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

The Corporation

OF

The City of Cape Town

ANNUAL REPORT

OF THE

Medical Officer of Health

1962

City of Cape Town. - Stad Kaapstad.

With the Compliments of the Medical Officer of Health.

Met die Komplimente van die Mediese Gesondheidsbeampte.

The Corporation

OF

The City of Cape Town

ANNUAL REPORT

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Medical Officer of Health

1962

THE CORPORATION OF THE CITY OF CAPE TOWN.

Report of the Medical Officer of Health

FOR THE YEAR 1962.

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

Ladies and Gentlemen,

I have the honour to present my 11th 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 1962. Health conditions throughout the year have been satisfactory.

Vital Statistics.

The estimated population of the city, based on preliminary figures of the Census of 1960, is now 497,490 (192,850 European and 304,640 non-European). In addition there are 43,560 Africans in the two townships of Langa and Guguletu (Nyanga West). Statistics in this report are compiled separately for these three groups. In the absence of official information relating to detailed movements of population, it must be deduced that many Africans have vacated the City and moved into the new township of Guguletu or have emigrated or been repatriated to the African homelands.

Births.

According to the returns of the Registrar of Births and Deaths, 3,734 European and 12,700 non-European live births were registered during the year as belonging to the Municipality of Cape Town. This is equal to a birth rate of 19.4 per 1,000 population for Europeans and 41.7 for non-Europeans. The European rate increased by 1.0 per cent compared with the previous year, and the non-European rate decreased by 2.1 per cent. The discrepancy in the number of births registered from the number notified direct to this department under the Early Notification of Births Regulations became even more pronounced during 1962, and is materially affecting the infant mortality rates of the non-Europeans. Notwithstanding contact with the State Department concerned, nothing effective has materialized. Should the position not be effectively dealt with, it might become necessary for me to ignore the Birth and Death Registrar's figures, and base all my statistical rates on the more accurate figures of births available to my Department.

There was a small increase in the number of births in institutions with a slight swing in favour of city residents at the expense of those persons coming into the city specifically for confinement. In reviewing the position regarding the availability of maternity beds in Cape Town, it should be borne in mind that, during 1962, 16 per cent of the non-European beds were occupied by non-residents. The change-over has also to be recorded of the Peninsula Maternity Hospital from a mixed racial institution to one for non-Europeans only, and the erection of a maternity block at Groote Schuur Hospital for European patients.

Apart from the great difference between the racial groups, there has been comparatively little change in illegitimacy rates for many years.

The usual preponderance of male over female births continued.

Still births declined considerably and a new low record for the city has to be reported. No provision has as yet been made in this country for recording the causes of still births.

Deaths.

The number of deaths registered as occurring among city residents was 5,215 (2,058 European and 3,152 non-European), equivalent to a rate of 10.67 for Europeans and 10.35 for non-Europeans. This represents as compared with last year an increase of 3.3 per cent for Europeans and a decrease of 7.5 per cent for non-Europeans.

Cardiovascular disease in the European group by claiming one-third of all deaths is again well in the lead as a major cause of death. Indeed, heart and circulatory diseases account for 46 per cent of all deaths, and if deaths classified as senility are also included, the fact emerges that 58 per cent of all European deaths are caused by diseases usually associated with the older age groups. It would appear that our European population is, as has occurred in other Western countries, becoming top heavy with aged persons.

Among non-Europeans, the reduction in the number of deaths was evenly distributed among all the main causes.

Deaths from road traffic accidents declined for the first time in five years. A welcome decline also occurred in non-European deaths resulting from home accidents, although this type of occurrence is liable to marked fluctuations.

Bronchial carcinoma once again claimed an increased number of deaths, with a swing towards the lower age groups.

Infant Mortality.

The European infant mortality rate showed an increase as compared with the previous year, but the variation in individual causes of death is so small as to be of little significance.

Among non-Europeans, the infant mortality rate has declined to a new low record for the city. As in the case of non-European deaths at all ages, the reduction in the number of infant deaths was evenly distributed among practically all the main causes, with gastro enteritis showing the greatest reduction.

It will be observed in the appropriate section of this report that malnutrition plays a far greater part in causing infant deaths than the plain statistical figures indicate. The year under review can be considered a mile stone in the nutritional field, in that kwashiorkor was proclaimed by the State Department of Health a notifiable disease. As a result a fuller study of the magnitude of malnutrition can be assessed as it affects the various racial groups in the Republic. A further attempt to alleviate and counter this colossal problem of protein malnutrition, especially in the non-White group, was the resolute and far reaching decision of the State Department of Health to step up the scope and cover of the subsidised dried skim milk powder scheme throughout the country. Although it is far too early for drawing conclusions on the effect of this scheme, the indications would suggest a decline in infant deaths associated with malnutrition late in the year under review.

Maternal Mortality.

15 Maternal deaths in the city, together with another three in the African townships, have to be recorded for the year under review. These figures are not ones about which any complacency can be engendered, as it in the main means the loss of the family pivot and linchpin. It must however be appreciated that the majority (eight) of the deaths were related to abortions. Self induction is mentioned in only one of these cases.

Infectious Diseases.

Nine cases of enteric fever were confirmed during the year as compared with three in the previous year. This is the second lowest number of notifications on record. Although the greatest possible surveillance is maintained of all known carriers of the disease, four of the above cases occurred in the immediate vicinity of one of these individuals. Although suspicious, the departmental investigations could not definitely link the known carrier with the new cases.

It is at last possible to report an appreciable drop in the incidence of diphtheria. It may be premature to hail the unprecedented decline from 78 cases in 1961 to 23 in the year under review as a major break through in the control of this disease, but there can be little doubt that the intensive anti-diphtheritic immunisation programme of the department is at long last beginning to have an effect. We still have a long way to go to emulate the record of overseas cities of similar size who have not had a confirmed case of the disease for eight or nine years.

At the same time it should be recorded that attendances for anti-diphtheria immunisation were increased by 53 per cent in 1962, mainly by reason of the fact that a large densely populated district in the Athlone area (non-European) was brought within the postal delivery area thus enabling an extension of the organisation for the follow up of notified births.

The lowest on record number of scarlet fever cases (74) in the city was notified during the year.

The reduced incidence of poliomyelitis reported in the previous year following the introduction of Sabin's attenuated oral vaccine was maintained during 1962 with the notification of only 6 cases.

The high incidence of measles with severe complications continued and 29 deaths from this cause were recorded. A special ward to accommodate these seriously ill measles cases was opened at the City Infectious Diseases Hospital as an emergency during the previous year and had to be retained in use throughout the year under review. Many of the cases admitted were malnourished and were practically without exception members of the non-White group.

History was made during the year with the reporting of two cases of Weil's spirochaetal jaundice. Until then it was considered that Cape Town was free of this disease. Both the cases reported were employed as dock labourers. A survey on 56 rats caught in the dock area, in close proximity to the residence of the two victims of the disease, as well as other parts of the city, including the Cape Town main railway station, resulted in three rats (Rattus Norvegicus) being found to be harbouring the causal organisms of Weil's disease. As a result, it would appear that with such high infection rates in our rodent population more human cases can be expected.

Tuberculosis.

The incidence of tuberculosis has been remarkably static for the past two years. The only significant increased incidence is reported from Guguletu (Nyanga West) where a recently opened clinic has been adequately patronised. Further progress in the anti-tuberculosis field is essential in regard to the Africans, who are providing the unique spectacle of deterioration in contradistinction to improvement in the White and other non-White groups.

Venereal Disease.

The attendance of venereal disease cases at the municipal clinics is rising. The department is not only concerned with providing treatment centres and controlling contagious cases, but is doing all in its power to combat the spread of the disease by its efforts to trace the heavy reservoir of infection which must exist in the female section of the population. The non-European female is particularly difficult to find as she so frequently is a nonentity with the most promiscuous sexual leanings.

Dental Branch.

An increased number of non-Europeans attended the dental clinics. The number of attendances per patient diminished, as also the number of patients requiring extractions.

Child Welfare.

A long term programme of reconstruction and erection of new child welfare centres in the new Coloured and African townships is already showing good results, and a very large increase in total attendances has to be recorded. The new clinic at Bonteheuwel which opened on 9th May, 1962, has attracted an impressive clientele without detriment to neighbouring clinics.

Some 1,500 children have benefitted weekly by the State subsidised scheme for distribution of powdered skim milk, and an improvement in the general standard of nutrition among toddlers attending clinics and receiving the milk has already been noticed.

Environmental Sanitation.

It is pleasing to record a reduction in the number of adulterated foodstuffs discovered through sampling under the Food, Drugs and Disinfectants Act of 1913. However, in this and other legal proceedings relating to contraventions of the Municipal bye-laws, the need is felt for a Special Court where the Public Prosecutor would be an individual preferably a municipal one, absolutely *au fait* with municipal regulations and able to meet any challenge posed by a defending attorney. Too many cases are lost because of some technical hitch occasioned most frequently by the long and arduous case roll handled by the Public Prosecutor.

Hawking of fresh produce has become a problem in the central city area. The traditional and commendable method of suburban hawking has broken down, and been replaced by unlicensed and unregistered hawkers obstructing the city centre in their efforts to sell their wares in direct competition with established business. There is evidence that 'Big Business' is behind this development, and the nominal fines inflicted as the result of contraventions of the hawking regulations is having little or no effect on the growing practice.

There was a substantial decrease in the quantity of vegetables condemned as unfit for human consumption. Whether this is merely fortuitous or the result of the vastly improved conditions prevailing at the new Market at Epping cannot at this stage be stated.

Housing.

Once again it is a pleasure to be able to comment on the continued high rate of expansion of the municipal housing schemes. Over 2,500 units have been provided during the year under review. Theoretically the erecting of these units should be accompanied by the demolition of very old houses already past repair in the older areas of the city. Such however has not been the case and is again an indication of the gross amount of overcrowding which has been occurring in the city as the result of the huge backlog of housing necessary to re-house the non-European group. The time however should have just about been reached when limited slum clearance can once again be started, so as to deal with certain old properties in the central city area.

Acknowledgments.

I desire to acknowledge with appreciation and gratitude the loyal support and ever willing assistance given to me by all members of my staff. I have also to thank the other Heads of Departments for their full co-operation in dealing with the many aspects of health which impinged on their activities. To the Chairman and members of your Health Committee as well as other members of the Council may I also say a big thank you for all their consideration and much appreciated support at all times.

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.

September, 1963.

CONTENTS

MUNICIPALITY OF THE CITY OF CAPE TOWN

LEADING STATISTICS, YEAR ENDED 31ST DECEMBER, 1962.

	European	*Non-European*	*All races*
Area:— 87.78 sq. miles.			
Total population	192,850	348,195	541,045
Population (excluding the African Townships)	192,850	304,640	497,490
Birth rate	19.4	41.7	33.0
Death rate	10.67	10.35	10.48
Infant mortality rate	21.7	69.8	59.1
Maternal mortality rate	0.54	1.02	0.91
Tuberculosis death rate	0.09	0.52	0.36
Enteric incidence rate	—	0.03	0.02
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 African Townships are excluded from these rates.

RAINFALL.

Amount in inches	21.36	(Average 20.95)
No. of rainy days	90	(Average 102)

TEMPERATURE.

Maximum	98.6 F	(Average 60.6 F)
Minimum	41.4 F.	

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1962.

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 (Wards 1 and 2) lie along the Atlantic sea board for a distance of about six miles curving with the coast in a southerly direction. They are on the seaward slopes of Signal Hill and Lion's Head.

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

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

AREA

The area of the Municipality of Cape Town on 31st December, 1962, amounted to 87.78 square miles. The length of the main road passing through the Municipality from the boundary at Bakoven to that of Clovelly is about 26 miles.

CLIMATE

Cape Town is situated Lat. 33° 56' S., Long. 18° 30' E. Its climate is largely determined by the fact that during the summer season the prevailing winds are south-easterly and in the winter 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.

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

SOCIAL AND ECONOMIC CONDITIONS

Thirty-six per cent of the total population of the Municipality of Cape Town (including the African Townships) of over 540,000 consists of Whites or 'Europeans'. The other 64 per cent is commonly designated as 'non-European', 80 per cent of these non-Europeans are of the mixed race known as Cape Coloured, the remainder consists of Africans and Indians.

The Cape Coloured are largely the descendants of the slaves of earlier days, whose emancipation was completed in 1835. Their ancestors of the eighteenth century and earlier were mainly Europeans, Hottentots, blacks from Mozambique, Madagascar and other parts of Africa, and East Indians from the Dutch East Indies. In more recent years they have received additions from European, Bantu and other stocks.

There is one section of the Cape Coloured, Moslem in religion, known as 'Malays', who are more immediately descended from the Dutch East Indians. Though they possess a larger infusion of this strain, they are much mixed with the other elements present in the Cape Coloured generally.

The social and economic conditions of the Cape Coloured are on the whole unsatisfactory. A part of them have skilled trades and earn good wages but the majority are unskilled labourers and many of the men earn less than R9 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 poor. The social and cultural level is low but is showing signs of steady improvement. 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 18 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. With the provision of additional housing at Guguletu (Nyanga West) Township a great step forward has been made in removing the Africans from slum areas in the city and from the insanitary shacks at Windermere and the Cape Flats. It is anticipated that very few Africans will be resident in these latter areas within 18 months. 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 detribalised 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 7,000 in number. They are nearly all traders, and they are better off than the Cape Coloured. Some of them are making good progress in business and becoming well-to-do.

There are parts of the city where the inhabitants are mainly non-European, and other parts that are exclusively occupied by Europeans and their non-European servants. The various sections of the community, however, are to a great extent inter-mingled, 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 an African 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 1962 the daily consumption varied between a maximum of 62.0 million gallons during the summer and a minimum of 22.1 million gallons during the winter. The average daily consumption during the year was 38.6 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 13.2 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 completed in 1962 have increased the potential capacity of this plant to 18 million gallons per day.

At the Wynberg-Muizenberg sewage works the sewage from Wynberg to Clovelly, amounting to 3 million gallons per day, is treated in recirculated oxidation ponds. Extensions to this scheme to treat the sewage from Retreat and developing areas on the Cape Flats are in hand.

MARKETS

The new Wholesale and Early Morning Market at Epping, built at a cost of over R2,000,000, was opened on 3rd July, 1961. Designed specifically to meet the particular needs of Cape Town, the main hall is believed to be the biggest structure of its kind in Southern Africa. Ancillary buildings consisting of a three-platform railway terminal, administrative block, special auction block for graded and standardised products, loading platforms for 348 lorries, and minor facilities such as restaurant, rest rooms, etc. have also been built, and each one of these sections has been designed for extension when the need arises.

In moving from the old market in Sir Lowry Road, which served the city since 1812, the city's main market has been transferred from conditions of congestion to a realm of orderly spaciousness where everything has been planned to facilitate business and bring about improvements in every branch of the complex marketing organisation.

ABATTOIRS

Conditions at the Municipal Abattoir remain extremely congested, but definite progress has been made in the building of an entirely new abattoir at a total cost of approximately R2,700,000. To date the kraals for this new abattoir have been completed and tenders for the equipment of the abattoir and by-products plant have been accepted. Final plans for the slaughtering, by-products plant and gut factory sections of the new abattoir are completed. Tenders have been called for the equipment for the refrigeration plant and are under consideration. As soon as these are finalised, the remaining plans for the refrigeration buildings will be completed and tenders called for. It is estimated that the new abattoir will be in operation by about the middle of 1965.

MUNICIPAL WARDS.

The following is a guide to the municipal wards as re-delimitated in November, 1960. Unfortunately the Census of 1960 was not conducted according to this new delimitation of the wards, so that density and ward populations will not be known for some time to come.

Ward 1. Camps Bay, Clifton, Fresnaye, portion of Sea Point.
Ward 2. Portion of Sea Point, Three Anchor Bay, Green Point.
Ward 3. Harbour and adjoining lower central area.
Ward 4. Tamboers Kloof, Oranjezicht.
Ward 5. Gardens, Vtedehoek, Zonnebloem.
Ward 6. Lower Woodstock, Salt River.
Ward 7. Portion of upper Salt River, Observatory, Mowbray.
Ward 8. Brooklyn, Kensington, Maitland, Langa, Epping Industrial.
Ward 9. East Claremont, Wyndover, Belvedere, portion of Crawford.
Ward 10. Athlone, lower Lansdowne, Nyanga West Township.
Ward 11. Rondebosch.
Ward 12. Newlands, Claremont.
Ward 13. Kenilworth, Wynberg.
Ward 14. Wittebome, Plumstead, Southfield.
Ward 15. Diep River to Clovelly.

SECTION II.—VITAL STATISTICS.

The vital statistics in this report refer to the Municipality of Cape Town and are for the calendar year 1962. 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 Guguletu (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 94 of this report the record of vital statistical rates is set out for a series of years.

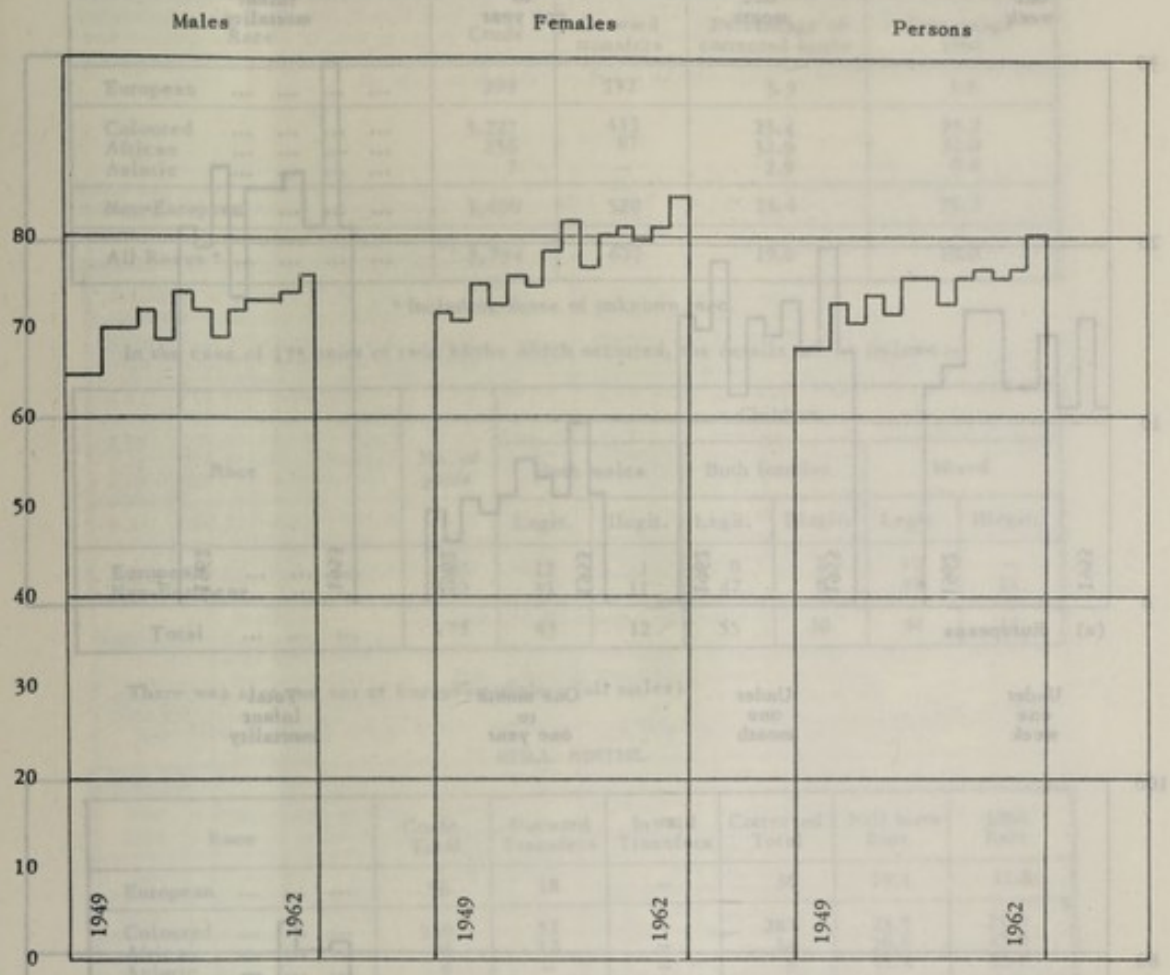
Rounding: Figures are rounded off independently of one another and, therefore, may not add to totals.

POPULATION.

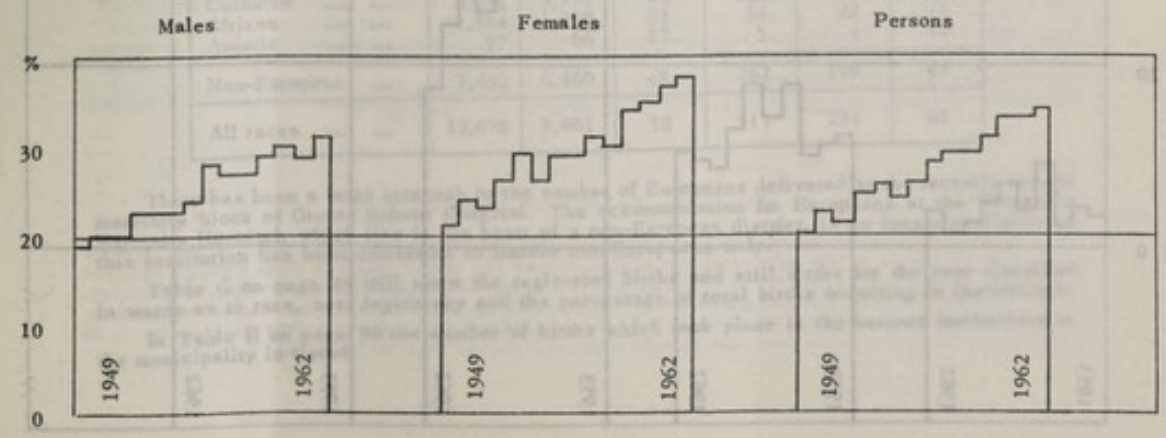
The estimated population of the Municipality of Cape Town (excluding African Townships) for the year under report and the previous year is shown in the following table. It is calculated for the middle of the period (30th June) from the preliminary figures of the 1960 Census and the 1951 Census.

HEALTH INDICATORS

Percentage of deaths, age 55 years and over

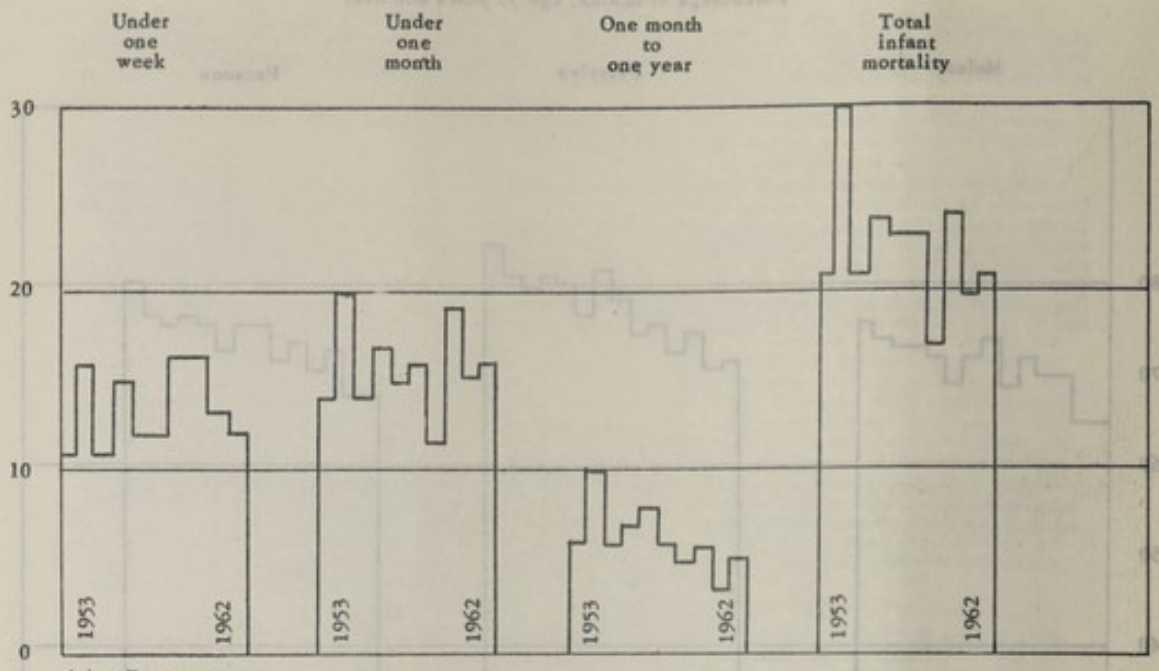


(a) Europeans

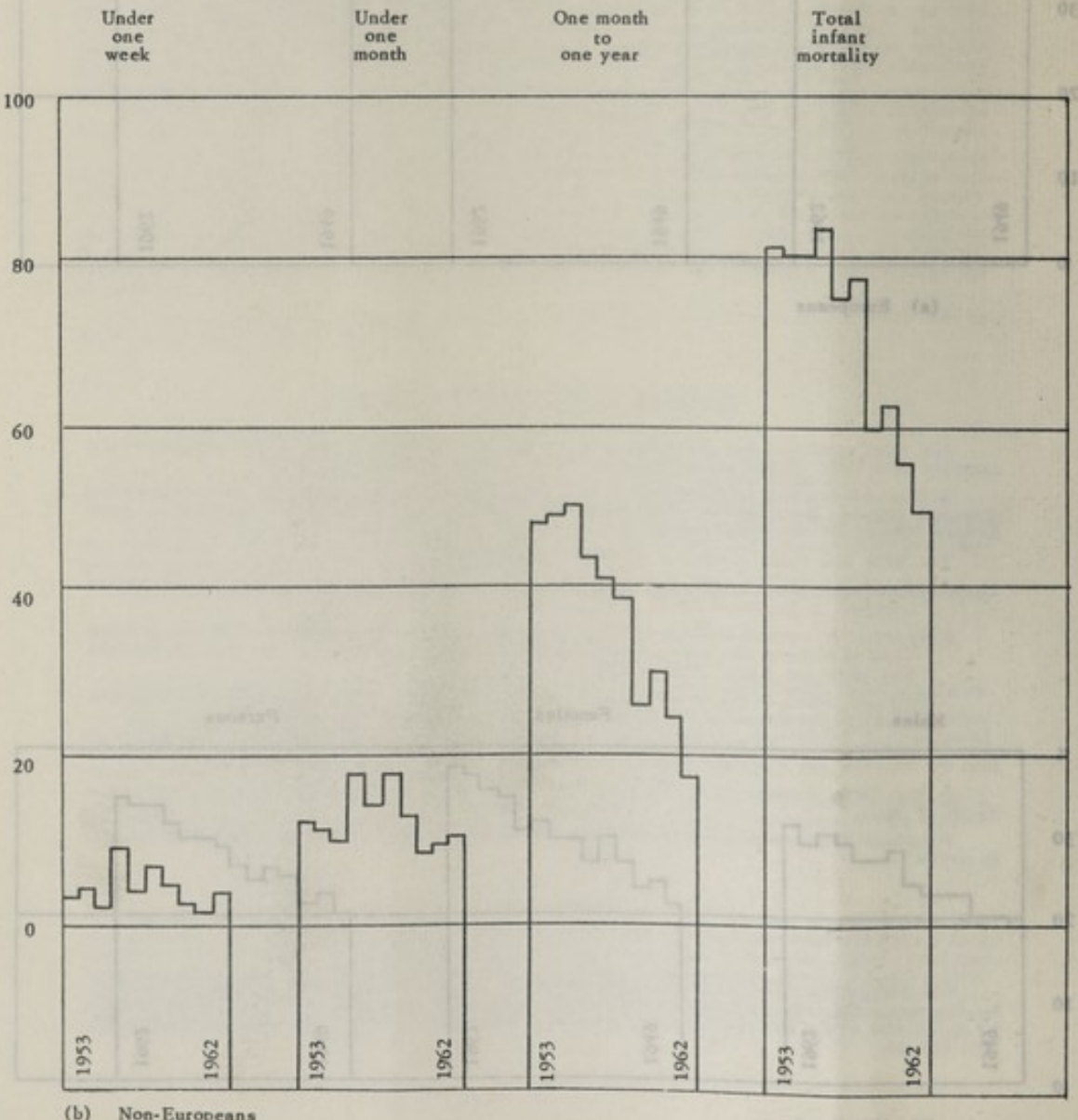


(b) Non-Europeans

INFANT MORTALITY RATES PER 1,000 LIVE BIRTHS



(a) Europeans



(b) Non-Europeans

Illegitimate live births during the year were as follows :–

Race	Crude	Outward transfers	Percentage of corrected births	Percentage 1961
European	299	152	3.9	3.8
Coloured	3,227	433	23.4	23.2
African	256	87	32.9	32.0
Asiatic	7	–	2.9	0.8
Non-European	3,490	520	23.4	23.3
All Races *	3,794	672	19.0	19.0

* Including those of unknown race.

In the case of 175 pairs of twin births which occurred, the details are as follows :–

Race	No. of pairs	Children					
		Both males		Both females		Mixed	
		Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.
European	33	12	1	8	2	10	–
Non-European	142	31	11	47	8	34	11
Total	175	43	12	55	10	44	11

There was also one set of European triplets (all males).

STILL BIRTHS.

Race	Crude Total	Outward Transfers	Inward Transfers	Corrected Total	Still birth Rate	1961 Rate
European	56	18	–	38	10.1	11.8
Coloured	339	52	–	287	23.5	24.0
African	26	12	–	14	26.6	45.9
Asiatic	9	–	–	9	35.4	33.8
Non-European	374	64	–	310	23.8	25.6
All races	430	82	–	348	20.7	22.5

The rate is calculated as per 1,000 maternities.

The total number of still births during the year under review is the lowest on record for the city.

BIRTHS IN INSTITUTIONS.

Race	Live births			Still births		
	Crude Total	Corrected		Crude Total	Corrected	
		No.	%		No.	%
European	4,986	3,401	91	55	35	92
Coloured	6,251	5,295	44	223	173	60
African	1,364	1,099	93	34	22	43
Asiatic	77	66	27	5	4	44
Non-European ...	7,692	6,460	48	262	199	57
All races	12,678	9,861	58	317	234	61

There has been a large increase in the number of Europeans delivered at the recently opened maternity block of Groote Schuur Hospital. The accommodation for Europeans at the Peninsula Maternity Hospital, which lies in the heart of a non-European district, is no longer available as this institution has been converted to handle non-Europeans only.

Table G on page 89 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 90 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 94

In Table M on page 95 the birth rates of certain other towns in the Union and for England and Wales are set out for comparison.

Births registered as belonging to African Townships are excluded from the foregoing figures. Particulars regarding these will be found in Table G on page 89.

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 the years 1960 onwards are based on the preliminary figures of the Census of 1960.

