207
260	Diabetes	Eur.	–	1	2	–	4	3	–	4	1	1	2	–	18
		Non-E.	1	2	3	2	4	4	6	2	2	–	1	–	27
330–334	Vascular lesions affecting central nervous system	Eur.	30	23	15	26	21	19	26	30	17	28	28	20	283
		Non-E.	24	14	16	23	26	24	32	31	24	23	15	18	270
400–402	Rheumatic fever	Eur.	–	–	–	–	–	1	–	–	–	–	–	–	1
		Non-E.	–	–	–	–	–	–	–	–	–	–	–	–	–
410–416	Cardiovascular diseases	Eur.	58	48	46	41	64	58	53	65	52	52	45	47	629
420–422 430–434		Non-E.	32	23	22	24	43	41	47	34	35	21	20	28	370
440–443	Hypertensive diseases	Eur.	8	2	5	5	8	11	7	7	7	10	4	9	83
		Non-E.	9	15	7	6	11	22	22	14	19	25	10	12	172
450–456	Diseases of the arteries	Eur.	5	1	2	2	7	4	8	3	5	7	7	1	52
		Non-E.	3	–	1	4	2	4	8	6	4	5	2	3	42
480–483	Influenza	Eur.	–	–	–	–	–	–	3	1	–	–	–	–	4
		Non-E.	–	–	–	–	–	3	2	3	–	–	–	–	8
490–493	Pneumonia (including pneumonia of the new born)	Eur.	4	–	3	3	5	6	12	7	5	5	5	3	58
		Non-E.	17	11	17	19	21	27	28	15	16	13	17	17	218
500–502	Bronchitis	Eur.	1	1	1	–	2	1	2	2	1	–	1	–	12
		Non-E.	–	–	–	4	2	7	2	7	4	2	2	–	30
571, 764	Gastro-enteritis and colitis (including diarrhoea of the new born)	Eur.	1	–	2	–	–	–	–	–	1	1	1	1	7
		Non-E.	84	67	60	62	36	29	18	14	17	18	28	32	465
590–594	Nephritis	Eur.	4	1	1	2	4	6	3	4	2	4	1	1	33
		Non-E.	4	3	3	3	3	3	3	1	5	2	1	3	34
640–652	Complications of pregnancy, childbirth and the puerperium	Eur.	1	–	–	–	–	–	–	–	–	–	–	–	1
670–689		Non-E.	–	3	1	–	2	1	–	–	3	–	3	1	14
750–759	Congenital malformations	Eur.	3	1	1	4	2	1	3	2	–	2	1	2	22
		Non-E.	6	1	1	–	5	5	7	2	3	5	7	3	45
760–762	Birth injuries, post-natal asphyxia and atelectasis	Eur.	2	–	3	–	1	1	3	1	2	1	1	1	16
		Non-E.	15	11	10	7	5	12	7	9	6	4	7	5	98
765–768 769–776	Other diseases peculiar to early infancy and immaturity unqualified	Eur.	1	–	3	2	3	2	–	3	2	–	1	2	19
		Non-E.	21	22	13	22	15	16	19	26	21	17	21	20	233
780–795	Senility and ill-defined diseases	Eur.	1	–	4	5	6	1	5	4	4	3	6	3	42
		Non-E.	6	11	7	9	5	4	5	5	3	7	3	3	68
E810–E835	Motor vehicle accidents	Eur.	1	2	4	4	4	1	3	4	3	7	2	1	36
		Non-E.	3	7	7	1	6	6	6	2	11	3	6	7	65
E800–E802	All other accidents	Eur.	3	1	2	1	3	2	1	3	4	6	1	1	28
		Non-E.	5	4	4	2	2	12	7	8	8	8	5	7	72
E800–E802 E840–E965	Suicide	Eur.	2	2	1	1	2	–	2	1	1	1	1	3	17
		Non-E.	1	–	–	–	1	3	1	–	1	–	3	2	12
E980–E985	Homicide	Eur.	–	1	1	–	1	–	–	–	–	–	–	–	3
		Non-E.	4	5	2	2	3	7	1	4	6	4	2	2	42
–	All causes	Eur.	167	125	141	146	192	156	174	184	154	168	139	138	1,884
		Non-E.	284	243	223	253	260	290	290	235	246	211	207	218	2,960

TABLE D.—Death Rates per 1,000 Population for 1959 and Ten Previous Years by Causes and Race.

(Corrected for Outward Transfers.)

Disease.	Race.	1948—1949	1949—1950	1950—1951	1951—1952	1952—1953	1953—1954.	1954—1955.	1956.	1957.	1958.	Mean for 10 years.	1959.
Enteric fever	Eur.	0·01	—	—	—	—	—	—	—	—	—	0·00	—
	Non-E.	0·04	0·03	0·02	0·01	0·01	0·01	0·02	—	0·00	0·01	0·01	0·00
Measles	Eur.	—	0·02	—	—	—	—	0·01	—	—	0·02	0·00	—
	Non-E.	0·08	0·13	0·06	—	0·07	0·06	0·08	0·01	0·09	0·05	0·06	0·04
Scarlet fever	Eur.	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	—	—	—	—	—	—	—	—	—	—	—	0·00
Whooping cough	Eur.	0·01	0·01	0·01	0·01	—	—	—	—	—	—	0·00	—
	Non-E.	0·08	0·29	0·09	0·10	0·07	0·03	0·08	0·00	0·06	0·02	0·08	0·02
Diphtheria	Eur.	0·02	0·02	—	0·01	0·02	—	0·01	—	0·01	0·01	0·01	0·01
	Non-E.	0·02	0·04	0·04	—	0·02	—	0·03	0·01	0·02	0·01	0·02	0·00
Influenza	Eur.	0·02	0·02	0·05	0·02	0·02	—	0·02	0·01	0·02	0·02	0·02	0·02
	Non-E.	0·06	0·04	0·02	0·02	0·03	0·03	0·03	0·00	0·04	0·02	0·03	0·02
Purulent infection—septicaemia, and erysipelas (*non-puerperal*)	Eur.	0·02	0·02	—	—	—	0·01	—	0·01	0·01	0·01	0·01	0·02
	Non-E.	0·01	0·02	—	0·02	0·01	0·01	—	0·03	0·01	—	0·01	0·02
Acute anterior poliomyelitis and polioencephalitis	Eur.	—	—	—	0·01	0·02	0·03	—	—	0·05	0·01	0·01	0·01
	Non-E.	—	—	—	—	—	—	—	0·02	0·03	0·00	0·01	0·00
Acute infectious encephalitis	Eur.	—	—	—	—	—	—	—	—	0·01	0·01	0·00	0·01
	Non-E.	—	—	0·01	—	—	0·003	0·003	0·02	0·01	—	0·01	0·01
Meningococcal cerebrospinal meningitis	Eur.	0·02	0·03	0·02	0·01	—	0·01	0·01	0·01	—	0·01	0·01	0·01
	Non-E.	0·03	0·06	0·05	0·02	0·04	0·01	0·02	0·01	0·02	0·01	0·03	0·00
Tuberculosis, respiratory system	Eur.	0·37	0·48	0·39	0·24	0·17	0·20	0·14	0·11	0·13	0·17	0·24	0·16
	Non-E.	3·82	3·13	2·76	2·49	1·68	1·37	0·91	0·58	0·66	0·56	1·64	0·41
Tuberculosis, other forms	Eur.	0·08	0·09	0·07	0·03	0·04	0·04	0·02	0·03	0·02	0·01	0·04	0·01
	Non-E.	0·87	0·82	0·72	0·48	0·39	0·40	0·30	0·18	0·20	0·13	0 42	0·10
Syphilis	Eur.	—	0·02	0·01	0·02	0·01	—	—	0·01	—	—	0·01	—
	Non-E.	0·18	0·19	0·12	0·13	0·08	0·04	0·02	0·03	0·03	0·02	0·08	0·04
General paralysis of the insane: tabes dorsalis	Eur.	0·01	—	0·01	0·01	0·01	—	0·01	0·03	0·01	0·02	0·01	0·02
	Non-E.	0·06	0·04	0·04	0·02	0·03	0·03	—	0·02	0·02	0·01	0·02	0·01
Aneurysm of the aorta	Eur.	0·02	0·04	0·02	0·02	0·04	0·02	0·02	0·02	0·01	0·01	0·02	—
	Non-E.	0·05	0·04	0·03	0·03	0·02	0·02	0·02	0·01	—	0·01	0·02	0·01
Cancer*	Eur.	1·40	1·40	1·43	1·55	1·46	1·62	1·55	1·61	1·74	1·56	1·53	1·70
	Non-E.	0·68	0·75	0·67	0·76	0·75	0·79	0·71	0·73	0·62	0·62	0·70	0·61

