

**Report of the Medical Officer of Health on the public health and sanitary circumstances of Johannesburg.**

**Contributors**

Johannesburg (South Africa)

**Publication/Creation**

Johannesburg : [Municipal Printer], [1962]

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CITY OF JOHANNESBURG



REPORT

ON THE HEALTH OF

JOHANNESBURG

IN

1962

J. W. SCOTT MILLAR

B.A., M.B.Ch.B., D.P.H., D.T.M. and HY.

F.R.S.H.

MEDICAL OFFICER OF HEALTH

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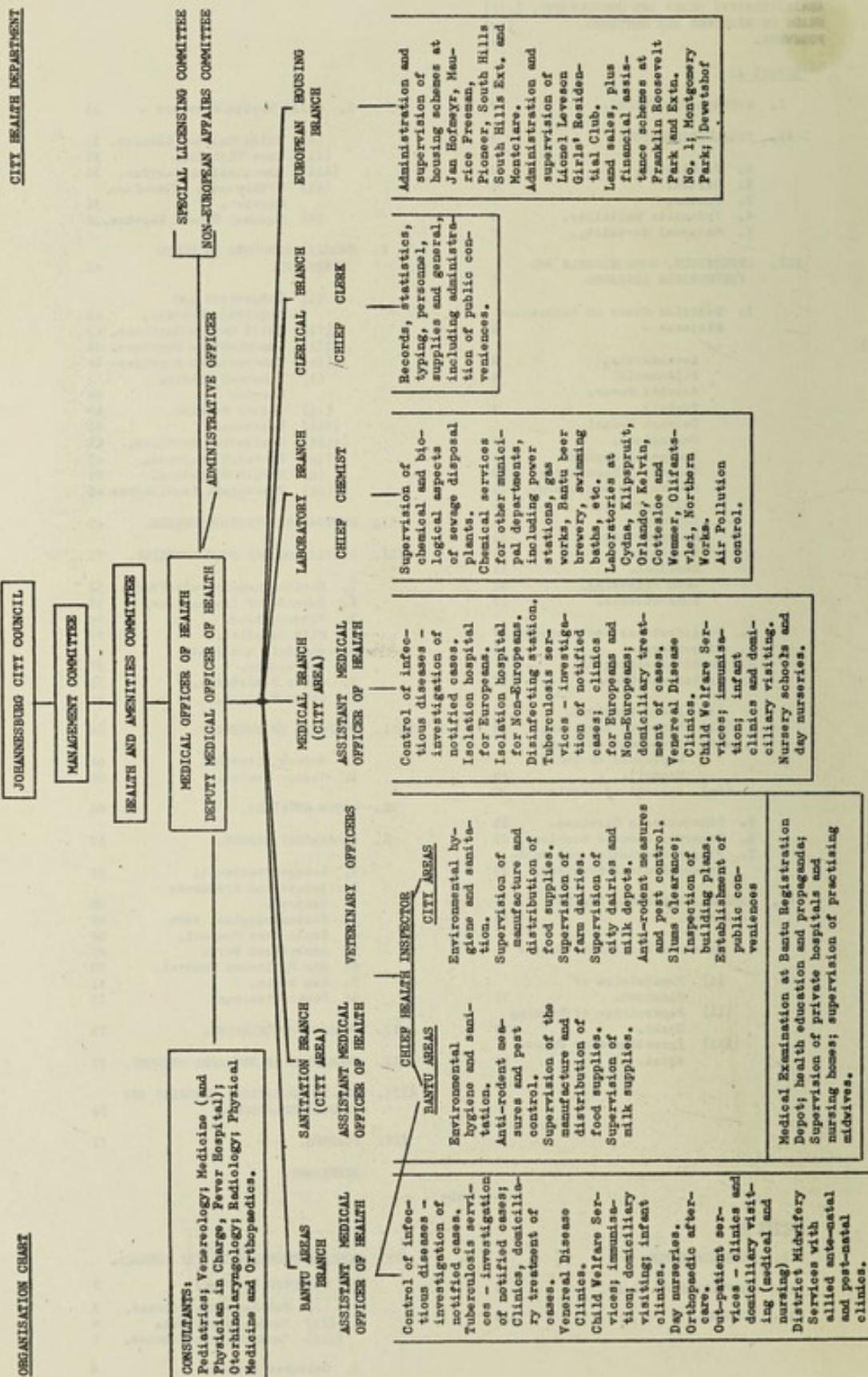
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## ANNEXURES.

# ORGANISATION CHART

(11)





CITY OF JOHANNESBURG.HEALTH AND AMENITIES COMMITTEE.To 20th March 1962:

COUNCILLORS: MR. A.J. HEROLD - CHAIRMAN  
 MR. T. GLYN MORRIS - DEPUTY CHAIRMAN  
 DR. V.V. BOY, M.P.C.  
 MR. A.P.J. DE KLERK  
 MR. H.F. DENNIS (From 29th June 1961)  
 MR. A. GORSHEL, M.P.C. (To 1st June 1961)  
 MRS. E.A. GROBBELAAR  
 MR. A. ROSEN  
 MRS. I.E. TURVEY  
 MR. H.M.J. VAN RENSBURG  
 MR. A.B. WIDMAN, M.P.C.

From 20th March 1962:

MR. A.B. WIDMAN, M.P.C. - CHAIRMAN  
 DR. A.D. BENSUSAN - DEPUTY CHAIRMAN  
 DR. V.V. BOY, M.P.C.  
 MR. A.P.J. DE KLERK  
 MR. H.F. DENNIS  
 MR. I. MYERS  
 DR. J.S. OTTO  
 MR. W.A.J. SAMMONS  
 MR. M. SKLAAR  
 MR. H.M. VAN RENSBURG

THE MAYOR (EX OFFICIO)ADMINISTRATIVE HEADS AND CONSULTANTS:

MEDICAL OFFICER OF HEALTH	:	J.V. SCOTT MILLAR B.A., M.B., Ch.B., D.P.H., D.T.M. & Hy., F.R.S.H.
DEPUTY MEDICAL OFFICER OF HEALTH	:	B. MUNDEL M.B., Ch.B., D.P.H., D.T.M. & Hy.
ASSISTANT MEDICAL OFFICER OF HEALTH	:	A.H. SMITH M.B., Ch.B., D.P.H., D.T.M. & Hy.
ASSISTANT MEDICAL OFFICER OF HEALTH	:	M.L. FREEDMAN O.B.E., M.B., Ch.B., D.P.H.
ASSISTANT MEDICAL OFFICER OF HEALTH	:	I.W.P. SPENCER M.B., Ch.B., D.P.H., D.T.M. & Hy.
ADMINISTRATIVE OFFICER	:	E.M. COETZEE A.M.I.P.H.E., R.S.H. Cert. for H.I.
CHIEF CLERK	:	C.J. MORSHEAD.

CONSULTANTS:

Pediatrics	:	B.G. VON B. MELLE M.B., Ch.B., F.R.C.S. Edin.
Venereology	:	B. SIEFF M.B., B.Ch.
*Medicine	:	A.L. JACKSON D. Chir., M.B. M.R.C.P.  H.S. PIETERSE M.B., B.Ch. from 5.4.1962 to 27.7.1962.
Otorhinolaryngology	:	D.R. HAYNES M.B., B.Ch., D.L.O., R.C.P. & S. Eng.
Radiology	:	H.I. OSLER M.B., Ch.B., D.M.R.E.
Radiology	:	M. HURVITZ M.B., Ch.B., D.M.R.D., R.C.P. & S. Eng. M.D.
Physical Medicine	:	C. ADLER M.B., B.Ch., D. Phys. Med.
Orthopaedics	:	C.M. SARKIN M.B., B.Ch., F.R.C.S. Edin. to 31.1.1962.

\* and Physician in Charge, Fever Hospital.

HEADS OF BRANCHES AND SECTIONS:

CHIEF TUBERCULOSIS MEDICAL OFFICER	:	M.H. GOLDBERG - M.B., Ch.B.
CHIEF CHILD WELFARE MEDICAL OFFICER	:	O.I.B. KREMER - M.B., Ch.B.
MEDICAL SUPERINTENDENT, WATERVAL HOSPITAL	:	G.B. MILLER - M.B., Ch.B.
MATRON, WATERVAL HOSPITAL	:	M. MILLER - Reg. Nurse and Midwife, School Nsg. and San. Cert.
SENIOR MEDICAL OFFICERS	:	E.N. ELLIS - M.B., Ch.B.
	:	L. EISENBERG - M.B., B.Ch.
	:	B. RICHARD - M.B., B.Ch., D.P.H.
	:	H. TAYLOR - L.R.C.P. and S., L.R.P.P.S.
	:	M. MER - M.B., B.Ch.
	:	M.S. BROWN - M.B., Ch.B.
SENIOR DENTAL OFFICER (ORLANDO)	:	J.H.C. LAING - L.D.S., D.P.D.
CHIEF PHARMACIST	:	S. GRINKER - Dip. Pharm.
CHIEF CHEMIST	:	E.G. WHITE - M. Sc. Ph.D. (Wits) F. Inst., S.P., F.R.I.C., M. (S.A.) Chem. I.
AIR POLLUTION CONTROL OFFICER	:	L. TUCKER - B.Sc. (Eng. Chem.), M. (S.A.) Chem. I., A.M.I.S.P.
HOUSING OFFICER	:	W.J. DUNCAN
HOUSING SUPERVISOR	:	J.M.E. BUTLER - Housing Manager's Cert., R.S.H. Cert. for H.I., Primary Teachers' Higher Cert.
CHIEF HEALTH INSPECTOR	:	A.H. SPARGO - A.M.I.P.H.E., M.R.S.H., R.S.H. Certs. for H.I. and M. & O.P.
DIVISIONAL HEALTH INSPECTORS	:	T. PATTERSON - R.S.H. Certs. for H.I. and M. & O.P.
	:	W.G. HOWARTH - R.S.H. Certs. for H.I. and M. & O.P.
	:	A.H. MAXWELL - A.M.I.P.H.E., R.S.H. Certs. for H.I., M. & O.P. and Trop. Hy.
	:	A.C. WALLACE - R.S.H. Certs. for H.I. & M. & O.P. from 1.4.61.
CHIEF HEALTH VISITOR	:	M. BERGH - R.S.H. Cert. for H.V., Reg. Nurse and Midwife.
SENIOR HEALTH VISITORS	:	R.C.C. SANGERHAUS - R.S.H. Cert. for H.V., Reg. Nurse and Midwife.
	:	C.K. HAINS - R.S.H. Cert. for H.V., Reg. Nurse and Midwife, Mothercraft Cert., Dipl. in Nsg. Admin. (Public Health) (London)
	:	M.H. RALPH - R.S.H. Cert. for H.V., Reg. Nurse and Midwife, Mothercraft Cert.
	:	J.M. MONNIK - R.S.H. Cert. for H.V., Reg. Nurse and Midwife, Dipl. in Nursing.
INSPECTRESS OF NURSERY SCHOOLS	:	E.K.P. BROSIUS - Dipl. in Pre-School Educ.
SENIOR SUPERVISOR, NURSERY SCHOOLS (ACTING)	:	A.M. VILJOEN - Nursery School Dipl.
SUPERINTENDENT, TRANSPORT AND DISINFECTING	:	J.H. CUTTING - Qualified Fitter

The full staff establishment is detailed in Annexure 1.



REPORT OF THE MEDICAL OFFICER OF HEALTH.CALENDAR YEAR 1962.

The Mayor and  
City Councillors of  
JOHANNESBURG.

Ladies and Gentlemen,

I have the honour to present my report for the calendar year 1962 on the work of the City Health Department, the vital and morbidity statistics of the city and the main features in regard to the health and sanitary circumstances of the community and also my report on overcrowding and bad or insufficient housing. These matters are dealt with in two separate Reports - A and B.

The general health of the citizens of Johannesburg is very satisfactory as evidenced by the lower infantile death rate and the reduced incidence of infectious disease. There is, however, some cause for concern in regard to the health of the Coloured population.

The vital statistics are based on population estimates as at 30th June 1962. The figure for the Bantu population is a reasonable approximation in spite of difficulties in assessment.

There has been an increase in the overall birth rate owing to an increase in the rate for Coloureds and a major increase in the Bantu rate. The rates for Europeans and Asiatics are somewhat less. The percentage of illegitimate births has increased for all races.

The overall death rate is slightly increased owing to a higher rate for Coloureds. The European and Asiatic rates are slightly less. The impact of the major causes of death remains much the same with the usual variations for each race. These are shown in graphical form facing page 4.

The infantile mortality rate (i.e. the deaths of infants under 1 year of age per 1,000 live births registered) is substantially lower for all races and for each race separately except for Coloureds where there has been a major increase. The biggest reduction is in respect of Bantu, the rate being half that for 1960, and two-thirds of that for 1961, a total reduction from 122.75 to 61.20 in two years. The number of European maternal deaths was greater than the previous year but there were no deaths of Asiatic mothers.

There was a remarkable reduction in the prevalence of infectious disease (except tuberculosis). The incidence of diphtheria was less for all races and there were no European deaths. One Coloured and 8 Bantu died, none of these in the South-Western areas. There were only 6 cases of poliomyelitis (1 a European) and no deaths. The reductions may be attributed to the successful immunisation drives for all races.

The number/...



The number of notifications of pulmonary tuberculosis remains much the same for Europeans but has increased for each of the Non-European races. The number of deaths is less except in the case of Coloureds where there is a sharp increase. In the absence of any obvious social or economic reason for a rise in the true incidence of pulmonary tuberculosis and because there has been no concomitant increase in the deaths, the most likely explanation for increased notifications is the progressive improvement in case finding, including special X-ray surveys. This explanation does not, however, satisfy me in the case of the Coloureds where, for one thing, there is a substantial increase in the death rate. I am rather worried about this racial group as there is a general increase in the death rate not wholly attributable to tuberculosis and also a marked increase in the infantile mortality rate. The bad housing conditions under which Coloureds are living may well account for this situation.

Three new child welfare clinics were opened in the city area, at Westdene, Jeppe and Western Township, the latter being for Coloureds. New premises were provided for the Jan Hofmeyr Clinic. There was a marked increase in the attendance at clinics by Europeans, Coloureds and Asiatics and a good response to offers of immunisation at the clinics and in the schools.

The medical services in the Bantu areas continued at an efficient level. These were characterised by the introduction of a domiciliary health visitor service and by the completion of the second and third phase of the mass immunisation campaign against diphtheria, whooping cough and tetanus.

Four new chapters of the Public Health By-laws (on Food-handling; Restaurants and Tea Rooms; Bakeries; Hotels, Boarding and Lodging Houses) were promulgated during the year. Legislation in regard to improved licensing powers and air pollution is still awaited.

The appointment of a health visitor to devote her whole time to health education was a big step forward and proved a stimulus to other members of the staff in this field. The staff played an active part in voluntary organisations doing health promotive work and gave a number of addresses to various groups and at conferences which they attended.

The report of the Schumann Commission on financial relations is still awaited. A final decision has not been reached on the future of Waterval Hospital.

Slum clearance has proceeded at a moderate pace because of the paucity of alternative accommodation and mainly for this reason progress in Newclare has been slow. A report was prepared during the year emphasising the need for urban renewal schemes to clear slum and blighted areas of the city. This will be followed up in 1963. Building by private owners continued in the land selling schemes in Montclare and Dewetshof and a loan was obtained from the National Housing Commission for a housing scheme for 92 elderly Europeans. Western Township was cleared of Bantu to make way for Coloureds and 623 new houses were built in Riverlea and 182 in Bosmont. Houses built for Bantu by the Council and the Natives Resettlement Board numbered 2,326 and 2,264 respectively.

I also/ .....

I also desire to tender my thanks to His Worship the Mayor, and to the Chairman and Members of the Health and Amenities Committee during the year, all of whom have extended to me every courtesy. My thanks are also due to the Town Clerk and to all the Heads and Sub-Heads of Departments and the Staff Board for their willing co-operation at all times.

CITY MEDICAL OFFICER OF HEALTH.

Consultant Medical Officer to the Rand Water Board.  
Lecturer, Urban Health Administration,  
University of the Witwatersrand.

March 1964.





REPORT A.

1962.

CITY OF JOHANNESBURG

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

1962

ON THE PUBLIC HEALTH AND SANITARY

CIRCUMSTANCES OF JOHANNESBURG.

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CITY OF JOHANNESBURG

REPORT A.

1962.

REPORT ON THE PUBLIC HEALTH AND SANITARY CIRCUMSTANCES OF JOHANNESBURG  
FOR THE CALENDAR YEAR 1962, IN TERMS OF SECTIONS 6 AND 13  
OF THE PUBLIC HEALTH ACT, 1919, AS AMENDED

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I. NATURAL CONDITIONS.

Physical Geography - Johannesburg is situated in latitude 26 degrees 11 minutes south and longitude 28 degrees 4 minutes east, at a mean altitude of 5,850 feet above sea level and approximately 300 miles from the sea coast on the Indian Ocean. It is placed almost at the northern limit of the highveld area of the Transvaal Province and almost in the centre of the Witwatersrand Goldfields which extend roughly eastwards and westwards over a total distance of approximately 88 miles.

The city is on the crest of the Witwatersrand ridge which is one of the main watersheds of the country, all streams in the northern suburbs being tributaries of the Limpopo River, while those in the south make their way to the Orange River. The highest four points, all of approximately the same altitude (5,940 feet) are Observatory Hill, Aasvogelskop, a hill south west of the City and a hill south of Linmeyer. The last named is the highest by a few feet. The City centre is about 5,700 feet above sea level.

From the southern municipal boundary proceeding northwards, the land slopes gently downwards at first and then rises slowly to the foot of the ridge where it becomes steeper. From the crest of the ridge it falls away rather suddenly and then, having reached the lower level, it divides up into several flat valleys dropping gradually northwards. In the Kensington - Bezuidenhout Valley area outliers of the main ridge form somewhat deep valleys running to the east. This area and the northern suburbs are to a certain extent protected from the cold southern winter winds.

The meteorological and topographical features favour the dispersal of smog. Inversion is encountered but does not cause concern. On some days during the winter months smog tends to persist in the valleys but almost invariably disperses by 10 a.m.

The area of the city and its suburbs is 94.46 square miles which includes Pimville Township and the Rand Airport. The extreme length of the city and suburbs is  $11\frac{1}{2}$  miles and extreme width  $11\frac{1}{4}$  miles. In addition, the Council owns and controls an area of land which includes the Coloured township of Noordgesig and the Bantu townships comprising south western Bantu residential complex extending to the west and south of Orlando on the south western boundary of the city but not within the defined area of the municipality. This land is 20.02 square miles in extent. A further 5.05 square miles owned by the

:- Natives' ..... /



Natives' Resettlement Board is also used for housing Bantu working in Johannesburg. The total area of the Bantu townships is therefore 25.97 square miles. Other land owned by the Council outside its own boundaries and controlled in terms of Section 7 of the Local Government Ordinance (Transvaal) includes the sewage purification farms to the south, and the northern sewage purification works, Zuurbekom, Kelvin Power Station, Woodlands, Lombardy, Gillooly's Farm, Rietvlei East, Rietvlei West and several other farms with a total area of 51.49 square miles.

The climate of Johannesburg is essentially temperate, although the city is within 3 degrees of the Tropic of Capricorn. Generally the days are bright and warm and the nights cool. The humidity is low in winter and there is a marked diurnal variation in temperature. The average daily period of bright sunshine is 8.47 hours.

The rainfall has averaged 872.99 mms (34.37 inches) per annum over a period of 50 years and occurs mainly in the summer months (October to March) often in the form of short thunderstorms. The total fall at Joubert Park in 1962 was 626.7 mms (24.67 inches) and rain fell on 82 days.

The hottest months are usually from December to March with an average maximum temperature over 15 years of  $31^{\circ}\text{C}$  and the highest recorded temperature of  $34.2^{\circ}\text{C}$ . The coldest months are usually in June and July with an average minimum temperature of  $2.05^{\circ}\text{C}$  over 15 years and the lowest recorded temperature of  $-6.2^{\circ}\text{C}$  on the 23rd July 1926.

Johannesburg is not a windy place; the only time when the wind calls for special comment is when cold winds blow from the south during August or September. The wind frequencies are shown diagrammatically in Annexure 2. The monthly averages of rainfall, etc. are reflected in Annexure 3.

## II. VITAL STATISTICS.

The following table summarises the principal vital statistics for 1962:-

	Euro- peans	Coloureds	Asiatics	Bantu	All Persons
Population	372,400	45,090	25,770	515,804	959,064
Births (Number of)	8,767	1,854	688	19,593	30,902
Birth Rate	23.54	41.12	26.70	39.98	33.11
Illegitimate Birth Rate %	3.70	21.20	3.49	42.02	29.04
Deaths (Number of)	3,096	491	133	5,255	8,975
Death Rate	8.31	10.89	5.16	10.19	9.36
Infantile Deaths	225	115	28	1,199	1,567
Infantile Mortality Rate	25.66	62.03	40.70	61.20	50.71
Maternal Deaths	8	1	Nil	40	49
Maternal Death Rate	0.90	0.53	Nil	2.01	1.56

These figures are corrected for outward transfer only. The population recorded is based on estimates as at 30th June 1962 and the rates are calculated thereon.

The Bantu population included 25,800 mine Bantu among whom there were 84 deaths with a death rate of 3.26.

The statistical factors recorded above are referred to in more detail in the paragraphs which follow.

### 1. POPULATION.

	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>
Europeans	372,000	368,277	370,000	372,400
Coloureds	37,600	42,943	43,670	45,090
Asiatics	27,000	23,647	24,000	25,770
Bantu	502,423	522,953	532,677	515,804
	<u>939,023</u>	<u>957,820</u>	<u>970,347</u>	<u>959,064</u>

Details of the Bantu population by areas are given in Annexure 4.

:- 2. BIRTHS ..... /



## 2. BIRTHS.

As compared with the previous year the figures reflect a decrease in the European rate (from 24.01 to 23.54) and the Asiatic rate (from 29.96 to 26.70) and an increase in the Coloured rate (from 39.91 to 41.12) and the Bantu rate (from 33.46 to 41.12). The net result is an increase of the overall rate (from 29.96 to 33.11). There has been an overall increase in the percentage of illegitimate births which is reflected in the figure for each race separately.

## 3. DEATHS.

The death rates over a period of five years are shown in the following table (rates are corrected for outward transfers):-

Year	Europeans	Coloureds	Asiatics	Bantu	All Persons
1958	8.43	11.20	7.47	12.49	10.70
1959	8.38	11.33	5.63	11.07	9.86
1960	8.38	9.85	6.34	10.93	9.79
1961	8.39	9.30	6.08	10.05	9.29
1962	8.31	10.89	5.16	10.19	9.36

The death rate for all races and for each race group separately shows a steady downward trend with slight fluctuations either way from year to year. The 1962 rates for Europeans and Asiatics are slightly less than for 1961 and the rates for Coloureds and Bantu are higher.

The summary of causes of death classified according to race are listed in Annexure 5.

The causes of death classified in the main group causes, with comparative tables for 1960, 1961 and 1962 are listed in Annexure 6. The 5 main causes of death are set out in graphical form on opposite page

An analysis of some of the main causes of death is recorded in the paragraphs which follow.

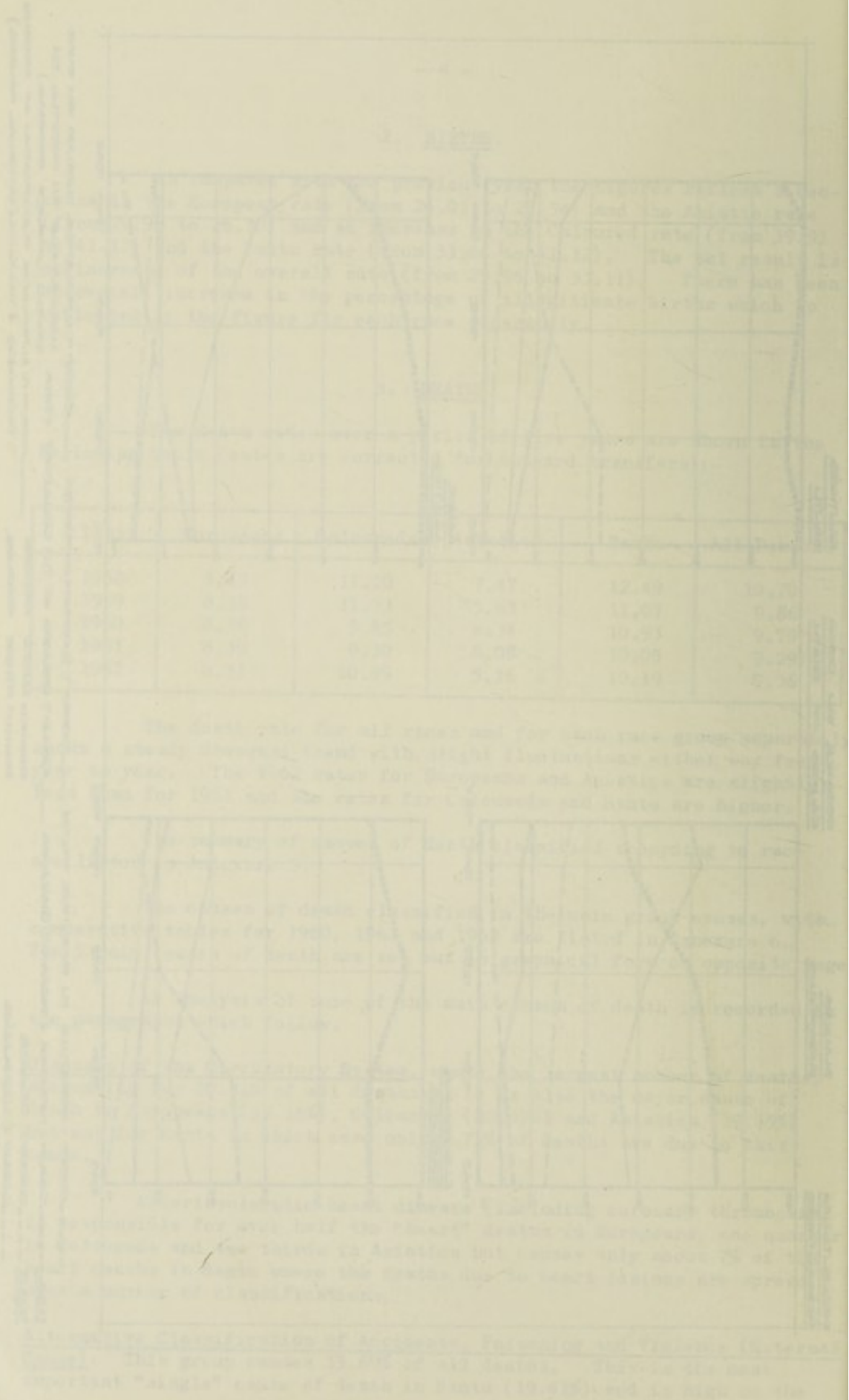
Diseases of the Circulatory System, cause the largest number of deaths, accounting for 20.91% of all deaths. It is also the major cause of death in Europeans (39.18%), Coloureds (20.57%) and Asiatics (39.85%) but not for Bantu in which case only 9.71% of deaths are due to this cause.

Arteriosclerotic heart disease (including coronary thrombosis) is responsible for over half the "heart" deaths in Europeans, one quarter in Coloureds and two thirds in Asiatics but causes only about 7% of the heart deaths in Bantu where the deaths due to heart lesions are spread over a number of classifications.

Alternative Classification of Accidents, Poisoning and Violence (External Cause): This group causes 15.69% of all deaths. This is the most important "single" cause of death in Bantu (19.41%) and is high on the









list for other races:- Coloureds (12.83%), Asiatics (8.27%) and Europeans (10.14%). In this group suicide accounts for most of the European deaths (95) followed by accidents (86) and motor traffic accidents (46); in Coloureds the major cause is homicide (20) followed by accident (17) and motor traffic accidents (17); homicide caused Bantu 486 deaths, accidents 273 deaths and motor traffic accidents 137 deaths. Suicide is a relatively minor cause of violent death in Non-Europeans, being responsible for 40 deaths of which 36 were Bantu.

Symptoms, Senility and Ill Defined Conditions: 11.86% of all deaths are "lumped" together under this heading, being largely a reflection of the lack of clarity of death certificates. It is not surprising that the highest percentages in this group relate to Bantu and Coloureds.

Neoplasms account for 9.97% of all deaths. This is the second largest cause of death for Europeans (17.64%). It is also an important cause for Coloureds (8.15%) and Asiatics (7.52%) and also causes 5.69% of Bantu deaths.

Diseases of the Respiratory System cause 9.31% of all deaths. Coloureds (9.98%) and Bantu (11.63%) are the races most susceptible to death from this cause with Asiatics following closely at 9.77%.

Diseases of the Digestive System account for 8.99% of all deaths, ranging from 3.76% in Asiatics to 11.74% in Bantu. Over 75% of the deaths of Coloureds and Bantu from this cause are in children under 5 years old, while an even larger percentage of the European deaths are over that age.

Certain Diseases of Early Infancy account for 4.86% of all deaths with percentages ranging from 4.75% for Europeans to 12.03% for Asiatics.

Infective and Parasitic Diseases cause 6.80% of all deaths - Europeans (3.23%) Bantu (8.85%), Coloureds (8.55%) and Asiatics (2.26%). These diseases have been a major cause of death in past years but are progressively being brought under control.

More details are available in respect of the foregoing and other causes of death and will be supplied to those who ask for them.

#### 4. INFANTILE MORTALITY.

The rates for the years 1958 to 1962 inclusive, are shown on the following table:

Year	Europeans	Coloureds	Asiatics	Bantu	All Races
1958	25.05	63.29	48.73	132.70	90.86
1959	25.29	61.79	51.61	104.98	75.80
1960	28.27	64.40	48.71	122.75	86.41
1961	25.66	38.44	40.33	91.78	66.40
1962	25.66	62.03	40.70	61.20	50.71

:- The ..... /



The infantile mortality rate (i.e. the deaths of infants under 1 year of age per 1,000 live births registered) is substantially lower for all races but there has been a substantial increase for Coloureds. The biggest reduction is in respect of the rate for Bantu which is less than half of what it was in 1960.

The deaths of infants by ages are given in the following table:-

Year and Race	Up to 1 Week	1 Week to 1 Month	Total Under 1 Month		1 Month to 3 Months	4 Months to 6 Months	7 Months to 9 Months	10 Months to 12 Months	Total
			No.	% of Total					
<b>EUROPEANS:</b>									
1958	158	21	179	80	20	11	11	3	224
1959	148	19	167	73	34	15	7	7	230
1960	156	31	187	75	32	19	3	8	249
1961	159	19	178	78	23	12	8	7	228
1962	154	15	169	75	30	15	5	6	225
<b>BANTU:</b>									
1958	565	239	804	38	388	391	324	197	2,104
1959	454	189	643	37	366	317	281	138	1,745
1960	558	186	744	38	377	358	306	158	1,943
1961	410	132	542	34	323	281	253	154	1,553
1962	159	89	248	20	302	278	239	132	1,199
<b>COLOUREDS:</b>									
1958	28	10	38	45	18	13	7	9	85
1959	32	11	43	47	12	16	15	6	92
1960	38	12	50	46	15	23	14	6	108
1961	23	8	31	46	16	12	8	-	67
1962	46	15	61	53	20	14	13	7	115
<b>ASIATICS:</b>									
1958	18	8	26	59	5	8	5	-	44
1959	19	7	26	65	6	4	4	-	40
1960	13	7	20	59	9	2	2	1	34
1961	13	7	20	69	3	2	3	1	29
1962	15	4	19	67	3	2	3	1	28
<b>ALL RACES:</b>									
1958	769	278	1,047	43	431	432	347	209	2,457
1959	653	226	879	42	418	352	307	151	2,107
1960	765	236	1,001	43	433	402	325	173	2,334
1961	605	166	771	41	365	307	272	162	1,877
1962	374	123	497	31	355	309	260	146	1,567

### 5. MATERNAL MORTALITY.

Maternal mortality is measured by the number of maternal deaths per 1,000 births (including still births).

Details of the maternal mortality rates for the five years 1958 to 1962 inclusive are shown on the following table:-

Year	Europeans	Coloureds	Asiatics	Bantu	All Races
1958	0.33	1.47	2.13	2.15	1.52
1959	0.22	2.64	1.25	1.70	1.26
1960	0.22	1.77	1.40	2.35	1.60
1961	0.56	1.13	1.37	2.13	1.56
1962	0.90	0.53	Nil	2.01	1.56

The slight fluctuations in the rates are not very significant because of the small numbers involved but there appears to be a general downward trend.

### III. INFECTIOUS, COMMUNICABLE AND PREVENTABLE DISEASES.

The investigation of the incidence of infectious diseases is carried out by two health inspectors (1 European and 1 Bantu) and one clerk (part-time) with occasional assistance from district health inspectors in outlying districts. Cases of puerperal sepsis and pemphigus neonatorum are investigated by the Senior Health Visitor (Nursing Homes and Midwives) and her assistants, and cases of ophthalmia by health visitors. A special staff of health visitors assisted by Bantu nurses is responsible for the investigation and follow-up of tuberculosis cases other than Bantu employed on the mines.

The diseases which are notifiable in Johannesburg are those listed in Section 18(1) of the Public Health Act, 1919.

