

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

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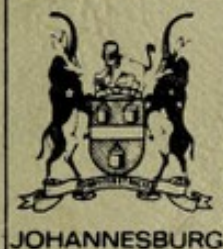
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CITY OF JOHANNESBURG

**CITY HEALTH
DEPARTMENT**

**REPORT OF THE
MEDICAL OFFICER OF HEALTH**

1971



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CITY OF JOHANNESBURG

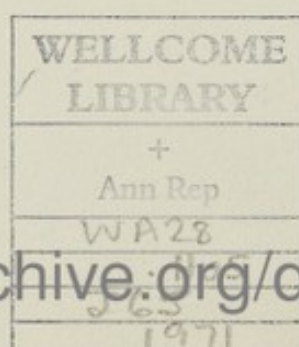
REPORT OF THE MEDICAL OFFICER OF HEALTH

1971

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CITY OF JOHANNESBURG

REPORT OF THE MEDICAL OFFICER OF HEALTH

1971

HIS WORSHIP THE MAYOR AND COUNCILLORS
OF THE CITY OF JOHANNESBURG

Lady and Gentlemen,

I have the honour to present my report for the year 1971, highlighting the work of the City Health Department, vital statistics of the city and matters concerning the health and sanitary circumstances of its communities.

The report concentrates mainly on major changes and developments with only brief reference to routine work.

In April 1971 the services of the City Health Department were re-organised on a functional instead of a geographical basis, but the full impact of this will only be felt in 1972.

A programme to provide increased opportunity for non-White staff utilisation in their own areas is gaining momentum. This will result in a gradual release of White staff to provide more realistic health visitor case loads in the White family health services as well as increased

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opportunity for in-service training and participation in the planning of more comprehensive services.

The City Health Department remains a continued source of practical training for various student disciplines, involving health personnel at all levels in demonstrations, lectures and practical work. The health education division is beginning to make a major contribution in disseminating information and influencing public opinion in health matters.

The findings and recommendations of the Deputy Medical Officer of Health following an overseas tour in 1970 were circulated with a view to their implementation as a pilot project for the provision of more comprehensive health services.

N.B. In this report figures shown in parenthesis refer to those of the previous year (1970).

* * *

SECTION I NATURAL CONDITIONS

The City of Johannesburg is situated in latitude 26 degrees 11 minutes south and longitude 28 degrees 4 minutes east, approximately 483 km from the nearest coast. The altitude of the centre of the city is approximately 1 738 m above sea level.

The city lies on a high inland plateau at the northern limit of the highveld area on the crest of the Witwatersrand ridge. This ridge stretches a total distance of approximately 142 km to the east and west and forms one of the main watersheds of the country. All streams are perennial, those on the northern side being tributaries of the Limpopo River and proceeding to the Indian Ocean, while those to the south make their way eventually to the Orange River and the Atlantic Ocean. The only nearby river with a continuous flow is the Vaal River. From the Vaal Dam and the Barrage Reservoir on the River the extensive Witwatersrand area gets its water

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supply. At Vereeniging, where water is abstracted from the Barrage, the level is 305 m below that of Johannesburg 56 km away.

The city is one of the few large, rapidly growing cities of the world which is not located on a navigable river or sea board, with the result that the Jan Smuts Airport has become the major point of entry to the city and the Republic of South Africa. The city is situated at the centre of the Republic's greatest mining, industrial, commercial, financial and manpower complex.

The climate is essentially temperate although Johannesburg is within 3 degrees of the Tropic of Capricorn. Days are bright and warm and nights are cool, with a marked diurnal range of temperature.

The highest maximum monthly temperature recorded by the Weather Bureau at Joubert Park in Johannesburg was 30°C in December, dropping to a minimum, at night, of 10,8°C. The lowest maximum monthly temperature recorded was 16°C, dropping to a minimum temperature, at night, of 6,3°C in June and 6°C in July.

The month of November received the highest rainfall. A total of 192 mm was registered falling on 19 days, as compared with a normal rainfall of 126,5 mm on 13 days. No rainfall occurred in July and August. The normal rainfall in these 2 months is 10,5 mm and 10,1 mm respectively.

		<u>Normal</u>	<u>1971</u>
Total rainfall (mm)	846,9	1 036,2
Days	96	88

* * *

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SECTION II VITAL STATISTICS

Population

The estimated population of the city at 30 June 1971 based on the 1970 census, corrected for natural increase, immigration and emigration, shows a general increase as compared with 1970 figures which is highest in Bantu and Whites.

YEAR	WHITES	COLOURED	ASIANS	BANTU	ALL RACES
1971	431 310 (422 543)	81 767 (79 582)	38 622 (37 810)	556 218 (533 360)	1 107 917 (1 072 995)

Death and Infantile Mortality Rates

The infantile mortality rates for the 5-year period ending 1971 are as follows:

	1967	1968	1969	1970	1971
Whites	19,61	19,41	22,31	20,26	18,36
Coloureds ..	62,12	43,52	50,04	66,07	61,94
Asians	25,34	43,89	39,83	29,30	35,91
Bantu	93,22	101,11	100,36	95,48	73,78
All races ..	68,59	69,23	69,44	63,92	54,55

The infant mortality rate is based on deaths under one year per 1 000 registered live births. Apart from showing the lowest figure for all races during these 5 years, the Whites have reached an all-time low for Johannesburg with a rate of 18,36. At the same time a significant rise has been noted in attendances at White child health clinics, increasing from 93 949 in 1970 to 98 201 in 1971. This result is encouraging to the public

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health worker who expends so much time and energy on preventive and promotive health services. Perhaps the day is not far distant when the same result may extend to other population groups.

It is difficult to account for the fluctuating infantile mortality rate of the Asians.

In previous reports comment has been made in regard to the anomaly in the Bantu infantile mortality rates which are calculated on the number of registered births and not on the more reliable figures of notified births. A more accurate picture of the position based on notified births would be a decrease from 70,45 in 1967 to 67,46 in 1971.

In the case of the Coloured population, however, the registered births were 3 229 and the notified births 2 470. Much of the southern area incorporated within the city area in 1970 had practically no health services previously. During home visits since the beginning of 1970 health visitors have stressed the importance of birth registration. This may have resulted in late registrations swelling the 1971 numbers.

Death rates are calculated per 1 000 of population. As in 1969/70, diseases of the circulatory system headed the list of causes of death for Whites and Asians with death rates of 2,87 and 1,86 respectively. In the case of the Coloureds, this group cause of death has taken second place to deaths from accidents, poisoning and violence though the level is also high at 2,09. In the case of the Bantu, the death rate is only 0,87. Bantu maternal mortality rate, in the region of 2,5, has remained high.

Neoplastic disease accounts for 19,07% of the total number of deaths in Whites, but is much lower in the other racial groups. Perhaps longevity rather than racial differences may be a causative factor.

Certain diseases of early infancy came third as a group cause of death in the Bantu with a death rate of 0,97. In the Coloureds it was 1,20, in the Asians 0,72, but only 0,23 for Whites. These diseases relate particularly to the causes of illness and deaths within the first 4 weeks of life, including birth injury, asphyxia and sepsis, and intimate that further improvements are needed in the midwifery services for Coloureds, Asians and Bantu.

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Accidents, poisoning and violence as a group cause of death formed a high percentage of the total deaths in all race groups, accounting for approximately 20% of all deaths compared with 16,2% in 1970.

Birth Rates

Only in the White population has the birth rate decreased, the rest showing a steady upward trend. The registered Bantu births increased from 15 000 to 18 554, showing an increased birth rate of 4,42. If birth rate is calculated on notified instead of registered births, the birth rate is further increased to 36,3 instead of 33,36. Family planning does not seem to have had any curbing effect on population increase, except perhaps in the Whites.

(STATISTICS FOR THIS SECTION ARE
CONTAINED IN APPENDICES D AND E)

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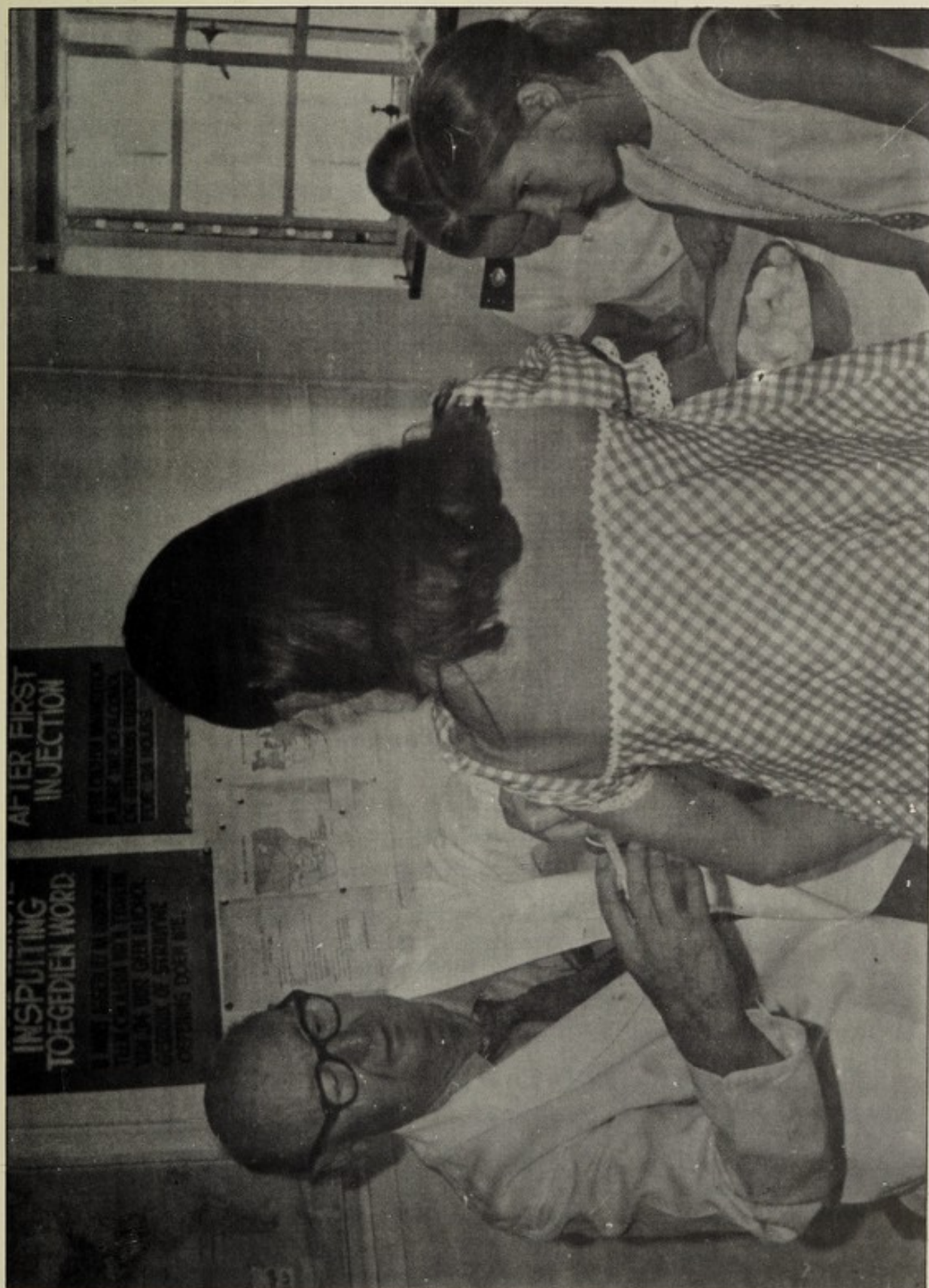
SECTION III FAMILY HEALTH

Promotive health services in the municipal area include child health clinics, immunisation, a domiciliary health visiting service, health education, family planning, and cancer prevention clinics.

