Annual report of the Medical Officer of Health / City Council of Pretoria.

CITY COUNCIL OF PRETORIA

FIFTIETH

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

YEAR 1953-1954.

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Introductory Letter.

YOUR WORSHIP THE MAYOR,
and MEMBERS OF THE CITY COUNCIL, PRETORIA.

I have the honour to present the Fiftieth Annual Health Report of the City of Pretoria.

I am very glad to record the progress which has been made in both European and non-European housing.

In European housing a large number of Sub-economic houses were converted into Economic houses and sold to Sub-economic tenants who have progressed into the Economic group. Other new Economic housing schemes have been undertaken, and many of these new houses are now already occupied. All these new schemes, including the conversion schemes, enable the lower income groups to buy houses on the hire purchase system at reasonable monthly payments.

I do feel, however, that we should build still cheaper houses so that even the still lower income groups will be able to purchase houses at a hire purchase figure of about £6 per month. These houses should be so constructed that the owners themselves can improve them, and add to them without much difficulty once they are in occupation.

Great progress has also been made in our Native housing schemes, both at Vlakfontein and at Atteridgeville. The natives are now able to buy a house on the hire purchase system at at approximately £2 11s. 0d. per month. This figure includes water, sanitary services, rubbish removal and health and social services. These schemes are also completely economic.

I hope that we will be able to proceed with our native housing schemes at a pace which will obviate the establishment of "squatter camps".

I regret that no progress has as yet been made in regard to the elimination of the slum conditions existing in the Cape Coloured Areas and the Asiatic Bazaar.

The growth of the City and the increase in population is progressing at a steady and fairly fast rate. We should see to it that all amenities are provided now as the City grows, otherwise it will be very difficult to catch up with requirements and avoid the development of unsatisfactory conditions.

Again throughout the year health conditions have on the whole been satisfactory. There has, however, been a slight increase in the infantile mortality rate. We have taken particular note of this, and amongst other factors our investigations show that the increase is practically entirely amongst the lesser privileged classes who have not been attending our Ante-Natal and Child Welfare Clinics.

I wish to thank you Mr. Mayor, the Chairman of the Health Committee and the Councillors for the assistance and support which they gave me throughout the year. It is indeed gratifying to record that the Councillors took a great interest in the health of the City.

I am also thankful for the help which I received from the Public and the Heads and Sub-Heads of other Departments.

To the staff I am particularly grateful for their efficient, loyal and enthusiastic support.

Again I want to express special thanks to the Press for their very ready help.

H. NELSON,
Medical Officer of Health.

PUBLIC HEALTH COMMITTEE.

Councillor L. J. van den Berg (Chairman).
Councillor D. B. J. J. van Rensburg (Vice-Chairman).
Councillor Mrs. M. M. Curson, M.P.C.
Councillor P. G. C. Blignaut.
Councillor L. R. Bester.
Councillor B. M. van Tonder.
Councillor Mrs. C. P. Visse.

STAFF OF THE PUBLIC HEALTH DEPARTMENT AS AT 30th JUNE, 1954.

H. NELSON, M.A., M.D., Ch.B., B.A.O., D.P.H., D.T.M., F.R.S.I.	Medical Officer of Health
T. LÖTTER, M.B., Ch.B., L.R.C.P. & S., L.R.F.P.S., D.P.H.	Deputy Medical Officer of Health.
A. PIJPER, M.D., D.Sc.	Consulting Pathologist.
J. BARNETSON, M.D., Ch.B., D.T.M. & H. ..	Pathologist (Part-Time).
R. E. W. DICKS, M.B., Ch.B., D.P.H.	Superintendent Infectious Disease Hospital and Medical Officer in charge Venereal Diseases.
A. T. B. H. BODENSTAB, M.B., Ch.B., D.P.H., D.T.M. & H.	Assistant Medical Officer of Health.
M. VERA BUHRMAN, M.B., Ch.B., D.P.H. ..	Medical Officer (Child and Maternal Health).
R. BUCHAN, M.B., Ch.B., D.P.H.	Assistant Medical Officer.
D. B. LEWIS, B.A., M.B., Ch.B.	Assistant Medical Officer.
A. STRATING, M.B., Ch.B., D.P.H., M.Com. (Bestuur en Administrasie).	Assistant Medical Officer.
A. A. E. DE KLERK, M.B., Ch.B.	Assistant Medical Officer (Child and Maternal Health).
W. J. WHEELER, B.V.Sc.	Veterinary Officer (Manager Abattoir).
T. VEENSTRA, B.V.Sc.	Veterinary Officer.
W. G. FUNSTON, Cert. R.S.I., Cert. Meat and Other Foods, Trop.Hyg.	Chief Health Inspector.
A. VELTHUYSEN, Cert. R.S.I.	Assistant Chief Health Inspector.
J. S. R. MARAIS, Cert. R.S.I., Meat and Other Foods, Trop. Hyg.	Assistant Chief Health Inspector.
J. L. COETZEE, Cert. Meat and Other Foods	Assistant Chief Health Inspector (Abattoir).
H. M. DE WAAL, B.Sc. (Appll. & Industr. Chem.) M.S.A., Chem.I., M.Inst., S.P. ..	Chief Chemist and Analyst.
N. P. LE M. NICOLLE, B.Sc., M.S.A., Chem.I., A.M.Inst.S.P.	Assistant Chief Chemist and Analyst.
W. A. LOMBARD, M.Sc., M.S.A., Chem.I. ..	Chemist Grade II.
R. SNYDERS, B.Sc.	Chemist Grade II.
R. E. SKINNER	Laboratory Asst. Grade I.

SUPERVISING HEALTH INSPECTORS.

N. VORSTER, Cert. R.S.I., Meat and Other Foods, Trop. Hyg.
W. SCOTT, Cert. R.S.I., Meat & Other Foods (Abattoir).
R. G. SIEBERT, Cert. R.S.I., Meat & Other Foods, Trop. Hyg.
J. L. PARKIN, Cert. R.S.I., Meat & Other Foods, Trop. Hyg.
F. J. H. STOCKWELL, Cert. R.S.I., Meat & Other Foods, Trop. Hyg.

SENIOR HEALTH INSPECTORS.

O. A. BERGMAN, Cert. R.S.I., Meat & Other Foods, Trop. Hyg.
P. R. Q. WILBRAHAM, Cert. R.S.I., Meat & Other Foods, San. Science, Trop. Hyg.
M. J. C. R. RAUTENBACH, Cert. R.S.I., Meat & Other Foods, Trop. Hyg.
P. T. FURSTENBURG, Cert. R.S.I., Meat & Other Foods, Adv. Knowledge, Trop. Hyg.
T. B. NOTHNAGEL, Cert. R.S.I., Meat & Other Foods, Adv. Knowledge, Trop. Hyg.

HEALTH INSPECTORS.

R. M. DU TOIT, Cert. R.S.I., Meat & Other Foods.
S. M. SCOTT, Cert. R.S.I., Meat & Other Foods.
M. D. NEL, Cert. R.S.I., Meat & Other Foods (Abattoir).
J. C. THERON, Cert. R.S.I., Meat & Other Foods (Abattoir).
T. J. V. D. HEEVER, Cert. R.S.I., Trop. Hyg., Meat & Other Foods.
J. T. GORDON, Cert. R.S.I., Meat & Other Foods, Trop. Hyg.
G. M. DU TOIT, Cert. R.S.I., Meat & Other Foods, Trop. Hyg.
D. S. VAN COLLER, Cert. R.S.I., Meat & Other Foods, Trop. Hyg.
D. S. KOCKS, Cert. R.S.I., Meat & Other Foods, Trop. Hyg.
C. M. TALJAARD, B.Sc., Hygiene R.S.I., Meat & Other Foods.
P. L. R. VAN HEERDEN, Cert. R.S.I., Meat & Other Foods.
J. J. PIENAAR, Cert. R.S.I., Meat & Other Foods, B.A.
A. J. COETZEE, Cert. R.S.I., Meat & Other Fooods.
J. H. LEACH, Cert. R.S.I., Meat & Other Foods, Trop. Hyg.
J. KRUGER, Cert. R.S.I., Meat & Other Foods, Trop. Hyg.
E. C. KUNITZ, Cert. R.S.I., Meat and Other Foods, Trop. Hyg.
A. C. ENGELBRECHT, Cert. R.S.I., Trop. Hyg., Meat & Other Foods.
D. J. R. HATTINGH, Cert. R.S.I., Trop. Hyg., Meat & Other Foods.
F. K. VERDOORN, Cert. R.S.I.
H. MELLETT, Cert. R.S.I., Meat & Other Foods.
G. VAN LOGGERENBERG, Cert. R.S.I.
C. J. SMITH, Cert. R.S.I.
S. J. GOUWS, Cert. R.S.I., Meat & Other Foods.
P. J. DU TOIT, Cert. R.S.I.

CLERICAL STAFF.

Administrative Officer:

R. BLOEMINK, Cert. R.S.I., Meat & Other Foods, Trop. Hyg., Adv. Knowledge.

Chief Clerk:

G. W. CLUBB, Cert. R.S.I., Meat & Other Foods.

Senior Clerk:

J. A. CHANDLER.

Junior Clerks:

J. C. MYBURGH, D. L. WILCOCKS, B. C POTGIETER.

Records Clerks:

Miss M. M. ADENDORFF, Mrs. E. H. E. OPPERMAN.

Typists:

D. R. WELTHAGEN, M. E. J. THOMSON, S. A. VLOK, G. H. VLIELAND, M. J. TOERIEN, B. J. BRINK.

EUROPEAN HOUSING.

Administrative Officer:

E. J. JAMMINE, B.A. (Social Science), Cert. R.S.I., Meat & Other Foods, Adv. Knowledge, Trop. Hyg.

Housing Manager: Miss G. F. PIENAAR, Lower Secondary Teachers' Cert., University of Cape Town, R.S.I., Cert. of Competency for Housing Managers (Octavia Hill Training).

Asst. Housing Manager: Mrs. W. A. BRYANT, B.A. (Social Science), Cert. of Competency for Housing Managers (Octavia Hill Training).

Miss M. M. SMIT, B.Sc., Cert. of Competency for Housing Managers (Octavia Hill Training).

Asst. Housing Manager: E. G. VAN DER MERWE, Dipl. in Social Science.

Housing Assistant: Mrs. E. H. M. MYBURGH, B.A. (Social Science).

Clerk: Mrs. R. WEBB.

Typist: Mrs. E. M. ROUX.

Caretaker/Handyman: S. F. HOLDER.

Handyman: I. D. LOTTER.

Assistant Caretaker-Fumigator: G. J. ELLIS.

LABORATORY ASSISTANT.

J. A. BEZUIDENHOUT.

DISINFECTING OFFICER.

V. J. BESTER.

RODENT AND MOSQUITO ERADICATORS.

J. P. SCHOLTZ, A. J. VLOK, B. HATTINGH, J. B. VAN WEZEL, L. J. DE LANGE.

HEALTH VISITORS.

G. S. J. PRETORIUS (Senior), Cert. S.A. Medical Council (Gen. & Midwif.), Cert. R.S.I. Health Visitor and School Nurse, Mothercraft.

E. W. MURRAY, Cert. S.A. Medical Council (Gen. & Midwif.), Cert. R.S.I. Health Inspector, Cert. R.S.I. Health Visitor and School Nurse, Mothercraft.

A. S. SCHULTZ, Cert. S.A. Medical Council (Gen. & Midwif.), Cert. R.S.I. Health Visitor and School Nurse

D. H. BRONKHORST, Cert. S.A. Medical Council (Gen. & Midwif.), Cert. R.S.I. Health Visitor and School Nurse, Mothercraft

I. L. KOCKOTT, Cert. S.A. Medical Council (Gen. & Midwif.), Cert. R.S.I. Health Visitor and School Nurse, Mothercraft.

J. WINKEL, Health Visitors' Certificate (Holland), Social Workers Diploma (Holland), Nursing Diploma (Holland).

S. M. STOLTZ, Cert. S.A. Medical Council (Gen. & Midwif.), Cert. R.S.I. Health Visitor and School Nurse, Mothercraft

H. M. E. VAN DER MERWE, Midwifery Cert., Mothercraft Cert.

H. C. FICK, Cert. S.A. Medical Council (Gen. & Midwif.), Florence Nightingale Foundation Council Diploma for Public Health, Social Services and Hospital and Training School Administration, Mothercraft.

W. J. VOLSCHENK, Cert. S.A. Medical Council (Gen.) Cert. R.S.I. Health Visitor and School Nurse.

C. E. VAN NIEKERK, Cert. S.A. Medical Council (Gen. & Midwif.), Cert. R.S.I. Health Visitor and School Nurse, Mothercraft.

V. J. LOYNES, Cert. S.A. Medical Council (Gen. & Midwif.), Cert. R.S.I. Health Visitor and School Nurse, Mothercraft

S. J. DE VILLIERS, Cert. S.A. Medical Council (Gen. & Midwif.), Mothercraft, Cert. R.S.I. Health Visitors and School Nurses.

Z. VERMAAK, Cert. S.A. Medical Council (Gen. & Midwif.), Health Visitor and School Nurses' Cert.

P. M. McGEER, S.A. Medical Council (Gen. & Midwif.), Cert R.S.I. Health Visitor and School Nurse, Mothercraft.

M. S. MINNAAR, S.A. Medical Council (Gen. & Midwif.), Cert. R.R.I. Health Visitor and School Nurse, Mothercraft.

H. T. SMIT, S.A. Medical Council (Gen. & Midwif.).

C. S. GOOSEN, S.A. Medical Council (Gen. & Midwif.), Cert. R.S.I. Health Visitors School Nurse.

NON-EUROPEAN NURSES.

SALMINA HUMA, Cert. S.A. Medical Council (Gen. & Midwif.).
ANNA NTJA, Cert. Midwife.
GRACE PHOOKA, Cert. Midwife.
GLORIA MOGALE, Cert. Midwife.
DEBORAH RAMSKIN, Cert. Midwife.
EUPHEN NDUNA, Cert. S.A. Medical Council.
GRACE MSIMANG, Cert. Midwife.
SUSAN MOFOLO, Cert. S.A. Medical Council (Gen. & Midwif.).
HELEN MAMETSE, S.A. Medical Council (Gen. & Midwif.).
KATHERINE MOUNT, Cert. S.A. Medical Council (Gen. & Midwif.).
FLORENCE KHOZA, Cert. S.A. Medical Council (Gen. & Midwif.).
FLORINAH MANAMELA, Cert. Midwife.
MARY MAGODIELO, Cert. Midwife.
VIOLET MOFALE, Cert. S.A. Medical Council (Gen. & Midwif.).

CLINIC ASSISTANT.

C. J. DREYER.

NON-EUROPEAN CLINIC ORDERLIES.

JACOB MOHOHLO.
JOSEPH MONTOEDI
DANIEL MARABA.
WALTER MATABOGE.
HENRY SETHKEGE.
IZAK MONGOATO.

PUBLIC CONVENIENCE ATTENDANCE.

TEN EUROPEANS.
FOUR NON-EUROPEANS.

POUNDMASTERS.

L. J. BOTHA.
C. W. SHORT.

CARETAKER.

P. J. YZEL.

CITY COUNCIL OF PRETORIA.

FIFTIETH ANNUAL REPORT

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CLIMATIC DATA.

Latitude: 25 degrees, 44 minutes, 3 seconds South.
Longitude: 1 hour, 52 minutes, 48 seconds East.
Mean Altitude: 4,480 feet.
Temperature: (Statistics kindly supplied by the Director, Weather Bureau, Pretoria).

	Air Temperatures (°C).							
1953:	Mean Max. °C.	Mean Min. °C.	Highest Reading of Max. °C.	Lowest Reading of Min. °C.	Mean Relative Humidity at 8 a.m. %	Mean Relative Humidity at 2 p.m. %	Rainfall Inches m.m.s.	Days
July	17.6	0.7	21.3	—3.4	75	29	0.0	
August	20.8	5.7	26.7	—1.4	66	28	0.0	
September	23.9	7.3	30.2	1.8	53	21	0.0	
October	27.2	12.7	33.1	5.1	53	29	42.8	7
November	25.9	14.5	31.3	9.5	74	50	205.1	18
December	27.4	15.4	32.0	13.0	73	47	104.4	13
1954:								
January	26.3	15.8	29.7	12.3	78	57	160.8	21
February	26.7	14.9	29.3	12.2	76	50	59.7	14
March	25.3	13.9	29.4	8.4	77	50	45.6	8
April	22.9	10.4	27.4	6.5	75	41	53.8	11
May	21.8	5.6	25.3	—0.4	72	31	7.6	3
June	18.3	1.5	21.5	—1.5	71	29	0.6	1

AREA OF MUNICIPALITY.

The area of Pretoria and suburbs, inclusive of Town Lands, is 70.73 square miles. The Town is built on and between three parallel ranges of quartzite hills running East and West, the soil in the valleys being largely shale.

ANNUAL RATEABLE VALUES AS AT 30th JUNE, 1954.

Land	£27,795,993
Buildings	63,297,073
	£91,093,066

The values of unrateable land and buildings were £11,774,543 and £15,322,777 respectively.

The total values therefore were:

Land	£39,570,536
Buildings	78,619,850
	£118,190,386

For the year under review the rates imposed were 7d. per £ on land and 1¼d. per £ on buildings.

POPULATION.

European	139,300
Native	92,300
Asiatic	6,200
Eurafrican	5,300

The population figures are an estimate as at 30th June, 1954, and have kindly been supplied by the Department of Census and Statistics, to whom we are grateful for statistical information so willingly given whenever it is sought.

The Principal Vital Statistics for the year under review corrected for outward transfers are:—

	European	Native	Asiatic	Eurafrican	Total Non-European	All Races
Population	139,300	92,300	6,200	5,300	103,800	243,100
Birth Rates	27.44	31.73	37.26	36.42	32.30	29.52
Death Rates	6.84	10.73	6.94	16.04	10.77	8.52
Infantile Mortality per 1,000 live birth	35.57	125.98	82.25	145.08	124.07	76.92
Percentage of illegitimate to live births	0.92	35.51	1.30	27.46	32.69	15.76
Death Rate from Tuberculosis (Pulmonary) per 1,000 population	0.06	0.42	—	0.94	0.42	0.21
Death Rate from Tuberculosis, all forms, per 1,000 population	0.06	0.62	—	1.13	0.61	0.29

BIRTHS.

The following births were registered in Pretoria during the year (figures for 1952—1953 in brackets):—

	European	Native	Asiatic	Eurafrican	Total Non-European	All Races
Local Births	3,823 (3,696)	2,929 (2,870)	231 (238)	193 (204)	3,353 (3,312)	7,176 (7,008)
Births where mothers not residents of Pretoria	1,074 (1,110)	— —	—	—	656 (842)	1,730 (1,952)
Illegitimate births (included in local births)	35 (32)	1,040 (1,021)	3 (2)	53 (37)	1,096 (1,060)	1,131 (1,092)
Stillbirths	39 (41)	—	—	—	73 (153)	112 (194)

BIRTH RATES.

European	27.44 (27.16)
Native	31.73 (31.43)
Asiatic	37.26 (41.04)
Eurafrican	36.42 (38.49)
All non-European	32.30 (32.34)
All Races	29.52 (29.38)

Rates of natural increase, being the excess of births over deaths in proportion to population, are as follows:—

European	20.60 (20.98)
Asiatic	30.32 (34.66)
Eurafrican	20.38 (23.40)

DEATHS.

(Figures for 1952—1953 in brackets)

	European	Native	Asiatic	Eurafrican	Total Non-European	All Races
Local deaths (all ages)	953 (841)	990 (913)	43 (37)	85 (80)	1,118 (1,030)	2,071 (1,871)
Deaths of persons not being local residents	435 (339)	—	—	—	1,000 (557)	1,435 (896)

The "non-local" deaths occurred at:—

	Pretoria and other Hospitals	Mental Hospital	Leper Institution	Prison	Visitors
European	360 (273)	54 (44)	1 (1)	5 (1)	15 (20)
Non-European	845 (463)	43 (33)	23(14)	63(33)	26 (14)

DEATH RATES.

European	6.84 (6.18)
Native	10.73 (10.00)
Asiatic	6.94 (6.38)
Eurafrican	16.04 (15.09)
All non-European	10.77 (10.06)
Total all Races	8.52 (7.84)

INFANTILE MORTALITY.

(Figures for 1952—1953 in brackets)

	European	Native	Asiatic	Eurafrican	Total non-European	All Races
Local Deaths	136 (104)	369 (327)	19 (10)	28 (23)	416 (360)	552 (464)
Deaths of infants whose mothers had come to the City for confinement or infants who were brought in suffering from the illness which caused death	47 (41)	—	—	—	158 (121)	205 (162)
	183 (145)	—	—	—	574 (481)	757 (626)

INFANTILE MORTALITY RATES.

European	35.57 (28.14)
Native	125.98 (113.94)
Asiatic	82.25 (42.02)
Eurafrican	145.08 (112.75)
All non-European	124.07 (108.70)
All Races	76.92 (66,21)

TABLE OF INFANTILE MORTALITY RATE FOR ALL RACES SINCE 1926-1927.

Year	European	Native	Asiatic	Eurafrican	All Non-European	Total for All Races
1926-27	48.48	385.51	101.26	246.37	315.31	137.49
1927-28	61.30	483.51	166.67	163.26	256.04	153.79
1928-29	57.85	451.12	140.19	168.83	328.88	143.86
1929-30	51.77	422.48	88.80	141.17	297.92	126.94
1930-31	68.33	573.68	142.86	222.23	362.07	148.42
1931-32	59.41	794.87	112.00	179.48	459.80	153.48
1932-33	68.44	742.42	158.54	123.08	429.27	157.99
1933-34	68.13	621.40	121.74	244.68	415.93	152.60
1934-35	51.26	347.00	62.50	122.64	222.00	95.91
1935-36	77.67	585.94	152.67	140.19	374.49	149.53
1936-37	52.66	450.24	107.38	112.36	269.49	99.42
1937-38	63.57	457.14	105.26	209.88	303.35	116.21
1938-39	50.95	348.53	86.85	118.18	230.24	93.94
1939-40	43.84	349.67	136.90	146.34	255.39	88.92
1940-41	62.60	376.34	93.48	121.95	245.32	96.84
1941-42	53.30	353.84	86.42	264.70	253.06	96.10
1942-43	47.34	329.48	81.97	101.12	223.30	80.07
1943-44	47.94	304.99	70.71	204.08	216.64	77.80
1944-45	33.98	289.69	86.49	105.26	206.45	63.50
1945-46	34.02	215.24	25.77	115.39	159.35	61.17
1946-47	25.90	235.16	54.73	116.29	178.27	53.78
1947-48	33.16	138.78	61.80	224.14	127.30	52.78
1948-49	33.65	203.06	82.47	200.00	170.77	60.97
1949-50	32.34	181.97	75.47	85.23	165.83	92.97
1950-51	28.98	151.51	43.48	58.82	136.93	77.94
1951-52	30.26	136.86	140.39	79.55	133.91	80.53
1952-53	28.14	113.94	42.02	112.75	108.70	66.21
1953-54	35.57	129.98	82.25	145.08	124.07	76.92

The causes of infantile deaths in Europeans were as follows:—

	1953-1954	1952-1953
Congenital causes	12 (Rate 3.14)	12 (Rate 3.25)
Diarrhoeal diseases	11 (Rate 2.88)	13 (Rate 3.52)
Bronchitis and pneumonia	24 (Rate 6.28)	14 (Rate 3.80)
Infectious diseases	4 (Rate 1.05)	1 (Rate 0.27)
Other causes	29 (Rate 7.59)	17 (Rate 4.60)
Prematurity	50 (Rate 13.08)	40 (Rate 10.84)
Injury at birth	6 (Rate 1.57)	7 (Rate 1.89)
Total European Infant Deaths	136	104

The causes of infantile deaths in non-Europeans were as follows:—

	1953-1954	1952-1953
Congenital causes	29	20
Diarrhoeal diseases	148	101
Bronchitis and pneumonia	88	96
Infectious diseases	11	12
Other causes	39	30
Prematurity	84	78
Injury at birth	9	13
Malnutrition	8	10
Total non-European Infant Deaths	416	360

The table given hereunder indicates the number of non-European births and infant deaths during the year under review in the various non-European residential areas:—

Native:

Marabas Location		Bantule Location		Atteridgeville Location		Hercules Area		TOWN	
Births	Deaths	Births	Deaths	Births	Deaths	Births	Deaths	Births	Deaths
25	3	213	27	362	44	2,073	242	256	53

Asiatic:

Asiatic Location		Hercules Area		Town	
Births	Deaths	Births	Deaths	Births	Deaths
124	8	58	7	49	4

Eurafrican:

Cape Location		Hercules Area		Town	
Births	Deaths	Births	Deaths	Births	Deaths
85	7	100	19	8	2

CAUSES OF DEATH AT AGE 1 AND UNDER 5 YEARS FOR VARIOUS RACES.

Europeans:

Thirty-three deaths were recorded under this age group.

Diphtheria	2
Cancer	2
Leukaemia	2
Encephalitis (Non-Epidemic)	1
Meningococcal Meningitis	3
Malnutrition	1
Pneumococcal-Meningitis	1
Meningitis other forms	2
Mental deficiency	1
Acute Bronchitis	1
Broncho Pneumonia	3
Diarrhoea and Enteritis	4
Hernia	1
Congenital Causes	1
Accidental — Motor	5
Accidental — Falling	1
Accidental — Burns	1
Unknown or unspecified cause	1
	33

Natives:

Two hundred and eighteen deaths were recorded under this age group.

Whooping Cough	2
Diphtheria	4
Tuberculosis (Pulmonary)	4
Tuberculosis (Central Nervous System)	6
Tuberculosis (Acute Miliary)	4
Tuberculosis (Intestine & Peritoneum)	1
Typhoid Fever	1
Tetanus	1
Measles	3
Cancer	1
Malnutrition	14
Pellagra	6
Acute Bronchitis	1
Broncho Pneumonia	41
Lobar Pneumonia	3
Bacillary Dysentery	1
Intracranial abscess	1
Meningitis other forms	1
Meningitis Pneumococcal	1
Urinary Abscess	1
Diarrhoea & Enteritis	109
Nephritis	2
Accidental Burns	2
Unknown and unspecified cause	8
	218

Asiatics:

Three deaths were recorded in this age group.

Myxoedema and Cretinism	1
Broncho Pneumonia	1
Accidental Burns	1
	3

Eurafricans:

Thirteen deaths were recorded in this age group.

Pellagra	1
Malnutrition	2
Diarrhoea and Enteritis	3
Broncho Pneumonia	4
Lobar Pneumonia	1
Measles	1
Diphtheria	1
	13

PRINCIPAL CAUSES OF DEATH IN PERSONS FIVE YEARS AND OVER.

The Principal causes of death were:—

	Europeans		Non-Europeans	
	1953-1954	Yearly Average for 5 years	1953-1954	Yearly Average for 5 years
Cancer	131	120.6	37	27.8
Heart Disease	216	177.4	53	49.2
Bronchitis and Pneumonia (all forms)	71	57.6	76	99.8
Influenza	—	1.2	1	1.6
Typhoid Fever	—	.2	4	3.6
Tuberculosis (Pulmonary)	8	11.8	39	75.2
Diabetes	12	10.2	1	2.6
Apolexy	63	64.0	13	16.4
Disease of Kidneys	27	26.4	23	20.4
Disease of Arteries	19	19.6	27	18.4
Disease of Liver and Gallbladder	9	13.6	5	5.6
Diseases of Pregnancy and the Puerpal state	3	1.2	7	4.4
Old Age	19	16.0	12	11.2
Suicide	10	10.0	2	5.2
Accidents	50	37.8	36	43.2
Other Infectious Diseases	6	8.2	23	51.0
Other Causes	140	128.8	107	103.4

DETAILS OF CAUSES OF DEATH — FIVE YEARS AND OVER.