:- Notified .../



# 1. NOTIFIED CASES OF PREVENTABLE DISEASES.

Details of the number of cases of preventable diseases notified during the year are given in the following table:-

	LOCAL CASES					IMPORTED CASES				
	E	C	B	A	TOTAL	E	C	B	A	TOTAL
Diphtheria	3	4	60	1	68			2		2
Scarlet Fever	175	1			176	3				3
Typhoid	5	6	25		36	4		7		11
Cerebro-Spinal Meningitis	10	10	68		88					
Erysipelas	2				2					
Puerperal Sepsis	2	2	33		37					
Pemphigus Neonatorum	12	3	1		16					
Ophthalmia Neonatorum	1	1	26		28					
Poliomyelitis	1		5		6			2		2
Malaria						4	1	17	1	23
Leprosy			3		3			38	1	39
Encephalitis	29				29	1				1
Trachoma		1	5		6			15		15
Relapsing Fever								2		2
Trypanosomiasis								1		1
Insecticide Poisoning	1	1			2					
Lead Poisoning			13		13					
<b>TOTAL</b>	<b>241</b>	<b>29</b>	<b>239</b>	<b>1</b>	<b>510</b>	<b>12</b>	<b>1</b>	<b>84</b>	<b>2</b>	<b>99</b>
<u><b>Tuberculosis</b></u>										
Pulmonary	142	236	3,049	60	3,487	23	17	2,546	5	2,591
Other Forms	15	18	196	1	230	1	1	20	1	23
<b>ALL DISEASES</b>	<b>398</b>	<b>283</b>	<b>3,484</b>	<b>62</b>	<b>4,227</b>	<b>36</b>	<b>19</b>	<b>2,650</b>	<b>8</b>	<b>2,713</b>

The prevalence of local cases of notifiable disease (except tuberculosis and kwashiorkor) shows a remarkable reduction as compared with the previous year, being 510 as compared with 733.

## Kwashiorkor.

This disease was made notifiable for the first time as from 14th September 1962. After eliminating duplication, 977 notifications were received between that date and 31st December 1962. Of these 530 (54.25%) were definitely local residents and 43 (4.4%) from other areas. The domicile of the remaining 404 (41.35%) was unknown, i.e. they could not be traced or investigated because they had moved to an unknown address, were unknown at the address given, wrong address given etc. It is reasonable to assume that the majority of these were temporary residents from other areas.

Kwashiorkor is a difficult disease to diagnose. It was not practicable to check the diagnosis at the time of notification. Where all the accepted criteria for a definite diagnosis are present the case is one of quite advanced protein deficiency. For every such "frank" case there is a much larger number where the protein deficiency is less

:- severe ..... /



severe and the diagnosis of kwashiorkor is a matter of opinion.

From the information now available it is not possible to state with certainty how many cases of kwashiorkor are arising in our community, because of the difficulty in tracing many of those notified to establish domicile and because of the uncertainty regarding the diagnosis. When circumstances permit it is proposed to undertake a large scale sampling study to arrive at a true assessment.

#### Diphtheria.

The number of local cases of diphtheria has dropped from 189 in 1961 to 68 in 1962 and the number of imported cases from 8 to 2. The Bantu cases were reduced from 155 to 60 and European cases from 28 to 3, none of whom had been immunised.

There were no European deaths and only one Coloured died. None of the 8 Bantu deaths were of residents of the Bantu townships. In 1961 there were 5 European and 23 Bantu deaths.

This is a remarkable result which can only be attributed to the intensive immunisation drives for all races.

#### Scarlet Fever.

The local cases of scarlet fever dropped from 275 to 176. All the cases (except one Coloured) were Europeans. The disease does not affect Bantu who appear to have a racial immunity.

#### Typhoid.

The number of local cases was 36 as compared with 26, representing an increase over the previous year. Imported cases were reduced from 16 to 11. There was one death.

The 5 European cases were unconnected with each other and the sources could not be traced; 2 were phage type A, 2 were type E1 and one was a degraded Vi. There were no deaths. One female became a carrier and was placed under observation as such.

Of the 25 locally infected Bantu cases, 4 were from the city area, 20 from Soweto and one from the mining area. The phage types were as follows:-

Phage type	"A"	8 cases
	E1	2 cases
	28	1 case
	40	1 case
	T	1 case
Untypable Vi strains		6 cases

The remaining Bantu cases were not typed. Four of the Coloured cases, three in one family, were Phage type "A".

Cerebro Spinal Meningitis.

This disease shows a reduction in incidence, there being 5 fewer European and 12 fewer Non-European cases. There were 24 deaths of which 19 were Bantu as compared with 15 deaths in 1961.

Puerperal Sepsis.

There has been an increase of 12 in the notified cases of puerperal sepsis, i.e. 25 in 1961 and 37 in 1962, of these 2 cases were European; 2 were Coloured and 33 Bantu.

One European was admitted to a provincial hospital suffering from puerperal sepsis and the notification was received from that institution. The other had been delivered in a provincial hospital, discharged and then readmitted suffering from puerperal sepsis.

Both Coloured cases were notified from a provincial hospital and the probable source of infection was given as "hospital".

Of the 33 Bantu cases notified, the source of infection of 18 patients was given as "home" and of 15 as "hospital"; 31 of these cases were notified by provincial hospital registrars and 2 by Bantu township clinic doctors.

No notification of puerperal sepsis was received from nursing homes.

Pemphigus Neonatorum.

There has been a decrease of 19 in notified cases, i.e. 35 in 1961 to 16 in 1962. Of the cases notified 12 were European, 3 were Coloured and 1 was a Bantu.

All 12 European notifications were received from this Department's child welfare officers.

Of the 4 Non-European notifications, one Bantu case was notified by a Bantu township medical officer and the 3 Coloured cases were notified by a provincial hospital.

Ophthalmia Neonatorum.

There has been a decrease of 5 notified cases, i.e. 33 in 1961 to 28 in 1962. Of the cases notified 1 was a European, 1 was Coloured and 26 were Bantu.

The European case was notified by a child welfare medical officer. The Coloured case was notified by a provincial hospital. Of the 26 Bantu cases notified 21 were notified by township medical officers and 5 by provincial hospitals.

Poliomyelitis.

Six cases (one European and 5 Bantu) were notified as compared with 18 (8 European and 10 Non-European) the previous year. There were

:- also ..... /



also 2 imported cases (Bantu). The European case which was reported in December was the first European case for 18 months, had been resident in Johannesburg for a short period only and had not been immunised. There were no deaths.

#### Leprosy.

3 Cases are accepted as being locally infected, all Bantu; 2 of the patients (aged 40 and 35 years) were born in Johannesburg and the third (aged 45 years) had lived here since childhood. Local cases of leprosy are very unusual and the number of imported cases is also abnormally high.

#### Encephalitis.

There were 29 local cases all Europeans, a decrease of 8 cases and no imported cases. There were 6 deaths.

#### Trachoma.

There were 6 local and 15 imported cases notified; a moderate increase over the previous year. A survey in the Bantu schools, however, suggests that trachoma is very prevalent among school children and their contacts but in a very mild form. Cases are not readily diagnosable and require a viral study for the diagnosis to be made with confidence and are, therefore, not notified. The total number of persons examined (Bantu children and their contacts) was 58,310, of which 3,000 (or approximately 5%) were suspect cases. These included all types of conjunctivitis, as viral studies could not be done to separate cases which were actually suffering from trachoma.

#### Smallpox.

There were no smallpox cases during the year.

#### Lead Poisoning.

All the cases came from one factory where the hygienic conditions left much to be desired. These have now been rectified.

The cases of malaria, trypanosomiasis and relapsing fever were all imported.

Measles, whooping cough and tetanus are not notifiable diseases and consequently the incidence cannot be precisely gauged. Measles caused 74 deaths (64 Bantu) in 1962 and whooping cough 17 (15 Bantu). The measles deaths were higher than in 1961 (45 deaths) but the whooping cough deaths were lower (48 in 1961). There is a move on foot to make tetanus a notifiable disease, particularly tetanus neonatorum. There were 7 deaths in 1962.

:- Tuberculosis ..... /



# Tuberculosis.

The annual incidence and deaths per 100,000 population from all forms of tuberculosis are shown in the following table:-

	PULMONARY				NON-PULMONARY				ALL FORMS			
	Incidence		Deaths		Incidence		Deaths		Incidence		Deaths	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
<b>1958</b>												
Europeans	172	47	14	4	50	14	13	4	222	60	27	7
Coloureds	277	753	22	60	39	106	6	16	316	859	28	76
Asiatics	38	146	4	15	12	46	2	8	50	192	6	23
Mining Bantu	224	699	7	22	Nil	Nil	6	19	224	699	13	41
Non-Mining Bantu	3,288	696	217	46	595	126	119	25	3,883	822	336	71
All Bantu	3,512	696	224	44	595	118	125	25	4,107	814	349	69
All Persons	3,999	429	264	28	696	75	146	16	4,695	502	410	44
<b>1959</b>												
Europeans	188	51	15	4	11	3	17	5	199	53	32	9
Coloureds	161	428	16	43	104	277	7	19	265	705	23	61
Asiatics	31	115	1	4	3	11	2	7	34	126	3	11
Mining Bantu	217	758	9	31	11	38	5	17	228	796	14	49
Non-Mining Bantu	2,988	631	240	51	468	99	87	18	3,456	729	327	69
All Bantu	3,205	636	249	50	479	95	92	18	3,684	733	341	68
All Persons	3,585	382	281	30	597	64	118	13	4,182	446	399	42
<b>1960</b>												
Europeans	136	37	17	5	18	5	8	2	154	42	25	7
Coloureds	142	331	10	23	32	75	8	19	174	405	18	42
Asiatics	24	101	2	8	1	4	1	4	25	106	3	13
Mining Bantu	77	263	7	24	Nil	Nil	5	17	77	263	12	41
Non-Mining Bantu	2,680	543	178	36	310	63	104	21	2,990	606	282	57
All Bantu	2,757	527	185	35	310	59	109	21	3,067	586	294	56
All Persons	3,059	319	214	22	361	38	126	13	3,420	357	340	35
<b>1961</b>												
Europeans	137	37	13	4	13	4	18	5	150	41	31	8
Coloureds	196	449	8	18	20	46	6	14	216	495	14	32
Asiatics	38	158	6	25	4	17	Nil	Nil	42	175	6	25
Mining Bantu	237	878	2	7	2	7	2	7	239	885	4	15
Non-Mining Bantu	2,499	494	181	36	213	42	115	23	2,712	536	296	59
All Bantu	2,736	514	183	34	215	40	117	22	2,951	554	300	56
All Persons	3,107	320	210	22	252	26	141	15	3,359	346	351	36
<b>1962</b>												
Europeans	142	38	15	4	15	4	28	8	157	42	43	12
Coloureds	236	523	20	44	18	40	5	11	254	563	25	55
Asiatics	60	233	1	4	1	4	1	4	61	237	2	8
Mining Bantu	242	938	1	4	1	4	3	12	243	942	4	16
Non-Mining Bantu	2,807	573	154	30	195	40	104	21	3,002	613	258	53
All Bantu	3,049	591	155	30	196	38	107	21	3,245	629	262	51
All Persons	3,487	364	191	20	230	24	141	15	3,717	388	332	35

:- The ..... /

The figures quoted do not include imported cases infected elsewhere who are attracted to Johannesburg for treatment, or in transit. In 1962 there were 2,591 imported cases of pulmonary tuberculosis of all races including 2,181 mining Bantu who spent a short period in mine hospitals pending transfer to their homes.

The following is an analysis of the notification rates and death rates (in brackets) per 100,000 population from pulmonary tuberculosis:-

	1958		1959		1960		1961		1962	
Europeans	47	(4)	51	(4)	37	(5)	37	(4)	38	(4)
Coloureds	753	(60)	428	(43)	331	(23)	449	(18)	523	(44)
Asiatics	146	(15)	115	(4)	101	(8)	158	(25)	233	(4)
Bantu	696	(44)	636	(50)	527	(35)	514	(34)	591	(30)
All Races	429	(28)	382	(30)	319	(22)	320	(22)	364	(20)

The incidence rate of pulmonary tuberculosis among Europeans has varied very little during the last three years but has dropped quite appreciably as compared with five years ago. The death rate remains the same.

The incidence rate among Coloureds and Asiatics has increased over the last three or four years and the current figure is a sharp increase on the previous year. The death rate for Coloureds shows a big jump but the Asiatic rate shows an even bigger drop.

The Bantu incidence is sharply increased as compared with the previous year but is quite appreciably less than it was five years ago. The death rate is steadily falling.

Taking Non-Europeans as a group there were 375 more cases of pulmonary tuberculosis reported in 1962 than in 1961 but there were 482 fewer cases than in 1958. The number of deaths is steadily decreasing, there being 21 less in 1962 than in 1961 and 74 less than in 1958.

The situation may be summed up by stating that the current rise in reported cases of pulmonary tuberculosis is due to better case-finding rather than a real increase in incidence. This is supported by the very real improvement in services during the period reviewed.



## 2. DISINFECTIONS AND REMOVALS.

The Disinfecting Station is situated at Vrededorp and is fully equipped for the effective disinfection and/or deverminisation of persons, and the disinfection and sterilisation of clothing, blankets, bedding and other infected articles. There is also a well equipped workshop for the maintenance and repair of vehicles and garages to accommodate them.

The activities at the Disinfecting Station include the following:-

1. The disinfection, where necessary, of premises in the city area where infectious cases have been accommodated and of their bedding, wearing apparel and belongings and also of ambulances and ambulance personnel after removal of an infectious case. Bedding and clothing from Waterval Hospital is now transported direct to the Fever Hospital for disinfection.
2. The disinfection of bedding, clothing and other commodities for commercial firms, institutions and individuals is undertaken at a moderate charge.
3. The transport of dead bodies from Waterval and Fever Hospitals.
4. The treatment of scabies sufferers and delousing of verminous persons by a health visitor.
5. Superintending the disinfecting of midwives and the sterilising of their equipment and clothing and sterilising of dressing drums for midwives employed by the Council or by certain hospitals and nursing homes. An electric horizontal free standing autoclave was put into commission on 14th June, 1962, to carry out this work.
6. The transport of staff to and from Waterval Hospital, including Bantu staff for the night shift for security reasons.
7. General supervision of drivers and vehicles for the transport of midwives, nurses and other staff in the Bantu townships.

In an effort to improve the standard of the driving and the conduct of Bantu vehicle drivers in the Bantu Areas, Bantu possessing driver's licences are recruited as labourers. They are taught elementary details of the operation of motor vehicles in regard to good driving habits (road safety, speeding dangers,

: - correct ..... /

correct use of clutch and brakes, etc.).  
The more efficient labourers are then seconded  
as drivers in the Bantu Areas when vacancies occur.

8. The transport of stores and commodities to hospitals, clinics and nursery schools under the control of the Department.
9. The maintenance and repair of all vehicles under the control of the Department and supervision of the drivers.
10. The Disinfecting Station has many features of interest to student nurses, health inspectors and others concerned with infectious diseases and public health work; during the course of the year 340 students and others were conducted over the Station.

Six new vehicles were acquired of which one was for the replacement of the vehicle used at the Cydna Laboratories and three were additional vehicles for service in the South Western Bantu Areas midwifery services, (to be placed in service early in 1963). One was a replacement for a general duties vehicle. The ISO scooter was for the Housing Section. It is used for the carrying of tools and is driven by handymen.

There were 50 vehicles under the control of the Department as at 31st December 1962 as follows:-

Ambulances

Tuberculosis sitting-type Ambulance	2
-------------------------------------	---

Station Wagons

Bantu Townships midwifery services (14) and for conveyance of part-time medical officers (1), Air Pollution Control (1)	16
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Vans and Trucks

Pest Control	9
General Transport Disinfections etc.	6
Stores Delivery	4
Cydna Laboratory	1
Housing Branch	1
Nursery Schools	1
Workshops Breakdown Van	1
Waterval Duty Van	1

Carried forward	42
-----------------	----

:- Special ..... /



Carried forward

42

Special Vehicles

8

Tifa Fogging Machine	1
Farm Dairy Demonstration Caravan	1
Mobile Health Clinic	1
Mobile X-ray	1
Waterval Duty Omnibus	1
3 Wheel Scooters	2
Motor Car	1

50

==

The distance covered by the different vehicle groups over the three years are shown in the following table:-

	<u>1960</u>	<u>1961</u>	<u>1962</u>
Ambulances	74,819	44,532	....
Tuberculosis Ambulances	39,153	32,367	31,086
Medical & Midwifery Services	701,061	413,258	411,848
Other Vehicles	167,731	231,097	201,294
	<u>982,764</u>	<u>721,254</u>	<u>644,228</u>
	=====	=====	=====

The activities of the Disinfecting Station are summarised as follows:-

In the city area 442 disinfections were carried out in private homes and institutions. With the closing down of the Western Native Township Dental Clinic, it became necessary to convey tuberculosis dental patients from Waterval Hospital to Orlando Dental Clinic bi-weekly. 145 Dental patients were transported. 5,400 Tuberculosis cases were removed by jeeps.

### 3. DISPENSARY.

The dispensary is situated at Westdene. The decanting and manufacturing of dispensary products continues and the output has been substantially increased at the expense of manufactured products.

The following statistics reflect the activities:-

Decanting

(1) Liquids	523,931	bottles
(2) Ointments	34,455	jars
(3) Tablets	7,924,100	tablets

:- Manufacturing ..... /

Manufacturing

(1)	Liquids	6,857	gallons
(2)	Ointments	5,013	lbs

Dispensing of Tablets

(1)	For Tuberculosis Services	21,175,200	tablets
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Oral Poliomyelitis Vaccine

Until the end of October, concentrated vaccine was still being diluted and mixed by the Chief Pharmacist. From the beginning of November the State Department of Health began supplying the new diluted ready mixed oral vaccine.

The following number of doses were issued:-

	Immunisation 18 Hoek Street	Private Practi- tioners	Asiatic Clinics	Jubilee Social Centre	Bantu Areas
November	2,960	20	80	80	3,320
December	3,000	110	120	80	4,400

The amount of milk powder issued during the year was:-

Full Cream Milk Powder	259,260 lbs
Skimmed Milk Powder	342,564 lbs

The Chief Pharmacist is responsible for ensuring that the provisions of the Medical, Dental and Pharmacy Act are complied with at the clinics and at Waterval Hospital.

4. HOSPITALISATION OF INFECTIOUS CASES.

European infectious cases are admitted where necessary to the Fever Hospital and Non-European infectious cases to Waterval Hospital. Occasionally for special reasons, infectious disease cases for which the Council is responsible are hospitalised elsewhere at the expense of the Council.

(i) Fever Hospital

The hospital is administered on behalf of the Council by the

: - Johannesburg ..... /



Johannesburg Hospital Board which is reimbursed by the Council for the expenditure incurred. The Physician-in-Charge and the Ear, Nose and Throat Surgeon are employed directly by the Council on a part-time basis. Admissions are arranged only through the City Health Department as part of its function in carrying out the Council's statutory obligations in regard to the control and prevention of the spread of infectious disease.

The full bed-complement of the hospital including the new ward block completed in March 1959, is 151 beds. Because of the low demand for beds, Wards 1, 2 and 3 were not opened during the year. The number of beds immediately available being 85. The daily average occupancy throughout the year was 36.59 beds and the total number of patient days was 13,362. The occupancy of beds has been steadily reduced during the last 10 years owing to the progressive reduction in the incidence of infectious disease.

The number of patients admitted during the year was 878. There were 22 deaths and 14 operations (7 tracheotomies, 1 laryngoscopy, 1 bronchoscopy, 1 drainage abscess of forehead, 1 incision mastoid swelling, 1 biopsy of gland, 1 aspiration of elbow and 1 marionotomy).

(ii) Waterval Hospital (Non-European)

The normal complement of this hospital is 310 beds (including 12 extra cots for children). Of this total 88 beds are allocated for infectious disease cases other than tuberculosis, 38 beds for medical and surgical cases occurring among Non-European employees of the Council and 184 beds for tuberculosis. In addition, 32 ambulant male tuberculosis patients are accommodated in the "resident outpatient" Section of the Hospital.

The hospital is entirely under the control of Bantu nursing staff at night. By day the wards are in the charge of Bantu sisters under the general supervision of the matron and two European sister-supervisors.

The hospital employs an occupational therapist who gives the adult patients instruction in leather work, basket work, shoe repairs, etc., which keeps them occupied and affords them an opportunity to earn a little money from the sale of made-up articles. A nursery school teacher is also employed to look after the children, including the older children who receive some elementary education.

The following table reflects the activities of the hospital for the years 1962 and 1961, the latter being in brackets:-

	Admissions	Discharges	Deaths	Patient Days	No. of Patients X-rayed
Tuberculosis	382 (438)	381 (380)	26 (39)	62,996 (59,633)	9,471 (8,679)
Infectious Fevers	1,163 (1,457)	1,154 (1,331)	91 (137)	19,114 (27,471)	} 4,849 (4,317)
Council Employees	877 (783)	869 (754)	31 (33)	12,301 (11,386)	
Other Cases	42 (63)	41 (62)	-	1,377 (731)	
Totals	2,464 (2,741)	2,445 (2,637)	148 (209)	95,788 (99,225)	14,320 (12,996)

The number of patients treated shows a substantial decrease over the previous year and this is also reflected in a decrease in the number of patient days. The biggest decrease is in respect of infectious fevers followed by tuberculosis. The number of deaths from infectious fevers and tuberculosis was also appreciably lower.

Diphtheria cases have shown a dramatic drop in the number admitted and the number of deaths. This is undoubtedly due to the wide-spread immunisation of Bantu and other Non-Europeans.

Measles and whooping cough account for much severe illness among Bantu.

(iii) Treatment of Bantu Employees of the Council

In addition to their other duties, the staff of Waterval Hospital is responsible for the treatment of Bantu employees of the Council, including those injured on duty and entitled to compensation under the Workmen's Compensation Act. The employees may be admitted to one of the beds available for this purpose (38 beds) or may be treated as outpatients. If the latter live at some distance they may be admitted as "resident outpatients" - i.e. they are accommodated in a portion of the hospital set aside for that purpose, and are fed from the hospital kitchen, but attend as outpatients without receiving nursing attention. Patients requiring major surgery or other special treatment are transferred to a provincial hospital.

In the course of the year the outpatient department treated

:- 5,801 Non-..... /



5,801 Non-Europeans employed by the Council for a total of 31,453 resident out-patient days and 7,739 casual out-patient attendances. These figures include 1,750 attendances by Council employees for tuberculosis.

877 of the employees were admitted to the Medical and Surgical ward, 838 being discharged. There were 31 deaths resulting from various diseases or other conditions affecting the following systems:- respiratory system (6), cardio vascular system (6), digestive system (4), uro-genital system (4) and miscellaneous (11).

The number of days lost through illness and the number of deaths must be related to the total number of unskilled Bantu employed by the Council during the year which averaged 17,485. The deaths were mainly in the older age groups.

While the morbidity and mortality rates are not considered excessive, they are still capable of reduction. The effects of an improved pre-employment examination are still to be seen. The cessation of the feeding scheme for Bantu employees some years ago, at the insistence of the employees themselves, has certainly led to less satisfactory feeding habits on their part. Varying degrees of malnutrition results in some chronic ill-health and lack of resistance to acute illness. It is disturbing to report that numbers of cases of "frank" pellagra are found among Bantu employees.

#### (iv) Laboratory Services

The State Department of Health provides free laboratory services (in terms of Government Notice No. 1073 of 1956) for the diagnosis and public health control of specified infectious diseases, the diagnosis of neo-natal haemolytic disease and tests reasonably required for the diagnosis and treatment of patients at detached out-patient clinics. Other tests such as the bacteriological examination of domestic water supplies, dairy products and sewage effluents may be carried out at reduced charges by arrangement. The tests are performed by Government laboratories or are delegated to laboratories of the South African Institute for Medical Research in certain centres, including Johannesburg.

Full advantage is taken of the free tests by the Department, specimens being sent mainly from Fever Hospital, Waterval Hospital and the Bantu out-patient clinics, tuberculosis clinics and the Medical Examination Centre.

There is a number of tests not on the free list, including certain biological tests, water and milk samples, foods and dejecta in cases of suspected food poisoning, etc. The Council pays the South African Institute for Medical Research a composite fee of R20,000 per annum for the performance of these investigations.

The bacteriological examination of water and milk samples is shared between the South African Institute for Medical Research and the Department's own laboratory at Cydna. Over 1,800 samples of water per

: - annum ..... /

annum are submitted to the Institute on behalf of the Rand Water Board plus samples from city taps and from bore hole and other domestic and commercial sources. Details are recorded in Annexure 7.

#### 5. TUBERCULOSIS SERVICES.

The staff establishment as at 31st December 1962 was 169 as detailed in Annexure 1. Of this figure 5 European and 13 Non-European posts were vacant pending the completion of the Riverlea and Western Township Non-European clinics.

##### Europeans.

European patients are supervised and treated in their homes, treated at the clinic or admitted to hospital where this is necessary and beds are available. The domiciliary treatment is supervised by the medical staff and health visitors but injections are given by three full-time sisters forming part of the tuberculosis staff.

Clinic sessions are held twice weekly (on Mondays and Thursdays from 8 a.m. to 5 p.m.) at the Special Treatment Centre at the General Hospital. The attendances are reflected in the following table:-

1962	Cases	Contacts	Suspects	Totals
First Visits	110	1,077	570	1,757
Re-Visits	2,046	2,409	1,057	5,512

During 1962, 127 patients were put on treatment as outpatients and 27 were taken off treatment. 511 patients were receiving treatment as at 31st December 1962.

Hospital beds have been available at Rietfontein Hospital and Oaktree Chest Hospital and a few Johannesburg cases are treated in hospitals and sanatoria in other provinces.

Delays in admission to hospitals have been minimal; 148 patients were admitted to hospitals during the year and 138 were discharged; 45 were in hospital as at 31st December 1962. The number of cases treated in hospital is somewhat greater than in 1961.

The sociological and X-ray services for Europeans and B.C.G. vaccination are dealt with later in this section of the report.

##### Non-Europeans.

Services for Non-Europeans follow the same pattern as for Europeans but the numbers requiring treatment are much greater, hospital

: - beds ..... /



beds are relatively less available and co-operation by the patients cannot be relied on to the same extent.

Domiciliary treatment is given by Bantu nurses employed by the City Health Department and clinics are held twice weekly at each of the clinics in the Bantu townships. Treatment is also given at the head offices at 18 Hoek Street, mainly to patients who are working and who attend for injections before going to work, and also at the Medical Examination Centre attached to the Bantu Registration Depot. At the latter centre, cases found by clinical or X-ray examination are put on treatment or sent to hospital according to their needs.

The number of ambulatory patients receiving treatment at clinics or in their own homes is reflected in the following table :-

Township	Number of Patients			
	On Treatment as at 1. 1.62	Put On Treatment During 1962	Taken Off Treatment During 1962	On Treatment as at 31.12.62
18 Hoek Street				
Factory Workers	372	356	136	592
Domestics	617	463	314	766
Eastern Native Township	91	148	28	211
Moroka	859	1,154	505	1,508
Jabavu	1,170	1,333	832	1,671
Noordgesig	107	151	79	179
Orlando	836	468	459	845
Shantytown	360	258	159	459
Pimville	521	268	276	513
Western Native Township				
Sophiatown, Newclare	704	268	751	221
Waterval Hospital	333	376	196	513
Medical Examination Centre	Nil	Nil	Nil	Nil
Grand Total	5,970	5,243	3,735	7,478

Patients requiring daily streptomycin are admitted to hospital. Patients with minimal or limited disease and a negative sputum are treated at work. Home visits are made three times a week and less frequent visits are necessary by patients with a negative sputum who are on tablet therapy.

:- Clinic ..... /

Clinic Attendances:

Clinic	Cases		Contacts		Suspects		Totals	
	1st Visit	Re-Visit	1st Visit	Re-Visit	1st Visit	Re-Visit	1st Visit	Re-Visit
18, Hoek Street								
Factory Workers	499	5,738	24	20	376	377	899	6,135
Domestics	538	13,997	549	167	267	42	1,354	14,206
Eastern Native Township	76	4,324	88	90	65	40	229	4,454
Moroka	720	32,109	3,368	3,198	18	15	4,106	35,322
Jabavu	799	33,219	1,374	12,164	2	5	2,175	45,388
Noordgesig	91	6,668	212	1,253	191	46	494	7,967
Orlando	236	13,860	609	1,490	31	41	876	15,391
Shantytown	599	10,878	363	1,018	26	Nil	988	11,896
Pimville	154	12,257	636	1,499	37	25	827	13,781
Western Native Township	215	10,648	356	780	33	2	604	11,430
Waterval Hospital	1,229	11,964	922	1,172	884	473	3,035	13,609
Medical Examination Centre	511	811	24	Nil	1,025	2	1,560	813
Totals	5,667	156,473	8,525	22,851	2,955	1,068	17,147	180,392

Two jeeps are provided for the transport of patients and contacts to Waterval Hospital for X-ray examination and/or treatment and for the transport of tuberculosis cases to the Disinfecting Station for onward transport to other tuberculosis hospitals. The number of persons so transported during 1961 was 6,299 but this was reduced to 5,332 in 1962. The mileage covered was 26,042 miles.

The reduction in numbers transported was due to the use of the 100 m.m. Mobile X-ray unit during the whole year. The latter unit is now used to X-ray cases and contacts except children under four years of age and those requiring special X-ray views, including tomographs, which are not possible with the mobile unit.

The jeeps are now also used to transport nurses checking defaulters and to supplement the clinic services, 99 1/4 such visits were made. The jeeps are stationed three times a week at vantage points in the outlying townships while a Bantu nurse gives streptomycin injections to patients on this treatment. This has had a good effect in reducing defaulters.

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The home visits by tuberculosis staff are reflected in the following table:-

Clinics	Health Visitors	Domiciliary Staff
18 Hoek Street		
Factory Workers	9	31
Domestics	952	1,200
Eastern Native Township	435	487
Moroka	2,247	12,430
Jabavu	1,865	8,585
Noordgesig	31	1,711
Orlando	734	3,432
Shantytown	767	7,148
Pimville	251	5,417
Western Native Township	142	2,510
Waternal Hospital	55	79
Medical Examination Centre	8	Nil
Totals	7,496	43,030

The number of patients treated in hospital during the year is reflected in the following table:-

Hospital	Number of Patients			
	In Hospital as at 1. 1. 62	Admitted during 1962	Discharged during 1962	In Hospital as at 31. 12. 62
Knights Chest	150	200	207	143
Rose Chest	181	470	443	208
East Rand Chest	3	9	9	3
East Rand S.A.N.I.A.	15	45	34	26
Rietfontein	108	302	289	121
King George V.	2	3	3	2
Waternal	149	382	380	151
Waverley Chest	148	234	233	149
Randfontein South	66	119	134	51
Meintjies Centre	5	9	10	4
Charles Hurwitz Centre	32	480	456	345
Sundry Hospitals	12	11	14	9
Totals	1,160	2,264	2,212	1,212

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The number of patients treated in hospital has decreased slightly as compared with the previous year. Suitable hospital accommodation for Bantu is reasonably adequate but this is not the case in regard to Coloureds and Asiatics.

The local branch of the Christmas Stamp Fund is negotiating to build a "sunshine ward" at the Charles Hurwitz Santa Centre to accommodate the children of tuberculotics.

#### X-ray Services.

The following X-ray plants are available:-

(a) At Waterval Hospital there is a machine for taking large plates and another for 70 mm. pictures which is also capable of taking large plates. The large plant is used for X-raying tuberculosis and other patients in the hospital and for patients referred from tuberculosis clinics for the purpose. The miniature plant is used for X-raying contacts or for special surveys. The use of the mobile 100 mm. unit has greatly reduced referrals in both categories.

14,442 patients were X-rayed on large plates of which 9,471 were tuberculosis patients and no miniatures were taken.

(b) At the Medical Examination Centre for males there are two 70 mm. units with an attachment for taking large plates and an additional 70 mm. plant was installed at the centre for females during 1961. These installations are used mainly for the examination of Bantu seeking work.

Miniature X-rays totalled 83,147 male and 14,689 females and large plates 2,333 males and 122 females. Of the males 0.61% and of the females 0.22% were positive.

(c) The mobile 100 mm. unit serves the clinics in the Bantu townships, Charles Hurwitz Centre and 18 Hoek Street. It is used for the routine X-ray of older children and adults who are cases or contacts. The total number X-rayed was 20,032. The mileage covered was 5,042 miles.

(d) S.A.N.T.A. (Johannesburg) undertakes miniature radiography on behalf of the City Health Department by means of two mobile 70 mm. units. The Association collects contributions from those willing to pay and the Council pays for the balance at the rate of 15 cents per miniature. The units visit employers' premises by arrangement where the numbers warrant it and they are stationed periodically at strategic points in the streets. Non-European suspects are referred to 18 Hoek Street and X-rayed by the 100 mm. mobile unit and Europeans are referred to the Municipal Chest Clinic.

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The statistics are as follows:-

	European	Non-European	Total
Miniatures taken	44,861	72,434	117,295
Referred for large plates	322	2,406	2,728
Active cases found	7	307	314
Inactive cases found	8	223	231

The percentage of active cases found among Non-Europeans in this group was 0.42%.

(e) No special X-ray apparatus has been provided by the City Health Department for Europeans as the X-ray Department of the General Hospital provides a satisfactory service for the Municipal Chest Clinic at agreed rates. A fluoroscopic screen has been installed at the clinic.

(f) Special X-ray Surveys:-

(i) Surveys of garment workers in the Reef and Pretoria area have been organised annually for the last five years by the Transvaal Clothing Industry Medical Aid Society and conducted by S.A.N.T.A. The Society has a very generous aid scheme for tuberculosis cases that must be hospitalised. The City Health Department pays for the X-rays of workers resident in Johannesburg. The X-rays are included in the table in paragraph (d) above.

(ii) A survey of Bantu employees of the City Council was conducted in conjunction with S.A.N.T.A. Of 13,074 employees X-rayed, 234 new cases of tuberculosis were discovered, i.e. 1.79%. This is surprisingly high and compares with 139 new cases and a rate of 1.06% in a similar survey in 1957. The majority of the cases are among labourers. There is no doubt that malnutrition is prevalent among them. Investigations are being made to ascertain what assistance can be offered which the Bantu employees will accept.

(iii) A survey of Coloured, Asiatic and Bantu school children was conducted which included Tuberculin testing, B.C.G. vaccination and X-ray on 70 m.m. or 100 m.m. films. The results are recorded in Annexure 8.

#### Sociological Aspects.

Welfare workers attached to the staff of the Department investigate all reported cases of tuberculosis and obtain for them any assistance they require within the limits of what is available. Every effort is made to persuade employers to keep jobs open for their employees and

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to find employment for patients with arrested disease. Employers are co-operating well and some pay wages or part wages during absence from work although not obliged to do so.

