

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

Contributors

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ANNUAL REPORT

OF THE

Medical Officer of Health

1966



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The Corporation

Report of the Medical Officer of Health

OF

The City of Cape Town

Letter and Contents

There are hereby presented to the Council of the Corporation of the City of Cape Town, together with an account of the work done by the Medical Officer of Health for the year 1966. Health conditions throughout the year have been favourable.

Vital Statistics

The continued improvement of the health of the City of Cape Town is a result of the work done by the Medical Officer of Health and the Corporation of the City of Cape Town. The health of the City of Cape Town is a result of the work done by the Medical Officer of Health and the Corporation of the City of Cape Town.

Births

A small overall increase in the number of births registered in the City of Cape Town for the year 1966 is recorded. The increase is due to the increase in the number of births registered in the City of Cape Town.

The White increase registered

Coloured births have registered

Coloured births have registered a small increase in the number of births registered in the City of Cape Town for the year 1966. The increase is due to the increase in the number of births registered in the City of Cape Town.

The number of deaths registered in the City of Cape Town for the year 1966 is recorded. The number of deaths registered in the City of Cape Town for the year 1966 is recorded.

ANNUAL REPORT

The number of deaths registered

The percentage of deaths registered in the City of Cape Town for the year 1966 is recorded. The percentage of deaths registered in the City of Cape Town for the year 1966 is recorded.

OF THE

The annual percentage of deaths registered in the City of Cape Town for the year 1966 is recorded.

Diagnosis

The diagnosis of the diseases registered in the City of Cape Town for the year 1966 is recorded. The diagnosis of the diseases registered in the City of Cape Town for the year 1966 is recorded.

The overall percentage of deaths registered in the City of Cape Town for the year 1966 is recorded.

Deaths

The number of deaths registered in the City of Cape Town for the year 1966 is recorded. The number of deaths registered in the City of Cape Town for the year 1966 is recorded.

1966

Plague

There is a large number of cases of plague registered in the City of Cape Town for the year 1966. The number of cases of plague registered in the City of Cape Town for the year 1966 is recorded.

Smallpox

There is a small number of cases of smallpox registered in the City of Cape Town for the year 1966. The number of cases of smallpox registered in the City of Cape Town for the year 1966 is recorded.

Scarlet fever is a disease of the throat and skin. It is caused by a bacterium called Streptococcus. The disease is spread by contact with the infected person or by contact with their secretions.

The annual percentage of deaths registered in the City of Cape Town for the year 1966 is recorded.

THE CORPORATION OF THE CITY OF CAPE TOWN

The Corporation

The City of Cape Town



ANNUAL REPORT

OF THE

Medical Officer of Health

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Report of the Medical Officer of Health

FOR THE YEAR 1966

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

Ladies and Gentlemen,

I have the honour to present my 15th 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 1966. Health conditions throughout the year have been satisfactory.

Vital Statistics.

The estimated population of the City, based on the Census of 1960, is 614,360 (198,480 White and 415,880 non-White). The recorded figures for the Bantu section of the population are the figures for this racial group known to the Bantu Administration of the Council, and are much more accurate than those provided by the census.

Births.

A small overall total increase (449) in births notified to the Department resulted from the substantial increases in White and Bantu births which cancelled out the continued decline in Coloured births notified.

The White increase represents a return to the usual level after an unaccountable drop in 1965.

Bantu births have maintained their annual increase.

Coloured births again declined for the second year in succession. This most significant happening in a group, enjoying full employment and rapidly increasing in numbers, must be related to some change in outlook, or in some additional service made available to them. The only service in addition to those always available has been the advent of the "Pill" and the added popularity of other family planning devices on offer by the Mothers' Clinic organisation, which has been most active in this regard. There seems little doubt now that the population explosion can be halted or contained with education of the masses as to what can today be accomplished by modern family planning methods, as well as the will on the part of the recipient to carry out the necessary advice and attend the available agencies regularly.

The number of births registered by the Births and Deaths Registration office follows a similar pattern to the notifications made to this Department, but are, in the non-White group, grossly defective owing to non-registration of approximately 2,600 infants. This fact is well-known to the State Department concerned, but has not been dealt with.

The number of still births notified fell slightly in all race groups.

The percentage of confinements taking place in institutions increased for Whites, but declined for non-Whites. This is accounted for by the construction and opening of a new private White maternity institution during the year, and the closing of a privately run non-White maternity home. This unfortunate loss to the non-Whites has placed additional strains on the already overcrowded maternity facilities available for this group.

The usual preponderance of male over female births again occurred.

Illegitimacy.

There has been a rise in the number of illegitimate births in the White and Coloured groups as compared with 1965, while the number of Bantu illegitimates has remained approximately the same.

In the White group 8.2 per cent of all notified live births were illegitimate; in the Coloured group 30.0 per cent fell into this category; while the Bantu percentage is the highest of the three groups and amounted to 34 per cent.

The overall percentage of illegitimate infants for all races is the highest since World War I.

Deaths.

The number of deaths registered as occurring among city residents was 6,338 (2,167 White and 4,171 non-White). The White death rate rose from 10.57 to 10.92; while the non-White rate fell from 10.83 to 10.03. It is doubtful whether these figures have much significance.

Whites.

After a five-year period of quiescence, deaths from arterial diseases suddenly reverted to their former order of importance, altering what would otherwise have been a general decline in the main categories of causes of death.

Non-Whites.

Except for some increase in deaths from bronchitis and pneumonia, there was a satisfactory decline in deaths generally, particularly from conditions such as gastro enteritis and cardiac diseases, with tuberculosis and diseases of early infancy also adding their smaller, but most welcome, contributions to the decline.

Attention must also be drawn to the steadily mounting total of deaths of city residents as the result of road accidents (218 deaths in 1966).

An unusual feature of deaths by suicide was that nearly one-third of total suicides were White men over 65 years of age.

Infant Mortality.

A new low record has been set for the White infant mortality rate, due to small reduction in diverse varieties of causes of death. Half of the White infant deaths are due to causes over which there is, as yet, little direct control, i.e. congenital malformation and prematurity.

A slight reduction in the number of non-White infant deaths has to be recorded. Owing to a reduction in the number of births, the infant mortality rate for this group is much the same as that recorded in the previous year.

An increase in the peri-natal and neonatal mortality rate is revealed by a study of these figures, as set out in the body of the report. The acute shortage of non-White maternity beds in the city may in part be responsible for this occurrence.

Maternal Mortality.

There was little variation in the maternal mortality rate as compared with the previous year.

Again this rate is heavily loaded in both the White and non-White groups by the fact that over fifty per cent of the deaths were due to abortions. As a large proportion of these were no doubt due to criminal interference in unwanted pregnancies what better support could be afforded to the stepping up of the Family Planning Clinics, and the use of modern and effective contraceptives.

Infectious Diseases.

Twenty-one cases of confirmed typhoid fever (5 White and 16 non-White) were notified to the Department during the year under review. Included in these notifications was a family outbreak in a non-White home in the Wynberg area in which eight cases occurred. The ramifications of this outbreak, both within and outside the city, are set out in detail in the body of the report. With overcrowding, as it occurs in many of the lower socio-economic non-White homes, the ease with which typhoid fever and other infectious diseases can spread is only too apparent from a perusal of this report.

The incidence of diphtheria remained low during the year, but the detection of 19 diphtheritic carriers indicates that the reservoir of infection of this disease is a potent danger should there be any let-up in the immunisation of the susceptible.

The number of cases of scarlet fever notified was the lowest on record in the city.

A sudden unexpected increase of cerebrospinal fever resulted in the highest number of notified (157: 10 White and 147 non-White) cases since 1944. Most of the cases occurred in non-White children in the age group 2 - 9 years. The first indication of what was to occur was an increase of cases notified in June, with increases for each of the subsequent months, reaching a peak of 45 notifications in September.

Despite intensive mass inoculation of the child population in the city, poliomyelitis is still occurring in the partly-immunised and non-immunised.

Fewer deaths were recorded from measles this year, but 173 city cases with complications were admitted to the City Hospital during the year. The majority of cases were non-White, and many of these suffered, in addition, from various forms of malnutrition. It is hoped that a limited survey will be carried out by the Maternal and Child Welfare Branch on the value and efficacy of attenuated live measles vaccine during the coming year.

A greater number of notifications of kwashiorkor was received during the year, but figures relating to deaths from this disease show a fall. This is a socio-economic problem, and only palliative measures can be instituted by the Department once the diagnosis has been established.

Wells Spirochaetal Jaundice

Although this is not a notifiable disease, the report from one of the local hospitals of another case in a young local child has to be recorded. Following the recording of two cases in 1962, there seems to be little doubt that the local rat population is heavily infected with the spirochaete and that more cases in human beings can be expected to occur.

Tuberculosis.

Tuberculosis amongst Whites is slowly declining; but amongst the Coloured the accepted regular annual decrease has been halted owing to more females in this group being notified. This may be accounted for by the opening of a new clinic on the edge of the Bridgetown Coloured Township thereby affording females greater opportunity of attending for investigation of any long-continuing chest condition.

The incidence rate of pulmonary tuberculosis in the Bantu is 2.6 times that of the Coloured and 17.3 times that of the White. There was a slight fall in the rate in the year under review. Many factors are responsible for figures of this magnitude in the Bantu group. The new mobile X-ray 100 mm. unit, introduced in 1965, has proved its worth in more rapid rates of diagnosis and a saving of time and travelling costs to the patients and the Department.

Venereal Diseases

Attendances at the municipal treatment centres show a spectacular rise in non-White females.

It has long been known that the untreated pool of infection among females must be very high. Good contact-finding and follow-ups, as well as the opening of a new clinic in the Athlone conurbation, is now bringing some of these infected persons to the treatment centres in far greater numbers.

Dental Services.

The work of this Branch is directed almost entirely towards the curative aspect and the relief of pain.

The report of the Commission appointed to investigate the need for the fluoridation of public water supplies is still awaited. The implementation of any positive recommendations made by this Commission may go a long way to assist the Branch in improving the dental status of many of our lower socio-economic inhabitants.

Education at all levels, including schools, is also a *sine qua non* in preventive dentistry.

A decline in White attendances was more than offset by the increase in non-White attendances.

Maternal and Child Welfare.

Attendances at the clinics continue to increase automatically each year and would indicate that the services provided thereat are in demand and appreciated as something worthwhile by the recipients.

At times the Branch experiences great difficulty in recruiting part-time medical officers to staff the many clinics which operate at various centres throughout the week. Added to this is the fact that the Branch is also short of full-time medical officers and qualified health visitors.

The Family Planning clinics have increased tremendously in number and in size and are run at the municipal clinics by Mothers Clinic organisation, assisted by members of the Branch staff. 12,949 women of all race groups were supplied with contraceptive devices, of which approximately one-third indicated a preference for the intra-uterine device.

Grafted on to these clinic sessions is the cytological examination for early generative tract and breast cancer detection. Ten cases of early uterine or cervical cancer were detected by these means.

City Infectious Diseases Hospitals.

A slightly reduced number of patients were treated in the City Infectious Diseases Hospital. Cerebrospinal meningitis cases, not only from Cape Town but from further afield, created pressure on beds, nursing and medical staff. Many of these cases arrive unconscious and require skilled medical and nursing attention until the effect of treatment results in their regaining their full faculties.

At Brooklyn Chest Hospital the patient turnover increased and, as the result of better medical and nursing cover, more cases were subjected to thoracic surgery than was possible in 1965.

Environmental Sanitation.

Staff shortages - 15 on an establishment of 61 - plagued this Branch throughout the year. The "school" composed of seven learner health inspectors did not prove as successful as had been anticipated owing to failures at examinations.

Although fewer visits to premises were recorded, it is probable that it was the unproductive routine inspections which suffered most. Time-consuming inspections relating to shop licences and infectious disease follow-ups hide much of the demonstrable work output of the health inspector.

The volume of foodstuffs passing through the Wholesale Market at Epping increased enormously, with a corresponding increase in the amount of goods condemned.

Fewer contraventions of the Food, Drugs and Disinfectants Act occurred during the year, notwithstanding that sampling of the likely foods that are frequently adulterated was on the same scale as in previous years.

The introduction of regulations regarding coin-operated food-vending machines has produced certain difficulties for the departmental staff in so far as siting and the type of foods permitted to be dispensed therefrom. The majority of the machines comply with the regulations and appear to be reasonably well serviced and maintained.

The wreck of the "S.A. Seafarer" off Mouille Point Lighthouse in July created certain insoluble problems for the Department at the time, owing to the possible danger of tetra-ethyl-lead and other dangerous chemicals being washed ashore on the Mouille Point beaches. The profusion of flotsam on the beaches created hazards for all responsible for keeping such beaches clean, and included the Customs officials, private contractors and the City Engineer's Cleansing staff.

Housing.

While the construction of flat blocks all over the municipality for the middle-income White group by private enterprise has not in any way abated during the year, the problem still remains of providing housing within the means that can be afforded by the lower-income White group and for practically all sections of the Coloured group.

The construction of 1,736 housing units for Coloured by your Council is most praiseworthy, but with approximately half this number being taken over for Group Area clearances the prospect of tenants having to continue living in overcrowded and inadequate accommodation is as far from solution as ever.

There is little doubt that housing construction for this group must be at least doubled and, with a view to conserving the limited land available, the need to increase the density of persons occupying the sites must be realistically faced by the construction of double-storey, or not more than triple-storey flat blocks.

Owing to the dearth of housing for Coloured, my Department has been precluded from proceeding with the long-overdue Slum Declarations which could be applied to many of the older types of dwellings in the central fringe areas of the city.

1,046 units have been constructed for Bantu occupation during the year. There are still 1,535 families the responsibility of the Council to be re-housed in permanent dwellings in the Guguletu complex.

Acknowledgments.

I desire to acknowledge with appreciation and gratitude the loyal support and ever willing assistance given to me at all times by members of my staff. I have also to thank the other Heads of Departments for their co-operation in dealing with the many health aspects which impinge on their activities. To the Chairman and members of your Health Committee, as well as other members of the Council, may I also offer thanks 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.C.P. (Glasg.), D.P.H. (Glasg.), 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, 1967.

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From the bottom of the above below the back of Table Mountain, a few miles down the valley, a head of alluvial deposits, in which a good deal of alluvial gravel is found, the head of the river is a considerable area of land that has been reclaimed from the sea by the work of the municipality.

The City of Cape Town consists of a central portion, which, before the City Corporation of 1913, was called the whole Municipality and is now known as the City of Cape Town, and a number of suburbs, which, before 1913, were called the suburbs of Cape Town. The central portion lies in the north-east, and is bounded on the north by the Table Mountain and on the south by the sea. The suburbs are situated on the south and west of the central portion, and are separated from it by the mountains and the sea. The suburbs are situated on the south and west of the central portion, and are separated from it by the mountains and the sea.

The suburbs are situated on the south and west of the central portion, and are separated from it by the mountains and the sea. The suburbs are situated on the south and west of the central portion, and are separated from it by the mountains and the sea. The suburbs are situated on the south and west of the central portion, and are separated from it by the mountains and the sea.

To the west of the central portion, the suburbs are situated on the south and west of the central portion, and are separated from it by the mountains and the sea. The suburbs are situated on the south and west of the central portion, and are separated from it by the mountains and the sea. The suburbs are situated on the south and west of the central portion, and are separated from it by the mountains and the sea.

The Municipality extends over the Cape Flats, a fertile plain of up to 40 miles in length, and is extensively developed for industrial and residential purposes. Some of the largest manufacturing concerns have within recent years been established in these areas, and are served by the Cape Flats railway and the Orange River which flows along the western boundary of the municipality.

There is an extension of the Municipality beyond the Cape Flats, in a north-westerly direction, in the form of the Table Mountain. This (Table Mountain) is a small, rocky, mountain, which, together with other mountains, forms the western boundary of the municipality. The mountains are situated on the south and west of the central portion, and are separated from it by the mountains and the sea.

The area of the Municipality of Cape Town as at December 31st, 1913, comprised 101,74 square miles. The length of the main road passing through the municipality from the north to the south is about 20 miles.

Cape Town is situated in 33° 15' N. Lat., 18° 25' E. Long. The climate is largely determined by the fact that during the summer months the prevailing winds are from the north-east, and in the winter months from the south-west. The weather is generally mild, and the temperature is moderate.

There is an average of about three inches of rain per year, and the temperature is moderate. The water supply is in the form of a natural spring, which is situated in the mountains. The water is of good quality, and is used for domestic purposes. The water supply is in the form of a natural spring, which is situated in the mountains. The water is of good quality, and is used for domestic purposes.

MUNICIPALITY OF THE CITY OF CAPE TOWN

LEADING STATISTICS, YEAR ENDED 31ST DECEMBER, 1966.

					White	Non-White	All races
AREA :- 101.74 sq. miles							
Total population	...	...	...	...	198,480	415,880	614,360
Birth rate	...	...	...	...	18.8	36.1	30.5
Death rate	...	...	...	...	10.92	10.03	10.32
Infant mortality rate	...	...	...	...	16.6	77.7	65.6
Maternal mortality rate	...	...	...	...	0.53	1.30	1.15
Tuberculosis death rate	...	...	...	...	0.08	0.42	0.30
Enteric incidence rate	...	...	...	...	0.03	0.04	0.03
Enteric death rate	...	...	...	...	—	0.00	0.00

All the above rates are annual and expressed as per 1,000 population of each class, except the infant and the maternal mortality rate, the former being expressed as per 1,000 live births occurring during the year (corrected) and the latter per 1,000 live and still births.

RAINFALL.

Amount in inches	...	...	18.48
No. of rainy days	...	...	137

TEMPERATURE.

Maximum	...	...	37.8° C. on 29th January. (Average 21.9)
Minimum	...	...	0.0° C. on 26th July. (Average 10.7)

Information kindly supplied by Officer-in-Charge, Weather Office, D.F. Malan Airport.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1966

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, marine suburbs known as Green Point, Sea Point, 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 this range.

The Municipality extends over the Cape Flats to a varying depth of up to $4\frac{1}{2}$ miles and is today being extensively developed for industrial and residential purposes. Some of the largest non-White residential townships have within recent years been laid out in these areas and are served by the Cape Flats railway and the Nyanga link which form loops lying in a more easterly direction than the main 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, 1966, comprised 101.74 square miles. The length of the main road passing through the municipality from the boundary at Bakoven to that at Clovelly is about 26 miles.

CLIMATE

Cape Town is situated Lat. $33^{\circ} 55'S$, Long. $18^{\circ} 25'E$. 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 equable. The rainy season is in the winter, but occasional showers also occur in the summer months of December, January, February and March. Those areas of the municipality situated on the two seaboard are much frequented by holiday-makers from other parts of the country. To the attractions of the climate are added the great natural beauties of the Peninsula and its hinterland.

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

SOCIAL AND ECONOMIC CONDITIONS

Thirty-two per cent of the total population of the Municipality of Cape Town (including the Bantu Townships) of over 614,000 consists of White or 'Europeans'. The other 68 per cent is commonly designated as 'non-Whites', 77 per cent of these non-Whites are of the mixed race known as Cape Coloured, the remainder consists of Bantu 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 White, 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 section of them are skilled tradesmen and earn good wages but the majority are unskilled labourers and many of the men earn less than R10 a week when in full employment. The position is aggravated by the large size of their families, but the family income may be augmented where 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 malnutrition, and housing accommodation apart from municipal schemes 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 as yet apply to non-Whites. The illegitimacy rate is high and venereal disease is rife. The social contrast between Whites 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 Whites who live in slum conditions, but a majority of the Coloured.

The Bantu constitute only 21 per cent of the non-Whites. They live in the municipal Bantu townships, of Langa and Guguletu, or if in domestic service, in their employers' houses. Many of the Bantu 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 Bantu 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 Coloured people but their housing in municipal Bantu townships is better.

The Indians are 7,500 in number. They are nearly all traders, and are better off than the Cape Coloured. Some of them are making good progress in business and are well-to-do.

There are parts of the city where the inhabitants are mainly non-White, and other parts that are exclusively occupied by Whites and their non-White 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 State Department of Community Development has commenced to unscramble the present hotchpotch of White and non-White residential areas. This activity is placing additional strains on the local authority's attempts to reduce overcrowding and clear the many slums in the city area, as the requirement by this State Department for new sub-economic homes, although varying from scheme to scheme, has amounted to as much as 50 per cent. 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 Whites are separate from those for non-Whites and this will contribute to progressive residential separation.

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 1966 the daily consumption varied between a maximum of 86.5 million gallons during the summer and a minimum of 28.7 million gallons during the winter. The average daily consumption during the year was 51.7 million gallons.

Fourteen other independent 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 dry weather flow of 18 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.

At the Wynberg-Muizenberg sewage works the sewage from Wynberg to Clovelly, amounting to four million gallons per day, is treated in recirculated oxidation ponds. Good progress has been made in the extension of this scheme to accommodate sewage from Guguletu, Nyanga and the developing areas of the Cape Flats. The ultimate capacity of the Cape Flats scheme incorporating Wynberg-Muizenberg will be 27 million gallons per day and treatment would be based on photosynthetic oxidation in recirculated ponds.

MARKETS

The Wholesale and Early Morning Market at Epping was 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.

ABATTOIRS

The new R3,350,000 Municipal Abattoir was opened on 1st August, 1966. This modern building replaces the old abattoir which has been in use - with small additions - since 1914. The new building has been planned to handle the meat supply for Greater Cape Town (including adjacent Municipalities) for the next 25 years. The plant and cold storage equipment are the most modern available and all carcasses of both cattle and sheep are transported on overhead rails. Wherever possible mechanical equipment is employed thereby speeding up the process of slaughter, handling and inspection. The present abattoir is now acceptable as suitable for processing meat for export. The municipality provides the veterinary and meat inspector services at the abattoir, but the actual slaughtering and dressing of the carcasses is performed by outside contractors. At the commencement, cattle and sheep were being handled at the rate of 155 and 555 per hour respectively, a rate which could not be reached under the old regime.

MUNICIPAL WARDS

The following is a guide to the municipal wards as re-delimited 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, Vredehoek, 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, Guguletu Township. |
| Ward 11 | Rondebosch. |
| Ward 12 | Newlands, Claremont. |
| Ward 13 | Kenilworth, Wynberg. |
| Ward 14 | Wittebome, Plumstead, Southfield. |
| Ward 15 | Diep River to Clovelly. |

The re-delimitation of municipal wards which took place during the year and promulgated in Official Gazette No. 3347 of 20th May, 1966, to take effect as from the municipal election of September, 1966, was not brought into use for statistical purposes until the end of the year under review. All figures in this report therefore, refer to wards as outlined above.

SECTION II. - VITAL STATISTICS

The vital statistics in this report refer to the Municipality of Cape Town and are for the calendar year 1966 Births and deaths are attributed to date of registration.

The Bantu racial group includes all Bantu whether living in the city or in the two Townships of Langa and Guguletu.

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 Registrar of Births and Deaths.

In the Table on page 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 for the year under review and the previous year is shown in the following table. Except in the case of the Bantu, it is calculated for the middle of the period (30th June) from the final figures of the Census of 1960 and 1951.

Changing conditions relating to the presence of Bantu in the city have rendered preferable the use of the tally of the Bantu population known to the Bantu Administration of the Council, as being more factual than calculations based on the Census findings.

Race	1966			1965		
	Males	Females	Persons	Males	Females	Persons
White	93,970	104,510	198,480	93,590	104,080	197,670
Coloured	150,210	169,230	319,440	146,200	164,710	310,910
Bantu	56,930	32,000	88,930	48,980	29,620	78,600
Asiatic	4,120	3,390	7,510	4,090	3,370	7,460
Non-White ...	211,260	204,620	415,880	199,270	197,700	396,970
All Races ...	305,230	309,130	614,360	292,860	301,780	594,640

The following is the population of the two Bantu Townships, included in previous table, based on an enumeration made at the end of June 1966, by the Township authorities.

	Males	Females	Persons
Langa	28,300	4,750	33,050
Guguletu ...	22,230	22,240	44,470

HEALTH INDICATORS

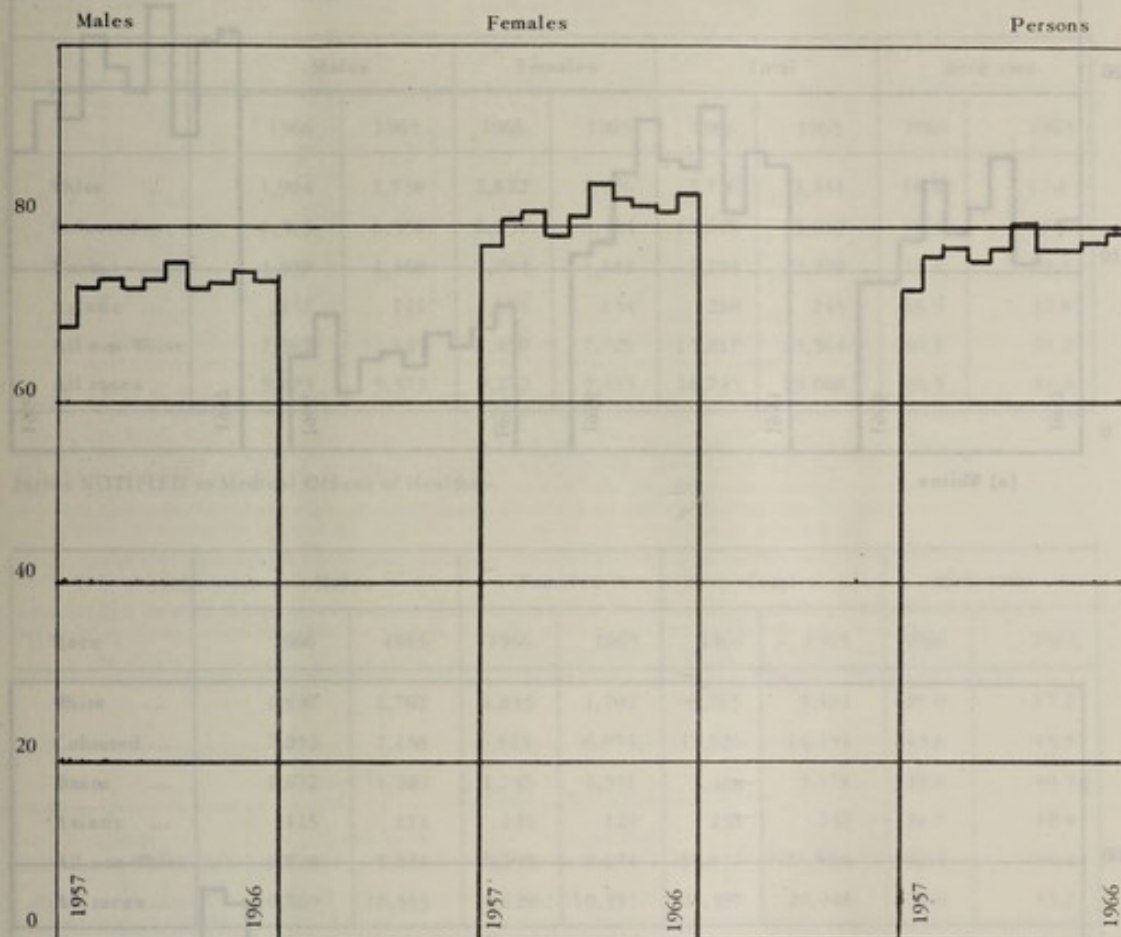
These tables indicate that the percentage of deaths occurring at age 55 and over in both racial groups of the population show, over the past ten years, a steady rise. These trends can be accepted as a satisfactory indication that the general environmental and health services are having the desired effect.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

The mounting percentage of deaths occurring in the higher age groups is more evident among non-White where the increase over the 10-year period was 14 per cent compared with 8 per cent for Whites. Notwithstanding the apparent great increase in the non-White group, the low percentage of deaths still occurring in the over 55 year group should be noted.

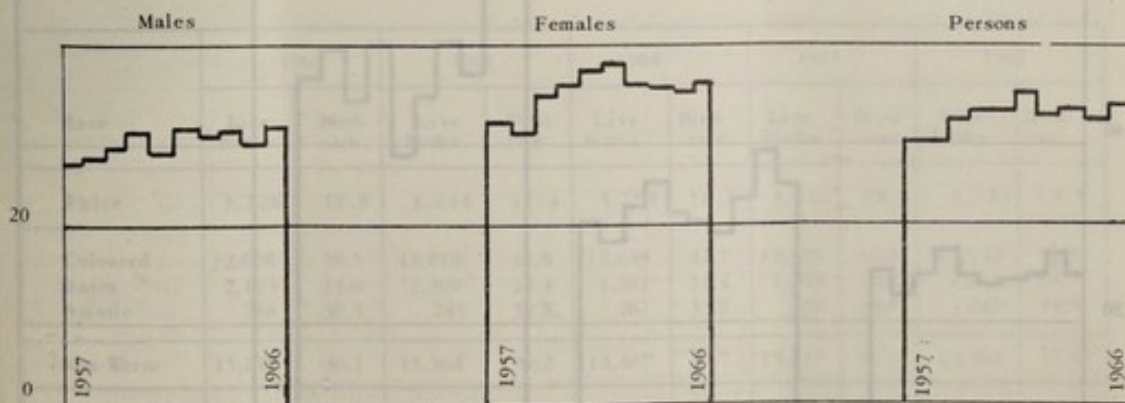
The tables relating to the infantile mortality rate reveal how the rates have declined in all age groups in Whites, but with a less definite decline over the past three years in the non-Whites.

