

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

Contributors

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CITY COUNCIL OF PRETORIA

FIFTY-FIRST

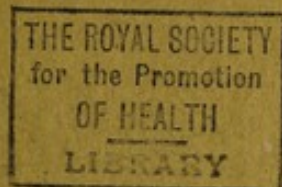
ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

YEAR 1954-1955





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PAGE 11 : The figures under the heading :-

"The causes of infantile deaths in Europeans were as follows" -

should read:-

1954 - 1955.

Infectious Diseases 3 (Rate 0.78)

The following should be added to the list:-

Tuberculosis	(Pulmonary)	.....	1	(Rate 0.26)
"	(Central Nervous			
	System)	.....	1	(Rate 0.26)

The figures under the heading :-

"The causes of infantile deaths in Non-Europeans were as follows" -

should read:-

1954 - 1955.

Infectious Diseases 15 (Rate 4.08)

The following should be added to the list:-

Tuberculosis	(Pulmonary)	.....	1	(Rate 0.27)
"	(Central Nervous			
	System)	.....	1	(Rate 0.27)

PAGE 13 : The figures under the heading :-

"Principal causes of death in Persons five years and over, Non-Europeans":-

Other causes to read 98

The following should be added to this list:-

Tuberculosis	(intestines)	....	1	
"	(other organs)	..	3	
"	(acute miliary)	.	1	
"	(chronic miliary)		1	

The figure shows the results of the following:

The results of the following are as follows:

should read:-

1990 - 1995

Estimated Results ... (Rate 0.5%)

The following should be added to the list:-

Estimated Results (Rate 0.5%) ... (Rate 0.5%)

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The figure shows the results of the following:

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should read:-

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Estimated Results ... (Rate 0.5%)

The following should be added to the list:-

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Medical Officer of Health

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Introductory Letter.

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

I have the honour to present the 51st Annual Health Report of the City of Pretoria.

Health conditions have been satisfactory throughout the year. We have had no unduly high incidence of any particular infectious disease.

Tuberculosis is still the most important preventable illness. The South African National Tuberculosis Association has established a settlement in Pretoria, close to the Atteridgeville Native Location. This settlement has a total of 120 beds for Tuberculosis patients. Apart from this the number of beds along the Reef has increased considerably and the difficulties which we had in the past of finding beds are gradually being overcome. Within the next few years we should have a sufficient number of beds to meet our requirements. This, together with the advances in the treatment of Tuberculosis will help towards the reduction of the incidence and perhaps towards bringing this most important of all infectious diseases under control.

There has been some misunderstanding in regard to domiciliary treatment of Tuberculosis, which requires to be corrected. The public, and perhaps even some doctors, are under the impression that with the modern drugs domiciliary treatment can be undertaken in almost all cases. This is wrong. The first line of defence against this disease still lies in the isolation of the infectious patient, in order to prevent him from transmitting the disease to others. It is almost impossible to control an infectious case at home, particularly amongst non-Europeans where overcrowding and unsatisfactory housing conditions very often exist. It is true that with the modern methods of treatment patients are much more easily cured and much more quickly rendered non-infectious, and the aim should therefore be to get the patient into hospital under proper treatment as quickly as possible, and then as soon as he is no longer infectious he can be allowed to go home where domiciliary treatment, under close observation of the Council's Tuberculosis medical staff, can be undertaken.

Now that there are a sufficient number of beds available, we hope to be able to tackle the problem of Tuberculosis much more vigorously. Our first steps will be an intensive case-finding campaign through mass miniature radiography, and sending all open cases to hospital until they are no longer infectious.

Heart disease and cancer are still the principal causes of death in persons of 5 years and over. The yearly average for cancer for the previous 5 years was 120.6 deaths per annum. This year it is 131. For heart disease the yearly average for the previous 5 years was 177.4 and for this year it is 216. Although these diseases are not normally classified as preventable diseases I am convinced that a great deal can be done to lessen the incidence.

In regard to cancer the increase is largely due to the much higher percentage of old people in our midst because of the increase in the expectancy of life, as cancer is more prevalent amongst the older people. Apart from this the diagnosis has become much more accurate. It is, however, true that even this disease can be cured in many cases if it is brought to the notice of a doctor during the early stages. Great advances have been made in the treatment of cancer.

Heart disease, particularly coronary thrombosis, is also to a certain extent, preventable. Overeating, especially of rich foods like animal fats, together with worry and the stress and strain of modern life are important causative factors. This is borne out by the fact that the disease is much more prevalent amongst Europeans, especially those who are higher up in the economic scale, than amongst non-Europeans. The poorer people cannot afford the expensive animal fats and have a much simpler diet. Non-Europeans and Europeans in the lower economic group are also not inclined to "worry" as much as Europeans who are higher up in the economic and social scale.

It should be relatively easy to control diet, but it is not quite so easy to control worry and anxiety as there are so many factors involved. The daily newspapers are full of the existing international tension. Keenness and competition in the commercial and professional worlds are ever present "driving" forces for persons with any ambition at all. These "worrying" factors, which civilisation and the development of man have brought upon himself, appear to be almost insoluble. This new and better world — so much spoken of and sought after — seems as far distant as it ever was.

I wish to thank you, Mr. Mayor, the Chairman of the Health Committee and all the Councillors for the assistance and support throughout the year. It is indeed gratifying to know that 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 for ever 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 L. R. Bester (Vice-Chairman).
 Councillor C. E. Acton.
 Councillor D. B. J. J. van Rensburg.
 Councillor Mrs. M. M. Curson, M.P.C.
 Councillor T. H. J. van Vuuren.
 Councillor J. H. Roodt.

STAFF OF THE PUBLIC HEALTH DEPARTMENT AS AT 30th JUNE, 1955.

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. 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).
P. L. UYS, 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.
W. SCOTT, Cert. R.S.I., Meat and Other Foods H. M. DE WAAL, B.Sc. (Appl. & Industr. Chem.), M.S.A., Chem. I, M.Inst.S.P.	Assistant Chief Health Inspector (Abattoir).
N. P. LE M. NICOLLE, B.Sc., M.S.A., Chem. I, A.M.Inst.S.P.	Chief Chemist and Analyst.
H. P. OOSTHUIZEN, B.Sc.	Assistant Chief Chemist and Analyst.
W. J. ENGELBRECHT	Chemist Grade II.
H. J. VAN DER WESTHUIZEN	Lab. Asst., Grade II.
	Laboratory Asst., Grade II.

SUPERVISING HEALTH INSPECTORS.

N. VORSTER, Cert. R.S.I., Meat and Other Foods, Trop. Hyg.
 R. G. SIEBERT, Cert. R.S.I., Meat and Other Foods, Trop. Hyg.
 J. L. PARKIN, Cert. R.S.I., Meat and Other Foods, Trop. Hyg.
 F. J. H. STOCKWELL, Cert. R.S.I., Meat and Other Foods, Trop. Hyg.

SENIOR HEALTH INSPECTORS.

O. A. BERGMAN, Cert. R.S.I., Meat and Other Foods, Trop. Hyg., Adv. Know.
 D. S. VAN COLLER, Cert. R.S.I., Meat and Other Foods, Trop. Hyg.
 M. J. C. R. RAUTENBACH, Cert. R.S.I., Meat and Other Foods, Trop. Hyg.
 T. B. NOTHNAGEL, Cert. R.S.I., Meat and Other Foods, Adv. Know., Trop. Hyg.
 P. T. FURSTENBURG, Cert. R.S.I., Meat and Other Foods, Adv. Know.

HEALTH INSPECTORS.

R. M. DU TOIT, Cert. R.S.I., Meat and Other Foods.
 S. M. SCOTT, Cert. R.S.I., Meat and Other Foods.
 M. D. NEL, Cert. R.S.I., Meat and Other Foods (Abattoir).
 J. C. THERON, Cert. R.S.I., Meat and Other Foods (Abattoir).
 T. J. VAN DEN HEEVER, Cert. R.S.I., Trop. Hyg., Meat & Other Foods.
 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, Trop. Hyg.
 A. J. COETZEE, Cert. R.S.I., Meat & Other Foods.
 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 & 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 and Other Foods.
 F. K. VERDOORN, Cert. R.S.I., Meat & Other Foods, Trop. Hyg.
 G. VAN LOGGERENBERG, Cert. R.S.I., Meat & Other Foods.
 C. J. SMITH, Cert. R.S.I., Meat and Other Foods.
 S. J. GOUWS, Cert. R.S.I., Meat and Other Foods.
 P. J. DU TOIT, Cert. R.S.I.
 J. P. v. d. L. COETZEE, Cert. R.S.I.
 L. G. HECHTER, Cert. R.S.I., Meat and Other Foods.
 G. I. STEYN, Cert. R.S.I., Meat & Other Foods, Trop. Hyg.

CLERICAL STAFF.**Administrative Officer.**

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

Chief Clerk.

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

Senior Clerk.

J. A. CHANDLER.

Junior Clerks.

J. C. MYBURGH, D. L. WILCOCKS, J. H. VAN WYK.

Record Clerks.

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

Typists.

D. R. DIEMEER, M. E. J. THOMSON, G. H. VLIELAND, M. J. TOERIEN, B. J. BRINK, M. G. STEENKAMP.

EUROPEAN HOUSING.**Administrative Officer:**

E. J. JAMMINE, B.A. (Soc. Sc.), Cert. R.S.I., Meat & Other Foods, Adv. Know., Trop. Hyg.

Housing Manageress:

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

Asst. Housing Managers & Manageresses:

Mr. W. W. ANDERSON, B.A. (Soc. Sc.).

Mr. P. D. FOX, B.A.

Mrs. A. M. VAN DER WALT, B.A. (Soc. Sc.).

Mrs. M. M. VORSTER, B.A. (Soc. Sc.).

Housing Assistant:

Mrs. P. W. BOTHA, B.A. (Soc. Sc.).

Clerk:

Mrs. M. E. IMMELMAN.

Typist:

Mrs. E. M. ROUX.

Caretaker/Handyman:

Mr. S. F. HOLDER.

Caretaker/Fumigator:

Mr. I. D. LOTTER.

Caretaker:

Mr. C. F. G. DIEDERICKS.

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 DEZEL, 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).

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. VOLSCHEK, 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, R.S.I. Health Visitors and School Nurse.

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

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.S.I. Health Visitor and School Nurse, Mothercraft.

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

H. M. ROBBERTZE, S.A. Medical Council (Gen. & Midwif.).

NON-EUROPEAN NURSES.

SALMINA HUMA, Cert. S.A. Medical Council (Gen. & Midwif.), R.S.I.
 ANNA NTJA, Cert. Midwife.
 GLORIA MOGALE, Cert. Midwife.
 DEBORAH THELEDI, Cert. Midwife.
 EUPHEN NDUNA, Cert. S.A. Medical Council, R.S.I.
 GRACE MSIMANG, Cert. Midwife.
 SUSAN MOFOLO, Cert. S.A. Medical Council (Gen. & Midwif.).
 HELEN MAMETSE, S.A. Medical Council (Gen. & Midwif.), R.S.I.
 KATHERINE MOUNT, Cert. S.A. Medical Council (Gen. & Midwif.).
 FLORINAH MANAMELA, Cert. Midwife.
 MARY MOHOHLO, Cert. Midwife.
 FLORENCE MOTHLE, S.A. Medical Council (Gen. & Midwif.).
 VIOLET MONARI, Cert. Midwife.
 AGNES RAMAHLO, S.A. Medical Council (Gen. & Midwif.), Cert. R.S.I. Health Visitors and School Nurses.
 HILDA TSUENE, S.A. Medical Council (General).
 EMILY MOHAPI, Cert. Midwife.
 FRANCIS MATHAPO, S.A. Medical Council (Gen. & Midwif.).
 ELAINE PUOANE, S.A. Medical Council (Gen. & Midwif.).
 JANE MORE, S.A. Medical Council (Gen. & Midwif.), and R.S.I. Health Visitor.

CLINIC ASSISTANT.

C. J. DREYER.

NON-EUROPEAN CLINIC ORDERLIES.

JACOB MOHOHLO.
 JOSEPH MONTOEDI.
 DANIEL MARABA.

WALTER MATABOGE.
 HENRY SETHKEGE.
 IZAK MONGOATO.

PUBLIC CONVENIENCE ATTENDANTS.

TEN EUROPEANS.

FOUR NON-EUROPEANS.

POUNDMASTERS.

L. J. BOTHA.

C. W. SHORT.

CARETAKER.

P. J. YZEL.

CITY COUNCIL OF PRETORIA

FIFTY-FIRST ANNUAL REPORT

OF THE

Medical Officer of Health

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").						Rainfall	
	Mean Max. °C.	Mean Min. °C.	Highest Reading of Max. °C.	Lowest Reading of Min. °C.	Mean Relative Humidity at 8 a.m. 2 p.m. % %		Inches	Days
1954:								
July	18.3	0.6	22.0	—4.0	63	21	0.0 m.m.) 0.0 d.m.)	0
August	21.6	4.5	25.9	—0.4	63	24	0.0 m.m.) 0.0 d.m.)	0
September	24.8	10.0	31.2	5.4	59	30	13.7 m.m.) 0.54 d.m.)	4
October	29.0	13.8	34.0	7.7	52	27	29.6 m.m.) 1.17 d.m.)	7
November	26.8	13.7	30.4	11.5	68	41	133.5 m.m.) 5.32 d.m.)	12
December	27.1	15.5	34.4	12.1	72	50	205.1 m.m.) 8.20 d.m.)	13
1955:								
January	25.8	15.9	29.7	12.9	82	59	221.2 m.m.) 8.83 d.m.)	19
February	24.9	15.7	28.5	12.4	84	61	169.0 m.m.) 6.75 d.m.)	15
March	24.5	12.7	29.2	7.3	75	48	61.7 m.m.) 2.46 d.m.)	6
April	22.9	10.6	27.2	4.8	82	49	45.1 m.m.) 1.78 d.m.)	9
May	20.4	6.6	24.2	1.6	82	42	14.6 m.m.) 0.57 d.m.)	4
June	17.8	2.9	21.0	—2.4	83	37	22.5 m.m.) 0.89 d.m.)	2

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, 1955.

Land	£27,773,779
Buildings	67,778,593
	<hr/>
	£95,552,372

The value of unrateable land and buildings were £12,059,423 and £15,893,857 respectively.

The total values therefore were:

Land	£39,833,202
Buildings	83,672,450
	<hr/>
	£123,505,652
	<hr/>

For the year under review the rates imposed were 7d. per £ on land and 1½d. per £ on buildings.

POPULATION.

European	142,000
Native	96,100
Asiatic	6,300
Eurafrican	5,500

The population figures are an estimate as at 30th June, 1955, 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	142,000	96,100	6,300	5,500	107,900	249,900
Birth Rates	27.30	33.26	40.95	40.91	34.10	30.23
Death Rates	6.62	10.56	9.37	13.64	10.65	8.36
Infantile Mortality per 1,000 live births	29.67	121.09	69.77	93.33	115.79	71.61
Percentage of illegitimate to live births	0.62	36.23	—	23.56	33.19	16.48
Death Rate from Tuber- culosis (Pulmonary) per 1,000 population)	0.03	0.48	0.32	0.91	0.49	0.23
Death Rate from Tuber- culosis, all forms, per 1,000 population	0.04	0.55	0.48	0.91	0.57	0.27

BIRTHS.

The following births were registered in Pretoria during the year (figures for 1953-1954 in brackets):—

	European	Native	Asiatic	Eurafrican	Total Non- European	All Races
Local Births	3,876 (3,823)	3,196 (2,929)	258 (231)	225 (193)	3,679 (3,353)	7,555 (7,176)
Births where mothers not residents of Pretoria ..	1,256 (1,074)	—	—	—	1,446 (656)	2,702 (1,730)
Illegitimate births (inclu- ded in local births) ..	24 (35)	1,168 (1,040)	— (3)	53 (53)	1,221 (1,096)	1,245 (1,131)
Stillbirths	45 (39)	—	—	—	126 (73)	171 (112)

BIRTH RATES.

European	27.30 (27.44)
Native	33.26 (31.73)
Asiatic	40.95 (37.26)
Eurafrican	40.91 (36.42)
All non-European	34.10 (32.30)
All Races	30.23 (29.52)

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

European	20.68 (20.60)
Asiatic	31.60 (30.32)
Eurafrican	27.27 (20.38)

DEATHS.

(Figures for 1953—1954 in brackets).

	European	Native	Asiatic	Eurafrican	Total Non- European	All Races
Local Deaths (all ages)	940 (953)	1,015 (990)	59 (43)	75 (85)	1,149 (1,118)	2,089 (2,071)
Deaths of persons not being local residents	437 (435)	—	—	—	1,154 (1,000)	1,591 (1,435)

The "non-local" deaths occurred at:—

	Pretoria and other Hospitals	Mental Hospital	Leper Institution	Prison	Visitors
European	389(360)	33(54)	2 (1)	2 (5)	11(15)
Non-European	1,040(845)	39(43)	13(23)	42(63)	20(26)

DEATH RATES.

European	6.62 (6.84)
Native	10.56 (10.73)
Asiatic	9.37 (6.94)
Eurafrican	13.64 (16.04)
All non-Europeans	10.65 (10.77)
Total All Races	8.36 (8.52)

INFANTILE MORTALITY.

(Figures for 1953-1954 in brackets).

	European	Native	Asiatic	Eurafrican	Total Non- European	All Races
Local Deaths	115(136)	387(369)	18(19)	21(28)	426(416)	541(552)
Deaths of infants whose mothers had come to the City for confine- ment or infants who were brought in suffer- ing from the illness which caused death ...	47 (47)	—	—	—	306(158)	353(205)
	162(183)	387(369)	18(19)	21(28)	732(574)	894(757)

INFANTILE MORTALITY RATES.

European	29.67 (35.57)
Native	121.09(125.98)
Asiatic	69.77 (82.25)
Eurafrican	93.33(145.08)
All non-European	115.79(124.07)
All Races	71.61 (76.92)

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
1954-55	29.67	121.09	69.77	93.33	115.79	71.61

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

	1954-1955	1953-1954
Congenital Causes	21 (Rate 5.42)	12 (Rate 3.14)
Diarrhoeal diseases	11 (Rate 2.84)	11 (Rate 2.88)
Bronchitis and pneumonia	11 (Rate 2.84)	24 (Rate 6.28)
Infectious diseases	5 (Rate 1.29)	4 (Rate 1.05)
Other causes	17 (Rate 4.39)	29 (Rate 7.59)
Prematurity	42 (Rate 10.83)	50 (Rate 13.08)
Injury at birth	8 (Rate 2.01)	6 (Rate 1.57)
Total European Infant Deaths	115	136

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

	1954-1955	1953-1954
Congenital causes	22	29
Diarrhoeal diseases	138	148
Bronchitis and pneumonia	107	88
Infectious diseases	17	11
Other causes	42	39
Prematurity	77	84
Injury at birth	11	9
Malnutrition	12	8
Total non-European Infant Deaths	426	416

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:

Native:				Atteridgeville		Hercules Area		TOWN	
Marabastad	Location	Bantule	Location	Location		Births	Deaths	Births	Deaths
Births	Deaths	Births	Deaths	Births	Deaths	Births	Deaths	Births	Deaths
38	8	194	28	372	29	2,226	284	366	38

Asiatic:

Asiatic Location		Hercules Area		TOWN	
Births	Deaths	Births	Deaths	Births	Deaths
150	9	58	5	50	4

Burafrican:

Cape Location		Hercules Area		TOWN	
Births	Deaths	Births	Deaths	Births	Deaths
89	8	122	13	14	—

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

Sixteen deaths were recorded under this age group.

Diphtheria	4
Cancer	1
Leukaemia	1
Broncho Pneumonia	1
Diarrhoea and Enteritis	1
Accidental — Motor	2
Unknown or unspecified cause	1
Whooping Cough	1
Tuberculosis — acute miliary	1
Tumour or underdetermined nature	1
Epilepsy	1
Diseases of the heart	1
	<hr/>
	16
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Natives:

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

Whooping Cough	2
Tuberculosis (Pulmonary)	10
Tuberculosis (Central Nervous System)	1
Encephalitis non-epidemic other forms	1
Measles	3
Malnutrition	22
Diseases of the liver	2
Acute Bronchitis	2
Broncho Pneumonia	47
Lobar Pneumonia	2
Congenital Hydrocephalus	1
Meningitis Pneumococcal	1
Diarrhoea and Enteritis	102
Accidents — Motor	2
Accidental burns	7
Unknown and unspecified cause	12
Meningococcal Meningitis	1
	<hr/>
	218
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Asiatics:

Three deaths were recorded in this age group.

Diarrhoea and Enteritis	1
Broncho Pneumonia	1
Lobar Pneumonia	1
	<hr/>
	3
	<hr/>

Eurafricans:

Twelve deaths were recorded in this age group.