TABLE D—*Continued.*

Disease.	Race.	1948 — 1949	1949 — 1950	1950 — 1951	1951 — 1952	1952 — 1953	1953 — 1954.	1954 — 1955.	1956.	1957.	1958.	Mean for 10 years.	1959.
Acute rheumatic fever	Eur.	0·01	0·02	0·02	0·01	0·01	0·01	0·01	0·01	0·01	0·01	0·01	0·01
	Non-E.	0·05	0·07	0·06	0·04	0·03	0·04	0·02	0·01	0·01	0·00	0·03	0·00
Diabetes	Eur.	0·17	0·19	0·19	0·19	0·19	0·22	0·14	0·04	0·04	0·06	0·14	0·10
	Non-E.	0·11	0·11	0·13	0·10	0·14	0·10	0·13	0·03	0·06	0·06	0·09	0·08
Intracranial lesions of vascular origin†	Eur.	0·99	1·04	1·27	1·10	1·24	1·06	1·19	1·63	1·33	1·48	1·54	1·51
	Non-E.	0·75	0·89	0·97	1·01	0·85	0·71	0·84	0·86	0·82	0·91		0·78
Arterio-sclerosis†	Eur.	0·32	0·27	0·35	0·26	0·36	0·33	0·29	0·23	0·30	0·30	1·03	0·22
	Non-E.	0·27	0·25	0·20	0·29	0·20	0·15	0·16	0·08	0·11	0·08		0·10
Cardiac diseases	Eur.	2·69	2·68	2·79	3·04	2·75	2·78	2·98	3·58	3·45	3·59	3·04	3·62
	Non-E.	1·64	1·47	1·43	1·66	1·34	1·30	1·38	1·66	1·87	1·58	1·54	1·51
Bronchitis and pneumonia (including pneumonia of the newborn)	Eur.	0·40	0·40	0·31	0·37	0·29	0·43	0·40	0·36	0·32	0·32	0·36	0·36
	Non-E.	1·80	1·92	1·46	1·30	1·12	0·91	0·98	0·98	1·03	0·93	1·20	0·71
Gastro-enteritis and colitis, except ulcerative (including diarrhoea of the newborn)	Eur.	0·10	0·10	0·11	0·10	0·07	0·05	0·08	0·09	0·09	0·05	0·08	0·04
	Non-E.	2·22	1·82	2·32	2·51	2·41	2·27	2·46	1·99	1·73	1·81	2·13	1·31
Nephritis	Eur.	0·39	0·35	0·37	0·28	0·16	0·16	0·13	0·13	0·16	0·16	0·23	0·17
	Non-E.	0·41	0·28	0·25	0·27	0·24	0·16	0·16	0·13	0·09	0·14	0·20	0·10
Puerperal sepsis	Eur.	0·01	—	0·01	—	—	0·01	0·01	0·01	—	—	0·00	—
	Non-E.	—	—	0·01	0·02	0·01	0·03	0·01	0·01	0·02	0·01	0·01	0·02
Other diseases of pregnancy, childbirth, and puerperal state	Eur.	0·02	0·01	—	0·01	0·01	0·02	0·02	—	0·01	—	0·01	0·01
	Non-E.	0·09	0·04	0·05	0·04	0·06	0·04	0·07	0·04	0·06	0·03	0·05	0·02
Congenital malformations and diseases of early infancy	Eur.	0·36	0·35	0·30	0·42	0·30	0·44	0·19	0·36	0·35	0·32	0·35	0·29
	Non-E.	1·51	1·32	1·26	1·33	1·26	1·26	0·92	1·22	1·13	1·25	1·25	1·06
Senility	Eur.	0·13	0·14	0·13	0·19	0·15	0·18	0·12	0·14	0·16	0·09	0·14	0·12
	Non-E.	0·06	0·06	0·03	0·08	0·02	0·06	0·03	0·02	0·02	0·02	0·04	0·02
Accidents, poisonings and violence (external cause)	Eur.	0·45	0·52	0·43	0·47	0·40	0·41	0·37	0·42	0·53	0·44	0·44	0·45
	Non-E.	0·62	0·66	0·58	0·61	0·57	0·62	0·57	0·60	0·65	0·65	0·61	0·60
Other causes	Eur.	1·61	1·49	1·28	1·52	1·64	1·35	1·44	1·19	1·22	1·02	1·36	1·11
	Non-E.	1·88	1·96	1·58	1·63	1·70	1·79	1·57	1·09	1·19	1·01	1·48	0·95
TOTAL	Eur.	9·60	9·68	9·55	9·88	9·33	9·37	9·15	10·00	9·96	9·65	9·62	9·96
	Non-E.	17·38	16·44	14·97	14·99	13·12	12·25	11·52	10·34	10·60	9·93	12·80	8·58

†There has been some variation in the allocation of deaths as between these two causes for the years 1944-45—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 E. Deaths of Infants under 1 Year of Age, Classified by Cause and Age, 1959.

(Corrected)

International Code No.	DISEASE.	RACE.	Under 1 day.	Under 2 days.	Under 3 days.	Under 4 days.	Under 5 days.	Under 6 days.	Under 7 days.	Total under 1 week.	Under 2 weeks.	Under 3 weeks.	Under 4 weeks.	Total under 4 weeks.	Over 4 wks & under 2 mths.	Under 3 months.	Under 4 months.	Under 5 months.	Under 6 months.	Under 7 months.	Under 8 months.	Under 9 months.	Under 10 months.	Under 11 months.	Under 12 months.	TOTAL under one year.			Langa African Township.		
			1	2	3	4	5	6	7	1	2	3	4	1	2	3	4	5	6	7	8	9	10	11	12	M.	F.	Persons.	M.	F.	Persons.
010	Tuberculosis, meningeal ...	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
011	Tuberculosis, abdominal ...	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
001-008 012-019	Tuberculosis, other forms ...	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	2	—	2	3	5	—	1	1
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
020	Syphilis, congenital	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—
		Non-E.	1	—	—	—	—	—	—	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
055	Diphtheria	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
056	Whooping cough	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	—	1	3	2	5	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	3	5	—	—	—
085-086	Measles and rubella	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	4	—	3	3	6	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
340	Simple meningitis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	1	9	10	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	1	—	—	—	—	—	—	2	2	4	1	—	1
500-502	Bronchitis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1	1	1	6	6	12	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	1	1	—	2	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
490-493 763	Pneumonia (all forms)	Eur.	1	1	1	—	1	—	1	3	5	9	8	30	17	17	10	7	9	7	8	8	7	5	3	64	66	130	3	3	6
		Non-E.	1	—	3	2	—	—	—	8	—	—	—	8	—	—	—	—	—	—	—	—	—	—	—	4	2	6	—	—	—
571, 764	Diarrhoea and enteritis ...	Eur.	—	—	—	—	—	—	—	—	—	—	—	13	11	44	55	57	36	31	24	23	18	17	21	182	168	350	4	4	8
		Non-E.	—	—	—	—	—	—	—	—	2	4	7	13	11	44	55	57	36	31	24	23	18	17	21	182	168	350	4	4	8
750-759	Congenital malformations ...	Eur.	1	1	1	1	—	—	—	4	2	1	1	8	2	1	2	—	1	1	—	—	1	—	1	8	7	15	2	—	2
		Non-E.	9	5	4	2	—	—	—	20	4	—	1	25	2	4	—	—	2	—	—	—	—	—	—	21	15	36	—	—	—
760-761	Injury at birth	Eur.	2	2	—	—	—	1	—	5	1	—	—	6	—	—	—	1	—	—	—	—	—	—	—	5	2	7	—	—	—
		Non-E.	25	10	13	5	2	1	2	58	3	—	—	61	1	—	—	—	—	—	—	—	—	—	—	35	27	62	1	—	1
774-776	Immaturity	Eur.	7	5	2	1	1	—	1	16	13	7	1	16	1	—	—	—	—	—	—	—	—	—	—	12	4	16	3	3	6
		Non-E.	50	48	18	3	7	6	1	135	13	7	1	156	1	—	—	—	—	—	—	—	—	—	—	84	13	157	3	3	6
762 765-773	Other diseases peculiar to early infancy	Eur.	7	3	—	—	—	1	1	12	—	—	—	12	—	—	—	—	—	—	—	—	—	—	—	9	3	12	3	2	5
		Non-E.	24	19	12	11	8	2	—	76	6	7	4	93	4	2	2	—	1	3	1	2	2	—	2	72	40	112	—	—	—
E924-E925	Accidental mechanical suffocation	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
E926	Lack of care	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	Other and ill-defined or unknown causes	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	—	—	—	—	—	4	—	4	—	1	1
		Non-E.	2	1	—	—	—	1	2	6	5	2	5	18	4	12	9	6	5	4	2	7	3	2	4	46	32	78	2	1	3
		Eur.	18	11	4	2	2	2	1	40	3	3	1	45	3	4	5	3	2	1	1	1	1	—	—	43	23	66	—	—	—
		Non-E.	112	84	50	25	17	10	6	304	40	32	26	402	44	80	80	77	55	51	40	45	36	31	35	532	444	976	19	15	34
	Totals* ...	All Races	130	95	54	27	19	12	7	344	43	33	27	447	47	84	85	80	57	52	41	46	37	31	35	575	457	1,044	19	15	34

