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

CITY OF CAPE TOWN

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1973.

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THE CORPORATION OF THE CITY OF CAPE TOWN

REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1973

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

Ladies and Gentlemen,

It is with pleasure that I present my second annual report concerning health conditions in the City of Cape Town, together with an account of the work conducted by the City Health Department during the year 1973. Throughout the year health conditions have been satisfactory.

VITAL STATISTICS

The estimated population of the City based on the 1970 census was 770 780 *(242 600 White and 528 180 non-White)*. This represents and increase of 18 320 or 2,4°/o over the previous year.

BIRTHS

The number of births notified to the Department amounted to 22 041 being 71 less than the previous year. White births decreased from 4 092 to 3 780 while non-White births increased from 18 020 to 18 261. As there was a slight decrease in the number of Coloured births, the increase in non-White births occured in the Bantu group where the birth rate was nearly three times that of the Whites. The overall birth rate did, however, decline slightly from 29,4 to 28,6.

ILLEGITIMACY

Illegitimate births increased from 7 090 to 7 529 and this increase *(439)* was shared by all race groups, being 6,2°/o for all races *(White 1,3°/o, Coloured 6,2°/o and Bantu 6,9°/o)*. Noteworthy, but depressing, is the fact that over 53°/o of all Bantu births were illegitimate, while among teenage mothers generally, illegitimate births amounted to 70°/o.

DEATHS

The number of deaths recorded in the municipal area amounted to 6 644 *(2 281 White and 4 363 non-White)*. The death rate was 8,62 *(9,40 for White and 8,26 for non-White)*. It should be born in mind that the unavailibility of information regarding deaths for portion of 1972 would make any comparisons with that year unscientific and unrealistic.

The increased number of suicides is a disturbing feature; this revealed a dramatic rise in suicides due to the use of drugs.

INFANT MORTALITY

Infant deaths amounted to 885 *(48 White and 837 non-White)* with a mortality rate of 40,2 for all races *(White 12,7 and non-White 45,8)*. Again, no comparison can be made with the previous year, but compared with past years, the present rates reveal a general improvement in this important indicator of health conditions.

MATERNAL MORTALITY

There were three fatalities *(all Coloured)* which is similar to previous years and refle tendency of declining mortality from this cause.

INFECTIOUS DISEASES

There were no fewer than 724 complicated measles admissions to the City Hospital, of which 352 were cases from outside the municipal area. This is the highest number of cases ever admitted in one year and follows an almost continuous rise over the years. Fifty deaths *(1 White and 49 non-White)* were recorded.

There was a welcome drop in the number of notifications of infectious hepatitis from 207 to 112, but there were, nevertheless, 6 deaths from this disease *(1 White and 5 non-White)*.

Cerebrospinal fever, too, showed a decline, 42 cases *(5 White and 37 non-White)* having been treated.

Six cases of diphtheria and four of poliomyelitis were confirmed, but no deaths were recorded for either disease.

Gastro-enteritis is still the chief cause of deaths among non-White infants and 90°/o of all deaths from this disease occurred in children under the age of 5 years.

TUBERCULOSIS

There were 1 429 pulmonary and 369 non-pulmonary cases of tuberculosis reported, compared with 1 359 and 341 respectively in the previous year. 191 pulmonary and 19 non-pulmonary deaths occurred. Many persons suffering from this disease are treated on an out-patient or domiciliary basis and this resulted in an increase of over 50°/o in the number of ambulatory injections administered.

The proportion of White: Coloured: Bantu cases has increased from 1: 7,3: 34 to 1: 7,3: 37,2 clearly demonstrating the extent of infection in the Bantu group. It is anticipated that the B.C.G. vaccination programme and improved socio-economic conditions will, in the long term, cause a reduction in the incidence of tuberculosis in this group.

The second mobile X-Ray unit was commissioned during the latter part of the year greatly facilitating deployment between clinics.

The mass radiography unit at Langa continues to do sterling work and no fewer than 25 000 persons were examined. As a result 289 cases of pulmonary tuberculosis were discovered compared with 253 cases the previous year *(an increase of 14,2°/o)*.

VENEREAL DISEASES

14 127 new cases attended the municipal clinics during the year. This figure was 1 001 more than the previous year.

New cases of syphilis rose from 3 550 to 3 984 and gonorrhoea from 8 098 to 8 571.

There was a slight decrease in the number of teenagers treated, which is encouraging.

MATERNAL AND CHILD WELFARE

After providing a school medical service for over 40 years it was realised that what could be provided fell far short of the need, and that the Day Hospitals Organisation was far better equipped to carry out this function. As a result the medical aspect was discontinued from the 1 May but Ophthalmic clinic sessions were retained at Salt River and even extended to a third session at Bokmakierie.

As a result of staff resignations, both the Behavior Advisory Clinics and the Chiropody Service were terminated during the year.

Worthy of special mention is the valuable field work that was carried out by the Maternal and Child Welfare Officer, Dr. Sundgren, and the staff of his Branch, in the University of Cape Town research project "Chronic Illness in the Community."

The Department, and this Branch in particular, provides valuable and essential material for practical teaching in Comprehensive and Community Medicine and the close co-operation with the University in this field is stimulating to all concerned.

HEALTH EDUCATION

Staff training in all aspects of health education was continued as in the past and embraced all members in contact with the public. In addition, lectures were delivered for medical students.

Group discussions and lectures aided by films and other visual aids, were held at clinics, hospitals and schools, as well as at industrial premises and community centres.

DENTAL

The generally low standard of oral hygiene of most of those attending the dental clinics, has left little time for conservative dentistry. Intensive health education will be necessary, particularly among school going children, to improve this facet of health. Advice regarding diet and the use of the toothbrush should form the basis of such education, and there is little doubt that this would show a long term benefit.

ENVIRONMENTAL SANITATION

The health inspectorate remained below strength, although my recommendations for improvements to the salary structure resulted in a reduction in the number of vacancies towards the end of the year.

The Registration and Licensing of Businesses Amendment Ordinance 19 of 1972 which became effective on the 1 January, 1974, placed a considerably increased burden on the health inspectors. No less than 54 businesses and trades now require registration and licensing, and reports on the suitability from the public health point of view of premises where goods are traded or stored, are required.

Six properties were declared to be slums by the Slum Claearance Court. This will require the rehousing of some 70 persons by either the Council or the Department of Community Development.

MILK CONTROL

Of the 189 milk producers registered with the Department, 182 have one or more bulk milk tanks installed on their farms.

The T.B. eradication scheme for the Western Cape was actively pursued by the Department of Agricultural Technical Services throughout the year. This resulted in the slaughter of 685 infected animals and dairymen received compensation for losses incurred.

The recent occurrence of Chlamydiosis among livestock is being investigated by the Division of Veterinary Services.

A large modern ice cream factory is in the process of construction and is expected to begin production in 1974.

AIR POLLUTION

The appointment of a Smoke Control Officer to assist the Air Pollution Control Officer has enabled this section to commence the necessary survey for the proposal of Cape Town's first smokeless zone.

Negotiations were commenced with the U.C.T. and the C.S.I.R. with a view to the examination of air pollutants over greater Cape Town. The results of such a scrutiny will be invaluable in coming to grips with local atmospheric pollution which has certainly received its full share of publicity.

The fuel crisis which developed towards the end of the year could well effect the fuel and energy policy in South Africa and already there are indications of a swing back to coal.

HOUSING

A total of 1 261 dwellings of various types were erected by the Council's Building Unit in addition to the conversion of 72 non-White dwellings from sub-economic to economic lettings.

A further block of 12 flatlets was constructed by the Citizen's Housing League.

New applications for accommodation totalled 2 260, bring the number of listed applicants to over 11 000 for all race groups of which 9 600 required economic accommodation.

STAFF

Dr. Harold Ackerman *(affectionately known to his intimates as Sir Lancelot Spratt)* retired as Tuberculosis Officer on the 16 July after 24 years in the department. His unique professional energy, his fund of stories and dry sense of humour will assure him of success in any venture he pursues in his retirement. He leaves us with a wealth of happy memories.

ACKNOWLEDGEMENTS

I record with much appreciation and thanks the loyal support and assistance so willingly given to me at all times by members of my staff. I wish also to thank Heads of Departments and other officials for their co-operation and assistance during the year and the Municipal Service Commission for their helpfulness and understanding in regard to staff matters, particularly refundable posts. To the Chairman and Members of the Amenities and Health Committee, as well as other members of the Council, I also offer my thanks for their consideration and support at all times.

Yours faithfully,

R.M. LANGERMAN
M.B. Ch.B D.P.H. F.R.S.H.
MEDICAL OFFICER OF HEATLH

City Health Department
"Libertas"
Hertzog Boulevard
Foreshore
CAPE TOWN
8001

MUNICIPALITY OF THE CITY OF CAPE TOWN

LEADING STATISTICS, YEAR ENDED 31 DECEMBER 1973

	WHITE	NON-WHITE	ALL RACES
AREA:– 28 170,80 Hectares/108,77 sq. Miles			
Total population	242 600	528 180	770 780
Birth rate	15,6	34,6	28,6
Death rate	9,4	8,3	8,6
Infant mortality rate	12,7	45,8	40,2
Maternal mortality rate	–	0,2	0,1

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 MM/Inches	321,0 mm / 12,64 inches
No. of rainy days	95

The total rainfall of 321,0 mm. is the lowest recorded at the airport since opening in 1957. The previous lowest was 361,5 mm. in 1971.

The highest annual rainfall since 1957 was 716,4 mm. in 1962.

TEMPERATURE

Maximum	35,5°C on	20 April	*(Average 23,1°C)*
Minimum	– 0,3°C on	28 July	*(Average 11,7°C)*

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

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1973

SECTION 1. NATURAL AND SOCIAL CONDITIONS.

PHYSICAL GEOGRAPHY

Cape Town is situated at the northern end of the Cape Peninsula. The Peninsula lies off the west coast of the mainland of South Africa, extending from north to south a distance of about 33 miles and attaining a maximum width of about ten miles. Its average width east and west may be estimated at five miles. The northern half of its eastern side is connected with the mainland by a wide low-lying sandy isthmus, known as the Cape Flats, which separates Table Bay to the north-west from False Bay to the south-east. The narrowest part of the isthmus measures about twelve miles from sea to sea.

The backbone of the Peninsula is a mountain range which extends from Table Mountain *(3,549 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, 2 and 3)* lie along the Atlantic sea board for a distance of about six miles curving with the coast in a southerly direction. They are on the seaward slopes of Signal Hill and Lion's Head.

To the east the 'Southern Suburbs' *(Wards 7–9 and 10–17)* 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 *(Ward 8)*, next to Cape Town proper, slope down to Table Bay and at the other end Muizenberg, St. James and Kalk Bay *(Ward 17)* 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 8 km. 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 9)* includes the suburbs of Maitland, Brooklyn, Rugby, Kensington and Thornton 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 31 December 1973, comprised 28 170,8 hectares *(108,8 square miles)*. The length of the main road passing through the municipality from the boundary at Bakoven to that at Clovelly is about 40 kilometres *(26 miles)*.

CLIMATE

Cape Town is situated in Lat. 33°55'S., Long. 18°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 seaboards are much frequented by holiday-makers from other parts of the country. To the attractions of the climate are added the great natural beauties of the Peninsula and its 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 socio-economically advanced European city.

SOCIAL AND ECONOMIC CONDITIONS

Thirty-one per cent of the total population of the Municipality of Cape Town *(including the Bantu Townships)* of over 770 780 consists of Whites or 'Europeans'. The other 69 per cent is commonly designated as 'non-Whites'. 81 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 Indies. Though they possess a larger infusion of this strain, they are much mixed with the other elements present in the Cape Coloured.

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 R20 a week when in full employment. The position is aggravated by the large size of their families. 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 the 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 overcrowded conditions, but a majority of the Coloured.

The Bantu constitute only 17 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' homes. Many of the Bantu are males from the Bantu homelands who still retain their link with the territories and usually 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 total 10190 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 attempt to reduce overcrowding and clear the many slums in the city area, as the requirement by this State Department for newly constructed municipal economic and sub-economic homes, amounts to as much as 50 per cent. The geographical distribution of White and Coloured is very much the same as that of well-to-do and poor in a European town. In the planning of housing under the Housing Act the estates for Whites are separate from those for non-Whites and this will contribute to progressive and complete 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.

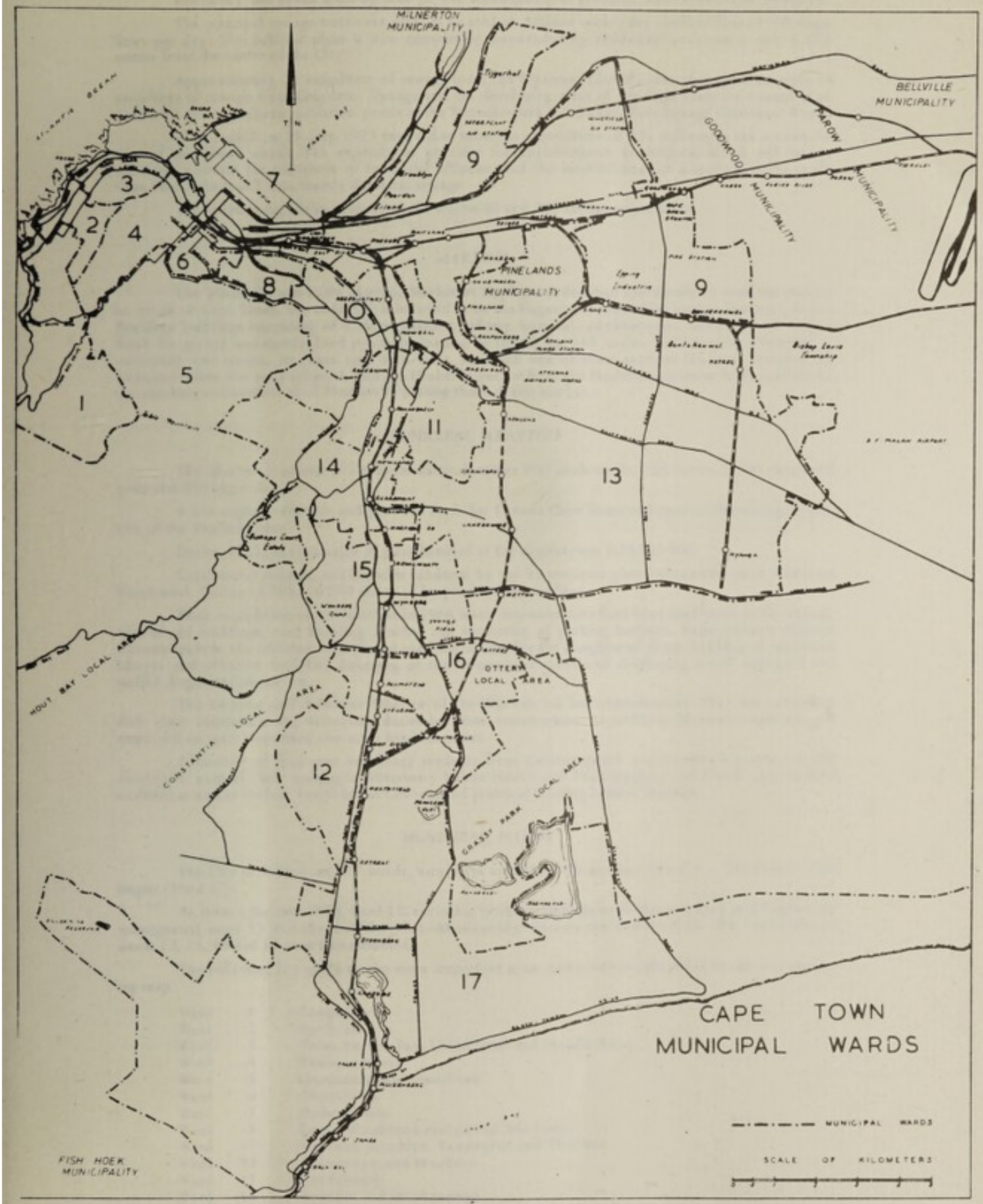
WATER SUPPLY

The following are the main sources of supply:

Voëlvlei Dam	162 739	megalitres
Wemmershoek Dam	58 643	megalitres
Steenbras Dam	34 290	megalitres
5 Reservoirs on Table Mountain	2 377	megalitres

During 1973 the daily consumption varied between a maximum of 481 megalitres during the summer and a minimum of 155 megalitres during the winter. The average daily consumption during the year was 318 megalitres.

Seventeen other dependant local authorities obtain their supplies of water from the Cape Town undertaking.


MILNERTON MUNICIPALITY
BELLVILLE MUNICIPALITY
GOODWOOD MUNICIPALITY
PARON MUNICIPALITY
PINELANDS MUNICIPALITY
HOUT BAY LOCAL AREA
CONSTANTIA LOCAL AREA
OTTERY LOCAL AREA
GRASSY PARK LOCAL AREA
FISH HOEK MUNICIPALITY
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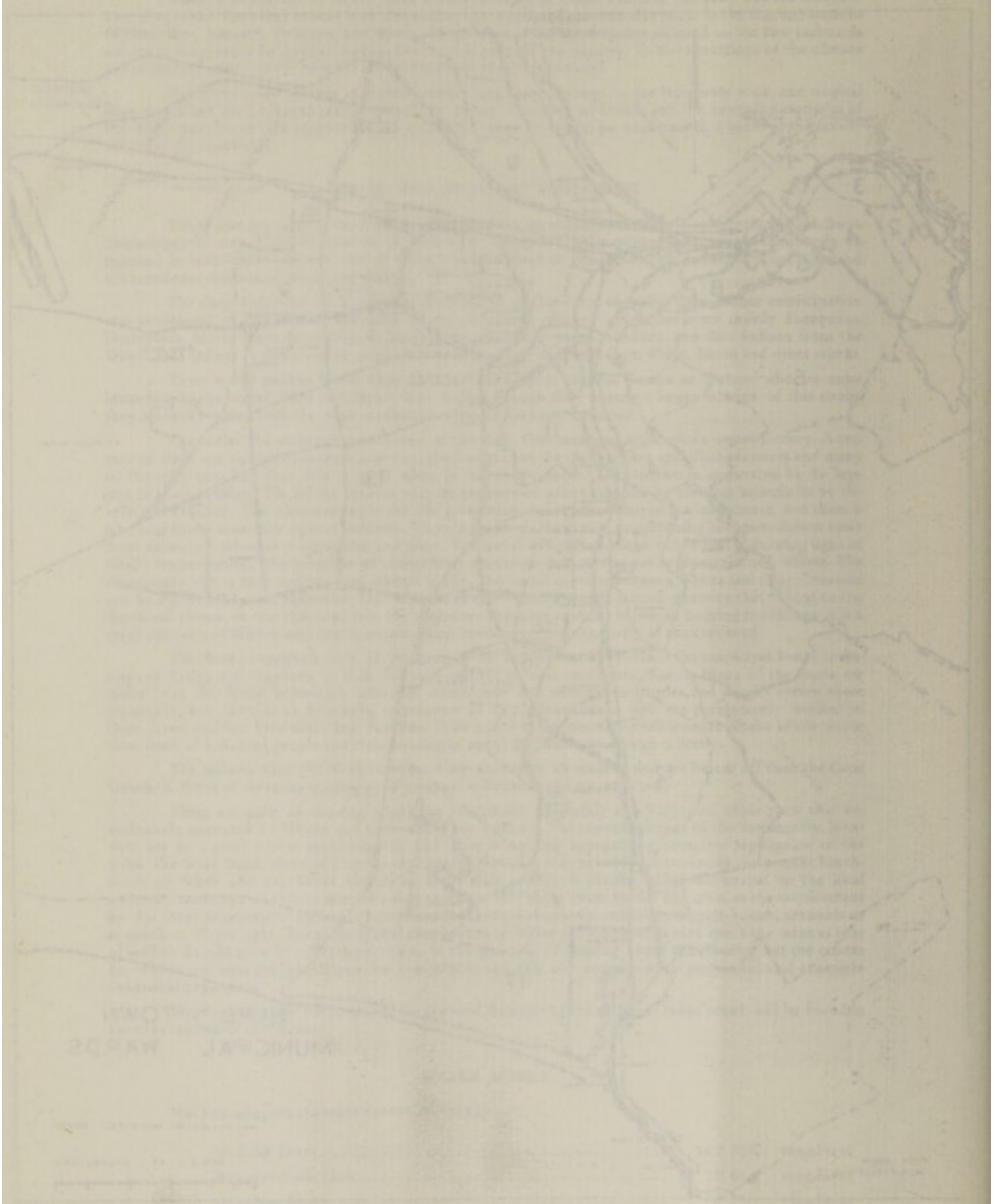
CAPE TOWN
MUNICIPAL WARDS
MUNICIPAL WARDS
SCALE OF KILOMETERS



SEWERAGE

Practically the entire built-up area of the Municipality is provided with waterborne sanitation.

The principal sewage treatment plant is located at Athlone with a dry weather flow of 100 megalitres per day. The Athlone plant is now completely surrounded by residential areas and is only 8 kilometres from the centre of the City.

Approximately 23 megalitres of sewage from the Wynberg–Clovelly area plus approximately 14 megalitres of sewage from Guguletu, Nyanga and the developing areas of the Cape Flats are treated in recirculated photosynthetic oxidation ponds at the Strandfontein Road Cape Flats Sewage Treatment Works.

The Council on 31 July 1973 resolved to incur the expenditure of R21 million for the modernisation of the above works. The expenditure provides for improvements at Athlone, which will become primarily a centre for treatment of industrial effluent, and the establishment of a modern works at the Cape Flats, which will treat mainly domestic sewage.

The ultimate capacities of these works will be 80 and 220 ml/day respectively.

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. A fulltime Health Inspector from the Health Department is responsible for the checking and control of all food-stuffs passing through this market.

MUNICIPAL ABATTOIR

The abattoir is geared at the moment to slaughter 850 adult cattle, 150 calves, 5 300 sheep and goats and 600 pigs a day.

It is a regional abattoir and provides meat for Greater Cape Town and most of the remaining portion of the Western Cape.

During 1973 the total value of meat handled at the abattoir was R48 723 000.

Condemned material and blood is rendered by the by-products plant into carcass meal, tallow and blood meal. During 1973 R250 000 worth of by-products was realised.

Since completion of the abattoir in 1966 many improvements have been made such as the demolition of old buildings, road building, fencing and improving of parking facilities. Improvements effected recently include the addition of a second mechanical line for the slaughter of sheep, building of additional lairages and ablution facilities, enlarging of the by-products plant and developing a well equipped and staffed diagnostic laboratory.

The Director and Assistant Director of the Abattoir are both veterinarians. They are assisted in their meat inspection and veterinary duties by three veterinarians. In addition 26 meat inspectors are employed on meat inspection and other hygiene duties.

A number of final year veterinary students from Onderstepoort saw vacational practice at the abattoir as part of their training in Veterinary Public Health and Food Hygiene and fourth year medical students as well as student health inspectors received practical training in meat hygiene.

MUNICIPAL WARDS

The City is divided into 17 wards, varying in area from the smallest *(Ward 2 – Sea Point)* to the largest *(Ward 17)*.

As from 1 January 1973, ward 12, enclosing Athlone, Bonteheuwel, Hanover Park and Guguletu was redesignated ward 13 and the area Bergvliet–Meadowridge became the new ward 12. The boundaries of wards 13, 15, 16 and 17 were also modified.

The following is a guide to the more important areas which may be identified on the accompanying map.

Ward	1	Camps Bay
Ward	2	Sea Point
Ward	3	Three Anchor Bay, Green Point and Mouille Point
Ward	4	Tamboerskloof
Ward	5	Oranjezicht and Vredehoek
Ward	6	Central area
Ward	7	Harbour Area
Ward	8	Lower Woodstock and part of Salt River
Ward	9	Maitland, Brooklyn, Kensington and Thornton
Ward	10	Observatory and Mowbray
Ward	11	Rondebosch
Ward	12	Bergvliet and Meadowridge
Ward	13	Athlone, Langa, Guguletu, Crawford and Lansdowne
Ward	14	Newlands and part of Claremont
Ward	15	Kenilworth and Wynberg
Ward	16	Plumstead, Southfield, Heathfield and part of Ottery
Ward	17	Heathfield to Clovelly

SECTION II – VITAL STATISTICS

The vital statistics in this report refer to the Municipality of Cape Town and are for the calender year 1973.

Births notified to the department are attributed to the month of occurrence, deaths to the date of registration. Both sets of figures have been corrected for inward and outward transfers. The compilation of registered births has been discontinued.

Deaths are shown as 'crude' or 'uncorrected' and include all registrations as having occurred in the Municipality of Cape Town with the addition of inward transfers. 'Corrected' refers to the foregoing after the deduction of outward transfers.

During the year 1972, information regarding deaths was unobtainable for a period of 5 months; the figures in brackets indicate the corresponding annual total estimated by proportion.

Information relating to deaths is extracted from the records and by courtesy of the Minister of the Interior.

In the table on page 104 of this report, the record of vital statistical rates is set out for a series of years.

The Bantu racial group includes all Bantu whether living in the City or in the townships of Langa and Guguletu.

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 *(30 June)* from the final figures of the census of 1960 and 1970.

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	1972			1973		
	Males	Females	Persons	Males	Females	Persons
White ...	113750	125300	239050	115440	127160	242600
Coloured	193830	218510	412340	201070	226670	427740
Bantu ...	60860	30290	91150	60330	29920	90250
Asiatic	5160	4760	9920	5300	4890	10190
Non-White	259850	253560	513410	266700	261480	528180
All Races	373600	378860	752460	382140	388640	770780

The following is the population of the two Bantu Townships, included in previous table, based on an enumeration made at the end of June 1973, by the Township authorities.

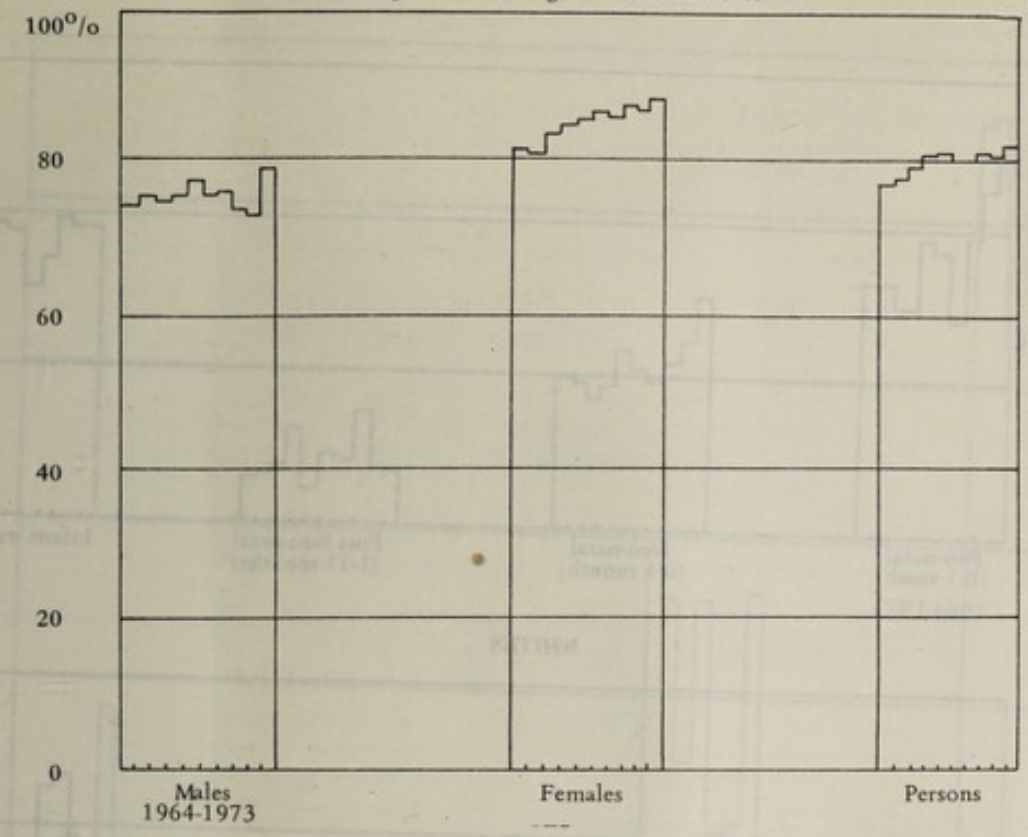
	Males	Females	Persons
Langa ...	26645	4294	30939
Guguletu ...	26803	24926	51729

HEALTH INDICATORS

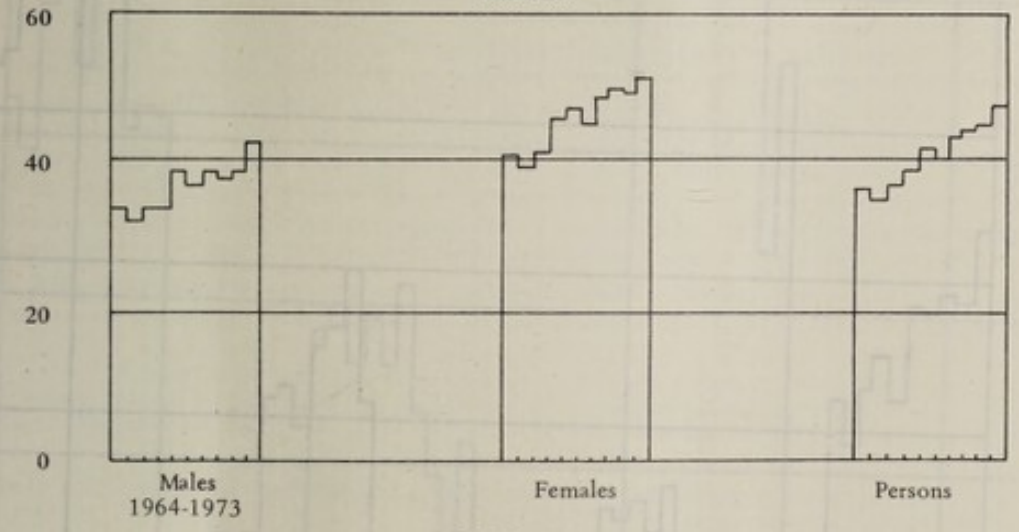
These tables indicate a steady rise in the percentage of deaths occurring at age 55 and over in the White and Coloured racial groups of the population, over the past ten years. The trends can be accepted as a satisfactory indication that the general environmental and health services are having the desired 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.

HEALTH INDICATORS

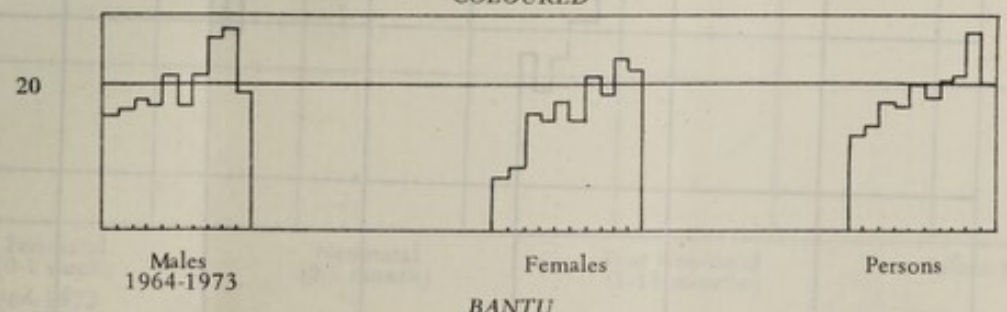
Percentage of deaths, Age 55 Years and over.



WHITES



COLOURED

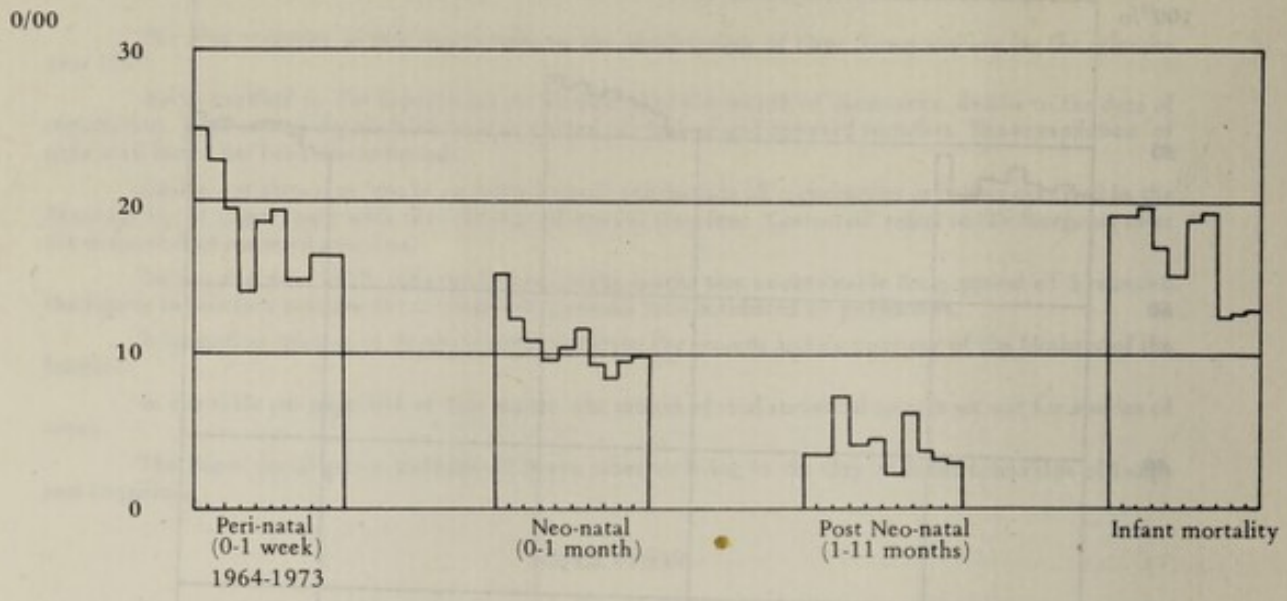


BANTU

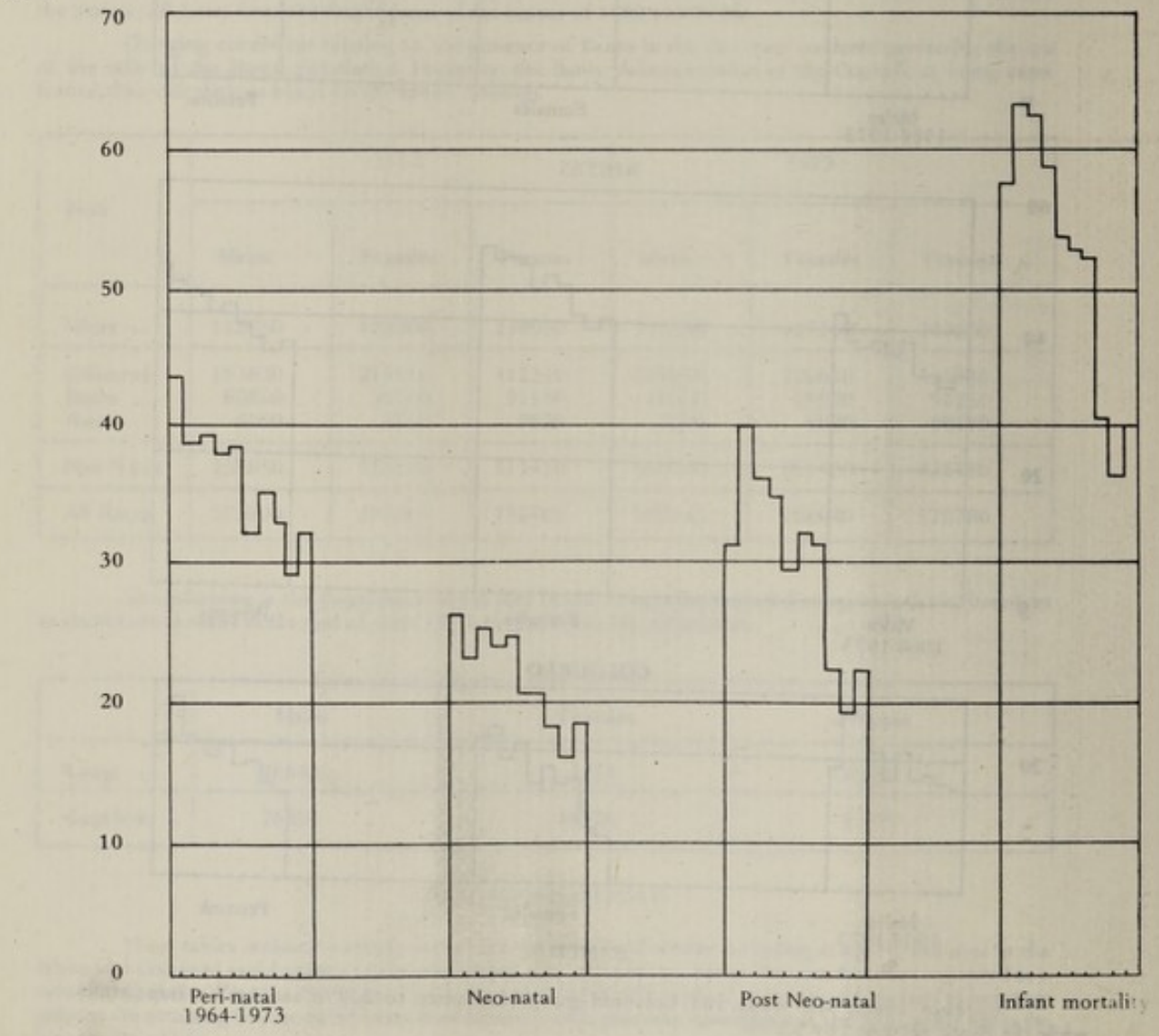
Increases among the White and Coloured groups amounted to 2,7°/o and 1,1°/o respectfully while the Bantu decreased by 5,2°/o

The low percentage of deaths still occurring in the non-White groups should be noted.