(In all the following tables the figuures for 1952-1953 are shown in brackets)

1. CANCER:

Europeans: 131. Death rate 0.94 per 1,000 population.

Site of disease:—

Buccal cavity and pharynx	6	(6)
Digestive organs and Peritoneum	57	(51)
Respiratory Tract	14	(16)
Uterus	5	(9)
Other female genital organs	5	(3)
Breast	15	(12)
Male Genital organs	6	(5)
Male and Female urinary organs	6	(1)
Brain and other parts of the nervous system	6	(3)
Skin	1	(5)
Bones	2	(1)
Other and unspecified organs	8	(17)
TOTAL	131	(129)

Death Age:

Under:— 40 years	40—50	50—60	60—70	70—80	Over 80	Total
9 (4)	20 (14)	23 (29)	25 (42)	43 (27)	11 (13)	131 (129)

Non-Europeans:

Site of disease:—

Native:			
	Buccal cavity and pharynx	1	(1)
	Digestive organs and Peritoneum	18	(10)
	Respiratory tract	4	(2)
	Uterus	4	(2)
	Breast	1	(1)
	Other male genital organs	1	(—)
	Male and female urinary organs	3	(3)
	Brain and other parts of the nervous system	—	(1)
	Skin	—	(1)
	Bones	1	(—)
	Other and unspecified organs	1	(1)
Asiatic:			
	Digestive organs and Peritoneum	1	(1)
Eurafrican:			
	Uterus	1	(—)
	Digestive organs and Peritoneum	—	(1)
	Breast	—	(1)
	Respiratory tract	—	(1)
	Male and female urinary organs	1	(—)
	TOTAL	37	(26)

2. DISEASES OF THE HEART:

Death rate per 1,000 European population: 1.55 (1.30).

Europeans 216 (177).
Non-Europeans 53 (53). Natives 35. Asiatics 7.
Eurafricans 11.

3. BRONCHITIS AND PNEUMONIA:

Europeans 71 (65).
Non-Europeans 76 (101). Natives 71.
Eurafricans 5.

4. INFLUENZA:

Europeans — (1).
Non-Europeans 1 —(). Eurafrican 1.

5. TYPHOID FEVER:

Europeans — (1).
Non-Europeans 4 (4). Natives 4.

6. TUBERCULOSIS (PULMONARY):

Europeans 8 (10).
Non-Europeans 39 (41). Natives 34. Eurafricans 5.

7. DIABETES:

Europeans 12 (11).
Non-Europeans 1. Native 1.

8. APOPLEXY:

Europeans 63 (63).
Non-Europeans 13 (21). Natives 10. Asiatic 1. Eurafricans 2.

9. DISEASES OF THE KIDNEYS:

Europeans 27 (21).
Non-Europeans 23 (9). Natives 20.
Eurafricans 3.

10. DISEASES OF ARTERIES:

Europeans 19 (29).
Non-Europeans 27 (18.) Natives 21. Asiatics 4.
Eurafricans 2.

11. DISEASES OF THE LIVER AND GALL BLADDER:

Europeans 9 (15).
Non-Europeans 5 (7). Natives 4. Eurafrican 1.

12. DISEASES OF PREGNANCY AND THE PUERPERAL STATE:

Europeans 3 (2).
Non-Europeans 7 (2). Natives 6. Eurafrican 1.

13. OLD AGE:

Europeans 19 (9).
Non-Europeans 12 (5). Natives 11. Asiatic 1.

14. SUICIDE:

Europeans 10 (10).
Non-Europeans 2 (5). Natives2.

15. HOMICIDE:

	Europeans	*Natives*	*Asiatics*	*Eurafricans*
By Firearms	—	2	—	—
„ Cutting or piercing instruments	—	14	—	2
„ Other unspecified means	1	4	—	—

16. ACCIDENTS:

Europeans 50 (37).
Non-Europeans 36 (36).

	Europeans		*Natives*		*Asiatics*		*Eurafricans*	
	1953-54	1952-53	1953-54	1952-53	1953-54	1952-53	1953-54	1952-53
On Railways	2	(1)	4	(2)	—(—)		—(—)	
By Motor, road vehicles (excluding motor cycles)	32	(17)	16	(19)	—	(2)	—	(1)
„ Motor cycles	2	(2)	1	(—)	—(—)		—(—)	
„ Pedal cycles	—	(2)	—	(2)	—(—)		—(—)	
„ Road transport (not motor)	1	(—)	—	(—)	—(—)		—(—)	
„ Burns (not conflagration)	—	(2)	3	(2)	—(—)		—(—)	
„ Mechanical suffocation	1	(1)	—	(—)	—(—)		—	(1)
„ Drowning	—	(—)	1	(—)	—(—)		—(—)	
„ Fall	6	(8)	2	(1)	—(—)		—(—)	
„ Crushing	1	(1)	—	(2)	—(—)		—(—)	
„ Anaesthetic	—	(1)	—	(—)	—(—)		—(—)	
„ Poisonous gases	2	(—)	3	(3)	—(—)		—(—)	
„ Poisoning (not by gas)	—	(1)	2	(1)	—(—)		—(—)	
„ Machinery	1	(—)	1	(—)	—(—)		—(—)	
„ Lightning	—	(—)	1	(—)	—(—)		—(—)	
„ Other and unspecified accidents	3	(1)	1	(—)	—(—)		—(—)	
	51	(37)	35	(32)	—	(2)	—	(2)

DETAILS OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR.

In writing up this section of the report the figures for Pretoria and the incorporated area of Hercules are given separately. This is done deliberately because Hercules includes Lady Selborne Native Location and other districts where sanitary and other health conditions are on the average much lower than those of the rest of Pretoria.

Note.—All figures for 1952-53 are shown in brackets. For tables showing district distribution, age incidence and seasonal distribution, see pages at end of report.

This report should be read in conjunction with the section dealing with the Isolation Hospital.

PRETORIA — EXCLUDING HERCULES.

Typhoid Fever:

	Europeans	*Non-Europeans*	*Total*
Local cases	8 (5)	17 (9)	25 (14)
Imported cases	50 (47)	176 (195)	226 (242)
Deaths in local cases	— (—)	2 (1)	2 (1)

Local Cases:

Of the seventeen non-European cases notified 13 were Bantus, 3 were Eurafricans and 1 was an Asiatic. Two of the Bantus died. All the cases were treated in Hospital.

There were no milk-borne outbreaks.

In tracing the sources of infection 2 suspects were tested for the possible carrier state, both with negative result.

There were no secondary cases.

Result of Phage Typing during the Year:

Type A	5
Type B1	1
Type E1	1
Untyped strains	5
No culture obtained	9
Typing not done	4
	25

Tests Carried Out for the Typhoid Carrier State:

	No. of Persons Vi-tested	*Blood found Vi-positive*	*Stool and Urine found positive*
Typhoid fever investigations	2	—	—
Prospective employees at dairies	340	16 (4%)	3
Other food handlers	47	—	—

For Dairy Tyhpoid Testing, see under Section dealing with dairies and milk supplies.

Typhoid Carrier Camp:

Number of inmates on 1/7/1953	3
Number admitted during the year	19
	22
Number discharged during the year	12
Still in camp on 30/6/1954	10

Imported Cases:(

Of the imported cases 12 (6 Europeans and 6 Bantus) were Pretoria residents who contracted the disease outside the Pretoria Municipal area. One European was reported from the Municipal Controlled Rietvlei Waterworks, 2 Europeans and 2 Bantus from Government Institutions and 1 Bantu from the Municipal controlled area of Vlakfontein, which is outside the Municipal boundary. The balance, 41 Europeans and 167 Bantus, were cases admitted to Hospital from outside the Municipal area.

TUBECULOSIS:

	Europeans	*Non-Europeans*	*Total*
Local cases	30 (35)	114 (79)	144 (114)
Imported cases	19 (16)	182 (113)	201 (129)

Of the 114 non-European local cases 98 were Bantus, 12 Eurafricans and 4 Asiatics.

Local Cases:

The various forms in which the disease occurred are as follows:—

	Pulmonary	Primary Complex	Meningitic	Glandular	Bone and Joint	Miliary	Laringitic	Intestinal	TOTAL
Europeans	24	2	—	1	1	1	1	—	30
Non-Europeans	92	8	2	5	1	5	—	1	114
	116	10	2	6	2	6	1	1	144

The distribution of the non-European cases was as follows:—

Atteridgeville Location	42	Marabastad	3
Bantule Location	25	Asiatic Bazaar	5
Cape Location	11	Various Compounds	8
Military Locations	2	Others	18

Deaths:

Of the 144 cases, 26 died during the year. All deaths occurred in Pretoria. In addition 45 cases (4 Europeans and 41 non-Europeans) which were notified prior to July, 1953, also died during the year.

Three Europeans and 11 non-Europeans were notified only at death. One European and 10 non-Europeans died within three months, and 1 non-European within 6 months of notification. Two Europeans and 25 non-Europeans gave histories of tuberculosis in their families. One European and 4 non-Europeans gave histories of being contacts of known cases. One non-European gave a history of tuberculosis in his family as well as being a contact of a known case.

Sanatorium Treatment:

During the year 28 cases (15 Europeans and 13 non-Europeans) were admitted to Sanatoria. (15 Europeans and 7 non-Europeans were from Pretoria and 6 non-Europeans from Hercules). For details of patients receiving domiciliary treatment — see section dealing with Tuberculosis Clinics.

Imported Cases:

The imported cases were:—

(*a*) Imported infections 34 (12 Europeans, 1 Eurafrican and 21 Bantus). These were patients who contracted the disease prior to coming to live in Pretoria. Of these 1 Bantu has since died.

(*b*) Cases notified from Government Institutions 12. (Two Europeans, 3 Eurafricans and 7 Bantus). Weskoppies Mental Institution 2 Eurafricans and 3 Bantus: Central Prison 1 European, 1 Eurafrican and 2 Bantus; Voortrekkerhoogte 1 European and 2 Bantus.
Of these 3 Bantus have since died.

(*c*) Vlakfontein Municipal Location — 5 Bantus.

(*d*) Cases from outside the Municipal area diagnosed after admission to the Pretoria General Hospital: 5 Europeans and 145 non-Europeans.

POLIOMYELITIS:

	Europeans	*Non-Europeans*	*Total*
Local cases	11 (6)	1 (—)	12 (6)
Imported cases	13 (9)	3 (3)	16 (12)
Deaths in local cases	1 (—)	— (—)	1 (—)

Local Cases:

Two of the cases were from a Government Institution.

All the cases were removed to the Isolation wards.

Five of the cases were males aged 35, 6, 5½, 5 and 3 years, and 7 were females aged 22, 10, 7, 4, 4, 1¾ and 1½ years.

There was one secondary case in a European in a private dwelling.

Ten of the cases were from sewered premises and 2 from non-sewered premises.

Five of the cases had paralytic attacks, of which one died of bulbar paralysis. Five of the cases had mild paretic attacks and 2 no paresis or paralysis.

SCARLET FEVE:

	European	*Non-European*	*Total*
Local cases	121 (162)	— (—)	121 (162)
Imported cases	8 (7)	— (—)	8 (7)

Local Cases:

One of the cases was an adult, 68 were scholars, and 52 were children of pre-school age.

Fifteen of the cases were removed to the Isolation wards, 3 to the Military Hospital at Voortrekkerhoogte and 103 were treated at home. There were 11 secondary cases.

DIPHTHERIA:

	European	*Non-Europeans*	*Total*
Local cases	77 (27)	18 (23)	95 (50)
Imported cases	42 (39)	82 (54)	124 (93)

Local Cases:

The non-European cases were 1 Eurafrican, 2 Asiatics and 15 Bantus. Four of the cases died (2 Eurafricans and 2 Bantus). They had never been immunized. Six of the cases were adults, 46 were scholars and 43 were children of pre-school age. Eighty-seven of the cases were removed to the Isolation wards, 2 to the Military Hospital and 6 were isolated and treated at home.

There were 6 secondary cases.

Eighty of the cases had never been immunized and 15 had been immunized previously.

For details of immunization against diphtheria see section dealing with Child Welfare Activities.

MENINGOCOCCAL MENINGITIS:

	European	*Non-European*	*Total*
Local cases	4 (6)	4 (2)	8 (8)
Imported cases	3 (4)	4 (3)	7 (7)

The non-European cases were 2 Eurafricans and 2 Bantus. One of the Eurafricans died. All the cases were removed to Hospital.

OTHER INFECTIOUS DIEASES — NOTIFIED:

	Local		*Imported*	
	European	*Non-European*	*European*	*Non-European*
Erysipelas	3	—	—	1
Leprosy	1	—	—	1
Encephalitis	2	—	—	—
Malaria	—	—	6	3

Note.—All cases of malaria had contracted their infection outside Pretoria.

HERCULES AREA.

TYPHOID FEVER:

	Europeans	*Non-Europeans*	*Total*
Local cases	2 (6)	25(36)	27(42)
Imported infections	—(—)	5 (4)	5 (4)
Deaths in local cases	— (1)	1 (5)	1 (6)

There has been a decrease in the incidence during the year. One of the cases, a Bantu died. Twenty of the cases were removed to Hospital and seven were treated at home.

Distribution of Cases:

The two European cases were from the Daspoort Estate area and the 25 non-Europeans from the Location area.

In tracing the sources of infection, one suspect was tested for the possible carrier state with negative result.

Three secondary infections were reported, of which two were from one house.

Phage Typing:

The following types were found in the Hercules area:—

Type A	3
Untyped strains	1
No culture obtained	16
Typing not done	7
	27

Imported Infections:

Five Bantus in the Location area contracted their infection outside the Municipal area.

TUBERCULOSIS:

	Europeans	*Non-Europeans*	*Total*
Local cases	2(—)	128(94)	130(94)
Imported infections	—(—)	52(25)	52(25)

Of the 128 non-European local cases 121 were Bantus, 6 Eurafricans and one was an Asiatic.

Local Cases:

The various forms in which the disease occurred are as follows:—

	Pulmonary	*Primary Complex*	*Meningitic*	*Glandular*	*Bone and Joint*	*Miliary*	*Renal*	*TOTAL*
Europeans	1	1	—	—	—	—	—	2
Non-Europeans	99	6	5	11	4	2	1	128
	100	7	5	11	4	2	1	130

All of the non-European cases were from the location area. Of the 130 local cases 33 (1 Eurafrican and 32 Bantus) died during the year, 31 in Pretoria and 2 elsewhere. Thirteen were notified on death, 18 died within three months, 1 within six months and 1 within nine months of notification. Twenty-one non-Europeans gave histories of tuberculosis in their families. Eight non-Europeans gave histories of being contacts of known cases. One non-European gave a history of tuberculosis in his family, as well as being a contact of a known case.

Imported Infections:

Fifty-two non-Europeans in the location area had contracted the disease prior to coming to live here. Eight have since died.

POLIOMYELITIS:

Two cases were notified. One in a European female aged 1½ years, and the second in a Bantu female aged 2 years. Both had paralytic attacks, were removed to the Isolation wards and are still receiving after-treatment.

SCARLET FEVER:

	Europeans	*Non-Europeans*	*Total*
Local cases	9(16)	—(—)	9(16)
Imported cases	—(—)	—(—)	—(—)

Four of the cases were scholars and five were children of pre-school age. One of the cases was removed to hospital and 8 were treated at home. There were no secondary cases.

DIPHTHERIA:

	Europeans	*Non-Europeans*	*Total*
Local cases	25(18)	25(39)	50(57)
Imported cases	1(—)	3(—)	4(—)

Local Cases:

The non-European cases were 23 Bantus, 1 Eurafrican and 1 Asiatic. Four of the cases died. (1 European, 1 Eurafrican and 2 Bantus). They had never been immunized. Two of the cases were adults, 13 were scholars and 35 were children of pre-school age. Thirty-one of the cases were removed to the Isolation wards and 19 were treated at home. There were 5 secondary cases. Forty-eight of the cases had never been immunized. Two had previously been immunized and two gave histories of having had the disease previously.

MENINGOCOCCAL MENINGITIS:

	Europeans	*Non-Europeans*	*Total*
Local cases	3 (2)	— (6)	3 (8)
Imported cases	—(—)	1(—)	1(—)

There were two deaths.

OTHER INFECTIOUS DISEASES NOTIFIED:

	Local		*Imported*	
	Europeans	*Non-Europeans*	*Europeans*	*Non-Europeans*
Erysipelas	1	—	—	—
Puerperal fever	—	—	1	—

STATISTICAL ANALYSIS OF INFECTIOUS DISEASES FOR PRETORIA INCLUDING HERCULES.

TYPHOID FEVER:

	Europeans	*Non-Europeans*	*Total*
Local cases	10(11)	42 (45)	52 (56)
Imported cases	50(47)	181(199)	231(246)
Deaths in local cases	— (1)	3 (6)	3 (7)
Attack rate: Local cases	0.07 (0.08)	0.40 (0.44)	0.21 (0.23)
Death rate: Local cases	— (9.09)	7.14(13.33)	5.76(12.5)

Results of Phage Typing:

Type A	8
Type B1	1
Type E1	1
Untyped strains	6
No culture obtained	25
Typing not done	11
	52

TUBECULOSIS:

	Europeans	*Non-Europeans*	*Total*
Local cases	32(35)	242(173)	274(208)
Imported cases	19(16)	234(138)	253(154)
Attack rate: Local cases	0.23(0.26)	2.33(1.69)	2.56(0.87)

The various forms in which the disease occurred:—

	Pulmonary	*Primary Complex*	*Meningitic*	*Glandular*	*Bone and Joint*	*Miliary*	*Laryngitic*	*Intestinal*	*Renal*	*Total*
Europeans	25	3	—	1	1	1	1	—	—	32
Non-Europeans	191	14	7	16	5	7	—	1	—	242
	216	17	7	17	6	8	1	1	1	274

POLIOMYELITIS:

	Europeans	*Non-Europeans*	*Total*
Local cases	12 (7)	2(—)	14 (7)
Imported cases	13 (9)	3 (3)	16(12)
Deaths in local cases	1(—)	—(—)	1(—)

SCARLET FEVER:

	Europeans	*Non-Europeans*	*Total*
Local cases	130(178)	—(—)	130(178)
Imported cases	8 (7)	—(—)	8 (7)

DIPHTHERIA:

	Europeans	*Non-Europeans*	*Total*
Local cases	102 (45)	43(62)	145(107)
Imported cases	43 (39)	85(54)	128 (93)

MENINGOCOCCAL MENINGITIS:

	Europeans	*Non-Europeans*	*Total*
Local cases	7 (8)	4 (8)	11 (16)
Imported cases	3 (3)	5 (1)	8 (4)

OTHER INFECTIOUS DISEASES:

	Local		*Imported*	
	Europeans	*Non-Europeans*	*Europeans*	*Non-Europeans*
Erysipelas	4	—	—	1
Leprosy	1	—	—	1
Encephalitis	2	—	—	—
Malaria	—	—	6	3
Puerperal fever	—	—	1	—

INFECTIOUS DISEASES — HOSPITAL STATISTICS.

TOTAL ADMISSIONS:

(Figures for last year are given in brackets)

Five hundred and fifty-seven (545) of which 371 (339) were Europeans, and 186 (206) non-Europeans. The area distribution was:—

Pretoria Municipal Area.		**Other Areas.**	
Europeans	*Non-Europeans*	*Europeans*	*Non-Europeans*
234 (193)	58 (104)	137 (146)	128 (102)

DIPHTHERIA:

Two hundred and forty-six (173) patients; almost half of the total number of patients admitted, were treated during the year.

Pretoria.		Other Areas.	
Europeans	*Non-Europeans*	*Europeans*	*Non-Europeans*
98 (35)	26 (36)	37 (38)	85 (64)

Of these diphtheria patients, 86% (87%) were under the age of ten years and of this group 58% (64%) were less than five years old.

Case Fatality Rates:

	Cases	*Deaths*	*Rate*
Pretoria Europeans	98 (35)	4 (3)	4.08% (8.5%)
Europeans from other areas	37 (42)	2 (5)	5.4% (13.1%)
Pretoria non-Europeans	26 (36)	6 (5)	23.7% (13.9%)
Non-Europeans from other areas ..	85 (64)	22 (21)	25.9% (32.8%)

Total European Case Fatality Rate ... ... 4.4% (10.9%).
Total Non-European Case Fatality Rate ... ... 25.2% (26.00%).

Nearly all deaths occurred within 48 hours of admission and were confined to those children in the under five years age group. Severe peri-glandular oedema with acute myocardial failure was the cause of death in almost every case. The marked difference in the case fatality rates of European and non-European persons is attributed to the late admission to hospital of the latter group.

Of all the cases which were taken up in the hospital in only two patients could an unequivocal history of previous immunisation be obtained. These two children had comparatively mild attacks.

During the year four European carriers of virulent organisms were admitted and successfully freed of their infection.

TRACHEOTOMY OPERATIONS:

Europeans: 5 with one death.
Non-Europeans: 4 with three deaths.

SCARLET FEVER:

Eighteen cases, all Europeans, were admitted.

Distribution: Pretoria 15 (40). Other areas 3 (6).

There were no complications and no deaths.

TYPHOID FEVER:

The total number of cases treated was 92 (53) of which 52 (47) were Europeans and 40 (6) were non-Europeans.

Distribution: Pretoria 23 (14). Other areas 69 (39).

The youngest patient was fourteen months old. Another patient was confined during the height of her illness and gave birth to a baby. Both mother and baby left hospital in excellent health.

One non-European admitted in a comatose condition, died a few hours after.

Case Fatality Rates:

Europeans: Nil (nil).
Non-Europeans: 2.5% (—).

ACUTE ANTERIOR POLIOMYELITIS:

Twenty-seven (18) Europeans and 6 (7) non-Europeans were admitted.
Distribution: Pretoria 17 (7). Other areas 16 (13).

Two European children and one Native child died of central respiratory failure.

Another European child presented the rare complication of acute arterial occlusion causing gangrene of the leg and necessitating a mid-high amputation. She is still receiving treatment for residual paralyses.

PULMONARY TUBECULOSIS:

Eleven patients were admitted as compared with 95 last year.

Pretoria		*Other Areas*	
Europeans	*Non-Europeans*	*Europeans*	*Non-Europeans*
5	2	4	—

The two European patients from the rural areas died, one of congestive cardial failure and the other of broncho-pneumonia and concurrent meningitis.

MEASLES:

Forty (10) Europeans and 11 (5) non-Europeans were admitted.
Distribution: Pretoria 38 (10). Other areas 13 (5).

Complications:

Twenty patients were suffering from broncho-pneumonia on admission. Two native children died, one of pneumonia, the other of gastro-enteritis. There were no European deaths. Among other complications were two cases of measles encephalitis, both of which recovered and a number of children whose secondary infection of gastro-enteritis delayed their recovery.

Case Fatality Rates:

Europeans: — (—).
Non-Europeans: 18.8% (—).

GERMAN MEASLES:

Twelve (5) Europeans were admitted, all females, and all from Pretoria, ten of them being young nurses. There were no complications or deaths.

WHOOPING COUGH:

Ten (5) Europeans and 3 (1) non-Europeans were admitted. There were no complications or deaths.

EPIDEMIC PAROTITIS (MUMPS):

Three (10) Europeans and 2 (1) non-Europeans were admitted. There were no complications or deaths.

MENINGOCOCCAL MENINGITIS:

Two (8) cases were admitted, both Europeans who recovered.

PUERPERAL SEPSIS:

One (1) European from Pretoria was treated and discharged.

CHICKEN POX:

Ten (9) Europeans and 1 (5) native required isolation. Two children were admitted because of severe secondary infection of the rash and cellulites. There were no deaths.

ERYSIPELAS:

Three (3) Europeans and 2 (—) coloured persons, all females and all suffering from Erysipelas of a lower limb were treated and cured.

VENEREAL DISEASES:

It was necessary to admit for treatment four (5) Europeans and 2 (10) natives.

OTHER ADMISSIONS:

Included leprosy 5 (4), infectious mononucleosis 2, meningitis due to a rare salmonella infection 1, Pyrexia of unknown origin 1.

OBSERVATION CASES:

Thirty-eight (65) cases admitted for observation were found not to be suffering from an infectious disease.

The following tables "A" and "B" show the total number of cases treated, their distribution and the deaths from the various diseases.

TABLE "A".

DISEASE.	*Europeans*		*Non-Europeans*	
	Pretoria	*Other Areas*	*Pretoria*	*Other Areas*
Pulmonary Tuberculosis	5 (24)	2 (7)	4 (56)	— (8)
Diphtheria	98 (35)	37 (38)	26 (36)	85(64)
Diphtheria carriers	4 (6)	— (3)	— (—)	—(—)
Scarlet Fever	15 (40)	3 (6)	— (—)	—(—)
Typhoid Fever	12 (12)	40 (35)	11 (2)	29 (4)
Acute Anterior Poliomyelitis	15 (7)	12 (11)	2 (—)	4 (2)
Measles	30 (7)	10 (3)	8 (3)	3 (2)
German Measles	12 (2)	— (3)	— (—)	—(—)
Whooping Cough	6 (1)	4 (4)	— (—)	3 (1)
Epidemic Parotitis	3 (6)	— (4)	— (1)	2(—)
Meningococcal Meningitis	2 (6)	— (1)	— (—)	— (1)
Venereal Disease	4 (5)	— (—)	2 (2)	— (8)
Puerperal Sepsis	1 (1)	— (—)	— (1)	—(—)
Chicken Pox	6 (6)	4 (—)	1 (2)	— (3)
Erysipelas	3 (2)	— (1)	1 (—)	1(—)
Other admissions	2 (1)	7 (4)	— (—)	— (3)
Observation cases	16 (32)	18 (26)	3 (1)	1 (6)
	234(193)	137(146)	58(104)	128(102)

TABLE "B".

DISEASE.	*Pretoria*	*Other Areas*	*Pretoria*	*Other Areas*
Pulmonary Tuberculosis	9 (80)	2 (15)	11 (95)	2 (3)
Diphtheria	124 (71)	122(102)	246(173)	34(34)
Diphtheria carriers	4 (6)	— (3)	4 (9)	—(—)
Scarlet Fever	15 (40)	3 (6)	18 (46)	—(—)
Typhoid Fever	23 (14)	69 (39)	92 (53)	1(—)
Acute Anterior Poliomyelitis	17 (7)	16 (13)	33 (20)	3 (2)
Measles	38 (10)	13 (5)	51 (15)	2(—)
German Measles	12 (2)	— (3)	12 (5)	—(—)
Whooping Cough	6 (1)	7 (5)	13 (6)	1(—)
Epidemic Parotitis	3 (7)	2 (4)	5 (11)	—(—)
Meningococcal Meningitis	2 (6)	— (2)	2 (8)	—(—)
Venereal Diseases	6 (7)	— (8)	6 (15)	—(—)
Puerperal Sepsis	1 (2)	— (—)	1 (2)	—(—)
Chicken Pox	7 (8)	4 (3)	11 (11)	—(—)
Erysipelas	4 (2)	1 (1)	5 (3)	—(—)
Other admissions	2 (1)	7 (7)	9 (8)	3(—)
Observation cases	19 (33)	19 (32)	38 (65)	— (1)
	292(297)	265(248)	557(545)	46(40)

SPECIAL DISEASES CLINIC — TUBERCULOSIS SECTION.

1. CLINICS:

European.

Only one European Clinic, which serves the Urban area of Pretoria, the Peri-Urban area, Lyttelton, Pretoria North and cases from even further afield, is conducted in the Municipal Special Diseases Building in the grounds of the Pretoria General Hospital. The hours are from 10 a.m. — 1 p.m. on Wednesday.