* Including 2 of unknown race.

TABLE E1. Deaths of Infants under 1 Year of Age, Classified by Cause and Month of Registration, 1959.

(Corrected for outward transfers)

International Code No.	DISEASE.	RACE.	January.	February.	March.	First Quarter.	April.	May.	June.	Second Quarter.	July.	August.	September.	Third Quarter.	October.	November.	December.	Fourth Quarter.	YEAR.	Percentage total deaths.	Rate per 1,000 live births.
010	Tuberculosis, meningeal ...	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	2	—	2	4	—	1	1	2	—	—	2	2	8	0.8	0.7
011	Tuberculosis, abdominal ...	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
001-008 012-019	Tuberculosis, other forms ...	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	1	—	—	1	—	—	—	—	2	—	1	3	1	—	—	1	5	0.5	0.4
020	Syphilis, congenital	Eur.	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	2	0.2	0.2
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
055	Diphtheria	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
056	Whooping cough	Eur.	—	1	—	1	—	—	—	—	1	1	—	2	1	—	1	2	5	0.5	0.4
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
085-086	Measles and rubella	Eur.	—	—	—	—	—	—	1	1	—	—	1	1	2	2	—	4	6	0.6	0.5
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
340	Simple meningitis	Eur.	1	—	1	2	1	—	3	4	—	1	2	3	—	1	1	2	11	1.1	0.9
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.5	0.3
500-502	Bronchitis	Eur.	—	—	—	—	—	—	3	3	2	3	3	8	1	—	—	1	12	1.2	1.0
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
490-493 763	Pneumonia (all forms)	Eur.	2	5	9	24	8	12	19	39	12	8	10	30	11	13	13	37	130	13.3	10.7
		Non-E.	10	—	—	—	—	—	—	—	—	—	—	—	2	1	—	3	10	15.2	2.7
571, 764	Diarrhoea and enteritis ...	Eur.	70	52	47	169	43	15	20	78	13	13	15	41	13	22	27	62	350	35.9	28.8
		Non-E.	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1.5	0.3
750-759	Congenital malformations ...	Eur.	4	1	1	4	3	4	4	8	5	2	2	9	5	7	3	15	36	3.7	3.0
		Non-E.	—	—	—	4	—	—	4	8	2	2	—	4	1	1	2	4	15	22.7	4.0
760-761	Injury at birth	Eur.	10	9	6	25	5	3	6	14	3	6	4	13	2	5	3	10	62	6.4	5.1
		Non-E.	1	—	1	2	—	1	—	1	1	1	—	2	1	—	1	2	7	10.6	1.9
774-776	Immaturity	Eur.	14	16	8	38	18	9	7	34	12	19	14	45	10	14	16	40	157	16.1	12.9
		Non-E.	1	—	2	3	2	2	2	6	—	3	1	4	—	1	2	3	16	24.2	4.3
762 765-773	Other diseases peculiar to early infancy	Eur.	12	8	9	29	6	8	15	29	11	10	9	30	9	9	6	24	112	11.5	9.2
		Non-E.	1	—	3	4	—	1	1	2	2	—	3	5	—	1	—	1	12	18.2	3.2
E924-E925	Accidental mechanical suffocation	Eur.	1	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1	2	0.2	0.2
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
E926	Lack of care	Eur.	—	—	—	—	—	—	—	—	1	1	—	2	—	1	—	1	4	6.1	1.1
		Non-E.	—	—	—	—	—	—	—	—	7	2	5	14	5	5	5	15	76	7.8	6.3
—	Other and ill-defined or unknown causes	Eur.	5	9	8	22	12	5	8	25	8	8	5	21	5	6	5	16	66	6.1	11.6
		Non-E.	7	2	8	17	5	5	4	14	8	8	4	20	4	6	5	15	974	100	80.1
	Totals*	Eur.	128	100	88	316	93	58	88	241	68	66	67	201	60	79	77	216	1,042	100	65.5
		All Races	136	102	96	334	100	63	92	255	76	75	71	222	64	85	82	231		—	

* Including 2 of unknown race.

TABLE F. Deaths of Infants under 1 Year of Age, Classified by Legitimacy, 1959.

(Corrected)

	Place of Death.	All infants.				Legitimate.				Illegitimate.				No statement.	
		Neo-natal.		Post neo-natal.		Neo-natal.		Post neo-natal.		Neo-natal.		Post neo-natal.		Neo-natal.	Post neo-natal.
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
European	Hospital	30	14	9	7	26	14	9	7	2	–	–	–	2	–
	Domiciliary	1	–	3	2	1	–	2	2	–	–	1	–	–	–
Coloured	Hospital	152	102	64	70	114	66	42	35	31	31	17	32	12	8
	Domiciliary	42	36	174	126	26	26	103	77	15	10	52	42	1	26
African	Hospital	21	23	16	15	11	13	9	9	7	6	4	2	7	7
	Domiciliary	8	8	41	60	6	6	22	37	1	2	10	10	1	22
Asiatic	Hospital	5	1	1	–	4	1	1	–	–	–	–	–	1	–
	Domiciliary	3	1	5	2	3	1	5	2	–	–	–	–	–	–
Non-European	Hospital	178	126	81	85	128	80	52	44	39	37	21	34	20	15
	Domiciliary	53	45	220	188	35	33	130	116	16	12	62	52	2	48
All races*	Hospital	208	140	90	92	155	94	61	51	40	37	21	34	22	15
	Domiciliary	56	45	223	190	36	33	132	118	16	12	63	52	4	48

*Including 2 of unknown race.

