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

The Corporation

OF

The City of Cape Town

SPES BONA

ANNUAL REPORT

OF THE

Medical Officer of Health

1960

CITY OF CAPE TOWN.

Principal Vital Statistics for 1961

Population.

	Male.	Female	Total
All races	233,890	256,410	490,300
White	91,080	101,200	192,280
Non-White	142,810	155,210	298,020
Coloured	128,020	143,960	271,980
African	10,910	7,960	18,870
Asiatic	3,880	3,290	7,170

African Townships. (Additional).

Langa	21,400	4,355	25,755
Nyanga West	6,863	7,248	14,111

Births

	Total live births		Corrected births.		Birth rate.
	Male	Female	Male	Female	
All races	9,734	9,591	8,254	8,127	33.4
White	2,667	2,525	1,896	1,793	19.2
Non-White	7,067	7,066	6,358	6,334	42.6
Coloured	6,370	6,372	5,849	5,817	42.9
African	551	568	370	399	40.8
Asiatic	146	126	139	118	35.8

(Plus 5 of unknown race or sex).

Still Births.

	Crude	Corrected	Still Birth Rate.
All races	462	377	22.5
White	55	44	11.8
Non-White	407	333	25.6
Coloured	336	287	24.0
African	61	37	45.9
Asiatic	10	9	33.8

Illegitimate Births.

	Crude	Corrected	Percentage.
All races	3,786	3,106	19.0
White	257	141	3.8
Non-White	3,524	2,960	23.3
Coloured	3,169	2,712	23.2
African	353	246	32.0
Asiatic	2	2	0.8

(Including 5 of unknown race).

NOTE: Estimated population and relevant rates based on the Census of November, 1960.

Births in Institutions.

	Live Births. Crude	Live Births. Corrected No.	Live Births. Corrected %	Still Births. Crude	Still Births. Corrected No.	Still Births. Corrected %
All races	12,553	9,711	59	355	271	72
White	4,839	3,341	91	51	40	91
Non-White	7,714	6,370	50	304	231	69
Coloured	5,957	4,970	43	210	161	56
African	1,685	1,339	90	89	65	72
Asiatic	72	61	24	5	5	56

Deaths

	Crude Male	Crude Female	Corrected Male	Corrected Female	Death Rate
All races	3,583	2,919	2,872	2,450	10.86
White	1,305	1,093	1,051	935	10.33
Non-White	2,276	1,826	1,821	1,515	11.19
Coloured	1,923	1,601	1,596	1,386	10.96
African	316	203	189	108	15.74
Asiatic	39	22	36	21	7.95

(Plus 5 of unknown race or sex).

Principal Causes of Mortality.

White

	No.	Rate
Cardiovascular	689	3.6
Arterial	390	2.0
Neoplasms	341	1.8
Violence	101	0.5
Bronchitis/pneumonia	65	0.3
Senility	40	0.2
Nephritis	30	0.2
Liver	26	0.1
Diabetes	26	0.1
Tuberculosis	25	0.1

Non-White

	No.	Rate.
Cardiovascular	571	1.9
Diarrhoea	444	1.5
Arterial	351	1.2
Bronchitis & pneumonia	290	1.0
Neoplasms	266	0.9
Violence	255	0.9
Tuberculosis	192	0.6
Immaturity	173	0.6
Early infancy	152	0.5
Cong.Malformation	52	0.2

Age at Death.

	0 - 1	1 - 4	5 - 24	25 - 64	65 +
All races	1,037	313	211	1,893	1,868
White	74	13	31	685	1,183
Non-White	963	300	180	1,208	685
Coloured	839	265	165	1,058	655
African	111	31	13	123	19
Asiatic	13	4	2	27	11

Infant Mortality.

	Neonatal	Post neonatal	Total	
			No.	Rate.
All races	441	596	1,042	64
White	57	17	74	20
Non-White	384	579	963	76
Coloured	340	499	839	72
African	34	77	111	144
Asiatic	10	3	13	51

(Including 5 of unknown race).

Principal Causes of Infant Mortality.

	White		Non-White	
	No.	Rate.	No.	Rate.
Diarrhoea	7	1.9	331	26.1
Immaturity	25	6.8	178	14.0
Bronchitis & pneumonia	4	1.1	137	10.8
Injury at birth	4	1.1	51	4.0
Cong.malformation	11	3.0	44	3.5

Maternal Mortality.

	No.	Rate.
All races	15	0.92
White	1	0.27
Non-White	14	1.10

Infectious Diseases Notified.

	Total	White	Non-White.
Tuberculosis, pulmonary	1,681	134	1,547
Tuberculosis, other	256	27	229
Enteric	6	-	6
Diphtheria	87	17	70
Scarlet fever	108	92	16
Whooping cough	144	24	120
Cerebrospinal fever	26	5	21
Poliomyelitis	8	3	5
Encephalitis	8	1	7
Puerperal fever	6	1	5
Erysipelas	5	1	4
Ophthalmia neonatorum	400	8	392

Immunisation.

	Total	White	Non-White.
Poliomyelitis			
Salk vaccine	10,862	1,717	9,145
Oral vaccine	269,982	100,134	169,848
Diphtheria	27,769	4.409	23,360

Child Welfare.

	New cases	Total.
Attendances - infant consultations	18,903	240,492
pre-natal clinics	9,731	38,684
school clinics	4,942	15,398
post-natal clinics	1,234	5,215
orthopaedic clinics		6,533
day nurseries	144	50,735
Visits by health visitors		142,247

Dental Clinics.

Sessions	3,128
New cases	26,809
Total attendances	56,108

Tuberculosis Clinics.

Sessions	1,311
New cases	10,497
Total attendances	57,933

Venereal Disease Clinics.

Sessions	1,242
New cases	4,290
Total attendances	16,512

Environmental Sanitation.

Visits by Health Inspectors	144,050
Visits by ratcatchers	108,037
Visits by Pest Control Officers	7,582
Rodents caught	7,866
Notices served	2,637
Foodstuffs analysed	778
Legal proceedings	84
Attendances at washhouses	49,929
Attendances at showerbaths	22,749
Dwellings completed ,	1,259
Daily average of patients in City Infectious Diseases Hospital	310
Brooklyn Chest Hospital	301

The Corporation

OF

The City of Cape Town

ANNUAL REPORT

OF THE

Medical Officer of Health

1960

THE CORPORATION OF THE CITY OF CAPE TOWN.

Report of the Medical Officer of Health

FOR THE YEAR 1960.

To His Worship the Mayor and Councillors
of the City of Cape Town.

Ladies and Gentlemen,

I have the honour to present my 9th 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 1960.

Vital Statistics.

A national population Census was taken on 6th September, 1960. At the time of compilation of this report, however, the basic figures necessary for the calculation of rates, etc. were not yet available to the Department.

The population of the city, 569,990 (197,810 European and 372,180 non-European) as at 30th June, the middle of the year, has therefore again had to be estimated. In addition, there were on the same date 25,216 persons in the Langa African Township, and 9,634 persons in the new African Township of Nyanga West.

Statistics are compiled separately for these three groups, and a study of figures quoted in this report will reveal the reason for this arrangement. In the two African Townships, the number of inhabitants is accurately known as the result of a regular count of heads. A great number of residents in both townships are migratory in that they come to the City from the African Territories in search of work, remain here for eighteen months to two years and then return home.

The age group of this section is also in the main limited to those ages where mortality rates are at their lowest. Statistics for the city proper deal largely with permanent residents and so is to a great extent free of the bias which applies to a population with a high percentage of temporary alien residents.

Births.

According to the returns of the local Registrar of Births and Deaths, 3,556 European and 12,435 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 18.0 per 1,000 population for Europeans and 33.4 for non-Europeans. The rates for both racial groups show a fall from those of the previous year. The fall in the non-European rate is mainly occasioned by a decline in the rates for the African and Asian sections of this group.

The Department is still concerned by the fact that many more births are notified to us than are registered with the Births and Deaths Registration Office. This matter has previously been raised with the officials concerned but has up to the present borne no fruit.

The proportion of city live births occurring in institutions remains unchanged but the actual number of institutional confinements has been stepped up.

The number of illegitimates shows a slight reduction in both racial groups, but the contrast between the rates for the two main groups in so far as this entity is concerned is most revealing. It is encouraging to be able to report a further decrease in the number of still births. The usual preponderance of male over female births continues.

Deaths.

The number of deaths registered as occurring among city residents was 2,116 European and 3,240 non-European, which is equivalent to a rate of 10.7 for Europeans and 8.7 for non-Europeans. Both these rates are higher than those for the previous year.

As has occurred in previous years cardio vascular disease in the European group is again well in the lead as a cause of death. Following it are the arterial group of diseases. This cause appears to have displaced malignancy from second place. A further significant trend is the continued increase in the number of deaths from coronary artery disease amongst this racial group.

In the non-European group increases occurred in all the principal causes of death except cancer and tuberculosis. Deaths from heart disease (cardio vascular) and from pneumonia show greater increases than the other main causes in this group. If cardio vascular disease is occasioned by the high consumption of saturated fats, are our non-European group's standard of living rising, or is it due to the fact that more of them are living longer and reaching the age bracket where cardio-vascular degenerative changes are a naturally occurring phenomena?

It is interesting and of importance to note that in deaths due to malignancy the greatest actual number in the white group (46) occurred as the result of malignancy of the trachea and bronchi. In the non-white group malignancy of the stomach (57) was the most common cause of death.

Some peculiarity, not yet fully explained, exists in the relationship of the death rates of the two main racial groups. Ever since records have been kept in Cape Town, there has been a wide divergence between the rates, but the non-European death rate has steadily been reduced with the result that it eventually equalled and now is actually lower than the European rate. The latter rate has not varied much in the past forty years. A possible explanation may be that the estimated population figures for the non-European are far greater than the actual figures as revealed by the 1960 Census.

Infant Mortality.

A surprising and unexpected increase has occurred in the European infant mortality rate. This increase is due to a greater number of infant deaths from prematurity and injury at birth. The former cause is difficult to prevent as we do not know all the reasons for its occurrence but the latter should be preventable, or could be materially reduced, with careful ante-natal and midwifery care. The disappointing attendance figures of Europeans at municipal ante-natal clinics may not be without significance and will require further investigation and study.

The non-European infant mortality rate is practically the same as that for the previous year and is encouraging. Room for improvement in this group should be attainable, as the main cause of infant deaths is from gastro enteritis and pneumonia, conditions which are preventable should the nutritional and social standards of the group in question be materially improved.

It is a sad reflection on this City that no less than 362 deaths from gastro enteritis occurred in the age group 0 — 1 year in this racial group during the year. At least 90 per cent of these are the result of protein malnutrition. To appreciate that the simple remedy of feeding half a pint of milk to each of these infants and those countless others who have developed the disease but have recovered after weeks in a hospital bed, or attendance at an out-patient clinic, becomes laughable were it not so lamentable.

Apart from the ethics and the morals involved, the mere question of the cost of maintaining hospital beds to-day should indicate to Central, Provincial and Local Governments alike that the financial investment involved in applying the preventable aspects against this disease would pay very handsome dividends in freeing such beds and the out-patient Departments of general hospitals for dealing with other and more pressing medical and surgical cases.

It would also not be out of place to reiterate once more that the infant mortality rate in the non-European group is still adversely affected by the known non-registration of many infant births at the office of the Registrar of Births and Deaths.

Maternal Mortality.

No European maternal deaths from causes ascribed to pregnancy and childbirth are recorded for 1960. The non-European maternal deaths, which are the highest for a number of years, are mostly due to abortion, with or without sepsis.

In the single case of a death from puerperal fever, the patient was institutionally cared for but died notwithstanding.

Infectious Diseases.

Only 16 cases of enteric fever — all non-European — were notified during the year under review. This is the lowest number of cases ever recorded in the municipal area, and the first occasion that not a single European case has occurred.

It is most disappointing to once again have to report an increase in the number of cases of diphtheria (87 cases as against 80 in the previous year). This increase was solely due to a greater incidence amongst Europeans. Maximum efforts have been directed to the immunization campaign, but apparently by its very success in effecting a major reduction in incidence of diphtheria over the past twenty years, parents are being lulled into a sense of false security against an always dangerous and fatal disease. Diphtheria will always be a killer in so far as the non-immune is concerned and it is hoped that this increase in notifications will be fully publicised and will result in parents heeding the warnings and exhortations of the department to have their children fully protected. Six deaths, three European and three non-European (five of whom were children) have to be recorded. In none of these was there any record of diphtheria immunization.

The number of cases of scarlet fever has fallen and include 22 cases which occurred in an institutional outbreak. The incidence of this disease has returned to the rate which has been recorded for former years.

Poliomyelitis notifications were of a low order with no build up over the early summer months as was the case in the previous year. It is of particular moment to be able to record that the first mass polio immunization campaign using Type I Sabine Oral Attenuated Vaccine was successfully completed during a two and half week period in the month of November, 1960. In this campaign 216,910 individuals were fed the vaccine with no serious or untoward effect. By and large the response from the public was very good and the staff cheerfully and most willingly worked overtime under difficult and trying circumstances.

An increase in the number of deaths from measles has to be recorded. It should, however, be borne in mind that this disease is not notifiable, and the cases which come to the notice of the department through admission to hospital are mostly the serious cases which have deteriorated through bad home environment, poor nutrition and lack of proper nursing. There is, however, an impression, contrary to what is at present occurring in the London County Council Area, that measles is to-day more virulent than it was ten years ago and more children develop complications such as broncho-pneumonia than was the case previously.

Notwithstanding our experiences in Cape Town regarding the occurrence of Coxsackie outbreaks in maternity institutions, I have to record another outbreak of this disease in a private maternity institution. Following the introduction of infection into this home by a parturient mother resulting in the death of her infant from viral myocarditis, the home was immediately evacuated and intensively disinfected. Unfortunately the infection had already been conveyed to another infant, who was premature and supposedly isolated, who also died, with the typical cardiac muscle degeneration. The system of a common baby nursery in maternity homes may be convenient for easy running, but it is now quite evident that it is an easy means by which many infections, including those caused by the viruses, are spread, with frequently fatal results to the neo-nate.

Tuberculosis.

The number of tuberculosis notifications has continued to decline, the reduction being proportionally greatest in the male — the sex group in whom this disease is usually more prevalent. This change may be related to the activities of the Mass Radiography Service, which was responsible for detecting a high proportion of cases of early disease who are treated and recover on domiciliary treatment. It is important to note the high incidence rates in the African townships where this disease is always a problem and a menace.

The regular annual increase in attendances at the clinics, recorded for so many years, was broken during the year under review. This may have been due to staff difficulties and shortages, but the civic disturbances which occurred in both African townships during the year must also bear some of the responsibility.

Venereal Diseases.

Attendances at the venereal disease clinics show some increase. This may be due, possibly, to economic factors forcing patients to seek clinic advice and treatment instead of that of a private practitioner.

The number of new male cases of gonorrhoea recorded for the year in question would suggest that a very large untreated pool of female infection must exist in the City. The difficulty of tracing these female contacts has not been overcome during the year under report, and as a result it is considered that no headway has been made in combating the spread of infection.

Dental Branch.

Although attendances at the dental clinics have been increasing annually, it has become apparent lately that, particularly in children, the average number of extractions and the incidence of dental diseases has shown a welcome decline. This happy state of affairs might be accounted for by previous treatments which such groups have received from the Dental Branch.

Among the poorest section of the community, however, there still, unfortunately, remains a marked antipathy to any form of conservative dental treatment.

Child Welfare.

The attendances of non-European mothers at infant welfare centres has increased during the year and the staff, who have not been up to full strength owing to the shortage of qualified Health Visitors, have been fully committed. It has, for some time, been felt that owing to the size and number of clinics operating each week the Health Visitor is not spending sufficient of her time on domiciliary visiting. There is no doubt that it is in the home that the greatest impact can be made on the mother regarding health education and propaganda.

The unprecedented low European infant mortality rate for 1959 has unfortunately not been maintained in the year under report. The increase appears largely to be due to a higher number of infant deaths from prematurity.

The Maternal and Child Welfare Branch was responsible for mounting the first mass immunization campaign against poliomyelitis in this City by the use of live attenuated oral vaccine. The vaccine, which was mono valent (against Type I strain only) was prepared at the Institute for Poliomyelitis Research in Johannesburg and was of the Sabin type.

The campaign which was of short duration — 18 days — was most successful in that a total of 216,910 individuals were vaccinated, of which 51,461 were pre-school children and 97,930 school children. The vehicle for the vaccine was an absorbent sweet for older children and adults, and syrup simplex for young babies.

The effect of this mass campaign is at present difficult to assess but it can be recorded that the anticipated seasonal increase did not occur and, furthermore, that no type I cases occurred amongst those notified and confirmed as poliomyelitis cases up to the first week in January, 1961.

Following the cessation by the Cape Provincial Administration of the school feeding scheme for schools — an action which many Health Workers, including myself, deplore as a most retro-grade step — the Department was further shocked by the announcement that fresh milk supplied to us by the Department of Social Welfare for use amongst indigent pre-school children was also to be stopped. This serious set-back in our fight against malnutrition was not taken lying down but notwithstanding wide press publicity and representations made by several interested bodies, including your own Council, the Central Government's decision in this regard has as yet not been countermanded or amended.

There is little doubt that serious malnutrition occurs amongst the lower sections of our population and until this is seriously and wholeheartedly tackled by all authorities, no improvement in the incidence of gastro-enteritis, kwashiorkor, broncho-pneumonia and tuberculosis can be expected.

Environmental Sanitation.

Considerable trouble has been experienced with mosquito infestation in the Black River Valley. Luxuriant and extensive growth of vegetation along the river banks in this area, together with the inaccessibility of the breeding places, make pest control difficult. To add to the difficulties road construction projects in the area have also permitted additional collections of water to occur which serve as ideal breeding sites for the mosquito. Fortunately our mosquito variants are of the Culicene genus and are thus more of a nuisance value than an actual danger to health.

Despite the repeated and regular advice of the Department in former years to our milk producers regarding the regular innoculation of their dairy cattle against anthrax, the disease broke out during the year on two farms where animals had not been inoculated. The milk from these two suppliers was prohibited from coming into the City until 14 days after inoculation of all animals in both herds.

A considerable number of samples of mincemeat taken for analysis from one of our large butchers indicated that a high proportion was adulterated. Prosecution is automatic in such cases, and it is hoped that the press publicity afforded will serve as a deterrent to other would-be offenders.

A total of 340 tons of foodstuffs were condemned as being unfit for human consumption. This is greatly in excess of the amount condemned in the previous year, and is mainly accounted for by the fact that an increased weight of foodstuffs was condemned this year at the public markets as compared to last year.

Langa Hospital.

It is with much regret that I have to report that, owing to lack of medical and senior nursing cover, the Langa African Hospital and curative out-patient Department was handed over on the 31st December, 1960, after 28 years control by the City Council's Health Department, to the Provincial Hospitals Department.

The promotive and preventitive services such as infant welfare, ante- and post-natal and anti-tuberculosis services, which always existed, and made use of the outpatient facilities at the hospital, continue, however, to function fully under the control of this Department.

Housing.

The development of the new African Township at Nyanga West proceeded apace with the completion of over 800 permanent houses. It should also be remembered that a further large number of temporary houses have also been erected in this area, and that the population of this Township at the end of 1960 was over 13,000 individuals.

The large housing scheme at Steenberg has been further extended by the erection of nearly another 1,000 houses. This estate is absorbing families which have outgrown their present accommodation, or were occupying totally inadequate shack accommodation and has resulted in a decided movement of the non-European population to this southern portion of the municipality.

A further large Coloured housing scheme, which will eventually comprise 5,500 dwellings, has been commenced at Bonteheuwel, bordering Kewtown and the Epping Industrial area, which will, when completed, be one of the largest areas housing the Coloured community. This new scheme, when complete, will nearly double the combined size of the Athlone, Kew Town and Bridgetown housing estates in this area.

It will certainly be a happy day for this City when the majority of its citizens are housed in decent permanent dwellings which they will be able to call a home. With the present impetus of building and the future planning in progress, it should not be long before such a hope becomes a reality.

The prohibition of the erection of wooden homes received some prominence in the Press during the year. Wooden houses are practically non-existent in Cape Town, but no doubt, when such structures can be supplied at a cost below the conventional brick house, more attention may be given by architects, engineers and builders to this form of construction. At present, the use of imported timber, together with the high cost of skilled labour raises the price of wooden houses to at least that of brick houses, and, in addition, they are still subject to the additional objections of pest infestation, danger of fire, and maintenance.

Acknowledgements.

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.

December, 1961.

CONTENTS

MUNICIPALITY OF THE CITY OF CAPE TOWN.

LEADING STATISTICS, YEAR ENDED 31st DECEMBER, 1960.

Area:— 55,308 acres.	*European.*	*Non-European*	*All races.*
Total population	197,824	407,987	605,811
Population (excluding the African Township of Langa)	197,810	372,180	569,990
Birth rate	18.0	33.4	28.1
Death rate	10.7	8.7	9.4
Infant mortality rate	25.3	81.0	69.0
Maternal mortality rate	—	1.6	1.3
Tuberculosis death rate	0.14	0.46	0.35
Enteric incidence rate	—	0.04	0.03
Enteric death rate	—	—	—

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	12.6	(Average 21.07)
No. of rainy days	80	(Average 103)

TEMPERATURE.

Maximum	102.9 F	(Average 60.9 F)
Minimum	43.5 F.	

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1960.

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 Signall 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.

The area of the Municipality of Cape Town on 31st December, 1960, amounted to approximately 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.

The boundaries of the existing wards of the Municipality were re-delimitated in November, 1960, under section eight of the Municipal Ordinance, 1951 (Ordinance No. 19 of 1951), and promulgated in Provincial Gazette No. 3053 of 4th November, 1960. Major alterations of boundaries resulted in all wards except Wards 8, 10, 14 and 15. As from 1961, it will not be possible to quote ward statistics until after the next Census when comparative population figures will become available.

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.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

SOCIAL AND ECONOMIC CONDITIONS.

Thirty-three percent of the total population of the Municipality of Cape Town (including the African Township of Langa and Nyanga West) of over 605,000 consists of Whites or 'Europeans'. The remaining 67 per cent are commonly designated as 'non-Europeans', 77 per cent of whom are of the mixed race known as Cape Coloured, and the remainder 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 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 21 per cent of the non-Europeans. They live in the Council's African townships, 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 1960 the daily consumption varied between a maximum of 56.9 million gallons during the summer and a minimum of 18.6 million gallons during the winter. The average daily consumption during the year was 33.0 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 13 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 gallons per day.

At Wynberg sewage works 2.8 million gallons are handled daily and a scheme for treating all the sewage from Wynberg-Clovelly area by the photosynthetic oxidation method of ponding is at present 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 page72. The wholesale market, which is at present greatly congested, is being replaced by a new £1,156,000 market at Epping which is in the process 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 72.

MUNICIPAL WARDS.

The following is a guide to the municipal wards prior to the re-delimitation of November, 1960, together with the density of the estimated population —

Ward	*District*	*Density per acre.*
1.	Sea Point	26
2.	Green Point and harbour area	19
3.	Signal Hill, Kloof, Camps Bay	11
4.	Gardens	10
5.	Upper Castle area and Bloemhof	32
6.	Lower Castle area and Woodstock	58
7.	Part of Woodstock and Salt River	35
8.	Maitland, Brooklyn, Windermere	15
9.	Part of Salt River, Observatory, Mowbray and part of Rosebank	22
10.	Athlone to Lansdowne (Flats side)	12
11.	Rondebosch	11
12.	Newlands and part of Claremont	15
13.	Part of Claremont and Kenilworth	18
14.	Wynberg, Plumstead, Southfield	16
15.	Diep River to Clovelly	2
—	City	11

SECTION II.—VITAL STATISTICS.

The vital statistics in this report refer to the Municipality of Cape Town and are for the calendar year 1960. Births and deaths are attributed to date of registration.

Unless the contrary is stated, all statistics in this report are exclusive of the Langa and Nyanga West African Townships, by reason of the rapidly changing migratory populations. These 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 92 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 African Townships) for the year under report and the previous year is shown in the following table. It is calculated for the middle of the period (30th June) from the 1951 and 1946 census.

Race.	1960			1959		
	Males	Females	Persons	Males	Females	Persons
European	94,080	103,730	197,810	93,480	103,080	196,560
Coloured	146,120	166,950	313,070	139,700	159,610	299,310
African	32,200	18,710	50,910	30,240	17,560	47,800
Asiatic	4,880	3,320	8,200	4,790	3,250	8,040
Non-European	183,200	188,980	372,180	174,730	180,420	355,150
All races	277,280	292,710	569,990	268,210	283,500	551,710

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 African Townships), together with the related vital statistics will be found in Table I on page 89.

For statistical purposes events during the whole of 1960 were allocated to the wards of the city as existing prior to the re-delimitation in November, 1960.

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

	Europeans		Africans		Total		
	Males	Females	Males	Females	Males	Females	Persons
Langa	6	8	21,270	4,066	21,276	4,074	25,350
Nyanga West	—	—	5,001	5,470	5,001	5,470	10,471

Preliminary population figures for the Census of September, 1960, issued by the Bureau of Census and Statistics, Pretoria, are as follows —

European	...	188,545
Coloured	...	261,605
African	...	39,254
Asiatic	...	7,567
		496,971

Until these figures can be broken down into sex groups and local areas it will be inadvisable to use the figures for revised statistical rates.

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 50 per cent compared with 4 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 1959	Rate of natural increase
	M.	F.	M.	F.	M.	F.				
European ...	2,486	2,446	676	719	13	6	3,556	18.0	19.2	7.3
Coloured ...	6,140	6,127	500	507	15	8	11,283	36.0	35.3	27.0
African ...	646	626	208	199	—	1	866	17.0	26.9	10.0
Asiatic ...	144	152	4	6	—	—	286	34.9	40.2	27.2
Non-European	6,930	6,905	712	712	15	9	12,435	33.4	34.3	24.7
All races* ...	9,416	9,351	1,388	1,431	28	15	15,997	28.1	28.9	18.7

* Including 6 of unknown race.

The European birth rate is the lowest since 1955, declining by 6.3 per cent from the previous year, and is now 2.7 per cent lower than the average for the previous five years. The non-European rate decreased by 2.6 per cent and is the lowest on record for the city. 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.

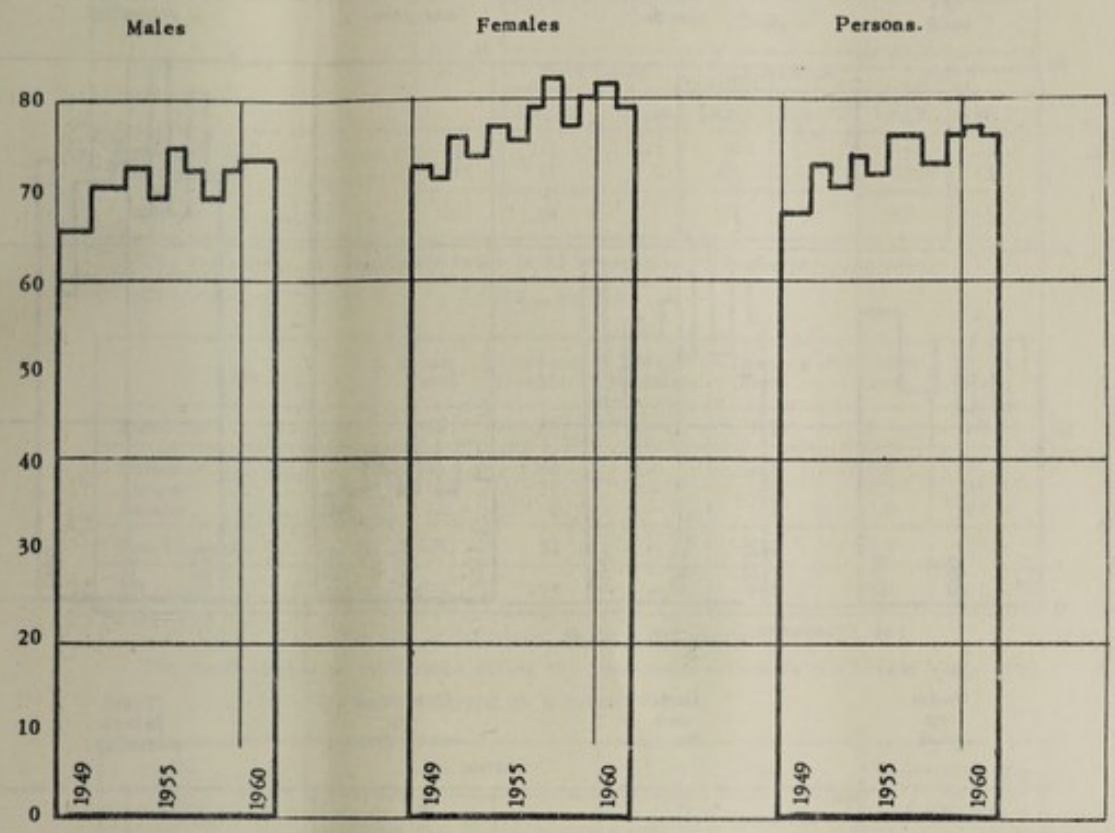
The number of male births per 100 female births was 105.2 among Europeans and 100.5 among non-Europeans (100.5 Coloured, 102.3 African, 95.9 Asiatic).