Non-European:

The following clinics were established to cater for all Eurafricans, Asiatics and Bantus from the City area. The majority of cases to-day however, come from the Peri-Urban area and the Pretoria District.

(*a*) *Central Clinic,* held at our Special Diseases building in the grounds of the Pretoria General Hospital. The hours are from 1—4.30 p.m. on Tuesday afternoon.

(*b*) *Atteridgeville Clinic,* conducted in the Polyclinic Building at Atteridgeville. The hours are from 2—4.30 p.m. on Wednesday afternoon.

(*c*) *Lady Selborne Clinic,* held in the Administrative Building of the Municipal Native Affairs Department, opposite the Little Flower Mission. The hours are from 1—4.30 p.m. on Thursday afternoon.

(*d*) *Bantule Clinic,* held in the section of the Administrative Building of the Municipal Native Affairs Department. Teh hours are from 2—4 p.m. on Thursday afternoon.

2. DESCRIPTION OF WORK:

European.

Most of our European cases are either treated at home or have been sent to the King George V Hospital in Durban. Children as a rule are treated at home and have responded well to treatment.

Adult cases receive pensions from the Department of Social Welfare, milk from the Municipality and free rations on authority from the District Surgeon's Office.

Non-European.

The tuberculosis work amongst the non-Europeans has again increased to a great extent.

This was made possible through the appointment of a full-time non-European staff nurse at Atteridgeville and two full-time non-European staff nurses at Lady Selborne under the supervision of a European sister.

The Central Clinic is controlled by another European Sister, with a non-European Staff nurse assisting at the non-European Clinics. At the Central Clinic we deal with a considerable number of Peri-Urban cases. These patients come for treatment twice-weekly. Their bus or rail fares are paid by the Peri-Urban Areas Health Board. There are no other facilities for these patients who have to travel long distances and this of necessity makes treatment and supervision difficult and unsatisfactory.

The position within the Municipal area is more satisfactory. There is still, however, a lack of Hospital accommodation for both Europeans and non-Europeans; because of this our nearby patients have nearly all been put on home treatment. In many cases very satisfactory results have been obtained. Home or domiciliary treatment in some selected cases, may have advantages over hospital treatment. In any cases with our bed-shortage it is possible that this may contribute to some extent towards easing of the Tuberculosis problem.

The points which may be mentioned in favour of domiciliary treatment are the following:—

1. The patient stays in his own surroundings, which are familiar to him.
2. He may be less disturbed emotionally.
3. There may be a smaller chance of developing a "T.B.-complex".
4. Provided that the right home circumstances exist, the care by his own relations may improve the mental attitude of the patient towards his own disease, which favourably influences the chances of recovery.

On the other hand, the following are some of the problems associated with domiciliary treatment:—

A. ISOLATION.

The Bantus on the whole still live under very unsatisfactory housing conditions. Improved Native housing from a T.B. point of view is an urgent matter. Bantus moving from Lady Selborne to the new Vlakfontein Native Location are immediately replaced by others from the Reserves. Atteridgeville Location, however, which is fairly well controlled with good housing conditions, has the lowest incidence of Tuberculosis. Isolation of the patient at Atteridgeville is to a certain extent possible, as most of the houses have one, two or even three bedrooms. At Lady Selborne, however, it is common for one family to live in one room. Isolation here is in most instances impossible.

B. NUTRITION.

About 300 Bantu patients are receiving home treatment. The nutritional state of these patients is in many instances very low. Most of the patients are from the poorest section of our population.

In an effort to assist them they receive the following:—

(a) An invalidity pension which amounts to £1/10/0 per month, which is far too low. It takes about 3—5 months after application has been made before a pension is granted. The patients suffer many hardships in the meantime.

(b) One pint of milk per patient per day.

(c) Meat to the value of fifteen shillings and Mealie meal to the value of four shillings is issued to every patient monthly.

(d) On the expenditure incurred on the items mentioned under (b) and (c) above, the Municipality receives a refund of 7/8ths. No provision however exists for assisting with food for Tuberculosis contacts. This is one field where the South African National Tuberculosis Association has done magnificent work. In certain cases, mostly European, direct financial assistance has been given. To non-Europeans, S.A.N.T.A. issues coupons with which the contact families can buy food

from the Government Food Distribution vans. Many blankets have also been issued by S.A.N.T.A. to indigent Tuberculosis families. This work is greatly appreciated.

C. EDUCATION.

In an Institution where discipline exists, patients easily learn the rudiments of hygiene. With domiciliary treatment, this is not so easy. Our nurses do their best to teach the illiterate patients. Where patients can read, good use has been made of pamphlets such as "How to prevent spread of T.B.", "Facts you ought to know about T.B.", and others issued by the Red Cross Organisation, S.A.N.T.A. and Union Department of Health. It is not easy to teach the Bantu about Tuberculosis. Many of them believe that they are ill because they have been bewitched and it takes time and patience to break down this kind of superstition.

D. MANAGEMENT AND CONTINUITY OF TREATMENT.

The initial improvement with modern drugs is remarkable. Within 6—8 weeks time, a toxic patient gains weight, feels better and is able to walk about, although the disease is often still very active. The patient however, thinks that he is "cured" and neglects to receive further treatment. The bi-weekly visits of the Staff Nurse to the homes have done much to encourage patients to continue treatment, but the control is never the same as in an Institution.

The usual domiciliary treatment is bi-weekly injections of Streptomycin and daily Rimifon and/or P.A.S. Since March of this year we have mainly been using Streptomycin and Rimifon.

The results of this kind of domiciliary treatment are very gratifying. In many instances we have obtained more or less the same results as with hospital treatment. Some of the cases become "chronic" and still have positive sputum, others have developed resistance against all or some of the abovementioned drugs.

A considerable number of patients have been placed back in employment.

There are many problems still associated with domiciliary treatment but with the acute shortage of beds it is a justifiable experiment.

CLINIC RETURNS — TUBECULOSIS SECTION.

(Figures for last year are given in brackets.)

	Europeans Central.		Non-Europeans Central.		Non-Europeans Central (outside) Peri-Urban Areas.		Non-Europeans Atteridgeville.		Non-Europeans Lady Selborne.		Non-Europeans Bantule.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A. MEDICAL EXAMINATIONS.												
1. New cases	20 (27)	24 (15)	30 (15)	13 (9)	90 (58)	57 (47)	21 (16)	17 (10)	70 (45)	60 (23)	6 (9)	4 (6)
2. Old cases	209 (197)	182 (174)	108 (114)	87 (69)	269 (300)	175 (188)	355 (297)	325 (251)	425 (188)	280 (123)	106 (55)	65 (44)
3. New contacts	66 (73)	77 (115)	51 (34)	62 (28)	38 (55)	51 (40)	57 (58)	92 (80)	154 (136)	244 (176)	25 (24)	26 (58)
4. Old contacts	111 (126)	122 (164)	95 (87)	102 (84)	96 (56)	91 (44)	167 (245)	277 (440)	44 (40)	55 (54)	265 (211)	392 (344)
5. Suspected cases	41 (66)	49 (71)	82 (83)	50 (52)	109 (153)	74 (53)	7 (20)	9 (25)	26 (65)	25 (36)	— (4)	3 (3)
TOTAL	447 (489)	454 (539)	366 (333)	314 (242)	602 (622)	448 (372)	607 (636)	720 (806)	719 (474)	664 (412)	402 (303)	490 (445)
B. PATIENTS ATTENDING THE FOLLOWING CLINICS AND WHO WERE HOME VISITED BY HEALTH VISITORS AND NURSING STAFF.												
1. New cases	29 (42)	16 (14)	5 (8)	4 (4)	— —	— —	8 (1)	8 (4)	69 (29)	84 (11)	2 (2)	2 (1)
2. Old cases	529 (365)	431 (214)	147 (207)	157 (189)	— (2)	— (2)	168 (48)	135 (46)	1,618 (323)	1,382 (242)	60 (50)	49 (37)
3. New contacts	49 (69)	63 (72)	8 (11)	17 (12)	— —	— —	47 (1)	96 (12)	158 (106)	287 (122)	13 (25)	29 (36)
4. Old contacts	1,172 (996)	1,668 (1,369)	722 (1,007)	930 (133)	— (17)	— (20)	563 (716)	1,003 (1,199)	1,479 (774)	1,978 (1,028)	397 (296)	542 (436)
5. Suspected cases	821 (11)	2 (4)	6 (16)	34 (57)	— (2)	— (1)	— (6)	— (4)	7 (32)	13 (36)	— —	— —
TOTAL	1,791 (1,483)	2,180 (1,673)	888 (1,249)	1,142 (1,601)	— (21)	— (31)	786 (772)	1,242 (1,265)	3,333 (1,264)	3,744 (1,439)	472 (373)	622 (510)

C. SPECIAL INVESTIGATION.						
1. (a) Number of cases sent for X-ray (new)	130 (205)	86 (83)	115 (163)	40 (113)	133 (128)	9 (11)
(b) Number of cases sent for X-ray (old)	259 (302)	79 (69)	179 (110)	119 (70)	253 (148)	25 (29)
2. (a) Sputum Tests — T.B. positive	54 (76)	40 (75)	158 (117)	17 (23)	174 (145)	— —
(b) Sputum Tests — T.B. negative	390 (376)	204 (151)	359 (285)	50 (58)	283 (200)	— —
3. (a) Tuberculin Tests — positive ...	35 (21)	6 (4)	5 (5)	8 (8)	18 (6)	— —
(b) Tuberculin Tests — negative ...	19 (23)	3 (2)	3 (3)	21 (18)	44 (5)	— —
4. Blood Sedimentation Tests	403 (286)	298 (99)	488 (205)	168 (66)	519 (200)	— —
D. No. OF HOMES VISITED	1,174 (930)	505 (788)	— —	820 (585)	3,717 (883)	249 (178)

VENEREAL DISEASES.

These Clinics are conducted by two of the Council's Medical Officers.

ACCOMMODATION:

(a) **Central Clinics.**—These are held in the Special Diseases Clinic Building situated in the General Hospital ground

(b) **Atteridgeville.**—The venereal diseases section of the Polyclinic at Atteridgeville Native Location.

(c) **Bantule Clinic.**—This is held in a section of the Administration Buildings in Bantule Native Location.

CLINIC HOURS:

Mondays: 10.30 a.m. to 12.30 p.m. and 2 p.m. to 4 p.m. — Non-European males and females.

Tuesdays: 8.30 a.m. to 10 a.m. — European males. 11 a.m. to 12.30 p.m. — Non-European males and females (Bantule).

2 p.m. to 4 p.m. — European females and children.

Wednesdays: 9 a.m. to 10 a.m. — European females and children. 4 p.m. to 6 p.m. Non-European males anly.

Thursdays: 11 a.m. to 12.30 p.m. — non-European males and females (Atteridgeville). 2 p.m. to 4 p.m. — Non-Europeans males and females.

Fridays: 9 a.m. to 10 a.m. — European females.
5 p.m. to 6 p.m. — European males.

Urgent cases are seen by appointment outside these hours.

NON-EUROPEAN SERVICES:

The Central Clinics show a slight overall decrease in the number of new cases coming under treatment during the year, although the number of native males suffering from gonorrhoea was on the increase. The total number of all out-patient attendances dropped very sharply indeed, as the modern methods of treatment necessitate much shorter courses of injections. It is expected, however, that more patients will present themselves for treatment next year while the total number of attendances will continue to fall. The above remarks apply equally to the clinics at Bantule and Atteridgeville.

The system of issuing of free railway warrants to natives resident within a twenty-mile radius of Pretoria continues to function successfully with the co-operation of the Union Department of Health.

EUROPEAN SERVICES:

Fewer cases of all types of venereal disease were treated than last year and the previous years.

The cost of treatment has dropped so considerably that most Europeans prefer and can afford to receive it from their family practitioners.

During the year the number of patients discharged on probation was:—

Non-European.		European.	
Males	*Females*	*Males*	*Females*
366	387	16	39

An analysis of the cases examined at the various clinic follow.

CENTRAL EUROPEAN CLINIC.

(Figures for 1952-1953 are given in brackets)

Nature of Disease	*No. of New Cases*		*Number of all Attendances*		1953-54 *Total*	1952-53 *Total*
SYPHILIS.						
(*a*) Primary or secondary .	7 (3)	7 (1)	55 (117)	47 (63)	116	(184)
(*b*) Tertiary	5 (2)	1 (4)	73 (133)	62 (225)	141	(364)
(*c*) Of Central Nervous System	— (2)	— (—)	17 (55)	16 (20)	33	(77)
(*d*) Congenital	— (—)	13 (12)	1 (34)	176 (494)	190	(540)
Gonorrhoea	35 (31)	2 (6)	152 (183)	20 (24)	209	(244)
Others	21 (23)	216(233)	54 (46)	280 (313)	571	(615)
TOTALS	68 (61)	239(256)	352 (568)	601(1139)	1,260	2,024

	M.	F.	1953-54 Total	1952-53 Total
(a) Number of new cases examined	68 (61)	239 (256)	307	317
(b) Number found to be free from Venereal Diseases	26 (19)	211 (190)	237	401
(c) Number of persons attending the Clinic	168 (208)	347 (563)	515	771
(d) Number of attendances paid by these people	352 (568)	601 (1139)	953	1,707
(e) Number discharged as cured (other than (b)	35 (20)	21 (10)	56	30
(f) Number discharged as ("defaulters) unable to trace"	26 (3)	20 (7)	46	10
(g) Number of "Resident Magistrate" warning and "Note A's" sent to irregular attenders and defaulters	7 (4)	11 (17)	18	21
(h) Number of visits paid by Clinic Staff to defaulters and contacts	7 (3)	11 (7)	18	10

CENTRAL NON-EUROPEAN CLINIC.

(Figures for 1952-1953 are given in brackets)

Nature of Disease	*Number of New Cases*		*Number of Attendances*		1953/1954	1952/1953
SYPHILIS.	M.	F.	M.	F.	Total	Total
(a) Primary or Secondary	375 (344)	174(201)	2,553(4,020)	1,411(1,902)	4,513	5,967
(b) Tertiary	416 (502)	262(304)	4,027(6,627)	2,560(3,936)	7,265	1,369
(c) Of Central Nervous System	15 (12)	3 (1)	223 (178)	48 (100)	279	291
(d) Congenital	45 (64)	56 (77)	339 (486)	828(1,058)	1,268	1,685
Gonorrhea	520 (473)	13 (20)	2,105(2,703)	87 (167)	2,725	3,363
Others	323 (272)	99(106)	952 (693)	323 (300)	1,816	1,498
TOTALS	1,696(1,667)	607(709)	10,199(14,767)	5,257(7,463)	17,866	24,173

	M.	F.	1953 1954 Total	1952 1953 Total
(a) Number of new cases examined	1,696 (1,667)	607 (709)	2,303	2,376
(b) Number found to be free from Venereal Diseases	303 (270)	96 (103)	399	373
(c) Number of persons attending the clinic	4,159 (6,115)	1,883(3,039)	6,042	9,154
(d) Number of attendances paid by these people	10,199(14,707)	5,257(7,463)	15,456	22,170
(e) Number discharged as cured (other than (b))	514 (311)	169 (53)	683	364
(f) Number disharged as "defaulters — unable to trace"	987 (1,168)	517 484)	1,504	1,652
(g) Number of "Resident Magistrate" warning and "Note A's" sent to irregular attenders and defaulters	337 (643)	116 (295)	453	938
(h) Number of visits paid by Clinic Staff to defaulters and contents	661 (962)	114 (321)	775	1,283

BANTULE.

(Figures for 1952-1953 are given in brackets)

Nature of Disease	*Number of New Cases*		*Number of all Attendances*		1953 1954	1952 1953
SYPHILIS.	M.	F.	M.	F.	Total	Total
(a) Primary or Secondary	1 (2)	1 (8)	5 (22)	66 (160)	73	192
(b) Tertiary	2 (12)	32 (38)	70(264)	411 (736)	515	1,050
(c) Of Central Nervous System	— —	— —	— —	— —	—	—
(d) Congenital	— —	6 (5)	10 (10)	130 (116)	146	131
Gonorrhea	— (1)	1 (—)	1 (2)	2 (—)	4	3
Others	— —	— —	2 (—)	2 (—)	4	—
TOTALS	3 (15)	40 (51)	88(298)	611(1,012)	742	1,376

	M.	F.	1953 1954 Total	1952 1953 Total
(a) Number of new cases examined	3 (15)	40 (51)	43	65
(b) Number found to be free from Venereal Disease	— —	— —	—	—
(c) Number of persons attending cilinc	33(102)	237 (367)	270	470
(d) Number of attendances paid by these people	88(298)	611(1,012)	699	1,310
(e) Number discharged as cured (other than (b))	9 (1)	43 (7)	52	8
(f) Number discharged as "defaulters" — unable to trace"	15 (8)	40 (35)	55	43
(g) Number of "Rseident Magistrate" warning and "Note A's" sent to irregular attenders and defaulters	23 (14)	60 (21)	83	35
(h) Number of visits paid by clinic staff to defaulters and contacts	23 (14)	60 (21)	83	35

ATTERIDGEVILLE.

(Figures for 1952-1953 are given in brackets)

Nature of Disease	*Number of New Cases*		*Number of all Attendances*		1953 1954	1952 1953
SYPHILIS.	*M.*	*F.*	*M.*	*F.*	*Total*	*Total*
(a) Primary or Secondary	3 (1)	8 (28)	23 (25)	155 (332)	189	436
(b) Tertiary	5 (7)	72 (86)	55(113)	845(1,919)	977	2,125
(c) Of Central Nervous System	— —	— —	— —	— —	—	—
(d) Congenital	2 (1)	9 (13)	31 (39)	225 (411)	267	464
Gonorrhea	1 (—)	1 (—)	2 (—)	7 (46)	11	46
Others	— —	— —	— —	8 (—)	8	—
TOTALS	11 (9)	90(127)	111(177)	1,240(2,708)	1,452	3,071

	M.	F.	1954 Total 1953	1953 Total 1952
(a) Number of new cases examined	11 (9)	90 (127)	101	136
(b) Number found to be free from Venereal Diseases	— —	— —	—	—
(c) Number of persons attending the clinic	38 (69)	439(1,065)	477	1,134
(d) Number of attendances paid by these people	106(177)	1,240(2,708)	1,346	2,885
(e) Number discharged as cured (other than (b))	11 (—)	198 (25)	209	25
(f) Number of discharged as "defaulters" — unable to trace"	8 (—)	94 (5)	102	5
(g) Number of "Resident Magistrate" warning and "Note A's" sent to irregular attenders and defaulters	1 (45)	163 (528)	164	573
(h) Number of visits paid to clinic staff to defaulters and contacts	43 (51)	525 (591)	568	642

CHILD WELFARE ACTIVITIES.

No major changes were made during this year except the addition of one European Child Welfare Clinic. This brings the total up to 30. The work at the clinics progressed satisfactorily.

The staff consists of two Medical Officers devoting all their time to Ante-Natal and Child Welfare activities. There are 18 European Health Visitors, 9 non-European Nurses and 4 non-European Midwives.

A training course for European and non-European Nurses for the certificate Health Visitors and School Nurses is being run in conjunction with the Technical College.

From 20th to 22nd October, 1953, a Conference on Early Childhood was conducted in Pretoria. Interesting and stimulating papers were read. As our work is mainly concerned with the period of early childhood, the Medical Officers as well as the Health Visitors derived much benefit from attending this Conference.

RECREATIONAL WORK:

In spite of extreme difficulties and handicaps the Youth Club at Danville is still existing. It is hoped that we will not be forced to abandon this effort. The parents are beginning to realize and appreciate the advantages of such a Club. Due to lack of suitable facilities there is a long waiting list of children whose parents are interested that they should attend the Club.

The Doll Adoption Scheme is working very well and the first group of girls will have completed their "training" within the nex few months, and the following group will be selected to start.

Prospects of working under favourable conditions at the Hercules Clinic in future are good. The final plans for reconstruction of the Council Building have been approved by Union Health Department and work in this connection has commenced.

EUROPEAN STATISTICS:

A. Home Visits by Health Visitors.

(Figures for 1952-1953 in brackets)

	First Visits	*Subsequent Visits*	*Number of sick children visited*	*Total Visits*
1953-1954	4,415 (3,493)	9,532 (8,989)	860 (961)	14,807 (12,503)

This year 922 more first visits were made. There is a steady decline in the number of sick children visited over the last couple of years. We do not yet know the reason for this. For the rest there is very little difference in this year's figures and the previous year's.

B. DETAILED CLINIC ATTENDANCES:

(Figures for 1952-1953 in brackets)

	First Attend-ances	*Re-Attendances*	*Total Attendances*	*Seen by Doctor*
	1953-1954	1953-1954	1953-1954	1953-1954
Central (Tuesday)	73 (48)	1,023 (865)	1,096 (913)	823 (709)
Central (Wednesday)	81 (68)	822 (888)	903 (956)	— (—)
Central (Friday)	63 (62)	780 (835)	843 (897)	— (—)
Bloed Street	56 (60)	879 (946)	935 (1,006)	— (—)
West End	103 (95)	1,891 (1,439)	1,994 (1,534)	199 (229)
Proclamation Hill	25 (41)	503 (600)	528 (641)	69 (85)
Iscor	44 (34)	638 (587)	682 (621)	— (—)
Gezina	85 (101)	836 (903)	921 (1,004)	— (—)
Villieria 24th Avenue	89 (93)	745 (922)	834 (1,015)	205 (227)
Villieria 30th Avenue	68 (72)	442 (539)	510 (611)	— (—)
Wonderboom South	88 (85)	996 (786)	1,084 (871)	180 (146)
Mayville	110 (96)	743 (841)	853 (937)	— (—)
Capital Park	76 (71)	660 (761)	736 (832)	— (—)
Hatfield	83 (70)	994 (796)	1,077 (876)	— (—)
New Muckleneuk	101 (66)	944 (739)	1,045 (805)	— (—)
Sunnyside (Tuesday)	69 (16)	1,014 (130)	1,083 (146)	— (—)
Sunnyside (Wednesday)	100 (133)	1,351 (1,232)	1,451 (1,365)	— (—)
Riviera	82 (48)	714 (632)	796 (680)	111 (97)
Salvokop	16 (12)	419 (250)	435 (262)	— (—)
Danville	39 (48)	786 (972)	825 (1,020)	383 (338)
Defence Reserve	4 (4)	176 (210)	180 (177)	— (—)
Armstrong Berning	8 (31)	64 (240)	72 (271)	14 (63)
Arcadia	91 (94)	844 (926)	935 (1,020)	— (—)
Showgrounds	7 (11)	489 (411)	496 (422)	— (—)
Hercules	138 (176)	2,523 (3,467)	2,661 (3,643)	949 (1,017)
Booysens	65 (73)	877 (1,073)	942 (1,146)	— (—)
Mountain View	60 (54)	743 (642)	803 (696)	— (—)
Pretoria Gardens	70 (74)	790 (739)	860 (813)	— (—)
Rietfontein North	47 (50)	491 (373)	538 (423)	— (—)
*Voortrekker Road	8 (—)	36 (—)	44 (—)	— (—)
	1,949 (1,886)	24,213 (23,744)	26,162 (25,630)	2,933 (2,911)

No remarkable changes are reflected by these figures.

*This clinic was only opened this year.

C. EUROPEAN ANTE-NATAL CLINICS:

(Figures for 1952-1953 in brackets)

	Central	*Danville*	*Hercules*	*Total*
	1953-1954	1953-1954	1953-1954	1953-1954
No. of new cases	451 (352)	57 (43)	123 (113)	531 (508)
Total attendances	2,044 (1,848)	343 (387)	696 (654)	3,083(2,889)

As in the past three European Ante-Natal Clinics are conducted. There is a steady increase in both the first and total attendances. This is because the importance of proper Ante-Natal care is being realized more and more by expectant mothers. Much is done at our Ante-Natal Clinics to educate the expectant mother as regards the importance of proper nutrition. There is still a great deal of ignorance about what constitutes a healthy and balanced diet.

There is no decline in the popularity of the Relaxing Exercises Classes and most patients gratefully testify to the benefit they derived from attending these classes.

DENTAL CLINIC ATTENDANCES:

(Figures for 1952-1953 in brackets)

No, of cases which attended Dental Clinic 70 (147)

Figures for this year show that there is a decline in the number of cases attending the Dental Clinic. Many were referred to the clinic, but it is still very difficult to overcome prejudice. On questioning those who did not attend it became evident that many pregnant women still believe that it is unsafe to undergo dental treatment during pregnancy. There is much scope for education in this field.

D. IMMUNIZATION CLINICS:

(Figures for 1952-1953 in brackets)

No. of cases immunized against Diphtheria 3,216 (972)
No. of cases immunized against Whooping Cough 687 (709)

There is a great rise in the number of cases immunized against Diphtheria. This is mainly the result of the virulent outbreak which we experienced during the year and the subsequent response on the part of the public to our appeals and education programme through the press, public talks, pamphlets and over the radio. It was stressed that in order to control Diphtheria it was essential to have 75% of the population immunized.

The drop in the number of cases immunized against Whooping Cough is mainly because we have temporarily discontinued combined injections. This decision was arrived at after discussions with the South African Institute for Medical Research. It was pointed out that A.P.T. is capable of establishing a more satisfactory immunity than Formal Toxoid which was used in combined preparation.

It was decided to use A.P.T. for children from 6 months old to 12 years. Untoward reactions from A.P.T. in this age group so far were negligible. If it became necessary to immunize children over 12 years, A.D.F. (Absorbed Dissolved Floccules) was used.

The South African Institute for Medical Research is at present working on the manufacturing of a Combined Pertussis Vaccine with A.P.T. As soon as this is available we will again resort to combined injections. In the meantime, when necessary, Whooping Cough Prophylactic Vaccine is given alone.

MIDWIFERY SUPERVISION:

(Figures for 1952-1953 in brackets)

No. of midwifery bags inspected 77 (77)
Special visits to midwives 26 (18)
Visits to midwifery cases 7 (4)
Visits to maternity homes 28 (19)

As mentioned in last year's report difficulty is still experienced in the supervision of registered unqualified midwives. It is hoped that legislation in this connection will be finalised by the Union Department of Health and Nursing Council in the near future.

NON-EUROPEAN CHILD WELFARE.

Atteridgeville, Bantule and the Compound are the three areas where clinics are conducted. No new appointments were made and no new clinics were opened, but as the result of a large number of new houses in Atteridgeville, it will become imperative in the future for the appointment of another non-European Health Visitor and T.B. Nurse.

HOME VISITS:

(Figures for 1952-1953 in brackets)

	Compound Natives	*Compound Asiatics*	*Eurafricans*	*Atteridgeville Natives*	*Bantule Natives*
First visits to newly-born infants (1953-1954)	271 (140)	222 (203)	116 (90)	496 (436)	302 (256)
Subsequent visits (1953-1954) . ..	948 (698)	1,860 (1,830)	1,249 (1,209)	8,383 (7,297)	7,863 (3,822)
Visits to sick children (1953-1954) .	15 (34)	47 (58)	73 (93)	172 (238)	289 (333)
No. of sick children visited (1953-1954)	8 (24)	37 (52)	41 (47)	135 (175)	145 (276)

CHILD WELFARE CLINIC ATTENDANCES:

(Figures for 1952-1953 in brackets)

	Compound Natives	*Eurafricans*	*Asiatics*	*Atteridgeville Natives*	*Bantule Natives*
First attendances 1953-1954	816 (717)	227 (127)	176 (86)	429 (372)	256 (282)
Re-attendances 1953-1954	2,918(2,705)	2,905(2,350)	2,079(1,664)	13,461(10,737)	6,360(6,185)
Seen by doctor 1953-1954	775 (655)	801 (898)	326 (336)	3,912 (3,286)	636 (648)

As in previous years the attendance at the Native Child Welfare Clinic is still out of all proportion to the small number of births in that area. The large numbers are mostly made up by cases from Peri-Urban Areas.