TABLE G. Registered Births and Still-Births for the year 1959, classified in wards as to Race, Legitimacy and Percentage of Total Births in Institutions.
(Corrected)

Wards.	EUROPEAN.							NON-EUROPEAN.							TOTALS.			STILL-BIRTHS.				Total still-births.	Percentage of total births, including still-births, occurring in institutions.	
	Legitimate.		Illegitimate.		Total.			Legitimate.		Illegitimate.		Total.						European.		Non-European.				
	Males	Females	Males	Females	Males	Females	Total	Males	Females	Males	Females	Males	Females	Total	Eur.	Non-Eur.	Total	Legit.	Illegit	Legit.	Illegit		European.	Non-European.
1.	138	108	3	–	141	108	249	7	8	12	16	19	24	43	249	43	292	2	–	2	1	5	99	85
2.	97	84	3	4	100	88	188	72	73	32	39	104	112	216	188	216	404	3	–	4	1	8	95	67
3.	99	93	5	–	104	93	197	182	184	57	56	239	240	479	197	479	676	2	–	11	6	19	94	48
4.	136	137	7	15	143	152	295	14	19	17	11	31	30	61	295	61	356	3	–	1	1	5	94	76
5.	137	111	3	3	140	114	254	372	386	135	122	507	508	1,015	254	1,015	1,269	2	–	13	4	19	95	56
6.	29	37	–	1	29	38	67	431	426	150	122	581	548	1,129	67	1,129	1,196	1	1	23	6	31	84	53
7.	98	96	5	9	103	105	208	205	206	40	53	245	259	504	208	504	712	4	–	4	2	10	75	50
8.	204	175	5	5	209	180	389	801	751	313	324	1,114	1,075	2,189	389	2,189	2,578	6	–	53	23	82	75	58
9.	157	144	33	18	190	162	352	48	34	18	18	66	52	118	352	118	470	1	–	3	–	4	93	45
10.	52	51	2	2	54	53	107	1,268	1,264	305	306	1,573	1,570	3,143	107	3,143	3,250	3	–	68	23	94	61	34
11.	133	103	1	2	134	105	239	65	58	7	16	72	74	146	239	146	385	–	–	4	–	4	95	37
12.	154	139	3	1	157	140	297	163	173	44	44	207	217	424	297	424	721	2	–	6	3	11	90	39
13.	128	126	1	4	129	130	259	144	127	42	39	186	166	352	259	352	611	3	–	6	1	10	92	41
14.	191	174	2	8	193	182	375	253	229	49	50	302	279	581	375	581	956	4	–	12	2	18	83	32
15.	141	144	5	6	146	150	296	658	647	207	240	865	887	1,752	296	1,752	2,048	1	–	43	18	62	83	29
Not allocated (unascertained addresses) ...	–	–	–	–	–	–	–	2	–	5	8	7	8	15	–	15	15	–	–	–	–	–	–	73
Total * ...	1,894	1,722	78	78	1,972	1,800	3,772	4,685	4,585	1,433	1,464	6,118	6,049	12,167	3,772	12,167	15,941	37	1	253	91	382	88	44
Excluded from above figures.																								
(1) Births in Cape Town which did not belong thereto	579	586	65	42	644	628	1,272	383	365	298	263	681	628	1,309	1,272	1,309	2,581	18	1	50	18	87	100	94
(2) Langa African Township ...	–	–	–	–	–	–	–	96	88	57	53	153	141	294	–	294	294	–	–	5	5	10	–	88
(3) Nyanga West ...	–	–	–	–	–	–	–	33	30	19	7	52	37	89	–	89	89	–	–	5	5	10	–	91

* Including 2 of unknown race.

TABLE H. Births in Institutions, 1959.

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	468	2,168	411	1,812	57	356
Somerset Hospital	–	2,071	–	1,617	–	454
Salvation Army Maternity Centre ..	–	1,508	–	1,252	–	256
St. Joseph's Sanatorium	1,378	3	804	3	574	–
St. Monica's Home	–	1,100	–	922	–	178
Mowbray Maternity Hospital	1,059	1	824	–	235	1
Booth Memorial Hospital	436	2	357	1	79	1
Kingsbury Nursing Home	461	–	350	–	111	–
Delherbe Maternity Home	435	–	394	–	41	–
Military Hospital	231	–	144	–	87	–
Magdalenahuis	89	–	7	–	82	–
Groote Schuur Hospital	–	24	–	15	–	9
House of Correction	–	10	–	4	–	6
Other institutions	1	5	–	1	1	4
Total	4,558	6,892	3,291	5,627	1,267	1,265

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.
Somerset Hospital	–	110	–	77	–	33
Peninsula Maternity Hospital	11	84	10	64	1	20
St. Monica's Home	–	36	–	25	–	11
Salvation Army Maternity Centre ..	–	29	–	27	–	2
Mowbray Maternity Hospital	13	–	9	–	4	–
St. Joseph's Sanatorium	10	1	3	–	7	1
Booth Memorial Hospital	6	–	5	–	1	–
Delherbe Maternity Home	1	–	1	–	–	–
Military Hospital	3	–	–	–	3	–
Kingsbury Nursing Home	5	–	3	–	2	–
Magdalenahuis	1	–	–	–	1	–
Total	50	260	31	193	19	67

TABLE I. Populations and Vital Statistics for the separate Wards of the City, 1959.

(Corrected)

WARDS.	Calculated Populations on the 30th June, 1959.			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	15,670	5,610	21,280	249	43	15.9	7.7	3	28	1.2	65	195	17	12.4	3.0	54	26	3.4	4.6	3	4	12	93	1	1	0.06	0.18
2	13,170	9,640	22,810	188	216	14.3	22.4	7	71	3.7	33	144	42	10.9	4.4	44	174	3.3	18.0	4	10	21	46	2	6	0.15	0.62
3	9,810	19,490	29,300	197	479	20.1	24.6	5	113	2.5	24	89	128	9.1	6.6	108	351	11.0	18.0	3	37	15	77	—	2	—	0.10
4	17,600	5,110	22,710	295	61	16.8	11.9	22	28	7.5	46	218	10	12.4	2.0	77	51	4.4	10.0	4	2	14	33	3	—	0.17	—
5	9,250	39,390	48,640	254	1,015	27.5	25.8	6	257	2.4	25	71	267	7.7	6.8	183	748	19.8	19.0	3	78	12	77	2	20	0.22	0.51
6	6,440	40,320	46,760	67	1,129	10.4	28.0	1	272	1.5	24	49	267	7.6	6.6	18	862	2.8	21.4	2	69	30	61	1	17	0.16	0.42
7	14,330	19,380	33,710	208	504	14.5	26.0	14	93	6.7	18	95	134	6.6	6.9	113	370	7.9	19.1	2	37	10	73	2	9	0.14	0.46
8	17,970	48,260	66,230	389	2,189	21.6	45.4	10	637	2.6	29	151	654	8.4	13.6	238	1,535	13.2	31.8	12	272	31	124	8	41	0.45	0.85
9	19,580	12,020	31,600	352	118	18.0	9.8	51	36	14.5	31	172	34	8.8	2.8	180	84	9.2	7.0	9	4	26	34	5	2	0.26	0.17
10	5,460	52,120	57,580	107	3,143	19.6	60.3	4	611	3.7	19	51	657	9.3	12.6	56	2,486	10.3	47.7	1	213	9	68	2	41	0.37	0.79
11	14,290	9,840	24,130	239	146	16.7	14.8	3	23	1.3	16	178	39	12.5	4.0	61	107	4.3	10.9	1	8	4	55	1	—	0.07	—
12	13,880	19,260	33,140	297	424	21.4	22.0	4	88	1.3	21	129	105	9.3	5.5	168	319	12.1	16.6	3	20	10	47	1	5	0.07	0.26
13	11,790	17,920	29,710	259	352	22.0	19.6	5	81	1.9	23	136	89	11.5	5.0	123	263	10.4	14.7	4	22	15	63	—	2	—	0.11
14	14,290	20,240	34,530	375	581	26.2	28.7	10	99	2.7	17	149	167	10.4	8.3	226	414	15.8	20.5	10	50	27	86	1	8	0.07	0.40
15	11,510	35,110	46,620	298	1,752	25.7	49.9	11	447	3.7	26	129	420	11.2	12.0	167	1,332	14.5	37.9	5	149	17	85	4	25	0.35	0.71
Not allocated ...	1,520	1,440	2,960		15				13			1	17							—	1			—	3		
City *	196,560	355,150	551,710	3,772	12,167	19.2	34.3	156	2,897	4.1	24	1,957	3,047	10.0	8.6	1,815	9,120	9.2	25.7	66	976	17	80	33	182	0.17	0.51

* Exclusive of all figures relating to the Langa African Township, but inclusive of population in the harbour and shipping and residents enumerated on trains.

TABLE J. Births, Deaths, Natural Increase, and Infant Deaths, and corresponding rates, for the year 1959.