Illegitimate live births during the year were as follows :—

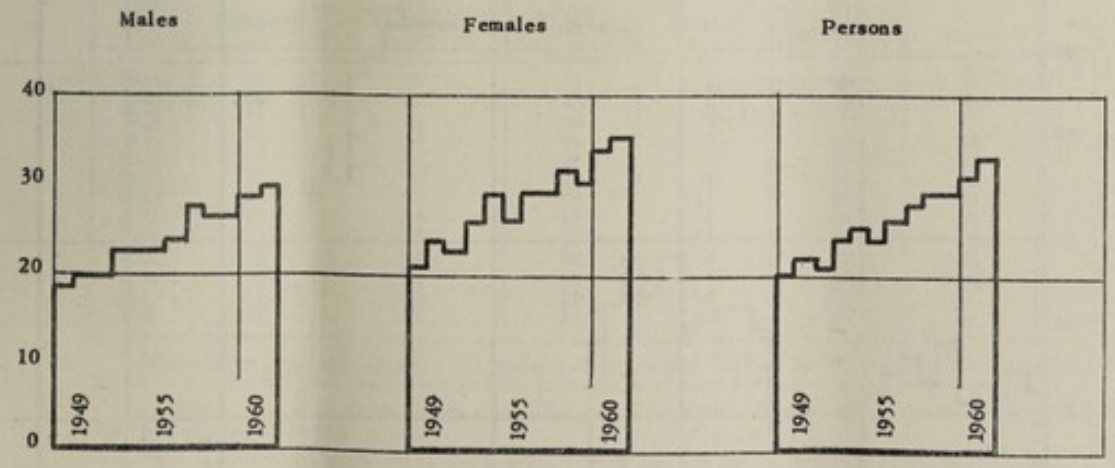
Race	Crude	Outward transfers	Percentage of corrected births	Percentage 1959
European	243	100	4.0	4.1
Coloured	3,029	424	23.1	23.5
African	407	131	31.9	32.4
Asiatic	8	1	2.4	—
Non-European	3,444	556	23.2	23.8
All races *	3,693	656	19.0	19.2

* Including 6 of unknown race.

Percentage of deaths, age 55 years and over.

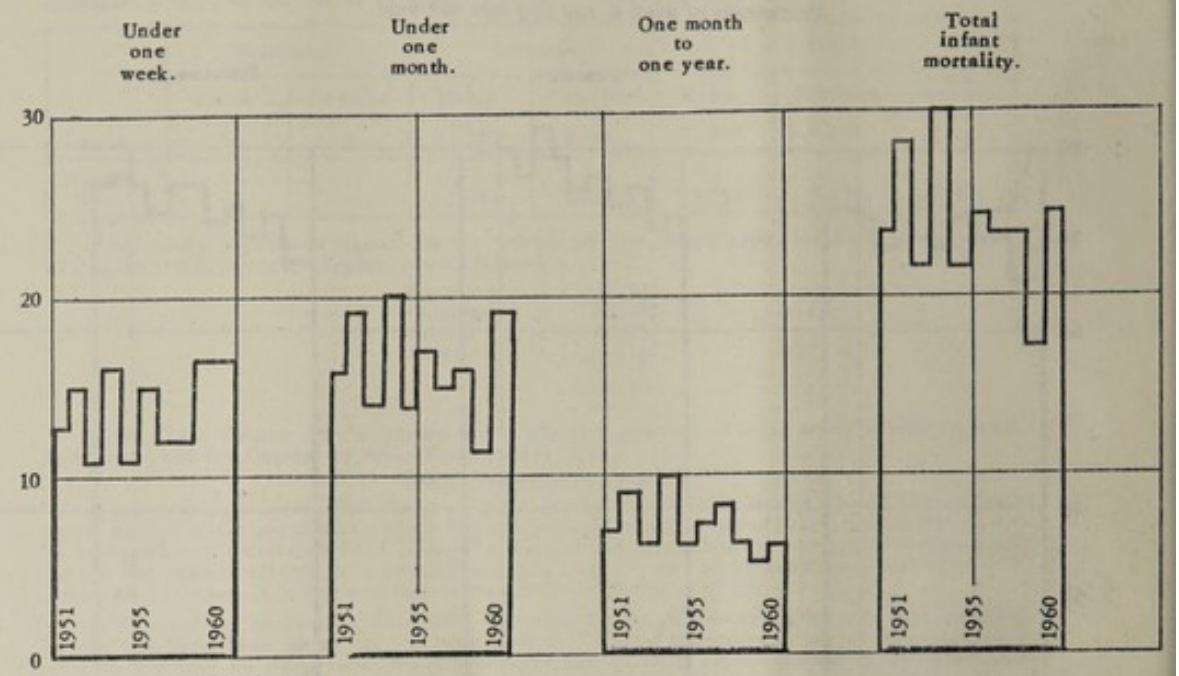


(a) Europeans

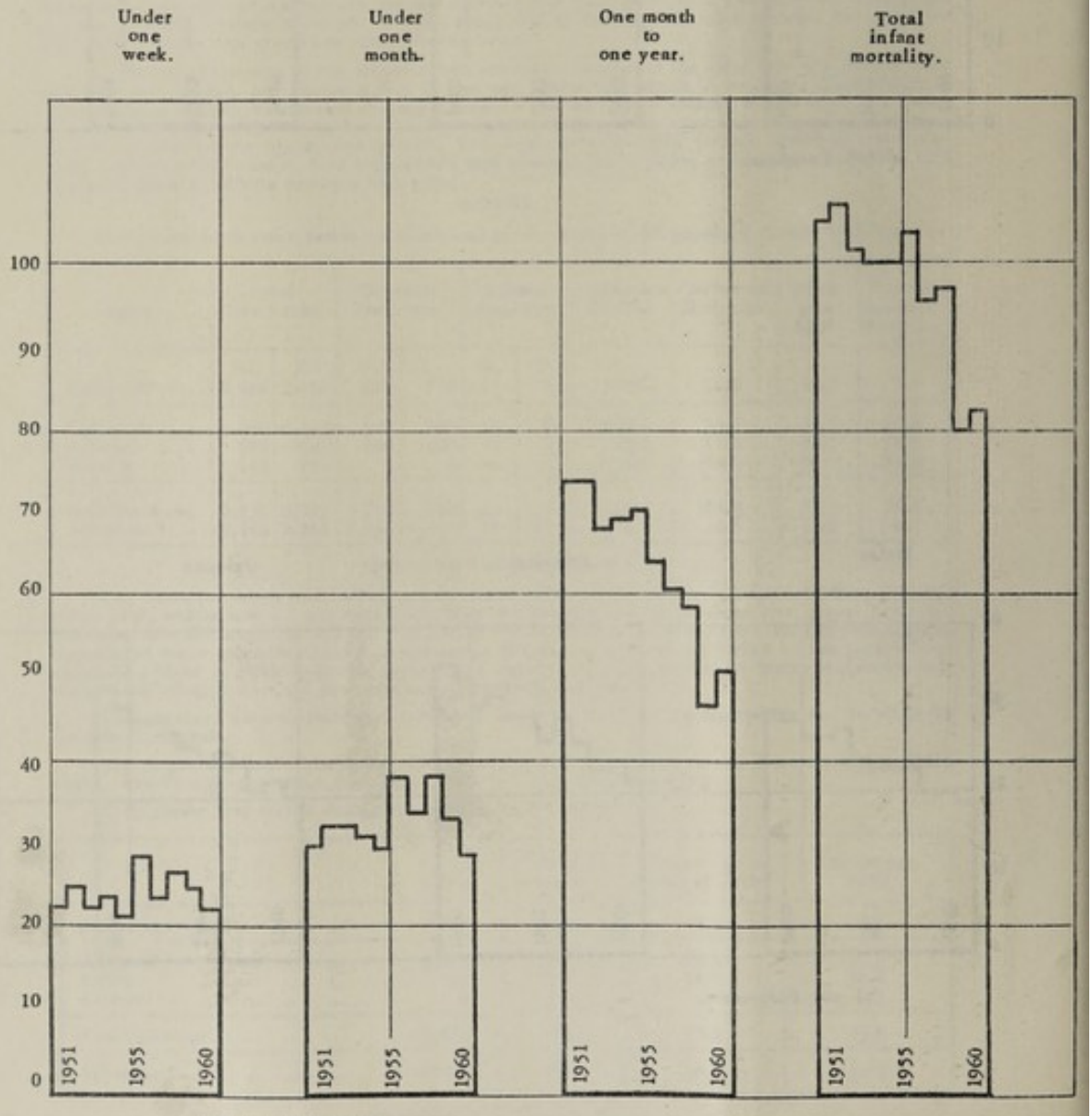


(b) non-Europeans

INFANT MORTALITY RATES PER 1,000 LIVE BIRTHS



(a) Europeans.



(b) non-Europeans.

The percentage of European illegitimate births has been slowly rising over the past 10 years in contrast to a slow reduction in the non-European figures.

In the case of 172 pairs of twin births, which occurred during the year, the details are as follows :—

Race	No. of pairs	Children					
		Both males		Both females		Mixed	
		Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.
European	31	6	—	9	1	15	—
Non-European	141	32	2	47	13	42	5
Total	172	38	2	56	14	57	5

The percentage of illegitimate twins is 12 as against 15 in the previous year.

STILL BIRTHS.

Race	Crude Total	Outward Transfers	Inward Transfers	Corrected Total	Still birth Rate	1959 Rate
European	56	21	—	35	9.7	10.0
Coloured	341	64	—	277	24.0	25.5
African	70	27	—	43	47.3	45.4
Asiatic	12	1	—	11	37.0	21.2
Non-European	423	92	—	331	25.9	27.5
All races	479	113	—	366	22.4	23.4

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			Neonatal deaths in institutions	
	Crude Total	Corrected		Crude Total	Corrected			
		No.	%		No.	%	No.	%
European	4,544	3,153	87	53	31	89	65	2.1
Coloured	5,674	4,716	42	224	160	58	214	4.5
African	1,582	1,187	88	77	50	65	28	2.4
Asiatic	68	60	21	3	2	18	5	8.3
Non-European ...	7,324	5,963	46	304	212	58	247	4.1
All races	11,868	9,116	55	357	243	61	312	3.4

Although it is five years since the last major addition to the lying-in beds of the city occurred, yet each year the number of institutional confinements has increased. With the large new maternity block at Groote Schuur Hospital nearing completion, it is anticipated that the position will be improved not only in the accommodation available but also by the removal of any need to continue with the present overcrowding of the available maternity beds.

Year	Per cent deliveries in hospitals					
	European	Coloured	African	Asiatic	All non-Eur.	All races
1948	66	26	77	7	30	40
1949	66	29	83	6	33	42
1950	72	33	86	9	38	47
1951	76	34	86	9	38	48
1952	77	36	86	7	40	49
1953	78	35	88	8	40	50
1954	79	37	95	13	42	51
1955	81	34	97	9	40	50
1956	83	34	97	11	43	53
1957	83	36	94	13	41	51
1958	86	38	93	15	44	54
1959	87	40	89	16	45	55
1960	87	42	88	21	46	55

Table G on page 87 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 88 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 92.

In Table M on page 93 the birth rates of certain other towns in the Union and for England and Wales are set out for purpose of comparison.

Births registered as belonging to African Townships are excluded from the foregoing figures. Particulars regarding these will be found in Table G on page 87.

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

Race	1960		1959		1958		1957		1956	
	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate
European ...	3,556	18.0	3,772	19.2	3,677	18.8	3,575	18.4	3,587	18.6
Coloured ...	11,283	36.0	10,560	35.3	9,971	34.8	10,202	37.3	9,189	35.1
African ...	866	17.0	1,284	26.9	1,371	30.5	1,274	30.2	1,059	26.8
Asiatic ...	286	34.9	323	40.2	302	38.4	344	44.6	332	44.0
Non-European	12,435	33.4	12,167	34.3	11,644	34.4	11,820	36.5	10,580	34.3
All races * ...	15,997	28.1	15,941	28.9	15,329	28.7	15,405	29.8	14,171	28.3

* Including those of unknown race.

GENERAL MORTALITY.

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

	Crude Total		Outward Transfers		Inward Transfers		Corrected Deaths	Death rate	1959 rate
	M.	F.	M.	F.	M.	F.			
European ...	1,361	1,174	293	205	41	38	2,116	10.70	9.96
Coloured ...	1,781	1,570	344	268	44	38	2,821	9.01	8.69
African ...	303	227	100	91	9	8	356	7.00	8.10
Asiatic ...	53	14	5	1	1	1	63	7.68	7.34
Non-European	2,137	1,811	449	360	54	47	3,240	8.71	8.58
All races * ...	3,498	2,985	742	565	95	85	5,362	9.41	9.07

The general death rate for Europeans increased by 7.4 per cent compared with the previous year, and is 9.7 per cent above the average for the previous five years. The main variation in the European group was due to a slight increase in the number of deaths from cancer together with marked increases in deaths from vascular lesions affecting the central nervous system, and arteriosclerotic and degenerative heart disease.

Among non-Europeans the death rate increased by 1.5 per cent. The number of deaths from birth injuries combined with postnatal asphyxia was almost halved, but to offset these, more cases occurred in most other categories including in particular deaths from pneumonia and heart disease.

Reference to Table I on page 89 will show the deaths and death rates for the separate wards of the city.

Table L on page 92 sets out the annual 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 93.

Deaths registered as belonging to African Townships are not included in the foregoing figures. Particulars regarding these will be found in Table A on page 79.

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 its formidable rise in numbers over the previous year, was by far the highest individual killer. Arterial diseases appear to be slowly and steadily establishing their annual claim as the No. two killer in the European group having now permanently ousted malignant conditions from this position.

These three causes account for the great majority of all European deaths and have done so ever since comparable modern medical nomenclature and classification have been used. The figures quoted for accidental and violent causes refer only to local residents. It is a moot point as to whether the City should not be debited with all accidental deaths occurring within its boundaries.

For European males, deaths from cardiovascular diseases (435) far surpassed any other cause. Arterial diseases (174) and cancer (170) were the next most common causes of death.

For European females, the pattern varied in that arterial diseases (236) substantially exceeded those from cancer (154).

In both sexes these three causes were responsible for over 70 per cent of all deaths.

In the non-European group, deaths from all the principal causes except cancer, tuberculosis and certain diseases of early infancy showed an increase. The causes of death in this racial group are very much more varied than is the case in the white group.

For non-European males, cardiovascular disease (307) was still the main killer, and in combination with diarrhoea (252) accounted for one-third of all deaths. As diarrhoeal deaths occur mostly in children under five years of age, the loss of life from the former cause is of serious consequence to this group.

For non-European females cardiovascular diseases (269) and diarrhoea (227) which claim one-third of all deaths, was closely followed by deaths from arterial diseases (218), a figure greatly in excess of that occurring in the male sex (127).

Int. Code No.	European			Int. Code No.	Non-European		
	Cause of Death	Deaths	Death rate		Cause of Death	Deaths	Death rate
410–416 420–422 430–434 440–443	Cardiovascular diseases (including hypertension with heart disease) ...	795	4.02	410–416 420–422 430–434 440–443	Cardiovascular diseases (including hypertension with heart disease) ...	576	1.55
330–334 450–456	Arterial diseases (including vascular lesions affecting central nervous system)	394	1.99	571, 764	Diarrhoea & enteritis (including diarrhoea of the newborn)	479	1.29
140–205	Malignant neoplasms (including neoplasms of lymphatic and haematopoietic tissues)	324	1.64	330–334 450–456	Arterial diseases (including vascular lesions affecting central nervous system)	345	0.93
E800-E999	Accidents, poisonings and violence (external cause) ...	102	0.52	760–762 765–776	Certain diseases of early infancy (excluding pneumonia and diarrhoea of the newborn) ...	314	0.84
490–493 500–502 763	Bronchitis and pneumonia (including pneumonia of the newborn)	61	0.31	490–493 500–502 763	Bronchitis and pneumonia (including pneumonia of the newborn)	307	0.82
760–762 765–776	Certain diseases of early infancy (excluding pneumonia and diarrhoea of the newborn	52	0.26	E800-E999	Accidents, poisonings and violence (external cause) ...	242	0.65
794	Senility without mention of psychosis	37	0.19	140–205	Malignant neoplasms (including neoplasms of lymphatic and haematopoietic tissues)...	212	0.57
580–583	Diseases of the liver	32	0.16	001–019	Tuberculosis (all forms)	171	0.46
260	Diabetes	32	0.16	750–759	Congenital malformations	50	0.13
001–019	Tuberculosis (all forms)	28	0.14	590–594	Nephritis and nephrosis	44	0.12

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

Further details of the deaths for the year 1960 will be found in Tables A to C, pages 79 to 81, and in Table D, on pages 82 and 83, the rates of mortality of a short list of causes are shown by race with the corresponding figure 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 K 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 at Death, page 18).

SEASONAL VARIATION.

The seasonal variation in mortality is shown in the table below and in Table C on page 81, where the deaths for the year 1960 are classified for specific causes.

	1955	1956	1957	1958	1959	Mean 5 years	1960
January	421	406	453	505	451	447	379
February	416	370	356	456	368	393	407
March	453	455	427	422	364	424	451
April	347	446	383	447	399	404	413
May	467	464	432	439	452	451	445
June	417	465	434	418	446	436	488
July	400	508	452	439	464	453	451
August	561	400	474	416	419	454	494
September	396	409	508	427	400	428	405
October	352	388	449	397	379	393	401
November	481	367	396	374	346	393	450
December	340	329	433	341	356	360	392
Total	5,051	5,007	5,197	5,081	4,844	5,036	5,176
Mean	421	417	433	423	404	420	431
Per 1,000 population	10.6	10.2	10.4	9.8	8.8	9.6	9.1

Corrected for outward transfers only.

AGE AT DEATH.

The number of deaths at various ages, with the percentage of total deaths, is summarised in the following table (corrected):—

	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 ...	57	33	10	5	22	17	435	296	585	656	1109	1007
	Coloured ...	457	382	139	124	85	61	544	393	256	380	1481	1340
	African ...	82	75	23	25	13	8	83	35	11	1	212	144
	Asiatic ...	6	5	3	4	2	1	14	3	24	1	49	14
	Non-European	545	462	165	153	100	70	641	431	291	382	1742	1498
	All races ...	602	495	175	158	122	87	1076	727	876	1038	2851	2505
Percentage	European ...	5.1	3.3	0.9	0.5	2.0	1.7	39.2	29.4	52.8	65.1	100	100
	Coloured ...	30.9	28.5	9.4	9.3	5.7	4.6	36.7	29.3	17.3	28.3	100	100
	African ...	38.7	52.1	10.8	17.4	6.1	5.6	39.2	24.3	5.2	0.7	100	100
	Asiatic ...	12.2	35.7	6.1	28.6	4.1	7.1	28.6	21.4	49.0	7.1	100	100
	Non-European	31.3	30.8	9.5	10.2	5.7	4.7	36.8	28.8	16.7	25.5	100	100
	All races ...	21.1	19.8	6.1	6.3	4.3	3.5	37.7	29.0	30.7	41.4	100	100

The percentage of non-European deaths under one year of age is seven times greater than that for Europeans. In the non-European group 31.1 per cent of all deaths occur under the age of one year.

Deaths under five years of age constitute 4.96 per cent of all deaths in Europeans, as compared with 40.9 per cent in non-Europeans (Coloured 39.1, African 57.6, Asiatic 28.6 respectively). The European figure increased from 4.2 per cent in the previous year, and that for non-Europeans declined from 41.3 per cent.

Deaths under 25 years of age constitute 6.8 per cent of all deaths in Europeans compared with 6.1 per cent in the previous year, while among non-Europeans 46.1 per cent of all deaths occurred under 25 years of age, a figure identical to that of 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 below according to sex :—

Race	Uncorrected deaths		Corrected					
			Deaths		Rate		1959 Rate	
	M.	F.	M.	F.	M.	F.	M.	F.
European	1,361	1,174	1,109	1,007	11.8	9.7	11.0	9.0
Coloured	1,781	1,570	1,481	1,340	10.1	8.0	10.0	7.5
African	303	227	212	144	6.6	7.7	7.0	10.0
Asiatic	53	14	49	14	10.0	4.2	10.0	3.4
Non-European ...	2,137	1,811	1,742	1,498	9.5	7.9	9.5	7.7
All races	3,498	2,985	2,851	2,505	10.3	8.6	10.0	8.1

The deaths in the case of the European group are in the ratio of one female to 1.1 males; and in the case of the non-European one female to 1.2 males.

DEATHS IN INSTITUTIONS.

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

Race	Uncorrected		Corrected for Outward Transfers	
	Deaths in institutions	Percentage of total deaths	Deaths in institutions	Percentage of total deaths
European	1,442	57	998	49
Coloured	1,487	44	930	34
African	443	84	262	77
Asiatic	22	33	17	28
Non-European	1,952	49	1,209	39
All races	3,394	52	2,207	43

There are 49 recognised hospitals and nursing homes in the municipality. The increase of 379 institutional deaths compared with the previous year occurred mainly in the larger institutions.

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	2	17
Falls	23	10
Suffocation	3	3
Electrocution	–	1
Firearms	1	–
Carbon Monoxide Poisoning	–	11
Other Poisoning	–	2
Drowning	1	1
Trauma	–	1
	30	46

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.
Agricultural	M.	–	–	–	–	2	–	1	–	22	1
	F.	–	–	–	–	–	–	–	–	–	–
Clerical	M.	5	–	13	1	21	2	5	1	18	–
	F.	–	2	1	–	20	–	1	–	2	–
Domestic Servant	M.	–	–	–	3	–	1	–	–	–	2
	F.	–	10	–	19	–	14	–	1	–	13
Fishing & Marine	M.	1	2	–	13	4	7	–	3	6	9
	F.	–	–	–	–	–	–	–	–	–	–
Invalid	M.	–	2	3	6	4	8	3	6	2	–
	F.	–	–	3	–	–	1	2	1	3	1
Labourer	M.	–	31	–	113	5	162	1	30	4	127
	F.	–	–	–	–	–	–	–	–	–	–
Managerial	M.	1	–	1	–	26	1	11	–	16	–
	F.	–	–	–	–	1	–	–	–	–	–
Commercial	M.	–	2	2	3	24	3	14	9	10	3
	F.	–	–	–	–	5	–	–	–	1	–
Professional	M.	–	–	10	–	20	–	15	–	13	–
	F.	1	–	–	–	4	1	3	–	–	–
Police & Military	M.	2	–	4	–	4	–	–	–	8	–
	F.	–	–	–	–	–	–	–	–	–	–
Salesman	M.	–	2	2	5	12	3	7	3	3	2
	F.	–	–	1	1	2	–	–	–	1	–
Scholar	M.	–	8	1	–	–	–	–	–	–	–
	F.	3	3	–	–	–	–	–	–	–	3
Teacher	M.	–	1	2	2	8	2	–	1	2	4
	F.	–	–	–	2	–	–	2	–	–	–
Tradesman	M.	3	–	21	30	70	69	18	20	17	10
	F.	–	–	–	–	–	–	–	–	–	–
Transport	M.	2	–	2	7	17	21	1	2	16	2
	F.	–	–	–	–	–	–	–	–	–	–
Other Workers	M.	–	7	4	20	18	53	2	16	9	10
	F.	–	6	3	6	5	3	2	2	2	1
Housewives	M.	–	–	–	–	–	–	–	–	–	–
	F.	3	22	31	95	182	216	290	78	103	92
Retired etc.	M.	–	5	7	15	111	61	486	187	97	32
	F.	–	–	1	2	30	45	326	285	52	18
Total	M.	14	60	72	218	346	393	564	278	243	202
	F.	7	43	40	125	249	280	626	367	164	128

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 only a minimum of deaths from unnatural causes, as inquest findings do not always establish the exact cause of death.

	1960	1959	1958	1957	1956
Railway	10	9	12	23	8
Road Traffic	114	106	72	93	78
Poisoning	11	7	4	8	10
Falls	30	25	34	25	22
Drowning	20	19	18	18	14
Asphyxia	5	6	6	16	12
Burns	23	17	33	19	22
Crushing	10	–	3	4	2
Firearms	3	–	2	1	3
Miscellaneous	10	12	17	22	14
Total	236	201	201	229	185

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	1960		1959		1958		1957		1956	
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate
European ...	2,116	10.70	1,957	9.96	1,885	9.65	1,934	9.96	1,930	10.01
Coloured ...	2,821	9.01	2,601	8.69	2,750	9.61	2,800	10.23	2,611	9.98
African ...	356	7.00	387	8.10	541	12.05	571	13.55	528	13.35
Asiatic ...	63	7.68	59	7.34	74	9.40	57	7.39	52	6.89
Non-European	3,240	8.71	3,047	8.58	3,365	9.93	3,428	10.60	3,191	10.34
All races* ...	5,362	9.41	5,006	9.07	5,259	9.84	5,372	10.38	5,126	10.22

* 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 are shown in the following table :–

Race	Crude Infant deaths		Outward Transfers		Inward Transfers		Corrected Infant deaths	Corrected Infant mortality rate	Rate 1959
	M.	F.	M.	F.	M.	F.			
European ...	91	59	34	26	–	–	90	25.3	17.5
Coloured ...	505	435	48	54	–	1	839	74.4	72.5
African ...	179	163	100	91	3	3	157	181.3	149.5
Asiatic ...	11	6	5	1	–	–	11	38.5	55.7
Non-European	695	604	153	146	3	4	1,007	81.0	80.2
All races* ...	786	663	187	172	3	4	1,103	69.0	65.5

* Including 6 of unknown race.

The European infant mortality rate shows an increase of 44.6 per cent compared with that of the previous year, and is well above the average of the previous five years. This increase has been accentuated in part by fewer births in the present year, but is also related to an increase in the number of deaths occurring from prematurity and from injury at birth.

Some reduction in infant deaths from pneumonia are recorded.

All except two of the thirteen infant deaths classified as due to injury at birth occurred in maternity institutions, so presumably this number was delivered in such institutions where adequate maternity care could be expected to be available.

The non-European infant mortality rate remained practically identical to that of the previous year – increased infant deaths being offset by a greater number of births. Pneumonia, gastro enteritis and prematurity, which are the major causes of death in this racial group, all show some increase in numbers.

Following the record low rates of 1959, the infant mortality rate for all races during 1960 showed an upward rise which is, however, still below what it has been in past years. It is most satisfactory to report that the non-European rate has again been held well below the 100 mark, a figure which for so many years previously we had repeatedly and unsuccessfully attempted to break through.

Of all the many causes listed as contributing to the infant mortality rate it is of particular interest to note that the rate for congenital malformations is the only main cause which is lower in the non-European than in the European group. This has been the position for at least the past eight 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 46 per cent of European, and 22 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 91. This Table indicates very clearly the fall in infant mortality over the past forty years, and in recent years the decline in the number of infant deaths from tuberculosis. Tables E and F on pages 84 and 86 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 92.

In the year under review 66 per cent of the total deaths among European infants occurred in the first week of life (perinatal period) and 76 per cent in the first month (neonatal). Among non-Europeans the percentages were 29 and 36 respectively. Compared with the previous year, deaths during these stages have increased among Europeans but declined among non-Europeans.

Infant mortality, 1960 (corrected for outward transfers) :—

	European.	*Non-European.*	*All Races.*
First quarter	21.9	99.2	81.8
Second quarter	30.6	88.9	76.4
Third quarter	21.3	67.4	57.6
Fourth quarter	28.1	69.5	60.4

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	–	–	–	0.48	–	0.48
Scarlet fever	–	–	–	–	–	–
Measles	–	–	–	1.13	–	1.13
Diphtheria	–	–	–	–	–	–
Tuberculosis (all forms)	–	–	–	0.40	–	0.40
Syphilis	–	–	–	0.16	–	0.16
Bronchitis and pneumonia	0.56	1.85	1.12	10.78	1.68	12.63
Diarrhoea and enteritis	–	0.97	1.12	28.15	1.12	29.12
Immaturity	7.59	12.38	–	0.72	7.59	13.10
Injury at birth	3.66	4.42	–	–	3.66	4.42
Congenital malformations	2.81	1.93	0.84	0.97	3.65	2.90
Other diseases of early infancy ...	3.09	6.43	0.28	1.29	3.37	7.72
Other and ill-defined or unknown causes	1.41	1.29	2.81	7.64	4.22	8.93
Total	19.12	29.27	6.17	51.71	25.31	80.98

Compared with the corresponding rates for last year, the European neonatal death rate increased by 60 per cent, and the non-European rate decreased by 11 per cent. It is not unusual for these rates to fluctuate considerably. The European rate for the present year is the highest since 1954, and the non-European rate the lowest on record. A marked increase in the number of deaths from immaturity and injury at birth accounted for the rise in the European rate, while a general decline in non-European deaths, in this group, from all major causes occurred.

The post neonatal rates increased by 11 per cent in Europeans and by 10 per cent in non-Europeans. Apart from minor fluctuations in most of the general causes of death, there was a definite increase in the number of deaths from ill-defined and unknown causes amongst both racial groups.

The following table shows the corrected number of neonatal and post neonatal deaths for the various races and the corresponding rates per 1,000 live births. Also shown is the perinatal death rate, which is the number of still births and deaths under one week of age per 1,000 live and still births.

Race	Neonatal			Post neonatal			Infant mortality		Perinatal death rate
	Deaths M.	Deaths F.	Mortality rate	Deaths M.	Deaths F.	Mortality rate	Deaths	Mortality rate	
European ...	42	26	19.1	15	7	6.2	90	25.3	26.2
Coloured ...	173	139	27.7	284	243	46.7	839	74.4	45.4
African ...	27	18	52.0	55	57	129.3	157	181.3	89.1
Asiatic ...	5	2	24.5	1	3	14.0	11	38.5	50.5
Non-European	205	159	29.3	340	303	51.7	1,007	81.0	48.6
All races * ...	247	185	27.0	355	310	41.6	1,103	69.0	44.1

* Including 6 of unknown race.

The next table shows the variation in the infant death rates over a period of five years:—

Period	Perinatal Death Rate		Neonatal		Post Neonatal	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Calendar year 1956	31	62	17	38	8	65
" " 1957	27	52	15	34	8	61
" " 1958	27	57	16	38	7	60
" " 1959	20	52	12	33	6	47
" " 1960	26	49	19	29	6	52
Quinquennium 1956–60 ...	26	54	16	34	7	57

SEASONAL VARIATION.

The seasonal variation in infant mortality is shown in the table below and in Table E, on page 84 where the infant deaths for the year 1960 are classified for certain causes.