HEALTH INDICATORS

Percentage of deaths, age 55 years and over

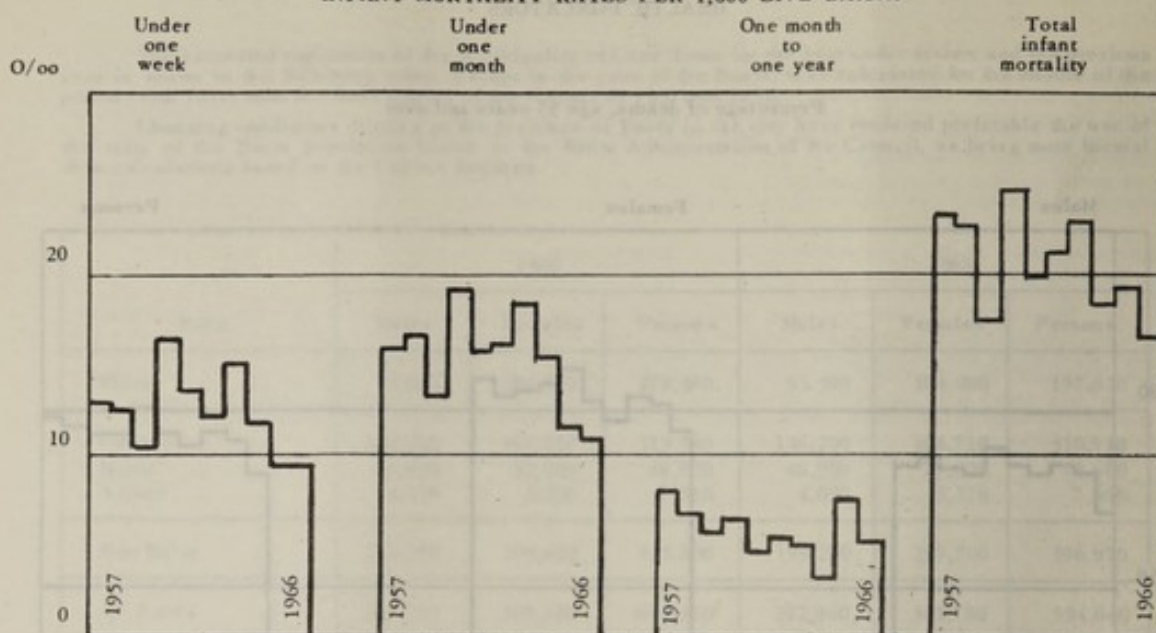


(a) Whites

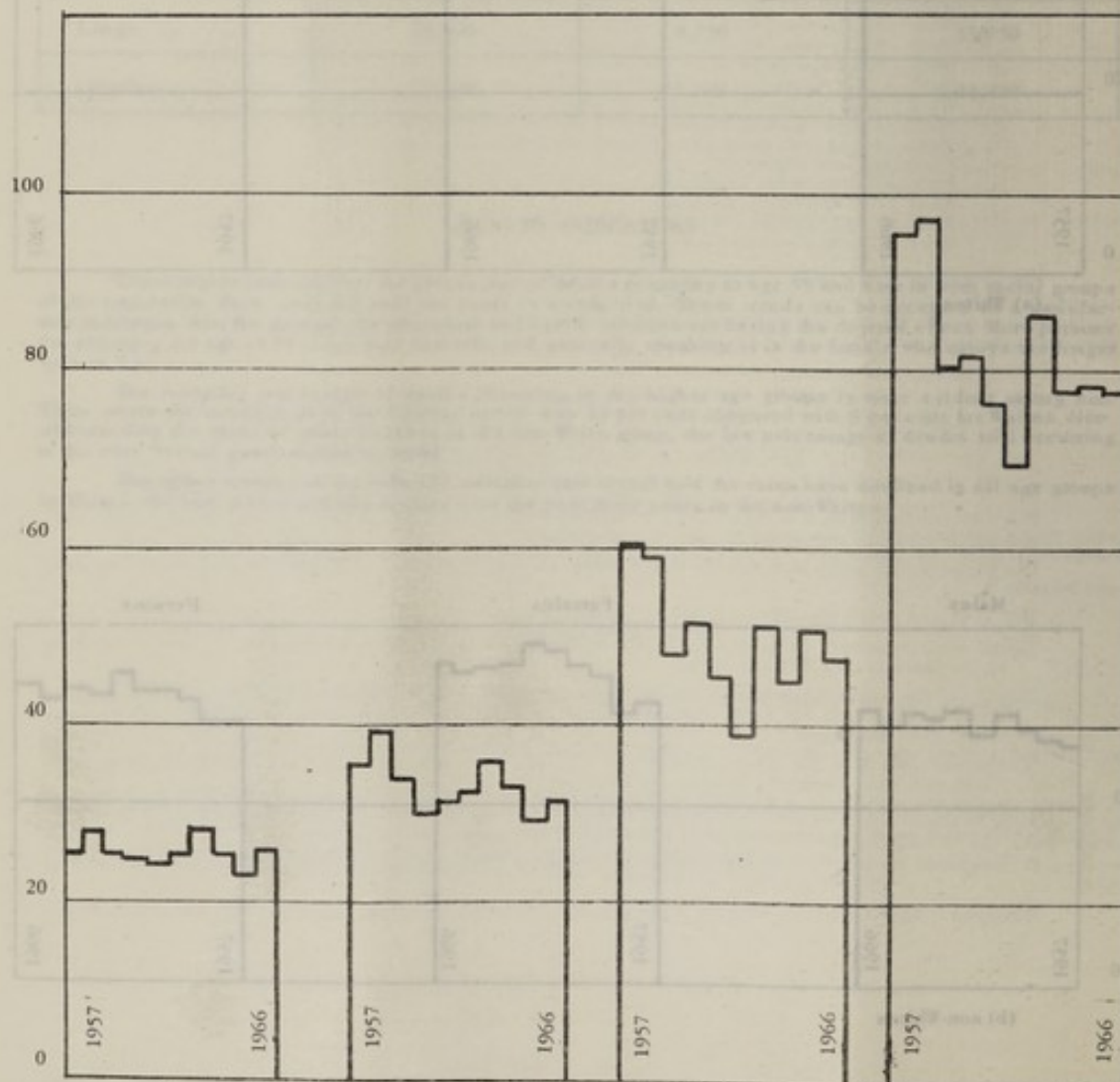


(b) non-Whites

INFANT MORTALITY RATES PER 1,000 LIVE BIRTHS



(a) Whites



(b) non-Whites

BIRTHS

The corrected number of births registered during the year was as follows. As the number of birth notifications made under the Regulations re Early Notification of Births (made under section 133 (1) of the Public Health Act, No. 36 of 1919) directly to the Medical Officer of Health by institutions, midwives and others do not correspond with the number of registered births (Births and Deaths Registration Office, Department of the Interior), these more accurate figures of births for the municipality are also given for comparison.

Birth REGISTERED by State Registrar:-

Race	Males		Females		Total		Birth rate	
	1966	1965	1966	1965	1966	1965	1966	1965
White ...	1,904	1,738	1,822	1,706	3,726	3,444	18.8	17.4
Coloured ...	6,393	6,556	6,235	6,454	12,628	13,010	39.5	41.8
Bantu ...	1,039	1,168	1,064	1,141	2,103	2,309	23.6	29.4
Asiatic ...	137	111	151	134	288	245	38.3	32.8
All non-White	7,569	7,835	7,450	7,729	15,019	15,564	36.1	39.2
All races	9,473	9,573	9,272	9,435	18,745	19,008	30.5	32.0

Births NOTIFIED to Medical Officer of Health:-

Race	Males		Females		Total		Birth rate	
	1966	1965	1966	1965	1966	1965	1966	1965
White ...	1,930	1,702	1,835	1,702	3,765	3,404	19.0	17.2
Coloured ...	7,052	7,158	6,925	6,973	13,926	14,131	43.6	45.5
Bantu ...	1,672	1,580	1,745	1,591	3,468	3,171	39.0	40.3
Asiatic ...	115	113	123	129	238	242	31.7	32.4
All non-White	8,839	8,851	8,793	8,693	17,632	17,544	42.4	44.2
All races ...	10,769	10,553	10,628	10,395	21,397	20,948	34.8	35.2

White births fluctuate from year to year but show no significant increase over the past five years. The Coloured births on the other hand indicate a significant fall. This fall occurred for the first time in 1965 and was most surprising. Its repetition in 1966 would indicate that something has happened over these two years which did not apply in previous years. Full employment is one factor which might have played a part, but the other factor which has been brought into the picture is the efficacy of the "Pill" and its issue by the "Mothers Clinic" (Family Planning Clinics) to an ever increasing number of Coloured and Bantu mothers. Other birth control methods have also been made available to mothers wishing to space their families, and the upsurge of attendances at these clinics over the past three years is a sure indication of their worth to the lower socio-economic group of the population.

The following table shows the variation in the number of births registered and birth rates per 1,000 population for the Municipality of Cape Town over a period of five years.

Race	1966		1965		1964		1963		1962	
	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate
White ...	3,726	18.8	3,444	17.4	3,701	18.7	3,616	18.4	3,734	19.1
Coloured ...	12,628	39.5	13,010	41.8	12,649	41.7	12,076	41.0	11,942	42.5
Bantu ...	2,103	23.6	2,309	29.4	1,581	21.4	1,305	17.8	1,274	18.7
Asiatic ...	288	38.3	245	32.8	267	35.9	256	34.8	245	33.5
Non-White	15,019	36.1	15,564	39.2	14,497	37.7	13,637	36.3	13,461	37.8
All races*	18,745	30.5	19,008	32.0	18,198	31.3	17,255	30.2	17,200	31.2

* Including those of unknown race.

Illegitimate live births registered during the year, together with direct notification figures, were as follows:—

Race	State registrations				Notifications			
	Number		Percentage of total live births		Number		Percentage of total live births	
	1966	1965	1966	1965	1966	1965	1966	1965
White	221	159	5.9	4.6	308	193	18.2	5.7
Coloured	3,485	3,434	27.6	26.4	4,177	3,966	30.0	28.1
Bantu	729	763	34.7	33.0	1,185	1,183	34.2	35.9
Asiatic	4	3	1.4	1.2	6	7	2.5	2.9
All non-White ...	4,218	4,200	28.1	27.0	5,368	5,111	30.4	29.1
All races	4,439	4,359	23.7	22.9	5,676	5,304	26.5	25.3

A further 897 illegitimate live births to non-residents were registered and 781 notified to the department.

The figures as reflected by the notified births show a rise in illegitimacy. These higher notification figures possibly result from two factors; (a) the birth is invariably notified, but in the case of certain welfare institutions where adoptions are arranged, the mother's address is not always supplied, and may be outside the city area, and (b) the mother resorts to some other expedient to have the child later registered as legitimate.

The system of birth registration in the city is most unsatisfactory. This is essentially a local service, and registration facilities should be readily available to all citizens wherever they may happen to live.

This is certainly not the case in this city at present where registration of the birth of a child often entails a tiresome journey to one of the two registration offices, and is probably the main cause, particularly in the case of illegitimate children, of much non-registration.

In the case of 231 pairs of twin births which were registered, the details are as follows:—

Race	No. of pairs	Children					
		Both males		Both females		Mixed	
		Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.
White	26	6	—	12	—	7	1
Non-White	205	57	13	52	21	50	12
Total	231	63	13	64	21	57	13

There was one set of White legitimate mixed triplets, and two sets of non-White female legitimate triplets. Multiple birth incidents among births notified direct to the department were not recorded.

STILL BIRTHS

Race	State registrations				Notifications			
	Number		Still birth rate		Number		Still birth rate	
	1966	1965	1966	1965	1966	1965	1966	1965
White	42	44	11.3	12.6	38	41	10.1	11.9
Coloured	262	307	20.7	23.1	276	301	19.8	20.9
Bantu	100	45	47.6	19.1	99	100	28.5	30.6
Asiatic	4	—	13.9	—	3	6	12.6	24.2
All non-White ...	366	352	24.4	22.1	378	407	21.4	22.7
All races	408	396	21.8	20.4	416	448	19.4	20.9

The rate is calculated as per 1,000 births. A further 104 still births to non-residents were also registered, and 96 notified direct to the department.

BIRTHS IN INSTITUTIONS

Live and still births

Race	State registrations				Notifications			
	Number		Percentage of total maternities		Number		Percentage of total maternities	
	1966	1965	1966	1965	1966	1965	1966	1965
White	3,565	3,293	95	94	3,634	3,243	96	94
Coloured	7,011	7,165	54	54	7,043	7,124	50	49
Bantu	1,918	2,121	87	90	1,887	1,904	53	58
Asiatic	120	99	41	40	71	76	29	31
All non-White ...	9,049	9,385	59	59	9,001	9,104	50	51
All races	12,614	12,678	66	65	12,635	12,347	58	56

The re-built Booth Memorial Maternity Hospital for Whites opened on 1st July, 1966, and the Salvation Army non-White Maternity Home (Vrede Oord) closed in September, 1966. The loss of these beds for non-Whites has placed a severe strain on the available existing beds as well as resulting in more domiciliary midwifery, often in overcrowded homes, having to be practised.

Table G on page 91 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 92 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 96.

In Table M on page 97 the birth rates of certain other towns in the Republic and for England and Wales are set out for comparison.

GENERAL MORTALITY

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

	Crude Total		Outward Transfers		Inward Transfers		Corrected Deaths	Death rate	Death rate 1965
	M.	F.	M.	F.	M.	F.			
White	1,372	1,179	302	109	58	50	2,167	10.92	10.57
Coloured	2,178	1,722	480	339	66	64	3,211	10.05	10.75
Bantu	598	385	106	74	64	40	907	10.20	11.40
Asiatic	38	19	3	1	-	-	53	7.06	8.45
Non-White	2,814	2,126	589	414	130	104	4,171	10.03	10.83
All races	4,186	3,305	891	604	188	154	6,338	10.32	10.74

The death rate for Whites increased by 3.3 per cent compared with the previous year, due to a sharp increase in deaths from vascular lesions of the central nervous system, which overshadowed lesser variations in other causes of death.

Among non-Whites, the death rate decreased by 3.9 per cent, with variations in the number of deaths from gastro enteritis, degenerative heart disease, vascular lesions and respiratory tuberculosis (decreases), and pneumonia and diabetes (increases) in that order. Any decrease in deaths is welcome, but minor decline in deaths peculiar to early infancy, including congenital deformity, is more significant.

Table L on page 96 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 Republic and for England and Wales are set out in Table M on page 97.

Deaths registered as belonging to the Bantu Townships are included in the foregoing figures. Particulars regarding these will be found in Table A on page 83.

PRINCIPAL CAUSES OF MORTALITY

Among Whites, the order of importance in causes of death was upset by a one-third increase in deaths from arterial diseases, which has now returned to the level of five years back.

Among non-Whites, the changes of position are due to the variation of reductions in deaths, the only increase of note being in deaths from bronchitis and pneumonia. Deaths by violence generally have advanced another step up the ladder of importance, but owing to the diversity in cause of deaths among non-Whites, these deaths by violence only constitute 10.4 per cent of all deaths.

Int. Code No.	White			Int. Code No.	Non-White		
	Cause of Death	Deaths	Death rate			Deaths	Death rate
410-416 420-422 430-434 440-443 330-334 450-456	Cardiovascular diseases (including hypertension with heart disease) Arterial diseases (including vascular lesions affecting central nervous system)	606	3.05	410-416 420-422 430-434 440-443 E800-E999	Cardiovascular diseases (including hypertension with heart disease) Accidents, poisonings and violence (external cause)	544	1.31
						436	1.05
140-205	Malignant neoplasms (including neoplasms of lymphatic and haematopoietic tissues)	375	1.89	760-762 765-776	Certain diseases of early infancy (excluding pneumonia and diarrhoea of the newborn)	432	1.04
794	Senility without mention of psychosis	356	1.79	330-334 450-456	Arterial diseases (including vascular lesions affecting central nervous system)	405	0.97
E800-E999	Accidents, poisonings and violence (external cause)	302	1.52	571,764	Diarrhoea & enteritis (including diarrhoea of the newborn)	378	0.91
490-493 500-502 763	Bronchitis & pneumonia (including pneumonia of the newborn)	107	0.54	490-493 500-502 763	Bronchitis and pneumonia (including pneumonia of the newborn)	354	0.85
580-583	Diseases of the Liver	55	0.28	140-205	Malignant neoplasms (including neoplasms of lymphatic & haematopoietic tissues)	336	0.81
260	Diabetes	37	0.19	001-019	Tuberculosis (all forms)	174	0.42
760-762 765-776	Diseases peculiar to early infancy (excluding pneumonia & diarrhoea of the newborn)	31	0.16	794	Senility without mention of psychosis	152	0.37
750-759	Congenital malformations	30	0.15	750-759	Congenital malformations	71	0.17
		19	0.10				

The deaths listed above account for 82 per cent of all deaths.

Further details of the deaths for the year 1966 will be found in Table A to C, pages 83 to 85 and in Table D, on pages 86 to 87 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-Whites 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-White 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-Whites are in part due not only to the fact that there is a greater proportion of young children in the non-White group but also to the lower nutritional status of this group. (The figures for infant mortality in Table K on page 94 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 Whites is mainly due to the larger proportion of people of such age in the White population. In other words a larger proportion of non-Whites die before reaching the age when they are most liable to develop such diseases (see table, Age at Death, below.)

SEASONAL VARIATION

The seasonal variation in mortality is shown in the table below and in Table C. on page 85 where the deaths for the year are classified for specific causes.

	1961	1962	1963	1964	1965	Mean 5 years	1966
January ...	478	449	512	540	518	499	417
February ...	381	375	410	467	491	425	424
March ...	387	404	433	362	525	422	469
April ...	399	368	376	499	416	412	440
May ...	416	418	452	507	500	459	540
June ...	490	472	462	507	631	512	581
July ...	529	547	504	575	570	545	518
August ...	520	487	622	516	479	525	591
September ...	394	405	554	520	551	485	537
October ...	433	404	477	431	471	443	539
November ...	409	350	419	437	454	414	481
December ...	313	328	376	491	484	398	459
Total ...	5,149	5,007	5,597	5,852	6,090	5,539	5,996
Mean ...	429	417	466	488	508	462	500
Per 1,000 population	10.3	9.9	9.8	10.1	10.2	9.9	9.8

Corrected for outward transfers only.

AGE AT DEATH

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

		Age groups											
		0-1		1-4		5-24		25-64		65 and over		Total	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Deaths	White	38	24	7	6	29	16	467	268	587	725	1,128	1,039
	Coloured	435	435	127	114	104	80	778	424	320	394	1,764	1,447
	Bantu	138	148	57	54	29	19	287	96	45	34	556	351
	Asiatic	4	7	—	—	2	2	15	4	14	5	35	18
	Non-White	577	590	184	168	135	101	1,080	524	379	433	2,355	1,816
All races		615	614	191	174	164	117	1,547	792	966	1,158	3,483	2,855
Percentage	White	3.4	2.3	0.6	0.6	2.6	1.5	41.4	25.8	52.0	69.8	100	100
	Coloured	24.7	30.1	7.2	7.9	5.9	5.5	44.1	29.3	18.1	27.2	100	100
	Bantu	24.8	42.2	10.3	15.4	5.2	5.4	51.6	27.3	8.1	9.7	100	100
	Asiatic	11.4	38.9	—	—	5.7	11.1	42.9	22.2	40.0	27.8	100	100
	Non-White	24.5	32.5	7.8	9.3	5.7	5.6	45.9	28.8	16.1	23.8	100	100
All races		17.7	21.5	5.5	6.1	4.7	4.1	44.4	27.7	27.7	40.6	100	100

In the non-White group 28.0 per cent of all deaths occur under the age of one year as compared with 2.9 per cent in the White group.

Deaths under five years of age constitute 3.5 per cent of all deaths in Whites as compared with 36.4 per cent in non-Whites (Coloured 34.6, Bantu 43.8, Asiatic 20.8 respectively). The non-White figure fell from 37.0 per cent in the previous year.

Deaths under 25 years of age constitute 5.5 per cent of all deaths in Whites compared with 5.9 per cent in the previous year, while among non-White 42.1 per cent of all deaths occurred under 25 years of age, a decrease from 42.7 per cent recorded in the previous year.

The following table shows the percentage of deaths in age-groups at intervals during the past years:-

Year	White									
	0 - 1		1 - 4		5 - 24		25 - 64		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
1965	5	2	1	1	4	2	38	29	53	67
1966	3	2	1	1	3	2	41	26	52	70
	Non-White									
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
1965	27	31	8	9	7	4	44	33	14	23
1966	25	32	8	9	6	6	46	29	16	24

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

Race	Crude		Corrected					
			Deaths		Rate 1966		Rate 1965	
	M.	F.	M.	F.	M.	F.	M.	F.
White ...	1,372	1,179	1,128	1,039	12.0	9.9	11.8	9.5
Coloured ...	2,178	1,722	1,764	1,447	11.7	8.6	12.6	9.1
Bantu ...	598	385	556	351	9.8	11.0	11.7	10.9
Asiatic ...	38	19	35	18	8.5	5.3	10.5	5.9
Non-White ...	2,814	2,126	2,355	1,816	11.1	8.9	12.4	9.3
All races ...	4,186	3,305	3,483	2,855	11.4	9.2	12.2	9.4

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. Figures for the Bantu Townships have been included.

Race	1966		1965		1964		1963		1962	
	Deaths	Death rate	Deaths	Death rate	Deaths	Death rate	Deaths	Death rate	Deaths	Death rate
White	2,167	10.92	2,089	10.57	2,138	10.83	2,027	10.34	2,058	10.54
Coloured	3,211	10.05	3,341	10.75	3,170	10.45	3,128	10.62	2,862	10.19
Bantu	907	10.20	896	11.40	793	10.75	705	9.59	709	10.42
Asiatic	53	7.06	63	8.45	46	6.19	50	6.79	49	6.70
Non-White	4,171	10.03	4,300	10.83	4,009	10.42	3,883	10.34	3,620	10.16
All races*	6,338	10.32	6,389	10.74	6,147	10.56	5,913	10.35	5,683	10.31

*Including those of unknown race.

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
White	1,458	57	1,022	50
Coloured	1,982	51	1,229	40
Bantu	530	54	365	45
Asiatic	25	44	23	43
Non-White	2,537	51	1,617	41
All races	3,995	53	2,639	44

There are 40 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 (80) 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.		4				5	1	1		
	F.		3		4		1		2		
Falls	M.		3					1	2	4	1
	F.							3	1	13	3
Suffocation ...	M.	3					2		1		
	F.	2	5								
Poisoning by drugs ...	M.								3		
Carbon Monoxide	F.	1	1						1		
Poisoning ...	M.								2		
Drowning ...	F.								1		
Trauma	M.							1			
	F.		1								
Electrocution ...	M.										
	F.										
Firearms ...	M.				1			2			
	F.					1					
Total	M.	3	7		1		7	5	6	4	1
	F.	3	10		4	1	1	3	8	13	3

The total of 80 accidental deaths compares with 79 in the previous year, the main feature being a reduction in deaths from burns, compensated by small increases among the other categories.

REPORT OF THE MEDICAL OFFICER OF HEALTH

DEATHS BY OCCUPATION

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

Occupation	Sex	Age Groups								Non-residents	
		15-24		25-44		45-64		65 -			
		W.	O.	W.	O.	W.	O.	W.	O.	W.	O.
Agriculture	M.							1		11	2
Clerical	M.		1	7	7	41	7	13	2	18	3
	F.	2	1	4	1	6		1		3	
Domestic	M.		1		1		2				
Servant	F.		4		29		15		1		15
Fishing and	M.		2	2	8	3	8		4	3	16
Marine	F.										
Invalid	M.	1	2	3	9	2	10	3	3	1	1
	F.	1	1	3	1	3	2	6	3	1	1
Labourer	M.		59		263	3	248		66	1	174
	F.										
Managerial	M.			6		32		33	6	11	
	F.										
Commercial	M.			1	1	13	3	13		8	1
	F.					1					
Professional	M.			6		24		15		10	
	F.					6		3			
Police and	M.	1		6		7	2	1		5	1
Military	F.										
Salesman	M.		4	5	5	17	8	5	3	6	1
	F.		2							1	
Scholar	M.	3								4	5
	F.	1	3							1	2
Teacher	M.			1	3	3	7			3	5
	F.			1	1	1		1		1	4
Tradesman	M.	8	2	21	56	73	112	13	23	28	27
	F.										
Transport	M.		1	7	9	17	27		2	16	3
	F.										
Other Workers	M.	4	3	1	11	19	45	4	7	1	7
	F.	2	10	2	7	4	9	3		1	4
Housewives	M.										
	F.	1	21	30	122	160	219	334	97	93	88
Retired etc.	M.	1	2	6	31	120	121	452	252	137	53
	F.		3	1	5	32	75	341	304	51	25
Total	M.	18	77	72	404	374	600	553	368	263	299
	F.	7	45	41	166	213	320	689	405	152	138

Corrected for outward transfers only.

SUICIDE

The suicide rate per 1,000 population has been almost constant for the period 1962-66. During this period 3.3 times as many males as females committed suicide, the non-White proportion being much higher than in the case of Whites. Nearly half of these events occurred among persons in the prime of life, i.e. age-groups 25 to 44 years.

Deaths by suicide. Number

Year	White		Non-White		Total			Rate per 1,000
	Male	Female	Male	Female	Male	Female	Persons	
1962 ...	24	7	14	-	38	7	45	0.08
1963 ...	21	4	15	5	36	9	45	0.08
1964 ...	25	7	11	3	36	10	46	0.08
1965 ...	16	11	9	2	25	13	38	0.06
1966 ...	21	8	7	2	28	10	38	0.06

Death by suicide. Age group.

Year	10-14		15-24		25-44		45-64		65-		Total
	W.	Non-W.	W.	Non-W.	W.	Non-W.	W.	Non-W.	W.	Non-W.	
1962	1	—	2	3	9	8	18	2	2	—	45
1963	—	—	2	4	12	12	9	4	2	—	45
1964	—	—	4	1	13	9	11	4	4	—	46
1965	—	—	4	2	11	6	10	3	2	—	38
1966	—	—	6	3	7	3	5	2	11	1	38

Deaths by suicide. Mode.

	1966	1965	1964	1963	1962
Drug Poisoning ...	7	9	12	15	23
Hanging ...	8	8	9	9	8
Firearms ...	13	12	11	8	9
Carbon monoxide poisoning	3	4	6	6	4
Falls ...	1	—	2	4	—
Railway ...	3	2	3	2	1
Drowning ...	—	2	1	1	—
Wounds ...	3	—	2	—	—
Burns ...	—	1	—	—	—

ACCIDENTAL DEATHS

The table below sets out the causes of accidental deaths over a series of years. These figures represent the minimum of deaths from unnatural causes, as inquest findings do not always establish the cause of death.

	1966	1965	1964	1963	1962
Railway ...	8	21	22	9	5
Road traffic ...	218	205	186	135	114
Poisoning ...	16	13	15	6	9
Falls ...	29	23	40	31	37
Drowning ...	28	21	23	21	21
Asphyxia ...	16	8	8	2	6
Burns ...	21	32	24	29	14
Trauma ...	21	14	10	9	8
Firearms ...	6	2	1	—	2
Electrocution ...	2	2	2	—	3
Miscellaneous ...	10	10	21	5	3
Total ...	375	351	352	247	222

The increase in deaths from traffic accidents over the past five years is most significant. Notwithstanding our excellently engineered highways and the propaganda regarding "keeping death off the roads" by various safety organisations and others, the steady increase in road traffic accidents as a cause of death is most disturbing. This number of deaths caused by an infectious disease would result in a public outcry. Road traffic accidents are the concern of every one of us, be we pedestrians or motorists.

INFANT MORTALITY

The deaths of infants under one year of age and the corresponding rates per 1,000 live births registered during the year 1966 are shown in the following table:—

Race	Crude		Outward Transfers		Inward Transfers		Corrected infant deaths	Infant mortality rate	Rate 1965
	M.	F.	M.	F.	M.	F.			
White ...	63	53	25	29			62	16.6	19.4
Coloured ...	594	574	165	147	6	8	870	68.9	69.2
Bantu ...	161	166	33	29	10	11	286	136.0	133.0
Asiatic ...	4	7					11	38.2	57.1
Non-White ...	759	747	198	176	16	19	1,167	77.7	78.5
All races ...	822	800	223	205	16	19	1,229	65.6	67.8

Infant Mortality Rates.

The infant mortality rate is of special significance because it is regarded as one of the most sensitive indexes of health conditions of the general population. The correct computation of this rate is therefore important. Errors in the rate arise from under-registration of births, and it is difficult to understand the apathy of State authorities concerned when confronted with the fact that, annually, 2,000 more births are known to this department than are registered.

In fairness to this city and to those engaged in research and statistical projects, it has been decided to supplement the conventional figures with those derived from a second equally authoritative source (Early Notification of Births Regulation) and yielding results considered by this department to be as accurate as it is possible for such rates to be.

Race	Infant deaths		Rate per 1,000 live births, based on			
			Registrations		Notifications	
	1966	1965	1966	1965	1966	1965
White ...	62	67	16.6	19.4	16.5	19.7
Coloured ...	870	900	68.9	69.2	62.5	63.7
Bantu ...	286	307	136.0	133.0	82.5	96.8
Asiatic ...	11	14	38.2	57.1	46.2	57.9
All non-White	1,167	1,221	77.7	78.5	66.2	69.6
All races ...	1,229	1,288	65.6	67.8	57.4	61.5

The number of infant deaths decreased by 4.6 per cent compared with the previous year, and is at the level of the average for the previous five years.

Among Whites the rate is the lowest on record. While there was a small decline in infant deaths from congenital malformation, the reduction in the rate resulted chiefly from the higher number of births, i.e. fewer deaths among a larger number of births.

In the non-White group there were fewer infant deaths from enteritis and prematurity, offset to some extent by increased deaths from pneumonia.

The difference in the infant mortality rates based on registrations and notifications is plainly shown in above table, and it is becoming more and more tempting to discard the official rate based on birth registrations as fallacious and misleading. The Bantu rate of 82.5 per 1,000 live notified births shows the most significant decline (14.8 per cent) and it will be interesting to see whether this rate will be maintained or even lowered in 1967.

In the year under review 58 per cent of the total deaths among White infants occurred in the first week of life (peri-natal period) and 66 per cent in the first month (neonatal). Among non-Whites the percentages were 32 and 40 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 94. 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. Table E and F on pages 88 and 90 shows 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 96.

Infant mortality (corrected for outward transfers), based on birth registration:—

	White		Non-White		All races	
	1966	1965	1966	1965	1966	1965
First quarter	10	21	82	91	68	78
Second quarter	20	19	92	95	78	80
Third quarter	22	18	66	60	57	53
Fourth quarter	15	20	62	61	53	54

The infant mortality rates, based on births notified to the department, were as follows:—

	White		Non-White		All races	
	1966	1965	1966	1965	1966	1965
First quarter	10	21	70	83	60	72
Second quarter	20	19	80	79	69	69
Third quarter	21	18	54	54	48	47
Fourth quarter	15	20	54	58	47	52

The number of deaths of infants under one year of age and the infant mortality rates per 1,000 live births registered for the past five years are shown in the following table.

