

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

Contributors

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JOHANNESBURG

CITY OF JOHANNESBURG

CITY HEALTH DEPARTMENT

**REPORT OF THE
MEDICAL OFFICER OF HEALTH**

1972



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*With the Compliments
of the
Medical Officer of Health*

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*Met die komplimente
van die
Stadsgeneesheer*

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1917

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REPORT OF THE MEDICAL OFFICER OF HEALTH

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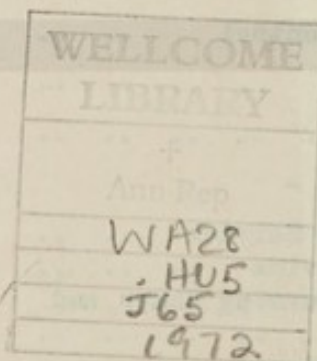
1972

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REPORT OF THE MEDICAL OFFICER OF HEALTH
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CITY OF JOHANNESBURG

REPORT OF THE MEDICAL OFFICER OF HEALTH

1972

HIS WORSHIP THE MAYOR AND COUNCILLORS
OF THE CITY OF JOHANNESBURG

I have the honour to present my report for the calendar year 1972 on the activities of the City Health Department, the vital and morbidity statistics of the city and the main relevant features in regard to the health, sanitary circumstances and housing of its multiracial community.

A new organisational structure of the Department, introduced in April 1971 and amended in December 1971, is reflected at the end of this section. The services are now undertaken on a functional rather than a geographical basis.

Three levels of management - top, middle and first line - are provided for in the nursing service so that public health nurses' skills may be used to their full potential. Dependent on the outcome of a pilot project started in January 1972 on comprehensive community health services, two additional levels of public health nurse, viz. Field Work Supervisor and Group Adviser/Health Centre Adviser, will be considered to provide efficiency and career opportunities with work satisfaction for nursing personnel. The major duties assigned to these posts will be the co-ordination of total public health nursing services, the development of staff and the establishment and maintenance of liaison and co-operation with medical, para-medical and health related services in an area ideally served by a health centre.

The Epidemiological Research Division which is in its infancy is considered by many to be a prerequisite of a progressive and adequate health department. As part of its routine duties close university linkage as well as involvement in under-graduate and post-graduate medical training is visualised. The Department has already become a source of training for various student disciplines and health personnel at all levels are involved in demonstrations, lectures and practical work.

The city is relatively well advanced in environmental matters, particularly in regard to noise abatement and the principles and application of air pollution control.

The library which was re-organised in 1971 has become an integral part of the Department providing valuable services to all branches, divisions and sections.

From the beginning of 1972 vital statistics for Whites, Coloureds and Asians became directly obtainable from the Department of Statistics, Pretoria, except for birth notifications which are sent directly to the local authority. This should result in more uniform coding and greater accuracy. Statistics on the Black population will however, for the time being, still be available from the Registrar of Births and Deaths in Johannesburg.

The resignation of Dr. I. W. F. Spencer as Deputy Medical Officer of Health in May 1972, the untimely death of Miss C. K. Hains, Chief Public Health Nursing Officer, on 28 August 1972, and the retirement of Mrs. M. H. Ralph after 13 years as Senior Public Health Nursing Officer for the Black areas demanded major adjustments throughout the Department. Their leadership and guidance have been greatly missed.

N.B. In this report figures shown in parenthesis refer to those of the previous year (1971).

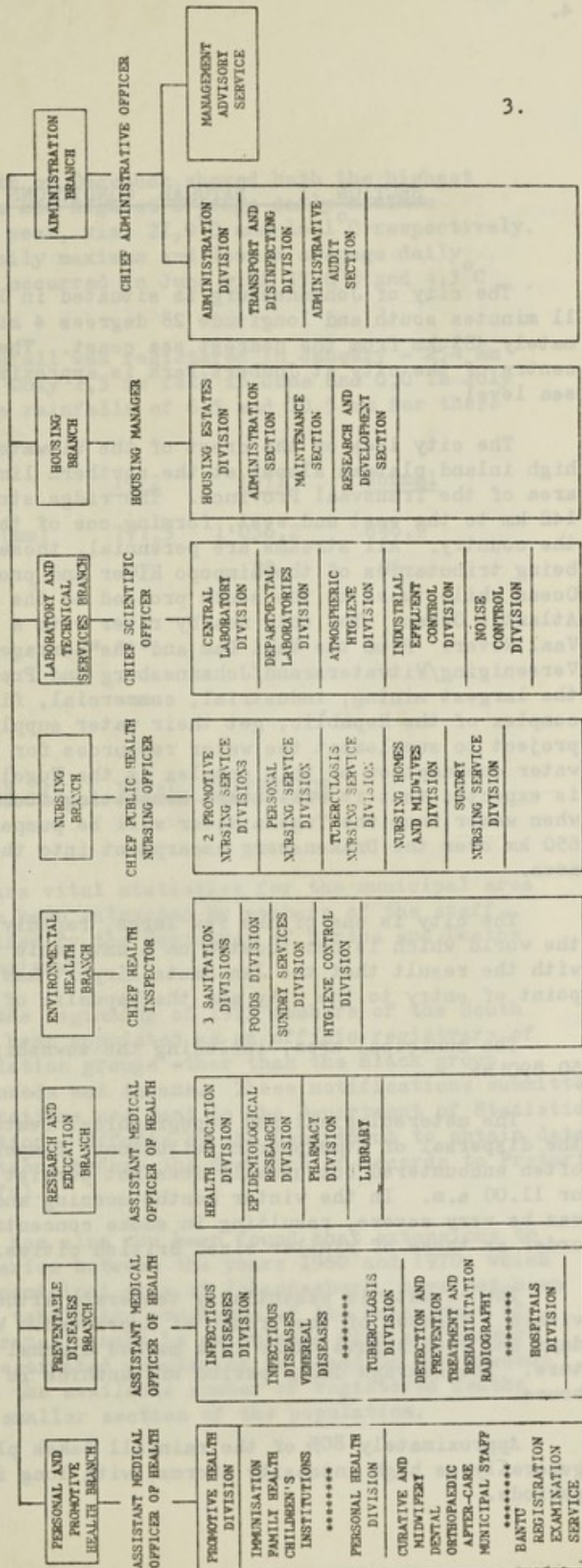
* * *

CITY HEALTH DEPARTMENT

ORGANISATIONAL STRUCTURE

MEDICAL OFFICER OF HEALTH

DEPUTY MEDICAL OFFICER OF HEALTH



SECTION 1 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 sea coast. The altitude of the centre of the city at Joubert Park is approximately 1 810 km above sea level.

The city lies on the crest of the Witwatersrand ridge on a high inland plateau almost at the northern limit of the highveld area of the Transvaal Province. The ridge stretches approximately 142 km to the east and west, forming 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 proceed 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 the Vereeniging/Witwatersrand/Johannesburg and Pretoria regions, i.e. the largest mining, industrial, commercial, financial and manpower complex of the Republic, get their water supply. An imaginative project to supplement the water resources for the rapidly increasing water consumption of this complex is the Tugela-Vaal project. It is expected that it will start benefiting from the scheme in 1975 when water from the Tugela River will be pumped up approximately 650 km over the Drakensberg escarpment into the Vaal River catchment area.

The city is one of the few large, rapidly growing cities of the world which is not located on a navigable river or seaboard, 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 municipal area, including the townships for Blacks, is 50 890 ha.

The meteorological and topographical features generally favour the dispersal of atmospheric pollution. Temperature inversion is often encountered but usually does not persist later than 10.00 a.m. or 11.00 a.m. In the winter months morning and afternoon inversions can be very severe, resulting in smoke concentrations of the same order as those of similar sized British cities.

The climate is essentially temperate although the city is within 3 degrees of the Tropic of Capricorn. With bright warm days and cool nights there is a marked diurnal range of temperature. The average daily period of sunshine is approximately 9 hours.

Approximately 80% of the rainfall takes place in summer, generally as high intensity storms, with long intervening dry periods.

In 1972 the month of December showed both the highest average daily maximum and highest average daily minimum temperatures for the year, viz. 27,9°C and 16,1°C respectively. The lowest average daily maximum and lowest average daily minimum temperatures occurred in June with 15,6°C and 4,3°C respectively.

The highest rainfall was registered in January - 254 mm falling in 13 days. Only 1,5 mm fell in June and 0,0 in July compared with average rainfalls of 6,5 and 10,5 mm for these 2 months.

	<u>1972</u>	<u>1971</u>	<u>Normal</u>
Total rainfall (mm)	777,3	1 036,2	846,9
Rain days	97	88	96

* * *

SECTION II VITAL STATISTICS

In previous years vital statistics for the municipal area of Johannesburg have been extracted by members of the staff from records maintained by the Registrar of Births and Deaths and the Bantu Commissioner.

However, from the beginning of 1972 members of the South African Police have been appointed as ex officio registrars of deaths for all population groups other than the Black group, namely Whites, Coloureds and Asians. These notifications submitted to various police stations are sent to the Department of Statistics, Pretoria, for collation. Efforts by the Department to obtain data from the police stations before the despatch of records to Pretoria have been unsuccessful.

Regrettably it has also now been found that extensions to the municipal boundaries between the years 1960 and 1970, which almost doubled the municipal area of Johannesburg, have not been provided for in the tabulation programme of the Department of Statistics. Death rates cannot be calculated with any measure of accuracy as the estimated population is based on the present total area, whereas the available number of registered deaths is based on a much smaller section of the population.

A general annual increase in population was estimated as 5 790, 2 230 and 4 378 of Whites, Coloureds and Asians respectively. According to a memorandum from the West Rand Bantu Affairs Administration Board, the decrease in the number of Blacks from 556 218 to 545 140 in 1972 is due to the fact that the 1971 figures for unlicensed domestics was an estimate based on incorrect figures. It is noted however that data, for Blacks employed and housed, supplied to the Board by the mines reflected a decrease from 12 985 in 1971 to 7 676 in 1972.

In calculating birth rates on notified births, some unnotified cases, discovered mainly on domiciliary visits by public health nurses, have been added to produce more realistic figures of "known" births. In the White and Asian population groups the figures are insignificant, but during the current year there were 126 unnotified Coloured births. No record is available for Blacks, but figures would predictably be much higher.

The number of registered births as shown in Appendix D is misleading. In the case of Coloureds and Asians these figures are higher than notified births. On closer investigation it has been found that new registrations, irrespective of age, have been added to registered births for the current year, invalidating these statistics. This error will be eliminated in statistics for 1973.

The illegitimate birth rate has perforce been based on registered births as only in the case of the White population has the number of notified illegitimate births been available. The number increased from 289 in 1971 to 313 in 1972 but a further increase to 401 is noted when registered and notified cases are compared. The illegitimate birth rate in Whites is therefore 4,15% of known births. With easy access to contraceptives in the present permissive society this seems to show either a remarkable lack of a sense of responsibility on the part of the parents of these children, or a failure of contraceptive devices. It is a matter of conjecture whether this incidence is related to age of the parents. In discussing the high illegitimacy rate of the Blacks caution should be used as multifactorial causes may have to be considered involving such considerations as customs, cultures and migratory labour.

For reasons previously mentioned only the death rates of the Black section of the population can be discussed. Even with the decrease in estimated population the number of deaths shown in Appendix D due to diseases of the circulation have increased from 540 to 630, and in diseases of the respiratory system from 517 to 657. In the first category the death rate has increased from 0,87 to 1,16 and in the second from 0,93 to 1,21. Certain diseases of infancy have shown a decrease

from 0,97 to 0,86. Deaths from accidents, poisoning and violence have declined significantly from a total of 1 716 to 1 331, showing a decrease in death rate from 3,09 to 2,44.

The infant mortality rate of the Blacks based on registered births also indicates a gratifying decline from 73,78 to 60,95 or 60,77 if based on notified births.

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

* * *

SECTION III FAMILY HEALTH

Family health services for all races in the municipal area include child health clinics for infants from birth to the age of 2 years; immunisation for infants, school children, immigrants, travellers proceeding outside the boundaries of the Republic, and municipal workers deemed to be at risk by virtue of their occupation, e.g. abattoir workers, sewage workers and ambulance personnel; family planning and cancer prevention clinics; inspection of children's institutions; health education and a domiciliary health visiting service. In the western complex for Coloureds tuberculosis and venereal diseases clinics are also provided by this Section, but similar services in other areas form part of the Infectious Diseases Division.

At the Southern Areas Health Centre for Whites a comprehensive community health service, incorporating a geriatric clinic as well as a combined family planning and cancer prevention clinic, was introduced as a pilot scheme in January 1972.

Psychiatric clinics staffed by officials of the State Department of Health operate in Council-owned premises in the areas for Whites, Coloureds and Blacks.

Assistance was given through nursing staff and transport provided to the Cardiac Unit of the Johannesburg General Hospital for a survey to determine the incidence of rheumatic heart disease in Black school and creche children.

A full complement of family health medical officers was again not available throughout 1972. The family health clinic and domiciliary service continued to provide practical venues of instruction to nursing and medical students in their study of public health practices. A fifth year medical student chose to do her elective 10-week period required by the Medical School at the various branches of the Department including the Family Health Section.

Child Health

At 108 child health clinic sessions per week infants attended for medical examinations, advice and supplementary feeding when required. There are 5 new White clinics, mainly in the area selected for the comprehensive health service project in the southern part of the city, and 2 new clinics for Coloureds.

Two new purpose-built mobile clinics, one in the White and one in the Black areas, offer health services to persons far removed from established clinics.

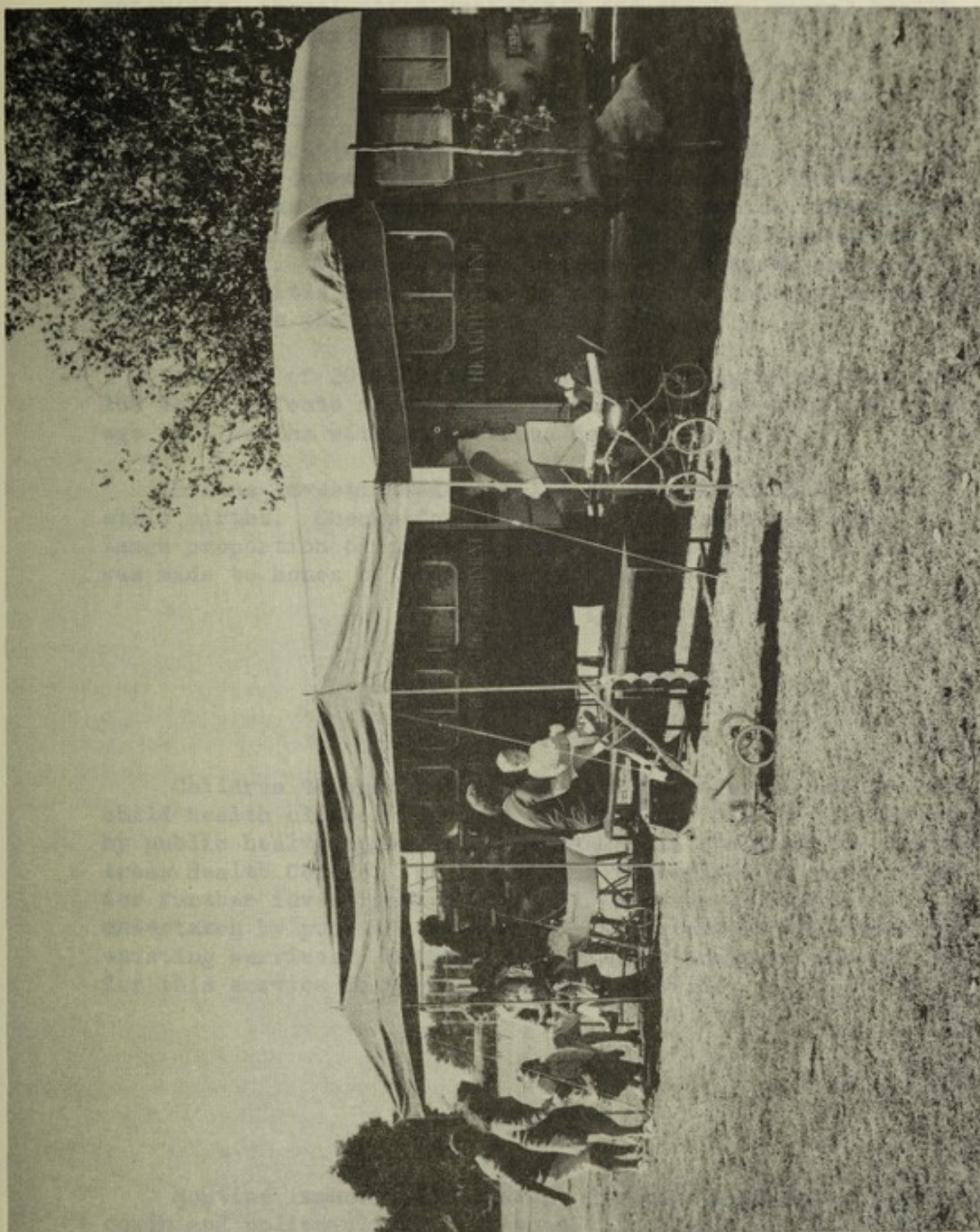
Because of inadequate accommodation and lack of staff, it was not possible to introduce full child health clinics for Coloureds in Nancefield or Asians in Lenasia, but all new births in these areas were referred for BCG vaccination and malnourished cases were encouraged to attend clinics. It is encouraging to note that 939 attended following visits to 1 000 new births. This shows that these services are needed and appreciated. In November 6-weekly visits were organised to the Jacksonsdrift area in an attempt to reach the rural areas. The team consisted of a public health nurse, a tuberculosis nurse and a clinic assistant.