ANTE-NATAL CLINICS:

(Figures for 1952-1953 in brackets)

	Compound Natives	*Eurafricans & Asiatics*	*Atteridgeville Natives*	*Bantule Natives*	*Total*
No. of cases reporting at clinic 1953-1954	1,412(1,500)	153 (162)	401 (464)	210 (233)	2,176 (2,359)
No. of attendances 1953-1954	5,734(4,852)	791 (851)	2,689(3,051)	1,250(1,456)	10,464(10,210)

Figures for this year show very little change from those reported last year.

MIDWIFERY:

Not many deliveries were conducted in the homes of patients at Bantule. This is because most houses at Bantule are overcrowded and as in previous years the patients were referred mostly to General Hospital or the Little Flower Mission. In spite of this, however, it is felt that the appointment of a midwife here is justifiable to help those patients who are having their babies at home and to combat the use of untrained women.

IMMUNIZATION CLINICS:

(Figures for 1952-1953 in brackets)

No. of cases immunized against Diphtheria 590 (316)
No. of cases immunized against Whooping Cough 354 (263)

The rise in cases immunized against Diphtheria is not as great as in the case of Europeans. The practice has been in the past to encourage the non-Europeans to bring their children at an early age, i.e., before 6 months to be immunized against Whooping Cough. Combined injections are only commenced at 6 months. Hence the rise in the number of children immunized against Whooping Cough despite the fact that Combined injections were temporarily discontinued.

FEEDING SCHEMES:

At Bantule and Atteridgeville the feeding schemes for infants, pre-school and school children are carried on as in the past. With the rise in cost of living it is becoming more and more difficult to maintain the quality of the food with the amount of money available.

HEALTH EDUCATION:

As we are much concerned with educating the public as regards a proper and healthy diet, we welcomed the approach by the Department of Nutrition to assist them in a campaign in order to:—

(1) Promote healthier eating habits.
(2) To guide the public to buy more economically.

Our Health Visitors attended a short refresher course given by the head of the Nutrition Department, on Nutrition and food values. The idea is to impart this knowledge to the mothers attending our clinics.

Two experimental rats were lent to us by this Department. One of these rats showed the results of a diet on bakers cones and the control was fed on enriched bread.

These rats were exhibited at our clinics and created a great deal of interest particularly amongst the non-Europeans. As a result of this programme of education there is a reduction in the sales of bakers cones in one of our locations and it seems as if we are beginning to convince the non-Europeans of the importance of brown and enriched bread.

Talks were arranged in the European areas but amongst the indigent population there is a reluctance to attend such meetings and much education is still needed to overcome ignorance.

INSPECTION OF NURSING HOMES, CONVALESCENT HOMES AND HOSPITALS.

All Nursing Homes, Convalescent Homes and Hospitals, other than the Pretoria General Hospital and the Andrew McColm Hospital, were inspected by us on behalf of the Union Health Department. The Pretoria General Hospital and the Andrew McColm Hospital fall under the jurisdiction of the Provincial Administration, and we therefore exercise no control over these two Institutions.

The general supervision and management of these Institutions are on the whole satisfactory. No new Institutions were established during the year.

Institutions for European Maternity Cases:

There are two Nursing Homes and one Hospital with 35, 9 and 85 beds, respectively, for European Maternity vases.

Institutions for non-European Maternity Cases:

There are 12 beds in the maternity section of the Pretoria General Hospital and 100 beds in the Holy Cross Nursing Home which is situated in the Lady Selborne Location for non-European maternity cases. The number of beds has been increased from 70 to 100 since last year. All maternity cases admitted to this Institution are treated free of charge. The City Council of Pretoria pays a fixed annual grant towards the running cost of the Holy Cross Nursing Home.

It will be noted from the figures quoted above that there is still a very great need for additional accommodation for midwifery cases for Europeans and particularly for non-Europeans. Many cases could not be accommodated in Institutions and confinements in many cases had to be conducted under very adverse conditions in overcrowded homes.

As in previous years those persons in charge of the Hospitals and Homes, have always been most co-operative and willing to bring about such changes and improvements as were considered necessary regarding the general management of the Institutions.

PRETORIA DENTAL CLINIC.

For the period April, 1953, to March, 1954.

1. The Pretoria Dental Clinic is managed by a Board of Control consisting of representatives from the City Council, the Transvaal Provincial Administration, the Northern Transvaal Branch of the Dental Association of South Africa and the Union Health Department.

2. **GRANTS-IN-AID:**

The City Council grants the Clinic £3,100 per annum. Of this amount £2,250 is used for school children; £150 for pre-school children and ante and post natal patients; the remaining £700 being used for the treatment of non-Europeans.

The Union Department of Health's grant of £3,100 per annum is divided between treating pre-school children, ante and post natal patients: £1,200 and £1,900 towards non-European services.

The Provincial Administration has increased its grant from £6,044 to £6,900 per annum for the treatment of school children.

3. **DENTAL SURGEONS:**

Six dental officers are employed. One is serving full time in a temporary capacity as Superintendent. Four are full-time dental surgeons and one part-time dental surgeon is in charge of the Orthodontic Department. Five dental surgeons are giving services for school children two of them are also taking care of non-European patients; one other is also in charge of the pre-school and ante and post natal department.

4. SCHOOL SERVICES:

School inspections show the following:—

No. of schools at which inspections were conducted	57
No. of children examined	27,672
No. of children examined requiring treatment	15,959
No. of indigent children requiring treatment	11,206
No. of indigent children examined requiring no treatment	4,753

The following schools were not examined and are not included in the statistics:—

Andries Pretorius, Bellevue, Clapham High and the Afrikaans Meisies Hoër.

Owing to difficulties experienced by principals in assessing indigency, etc., the following schools were also not included in the abovementioned figures:—

Boys' High School, Girls' High School and the Afrikaans Seuns Hoërskool.

MORNING CLINICS (AT CLINIC):

No. of Clinics held	26
No. of children treated	1,174
No. of teeth extracted	1,439

TREATMENT OF SCHOOL CHILDREN: COMPARATIVE TABLE.

Period	No. Children Examined	No. New Patients Treated	No. of Re-visits	No. Discharged Treatment Completed	No. Casuals Discharged Treatment Completed	No. of Fillings	No. of Extractions	Total Operations
Nov. 1946 ... ... Oct. 1947	18,278	4,671	8,055	788	976	7,903	3,313	20,169
Nov. 1947 ... ... Oct. 1948	18,253	5,275	5,371	1,174	496	6,382	6,360	17,814
Nov. 1948 ... ... Oct. 1949	2,969	7,158	5,003	1,310	484	8,778	6,788	19,929
Nov. 1949 ... ... Mar. 1950	1,355	3,825	1,730	500	186	3,192	4,097	9,153
Apr. 1950 ... ... Mar. 1951	23,637	6,087	5,834	1,453	437	8,663	7,155	20,785
Apr. 1951 ... ... Mar. 1952	24,363	6,847	7,137	1,300	540	9,976	8,385	22,888
Apr. 1952 ... ... Mar. 1953	26,844	9,181	7,875	1,581	441	11,692	10,639	27,827
Apr. 1953 ... ... Mar. 1954	33,745	8,631	9,624	2,740	1,056	14,068	9,000	30,170

GOLD INLAYS AND PROSTHETICS:

83 Gold Inlays were done for school children and 38 Orthodontic Plates and 40 Partial Plates were supplied.

5. MOBILE DENTAL UNIT:

Sub-Clinics.—The Mobile Unit was used for this service. Eleven schools were visited, with the following results:—

No. of children treated	746
No. of teeth extracted	996

Meerhof:

No. of children treated	74
No. of teeth extracted	36
No. of teeth filled	60
No. of visits	5

A further two schools were visited for conservative treatment, the results being:—

No. of children treated	2,121
No. of children examined	676
No. of fillings done	1,722
No. of extractions done	834

6. **ORTHODONTIC SERVICES:**

Thirty-eight orthodontic appliances were supplied during the period under review. The demand for treatment is still growing and there is at present a waiting list of 121 children.

7. **ANTE- AND POST-NATAL DEPARTMENT:**

It is still found that several patients referred to the clinic by the Healt Department fail to report for treatment.

8. **PRE-SCHOOL CHILDREN:**

This Department is run concurrently with the former section and shows satisfactory progress.

9. **PRIVATE SCHOOLS:**

This section also shows satisfactory progress and it is encouraging to notice the increasing demand for conservative treatment as against extractions.

10. **NON-EUROPEANS:**

New quarters have become available at Lady Selborne. This is a big improvement on the previous accommodation. There is a great increase in the number of school children treated and the number of pre-school children and adults has decreased slightly.

MEDICAL EXAMINATION CONDUCTED BY MEDICAL OFFICERS IN THE HEALTH DEPARTMENT.

A total of 645 such Medical examinations were conducted. This figure includes Medical examinations of persons entering the Municipal Service, special Medical examinations under the Workmen's Compensation Act or for Pension Fund or other purposes.

ABATTOIR AND MEAT SUPPLIES.

SLAUGHTERING STATISTICS.

Animals Slaughtered:

	1953-1954	1952-1953
Oxen	60,363	43,049
Cows	9,674	10,832
Bulls	404	613
Calves	2,365	2,510
Sheep	117,515	135,860
Goats	1,160	2,509
Pigs	20,228	20,444
	211,709	215,817

Carcases, Organs,etc.,Condemned:

	Cattle	*Calves*	*Sheep and Goats*	*Pigs*
Carcases	1,841	102	891	755
Quarters	172	—	90	—
Livers	10,577	—	40,743	—
Lungs	4,479	—	424	—
Plucks	868	—	1,905	1,032
Heads	3,917	—	—	118
Tongues	216	—	—	118
Hearts	83	—	—	—
Kidneys	371	—	—	—
Spleens	3,711	—	—	—
Tripes	3,724	—	—	—
Intestines	3,716	—	31,020	—
Tails	215	—	—	—
Udders	308	—	—	—
Viscera	1,874	—	892	—

Imported Meat Examined.

Beef Carcases: 4,485; Beef Quarters: 53; Sheep Carcases: 3,799; Pork Carcases: 669.

Imported Meat Detained for Cold Storage Treatment.

Beef Carcases: 15; Pork Carcases: 1.

Imported Meat Condemned.

Mutton C/S: 3; Pork: 1 Head; 1 Tongue.

Total Condemnations.

	1953-1954		1952-1953	
	Percentage	*Weight*	*Percentage*	*Weight*
Cattle	2.613	273.478 Tons	2.413	362.003 Tons
Calves	4.312	2.076 Tons	2.270	1.289 Tons
Sheep and Goats	0.751	14.429 Tons	0.785	16.365 Tons
Pigs	3.732	46.301 Tons	2.421	25.587 Tons
		336.284 Tons		405.244 Tons

DISEASES ENCOUNTERED:

Cysticercosis.

	Total No.	*Incidence %*	*% Condemned*	*% Detained*
			1953-1954	
Cattle	4,059	6.543%	1.350%	5.193%
Pigs	764	3.776%	2.862%	0.914%
			1952-1953	
Cattle	3,196	5.865%	1.302%	4.563%
Pigs	421	2.059%	1.555%	0.503%

Organs for cysticercosis affected cattle detained for cold storage treatment:—

Tongues 3,658. Tails 3,658. Livers 3,060. Hearts 3,623.

Tuberculosis.

	Total Incidence	1953-1954 % Generalised No. of C/S Cond.	% Localised
Cattle	46 or 0.065%	0.034%	0.031%
Pigs	163 or 0.805%	0.222%	0.583%
		1952-1953	
Cattle	37 or 0.067%	0.049%	0.018%
Pigs	160 or 0.826%	0.249%	0.577%

Condemnation other than Measles and Tuberculosis.

Diseases	*Cattle*	*Qtrs.*	*Afftd. Organs*	*Veal C/S*	*Sheep C/S*	*Sheep Qtrs.*	*Afftd. Organs*	*Goat C/S*	*Pork C/S*
Actinomycosis	—	—	104	—	—	—	—	—	—
Anaemia	1	—	—	—	—	—	—	—	—
Arthritis	—	—	—	—	—	—	—	—	1
Botriomycosis	—	—	—	—	—	—	—	—	3
Carcinoma	1	—	—	—	—	—	—	—	—
Caseous Lymphadenitis	—	—	—	—	206	86	2,633	—	—
Def. Bleeding	5	—	—	—	—	—	—	—	—
Dermatitis	—	—	—	—	—	—	—	—	1
Emaciation	98	—	—	21	475	—	—	6	16
Emphysema	27	10	—	—	—	—	—	—	—
Enteritis	—	—	—	—	—	—	—	—	1
Ext. Bruising	305	120,220 lbs. 103	—	4	14 lbs. 65	3	—	1	1,738 lbs. 29
Fevered	2	—	—	—	—	—	—	—	—
Follicular									
Mange	—	—	—	—	—	—	—	—	3
Gangrene	63	5	—	1	7	—	—	—	28
Gen. Echinococcus	—	—	—	—	—	—	—	—	2
Globidiosis	9	—	—	—	—	—	—	—	—
Fatty Changes	1	—	—	—	—	—	—	—	—
Hepatitis	1	—	—	—	—	—	—	—	—
Immaturity	—	—	—	25	—	—	—	—	—
Jaundice	7	—	—	6	38	—	—	—	—
Malignant Tumours	3	—	—	—	—	—	—	—	—
Melanosis	—	—	—	—	—	—	—	—	1
Moribund	11	—	—	—	46	—	—	—	—
Multiple Abscesses	115	56	—	1	2	—	—	—	12
Navel Ill.	—	—	—	38	—	—	—	—	—
New Growths	—	—	—	—	2	—	—	—	—
Oseomyelitis	1	—	—	—	—	—	—	—	—
Peritonitis	46	—	—	—	1	—	—	1	3
Paratyphoid	—	—	—	1	—	—	—	—	—
Pleuritis	6	—	—	—	1	—	—	—	5
Pleurisy and Peritonitis	77	—	—	—	—	—	—	—	3
Puss Contamination	1	—	—	—	—	—	—	—	—
Pyaemia	2	—	—	—	—	—	—	—	—
Sarcosporidiosis	9	—	—	—	—	—	—	—	6
Septic Mastitis	7	—	—	—	—	—	—	—	—
Septic Metritis	22	—	—	—	7	—	—	—	2
Septic Nephritis	6	—	—	3	3	—	—	—	1
Septic Pleuritis	9	—	—	—	—	—	—	—	—
Septic Pericarditis	6	—	—	—	—	—	—	—	1
Septic Pneumonia	23	—	—	7	24	—	—	2	3
Septic Orchitis	—	—	—	—	—	—	—	—	10
Septic Wounds	1	—	—	—	—	—	—	—	—
Uraemia	1	—	—	—	3	—	—	—	—

SLAUGHTERING STATISTICS FOR EQUINES.

No.Slaughtered.

Horses 773. Mules 4. Donkeys 1,440.

Condemnations.

Diseases	*Emaciation*	*Ext. Bruising*
Horses	2	1
Mules	1	2
Donkeys	11	—

Weights of condemned horse, mule and donkey meat: 3,352 lbs. or 1.676 Tons.

SLAUGHTERING STATISTICS FOR POULTRY.

Fowls	*Chickens*	*Turkeys*	*Ducks*	*Geese*	*Musc. Ducks*	*G. Fowls*	*Pigeons*	*Bantams*
44,316	658	2,201	1,854	104	612	14	121	53

Diseases Encountered:	*Fowls*	*Chickens*	*Turkeys*	*Ducks*
Carcinoma	10	—	—	—
Canbalism	—	110	—	—
Dead Poultry	87	1	2	—
Def. Bleeding	1	—	—	—
Emaciation	11	—	—	—
Enteritis	1	—	—	—
Egg-bound	13	—	—	—
Ext. Bruising	6	—	—	—
Gangrene	7	—	2	—
Internal Cysts.	1	—	—	—
Malignant Tumours	1	—	—	—
Mult. Abscesses	8	—	1	—
Moribund	1	12	1	—
New Growths	75	—	2	—
Nodular Tapeworm	4	—	—	—
Peritonitis	39	—	1	1
Sick Poultry	8	—	—	—

SLAUGHTERING STATISTICS FOR RABBITS.

No. of Rabbits slaughtered: 354.

Condemnations.

1 Rabbit Septic Pneumonia.

All cold storages, wholesale and retail butcher shops were inspected by the Assistant Health Inspector as a follow-up inspection and check on imported meat being submitted for inspection and stamping at the City Abattoir.

STAFF.

Dr. I. P. Marais resigned as Manager Abattoirs on 31st July, 1953, and his place was taken on 1st August, 1953, by Dr. W. J. Wheeler who had held the post of Veterinary Officer.

Due to the ill-health of one Meat Inspector and the resignation of another, applications have been called to fill their places. Up to the present no applicants could be found. It appears that the feared shortage of Health Inspectors has occurred sooner than anticipated. The temporary use of District Inspectors for Meat Inspection duties is most unsatisfactory but may to be continued with for some time.

A slight reduction in European staff could be made during the year due mainly to the taking in use of the bleeding hall.

The establishment is as follows:—

Director: The Medical Officer of Health.
Manager: Dr. W. J. Wheeler.
Accountant: Mr. V. A. Campbell.
Senior Clerk: Miss H. C. Wessels.
Typist/Clerk: Miss J. H. J. Meyer.
Assistant Chief Health Inspector: Mr. J. L. Coetzee.
Supervising Health Inspector: Mr. W. Scott.
Health Inspectors: 4.
Superintendent By-Products and Refrigeration Plant: Mr. J. A. Matthee.
Fitter and Turner: 1.
Workshop Assistant: 1.
Machine Attendants: 9.
Caretaker-Yard Foreman: 1.
Yard Assistant: 1.
Cleaner Checkers: 2.
Cleaner Handyman: 1.
Cleaners: 7.
Natives: 54.

MEAT SUPPLIES.

Supplies of cattle were fairly maintained and at no time was there a total collapse as in some previous years. During the 5 "lean" months about 40% of the requirements were received. The age of animals slaughtered still shows a tendency to drop, as encouraged by the Meat Control Board. The number of cattle slaughtered during the year was 70,441 as ompared to 54,494 during the previous year.

Although the number of sheep slaughtered during the year decreased from 135,860 for the previous year to 117,515, supplies were more or less evenly distributed and often served

to relieve temporary shortages of beef. The quality of slaughter sheep still leaves much to be desired.

The number of pigs slaughtered was practically unaltered as compared to the previous year's figures.

Although the number of horses slaughtered decreased by 444 the number of donkeys increased by 987 due mainly to the limited number of horses available for slaughter.

The poultry abattoir is not well supported as by far the majority of birds arrive slaughtered from outside the city. With the poultry market situated at the abattoir and far removed from the general products market, many buyers are unable to attend the poultry market which thus remains small.

CONDEMNATIONS.

The incidence of Cysticercosis in both cattle and pigs is higher than during the previous year. This disease is still responsible for the greatest weight of meat condemned not to mention the expense in treatment of affected carcases. The higher incidence during the year under review was probably due, in the case of bovines, to the relatively greater number introduced from the Northern Transvaal where the parasite is widely distributed. In the case of pigs, the increase is due probably to a larger percentage of animals coming from the Native Areas.

The incidence of Tuberculosis remained about the same as during the previous year. Specimens of infected organs from pigs were regularly submitted to Onderstepoort for "typing".

The amount of meat condemned for bruising is still too high. That some bruising should occur during long train journeys is inevitable, but the following precautions should greatly decrease the loss:—

1. The avoidance of trucking animals in such poor condition that they cannot stand throughout the journey and so are trampled on.
2. Prevention of the practice of trucking "mixed" lots of cattle together so that the smaller or younger are overwhelmed in transit or in kraals.
3. The dehorning as far as possible of all slaughter stock.
4. The avoidance of delays during transfer of stock at stations, goods yards, etc.

During the year a marked increase occurred in the condemnation for abscesses in cattle this is attributed mainly to marked tick-infestation. During the summer the tick-infested state of most cattle arriving at the abattoir was disgusting. These masses of ticks not only open the way for infection of the animal body but also destroy large areas of the skin and which hold dust and dirt and so foul the carcases.

It was noticed during the year that the number of cattle affected with globidiasis grew significantly. Whether this is due to an increase in the incidence or whether it is recognised more readily by farmers and affected animals sold, is difficult to ascertain.

In some batches of sheep received, a high percentage was condemned for emaciation resulting from severe infestation with internal parasites.

EXTENSION TO ABATTOIR.

During the year the consultants of the Council produced estimates for alterations to the abattoir to meet the requirements of the Factories Inspector. The cost of these proved so high that the Council decided upon the construction of a new abattoir. Negotiations with the Meat Control Board have been favourable, and it is hoped that a loan may be raised to commence with the project as soon as possible, as this is long overdue.

INCREASED INSPECTION FEES.

As predicted the increased inspection fees have enabled the institution to show a profit which partially compensates for the losses in previous years.

BY-PRODUCTS.

At the controlled price there is still a great demand for all the products of our factory. We are inundated with permits for bonemeal which apparently is difficult to purchase elsewhere.

GENERAL.

Sales of sheep on the hook on five days of the week are maintained. Facilities for accommodating these sales are still inadequate.

The Council during the year abandoned the Livestock Agency as it had become uneconomical. An increased number of agencies was allowed by the Meat Control Board so that the office accommodation for renting to these agencies on the abattoir site is not sufficient.

RECORD OF THE WORK OF THE HEALTH INSPECTORS.

The authorised establishment of the Health Inspectorate Staff has remained unchanged during the year, but at no time was the staff up to full establishment. This, coupled with sick leave and normal leave granted has, from time to time, created some difficulty in keeping the work up to date. The position has been aggravated by the fact that for the greater part of the year relief had to be provided at the Abattoir owing to continued shortage of inspectors there.

The position in regard to the shortage of staff has not as yet deteriorated to such an extent as to necessitate any curtailment of activities, but it has necessitated individual inspectors at times having to perform work outside their normal districts.

Notwithstanding this, it is pleasing to record once again that a high standard of hygiene has been maintained throughout the City. Consideration will, however, soon have to be given to an increase in the inspectorial staff to meet the City's expansion over recent years.

Public Health Amendment Act No. 44 of 1952, which pegs the salaries of health officials has caused a serious dropping off of new recruits and a number of resignations. It is hoped that conditions of employment will soon again become sufficiently attractive to induce new recruits to join the Health Inspector's ranks. If the present Union-wide shortage continues or deteriorates, the position will become very serious indeed. It is essential to keep pace with the enormous expansion which has taken place over the past years particularly in the larger centres. Failure to do so now will result in an inevitable deterioration of environmental hygiene.

Two years ago the City Council decided that every Health Inspector should be given a locomotion allowance. The decision was a wise one; the mobility of the personnel has enabled us to delegate additional duties to inspectors without upsetting normal routine work.

Rapid expansion of the unsewered Innesdale area in recent years has brought with it an ever-increasing difficulty in the disposal of waste water as much of that area is totally unsuitable for disposal on the soil. The area is now too highly developed for any method other than sewerage for disposal of liquid household wastes. It is pleasing to record that sewers will be laid down here in the very near future and the scheme will be completed by 1960.

There has been considerable improvement in sanitation in the Hercules area since incorporation. Here too, the installation of sewerage is becoming increasingly necessary. Since incorporation considerable improvement has also been effected in the keeping of animals. Stricter control has been gently applied, and the number of animals kept under unsatisfactory conditions has been considerably reduced. We are trying hard to gradually eliminate the keeping of animals altogether.

The whole of the Hercules area is now on the City's water reticulation system. As a consequence, the use of water from wells for domestic purposes, has practically ceased. The provision of this essential service is an important factor in the improvement of Public Health conditions, as every water sample taken from wells in different parts of this area proved the water to be quite unfit for domestic use.

FARM LANDS:

The policy of interfering as little as possible with farming operations on the outskirts of the Municipal area, whilst at the same time insisting upon conditions not inimical to Public Health, has been maintained. The development of centiguous areas mainly for residential purposes has necessitated a close watch on these lands and stricter measures being enforced in regard to the keeping of animals and the prevention of fly- and mosquito-breeding. The standards of hygiene and housing for farm labourers are gradually being improved.

ATMOSPHERIC POLLUTION:

The question of "smog" in this city has received a good deal of attention by the Department. Atmospheric pollution, though present during the winter months in particular, can hardly be described as a real nuisance as yet and there is no evidence that it has in any way affected the Public Health.

The condition usually becomes evident visually at about 5 p.m. and gradually becomes more dense, probably reaching its peak at about 8 p.m. By late evening it has usually dispersed considerably, only to become evident once again in the early morning. By approximately 9 a.m. the atmosphere becomes clear.

The problem of smog has received much attention overseas. Its control or preventon presents many difficulties as a number of factors like the types of fuel used, the types of appliances used industrially and domestically, the nature of the affected areas, i.e., whether industrial, residential, etc., density in the respective areas, atmospheric conditions and topography all play a part. A very important factor in South Africa is the large number of open fires made by non-Europeans, and this factor is not confined to the non-European areas

alone. It is considered generally, that the domestic fire is responsible for the greater proportion of atmospheric pollution in most areas where "smog" is present. In common with most of the larger centres in the Union, it is hoped to introduce some form of control in the near future.

During the year, the Department received a number of complaints in regard to smoke nuisances. These were investigated and in every case considerable improvement was brought about, or the nuisance was completely abated.

LICENSED PREMISES:

The following is a list of the types and numbers of licensed premises dealt with during the year. These premises were all inspected at regular intervals:—

	European	*Non-European*
Restaurants and Tearooms	267	68
Tea rooms for the sale of minerals only	25	34
Fresh produce dealers	403	163
Poulterers	32	—
Fishmongers	14	—
Native eating houses	6	15
Provision dealers	334	236
Butchers	113	33
Offal dealers (butcher)	1	—
Dairies and distributors	95	4
Bakers and confectioners	30	4
Ice cream factories	2	—
Manufacturers of ginger beer	—	1
Mineral water factories	6	1
Boarding and lodging houses	362	—
Grain millers	4	—
Launderers	10	9
Cobblers	103	31
Hawkers and pedlars. (All classes of goods)	65	195
Public halls	19	1
Theatres	14	3
Billiards saloons	3	2
Hotels	26	—
Second-hand dealers	50	4
Workshops	284	3
Milk producers	322	—
Tanneries	1	—
Fumigators	3	—
Woodsawyers	4	—
Brick burners	2	—
Pawnbroker	1	—
Cycle dealers	93	31
Hairdressers	118	19
Bio operators	41	11

PLANS:

Every plan submitted to the City Council is carefully scrutinised. The Department does not approve of any plan unless it meets with modern health requirements. The difficulties and delays of the past are now avoided to a large extent by the ready co-operation of the Architects, many of whom discuss their schemes with the Department before drawing up and finally submitting plans. This has assisted in ensuring modern equipment in establishments engaged in the catering and food trade and better hygienic facilities in shops generally.

The following table summarises the plans examined during the year under review:—

BUILDING PLANS.