INFANT MORTALITY RATES PER 1 000 LIVE BIRTHS

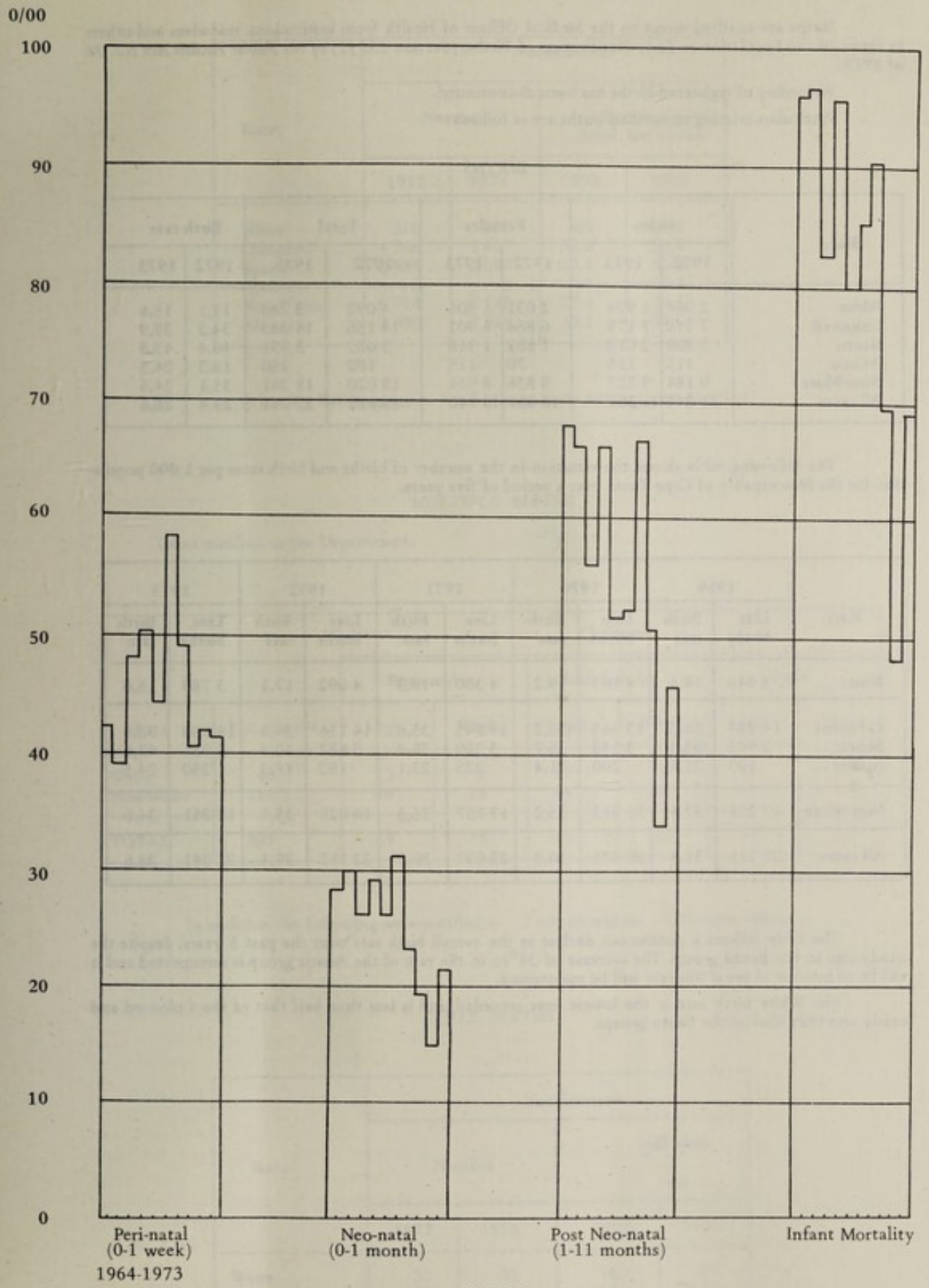


WHITES



COLOURED

INFANT MORTALITY RATES PER 1 000 LIVE BIRTHS



BANTU

BIRTHS

Births are notified direct to the Medical Officer of Health from institutions, midwives and others in terms of the Regulation re Early Notification of Births. *(Section 133 (1) of the Public Health Act No. 36 of 1919).*

Recording of registered births has been discontinued.

Particulars relating to notified births are as follows:–

BIRTHS

Race	Males		Females		Total		Birth rate	
	1972	1973	1972	1973	1972	1973	1972	1973
White	2 061	1 974	2 031	1 806	4 092	3 780	17,1	15,6
Coloured	7 272	7 179	6 884	6 901	14 156	14 080	34,3	32,9
Bantu	1 800	2 013	1 882	1 918	3 682	3 931	40,4	43,6
Asiatic	112	135	70	115	182	250	18,3	24,5
Non-White	9 184	9 327	8 836	8 934	18 020	18 261	35,1	34,6
All races	11 245	11 301	10 867	10 740	22 112	22 041	29,4	28,6

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

Race	1969		1970		1971		1972		1973	
	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate
White ...	3 948	18,4	4 165	19,2	4 300	18,3	4 092	17,1	3 780	15,6
Coloured	14 083	38,2	13 465	35,2	14 145	35,6	14 156	34,3	14 080	32,9
Bantu ...	2 985	35,3	3 148	36,7	3 369	36,2	3 682	40,4	3 931	43,6
Asiatic ...	199	21,8	200	21,4	223	23,1	182	18,3	250	24,5
Non-White	17 267	37,4	16 813	35,2	17 737	35,5	18 020	35,1	18 261	34,6
All races	21 215	31,4	20 978	30,2	22 037	30,0	22 112	29,4	22 041	28,6

The table reflects a continuous decline in the overall birth rate over the past 5 years, despite the steady rise in the Bantu group. The increase of 34% in the rate of the Asiatic group is unexpected and it will be of interest to see if this rate will be maintained.

The White birth rate is the lowest ever recorded and is less than half that of the Coloured and nearly one third that of the Bantu groups.

Illegitimate live births notified during the year, were as follows:–

Race	Notifications			
	Number		Percentage of total live births.	
	1972	1973	1972	1973
White	376	381	9,2	10,1
Coloured	4 756	5 052	33,6	35,9
Bantu	1 955	2 090	53,1	53,2
Asiatic	3	6	1,1	2,4
Non-White	6 714	7 148	37,3	39,1
All races	7 090	7 529	32,1	34,2

A further 760 illegitimate live births to non-residents were notified.

MULTIPLE BIRTHS

Twins notified to the Department.

		Children					
		Both males		Both females		Mixed	
Race	No. of pairs	Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.
White	42	13	1	19	1	8	–
Non-White	218	46	22	44	21	61	24
TOTAL	260	59	23	63	22	69	24

In addition the following were notified:– 2 sets of triplets – Coloured - Mixed.

STILL BIRTHS

Race	Notifications			
	Number		Still birth rate	
	1972	1973	1972	1973
White	33	33	8,1	8,7
Coloured	231	250	16,3	17,8
Bantu	115	104	31,2	26,5
Asiatic	3	3	1,6	12,0
Non-White	349	357	19,4	19,5
All races	382	390	17,3	17,7

The rate is calculated as per 1 000 births. A further 68 still births to non-residents were also notified.

BIRTHS IN INSTITUTIONS

Live and still births

Race	Notifications			
	Number		Percentage of total maternities	
	1972	1973	1972	1973
White	4 006	3 740	97	99
Coloured	8 649	8 826	60	63
Bantu	2 237	2 619	57	67
Asiatic	106	169	57	68
Non-White	10 992	11 614	60	64
All races	14 998	15 354	67	70

MATERNITY BEDS AVAILABLE AT VARIOUS HOSPITALS

Mowbray Maternity Hospital	99
Groote Schuur Hospital	82
Peninsula Maternity Hospital	76
Somerset Hospital	50
St. Monica's Home	39
	346

GENERAL MORTALITY

The deaths and rates per 1 000 population are shown in the following table:–

	Crude Total		Outward Transfers		Corrected Deaths	Death rate	Death rate
	M	F	M	F	Persons	1972	1973
White	1 520	1 326	349	216	2 281	(8,99)	9,40
Coloured	2 308	1 843	509	386	3 256	(7,37)	7,61
Bantu	821	448	143	74	1 052	(7,79)	11,66
Asiatic	45	21	8	3	55	(5,85)	5,40
Non-White	3 174	2 312	660	463	4 363	(7,41)	8,26
All races	4 694	3 638	1 009	679	6 644	(7,91)	8,62

Compared with the previous year the death rates for all races rose by 9,0°/o, 4,6°/o for Whites and 11,5°/o for non-Whites.

The White increase was due to a very sharp rise in deaths from degenerative heart disease (coronary thrombosis), whereas the non-White increase was fairly general with prominent gains in many categories.

Table L on page 104 sets out the annual death rates in years from 1945/6 and quinquennia from 1946/7.

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 105.

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 91.

PRINCIPAL CAUSES OF MORTALITY

Whites				Non-Whites			
Int. * Code No.	Cause of death	Deaths	Death rate	Int. * Code No.	Cause of death	Deaths	Death rate
410–416 420–422 430–434 440–443	Cardiovascular diseases	709	2,92	410–416 420–422 430–434 440–443	Cardiovascular diseases	705	1,33
140–205	Cancer	430	1,77	140–205	Cancer	513	0,97
794	Senility	321	1,32	490–493 500–502 763	Bronchitis and Pneumonia	496	0,94
330–334 450–456	Arterial diseases	291	1,20	330–334 450–456	Arterial diseases	415	0,79
E 800–999	Accidents and violence	108	0,45	E 800–999	Accidents and violence	383	0,73
490–493 500–502 763	Bronchitis and Pneumonia	104	0,43	571, 764	Gastro Enteritis	312	0,59
581	Cirrhosis of liver	36	0,15	760–762 765–776	Infant diseases	263	0,50
760–762 765–776	Infant diseases	27	0,11	001–019	Tuberculosis	202	0,38
260	Diabetes	22	0,09	794	Senility	175	0,33
053	Septicaemia	14	0,06	260	Diabetes	83	0,16

* Based on the International Classification of Diseases, 7th Revision.

The deaths listed above account for 84°/o of all deaths.

Cardiovascular diseases continue to head the list of principal causes of death for both racial groups. There has been no change in the order of the first four causes of death in the case of Whites and the first five causes for non-Whites from the previous year.

It is of interest to note that cirrhosis of the liver and septicaemia are reflected only in the White and gastro-enteritis and tuberculosis only in the non-White list of causes.

Further details of the year 1973 will be found in Table A to C pages 91 to 93 and in Table D, on pages 94 and 95 the rates of mortality of a short list of causes are shown by race with the correspond - ing figures for the previous 10 years.

DEATHS FROM CORONARY THROMBOSIS (CODE 420) OVER 5 YEAR PERIOD 1969 to 1973.

DEATHS AND DEATH RATES PER 1 000 POPULATION

RACE	1969		1970		1971		1972		1973	
	M	F	M	F	M	F	M	F	M	F
White	318	176	314	182	310	169	159 (273)	111 (190)	346	209
	3,11	1,57	3,04	1,60	2,77	1,37	2,40	1,52	3,00	1,64
Coloured	165	106	180	93	164	94	96 (165)	69 (118)	193	128
	0,95	0,54	1,00	0,46	0,88	0,45	0,85	0,54	0,96	0,56

SEASONAL VARIATION

The seasonal variation in mortality is shown in the table below and in Table C on page 93 where the deaths for the year are classified for specific causes.

	1968	1969	1970	1971	1972	Mean 5 years.	1973
January	473	472	485	490	436	471	559
February	445	471	484	546	–	487	403
March	478	469	443	533	–	481	574
April	461	505	583	515	–	516	447
May	524	543	546	481	–	524	560
June	530	651	600	543	–	581	596
July	526	732	700	523	520	600	586
August	625	609	689	557	614	619	694
September	529	573	713	553	461	566	659
October	461	541	562	451	434	490	526
November	411	419	550	448	579	481	495
December	441	548	532	401	429	470	545
TOTAL	5 904	6 533	6 887	6 041	3 473	6 286	6 644
MEAN	492	544	574	503	496	524	554
Per 1 000 population	9,0	9,7	9,9	8,2	7,9	9,1	8,6

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	33	15	6	12	25	16	432	258	675	809	1 171	1 110
	Coloured	292	270	78	66	109	59	875	545	445	517	1 799	1 457
	Bantu	146	122	42	47	48	20	383	134	59	51	678	374
	Asiatic	4	3	2	–	4	–	18	7	9	8	37	18
	Non-White	442	395	122	113	161	79	1 276	686	513	576	2 514	1 849
	All races	475	410	128	125	186	95	1 708	944	1 188	1 385	3 685	2 959
Percentage of Total Deaths	White	2.8	1,4	0,5	1,1	2,1	1,4	36,9	23,2	57,6	72,9	100	100
	Coloured	16,2	18,5	4,3	4,5	6,1	4,0	48,6	37,4	24,7	35,5	100	100
	Bantu	21,5	32,6	6,2	12,6	7,1	5,3	56,5	35,8	8,7	13,6	100	100
	Asiatic	10,8	16,7	5,4		10,8		48,6	38,9	24,3	44,4	100	100
	Non-White	17,6	21,4	4,8	6,1	6,4	4,3	50,8	37,1	20,4	31,2	100	100
	All races	12,9	13,9	3,5	4,2	5,0	3,2	46,4	31,9	32,2	46,8	100	100

NOTE:

The above figures represent percentages and not rates and cannot as a result be used for statistical comparisons between racial groups.

Reference should also be made to the health indicator diagrams on page 8 of this report.

In the non-White group 19,2°/o of all non-White deaths occurred under the age group of one year – the corresponding figure for Whites was 2,1°/o.

Deaths under 5 years of age constituted 24,6°/o of all deaths among non-Whites (Coloured 21,8°/o, Bantu 33,9°/o, Asiatic 16,4°/o). The corresponding figure for Whites was 2,9°/o.

Under 25 years of age, deaths constituted 30,1°/o of all deaths among non-Whites (Coloured 26,8°/o, Bantu 40,4°/o, Asiatic 23,6°/o). The White figure was 4,7°/o.

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

Race	Crude		Corrected					
			Deaths		Rate 1972		Rate 1973	
	M	F	M	F	M	F	M	F
White	1 520	1 326	1 171	1 110	9,1	8,9	10,1	8,7
Coloured	2 308	1 843	1 799	1 457	8,8	6,0	8,9	6,4
Bantu	821	448	678	374	7,5	8,8	11,2	12,5
Asiatic	45	21	37	18	7,6	4,0	7,0	3,7
Non-White	3 174	2 312	2 514	1 849	8,5	6,3	9,4	7,1
All races	4 694	3 638	3 685	2 959	8,7	7,2	9,6	7,6

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	1969		1970		1971		1972		1973	
	Deaths	Death rate	Deaths	Death rate	Deaths	Death rate	Deaths	Death rate	Deaths	Death rate
White	2 218	10,34	2 295	10,57	2 129	9,04	1 253 (2 148)	8,99	2 281	9,40
Coloured	3 348	9,09	3 528	9,23	3 045	7,66	1 772 (3 038)	7,37	3 256	7,61
Bantu	903	10,69	1 009	11,77	821	8,82	414 (710)	7,79	1 052	11,66
Asiatic	64	7,03	55	5,88	46	4,76	34 (58)	5,85	55	5,40
Non-White	4 315	9,34	4 592	9,62	3 912	7,82	2 220 (3 806)	7,41	4 363	8,26
All races	6 533	9,66	6 887	9,92	6 041	8,21	3 473 (5 954)	7,91	6 644	8,62

The rates computed from the 1972 figures are arbitrary.

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	
	Deaths in institutions	Percentage of total deaths	Deaths in institutions	Percentage of total deaths
White	1 849	65	1 334	58
Coloured	2 337	56	1 496	45
Bantu	806	64	599	56
Asiatic	38	58	30	55
Non-White	3 181	58	2 125	49
All races	5 030	60	3 459	52

There are 40 recognised general hospitals and private nursing homes in the municipality.

DEATHS BY OCCUPATION

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

Ocupation		Age Groups								Non-residents.	
		15–24		25–44		45–64		65 +			
	Sex	W	N-W	W	N-W	W	N-W	W	N-W	W	N-W
Agriculture	M			1		3		1		15	11
	F				1						3
Clerical	M	2	1	8	10	28	15	18	4	19	4
	F	1	6	7	1	13	1	2	1	5	
Domestic Servant	M								1		
	F		4		29		19		5		16
Fishing and Marine	M		3		11	3	7	1	2	2	9
	F										
Invalid	M	3		5	18	6	18	1	7	8	10
	F	2	2	3	4	5	12	9	5	1	7
Labourer	M	3	76	7	313	11	414		95	5	228
	F										
Managerial	M			5		36	2	28		16	1
	F					4				1	
Commercial	M			2	1	17	6	31	1	14	6
	F					3		1			
Professional	M	1		3		18	1	23	1	7	
	F	1	1	1	1	1	2	3		1	
Police and Military	M	3		2	2	5	2			6	
	F										
Salesmen	M		2	2	1	14	7	9		5	2
	F			2							
Scholar	M	2	7							2	
	F	1	2							1	2
Teacher	M				3	3	10	1	1	2	4
	F		1		2		3			1	1
Tradesman	M	1	7	12	28	53	50	14	20	20	13
	F				1				1		
Transport	M			2	19	15	29	3	5	8	8
	F										
Other Workers	M	4	18	11	74	62	125	28	32	20	44
	F	2	6	1	21	5	16	6	3		11
Housewives	M										
	F	4	17	24	161	151	370	603	384	131	184
Retired etc.	M			1	5	97	105	518	344	165	69
	F					38	42	185	177	42	25
TOTAL	M	19	114	61	485	371	791	675	513	314	409
	F	11	39	38	221	220	465	809	576	183	249

HOME ACCIDENTS

The following list of deaths in Cape Town from accidents in the home have 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		25–49		50–64		65 +	
		W	N-W	W	N-W	W	N-W	W	N-W	W	N-W	W	N-W
Burns	M		5	1	1		2		7		1		
	F		1				2		1	2		1	
Falls	M		1						1	2		1	
	F							1	1		1	1	1
Suffocation	M		3										
	F		1										
Poisoning by drugs	M	1											
	F		1							1			
Carbon Monoxide Poisoning	M				1								
	F								1				
Drowning	M												
	F		1										
Cuts	M							1		1		1	
	F												
Electrocution	M		1										
	F												
Firearms	M												
	F												
Lack of care	M												
	F												
TOTAL	M	1	10	1	2		2	1	3	3	1	2	
	F		4				2	1	3	3	1	2	1

The total of 48 accidental deaths compares with 22 (38) in the previous year.

ACCIDENTAL DEATHS

The table below sets out the causes of accidental deaths over a period of 5 years. These figures represent the minimum of deaths from unnatural causes, as inquest findings do not always establish the cause of death.

	1969	1970	1971	1972	1973
Railway	8	12	8	8 (14)	15
Road traffic	290	325	274	101 (173)	202
Poisoning	6	16	13	5 (9)	11
Falls	38	38	23	10 (17)	24
Drowning	46	43	26	15 (26)	31
Asphyxia	6	5		1 (2)	3
Burns	15	26	29	6 (10)	24
Trauma	16	21	18	2 (3)	19
Firearms	2	1			1
Electrocution	1	1	1	1 (2)	1
Miscellaneous	23	19	8	8 (14)	32
TOTAL	451	507	400	157 (269)	363

SUICIDE

Deaths by suicide. Number:–

Year	White		Non-White		Total			Rate per 1 000
	Male	Female	Male	Female	Male	Female	Persons	
1969	15	9	13	2	28	11	39	0,06
1970	15	9	7	6	22	15	37	0,05
1971	13	9	10	1	23	10	33	0,04
1972	5(9)	5(9)	7(12)		12(21)	5(9)	17(30)	0,04
1973	19	16	13	4	32	20	52	0,07

The sudden increase during the year in the number of suicides is unexpected, the mode of death showing a dramatic rise in the use of drugs. The number of Whites involved was twice that of the non-Whites, the males predominating in each racial group. Approximately 42% of all these events occurred among persons in the prime of life, i.e. in the age group 25–44 years.

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	
1969	–	–	2	3	10	9	11	3	1	–	39
1970	–	–	3	1	8	9	10	3	3	–	37
1971	–	–	2	2	7	5	12	2	1	2	33
1972	–	–	–	1(2)	6(10)	4(7)	2(3)	2(3)	2(3)	–	17(30)
1973	–	–	5	4	11	11	9	2	10	–	52

Death by suicide. Mode.

	1969	1970	1971	1972	1973
Drug Poisoning	7	9	9	6(10)	28
Hanging	11	10	7	7(12)	5
Firearms	14	6	6	2(3)	4
Carbon monoxide poisoning	3	4	4	1(2)	3
Falls	1	3	2	–	4
Railway	1	1	4	1(2)	3
Drowning	–	1	–	–	1
Wounds	1	1	1	–	1
Electrocution	–	–	–	–	1
Burns	1	2	–	–	1
Inanition	–	–	–	–	1

City of Cape Town. - Stad Kaapstad.

With the Compliments of the Medical Officer of Health.

Met die komplimente van die Mediese Gesondheidsbeampte.

INFANT MORTALITY

The deaths of infants under one year of age are shown in the following table.

Race	Crude		Outward Transfers		Corrected Infant Deaths 1973		
	M	F	M	F	M	F	Total
White	58	31	25	16	33	15	48
Coloured	418	369	126	99	292	270	562
Bantu	173	152	27	30	146	122	268
Asiatic	4	3	–	–	4	3	7
Non-White	595	524	153	129	442	395	837
All races	653	555	178	145	475	410	885

Race	Infant deaths		Rate per 1 000 live births	
			Based on notified births	
	1972	1973	1972	1973
White	31(53)	48	13,0	12,7
Coloured	296(507)	562	35,8	39,9
Bantu	103(177)	268	48,1	68,2
Asiatic	2(3)	7	16,5	28,0
Non-White	401(687)	837	38,1	45,8
All races	432(740)	885	33,5	40,2

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.

Compared with the previous year, when annual figures had to be found by proportion, infant deaths of all races rose sharply by 145 i.e. (19,6°/o) White deaths decreased slightly. Among non-Whites the increase occurred in nearly all categories, being most marked in the case of prematurity, enteritis and pneumonia. When compared with the 1971 infant deaths a more realistic increase of 21 deaths is observed.

During the year 58°/o of the White deaths occurred in the first week of life (peri-natal period) and 77°/o in the first month of life (neo-Natal period). The percentages among the non-White group were 32°/o and 41°/o 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 pages 102. This Table indicates very clearly the fall in infant mortality over the past twenty five years, and in recent years the decline in the number of infant deaths from gastro-enteritis. Table E and F on pages 96 and 98 shows the deaths of infants classified according to age, cause, months and legitimacy.

The infant mortality rates since 1945/6 are set out in years and quinquennia from 1946/7 in Table L on page 104.

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

Race	1969		1970		1971		1972		1973	
	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	71	18,0	66	15,8	55	12,8	31(53)	13,0	48	12,7
Coloured	744	52,8	703	52,2	571	40,4	296(507)	35,8	562	39,9
Bantu	255	85,4	284	90,2	234	69,5	103(177)	48,1	268	68,2
Asiatic	2	10,1	2	10,0	4	17,9	2(3)	16,5	7	28,0
Non-White	1 001	58,0	989	58,8	809	45,6	401(687)	38,1	837	45,8
All races	1 072	50,5	1 055	50,3	864	39,2	432(740)	33,5	885	40,2

The neo-natal (under 4 weeks) and post neo-natal (over 4 weeks but under one year) mortality rates per 1 000 live births (notified) are shown in the following table classified for certain causes.

Cause of death	Neo-natal mortality rate		Post neo-natal mortality rate		Infant mortality rate	
	White	non-White	White	non-White	White	non-White
Whooping cough				0,1		0,1
Tuberculosis *(all forms)*				0,3		0,3
Scarlet fever						
Measles				1,3		1,3
Diphtheria		0,2		0,1		0,2
Syphilis		0,4				0,4
Bronchitis and pneumonia		1,4		7,7		9,1
Gastro enteritis		0,7	0,3	11,1	0,3	11,7
Prematurity	3,4	8,0		0,2	3,4	8,2
Injury at birth	0,5	1,0			0,5	1,0
Congenital malformations	2,4	1,1	0,3	0,9	2,6	2,1
Other diseases of early infancy		0,3				0,3
Other and ill-defined or unknown causes	3,4	5,9	2,4	5,2	5,8	11,1
TOTAL	9,8	19,0	2,9	26,8	12,7	45,8

The trend in infant mortality since 1964 is as follows:–

White Group

Cause of death	1964	1965	1966	1967	1968*	1969*	1970*	1971*	1972*	1973*
Whooping cough										
Tuberculosis										
Measles	0,3									
Diphtheria										
Syphilis				0,3		0,3				
Bronchitis and pneumonia	1,4	1,5	0,5	0,8	1,3	1,5	1,2	1,9	0,7	
Gastro enteritis	1,1	1,2	1,9	0,8	0,5	0,8	1,2	0,7		0,3
Prematurity	3,2	3,2	3,2	2,1	2,4	4,6	1,9	3,0	2,4	3,4
Injury at birth	1,6	1,2	1,3	0,5	1,3	1,0	1,2	0,5	0,5	0,5
Congenital malformations	5,4	4,9	3,5	3,7	3,7	3,3	3,4	2,3	2,4	2,6
Other diseases of early infancy	4,6	5,2	3,5	4,5	4,4	4,8	3,8	3,3	4,6	
Other causes	1,4	2,3	2,7	2,1	1,3	1,3	3,1	1,2	2,2	5,8
All causes	19	19	17	15	15	18	16	13	13	13

*Rates based on notified births.

Non-White Group

	1964	1965	1966	1967	1968*	1969*	1970*	1971*	1972*	1973*
Whooping cough	0,3	0,2	0,1	0,1	0,2		0,1	0,1	0,1	0,1
Tuberculosis	0,4	0,6	0,3	0,9	0,3	0,5	0,2	0,3	0,3	0,3
Measles	0,8	1,7	1,3	1,3	0,9	1,3	1,2	1,2	0,2	1,3
Diphtheria			0,1			0,1				0,2
Syphilis	0,4	0,2	0,1	0,4	0,5	0,4	0,3	0,2		0,4
Bronchitis and pneumonia	11,0	10,6	11,9	12,5	9,3	9,3	8,5	7,3	7,9	9,1
Gastro enteritis	20,6	22,0	20,6	20,4	14,1	16,2	19,9	13,9	10,0	11,7
Prematurity	14,4	11,8	11,2	11,3	8,7	6,8	6,4	9,2	6,1	8,2
Injury at birth	4,2	3,1	2,9	3,3	2,8	3,0	2,9	1,2	0,9	1,0
Congenital malformations	5,6	3,9	4,1	4,8	3,6	3,5	3,6	2,0	2,1	2,1
Other diseases of early infancy	8,6	13,4	14,7	13,3	10,0	11,7	9,9	6,9	6,3	0,3
Other causes	13,5	10,9	10,4	11,1	7,3	4,2	5,8	3,3	3,7	11,1
All causes	78	78	78	79	58	58	59	46	38	46

*Rates based on notified births.

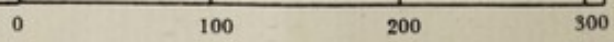
PRINCIPAL CAUSES OF INFANT MORTALITY 1973.

Whites

	Code	Cause	Deaths
1	774–6	Prematurity	13
2	750–9	Congenital malformations	10
3	795	Other miscellaneous causes	7
4	772–3	Nutritional Maladjustment	6
5	762	Post Natal asphyxia	3
6	770–1	Haemorrhagic and Haemolytic	3
7	760–1	Birth Injury	2
8	340	Meningitis	2
9	571,764	Gastro-enteritis	1
10	E924-5	Suffocation (overlying)	1
		All Causes	48

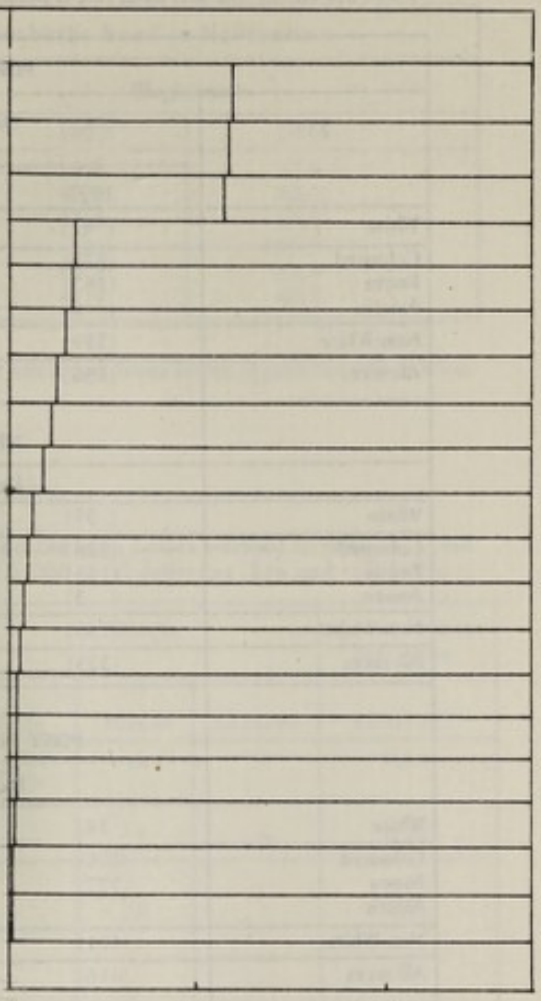
Non-Whites

	Code	Cause	Deaths
1	571,764	Gastro Enteritis	214
2	490-3, 765 500–2	Bronchitis & Pneumonia	167
3	774–6	Prematurity	150
4	795	Ill Defined & Others	57
5	772–3	Nutritional maladjustment	47
6	750–9	Congenital Malformations	38
7	762	Post Natal Asphyxia	36
8	340	Meningitis	27
9	085–6	Measles	23
10	760–1	Birth Injury	19
11	053	Septicaemia	14
12	279–289	Avitaminosis	13
13	020	V.D. (Congenital)	8
14	770–1	Haemolytic & Haemorrhagic	5
15	001–019	Tuberculosis	5
16	765–9	Other Diseases of Early Infancy	5
17	055	Diphtheria	4
18	056	Whooping Cough	2
19	E924-5	Suffocation (overlying)	2
20	061	Tetanus Neonatorum	1
		All causes	837



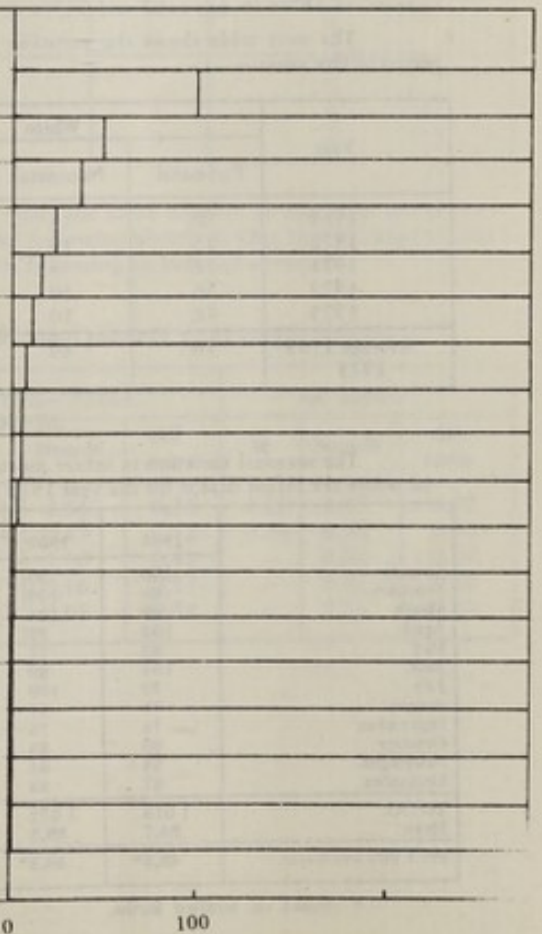
Coloured

	Code	Cause	Deaths
1	490-3,763 500-2	Bronchitis & Pneumonia	119
2	774-6	Prematurity	117
3	571,764	Gastro-enteritis	114
4	795	Ill Defined & Others	35
5	772-3	Nutritional Maladjustment	34
6	750-9	Congenital Malformations	28
7	340	Meningitis	23
8	762	Post Natal Asphyxia	21
9	085-6	Measles	16
10	760-1	Birth Injury	13
11	053	Septicaemia	10
12	020	V.D. (Congenital)	7
13	279-289	Avitaminosis	6
14	770-1	Haemolytic & Haemorrhagic	4
15	765-9	Other Diseases of early Infancy	4
16	055	Diphtheria	4
17	001-019	Tuberculosis	3
18	E924-5	Suffocation (Overlying)	2
19	056	Whooping Cough	2
		All Causes	562



Bantu

	Code	Cause	Deaths
1	571,764	Gastro-enteritis	98
2	490-3,763 500-2	Bronchitis & Pneumonia	48
3	774-6	Prematurity	33
4	795	Ill Defined & Others	21
5	762	Post Natal Asphyxia	14
6	772-3	Nutritional Maladjustment	12
7	750-9	Congenital Malformations	8
8	085-6	Measles	7
9	279-289	Avitaminosis	7
10	760-1	Birth Injury	6
11	053	Septicaemia	4
12	340	Meningitis	4
13	001-019	Tuberculosis	2
14	020	V.D. (Congenital)	1
15	061	Tetanus	1
16	765-9	Other Diseases of Early Infancy	1
17	770-1	Haemolytic and Haemorrhagic	1
		All Causes	268



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

	PERI NATAL PERIOD			
	Deaths		Rate per 1 000 deliveries based on births and still births	
	1972	1973	1972	1973
White	(67)	61	16	16
Coloured	(420)	455	29	32
Bantu	(163)	167	43	41
Asiatic	(6)	6	32	24
Non-White	(589)	628	32	34
All races	(656)	689	29	31
	NEO NATAL PERIOD			
	Deaths		Rate per 1 000 live births	
White	(39)	37	10	10
Coloured	(228)	255	16	18
Bantu	(55)	88	15	22
Asiatic	(3)	4	16	16
Non-White	(286)	347	16	19
All races	(325)	384	15	17
	POST NEO NATAL PERIOD			
	Deaths		Rate per 1 000 live births	
White	(14)	11	3	3
Coloured	(279)	307	20	22
Bantu	(122)	180	33	46
Asiatic	(–)	3	–	12
Non-White	(401)	490	22	27
All races	(415)	501	19	23

Compared with the previous year, in which annual deaths were again estimated, there was an increase of 18°/o in neo-natal and 21°/o in post-neo natal deaths.

The next table shows the variation in the peri-natal, neo-natal and post neo-natal rates over a period of five years:–

Year	White			Non-White		
	Peri-natal	Neo-natal	Post neo-natal	Peri-natal	Neo-natal	Post neo-natal
1969	20	14	4	38	22	36
1970	15	10	6	37	21	38
1971	15	8	5	34	19	27
1972	16	10	3	32	16	22
1973	16	10	3	34	19	27
Average 1969–1973	16	10	4	35	19	30

SEASONAL VARIATION

The seasonal variation in infant mortality is shown in the following table and in Table E on page 96 where the infant deaths for the year 1973 are classified for certain causes.

	1968	1969	1970	1971	1972	Mean 5 years	1973
January	106	90	111	87	61	91	75
February	88	104	116	108	–	104	53
March	98	104	70	75	–	87	84
April	102	79	111	89	–	95	56
May	92	77	75	66	–	78	90
June	104	89	67	79	–	85	86
July	70	109	91	66	64	80	83
August	77	97	80	67	71	78	81
September	74	76	74	57	52	67	81
October	60	85	71	54	50	64	62
November	58	64	87	70	84	73	69
December	87	98	102	46	50	77	65
TOTAL	1 016	1 072	1 055	864	432	979	885
Mean	84,7	89,3	87,9	72,0	61,7	81,6	73,8
Per 1 000 live births	48,6*	50,5*	50,3*	39,2*	33,5*	45,6*	40,2*

* Based on notified Births.

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 Notifications			
	Legitimate		Illegitimate	
	1972	1973	1972	1973
White	11,0	12,1	18,6	7,9
Coloured	26,3	27,1	43,9	48,3
Bantu	33,0	39,7	41,4	59,8
Asiatic	16,8	20,5	–	166,7
Non-White	27,2	29,1	43,2	51,8
All races	23,2	25,1	41,9	49,5

The deaths of 148 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).