The Department spends R51,159 per annum on feeding tuberculosis patients who are being treated at home. This expenditure is subsidised by the State Health Department. European patients receive pasteurised milk and Non-European patients supplementary foodstuffs in the form of protone, kaffir corn meal, peanut butter and skimmed milk powder. An extended feeding scheme for tuberculosis patients is under consideration.

The local branch of S.A.N.T.A. assists the families of tuberculous patients in hospital or on domiciliary treatment by distributing high protein foods and blankets and making cash grants for rent, fuel and other necessities, mainly to Non-Europeans whose need is greatest but also to Europeans. The Association also assists in the rehabilitation of patients by finding employment and in other ways. The Council makes a grant towards this work of R30,000 per annum, the amount having been increased by R10,000 during the year.

The Council spends considerable sums in providing and subsidising European and Bantu housing and is actively building houses for Coloureds. Consideration is readily given by the Council to the remission or part remission of rentals where the bread winner of a family is unemployed for any reason, including tuberculosis. Bad housing still plays a considerable part in the spread of tuberculosis, particularly among Coloureds and Asiatics, through unavoidable delays in providing satisfactory housing.

#### B.C.G. Vaccination

Except for the survey of schools referred to elsewhere and the vaccination of European nursing recruits at the B.G. Alexander Nurses Training College, no large scale surveys were conducted, owing to the drastic cut in the supplies of B.C.G. issued by the State Department of Health. Vaccination was confined almost exclusively to negative tuberculin reactors who were bona fide tuberculosis contacts but the supply of vaccine was not sufficient for all of them. The following is the available statistical data:-

	Negative Tuberculin Reactors	B.C.G. Vaccinated	Conversions
EUROPEANS	481	122	120
NON-EUROPEANS	2,174	700	564

The relatively low conversion rate among the Non-European racial

- group . . . . . /



group is probably due to the fact that many did not return for their post B.C.G. tuberculin-testing.

At the B.G. Alexander Nurses Training College 151 were Tuberculin tested, all 80 negative reactors were B.C.G. vaccinated and the conversion rate was 100%. The 71 positive reactors were all X-rayed and no cases of pulmonary tuberculosis were discovered.

Plans for expansion of the tuberculosis service include intensification of B.C.G. vaccination; considerable expansion of the feeding scheme; the operation of the master tuberculosis clinic at Moroka and subsidiary clinics in outlying townships and clinics for Coloureds in the new Coloured housing complex. The clinic building at Moroka was nearing completion at the end of the year. The building cost R57,290 and furniture and equipment R5,378 and 20 additional staff members will be required to operate it.

#### 6. VENEREAL DISEASE SERVICES.

The Department conducts venereal disease clinics at a number of centres and at different times to ensure that treatment is available to all who need it. All examinations, treatments and investigations are free of charge.

For Europeans, clinics are conducted at the "Special Treatment Centre" at the General Hospital with four sessions per week.

For Non-Europeans, cases of venereal disease are treated at each of the eight poly-clinics in the Bantu townships, at the Medical Examination Centre, (attached to the Employment Bureau of the Non-European Affairs Department); at the Non-European Hospital and at Coronation Hospital. The tendency is to avoid set times for clinics and to treat cases as they appear.

The following table indicates the number of cases dealt with at the various treatment centres during the years 1961 and 1962 inclusive:-

Treatment Centre	1962		1961	
	New Cases	Total Att.	New Cases	Total Att.
Bantu townships and North Eastern Townships	2,084	13,740	2,018	15,694
Medical Examination Centre	846	2,075	628	1,945
Non-European Hospital	1,496	6,321	1,336	5,386
Coronation Hospital	741	3,124	672	2,810
	5,167	25,260	4,654	25,835
General Hospital (for Europeans)	416	1,170	565	1,833
Grand Totals	5,583	26,430	5,219	27,668

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The attendances at clinics is not a true reflection of the incidence of the disease. Many patients receive treatment at out-patient departments of hospitals but the numbers are not recorded. Many others are treated by their private doctors who are under no obligation to notify cases and in fact do not do so. Any estimate of the incidence of venereal disease or of variations in the incidence must be based on personal evaluations. There is, however, a consensus of opinion that venereal disease, specially gonorrhoea is on the increase.

An increase of extra-marital sexuality, pre-marital sexuality and sexual promiscuity generally may be a factor. This may be encouraged by the fact that venereal diseases are more easily curable than they were in pre-penicillin days and the sequelae less likely to occur.

Illegitimacy must be considered as a factor in venereal disease. The average proportion of illegitimate European births was 3.18% for the three years ending with 1961 compared with 2.81% for the preceding three year period. For 1962 the percentage was 3.70. This apparent increase in promiscuity is in accordance with the world pattern but a close analysis according to age groups would be necessary before any precise conclusions could be drawn. Unfortunately necessary data is not available.

#### 7. PLAGUE PREVENTION AND ANTI-RODENT CONTROL MEASURES.

These activities are controlled and developed as a section of the Sanitation Branch working in close liaison with other sections in all matters concerned with the control of rodents and other pests.

The routine anti-rodent functions are as follows:-

- (a) The administration of the Government Rodent Regulations to ensure that rodents are 'built out' as far as possible.
- (b) The destruction of rodents in the City and adjacent areas by means of trapping, poisoning and gassing of premises.
- (c) Assistance and advice to owners of properties in regard to the trapping and destruction of rodents on their premises.
- (d) Regular inspection and trapping for rodents on all municipal property and any necessary anti-rodent measures.
- (e) Testing various types of manufactured boarding

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used for building purposes to determine their rodent proof qualities. This work is done in collaboration with the South African Bureau of Standards.

- (f) Maintaining a rodent-free belt approximately three miles outwards from the city boundary. In the area to the south-west of the city, these activities are intensified and the belt is extended to five miles. The Bantu townships in that locality are regularly inspected and rodents are destroyed. Periodic inspections of the surrounding veld are undertaken to ensure that there is no undue infestation or rodent mortality outside the rodent free belts.
- (g) Regular submission of specimens of rodents and fleas caught in the city and on the veld to the Plague Research Laboratory of the South African Institute for Medical Research for routine examination for plague.

No cases of human or rodent plague occurred during the year, and as a routine control measure 792 rodents and 32 batches of fleas, taken from various places in the city, veld and environs, were sent to the Plague Research Laboratory for examination for plague with negative results.

Tests were also made on 222 rodents submitted for the determination of murine typhus and tick bite fever infection. In 15 instances possible signs of infection were found and precautionary steps were taken accordingly.

Other activities concerning rodent infestations throughout the year involved 3,254 inspections, re-inspections and interviews by health inspectors, and a combined total of 127,765 visits by pest control overseers operating in the city and contiguous country areas. Premises requiring trapping or other treatment for rodent infestation entailed 62,912 town and country visits; 25,712 separate premises received gassing treatment prior to demolition or in other appropriate circumstances. A total of 29,602 rodents, including 13,984 domestic rats, were known to have been destroyed.

Anti-coagulant poison bait is the main method of destruction as it reduces the visits from daily to once a week as compared with trapping but it results in fewer rodents being recovered.

The total number of rodents destroyed as a result of large scale gassing of rodent burrows on the veld and of the use of P3 (poison traps) elsewhere is far in excess of the figures quoted as so many dead rodents are not retrieved.

: - Stringent ..... /

Stringent precautionary measures against rodents have been maintained throughout the Bantu townships and around the boundaries. Gerbille infestation occurred in some areas but as a result of the constant use of three carbon monoxide gassing machines most areas have been cleared. Heavy periodic infestations acts as a warning that constant surveillance and destruction of gerbilles is necessary in enzootic plague areas. Batch specimens sent to the South African Institute for Medical Research comprised 1,006 rodents and 32 batches of fleas.

The activities of the Department in regard to other pests are recorded later in this report.

#### IV. MATERNAL AND CHILD HEALTH SERVICES.

The medical and health visitors staff has been well maintained in this Branch during the year. An additional child welfare medical officer and a health visitor for health education were appointed.

##### 1. MATERNAL HEALTH SERVICES.

The maternal services include the supervision of nursing homes (including those admitting medical and surgical cases), supervision of practising midwives, the investigation of maternal deaths and of certain communicable diseases.

##### (i) Supervision of Midwives.

The Senior Health Visitor (Nursing Homes and Midwives) and her assistants supervise the activities of midwives practising in the municipal area, and in so doing ensure compliance with the provisions of the regulations under the Public Health Act, which require (inter alia) that all practising midwives must be listed with local authorities and that they submit their registers and equipment for regular inspection.

The midwives on the list during the preceding and current years were as follows:

Race	1961		1962	
	Certificated	Uncertificated	Certificated	Uncertificated
Europeans	179	5	143	5
Coloureds	29	1	21	-
Bantu	308	1	330	1
Asiatics	11	-	8	-
Total	527	7	502	6

For/.....



For various reasons such as deaths, discontinuing practice, inability to trace, etc., the names of 141 trained midwives were removed from the list of practising midwives and 116 were added. The name of one untrained Coloured midwife was deleted at her own request.

The bags and registers of midwives are inspected quarterly and where necessary they are visited in their homes. There were 280 bag inspections, 601 inspections of registers and 63 home visits during the year.

(ii)\* Supervision of Nursing Homes.

The Senior Health Visitor (Nursing Homes and Midwives) and her staff carry out regular inspections of all private hospitals, nursing homes and maternity homes in the City area to ensure that they are conducted in a satisfactory manner and in connection with the licensing of these institutions under the Public Health By-laws and registering with the State Department of Health. There were 603 such visits during the year and 34 interviews with owners and architects.

The number of licensed nursing homes was reduced from 31 in 1961 to 30 in 1962. The Happy Autumn Nursing Home was licensed for 11 aged persons. The licence for the Salvation Army Nursing Home was abandoned as from 17th April, 1962; the premises will be converted to a home for the aged. The Colin Gordon Nursing Home was taken over by the Transvaal Provincial Administration as from 4th August, 1962, and ceased to come under the supervision of the City Health Department.

There was much activity during the year to effect structural improvements and to provide additional accommodation and most of the nursing homes now comply with the Nursing Home By-laws promulgated on the 12th April, 1961, or will do so when work planned or in progress is completed.

Bacteriological investigations for the control of infection in nursing homes were continued and were extended as a result of the appointment of an additional health visitor as from 4th September, 1962. This enabled more attention to be paid to education in preventive measures, including good housekeeping, control of traffic, wearing of protective clothing, isolation of patients at risk and such matters. Routine tests were carried out to establish the degree of aerial contamination in operating theatres, labour wards and nurseries. Special investigations were carried out where conditions warranted it.

Top level discussions were held with the medical profession to ensure that adequate preventive measures were observed in the "medical" sphere. Notices were posted at all operating theatres outlining the precautions necessary in theatres and nurseries.

Institutions for the accommodation of the aged, other than those registered as nursing homes, were inspected by this section during the year. A general improvement in the standards of these institutions has been achieved. The sick bay at Queenshaven was completed during the year, providing accommodation for 50 persons.

\* This activity is included under Maternal and Child Health Services as the checking of nursing care, particularly the care of mothers and infants is an important aspect of the service.



(iii) Investigations Undertaken.

(1) The following were notified to the Department during 1961 and 1962:

	<u>1961.</u>	<u>1962.</u>
Maternal Deaths	52	34
Puerperal Sepsis	25	37
Pemphigus Neonatorum	35	16
Ophthalmia Neonatorum	33	28

All these reports were investigated by the Senior Health Visitor (Nursing Homes and Midwives).

(2) Of the 311 illegitimate births notified to the section 22 were imported. Of the local cases 9 died, 122 were kept by their mothers and one was still born; the remaining 179 babies were placed for adoption.

(iv) Midwifery Services for Bantu.

This section continued to control the midwifery service in the Bantu Townships in conjunction with the Senior Health Visitor (Bantu Townships). In this connection 192 visits were paid plus 133 visits to Non-European Maternity Hospitals.

With the transfer of Bantu residents from Western Bantu Township to Moroka and the re-occupation of the houses by Coloured the Director of Hospital Services arranged for a midwifery service for the new residents as from 1st April, 1962. At the same time the student midwives undergoing training at Bridgman Hospital who were receiving instruction in district midwifery at Western Bantu Township were transferred to Orlando. This instruction is given by the midwives of the City Health Department with the Matron of the Hospital being given access to satisfy herself that the standard of teaching is maintained at a satisfactory level. To ensure uniformity of procedure and techniques between the Hospital and district training the Orlando midwives spent 10 days on the staff of the Hospital.

2. CHILD HEALTH SERVICES.

(i) Child Welfare Clinics.

As at 31st December, 1962, the Department conducted 32 clinics on fixed premises in the city area, plus a fully equipped mobile clinic brought into use in October, 1960. At some clinics additional sessions are held to ensure that the health visitors are not overloaded to such an extent that the contacts with the mothers become too mechanical.

This service provided 26 clinics (31 sessions) weekly for Europeans, 3 (4 sessions) for Coloureds, 1 for Asiatics (1 session) and 1 (3 sessions) for Bantu in the Central Areas; the mobile clinic serves 6 points for Coloureds and 2 for Asiatics. During the year 3 new clinics were opened - 2 for Europeans at Westdene and Jeppe respectively and 1 for Coloureds at Western Bantu Township.

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The Clinic at Jan Hofmeyr Township was transferred on 9th October, 1963, to the new premises - a new building to house the clinic and township offices - as the old premises attached to the communal hall were made available to the Parks and Recreation Department to conduct a community centre.

The Mobile Clinic comprises a specially designed body on a low loading three-ton chassis. It is well fitted out and provides all the necessary accommodation and fittings to conduct a child welfare clinic. Mothers wait in the open air or in available shelter according to the state of the weather.

It is driven by a clinic assistant who has a heavy duty driver's licence. She also assists the health visitor in running the clinic. Two health visitors are also licensed to drive the vehicle, if necessary. The points served are at Albertville, Langlaagte Compound B, Vrededorp, Doornfontein and Jeppe for Coloureds; and Ophirton and Denver for Asiatics. The clinic dealt with 15,333 attendances and 1,533 immunisations.

The number of attendances at the clinics for 1961 and 1962 was as follows:

	<u>1961.</u>	<u>1962.</u>
Europeans	70,809	81,158
Coloureds	8,196	12,557
Asiatics	3,772	5,602
Bantu (outside of Townships)	12,214	11,716
	<u>94,991</u>	<u>111,033</u>

The increase in attendances is a true reflection of increased interest on the part of the mothers and of the popularity and usefulness of the service.

Assistance is given at the clinics to necessitous families by supplying infant foods and milk. A charge is made for these commodities according to the means of the individual families. The assessment of the charge is left to the discretion of the health visitor who is guided by a simple income formula. No infant foods or milk are issued to mothers who can afford to buy them in the ordinary way and no charge is made if the mother cannot afford to pay. Bookkeeping is reduced to basic essentials so as to avoid interfering with the professional aspects of the health visitors' work.

The primary responsibility for conducting these clinics rests with the health visitors who see and weigh all the babies and advise the mothers on the care and feeding of their babies in all ordinary cases. As far as possible, all babies are referred to a child welfare medical officer for a routine check-up soon after the first appearance at the clinic and thereafter when any difficult dietetic or other problem arises.

/The .....

The medical officers attend each clinic at a fixed time and see all babies referred to them by the health visitor. They keep a check on the physical growth, supervise the diet, and give advice on such matters as sleeping, feeding, bathing and clothing. They note any abnormal developmental tendencies and arrange for their investigation and treatment and also advise on habit formation and emotional control. Difficult dietetic and other problems are referred to the Pediatrician who consults weekly at the Central Child Welfare Clinic and also sees municipal nursery school children by arrangement.

The number of infants and children examined by the child welfare medical officers and the Pediatricians during 1962 and the preceding year was:

	<u>1961.</u>	<u>1962.</u>
Clinics	11,853	12,272
Nursery Schools	3,648	4,860
The Consultant Pediatrician was consulted on difficult cases.		

(ii) Home Visiting.

The health visitors visit the homes of infants after the births have been notified to the Department in terms of the relevant legislation. Every new birth so notified was visited. A special form with all essential information is sent to health visitors when a mother is discharged from Queen Victoria Hospital. This has been of great assistance at the first visit to the home.

At these visits the need for regular supervision of the infant by the family doctor or the child welfare clinics and for timeous immunisation (against smallpox, diphtheria, poliomyelitis, whooping-cough and tetanus) is explained to the mother. Physical and mental problems in any members of the family are noted and discussed and where help is needed the mother is referred to an appropriate agency. The facilities provided by the Department are explained and she is encouraged to make use of them or to keep in touch with the family doctor.

A routine check visit to the home at the age of six months is made to ensure that immunisation procedures have been started. The visit also serves to improve contacts with the mothers, to obtain a better understanding of their circumstances and difficulties, to demonstrate the mixing of feeds and to supervise premature infants. Special visits were paid to investigate infant deaths and to report on "protected" infants placed for custody or adoption under the Children's Protection Act. The former accounted for 270 home visits.

The investigation of notified cases of kwashiorkor from September onwards involved 36 cases but two-thirds of them could not be traced.

To enable health visitors to cope with additional aspects of their work districts were rezoned to allot approximately 450 new births to each but this was not fully achieved because of geographical and other difficulties.

The number/.....



The number of births investigated and the number of home visits during the year was as follows:

	<u>Births investigated.</u>	<u>Home Visits.</u>
Europeans	9,264	46,960
Coloureds	1,378	6,082
Asiatics	623	2,311
Bantu (Central outside of townships)	653	2,268
	<u>11,918</u>	<u>57,621</u>

Health visitors send a card to the family doctor, where there is one, informing him of her visit to his patient and offering co-operation and assistance.

Health visitors find it necessary to maintain personal contact with the Department of Social Welfare, welfare organisations, children's hospitals and other bodies concerned with the welfare of infants and children. The concept of health visiting is changing year by year and more stress is being laid on the broader scope of the duties in this field with the emphasis on mental health, care of the aged and related family problems.

The importance of mental health in the field of the health visitor has become increasingly evident and it is now recognised that emotional problems may play an important part in physical and mental development from early infancy.

Local authorities in South Africa have no statutory obligations for mental health services as they have in Britain and elsewhere. Cases with psychiatric problems found in the course of routine visits are referred to voluntary agencies or to Tara Hospital. The psychiatric community nurse from the hospital investigates the case and joint visits may be made. This service has been of great help in dealing with maladjusted and emotionally disturbed persons.

Health visitors continued to assist in the selection of donors of breast milk. No payment is made for the milk and it is supplied free on the production of a doctor's certificate that the infant needs mother's milk.

(iii) Immunisation Services : City Area.

The protection of the public, both adults and children, against preventable diseases has continued actively throughout 1962. Immunisation was conducted for diphtheria, whooping-cough, tetanus, typhoid, smallpox and poliomyelitis.

Immunisation services for Europeans were conducted in the city clinic (at 18 Hoek Street) on three days every week and at Newlands and South Hills every sixth week. Three sessions for Coloureds were held every six weeks and at Western Township and Jubilee Centre (for Bantu) immunisation of infants was undertaken during the weekly child welfare

sessions/.....

sessions. Separate immunisation sessions were also started for Coloureds and Asiatics in the mobile child welfare clinic and these sessions have become very popular.

(a) D.W.T. Immunisation.

Triple antigen is used practically as a routine on all infants under two years of age and diphtheria/tetanus or plain diphtheria antigen on older children.

The regime for immunisation procedures is as follows:

Age	2 months	Smallpox
	3 months	DWT and oral poliomyelitis
	4½ months	DWT and oral poliomyelitis
	6 months	DWT and oral poliomyelitis
	18 months	DWT booster
	5 years	D.T. booster

Tetanus booster injections are recommended every 2 or 3 years thereafter.

Diphtheria immunisation in schools continued throughout the year, two visits being paid to each of 43 schools.

(b) Smallpox Immunisation.

The reporting in the press of several cases of smallpox from the northern Transvaal triggered off a short, sharp vaccination campaign. During a period of six weeks 33,499 Europeans were vaccinated at Hoek Street.

The following table reflects the immunisation figures for the year:

	Europeans	Coloureds	Asiatics	Bantu	Total
Triple D.W.T.	4,104	1,238	-	366	5,708
Diphtheria, P.T.A.P.	1,690	1,438	2,473	-	5,601
Diphtheria/Tetanus	859	171	-	85	1,115
Boosters	7,879	825	657	1	9,362
Other (Typhoid, Tetanus, etc.)	435	-	-	31	466
Number of Injections	29,466	8,926	5,794	1,097	45,283
Vaccinations	46,939	1,476	-	442	48,857

(c) Poliomyelitis Immunisation.

The maintenance of immunisation in new-born infants and immigrants has followed on very successfully after the mass campaign

conducted/ .....



conducted in 1961. The method of recording statistics was changed half way through the year to record the number of first, second and third feeds separately; 37,205 feeds of oral vaccine were given during the year including all three feeds. Of these 29,777 were given to Europeans and 7,428 to Non-Europeans. Approximately 30% of the total attended for the third feed.

The intensive immunisation campaigns undertaken in the Bantu Townships are not applicable in the city area because of the active participation of private medical practitioners in these procedures. While figures for total immunisations cannot be quoted, the low incidence of infectious disease goes to show that a fairly satisfactory herd immunity has been established. Constant vigilance has to be maintained to ensure that booster doses are given when required.

The immunisation services for the Bantu population are set out in the section dealing with medical services for Bantu.

(iv) Orthopaedic After-Care Service.

The service for Europeans was discontinued on the 1st January, 1959, as the Provincial Administration assumed responsibility as from that date. The Province has not, however, employed qualified staff to follow up patients in their homes.

The service for Non-Europeans continues on the basis of the Council employing a European orthopaedic health visitor to supervise partly trained Non-European assistants employed by the Cripple Care Association. This staff attends the orthopaedic outpatient clinics at three Non-European Hospitals once a week, follows up patients in their homes to ensure that treatment is continued and that appliances are properly used, follows up defaulters and refers patients back to the clinics for further advice and treatment when necessary. They also seek out untreated cripples and arrange for their treatment.

The following is a record of attendances and visits:

	<u>Non-Europeans</u>	
	<u>1961.</u>	<u>1962.</u>
Clinic Attendances	6,840	7,769
Home Visits	1,232	564
	<u>8,072</u>	<u>8,333</u>

(v) Nursery School Service.

Visits are paid to each school once a month and each child is seen at least twice a year. A medical record is kept of development and progress and regular height and weight measurements are charted.

This service comprises three components which are dealt with in detail in the following paragraphs. Doubts have been raised as to the powers of the Council to conduct such services and representations

have/.....



have been made to the Transvaal Provincial Administration to clarify the matter and, if necessary, to amend the Local Government Ordinance to confer powers. A reply was received from the Director of Local Government conveying certain resolutions of the Executive Committee. These were the subject of correspondence to clarify certain points but the matter had not been concluded at the close of the year.

(a) Nursery School Medical Services.

From February 1962 there have been two medical officers available for medical supervision of nursery school children. The service is provided at the 7 municipal nursery schools (5 European and 2 Bantu) and at 38 non-profit-making nursery schools (36 European and 2 Coloured). The examination totalled 4,860 (4,648 European and 212 Bantu) of which 1,682 were first examinations.

The physical, mental, emotional and social problems were assessed and referred where necessary. The parents were required to fill in a form giving basic medical data on admission of the child. The parents were also interviewed where possible to impart basic health education.

Stress was laid on the prevention of diseases in the children and a check made to ensure that every child was immunised against small-pox, diphtheria, whooping-cough, tetanus and poliomyelitis. A form was sent to every child leaving nursery school reminding parents of the necessity for receiving booster injections for diphtheria and tetanus.

Each child was fully examined at least twice a year and the findings recorded on a medical card kept at the nursery school. Height and weight were measured at least 4 times a year and charted.

Visual screening was done by the supervisors with simple apparatus after being trained in the methods used. Doubtful cases are referred to the medical officers who referred them to ophthalmologists where necessary. Of 600 children tested, 38 were referred for final assessment.

Every child was tuberculin tested, the Heaf test replacing the patch test. Children with positive results were referred to their own doctors or to the Municipal Chest Clinic.

Routine stool testing was done at the municipal nursery schools and simple treatment given where necessary or children were referred for treatment.

Dental services are provided for pre-school children by the Johannesburg Coronation Dental Infirmary. The children are examined twice a year. This institution is supported by the Johannesburg City Council, the Transvaal Provincial Administration and the State Health Department and is conducted by a board comprising representatives of these bodies and the Dental Association of South Africa. Services are also provided for indigent and semi-indigent school children and for mothers in the ante-natal and post-natal period.

The records/.....



The records of pre-school children who have been medically supervised during their attendance at nursery schools are handed over to the school authorities when they enter primary schools, as school medical services are provided by the Hospital Services Branch of the Transvaal Provincial Administration and not by the City Health Department. The Medical Officer of Health does, however, supervise infectious diseases among school children and their exclusion from school where necessary, in terms of regulations promulgated under Section 138 of the Public Health Act.

(b) Supervision of Nursery Schools.

This includes all pre-school institutions conducted privately.

Control is exercised under the Town Planning Scheme and the Public Health and Building By-laws and by means of a certificate which is required by the Social Welfare Department from Council's officials in terms of Section 4(2) of the Regulations under the Children's Act, 1960 (Proclamation No. 524 of 30th March, 1961). The certificate applies only to pre-school institutions registrable by the Social Welfare Department in terms of Section 42 of the Children's Act and this does not include nursery schools.

Control is usually triggered off by an application for permission for change of use under the Town Planning Scheme but once the new use is established transfer may take place without the Department being notified.

Standards for the building and for facilities for the preparation of food can be controlled under existing by-laws but other important matters can only be dealt with by persuasive methods. These include the control of indoor and outdoor space per child, furniture and equipment required, the conduct of the nursery school, keeping of records and registers, safety measures, staffing standards and medical supervision. Special by-laws are required to control these aspects but cannot be promulgated until the necessary powers are written into the Local Government Ordinance. Application has been made for such powers but without success.

The inspection of privately conducted pre-school institutions was separated administratively from the administration of the municipal nursery schools in January 1961.

(c) Municipal Nursery Schools and Day Nurseries.

The City Health Department conducts five nursery schools for Europeans and two day nurseries for Bantu.

The staff position has been moderately satisfactory but there has not been sufficient trained staff to maintain two fully trained teachers at all the schools although all vacancies have been filled. The staff has been very loyal in the face of the uncertainty of the future of the schools.

The average/.....



The average enrolment at the European schools was as follows:

La Rochelle Nursery School	58
Judith's Paarl Nursery School	54
Vrededorp Nursery School	33
Fordsburg Nursery School	37
Newlands Nursery School	29

The La Rochelle buildings were specially erected as a nursery school and the Judith's Paarl buildings are also owned by the Council. These schools are well supported and have long waiting lists.

The Vrededorp School was the pioneer nursery school built by the Council in 1932 but has been expropriated by the Provincial Administration for school purposes. The nursery school continues in the premises but these will have to be replaced by new premises when the Province requires occupation. The support for this school is only moderate.

The premises at Fordsburg and Newlands are rented. The latter are so dilapidated and inadequate that the Transvaal Education Department withdrew its subsidy. A decision on the powers of the Council to conduct nursery schools is awaited before steps can be taken to erect a new nursery school. There is a long waiting list for admission and the need for a nursery school in this area is very apparent.

In maintaining the nursery schools and day nurseries particular attention is given to the physical, mental and moral health of the children, to the promotion of normal habits and the correction of physical, psychological and moral defects. All the children have the benefit of regular medical examination, treatment of minor ailments, regular dental inspection and prophylactic treatment, treatment of psychological defects, behaviour difficulties and abnormalities (by the Johannesburg Child Guidance Clinic - for Europeans only); other specialist services and regular home visiting by the staff. The diet of the children is supplemented by means of a prepared midday meal, additional milk and other protective foodstuffs.

The two Bantu day nurseries at Chiawelo and Jabavu cater for 110 and 150 children respectively. There is a large waiting list at both centres.

The building at Jabavu is very unsatisfactory and it is proposed to adapt an existing building on stand 1390 Jabavu to replace it. Building plans have received Ministerial approval but alterations cannot proceed until approval has been received from the Department of Bantu Housing for the sub-division of the stand.



## V. MEDICAL SERVICES IN BANTU TOWNSHIPS.

Comprehensive medical services, comprising curative and preventive aspects, have been maintained in the Council's Bantu Townships and are centred on 8 polyclinics.

### (i) Outpatient and Midwifery Services.

These are grouped together as they are carried out by the Council on behalf of the Transvaal Provincial Administration which has subsidised them since 1st April, 1958, pending the taking over of executive responsibility at some future date. The Council is pressing for the take-over to be expedited as it is bearing an unduly high share of the cost. A five year plan was drawn up for the progressive transfer of these services, leaving the Council to develop full promotive and preventive services in close association with them.

Charges were collected for these services in terms of the Hospitals Ordinance. Approximately 22% of those attending clinics were not charged for treatment, 35% paid 25 cents at the time of attendance and most of the remainder were required to pay later. The composite fee for ante-natal care and confinement is R1-50 (15/-), or twice that amount if the confinement takes place in hospital. The imposition of charges has reduced attendances for trivial ailments without depriving those who need treatment of the benefits of the service.

All the clinics are linked with each other and with Baragwanath Hospital by radio communication. The ambulances also carry two-way sets. An innovation during the year was the issue of walkie-talkie sets to midwives on night duty. This should greatly assist them in their work in view of the almost complete absence of telephones.

An ambulance service is conducted by the Fire Department which removed 62,846 patients during the year. This is supplemented by a bus ambulance for non-stretcher cases which is operated by the Province. A further 6,105 patients, mainly tuberculosics were transported by the City Health Department which also provided a transport service for nurses and midwives to assist them with their district work.

Detailed statistics for the medical services are included in Annexure 8.

The curative and midwifery services were maintained at an efficient level during the year and no special problems were encountered. The second and third phase of the immunisation campaign in February and April meant the withdrawal of substantial numbers of staff from routine work at the clinics for a total of 28 days but the staff remaining made the necessary extra effort to ensure that the patients did not in any way suffer. The transfer of the Bantu population from Western Bantu Township to Moroka entailed the gradual closing down of the services at the former township and the transfer of the staff to the latter. The district training of pupil midwives at the Bridgman Memorial Hospital was transferred to Orlando. These changes were made without interruption of the work.

The revised/.....



The revised staff formulas were applied at the clinics. There was little or no change in the total number of Bantu employees but there was a redistribution of staff between clinics and as between staff engaged on general nursing and midwifery duties. The latter change eased the load on midwives who had undoubtedly been overburdened in some areas.

There is a close association between the clinic services and Baragwanath Hospital and the staff of the clinics and that of the hospital co-operate very satisfactorily.

(ii) Child Health Services.

One of the steps taken during the year to improve the preventive health services was the very important one of reorganising the health visiting service in conformity with accepted principles. With the very limited staff formerly available, home visiting was minimal and health visitors carried out their duties almost entirely from the child welfare clinics.

The basis of the reorganised service is domiciliary health visiting, dealing with the family as a unit and with records kept in a family folder. The health visitors now deal with all preventive health matters affecting the family, including child welfare, immunisation procedures, follow up of malnutrition cases discharged from hospital, mental health and social problems and any other factors bearing on the health of the family. Problems outside the scope of the service are referred to the appropriate agency. The link between the home visiting and the clinics is maintained by organising sessions by areas so that the health visitor for the area will attend the infants under her care.

The health visitors have welcomed the changed conditions with enthusiasm and the families have reacted very favourably. The mothers have accepted the health visitors and are freely presenting their problems for solution. There is better assessment of the individual need for supplementary food issues with controlled issue and distribution and improved supervision in relation to the use of the commodities.

Preliminary statistics show that the number of clinic visits is maintained and that the number of home visits approximately equals the number of clinic visits. The number of immunisations achieved is considerably increased.

The domiciliary service was started in the Jabavu area as a pilot service on the 11th June, 1962, and was extended to the Moroka area on the 30th July, 1962. It will be extended to the whole of Soweto as soon as additional staff becomes available.

(iii) Immunisation Service.

Routine immunisation at the clinics was supplemented by a mass campaign against diphtheria, whooping-cough, tetanus and smallpox (representing the second and third phase of the D.W.T. campaign), by immunisation in the homes against these diseases by the pilot health visitor service which also administered oral poliomyelitis vaccine to

infants/.....



infants of 3 months and child immigrants in the areas in which they operated; and by a team comprising a European and a Bantu health visitor which was responsible for maintaining poliomyelitis immunisation in areas not covered by the health visitor service.

Some problems were experienced by the visiting teams through errors in addresses, removals to unknown addresses, temporary absence of the mother at work, etc. There were some refusals on religious grounds and in some cases the husband was opposed and was not available for attempts at persuasion. Photographs of children crippled through poliomyelitis proved very effective in converting parents who were reluctant to give consent. Many of them did not relate crippling to the disease.

There have been no deaths from diphtheria in Soweto since February, 1962. This is well illustrated in the diagram facing this page. The immunisation statistics for the year are reflected in the following table:

ALL IMMUNISATION DONE IN BANTU AREAS.  
YEAR ENDED 31ST DECEMBER 1962.

IMMUNISATION SYSTEM	POLIO	D.V.T.	D.T.	SMALLPOX	OTHER
Routine Immunisations at Clinics	10,633	15,305	-	56,316	1,716
Pilot Health Visitor Services Immunisations at Clinic	3,010	3,626	-	1,635	-
Pilot Health Visitor Services Immunisations at Home	4,767	-	-	569	-
Pilot Health Visitor Services Immunisations Creche or School	-	-	-	-	-
<u>Campaigns</u>					
Smallpox	-	-	-	157,627	-
D.V.T. 1st Phase 27.11.61 - 15.12.61	-	22,282	58,375	-	-
2nd Phase 29. 1.62 - 16. 2.62	-	25,182	60,293	-	-
3rd Phase 2. 4.62 - 19. 4.62	-	19,760	55,185	-	-
Oral Poliomyelitis Maintenance Immunisation Teams (New Born)	32,338	-	-	-	-
TOTAL:	50,748	86,155	173,853	216,147	1,716

(iv) Tuberculosis Services.

The control of tuberculosis among Bantu is one of the major problems of the Department.