Malnutrition	2
Diarrhoea and Enteritis	1
Broncho Pneumonia	4
Lobar Pneumonia	1
Typhoid	1
Diphtheria	1
Pulmonary Tuberculosis	2
	<hr/>
	12
	<hr/>

PRINCIPAL CAUSES OF DEATH IN PERSONS FIVE YEARS AND OVER.

The principal causes of death were:—

	Europeans		Non-Europeans	
	1954-1955	Yearly Average for 5 years	1954-1955	Yearly Average for 5 years
Cancer	123	120.6	32	27.8
Heart Disease	258	177.4	68	49.2
Bronchitis and Pneumonia (all forms)	66	57.6	97	99.8
Influenza	1	1.2	—	1.6
Typhoid Fever	—	.2	12	3.6
Tuberculosis (Pulmonary)	3	11.8	40	75.2
Diabetes	11	10.2	2	2.6
Apoplexy	71	64.0	20	16.4
Disease of Kidneys	22	26.4	19	20.4
Disease of Arteries	22	19.6	12	18.4
Disease of Liver and Gall-bladder	17	13.6	6	5.6
Diseases of Pregnancy and the Puerperal state	—	1.2	6	4.4
Old Age	13	16.0	6	11.2
Suicide	11	10.0	3	5.2
Accidents	32	37.8	42	43.2
Other Infectious Diseases	10	8.2	21	51.0
Other Causes	149	128.8	104	103.4

DETAILS OF CAUSES OF DEATH — FIVE YEARS AND OVER.

(In all the following tables the figures for 1953-1954 are shown in brackets).

1. CANCER:

Europeans: 123. Death rate 0.87 per 1,000 population.

Site of disease:—

Buccal cavity and pharynx	—	(6)
Digestive organs and Peritoneum	63	(57)
Respiratory Tract	17	(14)
Uterus	7	(5)
Other female genital organs	—	(5)
Breast	11	(15)
Male Genital Organs	11	(6)
Male and female urinary organs	6	(6)
Brain and other parts of the nervous system	3	(6)
Skin	2	(1)
Bones	—	(2)
Other and unspecified organs	3	(8)
	<hr/>	<hr/>
TOTAL	123	(131)

Death Age:

Under:—

40 years	40—50	50—60	60—70	70—80	Over 80	Total
5 (9)	8 (20)	25 (23)	39 (25)	27 (43)	19 (11)	123 (131)

Non-Europeans:

Site of disease:—

Native:

Buccal cavity and pharynx	1	(1)
Digestive organs and Peritoneum	11	(18)
Respiratory tract	3	(4)
Uterus	2	(4)
Breast	—	(—)
Other male genital organs	3	(1)
Male and female urinary organs	1	(3)
Bones	—	(1)
Other and unspecified organs	—	(1)

Asiatic:

Digestive organs and Peritoneum	4	(1)
Respiratory tract	2	(—)

Eurafrican:

Uterus	—	(1)
Digestive Organs and Peritoneum	4	(—)
Respiratory tract	1	(—)
Male and female urinary organs	—	(1)
TOTAL	32	(37)

2. DISEASES OF THE HEART:

Death rate per 1,000 European population: 1.82 (1.55).

European 258 (216).

Non-European 68 (53). Natives 53 (35). Asiatics 9 (7).

Eurafricans 6 (11).

3. BRONCHITIS AND PNEUMONIA:

Europeans 66 (71).

Non-Europeans 97 (76). Natives 89 (71). Asiatics 2 (—).

Eurafricans 6 (5).

4. INFLUENZA:

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

5. TYPHOID FEVER:

Non-Europeans 12 (4). Natives 12 (4).

6. TUBERCULOSIS (PULMONARY):

Europeans 3 (8).

Non-Europeans 40 (39). Natives 35 (34). Eurafricans 3 (5).

Asiatics 2 (—).

7. DIABETES:

Europeans 11 (12). Non-Europeans 2 (1). Native 1 (1). Asiatics 1 (—).

8. APOPLEXY:

Europeans 71 (63).

Non-Europeans 20 (13). Natives 11 (10). Asiatic 3 (1).

Eurafricans 6 (2).

9. DISEASES OF THE KIDNEYS:

Europeans 22 (27).

Non-Europeans 19 (23). Natives 13 (20). Asiatic 3 (—).

Eurafricans 3 (3).

10. DISEASES OF ARTERIES:

Europeans 22 (19).
 Non-Europeans 12 (27). Natives 9 (21). Asiatics 1 (4).
 Eurafricans 2 (2).

11. DISEASES OF THE LIVER AND GALL BLADDER:

Europeans 17 (9).
 Non-Europeans 6 (5). Natives 4 (4). Eurafrican 1 (1). Asiatic 1 (—).

12. DISEASES OF PREGNANCY AND THE PUERPERAL STATE:

Europeans — (3).
 Non-Europeans 6 (7). Natives 4 (6). Eurafrican 2 (1).

13. OLD AGE:

Europeans 13 (19).
 Non-Europeans 6 (12). Natives 6 (11). Asiatic — (1).

14. SUICIDE:

Europeans 11 (10).
 Non-Europeans 3 (2). Natives 1 (2). Asiatics 1 (1). Eurafricans 1 (1).

15. HOMICIDE:

	<i>Europeans</i>	<i>Natives</i>	<i>Asiatics</i>	<i>Eurafricans</i>
By Firearms	— (—)	1 (2)	— (—)	— (—)
„ Cutting or piercing instruments	— (—)	6 (14)	— (—)	— (2)
„ Other unspecified means	1 (1)	2 (4)	— (—)	— (—)

16. ACCIDENTS:

Europeans 32 (50).
 Non-Europeans 42 (36).

	<i>Europeans</i>		<i>Natives</i>		<i>Asiatics</i>		<i>Eurafricans</i>	
	1954-55	1953-54	1954-55	1953-54	1954-55	1953-54	1954-55	1953-54
On Railways	1	(2)	1	(4)	—	(—)	—	(—)
By Motor, road vehicles (excluding motor cycles)	18	(32)	16	(16)	2	(—)	—	(—)
„ Motor cycles	2	(2)	—	(1)	—	(—)	—	(—)
„ Pedal cycles	—	(—)	4	(—)	—	(—)	—	(—)
„ Road Transport (not motor)	1	(1)	3	(—)	—	(—)	—	(—)
„ Burns (not conflagration)	1	(—)	4	(3)	—	(—)	—	(—)
„ Mechanical suffocation	—	(1)	1	(—)	—	(—)	—	(—)
„ Drowning	1	(—)	—	(1)	—	(—)	—	(—)
„ Fall	6	(6)	4	(2)	—	(—)	—	(—)
„ Crushing	—	(1)	—	(—)	—	(—)	—	(—)
„ Anaesthetic	—	(—)	1	(—)	—	(—)	—	(—)
„ Poisoning gases	1	(2)	1	(3)	—	(—)	—	(—)
„ Poisoning (not by gas)	1	(—)	1	(2)	—	(—)	—	(—)
„ Machinery	—	(1)	2	(1)	—	(—)	—	(—)
„ Lightning	—	(—)	—	(1)	—	(—)	—	(—)
„ Other and Unspecified accidents	—	(3)	2	(1)	—	(—)	—	(—)
	32	(51)	40	(35)	2	(—)	—	(—)

DETAILS OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR.

NOTE: All figures for last year are shown in brackets. For tables showing district distribution, age, incidence and seasonal distribution, see end of report.

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

Typhoid Fever:

	<i>Europeans</i>	<i>Non-Europeans</i>	<i>Total</i>
Local Cases	17 (10)	37 (42)	54 (52)
Imported Cases	53 (50)	183 (181)	236 (231)
Deaths in Local Cases	— (—)	7 (3)	7 (3)

Local Cases:

Of the thirty-seven non-Europeans notified six were Eurafricans and 31 Bantus. Seven died (one Eurafrican and six Bantus).

Forty-eight were removed to Hospital and 6, all Bantus, were treated at home.

No secondary infections were recorded. There were no milk-borne outbreaks.

In tracing the sources of infection 8 suspects were tested for the possible carrier state. The reports on blood specimen of two were Vi positive. On further stool and urine examinations, both proved to be carriers, the one urinary and the other intestinal.

The history of these carriers is as follows:—

- (a) On the 22nd June, 1954, a European male of 19 years was notified as a case of Typhoid Fever. The diagnosis was confirmed by blood agglutination tests. No Bacilli were ever recovered from his blood.

On investigating the source of infection, it was found that the domestic servant, a Bantu male of 25 years, who had been in the employ of the family for 10 months, gave a positive Vi agglutination test. Further investigations showed him to be a urinary carrier. He was admitted to the Municipal Typhoid Fever Carrier camp, where he still is at present.

- (b) On the 25th October, 1954, a case of Typhoid Fever in an Eurafrican female, aged 2 years, was notified. The patient died three days after admission to hospital. On investigating the source of infection it was found that the mother of the patient had been treated in hospital six months previously. Although the tests taken by her own doctor at that time were suggestive of Typhoid Fever, she was never notified to the Department as a case. When this child contracted Typhoid Fever suspicion immediately arose that her mother may be a carrier and the necessary investigations were undertaken. In the meantime her husband also took ill and was notified as a case of Typhoid Fever on the 15th November, 1954. When this happened written and verbal advice was immediately given to this suspect carrier. On the 27th January, 1955, a further female child of the same family was notified as a case of Typhoid Fever. On the 22nd February Typhoid organisms were for the first time isolated from her mother's stool. Warnings and instructions were again given to this now proven carrier on the precautions to be taken. These instructions were apparently not observed for on the 21st March, 1955, not only was the carrier's husband re-admitted to hospital with Typhoid Fever, but on the 20th April, 1955, two female children aged 7 and 3 years, who live in a portion of the same house and who frequently had meals with the above family, were also admitted to hospital with Typhoid Fever. Unfortunately no Typhoid phage-typing was carried out on the abovementioned cases, so that the relationship between carrier and cases was not proven beyond the facts mentioned. No further cases have been notified from this dwelling since then and we hope that the warnings previously given are now being observed. This carrier is still being kept under observation.

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	8	2	2
Prospective Employees at Dairies	294	27	—
Other Food Handlers	47	3	—

Typhoid Carrier Camp:

Number of inmates on 1st July, 1954	10
Number admitted during the year	15
	25
Number discharged during the year	19
	6
Still in the camp on 30th June, 1955	—

Imported Cases:

Of the imported cases, six (5 Europeans and 1 Bantu) were Pretoria residents who contracted the disease outside the Pretoria Municipal area and 10 were Bantus from the Municipal controlled area of Vlaktefontein. The balance, 48 Europeans and 172 Bantus, were admitted direct to hospital from outside the Municipal Area.

TUBERCULOSIS:

	Europeans	Non-Europeans	Total
Local cases	34 (32)	245 (242)	279 (274)
Imported cases	29 (19)	306 (234)	335 (253)

Of the 245 local non-Europeans, 212 were Bantus, 21 Eurafricans and 12 Asiatics.

Local Cases:

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

	<i>Pulmonary</i>	<i>Primary Complex</i>	<i>Meningitic</i>	<i>Glandular</i>	<i>Bone and Joint</i>	<i>Miliary</i>	<i>Intestinal</i>	<i>Genito- Urinary</i>	<i>TOTAL</i>
Europeans	24	1	3	1	3	1	—	1	34
Non-Europeans	209	6	10	9	5	1	2	3	245
	233	7	13	10	8	2	2	4	279

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

Atteridgeville Location	35
Bantule Location	17
Cape Location	16
Marabastad	3
Asiatic Bazaar	9
Lady Selborne	137
Various Compounds	4
Elsewhere	24

Deaths:

Of the 279 local cases, 53 (5 European and 48 non-Europeans) died during the year. In addition fourteen cases (1 European and 13 non-Europeans) who were notified prior to July, 1954, also died during the year.

Three Europeans and 31 non-Europeans were notified only at death. Two Europeans and 13 non-Europeans died within three months, 1 non-European within six months and 3 non-Europeans within 12 months of notification.

These figures of non-Europeans especially, indicate how often we only become aware of cases when the disease is already very far advanced or when the patient had already died of the disease. We hope to undertake more searching surveys such as mass miniature radiography in order to detect as many early cases as possible.

Three Europeans and 32 non-Europeans gave histories of Tuberculosis in their families. Thirty-three non-Europeans gave histories of being contacts of known cases. Six non-Europeans gave histories of Tuberculosis in their families as well as being contacts of known cases.

Sanatorium Treatment:

During the year 60 cases (26 Europeans and 34 non-Europeans) were admitted to Sanatoria outside Pretoria and 83 were admitted to the South African National Tuberculosis Association Settlement at Atteridgeville.

(S.A.N.T.A.) Non-European Tuberculosis:

With the establishment of Sanatoria and Tuberculosis Settlements in Pretoria, on the Witwatersrand and elsewhere, it is gratifying to note that many more patients requiring sanatorium treatment can now be admitted to a sanatorium. The accommodation, particularly for non-Europeans, is still, however, inadequate.

For purposes of comparison, figures of local cases admitted to sanatoria for the previous 4 years are listed below:—

	<i>European</i>	<i>Non-European</i>	<i>Total</i>
1951-1952	7	4	11
1952-1953	4	25	29
1953-1954	15	13	28
1954-1955	26	117	143

Imported Cases:

- (a) Imported Infections, that is persons who were infected before coming to Pretoria, numbered 84 — 15 Europeans, 4 Eurafricans and 65 Bantus. Of these one European and nine Bantus have since died.
- (b) Cases notified from Government Institutions — 10.
(3 Europeans, 1 Eurafrican and 6 Bantus).
Weskoppies Mental Institution — 1 European and 5 Bantus.
Voortrekkerhoogte — 1 European.
Central Prison — 1 European and 1 Eurafrican.
S.A. Police College — 1 Bantu.
- (c) Vlaktefontein Municipal Location — 46 Bantus.
- (d) Cases from outside the Municipal area who came to Pretoria General Hospital for other reasons and were diagnosed there after admission as suffering from Tuberculosis — 11 Europeans and 184 non-Europeans.

POLIOMYELITIS:

	<i>Europeans</i>	<i>Non-Europeans</i>	<i>Total</i>
Local cases	62 (12)	4 (2)	66 (14)
Imported cases	59 (13)	8 (3)	67 (16)
Deaths in local cases	2 (—)	— (—)	2 (—)

Local Cases:

In common with other centres in the Union, Pretoria experienced an epidemic of Poliomyelitis from November, 1954, to March, 1955.

The incidence of Poliomyelitis in Pretoria for the previous ten years was as follows:—

July 1944 to June 1945	41
" 1945 " " 1946	2
" 1946 " " 1947	2
" 1947 " " 1948	73
" 1948 " " 1949	3
" 1949 " " 1950	2
" 1950 " " 1951	2
" 1951 " " 1952	37
" 1952 " " 1953	7
" 1953 " " 1954	14
" 1954 " " 1955	66

Previous to 1944 the incidence was still lower.

The years 1944-1945, 1947-1948, 1951-1952 and 1954-1955 were epidemic years of high incidence with the total number of cases occurring in the Union of South Africa amounting to:—

1944-1945	1,380 cases.
1947-1958	1,925 cases.
1951-1952	270 cases.
1954-1955	Not available for publication as yet.

As far as the epidemic for the year under review is concerned, the graph on page . . shows the incidence in South Africa for (1) Europeans, (2) non-Europeans and (3) all races in Pretoria over this period.

It is of interest to note that the trend in Pretoria is similar to the total figures given for the whole of the Union.

(Note: Most of the cases occurred in Transvaal and Natal).

Re-visits made at the end of June, 1955, revealed that of the 66 local cases, 45 recovered completely, 8 show considerable improvement and will in all probability recover completely with further treatment and 8 showed little improvement but might be helped later surgically. Only two of the 66 cases died. Information on three could not be obtained because they had moved away from Pretoria.

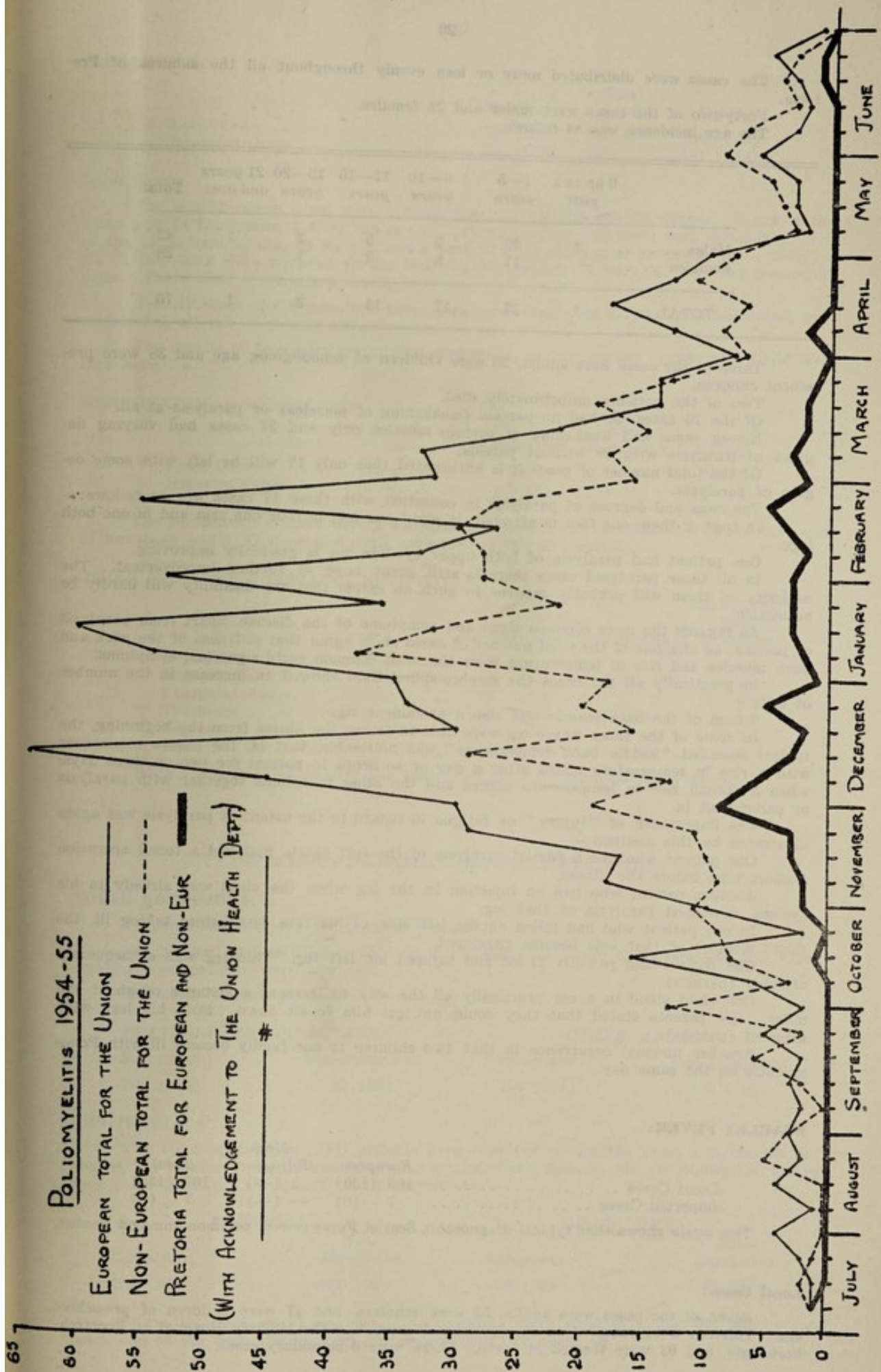
Imported Cases:

Of 67 "imported cases" — patients brought in to Pretoria from outside the municipal area — four died. No further information was available about the rest because they had since returned to the places from which they had come, but there was no reason to believe that the final results were not about the same as in the Pretoria cases. The fact that the mortality rate was slightly higher was probably because of the exhausting effect of a long journey to hospital.

ANALYSIS:

An analysis was made of 70 consecutive cases, some of whom were from the immediate precincts of Pretoria. Of these cases, 65 were Europeans, one an Asiatic and four were Bantus. From this it can be seen again, how much higher the rate is amongst Europeans than amongst non-Europeans. I mentioned this when I reported on my attendance at the Polio Congress in Rome. The following is an extract of that report:—

"The disease is more prevalent in the areas where hygienic conditions are better and is less frequent in the poorer and less sanitary areas. Here again, whatever explanations are afforded, are merely based on supposition and the most readily acceptable supposition is that children who grow up under bad hygienic conditions become infected early in life by small doses of poliovirus, not large enough to cause the disease, but large enough for them to develop immunity without actually contracting the disease. On the other hand (they say) children who grow up under good hygienic conditions are not so exposed and when they come into contact with the virus, they have not developed this immunity and so contract the disease. Whatever the explanation might be, it is certainly true that in South Africa the disease is very much lower amongst non-Europeans than amongst Europeans, in spite of the fact that their hygienic, social and economic levels are much lower. Such trends are reported from all over the world."