Race	1966		1965		1964		1963		1962	
	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
White ...	62	16.6	67	19.4	70	18.9	84	23.2	81	21.7
Coloured ...	870	68.9	900	69.2	824	65.1	891	73.8	789	66.1
Bantu ...	286	136.0	307	133.0	293	185.3	271	207.7	281	220.6
Asiatic ...	11	38.2	14	57.1	8	30.0	12	46.9	8	32.7
Non-White	1,167	77.7	1,221	78.5	1,125	77.6	1,174	86.1	1,078	80.1
All races*	1,229	65.6	1,288	67.8	1,195	65.7	1,260	73.0	1,164	67.7

* Including those of unknown race

The neonatal (under 4 weeks) and post neonatal (over 4 weeks but under one year) mortality rates per 1,000 live births registered are shown in the following table, classified for certain causes. The rates based on birth notifications are not given here as the difference in individual causes of death would be insignificant.

Cause of death	Neonatal mortality rate		Post neonatal mortality rate		Infant mortality rate	
	White	Non-White	White	Non-White	White	Non-White
Whooping cough ...				0.13		0.13
Scarlet fever ...				1.33		1.33
Measles ...				0.07		0.07
Diphtheria ...				0.33		0.33
Tuberculosis (all forms) ...				0.07		0.07
Syphilis ...		0.07				
Bronchitis and pneumonia		2.33	0.54	9.59	0.54	11.92
Diarrhoea and enteritis		1.07	1.88	19.51	1.88	20.57
Immaturity ...	3.22	10.92		0.27	3.22	11.18
Injury at birth ...	1.34	2.93			1.34	2.93
Congenital malformations	2.15	2.46	1.34	1.66	3.49	4.13
Other diseases of early infancy	3.49	9.45		5.19	3.49	14.65
Other and ill-defined or unknown causes	0.80	1.60	1.88	8.79	2.68	10.39
Total ...	11	31	6	47	17	78

The reduction in the White infant mortality rate was distributed fairly evenly over the neonatal and post neonatal periods as well as in the individual diseases listed.

Among non-Whites, the total infant mortality rate remained reasonably constant, more neonatal deaths from asphyxia counterbalancing a reduction in post neonatal deaths from diarrhoea.

The trend in infant mortality since 1957 is as follows:—

White

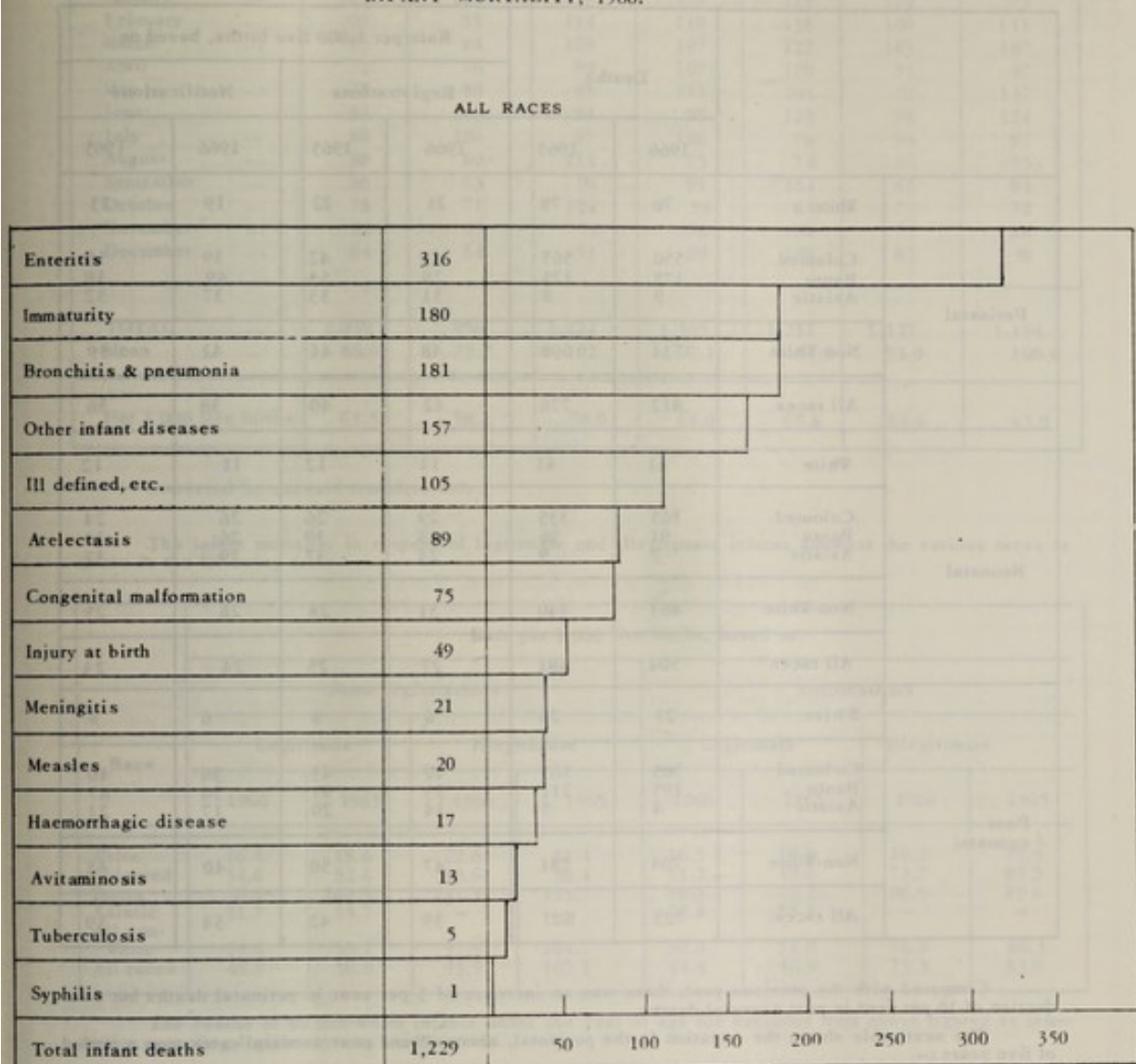
Cause of death	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Whooping cough ...										
Tuberculosis ...										
Measles ...							0.3	0.3		
Diphtheria ...										
Syphilis ...										
Bronchitis and pneumonia	2.0	4.4	2.7	1.7	1.1	2.7	1.7	1.4	1.5	0.5
Gastro enteritis ...	1.4	0.3	0.3	1.1	1.9	1.3	1.1	1.1	1.2	1.9
Immaturity ...	6.2	6.5	4.2	7.6	6.8	5.1	6.9	3.2	3.2	3.2
Injury at birth ...	2.8	2.2	1.9	3.7	1.1	2.1	2.5	1.6	1.2	1.3
Congenital malformations	3.6	5.7	4.0	3.7	3.0	3.8	2.5	5.4	4.9	3.5
Other diseases of early infancy ...	4.2	2.7	3.2	3.4	4.6	5.9	4.7	4.6	5.2	3.5
Other causes ...	3.4	1.4	1.3	4.2	1.6	0.8	3.6	1.4	2.3	2.7
All causes ...	24	23	18	25	20	22	23	19	19	17

Non-White

Whooping cough ...	1.0	0.3	0.4	0.5	0.5	0.3	0.3	0.3	0.2	0.1
Tuberculosis ...	2.7	0.9	1.1	0.4	0.6	0.2	0.6	0.4	0.6	0.3
Measles ...	1.0	0.7	0.5	1.1	0.8	0.5	2.1	0.8	1.7	1.3
Diphtheria ...	0.1				0.2	0.1	0.1			0.1
Syphilis ...	0.4	0.1	0.2	0.2	0.2	0.1	0.4	0.4	0.2	0.1
Bronchitis and pneumonia	15.1	15.7	11.7	12.6	10.8	12.3	13.0	11.0	10.6	11.9
Gastro enteritis ...	35.1	38.8	28.8	29.1	26.1	21.3	25.2	20.6	22.0	20.6
Immaturity ...	14.6	16.8	12.9	13.1	14.0	15.1	15.9	14.4	11.8	11.2
Injury at birth ...	5.7	5.4	5.1	4.4	4.0	3.8	5.2	4.2	3.1	2.9
Congenital malformations	3.4	2.6	3.0	2.9	3.5	4.3	3.2	3.5	3.9	4.1
Other diseases of early infancy ...	6.6	8.4	9.2	7.7	7.6	6.1	8.7	8.6	13.4	14.7
Other causes ...	9.7	7.9	7.5	8.9	7.8	5.8	11.4	13.5	10.9	10.4
All causes ...	95	98	80	81	76	70	86	78	78	78

It is of interest to note that immaturity in non-Whites is over three times the rate in Whites. This is probably caused by the relative socio economic difference between these two racial groups.

INFANT MORTALITY, 1966.



Proportion of infant deaths, neonatal . . . 41%
 post neonatal . . . 59%

The following table shows the corrected number of perinatal (stillbirths and deaths in the first week of life), neonatal and post neonatal deaths for the various races and the corresponding rates per 1,000 live births. The perinatal rate is based on live and stillbirths combined.

		Deaths		Rate per 1,000 live births, based on			
				Registrations		Notifications	
		1966	1965	1966	1965	1966	1965
Perinatal	White	78	78	21	22	19	23
	Coloured	550	565	43	42	39	39
	Bantu	175	125	79	53	49	39
	Asiatic	9	8	31	33	37	32
	Non-White	734	698	48	44	41	39
	All races	812	776	42	40	38	36
Neonatal	White	41	41	11	12	11	12
	Coloured	365	335	29	26	26	24
	Bantu	91	96	43	39	26	30
	Asiatic	7	9	24	37	29	37
	Non-White	463	440	31	28	26	25
	All races	504	481	27	25	24	23
Post neonatal	White	21	26	6	8	6	8
	Coloured	505	565	40	43	36	40
	Bantu	195	211	93	91	56	67
	Asiatic	4	5	14	20	17	21
	Non-White	704	781	47	50	40	45
	All races	725	807	39	42	34	39

Compared with the previous year, there was an increase of 5 per cent in perinatal deaths but a reduction of 10 per cent in post neonatal deaths.

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

Year		White			Non-White		
		Peri-natal	Neo-natal	Post neonatal	Peri-natal	Neo-natal	Post neonatal
1962	...	22	16	6	47	31	39
1963	...	27	18	5	54	35	51
1964	...	25	15	4	53	32	45
1965	...	22	12	8	44	28	50
1966	...	21	11	6	48	31	47
Quinquennium (1962 - 66)		23	14	5	49	31	47

SEASONAL VARIATION

The seasonal variation in infant mortality is shown in the following table and in Table E on page 88 where the infant deaths for the year 1966 are classified for certain causes.

	1961	1962	1963	1964	1965	Mean 5 years	1966
January ...	123	112	159	140	114	129	93
February ...	90	95	114	110	138	109	111
March ...	95	84	109	107	122	103	107
April ...	72	76	89	107	120	93	97
May ...	78	80	85	111	104	92	137
June ...	94	86	91	95	123	98	124
July ...	86	106	97	106	70	93	97
August ...	88	80	114	73	74	86	95
September ...	80	63	90	91	104	86	83
October ...	78	71	104	58	83	79	72
November ...	91	49	77	78	90	77	88
December ...	64	54	93	89	109	82	90
TOTAL ...	1,039	956	1,222	1,165	1,251	1,127	1,194
Mean ...	86.6	79.7	102	97.1	104.3	93.9	100.0
Per 1,000 live births	63.5	58.2	70.9	64.0	65.8	64.6	63.9

Corrected for outward transfers only.

The infant mortality in respect of legitimate and illegitimate infants amongst the various races is shown in the following table.

Race	Rate per 1,000 live births, based on							
	State registrations				Notifications			
	Legitimate		Illegitimate		Legitimate		Illegitimate	
	1966	1965	1966	1965	1966	1965	1966	1965
White	16.4	18.6	22.6	31.4	16.5	19.0	16.2	25.9
Coloured	54.6	52.6	88.6	98.4	51.2	49.6	73.7	85.2
Bantu	96.9	100.3	141.3	133.7	58.3	76.2	86.9	89.6
Asiatic	31.7	53.7	—	—	38.8	55.3	—	—
All non-White	59.4	59.1	97.6	104.7	52.3	54.0	76.6	86.1
All races	48.9	50.0	93.9	102.1	44.4	46.9	73.3	83.9

The deaths of 80 non-White infants under one year of age are excluded from above figures as information regarding legitimacy was unobtainable.

MATERNAL MORTALITY

The following table shows the corrected number of deaths from causes ascribed to pregnancy and childbirth including abortion, and the corresponding rate per 1,000 total deliveries (live and still births). The alternative rate shown in brackets is based on births notified direct to the department.

Int. Code No.	Cause of death	Deaths			Maternal mortality rates
		White	Non-White	All races	All races
681 640, 641 651, 682, 684	Puerperal fever ... Other puerperal septicaemia (including abortion with sepsis) ...	1	8	9	0.47 (0.41)
642, 652, 685-686	Toxaemia of pregnancy and the puerperium ...	—	4	4	0.21 (0.18)
643-644 670-672 650	Haemorrhage of pregnancy and childbirth ... Abortion without mention of sepsis or toxaemia ...	—	2	2	0.10 (0.09)
645-649 673-680 683 687-689	Other complications of preg- nancy, childbirth and the puerperium ...	1	2	3	0.16 (0.14)
		—	4	4	0.21 (0.18)
	All causes (except puerperal septicaemia) ...	1	12	13	0.68 (0.60)
	Total ...	2	20	22	1.15 (1.01)

There was little variation in maternal mortality compared with the previous year. Four deaths occurred in residents in the Bantu Townships, and six of the deaths occurred at home. A Magisterial inquest was held on 12 of these deaths. Eight of the deaths followed abortion. In addition, four maternal deaths of non-residents occurred but it is not certain whether these persons came into the city for confinement or were admitted to a city hospital as the result of complications.

The maternal mortality rates per 1,000 total deliveries registered during 1966 and in the previous years were as follows:—

		Puerperal septicaemia			Other causes			Other causes		
		W.	Non-W.	All races	W.	Non-W.	All races	W.	Non-W.	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
1960-64	...	0.22	0.66	0.57	0.05	0.55	0.44	0.27	1.21	1.01
1965	...	...	0.63	0.52	0.29	0.75	0.67	0.29	1.38	1.19
1966	...	0.27	0.52	0.47	0.27	0.78	0.68	0.53	1.30	1.15

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 61 Health Visitors and 13 clinic nurses are guided and controlled by four full-time and 50 part-time Medical Officers.

The clinic sessions are conducted in 24 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 Hospital, in the John Power Memorial Camp, Muizenberg, and in four hired halls.

The new child welfare centre at Postern Road, Heideveld, built at a cost of approximately R31,000 was opened on 1st March, 1966. A new clinic was also opened in the Civic Centre, Kalksteentfontein, on 11th April, 1966.

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. In July, 1965, a change over was made from the use of intra-dermal B.C.G. to the use of per-cutaneous B.C.G., using a 20 needle Heaf gun. The increased number (23,295) of newborns vaccinated by this method against tuberculosis was most gratifying.

MATERNAL AND CHILD WELFARE CENTRES

Sessions are held at 30 municipal and other centres in the city and suburbs. As there is no centre for the central city area, sessions are held for Whites in halls hired for the purpose, and for non-Whites temporary use is made of a house in the Malay quarter.

The table on page 29 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 number of children attending for snacks and milk during this period.

CHILD WELFARE SESSIONS

During the year, 70 child welfare sessions were held weekly and four fortnightly. At these sessions, 342,835 attendances were recorded, of which, 20,380 were new cases. 18,993 (2,093 White and 16,900 non-White) were under one year of age at their first attendance, and 1,387 (120 White and 1,267 non-White) were over one year of age. These figures show an increase of 30,665 attendances over the previous year, and the number of new cases rose by 480.

First attendances of children under one year of age were again in excess of the registered, but not of the notified, local births. Of these, White attendances amounted to 56.2 per cent of the registered local births a decrease from 58.5 per cent in the previous year. First attendances of non-Whites were considerably in excess of registered local births, and reached 95.8 per cent of births notified direct to the department.

CHILD WELFARE BRANCH, 1966

CENTRE	RACE	Infant consultations				Pre-natal clinics			School clinics			Dinners	
		Sessions	First attend.		Total attendances	Sessions	Attendances		Sessions	Attendances		Attendances	
			Under 1 year	Over 1 year			First	Total		First	Total	Adults	Children
Shortmarket St. Cape Town	Non-White	152	562	14	8,980	51	233	854	19	264	608		
Kloof Street, Cape Town	White	51	279	4	2,359								
Aspeling Street, Cape Town	Non-White	198	1,021	25	18,379	51	395	1,738	40	668	2,669	630	8,396
Bloemhof	Non-White	101	507	17	10,017								
Devil's Peak Estate, Cape Town	White	47	175	1	1,823								
Green Point	White	51	142	4	1,489								
Camps Bay	White	27	99		819								
Woodstock	White		280	8	2,652		8	22		204	1,048		
	Non-White		603	16	9,833		171	743		669	2,628		
	Total	168	883	24	12,485	50	179	765	171	873	3,676		
Maitland	White		85	4	967		3	5		238	1,002		
	Non-White		256	6	3,520		228	903		238	1,002		
	Total	96	341	10	4,487	51	231	908	18	238	1,002		
Brooklyn	White	73	168	3	2,549								
6th Avenue, Kensington	Non-White	213	943	57	20,573	100	1,136	4,433	19	598	1,813	1,261	19,425
Sunderland Street, Fackreton	Non-White	48	429	33	9,417								
Langa	Bantu	46	485	25	4,548	51	528	2,734					
Guguletu	Bantu	147	2,825	390	23,139	151	2,607	11,222					
Athlone	Non-White	196	1,151	46	22,013	51	745	4,096	19	357	821	1,691	16,611
Bokmakarie	Non-White	148	493	13	14,000	96	550	2,854	38	294	719	1,669	12,436
Bonteheuwel	Non-White	234	1,655	122	45,946	102	1,537	7,034	40	934	2,574	842	13,802
Silvertown	Non-White	193	947	84	20,542	47	611	2,823					
Kalksteentfontein	Non-White	36	197	16	5,024								
Heideveld	Non-White	102	584	88	13,322	42	502	2,022					
Station Road, Claremont	White		341	33	3,878		11	64		201	552		
	Non-White		290	15	5,549		403	2,024		201	552		
	Total	148	631	48	9,427	83	414	2,088	18	201	552		
Wesley Street, Claremont	Non-White	101	231	24	6,612							1,353	7,332
Lansdowne	White		118	19	1,561		—	—					
	Non-White		803	55	13,068		442	2,049					
	Total	197	921	74	14,629	51	442	2,049					
Sherwood Park, Lansdowne	Non-White	51	146	9	4,218								
Wynberg	White		188	18	2,143		2	5		8	60		
	Non-White		459	28	8,532		483	2,299		197	797		
	Total	152	647	46	10,675	52	485	2,304	35	205	857		
Southfield	White		113	17	1,368								
	Non-White		190	19	3,454								
	Total	105	303	36	4,822								
Heathfield	White		105	9	1,253							25	120
	Non-White		379	37	8,994							1,047	8,071
	Total	143	484	46	10,247							1,072	8,191
11th Avenue, Retreat	Non-White	248	1,497	126	33,280	97	1,523	6,020	38	554	2,155	932	10,404
Prince George Drive Mulzenberg	Non-White	53	213	2	6,271								
Kalk Bay	Non-White	24	34		743	22	14	55					
TOTAL	White		2,093	120	22,861		24	96		212	1,108	25	120
	Non-White		16,900	1,267	319,974		12,108	53,903		4,974	16,338	9,425	96,477
	Total	3,549	18,993	1,387	342,835	1,148	12,132	53,999	455	5,186	17,446	9,450	96,597

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

Centre	1966	1965	1964	1963	1962
Shortmarket Street ...	8,980	9,587	9,690	9,424	9,872
Kloof Street ...	2,359	2,070	2,334	2,089	2,315
Aspeling Street ...	18,379	19,708	20,643	25,441	26,489
Bloemhof ...	10,017	9,587	9,005	10,626	11,180
Devil's Peak ...	1,823	2,163	2,320	2,030	1,755
Green Point ...	1,489	1,488	2,093	2,025	2,094
Camps Bay ...	819	860	1,105	634	634
Woodstock ...	12,485	12,691	12,315	13,449	12,787
Welcome Estate ...				1,953	
Maitland ...	4,487	4,244	5,060	5,323	5,607
Brooklyn ...	2,549	2,827	3,008	3,083	3,008
Kensington ...	20,573	26,977	32,335	36,120	35,191
Fractretton ...	9,417	1,539			
Langa ...	4,548	4,876	4,367	4,795	4,425
Guguletu ...	23,139	21,594	21,509	19,799	16,501
Athlone ...	22,013	20,227	21,740	23,544	24,186
Bokmakirie ...	14,000	14,539	15,336	15,313	13,380
Bonteheuwel ...	45,946	42,447	34,573	28,422	22,099
Bridgetown ...				6,860	14,210
Silvertown ...	20,542	22,710	22,739	13,601	
Heideveld ...	13,322				
Kalksteenvontein ...	5,024				
Claremont (Station Road)	9,427	5,818	10,358	14,596	11,653
Claremont (Wesley Street)	6,612	7,986	8,255	7,000	5,871
Claremont (Franklin Road)					63
Lansdowne ...	14,629	13,617	13,715	12,983	11,377
Sherwood Park ...	4,218	184			
Wynberg ...	10,675	10,369	11,442	11,050	11,260
Parkwood and Southfield ...	4,822	5,516	6,097	6,178	6,180
Heathfield ...	10,247	10,261	8,540	11,149	11,461
11th Avenue Retreat ...	33,280	31,820	34,176	38,131	32,694
Muizenberg (Prince George Drive) -	6,271	5,685	6,472	7,105	5,587
Kalk Bay ...	743	780	763	631	894
Totals ...	342,835	312,170	319,990	333,622	302,773

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)
Bowwood Road, Claremont ...	193	662	4,542
Sea Point ...	54	193	1,289

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 113 White mothers and 1,201 Coloured and Bantu 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, 3,204 new cases were supplied with dried milk and 120,849 pounds were issued (full cream 93,611 lbs., half cream 6,757 lbs., skim 20,481 lbs.).

Further reference to kwashiorkor is made on page 37 of this report.

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

These meals consist of soup, cheese, fruit, and enriched bread spread with a mixture of magerine, peanut butter, food yeast and golden syrup. Liquid skimmed milk was supplied at 6 of these centres.

The full complement of health visiting staff on 31st December, 1966 was as follows:—

Health Visitors:—

White	...	...	...	21
Coloured	...	...	...	12
Bantu	...	...	...	5
Clinic Nurses	...	...	...	25
Clinic Assistants	...	...	...	19
Social Welfare Worker	...	...	...	

Special duties are performed by ten of the health visitors and clinic nurses:—

1966	1965	1964	1963	1962	1961
1,200	1,100	1,000	900	800	700
1,100	1,000	900	800	700	600
1,000	900	800	700	600	500
900	800	700	600	500	400
800	700	600	500	400	300
700	600	500	400	300	200
600	500	400	300	200	100
500	400	300	200	100	0
400	300	200	100	0	0
300	200	100	0	0	0
200	100	0	0	0	0
100	0	0	0	0	0
0	0	0	0	0	0

Visits in connection with:-

	1966	1965
Births	20,207	19,997
Subsequent revisits	72,745	62,059
Child deaths	1,504	1,558
Expectant mothers	2,203	1,856
Midwives	2,629	3,491
Orthopaedic	1,460	1,916
Schools	1,043	1,400
Protected infants	1,155	1,191
Social welfare	3,331	2,782
Infectious diseases	7,505	4,761
Other visits	17,890	13,291
	131,672	114,302
Tuberculosis	44,631	44,126
Venereal disease	1,343	1,131
	177,646	159,559

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 institutions when hospital confinement is considered advisable for any of the above reasons.

7,311 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, 22 pre-natal sessions were held weekly and 2 fortnightly at which there were 12,132 new cases. The total attendances numbered 53,999 details of which are shown on page 29.

The number of new cases attending the municipal pre-natal sessions amounted to 65 per cent of the number of registered live births (1 per cent White and 81 per cent non-White).

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

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. 11,851 Blood specimens were taken during the year (27 White and 11,824 non-White). Of these, 1,162 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.

Routine testing for haemoglobin levels of all women attending ante-natal sessions is done by the Provincial blood transfusion laboratory. Special arrangements have been made, in co-operation with Groote Schuur Hospital, to deal with severe cases of anaemia found in pregnant women.

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

Centre	1966	1965	1964	1963	1962
Shortmarket Street ...	854	1,103	1,020	765	624
Aspeling Street ...	1,738	1,700	2,263	2,622	2,937
Woodstock ...	765	953	827	1,048	1,451
Maitland ...	908	1,300	1,313	1,552	1,608
Kensington ...	4,433	5,488	5,114	5,450	6,372
Langa ...	2,734	3,154	2,629	2,140	1,923
Guguletu ...	11,222	9,985	9,484	7,013	4,740
Athlone ...	4,096	3,932	3,751	4,801	5,128
Bokmakirie ...	2,854	2,759	2,639	3,349	3,725
Bonteheuwel ...	7,034	7,224	6,030	3,622	2,237
Silvertown (Petuniastreet) ...	2,823	3,010	2,757	1,433	
Heideveld ...	55				
Claremont (Station Road) ...	2,088	1,272	1,954	2,095	1,595
Claremont (Wesley Street) ...		542	217		41
Lansdowne ...	2,049	2,015	1,976	1,839	1,500
Wynberg ...	2,304	2,180	2,435	2,400	1,683
Parkwood and Southfield ...					6,159
11th Avenue, Retreat ...	6,020	5,886	6,213	5,892	6,159
Kalk Bay ...	55	74	129	105	95
Totals ...	53,999	52,577	50,751	46,126	42,147

POST-NATAL CLINICS

Weekly sessions are held at 14 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	...	8,462
Number showing infections	...	1,524
Number showing cells needing further investigation (Grade 2 and 3 atypia)	...	379
Number showing cells suspicious of malignancy (Grade 4 and 5)	...	73
Number referred to Gynaecology Department, Groote Schuur Hospital.	...	175

Of the 175 women referred, early cancer (Ca-in-situ) was detected in 10 cases. In a number of women investigations are still proceeding.

Instruction in family limitation and spacing is given when this is deemed advisable for socio-medical or other reasons. During the year, a total of 12,949 women received assistance in this sphere, of whom 8,486 attended for the first time and 4,453 re-attended from the previous year.

Two methods were used, i.e. pills and intra-uterine devices. Details of the numbers attending are as follows.

PILLS	First attendances	Number of women attending	Total attendances
White	372	(	2,701
Coloured	4,478	(8,400	40,916
Bantu	198	387	1,900
All races	5,048	8,787	45,517

INTRA-UTERINE DEVICES

White	125	(3,243	458
Coloured	2,697	(	6,582
Bantu	626	919	1,857
All races	3,448	4,162	8,897

There has been a noticeable change in the average size of families among the Coloured population in the last five years. A survey done in January, 1962, showed the average number of children in families where new infants had been born to be 4.1, whereas a similar survey done at the end of 1966 shows the average to have dropped to 3.5. This must, to a great extent, be related to the efficacy and increasing use of pills and, more recently, of intra-uterine devices.

NOTIFICATION OF BIRTHS

The regulations regarding Early Notification of Births (made by the Minister of Health in 1920) require 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, 24,680 births and 512 stillbirths 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)	...	7,311
Notified by doctors	...	251
Notified by institutions (extern or intern)	...	17,630

There were 480 births notified in Langa Bantu Township and 2,803 in Guguletu Bantu Township.

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

	Attended	Births	Percentage
<i>In private houses:</i>			
By private doctors	...	251	1.0
By private midwives:			
Certificated	...	6,879	27.3
Uncertificated	...	432	1.7
By institutional midwives or student midwives	...	1,742	6.9
No doctor or midwife	...	25	0.1
		9,329	37.0

<i>In institutions:</i>		<i>Births</i>	<i>Percentage</i>
Public institutions	...	10,403	41.3
Private nursing homes	...	5,460	21.7
		<u>15,863</u>	<u>63.0</u>

3,186 Of these births were to non-residents of Cape Town.

It should be noted that these births are recorded according to date of birth to suit the convenience of the work of the department, whereas in the vital statistics section of this report births are recorded according to date of notification to enable comparison with State registrations. Hence there will always be some small discrepancy between the two sets of figures.

Public domiciliary midwifery is carried out from the Peninsula Maternity Hospital, Somerset Hospital and St. Monica's Home, all institutions which are recognised as training schools for midwives, and by Provincial Administration.

The Salvation Army non-White Maternity Home (Vrede Oord) which had 32 beds closed on 30th September, 1966, and the loss of these maternity beds has aggravated the shortage for the non-White community.

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) 76 Private midwives of whom 71 are trained. The 5 untrained midwives have been registered by the S.A. Nursing Council. No further untrained midwives will be permitted to start practice.
- (2) 28 Provincial district midwives working in the Kensington, Athlone, Bonteheuwel, Langa Guguletu Lansdowne and Retreat areas, where there is much poverty.
- (3) Midwives attached to the training schools doing district work in the vicinity of the training schools and in the districts of Windermere, Claremont and Lansdowne.
- (4) 4 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.

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 R145 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 R37.

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	...	51
Visits paid to midwives in their own homes	...	312
Inspections held	...	17
Attendances of midwives at inspections	...	273
Total visits by supervisor	...	2,248

PUERPERAL FEVER

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

One non-White case of puerperal fever was notified during the year. The patient had attended a pre-natal clinic, was delivered of a living child in an institution, and later was transferred to a general hospital.

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.

293 (38 White and 255 non-White) cases of ophthalmia neonatorum were notified, which represents 1.4 per cent of the notified live births. Of these, 158 were born in institutions and 13 confined at home by hospital institutional staff. The remaining 122 cases were confined at home. One of these was attended by a doctor, 117 by private midwives, one was unattended, and there were 3 cases without relevant information.

Swab results were recorded in 271 cases, of which 56 were positive for gonococci, 5 doubtful and the remainder negative.