The service for all races is integrated under the Chief Tuberculosis Officer; a full account is given elsewhere in this report.



(v) Venereal Disease Service.

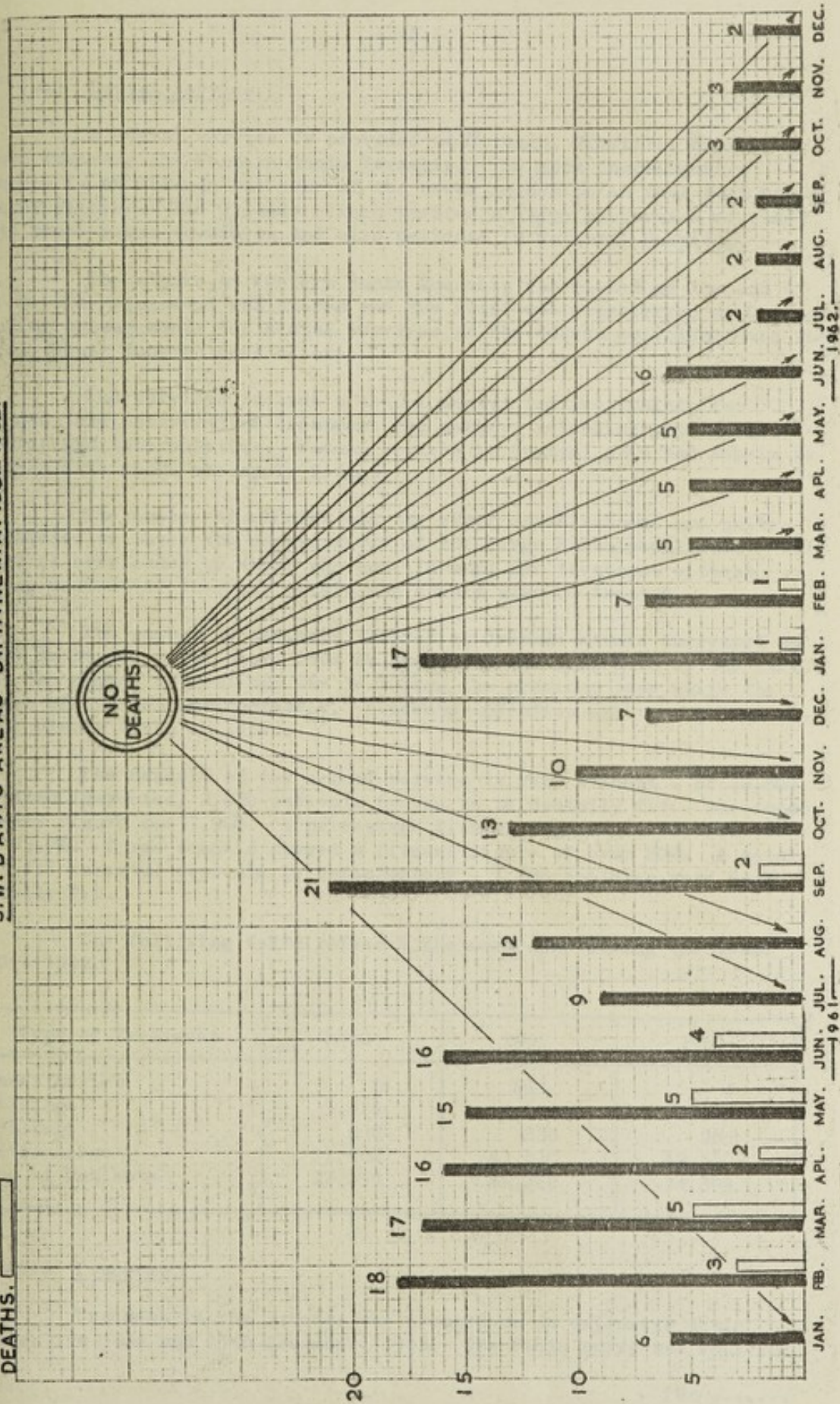
Separate clinics for the treatment of venereal disease in the Bantu townships have been discontinued in favour of treating patients at the outpatient and ante-natal clinics as they are diagnosed. Comments and statistics on the prevalence of venereal disease are reported elsewhere.

(vi) Dental .....

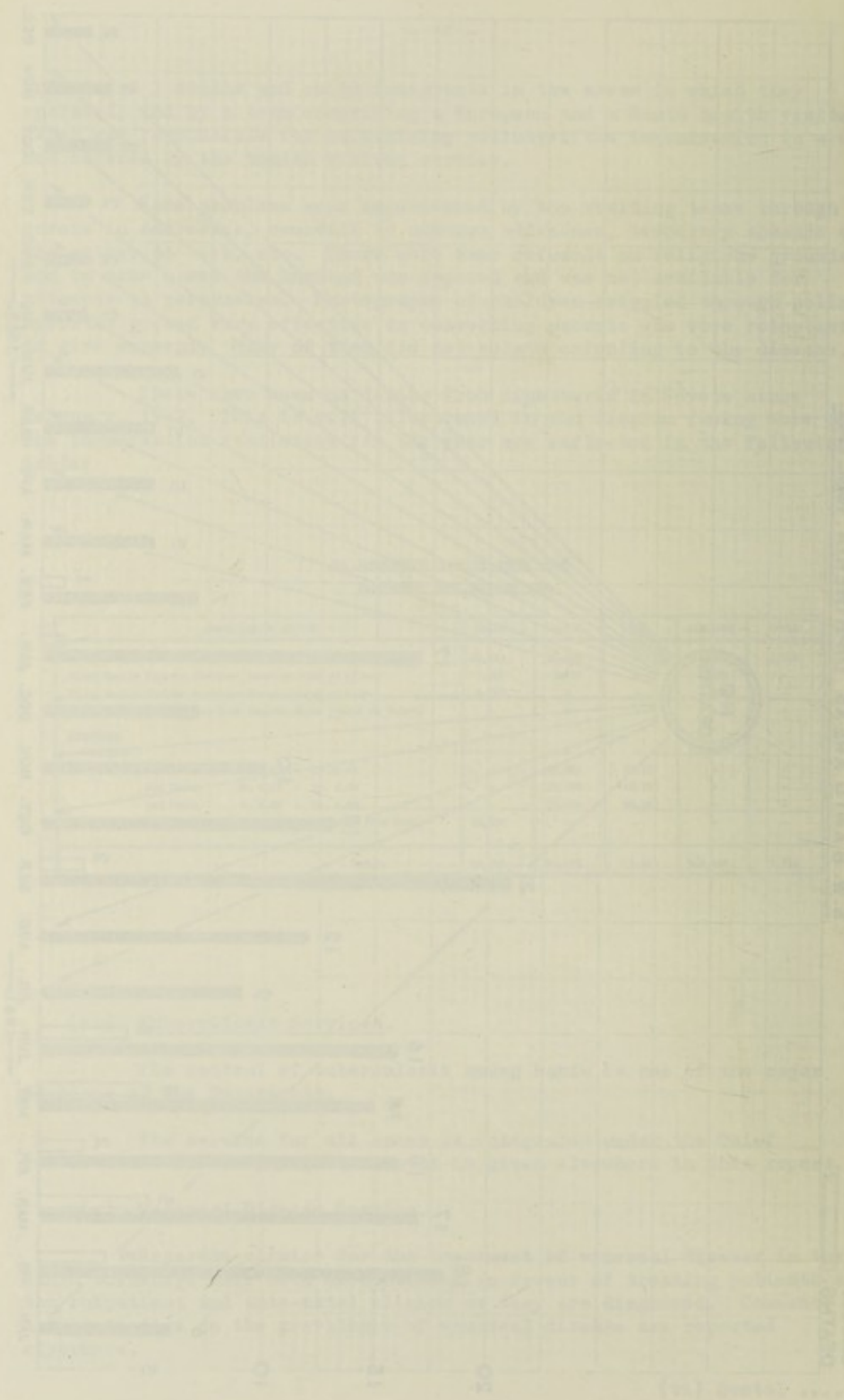


# S.W. BANTU AREAS DIPHTHERIA, 1961-1962.

CASES.   
 DEATHS. 







(vi) Dental Service.

A dental service is provided at Orlando, Pimville, Eastern Bantu Township and Western Bantu Township. The most comprehensive service is at Orlando but none of the newer townships in that area has a dental clinic. The Orlando clinic treated a large proportion of cases from these other townships and also patients in Waterval Hospital.

The clinic at Western Bantu Township was closed at the end of March. The equipment was stored and the staff was transferred to Orlando pending arrangements for dental services at the Moroka polyclinic and the Mefolo South tuberculosis clinic.

The services include a school dental service, mainly for Orlando, and conservative treatment for mothers attending ante-natal clinics and tuberculotics. Casual service to control pain and sepsis is available to those who apply for it.

The number of clinics and the staff establishment are quite inadequate to cover the dental needs of the large Bantu population. The staff is overloaded by those who come forward for treatment without taking account of the many others who should also be treated.

The number of patients treated at Orlando clinic increased by 3,494 to 34,913. The heavy load on the staff was reflected by the fact that the number of fillings was less than the previous year while the number of extractions increased. Vincents infection was very prevalent, particularly among children.

The benefit of the school service is very evident - of 10,804 children inspected, 2,820 patients proved to be dentally fit - the total fitness figure was 7,960. A percentage fitness figure over 25 schools was 73.7%. Three schools showed a fitness figure of over 80%. A total of 5,315 parental consents is satisfactory - 1,298 children were made dentally fit.

The following table reflects the work done during the years 1960 - 1962:

Type of Treatment	1960	1961	1962
Anaesthetics	6	Nil	4
Fillings	3,479	4,062	2,944
Scalings	238	180	285
Extractions	31,962	43,610	42,850
No. of Patients	27,255	35,782	34,894

(vii) Trachoma.

Trachoma in the schools was treated on an extensive scale between 1st June and 15th December, 1962. One Bantu nurse was employed

for/.....



for the whole period under medical supervision; each doctor in charge in rotation was seconded for a variable period at a time.

All those showing signs of conjunctivitis were treated. Extensive viral studies were not done as studies had previously proved the presence of trachoma in the schools presenting as mild conjunctivitis with few complications.

The principals of schools were instructed in the method of applying the ointment and agreed to co-operate. In some schools the treatment was conscientiously carried out but in others there were varying degrees of failure.

The results were as follows:

- (a) One-hundred and five schools were covered, 53,914 pupils examined and 2,393 suspects isolated being 4% of those examined.
- (b) Further, 2,020 contact families of suspects were investigated in their homes where 4,396 persons were examined and a further 607 suspects isolated being 14% of those examined in this group.
- (c) A total of 58,310 persons has been examined and 3,000 suspects isolated and treated being 5% of the total examined since the start of the campaign.

During the next year and in each year following, new entrants in schools will be examined and treated if suspect, and previously suspect cases will be checked and treated if they have been resistant to initial therapy.

(viii) Sanitation Services.

These services include the maintenance of a rodent-free belt round the City. The control in this area is at once more simple and more complex than the control of services in the City area. It is simpler because food processing and factories are not a feature of the Bantu areas and because most of the houses are owned by the Council. It is more complex because so many of the Bantu are not accustomed to urban life and perhaps a little resentful of the discipline that must be imposed to maintain acceptable environmental conditions. Overcrowding of premises unauthorised additions to dwellings, keeping of animals under unsuitable conditions - these are some of the problems encountered which are reported in more detail elsewhere. The inspections made by health inspectors are recorded in annexures 9 and 10.

(ix) Research/...

(ix) Research Projects.

The following are being undertaken in conjunction with the discussion groups and various organisations:

- (1) Discussion Groups in a Bantu Medical Service.
- (2) The Impact of a Health Visitor Service on an Urbanised Bantu Community.
- (3) Pre-school institutional needs of an urban Bantu Community.
- (4) Penicillin sensitivity and Bantu Clinic Practice.
- (5) Trachoma Studies.
- (6) The socio-medical problem of chronic invalidism in an urban Bantu Community.
- (7) The incidence of Serum Hepatitis Virus Infections following a mass immunisation campaign involving subcutaneous injections.
- (8) Measles vaccination.
- (9) A diabetic survey.
- (10) Decompression during pregnancy.
- (11) The pattern of venereal disease in an urban Bantu area.
- (12) The order, issue, distribution and control of dietary commodities in a health visitor service in Bantu areas.
- (13) Johannesburg Kaffir Beer Research Project.
- (14) An assessment of the barrier to health education in the Bantu tuberculosic.

(x) Health Education.

Much time and effort was spent throughout the year on establishing a system of health education in the Bantu areas based on sound principles acceptable to the Bantu themselves. Stress was laid on the approach by word of mouth through person to person contacts at clinics, home visits and house to house canvassing during immunisation campaigns; loudspeakers on vans and the Bantu radio were also extensively used.

A system of discussion groups was instituted at the beginning of the year with the object of ironing out problems, particularly those affecting promotive and preventive services and of obtaining the view-point and full co-operation at all staff levels including the Bantu staff.

Weekly/ .....



Weekly meetings were held and problems or undertakings were submitted to critical analysis before commitments were made and were followed through and assessed on completion. The leaders taking part in a project were invited to the group meetings and encouraged to express their views. Much has been learned about the Bantu approach and way of thinking and mistakes have been avoided which might otherwise have been made if European ideas and customs had been imposed without modification. The enthusiasm of the staff has been aroused and maintained and the results have been entirely constructive.

A programme of health talks was prepared and most of these were broadcast over radio Bantu. Before release each talk was submitted to an editorial committee of the discussion group and amended in accordance with the decision reached. The talks are listed in Annexure 16 with other lectures and demonstrations given by the staff.

(xi) Pre-school Institutions.

In view of the urgent problem of the lack of sufficient pre-school institutions an intensive study was undertaken to survey the existing situation and to formulate the needs of the community. As an interim measure various voluntary organisations operate a large number of crèches in the area whilst the Council conducts 2 pre-school institutions which also contribute as prototypes used by the Department in its overall surveillant and advisory capacity to units run by other groups.

#### VI. MEDICAL EXAMINATION CENTRE.

This Centre was established to conduct all medical examinations associated with the Bantu Labour Employment Bureau (for males and females) conducted by the Non-European Affairs Department at 80 Albert Street. A bureau for females was opened at 1 Polly Street and separate medical facilities were provided by the City Health Department as from 1st April 1961.

A Senior Medical Officer is in charge of both centres, the female unit being staffed by Non-European females, including the doctor.

The functions of the Centre, including the subsidiary centre for women, are as follows:-

(i) Workseekers are submitted to a clinical examination and an X-ray of the chest. Blood tests are performed if indicated. All are vaccinated if not previously vaccinated or not within three years. Women are submitted to the additional tests for foodhandlers.

(ii) Foodhandlers are submitted to additional examination (such as for sores on hands or elsewhere, discharges or sore throats) and the blood is tested for syphilis and the typhoid carrier state. If the Vi test is positive stools and urine are cultured.

The bulk of those sent for examination were dairy employees (80%); the remainder were nursing home staff, domestic servants, teamakers, etc. Employers were encouraged to make special appointments for dairy nursing home employees. From 14th June onwards 325 employees from 15 dairies were examined. Four cases of pulmonary tuberculosis were found but no open cases of tuberculosis. There were 15 positive Vi tests but the cultures of stools and urines were negative. Only one nursing home sent staff for examination but the others are expected to do so during 1963.

(iii) Bantu in employment are examined at their own request or at the request of employers. Special appointments may be made by telephone. Employers are encouraged to send foodhandlers and nurse-maids for examination.

(iv) Municipal employees or prospective employees are examined for the pension fund and applicants for the municipal police force submitted to a comparable examination. Prospective daily paid employees are subjected to a thorough physical examination to determine whether they are fit for heavy or light manual labour and to reduce subsequent absenteeism.

The numbers/.....



The numbers average 20 per day but there may be as many as 75. This duty occupies much of the time of the medical staff as each examination takes about 10 minutes.

- (v) Treatment is provided for certain cases only. Pediculosis - disinfestation is carried out where necessary. Venereal disease is treated at the Centre at any time during working hours to suit the patients.

Tuberculosis cases found are treated at the Centre at daily clinics conducted by the Senior Medical Officer with the assistance of a tuberculosis health visitor and two Bantu nurses from 18 Hoek Street or they are sent to a hospital, if this is necessary.

Bantu who are suffering from any other conditions requiring treatment are persuaded to accept treatment if this is necessary in the interest of their health and are referred to the appropriate agency.

The following table records the work of the Centre during the year:-

	Workseekers Examined	Foodhandlers Examined (males)	Municipal Pension Fund and Police	Employees Other	Medically Unfit		Vacci- nations
					Temp.	Permt.	
Males	113,191	339	226	4,155	959	683	83,077
Females	15,386	-	1	-	12	3	15,969
Total	128,577	* 339	227	4,155	971	686	99,046

\* To obtain the full number of foodhandlers examined, all females examined (15,386) must be added.

The number of workseekers examined shows a small increase (0.5%) over the previous year but the total increase (including females) is 9.17%. This is the first full year of operation of the subsidiary centre for females; the numbers have increased by over 10,000. They are subjected to a full medical examination in the privacy of a cubicle.

The number of foodhandlers examined has doubled itself and will increase still further in the ensuing year. All females are examined as foodhandlers.

The increase/....

The increase in the number of municipal employees examined (pensioners and police recruits 13 and other employees 2,303) is quite substantial and makes serious inroads into the time of the staff.

Exemptions from employment on medical grounds were granted to 1,657 Bantu - 971 temporary exemptions and 686 permanent exemptions.

The temporary exemptions comprise Bantu requiring further investigations or treatment, including those suffering from tuberculosis, mental disorders, fractures, cardiac disease, nutritional conditions, epilepsy, hernias, etc. The necessary arrangements are made for these Bantu with appropriate agencies or at a general hospital.

The permanent exemptions comprise Bantu with gross physical or mental disabilities, including those suffering from blindness, gross cardiac disease, cirrhosis of liver with ascites, respiratory cripples, orthopaedic cripples, epileptics whose fits cannot be controlled, etc.

Every endeavour is made by the Employment Officer of the Labour Bureau to find employment suitable to their disability for handicapped persons but lack of educational standards for occupations other than manual labour is a limiting factor. More success is achieved with selected tuberculosis cases who are clinically well and non-infectious.

Workseekers who are medically unfit for any employment are given permanent exemption certificates. The number was much the same as the previous year. The welfare section of the Bureau arranges temporary assistance or invalidity or old age pensions for such cases according to their needs.

The procedure for dealing with Bantu temporarily or permanently unfit for work is set out in a report by the Senior Medical Officer in Annexure 11.

Pediculosis is becoming less prevalent. No cases were found among females and only 12 in males, compared with 12 in 1961 and 95 in 1960.

Venereal disease: Attendances 1962.

	<u>Males</u>	<u>Females</u>
Gonorrhoea	248	1
Syphilis	1,074	636
Venereal Disease Warts	114	2

New cases of syphilis showed an increase of 40 among males and 122 among females. The other diseases show no increase. All the cases were treated at the centre.

Tuberculosis/....



Tuberculosis:

	Miniature X-rays	Large X-rays	Cases Discovered	%
Males	83,147	2,333	245	0.29
Females	14,689	122	14	0.10
Total	97,836	2,455	259	0.26

The cases discovered were all new cases not previously notified and who had few symptoms to draw their attention to their condition. The rate for males and females has decreased in relation to previous years. In addition a number of cases previously notified but not under treatment was discovered. All cases were sent to hospital or treated at the Centre according to their need.

## VII. SANITATION AND FOOD SUPPLIES.

### 1. HEALTH INSPECTORATE STAFF.

(a) Some reorganisation of the sanitation staff was approved during the year.

A new post of Senior Health Inspector was created to provide for the supervision of health education related to food hygiene.

The staff establishment in the Bantu Areas was modified to provide 3 more responsible posts on a higher grade for Non-European Health Inspectors. One post for a Coloured inspector and 2 posts for European inspectors were abolished. The new positions created were designated Coloured Health Inspector (1) and Bantu Supervising Health Inspector (2).

Two posts of Pest Control Overseer (European) were redundant and were abolished and the remaining pest control gangs were strengthened by the addition of 3 Bantu labourers.

There were no dismissals as the posts abolished were either vacant or the incumbents were promoted.

(b) The recruitment of meat inspectors improved during the year and consequently it was not necessary to second health inspectors to the Abattoir in terms of the "pool" arrangement. Two learner health inspectors were, however, transferred to the Abattoir for periods of 3 months each as part of their training.

(c) On two occasions sanitation staff assisted with inoculation campaigns. On the first occasion 12 health inspectors and 3 learner health inspectors helped to trace contacts of a smallpox case and to vaccinate contacts. On the second occasion 4 pest control overseers with their vehicles were required in the D.W.T. inoculation campaign from 29th January to 16th February, 1962.

### 2. RECORDS OF INSPECTIONS.

The following table shows the number of routine inspections by health inspectors during the past two years, including inspections for the supervision of general sanitation and hygiene, investigations arising from complaints, inspections concerned with licensing, taking of samples, etc., but does not include inspections related to the demolition of premises or the control of rodents and other pests which accounted for inspections.

Health Inspectors : Inspections and Visits.	
1961	1962
236,209	270,393

A table reflecting the various types of inspections made is contained in Annexure 12. (See also annexures 9 and 10).

### 3. PROSECUTIONS/...



### 3. PROSECUTIONS.

A total of 1,335 persons was prosecuted during the year for various contraventions of the Public Health Act, the Food, Drugs and Disinfectants Act, the Council's Public Health By-laws and other public health legislation. The number of charges preferred was 1,799 and fines (or "admission of guilt") of R8,969 were imposed. An analysis of the prosecutions is set out in Annexure 13.

### 4. MILK SUPPLIES.

The City's main milk supply is derived from producing dairies in the southern Transvaal and northern Free State farming districts. The quantity produced in the City area is a very small percentage of the total demand. The introduction of milk and cream from outside sources is controlled by the issue of permits which are granted only if the producer complies with the Council's dairy by-laws. During the year 812 permits were approved of which 11 were to producer/distributors delivering milk from their farm dairies direct to consumers.

The Milk Board appointed in terms of the Marketing Act commenced functioning on 1st July, 1962. At first some confusion arose when it was found that quantities of milk from unpermitted sources were being diverted by the Board to the "surplus pool" at the premises of the National Co-operative Dairies (Nels Rust). After discussions it was agreed that this practice would cease and many new applications for permits to introduce milk were received.

Milk introduced from outside sources (excluding industrial milk) averaged 54,348 gallons daily, of which 700 gallons were supplied direct to consumers by producer/distributors. In addition, 4,000 gallons were supplied to the Bantu townships and some was re-exported to adjoining areas. The average daily consumption in Johannesburg ranged from 53,140 to 56,200 gallons throughout the year.

#### Control of Milk Supplies in the City.

The control and supervision of milk supplies within the City covers deliveries from outside producers to local distributors and thence to the consumer; inspections of premises and vehicles and observations on handling methods and equipment. Samples are taken and field tests are performed at all stages of transport and handling to determine quality, purity and effective pasteurisation.

Samples taken are submitted to bacteriological, chemical or biological examination at one or other of the laboratories at the disposal of the Department. The field tests include phosphatase and sedimentation tests by means of which a close watch is kept on the effectiveness of pasteurisation and the standard of cleanliness of the milk. Of the tests performed at the abattoir laboratory 18.8% were positive for the presence of mastitis; 0.49% for tuberculosis by the biological tests; 42.35% for brucellosis by the ring test and 4.43% by the agglutination test. The presence of penicillin was revealed in 1.63% of the samples tested. The number of tests performed is recorded in Annexure 7.

The pasteurisation/..

The pasteurisation of milk within the City, although not compulsory, has been maintained at a reasonably good level; 87.75% of the daily supply being pasteurised during the year as against 86.91% in 1961. There are now 18 pasteurising depots established within the City area and one situated outside the City boundary.

Polythene sachets have been tested and proved satisfactory as containers for milk but have not been adopted, chiefly due to supply difficulties. Distributors apparently prefer bottles or cartons.

In general, the hygienic standard of premises concerned with the handling and distribution of milk in the City has been maintained at a satisfactory level.

#### Control of Milk Supplies Outside of the City Area.

The supervision and control of milk supplies from sources outside of the City limits is the responsibility of the Farm Dairy Section. One inspector is permanently resident in Standerton to save time and mileage covered in supervising a number of farm dairies in the Standerton/Volksrust districts. A dairy demonstration van operated by a qualified and experienced dairy inspector and a Bantu Assistant, is designed and equipped to tour farm dairies and to attend agricultural shows in the country districts to give on-the-spot and up-to-date demonstrations of hygienic milk production and handling, to take samples and make tests on the various aspects of milk production and to guide and advise farmers on matters relating to their dairy premises.

The farm dairy inspectors are available to farmers to advise on improvements to dairy premises and on proper housing, latrine and ablution facilities for their employees. Standard types of plans are made available to farmers for the construction or modification of their premises.

The hygienic and economic advantages of the mechanical refrigeration of milk at the point of production are continually being stressed; up to the end of the year 67.1% of the supplying dairies had installed refrigeration plants, a decrease of 6.4% over the figure for the preceding year. This is an important hygienic measure but provision in the Council's by-laws making this compulsory was deleted by the Provincial Administration.

The routine/ .....



The routine of regular inspections, interviews and tests has been maintained throughout the year with a total of 5,141 visits, 89 interviews, 955 sediment tests and 7 special water samples taken for bacteriological examination. The staff of the dairy demonstration van made 373 practical demonstrations and performed 13,148 tests of various kinds in connection with milk production. These included strip-cup tests for mastitis, acidity tests, butterfat tests and sedimentation tests. 177 farms were visited.

The Council's veterinarians working in collaboration with the dairy inspectors carried out regular examinations of bulk supplies. Positive results for bovine tuberculosis were obtained in supplies from 7 farm dairies and these were dealt with in terms of the Department's tuberculosis policy.

Investigations on four reported outbreaks of diphtheria and one of typhoid on farms were carried out. Precautionary measures were taken to prevent any infection being conveyed into the City via the milk supplies.

#### Examinations of Dairy Herds.

Two veterinarians on the staff of the Abattoir and Livestock Market Department are seconded to the City Health Department. These officials work in close collaboration with the farm dairy inspectors, their main function being the supervision of dairy herds.

During the year 730 herds (totalling 62,993 cattle) were inspected of which 93 herds were reported not inoculated against anthrax, and 210 herds not inoculated against brucellosis. Notifications were sent to 783 producers regarding contamination of their milk supplies with mastitis and brucellosis.

Details of the number of tests made for mastitis, brucellosis and tuberculosis are given in Annexure 7. Fuller details of inspections on dairy herds are recorded in the Annual Report of the Director, Abattoir and Livestock Market Department.

#### Laboratory Examinations.

The Council's laboratory chemists undertake the examination of samples of milk and certain milk products throughout the year. (See Annexure 7). In general, the examinations revealed a satisfactory standard in the pasteurised and sterilised milks with some seasonal fluctuations in the quality of the raw milks. The regular 'field'

phosphatase/ .....

phosphatase tests undertaken by inspectors and pasteurisation depot operators play an important part in maintaining an acceptable standard of milk pasteurisation.

Samples are also taken for submission to the Government Analyst for tests for milk fat and solids - non-fat in terms of standards for milk specified by the Food and Drugs Act.

As a routine check on sales and deliveries in the City 711 such samples were tested and 29 were found to be sub-standard or adulterated milk, resulting in 28 prosecutions and R405 being paid in fines. Of the remaining samples, 16 had a solid-non-fat content between 8.0% and 8.5% which is slightly below the prescribed minimum but prosecutions were withheld in accordance with standing instructions of the Secretary for Health. A further 29 samples were taken, from bulk supplies arriving at Railway stations and pasteurisation depots in the Municipal area, on behalf of the Secretary for Health. One of these samples was sub-standard or adulterated.

#### 5. ABATTOIR AND MEAT INSPECTION.

The Council's Abattoir functions as a separate Department under the Director of Abattoir and Livestock Market Department. The distribution and sale of meat in the City is controlled by the City Health Department.

Slaughtering and meat inspection activities during the year were as follows:-

##### Number of Animals Slaughtered.

Cattle	333,774
Sheep	1,114,880
Calves	57,722
Equines	10,858
Pigs	175,726

##### Inspection of Imported Meat.

Beef	27,240,087
Mutton	674,130
Veal	60,850
Pork	517,340
	<hr/>
	28,492,407

The carcasses of 6,104 cattle and 6,030 pigs were condemned and processed in the by-products plant. Measles accounted for the condemnation of 39.7% of the cattle carcasses and 48.18% of the pig carcasses. A further 3.68% of the carcasses of cattle and 0.3% of the pig carcasses with minimal infestation were detained and released after treatment.

The main/.....



The main causes for the condemnation of meat were as follows:-

Two outbreaks of anthrax occurred (see attached) in cattle and sheep received at the Abattoir. Special precautions were taken to protect consumers of meat and the personnel handling the infected material. These outbreaks have occurred from time to time and difficulty has arisen in safely disposing of the carcasses. A vertical digester was installed to deal with these carcasses intact.

Difficulties arising out of the design of the Abattoir and lack of loading space preclude the use of modern methods for the transport of meat which call for enclosed insulated vehicles with the carcasses suspended from a rail. The methods in use are the subject of some criticism primarily on aesthetic grounds but no effort is spared to ensure that basic hygienic conditions are not contravened. The erection of a new abattoir in the City Deep area was approved in principle by the Council on 29th May, 1962.

The main causes for the condemnation of meat were as follows:-

Cattle:

Measles	41.8%
Gangrene	15.0%
Tuberculosis	10.9%
Pleurisy and Peritonitis	5.0%
Peritonitis	3.1%

Sheep:

Fever	67.7%
Pneumonia	6.4%
Icteris	5.0%
Caseous Lymph	2.3%
Gangrene	1.6%

Pigs:

Measles	52.4%
Gangrene	14.0%
Tuberculosis	9.6%
Scrotal Sepsis	4.7%
Pleurisy and Peritonitis	2.4%

6. OTHER FOODSTUFFS.

(a) Municipal Market:

Early morning inspections of foodstuffs exposed for sale at the Municipal Market were maintained on all days that the market opened; and all unsound foodstuffs were seized and destroyed. The district inspector also makes inspections during the day in the course of his normal duties. The Market Master and the City Engineer's cleansing

branch/ ....

branch afforded the fullest co-operation in ensuring a good standard of cleanliness in the market generally and in the numerous stalls handling and selling foodstuffs.

Dressed poultry is examined prior to being offered for sale by auction; 30,395 birds were inspected of which 515 (1.03%) were condemned and destroyed as being unfit for human consumption.

The dressed birds consisted of 28,571 fowls, 870 ducks, 182 geese and 772 turkeys.

In addition 283,998 live birds were offered for auction. This figure comprised 257,644 fowls, 11,473 turkeys, 2,148 geese, 3,907 ducks and 8,826 pigeons.

Game animals and birds consigned to the market were also subjected to pre-sale inspections with the following results:

<u>Type of Game.</u>	<u>No. Examined.</u>	<u>No. Condemned.</u>
Blesbok	802	3
Impala	299	1
Kudu	3	-
Rabbits	108	-
Rhubok	20	-
Springbok	670	4
Takbok	1	-
Warthogs	1	-
Wildebeest	12	1
	<u>1,916</u>	<u>9</u>

<u>Game Birds.</u>	<u>No. Examined.</u>	<u>No. Condemned.</u>
Guinea Fowl	639	-
Partridges	4	-
Pea Fowls	28	-
Total:	<u>671</u>	<u>-</u>
Grand Total:	<u>2,587</u>	<u>9</u>

(b) Business Premises:

The inspection routine covering wholesale and retail stores handling foodstuffs in the City resulted in 47,614 lbs. of various types of food being condemned during the year. Of this quantity 66.5% comprised canned foodstuffs, the remainder consisting of fresh and frozen fish, fresh and dried fruit, vegetables, mealie meal, apples and cabbages.

(c) Food/ ....



(c) Food Hygiene Schemes:

Two teams each comprising 1 European and 1 Non-European health inspectors continue to give practical instruction and advice to the management and kitchen staffs of food premises and nursing homes. Lectures and demonstrations were given to the management and staffs of 435 businesses of which 164 were hotels and boarding houses, 149 were restaurants and tearooms, and 73 fish and chips shops. The total number of employees was 2,408. Organised lectures and film shows were given to 1,261 persons at 36 premises. Lectures were given on 45 occasions at the Department's lecture theatre.

The teams collaborated closely with the Senior Health Visitor (Nursing Homes and Midwives) in the anti-sepsis measures in nursing homes 4,742 swabs and samples were taken at nursing homes for bacteriological tests.

(d) Early Morning Inspections - Foodstuff Deliveries, etc.

Special early morning inspections were continued throughout the year to assess the hygienic condition of vehicles and personnel engaged in wholesale and retail trades distributing bread, fish, meat and other fresh foodstuffs. Warnings were given or prosecutions instituted, depending on the nature and degree of any offence observed.

(e) Food Sampling:

Samples of food are taken mainly for the purpose of checking on possible adulteration in terms of the Food, Drugs and Disinfectants Act. The samples are submitted to the Government Analyst whose laboratory is now in Pretoria on behalf of the City Health Department and the Secretary for Health.

Government Notice No. 911 of 16th May 1930, as amended, vests the Johannesburg City Council with authority to take food samples in its area of jurisdiction. Government Notice No. 1834 of 9th November 1962 raises the annual quota of samples for free examination from 1,448 to 1,848. In granting this increase of 400 samples per annum (300 milk and 100 other foodstuffs) the Secretary for Health has advised this Department that the increase is to be restricted to food samples taken in the Non-European Townships under the control of the Council.

The samples taken are recorded in Annexure 7 . There were 28 successful prosecutions for adulteration of milk, 57 for adulteration of meat and 5 for adulteration of honey.

(f) Tea and Coffee Carts:

No progress has been made in the control of tea and coffee vendors trading under insanitary conditions from dilapidated semi-portable carts. Efforts to obtain adequate legal powers to control them have so far proved unsuccessful. The numbers remain much the same as will be seen from the table below.

SURVEY/ .....



SURVEY OF THE NUMBER OF TEA AND COFFEE CARTS -  
CARRIED OUT IN 1950, 1955, 1960, 1961, 1962.