Plans were completed for a second health centre, 2 subsidiary clinics for Whites as well as one subsidiary clinic each for Coloureds, Asians and Blacks.

Health education by public health nurses to individuals and groups continues under the guidance of the Research and Education Branch.

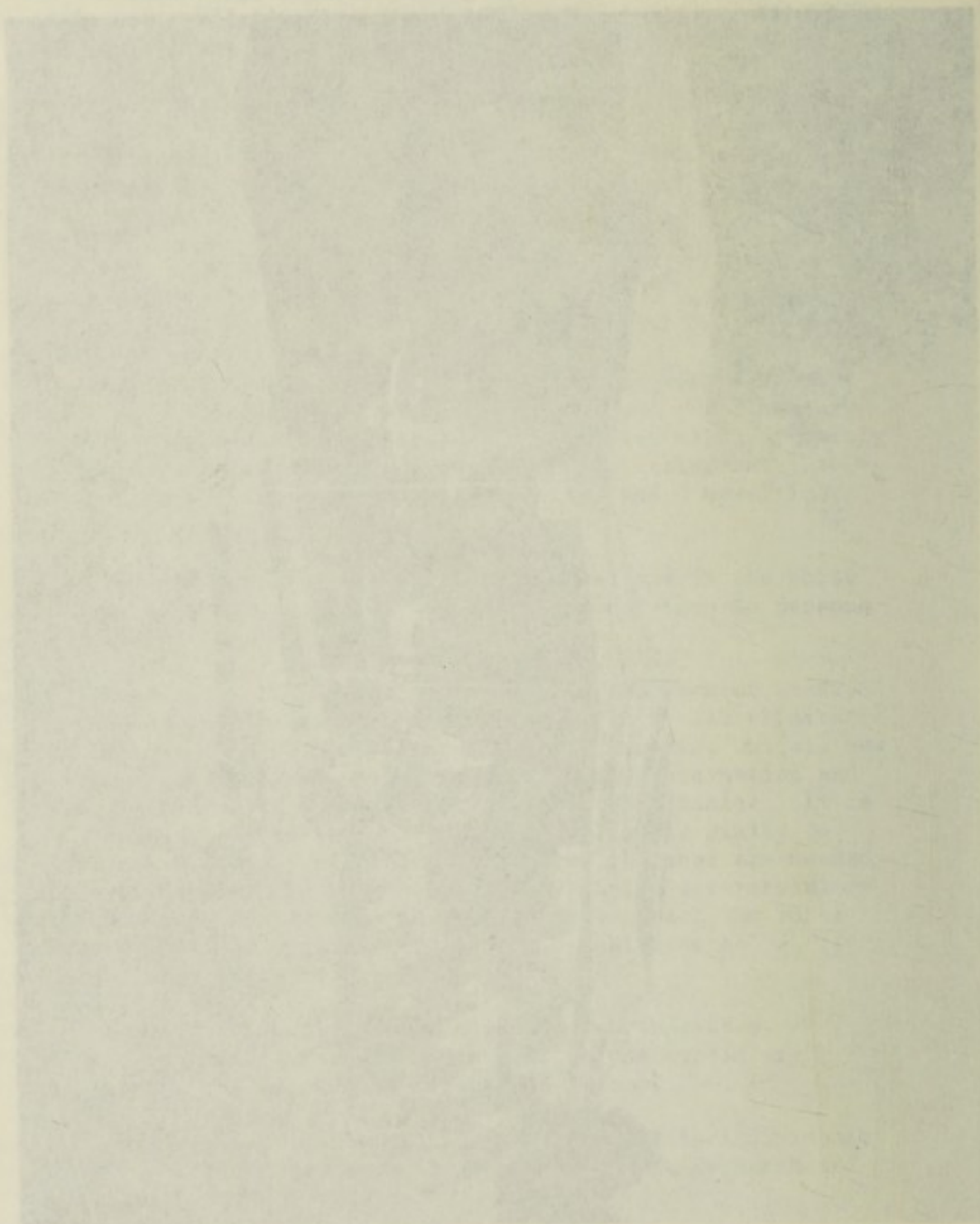
Domiciliary Visiting Service

Extensive domiciliary visiting by public health nurses was carried out in respect of birth notifications, protected



Mobile child health clinic

Public Health Service



Sanitary Visiting Service

Extensive sanitary visiting by public health nurses was carried out in respect of birth notifications, protection

infants, feeding problems, cases of malnutrition and gastro-enteritis, immunisation procedures and checks, mental health cases and geriatric patients.

At all first visits to newborn infants advice was given on the prevention of gastro-enteritis and the use of saline solutions. Routine visits were also made to Black babies at periods of greatest risk of this disease such as the weaning period and the age group between 3 and 18 months. Baragwanath Hospital notified 879 cases of which 128 showed associated malnutrition. These cases as well as other known cases of gastro-enteritis were visited to assess the home situation and to advise the parents.

A total of 20 118 Asian, Black and Coloured infants and 169 White infants received BCG immunisation at home before the age of 3 months without previous Heaf testing.

Births investigated totalled 33 277 of which 600 were still births. Checks for immunisation defaulters formed a large proportion of these visits. A total of 351 visits was made to homes of protected infants.

Deaf Screening

Children thought to be at risk were referred mainly from child health clinics for deaf screening. This is carried out by public health nurses at a central clinic and at the Southern Areas Health Centre. Of 284 children examined 22 were referred for further investigation. In 1973 a research project will be undertaken by public health nurses to determine the extent of existing services. Methods used will be analysed and the need for this service in the Department reviewed.

Immunisation

Routine immunisation against diphtheria, tetanus, whooping cough and poliomyelitis continued. In the Asian, Black and Coloured population groups in addition BCG is administered to the newborn and measles immunisation to the age group between 8 months and 3 years. Rubella immunisation offered to school girls in their last year of primary school resulted in visits to 301 schools and the administration of 7 260 doses.

A campaign planned to give additional poliomyelitis immunisation to Black children was cancelled as a result of adverse public reaction in the areas for Blacks.

Following a course of rabies immunisation 97% of new abattoir workers and those previously showing negative response developed immunity. Of those previously immunised 64,3% retained immunity and were given booster doses.

Ambulance personnel as well as sewage workers and their families, where available, received immunisation against tetanus, smallpox, typhoid, diphtheria and poliomyelitis.

Immunisation for travellers, conducted on behalf of the State Department of Health, continued in respect of smallpox, yellow fever and cholera.

Children's Institutions

The Transvaal Education Department has accepted the responsibility for nursery school education for children from 3 years to school-going age.

Standard Health By-laws for Creches and Creches-cum-Nursery Schools for White Children appeared in the Provincial Gazette on 1 March 1972 in terms of which local authorities are made responsible for licensing certain institutions. A request has been made to the Council for their acceptance and promulgation.

The need for institutions for all-day care of pre-school children of working mothers, as well as the control of child-minder services, remains urgent.

A third creche was completed by the Non-European Affairs Department for the Department to accommodate 200 Black pre-school children. The creche functions as two separate units of 100 children with administrative, kitchen and toilet facilities being shared. Ages range from 2 years to school-going age. In the 3 Council creches a total of 460 children can now be accommodated.

A total of 42 creches operate but no new voluntary organisations have entered the nursery school field in the Black areas. Plans for new institutions and alterations to present premises are being made to accommodate more children.

In the Asian areas 4 unregistered institutions are operating. Clarity is being sought from the Department of Indian Affairs as regards suitable standards. There are 6 creches for Coloureds and one for Chinese.

In the White areas at the end of year there were 45 nursery schools (subsidised or awaiting subsidisation), 8 half-day places of care, 19 creches-cum-nursery schools, 16 private nursery schools, and one creche for children under the age of 3 years.

Every endeavour is made by a depleted staff to inspect the pre-school institutions regularly in order to maintain the standards required by the Department but it has not yet been possible to extend the service to all children's institutions.

Medical examinations of pre-school children in nursery schools are limited and private arrangements with the South African National Councils of the Deaf and the Blind for screening children for sight and hearing abnormalities are encouraged.

Geriatric Screening

A pilot project to screen geriatric persons was put into practice at one White Health Centre.

Sixty-six persons were screened by public health nurses for the first time and 55 rescreened. Out of a total of 1 343 attendances 109 individuals came for the first time. Most attendances were for health education sessions.

Screening procedures include tests of urine, vision and hearing. Dental, orthopaedic, mental and chiropody problems were discussed and cases were referred for further investigation and treatment if needed.

Transport was provided where necessary by the South African Red Cross Society and "Wheels of Friendship". St. John's Ambulance Association has organised an efficient, though limited, home help service. Voluntary helpers are in short supply.

Family Planning and Cancer Prevention

Besides the centrally operated clinic controlled by the Transvaal Family Planning Association, 14 family planning clinics are now provided by the Department, i.e. one each for Whites and Asians, 5 for Coloureds and 7 for Blacks.

At the clinic for Whites 251 patients were screened for cancer, resulting in 26 referrals for further investigation to general practitioners and hospitals. Of these 9 were for cervical, 3 for breast and 14 for other abnormalities.

The intra-uterine device appears to be the contraceptive method of choice. During the year 17 002 individuals were fitted with this device, 13 225 were given pills and 3 017 had long acting progesterone injections. The entire service is provided free to the patient and all contraceptives are supplied free of charge by the State Department of Health.

As the South African Institute for Medical Research was unable to cope with the number of PAP smears needing examination, a new post of Cytotechnician was created on the Department's establishment in August, the laboratory facilities being provided at the Department's Cydna Laboratory. Quality control checks as well as all positive or doubtful smears are submitted to the cytologist at the Institute. A total of 3 495 smears were submitted, 1 062 of which were examined by the Department's Cytotechnician from August to December. Thirteen positive and 120 suspicious smears were discovered. The majority of suspicious smears was abnormal as a result of genital tract infections. Follow-up of positive smears submitted by the Department's Cytotechnician resulted in 2 hysterectomies and 2 biopsy sections for 4 cases of carcinoma-in-situ.

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

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SECTION IV RESEARCH

At the end of 1971 a new branch, consisting of the Divisions of Epidemiological Research, Health Education and Pharmacy as well as a library service, was introduced with an Assistant Medical Officer of Health (Research and Education) as branch head.

In March 1972 a medical officer and a public health nurse were seconded from the family health service to act as Medical Officer (Research) and Public Health Nurse (Research) respectively.



The cytotechnician examining Papanicolaou smears

psychiatric clinic on 12 February 1972. The latter clinic is visited by a psychiatrist from the State Department of Health who, apart from case discussions, also has group discussions with staff.

Health education, especially in relation to cancer prevention and geriatrics, has become an integral part of the Health Centre's programme.

At the clinic for Whites 351 patients were screened for cancer, resulting in 26 referrals for further investigation.

Activities

The work of the branch was carried out in accordance with the plan of work for the year 1971-72. The main activities were the screening of patients for cancer and the investigation of referrals.

an Assistant Medical Officer of Health (Research and Education) as branch head.

In March 1972 a medical officer and a public health nurse were seconded from the family health service to act as Medical Officer (Research) and Public Health Nurse (Research) respectively.

It was intended to utilise research opportunities especially where communities differed in regard to environment, socio-economic status, population profile and health facilities. Priorities would be established with regard to services planned or undertaken and recommendations made. In-service training for staff in the principles and methods of research as well as opportunities to carry out projects would be provided. Close liaison would be established with the University of the Witwatersrand and students would be encouraged to complete epidemiological research projects in the field under the direction of this Division.

Pilot Project introducing Comprehensive Community Health Services

During 1969 two research projects were undertaken to collect data and make recommendations before introducing a pilot project during 1972 providing comprehensive community health services in a White area. The area chosen is served by the Southern Areas Health Centre. Regular study groups were organised with staff.

Some of the recommendations were implemented but it may take a few years before this study can be properly evaluated.

Briefly public health nurses were given reduced case loads in this area to enable them to provide more extensive community services. The average case load varied from 6 000 to 9 000 individuals. Three public health nurses were selected in a supervisory capacity.

New child health clinics were started to serve smaller areas. Of 14 weekly sessions 3 are conducted in a mobile caravan. Immunisation sessions are held at the subsidiary clinics and at schools as well as at the Southern Areas Health Centre from where this decentralised service now operates. A deaf screening clinic was also started in the trial area.

A family planning and cancer prevention clinic had already been provided.

A geriatric clinic was started on 1 May 1972 and a psychiatric clinic on 10 February 1972. The latter clinic is visited by a psychiatrist from the State Department of Health who, apart from case discussions, also has group discussions with staff.

Health education, especially in relation to cancer prevention and geriatrics, has become an integral part of the Health Centre's programme.

Completed Projects

The following projects were carried out by the Research and Education Branch during the year:

1. Increased expenditure on foodstuffs by the Department

This study followed a memorandum which stated that the projected 1972/73 expenditure on foodstuffs by the Department was likely to be in close proximity to R200 000. It was found that the increase, based on the rising trend of previous years, was justified. Specific recommendations were made to improve record keeping, control and use of foodstuffs.

2. Poliomyelitis in children fully immunised against the disease

Recommendations were made to eliminate possible errors in the administration and handling of vaccine.

3. Investigation of maternal deaths

Difficulties experienced by public health nurses in obtaining data relating to maternal deaths, other than deaths occurring in the maternal services of the Department, were highlighted. Maternal mortality rates in Johannesburg have remained high, especially in the Blacks. The greatest cause for concern were those associated with abortion.

Projects awaiting Completion in 1973

1. The difference in mortality levels of ischaemic heart disease in different population groups in Johannesburg

Much time was spent in analysing the methods used by the Statistics Section in carrying out mortality coding. A change over from the 7th to the 8th Revision of the International Classification of Diseases was advised as from January 1973.

2. Deaf screening service

This project was planned towards the end of the year. Field work, involving the staff of the Research Division as

well as other personnel, will start in 1973 to determine what deaf screening facilities are available and whether extension and improvement of this service in the Department will, if needed, be possible.

3. Blood pressure levels

With a view to planning a joint project for 1973 involving the University of the Witwatersrand and the Department, preliminary discussions were held with the Professor of African Medicine at the University. The aim of the project is to determine blood pressure levels in specific groups of Blacks and to correlate these levels with certain physical, environmental and sociological factors.

* * *

SECTION V HEALTH EDUCATION

A chief medical officer was appointed to the Health Education Division of the Research and Education Branch in February 1972. The first few months were spent in orientation to the various branches of the Department and to the functions and duties of the health education personnel.

The rest of the staff consists of a senior public health nursing officer, a woman assistant and a technician.

At 84 of the Department's clinics lectures, film discussions, discussion groups and person-to-person contact were used to bring health education to those attending family health, tuberculosis and ante-natal services for Blacks. An attempt at evaluation of the work done was attempted. Facilities varied greatly as well as involvement of the communities and enthusiasm of the personnel.