Race.	Births.		Deaths.		Natural increase.		Deaths under one year old.	
	Number.	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.
Europeans:								
uncorrected	5,020	25.5	2,325	11.83	–	–	121	24.1
corrected for outward transfers	3,748	19.1	1,884	9.58	–	–	66	17.6
corrected for outward and inward transfers	3,772	19.2	1,957	9.96	1,815	9.2	66	17.5
Other Coloured:								
uncorrected	11,471	38.3	3,073	10.27	–	–	885	77.2
corrected for outward transfers	10,549	35.2	2,526	8.44	–	–	765	72.5
corrected for outward and inward transfers	10,560	35.3	2,601	8.69	7,959	26.6	766	72.5
Africans (not Langa):								
uncorrected	1,660	34.7	540	11.30	–	–	356	214.5
corrected for outward transfers	1,284	26.9	375	7.85	–	–	191	148.8
corrected for outward and inward transfers	1,284	26.9	387	8.10	897	18.8	192	149.5
Asiatics:								
uncorrected	334	41.5	60	7.46	–	–	19	56.9
corrected for outward transfers	323	40.2	59	7.34	–	–	18	55.7
corrected for outward and inward transfers	323	40.2	59	7.34	264	32.8	18	55.7
All non-Europeans:								
uncorrected	13,465	37.9	3,673	10.34	–	–	1,260	93.6
corrected for outward transfers	12,156	34.2	2,960	8.33	–	–	974	80.1
corrected for outward and inward transfers	12,167	34.3	3,047	8.58	9,120	25.7	976	80.2
All races*:								
uncorrected	18,485	33.5	5,998	10.87	–	–	1,381	74.7
corrected for outward transfers	15,904	28.8	4,844	8.78	–	–	1,040	65.4
corrected for outward and inward transfers	15,941	28.9	5,006	9.07	10,935	19.8	1,044	65.5
Africans resident at Langa Township	294	11.8	154	6.18	140	5.6	34	115.6

*Including 2 of unknown race.

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

TABLE K.—Infant Mortality Rates per 1,000 Births by Causes.

(Corrected)

INFANTS UNDER ONE YEAR OF AGE.

Period.	Common infectious diseases.		Tuberculous diseases.		Syphilis.		Bronchitis and pneumonia.		Diarrhœa 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.
Quinquennium 1916-1917 to 1920-1921 ..	3·3	6·6	1·7	2·2	1·1	0·9	12·3	55·1	28·1	68·7	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	23·9	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
1951-1952 to 1956.. ..	0·1	1·0	0·2	4·2	—	0·5	2·3	15·1	2·3	42·9	15·6	25·8	5·1	14·2	25·6	103·6
Year.																
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	28·1	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
1954-1955 ..	—	1·6	0·3	3·3	—	0·3	1·5	15·5	1·8	45·4	14·0	22·3	3·9	12·4	21·5	100·8
1956.. ..	—	0·2	—	2·6	—	0·2	1·1	14·8	3·1	42·2	14·8	29·2	5·6	13·8	24·5	103·0
1957.. ..	—	2·1	—	2·7	—	0·4	2·0	15·1	1·4	35·1	14·0	24·5	6·2	15·4	23·5	95·3
1958	—	1·0	—	0·9	—	0·1	4·4	15·7	0·3	38·8	13·9	24·3	4·6	16·7	23·1	97·6
1959	—	0·9	—	1·1	—	0·2	2·7	11·7	0·3	28·8	10·9	19·7	3·7	17·9	17·5	80·2

* 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.*

Period.	Common infectious diseases.		Tuberculous diseases.		Syphilis.		Bronchitis and pneumonia.		Diarrhœa 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'
Quinquennium 1926-1927 to 1930-1931 ..	2·8	6·4	1·1	6·9	—	1·1	3·3	28·9	4·8	24·3	0·3	0·6	2·9	8·6	15·2	76·7
1931-1932 to 1935-1936 ..	2·1	6·2	0·9	7·5	—	2·1	3·7	24·8	2·5	10·2	0·2	0·4	3·0	7·3	12·4	67·4
1936-1937 to 1940-1941 ..	0·7	5·1	1·2	7·3	0·1	0·9	2·6	22·4	2·1	15·9	0·2	0·4	2·6	6·9	9·5	58·8
1941-1942 to 1945-1946 ..	0·9	3·9	0·9	14·1	—	0·9	0·9	19·8	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
1951-1952 to 1956.. ..	0·4	1·1	0·5	6·1	—	0·1	0·4	4·6	0·6	17·3	0·2	0·2	1·1	4·3	3·1	33·8
Year																
1951-1952 ..	0·3	6·8	0·6	9·3	—	0·3	0·9	5·6	0·9	10·1	—	0·1	2·4	4·0	5·2	39·0
1952-1953 ..	0·6	1·6	0·6	6·3	—	—	0·6	4·7	0·6	18·3	0·3	—	0·6	4·6	3·3	35·5
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
1954-1955 ..	0·3	2·3	—	5·8	—	0·1	—	4·3	0·3	19·1	0·6	0·3	0·9	4·8	2·1	36·7
1956.. ..	—	0·3	—	3·5	—	—	—	4·6	0·6	14·3	0·3	0·4	0·3	4·8	1·2	27·9
1957.. ..	—	1·7	—	3·2	—	—	0·9	5·9	—	11·4	0·9	0·4	1·4	6·3	3·1	28·9
1958	0·3	1·0	—	2·9	—	0·1	0·9	3·9	0·3	11·2	—	0·2	1·4	5·8	2·9	25·2
1959	—	1·0	—	1·3	—	—	0·6	3·8	0·8	9·0	—	0·2	1·7	5·5	3·1	20.9

* The rate for the year is calculated on the births (less the deaths under one year) in the previous year.