No. of Carts	1950	1955	1960 4.8.1960	1961 2.5.1961	1962 Survey 4.12.1962	In Operation	Apparently Abandoned
In Municipal Area	553	1,031	1,365	810	1,060	959	101
In Bantu Areas	69	8	42	Not Surveyed	11	10	1
	622	1,039	1,407	810	1,071	969	102

(g) Street Mealie Vendors and Fruit Hawkers:

The sale of cooked mealies in the streets near Bantu bus stops and railway stations continues when these commodities are in season. The preparation and handling of these foodstuffs is invariably of a poor standard with the additional nuisance caused by littering of the streets and pavements with mealie skins, cobs, fruit skins and pips. The Traffic Department has taken routine action but the vendors persistently resume their trading soon after each raid.

7. OTHER MATTERS.

(a) Witwatersrand Agricultural Society's Annual Show:

This popular event was held from 10th April to 23rd April 1962, inclusive. The overall total attendance was 555,208 persons, the highest attendance on any one day being 99,133 persons.

The catering facilities were provided under hygienic conditions. The removal of refuse and manure, rodent control and latrine facilities were satisfactory.

(b) Controlled Tipping of Domestic Refuse:

Regular inspections of tipping sites were made during the year to ensure a minimum of dust and smell nuisance and effective control of fly breeding and rodent harbourage. In general the tipping is conducted in a satisfactory manner.

The unauthorised tipping of garden refuse and other wastes on vacant stands continues to be a nuisance and efforts to control it are not entirely successful.

(c) Amendments to Public Health By-laws:

Four new chapters of the Public Health By-laws were promulgated in Administrator's Notice No. 877 of 12th December 1962. These were

Chapters/ .....



Chapter 8 (Food-handling By-laws); Chapter 9 (Bakery By-laws); Chapter 10 (Restaurant and Tea Room By-laws); Chapter 11 (Hotels, Boarding and Lodging House By-laws). The revision of other chapters is proceeding.

(d) Pest Control:

The staff which is responsible for anti-rodent measures (referred to in the section dealing with plague control) is also responsible for the control of other pests.

Regular insecticidal work is carried out at Municipal compounds, stables, sewage disposal works and in sewers, etc., to prevent breeding and to destroy flies, cockroaches, bugs and mosquitoes by the use of a special insecticidal fog applicator machine. Mosquito surveys and regular routine spraying of all water courses and dams in the Municipal area are also carried out.

All streams and dams likely to favour mosquito breeding are sprayed with suitable insecticides and specific complaints of the prevalence of mosquitoes are investigated and dealt with where necessary.

By means of a mobile 'TIFA' fogging machine, 109 properties, including compounds were treated for bugs, and sewers were "fogged" to control cockroach infestation on 8 occasions at the request of the City Engineer's Department. Fogging of sewers is confined to Sundays to ensure that members of the public are not exposed to any inconvenience or possible danger.

The staff constantly experiments with different products to overcome the resistance problem and to find cheaper and longer lasting insecticides. Some success has attended these efforts. Tests are made by the South African Bureau of Standards with various products on specific batches of insects supplied by the Department.

The snail survey for bilharzia vectors was concluded in April, 1962. The collection of snails continues at the request of the South African Institute of Medical Research which is conducting extensive research into all aspects of the disease.

(e) Control of Food Premises and Distribution of Food:

The normal routine inspections of food premises continued during the year as a major activity of the Department.

(f) Food Poisoning:

There were 4 reports of suspected food poisoning outbreaks, all of a minor nature.

- (i) A housewife, her two children and a Bantu servant were reported on 29th January to be ill with symptoms suggestive of food poisoning. The family had just returned from the

Cape/ .....

Cape and became ill soon after eating some biltong purchased en route. Samples of dijecta from all those affected were examined and salmonella adelaide was isolated from the faeces of the housewife. The biltong yielded cultures of aerobacter, aerogenes and streptococcus faecalis. The result of the investigation was inconclusive.

- (ii) An adult male reported on the 19th April that 3 days previously he had suffered from diarrhoea  $4\frac{1}{2}$  hours after eating some cooked boerewors and that the day before he suffered severe stomach cramps and faintness after eating another portion of the same boerewors. Samples of his urine were negative and so was a culture from the cooked boerewors. The raw product yielded a moderate growth of staphylococcus aureus. Nasal and throat swabs from the employees of the butcher shop concerned were negative except for those of one female but the staphylococcus aureus isolated was of a different phage type from that isolated from the raw boerewors.

The boerewors was probably responsible but this was not conclusively demonstrated.

- (iii) A medical practitioner reported on the 25th July 1962 that a mother and two daughters complained of vomiting and diarrhoea 3 - 5 hours after the evening meal the previous day. The father and the domestic servant had no symptoms. Ice cream and fish were suspected. Culture of the former yielded no organisms of the food poisoning group and of the latter an abundant growth of streptococcus faecalis. No dijecta were available for culture but the nasal swabs of the servant and of one of the daughters were positive for staphylococcus aureus.

The result of the investigation was recorded as inconclusive.

- (iv) A report was received from a business concern on the 24th August 1962 that two adult female employees were ill with symptoms of food poisoning. They had eaten crayfish mayonnaise at a restaurant an hour before. Both had headaches, one vomited, neither had diarrhoea. No vomitus was available but employees of the restaurant were swabbed. A scanty growth of Cl. melchii (type A by serological test) was obtained from the throat swab of the head waiter, a swab from the cloth over the salad-cutting board and from a plate of left-over crayfish mayonnaise and also from the stools of both patients.

The conclusion was reached that the illness was due to Cl. melchii toxins in the food consumed.



### VIII. DISPOSAL OF WASTES.

The services referred to in this section of the report are provided by the City Engineer's Department. The City Engineer has appointed a Joint Technical Staff Committee which is a standing committee comprising members of his own staff and of the City Health Department. Matters affecting the disposal of wastes and other matters of mutual interest to both departments are discussed and investigated.

#### 1. Refuse Disposal.

In terms of the Council's By-laws, owners of premises are required to provide approved types of covered refuse receptacles for the storage of refuse pending its removal. Refuse collection is carried out mainly on a tri-weekly basis for domestic premises and on a daily basis (6 days) for business premises. Mechanisation of the collection service was completed in September and all mules, horses and animal drawn vehicles were disposed of by auction. Vrededorp Compound was closed.

The bulk of refuse is disposed of by controlled tipping (1860.1 tons per day) and a small proportion by incineration (3.69 tons per day). The regular inspection of tipping sites by health inspectors is a routine procedure to ensure effective control of rodent harbourage, fly breeding and other nuisances.

The tipping system is invaluable to provide disposal facilities and at the same time to convert large areas of eroded or waste lands for playing fields and parks, etc., with a limited amount of building being allowed thereon under prescribed health and structural conditions.

#### 2. Sewage Wastes.

With the exception of certain outlying and newer townships, both residential and industrial, the greater part of the City area is sewered. Some of the Bantu townships are sewered and some are on pail service but an extensive programme for providing water borne sewerage to all areas is now well under way. The average number of pails removed nightly is 2,166.

Unsewered areas are served by a pail closet system with tri-weekly removals but a nightly service is given in some areas and in special circumstances. Conservancy tanks provide a useful alternative but this service is restricted by the number of vacuum tankers available. At the end of the year 460 conservancy tanks were in operation.

Pit privies are not permitted in the Municipal area. Septic tank installations are permitted but only where a sewer cannot be provided and if the tank can be situated at a suitable distance from the dwelling and the boundary of the property concerned.

The disposal of waste water in unsewered areas is usually by means of 'french' drains or surface irrigation. The efficiency of these methods depends largely on the absorptive qualities of the soil, and to some extent on the design and construction of drains to match the demand. Nuisances frequently arise where the soil is of low absorbency, or where there is insufficient depth due to the presence of high level rock strata.

The layout/ .....

The layout of the Council's sewerage system provides for disposal plants so situated as to ensure a maximum of gravity drainage to avoid pumping. The additional disposal works at Olifantsvlei serves the Bantu townships and relieves congestion at the older Klipspruit plant serving some of these Townships and the southern sections of the City.

The Northern Sewage Disposal Works serves the northern section of the City plus adjoining sewered areas administered by the Peri-Urban Areas Health Board. It replaces the three works at Bruma, Cydna and Sandringham which were closed down during 1961 and takes the daily overflow from Delta Works. The latter is to be closed eventually, possibly in 1963.

The average flow of sewage received at the purification works was as follows:

Delta	4,000,000 gallons per day
Klipspruit	23,000,000 gallons per day
Olifantsvlei	8,000,000 gallons per day
Northern Sewage Works	11,000,000 gallons per day.

The part played by the City Health Department in assisting the City Engineer to comply with the standards laid down in the Water Act (No. 54 of 1956) and the regulations framed thereunder and with the requirements of the Public Health Act, is detailed in the section dealing with the Laboratory Branch.



## IX. WATER SUPPLIES.

The City's water supply is maintained by the Rand Water Board, the main source being the Vaal River. After treatment the water is delivered in bulk at an agreed rate to the Council's reservoirs and thence through the reticulation system also owned and controlled by the Council. The Council has 13 service reservoirs and nine water towers, including two of each type in the Bantu occupied areas. All are decked over.

The sale of the water to consumers is based on a metering system with charges for domestic supplies at the rate of 29c. (2/11d.) per 1,000 gallons up to 100,000 in any one month and 17½c. (1/9d.) per 1,000 thereafter. Lower rates are charged for charitable institutions and sporting bodies. During 1962 the amount of water purchased by the Council was 21,119,275,000 gallons with an average daily consumption of 57,710,400, a substantial increase on the previous year.

Throughout the year weekly water samples were taken by this Department's health inspectors at various points where the water passes into supply. A number of private boreholes are in use in the Municipal area some of which are used for supplying large buildings such as blocks of flats, and periodic samples are taken to assess purity and potability. Suitable action is taken where tests of City supplies indicate any unusual condition. Borehole supplies are restricted to non-potable usage where tests reveal sub-standard conditions. The number of tests is recorded in Annexure 7.

The Medical Officer of Health is Honorary Medical Officer to the Rand Water Board.

## X. LABORATORY BRANCH.

The staff position was relatively stable during the year although there is still a shortage of chemists and two of the posts were filled temporarily by laboratory assistants, now designated chemical assistants. The staff was reorganised to increase the number of chemical assistants to take over routine procedures under supervision.

The main laboratory of the Branch is at Cydna with subsidiary laboratories at the various sewage purification works (Northern, Delta, Klipspruit and Olifantsvlei) and at the Bantu Beer Brewery, the power stations (Orlando and Kelvin) and the Gas Works.

Most of the general analytical and bacteriological work is done at the Cydna Laboratory but some is delegated to the other laboratories apart from their more specialised work.

The Chief Chemist and the Chief Sewage Engineer were sent overseas by the Council to attend the tour of water and waste-water plants in Switzerland and Southern Germany organised by the Institute of Sewage Purification and to visit a number of sewage works in Great Britain. The Chief Chemist also visited selected gas works in Britain and attended the Annual Conference of the Institute of Sewage Purification at Llandudno.

The Bacteriologist, while overseas on leave, visited the Metropolitan Water Board, the National Institute for Research in Dairying at Reading and three other research and public health laboratories in England. She also attended the First International Conference on Water Pollution in London in September.

The functions of the Branch are outlined in the following paragraphs.

### 1. Sewage Treatment.

The primary function of the Chief Chemist and his staff is to advise the Medical Officer of Health and the City Engineer in carrying out their statutory obligations in regard to the quality of the effluent discharged from the Council's sewage works. Other duties have been added from time to time.

The first appointment of a biochemist was made in 1931 as a result of complaints of smell from the Bruma Works, recently closed down, and one of his first tasks was to investigate improved methods of purification. Various types of experimental activated sludge plants were installed and as a result the works were re-designed.

The biochemical staff keeps a constant check on the operation of the sewage works by means of routine chemical analysis to maintain efficient operation and to ensure that the bacteriological and chemical requirements laid down by the Water Act are met so that the final effluents will not endanger health in any way.

In addition/.....



In addition research work is undertaken to improve operation and to ensure that extensions to existing works and construction of new works will give optimum results for the expenditure incurred. This research is carried out by a committee of chemists and engineers appointed for the purpose. Officials of the City Health and City Engineer's Departments meet monthly to discuss problems of sewage purification, water supply and other matters of mutual interest.

The standard of effluents have been satisfactory. A table showing the average annual analysis for all the works is given in Annexure 14. A full report on the operation of the works is issued by the City Engineer.

The Delta Works, opened in 1935, will be the last of the smaller works to be closed down, probably early in 1963.

The Klipspruit Works supplies 5 million gallons per day of sand filtered effluent as cooling water for the Orlando Power Station. About 3 m.g.d. are irrigated on land after primary settlement only and the balance of 13 m.g.d. is irrigated after biological filtration. Over 8 hundred thousand cubic feet of sludge digester gas per day was sold to the cyanide factory.

The Olifantsvlei Works treat sewage almost entirely from the Bantu areas. The first unit of the works has been completed and 6 maturation ponds covering 35 acres were placed in commission in the middle of the year.

The Northern Works supplies sand filtered effluent as cooling water for the Kelvin Power Station 16 miles away. The first unit is complete and a second unit is nearing completion. At peak flow periods the surplus overflows to a series of oxidation ponds where purification is of a high standard. The effluent except that which is sand filtered passes through a series of maturation ponds which provide for about 3 weeks detention, and is then discharged to the Jukskei River. Much experimental work is being done to ensure that the effluent is of high quality chemically and bacteriologically.

Detergents are a problem at all the works. Research is being carried out by the Laboratory Branch as a joint project with the Institute for Sewage Purification and the National Institute for Water Research.

The Government gazetted regulations during the year (Government Notice No. R.969 of 22 June 1962) laying down standards for effluents from all industries and sewage works. These provide for very high standards.

## 2. Industrial Effluents Control.

Supervision of industrial plants is maintained to ensure that effluents discharged into the sewer will not be a danger to the health of sewer maintenance personnel or operators at the sewage works, that they are amenable to treatment and that they will not have any deleterious

effects/.....



effects on stormwater drains, sewers or disposal works. Plants and processes are studied and the volume and strength of effluents are assessed, plans for new factories and alterations are scrutinised and owners are required to make modifications where necessary. Charges are adjusted according to the nature and strength of the effluents accepted. The number of samples of industrial effluent collected and examined during the year was 3,500 and 320 factories were assessed for effluents discharged into the sewers.

The Council's new Drainage and Plumbing By-laws were gazetted in August 1962. These provide for a new formula for assessment based on an average Permanganate Value strength.

### 3. Bacteriological Work.

This is centred on the Cydna Laboratory where a bacteriologist organises and carries out bacteriological tests on various products and commodities. These include milk and milk products, drinking waters, swimming bath water, sewage materials bought on contract by Municipal Departments such as antiseptics and disinfectants, Bantu beer, etc. Details of samples examined are included in Annexure 7.

Milk: Samples of raw, pasteurised and sterilised milk are collected by health inspectors and submitted for bacteriological tests and for the phosphatase test where appropriate samples of dried milk and ice cream are also examined occasionally. The total number of milk samples examined was 3,292.

Water: Samples of domestic water supplies derived from various sources were examined, including samples from reservoirs, distribution points and boreholes. The samples of reticulated water were on some occasions unsatisfactory in regard to total counts and the presence of presumptive coli organisms. The causes are under investigation. Water samples were also analysed chemically.

Swimming Bath Water: Regular examinations of the water in the Council's Municipal Swimming Baths, including those at Hillbrow and at Kelvin and Orlando Power Stations, reflected a consistently high quality. Tests of the water in children's paddling or swimming pools attached to some of the larger baths also gave satisfactory results.

### 4. Bantu Beer Control.

A chemist is responsible for routine day to day control of the beer to ensure reliable standards. Research is undertaken into brewing materials, brewery plant and methods of brewing, improvement in the keeping qualities and other matters.

### 5. Analytical Work.

This is centred on the Cydna Laboratory but is also undertaken at other laboratories in addition to their specialised activities, where this is convenient. The Buying Branch relies on the results of analysis in the purchase of some two million rand worth of materials and equipment per annum.

Routine/.....



Routine analyses and investigations include analysis of oil, coal, paints, constructional stone and sand, cleaning materials, kaffir corn meal and malts, pharmaceuticals, foodstuffs, etc., analysis of municipal and non-municipal waters, testing and treating of municipal swimming pool waters, analysis and checking of blood meal and carcase meal sold at the Abattoirs. Analysis of foodstuffs for pesticides, poisoned waters, preservatives in food and milk, the use of molybdenum disulphide in lubricating greases (the cause of sludging in bus engines) cumulative arsenicals in human hair and urine and many others.

The routine work is combined with practical research such as the determination and attempted breakdown of troublesome synthetic detergents, the follow up of paint work in various departments, improvements in filtration procedures at swimming baths, etc.

#### 6. Air Pollution Control.

The measurement of the level of air pollution is being continued but is now confined to assessing smoke and sulphur dioxide at 12 points in the City. Deposit gauge measurements have been discontinued because of the time consumed in analysing the samples and because of their relative unreliability. In any case a fair idea of the deposition of solid matter has been obtained. A graph (Annexure 15) shows the variation in readings over 4 years in the central area, a suburban area and a Non-European area.

These investigations are closely integrated with the national research programme of the Council for Scientific and Industrial Research which is financed by local authorities, various industries and industrial bodies and by the State Treasury. The second annual conference of contributors was held in November. The City Council contributes R3,000 per annum. The research fund is administered by a Standing Committee of which Dr. J.W. Scott Millar is a member, and the research is directed by a Technical Advisory Committee on which the Council is represented by the Air Pollution Control Officer. Two of the items which are being investigated are the development of a cheap smokeless cooking stove and the problem of the control of diesel exhaust smoke.

National legislation is still awaited. The Department has completed the preliminary survey of installations and has adopted various measures to secure the co-operation of plant operators and members of the public. Much educative work has been done by word of mouth, practical advice to plant operators, through publicity material and through the press which has been very co-operative. Adequate legal powers are still urgently needed, however, to back up these efforts and to obtain more tangible results.

One of the measures that has produced good results has been the endorsement of trading licences, where necessary, to the effect that any fuel burning appliances must be capable of smokeless operation. This has been particularly effective in the case of food factories, dairies and hotels and boarding houses, and other businesses which require municipal licences which are subject to annual renewal. The installations are surveyed and the licencees are warned in advance that renewal of the licence will be subject to the endorsement. Good results have also been

obtained/ .....



obtained in respect of new licence applications not subject to annual renewal.

Representations to the Electricity Department have resulted in proposals to make cheaper "off peak" current available for bulk water heating for buildings with a minimum of 100 gallons of storage capacity. This will be an extension of the concession now available to business and industrial consumers.

The solid smokeless fuels - anthracite and coke - are becoming more popular in Johannesburg mainly because the installations for their consumption can be fired by hand so avoiding capital outlay on stoking equipment. The demand for coke, however, exceeds the supply available from the Gas Department. The time has arrived to investigate the manufacture of solid smokeless fuel on a large scale.

The Air Pollution Control Section dealt with 242 smoke complaints, more than half of which were brought to a satisfactory conclusion. Generally owners of buildings are more co-operative when a complaint has been lodged and when they realise that they are responsible for a specific nuisance rather than just contributing to the overall smoke problem. Some owners, however, do not respond because they realise that the legislation is ineffective.

#### 7. Gas Works.

Routine sampling and analysis assist in satisfactory process control in the manufacture of gas and by-products to required specifications. Special investigations are made from time to time. The by-products produced include coke, ammonia and tar. Control is also aimed at regulating the effluents discharged into the sewers and the prevention of air pollution.

#### 8. Power Stations.

The Branch continued with routine and research work at the power stations which involves such matters as the examination and testing of boiler waters, make up and cooling waters; analysis of oils and other lubricants; prevention of corrosion or scaling throughout the plant; rebuilding by electroplating of worn shafts; prevention of corrosion of concrete cooling towers, etc.

At Orlando Power Station an investigation into the quantity and quality of all station drains was commenced in connection with an application for a permit to discharge effluent to the stream. Improvements to the nickel plating plant have given beneficial results. At Kelvin Power Station there has been a large increase in the routine duties of the chemical staff, together with much investigational and consultative work. The corrosion of concrete by sewage effluent is still a major problem. Experiments are proceeding to familiarise the staff with the demineralising plant. The commissioning of the first boiler and turbine at Kelvin "B" and the increase in the work generally has made it necessary for the Principal Chemist to move his headquarters to this station.

The City Generating Station remains closed. Monthly visits are paid to sample boiler and economiser waters from the boilers wet-stored with hydrazine.



## XI. PUBLIC CONVENIENCES.

The Department maintains and controls 38 public conveniences for Europeans and Non-Europeans for both sexes in the City and suburbs where there is a demand for these facilities which can be met. The total number includes a convenience for Non-Europeans opposite Stand 1 R.E. Maryvale which was placed in use on 18th October, 1962.

Additional conveniences are available in various parks and in premises controlled by other municipal departments.

A programme for providing adequate conveniences for the City, based on previous programmes, was adopted by the Council on the 28th February, 1956. Most of these have been completed but some are still outstanding for various reasons, some have been abandoned because changed conditions make them unnecessary and others have been added. The policy has been adopted of providing public conveniences, new shopping centres and parking garages where the size of the project warrants it.

The following are sites where public conveniences are required:

- (a) Parktown North, Stands 274/5.
- \* (b) Houghton - near King Edward VII Preparatory School.
- (c) Hillbrow - near Bantu bus stop.
- \* (d) Jeppe - open space opposite railway station.
- (e) Kensington bus terminus.
- (f) Central area - old Standard Building site when this is developed.
- (g) Central area - near Cenotaph site.
- \* (h) Killarney - vicinity of Old Hyde Park Circle.
- \* (i) Jack Mincer Garage (Union Grounds) (Europeans only).
- (j) Residency Parking Garage.

The conveniences are required for Europeans and Non-Europeans except those items marked with an asterisk where facilities are required for Non-Europeans or for Europeans only.

Conveniences are urgently required at the sites denoted under (a), (b) and (c) but no progress can be made because sites are not available except at (a) where developments will take place in the near future. The other conveniences are not so urgent or are awaiting completion of garages or other developments.

## XII. CREMATION/..

## XII. CREMATION OF DECEASED PERSONS

Cremations in the Braamfontein Crematorium numbered 1,504 during the year, an increase of 50 over the previous year. The By-laws relating to cremations promulgated during 1957 do not make any provision for special medical certificates other than those normally required for the burial of a body. There is the possibility that this procedure may be open to abuse but this is purely a medico-legal as opposed to a public health consideration.

The control of cremations is under consideration by the Transvaal Provincial Administration. A meeting was convened in Pretoria on the 19th December, 1962, to discuss a draft Cremation Ordinance. The draft provides for powers to make regulations (inter alia) for "prescribing forms of notices, certificates and declarations to be given or made before any human remains may be cremated". But these powers are specifically made subject to the relative provisions of the Births, Marriages and Deaths Registration Act. Unless the Act is amended to revise the definition of "burial" to exclude "cremation" any attempt to prescribe additional certificates or precautionary procedures are likely to be abortive.



XIII. HEALTH EDUCATION, TRAINING AND PUBLIC RELATIONS.

The year was marked by the appointment of a health visitor to devote her whole time to health education. Miss J.A.M. Monnik assumed duty in this capacity on the 15th January 1962. She spent the first few months becoming thoroughly acquainted with the activities of the Department and in getting to know the staff and thereafter in organising her own work to supplement the routine educational activities of health visitors and other members of the staff. She gave a number of lectures to the staff of the Department, mothers, student health visitors and other groups, arranged for other talks and demonstrations and assisted in the preparation of material for broadcasting to Bantu audiences.

The lecture room on the ground floor at 18 Hoek Street and the facilities for screening colour slides and cinematograph films were available to all members of the staff and full use was made of them. Good progress was made with the building up of public health models and exhibits in the adjoining basement but the work was not completed.

All members of the staff played an active part in the education of the public in health matters in the course of their routine duties and otherwise. Formal talks were given to special groups and at conferences. These are listed in Annexure 16. The food hygiene health education teams continued with their practical demonstrations, lectures and training of food handlers.

Visits were arranged by request for parties of students and others to visit the laboratories at sewage purification works, the Disinfecting Station and other points of interest, and visitors to the city were shown over the polyclinics in the Bantu townships when occasion offered. Nurses and other persons visited the Klipspruit Works for instructional purposes. Short explanatory talks were given on the sewage purification processes. Many of these visitors were university students or scholars, the latter also being conducted over the laboratory as part of their "careers guidance" training.

The Medical Officer of Health and members of his staff have taken an active part in their own professional organisations and in welfare and other bodies actively associated with public health work. These activities are encouraged as a means of keeping their knowledge and enthusiasm up-to-date and in maintaining good public relations while, at the same time, assisting organisations which directly and indirectly contribute a great deal to the health and welfare of the community. By resolution of the General Purposes Committee (12th January 1960) Heads of Departments are authorised to approve of officials in their departments serving on such committees during working hours and lists of officials so serving are reported to Standing Committees at the beginning of each year for information. The list is quite a formidable one as there are so many organisations doing worth while work in the public health field. Members of the staff devote much of their spare time to serving on these committees which meet mostly outside office hours and take up a minimum of official time.



The Medical Officer of Health has maintained good relations with the Press which has been very helpful and ready to assist in many directions, an attitude which is much appreciated. Thanks are also recorded to the Public Relations Officer of the Town Clerk's Department who has assisted in maintaining good relations with the public and in publicising matters of special topical interest.

The Witwatersrand and Pretoria Public Health Consultative Committee continues to function. It is sponsored by local authorities in the area and further afield which are represented by the Medical Officers of Health, Veterinarians and Chief Health Inspectors. The Committee acts as a forum to discuss health matters of local interest, to draw up public health by-laws and to prepare and distribute material for health propaganda.

The Research Co-ordinating Sub-Committee of the Joint Technical Staff Committee comprises members of the staff of the City Health and City Engineer's Departments and co-ordinates experimental and research work, mainly on sewage purification and related problems.

The Council was officially represented at a number of conferences and annual general meetings of national bodies. The names of the delegates are included in the following list:

1. Nursery School Association of South Africa; annual meeting held in Cape Town from 9th to 11th July 1962. Councillor I. Myers and Miss E. Brosius.
2. International Conference on Water Pollution Research held in London, England, on the 3rd to 7th September 1962. Mrs. L. Melmed.
3. Institute of Public Health; annual congress held in East London from the 15th to 19th October 1962. Councillor (Dr.) A.D. Bensusan, Dr. J.W. Scott Millar and Mr. A.H. Spargo. Mr. W.M. Mc Conaghy (Hon. Secretary), Mr. N. Wiggins and Mr. P.G. Meyer attended as representatives of the Institute.
4. South African Chemical Institute; 16th annual Chemical Convention held in Johannesburg from the 2nd to 11th July 1962. Dr. E.G. White and other members of the staff.
5. National Council for Child Welfare; annual meeting held in Pietermaritzburg from the 24th to 28th September 1962. Councillor I. Myers, Dr. A.H. Smith and Dr. O.I.B. Kreher.
6. Council for Scientific and Industrial Research for Work on Air Pollution Conference held in Johannesburg on the 27th November 1962. Councillor M.L. Neppe, Dr. J.W. Scott Millar and Mr. G. Owen Davies from the Town Clerk's Department; also represented on the Technical Advisory Committee by Mr. L.E. Tucker. Dr. B. Mundel was an observer.

Formal Education: The Medical Officer of Health is Lecturer in Urban Health Administration at the University of the Witwatersrand and, with

other/.....



other members of the staff, assists with the teaching of undergraduate and postgraduate medical students. The Senior Dental Officer (Orlando) is Honorary Lecturer in Public Health and Preventive Dentistry and gave demonstrations at the Orlando Dental Clinic to final year dental students and pupil health visitors.

Members of the staff assist the Witwatersrand Technical College with the theoretical and practical training of health visitors and health inspectors and also conduct oral examinations on behalf of the examining body. Practical demonstrations are given to pupil nursery school teachers and students for diploma in paediatric nursing.

Study Courses: One medical officer attended a refresher course for general practitioners at the Witwatersrand University and four health inspectors attended a course for dairy inspectors in Pietermaritzburg from the 23rd to 26th January 1962. The Chief Chemist made a study tour of waste water plants in Europe in April 1962.

The Health Visitors' Discussion Group organised a refresher course for health visitors in Johannesburg and sponsored a visit from Miss A.A. Graham, a prominent health visitor from England, who toured the country giving many interesting and informative talks.

Dr. Mary Crosse, an expert in premature baby care, paid a visit from Birmingham. Members of the staff met her and had some stimulating talks on our local problems.

#### XIV. FINANCE.

A schedule of the cost of the services rendered by the City Health Department for the financial year ended 30th June 1962 is included as Annexure 15 with a diagrammatic representation in Annexure 16. These annexures record the finances for the financial year whereas the balance of this report is for the calendar year.

##### Expenditure.

The expenditure figures for the various services operated by the Department are made up of Salaries, Wages and Allowances, Miscellaneous Expenses, Repairs and Maintenance, Loan Charges and Revenue Contributions to Capital Outlay.

The cost of services provided for Non-Europeans both in the Council's Bantu Townships and elsewhere are passed on to the Non-European Affairs Department to be charged to the Bantu Revenue Account. The amount for 1961/62 was R1,861,249.

##### Income.

Income detailed in the financial summary includes refunds totalling R944,370 from the State Department of Health, under the Public Health Acts. A subsidy of R439,086 was received from the Transvaal Provincial Administration, for curative and midwifery services operated by the Council on behalf of the Administration in the Bantu Townships. The income relative to the services for Non-Europeans was paid over to the Non-European Affairs Department to be credited to the Bantu Revenue Account. The amount for 1961/62 was R1,190,619.

On the 1st April, 1958, the Transvaal Provincial Administration assumed financial responsibility for the curative and midwifery services in the Bantu Townships. The subsidy, being received by the Council, represents approximately only 82% of the cost involved as the result of the non-acceptance by the Administration of certain items of expenditure. Representations are being made for the payment of the full 100% subsidy but have not yet been concluded.

The net cost of the services for which the City Health Department is responsible increased by R117,058 as compared with the previous financial year.

The most significant increases took place in the following activities of the Department:-

- (a) Medical Services in the Bantu Areas (R53,862). The main reasons for the increase were, filling of staff vacancies - both European and Non-European - and a substantial rise in the price of drugs, medicines and foodstuffs. The present basis of calculation of the subsidy from the Transvaal Provincial Administration does not immediately cover such increases - the subsidy being adjusted in a later year.

- (b) Tuberculosis/...



- (b) Tuberculosis Services (R19,338). The increase here is accounted for by the Council's share of additional expenditure on hospitalisation of patients in terms of the Public Health Act, as well as the filling of staff vacancies.
- (c) Chemical Division (R16,702). During the year 1961/62 the Smog Control Section was expanded and vacancies on the establishment for Chemists were filled. The replacement of obsolete items of laboratory equipment cost approximately R4,000.
- (d) Fever Hospital (R8,078). The increase in the net cost is due almost entirely to a drop in the income for 1961/62 arising out of reduced bed occupation.
- (e) Public Conveniences (R9,609) - R8,000 of the increase is due to the engagement of additional European and Bantu staff for new conveniences opened during the year. Increased Stores, Water and Loan Charges accounted for approximately R1,600.
- (f) Sanitation Branch (R8,078). Filling of staff vacancies accounted for R3,000 and increased charges for veterinary inspection of dairy herds by the Abattoir and Livestock Market Services for R3,000, while there was a drop of approximately R1,800 in the income accruing from fines for the contravention of the Public Health By-laws and from testing of borehole water samples.
- (g) In other Sections of the Department small increases occurred mainly as a result of the filling of staff vacancies. These were offset by increased income from Refunds, and decreased expenditure resulting from the discontinuance of the Food Distribution Service.

The decisions in regard to the findings of the Borckenhagen Committee on financial and other responsibilities of local authorities relative to other levels of Government are still awaited. These decisions may be delayed until the report of the Schumann Commission is received.

REPORT B FOLLOWS THE ANNEXURES.

STAFF ESTABLISHMENT AS AT 31ST DECEMBER 1962.HEAD OFFICE ADMINISTRATION:

- 1 Medical Officer of Health
- 1 Deputy Medical Officer of Health
- 3 Assistant Medical Officers of Health
- 1 Administration Officer
- 1 Chief Clerk
- 16 Clerks
- 10 Woman Assistants
- 9 Shorthand Typists
- 2 Telephonists
- 10 Unskilled Labourers (Bantu)

INFECTIOUS, COMMUNICABLE AND PREVENTABLE DISEASES:

- 1 Senior Infectious Disease Inspector
- 1 Woman Assistant
- 1 Health Inspector (Bantu)

DISINFECTIONS AND REMOVALS:

- 1 Transport and Disinfecting Superintendent
- 1 Assistant Transport and Disinfecting Superintendent
- 4 Disinfecting Officers
- 1 Recorder
- 1 Chargehand Mechanic
- 3 Mechanics
- 1 Mobile Messenger (Bantu)
- 15 Unskilled Labourers (Bantu)

FEVER HOSPITAL:

- 1 Physician-in-Charge (Part-time)
- 1 Ear, Nose and Throat Surgeon (Part-time)

WATERVAL HOSPITAL:

- 1 Medical Superintendent
- 3 Medical Officers
- 1 Radiologist (Part-time)
- 1 Matron
- 2 Nursing Sisters
- 1 Food Supervisor
- 2 Radiographers
- 1 Specialist in Physical Medicine (Part-time)
- 1 Orthopaedic Surgeon (Part-time)
- 1 Physiotherapist (Part-time)
- 1 Occupational Therapist
- 1 Clerk-in-Charge
- 1 Woman Assistant
- 1 Hygiene Officer/Handyman
- 1 Night Superintendent (Female) (Bantu)
- 9 Sisters (Bantu)
- 24 Nurses (Bantu)
- 58 Nursing Assistants (Uncertificated) (Bantu)
- 4 Orderlies (Bantu)
- 4 Clerks (Bantu)
- 2 Radiographer's Assistants (Female) (Bantu)
- 1 Female Instructor (Bantu)
- 63 Unskilled Labourers (Bantu)

TUBERCULOSIS SERVICES:

- 1 Chief Tuberculosis Medical Officer
- 1 Assistant Chief Tuberculosis Medical Officer
- 4 Medical Officers
- 1 Radiologist (Part-time)
- 1 Senior Health Visitor
- 18 Health Visitors (A)
- 8 Welfare Officers (A) and (B)
- 4 Nursing Sisters
- 2 Radiographers
- 2 Technical Assistants (A)
- 1 Clerk

TUBERCULOSIS SERVICES: (Contd.)