At the Southern Areas Health Centre much time was spent in observing and discussing health education in the clinic situation. Three study groups were formed, each with its own priority such as nutrition, cancer detection and family planning. It is hoped that, when all the collected information is collated, valuable data will be available for use on these three projects. At the geriatric clinic numerous subjects were also discussed.

Holiday film programmes were shown at several White clinics. Problems of adolescence were discussed at 2 White orphanages. At the Western Coloured Township Health Centre weekly training of personnel in group techniques was started.

Library displays were made and exhibited for 3 weeks at a time and pamphlets were provided for distribution.

Student training forms a large part of the work of this Division. A total of 427 students had programmes arranged for them during 1972.

Three new films were purchased. The technician made several new visual aids but more are needed and are difficult to obtain especially for the Black areas. Accumulated slides, posters and pamphlets were evaluated and indexed.

It is considered essential to move out into the community to recreation centres, institutions, clubs and, it is hoped, schools. A trial project in 3 Coloured schools on surface sanitation and care of the environment and involving Coloured public health nurses and health inspectors has been sanctioned by the Transvaal Education Department and will be started as a joint venture in 1973. Most of the preliminary planning has been done and visual aids and posters prepared. It is planned to have a poster competition in these schools to evaluate the health education sessions.

Liaison was possible with many official and voluntary organisations.

An exhibition centre is visualised and has been planned to include all aspects of preventive medicine with an intimate learning area for use for parent craft and teenager health education courses.

Much valuable work is being done in the environmental health services, especially in the Promotive Hygiene Section. This also applies to air pollution control, noise control, housing as well as nursing homes and midwifery services.

* * *

SECTION VI INFECTIOUS AND NOTIFIABLE DISEASES OTHER THAN TUBERCULOSIS

With 1 764 (1 329) in-patients at the Fever Hospital for Whites during 1972, this was the Hospital's busiest year in a decade. Hospital cases totalled 689 and private patients 1 075. Patient days numbered 12 514 (10 683).

Outnumbering all other admissions at the Fever Hospital were 336 private cases of gastro-enteritis, mainly in babies and small children. This large number highlighted the importance of this disease of infancy affecting even the more affluent sections of the population.

Since 1969 Asian, Black and Coloured cases of infectious diseases have been sent to the C.M.R. Hospital which is administered by a private company with medical cover provided by the Department. An out-patient clinic and resident out-patient accommodation for municipal employees are provided. Admissions to the infectious diseases wards totalled 1 723 (1 571). At times the number of cases in these wards was persistently above 90, and 73 cases died during the year.

Morbidity and mortality of measles cases still caused concern. Virtually every death from measles at the C.M.R. Hospital in 1972 was associated with malnutrition. A total of 327 (392) local cases and 706 (548) from outside Johannesburg were admitted. During the last 4 years the total number admitted were 699, 617, 940 and 1 033 with 39, 20, 60 and 46 deaths respectively. At the Fever Hospital there were 253 cases, 157 with complications or double pathology.

Viral hepatitis was made notifiable in Johannesburg from the end of 1966, but it is thought that not all cases are being notified.

At the Fever Hospital 143 cases were confirmed, both Australia antigen positive and Australia antigen negative. Numbers of cases admitted increased towards the latter part of the year and this increased incidence continued into 1973. There were 55 cases involving Blacks with one death.

Total Local Cases (all population groups)

<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>
22	169	90	207	122	* 211	ø 208

* 2 deaths ø 1 death

Eighty-six cases of encephalitis occurred in Whites but none were diagnosed in other population groups. During the years 1966 to 1972 there were 457 confirmed cases, but only 7 of these were Asians, Blacks or Coloureds. There was a steady upward trend from a total of 39 cases in 1966.

The incidence of scarlet fever seems to fluctuate a great deal with peaks of 593 in 1968, 236 in 1969, 187 in 1971, contrasting with 90 in 1966, 82 in 1970 and 75 in 1972. Out of a total of 1 354 cases which were notified from 1966 to 1972 only 17 were Asians, Blacks or Coloureds.

Reflecting the upsurge of meningococcal infection in Johannesburg and surrounding areas, there were 51 cases of proved cerebrospinal meningitis, 23 cases occurring in Black mineworkers.

Of 20 cases of poliomyelitis occurring locally, 16, with one death, were Blacks. Another 9 Blacks, thought to have contracted the disease outside the municipal area, were imported cases. It remains a matter of concern that cases, especially in Blacks, are still occurring in spite of the immunisation services. As a number of local notified cases had a history of previous immunisation with the full course of oral vaccine, an investigation was carried out by the Epidemiological Research Division. Thirty-eight cases of clinical poliomyelitis occurring between 1 January 1971 and 30 June 1972 were studied. Of these, 11 fully immunised cases were confirmed by the isolation of poliomyelitis virus in stools. Recommendations were made to improve the effectiveness of immunisation.

Fifty-two (32) cases of malaria occurred - the highest number since 1967. Of this number, 27 were Blacks. All were imported cases.

Numbers of confirmed diphtheria cases have decreased from 27 in 1967 to 6 in 1972. During the last 7 years only one White case occurred. One Black person died in 1972.

Between 1966 and 1972 only one smallpox case occurred in a non-resident Black person, viz. in 1967. There were no local cases.

Very little annual fluctuation occurred in the number of typhoid cases during this period. The total number of local cases varied from 42 in 1970 to 29 in 1971. Most of the cases were Blacks, with an average incidence of 22 Blacks per year.

A single case of a White person who died of African trypanosomiasis is of note showing that persons visiting tropical areas where the tsetse fly is encountered are at risk.

Venereal Diseases

Following the trend throughout the world, the incidence of venereal diseases is still on the increase. The modern permissive society, the advent and increased use of "the pill" as well as the ease and efficacy of treatment for gonorrhoea have been well documented by writers throughout the world as some of the causative factors of the increase. Though these diseases are easier to treat, they have become more difficult to prevent and to eradicate.

Venereal diseases are treated at 4 urban clinics, the Bantu Registration Examination Centre and at clinics in Soweto, Noordgesig and the Western Coloured Township.

At the Bantu Registration Examination Centre 1 703 new cases of gonorrhoea and 1 748 of syphilis were treated. Of these, 669 cases of syphilis and 17 of gonorrhoea were females.

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

* * *

SECTION VII TUBERCULOSIS

The Department has for many years waged a relentless war on all forms of communicable disease, but success in the control of pulmonary tuberculosis has still to be achieved. The failure can hardly be on the side of the medical armamentarium, but must be sought essentially in the field of poverty, notably poor housing and poor nutrition.

During 1972 a total of 3 072 cases of tuberculosis was notified, of which 3 022 (3 028) were for pulmonary tuberculosis.

Of the latter, 87 were Whites, 193 Coloureds, 28 Asians and 2 764 Blacks. These figures include local and imported cases, but exclude 33 cases of mine Blacks. On the whole notifications have decreased. Notifications in respect of Blacks should have been much lower, but all tuberculotics in Johannesburg, even those resident for a minimum of one day, were notified as Johannesburg cases due to a change, effective from April 1972, in subsidisation by the State Department of Health. Nevertheless, notification forms were still sent to the area in which the notified cases had resided during the previous 6 months.

The Tuberculosis Control Programme was initiated in 1968 to increase case finding by annual X-rays of all Asians, Coloureds and Blacks. This control should be continued until such time as the incidence of the disease among the Asians, Coloureds and Blacks approaches that of the Whites. At that stage searching for cases in the general population by use of miniature X-rays will become unproductive and therefore prohibitively expensive.

Tuberculosis Control Programme :

Number of 70 mm X-rays taken

At Bantu Registration Examination		
Centre	130 775	(136 451)
Tuberculosis Control Programme		
(Urban Areas)	64 639	(99 293)
Tuberculosis Control Programme		
(Bantu Areas)	42 073	(45 509)
TOTAL		
	237 487	(281 253)

Most cases involving Blacks are in the economically important age group of 19 to 50 years of age.

At the end of 1972 while domiciliary and out-patient treatment accounted for 10 085 patients, the year started with 767 Asians, Coloureds and Blacks in hospital, ending with a tally of 991 as compared with 13 and 6 Whites respectively. The domiciliary injection service provided by 4 White and 1 Black Sister is generally appreciated by patients and employers.

Prophylactic work has increased apace. BCG vaccination of Blacks shows the following figures :

<u>1966</u>	<u>1968</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>
16 976	27 317	33 382	57 760	72 468

The total of 16 235 (15 593) BCG vaccination of the newborn is included in the above figures for 1972 (1971).

In the Whites the use of BCG vaccination is limited to the newborn in tuberculous families, institutionalised children, negative tuberculin contacts and groups at risk such as students in medical and para-medical services. In the Black, Asian and Coloured communities of Soweto, Lenasia and in the Coloured areas all new births and tuberculin negative contacts receive BCG vaccination. Since 1962 all new school entrants in the Coloured areas are tuberculin tested and vaccinated. Grade II, III and IV tuberculin (heaf) reactors attend the 100 mm mobile unit for chest X-rays. All cases showing marked reactions to BCG vaccination receive either prophylactic INAH treatment or attend clinics for further investigation. A similar school programme started in the areas for Blacks in 1963 has also been implemented in the recently incorporated Kliptown and Nancefield areas.

Tuberculosis School Programme

	Coloureds	Asians	Blacks	Total
Number of children -				
Heaf tested	16 299	3 127	71 062	90 488
Given BCG	4 669	1 345	55 705	61 719
X-rayed	953	402	15 357	16 712
Notified as tuberculous ..	4	1	75	80

There are now 10 tuberculosis clinics for Blacks providing 16 sessions weekly. In the Coloured and Asian areas the tuberculosis service is being integrated in the family health service.

Social workers are present on clinic days and work in collaboration with SANTA, investigating cases and obtaining assistance for them. Asian, Black and Coloured patients receive supplementary foodstuffs at these clinics.

The Charles Hurwitz SANTA Centre at Baragwanath with 430 beds is visited by tuberculosis medical officers of the Department. During 1972 a transit ward was established. All tuberculosis patients (including peri-urban cases) not requiring immediate hospitalisation at Baragwanath Hospital are sent to this transit ward to be assessed and referred to other hospitals for treatment or admission.

In 1972 the number of patient days at the Centre was 124 048. The idea of establishing and maintaining a ward for tuberculous meningitis cases there has been abandoned due to prohibitive costs.

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

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SECTION VIII CURATIVE, MIDWIFERY AND DENTAL SERVICES

Curative and Midwifery Services

The out-patient, district nursing and midwifery services continued according to a well established pattern.

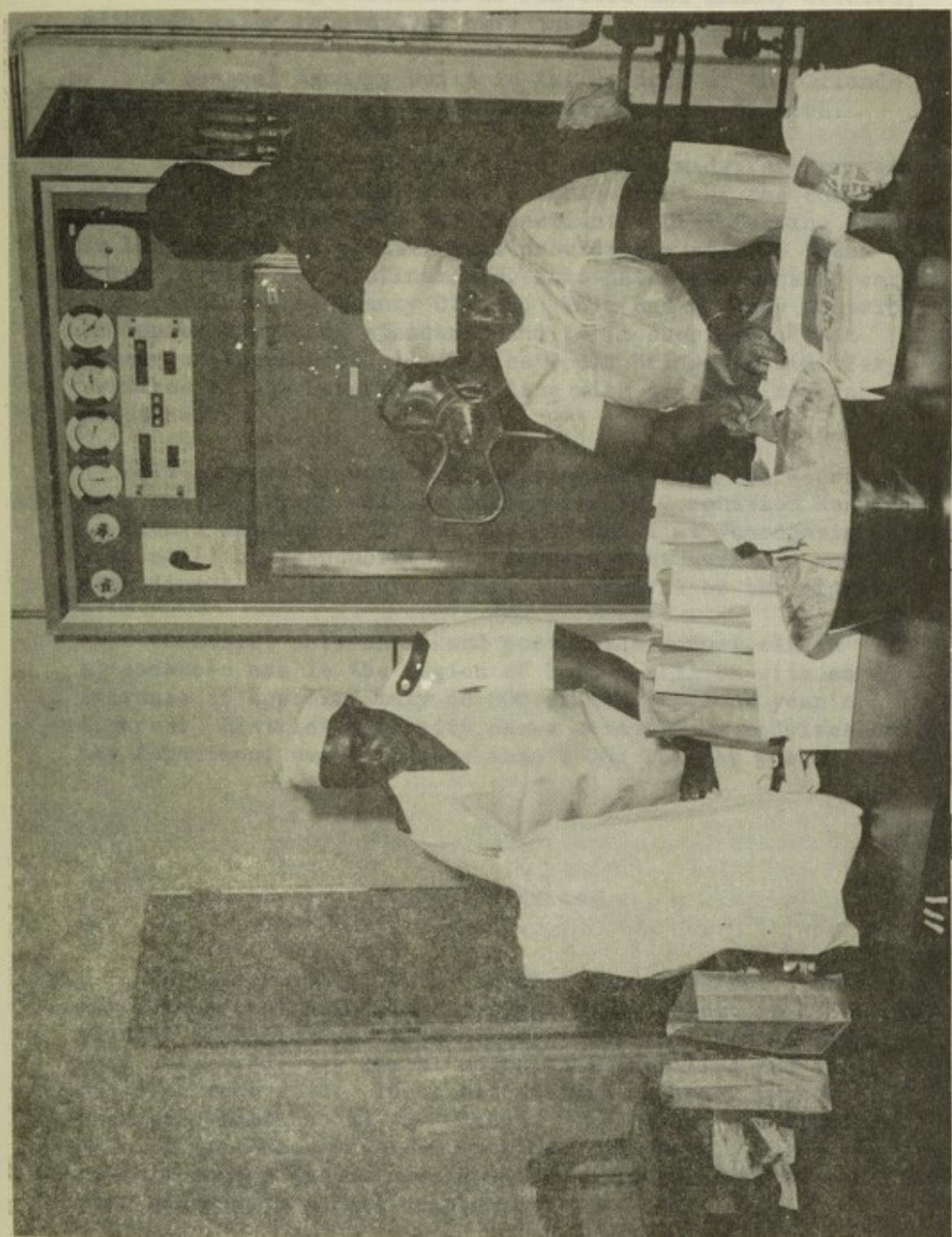
Curative and midwifery services are conducted on behalf of the Transvaal Provincial Administration from 6 municipal clinics in the areas for Blacks and one clinic for Coloureds by approximately 500 full-time staff.

Medical officers worked under conditions of chronic stress due to continued shortage of medical staff. As far as possible the essential needs of patients were met. In July 1972 a group of Asian, Black and Coloured general practitioners offered part-time services for 25 hours per week. In November remuneration of Asian, Black and Coloured medical officers was equated with that of their White colleagues, resulting in an immediate amelioration of the position. This augurs well for the future and should make possible an improvement in the scope of medical services.

The Department operates two-way radio sets at the curative and midwifery clinics in Soweto, a repeater station at the Brixton Ambulance Station and 11 portable radio telephone sets which are used by midwives in the course of their domiciliary nursing duties.

The old Moroka Clinic was closed in January 1972 and the services transferred to a new building in Senaone.

Overcrowding continues at Flintville and Shasta Clinics.