It is to be recorded that the health visitors reported 122 of the cases as "slight", 86 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 3½ 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	...	209
At institutions	...	56
At child welfare centres	...	702
		967

Attendances at these sessions increased by 9.0 per cent compared with the previous year and are shown in the following table. The shortfall in first attendances of White compared with the number of births during the year is regrettable, but a large number of immunisations in this group are carried out by private medical practitioners of which there is no official record. In the non-White group, first attendances were in excess of births registered and 95.9 per cent of the births notified direct to the department.

	AGE GROUP											Total
	0-1			1-6				School age				
	1st	2nd	3rd	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	
White	2,963	2,816	2,609	398	442	506	2,168	431	476	483	2,150	15,442
Non-White	16,913	15,003	13,164	4,094	4,701	5,367	8,403	5,074	5,530	5,761	5,595	89,605
Total	19,876	17,819	15,773	4,492	5,143	5,873	10,571	5,505	6,006	6,244	7,745	105,047

Race	Material Used			
	Diph.	D/WC/T.	D/TET.	A.D.F.
White	60	9,686	5,677	19
Non-White	134	52,868	36,485	118
Total	194	62,554	42,162	137

POLIOMYELITIS IMMUNISATION

Immunisation against poliomyelitis is now compulsory throughout the Republic. 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 from the age of 3 to 4 months and immigrants and children who have not previously been done. Free vaccine is available at special sessions held weekly in two centres and at all sessions where diphtheria, whooping cough and tetanus immunisation is performed.

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

At schools	...	201
At institutions	...	59
At child welfare centres	...	777

1,037

	0-1 year		1-4 years		Other ages		Total	
	White	Non-W.	White	Non-W.	White	Non-W.	White	Non-W.
First dose	3,725	17,052	500	2,647	2,719	14,249	6,944	33,948
Second dose	3,537	15,617	549	2,942	2,441	12,375	6,527	30,934
Completed course (Three doses)	3,366	13,988	651	4,016	2,517	12,223	6,534	30,227
Booster after 3 doses	205	254	1,915	6,872	3,114	7,992	5,234	14,118

B.C.G. VACCINATION

B.C.G. vaccination of newborn infants has continued. The material used is 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 medical 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:—

	White	Non-White	Total
Groote Schuur Hospital ...	1,236	658	1,894
Mowbray Maternity Hospital ...	691		691
Peninsula Maternity Hospital ...		3,058	3,058
Somerset Hospital ...		1,138	1,138
St Monica's Home ...		1,146	1,146
Salvation Army Home ...			
Municipal child welfare centres	1,938	13,430	15,368
Schools and pre-school children	860	4,595	5,455

Infant vaccinations recorded at municipal child welfare centres (15,368) include a number of toddlers who attend in family groups. No opportunity is missed to vaccinate the un-vaccinated.

There were 1,277 births at the Salvation Army Maternity Home (Vrede Oord) up to the time of closure in September, but information regarding B.C.G. vaccination of these infants was not available.

SCHOOL CLINICS

By arrangement with the Provincial Administration and the Department of Coloured Affairs, 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, Bonteheuwel, Retreat and Aspelg Street (city), and fortnightly at Shortmarket Street (city), Maitland, Kensington, Athlone, Claremont 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 and weekly at Bokmakirie.

A health visitor and a clinic nurse are employed on this work.

The work done during the year is shown in the table on page 29 and is further analysed in the following figures:—

	Ophthalmic school clinic			General school clinic		
	White	Non-White	Total	White	Non-White	Total
Number of new cases ...	155	831	986	57	4,143	4,200
Total attendances ...	779	2,748	3,527	329	13,590	13,919
Number of sessions held ...	22	127	149	30	276	306
Children fitted with spectacles:						
Full-paying ...	160		160			
Part paying ...	62		62			
Free ...	20		20			

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:-

White	...	31
Coloured	...	280
Bantu	...	65
House visits made	...	1,459
Sessions held:-		
Surgeons	...	33
Sisters	...	334
		367
Attendances at sessions:-		
Surgeons	...	1,363
Sisters	...	7,694
		9,057

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

SURVEY OF KWASHIORKOR

The incidence of kwashiorkor among non-White children in various areas in the city shows wide variation when comparison is made with the number of infants attending the child welfare centres in these areas. The total number of non-White births in the municipality corresponds closely with the total first attendances at the child welfare centres.

It is noted that the lowest incidence is recorded in the area of central city to Salt River, where most of the families are well established, and the highest incidence is evident in Retreat and in the Guguletu Bantu Township, where the more shiftless and poorer families are found. In Retreat many families are still living in shacks among the sand dunes.

The follow up findings of the 1,351 cases of kwashiorkor known at the child welfare centres during the four year period since the disease became notifiable in September, 1962, were as follows:-

- (1) 18 per cent were notified at death or died soon after discovery.
- (2) 25 per cent were untraced.
- (3) 33 per cent made satisfactory progress in that they recovered from the condition and gained weight.
- (4) 24 per cent showed no improvement and remained malnourished.

Area	Child welfare centres	Total non-White infants attending centres	Known kwashiorkor cases	Kwashiorkor per 1,000 infants
Cape Town/ Salt River	Shortmarket St. Bloemhof Aspeling St. Woodstock	11,917	72	6
Maitland/ Windermere	Maitland Windermere Factreton	7,580	190	25
Athlone	Lawrence Rd. Bokmakirie Silvertown Welcome Est.	11,504	242	21
Bonteheuwel	Bonteheuwel	5,792	149	26
Claremont/ Diep River	Claremont Wesley St. Lansdowne Wynberg Southfield	8,643	133	15
Retreat/ Steenberg	Retreat Heathfield Muizenberg	8,588	273	32
Guguletu/ Langa	Guguletu Langa	9,799	292	30
Total, all areas		63,823	1,351	21

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 two day nurseries at Langa and Guguletu Bantu Townships are maintained by the Branch and are supervised by a senior White nursery school teacher. A new creche and nursery school at Retreat was opened during September.

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-White 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 White nursery school teacher, and a non-White 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-White 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 Bantu Township for 20 infants and 60 children between the age of 2 and 6 years. There are two trained Bantu nurses, three adult helpers and 2 juvenile helpers.

GUGULETU DAY NURSERY

A day nursery is conducted in the Guguletu Bantu Township for 20 infants under two years of age and 60 children between the age of 2 and 6 years. There is a nursery superintendent assisted by one adult and two juvenile helpers.

RETREAT CRECHE AND NURSERY SCHOOL

This nursery school serves the Council's housing scheme at Retreat/Steenberg district. There is accommodation for 20 babies under two years of age and 60 children between 2 and 6 years. The nursery is open from 8.45 to 5 p.m. and meals are provided. There is a creche superintendent, three nursery school teachers and two juvenile helpers.

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

	Sessions	New entrants	Av. total on register	Av. atten. per session	Total attend.
Bokmakirie	210	31	81	72	15,056
Retreat	210	42	79	73	15,309
Bloemhof	209	34	45	41	8,513
Shelley St.	210	30	49	45	9,487
Lieberman	210	27	50	44	9,286
Langa	243	67	77	67	16,269
Guguletu	247	56	80	71	17,552

A resident nursery for the infants of tuberculous non-White 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 six infants with a non-White house-mother 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 7 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.

The practice of placing children with foster mothers particularly amongst non-Whites 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 the child to some more suitable person.

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

Cape Town Magisterial district	105
Wynberg Magisterial district	194

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 1957, all cases of unmarried mothers under the age of 16 years are fully investigated. During 1966, 334 cases (28 White, 203 Coloured and 103 Bantu) were so investigated.

The social welfare investigator visits rescue homes in an advisory capacity 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.)

World trend in public dental health stress more than ever prevention rather than cure because it is realised that in dental diseases tissues are destroyed or amputated which can never be replaced. It is unfortunate that the known methods of prevention for the masses are almost impossible to fulfill because of a variety of circumstances. The efforts of public bodies therefore are directed almost entirely towards relief of pain and suffering.

PREVENTATIVE FOODS: It has been conclusively proved in Scandinavia that the elimination of sugars and the regular ingestion of an adequate supply of calcium, phosphorus and trace elements in the form of bone meal in unsophisticated foods has a very marked beneficial effect on growing dentitions. However, the compulsory application of such a method to the masses of poor in civilised communities is impossible without State subsidy and compulsion. A degree of success in individual cases could be attained by education and propaganda where certain parents are in a financial position to undertake the provision of specialised foods.

PREVENTATIVE CHEMICALS: Under this heading fall calcium, phosphorus and certain trace elements such as fluorine. The first experiments in this direction were undertaken by Mrs. Mellenby who advocated the admixture of calcium, phosphorus and vitamin D. Although partial success was achieved, time has proved that something more than these chemicals is needed. In recent years vast experiments in the application of fluorides have attained much greater success. But, in the words of Professor J.W. Knutson of the University of California, "Fluoridation programs, of which much was expected, have been slow to affect the demand for dental care because of lethargy on the part of the general public and a fanatically dedicated opposition". Methods of applying fluorides in water to localised communities such as schools are being developed. It has also been shown that the taking of fluoride tablets is advantageous but requires very strict and continuous supervision in order to obtain desired results.

PREVENTATIVE HYGIENE: The use of a toothbrush and toothpaste is a panacea for dental cares but is by no means a cure. Far more benefit is derived from brushing the gums which are thereby stimulated and hardened to withstand gingivitis and pyorrhoea.

There is little this Branch can do to implement the world trend of conservation as this necessarily implies concentration on growing teeth in children. However, a new venture is to be undertaken during 1967 in the form of fillings under general anaesthesia for selected uncontrollable spastic children, and at the same time enlargement of the orthodontic section will increase work in this field.

The full-time establishment of the Dental Branch as at 31st December, 1966, consisted of the following:—

Chief Dental Officer	Senior dental mechanic
Deputy Dental Officer	Dental mechanics, 4
Assistant Dental Surgeon	Social welfare visitor
Senior clinic nurse	Clerical staff, 4
Dental nurses, 6	Caretaker/Cleaner
Clinic assistants, 6	Labourer
	Laundresses, 4
	Domestic

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.

REPORT OF THE MEDICAL OFFICER OF HEALTH

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DENTAL BRANCH, 1966.

CENTRE		Sessions	New cases		Total attendances		Extractions (Persons)		Fillings (Persons)		Examinations and other dental treatment		Dentures supplied (Persons)	
			W.	N.-W.	W.	N.-W.	W.	N.-W.	W.	N.-W.	W.	N.-W.	W.	N.-W.
Hope Street Cape Town	General:													
	Adults	1,519	967	6,787	3,352	16,377	510	4,342	353	204	2,526	11,986	224	931
	Children		883	1,993	2,810	3,980	602	1,790	455	66	1,786	2,145	2	1
	School children ...	368	46	10	688	762	59	12	594	705	51	54		
	TOTAL	1,887	1,896	8,790	6,850	21,119	1,171	6,144	1,402	975	4,363	14,185	226	932
Aspeling Street, Cape Town	Nursing & expectant mothers	53		51		91		86				5		
	Pre-school children			400		627		593				34		
	School children ...	52		819		1,349		1,153				196		
	TOTAL	105		1,270		2,067		1,832				235		
Woodstock	Nursing & expectant mothers	25	1	32	2	49	2	44				5		
	Pre-school children		7	188	13	294	12	280			1	14		
	School children ...	48	293	702	346	801	255	741			91	60		
	TOTAL	73	301	922	361	1,144	269	1,065			92	79		
Maitland	General:													
	Adults	77	11	392	23	742	12	326			11	416		
	Children		28	376	55	742	25	343			30	399		
	Nursing & expectant mothers	50	5	72	17	171	15	157			2	14		
	Pre-school children		31	201	61	413	60	396			1	17		
	School children ...	192	117	1,765	271	2,342	123	1,853	116	164	34	342		
	TOTAL	319	192	2,806	427	4,410	235	3,075	116	164	78	1,188		
Athlone	Nursing & expectant mothers	54		125		163		146				17		
	Pre-school children			410		593		574				19		
	School children ...	63		1,055		1,634		1,465				169		
	TOTAL	117		1,590		2,390		2,185				205		
Silvertown	General:													
	Adults	49		336		518		181				337		
	Children			624		1,128		498				630		
	Nursing & expectant mothers	127		409		675		625				50		
	Pre-school children			835		1,254		1,197				57		
	School children ...	124		1,067		1,749		1,220		208		329		
	TOTAL	300		3,271		5,324		3,721		208		1,403		
Wynberg	Nursing & expectant mothers	40	2	118	6	168	6	153				15		
	Pre-school children		24	277	32	378	27	359			5	19		
	School children ...	175	149	1,459	449	1,982	185	1,648	183	94	85	241		
	TOTAL	215	175	1,854	487	2,528	218	2,160	183	94	90	275		
Retreat	General:													
	Adults	143		751		1,739		793				946		
	Children			616		1,270		519				751		
	Nursing & expectant mothers	91		362	1	535	1	515				20		
	Pre-school children			514		750		710				40		
	School children ...	56		1,019		1,361		1,213				148		
	TOTAL	290		3,262	1	5,655	1	3,750				1,905		
Lansdowne	School children ...	92	224	402	495	465	175	357	190	6	141	102		
Langa	Residents													
	Adults	26		217		296		246				50		
	Children			44		59		52				7		
Guguletu	General:													
	Adults	153		1,305		2,646		1,006				1,640		
	Children			1,107		2,171		807				1,364		
	Nursing & expectant mothers	47		68		451		438				13		
	Pre-school children			33		314		309				5		
	TOTAL	200		2,513		5,582		2,560				3,022		
City Hospital	In-patients ...	5	2	35	2	64	2	30				34		
Brooklyn Chest Hospital	In-patients ...	12		113		202		84				118		
Dr. A.J. Stals Sanatorium	In-patients ...	13		221		354		219				136		
Spencer Road, Salt River	Tuberculous													
	Out-patients ...	71	15	275	38	758	13	269			25	489	3	98
Other schools	School children ...	51	37	4,089	41	4,847	4	13			37	4,834		
TOTAL:	Adults		1,007	11,607	3,441	25,884	861	9,585	353	204	2,564	16,251	227	1,029
	Children		1,839	20,067	5,261	31,380	1,527	18,177	1,538	1,243	2,262	12,016	2	1
	Persons	3,776	2,846	31,674	8,702	57,264	2,088	27,762	1,891	1,447	4,826	28,267	229	1,030

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 98 to 100 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 83 - 85.

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

DISTRIBUTION OF CASES BY RACE

	White	Coloured	Bantu	Asiatic	Total
Tuberculosis, pulmonary	89	954	692	6	1,741
Tuberculosis, other forms	17	73	61	2	153
Enteric	5	13	3	-	21
Diphtheria	2	10	3	-	15
Scarlet fever	13	13	-	-	26
Erysipelas	-	3	-	-	3
Cerebrospinal fever	10	126	21	-	157
Infective encephalitis	-	1	1	1	3
Acute poliomyelitis	1	11	2	-	14
Ophthalmia neonatorum	38	196	59	-	293
Puerperal fever	-	1	-	-	1
Leprosy	-	-	3	-	3
Anthrax	-	-	-	-	-
Whooping cough	7	27	3	-	37
Kwashiorkor	-	315	92	-	407
Tetanus	-	5	6	-	11
Total	182	1,748	946	9	2,885

ENTERIC OR TYPHOID FEVER

The number of cases reported in the year, corrected for misdiagnosis and imported cases, was 21 (5 White and 16 non-White), equivalent to an incidence rate of 0.03 per 1,000 population (0.03 White and 0.04 non-White). There was one non-White death from the disease. During the previous year there were 17 cases and no deaths.

19 of the cases were treated in the City Hospital for Infectious Diseases and two in the Military Hospital.

Six further cases (2 White and 4 non-White) occurred but the infection could be definitely attributed to a source outside the municipal area. Five of these cases were admitted to the City Hospital and one case died in a general hospital.

In addition to the figures quoted above, 33 cases (6 White and 27 non-White) were admitted to the City Hospital from outside the municipal area, and four were admitted to general hospitals, three of these latter cases proving fatal.

A FAMILY AFFAIR

On 18th July the Health Department was informed that a Coloured female aged 25 years had died in the Victoria Hospital the previous day from typhoid. Investigation revealed that she had lived in Ottery (outside the municipality) but, because the pondokkies were being pulled down, had returned to her family in Wynberg on 14th July. She was ill when she arrived and was admitted to the Victoria Hospital the next day, 15th July. At this time there were several cases of typhoid in Ottery.

The house in Wynberg was a single story dwelling, about 50 years old and built of brick. It consisted of two rooms, a passage and a yard. Each of the rooms contained a family; one of eleven members, from which this case came, and the other of ten. A paraffin cooking stove and one table were in the passage, where there were also some shelves on which the utensils and storage tins were kept. The family cooked and ate completely separately.

The house was visited by a health inspector on three occasions and on each occasion it was impressed on the occupants that if anyone became ill the health inspector was to be informed immediately.

No blood, stool or urine specimens were taken at this stage as the female who had died had spent only one night in the house and had taken no part in the preparation of food. Also, the Laboratory was overburdened with specimens from the outbreak in Ottery and another at Tiger Valley.

Some time later an observant general practitioner telephoned the Health Department to say that he had been on a Ward Round in Groote Schuur Hospital and was sure that one of the patients had typhoid. Investigation revealed in fact that this patient was the sister of the dead female and that she lived in the Wynberg house. She had taken ill two days after the last visit of the health inspector, but with typical irresponsibility the family had not bothered to inform him.

This female had taken ill on 28th July and was admitted to Groote Schuur Hospital on 3rd August. The house was now visited by the Assistant Medical Officer of Health. Two more members of the family were immediately sent to hospital on clinical grounds and the diagnosis was subsequently confirmed. Stool and urine specimens were taken from everybody living in the house, and two more cases were discovered. One of these, a Coloured female aged 29 years never showed any clinical signs of disease and all other subsequent tests in hospital proved negative. This demonstrates the ease with which Coloured females may become carriers and how difficult it is to find them.

By the 19th August there were thus five members of the family in hospital with typhoid. Tests continued to be carried out on the remaining members of the family, and two more became positive in the middle of September, twenty-four days after the last established case.

The next case, the mother of the family, only took ill some fifty-six days later; thus proving that the female aged 29 was not the cause of the outbreak. All known contacts had also been tested but none proved positive, and no member of the other family living in the same house contracted the disease.

A week after the mother was admitted to hospital a man of the same name was admitted from Strandfontein in the Divisional Council area. He was much more helpful and all the family relations living in the Cape area were discovered. Four more cases were admitted from Strandfontein and one from Wetton. The latter was a nephew of the mother who had been visiting the family in Strandfontein regularly.

History now revealed that another daughter of the family had moved from Villiersdorp to the nest of pondokkies in Ottery in the middle of May. Three weeks later the first case of typhoid occurred amongst the inhabitants of the pondokkies, followed at intervals by four more cases, the last of which was the original case notified by the Victoria Hospital. Continued testing of this woman has produced only "an organism of the Salmonella group, not Typhi". But strict injunctions to her not to handle or prepare foodstuffs seems to have brought the outbreak of seventeen cases to an end.

DIPHTHERIA

The cases of this disease reported during the year, corrected for misdiagnosis and imported cases, numbered 15 (2 White and 13 non-White), equivalent to an incidence rate of 0.02 per 1,000 population (0.01 White and 0.03 non-White). There were two non-White deaths from the disease. During the previous year there were 12 cases and five deaths. The incidence of the disease has remained at a low level since the major reduction in 1962.

Four of the cases occurred in the Bantu Townships.

None of the cases occurred in institutions, and there was no secondary infection within the same household. All the cases were treated in the City Hospital for Infectious Diseases.

In addition, there were 22 non-White cases admitted to the City Hospital from outside the municipal area. Three of these cases proved fatal.

Diphtheria Carriers

Five nasal and 14 auraldiphtheria carriers were reported. Three of the latter cases lived in the Bantu Townships.

Details of the department's work in immunisation is given in the following table and also on page 35.

YEAR	Number of Notifications			Persons Immunized		
	White	Non-White	All Races	White	Non-White	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
1962	6	17	23	5,578	27,483	33,063
1963	6	27	33	6,362	26,476	32,838
1964	2	20	22	7,003	39,202	37,205
1965	6	6	12	7,232	31,967	39,199
1966	2	13	15	7,916	38,290	46,206

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	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
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
1961-65	0.00	0.04		0.00	0.04	0.08	0.00	0.01	0.27	0.03	0.00	
Year												
1962		0.03			0.03	0.06		0.01	0.36	0.01		
1963		0.10			0.03	0.08		0.01	0.18	0.04		
1964	0.01	0.04		0.01	0.01	0.05		0.00	0.15	0.04	0.01	
1965	0.01	0.04			0.03	0.02	0.01	0.01	0.17	0.03		
1966	0.03	0.04		0.00	0.01	0.03		0.00	0.07	0.03		

SCARLET FEVER

The cases of this disease reported in the year, corrected for misdiagnosis and imported cases, numbered 26 (13 White and 13 non-White), equivalent to an incidence rate of 0.04 per 1,000 population (0.07 White and 0.03 non-White). There were no deaths from the disease. In the previous year there were 44 cases and no deaths.

There were no cases in the Bantu Townships. All the cases occurred singly in different premises. Two of the White cases occurred in institutions. Permission was granted to nurse 12 cases at home where satisfactory conditions of isolation were available.

Two further White cases were admitted to the City Hospital for Infectious Diseases from outside the municipal area.

Other particulars will be found in the table above, and in Tables N to P on pages 98-100.

CEREBROSPINAL FEVER

During the year, 157 cases (10 White and 147 non-White) were notified, equivalent to an incidence rate of 0.26 per 1,000 population (0.05 White and 0.35 non-White). One White and 12 non-Whites died, 4 in the City Hospital, 7 in other hospitals, and 2 at home. In the previous year there were 33 cases and 5 deaths.

20 of the cases occurred in the Bantu Townships.

Four of the cases occurred in an institution in Ward 13. All the cases were admitted to the City Hospital for Infectious Diseases except 11 cases which were admitted to other hospitals and two cases who died at home and were notified after death.

Sporadic cases, at the rate of one a month, have been a regular occurrence; but in June, 1966, coincident with a great increase in upper respiratory tract infections, the number of cases started to increase steadily, particularly amongst Coloured children of the age groups 2-4 and 4-9 years. In September there were 45 cases notified, but from then on as the weather became less cold and more windows were opened in the schools, the numbers steadily dropped until by December only 19 cases were notified. It was noted that there was at least one school-going child in every family where a case developed.

Starting in August, long-acting sulphonamides were given to every member of every family that had a case and as a result there were only four secondary cases.

From the beginning of December the pattern changed, instead of the younger children only being infected adults also became victims. It is also interesting to note that there were few cases amongst the age group 10-14 years. Presumably these children must have been immune to the disease although not more than 35 cases had been notified in any year since 1944.

In addition, 127 cases (7 White and 120 non-White) were admitted to the City Hospital, and two cases to other hospitals, from outside the municipal area. In this group there were 8 deaths.

ACUTE POLIOMYELITIS

One White and 13 non-White cases of poliomyelitis were notified in the city, equivalent to an incidence rate of 0.02 per 1,000 population (0.01 White and 0.03 non-White). All these patients were admitted to the City Hospital for Infectious Diseases except one who was treated in the Red Cross Children's Hospital. There were no deaths from the disease. During the previous year 15 cases were notified with no deaths.

Three of the cases, an infant under one year of age, one child aged 4 years, and one aged 7 years, had been fully immunised, and in four other cases there was a record of the first feed having been received. The White case notified had spent a month in a country district shortly before onset of the disease.

In addition to the figures quoted above, 25 cases (1 White and 24 non-White) were admitted to the City Hospital from outside the municipal area.

Information regarding poliomyelitis immunisation will be found on page 35

YEAR	Cerebrospinal fever				Acute poliomyelitis				Infective encephalitis			
	Cases		Deaths		Cases		Deaths		Cases		Deaths	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
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	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
1961-65	4	24	1	2	1	9			1	3	1	2
Year												
1962	5	29		4		6			1	5		4
1963	3	15	1	1		18			1	3		1
1964	6	26		1		1			1	1	1	1
1965	3	30		6		15						
1966	10	147	1	12	1	13				3		3

INFLUENZA AND PNEUMONIA

These diseases are not now notifiable in the Cape Town Municipality, but deaths from influenza and from bronchitis and pneumonia, with corresponding death rates, are set out in the following table:—

PERIOD	Influenza				Bronchitis				Pneumonia (all forms)			
	White		Non-White		White		Non-White		White		Non-White	
	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
1961-65	3	0.02	6	0.02	16	0.09	41	0.12	49	0.25	272	0.80
Year												
1963	6	0.03	9	0.03	11	0.06	54	0.16	38	0.19	308	0.90
1964	1	0.01	2	0.01	23	0.12	39	0.10	51	0.26	276	0.72
1965	1	0.01	6	0.02	30	0.15	41	0.16	36	0.18	257	0.65
1966			3	0.01	25	0.13	49	0.12	30	0.15	305	0.73

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

	1966		1965	
	White	Non-White	White	Non-White
Under 5 years of age	8	232	5	211
0-1 years	2)	179)	5)	165)
1-2 years	4)	34)	-)	33)
2-5 years	2)	19)	-)	13)
All other ages	47	122	61	108
	55	354	66	319

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 95 and 96.

The seasonal character of mortality from bronchitis and pneumonia will be found in Table C, on page 85.

LEPROSY

Three Bantu adult cases of leprosy were notified from the out-patient department of a general hospital. It is difficult to obtain information about these Bantu cases, as the patient is removed from the scene immediately, and other inmates of the house or neighbours are reluctant to assist.

MEASLES

46 measles deaths (45 non-White) occurred in the city during the year. In the previous year there were 70 deaths. 37 of the city deaths in the year under review occurred in children under two years of age, and all were under five years of age. 20 non-residents also died of measles.

During the year, 335 cases of measles were admitted to the City Hospital for Infectious Diseases, of whom 162 were from outside the city area, 3 from Langa and 27 from Guguletu Township. During the previous year, 347 cases were admitted to the City Hospital.

Of the 173 city cases, one was a nurse at a general hospital, 9 developed the disease while in-patients in other hospitals, and two cases occurred in an institution in Ward 10.

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 notice of the department through admission to the City Hospital as a result of inability to isolate, bad home conditions or to serious complications supervening.

The decrease in morbidity and mortality as revealed by available figures might well be in accordance with the usual biennial pattern of fluctuation in the occurrence of measles as reported from other large overseas conurbations.

PERIOD	MEASLES			
	Deaths		Rate per 1,000 population	
	White	Non-White	White	Non-White
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
1961-65	2	49	0.01	0.14
Year				
1962	1	28	0.01	0.09
1963	2	85	0.01	0.25
1964	1	34	0.01	0.09
1965	3	67	0.02	0.17
1966	1	45	0.01	0.11

WHOOPIING COUGH

For the period under review, the number of cases notified was 37 (7 White and 30 non-White), equivalent to an incidence rate of 0.06 per 1,000 population (0.04 White and 0.07 non-White). Three non-White deaths were registered. During the previous year there were 57 cases and 3 deaths.

In three instances there were two cases within the same household. No institutions were involved. 16 of the cases were admitted to the City Hospital for Infectious Diseases, one of whom died. Two of the 37 cases reported occurred in the Bantu Townships.

In addition, 12 cases were admitted to the City Hospital from outside the municipal area, and another imported case died in a children's hospital before notification.

The distribution of the 37 city cases according to month of occurrence, wards and age-groups will be found in Tables N to P on pages 98 to 100. Details of whooping cough immunisation at the municipal centres will be found on page 35.

PERIOD	WHOOPIING COUGH							
	Notifications		Incidence rate per 1,000 population		Deaths		Death rate per 1,000 population	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White
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
1961-65	20	63	0.10	0.19		6		0.02
Year								
1962	15	40	0.08	0.13		8		0.03
1963	20	60	0.10	0.18		8		0.02
1964	22	70	0.11	0.18		4		0.01
1965	20	37	0.10	0.09		3		0.01
1966	7	30	0.04	0.07		3		0.01

TETANUS

Five cases of tetanus and six cases of tetanus neonatorum were notified during the year. In two cases of tetanus there was a clear history of trauma. Two other cases died before notification and in the remaining case, no home address was known. Four of the tetanus neonatorum cases died.

WEIL'S SPIROCHAETAL JAUNDICE

This disease is not notifiable in the Republic of South Africa, but any report of a case occurring in this country is of importance. The last case occurred in 1962 and was described in my annual report for that year.

In December, 1966, it was reported from a general hospital that a 16 year old Coloured boy, residing in the central city area, was suffering from Weil's spirochaetal jaundice. The child took ill on 6th December, with two weeks confusion, temperature, jaundice, suffusion of eyes and head retraction. The titre of the serum was high and leptospira were recovered from the cerebrospinal fluid. Rats infested the area in which the patient lived.