A chronic shortage of medical personnel and priority claims of an expanding family planning service in the Bantu areas resulted in insufficient medical coverage for child health clinics. In other areas part-time medical personnel brought some relief. Much medical responsibility had to be assumed by nurses and health visitors.

In-service training was provided to health personnel by the State Department of Health prior to the introduction

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Clinic for Immunization of Travellers.



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of its Mental Health Clinics operating from Council premises, initially started in the Bantu and Coloured areas.

Extra accommodation was provided for health education and health visitors at Tladi Clinic in Soweto, and a separate family health subsidiary clinic was built at Jabavu. The planned conversion of a disused Nancefield convent into a clinic for Coloureds was delayed and the year ended with the rapidly expanding family health and tuberculosis services being conducted in cramped premises. A new child health clinic was opened in the south, and premises for 2 White child health clinics were acquired in the recently incorporated areas.

Child Health

Child health services are conducted from health centres, subsidiary clinics and 2 mobile vans, one mobile van functions in the city and the other in the Bantu areas. Two additional mobile vans will be available in 1972.

Domiciliary Services

Extensive domiciliary visiting by health visitors is carried out in respect of birth notifications, infant deaths under the age of one year, protected infants, immunisation checks, BCG immunisation of non-White neonates, geriatric cases, social and mental health problems, family planning and cancer prevention clinic defaulters, and follow-up of cases of gastro-enteritis, malnutrition, kwashiorkor and measles.

In the age group 7 to 18 months 13 201 non-White infants were visited in an effort to combat gastro-enteritis. Baragwanath Hospital notified 1 696 of these cases, 128 with associated malnutrition. In addition, 46 other cases of malnutrition, 86 of kwashiorkor and 5 of pellagra were notified and visited.

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Immunisation

Immunisation services are provided at infant clinics, primary schools, children's institutions, and other venues for special risk individuals in the Council's employ such as abattoir workers and ambulance personnel. A "booster" campaign in the rural areas of the newly incorporated southern areas complemented the 1970 immunisation campaign.

Measles vaccine was administered to 15 000 non-White infants aged 8 months to 3 years 11 months.

Rubella immunisation was offered to White girls in their first year at high school and to all girls aged 12 years in other population groups.

Rabies immunisation was continued for abattoir workers.

International Immunisation

Immunisation is carried out at a special clinic on behalf of the State Department of Health for persons travelling outside the boundaries of the Republic.

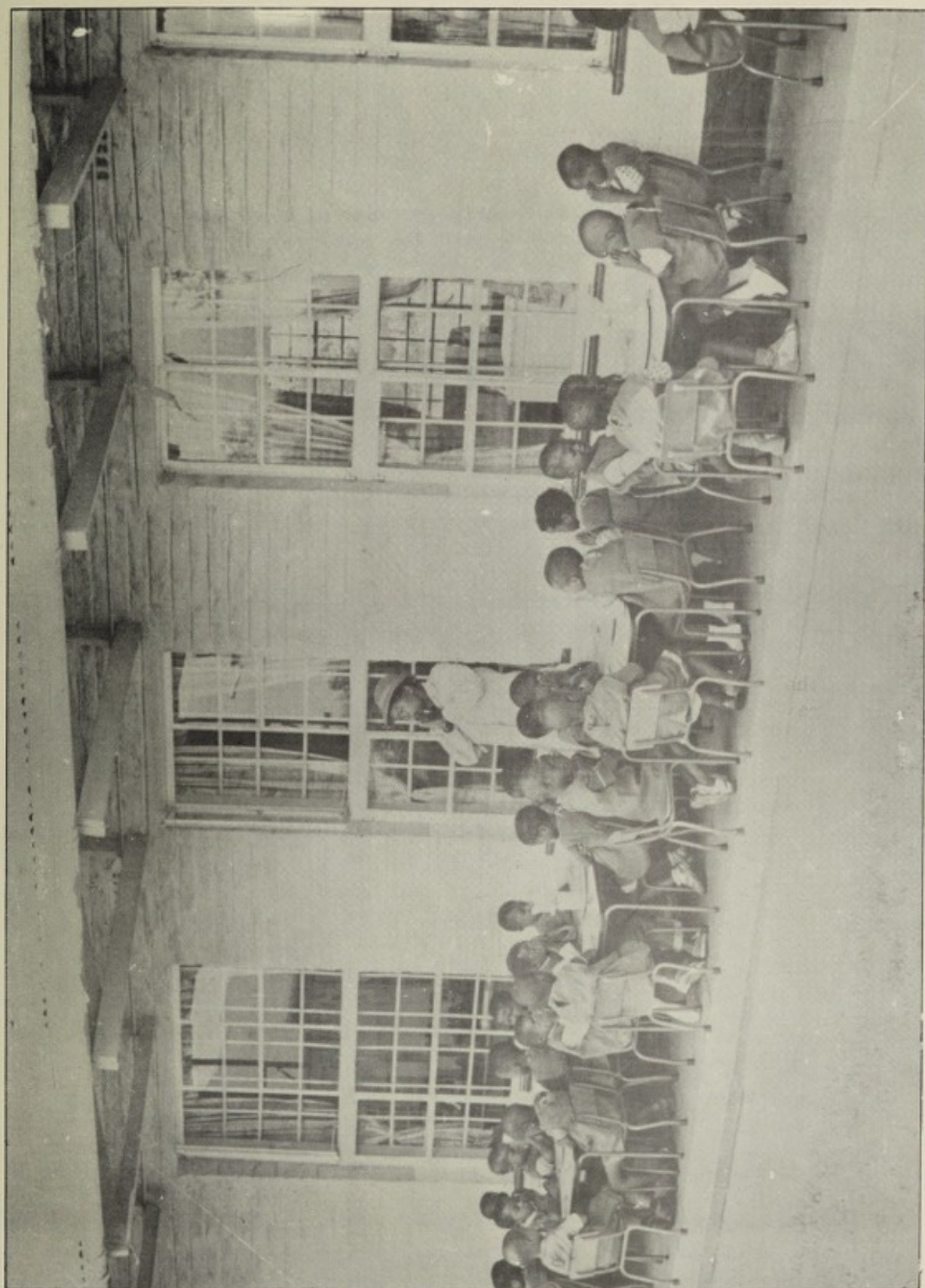
Children's Institutions

The envisaged re-organisation and expansion of the section for pre-school institutions to include children up to the age of 18 years, and to control all children's homes, orphanages, afternoon homework centres and child minder services made little progress. By-laws for pre-school institutions are still under consideration.

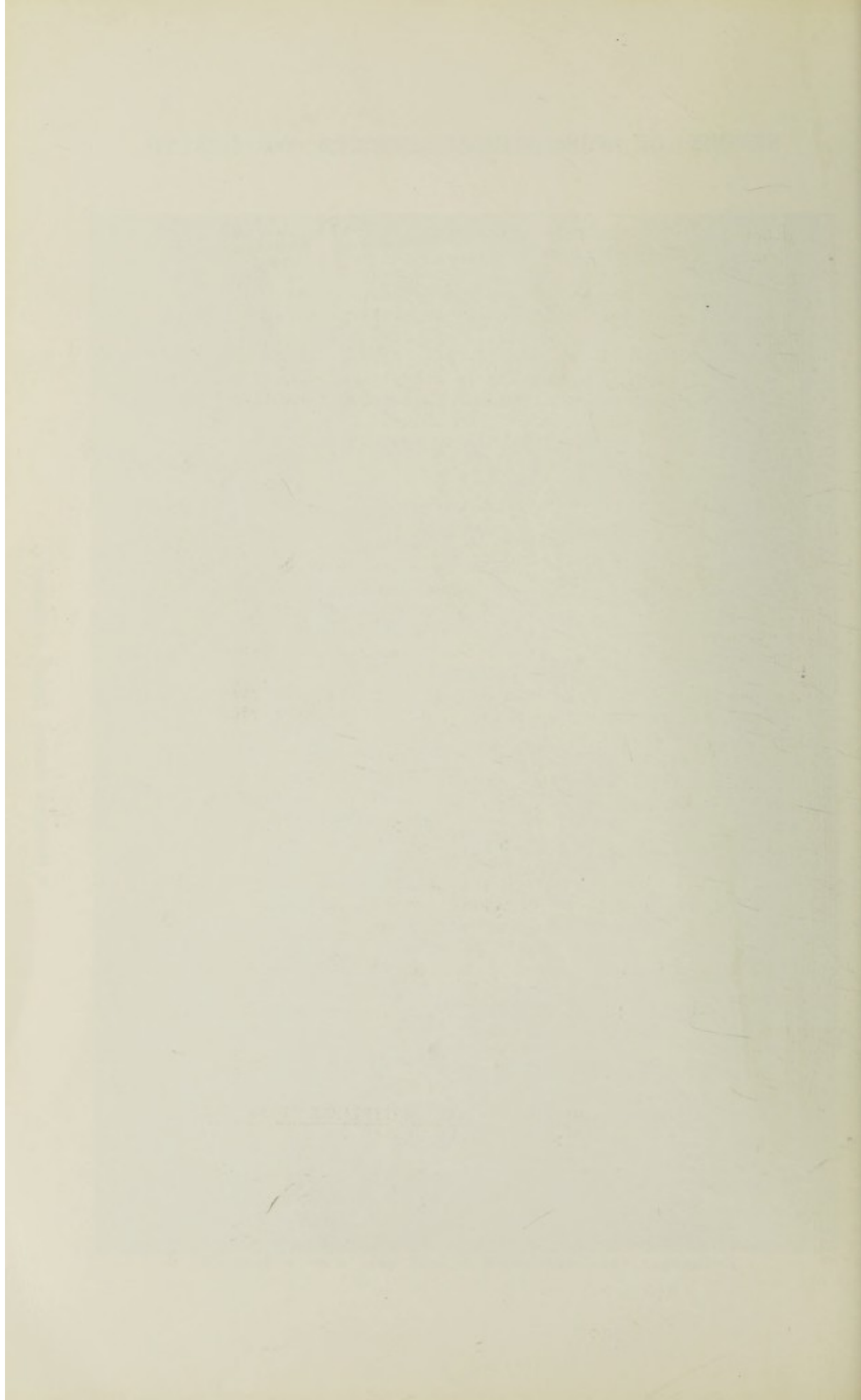
Regular inspection of nursery schools, places of care, some children's homes and listed child minders were carried out.

Two new Coloured places of care were opened in 1971, bringing the total to 7. In the Bantu areas 41 pre-school institutions accommodate approximately 3 600 children mainly of working mothers. Three of these are operated by the Non-European Affairs Department. In addition to 240 pupils in 2 City Health Department day nurseries,

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A Municipal Nursery School in Soweto



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another 200 will be accommodated when the third Council day nursery is completed in 1972.

Plans for a new day centre operated by the Mental Health Society for mentally defective children in the Bantu areas have been submitted.

Due to shortage of medical personnel, medical examinations of pre-school children have been markedly curtailed, especially in the Bantu areas.

Family Planning

Family planning and cancer prevention services were offered by the Council to Whites from one health centre and to Bantu from 7 clinics. Responsibility for 4 Coloured clinics was transferred to the City Health Department from the Transvaal Family Planning Association.