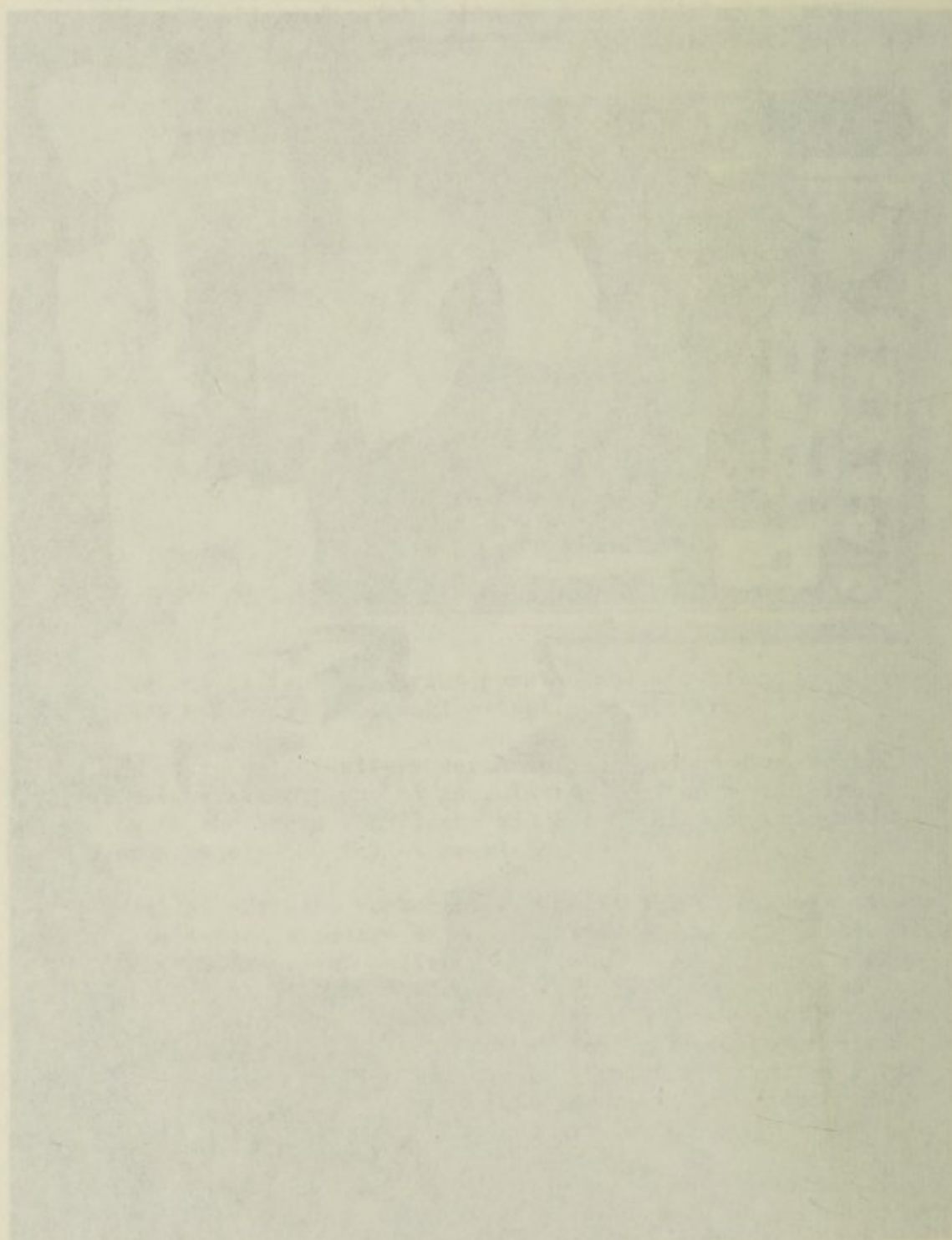
The Central Sterile Service Depot

Concern is expressed at the inability of school children to reach their regional clinic for conservative dentistry. The introduction of transport facilities is planned for 1973.

All the 30 schools in Colorado, 4 in Nevada and all the clinics in both these areas were inspected and limited treatment provided.

In 1972 the number of patient days at the Centre was

100 Central Health Service Report



private ambulance station and 11 portable radio telephone sets which are used by advisers in the course of their domiciliary nursing duties.

The old Harrods Clinic was closed in January 1972 and the services transferred to a new building in Sandown.

Overcrowding continues at Pimville and Shanty Clinics, although major renovations have taken place at the former.

A central laundry built in the grounds of the Orlando Clinic will eventually handle laundry for all clinics.

Improvement in the techniques in the midwifery service has been made possible by the establishment of the central sterile supply depot at the Department's Disinfecting Station in Langlaagte. A pilot scheme providing a sterile "pack and spray" system for confinements, ante-natal and nursing care was introduced at Shanty Clinic. This has already contributed to improved working standards and it is considered that extension thereof to all clinics would bring the midwifery services of the Department in line with accepted modern practices.

All ante-natal work and confinements from the Noordgesig area for Coloureds will be taken over by Coronation Hospital as from 1 January 1973, but the personnel at Noordgesig Clinic will still be responsible for carrying out nursings and attending to babies born before the arrival of the midwife.

Curative, ante-natal and post-natal annual clinic attendances are in the region of half a million with an increase of approximately 18 000 on the previous year's figures. District maternity cases attended by midwives of the Department numbered more than 7 000 for the year.

Dental Service

The established dental service rendered from 4 clinics for Blacks continued without significant change in 1972. The planned extension and alterations to Orlando Dental Clinic were completed, new dental units were installed and the building renovated. These alterations markedly improved working conditions at the Clinic. The Moroka and Pimville Clinics were also provided with new equipment. There was a notable change in the availability of dental officers and the year ended with a full complement.

Concern is expressed at the inability of school children to reach their regional clinic for conservative dentistry. The introduction of transport facilities is planned for 1973.

All the 30 schools in Orlando, 4 in Moroka and all the creches in both these areas were inspected and limited treatment provided.

Patients from the Charles Hurwitz SANTA Centre for tuberculotics were treated. The response of ante-natal cases was poor.

Orthodontic treatment which is especially needed in the schools has never been offered.

(STATISTICS FOR THIS SECTION ARE
CONTAINED IN APPENDIX R)

* * *

SECTION IX MEDICAL EXAMINATION SERVICE

For White Municipal Employees

On 1 July 1972 a medical examination centre was opened and a full-time medical officer, assisted by 2 nursing sisters, employed to conduct pre-employment medical examinations of Whites on behalf of the Pension Fund. The medical officer is also required to act as medical referee on challenged medical certificates, to make recommendations with regard to boarding of personnel and to adjudicate applications for maternity leave. Medical emergencies involving personnel stationed at the City Hall are also handled.

The central siting of this unit is ideal for dealing with the various Council departments. From July to December 1 489 persons were medically examined.

For Black Workseekers and Black Municipal Employees

During 1972 the Bantu Registration Examination Centre was altered and extended, thereby offering better accommodation as well as new amenities.

The basic functions of the Centre remain the same as in the past, viz. medical screening of Black workseekers (including new

daily paid municipal staff) for tuberculosis, venereal and other infectious diseases. Medical examinations are also carried out for eligibility to membership of the Pension Fund, fitness of the over 60 age group and for medical boarding. Examination of food-handlers involves general examination and the collection of specimens of stools, urine and blood for special tests. Sick employees are referred to the C.M.R. Hospital for checking and treatment. Cases referred by the Non-European Affairs Department are also examined.

Screening, coupled with mass vaccination, provides valuable public health insurance against smallpox, detects a significant percentage of new cases of tuberculosis and ensures treatment for many cases of venereal diseases.

A total of 156 835 persons were examined and X-rayed, but great difficulty was experienced in recalling suspect cases of tuberculosis for large X-ray plates.

Most males with syphilis presented with primary chancres. Six hundred Kolmer tests for syphilis were carried out as part of routine examinations, yielding 3% positive results. In the females the disease was usually recognised at a later stage than in males. Of 1 543 Kolmer tests in females, 8.3% proved positive.

One female with a positive stool test for typhoid was detected and treated at C.M.R. Hospital.

The out-patient department for municipal employees at the C.M.R. Hospital has functioned well. The bulk of the patients were seen in the mornings, 8 747 (11 349) patients being attended to. The number of patient days in the resident out-patient section for municipal employees was 10 664.

(STATISTICS FOR THIS SECTION ARE
CONTAINED IN APPENDIX S)

* * *

SECTION X ENVIRONMENTAL HEALTH

As a result of previously mentioned changes in the organisational structure of the Department in December 1971, the Environmental Health Branch was divided into 3 sanitation divisions and one division each for the control of foodstuffs, hygiene and sundry services. The latter consists of sections for pest control, inspection of plans and a slums section.

The 3 sanitation divisions are still mainly geographically orientated with the south-western division consisting of all the areas for Asians, Blacks and Coloureds with the exception of the Coloured areas of Western Coloured Township and Newclare.

Even though the number of posts of learner health inspector was increased to 21 in 1971, there were 13 such vacancies at the end of 1972 and 28 vacancies on the health inspectorate staff. Senior personnel were required to bear the burden of a large percentage of field work as well as supervisory duties.

There was a record number of 31 applications for the establishment of new townships.

The Carlton Centre project, involving a hotel and 83 shops, provided many difficulties mainly concerned with lack of drainage connections, absence of storage space and inaccessibility to water closet facilities. Construction of the Fordsburg Oriental Bazaar complex has commenced. Of the 134 stands extending over 14 blocks, 123 have been cleared.

Demolition of buildings is nearing completion at the Coloured Civic Centre site in Newclare. In the south rapid development has taken place in the Glenanda to Kibler Park region and a new shopping centre has opened in Glenanda.

Demolition of properties and the magnitude of many developmental schemes have resulted in serious public health nuisances. Many properties have been expropriated far in advance of the actual rebuilding programmes resulting in reluctance to spend money on maintenance of vacant dwellings and stands.

In the Newclare/Western Coloured Township redevelopment area there is a critical shortage of accommodation. Special vigilance has been needed to prevent the erection of unauthorised shacks on premises under Council control and, if already erected, to enforce their removal. Refuse removal has proved inadequate. Nuisances ranging from litter to serious health hazards are found as there are no sanitary facilities on 51 occupied premises and 20 vacant stands.

Overcrowding is also found in the sub-economic Asian township of Thomsville. The illegal occupation of dwellings by Asians, Blacks and Coloureds in White areas continues.

Fetes and circus performances in parks as well as catering at rugby and race meetings have been subjected to inspection and control. Eleven caravan parks and 2 pleasure resorts are well maintained. At Ellis Park a new toilet block and additional water supply connections were provided, supplemented during two international tennis tournaments by the use of the Council's mobile convenience unit. During the Rand Easter Show 4 health inspectors were on full-time duty. Though the accent at these functions is on health education, prosecutions are resorted to when necessary for contraventions of the Public Health Act, the Food, Drugs and Disinfectants Act and the Council's By-laws.

	<u>1972</u>	<u>1971</u>
Total number of persons prosecuted	821	2 010
Total number of charges	1 006	2 917
Found guilty	757	2 258
Total fines imposed	R10 530	R26 777

In addition 234 spot fine tickets were issued. A total of R1 665 was paid for 133 fines. Tickets ignored by recipients were followed up by summons proceedings.

Food Control

Regular inspection of the municipal market, food factories and licensed food premises continued. Due to the outbreak of Newcastle disease, no dressed poultry was offered for sale at the market.

The control of meat distribution and the sale of meat are also functions of the Department. All meat introduced by the permission of the Meat Control Board was re-examined at the food factories before processing. Large consignments of food were examined on request at the premises of wholesale and retail dealers.

Unlicensed hawking continued especially in the townships, at railways stations, schools and bus termini. Licensed hawking

is allowed from stalls provided for trade in fruit, vegetables and offal. There are 15 licensed hawkers in Lenasia, but of 17 new applications 13 were refused as applicants intended using residential premises for business purposes.

Early morning inspections of food-handling and deliveries were introduced with beneficial results.

There were 4 reported outbreaks of food poisoning involving a total of 41 persons. In one outbreak affecting 5 persons excessive copper was isolated from food prepared in copper pots. In the other 3 cases the causative agent could not be determined. A total of 124 specimens and swabs was collected for analysis. Samples of foodstuffs and swabs taken were submitted to the Division of Health Chemistry, State Department of Health, the South African Institute for Medical Research and the Laboratory and Technical Services Branch of the Department for relevant analyses.

Hygiene Control

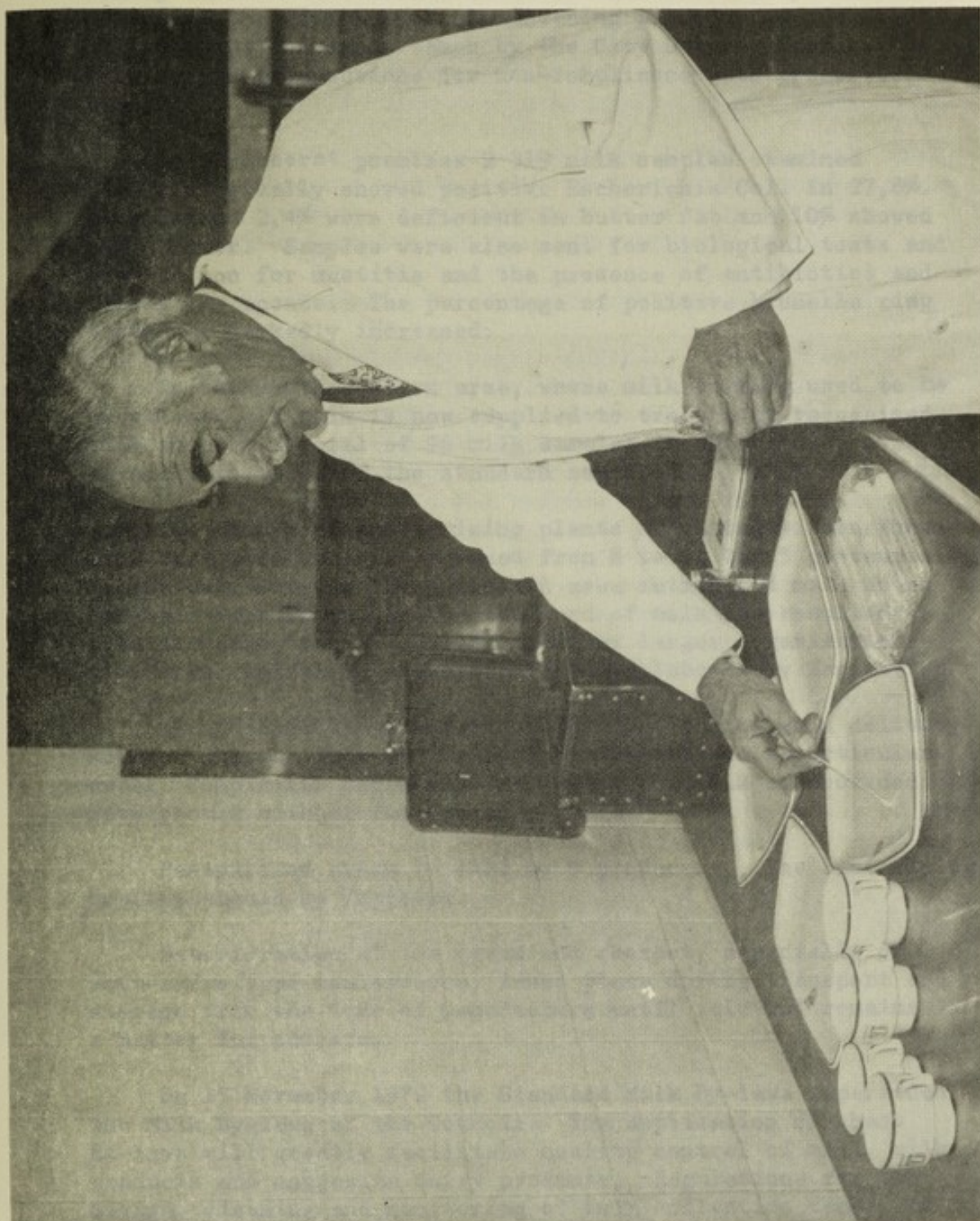
Health education by means of lectures, practical demonstrations, slides and films mainly with regard to food-handling, cleanliness in kitchens and kitchen lay-outs is the main activity of the Hygiene Control Division. These efforts are made primarily for the benefit of personnel of catering establishments, student groups, health inspectors and school children. Homes for the aged and nursing homes are inspected in association with the personnel of the Nursing Homes and Midwives Division. Plans especially with regard to kitchens are examined for compliance with the Council's Public Health By-laws. Of 2 054 swabs taken from food-handling equipment during visits to 147 premises, approximately 30% had colony counts in excess of the permitted number. This entailed revisits, investigation of equipment washing procedures, reswabbing and, on occasion, prosecution of defaulters.

Milk

The average daily consumption of pasteurised milk in Johannesburg increased in 1972 by approximately 10 kl per day as compared with 1971. The daily consumption per person was roughly 0,2 l.

All raw milk is now delivered by 32 bulk milk tankers from the 620 producers under permit, some as far as 483 km away. The

tankers are regularly inspected and the temperature of the milk is checked before it is cooled into contact with the milk.