The cases were distributed more or less evenly throughout all the suburbs of Pretoria.

Forty-two of the cases were males and 28 females.

The age incidence was as follows:—

	0 up to 1 year	1—5 years	6—10 years	11—15 years	15—20 years	21 years and over	Total
Males	1	20	9	9	2	1	42
Females	—	17	8	2	1	—	28
TOTAL	1	37	17	11	3	1	70

Three of the cases were adults, 29 were children of school-going age and 38 were pre-school children.

Two of the patients unfortunately died.

Of the 70 cases, 30 had no paresis (weakening of muscles) or paralysis at all.

Eleven cases had weakening of certain muscles only and 27 cases had varying degrees of paralysis with or without paresis.

Of the total number of cases it is anticipated that only 17 will be left with some degree of paralysis.

The sites and degrees of paralysis in connection with these 17 cases are as follows:—

In four of them one foot is affected, in eight one leg, in four one arm and in one both legs.

One patient had paralysis of both upper eye-lids but is gradually improving.

In all these paralysed cases there is still great hope of further improvement. The majority of them will probably recover to such an extent that the disability will hardly be noticeable.

As regards the more common signs and symptoms of the disease, apart from paralysis or paresis, an analysis of the total number of cases show again that stiffness of the neck and back muscles and rise in temperature were the most common early signs and symptoms.

In practically all the cases the cerebro-spinal fluid showed an increase in the number of cells.

Spasm of the back muscle was also a prominent sign.

In some of the cases where we were able to follow the illness from the beginning, the typical so-called "saddle back temperature" was noticeable, that is, the illness commences with a rise in temperature which after a day or so drops to normal for two or three days, when a second rise in temperature occurs and the other symptoms together with paralysis or paresis set in.

The importance of "injury" or fatigue in regard to the extent of paralysis was again illustrated by this analysis:—

One patient who had a partial paralysis of the soft palate had had a tonsil operation a short time before the illness.

Another patient who had an injection in the leg when the virus was already in his system, developed paralysis of that leg.

In one patient who had fallen on the left side of his face just before taking ill, the facial muscles of that side became paralysed.

One patient had recently fallen and injured his left leg. This leg was subsequently affected (paresis).

One child stood in a car practically all the way to Durban, a distance of about 400 miles. His parents stated that they could not get him to sit down. Both his legs were affected (paresis).

Another unusual occurrence is that two children in one family became ill with Poliomyelitis on the same day.

SCARLET FEVER:

	European	Non-European	Total
Local Cases	106 (130)	1 (—)	107 (130)
Imported Cases	7 (8)	— (—)	7 (8)

This again shows that typical diagnosable Scarlet Fever is very common amongst Bantus.

Local Cases:

Seven of the cases were adults, 53 were scholars, and 47 were children of pre-school age. Thirteen were removed to the Isolation Wards, 1 to the Military Hospital at Voortrekkerhoogte, and 93 were treated at home. There were 6 secondary cases.

DIPHTHERIA:

	European	Non-European	Total
Local Cases	56 (102)	33 (43)	89 (145)
Imported Cases	53 (43)	88 (85)	141 (128)

Local Cases:

The non-European cases were 8 Eurafricans, 2 Asiatics and 23 Bantus. Seven of the cases died (4 Europeans, 2 Eurafricans and 1 Bantu). They had never been immunized. Ten of the cases were adults, 29 were scholars, and 50 were children of pre-school age. Seventy-six of the cases were removed to the Isolation Wards and 13 were isolated and treated at home. There were 5 secondary cases.

Seventy-seven of the cases had never been immunized, and 12 had been immunized previously but all had very mild attacks.

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

MENINGOCOCCAL MENINGITIS:

	Europeans	Non-Europeans	Total
Local Cases	2 (7)	4 (4)	6 (11)
Imported Cases	2 (3)	9 (5)	11 (8)

The non-European cases were 1 Eurafrican, 1 Asiatic and two Bantus. Two of the cases (1 European and 1 Asiatic) died. All were treated in our hospital.

OTHER INFECTIOUS DISEASES NOTIFIED:

	LOCAL		IMPORTED	
	European	Non-European	European	Non-European
Erysipelas	3	—	2	—
Encephalitis	5	—	1	1
Puerperal Fever	—	—	2	6
Trachoma	—	—	—	1
Leprosy	—	1	—	2
Malaria	—	—	4	1

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

INFECTIOUS DISEASES — HOSPITAL STATISTICS.**TOTAL ADMISSIONS:**

(Figures for last year are given in brackets).

Six hundred and seventeen (557) of which 405 (371) were Europeans and 212 (186) non-European patients were admitted.

The area distribution was:—

PRETORIA MUNICIPAL AREA		OTHER AREAS	
Europeans	Non-Europeans	Europeans	Non-Europeans
209 (234)	82 (58)	196 (137)	130 (128)

DIPHTHERIA:

Two hundred and nine (246) patients were admitted during the year, a figure far exceeding the number of admissions for any other infectious disease, and yet diphtheria, unlike most other infections, is almost wholly preventable.

PRETORIA		OTHER AREAS	
Europeans	Non-Europeans	Europeans	Non-Europeans
52 (98)	38 (26)	52 (37)	67 (85)

Of the total number 91 per cent. (86 per cent.) were children under the age of ten years, and 68 per cent. (58 per cent.) were less than five years old.

Case Fatality Rates:

	<i>Cases</i>	<i>Deaths</i>	<i>Rates</i>
Pretoria Europeans	52 (98)	4 (4)	7.7% (4.08%)
Europeans from other areas .. .	52 (37)	4 (2)	7.7% (5.4%)
Pretoria non-Europeans	38 (26)	7 (6)	18.4% (23.7%)
Non-Europeans from other areas ..	67 (85)	21 (22)	31.3% (25.9%)

Total European Case Fatality Rate ... 7.7% (4.4%).

Total Non-European Case Fatality Rate ... 26.6% (25.2%).

Death rates for both Europeans and non-Europeans were higher than last year, and in non-Europeans admitted from outside Pretoria amounted to almost one in three cases.

Most deaths occurred early in the disease, and were the result of peri-glandular oedema with acute toxic myocarditis. Three children, however, died of late myocardial failure, some weeks after admission.

From one Pretoria family alone, four European children were admitted, three suffering from bull-neck diphtheria. All recovered but only after months of treatment and anxiety at a public cost of approximately £500. It cannot be too strongly emphasized that diphtheria is a killer of young children between the ages of one and five years mainly, and among the many responsibilities of parents the need to have their children immunized against diphtheria ranks high.

During the year three European carriers of virulent organisms were discovered and freed from infection.

TRACHEOTOMY OPERATIONS:

Europeans	5 (no deaths).
Non-Europeans	3 (no deaths).

SCARLET FEVER:

Fourteen cases, all Europeans, were admitted. Distribution: Pretoria 13 (15). Other Areas 1 (3).

There were no complications and no deaths.

TYPHOID FEVER:

The total number of cases treated was 110 (92) of which 55 (52) were Europeans and 55 (40) were non-Europeans. Distribution: Pretoria 45 (23). Other Areas 65 (69).

There were no deaths among the 55 Europeans although one young female after recovering from typhoid fever died later in the hospital of neutral stenosis from which she had suffered for years.

Case Fatality Rates:

Non-Europeans: 14.5%.

This is very high and almost approaches the prechloromycetin period death rate. The eight patients who died, however, were admitted in the "typhoid state," extremely emaciated, and so toxic that death supervened before the chloromycetin administered could exert its effect.

ACUTE ANTERIOR POLIOMYELITIS:

One hundred and ten (27) Europeans, and 15 (6) non-Europeans were admitted.

Distribution: Pretoria 56 Europeans and 8 non-Europeans. Other Areas 54 Europeans and 7 non-Europeans.

There were no deaths among the non-Europeans but six Europeans, two from Pretoria and four from outside Pretoria, lost their lives.

European Case Fatality Rate: 5.4%.

All deaths were due to central respiratory failure.

PULMONARY TUBERCULOSIS:

Eight (11) patients were admitted this year.

<i>PRETORIA</i>		<i>OTHER AREAS</i>	
<i>Europeans</i>	<i>Non-Europeans</i>	<i>Europeans</i>	<i>Non-Europeans</i>
5	2	0	1
One European patient died.			

MEASLES:

Fifteen (40) Europeans and 14 (11) non-Europeans were admitted.

Distribution: Pretoria 12 (38). Other Areas 17 (13).

More than half of the twenty-nine patients were suffering from broncho-pneumonia on admission. There were no Pretoria deaths, European or non-European, but two native babies from outside Pretoria died of pneumonia.

Case Fatality Rate:

European: Nil (nil). Non-European: 14.2% (18.8%).

GERMAN MEASLES:

Three (12) Europeans were admitted, all from Pretoria. There were no complications.

WHOOPIING COUGH:

Eight (10) Europeans and 2 (3) non-Europeans were admitted. All were complicated by broncho-pneumonia and two Europeans and one non-European infant died as a result. COMBINED CASE FATALITY RATE: 30% (Nil).

EPIDEMIC PAROTITIS (MUMPS):

Seven (3) Europeans were admitted, four of whom had epididymo-orchitis. There were no non-Europeans admitted this year.

PUERPERAL SEPSIS:

One European from Pretoria, and a European and a non-European from outside Pretoria were admitted. All three recovered completely. There was only one case, a European, last year.

CHICKEN POX:

Four (10) Europeans from Pretoria required hospitalisation. Two were exceptional cases in that one had developed pernicious vomiting before admission, and the other had concurrent encephalitis presumably due to the chicken pox virus. No non-Europeans were admitted. All the patients recovered.

ERYSIPELAS:

Three (3) Europeans, all females and all suffering from Erysipelas of the leg were cured.

VENEREAL DISEASES:

Two children with vulvo-vaginitis and a non-European with Gonorrhoea required hospitalisation. The gonorrhoeal patient was only admitted because he happened to have pneumonia at the same time.

OTHER ADMISSIONS:

Included Leprosy 10 (5); Virus Encephalitis 2; Tracheo-bronchitis 2; Guillain-Barre Syndrome 1; Tuberculous meningitis 1.

The lepers all required major surgical operations and were admitted for that reason. The operations performed included Prostatectomy, Caesarian section, Thyroidectomy, Herniotomy, etc.

OBSERVATION CASES:

Seventy (38) cases admitted for observation were found not to be suffering from an infectious disease. About half of this group were sent in as suspected polio cases; the other half as suspected diphtheria patients. Corrected diagnoses ranged from Malaria, Rheumatic Fever and Tonsillitis to sprained hip and acute syronitis.

The following table "A" gives the number of cases treated, their race and distribution.

TABLE "A".

DISEASE.	Europeans		Non-Europeans	
	Pretoria	Other Areas	Pretoria	Other Areas
Pulmonary Tuberculosis	5 (5)	0 (2)	2 (4)	1 (—)
Diphtheria	52 (98)	52 (37)	38 (26)	67 (85)
Diphtheria carriers	3 (4)	0 (—)	0 (—)	0 (—)
Scarlet Fever	13 (15)	1 (3)	0 (—)	0 (—)
Typhoid Fever	17 (12)	38 (40)	28 (11)	27 (29)
Acute Anterior Poliomyelitis	56 (15)	54 (12)	8 (2)	7 (4)
Measles	9 (30)	6 (10)	3 (8)	11 (3)
German Measles	3 (12)	0 (—)	0 (—)	0 (—)
Whooping Cough	5 (6)	3 (4)	1 (—)	1 (3)
Epidemic Parotitis	6 (3)	1 (—)	0 (—)	0 (2)
Venereal Diseases	2 (4)	0 (—)	0 (2)	1 (—)
Puerperal Sepsis	1 (1)	1 (—)	0 (—)	1 (—)
Chicken Pox	4 (6)	0 (4)	0 (1)	0 (—)
Erysipelas	2 (3)	1 (—)	0 (1)	0 (—)
Other admissions	3 (2)	6 (7)	1 (—)	6 (1)
Observation cases	28 (16)	33 (18)	1 (3)	8 (—)
	209 (234)	196 (137)	82 (58)	130 (128)

Table "B" shows total cases treated, their distribution, and the number of deaths, both European and non-European.

TABLE "B".

DISEASE.	Pretoria	Other Areas	Total Cases	Total Deaths
Pulmonary Tuberculosis	7 (9)	1 (2)	8 (11)	1 (2)
Diphtheria	90 (124)	119 (122)	209 (246)	36 (34)
Diphtheria carriers	3 (4)	— (—)	3 (4)	— (—)
Scarlet Fever	13 (15)	1 (3)	14 (18)	— (—)
Typhoid Fever	45 (23)	65 (69)	110 (92)	8 (1)
Acute Anterior Poliomyelitis	64 (17)	61 (16)	125 (33)	6 (3)
Measles	12 (38)	17 (13)	29 (51)	2 (2)
German Measles	3 (12)	— (—)	3 (12)	— (—)
Whooping Cough	6 (6)	4 (7)	10 (13)	3 (1)
Epidemic Parotitis	6 (3)	1 (2)	7 (5)	— (—)
Venereal Diseases	2 (6)	1 (—)	3 (6)	— (—)
Puerperal Sepsis	1 (1)	2 (—)	3 (1)	— (—)
Chicken Pox	4 (7)	0 (4)	4 (11)	— (—)
Erysipelas	2 (4)	1 (1)	3 (5)	— (—)
Other admissions	4 (2)	12 (7)	16 (9)	— (3)
Observation cases	29 (19)	41 (19)	79 (38)	— (—)
	291 (292)	326 (265)	617 (557)	56 (46)

It will be seen that 60 more cases were admitted than in the previous year, and that the Peri-Urban and Rural areas provide more patients than does Pretoria itself.

SPECIAL DISEASES CLINIC — TUBERCULOSIS SECTION.

1. CLINICS:

European.

Three European Clinics serving the urban area of Pretoria, the Peri-Urban Areas of Pretoria, Pretoria North and cases from even further afield are conducted weekly in the Municipal Special Diseases building in the grounds of the Pretoria General Hospital. Two of these clinics are for treatments only.

Non-European.

The following are clinics for all Euraficans, Asiatics and Bantus from the City area:—

- Central clinic held at our Special Diseases Building in the grounds of the Pretoria General Hospital.
The hours are from 2 — 4 p.m. on Tuesday afternoons.
- Atteridgeville clinic conducted in the Polyclinic Building at Atteridgeville. The hours are from 2 — 4.30 p.m. on Wednesday afternoon.
- Bantule clinic held in a section of the Administrative Building of the Municipal Native Affairs Department.

The hours are from 2—4 p.m. on Thursday afternoon.

- (d) Compound Clinic held in the Municipal Clinic Building at the Municipal Compound, Marabastad. This clinic caters chiefly for Eurafrians and Asiatics. The hours are from 10.30 a.m. to 12.30 p.m. on Thursdays.
- (e) Lady Selborne Clinic held in the Administrative Building of the Municipal Native Affairs Department, opposite the Little Flower Mission. The hours are from 2—5 p.m. on Thursday afternoon.
- (f) Vlaktefontein Clinic held in a cottage at Vlaktefontein has been established from May, 1955, to cater for natives of Vlaktefontein. The hours are from 9—12 noon on Tuesdays.

2. DESCRIPTION OF WORK:

European.

Our European cases are either treated at home or are sent to the King George V Hospital in Durban and to the Oaktree Chest Hospital at Krugersdorp. When they are convalescent they attend for further treatment twice weekly at the Special Diseases Clinic.

Adult cases receive unemployment insurance or pensions from the State 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 during the past year. This work, apart from full-time medical personnel, is now being done by 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 supervised by another European sister with a non-European staff nurse assisting at the non-European clinic. At the Central Clinic we treated many Peri-Urban cases, but since January, 1955, the Peri-Urban Bantu cases were treated by the Medical Officers of the Peri-Urban Areas Health Board. As a result of this the number of native cases attending the Central Clinic has diminished. Since May, 1955, the cases from Vlaktefontein, who formerly attended the Central Clinic, are now attending the Vlaktefontein Clinic. This has also led to a marked reduction in the number attending the Central Clinic.

Wherever possible active native cases are sent to the Knights Chest Hospital at Knights near Germiston, or to the East Rand Chest Hospital, Modder B, Benoni. When they are convalescent they attend the clinics for further treatment-examination.

In March, 1955, the South African National Tuberculosis Association (S.A.N.T.A.) opened a settlement near Atteridgeville and we have been fortunate to have been allotted 60 beds there. We have already sent about 90 of our convalescents for further treatment to this settlement with very good results.

Our clinic cases are now responding very satisfactorily to home or domiciliary treatment. The points in favour of domiciliary treatment and the Isolation, Nutrition, Education and Management and Continuity of Treatment problems were discussed in last year's Annual Report.

CLINIC RETURNS — TUBERCULOSIS 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 Bantule.		Non-Europeans Compound.		Non-Europeans Lady Selborne.		Non-Europeans Vlakfontein.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A. Medical Examinations.																
1. New cases ...	25 (20)	20 (24)	41 (30)	30 (13)	49 (90)	40 (57)	18 (21)	7 (17)	8 (6)	10 (4)	12	7	62 (70)	69 (80)	8	5
2. Old cases ...	185 (209)	167 (182)	117 (108)	75 (87)	200 (269)	107 (175)	144 (355)	140 (325)	119 (106)	117 (65)	87	44	528 (425)	419 (280)	8	5
3. New contacts ...	49 (66)	70 (77)	55 (51)	47 (62)	23 (38)	32 (51)	53 (57)	90 (92)	25 (25)	29 (26)	28	31	167 (154)	291 (244)	16	24
4. Old contacts ...	43 (111)	42 (122)	31 (95)	38 (102)	20 (96)	28 (91)	78 (167)	110 (277)	238 (265)	373 (392)	15	12	41 (44)	42 (55)	2	2
5. Suspected cases	31 (41)	43 (49)	56 (82)	36 (50)	21 (109)	14 (74)	5 (7)	2 (9)	1 (—)	10 (3)	2	1	73 (26)	47 (25)	16	16
TOTAL ...	333 (447)	342 (454)	300 (366)	226 (314)	323 (602)	221 (448)	298 (607)	349 (720)	391 (402)	539 (490)	144	95	871 (719)	868 (664)	50	52
B. Patients attending the following clinics and who were home visited by Health Visitors and Nursing Staff.																
1. New cases ...	46 (29)	31 (16)	1 (5)	3 (4)	—	—	22 (8)	21 (8)	3 (2)	2 (2)	8	3	83 (69)	90 (84)	—	—
2. Old cases ...	1,094 (529)	845 (431)	55 (147)	56 (157)	—	—	342 (168)	282 (135)	100 (60)	72 (49)	33	14	1,663 (1,618)	1,649 (1,382)	—	—
3. New contacts ...	86 (49)	97 (63)	32 (8)	37 (17)	—	—	59 (47)	81 (96)	25 (13)	17 (29)	5	7	220 (158)	290 (287)	—	—
4. Old contacts ...	2,444 (1,172)	2,436 (1,668)	231 (722)	319 (930)	—	—	765 (563)	854 (1,003)	620 (397)	764 (542)	29	31	1,538 (1,478)	1,793 (1,978)	—	—
5. Suspected cases	—	4 (2)	1 (6)	7 (34)	—	—	30 (—)	48 (—)	1 (—)	—	—	—	62 (7)	21 (13)	—	—
TOTAL ...	3,670 (1,791)	3,413 (2,180)	320 (888)	422 (1,142)	—	—	1,218 (786)	1,286 (1,242)	749 (472)	855 (622)	75	55	3,566 (3,333)	3,843 (3,744)	—	—

CLINIC RETURNS — TUBERCULOSIS SECTION (Continued).

(Figures for last year are given in brackets.)