DIARRHOEAL DISEASES

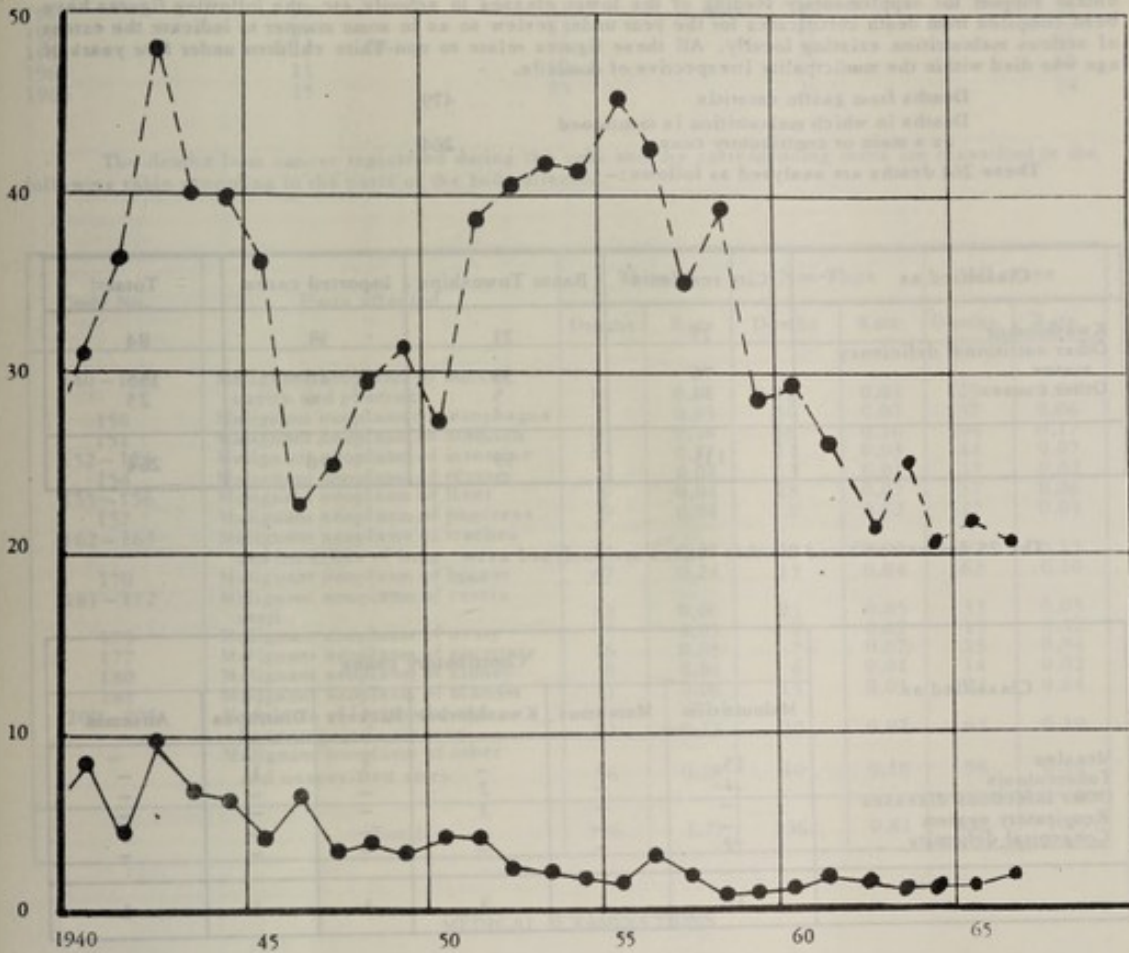
The deaths registered during the year due to diarrhoea and enteritis (corrected) numbered 385 as compared with 430 in the previous year. The corresponding death rate for the city was 0.63 per 1,000 population (0.04 White and 0.91 non-White). The number of deaths has been gradually declining in biennial steps over the past 10 years.

Int. Code No.	Disease	White	Non-White	All races
571,764	Gastro-enteritis and colitis, including diarrhoea of the newborn	7	378	385
572	Chronic enteritis and ulcerative colitis	4	5	9
043	Cholera	—	—	—
045	Dysentery, bacillary	—	—	—
046	Dysentery, amoebic	—	5	5
047-048	Dysentery, other forms	—	—	—
	Total	11	388	399
	Diarrhoeal death rate per 1,000 population	0.06	0.93	0.65

Of the 378 non-White deaths from diarrhoea and enteritis 104 occurred in the Bantu Townships, 93 in Ward 10, 46 in Ward 15, and 135 in the rest of the city. 99.2 per cent of these deaths were under five years of age, i.e., 309 under one year, 42 between one and two years, and 24 between two and five years. Compared with the previous year, the decrease in the number of deaths was confined to Wards 10 and 15.

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

Year	DIARRHOEA AND ENTERITIS					
	White		Non-White		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
1961-65	3	2	176	155	178	157
Year						
1963	2	2	190	152	192	154
1964	3	1	142	157	145	158
1965	2	2	183	159	185	161
1966	2	5	154	155	156	160



Gastro enteritis.

Infant deaths per 1,000 live births.

White —————

Non-White - - - - -

Year	White	Non-White
1940	8	10
1941	5	12
1942	9	15
1943	7	13
1944	6	11
1945	4	9
1946	6	11
1947	3	8
1948	4	9
1949	3	7
1950	4	8
1951	4	9
1952	2	7
1953	2	6
1954	1	5
1955	1	4
1956	3	6
1957	2	5
1958	1	4
1959	1	3
1960	1	2
1961	2	3
1962	1	2
1963	1	2
1964	1	2
1965	2	3

KWASHIORKOR

During the year, 407 cases of this disease, all non-White, were reported, equivalent to an incidence rate of 0.66 per 1,000 population (0.98 for non-Whites only). There were 46 deaths. Most of the cases notified were children under five years of age, and of these 55 per cent were in the age group one to two years.

In view of recent interest in malnutrition 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 manner to indicate the extent of serious malnutrition existing locally. All these figures relate to non-White children under five years of age who died within the municipality irrespective of domicile.

Deaths from gastro enteritis 479

Deaths in which malnutrition is mentioned
as a main or contributory cause 264

These 264 deaths are analysed as follows:—

Classified as	City residents	Bantu Townships	Imported cases	Total
Kwashiorkor	25	21	38	84
Other nutritional deficiency states	76	33	46	155
Other causes	14	5	6	25
	115	59	90	264

The 25 deaths attributed to other causes are analysed as:—

Classified as	Contributory cause					
	Malnutrition	Marasmus	Kwashiorkor	Rickets	Diarrhoea	Anaemia
Measles	15	1	—	1	1	—
Tuberculosis	1	—	2	—	—	—
Other infectious diseases	—	—	1	—	—	—
Respiratory system	—	—	—	—	—	1
Congenital deformity	2	—	—	—	—	—
	18	1	3	1	1	1

66 of the 264 cases died at home and the remainder in hospitals.

A further reference to kwashiorkor will be found on page 37.

CANCER

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

The number of deaths certified during the year as being due to cancer was 692 (356 White and 336 non-White) compared with 692 (359 White and 333 non-White) in the previous year.

With variations in individual categories, the total cancer deaths remain almost at par with the previous year.

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 neoplasms of trachea and lung bronchus —

	White		Non-White	
	Male	Female	Male	Female
1937	12	6	6	1
1947	21	3	4	2
1957	46	6	27	5
1963	37	9	33	8
1964	41	11	47	7
1965	54	15	39	6
1966	39	14	34	5

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

	White		Non-White	
	Under 55yrs %	Over 55yrs %	Under 55yrs %	Over 55yrs %
1962	17	83	45	55
1963	17	83	29	70
1964	27	73	31	69
1965	11	89	31	69
1966	15	85	26	74

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	White		Non-White		All races	
		Deaths	Rate	Deaths	Rate	Deaths	Rate
140-148	Malignant neoplasm of buccal cavity and pharynx	11	0.06	12	0.03	23	0.04
150	Malignant neoplasm of oesophagus	7	0.03	30	0.07	37	0.06
151	Malignant neoplasm of stomach	36	0.18	68	0.16	104	0.17
152-153	Malignant neoplasm of intestine	33	0.17	11	0.03	44	0.07
154	Malignant neoplasm of rectum	8	0.04	3	0.01	11	0.02
155-156	Malignant neoplasm of liver	9	0.04	28	0.07	37	0.06
157	Malignant neoplasm of pancreas	9	0.04	8	0.02	17	0.03
162-163	Malignant neoplasm of trachea and bronchus of lung	53	0.27	39	0.09	92	0.15
170	Malignant neoplasm of breast	47	0.24	15	0.04	62	0.10
181-172	Malignant neoplasm of cervix uteri	12	0.06	21	0.05	33	0.05
175	Malignant neoplasm of ovary	7	0.03	8	0.02	15	0.02
177	Malignant neoplasm of prostate	16	0.08	7	0.02	23	0.04
180	Malignant neoplasm of kidney	8	0.04	6	0.01	14	0.02
181	Malignant neoplasm of bladder	11	0.06	11	0.03	22	0.04
200-205	Neoplasm of lymphatic and haematopoietic tissues	33	0.17	29	0.07	62	0.10
-	Malignant neoplasm of other and unspecified sites	56	0.28	40	0.10	96	0.16
	Total	356	1.79	336	0.81	692	1.13

MEDICAL EXAMINATIONS

Medical examinations for initial entry into the Council service and medical attention for Fire and Traffic personnel are provided by the department. During the year 8448 attendances were recorded as follows:-

EXAMINATION CENTRE

Department	Total	Fit	Temporarily unfit	Unfit
City Engineer	2,598	1,897	605	96
City Electrical Engineer	1,386	1,014	319	53
Town Clerk	1,026	768	217	41
City Treasurer	136	103	32	1
Health	70	48	22	-
	5,216	3,830	1,195	191

CONSULTING ROOM

	Fire Department	Traffic Department
Attendances at consulting room	1,284	1,208
Domiciliary visits	151	67
Assisted at operations	12	9
Recruits examined	27	64
	1,474	1,348
Females examined	410	

SECTION VI. — TUBERCULOSIS

H.L. ACKERMAN.

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TUBERCULOSIS OFFICER

The new cases of tuberculosis reported in 1966 corrected for misdiagnosis and imported cases, numbered 1,894 and are classified in Table A.

TABLE A

	Lungs		Pleural effusion		Primary complex		Mantoux under 5 years		Other forms	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
City	82	729	3	35	3	224	1	12	17	89
Langa	—	274	—	23	—	22	—	7	—	19
Guguletu	—	234	—	10	—	73	—	9	—	28
Total local cases	82	1,237	3	68	3	319	1	28	17	136
Imported infection	13	296	1	10	1	67	1	8	—	12
Hospitalised from outside the city	53	156	—	1	—	—	—	—	2	17
	148	1,689	4	79	4	386	2	36	19	165

Pulmonary tuberculosis by race. Local cases.

TABLE B

	Notifications		Rate per 1,000 population	
	1966	1965	1966	1965
White	89	121	0.45	0.61
Coloured	954	928	2.99	2.98
Bantu	692	640	7.78	8.14
Asiatic	6	6	0.80	0.80
Non-White	1,652	1,574	3.97	3.97
All races	1,741	1,695	2.83	2.85

Further particulars regarding age-groups and wards of the City will be found in Tables N to P on pages 98 to 100.

The total number of pulmonary cases notified for 1966 shows an increase of 46 over the previous year. The White group shows a decrease of 32 while the Coloured group has increased by 26, and the Bantu by 52.

However, due to the estimated increase in the population, the rate per 1,000 shows a decrease of 0.36 for the Bantu. Although the incidence amongst the Bantu is 2.6 times that recorded for the Coloured, it is significant that the rate for the Bantu has fallen for the third consecutive year.

Deaths from pulmonary tuberculosis (corrected) and the corresponding death rates were as follows:—

TABLE C

	Deaths		Rate per 1,000 population	
	1966	1965	1966	1965
White	11	10	0.06	0.05
Coloured	96	124	0.30	0.40
Bantu	48	49	0.54	0.62
Asiatic	—	—	—	—
Non-White	144	173	0.35	0.44
All races	155	183	0.25	0.31

The death rate per 1,000 of the population has remained constant for the White group, but for the Coloured and Bantu there has been a significant reduction. The reduction in the Bantu rate has been most gratifying and represents a fall of 0.17 since 1964. The Bantu continues to seek medical advice earlier than in the past, and immediate hospitalisation or the institution of domiciliary/ambulatory treatment have played a considerable part in the declining death rate.

Other forms of tuberculosis.

TABLE D

	White		non-White		Total	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Meninges	2	—	14	16	16	16
Abdominal	1	1	9	1	10	2
Bones and joints	5	—	26	3	31	3
Glands	1	—	46	—	47	—
Genito urinary system	4	1	11	1	15	2
Disseminated	2	1	19	9	21	10
Other organs	2	—	11	—	13	—
Total	17	3	136	30	153	33

The number of cases of non-pulmonary tuberculosis in the White group rose from 3 to 17, and in the non-White group from 106 to 136 when compared with 1965. This rise is undoubtedly due to greater co-operation received from the general hospitals in the notification of such cases. The number of cases of tuberculosis of the meninges was approximately half the number recorded in 1965, but cases of abdominal, genito urinary and disseminated tuberculosis all showed increases.

The discovery rates for pulmonary tuberculosis and tuberculosis in other forms per 1,000 population for the 5 year period 1964 to 1966 are shown below.

TABLE E

RACE	Pulmonary tuberculosis					Tuberculosis, other forms				
	1966	1965	1964	1963	1962	1966	1965	1964	1963	1962
White	0.45	0.61	0.61	0.57	0.66	0.09	0.02	0.03	0.03	0.04
Coloured	2.99	2.98	3.09	3.51	3.69	0.23	0.25	0.29	0.24	0.30
Bantu	7.78	8.14	8.62	7.06	8.32	0.69	0.37	0.41	0.26	0.63
Asiatic	0.80	0.80	0.54	0.82	1.09	0.27	—	0.13	—	—
Non-White	3.97	3.97	4.10	4.16	4.52	0.33	0.27	0.31	0.24	0.36
All races	2.83	2.85	2.92	2.93	3.15	0.25	0.18	0.21	0.17	0.24

DEATHS

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

TABLE F

	Pulmonary tuberculosis					Tuberculosis, other forms				
	1966	1965	1964	1963	1962	1966	1965	1964	1963	1962
White	0.06	0.05	0.06	0.11	0.09	0.02	—	0.01	—	0.01
Coloured	0.30	0.40	0.36	0.47	0.40	0.04	0.06	0.05	0.07	0.09
Bantu	0.54	0.62	0.71	0.42	0.71	0.20	0.06	0.09	0.07	0.18
Asiatic										
Non-White	0.35	0.44	0.42	0.45	0.45	0.07	0.06	0.06	0.07	0.10
All races	0.25	0.31	0.30	0.33	0.32	0.05	0.04	0.04	0.04	0.07

The death rate per 1,000 population remained almost constant for the White group, but a reduction of 20 per cent occurred in the Coloured and Bantu groups combined.

Greater co-operation is being attained with all members of the non-White group and, if this can be maintained, the death rate in this group should continue to fall. Lack of co-operation in not taking adequate and continuous treatment is the main reason for unsuccessful therapy.

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

TABLE G

	Death rate per 1,000 population		
	White	Non-White	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	0.16	0.71	0.50
5 " " " " 1966	0.08	0.49	0.35
Calendar year			
" " 1962	0.09	0.55	0.39
" " 1963	0.11	0.51	0.38
" " 1964	0.06	0.48	0.34
" " 1965	0.05	0.50	0.35
" " 1966	0.08	0.42	0.30

ANTI-TUBERCULOSIS CENTRES

TABLE H

	New Consultations			Total Attendances		
	1966	1965	1964	1966	1965	1964
Cape Town:						
White	1,216	1,070	1,268	4,142	4,126	4,231
Non-White	2,626	2,860	2,863	13,794	14,690	15,609
Total	3,842	3,930	4,131	17,936	18,816	19,840
Wynberg:						
White	526	546	534	2,088	1,981	2,103
Non-White	1,799	1,693	1,700	9,458	8,600	8,640
Total	2,325	2,239	2,234	11,546	10,581	10,743
Kensington:						
White						2
Non-White	747	758	726	5,662	5,634	5,740
Total	747	758	726	5,662	5,634	5,742
Athlone:						
White						
Non-White	1,286	1,842	2,339	6,090	9,338	12,258
Total	1,286	1,842	2,339	6,090	9,338	12,258
Silvertown:						
White						
Non-White	1,139	664		7,692	4,322	
Total	1,139	664		7,692	4,322	
Langa:						
Bantu	803	837	649	5,602	5,527	4,943
Guguletu:						
Bantu	1,799	1,587	1,376	11,161	10,732	9,624
Total:						
White	1,742	1,616	1,803	6,230	6,107	6,336
Non-White	10,199	10,241	9,652	59,459	58,843	56,809
Total	11,941	11,857	11,455	65,689	64,950	63,145

Number of sessions:-

Cape Town	432
Wynberg	232
Athlone	147
Kensington	148
Silvertown	136
Langa	101
Guguletu	146
Total	1,342

New consultations and total medical attendances have remained fairly constant as compared with the previous year.

The depopulation of District Six has caused a persistent decline in the numbers seen at the central clinic situated at Chapel Street. Substantial increases have been recorded in attendances at the non-White clinic at Silvertown which caters for the new housing estates of Bonteheuwel, Heideveld and Netreg, and also at the Bantu clinic in Guguletu which caters for the needs of the ever extending township of the same name.

TABLE 1

AMBULATORY INJECTIONS

	1966	1965	1964	1963	1962
Cape Town:					
White	820	1,751	1,587	1,323	2,425
Non-White	5,998	7,191	8,513	7,267	10,426
Total	6,818	8,942	10,100	8,590	12,851
Wynberg:					
White	602	672	1,271	584	566
Non-White	4,985	3,835	2,725	1,364	1,141
Total	5,587	4,507	3,996	1,948	1,707
Kensington:					
White					
Non-White	3,726	2,181	1,567	1,438	2,882
Total	3,726	2,181	1,567	1,438	2,882
Athlone:					
White					
Non-White	4,684	3,780	3,756	4,364	6,984
Total	4,684	3,780	3,756	4,364	6,984
Silvertown:					
White					
Non-White	4,454	2,059			
Total	4,454	2,059			
Langa:					
Bantu	11,965	5,486	4,404	4,380	7,825
Guguletu:					
Bantu	15,542	13,416	7,654	5,574	5,837
Total:					
White	1,422	2,423	2,858	1,907	2,991
Non-White	51,354	37,948	28,619	24,387	35,095
Total	52,776	40,371	31,477	26,294	38,086

In addition to the total attendances at consultations of 65,689 given in Table H, an additional 52,776 ambulatory patients attended for injections at special sessions at the various clinics. This is a 30.7 per cent increase over the figures for 1964.

During 1966 the 100 mm. mobile X-ray unit became available for use at all seven clinics. This has greatly improved the facilities afforded the patients and considerably speeded up diagnosis and treatment.

Comparative figures of attendances for 1965 and 1966:-

1965	White	62	Non-White	5,478	Total	5,540
1966	"	313	"	11,467	"	11,780

Two nurses are employed full time providing the domiciliary treatment service, and during the year under review a total of 17,770 injections were given compared with 15,260 in 1965.

SCREENINGS

TABLE J

CENTRE	Whites		Non-Whites		Total
	Males	Females	Males	Females	
Chapel Street	968	1,108	2,811	2,482	7,369
Wynberg	429	538	1,458	2,023	4,448
Kensington	-	-	804	948	1,752
Athlone	-	-	1,187	1,349	2,536
Langa	-	-	1,017	319	1,336
Total	1,397	1,646	7,287	7,121	17,441

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	...	...	422
General hospitals and other institutions			900
City Health Department branches	...	...	932
Other local authorities	...	...	278
			2,532

The figure of 2,532 total notifications compares with 2,428 in 1965, and 2,350 in 1964.

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

TABLE L.

	Cape Town	Imported Infection	Langa	Guguletu	Outside Cape Town	Total
Attended clinic ...	1,022	377	294	306	8	2,007
Failed to attend ...	17.3	32	51	48	221	525
	1,195	409	345	354	229	2,532
Failure to attend clinic:						
In hospital ...	95	17	19	22	221	374
Hospital out-patients	27	1				28
Too ill ...	2					2
Died before notification	1	1		2		4
First advice through death registration	16	2	7	5		30
Refusals ...	13	3	2	4		22
Under private care...		1				1
Untraceable or decamped on notification ...	19	7	23	15		64
	173	32	51	48	221	525

TABLE M

Period	Total Cape Town cases notified	Bedfast on notification	Percentage of total cases notified	Dead on notification	Percentage of total cases notified
1945-46	2,195	168	7.7	298	13.6
1949-50	2,002	122	6.1	159	7.9
1954-55	2,049	54	2.6	78	3.8
1960	1,460	7	0.5	30	2.1
1963	1,769	11	0.6	25	1.4
1964	1,821	3	0.2	24	1.3
1965	1,804	2	0.1	26	1.4
1966	1,894	2	0.1	31	1.6

HOSPITALIZATION

TABLE N.

	Urban		Langa	Guguletu	Outside Cape Town cases
	Local	Imported infection			
New pulmonary cases notified during the year ...	1,089	397	326	326	210
Known to have had T.B. positive sputum ...	339	124	129	83	
New pulmonary cases admitted to institutions for treatment of tuberculosis ...	443	74	137	99	210
Proportion of new cases admitted	41%	19%	42%	30%	
Died before receipt of notification	20	3	5	3	
Died within 6 months of notification	27	6	3	9	

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

A further 163 first positive sputa were obtained from patients notified in previous years.

The total number of Cape Town cases of pulmonary tuberculosis admitted to institutions during the year was 1,434 compared with 1,459 last year.

These were distributed as follows:—

TABLE O

	White		Non-White		Total
	Males	Females	Males	Females	
City Hospital, Cape Town	93	47	34	148	322
Brooklyn Chest Hospital			486	54	540
Other institutions	2	—	368	202	572

During the year 1,835 contact children received B.C.G. vaccination by the percutaneous method as compared with 1,031 in 1965.

All those given B.C.G. were negative Mantoux reactors.

TUBERCULOSIS REGISTER

The total number of persons known by the Department to be suffering from tuberculosis and to be living in the Cape Town municipal area on 31st December, 1966 is given below.

TABLE P.

DISTRICT (not Wards)	Pulmonary			Non-pulmonary (chiefly bones and joints)			Total
	White	Coloured	Bantu	White	Coloured	Bantu	
Central city to Camps Bay ...	169	218	37	8	12	5	449
Old 'District Six' ...	73	471	23	3	21	—	591
Maitland ...	40	728	7	—	37	—	812
Woodstock to Rosebank	194	374	16	15	25	—	624
Athlone Areas	1	734	11	—	56	—	802
Bonteheuwel/Heideveld areas ...	—	1,114	7	—	34	—	1,155
Rondebosch to Witte-bome ...	201	420	16	7	31	2	677
Plumstead to Clovelly	42	764	21	—	12	—	839
Langa ...	—	—	1,358	—	—	63	1,421
Guguletu ...	—	—	2,041	—	—	46	2,087
Total	720	4,823	3,537	33	228	116	9,457

CARE COMMITTEE FOR TUBERCULOSIS PATIENTS

The voluntary Care Committee works in close co-operation with the City Health Department. Accommodation for the almoner is provided at the central municipal anti-tuberculosis centre. Her salary and transport allowance is defrayed by the Local Authority.

The number of families assisted by monetary grants was 628.

The work done during the year is as follows:—

Families helped by payment of rent	...	...	101
" " " maintenance grants	...	...	127
" " " rent & maintenance grants	...	...	119
" " " provision of clothing and blankets	...	...	56
No. of articles of clothing distributed	...	...	209
No. of blankets distributed	...	...	24
ALMONER:			
Visits paid	...	...	896
Interviews given	...	...	2,088
New cases	...	...	427

There was a daily average of 59 children attending the Bokmakirie Creche which is under the control of the Care Committee for tuberculosis patients. These are children of tuberculosis parents who, although showing no signs of the disease, have been exposed to considerable infection. The object is to keep the children in healthy surroundings while the parents are undergoing treatment, usually in hospital, or where the mother is obliged to go to work to augment the family income.

The SANTA Day Creche at Athlone, which is financed and run by the Cape Province Tuberculosis Council, provided accommodation for 45 infants and children ranging in age from six months to school going age. The department and the public owe a considerable debt of gratitude to the Cape Province Tuberculosis Council for the preventive work which is being carried on so successfully in this institution.

MASS RADIOGRAPHY SERVICE

The mass radiography service, housed at the main tuberculosis centre in Chapel Street, is provided, free of all costs, by the City Council to all industrial and other groups within the municipal area. During the year it has worked to full capacity and the greatest number of plates were taken since the inauguration of the service in 1948.

Comparative figures for miniature examinations are shown below according to race and sex.

TABLE P.

Period	White		Non-White		Total
	Males	Females	Males	Females	
Year 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
" 1963	12,930	8,163	27,318	24,581	72,992
" 1964	12,609	8,348	29,754	26,561	77,272
" 1965	11,263	6,849	29,242	26,842	74,196
" 1966	12,892	8,276	31,331	26,306	78,805

In addition to the 78,805 miniature film examinations made during the year, 2,548 large films were taken as compared with 2,808 in the previous year.

2,038 of those X-rayed were recalled for further examination. Of this number 595 were found to be suffering from active tuberculosis, compared with 557 in the previous year. This represents 0.8 per cent of the 78,805 miniature films examined.

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 Q.

Year	Race	Active tuberculosis discovered										Extra municipal cases (included in foregoing)	
		Age-groups								Total			
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1949-50	White	16	24	13	13	10	6	7	-	46	43	11	5
	Non-White	65	55	98	11	66	12	32	-	261	80	49	11
	All races	81	79	111	24	76	18	39	2	307	123	60	16
1954-55	White	13	14	22	15	14	2	14	2	63	33	15	9
	Non-White	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	White	2	8	9	5	2	2	10	3	23	18	7	4
	Non-White	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
1965	White	3	3	1	5	3	-	14	3	21	11	8	1
	Non-White	63	67	104	56	120	21	85	9	372	153	59	23
	All races	66	70	105	61	123	21	99	12	393	164	67	24
1966	White	2	3	5	1	3	-	10	-	20	4	7	-
	Non-White	63	61	100	48	142	42	105	10	410	161	50	24
	All races	65	64	105	49	145	42	115	10	430	165	57	24

Of the 595 cases of pulmonary tuberculosis discovered, 134 were previously known. As in the past many of these new cases denied having any symptoms. The number of cases with extensive disease now being discovered is much lower than in earlier years, due in the main to the co-operation on many employers in making time available for having their employees examined at regular intervals.

In the year under review, 81 extra-municipal cases of tuberculosis were discovered compared with 91 in the previous year. All were notified and referred to their own local authority for treatment and supervision.

SECTION VII. — VENEREAL DISEASE

(Dr. A. J. Wilson, Venereal Disease Officer.)

The year under review shows an increase of 1,255 new cases attending the municipal treatment centres compared with the previous year. 408 new White cases were registered during the year as against 403 for the previous year. 8,153 new non-White cases attended as against 6,903 for the previous year.

The total attendances numbered 29,554 (1,522 White and 28,032 non-White) as compared with 26,771 in 1965, 23,706 in 1964, and 21,586 in 1963.

The number of new cases of syphilis increased by 467, while 121 recorded cases of congenital syphilis occurred as against 109 for the previous year. The increase in syphilis is accounted for by a 43 per cent increase in the number of new non-White female cases which have trebled in the past three years, and now provide the highest figure since 1947. This may have some bearing on the slight slacking in non-White male cases of syphilis recorded.

The spectacular rise in incidence of syphilis among non-White females is mitigated by a number of factors which would normally result in increased attendances at the treatment centres. Within the past few years, routine blood tests have been stepped up at a number of hospitals, clinics and large industrial concerns, and those returning positive reactions are automatically referred to the treatment centres. In most female cases the disease is already in the tertiary stage. It is probable therefore, that there has been no marked spread of the disease, as would appear from the figures given, but rather that, in a *de facto* situation, more cases of syphilis are receiving treatment.

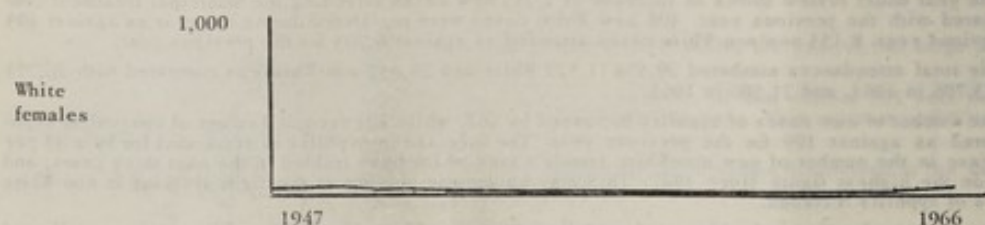
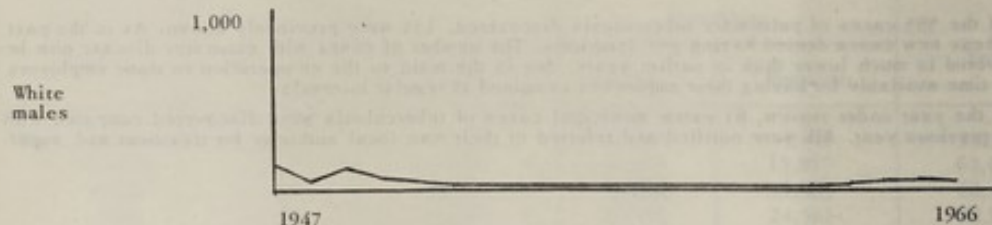
TABLE I

		1966		1965	
		New cases	Incidence rate	New cases	Incidence rate
<i>Race:</i>					
White	...	408	2.1	403	2.0
Non-White	...	8,153	19.6	6,903	17.4
<i>Sex:</i>					
Male	...	5,532	18.1	5,047	17.2
Female	...	3,029	9.8	2,259	7.5
<i>Diseases:</i>					
Syphilis	...	3,066	5.0	2,599	4.4
Syphilis, congenital	...	121	0.2	109	0.2
Gonorrhoea	...	4,190	6.8	3,523	5.9
Other venereal diseases	...	65	0.1	96	0.2
Non-venereal diseases	...	910		802	
Undiagnosed	...	209		177	
All new cases	...	8,561	13.9	7,306	12.3

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 12.1 per 1,000 population (1.7 White and 17.1 non-White). Last year the true incidence rates were 10.6, 1.7 and 15.1 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 who might be treated by their family practitioners.