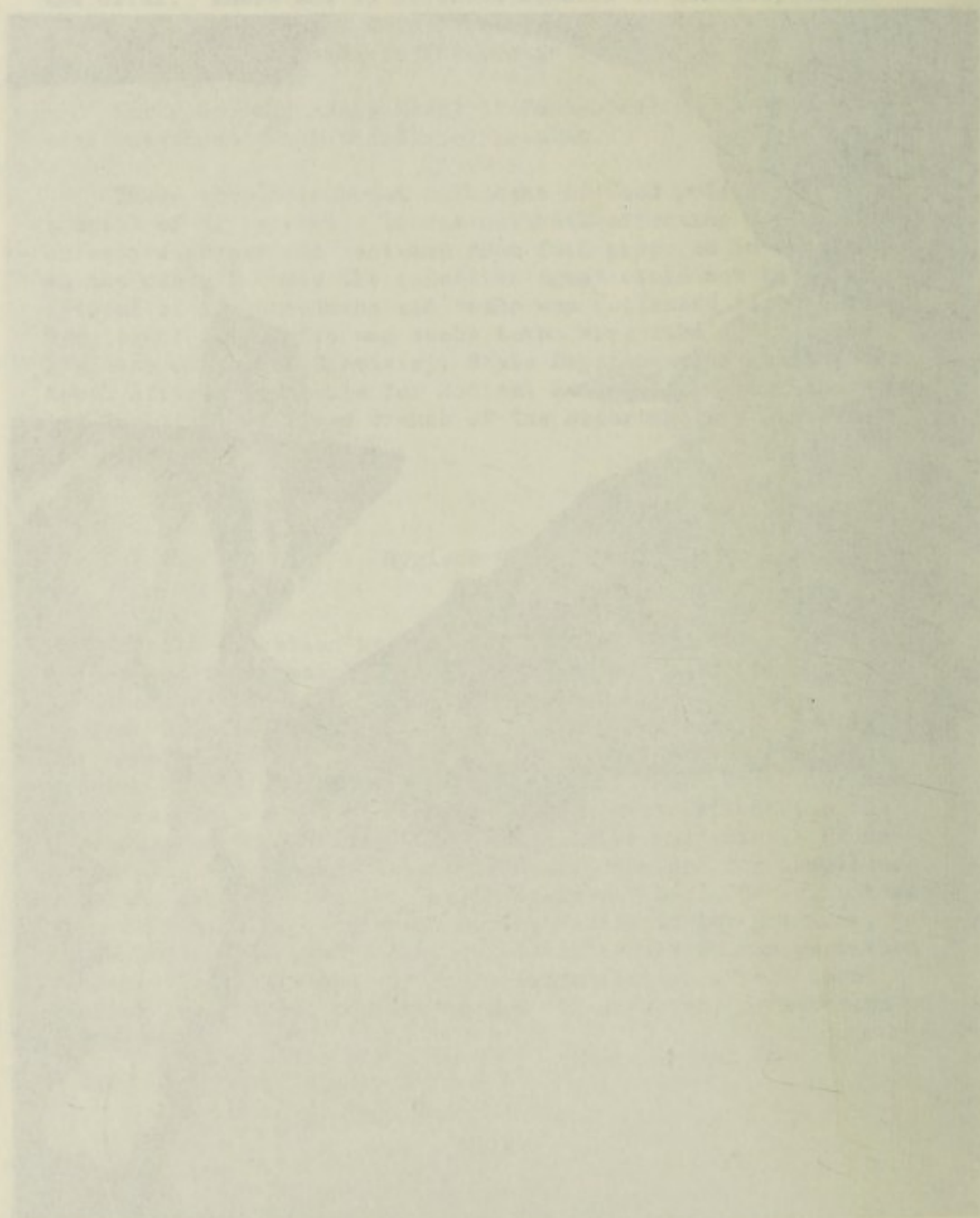


Taking bacterial swabs to check cleanliness

Transport tankers are also inspected. The milk is then cooled and bottled for distribution. The milk is then bottled and distributed by dairies. Testing of products such as cream cheese, cottage cheese, yogurt and fruit juices has already commenced.

is allowed from abattoirs supplied for trade in fruit, vegetables and offal. There are 15 licensed abattoirs in Lesotho, but of

approximate death of seven livestock per year



The average daily consumption of pasteurised milk in Johannesburg increased in 1972 by approximately 10 ml per day as compared with 1971. The daily consumption per person was roughly 0.4 l.

All raw milk is now delivered by 72 bulk milk tankers from the 620 producers under permit, some as far as 400 km away. The

tankers are regularly inspected and the internal surfaces coming into contact with milk are swabbed for analyses to determine the efficacy of the cleaning procedures. Of 1 131 milk samples and swabs taken by the City Dairies Section, 151 resulted in prosecutions for non-compliance with prescribed standards.

On producers' premises 2 319 milk samples examined bacteriologically showed positive *Escherichia Coli* in 27.8%. In addition 2.4% were deficient in butter fat and 10% showed added water. Samples were also sent for biological tests and examination for mastitis and the presence of antibiotics and inhibiting agents. The percentage of positive brucella ring tests was markedly increased.

In the south-western area, where milk hawking used to be prevalent, all milk is now supplied to traders by recognised milk shops. A total of 96 milk samples in this area proved on analysis to be of the standard required.

The number of pasteurising plants operating within the municipal area has been reduced from 8 to 5, but 5 pasteurising plants from outside the municipal area introduced milk under permit. Improvement in the standard of milk has resulted from the take-over of smaller firms by larger organisations with more capital to establish suitable laboratory facilities.

Milk distributors have introduced a 'zoning milk delivery scheme' whereby only one dairy delivers milk to a particular area. Complaints regarding the quality of milk so provided have proved without foundation.

Pasteurised cream is sold by 9 producers. The bacteriological quality should be improved.

Deterioration of ice cream and sherbet, especially of soft-serve type confections, takes place during transport and storage from the time of manufacture until sold and remains a matter for concern.

On 15 November 1972 the Standard Milk By-laws superseded the Milk By-laws of the Council. The application of these By-laws will greatly facilitate quality control of milk, milk products and composite dairy products. Regulations for the design, cleaning and monitoring of bulk collection tanks and transport tankers are included. Standards are also laid down for reconstituted fresh fruit juices which are diluted, processed and distributed by dairies. Testing of products such as cream cheese, cottage cheese, yoghurt and fruit juices has already commenced.

The new By-laws also permit supervising local authorities to exercise all such supervisory functions for another local authority in their area. Consequently the Department now supervises the premises of 40 producers on behalf of the Germiston City Council which reciprocates by supervising 30 producers on this Department's behalf.

Water

The average daily consumption of water was 360 Ml.

Routine tests, showing slight deterioration in potable water, have been ascribed variously to overhead tanks with insufficiently rapid turnover to facilitate regular chlorination or to prevent slight stagnation, leakage problems at reservoirs, unreliable sampling points and possible contamination of random samples not handled by regular samplers.

Water supplies from boreholes are required to be tested every 12 months in the case of domestic premises and every 6 months in the case of food factories. Of 76 supplies tested, 57 were suitable for domestic use after the first test, but 5 remained unfit even following suggested remedial measures. Samples submitted from dairy farms supplying milk to Johannesburg were frequently heavily contaminated with enteric organisms. Following chemical analyses of samples, the majority were found to be satisfactory. Excessively high nitrate content was responsible for most failures on chemical grounds.

All premises in Soweto are now supplied with municipal water, but only 4 710 premises are metered.

Stricter surveillance has been advocated at private swimming pools and pleasure resorts.

Inspection of Plans

During the year 12 214 building plans were examined for compliance with the relevant Building, Drainage and Public Health By-laws. This showed an increase of 1 344 over the number dealt with during 1971. The estimated value of buildings for which plans were approved was R98 291 632.

In the south-western areas 735 plans for improvements to buildings were handled, most of which were approved. In

the Hygiene Control Division 260 plans were inspected.

Slums

Extensive slum action was not taken during the year due to the acute housing shortage for all population groups in the lower income bracket. Presently action is only taken in the case of vacant, derelict and dangerous properties.

The following reflects activities during the year:

Slums -

declared	9
declarations outstanding	181

Demolition permits -

granted	350
refused	42
outstanding	11

Conversions (residential to business premises) -

granted	30
refused	14
outstanding	11.

Excluding premises under the control of Government Departments and the Transvaal Provincial Administration, a total of 281 were demolished and 13 converted.

Pest Control

Prior to February 1972 there were 2 pest control sections in operation. Thereafter the sections were combined to form one unit and are now accommodated in the new depot at Langlaagte where facilities are provided for storage, maintenance of equipment and vehicles, and a display of samples of rodents and insects.

Routine rodent surveys were carried out throughout the municipal area and action taken where needed. All specimens of rodents and batches of fleas were negative on examination

for the presence of *pasteurella pestis* and rickettsial diseases. Anti-rodent measures were carried out over a large veld area as far as the boundaries of Roodepoort, Alberton and Germiston, including the Rand Airport. A sharp increase in the gerbille activity in this area was noted towards the end of July, but anti-rodent measures proved effective. All the watercourses, vleis and dams in the newly incorporated south and south-western areas were surveyed and mapped. Routine spraying for the control of mosquitoes was continued. Batches of mosquitoes submitted were identified. Snails examined showed no signs of bilharzia infection. Numerous swarms of bees were eradicated on municipal property. The annual fogging of sewers and storm water drains for the destruction of cockroaches was done in May to July.

1 721,2 kg and 10 222,4 l of insecticides, poisons, etc. were used during the year. In addition 946,6 l of petrol and 62 l of oil were consumed in the generation of carbon monoxide gas for the gassing of gerbille burrows.

Refuse Removal

Indiscriminate disposal of waste material on vacant stands, sidewalks and open spaces continues in spite of special facilities provided and time-consuming efforts made by the health inspectorate. Illegal Black street vendors create so much litter in the vicinity of railway stations and bus stops that legal enforcement of control measures has become essential. An anti-litter campaign was directed at pupils in the south-western primary schools. Talks were given to 25 212 pupils in 65 schools. Six hundred derelict motor vehicles in the south-western areas were removed but this major nuisance has still only been partly controlled.

A total of 482 583 tons of refuse was removed by the City Engineer's Department to destructor and tipping sites and 760 871 tons by private transport supplied by commercial and industrial organisations. The average length of streets swept daily was 2 073 km.

Controlled tipping sites have been well supervised. One composting site was well maintained but the other showed evidence of rodent harbourage and mosquito breeding. Conditions at the Lenasia refuse tip, situated about 5 km outside the municipal area, were found to be unsatisfactory.

Satisfactory control has been maintained over race horses. Complaints have decreased in respect of fly breeding.

Public Conveniences

No new public conveniences were built, as those planned were affected by the curtailment of the Braamfontein and Hillbrow parking garage schemes.

Sewage Disposal

Construction of the municipal sewer is progressing well in the Glenanda to Kibler Park region where full sewage in some and part sewage in other townships has been provided. Out of 58 soil porosity tests, 26 have been found satisfactory for french drains.

In the south-west all premises are now connected to sewer with the exception of old Pimville where the Council's night soil service is still provided. Pail services rendered have decreased to 225 per night in the metropolitan area.

The following table represents the average daily flow of sewage:

	Mℓ
Northern Works	131,0
Klipspruit	116,9
Olifantsvlei	99,6
Palmietfontein	8,7
TOTAL	<u>356,2 Mℓ</u>

Some samples of effluents from the sewage purification works were tested weekly and river samples from the receiving waters once a month. Unannounced checks were also carried out by officials of both the Rand Water Board and the Department of Water Affairs.

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

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SECTION XI LABORATORY AND TECHNICAL SERVICES

The Laboratory and Technical Services Branch provides a scientific, technical consultative and laboratory service to Council departments. It continues to staff laboratories situated in the Gas, Electricity, Non-European Affairs and City Engineer's Departments and also assists many other departments in investigating the various problems that arise from time to time.

In June 1972 the old Cydna Laboratory, constructed nearly 40 years ago to assist in finding solutions to the many difficulties that were expected to arise with the extension of the waterborne sewage system to cover the whole city, was handed over to the Parks and Recreation Department for use as a recreation centre. The new Laboratory equipped with modern instruments is a three-storey air-conditioned building erected at a cost of approximately R400 000.

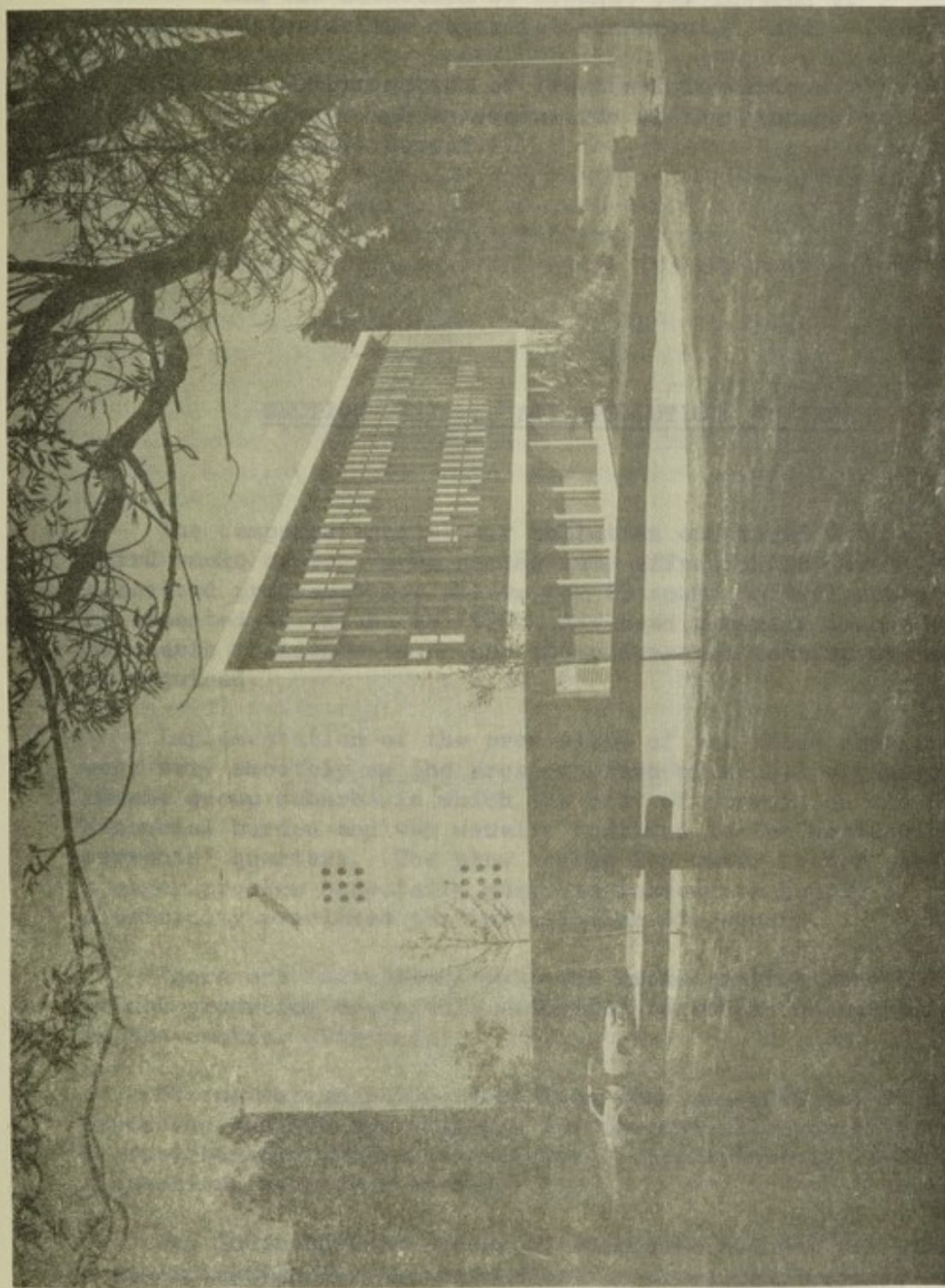
Towards the end of the year it was possible to provide laboratory accommodation for a Cytotechnician undertaking the cytological examination of PAP smears submitted by the family health service of the Department.