	Europeans. Central.	Non- Europeans. Central.	Non- Europeans Central (Out- side) Peri- Urban Areas.	Non- Europeans. Atteridgeville.	Non- Europeans. Bantule.	Non- Europeans. Compound.	Non- Europeans. Lady Selborne.	Non- Europeans. Vlakfontein.
C. Special Investigations:								
1. (a) Number of cases sent for X-ray (new) ...	118 (130)	96 (86)	52 (115)	14 (40)	9 (9)	9 (—)	177 (133)	36 (—)
(b) Number of cases sent for X-ray (old) ...	244 (259)	97 (79)	113 (179)	115 (119)	34 (25)	45 (—)	366 (253)	6 (—)
2. (a) Sputum Tests — T.B. positive ...	94 (54)	39 (40)	45 (158)	7 (17)	—	2 (—)	84 (174)	7 (—)
(b) Sputum Tests — T.B. negative ...	279 (390)	126 (204)	74 (359)	20 (50)	5 (—)	10 (—)	193 (283)	28 (—)
3. (a) Tuberculin Tests — positive ...	— (35)	7 (6)	1 (5)	2 (8)	—	—	15 (18)	—
(b) Tuberculin Tests — negative ...	2 (19)	4 (3)	— (3)	9 (21)	—	1 (—)	30 (44)	—
4. Blood sedimentation rates ...	452 (403)	337 (298)	267 (488)	233 (168)	—	97 (—)	706 (519)	80 (—)
D. No. of Homes visited ...	1,530 (1,174)	153 (505)	—	1,531 (820)	394 (249)	137 (—)	4,057 (3,717)	—
E. No. of Patients died ...	4 (—)	2 (—)	7 (—)	8 (—)	5 (—)	—	10 (—)	—

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 only.

Thursdays: 11 a.m. to 12.30 p.m. — Non-European males and females (Atteridgeville). 2 p.m. to 4 p.m. — Non-European 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 again a slight decrease in the number of new cases coming under treatment in comparison with the previous year, while the total number of attendances has dropped sharply, as was anticipated in the report for last year. Gonorrhoea is still on the increase in the non-European male — 604 cases were treated this year, 520 last year.

At Bantule the number of new cases remains about the same, but as pointed out previously, total attendances will continue to fall because of the shorter courses of injections required in modern treatment.

At Atteridgeville 72 new patients were discovered as compared with 101 last year. It is expected that these figures will show a further decrease next year.

EUROPEAN SERVICES:

These clinics also had fewer patients this year, which is extremely gratifying. It is, however, impossible to obtain an accurate picture of the extent of venereal diseases, amongst Europeans in Pretoria, as venereal disease is not notifiable and many patients are obviously being treated by private practitioners. The general impression, however, is that of a steady decrease in incidence.

An analysis of the cases examined follows:—

CENTRAL EUROPEAN CLINIC.

(Figures for 1953-1954 are given in brackets).

Nature of Disease	No. of New Cases		Number of all Attendances		1954-1955	1953-1954
	M.	F.			Total	Total
SYPHILIS.						
(a) Primary or secondary	— (7)	— (7)	6 (55)	10 (47)	16	(116)
(b) Tertiary	2 (5)	— (1)	60 (73)	10 (62)	72	(141)
(c) Of Central Nervous System	— (—)	— (—)	— (17)	— (16)	—	(33)
(d) Congenital	— (—)	2 (13)	— (1)	6 (176)	8	(190)
Gonorrhoea	18 (35)	2 (2)	111 (152)	15 (20)	146	(209)
Others	15 (21)	197 (216)	44 (54)	234 (280)	490	(571)
TOTAL	35 (68)	210 (239)	221 (352)	275 (601)	732	(1,260)

	M.	F.	1954-1955 Total	1953-1954 Total
(a) Number of new cases examined	35 (68)	181 (239)	216	(307)
(b) Number found to be free from Venereal Diseases	15 (26)	191 (211)	206	(237)
(c) Number of persons attending the Clinic	96 (168)	228 (347)	324	(515)
(d) Number of attendances paid by these people	221 (352)	275 (601)	496	(953)
(e) Number discharged as cured (other than (b))	20 (35)	12 (21)	32	(56)
(f) Number discharged as "defaulters — unable to trace"	24 (26)	5 (20)	29	(46)
(g) Number of "Resident Magistrate" warning and "Note A's" sent to irregular attenders and defaulters	1 (7)	1 (11)	2	(18)
(h) Number of visits paid by Clinic Staff to defaulters and contacts	1 (7)	1 (11)	2	(18)

CENTRAL NON-EUROPEAN CLINIC.

(Figures for 1953-1954 are given in brackets).

Nature of Disease	No. of New Cases		Number of Attendances		1954-55	1953-54
	M.	F.	M.	F.	Total	Total
SYPHILIS.						
(a) Primary or Secondary	250 (375)	120 (174)	1,713 (2,553)	947 (1,411)	3,030	(4,513)
(b) Tertiary	250 (416)	174 (262)	2,294 (4,027)	1,830 (2,560)	4,548	(7,265)
(c) Of Central Nervous System	6 (15)	1 (3)	77 (223)	11 (48)	95	(279)
(d) Congenital	10 (45)	35 (56)	82 (339)	326 (828)	453	(1,268)
Gonorrhoea	604 (520)	13 (13)	2,418 (2,105)	43 (87)	3,078	(2,725)
Others	207 (323)	83 (99)	766 (952)	203 (323)	1,259	(1,816)
TOTAL	1,327 (1,696)	426 (607)	7,350 (10,199)	3,360 (5,257)	12,463	(17,866)

	M.	F.	1954-1955 Total	1953-1954 Total
(a) Number of new cases examined	690 (1,696)	416 (607)	1,106	(2,303)
(b) Number found to be free from Venereal Diseases	239 (303)	72 (96)	311	(399)
(c) Number of persons attending the Clinic	3,774 (4,519)	1,192 (1,883)	4,966	(6,042)
(d) Number of attendances paid by these people	7,350 (10,199)	3,360 (5,257)	10,710	(15,456)
(e) Number discharged as cured (other than (b))	563 (514)	161 (169)	724	(683)
(f) Number discharged as "defaulters — unable to trace"	1,174 (987)	403 (517)	1,577	(1,504)
(g) Number of "Resident Magistrate" warnings and "Note A's" sent to irregular attenders and defaulters	248 (337)	81 (116)	329	(453)
(h) Number of visits paid by Clinic Staff to defaulters and contacts	159 (661)	59 (114)	218	(775)

BANTULE CLINIC.

(Figures for 1953-1954 are given in brackets).

<i>Nature of Disease</i>	<i>No. of New Cases</i>		<i>No. of all Attendances</i>		1954-1955	1953-1954
SYPHILIS.	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>Total</i>
(a) Primary or Secondary —	(1)	2 (1)	2 (5)	29 (66)	33	(73)
(b) Tertiary	6 (2)	25 (32)	68 (70)	270 (411)	369	(515)
(c) Of Central Nervous System	— (—)	— (—)	— (—)	— (—)	—	(—)
(d) Congenital	— (—)	— (6)	— (10)	14 (130)	14	(146)
Gonorrhoea	3 (—)	— (1)	26 (1)	— (2)	29	(4)
Others	— (—)	6 (—)	— (2)	81 (2)	87	(4)
TOTAL	9 (3)	33 (40)	96 (88)	394 (611)	532	(742)

	M.	F.	1954-1955 Total	1953-1954 Total
(a) Number of new cases examined	9 (3)	33 (40)	42	(43)
(b) Number found to be free from Venereal Diseases	— (—)	3 (—)	3	(—)
(c) Number of persons attending the Clinic	32 (33)	144 (237)	176	(270)
(d) Number of attendances paid by these people	96 (88)	394 (611)	490	(699)
(e) Number discharged as cured (other than (b))	6 (9)	27 (43)	33	(52)
(f) Number discharged as "defaulters — unable to trace"	8 (15)	— (40)	8	(55)
(g) Number of "Resident Magistrate warnings and Note A's" sent to irregular attenders and defaulters	4 (23)	12 (60)	16	(83)
(h) Number of visits paid by Clinic Staff to defaulters and contacts	4 (23)	12 (60)	16	(83)

ATTERIDGEVILLE CLINIC.

(Figures for 1953-1954 are given in brackets).

Nature of Disease	No. of New Cases		No. of all Attendances		1954-1955 Total	1953-1954 Total
	M.	F.	M.	F.		
SYPHILIS.						
(a) Primary or Secondary	3 (3)	5 (8)	23 (23)	53 (155)	84	(189)
(b) Tertiary	8 (5)	31 (72)	54 (55)	256 (845)	349	(977)
(c) Of Central Nervous System	— (—)	6 (—)	— (—)	— (—)	6	(—)
(d) Congenital	1 (2)	6 (9)	10 (31)	80 (225)	97	(267)
Gonorrhoea	11 (1)	— (1)	48 (2)	1 (7)	60	(11)
Others	— (—)	1 (—)	6 (—)	4 (8)	11	(8)
TOTAL	23 (11)	49 (90)	141 (111)	394 (1,240)	607	(1,452)

	M.	F.	1954-1955 Total	1953-1954 Total
(a) Number of new cases examined	23 (11)	49 (90)	72	(101)
(b) Number found to be free from Venereal Diseases	— (—)	1 (—)	1	(—)
(c) Number of persons attending the Clinic	57 (38)	193 (439)	250	(477)
(d) Number of attendances paid by these people	141 (106)	394 (1,240)	535	(1,346)
(e) Number discharged as cured (other than (b))	7 (11)	31 (198)	38	(209)
(f) Number discharged as 'defaulters — unable to trace'	— (8)	— (94)	—	(102)
(g) Number of "Resident Magistrate" warnings and "Note A's" sent to irregular attenders and defaulters	— (23)	— (60)	—	(83)
(h) Number of visits paid by Clinic Staff to defaulters and contacts	— (43)	42 (525)	42	(568)

CHILD WELFARE ACTIVITIES.

This work is concerned with the care of the expectant mother and the pre-school child.

The normal routine has continued and there has been a steady increase in the work, despite the fact that we have had to cope with acute shortage of staff. This shortage of staff is, however, reflected in the number of subsequent European Child Welfare Home visits which show a marked decline as compared with previous years.

As in the past, two Medical Officers devoted all their time to Ante-Natal Child Welfare activities. There should be 20 European Health Visitors, but for the whole of the year several vacancies could not be filled and the work had to be done by an average of 17 Health Visitors.

Two months ago Health services were commenced at the new Vlakfontein native location. This called for additional staff and one Medical Officer (European female) was appointed and one European Sister was transferred from elsewhere. This created one of the vacancies in our European Nursing Staff. To start off with two Child Welfare non-European nurses and one non-European Midwife were appointed. This brings our total non-European staff up to 10 Child Welfare nurses, 5 Midwives and 3 Tuberculosis nurses.

A training course for European nurses for the certificate Health Visitors and School Nurses is again being run in conjunction with the Technical College. These Nurses do their 20 days' practical work at our Ante-Natal and Child Welfare Clinics.

The reconstruction of the Council's building at Hercules to serve as a Clinic was completed during this year. This has been a very great step towards facilitating our work and has created a pleasant atmosphere both for patients and staff.

RECREATIONAL WORK.

The Youth Club at Danville is functioning satisfactorily. It has now been taken over completely by the Mental Hygiene Society. Students from the University assist the trained personnel. There is a great need for this Club and it is a pity that accommodation is so limited.

DOLL ADOPTION SCHEME.

This scheme is still actively in progress. It serves a very essential need.

EUROPEAN STATISTICS:

A. Home Visits by Health Visitors.

(Figures for 1953-1954 in brackets).

	<i>First Visits</i>	<i>Subsequent Visits</i>	<i>Number of sick children visited</i>	<i>Total Visits</i>
1955	3,652 (4,415)	8,374 (9,532)	1,090 (860)	13,116 (14,807)

B. Detailed Clinic Attendances.

(Figures for 1953-1954 in brackets).

	<i>First Attend- ances</i>	<i>Re- Attendances</i>	<i>Total Attendances</i>	<i>Seen by Doctor</i>
Central (Tuesday)	84 (73)	1,074 (1,023)	1,158 (1,096)	726 (823)
Central (Wednesday)	92 (81)	733 (822)	825 (903)	— (—)
Central (Friday)	106 (63)	848 (780)	954 (843)	— (—)
Bloed Street	72 (56)	959 (879)	1,035 (1,006)	— (—)
West End	61 (103)	1,271 (1,891)	1,332 (1,994)	162 (199)
Proclamation Hill	42 (25)	662 (503)	704 (528)	89 (69)
Iscor	62 (44)	725 (638)	787 (682)	— (—)
Gezina	73 (85)	934 (836)	1,007 (921)	— (—)
Villieria 24th Avenue	98 (89)	898 (745)	996 (834)	166 (205)
Villieria 30th Avenue	101 (68)	673 (442)	774 (510)	— (—)
Wonderboom South	98 (88)	972 (996)	1,070 (1,084)	172 (180)
Mayville	99 (110)	701 (743)	800 (853)	— (—)
Capital Park	74 (76)	664 (660)	738 (736)	— (—)
Hatfield	70 (83)	991 (994)	1,061 (1,077)	— (—)
New Muckleneuk	90 (101)	1,127 (944)	1,217 (1,045)	— (—)
Sunnyside (Tuesday)	83 (69)	1,207 (1,014)	1,290 (1,083)	— (—)
Sunnyside (Wednesday)	104 (100)	1,473 (1,351)	1,577 (1,451)	— (—)
Riviera	62 (82)	690 (714)	752 (796)	85 (111)
Salvokop	11 (16)	537 (419)	548 (435)	— (—)
Danville	76 (39)	1,069 (786)	1,145 (825)	589 (383)
Defence Reserve	3 (4)	94 (176)	97 (180)	— (—)
Armstrong Berning	11 (8)	82 (64)	93 (72)	1 (14)
Arcadia	78 (91)	744 (844)	823 (935)	— (—)
Showgrounds	8 (7)	358 (489)	366 (496)	— (—)
Hercules	212 (138)	3,801 (2,523)	4,013 (2,661)	957 (949)
Booyens	59 (65)	1,078 (877)	1,137 (942)	— (—)
Mountain View	98 (60)	869 (743)	467 (803)	— (—)
Pretoria Gardens	88 (70)	640 (790)	728 (860)	— (—)
Rietfontein North	48 (47)	549 (491)	597 (538)	— (—)
Voortrekker Road	44 (8)	329 (36)	373 (44)	— (—)
	2,237 (1,949)	26,752 (24,213)	28,959 (26,162)	2,947 (2,933)

No great changes are reflected in these figures. Voortrekker Road Clinic, which was opened during the course of last year, has satisfactory attendances and the establishment of this Clinic is justified.

C. European Ante-Natal Clinics:

(Figures for 1953-1954 are in brackets.)

	<i>Central</i>	<i>Danville</i>	<i>Hercules</i>	<i>Total</i>
No. of New Cases	452 (451)	82 (57)	190 (123)	724 (531)
Total Attendances	2,720 (2,044)	615 (343)	1,305 (696)	4,640 (3,083)

Three European ante-Natal Clinics are still conducted here. At each of these there is a rise in the first and the subsequent attendances. The pre-natal period is of great importance to the health of the child, and it is our aim and object to give the mother and her child the most careful attention at this stage.

We are particularly concerned about the nutrition of the expectant mother and educating her in this connection is one of our major tasks. The nutrition of the expectant mother has a definite bearing on prematurity and we are striving to reduce this to a minimum.

The relaxing exercises are still popular and as in the past, patients gratefully testify to the benefit they have derived from these.

DENTAL CLINIC ATTENDANCES:

(Figures in brackets for 1953-1954).

No. of cases which attended Dental Clinic: 121 (70).

There is a definite rise in the number of cases attending the Dental Clinic. This is very gratifying. The reason for this may be twofold — it may be the result of the total increase in attendances at the Clinic or because ignorance and prejudice are gradually being overcome.

D. Immunization Clinics:

(Figures in brackets for 1953-1954).

No. of cases immunized against Diphtheria	431 (3,216)
No. of cases immunized against Whooping Cough	53 (687)

The decline in the number of cases immunized this year is because when the Polio outbreak in Pretoria assumed epidemic proportions, immunization was discontinued from the end of October, 1954, to the middle of May, 1955.

We have done away with the use of Formal Toxoid altogether. At present we are using a combined product of A.P.T. and Pertussis. Our aim is to adopt the following procedure at our Immunization Clinics:—

Whooping Cough:

Therapeutic and Prophylactic Whooping Cough can be given from the age of one month.

Diphtheria:

- (1) All children should be immunized against Diphtheria when they are 6 months old.
- (2) When the Combined Whooping Cough-Diphtheria Prophylactic is used, immunization can be commenced when the child is 3 months old.
- (3) From 6 months to 12 years give A.P.T.
- (4) Where children over the age of 12 need to be immunized, give A.D.F.

Booster Injections:

- (1) The Booster dose of either A.P.T. or A.D.F. is 0.5 cc. If the child is subject to severe reactions, the dose may be decreased.
- (2) It is most advisable that all children should receive a booster injection about *three years* after the primary immunization and then again three years later.
- (3) Booster injections are most important when the child goes to Nursery School, Kindergarten or any other school, i.e. when the child starts mixing with new groups of children.

MIDWIFERY SUPERVISION:

(Figures for 1953-1954 in brackets).

No. of Midwifery bags inspected	81 (77)
Special visits to Midwives	27 (26)
Visits to midwifery cases	3 (7)
Visits to maternity homes	30 (28)

The supervision of registered unqualified Midwives is still proving unsatisfactory. Satisfactory legislation in this connection has not yet been promulgated by the Union Department of Health or the Nursing Council. Until this is finalised, we will always have difficulties.

NURSERY SCHOOLS:

Four Nursery Schools and one Creche were regularly inspected by a Medical Officer and supervised by a Health Visitor. Another Nursery School and a Day Nursery were regularly supervised by a Health Visitor only. We have found that in those cases where the Principal and the staff are keen to have this medical inspection done, much good comes of it. This is also influenced by the locality in which the Nursery School is situated and the type of child attending it. On the other hand, where the staff is not very positive in their co-operation, the results of inspections were rather disappointing.

NON-EUROPEAN CHILD WELFARE.

Atteridgeville, Bantule and the Compound clinic are the three places where Clinics were conducted. Two months ago, when Vlaktefontein Location reached a population of 1,500, Health Services for this area became imperative. As no Clinic building was available there, an ordinary house was used as a Clinic. So acute was the need for these services that within the first week it became impossible for the large number of patients to be treated at this "house". The numbers rose so quickly that the staff was never able to leave the premises until dark every day. It was not an easy matter for patients or staff to work under such conditions. It was obvious that more accommodation was badly needed. The clinic services were therefore quickly transferred to another part of the location where two ordinary houses were made available. It is hoped that the main clinic building will be completed in the very near future. It is disheartening for an enthusiastic staff when facilities are as inadequate as they have been up to the present.

So far our nurses at Vlaktefontein have only been working at the Clinic. We have not started any home visiting or any domiciliary Midwifery as yet because of shortage of staff and because adequate accommodation is not available for our Midwives.

In collaboration with the Native Affairs Department, provision has now been made for future living quarters for the Midwives.

ATTERIDGEVILLE:

As mentioned in last year's report, 500 new houses were completed in Atteridgeville. These have been occupied during the latter part of last year. This now calls for the appointment of another non-European nurse, a Tuberculosis nurse and an extra Midwife.

HOME VISITS:

(Figures in brackets for 1953-1954).

	Natives	Asiatics	Compound Eurafricans	Atteridgeville Natives	Bantule Natives
First visits to newly-born infants (1954-1955)	136 (271)	346 (222)	147 (116)	886 (496)	504 (302)
Subsequent visits (1954-1955)	648 (948)	2,090 (1,860)	1,524 (1,249)	9,922 (8,383)	7,821 (7,863)
Visits to sick children (1954-1955)	8 (15)	84 (47)	83 (73)	342 (172)	410 (289)
No. of sick children visited (1954-1955)	7 (8)	59 (37)	26 (41)	104 (135)	26 (145)

The number of home visits for Atteridgeville, both first and subsequent, are far more than that of last year. This is because of the new houses which have been built.

The decline in the number of first and subsequent visits in the Compound area is because many of the new houses in Atteridgeville have been occupied by natives who previously lived in this area. Others have moved to Vlaktefontein location.

CHILD WELFARE CLINIC ATTENDANCES:

(Figures for 1953-1954 in brackets).

	Natives	Compound Eurafricans	Asiatics	Atteridgeville Natives	Bantule Natives	Vlaktefontein Natives
First attendances	1,272 (816)	320 (227)	241 (176)	1,129 (429)	413 (256)	859
Re-attendances	3,138 (2,918)	3,833 (2,905)	1,839 (2,079)	20,985 (13,461)	8,350 (6,360)	704
Seen by doctor	871 (775)	1,764 (801)	442 (326)	5,392 (3,912)	1,095 (636)	411

In spite of the marked decline in the number of births for natives in the Compound area, the number of clinic attendances is even higher than in previous years. This is because attendances here are mainly by natives from the Peri-Urban areas.

The Clinic attendances for Atteridgeville both first and subsequent as well as those cases seen by the doctor have increased for the same reason as given for the first and subsequent home visits.

Note.—The figures for Vlaktefontein are for two months only.

ANTE-NATAL CLINICS:

(Figures for 1953-1954 in brackets).