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

Periods.	Estimated Populations.			Birth rates.			Illegitimate births percentage of total births.			Death rates corrected for outward transfers.			Natural increase rates.			Infant mortality rates.			European rates corrected for inward and outward transfers.				Enteric fever death rates, corrected for outward transfers			Tuberculosis (all forms) death rates corrected for outward transfers.		
	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Birth rates.	Death rates.	Natural increase rates.	Infant Mortality rates.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.
2 Years and 296 days 1913–1914 to 1915–1916 ..	—	—	—	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					0·19	0·32	0·25	1·04	4·69	2·82
Quinquennium .. 1916–1917 to 1920–1921	—	—	—	26·71	47·54	36·33	6·52	25·12	17·77	11·95	29·54	20·07	12·74	16·04	14·26	90·84	211·71	164·02					0·23	0·47	0·34	0·88	4·47	2·58
„ .. .. .. 1921–1922 to 1925–1926	—	—	—	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	181·56	144·15					0·13	0·28	0·20	0·79	4·09	2·28
„ .. .. .. 1926–1927 to 1930–1931	—	—	—	21·43	50·21	34·93	5·50	23·10	17·37	10·52	26·17	17·86	10·91	24·04	17·07	62·77	169·35	134·67					0·08	0·21	0·14	0·74	4·75	2·62
„ .. .. .. 1931–1932 to 1935–1936	—	—	—	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	49·57	0·04	0·08	0·06	0·84	4·99	2·82
„ .. .. .. 1936–1937 to 1940–1941	—	—	—	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	40·95	0·01	0·05	0·03	0·76	4·55	2·62
„ .. .. .. 1941–1942 to 1945–1946	—	—	—	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	38·29	0·02	0·07	0·04	0·72	6·06	3·45
„ .. .. .. 1946–1947 to 1950–1951	—	—	—	19·92	43·26	32·60	2·95	23·65	17·91	9·76	17·29	13·82	10·16	26·06	18·78	29·59	109·12	87·34	20·43	10·09	10·34	29·32	0·01	0·05	0·03	0·57	4·50	2·71
„ .. .. .. 1951–1952 to 1956	—	—	—	18·2	37·8	29·8	3·2	24·5	19·2	9·6	12·3	11·2	8·6	25·5	18·6	25·3	102·4	83·5					—	0·0	0·0	0·2	1·7	1·1
Year .. .. .. 1926–1927 ..	114,420	97,700	212,120	20·55	50·50	34·35	5·54	23·03	17·40	10·39	28·08	18·54	10·16	22·42	15·81	67·38	186·59	148·09					0·13	0·28	0·20	0·85	4·61	2·58
„ .. .. .. 1927–1928 ..	128,740	113,590	242,330	21·71	49·32	34·65	5·38	23·18	17·26	10·53	28·50	18·96	11·18	20·82	15·69	60·28	190·62	147·26	22·95	10·75	12·20	57·37	0·08	0·22	0·14	0·83	4·61	2·60
„ .. .. .. 1928–1929 ..	131,290	116,490	247,780	21·48	51·18	35·45	6·01	22·65	17·31	10·69	25·51	17·66	10·79	25·67	17·79	61·17	158·59	127·30	22·27	10·93	11·44	60·43	0·10	0·22	0·15	0·65	4·55	2·48
„ .. .. .. 1929–1930 ..	133,890	119,460	253,350	21·97	49·73	35·06	4·98	23·63	17·45	10·73	25·11	17·51	11·24	24·62	17·55	60·69	160·03	127·23	22·45	10·99	11·46	60·39	0·06	0·14	0·10	0·70	5·15	2·78
„ .. .. .. 1930–1931 ..	136,550	122,500	259,050	21·27	50·16	34·92	5·59	23·01	17·42	10·20	24·08	16·78	11·07	26·08	18·17	65·04	155·39	126·67	21·64	10·42	11·22	64·91	0·06	0·19	0·12	0·63	4·80	2·63
„ .. .. .. 1931–1932 ..	139,070	125,620	264,690	20·62	50·92	35·00	4·86	23·04	17·42	10·76	26·33	18·13	9·86	24·59	16·85	67·13	167·74	136·59	20·84	11·09	9·44	66·78	0·09	0·19	0·14	0·80	5·48	3·02
„ .. .. .. 1932–1933 ..	141,870	128,820	270,690	17·83	48·12	32·25	4·80	22·44	17·21	9·98	21·94	15·67	7·85	26·18	16·58	48·77	143·48	116·14	18·03	10·33	7·70	49·39	0·02	0·04	0·03	0·90	5·15	2·91
„ .. .. .. 1933–1934 ..	144,730	132,110	276,840	17·74	50·46	33·26	5·31	23·39	18·36	9·21	22·83	15·73	8·53	27·61	17·63	34·75	133·27	106·07	17·97	9·44	8·53	34·71	0·01	0·05	0·03	0·89	5·24	2·96
„ .. .. .. 1934–1935 ..	147,640	135,470	283,110	16·59	46·84	31·66	4·75	21·90	17·14	10·85	24·80	17·52	5·74	22·04	13·54	50·78	146·18	119·61	16·77	11·13	5·64	50·63	0·04	0·07	0·05	0·84	4·66	2·66
„ .. .. .. 1935–1936 ..	150,610	138,930	289,540	18·09	48·03	32·45	5·42	21·93	17·18	10·68	23·74	16·95	7·41	24·29	15·50	45·14	145·68	116·53	18·37	10·88	7·49	44·80	0·02	0·04	0·03	0·79	4·45	2·55
„ .. .. .. 1936–1937 ..	152,290	142,520	294,810	17·17	48·37	32·26	4·72	21·91	17·19	9·76	19·48	14·47	7·41	28·89	17·79	47·16	108·95	92·04	17·35	9·96	7·39	46·68	0·01	0·09	0·05	0·55	4·19	2·21
„ .. .. .. 1937–1938 ..	153,300	146,220	299,520	19·13	47·53	32·99	5·47	21·11	16·47	10·56	23·45	16·85	8·57	24·08	16·14	41·03	123·86	102·79	19·41	10·82	8·59	40·43	0·03	0·05	0·04	0·86	4·76	2·75
„ .. .. .. 1938–1939 ..	154,320	150,040	304,360	18·52	46·62	32·37	5·02	22·35	17·32	10·06	21·66	15·78	8·46	24·96	16·59	42·11	123·56	99·93	18·75	10·49	8·26	41·93	0·01	0·03	0·02	0·79	4·77	2·73
„ .. .. .. 1939–1940 ..	155,250	153,980	309,330	19·59	46·43	32·65	5·02	21·77	16·77	9·87	19·89	14·86	9·72	26·54	18·09	40·96	122·91	99·14	19·83	10·29	9·54	40·81	0·01	0·02	0·01	0·72	4·25	2·45
„ .. .. .. 1940–1941 ..	156,380	158,050	314,430	19·18	45·77	32·34	4·41	22·14	16·94	10·12	21·72	15·96	9·06	24·05	16·58	35·77	128·78	101·62	19·42	10·73	8·69	35·67	0·01	0·04	0·04	0·77	4·77	2·78
„ .. .. .. 1941–1942 ..	159,630	162,250	321,880	19·97	42·35	31·27	4·57	22·12	16·60	10·85	23·30	17·14	9·12	19·05	14·13	43·81	150·61	117·19	20·30	11·20	9·10	43·41	0·01	0·07	0·04	0·73	5·38	3·06
„ .. .. .. 1942–1943 ..	164,090	166,590	330,680	21·11	42·01	31·66	3·73	22·06	16·04	10·84	21·59	16·27	10·27	20·42	15·09	42·26	125·79	94·65	21·24	11·34	9·94	42·49	0·02	0·08	0·05	0·68	6·09	3·40
„ .. .. .. 1943–1944 ..	169,189	179,780	348,969	22·82	44·99	34·25	3·46	22·02	16·05	9·89	25·51	17·95	12·93	19·48	16·30	32·82	143·21	107·85	23·36	10·45	12·91	32·92	0·02	0·04	0·03	0·73	6·90	3·91
„ .. .. .. 1944–1945 ..	173,800	185,120	359,110	20·58	44·25	32·81	4·01	24·36	18·24	10·16	22·18	16·39	10·42	22·07	16·42	33·91	127·18	99·60	20·92	10·59	10·34	34·71	0·02	0·09	0·06	0·73	5·00	3·40
„ .. .. .. 1945–1946 ..	178,720	190,690	369,410	19·69	43·79	32·15	3·36	24·23	18·10	9·62	19·99	15·00	10·07	23·80	17·15	37·61	109·40	88·73	20·67	10·04	10·03	36·90	0·02	0·06	0·04	0·74	5·98	3·45
„ .. .. .. 1946–1947 ..	181,550	198,610	380,160	21·93	45·69	34·36	3·10	23·03	17·01	9·44	18·64	14·27	12·49	27·05	20·09	27·46	107·97	84·05	22·42	9·79	12·63	27·10	0·03	0·12	0·08	0·71	5·17	3·04
„ .. .. .. 1947–1948 ..	182,700	208,000	390,700	20·69	42·42	32·29	3·00	23·11	17·06	10·52	19·04	15·09	10·17	23·38	17·20	37·08	122·29	97·51	21·20	10·83	10·37	36·41	0·03	0·04	0·03	0·66	5·44	3·21
„ .. .. .. 1948–1949 ..	183,870	217,840	401,710	20·29	44·21	33·27	2·96	23·89	18·07	9·60	17·38	13·83	10·69	26·83	19·44	29·29	110·88	83·37	20·78	10·02	10·76	29·65	0·01	0·04	0·02	0·45	4·69	2·73
„ .. .. .. 1949–1950 ..	185,040	228,170	413,210	18·70	43·01	32·13	2·69	24·36	18·71	9·63	16·44	13·42	9·02	26·57	18·71	29·56	101·47	83·09	19·34	10·03	9·31	29·43	—	0·03	0·01	0·57	3·96	2·44
„ .. .. .. 1950–1951 ..	186,220	238,990	425,210	18·02	41·40	30·16	2·96	24·98	19·42	9·55	14·97	12·60	8·47	26·43	18·56	23·91	104·20	84·07	18·44	9·81	8·63	23·36	—	0·02	0·01	0·46	3·47	2·16
„ .. .. .. 1951–1952 ..	187,410	250,340	437,750	18·27	40·94	31·25	3·11	25·40	19·86	9·88	14·99	12·82	8·39	25·95	18·43	28·78	106·26	87·26	18·78	10·05	8·73	28·57	—	0·01	0·01	0·26	2·97	1·81
„ .. .. .. 1952–1953 ..	188,610	262,240	450,850	18·37	39·42	30·62	3·38	24·55	19·26	9·33	13·12	11·54	9·04	26·30	19·05	21·29	101·35	81·32					—	0·01	0·00	0·21	2·07	1·29
„ .. .. .. 1953–1954 ..	189,810	274,720	464,530	18·23	37·86	29·86	3·59	24·53	19·30	9·37	12·25	11·09	8·86	25·61	18·77	30·43	100·55	83·71					—	0·01	0·00	0·24	1·77	1·15
„ .. .. .. 1954–1955 ..	191,020	287,820	478,840	17·62	36·95	29·26	2·65	23·66	18·59	9·15	11·52	10·60	8·47	25·43	18·66	21·45	100·80	82·52					—	0·02	0·01	0·17	1·21	0·80
„ 1956	192,850	308,670	501,520	18·6	34·3	28·3	3·0	24·2	18·9	10·0	10·3	10·2	8·6	23·9	18·0	24·5	103·0	83·4					—	—	—	0·1	0·8	0·5
„ 1957	194,080	323,450	517,310	18·4	36·5	29·8	3·6	24·7	19·3	10·0	10·6	10·4	8·5	25·9	19·4	23·5	95·3	79·3					—	0·0	0·0	0·2	0·9	0·6
„ 1958	195,310	338,910	534,220	18·8	34·4	28·7	4·0	23·7	19·0	9·7	9·9	9·8	9·2	24·4	18·8	23·1	97·6	80·2					—	0·0	0·0	0·2	0·7	0·5
„ 1969	196,560	355,150	551,710	19·2	34·3	28·9	4·1	23·8	19·2	10·0	8·6	9·1	9·2	25·7	19·8	17·5	80·2	65·5					—	0·0	0·0	0·2	0·5	0·4