In the Microbiological Division an additional Laboratory Assistant engaged in May 1972 was seconded to the Bantu Beer Brewery for the express purpose of providing microbiological control of the raw materials used and of the final product, together with ensuring a high standard of plant hygiene and preparing of inoculation cultures. A microbiological laboratory is being set up on the Brewery premises.

The total number of samples handled for microbiological analyses has increased by about 10% in the past year and in addition several special investigations were carried out.

Tests for adulteration of the milk supply by means of added water have been resumed, and at the Abattoir Laboratory milk samples are also examined for evidence of tuberculosis, brucellosis, mastitis as well as the presence of antibiotic residues.

In the Analytical Chemistry Division the rationalisation of services and the installation and commissioning of fairly sophisticated and expensive equipment became possible with the occupation of the new central Laboratory building. The work of the Division is extremely varied and covers a very wide spectrum of the Council's activities. Special investigations with a public health bias were:



The new Cydna Laboratory

1. the examination of a large number of sherbets and the detection of coconut oil instead of butter as the major fat component, and
2. the determination of Vitamin C in various beverages and an evaluation of the storage stability thereof.

* * *

SECTION XII AIR POLLUTION CONTROL

The campaign against air pollution continued with a third smoke control zone coming into effect on 28 March 1972. A revised programme now allows for 15 smoke control zones and is expected to extend to 1979. Advanced planning is needed to enable residents to change their domestic heating systems if required.

Implementation of the provisions of the third zone order went very smoothly as the area consists of relatively high income group suburbs in which the cost of conversion was no financial burden and was usually confined to the heating of servants' quarters. The slow combustion water heater posed a major problem especially where an inadequate supply of electricity precluded the installation of geysers.

There are indications that the smoke control zone policy is now producing measurable reduction in smoke concentrations in the central city area.

During the year 555 complaints were attended to, 93 plans processed and 190 applications for the installation or alteration of fuel burning appliances received. Approximately 12 000 major inspections were carried out.

The South African Bureau of Standards has not yet produced a specification for the "smokeless" coal burning cooking stove but it is considered that most of those obtainable will be acceptable. The Non-European Affairs Department has agreed to establish permanent exhibition centres at suitable spots in Soweto where a variety of stoves can be seen and demonstrated to the Blacks.

In regard to the emission of fumes by diesel-engined vehicles, suggestions were made to the Hon. the Minister of Health in connection with the practical difficulties of implementing the unwieldy administrative procedures contained in the Atmospheric Pollution Prevention Act of 1965. During the year approximately 1 750 notices, as well as 550 warning notices, were issued requiring vehicles to be submitted for further examination in regard to excessive smoke emission. Many vehicles were not submitted and a number were found to be incapable of meeting requirements, but, as the campaign was in the experimental stage, no owners were prosecuted.

The sulphur dioxide monitor, moved from Fordsburg to Tladi in Soweto, showed the highest levels as yet recorded in the municipal area.

Intensive practical training for students, in-service training, numerous lectures and talks were given and papers delivered.

SECTION XIII NOISE CONTROL

Administration

The city's noise abatement programme continued to be guided by the Noise Abatement Committee. Some re-alignment of the various sub-committees was necessary and these were redesignated 'Specialist Working Groups'.

Staff

The staff position improved considerably during the year with the appointment of an Assistant Noise Control Officer and a further two Inspectors.

New inspectorate staff were able to attend a course at the Witwatersrand College for Advanced Technical Education aimed at training personnel in the field of hearing conservation.

Additional departmental training is however still necessary and it is hoped to arrange this by providing a series of lectures given by specialists in their own particular field. Members of staff from neighbouring local authorities who are likely to be taking an active interest in noise control in the future have been invited to attend this tutorial programme.

Legislation

The first draft of proposed by-laws to assist in the noise abatement programme has been prepared.

The City Council was represented on the Committee appointed by the South African Bureau of Standards to draft a set of uniform by-laws for controlling noise in cities throughout the Republic.

Modifications to the Building and Cinematograph By-laws became effective during the year and it was possible to limit the hours of working on building sites as a means of noise control. Failure of motorised ice cream vendors to moderate their musical call sign has led to consideration being given to the total banning of this form of advertisement.

In future authorised noise control officials will be permitted to ticket offenders.

Technical Developments

Recommendations have been made for the development of a system for translating analogue noise data into digital form and thence into arithmetic units. It is envisaged that portable analysing and transmitting equipment would be placed at sites where urgently required data on the noise climate was required, then be rapidly radioed back to a central receiving station, where it would be immediately analysed and recorded.

The Noise Control Division, in collaboration with other consultative bodies, has embarked upon a detailed study of the acoustics of the City Hall with a view to making recommendations for improvement.

Publicity

The Division continued to enjoy good press and radio coverage and received constant requests for its audio-visual lectures to be shown to a variety of organisations. It is intended to produce two further lectures entitled "Zoning for Noise" and "Man's Reaction to Noise". Some consideration has also been given to converting all these slide lectures to 16 mm sound film presentation. Arrangements were also made for their showing to the Transvaal Provincial Council.

Representations have been made to the South African Property Owners' Association and Exbou for two demonstration flats to be erected in the latter organisation's new premises in Fairview. One flat would be designed to minimise noise intrusion and would incorporate, amongst other items, double glazing and forced ventilation. For comparison purposes no special treatment would be given to the other model flat.

On 28 November 1972 the Council agreed to convert portions of Eloff Street into a pedestrian mall for certain periods of the day and this innovation should provide useful information regarding noise abatement in the central area.

Work is still continuing on the drafting of a booklet designed to tell the man in the street how to minimise noise intrusion into his residence or office accommodation.

Traffic Noise

With the proposed introduction of legislation to control power to mass ratios of motor vehicles, some concern has become evident that these measures may lead to increased noise emissions from motor vehicles. The South African Bureau of Standards, in collaboration with the National Automobile Manufacturers of South Africa and using the Council's Vehicle Testing Station at Langlaagte, therefore embarked on a comprehensive campaign designed to test noise emissions of some 500 new commercial vehicles, about 200 new passenger vehicles and finally about 200 new motor cycles. The results of these tests have been made available to the City Council on a confidential basis and will also be used in a critical review of the relevant S.A.B.S. code for motor vehicle noise.

At regular intervals throughout the year the co-operation of the Traffic Department was enlisted in carrying out campaigns to prosecute owners of noisy vehicles. During the year the

Council also approved of all members of the Noise Abatement Committee and City Councillors becoming honorary noise wardens who would report on excessively noisy vehicles.

Aircraft Landing Sites

In collaboration with other controlling authorities, various guidelines have been worked out regarding the handling of applications for the establishment of both heliports and private landing strips for light aircraft.

Liaison with Council Departments

The Division has actively co-operated with other Council departments in the general approach to noise abatement. In particular, the consideration of licences for trade premises and the "consent use of land" has formed a large portion of the Division's work.

Every endeavour has been made to spread the message of noise abatement to all departments and the fruits of this effort are now starting to show themselves in the gradual appearance of noise limiting clauses in tenders for the purchase of equipment.

Shortages of staff have precluded more than cursory consideration being given to the critical review of building plans submitted for approval, but it is hoped that this situation will improve in the future.

Complaints

The number of complaints handled by the Division has continued to increase and is extremely varied in nature. In the absence of really adequate controlling legislation, a remarkably high rate of success has been achieved in satisfying complainants.

* * *

SECTION XIV HOUSING

Council-owned housing for the White population in Johannesburg is controlled and administered by the Housing Branch of the Department. For Coloureds this is the function of the Coloured and Asian Division of the Clerk of the Council's Department, and for the Blacks it is that of the Non-European Affairs Department. The Department of Community Development has assumed complete responsibility for housing the Asian population and provides some housing for Coloureds.

Whilst the housing situation in regard to Whites is now fairly satisfactory, the same cannot be said of housing for the Coloured and Black population groups.

By 31 December 1972 the Council had provided a total of 6 323 housing units for Coloureds and there were 3 226 families on the Council's waiting list. The Department of Community Development completed 491 housing units in Eldorado Park during the year, consisting of 293 houses and 198 flats. In Lenasia 247 houses were completed.

As at 30 June 1972 the Council had provided 67 701 housing units for Blacks. Approximately 1 000 families were still left in Old Pimville. It is expected that they will all be settled during 1973. A total of 4 428 Black families who qualify for housing was still on the waiting list.

The remainder of this section deals with the housing of Whites in the Council's housing schemes.

Excluding the 5 land selling schemes which are also controlled by the Department, there were 3 962 housing units comprising houses, flats and flatlets for the aged under its control as at 31 December 1972. Included in this total are 337 new units built by the Council during the current year. In its various housing and land selling schemes, the Council has provided housing accommodation for approximately 26 000 individuals in 5 400 families.

By the end of the year the Council had virtually liquidated the backlog in housing for Whites in Johannesburg for the lower and lower-middle income groups. There is no longer a general housing shortage for Whites. However, escalating building and land costs as well as costs of services are now placing Council housing beyond the means of families of low earnings for whom it was intended. Approximately 63% of the families on the waiting list at the end of the year with earnings under R225 per month belonged to this group. The prospect of housing these

families within a reasonable period is poor as they must wait for housing in the Council's older low-rental schemes where the turnover is small.

It was pleasing to note that there has been a slight drop in interest rates on housing loans obtained from the National Housing Commission which has resulted in a drop of approximately R2 per month in rentals of new units now being built.

The Council, for the first time in many years, has a surfeit of high rental housing at the end of the year. The number of vacant flats in the private sector, variously estimated at 4 000 to 7 000, resulted in the dropping of rents. This decreased demand on high rental Council-owned accommodation induced tenants to move to lower rental housing units in the private sector.

Apart from the completion of housing units now under construction, the implementation of new Council letting schemes is not visualised.

(HOUSING STATISTICS FOR WHITES ARE
CONTAINED IN APPENDICES X TO Y)

* * *

SECTION XV SUNDRY SERVICES

Disinfecting Service

The disinfecting service is provided by the Department for many of its own services, the city's private hospitals and nursing homes as well as the public.

Steam autoclaving and ethylene oxide sterilisation are used for purposes of sterilising and disinfecting. Formalin treatment was discontinued. Disinfection of premises and vehicles and deverminisation of individuals were carried out.

The new disinfecting station, incorporating a central sterile supply depot, was completed during the year.

Pharmacy Service

Scheduled medicaments are stored and supplied to clinics by the Pharmacy Division. Poliomyelitis, measles and rubella vaccines are stored and despatched under refrigeration. The State Department of Health supplies materials for the family planning clinics. These are distributed from the dispensary. Certain fluids and ointments are manufactured.

Regular visits by the staff are made to all clinics and the C.M.R. Hospital. Stocks and drug registers are checked. A minimum of habit forming drugs is retained at each clinic but supplies have been removed from all tuberculosis clinics except the 2 main ones at 18 Hoek Street and the chest clinic at the General Hospital.

A total of 180 380 doses of oral poliomyelitis vaccine was issued during the year to clinics and general practitioners and 6 300 000 INAH tablets were packed for the anti-tuberculosis campaign in the schools.

The supply of subsidised skimmed milk powder was temporarily discontinued due to a price disagreement and supply shortage, but supplies will be resumed in January 1973. The total issue of skimmed milk $\frac{1}{4}$ kg packs to the family health service consisted of 205 564 to clinics for Blacks (including 57 868 to the African Children's Feeding Scheme), 364 to Whites and 6 751 to Coloureds and Asians.

A total of 193 970 (164 970) packs of full cream milk was issued at family health and tuberculosis clinics.

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; and the listing and control of midwives. There is close collaboration with members of the Promotive Hygiene Division of the health inspectorate in dealing with certain aspects of the work. Investigations into the occurrence of hospital sepsis are often carried out at the request of private hospital authorities.

The 25 licensed nursing homes including 4 maternity homes have 2 500 beds of which 222 are in the maternity homes.

LIST OF APPENDICES

A considerable amount of time was spent with architects and prospective clients seeking advice on unattached operating theatre units.

The city has 46 institutions for the aged, accommodating 2 924 (2 814) persons and providing 798 beds for the frail and sick as well as 2 130 for ambulatory persons. The overall numbers increased by just more than 100 this year.

Control is now exercised over 20 institutions for the socially inadequate and handicapped as well as institutions for unmarried mothers.

Midwives are subject to control by regulations in the Public Health Act. Ante-natal clinics in Soweto were visited on 116 (209) occasions. A midwifery service for Coloureds and Asians in the recently incorporated southern areas remains a pressing need.

Library Service

The library is one of 3 specialised libraries within the City Council, i.e. the Law Library in the Clerk of the Council's Department, the City Engineer's Department and this Department. The librarian has been seconded from the central municipal library and provides invaluable service to staff members of all sections especially when they need information and material urgently. Much assistance is also provided to individuals working on research projects.

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

* * *

In conclusion, I wish to express my sincere thanks to the Chairmen and members of the Management and Health and Amenities Committees for sympathetic consideration of problems submitted to them, to His Worship the Mayor and the Councillors, to the Town Clerk, all heads and members of other municipal departments, the Secretary for Health and the Regional Director of the State Department of Health, the Director of Hospital Services and his staff, and the personnel of the South African Institute for Medical Research for courtesy and assistance extended to the Department at all times.

Grateful thanks are also expressed to representatives of the Press and the South African Broadcasting Corporation for their part in imparting information to the public and their close co-operation on all health matters. Excellent liaison has also been possible with many other organisations throughout the year.

Finally, sincere thanks are extended to all members of the staff of the Department for their outstanding loyalty and conscientious performance of duties in the interest of the Council and the community.

ALEXANDER H. SMITH,
M.B., Ch.B., D.P.H., D.T.M. & H.,
F.R.S.H., F.I.P.H. (LIFE)

MEDICAL OFFICER OF HEALTH

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

LIST OF APPENDICES

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* * *

HEALTH AND AMENITIES COMMITTEE

COUNCILLORS:	M. Sklaar	(Chairman)
	Dr. A.D. Bensusan	(Deputy Chairman)
	Dr. S. Browde	(from 1 March 1972)
	A.P.J. de Klerk, J.P.	(from 26 September 1972)
	Brig. J.T. Durrant	
	W.C.J.B. du Toit	(to 29 February 1972)
	Alec Gorshel, J.P.	(to 29 February 1972)
	R.D. Janit	(from 1 March 1972)
	E.J. Kretzmer	(from 1 March 1972)
	Prof. H.L. Krige	(to 29 February 1972)
	C.A. Long	(from 1 March 1972)
	I. Myers	
	D.J. Neppe	(from 1 March 1972)
	Dr. J.S. Otto	
	J.A. Powell	(from 1 March 1972)
	C.J. Ross-Spencer	(to 29 February 1972)
	H.M.J. van Rensburg	(to 29 February 1972)

* * *

MEDICAL OFFICER OF HEALTH: A.H. Smith,
M.B., Ch.B., D.P.H., D.T.M. & H.,
F.R.S.H., F.I.P.H. (LIFE)

DEPUTY MEDICAL OFFICER OF
HEALTH (to 31 May 1972): I.W.F. Spencer,
M.B., B.Ch., M.D., D.P.H.,
D.T.M. & H., F.R.S.H.

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

Senior Health Inspectors: T.H. Stewart,
M.B., B.Ch., D.P.H.

Learner Health Inspectors: S. Johnson,
Inspectors (Pest Control): M.B., Ch.B., D.P.H.