	Natives	Compound Eurafricans and Asiatics	Atteridgeville Natives	Bantule Natives	Vlaktefontein Natives	Total Natives
No. of cases reporting at clinics	2,437 (1,412)	249 (153)	740 (401)	353 (210)	177	4,133 (2,176)
No. of attendances	8,372 (5,734)	665 (791)	5,642 (2,689)	1,868 (1,250)	476	16,499 (10,464)

CONFINEMENTS BY MIDWIVES:

<i>Bantule:</i>		<i>Atteridgeville:</i>	
1954-1955	29	1954-1955	225
1953-1954	25	1953-1954	192

In spite of the fact that for the last two months Vlakfontein has had its own Ante-Natal Clinic and the attendances have been high there, it has in no way reduced the number of attendances at the Ante-Natal Clinic at the Compound. The reason for this is because most of the patients are from the Peri-Urban area.

Atteridgeville again shows a marked increase for both first and subsequent attendances, because of the additional new houses.

Bantule and the Eurafican and Asiatic Ante-Natal Clinics also show a gradual increase in numbers.

Again this year, like last year, not many deliveries were conducted in the homes of patients at Bantule. The reason is because most of the houses at Bantule are overcrowded and as in previous years, patients were referred to the General Hospital or to the Little Flower Mission. In spite of this, it is felt that the appointment of a Midwife here is justified, in order to help those patients who can have their babies at home and also to combat the practice of untrained women. The number of cases at Atteridgeville confined by our Midwives shows an increase mainly as the result of the additional houses.

Up to now the three Midwives had to cope with this, but the appointment of another Midwife will have to be considered.

IMMUNIZATION CLINICS:

(Figures for 1953-1954 in brackets).

No. of cases immunized against Dip	No. of cases immunized against W
htheria 280 (590)	hooping Cough 18 (354)

Here, as in the case with the European Immunization Clinics, there has been a very marked fall in the number of cases immunized because of the Polio epidemic.

FEEDING SCHEMES:

The Feeding Schemes for pre-school and school children at Bantule and Atteridgeville are continued as in the past. There have been no changes here, but with the rise in the cost of living, it has become a problem to maintain the quality of food with the amount of money available.

HEALTH PROPAGANDA:

During the year numerous lectures and talks on various health subjects were given to the general public and to different organisations.

Filmlets are still regularly being shown in the cinemas.

Large posters pertaining to public health are displayed on boards throughout the city.

Articles on health matters have appeared in the press from time to time, and health information has been broadcast over the radio.

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 this Department 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 this Department therefore exercises no control over these institutions.

There are two Hospitals, three Nursing Homes and one Convalescent Home in the City.

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

Institutions for European Maternity Cases:

Two of the Nursing Homes and one Hospital with 35, 9 and 85 beds respectively are purely for European Maternity cases.

Institutions for Non-European Maternity Cases:

There are twelve beds in the Maternity Section of the Pretoria General Hospital and one hundred beds in the Holy Cross Nursing Home which is situated in the Lady Selborne Location for non-European Maternity cases. 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.

There is still an urgent need for accommodation for midwifery cases especially for non-Europeans among whom confinements often are conducted under unsatisfactory conditions in overcrowded homes.

Those in charge of the hospitals and nursing homes have been most co-operative and have always readily brought about such changes and improvements as were found necessary.

PRETORIA DENTAL CLINIC.

For the period April, 1954, to March, 1955.

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 £700 is used for the treatment of non-Europeans. The Union Health Departments grant £3,100 per annum for all services excepting for indigent children attending the Transvaal Provincial Schools.

The Provincial Administration's grant of £6,900 per annum is for the treatment of school children.

3. DENTAL SURGEONS:

Six dental officers are employed. One of these is serving part-time and is in charge of the Orthodontic Department. Five dental surgeons render services to school children. Two of these also go out to the non-European centres. The superintendent is in charge of the pre-school and ante- and post-natal department.

4. SCHOOL SERVICES:

No school inspections, morning clinics or sub-clinics for extractions were held owing to the Poliomyelitis epidemic.

No. of schools in Pretoria 68

No. of scholars 37,333

The number of school children treated was slightly affected by the restricted extractions, but even when taking this into account there is a definite tendency for more fillings to be done than extractions.

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. 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								
March 1950	1,355	3,825	1,730	500	186	3,192	4,097	9,153
April 1950								
March 1951	23,637	6,087	5,834	1,453	437	8,663	7,155	20,785
April 1951								
March 1952	24,363	6,847	7,137	1,300	540	9,976	8,385	22,888
April 1952								
March 1953	26,844	9,181	7,875	1,581	441	11,692	10,639	27,827
April 1953								
March 1954	33,745	8,631	9,624	2,740	1,056	14,068	9,000	30,170
April 1954								
March 1955	6,688	7,074	9,732	2,873	1,301	14,618	6,095	28,475

GOLD INLAYS AND PROSTHETICS:

Thirty-nine Gold Inlays were done and twenty-seven Orthodontic plates and thirty-seven partial plates were supplied.

5. MOBILE DENTAL UNIT:

Sub-Clinics: The Mobile Unit visited seven schools with the following results:—

No. of children treated	3,474
No. of children examined	1,291
No. of Fillings done	2,696
No. of Teeth extracted	1,169

Meerhof:

The Meerhof Chronic Sick Home was visited on three occasions when the following treatment was carried out:—

No. of children treated	63
No. of teeth filled	27
No. of teeth extracted	26

6. ORTHODONTIC SERVICES:

The demand for this specialised treatment is still increasing and the waiting list is gradually growing.

7. ANTE- AND POST-NATAL DEPARTMENT:

The work of this Department was severely affected by the Poliomyelitis outbreak.

8. PRE-SCHOOL CHILDREN:

The same remarks apply here.

9. PRIVATE SCHOOLS:

This Department suffered to a far lesser extent and the figures reflect a favourable increase in the proportion of fillings as against extractions.

10. NON-EUROPEANS:

These services have not undergone any noticeable changes although the tendency seems to be for conservative treatment to come into greater demand.

Period	No. of Extractions Retained	No. of Extractions Lost	No. of Teeth Examined	No. of Teeth Treated	No. of Teeth Fitted	No. of Teeth Retained	No. of Teeth Lost
Nov. 1951	10	10	10	10	10	10	10
Dec. 1951	10	10	10	10	10	10	10
Jan. 1952	10	10	10	10	10	10	10
Feb. 1952	10	10	10	10	10	10	10
Mar. 1952	10	10	10	10	10	10	10
Apr. 1952	10	10	10	10	10	10	10
May 1952	10	10	10	10	10	10	10
June 1952	10	10	10	10	10	10	10
July 1952	10	10	10	10	10	10	10
Aug. 1952	10	10	10	10	10	10	10
Sept. 1952	10	10	10	10	10	10	10
Oct. 1952	10	10	10	10	10	10	10
Nov. 1952	10	10	10	10	10	10	10
Dec. 1952	10	10	10	10	10	10	10
Jan. 1953	10	10	10	10	10	10	10
Feb. 1953	10	10	10	10	10	10	10
Mar. 1953	10	10	10	10	10	10	10
Apr. 1953	10	10	10	10	10	10	10
May 1953	10	10	10	10	10	10	10
June 1953	10	10	10	10	10	10	10
July 1953	10	10	10	10	10	10	10
Aug. 1953	10	10	10	10	10	10	10
Sept. 1953	10	10	10	10	10	10	10
Oct. 1953	10	10	10	10	10	10	10
Nov. 1953	10	10	10	10	10	10	10
Dec. 1953	10	10	10	10	10	10	10
Jan. 1954	10	10	10	10	10	10	10
Feb. 1954	10	10	10	10	10	10	10
Mar. 1954	10	10	10	10	10	10	10
Apr. 1954	10	10	10	10	10	10	10
May 1954	10	10	10	10	10	10	10
June 1954	10	10	10	10	10	10	10
July 1954	10	10	10	10	10	10	10
Aug. 1954	10	10	10	10	10	10	10
Sept. 1954	10	10	10	10	10	10	10
Oct. 1954	10	10	10	10	10	10	10
Nov. 1954	10	10	10	10	10	10	10
Dec. 1954	10	10	10	10	10	10	10
Jan. 1955	10	10	10	10	10	10	10
Feb. 1955	10	10	10	10	10	10	10
Mar. 1955	10	10	10	10	10	10	10
Apr. 1955	10	10	10	10	10	10	10
May 1955	10	10	10	10	10	10	10
June 1955	10	10	10	10	10	10	10
July 1955	10	10	10	10	10	10	10
Aug. 1955	10	10	10	10	10	10	10
Sept. 1955	10	10	10	10	10	10	10
Oct. 1955	10	10	10	10	10	10	10
Nov. 1955	10	10	10	10	10	10	10
Dec. 1955	10	10	10	10	10	10	10
Jan. 1956	10	10	10	10	10	10	10
Feb. 1956	10	10	10	10	10	10	10
Mar. 1956	10	10	10	10	10	10	10
Apr. 1956	10	10	10	10	10	10	10
May 1956	10	10	10	10	10	10	10
June 1956	10	10	10	10	10	10	10
July 1956	10	10	10	10	10	10	10
Aug. 1956	10	10	10	10	10	10	10
Sept. 1956	10	10	10	10	10	10	10
Oct. 1956	10	10	10	10	10	10	10
Nov. 1956	10	10	10	10	10	10	10
Dec. 1956	10	10	10	10	10	10	10
Jan. 1957	10	10	10	10	10	10	10
Feb. 1957	10	10	10	10	10	10	10
Mar. 1957	10	10	10	10	10	10	10
Apr. 1957	10	10	10	10	10	10	10
May 1957	10	10	10	10	10	10	10
June 1957	10	10	10	10	10	10	10
July 1957	10	10	10	10	10	10	10
Aug. 1957	10	10	10	10	10	10	10
Sept. 1957	10	10	10	10	10	10	10
Oct. 1957	10	10	10	10	10	10	10
Nov. 1957	10	10	10	10	10	10	10
Dec. 1957	10	10	10	10	10	10	10
Jan. 1958	10	10	10	10	10	10	10
Feb. 1958	10	10	10	10	10	10	10
Mar. 1958	10	10	10	10	10	10	10
Apr. 1958	10	10	10	10	10	10	10
May 1958	10	10	10	10	10	10	10
June 1958	10	10	10	10	10	10	10
July 1958	10	10	10	10	10	10	10
Aug. 1958	10	10	10	10	10	10	10
Sept. 1958	10	10	10	10	10	10	10
Oct. 1958	10	10	10	10	10	10	10
Nov. 1958	10	10	10	10	10	10	10
Dec. 1958	10	10	10	10	10	10	10
Jan. 1959	10	10	10	10	10	10	10
Feb. 1959	10	10	10	10	10	10	10
Mar. 1959	10	10	10	10	10	10	10
Apr. 1959	10	10	10	10	10	10	10
May 1959	10	10	10	10	10	10	10
June 1959	10	10	10	10	10	10	10
July 1959	10	10	10	10	10	10	10
Aug. 1959	10	10	10	10	10	10	10
Sept. 1959	10	10	10	10	10	10	10
Oct. 1959	10	10	10	10	10	10	10
Nov. 1959	10	10	10	10	10	10	10
Dec. 1959	10	10	10	10	10	10	10
Jan. 1960	10	10	10	10	10	10	10
Feb. 1960	10	10	10	10	10	10	10
Mar. 1960	10	10	10	10	10	10	10
Apr. 1960	10	10	10	10	10	10	10
May 1960	10	10	10	10	10	10	10
June 1960	10	10	10	10	10	10	10
July 1960	10	10	10	10	10	10	10
Aug. 1960	10	10	10	10	10	10	10
Sept. 1960	10	10	10	10	10	10	10
Oct. 1960	10	10	10	10	10	10	10
Nov. 1960	10	10	10	10	10	10	10
Dec. 1960	10	10	10	10	10	10	10
Jan. 1961	10	10	10	10	10	10	10
Feb. 1961	10	10	10	10	10	10	10
Mar. 1961	10	10	10	10	10	10	10
Apr. 1961	10	10	10	10	10	10	10
May 1961	10	10	10	10	10	10	10
June 1961	10	10	10	10	10	10	10
July 1961	10	10	10	10	10	10	10
Aug. 1961	10	10	10	10	10	10	10
Sept. 1961	10	10	10	10	10	10	10
Oct. 1961	10	10	10	10	10	10	10
Nov. 1961	10	10	10	10	10	10	10
Dec. 1961	10	10	10	10	10	10	10
Jan. 1962	10	10	10	10	10	10	10
Feb. 1962	10	10	10	10	10	10	10
Mar. 1962	10	10	10	10	10	10	10
Apr. 1962	10	10	10	10	10	10	10
May 1962	10	10	10	10	10	10	10
June 1962	10	10	10	10	10	10	10
July 1962	10	10	10	10	10	10	10
Aug. 1962	10	10	10	10	10	10	10
Sept. 1962	10	10	10	10	10	10	10
Oct. 1962	10	10	10	10	10	10	10
Nov. 1962	10	10	10	10	10	10	10
Dec. 1962	10	10	10	10	10	10	10
Jan. 1963	10	10	10	10	10	10	10
Feb. 1963	10	10	10	10	10	10	10
Mar. 1963	10	10	10	10	10	10	10
Apr. 1963	10	10	10	10	10	10	10
May 1963	10	10	10	10	10	10	10
June 1963	10	10	10	10	10	10	10
July 1963	10	10	10	10	10	10	10
Aug. 1963	10	10	10	10	10	10	10
Sept. 1963	10	10	10	10	10	10	10
Oct. 1963	10	10	10	10	10	10	10
Nov. 1963	10	10	10	10	10	10	10
Dec. 1963	10	10	10	10	10	10	10
Jan. 1964	10	10	10	10	10	10	10
Feb. 1964	10	10	10	10	10	10	10
Mar. 1964	10	10	10	10	10	10	10
Apr. 1964	10	10	10	10	10	10	10
May 1964	10	10	10	10	10	10	10
June 1964	10	10	10	10	10	10	10
July 1964	10	10	10	10	10	10	10
Aug. 1964	10	10	10	10	10	10	10
Sept. 1964	10	10	10	10	10	10	10
Oct. 1964	10	10	10	10	10	10	10
Nov. 1964	10	10	10	10	10	10	10
Dec. 1964	10	10	10	10	10	10	10
Jan. 1965	10	10	10	10	10	10	10
Feb. 1965	10	10	10	10	10	10	10
Mar. 1965	10	10	10	10	10	10	10
Apr. 1965	10	10	10	10	10	10	10
May 1965	10	10	10	10	10	10	10
June 1965	10	10	10	10	10	10	10
July 1965	10	10	10	10	10	10	10
Aug. 1965	10	10	10	10	10	10	10
Sept. 1965	10	10	10	10	10	10	10
Oct. 1965	10	10	10	10	10	10	10
Nov. 1965	10	10	10	10	10	10	10
Dec. 1965	10	10	10	10	10	10	10
Jan. 1966	10	10	10	10	10	10	10
Feb. 1966	10	10	10	10	10	10	10
Mar. 1966	10	10	10	10	10	10	10
Apr. 1966	10	10	10	10	10	10	10
May 1966	10	10	10	10	10	10	10
June 1966	10	10	10	10	10	10	10
July 1966	10	10	10	10	10	10	10
Aug. 1966	10	10	10	10	10	10	10
Sept. 1966	10	10	10	10	10	10	10
Oct. 1966	10	10	10	10	10	10	10
Nov. 1966	10	10	10	10	10	10	10
Dec. 1966	10	10	10	10	10	10	10
Jan. 1967	10	10	10	10	10	10	10
Feb. 1967	10	10	10	10	10	10	10
Mar. 1967	10	10	10	10	10	10	10
Apr. 1967	10	10	10	10	10	10	10
May 1967	10	10	10	10	10	10	

MEDICAL EXAMINATION CONDUCTED BY MEDICAL OFFICERS IN THE HEALTH DEPARTMENT.

A total of 731 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.

ANNUAL REPORT: ABATTOIR.

STAFF:

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.
Asst. Chief Health Inspector ...	Mr. W. Scott.
Senior Health Inspector	Vacant.
Health Inspectors	4.
Superintendent By-Products & Refrigeration Plant	Mr. J. A. Matthee.
Fitter and Turner	1.
Workshop Assistant	1.
Machine Attendants	8.
Caretaker/Yard Foreman	1.
Cleaner Checkers	2.
Cleaner Handyman	1.
Cleaners	5.
Watchman	1.
Natives	55.

The Assistant Chief Health Inspector, Mr. J. L. Coetzee, left the service on pension on 13th November, 1954, and his place was taken by Mr. W. Scott. It was decided to abandon the routine inspection of butcheries and cold storages by the Assistant Chief Health Inspector as this was already being carried out by the District Health Inspectors. Consequently it was felt that the post of Supervising Health Inspector could be reduced to that of Senior Health Inspector.

The shortage of Meat Inspectors still continues and despite the employment of one temporary Inspector, relief has continuously to be obtained by the use of District Health Inspectors. Two of the Meat Inspectors have asked to be moved to district work but cannot be transferred until their places can be filled by new applicants.

MEAT SUPPLIES:

As far as cattle supplies to the abattoir are concerned, this figure is most disappointing and has dropped to almost half the Pretoria quota. The type of animal too was generally of poor quality as farmers obtained better prices outside the controlled area from butchers and speculators.

It became apparent that the policy carried out by the Meat Control Board had achieved very little and had done great harm to the cattle industry. The Minister for Agriculture called upon a commission of enquiry to report on the sale of beef. This commission advised sale of beef on the hook as in the case of mutton. The Minister, however, chose not to accept this recommendation but to retain the status quo. In an effort to draw more supplies to the controlled areas, the Meat Control Board raised the price of beef to producer and consumer in the controlled areas and reduced the quotas of butchers in the uncontrolled areas. It is doubtful whether these measure will have any marked effect upon supplies as the industry has been badly crippled.

To offset the shortage of slaughter stock, the Meat Control Board was forced to introduce more frozen and chilled beef. This of course is an expensive and unsatisfactory arrangement.

Fortunately the number of slaughter sheep increased with the decline in cattle, and high prices for mutton were realized.

The number of pigs slaughtered increased too. This helped to offset the general meat shortage to some extent. It is felt that this trend will continue.

Although the number of poultry slaughtered during the year is about the same as for the previous year, it is probable that dressed poultry was introduced into Pretoria to a greater extent due to the meat shortage.

During the year there was a marked increase in the number of donkeys slaughtered. With the decline in beef supplies, the demand for equine meat rose, and as the horse population had greatly dwindled, the donkeys were slaughtered instead. However, these animals are rapidly dwindling in numbers too.

CONDEMNATIONS:

Cysticercosis still accounts for most of the beef and pork condemned while Caseous Lymphadenitis accounts for most of the mutton. These conditions are followed in importance by bruising in the main species of animals. This bruising is nearly always sustained in transit.

During the year under review the incidence of bovine cysticercosis dropped from 6.543% to 4.407% due mainly to a smaller supply of cattle from the Northern Transvaal, where the incidence of the disease is high.

The incidence of bovine Tuberculosis for the year rose by .248% due mainly to the slaughter of 92 tuberculin reactors of which 82 showed visible lesions.

Lesions of tuberculosis in pigs were again examined at Onderstepoort, and in all cases where organisms could be isolated they were found to be bovine in type.

ERECTION OF NEW ABATTOIR:

Due mainly to difficulties regarding the site, no progress can be reported on this project.

Because of further rises in prices of materials and because slaughter stock is diminishing, it becomes doubtful whether the building of a new abattoir at this stage is warranted. The whole project will have to be discussed anew. It is hardly likely that the Meat Control Board would be prepared to allow an inspection fee large enough to cover the expenditure.

Already due to the unexpected drop in cattle slaughtering, the abattoir is faced with some considerable deficit for the year instead of the expected surplus.

BY-PRODUCTS MANUFACTURE:

Despite the breakage of old machinery, manufacture of by-products was continued with only slight loss of material. Due especially to the smaller number of cattle condemned for measles, and the smaller number slaughtered overall, the weight of by-products manufactured dropped considerably. Our products are still widely sought after by farmers but only a very small percentage of the requests can be met.

REFRIGERATION.

The refrigeration plant has reached a stage where major alterations will have to be effected soon, otherwise there will be a senior breakdown.

The income from refrigeration also dropped sharply during the year through limited use of the facilities.

ANNUAL REPORT

For the period 1st July, 1954, to 30th June, 1955.

ANIMALS AND POULTRY SLAUGHTERED IN ABATTOIRS.

	July, 1954—June, 1955	July, 1953—June, 1954
Bulls	246	404
Cows	5,028	9,674
Oxen	32,397	60,363
Calves	1,804	2,365
Sheep	147,713	117,515
Goats	4,855	1,160
Pigs	25,221	20,228
	<u>217,264</u>	<u>211,709</u>
Donkeys	2,154	1,440
Horses	680	770
	<u>2,834</u>	<u>2,210</u>
Bantams	14	53
Chickens	580	658
Ducks	1,788	2,466
Fowls	46,290	44,330
Geese	47	104
Pigeons	5	121
Turkeys	1,546	2,201
	<u>50,270</u>	<u>49,933</u>
Rabbits	350	354

IMPORTED MEAT INSPECTED.