Race	1962		1961		1960		1959		1958	
	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate
European ...	3,734	19.4	3,689	19.2	3,556	18.5	3,772	19.2	3,677	18.8
Coloured ...	11,942	42.8	11,666	42.9	11,283	42.6	10,560	35.3	9,971	34.8
African ...	513	28.3	769	40.8	866	44.0	1,284	26.9	1,371	30.5
Asiatic ...	245	34.0	257	35.8	286	40.1	323	40.2	302	38.4
Non-European	12,700	41.7	12,692	42.6	12,435	42.6	12,167	34.3	11,644	34.4
All races* ...	16,439	33.0	16,386	33.4	15,997	33.1	15,941	28.9	15,329	28.7

* Including those of unknown race.

GENERAL MORTALITY

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

Race	Crude Total		Outward Transfers		Inward Transfers		Corrected Deaths	Death rate	Death rate 1961
	M.	F.	M.	F.	M.	F.			
European ...	1,308	1,167	282	212	41	36	2,058	10.67	10.33
Coloured ...	1,816	1,575	357	284	64	48	2,862	10.25	10.96
African ...	268	179	136	83	8	5	241	13.30	15.74
Asiatic ...	36	20	5	3	1	–	49	6.80	7.95
Non-European	2,120	1,774	498	370	73	53	3,152	10.35	11.19
All races* ...	3,428	2,941	780	582	114	89	5,215	10.48	10.86

* Including 5 of unknown race.

The death rate for Europeans increased by 3.3 per cent compared with the previous year. This rise in the rate resulted from increased deaths from senility and diseases associated with advanced age. There was however a continued small decline in deaths from tuberculosis, and a reduction in the number of deaths from cancer after the increase from this cause in the previous year. The substantial decline in deaths from coronary thrombosis reported in the previous year has been maintained but to a lesser degree.

Among non-Europeans the death rate declined by 7.5 per cent. The fall in the number of deaths was general, with gastro enteritis, tuberculosis and motor accidents showing the greatest decreases. The non-European death rate is, however, heavily loaded by the large number of deaths in infants resulting from poor socio-economic, nutritional and housing factors.

Table L on page 94 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 95.

Deaths registered as belonging to the African Townships are not included in the foregoing figures. Particulars regarding these will be found in Table A on page 81.

PRINCIPAL CAUSES OF MORTALITY

Among Europeans the pattern of the principal causes of death is changing in that greater numbers of deaths in the advanced age groups, where the human machine fails through multiple defects, fall into the category of senility, and are being so classified, at the expense of individual causes of death. Arterial disease has for this reason been relegated in order of importance, even though cancer which replaces it has itself claimed fewer victims than previously. It is deaths by violence which has now become more significant as a major killer.

In the non-European group, all that can be said is that there were fewer deaths in all categories except congenital malformation. The most heartening feature was the decline in deaths from gastro enteritis. Nutrition, socio-economic factors and environment play important parts in the incidence of this disease, and the continued reduction in deaths stems from the many agencies including the municipal clinics who have and are attending to poor environment, malnutrition and housing in so far as this group of our population is concerned.

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) ...	672	3.48	410–416 420–422 430–434 440–443	Cardiovascular diseases (including hypertension with heart disease) ...	516	1.69
140–205	Malignant neoplasms (including neoplasms of lymphatic and haematopoietic tissues) ...	313	1.62	571, 764	Diarrhoea & enteritis (including diarrhoea of the newborn)	366	1.20
330–334 450–456	Arterial diseases (including vascular lesions affecting central nervous system)	284	1.47	330–334 450–456	Arterial diseases (including vascular lesions affecting central nervous system)	336	1.10
794	Senility without mention of psychosis	238	1.23	760–762 765–776	Certain diseases of early infancy (excluding penumonia and diarrhoea of the newborn) ...	316	1.04
E800-E999	Accidents, poisonings and violence (external cause) ...	118	0.61	490–493 500–502 763	Bronchitis and pneumonia (including pneumonia of the newborn)	281	0.92
490–493 500–502 763	Bronchitis & pneumonia (including pneumonia of the newborn)	72	0.37	140–205	Malignant neoplasms (including neoplasms of lymphatic & haematopoietic tissues)	256	0.84
760–762 765–776	Diseases peculiar to early infancy (excluding pneumonia & diarrhoea of the newborn) ...	48	0.25	E800-E999	Accidents, poisonings and violence (external cause) ...	233	0.76
260	Diabetes	38	0.20	001–019	Tuberculosis (all forms)	159	0.52
580–583	Diseases of the Liver	32	0.17	794	Senility without mention of psychosis	92	0.30
590–594	Nephritis and nephrosis	30	0.16	750–759	Congenital malformations	64	0.21

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

Further details of the deaths for the year 1962 will be found in Tables A to C, pages 81 to 83 and in Table D, on pages 84 and 85, 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 and malnutrition, 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 not only to the fact that there is a greater proportion of young children in the non-European group but also to the lower nutritional status of this group. (The figures for infant mortality in Table K on page 92 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 83, where the deaths for the year are classified for specific causes.

	1957	1958	1959	1960	1961	Mean 5 years	1962
January	453	505	451	379	478	453	449
February	356	456	368	407	381	394	375
March	427	422	364	451	387	410	404
April	383	447	399	413	399	408	368
May	432	439	452	445	416	437	418
June	434	418	446	488	490	455	472
July	452	439	464	451	529	467	547
August	474	416	419	494	520	464	487
September	508	427	400	405	394	427	405
October	449	397	379	401	433	412	404
November	396	374	346	450	409	395	350
December	433	341	356	392	313	367	328
Total	5,197	5,081	4,844	5,176	5,149	5,089	5,007
Mean	433	423	404	431	429	424	417
Per 1,000 population ...	10.4	9.8	8.8	10.7	10.5	9.9	10.1

Corrected for outward transfers only.

AGE AT DEATH

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

Race		Age groups											
		0–1		1–5		5–25		25–65		65 and over		Total	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Deaths	European ..	44	37	8	8	24	18	421	240	570	688	1067	991
	Coloured ..	439	350	120	141	84	53	578	458	302	337	1523	1339
	African ..	40	49	11	15	10	5	67	25	12	7	140	101
	Asiatic ..	3	5	2	2	1	2	15	4	11	4	32	17
	Non-Eur. ..	482	404	133	158	95	60	660	487	325	348	1695	1457
	All races ..	526	441	141	166	119	78	1081	727	895	1036	2762	2448
Percentage	European ..	4.1	3.7	0.7	0.8	2.2	1.8	39.5	24.2	53.4	69.4	100	100
	Coloured ..	28.8	26.1	7.9	10.5	5.5	4.0	38.0	34.2	19.8	25.2	100	100
	African ..	28.6	48.5	7.9	14.9	7.1	5.0	47.9	24.8	8.6	6.9	100	100
	Asiatic ..	9.4	29.4	6.3	11.8	3.1	11.8	46.9	23.5	34.4	23.5	100	100
	Non-Eur. ..	28.4	27.7	7.8	10.8	5.6	4.1	38.9	33.4	19.2	23.9	100	100
	All races ..	19.0	18.0	5.1	6.8	4.3	3.2	39.1	29.7	32.4	42.3	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 28.1 per cent of all deaths occur under the age of one year.

Deaths under five years of age constitute 4.7 per cent of all deaths in Europeans, as compared with 37.3 per cent in non-Europeans (Coloured 36.7, African 47.7, Asiatic 24.5 respectively). The European figure increased from 4.4 per cent in the previous year, and that for non-Europeans declined from 37.9 per cent.

Deaths under 25 years of age constitute 6.8 per cent of all deaths in Europeans compared with 5.9 per cent in the previous year, while among non-Europeans 42.3 per cent of all deaths occurred under 25 years of age, a decline from 43.3 recorded in the previous year.

The following table shows the percentage of deaths in age groups at intervals during the past 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
1960	5	3	1	1	2	2	39	29	53	65
1962	4	4	1	1	2	2	40	24	53	69
	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
1960	31	31	10	10	6	5	37	29	17	26
1962	28	28	8	11	6	4	39	33	19	24

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

Race	Crude		Corrected					
			Deaths		Rate 1962		Rate 1961	
	M.	F.	M.	F.	M.	F.	M.	F.
European	1,308	1,167	1,067	991	11.7	9.8	11.5	9.2
Coloured	1,816	1,575	1,523	1,339	11.6	9.1	12.5	9.6
African	268	179	140	101	13.4	13.2	17.3	13.6
Asiatic	36	20	32	17	8.2	5.1	9.3	6.4
Non-European ...	2,120	1,774	1,695	1,457	11.6	9.2	12.8	9.8
All races	3,428	2,941	2,762	2,448	11.6	9.4	12.3	9.6

DEATHS IN INSTITUTIONS

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

Race	Crude		Corrected for Outward Transfers	
	Deaths in institutions	Percentage of total deaths	Deaths in institutions	Percentage of total deaths
European	1,425	58	983	50
Coloured	1,713	51	1,116	41
African	526	57	320	46
Asiatic	20	36	13	27
Non-European	2,259	58	1,449	48
All races	3,684	58	2,432	49

There are 46 recognised general hospitals and private nursing homes in the municipality.

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:—

Cause	Sex	Age Groups									
		0–4		5–14		15–24		25–64		65 +	
		E.	O.	E.	O.	E.	O.	E.	O.	E.	O.
Burns	M.	1	3	–	1	–	–	1	–	–	–
	F.	–	2	–	2	–	–	–	3	–	1
Falls	M.	–	–	–	–	–	1	–	2	5	3
	F.	–	–	–	–	–	–	–	–	21	1
Suffocation	M.	–	–	–	–	–	–	–	–	–	–
	F.	–	2	–	–	–	–	–	–	–	–
Electrocution	M.	–	1	–	–	–	–	–	–	–	–
	F.	–	–	–	–	–	–	1	–	–	–
Firearms	M.	–	–	–	–	–	–	1	–	–	–
	F.	–	–	–	–	–	–	–	–	–	–
Carbon Monoxide Poisoning	M.	–	–	–	–	–	–	–	1	–	–
	F.	–	–	–	–	–	–	–	–	–	–
Drowning	M.	–	–	–	–	–	–	–	–	–	–
	F.	–	1	–	–	–	1	–	–	–	–
Total	M.	1	4	–	1	–	1	2	3	5	3
	F.	–	5	–	2	–	1	1	3	21	2

Falls, especially in the elderly in all racial groups are responsible for the majority of deaths arising as the result of home accidents. The elderly, uncertain in their muscle co-ordination and balance, are only too liable to fall when subjected to highly polished floor surfaces, sliding mats or carpets, or poorly designed and ill lighted stairs and steps. Persons and bodies responsible for the care of this group should ever be on the alert to guard against these obvious dangers for the elderly in the home.

DEATHS BY OCCUPATION

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

Occupation	Sex	Age Groups								Out of City	
		15–25		25–45		45–65		65 +			
		E.	O.	E.	O.	E.	O.	E.	O.	E.	O.
Agriculture	M.	–	–	1	–	2	–	–	–	22	–
	F.	–	–	–	–	–	–	–	–	–	–
Clerical	M.	1	1	8	7	35	5	3	4	12	1
	F.	3	–	3	2	8	–	1	–	3	–
Domestic Servant	M.	–	–	–	–	–	5	–	1	–	2
	F.	–	3	–	28	–	16	–	–	–	13
Fishing and Marine	M.	–	2	1	8	6	2	–	–	4	2
	F.	–	–	–	–	–	–	–	–	–	–
Invalid	M.	2	4	3	11	6	10	2	2	1	3
	F.	–	2	–	–	2	3	3	1	2	2
Labourer	M.	–	36	2	122	8	144	–	33	3	145
	F.	–	–	–	–	–	–	–	–	–	–
Managerial	M.	–	–	2	–	25	–	24	–	10	–
	F.	–	–	1	–	–	–	–	–	1	–
Commercial	M.	–	–	2	1	22	10	15	5	15	2
	F.	–	–	–	–	2	–	–	–	–	–
Professional	M.	–	–	1	–	21	1	10	–	10	–
	F.	1	–	–	–	1	–	–	–	5	–
Police and Military	M.	2	–	10	2	5	3	–	–	1	3
	F.	–	–	–	–	–	–	–	–	–	–
Salesman	M.	–	–	4	1	6	2	1	–	6	–
	F.	1	–	–	–	1	–	–	–	–	–
Scholar	M.	3	5	–	–	–	–	–	–	1	10
	F.	2	2	–	–	–	–	–	–	3	3
Teacher	M.	1	–	–	–	1	3	–	–	2	2
	F.	–	–	–	–	4	1	1	1	1	–
Tradesman	M.	3	1	12	14	51	47	10	12	16	21
	F.	–	–	–	–	1	–	–	–	–	5
Transport	M.	–	1	5	7	17	20	1	4	11	4
	F.	–	–	–	–	–	–	–	–	–	–
Other Workers	M.	6	9	11	38	41	78	31	36	20	16
	F.	–	5	1	6	2	7	4	1	5	3
Housewives	M.	–	–	–	–	–	–	–	–	–	–
	F.	3	17	18	104	144	224	293	79	102	75
Retired, etc.	M.	–	–	2	4	95	70	450	217	107	31
	F.	–	–	–	3	39	65	363	252	53	28
Total	M.	18	59	64	215	341	400	547	314	241	242
	F.	10	29	23	143	204	316	665	334	175	129

ACCIDENTAL DEATHS

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

	1962	1961	1960	1959	1958
Railway	5	8	10	9	12
Road traffic	114	135	114	106	72
Poisoning	9	14	11	7	4
Falls	37	25	30	25	34
Drowning	21	23	20	19	18
Asphyxia	6	9	5	6	6
Burns	14	17	23	17	33
Trauma	8	4	10	–	3
Firearms	2	2	3	–	2
Electrocution	3	–	–	–	–
Miscellaneous	3	6	10	12	17
Total	222	243	236	201	201

Statistical practice limits the figures in above table to residents of the city. There were, for instance, 45 additional deaths of non-residents due to road traffic accidents which took place within the municipal area.

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 for the years 1960 to 1962 are based on the preliminary figures of the Census of 1960 and are not comparable with those of the previous years which will have to be adjusted when final figures for the 1960 Census become available.

Race	1962		1961		1960		1959		1958	
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate
European ...	2,058	10.67	1,986	10.33	2,116	11.04	1,957	9.96	1,885	9.65
Coloured ...	2,862	10.25	2,982	10.96	2,821	10.65	2,601	8.69	2,750	9.61
African ...	241	13.30	297	15.74	356	18.11	387	8.10	541	12.05
Asiatic ...	49	6.80	57	7.95	63	8.84	59	7.34	74	9.40
Non-European	3,152	10.35	3,336	11.19	3,240	11.11	3,047	8.58	3,365	9.93
All races * ...	5,215	10.48	5,327	10.86	5,362	11.09	5,006	9.07	5,259	9.84

* 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 1962 are shown in the following table :–

Race	Crude		Outward Transfers		Inward Transfers		Corrected infant deaths	Infant mortality rate	Rate 1961
	M.	F.	M.	F.	M.	F.			
European ...	74	62	30	25	–	–	81	21.7	20.1
Coloured ...	456	425	24	77	7	2	789	66.1	71.9
African ...	176	130	136	83	–	2	89	173.5	144.3
Asiatic ...	8	8	5	3	–	–	8	32.7	50.6
Non-European	640	563	165	163	7	4	886	69.8	75.9
All races * ...	714	625	195	188	7	4	972	59.1	63.6

* Including 5 of unknown race

The European infant mortality rate increased by 7.9 per cent compared with that of the previous year, but is still well below the average for the previous five years. A reduced number of infant deaths from prematurity was offset by increased infant deaths from pneumonia, injury at birth and congenital malformations. Detailed comparison of European infant deaths with the previous year revealed no significant feature or pattern.

The non-European infant mortality rate decreased by 8.0 per cent compared with the previous year and is the lowest on record. This decrease in the rate resulted from a general decline in infant deaths in most categories, together with a very substantial reduction in deaths from gastro enteritis. The decline in infant deaths from this last named cause which has continued, with minor setbacks, since 1955, (see graph on page 43) was most pronounced late in the year under review, and may be the prelude to further relief from the burden this disease imposes on the infant morbidity and mortality rates for the city.

In the year under review 57 per cent of the total deaths among European infants occurred in the first week of life (perinatal period) and 74 per cent in the first month (neonatal). Among non-Europeans the percentages were 35 and 44 respectively.

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 92. 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 86 and 88 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 94.

Infant mortality, 1962, (corrected for outward transfers):—

	European.	*Non-European.*	*All Races.*
First quarter	18	83	69
Second quarter	24	78	65
Third quarter	28	69	60
Fourth quarter	17	47	41

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 following 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	–	–	–	0.31	–	0.31
Scarlet fever	–	–	–	–	–	–
Measles	–	–	–	0.47	–	0.47
Diphtheria	–	–	–	0.08	–	0.08
Tuberculosis (all forms)	–	–	–	0.24	–	0.24
Syphilis	–	–	–	0.08	–	0.08
Bronchitis and pneumonia	0.80	1.81	1.87	10.47	2.68	12.28
Diarrhoea and enteritis	0.27	1.73	1.07	19.53	1.34	21.26
Immaturity	4.82	14.57	0.27	0.47	5.09	15.04
Injury at birth	2.14	3.78	–	–	2.14	3.78
Congenital malformations	2.41	2.68	1.34	1.65	3.75	4.33
Other diseases of early infancy ...	5.62	5.20	0.27	0.87	5.89	6.06
Other and ill-defined or unknown causes	–	0.94	0.80	4.88	0.80	5.83
Total	16.07	30.71	5.62	39.06	21.69	69.76

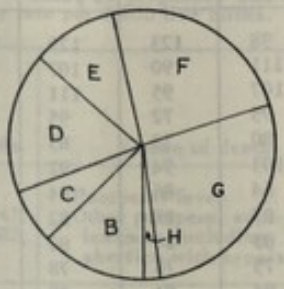
Compared with the corresponding rates for last year, the European neonatal mortality rate increased by 4.0 per cent and the non-European rate increased by 1.5 per cent. Despite an appreciable decrease in deaths from immaturity, the European rate was inflated by a general increase in deaths from other causes associated with infancy. The non-European increase was slight.

The post neonatal rates increased by 21.9 per cent in the case of Europeans and declined by 14.4 per cent for non-Europeans. Although the European increase appears substantial, the numbers of deaths involved are too small to be significant. Among non-Europeans, however, the decrease was definitely due to fewer deaths from diarrhoea and enteritis.

It is not unusual for these rates to fluctuate considerably but the continued and steady reduction in non-European deaths from gastro enteritis, illustrated in the graph on page 43, is an indication of improvement in the nutritional status of this particular group.

The main causes of infant mortality are shown on page 23 as percentages of the total infant deaths.

Europeans



Non-Europeans

A. Infectious diseases
B. Bronchitis and pneumonia
C. Diarrhoea and enteritis
D. Congenital malformation
E. Injury at birth
F. Immaturity
G. Other diseases of early infancy
H. Remainder.

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

Race	Perinatal Mortality, Including still births		Neonatal		Post neonatal		Infant Mortality	
	No.	Mortality Rate	Deaths	Mortality Rate	Deaths	Mortality Rate	Deaths	Mortality Rate
European ...	84	22.3	60	16.1	21	5.6	81	21.7
Coloured ...	573	46.9	361	30.2	428	35.8	789	66.1
African ...	30	56.9	23	44.8	66	128.7	89	173.5
Asiatic ..	14	55.1	6	24.5	2	8.2	8	32.7
Non-European	617	47.4	390	30.7	496	39.1	886	69.8
All races * ...	706	42.1	450	27.4	517	31.4	972	59.1

* Including 5 of unknown race

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

Year	European			Non-European		
	Perinatal	Neonatal	Post neonatal	Perinatal	Neonatal	Post neonatal
Year 1958	27	16	7	57	38	60
Year 1959	20	12	6	52	33	47
Year 1960	26	19	6	49	29	52
Year 1961	27	15	5	55	30	46
Year 1962	22	16	6	47	31	39
Quinquennium (1958–1962)	24	16	6	50	32	48

SEASONAL VARIATION

The seasonal variation in infant mortality is shown in the following table and in Table E on page 86 where the infant deaths for the year 1962 are classified for certain causes.

	1957	1958	1959	1960	1961	Mean 5 years	1962
January	125	163	136	98	123	129	112
February	111	123	102	111	90	107	95
March	128	129	96	107	95	111	84
April	88	119	100	95	72	95	76
May	104	102	63	80	78	85	80
June	87	82	92	103	94	92	86
July	96	98	76	64	86	84	106
August	83	77	75	87	88	82	80
September	91	73	71	83	80	80	63
October	101	73	64	75	78	78	71
November	83	86	85	94	91	88	49
December	118	99	82	93	64	91	54
TOTAL	1,215	1,224	1,042	1,090	1,039	1,122	956
Mean	101.2	102.0	86.8	90.8	86.6	93.5	79.7
Per 1,000 live births	79.2	80.0	65.5	68.3	63.5	71.1	58.2

Corrected for outward transfers only

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

	European	Coloured	African	Asiatic	All non-Eur.	All races
Number of legitimate births	3,587	9,145	344	238	9,727	13,314
Number of legitimate deaths under one year of age	76	503	50	7	560	636
Infant mortality (legitimate) per 1,000 live births	21	55	145	29	58	48
Number of illegitimate births	147	2,797	169	7	2,973	3,125*
Number of illegitimate deaths under one year of age	4	235	23	1	259	268
Infant mortality (illegitimate) per 1,000 live births	27	84	136	143	87	86

* Including 5 of unknown race

The deaths of 57 infants under one year of age are excluded from above figures as information regarding legitimacy was unobtainable.

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 86.

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 95 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	1962		1961		1960		1959		1958	
	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 ...	81	21.7	74	20.1	90	25.3	66	17.5	85	23.1
Coloured ...	789	66.1	839	71.9	839	74.4	766	72.5	864	86.7
African ...	89	173.5	111	144.3	157	181.3	192	149.5	262	191.1
Asiatic ...	8	32.7	13	50.6	11	38.5	18	55.7	20	66.2
Non-European	886	69.8	963	75.9	1,007	81.0	976	80.2	1,146	98.4
All races* ...	967	58.8	1,042	63.6	1,103	69.0	1,044	65.5	1,239	80.8

* Including those of unknown race

MATERNAL MORTALITY

The following table shows the corrected number of deaths which occurred during 1962 from causes ascribed to pregnancy and childbirth including abortion, and the corresponding maternal mortality rate per 1,000 live births.

Int. Code No.	Cause of death	Deaths			Maternal mortality rates per 1,000 live births		
		Eur.	Non-E.	All races	Eur.	Non-E.	All races
681	Puerperal fever	–	–	–	–	–	–
640, 641, 651, 682, 684	Other puerperal septicaemia (including abortion with sepsis) ...	1	4	5	0.27	0.31	0.30
642, 652, 685–686	Toxaemia of pregnancy and the puerperium ...	1	1	2	0.27	0.08	0.12
643–644 670–672	Haemorrhage of pregnancy and childbirth	–	2	2	–	0.16	0.12
650	Abortion without mention of sepsis or toxaemia ...	–	3	3	–	0.24	0.18
645–649 673–680 683 687–689	Other complications of pregnancy, childbirth and the puerperium ...	–	3	3	–	0.24	0.18
	All causes (except puerperal septicaemia) ...	1	9	10	0.27	0.71	0.61
	Total ...	2	13	15	0.54	1.02	0.91

In addition, there were three other maternal deaths, two from Guguletu Township and one from Langa Township.

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

	Puerperal septicaemia			Other causes			All causes		
	Eur.	Non-E.	All races	Eur.	Non-E.	All races	Eur.	Non-E.	All races
1914–15 to 1918–19	0.59	1.30	1.02	2.13	3.55	2.98	2.72	4.85	4.00
1919–20 to 1923–24	1.76	1.20	1.40	2.84	2.16	2.41	4.60	3.36	3.81
1924–25 to 1928–29	1.03	1.71	1.48	1.74	3.73	3.07	2.77	5.43	4.56
1929–30 to 1933–34	0.94	1.27	1.17	3.04	3.12	3.10	3.98	4.40	4.27
1934–35 to 1938–39	0.96	1.39	1.26	2.43	3.30	3.05	3.38	4.49	4.32
1939–40 to 1943–44	0.85	1.79	1.49	1.09	2.50	2.06	1.93	4.29	3.55
1944–45 to 1948–49	0.14	0.52	0.41	0.79	1.70	1.47	0.93	2.22	1.88
1949–50 to 1953–54	0.12	0.36	0.29	0.46	1.16	0.99	0.58	1.52	1.28
1954–55 to 1959	0.11	0.40	0.33	0.28	1.14	0.94	0.39	1.54	1.27
1952–53	–	0.19	0.14	0.56	1.42	1.21	0.56	1.61	1.35
1953–54	0.29	0.68	0.58	0.87	1.15	1.08	1.16	1.83	1.66
1954–55	0.30	0.19	0.21	0.89	1.79	1.57	1.19	1.98	1.79
1956	0.28	0.28	0.28	–	1.04	0.78	0.28	1.32	1.06
1957	–	0.51	0.39	0.28	1.53	1.24	0.28	2.03	1.63
1958	–	0.43	0.33	–	0.86	0.65	–	1.29	0.98
1959	–	0.57	0.44	0.27	0.57	0.50	0.27	1.15	0.94
1960	–	0.88	0.69	–	0.72	0.56	–	1.61	1.25
1961	0.27	0.47	0.43	–	0.63	0.49	0.27	1.10	0.92
1962	0.27	0.31	0.30	0.27	0.71	0.61	0.54	1.02	0.91

The maternal mortality rate per 1,000 total deliveries, (live births and still births) registered during the year 1962 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
1950–54	0.11	0.34	0.29	0.46	1.12	0.96	0.57	1.47	1.24
1955–59	0.11	0.39	0.33	0.27	1.11	0.91	0.38	1.50	1.24
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	–	0.70	0.55	–	1.57	1.22
1961	0.27	0.46	0.42	–	0.61	0.48	0.27	1.07	0.89
1962	0.27	0.31	0.30	0.27	0.69	0.60	0.53	1.00	0.89

The 1962 maternal mortality rate for Europeans reveals an increase of 100 per cent on the figure for 1961. This, although apparently significant, is reflected by one additional death in this racial group (two deaths as against one in 1961). In the non-European group a slight reduction in the rate has occurred. The general overall position regarding maternal deaths is still not satisfactory and will require further investigation so that additional remedial steps can be instituted.

One of the two maternal deaths due to haemorrhage which occurred in the year under report was of a woman who was advised to go to hospital for delivery, but refused on religious grounds.

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 preventive 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 55 Health Visitors are guided and controlled by three full-time and 50 part-time Medical Officers.

The clinic sessions are conducted in 21 municipal welfare centres sited as near as possible to the homes of the population groups which they have been designed to serve, in part of the old Langa African Hospital, in the John Power Memorial Camp, Muizenberg, and in four hired halls.

A new child welfare centre, built at a cost of approximately R22,000 in the Bonteheuwel Township, Athlone, was brought into use on 9th May, 1962. A clinic is still being conducted in one of the Council's sample houses in the Guguletu (Nyanga West) African Township. The construction of a new building in this area is in progress.

Plans have been passed for the construction of a new clinic in the Athlone area, on the corner of Klipfontein Road and Vanguard Drive. The clinic conducted at Franklin Road, Claremont, was discontinued during the year.

The intensive programme of immunisation against poliomyelitis, diphtheria, whooping cough and tetanus has been continued throughout the year.

The immunisation of newborns by the use of the B.C.G. vaccine has also continued, those 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 being dealt with at special sessions conducted by the Branch's staff at the various child welfare centres. The number (16,178) of newborns vaccinated by this method against tuberculosis was most gratifying. Unfortunately owing to shortages of B.C.G. supplies, a break in vaccination sessions was forced on the department for a period of approximately a month during the year.

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.

The cytological investigation for the detection of early cancer in females was continued throughout the year. This procedure is carried out in conjunction with the department of Obstetrics and Gynaecology of the University of Cape Town and involves routine health checks on women attending the post-natal and family welfare sessions with a view to diagnosing incipient and early malignancy of the female generative tract. Eight cases of unsuspected or early malignancy were discovered as the result of these procedures.

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

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

CHILD WELFARE SESSIONS

During the year, 66 child welfare sessions were held weekly and four fortnightly. At these sessions, 302,773 attendances were recorded. 19,889 Of these children were new cases. 17,538 (1,977 European and 15,561 non-European) were under one year of age at the time of their first attendance, and 2,351 (136 European and 2,215 non-European) were over one year of age at that time. These figures are the highest attendances yet recorded, and show an increase of 62,000 on the previous year.

First attendances of children under one year of age, excluding Langa and Guguletu (Nyanga West) Townships, amounted to 95.0 per cent of the registered local births. Of these, the European attendance amounted to 52.9 per cent of the registered births, a slight decrease from the previous year. First attendances of non-Europeans were in excess of the registered births. This is possibly due to infiltration of persons residing outside the municipal boundaries but giving a local address, or because of a tendency by a large number of this group not to register the births.

These figures do not include European infants who attended for consultation at the S.A. Mothercraft Training Centre in Claremont. If these are included, the percentage of European attendances would be materially increased.