Assistant Inspector (Pest Control):

Overseers (Pest Control): * * *

Senior Inspector (Air Pollution Control):

Inspectors (Air Pollution Control):

Inspectors (Industrial Effluents):

STAFF ESTABLISHMENT AT 31 DECEMBER 1972

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 Officer/Senior Medical Officer	1
Medical Officers (White, Asian, Black and Coloured)	52
Senior Dental Officer	1
Dental Officers (White, Asian, Black and Coloured)	6
Chief Scientific Officer	1
Assistant Chief Scientific Officer	1
Scientific Officers	20
Laboratory Assistants	15
Noise Control Officer	1
Assistant Noise Control Officer	1
Inspectors (Noise Control)	3
Chief Pharmacist	1
Pharmacists	2
Chief Health Inspector	1
Assistant Chief Health Inspectors	2
Divisional Health Inspectors	6
Senior Health Inspectors	14
Health Inspectors	73
Learner Health Inspectors	21
Inspectors (Pest Control)	2
Assistant Inspector (Pest Control)	1
Overseers (Pest Control)	26
Senior Inspector (Air Pollution Control)	1
Inspectors (Air Pollution Control)	10
Inspectors (Industrial Effluents)	3

APPENDIX B

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
Nursing Sisters (Medical Examination Centre)	.. .. .	2
Clinic Attendants	.. .. .	8
Radiographers	.. .. .	3
Technical Assistants (Radiography)	.. .. .	5
Technician (Laboratory)	.. .. .	1
Technical Assistant (Laboratory)	.. .. .	1
Technician (Health Education)	.. .. .	1
Sampler (Water and Milk)	.. .. .	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
Supervisors (Maintenance)	.. .. .	2
Senior Housing Supervisors	.. .. .	2
Housing Allocation Officers	.. .. .	2
Housing Assistants	.. .. .	23
District Housing Supervisors	.. .. .	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

Canvassers (Tuberculosis Control)	7
Superintendent (Transport and Disinfecting) ..	1
Supervisor (Transport and Disinfecting)	1
Disinfectors	4
Staff Chargehand - Garage	1
Mechanics	5
Driver	1
Supervisors (Rest Rooms and Public Conveniences)	2
Attendants (Rest Rooms and Public Conveniences)	55
Chief Administrative Officer	1
Administrative Officers	2
Principal Administrative Assistants	4
Senior Administrative Assistants	3
Administrative Assistants	11
Senior Recorder	2
Recorders	3
Records Officer	1
Records Assistants/Senior Records Assistants ..	3
Woman Assistants (Clerical)	31
Secretaries and Typists	17
Telephonists	2
	<hr/>
	637

Supervising Health Inspectors (Black)	2
Health Inspectors (Black)	20
Health Inspectors (Coloured)	4
Health Inspectors (Asian)	2
Health Visitors (Black)	38
Learner Health Visitors (Black)	6
Health Visitors (Asian)	2
Health Visitors (Coloured)	9
Matron (Black)	1

APPENDIX B

Night Superintendent (Black)	..	..	..	..	..	1
Senior Sisters (Black)	..	..	..	..	..	5
Senior Midwives (Black)	..	..	..	..	..	2
Sister (Coloured/Asian)	..	..	..	..	..	1
Nursing Sisters (Black)	..	..	..	..	..	287
Nursing Sisters (Coloured)	..	..	..	..	..	20
Nursing Sister (Asian)	..	..	..	..	..	1
Dentist's Assistants (Black)	..	..	..	..	..	9
Orderlies (Clinic, Hospital, Medical and X-ray) (Black)	..	..	..	..	..	14
Orderlies (Clinic) (Female)	..	..	..	..	..	2
Clinic Assistants (Black)	..	..	..	..	..	61
Clinic Assistants (Coloured)	..	..	..	..	..	5
Radiographers (Black)	..	..	..	..	..	2
Radiographers/ Technical Assistants (Black)	..	..	..	..	..	2
Darkroom Assistants (Black)	..	..	..	..	..	3
Driver/Darkroom Assistant (Coloured)	..	..	..	..	..	1
Assistant Inspectresses of Children's Institutions	..	..	..	..	..	4
Assistant Supervisors (Nursery Schools) (Black) ..	..	..	..	..	..	11
Clerks and Recorders (Black)	..	..	..	..	..	72
Clerks (Female) (Black)	..	..	..	..	..	2
Printing Machine Operator (Black)	..	..	..	..	..	1
Clerks (Coloured)	..	..	..	..	..	4
Clerk (Female) (Asian)	..	..	..	..	..	1
Clerks (Female) (Coloured)	..	..	..	..	..	3
Driver/Recorders (Black)	..	..	..	..	..	5
Drivers (Tuberculosis Service)	..	..	..	..	..	2
Driver (Mobile X-ray Unit)	..	..	..	..	..	1
Typist/Clerks (Black)	..	..	..	..	..	2
Drivers (Black)	..	..	..	..	..	44
Supervisors (Black)	..	..	..	..	..	12
Boiler Demonstrators (Black)	..	..	..	..	..	6
Cooks (Black)	..	..	..	..	..	2
Public Convenience and Rest Room Attendants (Black)	..	..	..	..	..	128

Messengers, Nightwatchmen, Labourers, etc.	
(Black)	354
Labourers (Coloured)	7
	<hr/>
	1 798

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

* * *

APPENDIX C

FINANCIAL DETAILS

Health Services

	GROSS EXPENDITURE	INCOME	DEFICIT
	R	R	R
1971/72 ..	4 880 940	2 498 519	2 382 421
1970/71 ..	4 429 768	2 183 495	2 246 273

Housing for Whites

	GROSS EXPENDITURE	INCOME	DEFICIT
	R	R	R
1971/72 ..	1 710 432	1 211 434	498 998
1970/71 ..	1 393 960	1 103 399	290 561

Refunds and Subsidies received from Central and
Provincial Governments, included under 'Income'

	CENTRAL	PROVINCIAL	TOTAL
	R	R	R
1971/72 ..	1 476 908	854 884	2 331 792
1970/71 ..	1 217 049	783 549	1 999 598

PRINCIPAL VITAL STATISTICS

	WHITES		COLOURED		ASIANS		BLACKS		ALL RACES	
	1972	1971	1972	1971	1972	1971	1972	1971	1972	1971
Population ..	437 100	431 310	84 000	81 767	43 000	38 622	545 140	556 218	1 109 240	1 107 917
Births (no. of)	9 163	9 859	2 980	3 229	1 420	1 281	20 345	18 554	33 908	29 394
Birth rate (%)	20,96	22,86	35,48	39,49	33,02	33,17	37,32	33,36	30,57	27,73
Illegitimate births (no. of)	313	289	800	867	78	62	10 811	9 724	12 002	10 942
Illegitimate birth rate (%)	3,42	2,93	26,85	26,85	5,49	4,84	53,14	52,41	35,39	30,29
Births (no. of)	9 642	10 042	2 611	2 470	1 529	1 351	20 404	20 144	34 186	34 007
Birth rate (%)	22,06	23,28	31,08	30,21	35,56	34,98	37,43	36,22	30,73	30,69
Deaths (no. of)	*4 349	3 582	*1 002	934	*289	290	6 586	6 664	*12 226	11 237
Death rate (%)	-	8,30	-	11,42	-	7,51	12,08	11,98	-	10,47
Infantile deaths (no. of)	+	181	+	200	+	46	1 240	1 369	+	1 879
Infantile mortality rate (%)	+	18,36	+	61,94	+	35,91	60,95	73,78	+	63,92
Maternal deaths	+	3	+	nil	+	nil	16	47	+	48
Maternal mortality rate (%)	+	0,30	+	nil	+	nil	0,78	2,53	+	1,60

* Figures do not include the portions of Johannesburg municipality in Germiston and Roodepoort districts (recently incorporated)

Ø Based on registered births

+ Not available

Registered

Notified

APPENDIX E

SUMMARY OF DETAILED LIST OF DISEASES, INJURIES AND
CAUSES OF DEATH : BLACKS

CAUSE OF DEATH	DEATHS	RATE	% OF TOTAL
Infective and Parasitic Diseases	357	0,65	5,42
Neoplasms	402	0,74	6,10
Allergic, Endocrine System, Metabolic and Nutritional Diseases	209	0,38	3,17
Diseases of the Blood and Blood- forming Organs	21	0,04	0,32
Mental, Psychoneurotic and Personality Disorders	3	0,006	0,05
Diseases of the Nervous System and Sense Organs	445	0,82	6,76
Diseases of the Circulatory System	632	1,16	9,60
Diseases of the Respiratory System	657	1,21	9,98
Diseases of the Digestive System	513	0,94	7,79
Diseases of the Genito-urinary System	74	0,14	1,12
Diseases and Complications of Pregnancy, Childbirth and the Puerperium	42	0,08	0,64
Diseases of the Skin and Cellular Tissue	2	0,003	0,03
Diseases of the Bones and Organs of Movement	1	0,002	0,02
Congenital Malformations	33	0,06	0,50
Certain Diseases of Early Infancy	471	0,86	7,15
Symptoms, Senility and Ill-defined Conditions	1 393	2,56	21,15
Alternative Classifications of Accidents, Poisonings and Violence (External Cause)	1 331	2,44	20,21

ATTENDANCES AT CHILD HEALTH CLINICS
(mainly 0 to 2 years of age)

	1972	1971
*Whites	101 253	98 201
Coloureds ..	37 491	35 393
Asians	5 866	4 249
Blacks - in areas for Blacks	118 157)	108 273)ø
in City	12 640) 130 797	9 059) 117 332ø
All population groups	275 407	255 175

* Includes Southern Areas Health Centre project with 465 attendances outside 0 to 2 years age group.

ø Corrected figures, excluding attendances for immunisation.

* * *

MEDICAL EXAMINATIONS AT CHILD HEALTH CLINICS

	1972	1971
Whites	10 469	11 831
Coloureds ..	7 070	7 502
Asians	1 815	1 070
Blacks	12 017	15 906
All population groups	31 376	36 309

* * *

APPENDIX G

MEDICAL EXAMINATION OF CHILDREN IN
PRE-SCHOOL INSTITUTIONS

	1972	1971
Whites	1 548	1 870
Coloureds	225	408
Blacks	2 408	3 095
All population groups	4 181	5 373

* * *

HOME VISITS AND BIRTHS (LIVE AND STILL)
INVESTIGATED BY PUBLIC HEALTH NURSES

	HOME VISITS		BIRTHS INVESTIGATED	
	1972	1971	1972	1971
Whites	37 476	37 286	9 801	9 728
Coloureds	12 084	16 107	3 220	3 492
Asians	2 064	3 082	914	1 285
Blacks -				
in areas for Blacks	84 671		17 193	16 674
in City	4 826		2 149	1 968
	89 497	86 369	19 342	18 642
All population groups	141 121	142 844	33 277	33 147

* * *

CHILD HEALTH CLINICS

	VENUES			TOTAL NO. OF WEEKLY SESSIONS
	HEALTH CENTRES	SUBSIDIARY CLINICS	MOBILE CLINICS	
Whites	1	38	1	49*
Coloureds ..	1	6	1	16
Asians	-	2	-	2
Blacks	2	7	1	41
All population groups	4	53	3	108

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

* * *

FAMILY PLANNING AND CANCER PREVENTION CLINICS

A. FAMILY PLANNING	WHITES		COLOUREDS		ASIANS		BLACKS	
	1972	1971	1972	From Dec 71	From Jan 72	1971	1972	1971
First Visits	651	296	3 195	610	960	-	7 683	7 725
Total Visits	1 729	598	8 061	679	2 831	-	35 104	30 893
No. of individuals -								
attending	1 405	*367	7 473	*508	1 786	-	25 091	*21 511
receiving tablets	635	237	4 272	383	843	-	7 475	6 241
receiving injections	6	nil	1 008	59	78	-	1 925	2 887
using intra-uterine device	429	87	1 697	47	634	-	14 242	11 746
on other contraceptive devices	10	35	125	19	13	-	78	80
No. of intra-uterine devices -								
inserted	339	87	1 224	47	456	-	5 933	6 250
extruded	10	nil	173	nil	64	-	2 144	2 303
re-inserted	4	nil	135	nil	76	-	1 950	2 159
removed	34	14	149	3	85	-	1 083	751
B. CANCER PREVENTION								
No. of cervical smears -								
taken	408	384	975	75	291	-	1 821	1 920
positive	2	1	3	1	nil	-	8	16
	(0,5%)	(0,3%)	(0,3%)	(1,3%)			(0,4%)	(0,8%)
suspicious	14	1	18	1	6	-	82	108
No. of persons referred for medical investigations (excepting for cervical smears)	26	18	204	19	55	-	468	702

* Excluding individuals attending but not on treatment

Ø Individuals referred for further investigation following cervical smear examination

IMMUNISATIONS

A. COMPLETED COURSES	WHITES		COLOURED		ASIANS		BLACKS	
	1972	1971	1972	1971	1972	1971	1972	1971
Diphtheria, Whooping Cough and Tetanus	6 155	6 215	3 289	2 597	1 120	1 127	13 350	12 883
Diphtheria and Tetanus	2 108	1 529	1 858	1 899	962	830	7 040	13 872
Diphtheria only	1	4	nil	nil	nil	nil	4	nil
Boosters	13 043	11 126	4 833	6 052	2 169	3 189	27 662	32 070
Tetanus only	68	15	31	145	nil	nil	11	544
* Vaccinations - Smallpox	16 648	13 276	5 466	8 599	3 266	2 304	70 822	63 001
Poliomyelitis (oral)	11 845	10 372	4 525	4 717	2 254	2 368	33 552	41 715
Measles	17	nil	2 218	2 139	917	1 076	14 360	14 171
Rubella	3 128	3 533	959	1 118	330	458	2 843	3 410
Ø BCG (newborn)	169	72	2 553	2 558	1 240	1 051	16 325	15 593
Other	92	105	7	nil	nil	nil	454	41
B. NUMBER OF PROCEDURES								
* Vaccinations (Smallpox)	16 648	13 276	5 466	8 599	3 266	2 304	70 822	63 001
Poliomyelitis (doses)	36 430	31 146	15 547	16 183	7 484	7 203	129 450	147 382
Injections (including Rabies)	44 570	39 825	23 351	27 851	11 318	10 808	134 381	154 418

* Number of vaccinations performed is tabled in both sections,

i.e. completed courses and number of procedures.

Number of vaccinations of travellers and Black workseekers not included.

Ø BCG of the newborn also shown in Appendix O, i.e. BCG Inoculations.

APPENDIX K

IMMUNISATIONS FOR INTERNATIONAL TRAVEL

PROCEDURES	1972	1971
Smallpox	75 534	77 348
Yellow Fever	12 459	20 491
Typhoid	690	1 044
Cholera	39 202	147 272
Cholera/Typhoid	3 137	1 528
Other	101	329
TOTAL	131 123	248 012

* * *

SUMMARY OF NOTIFIABLE DISEASES OTHER THAN TUBERCULOSIS ACCEPTED AND CONFIRMED

	LOCAL CASES						IMPORTED CASES						GRAND TOTAL	
	W	C	A	B	BM	TOTAL	W	C	A	B	BM	TOTAL	1972	1971
Anthrax						nil						nil	nil	nil
Cerebrospinal Meningitis ..	15	3	1	9	23	51						nil	51	32
Diphtheria		1	1*	5		6	1*			1		2	8	10
Encephalitis	86					86						nil	86	86
Erysipelas						nil						nil	nil	4
Insecticide Poisoning						nil						nil	nil	nil
Lead Poisoning						nil						nil	nil	nil
Leprosy				7	2	9				1		1	10	18
Malaria						nil	21	1	3	21	6	52	52	32
Ophthalmia neonatorum ..	2	1		32		35						nil	35	48
Pemphigus neonatorum ..	2	2	2	3		5						nil	5	8
Poliomyelitis				1*	16	20				9		9	29	22
Puerperal fever						nil						nil	nil	1
Rheumatic fever	4	12	2	1		19						nil	19	27
Scarlet fever	72	1		2		75						nil	75	187
Smallpox						nil						nil	nil	nil
Tetanus						nil						nil	nil	2
Trachoma				2		2						nil	2	2
Trypanosomiasis						nil						1	1	nil
Typhoid fever	1*	12	5	1*	13	31	1*			2*	5	7	38	39
Typhus (murine)						nil	2					nil	nil	nil
Viral hepatitis	143	4	5	1*	55	208						nil	208	211
TOTAL	1*336	29	11	4*145	26	547	2*25	1	3	2*37	6	72	619	729

W = WHITE C = COLOURED A = ASIAN B = BLACKS BM = BLACK MINeworkERS
* DEATHS

APPENDIX M

ATTENDANCES AT VENEREAL DISEASES CLINICS

POPULATION GROUPS		GONORRHOEA		SYPHILIS		OTHER		TOTAL		GRAND TOTAL
		FIRST VISIT	RE-VISIT	FIRST VISIT	RE-VISIT	FIRST VISIT	RE-VISIT	FIRST VISIT	RE-VISIT	
Whites	.. .. .	275	365	107	243	141	68	523	676	1 199
Coloureds	.. .. .	145	51	160	151	1	1	306	203	509
Blacks	Clinics	1 673	1 605	2 122	1 425	570	375	4 365	3 405	7 770
	Bantu Registration Examination Centre	1 703	nil	1 748	1 798	612	nil	4 063	1 798	5 861
	Non-White Hospital Clinic *	55	72	637	1 104	100	77	792	1 253	2 045
	Total	3 431	1 677	4 507	4 327	1 282	452	9 220	6 456	15 676
All Groups	.. .. .	3 851	2 093	4 774	4 721	1 424	521	10 049	7 335	17 384

* Not classified according to population groups, but mainly attended by Blacks.