INCIDENCE OF SYPHILIS



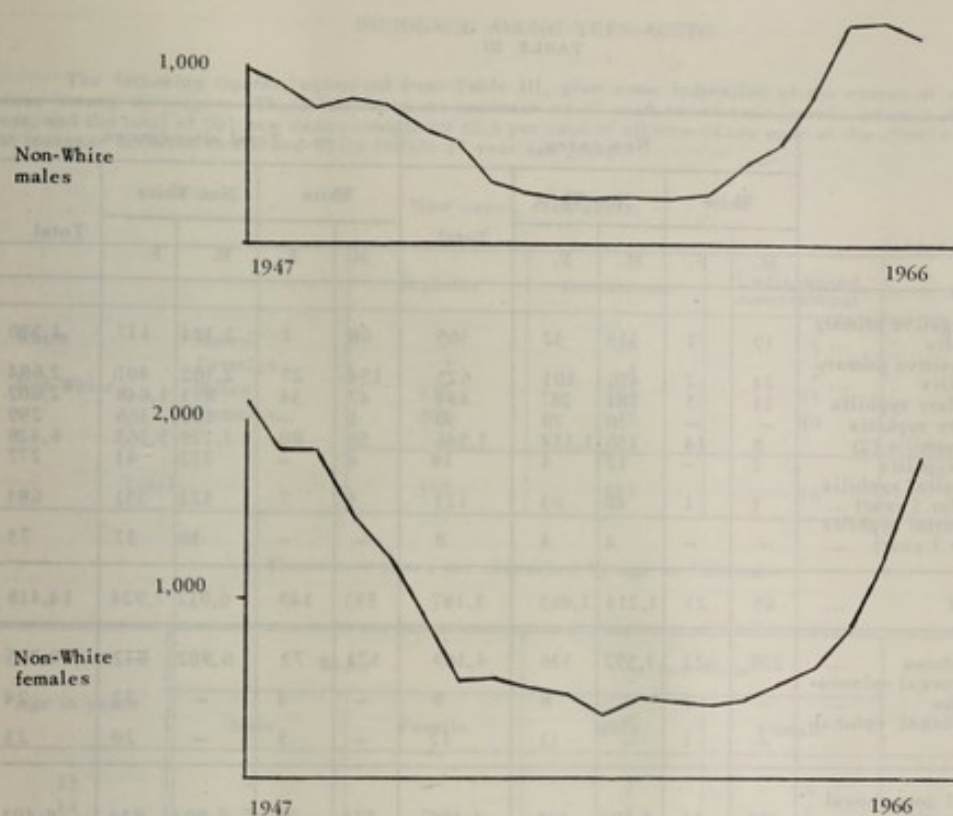


TABLE II

Year	Total new cases*	Population (including Bantu Townships)	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
1963 ...	5,016	571,440	9.0
1964 ...	5,657	580,430	9.7
1965 ...	6,327	594,640	10.6
1966 ...	7,442	614,360	12.1

*Excluding non-venereal and undiagnosed cases.

TABLE III

Diseases	New cases					Total attendances				
	White		Non-White		Total	White		Non-White		Total
	M.	F.	M.	F.		M.	F.	M.	F.	
1 Seronegative primary Syphilis ...	19	1	313	32	365	68	1	1,184	117	1,370
2 Seropositive primary Syphilis ...	24	2	496	101	623	154	27	2,102	401	2,684
3 Secondary syphilis ...	11	5	181	287	484	47	34	873	1,648	2,602
4 Tertiary syphilis ...	—	—	10	20	30	1	—	132	166	299
5 Endosyphilis (2)	8	14	150	1,374	1,546	56	80	1,129	5,163	6,428
6 Neurosyphilis	2	—	12	4	18	4	—	232	41	277
7 Congenital syphilis (under 1 year) ...	1	1	48	63	113	3	7	322	351	683
8 Congenital syphilis (over 1 year) ...	—	—	4	4	8	—	—	38	37	75
Total ...	65	23	1,214	1,885	3,187	333	149	6,012	7,924	14,418
9 Gonorrhoea ...	229	22	3,592	326	4,169	571	71	6,902	812	8,356
10 Gonococcal vulvovaginitis ...	—	1	—	8	9	—	2	—	22	24
11 Gonococcal ophthalmia ...	—	1	—	11	12	—	3	—	20	23
Total gonorrhoeal infections ...	229	24	3,592	345	4,190	571	76	6,902	854	8,403
12 Ulcus molle ...	6	—	27	5	38	15	—	38	6	59
13 Lymphopathia venereum ...	—	—	—	—	—	—	—	—	—	—
14 Granuloma venereum	—	—	—	—	—	—	—	—	—	—
15 Venereal warts ...	—	—	14	13	27	—	—	30	18	48
Total venereal diseases ...	300	47	4,847	2,248	7,442	919	225	12,982	8,802	22,928
16 Non-gonococcal urethritis ...	13	—	17	5	35	28	—	36	8	72
17 Non-venereal disease	22	17	230	606	875	49	61	355	1,091	1,556
18 Undiagnosed ...	6	3	97	103	209	168	72	2,203	2,555	4,998
Grand Total ...	341	67	5,191	2,962	8,561	1,164	358	15,576	12,456	29,554

- (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				
	W.		N-W.		W.		N-W.		W.		N-W.		W.		N-W.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1945	2	11	120	263	93	51	758	1,353	191	31	528	123	8	1	51	7	3,591
1950	5	5	149	338	96	25	809	1,479	167	12	1,141	146	15	—	61	13	4,461
1955	—	—	5	45	15	12	290	505	175	12	1,840	90	53	1	111	52	3,208
1960	—	—	9	6	18	8	291	419	180	4	2,109	144	2	—	31	5	3,227
1963	—	—	28	19	35	12	813	623	228	28	2,845	324	5	1	26	29	5,016
1964	—	—	38	32	68	11	1,212	817	217	18	2,901	312	5	1	21	14	5,657
1965	—	—	53	54	62	18	1,251	1,271	321	21	3,028	253	15	—	50	31	5,327
1966	1	—	52	67	64	22	1,162	1,818	229	24	3,592	345	6	—	41	18	7,442

INCIDENCE AMONG TEEN-AGERS

The following figures, extracted from Table III, give some indication of the extent of venereal disease among teen-agers. There has been an increase of 37 such cases seen, compared with the previous year, and the total of 901 new cases comprises 10.5 per cent of all new cases seen at the clinics. The greatest increase occurred in the non-White female 17 year age group.

New cases, teen-agers.

		Syphilis	Gonorrhoea	Undiagnosed non-venereal	Total
White	Males	7	26	5	38
	Females	2	4	2	8
Non-White	Males	136	384	43	563
	Females	205	47	40	292
Total		350	461	90	901

These new cases are classified by age as follows:—

Age in years	White		non-White		Total
	Male	Female	Male	Female	
13	—	—	2	4	6
14	—	—	1	6	7
15	—	—	19	14	33
16	1	—	31	32	64
17	8	2	79	70	159
18	10	2	196	77	285
19	19	4	235	89	347
Total ...	38	8	563	292	901

MUNICIPAL TREATMENT CENTRES

Six municipal treatment centres now function for free advice and treatment of venereal disease, i.e. at the City Infectious Diseases Hospital, Salt River, Wynberg, Kensington, Guguletu and Silvertown. During the year, 24 medical sessions (6 White and 18 non-White) 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 White and non-Whites are held at the City Hospital and Wynberg centres, male and female sessions for non-Whites together with a White female session at Salt River male and female sessions for non-Whites only at Kensington and female sessions for non-Whites only at Guguletu and Silvertown.

TABLE V

Centre	Sessions	New cases	Attendances
City Hospital, Portwood Road ...	347	1,377	4,876
Salt River ...	345	3,833	11,850
Wynberg ...	293	1,510	5,921
Kensington ...	100	383	1,739
Guguletu ...	51	263	1,196
Silvertown ...	51	457	1,939
Pre-natal clinics (at child welfare centres)	—	738	2,033
Total ...	1,187	8,561	29,554

VENEREAL DISEASE CONTACTS

Where definite information regarding contacts can be supplied, the patient is requested to persuade the contact to attend the clinic with an identification slip provided for the purpose. During the year, 601 such persons responded as shown below. Although this compares favourably with the figure of 441 in the previous year, the number of 7,442 new cases registered leaves a balance of unknown reservoirs of infection which is quite formidable.

TABLE VI

Contact	Total	Syphilis	Gonorrhoea	Non venereal disease	Unresolved
Husband	105	73	16	14	2
Wife ...	232	72	158	2	-
Friend ...	243	90	146	6	1
Other ...	21	14	4	1	2
Total	601	249	324	23	5

PATHOLOGICAL EXAMINATION

In order to establish an early diagnosis, microscopic examinations of sores and discharges are carried out at all clinic sessions. The number of such examinations during the year was as follows:-

TABLE VII

	Positive	Negative	Total
Number of dark-ground examinations for Sp. Pall	836	152	988
Number of smear examinations for gonococci	3,691	75	3,766

In addition, 7,998 blood specimens and 517 smears were sent to the Government laboratory for examination.

SECTION VIII - CITY HOSPITAL

(DR. H.R. ACKERMANN, M.B., CH.B., T.D.D., F.C.C.P., MEDICAL SUPERINTENDENT OF HOSPITALS)

The city group of hospitals consists of the following institutions:-

- (1) The City Hospital for Infectious Diseases in Portwood Road, Cape Town.
- (2) The Brooklyn Hospital for Chest Diseases at Koeberg Road, Brooklyn.

CITY HOSPITAL FOR INFECTIOUS DISEASES, PORTWOOD ROAD

The hospital provides accommodation for 518 patients. Ordinarily, patients suffering from the following diseases can be admitted to the hospital: enteric fever, diphtheria, erysipelas, puerperal fever, cerebrospinal fever, acute poliomyelitis, infective encephalitis and scarlet fever. Cases of other infectious diseases are admitted for special medical or social reasons. Accommodation is also provided for cases of pulmonary tuberculosis.

The medical staff at the 31st December, 1966, consisted of the Medical Superintendent of Hospitals, Deputy Medical Superintendent and six medical officers.

HOSPITAL STATISTICS

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

Disease	From Cape Town Municipality		From outside Municipality	
	White	Non-White	White	Non-White
Measles ...	0.4	5.8	0.3	4.6
Acute poliomyelitis ...	0.1	0.9	0.0	2.2
Cerebrospinal fever ...	0.5	7.0	0.3	6.4
Diphtheria ...	0.3	2.4	—	2.2
Enteric fever ...	0.3	1.6	0.7	3.1
Scarlet fever ...	0.2	0.3	0.1	—
Whooping cough ...	0.1	0.9	0.0	0.9
Tuberculosis, pulmonary ...	35.2	335.0	20.9	70.3
Tuberculosis, other forms ...	0.9	20.3	0.6	11.1
Other diseases ...	0.7	2.1	0.4	1.7
Total ...	39	376	23	103

The average daily number of patients in the hospital (exclusive of Brooklyn Hospital) was 269.

Patients treated in City Hospital during the year:—

	White		Non-White		Total
	M.	F.	M.	F.	
Patients in hospital 31st Dec., 1965	44	29	68	176	317
Admitted ...	165	93	490	511	1,259
Discharged ...	168	102	474	545	1,289
Died ...	10	4	39	29	82
In hospital 31st December, 1966	31	16	45	113	205

AGE GROUPING OF PATIENTS

	Under 5 years	5-14 years	15-24 years	25-44 years	Over 45 years	TOTAL
White ...	60	33	57	88	93	331
Non-White ...	691	243	119	149	43	1,245
TOTAL ...	751	276	176	237	136	1,576

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.

	White	Non-White	Total
Attendances ...	3,407	9,676	13,083
Clinical room:			
Refills ...	1	151	152
Surgical consultations ...	67	184	251
Clinics ...	352	409	761
Mantoux tests ...	224	143	367
Schick tests ...	82	92	174
Special injections (bronchograms) ...	25	28	53
Other injections ...	299	550	849
X-ray department:			
X-rays ...	3,685	8,926	12,611
Bronchograms ...	24	28	52
Tomograms ...	89	81	170
Miniature X-rays ...	—	992	992
Special X-rays ...	176	257	433

OPERATING THEATRE

The operations performed during the year were as follows:—			
	Excision of neck glands	...	2
	Window cut in trachea — IPPR	...	1
	Excision of cervical glands	...	1
	Termination of pregnancy	...	1
	Bronchoscopy	...	3
	D. & C. diagnostic	...	1
	Strangulated hernia	...	1
	Incision and drainage of abscess	...	1
	Cholecystectomy / sterilisation	...	1
	Cholecystectomy	...	2
	Appendicectomy	...	1
DENTAL CLINIC			

The dental officer attends periodically and provides dental attention for tuberculosis inpatients.

During the year under report 66 patients attended for dental treatment. Further details are shown in the table on page 41.

BROOKLYN HOSPITAL FOR CHEST DISEASES

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

The total number of beds available is 330, and the hospital caters for non-White males only, except in the surgical ward where there are 11 beds for non-White female and 11 beds for non-White males.

The average daily number of in-patients during the year was 272.

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

	Non-Europeans only		Total
	Males	Females	
In hospital 31st December, 1965	260	—	260
Admitted	490	54	544
Discharged	418	49	467
Died	78	2	80
Remaining in hospital at end of year	254	3	257

EXAMINATIONS AND TREATMENT

	* Staff	In-patients	Out-patients	Total
Examinations	39	—	—	39
Sick parade	514	—	—	514
Mantoux tests	75	—	—	75
Blood sedimentations	1	—	—	1
Special injections	52	—	—	52
Barium swallow	—	2	1	3

X-RAY DEPARTMENT

	Skia-grams	Broncho-grams	Tomo-grams	Surgeons' Consultations	Ortho-paedic	Special Examinations
Staff	672	—	—	—	18	2
In-patients	2,352	38	52	70	102	41
Out-patients	1,108	24	4	—	5	—

DENTAL CLINIC

	New cases	Extractions	Other	Total
Adults	112	84	117	201
Children	1	—	1	1
Sessions	—	—	—	12

Laundry.

The laundry caters for both the City and Brooklyn Hospitals.

<i>Quarterly figures</i>	<i>Articles</i>	<i>Bags</i>
1st Quarter	236,975	3,019
2nd Quarter	232,532	3,159
3rd Quarter	252,391	3,541
4th Quarter	225,486	3,310
	947,384	13,029

OPERATING THEATRE

Major Thoracic.		
Pneumonectomy	...	17
Lobectomy	...	30
Thoracoplasty & closure of fistula	...	6
Minor Thoracic.		
Bronchoscopy	...	9
Oesophagoscopy	...	5
Tracheotomy	...	1
Major general	...	21
Minor general	...	11
Orthopaedic	...	19
Urological	...	23
Major Gynaecological	...	5
Minor Gynaecological	...	4
Oto-Rhino-Laryngeal	...	2

AMBULANCE AND DISINFECTING STATION

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

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

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

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

Ambulance journeys (return)		Premises disinfected	
To City Hospital	To other hospitals or premises	For tuberculosis	For other infectious diseases
1,232	116	393	397

1,871 Patients were conveyed in the three departmental ambulances, involving a total distance of 27,410 miles.

The distance covered during the year by the vans and ambulances was 183,002 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 charge of a superintendent, who works under the supervision of a medical officer, and has two non-White 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
<i>Children under 16 years of age:</i>												
White boys ...	2					2	2					2
White girls ...	1					1	2					2
Non-White boys ...	450	95			2	547	1601	448			2	2051
Non-White girls ...	384	99			1	484	1481	484			1	1966
Total Children ...	837	194			3	1034	3086	932			3	4021
<i>Adults:</i>												
White males ...												
White females ...												
Non-White males ...	60					60	152	2				154
Non-White females ...	77	7				84	224	19				243
Total Adults ...	137	7				144	376	21				397
<i>Total persons:</i>												
White ...	3					3	4					4
Non-White ...	971	201			3	1175	3458	953			3	4414
All races ...	974	201			3	1178	3462	953			3	4418

The Cleansing Station only covers the local area of District Six, Woodstock, Salt River and Observatory, but scabies is also treated where necessary at the child welfare centres in other areas.

SECTION IX — ENVIRONMENTAL SANITATION

ESTABLISHMENT

On 31st December, 1966, the staff of health inspectors was as follows:—

	Authorised	Actual
Chief Health Inspector	1	1
Senior assistant chief health inspector	1	1
Assistant chief health inspector	1	1
Divisional health inspectors	5	5
Health inspectors (White)	33	22
Health inspectors (Coloured)	4	3
Health inspectors (Bantu)	3	2
Learner health inspectors	7	3 (White)
Dairy inspectors	3	3
Pest control inspectors	3	3

The shortage in establishment of district health inspectors, amounting to 33½ per cent as recorded in my previous annual report, persisted at the end of 1966, as will be seen by the abovementioned figures. Five appointments during the year were balanced by five resignations.

I expressed the hope in my 1965 report that the long-awaited award by the Industrial Tribunal into salary grading would induce further acquisitions to my inspectorate staff so as to relieve the increasing burdens of "The Few", to whom I wish to record my gratitude for their extra work and cheerfulness under undue strain and stress.

My hopes of improved recruitment were dissipated because, although the Industrial Tribunal awarded higher commencing and terminal salaries for district health inspectors as opposed to those obtaining in the Government scale for re-fund purposes, the Executive Committee which came into operation in September, 1966, gave a ruling that "notching" for previous service — acceptable in terms of the Government scale — fell away as a result of the award.

This resulted in many enquiries from trained health inspectors for appointment on my staff being withdrawn when it was learned that they would have to revert to the commencing notch of R1,968 per annum. This unfortunate interpretation of the award has deprived my depleted staff of a number of invaluable health inspectors with several years of training.

Another possible source of increasing my staff, i.e. my learner health inspectors, also proved a disappointment owing to the failure of three of the five to qualify in their second year's theoretical tuition, and thus I ended the year with only two entitled to write the health inspector's examination.

The lesson learned from this impasse is that future learner health inspectors must have taken physical sciences in their matriculation examinations, or else be unduly handicapped in pursuing their studies for the three-year part time course for the health inspector's examination, where the physical science subject progresses from matriculation standard upwards.

I have endeavoured to assist Governmental policy by training as learners and employing as inspectors a minimum of four Coloured health inspectors in areas set aside for the Coloured population in terms of Group Areas determinations. Unfortunately, this policy has been affected by the economic factor, as I lost one of my qualified Coloured health inspectors to a higher paid post in commerce, and indications are not lacking that a further loss might occur in 1967. The loss of these highly trained health personnel constitutes a serious setback to Government policy of making the Coloured self-sufficient in their proclaimed areas, and will only be arrested by improved salary grades for this group of employee.

In regard to Bantu health inspectors the pattern has been the same, with two resigning during the year. It was not until August, 1966, that one appointment was made, still leaving at the end of the year one vacant post.

Following on my comments in 1965 on the drop of 834 plans scrutinised by my plans scrutiny officer and his assistant in the Building Survey Branch, the figures for 1966 show a jump of 1,603 plans and minor works permits.

SCOPE OF WORK

The work carried out by the various sections of the inspectorate branch are set out in the schedules which follow.

Food, Drugs and Disinfectants Act.

The number of free samples that could be examined for the municipality by the Government Chemical Laboratory was fixed at 766 by Government Notice No. 977 of 11th July, 1958. Sampling duty is undertaken by the five divisional inspectors plus eight senior health inspectors with transport allowance. It became necessary to increase the number of sampling officers in view of the increasing volume of work and the added responsibilities of the divisional health inspectors.

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

Name of Samples	No. of samples	Adulterated	Prosecuted	Warned	No Action	Fines R
Milk	288	6	4	1	1	105
Sausage	93	14	10	1	3	345
Mince meat	134	10	4	5	1	85
Cream	77					
Polony	12					
Ice cream	23	1	1			40
Yoghourt	43					
Fresh meat	6					
Buttermilk	45					
Cheese	44					
Lard	1					
	766	31	19	7	5	575

In four cases of adulteration, prosecution was not instituted by the S.A. Police within the time limit laid down in the Act. One accused died before the case could be brought before the Court.

The remarks in my 1965 report that, following representation to the Attorney-General reporting losses of cases due to the S.A. Police officials delaying delivery of summonses beyond the time limit permitted in terms of the Act, it was hoped that an improvement in the control by Public Prosecutors would be effected has unfortunately not borne fruit in that a further four cases were lost owing to similar delays on the part of the S.A. Police.

Pest control officers.

The two pest control officers primarily responsible for the rodent, mosquito and cockroach control measures in the city are assisted by 24 Cape Coloured rodent operatives, whose duties involve routine block-baiting with Warfarin and its derivatives for rodent control. In the year under review 44,787 lbs. of bait were laid.

District health inspectors.

The inspections recorded as made by the district health inspectors during the year were as follows:—

Aerated water factories	117
Bakehouses	457
Boarding houses and hotels	1,908
Chalets	6,179
Dairy stables	2,331
Foodshops	30,626
Other shops	9,726
Hawkers	2,284
Horse stables and cattle premises	1,944
House inspections	30,114
Ice cream dealers	1,981
Infectious diseases	1,006
Markets	3,002
Milk shops	3,867
Bantu vaccinated	17,709
Office interviews	2,327
Open land, beaches	5,447
Places of entertainment	565
Refuse tips	470
Restaurants and cafes	7,791
Schools	137
Streets and lanes	3,378
Vehicles	2,942
Washhouses	205
Other visits	5,392
	<u>141,905</u>

The serious staff shortage has resulted in a decrease of 22,574 visits and 313 formal notices by health inspectors compared with the previous year. The drop of 3,506 in Bantu vaccinated is probably accounted for by the Governmental restriction on the number of Bantu in the Western Province.

Particulars in connection with visits recorded in the above inspections:

Visits to premises where action was taken in connection with rodent infestation	12
Visits at which premises were disinfected	80
Drain tests carried out	170
The notices served by health inspectors during the year under review are enumerated below:—	
Proceedings begun by:	
Verbal notices	210
Formal written notices	1,477
	<u>Total proceedings begun</u> 1,687
Written notices following verbal notices	—
Total notices served:	
Verbal notices	210
Formal notices	1,584

The following schedule details the rodent control work carried out by this section during the year under review.

Inspections by pest control officers:	9,780
Inspections re rodents by other inspectors	12
Inspections re mosquitoes by other inspectors	678
Visits made to lands and premises by rat-catchers:	
Re rodents	73,925
Re mosquitoes	20,462
	<u>94,387</u>

Number of notices served by pest control officers:

Verbal notices	1
Written notices	3
Number of rodents caught and destroyed:	
Brown rats	8,466
Black rats	682
Gerbilles	634
	<u>9,782</u>

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

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

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
1964	6,114	324	822	7,260
1965	6,617	625	988	8,230
1966	8,466	682	634	9,782

MOSQUITOES

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

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 increasingly important section of environmental sanitation has been the control of cockroaches in food establishments and foul and stormwater sewers.

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

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.

PLANS

The pest control officer seconded to the Building Survey Branch of the City Engineer's Department, assisted by the additional senior health inspector, made 3,892 scrutinies of plans and minor work permits during 1966 compared with 2,289 in the previous year.

The number of items included in the 1,794 notices were as follows:—

	Drainage	Household	Business	Stable	Other	Total
Ward 1	8	33	28	—	10	79
Ward 2	8	30	14	—	5	57
Ward 3	—	29	47	—	11	87
Ward 4	9	44	48	—	5	106
Ward 5	14	95	36	—	8	153
Ward 6	36	216	104	1	10	367
Ward 7	6	105	13	—	15	139
Ward 8	10	71	92	—	16	189
Ward 9	—	12	6	—	4	22
Ward 10	9	36	37	3	30	115
Ward 11	4	17	6	—	1	28
Ward 12	1	11	4	—	10	26
Ward 13	4	43	108	—	13	168
Ward 14	2	32	26	1	8	69
Ward 15	9	65	55	—	34	163
Total	120	839	624	5	180	1,768

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	229
Defective water fittings	22
Unauthorised structures	46
Undrained premises	20
Structural defects to premises	24
Other defects	16

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 R
	Total	Fined	Reprimanded	Withdrawn	
Dwelling-house premises in insanitary condition	1	1			30
Insanitary conditions or other offences at food premises	4	3	1		180
Selling foodstuffs in contravention of the Food, Drugs and Disinfectants Act:	24	19		5	575

The decrease in cases taken to Court bears a direct relation to the drop in health inspectorate staff and number of visits.

TRADING LICENCES

TEA SHOPS, CAFES, RESTAURANTS, EATING-HOUSES AND BOARDING HOUSES

Municipal regulations 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.

	Restaurants	Tea Shops	Cafes	Eating-Houses	Boarding Houses
1. Applications received	376	1,205	68	23	196
2. Granting of licences recommended (without conditions)	314	1,050	48	12	173
3. Granting of licences recommended (subject to conditions)	62	155	20	11	23
4. Number under item 3 later reported as having complied with conditions	31	74	9	9	13
5. Refusal of licences recommended					
6. Applications withdrawn					

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 these 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.

	Mattressmakers and Upholsterers	Laundries	Barbers and Hairdressers
Applications received	20	36	483
Registration certificates issued	17	25	426
Registration granted subject to conditions	3	11	57
Registration refused			
Applications withdrawn			

Hawkers and Pedlars

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

	Hawkers	Pedlars
1. Applications received	1,493	449
2. Granting of licences recommended (without conditions)	665	410
3. Granting of licences recommended (subject to conditions)	828	59
4. Refusal of licences recommended	—	—
5. Number under items 3 and 4 later recommended	828	59
6. Applications withdrawn	—	—

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 dealer	Mineral water manufacturers	Apothecary	Live Stock dealer	Coin Vending Machines
1. Applications received	1,297	319	35	5	64	46	1	25	6	10
2. Granting of licences recommended (without conditions)	871	168	11	2	46	22	—	19	2	10
3. Granting of licences recommended (subject to conditions)	426	151	24	3	18	24	1	6	4	
4. Number under item 3 later reported as having complied with conditions	263	147	12	3	9	13	1	6	4	
5. Refusal of licences recommended										
6. Applications withdrawn										

Food inspection

The following foodstuffs were condemned as unfit for human consumption as the result of ordinary inspections by health inspectors and the market health inspector during the year.

	Weight (lbs)		Weight (lbs)
Fruit:—		Vegetables:—	
Pome	70,994	Bulbs and leaves	79,985
Drupe	25,235	Flowers	12,815
Citrus	20,755	Leaves and stems	137,524
Small fruit	—	Roots	18,783
Miscellaneous	68,615	Seed fruits	464,280
Vine	1,210	Tubers	143,930
	186,809		857,317
Other provisions:—			
Canned food	16,282	Dried food	61
Canned milk	1,964	Fish	430
Confectionery	2,690	Meat	771
Delicacies	148	Poultry	3,476
Sugar	100		26,629
Cheese	607		

The fantastic increase of 612,034 lbs. of foodstuffs condemned during the year at the Epping Municipal Market must of course be related to the total tonnage of foodstuffs handled, i.e. 1965 — 190,442, and 1966 — 208,748, an increase of 18,306 tons.

The drop of 69,968 lbs. weight in the amount of "Other Provisions" condemned during the year under review was expected, as the previous year's total was inflated by over 80,000 lbs. of frozen fish which fortunately was not repeated.

There was again a recurrence of the despatch to the Epping Market of trays of tomatoes wrapped in "Di-phenyl" impregnated wrappers, resulting in the condemnation of 731 trays of such tomatoes. It was anticipated that my earlier representations to the State Department of Health, and their's to the Department of Agricultural Technical Services, would have obviated this needless waste of valuable food.

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, and at two washhouses assistant caretakers. At Hanover Street washhouse the washing troughs are provided with steam, "hydro-extractors" and drying chambers. Ironing machines and electric irons are also available. The remainder are supplied with cold water only and 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 Hanover Street, where the charges are 10c per half day for washing and ironing combined.

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

	Attendances	Money taken
Hout Street	8,264	513.93
Hanover Street	6,805	1,358.30
Salt River	3,244	178.03
Mowbray	4,406	396.49
Claremont	14,722	1,279.80
Wynberg	5,984	430.41
	43,425	R4,156.96

The usual annual drop of over 1,000 from the previous year's total of attendances at the washhouses continued.

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 meats condemned at the abattoir with diseases discovered:—

	Beef	Mutton	Veal	Pork	Portions (weight)
Abscess	4,534			63	
Actinomyces	597				
Anaemia		1			
Anaplasmosis	19				
Angiomatosis	307				
Bladderworm	2,768		2	247	
Bruising	654	123	25	71	78,863
Caseous lymphadenitis		117,857			13,080
Cirrhosis	48	1,243	6	532	
Cysts	1,252	29,053	5	1,564	
Dermatitis				16	
Emaciation	8	64	1	35	
Enteritis	1				
Enterotoxaemia		9,412			
Enzootic icterus		15			
Fevered	108	364	110	16	
Flukes	1,533	2,620	5		
Gangrene	71	7	3	3	
Immaturity			14		
Inflammation	54		7		
Jaundice	28	407	108	5	
Leptospirosis				116	
Mastitis	3				
Moribund	1	78		1	
Melanosis	2	18	1		
Metritis	4	9			
Necrosis			2	4,676	
Nephritis	2	25	4		
Oedema	2	14			
Pericarditis	395	3	2		
Peritonitis	30	23	4	25	
Pleurisy	53	356	2	1,181	3,942
Pneumonia	66	3,403	59	2,148	
Pyæmia	19	212	27	61	
Redwater	3				
Sarcosporidiosis	42			20	
Septicaemia	12	20		5	
Soiled		1			
Stilesia		170,919			
Tuberculosis	66		1	269	
Tumours		2	1	1	
Uraemia	2	4		1	

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.

Stables in the Maitland-Brooklyn area are gradually being eliminated. Facilities are being developed by an adjoining local authority for stabling horses near the Milnerton Race Course, and it is anticipated that when these are available, all the owners and occupiers of stables in the municipal area of Maitland-Brooklyn will be moving to the new district. In the meantime it would be a hardship on the owners to insist on closing the stables. The whole Maitland-Brooklyn area is rapidly developing as a good class residential area, and complaints regarding the stables are both frequent and insistent. At the end of the year under review, eleven of the stables had been vacated or demolished, leaving seven still in use.

One of the two closing orders served on the owners of stables on the Prince George Drive, Plumstead, has been complied with and the premises demolished. The other closing order was extended until after the end of 1966.

FOOD VENDING MACHINES

Following the introduction of municipal regulations for the control of this type of machine, initial difficulties were experienced in regard to the construction and siting of food vending machines. To date, food commodities have been confined mainly to hot and cold beverages, including soup. Certain unsuitable types of machine were altered to afford the required protection for both ingredients and dispensing cups, while a few machines were rejected as unsuitable. The prohibition on the siting of machines out-of-doors proved to be unpopular, but was nevertheless maintained. The main distribution of automatic food vending machines in the city is undertaken by firms hiring out the machines and having the necessary background organisation for servicing purposes.

SEA POLLUTION

Consequent upon the wreck of the ship "S.A. Seafarer" at Green Point on 1st July, 1966, considerable public perturbation was aroused when it became known that the cargo included drums of poisonous chemicals, and that owing to adverse weather conditions the salvage and disposal of these items was impossible. The degree and extent of the danger could not be immediately assessed but the whole area was closed as a precautionary measure, and subsequently 18 out of 190 drums of tetra-ethyl-lead were brought ashore, but chemical tests of the seawater did not disclose any pollution by lead or cyanide.