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. ...		653	39	9,872		186	624		177	523	1,281	7,234
	Non-Eur.		653	39	9,872	28	186	624	17	177	523	1,281	7,234
	Total ...	151											
Kloof St., Cape Town	Eur. ...		205	4	2,315								
	Non-Eur.												
	Total ...	49	205	4	2,315								
Aspeling St., Cape Town	Eur. ...		1,307	48	26,489		658	2,937		1,094	3,511		8,118
	Non-Eur.		1,307	48	26,489	51	658	2,937	41	1,094	3,511		8,118
	Total ...	250											
Bloemhof, Cape Town	Eur. ...		537	23	11,180								
	Non-Eur.		537	23	11,180								
	Total ...	132											
Devil's Peak Estate, Cape Town	Eur. ...		158	1	1,755								
	Non-Eur.												
	Total ...	49	158	1	1,755								
Green Point	Eur. ...		141	2	2,094								
	Non-Eur.												
	Total ...	49	141	2	2,094								
Camps Bay	Eur. ...		60	2	634								
	Non-Eur.												
	Total ...	26	60	2	634								
Woodstock	Eur. ...		258	13	2,842		1	2		313	1,203		
	Non-Eur.		703	57	9,945		325	1,449		954	3,363		
	Total ...	198	961	70	12,787	50	326	1,451	171	1,267	4,566		
Maitland	Eur. ...		87	8	1,287		10	22		41	112		
	Non-Eur.		431	27	4,320		369	1,586		231	858		
	Total ...	117	518	35	5,607	50	379	1,608	17	272	970		
Brooklyn	Eur. ...		230	25	3,008								
	Non-Eur.												
	Total ...	64	230	25	3,008								
Kensington	Eur. ...		1,778	193	35,191		1,696	6,372		515	1,713	2,120	14,602
	Non-Eur.		1,778	193	35,191	102	1,696	6,372	23	515	1,713	2,120	14,602
	Total ...	252											
Bridgetown	Eur. ...		585	42	14,210								
	Non-Eur.		585	42	14,210								
	Total ...	101											
Athlone	Eur. ...		1,737	160	24,186		1,308	5,128		575	1,239	1,599	11,966
	Non-Eur.		1,737	160	24,186	99	1,308	5,128	24	575	1,239	1,599	11,966
	Total ...	247											
Bokmakirie	Eur. ...		573	51	13,380		856	3,725		30	73	1,300	8,375
	Non-Eur.		573	51	13,380	99	856	3,725	4	30	73	1,300	8,375
	Total ...	149											
Bonteheuwel	Eur. ...		768	357	22,099		555	2,237					
	Non-Eur.		768	357	22,099	49	555	2,237					
	Total ...	166											
Langa	African	50	475	27	4,425	50	491	1,923					
Nyanga West	African	152	1,445	357	16,501	100	1,127	4,740					
Station Road, Claremont	Eur. ...		311	43	3,291		26	91		18	48		
	Non-Eur.		482	39	8,362		427	1,504		265	631		
	Total ...	148	793	82	11,653	51	453	1,595	16	283	679		
Wesley St., Claremont	Eur. ...		264	21	5,871		11	41				1,673	7,982
	Non-Eur.		264	21	5,871	8	11	41				1,673	7,982
	Total ...	101											
Franklin Road, Claremont	Eur. ...		11		63								
	Non-Eur.												
	Total ...	4	11		63								
Lansdowne	Eur. ...		117	6	1,445		11	16					
	Non-Eur.		788	65	9,932		381	1,484					
	Total ...	147	905	71	11,377	52	392	1,500					
Wynberg	Eur. ...		177	15	2,038		19	46		7	13		
	Non-Eur.		520	64	9,222		503	1,637		433	1,067	1,185	2,802
	Total ...	150	697	79	11,260	50	522	1,683	21	440	1,080	1,185	2,802
Southfield	Eur. ...		120	7	1,816		3	10					
	Non-Eur.		242	13	4,364		86	319				1,099	2,877
	Total ...	145	362	20	6,180	15	89	329				1,099	2,877
Heathfield	Eur. ...		102	10	912								
	Non-Eur.		396	114	10,549							1,386	6,994
	Total ...	143	498	124	11,461							1,386	6,994
Retreat	Eur. ...		1,604	450	32,694		1,634	6,159		564	1,712	941	10,138
	Non-Eur.		1,604	450	32,694	100	1,634	6,159	35	564	1,712	941	10,138
	Total ...	249											
Prince George Drive, Muizenberg	Eur. ...		213	58	5,587								
	Non-Eur.												
	Total ...	52	213	58	5,587								
Kalk Bay	Eur. ...		60	10	894		24	95					
	Non-Eur.												
	Total ...	27	60	10	894	24	24	95					
TOTAL	Eur. ...		1,977	136	23,500		70	187		379	1,376		
	Non-Eur.		15,561	2,215	279,273		10,637	41,960		4,838	14,690	12,584	81,088
	Total ...	3,388	17,538	2,351	302,773	978	10,707	42,147	369	5,217	16,066	12,584	81,088

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

Centre	1962	1961	1960	1959	1958
Shortmarket Street	9,872	8,333	9,778	9,469	9,566
Kloof Street	2,315	2,312	2,039	2,088	2,095
Aspeling Street	26,489	20,761	20,509	20,303	21,248
Bloemhof	11,180	9,028	7,387	7,387	7,305
Devil's Peak	1,755	1,948	1,816	1,562	1,398
Green Point	2,094	2,126	1,870	1,492	1,469
Camps Bay	634	636	636	779	572
Woodstock	12,787	13,047	12,013	12,549	12,131
Mowbray	–	–	–	–	219
Maitland	5,607	4,909	4,781	5,182	4,042
Brooklyn	3,008	2,947	3,184	3,014	2,803
Kensington	35,191	29,756	27,964	28,088	29,100
Langa	4,425	3,565	3,416	4,076	3,935
Guguletu (Nyanga West) ...	16,501	12,893	11,050	3,343	–
Athlone	24,186	22,468	20,196	17,023	13,767
Bokmakirie	13,380	11,690	11,589	11,440	11,492
Bonteheuwel	22,099	380	–	–	–
Bridgetown	14,210	11,089	–	–	–
Silvertown	–	–	9,308	7,972	6,853
Claremont (Station Road) ...	11,653	8,456	7,741	7,648	7,381
Claremont (Wesley Street) ...	5,871	5,821	5,326	5,395	5,412
Claremont (Franklin Road) ...	63	698	1,045	721	638
Lansdowne	11,377	9,081	8,382	7,505	7,093
Wynberg	11,260	11,807	12,168	9,909	9,731
Parkwood and Southfield ...	6,180	5,990	7,841	6,063	3,551
Heathfield	11,461	8,343	–	–	–
Retreat Road, Retreat	–	–	7,975	7,640	3,887
11th Avenue, Retreat	32,694	26,782	21,076	22,939	19,593
Muizenberg (Atlantic Road) ...	–	295	389	358	329
Muizenberg (Prince George Drive)	5,587	4,409	3,148	–	–
Kalk Bay	894	922	1,058	988	759
Totals ...	302,773	240,492	223,700	204,933	186,369

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.

Voluntary Centre	No. of sessions in the year	No. of new cases (Infants)	Total attendances (Infants)	Total attendances (Toddlers)
Bowwood Road, Claremont	187	443	3,325	234
Sea Point	50	157	1,356	–

ADVISORY WORK AT CHILD WELFARE SESSIONS

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

Breast feeding is encouraged, and sessions are held by the health visitors at which instructional test feeds are performed. During the year, instructional test feeds were given to 333 European mothers and 2,753 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 or below cost to those mothers unable to afford the full retail price. In cases of poverty the milk may be supplied free. Vitamin oil and such medicines as may be ordered are supplied on similar terms.

During the year, 3,903 new cases were supplied with dried milk and 82,269 pounds were issued (full cream 74,150 lbs., skim milk 8,119 lbs.).

A pilot scheme started in 1961 for the distribution of powdered skim milk to necessitous toddler groups and subsidised by the State Health Service was continued into the first half of 1962. This scheme was put on to a permanent basis in June, 1962, with a State Department subsidy of 5c. per lb. on powdered skim milk costing 15c. per lb.

This milk is distributed to indigent pre-school toddlers showing signs of malnutrition, in an effort to prevent the development of kwashiorkor. The milk was issued to 1,000 children per week until September, when the number was increased to 1,500. During the year a total quantity of 59,964 lbs. of this milk powder was issued.

The scheme has resulted in a much larger attendance at municipal child welfare clinics, and an improvement in the general standard of nutrition among the toddlers.

Further reference to kwashiorkor is made on page 45 of this report.

MEDICAL EXAMINATIONS.

All infants attending welfare centres are medically examined at their first visit and periodically thereafter. 114,124 Children were so examined. 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 10 of the centres supplementary meals were served throughout the year from Monday to Friday to indigent expectant and nursing mothers and pre-school children.

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

HEALTH VISITING IN THE HOME.

Home visiting can be considered the most important aspect of the work of the 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 visitor's 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, 1962, was as follows:—

Principal Health Visitor.

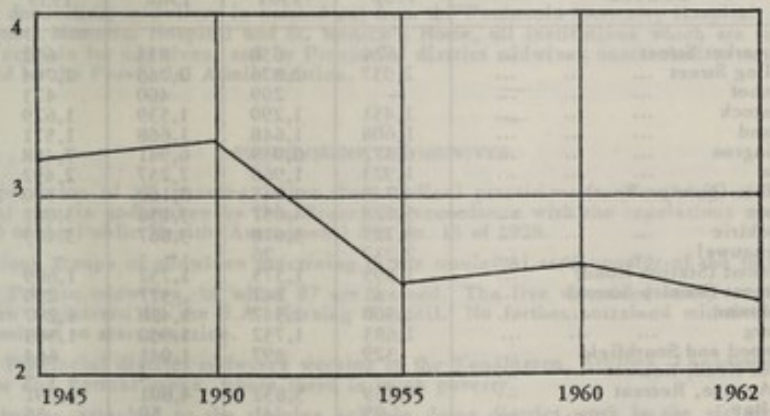
Health Visitors —

European	30
Coloured	16
African	2
Clinic Nurses	7
Clinic Assistants	10
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 number of health visitors available per 1,000 live births in recent years has been as follows:—



These numbers do not permit the Branch to provide the type of cover that is necessary for many of the low socio-economic groups who require continuous and close supervision.

The following table shows the number of visits made during 1962 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 —

	1962	*1961*
Births	19,227	19,308
Subsequent birth visits	68,027	52,370
Child deaths	1,450	1,525
Expectant mothers	813	600
Midwives	2,018	1,438
Orthopaedic	2,025	1,746
Schools	1,991	1,325
Protected infants	1,928	1,793
Social welfare	3,488	3,322
Infectious diseases	1,597	1,772
Other visits	11,563	8,568
	114,127	93,767
Tuberculosis	45,425	47,526
Venereal disease	935	954
	160,487	142,247

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.

7,052 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, 19 pre-natal sessions were held weekly and 2 fortnightly, at which there were 10,707 new cases. The total attendances numbered 42,147, details of which are shown on page 27.

The number of new cases attending the municipal pre-natal sessions amounted to 55 per cent of the number of registered live births (2 per cent European and 71 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. 11,322 Blood specimens were taken during the year (57 European and 11,265 non-European). Of these, 292 (all non-European) gave positive or doubtful reactions.

Routine tests are done by the Provincial Blood Transfusion 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.

During the year arrangements were made by which routine testing for haemoglobin levels of all women attending ante-natal sessions is done by the Provincial blood transfusion laboratory.

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

Centre	1962	1961	1960	1959	1958
Shortmarket Street	624	638	813	632	529
Aspeling Street	2,937	2,876	2,765	2,704	2,779
Bloemhof	–	209	400	473	543
Woodstock	1,451	1,290	1,539	1,629	1,859
Maitland	1,608	1,648	1,668	1,571	1,450
Kensington	6,372	6,939	6,941	7,458	8,086
Langa	1,923	1,966	2,257	2,492	2,044
Guguletu (Nyanga West) ...	4,740	3,748	2,160	770	–
Athlone	5,128	4,057	3,156	3,007	3,053
Bokmakirie	3,725	3,618	3,867	3,409	3,519
Bonteheuwel	2,237	26	–	–	–
Claremont (Station Road) ...	1,595	1,573	1,752	1,609	1,632
Claremont (Wesley Street) ...	41	247	377	239	321
Lansdowne	1,500	1,347	1,428	1,207	1,092
Wynberg	1,683	1,732	1,968	1,503	1,246
Parkwood and Southfield ...	329	897	1,041	664	114
Retreat Road, Retreat	–	–	4	4	–
11th Avenue, Retreat	6,159	5,832	4,801	4,791	3,943
Kalk Bay	95	41	50	55	76
Totals ...	42,147	38,684	36,987	34,217	32,286

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 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	1,733
Number showing infections	339
Number showing suspicious cells (Grade 3 atypia)	42
Number showing malignant cells (Grade 4–5 atypia)	8

Instruction in family limitation and spacing is given when this is deemed advisable for socio-medical or other reasons. During the year there were 1,206 new cases (72 European and 1,143 non-European) and a total attendance of 5,107 (360 European and 4,747 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, 23,590 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)	7,079
Notified by doctors	863
Notified by institutions (extern or intern)	15,648

There were 495 births notified in the Langa African Township and 672 in Guguletu African Township.

The births and still births notified as having taken place in the municipality during the year are further classified hereunder –

Attended	*Births*	*Percentage*
In private houses:		
By private doctors	863	3.7
By private midwives:		
Certificated	6,346	26.9
Uncertificated	706	3.0
By institutional midwives or student midwives ...	2,059	8.7
No doctor or midwife	27	0.1
	10,001	42.4
In institutions:		
Public institutions	7,636	32.4
Private nursing homes	5,953	25.2
	13,589	57.6

2,862 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) 92 Private midwives, of whom 87 are trained. The five untrained midwives have now been registered by the S.A. Nursing Council. No further untrained midwives will be permitted to start practice.

(2) 16 Provincial district midwives working in the Kensington, Athlone, Lansdowne, Guguletu and Retreat areas, where there is much poverty.

(3) Midwives attached to the training schools doing district work in the vicinity of the training schools and in the outlying district of Windermere.

(4) 3 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) 2 Divisional Council nurses who work occasionally within the municipal area.

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 R273 was paid to private midwives during the year. Fees paid to medical practitioners called in by midwives to indigent cases with obstetrical emergencies amounted to R192.

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	188
Visits paid to midwives in their own homes	1,260
Inspections held	11
Attendances of midwives at inspections	294
Total visits by supervisor	2,018

PUERPERAL FEVER

Reported cases of this notifiable infectious 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 during the year, corrected for imported cases and misdiagnosis, numbered 3 (one European and two non-European). There were no deaths from this cause in the city area.

Two of the cases were confined in institutions and one at home, and all were delivered of living children. Two of the cases were admitted and treated in the City Hospital.

In addition, one case was admitted to the City Hospital from the Langa African Township, and seven other cases direct from outside the city area.

The five deaths shown under the heading 'puerperal septicaemia' in the table on page 25 were all due to septic abortion. Maternal mortality rates for a series of years are also shown on page 25.

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 of 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.

352 (1 European and 351 non-European) cases of ophthalmia neonatorum were notified, which represents 2.1 per cent of the registered live births. Of these, 149 were born in institutions and 45 confined at home by hospital institutional staff. The remaining 158 cases were confined at home. 13 Of these were attended by doctors, 138 by private midwives and 7 were unattended.

Swab results are recorded in 339 cases, of which 64 were positive for gonococci, 11 doubtful and the remainder negative.

It is to be recorded that the health visitors reported 132 of the cases as 'slight', 122 as moderate or grave and with no comment on the remainder. With the exception of those cases where contact was lost through transfer of domicile, all cases were known to have 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	228
At institutions	64
At child welfare centres	653
	945

Attendances at these sessions increased by 53 per cent compared with the previous year, and are shown in the following table. The number of non-European first attendances of infants under one year of age approximates the number of births registered, but the apparent shortfall among Europeans may be accounted for by immunisations performed by private general medical practitioners, of which there is no official record.

Race	AGE GROUP											Total Attendances
	0 – 1			1 – 6				School Age				
	1st	2nd	3rd	1st	2nd	3rd	Booster B	1st	2nd	3rd	Booster B	
Eur.	2165	2086	1906	527	573	645	728	766	679	609	1690	12,374
Non-Eur.	12035	10400	9008	5991	6408	6255	3921	5195	4739	3615	4686	72,253
Total	14200	12486	10914	6518	6981	6900	4649	5961	5418	4224	6376	84,627

Race	Material Used			
	Diph.	D/WC/T.	D/TET.	A.D.F.
Eur.	1,162	6,381	4,818	13
Non-Eur.	3,491	37,125	31,597	40
Total	4,653	43,506	36,415	53

POLIOMYELITIS IMMUNISATION

Since the mass oral live attenuated (Sabin) polio immunisation campaign held in 1961, the distribution of polio vaccine has been continued for all new babies, immigrants and children who have not previously been done. The vaccine is available at special sessions held weekly in two centres and at all sessions where diphtheria immunisation is performed.

The number of municipal immunisation sessions held during the year is shown by the following figures :–

At schools	92
At institutions ...	40
At child welfare centres	772
	904

	New cases					Total first attendances	Subsequent attendances		Total attendances
	0–1 year	1–3 years	3–6 years	School age	Adult		2nd	3rd	
Eur.	3,245	378	222	110	1,269	5,224	5,922	10,219	21,365
Non-Eur.	12,522	2,400	1,983	565	7,491	24,961	32,663	49,794	107,418
Total	15,767	2,778	2,205	675	8,760	30,185	38,585	60,013	128,783

B.C.G. VACCINATION

B.C.G. vaccination of newborn infants has continued. The material used was freeze dried B.C.G. supplied by the State Health Service. Infants born in the Provincial hospitals and in St. Monica's and the Salvation Army homes were immunised 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.

Number of B.C.G. vaccinations :–

	European	*Non-European*	*Total*
Groote Schuur Hospital ...	559	–	559
Mowbray Maternity Hospital ...	818	–	818
Peninsula Maternity Hospital ...	–	1,351	1,351
Somerset Hospital ...	–	1,911	1,911
St. Monica's Home ...	–	894	894
Salvation Army Home ...	–	1,524	1,524
Municipal child welfare centres ...	1,110	8,011	9,121
	2,487	13,691	16,178

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 sessions with specialists in attendance are held three times per week at the Woodstock centre. Ear, nose and throat clinics were discontinued in March, 1962, owing to difficulties in providing the necessary medical cover.

Two health visitors are employed on this work.

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

	Ophthalmic school clinic			General school clinic			Ear, nose and throat clinic		
	Eur.	Non-Eur.	Total	Eur.	Non-Eur.	Total	Eur.	Non-Eur.	Total
Number of new cases	218	620	838	156	4166	4,322	5	52	57
Total attendances	819	2,347	3,166	552	12283	12,835	5	60	65
Number of sessions held ...			131			233			5
Children fitted with spectacles:									
Full-paying	115	162	277						
Part-paying	92	500	592						
Free	27	39	66						

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	25
Coloured	248
African	52
House visits made	2,019
Sessions held —	
Surgeons	45
Sisters	262
	307
Attendances at sessions —	
Surgeons	1,474
Sisters	6,039
	7,513

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 State 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., Mondays to Fridays, 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 nursery school at the Hyman Liberman Institute is conducted in the hall of the Institute and caters for 50 children between the age of 3 and 6 years. The facilities available at this school are not very good and plans have been submitted to the responsible Committee of the Council for approval so that a modern nursery school can be erected adjacent to the present site. The nursery school is open from 8 a.m. to 5 p.m. and meals are provided.

LANGA DAY NURSERY

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

The erection of a new creche in Guguletu (Nyanga West) has commenced and should be ready for occupation in a few months time.

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

	Shelley St.	Bloemhof	Bokmakirie	Langa	Liberman Institute
New entrants	33	25	29	37	32
Mean total on register	50	45	80	78	50
Daily sessions	211	211	211	246	211
Mean attendances per session	41	39	69	62	44
Total attendances	8,678	8,149	14,536	15,214	9,246

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 ten 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	...	64
Wynberg Magisterial district	...	63
		127

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 any 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	... ...	95
Non-Europeans	... ...	121

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 under the Immorality Act of 1957, all cases of unmarried mothers under the age of 16 years are fully investigated. During 1962, 228 cases (25 European, 156 Coloured and 47 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.

(DR. L. H. CROXFORD, PRINCIPAL DENTAL OFFICER.)

Dental treatment is carried out at 14 centres, 9 of which are operated in cordial conjunction with the Maternal and Child Welfare Branch. This co-operation is fundamental to the activities of the Dental Branch whose basic duty is the care of teeth of the individuals of this city on a long term basis. It is obvious that if the dental state of the pre- and school-going child could be improved, the general health of the future citizens of Cape Town would be enhanced.

Fluoridation of Water Supplies

During the year under review, it has been gratifying to discover that a certain amount of interest has been evinced in the question of the advantages deriving from the fluoridation of the public water supplies. All over the world this question seems to have generated a certain amount of heat owing in the main to a specific lack of information available to many of the citizens.

Its worth has been conclusively demonstrated to the extent of reducing the incidence of caries by 50 per cent in many parts of the world where a water supply low in fluorine has had added to it fluorine so as to raise its level to one part per million.

From the point of view of finance this method of fluoridation affords a community a far more economical means of attaining the goal of reduced dental caries than the long, laborious and often unacceptable methods of health education, for which the existing personnel in the dental profession would be entirely inadequate.

New Dental Clinics

In conformity with the principle of decentralisation, two additional centres are to be opened during the coming year for those patients living in outlying areas. It is frequently found that sufferers from dental disease simply do not have the money to travel to a central depot, and as a result, dental health and all that follows therefrom suffers.

The full-time staff of the Dental Branch as at 31st December, 1962, 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 assisted by a number of part-time dental surgeons, anaesthetists, nurses and clinic assistants. The following table indicates the services rendered during the year.

DENTAL CLINICS

Centre		Sessions	New cases		Total attendances		Extractions (persons)		Fillings (persons)		Examinations and other dental treatment		Dentures supplied (persons)	
			E.	N.E.	E.	N.E.	E.	N.E.	E.	N.E.	E.	N.E.	E.	N.E.
Hope Street, Cape Town	General:													
	Adults	1,533	1,179	6,883	3,783	15,539	656	4,685	428	173	2,752	10,769	231	790
	Children		1,037	2,240	2,949	3,922	596	1,658	398	55	1,978	2,215	5	
	School children ...	404	125	73	1,227	597	151	55	910	497	217	59		
	Total ...	1,937	2,341	9,196	7,959	20,058	1,403	6,398	1,736	725	4,947	13,043	236	790
Aspeling Street, Cape Town	Nursing and expectant mothers ...	50		84		134		124				10		
	Pre-school children:			372		602		578				24		
	School children ...	45		978		1,144		922				222		
	Total ...	95		1,434		1,880		1,624				256		
Woodstock	Nursing and expectant mothers ...	25		39		58		53				5		
	Pre-school children:			207		290		280				10		
	School children ...	67	468	586	560	896	397	752	44		119	144		
	Total ...	92	468	832	560	1,244	397	1,085	44		119	159		
Maitland	General:													
	Adults	61	13	526	29	957	16	415			13	545		
	Children		31	359	57	664	32	300			25	365		
	Nursing and expectant mothers ...	95	5	290	7	440	7	361				80		
	Pre-school children:		18	456	33	652	28	567			5	88		
	School children ...	128	205	1,486	428	1,727	156	1,464	178		91	263		
	Total ...	284	272	3,117	554	4,440	239	3,107	178		134	1,341		
Athlone	Nursing and expectant mothers ...	75		164		334		310				24		
	Pre-school children:			437		817		787				30		
	School children ...	58		1,441		1,625		1,417				208		
	Total ...	133		2,042		2,776		2,514				262		
Wynberg	Nursing and expectant mothers ...	28	4	87	7	153	5	151			2	2		
	Pre-school children:		20	145	27	241	27	236				5		
	School children ...	192	118	1,504	407	2,442	118	1,798	215	116	86	531		
	Total ...	220	142	1,736	441	2,836	150	2,185	215	116	88	538		
Retreat	General:													
	Adults	108	1	1,320	8	2,255	6	929			2	1,334		
	Children		3	617	3	1,123	2	506			1	619		
	Nursing and expectant mothers ...	55		241		377		359				19		
	Pre-school children:		1	309	1	492		456			1	37		
	School children ...	70		1,305		1,684		1,354				330		
	Total ...	233	5	3,792	12	5,931	8	3,604			4	2,339		
Lansdowne	School children ...	110	189	739	589	947	232	740	222	4	151	203		
City Hospital	In-patients	9	6	105	9	148	3	69			6	78		
Brooklyn Chest Hospital	In-patients	6		82		138		70				68		
Langa	Residents	50		512		1,004		1,004						
Dr. A.J. Stals Memorial Sanatorium	In-patients	11		134		266		156				110		
Spencer Road, Salt River	Tuberculosis out-patients ...	67	1	244	17	1,009	2	251			15	758	4	139
Maitland Cottage Home	In-patients	3		47		85		38				47		
Total	Adults		1,209	10,623	3,880	22,695	695	8,841	429	173	2,789	13,781	235	929
	Children		2,215	13,389	6,281	20,067	1,739	14,004	1,966	672	2,675	5,421	5	
		3,250	3,424	24,012	10,141	42,762	2,434	22,845	2,395	845	5,464	19,202	240	929

E : European. N.E. : 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 96 to 98 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 81 to 83.

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

Kwashiorkor was declared a notifiable disease throughout the Republic under Notice No. 1481 in the Government Gazette No. 331 of 14th September, 1962.

ENTERIC OR TYPHOID FEVER

The number of cases reported during the year, corrected for misdiagnosis and imported cases, was 9, all non-European, equivalent to an incidence rate of 0.02 for all races, and 0.03 for non-Europeans only. This is the second lowest figure recorded for the city for this disease. There were no deaths from this disease. During the previous year there were three cases.

Four of the cases in Ward 6 (Castle area) were in contact with a known carrier living in the the immediate vicinity. After two of the cases had been notified, this carrier was again hospitalised for treatment, but six months later, two more cases were reported in the same area. Two of the remaining cases occurred in a State controlled institution. There were therefore only three cases, two of which were resident in rural surroundings, where no source of infection could be established.

No cases occurred in the African Townships.

During the year, one new carrier was discovered, an aged European female who was under investigation at a general hospital for another condition.

In addition, 22 cases (2 European and 20 non-European) and 4 carriers were admitted to the City Infectious Diseases Hospital from outside the municipal area.

Further particulars will be found in the table on page 39 and in Tables N to P on pages 96 to 98.

DIPHTHERIA

The cases of this disease reported during the year, corrected for misdiagnosis and imported cases, numbered 23 (6 European and 17 non-European), equivalent to an incidence rate of 0.05 per 1,000 population (0.03 European and 0.06 non-European). During the previous year, 17 European and 61 non-European cases were reported.

This record low number of cases represents a remarkable reduction in the incidence of diphtheria in this city – something hopefully anticipated as a result of the anti-diphtheria immunisation work of the department, but which year after year failed to happen. Though it is too early to to claim a conclusive defeat of the disease, a major break through has certainly occurred, which could, if the public are diligent in getting their young infants and the school children immunised, lead to permanent quiescence of this preventable but horrible disease.

Of the 23 cases in the year under review, two non-Europeans aged one year and two years respectively died. Another death which had occurred during the previous year was however registered in 1962. There was no record of immunisation in any of these fatal cases. Only one of the total cases notified, an infant of seven months, had received any immunisation – and that a first injection only.

Among the cases notified were a doctor and nurse (fully immunised and Schick negative), members of the staff of the City Infectious Diseases Hospital. Two cases developed the disease while inmates of general hospitals, and one adult case occurred in the Docks Compound for African dock labourers. No secondary infection occurred within the same household.

All the cases were admitted to the City Hospital except one who was treated at the Military Hospital.

There were five cases in the Guguletu (Nyanga West) African Township, one fatal, and one case at Langa Township.

Excluded from above figures are 84 cases from outside the city area but treated in the City Infectious Diseases Hospital. One European and ten non-European deaths occurred in this group.

During the previous year the disease was most prevalent in Ward 8 which includes notorious Windermere, but in the year under review, one-third of the total cases were reported from Ward 10, a predominantly non-European area with large municipal housing schemes, and adequately served by child welfare clinics.

Diphtheria Carriers

Two European and fourteen non-European carriers were reported in the city area, and two in the Guguletu (Nyanga West) African Township, all of whom were admitted to the City Hospital. In addition, six carriers were admitted to the City Hospital from outside the city area.

Further particulars will be found in the table on page 39 and in Tables N to P on pages 96 to 98.

Details of the department's work in immunisation is given in the following table –

Year	Number of Notifications			Persons Immunized		
	Eur.	Non-Eur.	All Races.	Eur.	Non-Eur.	All Races.
1939–40 ..	286	130	416	2,541	2,421	4,962
1944–45 ..	89	89	178	2,517	8,465	10,982
1949–50 ..	60	62	122	3,298	10,256	13,554
1954–55 ..	32	81	113	4,162	17,955	22,117
1960 ..	27	60	87	4,021	20,422	24,443
1961 ..	17	61	78	4,409	23,369	27,769
1962	6	17	23	5,876	31,828	37,704

The increase in the number of immunisations was mainly due to improved organisation. Large densely populated areas in the vicinity of Athlone were recently brought within the postal delivery area, enabling this department to follow up a greater number of notified births. The polio vaccination campaign in the previous year with its attendant publicity also brought many children not yet immunised against diphtheria to the clinics.

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.
Average												
1916–20	2.04	2.03	0.14	0.42	1.58	0.47	0.10	0.17	1.54	0.17	0.01	–
1921–25	1.80	1.99	0.19	0.36	1.23	0.36	0.09	0.08	0.87	0.10	0.00	–
1926–30	0.81	1.03	0.09	0.21	1.39	0.59	0.09	0.12	1.42	0.10	0.01	0.01
1931–35	0.40	0.51	0.04	0.11	1.24	0.73	0.05	0.09	1.42	0.15	0.00	–
1936–40	0.22	0.35	0.02	0.05	2.00	1.17	0.07	0.17	1.78	0.13	0.01	0.00
1941–45	0.21	0.35	0.02	0.07	0.99	0.66	0.04	0.08	1.13	0.07	0.01	0.00
1946–50	0.12	0.37	0.02	0.06	0.25	0.33	0.02	0.04	1.22	0.16	–	0.00
1951–55	0.07	0.24	–	0.01	0.18	0.20	0.01	0.02	0.96	0.13	–	0.00
1956–60	0.03	0.13	–	0.00	0.10	0.16	0.01	0.01	0.55	0.04	0.00	0.00
Year												
1961	–	0.01	–	–	0.09	0.20	0.01	0.02	0.48	0.05	–	–
1962	–	0.03	–	–	0.03	0.06	–	0.01	0.36	0.01	–	–

SCARLET FEVER

The cases of this disease reported in the year, corrected for misdiagnosis and imported cases, numbered 74 (70 European and 4 non-European), equivalent to an incidence rate of 0.15 per 1,000 population (0.36 European and 0.01 non-European).

In the previous year there were 108 cases.

There were no cases in the African Townships.

Spread of infection occurred in seven instances with two cases in each house. No institutions were involved. Permission was granted to nurse 25 cases at home under satisfactory conditions of isolation, including two instances with two cases in one house. The one adult who developed the disease was a female shop assistant.

In addition to the above figures, 21 cases were admitted to the City Infectious Diseases Hospital from outside the municipal area.

Other particulars will be found in the table above and in Tables N to P on pages 96 to 98.

CEREBROSPINAL FEVER

During the year there were 34 cases (5 European and 29 non-European) notified, equivalent to an incidence rate of 0.07 per 1,000 population (0.03 European and 0.10 non-European). Four of these cases died, one in the City Hospital, one in a children's hospital and two in general hospitals. One other case also died in a children's hospital but the death was not registered until after the end of the year under review. In the previous year there were 25 cases and one death.

All the cases were treated in the City Infectious Diseases Hospital except the four fatal cases already referred to above.

There were two cases in Guguletu (Nyanga West) Township.

In addition, 14 non-European cases were admitted to the City Hospital from outside the municipal area. Two of these cases proved fatal.

Other particulars will be found in the following table and in Tables N to P on pages 96 to 98.

ACUTE POLIOMYELITIS

The cases of this disease reported during the year, corrected for misdiagnosis and imported cases, numbered 6, all non-Europeans, equivalent to an incidence rate of 0.01 per 1,000 population (0.02 for non-Europeans only). There were no deaths from this disease. During the previous year there were 8 cases.

All the cases were admitted to the City Infectious Diseases Hospital. No secondary infection within the same household occurred, and no institutions were involved.

One case was recorded as having received two tri-valent live attenuated (Sabin) anti poliomyelitis oral feeds, and another case one. It was claimed in two other cases that the patients had received a full course of feeds during the national campaign the previous year, but no record of this could be traced. The two remaining cases were on their parents admission not vaccinated. All these cases were under five years of age, but were widely spaced as to locality and time of onset.

Three cases occurred in Guguletu (Nyanga West) Township, in none of which was there any record of immunisation.