	1955	1956	1957	1958	1959	Mean 5 years	1960
January	113	129	125	163	136	133	98
February	116	126	111	123	102	116	111
March	130	131	128	129	96	123	107
April	105	115	88	119	100	105	95
May	110	113	104	102	63	98	80
June	96	88	87	82	92	89	103
July	71	95	96	98	76	87	64
August	96	72	83	77	75	81	87
September	56	83	91	73	71	75	83
October	56	86	101	73	64	76	75
November	97	71	83	86	85	84	94
December	107	71	118	99	82	95	93
Total	1,153	1,180	1,215	1,224	1,042	1,163	1,090
Mean	96.0	98.3	101.2	102.0	86.8	96.9	90.8
Per 1,000 live births	82.5	83.4	79.2	80.0	65.5	77.7	68.3

Corrected for outward transfers only.

The infant mortality in respect of legitimacy amongst the various races is shown in the following table:—

	European	Coloured	African	Asiatic	All non-Eur.	All races
Number of legitimate births	3,413	8,671	590	279	9,540	12,953
Number of legitimate deaths under 1 year of age	82	539	88	11	638	720
Infant mortality (legitimate) per 1,000 live births	24	62	149	39	67	56
Number of illegitimate births	143	2,612	276	7	2,895	3,044
Number of illegitimate deaths under 1 year of age	8	260	37	—	297	305
Infant mortality (illegitimate) per 1,000 live births	56	100	134	—	103	100

The deaths of 65 infants under one year of age (39 Coloured and 26 African) are excluded from above figures as information regarding legitimacy was unobtainable.

In table I on page 89 the infant mortality will be found classified according to place of residence (wards).

The deaths of infants in the African Townships are not included in the foregoing figures. Particulars regarding these will be found in Table E, on page 84.

Infant mortality rates for certain other towns in the Union of South Africa and for England and Wales are set out in Table M, on page 93 for the purposes of comparison.

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	1960		1959		1958		1957		1956	
	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 ...	90	25.3	66	17.5	85	23.1	84	23.5	88	24.5
Coloured ...	839	74.4	766	72.5	864	86.7	832	81.6	811	88.3
African ...	157	181.3	192	149.5	262	191.1	276	216.6	265	250.2
Asiatic ...	11	38.5	18	55.7	20	66.2	19	55.2	14	42.2
Non-European	1,007	81.0	976	80.2	1,146	98.4	1,127	95.4	1,090	103.0
All races * ...	1,103	69.0	1,044	65.5	1,239	80.8	1,221	79.3	1,182	83.4

* Including those of unknown race.

MATERNAL MORTALITY.

It is most disappointing to have to report that twenty deaths occurred in the non-European racial group from the above cause. Fourteen of these occurred from abortions with or without sepsis. The number of toxaemia of pregnancy (2) causing death in this group are also most disquieting and indicate some chinks in our general ante-natal control organisation. The present rate for all causes in non-Europeans is the highest since 1957, and for puerperal septicaemia the highest rate (0.88) since the quinquennium 1939—44. No maternal deaths are recorded in the white group.

The following table shows the number of deaths which occurred during 1960 from causes ascribed to pregnancy and childbirth including abortion, and the corresponding maternal mortality rate per 1,000 live births (corrected).

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	Puerperal septicaemia (including abortion with sepsis)	—	10	10	—	0.80	0.63
681	Puerperal fever	—	1	1	—	0.08	0.06
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	—	1	1	—	0.08	0.06
650	Abortion without mention of sepsis or toxaemia	—	4	4	—	0.32	0.25
645—649 673—680 683 687—689	Other complications of pregnancy, childbirth and the puerperium	—	2	2	—	0.16	0.13
	All causes (except puerperal septicaemia)	—	9	9	—	0.72	0.56
	Total ...	—	20	20	—	1.61	1.25

In the next table the 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	0·25	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	1·02	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	1·03	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
1960	—	0·88	0·69	—	0·72	0·56	—	1·61	1·25

The maternal mortality rate per 1,000 total deliveries (live births and still births), registered during the year 1960 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
1960	—	0·86	0·67	—	0·79	0·55	—	1·57	1·22

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, in the main, responsible for health education and for preventative work amongst expectant mothers and pre-school children. The main activities of the Branch are set out in the following pages and in the carrying out of these duties the staff of 52 Health Visitors are guided and controlled by 3 full time Medical Officers, together with 42 part-time Medical Officers.

The clinic sessions are conducted in 18 municipal welfare centres sited as near as possible to the homes of the population groups which they have been designed to serve, the old out-patient department of the Langa African Hospital, the housing office of the Silvertown municipal housing estate, and seven hired halls.

A clinic is still being conducted in one of the Council's sample houses in the Nyanga West African Township pending the construction of a new clinic building in this area.

An intensive programme of immunisation against diphtheria, whooping cough and tetanus has been carried on without respite throughout the year.

Immunisation against poliomyelitis by the use of the Salk vaccine has also been pushed with the utmost vigour with a view to curbing the depredations of this troublesome and crippling disease.

In November, 1960, owing to the possibility that Cape Town might be seriously affected by a Type I poliomyelitis epidemic, a mass campaign was launched in the City to immunise as many persons of all ages and racial groups in as short a time as possible by the use of Type I attenuated Sabin oral vaccine. The local press and radio gave the Department the fullest and greatest assistance in the form of publicity on this relatively new method of immunisation. The final result of 216,910 feeds to all ages and groups within a period of 16 days was most satisfactory and gratifying. This vaccine was fed to older children and adults on absorbent sweets specially manufactured for the purpose, and to young babies in syrup.

The effects of this mass campaign are at present difficult to evaluate owing to the time factor involved, but it can be stated that up to the end of the first week in January, 1961, no cases of Type I poliomyelitis were notified in the municipal area of Cape Town.

The immunisation of newborns by the use of the B.C.G. vaccine was proceeded with, those being born in the maternity institutions being vaccinated there by the staff members of the Paediatric Department of the University of Cape Town Medical School, while those born at home were dealt with at special sessions conducted by the Branch's staff at the various child welfare centres. The number (10,461) of newborns vaccinated against tuberculosis is most gratifying.

The Society for Maternal and Family Welfare conducted post-natal sessions in seven of our welfare centres. Certain administrative and medical assistance is provided to this organisation by departmental staff.

A new and important innovation introduced in February, 1960, was the cytological investigation carried out in conjunction with the Department of Obstetrics and Gynaecology of the University of Cape Town at which routine health checks are carried out on women attending the post-natal and family welfare sessions with a view to diagnosing incipient and early malignancy of the female generative tract. Five cases of unsuspected and early malignancy were discovered as the result of these investigations.

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.		669	33	9,778		223	813		157	434	635	7,816
	Total ...	152	669	33	9,778	31	223	813	18	157	434	635	7,816
Kloof St., Cape Town	Eur. ...		178	4	2,039								
	Non-Eur.		—	—	—								
	Total ...	51	178	4	2,039								
Aspeling St., Cape Town	Eur. ...		—	—	—		—	—		—	—	—	—
	Non-Eur.		1,338	96	20,509		600	2,765		1,005	3,622	397	17,260
	Total ...	246	1,338	96	20,509	52	600	2,765	39	1,005	3,622	397	17,260
Bloemhof, Cape Town	Eur. ...		—	—	—		—	—					
	Non-Eur.		460	16	7,402		117	400					
	Total ...	102	460	16	7,402	29	117	400					
Devil's Peak Estate, Cape Town	Eur. ...		145	1	1,816								
	Non-Eur.		—	—	—								
	Total ...	47	145	1	1,816								
Green Point	Eur. ...		117	3	1,870								
	Non-Eur.		—	—	—								
	Total ...	51	117	3	1,870								
Camps Bay	Eur. ...		58	—	636								
	Non-Eur.		—	—	—								
	Total ...	27	58	—	636								
Woodstock	Eur. ...		231	27	2,871		2	6		434	1,107		
	Non-Eur.		725	106	9,142		339	1,533		1,237	3,586		
	Total ...	249	956	133	12,013	50	341	1,539	196	1,671	4,693		
Maitland	Eur. ...		74	4	1,160		18	55		14	39		
	Non-Eur.		361	16	3,621		363	1,613		148	464		
	Total ...	99	435	20	4,781	50	381	1,668	18	162	503		
Brooklyn	Eur. ...		186	30	3,184								
	Non-Eur.		—	—	—								
	Total ...	101	186	30	3,184								
Kensington	Eur. ...		—	—	—		—	—		—	—	—	—
	Non-Eur.		1,885	218	27,964		1,782	6,941		489	1,914	1,711	11,591
	Total ...	250	1,885	218	27,964	103	1,782	6,941	22	489	1,914	1,711	11,591
Silvertown	Eur. ...		—	—	—								
	Non-Eur.		538	95	9,308								
	Total ...	101	538	95	9,308								
Athlone	Eur. ...		—	—	—		—	—		—	—	—	—
	Non-Eur.		1,529	190	20,196		1,032	3,156		499	1,090	2,310	10,855
	Total ...	199	1,529	190	20,196	102	1,032	3,156	21	499	1,090	2,310	10,855
Bokmakirie	Eur. ...		—	—	—		—	—				—	—
	Non-Eur.		627	76	11,589		802	3,867				2,834	11,864
	Total ...	148	627	76	11,589	100	802	3,867				2,834	11,864
Langa	African .	48	460	15	3,416	51	518	2,257					
Station Rd., Claremont	Eur. ...		183	14	2,003		29	91		20	34	—	—
	Non-Eur.		398	35	5,738		388	1,661		325	815	1,192	8,659
	Total ...	148	581	49	7,741	51	417	1,752	19	345	849	1,192	8,659
Wesley St., Claremont	Eur. ...		—	—	—		—	—				—	—
	Non-Eur.		294	29	5,326		102	377				1,968	8,337
	Total ...	102	294	29	5,326	51	102	377				1,968	8,337
Franklin Rd., Claremont	Eur. ...		81	10	1,045								
	Non-Eur.		—	—	—								
	Total ...	24	81	10	1,045								
Lansdowne	Eur. ...		113	21	1,420		6	20					
	Non-Eur.		582	123	6,962		311	1,408					
	Total ...	148	695	144	8,382	52	317	1,428					
Wynberg	Eur. ...		181	22	1,932		25	82		8	13	—	—
	Non-Eur.		609	83	10,236		528	1,886		429	831	1,052	4,086
	Total ...	151	790	105	12,168	50	553	1,968	18	437	844	1,052	4,086
Southfield	Eur. ...		111	13	1,794		8	51				163	356
	Non-Eur.		247	46	6,047		236	990				923	2,862
	Total ...	151	358	59	7,841	35	244	1,041				1,086	3,218
Retreat Rd., Retreat	Eur. ...		58	13	1,141		2	4				—	—
	Non-Eur.		294	49	6,834		—	—				1,676	6,714
	Total ...	149	352	62	7,975		2	4				1,676	6,714
11th Avenue, Retreat	Eur. ...		—	—	—		—	—		—	—	—	—
	Non-Eur.		1,270	397	21,076		1,255	4,801		630	1,688	1,311	18,343
	Total ...	249	1,270	397	21,076	99	1,255	4,801	35	630	1,688	1,311	18,343
Prince George Drive, Muizenberg	Eur. ...		—	—	—								
	Non-Eur.		177	67	3,148								
	Total ...	43	177	67	3,148								
Atlantic Rd., Muizenberg	Eur. ...		43	4	389								
	Non-Eur.		—	—	—								
	Total ...	23	43	4	389								
Kalk Bay	Eur. ...		—	—	—		—	—					
	Non-Eur.		59	8	1,058		18	50					
	Total ...	27	59	8	1,058	19	18	50					
Nyanga West	African .	140	769	361	11,050	48	580	2,160					
TOTAL	Eur. ...		1,759	166	23,300		90	309		476	1,193	163	356
	Non-Eur.		13,291	2,059	200,400		9,194	36,678		4,919	14,444	16,009	108,387
	Total ...	3,226	15,050	2,225	223,700	973	9,284	36,987	386	5,395	15,637	16,172	108,743

MATERNAL AND CHILD WELFARE CENTRES.

Sessions are held at 27 municipal and other centres in the city and suburbs. As there is no centre for the central city 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 26 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, 58 child welfare sessions were held weekly and 4 fortnightly. At these sessions 223,700 attendances were recorded. 17,274 Of these children were new cases. 15,050 (1,759 European and 13,291 non-European) were under one year of age at the time of their first attendance, and 2,225 (166 European and 2,059 non-European) were over one year of age at that time. These figures are the highest attendances yet recorded and show an increase of 19,000 on the previous year.

First attendances of children under one year of age, excluding Langa and Nyanga Townships, amounted to 86.4 per cent of the registered local births, 49.5 per cent in the case of Europeans and 97.0 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.

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, 1960:—

Voluntary Centre	No. of sessions in the year	No. of new cases (Infants)	Total attendances (Infants)	Total attendances (Toddlers)
Bowwood Road, Claremont	186	452	3,678	270
Sea Point	55	189	1,873	19

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

Centre	1960	1959	1958	1957	1956
Shortmarket Street	9,778	9,469	9,566	8,448	7,972
Kloof Street	2,039	2,088	2,095	2,418	2,213
Aspeling Street	20,509	20,303	21,248	18,333	19,218
Bloemhof	7,402	7,387	7,305	6,698	6,307
Devil's Peak	1,816	1,562	1,398	1,663	1,596
Green Point	1,870	1,492	1,469	1,318	1,237
Camps Bay	636	779	572	561	579
Woodstock	12,013	12,549	12,131	11,954	12,715
Mowbray	—	—	219	437	392
Maitland	4,781	5,182	4,042	3,650	5,255
Brooklyn	3,184	3,014	2,803	2,597	2,612
Kensington	27,964	28,088	29,100	26,150	25,152
Langa	3,416	4,076	3,935	3,314	3,846
Athlone	20,196	17,023	13,767	12,892	14,469
Bokmakirie	11,589	11,440	11,492	9,145	13,393
Silvertown	9,308	7,972	6,853	5,865	342
Claremont (Station Road)	7,741	7,648	7,381	7,442	7,768
Claremont (Wesley Street)	5,326	5,395	5,412	5,133	5,334
Claremont (Franklin Road) ...	1,045	721	638	683	829
Lansdowne	8,382	7,505	7,093	6,311	6,369
Wynberg	12,168	9,909	9,731	9,811	9,507
Parkwood and Southfield	7,841	6,063	3,551	3,156	3,685
Retreat Road, Retreat	7,975	7,640	3,887	17,354	20,722
11th Avenue, Retreat	21,076	22,939	19,593	702	—
Steenberg	—	—	—	2,288	2,651
Muizenberg (Atlantic Road ...	389	358	329	289	308
Muizenberg (Prince George Drive)	3,148	—	—	—	—
Kalk Bay	1,058	988	759	706	771
Nyanga West	11,050	3,343	—	—	—
Totals ...	223,700	204,933	186,369	169,318	175,242

ADVISORY WORK AT CHILD WELFARE SESSIONS.

At the sessions, mothers are advised on correct feeding and hygiene of infants and preschool 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 461 European mothers and 2,829 Coloured and African mothers.

Dried milk for infants who cannot be entirely breast fed, and supplementary milk for children with protein malnutrition are supplied at the centres under the direction of the medical officers at cost price to those mothers unable to afford the full retail 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, 3,663 new cases were supplied with dried milk and 92,659 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 centres.

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 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 130,843 and 6,635 gallons of milk were consumed (exclusive of the milk provided at the municipal nursery schools). This service was most unfortunately discontinued on 31st October, 1960, by the Central Government's Department of Social Welfare.

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 ailments 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, 1960, was as follows:—

Principal Health Visitor.	
Health Visitors:—	
European	27
Coloured	13
African	4
Clinic Nurses	7
Social Welfare Worker	1

Special duties are performed 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 1960 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:—	*1960*	*1959*
Births	18,238	17,798
Subsequent birth visits	65,124	67,833
Child deaths	1,430	1,324
Expectant mothers	1,003	1,201
Midwives	1,651	1,542
Orthopaedic	2,111	2,248
Schools	1,436	2,654
Protected infants	2,104	2,323
Social welfare	2,825	3,666
Infectious diseases	1,935	2,697
Other visits	10,938	9,507
	108,795	112,793
Tuberculosis	45,855	41,663
Venereal disease	915	999
	155,565	155,455

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 organisations.

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.

6,216 Cases were attended by private midwives in their own homes, and many of these women attended the welfare centres for ante-natal care.

During the year, 17 pre-natal sessions were held weekly and 4 fortnightly, at which there were 9,284 new cases. The total attendances numbered 36,987, details of which are shown on page 26.

The number of new cases attending the municipal pre-natal sessions amounted to 55 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 private religious organisations.

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. 9,921 Blood specimens were taken during the year (97 European and 9,824 non-European). Of these, 246 (1 European and 245 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	1960	1959	1958	1957	1956
Shortmarket Street	813	632	529	722	631
Aspeling Street	2,765	2,704	2,779	3,031	2,896
Bloemhof	400	473	543	674	628
Woodstock	1,539	1,629	1,859	2,327	2,552
Maitland	1,668	1,571	1,450	1,603	235
Brooklyn	—	—	—	—	39
Kensington	6,941	7,458	8,086	7,131	6,685
Langa	2,257	2,492	2,044	1,890	1,645
Athlone	3,156	3,007	3,053	3,255	3,226
Bokmakirie	3,867	3,409	3,519	2,961	2,763
Claremont (Station Road)	1,752	1,609	1,632	1,575	1,388
Claremont (Wesley Street)	377	239	321	444	344
Lansdowne	1,428	1,207	1,092	1,203	1,096
Wynberg	1,968	1,503	1,246	1,328	1,234
Parkwood and Southfield	1,041	664	114	114	108
Retreat Road, Retreat	4	4	—	4,176	3,825
11th Avenue, Retreat	4,801	4,791	3,943	158	—
Steenberg	—	—	—	217	213
Kalk Bay	50	55	76	62	99
Nyanga West	2,160	770			
Totals ...	36,987	34,217	32,286	32,871	29,607

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.

Routine cytological examination on women attending these clinics with a view to detecting early malignancy in the female genital tract was commenced in February, 1960. Where atypical cells were discovered, the women are referred to a special gynaecology clinic at Groote Schuur Hospital.

Number of cytological examinations	1,176
Number showing infections	280
Number showing suspicious cells (Grade 3 atypia)	75
Number showing malignant cells (Grade 4–5 atypia)	5

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

During the year there were 1,059 new cases (115 European and 944 non-European) and a total attendance of 4,570 (458 European and 4,112 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 to the Medical Officer of Health within twenty-four hours of their occurrence. This information is invaluable to the department for the follow up of all new births.

In addition, births must also under the relevant section of the Births, Marriages and Deaths Registration Act, as amended, 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, 21,381 births and still births were notified (including births to mothers who were not Cape Town residents) as follows —

Notified by midwives and nurses (other than extern or intern institutional cases)	6,253
Notified by doctors	821
Notified by institutions (extern or intern)	14,307

There were 265 births notified in the Langa African Township and 360 in Nyanga West African 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	821	3.8
By private midwives:		
Certificated	5,348	25.9
Uncertificated	705	3.3
By institutional midwives or student midwives	1,964	9.2
No doctor or midwife	20	0.1
	9,058	42.4
In institutions:		
Public institutions	6,430	30.1
Private nursing homes	5,893	27.6
	12,323	57.6

2,726 Of these births were to non-residents of 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 recognised as training schools for midwives, and by Provincial district midwives unattached to any hospital but employed by the Provincial Administration.

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) Ninety-two private midwives, of whom eighty seven are trained. No untrained midwives are now permitted to start practice, and it will not be long before all midwives practising in this city are certificated.

(2) Seven Provincial district midwives working in the Kensington, Athlone, Lansdowne, Retreat and Nyanga 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 those areas not served by the provincial district midwives or midwives from the training schools.

Assisted midwifery.

An amount of £248 2. 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 £118 0. 6d.

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	251
Visits paid to midwives in their own homes	1,381
Inspections held	15
Attendances of midwives at inspections	276
Total visits by supervisor	2,741

PUERPERAL FEVER.

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

The cases of puerperal fever reported in the year, corrected for imported cases and misdiagnosis, numbered 6 (one European and five non-European). There was one death from this cause in the city area. Enquiries revealed that this patient had attended an ante-natal clinic, was confined at home by an extern institutional midwife, and admitted to a general hospital after confinement where she died. The condition supervened on the birth of a living child.

Of the remainder, four were confined in institutions and one at home. All the cases supervened on the birth of living children. One case was treated in the City Infectious Diseases Hospital.

The ten deaths shown under the heading "puerperal septicaemia" in the table on page 24 were all due to septic abortion. Maternal mortality for a series of years is also 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.

430 (15 European and 415 non-European) cases of ophthalmia were notified, which is 2.7 per cent of the registered live births. Of these, 206 were born in institutions and 71 confined at home by institution staff. The remaining 153 cases were confined at home, 6 having been attended by doctors, 140 by private midwives, 4 were unattended and 3 untraced.

Swab results were recorded in 406 cases, of which 24 were positive for gonococci, 5 doubtful and the remainder negative.

It is to be recorded that the health visitors reported 193 of the cases as "slight", and 167 as moderate or grave. 70 were not commented upon. With the exception of 22 cases where contact was lost through transfer of domicile, all cases recovered completely.

In addition to the above figures there were two cases in the Langa African Township, and nine cases at Nyanga West, all of whom recovered.

DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNISATION.

Two immunising teams, each consisting of a medical officer, health visitor and an assistant, conducted 10 immunising 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 immunisation by a private doctor or by the staff of the nearest clinic.

At the Department's sessions the triple antigen of diphtheria, whooping cough and tetanus toxoid is used. 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	44
At institutions	34
At child welfare centres	332
	410

Total persons immunised:

European.	*Non-European.*	*All races.*
4,021	20,422	24,443

Of the 24,443 persons immunised, 24,023 were children under the age of nine years, and 18,538 were immunised 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)... ...	10,694	27,960
Combined whooping cough, diphtheria prophylactic (haemophilus pertussis and diphtheria P.T.A.P.)	—	12
Combined diphtheria, tetanus (diphtheria P.T.A.P. and tetanus toxoid)	277	827
Diphtheria P.T.A.P. (putified toxoid on aluminium phosphate)	7,477	17,967
Diphtheria absorbed dissolved floccules..	90	182
	18,538	46,948

POLIOMYELITIS IMMUNISATION.

During the year, poliomyelitis immunisation (Salk vaccine) was carried out at ten weekly sessions to children up to 16 years of age and expectant mothers.

Total persons immunized:

European.	*Non-European.*	*All races.*
4,055	24,240	28,295

Number of injections given 86,094

Oral vaccine against Type I poliomyelitis.

As it was possible that a Type I poliomyelitis epidemic could be anticipated in Cape Town an intensive mass campaign was conducted between October 27th and November 12th, 1960. Special distribution centres were set up at public halls as well as at the child welfare centres. The assistance of the Press, Radio and the Voluntary Aid Detachments, as well as that of many private helpers in satisfactorily conducting this mass campaign was much appreciated.

The age-groups catered for were pre-school children from four months to six years, school children, young adults and expectant mothers. The vaccine was administered on absorbent sweets, or in syrup for the babies.

The numbers immunized were as follows—

	European.	*Non-European.*	*All races.*
Pre-school children	13,257	38,204	51,461
School children	35,678	62,252	97,930
Adults	30,589	36,930	67,519
Total	79,524	137,386	216,910

No serious reactions to the vaccine were reported. A random survey on 901 recipients revealed that approximately 8 per cent of children developed mild gastro intestinal upsets, headaches, low pyrexias, or nausea, between the 2nd and 5th day following the feed which could possibly be attributed to the vaccine.

The effects as shown by the number of cases of poliomyelitis notified during the summer months were most satisfactory. Of seven cases of poliomyelitis notified up to the end of the first week of January, 1961, none were due to Type I virus.

B.C.G. VACCINATION.

B.C.G. vaccination of newborn infants was continued. 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 those 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 Hospital	871	—	871
Peninsula Maternity Hospital	285	680	965
Somerset Hospital	—	1,580	1,580
St. Monica's Home	—	1,085	1,085
Municipal child welfare centres	217	5,733	5,950

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 municipal 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 26 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 ...	332	776	1,108	120	3,935	4,055	24	208	232
Total attendances	872	2,247	3,119	280	11,845	12,125	41	352	393
Number of sessions held ...			119	—	—	230	—	—	37
Children fitted with spectacles:									
Full-paying	89	163	252						
Part-paying	94	366	460						
Free	23	44	67						

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	36
Coloured	293
African	50
House visits made	2,111

Sessions held —

Surgeons	43
Sisters	194
	237

Attendances at sessions —

Surgeons	1,447
Sisters	5,620
	7,067

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. Four 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.

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 50 children between the age of 3 and 6 years.

A day nursery is conducted in the Langa African Township for 20 infants and 60 children between the age of 2 and 6 years. There are two trained African nurses, 3 adult helpers and two juvenile helpers.

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

	Shelley Street	Bloemhof	Bokmakirie	Langa	Liberman Institute
New entrants	29	15	23	36	33
Mean total on register	50	45	81	79	52
Daily sessions	208	208	208	248	208
Mean attendances per session	44	41	67	63	47
Total attendances	9,169	8,583	13,969	15,706	9,742

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 ...	110
Wynberg Magisterial District	190
	300

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	80
Non-Europeans	88

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 1960, 195 cases (11 European, 148 Coloured and 36 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.

Unfortunately there are no available statistics to indicate the various illnesses responsible for absenteeism from school and from work, and one only has the general statement so far as schools are concerned, that with regard to dental causes the position has improved.

Some indication of the beneficial effects of the Council's dental scheme can be exemplified by the fact that certain institutions which made regular demands on the Branch for treatment have of late shown a pronounced falling off in such requests.

In 1927 the City Health Department initiated a limited dental scheme with part-time personnel. Treatment was limited to the extraction of teeth and confined to pre-school children and individuals attending the maternal and child welfare clinics.

The number of weekly sessions devoted to this purpose was gradually increased, until in 1941 the Council appointed its first full-time dental officer, who also undertook the dental treatment of tuberculous out- and in-patients.

In 1947 the Central Dental Clinic in Hope Street was erected and opened and together with the various branch clinics which had been put into service from time to time in various parts of the municipal area, it became possible to cater for all necessitous cases requiring dental treatment. Treatment was also extended to the inmates of certain non-municipal institutions within the Council's area.

The decrease in the dental requirements of these extra mural bodies indicates a satisfactory coverage for the whole area. In 1942 for instance it was found necessary to conduct weekly extraction sessions at the City Infectious Diseases Hospitals. Within several years the sessions were reduced to fortnightly ones, until to-day, with the possible exception of urgent cases, clinics are only held when sufficient cases have been collected. These might only be required once in two months or even longer.

Although there has been a steady increase in attendances at dental clinics from year to year, the numbers now appear to have become stabilised and it has been noted, particularly among children, that the average number of extractions per case has fallen and the incidence of gingival and periodontal disease has diminished. The improved conditions are most probably due to previous attendances at clinics.

Among the poorest sections of the community a marked antipathy to conservative dental treatment is very noticeable and even simple advice regarding oral hygiene is more often than not not acted upon. When taxed about this attitude the reasons given are manifold and frequently unique, and will include the following:—

That, without their own teeth they will be free from pain, they will rarely if ever have to attend a dentist, no time will be wasted on dental hygiene, and the addition of gold ornamentation becomes a simple if not inexpensive method of adornment.

They reason, that as long as they have natural teeth dental treatment will be necessary and that as they will eventually become edentulous, the sooner this "happy" state of affairs is reached the better. This class of patient achieves the desired result by a studied and persistent repudiation of all efforts to instil some degree of oral hygiene into him and by a total disregard of advice concerning food factors and dietary habits.

This general attitude towards dental health is one of our most pressing problems in this section of the population and as has been stated in previous annual reports can only be countered by education. Our only hope of making any impression is by pressing the propaganda through the schools, starting at an early age and continuing at regular intervals throughout school life.

It can, however, be stated with some degree of satisfaction that the efforts of the dental branch have met with some measure of success in the elimination of dental sepsis with its far-reaching sequelae, in the combating of pain and the restoration and repair of dental tissues wherever that has been possible. Many patients as a result have been fitted for the labour market, and by and large a very practical contribution has been made towards the betterment of many who comprise our lower socio economic group.

In the larger industrial concerns, employers of labour can materially assist in making dental treatment available to their employees by permitting staff requiring such treatment limited time off to attend the sessions. The dental clinic staff are prepared to co-operate to the fullest in ensuring the minimum loss of time that is occasioned by such attendance.

Dental treatment is carried out at the following centres, the three first named having been specially built for the purpose, the next group of nine being located in health department premises where preventative and promotive services are also provided, and the last three being non-municipal institutions.

Central Dental Clinic, Hope Street.	General.
Dental Clinic, Maitland.	General.
Dental Clinic, Retreat.	General.
Aspeling Street, Cape Town.	Schools, child welfare and maternal.
St. James Street, Woodstock.	Schools, child welfare and maternal.
Town Hall, Wynberg.	Schools, child welfare and maternal.
Athlone.	Schools, child welfare and maternal.
Lansdowne.	Schools, child welfare and maternal.
Spencer Road, Salt River.	T.B. patients.
City Hospital for Infectious Diseases.	In-patients.
Brooklyn Chest Hospital.	In-patients.
Langa African Township.	Residents.
Lady Michaelis Orthopaedic Hospital (Provincial Administration).	In-patients.
Maitland Cottage Home for Crippled Children (Provincial Administration).	In-patients.
Dr. Stals T.B. Sanatorium, Retreat (Divisional Council).	In-patients.