Month	*No. of Plans First submission*	*No. of Plans re-submissions*	*Preliminary Plans*	*Plans submitted by Architects*	*Total*
July, 1953	205	71	7	6	289
August, 1953	172	72	3	3	250
September, 1953	176	71	3	—	250
October, 1953	147	47	4	3	201
November, 1953	142	46	1	4	193
December, 1953	109	37	—	1	147
January, 1954	124	32	1	9	166
February, 1954	176	85	3	6	270
March, 195	237	78	3	3	321
April, 1954	166	84	5	2	257
May, 1954	180	77	1	3	261
June, 1954	201	69	1	4	275
	2,035	769	32	44	2,880

EARLY MORNING AND EVENING INSPECTIONS:

Each District Health Inspector carries out routine early morning inspections on at least one morning per month in addition to late evening or night inspections as and when required.

The following is a table of the types and numbers of extra hour inspections referred to above, which have been undertaken during the year.

EARLY MORNING INSPECTIONS.

Type of Inspection	*Total No. of Inspections*	*Satisfactory*	*Unsatisfactory Intimations given or written Notices served*	*Evening Inspections*
Food Delivery Vehicles	600	465	135	
Butcher Shops	699	523	176	Excluding 9
Reastaurants and Tearooms	362	257	105	evening in-
Bakers and Confectioners	76	51	25	spections by
Milk Depots	202	150	52	Food Section
Hotels and Boarding Houses	18	16	2	in regard to
Native Eating Houses	9	8	1	hotels, etc.
Nuisance Re-Inspected	83	58	25	
Greengrocers	76	53	23	
Provision Stores	41	34	7	
Miscellaneous	29	18	11	7
	2,195	1,633	562	7

PEST CONTROL REPORT.

The following is a summary of the work done by the District Health Inspectors in regard to Rodent, Mosquito and Fly Control during the year ended June, 1954.

Inspection by District Inspectors — *Year* 1953-1954

Rodents:

1.	Complaints investigated	243
2.	Premises inspected and advice given	1,559
3.	Notices and intimations to use traps or poison	861
4.	Notices served requiring rodent proofing on premises	270
5.	Notices served under 3 and 4 above, complied with	370
6.	Existing buildings made rodentproof	276
7.	New Rodentproof buildings completed	84
8.	Prosecutions for failure to comply with regulations	1
9.	Accumulations of rubbish or lumber likely to harbour rodents cleaned up or removed	797
10.	No. of rodents seen killed or reported killed	1,978
11.	Ratproof animal food bins provided	26
12.	Matters referred to pest control	37
13.	Matters concerning rodent control referred to other Departments	6

Mosquitos:

1.	Complaints investigated	98
2.	Inspections made	1,032
3.	Notices and intimations given	332
4.	Notices served under (3) above complied with	137
5.	Prosecutions for failure to comply with regulations	1
6.	Breeding places eliminated	238
7.	Advice given re mosquito control	354

Flies:

1.	Complaints investigated	140
2.	Inspections made	485
3.	Notices and intimations given	515
4.	Notices served under (3) above complied with	114
5.	Prosecutions for failure to comply with regulations	1
6.	Breding places eliminated	257
7.	Advice given re fly control	453

In all, the District Health Inspectors carried out 55,570 inspections and issued 16,837, verbal and written warnings during the year.

FOOD SECTION:

The personnel of the Food Section consists of a Supervising Health Inspector and three Health Inspectors. This Section is responsible for ensuring that all food produced, handled or distributed on various types of premises are so handled, prepared or distributed in a hygienic manner and that all equipment is maintained hygienically. There are over 1,000 such establishments in the Municipal area.

During the year under review the systematic inspection of restaurants, hotels and boarding houses was carried out during lunch hours and whilst meals were being prepared and served in the evenings. These extra hour inspections were a new innovation in Pretoria and have proved a great success. Furthermore, it has been found that the managements of the various establishments visited were only too ready to co-operate with the Department in maintaining the desired standard of hygiene. These inspections have brought about considerable improvements in many ways, like the frequency with which water is changed in scullery sinks, cleanliness of crockery and cutlery and handling of food, the preparation and serving. A total of 225 hours were spent on this type of inspection during the year.

As in previous years, we continued to take regular samples for both chemical and bacteriological analysis of the City's water supplies at their sources and during the course of reticulation.

We are pleased at the very good co-operation we receive from food vendors in the City. It has now become customary for most vendors regularly to examine their stocks and at intervals surrender unsound foods to the Department for destruction.

It has become a rare occurrence for the Department to issue warnings or take legal action against anybody for exposing or storing unsound foodstuffs.

On the whole the preparation, storage and handling of foodstuffs is satisfactory.

A total of 162 consignments of foodstuffs were seized or surrendered and the following quantites were condemned as unft for human consumpton and were destroyed:—

Jam	4,559	lbs.	
Meat, Fruit, Vegetables, Fish, Milk	7,819	tins	
Fish (fresh)	3,542	lbs.	
Meat (fresh and prepared)	567	lbs.	
Sausages	305	lbs.	
Polonies	257	lbs.	
Ham	447	lbs.	
Eggs	76	doz.	
Pickles, Sausages and Mayonnaise	712	jars	
Bananas	517	crates	
Dressed poultry	88	lbs.	
Dried fruit	140	lbs.	
Cheese	69	lbs.	
Flour	1,075	lbs.	
Salt	440	lbs.	
Dripping	31	lbs.	
Confectionery	218	lbs.	
Cereals	74	pkts.	

The following food samples were taken for Chemical and Bacterial analysis:—

CHEMICAL:

Article	*No. of Samples*	*Satisfactory*	*Unsatisfactory*
Mealie meal	23	23	—
Spices	8	8	—
Dried fruit	29	29	—
Icing sugar	1	1	—
Cocoanut	4	4	—
Ice cream	200	193	7
Boerwors	89	81	8
Pork sausages	4	4	—
Rice	18	18	—
Coffee and chicory	6	6	—
Mince meat	57	55	2
Sugar	25	25	—
Flour	7	7	—
Lentils	1	1	—
Bakers' cones	4	4	—
Cheese	3	1	2
Sago and tapioca	4	4	—
	483	464	19

BACTERIOLOGICAL:	*No. of Samples*	*Satisfactory*	*Unsatisfactory*
Ice cream	204	191	13

Written warnings were issued in respect of all the unsatisfactory samples.

Water:

No. of Samples	*Satisfactory*	*Unsatisfactory*	*Not satisfactory for use unless chlorinated*
244	142	2	100

Samples were regularly taken of all the City's sources of water supply at the sources and during distribution. Regular samples were also taken from all the swimming baths and paddling pools, and where considered necessary, from wells, springs or boreholes on private property.

Appropriate action was taken to prevent the further use for domestic purposes of the unsatisfactory supplies on private premises.

In the enforcement of the Foods, Drugs and Disinfectants Act and other legislation pertaining to food for human consumption, four prosecutions were instituted and 38 written warnings issued.

MUNICIPAL MARKET:

Daily inspections of all produce on the early morning market were carried out and the following quantities of fruit and vegetables were condemned and destroyed:—

Bundles	73	Pockets	12,490
Lots	80	Punnets	443
Trays	92	Crates	485
Bags	909	Boxes	5,200
Sugarbags	1,941	Pumpkins	29
Watermelons	78		

Dressed Poultry:

Number examined	3,188
Number condemned	74
Percentage condemned	2.3%

Game (Antelope):

Number examined	255
Number condemned	3
Percentage condemned	1.2%

Game (Birds):

Number examined	881
Number condemned	84
Percentage condemned	9.5%

This section carried out 11,659 inspections and issued 4,082 written and verbal warnings during the year.

PEST CONTROL SECTION.

This section is responsible for all anti-rodent, anti-mosquito and anti-bilharzia control throughout the City. Active measures for the destruction of rodents and mosquitos are regularly undertaken on Municipal property and, where necessary, assistance or advice is given on private premises. Mosquito breeding is kept down by dressing banks of streams and spruits, cutting away vegetation, draining of vleis, grading furrows and spraying breeding places which cannot be otherwise treated. Advice is given on the removal or eradication of bats, fleas, ants and all insect pests. Twenty-seven Natives and five Europeans other than Health Inspectors, are employed on this Section. Wherever necessary, specimens of rodents, mosquitos, snails and other likely vectors of disease are sent for examination. This Section did 9,407 inspections during the year 30th June last.

ANTI-MOSQUITO CONTROL MEASURES:

The clearing of vegetation from the edges of spruits, irrigation dams and furrows was maintained during the year and wherever possible spruits and furrows were straightened, drained and levelled and the banks made regular.

In all, 174 excavations and depressions, which were actual or potential mosquito breeding places, were filled in and levelled.

One large borrow pit, formerly part of a brickfield in the Industrial area of Pretoria West, was completely filled in and a large area in which effective control measures were difficult, was thus eliminated.

The Western section of Skinners Spruit, from the road to the Leper Institution to the Municipal Plantation was graded, drained and cleared of vegetation. The amount of water which previously collected in large pools along the spruit was considerably reduced and more effective spraying was made possible.

All the spruits, irrigation dams and furrows were checked weekly and anti-larval spraying carried out where necessary.

DDT. Emulsion, (M.25) again proved to be an efficient larvicide and 254 gallons of the emulsion was used during the spraying season which commenced in October, 1953, and ended in April, 1954.

As in past years mosquito control measures were carried out by the Pest Control Section at the market gardens within the Municipal area and effective control measures were maintained.

Two hundred and fifty-two complaints were received in regard to mosquito nuisances during the year. The investigations resulted in 1,045 inspections being made and in most instances a verbal warning or advice sufficed to remove the breeding places. In only four cases was it necessary to prosecute in order to have nuisances abated.

RODENT CONTROL:

Numerous complaints were received in regard to rodent infestations during the winter months. The complaints were investigated and the complainants advised in the methods of rodent eradication. In instances where persons were unsuccessful in their efforts to carry out anti-rodent measures, assistance was given by the staff of the Pest Control Section.

The use of "Warfarin" rodenticide has again proved to be the most reliable and satisfactory method of rodent destruction; trapping and gassing was rarely resorted to.

Heavy infestations were cleared from business and private premises within a few weeks and were kept practically rodentfree by the application of "Warfarin".

Regular anti-rodent measures on Municipal premises, which included Parks, Nurseries, Sewage Disposal Works, Stores, Workshops and Offices were maintained during the year and 1,144 rodents were accounted for whilst the number of rodents seen killed or reported killed on private premises totalled 1,978.

One hundred and thirty-seven certificates certifying that premises were free from rodent infestation were issued in respect of premises about to be demolished. Two of these buildings had to be gassed for the destruction of rodents and in eight others, where sufficient notice of the intention to demolish was given, poisoning was carried out.

FLY BREEDING:

One hundred and forty complaints were investigated; these resulted in 485 inspections having to be made to locate and eliminate the fly-breeding.

Only in two instances was it necessary to prosecute persons who permitted fly-breeding to take place on their premises.

Regular spraying and dusting with D.D.T. and B.H.C. of the Municipal compost pits and lawn clippings at the various parks reduced fly-breeding to a minimum.

With the co-operation of the staff of the Zoological Gardens fly-breeding in the zoo, where large quantities of compost is made, was well controlled.

COCKROACH CONTROL:

Some of the electrical sub-stations in the basements of buildings in the centre of the city were found to be infested with cockroaches. These were eradicated by spraying with a solution of D.D.T. and B.H.C. and subsequent inspections revealed that these sub-stations were cockroach-free several months after treatment.

Complaints were not numerous and advice and demonstrations in the correct method of spraying was given in a few instances.

GENERAL:

Some complaints were made to the Department about infestations of fleas in private dwellings, and on investigation it was found in every instance that the source of the trouble was domestic animals. A thorough dusting of the interior of these premises with B.H.C. dust soon abated the nuisance.

RODENT ERADICATION.

Pest Control Section.

Premises inspected and contraventions dealt with	72
Contraventions abated	77
Intimations given	77
Premises re-inspected	824
Complaints dealt with and advice given	518
Floors repaired or walls or roofs made rat-proof in flour, grain or forage stores	3
Non-ratproof grain, or other stores demolished	9
Accumulation of rubbish or lumber likely to harbour rats cleaned up or removed	136
Poison baits set on Townlands	6,651
Number of baits taken	3,921
Number of rodents destroyed on Municipal premises	1,144
Miscellaneous Inspections	1,822
TOTAL INSPECTIONS FOR YEAR	3,312

MOSQUITO CONTROL.

Pest Control Section.

Premises inspected and contraventions dealt with	13
Contraventions abated	14
Intimations given	14
Premises re-inspected	153
Complaints dealt with and advice given	154
Check up of dams cleared of weeds	718
Check up of dams sprayed	559
Check up on irrigation furrows cleared	1,250
Check up on irrigation furrows sprayed	968
Check on drainage of swampy areas	506
Check up on spraying of swampy areas	208
Holes and depressions filled in	174
Holes sprayed for mosquito control	17
Miscellaneous Inspections	1,388
TOTAL INSPECTIONS FOR YEAR	6,095

THE FOLLOWING IS A SHORT SUMMARY OF THE INSPECTIONS MADE BY THE DISTRICT HEALTH INSPECTORS, SLUM AND HOUSING, FOOD AND PEST CONTROL SECTIONS DURING THE YEAR.

Total inspections made	81,567
Nuisances dealt with	21,398
Nuisances abated (including unabated Nuisances carried over from the previous year)	17,353
Complaints dealt with	3,934
Licences approved	3,252
Licences refused	168
Samples of water taken	244
Samples of foodstuffs taken (not including milk)	483
Visits of enquiry re: infectious diseases	3,263

Matters Referred to Other Departments:

City Engineer	204
Chief Licence Officer	68
Non-European Affairs Department	53
Director of Parks	34
City Electrical Engineer	2
Fire Department	2
Town Planning	1

ABATTOIR, DAIRIES AND INFECTIOUS DISEASES SECTIONS.

Full detailed accounts on the activities of these Sections will be found elsewhere in this report.

LEGISLATION AND PROSECUTION.

During the year under review by-laws were promulgated for the better control of Fishmongers. These by-laws are comprehensive and will make for the better construction of Fishmongers' premises, and for improved control of storage, handling and distribution.

The following is an analysis of the prosecution, and the results thereof, instituted by the Department during the year:—

PROSECUTIONS FOR THE YEAR ENDED 30th JUNE, 1954.

NATURE OF OFFENCE	Total No. of Prosecutions	No Found Guilty	No. Found not Guilty	No. withdrawn	No. Struck Off Roll	Paid admission of Guilt	Cautioned and discharged	Fines Imposed
1. Dirty conditions of Restaurants, Bakeries, Tearooms and Butcher Shops	5	1				4		£22 0 0
2. Defective conditions at dairy premises	2	2						£8 0 0
3. Visible dirt in milk	1					1		£2 0 0
4. Added water to milk	7	3		1		3		£50 0 0
5. Excess Micro-organisms and/or B.coli in milk	1					1		£2 0 0
6. Deficiency in milk fat (milk)	4			1		3		£7 0 0
7. Unlicensed dairy	1			1				
8. Deficiency in milk fat (ice cream)	1					1		£5 0 0
9. Failing to comply with notice	20	8		5	2	5		£50 10 0
10. Transferring milk in street from one container to another	7	5			1	1		£23 0 0
11. Selling milk without a licence	1	1						£5 0 0
12. Contraventions of slums regulations	8	3	1	3		1		£44 0 0
13. Introducing milk without a licence	6	3				3		£25 0 0
14. Exposing foodstuffs to contamination	3	2				1		£28 0 0
15. Failing to provide builders' latrines and defective temporary latrines	19	7			3	8	1	£61 0 0
16. Keeping animals on premises not approved of	1		1					—
17. Dirty condition of food delivery vehicles	2					2		£6 0 0
18. Contravention of rodent regulations	1			1				
19. Excess preservatives in boerwors	1					1		£3 0 0
20. Foodstuffs not covered in transit	1			1				
21. Keeping cows without a permit	1			1				
22. Sale of unsound foodstuffs	1					1		£3 0 0
23. Contravention of Poultry Regulation	1	1						£3 0 0
24. Fly breeding	1					1		£3 0 0
25. Obstructing Health Inspector in carrying out his duties	1	1						£10 0 0
26. Mosquito breeding	1	1						£2 10 0
27. Contravention of second-hand dealers' by-laws	1					1		£15 0 0
28. Exposing unsound foodstuffs for sale	1	1						£10 0 0
TOTAL	100	30	2	14	6	38	1	£388 0 0

SLUM CLEARANCE AND HOUSING.

SLUM CLEARANCE:

Owing to extensive development in the central area of the City, many of the older residential properties have been demolished to make way for the building of larger and modern business premises on the sites so vacated. In this way, many major slum properties have been eliminated without it being necessary to enforce the provisions of the Slums Act.

Slum elimination work has been directed principally towards seeking and obtaining the co-operation of owners or slum properties for demolition or reconstruction by major and essential repairs. Minor slums were dealt with in terms of the Council's Slums Regulations, especially in connection with overcrowding, prohibiting the occupation of unsuitable outbuildings, using garages and storerooms for living or sleeping purposes and compelling owners of defective premises to effect essential repairs or additions.

During recent years Departmental action has been taken against the use of outbuildings (including garages, native rooms and storerooms) for residential purposes. As a result, a very marked decrease in the number of outbuildings being used for the housing of European families has been noted. On the other hand, there is a greater tendency for more dwellings to be shared by more than one family; this leads to overcrowding.

This tendency may be due to the prevention of occupation of outbuildings, but it is also due to inability of many families to afford to pay the high rents demanded for houses in the city. It also indicates that there is still a serious shortage of houses, and that the housing problem is not solved solely through the erection of dwellings by private enterprise because of high rents, which are due to high building costs and interest rates. It is becoming increasingly necessary for houses to be erected by local authorities with funds provided by the Central Government.

The City Council of Pretoria recognises this responsibility and has, as in previous years, embarked upon a substantial house-building programme for its European and non-European residents. Despite this policy only a limited number of European and African families have been suitably rehoused and a great deal more must be done. The housing conditions of Asiatics and Eurafricans have degenerated and are steadily becoming worse owing to the progressive increase in the population. This has resulted in further gross overcrowding. The absence of definite schemes to build homes for these people, especially for those living in the Asiatic Bazaar, the Cape Coloured Location, and in Prinsloo Street Areas, and the delay in the determinations under the Group Areas Act of specific alternative residential areas for these two groups, are causing them great distress and hardship and I have to repeat what I have so often said, namely that the continued existence of these slum areas within the Municipal area of Pretoria constitutes a serious threat to the health of the people living there as well as to the Europeans of the City. It is, therefore, imperative for the Council to adopt and implement a definite policy for the removal of the slums. We are unable to do anything at the moment, simply because no alternative accommodation exists.

The following is a resumé of the work undertaken by the Slums Section during the year:

One dwelling, which was declared a slum in 1942, was demolished, and the slum declaration rescinded.

As a result of the application of the Slums Regulations, in terms of which 146 notices were served, 51 slums properties were demolished. In all of these cases demolition permits were issued either by the Council in terms of Section 16 of the Housing Act No. 35 of 1920, or by the National Housing and Planning Commission in accordance with the Housing (Emergency) Powers Act of 1942.

During the year 121 demolition permits were issued by the National Housing and Planning Commission and 23 by the Council. In addition, 24 permits were issued by the National Housing and Planning Commission and 2 by the Council for the conversion into business use of premises previously used residentially. A total of 105 dwellings comprising 418 rooms, and 39 business premises were demolished.

One hundred and sixty-five families comprising 694 persons were rehoused in the Council's various housing schemes. Most of these families were from homes which were unsatisfactory from a health point of view. The rehousing of such families is undertaken by the Housing Section, working in close collaboration with the Slums Clearance Section.

Further statistics in connection with the work undertaken by the Slums Section are appended at the end of this report.

EUROPEAN HOUSING:

An investigation into the housing shortage in Pretoria revealed a shortfall to cater for the natural increase in the City's population of almost 200 housing units per annum. It also showed that there is a marked tendency towards the erection of a greater number of flats than houses. This is the result of high building costs and inability of private enterprise to provide houses at sufficiently low rentals, for which there is a great need amongst the lower income group.

An interesting socio-economic experiment undertaken by the Council, on the "home-ownership" principle, was carried a stage further through the erection and selling by the Council of 100 low-cost economic houses to families with an income of not more than about £70 per month.

These houses were mostly sold to families who were accommodated in unsatisfactory premises or who were paying too high a rent. Many of the sub-economic families living in existing housing schemes, and who had progressed into the economic group were also afforded an opportunity to buy these houses. In this way our rehabilitative work proceeded a stage nearer to the ultimate goal of ensuring as far as possible independence and freedom from need.

The Council advanced the deposit and the transfer duties as a repayable loan. This enabled houses to be purchased with an initial minimum payment of £10. The selling price, which included the cost of ground and outbuildings, was about £1,950.

Almost all of the 200 sub-economic houses which had been converted into an economic selling scheme at Danville were sold to the tenants occupying them, on the basis of an initial payment of 11/- to cover the cost of stamps and the printing of contracts. Approval has been received from the National Housing and Planning Commission for conversion into economic selling schemes another 100 sub-ecenomic houses at Danville and 118 sub-economic houses at Proclamation Hill, New Muckleneuk, and Innesdale, and we are now awaiting the formal approval of the Administrator. These houses will be sold on the same basis as the 200 houses already converted at Danville.

At the close of the year, 39 economic houses at New Muckleneuk and 11 at Capital Park were in course of construction. These are part of the 150 Pretoria Economic Housing Scheme originally approved in 1951, but not proceeded with owing to the lack of housing funds. These houses are more expensive than the low-cost ones and will sell at about £3,000. The sites upon which they are erected are valued at £650 to £800 at New Muckleneuk and £500 or £650 at Capital Park.

In order to assist purchasers, the Council has agreed in this case to advance 90% of the deposit and transfer duties, on the basis of repayment over a period of 10 years. This scheme is a very popular one, 277 applications having been received from intending purchasers. Applicants include persons in a variety of occupations or professions such as Doctors, Lawyers, School Teachers, Clerks, Departmental Store Managers, Scientists and Tradesmen. There is a preference for the houses situated at New Muckleneuk over those at Capital Park. It is anticipated that all these houses will be completed and occupied by the end of 1954.

The principle of "Home ownership", as accepted and encouraged by the Council is a worthy one, and has been very well received.

The schemes should, however, not be too expensive, and monthly repayments should not be so high as to compel purchasers to cut down on other essentials of life, such as food and clothing.

Apart from promoting improvement in living conditions of the under-privileged, these schemes also improve the social standing of the purchasers and provide them with a feeling of security and independence.

An effort should now be made to provide really cheap houses for that section of the sub-economic group or those who have just entered the economic group, i.e., persons earning up to about £45 per month. There is a great demand for such a type of subsidised house as rents asked for by private enterprise are usually far too high and more than can be afforded without detrimentally affecting physical and mental well-being. The "home-ownership" plan for this group will provide the true foundation upon which rehabilitative work may be undertaken.

If sufficient funds become available we hope to build a further 50 economic houses at Danville and 100 at Hercules in the coming year.

The following memorandum in connection with the housing shortage and general housing position in Pretoria, together with a recommendation for the establishment of a Housing Corporation, was submitted by the Council for consideration by the Inter-Departmental Committee of Inquiry into the housing shortage in the Union, which was set up by the Central Government.

The memorandum was prepared *ad Seriatim* to a circular from the Provincial Secretary, and applies to the housing shortage as it affects the European population of Pretoria only. Circular letter No. 4 of 1953 dated 27th July, 1953, addressed to the Town Clerk, Pretoria, in the above connection, refers.

1. (a) In August, 1951, the shortage of accommodation for Europeans was estimated to be 3,500 houses, 1,000 flats and 200 single rooms. This estimate, which was originally made by the City Engineer, was based upon statistics obtained from the Controller of Letting, as well as from the result of the Slums Survey carried out by this Department in 1947.

(b) Based upon an estimated annual increase in poulation of 4% and assessing the average family at 4.5 persons, it is estimated that between 1,250 to 1,300 houses should be built every year to cope with the normal increase in the European population. This does not take into consideration such factors as possible abnormal infiltration into the City, for reasons such as industrialisation, business business expansion and expansion of State Departments.

(c) 1,264 New Housing units (houses and flats) were constructed in Pretoria for the year 1951-1952 and 936 for the year 1952-1953, making a total of 2,200 for the two-year period. These figures indicate a shortage of new accommodation of about 350 houses spread over a two-year period. Of the 2,200 dwellings built since 1951, 606 had 4 rooms or less; 657 had 5 rooms and over, and 937 were flats.

(d) From statistics obtained from the Department of Census and Statstics in respect of incomes in the various age groups amongst Europeans in Pretoria in 1946, it would appear that 65.72% of the population in the age group 20-59 years qualified for our sub-economic housing scheme which laid down a maximum income of £10 per wek and of this number 36.12% qualified for schemes which laid down a maximum income of £30 per month. 24.82% of the population fell into the middle income group earning between £500—£800 per annum, and 9.46% into the higher income group earning more than £800 per annum.

(e) Since 1946, the cost-of-living allowance has increased considerably, with the result that there is now only a very small proportion of the population with an income below £30 per month. (Note for the purpose of calculating income for eligibility for sub-economic housing, cost-of-living allowance is added to the total earnings). There is also a correspondingly small number of persons falling within the "below £10 per week" group. The exact figures, however, are not available. If one considers the increased cost-of-living and the corresponding value of the pound, then from a "purchasing power" point of view, the division of the groups would be approximately the same. However, the Housing Commission has not raised the income levels for defining the "sub-economic status".

(f) Private enterprise is not building enough houses at a sufficiently low cost to cater for that proportion of the population which does not fall within the sub-economic groups, but which from a "purchasing power" point of view, in our opinion, is still sub-economic.

(g) These lower income groups are now not in a position to avail themselves of sub-economic houses, and cannot afford to pay the rent of economic houses in the open market, unless their children are underfed or underclad.

(h) The only way to meet this situation is either to raise the income level for assessing the sub-economic status, and building a sufficient number of houses for sub-economic letting purposes for persons falling within this income group, or to build a sufficient number of low cost houses for economic letting at a reasonably low rental or for selling on a 30 year hire purchase scheme. Of these two schemes I prefer a low cost economic hire purchase scheme. For Pretoria this would mean building approximately 300 such houses per annum. The State should advance the money to the Local Authority. There is a great deal of controversy as to what is meant by a low cost house. The City Council of Pretoria considers that such a house should cost from about £1,600—£2,000. The ground value is about £250. Personally, I am of the opinion that there should be a larger number of houses costing even less than this, say nearer to £1,000, with provision for extension by the hire purchaser himself at a later date.

2. The necessity for granting houses priority as a requirement for healthy economic development, has been proved universally and in a country like South Africa with its industrial, mining and other developments, it is necessary that workers must be suitably housed.

Apart from healthy economical development, it is of the utmost importance to the health of a nation to be satisfactorily housed. Reasonably good housing in suitable areas and in healthy surroundings exert a very powerful influence on the socio-economic development of a community.

It is essential that houses must not be too far from the place of work, otherwise transport becomes too expensive, and travelling long distances saps energy and has a deleterious effect on health.

If housing is to be a success its provision must go hand in hand with a study of socio-economic conditions. Rents should not be so high as to make tenants cut down on essential foodstuffs and clothing. I feel that this subject has not received sufficient attention in South Africa.

3. The immediate solution of the problem will have to be regarded as the responsibitity of the State. Private enterprise has been responsible for building most of the new houses in Pretoria in recent years but private enterprise does not provide sufficient houses for the lower income group.

   It is possible that through State advances, Local Authorities will embark on more extensive housing schemes. For this reason in time to come rents for privately owned houses will come down, and in turn, the needs of the lower income groups may be met in this way.

   The likelihood of rents coming down as a result of competitive stated-aided schemes is even greater if we take into consideration that money lent for State subsidised housing schemes is for a period of 30 years, and at a lower rate of interest than is charged by private enterprise.