In addition to the above figures, 9 non-European cases were admitted to the City Infectious Diseases Hospital from outside the municipal area, with one death.

Information regarding poliomyelitis inoculation will be found on page 33 and further details of incidence in Tables N to P on pages 96 to 98.

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.
Average												
1916–20	3	3	1	2	3	2	1	1				
1921–25	4	6	3	3	1	1	0	1	4	2	3	2
1926–30	19	78	11	45	5	2	1	0	6	5	4	4
1931–35	5	22	3	17	6	5	0	1	4	3	1	1
1936–40	4	18	2	10	4	5	1	–	2	3	1	1
1941–45	26	95	4	16	12	5	1	1	2	2	1	1
1946–50	12	40	2	9	8	8	1	0	1	2	–	1
1951–55	12	50	1	8	17	13	2	–	2	2	–	1
1956–60	7	22	1	3	32	75	2	3	1	10	1	3
Year												
1961	5	20	–	1	3	5	–	–	1	5	–	4
1962	5	29	–	4	–	6	–	–	1	5	–	4

INFECTIVE ENCEPHALITIS

There were 6 cases (1 European and 5 non-European) reported during the year with two non-European deaths, but two further non-European deaths which had occurred in the previous year were registered in 1962. Four of the cases were admitted to the City Infectious Diseases Hospital and two cases were notified after death in a general hospital.

Two cases were admitted to the City Hospital from outside the municipal area, and two further cases from outside the city area were notified after death in general hospitals.

There was one fatal case in Guguletu (Nyanga West) African Township.

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	0.08	50	0.20	52	0.27	249	0.96
1956–60	3	0.02	6	0.02	11	0.06	30	0.09	53	0.27	263	0.78
Year												
1961	6	0.03	10	0.03	7	0.04	18	0.06	58	0.30	272	0.91
1962	–	–	2	0.01	11	0.06	32	0.11	61	0.32	249	0.82

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

	1962		1961	
	European	Non-European	European	Non-European
Under 5 years of age ...	13	203	4	203
0–1 year	11)	156)	4)	137)
1–2 years	2)	33)	–)	45)
2–5 years	–)	14)	–)	21)
All other ages	59	78	61	87
	72	281	65	290

The infant mortality rate per 1,000 live births from these causes for a series of past years is set out in Table K, on pages 92 and 93.

The seasonal character of mortality from bronchitis and pneumonia will be found in Table C, on page 83.

LEPROSY

One case of leprosy was reported, a European male aged 17 years, an inmate of an institution in the central city area since early 1960. This patient was a much-travelled youth who, before taking up residence in Cape Town, had spent his earlier years in Mocambique, with holiday trips to Europe. He had been attending the out-patient department of Groote Schuur Hospital for some six months prior to notification.

MEASLES

29 Measles deaths (28 non-European) occurred in the city during the year, compared with 34 in the previous year. 18 Of the deaths in the present period occurred in children under two years of age, and the remainder before reaching the age of five years. 13 non-residents also died of measles.

During the year, 287 cases of measles were admitted to the City Infectious Diseases Hospital, of whom 94 were from outside the city area, 13 from Langa African Township, 11 from Guguletu (Nyanga West) Township, and 3 from ships in harbour. Many of these children showed obvious signs of malnutrition.

Of the 166 city cases, 11 were students in two residences of the University, 8 were nurses at general hospitals, and 7 were inmates of two other institutions. 110 Of the city cases occurred in the latter half of the year.

It should be noted that measles is not a notifiable disease except under certain circumscribed circumstances, so that the figures quoted above only refer to those cases brought to the to the notice of the department through admission to the City Hospital as the result of bad home conditions or due to serious complications supervening.

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
1956–60	1	18	0.00	0.05
Year				
1961	1	33	0.01	0.11
1962	1	28	0.01	0.09

WHOOPING COUGH

For the period under review the number of cases was 55 (15 European and 40 non-European), equivalent to an incidence rate of 0.11 per 1,000 population (0.08 European and 0.13 non-European). There were 8 non-European deaths registered but two of these were cases notified in the previous year. During the previous year there were 132 cases and 8 deaths. This is the lowest number of cases notified since the disease was declared as notifiable in 1950.

Spread of infection occurred in seven instances, i.e. two cases each were notified from 2 dwellings, three cases each from 3 dwellings, and four cases each from 2 dwellings. A case occurred in each of two orphanages without any further spread of infection. 21 Of the cases were admitted to the City Infectious Diseases Hospital, two of whom died.

The distribution of the 55 cases according to months of occurrence, wards and age-groups will be found in the Tables N to P on pages 96 to 98.

In addition to the above figures, 19 cases of whooping cough from outside the municipal area were treated in the City Hospital, one of whom proved fatal.

Five cases occurred in the Guguletu (Nyanga West) African Township.

Further details regarding whooping cough immunisation at municipal centres will be found on page 33.

Period	Whooping cough							
	Notifications		Incidence rate per 1,000 population		Deaths		Death rate per 1,000 population	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Average								
1916–20	–	–	–	–	11	37	0.13	0.48
1921–25	–	–	–	–	10	30	0.09	0.35
1926–30	–	–	–	–	10	33	0.08	0.31
1931–35	–	–	–	–	7	34	0.04	0.27
1936–40	–	–	–	–	4	74	0.02	0.51
1941–45	–	–	–	–	3	45	0.02	0.26
1945–50	–	–	–	–	2	42	0.01	0.20
1951–55	188	576	1.00	2.24	1	19	0.00	0.07
1956–60	48	162	0.25	0.48	–	8	–	0.02
Year								
1961	24	108	0.12	0.36	–	8	–	0.03
1962	15	40	0.08	0.13	–	8	–	0.03

DIARRHOEAL DISEASES

The deaths registered during the year due to diarrhoea and enteritis (corrected) numbered 375 as compared with 453 in the previous year. The corresponding death rate for the city was 0.75 per 1,000 population (0.05 European and 1.20 non-European).

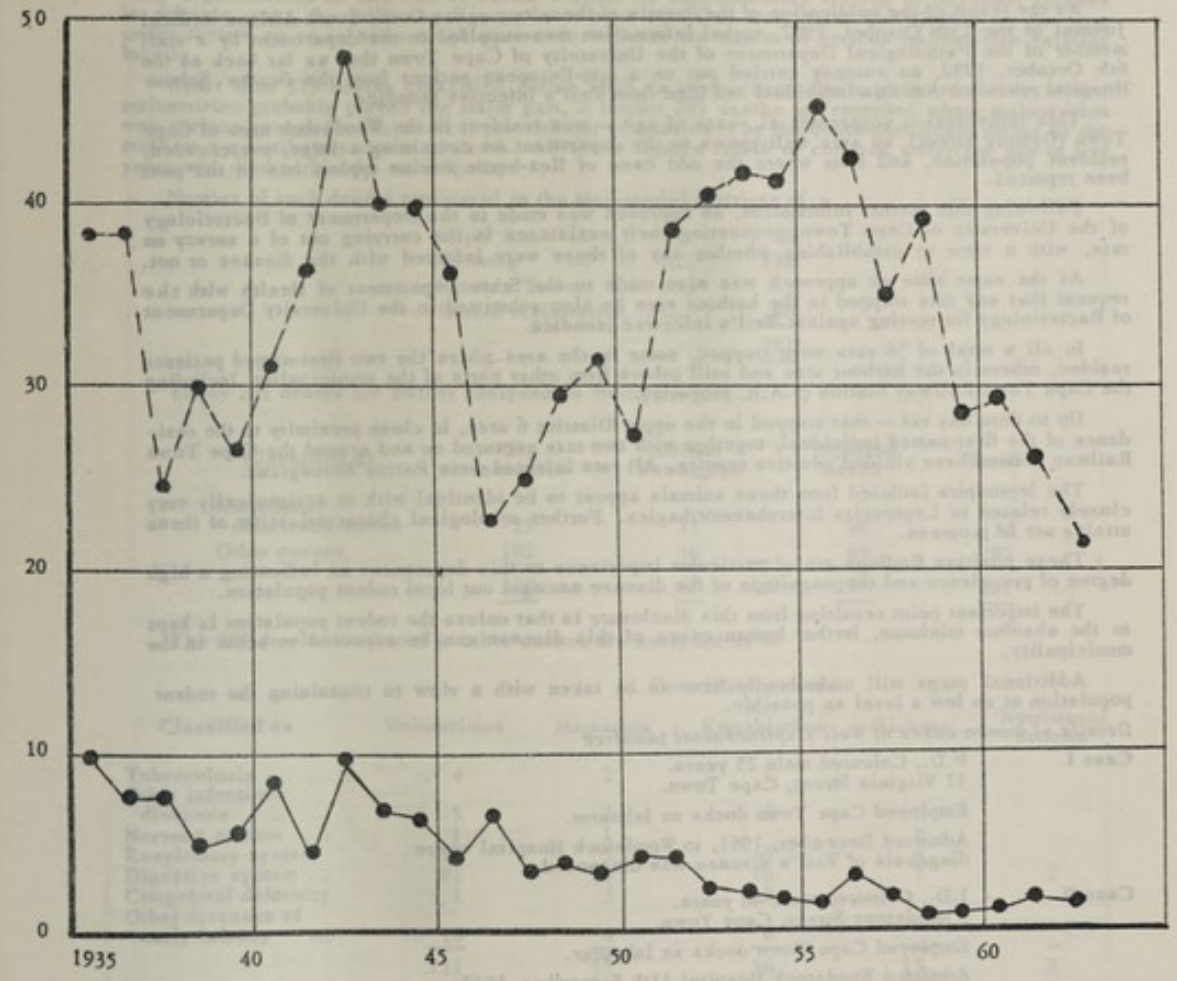
The deaths from diarrhoeal diseases for the year are classified as follows –

Int. Code No.	Disease	European	Non-European	All races
571, 764	Gastro-enteritis and colitis, including diarrhoea of the newborn	9	366	375
572	Chronic enteritis and ulcerative colitis	2	2	4
043	Cholera	–	–	–
045	Dysentery, bacillary	–	–	–
046	Dysentery, amoebic	–	–	–
047–048	Dysentery, other forms	–	1	1
	Total ...	11	369	380
	Diarrhoeal death rate per 1000 population	0.06	1.21	0.76

Of the 366 non-European deaths from diarrhoea and enteritis, 102 occurred in Ward 8 (including 77 in the district of Windermere), 85 in Ward 10, 67 in Ward 15, and 112 in the rest of the city. 98.1 per cent of these deaths were under five years of age, i.e. 270 under one year, 62 between one and two years, and 27 between two and five years. Compared with the previous year, the greatest decrease in deaths occurred in Ward 15. The total number of diarrhoeal deaths shows a continuation of the decline from the peak of seven years ago.

Infant deaths from diarrhoea and enteritis for a series of years –

Year	Diarrhoea and Enteritis					
	European		Non-European		All races	
	Male	Female	Male	Female	Male	Female
Average						
1946–50	9	6	142	107	151	113
1951–55	5	3	224	206	229	209
1956–60	3	2	210	195	213	197
Year						
1961	3	4	181	150	184	154
1962	3	2	146	124	149	126



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

Europeans ——— Non-Europeans – – – –

WEIL'S SPIROCHAETAL JAUNDICE

Although Weil's spirochaetal jaundice is not notifiable in the Republic of South Africa, any report of a case occurring in this country is, nevertheless, a matter of news.

Until comparatively recently it was considered that Cape Town was free of the disease. The first intimation that a case had occurred in the municipal area was a report to the department in August, 1962, that a Coloured male, aged 25, living in the central Cape Town area, and employed in the docks, had been admitted in December, 1961, to the Woodstock Hospital suffering from this condition.

This individual's duties as a stevedore necessitated the unloading of cargo from the nets as they were swung on to the quayside from ships. According to the patient's story some of this cargo is contaminated with rat excrete.

About the same time that this information came to hand, a further telephonic report was received by the department from a medical staff member at the Woodstock Hospital that a second case – Case II – again a Coloured male, aged 46, also resident in the central Cape Town area, had been admitted in September, 1962, suffering from the same condition. This individual died the day after admission. He was apparently of the vagrant type, and was also from time to time employed as a labourer in the Cape Town docks.

As the result of the publication of the details of these two cases in the South African Medical Journal of the 13th October, 1962, verbal information was supplied to the department by a staff member of the Pathological Department of the University of Cape Town that as far back as the 6th October, 1952, an autopsy carried out on a non-European patient from the Groote Schuur Hospital revealed that this individual had died from Weil's infective jaundice.

This individual – apparently 41 years of age – was resident in the Woodstock area of Cape Town (Gympie Street), an area well-known to the department as containing a large, overcrowded, resident population, and from where the odd case of flea-borne murine typhus has in the past been reported.

Following this further information, an approach was made to the Department of Bacteriology of the University of Cape Town, requesting their assistance in the carrying out of a survey on rats, with a view to establishing whether any of these were infected with the disease or not.

At the same time an approach was also made to the State Department of Health with the request that any rats trapped in the harbour area be also submitted to the University Department of Bacteriology for testing against Weil's infective jaundice.

In all a total of 56 rats were trapped, some in the area where the two first-named patients resided, others in the harbour area and still others from other parts of the municipality, including the Cape Town Railway Station (S.A.R. property).

Up to date one rat – that trapped in the upper District 6 area, in close proximity to the residence of the first-named individual, together with two rats captured on and around the Cape Town Railway Station have yielded positive results. All rats infected were *Rattus Norvegicus*.

The leptospira isolated from these animals appear to be identical with or antigenically very closely related to Leptospira Icterohaemorrhagica. Further serological characterisation of these strains are in progress.

These positive findings are of particular importance to this department as indicating a high degree of prevalence and the magnitude of the disease amongst our local rodent population.

The important point resulting from this disclosure is that unless the rodent population is kept to the absolute minimum, further human cases of this disease can be expected to occur in the municipality.

Additional steps will undoubtedly have to be taken with a view to containing the rodent population at as low a level as possible.

Details of human cases of Weil's spirochaetal jaundice

Case I.	P.D., Coloured male 25 years. 37 Virginia Street, Cape Town.
	Employed Cape Town docks as labourer.
	Admitted December, 1961, to Woodstock Hospital where diagnosis of Weil's disease was diagnosed.
Case II.	J.D., Coloured male 46 years. 3 Maidstone Street, Cape Town.
	Employed Cape Town docks as labourer.
	Admitted Woodstock Hospital 11th September, 1962. Died 12th September, 1962.
	Confirmed: guinea pig tests. Doctors Finlayson and Clegg.
Case III.	C.P., Coloured male 41 years. 34 Gympie Street, Woodstock.
	Employed at fish shop, Woodstock.
	Died Groote Schuur Hospital on or about 4th October, 1952.
	Autopsy 6th October, 1952.

FOOD POISONING

As the result of a telephone call on 4th December, 1962, from the health visitor of the Claremont child welfare clinic that approximately ten children at a school in the vicinity were suffering from the effect of food poisoning, the school was immediately visited by a medical officer of the department.

The story obtained was that at 10.45 a.m. the children were given a mixture of cocoa, milk and water. Several children complained that the mixture did not smell good and had a bitter taste. Many did not drink it but those who did commenced complaining of colic, nausea and vomiting about 20 minutes after consumption.

At the time of the visit, 12.15 p.m., those seen were shocked and in some cases were still vomiting. They were all sent home. The preparation room and the urn used for cocoa preparation had a most peculiar smell. It was also noticed that the urn had been extensively repaired by the use of lead solder. Samples of cocoa and the washings from the urn were submitted to the Government analyst but the cause of the outbreak could not be established.

The symptoms would suggest that a heavy metal was implicated. The school head was advised to discard the urn in question owing to the extensive manner in which it had been resoldered and to procure a new one. This advice has been followed. No further trouble has occurred.

KWASHIORKOR

Kwashiorkor was declared a notifiable disease on 14th September, 1962. From that date to the end of the year, 45 cases (all non-European) of this disease were notified.

In view of the recent interest in malnutrition at governmental level and continued efforts by many organisations in this city to obtain support for supplementary feeding of the lower classes in schools, etc., the following figures have been compiled from death certificates for the year under review so as in some rough manner to indicate the extent of serious malnutrition existing locally.

Apart from 375 deaths classified during 1962 as having been due to gastro enteritis, where malnutrition probably played the major part, a further 281 deaths are recorded where malnutrition was serious enough for the medical practitioner to mention it on the death certificate either as the main or a contributory cause of death. All these figures relate to children under the age of five years who died within the municipality.

Number of such deaths registered in the Magisterial districts of :–

Cape	48
Wynberg	132
Simon's Town	3
Native registration ...	98
	281

These 281 deaths are further analysed as follows –

Classified as	City residents	African Townships	Imported cases	Total
Nutritional deficiency states	27	11	36	74
Other causes ...	102	36	69	207
	129	47	105	281

The 207 deaths attributed to other causes are analysed as –

	Contributory cause				
Classified as	Malnutrition	Marasmus	Kwashiorkor	Rickets	Nutritional oedema
Tuberculosis ...	4	2	1		
Other infectious diseases	5	2	6	1	
Nervous system ...	1	1		1	
Respiratory system	15	5	5	4	
Digestive system ...	81	18	16	7	2
Congenital deformity	1	3	2		
Other diseases of early infancy ...	14	4	6	—	—
	121	35	36	13	2

68 Of the 281 cases died at home and the remainder in hospitals.

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 569 (313 European and 256 non-European) compared with 607 (341 European and 266 non-European) for the previous year.

The European deaths are the lowest since 1956. Compared with the previous year, the greatest decline took place in the category of unspecified sites, and it is now cancer of the trachea and lung bronchus which claims the greatest number of European deaths.

The decrease in non-European deaths represents a halt in the annual rise in deaths from cancer. The fall in deaths was general, with the exception of cancer of the trachea and lung bronchus where there has been a continued annual increase.

In view of recent public interest in the causation of lung cancer and its relationship to cigarette smoking, the following figures may be of interest –

Deaths from neoplasm of trachea and lung bronchus –

	European		*Non-European*	
	Male	*Female*	*Male*	*Female*
1937	12	6	6	1
1947	21	3	4	2
1957	46	6	27	5
1960	34	12	27	2
1961	33	11	33	3
1962	41	9	31	9

From these figures it is obvious that lung cancer among males is worthy of consideration such deaths being further analysed as follows –

	European		*Non-European*	
	Under 55 yrs.	*Over 55 yrs.*	*Under 55 yrs.*	*Over 55 yrs.*
	%	%	%	%
1958	17	83	43	57
1959	22	78	41	59
1960	9	91	48	52
1961	12	88	36	64
1962	17	83	45	55

The deaths from cancer registered during the year and the corresponding rates are classified in the following table according to the parts of the body affected.

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	8	0.04	10	0.03	18	0.04
150	Malignant neoplasm of oesophagus ...	9	0.05	13	0.04	22	0.04
151	Malignant neoplasm of stomach ...	49	0.25	52	0.17	101	0.20
152–153	Malignant neoplasm of intestine ...	34	0.18	12	0.04	46	0.09
154	Malignant neoplasm of rectum	11	0.06	6	0.02	17	0.03
155–156	Malignant neoplasm of liver	11	0.06	10	0.03	21	0.04
157	Malignant neoplasm of pancreas ...	12	0.06	9	0.03	21	0.04
162–163	Malignant neoplasm of trachea and bronchus of lung	50	0.26	40	0.13	90	0.18
170	Malignant neoplasm of breast	34	0.18	13	0.04	47	0.09
171–172	Malignant neoplasm of cervix uteri ...	11	0.06	12	0.04	23	0.05
177	Malignant neoplasm of prostate ...	10	0.05	9	0.03	19	0.04
181	Malignant neoplasm of bladder	5	0.03	7	0.02	12	0.02
–	Malignant neoplasm of other and unspecified sites	37	0.19	38	0.12	75	0.15
200–205	Neoplasms of lymphatic and haematopoietic tissues	22	0.11	19	0.06	41	0.08
175	Malignant neoplasm of ovary	10	0.05	6	0.02	16	0.03
	Total ...	313	1.62	256	0.84	569	1.14

SECTION VI.—TUBERCULOSIS.

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

The new cases of this disease reported in the year 1962, corrected for misdiagnosis and imported cases, numbered 1,872. 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	79	2	81	0.86	0.02	0.89
	Female	49	5	54	0.48	0.05	0.53
	Total	128	7	135	0.66	0.04	0.70
Coloured	Male	567	46	613	4.31	0.35	4.66
	Female	469	38	507	3.17	0.26	3.43
	Total	1,036	84	1,120	3.71	0.30	4.01
African (Urban) ..	Male	122	4	126	11.64	0.38	12.02
	Female	52	5	57	6.81	0.65	7.46
	Total	174	9	183	9.60	0.50	10.10
Asiatic	Male	5	–	5	1.28	–	1.28
	Female	3	–	3	0.91	–	0.91
	Total	8	–	8	1.11	–	1.11
All Non-European ..	Male	694	50	744	4.76	0.34	5.10
	Female	524	43	567	3.30	0.27	3.57
	Total	1,218	93	1,311	4.00	0.31	4.30
All races	Male	773	52	825	3.26	0.22	3.48
	Female	573	48	621	2.20	0.18	2.39
	Total	1,346	100	1,446	2.71	0.20	2.91
African (Langa) ..	Male	202	12	214	9.22	0.55	9.77
	Female	28	3	31	6.39	0.68	7.07
	Total	230	15	245	8.75	0.57	9.32
African (Guguletu)	Male	82	9	91	9.81	1.08	10.89
	Female	80	10	90	8.98	1.12	10.10
	Total	162	19	181	9.38	1.10	10.48

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	13	1	14	0.14	0.01	0.15
	Female	4	–	4	0.04	–	0.04
	Total	17	1	18	0.09	0.01	0.09
Coloured	Male	84	15	99	0.64	0.11	0.75
	Female	29	9	38	0.20	0.06	0.26
	Total	113	24	137	0.40	0.09	0.49
African (Urban) ..	Male	14	1	15	1.34	0.10	1.43
	Female	6	1	7	0.79	0.13	0.92
	Total	20	2	22	1.10	0.11	1.21
Asiatic	Male	–	–	–	–	–	–
	Female	–	–	–	–	–	–
	Total	–	–	–	–	–	–
All Non-European ..	Male	98	16	114	0.67	0.11	0.78
	Female	35	10	45	0.22	0.06	0.28
	Total	133	26	159	0.44	0.09	0.52
All races	Male	111	17	128	0.47	0.07	0.54
	Female	39	10	49	0.15	0.04	0.19
	Total	150	27	177	0.30	0.05	0.36
African (Langa) ..	Male	18	3	21	0.82	0.14	0.96
	Female	2	2	4	0.46	0.46	0.91
	Total	20	5	25	0.76	0.19	0.95
African (Guguletu)	Male	5	2	7	0.60	0.24	0.84
	Female	3	3	6	0.34	0.34	0.67
	Total	8	5	13	0.46	0.29	0.75

NOTIFICATIONS

It is estimated that the population of Cape Town has increased by 10,880 from 530,170 to 541,050 in 1962. The total number of new cases of *all forms* of tuberculosis brought to official notice by notification was reduced by 65 from 1,937 to 1,872 in the year under report. The total figures provided by the city and the two large African villages of Langa and Guguletu (Nyanga West) show that the improvement is due to a reduction of 140 cases in the city proper, offset by an increase of 75 cases amongst the Township Africans. However, comparisons are vitiated by the sudden notification of accumulated cases of non-pulmonary tuberculosis last year, and it is the pulmonary form which provides an accurate reflection of the prevalence of tuberculosis in Cape Town: it is also the only form responsible for the spread of the disease and for the establishment of a clinic system to combat it.

The prevalence of pulmonary tuberculosis has been remarkably static for the past two years in an increasing population, which in itself is mainly responsible for the lowered rates.

The only significant increased incidence is reported from Guguletu (Nyanga West), a recently established village where Africans and their families have been directed in large numbers by official State policy.

Transkeian entrants whose tuberculosis is discovered within six months of arrival are excluded from the Cape Town totals: this group appear to be increasing and causes undue pressure on the local hospital beds. The traffic is not encouraged but under the Public Health Act the local authority has not only the authority but the obligation to isolate an infectious case.

They could at least all be promptly revealed by a routine established on the lines of the successful pre-employment examination carried out by the Mass Radiography Service centrally placed at Chapel Street. By this means not only would the opportunity to cure at an earlier stage and to prevent the infection of others be secured, but it would relieve Cape Town from expenditure on newcomers.

The balance of the annual excess (72) presumably derives from the establishment of a new clinic, advantageously sited in the village and adequately patronised as a result of a more settled and new life. It should be noted here that a considerable proportion of the new Guguletu cases are children, whose primary disease has been discovered by the examination of contacts. It is probably the higher proportion of children notified in Guguletu which is responsible not only for the higher incidence but also for the lower mortality as compared with Langa: it is the adults who die and proportionately more adult cases are notified in Langa.

Ostensibly the city Africans continue to provide a formidable incidence of pulmonary tuberculosis. Under the shadow of compulsory transfer, they often lead a nomadic existence and are difficult to enumerate fully: moreover the fit and working section have been more readily transferred to their new quarters. Similarly to last year, the increased incidence is predominantly due to males, who showed almost double the incidence in females.

At this stage, progress in the anti-tuberculosis field is especially essential in regard to Africans, who provide the possibly unique spectacle of deterioration in a milieu of widely augmented effort on modern lines. Whatever other factors are responsible for this failure, local experience suggests that it is not due to a lack of co-operation by the public: that the mass of tuberculosis lies with the non-Europeans in the city area, and in gross numbers it remains dismally static: the only cheerful finding is an improvement in the remarkable world wide freedom from tuberculosis of school-children aged 10 to 15 years.

Table J indicates that the number of children (all races) examined (as contacts) has not decreased. There is no satisfaction in the corollary that more non-European children have acquired their tuberculosis at a vulnerable age: 297 compared with 276 last year were under the age of 5 years: however reference to the infant mortality rates on page 92 show that few of these children die: the published mortality per 1,000 live births was 1.3 in the first year and 1.8 in the second year of life in the last quinquennium in contrast to the disastrous figures of 8.0 and 14.1 in the first half of the forties, this improvement has made a gratifying contribution to the impressive reduction of the total infant mortality rate without check since 1947.

The consistency of these figures over the past four years defines clearly the task with which the clinics are confronted and suggests that their efforts have been equally sustained through the years.

Nevertheless Table D establishes that the steady reduction of the incidence of pulmonary tuberculosis in the last decade has failed in the past three years and it is realistic to assume that this may continue. It is imperative to record that this failure can no longer be attributed to the inadequacy of financial aid to the dependents of sufferers from tuberculosis, and to acknowledge that, excepting the Bantu, their needs have been increasingly met by Disability and Maintenance Grants via the Department of Social Welfare and benefits from the Unemployment Fund via the Department of Labour, together with supplementary contributions from local organisations such as Santa, the Care Committee and the Board of Aid.

Table E analyses the notifications of non-pulmonary tuberculosis during the year. Whilst it is useless for the purpose of general assessment owing to the neglect by the general hospitals to notify this type of tuberculosis, it is accurate in regard to the most catastrophic form, to wit, tuberculous meningitis, as every case reaches hospital in a modern community. Immense encouragement can be derived from the fact that the notifications of this still lethal disease have been halved in the city area in 1962; the actual number was 19 compared with 40 in 1961.

This improvement can be attributed in order of efficacy to the B.C.G. vaccination of infants at birth, the discovery and treatment of tuberculosis in infancy, and less convincingly to the isolation of infectious cases.

TABLE C

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

1958

Age group	Non-European			
	Male		Female	
	No.	%	No.	%
0–1 year ..	32	4.0	34	5.6
1–2 years ..	56	7.0	56	9.2
2–5 ,, ..	71	8.8	94	15.4
5–10 ,, ..	50	6.2	59	9.7
10–15 ,, ..	18	2.2	28	4.6
15–25 ,, ..	104	13.0	126	20.7
25–35 ,, ..	191	23.8	121	19.9
35–45 ,, ..	130	16.2	43	7.1
45–55 ,, ..	84	10.5	24	3.9
55–65 ,, ..	45	5.6	15	2.5
65–75 ,, ..	16	2.0	7	1.1
75+ ,, ..	6	0.7	2	0.3
Total	803	100	609	100

1962

Age group	Non-European			
	Male		Female	
	No.	%	No.	%
0–1 year ..	18	2.6	16	3.1
1–2 years ..	41	5.9	44	8.4
2–5 ,, ..	75	10.8	103	19.6
5–10 ,, ..	46	6.6	55	10.5
10–15 ,, ..	8	1.2	15	2.9
15–25 ,, ..	94	13.5	106	20.2
25–35 ,, ..	132	19.0	100	19.1
35–45 ,, ..	140	20.2	46	8.8
45–55 ,, ..	76	10.9	22	4.2
55–65 ,, ..	43	6.2	14	2.7
65–75 ,, ..	13	1.9	2	0.4
75+ ,, ..	8	1.2	1	0.2
Total	694	100	524	100

TABLE D

	New cases				Discovery rates per 1,000 population			
	Pulmonary		Other forms		Pulmonary		Other forms	
	M.	F.	M.	F.	M.	F.	M.	F.
European:								
Year 1952–53 ..	139	108	11	9	1.55	1.09	0.12	0.09
1953–54 ..	142	97	10	9	1.57	0.97	0.11	0.09
1954–55 ..	126	72	15	8	1.39	0.72	0.16	0.08
1956 ..	111	61	6	6	1.21	0.60	0.07	0.06
1957 ..	123	61	7	5	1.33	0.60	0.08	0.05
1958 ..	93	55	3	3	1.00	0.54	0.03	0.03
1959 ..	99	49	10	12	1.06	0.47	0.11	0.12
1960 ..	66	59	7	6	0.70	0.57	0.07	0.06
1961 ..	89	45	13	14	0.98	0.44	0.14	0.44
1962 ..	79	49	2	5	0.86	0.48	0.02	0.05
Non-European:								
Year 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
1961 ..	680	536	106	103	4.76	3.35	0.74	0.66
1962 ..	694	524	50	43	4.76	3.30	0.34	0.27

TABLE E

	Notifications						
	European		Non-European		Total (City)	African	
	Male	Female	Male	Female		Langa	Guguletu
Meninges	0	2	9	8	19	1	9
Abdominal*	–	–	–	1	1	2	2
Bones and joints ..	–	2	4	3	9	4	3
Glands	–	–	12	13	25	3	2
Genito-urinary system ..	2	–	4	6	12	1	–
Disseminated	–	1	17	10	28	3	2
Other organs	–	–	4	2	6	1	1
Total ..	2	5	50	43	100	15	19

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

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

DEATHS

Fewer persons die of pulmonary tuberculosis than ever before in the city area: there is nothing laudable about this fact when we report that 150 people die of a remediable and preventable disease. Whilst no comparison can be exact and few are available, the respective mortality rates of Cape Town, which now has four full-time doctors engaged at the clinics for a population of 541,000, and of the next largest city in the Cape Province, where there are three doctors for a population of 260,000 and no waiting list for the admission of Bantus, provide the following figures in 1962.

Pulmonary tuberculosis mortality rates per 100,000 total population.