The full-time staff of the Dental Branch as at 31st December, 1960, consisted of the following—

Principal Dental Officer.
Deputy Dental Officer.
Assistant Dental Surgeon.
Senior Clinic Nurse.
Dental Nurses, 4.
Clinic Assistants, 3.
Dental Mechanics, 5.
Social Welfare Visitor.
Clerical Staff, 4.
Caretaker/Cleaner.
Labourer.
Domestics, 3.

The full-time professional staff is, in addition, assisted by a number of part-time dental surgeons, anaesthetists, nurses and clinic assistants. The following table indicates the services rendered during the year 1960.

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	1,369	980	7,255	3,593	18,422	629	5,446	319	133	2,695	12,935	275	1,084
	Children	924	1,871	3,157	3,639	740	1,638	411	35	2,002	1,991	12	2
	School children ...	397	218	142	1,217	589	76	2	990	508	217	100	—	—
	Total ...	1,766	2,122	9,268	7,967	22,650	1,445	7,086	1,720	676	4,914	15,026	287	1,086
Aspeling Street, Cape Town	Nursing and expectant mothers ...	51	—	140	—	188	—	169			—	19		
	Pre-school children:		—	524	—	713	—	677			—	36		
	School children ...	30	—	746	—	972	—	761			—	211		
	Total ...	81	—	1,410	—	1,873	—	1,607			—	266		
Woodstock	Nursing and expectant mothers ...	28	1	57	1	84	1	76	—	—	—	8		
	Pre-school children:		6	202	6	268	6	263	—	—	—	6		
	School children ...	71	255	640	508	915	275	712	111	—	129	203		
	Total ...	99	262	899	515	1,267	282	1,051	111	—	129	217		
Maitland	General:													
	Adults	96	21	559	40	1,022	22	456	—	—	18	577		
	Children		32	592	87	1,075	66	475	—	—	21	603		
	Nursing and expectant mothers ...	50	2	209	9	362	7	335	—	—	2	27		
	Pre-school children:		16	269	27	414	27	387	—	—	—	28		
	School children ...	130	447	1,483	594	1,686	279	1,337	191	36	151	320		
	Total ...	276	518	3,112	757	4,559	401	2,990	191	36	192	1,555		
Athlone	Nursing and expectant mothers ...	68	—	212	—	346	—	329			—	17		
	Pre-school children:		—	529	—	744	—	732			—	12		
	School children ...	68	—	1,641	—	2,194	—	1,867			—	327		
	Total ...	136	—	2,382	—	3,284	—	2,928			—	356		
Wynberg	Nursing and expectant mothers ...	31	3	135	5	199	4	180	—	—	1	20		
	Pre-school children:		27	178	33	240	29	233	—	—	4	7		
	School children ...	180	77	2,121	442	2,604	81	1,901	274	106	98	600		
	Total ...	211	107	2,434	480	3,043	114	2,314	274	106	103	627		
Retreat	General:													
	Adults	199	—	1,975	2	3,498	2	1,466	—	1	—	2,056		
	Children		2	973	6	1,710	3	750	—	—	3	971		
	Nursing and expectant mothers ...	44	—	239	—	351	—	316	—	—	—	38		
	Pre-school children:		2	210	4	362	4	334	—	—	—	29		
	School children ...	41	—	1,055	—	1,284	—	1,056	—	—	—	230		
	Total ...	284	4	4,452	12	7,205	9	3,922	—	1	3	3,324		
Lansdowne	Scheol children ...	90	194	514	509	709	165	583	208	—	140	126		
St. Mary's Training School	Inmates	3	9	—	80	16	—	14			80	2		
City Hospital	In-patients	6	12	102	12	109	7	84			5	25		
Brooklyn Chest Hospital	In-patients	7	—	93	—	121	—	94			—	27		
Langa Hospital	African residents, Langa	47	—	694	—	1,215	—	1,178			—	37		
Dr. A.J. Stals Memorial Sanatorium	In-patients	12	—	149	—	226	—	189			—	37		
Tuberculosis Clinic, Spencer Road	Out-patients ...	65	34	285	53	881	16	300	7	3	30	578	2	91
Lady Michaelis Home	In-patients	5	32	17	52	26	18	9			34	17		
Maitland Cottage Home	In-patients	2	—	85	—	118	—	34			—	84		
	Adults		1,062	11,860	3,741	26,741	688	10,355	323	137	2,780	16,381	277	1,175
	Children		2,232	14,036	6,696	20,561	1,769	14,028	2,188	685	2,850	5,923	12	2
	Total ...	3,090	3,294	25,896	10,437	47,302	2,457	24,383	2,511	822	5,630	22,304	289	1,177

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 94 to 96 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 79 to 81.

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 16, all non-European, equivalent to an incidence rate of 0.03 for all races, and 0.04 for non-Europeans only. This is the first occasion where not a single European case has been recorded. There were no deaths from this disease. During the previous year there were 29 cases and one death.

Three of the 16 cases in the year under review were reported from one house, but those infected probably contracted their infections during a camping holiday over Christmas and the New Year. In another instance, two cases occurred in one house, but late notification from one of the local general hospitals together with failure to send positive cultures for phage typing resulted in a fruitless search for the source of infection.

In Nyanga West (one of the African Townships) three cases occurred (one fatal), and in Langa (the other) one imported case was notified.

In addition to the above figures four further local cases (one European and three non-European) are recorded where an imported infection was established. 63 Cases (3 European and 60 non-European) were admitted during the year to the City Hospital for Infectious Diseases from outside the municipal area. One non-European death in this group occurred.

Further particulars will be found in the table on page 39 and in Tables N to P on pages 94 to 96.

DIPHTHERIA.

The cases of this disease reported during the year, corrected for misdiagnosis and imported cases, numbered 87 (27 European and 60 non-European), equivalent to an incidence rate of 0.15 per 1,000 population (0.14 European and 0.16 non-European). During the previous year 80 cases were reported (17 European and 63 non-European) with incidence rates of 0.09 European, 0.18 non-European and 0.15 for all races.

Of the 87 cases reported in 1960, three Europeans aged 5, 6 and 42 years, and three non-Europeans aged 1, 3 and 5 years respectively, died. There is no record of any of these fatal cases having at any time been immunized.

Two European and five non-European cases under 10 years of age had received immunizing injections as follows —

European female aged 2 years, 3 injections in 1958.
European male aged 8 years, 3 injections in 1952.
non-European male aged 1 year, 3 injections in 1959.
non-European male aged 18 months, 3 injections in 1959.
non-European male aged 4 years, 3 injections in 1956.
non-European female aged 5 years, 3 injections in 1957.
non-European female aged 5 years, 1 injection in 1958.

Secondary infection occurred in five houses. One case occurred in an institution in Ward 15 after having been an inmate for a period of seven months.

All cases were admitted to the City Infectious Diseases Hospital except one case where the notification emanated from the public mortuary.

There were two cases in each of the African Townships of Langa and Nyanga West.

Excluded from the above figures are 110 cases from outside the city area treated in the City Infectious Diseases Hospital. 10 non-European deaths occurred in this group.

Diphtheria Carriers.

19 non-European carriers were notified in the city area, 18 of whom were admitted to the City Hospital and the remaining case to a military hospital. One of the carriers was a female domestic at the City Hospital who developed a diphtheritic ulcer of the leg. In addition, two non-European carriers were admitted to the City Hospital from outside the city area, and one from the Nyanga West African Township. The record of the Department's work in immunization is given on page 39.

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
1960 ..	27	60	87	4,021	20,422	24,443

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	0·29	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 ..	1·00	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	1·03	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
1960 ..	—	0·04	—	—	0·14	0·16	0·02	0·01	0·59	0·08	0·01	—

SCARLET FEVER.

The cases of this disease reported in the year, corrected for misdiagnosis and imported cases, numbered 146 (117 European and 29 non-European), equivalent to an incidence rate of 0.26 per 1,000 population (0.59 European and 0.08 non-European). In the previous year there were 166 cases and one death.

22 Cases (one fatal) were reported within a cycle of ten days from a Government controlled mental institution. Two cases with an interval of three weeks between occurred in a children's home in Ward 14. One other case occurred in the person of the assistant matron of a large maternity hospital.

Secondary infections (two cases each) occurred in seven houses. Permission was granted to nurse 22 cases at home where satisfactory isolation was available.

There were no cases in the African Townships.

In addition to the above figures, two cases of imported infection were reported, and 32 cases were admitted to the City Infectious Diseases Hospital from outside the municipal area.

Other particulars will be found in the table on page 39 and in Tables N to P on pages 94 to 96.

CEREBROSPINAL FEVER.

During the year there were 21 cases (4 European and 17 non-European) notified, equivalent to an incidence rate of 0.04 per 1,000 population (0.02 European and 0.05 non-European). Four non-European cases died, one in the City Infectious Diseases Hospital and three in general hospitals. In the previous year 19 cases were reported, with two deaths.

All cases in the year under report were admitted to the City Infectious Diseases Hospital except three fatal cases which occurred in general hospitals.

In addition 16 non-European cases were admitted to the City Hospital from outside the municipal area.

Other particulars will be found in the table on page 41 and in Tables N to P on pages 94 to 96.

ACUTE POLIOMYELITIS.

The cases of this disease reported during the year, corrected for misdiagnosis and imported cases, numbered 39 (14 European and 25 non-European), equivalent to an incidence rate of 0.07 per 1,000 population (0.07 for both Europeans and non-Europeans). Of these cases, a European female aged 37 years and a non-European male aged 18 months died. During the previous year 76 cases were notified with two deaths.

Taken in conjunction with the previous year, the figures show a build up of incidence during the summer of 1959/60.

All the cases were admitted to the City Infectious Diseases Hospital. No secondary infection within the same household occurred, and no institutions were involved. Six of the patients gave a history of having been immunized with Salk vaccine at Municipal or other clinics, but this was confirmed by records in only two instances, i.e. two European males aged 5 and 6 years respectively who had received a full immunization course, in one case twelve months before onset of illness, and in the other, only one month prior to developing the disease. One other claim in the case of a non-European child of one year to have had the oral vaccine three weeks prior to onset of illness could not be confirmed.

In addition to the above figures, 85 cases were admitted to the City Infectious Diseases Hospital from outside the municipal area. In this group three European deaths occurred. One other case reported in the city was established as an obviously imported infection.

In the African Townships, three cases occurred in Langa and four cases in Nyanga West.

Other particulars will be found in Tables N to P on pages 94 to 96, and details regarding immunization are set out on page 31.

INFECTIVE ENCEPHALITIS.

There were 8 cases (2 European and 6 non-European) reported during the year, with one European and four non-European deaths. One of the deaths, an African infant, was not registered locally and is not included in the general return of deaths. Four of the cases were admitted to the City Infectious Diseases Hospital, one to a general hospital, and three cases were only notified after death.

Two European and six non-European cases were admitted to the City Hospital from outside the municipal area. Three of these had fatal outcomes.

There were no cases in the African Townships.

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	50	1	1	1	10	1	4
1960 ..	4	17		4	14	25	1	1	2	6	1	3

INFLUENZA AND PNEUMONIA.

These diseases are not now notifiable in the Cape Town Municipality, but deaths from influenza and from bronchitis and pneumonia, with the corresponding death rates, 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	0·04	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
,, 1960	3	0·02	1	0·00	8	0·04	34	0·09	51	0·26	272	0·73

Corrected for inward and outward transfers as from 1956.

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

	1960		1959	
	European.	Non-European.	European.	Non-European.
Under 5 years of age ...	6	211	12	191
0–1 year	6	157	10	142
1–2 years	–	41	2	40
2–5 years	–	13	–	9
All other ages	53	95	59	60
Totals ...	59	306	71	251

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 91.

The seasonal character of mortality from bronchitis and pneumonia will be found in Table C, on page 81.

WHOOPING COUGH.

For the period under review the number of cases was 182 (53 European and 129 non-European), equivalent to an incidence rate of 0.32 per 1,000 population (0.27 European and 0.35 non-European). Of these cases, 7 non-Europeans died. In the previous year there were 123 cases and 8 deaths.

Spread of infection occurred in 29 instances, i.e. two cases each were notified from 15 dwellings, three cases each from 6 dwellings, four cases each from 7 dwellings, and five cases from one dwelling. There was one death in this group of cases. There were no cases from any institution. 30 Cases were admitted to the City Infectious Diseases Hospital, three of whom died.

The distribution of the 182 cases according to months of occurrence, wards and age-groups will be found in Tables N to P on pages 94 to 96.

In addition to above figures, 21 cases of whooping cough from outside the municipal area were treated at the City Hospital.

In the African Townships one case occurred at Nyanga West and four cases at Langa one of whom was fatal.

During the year under review, 24,443 children were immunized with the Diphtheria/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
1946–50	—	—	—	—	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
" 1960	53	129	0·27	0·35	—	7	—	0·02

This table indicates that deaths from whooping cough despite a temporary setback, have sharply declined in recent years.

MEASLES.

28 Measles deaths, all non-Europeans, occurred in Cape Town during the year, compared with 15 in the previous year. 25 Of the deaths in the present period occurred in children under two years of age. Eleven non-residents also died.

During the year, 223 cases of measles were admitted to the City Infectious Diseases Hospital, of whom 79 were from outside the municipal area, and 13 from the African Townships of Langa and Nyanga. Nine of the 131 local cases were transferred from general hospitals, and six from other institutions.

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
,, 1960	—	24	—	0·06

COXSACKIE MYOCARDITIS.

Two fatal cases of Coxsackie myocarditis occurred in infants at a recognised maternity home during July—August, 1960.

On Sunday, 31st July, the Department was notified by a city pediatrician that a nine day old baby had died of cardiac failure which he suspected was due to Coxsackie myocarditis, and that the baby had been infected by the mother.

The following is a chronological account of relevant events.

Previous history.

20th/21st July. Mrs. "Y", European aged 21 years, felt feverish. She was found to be running a continuous temperature of 102° F. She had a slight cough, no pain or other symptoms. Patient was put on Terramysin treatment but this had no effect on the pyrexia.

22nd July. Mrs. "Y" was admitted to the maternity home still running a temperature, and delivered an apparently normal child on the same day. It was a normal delivery.

22nd to 25th July. Mrs. "Y" still ran a pyrexia which swung from 98 to 101 deg. F. daily — no localising signs or symptoms. Diagnosed as P.U.O., given Achromysin, temperature returned to normal 25th July. On 26th July it was observed that her baby was unable to suckle and signs of cardiac insufficiency, i.e. cyanosis, began to appear. Baby was taken off the breast, gradually became worse and died on 31st July.

A rectal swab taken from the baby post mortem, was sent to the University of Cape Town's Bacteriology Department for investigation, but was negative for Coxsackie virus.

Mrs. "Y" was in a single bed ward. There was no barrier nursing of Mrs. "Y" or her baby. The baby was accommodated in the common nursery at the end of a row of nine babies in cots.

31st July. The home was evacuated for the purpose of disinfection.

Two seven weeks old premature infants, Baby "F" and Baby "T" were each in their own incubator in a separate nursery. They were under the special care of Sister "S" who was not in contact with Mrs. "Y" or her baby. It was subsequently ascertained however, that when Sister "S" was off duty, these two babies were attended to by any nurse who happened to be available at the time. In this way the infection could have been carried from Baby "Y" to the adjoining nursery by the nursing staff.

The two premature babies were removed to a children's hospital on the same day as the rest of the nursing home was evacuated.

The owner of the nursing home had made arrangements for the formalin disinfection of the premises by a private firm of fumigators who sealed up and disinfected the premises that afternoon, and opened up the next morning, 1st August. On 2nd August, a patient was admitted and delivered, and discharged on 4th August. This was the only maternity case admitted between 1st and 5th August.

The two premature babies were, without authority, brought back to the home on 2nd August. Baby "T" was immediately returned to the hospital, but Baby "F" was retained on account of physical signs of myocarditis.

Coxsackie B.2 virus was isolated from a specimen of stool of Baby "F" on 3rd August, and the child died the following day.

Re-disinfection.

On this occasion the disinfection of the nursing home, including nurses quarters and owner's private residence adjoining, was carried out by this department. The rooms were sealed on Friday 5th and exposed to double strength formalin until Sunday morning 7th August. The nursing home was ready to receive patients by Sunday evening, 7th August, but did not have any patients for several days.

No further cases occurred. All the patients who were evacuated on 31st July were asked to report to this department immediately should any signs of illness in themselves or their babies be observed, but no such reports were received.

Further laboratory examinations —

Mrs. "Y". Blood negative, 2nd August.
Stool negative, 6th August.

Baby "T". Stool negative, 6th August.

This nursing home has accommodation for 15 patients in both single and multi-bedded wards. All the infants slept in the nursery. The management of the home were once again informed of the inadvisability of congregating new-born babies in a common nursery, and the advantages of providing cribs at the foot of the mother's bed with a view to containing infections of this type which are so easily introduced into maternity institutions.

DIARRHOEAL DISEASES.

The deaths registered in the year due to diarrhoea and enteritis (corrected) numbered 491 as compared with 472 in the previous year. The corresponding death rate for the city was 0.86 per 1,000 population (0.06 European and 1.29 non-European).

The deaths from diarrhoeal diseases during 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	12	479	491
572	Chronic enteritis and ulcerative colitis ..	3	14	17
043	Cholera	—	—	—
045	Dysentery, bacillary	1	2	3
046	Dysentery, amoebic	2	4	6
047–048	Dysentery, other forms	1	2	3
	Total ..	19	501	520
	Diarrhoeal death rate per 1,000 population	0.10	1.35	0.91

Of the 479 non-European deaths from diarrhoea and enteritis, 153 occurred in Ward 8 (including 126 in the district of Windermere), 94 in Ward 10, 102 in Ward 15, and 130 in the rest of the city. 98.9 per cent of the deaths were under five years of age, i.e. 362 under one year, 92 between one and two years, and 20 between two and five years.

Compared with the previous year, there has been a decrease in infant diarrhoeal deaths in the Windermere district, probably as a result of the present policy of re-housing many of the slum dwellers at Nyanga West.

These appalling figures are a blot not only on the City itself but also on the Country as a whole. Malnutrition and poor socio-economic factors play the major part among our non-European population in causing this unnecessary and preventable wastage of human life. The provision of enough protein in the form of a half a pint of milk (skim or whole cream) to this age group will materially reduce the present high morbidity and mortality rates.

Municipal child welfare clinics and staff, which are available to both European and non-European groups, are responsible for health education, but are obviously not the means to employ in defeating poverty and improvidence among the less privileged classes.

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

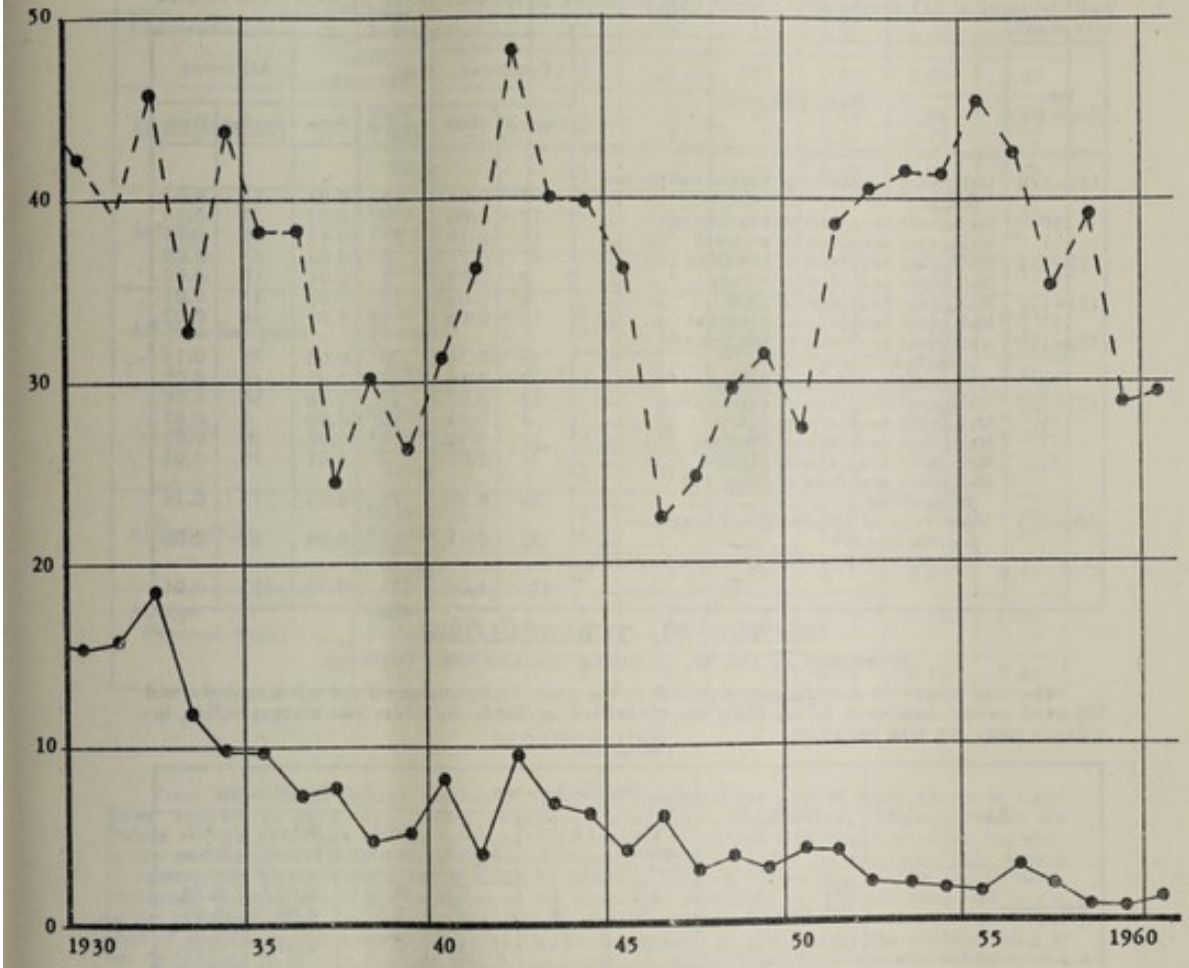
Year.	Diarrhoea and Enteritis.					
	European.		Non-European.		All races.	
	Male.	Female.	Male.	Female.	Male.	Female.
1947–48	9	6	151	110	160	116
1948–49	8	5	171	134	179	139
1949–50	10	5	155	111	165	116
1950–51	9	5	197	184	206	189
1951–52	7	2	211	206	218	208
1952–53	4	3	236	204	240	207
1953–54	1	5	222	209	223	214
1954–55	4	2	255	226	259	228
1956	8	3	261	195	269	198
1957	4	1	211	204	215	205
1958	—	1	213	239	213	240
1959	—	1	182	168	182	169
1960	2	2	195	167	197	169

The seasonal character of diarrhoea and enteritis is shown in Table C, on page 81.

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 535 (324 European and 211 non-European) compared with 552 (335 European and 217 non-European) for the previous year.



Gastro enteritis. Infant deaths per 1,000 live births.

Europeans ——— Non-Europeans. – – – –

In the European group apart from malignant neoplasms of other and unspecified sites the highest incidence was due to neoplasms of the trachea and lung bronchus (46), closely followed by neoplasms of the intestines (41). The figures for neoplasms of the bronchus and trachea for previous years was as follows :—

1959	53
1958	58
1957	52
1956	38
1955	36

Are these figures related to residence in an increasingly smoky atmosphere or is it due to the smoking of cigarettes?

In the non-European group the highest incidence of malignancy was related to the stomach (57 cases) followed by neoplasms of the trachea and bronchus (29). Can this factor be attributable to the high consumption of alcohol of poor quality of the non-European?

The deaths from cancer registered during the year under review and the corresponding rates are classified in the following table according to the parts of the body affected. More than half the total of 535 deaths were caused from malignant neoplasms of the digestive and respiratory organs.

Int. Code No.	Parts affected	European		Non-European		All races	
		Deaths	Rate	Deaths	Rate	Deaths	Rate
140–148	Malignant neoplasm of buccal cavity and pharynx	7	0.04	5	0.01	12	0.02
150	Malignant neoplasm of oesophagus ...	12	0.06	9	0.02	21	0.04
151	Malignant neoplasm of stomach	31	0.16	57	0.15	88	0.15
152–153	Malignant neoplasm of intestine	41	0.21	6	0.02	47	0.08
154	Malignant neoplasm of rectum	9	0.05	3	0.01	12	0.02
155–156	Malignant neoplasm of liver	5	0.03	12	0.03	17	0.03
157	Malignant neoplasm of pancreas	11	0.06	3	0.01	14	0.02
162–163	Malignant neoplasm of trachea and bronchus of lung	46	0.23	29	0.08	75	0.13
170	Malignant neoplasm of breast	32	0.16	17	0.05	49	0.09
171–172	Malignant neoplasm of cervix uteri ...	14	0.07	22	0.06	36	0.06
175	Malignant neoplasm of ovary	8	0.04	1	0.00	9	0.02
177	Malignant neoplasm of prostate	19	0.10	9	0.02	28	0.05
181	Malignant neoplasm of bladder	11	0.06	2	0.01	13	0.02
	Malignant neoplasm of other and unspecified sites	56	0.28	21	0.06	77	0.14
200–205	Neoplasms of lymphatic and haematopoietic tissues	22	0.11	15	0.04	37	0.06
	Total	324	1.64	211	0.57	535	0.94

SECTION VI.—TUBERCULOSIS.

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

The new cases of this disease reported in the year 1960, corrected for misdiagnosis and imported cases, numbered 1,742. 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	66	7	73	0.70	0.07	0.78
	Female	59	6	65	0.57	0.06	0.63
	Total	125	13	138	0.63	0.07	0.70
Coloured	Male	539	47	586	3.69	0.32	4.01
	Female	459	44	503	2.75	0.26	3.01
	Total	998	91	1,089	3.19	0.29	3.48
African (Urban) ..	Male	133	10	143	4.13	0.31	4.44
	Female	72	6	78	3.85	0.32	4.17
	Total	205	16	221	4.03	0.31	4.34
Asiatic	Male	6	—	6	1.23	—	1.23
	Female	5	1	6	1.51	0.30	1.81
	Total	11	1	12	1.34	0.12	1.46
All Non-European ..	Male	678	57	735	3.70	0.31	4.01
	Female	536	51	587	2.84	0.27	3.11
	Total	1,214	108	1,322	3.26	0.29	3.55
All races	Male	744	64	808	2.68	0.23	2.91
	Female	595	57	652	2.03	0.19	2.23
	Total	1,339	121	1,460	2.35	0.21	2.56
African (Langa) ..	Male	173	7	180	8.13	0.33	8.46
	Female	30	1	31	7.36	0.25	7.61
	Total	203	8	211	8.01	0.32	8.32
African (Nyanga West) ..	Male	38	2	40	7.60	0.40	8.00
	Female	30	1	31	5.48	0.18	5.67
	Total	68	3	71	6.49	0.29	6.78

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	19	—	19	0.20	—	0.20
	Female	6	3	9	0.06	0.03	0.09
	Total	25	3	28	0.13	0.02	0.14
Coloured	Male	76	19	95	0.52	0.13	0.65
	Female	42	10	52	0.25	0.06	0.31
	Total	118	29	147	0.38	0.09	0.47
African (Urban) ..	Male	14	2	16	0.43	0.06	0.50
	Female	5	2	7	0.27	0.11	0.37
	Total	19	4	23	0.37	0.08	0.45
Asiatic	Male	—	1	1	—	0.20	0.20
	Female	—	—	—	—	—	—
	Total	—	1	1	—	0.12	0.12
All Non-European ..	Male	90	22	112	0.49	0.12	0.61
	Female	47	12	59	0.25	0.06	0.31
	Total	137	34	171	0.37	0.09	0.46
All races	Male	109	22	131	0.39	0.08	0.47
	Female	53	15	68	0.18	0.05	0.23
	Total	162	37	199	0.28	0.06	0.35
African (Langa) ..	Male	14	1	15	0.66	0.05	0.71
	Female	4	—	4	1.00	—	1.00
	Total	18	1	19	0.71	0.04	0.75
African (Nyanga West) ..	Male	1	1	2	0.20	0.20	0.40
	Female	1	—	1	0.18	—	0.18
	Total	2	1	3	0.19	0.10	0.29

NOTIFICATIONS.

From the official figures available (1,742 notifications) the grip of tuberculosis in Cape Town appears to have been further weakened during 1960. Notification, obligatory under the Public Health Act, does not appear to have noticeably slackened following a possible increase in the number of newly-discovered cases retained for treatment under private care. This default is numerically unassessable and difficult to remedy: Table K shows that private practitioners continued to make use of the facilities of the clinics by supplying 407 persons compared to 496 in the previous year; and were responsible for the discovery of 18 per cent compared to 20 per cent of the total notifications: the City Health Department is gratified by the collaboration of our colleagues in private practice which has increased the facilities for diagnosis and treatment otherwise unavailable to the large population prone to tuberculosis: we may now have reached a stage at which it is possible to realise the official aim to admit on notification every sick and infectious case promptly to hospital. This objective is based on the generalisation that ultimate restoration to work depends on treatment during the first six months after discovery of the disease. We have hitherto failed to follow this precept owing to the accumulation of infectious "chronics" blocking the admission of curable cases to hospital and thereby forcing many of this group to drift into chronicity and add their weight to the hard core of infection responsible for the continued perpetuation of tuberculosis in our midst.

If we accept the principle that optimum treatment during the first six months is essential, it should be logical to consider certain incentives towards fulfilling it.

For example, the patient is more likely to enter hospital and remain there if his family is adequately supported during his incapacitation: he might therefore be allotted more money over a shorter constructive period, rather than grants at a subsistent level for several years. The inadequacy of the aid to dependents undoubtedly results in the rejection of hospital treatment or desertion therefrom in a halfway stage: in other words it creates the chronic infectious case and continues to maintain him at public cost. Despite the assiduous routine of welfare offices and contributions from a multiplicity of organisations, present support of the family does not meet the needs of the patient or of the situation, it is not adequate, it is not prompt and it is not conditional to the acceptance of approved treatment.