- 3 Woman Assistants
- 57 Nurses (Bantu) (A)
- 16 Clerks (Bantu) (A)
- 14 Clinic Assistants (Female) (Bantu) (A)
- 3 Transport Drivers (Bantu)
- 1 Orderly Clinic (Bantu)
- 1 Radiographer (Bantu)
- 3 Darkroom Assistants (Bantu) (A)
- 9 Welfare Assistants (Bantu) (B)
- 19 Labourers (Bantu) (A)

VENEREAL DISEASES SERVICES:

- 1 Consultant Venereologist (Part-time)
- 2 Medical Officers (Part-time)
- 2 Clinic Orderlies (Part-time)
- 1 Technical Assistant (Part-time)
- 1 Orderly (Clinic) (Bantu)

MATERNAL AND CHILD HEALTH SERVICES:

- 1 Pediatric Officer (Part-time)
- 1 Chief Child Welfare Medical Officer
- 1 Assistant Chief Child Welfare Medical Officer
- 11 Child Welfare Medical Officers
- 1 Chief Health Visitor
- 1 Senior Health Visitor (Health Education)
- 48 Health Visitors (A)
- 3 Nursing Sisters
- 5 Clinic Attendants
- 4 Woman Assistants
- 21 Health Visitors (Bantu)
- 7 Clinic Assistants (Bantu) (A)

SUPERVISION OF NURSING HOMES AND MIDWIVES:

- 1 Senior Health Visitor
- 3 Health Visitors
- 1 Woman Assistant

DISPENSARY:

- 1 Chief Pharmacist
- 2 Pharmacists
- 11 Unskilled Labourers (Bantu)

PUBLIC CONVENIENCES:

- 2 Supervisors
- 47 Attendants
- 96 Unskilled Labourers (Bantu)

NURSERY SCHOOLS AND DAY NURSERIES:

- 1 Medical Officer
- 1 Inspectress of Nursery Schools
- 1 Senior Supervisor
- 6 Supervisors
- 15 Assistant Supervisors
- 6 Nursery Assistants
- 1 Driver/Handyman
- 1 Woman Assistant
- 2 Senior Assistant Supervisors (Bantu)
- 11 Assistant Supervisors (Bantu)
- 7 Cooks (Bantu)
- 13 Unskilled Labourers (Bantu)

MEDICAL SERVICES IN BANTU LOCATIONS:

- 5 Senior Medical Officers
- 18 Medical Officers
- 1 Medical Officer (Part-time)



MEDICAL SERVICES IN BANTU LOCATIONS: (Contd.)

1 Senior Dental Officer  
5 Dental Officers  
1 Senior Health Visitor  
9 Health Visitors  
1 Orthopaedic After-Care Sister  
1 Clerk  
1 Woman Assistant  
1 Health Visitor (Bantu)  
4 Senior Nurses (Bantu)  
2 Senior Midwives (Bantu)  
79 Nurses (Bantu)  
132 Midwives (Bantu)  
31 Clerks (Bantu)  
31 Clinic Assistants (Female) (Bantu)  
8 Dentists Assistants (Bantu)  
4 Clinic Assistants (Part-time) (Bantu)  
31 Jeep Drivers (Bantu)  
47 Unskilled Labourers

SANITATION DIVISION:

1 Chief Health Inspector  
4 Divisional Health Inspectors  
12 Senior Health Inspectors  
61 District Health Inspectors  
3 Learner Health Inspectors  
2 Veterinarians (C)  
3 Clerks  
2 Pest Control Inspectors  
21 Pest Control Overseers  
2 Supervising Health Inspectors (Bantu)  
1 Health Inspector (Coloured)  
16 Health Inspectors (Bantu)  
59 Unskilled Labourers (Bantu)

LABORATORY DIVISION:

1 Chief Chemist  
1 Assistant Chief Chemist  
5 Principal Chemists  
1 Air Pollution Officer

LABORATORY DIVISION: (Contd.)

10 Chemists  
6 Inspectors (Air Pollution Control)  
1 Industrial Effluents Sampler  
1 Bacteriologist  
1 Laboratory Technician  
10 Chemical Assistants  
1 Clerk  
1 Typist  
3 Chemical Engineering Students  
13 Unskilled Labourers (Bantu)

MEDICAL EXAMINATION CENTRE : BANTU

REGISTRATION DEPOT:

1 Senior Medical Officer  
3 Medical Officers (2 European or Non-European)  
1 Radiologist (Part-time)  
1 Technical Assistant (X-ray)  
1 Medical Orderly  
1 Radiographer (Bantu)  
4 Orderlies (Medical) (Bantu)  
2 Clinic Orderlies (Bantu)  
4 Orderlies (X-ray) (Bantu)  
1 Nurse (Bantu)  
1 Nurse/Aide (Bantu)  
2 Clinic Assistants (Bantu)  
1 Dark Room Assistant (Bantu)  
1 Messenger (Bantu)

EUROPEAN HOUSING:

1 Housing Officer  
1 Assistant Housing Officer  
1 Housing Supervisor  
1 Senior Assistant Housing Supervisor  
2 Housing Assistants  
7 Assistant Housing Supervisors  
2 Clerks  
7 Caretaker/Handymen  
1 Matron, Girls' Club  
1 Assistant Matron, Girls' Club  
44 Unskilled Labourers (Bantu)

- (A) Appointments to the following 22 posts which were created for preventive Health Services for the Coloured Community will only be made when the Riverlea Clinic is completed.

EUROPEANS: 4 Health Visitors;  
2 Welfare Officers;  
1 Technical Assistant.

NON-EUROPEANS: 6 Nurses;  
2 Clerks;  
4 Clinic Assistants;  
1 Dark Room Assistant;  
2 Labourers.

- (B) Five Welfare Officers and nine Bantu Welfare Assistants seconded to City Health Department from Non-European Affairs Department for full-time duties in Bantu Areas.

- (C) Seconded full-time from Abattoir and Livestock Market Department.

SUMMARY OF STAFF ACTUALLY EMPLOYED AS AT 31ST DECEMBER 1962.

<u>EUROPEANS:</u>		<u>NON-EUROPEANS:</u>	
Salaried Staff	434	Salaried Staff	505
Daily Paid	59	Daily Paid	422
	<u>493</u>		<u>927</u>

# ANNEXURE 2

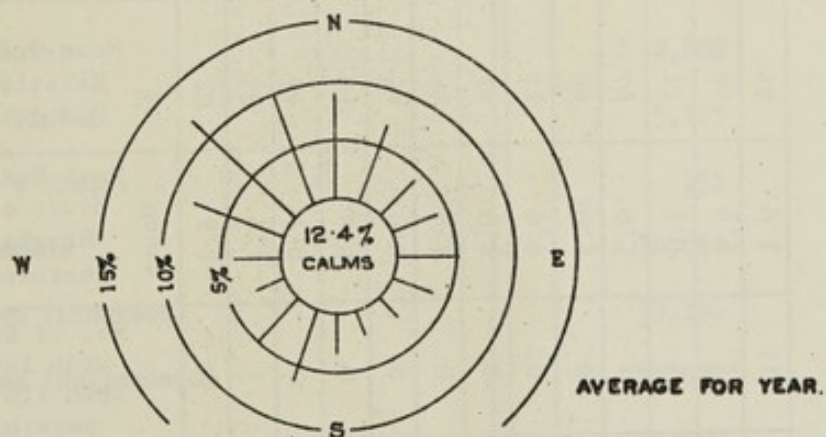
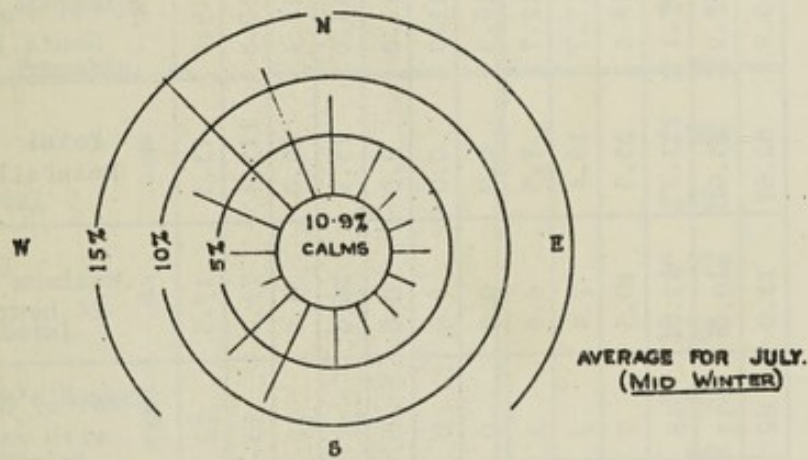
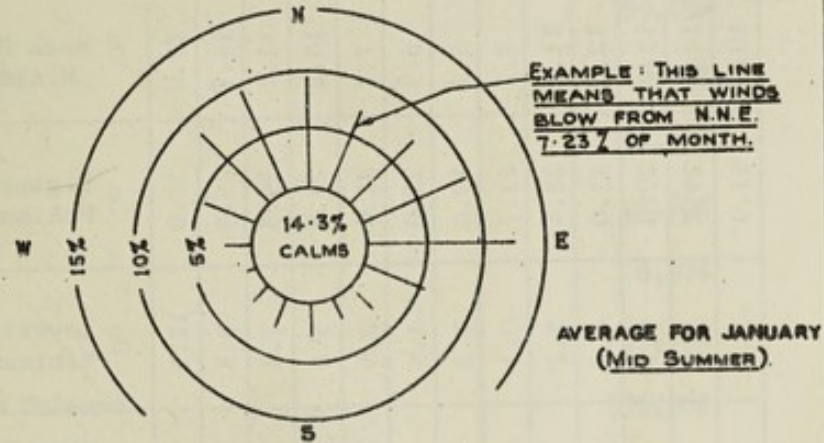
## WIND FREQUENCIES FOR CENTRAL WITWATERSRAND.

INDICATING DIRECTIONS FROM WHICH THE WINDS BLOW,

CALCULATED AS PERCENTAGES OF THE PERIOD GIVEN.

PERCENTAGE CALMS ARE GIVEN WITHIN THE CIRCLE

(ARCS REPRESENT 5% INTERVALS.)



DATA RECORDED AT JAN SMUTS AIRPORT, LAT. 26° 08'S, LONG. 28° 14'E,

AND TAKEN FROM "CLIMATE OF SOUTH AFRICA: PART 6:

SURFACE WINDS", PUBLISHED BY THE WEATHER BUREAU, PRETORIA, 1960.



The following table reflects the averages of records of climatic conditions each month during 1962:

ANNEXURE 3.

	Joubert Park					Jan Smuts Airport						
	Temperature					Rainfall			Relative Humidity	Bright Sunshine		
	Mean Daily Maximum °C	Mean Daily Minimum °C	Highest Maximum °C	Lowest Minimum °C	Mean Daily (at Jan Smuts.) °C	Total Rainfall mm.	Maximum in 24 hours mm.	No. of Days with rain Days	Mean Daily Relative Humidity %	Mean Daily Hours of Bright Sunshine Hours	No. of Days with less than 11% of possible	No. of Days with more than 89% of possible
January	26.1	15.0	30.0	12.3	19.9	73.3	17.5	12	70	8.2	3	4
February	25.8	14.7	29.5	9.8	19.8	115.4	73.0	10	68	9.1	1	6
March	24.6	11.1	29.5	7.4	18.1	80.0	28.0	12	64	7.9	0	5
April	20.6	10.2	24.5	5.8	14.6	75.5	26.0	7	64	8.8	0	14
May	18.4	7.7	21.0	2.5	11.8	0.0	0.0	0	55	9.8	0	24
June	17.8	6.3	22.0	-1.5	11.0	0.0	0.0	0	38	9.8	0	27
July	17.3	5.7	19.8	1.2	10.3	0.0	0.0	0	44	9.7	0	26
August	19.4	7.7	23.7	-0.1	12.7	7.5	6.5	3	43	9.9	0	21
September	24.7	11.2	28.4	7.2	17.7	10.4	7.4	2	39	10.5	0	20
October	24.9	12.5	31.0	4.4	18.5	25.5	10.5	7	49	9.3	1	12
November	22.9	13.0	29.0	9.3	17.1	213.2	53.0	18	72	7.0	5	4
December	25.5	14.1	29.2	9.2	18.9	25.9	10.0	11	63	9.5	1	6
Year	22.3	10.8	31.0	-1.5	15.9	62.67	73.0	82	56	9.1	11	169

BANTU POPULATION

The following estimates were arrived at in consultation with the Manager, Non-European Affairs Department of the Council:

PLACE	1962
Central Western Jabavu	7,737
Jabavu	26,204
Orlando	59,456
Orlando Extension	5,497
Dube	12,357
Mofolo	27,604
Moroka	8,976
Pimville	35,064
Site and Service Schemes	156,502
Western Native Township	4,791
Eastern Native Township	4,324
Dube Hostel	4,989
Nancefield Hostel	4,493
Jabulani Hostel	3,179
Denver Men's Hostel	3,336
George Goch Men's Hostel	1,635
Mai Mai Men's Hostel	368
Wemmer Men's Hostel	2,808
Wollhuter Men's Hostel	3,123
Wollhuter Women's Hostel	151
Municipal Compounds	10,044
Privately Housed (Licensed)	33,796
Privately Housed (Unlicensed)	73,590
Mine Labourers	25,800
<b>TOTAL ESTIMATED BANTU POPULATION</b>	<b>515,804</b>



DEATHS CLASSIFIED FOR CAUSES AND DATE, 1962  
ABSTRACTED LIST OF 50 CAUSES OF DEATH.

International Code No.	Cause of Death	Europeans	British	Mixed Rantu	Coloureds	Asiatics	All Races
001 - 008	Tuberculosis, Respiratory System	38	170	1	21	1	231
010 - 019	Tuberculosis, Other Forms	5	88	3	4	1	101
020 - 029	Syphilis	14	26	-	-	-	42
040	Typhoid Fever	-	1	-	-	-	1
045 - 048	Dysentery	1	19	-	1	1	22
055	Epilepsy	-	8	-	-	-	9
056	Whooping Cough	-	15	-	-	-	17
057	Meningococcal Infections	3	17	-	2	-	24
060	Acute Poliomyelitis	-	-	-	-	-	-
065 - 066	Measles	3	64	-	7	-	74
140 - 205	Other Diseases Classified as Infective and Parasitic	35	50	1	3	-	89
210 - 239	Malignant Neoplasms	533	278	9	40	10	870
240	Benign Neoplasms	13	12	-	-	-	25
290 - 293	Diabetes Mellitus	41	29	-	-	-	85
295 - 334	Ascendias	11	15	-	-	-	30
340	Vascular Lesions Affecting Central Nervous System	132	121	-	-	-	205
400 - 402	Non-Meningococcal Infections	6	5	2	1	1	46
410 - 415	Rheumatic Fever	-	-	-	-	-	6
420 - 422	Chronic Rheumatic Heart Disease	41	72	-	13	4	130
430 - 434	Arteriosclerotic and Degenerative Heart Disease	755	101	3	33	38	990
440 - 443	Other Diseases of Heart	116	121	2	16	1	298
444 - 447	Hypertension with Heart Disease	13	11	-	-	-	25
450 - 456	Hypertension without Mention of Heart Disease	115	130	1	25	5	274
480 - 483	Diseases of Arteries	141	40	-	12	3	196
490 - 493, 765	Influenza	6	18	-	-	-	24
500 - 502	Pneumonia	130	521	3	43	10	707
540 - 541	Bronchitis	17	42	1	5	2	67
550 - 553	Ulcer of Stomach and Duodenum	23	1	-	2	1	27
560, 561, 570	Appendicitis	5	3	-	-	-	8
571, 764	Intestinal Obstruction and Hernia	23	12	1	-	-	36
590 - 594	Gastro-Enteritis	19	53	-	31	3	98
610	Cirrhosis of Liver	37	51	1	6	1	95
640 - 652	Hepatitis and Nephrosis	18	59	2	3	1	83
670 - 689	Hyperplasia of Prostate	10	6	-	-	-	16
750 - 759	Complications of Pregnancy and Childbirth	8	40	-	1	-	48
760 - 762	Congenital Malformations	37	37	-	5	3	82
765 - 776	Birth Injuries and Perinatal Asphyxia	51	48	-	16	5	120
780 - 799	Other Infant Diseases and Immaturity	87	120	-	30	10	247
810 - 835	Senility and Ill-Defined Conditions	102	915	1	42	4	1,064
840 - 855	Motor Vehicle Accidents	46	130	8	18	1	203
860 - 865	All Other Accidents	134	326	34	21	9	524
870 - 875	Suicide	99	36	-	4	-	135
880 - 885	Homicide	39	478	8	20	1	545
890 - 999	Other Causes	132	366	1	39	8	606
TOTALS		5,096	5,171	84	491	133	8,975

CONTINUED FOR OUTLINED TRANSFER.

**SUMMARY OF DETAILED LIST OF DISEASES, INJURIES AND  
CAUSES OF DEATH 1960 - 1962**

ANNEXURE 6.

Cause of Death	1960			1961			1962		
	Deaths	Rate	% of Total	Deaths	Rate	% of Total	Deaths	Rate	% of Total
<b><u>Infective and Parasitic Diseases</u></b>									
Europeans	87	0.24	2.82	86	0.23	2.77	100	0.27	3.23
Bantu	465	0.89	8.15	499	0.94	9.32	465	0.90	8.85
Coloureds	37	0.86	8.75	25	0.57	6.16	42	0.93	8.55
Asiatics	5	0.21	3.33	11	0.46	7.53	3	0.15	2.26
All Persons	595	0.62	6.35	621	0.64	6.89	610	0.64	6.80
<b><u>Neoplasms</u></b>									
Europeans	529	1.44	17.14	561	1.52	18.07	546	1.47	17.64
Bantu	266	0.51	4.65	265	0.50	4.95	299	0.59	5.69
Coloureds	30	0.70	7.09	42	0.96	10.34	40	0.89	8.15
Asiatics	14	0.59	9.33	12	0.50	8.22	10	0.39	7.52
All Persons	839	0.89	8.95	880	0.91	9.77	895	0.93	9.97
<b><u>Allergic, Endocrine System, Metabolic and Nutritional Diseases</u></b>									
Europeans	59	0.16	1.91	56	0.15	1.80	63	0.17	2.03
Bantu	164	0.31	2.87	150	0.28	2.80	162	0.31	3.08
Coloureds	10	0.23	2.36	11	0.25	2.71	16	0.35	3.26
Asiatics	6	0.25	4.00	7	0.29	4.79	8	0.31	6.02
All Persons	239	0.25	2.55	224	0.23	2.49	249	0.26	2.77
<b><u>Diseases of the Blood and Blood-Forming Organs</u></b>									
Europeans	7	0.02	0.23	13	0.04	0.42	20	0.05	0.65
Bantu	9	0.02	0.16	19	0.04	0.35	21	0.04	0.40
Coloureds	1	0.02	0.24	5	0.11	1.23	5	0.11	1.02
Asiatics	-	-	-	2	0.02	1.37	Nil	Nil	Nil
All Persons	17	0.02	0.18	39	0.04	0.43	46	0.05	0.51
<b><u>Mental, Psychoneurotic and Personality Disorders</u></b>									
Europeans	10	0.03	0.32	5	0.01	0.16	6	0.02	0.19
Bantu	4	0.007	0.07	6	0.01	0.11	7	0.01	0.13
Coloureds	-	-	-	2	0.05	0.49	1	0.02	0.20
Asiatics	2	0.08	1.33	-	-	-	Nil	Nil	Nil
All Persons	16	0.02	0.17	13	0.01	0.14	14	0.01	0.16
<b><u>Diseases of the Nervous System and Sense Organs</u></b>									
Europeans	181	0.49	5.86	154	0.42	5.00	166	0.45	5.36
Bantu	235	0.45	4.11	228	0.43	4.26	225	0.44	4.28
Coloureds	22	0.51	5.20	20	0.46	4.93	19	0.42	3.87
Asiatics	10	0.42	6.67	2	0.02	1.37	5	0.19	3.76
All Persons	448	0.47	4.78	404	0.42	4.48	415	0.43	4.62
<b><u>Diseases of the Circulatory System</u></b>									
Europeans	1,299	3.53	42.08	1,269	3.43	40.88	1,213	3.26	39.18
Bantu	460	0.88	8.05	482	0.90	9.00	510	0.99	9.71
Coloureds	92	2.14	21.75	91	2.08	22.41	101	2.24	20.57
Asiatics	42	1.78	28.00	49	2.04	33.56	53	2.06	39.85
All Persons	1,893	1.98	20.19	1,891	1.95	20.99	1,877	1.96	20.91
<b><u>Diseases of the Respiratory System</u></b>									
Europeans	153	0.42	4.96	135	0.36	4.35	163	0.44	5.26
Bantu	620	1.19	10.85	579	0.99	10.81	611	1.18	11.63
Coloureds	53	1.23	12.53	35	0.80	8.62	49	1.09	9.98
Asiatics	15	0.63	10.00	15	0.63	10.27	13	0.50	9.77
All Persons	841	0.88	8.97	764	0.79	8.48	836	0.87	9.31

I- IX. Diseases ..... /



Cause of Death	1960			1961			1962		
	Deaths	Rate	% of Total	Deaths	Rate	% of Total	Deaths	Rate	% of Total
<b>IX. Diseases of the Digestive System</b>									
Europeans	143	0.39	4.63	141	0.38	4.54	142	0.38	4.59
Bantu	961	1.84	16.81	643	1.21	12.01	617	1.20	11.74
Coloureds	45	1.05	10.64	24	0.55	5.91	43	0.95	8.78
Asiatics	12	0.51	8.00	5	0.21	3.42	5	0.19	3.76
All Persons	1,161	1.21	17.98	813	0.84	9.02	807	0.84	8.99
<b>X. Diseases of the Genito-Urinary System</b>									
Europeans	53	0.14	1.72	83	0.22	2.67	57	0.15	1.84
Bantu	75	0.14	1.31	91	0.17	1.70	100	0.19	1.90
Coloureds	7	0.16	1.65	8	0.18	1.97	7	0.16	1.43
Asiatics	3	0.13	2.00	4	0.17	2.74	2	0.08	1.50
All Persons	138	0.14	1.47	186	0.19	2.06	166	0.17	1.85
<b>XI. Diseases and Complications of Pregnancy, Childbirth and the Puerperium</b>									
Europeans	2	0.005	0.06	5	0.01	0.16	8	0.02	0.26
Bantu	38	0.07	0.66	37	0.07	0.70	40	0.08	0.78
Coloureds	3	0.07	0.71	2	0.05	0.49	1	0.02	0.20
Asiatics	1	0.04	0.67	1	0.04	0.68	Nil	Nil	Nil
All Persons	44	0.05	0.47	45	0.05	0.50	49	0.05	0.55
<b>XII. Diseases of the Skin and Cellular Tissues</b>									
Europeans	1	0.002	0.03	4	0.01	0.13	Nil	Nil	Nil
Bantu	7	0.01	0.12	5	0.009	0.09	5	0.009	0.10
Coloureds	1	0.02	0.24	-	-	-	Nil	Nil	Nil
Asiatics	-	-	-	-	-	-	Nil	Nil	Nil
All Persons	9	0.009	0.10	9	0.009	0.09	5	0.005	0.06
<b>XIII. Diseases of the Bones and Organs of Movement</b>									
Europeans	8	0.02	0.26	9	0.02	0.29	12	0.03	0.39
Bantu	6	0.01	0.10	2	0.003	0.04	4	0.007	0.08
Coloureds	2	0.05	0.47	2	0.05	0.49	Nil	Nil	Nil
Asiatics	-	-	-	1	0.04	0.68	Nil	Nil	Nil
All Persons	16	0.02	0.17	14	0.01	0.16	16	0.02	0.18
<b>XIV. Congenital Malformations</b>									
Europeans	29	0.08	0.94	47	0.13	1.51	37	0.10	1.20
Bantu	48	0.09	0.94	38	0.07	0.52	37	0.07	0.70
Coloureds	5	0.12	1.18	5	0.11	1.23	5	0.11	1.02
Asiatics	3	0.13	2.00	4	0.17	2.74	3	0.12	2.26
All Persons	85	0.09	0.91	94	0.10	1.04	82	0.09	0.91
<b>XV. Certain Diseases of Early Infancy</b>									
Europeans	171	0.46	5.54	152	0.41	4.90	147	0.39	4.75
Bantu	714	1.37	12.49	516	0.97	9.64	216	0.42	4.11
Coloureds	45	1.05	10.64	26	0.60	6.40	57	1.26	11.61
Asiatics	20	0.85	13.33	17	0.71	11.64	16	0.62	12.03
All Persons	950	1.00	10.13	711	0.73	7.89	436	0.45	4.86
<b>XVI. Symptoms, Senility and Ill-Defined Conditions</b>									
Europeans	101	0.27	3.27	88	0.24	2.84	102	0.27	3.29
Bantu	836	1.60	14.63	925	1.74	17.27	916	1.70	17.43
Coloureds	24	0.56	5.67	42	0.96	10.34	42	0.93	8.55
Asiatics	4	0.17	2.67	4	0.17	2.74	4	0.16	3.01
All Persons	965	1.01	10.29	1,059	1.09	11.75	1,064	1.11	11.86
<b>XVII. Alternative Classification of Accidents</b>									
<b>Poisonings and Violence (External Cause)</b>									
Europeans	254	0.69	8.23	296	0.80	9.54	314	0.84	10.14
Bantu	807	1.54	14.12	870	1.63	16.25	1,020	1.98	19.41
Coloureds	46	1.07	10.87	66	1.51	16.26	63	1.40	12.83
Asiatics	13	0.55	8.67	12	0.50	8.22	11	0.43	8.27
All Persons	1,120	1.17	11.95	1,244	1.28	13.81	1,408	1.47	15.69

CORRECTED FOR OUTWARD TRANSFER

## RECORD OF SAMPLES SUBMITTED.

Food Milk and Water Supplies	Type of Test	S.A.I.M.R.	Abattoirs Laboratory	Council Laboratories	Government Chemical Laboratories	Staff of C.H.D. (Field Tests)
<u>Milk</u>						
Pasteurised	Bacteriological			1749		
Raw Milk	"			1760		
Sterilised Milk	"			24		
Special Butter Fats	"			2		
Miscellaneous * includes empty cartons, sachets and bottles tested for sterility				29 *		
<u>City Milk Supplies</u>						
	For Secretary for Health				29	
	Milk Fat and Solid not Fat Standards				711	
	Bacteriological and Biological Tests	8215	3853			
	Nastitis		1804			
	Biological tests for Tuberculosis		1804			
	Brucellosis Tests		1283			
	Antibiotics					
	Mastitis Test by means of strip cup					9527
	Microscopic Examination of Milk					368
	Acidity Tests					364
	Butter Fats					364
	Sediment Tests					2525
	Sediment Tests					955
	Field Phosphate Tests	30				695
	Sediment Tests	889				4088
	Bacteriological	216		2		
	Butter Fat				688	
					29	
					-	
					4	
<u>All Producing Dairies</u>						
<u>Milk Samples</u>						
<u>Food Samples</u>						
Miscellaneous	Bacteriological					
Ice Cream	Butter Fat					
Ice Cream						
Water Suckers						
Ment						
Honey						
Cream						
Bread						
<u>Water Supplies</u>						
Municipal Reservoirs	Bacteriological	1982		1010		
Boreholes	Bacteriological and Chemical			8		
"	"			8		
"	Bacteriological			71		
Kaffir Corn Malts	Chemical			242		
Kaffir Beer	Chemical			254		



## MEDICAL SERVICES IN BANTU TOWNSHIPS

## CLINIC ATTENDANCES, ETC.

JANUARY - DECEMBER 1962.

	Piaville	W.N.T.	E.N.T.	Orlando	Noordgesig	Shantytown	Jabavu	Moreka	Total
Dispensary and Out-patient Clinics	57,342	2,124	10,893	62,340	16,157	42,076	172,843	100,966	464,741
Ante-Natal Clinics	5,903	337	1,436	8,900	2,006	6,598	23,553	13,697	62,430
Child Welfare Clinics	17,090	4,122	6,376	24,671	12,468	16,614	41,393	35,816	158,510
Tuberculosis Clinics	14,608	12,034	4,683	16,267	8,461	12,884	47,563	39,428	155,928
Veneral Disease Clinics	2,288	42	264	1,417	141	608	6,748	2,232	13,740
TOTAL ATTENDANCES	97,191	18,659	23,652	113,595	39,233	78,780	292,100	192,139	855,349
Home Visits by Medical Officers	1,462	67	176	257	1,136	709	1,410	1,627	6,844
Home Visits by Health Visitors	434	656	627	1,176	552	1,009	7,787	3,969	16,210
Home Visits by Bantu Nurses and Midwives	28,601	3,951	5,190	35,989	6,161	26,316	96,990	82,477	245,675
Home Visits by Clerks/Orderlies	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
TOTAL VISITS	30,497	4,674	5,993	37,422	7,849	28,034	66,187	88,073	268,729
No. of Confinements Attended by District Midwives	810	31	115	858	187	548	2,235	2,177	6,961

## ANNEXURE 2.

## TRADING - BUSINESS PREMISES AND INSPECTIONS.

REPORT ON ENVIRONMENTAL HEALTH SERVICES IN BANTU TOWNSHIPS.  
PERIOD: 1ST JANUARY 1962 TO 31ST DECEMBER 1962.

TOWNSHIP	BAKERIES		BARBERS		BIOSCOPES		BUTCH- ERIES		FISH FRIERS		FRUIT AND VEG. SHOPS		GARAGES		GENERAL DEALERS NON-FOOD		GROCERIES		HAWKERS		HOTELS		ICE CREAM VENDERS		LAUNDRIES DEPOTS AND DRY CLEAN.		MILK SHOPS		RESTAU- RANTS		REMARKS TRADING CONDITIONS	
	EXISTING	INSPECTIONS	EXISTING	INSPECTIONS	EXISTING	INSPECTIONS	EXISTING	INSPECTIONS	EXISTING	INSPECTIONS	EXISTING	INSPECTIONS	EXISTING	INSPECTIONS	EXISTING	INSPECTIONS	EXISTING	INSPECTIONS	EXISTING	INSPECTIONS	EXISTING	INSPECTIONS	EXISTING	INSPECTIONS	EXISTING	INSPECTIONS	EXISTING	INSPECTIONS				
Pietville	6	71			17	135	6	53	128	-	-	38	95	35	224												3	115	2	36	Unsatisfactory	
Western Bantu Township						32		30	34			50			134												10		20	Unsatisfactory		
Eastern Bantu Township						68		3	113			53			149												33		97	Satisfactory		
Orlando East	1	12			20	140	6	49	21	143	4	8	38	37	233		1	9								5	124	11	113	Partly Satisfactory		
Orlando West and Extension	6	62			32	645	16	95	25	309		48	209	39	635		1	4								9	273	14	330	Satisfactory		
Jaburu	1	12			19	130	3	30	10	134		2	567	29	-		1	-								4	63	14	61	Pair		
Dube	3	22			9	148	2	20	6	78	1	6	15	52	9	147		2	13							3	88	5	90	Good		
Moroka Central						132		87		205		1	228		216		1	4			6						56	1	3	80	Good	
Moroka North					2	19			2	14					5																Pair	
Central Western																															Pair	
Jaburu					5	54	2	7	4	56		4	7	8	134											2	22	5	16		Pair	
Mofolo North		25			111	58		58	129	167		266			167											3	16	3	21		Good	
Molepo					6	43	4	16	7	41		7	14	8	92					12						3	16	3	21		Good	
Molepans					6	54	2	22	4	80	1	1	26	8	83					6						1	3	15			Good	
Tladi					6	60	2	25	5	55	1	7	4	16	9	106				26						2	13	3	36		Good	
Mofolo South		37			44	44	2	21	48		9		181		88												21	2	26		Good	
Dlamini	1	1			2	35	1	28	3	41		3	67	7	92				16							1	19	2	20		Partly Satisfactory	
Chiswelo & Ext.	1	5			4	39	2	38	4	63		6	305	7	108				11							1	22	1	3		Partly Satisfactory	
Zoodi	1	1			7	37	1	26	3	59		1	22	9	112				13							4	57	4	9		Good	
Phiri					7	54	1	25	5	54		7	47	10	76				1							1	16	1	1		Good	
Senosane	1	1			7	67	1	26	3	50		7	62	8	110				27							1	15	3	27		Partly Satisfactory	
Mpetla	1	1			7	34	2	34	9	37		6	8	13	60				6							2	26	3	23		Good	
Jabulani	1	1			4	62	1	6	4	83	1	8	1	39	8	149			18							2	32	2	30		Good	
Naledi					4	77			7	148		4	4	38	14	229			23							1	3	3	15		Good	
Zola					16	123	1	16	5	131		2	38	21	192				8							1	3	3	3		Good	
Ezeleni					6	83	1	14	6	65		4	31	9	116											1	14	3	37		Good	
Moroka																																
Dube Hostel	2	29			2	47	2	40	2	46		5	34	2	30																	Satisfactory
Ntsefelo Hostel	1	8			1	27	1	43	1	44		3	25	1	42				1													Satisfactory
Jabulani Hostel	1	3			1	2	1	2	1	3		1	4	1	3				1													Pair
George Goch		29											65		18																	Satisfactory
TOTALS	28	262	190	2502	57	778	138	2391	8	39	178	2391	295	3740	200	1	9										45	1063	57	1506		



Inspector	1
Overseer	6
Labourers	34

PERIOD: 1ST JANUARY 1962 TO 31ST DECEMBER 1962.