   I am of the opinion that all housing schemes should be planned, built, let, sold, controlled and administered by Local Authorities. They are in the best position to know the people with whom they deal, and what their needs are. They are also on the spot to keep a watchful eye on the property to see that it is not neglected and to ensure that instalments are paid regularly.

   It is, however, essential that local authorities should be permitted to recover administration costs on economic selling schemes in the same way as for sub-economic letting schemes. This is not permitted at present. If local authorities cannot recover administration costs in regard to economic selling schemes they might not wish to embark upon them.

4. It is considered that for Pretoria provision should be made for an allocation of approximately £500,000 per annum for houses for its European population for the next 10 years. The position should naturally be reviewed from time to time.

5. It is suggested that a lump sum should be made available to the local authorities by the State for the purpose of building low cost hire purchase houses. The local authority should be allowed to make a small profit, say 10%. It should also be made possible for the local authority to reinvest in new building schemes money which accrues to it from the sale of its houses.

   In this way the local authority schemes could become self-supporting in time to come. This would relieve the State of a great deal of financial responsibility.

OR ALTERNATIVELY:—

That a Utility Housing Corporation be established by the Government with adequate funds to issue loans to Local Authorities continuously as required in order to eliminate the difficulties which are unavoidable and which are tied up with Government rules and regulations. These difficulties delay the building of houses and often make it difficult to finalise contracts within the financial year, bearing in mind that funds for building houses are to-day only available for a particular financial year and moneys not drawn within that year are no longer available if contracts and payments are not completed within that period. Otherwise having in mind the difficulties connected with the establishment of such a corporation an immediate improvement should be made in the method of financing housing so that it will be more conducive to the attainment of the object of the Government in solving the housing problem.

The sale of houses has increased the administrative work of the Housing Section, and has led to the Council approving an increase of qualified staff in that section.

ACTION TAKEN IN TERMS OF THE PRETORIA MUNICIPAL SLUMS REGULATIONS, DURING THE YEAR ENDING 30th JUNE, 1954.

A. LETTERS AND NOTICES:

Prohibiting re-occupation of unsatisfactory premises	64
Prohibting overcrowding	82
Requesting major structural repairs	14
Referred to other Departments for attention	15

B. DEMOLITION AND CONVERSION PERMITS DEALT WITH IN RESPECT OF RESIDENTIAL ACCOMMODATION:

Considered by National Housing and Planning Commission:

	Approved	*Refused*	*Pending*
(a) Demolition permits	121	12	3
(b) Conversion permits	24	—	—
Considered by the Council:			
(a) Demolition permits	23	—	1
(b) Conversion permits	2	—	—
TOTAL	170	12	4

C. PREMISES DEMOLISHED:

(a) Business premises	39
(b) Declared slums	1
(c) Major slums demolished by reason of action taken in terms of the Slums Regulations	26
(d) Minor slums demolished, where action has been taken in terms of the Slums Regulations	25
(e) Premises, including shops and dwellings, demolished for purposes of reconstruction and rebuilding schemes, but where no action was taken in terms of the Slums Regulations ..	54

CONTROL OF DAIRIES AND MILK SUPPLIES.

DAIRY LICENCES:

During the year 466 applications for licences from milk producers, producer-distributors, distributors, milk shops and Tea Rooms selling milk in sealed cntainers only were dealt with.

Details of Licences Dealt With.

	New	Surrendered	Refused	Transferred	New Pending	Increase or Decrease
Producers	70	22	1	15	4	+48
Producer-Distributor ...	1	4	3	—	—	— 3
Distributors	6	5	1	12	1	+ 1
Tea Rooms	39	5	—	3	—	+34
TOTAL	116	36	5	30	5	+80

SITUATION OF PREMISES:

The situation of the 466 dairy premises are as follows:—

	In Mun. Area	Within 10 Miles	11—25 Miles	26—50 Miles	51—75 Miles	76—100 Miles	101—150 Miles	151—200 Miles	Over 200 Miles	Total
Producers	—	17	77	40	26	12	62	46	—	280
Producer-Distributors	6	2	3	—	—	—	—	—	—	11
Distributors	84	—	—	—	—	—	—	—	—	84
Tea Rooms	71	—	—	—	—	—	—	—	—	71

The above figures reflect a considerable increase in the number of producers in areas further afield. This is due to an increase in the number of producers in the Devon and Carolina areas where more farmers find dairying a profitable side-line.

Tea Rooms selling milk in sealed containers showed a very large increase over previous years.

In an attempt to prevent the introduction of industrial milk in times of a shortage of milk, a number of farmers in the Devon area were licensed to sell milk in Pretoria. These farmers are also licensed for Johannesburg and Springs in order to allow them to send their milk to the centre where it is required.

MILK SUPPLIES:

No. of premises where milk is produced	291
Approximate number of cows kept (in milk)	10,529
Approximate number of cows kept (dry)	5,669
Approximate number of gallons produced daily	19,430

ESTIMATED TOTAL DAILY GALLONAGE CONSUMED AS AT 30th JUNE, 1954.

	Gallons per day.
From producers	18,799
From producer-distributors	631
Imported (industrial milk during shortage)	334
TOTAL	19,764

DISTRIBUTION OF MILK:

	Gallons per day.
By Producer-distributors	431
By Distributors	17,253
By Tea Rooms, Schools, etc.	2,080
TOTAL	19,764

Raw milk consumed per day	3,923 or 20%
Pasteurized milk consumed per day	15,841 or 80%

From the above figures it will be noticed that a very small amount of industrial milk enters Pretoria. The production of this milk is not under our control but must be pasteurized before distribution. If the total gallonage of milk produced is compared with the

number of cows kept, it will be noticed that the average production per cow is less than 2 gallons per day. This may be due to the high cost of feeds with the result that many farmers are milking "off the veld" rather than increasing their costs of feeding. If this can be prevented, the introduction of industrial milk would be unnecessary.

During the year of severe outbreak of 3-day Stiffsickness was experienced resulting in an acute shortage of milk.

PERSONNEL EMPLOYED IN THE MILK TRADE:

Employed by.	Europeans.	Natives.	Total.
Producers	301	1,335	1,636
Producer-distributors	15	45	60
Distributors	236	545	781
TOTAL	552	1,925	2,477

TYPHOID TESTING OF DAIRY EMPLOYEES:

	Producers.	Producer-Distributors.	Distributors.	TOTAL.
Dairies which submitted employees	12	6	26	44
Dairy employees tested	61	26	253	340
European employees tested	2	4	36	42
Non-European employees tested	59	22	217	298
Europeans Vi positive	—	—	—	—
Non-Europeans Vi positive	4	2	10	16
Percentage Europeans positive	—	—	—	—
Percentage Non-Europeans positive	—	—	—	5.36

DAIRY INSPECTIONS:

Regular inspections of premises and herds of producers and producer-distributors and inspections of premises of distributors were undertaken as before by the Veterinary Officer and three Dairy Inspectors while the District Health Inspectors also assisted with the inspection of milk shops, etc. in the Urban Area as before:—

The production and handling of all milk entering Pretoria is controlled and advice on such matters as hygiene, diseases, feeding and breeding, etc., is given to farmers. Due to the large area from which milk is sent to Pretoria, a great deal of travelling is necessary.

PARTICULARS OF INSPECTIONS:

(1) Inspection of Dairies (Producers and Producer-distributors):

During day milking	168
During early morning milking	63
At other times	1,545
Contraventions dealt with	614

(2) Herd Inspections (Veterinary Officer):

Number of animals inspected	6,135

(3) Inspections of Milk Depots:

During day	1,054
During early morning	24
Night inspections	—
Contraventions dealt with	225

(4) Distribution and street inspections:—

During day	182
During early morning	98
Contraventions dealt with	30
Other inspections and enquiries	109
Complaints dealt with	34
Written notices served	143
Notices complied with	69

MILK SAMPLING:

(1) BACTERIOLOGICAL EXAMINATION OF MILK SAMPLES:

(a) **Plate Counts** (samples taken under Dairy By-Laws, standard not more than 200,000 micro-organisms per cc. and Ni. B. coli in 0.01 cc. milk).

Samples taken	379
Conforming to legal standard	203
Containing excess micro-organisms (warnings issued)	45
Containing excess micro-organisms (prosecuted)	—
Containing excess B. Coli (warnings issued)	74
Containing excess B. coli (prosecuted)	—
Containing excess B. coli and micro-organisms (warnings issued)	67
Containing excess B. coli and mircro-organisms (prosecuted)	2
Total number of warnings issued	186
Total number of prosecutions	2

(b) **Breed Smear Counts** (done by Laboratory Assistant):—

Number of milk samples taken	15,419
Number very good	8,270
Number good	3,300
Number fair	1,700
Number unsatisfactory	2,149

Regular samples of all suppliers to the pasteurisation plants were taken in order to ensure that only milk of a high standard was submitted for pasteurisation while the results of the tests were recorded and used in keeping the hygiene during production and handling as high as possible.

(c) **Presumptive Coliform Tests:—**

Number of samples examined	1,883
Number of samples positive	651
Number of samples negative	1,232

These samples were taken at various points during pasteurisation and are used to give an indication of the standard of hygiene maintained by the pasteurising depots.

(d) **Mastitis Tests:—**

All samples submitted to (b) above were also examined for mastitis. In addition 147 bulk samples of herds were examined. The presence of mastitis in milk entering Pretoria was rather high and regular advice was given to farmers. The use of the strip-cup was advised as far as possible but it appears almost impossible to suppress this diseases.

(2) CHEMICAL ANALYSIS OF MILK:

(Samples taken under the Foods, Drugs and Disinfectants Act.)

Samples taken	493
Satisfactory	321
Unsatisfactory (Warnings)	165
Deficient in Milk Fat	16
Deficient in Solids — not Fat	149
Bad samples (Prosecuted)	7

Made up as follows:—

Deficient in Milk Fat and Solids — not Fat	—
Deficient in Milk Fat	4
Deficient in Solids — not Fat	—
Adulterated (Added Water)	2
Adulterated (Added Water) Forwarded to Union Health)	1

(3) DISC SEDIMENT TESTS FOR VISIBLE DIRT.

Samples tested	955
Satisfactory	818
Not quite satisfactory (Warnings)	172
Very unsatisfactory (Severe Warnings)	—
Final warnings	5
Prosecuted	—

(4) PHOSPHATASE TEST FOR PASTEURISED MILK:

Samples tested	2,389
Satisfactory pasteurised	2,344
Slightly under pasteurised	31
Grossly under pasteurised	14

(5) BIOLOGICAL TESTS OF MILK:

67 Samples of milk from producers were inoculated into guinea pigs. None of these proved positive for T.B. while 27 proved positive for C.A.

(6) MISCELLANEOUS TESTS:

213 Samples of milk were subjected to the ring test for C.A. Of these 101 proved positive for C.A.

The incidence of C.A. in milk proved to be high and farmers are being advised to inoculate their herds with S19 vaccine.

GENERAL REMARKS:

The incidence of T.B. in herds supplying milk to the city is very high and few farmers are availing themselves of the facilities under the Government Interim Scheme.

Artificial insemination of dairy cows has now become well established and is of great help in the control of contagious infertility.

ANIMAL POUNDS AND DIPPING TANKS:

The details of animals impounded in the two pounds were as follows:—

	No. of Animals Impounded.	Pound Fees and Sales.	Grazing.
Hercules	813	£304 5 0	£16 16 9
West End	602	£108 6 0	

No dipping tanks were in use during the year.

WATER SUPPLIES.

The demand for water has increased tremendously year by year as the table set out hereunder shows:—

1929—1930	4.2	million gallons per day.
1934—1935	7.4	" " " "
1939—1940	8.78	" " " "
1945—1946	13.8	" " " "
1946—1947	14.2	" " " "
1947—1948	14.52	" " " "
1948—1949	15.254	" " " "
1949—1950	15.963	" " " "
1950—1951	16.973	" " " "
1951—1952	17.766	" " " "
1952—1953	17.921	" " " "
1953—1954	18.065	" " " "

The water is drawn from five sources; three direct from dolomitic springs and the balance from Rietvlei and the Rand Water Board. During the period under review the following quantities of water were drawn from these sources:—

Rand Water Board	3,097.400	million gallons.
Springs (Fountains)	1,344.744	" "
Sterkfontein Springs	506.890	" "
Rietvlei/Erasmus Springs	524.750	" "
Rietvlei Filters	964,968	" "

25.674 Million gallons were consumed on a peak day, during October last.

SANITARY AND RUBBISH REMOVAL SERVICES.

The following quantities of refuse, etc., were removed during the year:—

Bin services	196,931 cubic yards.
Special and Coupon Services	19,568 cubic yards.
Sanitary pail service	5,493,100 gallons.
Vacuum tanks	15,701,100 gallons.

REPORT ON SEWAGE PURIFICATION WORKS AND CHEMICAL LABORATORIES, 1953-54.

Table I gives the following particulars:—

(a) Daily average sewage flow.

(b) Screenings removed from 1 inch mechanically raked bar screens and not cut up by disintegrator pumps — disposed of by burial.

(c) Grit removed from grit channels, mechanical detritor, screen chambers, stone traps, sumps and meter channels — disposed of by dumping.

(d) Rainfall as measured at the Sewage Works.

(e) Purified effluent pumped to the Power Station for use as cooling water.

The daily average figure for the year shows an increase of 10 per cent. in the sewage flow compared with that of 1952-53. The overload on the plant now amounts to 25 per cent.

Effluent to Power Station:

The five new rapid gravity sand filters were put into commission at the beginning of February, 1954, and pumping of chlorinated sand filtered effluent to the Power Station now takes place continuously over 24 hours. The volumes pumped are given in Table I.

Chlorination is done with liquid chlorine obtained in special steel cylinders each holding one ton of chlorine, at approximately one-third the normal price.

New Works — Rooiwal:

Plans are being prepared by the City Engineer's Department for the 14 mile long main sewer to the proposed new works at Rooiwal, and for the first two purification units with a capacity of 3 million gallons per day.

Digested Sludge:

During the year 5,170 cubic yards of digested sludge were removed from the drying beds.

Laboratory Services:

A total of 4,067 samples were analysed during the year for the various municipal departments.

Sewage Purification:

The analytical results obtained on representative samples taken over 24 hours are given in Tables II, III and IV, for the various processes employed. The results for each month are averages.

Table II.—Single Filtration on 6 ft. Filters: Unit 1—4: Except for the humus tanks, these are the first units which were constructed between 1913 and 1920. Taking into account the high overload applied to the filters, the results are very satisfactory in spite of the poor grading of the filter media.

The humus tank serving units 3 and 4 is approximately one-third larger than that of units 1 and 2, which accounts for the better results obtained for the humus tank effluent of units 3 and 4.

Table III.—Fixed Two-Stage Filtration on 12 ft. Filters: Unit 6: The loading on these filters, per cubic yard of media, is approximately double that applied to the 6 ft. filters, and the final effluents in both cases are of the same standard of purity.

Table IV.—Jenks Biofiltration, 5 ft. Filter: Unit 9: The Jenks biofilter, designed for a recirculation ratio of 3:1, was operated on a 2:1 ratio in 1952, and on a 1:1 ratio in 1953. The analytical results for these carious ratios show that the ratio of 3:1, involving proportionately higher pumping costs, is not warranted by the results obtained. Operation with recirculation ratios of 2:1 and 1:1 have been found to produce more or less the same degree of purification as the original 3:1 ratio, and at considerably lower pumping costs.

General.

Since the establishment of a Sewage Works on the present site in 1913, the following extensions have been made to the plant:—

(a) 1933: Units 7 and 8—6 ft. deep filters.
(b) 1945: Units 5 and 6—12 ft. deep filters.
(c) 1947: Unit 9—5 ft. deep Jenks biofilter.

Prior to 1945, only 6 ft. deep single filters were in use. Since then the capacity of the plant has been doubled to 6 million gallons per day. The extensions (b) and (c) above were planned specifically for evaluating the performance of various new processes of biological filtration developed in Great Britain and America (viz. two stage filtration and filtration with recirculation) with Pretoria sewage. The results of these investigations are recorded in the annual reports from 1947—1948 onwards.

The operating data obtained in this way has shown that for treating Pretoria sewage the most efficient and economical process consists of single filtration in 12 ft. deep open filters. Apart from other findings, this information is now being utilised in the design of the new works at Rooiwal, which is estimated to exceed the capacity of the existing plant within 10 years.

TABLE I.

Month.	SEWAGE FLOW. Daily Average Gallons.	SCREENINGS. Cubic Feet per Million Gallons.	GRIT. Cubic Feet per Million Gallons.	RAINFALL AT SEWAGE WORKS. Millimetres.	EFFLUENT TO POWER STATION. Total Gallons.
1953:					
July	6,225,000	22	3.2	Nil	67,460,000
August	6,900,000	18	3.9	Nil	55,740,000
September	6,954,000	18	4.2	Nil	61,220,000
October	7,138,000	16	3.8	32.7	57,650,000
November	8,204,000	14	3.9	246.5	50,880,000
December	8,511,000	14	3.1	127.5	61,860,000
1954:					
January	8,697,000	15	3.9	186.9	45,690,000
February	8,276,000	16	3.6	93.9	39,810,000
March	7,905,000	18	3.7	38.4	46,320,000
April	7,516,000	18	3.5	41.9	45,910,000
May	6,596,000	18	3.6	6.1	48,240,000
June	7,984,000	16	3.1	Nil	45,240,000
Year 1953/54	7,576,000	17	3.6	773.9	626,020,000

TABLE II.

RESULTS OF SINGLE FILTRATION ON 6 FT. FILTERS. UNITS 1 TO 4: 1953. 24 HOUR SAMPLING.

RESULTS IN PARTS PER MILLION.			April	May	June	August	October	November	Average Year
Dosage: Galls./Cu. Yd./day		Units 1 & 2	138	131	134	106	110	118	123
		Units 3 & 4	143	144	141	115	120	127	132
Loading: (OA x Dosage)		Units 1 & 2	7,200	6,300	6,800	4,800	5,400	4,800	5,900
		Units 3 & 4	7,400	6,900	7,200	5,200	5,900	5,200	6,300
Loading (Strength x Dosage) 100's		Units 1 & 2	1,035	980	1,115	740	820	765	909
		Units 3 & 4	1,075	1,080	1,170	805	890	825	974
Mean Air Temp. during Sampling °C.			17.3	13.9	9.7	13.8	20.2	21.4	16.1
OXYGEN ABSORBED	Raw Sewage		75	79	88	69	72	62.0	74
	Settled Sewage		52	48	51	45	49	41.0	48
	F.B.E.	Units 1 & 2	20.8	19.2	24.4	24.8	34.8	14.0	23.0
		Units 3 & 4	18.0	21.4	31.6	26.4	14.0	18.4	21.6
	H.T.E.	Units 1 & 2	11.4	12.8	15.8	13.4	19.4	8.8	13.6
		Units 3 & 4	10.0	10.9	15.0	10.2	11.0	7.2	10.7
	E.F.	Units 1 & 2	8.6	8.6	11.4	10.0	10.0	6.8	9.2
		Units 3 & 4	8.6	9.2	12.0	9.4	9.2	6.2	9.1
"STRENGTH" (McGowan)	Raw Sewage		1,005	1,090	1,239	964	1,002	969	1,045
	Settled Sewage		751	749	831	699	744	650	737
	F.B.E.	Units 1 & 2	324	317	414	409	483	228	363
		Units 3 & 4	302	350	485	402	251	303	349
	H.T.E.	Units 1 & 2	215	233	321	283	313	168	256
		Units 3 & 4	211	234	301	229	220	183	230
	E.F.	Units 1 & 2	183	190	263	244	211	143	206
		Units 3 & 4	194	215	266	215	202	170	210
5 DAY B. O. D.	Raw Sewage		403	429	336	459	420	437	414
	Settled Sewage		274	266	269	246	302	280	273
	F.B.E.	Units 1 & 2	35.2	51.6	56.0	41.6	64.0	42.4	48.5
		Units 3 & 4	35.2	50.8	52.8	48.0	23.2	26.4	39.4
	H.T.E.	Units 1 & 2	23.0	28.7	28.8	28.3	30.2	28.8	28.0
		Units 3 & 4	22.1	26.4	34.1	16.3	17.8	16.3	22.2
	E.F.	Units 1 & 2	10.9	12.3	13.9	9.4	11.3	10.8	11.4
		Units 3 & 4	10.8	8.4	9.4	11.3	11.0	10.8	10.3

TABLE II (Continued).

RESULTS OF SINGLE FILTRATION ON 6 FT. FILTERS. UNITS 1 TO 4: 1953. 24 HOUR SAMPLING—(Continued).

RESULTS IN PARTS PER MILLION.			April	May	June	August	October	November	Average Year
AMMONIACAL NITROGEN	Raw Sewage		40	50	60	45	45	40	47
	Settled Sewage		40	48	60	45	45	40	46
	F.B.E.	Units 1 & 2	20	23	33	30	23	15	24
		Units 3 & 4	23	25	30	25	23	23	25
	H.T.E.	Units 1 & 2	20	22	33	30	23	15	24
		Units 3 & 4	23	25	30	25	23	23	25
	E.F.	Units 1 & 2	20	22	33	30	23	15	24
		Units 3 & 4	23	25	30	25	23	23	25
ALBUMENOID NITROGEN	Raw Sewage		10	12	12	10	11	11	11
	Settled Sewage		7	8	7	6	7	10	7
	F.B.E.	Units 1 & 2	4.0	3.7	4.3	3.5	4.3	3.3	3.8
		Units 3 & 4	3.0	3.5	5.0	3.5	1.0	2.5	3.1
	H.T.E.	Units 1 & 2	1.3	1.5	2.5	2.0	2.3	1.8	1.9
		Units 3 & 4	1.3	1.8	2.3	2.3	1.0	1.8	1.7
	E.F.	Units 1 & 2	0.9	1.2	1.4	1.2	1.2	1.0	1.1
		Units 3 & 4	0.9	1.2	1.4	1.0	1.2	0.8	1.1
NITRITE NITROGEN		Units 1 & 2	0.5	0.6	0.9	1.2	0.8	0.3	0.7
		Units 3 & 4	0.5	0.6	1.1	0.7	0.5	0.3	0.6
NITRATE NITROGEN		Units 1 & 2	5.1	13.3	6.0	6.3	10.0	4.0	7.4
		Units 3 & 4	5.9	13.2	5.2	9.4	12.5	19.7	11.0
RELATIVE STABILITY (Methylene Blue) per cent.	H.T.E.	Units 1 & 2	100	98	96	100	79	100	95
		Units 3 & 4	100	98	100	100	100	100	99
	E.F.	Units 1 & 2	100	100	100	100	100	100	100
		Units 3 & 4	100	100	100	100	100	100	100
SUSPENDED SOLIDS	F.B.E.	Units 1 & 2	87	72	127	167	144	71	111
		Units 3 & 4	96	86	275	155	20	66	116
	H.T.E.	Units 1 & 2	22	13	50	45	51	22	34
		Units 3 & 4	9	10	70	31	15	20	26

NOTE:—H.T.E. = Humus Tank Effluent.
F.B.E. = Filter Bed Effluent.
E.F. = Effluent, filtered in laboratory through Whatmans No. 12.

TABLE III.

RESULTS FOR FIXED TWO STAGE OPERATION (UNIT No. 6) ON 12 FT. FILTERS AT PRETORIA, 1953. 24 HOUR SAMPLING.

RESULTS IN PART PER MILLION			Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	AVERAGES. Jan.-April	May-Aug.	Sept.-Dec.	Year
Dosage: Calls./Cu. Yd./Day			318	275	254	299	272	276	266	274	275	286	203	294	286	272	112	274
Loading (O.A. x Dosage) 100's			118	94	107	111	114	119	128	132	118	123	91	115	108	123	1,753	114
Loading (Strength x Dosage) 100's			1,849	1,480	1,636	1,796	1,761	2,000	1,958	1,978	1,866	1,937	1,424	1,795	1,690	1,924	264	1,790
Mean Air Temp. during Sampling °C			22.8	21.5	18.7	17.3	13.9	9.7	9.2	13.8	18.8	20.2	21.4	21.8	20.1	11.7	20.6	17.4
OXYGEN ABSORBED	Settled Sewage.		37	34	42	37	42	43	48	48	43	43	45	39	38	45	43	42
	H.T.E.	F.P.	14.9	15.2	18.8	10.4	14.0	17.2	18.4	18.2	17.6	18.8	16.2	17.6	14.8	16.9	17.6	16.4
		F.S.	10.7	9.9	11.7	9.0	11.4	14.4	14.0	13.2	11.9	15.3	10.5	10.8	10.3	13.2	12.1	11.9
	E.F.	F.P.	10.3	9.9	11.4	8.1	9.6	10.2	13.5	10.8	11.9	12.6	10.8	11.0	9.9	11.0	11.6	10.8
		F.S.	8.5	6.4	8.6	7.8	9.2	9.8	10.6	9.9	10.0	11.6	8.2	8.0	7.8	9.9	9.5	9.0
"STRENGTH" (McGowan)	Settled Sewage.		581	538	644	601	647	725	736	722	679	677	701	611	591	708	667	655
	H.T.E.	F.P.	286	304	364	258	318	306	374	376	378	346	306	331	303	343	340	330
		F.S.	158	148	172	157	170	272	253	229	208	253	161	186	159	231	202	199
	E.F.	F.P.	223	245	282	225	270	270	351	253	288	323	238	254	244	286	276	268
		F.S.	130	111	138	141	146	237	214	131	211	185	134	154	130	182	171	161
5 DAY B.O.D.	Settled Sewage.		391	202	312	293	307	317	331	291	259	264	292	266	299	311	270	294
	H.T.E.	F.P.	35	26	39	31	35	38	35	41	35	32	41	40	33	37	37	36
		F.S.	22.2	22.4	23.0	19.8	33.3	33.3	24.3	32.0	19.2	24.4	19.2	21.0	21.8	30.7	20.9	24.5
	E.F.	F.P.	13.2	9.8	16.8	14.6	7.9	9.4	15.8	15.4	9.6	10.4	11.6	12.0	13.6	12.1	10.9	12.2
		F.S.	6.6	6.6	5.6	6.1	7.4	7.3	6.2	7.7	7.5	6.0	6.4	7.3	6.2	7.2	44	6.7
AMMONIACAL NITROGEN	Settled Sewage.		37	35	40	40	40	55	45	43	45	45	45	40	38	46	33	42
	H.T.E.	F.P.	26	30	35	30	35	35	38	38	40	33	30	30	30	36	6.8	33
		F.S.	8.4	8.8	10.0	12.5	10.0	25.0	21.9	18.8	16.3	18.8	10.0	15.0	9.9	18.9	15.0	14.3
	E.F.	F.P.	24	30	35	30	35	35.0	45	30	35	40	30	30	29	36	34	33
		F.S.	8.4	8.8	10.0	12.5	10.0	25.0	21.9	17.5	22.5	15.0	10.0	15.0	9.9	18.6	15.6	14.7
ALBUMENOID NITROGEN	Settled Sewage.		7	6	6	8	7	9	8	8	7	7	7	6	7	8	7	7
	H.T.E.	F.P.	2.9	2.4	2.4	3.2	3.2	3.2	3.2	3.8	3.0	3.0	3.0	3.0	2.7	3.3	3.0	3.0
		F.S.	1.3	1.2	1.2	1.6	1.6	2.0	2.2	1.8	2.4	2.2	1.5	1.3	1.3	1.9	1.8	1.7
	E.F.	F.P.	2.2	1.8	1.2	1.2	2.8	1.4	2.0	1.4	1.6	1.6	1.2	1.2	1.6	1.9	1.4	1.6
		F.S.	0.8	0.9	0.8	1.0	1.2	1.4	1.2	1.4	1.3	1.1	1.0	0.8	0.9	1.3	1.1	1.1

TABLE III—(Continued).