The Nursing Council granted permission for insertion of vaginal speculae and checking of intra-uterine device insertions by nurses.

Only a limited number of cervical smears were submitted, but this was the maximum that could be handled by the South African Institute for Medical Research.

(STATISTICS FOR THIS SECTION ARE
CONTAINED IN APPENDICES F TO K)

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SECTION IV INFECTIOUS AND NOTIFIABLE DISEASES
OTHER THAN TUBERCULOSIS

The Council still operates the Fever Hospital for Whites, but since 1969 non-White cases of infectious diseases have been sent to the C.M.R. Hospital, administered

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by a private company with medical cover by the City Health Department. An out-patient clinic and resident out-patient accommodation for municipal employees are also provided at the C.M.R. Hospital.

During the year 1 329 patients (1 300) were admitted to the Fever Hospital where the number of admissions, deaths and incidence rates of various diseases remained fairly constant. Bacterial meningitis accounted for 61 cases and tuberculous meningitis for 4.

At the C.M.R. Hospital admissions totalled 1 571 (1 090). The morbidity and mortality of measles cases again caused concern. During the last 3 years there were 699, 617 and 940 cases with 39, 20 and 60 deaths respectively. Of the 940 cases in 1971, there were 392 local ones.

During the summer poliomyelitis epidemic of 1971/72 there were one White case and 22 Bantu. Viral hepatitis showed an upward trend, 211 cases being admitted, 2 proving fatal. The discovery of the Australia antigen has made a more specific diagnosis of serum hepatitis possible.

The attendances at treatment centres for venereal diseases continued their upward trend with 6 470 (5 306) new cases. Of the 3 901 attendances at the Bantu Registration Examination Section, 1 247 (1 140) new male cases of gonorrhea and 876 (1 018) of syphilis required treatment. Cases of syphilis presented mainly with primary chancres. A similar observation was made at Orlando Clinic applying to 77% (58%) of proven cases. In females examined at the Registration Centre, the diagnosis of syphilis was based mainly on blood tests, a total of 908 cases needing treatment (3,4%).

(STATISTICS FOR THIS SECTION ARE
CONTAINED IN APPENDIX L)

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SECTION V TUBERCULOSIS

The control of infant malnutrition, poverty and overcrowding should receive high priority in the fight against tuberculosis, especially in the non-White population. During 1971 a total of 3 028 (3 187) cases of pulmonary tuberculosis was notified in Johannesburg of which 2 699 (2 817) were Bantu.

The tuberculosis control programme, initiated in 1968 to increase case finding by annual X-rays of all non-Whites, is now well established.

Number of 70 mm X-rays

At Bantu Registration Examination				
Centre	..	..	..	136 451 (129 888)
Tuberculosis control programme				
(Urban areas)	..	..	..	99 293 (95 013)
Tuberculosis control programme				
(Bantu areas)	..	..	..	45 509 (35 537)
TOTAL	..	..	..	<u>281 253 (260 438)</u>

In the Whites the use of BCG vaccine is limited to new births in tuberculous families, institutionalised children, negative tuberculin contacts and groups at risk such as students in medical and para-medical services.

In the non-White community all new births as well as tuberculin negative contacts receive BCG vaccination. Since 1962 all new school entrants in the Coloured areas are tuberculin tested and vaccinated. Grades II, III and IV tuberculin (heaf) reactors attend the 100 mm mobile unit for chest X-rays.

The control programme has also been implemented in the recently incorporated Kliptown/Nancefield areas with a population of approximately 40 000 Coloureds.

In the Bantu areas all children in pre-school institutions are heaf-tested, inoculated if negative reactors, or referred to clinics if positive. The following school programme has also been carried out:

67 697 children in 140 schools were heaf-tested,
25 684 had negative heaf readings,

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42 013 had positive heaf readings,
14 700 were X-rayed,
14 622 were issued with INAH tablets, and
145 children and 3 teachers were notified.

At the C.M.R. Hospital 564 (540) non-White patients were admitted to the wards for tuberculotics. Forty-three (40) deaths occurred in these wards, including 8 from tuberculous meningitis.

The Charles Hurwitz SANTA Centre at Baragwanath with 430 beds is visited daily during the week by tuberculosis medical officers of the City Health Department, also providing medical cover at other times. The average length of stay of patients is approximately 4 weeks. Transit beds are provided so that cases from Baragwanath Hospital can be examined and routed to out-patient departments, wards and other local authorities.

In addition to the medical and health visitor services for contact investigation, treatment and follow-up of cases, medical staff are called in for consultation to hospital wards, nursing homes and factories. Industrial sisters employed by a number of factories carry out treatment prescribed by the tuberculosis medical officers.

Social workers attached to the staff and working in collaboration with SANTA investigate cases to obtain assistance for them. Non-White patients receive supplementary foodstuffs at clinics for tuberculotics.

(STATISTICS FOR THIS SECTION ARE
CONTAINED IN APPENDICES M TO P)

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SECTION VI ENVIRONMENTAL HEALTH

The increased area, growing population and shortage of health inspectors have intensified the complex problems of environmental health control in Johannesburg. An increase in the number of learner health inspectors from 9 to maximum of 21 has however been authorised.

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There has been no abatement in illegal sale of foodstuffs on the streets and in business complexes. Refuse dumping continues on vacant stands and even on pavements. The energies of the depleted inspectorate staff are expended mainly on licensing and the investigation of specific complaints.

Urban renewal continues at Jeppe/Fairview, Fordsburg and Central City, with widespread projected schemes for areas such as Doornfontein and Vrededorp/Pageview.

Although the accent remains on health education, prosecutions for various contraventions of the Public Health Act, the Food, Drugs and Disinfectants Act No. 13 of 1929, as amended, and the Council's By-laws have been necessary.

In Urban Areas

Total number of persons prosecuted	2 010	(1 617)
Total number of charges ..	2 917	(1 783)
Found guilty	2 258	(1 409)
Total fines imposed	R26 766	(R16 775)

In the Coloured areas there were 505 and in the Bantu areas 567 prosecutions under the Public Health Act. Sampling of meat and milk was started on 26 October 1971 in the Bantu areas, resulting in 33 prosecutions under the Food, Drugs and Disinfectants Act. Of these, 32 were finalised, one warrant of arrest issued and R490 paid in fines.

Food Control

Inspections of the market, food factories and licensed food premises are routine procedures. On the whole conditions are satisfactory, but stricter legislative control is being considered in regard to the sale of foodstuffs by hawkers and pavement vendors.

The general cleanliness at the congested Newtown market has been maintained. Owing to an outbreak of Newcastle disease, no dressed poultry was offered for sale at the market. All condemned game and poultry were destroyed at the municipal abattoirs.

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Control of sale and meat distribution is also a function of the City Health Department. On advice from the Meat Control Board, some meat supplies from other local authorities were forwarded to processing factories in the municipal area after inspection.

Samples of foodstuffs and swabs taken under the Food, Drugs and Disinfectants Act were submitted to the Division of Health Chemistry, Pretoria, and the South African Institute for Medical Research for analysis.

An increased amount of canned foodstuffs, dressed poultry, fresh fish and processed meat was condemned. Evidence of tuberculosis resulted in the condemnation of 0,12% of meat inspected, but cysticercosis still remains the principal cause for condemnation in bovine and porcine carcasses.

Milk

During 1971 the average daily consumption of milk was 314,73 kℓ. An approximate decrease of 6% in milk consumption seems to be the result of the application of metrication, as one pint (568 ml) was replaced by $\frac{1}{2}$ ℓ (500 ml).

Bulk tankers transport 97% of milk delivered to the city from 743 registered producers, only 3% arriving in cans. Bulk tanks on farms have increased to 673. Eleven pasteurising dairies sell milk and cream in Johannesburg. There are 226 milk shops.

Samples are taken by health inspectors from farm refrigeration tanks, bulk tankers and milk cans. The health inspectors made 482 visits to farms, some of which are situated at a distance of up to 300 km from the city.

Prosecutions for inadequate milk and milk products totalled 181. Long awaited Standard Milk By-laws have been promulgated and amendments proposed.

Eleven cases of bovine tuberculosis in dairy herds were investigated by the Council's veterinarians with the help of the environmental health branch.

The incidence of brucellosis as well as mastitis contamination of milk samples continued to increase.

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Water

The average daily consumption of water was 332 Mℓ (343 Mℓ) supplied by the Rand Water Board mainly from the Vaal River. Weekly water samples were submitted by the Board for bacteriological and chemical examination, as well as borehole water and miscellaneous samples on behalf of the City Council. A total of 78 boreholes were tested and 8 retested. Three owners were instructed to cease using the water for human consumption.

Routine examination of potable water supply has shown that the quality of reservoir and reticulated water has not been of quite as high a standard as that maintained in 1970.

There are now 711 512 km of water mains in the southwestern Bantu areas. With the exception of the unsewered areas of old Pimville, Klipspruit, Nancefield and Klipriviersoog, all sites are provided with a water supply.

Pest Control

Anti-rodent measures for the prevention of the spread of plague are carried out over some 160 km² in the southwestern area to the borders of Roodepoort, Alberton and Germiston. Work is also carried out in the veld areas of the Resettlement Board townships of Meadowlands, Diepkloof and the Rand Airport.

Specimens of gerbilles as well as fleas from veld rodents, burrows and dwellings were submitted to the South African Institute for Medical Research. All specimens proved negative for *pasteurella pestis* and rickettsial diseases.

Routine spraying of water courses and vleis continued for mosquitoes. Offal stalls in the Bantu areas are sprayed periodically especially when fly infestation is heavy.

Treatment of the water at Wemmer Pan is once again allowing fish and plant life to flourish, and resulting in better control of the pest of midges.

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Public Conveniences

One new public convenience was opened in 1971. An additional water main connection has been installed at Ellis Park (Tennis Section) to improve the toilet flushing cisterns. A new toilet block is also under construction.

Inspection of Plans

Plans were inspected for compliance with the relevant drainage and health by-laws and regulations.

New plans handled	5 881	(6 842)
Plans re-submitted ..	4 989	(4 766)
Plans approved	6 315	(6 488)
Value of approved buildings	R88 305 360	(R106 472 980)

Fifty-nine inter-departmental plans were handled. In the Bantu complex some 769 plans for new buildings, additions and alterations to buildings, and drainage were examined and approved. In the hygiene control division 136 plans were examined.

Slums

Thirty-six premises were declared slums and 411 demolition permits granted. Great difficulty is still being experienced in rehousing slum tenants.

Refuse Removal

Refuse tipping sites are well controlled. In the Bantu complex standard type refuse receptacles are provided to each dwelling site and there is a tri-weekly refuse removal service. A total of 477 990 metric tons of refuse was removed by the City Engineer's Department

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to destructor and tipping sites, and 520 900 metric tons by commercial and industrial organisations. This includes refuse from the Sandton Municipality which is currently tipped at Lombardy.

Sewage Disposal

There are now 576 440 km of sub and main outfall sewers throughout the Bantu complex. Sewerage reticulation has been progressively maintained with the building development and all premises are connected to the sewer, except old Pimville.

The Coloured areas of Nancefield, Kliptown, Klipriviersoog and Race Course are mostly on night soil pail services but many dwellings, especially in old Nancefield, still have pit closets. Pail services have decreased to 244 (692).

The following figures represent the average flow of sewerage from the metropolitan area, including some neighbouring municipalities as well as Johannesburg.