Int. Code No.	Cause of death	Deaths			Maternal mortality rates
		White	Non-W	All races	All races
681 640,641 651,682 684	Puerperal fever Other puerperal septicaemia (including abortion with sepsis)	– –	1 1	1 1	0,04 0,04
642,652 685–686 643–644 670–672 650 645–649,660 673–680 683 687–689	Toxaemia of pregnancy and the puerperium Haemorrhage of pregnancy and childbirth Abortion without mention of sepsis or toxaemia Other complications of pregnancy, childbirth and the puerperium	– – – –	1 – – –	1 – – –	0,04 – – –
	All causes (except puerperal septicaemia)	–	1	1	0,04
	TOTAL	–	3	3	0,13

Three fatalities (all Coloured) occurred during the year, the same number as recorded in the previous year. Magisterial inquests were held in two cases, one following abortion. One further inquest was held on a case from outside the area who died from peritonitis following an induced abortion.

The maternal mortality rates per 1 000 deliveries in 1973 and previous years were as follows:–

	Puerperal septicaemia			Other causes			All causes		
	W	Non-W	All races	W	Non-W	All races	W	Non-W	All races
1969	–	0,11	0,09	0,25	0,34	0,32	0,25	0,45	0,42
1970	–	0,29	0,23	0,24	0,47	0,42	0,24	0,76	0,66
1971	–	0,17	0,13	–	0,50	0,42	–	0,66	0,54
1972	–	0,11	0,09	–	0,16	0,13	–	0,27	0,22
1973	–	0,11	0,09	–	0,05	0,04	–	0,16	0,13

SECTION III – MATERNAL AND CHILD WELFARE

DR. K B SUNDGREN
MATERNAL AND CHILD WELFARE OFFICER

This Branch is, in the main, responsible for health education and for preventive work amonst 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 **45** health visitors and **66** clinic sisters are guided and controlled by six full-time and **40** part-time medical officers.

Clinic sessions are held at **40** municipal and other centres in the city and suburbs. These centres are sited as near as possible to the homes of the population groups which they have been designed to serve. **34** clinics now operate in specially constructed municipal buildings and **6** halls hired for the purpose.

At these centres infant and child welfare, school clinics, ante-natal, post-natal and immunising sessions are held. The table on page 29 indicates the attendances at the various session at the centres during the year.

The intensive programme of immunisation against poliomyelitis, diphtheria, whooping cough and tetanus has been continued throughout the year. Smallpox vaccination of infants is now also carried out at the immunising sessions; nurses are being trained and 8 have been registered as lay vaccinators.

The immunisation of newborns by the use of B.C.G. vaccine has also been continued; those born in maternity institutions are vaccinated there by the Paediatric staff members of those hospitals, while those born at home are vaccinated at special sessions conducted by the Branch's staff at the various child welfare centres. Per-cutaneous B.C.G. is administered by a 20 needle Heaf gun. **25 956** newborns were vaccinated by this method against tuberculosis during the year.

CHILD WELFARE SESSIONS

During the year an average of **68** child welfare sessions were held weekly and **5** fortnightly.

At these sessions **369 275** attendances were recorded of which **19 643** were new cases. **2 193** White and **16 875** non-White were under one year of age at their first attendance and **27** White and **548** non-White were over one year of age.

These figures show an increase of **6 128** attendances over the previous year and the number of new cases fell by **305**.

First attendances of children under one year of age were less than the number of notified births. Of these, White attendances amounted to **58%** and non-White attendances to **92,4%** of the births notified to the Department.

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

Centre	1969	1970	1971	1972	1973
Camps Bay	939	657	597	676	660
Sea Point		454	1 278	1 250	1 486
Green Point	1 449	1 427	1 403	1 174	
Kloof Street	2 417	2 661	2 656	2 672	2 093
Shortmarket Street	5 727	4 753	4 500	4 589	4 084
Aspeling Street	13 362	13 265	12 649	12 804	11 656
Bloemhof	8 105	7 606	6 346	4 924	3 303
Devil's Peak	1 674	1 229	1 524	1 455	962
Salt River	12 639	9 858	8 949	10 137	9 819
Brooklyn	2 770	2 317	1 857	1 962	1 748
Maitland	3 786	3 190	2 784	3 257	3 135
Kensington	19 101	16 196	17 927	16 030	13 485
Factreton	9 224	8 413	8 145	6 974	6 238
Thornton			510	594	543
Langa	2 946	2 800	2 944	3 387	3 392
Guguletu I	9 543	8 758	10 387	12 218	14 592
Guguletu III	7 173	7 463	7 941	8 006	6 696
Athlone	15 388	14 603	15 150	16 194	14 846
Bokmakierie	12 903	8 963	10 332	11 234	9 640
Silvertown	17 504	16 087	15 519	16 893	15 973
Bonteheuwel	33 042	28 984	28 467	27 586	25 855
Netreg	19 477	15 083	16 776	12 606	14 578
Heideveld	25 164	22 628	20 954	19 477	19 117
Manenberg	34 357	45 480	56 694	47 544	48 853
Hanover Park		856	25 201	43 453	47 125
Newfields					186
Claremont (Station Road)	8 469	7 685	5 827	5 358	4 383
Claremont (Wesley Street)	5 583	5 372	4 728	4 022	3 267
Lansdowne	13 167	13 963	12 272	13 750	13 611
Bergvliet					350
Wynberg	6 814	6 076	6 600	6 401	6 364
Ottery			461	323	179
Southfield	450	676	867	1 043	1 182
Parkwood	4 242	9 039	12 719	12 081	12 252
Elfindale					1 249
Heathfield	6 348	5 566	4 570	4 129	2 002
11th Avenue Retreat	39 695	29 068	23 412	25 066	35 436
Lavender Hill					3 088
Muizenberg (John Power)	5 763	5 346	3 796	3 458	5 454
Muizenberg					40
Kalk Bay	784	690	597	420	353
TOTALS	**350 005**	**327 212**	**357 339**	**363 147**	**369 275**

CHILD WELFARE BRANCH 1973

Centre	Race	Infant Consultations				Pre-Natal Clinics			School Clinics			Dinners	
		Sessions	1st Attendances		Total Attendances	Sessions	Attendances		Sessions	Attendances		Attendances	
			Under 1 year	Over 1 year			1st	Total		1st	Total	Adult	Children
Camps Bay	White	24	72	1	660								
Sea Point	"	27	228	1	1 486								
Kloof Street	"	50	188		2 093								
Shortmarket Street	Non-W	101	341	1	4 084				6	33	150		
Aspeling Street	"	148	710	1	11 656	51	775	1 490	14	200	829	74	532
Bloemhof	"	75	194	1	3 303								
Devil's Peak	White	41	114	2	962								
Salt River	White		220	2	2 332		13	17		98	578		
	Non-W		453	4	7 487		247	471		1 137	5 132		
	All Races	148	673	6	9 819	24	260	488	186	1 235	5 710		
Brooklyn	White	50	176	2	1 748								
Maitland	White		102	3	1 017			1					
	Non-W		159	4	2 118		106	282	5	58	449		
	All Races	99	261	7	3 135	25	106	283	5	58	449		
Kensington	Non-W	151	754		13 485	35	563	1 014	7	193	654	225	4 668
Factreton	"	48	404	2	6 238								
Thornton	White	24	49		543								
Langa	Bantu	48	520	29	3 392	50	769	2 178					
Guguletu Sect. I	"	122	2 102	136	14 592	101	2 039	6 673					
Guguletu Sect. III	"	99	928	42	6 696	50	915	2 935					
Athlone	Non-W	150	767	2	14 846	50	581	2 207	6	70	227		
Bokmakierie	"	106	418		9 640	49	403	1 747	102	830	3 732		11 616
Silvertown	"	148	889	1	15 973	48	766	3 169					
Bonteheuwel	"	198	869	3	25 855	58	1 123	4 143	14	107	387		
Netreg	"	149	381	8	14 578								
Heideveld	"	153	724		19 117	48	645	1 448					
Manenberg	"	248	1 335	12	48 853	50	1 197	1 671	7	82	216	1 182	14 462
Newfields	"	13	26		186								
Hanover Park	"	248	1 199	100	47 125	82	1 153	5 461				1 133	15 961
Claremont (Station Road)	White		454	1	4 146								
	Non-W		15		237		360	1 094	7	27	135		
	All Races	107	469	1	4 383	50	360	1 094	7	27	135		
Claremont (Wesley Street)	Non-W	88	192	1	3 267							86	514
Lansdowne	White		109	3	1 307								
	Non-W		787	2	12 304	51	547	2 270					
	All Races	197	896	5	13 611	51	547	2 270					
Wynberg	White		168	1	1 321		4	6					
	Non-W		328		5 043	51	260	1 108	5	7	94		
	All Races	97	496	1	6 364	51	264	1 114	5	7	94		
Ottery	White	8	34		179								
Southfield	"	28	158	1	1 182								
Parkwood	Non-W	104	467	20	12 252	52	417	1 846				1 699	8 950
Bergvleit	White	11	56		350								
Elfindale	Non-W	28	51	1	1 249			3					
Lavender Hill	"	23	106	8	3 088								
Heathfield	White		46	10	378								
	Non-W		85	4	1 624								
	All Races	38	131	14	2 002								
Retreat	Non-W	199	1 457	160	35 436	98	1 733	6 029	13	107	894	886	3 978
John Power	"	53	193	5	5 454								
Muizenberg	White	6	16		40								
Kalk Bay	White		3		5								
	Non-W		21	1	348	19	16	66					
	All Races	23	24	1	353	19	16	66					
TOTAL	White		2 193	27	19 749		17	24		98	578		
	Non-W		16 875	548	349 526		14 615	43 705		2 851	12 899	5 285	60 681
	All Races	3 678	19 068	575	369 275	1 163	14 632	43 729	389	2 949	13 477	5 285	60 681

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	400	855	6 704
Meadowridge	23	45	474

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.

Dried milk for infants who cannot be entirely breast fed, and supplementary milk for children at risk or with protein malnutrition is 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 **1 184** new cases were supplied with dried milk powder. A total of **66 516** kg. *(146 335 lbs)*, fortified with Vitamin D and iron supplement, together with **4 095** kg. *(9 009 lbs)* of Council skim milk was issued.

The pilot scheme started in 1961 for the distribution of powdered skim milk to necessitous toddler groups and subsidised by the State Health Service was continued on a permanent basis. The subsidy has been increased from time to time and for the greater part of the year was 36c per kg. This milk is distributed to indigent pre-school toddlers showing signs of malnutrition, in an effort to prevent the development of kwashiorkor. More than **2 400** children were supplied with this milk each week and during the year a total of **63 120** kg. *(138 864 lbs)* was issued.

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

MEDICAL EXAMINATION

All infants attending welfare centres are medically examined at their first visit, and periodically thereafter. Children requiring special treatment are referred to hospital, but owing to the lack of facilities in certain areas, many of the clinics tend to be a regular paediatric out-patients service, and it is estimated that 50–80% of cases seen by the medical officer at a clinic need curative therapy. Day hospitals will in due course alter this tendency but at present the effect is small as far as child welfare clinics are concerned.

SUPPLEMENTARY FEEDING

At 8 centres supplementary meals were served throughout the year from Monday to Friday to indigent expectant and nursing mothers and pre-school children.

These meals consist of soup, cheese, fruit and enriched bread spread with a mixture of margarine, peanut butter, food yeast and golden syrup. Skimmed milk was supplied at 5 of these centres.

HEALTH VISITING IN THE HOME

Home visiting is the most important aspect of the work of the health visitor, since it aims at teaching the mother the care of her child in relation to the home. Visits are made soon after an infant's birth and thereafter as frequently as the health visitor's time permits but not less frequently than every three months during the first year.

The health visitors undertake home visiting for children under school age, visiting of expectant mothers, and in addition the visiting required for ophthalmia neonatorum, puerperal fever, whooping cough and other infectious ailments of childhood. Each health visitor assists at sessions held at the centre which lies in her district.

The full complement of health visiting staff on 31 December 1973 was as follows:–

	White	Coloured	Bantu	TOTAL
Chief Health Visitor	1			1
Senior Health Visitor	3	1		4
Health Visitors	13	30	7	50
Social Worker	1			1
Supervisor (Family Planning)	1			1
Learner Public Health Nurses	1	2	1	4
Clinic Sisters	18	23		41
Clinic Assistants	5	14	5	24
Clinic Nurses			4	4
Nursing Assistants		5		5
	43	75	17	135

Special duties are performed by 27 of the health visitors and clinic sisters:–

Diphtheria, poliomyelitis and B.C.G. vaccination	12
Ophthalmia clinics and visiting	1
Supervisor of Midwifery	1
Family planning	13

The following table shows the number of visits made during 1973 and the previous year by health visitors and the social welfare worker. Visits made by the health visitors of the tuberculosis and venereal diseases branches are included here for convenience.

Visits in connection with:—

	1972	1973
Births	19 102	19 624
Subsequent revisits	118 432	112 484
Child deaths	560 *	815
Expectant mothers	1 021	1 125
Midwives	2 656	2 569
Orthopaedic	13	27
Schools	387	605
Protected infants	593	741
Social Welfare	5 320	6 677
Infectious diseases	2 850	4 451
Other visits	25 624	34 400
	176 558	183 515
Tuberculosis	36 848	37 220
Venereal diseases	1 207	1 197
	214 613	221 932

* Information concerning deaths was unobtainable for the period February to June, with a consequent reduction of visits.

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 admissions as far as possible to primiparae, abnormal confinements, women who have had 8 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 where hospital confinement is considered advisable for any of the above reasons.

The ante-natal clinics of the Provincial Hospitals function as follows: The Peninsula Maternity Services functioning at Groote Schuur Hospital out-patient department undertake the bookings for Groote Schuur hospital, Mowbray Maternity hospital and the Peninsula Maternity hospital. They see women referred from the southern zone of the City Council area, while Somerset hopital and St. Monica's home see patients from the Northern Zone. Women booked for hospital delivery must attend hospital for their ante-natal care.

5 756 cases were attended by private midwives in their own homes, and most of these women attended the welfare centres for ante-natal care.

During the year, an average of 21 pre-natal sessions were held weekly and 3 fortnightly at which there were 14 632 new cases. The total attendances numbered 43 729 details of which are shown below.

The number of new cases attending the municipal pre-natal sessions amounted to 66% of the number of notified live births *(0,4% White and 80,0% non-White)*.

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. 10 244 blood specimens were taken during the year *(23 Whites and 10 221 non-White)*. Of these 1 118 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	1969	1970	1971	1972	1973
Shortmarket Street ...	347				
Aspeling Street ...	1 334	1 762	1 732	1 617	1 490
Slat River ...	475	479	408	452	488
Maitland ...	345	141	140	334	283
Kensington ...	2 088	1 737	1 537	1 608	1 014
Langa ...	1 570	1 875	1 859	1 949	2 178
Guguletu 1 ...	5 207	4 939	4 949	6 266	6 673
Guguletu 111 ...	2 388	2 465	3 062	3 179	2 935
Athlone ...	3 339	3 196	2 898	2 540	2 207
Bokmakierie ...	2 299	1 288	1 543	1 537	1 747
Silvertown ...	2 303	2 156	2 659	3 253	3 169
Bonteheuwel ...	4 776	4 933	5 258	4 891	4 143
Heideveld ...	2 671	1 492	1 974	1 925	1 448
Manenberg ...	2 913	2 601	2 399	1 801	1 671
Hanover Park ...		169	2 085	3 709	5 461
Claremont (Station Road) ...	1 853	1 724	1 685	1 601	1 094
Lansdowne ...	2 195	2 267	2 198	2 305	2 270
Wynberg ...	1 448	1 092	1 247	1 699	1 114
Parkwood ...		778	1 795	1 759	1 846
Elfindale ...					3
11th Avenue, Retreat ...	5 794	6 349	5 362	5 483	6 029
Kalk Bay ...	100	94	66	75	66
TOTALS ...	43 445	41 537	44 856	47 983	43 729

POST-NATAL AND FAMILY PLANNING CLINICS

Weekly post-natal sessions are held at 18 of the Child Welfare Centres in conjunction with family planning.

Instruction in family limitation and spacing is given at these sessions where this is deemed advisable for socia-medical or other reasons.

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

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

Number of cytological examinations	15 672
Number showing cells needing further investigation and referred to Gynaecology Department, Groote Schuur Hospital	103

Reports received from Groote Schuur Hospital reveal that early cancer *(Ca-in-situ)* was detected in 24 cases, and invasive cancer in 1 case. In a number of the remainder investigations are still proceeding.

ATTENDANCES FOR THE YEAR 1973

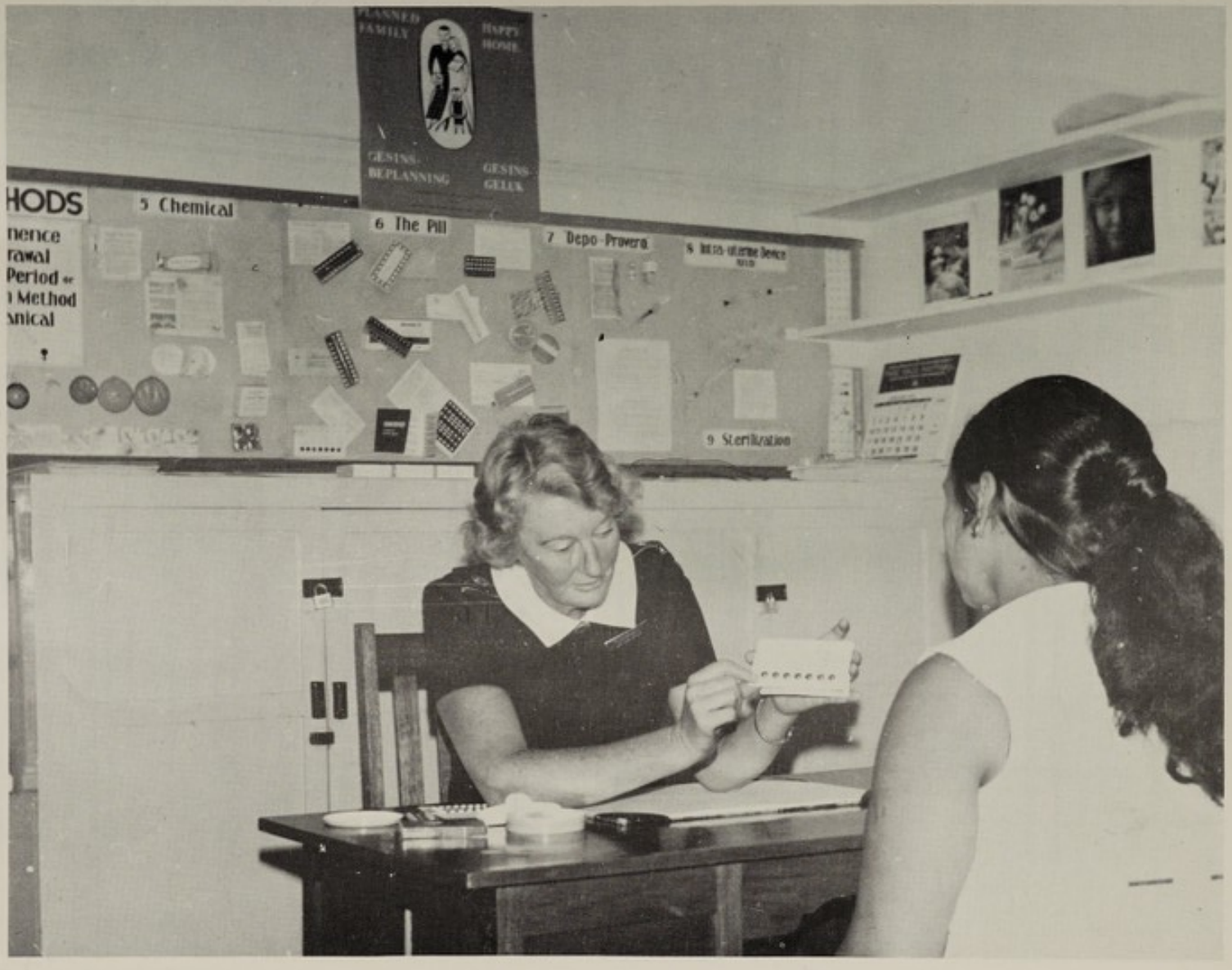
	INDIVIDUALS	1ST ATTENDANCES	TOTAL ATTENDANCES
White	1 966	941	4 653
Coloured	25 507	11 279	70 110
Bantu	4 767	2 483	12 682
	32 240	14 703	87 445
1968	16 902	8 289	69 934
1969	18 371	9 676	80 641
1970	16 855	9 597	79 696
1971	20 000 *(Estimated)*	10 806	83 349
1972	26 841	12 069	89 809

CONTRACEPTION ANALYSIS

	PILLS	DEPO PROVERA INJECTIONS	INTRO UTERINE DEVICES	OTHERS
White	76%	15%	7%	2%
Coloured	59%	34%	4%	3%
Bantu	44%	52%	4%	0%

The individual attendances at the family planning centres over the year are shown in the following table:–

Centre	1972	1973
Shortmarket Street	768	744
Aspeling Street	1 382	1 529
Salt River	1 892	2 091
Maitland	520	595
Kensington	1 442	1 729
Langa	538	711
Guguletu 1	2 934	3 046
Bokmakierie	1 720	2 024
Silvertown	1 822	1 995
Bonteheuwel	2 057	2 400
Heideveld	1 162	1 488
Manenberg	1 867	2 123
Hanover Park	1 193	1 568
Claremont *(Station Road)*	737	932
Lansdowne	1 438	1 585
Wynberg	2 215	2 467
Parkwood	648	735
11th Avenue, Retreat	2 506	2 937
Factories *(Misc.)*		1 541
TOTALS	26 841	32 240



Personal Advice in a Family Planning Clinic

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, 25 573 births and 458 stillbirths were notified *(including births to mothers who were not Cape Town residents)* as follows:

Notif ed by midwives and nurses *(other than extern or intern institutional cases)*	6 951
Notified by doctors	14
Notified by institutions *(extern or intern)*	19 066

There were 676 births notified in Langa Bantu Township and 3 082 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
(a) *In private houses:*		
By private doctors	14	0,1
By private midwives		
Certificated	5 545	21,3
Uncertificated	211	0,8
By institutional midwives or student midwives	1 189	4,6
No doctor or midwife	6	0,0
	6 965	26,8
(b) *In institutions:*		
Public institutions	14 767	56,7
Private Nursing homes	4 299	16,5
	19 066	73,2

3 600 of these births were to non-residents of Cape Town.

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 the Provincial Administrations Hospitals district midwives.

PUERPERAL FEVER

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

One non-White died in a general hospital the day following admission. She had given birth to a premature infant and eight days later had been satisfactorily discharged by the midwife with no apparent disease. The death certificate stated death was due to puerperal sepsis, septicaemia and emboli to brain.

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.

36 cases *(all non-White)* of ophthalmia neonatorum were notified. 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 3 1/2 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	98
At institutions	60
At child welfare centres	773
	931

Attendances at these sessions are shown in the following table. The shortfall in first attendances of Whites compared with the number of births during the year is regrettable, but many immunisations in this group are carried out by private medical practitioners and there is no official record. In the non-White group, first attendances were 93 per cent of the births notified direct to the department.

	AGE GROUP											
	0–1			1–6				School age				
	1st	2nd	3rd	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	TOTAL
White	3 089	2 995	2 934	140	176	198	2 255	16	5	15	2 615	14 438
Non-W	17 010	15 420	14 101	1 837	2 213	2 479	11 532	186	105	108	18 119	83 110
TOTAL	20 099	17 415	17 035	1 977	2 389	2 677	13 787	202	110	123	20 734	97 548

RACE	Material Used					
	Diph.	D/WC/T.	D/TET.	A.D.F.	Smallpox	TET.
White	17	11 073	3 341	3	3 255	4
Non-White	227	56 537	25 623	1	18 356	722
TOTAL	244	67 610	28 964	4	21 611	726

POLIOMYELITIS IMMUNISATION

Immunisation against poliomyelitis is 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 immunisation 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	51
At institutions	53
At child welfare centres	771
	875

	0–1 year		1–4 years		Other ages		Total	
	White	Non-W	White	Non-W	White	Non-W	White	Non-W
First dose	3 500	16 988	117	1 268	324	502	3 941	18 758
Second dose	3 551	16 044	113	1 192	215	339	3 879	17 575
Completed course *(three doses)*	3 495	15 030	120	1 198	165	334	3 780	16 562
Booster after 3 doses	566	1 625	146	556	1 276	11 577	1 988	13 758

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 home are immunised by the medical staff of those institutions. In the case of infants born on the district, the health visitor at her first visit invites the mother to bring her baby to the local welfare centre where vaccination is done as soon after birth as possible.

Number of B.C.G. vaccinations:–

	White	Non-White	Total
Groote Schuur Hospital		2 584	2 584
Mowbray Maternity Hospital	3 609		3 609
Peninsula Maternity Hospital		4 433	4 433
Somerset Hospital		1 939	1 939
St. Monica's Home		1 432	1 432
Municipal child welfare centres	1 969	9 925	11 894
Schools and pre-school children	17	48	65
	5 595	20 361	25 956

SMALLPOX VACCINATION

This is now carried out at Child Welfare Clinics. During the year under review 21 611 *(3 255 White and 18 356 non-White)* persons were vaccinated.

BIRTHS TO TEENAGE MOTHERS FOR THE YEAR 1973

AGE OF MOTHER

	13 years		14 years		15 years		16 years		17 years		18 years		19 years		Total	
RACE	LEG	Illeg	LEG	Illeg	LEG	Illeg	LEG	Illeg	LEG	Illeg	LEG	Illeg	LEG	Illeg	LEG	Illeg
White		1	1	1	4	10	14	25	55	33	79	52	109	44	262	166
Coloured		2		11	13	62	34	151	95	392	188	462	317	529	647	1 609
Bantu				12	2	41		79	10	141	24	158	48	162	84	593
Asiatic							1				5		16	1	22	1
All Races		3	1	24	19	113	49	255	160	566	296	672	490	736	1 015	2 369

LEG: Legitimate.
Illeg: Illegitimate.

Of the total number of births to teenage mothers 70 per cent were recorded as illegitimate.

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) 57 private midwives of whom 54 are trained. The 3 untrained midwives have been registered by the S.A. Nursing Council. No further untrained midwives will be permitted to start practice.

(2) 33 Provincial district midwives working in the 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 Kensington, Claremont, Lansdowne, Manenberg and Heideveld.

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 R336,00 was paid to private midwives during the year. Fees paid to medical practioners called in by midwives to indigent cases with obstetrical emergencies amounted to R60,50.

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 midwive's 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	62
Visits paid to midwives in their own home	456
Inspections held	20
Attendances of midwives at inspections	203
Total visits by supervisor	2 569

SCHOOL CLINICS

After rendering a school clinic service for over 40 years on behalf of the Provincial Administration and latterly of the Department of Coloured Affairs, the stage had been reached where the service provided was so far short of what was needed that the obvious answer lay in referral of cases to recently formed Day Hospitals with their large strategically placed out-patient service. As a result the medical aspect of the service was discontinued as from the 1 May 1973.

The ophthalmic sessions for both White and non-White groups have continued as in the past, with specialists in attendance, and are held four times per week at Salt River and twice per week at Bokmakierie. A third clinic was commenced at Bokmakierie early in November.

A health visitor and a clinic nurse are employed in 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	98	1 967	2 065		884	884
Total attendances	578	8 864	9 442		4 035	4 035
Number of sessions held	21	267	288		84	84
Children fitted with spectacles:	184	1 875	2 059			
Part paying	127	1 496	1 623			
Free	57	379	436			

Monies contribued by part paying children towards the cost of spectacles amounted to **R411,40.**

CHIROPODY SERVICE

This service was discontinued on 30 June on the resignation of the qualified chiropodist.

BEHAVIOUR ADVISORY CLINICS

Four clinics held each week at Salt River, Silvertown, Claremont and Heathfield were started in July, 1969 and cater for pre-school children with behaviour problems.

ATTENDANCES

1st Attendances	White	5	Non-White	96	TOTAL	101
Total Attendances	White	84	Non-White	462	TOTAL	546

The figures are for the period January to March after which the service was also discontinued, due to the resignation of the medical officer conducting these clinics.

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 establishing constructive social and educational backgrounds. Six nursery schools, 3 with creche attached, a nursery school and creche at Lan̲ga and 2 nursery schools and creches at Guguletu are maintained by the branch and are supervised by a senior White nursery school teacher.

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

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. attend per session	Total attend.
Bokmakierie	211	38	80	53	11 369
Retreat	209	34	80	54	11 385
Bloemhof	209	25	42	41	8 465
Shelley St.	209	29	50	45	9 496
Liberman	209	30	36	31	6 493
Langa	241	32	80	54	13 014
Guguletu Ny 6	241	20	80	56	13 481
Guguletu Ny 50	241	22	80	53	12 882
Bonteheuwel	209	32	80	54	11 204

All those nursery schools registered for 80 children, cater for 60 children aged 2—6 years and 20 children from 3 months to 2 years.

The nursery for infants of tuberculous non-White women in a cottage in the housing scheme in Kewtown was closed during the year. Arrangements have now been made for these children to be nursed at the City Hospital for infectious diseases where a special nursery has been set up. Non infectious mothers can thus nurse their own children.

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 rise 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 49
Wynberg Magisterial district 104

SOCIAL WELFARE WORK

One social welfare worker is attached to the Branch, with a view to safeguarding 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 1973, 530 cases *(39 White, 316 Coloured and 175 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. A total of 6 677 visits and 87 interviews were made during the year.

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.

HEALTH EDUCATION

B. CROWHURST, B.A.(S.S.), DIP. H. ED.(LONDON), M.R.S.H., HEALTH EDUCATION OFFICER.

INTRODUCTION

The basic aim of health education is to assist people to achieve health through their own actions and efforts. This involves not only imparting the necessary knowledge for healthful living, but motivating people to act upon this knowledge, both for their own health betterment as individuals and as members of families and communities.

In order to attain the above objectives, it is imperative that not only should the health information to be imparted be presented in a logical and stimulating manner, but that, through a process of deductive reasoning, the individual be motivated to act upon it. This implies a basic change in attitude towards health problems which can best be achieved through meaningful health instruction, backed up by the use of effective visual aids.

VISUAL AIDS

Unlike his counterpart in Britain, where people share a common language and culture, the health educator in this country has to cater for a variety of ethnic groups, each with their own differing customs, taboos, and beliefs. Thus, when it comes to the provision of suitable visual aid media to support lectures, it is necessary to ensure that the material caters specifically for the needs of each racial group. For example, a film on the subject of family planning produced for use with Bantu audiences and incorporation a Xhosa soundtrack, is quite unsuitable for use with local Coloured audiences, and vice versa.

Thus, in building up the Department's stock of visual aids which consist in the main of 16mm. films, 35mm. slides and flannelgraphs, emphasis has been placed on acquiring locally produced material. Unfortunately, although there is a dearth of suitable public health films, on the subjects of nutrition, family planning, and tuberculosis, some excellent locally produced films have been obtained.

As the flannelgraph has proved to be one of the cheapest and most effective types of visual aid, all major child welfare clinics have been provided with these for use by the nursing staff. The flannelgraphs, which cover most subjects of public health importance, were produced by the health education section and have been duplicated as required. Subject-matter covered by these flannelgraphs includes family planning, cervical cytology, sex education, nutrition, tuberculosis, food hygiene, care of babies' feeding bottles, general hygiene, and accident prevention in the home.

IN-SERVICE TRAINING OF STAFF

The in-service training of health staff in the principles, methods and techniques of health education, forms an important aspect of the Health Education Officer's work, and was again undertaken throughout the year. This work involves, in addition to instruction given to nursing staff and health inspectors of the Department, lectures to medical students and nursing staff in the employ of the provincial hospitals. Most of these lectures, with emphasis on family planning, take place at the new Family Planning Training Centre at Heideveld administered by this Department. Weekly lectures, film shows and discussion groups, are held for a wide variety of both professional and lay personnel.

CHILD WELFARE CLINICS

Lectures and group discussions, supported by films and other visual aids, were given throughout the year at all major child welfare and tuberculosis clinics catering mainly for the non-White communities. The lectures are given by the Health Education Officer, Health Visitors, and the two non-White Health Education Lecturers, and include such subjects as infant care and feeding, family planning, and immunisation.

HOSPITALS

At the following hospitals, viz: Peninsula Maternity, Somerset, Red Cross, Klipfontein, Langa and Guguletu Day Hospitals, Valkenberg, City and Brooklyn Chest Hospitals, lectures covering a variety of health subjects including tuberculosis, nutrition, cervical cytology, and family planning, were given. The lectures were well received by both patients and staff, and attendance was good.

SCHOOLS

A programme of lectures and film shows which was arranged for both Government and private schools, again proved popular. Lectures were given at 34 schools catering for all racial groups, and many requests were received for a full series of lectures on health subjects, throughout the school term.

INDUSTRIAL PREMISES

Lunch-hour lecture programs were arranged with the management of several factories and food-handling establishments, and lectures and film shows on a variety of health subjects, including family planning, were given for employees of all races.

GENERAL

Assistance with health educational lectures and visual aids was given to various voluntary organisations in Cape Town, including SHAWCO, Cafda, Red Cross, and the Family Planning Association of the Western Cape, of which latter organisation the Health Education Officer is a committee member.

By arrangement with His Worship the Mayor, a lunch-hour talk on the activities of the Health Department, illustrated by 35mm. slides, was given for the Citizens' Forum. The purpose of this and similar talks given by other Municipal Departments, was to inform members of the public of the numerous and varied activities undertaken by the City Council.

Several lectures and demonstrations on principles of health education were given for the 4th and 5th year medical students, student nurses at the Carinus Nursing College, midwives in private practice, and for student public health nurses and health inspectors at the Technical College.

A new Bell & Howell film projector was purchased at the beginning of the year for use in the non-White areas, and eight new films of health educational value were also purchased.

The following statistics reflect the health education lectures given by the health education and nursing staff during the year. These figures do not include the health educational advice and assistance given to individuals by doctors, nursing staff and health inspectors, which aspect also constitutes an important facet of the health educational services of the Department.

STATISTICS FOR 1973

VENUES	SUBJECTS	RACIAL GROUPS	TYPE OF AUDIENCE	MEDIA UTILISED	NO. OF LECTURES	ATTENDANCES
Child Welfare Clinics	Nutrition, family planning, cervical cytology, tuberculosis, food-borne disease, infant care and feeding, immunisation, general and personal hygiene, accident prevention, care of feeding bottles and teats, physiology of labour.	White Coloured Bantu	Mothers Mothers Mothers	films, film-strips, 35mm. slides, flannelgraghs and flip-charts.	16 905 210	350 62 000 9 042
Tuberculosis	Tuberculosis, nutrition, family planning	Coloured Bantu	T.B. Out-patients	Films, flannelgraphs	34 85	12 000 6 200
Hospitals	Nutrition, family planning, tuberculosis, mouth to mouth resuscitation	Coloured Bantu	Nursing staff, patients in wards, out-patients	Films	37 12	2 800 1 250
Community Centres and Clubs	Venereal diseases, T.B., smoking and lung cancer, drugs, mouth to mouth resuscitation.	White Coloured Bantu	Adult females Adults and teenagers Adults and teenagers	Films, flannelgraphs, slides	12 22 28	600 2 500 1 800
Voluntary Organisations	Family planning, nutrition, venereal diseases	Coloured Bantu	Adult male and females Adult male and females	Films, slides, flannelgraphs and flip-charts.	18 22	1 050 3 040
Food Premises	Food hygiene, personal hygiene, elementary bacteriology.	White Coloured Bantu	Employees engaged in food preparation and handling	Films, filmstrips, flannelgraphs.	8 21	160 412
U.C.T. Medical School	Principles and techniques of health education.	White	Medical students	Flannelgraphs	6	300
Technical Colleges	Principles and techniques of health education	White	Trainee public health nurses and public health inspectors	Films, flannelgraphs and slides.	5	78
Nurses Training College	Health education and public health	Coloured	Trainee nurses	Slides	2	100
Schools	Pollution, drugs, smoking and health, mouth to mouth resuscitation, dental hygiene and sex education.	White Coloured Bantu	Scholars at both primary and secondary level	Films, flannelgraphs, slides.	26 22 24	6 400 5 000 8 500
Factories	Family planning, sex education, veneral diseases, tuberculosis, nutrition, mouth to mouth resuscitation.	White Coloured Bantu	Male and female employees Male and female employees Male and female employees	Films and flannelgraphs.	10	2 500

SECTION IV – DENTAL BRANCH

DR. V.R. TAYLOR – CHIEF DENTAL OFFICER

The year under review shows much the same pattern as the previous two years with a gratifying substantial increase in attendances for conservative dentistry. The denture output was satisfactory, amounting to 1 137 full and 97 partial dentures and mention must be made of the commendable effort of the orthodontic section when 85 appliances were inserted and attendances amounted to 554. Only one specialist orthodontist renders this service in three two hour sessions per week.

Dental caries, the most prevalent oral disease is undoubtedly associated with the dietary habits of the population. The standard of oral hygiene of patients attending the departmental clinics is very low and only intensive dental health education of the younger school-going children, particularly regarding diet and the use of the toothbrush, is likely to produce any long term benefit. The regulation of the fluoride content of public drinking water to contain 0,8 up to a maximum of one part per million is the most safe and effective way of preventing dental decay. This latter method together with education is the only way to ensure that the community possesses sound healthy teeth and surrounding tissue.