	European	*Coloured*	*Bantu*	*Total*
Cape Town	9	40	78	33
Port Elizabeth	7	88	128	77

In gross numbers there were 178 deaths from pulmonary tuberculosis in Cape Town and 201 in Port Elizabeth, where in fact tuberculosis has diminished at a quicker rate since the darkest days of 20 years ago.

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

TABLE F

Race	Pulmonary tuberculosis					Tuberculosis, other forms				
	1962	1961	1960	1959	1958	1962	1961	1960	1959	1958
European	0.09	0.12	0.13	0.16	0.17	0.01	0.01	0.02	0.01	0.01
Coloured	0.40	0.49	0.45	0.42	0.50	0.09	0.08	0.11	0.10	0.12
African	0.10	1.22	0.97	0.33	1.05	0.11	0.53	0.20	0.10	0.18
Asiatic	–	0.42	–	0.50	0.13	–	–	0.14	0.12	0.13
Non-European ..	0.44	0.54	0.47	0.41	0.56	0.09	0.11	0.12	0.10	0.13
All races	0.30	0.37	0.34	0.32	0.42	0.05	0.07	0.08	0.07	0.09

The improved mortality rate from pulmonary tuberculosis in comparison with the previous year is shared by all the racial groups named.

It has been constantly emphasized in these reports that the published mortality rates in Africans is by no means an accurate measurement of the onslaught of tuberculosis on this group owing to the traditional return of the ailing workers to their homes in the Transkei. These deaths are not debited to Cape Town.

Attention should be drawn to the better mortality rates in Guguletu (Nyanga West) compared with the older and larger Langa. In view of the small numbers and the migration of the sick, it can only be conjectured, if death certification is equally accurate, that the improvement may be due to better care associated with a stronger sense of family life in the new estate of Guguletu, and the younger population there.

As noted in the last report, the population of urban Africans had been over-estimated prior to the Census of September, 1960, and is now computedly so small that when 20 die of pulmonary tuberculosis instead of 23 in the previous year, it is responsible for a 10 per cent reduction of the mortality rate. For what it is worth, the percentage reduction is 25 in Europeans and 18 in Coloureds.

Set targets are stimulating and it may not be entirely idle to prophesy that European deaths might be reduced to one per month, Coloured deaths to five per month, and the total deaths to 100 in the next five years. This ostensibly happy attainment will not necessarily denote that tuberculosis had become a diminishing disease but that it had been increasingly recognised as curable.

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	Guguletu
Tuberculosis, meningeal	–	–	7	3	10	2	3
" abdominal	–	–	–	1	1	1	1
" of bones and joints ..	–	–	2	2	4	1	–
" of genito-urinary system	1	–	–	1	2	1	–
" disseminated	–	–	6	3	9	–	1
" of other organs	–	–	1	–	1	–	–
Total ..	1	–	16	10	27	5	5

In keeping with the halving of the incidence of tuberculous meningitis, previously noted, the number of deaths from this cause has fallen from 26 to 15.

In 1948 this figure was 135.

Only two European children were notified as suffering from tuberculous meningitis during the year, and for the first time in Cape Town history none died: only one European death from this cause had been registered in each of the two preceding years.

Some merit has previously been claimed for the comparatively small number of persons who have died of pulmonary tuberculosis before it has been recognised and brought to official notice. There were 25 of these usually poor and lonely persons who died in the city area without the opportunity of recovery by departmental services and warning to others of the danger of infection: they account for 1.9 per cent of total new pulmonary cases found during the year, and for 17 per cent of the deaths. These undiscovered cases will be responsible for an increasingly greater share of the total deaths as more of the known and treated cases become cured — or at least fail to die.

The proportion of these cases missed until after death is greater in the African townships, where they numbered 11 out of a total of 426 (2.6 per cent) notifications of all forms of tuberculosis compared with 30 out of 1,446 in the city area.

The death rates per 1,000 of the population from all forms of tuberculosis (corrected) are shown in the following table for the past 47 years:—

TABLE H

	Death rate per 1,000 population		
	European	Non-Eur.	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
5 " " " " 1961	0.15	0.66	0.47
1 " " " " 1952	0.26	2.97	1.81
1 " " " " 1953	0.21	2.07	1.29
1 " " " " 1954	0.24	1.77	1.15
1 " " " " 1955	0.17	1.21	0.80
Calendar year 1956	0.13	0.76	0.52
" " 1957	0.15	0.87	0.60
" " 1958	0.18	0.69	0.51
" " 1959	0.17	0.51	0.39
" " 1960	0.15	0.59	0.41
" " 1961	0.13	0.64	0.44
" " 1962	0.09	0.52	0.36

ANTI-TUBERCULOSIS CENTRES

TABLE I

	New Consultations			Total Attendances		
	1962	1961	1960	1962	1961	1960
Cape Town:						
Eur.	1,433	1,258	1,408	4,898	4,513	4,985
Non-Eur.	3,328	3,085	3,163	17,204	16,296	16,355
Total	4,761	4,343	4,571	22,102	20,809	21,340
Wynberg:						
Eur.	693	606	546	2,424	2,432	2,273
Non-Eur.	1,862	1,930	1,727	9,045	9,327	8,414
Total	2,555	2,536	2,273	11,469	11,759	10,687
Kensington:						
Eur.	—	—	1	—	—	1
Non-Eur.	1,113	961	879	8,287	8,011	7,814
Total	1,113	961	880	8,287	8,011	7,815
Athlone:						
Eur.	1	—	—	1	—	—
Non-Eur.	1,872	1,703	1,718	10,541	9,654	9,226
Total	1,873	1,703	1,718	10,542	9,654	9,226
Langa:						
African	480	485	389	4,136	4,057	3,617
Guguletu:						
African	722	469	294	5,236	3,643	1,987
Total:						
Eur.	2,127	1,864	1,955	7,323	6,945	7,259
Non-Eur.	9,377	8,633	8,170	54,449	50,988	47,413
Total	11,504	10,497	10,125	61,772	57,933	54,672

Number of sessions:—	Cape Town	440
	Wynberg	246
	Athlone	236
	Kensington	197
	Langa	100
	Guguletu	98
		1,317

These six clinics serve a population of over half a million in the municipal area extending for 26 miles: the new estate of Steenberg is 16 miles from the central City Hospital to which the inhabitants have to travel for large films. It is hoped that this disadvantage will be largely remedied by the provision next year of a travelling inter-clinic X-ray unit fitted with an Odelco camera and 100 mm. film.

Evening clinics are held at the central clinic in Chapel Street in the first week of every month for the benefit of patients who have continued or been returned to work. This avoids any possibility of their deprivation of a half-day's pay and almost guarantees them against relapse: it is an arduous and cheerful session when some 150 non-Europeans attend after a day's work to prove the value of continued co-operation.

Both the new consultations and the total attendances have exceeded last year's figures: it is essential to keep up with the increase of population. Whilst there is some overlapping, the new consultations and the Mass Radiography Service present the formidable total of 82,364 persons who have been examined for pulmonary tuberculosis during the year.

It is satisfactory to note that their is no complacency amongst the Europeans following their reduced incidence of pulmonary tuberculosis, which has been halved in ten years. They continue to present themselves for examination in increasing numbers. Population-shifts and distances from the clinic probably account for the only fall in non-European attendances at Wynberg.

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	27	16	2	3	48	148	81	45	45	319	367
Observation ..	—	—	1	—	1	3	1	1	1	6	7
Not accepted ..	4	6	1	2	13	15	6	10	6	37	50
	31	22	4	5	62	166	88	56	52	362	424
Suspects:											
Notified	31	20	7	4	62	573	258	120	118	1069	1131
Observation ..	1	5	2	2	10	23	8	11	13	55	65
Non-tuberculous	388	482	209	164	1243	1167	1607	720	706	4200	5443
	420	507	218	170	1315	1763	1873	851	837	5324	6639
Contacts:											
Notified	1	1	7	9	18	13	17	94	108	232	250
Observation ..	—	1	—	1	2	3	7	8	15	33	35
Non-tuberculous	148	248	159	175	730	396	911	1011	1108	3426	4156
	149	250	166	185	750	412	935	1113	1231	3691	4441
Total ..	600	779	388	360	2127	2341	2896	2020	2120	9377	11504

Notified cases

Of the 424 persons who attended the clinics as the result of notification, 50 (11.8 per cent) were found to be non-tuberculous.

Suspects

This larger group of 6,639 attended the clinics as the result of advice of their family doctors, friends and employers, or on the instructions of general hospitals and dispensaries and other welfare agencies. 1,131 (17.0 per cent) were found to be suffering from pulmonary tuberculosis. Those who are apt to assume that attendance at the clinics is synonymous with tuberculosis can be enlightened by the corollary that 83.0 per cent of first attenders mostly with some symptoms of ill health, are free of tuberculosis.

Contacts

Of 399 adult Europeans who attended as the result of exposure to a known case, two were found to have pulmonary tuberculosis: of 351 European child contacts 16 were notified as suffering from primary tuberculosis (4.6 per cent): many of these children were examined following the discovery of tuberculosis in a domestic or nursemaid. Parents can easily acquire peace of mind in this regard by using the Domestic Hour of the Mass Radiography Service (at noon sharp every Thursday, Telephone 3-3798).

Owing to the larger families and overcrowding, and the failure to isolate the infectious cases, the yield from non-European contacts is higher. 1,347 Adult contacts, of whom it will be noted that women greatly outnumber men owing to the opportunity of examining the mothers with the children, provided 30 new cases, and 2,344 child contacts provided 202 new cases (8.6 per cent). During the three previous years the percentage yield from child contacts was 7.4, 7.7 and 9.2: the hazard is considerable and remains fairly consistent.

AMBULATORY TREATMENT

Centre	Injections				Total
	European		Non-European		
	Males	Females	Males	Females	
Chapel Street	1,861	564	7,922	2,504	12,851
Wynberg	473	93	612	529	1,707
Kensington			1,418	1,464	2,882
Athlone			4,788	2,196	6,984
Langa			6,494	1,331	7,825
Guguletu			3,254	2,583	5,837
Total	2,334	657	24,488	10,607	38,086

SCREENINGS

Centre	Europeans		Non-Europeans		Total
	Males	Females	Males	Females	
Chapel Street	1,108	1,185	2,972	2,990	8,255
Wynberg	473	624	1,617	2,062	4,776
Kensington			889	1,150	2,039
Athlone			1,773	2,315	4,088
Langa			807	438	1,245
Guguletu					
Total	1,581	1,809	8,058	8,955	20,403

P.A.S. and/or I.N.H. TREATMENT

Centre	New cases				Total
	European		Non-European		
	Males	Females	Males	Females	
Chapel Street	45	31	362	220	658
Wynberg	10	10	109	105	234
Kensington			95	57	152
Athlone			127	94	221
Langa			97	35	132
Guguletu			57	69	126
Total	55	41	847	580	1,523

No. of domiciliary injections given: 16,130.

SOURCES OF NOTIFICATION

The sources of notifications (all forms) 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.

Private practitioners	458
General hospitals and other institutions	744
City Health Department branches	895
Other local authorities	267
	2,364

The total notifications exceed last year's figure by 24: contributions have increased from the family doctors by 61 and decreased from the general hospitals by 98, but over the two years the number of cases of pulmonary tuberculosis from the two main sources of discovery has been consistent as the Groote Schuur Hospital supplied 228 and the Red Cross Hospital for Children supplied over 100 in each year: it is timely to acknowledge the considerable help and co-operation the anti-tuberculosis section received particularly from these two large hospitals. During the year under report the Mass Radiography Service examined 3,500 more persons than in the preceding year and notified 24 fewer cases. This provides confirmation that pulmonary tuberculosis is decreasing amongst the workers in the large industrial concerns and factories.

It has to be noted that the Free Dispensaries notified 121 cases of non-pulmonary tuberculosis last year and two in 1962. This lends an air of unreality to the statistics in regard to this type of tuberculosis which is (fortunately) not the curative responsibility of the department.

It is recognised in Cape Town and elsewhere that the prevalence of pulmonary tuberculosis amongst Africans is calamitously high and that it shows no progressive abatement; in all three areas of domicile they show well over double the incidence of the local Coloured population.

A more detailed analysis of the sources of notification provide some striking contrasts between Langa and the more remote Guguletu (Nyanga West), and give some guidance as to whether certain lines of effort should be intensified.

In Guguletu only 11 per cent of the total cases of pulmonary tuberculosis notified during the year are reported by private practitioners in contrast to 30 per cent in Langa, and there is no doubt that service by general practitioners is not numerically strong.

Owing to the large numbers of workers in barracks in Langa, the disease is more readily discovered by Mass Radiography Service (26 per cent) compared with 9 per cent in Guguletu.

Whilst both townships are equally served by clinics, it has been indicated that the preponderance of women and children in Guguletu enables them to provide 30 per cent of the total notification, the proportion is only 14 per cent in Langa.

The three general hospitals most readily available to Africans — and at all hours — play a valuable part in the discovery of the disease by reporting a percentage contribution of all notified cases of 17 in Langa and as much as 24 in Guguletu.

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	Gugu-letu	Outside Cape Town	Total
Attended clinic	1,279	269	210	157	12	1,927
Failed to attend	167	32	35	24	179	437
	1,446	301	245	181	191	2,364
Failure to attend clinic:						
In hospital	95	20	17	15	179	326
Hospital out-patients	7	1	—	1	—	9
Too ill	4	1	2	—	—	7
Died before notification ..	8	1	—	—	—	9
First advice through death registration	22	1	6	5	—	34
Refusals	17	2	7	2	—	28
Under private care	1	—	—	—	—	1
Untraceable or decamped on notification	13	6	3	1	—	23
	167	32	35	24	179	437

The percentage of notified Cape Town cases who attended clinic for examination and advice was 88 per cent.

TABLE M

Period	Total Cape Town cases notified	Bedfast on notifica-tion	Percentage of total cases notified	Dead on notifica-tion	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
1960	1,460	7	0.5	30	2.1
1961	1,586	5	0.3	33	2.1
1962	1,446	4	0.3	30	2.1

HOSPITALIZATION

TABLE N

	Cape Town				Outside Cape Town cases
	Local	Imported infection.	Langa	Guguletu	
New pulmonary cases notified during the year	1,346	290	230	162	157
Known to have had T.B. positive sputum	315	83	70	27	–
New pulmonary cases admitted to institutions for treatment of tuberculosis	489	95	83	41	157
Proportion of new cases admitted	35.7%		31.6%		
Died before receipt of notification	25	5	5	4	–
Died within 1 month of notification	15	3	8	3	–
Died within 1 to 3 months of notification	6	–	–	1	–
Died within 3 to 6 months of notification	5	–	1	–	–

Outside Cape Town cases – cases admitted to the City Hospital or other hospitals from outside the municipal area.

The total number of Cape Town cases of pulmonary tuberculosis admitted to institutions during the year was 1,230 compared to 1,116 last year.

These were distributed as follows –

TABLE O

	European		Non-European		Total
	Males	Females	Males	Females	
City Hospital, Cape Town ..	65	39	27	205	336
Brooklyn Chest Hospital	–	–	398	44	442
Other institutions	9	3	293	147	452

It cannot be accepted that only 315 of the 1,346 new pulmonary cases have reached an infectious stage: those who have been promptly admitted to hospital and remained there to the end of the year are not included in the number of infectious cases. It is hoped that this low infectivity rate is an indication that more cases from all sources are being discovered in an early stage of the disease, although the impact of pulmonary disease on Africans is so serious that this optimistic view cannot be applied to this group, of whom initial examination at Langa shows that over 30 per cent are already infectious.

The finding that only 613 of the 1,738 new pulmonary cases (35 per cent) have been admitted to hospitals during the year in which they were uncovered in Cape Town and the two African townships is disappointing, although it is an improvement on last year's figures of 560 out of 1,681 (33 per cent).

The degree to which modern therapy has allowed, and the restricted hospital accommodation has forced, the clinics to undertake the additional responsibility of treatment outside hospital is numerically shown, after the subtraction of 39 who had died before receipt of notification, by the remainder of 1,086 cases. The much desired improvement in turnover is partially impeded at Brooklyn Chest Hospital by the necessity to retain patients for assessment and operation in the surgical unit for over-average periods.

In addition to the admission of 613 of our own new cases, there were admitted 95 persons who were living in Cape Town but known to have acquired the disease elsewhere, and 157 persons from other authorities of whom only the Divisional Council of the Cape has a recognised claim on behalf of their non-European male patients.

TUBERCULOSIS REGISTER

The total number of persons known by the department to be suffering from tuberculosis and to be living in Cape Town Municipality on 31st December, 1962, is given on page 56.

Persons remaining under clinic supervision for pulmonary tuberculosis numbered 8,120, compared with last year's total of 8,777, comprising 941 Europeans, 5,939 Coloureds and 1,897 Africans.

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							
Old 'District Six'	282	359	74	19	29	3	766
Maitland Garden Village, Kensington, Windermere, Brooklyn and Rugby	62	1,161	116	8	57	7	1,411
Woodstock, Salt River	106	433	19	4	21	–	583
Observatory, Mowbray, Rosebank, Black River, Hazendal, Bokmakirie & Kewtown .	3	402	9	12	30	–	456
Rondebosch, Newlands, Claremont, Kenilworth, Wynberg and Wittebome	103	413	25	2	8	–	551
Lansdowne, Kromboom Est., Meadows Est., Hampton Est., Crawford, Athlone	44	532	45	–	25	–	646
Bonteheuwel to Bridgetown	–	426	–	–	13	–	439
Plumstead to Clovelly	144	1,112	135	4	17	2	1,414
Silvertown, Belgravia, Surrey Estate ..	3	578	64	–	27	6	678
Langa	–	–	936	–	–	68	1,004
Guguletu	–	15	498	–	–	42	555
Total ..	747	5,431	1,921	49	227	128	8,503

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 number of families assisted by monetary grants increased from 351 last year to 403.

The work done during the year is as follows:-

Families helped by payment of rent	107
,, ,, ,, maintenance grants	202
,, ,, ,, rent & maintenance grants ..	94
,, ,, ,, payment of foster-mothers ..	1
,, ,, ,, provision of clothing and blankets	51
No. of articles of clothing distributed	200
No. of blankets distributed	19

ALMONER:

Visits paid	769
Interviews given	1,274
New cases	227

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.

Both the Care Committee and the anti-tuberculosis section of the City Health Department will seriously miss the services of Miss G.M. Edwards, who is due to retire next year. Miss Edwards after a lengthy career with District Nursing Services, wherein she reached the highest post of Chief Superintendent, has spent 12 years as almoner and patients 'friend'. By a happy combination of firmness and fairness she has become largely responsible for the increased co-operation of all patients who now widely acknowledge that none need deprive themselves of hospital and other treatment on the grounds that their families would become impoverished and without care. In 1951 when Miss Edwards first rolled up her sleeves for action, out of every 100,000 Coloured people 261 died of pulmonary tuberculosis, but when her day was done in 1962 only 40 died.

Miss Edwards can rest from these testing labours with the satisfaction that the path of her successors has been mightily eased and with the immense recompense that her participation in the fight against tuberculosis in Cape Town has been associated with signal success for the public health and the restoration of many thousands to their families and their work.

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

Year	European		Non-European		Total
	Males	Females	Males	Females	
1949–50	10,066	7,999	12,869	4,449	35,383
1954–55	14,668	10,643	19,839	15,877	61,027
1960	13,254	8,220	22,286	24,363	68,123
1961	12,361	8,531	24,109	22,359	67,360
1962	12,156	7,956	27,496	23,252	70,860

In addition to the 70,860 miniature film examinations made during the year, 2,822 large films were taken as compared with 2,669 in the previous year.

2,267 Persons were recalled for further examination. Of these 483 were found to be suffering from active tuberculosis, compared with 535 in the previous year. This represents 0.7 per cent of the 70,860 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.
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
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
1961	European ..	6	4	10	6	7	–	7	–	30	10	7	1
	Non-European ..	53	68	112	88	79	16	66	13	310	185	74	16
	All races ..	59	72	122	94	86	16	73	13	340	195	81	17
1962	European ..	1	7	5	7	5	4	9	–	20	18	5	4
	Non-European ..	39	65	101	59	87	18	71	5	298	147	40	16
	All races ..	40	72	106	66	92	22	80	5	318	165	45	20

Of the 483 new cases of pulmonary tuberculosis discovered, 65 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 65 extra-municipal cases of tuberculosis were discovered, compared with 98 the previous year. These extra-municipal cases were referred for treatment to the local authority concerned.

We are still anxious to abandon the examination at the Mass Radiography Service of large groups of Europeans who provide little or no tuberculosis and a considerable expenditure met now entirely by ratepayers. This year only 15 European men and 14 women were found to be suffering from pulmonary tuberculosis, usually in an early stage, out of 12,156 men and 7,956 women examined. It will be noted that the incidence in the younger persons attending the Mass Radiography Service from factories and offices is roughly similar in both sexes, but it does not necessarily contradict the double incidence reported in males in the general population, as proportionately less men in other age-groups do not attend. At 20 cents per miniature film, the examination of Europeans has cost R4,022 and revealed only 29 cases, at an average of R139 per patient.

Moreover this low yield is not the result of a new victory: for the previous two years only 30 and 32 Europeans had been found to be suffering from pulmonary tuberculosis after X-raying 21,474 and 20,892 respectively.

If it is not already here, the time will shortly come when very good reasons will have to be put forward for the continuance of this service to Europeans. However a natural adjustment has taken place since 1951 when 21,000 attended from each group, by the gradual increase of patronage by the non-Europeans to 50,750 this year.

The unit is running to capacity and only a reduction in European attendances of 10,000 will level the patronage down to the proportionate incidence of say 6 to 1 and thereby allow full use to continue and full benefits to be attained.

SECTION VII. VENEREAL DISEASES.

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

The year under review shows an increase of 317 new cases attending the municipal treatment centres compared with the previous year. 327 European new cases were registered during the year as against 310 for the previous year. 4,280 non-European new cases attended as against 3,980 for the previous year.

The total attendances numbered 18,183 (1,319 European and 16,864 non-European) as compared with 16,512 in 1961, 13,980 in 1960 and 13,946 in 1959.

The number of new cases of syphilis increased by 257, while recorded cases of congenital syphilis amounted to 20 as against 22 for the previous year.

TABLE I

	1962		1961	
	New cases	Incidence rate	New cases	Incidence rate
Race:				
European	327	1.7	310	1.6
Non-European	4,280	12.3	3,980	11.8
Sex:				
Male	3,433	12.8	3,294	12.6
Female	1,174	4.3	996	3.7
Disease:				
Syphilis	1,147	2.1	890	1.7
Syphilis, congenital	20	0.0	22	0.0
Gonorrhea	2,894	5.3	2,852	5.4
Other venereal diseases	19	0.0	31	0.1
Non-venereal diseases	430	–	417	
Undiagnosed	97	–	78	
All new cases	4,607	8.5	4,290	8.1

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 7.5 per 1,000 population (1.4 European and 10.9 non-European). Last year the true incidence rates were 7.2, 1.3 and 10.5 respectively.

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 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	Total new cases *	Population (including African 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
1960	3,227	519,171	6.2
1961	3,795	530,166	7.2
1962	4,080	541,045	7.5

* 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 State Health Service for compilation of their statistics.

TABLE III

Disease	New cases					Total attendances				
	European		Non-Eur.		Total	European		Non-Eur.		Total
	M.	F.	M.	F.		M.	F.	M.	F.	
1 Seronegative primary Syphilis	7	1	156	17	181	41	4	807	64	916
2 Seropositive primary Syphilis	13	2	211	25	251	95	5	1086	113	1299
3 Secondary syphilis..	6	4	118	186	314	38	31	688	1349	2106
4 Tertiary syphilis (1)	–	–	12	9	21	1	1	80	74	156
5 Endosyphilis (2)	4	2	37	322	365	17	44	353	1027	1441
6 Neurosyphilis ..	–	–	13	2	15	–	–	93	23	116
7 Congenital syphilis (under 1 year) ..	–	–	9	6	15	–	1	47	35	83
8 Congenital syphilis (over 1 year) ..	–	–	2	3	5	–	8	12	46	66
Total syphilis	30	9	558	570	1,167	192	94	3166	2731	6183
9 Gonorrhea	216	19	2425	206	2866	758	44	7657	510	8969
10 Gonococcal vulvovaginitis	–	1	–	27	28	–	4	–	153	157
11 Gonococcal ophthalmia	–	–	–	–	–	–	–	–	–	–
Total gonorrheal infections	216	20	2425	233	8984	758	48	7657	663	9126
12 Ulcus molle ..	3	–	12	2	17	3	–	19	4	26
13 Lymphopathia venereum	–	–	–	–	–	–	–	–	–	–
14 Granuloma venereum	–	–	–	–	–	–	–	–	–	–
15 Venereal warts ..	1	–	1	–	2	1	–	11	–	12
Total venereal diseases	250	29	2996	805	4080	954	142	10853	3398	15347
16 Non-gonococcal urethritis	10	–	2	–	12	14	–	2	–	16
17 Non-venereal disease	14	21	117	266	418	16	33	147	380	576
18 Undiagnosed ..	1	2	43	51	97	74	86	908	1176	2244
Grand Total	275	52	3158	1122	4607	1058	261	11910	4954	18183

(1) Clinically recognizable.
(2) Diagnosed on result of serological test alone.

The following table shows how the number of new cases of venereal disease attending the centres is again increasing.

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.	
1945	2	11	120	283	93	51	758	1353	191	31	528	123	8	1	51	7	3591
1950	5	5	149	338	96	25	809	1479	167	12	1141	146	15	–	61	13	4461
1955	1	–	5	45	15	12	290	506	175	12	1840	90	53	1	111	52	3208
1960	1	–	9	6	18	8	291	419	180	4	2109	144	2	–	31	5	3227
1961	–	2	7	13	14	10	433	433	207	15	2411	219	3	–	24	4	3795
1962	–	–	11	9	30	9	547	561	216	20	2425	233	4	–	13	2	4080

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 Kensington. During the year, 25 medical sessions (6 European and 19 non-European) were held each week.

Table V shows the number of new cases (including non venereal) 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 Kensington.

TABLE V

Centre	Sessions	New cases	Attendances
City Hospital, Portswood Road	451	1,137	4,253
Salt River	350	2,171	8,467
Wynberg	298	873	3,849
Kensington	150	229	1,129
Pre-natal clinics (at child welfare centres)	–	197	485
Total	1,249	4,607	18,183

An analysis of patients discharged from the treatment centres is given below. Owing to the length of time involved in treatment, rest periods, etc., it follows that only a portion of the new cases registered during 1962 would qualify for this table. In practice, patients who discontinue attendance at the clinics and fail to respond to written reminders are regarded as self discharged.

Disease	Discharged Cured		Self Discharged after :–						Transferred
			One Attendance		2 – 5 Attendances		Over 5 Attendances		
	M.	F.	M.	F.	M.	F.	M.	F.	
1. Seronegative primary syphilis	10	2	9	1	30	2	57	4	
2. Seropositive primary syphilis	11	1	23	2	56	1	60	8	2
3. Secondary syphilis .	5	10	10	11	39	55	34	73	5
4. Tertiary syphilis (1)	1			1	3		7	4	
5. Endosyphilis (2) ..	6	21	2	23	9	46	17	29	3
6. Neurosyphilis ..					1	1	7		2
7. Congenital syphilis (under 1 year) ..		1	1			2	3	2	
8. Congenital syphilis (over 1 year) ..						1	1	3	
Total syphilis ..	33	35	45	38	138	108	186	123	12

VENEREAL DISEASE CONTACTS

48 Contacts were reported to the Medical Officer of Health during the year. This figure is far from satisfactory when one considers that the number of cases registered for investigation and treatment was 4,080. This implies that a large reservoir of undetected venereal disease continues to exist in this city. Notwithstanding intensive interrogation of many of the male victims of the disease, it is invariably found that their infected partners were picked up and are completely unknown to the sufferer. As the result of such promiscuity the problem of stamping out the disease becomes insuperable.

TABLE VI

Number of contacts reported	48
Number of such contacts who reported for examination	14
Number of those who attended found to be suffering from venereal disease	14

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	514	88	–	602
Number of smear examinations for gonococci ..	2,355	29	–	2,384
Number of blood sera tested by Kahn test	19	73	–	92

In addition, 6,440 blood specimens and 3,256 smears were sent to the Government laboratory for examination.

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.

CITY HOSPITAL FOR INFECTIOUS DISEASES, PORTSWOOD ROAD.

The hospital now provides accommodation for 518 patients. The new block built for venereal diseases was completed in August, 1952, and has now been taken over entirely for the treatment of infectious diseases. Ordinarily, patients suffering from the following diseases can be admitted to the hospital: enteric fever, diphtheria, erysipelas, puerperal fever, cerebrospinal fever, acute poliomyelitis, infective encephalitis and scarlet fever. Cases of other infectious diseases are admitted for special medical or social reasons. Accommodation is also provided for cases of pulmonary tuberculosis.

The medical staff at the 31st December, 1962, consisted of the Medical Superintendent of Hospitals, Deputy Medical Superintendent and six medical officers. The house physician posts were converted to medical officers posts as it was not possible to recruit medical staff at the lower rates of remuneration.

HOSPITAL STATISTICS

The daily average 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-Eur.	European	Non-Eur.
Measles	1.4	8.4	0.3	4.7
Acute poliomyelitis	–	0.6	–	0.5
Cerebrospinal fever	0.3	1.6	–	1.0
Diphtheria	0.8	4.7	2.9	8.4
Enteric fever	–	1.2	0.8	2.3
Scarlet fever	3.2	0.2	1.5	0.0
Whooping cough	0.1	1.6	–	1.7
Tuberculosis, pulmonary ..	48.0	373.7	7.9	64.4
Tuberculosis, other forms ..	1.7	37.7	0.8	13.5
Other diseases	2.0	6.2	1.3	3.8
Total	58	436	16	100

The average daily number of patients in the hospital (exclusive of Brooklyn Hospital) was 307.

Patients treated in City Hospital during the year:-

	European		Non-European		Total
	M.	F.	M.	F.	
Patients in hospital 31st Dec., 1961	39	18	75	172	304
Admitted	180	203	375	562	1,320
Discharged	173	183	352	546	1,254
Died	3	2	43	39	87
In hospital 31st December, 1962 ..	43	36	55	149	283

Age grouping of patients

Under 5 years	*5 – 14 years*	*15 – 24 years*	*Over 25 years*
746	259	225	394

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.

	European	*Non-European*	*Total*
Attendances	5,517	13,185	18,702
Clinical room:			
Screenings	56	202	258
Refills	52	184	236
Surgical consultations	54	545	599
Clinics	382	674	1,056
Mantoux tests	611	181	792
Schick tests	132	94	226
Special injections (bronchograms) ..	41	72	113
Other injections	912	669	1,581
X-ray department:			
X-rays			14,994
Bronchograms	41	63	104
Tomograms	81	117	198
Miniature X-rays	664	1,111	1,775
Special X-rays	39	143	182

OPERATING THEATRE

The operations performed during the year were as follows :–

Bronchoscopy	9
Incision of abscess	7
Incision of glands	4
Cystectomy	3
Termination of pregnancy	7
Appendicectomy	2
Oesophogoscopy	1
Tracheotomy	1
Bronchogram	1
Hysterectomy	1
Other surgical preceedures	6

DENTAL CLINIC

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

During the year under report 157 patients attended for dental treatment. Further details are shown in the table on page 37.