<u>Sewerage Works:</u>							Mℓ
Northern	..	..	..	..	..	..	127,7
Olifantsvlei	..	..	..	..	..	..	92,9
Palmietfontein	..	..	..	..	..	..	7,0
Klipspruit	..	..	..	..	..	..	121,7
TOTAL							349,3 Mℓ

Promotive Hygiene

Health education continued with regard to food handling legislation and kitchen lay-outs, as well as hygiene and sterility in nursing homes, operating theatres and food serving machines. Swabbing of equipment in food premises was done once a week, 895 premises being visited and 1 790 swabs taken. Colony counts exceeded permitted levels in 389 articles tested. Advice was given on correct procedures.

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In co-operation with the staff of the Nursing Homes and Midwives Division, joint inspections were regularly conducted of institutions including those for the aged and handicapped.

(STATISTICS FOR THIS SECTION ARE
CONTAINED IN APPENDICES Q TO T)

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SECTION VII HEALTH EDUCATION

The health education division, established in 1968, made solid progress in 1971, continuing on its course of planning, organising, controlling and evaluating of health education programmes and providing assistance and in-service training for staff to put their programmes into operation. Numerous lectures, talks and demonstrations were also undertaken for student groups and different sections of the public.

Important staff changes tended to slow up progress as the Chief Medical Officer (Health Education) was appointed to the position of Assistant Medical Officer of Health (Research and Education) in September 1971, and the vacated post was not filled during the year. A new Senior Public Health Nursing Officer was appointed in May 1971.

A very great step forward was the secondment of a librarian from the Central Municipal Library and the development of a viable reference library service providing liaison with many outside libraries. This library is the first of its kind in a local authority in South Africa and is proving a very valuable asset to the staff.

Much teaching material has been collected and indexed, visual aids made by the technician, 4 films bought and many others previewed for use. Window and branch library displays have stimulated numerous enquiries.

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The structural alteration for a topical health museum was completed. Methods are being considered for its use in in-service training and group education.

The health education division participated in exhibitions organised by the National Council of Women of South Africa and the Union of Jewish Women.

Health education in regard to environmental health is carried out mainly by health inspectors in the hygiene control division of the environmental health branch. A programme in regard to venereal diseases was planned by the health education division for approximately 200 male factory workers. Talks were given by the Divisional Health Inspector (Hygiene Control) with the help of Bantu Health Inspectors.

* * *

SECTION VIII CURATIVE AND
MIDWIFERY SERVICES

Curative and midwifery services are conducted on behalf of the Transvaal Provincial Administration from 6 municipal polyclinics in the Bantu areas and one Coloured clinic by approximately 500 full-time staff. Since 1958 the Administration has subsidised these services pending the transfer of executive responsibility to the Province, but to date this transfer has not taken place.

Medical personnel remain in short supply with no recruitment of young or middle aged doctors. Retired medical officers make up 50% of the total complement. A chief medical officer has been appointed to control and organise this service, but increasing clinic attendances and resultant work pressure will lead to difficulties.

Nursing and health visiting personnel are making a major contribution to keep the health services functioning at an efficient level.

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Annual curative, ante- and post-natal clinic attendances are in the region of half a million, with an increase of 12,6% in out-patient attendances as compared with 1970 figures. District maternity cases attended by midwives of the City Health Department remain in the region of 5 000 per year.

(STATISTICS FOR THIS SECTION ARE
CONTAINED IN APPENDIX U)

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SECTION IX LABORATORY AND
TECHNICAL SERVICES

The laboratory and technical services branch continues to provide a scientific and technical consultative and laboratory service to municipal departments. It comprises a number of specialised divisions, many of which are permanently seconded to other departments. Thus there are separate laboratories in the Electricity Department at the 2 power stations, 3 laboratories at the sewage purification works, an industrial effluent control division in the City Engineer's Department and laboratories maintained at the gas works and the Bantu beer brewery. The air pollution control and noise abatement divisions also form part of this branch.

The microbiological division handled 10 544 samples of sewage effluent, water dairy products, ice cream, frozen confectionery and Bantu beer, as well as tender and check samples submitted by the Buying Branch. This division also carries out special projects.

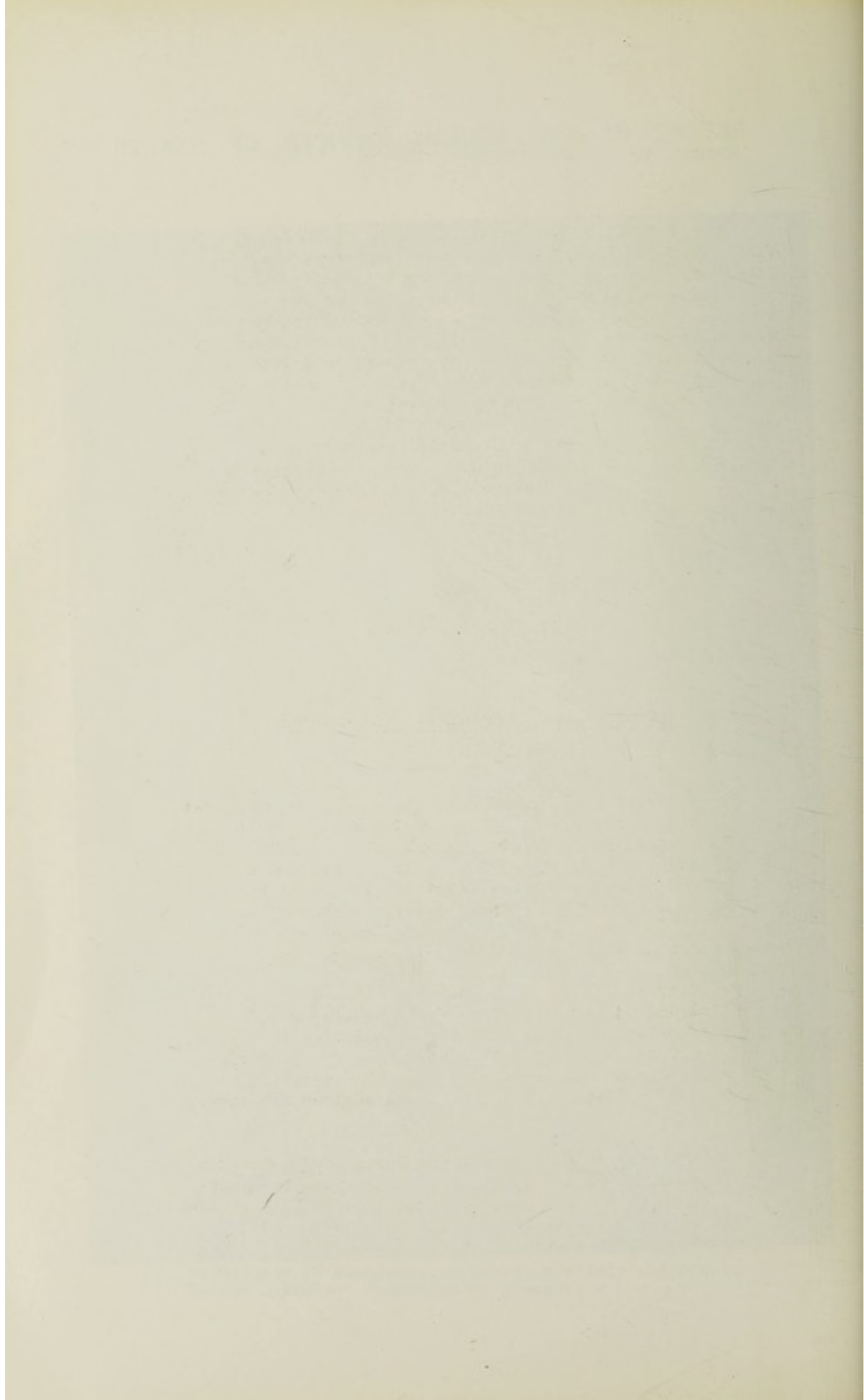
The technician seconded to the Abattoir laboratory examines milk samples for evidence of tuberculosis, brucellosis and mastitis as well as antibiotic content.

The analytical chemistry division is called upon to advise on widely diversified topics and has been required to dispose of dangerous or toxic materials which have become outdated, redundant or damaged.

REPORT OF THE MEDICAL OFFICER OF HEALTH



The Waiting-Room of a Polyclinic in Soweto.



REPORT OF THE MEDICAL OFFICER OF HEALTH

Two particular investigations with regard to refrigeration of foodstuffs have been of general interest. In the first instance, the cooling of foodstuffs by means of solid carbon dioxide during transportation was investigated. In the second case, a considerable mass of frozen meat was exposed to ammonia fumes from leaking refrigeration coils, but was considered to be perfectly edible when exposed to conventional cooking procedures, though unsuitable for canning processes.

Routine monitoring of all industrial effluent discharges has continued. In some instances deadlines have been set when toxic material discharged must comply with the prescribed concentrations.

* * *

SECTION X AIR POLLUTION CONTROL

The second Smoke Control Zone in the campaign against air pollution became effective in October 1971 in an area containing approximately 2 000 private dwellings and 650 large buildings. Many of the buildings are old and may be demolished within the next few years, therefore it has not always been practicable to replace coal-fired combustion stoves with electric geysers. Promulgation of the third Smoke Control Zone is expected in 1972.

The City of Johannesburg has been allowed to enforce the regulations contained in Part V of the Atmospheric Pollution Prevention Act of 1965 for an experimental period of one year from August 1971 to control the emission of fumes by diesel-engined vehicles. A mobile testing unit measures smoke emissions on the road and notices are issued to enforce the law.

Coal-burning cooking stoves are being produced which emit only about 10% to 15% of smoke emitted by conventional stoves. If these are used in the Bantu areas at the present high rate of replacement, it is estimated that a 50% improvement can be expected in the next decade in existing smoke levels in these areas.

REPORT OF THE MEDICAL OFFICER OF HEALTH

Vegetation is being established on sand and slimes dumps resulting from mining operations with the primary aim of air pollution control.

Continuous smoke monitoring is carried out at 12 stations, including an additional point provided at the Workers' Rehabilitation Hospital at Sans Souci.

Recording of sulphur dioxide levels have been discontinued as these were not found to be dangerously high. The analyser will be re-installed in the Bantu areas at a future date.

Under adverse weather conditions and at traffic peak hours a high concentration of carbon monoxide has been recorded.

Following spot checks, it is proposed to institute a routine monitoring programme for lead contaminant to provide basic background data against which changes can readily be detected.

Complaints attended to	408
Applications for approval of fuel burning appliances	147
Plans processed	114

* * *

SECTION XI NOISE ABATEMENT

The activities of the noise control division continue to be guided by the Noise Abatement Committee. Comprehensive by-laws dealing with noise control are needed and are being drafted. Such by-laws should also be of assistance to the National Committee which has been constituted by the South African Bureau of Standards to draft uniform noise abatement by-laws for all local authorities.

A sum of R13 400 has been made available for publicity purposes. An informative booklet is being produced and audio-visual slide lectures prepared.

REPORT OF THE MEDICAL OFFICER OF HEALTH

In the field of building demolition some consideration has been given to the use of electrically driven compressors and acoustic screens to minimise noise on demolition sites. By-laws have been drafted to limit building activities to certain specific hours.

With the commissioning of the noise testing centre at the Council's Motor Vehicle Testing Station, a milestone has been reached in the control of vehicular traffic noise. With the collaboration of the Traffic Department, several evening campaigns have been carried out to prosecute owners of vehicles producing excessive noise. Six traffic officers received specific training in the detection of such vehicles. City Councillors appointed as Honorary Noise Wardens have been requested to notify the Noise Control Division of the registration numbers of offending vehicles.