The Branch is responsible for the dental care of the teeth of indigent persons resident in the Cape Town Municipal area. Treatment centres are maintained at Hope Street, Salt River, Maitland, Lansdowne, Silvertown, Wynberg, Retreat, Langa and Guguletu. Services are also rendered by this branch to the Brook - lyn Chest, City and Dr. Stals Hospitals.

The revenue collected at the various clinics during the year amounted to R33 265,60.

The full establishment of the branch as at 31 December, 1973 was as follows:–

Chief Dental Officer
Deputy Dental Officer
Assistant Dental Officer
1 Senior Dental Mechanic
1 Senior Dental Nurse
4 Dental Mechanics
7 Dental Nurses
5 Clinic Assistants
1 Social Worker
4 Clerical Staff
4 Laundresses
1 Labourer
1 Domestic

The above staff are assisted by 12 part-time dental surgeons, 6 anaesthetists, a specialist orthodontist and dental nurses. The attendances at the dental sessions over the year at all centres are shown in the following table.

DENTAL BRANCH 1973

Centre		Sessions	Attendances				Extractions (Persons)		Fillings (Persons)		Examinations and other dental treatment		Dentures Supplied			
			New		Total								W		N-W	
			W	N-W	W	N-W	W	N-W	W	N-W	W	N-W	Full	Partial	Full	Partial
Hope St.	General: Adults	1 642	1 070	7 412	3 045	17 250	366	4 779	407	361	2 331	12 191	168	34	926	53
	Children		1 068	2 244	2 516	3 891	565	1 520	325	62	1 627	2 316	2	6		
	Nursing and expectant mothers	51	2	27	6	54	6	53				1				
	Pre school children		19	283	43	599	38	570			5	30				
	School children	648	107	1 165	992	4 210	162	2 389	704	1 122	159	770				
	TOTAL	2 341	2 266	11 131	6 602	26 004	1 137	9 311	1 436	1 545	4 122	15 308				
Maitland	General: Adults	102	50	597	72	925	26	338			46	587				
	Children		87	430	133	713	56	316			77	397				
	Nursing and expectant mothers	52	2	94	4	125	4	122				3				
	Pre school children		13	497	16	618	16	596				22				
	School children	131	152	2 477		2 924		2 326				598				
	TOTAL	285	304	4 095	225	5 305	102	3 698			123	1 607				
Silvertown	General: Adults	145		1 007		1 695		708				987				
	Children			1 019		1 749		741				1 008				
	Nursing and expectant mothers	200		544		636		586				50				
	Pre school children			1 600		1 946		1 809				137				
	School children	425		6 717		7 828		6 307		293		1 362				
	TOTAL	770		10 887		13 854		10 151		293		3 544				
Wynberg	Nursing and expectant mothers	50	4	157	4	198	4	188				10				
	Pre school children		2	315	3	393	3	361				32				
	School children	188	5	1 823	84	2 360	6	1 612	79	243	2	511				
	TOTAL	238	11	2 295	91	2 951	13	2 161	79	243	2	553				
Retreat	General: Adults	100		850		1 395		512				883				
	Children			508	1	740	1	225				515				
	Nursing and expectant mothers	100		343		555		506				50				
	Pre school children			532		781		717				64				
	School children	128		2 505		2 786		2 150				636				
	TOTAL	328		4 738	1	6 257	1	4 110				2 148				
Lansdowne	Nursing and expectant mothers	101	2	299	3	355	3	325				30				
	Pre school children		11	874	12	1 094	11	996			1	98				
	School children	138		2 068		2 468		1 937		147		412				
	TOTAL	239	13	3 241	15	3 917	14	3 258		147	1	540				
Langa	Adults	22		204		266		259				7				
	Children			39		46		44				2				
	TOTAL	22		243		312		303				9				
Guguletu	General: Adults	149		1 648		2 629		895				1 734				
	Children			1 329		2 178		796				1 382				
	Nursing and expectant mothers	44		197		377		361				16				
	Pre school children			156		272		268				4				
	TOTAL	193		3 330		5 456		2 320				3 136				
Salt River	T.B. Out Patients: Adults			236		518		253				265			40	4
	Children			27		43		37				6			1	
	TOTAL	72		263		561		290				271			41	4
City Hospital	In Patients: Adults			54		79		25				54				
	Children			23		58		35				23				
	TOTAL	8		77		137		60				77				
Dr. Stal's Sanatorium	In Patients: Adults			48		56		49				7				
	Children			45		79		79								
	TOTAL	7		93		135		128				7				
Misc. Schools	Children	1		58		58						58				
Total	Adults		1 130	13 717	3 134	27 113	409	9 959	407	361	2 377	16 875	168	34	966	57
	Children		1 464	26 734	3 800	37 834	858	25 831	1 108	1 867	1 871	10 383	2	6	1	
	TOTAL	4 504	2 594	40 451	6 934	64 947	1 267	35 790	1 515	2 228	4 248	27 258	170	40	967	57

SECTION V – INFECTIOUS AND OTHER DISEASES

The cases of compulsory notifiable diseases reported in the Municipality of Cape Town during the year are shown in the tables on pages 106 to 109 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 relevent statistical details of deaths from infectious diseases are contained in Tables A, B and C on pages 91 to 93.

No Cape Town residents were notified as suffering from any of the following notifiable diseases:

Anthrax, Asiatic cholera, erysipelas, glanders, lead poisoning, leprosy, Malaria, Malta fever, plague, rabies, smallpox, Trachoma, trypanosomiasis, and yellow fever.

DISTRIBUTION OF CASES BY RACE

	White	Coloured	Bantu	Asiatic	Total
Tuberculosis, plumonary	51	655	716	7	1 429
Tuberculosis, other forms	3	170	195	1	369
Typhoid or enteric fever		8	2		10
Diphtheria	3	2	1		6
Scarlet fever	7	9			16
Cerebrospinal fever	5	31	6		42
Acute poliomyelitis		3	1		4
Viral Hepatitis	48	56	6	2	112
Puerperal fever		1			1
Whooping cough	3	12	7		22
Tetanus		2	1		3
Typhus *(Tick Borne)*		1			1
Infectious encephalitis		2		1	3
Ophthalmia neonatorum		31	5		36
TOTAL	120	983	940	11	2 054

TYPHIOD OR ENTERIC FEVER

The number of cases reported in the municipal area, corrected for mis-diagnosis and out of city cases, was 10 *(all non-White)* equivalent to an incidence rate of 0,01 *(0,02 for non-Whites)* per 1 000 population.

There were no deaths. During the previous year there were 17 cases and no deaths.

Two cases were notified from the same address in Ward 8. Eight cases were treated in the City Hospital for Infectious Diseases and 2 cases in general hospitals.

In addition to the above, 28 cases *(1 White and 27 non-Whites)* were admitted to the City Hospital from outside areas.

DIPHTHERIA

Diphtheria cases reported during the year, corrected for mis-diagnosis and out of city cases, numbered 6 *(3 Whites and 3 non-Whites)* equivalent to an incidence rate of 0,01 *(0,01 Whites and 0,01 non-Whites)* per 1 000 population.

One case had been immunised but the remaining 5 cases had either not been immunised or there was no record of their having been immunised.

There were no deaths. During the previous year there were 5 cases and one death.

Five cases were admitted to the City Hospital but one case was sufficiently recovered after treatment not to require hospitalisation.

In addition to the above, 9 cases *(1 White and 8 non-White)* from outside the municipal area were admitted, 8 to the City Hospital and one to a general hospital. Two of these patients died.

CARRIERS

Three carriers were notified and admitted to hospital for observation and treatment, together with a further 3 from outside areas.

Details of the Department's work in immunisation against diphtheria is given in the following table and also on page 33.

YEAR	Number of Notifications			Persons Immunised		
	White	Non-White	All Races	White	Non-White	All Races
1969		11	11	8 151	34 931	43 082
1970	1	3	4	7 072	33 478	40 550
1971		6	6	8 128	37 260	45 388
1972		5	5	8 565	46 998	55 563
1973	3	3	6	8 017	46 339	54 356

SCARLET FEVER

Cases of this disease reported during the year, corrected for mis-diagnosis and out of city cases, numbered 16 *(7 White and 9 non-White)* equivalent to an incidence rate of 0,02 *(0,03 White and 0,02 non-White)* per 1 000 population.

There were no deaths. In the previous year there were 44 cases *(32 White and 12 non-White)* and no deaths.

In view of satisfactory isolation facilities 12 cases were nursed at home.

In addition to the above, 3 cases *(2 White and 1 non-White)* were admitted to the City Hospital from outside the municipal area.

NOTIFICATIONS, DEATHS, INCIDENCE AND DEATH RATES PER 100 000 POPULATION FOR ENTERIC FEVER, DIPHTHERIA AND SCARLET FEVER.

	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
YEAR 1969		4				11		1	27	9		
1970	1	19			1	3			19	5		
1971	1	19		1		6			57	10		
1972	1	16				5		1(2)	32	12		
1973		10			3	3			7	9		
	INCIDENCE AND DEATH RATES PER 100 000 POPULATION											
YEAR 1969		0,9				2,4		0,2	12,6	1,9		
1970	0,4	4,0			0,4	0,6			8,8	1,0		
1971	0,4	3,8		0,2		1,2			24,2	2,0		
1972	0,4	3,1				1,0		0,4	13,4	2,3		
1973		1,9			1,2	0,6			2,9	1,7		
AVERAGE												
1946 – 1950	12,0	37,0	1,8	5,8	24,8	33,4	1,6	3,8	122,2	13,8		0,4
1951 – 1955	7,4	23,9		1,2	17,9	19,9	0,5	1,8	96,3	13,2		0,2
1956 – 1960	2,6	13,1		0,2	10,1	16,0	0,8	1,0	54,0	4,8	0,1	0,1
1961 – 1965	0,2	3,9		0,2	3,7	7,2	0,3	0,8	26,3	3,1		
1966 – 1970	0,8	3,2		0,1	0,6	2,0		0,1	8,8	1,8		
1969 – 1973	0,2	2,7		0,0	0,3	1,2		0,1	12,4	1,8		

CEREBROSPINAL FEVER

During the year under review 46 cases *(5 White and 41 non-White)* were notified, equivalent to an incidence rate of 0,06 *(0,02 White and 0,08 non-White)* per 1 000 population.

42 cases were admitted to the City Hospital and 4 to general hospitals. 5 deaths occurred, *(1 White and 4 non-White)* one of which was notified through the death returns.

In addition to the above 43 cases from outside the municipal area were admitted to the City Hospital. Four of these cases died.

ACUTE POLIOMYELITIS

Four cases *(non-White)* were treated in the City Hospital, equivalent to an incidence rate of 0,01 *(0,01 non-White)* per 1 000 population.

There were no deaths. Two cases had been immunised but the remaining two had either not been immunised or there was no record of their being immunised. Two further cases were admitted to the City Hospital but from their case histories had contracted the disease from outside the municipal area.

In addition to the above, 27 cases *(all non-White)* were admitted to the City Hospital from outside areas.

Information regarding immunisation will be found on page 34.

INFECTIVE ENCEPHALITIS

Three cases *(all non-White)* of this disease, were reported in the year. There were two deaths.

A further case *(White)* from outside the area died in a general hospital.

NOTIFICATIONS, DEATHS, INCIDENCE AND DEATH RATES PER 100 000 POPULATION FOR CEREBROSPINAL FEVER, ACUTE POLIOMYELITIS AND INFECTIVE ENCEPHALITIS

	Cerebrospinal fever				Acute poliomyelitis				Infective encephalitis			
	Notifications		Deaths		Notifications		Deaths		Notifications		Deaths	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
YEAR 1969	8	89		9		1				3		3
1970	13	48	1	7		3			2	1	2	1
1971	5	47		3		2						
1972	8	50		6	1	10						
				(10)								
1973	5	41	1	4		4				3		2
	INCIDENCE AND DEATH RATES PER 100 000 POPULATION											
YEAR 1969	3,7	19,3		1,9		0,2				0,6		0,6
1970	6,0	10,1	0,5	1,5		0,6			0,9	0,2	0,9	0,2
1971	2,1	9,4		0,6		0,4						
1972	3,3	9,7		1,9	0,4	1,9						
1973	2,1	7,8	0,4	0,8		0,8				0,6		0,4
AVERAGE												
1946 – 1950	6,5	21,2	1,3	4,7	4,6	3,9	0,3	0,2	0,4	0,8		0,3
1951 – 1955	6,2	19,1	0,6	3,0	9,2	5,0	0,9		1,2	0,9		0,4
1956 – 1960	3,4	6,8	0,5	1,0	16,7	23,0	1,2	1,1	0,7	3,0	0,3	0,9
1961 – 1965	2,2	6,4	0,1	0,7	0,3	2,4			0,4	0,8	0,1	0,6
1966 – 1970	6,0	31,2	0,4	3,0	0,3	1,6	0,1	0,0	0,2	0,5	0,2	0,5
1969 – 1973	3,4	11,3	0,2		0,1	0,8			0,2	0,3	0,2	0,2

VIRAL HEPATITIS

112 cases *(48 White and 64 non-White)* were notified, equivalent to an incidence rate of 0,15 *(0,20 White and 0,12 non-White)* per 1 000 population.

Eight cases were admitted to the City Hospital, 17 to general hospitals and the remainder were nursed at home. There were 6 deaths *(1 White and 5 non-White)*.

In addition, 10 cases *(6 White and 4 non-White)* from outside areas were admitted to hospital. 6 of these cases died.

	Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000	
YEAR	W	N-W	W	N-W	W	N-W	W	N-W
1970	44	43	1	3	20,3	9,0	0,5	0,6
1971	68	107		2	28,9	21,4		0,4
1972	80	127	1(2)	1(2)	33,5	24,7	0,8	0,4
1973	48	64	1	5	19,8	12,1	0,4	0,9

LEPROSY

Two cases *(both Bantu)* who had contracted the disease from outside the municipal area were admitted to hospital pending their transfer to the Pretoria Leper Institution.

TETANUS

One case of tetanus and 2 cases of tetanus neonatorum occurred. Two of these were notified through the death returns.

Two further cases of tetanus neonatorum from outside areas were also notified through the death returns.

TYPHUS FEVER

One case of tick borne typhus fever was admitted to the City Hospital and discharged after treatment.

WHOOPING COUGH

For the period under review, 22 cases *(3 White and 19 non-White)* were notified, equivalent to an incidence rate of 0,03 *(0,01 White and 0,04 non-White)* per 1 000 population.

There were 2 deaths.

In addition 15 cases *(2 White and 13 non-White)* were admitted to hospital from outside areas. Three of these cases died, one of which was notified through the death returns.

The distribution of the 22 city cases according to month of occurrence, wards and age-groups will be found in Tables N to P on pages 106 to 109. Details of whooping cough immunisation at the municipal centres will be found on page 33.

PERIOD	WHOOPING COUGH							
	Notifications		Incidence rate per 1 000 population		Deaths		Death rate per 1 000 population	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White
YEAR 1969	6	8	0,03	0,02				
1970	7	22	0,03	0,05		3		0,01
1971	15	17	0,06	0,03		1		0,00
1972	9	15	0,04	0,03		2(3)		0,01
1973	3	19	0,01	0,04		2		0,00
AVERAGE								
1945 – 50					2	42	0,0	0,2
1951 – 55	188	576	1,0	2,2	1	19	0,0	0,1
1956 – 60	48	162	0,3	0,5		8		0,0
1961 – 65	20	63	0,1	0,2		6		0,0
1966 – 70	6	21	0,0	0,1		2		0,0
1969 – 73	8	16	0,0	0,0		2		0,0

INFLUENZA AND PNEUMONIA

These diseases are no longer notifiable in the Cape Town Municipality, but deaths from influenza and from bronchitis and pneumonia, with corresponding death rates per 1 000 population, 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
YEAR												
1969			9	0,02	45	0,21	90	0,20	29	0,14	346	0,75
1970	1	0,00	5	0,01	50	0,23	114	0,24	39	0,18	361	0,76
1971					45	0,19	107	0,21	44	0,19	321	0,64
1972			1(2)	0,00	34(58)	0,24	50(86)	0,17	29(50)	0,21	207(354)	0,69
1973			6	0,01	21	0,09	53	0,10	83	0,34	419	0,79
AVERAGE												
1946 – 50	4	0,0	9	0,1	18	0,1	105	0,5	56	0,3	365	1,8
1951 – 55	5	0,0	6	0,0	16	0,1	50	0,2	52	0,3	249	1,0
1956 – 60	3	0,0	6	0,0	11	0,1	30	0,1	53	0,3	263	0,8
1961 – 65	3	0,0	5	0,0	16	0,1	41	0,1	49	0,2	272	0,7
1966 – 70			4	0,0	36	0,2	79	0,2	31	0,1	323	0,7
1969 – 73			4	0,1	41	0,2	90	0,2	49	0,2	360	0,7

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

	1972		1973	
	White	non-White	White	non-White
Under 5 years of age	3(5)	100(171)	4	192
0 – 1 year	2(3)	83(142)		143
1 – 2 years	1(2)	9(15)	3	35
2 – 4 years		8(14)	1	14
All other ages	60(103)	157(269)	100	280
	63(108)	257(440)	104	472

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 102 and 103.

The seasonal character of morality from bronchitis and pneumonia will be found in Table C on page 93.

PUERPERAL FEVER AND OPHTHALMIA NEONATORUM

See Section III, Maternal and Child Welfare, page 33.

MEASLES

During the year 724 cases were admitted to the City Hospital of whom 352 were from outside the city, 19 from Langa and 82 from Guguletu. In the previous year 608 cases were admitted.

Fifty deaths *(1 White and 49 non-White)* occurred compared with 20 *(35)* deaths in the previous year. 12 of these fifty deaths became known through the death returns.

It should be noted that measles is not a notifiable disease except under certain circumscribed circumstances, so that the figures noted 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 as a result of serious complications supervening.

The foregoing emphasised again the havoc wrought by the complications of this often underestimated disease. There is an urgent need for a measles vaccination programme in Cape Town and if State Health remains unable to subsidise it, the Local Authority should give urgent consideration to bearing the entire cost as is done in Johannesburg and Durban.

PERIOD	MEASLES			
	Deaths		Rate per 1 000 population	
	White	Non-White	White	Non-White
YEAR 1969	2	54	0,01	0,12
1970	1	43	0,00	0,09
1971		55		0,11
1972	1(2)	19(33)	0,01	0,06
1973	1	49	0,00	0,09
AVERAGE				
1946 – 50	1	24	0,0	0,1
1951 – 55		14	0,0	0,1
1956 – 60	1	18	0,0	0,1
1961 – 65	2	49	0,0	0,1
1966 – 70	1	44	0,0	0,1
1969 – 73	1	47	0,0	0,1

DIARRHOEAL DISEASES

The deaths registered during the year due to diarrhoea and enteritis numbered 324 as compared with 224 in the previous year.

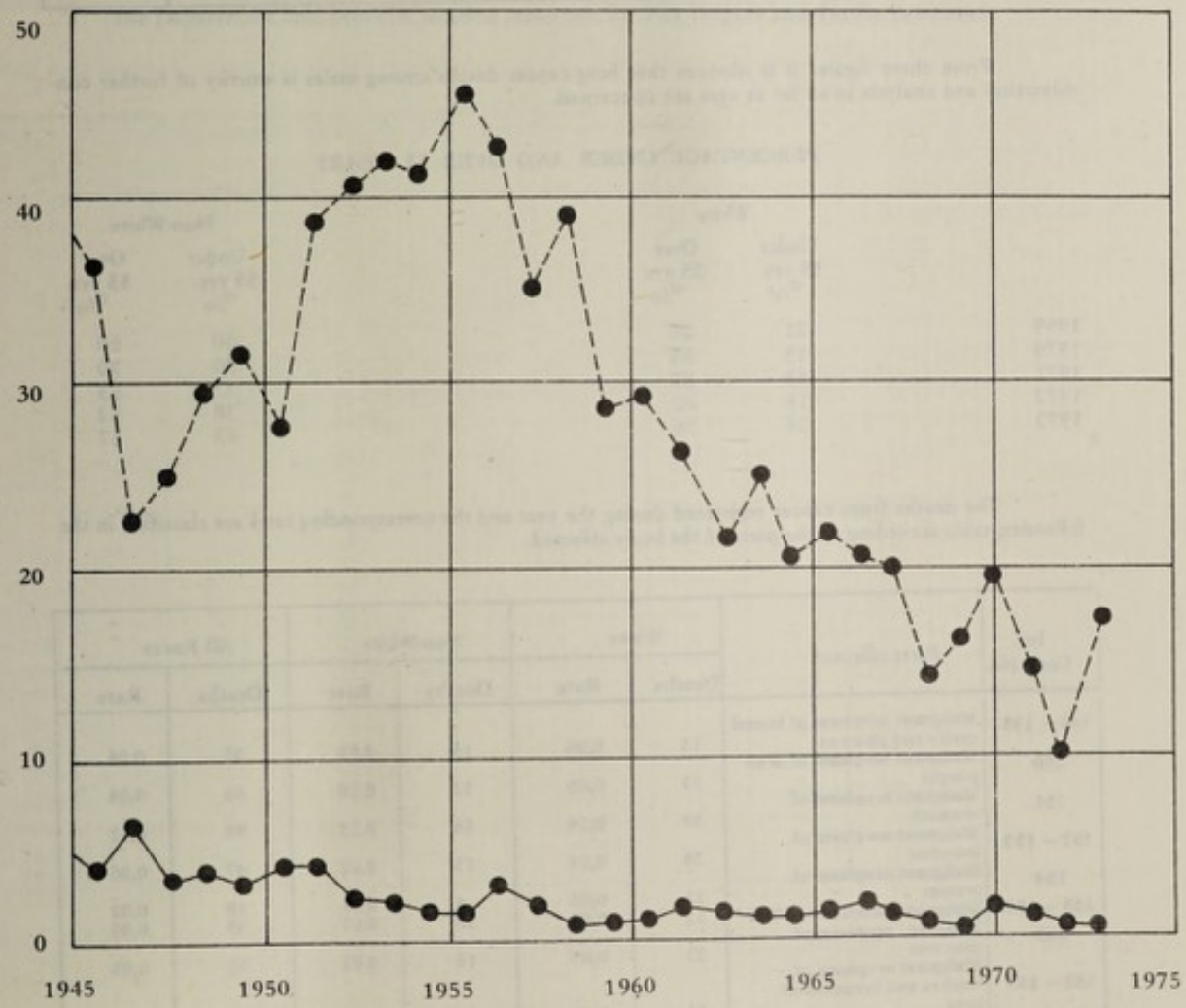
The corresponding death rates for the City were 0,42 *(0,1 White and 0,61 non-White)* per 1 000 population.

Int. Code No.	Disease	White	Non-White	All Races
571,764	Gastro-enteritis and colitis, including diarrhoea of the newborn	1	312	313
572	Chronic enteritis and ulcerative colitis	2	1	3
043	Cholera			
045	Dysentery, bacillary		1	1
046	Dysentery, amoebic		6	6
047-048	Dysentery, other forms		1	1
	Total	3	321	324
	Diarrhoeal death rate per 1 000 population	0,01	0,61	0,42

Of the 312 non-White deaths from gastro-enteritis, 129 occurred in Ward 13, 92 in the Bantu Townships, 40 in Ward 17, 18 in Ward 9 and 12 in Ward 16; and of these 90% were under 5 years of age i.e. 215 under one year, 53 between 1 and 2 years and 14 between 2 and 4 years.

Infant deaths *(0–1 year)* from diarrhoea and enteritis for a series of years:

Year	DIARRHOEA AND ENTERITIS					
	White		Non-White		All Races	
	Male	Female	Male	Female	Male	Female
Year 1969	2	1	155	124	157	125
1970	4	1	161	173	165	174
1971	3	1	124	123	127	124
1972			58(99)	47(81)	58(99)	47(81)
1973		1	113	102	113	103
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
1966 – 70	2	2	147	142	149	145
1969 – 73	2	1	130	121	132	121



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

White ———— Non-White – – – – – –

KWASHIORKOR

Although this syndrome is no longer notifiable, 29 deaths *(all non-White)* were recorded during the year. This compares with 24 deaths in the previous year.

CANCER

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

The number of deaths certified during the year as being due to cancer was 943, *(430 White and 513 non-White)*, compared with 879 *(406 White and 473 non-White)* in the previous year.

Among Whites the increase was mainly confined to neoplasms of the lymphatic, haematopoietic tissues, buccal cavity and pharynx. In the case of non-Whites the increase was primarily confined to neoplasms of unspecified sites and oesophagus.

In view of 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:–

	Whites		Rates per 100 000 population		Non-Whites		Rates per 100 000 population	
	Male	Female	Male	Female	Male	Female	Male	Female
1947	21	3	23,5	3,1	4	2	4,1	2,0
1957	46	6	49,8	5,9	27	5	17,0	3,0
1967	57	7	57,1	6,4	51	8	22,9	3,7
1971	53	17	47,3	13,8	54	10	21,3	4,1
1973	58	23	50,2	18,1	83	13	31,1	5,0

From these figures it is obvious that lung cancer deaths among males is worthy of further consideration and analysis in so far as ages are concerned.

PERCENTAGE UNDER AND OVER 55 YEARS

	White		Non-White	
	Under 55 yrs. %	Over 55 yrs. %	Under 55 yrs. %	Over 55 yrs. %
1969	21	79	40	60
1970	15	85	30	70
1971	13	87	37	63
1972	18	82	38	62
1973	24	76	43	57

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	15	0,06	18	0,03	33	0,04
150	Malignant neoplasm of oesophagus	13	0,05	52	0,10	65	0,08
151	Malignant neoplasm of stomach	33	0,14	66	0,12	99	0,13
152 – 153	Malignant neoplasm of intestine	34	0,14	13	0,02	47	0,06
154	Malignant neoplasm of rectum	13	0,05	5	0,01	18	0,02
155 – 156	Malignant neoplasm of liver	11	0,05	38	0,07	49	0,06
157	Malignant neoplasm of pancreas	21	0,09	14	0,03	35	0,05
162 – 163	Malignant neoplasm of trachea and bronchus of lung	81	0,33	96	0,18	177	0,23
170	Malignant neoplasm of breast	44	0,18	45	0,09	89	0,12
171 – 172	Malignant neoplasm of cervix uteri	5	0,02	30	0,06	35	0,05
175	Malignant neoplasm of overy	11	0,05	6	0,01	17	0,02
177	Malignant neoplasm of prostate	18	0,07	12	0,02	30	0,04
180	Malignant neoplasm of kidney	6	0,02	1	0,00	7	0,01
181	Malignant neoplasm of bladder	18	0,07	9	0,02	27	0,04
200 – 205	Neoplasm of lymphatic and haematopoietic tissues	40	0,16	33	0,06	73	0,09
–	Malignant neoplasm of other and unspecified sites	67	0,28	75	0,14	142	0,18
	TOTAL	430	1,77	513	0,97	943	1,22

MEDICAL EXAMINATIONS

Medical examinations for initial entry into the Council service and for admission to the municipal pension fund are carried out by the department. During the year 4 550 attendances were recorded as follows:—

EXAMINATION CENTRE

Department	Total	Fit	Temporarily unfit	Unfit
City Engineer	2 772	2 047	491	234
City Electrical Engineer	757	552	153	52
Town Clerk	933	651	196	86
City Treasurer	48	42	5	1
Health	40	21	13	6
	4 550	3 313	858	379

The Department also provides medical attention for Fire Brigade and Traffic personnel.

SECTION VI – TUBERCULOSIS

DR. R.A. SPIRO

TUBERCULOSIS OFFICER

During the year under review 2 768 cases of tuberculosis *(all forms)* were notified – an increase of 505 over 1972 and again tuberculosis has remained a serious health problem in the City of Cape Town. The total number of local cases rose from 1 740 in 1972 to 1 798 in 1973. When pulmonary tuberculosis cases are regarded separately figures show an increase – 1 393 in 1972 to 1 414 in 1973. The new notification of non-pulmonary cases has increased from 347 in 1972 to 384 in 1973. The co-operation in the reporting of non-pulmonary cases between the Day Hospital organisation and other hospitals of the Provincial Administration with its Associated District Nurses Association and the Tuberculosis Branch has remained excellent.

The notification ratio of pulmonary tuberculosis per thousand of the population for White, Coloured and Bantu Races is as follows: 1 : 7,3 : 37,2 as compared to 1 : 7,3 : 34 in 1972. These figures indicate that proportionally for the White and Coloured Groups, the figures are the same but incidence of pulmonary tuberculosis has increased among the Bantu. This again demonstrates that the fight against tuberculosis is far from being won. It is hoped that with the improved socio-economic conditions of the urbanised Bantu and with the BCG vaccinations programme that there will be a reduction in the incidence in this group in the future years.

The out-patient treatment of pulmonary tuberculosis is now fully established. The clinic at Retreat was opened during the 1st week of December 1973. 53% of all new notifications were treated at the clinic on a domicilliary or ambulatory basis. The cases admitted to hospitals are being confined for much shorter periods and they are then discharged to the clinics for the continuation therapy. Table H shows that in 1973 there has been a slight increase in the attendances over 1972.

The patient co-operation has been good. Education, particularly among the Coloured and Bantu school children is being carried out.

As in the previous years the branch activity has been directed mainly towards the early discovering and treatment of patients in the non-White group.

The local new cases of tuberculosis reported in 1973 corrected for misdiagnosis and imported cases 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	49	610	2	41		29		7	3	174
Langa		307		15		4		5		40
Guguletu		319		15		23		3		152
Total local cases	49	1 236	2	71		56		15	3	366
Imported infection	5	572		15		27		8		91
Hospitalised from outside the city	35	203	1	2					1	10
	89	2 011	3	88		83		23	4	467

In addition to the 1 798 local cases there were 970 cases and infections from outside the municipal area of which 443 pulmonary cases were clinic treated throughout their illness *(i.e. 51%)*.

TABLE B

Pulmonary notifications by race

Local cases only

	Notifications		Rate per 1 000 population	
	1972	1973	1972	1973
White	53	51	0,22	0,21
Coloured	663	655	1,61	1,53
Bantu	681	716	7,47	7,93
Asiatic	2	7	0,02	0,69
Non-White	1 346	1 378	2,62	2,61
All races	1 399	1 429	1,86	1,85

Further particulars regarding age-groups and wards of the City will be found in Tables N to P on pages 106 to 109.

TABLE C

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

	Deaths		Rate per 1 000 population	
	1972	1973	1972	1973
White	7(12)	8	0,05	0,03
Coloured	62(106)	132	0,26	0,31
Bantu	49(84)	49	0,92	0,54
Asiatic	2(3)	2	0,30	0,20
Non-White	113(193)	183	0,38	0,35
All races	120*(205)	191	0,27	0,25

* The figures do not include deaths from February to June inclusive *(5 months)*, for which details of deaths were unobtainable. Yearly totals have been obtained by proportion and are shown in brackets. These latter have been used to compute the yearly rates.

TABLE D

Notifications and deaths in other forms of tuberculosis

	White		Non-White		Total	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Meninges			19	11	19	11
Abdominal			8		8	
Bones and joints			13		13	
Glands	2		292		294	
Genito urinary system			6		6	
Disseminated			14	7	14	7
Other organs	1		14	1	15	1
Total	3		366	19	369	19

Notifications: Of the 366 non-White cases 173 were Coloured 192 were Bantu and 1 Asiatic.
Deaths: Of the 19 non-White deaths 18 were Coloured and 1 Bantu.

Notifications and deaths of cases of tuberculous meningitis are reflected in the ensuing table.

NOTIFICATIONS AND DEATHS FROM TUBERCULOUS MENINGITIS OVER A SERIES OF YEARS

YEAR	NOTIFICATIONS	DEATHS
1950	152	160
1955	91	55
1960	51	26
1965	28	12
1970	25	5
1971	16	9
1972	18	5(9)
1973	19	11

TABLE E

The discovery rates for pulmonary tuberculosis and tuberculosis in other forms per 1 000 population for the 5 year period 1969 to 1973 are shown below.

RACE	Pulmonary tuberculosis					Tuberculosis, other forms				
	1969	1970	1971	1972	1973	1969	1970	1971	1972	1973
White	0,34	0,31	0,33	0,22	0,21	0,03	0,03	0,03	0,03	0,01
Coloured	2,03	2,07	1,67	1,61	1,53	0,28	0,43	0,44	0,39	0,40
Bantu	7,61	7,75	7,76	7,47	7,93	0,84	1,14	1,78	1,90	2,13
Asiatic	0,66	0,96	0,52	0,02	0,69	0,11	0,21		0,10	0,01
Non-White	3,03	3,07	2,78	2,62	2,61	0,38	0,55	0,68	0,65	0,69
All races	2,17	2,20	1,99	1,86	1,85	0,27	0,39	0,47	0,45	0,48

DEATHS

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

TABLE F

RACE	Pulmonary tuberculosis					Tuberculosis, other forms				
	1969	1970	1971	1972	1973	1969	1970	1971	1972	1973
White	0,03	0,04	0,02	0,05	0,03	0,00	0,01			
Coloured	0,32	0,28	0,22	0,26	0,31	0,03	0,02	0,03	0,02	0,04
Bantu	0,81	0,85	0,75	0,92	0,54	0,18	0,09	0,05	0,08	0,01
Asiatic	0,11	0,32	0,10	0,30	0,20					
Non-White	0,40	0,38	0,31	0,38	0,35	0,05	0,03	0,03	0,03	0,04
All races	0,29	0,28	0,22	0,27	0,25	0,04	0,02	0,02	0,02	0,02

The death rates per 1 000 of the population form all forms of tuberculosis *(corrected)* are shown in the following table:–

TABLE G

	Death rate per 1 000 population		
	White	Non-White	All races
5 years ended 30th June, 1946	0,72	6,06	3,45
5 " " " " 1951	0,57	4,51	2,71
5 " " 31st Dec., 1955	0,20	1,70	1,09
5 " " " " 1961	0,16	0,71	0,50
5 " " " " 1966	0,08	0,49	0,34
5 " " " " 1971	0,04	0,43	0,30
5 " " " " 1972	0,04	0,41	0,29
5 " " " " 1973	0,04	0,40	0,28
Calender year 1969	0,04	0,46	0,32
" " 1970	0,05	0,41	0,28
" " 1971	0,02	0,35	0,24
" " 1972	0,05	0,41	0,29
" " 1973	0,03	0,38	0,27

ANTI-TUBERCULOSIS CENTRE

TABLE H

	New Consultations		Total Attendances	
	1972	1973	1972	1973
Cape Town:				
White	607	650	2 664	2 409
Non-White	1 586	1 749	9 316	9 313
TOTAL	2 193	2 399	11 980	11 722
Wynberg:				
White	417	349	1 201	1 200
Non-White	1 716	1 518	8 701	9 248
TOTAL	2 133	1 867	9 902	10 448
Kensington:				
Non-White	837	853	5 140	8 302
TOTAL	837	853	5 140	8 302
Athlone:				
Non-White	1 128	977	5 079	5 145
TOTAL	1 128	977	5 079	5 145
Silvertown:				
Non-White	1 960	1 827	13 104	11 648
TOTAL	1 960	1 827	13 104	11 648
Langa:				
Bantu	1 231	1 789	8 791	11 036
Guguletu:				
Bantu	1 931	2 156	15 992	15 342
Retreat:				
Non-White		36		210
TOTAL		36		210
TOTALS:				
White	1 024	999	3 865	3 609
Non-White	10 389	10 905	69 988	70 244
All races	11 413	11 904	73 853	73 853

Number of sessions:

Cape Town	229
Wynberg	192
Athlone	110
Kensington	110
Silvertown	186
Langa	146
Guguletu	202
Retreat	4
TOTAL	1 179

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

TABLE I

Persons attending for first time	White					Non-White					
	Adults		Children		Total	Adults		Children		Total	All races
	M	F	M	F		M	F	M	F		
Notified:											
Accepted	12	6			18	213	99	64	52	428	446
Observation											
Not accepted											
TOTAL	12	6			18	213	99	64	52	428	446
Contacts :											
Notified	1	2	1	2	6	24	55	101	115	295	301
Observation											
Non-Tuberculous	104	173	82	90	449	630	1 213	1 107	1 203	4 153	4 602
TOTAL	105	175	83	92	455	654	1 268	1 208	1 318	4 448	4 903
Suspects:											
Notified	20	14			34	807	326	150	136	1 419	1 453
Observation											
Non-tuberculous	196	220	52	62	530	1 844	1 527	615	636	4 622	5 152
TOTAL	216	234	52	62	564	2 651	1 853	765	772	5 991	6 555
TOTAL	333	415	135	154	1 037	3 518	3 220	1 987	2 142	10 867	11 904

TABLE J

AMBULATORY INJECTIONS – CLINICS

	1972	1973
Cape Town:		
White	905	1 091
Non-White	4 324	4 749
TOTAL	5 229	5 840
Wynberg:		
White	1 188	448
Non-White	2 548	2 852
TOTAL	3 736	3 300
Kensington:		
White		
Non-White	2 853	3 568
TOTAL	2 853	3 568
Athlone:		
White		
Non-White	2 586	3 664
TOTAL	2 586	3 664
Silvertown:		
White		
Non-White	2 985	5 138
TOTAL	2 985	5 138
Langa:		
Bantu	12 843	24 362
Guguletu:		
Bantu	15 433	22 817
Retreat:		
Non-White		155
Total:		
White	2 093	1 539
Non-White	43 672	67 305
TOTAL	45 765	68 844

Those cases treated with streptomycin at the clinics on an ambulatory basis resulted in a total of 68 844 injections being given during the year. This number of injections represents an increase of 50,4% over 1972 and is, in the main, due to the large number of cases now receiving their entire treatment as out-patients.