Beef Carcases	12,226	4,485
Beef Quarters	71	53
Mutton Carcases	4,009	3,799
Pork Carcases	73	669

BEEF AND PORK CARCASES AND ORGANS CONDEMNED:

	Cattle.	Calves.	Sheep & Goats.	Pigs.
Carcases	855	311	900	791
Heads	1,420	—	—	77
Hearts	18	—	—	—
Intestines	1,307	—	48,401	1,049
Kidneys	281	—	—	—
Livers	4,778	—	45,378	—
Lungs	1,471	—	599	—
Plucks	352	—	2,640	1,049
Quarters	72	—	203	4
Spleens	1,305	—	—	1,049
Tails	125	—	—	—
Tongues	145	—	—	77
Tripes	1,305	—	—	1,049
Udders	350	—	—	—
Viscera	1,155	311	907	—

TOTAL CONDEMNATIONS:

	July, 1954—June, 1955.	July, 1953—June, 1954.
Beef	2.27%	2.613%
Veal	17.239%	4.312%
Mutton	0.589%	0.751%
Pork	3.136%	3.732%
Horse Meat	0.599%	—
Donkey Meat	0.278%	—

WEIGHT OF CONDEMNED CARCASES AND PORTIONS THEREOF IN TONS.

	July, 1954—June, 1955.	July, 1953—June, 1954.
Beef	223.767	273.478
Veal	6.299	2.076
Mutton	14.687	14.429
Pork	43.288	46.301
Horse	0.952	—
Donkey	0.381	—

CYSTICERCOSIS (MEASLES).

	Number affected.	Number condemned.	Number detained for Cold Storage Treatment.
Beef	1,660 or 4.407%	386 or 1.025%	1,274 or 3.382%
Pork	874 or 3.465%	684 or 2.712%	190 or 0.753%

JULY, 1953—JUNE, 1954.

Beef	4,609 or 6.543%	951 or 1.35%	3,658 or 5.193%
Pork	764 or 3.776%	579 or 2.862%	185 or 0.914%

ORGANS OF BEEF CARCASSES AFFECTED WITH CYSTICERCOSIS (MEASLES) DETAINED FOR COLD STORAGE TREATMENT.

Hearts.	Livers.	Tails.	Tongues.
1,164	1,029	1,252	1,252

TUBERCULOSIS.

	Number affected.	Number generalised.	Number localised.
Beef	118 or 0.313%	74 or 0.196%	44 or 0.117%
Pork	98 or 0.389%	22 or 0.087%	76 or 0.302%

JULY, 1953—JUNE, 1954.

Beef	46 or 0.065%	24 or 0.034%	22 or 0.031%
Pork	163 or 0.805%	45 or 0.222%	118 or 0.583%

ANIMALS FOUND DEAD OR IN DYING CONDITION IN WAITING PENS.

Cattle.	Horse.	Pigs	Sheep.
6	1	6	119

During the year microscopical examination of 250 blood smears was carried out.

DISEASES FOR WHICH CARCASSES, ETC., WERE CONDEMNED:

Diseases.	Cattle.	Calves.	Sheep.	Goats.	Pigs.	Horses.	Donkeys.
Abscesses	36 Qrts.	—	—	—	4 Qrts.	—	—
	62	—	8	—	18	—	—
Actinomycosis	Local 25	—	—	—	—	—	—
Caseous Lymphadenitis	—	—	141	—	—	—	—
Caseous Lymphadenitis	—	—	197 Qrts.	—	—	—	—
			5,321 af- fected.				
Cysticercosis (Measles)	386	—	—	—	684	—	—
Defective Bleeding	—	—	—	—	1	—	—
Emaciation	52	35	523	61	8	3	6
Emphysema	2 Qrts.	—	—	—	—	—	—
	9	—	—	—	—	—	—
Extensive Bruising	127	—	49	1	10	—	—
Extensive Bruising	32 Qrts.	—	6 Qrts.	—	—	—	—
Extensive Bruising	44,538 lbs.	—	—	—	1,365 lbs.	—	—
Enteritis	—	1	—	—	—	—	—
Fevered	—	—	1	—	—	—	—
Gangrene	30	—	6	1	17	—	—
Globidiarrhea	9	—	—	—	—	—	—
Immaturity	—	233	—	—	—	—	—
Jaundice	8	1	26	—	—	—	—
Mastitis	8	—	—	—	—	—	—
Metritis	10	—	9	—	1	—	—
Moribund	1	—	42	—	—	—	—
Multi Haemorrhages	—	—	—	—	5	—	—
Navil Ill	—	37	—	—	—	—	—
New Growths	1	—	3	—	—	1	—
Nephritis	5	1	—	—	—	—	—
Oedema	2	—	—	—	—	—	—
Pleurisy & Peritonitis	59	1	4	—	10	—	—
Pericarditis	—	—	1	—	—	—	—
Pneumonia	10	1	24	—	10	—	—
Pyæmia	—	1	—	—	—	—	—
Rickets	—	—	—	—	3	—	—
Tuberculosis	74	—	—	—	22	—	—
Tumours	2	—	—	—	—	—	—
	854	311	837	63	791	4	6

POULTRY CONDEMNED:

Diseases.	Fowls.	Turkeys.	Rabbits.
Abscesses	7	—	1
Bruising	1	—	—
Carcinoma	7	—	—
Dead in Peens	58	1	—
Emaciation	5	—	2
Emphysema	—	1	—
Enteritis	1	—	—
Gangrene	12	—	—
Multi Haemorrhages	1	—	—
Multi Cysts	1	—	—
New Growths	33	1	—
Nodular Worm	8	—	—
Peritonitis	34	—	—
Tuberculosis	1	—	—
	<u>169</u>	<u>3</u>	<u>3</u>

RECORD OF THE WORK OF THE HEALTH INSPECTORS.

At the close of the year under review the health inspectorate staff was eight (17.7%) short of the authorised establishment, and it is expected that at least a further two inspectors will leave shortly. This shortage is serious as with the granting of normal leave it is difficult to keep work up to date. Most of the District Health Inspectors have from time to time to control areas normally done by two, with the result that certain premises cannot be inspected as frequently as necessary. Apart from this shortage we have had to second to the Abattoir at least one Inspector daily for the whole year.

The majority of Inspectors leaving are going out of public health work altogether because of the pegging of salaries and because the salaries generally are too low. Unless these matters are rectified we shall be losing still more staff and there seems little hope of attracting new recruits. As it is, most of the courses for Health Inspectors at the various Technical Colleges have already closed down.

Notwithstanding all these difficulties we have been able to maintain a high standard of hygiene throughout the City. The policy adopted a few years ago of insisting on modern equipment especially in premises in respect of which new licences or transfers of licences are sought, is beginning to reap its reward. There has been a gradual but marked improvement in all types of establishments where foodstuffs are handled or prepared. There is, however, still room for improvement.

Although it is not our policy to prosecute without ample prior warning and opportunity for remedying unhygienic conditions, it has nevertheless been necessary to institute legal proceedings against a few unco-operative defaulters. A summary of the prosecutions is given later in this report.

ATMOSPHERIC POLLUTION:

The Department has continued to give its attention to the question of "smog". During March, 1955, the South African Council for Scientific and Industrial Research, in collaboration with the Department, established six air testing stations in the City at the following places:—

Health Department Offices, Brink Park, Jorissen Street, Parks Department Offices, Princess Park, Offices of the Director of Personnel, Visagie Street, Caledonian Grounds and Church Square.

Samples were being collected and examined daily. The test will continue over a lengthy period under varying climatic and atmospheric conditions.

LICENSED PREMISES:

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

	European.	Non-European.
Workshops	269	5
Provision Dealers	328	241
Tea Rooms and Restaurants	274	88
Native Eating Houses	6	15
Fresh Produce Dealers	353	173
Confectioners and Bakers	37	4
Milk Shops	101	8
Mineral Water Factories	6	2
Hawkers and Pedlars	62	197
Cycle Dealers	85	33
Cobblers	71	28
Butchers	115	36
Launderers	10	8
Bio Operators	41	12
Bioscope Tea Rooms	1	—
Public Halls	21	1
Billiard Saloons	3	2
Theatres	13	4
Secondhand Dealers	48	4
Poulterers	53	—
Hotels	28	—
Fishmongers	11	—
Fellmongers	2	—
Turkish Baths	1	—
Undertakers	5	—
Brick Burners	2	—
Ice Cream Factories	3	—
Pawnbroker	1	—
Tannery	1	—
Milkers	3	—
Fumigators	3	—
Wood Sawyers	5	—
Store Quarries	1	—
Market Stalls	6	54
Dairies and Distributors	97	6
Milk Producers	298	—
Boarding and Lorging Houses	326	—
Hairdressers	118	21
Offal Dealers	1	—

BUILDING PLANS:

The following table smmarises the plans examined:—

Month.	No. of Plans. First Sub- missions.	No. of Plans. Re-Sub- missions.	Prelimi- nary Plans.	Plans sub- mitted by Architects.	TOTAL.
July, 1954	160	90	2	8	260
August, 1954	164	64	1	7	236
September, 1954	192	46	—	7	245
October, 1954	143	55	—	5	203
November, 1954	144	47	—	—	191
December, 1954	138	21	—	1	160
January, 1955	110	36	1	3	150
February, 1955	169	42	4	1	216
March, 1955	202	57	—	2	261
April, 1955	222	47	—	—	269
May, 1955	211	37	1	1	250
June, 1955	218	43	1	4	266

EARLY MORNING AND EVENING INSPECTIONS:

As shown in the following table there were early morning inspections on at least one morning every month by each inspector, and regular evening or night inspections:—

Early Morning and Evening Inspections.

Type of Inspection.	Total No. of Inspections.	Satisfactory.	Unsatisfactory. Intimation or notices served.
Food Delivery Vehicles	382	319	63
Butcher Shops	438	331	107
Restaurants & Tea Rooms	179	134	45
Bakers and Confectioners	21	10	11
Milk Depots	103	90	13
Provision Stores	53	33	20
Nuisances Re-inspected	4	2	2
Miscellaneous	34	16	18
	1,214	935	279

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:—

Inspection by District Inspectors.

Year 1954—1955.

RODENTS:

1. Complaints investigated	313
2. Premises inspected and advice given	1,204
3. Notices and intimations to use traps or poison	607
4. Notices served requiring rodent proofing of premises	155
5. Notices served under 3 and 4 above, complied with	213
6. Existing buildings made rodentproof	198
7. New rodentproof buildings completed	67
8. Prosecutions for failure to comply with regulations	—
9. Accumulations or rubbish or lumber likely to harbour rodents cleaned up or removed	728
10. No. of rodents seen killed or reported killed	2,399
11. Ratproof animal food bins provided	79
12. Matters referred to Pest Control	19
13. Matters concerning rodent control referred to other Departments	3

MOSQUITOS:

1. Complaints investigated	237
2. Inspections made	1,265
3. Notices and intimations given	404
4. Notices served under (3) above complied with	113
5. Prosecutions for failure to comply with regulations	4
6. Breeding places eliminated	381
7. Advice given re mosquito control	422

FLIES:

1. Complaints investigated	119
2. Inspections made	983
3. Notices and intimations given	303
4. Notices served under (3) above complied with	97
5. Prosecutions for failure to comply with regulations	1
6. Breeding places eliminated	131
7. Advice given re fly control	409

In all the District Health Inspectors carried out 51,231 inspections and issued 14,570 verbal and written warnings during the year.

FOOD SECTION:

The importance of the hygienic production, storage, handling and distribution of food-stuffs cannot be too highly stressed. It is regrettable, however, that there are many people engaged in food trade who do not pay sufficient attention to the proper handling of foodstuffs to ensure a safe and clean product. Frequent inspections are necessary to prevent relaxation of even the most elementary hygienic standards.

The Food Section keeps constant watch over all aspects of the food trade, gives advice where necessary, or takes action against persons who after warnings still do not comply with health requirements.

We have continued with inspections of restaurants, hotels and boarding-houses during meal hours and whilst meals were being prepared and served. This serves a very useful purpose. A total of 190 hours were spent on this type of inspection.

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

A total of 154 consignments of foodstuffs were seized or surrendered, and the following were condemned as unfit for human consumption:—

Jam	4,192 lbs.
Meat	
Fruit	
Vegetables	11,679 tins.
Fish	
Milk, etc.	
Mayonnaise	
Pickles	870 jars.
Sandwich Spreads, etc.	
Fish (fresh)	3,453 lbs.
Cheese	82 lbs.
Sausages	362 lbs.
Bread	52 loaves.
Cereals	1,150 pkts.
Bacon	1,346 lbs.
Meat (fresh)	57 lbs.
Polony	25 lbs.
Cream	10 gall.
Dried Fruit	217 lbs.
Bananas	327 crates.
Peaches	7,917 lbs.
Rice	13,254 lbs.
Confectionery	47 lbs.
Malt	3,400 lbs.
Mealie Meal	229 lbs.
Fat	187 lbs.
Tea	34 lbs.

The following food samples were taken for chemical and bacterial analysis:—

CHEMICAL:

Article.	No. of Samples.	Satisfactory.	Unsatisfactory.
Ice-cream	186	174	12
Boerwors	86	81	5
Beef Sausages	2	2	—
Mince Meat	35	33	2
Sugar	6	6	—
Dried Fruit	26	26	—
Bakers Cones	1	1	—
Mealie Meal	4	4	—
Pork Sausages	5	5	—
Coffee and Coffee Mixtures	14	11	3
Mealie Rice	5	5	—
Cocoanut	9	9	—
Rice	2	2	—
Spices	26	26	—
Sago	1	1	—
Cheese	21	21	—
Malt	6	6	—
Tea	3	3	—
Polony	6	6	—
Almonds	1	1	—
Vienna Sausages	1	1	—
Milk	—	—	—
Fats	2	2	—
	448	426	22

WATER (MUNICIPAL SUPPLIES):**Rietvlei Waterworks:**

	Satisfactory.	Unsatisfactory.	Total.
(a) After filtration but before chlorination	10	16	26
(b) After filtration and chlorination ...	16	—	16

Fountains:

(a) Upper Springs (before chlorination)	17	11	28
(b) Lower Spring (before chlorination)	17	11	28
(c) Mixed water from Rietvlei and Sterkfontein. Both after filtration and chlorination	12	—	12

Taps in City:

In various parts of City	23	—	23
---------------------------------	----	---	----

On Private Premises:

(a) Boreholes	11	8	19
(b) Wells	2	15	17
Vlakfontein Storage Tanks	10	—	10
Municipal Swimming Baths	52	2	54
Municipal Paddling Pools	22	1	23
	184	72	256

These samples were taken from taps throughout the City, from reservoirs and from the Springs at Fountains Valley.

The samples which were unsatisfactory were:—

1. Those which were taken at the intake-reservoir at Rietvlei Waterworks before chlorination. These samples were always satisfactory after chlorination.
2. Samples from the Fountains Valley springs. These fountains yield nearly 6,000,000 gallons of water per day, and have always been satisfactory. Recently, however, some of the samples showed a B.coli content slightly below standard. We were unable to discover the reason for this, and although the B. coli content was only occasionally slightly below standard we considered it necessary to instal a chlorination plant for treating this water before it was allowed into the Municipal tanks. All the water samples tested subsequent to chlorination were satisfactory.

In this connection it is interesting to note that the present Chief Health Inspector states that some 25 years ago, when he was taking water samples, the fountains supply was always practically sterile except for one short period when, like now, there was suddenly an increase in the B. coli content which lasted for a very short while, possibly a few months, and then disappeared.

3. Samples from private wells and boreholes. The owners were informed of the unsatisfactory reports and were instructed to cease using their wells or boreholes for domestic purposes and to connect up with the town supply.

Bacteriological.	No. of Samples.	Satisfactory.	Unsatisfactory.
Ice Cream	186	165	21

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

Nature of Sample.	No. of Samples.	Satisfactory.	Unsatisfactory.
Water (Municipal) ...	240	182	58
Boreholes and Wells ...	16	1	15

MUNICIPAL MARKET:

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

Boxes	5,062	Sugar Bags	834½
Bundles	51	Trays	38
Crates	433	Grain Bags	142½
Lots	29	Water Melons	777
Pockets	8,614	Eggs	93 dozen.
Punnets	1,496		

DRESSED POULTRY:

Number examined	2,078.
Number condemned	81.
Percentage condemned	3.89%

GAME (ANTELOPE):

Number examined	...	...	...	...	671.
Number condemned	...	...	...	...	21.
Percentage condemned	...	...	...	...	3.12%

GAME (BIRDS):

Number examined	...	...	...	...	1,892.
Number condemned	...	...	...	...	50.
Percentage condemned	...	...	...	...	2.64%

GAME (OTHER):

Three warthogs were examined and passed fit for human consumption.

LIVE POULTRY:

During the year live poultry were again auctioned on the market instead of at the Abattoir. During the period the following birds were examined which included fowls, turkeys, ducks and geese:—

Number examined	...	...	...	...	53,726.
Number condemned	...	...	...	...	101.
Percentage condemned	...	...	...	...	.19%

RABBITS:

Number examined	...	...	...	...	47.
Number condemned	...	...	...	...	Nil.

PIGEONS:

Number examined	...	...	...	...	188.
Number condemned	...	...	...	...	Nil.

This section carried out 12,388 inspections and issued 4,809 written and verbal warnings during the year.

PEST CONTROL SECTION.**ANTI-MOSQUITO CONTROL MEASURES:**

Routine anti-mosquito measures were maintained during the year. These measures consisted of clearing vegetation from the edges of spruits, furrows and irrigation dams, drainage of swampy areas and the regrading of spruits and furrows where necessary.

Weekly anti-larval spraying was carried out from mid September, 1954, to the end of April, 1955, and a total of 290 gallons of larvicide was used.

One-hundred and twenty-seven excavations and depressions which were actual or potential mosquito breeding places were filled in and levelled.

Complaints in regard to mosquito nuisance were more numerous than during the previous year; this was probably due to comparatively higher and more consistent rainfall during mid-summer. In all three hundred and fifty-nine complaints were investigated, and in the majority of instances advice or verbal warnings resulted in the elimination of the breeding places. Four prosecutions were instituted against persons permitting the continuance of mosquito breeding on their premises. In each case previous warnings had been ignored.

RODENT CONTROL:

Constant anti-rodent measures were maintained in all municipal buildings, stores, parks, nurseries, workshops, townlands, the Sewage Disposal Works and other sundry premises. 2,123 Rodents are known to have been killed. There were probably many more destroyed but for various reasons their carcasses were not recovered.

Seven hundred and ninety-one complaints were investigated. In a few instances the Department gave active assistance for the destruction of rodents. In the majority of instances advice had the desired effect in regard to the methods of rodent control.

The Department issued a total of 668 written and verbal warnings requiring measures to be taken for the eradication of rodents on private premises. In addition 155 notices were served requiring buildings to be made rodentproof or the existing rodentproofing to be repaired. 8,801 Poison baits were set on the Townlands and in Municipal premises of which 2,798 were taken.

One hundred and ten certificates were issued certifying that premises about to be demolished were rodent free. Five of these premises had to be gassed prior to the certificates being issued.

FLY BREEDING:

Routine inspections of all Municipal Parks, Nurseries and compost pits were carried out and satisfactory control of fly-breeding was maintained.

One hundred and nineteen complaints were investigated. The investigations resulted in nine hundred and eighty-three inspections being made and the elimination of one hundred and thirty-one breeding places.

One person was prosecuted after prior warning for failing to eliminate fly-breeding on his premises.

COCKROACH CONTROL:

Very few complaints were received about cockroach infestations and those received were investigated and advice given.

Cockroach control measures were applied where necessary to Municipal premises and the premises sprayed remained cockroach free for several months.

GENERAL:

Complaints about flea and tick infestations in private premises were lodged with the Department. These were investigated and advice regarding the eradication of these insect pests were given.

RODENT ERADICATION.

Premises inspected and contraventions dealt with	57
Contraventions abated	61
Intimations given	61
Premises re-inspected	673
Complaints dealt with and advice given	478
Non-ratproof grain, forage or other stores demolished	4
Accumulations or rubbish or lumber likely to harbour rats, cleaned up or removed	379
Poison baits set on Townlands	5,801
Number of baits taken	2,799
Premises in town gassed	1
Miscellaneous Inspections	992
Number of rodents destroyed on Municipal premises	2,123
TOTAL INSPECTIONS FOR YEAR	2,527

MOSQUITO CONTROL.