BUTCHERS' DELIVERY VEHICLES

The application of Regulation 1970 relating to the conveying and handling for sale of meat intended for human consumption and specifying that any vehicles so employed should be of dust-proof and fly-proof construction, with internal walls, floor and roof of non-corrodible metal has not only eliminated the open prairie type of delivery vehicle with its doubtful protection of canvas covers; but has also encouraged butchers to furnish a delivery truck recently patented by a firm of vehicle body builders which virtually is revolutionary in design. In contrast to the conventional rectangular body, the new vehicle which complies with the regulation's specification is cylindrical in shape with an internal passage two feet in width.

The body has been designed primarily for the transport of frozen meat over long distances but can be used advantageously for local deliveries. Being of cylindrical shape, it is claimed that the steel framework is reduced in weight by about a thousand pounds when compared with the conventional type of body. This in turn provides for a saving of about ten per cent in tyre wear. The internal aluminium body is welded into one unit and is without seams or joints.

The body is insulated and in some instances a refrigerated unit is installed. Freedom of unnecessary corners is a further aid in cooling and the round body allows meat loading to the best advantage. The body has no projecting corners and joints and will not be subject to road damage as easily as the conventional type. A factor pleasing to drivers is that it is easily handled on the road.

During the year 164 meat delivery vehicles were licensed.



A comparative photograph of the now obsolete prairie canvas covered vehicle and the covered meat delivery vehicle constructed in accordance with the specification of Regulation 1970.

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 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 producer's 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 herself to the laboratory where tests are performed and recorded. At all times a very close linkage exists between the laboratory and the field workers of this Branch.

During the year under review the laboratory assistant resigned, having decided to join the staff of a milk pasteurising plant. The post was vacant for six months, and some time elapsed before the new incumbent was trained to deal with the work.

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

Dairy farms licensed to sell milk in Cape Town	228
Average number of gallons of milk produced daily	63,000
Average number of gallons of milk consumed daily	50,000
Average number of gallons of milk surplus daily	13,000
Total number of inspections on farms	2,219
Herds inspected	82
Investigations on farms regarding high bacterial counts	102
Letters to milk producers regarding high bacterial counts	204
Recording of temperatures of mechanically cooled milk	169

Raw Milk.

Breed smears of 1,394 samples of milk were examined, of which 204 (14.6 per cent) were found to be unsatisfactory.

Mastitis was diagnosed in 41 (2.9 per cent) of these samples. Numerous pus cells were seen in 40 (2.9 per cent) of the samples.

Mastitis.

It was again 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.

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. In this connection 81 letters were sent to producers, and 13 visits paid. Prevention, diagnosis and treatment were then discussed with the farmers concerned.

Anthrax.

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

Milk Temperature.

The temperature of milk on dairy farms was taken on 169 occasions. In 26 instances the temperatures were too high, and the producer was instructed to correct the fault.

Premises on dairy farms.

Bulk storage and delivery was expanded considerably. This system was started in 1961 due to the co-operation of the City Health Department, a progressive farmer, and a large distributor. During 1966, due to facilities offered by the Milk Board, 92 new bulk cooling and storage tanks were installed on farms. Transportation from the farm to the city is done by insulated road tanker.

One hundred and two 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 their milk production. All requests were investigated and the necessary advice furnished.

During the year, 4 producers installed milking parlours on their farms, bringing the total to 32 milking parlours in operation by the end of 1966. In addition, 7 dairy farmers installed milking machines on the milking line system.

Pasteurised Milk.

Pasteurising plants licensed and certified for 1966	6
Total number of visits to pasteurising plants	1,844

During the year, a pasteurising concern moved from their old premises to a new well equipped model dairy.

Phosphatase Tests.

For the period under review, 1,526 phosphatase tests on pasteurised milk samples were carried out, of which 36 (2.4 per cent) proved to be under-pasteurised. Of these, two were grossly under-pasteurised, 13 were under-pasteurised, and 21 were very slightly under-pasteurised.

Bacterial counts.

Breed smears of 1,779 samples were examined, of which 27 (1.5 per cent) were unsatisfactory.

B. coli tests.

476 tests were carried out, of which 207 (43.5 per cent) were unsatisfactory.

Control of fresh cream.

One hundred and ninety six samples of pasteurised cream were submitted to the phosphatase test. Of these, two samples were under-pasteurised and four samples slightly under-pasteurised.

One hundred and ninety three bacterial counts were done, of which 52 were unsatisfactory.

Control of ice cream.

The five licensed ice cream factories were visited on 613 occasions. Of the 211 samples of ice cream submitted to the phosphatase test, none proved to be under-pasteurised. Two hundred and forty samples of ice cream were examined by the Breed smear method, twenty two of which proved unsatisfactory. Two hundred and twenty four B.coli tests were performed on samples of ice cream, of which 18 were unsatisfactory.

Vi-tests.

Vi-tests on 321 persons were carried out during the year.

Veterinary and laboratory work.

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

1. Numerous tests to determine the caustic concentration of the solution in 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.
2. "Bacto-strip" testing for B.coli. During the year numerous Bacto-strip tests were carried out and were again found to be most useful in illustrating the degree of B.coli contamination. This was of great propaganda value, especially to plant operators.
3. Mastitis tests. One hundred and twenty three samples from cows were tested for mastitis to assist a farmer to combat an outbreak of this disease.
4. Butterfat testing. During the year, 34 butterfat tests were done on producers and distributors of milk.
5. Outbreak of ropy milk. During the spring, an outbreak of ropy milk occurred at one pasteurising plant. The fault was traced to inefficiently cleaned road tankers conveying raw milk from farms to pasteurising plants. The matter was rectified promptly.
6. Sampling by field staff. The introduction of bulk cooling tanks on dairy farms has facilitated sampling by farm dairy inspectors. Samples of milk are kept on ice in thermos flasks until delivery to the laboratory.
7. Abattoirs. The Veterinary Officer deputised for the Director of Abattoirs during that official's absence on leave or other duties.

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 suburbs for such development are 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 over-crowded families are naturally mostly from the poorest strata of society, usually (though not invariably) non-White, 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 to them.

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 1966 the City Council, Citizens' Housing League Utility Company, Cafda, the Servitas Organisation and Garden Cities have completed the erection of over 23,000 dwellings within the municipality (see following page).

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-White section be constructed each year. It is difficult to formulate any figure but it is estimated that at least 2,000 units alone must be erected so as to even make any impression on the present overcrowding that exists.

In the preparation of the new Manenberg scheme (an extension of Heideveld), the Council was originally faced with a demand for a 100 per cent allocation of the houses for State population regrouping purposes. To minimise urban sprawl, it had been anticipated that high density flat construction would be utilised in areas such as "District Six", but the Council has had to abandon that scheme and is now faced with the problem of providing such accommodation elsewhere in the city.

Cape Town's topography has been the reason for siting the major Municipal housing schemes at Athlone, about eight miles from the city centre. In addition to some 4,500 houses in the older housing estates at Athlone, Bonteheuwel with 5,500 houses has been completed. At Kalksteenvontein which is an extension of Bonteheuwel, 833 houses have been erected. And now Heideveld which will comprise 3,200 units has had 1,347 houses built during 1966. Nearer the city centre, at Factreton the work of eliminating the notorious slum area of Windemere is still proceeding and nearly completed. In the southern suburbs another housing scheme of 2,800 houses has been completed at Steenberg, fourteen miles from the city.

Langa Bantu Township, housing 32,000 persons, mainly males, was fully developed ten years ago, but Guguletu which was commenced in 1960, had 1046 units constructed during 1966.

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

	Economic	No. of houses	Sub-economic
Heideveld	574		773
Manenberg	-		132
Guguletu	-		1,046
Home ownership:			
Belthorn		58	
Kensington		178	
Retreat		21	

The dwellings completed bring the figures from 1920 to 1966 for public housing operations in Cape Town and suburbs (exclusive of Bantu Townships) to the following:-

	White	Non-White	Total
Within Cape Town municipal area:			
City Council	1,152	20,751	21,903
Citizens' Housing League Utility Co.	1,063	28	1,091
Cafda	-	336	336
Servitas Organisation	84	-	84
Garden Cities	-	222	222
Total	2,299	21,337	23,636

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	7,030	2,155
1960	7,940	1,817
1964	8,990	3,101
1965	14,210	3,186
1966	19,720	2,782

BANTU HOUSING

Building operations at Guguletu Township resulted in the completion of the following dwellings:-

No.	Type of dwelling	Cost per unit
1,046	4-roomed family dwellings constructed of brick, corrugated asbestos roof, and concrete floor	R450

CITY HOUSING BRANCH

Staff Establishment:

	<i>Establishment</i>	<i>Actual</i>
City Housing Manager	1	1
Assistant City Housing Manager	1	1
District housing managers	6	5
Housing managers	11	6
Housing assistants	51	47
Clerks	26	26
Shorthand typist	1	1
Female clerical assistants	15	15
Supervisor of Community Centres	1	1
Club Organiser	1	1
Club Leaders	15	14
Superintendents	3	3
Caretakers	24	23
Community Centre Caretakers	1	1
Handymen	44	34
Labourers	65	57
	<u>266</u>	<u>236</u>

Activities:

(1) RENTED PROPERTY.

The total number of lettings for Coloured families at the end of 1966 was 19,026. Of these 9224 were sub-economic and 9,617 economic. The number of lettings increased by 1,480 during the year. There are still only 185 lettings for the White section of the population.

The annual rental of the properties is now R2,069,986 and the insured valuation R17,289,016.

At the end of 1966 there were 11,946 Coloured families on the waiting list and 203 White families. 4,137 applications were received during the year from Coloured families and 95 from White.

(2) APPLICATIONS.

There was a decrease in the number of applications received during 1966 - 4,137 were received from Coloured families as compared with 4,832 in 1965 and 95 from Whites as compared with 133 in 1965.

1,846 Coloured families were housed during the year - 1,389 in new dwellings and 457 in vacancies on the older estates. In addition to this, 272 families were transferred. Only 7 new White families were accommodated and 2 families were transferred.

(3) ALLOCATIONS.

A considerable amount of time was spent during the year by the Allocations Section visiting families who had to be resettled in terms of the Group Areas Act. 510 were accommodated. 68 families were rehoused from Council-owned property in Windermere and a number from property purchased for Heideveld.

(4) TENANTS.

The normal routine work has continued on the estates. There are always problem families but the number is not large compared with the total number of tenancies. There have also been the usual problems with juvenile delinquents. The greatest cause for concern however is the overcrowding of the dwellings caused through the presence of unauthorised sub-tenants. This is a result of the general housing shortage in the City and is not peculiar to the housing estates.

(5) HIRE PURCHASE.

There has been a considerable increase in the number of applications to purchase houses. The waiting list for Vanguard had to be closed on 18th April, 1966.

During the year 58 houses were completed at Belthom and 178 at Kensington for Coloured families.

The small estate at Retreat of 21 houses for Whites was also completed.

(6) COMMUNITY CENTRES.

A new Community Centre was built at Heideveld this year making a total of 11. The most popular clubs are the Play Centres for pre-school children. At some centres over 200 children attend each morning. Clubs of all types are held for all sections of the population but it is noticeable that the Clubs for juniors and intermediates are more popular than those for seniors as are those dealing with physical activities.

SECTION X - OTHER SERVICES

DOMICILIARY MEDICAL SERVICES

The City Council provides medical attention in their homes for indigent sick persons needing such service. During 1966 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.

One half of the cost of medical attention and the full cost of surgical appliances are refunded to the City Council by the State. During the year, 290 applications for free medical attention were received.

HYDROGEN CYANIDE FUMIGATION

Under the Hydrogen Cyanide Fumigation Regulations (Government Notice Nos. 804 of 30th April, 1943, and 605 of 13th April, 1945), no person may undertake the fumigation of any 'building of premises' with hydrogen cyanide unless he has obtained a certificate of competence from the State Health Service 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.

No certificates were issued by the Medical Officer of Health during 1966.

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. 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 307.

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 Finance Act, No. 27 of 1940, the responsibility of the Provincial Administration in this matter was transferred to the Department of Social Welfare as from 1st April, 1940.

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

Income from voluntary sources	R2,760
Subsidy from Department of Social Welfare	91,770
Expenditure on outdoor poor relief, excluding administrative costs	30,694
Number of applications received . . .	2,018

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 R7.00 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 Non-White children aged three months to six years. The White 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 Diep River and Sand River from the Main Road, Plumstead, to Zand Vlei, by means of the concrete lining, has also been completed as well as a concrete canal providing an outlet from Lang Vlei to the Sand River. Canalisation of the Liesbeek and Black Rivers in areas subject to flooding is now virtually complete, although considerable stretches of these canals have unlined banks and inverts.

The Vygekraal River upstream of Vanguard Drive has been widened and deepened, and a start has been made on lining this section of the river.

At the same time a secondary culvert is being constructed from this river, running southwards through the areas being developed by the Department of Community Development. This culvert, as it progresses, will improve the unpleasant conditions prevailing in this area during the winter months.

SEWERAGE

With the exception of outlying areas, such as portions of Windermere, Athlone, Crawford, Claremont, Heathfield, Retreat, etc. the greater part of the built-up area 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, similarly the Council accepts and treats all sewage from Pinelands and the Divisional Council local areas of Bergvliet, Meadowridge and Bishopscourt and portion of Femess Township, Ottery.

Waterborne sewerage has been provided for the Bonteheuwel Housing Scheme and the Guguletu Housing Scheme. The provision of waterborne sewerage in the Blomvlei River Catchment comprising the east of Belgravia Road and south of Klipfontein Road is now being undertaken. The scheme has been held up due to staff difficulties and is now expected to commence operating in 1967, and not in 1966 as originally scheduled.

Similarly the sewerage scheme for sections of Diep River, Heathfield and Retreat which has been authorised by Council has also been delayed and is still two to three years from completion, although the first contract dealing with this project is under way.

PAIL CLOSETS

Regular removals of night soil were effected from all premises requiring such service in unsewered areas in Camps Bay, Windermere, and added areas of Mowbray, Rondebosch, Claremont and in Wynberg, Diep River, Heathfield, Retreat and Lakeside. Pail contents were disposed of by discharging into the sewerage system through intakes at Brooklyn, Athlone, Kenilworth and Muizenberg. 352,095 pail clearances were effected. Similarly 53,936 removals were made from O'Brien dry earth closets in the Municipal and certain abutting areas.

HOUSE REFUSE REMOVALS

The removal of house refuse is carried out by the Cleansing Branch of the City Engineers' Department as follows:—

In Cape Town proper, every weekday, and on Sunday in Certain congested sections.
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, three 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 properties.

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 581,368 cubic yards.

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

SECTION XI — STAFF OF CITY HEALTH DEPARTMENT

The authorised establishment of the City Health Department as at 31st December, 1966, was as follows:—

ADMINISTRATIVE BRANCH

Medical Officer of Health
Senior Assistant Medical
Officer of Health
Assistant Medical Officer
of Health
Medical Officer
Administrative Officer
Administrative Assistant
Chief Clerk
Senior Clerks, 2
Clerks, 19
Senior Secretarial Assistant
Shorthand Typiste, Gr. II
Female Clerical Assistants, 2
Office Attendants, 2
Caretaker/Cleaner
Labourer

HEALTH INSPECTION BRANCH

Principal Health Inspector
Senior Assistant Principal Health
Inspector
Assistant Principal Health Inspector
Divisional Health Inspectors, 5
Health Inspectors, 40
Learner Health Inspectors, 7
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, 156

MILK CONTROL

Veterinary Officer
Dairy Inspectors, 3
Laboratory Technician

VENEREAL DISEASE BRANCH

Venereal Disease Officer
Clinic Sisters, 1
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, 6
Clerks, 4
Female Clerical Assistant
Social Welfare Visitor
Clinic Assistants, 6
Laundresses, 4
Domestic
Caretaker/Cleaner
Labourer

CITY HOSPITAL FOR
INFECTIOUS DISEASES

Medical Superintendent of Hospitals
Deputy Medical Superintendent of
Hospitals
Resident Medical Officers, 6
Matron
Assistant Matron
Sisters, 19
Sister Tutor
Staff Nurses, 43
Nursing Assistants, 38
Nurse Aides, 41
Radiographer
Occupational Therapist
Principal Pharmacist
Senior Pharmacist
Pharmacists, 3
Lady Wardens, 2
Disinfection Officer
Ambulance Officer
Clerks, 3

MATERNAL & CHILD WELFARE BRANCH

Maternal and Child Welfare Officer
 Deputy Maternal and Child Welfare Officer
 Clinical Medical Officers, 3
 Principal Health Visitor
 Clinic Sister/Health Visitors, 61
 Clinic Nurses, 13
 Nursery School Supervisor
 Nursery School Teacher
 Junior Nursery School Teachers, 9
 Senior Social Welfare Visitor
 Female Clerical Assistants, 5
 Clerk
 Junior Creche Superintendents, 5
 Clinic Assistants, 19
 Nursery Assistants, 5
 Caretakers, 2
 Laundresses, 6
 Domestic, 36
 Children's Helps, 13
 Cooking Hands, 24
 Drivers, 4
 Labourers, 6
 Nightwatchmen, 4
 Caretaker/Cleaner (Bantu)

TUBERCULOSIS BRANCH

Tuberculosis Officer
 Deputy Tuberculosis Officer
 Clinic Medical Officers, 2
 Radiographer, 2
 Clinic Sister/Health Visitors, 12
 Clinic Nurses, 7
 Clerk/Typists, 2
 Senior Clerk
 Clerks, 8
 Clinic Assistants, 4
 Domestic, 2
 Caretaker/Cleaner
 Labourers, 5
 Ambulance Driver
 Senior Works Foreman
 Laundry Manager
 Laundresses, 31
 Fitter
 Unindentured Mason
 Craft Worker
 Brush Hand
 Boiler Attendants, 2
 Storekeeper
 Housekeeper

Female Clerical Assistants, 2
 Clinic Assistant
 Senior Works Foreman
 Handyman/Electrician
 Handyman/Carpenter
 Brush Hand
 Works Storeman
 Painter
 Boiler Attendants, 2
 Laundry Supervisor
 Laundresses, 4
 Housekeeper
 Housemaids, 36
 Kitchen Supervisor, 3
 Seamstress, 4
 Hospital Cooks, 7
 Senior Telephone Operator
 Telephone Operators, 2
 Senior Hospital Porter
 Hospital Porters, 5
 Bantu Male Orderlies, 67
 Labourers, 12
 Ambulance and Motor Drivers, 4

BROOKLYN CHEST HOSPITAL

Deputy Medical Superintendent
 Resident Medical Officers, 5
 Matron
 Assistant Matron
 Sisters, 14
 Staff Nurses, 29
 Probationer Nurses, 2
 Non-White Nurse Aides, 66
 Non-White Male Nursing Assistant
 Radiographer
 Clinic Assistants, 2
 Occupational Therapist
 Lady Warden
 Clerks, 2
 Female Clerical Assistant
 Seamstress, 2
 Kitchen Supervisors, 2
 Hospital Cooks, 4
 Senior Telephone Operators
 Telephone Operators, 2
 Hospital Porters, 5
 Male Orderlies, 71
 Labourers, 20
 Patrolman, 3
 Motor Drivers, 2

CHANGES IN PERSONNEL

Dr. G.A. Clark, Deputy Medical Superintendent of Hospitals, resigned 31st August, 1966.

Dr. K.B. Sundgren, Clinical Medical Officer, resigned 31st December, 1966.

TABLE A. CAUSES OF DEATH REGISTERED IN 1966.

Corrected

W. - White

O. - Other or Non-White.

CAUSE OF DEATH	Race	AGE GROUPS																TOTALS			Bantu Townships		Deaths in Cape Town of Non-Residents (excluded from foregoing columns)											
		0-1		0-2		2-4		Total under 5		5 to 9		10 to 14		15 to 24		25 to 34		35 to 44		45 to 54		55 to 64		65 to 74		75 to 84		85 and upwards						
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.	M.	F.	M.	F.	M.	F.				
I. Infective and parasitic diseases ...	W.	1	1																															
O.	20	21	15	10	17	12	52	43	4	4	1	2	3	5	26	8	26	6	32	5	31	5	14	3	2	1	191	82	273	33	53	11	8	
II. Neoplasms ...	W.	1	2																															
O.																																		
III. Allergic, endocrine system, metabolic, and nutritional diseases ...	W.																																	
O.	9	7	34	34	7	11	50	52	2	1	1	3	5	5	6	7	13	15	13	20	8	14	5	5	1	101	134	225	10	49	42	35		
IV. Diseases of the blood and blood-forming organs ...	W.																																	
O.																																		
V. Mental, psychoneurotic, and personality disorders ...	W.	1	1	1	1	1	2	2	1	3	1	2	1	1	2	1	2	1	3	1	3	2	4	2	1	1	14	12	26	3	2	4	5	
O.	4																										25	16	31	2	2	2	1	
VI. Diseases of the nervous system and sense organs ...	W.	10	14	4	2	4	4	18	20	3	5	1	3	5	19	9	18	10	30	30	49	55	38	60	23	57	145	192	337	15	26	27	19	
O.																											232	434	694	30	50	40	29	
VII. Diseases of the circulatory system ...	W.	1	2	1	1	2	3	4	3	1	2	4	6	8	14	52	17	85	38	108	46	110	96	89	121	405	289	694	30	50	40	29		
O.																											381	679	1088	30	50	40	29	
VIII. Diseases of the respiratory system not specified as tuberculosis ...	W.	1	1	2	2	2	5	3	1	1	2	2	2	1	1	3	5	10	2	15	7	13	5	5	2	21	73	21	73	2	2	2	1	
O.	73	73	22	15	12	8	107	96	2	5	1	4	4	11	3	17	4	19	8	25	9	24	9	12	5	221	144	365	25	53	31	32		
IX. Diseases of the digestive system ...	W.	3	5																								52	30	82	29	94	21	14	
O.	153	151	23	20	8	19	184	190	3	1	1	3	1	1	3	11	9	14	4	14	2	4	6	4	3	2	235	217	452	20	94	72	57	
X. Diseases of the genito-urinary system ...	W.																										13	11	24	3	6	10	5	
O.																											21	21	42	3	6	10	5	
XI. Diseases of the skin and cellulo-fibrous tissue ...	W.																										2	2	2	2	1	3	3	
O.																											20	20	20	1	4	3	3	
XII. Diseases of the bones and organs of movements ...	W.																										1	2	3	1	4	1	1	
O.																											13	6	19	7	8	14	8	
XIII. Congenital malformations ...	W.																										19	11	30	22	73	88	77	
O.																											238	244	482	22	73	88	77	
XIV. Certain diseases of early infancy ...	W.																										86	176	113	207	320	11	13	
O.																											42	82	139	13	52	15	14	
XV. Symptoms, senility and ill-defined conditions ...	W.																										1	1	1	1	1	1	1	
O.																											1	1	1	1	1	1	1	
(E) XVII. Accidents, poisonings and violence (external cause)	W.																										34	94	107	48	40	80	13	
O.																											50	436	436	48	40	80	13	
TOTALS	W.	38	24	4	3	3	45	30	4	9	4	21	7	19	8	58	37	138	76	252	147	282	255	218	293	87	1771	1128	1039	2167	302	190		
O.	577	590	116	101	68	67	761	758	27	36	18	19	90	46	181	73	263	103	286	127	350	221	221	223	116	128	42	82	2355	1816	4171	589	414	
ALL RACES		615	614	120	104	71	70	806	788	31	45	22	19	111	53	200	81	321	140	424	203	602	368	503	478	334	421	129	259	3483	2855	6338	891	604

TABLE B. Deaths Classified for Causes and Race, 1966.
(Corrected)

International Code No.	CAUSE OF DEATH	White	Coloured	Bantu	Asiatic	Non-White	All Races
001-008	Tuberculosis, respiratory system ...	11	96	48		144	155
010-019	Tuberculosis other forms ...	3	12	18		30	33
020-029	Syphilis ...	3	6			6	9
040	Typhoid fever ...		1	4		1	1
045-048	Dysentery ...		1	1		5	5
050	Diphtheria ...		1	1		2	2
055	Whooping cough ...		3			3	3
056	Meningococcal infections ...	1	10	2		12	13
057	Acute poliomyelitis ...						
080	Measles ...	1	33	12		45	46
085-086	Other diseases classified as infective and parasitic ...	7	20	5		25	32
140-205	Malignant neoplasms ...	356	268	67	1	336	692
210-239	Benign neoplasms ...	6	3	1	1	5	11
260	Diabetes mellitus ...	31	47	7	3	57	88
290-293	Anaemias ...	8	4			4	12
330-334	Vascular lesions affecting central nervous system ...	308	297	31	6	334	642
340	Non-meningococcal meningitis ...	2	30	6		36	38
400-402	Rheumatic fever ...		6			6	6
410-416	Chronic rheumatic heart disease ...	18	23	15		38	56
420-422	Arteriosclerotic and degenerative heart disease ...	523	289	17	13	319	842
430-434	Other diseases of heart ...	38	64	18		82	120
440-443	Hypertension with heart disease ...	27	84	19	2	105	132
444-447	Hypertension without mention of heart ...	10	42	8		50	60
450-456	Diseases of the arteries ...	67	61	9	1	71	138
480-483	Influenza ...		3			3	3
490-502	Pneumonia ...	30	235	68	2	305	335
500-502	Bronchitis ...	25	38	11	2	49	74
540-541	Ulcer of stomach and duodenum ...	14	8	1	2	11	25
550-553	Appendicitis ...		2			2	2
560, 561, 570	Intestinal obstruction and hernia ...	9	11	6		17	26
571, 764	Gastro enteritis ...	7	265	113		378	385
581	Cirrhosis of liver ...	31	17	7	1	25	56
590-594	Nephritis and nephrosis ...	13	22	6		28	41
610	Hyperplasia of prostate ...	1		1		1	2
640-652	Complications of pregnancy and childbirth ...	2	15	5		20	22
670-689	Con genital malformations ...	19	55	15	1	71	90
790-759	Born injuries and post-natal asphyxia ...	11	96	29	2	127	138
760-762	Other infant diseases and immaturity ...	19	236	64	5	305	324
765-776	Senility and ill defined ...	320	234	70	3	307	627
780-795	Motor vehicle accidents ...	36	131	48	3	182	218
810-835	All other accidents ...	37	92	28		120	157
840-965	Suicide ...	29	7	2		9	38
970-979	Homicide ...	5	80	45		125	130
980-999	Other causes ...	139	263	100	7	370	509
	Total	2,167	3,211	907	53	4,171	6,338

TABLE C. Deaths by Cause and Month of Registration, 1966.

(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 ...	White		2	1	2			1	1		2	1	1	11
		Non-W.	14	5	8	4	8	15	15	16	14	15	7	10	131
010-019	Tuberculosis, other forms	White		1		1						1			3
		Non-W.			1	2		3	3		3	1	3	4	20
202-029	Syphilis and its sequelae	White									1			2	3
		Non-W.	1	2	1				1		1				6
040-041	Typhoid fever ...	White													
		Non-W.							1						1
055	Diphtheria ...	White													
		Non-W.			1				1						2
056	Whooping cough ...	White													
		Non-W.										1	1	1	3
057	Meningococcal infections	White								1					1
		Non-W.							2	3	3	3		1	12
080	Acute poliomyelitis ...	White													
		Non-W.													
085-086	Measles and rubella ...	White				1									1
		Non-W.	1	4	2	3	3	7	10	4	3	2	2	3	44
140-205	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	White	27	26	39	20	36	20	21	29	28	39	22	26	333
		Non-W.	21	23	22	24	30	23	20	24	26	38	23	34	308
260	Diabetes ...	White	2	1	2	1	2	5	2	4	2	3	3	3	30
		Non-W.	1	5	4	6	4	6	2	7	2	6	8	5	56
330-334	Vascular lesions affecting central nervous system	White	23	9	21	23	19	30	25	29	29	29	21	19	277
		Non-W.	21	18	17	29	26	29	21	33	28	28	41	12	303
400-402	Rheumatic fever ...	White													
		Non-W.	3						1	1				1	6
410-416	Cardiovascular diseases	White	43	36	40	31	54	49	57	52	57	49	45	53	566
		Non-W.	33	31	34	33	27	43	38	50	46	31	25	29	420
420-422	Hypertensive diseases ...	White	2	4	3	1	2	6	3	5	3	3	3	1	36
		Non-W.	13	10	11	10	15	12	15	20	8	14	6	12	146
450-456	Diseases of the arteries	White	6	4	7	5	7	4	5	12	1	5	4	3	63
		Non-W.	5	4	2	6	4	8	2	10	13	8	4	2	68
480-483	Influenza ...	White													
		Non-W.							1	2					3
490-493	Pneumonia (including pneumonia of the new born)	White		1	2	2	2	3	2	5	1	7	2	1	28
		Non-W.	19	14	18	16	27	37	37	33	27	27	24	14	293
500-502	Bronchitis ...	White	4		1	1	1		3	3	3	1	4	4	24
		Non-W.	1	2	2	2	5	7	3	7	6	6	4	2	47
571,764	Gastro-enteritis and colitis (including diarrhoea of the new born) ...	White			1	1		1			1	2		1	7
		Non-W.	33	48	37	36	53	31	16	15	16	13	29	34	361
590-594	Nephritis ...	White	1	1	1	2		1	1	1	2	2	3	1	13
		Non-W.		2		3	3	2	1	6	3	3	5	1	26
640-652	Complications of pregnancy, childbirth and the puerperium.	White													
		Non-W.	1	1	4		1	1	2	2	1	2	3	1	19
670-689	Congenital malformations	White	2		1	2	1	3		3	2	4	1	1	19
		Non-W.	5	9	1	9	4	7	7	7	4	8	6	1	68
760-762	Birth injuries, post-natal asphyxia and atelectasis	White						3	2	1	3	1	1		11
		Non-W.	9	12	17	9	12	6	8	10	7	7	15	12	124
765-776	Other diseases peculiar to early infancy and immaturity unqualified	White	2	1	1	1	2	3	2	3	3			1	19
		Non-W.	20	20	25	22	30	34	32	30	25	18	17	26	299
780-795	Senility and ill-defined diseases	White	20	18	27	30	20	27	28	24	30	34	30	19	307
		Non-W.	20	18	35	22	31	37	31	25	22	16	15	25	297
E810-E835	Motor vehicle accidents	White	1	5		1		1							7
		Non-W.	9	12	10	11	16	19	9	13	19	14	15	20	167
E800-802	All other accidents ...	White			2	2	4	2	3	3	3		3		30
		Non-W.	3	9	15	6	9	12	15	13	9	6	11	4	112
E840-E965	Suicide ...	White	1	1	4	1	3	2	1		2	4	4	3	28
		Non-W.		2	1	1	1				1				7
E970-E979	Homicide ...	White	1												
		Non-W.													
E980-985	All causes ...	White	142	137	168	143	171	178	175	205	194	215	169	162	2,059
		Non-W.	275	287	301	297	369	403	343	386	343	324	312	297	3,937

TABLE D. Death Rates per 1,000 Population for 1966 and Ten Previous Years by Causes and Race.
(Corrected for Outward Transfers.)