ANNUAL INCIDENCE OF TUBERCULOSIS AND DEATHS
PER 100 000 POPULATION

	INCIDENCE				DEATHS			
	NUMBER		RATE		NUMBER		RATE	
	1972	1971	1972	1971	1972	1971	1972	1971
A. PULMONARY								
Whites	82	96	*	22	*	11	*	2
Coloureds ..	191	212	*	259	*	12	*	14
Asians	25	39	*	136	*	nil	*	nil
Blacks (Mine)	36	78	468	600	6	3	78	23
Blacks (Other)	2 724	2 894	507	533	198	150	36	27
All races ..	3 058	3 319	*	299	*	176	*	15
B. NON-PULMONARY								
Whites	5	7	*	1	*	3	*	0,6
Coloureds ..	2	8	*	9	*	2	*	2
Asians	3	2	*	5	*	1	*	2
Blacks (Mine)	nil	3	nil	23	6	4	78	30
Blacks (Other)	40	53	74	9	89	52	16	9
All races ..	50	73	*	6	*	62	*	5
C. ALL FORMS								
Whites	87	103	*	23	*	14	*	3
Coloureds ..	193	220	*	269	*	14	*	17
Asians	28	41	*	106	*	1	*	2
Blacks (Mine)	36	81	468	623	12	7	15	53
Blacks (Other)	2 764	2 947	520	542	287	202	53	37
All races ..	3 108	3 392	*	306	*	238	*	21

* Not available

* * *

APPENDIX O

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	Blacks	providing	16 sessions weekly

17 for all population groups providing 24 sessions weekly

* * *

HOME VISITS BY TUBERCULOSIS STAFF

	PUBLIC HEALTH NURSES		DOMICILIARY SISTERS	
	1972	1971	1972	1971
Whites	322	395	750	1 079
Coloureds	121	394	6 881	7 977
Asians	44	158	1 855	2 155
Blacks	5 062	4 610	33 548	44 611
All population groups	5 549	5 557	43 034	55 822

* * *

BCG INOCULATIONS

	1972			1971		
	BCG OF NEWBORN	OTHER	TOTAL	BCG OF NEWBORN	OTHER	TOTAL
Whites	169	973	1 142	72	2 520	2 592
Coloureds	2 553	8 747	11 300	2 558	7 132	9 690
Asians	1 240	2 277	3 517	1 051	2 655	3 706
Blacks	16 325	56 143	72 468	15 593	42 167	57 760
All population groups	20 287	68 140	88 427	19 274	54 474	73 748

* * *

TUBERCULOSIS CASES RECEIVING DOMICILIARY AND OUT-PATIENT TREATMENT

	AT 1.1.72	AT 1.1.71	PUT ON		TAKEN OFF		AT 31.12.72	AT 31.12.71
			1972	1971	1972	1971		
Whites	269	218	105	111	101	60	273	269
Coloureds	962	941	231	284	279	263	919	962
Asians	184	173	36	47	66	36	150	184
Blacks	9 066	8 668	3 594	4 035	3 916	3 637	8 745	9 066
All population groups	10 481	10 000	3 966	4 477	4 362	3 996	10 087	10 481

HOSPITALISATION OF TUBERCULOSIS CASES

	AT 1.1.72	AT 1.1.71	ADMITTED		DISCHARGED		AT 31.12.72	AT 31.12.71
			1972	1971	1972	1971		
Whites	13	11	33	52	42	50	6	13
Asians, Blacks and Coloureds ..	767	811	2 149	2 573	2 181	2 620	991	767
All population groups	780	822	2 182	2 625	2 223	2 670	997	780

* * *

ATTENDANCES AT TUBERCULOSIS CLINICS

	CASES		CONTACTS		SUSPECTS		TOTAL		GRAND TOTAL
	FIRST VISIT	RE-VISIT	FIRST VISIT	RE-VISIT	FIRST VISIT	RE-VISIT	FIRST VISIT	RE-VISIT	
<u>1972</u>									
Whites	112	2 255	1 279	2 805	1 147	1 069	2 538	6 097	8 635
Coloureds ..	93	19 744	311	3 483	1 919	1 047	2 323	24 274	26 597
Asians	17	2 530	233	67	477	51	727	2 648	3 375
Blacks	2 081	141 269	10 079	20 829	4 577	3 560	16 737	165 658	182 395
All population groups	2 303	165 798	11 902	27 184	8 120	5 727	22 325	198 677	221 002
<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
Blacks	2 804	150 458	12 490	40 095	3 529	2 699	18 823	193 252	212 075
All population groups	3 023	173 216	14 924	49 173	7 262	4 376	25 209	226 765	251 974

* * *

CURATIVE AND MIDWIFERY SERVICES IN AREAS FOR BLACKS
AND NOORDGESIG CLINIC FOR COLOURED

	1972	1971
Clinic Attendances:		
Medical and surgical ..	461 806	444 222
Ante-natal	57 621	57 514
Post-natal	802	573
TOTAL	520 229	502 309
Home Visits:		
Medical and surgical ..	50 405	62 976
Ante-natal	16 650	15 560
Post-natal	101 572	126 288
TOTAL	168 627	204 824
Confinements attended:		
Deliveries	4 806	4 759
BBA's	2 442	2 629
TOTAL	7 248	7 398

* * *

DENTAL SERVICES FOR BLACKS

	1972	1971
Fillings	2 593	1 437
Scalings	63	93
Extractions	65 671	56 296
No. of patients	53 478	47 627

* * *

APPENDIX S

MEDICAL EXAMINATIONS

A. FOR WHITE MUNICIPAL EMPLOYEES		From 7.7.1972	
<u>Prospective Municipal Employees</u>			
Found eligible for -			
Pension Fund membership		796	
Special membership of the Pension Fund		608	
Work only		41	
Found unfit for work		11	
TOTAL		1 456	
Cases boarded		8	
Other examinations		25	
GRAND TOTAL		1 489	
B. FOR BLACK WORKSEEKERS		1972	1971
Workseekers examined		156 835	168 035
Medically unfit for employment -			
Temporarily		383	543
Permanently		743	564
Food handlers examined		391	246
Number of smallpox vaccinations ..		122 486	128 284
Cases of gonorrhoea found		1 703	1 259
Cases of syphilis found		1 748	1 784

* * *

INSPECTIONS BY HEALTH INSPECTORS

	1972	1971
Various premises	352 077	230 038
Nuisances investigated ..	102 941	96 946
Infectious diseases notified	619	729
Samples and swabs taken ..	9 856	11 100
Food poisoning investigations	4	6
Complaints investigated ..	2 741	2 927

* * *

FOODSTUFFS FOR WHOLESALE AND RETAIL SUPPLIERS CONDEMNED

	1972	1971
	kg	kg
Canned foodstuffs	24 402	31 654
Fresh fruit	nil	13 200
Dressed poultry	3 070	2 624
Fresh fish	nil	15 396
Frozen fish	2 985	nil
Processed meat	45	5 116
Frozen goods	110	6 071
Sundry foodstuffs	2 380	7 186
TOTAL	32 992	81 247

* * *

INSPECTION OF POULTRY AND GAME AT MUNICIPAL MARKET

	INSPECTED	CONDEMNED
Dressed poultry	nil	nil
Game carcasses	1 269	5
Feathered game	2 091	170
Live birds	65 958	780
Live rabbits	10 915	79
Guinea pigs	58	nil

* * *

APPENDIX U

MEAT INSPECTION

	1972	1971
Animals slaughtered -		
Cattle	389 657	357 695
Sheep	1 106 087	1 424 300
Pigs	222 358	205 755
Calves	54 615	54 191
Equines	7 104	6 228
Imported meat (metric tons)	22 920,101	28 955,053
Imported offal (metric tons)	3 140,629	4 133,947
Meat condemned (metric tons)	2 389,713	2 346,753

* * *

DAIRY HERD INSPECTIONS

	1972	1971
Number of herds	1 323	1 368
Number of cattle	118 155	121 451
Bulk samples tested for mastitis	2 241	2 551
Positive mastitis tests ..	318 (14,2%)	335 (13,1%)
Bulk samples tested for brucellosis	2 237	2 432
Positive brucella ring tests	1 572 (70,3%)	1 537 (63,2%)
Positive brucella agglutination tests ..	438 (19,6%)	463 (19,0%)
Bulk samples tested for tuberculosis	2 237	2 456
Positive tuberculosis tests	5 (0,2%)	12 (0,5%)
Samples tested for antibiotics	2 268	2 291
Samples showing inhibitory substances /	59 (2,6%)	65 (2,8%)
Samples containing penicillin	48 (2,1%)	54 (2,4%)

* * *

MAIN CAUSES FOR CONDEMNATION OF MEAT

						1972	1971
						%	%
<u>Cattle</u>							
Pleuritis and/or peritonitis	..					0,18	0,19
Cysticercosis	..	..	..	..		0,17	0,18
Tuberculosis	..	..	..	..		0,14	0,12
Bruising	..	..	..	..		0,10	0,13
Gangrene	..	..	..	..		0,09	0,09
Pneumonia	..	..	..	..		0,06	nil
Pyæmia	..	..	..	..		0,05	nil
Emaciation	..	..	..	..		0,05	nil
Fever	..	..	..	..		0,03	0,06
<u>Sheep</u>							
Pneumonia	..	..	..	..		0,04	0,04
Icterus	..	..	..	..		0,02	0,03
Emaciation	..	..	..	..		0,02	0,05
Fever	..	..	..	..		0,01	0,01
Caseous lymphadenitis	..	..				0,01	0,02
<u>Pigs</u>							
Cysticercosis	..	..	..	..		0,72	1,10
Arthritis	..	..	..	..		0,30	0,34
Gangrene	..	..	..	..		0,20	0,25
Nephritis	..	..	..	..		0,20	nil
Pleuritis and/or peritonitis	..					0,10	0,14
Scrotal sepsis	..	..	..	..		0,10	0,13
Fever	..	..	..	..		0,10	nil
Pyæmia	..	..	..	..		0,10	0,13
<u>Calves</u>							
Emaciation	..	..	..	..		1,01	*
Omphalophlebitis	..	..	..	..		0,59	*
Pneumonia	..	..	..	..		0,59	*
Icterus	..	..	..	..		0,48	*
Paratyphoid	..	..	..	..		0,31	*
<u>Equines</u>							
Melanomata	..	..	..	..		0,28	*
Emaciation	..	..	..	..		0,04	*
Tumours	..	..	..	..		0,04	*

* Not available

APPENDIX W

PEST CONTROL INSPECTIONS

	DISTRICT HEALTH INSPECTORS	PEST CONTROL OVERSEERS
Premises inspected for rodent infestation	4 322	173 696
Anti-rodent measures carried out without notice	1 165	nil
Rodent proofing notices served	922	nil
Re-inspections	2 156	nil
Interviews	343	nil
Premises inspected for demolition	nil	287
Block surveys	nil	5 104
No. of premises treated, including traps	nil	54 769
No. of premises gassed -		
municipal	nil	27 226
private, for demolition purposes (supervision only)	nil	169
Municipal premises treated -		
with T.I.F.A. Machine	nil	71
with other means	nil	123
No. of loose swarms of bees eradicated on municipal premises	nil	210
Specimens sent to S.A.I.M.R. -		
rodents	nil	1 713
fleas (batches)	nil	31
mosquitoes (batches)	nil	26
snails (batches)	nil	8

* * *

RODENTS CAUGHT OR RETRIEVED

Rattus Rattus (Domestic Rat)	12 384
Mastomys (Multimammate Mouse)	58
Tatera (Gerbille)	1 544
Mus Musculus (House Mouse)	3 849
Rhabdomys (Striped Mouse)	242
Otomys (Vlei Rat)	106
Others (Albino)	6
TOTAL	18 189

* * *

HOUSING UNITS FOR WHITES AT 31 DECEMBER 1972

	HOUSES					FLATS				TOTAL UNITS
	2 BR	3 BR	4 BR	TOTAL	BACH	1 BR	2 BR	3 BR	TOTAL	
ECONOMIC ESTATES										
South Hills Selling Scheme	314	418	52	784						384
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			273	158	431	445
Bellavista North		15		15				39	39	54
Bellavista South - 131		6		6		12	42	26	80	86
Bellavista South - 132		9		9		16	46	81	143	152
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		21		21			60	105	165	186
Julius Jeppe Park							30	72	102	102
Klipriviersberg - 119/120/121		9		9		4	4	57	65	74
TOTAL	547	1 177	64	1 788	27	140	599	771	1 537	3 325

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

* * *

APPENDIX Y

HOUSING UNITS FOR WHITES AT 31 DECEMBER 1972

	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 (including flatlets for the aged)</u>												
Jan Hofmeyr ..	92	102		194						20	16	36
Maurice Freeman	48	59	4	111			36	12	48	16	12	28
Pioneer ..	43	45	8	96			18	6	24			
South Hills ..										30	18	48
Vredepark ..										28	8	36
Bellavista ..											16	16
TOTAL ..	183	206	12	401	nil	nil	54	18	72	94	70	164
<u>SUMMARY</u>												
Economic (Appendix X) ..	547	1 177	64	1 788	27	140	599	771	1 537			
Sub-Economic (as above) ..	183	206	12	401			54	18	72	94	70	164
TOTAL ..	730	1 383	76	2 189	27	140	653	789	1 609	94	70	164
												3 325
												637
												3 962

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

* * *

DISINFECTING SERVICE : DISINFECTIONS AND DISINFESTATIONS

	1972	1971
Persons	2 019	2 386
Premises	4	14
Vehicles	2 853	2 279
Articles and bundles of bedding and clothing ..	6 121	4 087
Dressing drums and packs	11 551	6 843

* * *

DISPENSARY SERVICE

YEAR	MANUFACTURED		DISPENSED		
	LIQUIDS	OINTMENTS	LIQUIDS	OINTMENTS	TABLETS
	ℓ	kg	units	units	individual
1972	31 852	2 884	590 949	65 485	27 554 000
1971	35 636	3 051	580 092	57 884	26 926 958

* * *

ISSUES OF MILK POWDER

	SKIMMED MILK POWDER		FULL CREAM MILK POWDER	
	1972	1971	1972	1971
	$\frac{1}{2}$ kg packs	$\frac{1}{2}$ kg packs	$\frac{1}{2}$ kg packs	$\frac{1}{2}$ kg packs
Tuberculosis service ..	91 698	136 139	591	2 916
All child health services ..	212 679*	233 399*	193 379	161 990

* These figures include 57 868 (65 416)
 $\frac{1}{2}$ kg packs issued to the African
 Children's Feeding Scheme.

* * *

APPENDIX AA

CONTROL OF NURSING HOMES AND INSTITUTIONS

	1972	1971
Licensed nursing homes	25	27
Visits to nursing homes	253	294
Charitable institutions and homes for the aged	46	45
Visits to homes for the aged	159	158
Homes for socially inadequate and handicapped persons	20	10
Bacteriological tests (agar plates and swabs submitted to S.A.I.M.R.) ..	344	568

* * *

CONTROL OF MIDWIVES

	1972	1971
Midwives listed -		
Whites	107	103
Coloureds	17	17
Asians	10	13
Blacks	196	193
Inspections -		
Bags	83	95
Registers	588	654
Maternal deaths investigated	83 *	74 ø
Puerperal sepsis cases notified ..	nil	9
Pemphigus neonatorum cases notified	5	10
Ophthalmia neonatorum cases notified	35	40
Of gonococcal origin	8	6

* 80 Blacks ø 69 Blacks

* * *