INSPECTIONS, NUISANCES, NOTICES SERVED,  
PROSECUTIONS AND PEST CONTROL INSPECTIONS.

	BUILDINGS				GENERAL														FOOD							INFECTIOUS DISEASES			NOTICES SERVED				PROSECUTIONS			PEST CONTROL INSPECTION PREMISES	
	INSPECTIONS	PLANS	REPAIRS	ILLEGAL	SEWER	ANIMALS	CLOSETS	TRASHES	FLIES	PUNCTATIONS	MAYBES	POULTRY	KEYS	BOARDS	SLOP WATER	STABLES	STORM WATER	TRENCH	INTERIORS	FOOD			INFECTIOUS DISEASES			STATISTICAL	OTHERS	UNDER P.H. ACT	COURT HOUSES	DECEASED	IMPRISONED						
																				LANDLORDS	BACTERIOLOGICAL SPECIFICATIONS	SAMPLING	INSPECTIONS	INVESTIGATIONS	CONTACTS							VACCINATIONS					
Pianville	1034	-	-	19	830	123	1160	-	-	-	6	-	-	16	2	2	-	-	-	-	636	-	-	-	-	584	78	131	1	90	2264	512					
Western Bantu Township	2600	6	-	407	-	22	-	12	-	-	-	137	148	-	225	-	-	-	-	-	557	-	-	-	-	330	79	3	-	6	2088	1673					
Eastern Bantu Township	3745	33	-	107	2693	94	-	-	-	-	3	128	891	255	-	-	-	-	-	-	3717	-	-	-	-	1273	-	-	-	14	6	10	-				
Oriundo East	2758	52	-	2794	5	1080	2	-	-	-	30	573	644	645	49	-	-	-	-	-	2203	-	-	-	-	2270	21	32	28	52	7095	5557					
Oriundo West Extension	4350	40	-	33	-	5	113	20	-	-	52	216	485	821	48	-	-	-	-	-	2944	-	-	-	-	1737	148	73	-	121	5132	1655					
Jaburu	418	113	2	-	-	-	315	-	-	-	2	196	162	232	-	-	-	-	-	-	177	-	-	-	-	157	6	6	4	14	1347	773					
Dube	284	63	8	-	-	-	-	-	-	-	224	89	822	-	-	-	-	-	-	-	276	-	-	-	-	244	6	30	18	21	1138	672					
Mofolo Central	159	22	-	127	-	-	-	-	-	-	30	83	168	-	-	-	-	-	-	-	181	-	-	-	-	163	28	3	5	11	708	356					
Moroka North	574	20	-	95	82	3	-	-	-	-	35	15	302	-	-	-	-	-	-	-	991	-	-	-	-	814	180	8	2	8	1587	878					
Central Western Jaburu	90	8	-	-	-	-	-	-	-	-	145	87	411	-	-	-	-	-	-	-	211	-	-	-	-	161	-	-	-	14	8	9	1506	892			
Mofolo North	234	26	-	4	369	-	13	-	-	-	131	202	407	-	-	-	-	-	-	-	368	-	-	-	-	346	20	8	10	20	-	-	906				
Molapo	629	32	-	8	64	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	356	-	-	-	-	158	209	25	32	64	500	260					
Tiedt	303	15	-	2	-	2	3	2	-	-	3	70	153	321	3	-	-	-	-	-	399	-	-	-	-	105	-	-	-	5	7	6	-				
Mofolo South	170	20	-	12	-	-	-	-	-	-	116	25	228	-	-	-	-	-	-	-	308	-	-	-	-	397	17	27	49	1198	556						
Dhlamini	256	9	-	11	-	-	-	-	-	-	33	40	77	-	-	-	-	-	-	-	131	-	-	-	-	335	-	-	-	7	8	15	1733	10			
Chiswelo and Extension	478	17	-	5	253	-	-	-	-	-	33	137	170	-	-	-	-	-	-	-	221	-	-	-	-	548	169	10	11	27	1495	899					
Zondi	298	17	-	16	143	-	6	-	-	-	28	29	169	-	-	-	-	-	-	-	631	-	-	-	-	222	23	26	3	24							
Phiri	166	17	-	2	113	-	-	-	-	-	51	115	134	23	-	-	-	-	-	-	280	-	-	-	-	409	-	-	-	18	24	46	1583	780			
Senzenze	979	13	-	26	860	6	-	-	-	-	7	173	154	16	-	-	-	-	-	-	442	-	-	-	-	196	37	24	11	30	1623	775					
Mqoptla	124	27	-	130	-	-	-	-	-	-	47	160	314	16	-	-	-	-	-	-	260	-	-	-	-	519	103	7	15	19	2169	900					
Jabulani	478	24	-	5	107	-	6	-	-	-	17	70	142	-	-	-	-	-	-	-	620	-	-	-	-	954	213	42	45	87	3646	1270					
Naledi	1434	6	-	8	11	5	28	-	-	-	112	730	595	5	-	-	-	-	-	-	1119	-	-	-	-	773	506	60	66	116	3094	1052					
Zela	1192	27	-	4	35	8	21	-	-	-	243	685	1116	5	-	-	-	-	-	-	1290	-	-	-	-	208	88	20	15	44	-	-	-				
Enfoni	378	9	-	3	30	7	3	-	-	-	78	163	644	1	-	-	-	-	-	-	296	-	-	-	-	301	22	2	6	346	144						
Moroka	974	13	-	2	-	-	-	-	-	-	63	44	-	10	-	-	-	-	-	-	338	-	-	-	-	10	-	-	-	-	-	-	-				
Dube Hostel	-	-	-	-	-	-	88	1	-	-	-	-	-	-	-	-	-	-	-	22	-	-	-	-	-	-	-	-	-	-	-	-	-				
Namsefield Hostel	-	-	-	-	-	-	41	-	-	-	-	-	-	-	-	-	-	-	-	33	-	-	-	-	-	-	-	-	-	-	-	-	-				
Jabulani Hostel	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-				
George Goch Hostel	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
TOTAL	24585	629	-	779	16601	2398	2824	55	-	-	96	2850	5550	9037	205	-	-	-	-	19041	633	-	-	-	-	33	246	13	132	1332	3332	3043	-				

PLACING OF PHYSICALLY HANDICAPPED PERSONS IN EMPLOYMENT.

The Medical Section does not contact employers or potential employers directly, as a rule, in trying to find employment for the Physically Handicapped. This is done in co-operation with the Employment Officer and the Welfare Officer. Recommendations are made by the Medical Officer on the Non-European Affairs Department record card as to the physical and mental capabilities of the individual and the Employment Officer and/or Welfare Officer makes approaches to firms where they feel such an individual could be reasonably employed.

The disabilities can be divided into two broad groups - Tuberculosis and "Other". The "Other" group includes medical disabilities which are controlled by suitable therapy, such as congestive cardiac failures, epileptics, whose seizures are under control, emphysemas who can manage light work, ex mental cases, such as schizophrenia, who have been suitably treated, diabetics under control, mentally defective individuals, limb cripples - some without an arm or leg, defective eyesight, ex lepers, hernias, hydrocoeles who refuse treatment, hemiplegias and a host of other conditions which appear from time to time.

The Medical Section keeps no record of those recommended for suitable employment, although an endorsement is made on the Non-European Affairs Department record card. Unfortunately, the Employment Officer also finds it almost impossible to keep statistics of those placed in employment, although notes are made by him on the same Non-European Affairs Department record card, which is filed along with the rest of the cards in circulation. No special filing system can be kept, as all the record cards are filed in numerical order, according to the Identity Number. It may take months to place one disabled individual in employment. He may appear at the Non-European Affairs Department offices on numerous occasions and be sent to potential employers for consideration, but it may take months before he is finally accepted by an employer.

The Welfare Section is in a similar position, and has also no accurate records available of the "Other" group. A reasonable estimate given me by the Welfare Officer is that 15 persons out of 100 were successfully placed in employment in 1961. The reason submitted for this apparently low figure is that in most cases the individuals lack education, and also that they lack the physical ability for heavy manual labour, which is the commonest form of labour available.

As regards the Tuberculosis cases, more accurate records are available from the Welfare Officer. A special Section of Welfare is devoted solely to tuberculosis cases. In the year 1961, 309 out of 834 cases were successfully placed in employment. These were tuberculosis cases who had had fairly extensive treatment and were clinically well, radiologically improved and non-infectious. Many had been patients in chest hospitals. In most cases they were being reinstated and engaged in work similar to which they were doing before their Tuberculosis was discovered.

All cases of disability are tidied over socio-economically by the Welfare Section until employment is found.

In general, where an individual is assessed as being completely and totally medically unfit for work, and where his condition will not improve under any further treatment, a permanent exemption is recommended and the Welfare Section will then be asked to take over the case and apply for an invalidity pension.



## RECORD OF INSPECTIONS BY HEALTH INSPECTORS.

(THIS SCHEDULE INDICATES THE MASS ACTIVITIES OF THE HEALTH INSPECTORATE OF THE DEPARTMENT EXCLUDING THE PLAGUE PREVENTION AND PEST CONTROL SECTION).

1.	1961	1962	2.	1961	1962
<u>BUILDINGS:</u>			<u>LICENSED PREMISES (CONT'D)</u>		
Repairs	608	421	Hotel Dining Rooms	2,910	2,808
Illegal	1,796	1,725	Bantu Eating Houses	1,540	1,901
			Laundries	1,219	1,194
<u>CLOSETS AND URINALS:</u>			Milk Shops	2,644	7,077
Inspected	7,092	11,336	Noxious Trades	4,897	5,999
Additional Provided	101	95	Peddlers and Hawkers	1,268	1,946
			Private Cows	101	167
<u>VARIOUS PREMISES:</u>			Restaurants	6,894	7,832
Factories	6,375	7,165	Tea Rooms	3,289	4,008
Business Buildings	1,943	1,623	General Dealers	30,987	42,738
Dwellings - Routine Visits	26,663	34,579	Nursing Homes	309	298
Dwelling Survey	8,992	11,849	Lodging Houses	85	72
Interviews	27,768	30,779	Cowsheds	6,125	3,120
Native Housing	685	530			
			<u>GENERAL:</u>		
<u>NUISANCES:</u>			Inspections - Food Handling	1,573	1,654
Service Complaints	713	545	Sediment Tests Taken	4,697	5,095
Stormwater	162	118	Bacteriological Samples		
Fumigations	2,265	2,053	Taken	12,173	11,183
Wells and Boreholes	87	38	Inspections - Milk		
French Drains	172	111	Purveyors	269	130
Animals	487	549	Food Poisoning Investi-		
Manure	407	485	gations	14	3
Drainage	3,506	3,489	Food Samples Taken	1,827	1,824
Refuse	15,804	17,343	Water Samples Taken	1,428	1,345
Slopwater	413	460			
Stables	595	649	TOTALS	236,209	270,393
Fly	171	164			
Rats	18,680	15,351	<u>NOTICES SERVED ETC:</u>		
Poultry	3,944	4,267	COURT ATTENDANCE (HOURS)	2,203	2,667
Vermin	506	556	STATUTORY NOTICES	21,441	22,951
Smoke	363	80	OTHER NOTICES	2,907	3,890
Mosquitoes	137	191	REPORTS SUBMITTED	1,286	1,233
Unspecified	4,897	4,283	MARKET ATTENDANCE (HOURS)	325	365
			LICENSING COURT (HOURS)	23	30
<u>INFECTIOUS DISEASES:</u>					
Investigated	191	22			
(Isolation of Contacts)	27	22			
<u>LICENSED PREMISES:</u>					
Aerated Water & Ice Factories	344	352			
Asiatic Eating Houses	-	-			
Dairies	2,309	2,776			
Ice Creameries	228	497			
Bakeries	1,283	1,484			
Boarding Houses	701	1,174			
Barber Shops	1,860	2,047			
Bioscopes	396	323			
Butcheries	7,878	8,973			
Garages	1,311	1,495			

## ANALYSIS OF PROSECUTIONS

ANNEXURE 13.

1961 - 1962

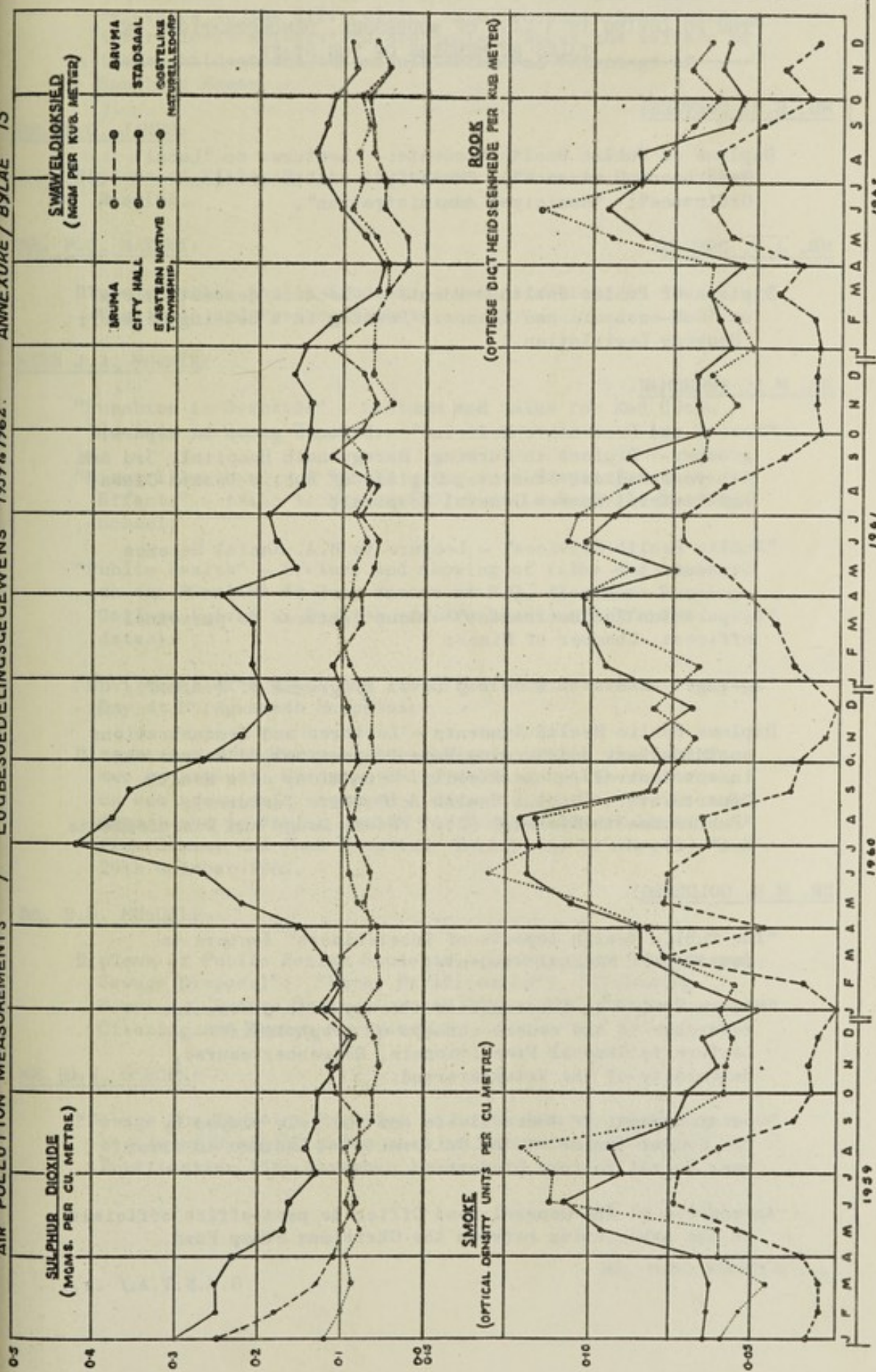
TYPE OF OFFENCE	NO. OF CHARGES		GUILTY		NOT GUILTY		COURT ORDER GRANTED		WITHDRAWN OR STRUCK OFF	
	1962	1961	1962	1961	1962	1961	1962	1961	1962	1961
<b>SANITATION AND NUISANCES:</b>										
Dirty Premises, Closets, etc.	176	244	135	178	5	1	-	-	38	65
Vermineous Premises	7	3	6	3	-	-	-	-	1	-
Refuse and Refuse Hine	8	8	6	6	-	-	-	-	2	2
Fly Breeding and Manure	14	13	10	12	-	-	-	-	4	1
Insufficient Sanitary Accommodation and Pail Service	18	11	11	6	1	-	-	1	6	4
Water Supply	1	1	1	1	-	-	-	-	-	-
Fumigations	-	-	-	-	-	-	-	-	-	-
Rodents and Rodent Harbours	255	334	104	168	4	7	-	1	147	158
Waste Water	7	1	6	1	-	-	-	-	1	-
Unsatisfactory Storage	1	-	1	-	-	-	-	-	-	-
Court Orders for Structural Repairs	9	31	3	2	-	-	-	2	6	27
Poultry Nuisances	39	54	14	38	-	1	-	-	25	15
Keeping of Animals	15	14	14	14	-	-	-	-	1	-
Shacks and Garages	-	4	-	1	-	-	-	-	-	3
Other Prosecutions	127	70	69	33	3	-	-	1	55	33
<b>MILK AND ICEBERG:</b>										
Below Standard or Adulterated	194	52	148	39	5	1	-	-	41	12
Visible Dirt	171	33	166	30	-	-	-	-	5	1
Dirty Clothing or No Overalls	37	20	29	14	1	2	-	-	7	12
Dirty Premises or Equipment	3	14	3	12	-	-	-	-	-	1
Trading without a Licence	89	16	65	10	-	-	-	-	24	6
Milk Purveyor Selling in Bottles	8	49	5	39	-	-	-	-	3	10
No Card of Authority	24	18	16	4	-	-	-	-	8	14
Marks and Merchandise Act	-	-	-	-	-	-	-	-	-	-
Other Prosecutions	64	54	46	32	-	-	-	-	18	22
<b>MEAT:</b>										
Dirty Premises or Equipment	9	7	8	7	-	-	-	-	1	-
Unsound or Untasted Meat	41	14	40	14	-	-	-	-	1	-
Dirty Clothing or Handling	3	2	3	2	-	-	-	-	-	-
Exposed to Contamination	8	3	5	3	-	-	-	-	3	-
Other Prosecutions	9	21	9	20	-	-	-	-	-	1
<b>VEHICLE:</b>										
Dirty Clothing or Handling	-	4	-	4	-	-	-	-	-	-
Exposed to Contamination	12	9	8	9	-	-	-	-	4	-
Other Prosecutions	2	4	2	4	-	-	-	-	-	-
Dirty Vehicles	1	-	1	-	-	-	-	-	-	-
<b>OTHER FOODSTUFFS:</b>										
Below Standard or Adulterated	24	7	20	7	-	-	-	-	4	-
Exposed to Contamination	72	46	54	40	2	1	-	-	16	5
Dirty Premises or Equipment	205	229	169	215	-	-	-	-	36	14
Dirty Clothing or Handling	82	73	50	64	-	-	-	-	32	9
Unsound Foodstuffs	7	7	7	7	-	-	-	-	-	-
Other Prosecutions	57	30	42	26	2	-	-	-	13	4
	1,799	1,508	1,276	1,065	21	13	-	5	502	421

**NOTE:** Most of the 502 charges withdrawn or struck off are because of non-service of summons documents due to fictitious names and addresses being furnished and the new system inaugurated in the Magistrate's Courts whereby if the accused does not attend court and there is no proof of personal service, the case is withdrawn and proceedings have to start 'de novo'.

	1962	1961
Total number of persons prosecuted	1,335	1,248
Total number of charges	1,799	1,504
Fines imposed	88,969	87,266









THE FOLLOWING IS A LIST OF ADDRESSES, DEMONSTRATIONS AND  
TALKS BY MEMBERS OF THE STAFF.

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MR. E.M. COETZEE:

Diploma of Public Health Students:- Lectures on "Local Government Ordinance"; "Municipal Administration Ordinance"; "Municipal Administration".

MR. J.W. DUNCAN:

Diploma of Public Health Students:- Lecture/demonstrations on "Sub-economic and Economic Housing in a Housing Scheme"; "Housing Legislation."

DR. M.L. FREEDMAN:

"Social and Preventive Medicine" - Lecture given to separate groups:- Diploma in Nursing, Baragwanath Hospital, 3rd and 4th year Medical Students, Diploma of Public Health Class, and District Nurses General Hospital;

"Public Health Services" - Lecture to B.A. Social Science Students;

"Preparation for Retirement" - Four lectures to personnel officers, Chamber of Mines;

"Ageing" - Radio talk on Top Level Programme of S.A.B.C.;

Diploma Public Health Students - Lectures and demonstrations on "Midwifery and Nursing Home Inspection"; "Rodent and Insect Control in the Field"; "Functions of a Health Department"; "Public Health Act" (Five lectures); "Public Health By-laws" (2); "Food, Drugs and Disinfectants Act" (2).

DR. M.H. GOLDBERG:

"The Public Health Aspects of Tuberculosis" lecture to fourth year Medical Students;

"Modern Trends in Tuberculosis therapy with particular reference to the modern concept of prophylaxis" - Lecture to General Practitioners, Refresher course, University of the Witwatersrand;

"Social aspects of tuberculosis and the role played by the Social Worker at the University" - Lecture to first year Social Welfare Students;

An address at the General Post Office to post office officials in the association between the Christmas Stamp Fund,

S.A.N.T.A./ .....

S.A.N.T.A. and tuberculosis patients, with particular reference to the difficulties experienced in hospitalising tuberculosis mothers who are anxious about the welfare of their children and the significance and advantage of Sunshine Homes.

MR. R.C. JAMES:

Diploma of Public Health Students - Lecture on Map and Plan Reading.

MR. F.C. MATHEY:

Diploma Public Health Students - Demonstrations at the Vegetable and Produce Markets.

MISS J.A. MONNIK:

"Sunshine in Eventide" - Lectures and talks for Red Cross Society in Orrco Theatre;

"Minor Illnesses" and "Child going into Hospital and its Effects" - talks to Mothers' Club at La Rochelle Nursery School;

"Public Health" - Lecture and showing of films and slides to the Finalist Student Nurses at B.G. Alexander Nursing College (given in English and Afrikaans on different dates);

"Environmental Hygiene and its Effects on Health" - Study Day at Baragwanath Hospital;

Discussions with European tuberculosis health visitors on two occasions; European child welfare health visitors on one occasion; arranged a day of lectures, visits and experience in Public Health for 7 male student nurses from Simmer and Jack Hospital, Germiston, on the 29th October 1962.

DR. B.S. MUNDEL:

Diploma of Public Health Students - Lectures on "Refuse and Sewage Disposal"; "Water Purification"; "Cleansing Services, Refuse Collection and Disposal"; "Street Cleaning and Vacuum Services".

MR. D.W. OSBORN:

"Sewage Purification Practice in South Africa, including a review of Syndets" paper read to Institute of Sewage Purification 15th November 1962.

DR. M.B. RICHTER/...



DR. M.B. RICHTER:

"Care and Feeding of the Infant" - Lecture to Refresher Course for Bantu Domestic Science Teachers (Department of Education, Arts and Science) on 28th March 1962, Orlando West School;

"Preventive Medicine and promotive health based on a domiciliary situation" - Lecture to a study day at Baragwanath Hospital.

DR. J.W. SCOTT MILLAR:

"Epidemics and Immunisation" - radio talk on the Top Level programme of the S.A.B.C. on the 4th February 1962 (subsequently published in S.A.B.C. Radio Bulletin);

"Annual Reports of Medical Officer of Health" for 1959 and 1960 - published on the 15th June and 14th December 1962.

Diploma of Public Health Students:- Lectures on "Meat and Milk control"; "Slum Elimination and Housing Control"; "Urban Health Administration"; "Maternal and Child Health Services"; "Control of Food Hygiene".

DR. B. SIEFF:

Lectures on venereal diseases to district nurses and midwives and to Medical and Dental Students.

DR. A.H. SMITH:

Diploma in Public Health Students - Lectures and/or demonstrations on "Epidemiology of Preventable diseases" (3); "Geography and Public Health"; "Physical Education" (2).

Third and Fourth Year Medical Students:- Lectures and/or demonstrations: "Sewage Works"; "Disposal of Sewage"; "Water supplies and Testing including Relevant Legislation";

"Age Incidence of Notification of Pulmonary Tuberculosis in Johannesburg" S.A. Medical Journal 21st July 1962.

DR. I.W.F. SPENCER:

"Alcoholism and the Bantu" lecture to a symposium at Baragwanath Hospital on the 12th May 1962;

"Toxoplasmosis" lecture to post graduate students at the Medical School on the 4th June 1964;

"Toxoplasmosis" and "The Bantu and Medicines" lectures to medical officers and health visitors of the City Health Department;

"Bantu/ .....

"Bantu Customs and Hospital Administration" two lectures to students for the Diploma in Hospital Administration, Pretoria Nursing College;

Diploma of Public Health Students: Lectures/demonstrations "Non-European Child Welfare Clinics"; "Non-European Housing Schemes and Hostels"; "Medical, Dental and Pharmacy Act" (2); "Nursing Act".

DR. E.G. WHITE:

A talk illustrated by colour slides and films, on his overseas visit, was given to the Institute of Sewage Purification in Johannesburg on the 16th August 1962.

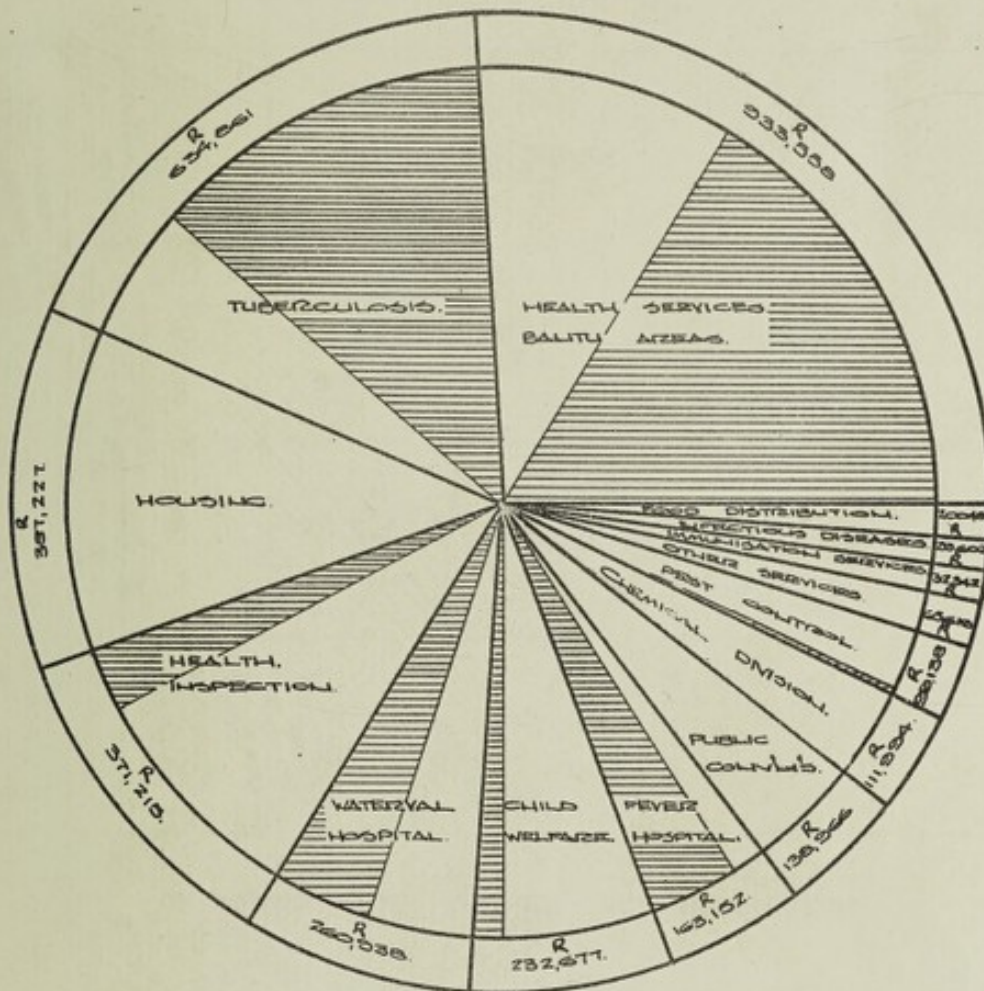


## FINANCIAL SUMMARY : CITY HEALTH DEPARTMENT.

1961 - 1962.

Details	1961 - 1962			Cost of Medical Services in Bantu Townships 1961 - 1962.	
	Expen- diture	Income	Net Cost		
	R	R	R		R
Chemical Division	111,994	673	111,321	Immunisation	23,587
Child Welfare	151,441	25,732	125,709	Outpatient Services Clinic	309,861
Supervision of Nursing Homes and Midwives	10,863	3,234	7,629	Outpatient Services - Domiciliary	24,854
Nursery Schools	70,373	11,841	58,532	District Midwifery Services	129,745
Health Inspection	371,215	60,536	310,679	Ante-Natal and Post-Natal Clinics	29,252
Disinfecting Station	19,164		19,164	Dental Services	37,986
Food Distribution	20,048	12,339	7,709	Child Welfare Clinics	136,510
Immunisation Services	32,342	9	32,333	Child Welfare - Domiciliary	2,222
Fever Hospital	163,152	143,041	20,111	Tuberculosis Clinic	83,242
Waterval Hospital	260,938	193,470	67,468	Tuberculosis - Domiciliary	93,402
Tuberculosis (3)	634,861	481,822	153,039	Ambulance Services	661
Veneral Disease (3)	13,734	413	13,321	Hospital Services	-
Infectious Diseases (3)	29,602	6,337	23,265	Midwifery Transport	62,236
Pest Control	99,138	3,282	95,856		
Public Conveniences	138,966	8,063	130,903	(Note: V.D. Services now included with Outpatients Services)	
Medical Examination Centre (Registration Depot)	30,969		30,969		
Medical Services in Bantu Townships	933,558	567,989	365,569	TOTAL EXPENDITURE	933,558
Sub-Total	3,092,358	1,518,781	1,573,577	I N C O M E	
Head Office Building	(1) 1,730	(2) 33,470	CR 31,740	Recoveries under the Public Health Acts	128,842
Dispensary	(1) 22		22	Subsidy - Transvaal Provincial Administration	439,086
				Other Income	61
	3,094,110	1,552,251	(4) 1,541,859	TOTAL INCOME	567,989
<p>NOTES: (1) Furniture and Equipment not distributed to the various services.</p> <p>(2) Rents and Head Office Income not distributed to the various services.</p> <p>(3) Excluding services in the Council's Bantu Townships.</p> <p>(4) (i) Net Expenditure charged to Non-European Affairs Department for services for Non-Europeans R670,630</p> <p>(ii) Charges made to Other Departments for Chemical Services R35,364</p>					

ANNEXURE 18.



GROSS EXPENDITURE ON VARIOUS HEALTH SERVICES.

SHADED AREAS REPRESENT SUBSIDIES & PART REFUNDS RECEIVED FROM PROVINCIAL & CENTRAL GOVERNMENTS.

FINANCIAL YEAR 1961/62.





CITY OF JOHANNESBURG

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

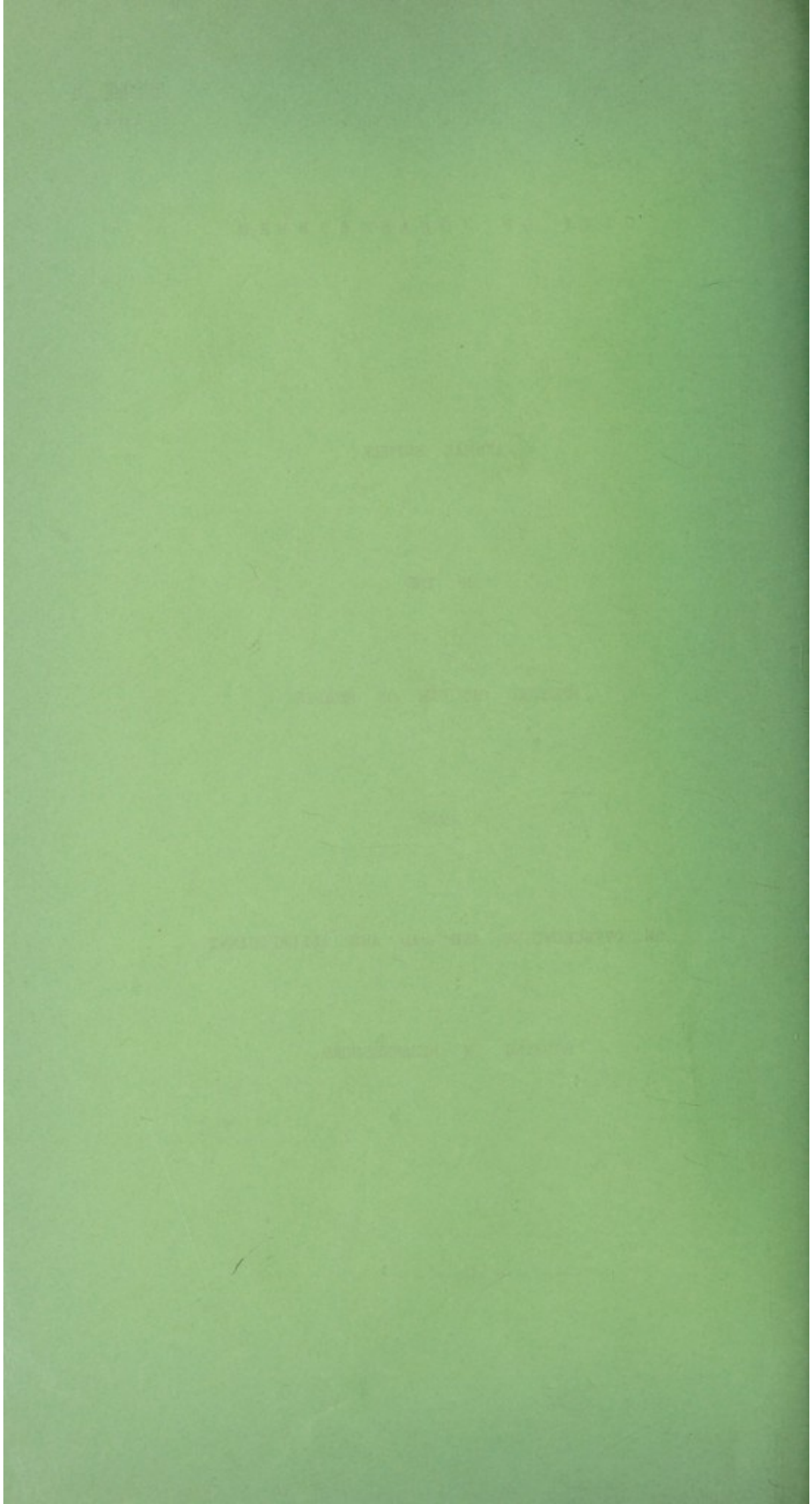
1962

ON OVERCROWDING AND BAD AND INSUFFICIENT

HOUSING IN JOHANNESBURG.