Two nurses are employed full-time on domiciliary treatment and in 1973 gave a total of 17 354 injections.

MOBILE X RAY UNIT

The mobile 100 mm X-ray units have continued to work to capacity throughout the year and the following gives the comparative figures for the years 1972 – 1973.

1972	White	1 162	non-White	20 759	TOTAL	21 921
1973	White	1 203	non-White	22 123	TOTAL	23 326

The second unit was brought into operation during October 1973.

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	290
General hospitals and other institutions	1 340
City Health Department branches	965
Other local authorities	173
	2 768

The figure of 2 768 total notifications compares with 2 263 in 1972 and 2 321 in 1971.

The following table gives an arbitary 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	785	665	322	435	8	2 215
Failed to attend	130	57	49	77	244	557
	915	722	371	512	252	2 772
Failure to attend clinics:						
In hospital	71	36	26	40	243	416
Hospital out-patients	13	1		7		21
Too ill				1		1
Died before notification	1		3			4
First advice through death registration	20	5	4	10		39
Refusals	10		6	7	1	24
Under private care	1					1
Untraceable or decamped on notification	14	15	10	12		51
	130	57	49	77	244	557

TABLE M

Period	Total Cape Town cases notified	Bedfast on notification	Percentage of total cases	Dead on notification	Percentage of total cases notified
1971	1 816	2	0,1	35	1,9
1972	1 740			12	0,7
1973	1 798	1	0,1	43	2,4

HOSPITALIZATION

TABLE N

	Urban		Langa	Guguletu	* Outside Cape Town cases
	Local	Imported infection			
New pulmonary cases notified during the year	738	627	331	360	241
Known to have had T.B. positive sputum	358	209	138	137	102
New pulmonary cases admitted to institutions for treatment of tuberculosis	337	203	147	185	240
Proportion of new cases admitted	46°/o	32°/o	44°/o	51°/o	100°/o
Died before receipt of notification	20		4		
Died within 6 months of notification	27	4	7	5	19

PULMONARY CASES TREATED BUT NOT ADMITTED TO HOSPITAL

	Local	Imported infection	Langa	Guguletu	* Outside Cape Town cases
Male	193	301	129	88	1
Female	173	109	21	66	

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

A further 226 first positive sputa were obtained from patients notified in previous years.

As will be seen from the above table, 53°/o of all new notifications were treated on a domiciliary or ambulatory basis and this figure does not include those who left hospital before completing treatment and continued treatment as out-patients.

The total number of cases of pulmonary tuberculosis admitted or re-admitted to institutions during the year was 1 624 compared with 1 810 last year.

These were distributed as follows:–

TABLE O

	White		Non-White		Total
	Males	Females	Males	Females	
City Hospital, Cape Town	48	22	70	403	543
Brooklyn Chest Hospital			813	45	858
Other institutions *(Cape Town cases)*			146	77	223

During the year, 2 032 contact children received B.C.G. vaccination by the percutaneous method compared with 1 800 in 1972.

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

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 932.

The work done during the year is as follows:—

Families helped	by payment of rent	76
" "	maintenance grants	343
" "	rent and maintenance grants	69
" "	hospital grants	444
" "	provision of clothing and blankets	66
No. of articles of clothing distributed		188
No. of blankets distributed		47

ALMONER:

Visits paid	692
Interviews given	2 020
New cases	520

The creche which is under control of the Care Committee for Tuberculous patients accepts the children of tuberculous parents who, although showing no signs of active pulmonary disease, have been exposed to infection.

These children are kept in healthy surroundings and given health education while the parents are undergoing treatment or when the child's mother is obliged to go out to work to augment the family income because of the father's illness.

The SANTA day creche at Athlone, which is financed and run by the Cape Provincial Tuberculosis Council, provides accommodation for 55 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 SERVICES

The mass X-ray unit situated at Chapel Street functioned efficiently throughout the year. The attendances dropped from 65 349 in 1972 to 63 097 in 1973 *(3,4%)*. The number of cases discovered suffering from Pulmonary Tuberculosis was 225 as against 232 in 1972.

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 1971	10 164	5 862	33 086	21 784	70 896
" 1972	9 551	5 792	28 245	21 761	65 349
" 1973	8 768	5 254	26 173	22 902	63 097

In addition to the 63 097 miniature film examinations made during the year, 971,100 mm. films were taken as compared with 1 331 in the previous year.

1 046 of those X-rayed were recalled for further examination. Of this number 228 were found to be suffering from active tuberculosis, compared with 232 in the previous year. This represents 0,4 per cent of the 63 097 miniature films examined.

Comparative figures for the incidence of active pulmonary tuberculosis discovered in the various age groups are given in the following table.

TABLE Q

Year	Race	Active tuberculosis discovered										Extra municipal cases *(included in foregoing)*	
		Age-Groups											
		15 – 24		25 – 34		35 – 44		45 +		Total			
		M	F	M	F	M	F	M	F	M	F	M	F
1972	White	1	2	3	1	1	1	3	1	8	5	3	
	Non-White	31	21	42	16	46	6	52	5	171	48	22	2
	All races	32	23	45	17	47	7	55	6	179	53	25	2
1973	White	1	1	1	1	2		3	2	7	4		1
	Non-White	31	30	33	24	34	9	49	7	147	70	26	19
	All races	32	31	34	25	36	9	52	9	154	74	26	20

Of the 228 cases of pulmonary tuberculosis discovered, 46 were previously known. As in the past many of these new cases denied having any symptoms.

In the year under review, 46 extra-municipal cases of tuberculosis were discovered compared with 27 in the previous year. All were notified and referred to their own local authority for treatment and supervision.

A clinic is also held for those cases diagnosed in the first instance by mass X-ray but which on further radiological and other examinations prove not to be pulmonary tuberculosis. A total of 351 such cases were handled many of whom were sent to the pulmonary units of a general hospital for further investigation and treatment.

LANGA MASS X-RAY

The mass radiography unit at Langa, installed in 1967, is used to examine all Bantu work seekers on arrival in Cape Town.

During the year 2 5000 persons were examined as compared with 23 694 in 1972. This represents an increase of 5,5% per cent. The number of new cases discovered rose by 14,2 per cent.

Particulars shown in the following table indicate the scope of the work:–

TABLE R

	1971	1972	1973
Persons examined	25 205	23 694	25 000
Recalled for further examination	675	683	1 123
New cases discovered	212	253	289
Old cases previously known	108	160	293
Particulars of those recalled for further examination.			
Old cases allowed to work under treatment	96	141	282
New cases allowed to work under treatment	133	106	200
Old cases unfit for work	12	23	11
New cases unfit for work	80	144	89
Cases found free of tubercle	189	255	541

Despite the fact that a large number of those X-rayed returned from the homelands for a further contract period in Cape Town the increasing number of new cases notified indicates the large reservoir of pulmonary tuberculosis existing in the Transkei particularly amongst adult working males.

SECTION VII – VENEREAL DISEASE

DR. A.J. WILSON, VENEREAL DISEASE OFFICER

The year under review shows an increase of 1 001 new cases attending the municipal treatment centres compared with the previous year.

New White cases totalled 451 as against 476 and new non-White cases amounted to 13 721 as against 12 695.

Total attendances numbered 36 997 *(1 202 White and 35 795 non-White)* compared with 33 517 for 1972 and 30 881 for 1971.

New cases of syphilis increased by 434, a decrease of 28 for Whites and an increase of 462 for non-Whites, while 21 cases of congenital syphilis occurred as against 29 the previous year.

TABLE I

	1972		1973	
	New cases	Incidence rate	New cases	Incidence rate
RACE:				
White	476	2,0	451	1,9
Non-White	12 695	24,7	13 721	26,0
SEX:				
Male	9 813	26,3	10 526	27,5
Female	3 358	8,9	3 646	9,4
DISEASES:				
Syphilis	3 521	4,7	3 963	5,1
Syphilis, congenital	29	0,0	21	0,0
Gonorrhoea	8 098	10,8	8 571	11,1
Other Venereal diseases	234	0,3	264	0,3
Non-venereal diseases	1 265		1 352	
Undiagnosed	24		1	
All new cases	13 171	17,5	14 172	18,4

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 16,6 per 1 000 population *(1,5 White and 23,6 non-White)*. Last year the true incidence rates were 15,8 *(1,6 and 22,4 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 takes no cognisance of persons who might be treated by their family practitioners.

TABLE II

Year	Total new cases *	Population *(including Bantu Townships)*	Incidence rate per 1 000 population
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
1965	6 327	610 010	10,4
1970	8 963	694 230	12,9
1971	9 995	735 760	13,6
1972	11 882	752 460	15,8
1973	12 819	770 780	16,6

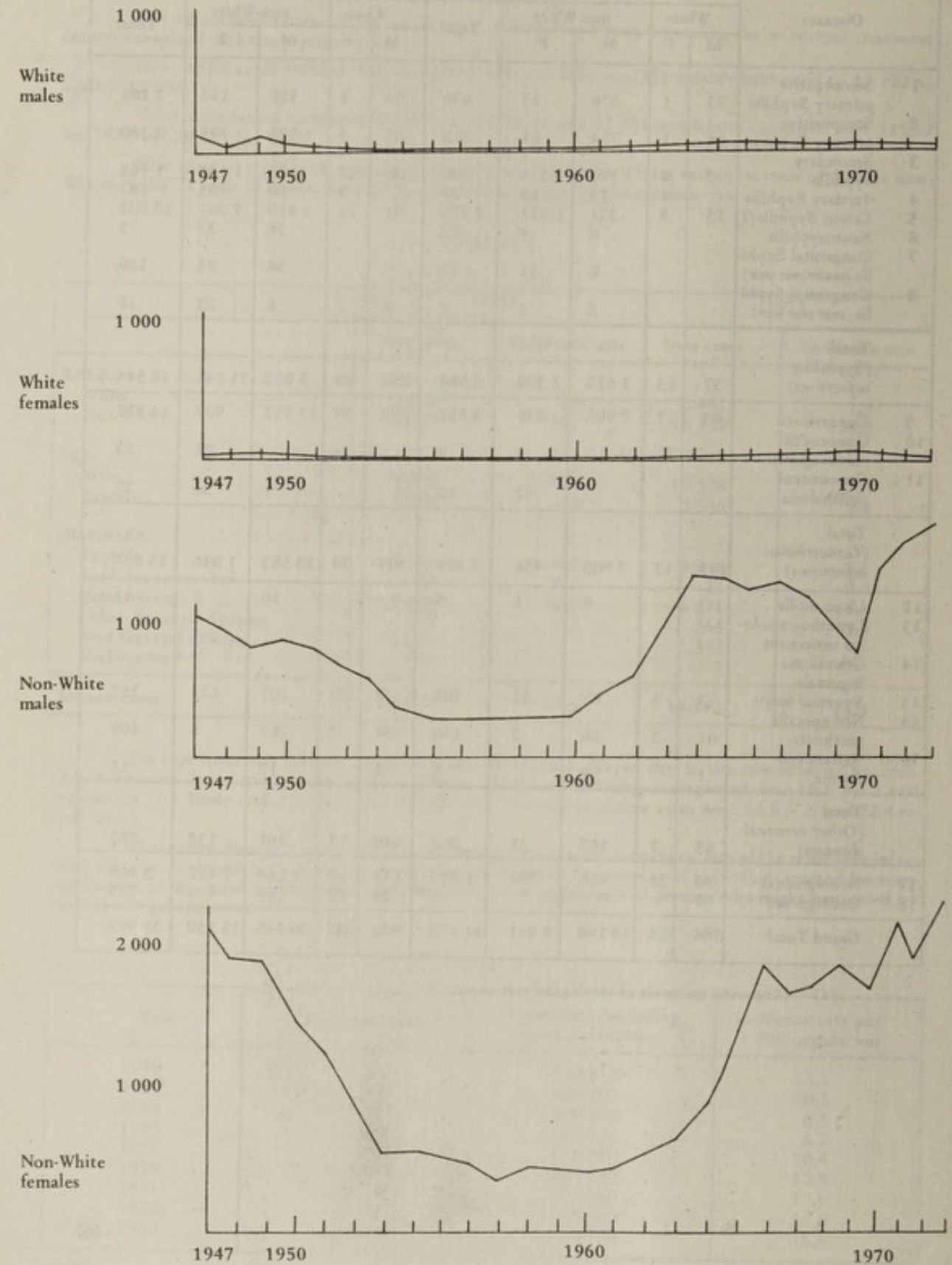
* Excluding non-venereal and undiagnosed cases.

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	23	1	376	35	435	66	1	980	114	1 161
2	Seropositive primary Syphilis	14	1	714	84	813	65	3	1 921	391	2 380
3	Secondary Syphilis	7	4	170	215	396	26	17	583	1 139	1 765
4	Tertiary Syphilis		1	15	16	32		2	80	105	187
5	Latent Syphilis *(1)*	13	8	321	1 933	2 275	91	71	1 410	9 261	10 833
6	Neurosyphilis			8	4	12			38	33	71
7	Congenital Syphilis *(under one year)*			6	11	17			34	75	109
8	Congenital Syphilis *(over one year)*			2	2	4	8	1	6	23	38
	Total *(Syphilitic infections)*	57	15	1 612	2 300	3 984	256	95	5 052	11 141	16 544
9	Gonorrhoea	193	17	7 905	436	8 551	399	39	13 552	987	14 977
10	Gonococcal vulvovaginitis				8	8				23	23
11	Gonococcal ophthalmia				12	12			1	36	37
	Total *(Gonorrhoeal infections)*	193	17	7 905	456	8 571	399	39	13 553	1 046	15 037
12	Ulcos molle			4	1	5			10	1	11
13	Lymphogranuloma venereum										
14	Granuloma Inguinale										
15	Venereal warts	3	4	69	32	108	9	10	207	131	357
16	Non-specific urethritis	61	3	80	2	146	134	7	262	6	409
16(a)	Reiters syndrome	1		4		5	3		12		15
	Total *(Other venereal diseases)*	65	7	157	35	264	146	17	491	138	792
17	Non-venereal	70	26	466	790	1 352	144	59	1 264	2 422	3 889
18	Undiagnosed	1				1	25	22	285	403	735
	Grand Total	386	65	10 140	3 581	14 172	970	232	20 645	15 150	36 997

(1) Diagnosed on result of serological test alone.

INCIDENCE OF SYPHILIS



The following table shows the number of new cases of venereal disease attending the centres:

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	1		5	45	15	12	290	506	175	12	1 840	90	53	1	111	52	3 208
1960	1		9	6	18	8	291	419	180	4	2 109	144	2		31	5	3 227
1965		2	53	54	62	15	1 251	1 271	221	21	3 028	253	15		50	31	5 327
1970			13	8	57	26	674	1 779	202	17	5 692	382	27	2	64	20	8 963
1971			10	14	56	12	1 264	2 130	165	24	5 672	452	41	1	111	43	9 995
1972	1		15	13	81	18	1 466	1 956	180	27	7 378	513	67	3	124	40	11 882
1973			8	13	57	15	1 604	2 287	193	17	7 905	456	65	7	157	35	12 819

INCIDENCE AMONG TEEN-AGERS

The following figures, extracted from Table III, give some indication of the extent of venereal disease among teen-agers.

New Cases, teen-agers

		Syphilis 1–8	Gonorrhoea 9–11	Other venereal Diseases 12–16	Total
White	Males	3	16		19
	Females	3	6	1	10
Non-White	Males	228	478	9	715
	Females	268	51	13	332
Total		502	551	23	1 076

These new cases are classified by age as follows:–

Age in years	White		Non-White		Total
	Male	Female	Male	Female	
13			1	5	6
14			5	2	7
15			9	25	34
16	1	5	65	33	104
17	4	1	107	71	183
18	10	2	269	93	374
19	4	2	259	103	368
Total	19	10	715	332	1 076

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 21 medical sessions *(5 White and 16 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-White are held at the City Hospital and Wynberg centres, male and female sessions for non-Whites only 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, Potswood Road	344	1 526	3 633
Salt River	292	8 252	18 377
Wynberg	287	2 165	5 764
Kensington	49	119	533
Guguletu	51	528	1 866
Silvertown	50	431	2 061
Pre-natal clinics *(at child welfare centres)*		1 151	4 763
TOTAL	1 073	14 172	36 997

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, 438 such persons responded as shown below. This compares with the figure of 484 the previous year. The number of 12 819 new cases registered leaves a balance of unknown reservoirs of infection which is quite formidable.

TABLE VI

Contact	Total	Syphilis	Gonorrhoea	Other venereal diseases	Non venereal
Husband	18	9	3	1	5
Wife	206	25	150	3	28
Friend	214	68	120	3	23
Other					
TOTAL	438	102	273	7	56

PATHOLOGICAL EXAMINATION

In order to establish an early diagnosis, microscopic examinations of sores and dischages 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 of Sp. Pall	1 059	4	1 063
Number of smear examinations of gonococci	179	10	189

In addition 6 211 blood specimens and 389 smears were sent to the Government laboratory for examination.

SECTION VIII – CITY HOSPITALS

DR. T.J. MALHERBE MEDICAL SUPERINTENDENT

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

(1) The City Hospital for Infectious Disease in Portswood Road, Cape Town.
(2) The Brooklyn Hospital for Chest Diseases off Koeberg Road, Brooklyn.

CITY HOSPITAL FOR INFECTIOUS DISEASES, PORTSWOOD ROAD

This hospital can provide accommodation for 518 patients. Persons diagnosed as suffering from any of the notifiable infectious diseases are admitted to and isolated in this institution. Cases of other non-notifiable infectious diseases where special medical and social reasons demand it are also admitted to this institution.

Accommodation is also provided for White male and female and non-White female sufferers from pulmonary tuberculosis. The clinical infectious material in this institution is available for the practical training of medical students from the Universities of Cape Town and Stellenbosch. Graduate nurses are also trained in all aspects of infectious disease nursing at the hospital.

The medical staff at the 31 December, 1973 consisted of the Medical Superintendent, Deputy Medical Superintendent and six medical officers.

HOSPITAL STATISTICS

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

Disease	From Cape Town Municipality		From outside Municipality	
	White	Non-White	White	Non-White
Measles	0,3	17,7	0,4	15,5
Acute poliomyelitis		0,3	0,0	3,3
Cerebrospinal fever	0,1	2,4	0,4	2,3
Diphtheria	0,1	0,3	0,1	0,6
Enteric fever	0,1	1,1	0,1	2,6
Scarlet fever	0,0	0,1	0,0	0,0
Whooping cough	0,0	1,2	0,1	1,0
Tuberculosis, pulmonary	5,6	376,1	10,0	82,5
Tuberculosis, other forms		16,0	0,4	8,9
Leprosy		0,1		
V.D.		0,0		
Other diseases	0,3	2,8	0,3	3,1
TOTAL	6,8	418,0	11,9	120,0

The average daily number of patients in the hospital was 257.

	White		Non-White		Total
	M	F	M	F	
Patients in hospital 31 December, 1972	17	6	80	175	278
Admitted	92	63	605	913	1 673
Discharged	96	63	599	871	1 629
Died	7	2	32	50	91
In hospital 31 December, 1973	6	4	54	167	231

AGE GROUPING OF PATIENTS

	Under 5 years	5 – 14 years	15 – 24 years	25 – 44 years	Over 45 years	TOTAL
White	40	31	25	30	52	178
Non-White	1 130	171	177	219	76	1 773
TOTAL	1 170	202	202	249	128	1 951

CLINICAL ROOM AND X-RAY DEPARTMENT

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 clinics.

Attendances	White	Non-White	TOTAL
CLINICAL ROOM:			
Surgical consultations	9	202	211
Mantoux tests	59	191	250
Schick tests	19	83	102
Special injections *(bronchograms)*			
Other injections and examinations	95	609	704
X-RAY DEPARTMENT:			
X-Rays	1 493	7 040	8 533
Bronchograms	5		5
Tomograms	5	13	18
Special X-Rays		3	3
Dental		51	51
C C C Patients	3	16	19
C D C Patients	72	84	156
C D C X-Rays	62	86	148

OPERATING THEATRE

The operations performed during the year were as follows:–

Bronchoscopy	4
Tracheotomy	21

DENTAL TREATMENT

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

During the year under report 77 patients attended for dental treatment. Further details are shown in the table on page 42 .

BROOKLYN HOSPITAL FOR CHEST DISEASES

The hospital is situated in Stanberry Street, off Koeberg Road, Ysterplaat within a few hundred yards of Table Bay. The single-storied wards are set in very large lawned grounds and offer a total of 330 beds for the treatment of ill pulmonary tuberculosis patients. Also within the grounds is situated a compound for the treatment and isolation of smallpox patients and contacts.

The hospital obtains dispensary services from the City Hospital.

The laundry caters for a number of outlying clinics and the City Hospital as well as for domestic laundry.

POPULATION CATERED FOR

The 330 beds are reserved for the hospitalisation of the following groups of non-White patients:–

		Male	Female
MEDICAL	ADULT	284	0
	PAEDIATRIC	24	0
SURGICAL *(all ages)*		11	11

MEDICAL STAFF

As at 31 December, 1973 the medical staff consisted of the Medical Superintendent and 5 medical officers. Specialist advice and assistance was available from private specialists at medical aid rates.

The post of Medical Superintendent was occupied by Dr. T.J. Malherbe until 31 March, 1973 and by Dr. M.E.E. Popkiss from 15 June, 1973. In the intervening period Dr. M.E.E. Popkiss Acted in this capacity.

The average daily number of in-patients during the year was 299.

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

NON-WHITES ONLY

	Males	Females	Total
In hospital 31 December,1972	296		296
Admitted	821	14	835
Discharged	731	13	744
Died	82	1	83
Remaining in hospital at end of year	304		304

EXAMINATIONS AND TREATMENT

	Staff	Patients	Total
Examinations	85		85
Sick parade	872		872
Mantoux tests	91		91
Aspirations		102	102
Special injections	22		22
Lumbar puncture		39	39
Intubations		16	16
Paracentesis of abdomen		2	2
Pleural Biopsy		18	18
Toxoid *(Tetanus)*	541		541
Vaccinations	146		146

X-RAY DEPARTMENT

	Skiagrams	Bronchograms	Tomograms	Orthopaedic	Special Examinations
Staff	769		3	47	
In-patients	3 962	44	38	107	28
Out-patients	156		1		

DENTAL TREATMENT
(Salt River Clinic)

	New Cases	Extractions	Other Treatment	Total Attendances
Adults	236	253	265	518
Children	27	37	6	43
Sessions				72

OPERATING THEATRE

TYPE OF OPERATION	Major	Minor
Thoracic	53	49
Orthopaedic	13	1
Urological		5
Gynaecological		1
General	5	9
TOTAL	71	65

THE LAUNDRY

The laundry caters for both the City and Brooklyn Hospitals, as well as all C.C.C. clinics.

QUARTERLY FIGURES	ARTICLES	BAGS
1st Quarter	283 459	4 440
2nd Quarter	282 871	4 290
3rd Quarter	296 602	4 514
4th Quarter	302 350	3 243
	1 165 282	16 487

AMBULANCE AND DISINFECTING STATION

This is situated in the grounds of the City Hospital, Portswood Road. There is garage accommodation, in which are housed *(besides other departmental cars)* three ambulances for the removal of cases of infectious disease, two vans for the transport of infectious and disinfected bedding, and two vans 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 disinfection station. The disinfection of bedding, etc. for both the hospitals is also done at the disinfecting station. The general ambulance service for the Cape Peninsula is operated by the Town Clerk on behalf of the Cape Provincial Administration.

The work done during the year by the infectious 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
1 630	592	728	473

2 594 patients were conveyed in the three departmental ambulances, involving a total distance of 61 564 km. *(38 255 miles).*

The distance covered during the year by the vans was 201 957 km. *(125 492 miles).*

CLEANSING STATION
(SCABIES AND PEDICULOSIS)

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

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

Persons	First attendances						Total attendances					
	Scabies	Impetigo	Body lice	Ring worm	Head lice	Total	Scabies	Impetigo	Body lice	Ring worm	Head lice	Total
Children under 16 years of age:												
White boys	1				32	33	1				38	39
White girls		4			59	63		5			82	87
Non-White boys	178	287			5	470	216	404			8	628
Non-White girls	274	319			58	651	293	398			69	760
Total children	453	610			154	1 217	510	807			197	1 514
Adults:												
White males			5		1	6			5		1	6
White females		1	1		5	7		1	1		5	7
Non-White males	46	9	4		1	60	46	9	4		1	60
Non-White females	105	8	5		5	123	116	8	5		5	134
Total Adults	151	18	15		12	196	162	18	15		12	207
Total persons:												
White	1	5	6		97	109	1	6	6		126	139
Non-White	603	623	9		69	1 304	671	819	9		83	1 582
All races	604	628	15		166	1 413	672	825	15		209	1 721

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 31 December, 1973 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)*	34	27
Health inspectors *(Coloured)*	6	6
Health inspectors *(Bantu)*	3	3
Learner health inspectors	14	7
Dairy inspectors	3	3
Plans scrutiny and Pest control inspectors	4	4
	72	56

The staff position showed a net gain of 2 White Health Inspectors during the year. However the 5 Learner Health Inspectors wrote their final examinations in November and the appointment of the sucess - ful candidates to the vacant Health Inspectors posts will certainly alleviate the staff position.

The authorised establishment of Learner Health Inspectors was decreased to 8 posts, 5 of which were filled.

SCOPE OF WORK

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

DIVISIONAL HEALTH INSPECTORS

Owing to the ribbon development of the city, it became necessary many years ago to divide the municipality for environmental control purposes into 5 divisions, each division falling under the control of a divisional health inspector. Apart from the general environmental responsibility for their district and the junior staff attached to such divisions, they are also responsible for food sampling in their area in terms of the Food, Drugs and Disinfectants Act No. 13 of 1929.

The number of free samples that can be examined for the municipality by the Government Chemical Laboratory was fixed at 1 086 by Government Notice No. 97 of the 21 January, 1972. 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	Not Guilty	Case with-drawn	Fines R
Milk	169						
Cream	83						
Mince Meat	205	18	13	5			510
Sausage	273	39	33	5		1	1 465
Polony	61	1	1				30
Ice Cream	22						
Yoghourt	54						
Fresh meat	6						
Buttermilk	72						
Cheese	119						
Lard	1						
Dripping	5						
Orange juice	9						
Honey	2						
Apple juice	1						
Guava Juice	1						
Ham and Tougue	1						
Sherbet	1						
Total	1 086	58	47	10		1	2 005

The above figures reflect an increase of 11 in adulterated samples.

In addition to the foregoing, samples of water are taken fortnightly at thirty-two different test points within the water reticulation system of the municipal area.

These samples are submitted to the State Pathological Laboratory for Bacteriological Report, and serve as a double check on the sampling carried out by the Chemical Branch of the City Engineers Department.

PLANS SCRUTINY AND PEST CONTROL OFFICERS

PLANS

The two pest control officers seconded to the Building Survey Branch of the City Engineers Department, scrutinized 4 857 plans and minor works permits during 1973 compared with 4 847 in the previous year.

PEST CONTROL OFFICERS

The two pest control officers primarily responsible for the rodent, mosquito and cockroach control measures in the city are assisted by 26 Coloured rodent operatives, whose duties involve routine block-baiting with Warfarin and its derivatives for rodent control. In the year under review, 19 320 kg *(42 505lbs)* of bait were laid.

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

Inspections by pest control officers	5 597
Inspections re rodents by other inspectors	44
Inspections re mosquitos by other inspectors	414
Visits made to lands and premises by rat-catchers:	
Re rodents	58 433
Re mosquitoes	13 995
Number of notices served by pest control officers:	
Verbal	3
Written	29
Number of rodents caught and destroyed:	
Brown rats	7 542
Black rats	259
Gerbilles	42
Recovered after gassing operations	394

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
1971	7 087	336	29	8 807*
1972	7 019	261		9 337*
1973	7 542	259	42	8 237*

*Including those recovered after gassing operations.

The rapid building expansion that has and is taking place on what used to be wide open spaces is rapidly reducing the Gerbille population and anti-gerbille work is carried out only when and where necessary.

MOSQUITOES

The pest control officers also specialise in anti-mosquito work. They investigate local prevalence of mosquitoes discovered through complaints or systematic inspection. They also institute permanent anti-mosquito measures in the Black River, extending from the Bokmakierie Township to the Royal Observatory, as well as giving attention to seasonal collections of standing water and other known mosquito breeding foci within the municipal area. Four of the operators under their control devote the whole of their time to oil-spraying of waters where mosquitoes are likly to breed, including oil treatment of standing water at the sewage disposal works, Athlone.

I am happy to record that due to dredging operations of the Black River by the City Engineers' Department during the year, and improved access to the vegetation lining the banks, mosquito breeding in this region was minimal.

The Days Catch

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.

DISTRICT HEALTH INSPECTORS

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

Aerated water factories	100
Bakehouses	835
Boarding houses and hotels	967
Chalets	6 268
Dairy Stables	2 282
Foodshops	26 190
Other shops	9 561
Hawkers	2 023
Horse stables and cattle premises	1 193
House inspections	17 021
Ice cream dealers	909
Infectious diseases	618
Markets	1 900
Milk shops	2 261
Bantu vaccinated	25 680
Office interviews	6 766
Open land, beaches	6 500
Places of entertainment	429
Refuse tips	311
Restaurants and cafes	9 417
Schools	210
Smoke and air pollution	561
Streets and lanes	2 782
Vehicles	5 727
Washhouses	459
Other visits	12 291
TOTAL	143 261

PARTICULARS IN CONNECTION WITH VISITS RECORDED IN THE ABOVE INSPECTIONS

Visits to premises where action was taken in connection with rodent infestation	44
Visits at which premises were disinfected	2
Drain tests carried out	43

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

Verbal notices	177
Formal written notices	1 063
Total proceedings instituted	1 240
Written notices following verbal notices	4

Total notices served

Verbal notices	177
Formal notices	1 209
TOTAL NOTICES SERVED	1 386

The number of items included in the 1 386 notices were as follows:—

	Drainage	Household	Business	Stable	Other	Total
Ward 1		6	1		2	9
Ward 2		12	3		3	18
Ward 3		12	4		6	22
Ward 4		79	16		20	122
Ward 5		49	9		9	67
Ward 6		22	30		5	57
Ward 7	7	4	14		3	21
Ward 8		90	26		13	129
Ward 9		24	17		12	53
Ward 10		106	48		28	182
Ward 11		6	1		4	11
Ward 12		6	16		9	31
Ward 13		65	97		94	256
Ward 14		38	16		21	75
Ward 15		27	38		16	81
Ward 16		16	32		33	81
Ward 17		43	53	1	48	145
TOTAL	7	605	421	1	326	1 360

Other defects were dwelt with by the inspectors by reports of transmission to the City Engineer and other departments of the Corporation as follows:–

Stopped drains	338
Defective water fittings	29
Unauthorised structures	52
Undrained premises	18
Structural defects to premises	26
Other defects	36

MUNICIPAL WASHHOUSES

There are 5 washhouses in the municipal area namely at Hout St., Mowbray, Salt River, Claremont and Wynberg.

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

	Attendances	Money taken
		R c
Hout Street	4 924	711,00
Salt River	5 416	216,64
Mowbray	4 051	740,24
Claremont	7 504	1 235,60
Wynberg	22 152	886,08
	44 047	3 789,56

The attendances and takings at the washhouses show a considerable decrease, a trend that has become apparent over the last few years. This is due to the dying out of the older washerwomen, the increase in flat dwellers who take their laundry to the laundrettes, which are opening up all over the municipal area and the ever increasing number of households with washing machines.

PUBLIC SANITARY CONVENIENCES

This Department has under its control 52 public sanitary conveniences *(chalets)* sited at convenient points throughout the municipal area, and which are staffed by 154 permanent attendants.

CASES BEFORE THE MAGISTRATES

The following table gives particulars of cases heard by the magistrates during the calendar year at the instance of the City Health Department. In most of the cases there were two or more separate counts; the counts are not enumerated in the table. In some cases more than one person was summonsed for the same offence; if any one accused was fined or reprimanded, the case is recorded in the table accordingly, notwithstanding that the other accused may have been discharged.

Nature of Offence	Number of Cases						Total Fines
	Total	Suspended sentance	Fined	Cautioned	Not Guilty	Withdrawn	R
Dwelling-house premises in insanitary condition.	4		3			1	130
Insanitary conditions or other offences at food premises.	2		2				80
Selling foodstuffs in contravention of the Food, Drugs and Disinfectants Act.	37	1	36				2 215

SCHEDULE OF DEMOLITIONS

HOUSING ACT NO. 4 OF 1966

UNDER SECTION 85(1)

Applications for demolition, referred to the Department of Community Development with recommendation for demolition, comprised the following:—

No. of rooms per unit	1973
1	5
2	29
3	46
4	33
5	30
TOTAL	143

UNDER SECTION 85(4)

Demolitions permitted under the authority of the Medical Officer of Health *(Delegated Authority by the Cape Town City Council)*.

No. of rooms per unit	1973
6	12
7	13
8	4
9	1
10	
11	
12	1
13	1
Multi-roomed boarding houses and hotels	5
TOTAL	37

SLUMS ACT

During 1973, 6 properties, two of which were structures of the "pondok" type, housing a total of 41 adults and 32 children, were reported to the Slums Court and were declared as slums by that body. All the tenants were to be rehoused by the City Council or the Department of Community Development depending on the area in which these properties were located. The demolition of these units and the rehousing of tenants was not completed by the end of 1973.

TRADING LICENCES

Municipal regulations require the annual licensing of these premises and the controlling of the equipment and management. Applications for licences are considered by the responsible committee after receiving a report from the Medical Officer of Health.

	A	B	C	D	E	F
Purveyors of Milk	77	59	18	18		
Milk in Cartons	44	22	22	22		
Milk in Tankers	4	4				
Slaughterer of Poultry	3	2	1	1		
Electrical Wiring Contractor	35	29	6	6		

A Applications received
B Granting of licences recommended *(without conditions)*
C Granting of licences recommended *(subject to conditions)*
D Number under item 3 later reported as having complied with conditions
E Refusal of licences recommended
F Applications withdrawn

REGISTERED TRADES

MATTRESS-MAKERS AND UPHOLSTERERS

Government regulations regarding mattress-makers and upholsterers *(Government Notice No. 1 384 of 1938)* prohibit any person from carrying on these trades unless registered annually by the Council.

	A	B	C	D	E	F
Mattress Makers and Upholsterers	27	22	5	5		

The Registration and Licensing of Business Amendment Ordinance, 19 of 1972, to amend the Registration of Business Ordinance 1953, was promulgated on the 9 November, 1972, becoming effective from the 1 January, 1973.

It provides that no person shall carry on a business unless he is in possession of a certificate of registration and licence issued to him in terms of this ordinance.

There are fifty four business trades etc. listed in the Index to the First Schedule and the Council must obtain from its Medical Officer of Health, a report on the suitability from a Public Health point of view, of the premises where the business is to be carried on and of any premises where goods traded in are to be stored. All applications for certificates are referred by the Town Clerk 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:

PERTAINING TO FOOD	A	B	C	D	E	F
Accommodation Establishments	48	38	10	10		
Bakers	14	13	1	1		
Butchers	39	26	13	13		
Cafe Keepers	334	235	99	99		2
Dairy Farms	206	195	11	11		
Dairy Shops	8	6	2	2		
Eating Houses						
Fish Mongers and Fish Friers	37	30	7	7		
Food Manufacturers	22	18	4	4		
General Dealer	1 780	1 426	354	354		3
Hawkers	1 598	953	645	645		
Laundries and Dry Cleaners	18	16	2	2		
Restaurants	17	14	3	3		
Other Food Premises	55	15	40	40		
Non Food						
Creches or Nursery Schools	14	10	4	4		
Dealer in Moter Vehicles and Garages	216	148	68	68		
Kennels or Pet Boading Establishments	3	2	1	1		
Offensive Trades	5	2	3	3		
Places of Entertainment	45	25	20	20		
Workshops	79	56	23	23		
Other Non Food Premises	443	379	64	64		
TOTAL	4 981	3 607	1 374	1 374		5

FOOD INSPECTIONS

The following foodstuffs were condemned as unfit for human consumption by the market health inspector during the year.

	Weight *(kg)*		Weight *(kg)*
Fruit:–		Vegetables:–	
Pome	24 220	Bulbs	34 520
Drupe	18 230	Flowers	16 708
Citrus	109 160	Leaves and stems	190 090
Vine	1 790	Roots	34 600
Miscellaneous	21 340	Seed Fruits	409 530
		Tubers	88 190
		Other Foodstuffs	260

BUTCHERS' DELIVERY VEHICLES

The continued enforcement of Regulation 1970 maintains the standard metal type of butchers vehicle in which all carcases are hung and are clear of the floor. During the year 207 meat delivery vehicles were licenced.

FOOD VENDING MACHINES

The type of commodities dispensed by food vending machines continues to be hot and cold beverages.

These machines are mainly sited in licensed food shops.