Instruments and techniques are being developed to record levels of sound and to collect data needed for the investigation of complaints.

* * *

SECTION XII HOUSING

Council-owned housing for the White population of Johannesburg is controlled and administered by the housing branch of the City Health Department. For Coloureds this is the function of the Coloured and Asian Division of the Clerk of the Council's Department, and for the Bantu it is that of the Non-European Affairs Department.

The housing situation remains disturbing. By 31 December 1971 there was a total of 6 323 housing units for Coloureds and 67 155 for Bantu, controlled by the City Council, with a waiting list of 3 016 for Coloured and 3 412 for Bantu families. These figures do not reflect the waiting list for houses controlled by the Department of Community Development for Whites, Coloureds and Asians.

The remainder of this section refers to housing for Whites only.

REPORT OF THE MEDICAL OFFICER OF HEALTH

Excluding the land selling schemes which are also controlled by the Department, there were 3 625 housing units comprising houses, flats and flatlets for the aged under its control as at 31 December 1971. Included in this total are 184 new units built by the Council in 1971.

In its various housing and land selling schemes the Council has provided housing accommodation for approximately 5 000 families comprising approximately 25 000 persons.

At 31 December 1971 there was evidence of a considerable drop in the waiting list figures as compared with the 1970 figures, which indicates that the Council is within sight of overcoming the acute housing shortage which has prevailed since 1964.

During the year an Ad Hoc Housing Committee was appointed by the Management Committee to streamline the procedures for the planning of housing schemes and the submission of applications for the necessary approvals in order to enable work on these projects to start sooner than has been the case in the past.

The most disturbing problem in the building sector today is that of rising costs. These are steadily increasing at such a rate that it is virtually impossible to keep the finished cost of a scheme within the original estimate and the amount approved for it by the National Housing Commission, with the result that rentals charged by the Council are increasing to such an extent that only the higher earners in the middle income group are able to afford accommodation in the newly built units.

The position with regard to industrialised methods of construction remains as previously reported. Work on the 16 storey block of 79 flats in the Bellavista Estate complex is virtually complete, and very acceptable standards of quality and finish have been achieved. There are no further schemes employing industrialised methods of construction either in progress or contemplated.

Two major amendments to the Housing Code resulting from decisions by the National Housing Commission were effected during the year. These were -

(a) Increase in income limits

As from 1 April 1971 new income limits were introduced for applicants and tenants in ECONOMIC schemes as follows (the previous income limits are shown in brackets):

REPORT OF THE MEDICAL OFFICER OF HEALTH

	Maximum Monthly Income
Married couples with no dependant children	R270 (R225)
Married couples with 1 or 2 dependant children	R300 (R250)
Married couples with 3 or 4 dependant children	R360 (R300)
Married couples with 5 or more dependant children	R400 (R300)

(b) Increase in interest rates

On 1 May 1971 the National Housing Commission increased its loan interest rates from 7 1/4% to 8% per annum in respect of economic housing loans and from 3/4% to 1% for sub-economic loans.

(STATISTICS FOR THIS SECTION ARE
CONTAINED IN APPENDICES V AND W)

* * *

SECTION XIII SUNDRY SERVICES

Bantu Medical Examinations

The City Health Department provides medical examinations for all Bantu workseekers for the Council's Non-European Affairs Department. The service is compulsory for males and voluntary for females. It includes chest X-rays and blood tests and plays an important role in the control of infectious diseases such as smallpox, tuberculosis and venereal diseases.

The number of persons dealt with during the year produced a new record total of 168 035, showing an increase of 1,4% on the previous year, the number of females examined increasing by 13,4%.

REPORT OF THE MEDICAL OFFICER OF HEALTH

There were 558 new notifications of pulmonary tuberculosis, consisting of 527 males and 31 females, seemingly asymptomatic but detected on X-ray findings. In addition, 488 male and 6 female defaulters, previously notified, were referred back to their relevant clinics.

Cases found on examination or blood test to be suffering from venereal diseases were treated.

The planning of a major extension to the Examination Section was completed and work commenced in October.

Medical Services for non-White Municipal Employees

At the Bantu Registration Examination Section 4 192 new recruits for municipal employment were examined. Staff were also checked for eligibility for pension fund membership, fitness in the over 60 age group, temporary medical examinations and boarding. Sick employees were referred to the compound managers and C.M.R. Hospital for checking and treatment.

There were 11 349 attendances at the municipal out-patient clinics of the C.M.R. Hospital during the year. In 1970 40 beds were allocated at this Hospital for resident municipal out-patients.

Dental Services

Dental services were rendered from 4 Bantu clinics. All the schools in the Orlando area were visited and an increased number of school children treated. In Moroka only one school could be checked and treatment had to be postponed until 1972.

All Soweto creches were inspected and limited treatment carried out, but transport to the clinic is needed. Clinic facilities were available for ante-natal cases at Orlando and tuberculosis cases at Orlando and Mofolo South, but mostly extractions were done and little conservative treatment carried out. The Charles Hurwitz SANTA Centre was visited by a dentist once a week.

REPORT OF THE MEDICAL OFFICER OF HEALTH



A Dental Clinic in Soweto.



REPORT OF THE MEDICAL OFFICER OF HEALTH

Disinfecting Service

The disinfecting service is provided by the City Health Department for many of its own services, the public and the city's private hospitals and nursing homes. Steam autoclaving and ethylene oxide sterilisation are used for purposes of sterilising and disinfecting. Deverminisation of individuals is supervised and directed by the health visiting staff.

The new disinfecting station is scheduled for completion in 1972. As the central sterile store department is nearing completion, arrangements have been made with the Natalspruit Hospital authorities for 2 registered nurses to receive in-service training in the sterile unit of the hospital for one month in 1972.

Dispensary Service

The manufacture and supply of dispensed medicaments and the issuing of milk powder continued as in previous years. Poliomyelitis, measles and rubella vaccines were stored and despatched under refrigeration to the immunisation services. In mid October samples from every batch of measles vaccine in stock at the stores and clinics were sent to the Poliomyelitis Research Foundation for testing.

As from April 1971 materials for the 14 family planning clinics are supplied by the State Department of Health and distributed from the dispensary.

During the year all procedures and packings were metricated, necessitating reformulation of medications as well as rewording and redesigning of labels.

Control of Nursing Homes and Midwives

The work undertaken by the staff of the nursing homes and midwives division during the year included annual inspection and licensing of nursing homes, homes for the aged and other institutions, issuing of health certificates in terms of regulations under the Aged Persons' Act, and listing and control of midwives. Certain aspects of the work are carried out in collaboration with members of the hygiene control division of the health inspectorate.

REPORT OF THE MEDICAL OFFICER OF HEALTH

As a result of amendments to the Nursing Home By-laws (Administrator's Notice No. 49 dated 24 April 1971), operating theatre units unattached to nursing homes were excluded from these By-laws.

In Johannesburg 45 homes, of which 34 need licences, provide accommodation for 2 814 aged persons, including 710 beds for the sick. There are 2 homes accommodating Coloured aged persons.

A midwifery service in the Kliptown/Nancefield/Protea area is urgently required. It has become a prescribed area as regards midwifery practice, but at present the rules cannot be enforced due to a lack of trained persons.

Nine cases of puerperal sepsis were notified, but these patients were delivered and nursed in hospital. The Council's midwives were not implicated in any way.

(STATISTICS FOR THIS SECTION ARE
CONTAINED IN APPENDICES X TO Z)

* * *

REPORT OF THE MEDICAL OFFICER OF HEALTH

In conclusion I wish to express my sincere thanks to the Chairmen and members of the Management and Health and Amenities Committees for sympathetic handling of the many problems which arise in the running of this as in any other large department, to His Worship the Mayor and Councillors for their willing assistance, and to the Town Clerk, heads of municipal departments and their staffs for excellent co-operation at all times.

I would also like to express my gratitude to all members of the staff of the City Health Department for their loyalty and conscientious performance of duties under difficult circumstances caused by personnel shortage.

A debt of gratitude is also owing to the Press and the South African Broadcasting Corporation for their part in disseminating information to the public, and to the central and regional offices of the State Department of Health, the Director of Hospital Services and his staff, the South African Institute for Medical Research and a number of other organisations with whom excellent liaison has been possible during the year.

ALEXANDER H. SMITH,
M.B., Ch.B., D.P.H., D.T.M. & H.,
F.R.S.H.

MEDICAL OFFICER OF HEALTH

HON. PROFESSOR, URBAN HEALTH ADMINISTRATION,
UNIVERSITY OF THE WITWATERSRAND.

It is the policy of the Association to publish only original articles of value to the medical profession. The Editor reserves the right to reject any article in his discretion, and to accept or reject any article in whole or in part, and to make such changes as he may deem proper. The Editor also reserves the right to publish or not to publish any article, and to publish or not to publish any article in whole or in part, and to make such changes as he may deem proper. The Editor also reserves the right to publish or not to publish any article, and to publish or not to publish any article in whole or in part, and to make such changes as he may deem proper.

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REPORT OF THE MEDICAL OFFICER OF HEALTH

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Control of midwives	Z

* * *

COUNCILLORS:

A. B. Widman, M.P.C.
(Chairman to 28 February 1971)

M. Sklaar (Chairman from 1 March 1971)

Dr. A. D. Bensusan

Brig. J. T. Durrant

W. C. J. B. du Toit

A. Gorshel, J.P.

Prof. H. L. Krige

I. Myers

Dr. J. S. Otto

Dr. C. J. Ross-Spencer

H. M. J. van Rensburg

ASSISTANT MEDICAL OFFICERS OF HEALTH: B. R. Richard
M.B., B.Ch., D.P.H.

S. Johnson
M.B., Ch.B., D.P.H.

* * *

APPENDIX B

REPORT OF THE MEDICAL OFFICER OF HEALTH

STAFF ESTABLISHMENT AT 31 DECEMBER 1971

Medical Officer of Health	1
Deputy Medical Officer of Health	1
Assistant Medical Officers of Health	3
Chief Medical Officers	5
Medical Superintendent (Infectious Diseases Hospitals)	1
Senior Medical Officers	7
Medical Officers (White and non-White)	51
Senior Dental Officer	1
Dental Officers (White and non-White)	6
Chief Chemist	1
Assistant Chief Chemist	1
Principal Chemists	6
Chemists and Laboratory Assistants	26
Noise Control Officer	1
Assistant Noise Control Officer	1
Inspectors (Noise Control)	3
Senior Bacteriologist	1
Chief Pharmacist	1
Pharmacists	2
Chief Health Inspector	1
Assistant Chief Health Inspectors	2
Divisional Health Inspectors	6
Senior Health Inspectors	14
Health Inspectors	66
Learner Health Inspectors	9
Pest Control Inspectors	2
Assistant Inspector (Pest Control)	1
Pest Control Overseers	26
Air Pollution Control Officer	1
Senior Inspector (Air Pollution Control)	1
Air Pollution Control Inspectors	10
Industrial Effluents Inspector	1