DISEASE	Race	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	Mean for 10 years	1966
Enteric fever	White Non-W.		0.00	0.01	0.00					0.01		0.00	0.00
Measles	White Non-W.	0.01	0.09	0.02 0.05	0.04	0.10	0.01 0.11	0.01 0.09	0.01 0.23	0.01 0.09	0.02 0.17	0.01 0.10	0.01 0.11
Scarlet fever	White Non-W.				0.00	0.01				0.01		0.00 0.00	
Whooping cough	White Non-W.	0.00	0.06	0.02	0.02	0.02	0.03	0.03	0.02	0.02	0.01	0.02	0.01
Diphtheria	White Non-W.	0.01	0.02	0.01 0.01	0.01 0.00	0.02 0.01	0.01 0.02	0.01	0.01	0.00	0.01 0.01	0.01 0.01	0.00
Influenza	White Non-W.	0.01 0.00	0.02 0.04	0.02 0.02	0.02 0.02	0.02 0.01	0.03 0.03	0.01	0.03 0.02	0.01 0.01	0.01 0.01	0.02 0.02	0.01
Purulent infection - septicaemia, and erysipelas (non-puerperal)	White Non-W.	0.01 0.03	0.01 0.01	0.01	0.02 0.02	0.02 0.02	0.02 0.02	0.02 0.02	0.03 0.03	0.02 0.01	0.01 0.03	0.02 0.02	0.03 0.03
Acute anterior poliomyelitis and polioencephalitis	White Non-W.	0.02	0.05 0.03	0.01 0.00	0.01 0.00	0.01 0.00						0.01 0.01	
Acute infectious encephalitis	White Non-W.	0.02	0.01 0.01	0.01	0.01 0.01	0.01 0.01	0.01	0.01	0.00	0.01		0.00 0.01	0.01
Meningococcal cerebrospinal meningitis	White Non-W.	0.01 0.01	0.02	0.01 0.01	0.01 0.00	0.01	0.00	0.01	0.01	0.00	0.01	0.00 0.01	0.01 0.03
Tuberculosis, respiratory system	White Non-W.	0.11 0.58	0.13 0.66	0.17 0.56	0.16 0.41	0.13 0.47	0.12 0.54	0.09 0.44	0.11 0.45	0.06 0.42	0.05 0.44	0.11 0.49	0.06 0.35
Tuberculosis, other forms	White Non-W.	0.03 0.18	0.02 0.20	0.01 0.13	0.01 0.10	0.02 0.12	0.01 0.11	0.01 0.09	0.07	0.01 0.06	0.06	0.01 0.11	0.02 0.07
Syphilis	White Non-W.	0.01 0.03	0.03	0.02	0.04	0.02	0.01 0.04	0.03	0.02	0.03	0.01 0.01	0.00 0.03	0.01 0.00
General paralysis of the insane: tabes dorsalis	White Non-W.	0.03 0.02	0.01 0.02	0.02 0.01	0.02 0.01	0.01 0.01	0.01 0.01	0.01 0.03	0.01	0.02	0.02	0.01 0.02	0.01 0.01
Aneurysm of the aorta	White Non-W.	0.02 0.01	0.01	0.01 0.01	0.01	0.00	0.01	0.00	0.00	0.01	0.00	0.00 0.01	
Cancer	White Non-W.	1.61 0.73	1.74 0.62	1.56 0.62	1.70 0.61	1.69 0.73	1.77 0.89	1.62 0.84	1.60 0.77	1.78 0.85	1.82 0.84	1.70 0.75	1.79 0.81

TABLE D - Continued

DISEASE	Race	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	Mean for 10 years	1966
Acute rheumatic fever ...	White Non-W.	0.01 0.01	0.01 0.01	0.01 0.00	0.01 0.00	0.01 0.01	0.02 0.02	0.01 0.00	0.00	0.01 0.01	0.01 0.01	0.01 0.01	0.01 0.01
Diabetes ...	White Non-W.	0.04 0.03	0.04 0.06	0.06 0.06	0.10 0.08	0.17 0.13	0.14 0.11	0.20 0.14	0.12 0.08	0.10 0.10	0.10 0.08	0.11 0.09	0.16 0.12
Intracranial lesions of vascular origin	White Non-W.	1.63 0.86	1.33 0.82	1.48 0.91	1.51 0.78	1.76 1.05	1.67 1.05	1.19 1.03	1.18 0.94	1.33 0.93	1.15 0.92	1.43 0.92	1.55 0.80
Arterio-sclerosis ...	White Non-W.	0.23 0.08	0.30 0.11	0.30 0.08	0.22 0.10	0.23 0.12	0.23 0.07	0.17 0.05	0.15 0.07	0.14 0.09	0.13 0.08	0.21 0.08	0.26 0.08
Cardiac diseases ...	White Non-W.	3.58 1.66	3.58 1.87	3.59 1.58	3.62 1.51	4.15 1.98	3.58 1.92	3.48 1.73	3.39 1.54	3.34 1.55	3.17 1.53	3.55 1.67	3.05 1.31
Bronchitis and pneumonia (including pneumonia of the newborn) ...	White Non-W.	0.36 0.98	0.32 1.03	0.32 0.93	0.36 0.71	0.32 1.05	0.34 0.97	0.37 0.92	0.25 0.96	0.37 0.82	0.33 0.80	0.34 0.91	0.28 0.85
Gastro-enteritis and colitis, except ulcerative (including diarrhoea of the newborn)	White Non-W.	0.09 1.99	0.09 1.73	0.05 1.81	0.04 1.31	0.06 1.64	0.05 1.49	0.05 1.20	0.04 1.23	0.02 1.00	0.03 1.07	0.05 1.42	0.04 0.91
Nephritis ...	White Non-W.	0.13 0.13	0.16 0.05	0.16 0.14	0.17 0.10	0.11 0.15	0.16 0.16	0.16 0.13	0.11 0.10	0.13 0.14	0.08 0.11	0.14 0.12	0.07 0.07
Puerperal sepsis ...	White Non-W.	0.01 0.01	0.02 0.02	0.01 0.01	0.02 0.02	0.04 0.04	0.02 0.02	0.01 0.01	0.04 0.04	0.03 0.03	0.03 0.03	0.00 0.02	0.01 0.02
Other diseases of pregnancy, childbirth, and puerperal state ...	White Non-W.	0.04 0.04	0.06 0.06	0.03 0.03	0.02 0.02	0.03 0.03	0.03 0.03	0.01 0.01	0.02 0.02	0.01 0.01	0.03 0.03	0.00 0.03	0.01 0.03
Congenital malformations and diseases of early infancy ...	White Non-W.	0.36 1.22	0.35 1.13	0.32 1.25	0.29 1.06	0.37 1.25	0.32 1.47	0.34 1.25	0.32 1.22	0.30 1.17	0.29 1.32	0.33 1.23	0.25 1.21
Senility ...	White Non-W.	0.14 0.02	0.16 0.02	0.09 0.02	0.12 0.02	0.19 0.04	0.21 0.11	1.23 0.30	1.34 0.23	1.48 0.31	1.53 0.32	0.66 0.15	1.52 0.37
Accidents, poisonings and violence (external cause) ...	White Non-W.	0.42 0.60	0.53 0.65	0.44 0.65	0.45 0.60	0.53 0.83	0.53 0.86	0.61 0.76	0.55 0.68	0.72 1.00	0.60 1.09	0.54 0.78	0.54 1.05
Other causes ...	White Non-W.	1.19 1.09	1.22 1.19	1.02 1.01	1.11 0.95	1.24 1.26	1.12 1.10	1.11 1.19	1.11 1.58	0.98 1.75	1.24 1.82	1.14 1.31	1.29 1.75
Total ...	White Non-W.	10.00 10.34	9.96 10.60	9.65 9.93	9.96 8.58	11.04 11.11	10.33 11.19	10.67 10.35	10.34 10.34	10.83 10.42	10.57 10.83	10.37 10.34	10.92 10.08

TABLE E. Deaths of Infants under 1 Year of Age, Classified by Cause and Age, 1966.

(Corrected)

International Code no.	DISEASE	RACE	TOTAL under one year												Bantu Townships Including in foregoing columns																				
															LANGA						GUGULETU														
			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 5 months	Under 6 months	Under 7 months	Under 8 months	Under 9 months	Under 10 months	Under 11 months	Under 12 months	M	F	Per- sons	M	F	Per- sons							
010	Tuberculosis, meningial	White Non-W																																	
011	Tuberculosis, abdominal	White Non-W																																	
001-008 012-019	Tuberculosis, other forms	White Non-W.																																	
029	Syphilis, congenital	White Non-W.																																	
055	Diphtheria	White Non-W.																																	
056	Whooping cough	White Non-W.																																	
085-086	Measles and rubella	White Non-W.																																	
050	Scarlet fever	White Non-W.																																	
283	Rickets	White Non-W.																																	
340	Simple meningitis	White Non-W.																																	
500-502	Bronchitis	White Non-W.																																	
490-498	Pneumonia (all forms)	White Non-W.	4		3	1	1	1		10	7	8	9	34	23	20	26	15	14	10	6	4	10	7	5	78	96	174	3	3	6	12	13	25	
571,764	Diarrhoea and enteritis	White Non-W.																																	
750-759	Congenital malformations	White Non-W.	4	1	2					7	5	1	6	5	16	22	37	51	56	29	26	19	11	8	9	154	155	309	8	5	13	35	32	67	
760-761	Injury at birth	White Non-W.	1	3						4	1	1	1	1	4	5	3	7	2	2	4	1				9	4	13							
774-776	Immaturity	White Non-W.	6	6						12																25	19	44							
762	Other diseases peculiar to early infancy	White Non-W.	2	6	1	1				13																85	83	168	2	3	5	9	12	21	
E.924- E.925	Accidental mechanical suffoca- tion	White Non-W.	37	37	16	21	6	3	3	123	6	8	5	142	7	14	11	13	14	3	5	4	3	1	3	113	107	220	7	8	15	20	17	37	
E.926	Lack of care	White Non-W.																																	
	Other and ill-defined or un- known causes	White Non-W	6	3	2	1	1			14	1	3	1	19	9	10	11	14	14	7	12	12	10	7	5	66	64	130	3	4	7	18	25	43	
		White Non-W.	13	16	3	2				36	2	2	1	41	3	5	6	4	1							1	38	24	62						
		All	141	112	46	35	18	8	8	368	37	36	22	463	73	87	109	107	79	57	48	45	41	29	29	577	590	1,167	27	23	50	107	119	226	
	TOTALS	Races	154	128	49	37	18	9	9	404	39	38	23	504	76	92	115	111	80	57	48	45	42	29	30	615	614	1,229	27	23	50	107	119	226	

TABLE E1. Deaths of Infants under 1 Year of Age, Classified by Cause and Month
of Registration, 1966.

(Corrected for Outward Transfers.)

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 meningel	White Non-W.														1		1	1	0.1	0.1
011 Tuberculosis, abdominal	White Non-W.																			
001-008 Tuberculosis, other forms	White Non-W.							1	1									1	0.1	0.1
020 Syphilis, congenital	White Non-W.		1															1	0.1	0.1
055 Diphtheria	White Non-W.			1	1													1	0.1	0.1
056 Whooping cough	White Non-W.															1	2	2	0.2	0.1
085-086 Measles and rubella	White Non-W.		3	1	4	1	2	2	5	4	2	1	7	1	1	1	3	19	1.7	1.3
050 Scarlet fever	White Non-W.																			
283 Rickets	White Non-W.			1	1		1	2	3									4	0.4	0.3
340 Simple meningitis	White Non-W.	4	1	2	7	3	1	2	6	1	1	2	4		2		2	19	1.7	1.3
500-502 Bronchitis	White Non-W.		1		1			1	1			2	2					4	0.4	0.3
490-493 Pneumonia (all forms)	White Non-W.	10	9	12	31	11	22	20	53	20	18	14	52	1	12	8	32	168	3.2	0.5
571, 764 Diarrhoea and enteritis	White Non-W.	28	43	31	102	27	46	24	97	12	12	11	35	2	27	26	63	297	11.3	1.9
750-759 Congenital malformations	White Non-W.	1	5	1	15	6	4	5	15	6	7	4	17	3	5	1	4	13	21.0	3.5
760-761 Injury at birth	White Non-W.	2	4	2	8	3	1	2	6	3	7	2	12	4	8	5	13	60	5.3	4.0
774-776 Immaturity	White Non-W.	16	12	11	39	7	12	18	37	20	16	12	48	13	12	19	44	168	19.3	3.2
762 Other diseases peculiar to early infancy	White Non-W.	2	16	29	56	21	29	20	70	17	17	18	52	8	12	14	34	212	21.0	3.5
765-773 Accidental mechanical suffocation	White Non-W.	11	1		1	1	1	1	2		1	1	1		1		1	5	8.1	1.4
E924-E925 Lack of care	White Non-W.																	2	0.2	0.1
E926 Other and ill-defined or unknown causes	White Non-W.	14	10	12	36	14	16	15	45	9	1	7	23	2	6	13	25	129	8.1	1.4
	White Non-W.	3	2	4	9	3	3	12	18	4	7	10	21	9	2	3	14	62	100	16.8
	White Non-W.	90	109	103	302	94	134	112	340	93	88	73	254	63	86	87	236	1,132	100	75.5
TOTALS	All Races	93	111	107	311	97	137	124	358	97	95	83	275	72	88	90	250	1,194		63.9

TABLE F. Deaths of Infants under 1 Year of Age, Classified by Legitimacy, 1966.

(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.		
White ...	Hospital	25	14		7	6		21	13		7	6		4	1				
	Domiciliary	2			4	4		2			4	4							
Coloured ...	Hospital	148	147		101	79		92	88		60	42		47	53	37	30	15	11
	Domiciliary	32	38		148	163		18	18		89	92		12	16	56	57	6	17
Bantu ...	Hospital	33	35		25	34		14	17		11	22		19	14	12	8	4	6
	Domiciliary	15	5		55	63		7	2		25	35		4	3	19	24	4	15
Asiatic ...	Hospital	2	4		1	1		2	3			1						1	1
	Domiciliary		1		1	1			1		1	1							
Non-White	Hospital	183	186		127	114		108	108		71	65		66	67	49	38	20	18
	Domiciliary	47	44		204	227		25	21		115	128		16	19	75	81	10	32
All races ...	Hospital	208	200		134	120		129	121		78	71		70	68	49	38	20	18
	Domiciliary	49	44		208	231		27	21		119	132		16	19	75	81	10	32

TABLE G. Registered Births and Still-Births for the year 1966, classified in wards as to Race, Legitimacy and Percentage of Total Births in Institutions

(Corrected.)

Wards	WHITE										NON-WHITE										TOTALS				STILL-BIRTHS				Percentage of total births, including still-births, occurring in institutions						
	Legitimate					Illegitimate					Total					Legitimate					Illegitimate					Total					White		Non-White		Total still-births
	Males	Fe-males	Males	Fe-males	Total	Males	Fe-males	Males	Fe-males	Total	Males	Fe-males	Males	Fe-males	Total	Males	Fe-males	Males	Fe-males	Total	White	Non-White	Legit.	Illegit.	Legit.	Illegit.									
	125	132	5	2	130	134	264	7	7	18	21	25	28	53	264	53	317	2	2	4	100	91													
1.	...	145	137	5	5	150	142	292	3	1	20	11	23	12	35	292	35	327	3	2	4	9	80												
2.	...	11	14	2	1	13	15	28	101	130	54	64	155	194	349	28	349	377	3	1	6	2	12	60											
3.	...	163	173	6	9	169	182	351	134	168	65	79	199	247	446	351	446	797	1	4	5	10	62												
4.	...	148	133	4	5	152	138	290	300	298	105	100	405	398	803	290	803	1,093	2	1	11	10	24	62											
5.	...	75	61	12	7	87	68	155	468	420	160	165	628	585	1,213	155	1,213	1,368	4	1	15	2	22	63											
6.	...	191	162	28	20	219	182	401	19	19	9	11	28	30	58	401	58	459	3	3	6	95	66												
7.	...	142	162	12	5	154	167	321	548	503	220	218	768	721	1,489	321	1,489	1,810	6	19	11	36	61												
8.	...	67	81	5	3	72	84	156	89	79	32	25	121	104	225	156	225	381	2	3	5	89	37												
9.	...	18	17	3		21	17	38	2,028	1,941	593	569	2,621	2,510	5,131	38	5,131	5,169	1	70	28	99	54												
10.	...	127	121	1	5	128	126	254	17	28	14	8	31	36	67	254	67	321	1			1	48												
11.	...	142	114	7	12	149	126	275	141	154	45	53	186	207	393	275	393	668	2	8	3	13	64												
12.	...	160	153	23	24	183	177	360	57	60	15	19	72	79	151	360	151	511	2	1	1	4	56												
13.	...	178	142	1	3	179	145	324	210	178	81	78	291	256	547	324	547	871	4	7	2	13	44												
14.	...	96	115	2	4	98	119	217	667	703	333	308	1,000	1,011	2,011	217	2,011	2,228	2	41	11	54	39												
15.	...																																		
Not allocated (un-ascertained addresses)																																			
Total		1,788	1,717	116	105	1,904	1,822	3,726	4,789	4,689	1,764	1,732	6,553	6,421	12,974	3,726	12,974	16,700	38	4	187	83	312	54											
Births in Cape Town which did not belong thereto		899	828	66	65	965	893	1,858	466	430	398	368	864	798	1,662	1,858	1,662	3,520	21	3	49	31	104	96											
Langa Township									84	112	80	106	164	218	382			382			4	8	12	91											
Guguletu Township									567	560	285	251	852	811	1,663			1,663			64	20	84	86											

TABLE H. Births in Institutions, 1966.

LIVE-BIRTHS

Institution	Total Live-births		Live-births belonging to Cape Town		Live-births not belonging to Cape Town (outward transfers)	
	White	Non-White	White	Non-White	White	Non-White
Peninsula Maternity Hospital		4,442		3,874		568
Somerset Hospital		2,721		2,334		387
Salvation Army Maternity Home		1,227		1,001		226
St. Monica's Home		1,111		921		190
St. Joseph's Sanatorium	2,016	5	1,063	3	953	2
Mowbray Maternity Hospital	839		561		278	
Groote Schuur Hospital	1,224	796	1,045	622	179	174
Booth Memorial Hospital	393		309		84	
Kingsbury Nursing Home	561		379		182	
Delherbe Nursing Home	122		42		80	
Military Hospital	223		128		95	
Nannie Huis		45		13		32
House of Correction		12		7		5
Other institutions	4	21	2	7	2	14
Total	5,382	10,380	3,529	8,782	1,853	1,598

STILL-BIRTHS

Institution	Total Still-births		Still-births belonging to Cape Town		Still-births not belonging to Cape Town (outward transfers)	
	White	Non-White	White	Non-White	White	Non-White
Peninsula Maternity Hospital		176		136		40
Somerset Hospital		95		74		21
Salvation Army Maternity Home		10		9		1
St. Monica's Home		20		16		4
St. Joseph's Sanatorium	21		12		9	
Mowbray Maternity Hospital	13		8		5	
Groote Schuur Hospital	10	41	8	32	2	9
Booth Memorial Hospital	6		4		2	
Kingsbury Nursing Home	3		2		1	
Delherbe Nursing Home	1				1	
Military Hospital	4		1		3	
House of Correction		2				2
Monastery Nursing Home	1		1			
Total	59	344	36	267	23	77

TABLE I. - Discontinued.

TABLE J. Births, Deaths, Natural Increase, and Infant Deaths, and corresponding rates, for the year 1966.

Race	Births		Deaths		Natural increase		Deaths under one year old	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
White:								
uncorrected	5,553	28.0	2,551	12.9			116	21
corrected for outward transfers	3,695	18.6	2,059	10.4			62	17
corrected for outward and inward transfers	3,726	18.8	2,167	10.9	1,559	7.9	62	17
Coloured:								
uncorrected	13,814	43.2	3,900	12.2			1,168	85
corrected for outward transfers	12,610	39.5	3,081	9.6			856	68
corrected for outward and inward transfers	12,628	39.5	3,211	10.1	9,417	29.5	870	69
Bantu:								
uncorrected	2,545	28.6	983	11.1			327	128
corrected for outward transfers	2,102	23.6	803	9.0			265	126
corrected for outward and inward transfers	2,103	23.6	907	10.2	1,196	13.4	286	136
Asiatic:								
uncorrected	303	40.3	57	7.6			11	36
corrected for outward transfers	288	38.3	53	7.1			11	38
corrected for outward and inward transfers	288	38.3	53	7.1	235	31.3	11	38
All non-White:								
uncorrected	16,662	40.1	4,940	11.9			1,506	90
corrected for outward transfers	15,000	36.1	3,937	9.5			1,132	75
corrected for outward and inward transfers	15,019	36.1	4,171	10.0	10,848	26.1	1,167	78
All races:								
uncorrected	22,215	36.2	7,491	12.2			1,622	73
corrected for outward transfers	18,695	30.4	5,996	9.8			1,194	64
corrected for outward and inward transfers	18,745	30.5	6,338	10.3	12,407	20.2	1,229	66
Bantu resident at Langa Township	382	11.6	267	8.1	115	3.5	50	131
Bantu resident at Guguletu Township	1,663	21.5	546	7.0	1,117	14.4	226	136

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		Developmental diseases		Miscellaneous diseases (remainder)		Total mortality (all causes)	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
Quinquennium																
1916-1917 to 1920-1921	3.3	6.6	1.7	2.2	1.1	9.9	12.3	55.1	28.1	58.7	29.0	47.2	15.2	32.1	90.8	211.7
1921-1922 to 1925-1926	2.4	4.6	0.9	2.4	1.0	8.7	9.6	53.4	23.9	54.4	23.0	39.7	11.3	22.8	71.9	181.6
1926-1927 to 1930-1931	3.2	4.3	1.1	4.3	1.7	11.9	10.8	47.2	14.6	46.7	22.1	37.6	9.3	18.6	62.7	169.4
1931-1932 to 1935-1936	2.0	5.5	1.1	4.4	0.8	10.6	7.4	41.3	11.0	39.9	20.0	31.6	7.5	13.9	49.6	147.2
1936-1937 to 1940-1941	1.0	3.6	0.8	4.0	0.4	6.2	5.6	35.6	5.8	29.5	18.6	29.5	9.0	14.5	41.3	122.9
1941-1942 to 1945-1946	0.8	3.3	0.9	8.0	0.3	4.7	3.7	32.9	6.7	37.9	18.9	31.0	6.6	12.9	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
1962-1966	0.2	2.2		0.4		0.2	1.6	11.8	1.3	21.9	13.0	27.1	3.9	14.4	20.0	78.0
Year																
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
1963		3.4		0.6		0.4	1.6	13.0	1.1	25.1	13.8	24.7	6.1	18.9	23.2	86.1
1964	0.6	1.5		0.4		0.4	1.3	11.0	1.1	20.6	13.2	26.9	3.0	16.8	18.9	77.6
1965	0.3	2.3		0.7		0.2	1.5	10.6	1.2	21.8	13.4	29.0	3.5	13.9	19.4	78.5
1966	0.3	2.3		0.3		0.1	0.5	11.9	1.9	20.6	10.2	30.0	3.8	12.5	16.6	77.7

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)	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
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	0.0	0.5	4.3	0.2	9.4	0.2	0.6	1.3	5.0	2.3	22.5
1962-1966	0.3	2.1		0.6			0.5	2.9	0.1	4.9	0.4	0.3	0.8	7.1	2.1	18.0
Year 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		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	0.3	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
1963	0.3	3.3		0.8				4.0	0.3	6.8	0.3	0.3	1.6	8.0	2.5	23.2
1964	0.3	1.4		0.6			0.6	2.8		5.5	0.8	0.2		7.2	1.7	17.7
1965	0.8	2.9		0.5				2.5		4.2	0.3	0.2	1.1	7.7	2.2	18.0
1966	0.3	1.3		0.4			1.2	2.4		2.9	0.3	0.3	0.3	7.7	2.1	15.1

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

TABLE L. - Estimated Populations and Vital Statistic Rates since 1913,

PERIODS	Estimated Populations			Birth rates			Illegitimate births Percentage of total births			Death rates corrected for outward transfers			Natural increase rates			Infant mortality rates			White rates corrected for inward and outward transfers			Enteric fever death rates Corrected for outward transfers			Tuberculosis (all forms) death rates corrected for outward transfers					
	White	Non-Whites	Total	White	Non-Whites	Total	White	Non-Whites	Total	White	Non-Whites	Total	White	Non-Whites	Total	White	Non-Whites	Total	Birth rates	Death rates	Natural increase	Infant mortality	White	Non-Whites	Total	White	Non-Whites	Total		
2 Years and 296 days																														
1913-1914 to	150,610	138,930	289,540	18.97	47.23	37.85	6.99	25.83	18.41	12.04	27.15	19.39	18.34	16.96	95.07	218.61	170.18													
1915-1916	151,810	140,130	291,940	18.71	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1916-1917 to	152,010	140,330	292,340	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1917-1918	152,210	140,530	292,740	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1919-1920	152,410	140,730	293,140	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1921-1922 to	152,610	140,930	293,540	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1923-1924	152,810	141,130	293,940	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1925-1926	153,010	141,330	294,340	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1927-1928	153,210	141,530	294,740	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1929-1930	153,410	141,730	295,140	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1931-1932 to	153,610	141,930	295,540	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1933-1934	153,810	142,130	295,940	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1935-1936	154,010	142,330	296,340	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1937-1938	154,210	142,530	296,740	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1939-1940	154,410	142,730	297,140	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1941-1942	154,610	142,930	297,540	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1943-1944	154,810	143,130	297,940	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1945-1946	155,010	143,330	298,340	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1947-1948	155,210	143,530	298,740	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1949-1950	155,410	143,730	299,140	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1951-1952	155,610	143,930	299,540	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1953-1954	155,810	144,130	300,940	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1955-1956	156,010	144,330	301,340	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1957-1958	156,210	144,530	301,740	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1959-1960	156,410	144,730	302,140	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1961-1962	156,610	144,930	302,540	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1963-1964	156,810	145,130	302,940	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													
1965-1966	157,010	145,330	302,340	18.21	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	90.84	211.71	164.02													

The population for the years 1960 onward has been corrected according to the final figures of the 1960 Census. The year of the influenza epidemic (1918-19) is excluded the figures shown being the mean of the other four years of the quinquennium. The birth rates illegitimacy rates, natural increase rates and infant mortality rates are uncorrected for the year 1919-20 and previous years. City extended by incorporation of Wynberg (1927-28) and the district of Windermere (1943-44). All rates corrected for inward and outward transfers from 1956.

TABLE N. Notification of Infectious Disease Classified for Month of Notification, 1966.

W. - White

O. - Non-White

PERIOD	Tuberculosis respiratory			Tuberculosis other forms			Enteric			Diphtheria			Scarlet fever			Erysipelas			Cerebrospinal fever			Infective encephalitis		
	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total
January	6	111	117	1	3	4	1	1	2	1	1	2	2	1	3	1	1	2	1	1	2	1	1	2
February	9	114	123	3	10	13	3	3	6	1	1	2	1	2	3	1	1	2	1	1	2	1	1	2
March	6	140	146		8	8				3	3	3	2	1	3			1	1	1	1			1
April	5	98	103		9	9				1	1	1	3	2	5			1	1	1	1			1
May	9	97	106	3	28	31	1	1	2	2	2	2	1	1	5			1	1	1	1			1
June	9	120	129	6	23	29	1	1	2	1	1	1	1	1	2	1	1	2	2	5	7			1
July	6	128	134		6	6	1	2	3	2	2	2	1	1	1			1	2	11	11			1
August	6	162	168		13	13		6	6	1	1	2			1			3	27	30				
September	8	178	186	1	8	9	1	3	4				2	2	4			3	45	45				
October	7	178	185	2	8	10			1	1	1	2	2	1	3			3	27	30				
November	10	165	175	1	14	15	2	2	4	1	1	1	1	1	2			1	10	11				1
December	8	164	172		6	6	1	1	2				2	2	4			1	18	19				
Year	89	1,652	1,741	17	136	153	5	16	21	2	13	15	13	13	26	3	3	10	147	157			3	3

P. Period	Acute Poliomyelitis			Ophthalmia			Puerperal fever			Leprosy			Tetanus			Whooping Cough			Kwashiorkor			Trachoma		
	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total
January	1		1	1	25	26							1	1	2	1	1	2			19			19
February		2	2	1	24	25							1	1	2	1	2	3			33			33
March		3	3	6	16	22							1	1	2	1	1	2			34			34
April		1	1	3	8	11				1	1	2			2	2	2	2			39			39
May		3	3	6	22	28							2	2	4			4			40			40
June		3	3	2	31	33				1	1	2	2	2	4	1	1	2			47			47
July				1	26	27							1	1	2	4	4	4			36			36
August		1	1	2	18	20							1	1	2	4	4	4			45			45
September				1	18	19				1	1	2	1	1	2	3	3	3			28			28
October				3	25	28	1	1	2				3	3	6	1	1	2			29			29
November				9	16	25							3	3	6	3	3	6			21			21
December				1	26	27							2	2	4	1	7	8			36			36
Year	1	13	14	38	255	293		1	1	3	3	11	11	11	22	7	30	37			407	1		408

TABLE 0. Notification of Infectious Disease Classified for Age-Groups, 1966.

W - White

O - Non-White

[illegible][illegible]

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