These qualifications and the variable scale suggested can only be ensured and organised by a personal service such as a local Care Committee and its case-worker who spends her working day as the Patient's Friend in their homes, the clinics and the hospitals.

Under the present circumstances the tuberculous population is annually swelled by those we fail to cure; half-treatment results in half-cure and the calamitous accumulation of infectious "chronics" designated by the phrase 'Survival without Recovery'.

We therefore have to report a crop of new cases of pulmonary tuberculosis discovered during

the year 1960 amounting to 1,339 in the City area and 271 in the African villages of Langa and Nyanga West. The year 1959 had produced 1,460 and 304 in the same areas. The rate per 100,000 showed a reduction in the Municipal areas from 265 to 235, and in Langa from 1,059 to 801. These figures emphasize, but do not explain, the heavy onslaught of tuberculosis in Africans in the locations: the incidence among Africans still living in the City area is shown in Table A as 403.

This morbid balance-sheet shows that for every 100,000 persons in Cape Town 235 come in during the year as new cases and only 28 die, the balance 207 is added to the 'float' of recovering, relapsing or chronic cases. In gross figures 1,177 persons of all ages have to be successfully restored if the tuberculous population is to remain static.

To avoid an exaggerated view of this danger, it is essential to classify the new cases according to age and to withdraw the children under the age of 15 years as they ordinarily present no hazard to others and nearly all recover if treated. Out of the total 1,339 notifications of pulmonary tuberculosis in the City, 422 were under the age of 15 years, the remaining 917 of both sexes and all races provide the year's work and the challenge and the danger.

In addition to the incentive to the patient, it may be necessary to provide an incentive to the responsible local authority to admit immediately the newly discovered sick and infectious case: the effect of waiving the contribution from the Local Authority to the maintenance costs in hospital during the first six months after notification might be astonishingly beneficial.

In view of this unhappy production of infectious "chronics" some satisfaction might be felt from the rate of reduction in new cases. The fall in incidence has been approximately maintained to the same degree during the past three years: the rate per 100,000 of pulmonary tuberculosis in *all* races in Cape Town was 235 in 1960 compared to 265 in 1959 and 292 in 1958. This is composed of the following rates in the two groups:—

	1960	*1959*	*1958*
European	63	75	76
Non-European	326	369	417

During the past two years the incidence of pulmonary tuberculosis, which is the only infectious form of the disease and therefore the only form which the department is under an obligation to attempt to control, was reduced by 17 per cent in Europeans and by 22 per cent in non-Europeans.

From the statistics available an even greater fall in the incidence of pulmonary tuberculosis has occurred in Langa African Township. There the rate still stands at the calamitously high one of 801 per 100,000. No comparison can be made in regard to Nyanga West where the African population is still increasing as the result of the planned settlement and where case-finding was only commenced following the inauguration of a clinic there in April 1959. The Africans in the City area have shared in this all-round improvement by a reduced incidence of 20 per cent in the past year. The apparent prevalence of pulmonary tuberculosis in the urban Africans is very much lower in this group than in the residents of the Townships. This is surprising and largely inexplicable: it may possibly be connected with higher rentals and the cost of travel to and from work preventing the latter group spending sufficient on protective protein foodstuffs or due to the fact that the majority of Township Africans are migratory labourers and save all they can in cash with resultant malnutrition.

Further noteworthy comparisons with the previous year are the increased incidence of pulmonary tuberculosis in European females and the over-compensating reduction in males, a group in whom the disease is usually twice as prevalent. An increased incidence in the statistically insignificant Asiatic population must also be recorded. The most pertinent finding is that the males are also entirely responsible for the reduction of incidence of pulmonary tuberculosis in all races.

The incidence rates per 100,000 population being:—

	Males	*Females*	*Total*
1959	323	210	265
1960	268	203	235

This change may be related to the work of the Mass Radiography Service which is responsible each year for a larger proportion of the total new cases discovered. It should be noted that the Mass Radiography Service figures only apply to persons over the age of 15.

	Active tuberculosis discovered by M.R.S. Unit.		*Total X-rayed.*	
	Males	*Females*	*Males*	*Females*
1959	243 (52)	131 (18)	33,718	28,136
1960	279 (51)	208 (37)	35,540	32,583

Deductions from these figures are vitiated by the inclusion in the total new cases of disease discovered of persons who lived outside the municipal area; these are shown in brackets.

However, it is clear that this busy unit uncovered 171 new cases in females living in the City compared to 113 in the previous year, and the highest figure since 1954. This could of course have been partially due to 4,447 more females being X-rayed in the year under review. The discovery-rate per 100,000 by this means in 1960 amongst women of all races necessarily including outsiders was 638 compared to 466 in the previous year.

The incidence rate of pulmonary tuberculosis is always directly proportional to the organised efforts made to find it, and Mass X-ray can provide the most accurate measurement of its prevalence in the working population: this is a selective group and therefore provides a yield of tuberculosis much higher than the total rate for persons of all ages (235). This group are in addition seemingly fit and provide a high proportion of early disease which respond favourably on home treatment. This higher yield at a more recoverable stage establishes Mass Radiography as our most valuable asset in case finding.

It is a disturbing fact that in the race-sex groups an increased prevalence has occurred only in European women. The total new cases included only 9 females under the age of 15 years.

Of the remaining 50, the Mass Radiography Service was responsible for the discovery of 14. The comparative figures in 1959 show that out of 43 new cases in European females over 15 years, 12 were uncovered by Mass X-ray. The yield is 28 per cent in both years, in the year of increased incidence (1960) 472 fewer European women were miniature X-rayed. This suggests that the increase is a real one.

Pulmonary tuberculosis is the only form which is infectious, and any danger to the public health results almost entirely from adults: it is therefore important to discover whether a reported swing in new cases augments the general hazard, by establishing whether the increase lies in adult tuberculosis.

TABLE C.

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

1956

Age group	Non-European			
	Male		Female	
	No.	%	No.	%
0– 1 year ..	34	3.8	36	5.0
1– 2 years ..	45	5.0	53	7.4
2– 5 " ..	98	10.9	97	13.5
5–10 " ..	58	6.5	76	10.6
10–15 " ..	13	1.4	24	3.4
15–25 " ..	122	13.6	172	24.0
25–35 " ..	186	20.7	121	16.9
35–45 " ..	155	17.3	56	7.8
45–55 " ..	95	10.6	40	5.6
55–65 " ..	68	7.6	24	3.4
65–75 " ..	20	2.2	12	1.7
75–85 " ..	3	0.3	6	0.8
Total ..	898	100	717	100

1960

Age group	Non-European			
	Male		Female	
	No.	%	No.	%
0– 1 year ..	27	4.0	20	3.7
1– 2 years ..	37	5.5	33	6.2
2– 5 " ..	70	10.3	69	12.9
5–10 " ..	55	8.1	59	11.0
10–15 " ..	19	2.8	17	3.2
15–25 " ..	96	14.2	123	22.9
25–35 " ..	114	16.8	131	24.4
35–45 " ..	114	16.8	42	7.8
45–55 " ..	76	11.2	17	3.2
55–65 " ..	52	7.7	18	3.4
65–75 " ..	12	1.8	5	0.9
75–85 " ..	4	0.6	1	0.2
Total ..	678	100	536	100

Table C indicates once again that the age group (10–15 years) is blessed by a comparative immunity and that the mass-radiography of school children in this age group is not a profitable undertaking. It also shows that in a total of 1,214 urban non-European newly notified cases, 370 were under the age of 10 years. This is a percentage of 30.5 compared with 36 in the previous year. The gross number of new cases of adolescent and adult tuberculosis in urban non-Europeans notified during the past two years was approximately unchanged, 803 and 808. The task and the degree of failure remain unchanged. The incidence has fallen owing to the increase in population and the fall in the notifications of children under 10 years by 118. This reduction may be closely related to the individual clinical attitudes of the examining doctors, and to the number of non-European children attending as contacts and suspects; these numbered 3,924 in 1959 and 3,365 in 1960.

Non-European children and primary pulmonary tuberculosis.

	1959			*1960*		
	Number examined	*Notifications*	*% yield*	*Number examined*	*Notifications*	*% yield*
Suspects	1,443	237	16.4	1,323	175	13.2
Contacts	2,481	229	9.2	2,042	158	7.7
Total	3,924	466	11.9	3,365	333	9.9

If it is presumed that the true incidence is similar in both years, it appears probable that less fastidious criteria of diagnosis and a diminished attendance are almost entirely responsible for the reduced incidence. 3,365 Children at the previous year's yield would have produced 400 cases. The incidence of pulmonary disease in child-contacts is 77 per 1,000 compared with 3.26 in the general non-European population. The brunt taken by the children of tuberculous households can be measured by the odds of 24 to 1 in their developing tuberculosis compared to the ordinary person resident in the City.

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 ..	130	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
1960	66	59	7	6	0·70	0·57	0·07	0·06
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	146	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
1960	678	536	57	51	3·70	2·84	0·31	0·27

Any material improvement in the control of tuberculosis in Cape Town should be followed by a reduction in the number of new cases of tuberculous meningitis. Whilst this serious form of tuberculosis occurred less frequently than in the last decade when an annual average of 102 cases occurred, it struck down 48 children in 1960 compared with 43 in 1959, and killed 25 compared with 22. (See Tables E and G).

TABLE E.

	Notifications						
	European		Non-European		Total (City)	African	
	Male	Female	Male	Female		Langa	Nyanga
Meninges	3	3	25	17	48	2	1
Abdominal *..	—	—	2	—	2	1	—
Bones and joints	2	2	4	4	12	3	2
Glands	—	1	12	17	30	1	—
Genito-urinary system ..	—	—	3	—	3	—	—
Disseminated	—	—	11	10	21	1	—
Other organs	2	—	—	3	5	—	—
Total ..	7	6	57	51	121	8	3

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

27 of above cases were in contact with another case of tuberculosis in family.

DEATHS.

The reduction in mortality was minimal, the rate for pulmonary tuberculosis in all races fell from 32 per 100,000 in 1959 to 28 in 1960: the corresponding reduction for all forms of the disease was from 39 to 35. Whilst it is not an exact comparison, it is stimulating to note that this total rate had been reduced to 8 in 1957 in the United States. The step-down logically slows as the number of annual deaths diminishes — the annual drop was 4 in 1960 compared with 50 in 1953.

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				
	1960	1959	1958	1957	1956	1960	1959	1958	1957	1956
European	0.13	0.16	0.17	0.13	0.11	0.02	0.01	0.01	0.02	0.03
Coloured	0.38	0.42	0.50	0.64	0.58	0.09	0.10	0.12	0.20	0.15
African	0.37	0.33	1.05	0.95	0.66	0.08	0.10	0.18	0.21	0.35
Asiatic	—	0.50	0.13	0.13	0.13	0.12	0.12	0.13	—	0.13
Non-European ...	0.37	0.41	0.56	0.66	0.58	0.09	0.10	0.13	0.20	0.18
All races	0.28	0.32	0.42	0.46	0.40	0.06	0.07	0.09	0.13	0.12

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

TABLE G.

	Deaths						
	European		Non-Eur.		Total (City)	African	
	M.	F.	M.	F.		Langa	Nyanga
Tuberculosis, meningeal	—	1	17	7	25	1	—
" abdominal	—	—	—	—	—	—	—
" of bones and joints ...	—	1	—	—	1	—	—
" of genito-urinary system	—	—	1	—	1	—	—
" disseminated	—	1	4	4	9	—	1
" of other organs	—	—	—	1	1	—	—
Total	—	3	22	12	37	1	1

The death rates per 1,000 of the population from all forms of tuberculosis (corrected) are shown in the following table for the past 42 years:—

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	2·67	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
" " 1960	0·14	0·46	0·35

ANTI-TUBERCULOSIS CENTRES.

TABLE I.

	New Consultations			Total Attendances		
	1960	1959	1958	1960	1959	1958
Cape Town:						
Eur.	1,408	1,450	1,415	4,985	4,916	4,849
Non-Eur.	3,163	3,686	3,548	16,355	17,245	17,199
Total	4,571	5,136	4,963	21,340	22,211	22,048
Wynberg:						
Eur.	546	616	688	2,273	2,166	2,289
Non-Eur.	1,727	1,872	1,798	8,414	7,670	7,848
Total	2,273	2,488	2,486	10,687	9,786	10,137
Windermere:						
Eur.	1	—	—	1	—	—
Non-Eur.	879	1,277	1,183	7,814	8,586	7,574
Total	880	1,277	1,183	7,815	8,586	7,574
Athlone:						
Eur.	—	—	—	—	—	2
Non-Eur.	1,718	1,821	2,118	9,226	9,637	9,593
Total	1,718	1,821	2,118	9,226	9,637	9,595
Langa:						
African	389	593	682	3,617	4,091	3,023
Nyanga:						
African	294	184		1,987	951	
Total:						
Eur.	1,955	2,066	2,103	7,259	7,082	7,140
Non-Eur.	8,170	9,433	9,329	47,413	48,180	45,237
Total	10,125	11,499	11,432	54,672	55,262	52,377

No. of sessions:—

Cape Town	444
Wynberg	245
Athlone	237
Windermere	195
Langa	101
Nyanga West	48
	1,270

There are six well-sited clinics to which local residents can be referred for diagnosis and treatment. Plans are well in hand to replace the only inadequate building by a new clinic at Windermere.

Evening sessions are held at the central clinic in Chapel Street for the benefit of those patients who have continued or returned to work. These are both popular and rewarding.

The weekly sessions number 25, plus three evening sessions per month.

The total attendances numbered 54,672. As a result the annually progressive increase over the past 15 years was thereby broken. This must be largely attributed to civic unrest and disturbances during March 1960, and to the limitation of recall work, due to the lack of health visitor staff following difficulties and delay in securing replacements. There was a corresponding and possibly more serious fall in the number of new consultations.

AMBULATORY TREATMENT.

Centre	Injections				Total
	European		Non-European		
	Males	Females	Males	Females	
Chapel Street	1,129	346	12,041	3,101	16,617
Wynberg	442	140	2,356	1,405	4,343
Windermere			3,296	2,618	5,914
Athlone			7,140	977	8,117
Langa			9,139	1,670	10,809
Nyanga			1,096	1,238	2,334
Total ...	1,571	486	35,068	11,009	48,134

SCREENINGS.

Centre	Europeans		Non-Europeans		Total
	Males	Females	Males	Females	
Chapel Street	1,027	1,047	2,532	2,486	7,092
Wynberg	412	571	1,310	1,899	4,192
Windermere	—	—	—	—	—
Athlone			1,718	2,062	3,780
Langa			808	341	1,149
Nyanga	—	—	—	—	—
Total ...	1,439	1,618	6,368	6,788	16,213

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

Centre	New cases				Total
	European		Non-European		
	Males	Females	Males	Females	
Chapel Street	67	51	467	263	848
Wynberg	11	11	140	151	313
Windermere	—	—	112	81	193
Athlone	—	—	78	55	133
Langa	—	—	90	25	115
Nyanga	—	—	17	25	42
Total ...	78	62	904	600	1,644

No. of domiciliary injections given: 20,098.

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

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	23	19	2	6	50	137	71	53	52	313	363
Observation ...	4	5	2	2	13	13	13	16	16	58	71
Not accepted ...	3	3	—	—	6	8	13	5	3	29	35
	30	27	4	8	69	158	97	74	71	400	469
Suspects:											
Notified	44	34	3	2	83	416	229	83	92	820	903
Observation ...	30	33	25	17	105	281	137	64	90	572	677
Non-tuberculous	371	450	173	141	1135	1027	1175	472	522	3196	4331
	445	517	201	160	1323	1724	1541	619	704	4588	5911
Contacts:											
Notified	1	—	3	1	5	11	25	73	85	194	199
Observation ...	2	2	12	15	31	23	36	68	76	203	234
Non-tuberculous	133	185	108	101	527	310	735	754	986	2785	3312
	136	187	123	117	563	344	796	895	1147	3182	3745
Total ...	611	731	328	285	1955	2226	2434	1588	1922	8170	10125

Notified cases.

Of the 469 persons who presented themselves as the result of notifications, 35 (7.5 per cent) were found to be non-tuberculous.

Suspects.

This large group attended the clinics on the advice of their doctors, their friends, their employers, the general hospitals or other official and charitable organisations.

Contacts.

The main value of examining contacts lies in the discovery of primary tuberculosis in children. The widest interpretation of 'contact' is accepted. The adolescent children in a home employing a casual gardener found to be ill with tuberculosis can for instance be included in the

definition of a 'contact'. Of 323 adult European contacts examined, only one was found to have pulmonary tuberculosis. Of 240 European child contacts investigated, 4 were found to have primary tuberculosis (1.7 per cent).

Owing to the greater degree of overcrowding and the greater number of infectious cases, known and unknown, in non-European homes, this group provide a higher yield: 1,140 adults provided 36 new cases and 2,042 children provided 158 new cases (7.7 per cent).

During the two previous years the percentage of non-European child contacts showing established disease was 7.4 and 9.2.

The direction of change is satisfactory but the extent is inadequate. Possibly improved nutrition with a more easy availability of protective proteins for the underprivileged group will result in the objective we all so much desire. The inadequate isolation of the chronic failure must also be materially adding to the problem as it exists at present. Short of incarceration in institutions of this individual the problem remains insoluble.

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.

Received from —	
Private practitioners	407
General hospitals and other institutions	677
City Health Department branches	872
Other local authorities	254
	2,210

Compared with the previous year (2,426) the total notifications fell by 216.

Cape Town only.

		1959		*1960*		*Reduction*
Pulmonary	Cape Town	1,460)		1,339)		
	Langa	264(	1,764	203(	1,610	154
	Nyanga W.	40)		68)		
Other			224		132	92
			1,988		1,742	246

The agencies from which new cases are derived all share in this reduction. The general practitioners reported 89 less cases, the general hospitals 50, and the neighbouring Cape Divisional Council, whose close collaboration with us is gratefully acknowledged, transferred 30 fewer cases: the Tuberculosis Centres discovered 23 less cases than in 1959 whilst there was an appreciable increase of 69 cases from the Mass Radiography Service. This last finding indicates the essentiality of a mass X-ray unit in any anti-tuberculosis scheme proposed by a local authority.

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 West	Outside Cape Town	Total
Attended clinic	1,249	222	186	63	10	1,729
Failed to attend	211	24	25	8	213	481
	1,460	246	211	71	223	2,210
Failure to attend clinic:						
In hospital	128	10	11	5	213	367
Hospital out-patients	1	—	—	—	—	1
Too ill	7	1	1	—	—	9
Died before notification	12	—	—	1	—	13
First advice through death registration	18	—	—	—	—	18
Under private care	8	—	—	—	—	8
Refusals	16	2	—	—	—	18
Untraceable	10	—	8	2	—	20
Decamped on notification	11	11	5	—	—	27
Total	211	24	25	8	213	481

The percentage of notified Cape Town cases who failed to attend a clinic for examination and advice was 17 per cent, compared with 18 per cent last year.

The resisters and evaders numbered 65 compared with 92 last year; we ought to be able to still reduce this number by goodwill and good work.

The main implications of these figures are very satisfactory, only 37 persons out of 1,460 notified cases in the City area failed to make use of the clinic facilities by personal evasion or ignorance: it is even more gratifying to find that only 31 cases of tuberculosis out of a total of 2,210 notifications were not brought to official notice before they died.

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
1949–50	2,002	122	6.1	159	7.9
1954–55	2,049	54	2.6	78	3.8
1959	1,663	6	0.4	45	2.7
1960	1,460	7	0.5	30	2.1

HOSPITALIZATION.

TABLE N.

	Cape Town.		Langa	Nyanga West.	Outside Cape Town cases.
	Local.	Imported infection.			
New pulmonary cases notified during the year	1,339	242	203	68	171
Known to have had T.B. positive sputum	319	58	59	9	–
New pulmonary cases admitted to institutions for treatment of tuberculosis	454	55	49	15	169
Proportion of new cases admitted	32.2%		23.6%		
Died before receipt of notification	22	–	–	2	2
Died within 1 month of notification	16	5	5	–	–
Died within 1 to 3 months of notification	4	–	–	–	–
Died within 3 to 6 months of notification	3	–	–	–	–

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 992 compared to 1,126 last year.

These were distributed as follows –

TABLE O.

	European		Non-European		Total
	Males	Females	Males	Females	
City Hospital, Cape Town	49	35	17	204	305
Brooklyn Chest Hospital	–	–	321	37	358
Other institutions	32	14	158	125	329

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, 1960, 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	299	357	72	12	33	3	776
Old "District Six"	11	763	67	—	44	1	886
Maitland Garden Village, Kensington, Windermere, Brooklyn and Rugby	88	1,419	341	5	80	17	1,950
Woodstock, Salt River	121	483	16	1	29	—	650
Observatory, Mowbray, Rosebank, Black River, Hazendal and Bokmakirie	147	359	5	13	40	—	564
Rondebosch, Newlands, Claremont, Kenilworth, Wynberg and Wittebome	104	437	19	—	10	—	570
Lansdowne, Kromboom Est., Meadows Est., Hampton Est.	50	284	10	6	2	2	354
Plumstead to Clovelly	73	751	275	8	34	14	1,155
Athlone to Surrey Estate	—	643	43	—	15	2	703
Langa Township	—	—	725	—	—	109	834
Nyanga West	—	4	372	—	—	5	381
Total ...	893	5,500	1,945	45	287	153	8,823

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	130
" " " maintenance grants	186
" " " rent & maintenance grants ...	76
" " " payment of foster-mothers ...	7
" " " provision of clothing & blankets	64
No. of articles of clothing distributed	254
No. of blankets distributed	26
Almoner:	
Visits paid	780
Interviews given	1,418
New cases	208

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
" 1960	13,254	8,220	22,286	24,363	68,123

In addition to the 68,123 miniature film examinations made during the year, 2,472 large films were taken as compared with 1,826 in the previous year.

2,071 persons were recalled for further examination. Of these 487 were found to be suffering from active tuberculosis, compared with 374 in the previous year. This represents 0.7 per cent of the 68,123 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.
1949–50	European	16	24	13	13	10	6	7	–	46	43	11	5
	Non-European ..	65	55	98	11	66	12	32	2	261	80	49	11
	All races ..	81	79	111	24	76	18	39	2	307	123	60	16
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
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
1960	European	2	8	9	5	2	2	10	3	23	18	7	4
	Non-European ..	57	92	96	67	63	23	40	8	256	190	44	33
	All races ..	59	100	105	72	65	25	50	11	279	208	51	37

Of the 487 new cases of pulmonary tuberculosis discovered, 110 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, 88 extra-municipal cases of tuberculosis were discovered, compared with 70 the previous year. These extra-municipal cases were referred for treatment to the local authority concerned.

SECTION VII.-VENEREAL DISEASES.

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

The year under review shows an increase of 210 new cases attending the municipal treatment centres compared with the previous year. 327 European new cases were registered during the year as against 313 for the previous year. 3,456 non-European new cases attended as against 3,260 for the previous year.

The total attendances numbered 13,980 (1,005 European and 12,975 non-European) as compared with 13,946 in 1959, 13,375 in 1958 and 12,593 in 1957.

The number of new cases of syphilis increased by 43, while recorded cases of congenital syphilis amounted to 16 as against 21 for the previous year.

TABLE I.

	1960		1959	
	New cases	Incidence rate	New cases	Incidence rate
Race:				
European	327	1.7	313	1.6
Non-European	3,456	8.5	3,260	8.6
Sex:				
Male	2,897	9.5	2,631	9.1
Female	886	2.9	942	3.3
Disease:				
Syphilis	736	1.2	693	1.2
Syphilis, congenital	16	0.0	21	0.0
Gonorrhea	2,437	4.0	2,278	4.0
Other venereal diseases	38	0.1	40	0.1
Non-venereal diseases	498	–	488	–
Undiagnosed	58	–	53	–
All new cases	3,783	6.2	3,573	6.2

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's rate was identical.

As venereal disease is not, except under certain specific circumstances, one of the notifiable infectious diseases, it should be realised that these rates are based on the number of individuals treated for venereal disease at the municipal treatment centres and take no cognisance of persons treated by the family practitioners.

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
1930	3,316	262,192	12.6
1940	4,212	322,813	13.1
1950	4,461	424,207	10.5
1955	3,208	490,992	6.5
1959 (Calendar year)	3,032	576,642	5.3
1960 " "	3,276	605,811	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	9	–	53	7	69	35	–	327	20	382
2. Seropositive primary syphilis	5	1	93	8	107	41	5	492	76	614
3. Secondary syphilis ...	2	3	82	127	214	12	17	444	1000	1473
4. Tertiary syphilis (1)	1	1	13	6	21	11	7	101	120	239
5. Endosyphilis (2) ...	1	3	33	270	307	1	30	279	896	1206
6. Neurosyphilis	–	–	17	1	18	2	–	157	16	175
7. Congenital syphilis (under 1 year) ...	1	–	5	3	9	10	–	17	29	56
8. Congenital syphilis (over 1 year)	–	–	4	3	7	–	5	26	45	76
Total syphilis ...	19	8	300	425	752	112	64	1843	2202	4221
9. Gonorrhea	180	4	2109	120	2413	469	22	6361	295	7149
10. Gonococcal vulvovaginitis	–	–	–	20	20	–	4	–	105	109
11. Gonococcal ophthalmia	–	–	–	4	4	–	6	1	11	18
Total gonorrheal infections	180	4	2109	144	2437	469	32	6362	411	7274
12. Ulcus molle	1	–	31	4	36	4	–	33	7	44
13. Lymphopathia venereum	–	–	–	–	–	–	–	–	–	–
14. Granuloma venereum	–	–	–	1	1	–	–	–	1	1
15. Venereal warts ...	1	–	–	–	1	1	–	–	–	1
Total venereal diseases	201	12	2440	574	3227	586	96	8238	2621	11541
16. Non-gonococcal urethritis	30	–	19	–	49	68	–	43	–	111
17. Non-venereal disease	63	18	112	256	449	99	44	160	426	729
18. Undiagnosed	2	1	30	25	58	67	45	616	871	1599
Grand Total	296	31	2601	855	3783	820	185	9057	3918	13980

(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 years. It will be seen from this table that the downward trend in the number of cases of syphilis attending the centres has ended. Since 1950, gonorrhoea among Europeans has remained unchanged, but the steady increase in incidence in the non-European group has continued.

TABLE IV.

Year	New cases												Total
	Syphilis, congenital				Syphilis, other forms				Gonorrhoeal infections				Other venereal diseases				
	E.		C.		E.		C.		E.		C.		E.		C.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1949–50	5	5	149	338	98	25	809	1,479	167	12	1,141	146	15	–	61	13	4,461
1954–55	1	–	5	45	15	12	290	506	175	12	1,840	90	53	1	111	52	3,208
1959	–	–	4	17	7	7	242	437	179	21	1,887	191	1	–	35	4	3,032
1960	1	–	9	6	18	8	291	419	180	4	2,109	144	2	–	31	5	3,227

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	452	1,113	3,523
Salt River	354	1,584	5,861
Wynberg	295	677	3,149
Windermere	150	238	1,035
Pre-natal clinics (at child welfare centres)		171	412
Total		3,783	13,980

VENEREAL DISEASE CONTACTS.

50 Contacts were reported to the Medical Officer of Health during the year, compared with 56 in the previous year. This figure is far from satisfactory when one considers that the number of cases registered for investigation and treatment was 3,783. This implies that a large reservoir of undected venereal disease continues to exist in this city.

TABLE VI.

Number of contacts reported	50
Number of such contacts who reported for examination	26
Number of those who attended found to be suffering from a venereal disease	19

During the year under review nurse/visitors paid 915 visits to defaulting female patients and 4,007 letters were sent to defaulting male patients. 44 Patients were referred to the Magistrate under the Public Health Act No. 36 of 1919.

PATHOLOGICAL EXAMINATION.

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	281	77	—	358
Number of smear examinations for gonococci ...	2,165	73	—	2,238
Number of blood sera tested by Kahn test ...	164	109	—	273

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 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 now provides accommodation for 518 patients. 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 December 31st, 1960, 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	0.8	5.5	0.1	3.7
Acute poliomyelitis	0.9	2.0	2.1	3.2
Cerebrospinal fever	0.2	0.9	—	1.3
Diphtheria	3.2	9.0	3.8	9.2
Enteric fever	0.1	3.1	0.3	6.7
Scarlet fever	5.9	2.2	2.2	0.1
Whooping cough	0.2	1.7	0.2	1.3
Tuberculosis, pulmonary	42.1	350.0	10.5	89.7
Tuberculosis, other forms	0.7	37.5	2.4	18.8
Other diseases	3.8	9.1	2.8	5.5
Total	58	421	25	140

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

1920	68.5	1945	348.4
1925	69.6	1950	332.2
1930	159.1	1955	420.5
1935	263.4	1959	353.8
1940	331.4	1960	336.2

Patients treated in City Hospital during the year:—

	European.		*Non-European.*		*All races.*
	M.	F.	M.	F.	
In hospital 31st December, 1959	71	30	80	187	368
Admitted	256	236	483	702	1,677
Discharged	278	223	447	658	1,606
Died	11	7	48	62	128
Remaining in hospital	38	36	68	169	311

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:—		
European	2,010	
Non-European	2,470	4,480
In-patients	1,044	
Out-patients	1,008	
Staff	2,428	4,480

Examination and treatment:	
Screenings	744
Refills	261
Consultations	479
Mantoux tests	649
Blood sedimentation	6
Clinics	501
Schick Tests	198
Prophylactic:	
B.C.G.	167
Polio	717
Typhoid	772
Diphtheria	60
Tetanus	2
X-ray department:	
X-rays	14,222
Miniature X-rays	1,500
Bronchograms	101
Tomograms	115
Special X-rays	173

OPERATING THEATRE.

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

Incision of abscess	9
Incision of nodes	5
Incision of glands	2
Phrenic nerve crush	4
Cholecystectomy	1
Osteitis, bone drilling	1
Termination of pregnancy	7
Uterine evacuation	1
Dilatation and curettage	1
Other excisions	3

DENTAL CLINIC.