REPORT OF THE MEDICAL OFFICER OF HEALTH

Chief Public Health Nursing Officer	1
Senior Public Health Nursing Officers ..	6
Health Visitors	77
Learner Health Visitors	12
Orthopaedic After-Care Sister	1
Nursing Sisters (Tuberculosis)	5
Nursing Sisters (Immunisation)	9
Clinic Attendants	8
Radiographers	2
Technicians (X-ray)	5
Technician (Laboratory)	1
Technical Assistant (Laboratory)	1
Technician (Health Education)	1
Sampler (Industrial Effluents and Water)	1
Inspectresses of Children's Institutions	2
Assistant Inspectresses of Children's Institutions	2
Senior Supervisor (Nursery Schools)	1
Housing Manager	1
Assistant Housing Manager	1
Chief Housing Supervisor	1
Research and Community Development Officer	1
Senior Housing Supervisors	2
Housing Allocation Officers	2
Housing Supervisors	23
District Housing Supervisors	2
Supervisors (Maintenance)	2
Chemical Engineering Students	3
Principal/Chief Housing Assistant	1
Caretakers (Housing Schemes)	23
Caretakers (Flats)	2
Matron (Girls' Hostel)	1
Assistant Matron (Girls' Hostel)	1
Senior Canvasser (Tuberculosis Control) ..	1

APPENDIX B

REPORT OF THE MEDICAL OFFICER OF HEALTH

Canvassers (Tuberculosis Control)	7
Superintendent (Transport and Disinfecting)	1
Supervisor (Transport and Disinfecting) ..	1
Disinfectors	4
Staff Chargehand - Garage	1
Mechanics	4
Driver	1
Supervisors (Rest Rooms and Public Conveniences)	2
Attendants (Rest Rooms and Public Conveniences)	55
Chief Administrative Officer	1
Administrative Officers	2
Senior Administrative Assistants	4
Administrative Assistants	12
Senior Recorder	1
Recorders	4
Records Officer and Assistants	4
Woman Assistants (Clerical)	32
Secretaries and Typists	17
Telephonists	2
	—

616

Supervising Health Inspectors (Bantu)	2
Health Inspectors (Bantu)	20
Health Inspectors (Coloured)	4
Health Inspectors (Asian)	2
Health Visitors (Bantu)	41
Learner Health Visitors (Bantu)	6
Health Visitor (Asian)	1
Health Visitors (Coloured)	8
Matron (Bantu)	1
Night Superintendent (Bantu)	1
Senior Sisters (Bantu)	5
Senior Midwives (Bantu)	2

REPORT OF THE MEDICAL OFFICER OF HEALTH

Sister (Coloured/Asian)	1
Nursing Sisters (Bantu)	286
Nursing Sisters (Coloured)	17
Nursing Sister (Asian)	1
Dentist's Assistants (Bantu)	9
Orderlies (Clinic, Hospital, Medical and X-ray) (Bantu)	13
Orderlies (Clinic) (Female)	2
Clinic Assistants (Bantu)	60
Clinic Assistants (Coloured)	4
Radiographers (Bantu)	2
Technical Assistants (Bantu)	2
Darkroom Assistants (Bantu)	3
Driver/Darkroom Assistant (Coloured) ..	1
Senior Assistant Supervisors (Nursery Schools) (Bantu)	3
Assistant Supervisors (Nursery Schools) (Bantu)	11
Clerks and Recorders (Bantu)	75
Clerks (Female) (Bantu)	2
Printing Machine Operator (Bantu)	1
Clerks (Coloured)	4
Clerk (Female) (Asian)	1
Clerks (Female) (Coloured)	2
Driver/Clerks (Bantu)	5
Community Services Assistants (Coloureds)	2
Drivers (Bantu)	44
Supervisors (Bantu)	12
Typist/Clerks (Bantu)	2
Boiler Demonstrators (Bantu)	6
Cooks (Bantu)	3
Public Convenience and Rest Room Attendants (Bantu)	128
Messengers, Nightwatchmen, Labourers, etc. (Bantu)	319
Labourers (Coloured)	7

1 121

1 737

APPENDIX B

REPORT OF THE MEDICAL OFFICER OF HEALTH

Part-time Posts

Consultant Physician	..	..	..	..	..	..	1
Consultant Paediatrician	..	..	..	..	..	..	1
Specialist in Physical Medicine	..	..	..	..	..	..	1
Radiologists	..	..	..	..	..	..	3
Consultant Venereologist	..	..	..	..	..	..	1
Medical Officers	..	..	..	..	..	..	3
Clinic Orderly	..	..	..	..	..	..	1
Clerk/Orderly	..	..	..	..	..	..	1

* * *

REPORT OF THE MEDICAL OFFICER OF HEALTH

FINANCIAL DETAILS

Health Services

	GROSS EXPENDITURE	INCOME	DEFICIT
	R	R	R
1970/71 ..	4 429 768	2 183 495	2 246 273
1969/70 ..	3 882 530	1 961 227	1 921 303

Housing for Whites

	GROSS EXPENDITURE	INCOME	DEFICIT
	R	R	R
1970/71 ..	1 393 960	1 103 399	290 561
1969/70 ..	1 194 459	929 729	264 730

Refunds and subsidies received from Central and
Provincial Governments, included under "Income"

	CENTRAL	PROVINCIAL	TOTAL
	R	R	R
1970/71 ..	1 217 049	782 549	1 999 598
1969/70 ..	1 111 057	694 617	1 805 674

APPENDIX D

REPORT OF THE MEDICAL OFFICER OF HEALTH

PRINCIPAL VITAL STATISTICS

	WHITES		COLOURED		ASIANS		BANTU		ALL RACES	
	1971	1970	1971	1970	1971	1970	1971	1970	1971	1970
Population	431 310	422 543	81 767	79 582	38 622	37 810	556 218	533 060	1 107 917	1 072 995
Births (no. of) ..	9 859	10 217	3 229	3 103	1 281	1 024	18 554	15 050	32 923	29 394
Birth rate	22,86	24,18	39,49	38,99	33,17	27,04	33,36	28,94	29,72	27,73
Illegitimate births (no. of)	289	298	867	802	62	36	9 724	7 766	10 942	8 902
Illegitimate birth rate	2,93	2,92	26,85	25,85	4,84	3,52	52,41	51,60	33,24	30,29
Deaths (no. of) ..	3 582	3 850	934	918	290	212	6 664	6 257	11 470	11 237
Death rate	8,30	9,11	11,42	11,54	7,51	5,61	11,98	11,74	10,35	10,47
Infantile deaths (no. of)	181	207	200	205	46	30	1 369	1 437	1 796	1 879
Infantile mortality rate ..	18,36	20,26	61,94	66,07	35,91	29,30	73,78	95,48	54,55	63,92
Maternal deaths (no. of)	3	5	nil	2	nil	2	47	39	50	48
Maternal mortality rate ..	0,30	0,48	nil	0,63	nil	1,91	2,53	2,53	1,52	1,60

APPENDIX E

REPORT OF THE MEDICAL OFFICER OF HEALTH

SUMMARY OF DETAILED LIST OF DISEASES, INJURIES AND
CAUSES OF DEATH
(CORRECTED FOR OUTWARD TRANSFER)

CAUSE OF DEATH	DEATHS	RATE	% OF TOTAL
I.			
Infective and Parasitic Diseases			
Whites	58	0,13	1,62
Coloureds	35	0,43	3,75
Asians	2	0,05	0,69
Bantu	354	0,64	5,31
All races	449	0,41	3,91
II.			
Neoplasms			
Whites	683	1,58	19,07
Coloureds	73	0,89	7,82
Asians	23	0,60	7,93
Bantu	373	0,67	5,60
All races	1 152	1,04	10,04
III.			
Allergic, Endocrine System, Metabolic and Nutritional Diseases			
Whites	98	0,23	2,73
Coloureds	21	0,26	2,25
Asians	25	0,65	8,62
Bantu	202	0,36	3,03
All races	346	0,31	3,02
IV.			
Diseases of the Blood and Blood- forming organs			
Whites	18	0,04	0,50
Coloureds	4	0,05	0,43
Asians	nil	nil	nil
Bantu	19	0,03	0,29
All races	41	0,04	0,36

APPENDIX E

REPORT OF THE MEDICAL OFFICER OF HEALTH

CAUSE OF DEATH	DEATHS	RATE	% OF TOTAL
V. Mental, Psychoneurotic and Personality Disorders			
Whites	9	0,02	0,25
Coloureds	2	0,02	0,21
Asians	nil	nil	nil
Bantu	13	0,02	0,19
All races	24	0,02	0,22
VI. Diseases of the Nervous System and Sense Organs			
Whites	359	0,83	10,02
Coloureds	70	0,85	7,49
Asians	32	0,82	11,03
Bantu	454	0,82	6,81
All races	915	0,83	7,98
VII. Diseases of the Circulatory System			
Whites	1 242	2,87	34,67
Coloureds	171	2,09	18,31
Asians	72	1,86	24,83
Bantu	540	0,87	8,10
All races	2 025	1,93	17,65
VIII. Diseases of the Respiratory System			
Whites	322	0,75	8,99
Coloureds	104	1,27	11,13
Asians	34	0,88	11,72
Bantu	517	0,93	7,76
All races	977	0,88	8,52
IX. Diseases of the Digestive System			
Whites	167	0,39	4,66
Coloureds	75	0,92	8,03
Asians	22	0,57	7,59
Bantu	528	0,95	7,92
All races	792	0,71	6,90

REPORT OF THE MEDICAL OFFICER OF HEALTH

CAUSE OF DEATH	DEATHS	RATE	% OF TOTAL
X. Diseases of the Genito-urinary System			
Whites	28	0,06	0,78
Coloureds	9	0,11	0,96
Asians	5	0,13	1,72
Bantu	71	0,13	1,07
All races	113	0,10	9,85
XI. Diseases and Complications of Pregnancy, Childbirth and the Puerperium			
Whites	3	0,08	0,99
Coloureds	nil	nil	nil
Asians	nil	nil	nil
Bantu	47	0,08	0,71
All races	50	0,05	0,44
XII. Diseases of the Skin and Cellular Tissue			
Whites	1	0,002	0,03
Coloureds	nil	nil	nil
Asians	nil	nil	nil
Bantu	4	0,007	0,06
All races	5	0,005	0,04
XIII. Diseases of the Bones and Organs of Movement			
Whites	8	0,02	0,22
Coloureds	4	0,05	0,43
Asians	nil	nil	nil
Bantu	10	0,02	0,15
All races	22	0,02	0,19
XIV. Congenital Malformations			
Whites	41	0,10	1,14
Coloureds	10	0,12	1,07
Asians	4	0,10	1,38
Bantu	53	0,10	0,79
All races	108	0,10	0,96

APPENDIX E

REPORT OF THE MEDICAL OFFICER OF HEALTH

CAUSE OF DEATH	DEATHS	RATE	% OF TOTAL
XV. Certain Diseases of Early Infancy			
Whites	101	0,23	2,82
Coloureds	98	1,20	10,49
Asians	28	0,72	9,66
Bantu	541	0,97	8,12
All races	768	0,68	6,70
XVI. Symptoms, Senility and Ill-defined Conditions			
Whites	91	0,22	2,54
Coloureds	85	1,04	9,10
Asians	7	0,18	2,41
Bantu	1 222	2,20	18,34
All races	1 405	1,27	12,25
XVII. Alternative Classifications of Accidents, Poisonings and Violence (External Cause)			
Whites	353	0,82	9,85
Coloureds	173	2,12	18,52
Asians	36	0,93	12,41
Bantu	1 716	3,09	25,75
All races	2 278	2,06	19,86

APPENDIX F

REPORT OF THE MEDICAL OFFICER OF HEALTH

ATTENDANCES AT CHILD HEALTH CLINICS

	1971	1970
Whites	98 201	93 949
Coloureds	35 393	36 986
Asians	4 249	4 022
Bantu -		
in Bantu areas	216 541)	201 448)
in City	9 059) 225 600	8 253) 209 701*
All races	363 443	344 658*

* Corrected figures omitting attendances for immunisation which were included in 1969/70 report.