BROOKLYN HOSPITAL FOR CHEST DISEASES

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

The total bed state of this hospital is as follows –

Ward A.	38	Ward S.	22	(11 males and 11 females)
Ward B.	38	Ward 1.	24	(Moslem ward)
Ward C.	38	Ward 2.	24	(School boy age group)
Ward D.	38	Ward 3.	13	
Ward E.	36	Ward 4.	21	
Ward F.	38	Total	330	beds

The average daily number of in-patients during the year was 303.

Details of the work done by the hospital is shown in the following tables.

Chemo-therapy and routine graded rest/exercise continues as the basis of successful treatment.

There has been an increase in the number of major thoracic operations and a significant increase in other major operations this year.

The work of the X-ray department has been on a par with that done last year.

Patient turnover has increased this year to 590 admissions.

The staff were routinely vaccinated during the year, and in addition booster doses of TAB vaccine were given to the laundry staff.

DEVELOPMENT

An inspection of the various roofs was made in January by representatives of the Public Works Department. No decision was reached and the matter is still being considered – meanwhile the beetle infestation spreads.

A small cold chamber was installed in the mortuary in March and has proved very useful.

In September, a new Dennis lawnmower was acquired, but has given constant trouble.

With the closing of Westlake Hospital at the end of September, a new arrangement for thoracic surgery was evolved and came into operation from 1st October, 1962. Anaesthetics are now given by a panel of anaesthetists.

The Isolation Hospital was re-roofed with asbestos tiles and painted throughout – this work was completed in November.

A new Autoclave was installed in the theatre during December.

LAUNDRY

Work has proceeded steadily throughout the year. The only significant advance on the machinary side was the installation of the automatic coal hoist in July.

All machines have been installed but the formalin room is not yet complete.

The figures for each quarter are as follows –

	Articles	*Bags*
1st Quarter	265,475	1,162
2nd Quarter	275,305	982
3rd Quarter	272,417	1,032
4th Quarter	263,561	1,159
	1,076,758	4,335

Patients treated in Brooklyn Chest Hospital during the year were as follows –

	Non-Europeans only		
	Males	*Females*	*Total*
In hospital 31st December, 1961	296	2	298
Admitted	495	95	590
Discharged	429	94	523
Died	77	1	78
Remaining in hospital at end of year	285	2	287

EXAMINATIONS AND TREATMENT

	Staff	*In-patients*	*Out-patients*	*Total*
Refills A.P.P. ..	–	124	–	124
Examinations ..	36	–	–	36
Sick parade ..	685	–	–	685
Mantoux tests ..	52	–	–	52
Blood sedimentations ..	–	–	51	51
Special injections ..	89	–	–	89
Aspirations chest ..	–	57	–	57
Lumbar punctures ..	–	140	–	140
Intubations ..	–	3	–	3
Inductions ..	–	2	–	2
Vaccinations ..	269	–		269

DENTAL CLINIC

	New cases	*Extractions*	*Other*	*Total*
Adults	78	68	66	134
Children	4	2	2	4
Sessions				6

X-RAY DEPARTMENT

	Skia-grams	*Broncho-grams*	*Tomo-grams*	*Surgeons' Consul-tations*	*Ortho-paedic*	*Special Examin-ations*
Staff	729	–	–	–	34	–
In-patients	3,743	170	104	349	107	85
Clinic (B.C.H.) Ex Chapel Street) Langa, City) Hospital, Wyn-) berg & Athlone)	94	33	12	24	3	–
	708	–	–	–	–	–
Divisional Council	701	–	–	–	–	–
Valkenburg Hospital	194	–	–	–	–	–
F.O.S.A. ..	296	–	–	–	–	–
Windermere and Guguletu ..	2,150	–	–	–	–	–

OPERATING THEATRE

Major Surgery		*Minor Surgery*	
Pneumonectomy	27	Bronchoscopy	21
Lobectomy	78	Bronchograms	6
Wedge resection	3	Sigmoidoscopy	3
Thoracotomy	7	Pleural biopsy	2
Thoracoplasty	8	Suturing of wounds ..	1
Ligation of bronchi	1	Tracheotomy	3
Decortication	1	Circumcision	1
Bone surgery	5	Biopsy of epiglottis ..	1
Abdominal surgery	22	Removal of gland	1
Genito-urinary surgery ..	9	Suturing of shin	1
Excision of abscess ..	3	Cystoscopy	1
Mastoidectomy	5	Incision of abscess ..	1
Excision of gland	1	P.O.P. spica	1
Amputation of leg	1	Urethral dilatations ..	35
Fistula in ano	1		
Clipping of aneurysm ..	1		

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. 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
1122	177	483	563

The distance covered during the year by the vans and ambulances was 142,740 miles.

1,663 Patients were conveyed in the three departmental ambulances, involving a total distance of 23,638 miles.

SCABIES AND PEDICULOSIS
(CLEANSING STATION)

The cleansing station at 15 Cowley Street, Cape Town, is provided for the disinfestation of verminous persons and their clothing. It is in the charge of a superintendent, who works under the supervision of a medical officer, and has two non-European assistants. The work consists mainly of the treatment of scabies, which is more prevalent in Cape Town than pediculosis.

The attendances in the year under report were as follows:-

Persons	First attendances						Total attendances					
	Scabies	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	26	3	–	–	–	29	54	4	–	–	–	58
European girls	11	2	–	–	14	27	34	10	–	–	16	60
Non-European boys ..	684	255	–	2	1	942	1,722	831	–	18	1	2,572
Non-European girls ..	583	257	–	1	92	933	1,459	1,363	–	1	109	2,932
Total children	1,304	517	–	3	107	1,931	3,269	2,210	–	19	126	5,622
Adults:												
European males ..	6	–	–	–	–	6	13	–	–	–	–	13
European females ..	11	–	–	–	–	11	23	–	–	–	–	23
Non-European males	148	17	4	–	–	169	319	38	4	–	3	364
Non-European females	222	11	–	–	2	235	440	40	–	–	2	482
	387	28	4	–	2	421	795	78	4	–	5	882
Total persons:												
European	54	5	–	–	14	73	124	14	–	–	16	154
Non-European	1,637	540	4	3	95	2,279	3,940	2,272	4	19	115	6,350
All races	1,691	545	4	3	109	2,352	4,064	2,286	4	19	131	6,504

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 divisional 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 Principal Health Inspector, who, with his assistant, is also responsible for the municipal wash-houses, 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 and vaccination of incoming Africans to the African Townships 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, 1962, the staff of health inspectors consisted of the principal health inspector, the assistant principal health inspector, 5 divisional health inspectors, 32 health inspectors (with 5 vacancies), and 5 learner health inspectors, besides 3 health inspectors for dairies, and 3 pest control officers. One of the health inspectors is Coloured, and there are three African health inspectors who work in the African Townships and are attached to the department for administrative purposes.

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

Aerated water factories	203
Bakehouses	459
Boarding houses and hotels	1,370
Chalets	8,559
Dairy stables	2,459
Foodshops	29,906
Other shops	3,393
Hawkers	3,504
Horse stables and cattle premises ..	1,320
House inspections	27,724
Ice cream dealers	2,467
Infectious diseases	925
Markets	3,891

Milk shops	5,536
Africans vaccinated	15,857
Office interviews	2,651
Open land, beaches	4,281
Places of entertainment	613
Refuse tips	770
Restaurants and cafes	7,691
Schools	186
Streets and lanes	3,636
Vehicles	4,273
Washhouses	229
Other visits	11,993
	143,896

Particulars in connection with visits recorded in the above inspections:

Visits to premises where action was taken in connection with rodent infestation	27
Visits at which premises were disinfected	8
Drain tests carried out	80

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

Proceedings begun by:

Verbal notices	309
Formal written notices	1,812
Total proceedings begun	2,121
Written notices following verbal notices	23

Total notices served:

Verbal notices	309
Formal notices	1,835
Final notices	127
Total	2,271

The number of items included in the 2,271 notices were as follows :–

	Drainage	Household	Business	Stable	Other	Total
Ward 1	9	50	24	1	10	94
Ward 2	7	45	17	–	17	86
Ward 3	17	37	63	–	15	132
Ward 4	8	66	25	–	8	107
Ward 5	9	100	26	–	8	143
Ward 6	69	253	98	2	35	457
Ward 7	22	103	38	–	11	174
Ward 8	12	91	106	2	88	299
Ward 9	–	23	2	–	5	30
Ward 10	9	24	90	–	18	141
Ward 11	6	15	8	1	4	34
Ward 12	1	21	11	–	8	41
Ward 13	9	69	91	2	25	196
Ward 14	20	100	52	1	34	207
Ward 15	2	69	45	–	16	132
Total	200	1,066	696	9	302	2,273

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	537
Defective water fittings	25
Unauthorised structures	37
Undrained premises	17
Structural defects to premises	31
Other defects	18

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.

A large cattle dealer's premises in Brooklyn, around which a modern suburb had grown, was closed during the year on the order of the Council.

During January, 1962, closing orders were served in respect of 17 stables in the Brooklyn, Rugby and Milnerton areas. A close check has been kept on the occupancy of the various stables and, immediately a stable changes hands, a new notice is served on the new tenant with the minimum of delay. These closing orders expire in January, 1964.

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 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, including Warfarin, which have been found acceptable to these rodents under all conditions. The experiments conducted from the pest control centre have been fully justified and it is reassuring to observe that there has been no evidence of bait shyness or immunity developing. It has been established beyond all doubt that the number of carcases when Warfarin is used bears no relation to the number of rodents destroyed. These encouraging results fully justify a more extensive use of this poison and our efforts in this direction are being intensified. It would appear that the numerical value of carcases recovered can no longer be considered of primary importance, as a fairly accurate assessment of the number of rats destroyed can be made by the quantity of bait laid and consumed. Block poisoning, i.e. dealing with all premises within a given area, has been developed, and excellent results obtained showing that poisoning with the new substance is suitable for operations on an extended scale. This poison is sold in most shops in a ready mixed form, and being easy to use and giving positive results the public are co-operating by obtaining and using cartons.

During the year under review, 27,300 lbs of Warfarin bait were laid in rat infested areas in the Municipality. Progress is being made in block poisoning and the sea beaches and similar places, which for years have been a problem, have now been almost cleared of rodents by the use of Warfarin.

Experiments are continually being conducted to determine the effectiveness of the rodent proofing properties of various building materials. These results have disclosed the interesting fact that materials declared rodent proof by S.A. Bureau of Standards tests using *Rattus rattus* have proved to fail in our experiments using *Rattus norvegicus* which are prevalent in Cape Town and coastal areas. It would appear therefore that S.A.B.S. tests using rodents common only to the interior of the country are not valid.

The Cape Town representative of the S.A. Bureau of Standards has been in touch with this department in regard to conducting tests in Cape Town using *Rattus norvegicus* and my staff are co-operating in such tests. It was considered highly dangerous to import *Rattus norvegicus* into the Transvaal where the S.A. Bureau of Standards test laboratories are situated owing to the possibility of such rodents escaping and infesting the Transvaal where they are unknown at present.

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

Inspections by pest control officers:		
Re rodents	7,326	
Re mosquitoes	633	7,959
Inspections *re* rodents by other inspectors ..		27
Inspections *re* mosquitoes by other inspectors ..		706
Visits made to lands and premises by rat-catchers:		
Re rodents	66,631	
Re mosquitoes	27,554	94,185
Examination of building plans:		
With requirements	1,344	
No objection	348	1,692
Number of notices served by pest control officers:		
Verbal notices	-	
Written notices	6	6
Number of rodents caught and destroyed:		
Brown rats	6,090	
Black rats	319	
Gerbilles	963	7,372

The figures given on page 67 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
1960	6,266	957	821	8,044
1961	6,363	551	952	7,866
1962	6,090	319	963	7,372

MOSQUITOES

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

During 1962, 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.

The increasing popularity of private swimming pools has increased the number of potential breeding places and added to the burden of mosquito control.

COCKROACHES

In addition to dealing with anti-rodent work and mosquito control, an increasinlgy 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.

During the year under review, the Roads and Drainage staff detailed to control cockroach infestation in the sewers, foul and stormwater, in the area from Bakoven to Woodstock, completed their task with very satisfactory results.

Complaints of cockroach infestation are investigated jointly by the City Engineer's Department and this department, and appropriate action taken according to locality of any infestation discovered.

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 liason 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	242
Approximate number of gallons of milk produced daily	57,870
Approximate number of gallons of milk consumed daily	42,179
Approximate number of gallons of milk surplus per day	15,691
Total number of inspections on farms	2,581
Herds inspected	75
Investigations on farms regarding high bacterial counts	137
Recording of temperatures of mechanically cooled milk	177

Breed smears of 4,182 samples of milk were examined, of which 182 (4.4 per cent) were found to be unsatisfactory.

Mastitis was diagnosed in 52 (1.2 per cent) of these samples. Numerous pus cells were seen in 259 (6.2 per cent) of the samples.

It was decided to pay special attention to pus cells, and any count of 900,000 or more per ml. was noted and regarded as probably due to mastitis.

During the year gravitation cream smears were made from 293 composite bulk milk samples from producers. Mastitis was diagnosed in 69 (23.5 per cent) of these samples. When comparing these figures with those of the preceding paragraph it appears that the diagnosis of mastitis by the gravitation cream smear method is three times as sensitive and much more definite than by Breed smears made from milk.

Whenever mastitis was diagnosed or numerous pus cells seen on milk smears in the laboratory, the producers were notified by letter and the herd examined. Prevention, diagnosis and treatment were then discussed with the farmers concerned.

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

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

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, 35 butterfat tests were performed of which one was unsatisfactory.

Control of pasteurised milk

Pasteurising plants licensed and certified	10
Total number of visits to pasteurising plants	2,774

Phosphatase tests

For the period under review, 2,216 phosphatase tests on pasteurised milk samples were carried out, of which 25 (1.1 per cent) proved to be underpasteurised. Of these, four were grossly underpasteurised, three were underpasteurised, and 18 were very slightly underpasteurised

Two hundred and seventy-nine phosphatase tests were performed on samples of cream. Of these, two samples were grossly underpasteurised, five were underpasteurised, and 17 were very slightly underpasteurised.

Bacterial counts

Breed smears of 2,628 samples were examined, of which 35 (1.3 per cent) were unsatisfactory.

B.coli tests

771 Tests were carried out, of which 341 (44.2 per cent) were unsatisfactory.

Control of ice cream

The five licensed ice cream factories were visited on 146 occasions. Of the 246 samples of ice cream submitted to the phosphatase test, none proved to be underpasteurised. Two hundred and thirty samples of ice cream were examined by the Breed smear method, eight of which proved unsatisfactory. Two hundred and twenty-eight B.coli tests were performed on samples of ice cream, of which 34 were unsatisfactory.

Vi-tests

Vi-tests on 193 persons were carried out during the year.

Veterinary and laboratory work

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

(1) 1,482 Tests were performed on milk samples submitted by other Municipalities and by the Department of Defence. Thirty-one samples proved to be unsatisfactory.

(2) Numerous tests on the caustic concentration of the sumps of bottle washing machines, and 'lipstick' and bacteriological 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) 'Bacto-strip' testing for B.coli. During the year numerous Bacto-strip tests were carried out and were found to be most useful in illustrating the degree of B.coli contamination.

(4) Brucellosis. A total of 445 contagious abortion ring tests were performed on composite bulk milk samples from farms. One hundred and thirty-seven tests indicated the presence of C.A. antibodies. Each positive test was followed up with an explanatory letter and a visit to the farm.

(5) Antibiotics in milk. Seven hundred and ninety-two tests were done to check on the presence of antibiotics in samples of raw milk. Twenty-one tests indicated the presence of penicillin. Subsequent investigations on the farms confirmed the laboratory results.

(6) Abattoirs. The Veterinary Officer deputised for the Director of Abattoirs during that official's absence on leave and other duties.

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 R
Milk	374	3	3	–	30
Sausage	63	23	23	–	424
Mince meat	83	18	18	–	376
Cream	98	–	–	–	–
Polony	10	2	2	–	50
Ice cream	31	2	–	2	–
Yoghourt	16	–	–	–	–
Fresh meat	36	1	1	–	30
Buttermilk	13	–	–	–	–
Cheese	38	–	–	–	–
Other	3	–	–	–	–
Total ...	765	49	47	2	910

The reduction in the number of adulterated samples and prosecutions as compared with the previous year is proof of the value of taking samples of foodstuffs for analysis in terms of the Food, Drugs and Disinfectants Act. It is important that the number of samples be increased in relation to the increase in population.

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	Cafes	Eating-Houses	Boarding Houses
1. Applications received	335	1,091	61	29	226
2. Granting of licences recommended (without conditions)	242	954	37	19	197
3. Granting of licences recommended (subject to conditions)	90	136	23	10	29
4. Number under item 3 later reported as having complied with conditions	53	120	16	9	29
5. Refusal of licences recommended	–	–	–	–	–
6. Applications withdrawn	3	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	16	32	477
Registration certificates issued	14	29	403
Registration granted subject to conditions	2	3	74
Registration refused	–	–	–
Applications withdrawn	–	–	–

Hawkers and Pedlars

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

	Hawkers	Pedlars
1. Applications received	1,970	353
2. Granting of licences recommended (without conditions)...	886	344
3. Granting of licences recommended (subject to conditions)	1,075	9
4. Refusal of licences recommended	4	–
5. Number under items 3 and 4 later recommended	639	6
6. Applications withdrawn	5	–

In Cape Town today the position in regard to hawking is almost beyond control and complaints about the activities of street hawkers are received daily. There are approximately 2,500 hawkers of fruit and vegetables operating in the city, many of whom are unlicensed or operating on licences issued to someone else, and it is impossible to keep a check on their activities or on their storerooms. They flock into the prohibited areas of the city, park their barrows over intersections and at traffic lights and generally obstruct traffic, litter the streets and make nuisances of themselves by raucously advertising their wares. The majority wear no suitable protective garb over their often dirty and tattered clothing. While the City Council employs a special unit of its traffic force, at a cost of some R15,000 per annum, to keep these hawkers out of the central city area, and the South African Police assist where possible, it is difficult to keep control because the hawkers are no sooner arrested and their barrows conveyed, with considerable difficulty, to the Charge Office, than they are released on payment of an admission of guilt and return to their trading in the prohibited areas. Furthermore as fast as one offender is arrested his place is taken by another. They also have a well-organised system of outposts and receive timely warning of the approach of a squad of traffic constables or policemen (a single constable is comparatively helpless in attempting to effect an arrest) and the hawker then simply moves on and desists from effecting a sale until the coast is clear.

There is evidence also that most of these hawkers are not trading on their own account but for one or two big combines who supply them with barrows and the produce they sell. The fines imposed for trading in prohibited areas become merely an overhead charge in the ramifications of big business and are no deterrent. Hawking activities as a big business venture are obviously not what was contemplated in the Licensing Act and it patently constitutes unfair competition for traders in fresh produce from fixed premises, as well as making it wellnigh impossible for this department to supervise their storage facilities.

The hawker of fresh produce who goes from door to door in residential suburbs does indisputably provide a service to the housewife who has not the transport to go to markets for her fruit and vegetables and who may be some distance from the nearest fresh produce dealer. There is no intention by the department that this traditional method of legitimate trading should be prohibited, but we consider that something drastic must be done to prevent the present hawking by unlicensed and unauthorised persons in the central city areas.

TRADE LICENCES

The Registration of Business Ordinance, No. 15 of 1953, provides that a certificate must be obtained from the Council before a licence is issued to trade as a general dealer, fresh produce dealer, apothecary, baker, butcher, restaurant (etc.) keeper, hawker, pedlar, motor garage, or mineral water manufacturer or dealer, and further that no application for such certificate shall be considered unless the Medical Officer of Health shall have reported that the premises are fit and suitable for the purpose, and that he knows of no reason why the licence should be refused on the grounds of public health. All applications for certificates are referred by the responsible committee to the Medical Officer of Health for report, and the consequent inspections involve a considerable amount of work on the part of the health inspectors.

The following is an analysis of applications for certificates dealt with during the year:—

	General dealers	Fresh produce dealers	Butchers	Bakers	Motor garages	Mineral water dealers	Mineral water manufacturers	Apothecary	Live Stock dealer
1. Applications received	1,301	382	41	2	84	98	1	14	4
2. Granting of licences recommended (without conditions) ...	612	100	9	1	24	29	–	7	2
3. Granting of licences recommended (subject to conditions)	688	279	32	1	60	69	1	7	2
4. Number under item 3 later reported as having complied with conditions ...	399	176	20	–	21	37	–	5	1
5. Refusal of licences recommended ...	–	1	–	–	–	–	–	–	–
6. Applications withdrawn	1	2	–	–	–	–	–	–	–

INSPECTION OF MEAT AND OTHER FOODSTUFFS

The inspection of meat from animals killed at the municipal abattoir is under the control of the Director and Veterinary Surgeon. No animals may be slaughtered elsewhere in the Municipality, and all meat from animals slaughtered outside the City and brought in for consumption must be deposited at one of the depots appointed by the Council, where it is inspected and stamped.

Butchers' Meat

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

Cause	Number of Items				Portions (Weight)
	Beef	Mutton	Veal	Pork	
Abscess	3,748		4		60
Actinomycosis	445				
Anaemia	2	3			
Anaplasmosis	1				
Angiomatosis	96				
Bladderworm	903			179	
Bruising	665	71	6	39	90,517
Caseous lymphadenitis		60,468			1,299
Cirrhosis	30	593	3	312	
Cysts	199	3,568	30	2,654	
Dermatitis				1	
Emaciation	2	55			
Enteritis	1		1	1	
Erysipelas				4	
Fevered	92	100	52	13	
Flukes	1,592	527	1	1	
Gangrene	37	1		7	
Immaturity			16		
Inflammation	149		6	22	
Jaundice	4	126	30	2	
Lumpy skin	1				
Mastitis	6			2	
Metritis	4	2			
Moribund	2	38	3	3	
Necrosis		159	42	2,724	
Nephritis	2	21	2		
Oedema		11			
Pericarditis	46	1	5	1	
Peritonitis	25	28	1	15	
Pleurisy	1	5	4	76	7,247
Pneumonia	26	257	59	840	
Pyaemia	9	174	28	13	
Redwater	12				
Sarcosporidiosis	22	1	1	4	
Septicaemia	17	7	3	4	
Stilesia	2	93,832			
Strongyles		537			
Tuberculosis	47		19	287	
Tumours	4	6	1	1	
Uraemia	3	9	1		
Urticaria				6	

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 (lbs.)		*Weight (lbs.)*
Fruit:—		*Vegetables:—*	
Pome	3,315	Bulbs and leaves	7,518
Drupe	1,900	Flowers	17,310
Citrus	123,839	Leaves and stems	75,715
Vine	20	Roots	5,050
Small fruit	68	Seed fruits	365,184
Miscellaneous	46,225	Tubers	203,750
	175,367		674,527
Other provisions:—			
Canned food	2,939	Fish	3,966
Canned milk	360	Meat	85
Condiments	1,287	Nuts	30
Confectionery	1,278	Salt	3,420
Delicacies	2,197	Yeast	35
			15,597

Consequent upon the opening of the new wholesale market at Epping Industrial Township, one of the Health Inspectors has been seconded for full-time duty at this market and at the subsidiary produce markets at Salt River, Mowbray, Rondebosch and Plumstead, as well as the fish markets at Dock Road, Hanover Street and Salt River.

MUNICIPAL WASHHOUSES

There are six washhouses in the municipal area, namely, at Hout Street, Hanover Street, Salt River, Mowbray, Claremont and Wynberg. At each of four washhouses there is a caretaker, at one an assistant caretaker, and at one washhouse (Hout Street) there are two assistant caretakers. At 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 5c per day and for ironing (including use of electric irons) 2c per hour at all the washhouses, except the Hanover Street washhouse, where the charges are 10c per half 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 3c, children 2c.

The attendances and takings at the washhouses (including ironing rooms) during the year were as follows :—

	Attendances	*Money taken*
Hout Street	7,818	R 543.68
Hanover Street ...	10,392	1941.40
Salt River	2,701	145.46
Mowbray	9,830	837.98
Claremont	11,649	919.46
Wynberg	6,350	460.18
	48,740	R4848.26

The drop of over 1,000 from the previous year's total of attendances at the washhouses may result from the replacement of washerwomen by an ever increasing number of laundrettes in the city.

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

	Shower-baths	
	Attendances	Money taken
Adults	19,403	588.06
Children	1,962	39.10
Total	21,365	R627.16

The construction of a new public bath house in the Hout Street area has been shelved temporarily but it is anticipated that the unit will be erected during 1963. Its need in this congested area where practically every dwelling is devoid of a bathroom requires no stressing.

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	With-drawn	R
Dwelling-house premises in insanitary condition	6	4	–	–	2	65
Insanitary conditions or other offences at food premises ..	8	8	–	–	–	180
Selling foodstuffs in contravention of the Food, Drugs and Disinfectants Act:	47	46	–	1	–	910
Keeping cattle without permit ..	1	–	1	–	–	–
Unregistered delivery vehicle ..	2	2	–	–	–	25
Trading without licence	6	3	2	–	1	110
Hawkers trading without licence ..	17	2	–	–	15	14
Total ..	87	65	3	1	18	1,304

The number of cases withdrawn is not indicative of defects in the preparation or justification of such cases, but points to the need for a special Court where the Prosecutor would be a municipal official absolutely *au fait* with municipal regulations and able to meet a challenge by the defending attorney.

The cases against hawkers resulted from a sudden invasion of sections of the Table Bay Boulevard by persons selling perishable foodstuffs such as fruit and fish which was stacked on the ground alongside the roadway. Legal proceedings failed when the Police were unable to trace the culprits for purpose of serving the summons. Obviously these persons had pre-arranged to supply fictitious names and addresses. Subsequently, further action was attempted by the Traffic Department, but it was established that the ground used for the purpose was Railway property. At the end of the year under review, the problem was still unresolved.

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 today making little or 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 eject the occupants from the only shelter available for them.

Cape Town's topography has been the reason for siting the major Municipal housing schemes at Athlone, about eight miles from the city centre. Another housing scheme of 2,800 houses has been completed at Steenberg, fourteen miles from the city. At Factreton the work of eliminating the notorious slum area of Windermere is still proceeding. 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 are of old standing, and have been the subject of repeated consideration by the Council and its committees and officers. Since 1920 up to 1962 the City Council, and Citizens' Housing League Utility Company, Cafda and the Servitas Organisation have completed the erection of over 16,000 dwellings within the municipality (see next page).

At Bonteheuwel, beyond Vanguard Drive in the general area of Athlone, the City Council has embarked on the biggest single Coloured housing scheme yet undertaken. The scheme is designed for an ultimate total of 5,500 houses of various sizes and types, and when completed, will form part of one of the largest areas housing the Coloured community.

In view of the increased tempo of building at Bonteheuwel, Retreat and Guguletu (Nyanga West), the Council is erecting houses departmentally as well as by contract. The building units function 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.

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

	Houses	Average cost per dwelling
Bonteheuwel	1,470	R 440
Factreton	130	R3,000 *
Guguletu (Nyanga West)	978	450

* Home ownership units

The dwellings completed bring the figures from 1920 to 1962 for public housing operations in Cape Town and suburbs (exclusive of African Townships) to the following:—

	European	Non-European	Total
Within Cape Town municipal area:			
City Council	1,131	13,961	15,092
Citizens' Housing League Utility Co. ...	1,063	28	1,091
Cafda	–	336	336
Servitas Organisation	84	–	84
Total	2,278	14,325	16,603

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
1960 ..	6,720	1,817
1961 ..	6,950	1,259
1962 ..	7,190	2,609

Attention has recently been drawn to the fact that although the Council has successfully provided a large number of new houses in suburban areas, it has for many years not undertaken any important project of slum clearance in central city areas of the municipality.

In spite of obvious problems, a scheme has been mooted for consideration by the Council to make use of a reasonably sized block of land purchased by the Council prior to World War II for slum clearance purposes and situated in 'District Six' or upper Castle area, as the locale for a pilot scheme with adjacent and more ambitious development.

Serious obstacles whose solution is by no means clear beset this scheme, but at least the pattern for urban re-development in so far as the Mother City is concerned has been sketched.

SECTION X.—OTHER SERVICES.

DOMICILIARY MEDICAL SERVICE

The City Council provides medical attention in their homes for indigent sick persons needing such service. During 1962 the work has been carried out by general medical practitioners. It is done in co-operation with the District Nursing Organization of the Cape Provincial Administration. Arrangements for the supply of medicines, etc., are made with local chemists.

The visits made in the year under report were –

New cases	...	275
Total visits	...	1,807

One half of the cost of medical attention and the full cost of surgical appliances are refunded to the City Council by the State.

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.

Two certificates were issued by the Medical Officer of Health during 1962.

FREE BURIALS

The Public Health Act places upon the City Council the responsibility for the removal and burial of the body of any destitute person, or any dead body which is unclaimed or of which no responsible person undertakes the burial. The cost falls upon the City Council, although it may be legally recovered from any responsible person who is able to pay. Practically all such burials undertaken by the Council are of the bodies of persons whose relations are unable to pay, and very little is recovered. Each year a contract is given out to an undertaker to carry out this work for the Council. In the year the number of such burials was 253.

BOARD OF AID

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

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

The Secretary of the Board of Aid has kindly supplied the following statistics for the year:-

	R
Income from voluntary sources	4,762
Subsidy from Department of Social Welfare	91,555
Expenditure on outdoor poor relief, excluding administration costs	36,280
Number of applications received	2,075

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 R6.25 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 city 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 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, Plumstead, to Zand Vlei, by means of concrete lining, has also been completed as well as a concrete canal providing an outlet from Lange Vlei to the Sand River. Further work on the canalisation of the Black River is in progress at present, and as a result of these works flooding during the periods of heavy rain will be obviated. Canalisation of the Liesbeek River in areas subject to flooding is now virtually complete.

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 has been provided for the Bonteheuwel Housing Scheme and will soon be available for the Guguletu (Nyanga West) Housing Scheme. The provision of waterborne sewerage in the Blomvlei River Catchment comprising the area east of Belgravia Road and south of Klipfontein Road is now being undertaken and facilities will be available by 1965.

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 R2.75 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 15 cents 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.

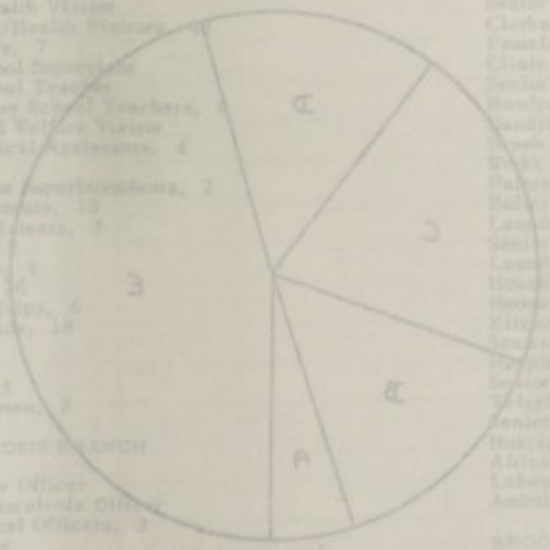
In terms of an old agreement, certain owners of properties in the unsewered areas of the old Wynberg Municipality were permitted to continue using 'O'Brien' dry earth closets until such time as they could connect their properties to the drainage system. The City Engineer's Department service these closets 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 R46 together with a charge of 25 cents for each clearance effected. Temporary installations are also serviced on building sites, etc., upon application and payment of prescribed charges.