Premises inspected and contraventions dealt with	17
Contraventions abated	17
Intimations given	17
Premises re-inspected	176
Complaints dealt with and advice given	122
Check up of dams cleared of weeds	1,096
Check up of dams sprayed	738
Check up on irrigation furrows cleared	2,251
Check up on irrigation furrows sprayed	1,697
Check up on drainage of swamp areas	312
Check up on spraying of swampy areas	149
Holes and depressions filled in	127
Special investigations carried out for identification of mosquitoes	3
Miscellaneous inspections	791
Early morning inspections	1
TOTAL INSPECTIONS FOR YEAR	7,463

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

Total inspections made	79,912
Nuisances dealt with	19,745
Nuisances abated (including unabated Nuisances carried over from the previous year)	20,128
Complaints dealt with	3,894
Licences approved	3,192
Licences refused	311
Samples of water taken	256
Samples of foodstuffs taken (not including milk)	448
Visits of enquiry re: infectious diseases	3,349

City Engineer	151
Chief Licence Officer	43
Non-European Affairs Department	53
Director of Parks	40
City Electrical Engineer	5
Fire Department	1
Town Planning	6
Traffic	1

ABATTOIR, DAIRIES AND INFECTIOUS DISEASES SECTIONS.

Department during the year:—

Nature of Offence.	Total Number of Prosecutions.	Number found guilty.	Number found not guilty.	Paid Admission of Guilt.	Number Struck off Roll.	Number withdrawn.	Number Cautioned and Discharged.	Post-poned Sine Die.	Fines Imposed.
Exposing foodstuffs to contamination ...	4	3	—	1	—	—	—	—	£24 10 0
Selling unsound foodstuffs ...	2	2	—	—	—	—	—	—	£25 0 0
Preservatives in minced meat ...	1	—	—	1	—	—	—	—	£5 0 0
Deficiency in Milk Fat (Ice-Cream) ...	1	1	—	—	—	—	—	—	£10 0 0
Added Water to Milk ...	10	3	—	6	—	1	—	—	£59 10 0
Visible Dirt in Milk ...	2	—	—	2	—	—	—	—	£6 0 0
Excess Bo. coli and micro-organisms in Milk ...	2	—	—	—	1	1	—	—	—
Deficiency in Milk Fat (Milk) ...	7	3	—	3	—	—	1	—	£14 0 0
Deficiency in Milk Solids (not Fat) ...	1	—	1	—	—	—	—	—	—
Dirty Conditions of Restaurants ...	2	1	—	1	—	—	—	—	£10 0 0
Failure to provide temporary Builders' Latrines ...	5	2	—	3	—	—	—	—	£23 0 0
Receiving milk from Unlicensed Premises	1	—	—	1	—	—	—	—	£5 0 0
Failure to comply with a Notice ...	17	10	—	1	2	3	1	—	£21 0 0
Conveying Unclean Offal in Butcher's Vehicle	1	—	—	1	—	—	—	—	£14 0 0
Not wearing Overall whilst delivering Milk	1	1	—	—	—	—	—	—	£2 0 0
Dirty Conditions of Dairy ...	1	1	—	—	—	—	—	—	£10 0 0
Dirty Conditions of Butchers and Fishmonger's Shop ...	4	4	—	—	—	—	—	—	£17 10 0
Failure to comply with Slums Order ...	2	1	—	—	—	—	—	1	£5 0 0
Selling Milk without a Licence ...	1	—	—	1	—	—	—	—	£10 0 0
Sleeping in Dairy ...	1	—	1	—	—	—	—	—	—
Failure to prevent harbourage of Rodents ...	1	—	—	—	—	1	—	—	—
Fly-breeding ...	2	1	—	1	—	—	—	—	£11 0 0
Unstamped Meat ...	1	1	—	—	—	—	—	—	£7 10 0
Keeping Pigs ...	1	—	—	1	—	—	—	—	£3 0 0
Obstructing Inspector ...	1	—	—	1	—	—	—	—	£5 0 0
	72	34	2	24	3	6	2	1	£288 0 0

SLUM CLEARANCE:

In keeping with the policy of the Department during recent years court proceedings in accordance with the provisions of the Slums Act No. 53 of 1934, as amended, were suspended. The elimination of slums was continued under the provisions of the Pretoria Slums Regulations framed in accordance with the provisions of Section 32 of the Slums Act, and with co-operation of owners for demolition or reconstruction of slum properties.

The erection of new buildings and the reconstruction of old buildings has caused many actual or potential slums to be voluntarily removed. Very little persuasion is necessary to induce owners to replace slums with schemes producing revenue more in keeping with ground values which have risen considerably throughout the City.

The Slums Regulations were enforced to obviate overcrowding in dwellings which were not "slums" from a structural point of view, and forbidding the use of yard rooms, garages, native rooms, and storerooms for residential purposes. Compared with previous years there was an increase in the number of dwellings occupied by more than one family. This is because there is still a shortage of houses despite building activity, rentals are high for suitable houses, and because we have prevented the occupation of unsuitable outbuildings for residential purposes.

Slum clearance was also facilitated because we were able to re-house many families living in slums.

Although there has been an increase in residential accommodation, the housing needs of the lower-income groups are not being met, because the rentals of the new houses and flats built by private enterprise are too high. For this reason the responsibility for building cheaper houses is devolving more and more upon the Council. The Council is trying to do its share by building more houses for this income group. It is only by continuing with this programme that Pretoria will maintain its reputation of a city without a European slum problem.

Slum clearance work was confined to the European areas only. Until adequate housing is provided for non-Europeans, it will not be possible for any major slum clearance programme to be undertaken in the areas occupied by them. This applies particularly to the Asiatic and Coloured Communities because residential areas have not yet been allocated for them in terms of the Group Areas Act.

Although approximately 3,500 houses were built during the year at Vlakfontein and Atteridgeville for the Bantu Section of the community, the conditions under which they are living in Bantule and Lady Selborne are still unsatisfactory. During the year the last group of natives still resident in the old Marabastad location, were rehoused at Atteridgeville. The slum houses they vacated were immediately demolished and the sites cleared.

Until such time as Bantule, Lady Selborne, the Asiatic Bazaar and the Cape Location are cleared of their slums, the health of the residents of these areas as well as the European community will be endangered.

Appended hereto are statistics indicating the extent of slum clearance work undertaken during the year.

EUROPEAN HOUSING AND REHABILITATION REPORT FOR THE YEAR ENDING 30th JUNE, 1955.

During the year a total of 910 new housing applications were received, indicating that there is still a great need for accommodation in municipal housing schemes. The applications were mostly for the renting of houses either on a sub-economic or economic basis, and for the purchase of economic houses on a hire-purchase basis.

The need for housing accommodation seems greater for the lower-paid income groups which comprised the majority of applicants. This is principally because they cannot afford to pay the rents charged for inferior and unsatisfactory accommodation outside municipal housing schemes.

With the limited number of Council houses available only about one-third of the new applicants could be rehoused. Of these 183 were placed in sub-economic houses on a letting basis and 95 purchased newly constructed economic houses on a hire-purchase basis. In addition 173 sub-economic houses, which had been converted into an economic scheme, were sold to tenants or new applicants approved for the purpose. The total number of new applicants rehoused was 362.

During the year the following numbers of applications were approved by the Special Sub-Committee appointed to consider the allocation of houses:—

76 for Sub-economic houses.

4 for flats for Old Aged Pensioners.

108 for the purchase of converted economic houses, and

202 for the purchase of newly-built economic houses.

TOTAL of 390 new applications approved.

The following is a summary of European Housing development during the year:—

- (i) An additional 100 Sub-economic houses at Danville were converted into an economic selling-letting scheme.
- (ii) The building of 100 low-cost houses at Danville was completed, and the final group sold during July and August, 1954.
- (iii) A start was made on the building of 100 new economic houses at Danville. The first group of these houses was sold in March, 1955, and the final group is due to be sold in August, 1955.
- (iv) Of the 325 sub-economic houses at Proclamation Hill, New Muckleneuk, Innesdale and Pretoria West, 118 were converted into an economic letting/selling scheme with effect from 1st January, 1955.
- (v) Fifty economic houses were completed and sold at New Muckleneuk and Capital Park. These houses were of a more expensive type than the economic houses built at Danville, and catered for families in the middle-income groups. These houses were sold at prices ranging between £2,850 and £3,150, principally because they were erected on ground in the more expensive residential areas.
- (vi) A start has also been made on the building of 57 economic houses at Hercules, where it is proposed eventually to build a total of 100 houses. The selling-prices for these houses will be approximately £2,100, which includes outbuildings comprising garage, native room and native latrine.

All the above economic houses built by the Council, have been provided with outbuildings and electric hot-water geysers.

The Council is also considering the planning and building of still lower priced economic houses, which will sell for approximately £1,200.

There is a great need for such houses, and they will cater for the lower-income groups, who are finding great difficulty in obtaining healthy homes at cheap rents.

The Council's policy in recent years has been to encourage the principle of "home-ownership", and has facilitated the purchase of economic houses by advancing over and above the full sum of the cost of the house and ground also 90 per cent. of the required deposit and transfer fees. This latter loan is repayable in monthly repayments over a period of 10 years. The minimum deposit payable by a purchaser of an economic house is £10. Despite this, there have been several cases of purchasers abusing this privilege by vacating houses without giving notice beforehand and without meeting their financial commitments. Legal steps are taken in such cases to recover outstanding arrears.

On the whole, however, the Council's encouragement of the "home-ownership" principle has met with success, particularly as the monthly repayments to purchase these houses are generally lower than normal rents for the renting of similar houses on the open market.

The "home-ownership" principle has also assisted the Housing Section in its rehabilitative and "social upliftment" work by affording it the opportunity to transfer tenants to better houses as their social and economic positions improve.

In October, 1954, the National Housing and Planning Commission instituted a new formula for the assessment of rentals on a sliding scale for tenants of sub-economic houses, whose incomes exceed the maximum prescribed sub-economic limit of £30 per month. In terms of this formula the existing basic rent has to be increased by three-tenths of the breadwinner's income in excess of £30 per month until the maximum economic rental for the house is reached. As the breadwinner's income is rarely less than £30 per month most of the tenants had to pay increased rentals. Adjustment to the payment of the higher rentals was difficult for most tenants at the beginning, and a few even vacated their houses as a result. On the whole, however, the increased rents were still much lower than for similar houses elsewhere.

In order to eliminate the possibility of creating hardship amongst them the Council withdrew an original proposal to increase the basic rent for these houses, as this would have given rise to a doubled increase in most cases.

This formula is however not applicable to the Danville Sub-Economic Housing Scheme, where a differential renting system has always existed. In this scheme a tenant is still regarded as being sub-economic if the income is less than £10 per week.

The selling of houses, as well as the intensive building of new economic houses led to an increase in administrative work. As a result an additional Assistant Housing Manager and a Housing Assistant were appointed.

The following sets out the entire European housing schemes as at 30th June, 1955.

Sub-economic income limit of £10 per week, i.e. not exceeding £43/6/8 per month.

E. SUB-ECONOMIC HOUSES AT HERCULES:

Fifty-seven Sub-economic houses were built by the Hercules Municipality. These houses were taken over by the Council when Hercules was incorporated.

57 SUB-ECONOMIC HOUSES AT HERCULES:**Sub-Economic Rents.**

Two-bedroomed	£1 9 0
	£1 13 4
	£2 2 0
Three-bedroomed	£3 7 6
	£2 16 9

Economic Rents:

Two-bedroomed	£3 9 9
	£4 1 0
	£5 1 0
Three-bedroomed	£10 13 0
	£12 0 0
Sub-economic income limit of £30.0.0 per month.	

F. COTTAGES FOR OLD AGED PENSIONERS AT HERCULES:

Twelve cottages, made up of six groups of semi-detached houses, were built by the Hercules Municipality and taken over by the Council on incorporation.

Rent: £1.15.0 per month.

Only pensioners earning up to approximately £20.0.0 (value combined pensions) per month may be accommodated.

G. NATIONAL HOUSES (LETTING SCHEME): HERCULES:

Four National houses were built by the Hercules Municipality and taken over by the Council on incorporation.

Rent: £8.10.0 per month. No income limit.

H. FLATS FOR THE AGED AT THE SHOWGROUNDS:

During 1947, ten military bungalows were converted by the Council into thirty flats for the aged at the Showgrounds.

Rent: £3.0.0 per month. Income limit applicable as in F.

Although bathing accommodation is communal, each flat has its own W.C. apartment, equipped also with a wash hand-basin.

I. ECONOMIC FLATS AT SHOWGROUNDS:

During 1947 military bungalows were converted into 107 flats of varying sizes, to accommodate families whose incomes exceeded the prescribed income limits for sub-economic houses.

Rents: 1 Bedroomed Flat	£4 12 6
2 Bedroomed Flat	£5 10 0
3 Bedroomed Flat	£6 5 0

No specific income limits are applicable.
Bathing and W.C. facilities are communal.

J. ECONOMIC SHOPS AND FLATS SCHEME: DANVILLE:

This scheme, comprising 18 flats and 8 shops was built by the Council during 1949-1950 on an Economic basis.

Rentals: £8.10.0 per month for 2 flats.
£8. 0.0 per month for 16 flats.

Shops have been let by the Council on a 10-year lease basis.

K. SUNDRY RESIDENTIAL PROPERTIES:

Dwellings purchased by the Council for developmental purposes, e.g. widening of roads, provision of parks, clinics, etc.

At present there are approximately 80 such properties.

L. ECONOMIC HOUSING SCHEME: HERCULES:

Proposed Selling Scheme of 100 houses.

Tenders were called and work commenced at the beginning of February, 1955, on the erection of 57 such houses.

M. LOW COST ECONOMIC SELLING SCHEME AT DANVILLE:

One hundred houses built and sold during 1953 and 1954. Houses sold for approximately £1,950 each, repayments approximately £13/0/0 monthly.

N. PRETORIA ECONOMIC SELLING SCHEME (150 HOUSES):

Thirty-nine houses erected at New Muckleneuk and 11 at Capital Park.

Houses sold for approximately £2,850 to £3,150. Repayments, after payment of minimum deposits of £60—£70, are approximately £20—£22 per month.

Owing to the Council's inability to acquire adequate land and because of the high cost of these houses, the Council decided against proceeding with the building of the remaining 100 houses.

O. NEW DANVILLE ECONOMIC SCHEME (100 HOUSES):

50 Houses are in the course of construction. These houses are a little more expensive due to improved design, than the original low-cost houses.

Repayments will be approximately £14.10.0 monthly and houses will be sold for approximately £2,200.

DAIRY SECTION.

1. Details of Licences Dealt with:

	New	Transferred	Discontinued	Refused	Pending	Increase or Decrease
Producers	51	16	63	—	3	—12
Producer-Distributors . .	2	1	1	—	—	+ 1
Distributors	12	15	7	1	—	+ 5
Milk Shops	38	8	1	—	—	+37
	103	40	72	1	3	+31

During the 12 months under review the dairy premises and milk shops under our control increased by 31.

2. Situation of Premises:

In all there are 477 dairy premises and milk shops situated 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	Total
Producers	—	16	80	36	23	12	67	34	268
Producer-Distributors .	6	2	4	—	—	—	—	—	12
Distributors	89	—	—	—	—	—	—	—	89
Milkshops	108	—	—	—	—	—	—	—	108
	203	18	84	36	23	12	67	34	477

3. Milk Supplies:

Number of premises where milk is produced	280
Approximate number of cows kept (in milk)	11,198
Approximate number of cows kept (dry)	5,829
Approximate number of gallons produced daily	21,058

4. Estimated Total Daily Gallonage of Milk Consumed as at 30th June, 1955.

(a) From Producers	20,222
(b) From Producer-Distributors	836
(c) Imported (Industrial milk during shortage)	330
	<u>21,388</u>

Of the above total, 5,737 gallons (26%) are sold as raw milk and 15,651 gallons (74%) as pasteurised milk.

5. Distribution of Milk:

	Gallons
By producer-distributors	490
By distributors	17,898
By tearooms, schools, etc.	3,000
TOTAL	<u>21,388</u>

One hundred and eighteen thousand (118,000) gallons of raw milk were introduced from sources not licensed with the City Council. This was as a result of an acute temporary shortage of milk. The introduction was agreed to by officials of this Department on condition that all milk so introduced had first been pasteurised.

From available statistics it would seem that the average production per cow amounts to approximately 1.7 gallons of milk per day, which is a very low and hardly profitable yield. Many dairy-farmers are ignorant about dairying and correct breeding and still believe in quantity and not quality of stock.

Other factors contributing to this low production are, incorrect feeding, bad management, droughts and animal diseases such as mastitis, infertility, contagious abortion, verminoses, red water, lumpy skin diseases, etc. The latter disease wrecked havoc amongst dairy cattle during the past year, resulting in heavy losses.

6. Personnel Employed in the Milk Trade:

	<i>Europeans</i>	<i>Natives</i>	<i>Total</i>
Producers	292	1,243	1,535
Producer-Distributors	14	50	64
Distributors	232	619	851
	<u>538</u>	<u>1,912</u>	<u>2,450</u>

7. Typhoid Testing of Dairy Employees:

	<i>Producers</i>	<i>Producer-Distributors</i>	<i>Distributors</i>	<i>Total</i>
Dairies which submitted employees	37	4	66	107
Dairy employees tested	123	7	164	294
European employees tested	4	—	26	30
Non-European employees tested	119	7	138	264
Europeans Vi-positive	—	—	2	2
Non-European Vi-positive	7	2	16	25

From the above positive numbers an estimate can be made as to what the position must be on dairy farms where native employees are continuously changing. Most dairy farmers never take the trouble to have their employees vi-tested with the result that we are always in danger of an outbreak of enteric unless the milk is pasteurised. This stresses the necessity for compulsory pasteurisation.

8. Dairy Inspections:

Regular inspections of premises and herds of producer and producer-distributors as well as premises of distributors were carried out by the veterinary officers and the dairy inspectors. District Health Inspectors also inspected milk shops regularly.

Generally speaking, the production and handling of all milk entering into the Municipal area is well controlled and supervised. A small amount is however still being introduced illegally.

Dairy farmers are always advised on matters such as erection of dairy buildings, dairy utensils and machinery, hygiene, animal diseases and animal management.

The inspection and supervision of dairy farms and depots by the veterinary officers and inspectors necessitate a great deal of travelling as no less than 34 producers' premises are situated within 150—200 miles from Pretoria.

PARTICULARS OF INSPECTIONS:**A. Inspection of Dairies:**

(a) During day milking	213
(b) Early morning milking	56
(c) At other periods	1,520
Contraventions dealt with	633

B. Inspection of Milk Depots:

(a) During day	817
(b) Early morning	69
Contraventions dealt with	291

C. Distribution and Inspections:

(a) During day	147
(b) Early morning	20
Contraventions dealt with	25

D. Other inspections	220
E. Complaints dealt with	88
F. Written notices served	224
G. Written notices complied with	165

H. Herd Inspections by Veterinary Officers:

As a result of the resignation of Dr. Veenstra during the year, herd inspections could not be carried out as was contemplated in the beginning. Nevertheless approximately 125 herds were inspected, involving about 4,500 cows. In addition, numerous serological, microscopical and biological tests were carried out.

9. Milk Sampling:

(a) Bacteriological Examination of Milk Samples:

Plate counts (samples taken under Dairy By-laws, which lays down a standard of not more than 200,000 micro-organisms per cc. and no *E. coli* in 0.01 cc. of milk).

Number of samples taken	356
Conforming to legal standards	198
Containing excess micro-organisms — warning issued	58
Containing excess micro-organisms — prosecuted	Nil
Containing excess <i>E. coli</i> — Warnings issued	38
Containing excess <i>E. coli</i> — Prosecuted	Nil
Containing excess <i>E. coli</i> and micro-organisms — Warnings issued	62
Containing excess <i>E. coli</i> and micro-organisms — Prosecuted	Nil
Total number of warning issued	158
Total number of prosecutions	Nil

(b) Breed Smear Counts:

Number of samples examined	14,233
Number very good	9,696
Number good	1,970
Number fair	457
Number unsatisfactory	2,110

The above include samples taken from producers supplying milk to any one of the pasteurisation plants in Pretoria as well as samples taken from different parts of the plants.

(c) Presumptive Coliform Tests:

Number of samples examined	2,557
Number of samples positive	777
Number of samples negative	1,780

These samples were all taken from the pasteurisation plants.