* * *

MEDICAL EXAMINATIONS AT CHILD HEALTH CLINICS

	1971	1970
Whites	11 831	11 786
Coloureds	7 502	5 769
Asians	1 070	797
Bantu	15 906	20 656*
All races	36 309	39 008*

* In 1970 medical examinations at nursery schools in the Bantu areas were included, but have been omitted in 1971 figures.

* * *

APPENDIX G

REPORT OF THE MEDICAL OFFICER OF HEALTH

MEDICAL EXAMINATIONS OF CHILDREN IN
PRE-SCHOOL INSTITUTIONS

	1971	1970
Whites	1 870	1 744
Coloureds	408	166
Bantu	3 095	4 751
All races	5 373	6 661

* * *

HOME VISITS AND BIRTHS INVESTIGATED BY HEALTH VISITORS

	HOME VISITS		BIRTHS INVESTIGATED	
	1971	1970	1971	1970
Whites	37 286	38 819	9 728	9 741
Coloureds	16 107	17 932	3 492	2 810
Asians	3 082	2 483	1 285	955
Bantu	86 369	102 270	18 642*	17 734
All races	142 844	161 504	33 147	31 240

* Of this total 16 674 births investigated were in the Bantu areas and 1 968 in the White areas.

* * *

REPORT OF THE MEDICAL OFFICER OF HEALTH

CHILD HEALTH CLINICS

	VENUES			TOTAL NO. OF WEEKLY SESSIONS
	HEALTH CENTRES	SUBSIDIARY CLINICS	MOBILE CLINICS	
Whites ..	1	34	-	* 44
Coloureds	1	6	3	14
Asians ..	-	2	-	2
Bantu ..	2	7	6	41
All races	4	49	9	101

* More than one clinic session may be held at same venues.

* * *

APPENDIX I

REPORT OF THE MEDICAL OFFICER OF HEALTH

FAMILY PLANNING AND CANCER PREVENTION CLINICS

	WHITES		COLOURED		BANTU	
	1971	1970	FROM DECEMBER 1971	1971	1970	
First Visits	296	367	610	7 725	6 719	
Total Visits	598	692	679	30 893	26 979	
No. of individuals -						
receiving treatment	367	236	508	21 511	16 786	
receiving tablets	237	103	383	6 241	6 540	
on other contraceptives	35	133	19	80	2 420	
receiving injections	nil	nil	59	2 887	nil	
No. of intra-uterine devices -						
inserted	87	nil	47	6 250	6 245	
extruded	nil	nil	nil	2 303	1 332	
re-inserted	nil	nil	nil	2 159	1 220	
removed	14	nil	3	751	371	
No. of cervical smears -						
taken	384	390	75	1 920	1 464	
* positive	1	1	1	16	15	
* doubtful	1	3	1	108	18	
No. of persons referred for medical investigation(excepting for cervical smears)	18	19	19	702	351	

* Individuals referred for further investigation following cervical smear examination

REPORT OF THE MEDICAL OFFICER OF HEALTH

IMMUNISATIONS

A. COMPLETED COURSES	WHITES		COLOURED		ASIANS		BANTU	
	1971	1970	1971	1970	1971	1970	1971	1970
Diphtheria, Whooping Cough, Tetanus	6 215	5 802	2 597	3 132	1 127	914	12 883	13 186
Diphtheria and Tetanus	1 529	891	1 899	1 820	830	605	13 872	19 513
Diphtheria only	4	nil	nil	nil	nil	nil	nil	1
Boosters	11 126	8 651	6 052	3 513	3 189	618	32 070	24 310
Tetanus	15	34	145	23	nil	1	544	1
*Vaccinations	13 276	11 130	8 599	5 989	2 304	1 058	63 001	57 195
Poliomyelitis (oral)	10 372	9 701	4 717	4 568	2 368	1 756	41 715	56 686
Measles	nil	nil	2 139	2 804	1 076	450	14 171	12 309
Rubella	3 533	nil	1 118	nil	458	nil	3 410	nil
BCG (newborn)	72	nil	2 558	nil	1 051	nil	15 593	nil
Other	105	71	nil	1	nil	6	41	nil
B. NUMBER OF PROCEDURES								
*Vaccinations	13 276	11 130	8 599	5 989	2 304	1 058	63 001	57 195
Poliomyelitis (doses)	31 146	27 739	16 183	15 003	7 203	5 027	147 382	188 845
Injectons (including Rabies)	39 825	41 296	27 851	26 955	10 808	6 678	154 418	194 530

* Number of vaccinations performed is tabled in both sections
i.e. completed courses and number of procedures
Number of vaccinations of travellers and Bantu workseekers is not included

APPENDIX K

REPORT OF THE MEDICAL OFFICER OF HEALTH

IMMUNISATION FOR INTERNATIONAL TRAVEL

PROCEDURES	1971	1970
Smallpox	77 348	66 376
Yellow Fever	20 491	18 589
Typhoid	1 044	841
Cholera	147 272	85 156
Cholera/Typhoid	1 528	8 256
Other	329	413
TOTAL	248 012	179 631

* * *

REPORT OF THE MEDICAL OFFICER OF HEALTH

SUMMARY OF NOTIFIABLE DISEASES OTHER THAN TUBERCULOSIS ACCEPTED AND CONFIRMED

	LOCAL CASES						IMPORTED CASES						GRAND TOTAL	
	W	C	A	B	MB	TOTAL		W	C	A	B	MB	TOTAL	
						1971	1970						1971	1970
Anthrax			1	13	7	nil	nil						nil	nil
Cerebrospinal meningitis ..	11					32	41						32	41
Diphtheria		2		7		9	13				1		10	13
Encephalitis	85			1		86	80						86	80
Erysipelas	1		1	2		4	2						4	2
Insecticide Poisoning ..						nil	1						nil	1
Lead Poisoning						nil	nil						nil	nil
Leprosy				17		17	16						18	21
Malaria						nil	nil	22		1	6	4	32	24
Ophthalmia neonatorum ..	4	9		35		48	62						48	62
Pemphigus neonatorum ..	7			1		8	3						8	3
Polio-myelitis	1			21		22	nil						22	nil
Puerperal Fever				1		1	nil						1	nil
Rheumatic Fever	21	4	1	1		27	78						27	78
Scarlet Fever	186	1				187	82						187	82
Smallpox						nil	nil						nil	nil
Tetanus				2		2	2						2	2
Trachoma				2		2	1						2	1
Trypanosomiasis						nil	nil						nil	nil
Typhoid Fever	2	2		22	3	29	42	1			9		39	48
Typhus (Murine)						nil	nil						nil	nil
Viral Hepatitis	116	20	4	68	3	211	122						211	122
TOTAL	434	38	7	193	13	685	545	23	nil	nil	17	4	729	580

W = WHITE
C = COLOURED
A = ASIAN
B = BANTU
MB = MINE BANTU

W = WHITE

C = COLOURED

A = ASIAN

B = BANTU

MB = MINE BANTU

APPENDIX M

REPORT OF THE MEDICAL OFFICER OF HEALTH

ANNUAL INCIDENCE OF TUBERCULOSIS AND DEATHS
PER 100 000 POPULATION

	INCIDENCE				DEATHS			
	NUMBER		RATE		NUMBER		RATE	
	1971	1970	1971	1970	1971	1970	1971	1970
A. PULMONARY								
Whites	96	89	22	21	11	8	2	2
Coloureds ..	212	223	259	280	12	12	14	15
Asians	39	58	136	153	nil	2	nil	5
Bantu (Mine)	78	105	600	809	3	3	23	23
Bantu (Other)	2 894	2 712	533	521	150	128	27	25
All races ..	3 319	3 187	299	297	176	153	15	14
B. NON-PULMONARY								
Whites	7	3	1	0,7	3	4	0,6	0,9
Coloureds ..	8	3	9	4	2	3	2	4
Asians	2	4	5	11	1	4	2	11
Bantu (Mine)	3	nil	23	nil	4	nil	30	nil
Bantu (Other)	53	62	9	12	52	35	9	7
All races ..	73	72	6	7	62	46	5	4
C. ALL FORMS								
Whites	103	92	23	22	14	12	3	3
Coloureds ..	220	226	269	284	14	15	17	19
Asians	41	62	106	164	1	6	2	16
Bantu (Mine)	81	105	623	809	7	3	53	23
Bantu (Other)	2 947	2 774	542	533	202	163	37	31
All races ..	3 392	3 259	306	304	238	199	21	19

* * *

APPENDIX N

REPORT OF THE MEDICAL OFFICER OF HEALTH

TUBERCULOSIS CLINICS

1 for Whites providing 2 sessions weekly
 5 for Coloureds providing 5 sessions weekly
 1 for Asians providing 1 session weekly
 10 for Bantu providing 16 sessions weekly

17 for all races providing 24 sessions weekly

* * *

HOME VISITS BY TUBERCULOSIS STAFF

	HEALTH VISITORS		DOMICILIARY SISTERS	
	1971	1970	1971	1970
Whites	395	465	1 079	1 760
Coloureds	394	492	7 977	8 843
Asians	158	292	2 155	1 343
Bantu	4 610	4 737	44 611	43 346
All races	5 557	5 986	55 822	55 292

* * *

BCG INOCULATIONS

	1971	1970
Whites	2 520	1 597
Coloureds	7 132	14 203
Asians	2 655	1 226
Bantu	42 167	33 382
All races	54 474	50 408

* * *

REPORT OF THE MEDICAL OFFICER OF HEALTH

TUBERCULOSIS CASES RECEIVING DOMICILIARY AND OUT-PATIENT TREATMENT

	AT 1.1.71	AT 1.1.70	PUT ON		TAKEN OFF		AT 31.12.71	AT 31.12.70
			1971	1970	1971	1970		
Whites ..	218	156	111	131	60	69	269	218
Coloureds ..	941	638	284	633	263	330	962	941
Asians ..	173	82	47	115	36	24	184	173
Bantu ..	8 668	7 981	4 035	5 801	3 637	5 114	9 066	8 668
All races ..	10 000	8 857	4 477	6 680	3 996	5 537	10 481	10 000

* * *

HOSPITALISATION OF TUBERCULOSIS CASES

	AT 1.1.71	AT 1.1.70	ADMITTED		DISCHARGED		AT 31.12.71	AT 31.12.70
			1971	1970	1971	1970		
Whites ..	11	9	52	57	50	55	13	11
Non-Whites ..	811	786	2 573	2 301	2 620	2 276	767	811
All races ..	822	795	2 625	2 358	2 670	2 331	780	822

* * *

REPORT OF THE MEDICAL OFFICER OF HEALTH

ATTENDANCES AT TUBERCULOSIS CLINICS

	CASES		CONTACTS		SUSPECTS		TOTAL		GRAND TOTAL
	1ST VISIT	RE-VISIT	1ST VISIT	RE-VISIT	1ST VISIT	RE-VISIT	1ST VISIT	RE-VISIT	
<u>1971</u>									
Whites ..	132	2 520	1 666	3 555	889	976	2 687	7 051	9 738
Coloureds ..	79	17 709	468	5 249	2 601	648	3 148	23 606	26 754
Asians ..	8	2 529	300	274	243	53	551	2 856	3 407
Bantu ..	2 804	150 458	12 490	40 095	3 529	2 699	18 823	193 252	212 075
All races ..	3 023	173 216	14 924	49 173	7 262	4 376	25 209	226 765	251 974
<u>1970</u>									
Whites ..	110	2 572	1 372	2 934	501	716	1 983	6 222	8 205
Coloureds ..	151	22 406	2 105	4 399	2 752	717	5 008	27 522	32 530
Asians ..	14	1 802	259	123	232	37	505	1 962	2 467
Bantu ..	3 072	185 273	9 987	36 277	3 755	2 714	16 814	224 264	241 078
All races ..	3 347	212 053	13 723	43 733	7 240	4 184	24 310	259 970	284 280