STABLE PREMISES

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

Two cases of unsuitable and unauthorised structures which were being used to stable animals, were ordered to be demolished and the animals removed. In all cases the animals were removed and the structures demolished.

ABATTOIR BRANCH

DR. A.A.L. ALBERTYN. B.V.Sc., F.R.S.H. DIRECTOR OF ABATTOIRS

The inspection of meat from animals killed at the municipal abattoir is under the control of the Director and Senior 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 if satisfactory, stamped and passed as fit for human consumption.

During 1973 the following livestock was slaughtered at the Maitland abattoir:–

	No.
Cattle	200 546
Sheep	862 270
Calves	16 670
Pigs	122 100
Equine Animals	2 338
Goats	20 205

The Abattoir operated at full capacity at most times during the year, supplying meat for consumption in Greater Cape Town as well as for a large percentage of the population in the Western Cape.

Apart from the very important service rendered to the health of the community by ensuring adequate supplies of clean safe meat, the abattoir must also be viewed as being the largest and most complicated factory and business centre in the Western Cape with a throughput of over R130 000 per day.

A schedule of diseases for which meat was condemned is shown below.

ANIMALS SLAUGHTERED WITH DISEASES

	BOVINES			CALVES			SHEEP & GOATS			PIGS		
	No. of carcases	Parts affected	Portions (weight kg)	No. of carcases	Parts affected	Portions (weight kg)	No. of carcases	Parts affected	Portions (weight kg)	No. of carcases	Parts affected	Portions (weight kg)
Degenerative & Dropsical conditions												
Emaciation	4	48		8	64		158	1 264		7	56	
Fatty Degeneration	1	12						188		6	1 134	
Necrosis		5						1 045			8 941	
Oedema	6	72					23	184		1	8	
General conditions												
Anaemia							1	8				
Overscolding										1	8	
Bruising	446	5 544	30 102	17	136	75	429	3 429	724	22	12 095	2 310
Contamination		822		1	742	15	2	185	79		108 186	
Fever	120	1 440		32	256		172	1 366		28	224	
Icterus	40	480		18	144		518	4 144		9	72	
Immaturity				235	1 880							
Mutilated							2	16	21			
Moribund	14	168		10	80		72	576		13	104	
Telangiectasis		3 170										
Uraemia							9	72		2	16	
Infectious Diseases												
Actinomycosis		1 354										
Anaplasmosis	34	531										
Caseous Lymphadenitis							746	125 254	6 779			
Babesiosis	1	12										
Erysipelas										1	8	
Leptospirosis											114	
Tuberculosis	107	2 629		1	8					32	1 412	
Inflammatory conditions												
Arthritis	4	48		5	40		47	376		2	96	
Cirrhosis		1 149						17 549			1 239	
Enteritis											911	
Dermatitis										5	40	
Hepatitis												
Ketosis												
Lymphadentitis												
Mastitis										1	8	
Metritis	4	48					20	160		7	56	
Nephritis	3	36		7	56		63	504		7	56	
Omphaloplebitis				9	72							
Pericarditis	28	2 203		1	8			3 689			1 624	
Peritonitis	91	1 252		23	184		56	448		75	600	
Pleuritis	11	1 293		1	29		7	5 031	4 187	29	715	
Pneumonia	56	1 516		43	775		315	8 539		95	1 097	
Parasitic conditions												
Cysticerosis	96	30 960		2	15		9	72		363	2 912	
Fascioliasis		459						1 125				
C. Tenuicollis Infection							12	96				
Hydatidosis		3 363			148			50 161			2 003	
Milkspots												
Lungworm								22 995				
Oesophagostomiasis								18 500				
Sarcosporidiosis	71	852		1	8		1	8		8	64	
Stilesia Hepatic Infection								125 791				
Septic conditions												
Abscesses		20 264			24		2				54	26
Gangrene	39	468					3	40		2	16	
Pyaemia	70	840		65	520		271	2 168		112	896	
Septicaemia	1	12					165	1 320		9	72	
Toxaemia										1	8	
Neoplasms												
Melanomata	1	12										
Tumors (Others)	1	12					1	8		2	16	
Pigmentary conditions Xanthosis				1	8							

MILK SUPPLIES AND RELATED PRODUCTS

DR. D. DIXON – B.V.Sc., B.Sc. SENIOR VETERINARY OFFICER – MILK CONTROL BRANCH

RAW MILK SUPPLIES

The City's milk shed comprises an area covering Wynberg, Bellville, Cape Town, Malmesbury, Hopefield and Vredenberg magisterial districts. A few isolated producers registered to supply milk to Cape Town are found near Wellington, Grabouw, Caledon and Stanford.

A total of 189 producers were registered at the end of 1973. Twelve producers went out of production and four new producers were registered.

Some 182 *(96,3°/o)* producers have one or more bulk tanks installed on their farms; a total of 256 of these tanks with a capacity of 584 293 litres are now in use. Two hundred and twenty-eight of these tanks are refrigerated by means of chilled water while the remainder are cooled by direct expansion. The five producers who still supply milk in cans, produced only 3 958 litres daily, 0,97°/o of the total production.

Sixty three producers *(33°/o)* have modern milking parlours and 117 *(62°/o)* make use of milking machines. Still more conventional cowsheds have been converted to accommodate a mechanical milk line system. The tandem-type milking parlour was favoured by 41,3°/o of the producers, followed by the herring-bone *(38,1°/o)* and the abreast-type *(20,6°/o)*.

The average daily production per registered producer was 2 046 litres. An estimated 27 353 number of cows were in production at a time. Eighty-eight producers milked three times a day, the balance milking twice daily. *(See graph)*.

Raw farm milk is collected by insulated road tankers and delivered for processing to the three pasteurising plants in or on the periphery of the city. From here the milk is distributed to milk shops and depots throughout the Peninsula for home delivery and sale over the counter. Supermarkets, tea rooms and general dealers are precluded from selling milk in ordinary glass bottles and only milk in non-returnable containers may be handled by them.

Since 1953 only heat treated milk may be offered for sale in Cape Town. Although the relevant regulations make an exception for the sale of raw milk produced by accredited disease free herds under stringent hygiene conditions, only one producer has qualified to sell a small quantity of raw cream.

A considerable quantity of milk and milk products, produced and processed under the control and supervision of this department, is also sold in the adjoining local authorities of the Peninsula.

The water supply of farm dairies remains satisfactory. 80,1°/o of all supplies are bore-hole origin, 16,8°/o is supplied by local authorities and the remaining 3,1°/o originated from spring and fountains.

Classification of registered producers on a daily production basis and related information.

Period	No. of Registered Producers	Average Daily Production	Average Daily Intake at Cape Town
1973	189	2046	352 585
1972	197	1788	352 361
1971	201	1870	375 908
1970	208	1619	336 931
1969	220	1614	355 166

ANIMAL DISEASES

Mastitis due to Streptococcus agalactiae was confirmed in 11,8°/o of unsatisfactory samples examined.

The Division of Veterinary Services of the Department of Agricultural Technical Services was actively engaged in a Tuberculosis Eradication Scheme for the Western Cape. A total of 685 infected dairy animals were slaughtered at the Maitland Abattoir under the scheme which provided for compensation to dairymen for any losses incurred.

In the City's milk shed there are 61 T.B. accredited herds averaging 68 822 litres of milk daily and 36 interim herds averaging 96 000 litres daily.

Brucellosis was diagnosed by means of the Stained Antigen ring test on raw milk samples. A survey showed that 61°/o of the herds registered milk producers either had the disease or were injudiciously using the Strain 19 Vaccine.

The recent incidence of Chlamydiosis amongst the livestock in the Western Cape is being investigated by the Division of Veterinary Services. It is not yet known to what extent this disease is involved in abortions in cows and deaths of newly born calves.

Escherichia coli infection in calves is prevalent, but successes have been achieved with the use of autogenous vaccines.

MILK AGGREGATE

According to the Milk Board the average daily production of fresh milk from registered producers was 352 585 litres of which 292 586 was absorbed by the fresh milk trade. The balance *(59 999)* was diverted for industrial use, including the manufacture of cheese, powdered milk, condensed milk and butter.

The Milk Board, a semi state organisation, controls the price of milk to producers. During the period under review new amendments were introduced and the Board presently pays a quality premium of 25 cents per litre of bulk milk provided that such milk as well as the bulk milk equipment conforms to all the prescribed conditions.

At times fresh milk was also supplied by Cape Town to Saldanha, Somerset West, Strand and George.

STAFF

The Milk Control Branch comprises the Senior Veterinary Officer, two full-time rural dairy inspectors and a full-time dairy/detailed inspector for City duty. A laboratory assistant is responsible for the testing of milk and milk products and the keeping of records. The inspectorate staff is guided to a large extent by these laboratory results.

During the year the following work was carried out:—

Total number of farm dairy inspections	2 227
Number of farms where structural improvements were carried out	190
Number of herd inspections	173
Investigations on farms in connection with the unsatisfactory bacteriological control of milk	175
Investigations on farms in connection with the incidence of mastitis	91
Recording of temperatures of mechanically cooled milk	691
Number of unsatisfactory temperatures encountered	8
Number of visits to pasteurising plants	1 151
Number of visits to icecream plants	473

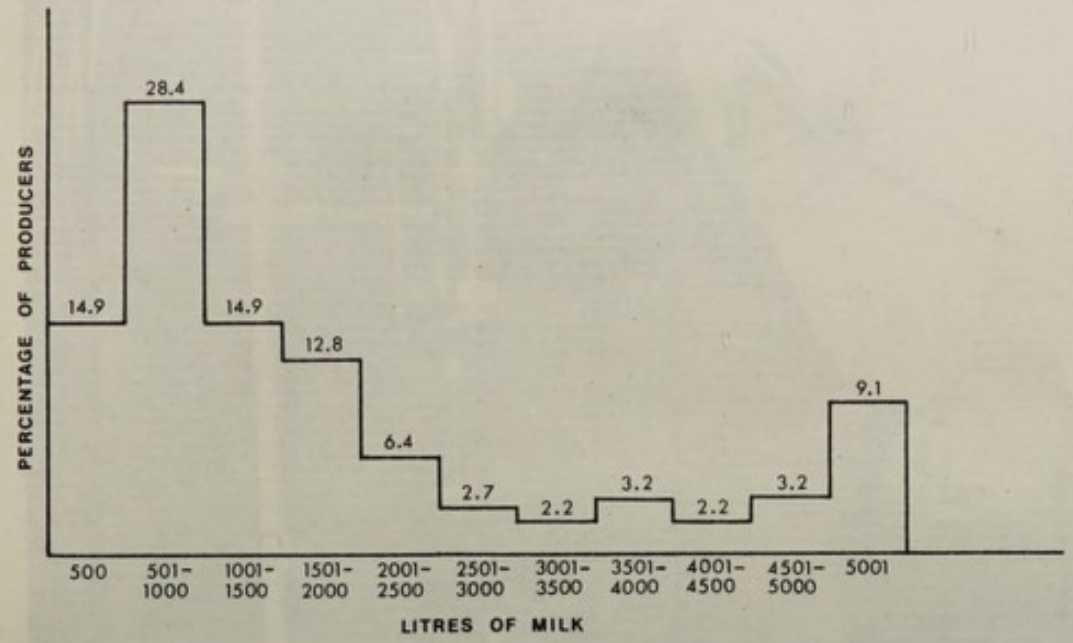
LABORATORY CONTROL

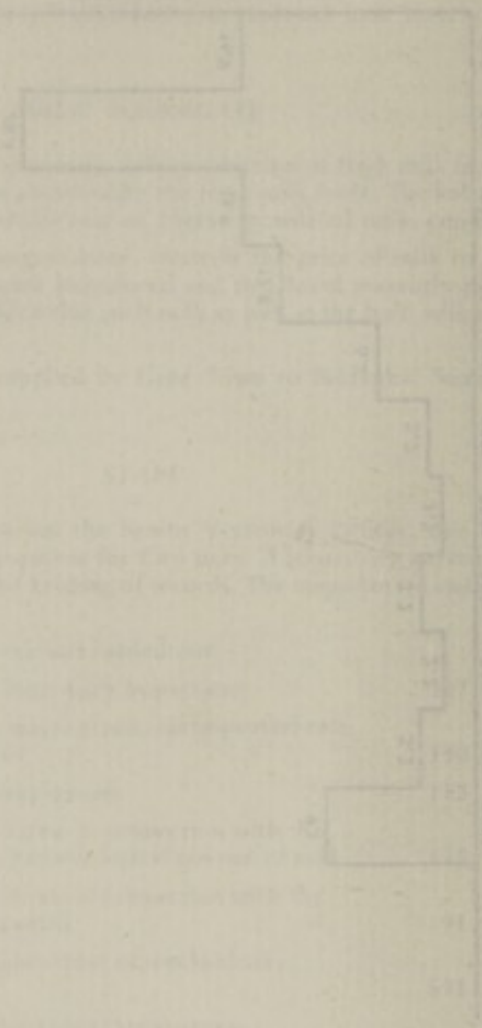
RAW MILK

Bulked herd milk and road tanker supplies were regularly sampled on farms and at receiving depots and tested with the following results:—

(a) Bulked Herd Milk *(Individual Producers Milk)*

Test	No. of Samples Tested	°/o Satisfactory
Plate Count	928	89,1
B. coli *(,001 ml)*	931	61,3
Inhibitory substances	147	91,6
Brucellosis *(Ring test)*	59	39,0
Mastitis	931	76,8


PERCENTAGE OF PRODUCERS
28.4
14.9
14.9
12.8
6.4
2.7
2.2
3.2
2.2
3.2
9.1
500
501-1000
1001-1500
1501-2000
2001-2500
2501-3000
3001-3500
3501-4000
4001-4500
4501-5000
5001
LITRES OF MILK



Milk Testing in Departmental Laboratory

(b) Road Tanker Milk.

Test	No. of Samples Tested	°/o Satisfactory
Plate Count	254	90,2
B. coli *(,001 ml)*	69	58,0
Inhibitory Substances	130	95,4
Mastitis	254	69,7

Wherever possible unsatisfactory results were followed up by visits and inspections and producers advised on remedial measures.

The hygienic cleaning and sterilisation of road tankers was regularly checked by visual inspection and bacteriological examination of swabs. A total of 109 swabs were thus examined of which thirteen proved to be unsatisfactory.

PASTEURISED MILK

During the end of the period under review three pasteurising plants were licensed to process milk and cream and the various cultured milk products. No sterilised full cream milk was processed. A small factory manufactures flavoured skim milk using skim milk powder.

Two of the plants operate modern plastic blow moulding machines and 31,6°/o of the total amount of fresh milk handled was filled into litre and half litre plastic bottles. The outlet for this type of pack is mainly through the tea-rooms and supermarkets.

The temperature of pasteurised milk, immediately after processing, was checked on 180 occasions and all found to be satisfactory.

A litre or half litre bottle of milk was obtained from each plant every week day.

The following tests were carried out:–

Test	No. of Samples	No. Unsatisfactory	°/o Satisfactory
Plate Count	1 210	4	99,7
Phosphatase Test	1 245	7	99,4
B. Coli Count *(Presumptive)*	1 207	338	72,0
B. Coli Plate Count	1 207	96	92,0
E. Coli Type 1 *(Faecal)*	56	0	100,0

One ml. of milk was plated onto violet red bile agar and an arbitrary count of more than 10 colonies was considered to be unsatisfactory.

Samples of milk for school feeding schemes were taken from time to time, and all proved to be satisfactory.

PASTEURISED CREAM

This product was regularly sampled and submitted to the following tests.

Test	No. of Tests	No. Unsatisfactory	°/o Satisfactory
Plate Count	190	3	98,4
Phosphatase Test	198	1	99,5
B. Coli *(Presumptive)*	195	79	59,5
B. Coli Plates	18	3	83,3

Artificial cream, containing a vegetable fat was manufactured by two companies. Regular bacteriological tests on these products proved 92,1°/o satisfactory.

ICE CREAM

Ice cream, sorbet, soft dairy mix and water ices were manufactured by six factories and one restuarant.

The production of ice cream remained more or less static, but sorbet and water ice production increased due to popular demand.

Any batches of ice cream introduced into the city from subsidiary or sister companies situated elsewhere had to be cleared bacteriologically by this Department before release for distribution and sale. Supplies were received from Boksburg and Port Elizabeth.

A modern ice cream factory is in the process of construction and will come into production in 1974.

The following tests on ice cream and related products were carried out:—

Test	No. of Tests	No. Unsatisfactory	% Satisfactory
Plate Count	649	49	92,3
Phosphatase Test	332	0	100,0
E. Coli type 1 *(Faecal)*	626	5	99,2

Soft Dairy Mix, as dispensed by freezing machines in tea rooms and restaurants, were sampled and proprietors advised on the hygienic handling of the mix and the cleansing and sterilisation of these machines. A total of 172 samples were examined bacteriologically.

VI—TESTS

Vi-Tests were carried out on 313 individuals who were to be employed in milk and ice-cream factories. Nine of these were positive.

GENERAL:

1. Four final year veterinary students from Onderstepoort spent two weeks at the City Abattoir and in this branch as part of their vacational training in special hygiene and veterinary public health.

2. The present incumbent of the post Senior Veterinary Officer was appointed in September. The Assistant Abattoir Director having deputised for the rest of the period under review.

AIR POLLUTION

B.D. OXLEY : AIR POLLUTION CONTROL OFFICER

Over four hundred premises are now registered as operating 670 fuel burning appliances. These registered premises fall within the scope of Part III of the Atmospheric Pollution Prevention Act No. 45 of 1965. There are other premises registered under Part II of the Act which are the responsibility of the Chief Air Pollution Control Officer, appointed by the Government and based in the Department of Health, Pretoria.

In addition, State premises and their numerous appliances do not fall under our jurisdiction.

Domestic houses, meaning dwellings housing a single family, are not yet controlled until Section 20 of the Act is invoked. If, however, complaint of smoke issuing from a dwelling is received and is considered to be a nuisance, then this Department is obliged to take action.

Among the registered appliances are many which were installed before the application of the Act to Cape Town, and unless they fail to meet the terms of the Act, we have no power bringing them up to date. An exception to this is if the premises change ownership or have to be licensed. The new licensing ordinance which came into force early in the year has enabled us to make sure that appliances meet current requirements.

Ninety-two premises were dealt with during the year either because new plant was installed or modified, or because they failed to meet the terms of the legislation regarding smoke. Many more premises were visited on a routine basis and inspections of the plant carried out.

The decision was taken to ban the use of fuels of more than 1% Sulphur content in the Central City area.

While the conversion of the Table Bay Power Station had proved to be a far more difficult undertaking than was envisaged, the resultant persistent plume had served to indicate to this Department the behaviour of air pollutants within the amphitheatre of the mountain under differing wind directions and strengths. A great deal was learned from this exercise.

The power station continued to receive much publicity because of the difficulties experienced in the conversion and the resultant smoke. These difficulties were mainly overcome and the City was left with a tolerable if not ideal situation. The promise of an advanced close-down date and reducing consumption of oil contributed to muting the clarion calls for a total shut-down.

All the boiler flues were concentrated into one chimney with corresponding benefit in dispersal because of higher plume velocity and temperature.

The appointment of a Smoke Control Officer to assist the Air Pollution Control Officer was made in July. The incumbent to this position was drawn from the ranks of Health Inspectors, having undertaken, in addition to the Diploma in Public Health, a course in Combustion Principles and Practice.

Due to this appointment, rapid progress was made towards Cape Town's 1st Smoke Control Zone Order – popularly known as a "Smokeless Zone". A report and recommendations were submitted to Council on schedule before the end of the year. Provided that Council, and the Minister of Health agree with the recommendations, the 1st Zone Order will come into effect on the 1 March, 1975, followed by further expansion of the Zone at regular intervals.

An International Air Pollution Conference was held in Pretoria in February which attracted over 650 delegates. Guest speakers included Mr. F. Ireland–Chief Alkali Inspector from U.K. and Dr. W. Strauss, University of Melbourne, Australia.

The National Association for Clean Air *(N.A.C.A.)* persuaded these two speakers to tour South Africa and give lectures. At the same time, a Western Cape Branch of N.A.C.A. was inaugurated in Cape Town.

This Branch is very active and quickly organised a Symposium in conjunction with the local Branch of the Institute of Mechanical Engineers. The impending fuel crises provoked a title for the symposium of "The Efficient Utilization of South African Solid Fuel Resources".

The Symposium, which took place in September, anticipated the Middle East October War which precipitated the fuel crisis.

As a result of this development, we expected that:–

(1) The programme of dieselization/electrification of S.A.R. & H. locomotives and many other stationary appliances will be at least postponed, if not scrapped altogether.

(2) Industry will contemplate and possibly carry out a return to coal for energy.

(3) All State appliances will be re-converted to coal as primary fuel.

(4) A proposal by the Cape Gas Company to use Naptha as feedstock for Town Gas will be re-considered.

The modifications to the Act – considered in 1972 – came to fruition in 1973 and Act No. 17 of that year was passed. Some of the machinery was streamlined and penalties were increased to a maximum of R500 or 6 months for a first offence and R2 000 or 12 months for second offence.

MEASUREMENT

The work begun towards the end of 1972 to restore all the standard measuring instruments to original specification, was completed early in the year. This fact, coupled with the improvements carried out at Table Bay Power Station, resulted in much lower readings being obtained.

Nevertheless, Council was concerned to have more detailed information on air pollutants and this Department was not prepared to recommend more sophisticated instrumentation or places to site them without a great deal more being known about the present position.

As a result, the Council for Scientific and Industrial Research *(C.S.I.R.)* was approached to conduct a comprehensive survey of the Peninsula. They indicated that they alone could not undertake a job of this magnitude and enlisted the aid of U.C.T. A report was submitted to Council with extensive proposals. It is hoped that this report will be given favourable consideration to enable this Department and the Chemical Branch of the City Engineer's Department, which is responsible for measurement of air pollutants, to initiate long-term plans for extension of the measuring system.

In the meantime, in order to increase knowledge, and also have a means of checking existing instruments, a portable continuous Sulphur Dioxide monitor was purchased. This instrument provides for the first time in Cape Town the degrees of peak levels and duration of peaks for Sulphur Dioxide. Thus far, the highest peak 1 000 microgrammes per cubic metre for a very short period, obtained when the instument was sited directly in line with the Power Station plume.

GRAPHS

Monthly average readings for Sulphur Dioxide, Soiling Index and Dustfall are included in graphical form. The system was expanded by the addition of a measuring station in Tamboerskloof which started in May.

The Foreshore measuring station was not in service for the month of April due to the fact that the wayleave expired on the Goodyear building. An alternative site was found in Libertas building.

The total Dustfall readings for the month of July are not available since the soluble solids which contribute a fairly large percentage were not sampled.

It can be seen from the graphs that the SO_2 averages in the industrial areas are low, compared with the Foreshore and Green Point readings. It may well be that there is normally some wind in these areas and pollution tends to collect along the Foreshore. Nevertheless, this Department gains some satisfaction from the fact that in spite of expanding industrial activity, the situation is being controlled.

There remains, however, a difficult situation in Paarden Eiland as regards the Soiling Index and Dustfall readings. SO_2 in industrial areas is usually closely related to the Soiling Index figure, i.e. high Soiling Index – high SO_2. In the case of Paarden Eiland this does not happen. The conclusion reached is that the sampling station is close to a foundry and is in line with the commonly prevailing wind.

Annual averages and graphs are also shown which indicate long term overall trends. The slope for SO_2 is reversed and now indicates overall reduction. Last year a few unexplained freak readings caused the annual average to be improportionately high. This year's reading – lowest since before 1967 – restores the position.

The Soiling Index slope of the graph is not so steep compared with 1972; 1973 being more like the normal Cape Summer with plenty of wind. 1971 and 1972 were relatively quiet summers and consequently stagnant conditions were more prevalent than usual, resulting in higher than normal annual averages.

Dustfall averages maintain the gradual downward slope.

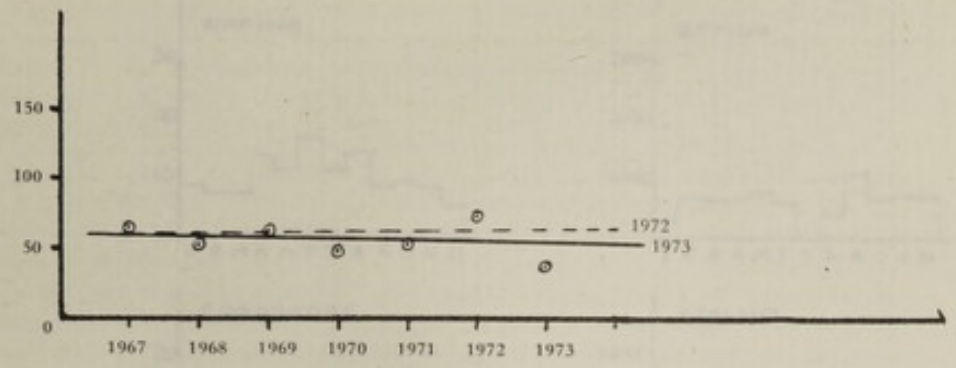
TOTAL NUMBER OF PEAK READINGS FOR TWO AND THREE-DAY AVERAGES FOR SULPHUR DIOXIDE IN MICROGRAMES PER CUBIC METRE

SO_2 ug/m^3	100–150	150–200	200–250	250–300	300–350	Over 350
1969	91	18	7		1	
1970 six	65	14	4	2		
1971 stations	65	15	3	1	1	
1972	103	62	21	3	2	2
1973 7 stations from May	48	14				

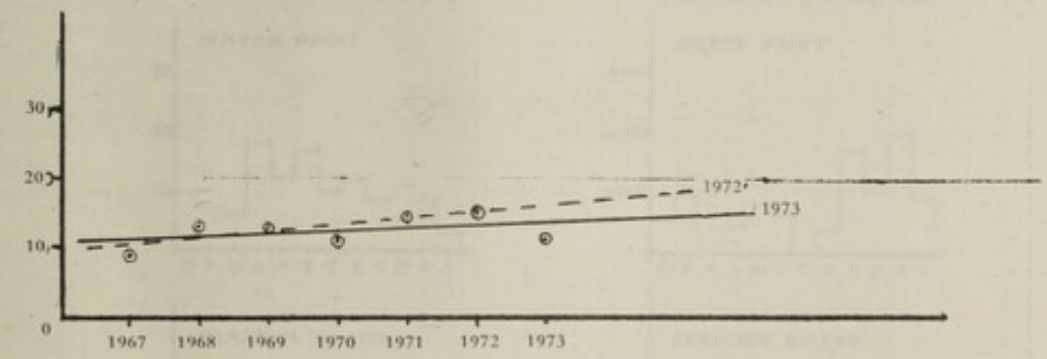
The incidence of high peak averages was considerably reduced during 1973.

ANNUAL AVERAGES FOR THE PERIOD 1967 – 1973
OF THE THREE POLLUTANTS MEASURED

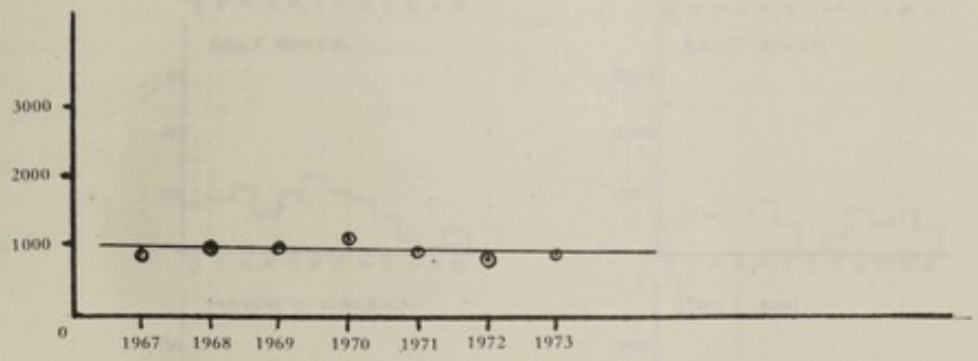
SO_2
mg/m^3

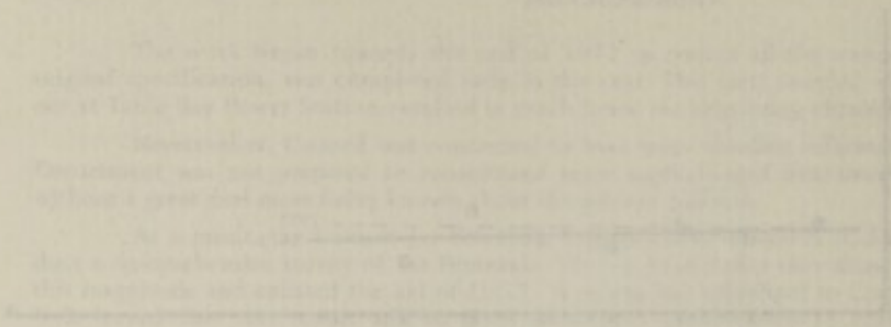


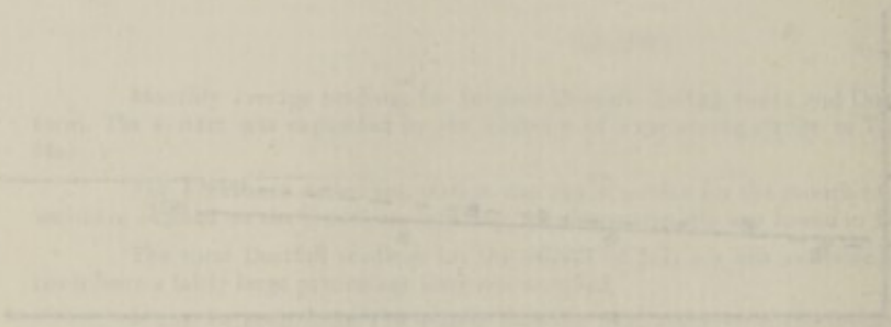
SOILING INDEX

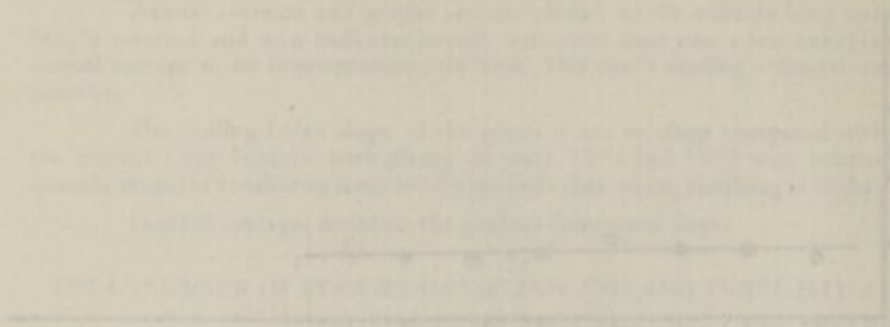


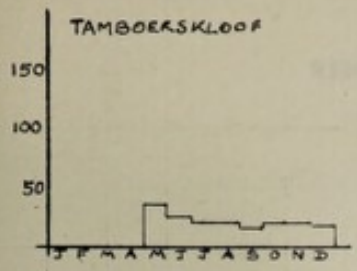
DUSTFALL
$g/decam^2$

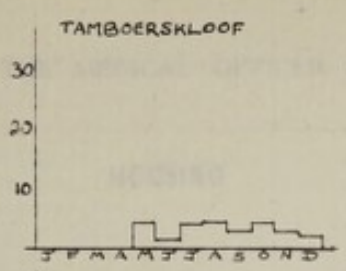


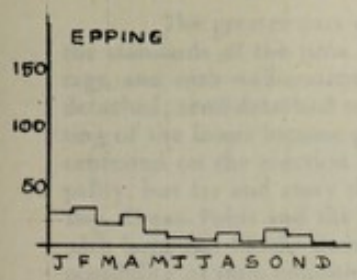


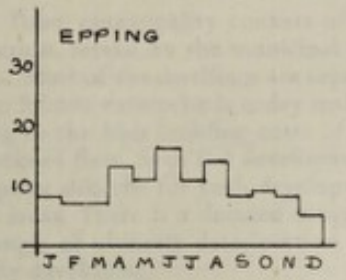


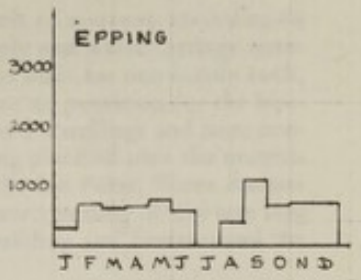


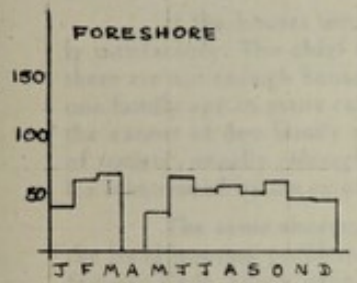


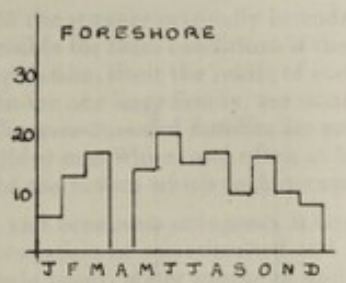


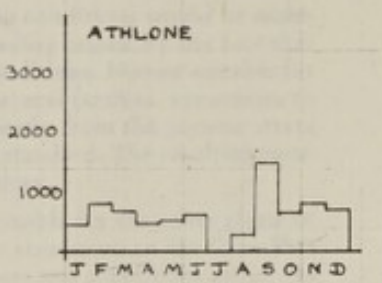


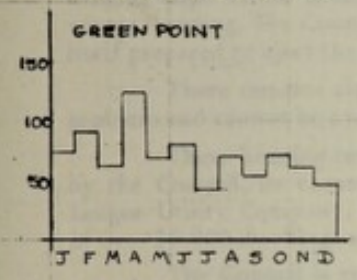


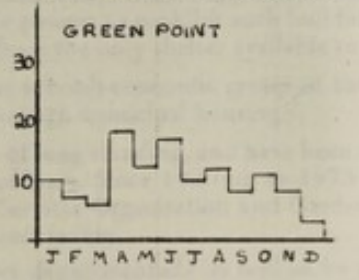


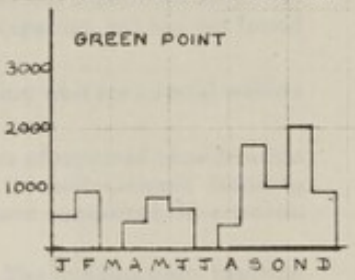


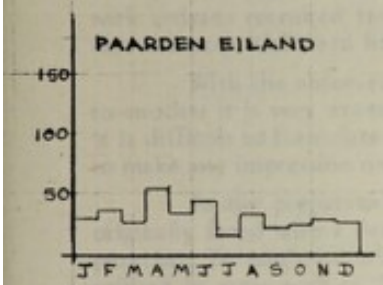


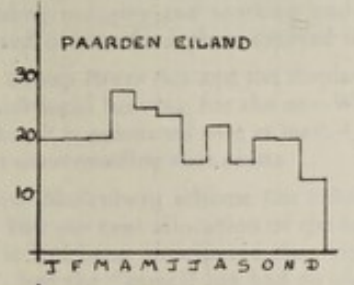


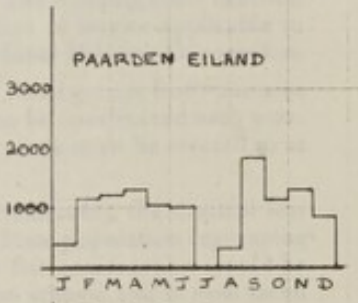


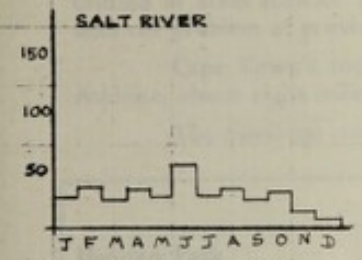


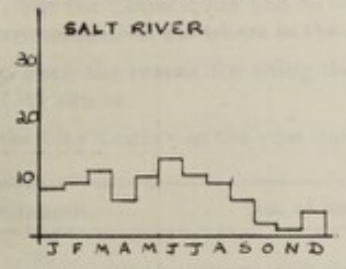


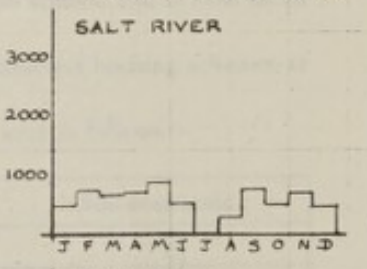


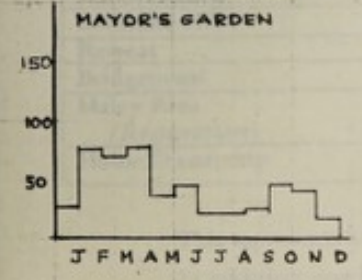


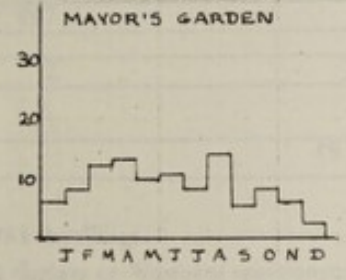


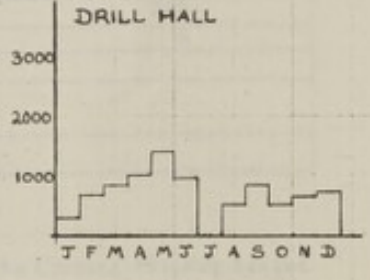






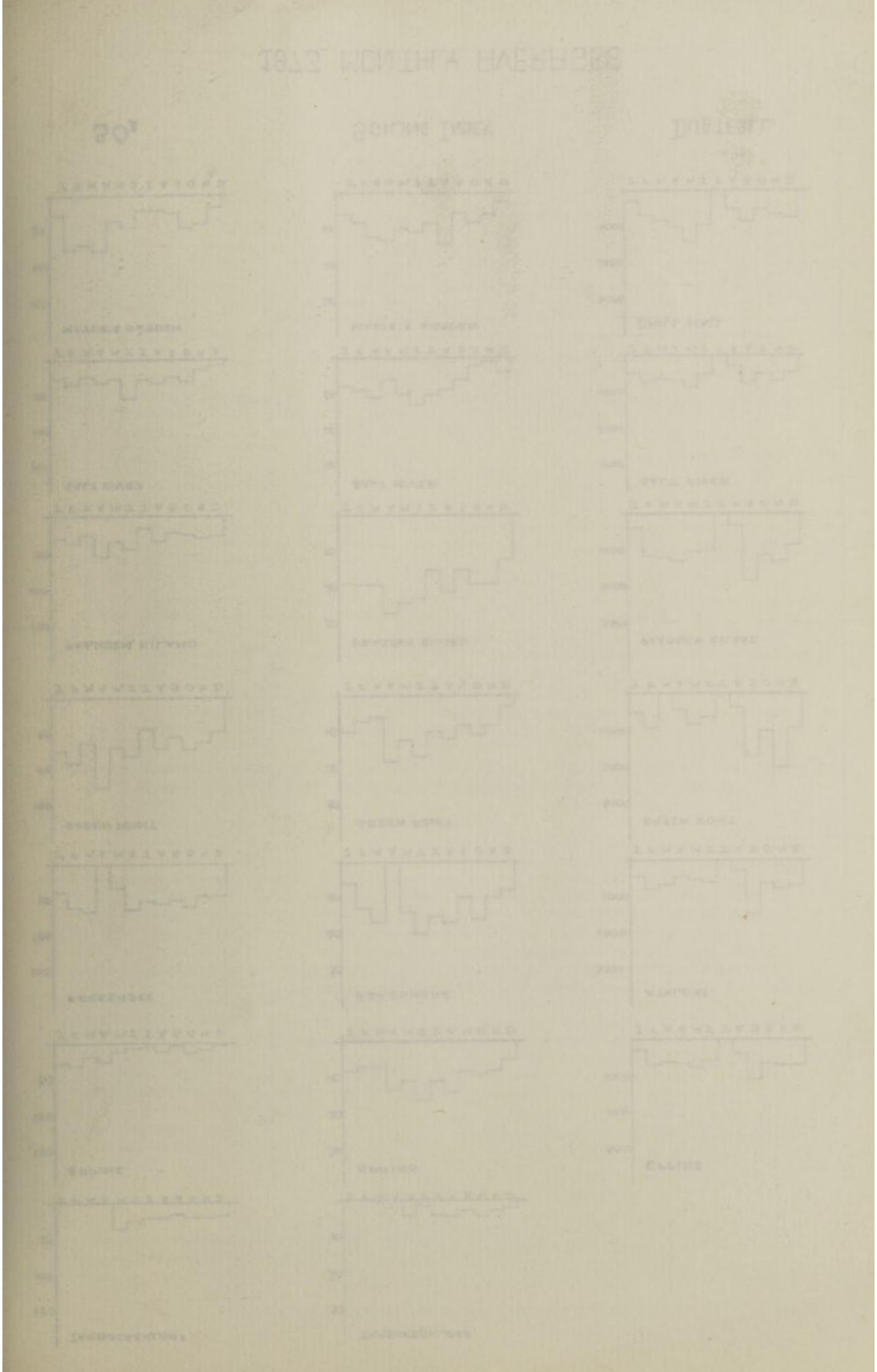






SO_2 SOILING INDEX DUSTFALL

1973 MONTHLY AVERAGES



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 long standing, and have been the subject of repeated consideration by the Council, its committees and officers. Since 1920 up to 1973 the City Council, Citizens' Housing League Utility Company, Cafda, the Servitas Organisation and Garden Cities have completed the erection of over 38 000 dwellings within the municipality.