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

During the year under report 121 patients attended for dental treatment. Further details are shown in the table on page 37.

BROOKLYN HOSPITAL FOR CHEST DISEASES.

This hospital 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 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 307 patients.

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

The total number of thoracic cases has dropped sharply due to (a) illness of the surgeon, and (b) shortage of hospital medical staff.

There has also been an increase in collapse therapy this year — in all cases the therapy was initiated either just before or just after major chest surgery.

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

An exhibition of work and demonstrations on handicapped patients was held this year.

Due to resignations, illness and secondment of medical staff to the City Infectious Diseases Hospital, it has not been possible to maintain either the patient turnover or to perform as many thoracic operations as in previous years, nevertheless, the amount of work performed has been the maximum possible under the circumstances.

DEVELOPMENT OF HOSPITAL GROUNDS AND NEW BUILDINGS.

Equipment for the new laundry began to arrive during January but it was not until February that the contractor completed the building.

Assembly of machinery at the laundry was painfully slow and it was only on September 27th that a skeleton staff from the City Hospital arrived and commenced laundry operations. Thereafter more staff were seconded and the output increased week by week. Even at the close of the year the laundry was still not fully equipped and did not have a fitted standby boiler ready for emergencies.

During March, further clearing of the hospital grounds took place, and now all that remains to be tackled is a section adjacent to the new laundry. Grassing of a large part of the cleared area has been completed but the unusually dry winter has delayed grass growth so that weeds have played havoc with the lawns.

The plastering of the two large walls of Ward 1 was completed between March and July, with a considerable improvement in the appearance of this ward.

March was in all a troublesome month, culminating in an arson attempt by persons unknown on the office block — only minor damage was done. During the period of tension and unrest the Coloured members of the staff worked willingly and well at many additional and unfamiliar duties, thus permitting the hospital to function smoothly without hardship to any of its inmates.

Patients treated during the year:—

	Males.	*Females.*	*Total.*
In hospital 31st December, 1959	306	3	309
Admitted	421	99	520
Discharged	382	97	479
Died	56	4	60
Remaining in hospital	289	1	290

EXAMINATIONS AND TREATMENT.

	Staff.	*In-patients.*	*Out-patients.*	*Total.*
Refills A.P.P. ...	—	23	—	23
Inductions A.P.P. ...	—	2	—	2
Examinations	23	—	—	23
Sick Parade	417	—	—	417
Mantoux tests	50	—	—	50
Special injections ...	36	—	—	36
Blood sedimentations	1	—	121	122
Aspirations, chest ...	—	100	—	100
Lumbar punctures ...	—	241	—	241
Intubations	—	5	—	5
Eye examinations ...	—	27	—	27

DENTAL CLINIC.

	New cases.	*Extractions.*	*Other.*	*Total.*
Adults ...	86	87	27	114
Children ...	7	7	—	7
Sessions ...				7

X-RAY DEPARTMENT.

	Skiagrams.	*Bronchograms.*	*Tomograms.*	*Surgeons' Consultations.*	*Orthopaedic.*	*Special Examinations.*
Staff	613	—	—	—	22	—
In patients	2,816	172	54	308	141	81
Out-patients —						
Clinic (B.C.H.) ...	145	9	7	4	—	—
Ex Chapel Street) Langa, City) Hospital, Wynberg & Athlone) ...	1,081	—	—	—	—	—
Divisional Council ...	651	—	—	—	—	—
Valkenberg Hospital	140	—	—	—	—	—
F.O.S.A.	354	—	—	—	2	—
Windermere and Nyanga West	1,933	—	—	—	—	—
Other Municipalities	7	—	—	—	—	—
	7,740	181	61	312	165	81

OPERATING THEATRE.

Major Surgery.

Pneumonectomy	15
Lobectomy	53
Thoracoplasty	8
Segmental resection	14
Parietal pleurectomy	1
Abdominal surgery	5
Genito-urinary surgery	6
Respiratory tract surgery	6
Brain surgery	2
Bone surgery	3
Intestinal surgery	3
Drainage of abscess	7
Excision of cyst	2
Laparotomy	4
Appendicectomy	4
Dilatation and curettage	6
Amputation of leg	2
Lens extraction	1
Trendelenberg	1
Mastoidectomy	1
Lumbar sympathectomy	1
Skin graft	1
Evacuation of mediastinal glands	1

Minor Surgery.

Bronchoscopy	19
Oesophogoscopy and bronchoscopy	1
Phrenic crush	1
Pleural biopsy	1
Subdural aspirations	3
Dilatations, urethral	19
Oesophogoscopy	1
Cystoscopy	2
Sigmoidoscopy	2
Removal of gland from neck	1
Removal of splinter in hand	1
Reduction of radius and ulna	1
Incision of septic toe	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, anti-tuberculosis and dental clinics, a day nursery and health visiting.

In the early part of the year, the work of the hospital was conducted by Dr. A.J. Wilson, (non-resident), assisted by a Resident Medical Officer (also non-resident). During March, however, social upheavals at the township caused considerable temporary disorganisation and hardship to the staff. Dr. Wilson remained on duty throughout this period, but it immediately became most difficult to obtain the necessary regular medical assistance for him.

When eventually Dr. Wilson himself took ill the greatest difficulty arose regarding the provision of medical cover for this institution. As a result it was decided to hand over the hospital and the curative out-patient services to the Provincial Hospitals Department. On the 31st December, 1960, the City Health Department after a period of 28 years ceased to be responsible for the curative services in this African Township.

All ante- and post-natal, child and infant welfare, anti-tuberculosis and dental clinics still continue to function under the control of the Health Department in part of the existing building.

The activities of the hospital and clinics for the year under report are shown by the following figures:—

Admissions:	
Medical	252
Surgical	102
Maternity	119
Infectious diseases	16
Born in hospital	94
Other conditions	17
Total	600
Discharges	575
Deaths	25
Remaining in hospital	—
Minor operations performed	354
Daily mean number of in-patients	20.3
New out-patients	5,270
Attendances by out-patients	63,998
Visits to patients at their homes by—	
Doctor	115
Nurse	91
Midwifery service—	
Confinements attended (extern)	173
Visits made by midwife	4,601
Pre-natal clinic—	
New cases	518
Total attendances	2,257
Infant consultations—	
New cases	475
Total attendances	3,416
Dental clinic—	
New cases	694
Total attendances	1,215
Day nursery—	
New cases	36
Total attendances	15,706

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

Langa African Township	534
Elsewhere in Cape Town Municipality	54
Extra-municipal	12

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
1,551	363	509	751

The distance covered during the year by the vans and ambulances was 143,467 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	Body lice	Ring worm	Head lice	Total	Scabies	Impetigo	Body lice	Ring worm	Head lice	Total
Children under 16 years of age:												
European boys	3	1	—	—	—	4	6	2	—	—	—	8
European girls	4	1	—	—	16	21	12	7	—	—	30	49
Non-European boys ...	132	158	—	—	9	299	337	600	—	—	11	948
Non-European girls ...	153	208	—	—	193	554	384	1,070	—	—	261	1,715
Total children ...	292	368	—	—	218	878	739	1,679	—	—	302	2,720
Adults:												
European males ...	2	—	1	—	—	3	5	—	1	—	—	6
European females ...	1	—	—	—	1	2	2	—	—	—	1	3
Non-European males	21	6	3	—	—	30	49	24	4	—	—	77
Non-European females	33	5	1	—	7	46	82	28	1	—	8	119
Total adults ...	57	11	5	—	8	81	138	52	6	—	9	205
Total persons:												
European	10	2	1	—	17	30	25	9	1	—	31	66
Non-European	339	377	4	—	209	929	852	1,722	5	—	280	2,859
All races	349	379	5	—	226	959	877	1,731	6	—	311	2,925

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 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 Chief 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, 1960, the staff of health inspectors consisted of the principal health inspector, the assistant principal health inspector, 5 divisional health inspectors, 32 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	145
Bakehouses	447
Boarding houses and hotels	2,265
Chalets	5,912
Dairy stables	2,357
Foodshops	29,434
Other shops	8,809
Hawkers	3,118
Horse stables and cattle premises	1,152
House inspections	24,895
Ice cream dealers	2,073
Infectious diseases	1,234
Markets	3,343
Milk shops	4,862
Natives vaccinated	14,247
Office interviews	2,373
Open land, beaches	3,855
Places of entertainment	640
Refuse tips	393
Restaurants and cafes	8,580
Schools	155
Streets and lanes	4,076
Tenements	396
Vehicles	3,682
Washhouses	118
Other visits	7,579
	136,140

Particulars in connection with visits recorded in the above inspections:

Visits to premises where action was taken in connection with rodent infestation	32
Visits at which premises were disinfected	67
Drain tests carried out	71

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

Proceedings begun by:	
Verbal notices	759
Formal written notices	2,019
Total proceedings begun	2,778
Written notices following verbal notices:	127
Total notices served:	
Verbal notices	759
Formal notices	2,186
Final notices	74
Total	3,019

The number of items included in the 2,778 notices were as follows:—

	Drainage	Household	Business	Stable	Other	Total
Ward 1 ...	11	69	72	–	16	168
Ward 2 ...	30	100	153	–	18	301
Ward 3 ...	10	23	60	–	4	97
Ward 4 ...	43	141	133	1	25	343
Ward 5 ...	60	200	186	3	23	472
Ward 6 ...	53	117	103	6	16	295
Ward 7 ...	70	166	64	–	23	323
Ward 8 ...	26	81	92	5	9	213
Ward 9 ...	36	87	32	–	21	176
Ward 10 ...	11	51	107	–	6	175
Ward 11 ...	3	29	21	1	3	57
Ward 12 ...	7	35	47	4	6	99
Ward 13 ...	5	42	26	–	2	75
Ward 14 ...	11	68	142	1	40	262
Ward 15 ...	16	64	119	2	30	231
Total ...	392	1,273	1,357	23	242	3,287

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	498
Defective water fittings	35
Unauthorised structures	63
Undrained premises	5
Structural defects to premises	49
Other defects	26

STABLE PREMISES.

The municipal regulations empower the Council to prohibit the use for the keeping of animals, any stable, cowshed, pigstye, kraal, etc., which in its opinion is "unfit, undesirable or objectionable by reason of its locality, construction or manner of use". The City Council may also restrict the number or kind of animals to be kept at any such premises.

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 24 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 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.

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

Inspections by pest control officers:		
Re rodents	7,108	
Re mosquitoes	719	7,827
Inspections *re* rodents by other inspectors		32
Inspections *re* mosquitoes by other inspectors		343
Visits made to lands and premises by rat-catchers:		
Re rodents	76,530	
Re mosquitoes	40,967	117,497
Examination of building plans:		
With requirements	1,192	
No objection	269	1,461
Number of notices served by pest control officers:		
Verbal notices	35	
Written notices	55	90
Number of rodents caught and destroyed:		
Brown rats	6,266	
Black rats	957	
Gerbilles	821	8,044

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
1960	6,266	957	821	8,044

MOSQUITOES.

The pest control officers specialize 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 rat-catching 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.

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.

COCKROACHES.

In addition to dealing with anti-rodent work and mosquito control, an increasingly important section of environmental sanitation has been the control of cockroaches in food establishments and foul and stormwater sewers.

These tasks are shared by the district health inspectors and the pest control officers. Where infestation is traced to the municipal sewers control measures are carried out by the City Engineer's Roads and Drainage staff.

In this connection it is interesting to record that one of the pest control officers was instrumental in discovering the infestation in a newly erected block of flats in the southern suburbs of a new type of cockroach not previously known to have invaded Cape Town.

Identification by the Department of Entomology revealed the insect to possibly be *Supella dimidiata* (Gerst.). Cockroaches of this type have previously been recorded in Portuguese West Africa, the Transvaal, the Orange Free State, and Mamre in the Cape Province.

Confirmation of this identification is still proceeding.

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	Warned	Fines £
Milk	418	8	7	1	52—10—0
Sausage	41	6	3	3	15— 0—0
Mince meat	55	19	18	1	148— 0—0
Cream	126	—	—	—	—
Polony	10	2	—	2	—
Ice cream	43	—	—	—	—
Yoghourt	10	—	—	—	—
Dripping	11	—	—	—	—
Brawn	2	—	—	—	—
Cheese	49	1	—	1	—
Other	2	—	—	—	—
Total	767	36	28	8	215—10—0

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 linkage exists between the laboratory 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	237
Approximate number of gallons of milk produced daily	54,000
Approximate number of gallons of milk consumed daily	42,000
Approximate number of gallons of milk surplus per day	12,000
Total number of inspections on farms	2,240
Herds inspected	67
Investigations on farms regarding high bacterial counts	128
Recording of temperatures of mechanically cooled milk	106

Breed smears of 3,500 samples of milk were examined, of which 236 (6.7 per cent) were found unsatisfactory.

Mastitis was diagnosed in 74 (2.1 per cent) of these samples. Numerous pus cells were seen in 87 (2.5 per cent) of the samples.

Whenever mastitis is diagnosed in the laboratory the producers are notified and the herd examined. Prevention, diagnosis and treatment are then discussed with the farmers concerned.

Anthrax.

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

Anthrax broke out on two farms during the year. As the cattle on these farms had not been inoculated against this disease during the previous twelve months, no milk was accepted from them for delivery to Cape Town until fourteen days after all cattle had been inoculated against the disease.

Structural improvements.

One hundred and fifty seven 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, 127 butterfat tests were performed of which 35 were unsatisfactory.

Control of pasteurised milk.

Pasteurising plants licensed and certified	10
Total number of visits to pasteurising plants	2,419

Phosphatase tests.

For the period under review 2,228 tests on pasteurised milk samples were carried out, of which 43 (1.9 per cent) proved to be underpasteurised. Of these, one was grossly underpasteurised, 6 were underpasteurised and 36 were very slightly underpasteurised.

One hundred and seventy-six phosphatase tests were performed on samples of cream. Of these, one sample was grossly underpasteurised, 5 were underpasteurised and 11 were very slightly underpasteurised.

Bacterial counts.

Breed smears of 2,518 samples were examined, of which 28 (1.1 per cent) were unsatisfactory.

B. Coli tests.

Nine hundred and forty-five tests were carried out, of which 428 (45.3 per cent) were unsatisfactory.

Control of ice cream.

The five licensed ice cream factories were visited on 174 occasions.

Of the 175 samples of ice cream submitted to the phosphatase test, five proved to be slightly underpasteurised and two underpasteurised. One hundred and eighty-nine samples of ice cream were examined by the Breed smear method, ten of which proved unsatisfactory. One hundred and seventy-eight B. Coli tests were performed on samples of ice cream, of which 52 were satisfactory.

Vi-tests.

Vi-tests on 279 persons were carried out during the year. Fourteen of these were found to be positive and were removed from food handling.

ADDITIONAL VETERINARY AND LABORATORY WORK.

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

(1) 1,078 tests were performed on milk samples submitted by other Municipalities and by the Department of Defence. One hundred and seventy 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 the Department 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.

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	280	1,089	44	35	241
2. Granting of licences recommended (without conditions)	216	998	28	18	215
3. Granting of licences recommended (subject to conditions)	64	90	15	16	26
4. Number under item 3 later reported as having complied with conditions	57	85	13	13	26
5. Refusal of licences recommended	—	1	—	—	—
6. Applications withdrawn	—	—	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	26	36	480
Registration certificates issued ...	23	28	394
Registration granted subject to conditions	2	8	85
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	1731	438
2. Granting of licences recommended (without conditions) ...	1025	419
3. Granting of licences recommended (subject to conditions).	703	18
4. Refusal of licences recommended	3	—
5. Number under items 3 and 4 later recommended	603	18
6. Applications withdrawn	—	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	1313	338	69	3	63	100	2	21	9
2. Granting of licences recommended (without conditions) ..	647	73	16	—	14	57	1	17	8
3. Granting of licences recommended (subject to conditions)	639	255	50	3	45	37	1	3	—
4. Number under item 3 later reported as having complied with conditions ..	535	238	36	—	27	32	—	3	—
5. Refusal of licences recommended ..	16	6	—	—	2	4	—	—	1
6. Applications withdrawn	11	4	3	—	2	2	—	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:—

	No. of items				Portions (Weight)
	Beef	Mutton	Veal	Pork	
Abscess	5,193		3	8	.164
Actinomycosis	461				
Adenitis	4				
Angiomatosis	47				
Arthritis	1	.2			
Bladderworm	1,676		1	270	
Botriomycosis				1	20
Bruising	925	78	5	36	55,978
Caseous lymphadenitis		77,330		61	1,104
Cirrhosis	34	91	5	226	
Cysts	111	2,051	54	4,284	
Dermatitis				4	
Emaciation	5	125	3	1	
Enteritis			1		
Fevered	104	120	71	5	
Flukes	892	1,374	5	14	
Gangrene	318	5	2	5	198
Immaturity			23		
Inflammation	94	4	16	9	
Jaundice	8	154	47	2	
Joint ill			1		
Lumpy skin	1				
Mastitis	4	2			
Melanosis	1				
Metritis	6	9			
Moribund	3	40	4	3	
Necrosis		100	38	3,334	
Nephritis		16	1		
Oedema	13	12			
Pericarditis	64	4	2	1	
Peritonitis	19	13	4	17	
Pleurisy	4	28	10	8	7,743
Pneumonia	17	901	103	134	
Pyaemia	13	281	32	8	
Redwater	2				
Sarcosporidiosis	24			25	
Septicaemia	13	1	1	3	
Stilesia	2	78,163	9		
Tuberculosis	32		6	316	
Tumours	2			1	
Total	10,093	160,904	447	8,776	65,207

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:—

	Weight (lb.)		*Weight (lb.)*
Meat:		*Fruit and Vegetables:*	
Beef	50	Apples	1,480
Fowl	4,264	Apricots	270
Canned meat	341	Avocado pears	2,120
		Bananas	12,520
		Beans (green)	125,405
		Beetroot	1,290
		Bringals	5,275
		Broccoli	140
		Brussels sprouts	4,230
Fish:		Cabbage	58,800
		Cauliflower	20,180
Fresh fish	1,623	Celery	778
Oysters	35	Cherries	394
Canned fish	2,516	Chillies	165

Fruit and Vegetables: (contd.)	*Weight (lb.)*
Cucumber	16,955
Dates	452
Figs	515
Gooseberries	140
Grapes	100
Grapefruit	11,626
Kale	440
Leeks	1,355
Lemons	17,444
Lettuce	2,970
Limes	190
Litchies	1,160
Mangoes	508
Mealies	800
Melons	11,160
Onions	522
Oranges	7,350
Parsley	615
Pawpaw	13,778
Peaches	716
Pears	1,610
Peas (green)	23,990
Peppers	3,830
Pineapples	3,810
Potatoes	135,500
Potatoes (sweet)	15,510
Pumpkin	10,386
Radish	30
Rhubarb	855
Spinach	2,343
Squash	3,065
Tomatoes	22,764
Turnips	7,340
Watermelons	110,098

Other provisions:	*Weight (lb.)*
Biscuits	86
Biltong	160
Beans (dried)	12
Cereals	104
Cheese	15
Coffee	10
Eggs	20
Flour	101
Fruit (canned)	1,306
Fruit juice	754
Ham	215
Honey	8
Jam	362
Jelly	103
Macaroni	9
Marzipan	21
Mayonnaise	314
Milk (canned)	560
Peas (dried)	1,064
Pickles	37
Rice	120
Soup (canned)	23
Sugar	665
Sweets	720
Sandwich spread	217
Tea	30
Unlabelled tins	44
Vegetables (canned)	978

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.

Following a case of homicide heard in the Cape Supreme Court where a person was sentenced for poisoning a child with plant spraying fluid, the Press drew attention to the ease with which such dangerous and poisonous chemicals could be obtained by the farming community. The spray used in this particular instance was one of the organic phosphorus compounds which, on contact with the skin, could cause almost instantaneous death. The matter has been raised with the proper authorities with a view to having the Poisons Act amended so as to provide for stricter control of these dangerous substances.

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	Repri-manded	Dis-charged	
					£ s. d.
Insanitary conditions or other offences at food premises	8	8	–	–	85–10–0
Selling foodstuffs in contravention of the Food, Drugs and Disinfectants Act:					
Milk	6	4	1	1	52–10–0
Minced meat	18	17	–	1	150–10–0
Sausage	4	3	–	1	25– 0–0
Trading without licence	3	3	–	–	15– 0–0
Total	39	35	1	3	328–10–0

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	9,841	317 8 10
Hanover Street	10,299	968 10 0
Salt River	3,301	88 10 0
Mowbray	10,000	425 1 8
Claremont	11,166	411 1 10
Wynberg	6,444	235 14 10
	51,051	2,446 17 2

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

	Shower-baths	
	Attendances	Money taken
Adults	25,894	323–13– 6
Children	2,069	17– 4–10
Total ...	27,963	£340–18– 4

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, Green Point and the Kenilworth 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 unauthorised 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 1960 the City Council, the Citizens' Housing League Utility Company, Cafda, and latterly, the Servitas Organisation have completed the erection of over 12,000 dwellings within the municipality.

In addition to the Langa African Township, the Council has now embarked on the establishment of a new African township at Nyanga West, where over 800 permanent dwellings now exist.

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
		£
Retreat (Non-European)	980	440
Nyanga West (African) — 2 Room	100	150
Nyanga West (African) — 4 Room	734	223

The dwellings completed bring the figures from 1920 to 1960, 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	9,517	10,648
Citizens' Housing League Utility Co. ...	1,063	28	1,091
Cafda	—	336	336
Servitas	84	—	84
Total	2,278	9,881	12,159

With the enforcement of the Group Areas Act and the displacement of racial groups from one area to another it is very necessary that additional housing for the non-European section must be constructed each year. It is difficult to formulate any figure but it is estimated that at least 2,000 units must be erected so as to make any impression on the present overcrowding that exists.

The number of new dwelling houses built during the year 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
1960	18,280	1,817

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 authorised by the Secretary for Health to undertake the examination and certification (subject to the prescribed confirmation), of candidates from areas outside Cape Town not under "First Schedule" authorities.

In the year ended 31st December, 1960, one certificate was issued by the Medical Officer of Health.

FREE BURIALS.

The Public Health Act places upon the City Council the responsibility for the removal and burial of the body of any destitute person, or any dead body which is unclaimed or of which no responsible person undertakes the burial. The cost falls upon the City Council, although it may be legally recovered from any responsible person who is able to pay. Practically all such burials undertaken by the Council are of the bodies of persons whose relations are unable to pay, and very little is recovered. Each year a contract is given out to an undertaker to carry out this work for the Council. In the year ended 31st December, 1960, the number of such burials was 309.

BOARD OF AID.

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

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

The Secretary of the Board of Aid has kindly supplied the following statistics for the calendar year 1960:—

	£ s. d.
Income from voluntary sources	393 3 0
Subsidy from Department of Social Welfare	42,077 6 6
Expenditure on relief, excluding administration costs ...	18,849 0 2
Number of applications received	2,166

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 10s. 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 sited 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 rises to or very near the surface.

The town is sewered on the "separate" system, the stormwater being conducted by separate channels to the nearest outfall namely the sea, or into the Liesbeek and Black Rivers, which drain the "southern suburbs" North of Kenilworth and flow into Table Bay as the Salt River. South of Kenilworth the streams run South and discharge into a series of vleis or lakes and thence to the sea at False Bay.

The Keyser River at Lakeside 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 also just 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, as a result of these works flooding during periods of very heavy rain will be obviated.

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.

Both the Windermere and Retreat Main Sewerage Schemes are well advanced.

The Council in terms of an agreement with the Cape Divisional Council, accepts and treats sewage from Goodwood, Parow and the Divisional Council local areas of Thornton, Epping Garden Village, Matroosfontein and Bishop Lavis Township, similarly the Council accepts and treats all sewage from Pinelands and the Divisional Council local areas of Bergvliet, Meadowridge and Bishopscourt and portion of Ferness Township, Ottery.

Waterborne sewerage will be available in the Council's housing schemes at Bonteheuwel and Nyanga, and work is due to commence in 1961 on the provision of sewerage for properties lying within the catchment area of the Blomvlei River.

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 of Plumstead and Retreat. The work is carried out in the daytime. An initial payment of £1 7s. 6d. is required for the installation of a pail but no charge is made for ordinary removals and renewals. Extra removals are carried out, when necessary, at a charge of 1/3d. 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 into the sewers at the depositing depots at 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 service these closets weekly free of any service charge.

The City Engineer's Department also services 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 are required to pay an installation fee of £19 10s. 0d. together with a charge of 2/6d. for each clearance effected. Temporary installations are 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 the payment of a special charge.
In Woodstock and Salt River (from Cape Town to Station Road, Observatory) four times a week, but every weekday 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.
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 534,456 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, 1960, was as follows –

ADMINISTRATIVE BRANCH.

Medical Officer of Health.
Deputy Medical Officer of Health.
Assistant Deputy Medical Officer of Health.
Medical Officer.
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.
Divisional Health Inspectors, 5.
Health Inspectors, 32.
Learner Health Inspectors, 5.
Pest Control Officers, 3.
Clerk.
Junior Clerk.
Clerk/Typiste.
Washhouse Caretaker/Fitter.
Washhouse Caretakers, 3.
Assistant Washhouse Caretakers, 3.
Motor Driver.
Stores Yardsman.
Checker.
Fireman/Stoker.
Ratcatchers, 24.
Labouters, 5.
Attendants at Public Sanitary Conveniences, 152.

MILK CONTROL.

Veterinary Officer.
Dairy Inspectors, 3.
Laboratory Technician.

MATERNAL & CHILD WELFARE BRANCH.

Maternal and Child Welfare Officer.
Deputy Maternal and Child Welfare Officer.
Clinical Medical Officer.
Principal Health Visitor.
Clinic Sister/Health Visitors, 32.
Clinic Nurses, 6.
Junior Health Visitors, 12.
Nursery School Supervisor.
Nursery School Teacher.
Junior Nursery School Teachers, 6.
Senior Social Welfare Visitor.
Clerk/Typistes, 4.
Clerk.
Junior Creche Superintendent.
Clinic Assistants, 6.
Laundresses, 3.
Domestics, 20.
Children's Helps, 3.
Cooking Hands, 16.
Drivers, 4.
Store/Hand.
Labourer.
Night Watchmen, 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.
Senior Clinic Nurse.
Dental Nurses, 4.
Clerks, 3.
Clerk/Typiste.
Social Welfare Visitor.
Clinic Assistants, 3.
Laundresses, 2.
Domestic.
Caretaker/Cleaner.
Labourer.

CITY HOSPITAL FOR INFECTIOUS DISEASES.

Medical Superintendent of Hospitals.
Deputy Medical Superintendent of Hospitals.
Resident Medical Officers, 3.
Junior Resident Medical Officers, 3.
Matron.
Assistant Matron.
Sisters, 19.
Staff Nurses, 19.
Student Nurses, 24.
Nursing Assistants, 44.
Nurse Aides, 35.
Male Nurses, 2.
Radiographer.
Dietician.
Occupational Therapist.
Principal Pharmacist.
Senior Pharmacist.
Pharmacists, 3.
Lady Wardens, 2.
Disinfection Officer.
Ambulance Officer.
Principal Clerk.
Clerks, 2.
Junior Clerk.
Clerk/Typistes, 2.
Clinic Assistant.
Senior Works Foreman.
Handyman/Electtrician.
Handyman/Carpenter.
Brush Hand.
Works Storeman.
Painter.
Boiler Attendant.
Laundry Supervisor.
Assistant Laundry Supervisor.
Laundresses, 40.
Housekeeper.
Housemaids, 36.
Kitchen Supervisors, 3.
Seamstress, 4.
Hospital Cooks, 7.
Senior Telephone Operators, 2.
Telephone Operator.
Senior Hospital Porter.
Hospital Porters, 4.
African male Orderlies, 66.
Labourers, 17.
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.
Storekeeper.
Housekeeper.
Seamstress.
Assistant Seamstress.
Kitchen Supervisors, 2.
Hospital Cooks, 4.
Senior Telephone Operator.
Telephone Operators, 2.
Hospital Porters, 4.
Male Orderlies, 70.
Labourers, 14.
Patrolmen, 3
Motor Driver.

LANGA HOSPITAL.

Medical Officer.
Resident Medical Officer.
Matron.
Sister.
African Nurses, 7.
Junior African Male Nurse.
African Male Nursing Assistants, 5.
African Midwives, 2.
Hospital Cooks, 2.
African Male Orderlies, 3.
Housemaid.
Domestic.

TABLE A. CAUSES OF DEATH REGISTERED IN 1960.

Corrected.