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 population 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 Windermere (1943—44).
All rates corrected for inward and outward transfers from 1956.

TABLE M. Vital Statistic Rates for Various Centres.

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	23.8	29.4	49.5	37.6	27.3	7.5	21.4	12.6	15.9	18.1	34	340	106	114	317	0.0	0.7	0.0	0.2	0.6
Brakpan	24.2				6.5	6.8				8.2	29				496					
Cape Town ..	19.2	26.9	40.2	35.3	34.3	10.0	8.1	7.3	8.7	8.6	17	149	56	72	80	0.2	0.4	0.6	0.5	0.5
Durban	21.0		29.6	39.5		9.4	18.9	7.4	8.5											
Grahamstown ..	15.5	37.5	13.2	53.4		13.2	18.8	3.2	16.2		30	187	250	116						
Johannesburg ..	24.2	30.5	38.3	37.4		8.5	11.1	8.5	11.1		24	126	59	68						
Kimberley ..	25.1	40.8		31.6		7.3	16.0		11.2		22	115		93		0.0	1.1		0.4	0.6
King William's Town	17.7	17.3	28.4	41.9		8.4	6.3		15.1		–	205	–	124		0.1	0.6		3.3	
Pietermaritzburg	20.8	22.7	26.3	43.4		9.1	9.2	4.9	5.2		21	158	33	23		0.0	0.5	0.3	–	
Roodepoort-Maraisburg	23.7	35.8	19.3	22.7	33.9	5.5	12.5	2.2	4.9	7.7	11	142	77	59	135	0.0	0.3	0.7	–	0.2
Port Elizabeth ..	24.5	50.5	22.0	40.1		7.5	20.8	7.2	15.4		30	192	47	117		0.0	2.3	0.4	1.3	
Pretoria	26.6	36.6	33.0	18.7	35.8	6.7	10.7	7.1	7.4	10.4	25	113	48	129	111	0.0	0.2	0.1	0.3	0.2
Union of South Africa (1957)	24.8		31.3	47.7		8.5		8.9	16.3		29		68	127		0.1	1.1	0.2	1.4	
England and Wales (1958)	16.4					11.7					23					0.1				
County of London (1958)	16.8					11.8					22									

TABLE N. Notification of Infectious Disease Classified for Month of Notification, 1959.

E. – European. O. – Non-European.

Period.	Tuberculosis, respiratory.			Tuberculosis, other forms.			Enteric.			Diphtheria.			Scarlet Fever.			Erysipelas.			Cerebrospinal fever.			Infective encephalitis.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
January ..	9	96	105	5	8	13	–	2	2	–	9	9	3	–	3	2	–	2	2	2	4	1	1	2
February .	10	100	110	–	9	9	–	4	4	2	3	5	1	–	1	1	–	1	2	–	2	–	–	–
March ..	12	103	115	–	9	9	–	2	2	1	2	3	8	3	11	–	–	–	–	–	–	–	–	–
April ..	6	130	136	1	12	13	–	3	3	1	4	5	5	1	6	1	–	1	1	1	2	–	–	–
May ..	5	89	94	3	9	12	1	–	1	3	3	6	14	1	15	–	–	–	–	–	–	–	–	–
June ..	17	99	116	–	12	12	1	1	2	–	4	4	9	2	11	–	–	–	1	1	2	–	–	–
July ..	14	115	129	1	7	8	1	4	5	–	6	6	12	2	14	–	–	–	1	4	5	–	–	–
August ..	15	118	133	1	6	7	–	1	1	2	5	7	12	3	15	2	–	2	–	1	1	–	–	–
September	14	120	134	8	84	92	1	–	1	2	4	6	23	1	24	–	–	–	–	1	1	–	–	–
October ..	20	116	136	–	7	7	1	5	6	–	13	13	19	3	22	1	1	2	1	1	2	–	–	–
November	15	117	132	1	10	11	–	–	–	2	6	8	27	2	29	–	–	–	–	–	–	–	–	–
December	11	109	120	2	8	10	–	2	2	4	4	8	14	1	15	–	1	1	1	–	1	–	2	2
Year ..	148	1,312	1,460	22	181	203	5	24	29	17	63	80	147	19	166	7	2	9	8	11	19	1	10	11

Period.	Acute poliomyelitis.			Ophthalmia.			Puerperal fever.			Malta fever.			Leprosy.			Whooping cough.			Total.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
January ..	–	3	3	2	36	38	–	–	–	–	–	–	–	–	–	–	8	8	24	165	189
February .	–	–	–	1	41	42	–	3	3	1	–	1	–	–	–	–	11	11	18	171	189
March ..	–	–	–	–	37	37	–	–	–	–	–	–	–	–	–	–	15	15	21	171	192
April ..	2	–	2	2	35	37	–	–	–	–	–	–	–	–	–	3	12	15	22	198	220
May ..	–	–	–	–	33	33	–	–	–	–	–	–	–	–	–	–	3	3	26	138	164
June ..	–	1	1	–	45	45	–	2	2	–	–	–	–	–	–	–	14	14	27	181	208
July ..	–	2	2	1	48	49	–	–	–	–	–	–	–	–	–	3	8	11	33	197	230
August ..	–	3	3	1	46	47	–	–	–	–	–	–	–	–	–	1	20	21	34	204	238
September	2	8	10	1	53	54	–	1	1	–	–	–	–	–	–	1	5	6	52	278	330
October ..	2	11	13	–	50	50	–	1	1	–	–	–	–	–	–	–	8	8	44	219	263
November	5	17	22	1	28	29	–	–	–	–	–	–	–	1	1	1	7	8	52	189	241
December	5	15	20	–	20	20	–	–	–	–	–	–	–	–	–	1	2	3	38	164	202
Year ..	16	60	76	9	472	481	–	7	7	1	–	1	–	1	1	10	113	123	391	2,275	2,666

TABLE O. Notification of Infectious Disease Classified for Age-Groups, 1959.