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 4 000 units alone must be erected so as to 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.

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

	Economic	No. of houses	Sub-economic
Hanover Park	76		12
Lavender Hill	887		248
Retreat			6
Bridgetown	2		
Malay Area *(Restoration)*	11		
Home Ownership		19	

This represents a total of 1 261 dwellings.

In addition one block of 12 flatlets at Wynberg was constructed by the Citizens' Housing League.

CONVERSIONS

During the year 72 dwellings *(for non-Whites)* were converted from sub-economic to economic lettings. These conversions became necessary due to the general increase in wages.

The dwellings completed bring the figures from 1920 to 1973 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	1 236	35 400 *	36 636
Citizens' Housing League			
Utility Co.	1 162	28	1 190
Cafda		336	336
Servitas Organisation	84		84
Garden Cities	30	403	433
TOTAL	2 512	36 167	38 679

* Excluding Langa and Guguletu Townships.

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)*
1945	10 400	870
1955	7 030	2 155
1960	7 940	1 817
1965	14 210	3 186
1970	11 600	2 635
1973	18 320	1 273

BANTU HOUSING

No dwellings were erected in Guguletu during the year.

The following further information furnished by the Director of Housing is of interest:–

RENTED DWELLINGS

1 231 dwellings were completed for Coloured families during 1973, 965 being economic and 266 sub-economic. This total was 949 less than that of 1972. Building took place in Hanover Park, which was completed, and in Lavender Hill. A further 11 dwellings were restored in the Malay restoration area.

During the year 19 dwellings were built in Ottery for White families.

APPLICATIONS

During 1973, 2 174 applications were received from Coloured families who qualified to have their names placed on the waiting list and 86 from Whites.

Of the 11 145 total Coloured applicants, 82% require economic rented accommodation but only 70% of the 697 White applicants require this.

ALLOCATIONS

A total of 1 722 Coloured families from the waiting list were housed during the year – 700 in new dwellings and 1 022 in vacancies. In addition to this, 605 families were resettled by the Department of Community Development, 106 being from the Council's housing estate in Diep River which will be converted for White occupation.

62 families were transferred to new dwellings and 584 to vacancies.

HOME-OWNERSHIP DWELLINGS

296 new dwellings were constructed for Coloured families in 1973; 162 in Mountview and 91 in Primrose Park. No new dwellings were built for Whites.

50% of these dwellings were allocated to the Department of Community Development for Group Areas resettlement.

COMMUNITY CENTRES

Two new Community Centres were constructed in 1973, one in Silvertown and one in Hanover Park.

The number of persons using these Community Centres continues to increase.

SECTION X – OTHER SERVICES

DOMICILIARY MEDICAL SERVICES

The City Council provides medical attention in their homes for indigent sick persons needing such service. During 1973 the work was carried out by medical practitioners with the co-operation of the District Nursing Organisation of the Cape Provincial Administration, Arrangements for the supply of medicines etc. are made with local chemists.

In addition, applications are received from persons seeking assistance to purchase spectacles under poor relief regulations.

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

During the year, 131 applications for free medical attention and 3 007 applications for spectacles were received – the latter have increase considerably in recent years and the sum of R16 774,64 was collected towards the cost to the Council of R73 150,50.

HYDROGEN CYANIDE FUMIGATION

Under the Hydrogen Cyanide Fumigation Regulations *(Government Notice Nos. 804 of 30 April; 1943 and 605 of 13 April, 1945)*, no person may undertake the fumigation of any 'building or premises' with hydrogen cyanide unless he has obtained a certificate of competence from the 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 by issued unless the candidate worked for 12 months as a fumigator prior to 30 April, 1943, or has worked for six months under a certified 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 during 1973.

FREE BURIALS

The Public Health Act places upon the local authority 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 local authority, 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 291.

BOARD OF AID

This establishment was closed down on 1 July.

Particulars relating to the first half of the year were not available.

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 in parts of the Cape Flats natural drainage scarcely exists and in the wet season the groundwater 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 Table Bay.

It is the policy of the City Council to concrete line the banks and inverts of natural water courses in its area when required by hydraulic or planning considerations.

The Vygekraal River upstream of Vanguard Drive has been widened and deepened and the lining of this section of the river has been taken as far as Sherwood Park on the boundary of the Municipal Area.

SEWERAGE

With the exception of outlying sparsely developed areas the greater part of the Municipality is provided with water-borne sewerage facilities.

The Council in terms of an agreement with the Cape Divisional Council accepts and treats sewage from Goodwood, Parow and the Divisional Council Local Area of Epping Garden Village. Similarly, the Council accepts and treats sewage from Pinelands and from such portions of the Divisional Council Local Area of Grassy Park as are presently sewered; sewage from the Constantia Local Area will be accepted in 1974.

The Council has negotiated an agreement with Milnerton to discharge sewage northwards to link up with their sewage treatment work and, as an interim measure, portion of the Sanddrift Housing Scheme is discharged into Milnerton sewer reticulation.

Council on 31 July 1973 adopted a policy of separation of industrial from domestic effluents so far as practicable to supplement and assist future efforts in the reclamation and re-use of sewage effluents; it has authorised the expenditure of **R21 000 000** for a new treatment plant at the Cape Flats and improvements and additions to the Athlone Treatment Works.

The area from Woodstock to Bakoven is sewered and the sewage discharged to sea in two outfalls *(Green Point and Camps Bay)* after maceration; chlorination is used, in addition, at Camps Bay.

PAIL CLOSETS

Regular removals of night soil were effected from all premises requiring such service in unsewered areas. Pail contents are disposed of by discharging into the sewerage system through the intake at Muizenberg. 254 803 pail clearances were affected. Similarly 24 523 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 Engineer's Department as follows:–

Every Week-day:

Cape Town Central Business district:–
Gardens, Vredehoek, Orangezicht, Tamboerskloof, Devils Peak.
Hotels, Restaurants, Boarding Houses and certain flats and business premises in congested areas.

Three Times Weekly:

Camps Bay, Sea Point, Green Point, portion of Oranjezicht, Tamboerskloof, Woodstock, Salt River, Observatory, Brooklyn, Maitland, Kensington, Mowbray, Rosebank, Rondebosch, Upper Newlands and Upper Claremont and Bishopscourt.

Twice Weekly:

Lower Claremont, Lower Newlands, Kenilworth, Wynberg, Plumstead, Retreat, Lakeside, Bergvliet, Athlone and Lansdowne, Bonteheuwel, Manenberg, Hanover Park and Parkwood Estate.

Sundays:

On Sundays a special payments removal is effected at Hotels, Restuarants and Boarding Houses.

DISPOSAL OF REFUSE

All refuse, both trades and household, is disposed at the Council's tip at Guguletu. Strict control of the tip by the adoption of sanitary control methods is adhered to.

The Compost Plant at Athlone receives the refuse from the Athlone and Mowbray areas.

During the year the quantity of refuse removed was 685 030 cubic meters *(896 025 cubic yards)*.

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

As the available areas for controlled tipping of refuse are steadily diminishing or suitable areas are so far away that transport costs become prohibitive, the City Council decided to investigate the suitability of composting all household refuse. With this in view, the construction of a pilot composting plant in the Athlone Sewage Disposal Works area came into operation in May, 1969. The compost from the plant is now on sale to the public and Agricultural Organisations.

SECTION XI – STAFF OF CITY HEALTH DEPARTMENT

The authorised establishment of the City Health Department as at 31 December, 1973, amounting to 1 411 staff members is subdivided as follows:–

SOME VACANT POSTS EXIST THROUGHTOUT THE DEPARTMENT

ADMINISTRATIVE BRANCH	NO.
Medical Officer of Health	1
Deputy Medical Officer of Health	1
Assistant Medical Officer of Health	1
Medical Officer	1
Administrative Officer	1
Assistant Administrative Officer	1
Principal Administrative Officer	1
Senior Administrative Assistants	4
Personal Assistant to M.O.H.	1
Air Pollution Control Officer	1
Health Education Officer	1
Health Education Lecturer	1
Senior Clerks	6
Clerks	12
Senior Shorthand Typist	1
Shorthand Typist	1
Woman Assistants	5
Office Attendants	3
Caretaker/Cleaner	1
Labourer	1
Total	45

HEALTH INSPECTION BRANCH	
Chief Health Inspector	1
Senior Assistant Chief Health Inspector	1
Assistant Chief Health Inspector	1
Divisional Health Inspectors	5
Health Inspectors	43
Learner Health Inspectors	8
Smoke Control Inspector	1
Pest Control Officers	4
Clerks	2
Woman Assistants	2
Washhouse Caretaker/Fitter	1
Washhouse Caretaker	3
Assistant Washhouse Caretakers	3
Motor Driver	1
Stores Yardsman	1
Pest Control Operatives	26
Labourers	5
Attendants at public sanitary conveniences	154
Total	262

MILK CONTROL	
Senior Veterinary Officer	1
Dairy Inspectors	3
Laboratory Technician	1
Total	5

MATERNAL AND CHILD WELFARE BRANCH	
Maternal and Child Welfare Officer	1
Deputy Maternal and Child Welfare Officer	1
Clinical Medical Officers	3
Chief Public Health Nurse	1
Clinic Sister/Health Visitors	97
Senior Public Health Nurses	4
Learner Public Health Nurses	12
Senior Social Welfare Visitor	1
Supervisor Family Planning Training Centre	1
Nursing Assistant	10
Senior Clerk	1
Clerks	1
Nursery School Supervisor	1
Nursery School Teachers	7
Junior Nursery School Teachers	4
Chiropodist	1
Senior Woman Assistant	1
Woman Assistants	5
Creche Superintendents	7
Nursery Assistants	13
Clinic Assistants	25
Laundresses	10
Domestics	41
Cooking Hands	20
Children's Help	14
Drivers	6
Labourers	4
Night Watchmen	2
Caretaker	1
Caretaker/Cleaner (Coloured)	1
Total	296

TUBERCULOSIS BRANCH	
Tuberculosis Officer	1
Deputy Tuberculosis Officer	1
Clinic Medical Officers	2
Senior Administrative Assistant	1
Senior Clerk	1
Clerks	5
Senior Public Health Nurse	1
Clinic Sister/Public Health Nurses	14
Clinic Assistants	5
Radiographer	3
Woman Assistants	5
Domestics	1
Driver Mobile X Ray Van	2
Caretaker/Cleaner	7
Labourers	4
Total	53

VENEREAL DISEASE BRANCH	
Venereal Disease Officer	1
Clinical Medical Officer	1
Male Nurses	2
Clinic Sister/Public Health Nurse	2
Labourers	2
Total	8

DENTAL BRANCH	NO.
Principal Dental Officer	1
Deputy Dental Officer	1
Assistant Dental Surgeon	2
Senior Dental Mechanic	1
Dental Mechanics	4
Senior Clinic Nurse	1
Dental Nurses	7
Senior Clerk	1
Clerks	2
Female Clerical Assistant	1
Social Welfare Visitor	1
Clinic Assistants	5
Laundresses	4
Domestic	1
Caretaker/Cleaner	1
Labourer	1
Total	34

CITY HOSPITAL FOR INFECTIOUS DISEASES	
Medical Superintendent	1
Deputy Medical Superintendent	1
Resident Medical Officers	6
Matron	1
Assistant Matrons	2
Sisters	44
Nursing Assistants	136
Enrolled Nurses	36
Radiographer	1
Occupational Therapist	1
Principal Pharmacist	1
Pharmacist	2
Lady Wardens	2
Physiotherapist	1
Senior Clerk	1
Clerks	2
Storekeeper	2
Senior Woman Assistant	1
Woman Assistant	1
Senior Works Foreman	1
Artisans	2
Handyman	1
Craft Worker	1
Works Storeman	1
Painter	1
Boiler Attendants	2
Brush Hand	3
Housekeeper	1
Housemaids	36
Seamstresses	4
Kitchen Supervisor	4
Hospital Cooks	7
Disinfection Officer	1
Ambulance Officer	1
Ambulance and Motor Drivers	4
Telephone Operators	3
Senior Hospital Porter	1
Hospital Porters	5
Bantu Male Orderlies	64
Labourers	12
Total	397

BROOKLYN CHEST HOSPITAL	
Medical Superintendent	1
Resident Medical Officers	5
Matron	1
Assistant Matron	1
Sisters	36
Staff Nurses	3
Nursing Assistants	102
Radiographer	1
Clinic Assistants	2
Lady Warden	1
Senior Clerk	1
Clerks	1
Woman Assistant	1
Housekeeper	1
Storekeeper	1
Head Seamstress	1
Seamstress	1
Laundry Manager	1
Laundry Supervisor	1
Assistant Laundry Supervisor	1
Laundresses	31
Kitchen Supervisors	2
Hospital Cooks	4
Senior Works Foreman	1
Carpenter	1
Handyman	3
Fitter	1
Craft Worker	2
Boiler Attendants	3
Telephone Operators	3
Motor Drivers	2
Hospital Porters	5
Male Orderlies	71
Labourers	19
Total	311

CHANGES IN PERSONNEL

APPOINTMENTS

Dr. T.J. Malherbe	Medical Superintendent City Hospital	19. 3.73
Dr. M.E.E. Popkiss	Medical Superintendent Brooklyn Chest Hospital	13. 6.73
Dr. R.A. Spiro	Tuberculosis Officer	17. 7.73
Dr. M.A. Chaimowitz	Assistant Medical Officer of Health	1. 8.73
Dr. L.B. Blumenthal	Deputy Tuberculosis Officer	12.10.73

RETIREMENTS

Dr. H.L. Ackerman	Tuberculosis Officer	16. 7.73

TABLE A Causes of Death Registered in 1973.

W. – White (Corrected) O. – Other or Non-Whites.

CAUSE OF DEATH		AGE GROUPS																														Non-Resident cases (Excluded from main table)	
		Under 1 year		1		2-4		Total under 5		5-9		10-14		15-24		25-34		35-44		45-54		55-64		65-74		75-84		85 and upwards		TOTALS			Bantu Townships (included in Main Table)						
																															Langa		Guguletu			
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Persons	M.	F.	M.	F.	M.	F.
I. Infective and parasitic diseases	W.		2				1		3									1	1	1	1	4	1	9	1	2	7			17	14	31					9	7
	O.	30	30	14	13	8	10	52	53	3	4	1	1	8	6	9	5	40	11	51	13	29	7	22	6	5	6			220	112	332	29	13	41	33	80	53
II. Neoplasms	W.			1		1	3	2	3	2		1		2	1	4	1	6	6	28	26	50	62	78	62	48	54			221	215	436					89	57
	O.				1	3		3	1	2	1	1	3	5	2	9	11	41	26	85	42	84	43	73	44	26	15			329	188	517	39	9	49	18	106	71
III. Allergic, endocrine system, metabolic, and nutritional diseases.	W.						1		1					1	1	1		1		2	2		1	7	5	3	7			15	17	32					7	4
	O.	8	7	11	8	2	2	21	17	1		2		1	5	2	3	11	5	14	13	20	28	7	23	4	7			83	101	184	9	5	12	14	31	22
IV. Diseases of the blood & bloodforming organs	W.																				1										1	1					1	3
	O.	2	1				1	2	2									1	1			1			2					4	5	9	1		2		2	4
V. Mental, psychoneurotic & personality disorders	W.																	1				1	1							2	1	3					3	
	O.		2						2					1		2		2	3	3	2	2	2	2	1					12	10	22		1	2		5	
VI. Diseases of the nervous system & sense organs	W.	3						3						1	1	1	2	1	4	4	4	35	16	43	55	30	64			118	146	264					38	29
	O.	16	19	4	2	2	2	22	23	2		4	4	8	5	14	7	28	16	43	41	51	53	51	68	21	33			244	250	494	20	11	26	27	72	61
VII. Diseases of the circulatory system	W.	1						1						2	1	6	3	11	4	54	17	114	61	166	100	102	135			456	321	777					92	49
	O.	4	2	5	3			9	5	1		1	3	6	3	17	12	53	25	76	51	131	79	125	116	35	61			454	355	809	30	6	31	22	59	44
VIII. Diseases of the respiratory system (not specified as tuberculoses)	W.			1	2		1	1	3		1			1	1	2	1	2	1	6	1	20	6	32	17	21	26			85	57	142					16	9
	O.	76	77	21	16	4	10	101	103	1	5		3	6	5	16	18	47	20	51	22	35	21	46	22	17	16			320	235	555	26	10	44	48	81	53
IX. Diseases of the digestive system	W.	1	1				1	1	2	1				1	1	2	1	3	2	11	1	17	4	10	7	5	3			51	21	72					21	5
	O.	108	96	34	20	7	8	149	124	6	1	2		2	1	5	7	26	2	25	8	16	8	7	7	5	3			243	161	404	25	13	59	47	69	50
X. Diseases of the genito-urinary system	W.		1						1					1			1		3			2	2	1	5	4	5			11	14	25					11	2
	O.		1			1	1	1	2					1	3	5	2	9	7	5	7	3	5	6	9		4			30	39	69			6	8	9	10
XI. Deliveries & complications of pregnancy, childbirth & puerperium.	W.																														3	3						1
	O.														2		1																					
XII. Diseases of the skin & cellular tissue	W.																																				1	1
	O.																		2		1										3	3				1		
XIII. Diseases of the bones & organs of movement	W.																								1						1	1					1	1
	O.															1						1		1			1			3	1	4	1				1	
XIV. Congenital malformations	W.	9	1					9	1				1			2														11	2	13					10	7
	O.	22	17		1	1	5	23	23		1																			23	24	47		2	4	2	14	14
XV. Certain diseases of early infancy	W.	17	10					17	10																					17	10	27					13	9
	O.	160	137		1			160	138																					160	138	298	10	4	34	25	51	35
XVI. Symptoms, senility & ill-defined conditions	W.						1		1									3	1			4	1	3	5	12	17	86	216	108	241	349					20	20
	O.	6	4		1			6	5					6	3	2	1	3	4	8	3	3	3	6	3	5	22	43	104	82	148	230	4	1	11	22	8	18
(E)XVII. Accidents, poisonings & violence (external cause)	W.	2		1		2	2	5	2	2	1		2	10	5	9	5	5	5	6	8	9	4	11	10	2	5		2	59	49	108					17	13
	O.	10	2		4	5	4	15	10	11	9	9	5	70	4	77	20	65	12	32	7	22	6	4	1	1	2	1		307	76	383	42	5	42	12	72	27
TOTALS	W.	33	15	3	2	3	10	39	27	5	2	1	3	19	11	27	14	34	24	115	61	256	159	360	268	229	323	86	218	1171	1110	2281					349	216
	O.	442	395	89	70	33	43	564	508	27	21	20	19	114	39	159	87	326	134	393	210	398	255	350	302	119	170	44	104	2514	1849	4363	236	80	363	279	660	463
ALL RACES		475	410	92	72	36	53	603	535	32	23	21	22	133	50	186	101	360	158	508	271	654	414	710	570	348	493	130	322	3685	2959	6644	236	80	363	279	1009	679

TABLE B. Deaths Classified for Causes and Race, 1973.

(Corrected)

International Code No.	CAUSE OF DEATH	White	Coloured	Bantu	Asiatic	Non-White	All Races
001-008	Tuberculosis, respiratory system	8	110	72	1	183	191
010-019	Tuberculosis, other forms		6	13		19	19
020-029	Syphilis	5	11	1		12	17
040	Typhoid fever						
045-048	Dysentery		4	4		8	8
055	Diphtheria						
056	Whooping cough		2			2	2
057	Meningococcal infections	1	2	2		4	5
080	Acute poliomyelitis						
085-086	Measles	1	34	15		49	50
	Other diseases classified as infective and parasitic	16	38	15	2	55	71
140-205	Malignant neoplasms	430	390	117	6	513	943
210-239	Benign neoplasms	6	2	2		4	10
260	Diabetes mellitus	22	74	5	4	83	105
290-293	Anaemias	1	6	1		7	8
330-334	Vascular lesions affecting central nervous system	248	319	62	3	384	632
340	Non-Meningococcal infections	3	40	14		54	57
400-402	Rheumatic fever		2	1		3	3
410-416	Chronic rheumatic heart disease	6	27	4		31	37
420-422	Arteriosclerotic and degenerative heart disease	591	368	29	14	411	1002
430-434	Other diseases of heart	77	154	26	1	181	258
440-443	Hypertension with heart disease	25	63	19		82	107
444-447	Hypertension without mention of heart	6	37	10	1	48	54
450-456	Diseases of the arteries	43	27	4		31	74
480-483	Influenza		5	1		6	6
490-3,763	Pneumonia	83	317	125	1	443	526
500-502	Bronchitis	21	46	7		53	74
540-541	Ulcer of stomach and duodenum	6	13			13	19
550-553	Appendicitis		3			3	3
560,561,570	Intestinal obstruction and hernia	7	4	2		6	13
571,764	Gastro enteritis	1	181	129	2	312	313
581	Cirrhosis of liver	36	31	11	1	43	79
590-594	Nephritis and nephrosis	13	26	8	1	35	48
610	Hyperplasia of prostate						
640-652							
670-689	Complications of pregnancy and childbirth		3			3	3
750-759	Congenital malformations	13	36	9	2	47	60
760-762	Birth injuries and post-natal asphyxia	5	34	20	1	55	60
765-776	Other infant diseases and immaturity	22	160	47	1	208	230
780-795	Senility and ill defined	349	187	40	3	230	579
810-835	Motor vehicle accidents	30	110	60	1	171	201
800-802							
840-965	All other accidents	39	72	49	2	123	162
970-979	Suicide	35	11	6		17	52
980-999	Homicide	4	41	30	1	72	76
	Other causes	128	260	92	7	359	487
	Total ...	2281	3256	1052	55	4363	6644

TABLE C Deaths by Cause and Month of Registration, 1973.

(Corrected)

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	2	1			1	1	1				8
		Non-W.	17	14	10	15	18	19	15	16	20	13	11	15	183
010-019	Tuberculosis, other forms ...	White													
		Non-W.	1	3	2		4			1	2	3	2	1	19
020-029	Syphilis and its sequelae ...	White		1					2			1		1	5
		Non-W.	1		1		1	2		1		3	2	1	12
040-041	Typhoid fever	White													
		Non-W.													
055	Diphtheria	White													
		Non-W.													
056	Whooping cough	White													
		Non-W.	1							1					2
057	Meningococcal infections ...	White								1					1
		Non-W.	1						1	2					4
080	Acute poliomyelitis	White													
		Non-W.													
085-086	Measles and rubella	White										1			1
		Non-W.	2	3	4	1	2	7	8	7	4	6	2	3	49
140-205	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	White	36	25	34	24	38	39	35	48	30	40	36	45	430
		Non-W.	38	35	41	33	42	50	35	39	56	43	44	57	513
260	Diabetes	White	1	1	5	3	1	1	2	2	3	1		2	22
		Non-W.	10	10	15	5	4	6	9	10	4	4	4	2	83
330-334	Vascular lesions affecting central nervous system	White	19	10	16	27	18	21	21	24	25	22	18	27	248
		Non-W.	35	20	37	23	45	32	29	41	36	22	32	32	384
400-402	Rheumatic fever	White													
		Non-W.	1						2						3
410-416	Cardiovascular diseases ...	White	49	38	62	46	60	70	56	80	68	51	37	57	674
420-422		Non-W.	38	31	44	50	49	64	58	73	56	59	50	51	623
430-434															
440-447	Hypertensive diseases ...	White	4	3	3	1		2	5	7	1	3	1	1	31
		Non-W.	9	12	14	3	13	17	14	18	10	10	2	8	130
450-456	Diseases of the arteries ...	White	2	1	2	2	2	9	4	6	8	4	2	1	43
		Non-W.	2	3	4	3	1	2	1	7	3	2		3	31
480-483	Influenza	White													
		Non-W.			1	1		2		1			1		6
490-493	Pneumonia (including pneumonia	White	8	5	7	6	3	10	7	7	8	8	5	9	83
763	of the new born)	Non-W.	27	20	40	28	42	38	47	45	48	42	37	29	443
500-502	Bronchitis	White	3		1	1	1	2	3	4	2	1	3		21
		Non-W.	6	8	5	1	4	3	6	4	7	2	2	5	53
571,764	Gastro-enteritis and colitis (including diarrhoea of the new born)	White							1						1
		Non-W.	23	21	31	16	41	28	24	28	32	18	25	25	312
590-594	Nephritis	White	2	1	1	2		4		2		1			13
		Non-W.	4	5	3	3	6	3	2	4	4		1		35
640-652	Complications of pregnancy ...	White													
670-689	childbirth and the puerperium	Non-W.	2		1										3
750-759	Congenital malformations ...	White	3	2		1	1	2		1	2			1	13
		Non-W.	5	5	3	4	5	5	4	4	4	2	3	3	47
760-762	Birth injuries, post-natal ...	White	1				1	1		1			1		5
	asphyxia and atelectasis ...	Non-W.	7	6	7	3	1	7	7	4	5	1	2	5	55
765-776	Other diseases peculiar to early	White	4	1	6	3		1	1	1	2	1		2	22
	Infancy and immaturity unqualified	Non-W.	20	16	12	15	22	19	19	20	13	17	18	20	211
780-795	Senility and ill-defined diseases	White	21	23	32	21	26	30	39	36	34	28	33	26	349
		Non-W.	17	11	37	13	20	12	17	25	21	25	15	17	230
E810-E835	Motor vehicle accidents ...	White	2		1	2	3	2	5	1	1	3	8	2	30
		Non-W.	31	6	8	15	11	6	9	22	24	10	15	14	171
E800-802	All other accidents	White	3	3	2	9	3	3	3	2	6	1	1	3	39
E840-E965		Non-W.	18	14	4	8	5	10	10	13	13	2	13	13	123
E970-E979	Suicide	White	4	2		7	3	2	6	3	3	3	2		35
		Non-W.	4		1	4	1			1	3	1	1	1	17
E980-985	Homicide	White	1									1	2		4
		Non-W.	19	3	6	4	5	5	3	10	2	5	1	9	72
	All causes	White	177	125	192	170	175	213	207	245	222	189	174	192	2281
		Non-W.	382	278	382	277	385	383	379	449	437	337	321	353	4363

TABLE D Death Rates per 1,000 Population for 1973 and Ten Previous Years by Causes and Race.

(Corrected)

DISEASE	Race	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	Mean 10 Yrs.	1973
Tuberculosis, respiratory system	White	0,11	0,05	0,05	0,05	0,03	0,04	0,03	0,04	0,02	0,05	0,05	0,03
	Non-W.	0,45	0,42	0,43	0,34	0,45	0,39	0,40	0,38	0,31	0,38	0,39	0,35
Tuberculosis, other forms	White		0,01	0,00	0,01			0,00	0,01			0,00	
	Non-W.	0,07	0,06	0,06	0,07	0,05	0,05	0,05	0,03	0,03	0,03	0,05	0,04
Syphilis	White				0,01	0,01	0,00	0,00		0,00		0,00	0,00
	Non-W.	0,02	0,03	0,01	0,00	0,02	0,02	0,02	0,02	0,01	0,01	0,02	0,02
Aneurysm of the aorta	White												0,02
	Non-W.	0,00	0,01	0,00					0,00			0,00	0,01
General paralysis of the insane: tabes dorsalis	White				0,00		0,01		0,00		0,01	0,00	
	Non-W.	0,01	0,02	0,02	0,01	0,02	0,01	0,01	0,01	0,00	0,01	0,01	0,00
Enteric fever:	White												
	Non-W.		0,01		0,01		0,00			0,00		0,00	
Scarlet fever	White		0,00									0,00	
	Non-W.												
Purulent infection - septicaemia, and erysipelas (non-puerperal)	White	0,02	0,02	0,00	0,02	0,02	0,02	0,03	0,03	0,00	0,01	0,02	0,06
	Non-W.	0,03	0,01	0,03	0,03	0,04	0,04	0,01	0,03	0,03	0,05	0,03	0,08
Diphtheria	White			0,01								0,00	
	Non-W.	0,01	0,00	0,01	0,00			0,00			0,00	0,00	
Whooping cough	White												
	Non-W.	0,02	0,02	0,01	0,01	0,00	0,01		0,01	0,00	0,01	0,01	0,00
Meningococcal cerebrospinal meningitis ...	White	0,00			0,00		0,01		0,00			0,00	0,00
	Non-W.	0,00	0,00	0,01	0,03	0,07	0,02	0,02	0,01	0,01	0,02	0,02	0,01
Acute anterior poliomyelitis and polioencephalitis	White					0,00						0,00	
	Non-W.						0,00					0,00	
Acute infectious encephalitis	White		0,00						0,01			0,00	
	Non-W.	0,00	0,00		0,01	0,01	0,00	0,01	0,00			0,00	0,00
Measles	White	0,01	0,00	0,01	0,00	0,00		0,01	0,00		0,01	0,01	0,00
	Non-W.	0,23	0,09	0,17	0,11	0,08	0,09	0,12	0,09	0,11	0,06	0,11	0,09
Cancer	White	1,57	1,74	1,75	1,72	1,79	1,74	1,90	1,73	1,65	1,70	1,73	1,77
	Non-W.	0,77	0,84	0,82	0,79	0,80	0,84	0,88	0,88	0,82	0,92	0,84	0,97

TABLE D – Continued.

DISEASE	Race	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	Mean 10 Yrs.	1973
Diabetes	White	0,12	0,10	0,10	0,15	0,14	0,18	0,33	0,40	0,33	0,32	0,22	0,09
	Non-W.	0,08	0,10	0,08	0,13	0,14	0,16	0,23	0,35	0,29	0,30	0,20	0,16
Intracranial lesions of vascular origin ...	White	1,15	1,30	1,11	1,49	1,23	1,29	1,02	1,16	0,97	1,06	1,17	1,02
	Non-W.	0,94	0,92	0,90	0,78	0,86	0,80	0,72	0,77	0,62	0,66	0,79	0,73
Acute rheumatic fever	White		0,00			0,01						0,00	
	Non-W.	0,00	0,01	0,01	0,01	0,02	0,01	0,02	0,01	0,00	0,01	0,01	0,01
Cardiac diseases	White	3,32	3,25	3,06	2,92	2,92	2,98	2,74	2,82	2,35	2,05	2,83	2,88
	Non-W.	1,53	1,54	1,50	1,30	1,35	1,34	1,15	1,22	1,02	0,72	1,24	1,33
Arterio sclerosis	White	0,14	0,14	0,13	0,25	0,10	0,07	0,09	0,11	0,06	0,01	0,11	0,08
	Non-W.	0,07	0,09	0,07	0,08	0,07	0,06	0,02	0,04	0,04	0,04	0,06	0,02
Influenza	White	0,03	0,00	0,00		0,00			0,00			0,00	
	Non-W.	0,02	0,01	0,01	0,01	0,01	0,00	0,02	0,01		0,00	0,01	0,01
Bronchitis and pneumonia (including pneumonia of the newborn)	White	0,24	0,37	0,32	0,27	0,31	0,25	0,34	0,41	0,38	0,45	0,34	0,43
	Non-W.	0,96	0,81	0,79	0,83	0,88	0,87	0,94	1,00	0,86	0,86	0,88	0,94
Gastro-enteritis and colitis, except ulcerative (including diarrhoea of the newborn) ...	White	0,04	0,02	0,02	0,03	0,02	0,02	0,01	0,04	0,01	0,01	0,02	0,00
	Non-W.	1,22	0,99	1,05	0,88	0,80	0,69	0,76	0,85	0,63	0,43	0,81	0,59
Nephritis	White	0,11	0,13	0,07	0,06	0,09	0,08	0,11	0,11	0,11	0,06	0,09	0,05
	Non-W.	0,10	0,14	0,11	0,07	0,08	0,13	0,10	0,07	0,08	0,08	0,09	0,07
Puerperal sepsis	White		0,01		0,00							0,00	
	Non-W.	0,04	0,03	0,03	0,02	0,02	0,01	0,00	0,01	0,01	0,00	0,01	0,00
Other diseases of pregnancy, childbirth, and puerperal state	White			0,00	0,00			0,00	0,00			0,00	
	Non-W.	0,02	0,01	0,03	0,03	0,04	0,02	0,01	0,02	0,02	0,01	0,02	0,00
Congenital malformations and diseases of early infancy	White	0,31	0,30	0,28	0,24	0,21	0,25	0,30	0,23	0,20	0,19	0,25	0,16
	Non-W.	1,21	1,16	1,29	1,18	1,09	0,99	0,97	0,90	0,76	0,56	0,99	0,09
Senility	White	1,31	1,44	1,47	1,46	1,50	1,55	1,51	1,59	1,61	1,50	1,50	1,44
	Non-W.	0,23	0,31	0,31	0,36	0,63	0,34	0,39	0,45	0,49	0,31	0,39	0,44
Accidents, poisonings and violence (external cause)	White	0,53	0,71	0,58	0,52	0,57	0,42	0,57	0,57	0,37	0,31	0,51	0,45
	Non-W.	0,68	0,99	1,07	1,02	1,07	0,89	1,07	1,14	0,94	0,57	0,94	0,90
Other causes	White	1,08	0,96	1,20	1,24	1,05	1,26	1,32	1,33	0,90	1,23	1,16	1,01
	Non-W.	1,57	1,73	1,79	1,71	1,31	1,51	1,40	1,32	0,72	1,36	1,42	1,58
Total	White	10,12	10,57	10,20	10,46	10,03	10,19	10,34	10,57	9,04	8,99	10,02	9,40
	Non-W.	10,30	10,32	10,61	9,76	9,91	9,31	9,34	9,62	7,82	7,41	9,35	8,26

TABLE E Deaths of Infants under 1 Year of Age, Classified by Cause and Age, 1973.