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

CAUSE OF DEATH		AGE-GROUPS																																	
		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			African Townships		Deaths in Cape Town of Non-Residents (excluded from foregoing columns)	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Persons	Langa	Nyanga	M.	F.
I.-Infective and parasitic diseases	E.	18	24	13	17	2	1	2	1	1	1	1			2	1		2	2	7	4	7	1	3	2	6	4			30	17	47			10	5
	O.	2	1		2	1	3	3	4	1			1		5	4	1	7	10	18	36	46	36	53	33	34	28	9	9	173	159	331			56	37
II.-Neoplasms	E.					1	1	1	3	1				3	5	6	3	19	18	25	17	35	12	19	20	11	13	5	2	127	94	221	22	11	59	50
	O.																																19	4	47	19
III.-Allergic, endocrine system, metabolic, and nutritional diseases ...	E.			1				1				1	1	1		1	1	1	2	3	3	2	3	6	3	3	11	1		18	22	40			3	6
	O.			10	6	2	2	12	8					1	2	1	2	1	2	3	8	5	12	2	11	5	1		1	30	47	77	3	2	13	18
IV.-Diseases of the blood & blood-forming organs	E.										2									1					3		1			2	6	8				
	O.	1	1	1	1	1		3	2	1	1								1			1		1		1			6	4	10				1
V.-Mental psychoneurotic, and personality disorders	E.	1	1					1	1									1			1									2	2	4			1	
	O.																1		1												2	2				1
VI.-Diseases of the nervous system & sense organs	E.	3				1		4		1				3		1	1	6	5	11	9	20	25	35	46	50	78	20	38	148	205	353			37	45
	O.	11	14	5	5	1	3	17	22	3		1		6	1	4	5	7	10	20	39	31	38	28	54	19	39	5	16	141	224	365	13	9	37	29
VII.-Diseases of the circulatory system	E.	2						2						1		4	2	17	7	67	37	119	62	128	98	120	130	31	68	489	404	893			79	50
	O.	1	2			1	1	2	3		4	4	2	8	8	12	12	36	19	65	54	85	58	73	85	34	52	24	27	343	324	667	24	2	34	38
VIII.-Diseases of the respiratory system (not specified as tuberculous) ...	E.	3	2					3	2		1		1					3	1	3	2	8	5	9	6	11	15	11	5	48	38	86			11	8
	O.	72	66	25	18	5	9	102	93	2	3	1		1	3	6	3	2	2	13	6	17	4	19	7	3	5	4	5	170	131	301	14	8	38	34
IX.-Diseases of the digestive system	E.	4	2			1		5	2							1		3		10	6	10	8	10	8	10	10	3	2	52	36	88			22	12
	O.	197	165	45	50	14	11	256	226	3	2			1		3	1	6		7	5	5	3	5	2	1	3		2	287	244	531	27	57	82	67
X.-Diseases of the genito-urinary system	E.	1						1								1	2		1	2	2	1	2	6	3	5	4	3	2	19	16	35			8	6
	O.	2		1		2	1	5	1	1		1	1	1			3	2	3	1	4	4	8	7	4	2	4	2	1	25	30	55	2	1	8	9
XI.-Deliveries and complications of pregnancy, childbirth and puerperium	E.													8			9		3																2
	O.																														20	20	1			11
XII.-Diseases of the skin and cellular tissue ...	E.																										1				1	1				2
	O.		1						1												1				1						3	3			1	
XIII.-Diseases of the bones & organs of movement	E.																						1				1				2	2				
	O.																	2	1											10	8	18			19	12
XIV.-Congenital malformations	E.	8	5					8	5		2									1										30	20	50	1	1	8	19
	O.	18	18	5	2	3		26	20	3																				34	20	54			14	9
XV.-Certain diseases of early infancy	E.	34	20					34	20																					199	152	351	18	18	59	49
	O.	199	152					199	152																											
XVI.-Symptoms, senility and ill-defined conditions	E.			1		1		2								1		1		1		3	3		3	4	5	4	26	16	37	53			3	2
	O.	22	18	4	8	1	1	27	27		2			1	2	1	3		2	1	2	4	3	4	2	2	5	2	6	42	54	96	6	13	7	4
(E)XVII.-Accidents, poisonings and violence (external cause)	E.	1	1		1	2		3	2	1	1	3		13	2	12		10	8	10	7	7	1	4	4	3	5	3	4	68	34	102			29	9
	O.	2	2	6	3	10	6	18	11	8	5	3	3	30	7	52	8	37	6	118	1	20	3	3	3	1	3		2	190	52	242	43	5	57	11
Totals	E.	57	33	2	1	8	4	67	38	3	7	4	3	15	7	25	6	53	36	133	108	224	146	254	210	246	292	85	154	1,109	1,007	2,116			293	205
	O.	545	462	115	112	50	41	710	615	25	20	11	7	64	43	96	61	134	79	178	144	233	147	168	193	81	127	42	62	1,742	1,498	3,240	193	131	449	360
All races *		602	495	117	113	58	45	777	653	28	27	15	10	79	50	121	67	187	115	311	252	457	293	422	403	327	419	127	216	2,851	2,505	5,362	193	131	742	565

* Including 6 infants of unknown race.

TABLE B. Deaths Classified for Causes and Race, 1960.

(Corrected)

International Code No.	CAUSE OF DEATH	European.	Coloured.	African.	Asiatic.	Non-European.	All Races.
001–008	Tuberculosis, respiratory system	25	118	19	–	137	162
010–019	Tuberculosis, other forms	3	29	4	1	34	37
020–029	Syphilis	1	12	–	–	12	13
040	Typhoid fever	–	–	–	–	–	–
045–048	Dysentery	4	8	–	–	8	12
055	Diphtheria	3	3	–	–	3	6
056	Whooping cough	–	7	–	–	7	7
057	Meningococcal infections	–	4	–	–	4	4
080	Acute poliomyelitis	1	1	–	–	1	2
085–086	Measles	–	27	1	–	28	28
	Other diseases classified as infective and parasitic	10	12	3	1	16	26
140–205	Malignant neoplasms	324	194	14	4	212	536
210–239	Benign neoplasms	7	8	1	–	9	16
260	Diabetes mellitus	32	35	–	2	37	69
290–293	Anaemias	5	4	1	–	5	10
330–334	Vascular lesions affecting central nervous system	337	285	14	7	306	643
340	Non-meningococcal infections	3	23	6	–	29	32
400–402	Rheumatic fever	1	3	1	–	4	5
410–416	Chronic rheumatic heart disease	24	33	4	2	39	63
420–422	Arteriosclerotic and degenerative heart disease	609	249	8	13	270	879
430–434	Other diseases of heart	90	100	5	4	109	199
440–443	Hypertension with heart disease	72	146	11	1	158	230
444–447	Hypertension without mention of heart	22	35	2	1	38	60
450–456	Diseases of the arteries	57	37	1	1	39	96
480–483	Influenza	4	1	–	–	1	5
490–493	Pneumonia	51	219	27	5	251	302
500–502	Bronchitis	8	31	2	1	34	42
540–541	Ulcer of stomach and duodenum	13	6	–	–	6	19
550–553	Appendicitis	–	2	–	–	2	2
560, 561, 570	Intestinal obstruction and hernia	14	12	1	–	13	27
571–572	Gastritis, enteritis and colitis	15	377	97	4	478	493
581	Cirrhosis of liver	30	11	2	1	14	44
590–594	Nephritis and nephrosis	21	43	1	–	44	65
610	Hyperplasia of prostate	5	2	–	–	2	7
640–652							
670–689	Complications of pregnancy and childbirth	–	15	5	–	20	20
750–759	Congenital malformations	18	38	10	2	50	68
760–762	Birth injuries and post-natal asphyxia	17	67	14	2	83	100
763–768	Infections of newborn	2	38	6	2	46	48
769–776	Other infant diseases and immaturity	35	199	21	2	222	257
780–795	Senility and ill defined	53	85	11	–	96	149
810–835	Motor vehicle accidents	31	65	19	3	87	118
800–802							
840–965	All other accidents	38	73	25	2	100	138
970–979	Suicide	27	16	2	–	18	45
980–999	Homicide	6	32	6	–	38	44
	Other causes	98	116	12	2	130	228
		2,116	2,821	356	63	3,240	5,362*

*Including 6 of unknown race.

TABLE C. Deaths by Cause and Month of Registration, 1960.

(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.	4	2	2	–	3	–	1	2	2	2	3	2	23
		Non-E.	9	10	7	11	5	10	11	15	11	13	11	9	122
010–019	Tuberculosis, other forms	Eur.	–	–	–	1	–	–	–	–	–	–	2	–	3
		Non-E.	3	4	3	2	3	3	2	4	4	2	3	1	34
020–029	Syphilis and its sequelae	Eur.	–	–	1	–	–	–	–	–	–	–	–	–	1
		Non-E.	1	–	–	3	1	–	1	2	2	–	–	–	10
040–041	Typhoid fever	Eur.	–	–	–	–	–	–	–	–	–	–	–	–	–
		Non-E.	–	–	–	–	–	–	–	–	–	–	–	–	–
055	Diphtheria	Eur.	–	–	–	–	–	2	–	–	1	–	–	–	3
		Non-E.	–	1	–	–	1	–	1	–	–	–	–	–	3
056	Whooping cough	Eur.	–	–	–	–	–	–	–	–	–	–	–	–	–
		Non-E.	–	–	2	–	–	1	–	–	–	–	3	1	7
057	Meningococcal infections	Eur.	–	–	–	–	–	–	–	–	–	–	–	–	–
		Non-E.	1	1	–	1	–	–	1	–	–	–	–	–	4
080	Acute poliomyelitis	Eur.	–	–	–	–	–	–	–	–	–	–	1	–	1
		Non-E.	–	–	–	–	–	–	–	–	–	1	–	–	1
085–086	Measles and rubella	Eur.	–	–	–	–	–	–	–	–	–	–	–	–	–
		Non-E.	2	4	2	2	2	–	4	2	4	2	3	1	28
140–205	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	Eur.	29	27	34	17	29	33	27	22	17	29	22	29	315
		Non-E.	11	14	20	12	21	15	16	13	20	15	23	18	198
260	Diabetes	Eur.	2	3	–	2	1	2	3	5	4	4	2	3	31
		Non-E.	4	1	4	5	1	5	5	3		1	3	3	35
330–334	Vascular lesions affecting central nervous system	Eur.	21	18	25	26	22	26	36	43	27	20	27	25	316
		Non-E.	19	28	23	23	19	25	37	34	25	18	22	18	291
400–402	Rheumatic fever	Eur.	–	–	–	–	–	–	–	–	–	1	–	–	1
		Non-E.	–	–	1	–	–	–	1	1	1	–	–	–	4
410–416	Cardiovascular diseases	Eur.	45	51	40	57	79	76	60	69	65	64	55	48	709
420–422		Non-E.	28	27	36	26	41	38	35	53	26	39	35	26	410
430–434															
440–443	Hypertensive diseases	Eur.	5	2	7	6	8	15	10	12	5	6	6	7	89
444–447		Non-E.	13	15	14	20	17	25	19	15	16	15	13	6	188
450–456	Diseases of the arteries	Eur.	2	4	6	1	3	7	5	4	1	6	9	4	52
		Non-E.	7	1	3	1	4	2	–	5	3	4	2	4	36
480–483	Influenza	Eur.	–	–	–	–	1	–	–	–	–	1	1	–	3
		Non-E.	–	–	–	–	1	–	–	–	1	–	–	–	2
490–493	Pneumonia (including pneumonia of the new born)	Eur.	1	3	5	5	3	3	7	3	2	6	2	9	49
763		Non-E.	12	18	18	26	17	31	26	23	27	24	26	21	269
500–502	Bronchitis	Eur.	–	2	–	2	1	1	1	–	–	1	–	–	8
		Non-E.	2	–	1	1	5	6	5	4	3	2	3	2	34
571, 764	Gastro-enteritis and colitis (including diarrhoea of the new born)	Eur.	–	1	–	2	1	–	2	1	–	1	1	3	12
		Non-E.	44	63	66	61	38	39	27	12	19	13	41	54	477
590–594	Nephritis	Eur.	1	–	1	1	4	2	1	2	2	1	1	5	21
		Non-E.	3	3	1	3	7	3	2	4	4	4	6	3	43
640–652	Complications of pregnancy, childbirth and the puerperium	Eur.	–	–	–	–	–	–	–	–	–	–	–	–	–
670–689		Non-E.	1	2	3	–	2	3	3	3	2	–	1	–	20
750–759	Congenital malformations	Eur.	1	1	2	1	2	1	–	1	1	2	6	1	18
		Non-E.	2	6	2	1	7	8	2	2	5	5	4	5	49
760–762	Birth injuries, post-natal asphyxia and atelectasis	Eur.	1	3	2	1	2	1	1	1	–	2	1	2	17
		Non-E.	8	7	7	5	5	7	6	12	6	8	6	6	83
765–768	Other diseases peculiar to early infancy and immaturity unqualified	Eur.	1	2	2	2	3	4	2	6	3	5	1	4	35
769–776		Non-E.	18	18	23	16	14	23	13	26	25	21	19	12	228
780–795	Senility and ill-defined diseases	Eur.	2	2	5	3	5	6	5	7	5	6	5	1	52
		Non-E.	7	8	9	8	6	9	11	11	5	7	7	6	94
E810–E835	Motor vehicle accidents	Eur.	2	3	4	–	4	3	4	1	1	–	4	2	28
		Non-E.	7	4	8	4	8	8	9	7	9	4	8	6	82
E800–E802	All other accidents	Eur.	4	2	4	2	2	–	3	3	4	3	2	4	33
E840–E965		Non-E.	6	5	12	9	8	3	11	14	5	9	8	3	93
E970–E979	Suicide	Eur.	–	3	3	1	–	2	3	2	1	4	4	2	25
		Non-E.	1	1	1	1	–	2	1	–	2	2	1	2	14
E980–E985	Homicide	Eur.	1	1	–	–	–	–	–	2	–	–	2	–	6
		Non-E.	4	7	6	3	–	2	2	5	4	–	3	1	37
–	All causes	Eur.	143	139	154	143	190	201	183	203	161	173	175	172	2,037
		Non-E.	236	268	297	270	255	287	268	291	244	228	275	220	3,139

TABLE D.—Death Rates per 1,000 Population for 1960 and Ten Previous Years by Causes and Race.

(Corrected for Outward Transfers.)

Disease.	Race.	1949—1950	1950—1951	1951—1952	1952—1953	1953—1954.	1954—1955.	1956.	1957.	1958.	1959.	Mean for 10 years.	1960.
Enteric fever	Eur.	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	0·03	0·02	0·01	0·01	0·01	0·02	—	0·00	0·01	0.00	0.01	—
Measles	Eur.	0·02	—	—	—	—	0·01	—	—	0·02	—	0.00	—
	Non-E.	0·13	0·06	—	0·07	0·06	0·08	0·01	0·09	0·05	0·04	0.06	0.08
Scarlet fever	Eur.	—	—	—	—	—	—	—	—	—	—	—	0.01
	Non-E.	—	—	—	—	—	—	—	—	—	0.00	0.00	—
Whooping cough	Eur.	0·01	0·01	0·01	—	—	—	—	—	—	—	0.00	—
	Non-E.	0·29	0·09	0·10	0·07	0·03	0·08	0·00	0·06	0·02	0.02	0.07	0.02
Diphtheria	Eur.	0·02	—	0·01	0·02	—	0·01	—	0·01	0·01	0.01	0.01	0.02
	Non-E.	0·04	0·04	—	0·02	—	0·03	0·01	0·02	0·01	0.00	0.02	0.01
Influenza	Eur.	0·02	0·05	0·02	0·02	—	0·02	0·01	0·02	0·02	0.02	0.02	0.02
	Non-E.	0·04	0·02	0·02	0·03	0·03	0·03	0·00	0·04	0·02	0.02	0.03	0.01
Purulent infection—septicaemia, and erysipelas (*non-puerperal*)	Eur.	0·02	—	—	—	0·01	—	0·01	0·01	0·01	0.02	0.01	0.02
	Non-E.	0·02	—	0·02	0·01	0·01	—	0·03	0·01	—	0.02	0.01	0.01
Acute anterior poliomyelitis and polioencephalitis	Eur.	—	—	0·01	0·02	0·03	—	—	0·05	0·01	0.01	0.01	0.01
	Non-E.	—	—	—	—	—	—	0·02	0·03	0·00	0.00	0.01	0.00
Acute infectious encephalitis	Eur.	—	—	—	—	—	—	—	0·01	0·01	0.01	0.00	0.01
	Non-E.	—	0·01	—	—	0·003	0·003	0·02	0·01	—	0.01	0.01	0.01
Meningococcal cerebrospinal meningitis	Eur.	0·03	0·02	0·01	—	0·01	0·01	0·01	—	0·01	0.01	0.01	—
	Non-E.	0·06	0·05	0·02	0·04	0·01	0·02	0·01	0·02	0·01	0.00	0.02	0.01
Tuberculosis, respiratory system	Eur.	0·48	0·39	0·24	0·17	0·20	0·14	0·11	0·13	0·17	0.16	0.22	0.13
	Non-E.	3·13	2·76	2·49	1·68	1·37	0·91	0·58	0·66	0·56	0.41	1.33	0.37
Tuberculosis, other forms	Eur.	0·09	0·07	0·03	0·04	0·04	0·02	0·03	0·02	0·01	0.01	0.04	0.02
	Non-E.	0·82	0·72	0·48	0·39	0·40	0·30	0·18	0·20	0·13	0.10	0.34	0.09
Syphilis	Eur.	0·02	0·01	0·02	0·01	—	—	0·01	—	—	—	0.01	—
	Non-E.	0·19	0·12	0·13	0·08	0·04	0·02	0·03	0·03	0·02	0.04	0.06	0.02
General paralysis of the insane: tabes dorsalis	Eur.	—	0·01	0·01	0·01	—	0·01	0·03	0·01	0·02	0.02	0.01	0.01
	Non-E.	0·04	0·04	0·02	0·03	0·03	—	0·02	0·02	0·01	0.01	0.02	0.01
Aneurysm of the aorta	Eur.	0·04	0·02	0·02	0·04	0·02	0·02	0·02	0·01	0·01	—	0.02	—
	Non-E.	0·04	0·03	0·03	0·02	0·02	0·02	0·01	—	0·01	0.01	0.02	0.00
Cancer*	Eur.	1·40	1·43	1·55	1·46	1·62	1·55	1·61	1·74	1·56	1.70	1.56	1.64
	Non-E.	0·75	0·67	0·76	0·75	0·79	0·71	0·73	0·62	0·62	0.61	0.70	0.57

TABLE D—*Continued.*

Disease.	Race.	1949 — 1950	1950 — 1951	1951 — 1952	1952 — 1953	1953 — 1954.	1954 — 1955.	1956.	1957.	1958.	1959.	Mean for 10 years.	1960.
Acute rheumatic fever	Eur.	0·02	0·02	0·01	0·01	0·01	0·01	0·01	0·01	0·01	0.01	0.01	0.01
	Non-E.	0·07	0·06	0·04	0·03	0·04	0·02	0·01	0·01	0·00	0.00	0.03	0.01
Diabetes	Eur.	0·19	0·19	0·19	0·19	0·22	0·14	0·04	0·04	0·06	0.10	0.14	0.16
	Non-E.	0·11	0·13	0·10	0·14	0·10	0·13	0·03	0·06	0·06	0.08	0.09	0.10
Intracranial lesions of vascular origin†	Eur.	1·04	1·27	1·10	1·24	1·06	1·19	1·63	1·33	1·48	1.51	1.58	1.70
	Non-E.	0·89	0·97	1·01	0·85	0·71	0·84	0·86	0·82	0·91	0.78		0.82
Arterio-sclerosis†	Eur.	0·27	0·35	0·26	0·36	0·33	0·29	0·23	0·30	0·30	0.22	1.01	0.22
	Non-E.	0·25	0·20	0·29	0·20	0·15	0·16	0·08	0·11	0·08	0.10		0.09
Cardiac diseases	Eur.	2·68	2·79	3·04	2·75	2·78	2·98	3·58	3·45	3·59	3.62	3.13	4.02
	Non-E.	1·47	1·43	1·66	1·34	1·30	1·38	1·66	1·87	1·58	1.51	1.53	1.55
Bronchitis and pneumonia (including pneumonia of the newborn)	Eur.	0·40	0·31	0·37	0·29	0·43	0·40	0·36	0·32	0·32	0.36	0.36	0.31
	Non-E.	1·92	1·46	1·30	1·12	0·91	0·98	0·98	1·03	0·93	0.71	1.09	0.82
Gastro-enteritis and colitis, except ulcerative (including diarrhoea of the newborn)	Eur.	0·10	0·11	0·10	0·07	0·05	0·08	0·09	0·09	0·05	0.04	0.08	0.06
	Non-E.	1·82	2·32	2·51	2·41	2·27	2·46	1·99	1·73	1·81	1.31	2.03	1.29
Nephritis	Eur.	0·35	0·37	0·28	0·16	0·16	0·13	0·13	0·16	0·16	0.17	0.21	0.11
	Non-E.	0·28	0·25	0·27	0·24	0·16	0·16	0·13	0·09	0·14	0.10	0.18	0.12
Puerperal sepsis	Eur.	—	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	0.02	0.01	0.03
Other diseases of pregnancy, childbirth, and puerperal state	Eur.	0·01	—	0·01	0·01	0·02	0·02	—	0·01	—	0.01	0.01	—
	Non-E.	0·04	0·05	0·04	0·06	0·04	0·07	0·04	0·06	0·03	0.02	0.04	0.02
Congenital malformations and diseases of early infancy	Eur.	0·35	0·30	0·42	0·30	0·44	0·19	0·36	0·35	0·32	0.29	0.34	0.35
	Non-E.	1·32	1·26	1·33	1·26	1·26	0·92	1·22	1·13	1·25	1.06	1.21	0.98
Senility	Eur.	0·14	0·13	0·19	0·15	0·18	0·12	0·14	0·16	0·09	0.12	0.14	0.19
	Non-E.	0·06	0·03	0·08	0·02	0·06	0·03	0·02	0·02	0·02	0.02	0.03	0.03
Accidents, poisonings and violence (external cause)	Eur.	0·52	0·43	0·47	0·40	0·41	0·37	0·42	0·53	0·44	0.45	0.44	0.52
	Non-E.	0·66	0·58	0·61	0·57	0·62	0·57	0·60	0·65	0·65	0.60	0.61	0.65
Other causes	Eur.	1·49	1·28	1·52	1·64	1·35	1·44	1·19	1·22	1·02	1.11	1.31	1.20
	Non-E.	1·96	1·58	1·63	1·70	1·79	1·57	1·09	1·19	1·01	0.95	1.39	0.99
TOTAL	Eur.	9·68	9·55	9·88	9·33	9·37	9·15	10·00	9·96	9·65	9.96	9.66	10.70
	Non-E.	16·44	14·97	14·99	13·12	12·25	11·52	10·34	10·60	9·93	8.58	11.93	8.71

†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, 1960.

(Corrected)

International Code No.	DISEASE	RACE	Under 1 day (1)	Under 2 days (2)	Under 3 days (3)	Under 4 days (4)	Under 5 days (5)	Under 6 days (6)	Under 7 days (7)	Total under 1 week (1)	Under 2 weeks (2)	Under 3 weeks (3)	Under 4 weeks (4)	Total under 4 weeks (1)	Under 2 months (2)	Under 3 months (3)	Under 4 months (4)	Under 5 months (5)	Under 6 months (6)	Under 7 months (7)	Under 8 months (8)	Under 9 months (9)	Under 10 months (10)	Under 11 months (11)	Under 12 months (12)	TOTAL under one year M.	TOTAL under one year F.	TOTAL under one year Persons	Langa African Township M.	Langa African Township F.	Langa African Township Persons	Nyanga West Township M.	Nyanga West Township F.	Nyanga West Township Persons
010	Tuberculosis, meningeal ...	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	2	—	1	1	—	4	3	7	—	—	—	—	—	—
011	Tuberculosis, abdominal ...	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
001-008 012-019	Tuberculosis, other forms ...	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	1	—	1	—	—	1	4	5	—	—	—	—	—	—
020	Syphilis, congenital	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—
055	Diphtheria	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
056	Whooping cough	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	1	—	1	—	—	1	—	—	3	3	6	1	1	2	—	—	—
085-086	Measles and rubella	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2	2	1	2	3	5	9	14	—	1	1	1	2	3
050	Scarlet fever	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
283	Rickets	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
340	Simple meningitis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	3	1	2	1	2	1	—	2	1	1	1	6	9	15	—	—	—	1	1	2
500-502	Bronchitis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	2	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	1	1	2	1	2	—	2	1	1	1	—	1	1	7	6	13	—	—	—	—	—	—
490-493 763	Pneumonia (all forms)	Eur.	—	—	—	—	—	—	—	—	1	1	—	2	—	—	—	1	—	—	1	—	—	—	—	3	1	4	—	—	—	—	—	—
		Non-E.	—	1	1	2	—	—	1	5	5	6	6	22	18	17	12	23	14	9	8	5	6	5	5	78	66	144	3	5	8	2	1	3
571, 764	Diarrhoea and enteritis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	1	2	2	4	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	2	3	7	12	21	43	47	39	53	41	24	26	26	21	9	195	167	362	13	9	22	24	16	40
750-759	Congenital malformations ...	Eur.	1	1	—	3	1	1	—	7	1	—	2	10	2	—	—	—	—	—	1	—	—	—	—	8	5	13	—	—	—	—	—	—
		Non-E.	8	5	3	—	1	1	2	20	—	4	—	24	2	—	2	4	—	—	2	—	2	—	—	18	18	36	1	—	1	—	1	1
760-761	Injury at birth	Eur.	7	3	1	2	—	—	—	13	—	—	—	13	—	—	—	—	—	—	—	—	—	—	—	11	2	13	—	—	—	—	—	—
		Non-E.	19	15	9	6	3	1	1	54	1	—	—	55	—	—	—	—	—	—	—	—	—	—	—	36	19	55	2	3	5	2	1	3
774-776	Immaturity	Eur.	14	7	1	1	1	1	2	27	—	—	—	27	—	—	—	—	—	—	—	—	—	—	—	14	13	27	—	—	—	—	—	—
		Non-E.	51	48	14	6	9	6	4	138	7	6	3	154	7	1	—	—	—	1	—	—	—	—	—	89	74	163	2	—	2	3	4	7
762 765-773	Other diseases peculiar to early infancy	Eur.	6	3	—	—	—	—	—	9	1	—	1	11	—	—	—	—	—	—	—	—	1	—	—	8	4	12	—	—	—	—	—	—
		Non-E.	33	13	11	1	3	1	4	66	8	3	3	80	5	2	2	1	2	1	—	2	—	—	1	53	43	96	6	1	7	3	3	6
E924-E925	Accidental mechanical suffocation	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
E926	Lack of care	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	Other and ill-defined or unknown causes	Eur.	3	—	—	—	—	—	—	3	1	—	1	5	1	1	2	1	2	1	—	—	—	—	—	8	5	13	—	—	—	—	—	—
		Non-E.	3	2	1	—	—	—	1	7	5	1	3	16	9	5	8	18	5	5	8	2	3	3	6	49	39	88	2	1	3	—	—	—
	Totals * ...	Eur.	31	14	2	6	2	2	2	59	4	1	4	68	3	4	4	2	2	1	2	—	2	1	1	57	33	90	—	—	—	—	—	—
		Non-E.	114	84	39	15	16	9	13	290	28	23	23	364	69	71	79	89	81	64	48	40	42	34	26	545	462	1,007	30	21	51	41	33	74
		All Races	145	98	41	21	18	11	15	349	32	24	27	432	72	75	83	91	83	65	50	40	44	35	27	602	495	1,103	30	21	51	41	33	74

* Including 6 of unknown race.

TABLE E1. Deaths of Infants under 1 Year of Age, Classified by Cause and Month of Registration, 1960.

(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.	2	2	—	4	—	—	—	—	—	1	—	1	—	1	—	1	7	0.7	0.6
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
011	Tuberculosis, abdominal	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
001-008	Tuberculosis, other forms ...	Eur.	—	—	—	—	—	—	2	2	—	—	—	—	—	1	—	1	3	0.3	0.2
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
020	Syphilis, congenital	Eur.	—	—	—	—	1	—	—	1	—	1	—	1	—	—	—	—	2	0.2	0.2
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
055	Diphtheria	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
056	Whooping cough	Eur.	—	—	2	2	—	—	1	1	—	—	—	—	—	2	1	3	6	0.6	0.5
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
085-086	Measles and rubella	Eur.	2	3	—	5	1	1	—	2	2	1	3	6	—	—	1	1	14	1.4	1.1
		Non-E.	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
030	Scarlet fever	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
283	Rickets	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
340	Simple meningitis	Eur.	1	1	3	5	1	2	3	6	—	—	—	—	1	2	1	4	15	1.5	1.2
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
500-502	Bronchitis	Eur.	2	—	1	3	—	3	2	5	2	1	—	3	—	2	—	2	13	1.3	1.0
		Non-E.	—	1	—	1	1	—	—	1	—	—	—	—	—	—	—	—	2	2.2	0.6
490-493 763	Pneumonia (all forms)	Eur.	6	6	9	21	12	10	21	43	13	11	20	44	11	15	10	36	144	14.4	11.6
		Non-E.	—	1	—	1	1	—	—	1	—	—	—	1	—	—	1	1	4	4.4	1.1
571,764	Diarrhoea and enteritis	Eur.	39	52	47	138	44	25	25	94	19	10	15	44	12	30	43	85	361	36.1	29.1
		Non-E.	—	1	—	1	1	—	—	1	—	1	—	1	1	—	1	2	4	4.4	1.1
750-759	Congenital malformations ...	Eur.	2	5	1	8	—	3	7	10	2	2	4	8	3	3	3	9	35	3.5	2.8
		Non-E.	1	1	—	2	1	2	—	3	—	—	—	—	2	4	—	6	13	14.4	3.7
760-761	Injury at birth	Eur.	5	5	2	12	3	5	4	12	5	8	5	18	5	4	4	13	55	5.5	4.4
		Non-E.	5	3	1	5	1	1	—	2	—	1	—	1	2	1	2	5	13	14.4	3.7
774-776	Immaturity	Eur.	10	15	19	44	13	10	13	36	6	18	18	42	13	15	10	38	160	16.0	12.9
		Non-E.	1	2	2	5	2	3	4	9	1	5	—	6	5	1	1	7	27	30.0	7.6
762 765-773	Other diseases peculiar to early infancy	Eur.	11	5	9	25	5	4	13	22	8	12	8	28	11	6	4	21	96	9.6	7.7
		Non-E.	—	—	1	1	—	1	1	2	2	1	3	6	—	—	3	3	12	13.3	3.4
E924-E925	Accidental mechanical suffocation	Eur.	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1.0	0.3
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1.1	0.8
E926	Lack of care	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	Other and ill-defined or unknown causes	Eur.	1	—	1	2	1	3	—	4	—	3	1	4	1	1	1	3	13	14.4	3.7
		Non-E.	14	8	7	29	7	6	6	19	3	11	5	19	8	6	7	21	88	8.8	7.1
	Totals	Eur.	94	102	101	297	87	69	97	253	60	76	79	215	64	87	84	235	1,000	100	25.4
		Non-E.	4	9	6	19	8	11	6	25	4	11	4	19	11	7	9	27	90	100	80.6
		All Races	98	111	107	316	95	80	103	278	64	87	83	234	75	94	93	262	1,090		58.3

TABLE F. Deaths of Infants under 1 Year of Age, Classified by Legitimacy, 1960.