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CITY OF JOHANNESBURG.

REPORT B.

1962.

REPORT ON OVERCROWDING AND BAD AND INSUFFICIENT HOUSING  
IN JOHANNESBURG FOR THE CALENDAR YEAR 1962, IN TERMS OF  
SECTION 131(2) OF THE PUBLIC HEALTH ACT 1919, AS AMENDED.

I. SLUM CLEARANCE.

(a) Slums.

In Newclare no further premises were declared slums as this phase of slum action had already been completed. Notices in terms of Section 5(1)(a) and (b) of the Slums Act still had to be held over because of the lack of sufficient alternative accommodation. Owners who elected to carry out the required work on their properties were persuaded to delay doing so until tenants threatened with eviction could not be accommodated elsewhere. Plans were submitted for 46 stands but 5 were rejected as the buildings were not capable of reconstruction. Slum declarations on 35 stands in Newclare were rescinded by the Council.

Six slum schedules of properties in various suburbs were prepared and dates were arranged for Slums Courts in 1962, 24th January, 12 February, 16th August, 20th September, 1st November and 15th November.

Declarations in respect of 51 properties were rescinded during the year. Outstanding Slum Declarations totalled 439 of which 320 were in Newclare, 43 in Vrededorp and 76 in various other suburbs.

(b) Demolition and Conversion of Premises.

Applications dealt with for the demolition or conversion of premises under permit of the prescribed Authorities comprised the following:-

	<u>Applications</u>		<u>Granted</u> <u>1962</u>	<u>Demolitions</u>	
	<u>1961</u>	<u>1962</u>		<u>Refused</u>	<u>Outstanding</u>
National Housing Office	63	59	53	-	6
Health and Amenities Committee	13	15	11	-	4
Medical Officer of Health (Non-Residential Buildings)	50	55	55	-	Nil

The buildings on 119 properties were demolished under permit during the year.

Applications for the conversion of residential premises for business purposes were dealt with as follows:-

	<u>Applications.</u>				
	<u>1961</u>	<u>1962</u>	<u>Granted</u>	<u>Refused</u>	<u>Outstanding</u>
By National Housing Office	16	17	15	-	2
By Health and Amenities Committee	2	1	1	-	-

II. INSPECTION/ .....



## II. INSPECTION OF PLANS.

Plans submitted to the City Engineer for the erection of new buildings or for alterations to those existing are examined by the Sanitation Branch to ensure compliance with relevant sections of the Building, Drainage, Health and other By-laws and regulations with which this Department is concerned. Throughout the year 4678 new plans were examined of which 2727 were re-examined following requests for various amendments. The value of new buildings and alterations represented by plans approved during the year amounted to R20,131,450.

In the Bantu townships 625 plans were dealt with and action was taken in respect of 779 illegal structures.

## III. HOUSING.

A circular was received during the year from the Department of Housing drawing the attention of local authorities to the need for establishing the requirements of European housing in their areas and directing them to avail themselves of economic and sub-economic loans available for this purpose. A report was submitted to the Technical Committee on the 13th November 1962. This report dealt with the existing housing situation, the housing provided by the Council, the difficulties in providing further housing because of the unrealistic income limits imposed, the paramount need for urban renewal schemes and other related matters. Attention was drawn to the large amount of vacant accommodation in the city - approximately 3,000 vacant flats plus an unknown number of vacant houses - and to the fact that the need was for better housing rather than additional housing. The report was still under consideration at the close of the year.

The Council built no new houses for Europeans during the year but the development of Dewetshof was virtually completed and good progress was made in Montgomery Park. A possible low cost housing scheme was investigated in Bezuidenhout Valley and the question of re-development schemes elsewhere was considered.

A scheme for the housing of 92 elderly people as extensions to Jan Hofmeyr and Maurice Freeman townships was drawn up and a National Housing loan for R63,630 was granted. Preparations were being made at the close of the year to call for tenders. Other projects for the housing of the aged are under investigation. Possible sites are listed in Annexure C.

Good progress was made during the year with houses for Coloureds but there is a very big back-log to be made up before slum areas occupied by Coloureds and Asiatics can be cleared up.

Bantu families are not a problem in the city area but there is still some illegal occupation of backyard rooms. Provision of houses in Soweto continues.

There/.....



There are many families of all races living under slum conditions in the city in blighted areas and in frankly slum areas. Slum clearance must go hand in hand with urban renewal and must await the provision of adequate alternative accommodation before it can be completed.

The Housing Amendment Act No. 5/1962 amended the Housing Act No. 10/1957 to provide for a new portfolio and Department, viz. the Ministry of Coloured Affairs, Community Development and Housing and the Department of Housing. The original Act was also amended by the insertion of Section 43 bis which empowers the Housing Commission to change the name of any township financed mainly or wholly out of National Housing funds or of any park or street in such a township.

Consideration has been given by officials of the Council to various proposals for additional legislation or amendments to existing legislation to assist with projects for urban renewal.

#### IV. HOUSING PROVIDED BY THE COUNCIL.

##### 1. EUROPEAN HOUSING.

The initiation and control of European housing, including housing for the aged, is vested in the City Health Department. The details of existing housing schemes are given in Annexure A.

##### (i) SUB-ECONOMIC SCHEMES.

The four sub-economic schemes - Jan Hofmeyr, Maurice Freeman and Extension and Pioneer Township - provide 401 houses, 72 flats and a hostel for 51 working women. The amenities include a communal hall, child welfare clinic and recreation facilities in each centre. A new building combining administrative offices with a child welfare clinic was completed in Jan Hofmeyr Township in October 1962.

The low income limit (a family income of R60 per month) for admission to these schemes continues to cause difficulty. With the general increase in wages there are relatively few complete family units where the main breadwinner earns less than the limit income, with the result that nearly two-thirds of the accommodation is occupied by broken family units with no male head. The dwellings are always fully let but this is only because 20% were converted to an economic basis in 1957. This enables families with somewhat higher incomes to be admitted but involves the Council in a certain loss.

The Lionel Leveson Girls' Residential Club provides full board and lodging for girls with low incomes at subsidised rates from R4 to R20 per month. The Council incurred a loss of R4,926 during the year 1961/1962 in spite of a subsidy of R718 from the Department of Social Welfare and Pensions.

The continued running of this hostel by the Council is contrary to State policy which is averse to local authorities doing social welfare work. If the powers on which reliance is now placed (Section 79 (14) bis

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of the Local Government Ordinance 1939) are repealed the Director of Local Government has undertaken to consider our application for special powers under Section 79 (52). Meanwhile attempts to persuade some voluntary welfare body to take over the hostel are being continued.

(ii) ECONOMIC SCHEMES.

A family income of R140 has been set as the limit to be observed by local authorities in providing houses for selling or for letting on an economic basis. The limit is too low to build acceptable dwellings at current building costs and to provide reasonable amenities while at the same time keeping rentals within the economic capacity of tenants without sacrificing other essentials to healthy living. This applies even in the higher ranges of the income group but is accentuated where incomes are between R90 and R120 per month and still more in the income group R60 to R90 where ultra-low cost housing is required with rentals between R12 and R18 per month when the income limit was fixed some ten years ago most artisans qualified for this type of housing assistance, whereas now most do not; at that time, too, the occupations of wage earners in the R60/R90 group were those which qualified for sub-economic housing.

Montclare Estate.

This scheme comprises 244 houses of two and three bedrooms let at rentals of R16 to R21 - R25 per month. It caters for the income group R90 to R120 per month and was completed in 1958. Montclare is an austerity scheme situated near the municipal boundary, seven miles from the centre of the city. There is a high turnover of tenants with some difficulty in keeping the houses occupied. There were ten vacant houses as at 31st December 1962.

The austerity of the scheme with the psychological implications arising therefrom, the lack of local amenities and the distance from the amenities of the city, the high transport costs, the difficulty of keeping out of debt and other factors - all these have combined to make this more of a transit than a permanent housing scheme. Many tenants return to poorer accommodation nearer the city, reduce costs by sharing premises, cause overcrowding and thus create new slums.

South Hills and Extension.

These townships comprise 1,317 dwellings for letting and selling. The original 939 houses are of substantial face brick - these are offered for sale as vacated by tenants. During the year 36 houses were sold and 31 sales were cancelled, as at 31st December 1962, 692 houses had been sold. The letting units comprise 189 flats and 189 houses built in 1957/1958 on austerity lines. Less difficulty has been experienced in letting these units during the year.

Constant vigilance is required to prevent the erection of illegal structures and purchasers are encouraged to apply for loans to erect garages and servants' quarters; 85 loans were granted during the year.

The se/ .....

These townships cater for the income group up to R140 per month. Many deserving purchasers or tenants have to be refused because of this unrealistic limit.

The amenities provided include good shopping facilities, adequate primary and secondary schools, play grounds and a good, if somewhat costly, transport service. The Community Centre opened in 1961 is proving popular and providing educational and recreational facilities for the residents.

Several roads were tar macadamised during the year and nearly all the roads have now been so treated.

The garage and cinema sites and the other business sites remain unsold. A swimming bath is still awaited.

Bad Debts : Legal Action for Rent Arrears, etc.:

The following details indicate the bad debts incurred by the Council and legal action taken in the various housing schemes:

S C H E M E	PERIOD	TOTAL RENT ACCRUED	TOTAL BAD DEBTS	RATIO OF BAD DEBTS TO ACCRUALS
South Hills and Extension	1947/62	2,174,812.83	19,674.96	.905
Jan Hofmeyr	1952/62	172,964.90	536.51	.310
Maurice Freeman	1952/62	161,552.10	585.80	.363
Pioneer	1952/62	128,087.09	295.84	.231
Montclare	1958/62	231,553.23	3,303.05	1.426

Statistics of action taken in connection with tenants in arrears in the various schemes during the year under review:-

S C H E M E	NO. OF CASES REFERRED FOR LEGAL ACTION	NO. OF CASES CLEARED	NUMBER ABSCONDED	NO. OF EJECTMENTS
South Hills and Extension	104	51	22	7
Jan Hofmeyr	1	1	0	0
Maurice Freeman	1	0	0	0
Pioneer	3	0	0	0
Montclare	22	10	13	1

/((iii) LAND ...



(iii) LAND SELLING SCHEMES.

Full details of these schemes are shown in Annexure "B".

Montgomery Park.

This township is the last of the Roosevelt Park complex to be sold. The rate of building in Montgomery Park has continued at a satisfactory level. A further 100 houses have been built making up a total of 320 homes out of the 421 stands comprising the township. The variety and quality of the houses and the attractive gardens give the whole township a very pleasing appearance.

The Community Centre built in 1961 and serving the whole complex is well patronised. Plans have been prepared for a modern shopping centre and work on the provision of essential services for this Centre has commenced.

De Wetshof.

This township comprises 130 stands and was sold by public auction in 1959. Dewetshof serves the higher middle income group and is now virtually fully developed with beautiful homes and well planned gardens.

2. COLOURED HOUSING.

The initiation and control of housing for Non-Europeans is vested in the Manager, Non-European Affairs Department. Reference is made in this section of the report to housing provided for Coloureds by authorities other than the Council, the object being to give a more complete picture of the housing available. Details of the housing provided by the Council for the Coloured community are contained in Annexure "D".

The ground owned by the Council in Coronationville and Noordgesig and allocated for Coloured housing has long been built up -- and the provision of houses has consequently been delayed. Land in Langlaagte (Riverlea) became available in 1961 and good progress has been made in building houses during the year.

Newclare.

Some progress has been made by private owners in developing their stands but their difficulty in raising funds and lack of alternative accommodation for displaced tenants have acted as a brake. On the 8th December 1959, the Council resolved to expropriate an area in Newclare known as schemes I to IV and to apply to the National Housing Commission for a loan to acquire and clear the land. The loan was refused until settlements supported by valuations are reached for each property. Legal and other difficulties have delayed negotiations and the small piece of land already owned by the Council in these areas is not large enough to warrant development on its own.

/Riverlea. ...

### Riverlea.

The land for this township was purchased by the Council in 1960. Levelling of the ground and the installation of services was commenced immediately and a loan for the building of 646 houses (but not for services) was granted by the National Housing Commission during 1961. The building of houses commenced on the 6th December 1961; by the end of the current year 623 houses were completed and 450 were occupied, and the services were completed.

### Western Township.

The Bantu residents were evacuated during the year and 2,228 houses were made available for Coloureds. The area will be used as a transit camp until it is redesigned and incorporated in the Coloured complex.

### Bosmont Township.

On 13th November 1959 the townships of Bosmont and New Monteleo, in the Roodepoort-Maraaisburg municipal area, were declared a group area for Coloured occupation and the responsibility for their development was allocated to the Group Areas Development Board. The township is 166 morgen in extent and will provide for an estimated 1,350 families. The complex was later renamed Bosmont.

The Council undertook the reticulation of the township for municipal services and on the 28th February 1962 the Administrator approved of the extension of the Johannesburg municipal boundaries to include Bosmont. Negotiations for the purchase of the township by the Council have not been concluded.

The houses built by the Group Areas Development Board can be purchased at prices from R2,210 to R3,100 repayable over 30 years or can be rented. Families from Albertville are given priority. As at 31st December 1962, 182 houses had been completed.

### 3. ASIATIC HOUSING.

The Council has not provided houses for Asiatics as no land has been set aside as a Group Area for them in the municipal area.

### Lenasia.

This township is situated 17 miles from the City Hall and was proclaimed a Group Area for Indians on 16th November 1956. The Group Areas Development Board has provided 440 houses as at 31st December 1962. Private owners have built additional houses to plans approved by the Board.

### 4. BANTU HOUSING.

The administrative control of housing for Bantu and the initiation of new schemes are the responsibility of the Manager of the Non-European Affairs Department. Technical services fall under the

/control .....



control of the Heads of the Departments concerned whilst the City Health Department is responsible for supervising sanitary conditions. Details of the housing provided by the Council for Bantu in the various townships are contained in Annexure E.

The townships south west of the city are situated within a distance of 9 to 20 miles from the City Hall and cover an area of some 26 square miles. The population of Bantu Townships and hostels, to the exclusion of Bantu living on employers' premises is assessed to be 372,594.

The newer townships are laid out and developed on modern town planning principles and main arterial roads and some secondary roads are macadamised. The streets are lit by electricity and in some areas electricity is available for lighting and power. There is water borne sewerage and a constant water supply to each site and a mechanised refuse removal service.

Adequate open spaces have been provided with sports fields and stadium and sites for public buildings. An area has been reserved for a civic centre. Trading and industrial sites are available with clinics at intervals throughout the area and hospitals in the near vicinity. Educational facilities include junior and senior schools, creches and a vocational training centre for training building trade artisans.

Western Bantu Township was disestablished as a Bantu township after the Bantu residents were transferred to Moroka and Chiawelo Extension No. 2 and some sub-economic tenants to Jabavu. Coloured tenants were moved into blocks of houses as the tenants were evacuated. The area was re-named Western Township.

Building of houses has been actively pursued in Moroka, Chiawelo Extension No. 2 and elsewhere. The schemes under construction as at 31st December 1956, were for 4,532 houses and 400 flats; 2,326 houses were completed during the year and 2,206 houses and the 400 flats were outstanding. Of the houses 232 were for self builders.

There has been a reduction in the number of site and service shacks but 178 remain scattered throughout the area. Some of these have existed for over six years and it seems that the owners will not build unless pressure is brought to bear on them. Some of the deserted shops still remain as a reminder of Shantytown and Moroka; these have become an eyesore.

A hostel for 3,000 Bantu males, adjacent to Eastern Bantu Township, was completed at the end of 1961 and was fully occupied during the current year. The facilities include large well-equipped communal kitchens, a large restaurant and a number of smaller shops for letting to private enterprise.

The Natives Resettlement Board has undertaken the housing of Bantu who work in Johannesburg and who previously lived in the western areas (mainly in Sophiatown and Newclare or outside the municipal boundary, mainly in Alexandra Township). In Meadowlands East and West 12,064 houses (for letting) and 2,652 hostel beds have been completed, leaving 1,796 planned hostel beds to be completed. In Diepkloof East

/and .....

and West 7,490 houses for letting and 181 houses for selling have been completed, leaving 1,611 planned houses for completion.

Progress has been made during the year in providing sewer connections and direct water supply to premises where these were lacking and in constructing further roads and stormwater drains.

Communal facilities provided during the year included the erection of 16 additional schools, a new administration block in Eastern Bantu Township and a large communal hall at Mofolo Central. The tuberculosis clinic was completed at Mofolo South.

The prohibition of certain types of liquor to Bantu was withdrawn on 16th August 1962. The City Council has retained the sole right to sell liquor in Bantu Townships under its control and erected eleven modernly equipped bottle stores for this purpose.

The control of general sanitation was made more difficult by a degree of overcrowding in dwellings in some areas; unauthorised additions to dwellings including enclosing of verandahs and building of back yard rooms; accumulation of junk in yards; keeping of horses, goats, and cows (in Pimville only) under unsuitable conditions; unlicensed trading, particularly the hawking of foodstuffs. Constant vigilance was exercised to minimise these abuses and with the assistance of the staff of the Non-European Affairs Department these nuisances were kept within bounds.

In Pimville, however, it has been impossible to maintain even reasonable sanitary conditions. The gross overcrowding added to the crowding on site; the stand pipe system with the nuisance arising aggravated by the unmade roads and lack of drainage; the lack of waterborne sewerage; the state of the buildings owned by the stand holders apart from the crowding on site; the keeping of cows under grossly unsuitable conditions; the inadequate buildings in which trading is conducted. The sanitation staff of the City Health Department has taken all possible steps to improve conditions but has been precluded from taking drastic action which is the only possible way of getting adequate results. The whole township should be uprooted and rebuilt.

Agreement has been reached in principle with the Department of Bantu Administration and Development to rebuild the township on its present site with an overflow on to adjoining land. Preparatory work has been done but building has not commenced.



SCHEMES FOR HOUSING SCHEMES

SCHEMES	DATE ESTABLISHED	TOTAL NO. OF DWELLINGS	TYPE OF SCHEME	TYPES										APPROX. UNIT COST (EXCLUDING LAND AND SERVICES)	APPROX. AREA IN SQUARE FEET	TOTAL CAPITAL COST	REMARKS
				ROUSES				FLATS									
				2 BR.	3 BR.	4 BR.	5 BR.	1 BR.	2 BR.	3 BR.	4 BR.	5 BR.	6 BR.				
JAN ROYNETS	1937	194 Houses	Sub-Economic Letting with graduated rentals up to economic.	(26 units) 66	102								From R1-25 to R3-90	600 to 709	R292,390	This scheme contains brick built detached and semi-detached cottages on 70' x 40' stands. A communal hall and Child Welfare Clinic is provided.	
MAURICE FREEMAN	1939	70 Houses 48 Flats	Sub-Economic Letting with graduated rentals up to economic.	30	40					36	12		From R1-55 to R4-60	802 to 990	R390,500	This scheme is similar to the above with an improved standard of cottages. A communal hall is also provided.	
MAURICE FREEMAN EXTENSION	1945	41 Houses	Sub-Economic Letting with graduated rentals up to economic.	18	19	4							From R1-55 to R4-60	620 to 990	R119,352	Additional cottages forming part of the above original scheme.	
PIONEER	1939	96 Houses 24 Flats	Sub-Economic Letting with graduated rentals up to economic.	43	53					18	6		From R1-55 to R4-60	620 to 990	R255,918	The units in this scheme are identical with those in Maurice Freeman with a communal hall but in addition a residential club is provided to accommodate 50 low-paid working girls.	
MONTCLAIR	1937/38	244 Houses	Economic Renting.	63	141								WEEKLY RENTALS R3-70 R4-90	675 to 864	R514,644	This scheme contains pre-cast hollow block constructed detached and semi-detached cottages of an average design on 40' x 80' stands but accommodation and sizes of rooms is adequate for this low-cost type of scheme.	
WILKINSON PARK (JUBA HILLS AND EXTENSION)	1945 to 1947	939 Houses	Economic renting and selling.	454	432	53							1945 1947 R2412 R2280 R2672 R2654 R2950 R2856	707 to 1301	R3,705,504	This scheme was originally built as a sub-economic project under the National Housing Formula. Since Dec. 1952 converted to an economic renting and selling status available for purchase by tenants and others on favourable terms. The cottages are well built detached types on stands averaging 60' x 80' or 90' x 100'. An attractive Community Centre in this township was opened by the Mayor in October 1961.	
-do-	1948/49	Shops	Economic Renting.													This scheme comprises nine shops of various essential types leased to approved applicants at economic rentals. In addition there is a Municipal Branch Library, Child Welfare Clinic and a Post Office.	
-do-	1961															Two smaller blocks of shops have been provided by private enterprises on ground sold by the Council.	
-do-	1956/57	189 Houses	Economic Renting	30	150	9							R5-19 to R7-04	690 to 1040		The houses in this scheme are well built detached houses of either orthodox brick or "belfries" structure on 50' x 100' stands and are letting units only. Servants quarters are provided. There are also three storey blocks of flats comprising 21 flats each. They are built by the hollow concrete panel method of construction.	
	1957/58	189 Flats	Economic Renting.			27	108		54				R3-40 to R5-60	270 to 608	R1,172,260		

## LAND SELLING SCHEMES (EUROPEAN).

TOWNSHIP	DATE OF DISPOSAL OF STANDS	NO. OF RESIDENTIAL STANDS	BUILDING SIZE OF STAND	FACILITIES	GENERAL REMARKS
Franklin Roosevelt Park	1946	512	1 acre	5 church sites, 2 Primary School sites (one built), Nursery School (built). Parks and open spaces. Fully constructed roads. All essential services. —00— Business and Community Centre which will be developed now that the complex is complete by the disposal of Montgomery Park.	This township was restricted to returned soldiers and families with incomes below R2,400 p.a. It is situated in the north-western suburbs in ideal surroundings. It is a very popular suburb of Johannesburg and homes here are always in great demand.
Franklin Roosevelt Park Extension No. 1	1955 1961	264	1 acre	1 church site, High School (built), Nursery School site. Parks and open spaces. Fully constructed roads and all essential services. On the 28th October 1961 a Community Centre was opened by the Mayor on Stand 869.	An extension of and adjacent to the above township. The above remarks apply here too, but the income limit restriction was raised to R3,000 per annum.
Montgomery Park	1960	421	1/5th acre	Church site, School site, 12 large flat or General Residential sites. Parks and open spaces. Roads will be fully constructed and all essential services are available.	This township is adjacent to the two townships above and comprises what is known as the "Roosevelt Park complex". The township is well planned with somewhat smaller stands.
De Wetshof	1959	130	1 acre	Flat site, Nursery School site - School site. Large parks and open spaces. Roads have been fully constructed and all essential services are provided.	This township, situate in the eastern suburbs adjacent to Cyrilstone and Observatory Extension, is in a select area of the city. Adjacent the western boundary of the township is a large 100 acre park and a golf course. This township has developed on the lines of Cyrilstone which caters for the upper-middle income group.
De Wetshof Extension No. 1	Approx. 1966	202	1/6th to 1 acre	2 church sites, 2 business sites, Nursery School site. Parks and open spaces and all services will be available before the disposal of stands. Roads will be fully constructed.	Situated to the south of De Wetshof and adjacent to Kensington. This proposed township will cater for the lower-middle income group with a probable income limit restriction of R2,400 per annum. It is anticipated that it will prove a popular area and develop on the lines of Franklin Roosevelt Park. The plan and proposed Conditions of Establishment have been approved of by the Townships Board.

TOTAL NUMBER OF RESIDENTIAL SITES 1529.



LAND RESERVED FOR COTTAGES FOR THE AGED.

1. Vacant site (ex Buffer Strip) in Jan Hofmeyr Township 12 Double and 16 single cottages to cater for 40 people. ) An application for ) a loan for the ) construction of ) these cottages has ) been approved by ) the National ) Housing Commission ) and steps are being ) taken to call for ) tenders.
2. Vacant site in Maurice Freeman Township 16 Double and 20 single cottages to cater for 52 people. ) Conversion of the ) flat loan is at ) present with the ) National Housing ) Office.
3. Conversion of 18 bachelor flats in South Hills from 4½% loan to ½% loan for Old Aged.
4. School site in Pioneer Township. The Clerk of the Council is negotiating with the Provincial authorities, for the acquisition of this site which will provide cottages to cater for 36 people.
5. Stand 875 South Hills. Cottages to house approximately 80 people in single and double units can be built on this stand which is 2¼ acres in extent.
6. Stand 840 South Hills. This is identical to 5 above.
7. Stands 15, 17, 19, 21, 23 and 181 Haddon Township (total area 2¼ acres). Suitable for single and double unit cottages to house approximately 80 persons.
8. R.E. of Ptn. B )  
R.E. of Ptn. 1 of Ptn. ) Farm Cyferfontein  
(between Highlands North Extension and Abbotsford).

Suitable for approximately 15 cottages comprising double and single units. The situation lends itself to development for pensioners in the income group slightly above the Old Age Pension level.

9. Stand 177 to 181 Rossmore (approximately 1½ acres). Suitable for single and double units to house approximately 40 old aged pensioners.
10. Stand 386 and 421 to 428 Montgomery Park Township (total area approximately 5¼ acres). Suitable for cottages to house approximately 100 pensioners in the higher income group.

SCHEM.	DATE OF ESTABLISHMENT	TOTAL NUMBER OF DWELLINGS	TYPE OF SCHEME	TYPES						RANGE OF MONTHLY OR WEEKLY RENTALS	APPROX. UNIT COST (EXCLUDING LAND.)	APPROX. AREA IN SQUARE FEET.	TOTAL CAPITAL COST.	REMARKS.
				HOUSES.			FLATS.							
				Single Rooms	1 BR.	2 BR.	3 BR.	1 BR.	2 BR.					
Cornwallville (1st section)	1936	250 houses.	Sub-economic Letting and Selling.	26	158	66	-	-	-	£4.00 to £17.75 per month.	£1,628	722	-	All houses are of a good standard of construction in brick and iron.
Cornwallville (2nd section)	1946	251 houses.	Sub-economic Letting and Selling.	10	125	116	-	-	-	£4.00 to £17.75 per month.	-	Average.	1,177,406	This scheme is well equipped with amenities comprising a community centre, library and recreational facilities. Sewerage is provided throughout.
Cornwallville B.E.S. held Village.	1953	50 Flats.	Economic Letting.	-	-	-	-	-	-	£12.50 per month.	-	-	£119,928	Built by B.E.S.L. for ex-servicemen, and administered by the Council.
Cornwallville Council Flats.	1959	60 Flats.	Economic Letting.	-	-	-	35	45	-	£17.00 to £23 per month.	£2,380 £2,470	786	£246,850	Built by Private Contract and administered by the Council.
Neordgeig (1st section)	1938	350 houses.	Sub-economic Letting.	-	175	-	-	-	-	£3.10 to £8.75 per month. £4.00 to £10.00 per month.	£552 Average	635	£378,338	The 1st and 2nd sections are constructed in brick and iron of a good standard, the remaining sections being of an austere standard in concrete or brick and iron.
Neordgeig (2nd section)	1946/1947	100 flats (50 pers. semi.)	Sub-economic Letting.	-	250	-	-	-	-	£4 to £9.75 per month.	£1,492 Average	714	£355,860	Amenities include a communal hall, recreational facilities, a child welfare and medical services clinic, and library.
Neordgeig (3rd section)	1953	100 flats (50 pers. semi.)	Economic Letting	-	100	-	-	-	-	£2.31 per week.	£1,540 per pair.	1,080	£301,660	Sewerage is provided to all units except 6 units which are provided with the pit service.
Neordgeig (4th, 5th and 6th sections.)	1954 to 1957	359 houses.	Economic Letting.	-	359	-	-	-	-	£1.85 per week.	£390 to £574	527	£250,590	
Neordgeig Experimental houses.	1961	4 houses	Experimental Scheme	-	3	-	-	-	-	£13.50 to £17 per month. £17 per month.	£1,700 to £1,910	2,679	£7,000	All houses are of a good standard of construction in brick and iron. Provision has been made for all amenities and services.
Liverlea	1962	623 houses	Economic Letting/Selling.	-	623	-	-	-	-	£13.25 to £14 per month.	£340.	91,606	£550,116	All houses are of a good standard of construction in brick and iron. This scheme is well equipped with amenities comprising a community centre, library and recreational facilities. Sewerage is provided throughout.
Western Township.	1920	2228 houses	Low rental Letting Scheme. (Formerly known township)	36	1866	295	31	-	-	£2 to £7 per month	-	80.130	£770,887	All houses are of a good standard of construction in brick and iron. This scheme is well equipped with amenities comprising a community centre, library and recreational facilities. Sewerage is provided throughout.
GRAND TOTALS:		3315 houses 110 flats.		36	1902	2043	389	-	15	95				



## NANTU TOWNSHIPS - HOUSING AND POPULATION STATISTICS

YEAR ENDED 31ST DECEMBER 1962.

SUPPLIED BY RESEARCH BRANCH - NON-EUROPEAN AFFAIRS DEPARTMENT.

TOWNSHIP	POPULATION AS AT 31.12.1962	ETHNIC GROUP	DATE ESTABLISHED	TYPE OF SCHEME	NO. OF HOUSES BUILT AND OCCUPIED	SITE AND SERVICE FRACKS	TOTAL DWELLING UNITS	NO. OF TRADING SITES ** AS AT SEPTEMBER 1962		
								TOTAL	ALLOCATED	NOT ALLOCATED
CENTRAL WESTERN JAB.)		Sotho	11.3.55.	Location)	1,417	-)	1,417	35	26	9
CENTRAL WESTERN JAB.)	7,807 ***	Nguni	11.3.55.	" )		-)		10	9	1
CHILWELLO	10,633	Others	25.5.56.	"	2,195	-	2,195	97	26	71
DHLAMINI	9,419	Nguni	25.5.56.	"	1,422	-	1,422	56	22	34
DUSE	12,468	Mixed	4.2.55.	Village	1,955	-	1,955	70	32	38
EMGONI	11,025	Nguni	7.11.58.	Location	2,297	1	2,298	47	19	28
JABAYU	26,440	Mixed	19.5.50.	"	5,100	-	5,100	140	133	7
JABULANI	11,621	Nguni	19.11.56.	"	2,037	10	2,047	50	31	19
MAFETLA	9,128	Sotho	9.11.56.	"	1,530	-	1,530	55	41	14
MOPOLO NORTH & SOUTH)		Nguni	11.2.55.	" )	4,519	-)	4,519	67	58	9
MOPOLO CENTRAL )	27,852 ***	Mixed	11.2.55.	Village )		-)		59	49	10
MOLAPO	7,540	Sotho	9.11.56.	Location	1,469	-	1,469	65	49	16
MOLLETSANE	10,659	Sotho	9.11.56.	"	1,964	-	1,964	32	29	3
MOROKA	13,891	Sotho	30.4.54.	"	2,048	-	2,048	83	68	15
NALZDI	20,358	Sotho	9.11.56.	"	4,043	3	4,046	101	47	54
ORLANDO	65,337	Mixed	1.11.54.	"	11,314	-	11,314	458	343	115
PHIRI )		Nguni	9.11.56.	"	964	-	964	27	15	12
PHIRI )	11,583 ***	Sotho	9.11.56.	"	1,226	-	1,226	22	13	9
PINWILLE	35,380	Mixed	24.10.05.	"	1,233 *	-	1,233	36	36	-
SENAMANE	8,331	Nguni	7.11.58.	"	1,492	-	1,492	43	20	23
TLADI	9,672	Sotho	9.11.56.	"	1,858	-	1,858	33	28	5
ZOLA	25,090	Nguni	7.11.58.	"	5,576	7	5,583	141	71	70
ZONDI	8,650	Nguni	25.5.56.	"	1,455	-	1,455	45	26	19
EASTERN B.T.	4,363	Mixed	19.8.25.	"	627	-	627	10	10	-
	351,647	-	-	-	57,741	21	57,762	1,782	1,201	581

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## H.O.S.T.E.L.S

HOSTEL	BEDS	POPULATION
DUNE	5,152	4,989
JAMULANI	4,352	3,179
NANCEFIELD	4,832	4,493
TOTAL	14,336	12,661

\* Of the 1,233 dwelling units, 1,100 are slums.

\*\* Statistics for September 1962 have been given as no statistics of trading sites as at 31.12.1962 are available.

\*\*\* Breakdown population statistics as at 31.12.1962 for the townships listed below are not available. Figures have therefore been given for the nearest available date, i.e. September 1962.

CENTRAL WESTERN JABAYU (Sotho)	5,834
CENTRAL WESTERN JABAYU (Nguni)	1,903
MOPOLO CENTRAL (Mixed)	14,132
MOPOLO NORTH AND SOUTH (Nguni)	13,472
PHIRI (Sotho)	6,114
PHIRI (Nguni)	5,300 (Approximately)



Date		Time		Place		Remarks	
1891	10/1	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/2	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/3	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/4	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/5	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/6	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/7	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/8	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/9	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/10	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/11	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/12	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/13	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/14	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/15	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/16	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/17	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/18	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/19	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/20	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/21	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/22	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/23	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/24	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/25	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/26	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/27	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/28	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/29	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/30	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul
1891	10/31	10:00	11:00	St. Paul	St. Paul	St. Paul	St. Paul