HOUSE REFUSE REMOVALS

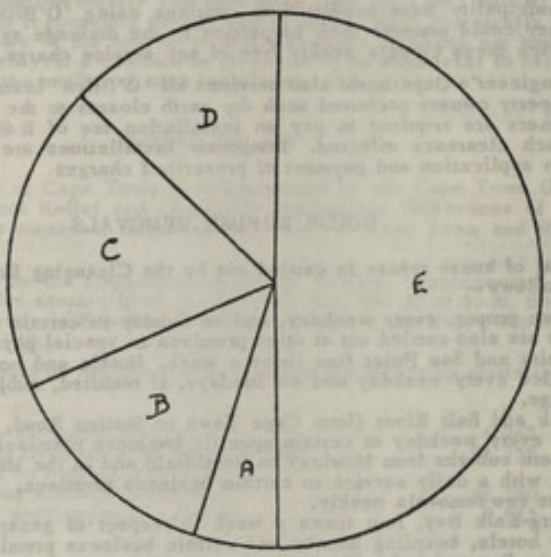
The removal of house refuse is carried out by the Cleansing Branch of the City Engineer's Department as follows –

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 524,233 cubic yards.
In all areas house refuse is disposed of by controlled tipping.



CITY HEALTH DEPARTMENT STAFF

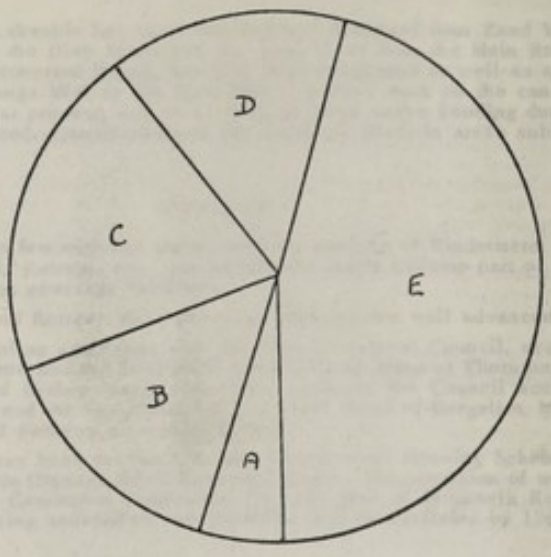
Preventive services, 1962



A.	Professional	5%
B.	Health Inspectors	13%
C.	Health Visitors	18%
D.	Clerical	14%
E.	Other staff	50%

Total 337.

Preventive services, 1945



A.	Professional	5%
B.	Health Inspectors	14%
C.	Health Visitors	20%
D.	Clerical	15%
E.	Other staff	46%

Total 263.

SECTION XI.—STAFF OF CITY HEALTH DEPARTMENT.

The authorised establishment of the City Health Department as at 31st December, 1962, was as follows –

ADMINISTRATIVE BRANCH

Medical Officer of Health
Deputy Medical Officer of Health
Assistant Deputy Medical Officer of Health
Medical Officer
Administrative Officer
Administrative Assistant
Chief Clerk
Senior Clerk
Clerks, 19
Senior Secretarial Assistant
Shorthand Typiste, Gr. II
Female Clerical Assistant, 2
Office Attendants, 2
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
Clerks, 2
Female Clerical Assistant
Washhouse Caretaker/Fitter
Washhouse Caretakers, 3
Assistant Washhouse Caretakers, 4
Motor Driver
Stores Yardsman
Checker
Fireman/Stoker
Pest Control Operatives, 24
Labourers, 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 Officers, 2
Principal Health Visitor
Clinic Sister/Health Visitors, 48
Clinic Nurses, 7
Nursery School Supervisor
Nursery School Teacher
Junior Nursery School Teachers, 6
Senior Social Welfare Visitor
Female Clerical Assistants, 4
Clerk
Junior Creche Superintendents, 2
Clinic Assistants, 10
Nursery Assistants, 3
Caretakers, 2
Laundresses, 4
Domestics, 26
Children's Helps, 6
Cooking Hands, 18
Drivers, 4
Store/Hand
Labourers, 3
Night Watchman, 2

TUBERCULOSIS BRANCH

Tuberculosis Officer
Deputy Tuberculosis Officer
Clinic Medical Officers, 2
Radiographer
Clinic Sister/Health Visitors, 10
Clinic Nurses, 6
Clerk/Typistes, 2
Senior Clerk
Clerks, 8
Clinic Assistants, 4
Domestic
Caretaker/Cleaner
Labourers, 4

VENEREAL DISEASE BRANCH

Venereal Disease Officer
Deputy Venereal Disease Officer
Clinic Sister
Domestic
Labourers, 2
Male Nurses, 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
Female Clerical Assistant
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
Sister Tutor
Staff Nurses, 18
Student Nurses, 24
Nursing Assistants, 38
Nurse Aides, 41
Radiographer
Occupational Therapist
Principal Pharmacist
Senior Pharmacist
Pharmacists, 3
Lady Wardens, 2
Disinfection Officer
Ambulance Officer
Senior Clerk
Clerks, 3
Female Clerical Assistant, 2
Clinic Assistant
Senior Works Foreman
Handyman/Electrician
Handyman/Carpenter
Brush Hand
Works Storeman
Painter
Boiler Attendant
Laundry Supervisor
Senior Laundress
Laundresses, 4
Housekeeper
Housemaids, 36
Kitchen Supervisors, 3
Seamstress, 4
Hospital Cooks, 8
Senior Telephone Operators, 2
Telephone Operator
Senior Hospital Porter
Hospital Porters, 6
African Male Orderlies, 66
Labourers, 12
Ambulance and Motor Drivers, 4

BROOKLYN HOSPITAL

Deputy Medical Superintendent
Resident Medical Officers, 5
Matron
Assistant Matron
Sisters, 14
Staff Nurses, 29
Probationer Nurses, 2
Non-European Nurse Aides, 66

BROOKLYN HOSPITAL (Contd.)

Non-European Male Nursing Assistant
Radiographer
Clinic Assistants, 2
Occupational Therapist
Lady Warden
Clerks, 2
Female Clerical Assistant
Senior Works Foreman
Laundry Manager
Fitter
Unindentured Mason
Craft Worker
Brush Hand
Boiler Attendants, 2
Storekeeper
Housekeeper
Seamstress, 2
Kitchen Supervisors, 2
Hospital Cooks, 4
Senior Telephone Operator
Telephone Operators, 2
Hospital Porters, 5
Male Orderlies, 70
Labourers, 21
Patrolmen, 3
Laundress, 30
Motor Driver, 3.

CHANGES IN PERSONNEL

Dr. L.H. Croxford appointed Principal Dental Officer on 1st February, 1962.

Dr. N.P. Louw appointed Deputy Dental Officer on 3rd July, 1962.

TABLE A. CAUSES OF DEATH REGISTERED IN 1962

Corrected.

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

CAUSE OF DEATH	Race	AGE-GROUPS																																Deaths in Cape Town of Non-Residents (excluded from foregoing columns)	
		0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards		TOTALS			African Townships			
		M.	F.	M.	F.	M.	F.	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	Gugu-letu	M.	F.
I.-Infective and parasitic diseases	E				1	1	1	1	2				1	1			2			2		3	1	7	2	1	1		1	17	8	25				5
	O	13	7	10	18	20	12	43	37	3	2		1	7	4	22	12	25	8	31	5	16	8	10	2	1	1	1		159	80	239	34	23	57	41
II.-Neoplasms	E										1		3			2	6	4	7	20	25	51	41	56	36	25	33	3	5	161	157	318			55	52
	O			1		2		3			3	2	1	2	2	5	8	17	17	30	28	46	25	29	27	8	11			142	122	264	20	9	52	29
III.-Allergic, endocrine system, metabolic and nutritional diseases ..	E										1		2			1				3	1	1	6	1	11	5	9	1		14	28	42			3	3
	O	3		8	12	3	4	14	16	1		1		2			4	2	2	3	6	9	12	7	6	1	2			37	51	88	8	11	25	20
IV.-Diseases of the blood & blood-forming organs	E																								1	1				2	2	4			1	
	O			1	1			1	1		1			1	1	1		2			1		1							4	5	9			1	1
V.-Mental psychoneurotic, and personality disorders	E																			3	1	1								4	1	5			2	
	O								1											2		1	1							3	1	4		1		
VI.-Diseases of the nervous system & sense organs	E	6	11	5	2	1		12	13	3	1		3	1	2	1	12	4	12	7	8	24	27	35	38	30	65	1	3	103	143	246			24	34
	O		1						2		1			4	2	6	2	9	12	33	34	28	53	32	51	23	30	6	3	156	214	370	7	12	29	34
VII.-Diseases of the circulatory system	E	1	1	1	2	1	1	3	3		1		1	1	1	5	2	15	2	53	20	103	54	118	102	119	142	4	11	419	337	756			88	46
	O													5	6	7	13	32	14	56	36	79	80	71	76	47	44	1	2	301	276	577	17	11	42	32
VIII.-Diseases of the respiratory system (not specified as tuberculous) ..	E	3	4	1	1			4	5			2		1		1	1	2		2	2	13	3	7	3	16	14	4		52	28	80			7	5
	O	76	60	10	24	8	7	94	91	4		2		3		5	1	5	4	11	3	12	7	12	6	10	3	2		157	118	275	14	34	39	29
IX.-Diseases of the digestive system ..	E	3	1			1		4	1					1		1	1	2		11	5	17	6	9	6	7	8	1		53	28	81			23	12
	O	137	114	31	31	11	18	179	163		2			3		4	1	7	3	9	2	1	5	4	4	2				209	180	389	25	78	68	66
X.-Diseases of the genito-urinary system ..	E						1		1					1		1		1		1	1	5	2	4	3	7	8	1		21	16	37			11	8
	O				1	1		1	1			1	1	2	1	1		3	6	6	4	5	6	5	7	7				29	28	57	2	1	11	32
XI.-Deliveries and complications of pregnancy, childbirth and puerperium	E														1		1														2	2				
	O													3		5		5													13	13	1	2		2
XII.-Diseases of the skin and cellular tissue ..	E																																			
	O	1					1	1	1													1								2	1	3			1	
XIII.-Diseases of the bones & organs of movement	E																																			
	O						1			1																							1	1		1
XIV.-Congenital malformations	E	9	5	1				10	6	1								1												11	6	17			11	8
	O	28	27	2	4	1		31	31			1																		33	31	64	2	6	13	17
XV.-Certain diseases of early infancy	E	28	25					28	25																					28	25	53			13	12
	O	194	165					194	165																					194	165	359	16	45	76	70
XVI.-Symptoms, senility and ill-defined conditions	E		1						1																											
	O	23	17	6	11	1	4	30	32					1	2	1	2	4	1	2	1	7		5	6	11	10	78	147	108	166	274	13	32	18	15
(E)XVII.-Accidents, poisonings and violence (external cause)	E	1		1		2	1	4	1			2		11	6	11		7	2	11	4	16	8	8	5	3	11	1	7	74	44	118			25	11
	O		2	2	4	8	2	10	8	10	6	8	7	37	3	48	12	31	8	20	10	2	3	4	1	2	2	1	1	172	61	233	28	13	76	15
Totals	E	44	37	4	3	4	5	52	45	1	5	4	3	19	10	24	11	41	13	115	68	241	148	251	213	225	301	94	174	1,067	991	2,058			282	212
	O	482	404	76	110	57	48	615	562	21	15	14	15	60	30	100	92	139	80	211	132	210	203	179	188	104	95	42	65	1,695	1,457	3,152	189	279	498	370
All races*		526	441	80	113	61	53	667	607	22	20	18	18	79	40	124	83	180	93	326	200	451	351	430	401	329	396	136	239	2,762	2,448	5,215	189	279	780	582

* Including 5 infants of unknown race

TABLE B. Deaths Classified for Causes and Race, 1962.

(Corrected)

International Code No.	CAUSE OF DEATH	European	Coloured	African	Asiatic	Non-European	All Races
001–008	Tuberculosis, respiratory system	17	113	20	–	133	150
010–019	Tuberculosis, other forms	1	24	2	–	26	27
020–029	Syphilis	1	17	–	–	17	18
040	Typhoid fever	–	–	–	–	–	–
045–048	Dysentery	–	1	–	–	1	1
055	Diphtheria	–	2	1	–	3	3
056	Whooping cough	–	4	4	–	8	8
057	Meningococcal infections	–	4	–	–	4	4
080	Acute poliomyelitis	–	–	–	–	–	–
085–086	Measles	1	27	–	1	28	29
	Other diseases classified as infective and parasitic	5	19	–	–	19	24
140–205	Malignant neoplasms	313	236	17	3	256	569
210–239	Benign neoplasms	5	7	1	–	8	13
260	Diabetes mellitus	38	36	2	4	42	80
290–293	Anaemias	4	2	2	–	4	8
330–334	Vascular lesions affecting central nervous system	230	299	11	3	313	543
340	Non-meningococcal infections	1	18	5	–	23	24
400–402	Rheumatic fever	1	1	–	–	1	2
410–416	Chronic rheumatic heart disease	18	34	2	1	37	55
420–422	Arteriosclerotic and degenerative heart disease	517	226	12	10	248	765
430–434	Other diseases of heart	76	87	5	2	94	170
440–443	Hypertension with heart disease	61	137	7	3	147	208
444–447	Hypertension without mention of heart	15	18	–	1	19	34
450–456	Diseases of the arteries	54	21	2	–	23	77
480–483	Influenza	–	2	–	–	2	2
490–3, 763	Pneumonia	61	225	22	2	249	310
500–502	Bronchitis	11	30	2	–	32	43
540–541	Ulcer of stomach and duodenum	10	5	–	–	5	15
550–553	Appendicitis	–	2	–	–	2	2
560, 561, 570	Intestinal obstruction and hernia	13	8	1	–	9	22
571, 764	Gastro enteritis	9	314	49	3	366	375
581	Cirrhosis of liver	24	8	2	–	10	34
590–594	Nephritis and nephrosis	30	40	–	1	41	71
610	Hyperplasia of prostate	1	4	–	–	4	5
640–652							
670–689	Complications of pregnancy and childbirth	2	13	–	–	13	15
750–759	Congenital malformations	17	59	3	2	64	81
760–762	Birth injuries and post-natal asphyxia	15	64	2	1	67	82
765–776	Other infant diseases and immaturity	33	226	19	4	249	282
780–795	Senility and ill defined	274	189	15	4	208	482
810–835	Motor vehicle accidents	35	73	8	–	81	116
800–802							
840–965	All other accidents	45	77	6	–	83	128
970–979	Suicide	31	12	–	–	12	43
980–999	Homicide	7	45	12	–	57	64
	Other causes	82	133	7	4	144	226
	Total*	2,058	2,862	241	49	3,152	5,215

*Including 5 of unknown race.

TABLE C. Deaths by Cause and Month of Registration, 1962.

(Corrected for Outward Transfers.)

International Code No.	Disease	Race	January	February	March	April	May	June	July	August	September	October	November	December	Year
001–008	Tuberculosis of respiratory system	Eur.	2	1	1	2	–	2	2	–	3	1	1	–	15
		Non-E.	13	10	9	11	12	12	10	10	12	12	2	7	120
010–019	Tuberculosis, other forms	Eur.	–	–	–	–	–	–	–	–	–	–	1	–	1
		Non-E.	2	1	1	2	2	3	2	3	2	2	3	–	22
020–029	Syphilis and its sequelae	Eur.	–	1	–	–	–	–	–	–	–	–	–	–	1
		Non-E.	1	–	1	–	1	2	5	3	1	2	1	–	17
040–041	Typhoid fever	Eur.	–	–	–	–	–	–	–	–	–	–	–	–	–
		Non-E.	–	–	–	–	–	–	–	–	–	–	–	–	–
055	Diphtheria	Eur.	–	–	–	–	–	–	–	–	–	–	–	–	–
		Non-E.	–	–	–	–	1	1	–	–	1	–	–	–	3
056	Whooping cough	Eur.	–	–	–	–	–	–	–	–	–	–	–	–	–
		Non-E.	4	–	–	–	1	1	–	–	–	–	–	2	8
057	Meningococcal infections	Eur.	–	–	–	–	–	–	–	–	–	–	–	–	–
		Non-E.	–	–	–	–	1	–	–	1	–	1	1	–	4
080	Acute poliomyelitis	Eur.	–	–	–	–	–	–	–	–	–	–	–	–	–
		Non-E.	–	–	–	–	–	–	–	–	–	–	–	–	–
085–086	Measles and rubella	Eur.	–	–	–	–	–	–	–	–	–	–	–	1	1
		Non-E.	4	2	1	1	1	1	5	2	4	2	3	2	28
140–205	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	Eur.	21	31	29	20	26	19	21	27	26	27	20	29	296
		Non-E.	29	18	18	13	22	22	20	19	20	18	20	17	236
260	Diabetes	Eur.	1	4	5	2	3	3	2	3	4	4	2	3	36
		Non-E.	1	2	5	6	1	7	8	1	3	2	1	2	39
330–334	Vascular lesions affecting central nervous system	Eur.	17	12	18	20	18	20	21	27	11	15	16	22	217
		Non-E.	34	11	22	22	18	26	30	35	32	26	27	19	302
400–402	Rheumatic fever	Eur.	–	–	–	–	–	–	–	–	–	–	1	–	1
		Non-E.	–	–	–	–	–	–	1	–	–	–	–	–	1
410–416 420–422 430–434 440–447	Cardiovascular diseases	Eur.	43	40	45	44	46	60	72	60	61	38	49	37	595
		Non-E.	30	17	25	16	33	37	36	43	36	34	31	24	362
	Hypertensive diseases	Eur.	5	4	11	6	5	8	5	8	5	5	5	4	71
		Non-E.	19	6	10	13	13	18	19	17	9	13	18	9	164
450–456	Diseases of the arteries	Eur.	7	6	6	4	5	6	6	3	2	2	2	2	51
		Non-E.	–	1	4	–	2	4	–	2	3	1	1	2	20
480–483	Influenza	Eur.	–	–	–	–	–	–	–	–	–	–	–	–	–
		Non-E.	1	–	–	–	–	–	1	–	–	–	–	–	2
490–493 763	Pneumonia (including pneumonia of the new born)	Eur.	10	5	3	7	1	4	9	6	5	5	5	–	60
		Non-E.	18	17	12	20	26	38	26	25	12	23	15	11	243
500–502	Bronchitis	Eur.	1	–	1	–	2	2	–	2	1	–	1	1	11
		Non-E.	–	2	1	1	2	6	7	3	4	4	2	–	32
571, 764	Gastro-enteritis and colitis (including diarrhoea of the new born)	Eur.	–	1	–	2	1	1	1	1	–	–	1	1	9
		Non-E.	74	47	52	38	42	22	23	7	10	13	13	17	358
590–594	Nephritis	Eur.	2	3	1	3	4	3	4	2	2	3	1	1	29
		Non-E.	3	2	4	4	5	3	4	3	3	2	3	1	37
640–652 670–689	Complications of pregnancy, childbirth and the puerperium	Eur.	–	–	–	–	–	–	–	–	–	–	1	1	2
		Non-E.	–	3	1	1	–	3	1	1	–	–	2	1	13
750–759	Congenital malformations	Eur.	–	3	1	–	1	1	1	4	3	1	2	–	17
		Non-E.	5	7	2	5	5	4	9	8	4	4	4	6	63
760–762	Birth injuries, post-natal asphyxia and atelectasis	Eur.	–	–	3	1	2	1	1	3	1	1	1	1	15
		Non-E.	3	6	8	6	5	3	5	6	8	3	6	8	67
765–776	Other diseases peculiar to early infancy and immaturity unqualified	Eur.	3	2	3	3	–	5	7	1	3	4	1	1	33
		Non-E.	26	21	16	16	21	18	30	27	20	27	15	11	248
780–795	Senility and ill-defined diseases	Eur.	11	5	21	18	19	23	46	35	28	30	15	17	268
		Non-E.	13	15	12	15	20	20	18	29	15	18	10	19	204
E810–E835	Motor vehicle accidents	Eur.	1	6	2	4	1	1	3	3	3	3	4	3	34
		Non-E.	5	8	4	9	7	7	7	9	6	9	2	7	80
E800–E802 E840–E965	All other accidents	Eur.	4	2	1	1	2	5	6	2	2	5	4	6	40
		Non-E.	2	6	6	3	3	6	14	4	5	4	7	8	68
E970–E979	Suicide	Eur.	3	5	2	2	–	1	6	2	4	2	4	–	31
		Non-E.	–	2	–	–	–	4	–	1	–	1	1	2	11
E980–E985	Homicide	Eur.	1	1	1	1	–	–	1	–	–	2	–	–	7
		Non-E.	5	8	6	4	6	2	4	7	3	6	1	3	55
–	All causes	Eur.	138	144	167	148	150	178	229	202	177	165	146	137	1,981
		Non-E.	311	231	237	220	268	294	318	285	228	239	204	191	3,026

TABLE D. Death Rates per 1,000 Population for 1962 and Ten Previous Years by Causes and Race.
(Corrected for Outward Transfers.)

Disease	Race	1951 – 1952	1952 – 1953	1953 – 1954	1954 – 1955	1956	1957	1958	1959	1960	1961	Mean for 10 years	1962
Enteric fever	Eur.	–	–	–	–	–	–	–	–	–	–	–	–
	Non-E.	0.01	0.01	0.01	0.02	–	0.00	0.01	0.00	–	–	0.01	–
Measles	Eur.	–	–	–	0.01	–	–	0.02	–	–	0.01	0.00	0.01
	Non-E.	–	0.07	0.06	0.08	0.01	0.09	0.05	0.04	0.10	0.11	0.06	0.09
Scarlet fever	Eur.	–	–	–	–	–	–	–	–	0.01	–	0.00	–
	Non-E.	–	–	–	–	–	–	–	0.00	–	–	0.00	–
Whooping cough	Eur.	0.01	–	–	–	–	–	–	–	–	–	0.00	–
	Non-E.	0.10	0.07	0.03	0.08	0.00	0.06	0.02	0.02	0.02	0.03	0.04	0.03
Diphtheria	Eur.	0.01	0.02	–	0.01	–	0.01	0.01	0.01	0.02	0.01	0.01	–
	Non-E.	–	0.02	–	0.03	0.01	0.02	0.01	0.00	0.01	0.02	0.01	0.01
Influenza	Eur.	0.02	0.02	–	0.02	0.01	0.02	0.02	0.02	0.02	0.03	0.02	–
	Non-E.	0.02	0.03	0.03	0.03	0.00	0.04	0.02	0.02	0.01	0.03	0.02	0.01
Purulent infection – septicaemia, and erysipelas (*non-puerperal*)	Eur.	–	–	0.01	–	0.01	0.01	0.01	0.02	0.02	0.02	0.01	0.02
	Non-E.	0.02	0.01	0.01	–	0.03	0.01	–	0.02	0.02	0.02	0.01	0.02
Acute anterior poliomyelitis and polio-encephalitis	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	0.00	–	0.01	–
Acute infectious encephalitis	Eur.	–	–	–	–	–	0.01	0.01	0.01	0.01	–	0.00	–
	Non-E.	–	–	0.003	0.003	0.02	0.01	–	0.01	0.01	0.01	0.01	0.01
Meningococcal cerebrospinal meningitis	Eur.	0.01	–	0.01	0.01	0.01	–	0.01	0.01	–	–	0.00	–
	Non-E.	0.02	0.04	0.01	0.02	0.01	0.02	0.01	0.00	0.01	0.00	0.01	0.01
Tuberculosis, respiratory system	Eur.	0.24	0.17	0.20	0.14	0.11	0.13	0.17	0.16	0.13	0.12	0.16	0.09
	Non-E.	2.49	1.68	1.37	0.91	0.58	0.66	0.56	0.41	0.47	0.54	0.91	0.44
Tuberculosis, other forms	Eur.	0.03	0.04	0.04	0.02	0.03	0.02	0.01	0.01	0.02	0.01	0.02	0.01
	Non-E.	0.48	0.39	0.40	0.30	0.18	0.20	0.13	0.10	0.12	0.11	0.23	0.09
Syphilis	Eur.	0.02	0.01	–	–	0.01	–	–	–	–	0.01	0.00	–
	Non-E.	0.13	0.08	0.04	0.02	0.03	0.03	0.02	0.04	0.02	0.04	0.04	0.03
General paralysis of the insane: tabes dorsalis	Eur.	0.01	0.01	–	0.01	0.03	0.01	0.02	0.02	0.01	0.01	0.01	0.01
	Non-E.	0.02	0.03	0.03	–	0.02	0.02	0.01	0.01	0.01	0.01	0.02	0.03
Aneurysm of the aorta	Eur.	0.02	0.04	0.02	0.02	0.02	0.01	0.01	–	–	–	0.01	–
	Non-E.	0.03	0.02	0.02	0.02	0.01	–	0.01	0.01	0.00	0.01	0.01	0.00
Cancer *	Eur.	1.55	1.46	1.62	1.55	1.61	1.74	1.56	1.70	1.69	1.77	1.63	1.62
	Non-E.	0.76	0.75	0.79	0.71	0.73	0.62	0.62	0.61	0.73	0.89	0.72	0.84

TABLE D—*Continued.*

Disease	Race	1951 – 1952	1952 – 1953	1953 – 1954	1954 – 1955	1956	1957	1958	1959	1960	1961	Mean for 10 years	1962
Acute rheumatic fever	Eur.	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.02	0.01	0.01
	Non-E.	0.04	0.03	0.04	0.02	0.01	0.01	0.00	0.00	0.01	0.02	0.02	0.00
Diabetes	Eur.	0.19	0.19	0.22	0.14	0.04	0.04	0.06	0.10	0.17	0.14	0.13	0.20
	Non-E.	0.10	0.14	0.10	0.13	0.03	0.06	0.06	0.08	0.13	0.11	0.09	0.14
Intracranial lesions of vascular origin ≠ ..	Eur.	1.10	1.24	1.06	1.19	1.63	1.33	1.48	1.51	1.76	1.67	)	1.19
	Non-E.	1.01	0.85	0.71	0.84	0.86	0.82	0.91	0.78	1.05	1.05	) 1.67	1.03
Arterio-sclerosis ≠	Eur.	0.26	0.36	0.33	0.29	0.23	0.30	0.30	0.22	0.23	0.23	) 1.02	0.17
	Non-E.	0.29	0.20	0.15	0.16	0.08	0.11	0.08	0.10	0.12	0.07		0.05
Cardiac diseases	Eur.	3.04	2.75	2.78	2.98	3.58	3.58	3.59	3.62	4.15	3.58	3.36	3.48
	Non-E.	1.66	1.34	1.30	1.38	1.66	1.87	1.58	1.51	1.98	1.92	1.62	1.73
Bronchitis and pneumonia (including pneumonia of the newborn)	Eur.	0.37	0.29	0.43	0.40	0.36	0.32	0.32	0.36	0.32	0.34	0.35	0.37
	Non-E.	1.30	1.12	0.91	0.98	0.98	1.03	0.93	0.71	1.05	0.97	0.99	0.92
Gastro-enteritis and colitis, except ulcerative (including diarrhoea of the newborn) ..	Eur.	0.10	0.07	0.05	0.08	0.09	0.09	0.05	0.04	0.06	0.05	0.07	0.05
	Non-E.	2.51	2.41	2.27	2.46	1.99	1.73	1.81	1.31	1.64	1.49	1.93	1.20
Nephritis	Eur.	0.28	0.16	0.16	0.13	0.13	0.16	0.16	0.17	0.11	0.16	0.16	0.16
	Non-E.	0.27	0.24	0.16	0.16	0.13	0.09	0.14	0.10	0.15	0.16	0.16	0.13
Puerperal sepsis	Eur.	–	–	0.01	0.01	0.01	–	–	–	–	0.01	0.00	0.01
	Non-E.	0.02	0.01	0.03	0.01	0.01	0.02	0.01	0.02	0.04	0.02	0.02	0.01
Other diseases of pregnancy, childbirth, and puerperal state	Eur.	0.01	0.01	0.02	0.02	–	0.01	–	0.01	–	–	0.01	0.01
	Non-E.	0.04	0.06	0.04	0.07	0.04	0.06	0.03	0.02	0.03	0.03	0.04	0.03
Congenital malformations and diseases of early infancy	Eur.	0.42	0.30	0.44	0.19	0.36	0.35	0.32	0.29	0.37	0.32	0.34	0.34
	Non-E.	1.33	1.26	1.26	0.92	1.22	1.13	1.25	1.06	1.25	1.47	1.22	1.25
Senility	Eur.	0.19	0.15	0.18	0.12	0.14	0.16	0.09	0.12	0.19	0.21	0.16	1.23
	Non-E.	0.08	0.02	0.06	0.03	0.02	0.02	0.02	0.02	0.04	0.11	0.04	0.30
Accidents, poisonings and violence (external cause)	Eur.	0.47	0.40	0.41	0.37	0.42	0.53	0.44	0.45	0.53	0.53	0.45	0.61
	Non-E.	0.61	0.57	0.62	0.57	0.60	0.65	0.65	0.60	0.83	0.86	0.66	0.76
Other causes	Eur.	1.52	1.64	1.35	1.44	1.19	1.22	1.02	1.11	1.24	1.12	1.27	1.11
	Non-E.	1.63	1.70	1.79	1.57	1.09	1.19	1.01	0.95	1.26	1.10	1.29	1.19
Total ..	Eur.	9.88	9.33	9.37	9.15	10.00	9.96	9.65	9.96	11.04	10.33	9.87	10.67
	Non-E.	14.99	13.12	12.25	11.52	10.34	10.60	9.93	8.58	11.11	11.19	11.19	10.35

≠ 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, 1962

(Corrected)