RESULTS FOR FIXED TWO STAGE OPERATION (UNIT No. 6) ON 12 FT. FILTERS AT PRETORIA, 1953. 24 HOUR SAMPLING—(Continued).

			Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	AVERAGES. Jan.-April	May-Aug.	Sept.-Dec.	Year
NITRITE NITROGEN		F.P.	0.7	1.0	0.7	1.0	1.0	0.6	0.9	0.7	1.0	0.9	1.2	1.1	0.9	0.8	1.1	0.9
		F.S.	0.6	0.6	0.6	1.0	0.8	0.7	0.8	1.0	1.0	0.7	0.7	0.6	0.7	0.8	0.7	0.7
NITRATE NITROGEN		F.P.	2.0	3.0	1.8	1.8	1.5	10.7	12.3	5.4	1.3	5.9	5.1	5.2	2.1	7.5	4.3	4.6
		F.S.	18.6	11.9	6.9	7.8	11.7	19.3	11.1	11.8	22.0	20.9	24.3	19.4	11.3	13.5	21.7	15.5
RELATIVE STABILITY (Methylene Blue) per cent.	H.T.E.	F.P.	87	97	98	96	97	100	93	88	98	92	94	100	94	94	96	95
		F.S.	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
	E.F.	F.P.	99	100	100	100	100	100	100	100	100	96	100	100	99	100	99	99
		F.S.	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
SUSPENDED SOLIDS	H.T.E.	F.P.	46	34	61	25	59	55	47	76	50	44	53	51	41	60	49	50
		F.S.	22	10	27	19	33	39	29	31	28	26	17	20	19	33	23	25

NOTE.—H.T.E. = Humus Tank Effluent.
F.P. = Fixed Primary.
F.S. = Fixed Secondary.
E.F. = Effluent Filtered in Laboratory.

TABLE IV.

COMPARATIVE RESULTS FOR JENKS BIO-FILTRATION ON 5 FT. FILTER AND SINGLE STAGE FILTRATION ON 6FT. FILTERS AT PRETORIA. 1952-53. 24 HOUR SAMPLING.

RESULTS IN PARTS PER MILLION			Oct.	Nov.	Dec.	Feb.	Mar.	Apr.	July	Aug.	Sept.	Oct.	Nov.	AVERAGES Oct.-Feb.	Mar.-Aug.	Sept.-Nov.	Year
Dosage: Galls./Cu. Yd./Day		Single	93	92	116	103	126	119	94	98	104	102	103	101	109	103	105
		Jenks	335	334	346	337	400	363	354	364	388	404	393	338	370	395	365
Loading (O.A. x Dosage)		Single	4,000	3,040	3,590	3,710	3,910	4,400	3,290	4,210	3,850	3,570	3,190	3,585	3,953	3,537	3,705
Loading (Strength x Dosage) 100's		Single	685	478	604	589	645	668	524	635	634	608	540	389	618	594	601
Mean Air Temp. during Sampling °C			20.2	20.9	20.8	21.5	18.7	17.3	9.2	13.8	18.8	20.2	21.4	20.8	14.8	20.1	18.4
OXYGEN ABSORBED	Raw Sewage		85	67	61	58	58	51	64	74	69	51	56	68	62	59	63
	Settled Sewage		43	33	31	36	31	37	35	43	37	35	31	36	36	34	35
	F.B.E.	Single	18.8	13.4	14.7	16.8	10.8	16.5	20.7	18.9	15.9	18.3	15.9	15.9	16.7	16.7	16.4
		Jenks	18.0	15.2	14.8	14.4	15.6	14.0	15.8	18.0	18.4	17.2	16.4	15.6	15.8	17.3	16.1
	H.T.E.	Single	14.5	10.3	10.2	8.0	8.1	11.0	11.6	10.0	9.8	9.0	10.8	10.7	10.2	9.9	10.3
		Jenks	15.6	12.3	11.4	10.8	10.2	11.7	11.9	13.2	12.9	13.2	12.6	12.5	12.0	12.9	12.3
	E.F.	Single	9.8	6.6	7.2	7.4	6.4	7.4	7.0	8.0	6.6	8.4	6.6	7.8	7.2	7.2	7.4
		Jenks	12.7	9.8	10.1	9.8	8.3	10.2	9.1	11.0	8.8	11.2	9.8	10.6	9.6	9.9	10.0
"STRENGTH" (McGowan)	Raw Sewage		1,204	914	849	826	810	724	928	980	1,020	798	831	948	861	883	898
	Settled Sewage		737	520	521	572	512	561	557	648	610	597	524	588	569	577	578
	F.B.E.	Single	277	187	197	328	171	234	308	289	257	262	290	247	250	269	254
		Jenks	320	257	258	226	257	244	313	357	339	276	295	265	293	303	285
	H.T.E.	Single	242	154	146	139	141	173	209	192	190	156	172	170	179	173	174
		Jenks	295	216	219	187	198	219	267	291	278	303	254	229	244	278	248
	E.F.	Single	171	111	112	119	116	133	171	165	150	155	124	128	146	143	139
		Jenks	263	186	200	175	177	190	235	266	226	267	222	206	219	238	219
5 DAY B.O.D.	Raw Sewage		484	333	426	406	437	395	442	447	458	385	406	412	430	416	420
	Settled Sewage		167	184	200	233	224	224	220	226	208	204	237	196	223	216	211
	F.B.E.	Single	55	31	31	21	23	20	22	23	22	46	43	35	22	37	30
		Jenks	50	25	27	27	28	28	27	26	28	47	42	32	27	39	32
	H.T.E.	Single	38	21	23	12	17	12	14	19	12	11	21	24	15	15	18
		Jenks	39	20	20	17	17	17	17	19	17	24	22	24	18	21	20
	E.F.	Single	9.8	7.9	9.6	6.0	6.5	6.2	7.5	7.4	7.9	6.5	7.4	8.3	6.9	7.3	7.5
		Jenks	9.8	7.6	7.2	9.1	9.7	8.9	8.5	10.3	10.3	12.2	12.0	8.4	9.3	11.5	9.6

TABLE IV—(Continued).

COMPARATIVE RESULTS FOR JENKS BIO-FILTRATION ON 5 FT. FILTER AND SINGLE STAGE FILTRATION ON 6 FT. FILTERS AT PRETORIA, 1952-53 24 HOUR SAMPLING—(Continued).

RESULTS IN PARTS PER MILLION			Oct.	Nov.	Dec.	Feb.	Mar.	Apr.	July	Aug.	Sept.	Oct.	Nov.	AVERAGES Oct.-Feb.	Mar.-Aug.	Sept.-Nov.	Year
AMMONIACAL NITROGEN	Raw Sewage		60	40	40	40	38	35	48	40	55	50	45	45	40	50	44
	Settled Sewage		60	35	40	40	38	35	40	40	45	45	40	44	38	43	41
	F.B.E.	Single	18	9	8	10	12	11	18	18	18	13	13	11	15	15	14
		Jenks	30	20	20	15	19	20	30	33	30	20	25	21	25	25	23
	H.T.E.	Single	18.0	9.0	8.0	9.0	11.0	11.0	18.0	18.0	18.0	13.0	11.0	11	14	14	13
		Jenks	30.0	17.5	20.0	15.0	18.5	20.0	30.0	32.5	30.0	35.0	25.0	20.6	25.2	30.0	24.8
	E.F.	Single	15.5	8.8	7.5	8.8	10.0	11.3	17.5	17.5	17.5	12.5	11.3	10.1	14.1	13.7	12.5
		Jenks	30.0	17.5	20.0	15.0	18.5	17.5	30.0	32.5	30.0	32.5	25.0	20.6	24.6	29.1	24.4
ALBUMENOID NITROGEN	Raw Sewage		11	8	8	8	9	8	11	7	12	10	10	9	9	11	10
	Settled Sewage		5.5	4.0	4.5	4.5	4.5	4.0	4.0	5.0	5.0	5.0	5.0	4.6	4.4	5.0	4.6
	F.B.E.	Single	3.0	1.8	2.0	1.8	1.8	2.3	3.2	3.0	3.0	3.5	5.0	2.1	2.6	3.8	2.7
		Jenks	2.5	2.0	3.0	2.0	2.3	2.0	3.0	3.0	3.0	1.5	2.5	2.4	2.6	2.3	2.4
	H.T.E.	Single	2.3	1.5	1.5	1.3	1.5	1.8	2.0	2.0	1.5	1.3	2.0	1.6	1.8	1.6	1.7
		Jenks	2.3	1.8	2.0	1.5	1.8	1.5	1.9	1.8	2.3	2.0	2.3	1.9	1.8	2.2	1.9
	E.F.	Single	1.2	0.6	0.6	0.6	0.7	1.2	0.8	0.8	0.8	2.5	0.8	0.8	0.9	1.4	1.0
		Jenks	1.4	1.2	1.2	1.2	1.4	1.2	1.1	1.4	1.4	1.0	1.2	1.2	1.3	1.2	1.2
NITRITE NITROGEN		Single	0.6	0.8	1.0	0.5	0.6	0.6	0.9	0.7	0.8	0.3	0.6	0.7	0.7	0.6	0.7
		Jenks	1.2	0.9	1.0	0.9	0.7	1.6	0.9	1.0	0.8	0.6	1.0	1.0	1.1	0.8	0.9
NITRATE NITROGEN		Single	9.4	14.2	10.3	7.0	8.2	8.2	10.4	14.3	9.2	30.0	1.8	10.2	10.3	13.7	11.2
		Jenks	3.3	1.1	2.5	3.1	4.3	6.0	4.8	2.8	9.2	35.0	2.0	2.5	4.5	15.4	6.7
RELATIVE STABILITY (Methylene Blue) per cent.	H.T.E.	Single	95	100	97	100	100	100	98	100	100	100	100	98	99	100	99
		Jenks	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
	E.F.	Single	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
		Jenks	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
SUSPENDED SOLIDS	F.B.E.		102	37	97	29	37	31	95	74	98	76	93	62	59	89	68
			59	16	98	29	30	29	66	44	61	44	64	51	42	56	49
	H.T.E.		41	31	58	10	11	11	30	27	22	25	28	35	20	25	26
			24	10	19	10	16	9	21	20	30	12	33	16	16	25	18

NOTE.—SINGLE = Single stage filtration in 6 ft. filters; JENKS = Recirculation (1:1) on 5 ft. filter; SETTLED SEWAGE = Primary Dortmund Tank Effluent, applied to single stage filters. F.B.E. = Filter Bed Effluent. H.T.E. = Humus Tank Effluent. E.F. = Effluent, filtered in Laboratory through Whatmans No. 12.

NON-EUROPEAN MEDICAL SERVICES.

A. **Report on Clinical Services for Non-Europeans.**

B. **Report on Native Influx Control.**

(i) Urban Services.
(ii) Peri-Urban Services.

A. CLINIC SERVICES:

The following clinics are conducted exclusively for Urban and Peri-Urban non-Europeans at various centres in the City:—

	Compound Clinic.	*Bantule Clinic.*	*Atteridgeville Clinic.*	*Special Diseases Clinics, Pretoria Hospital.*
No. of Child Welfare Clinics held per week	3	2	4	—
No. of Venereal Diseases Clinics held per week	—	1	1	4
No. of Ante- and Post-Natal Clinics held per week	2	1	1	—
No. of Tuberculosis Clinics held per week	—	1	2	1
No. of General Out-patient Clinics held per week (including Atteridgeville School Clinic)	2	2	8	—

Further details regarding Child Welfare, Venereal iDseases, Tuberculosis and Ante-Natal and Post-Natal Clinics appear elsewhere in the Annual Report.

OUT-PATIENT CLINIC RETURNS FOR THE YEAR:

(In column showing totals, figures for 1952/53 where available are shown in brackets.)

	Compound.	*Atteridgeville.*	*Bantule.*	*Total.*	
1. No. of new cases seen	1,054	2,966	862	4,882	(5,057)
2. No. of repeat attendances	408	1,137	433	1,978	(1,930)
3. No. of Serum Tests for Syphilis	65	94	62	221	(421)
4. No. of Positive Serum Tests for Syphilis	21	37	14	72	(137)
5. No. of Eye Smears taken	1	3	2	6	(8)
6. No. of Eye Smears revealing Gonococci	—	—	—	—	(1)
7. No. of Urethral and Cervical Smears taken	—	—	—	—	(7)
8. No. of Urethral and Cervical Smears revealing Gonococci	—	—	—	—	(1)
9. No. of cases dressed at Clinics ...	498	4,055	7,608	12,161	(13,522)
10. No. of dressings done	1,451	9,038	10,066	20,555	(23,386)
11. No. of cases referred to Ante-Natal Clinics	31	21	20	72	(63)
12. No. of cases referred to Dental Clinics	45	95	36	176	(175)
13. No. of cases referred to Venereal District Clinics	22	52	14	88	(138)
14. No. of cases referred for X-ray examination	15	54	14	83	(58)
15. No. of cases referred to Tuberculosis Clinics	7	12	1	20	(14)
16. No. of cases referred to Hospital Out-patient Departments	44	94	30	168	(162)
17. No. of cases referred to Casualty	28	47	22	97	(79)
18. No. of cases admitted to Hospital	14	17	16	47	(41)
19. No. of Throat Swabs taken (No. positive dipth in brackets)	8 (2)	22 (8)	6 (2)	36	(12)

In the above table the figures for Atteridgeville include the Atteridgeville School Clinic and cases from Peri-Urban Areas attending Atteridgeville Clinic.

The Clinics for non-European Municipal Employees have, as in the past, been held in the mornings (except Sundays and Public Holidays) at the Municipal Compound Clinic in Proes Street. Records for 1953/54 and for the previous two years show the following:—

	1953/54	1952/53	1951/52
(1) Number injured on duty and treated at the Compound Clinic	984	897	744
(2) Number injured on duty and referred to the General Hospital or Private Practitioners	96	75	80
(3) Number injured off duty and treated at the Compound Clinic	998	987	816
(4) Number injured off duty and treated at the General Hospital	164	144	78
(5) Number of sick persons treated at the Compound Clinic	3,841	2,908	2,267
(6) Number of sick persons referred to the General Hospital	231	228	205
(7) Total number medically examined at the Compound Clinic	6,423	4,587	4,498
(8) Total number of attendances at the Compound Clinic	18,299	17,280	14,915

B. NATIVE INFLUX CONTROL:

(i) Urban Services.

No. of Native Males Examined:	1953-54	1952-53
(a) New cases	12,616	9,446
(b) Return	42,948	36,605
TOTAL	55,564	46,051
No. of Natives Vaccinated	1,534	613
No. of Natives Infected with Lice	1,769	2,017
(a) Head-Body Lice	29	28
(b) Crab Lice	1,740	1,989
No. of Natives temporarily unfit for employment because of:—		
1. Suspected Venereal Disease	161	115
(a) Gonorrhoea	59	63
(b) Syphilis	102	52
(1) Primary Syphilis	38	18
(2) Secondary Syphilis	35	24
(3) Tertiary Syphilis	29	10
2. Dental Decay	357	114
3. Tapeworm	20	29
4. Scabies	12	6
5. Pulmonary Tuberculosis	9	—
6. Leprosy	2	1
7. Minor Ailments	12	19
TOTAL	573	285
Number of Natives permanently unfit for hard work and fit only for light or domestic work because of:—		
1. Senility with or without minor ailments	291	149
2. Obesity	43	15
3. Valvular diseases of the heart	13	2
4. Skeletal deformities and amputated limbs	44	31
5. Unclassified ailments	7	8
	398	205

Numerous other minor transient and permanent conditions and defects were also found on medical examination. Where these could benefit from treatment, the Natives were referred to the various out-patient departments of the General Hospital, Pretoria, for the necessary treatment.

(ii) **Peri-Urban Services:**

	1953-54	1952-53
1. Number of Natives examined	7,806	9,154
(a) New Cases	2,514	3,352
(b) Return Cases	5,292	5,802
2. Number of Natives vaccinated	2,514	3,352
3. Number of Natives infested with:		
(a) Head and Body Lice	28	13
(b) Crab Lice	16	61
4. Number of Natives referred to the Dental Clinic	173	299
5. Number of Natives found unfit for immediate employment because of:—		
(i) Suspected Venereal Disease:		
(a) Primary Syphilis	13	12
(b) Secondary Syphilis	13	19
(c) Tertiary Syphilis	9	11
(d) Urethral Discharge	46	29
(ii) Tuberculosis:		
(a) Pulmonary	5	17
(b) Other Forms	1	5
(iii) Leprosy	1	2
(iv) Scabies	5	9
(v) Bilharzia	2	1
(vi) Senility	9	16
(vii) Tapeworm	6	3

Many other diseases were observed and patients were advised to go to Out-Patient Departments or to Native Casualty Department for further attention and treatment.

The following is a comparative survey from Clinic Records of illnesses and injuries met with during the year at Out-patients Clinics at the Municipal Locations.

	Atteridgeville School Clinic.				Atteridgeville General Out-patient Clinic.				Compound General Out-patient Clinic.				Bantule General Out-patient Clinic.			
		Total	1953/54 Approximate percentage of total diseases.	(1952/53)		Total	1953/54 Approximate percentage of total diseases.	(1952/53)		Total	1953/54 Approximate percentage of total diseases.	(1952/53)		Total	1953/54 Approximate percentage of total diseases.	(1952/53)
1. Respiratory Diseases:																
Lobar Pneumonia	10				7				4				10			
Bronchial Catarrh	243				204				201				166			
Bronchitis (Acute and Chronic)	87				82				87				56			
Bronchiectasis	—				2				2				2			
Pleurisy	2				17				11				9			
Influenza	60				75				49				36			
Laryngitis (Acute and Chronic)	5	543	23.2%	(22%)	7	516	22.6%	(19.6%)	5	453	21.1%	(19.1%)	3	379	22.7%	(21.3%)
Tracheitis	4				5				2				2			
Whooping Cough	4				10				9				9			
Broncho-pneumonia	1				3				2				1			
Pulmonary Tuberculosis	—				12				3				9			
Asthma, Hay Fever, etc.	7				10				14				14			
Lung Abscess	—				—				—				—			
Minor Respiratory Ailments	120				76				59				70			
Emphysema	—				6				5				2			
2. Skin Diseases	248	248	10.6%	(11.8%)		143	6.3%	(6.6%)		152	7.1%	(9.7%)		145	8.6%	(9.4%)
3. Eye Infections:																
Conjunctivtis (Acute and Chronic)	140	182	7.8%	(9.3%)	96	122	5.4%	(5.4%)	60	80	3.7%	(3.3%)	77	97	5.9%	(5.7%)
Other Conditions	42				26				20				20			
4. Ear, Nose and Throat Infections:																
Otitis Media (Acute and Chronic)	34				30				31				28			
Tonsilitis (Acute and Chronic)	348	540	23.1%	(25.9%)	152	263	11.6%	(13.9%)	168	276	13%	(11.2%)	151	243	14.5%	(15.1%)
Other Conditions	158				81				77				64			
5. Gastro-Intestinal Ailments:																
(Including Helminthic Infections)	95	255	10.9%	(11.7%)	156	328	14.4%	(13.4%)	165	360	16.8%	(15%)	86	237	14.2%	(14.6%)
Constipation	160				172				195				151			
6. Injuries		119	5.1%	(5.7%)		110	4.85%	(4.8%)		118	5.5%	(5.7%)		57	3.4%	(2.65%)
7. Bone Diseases		3	0.13%	(0.21%)		3	0.135%	(0.09%)		1	0.05%	(0.11%)		1	0.06%	—
8. Deficiency Disorders (chiefly nutritional)		95	4%	(4.2%)		106	4.7%	(4.3%)		58	2.7%	(3.2%)		66	4%	(4.3%)
9. Nervous Disorders		12	0.51%	(0.7%)		22	0.97%	(0.92%)		15	0.7%	(0.97%)		13	0.78%	(1.46%)
10. Heart Diseases		4	0.17%	(0.32%)		23	1%	(0.7%)		7	0.33%	(0.27%)		15	0.9%	(0.35%)
11. Joint and Muscular Conditions:																
Rheumatism	37				46				48				31			
Fibrositis	17	62	2.7%	(2.9%)	50	114	5%	(6.6%)	42	98	4.6%	(4.3%)	47	82	4.9%	(6.2%)
Joint Infections	8				18				8				4			
12. Marked Dental Caries		38	1.6%	(2.6%)		57	2.5%	(1.9%)		59	2.8%	(2.2%)		36	2.13%	(3.2%)
13. Acute Infectious Fevers		53	2.3%	(1.05%)		33	1.45%	(1.2%)		19	0.9%	(0.81%)		22	1.33%	(0.84%)
14. Abscesses and Boils		50	2.14%	(2.1%)		46	2%	(1.25%)		24	1.12%	(1.7%)		24	1.42%	(1.46%)
15. General Debility		16	0.68%	(0.79%)		26	1.14%	(1.1%)		31	1.45%	(1.3%)		18	1.1%	(1.16%)
16. Venereal Disease		15	0.63%	(0.7%)		44	1.94%	(2.1%)		28	1.3%	(1.6%)		22	1.33%	(3.0%)
17. Congenital Abnormalities		3	0.13%	—		—	—	(0.09%)		2	0.11%	—		1	0.06%	—
18. Urinary Disorders		21	0.9%	(1.05%)		45	1.97%	(2.5%)		51	2.4%	(2.5%)		34	2.04%	(1.7%)
19. Menstrual Disorders		30	1.3%	(1.9%)		120	5.3%	(3.7%)		130	6.1%	(6.9%)		74	4.4%	(3.9%)
20. Diseases of Genital Organs		10	0.42%	(0.58%)		73	3.2%	(5.1%)		90	4.2%	(5.8%)		50	3%	(1.7%)
Mastitis		2	0.085%	—		6	0.27%	(0.26%)		5	0.25%	(0.11%)		6	0.36%	(0.5%)
21. Acute and Chronic Lymphadenitis		20	0.85%	(1.4%)		20	0.9%	(0.98%)		18	0.84%	(1.35%)		15	0.9%	(1.16%)
22. Non-Pulmonary Tuberculosis		2	0.085%	—		—	—	(0.13%)		—	—	(0.11%)		—	—	(0.07%)
23. Tumours		8	0.34%	(0.26%)		8	0.36%	(0.55%)		3	0.14%	(0.54%)		9	0.54%	(0.19%)
24. Urticaria		34	1.5%	(0.74%)		21	0.93%	(0.31%)		12	0.56%	(0.6%)		7	0.42%	(0.3%)
25. Diabetes (See Ductless Glands)		—	—	—		1	0.05%	(0.09%)		—	—	(0.06%)		—	—	—
26. Haemorrhoids		—	—	—		5	0.22%	(0.13%)		4	0.22%	(0.22%)		2	0.12%	(0.07%)
27. Diseases of Blood Vessels		1	0.042%	—		16	0.7%	(0.67%)		12	0.66%	(0.27%)		4	0.24%	(0.3%)
28. Blood Deficiency Diseases		14	0.6%	(0.53%)		14	0.62%	(0.54%)		12	0.66%	(0.76%)		6	0.36%	(0.3%)
29. Diseases of Liver and Spleen		2	0.085%	—		7	0.31%	(0.09%)		10	0.5%	(0.16%)		2	0.12%	(0.4%)
30. Diseases of Ductless Glands		1	0.042%	(0.05%)		2	0.09%	(0.09%)		7	0.4%	(0.06%)		4	0.24%	—
31. Hernia		1	0.042%	(0.05%)		2	0.09%	(0.13%)		1	0.05%	—		—	—	(0.07%)
32. Alcoholism		—	—	—		7	0.31%	(0.49%)		6	0.28%	(0.22%)		4	0.24%	(0.19%)

Table No. 1.

BIRTHS (ALL RACES) FOR THE YEAR ENDED 30/6/54.

	EUROPEAN.				NATIVE.				ASIATIC.				EURAFRICAN.			
	Legitimate.		Illegitimate.		Legitimate.		Illegitimate.		Legitimate.		Illegitimate.		Legitimate.		Illegitimate.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
July	141	104	1	1	30	38	19	15	4	11	—	—	7	4	3	1
August	148	110	1	—	64	78	32	29	7	8	—	—	3	8	1	—
September	192	180	2	1	94	81	52	53	12	9	—	—	7	8	5	4
October	139	144	1	1	79	96	59	59	6	11	—	—	4	5	4	2
November	145	141	1	—	63	65	28	27	6	7	—	—	3	5	—	5
December	174	156	—	—	78	96	53	40	17	7	—	—	11	10	—	—
January	157	145	—	—	67	67	28	42	9	8	—	—	13	11	1	—
February	151	148	3	4	65	36	34	34	8	9	—	—	8	5	2	1
March	213	186	4	4	131	113	55	85	11	8	—	—	4	3	6	1
April	156	146	—	—	109	78	38	50	12	9	—	1	3	1	2	—
May	170	137	2	3	85	84	54	55	8	7	—	1	1	2	1	3
June	196	209	2	4	102	90	54	45	14	20	—	1	9	5	8	3
TOTALS	1,982	1,806	17	18	967	922	506	534	114	114	—	3	73	67	33	20

STILL BIRTHS (LOCAL RESIDENTS).

	EUROPEAN.		NON-EUROPEAN.	
	Male.	Female.	Male.	Female.
July	1	5	—	1
August	2	2	7	2
September	1	1	6	3
October	2	1	7	4
November	2	1	4	1
December	1	—	4	3
January	3	3	4	5
February	—	3	2	5
March	4	1	—	1
April	1	—	5	6
May	—	—	—	—
June	4	1	—	3
TOTALS	21	18	39	34

BIRTHS TO NON-RESIDENTS.

	EUROPEAN.		NON-EUROPEAN.	
	Male.	Female.	Male.	Female.
July	29	30	27	24
August	43	44	20	26
September	74	63	18	31
October	53	37	9	11
November	28	30	2	3
December	65	43	6	8
January	38	54	2	7
February	35	49	30	25
March	40	36	8	9
April	41	52	74	65
May	25	36	45	38
June	67	62	98	70
TOTALS	538	536	339	317

Table No. 2.

DEATHS OF EUROPEAN CHILDREN UNDER 5 YEARS OF AGE FOR THE YEAR ENDED 30th JUNE, 1954.