(corrected for outward transfers)

	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	40	25	10	4	38	20	9	4	2	5	1	–	–	–
	Domiciliary	2	1	5	3	2	1	5	3	–	–	–	–	–	–
Coloured	Hospital	114	100	87	71	78	69	57	48	34	26	26	21	7	6
	Domiciliary	59	39	197	171	41	25	121	100	15	13	63	62	4	22
African	Hospital	18	10	12	14	11	5	6	11	4	5	3	1	3	5
	Domiciliary	8	6	41	42	5	3	26	21	1	2	6	15	3	15
Asiatic	Hospital	3	2	–	1	3	2	–	1	–	–	–	–	–	–
	Domiciliary	2	–	1	2	2	–	1	2	–	–	–	–	–	–
Non-European	Hospital	135	112	99	86	92	76	63	60	38	31	29	22	10	11
	Domiciliary	69	45	239	215	48	28	148	123	16	15	69	77	7	37
All races	Hospital	175	137	109	90	130	96	72	64	40	36	30	22	10	11
	Domiciliary	71	46	244	218	50	29	153	126	16	15	69	77	7	37

TABLE G. Registered Births and Still-Births for the year 1960, 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.	130	129	2	1	132	130	262	11	14	19	14	30	28	58	262	58	320	–	–	1	–	1	99	83
2.	110	97	1	2	111	99	210	73	63	33	38	106	101	207	210	207	417	1	–	4	1	6	93	67
3.	98	93	3	3	101	96	197	183	203	66	62	249	265	514	197	514	711	–	–	10	2	12	98	54
4.	146	141	6	13	152	154	306	17	21	17	20	34	41	75	306	75	381	3	–	3	1	7	96	68
5.	114	89	2	4	116	93	209	408	417	136	127	544	544	1,088	209	1,088	1,297	1	–	20	5	26	93	58
6.	32	31	2	4	34	35	69	425	450	143	129	568	579	1,147	69	1,147	1,216	6	–	23	6	35	79	54
7.	79	70	6	6	85	76	161	244	213	33	48	277	261	538	161	538	699	3	1	9	3	16	82	51
8.	186	153	8	5	194	158	352	782	729	305	311	1,087	1,040	2,127	352	2,127	2,479	3	1	42	20	66	78	54
9.	152	135	21	26	173	161	334	52	40	23	19	75	59	134	334	134	468	1	1	4	1	7	93	50
10.	60	46	1	2	61	48	109	1,329	1,291	295	311	1,624	1,602	3,226	109	3,226	3,335	–	1	72	18	91	68	36
11.	118	113	1	2	119	115	234	70	60	15	13	85	73	158	234	158	392	1	–	6	1	8	93	50
12.	133	143	1	2	134	145	279	146	175	42	32	188	207	395	279	395	674	3	1	3	–	7	91	45
13.	109	121	3	2	112	123	235	137	135	44	38	181	173	354	235	354	589	2	–	2	3	7	91	46
14.	176	161	2	3	178	164	342	239	262	54	65	293	327	620	342	620	962	4	–	15	6	25	85	37
15.	116	132	5	4	121	136	257	662	688	228	213	890	901	1,791	257	1,791	2,048	2	–	39	11	52	83	29
Not allocated (unascertained addresses) ..	–	–	–	–	–	–	–	1	–	1	1	2	1	3	–	3	3	–	–	–	–	–	–	–
Total* ..	1,759	1,654	64	79	1,823	1,733	3,556	4,779	4,761	1,454	1,441	6,232	6,202	12,435	3,556	12,435	15,997	30	5	253	78	366	89	45
Excluded from above figures.																								
(1) Births in Cape Town which did not belong thereto	622	673	54	46	676	719	1,395	424	444	288	268	712	712	1,424	1,395	1,424	2,800	20	1	63	29	113	100	96
(2) Langa African Township ..	–	–	–	–	–	–	–	99	73	51	35	150	108	258	–	258	258	–	–	8	5	13	–	85
(3) Nyanga West Township ..	–	–	–	–	–	–	–	95	98	33	33	128	131	259	–	259	259	–	–	17	4	21	–	88

* Including 6 of unknown race.

TABLE H. Births in Institutions, 1960.

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	359	2,288	312	1,926	47	362
Somerset Hospital	–	2,274	–	1,745	–	529
Salvation Army Maternity Home ..	–	1,628	–	1,340	–	288
St. Joseph's Sanatorium	1,521	2	849	1	672	1
St. Monica's Home	–	1,088	–	930	–	158
Mowbray Maternity Hospital	1,046	3	798	2	248	1
Booth Memorial Hospital	457	2	397	2	60	–
Kingsbury Nursing Home	453	–	317	–	136	–
Delherbe Nursing Home	376	–	313	–	63	–
Military Hospital	227	–	143	–	84	–
Magdalena Huis	98	–	20	–	78	–
House of Correction	1	20	1	7	–	13
Groote Schuur Hospital	4	11	2	6	2	5
Other institutions	2	8	1	4	1	4
Total	4,544	7,324	3,153	5,963	1,391	1,361

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	–	107	–	79	–	28
Peninsula Maternity Hospital.. ..	13	133	13	93	–	40
St. Monica's Home	–	33	–	19	–	14
Salvation Army Maternity Home ..	–	22	–	18	–	4
Mowbray Maternity Hospital	12	–	8	–	4	–
St. Joseph's Sanatorium	15	–	4	–	11	–
Kingsbury Nursing Home	4	–	4	–	–	–
Booth Memorial Hospital	4	–	1	–	3	–
Groote Schuur Hospital	–	5	–	2	–	3
Military Hospital	3	–	1	–	2	–
Magdalena Huis	2	–	–	–	2	–
Other institutions	–	4	–	1	–	3
Total	53	304	31	212	22	92

TABLE I. Populations and Vital Statistics for the separate Wards of the City, 1960.

(Corrected.)

WARDS	Calculated Populations on the 30th June, 1960			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	15,770	5,910	21,680	262	58	16.6	9.8	3	33	1.1	57	197	10	12.5	1.7	65	48	4.1	8.1	4	2	15	34	2	—	0.13	—
2	13,250	10,130	23,380	210	207	15.8	20.4	3	71	1.4	34	134	51	10.1	5.0	76	156	5.7	15.4	8	16	38	77	4	3	0.30	0.30
3	9,870	20,410	30,280	197	514	20.0	25.2	6	128	3.0	25	96	127	9.7	6.2	101	387	10.2	19.0	7	33	36	64	2	6	0.20	0.29
4	17,710	5,380	23,090	306	75	17.3	13.9	19	37	6.2	49	222	14	12.5	2.6	84	61	4.7	11.3	7	6	23	80	3	—	0.17	—
5	9,310	41,240	50,550	209	1,088	22.4	26.4	6	263	2.9	24	98	309	10.5	7.5	111	779	11.9	18.9	5	78	24	72	—	20	—	0.48
6	6,480	42,180	48,660	69	1,147	10.6	27.2	6	272	8.7	24	48	291	7.4	6.9	21	856	3.2	20.3	3	70	43	61	2	16	0.31	0.38
7	14,410	20,270	34,680	161	538	11.2	26.5	12	81	7.5	15	92	139	6.4	6.9	69	399	4.8	19.7	8	39	50	72	2	9	0.14	0.44
8	18,080	50,710	68,790	352	2,127	19.5	41.9	13	616	3.7	29	175	642	9.7	12.7	177	1,485	9.8	29.3	11	247	31	116	5	35	0.28	0.69
9	19,700	12,590	32,290	334	134	17.0	10.6	47	42	14.1	31	237	28	12.0	2.2	97	106	4.9	8.4	10	11	30	82	2	2	0.10	0.16
10	5,500	54,560	60,060	109	3,226	19.8	59.1	3	606	2.8	19	40	742	7.3	13.6	69	2,484	12.5	45.5	2	216	18	67	—	43	—	0.79
11	14,380	10,320	24,700	234	158	16.3	15.3	3	28	1.3	18	167	34	11.6	3.3	67	124	4.7	12.0	3	4	13	25	1	2	0.07	0.19
12	13,070	20,160	34,130	279	395	20.0	19.6	3	74	1.1	19	126	93	9.0	4.6	153	302	11.0	15.0	4	21	14	53	2	4	0.14	0.20
13	11,870	18,770	30,640	235	354	19.8	18.9	5	82	2.1	23	148	87	12.5	4.6	87	267	7.3	14.2	3	16	13	45	—	2	—	0.11
14	14,380	21,190	35,570	342	620	23.8	29.3	5	119	1.5	19	174	175	12.1	8.3	168	445	11.3	21.0	7	56	20	00	2	8	0.14	0.38
15	11,610	36,840	48,450	257	1,791	22.1	48.6	9	441	3.5	25	160	472	13.8	12.8	97	1,319	8.4	35.0	8	190	31	106	1	16	0.09	0.43
Not allocated ...	1,520	1,520	3,040	—	3			—	2	—	—	2	26			—	—			—	2	—	—	—	5		
City of Cape Town*	197,810	372,180	569,990	3,556	12,435	18.0	33.4	143	2,895	4.0	23	2,116	3,240	10.7	8.7	1,440	9,195	7.3	24.7	90	1,007	25	81	28	171	0.14	0.46

*Exclusive of all figures relating to the African Townships, 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 1960.

	Births		Deaths		Natural increase		Deaths under one year old.	
	Number.	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.
Europeans:								
uncorrected	4,932	24.9	2,535	12.8	–	–	150	30
corrected for outward transfers	3,537	17.9	2,037	10.3	–	–	90	25
corrected for outward and inward transfers	3,556	18.0	2,116	10.7	1,440	7.3	90	25
Coloured:								
uncorrected	12,267	39.2	3,351	10.7	–	–	1,099	90
corrected for outward transfers	11,260	36.0	2,739	8.7	–	–	838	74
corrected for outward and inward transfers	11,283	36.0	2,821	9.0	8,462	27.0	839	74
Africans (not Langa):								
uncorrected	1,272	25.0	530	10.4	–	–	188	148
corrected for outward transfers	865	17.0	339	6.7	–	–	151	175
corrected for outward and inward transfers	866	17.0	356	7.0	510	10.0	157	181
Asiatics:								
uncorrected	296	36.1	67	8.2	–	–	12	41
corrected for outward transfers	286	34.9	61	7.4	–	–	11	38
corrected for outward and inward transfers	286	34.9	63	7.7	223	27.2	11	38
All non-Europeans:								
uncorrected	13,835	37.2	3,948	10.6	–	–	1,299	94
corrected for outward transfers	12,411	33.3	3,139	8.4	–	–	1,000	81
corrected for outward and inward transfers	12,435	33.4	3,240	8.7	9,195	24.7	1,007	81
All races: *								
uncorrected	18,773	32.9	6,489	11.4	–	–	1,455	78
corrected for outward transfers	15,954	28.0	5,182	9.1	–	–	1,096	69
corrected for outward and inward transfers	15,997	28.1	5,362	9.4	10,635	18.7	1,103	69
Africans resident at Langa Township	258	10.2	193	7.6	65	2.6	51	198
Africans resident at Nyanga West Township	259	24.7	131	12.5	128	12.2	74	286

* Including 6 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	58·7	20·0	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	23·0	54·4	23·0	39·7	11·3	22·8	71·9	181·6
1926-1927 to 1930-1931 ..	3·2	4·3	1·1	4·3	1·7	11·0	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	30·9	20·0	31·6	7·5	13·0	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	18·7	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	17·0	17·5	80·2
1960	—	1·6	—	1·6	—	0·2	1·7	12.6	1·1	29.1	14·6	23.7	7.9	12.8	25.3	81.0

* 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	28·0	4·8	21·3	0·3	0·6	2·0	6·6	15·2	74·7
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	68·8
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	3·0	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	33·6
Year																
1951-1952 ..	0·3	6·8	0·6	0·3	—	0·3	0·0	5·0	0·9	10·1	—	0·1	2·4	4·0	5·2	30·0
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	5·6	2·9	25·0
1959	—	1·0	—	1·3	—	—	0·6	3·8	0·8	9·0	—	0·2	1·7	5·5	3·1	20.9
1960	—	1·2	—	1·1	—	—	—	3·7	—	8.2	—	0·6	0·8	5·5	0·8	20.3

* 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.	To-tal.	Eur.	Non-Eur.	To-tal.	Eur.	Non-Eur.	To-tal.	Eur.	Non-Eur.	To-tal.	Eur.	Non-Eur.	To-tal.	Birth rates.	Death rates.	Natural increase rates.	Infant Mortality rates.	Eur.	Non-Eur.	To-tal.	Eur.	Non-Eur.	To-tal.
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	2.53
" .. .. .. 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	181.58	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	17.20	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	147.36	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	22.37	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	2.79
" .. .. .. 1930-1931 ..	136,550	122,500	259,050	21.27	50.16	34.93	5.59	23.01	17.42	10.20	24.08	16.76	11.07	26.08	18.17	65.04	155.80	126.67	21.64	10.42	11.22	64.91	0.06	0.19	0.12	0.68	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	18.15	9.86	24.59	16.85	67.13	167.74	136.59	20.84	11.00	9.84	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	4.40	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	2.92
" .. .. .. 1933-1934 ..	144,730	132,110	276,840	17.74	50.48	33.36	5.31	23.39	18.36	9.21	22.85	13.73	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	31.06	4.75	21.90	17.13	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	2.86
" .. .. .. 1935-1936 ..	150,610	138,930	289,540	18.09	48.03	32.45	5.42	21.98	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	2.31
" .. .. .. 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	128.86	102.79	19.41	10.82	8.59	40.43	0.03	0.05	0.04	0.86	4.78	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	2.75
" .. .. .. 1939-1940 ..	155,350	153,980	309,330	19.59	46.43	32.95	5.02	21.77	16.77	9.87	19.80	14.86	9.72	26.54	18.09	40.96	123.91	99.14	19.83	10.29	9.54	40.81	0.01	0.02	0.01	0.72	4.25	2.48
" .. .. .. 1940-1941 ..	156,380	158,050	314,430	19.18	45.77	32.54	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	0.06	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	3.08
" .. .. .. 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	15.39	42.26	125.79	98.65	21.28	11.34	9.94	42.49	0.02	0.08	0.05	0.68	6.09	3.40
" .. .. .. 1943-1944 ..	169,180	179,780	348,960	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	32.32	0.02	0.04	0.03	0.73	6.90	3.91
" .. .. .. 1944-1945 ..	173,890	185,120	359,010	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	127.19	99.60	20.93	10.59	10.34	34.71	0.02	0.09	0.06	0.73	5.90	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	20.07	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	34.35	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	37.06	122.20	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	88.37	20.78	10.02	10.76	29.65	0.01	0.04	0.02	0.45	4.69	2.75
" .. .. .. 1949-1950 ..	185,040	228,170	413,210	18.70	43.01	32.13	2.69	24.36	18.71	9.68	16.44	13.42	9.02	26.57	18.71	29.56	101.47	83.00	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	24.08	19.42	9.55	14.97	12.00	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	24.58	19.26	9.33	13.12	11.54	9.04	26.30	19.08	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	24.55	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	323,430	517,510	18.4	36.5	29.8	3.6	24.7	19.8	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
" 1959	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
" 1960	197,810	372,180	569,990	18.0	33.4	28.1	4.0	23.2	19.0	10.7	8.7	9.4	7.3	24.7	18.7	25.3	81.0	69.0					–	–	–	0.1	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.
Rates are uncorrected for the year 1919–20 and previous years, corrected for outward transfers until 1955, and corrected for outward and certain inward transfers thereafter.
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).

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	29.8	33.6	34.9	43.0	31.4	7.9	17.6	4.7	16.3	16.1	42	226	31	157	213	0.12	0.59	0.72	0.38	0.53
Grahamstown (1959)	15.5	37.5	13.2	53.4		13.2	18.8	3.2	16.2		30	187	250	116						
Cape Town ..	17.9	17.0	34.9	36.0	33.3	10.3	6.7	7.4	8.7	8.4	25	174	38	74	80	0.13	0.39	0.12	0.43	0.42
Durban (1959)	21.0		29.6	39.5		9.4	18.9	7.4	8.5											
Bloemfontein ..	24.9	31.0		37.5		6.6	18.9		18.5		30	227		176						
Vereeniging ..	28.9	25.2	23.1	20.9		8.1	10.4	15.0	8.6		31	188	125	130		0.01	0.24			
Kimberley ..	25.6	47.6	25.3	43.8		7.1	15.8	8.8	11.3		27	110	38	75						
King William's Town	22.5	16.7	45.5	69.9		9.7	5.7	–	22.0		13	193	–	121						
Pietermaritzburg ..	19.5	25.8	34.6	45.5		8.3	7.7	7.5	8.5		23	98	45	47		0.15	–	–	3.94	
Roodepoort-Maraisburg ..	23.6	37.3	30.6	31.9	36.7	4.6	12.8	3.4	8.7	8.6	8	133	27	36	122	0.02	0.26	–	–	0.22
Port Elizabeth ..	25.6	63.4	30.5	39.7		6.9	16.3	9.6	15.1		25	435	33	138		0.02	1.4	0.5	1.3	
Pretoria	26.4	33.4	27.6	25.4	33.0	6.9	10.1	6.4	10.5	10.0	27	101	65	98	100	0.04	0.26	–	0.21	0.25
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 (1959)	16.5		–	–	–	11.6					22					0.09				
County of London (1959)	17.2					11.9					22									

TABLE N. Notification of Infectious Disease Classified for Month of Notification, 1960.

E. — European. O. — Non-European.

Period	Tuberculosis respiratory			Tuberculosis other forms			Enteric fever			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 ..	8	109	117	2	11	13	—	1	1	7	6	13	4	—	4	—	—	—	—	2	2	—	—	—
February .	7	125	132	—	17	17	—	5	5	1	3	4	3	2	5	—	—	—	—	3	3	—	—	—
March ..	9	114	123	—	11	11	—	1	1	—	3	3	4	1	5	—	—	—	—	2	2	—	—	—
April ..	11	64	75	2	3	5	—	2	2	2	3	5	4	1	5	—	—	—	1	1	2	—	—	—
May ..	9	102	111	—	15	15	—	—	—	1	6	7	13	3	16	—	—	—	—	2	2	—	1	1
June ..	6	79	85	1	12	13	—	—	—	8	9	17	8	3	11	1	—	1	—	—	—	—	—	—
July ..	11	78	89	2	6	8	—	2	2	—	8	8	13	4	17	—	—	—	1	3	4	—	1	1
August ..	10	121	131	1	5	6	—	1	1	1	4	5	12	4	16	—	—	—	1	—	1	1	2	3
September	17	123	140	1	5	6	—	1	1	3	4	7	15	5	20	—	—	—	1	1	2	—	1	1
October ..	17	101	118	2	8	10	—	3	3	2	4	6	12	3	15	2	1	2	—	—	—	1	—	1
November	11	119	130	1	9	10	—	—	—	—	7	7	25	3	28	—	1	1	—	1	1	—	1	1
December	9	79	88	1	6	7	—	—	—	2	3	5	4	—	4	—	1	1	—	2	2	—	—	—
Year ..	125	1214	1339	13	108	121	—	16	16	27	60	87	117	29	146	3	2	5	4	17	21	2	6	8

Period	Acute poliomyelitis			Ophthalmia			Puerperal fever			Leprosy			Trachoma			Malta fever			Whooping cough			Total		
	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total
January ..	5	5	10	1	22	23	—	—	—	—	—	—	—	—	—	—	—	—	6	7	13	33	163	196
February .	3	5	8	1	40	41	—	1	1	—	—	—	—	—	—	—	—	—	8	3	11	23	204	227
March ..	—	3	3	—	38	38	—	—	—	—	—	—	—	—	—	—	—	—	2	9	11	15	182	197
April ..	1	—	1	2	32	34	—	2	2	—	—	—	—	—	—	—	—	—	6	2	8	29	110	139
May ..	—	1	1	2	32	34	—	—	—	—	—	—	—	—	—	—	—	—	8	4	12	33	166	199
June ..	1	—	1	—	37	37	—	—	—	—	—	—	—	—	—	—	—	—	3	4	7	28	144	172
July ..	—	2	2	4	34	38	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	32	139	171
August ..	—	1	1	2	48	50	—	—	—	—	—	—	—	—	—	—	—	—	6	6	12	34	192	226
September	—	—	—	1	52	53	—	—	—	—	—	—	—	—	—	—	—	—	3	17	20	41	209	250
October ..	2	5	7	1	41	42	1	2	3	—	—	—	—	—	—	—	—	—	6	31	37	46	198	244
November	1	2	3	—	26	26	—	—	—	—	—	—	—	—	—	—	—	—	1	35	36	39	204	243
December	1	1	2	1	13	14	—	—	—	—	—	—	—	—	—	—	—	—	3	10	13	21	115	136
Year ..	14	25	39	15	415	430	1	5	6	—	—	—	—	—	—	—	—	—	53	129	182	374	2026	2400

TABLE O. Notification of Infectious Disease Classified for Age-Groups, 1960.

E.—European. O.—Non-European.

	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 ...	—	—	27	20	47	—	—	6	6	12	—	—	—	—	—	—	—	2	1	3	—	—	—	—	—	—	—	—	—	—	—	2	4	6	—	—	1	2	3
1— 2 years ...	1	1	37	33	72	1	1	10	12	24	—	—	—	—	—	1	—	6	1	8	2	1	—	1	4	1	—	—	—	1	—	—	2	1	3	—	—	1	1	2
2— 5 " ...	2	5	70	69	146	2	1	12	9	24	—	—	—	1	1	3	6	7	9	25	19	18	4	6	47	—	—	—	—	—	1	1	2	3	1	—	1	1	2
5—10 " ...	3	3	55	59	120	1	—	10	11	22	—	—	2	4	6	6	4	6	15	31	25	30	7	6	68	—	—	—	—	—	1	1	1	3	—	—	1	—	1
10—15 " ...	1	—	19	17	37	1	—	6	1	8	—	—	1	1	2	—	1	—	3	4	7	9	2	1	19	—	—	—	—	—	1	—	—	—	—	—	—	—	—
15—25 " ...	12	12	96	123	243	1	1	1	6	9	—	—	4	—	4	1	2	1	2	6	2	3	1	—	6	—	—	—	—	—	1	1	1	1	1	—	1	—	1
25—35 " ...	11	11	114	131	267	—	1	3	1	5	—	—	1	2	3	—	1	—	3	4	—	1	—	1	2	—	—	—	—	—	1	—	1	1	1	—	—	—	1	1
35—45 " ...	9	9	114	42	174	1	—	4	1	6	—	—	—	—	—	1	—	—	4	5	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—
45—55 " ...	14	6	76	17	113	—	2	2	2	6	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—
55—65 " ...	8	5	52	18	83	—	—	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65—75 " ...	2	5	12	5	24	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
75—85 " ...	2	2	4	1	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—
85 years & over	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unknown ...	—	—	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	66	59	678	536	1339	7	6	57	51	121	—	—	8	8	16	12	15	22	38	87	55	62	14	15	146	1	2	—	2	5	3	1	7	10	21	2	—	2	4	8

	Acute poliomyelitis					Ophthalmia					Puerperal fever					Leprosy					Trachoma					Malta fever					Whooping cough					Total				
	E.		O.		Total	E.		O.		Total	E.		O.		Total	E.		O.		Total	E.		O.		Total	E.		O.		Total	E.		O.		Total	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	3	5	8	7	228	187	430	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	1	22	26	55	15	8	289	250	562
1— 2 years ...	2	1	6	6	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	10	11	26	10	7	69	71	157
2— 5 " ...	—	1	3	4	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	11	19	17	56	37	42	116	116	311
5—10 " ...	2	—	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	8	12	11	36	43	46	97	105	291
10—15 " ...	—	1	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	1	—	5	11	13	30	24	78
15—25 " ...	2	1	—	—	3	—	—	—	—	—	—	1	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2	20	22	103	132	277
25—35 " ...	—	1	—	—	1	—	—	—	—	—	—	—	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	15	118	142	286
35—45 " ...	—	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	11	119	48	189
45—55 " ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2	14	11	78	19	122
55—65 " ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	6	53	20	87
65—75 " ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	5	14	5	25
75—85 " ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	4	1	10
85 years & over	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Unknown ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3
Totals ...	7	7	12	13	39	8	7	228	187	430	—	1	—	5	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24	29	84	65	182	185	189	1092	934	2400

TABLE P. Notification of Infectious Disease Classified for Wards, etc., 1960.

E. – European. O. – Non-European.

Wards of the City, etc.	Tuberculosis respiratory system			Tuberculosis other forms			Enteric fever			Diphtheria			Scarlet fever			Erysipelas			Cerebrospinal fever			Infective encephalitis		
	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total
1.	9	5	14	1	–	1	–	–	–	–	–	–	13	–	13	–	–	–	–	–	–	–	–	–
2.	11	36	47	1	4	5	–	–	–	–	–	–	6	–	6	–	–	–	–	1	1	–	–	–
3.	4	38	42	–	3	3	–	–	–	1	1	2	4	2	6	–	–	–	–	1	1	–	–	–
4.	12	11	23	1	–	1	–	1	1	2	–	2	11	–	11	–	–	–	1	–	1	–	–	–
5.	4	86	90	–	15	15	–	–	–	–	4	4	6	1	7	1	–	1	–	2	2	–	–	–
6.	3	102	105	1	7	8	–	3	3	–	6	6	3	2	5	–	–	–	1	3	4	–	2	2
7.	3	42	45	1	5	6	–	4	4	5	2	7	1	–	1	–	–	–	–	–	–	–	–	–
8.	14	314	328	2	14	16	–	5	5	9	13	22	34	14	48	1	–	1	–	5	5	1	–	1
9.	24	20	44	2	2	4	–	–	–	1	–	1	2	–	2	–	–	–	–	–	–	–	–	–
10.	3	259	262	–	31	31	–	2	2	1	8	9	3	9	12	–	1	1	–	3	3	–	2	2
11.	4	15	19	1	1	2	–	–	–	1	3	4	9	–	9	–	–	–	–	–	–	1	–	1
12.	9	30	39	–	1	1	–	–	–	3	2	5	7	–	7	–	–	–	1	–	1	–	–	–
13.	7	36	43	–	3	3	–	–	–	1	3	4	4	1	5	–	–	–	–	–	–	–	–	–
14.	13	50	63	3	2	5	–	–	–	1	4	5	9	–	9	–	–	–	1	–	1	–	–	–
15.	4	166	170	–	19	19	–	1	1	2	13	15	5	–	5	1	1	2	–	2	2	–	2	2
Not allocated	1	4	5	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Total, local cases	125	1214	1339	13	108	121	–	16	16	27	60	87	117	29	146	3	2	5	4	17	21	2	6	8
Imported infection	38	204	242	–	4	4	1	3	4	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–
Direct removals																								
To hospitals in municipality	13	148	161	3	49	52	3	61	64	30	73	103	30	2	32	–	2	2	–	16	16	2	6	8
From ships in harbour ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Langa Township	–	203	203	–	8	8	–	–	–	–	2	2	–	–	–	–	1	1	–	–	–	–	–	–
Nyanga West Township ...	–	68	68	–	3	3	–	3	3	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–

Wards of the City, etc.	Acute poliomyelitis			Ophthalmia			Puerperal fever			Leprosy			Trachoma			Malta fever			Whooping cough			Total		
	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total
1.	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	25	7	32
2.	–	–	–	–	12	12	–	–	–	–	–	–	–	–	–	–	–	–	2	1	3	20	54	74
3.	–	1	1	–	22	22	–	2	2	–	–	–	–	–	–	–	–	–	8	14	22	17	84	101
4.	–	–	–	4	5	9	–	–	–	–	–	–	–	–	–	–	–	–	5	2	7	36	19	55
5.	–	–	–	2	55	57	–	2	2	–	–	–	–	–	–	–	–	–	5	26	31	18	191	209
6.	2	2	4	2	39	41	–	–	–	–	–	–	–	–	–	–	–	–	1	14	15	13	180	193
7.	1	–	1	2	17	19	–	–	–	–	–	–	–	–	–	–	–	–	2	4	6	15	74	89
8.	–	8	8	1	77	78	–	1	1	–	–	–	–	–	–	–	–	–	13	17	30	75	468	543
9.	–	1	1	–	4	4	1	–	1	–	–	–	–	–	–	–	–	–	6	–	6	36	27	63
10.	1	7	8	–	88	88	–	–	–	–	–	–	–	–	–	–	–	–	5	14	19	13	424	437
11.	1	–	1	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	18	21	39
12.	2	1	3	–	5	5	–	–	–	–	–	–	–	–	–	–	–	–	1	5	6	23	44	67
13.	2	–	2	–	7	7	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	14	51	65
14.	2	1	3	2	13	15	–	–	–	–	–	–	–	–	–	–	–	–	1	12	13	32	82	114
15.	3	4	7	2	67	69	–	–	–	–	–	–	–	–	–	–	–	–	1	19	20	18	294	312
Not allocated	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	6	7
Total, local cases	14	25	39	15	415	430	1	5	6	–	–	–	–	–	–	–	–	–	53	129	182	374	2026	2400
Imported infection	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	42	211	253
Direct removals																								
To hospitals in municipality	32	53	85	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–	3	18	21	113	430	543
From ships in harbour ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3
Langa Township	–	3	3	–	2	2	–	1	1	–	–	–	–	–	–	–	–	–	–	4	4	–	224	224
Nyanga West Township ...	–	4	4	–	9	9	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	90	90

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