* * *

APPENDIX Q

REPORT OF THE MEDICAL OFFICER OF HEALTH

INSPECTIONS BY HEALTH INSPECTORS

	CITY	BANTU AREAS	COLOURED AREAS
Various premises	209 994	14 651	5 393
Nuisances investigated	60 514	21 174	15 258
Infectious diseases investigated	213	165	32
Samples taken (milk, foodstuffs, water, bacteriological counts)	10 041	1 017	42
Food poisoning investigations ..	6	nil	nil
Complaints investigated	2 927	nil	nil

* * *

FOODSTUFFS FOR WHOLESALE AND RETAIL SUPPLIERS CONDEMNED

	1971	1970
	kg	kg
Canned foodstuffs	31 654	15 910
Fresh fruit (oranges)	13 200	12 791
Dressed poultry	2 624	59
Fresh Fish	15 396	4 636
Processed meat	5 116	1 473
Frozen goods	6 071	10 237
Sundry foodstuffs	7 186	4 337
TOTAL	81 247	49 443
Cream, milk, orange juice, yoghurt	552ℓ	

* * *

INSPECTION OF POULTRY AND GAME AT MUNICIPAL MARKET

	INSPECTED	CONDEMNED
Dressed poultry	nil	nil
Game carcasses	1 064	11
Feathered game carcasses	306	12
Live birds	57 631	582
Live rabbits	13 034	51
Guinea pigs	100	1

* * *

APPENDIX R

REPORT OF THE MEDICAL OFFICER OF HEALTH

MEAT INSPECTION

	1971	1970
Cattle slaughtered	357 695	312 105
Sheep, etc. slaughtered ..	1 424 300	1 393 586
Pigs slaughtered	205 755	210 693
Calves slaughtered	54 191	56 833
Equines slaughtered	6 228	6 339
Imported meat (metric tons)	28 955,053	30 234,800
Imported offal (metric tons)	4 133,947	4 753,473
Meat condemned (metric tons)	2 346,753	2 183,763

* * *

MAIN CAUSES FOR CONDEMNATION OF MEAT

	1971	1970
	%	%
<u>Cattle</u>		
Cysticercosis	0,18	0,22
Bruising	0,13	0,20
Pleurisy and peritonitis	0,19	0,21
Gangrene	0,09	0,11
Fever	0,06	0,14
Tuberculosis	0,12	nil
<u>Sheep, etc.</u>		
Pneumonia	0,04	0,04
Icterus	0,03	0,03
Emaciation	0,05	0,06
Fever	0,01	0,03
Caseous lymphadenitis ..	0,02	0,02
<u>Pigs</u>		
Cysticercosis	1,10	0,77
Gangrene	0,25	0,26
Scrotal sepsis	0,13	0,15
Pyæmia	0,13	0,14
Arthritis	0,34	0,23
Pleurisy and peritonitis	0,14	nil

* * *

APPENDIX S

REPORT OF THE MEDICAL OFFICER OF HEALTH

DAIRY HERD INSPECTIONS

	1971	1970
Number of herds	1 368	732
Number of cattle	121 451	70 670
Bulk samples tested for mastitis	2 551	2 151
Positive mastitis tests ..	335 (13,1%)	293
Bulk samples tested for brucellosis	2 432	1 996
Positive brucella ring tests	1 537 (63,2%)	1 248
Positive brucella agglutination tests	463 (19,0%)	314
Bulk samples tested for tuberculosis	2 456	1 996
Positive tuberculosis tests	12 (0,5%)	4
Antibiotic tests	2 291	nil
Inhibition	65 (2,8%)	nil
Penicillin	54 (2,4%)	nil

* * *

APPENDIX T

REPORT OF THE MEDICAL OFFICER OF HEALTH

PEST CONTROL INSPECTIONS

	BY HEALTH INSP- ECTORS	BY PEST CONTROL OVERSEERS	
		TOWN	COUNTRY
Premises inspected for rodent infestation	4 033	119 796	103 466
Anti-rodent measures without notice	1 048	nil	nil
Rodent proofing notices served	724	nil	nil
Block Surveys	12	5 937	2
Visits to premises treated or trapped	nil	24 586	24 281
Supervision of premises gassed	1	17	nil
Separate premises gassed	nil	48	23 989
Premises treated with Tifa machine	nil	84	nil
Municipal premises treated on order from other departments ..	nil	71	1
Eradicating bees on municipal property	nil	98	nil
Batch specimens to S.A.I.M.R. -			
Rodents	nil	1 473	nil
Fleas (batches)	nil	nil	10

* * *

RODENTS CAUGHT OR RETRIEVED

	TOWN	COUNTRY	TOTAL
Rattus Rattus (Domestic Rat) ..	6 304	8 456	14 760
Tatera (Gerbille)	nil	996	996
Mus musculus (House Mouse) ..	6	6 503	6 509
Rhabdomys (Striped Mouse)	93	nil	93
Veld Rodents (Otymys Vlei Rat)	18	nil	18
TOTAL	6 421	15 955	22 376

Note: The total number of rodents destroyed is far in excess of the figures reflected as large scale gassing of burrows takes place without the retrieval of dead rodents.

* * *

APPENDIX U

REPORT OF THE MEDICAL OFFICER OF HEALTH

CURATIVE AND MIDWIFERY SERVICES IN THE BANTU AREAS

	1971	1970
Clinic Attendances:		
Medical and surgical ..	444 222	394 634
Ante-natal	57 514	57 378
Post-natal	573	447
TOTAL	502 309	452 459
Home Visits:		
Medical and surgical ..	62 976	59 823
Ante-natal	15 560	17 485
Post-natal	126 288	129 335
TOTAL	204 824	206 643
Confinements attended:		
Deliveries	4 759	5 110
BBA's	2 629	2 866
TOTAL	7 398	7 976
Registered Bantu births (all areas)	18 554	15 050

* * *

REPORT OF THE MEDICAL OFFICER OF HEALTH

HOUSING UNITS FOR WHITES AT 31 DECEMBER 1971

	HOUSES				BACH	FLATS				TOTAL UNITS
	2 BR	3 BR	4 BR	TOTAL		1 BR	2 BR	3 BR	TOTAL	
<u>ECONOMIC ESTATES</u>										
South Hills Selling Scheme	314	418	52	784						784
South Hills Letting Units	170	164	10	344	27	108	54		189	533
South Hills - Reserves		42		42				56	56	98
Klipriviersberg - 139							30	41	71	71
Bellavista Proper		14		14			195	157	352	366
Bellavista North		15		15				39	39	54
Bellavista South - 132		9		9		16	46	81	143	152
Bellavista South - 131		6		6		12	12	8	32	38
Montclare	63	181		244						244
Claremont I		174		174						174
Claremont II		120		120			60	71	131	251
Max Goodman Park		4	2	6				65	65	71
Vredepark		12		12			60	96	156	168
TOTAL	547	1 159	64	1 770	27	136	457	614	1 234	3 004

(For Sub-Economic Units, including Flatlets for the Aged, and Summary see Appendix W)

* * *

APPENDIX W

REPORT OF THE MEDICAL OFFICER OF HEALTH

HOUSING UNITS FOR WHITES AT 31 DECEMBER 1971

	HOUSES					FLATS					FLATLETS FOR THE AGED			TOTAL UNITS
	2 BR	3 BR	4 BR	TOTAL	BACH	1 BR	2 BR	3 BR	TOTAL	SING	DBLE	TOTAL		
<u>SUB-ECONOMIC ESTATES</u> (including flatlets for the aged)														
Jan Hofmeyr ..	92	102		194						20	16	36	230	
Maurice Freeman	48	59	4	111			36	12	48	16	12	28	187	
Pioneer	43	45	8	96			18	6	24				120	
South Hills ..										30	18	48	48	
Vredepark ..										28	8	36	36	
TOTAL	183	206	12	401	nil	nil	54	18	72	94	54	148	621	
<u>SUMMARY</u>														
Economic (Appendix V) ..	547	1 159	64	1 770	27	136	457	614	1 234				3 004	
Sub-Economic (as above) ..	183	206	12	401			54	18	72	94	54	148	621	
TOTAL	730	1 365	76	2 171	27	136	511	632	1 306	94	54	148	3 625	

ALSO 2 COMMUNAL HALLS 10 SHOPS 1 GIRLS' HOSTEL (51 RESIDENTS) 5 LAND SELLING SCHEMES

* * *

APPENDIX X

REPORT OF THE MEDICAL OFFICER OF HEALTH

BANTU EXAMINATIONS

	1971	1970
Workseekers examined	168 035	165 697
Medically unfit -		
Temporarily	543	568
Permanently	564	543
Food handlers examined ..	246	441
Workseekers vaccinated ..	128 284	123 778
Cases of gonorrhoea found ..	1 259	1 144
Cases of syphilis found ..	1 784	1 878

* * *

DENTAL SERVICES FOR BANTU

	1971	1970
Fillings	1 437	1 622
Scalings	93	23
Extractions	56 296	56 731
Number of patients	47 627	46 602

* * *

APPENDIX Y

REPORT OF THE MEDICAL OFFICER OF HEALTH

DISINFECTING SERVICE : DISINFECTIONS AND DISINFESTATIONS

	1971	1970
Persons	2 386	nil
Premises	14	nil
Vehicles	2 279	nil
Articles of bedding and clothing	4 087	4 236
Dressing drums and packs ..	6 843	3 878

* * *

DISPENSARY SERVICE

YEAR	MANUFACTURED		DISPENSED		
	LIQUIDS	OINTMENTS	LIQUIDS	OINTMENTS	TABLETS
	ℓ	kg	units	units	individual
1971	35 636	3 051	580 092	57 884	26 926 958
1970	34 068	3 351	561 493	64 731	27 060 150

* * *

ISSUES OF MILK POWDER

SERVICES	SKIMMED MILK POWDER	FULL CREAM MILK POWDER
	$\frac{1}{2}$ kg packs	$\frac{1}{2}$ kg packs
A. Tuberculosis services ..	136 139	2 916
B. All child health services	* 233 399	161 990
TOTALS -		
1971	* 369 538	164 906
1970	* 347 198	143 541

* These figures include 65 416 packs (61 192) issued to the African Children's Feeding Scheme.

* * *

REPORT OF THE MEDICAL OFFICER OF HEALTH

CONTROL OF NURSING HOMES AND INSTITUTIONS

	1971	1970
Licensed nursing homes	27	27
Visits to nursing homes	294	296
Charitable institutions and homes for the aged	45	41
Visits to homes for the aged	158	131
Homes for socially inadequate and and handicapped persons	10	10
Bacteriological tests (Plates and swabs submitted to the S.A.I.M.R.) ..	568	154

* * *

CONTROL OF MIDWIVES

	1971	1970
Midwives listed -		
Whites	103	89
Coloureds	17	18
Asians	13	14
Bantu	193	209
Inspections -		
Bags	95	99
Registers	654	598
Maternal deaths investigated	74	81
Puerperal sepsis cases notified	9	nil
Pemphigus neonatorum cases notified ..	10	3
Ophthalmia neonatorum cases notified	40	63
Of gonococcal origin	6	16

* * *