	24 hours and under.		Over 24 hours to 1 week.		Over 1 week to 1 month.		Over 1 month to 3 months.		Over 3 months to 6 months.		Over 6 months, under 12 months.		Total Infantile Mortality.		1 year to 2 years.		2 years to 3 years.		3 years to 4 years.		4 years to 5 years.		Total under 5 years.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Meningococcal Meningitis	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	—	—	1	1	—	—	1	3
Diphtheria	—	—	—	—	—	—	—	—	—	—	1	1	1	1	—	—	—	—	—	—	2	—	3	1
Measles	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—
Cancer: Male & Female Urinary Organs	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	2
Cancer: Other & Unspecified Forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—
Malnutrition	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Hypochromic Pnaemia ...	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Leukaemia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	1
Other Diseases of Blood ...	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Encephalitis, Non-Epidemic, Other Forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Pneumococcal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Meningitis (non-Meningococcal), Other Forms ...	—	—	—	—	—	—	—	—	2	—	—	—	2	—	—	—	—	1	—	1	—	—	2	2
Paralysis of the Insane ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Convulsions	—	—	—	—	1	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	1	1
Acute Bronchitis	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	1	—	2	—
Pneumonia, Broncho	—	—	—	1	1	2	4	1	6	3	2	1	13	8	1	—	1	—	—	1	—	—	15	9
Pneumonia, Lobar	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1
Diarrhoea & Enteritis ...	—	—	—	—	1	—	—	—	2	3	2	2	5	5	1	3	—	—	—	—	—	—	6	8
Hernia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Cirrhosis of the Liver ...	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Peritonitis	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Other Diseases of Skin ...	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Congenital Hydrocephalus	—	—	—	—	1	—	—	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	1
Spinabifida — Meningocele	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1	—	—	—	2
Congenital Malformation of Heart	—	—	2	—	—	—	—	—	1	—	—	—	3	—	—	—	—	—	—	—	—	—	3	—
Imperforate Anus	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Cystic Disease of Kidney	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Other Stated Congenital Malformations	—	—	—	—	2	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	—
Unspecified Congenital Malformations	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Congenital Debility	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Premature Birth	10	2	14	10	7	7	—	1	1	—	—	—	32	20	—	—	—	—	—	—	—	—	32	20
Injury at Birth	2	1	2	3	—	—	—	—	—	—	—	—	4	4	—	—	—	—	—	—	—	—	4	4
Atelectasis	4	3	3	3	1	—	—	—	—	—	—	—	8	6	—	—	—	—	—	—	—	—	8	6
Other Diseases, First Year of Life	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Accidents, Motor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	2	2	3
Accidental Burns	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Accidental Injury by Fall	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Other Deaths, Unknown Causes	1	—	—	—	—	—	1	—	—	—	—	—	2	—	—	1	—	—	—	—	—	—	2	1
TOTALS	18	7	24	18	15	10	6	5	13	7	7	6	83	53	4	6	2	3	4	6	5	3	98	71

Table No. 3.

DEATHS OF NON-EUROPEAN CHILDREN UNDER 5 YEARS OF AGE FOR THE YEAR ENDED 30th JUNE, 1954.

	24 hours and under.		Over 24 hours to one week.		One week to one month.		Over 1 month to three months.		Over 3 months to six months.		Over 6 months, under 12 months.		Total Infantile Mortality.		1 year to 2 years.		2 years to 3 years.		3 years to 4 years.		4 years to 5 years.		Total under 5 years.	
NATIVES.	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1	1
Dyphtheria	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	1	2	—	—	—	—	2	3
Tetanus	—	—	2	—	1	1	—	—	—	—	—	—	3	1	—	1	—	—	—	—	—	—	3	2
Tuberculosis Pulmonary	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	—	3	—	—	—	—	—	5	—
„ Central Nervous System	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	3	—	1	2	—	—	—	3	4
„ Intestines and Pertoneum .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
„ Acute Miliary ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	—	—	—	—	—	—	1	3
Bacillary Dysentery ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Congenital Syphilis ...	—	2	1	1	3	1	—	1	1	2	—	—	5	7	—	—	—	—	—	—	—	—	5	7
Influenza	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	3
Cancer Skin	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Malnutrition	—	—	—	—	—	—	1	—	1	1	1	3	3	4	4	5	2	3	—	—	—	—	9	12
Pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	2	—	—	—	—	—	2	4
Intracranial Abscess ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Pneumococcal Meningitis	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	2	—
(Non-Meningococcal) „ Other Forms	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	—	—	—	—	2	—
Convulsions	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Acute Bronchitis	—	—	—	—	1	—	2	1	1	—	—	1	4	2	—	1	—	—	—	—	—	—	4	3
Broncho Pneumonia ...	—	—	4	—	6	9	12	7	6	6	9	11	37	33	14	19	—	7	—	—	—	1	51	60
Lobar Pneumonia	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	2	—	—	—	2	2
Diarrhoea and Entertis	—	—	—	—	3	1	12	7	27	13	35	34	77	55	41	42	10	8	4	3	1	—	133	108
Acute Nephritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2
Urinary Abscess	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Cellulitis	—	—	—	—	—	1	1	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	1
Imperforate Anus	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Other Stated Congenital Malformations	—	—	1	1	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	1
Congenital Debility ...	1	2	7	1	—	1	—	—	—	—	—	1	8	5	—	—	—	—	—	—	—	—	8	5
Premature Birth	12	12	14	13	6	12	4	1	—	—	1	—	37	38	—	—	—	—	—	—	—	—	37	38
Injury at Birth	1	4	1	2	—	—	—	—	—	—	—	—	2	6	—	—	—	—	—	—	—	—	2	6
Atelectasis	2	1	3	—	1	1	—	—	—	—	—	—	6	2	—	—	—	—	—	—	—	—	6	2
Other Diseases 1st Year of Life	1	—	1	—	1	1	—	—	—	—	—	—	3	1	—	—	—	—	—	—	—	—	3	1

Table No. 3.

DEATHS OF NON-EUROPEAN CHILDREN UNDER 5 YEARS OF AGE FOR YEAR ENDED 30th JUNE, 1954.

	24 hours and under.		Over 24 hours to one week.		One week to one month.		Over 1 month to three months.		Over 3 months to six months.		Over 6 months, under 12 months.		Total Infantile Mortality.		1 year to 2 years.		2 years to 3 years.		3 years to 4 years.		4 years to 5 years.		Total under 5 years.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Accidental Burns	—	—	—	—	—	—	—	—	—	—	—	3	—	3	—	—	1	—	—	—	—	1	1	4
Other Deaths, Unknown Causes	1	1	—	1	—	—	2	2	—	—	4	3	7	7	1	3	1	—	—	—	3	—	12	10
TOTALS	18	23	35	19	24	28	34	19	37	22	54	56	202	167	65	88	20	25	10	3	4	3	302	285

DEATHS OF NON EUROPEAN CHILDREN UNDER 5 YEARS OF AGE FOR YEAR ENDED 30th JUNE, 1954.

ASIATICS.

Myxoedema & Cretinism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Broncho Pneumonia ...	—	—	—	—	—	—	—	—	1	1	1	1	2	2	—	—	—	—	—	—	—	1	2	3
Atelectasis	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Injury at Birth	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Congenital Debility ...	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Accidental Burns	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Diarrhoea and Enteritis	—	—	—	—	—	—	—	—	2	—	1	1	3	1	—	—	—	—	—	—	—	—	3	1
Premature Births	2	2	2	—	1	—	—	—	—	—	—	—	5	2	—	—	—	—	—	—	—	—	5	2
Lobar Pneumonia	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
TOTALS	3	2	3	1	2	—	—	—	3	1	2	2	13	6	—	—	—	—	—	1	—	2	13	9

EURAFRICANS.

Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Bacillary Dysentery ...	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—
Malnutrition	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	—	1	—	—	—	—	1	2
Broncho Pneumonia ...	—	—	—	—	—	—	—	—	2	—	3	—	5	—	2	1	—	—	—	1	—	—	7	2
Lobar Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Diarrhoea and Enteritis	—	—	—	—	—	—	—	1	—	1	10	1	10	3	2	1	—	—	—	—	—	—	12	4
Premature Birth	—	—	2	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	—
Congenital Malformations	—	1	—	1	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2
Congenital Dibility ...	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Injury at Birth	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Other Diseases 1st Year of Life	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Other Diseases of Skin	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
TOTALS	—	1	4	1	1	—	—	1	3	1	14	2	22	6	7	4	—	1	—	1	—	—	29	12

Table No. 4.

DEATHS OF EUROPEANS, FIVE YEARS OF AGE AND OVER, WITHIN THE MUNICIPAL AREA FOR YEAR ENDED 30th JUNE, 1954.

	5—10 years.		10—15 years.		15—20 years.		20—25 years.		25—30 years.		30—40 years.		40—50 years.		50—60 years.		60—70 years.		70—80 years.		Over 80 years.		Total.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Infectious and Parasitic Diseases	1	2	1	—	—	1	—	—	—	—	2	1	—	1	4	1	1	—	1	—	—	—	10	6
Cancer and Other Tumours	1	—	—	—	1	—	—	—	—	—	2	5	8	12	11	13	18	7	22	21	6	5	69	63
Diseases of Nutrition, Endocrine Glands ...	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	3	—	2	2	3	1	—	5	8
Diseases of Blood and Blood Forming Organs	—	—	1	1	—	—	—	—	—	—	1	—	—	3	1	—	—	—	1	1	1	—	5	5
Diseases of Nervous System & Sense Organs	—	1	—	—	—	1	2	—	—	—	3	2	2	8	8	5	12	7	11	17	9	13	47	54
Diseases of Circulation System	—	—	1	—	2	2	2	1	2	3	3	3	12	11	25	9	30	31	39	23	32	25	148	108
Diseases of Respiratory System	—	—	—	1	—	—	1	—	—	1	6	2	6	2	8	4	15	7	15	16	15	9	66	42
Diseases of Digestive System	—	—	—	—	—	—	—	—	—	—	6	—	2	3	2	2	3	1	3	1	1	1	17	8
Non-Venereal Diseases of Urinary and Genital System	—	1	—	1	—	1	1	—	—	1	—	1	3	—	1	2	2	2	4	2	5	3	16	14
Diseases of Pregnancy and Childbirth	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	—	—	—	—	—	—	3
Congenital Malformations	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Senility	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	3	6	9	7	12
Suicide	—	—	—	—	—	—	—	—	—	2	—	—	3	1	1	—	—	—	2	—	1	—	7	3
Homicide	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Accidents	3	1	2	1	1	2	3	2	10	—	4	1	3	1	4	—	3	—	5	2	2	1	40	11
Unknown or Unspecified Causes	1	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1	3
Legal Execution	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Open Verdict	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
TOTALS	6	6	6	4	5	7	9	4	13	7	27	17	41	44	66	39	85	57	105	90	79	67	442	342

Table No. 5.

DEATHS OF NATIVES, FIVE YEARS OF AGE AND OVER WITHIN THE MUNICIPAL AREA FOR THE YEAR ENDED 30th JUNE, 1954.

	5—10 years.		10—15 years.		15—20 years.		20—25 years.		25—30 years.		30—40 years.		40—50 years.		50—60 years.		60—70 years.		70—80 years.		Over 80 years.		Total.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Infectious and Parasitic Diseases	2	3	—	1	2	2	3	5	3	4	3	3	3	4	7	2	5	2	5	—	—	—	33	26
Cancer and Other Tumours	1	—	—	—	—	—	1	—	1	—	1	2	4	4	4	4	4	1	3	1	2	1	21	13
Diseases of Nutrition, Endocrine Glands ...	—	—	—	—	1	—	—	1	—	—	—	—	1	—	2	—	—	—	—	—	—	1	4	2
Diseases of Blood and Blood Forming Organs	—	—	—	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	3	—
Diseases of Nervous System and Sense Organs	—	—	—	—	1	—	1	—	2	2	2	2	3	—	3	1	1	3	1	1	—	1	14	10
Diseases of Circulatory System	—	1	—	—	—	1	2	1	1	—	5	—	7	4	7	6	9	4	2	3	2	1	35	21
Diseases of Respiratory System	4	1	—	—	—	—	3	2	2	1	5	2	8	2	11	4	13	7	3	1	4	3	53	23
Diseases of Digestive System	1	1	1	1	—	—	1	1	3	1	2	2	6	1	3	—	1	1	2	2	1	2	21	12
Non-Venereal Diseases of the Urinary and Genital Systems	—	—	—	—	1	—	—	—	—	—	2	1	2	2	4	—	3	1	1	2	1	1	14	7
Diseases of Pregnancy and Childbirth	—	—	—	—	—	—	—	1	—	2	—	3	—	—	—	—	—	—	—	—	—	—	—	6
Senility	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4	1	1	4	5	6
Suicide	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2	—
Homicide	—	—	—	—	2	—	7	—	4	—	4	—	2	1	—	—	—	—	—	—	—	—	19	1
Accidents	1	1	1	—	1	—	2	—	4	1	12	—	4	—	3	1	1	—	2	1	—	—	31	4
Legal Executions	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Open Verdict	—	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	3	—
Unknown or Unspecified Causes	—	—	—	—	—	1	—	—	—	—	1	—	4	—	1	1	1	—	1	—	—	1	8	3
TOTALS	9	7	2	2	9	4	23	11	21	11	41	15	44	18	45	19	38	20	24	12	11	15	267	134

Table No. 6.

INFANTILE MORTALITY EUROPEAN: CAUSE OF DEATH AND MORTALITY RATES FOR YEAR ENDED 30th JUNE, 1954.

	Infectious Diseases.		Diarrhoeal Disease.		Bronchitis & Pneumonia.		Congenital Causes.		Other Causes.		Prematurity.		Injury at Birth.		Total Deaths.		Total Births.		Mortality Rates per 1,000 Live Births.		Total.
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Central Area	1	1	2	—	—	1	2	1	1	—	3	3	1	2	10	8	272	224	36.76	35.71	36.29
Pretoria West	—	—	1	2	6	2	1	—	4	1	4	2	1	—	17	7	320	289	53.13	24.22	39.41
Leper and Mental Hospitals and Defence ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	5	11	200.00	—	62.50
Salvokop	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	17	22	—	45.45	25.64
Roberts Heights	—	—	—	1	—	—	—	1	—	—	1	—	—	—	1	2	42	35	23.81	57.14	38.96
Eastern Suburbs	—	—	—	—	1	1	1	—	2	—	7	5	1	—	12	6	458	391	26.20	15.35	21.30
Northern Suburbs	—	—	2	1	5	4	2	1	5	5	8	2	1	—	23	13	591	613	38.92	21.21	29.90
Hercules	1	1	—	1	2	1	2	—	5	3	9	8	—	2	19	16	294	239	64.63	66.95	65.67
TOTAL MALES ...	2	—	5	—	14	—	8	—	18	—	32	—	4	—	83	—	1,999	—	4,153	—	—
TOTAL FEMALES	—	2	—	5	—	9	—	3	—	10	—	20	—	4	—	53	—	1,824	—	29.06	35.58

INFANTILE MORTALITY: ALL NON-EUROPEAN RACES: DISTRICT INCIDENCE FOR THE YEAR ENDED 30th JUNE, 1954.

	Infectious Diseases.		Diarrhoeal Diseases.		Bronchitis & Pneumonia.		Congenital Causes.		Other Causes.		Prematurity.		Injury at Birth.		Malnutrition.		Total Deaths.		Total Births.		Mortality Rate per 1,000 Live Births.		Total Rates.
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
NATIVE.																							
Marabastat	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	1	1	10	15	100.00	66.67	80.00
Bantule	—	1	7	2	2	2	—	—	7	2	5	2	—	1	—	—	21	10	117	96	179.48	104.17	145.54
Atteridgeville ...	4	—	11	9	3	2	1	1	3	5	1	2	1	1	—	—	24	20	172	190	139.53	105.26	121.55
Hercules	8	5	54	39	36	27	1	—	13	8	20	17	1	2	3	4	136	102	1,053	1,020	129.15	100.00	114.81
Town	—	2	5	4	—	5	—	—	5	4	10	17	—	2	—	—	20	34	121	135	165.29	251.85	210.94
TOTAL	12	8	77	55	41	36	2	1	28	19	37	38	2	6	3	4	202	167	1,473	1,456	137.14	114.70	125.98
ASIATIC.																							
Location	—	—	1	—	—	2	—	—	—	1	4	—	—	—	—	—	5	3	64	60	78.13	50.00	64.52
Hercules	—	—	1	1	2	—	—	—	—	—	1	2	—	—	—	—	4	3	29	29	137.93	103.46	120.69
Town	—	—	1	—	1	—	1	—	—	—	—	—	1	—	—	—	4	—	21	28	190.48	—	81.63
TOTAL	—	—	3	1	3	2	1	—	—	1	5	2	1	—	—	—	13	6	114	117	114.03	51.28	82.25
EURAFRICAN.																							
Location	—	—	2	—	2	—	—	1	1	—	1	—	—	—	—	—	6	1	43	42	139.53	23.81	82.35
Hercules	1	—	8	3	3	—	—	1	2	—	—	—	—	—	—	1	14	5	59	41	237.29	121.95	190.00
Town	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	2	—	4	4	500.00	—	250.00
TOTAL	1	—	10	3	5	—	1	2	3	—	2	—	—	—	—	1	22	6	106	87	207.55	68.97	145.08
ALL NON-EUROPEANS.																							
Location	4	1	21	12	7	6	1	2	11	8	12	4	1	2	—	—	57	35	406	403	140.39	86.85	113.72
Hercules	9	5	63	43	41	27	1	1	15	8	21	19	1	2	3	5	154	110	1,141	1,090	134.97	100.92	118.33
Town	—	2	6	4	1	5	2	—	5	4	11	17	1	2	—	—	26	34	146	167	178.08	203.59	191.69
TOTAL	13	8	90	59	49	38	4	3	31	20	44	40	3	6	3	5	237	179	1,693	1,660	139.99	10,783	124.04

Table No. 8.

DEATHS IN INSTITUTIONS OF PERSONS NOT RESIDENT IN PRETORIA FOR THE YEAR ENDED 30th JUNE, 1954.

	0—1 Years		1—5 Years		5—10 Years		10—20 Years		20—40 Years		Over 40 Years		Total European		Total Non-European	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
PRETORIA AND OTHER HOSPITALS.																
European	26	19	8	1	2	3	5	1	25	13	154	103	220	140	—	—
Non-European	138	112	88	83	20	23	22	18	79	53	144	65	—	—	491	354
MENTAL HOSPITAL.																
European	—	—	—	—	—	—	—	—	7	2	24	21	31	23	—	—
Non-European	—	—	—	—	—	—	—	—	14	3	19	7	—	—	33	10
LEPER ASYLUM.																
European	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—
Non-European	1	1	—	—	—	—	—	—	2	4	11	4	—	—	14	9
PRISONS.																
European	—	—	—	—	—	—	—	—	4	—	1	—	5	—	—	—
Non-European	—	—	—	—	—	—	2	—	49	3	9	—	—	—	60	3
VISITORS.																
European	2	—	—	—	—	—	1	—	—	1	7	4	10	5	—	—
Non-European	3	3	2	—	—	—	—	1	4	1	5	7	—	—	14	12
TOTAL: EUROPEAN	28	19	8	1	2	3	6	1	36	16	186	129	266	169	—	—
NON-EUROPEAN	142	116	90	83	20	23	24	19	148	64	188	83	—	—	612	388

Table No. 9.

NOTIFICATION OF INFECTIOUS DISEASES: LOCAL CASES: ALL RACES: FOR THE YEAR ENDED 30th JUNE, 1954.

	0—1 Years		1—5 Years		5—10 Years		10—20 Years		20—40 Years		Over 40 Years		Totals	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
EUROPEANS.														
Typhoid Fever	—	—	—	1	1	2	1	2	1	2	—	—	3	7
Scarlet Fever	—	1	13	24	31	45	6	9	—	1	—	—	50	80
Diphtheria	2	1	16	20	17	32	4	8	—	2	—	—	39	63
Leprosy	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	1	2	1	2
Poliomyelitis	—	—	2	3	3	1	—	1	1	1	—	—	6	6
Infective Encephalitis	—	—	—	—	1	—	—	—	—	—	1	—	2	—
Cerebro-Spinal Meningitis	3	—	1	2	—	1	—	—	—	—	—	—	4	3
Tuberculosis	1	—	2	—	2	1	—	3	3	5	10	5	18	14
Puerperal Fever	—	—	—	—	—	—	—	—	—	1	—	—	—	1
NON-EUROPEANS.														
Typhoid Fever	—	1	—	2	3	4	3	9	12	2	4	2	22	20
Diphtheria	1	—	12	10	8	7	—	4	—	1	—	—	21	22
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Poliomyelitis	—	—	—	2	—	—	—	—	—	—	—	—	—	2
Cerebro-Spinal Meningitis	—	—	—	—	—	1	—	—	2	1	—	—	2	2
Tuberculosis	7	1	15	22	2	6	8	14	51	36	59	21	142	100

Table No. 10.

NOTIFICATION OF INFECTIOUS DISEASES: IMPORTED CASES: ALL RACES: FOR THE YEAR ENDED 30th JUNE, 1954.

	0—1 Years		1—5 Years		5—10 Years		10—20 Years		20—40 Years		Over 40 Years		Totals	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
EUROPEANS.														
Typhoid Fever	—	—	4	—	5	3	7	5	15	2	6	3	37	13
Malaria Fever	—	—	—	1	1	—	—	1	1	1	1	—	3	3
Scarlet Fever	—	—	2	1	2	—	—	3	—	—	—	—	4	4
Diphtheria	2	—	13	7	5	6	2	4	1	2	—	1	23	20
Poliomyelitis	—	—	6	2	1	1	2	—	—	—	1	—	10	3
Cerebro-Spinal Meningitis	—	—	1	—	—	—	2	—	—	—	—	—	3	—
Tuberculosis	—	—	1	—	1	—	—	—	3	5	6	3	11	8
NON-EUROPEANS.														
Typhoid Fever	—	—	9	2	16	16	30	21	24	22	24	17	103	78
Malaria Feyer	—	—	—	—	1	—	1	1	—	—	—	—	2	1
Diphtheria	2	1	19	23	5	19	2	7	—	3	1	3	29	56
Leprosy	—	—	—	—	—	—	—	—	—	—	1	—	1	—
Erysipelis	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Poliomyelitis	—	—	1	1	—	1	—	—	—	—	—	—	1	2
Cerebro-Spinal Meningitis	—	—	1	—	—	—	—	1	—	1	1	1	2	3
Tuberculosis	4	2	16	17	9	6	12	10	31	39	62	26	134	100

Table No. 11.

DISTRICT DISTRIBUTION OF NOTIFIED INFECTIOUS DISEASES FOR THE YEAR ENDED 30th JUNE, 1954.

DISTRICT.	Race	Infective Encephalitis		Cerebro-Spinal Meningitis		Tuberculosis		Trachoma		Ophthalmia Neonatorum		Puerperal Fever		Leprosy		Typhoid Fever		Malta Fever		Malaria		Diphtheria		Scarlet Fever		Erysipelas		Poliomyelitis	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Central Area	European	1	—	—	—	5	4	—	—	—	—	—	—	—	—	—	1	—	—	—	—	5	4	2	9	—	—	—	1
	Non-Europ.	—	—	—	—	2	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Pretoria West	European	—	—	1	1	4	2	—	—	—	—	—	—	—	—	1	—	—	—	—	—	13	12	8	8	1	—	—	1
	Non-Europ.	—	—	1	—	4	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	—	—	—	—	—	—	—
Leper and Mental Hospital	European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Prison and Defence Reserve	Non-Europ.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Roberts Heights ...	European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	1	1
	Non-Europ.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Eastern Suburbs ...	European	1	—	—	—	2	6	—	—	—	—	—	—	—	—	—	1	—	—	—	—	3	3	27	33	—	—	4	—
	Non-Europ.	—	—	—	—	10	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	1	—	—
Salvokop	European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	3	1	—	1	—	—	—	—
	Non-Europ.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Northern Suburbs ...	European	—	—	1	—	5	2	—	—	—	—	—	—	1	—	2	1	—	—	—	—	66	24	7	26	—	1	1	2
	Non-Europ.	—	—	—	1	5	4	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—
Hercules	European	—	—	2	2	2	—	—	—	—	—	—	1	—	—	—	2	—	—	—	—	66	19	66	3	—	1	—	1
	Non-Europ.	—	—	—	—	67	58	—	—	—	—	—	—	—	—	11	14	—	—	—	—	12	13	—	—	—	—	—	1
Marabas	Non-Europ.	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—
Bantule	Non-Europ.	—	—	—	—	18	7	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	2	—	—	—	—	—	1
Atteridgeville	Non-Europ.	—	—	—	—	25	17	—	—	—	—	—	—	—	—	1	1	—	—	—	—	3	5	—	—	—	—	—	—
Asiatic Bazaar	Non-Europ.	—	—	—	—	—	5	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—
Cape Location	Non-Europ.	—	—	1	1	6	5	—	—	—	—	—	—	—	—	2	1	—	—	—	—	1	1	—	—	—	—	—	—
Mun. Comp. & Hostel	Non-Europ.	—	—	—	—	4	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—

Table No. 12.

INCIDENCE OF INFECTIOUS DISEASES FOR THE YEAR ENDED 30th JUNE, 1954.

		Typhoid Fever	Malaria	Scarlet Fever	Diphtheria	Leprosy	Erysipelas	Poliomyelitis	Infective Encephalitis	Cerebro-Spinal Meningitis	Tuberculosis	Puerperal Fever
1953												
July—												
European ...	Resident	—	—	6	3	—	—	—	—	—	3	—
	Imported	—	—	3	2	—	—	—	—	—	1	—
Non-European	Resident	1	—	—	—	—	—	—	—	—	14	—
	Imported	7	—	—	2	—	—	—	—	1	5	—
August—												
European ...	Resident	—	—	8	7	—	1	—	—	1	2	—
	Imported	3	—	—	3	—	—	1	—	—	2	—
Non-European	Resident	3	—	—	2	—	—	—	—	—	21	—
	Imported	4	—	—	4	—	—	—	—	—	13	—
September—												
European ...	Resident	1	—	8	4	—	1	—	—	1	2	—
	Imported	—	—	—	2	—	—	—	—	—	1	—
Non-European	Resident	1	—	—	4	—	1	—	—	—	13	—
	Imported	3	—	—	5	—	—	—	—	—	19	—
October—												
European ...	Resident	1	—	25	5	—	1	1	—	—	4	—
	Imported	5	—	2	2	—	—	1	—	—	1	—
Non-European	Resident	1	—	—	5	—	—	—	—	—	23	—
	Imported	7	—	—	6	1	—	—	—	1	12	—
November—												
European ...	Resident	2	—	13	3	—	—	2	1	—	2	—
	Imported	1	—	1	—	—	—	—	—	—	—	—
Non-European	Resident	2	—	—	4	—	—	—	—	1	18	—
	Imported	12	—	—	3	—	1	—	—	—	23	—
December—												
European ...	Resident	2	—	10	6	1	—	—	—	—	3	—
	Imported	8	1	1	4	—	—	2	—	—	2	—
Non-European	Resident	6	—	—	2	—	—	—	—	—	28	—
	Imported	25	—	—	9	—	—	—	—	—	34	—
1954												
January—												
European ...	Resident	—	—	7	3	—	—	2	—	—	2	—
	Imported	6	—	—	4	—	—	1	—	—	1	—
Non-European	Resident	9	—	—	5	—	—	—	—	—	19	—
	Imported	37	—	—	4	—	—	—	—	—	21	—
February—												
European ...	Resident	2	—	3	17	—	—	1	—	—	3	1
	Imported	2	1	—	2	—	—	—	—	—	3	—
Non-European	Resident	8	—	—	5	—	—	—	—	—	27	—
	Imported	23	—	—	18	—	—	—	—	—	18	—
March—												
European ...	Resident	1	—	20	27	—	—	—	1	1	3	—
	Imported	2	1	1	10	—	—	1	—	—	1	—
Non-European	Resident	4	—	—	8	—	—	2	—	—	22	—
	Imported	15	1	—	9	—	—	1	—	—	22	—
April—												
European ...	Resident	—	—	12	18	—	—	—	—	1	2	—
	Imported	6	—	—	7	—	—	—	—	1	3	—
Non-European	Resident	3	—	—	3	—	—	—	—	1	19	—
	Imported	19	1	—	21	—	—	—	—	1	34	—
May—												
European ...	Resident	—	—	12	5	—	—	4	—	1	5	—
	Imported	11	1	—	3	—	—	3	—	1	1	—
Non-European	Resident	4	—	—	3	—	—	—	—	—	12	—
	Imported	14	1	—	3	—	—	1	—	—	18	—
June—												
European ...	Resident	1	—	6	4	—	—	2	—	2	1	—
	Imported	6	2	—	4	—	—	4	—	1	3	—
Non-European	Resident	—	—	—	2	—	—	—	—	2	27	—
	Resident	15	—	—	1	—	—	1	—	2	15	—