(Corrected)

Inter-national Code No.	DISEASE	RACE	Under 1 day	Under 2 days	Under 3 days	Under 4 days	Under 5 days	Under 6 days	Under 7 days	Total under 1 week	Under 2 weeks	Under 3 weeks	Under 4 weeks	Total under 4 weeks	Under 2 months	Under 3 months	Under 4 months	Under 5 months	Under 6 months	Under 7 months	Under 8 months	Under 9 months	Under 10 months	Under 11 months	Under 12 months	TOTAL under one year			Bantu Townships Included in foregoing columns				
																												LANGA			GUGULETU	
																									M	F	Persons	M	F	Persons
010	Tuberculosis, meningeal	White																1					1		1	1	2					
		Non-W.																														
011	Tuberculosis, abdominal	White																														
		Non-W.																														
001-008 012-019	Tuberculosis, other forms	White															1								2	1	3				1	1
		Non-W.																														
020	Syphilis, congenital	White		4	1		1			6	1	1	8												5	3	8	1		1		1
		Non-W.																														
050	Scarlet fever	White																														
		Non-W.																														
053	Septicaemia	White				1				1	2	2	5	1		1	2					1	3	7	7	14		1	1	2		
		Non-W.																														2
055	Diphtheria	White			1		1			2		1	3			1									2	2	4					
		Non-W.																														
056	Whooping cough	White																		2							2					
		Non-W.																														
061	Tetanus and tetanus neonatorum	White									1		1													1	1			1		1
		Non-W.																														
085-086	Measles and rubella	White																1		1	5	3	4	3	6	9	14	23			2	5	7
		Non-W.																														
279-289	Avitaminosis	White									1		1					1	2		2	1	1	1		6	7	13	1	2	3	3	7
		Non-W.																														
340	Simple meningitis	White									5	3	1	9	2	4		1	2	2		2	1		1	2	15	27		3	3		1
		Non-W.													3		2									12						
490-493 763	Pneumonia (all forms)	White	1	2	4	1	1	2		11	4	4	7	26	22	24	22	15	16	7	6	7	3	8	5	84	77	161	6	4	10	16	15	31
		Non-W.																														
500-502	Bronchitis	White									2				2			1			2	1				3	3	6			1		1
		Non-W.																														
571,764	Diarrhoea and enteritis	White					1			1	2	5	4	12	22	30	33	31	16	24	12	13	8	6	1 7	112	102	214	14	9	23	36	33	69
		Non-W.																														
754	Congenital malformations Circulatory system	White	1	1	3	1	2	2		3 7	1 2	4	4 13		1	3	2	1	1			1	1		1	3 15	1 9	4 24	2	2	4	3	1	4
		Non-W.																														
750-3 755-9	Congenital malformations Other defects	White	2	2 2	1			1		3 5	3		1	5 8	1 1	1		1		3						6 6	8	6 14				1		1
		Non-W.																														
760-761	Injury at birth	White	8	4	1 4	1				1 17	2	1	2 19													2 7	12	2 19				2	4	6
		Non-W.																														
762	Postnatal Asphyxia and Atelectasis	White	12	1 10	1 2	3	1			2 28	4	2	2 34			2		1								1 22	2 14	3 36	1		1	8	5	13
		Non-W.																														
765-9	Other Diseases peculiar to early infancy.	White																								3	2	5						
		Non-W.				1	2	1		4			1	5																		1		1
770-1	Haemolytic & Haemorrhagic Diseases of new born	White		2	1	1 1				1 4	2			3 4					1							3 4	1	3 5				1		1
		Non-W.																														
772-3	Nutritional and other ill defined diseases	White	9	1 8	1 7	1	1 4	1		5 32	2		6 34		5	2	2	1		3						2 21	4 26	6 47				4	6	10
		Non-W.																														
774-776	Prematurity	White	4	3 45	1 21	2 9	1 6	1 6	3	12 140	1 3	2	13 146	4												9 83	4 67	13 150	6	2	8	16	9	25
		Non-W.	50																													
E. 924 - E. 925	Accidental mechanical suffocation	White													1								1		1	1 2		1 2					
		Non-W.																														
	Other and ill-defined or unknown causes	White	1 6	5	1	1				1 13	1 3	3	2 19	5		1 4	1 5	1	5	4	2		1 6	1 2	5	4 34	3 23	7 57				10	8	18
		Non-W.																														
	TOTALS	White	89	82	45	23	17	12	3	271	35	27	347	68	71	71	56	43	46	29	29	25	21	31	442	395	837	29	23	52	108	93	201
		Non-W.	5	8	5	4	4	2		28	5	3	37	3	1	1	1	1					2	1	1	33	15	48					

TABLE E1 Deaths of Infants under 1 Year of Age, Classified by Cause and Month of Registration 1973.

(Corrected)

International Code No.	DISEASE	RACE	January	February	March	First Quarter	April	May	June	Second Quarter	July	August	September	Third Quarter	October	November	December	Fourth Quarter	YEAR	Percentage Total death	Rate per 1,000 live notified births.
010	Tuberculosis, meningeal	White						1		1								1	2	0,2	0,1
		Non-W.																			
011	Tuberculosis, abdominal	White																			
		Non-W.																			
001-008	Tuberculosis, other forms	White							2	2							1	1	3	0,4	0,2
		Non-W.																			
020	Syphilis, congenital	White	1		1	2			1	1		1		1	2	1	1	4	8	1,0	0,4
		Non-W.																			
050	Scarlet fever	White												1							
		Non-W.																			
053	Septicaemia	White			2	2	3	3	2	8					1	2	1	4	14	1,7	0,8
		Non-W.																			
055	Diphtheria	White											4	4					4	0,5	0,2
		Non-W.																			
056	Whooping cough	White	1			1						1		1					2	0,2	0,1
		Non-W.																			
061	Tetanus & tetanus neonatorium	White					1			1									1	0,1	0,1
		Non-W.																			
085-086	Measles and rubella	White	1	1	2	4		1	4	5	2	4	3	9	2	1	2	5	23	2,7	1,3
		Non-W.																			
279-289	Avitaminoses	White	1		1	2	1	1	5	7	3		1	4					13	1,6	0,7
		Non-W.																			
340	Simple meningitis	White	3	1	3	7	1	3	2	6	2	4	2 1	2 7	4	2	1	7	27	4,2 3,2	0,5 1,5
		Non-W.																			
490-493 763	Pneumonia (all forms)	White	8	6	14	28	9	14	14	37	18	17	22	57	13	11	15	39	161	19,2	8,8
		Non-W.																			
500-502	Bronchitis	White			1	1		1	1	2			2	2	1			1	6	0,7	0,3
		Non-W.																			
571,764	Diarrhoea and enteritis	White	16	12	23	51	12	32	18	62	21	17	20	51	14	19	11	44	214	25,6	11,7
		Non-W.																	1	2,1	0,3
754	Congenital malformations circulatory system	White	2	2	2	6	1 1	1 3	1 2	3 6	2	2	1 3	1 7	1	3	1	5	24	8,3 2,9	1,1 1,3
		Non-W.																			
750-3 755-9	Congenital malformations other defects	White	1 2	2 1	1	3 4		1 1	1 1	1 5	2	1	1 1	1 4			1 1	1 1	6 14	12,5 1,7	1,6 0,8
		Non-W.																			
760-761	Injury at birth	White	1	1	2	4			1 2	1 3	4	1 3	3	1 10			2	2	2 19	4,2 2,3	0,5 1,0
		Non-W.																			
762	Postnatal Asphyxia and Atelectasis	White	1 6	5	5	16	3	1	5	8	3	1	2	6	1	1 2	3	6	36	6,3 4,3	0,8 2,0
		Non-W.																			
765-9	Other Diseases Peculiar to early Infancy	White	1		3	4							1	1					5	0,6	0,3
		Non-W.																			
770-1	Haemolytic and Haemorrhagic Diseases of new born.	White	2 1	1	1	3 2	1			1	1	1		2					5	0,6 0,6	0,3 0,3
		Non-W.																			
772-3	Nutritional and other ill defined diseases	White	2 9	13	3 1	5 23	2	1	6	9	4	3	3	10	2	1	1 2	1 5	47	5,5	1,6 2,6
		Non-W.																			
774-776	Prematurity	White	9	1 2	2 8	3 19	3 12	2 21	1 13	4 46	1 14	1 16	2 8	4 38	1 15	1 17	1 15	2 47	13 150	27,1 17,9	3,4 8,2
		Non-W.																			
E924 - E925	Accidental mechanical suffocation	White					1			1	1			1		1		1	2	0,2	0,1
		Non-W.																			
	Other and ill-defined or unknown causes	White	2 5	5	2 7	4 17	3	4	4	11	5	2 6	1	3 11	5	7	6	18	57	14,6 6,8	1,9 3,1
		Non-W.																			
	TOTALS	White	67	50	76	193	52	88	82	222	80	77	74	231	61	68	62	191	837	100	45,8
		Non-W.	8		8	19	4	2	4	10	3	4	7	14	1	1	3	5	48		12,7

TABLE F Deaths of Infants under 1 Year of Age, Classified by Legitimacy, 1973

(Corrected)

	Place of Death	All Infants				Legitimate				Illegitimate				Unknown	
		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	24	12	5	3	21	12	4	2	1		1		2	1
	Domiciliary	1		3				2				1		1	
Coloured	Hospital	127	100	75	74	66	43	32	30	49	43	31	31	26	25
	Domiciliary	14	14	76	82	4	8	30	32	8	4	41	37	4	18
Bantu	Hospital	51	33	42	40	16	10	11	11	21	17	18	18	20	24
	Domiciliary	2	2	51	47			13	12		1	26	24	3	23
Asiatic	Hospital	1	2	2	1	1	1	2			1				1
	Domiciliary	1				1									
Non-White ...	Hospital	179	135	119	115	83	54	45	41	70	61	49	49	46	50
	Domiciliary	17	16	127	129	5	8	43	44	8	5	67	61	7	41
All races	Hospital	203	147	124	118	104	66	49	43	71	61	50	49	48	51
	Domiciliary	18	16	130	129	5	8	45	44	8	5	68	61	8	41

TABLE G Notified Births and Still Births for the year 1973 classified in wards as to Race, Legitimacy and Percentage of Total Births in Institutions. — (Corrected)

WARDS	WHITE							NON-WHITE							TOTALS			STILL-BIRTHS				Total still-births.	Percentage of total births, including still-births, occurring in institutions.	
	Legitimate		Illegitimate		Total			Legitimate		Illegitimate		Total						White		Non-White				
	Males	Females	Males	Females	Males	Females	Total	Males	Females	Males	Females	Males	Females	Total	White	Non-White	Total	Legitimate	Illegitimate	Legitimate	Illegitimate		White	Non-White
1.	60	66	2		62	66	128		7	17	15	17	22	39	128	39	167				3	3	99	90
2.	53	60	1	1	54	61	115	3	1	18	11	21	12	33	115	33	148				3	3	100	97
3.	128	98	9	8	137	106	243	2		11	15	13	15	28	243	28	271	4			1	5	99	93
4.	69	43	6	3	75	46	121	137	91	32	32	169	123	292	121	292	413	2		3	3	8	100	76
5.	135	129	9	11	144	140	284	4	5	12	13	16	18	34	284	34	318	4		2	3	9	98	90
6.	21	21	5	3	26	24	50	95	74	35	58	130	132	262	50	262	312			2	3	5	96	78
7.	3	2	2		5	2	7	5	5		3	5	8	13	7	13	20						100	77
8.	52	58	8	6	60	64	124	456	414	197	170	653	584	1 237	124	1 237	1 361	1		12	3	16	94	74
9.	206	186	8	20	214	206	420	429	435	265	246	694	681	1 375	420	1 375	1 795	4		20	13	37	97	78
10.	153	139	17	18	170	157	327	5	6	5	6	10	12	22	327	22	349	2				2	97	86
11.	102	85	1	6	103	91	194	2	1	10	1	12	2	14	194	14	208	2			1	3	100	100
12.	73	69	2	1	75	70	145	5	2	4	6	9	8	17	145	17	162	1				1	98	59
13.	163	152	12	5	175	157	332	3 669	3 505	2 348	2 290	6 017	5 795	11 812	332	11 812	12 144	4		137	97	238	98	61
14.	127	104	71	63	198	167	365	61	56	29	17	90	73	163	365	163	528	2	1	2		5	99	69
15.	147	133	31	25	178	158	336	120	115	30	29	150	144	294	336	294	630	2			2	4	98	68
16.	176	177	10	6	186	183	369	176	183	132	120	308	303	611	369	611	980	2		6	6	14	97	51
17.	105	104	7	4	112	108	220	536	508	477	493	1 013	1 001	2 014	220	2 014	2 234	2		22	13	37	97	47
Not allocated (unascertained addresses)											1		1	1		1	1							
TOTAL	1 773	1 626	201	180	1 974	1 806	3 780	5 705	5 408	3 622	3 526	9 327	8 934	18 261	3 780	18 261	22 041	32	1	206	151	390	98	62
Births in Cape Town which did not belong thereto	918	915	20	21	938	936	1 874	489	456	372	347	861	803	1 664	1 874	1 664	3 538	12	1	24	31	68	100	97
* Langa								143	108	220	200	363	308	671		671	671			11	2	13		75
* Guguletu Township								766	745	791	758	1 557	1 503	3 060		3 060	3 060			34	51	85		63

* Included in Main table.

TABLE H Births in Institutions, 1973

LIVE - AND STILL-BIRTHS

Institution	Total Births.		Births belonging to Cape Town		Births not belonging to Cape Town (outward transfers).	
	White	Non-White	White	Non-White	White	Non-White
Peninsula Maternity Hospital		4 972		4 717		255
Somerset Hospital		2 993		2 808		185
St. Monica's Home		1 445		1 165		280
Mowbray Maternity Hospital	2 698		2 007		691	
Groote Schuur Hospital		3 584		2 658		926
Booth Memorial Hospital	762		548		214	
Kingsbury Nursing Home, Military Hospital, Vincent Pallotti Hospital	2 096		1 121		975	
Other Institutions		522		483		39
TOTAL	5 556	13 516	3 676	11 831	1 880	1 685

TABLE I Discontinued

TABLE J Births, Deaths, Natural Increase, and Infant Deaths, and corresponding rates, for the year 1973.

Race	Notified Births		Deaths		Natural Increase		Deaths under one year	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
White: Corrected	3 780	15,6	2 281	9,40	1 499	6,2	48	12,7
Coloured: Corrected	14 080	32,9	3 256	7,61	10 824	25,3	562	39,9
Bantu: Corrected	3 931	43,6	1 052	11,66	2 879	31,9	268	68,2
Asiatics: Corrected	250	24,5	55	5,40	195	19,1	7	28,0
All Non-White: Corrected	18 261	34,6	4 363	8,26	13 898	26,3	837	45,8
All races: Corrected	22 041	28,6	6 644	8,62	15 397	20,0	885	40,2
* Bantu resident in Langa Township	666	21,5	316	10,2	350	11,3	52	78,1
* Bantu resident in Guguletu Township	3 042	58,8	642	12,4	2 400	46,4	201	66,1

* Included in above totals.

All rates are per 1 000 population except the infant mortality rate, which is expressed per 1000 live-births.

TABLE K Infant Mortality Rates per 1,000 by Causes

(Corrected)

INFANTS UNDER ONE YEAR OF AGE

Period	Common infectious diseases		Tuberculous diseases		Syphilis		Bronchitis and pneumonia		Diarrhoea and enteritis		Develop-mental diseases		Miscellaneous diseases (remainder)		Total mortality (all causes)	
	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 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
1967 – 1971	0,1	1,5		0,5	0,1	0,3	1,4	9,4	0,8	16,8	10,2	22,4	2,7	8,9	15,3	59,8
1969 – 1973		1,2		0,3	0,1	0,3	1,1	8,4	0,6	14,3	9,8	18,0	2,9	6,7	14,5	49,3
Year																
1964	0,3	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		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
1967	0,3	2,2		0,9		0,4	1,1	12,5	0,8	20,1	10,3	29,7	2,1	13,0	14,8	78,9
1968*		1,4		0,3		0,5	1,3	9,3	0,5	14,1	10,4	22,2	2,6	9,7	14,9	57,6
1969		1,3		0,6	0,3	0,3	1,5	9,3	0,8	16,2	12,7	21,9	2,8	8,3	18,0	58,0
1970		1,3		0,2		0,3	1,2	8,5	1,2	19,9	9,1	20,0	4,3	8,7	15,8	58,8
1971		1,2		0,3		0,2	1,9	7,3	0,7	13,9	8,6	18,2	1,6	4,6	12,8	45,6
1972		0,8		0,3			0,7	7,9		10,0	9,5	14,5	2,4	4,7	13,0	38,1
1973		1,6		0,3		0,4		9,1	0,3	11,7	9,3	15,4	3,2	7,3	12,7	45,8

* Rates based on notified births from 1968.

TABLE K Continued

INFANTS FROM 1 TO 2 YEARS OF AGE*

Period	Common infectious diseases		Tuberculous diseases		Syphilis		Bronchitis and pneumonia		Diarrhoea and enteritis		Develop-mental diseases		Miscellaneous diseases (remainder)		Total mortality (all causes)	
	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 1946 – 1947 to 1950 – 1951	0,3	3,0	0,7	12,7		0,6	0,6	9,6	0,6	13,3		0,1	0,8	4,1	8,0	44,0
1951 – 1952 to 1956	0,4	1,1	0,5	6,1		0,1	0,4	4,6	0,6	17,3	0,2	0,2	1,1	4,3	3,1	33,8
1957 – 1961	0,1	1,3		1,8		0,0	0,5	4,3	0,2	9,4	0,2	0,6	1,3	5,0	2,3	22,5
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
1967 – 1971	0,1	1,3		0,4			0,1	2,7		3,3	0,3	0,4	0,4	4,3	1,1	12,2
1969 – 1973		1,1		0,3			0,3	2,1		2,7	0,4	0,2	0,6	3,0	1,3	9,5
Year																
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
1967	0,3	1,3		0,5				3,7		3,6		0,8	0,8	6,4	1,1	16,3
1968 €		1,4		0,4			0,3	2,3		3,2		0,4	0,3	4,7	0,5	12,4
1969		1,4		0,2				2,9		3,0	0,5	0,3	0,8	4,3	1,3	12,1
1970		0,9		0,3			0,3	2,8		3,4	0,5	0,4	1,3	3,7	2,1	11,4
1971		1,4		0,4			0,2	1,7		3,1	0,5	0,3		2,2	0,7	9,0
1972		0,8		0,3			0,5	0,9		1,1	0,5	0,1	0,5	2,3	1,2	5,6
1973		1,2		0,2			0,7	2,0		3,1		0,1	0,5	2,6	1,2	9,2

€ Rates based on notified births from 1968

* 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 1946

PERIODS	Estimated Populations			Birth rates			Illegitimate births Percentage of total births			Death rates corrected for outward transfers			Natural increase rates			Infant mortality rates			Enteric fever death rates Corrected for outward transfers			Tuberculosis (all forms) death rates corrected for outward transfers		
	White	Non-White	Total	White	Non-White	Total	White	Non-White	Total	White	Non-White	Total	White	Non-White	Total	White	Non-White	Total	White	Non-White	Total	White	Non-White	Total
Quinquennium																								
" 1946–1947				19,92	43,26	32,60	2,95	23,95	17,91	9,76	17,20	13,82	10,16	26,06	18,78	29,59	109,12	87,34	0,01	0,05	0,03	0,57	4,50	2,71
to 1950–1951																								
1951–1952				18,2	37,8	29,8	3,2	24,5	19,2	9,6	12,3	11,2	8,6	25,5	18,6	25,3	102,4	83,5		0,0	0,0	0,2	1,7	1,1
to 1956																								
" 1957–1961				19,1	42,5	33,2	3,9	23,7	19,2	10,3	11,5	11,0	8,8	31,0	22,1	21,8	85,9	71,5		0,0	0,0	0,2	0,7	0,5
1962–1966				17,7	36,6	30,1	4,8	25,6	21,4	10,2	10,0	10,1	7,5	26,7	20,0	20	78	66		0,0	0,0	0,1	0,5	0,5
" 1967–1971				17,8	36,1	30,1	8,2	30,1	25,8	9,7	9,3	9,4	8,1	26,8	20,6	15	60	51		0,0	0,0	0,0	0,4	0,5
1969-1973				**17,7**	**35,6**	**30,0**	**8,5**	**33,9**	**29,2**	**9,7**	**8,5**	**8,9**	**8,0**	**27,0**	**21,0**	**15**	**49**	**43**		**0,0**	**0,0**	**0,0**	**0 4**	**0,3**
YEAR																								
1945–1946	178720	190690	369410	19,69	43,79	32,15	3,36	24,23	18,10	9,62	19,99	15,00	10,07	23,80	17,15	37,61	109,40	88,73	0,02	0,06	0,04	0,74	5,98	3,45
1946–1947	181550	198610	380160	21,93	45,69	34,36	3,10	23,03	17,01	9,44	18,64	14,27	12,48	27,05	20,09	27,46	107,97	84,05	0,03	0,12	0,08	0,71	5,17	3,04
1947–1948	182700	208000	390700	20,69	42,42	32,29	3,00	23,11	17,06	10,52	19,04	15,09	10,17	23,38	17,20	37,06	122,20	97,51	0,03	0,04	0,03	0,66	5,44	3,21
1948–1949	183870	217840	401710	20,29	44,21	33,27	2,96	23,89	18,07	9,60	17,38	13,38	10,69	26,83	19,44	29,29	100,88	88,37	0,01	0,04	0,02	0,45	4,69	2,75
1949–1950	185040	228170	413210	18,70	43,01	32,13	2,69	24,36	18,71	9,68	16,44	13,42	9,02	26,57	18,71	29,56	101,47	83,00		0,03	0,01	0,57	3,96	2,44
1950–1951	186790	255510	442300	18,02	41,40	30,16	2,96	24,08	19,42	9,55	14,97	12,00	8,47	26,43	18,56	23,91	104,20	84,07		0,02	0,01	0,46	3,47	2,16
1951–1952	187540	261280	448820	18,27	40,94	31,26	3,11	25,40	19,86	9,88	14,99	12,82	8,39	25,95	18,43	28,78	106,26	87,26		0,01	0,01	0,26	2,97	1,81
1952–1953	188300	267220	455520	18,37	39,42	30,62	3,38	24,58	19,26	9,33	13,12	11,54	9,04	25,30	19,08	21,29	101,35	81,32		0,01	0,00	0,21	2,07	1,29
1953–1954	189070	273310	462380	18,23	37,86	29,86	3,59	24,55	19,30	9,03	12,25	11,09	8,86	25,61	18,77	30,43	100,55	83,71		0,01	0,00	0,24	1,77	1,15
1954–1955	189830	279580	469410	17,62	36,95	29,26	2,65	23,66	18,59	9,15	11,52	10,60	8,47	25,43	18,66	21,45	100,80	82,52		0,02	0,01	0,17	1,21	0,80
1956	190600	286010	476610	18,6	34,3	28,3	3,0	24,2	18,9	9,0	10,3	10,2	8,6	23,9	18,0	24,5	103,0	83,4				0,1	0,8	0,5
1957	191380	292620	484000	18,4	36,5	29,8	3,6	24,7	19,8	10,0	10,6	10,4	8,5	25,9	19,4	23,5	95,5	79,3		0,0	0,0	0,2	0,9	0,6
1958	192150	299420	491570	18,8	34,4	28,7	4,0	23,7	19,0	9,7	9,9	9,8	9,2	24,4	18,8	23,1	97,6	80,2		0,0	0,0	0,2	0,7	0,5
1959	192930	306390	499320	19,2	34,3	28,9	4,1	23,8	19,2	10,0	8,6	9,1	9,2	25,7	19,8	17,5	80,2	65,5		0,0	0,0	0,2	0,5	0,4
1960	193710	338020	531730	18,4	38,3	31,1	4,0	23,2	19,0	10,9	10,5	10,7	7,3	24,7	18,7	25	81	69				0,0	0,6	0,4
1961	195650	348810	544460	18,9	36,4	30,1	3,8	23,3	19,0	10,2	9,5	9,8	8,7	26,8	20,3	20	76	64				0,1	0,6	0,4
1962	197910	360880	558790	18,9	35,2	29,4	3,9	23,4	19,0	10,4	8,7	9,3	8,5	26,5	20,1	22	70	59				0,1	0,5	0,4
1963	200210	377150	577360	18,1	36,2	29,9	4,7	24,2	20,1	10,1	10,3	10,2	7,9	25,9	19,6	23	86	73				0,1	0,5	0,4
1964	202530	388430	590960	18,3	37,3	30,8	4,8	25,4	21,2	10,6	10,3	10,4	7,7	27,0	20,4	19	78	66		0,0	0,0	0,1	0,5	0,3
1965	204880	405130	610010	16,8	38,4	31,2	4,6	27,0	22,9	10,2	10,6	10,5	6,6	27,8	20,7	19	78	68				0,0	0,5	0,3
1966	207250	427530	634780	18,0	35,1	29,5	5,9	28,1	23,7	10,5	9,8	10,0	7,5	25,4	19,5	17	78	66		0,0	0,0	0,1	0,4	0,3
1967	209650	441110	650760	18,0	31,6	27,2	8,3	29,9	25,3	10,0	9,9	10,0	8,0	21,7	17,3	15	79	66				0,0	0,5	0,4
1968	212080	444920	657000	18,1	38,4	31,8	9,4	27,5	24,1	10,2	9,3	9,6	7,9	29,1	22,2	15	58	50		0,0	0,0	0,0	0,4	0,3
1969	214540	462000	676540	18,4	37,4	31,4	7,8	28,6	24,7	10,3	9,3	9,7	8,1	28,0	21,7	18	58	51				0,0	0,5	0,3
1970	217030	477200	694230	19,2	35,2	30,2	8,0	31,2	26,6	10,6	9,6	9,9	8,6	25,6	20,3	16	59	50				0,0	0,4	0,3
1971	235550	500210	735760	18,3	35,5	30,0	7,5	33,4	28,3	9,0	7,8	8,2	9,2	27,6	21,7	13	46	39		0,0	0,0	0,0	0,4	0,2
1972	239050	513410	752460	17,1	35,1	29,4	9,2	37,3	32,1	9,0	7,4	7,9	8,1	27,7	21,5	13	38	34				0,1	0,4	0,3
1973	242600	528180	770780	15,6	34,6	28,6	10,1	39,1	34,2	9,4	8,3	8,6	6,2	26,3	20,0	13	46	40		0,0	0,0	0,0	0,4	0,3

City extended in 1971 by incorporation of districts of Thornton, Bergvliet, Meadowridge, Ottery (part) and Kirstenhof.
The population and rates for the years 1961 onward have been corrected according to the final figures of the 1970 census. Birth rates based on notifications from 1968.

TABLE M. Vital Statistic Rates for Various Centres.

(LATEST AVAILABLE FIGURES)

Centre	Birth rate					Death rate					Infant mortality rate					All forms of tuberculosis death rate				
	W	B	A	C	N-W	W	B	A	C	N-W	W	B	A	C	N-W	W	B	A	C	N-W
Cape Town	15,6	43,6	24,5	32,9	34,6	9,4	11,7	5,4	7,6	8,3	13	68	28	40	46	0,03	0,55	0,20	0,37	0,38
King William's Town	16,6	16,8	12,4	31,0		7,1	9,2		11,3		33	277		106			0,67		0,36	
Port Elizabeth	21,6	26,0	24,1	31,1		6,9	12,2	5,6	13,1		15	146	8	125						
Springs	24,0	28,7	46,5	23,5		4,2	9,7		0,4		9	80								
Benoni	21,2	35,2	12,6			5,8	13,7	3,8			17	152	63				0,61	0,16		
Durban	17,3	45,3	30,2	36,8		9,8	9,5	6,2	6,8		18	77	35	39		0,02	0,27	0,06	0,02	
Bloemfontein	20,2	24,4		37,1		11,7	17,3		23,0		30	181		150						
Vereeniging	18,3	19,5	18,4	25,5		4,4	5,2	0,7	3,7		27	94	38	49						
Pietermaritzburg	19,2	19,7	35,4	37,3		10,9		6,6	7,0		20	59	38	24		0,02	0,10		0,34	
Pretoria	21,9	20,9	24,2	18,4	20,9	5,5	9,2	5,2	6,9	7,7	12	132	21	70	123	0,02	0,61	0,17	0,40	0,60
Johannesburg	22,9	33,4	33,2	39,5		8,3	12,0	7,5	11,4		18	74	36	62		0,03	0,45	0,02	0,17	
East London	19,6	63,8	22,6	47,1		11,1	17,0	9,5	14,9		17	123	47	96		0,10	1,95	0,53	1,09	
South Africa	23,1		34,0	35,5		8,6		6,9	13,3		21		36	122		0,04		0,16	0,66	
England and Wales	16,0					11,6					18									
County of London	15,2					11,5					17									

TABLE N Notification of Infectious Diseases Classified for Month of Notification, 1973

W. - White O. - Non - White

	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	4	101	105		29	29		3	3				1		1					7	7		1	1
February	3	107	110	1	23	24								2	2					3	3			
March	7	120	127		21	21		1	1				1	1	2					3	3			
April	2	100	102		13	13					1	1		1	1					3	3			
May	4	145	149		22	22		1	1	2		2	1	1	2					1	1			
June	4	109	113		28	28		1	1										1	3	4		1	1
July	8	126	134		24	24		1	1		1	1								8	8		1	1
August	5	148	153		74	74		2	2										1	4	5			
September	3	96	99		30	30		1	1				1	1	2				1	2	3			
October	11	138	149	1	38	39				1	1	2	2		2				1	3	4			
November		100	100	1	44	45							1	2	3					1	1			
December		88	88		20	20								1	1				1	3	4			
YEAR	51	1 378	1 429	3	366	369		10	10	3	3	6	7	9	16				5	41	46		3	3

PERIOD	Acute Poliomyelitis			Ophthalmia			Puerperal Fever			Tetanus			Leprosy			Whooping cough			Viral Hepatitis			Typhus (Tick Borne)		
	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					2	2		1	1							1	4	5	3	7	10			
February					2	2													1	8	9			
March					1	1											2	2	3	5	8			
April					4	4					1	1							4	6	10			
May		2	2		2	2										1	3	4	3	4	7			
June					5	5											1	1	10	5	15			
July					1	1					1	1					1	1	5	5	10			
August		1	1		1	1					1	1					5	5	1	6	7			
September																			9	5	14			
October					4	4											2	2	7	2	9		1	1
November					4	4														7	7			
December		1	1		10	10										1	1	2	2	4	6			
YEAR		4	4		36	36		1	1		3	3				3	19	22	48	64	112		1	1

TABLE O Notification of Infectious Diseases Classified for Age-Groups, 1973

W. - White O. - Non-White

Age-groups	Tuberculosis respiratory					Tuberculosis other forms					Enteric					Diphtheria				
	W.		O.		Total	W.		O.		Total	W.		O.		Total	W.		O.		Total
	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.	
Under 1 yr.			18	15	33			13	3	16							1			1
1 — 2 "			19	20	39			22	19	41						1				1
2 — 4 "			38	47	85	1	1	45	65	112						1	2			3
5 — 9 "	1		28	22	51			45	53	98			1	1	2					
10 — 14 "		1	15	20	36			18	21	39			2		2					
15 — 24 "	9	7	90	144	250			9	5	14			2		2	1				1
25 — 34 "	2	5	179	101	287			13	11	24			1	2	3		1			1
35 — 44 "	5	3	202	63	273			2	6	8				1	1					
45 — 54 "	5	4	176	39	224	1		6	2	9										
55 — 64 "	3	1	74	20	98			2	2	4										
65 — 74 "	3		32	10	45			2	1	3										
75 — 84 "	1	1	2	1	5			1		1										
85 years and over			1	2	3															
Unknown																				
Total	29	22	874	504	1 429	2	1	178	188	369			6	4	10		3	3		6

Age-groups	Scarlet Fever					Erysipelas					Cerebrospinal Fever					Infective encephalitis				
	W.		O.		Total	W.		O.		Total	W.		O.		Total	W.		O.		Total
	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.	
Under 1 yr.											1		5	6	12			1		1
1 — 2 "												1	2	4	7					
2 — 4 "		4		3	7						3		7	5	15				1	1
5 — 9 "			1	2	3								4	2	6					
10 — 14 "	2		1	2	5								1	3	4					
15 — 24 "	1				1															
25 — 34 "													1		1					
35 — 44 "																				
45 — 54 "														1	1				1	1
55 — 64 "																				
65 — 74 "																				
75 — 84 "																				
85 years and over																				
Unknown																				
Total	3	4	2	7	16						4	1	20	21	46			1	2	3

Age-groups	Acute poliomyelitis					Ophthalmia					Puerperal fever					Tetanus				
	W.		O.		Total	W.		O.		Total	W.		O.		Total	W.		O.		Total
	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.	
Under 1 yr			1		1			18	18	36								1	1	2
1 — 2 "			2	1	3															
2 — 4 "																				
5 — 9 "																				
10 — 14 "																				
15 — 24 "														1	1					
25 — 34 "																				
35 — 44 "																		1		1
45 — 54 "																				
55 — 64 "																				
65 — 74 "																				
75 — 84 "																				
85 years and over																				
Unknown																				
Total			3	1	4			18	18	36				1	1			2	1	3

Age-groups	Leprosy					Whooping Cough					Viral Hepatitis					Typhus (Tick Borne)				
	W.		O		Total	W.		O.		Total	W.		O.		Total	W		O.		Total
	M.	F.	M.	F.		M.	F.	M.	F.		M	F.	M.	F		M	F.	M	F	
Under 1 yr							1	10	2	13										
1 — 2 "									4	4				2	2					
2 — 4 "							1	2	1	4	1		8	6	15					
5 — 9 "						1				1	2	2	9	9	22					
10 — 14 "											1	5	7	4	17			1		1
15 — 24 "											4	8	4	6	22					
25 — 34 "											10	6	1	2	19					
35 — 44 "											3	3	2	1	9					
45 — 54 "												1		1	2					
55 — 64 "												1		2	3					
65 — 74 "												1			1					
75 — 84 "																				
85 years and over																				
Unknown																				
Total						1	1	12	7	22	21	27	31	33	112			1		1

TABLE P: Notification of Infectious Diseases Classified for Wards, etc 1973

W. - White. O. - Non-White.

Wards of the City etc.	Tuberculosis respiratory system			Tuberculosis other forms			Enteric Fever			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
1.		4	4																					
2.	1	10	11																					
3.	1	8	9																1		1			
4.	6	12	18		1	1																		
5.	3	6	9																					
6.	1	19	20		4	4		1	1															
7.		5	5																					
8.	6	44	50	1	13	14		2	2											4	4		1	1
9.	6	85	91	1	15	16		1	1	1		1	2		2				2	2	4		1	1
10.	5	4	9		1	1							2		2									
11.	2	3	5										1		1									
12.		1	1		1	1																		
13.	4	1 016	1 020		286	286		3	3	2	3	5		6	6				1	31	32		1	1
14.	9	18	27	1		1													1		1			
15.	1	9	10		4	4																		
16.	3	34	37		7	7		3	3				2	1	3					2	2			
17.	3	96	99		34	34								2	2					2	2			
Not Allocated		4	4																					
TOTAL	51	1 378	1 429	3	366	369		10	10	3	3	6	7	9	16				5	41	46		3	3
Imported Infection	5	622	627		89	89																		
Direct Removals	36	205	241	1	10	11	1	27	28	1	8	9	2	1	3				9	34	43	1		1
* Guguletu		360	360		152	152														4	4			
* Langa		331	331		40	40		1	1															

* Included in Main Table

TABLE P: Notification of Infectious Diseases Classified for Wards, etc. 1973

W. - White O. - Non-White.

(Continued)

Wards of the City etc.	Acute Poliomyelitis			Ophthalmia			Puerperal Fever			Tetanus			Leprosy			Whooping Cough			Viral Hepatitis			Typhus (Tick Borne)		
	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total
1.																			4		4			
2.																			1		1			
3.					2	2													5		5			
4.					1	1											1	1	1		1			
5.																1		1	4		4			
6.					1	1													2		2			
7.																								
8.		1	1		4	4													1	8	9			
9.					16	16											3	3	3	9	12			
10.																			5		5			
11.																			1		1			
12.																			3		3			
13.		2	2		9	9		1	1		1	1				1	13	14	2	31	33		1	1
14.					1	1													3		3			
15.																			7	5	12			
16.		1	1		1	1					1	1				1		1	3	3	6			
17.					1	1											2	2	3	8	11			
Not Allocated . . .											1	1												
TOTAL		4	4		36	36		1	1		3	3				3	19	22	48	64	112		1	1
Imported Infection														2	2									
Direct Removals		27	27								2	2				2	13	15	6	4	10			
* Guguletu		1	1		2	2											7	7		5	5			
* Langa					1	1																		

* Included in main Table

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