International Code No.	DISEASE	RACE	Under 1 day	Under 2 days	Under 3 days	Under 4 days	Under 5 days	Under 6 days	Under 7 days	Total under 1 week	Under 2 weeks	Under 3 weeks	Under 4 weeks	Total under 4 weeks	Under 2 months	Under 3 months	Under 4 months	Under 5 months	Under 6 months	Under 7 months	Under 8 months	Under 9 months	Under 10 months	Under 11 months	Under 12 months	TOTAL under one year			Lamga African Township			Gugulethu African Township		
																										M.	F.	Persons	M.	F.	Persons	M.	F.	Persons
010	Tuberculosis, meningeal	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
011	Tuberculosis, abdominal	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
001-008 012-019	Tuberculosis, other forms	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	1	—	1
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
020	Syphilis, congenital	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
055	Diphtheria	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
056	Whooping cough	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	3	—	1	4	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
085-086	Measles and rubella	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	1	—	1	6	—	1	1	—	—	—	1	2	3
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
050	Scarlet fever	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
283	Rickets	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
340	Simple meningitis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	1	2	4	—	1	—	—	5	—	1	1	—	—	—	1	1	2
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
500-502	Bronchitis	Eur.	—	—	—	—	—	—	—	—	1	—	1	2	1	3	—	—	1	—	2	1	—	—	—	6	—	3	9	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
490-493 763	Pneumonia (all forms)	Eur.	1	1	1	1	—	1	1	6	1	1	1	3	21	2	1	1	1	1	5	4	7	1	6	79	68	147	3	2	5	10	14	24
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
571,764	Diarrhoea and enteritis	Eur.	—	—	—	—	2	1	—	3	6	4	1	22	9	33	9	36	34	20	18	22	15	19	10	146	124	270	7	6	13	30	28	58
750-759	Congenital malformations	Eur.	2	1	1	1	1	4	1	6	1	1	1	9	7	5	1	1	2	2	1	—	—	1	1	28	27	55	1	1	2	2	3	5
		Non-E.	4	5	6	1	3	4	1	24	8	—	2	34	—	—	—	—	3	—	—	—	—	—	—	31	17	48	—	—	—	3	2	5
760-761	Injury at birth	Eur.	6	—	—	—	—	—	—	7	—	1	—	8	—	—	—	—	—	—	—	—	—	—	—	93	98	191	5	7	12	12	10	22
		Non-E.	11	15	6	7	1	2	1	43	3	1	1	48	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
774-776	Immaturity	Eur.	9	4	1	—	1	—	—	15	2	1	—	18	—	1	—	1	—	—	—	—	—	—	—	50	27	77	3	—	3	3	6	9
		Non-E.	67	57	17	9	9	9	3	171	10	3	1	185	4	1	1	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
782 765-773	Other diseases peculiar to early infancy	Eur.	12	5	7	4	3	3	1	18	2	4	1	21	1	—	4	1	1	1	—	—	1	2	—	1	—	1	—	—	—	—	—	—
		Non-E.	17	15	7	4	3	3	1	50	11	4	1	66	1	—	1	1	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—
E924-E925	Accidental mechanical suffocation	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
E926	Lack of care	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	Other and ill-defined or unknown causes	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	34	25	60	5	2	7	10	6	16
		Non-E.	6	—	—	3	1	—	—	10	1	—	—	11	3	9	—	7	6	7	4	2	2	3	2	482	404	886	27	19	46	73	73	146
	Totals *	Eur.	29	10	2	1	2	—	2	46	6	4	4	60	4	5	2	2	3	1	1	—	—	1	2	44	37	81	27	19	46	73	73	146
		Non-E.	106	93	37	25	19	20	7	307	44	16	23	390	50	70	63	67	55	40	37	33	28	34	19	482	404	886	27	19	46	73	73	146
		All Races	135	103	39	26	21	20	9	353	50	20	27	450	54	75	65	69	58	41	38	33	28	35	21	526	441	972	27	19	46	73	73	146

* Including 5 of unknown race

TABLE E1. Deaths of Infants under 1 Year of Age, Classified by Cause and Month of Registration, 1962

(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.	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	1	0.1	0.1
		Non-E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
011	Tuberculosis, abdominal ..	Eur.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		Non-E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
001-008	Tuberculosis, other forms ..	Eur.	–	–	–	–	–	1	–	1	–	1	–	1	–	–	–	–	2	0.2	0.2
		Non-E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
020	Syphilis, congenital ..	Eur.	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	1	0.1	0.1
		Non-E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
055	Diphtheria	Eur.	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	1	0.1	0.1
		Non-E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
056	Whooping cough	Eur.	–	–	–	–	–	–	1	1	–	–	–	–	–	–	2	2	4	0.5	0.3
		Non-E.	1	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	1	0.1	0.1
085-086	Measles and rubella ..	Eur.	–	1	1	2	–	–	1	1	1	1	1	3	–	–	–	–	6	0.7	0.5
		Non-E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
050	Scarlet fever	Eur.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		Non-E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
283	Rickets	Eur.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		Non-E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
340	Simple meningitis	Eur.	–	2	2	4	2	–	2	4	–	–	2	2	2	–	1	3	13	1.5	1.0
		Non-E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
500-502	Bronchitis	Eur.	–	–	–	–	1	–	3	4	3	–	1	4	1	–	–	1	9	1.2	0.3
		Non-E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1.0	0.7
490-493 763	Pneumonia (all forms) ..	Eur.	11	11	5	27	11	15	20	46	19	16	9	44	14	6	7	27	144	11.1 16.5	2.4 11.3
		Non-E.																			
571,764	Diarrhoea and enteritis ..	Eur.	57	35	39	131	28	28	16	72	18	3	8	29	10	10	14	34	266	6.2 30.4	1.3 21.0
		Non-E.																			
750-759	Congenital malformations ..	Eur.	4	7	2	13	2	4	4	10	9	7	4	20	3	3	5	11	54	17.3 6.2	3.7 4.3
		Non-E.																			
760-761	Injury at birth	Eur.	2	5	4	11	3	3	2	8	4	3	7	14	3	5	7	15	48	9.9 5.5	2.1 3.8
		Non-E.																			
774-776	Immaturity	Eur.	18	16	16	50	8	17	14	39	22	23	19	64	22	11	5	38	191	23.4 21.8	5.1 15.0
		Non-E.																			
762 765-773	Other diseases peculiar to early infancy	Eur.	9	6	4	19	11	6	5	22	9	7	2	18	5	5	7	17	76	27.2 8.7	5.9 6.0
		Non-E.			4		3	1	1	5	1	2	2	5	3	1	2	6	22		
E924-E925	Accidental mechanical suffocation	Eur.	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	1	1.2	0.3
		Non-E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
E926	Lack of care	Eur.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		Non-E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
–	Other and ill-defined or unknown causes	Eur.	–	–	–	–	–	–	–	–	–	1	–	1	1	–	–	1	2	2.5	0.5
		Non-E.	7	5	4	16	5	1	5	11	9	10	3	22	3	3	4	10	59	6.7	4.6
	Totals * ..	Eur.	3	7	7	17	5	4	12	21	11	9	7	27	8	6	2	16	81	100	21.6
		Non-E.	109	88	77	274	71	76	74	221	95	71	56	222	83	43	52	158	875	100	69.0
		All Races	112	95	84	291	77	80	86	243	108	82	63	253	71	49	54	174	961		58.5

* Including 5 of unknown race

TABLE F. Deaths of Infants under 1 Year of Age, Classified by Legitimacy, 1962

(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	31	26	7	5	28	24	7	5	2	2	–	–	1	–
	Domiciliary	1	2	5	4	1	2	5	4	–	–	–	–	–	–
Coloured	Hospital	159	134	93	70	108	88	57	42	43	41	30	23	13	11
	Domiciliary	38	27	142	117	28	16	90	74	7	8	46	37	6	12
African	Hospital	5	11	14	13	–	6	7	9	2	3	4	4	5	3
	Domiciliary	6	1	15	22	5	–	11	12	1	1	2	6	–	6
Asiatic	Hospital	2	1	–	1	2	1	–	1	–	–	–	–	–	–
	Domiciliary	–	3	1	–	–	2	1	–	–	1	–	–	–	–
Non-European	Hospital	166	146	107	84	110	95	64	52	45	44	34	27	18	14
	Domiciliary	44	31	158	139	33	18	102	86	8	10	48	43	6	18
All races	Hospital	197	172	114	89	138	119	71	57	47	46	34	27	19	14
	Domiciliary	45	33	163	143	34	20	107	90	8	10	48	43	6	18

TABLE G. Registered Births and Still-Births for the year 1962, 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.	136	132	1	2	137	134	271	6	6	15	10	21	16	37	271	37	308	3	–	–	2	5	99	85
2.	167	183	4	5	171	188	359	8	8	16	11	24	19	43	359	43	402	1	–	–	1	2	98	89
3.	19	23	1	1	20	24	44	205	205	82	67	287	272	559	44	559	603	–	–	11	6	17	82	60
4.	149	126	4	9	153	135	288	186	191	52	70	238	261	499	288	499	787	3	–	14	2	19	93	58
5.	162	146	8	8	170	154	324	339	335	119	100	458	435	893	324	893	1217	5	1	7	7	20	93	58
6.	65	55	7	8	72	63	135	528	525	159	145	687	670	1357	135	1357	1492	1	–	22	8	31	80	57
7.	185	195	18	17	203	212	415	56	54	21	28	77	82	159	415	159	574	2	–	3	–	5	93	56
8.	186	188	3	5	189	193	382	728	604	280	265	1,008	869	1877	382	1877	2259	2	2	37	15	56	86	55
9.	103	111	1	4	104	115	219	136	139	37	33	173	172	345	219	345	564	–	–	8	1	9	86	40
10.	18	12	–	3	18	15	33	1,448	1,426	289	315	1,737	1,741	3478	33	3478	3511	3	–	57	15	75	78	41
11.	118	107	4	5	122	112	234	33	36	19	7	52	43	95	234	95	329	3	–	–	1	4	98	51
12	107	116	4	4	111	120	231	194	197	55	58	249	255	504	231	504	735	2	–	12	2	16	94	52
13.	135	142	3	3	138	145	283	84	72	18	22	102	94	196	283	196	479	2	–	6	–	8	93	45
14.	166	135	6	3	172	138	310	244	203	84	89	328	292	620	310	620	930	4	–	17	2	23	84	31
15.	107	93	1	5	108	98	206	793	738	257	246	1,050	984	2034	206	2034	2240	4	–	38	16	58	84	29
Not allocated (unascertained addresses) ..	–	–	–	–	–	–	–	–	–	3	1	3	1	4	–	4	4	–	–	–	–	–	–	–
Total* ..	1,823	1,764	65	82	1,888	1,846	3,734	4,988	4,739	1,506	1,467	6,494	6,206	12700	3,734	12700	16439	35	3	232	78	348	91	46
Excluded from above figures.																								
(1) Births in Cape Town which did not belong thereto	769	666	84	68	853	734	1,587	393	418	263	257	656	675	1331	1,587	1331	2918	18	–	47	17	82	100	93
(2) Langa African Township ..	–	–	–	–	–	–	–	76	68	30	37	106	105	211	–	211	211	–	–	13	6	19	–	85
(3) Guguletu Township ..	–	–	–	–	–	–	–	218	221	66	45	284	266	550	–	550	550	–	–	15	3	18	–	82

*Including 5 of unknown race

TABLE H. Births in Institutions, 1962.

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	5	2,734	4	2,368	1	366
Somerset Hospital	–	2,353	–	1,901	–	452
St. Joseph's Sanatorium	1,730	2	990	1	740	1
Salvation Army Maternity Home	–	1,515	–	1,274	–	241
Mowbray Maternity Hospital	1,055	1	769	1	286	–
St. Monica's Home	–	1,054	–	900	–	154
Groote Schuur Hospital	647	16	571	11	76	5
Kingsbury Nursing Home	459	–	311	–	148	–
Delherbe Nursing Home	403	–	345	–	58	–
Military Hospital	285	–	148	–	137	–
Booth Memorial Hospital	285	–	248	–	37	–
Magdalena Huis	114	–	13	–	101	–
House of Correction	–	8	–	1	–	7
Other institutions	3	9	2	3	1	6
Total	4,986	7,692	3,401	6,460	1,585	1,232

STILL-BIRTHS.

Institution	Total Still-births		Still-births belonging to Cape Town		Still-births not belonging to Cape Town (outward transfers)	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Peninsula Maternity Hospital	–	113	–	82	–	31
Somerset Hospital	–	98	–	76	–	22
St. Joseph's Sanatorium	19	–	9	–	10	–
Salvation Army Maternity Home ...	–	21	–	17	–	4
Mowbray Maternity Hospital	12	–	9	–	3	–
St. Monica's Home	–	28	–	22	–	6
Groote Schuur Hospital	11	2	6	2	5	–
Kingsbury Nursing Home	4	–	2	–	2	–
Delherbe Nursing Home	4	–	4	–	–	–
Military Hospital	1	–	1	–	–	–
Booth Memorial Hospital	3	–	3	–	–	–
Magdalena Huis	1	–	1	–	–	–
Total	55	262	35	199	20	63

TABLE I. – Discontinued.

TABLE J. Births, Deaths, Natural Increase, and Infant Deaths, and corresponding rates, for the year 1962

Race	Births		Deaths		Natural increase		Deaths under one year old	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Europeans:								
uncorrected	5,321	27.6	2,475	12.8	–		136	26
corrected for outward transfers	3,734	19.4	1,981	10.3	–		81	22
corrected for outward and inward transfers	3,734	19.4	2,058	10.7	1,676	8.7	81	22
Coloured:								
uncorrected	12,981	46.5	3,391	12.1	–		881	68
corrected for outward transfers	11,931	42.7	2,750	9.8	–		780	65
corrected for outward and inward transfers	11,942	42.8	2,862	10.2	9,080	32.5	789	66
Africans (not Langa):								
uncorrected	782	43.2	447	24.7	–		306	391
corrected for outward transfers	513	28.3	228	12.6	–		87	170
corrected for outward and inward transfers	513	28.3	241	13.3	272	15.0	89	173
Asiatics:								
uncorrected	257	35.6	56	7.8	–		16	62
corrected for outward transfers	245	34.0	48	6.7	–		8	33
corrected for outward and inward transfers	245	34.0	49	6.8	196	27.2	8	33
All non-Europeans:								
uncorrected	14,020	46.0	3,894	12.8	–		1,203	86
corrected for outward transfers	12,689	41.7	3,026	9.9	–		875	69
corrected for outward and inward transfers	12,700	41.7	3,152	10.3	9,548	31.3	886	70
All races: *								
uncorrected	19,341	38.9	6,369	12.8	–		1,339	69
corrected for outward transfers	16,423	33.0	5,007	10.1	–		956	58
corrected for outward and inward transfers	16,439	33.0	5,215	10.5	11,224	22.6	972	59
Africans resident at Langa Township	211	8.0	189	7.2	22	0.8	46	218
Africans resident at Guguletu Township	550	31.9	279	16.2	271	15.7	146	265

* Including 5 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		Diarrhoea and enteritis		Develop-mental 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	9.9	12.3	55.1	28.1	58.7	29.0	47.2	15.2	32.1	90.8	211.7
1921-1922 to 1925-1926 ...	2.4	4.6	0.9	2.4	1.0	8.7	9.6	53.4	23.9	54.4	23.0	39.7	11.3	22.8	71.9	181.6
1926-1927 to 1930-1931 ...	3.2	4.3	1.1	4.3	1.7	11.9	10.8	47.2	14.6	46.7	22.1	37.6	9.3	18.6	62.7	169.4
1931-1932 to 1935-1936 ...	2.0	5.5	1.1	4.4	0.8	10.6	7.4	41.3	11.0	39.9	20.0	31.6	7.5	13.9	49.8	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	87.9	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	15.0	25.8	5.1	14.2	25.6	103.6
1957-1961 ...	—	1.4	—	1.3	—	0.2	2.4	13.2	1.0	31.6	13.5	23.4	5.0	14.9	21.8	85.9
Year																
1952-1953 ...	—	1.1	0.6	4.8	—	0.7	1.4	13.3	2.0	41.9	13.6	26.1	3.7	13.5	21.3	101.4
1953-1954 ...	—	0.8	0.3	4.3	—	0.3	4.9	13.6	1.7	41.6	15.9	22.5	7.5	17.5	30.4	100.5
1954-1955 ...	—	1.6	0.3	3.3	—	0.3	1.5	15.5	1.8	45.4	14.0	22.3	3.9	12.4	21.5	100.8
1956	—	0.2	—	2.6	—	0.2	1.1	14.8	3.1	42.2	14.8	29.2	5.6	13.8	24.5	103.0
1957	—	2.1	—	2.7	—	0.4	2.0	15.1	1.4	35.1	14.0	24.5	6.2	15.4	23.5	95.3
1958	—	1.0	—	0.9	—	0.1	4.4	15.7	0.3	38.8	13.9	24.3	4.6	16.7	23.1	97.6
1959	—	0.9	—	1.1	—	0.2	2.7	11.7	0.3	28.8	10.9	19.7	3.7	17.9	17.5	80.2
1960	—	1.6	—	1.0	—	0.2	1.7	12.6	1.1	29.1	14.6	23.7	7.9	12.8	25.3	81.0
1961	—	1.4	—	0.6	—	0.2	1.1	10.8	1.9	26.1	14.4	25.1	2.7	11.8	20.1	75.9
1962	—	1.3	—	0.2	—	0.1	2.9	12.3	1.3	21.3	14.2	24.7	3.2	9.8	21.7	69.8

* 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.

TABLE K. — *Continued.*

INFANTS FROM 1 TO 2 YEARS OF AGE. *

Period	Common infectious diseases		Tuberculous diseases		Syphilis		Bronchitis and pneumonia		Diarrhoea and enteritis		Developmental diseases		Miscellaneous diseases (remainder)		Total mortality (all causes)	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Quinquennium																
1926-1927 to 1930-1931 ...	2.8	6.4	1.1	6.9	—	1.1	3.3	28.9	4.8	24.3	0.3	0.6	2.9	8.6	15.2	76.7
1931-1932 to 1935-1936 ...	2.1	6.2	0.9	7.5	—	2.1	3.7	24.8	2.5	19.2	0.2	0.4	3.0	7.3	12.4	67.4
1936-1937 to 1940-1941 ...	0.7	5.1	1.2	7.3	0.1	0.9	2.6	22.4	2.1	15.9	0.2	0.4	2.6	6.9	9.5	58.8
1941-1942 to 1945-1946 ...	0.9	3.9	0.9	14.1	—	0.9	0.9	19.8	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	8.0	44.0
1951-1952 to 1956	0.4	1.1	0.5	6.1	—	0.1	0.4	4.6	0.6	17.3	0.2	0.2	1.1	4.3	3.1	33.8
1957-1961 ...	0.1	1.3	—	1.8	—	0.0	0.5	4.3	0.2	9.4	0.2	0.6	1.3	5.0	2.3	22.5
Year																
1952-1953 ...	0.6	1.6	0.6	6.3	—	—	0.6	4.7	0.6	18.3	0.3	—	0.6	4.6	8.3	35.5
1953-1954 ...	—	1.0	1.2	3.9	—	—	0.3	3.9	0.6	15.8	—	0.3	1.2	3.1	8.2	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
1961	—	1.8	—	0.7	—	—	—	3.9	—	7.3	0.3	1.5	1.4	2.2	1.7	17.3
1962	—	1.6	—	0.8	—	—	0.6	2.8	—	5.3	0.3	0.5	1.1	4.9	1.9	15.9

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

TABLE K.—Continued

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
Cape Town ..	19.4	28.3	34.0	42.8	41.7	10.7	13.3	6.8	10.2	10.3	22	173	33	66	70	0.09	1.21		0.09	0.52
Kimberley ..	25.9	47.6	12.4	47.5		8.3	16.0	10.5	14.6		34	90	77	96						
King William's Town	18.8	17.5	43.2	60.4		6.7	6.9	14.4	23.7		8	202	167	137			0.74		1.03	
Port Elizabeth ..	25.2	56.3	24.6	45.0		7.8	21.6	6.5	16.6		32	183	30	125		0.08	1.64	0.25	1.10	
Springs	24.7	15.5	33.7	42.1		6.6	8.8	3.7	16.4		35	189	50	167		0.03				0.18
Benoni	28.0	41.3	38.1	49.6		5.8	19.1	6.9	17.3		24	207	76	101		0.50	0.85	0.67	1.15	
Durban	19.7	33.4	29.3	40.6		9.4	18.2	7.4	9.1		15	246	59	51						
Bloemfontein ..	24.9	31.0		37.5		6.6	18.9		18.5		30	227		176						
Vereeniging ..	28.4	24.1	31.9	14.8		9.3	9.7	4.7	16.7		39	195	37	375		0.04	0.33			
Pietermaritzburg ..	19.2	24.3	37.1	39.9		8.5	6.8	5.9	6.5		12	108	41	21						
Roodepoort-Maraisburg ..	24.0	30.8	21.6	36.8		6.0	10.2	3.2	12.1		11	97	74	19			0.37	0.80	1.09	
Pretoria	25.5	38.5	25.1	23.9	37.7	6.4	12.5	4.7	11.8	12.2	26	112	31	128	111		0.36		0.61	0.35
South Africa ..	24.8		30.7	47.3		8.7		8.3	15.5		29		67	121		0.01		0.2	1.1	
England and Wales ..	17.6					12.0														
County of London ..	18.9					11.9														

TABLE N. Notification of Infectious Disease Classified for Month of Notification, 1962

E. – European. O. – Non-European.

Period	Tuberculosis, respiratory			Tuberculosis, other forms			Enteric			Diphtheria			Scarlet Fever			Erysipelas			Cerebrospinal fever			Infective encephalitis		
	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total
January ..	9	112	121	–	9	9	–	1	1	–	3	3	8	–	8	1	–	1	–	2	2	–	–	–
February .	12	100	112	2	9	11	–	2	2	–	3	3	1	–	1	–	1	1	–	2	2	–	–	–
March ..	8	99	107	–	16	16	–	2	2	–	–	–	7	–	7	1	–	1	–	2	2	–	–	–
April ..	16	86	102	–	10	10	–	–	–	–	–	–	6	–	6	1	–	1	–	2	2	–	–	–
May ..	10	91	101	–	7	7	–	–	–	–	–	–	9	1	10	–	–	–	–	1	1	–	–	–
June ..	10	91	101	1	8	9	–	2	2	–	2	2	6	1	7	–	–	–	–	3	3	–	2	2
July ..	14	99	113	–	3	3	–	–	–	2	2	4	4	1	5	2	–	2	1	4	5	–	1	1
August ..	13	99	112	–	7	7	–	2	2	1	3	4	8	–	8	1	–	1	1	2	3	–	–	–
September	12	114	126	–	5	5	–	–	–	–	1	1	5	1	6	–	–	–	–	6	6	1	1	2
October ..	7	133	140	2	3	5	–	–	–	1	1	2	7	–	7	–	2	2	2	2	4	–	1	1
November	8	103	111	1	8	9	–	–	–	1	1	2	5	–	5	–	–	–	–	2	2	–	–	–
December	9	91	100	1	8	9	–	–	–	1	1	2	4	–	4	–	–	–	1	2	3	–	–	–
Year ..	128	1218	1346	7	93	100	–	9	9	6	17	23	70	4	74	6	3	9	5	29	34	1	5	6

Period	Acute poliomyelitis			Ophthalmia			Puerperal fever			Leprosy			Malta fever			Whooping Cough		
	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total
January ..	–	–	–	–	32	32	–	–	–	–	–	–	–	–	–	1	6	7
February .	–	2	2	–	30	30	–	–	–	–	–	–	–	–	–	–	–	–
March ..	–	1	1	1	23	24	–	–	–	–	–	–	–	–	–	2	2	4
April ..	–	1	1	–	26	26	–	–	–	–	–	–	–	–	–	1	1	2
May ..	–	–	–	–	32	32	–	–	–	–	–	–	–	–	–	1	4	4
June ..	–	–	–	–	26	26	–	–	–	–	–	–	–	–	–	–	5	5
July ..	–	–	–	–	31	31	–	–	–	–	–	–	–	1	1	3	1	4
August ..	–	–	–	–	28	28	1	–	1	1	–	1	–	–	–	–	2	2
September	–	1	1	–	33	33	–	1	1	–	–	–	–	–	–	–	1	1
October ..	–	–	–	–	37	37	–	–	–	–	–	–	–	–	–	5	13	18
November	–	–	–	–	29	29	–	–	–	–	–	–	–	–	–	2	1	3
December	–	1	1	–	24	24	–	1	1	–	–	–	–	–	–	1	4	5
Year ..	–	6	6	1	351	352	1	2	3	1	–	1	–	1	1	15	40	55

TABLE O. Notification of Infectious Disease Classified for Age-Groups, 1962

E. — European. O. — Non-European.

Age-groups	Tuberculosis, respiratory					Tuberculosis, other forms					Enteric					Diphtheria					Scarlet fever					Erysipelas					Cerebrospinal fever					Infective Encephalitis				
	E.		O.		Total	E.		O.		Total	E.		O.		Total	E.		O.		Total	E.		O.		Total	E.		O.		Total	E.		O.		Total	E.		O.		Total
	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.	
0— 1 year ..	2	—	18	16	36	—	—	8	1	9	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	1	1	1	3	—	—	1	—	1
1— 2 years ..	1	1	41	44	87	—	—	7	7	14	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—	1	1	3	7	—	—	1	—	1
2— 5 " ..	10	6	75	103	194	—	2	14	10	26	—	—	1	1	2	—	—	4	1	5	11	9	2	—	22	—	—	—	—	—	—	1	3	7	—	—	—	—	—
5—10 " ..	3	1	46	55	105	—	2	6	7	15	—	—	—	—	—	1	—	1	2	4	18	21	—	1	40	—	—	1	—	1	—	—	5	7	1	—	—	—	1
10—15 " ..	—	3	8	15	26	—	—	4	3	7	—	—	4	—	4	—	2	—	—	2	1	8	—	1	10	—	—	—	—	—	—	1	4	5	—	—	1	—	1
15—25 " ..	7	11	94	106	218	—	1	1	3	5	—	—	4	—	4	—	1	—	—	1	1	—	—	—	1	—	1	—	—	1	—	1	1	2	—	—	—	—	—
25—35 " ..	10	9	132	100	251	—	—	3	6	9	—	—	1	1	2	1	—	—	—	1	—	1	—	—	1	—	—	—	1	2	—	1	1	2	—	—	—	—	—
35—45 " ..	9	8	140	46	203	1	—	3	2	6	—	—	—	1	1	—	—	1	—	1	—	—	—	—	—	—	—	1	—	1	—	—	1	2	—	—	—	—	—
45—55 " ..	17	5	76	22	120	—	—	1	2	3	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
55—65 " ..	12	2	43	14	71	—	—	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—
65—75 " ..	6	2	13	2	23	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—
75—85 " ..	2	1	5	—	8	1	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
85 years & over	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unknown ..	—	—	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ..	79	49	694	524	1346	2	5	50	43	100	—	—	6	3	9	2	4	9	8	23	31	39	2	2	74	2	4	2	1	9	—	5	13	16	34	1	—	3	2	6

Age-groups	Acute poliomyelitis					Ophthalmia					Puerperal fever					Malta fever					Leprosy					Whooping Cough				
	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.	
0— 1 year ...	—	—	1	—	1	—	1	176	175	352	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	7	7	17
1— 2 years ...	—	—	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	8	6	17
2— 5 " ...	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	3	3	11
5—10 " ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10—15 " ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15—25 " ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	1	1	—	—	—	1	—	—	—	—	—
25—35 " ...	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35—45 " ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45—55 " ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
55—65 " ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65—75 " ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
75—85 " ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
85 years & over	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unknown ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	—	—	3	3	6	—	1	176	175	352	—	1	—	2	3	—	—	—	1	1	1	—	—	—	1	9	6	20	20	55

TABLE P. Notification of Infectious Disease Classified for Wards, etc., 1962

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.	5	10	15	–	1	1	–	–	–	–	–	–	7	–	7	1	–	1	–	–	–	–	–	–
2.	10	8	18	–	–	–	–	–	–	3	–	3	5	–	5	1	–	1	1	–	1	–	–	–
3.	7	60	67	–	3	3	–	–	–	–	2	2	1	–	1	–	–	–	–	2	2	–	1	1
4.	8	60	68	–	3	3	–	–	–	–	1	1	6	–	6	–	–	–	–	–	–	–	–	–
5.	7	82	89	1	7	8	–	–	–	1	–	1	12	–	12	1	–	1	–	1	1	–	–	–
6.	8	106	114	2	8	10	–	5	5	1	1	2	–	–	–	2	–	2	–	4	4	–	–	–
7.	23	44	67	2	2	4	–	2	2	–	1	1	6	–	6	–	–	–	–	–	–	–	–	–
8.	15	285	300	1	20	21	–	–	–	–	2	2	10	1	11	–	–	–	2	8	10	1	1	2
9.	8	15	23	–	2	2	–	–	–	–	–	–	5	–	5	–	–	–	–	3	3	–	–	–
10.	1	281	282	–	28	28	–	2	2	–	7	7	1	–	1	–	–	–	–	6	6	–	1	1
11.	6	12	18	–	2	2	–	–	–	–	2	2	2	–	2	–	–	–	–	–	–	–	–	–
12.	3	40	43	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–	–	1	1
13.	7	24	31	–	–	–	–	–	–	–	–	–	4	1	5	–	–	–	–	1	1	–	–	–
14.	5	40	45	1	2	3	–	–	–	–	–	–	4	–	4	–	1	1	–	–	–	–	–	–
15.	15	145	160	–	15	15	–	–	–	1	1	2	6	1	7	1	2	3	–	5	5	–	1	1
Not allocated ..	–	6	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total, local cases ..	128	1218	1346	7	93	100	–	9	9	6	17	23	70	4	74	6	3	9	5	29	34	1	5	6
Imported infection ..	28	262	290	1	10	11	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Direct removals (cases removed to hospitals in Municipal area): ..	27	130	157	8	26	34	2	20	22	20	64	84	20	1	21	–	–	–	–	14	14	1	3	4
From ships in harbour ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Guguletu Township ..	–	162	162	–	19	19	–	–	–	–	5	5	–	–	–	–	–	–	–	2	2	–	1	1
Langa Township ..	–	230	230	–	15	15	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–

Wards of the City, etc.	Acute poliomyelitis			Ophthalmia			Puerperal fever			Leprosy			Malta fever			Whooping cough		
	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total	E.	O.	Total
1.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3
2.	–	–	–	–	4	4	–	–	–	–	–	–	–	–	–	1	4	5
3.	–	1	1	–	19	19	–	–	–	1	–	1	–	–	–	1	5	6
4.	–	–	–	–	18	18	–	–	–	–	–	–	–	–	–	1	5	6
5.	–	–	–	–	21	21	–	–	–	–	–	–	–	–	–	2	9	11
6.	–	–	–	–	36	36	1	–	1	–	–	–	–	–	–	1	9	10
7.	–	–	–	–	6	6	–	–	–	–	–	–	–	–	–	1	3	4
8.	–	–	–	–	49	49	–	1	1	–	–	–	–	1	1	1	1	2
9.	–	–	–	1	9	10	–	–	–	–	–	–	–	–	–	–	1	1
10.	–	2	2	–	99	99	–	1	1	–	–	–	–	–	–	5	6	11
11.	–	–	–	–	7	7	–	–	–	–	–	–	–	–	–	–	6	6
12.	–	–	–	–	11	11	–	–	–	–	–	–	–	–	–	–	–	–
13.	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
14.	–	2	2	–	3	3	–	–	–	–	–	–	–	–	–	–	–	–
15.	–	1	1	–	68	68	–	–	–	–	–	–	–	–	–	–	6	6
Not allocated ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total, local cases ..	–	6	6	1	351	352	1	2	3	1	–	1	–	1	1	15	40	55
Imported infection ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Direct removals (cases removed to hospitals in Municipal area): ..	–	9	9	–	–	–	2	5	7	–	–	–	–	–	–	–	19	19
From ships in harbour ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Guguletu Township ..	–	3	3	–	46	46	–	–	–	–	–	–	–	–	–	–	5	5
Langa Township ..	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–

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