E. — European. O. — Non-European.

Age-groups.	Tuberculosis, respiratory.					Tuberculosis, other forms.					Enteric.					Diphtheria.					Scarlet fever.					Erysipelas.					Cerebrospinal fever.					Infective Encephalitis.				
	E.		O.		Total.	E.		O.		Total.	E.		O.		Total.	E.		O.		Total.	E.		O.		Total.	E.		O.		Total.	E.		O.		Total.	E.		O.		Total.
	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.	
0— 1 year ..	1	1	32	36	70	—	—	10	10	20	—	—	1	—	1	—	1	2	1	4	1	—	—	1	2	—	—	—	—	—	1	—	1	3	5	—	—	3	—	3
1— 2 years ..	3	2	48	47	100	—	1	11	4	16	—	—	—	—	—	1	—	3	2	6	1	2	—	—	3	—	—	—	—	—	—	1	2	5	—	1	—	2	3
2— 5 " ..	7	2	98	106	213	3	2	17	14	36	—	—	—	1	1	2	1	11	7	21	17	21	1	4	43	—	—	—	—	—	—	1	—	1	—	—	1	—	1
5—10 " ..	1	1	54	51	107	2	—	9	15	26	—	—	3	1	4	5	1	11	8	25	37	44	4	6	91	—	—	1	—	1	1	—	—	1	—	—	—	—	2
10—15 " ..	2	—	18	19	39	1	3	4	9	17	1	1	2	3	7	1	1	2	3	7	13	7	—	3	23	—	—	—	—	—	2	—	—	3	—	—	—	—	—
15—25 " ..	10	9	96	127	242	—	1	12	9	22	—	—	3	3	6	—	2	1	7	10	1	3	—	—	4	—	—	—	—	—	1	—	—	2	—	—	—	—	—
25—35 " ..	9	11	141	78	239	2	1	8	12	23	1	2	2	2	7	—	2	1	4	7	—	—	—	—	—	2	—	—	—	2	—	—	—	1	—	—	2	—	2
35—45 " ..	15	5	124	47	191	1	—	4	3	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	3	—	—	1	1	—	—	—	—	—	—
45—55 " ..	18	5	87	9	119	—	2	5	2	9	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	—	—	—	—	—	—	—
55—65 " ..	16	6	49	14	85	—	1	—	1	2	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
65—75 " ..	11	3	13	8	35	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—
75—85 " ..	6	2	7	2	17	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
85 and over ..	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unknown ..	—	1	—	1	2	—	—	11	11	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ..	99	49	767	545	1,460	10	12	91	90	203	2	3	12	12	29	9	8	31	32	80	70	77	5	14	166	3	4	1	1	9	5	3	5	6	19	—	1	6	4	11

Age-groups.	Acute poliomyelitis.					Ophthalmia.					Puerperal fever.					Malta fever.					Leprosy.					Whooping Cough.					Total.				
	E.		O.		Total.	E.		O.		Total.	E.		O.		Total.	E.		O.		Total.	E.		O.		Total.	E.		O.		Total.	E.		9.		Total.
	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.	
0— 1 year ..	—	2	11	10	23	4	5	256	216	481	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	13	21	37	7	12	329	298	646
1— 2 years ..	1	1	12	13	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	8	19	6	8	87	78	179
2— 5 " ..	1	1	4	7	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	19	26	48	31	30	151	165	377
5—10 " ..	3	2	—	3	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	6	9	17	51	48	88	95	282
10—15 " ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	2	21	13	27	37	98
15—25 " ..	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	13	15	112	148	288
25—35 " ..	1	1	—	—	2	—	—	—	—	—	—	—	—	—	—	5	—	—	—	5	—	—	—	—	—	—	—	—	—	—	15	17	155	101	288
35—45 " ..	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	19	7	128	52	206
45—55 " ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18	8	92	13	131
55—65 " ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16	8	50	16	90
65—75 " ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	4	13	8	37
75—85 " ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	3	7	2	18
85 and over ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Unknown ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1	11	12	25
Totals ..	9	7	27	33	76	4	5	256	216	481	—	—	—	7	7	1	—	—	—	1	—	—	—	1	1	4	6	49	64	123	216	175	1,250	1,025	2,666

TABLE P. Notification of Infectious Disease Classified for Wards, etc., 1959.

E. — European. O. — Non-European.

Wards of the City, etc.	Tuberculosis, respiratory.			Tuberculosis, other forms.			Enteric.			Diphtheria.			Scarlet fever.			Erysipelas.			Cerebrospinal fever.			Infective encephalitis.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
1.	8	13	21	1	3	4	—	—	—	1	—	1	6	—	6	—	—	—	1	—	1	—	—	—
2.	14	42	56	—	3	3	1	—	1	1	3	4	3	—	3	—	—	—	—	—	—	—	—	—
3.	9	29	38	1	7	8	—	5	5	—	2	2	5	2	7	—	—	—	—	—	—	—	1	1
4.	14	11	25	2	—	2	—	—	—	1	—	1	8	—	8	—	—	—	—	—	—	—	1	1
5.	14	137	151	1	13	14	—	6	6	1	4	5	10	3	13	3	2	5	—	—	—	—	—	—
6.	2	80	82	—	14	14	—	2	2	—	6	6	5	3	8	—	—	—	—	—	—	—	—	—
7.	9	47	56	1	10	11	—	—	—	2	3	5	5	—	5	—	—	—	—	—	—	—	—	—
8.	19	361	380	3	48	51	3	6	9	3	14	17	10	3	13	1	—	1	2	1	3	—	2	2
9.	9	13	22	5	2	7	1	—	1	1	1	2	14	—	14	—	—	—	1	—	1	1	—	1
10.	5	307	312	1	42	43	—	1	1	3	6	9	8	1	7	—	—	—	—	6	6	—	3	3
11.	9	12	21	2	2	4	—	—	—	1	—	1	16	—	16	—	—	—	3	—	3	—	1	1
12.	14	32	46	1	2	3	—	—	—	—	1	1	23	3	26	—	—	—	—	1	1	—	—	—
13.	2	26	28	2	5	7	—	4	4	—	4	4	15	1	16	—	—	—	—	—	—	—	—	—
14.	7	48	55	1	6	7	—	—	—	1	3	4	13	1	14	—	—	—	—	—	—	—	—	—
15.	13	149	162	1	24	25	—	—	—	2	16	18	8	2	10	3	—	3	1	3	4	—	1	1
Not allocated	—	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total, local cases ...	148	1,312	1,460	22	181	203	5	24	29	17	63	80	147	19	166	7	2	9	8	11	19	1	10	11
Imported cases:																								
Developed outside municipal area ...	24	138	162	1	16	17	1	2	3	—	—	—	3	—	3	—	—	—	—	—	—	—	—	—
Introduced from overseas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Direct removals (cases removed to hospitals in Municipal area): ...	21	145	166	2	36	38	3	35	38	25	85	110	27	3	30	2	—	2	6	19	25	—	4	4
From ships in harbour ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nyanga West	—	40	40	—	3	3	—	—	—	—	—	—	—	—	—	—	4	4	—	—	—	—	—	—
Langa Township ...	—	264	264	—	18	18	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	2	2

Wards of the City, etc.	Acute poliomyelitis.			Ophthalmia.			Puerperal fever.			Malta fever.			Leprosy.			Whooping cough.			Total.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
1.	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	17	18	35
2.	1	—	1	—	12	12	—	—	—	—	—	—	—	—	—	—	—	—	20	60	80
3.	—	—	—	—	28	28	—	—	—	—	—	—	—	—	—	1	9	10	16	83	99
4.	1	—	1	1	3	4	—	—	—	—	—	—	—	—	—	3	—	3	30	15	45
5.	—	4	4	—	54	54	—	—	—	—	—	—	—	—	—	1	38	39	30	261	291
6.	1	2	3	2	37	39	—	—	—	—	—	—	—	—	—	—	19	19	10	163	173
7.	1	—	1	1	23	24	—	—	—	—	—	—	—	—	—	—	4	4	19	87	106
8.	1	14	15	1	115	116	—	4	4	1	—	1	—	—	—	—	27	27	44	595	639
9.	—	1	1	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—	33	20	53
10.	2	24	26	—	89	89	—	2	2	—	—	—	—	1	1	—	3	3	17	485	502
11.	2	—	2	—	4	4	—	1	1	—	—	—	—	—	—	—	1	1	33	21	54
12.	—	2	2	2	6	8	—	—	—	—	—	—	—	—	—	—	4	4	40	52	92
13.	2	2	4	1	8	9	—	—	—	—	—	—	—	—	—	—	1	1	22	51	73
14.	1	3	4	—	8	8	—	—	—	—	—	—	—	—	—	5	4	9	28	73	101
15.	4	8	12	—	81	81	—	—	—	—	—	—	—	—	—	—	2	2	32	285	317
Not allocated	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	6
Total, local cases ...	16	60	76	9	472	481	—	7	7	1	—	1	—	1	1	10	113	123	391	2,275	2,666
Imported cases:																					
Developed outside municipal area ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29	156	185
Introduced from overseas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Direct removals (cases removed to hospitals in Municipal area): ...	30	71	101	—	—	—	—	5	5	—	—	—	—	—	—	4	24	28	120	427	547
From ships in harbour ...	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Nyanga West	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	43	43
Langa Township ...	—	3	3	—	7	7	—	—	—	—	1	1	—	—	—	—	—	—	—	301	301

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