(d) Mastitis Tests:

These tests were carried out mostly by the Assistant Veterinary Officer and 614 samples were examined microscopically with the following results:—

Number positive	145
Number negative	469

This shows that mastitis still is a serious disease and a menace to dairy farming and public health. All farmers were notified by letter of any positive results:—

10. Chemical Analysis of Milk. (Samples taken under the Food, Drugs and Disinfectants Act.)

Number of samples taken and analysed	521
Number satisfactory	319
Number unsatisfactory (Warnings)	202
(i) Deficient in Milk Fat	19
(ii) Deficient in Milk Solids Not Fat	168
(iii) Samples containing added Water	17

Prosecutions:

(i) Deficient in Milk Fat	6
(ii) Adulterated (Added Water)	15

TOTAL 21

We do not regard slight deficiencies in Milk-Solids-Not-Fat as serious, because the standard of 8.5% is not easily attainable in this part of the Union of South Africa. Any such deficiencies, however slight, have nevertheless been included in the above figures.

11. Disc Sediment Test for Visible Dirt:

Samples tested	1,142
Satisfactory	875
Not quite satisfactory (Warnings)	221
Final Warnings	45
Prosecuted	1

12. Phosphates Test for Pasteurised Milk:

(a) No. of samples tested	2,872
(i) Efficiently pasteurised	2,861
(ii) Slightly under pasteurised	10
(iii) Grossly under pasteurised	1

13. Biological Tests:

(a) Tuberculosis:

Only six milk samples were tested and no bovine tubercle bacilli was found by guinea-pig inoculation tests. Further tests were abandoned for the time being as a result of a heavy mortality (Salmonellosis) amongst the guinea-pigs.

It is contemplated, however, to start these tests again in the near future.

The Department of Agriculture (Division of Veterinary Services) has drawn up a memorandum for the eradication of bovine tuberculosis in the Union. The scheme has not been put into operation yet, but it is hoped that dairy farmers will make use of it and so help to eradicate this disease.

(b) Serological Tests:

During the period under review 818 samples were submitted to the "ringtest" for Contagious Abortion. The results were as follows:—

Number of samples tested	818
Number of samples negative	608
Number of samples positive	156
Number of samples suspicious	54

The above samples were mostly from bulk milk supplies, indicating that contagious abortion is still one of the major cattle diseases in South Africa. All farmers were notified of positive results and advised about the use of preventive inoculation (Strain — 19 vaccine).

GENERAL REMARKS AND RECOMMENDATIONS:

- (a) A third dairy inspector should be appointed because of the large area under our control. Time and again requests were made by the inspectorate staff to exceed the allocated monthly mileage in order to carry out their dairy work efficiently. The senior dairy inspector is doing full-time dairy inspections in a specified area and cannot carry out his supervising duties satisfactorily.
- (b) Following the resignation of Dr. Veenstra during February this year and the appointment of Dr. P. L. Uys to the position of Veterinary Officer in the Health Department a vacancy occurred for an Assistant Veterinary Officer. This vacancy has not yet been filled although the post has been advertised. It is, however, expected to appoint an Assistant Veterinary Officer in the near future.

14. Animal Pounds:

Details of animals impounded in the two municipal pounds (West End and Hercules) are as follows:—

	<i>No. of Animals Impounded</i>	<i>Pound Fees and Sales</i>
Hercules	875	£400 8 4
West End	399	£133 15 9
	<u>1,274</u>	<u>£534 4 1</u>

New kraals were erected at Hercules Pound. No dips are in use at present and the one at Hercules has been filled in because it was used by unknown persons for drowning unwanted dogs and cats. It was also a hazard for children as it could not be kept under continual observation.

WATER SUPPLIES.

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

		million gallons per day.
1929—1930	4.2	" " " "
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	" " " "
1953—1954	18.065	" " " "
January, 1954 — June, 1955	18.689	" " " "

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:—

	1954/55
Rand Water Board	3,012.980
Springs (Fountains)	1,584.979
Sterkfontein Springs	544.640
Rietvlei/Erasmus Springs	666.450
Rietvlei Filters	1,022.028

26.090 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 period January-June, 1955:—

Bin services	106,024 cu. yds.
Special and Coupon services	11,839 cu. yds.
Sanitary pail service	2,797,400 galls.
Vacuum Tanks	9,336,060 galls.

SLUMS CLEARANCE:

1. Notices Served:

Prohibiting reoccupation of unsatisfactory dwellings (including out-buildings)	18
Prohibiting overcrowding of dwellings	36
Requesting repairs of an extensive nature	8

2. Demolitions and Conversions:

(a) Permits:

Permits applied for and dealt with in request of residential accommodation, by the Council and National Housing and Planning Commission:—

	Number of premises approved	Number of premises refused	Pending
(i) <i>By National Housing Office:</i>			
(a) Demolition permits	132	6	2
(b) Conversion permits	23	1	—
(ii) <i>By City Council of Pretoria:</i>			
(a) Demolition permits	19	—	—
(b) Conversion permits	1	—	—
	<u>175</u>	<u>7</u>	<u>2</u>

(b) Applications for demolishing business premises: 45 (plus one hotel comprising 56 rooms).

(c) Total number of premises demolished:

(i) Major slums demolished by reason of action taken in terms of the Pretoria Municipal Slums Regulations	21
(ii) Minor slums demolished, and in respect of which action was taken in terms of the Pretoria Municipal Slums Regulations	30
(iii) Dwellings and flats demolished to make way for reconstruction and rebuilding schemes, and in respect of which no action was taken in terms of the Pretoria Municipal Slums Regulations	104
(iv) Business premises demolished	41

TOTAL PREMISES 196

REPORT ON SEWAGE PURIFICATION WORKS AND CHEMICAL LABORATORIES.

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.

A further increase of 10 per cent. is recorded in the daily average sewage flow compared to the figure for the preceding year.

Effluent to Power Station.

The volume of sand filtered and chlorinated effluent pumped to the Power Station during 1954-1955 for use as cooling water amounted to 597 million gallons, which is an average of 1.8 million gallons per day. All the cooling water requirements of the Power Station are being met from this source.

Alterations were made to the collecting launders of the sand filters, so that more efficient back-washing could be done. The sill level of these launders has been raised to 5 feet above the sand. A noticeable improvement in the condition of the sand has resulted from the higher back-wash rates now being used, viz. 37 gallons per square foot per minute.

Table II gives full particulars of the operation of the sand filters.

Digested Sludge.

During the year, 4,440 cubic yards of digested sludge were removed from the drying beds.

Extensions to the drying beds, to double the present drying bed area, are being designed by the Design Engineer.

Biological Filter Media.

The stone media in the top 2 feet of the 6 ft. deep biological filters of units 1—4 is of very poor grading due to non-uniformity of size. It is also too fine, consisting of almost 100 per cent. passing a 1 inch screen, and more than half passing a $\frac{1}{2}$ inch screen.

The result has been severe ponding on the surface, which has been aggravated by the considerable overload on the plant. This unsatisfactory media is now being replaced by a coarser stone of $+1\frac{1}{4}$ — $2\frac{1}{2}$ inch grading, which will improve the performance of these beds. Approximately 6,000 cubic yards of the new media will be required for the 16 beds.

New Works — Rooiwal.

The design of the first two purification units, with a combined capacity of 3 million gallons of sewage per day, which is being carried out by the City Engineer's Department, is well advanced and construction should commence during the next year.

Laboratory Services.

During the year, 3,408 samples were analysed for various municipal departments.

Sewage Purification: Analytical Results:

Twice weekly sampling is done hourly over 24 hours to obtain representative samples, for analysis, of raw sewage, settled sewage, filter bed effluent and humus tank effluent from the various processes employed. For the year under review the results are very satisfactory if the overload, with which the plant is dealing, is taken into account.

TABLE I.

	SEWAGE FLOW.	SCREENINGS.	GRIT.	RAINFALL AT SEWAGE WORKS. Millimetres.
	Daily Average Gallons.	Cubic Feet per Million Gallons.	Cubic Feet per Million Gallons.	
1954:				
July	6,988,000	18	3.4	Nil
August	7,147,000	16	3.6	Nil
September	7,382,000	16	3.3	11.6
October	7,267,000	17	3.3	35.7
November	8,289,000	15	3.7	140.6
December	8,102,000	16	4.1	101.2
1955:				
January	10,479,000	12	3.1	189.7
February	13,285,000	10	2.5	254.4
March	8,949,000	14	3.4	38.1
April	7,717,000	16	3.1	51.1
May	7,257,000	17	3.4	25.4
June	7,420,000	17	3.1	27.8
Year: 1954-1955	8,357,000	15	3.3	875.6

The above figures for Atteridgeville include the Atteridgeville School Clinic and cases from Peri-Urban areas attending the Atteridgeville clinic.

Out-patient Clinics for non-European Municipal Employees held in the mornings (except Sundays and Public Holidays) at the Municipal Compound Clinic, Proes Street, show the following for the period 1st July, 1954, to 30th June, 1955:—

	1954-1955	1953-1954	1952-1953
1. Number injured on duty and treated at the Compound Clinic	996	984	897
2. Number injured on duty and referred to the General Hospital or private practitioners	98	96	75
3. Number injured off duty and treated at the Compound Clinic	1,006	998	987
4. Number injured off duty and treat at the General Hospital	156	164	144
5. Number of sick employees treated at the Compound Clinic	4,097	3,841	2,908
6. Number of sick employees referred to General Hospital	228	231	228
7. Total number medically examined at the Compound Clinic	6,510	6,423	4,587
8. Total number of attendances at the Compound Clinic	19,741	18,299	17,280

B. NATIVE INFLUX CONTROL:

All these clinics are for male natives seeking employment or re-employment within the area controlled by the City Council, and they are examined before given a permit to look for work.

(i) Urban Services:

	1954-1955	1953-1954
1. Number of natives examined	52,449	55,564
(a) New cases	5,893	12,616
(b) Return cases	46,556	42,948
2. Number vaccinated	358	1,534
3. Number infested with lice	1,018	1,769
(a) Head and body lice	13	29
(b) Crab lice	1,005	1,740
4. No. temporarily unfit for work because of:—		
(I) Suspected Venereal Diseases	318	161
(a) Gonorrhoea	155	59
(b) Syphilis	163	102
(i) Primary Syphilis	44	38
(ii) Secondary Syphilis	32	35
(iii) Tertiary Syphilis	87	29
(II) Dental Decay	334	357
(III) Scabies	24	12
(IV) Tapeworm	14	20
(V) Chicken-pox	2	—
(VI) Suspected Pulmonary Tuberculosis	5	9
(VII) Minor Ailments	29	12
5. No. permanently unfit for ordinary work but fit for domestic work and light duties:		
(I) Senility with or without minor ailments	161	291
(II) Skeletal deformities	63	44
(III) Epilepsy	5	—
(IV) Defective Vision	2	—
(V) Asthma	3	—
(VI) Heart Disease	4	13
(VII) Obesity	13	43
(VIII) Malnutrition	23	—
(IX) Unclassified ailments	2	7

(ii) Peri-Urban Services:

	1954-1955	1953-1954
1. Number of Natives examined	5,458	7,806
(a) New cases	297	2,514
(b) Return cases	5,161	5,292
2. Number of Natives vaccinated	315	2,514
3. Number of Natives infested with:—		
(a) Head and body lice	1	28
(b) Crab lice	2	16
4. Number of Natives referred to the Dental Clinic	128	173
5. Number of Natives found unfit for immediate employment because of:—		
(i) Suspected Venereal Diseases:—		
(a) Urethral Discharge	25	46
(b) Primary Syphilis	6	13
(c) Secondary Syphilis	7	13
(d) Tertiary Syphilis	3	9
(ii) Tuberculosis		
(a) Pulmonary	3	5
(b) Other forms	—	1
(iii) Acute Tonsillitis	5	—
(iv) Influenza	4	—
(v) Bronchitis	17	—
(vi) Pneumonia	1	—
(vii) Otitis Media	1	—
(viii) Rheumatism	1	—
(ix) Scabies	3	5
(x) Tapeworm	1	6
(xi) Wounds	3	—
6. Number of Natives found permanently unfit for hard work and fit only for light or domestic work because of:—		
(i) Senility	6	9
(ii) Deformity of chest and Thoracic Spine	1	—
(iii) Deformity of upper limbs	1	—
(iv) Epilepsy	1	—
(v) Haemorrhoids	5	—
(vi) Varicose Veins	6	—
7. Number of Natives referred to Hospital because of:—		
(i) Inguinal Hernia	3	—
(ii) Umbilical Hernia	1	—
(iii) Hydrocele	2	—
(iv) Eye affections	9	—
(v) Skin affections	10	—
(vi) Tumours	3	—

THE FOLLOWING TABLE SHOWS THE NUMBER OF NON-EUROPEAN CASES SEEN, AND SOME OF THE CONDITIONS FOR WHICH THEY WERE TREATED AT THE VARIOUS OUT-PATIENT CLINICS.

	<i>Atteridge- ville Clinic</i>	<i>Atteridge- ville School Clinic</i>	<i>Compound Clinic</i>	<i>Bantule Clinic</i>
1. Respiratory Diseases	592	525	452	374
2. Skin Diseases	193	239	197	147
3. Eye Infections	144	159	77	89
4. Ear, Nose and Throat Infections	338	487	266	247
5. Gastro Intestinal Ailments	440	230	345	262
6. Injuries	123	114	136	53
7. Bone Diseases	2	1	0	3
8. Deficiency Diseases (chiefly malnutrition)	131	72	64	98
9. Nervous Disorders	27	13	22	15
10. Heart Diseases	18	8	8	12
11. Joint and Muscular conditions	166	82	123	115
12. Dental Caries	79	44	54	44
13. Acute Infectious Fevers	29	69	19	29
14. Abscesses and Boils	64	37	41	21
15. General Debility	29	19	26	13
16. Venereal Diseases	40	11	30	21
17. Congenital Abnormalities	5	3	0	2
18. Urinary Disorders	73	15	53	35
19. Menstrual Disorders	124	34	131	74
20. Diseases of Genital Organs	118	19	124	60
21. Mastitis	11	2	4	9
22. Acute and Chronic Iymphadenitis	33	46	27	27
23. Tumours	10	7	13	9
24. Urticaria	19	16	7	8
25. Haemorrhoids	4	0	4	3
26. Disease of Liver, Spleen and Gall Bladder	5	1	4	3
27. Diseases of Ductless Glands	6	3	6	5
28. Blood Deficiency Disorders	17	13	13	6
29. Hernia	5	3	6	1
30. Diseases of Blood Vessels	11	1	19	5
31. Alcoholism	13	0	11	6
32. Tuberculosis — other than Pulmonary . .	1	1	0	0

BIRTHS (ALL RACES) FOR THE YEAR ENDED 30th JUNE, 1955.

Table No. 1.

	EUROPEAN.				NATIVE.				ASIATIC.				EURAFRICAN.			
	Legitimate.	Illegitimate.	Male.	Female.	Legitimate.	Illegitimate.	Male.	Female.	Legitimate.	Illegitimate.	Male.	Female.	Legitimate.	Illegitimate.	Male.	Female.
July	132	1	116	1	65	79	35	37	9	5	—	—	2	5	—	2
August	139	1	134	1	43	43	29	28	12	13	—	—	7	10	4	2
September	208	1	193	3	117	98	62	66	12	13	—	—	7	10	6	3
October	161	2	167	2	8	6	7	4	6	8	—	—	8	7	5	2
November	147	1	147	1	1	1	—	1	15	5	—	—	7	3	3	4
December	180	3	153	2	245	281	131	157	15	7	—	—	11	16	2	3
January	154	2	162	2	113	77	45	47	17	12	—	—	4	10	3	4
February	116	—	113	—	43	53	9	12	10	14	—	—	3	4	4	1
March	216	1	195	1	135	126	75	98	13	13	—	—	6	14	3	2
April	156	1	152	1	40	56	17	21	8	14	—	—	7	3	—	—
May	145	—	131	—	43	49	41	26	9	13	—	—	11	8	—	—
June	233	—	202	—	162	144	102	118	10	5	—	—	—	3	—	—
TOTALS	1,987	12	1,865	12	1,015	1,013	553	615	136	122	—	—	79	93	30	23

STILL BIRTHS (LOCAL RESIDENTS).

	EUROPEAN.		NON-EUROPEAN.	
	Male.	Female.	Male.	Female.
July	3	2	1	3
August	1	4	10	5
September	4	2	3	4
October	4	2	7	3
November	4	2	9	7
December	—	4	6	5
January	1	2	7	2
February	2	1	—	1
March	2	3	9	13
April	1	—	4	5
May	—	—	2	3
June	1	—	10	7
TOTALS	23	22	68	58

BIRTHS TO NON-RESIDENTS.

	EUROPEAN.		NON-EUROPEAN.	
	Male.	Female.	Male.	Female.
July	38	36	46	43
August	41	46	32	42
September	73	63	67	78
October	54	45	27	20
November	60	38	45	—
December	64	59	115	174
January	65	52	46	56
February	32	29	55	47
March	81	44	87	76
April	49	44	54	49
May	43	49	29	30
June	71	80	129	99
TOTALS	671	585	732	714

Table No. 2.

DEATHS OF EUROPEAN CHILDREN UNDER 5 YEARS OF AGE FOR THE YEAR ENDED 30th JUNE, 1955.

	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
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis Pulmonary ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis Central Nervous System	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis Acute Miliary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Purulent Infection and Septicaemia (Non-Puerperal)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis — Non-Epidemic — Other Forms ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cancer — Male and Female	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Urinary Organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cancer — Other and Unspecified Organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cancer — Brain and Other Parts of Nervous System	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leukaemia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis — Pneumococcal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis — Other Forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epilepsy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disease of Heart	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia — Broncho ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia — Lobar ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea & Enteritis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital Hydrocephalus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital Malformation of Heart	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Monstrosities	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cleft Palate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Stated Congenital Malformations	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unspecified Congenital Malformations	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital Debility	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Premature Birth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Injury at Birth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Atelectasis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases — First Year of Life	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Accidents — Motor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Accidental Injury by Fall	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Deaths — Unknown Causes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	8	10	37	11	6	6	4	3	6	7	9	8	70	45	2	4	3	2	2	1	2	—	79	52

DEATHS OF NON-EUROPEAN CHILDREN UNDER 5 YEARS OF AGE FOR THE YEAR ENDED 30th JUNE, 1955.

	24 hours and under.		Over 24 hours to 1 week.		1 week to 1 month.		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	
Infections of the New Born — Hon. Syf.	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	
Pemphigus	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	
Other Specified Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1st Year	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	
Accidental Burns	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1	3	4	
Other Deaths — Unknown Causes	—	—	1	—	—	1	1	2	4	4	3	8	9	15	2	6	2	1	1	—	—	—	14	22	
TOTALS	15	19	36	20	32	27	24	18	35	40	65	56	207	180	76	76	18	22	9	11	2	4	312	293	
ASIATICS.																									
Broncho Pneumonia ...	—	—	—	—	1	—	2	1	—	—	2	—	5	1	1	—	—	—	—	—	—	—	6	1	
Premature Birth	—	1	—	2	—	1	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	4	
Diarrhoea & Enteritis	—	—	—	—	—	—	—	—	4	1	—	—	1	4	1	—	—	—	—	—	—	—	2	4	
Malnutrition	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	
Lobar Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	
Meningitis Meningococcal	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	
Injury at Birth	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	
TOTAL	—	1	1	2	1	2	2	1	—	4	3	1	7	11	2	1	—	—	—	—	—	—	9	12	
EURAFRICANS.																									
Tuberculosis — Respiratory System	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	1	
Broncho Pneumonia ...	—	—	—	—	—	—	1	2	—	1	2	—	3	3	2	1	—	—	—	—	—	—	5	5	
Diarrhoea & Enteritis	—	—	—	—	2	1	—	—	2	3	1	—	5	4	1	—	—	—	—	—	—	—	6	4	
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Premature Birth	—	—	1	—	—	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	1	
Other Birth Injuries ...	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	
Atelectasis	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	
Other Specified Diseases of First Year of Life	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	
Congenital Hydrocephalus	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	
Lobar Pneumonia	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	
Malnutrition	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	
TOTAL	1	—	2	—	2	4	1	2	2	4	3	—	11	10	7	2	—	2	1	—	—	—	19	14	

Table No. 4.
DEATHS OF EUROPEANS, FIVE YEARS OF AGE AND OVER, WITHIN THE MUNICIPAL AREA FOR YEAR ENDED 30th JUNE, 1955.

	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	—	—	—	—	—	—	—	—	—	—	—	1	3	—	3	—	1	—	—	—	9	3
Cancer and Other Tumours	—	—	—	—	—	—	—	—	—	—	3	1	7	4	21	7	21	19	16	13	10	10	79	54
Diseases of Nutrition, Endocrine Glands ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	2	1	1	5	—	1	5	9
Diseases of Blood and Blood-forming Organs	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	1	2	1	—	—	1	5	5
Diseases of Nervous System and Sense Organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of Circulatory System	1	—	2	1	2	—	2	1	—	—	7	1	9	6	52	14	38	20	38	36	24	26	175	105
Diseases of Respiratory System	—	1	—	—	—	—	—	1	—	1	2	—	5	3	9	8	10	5	19	10	11	9	56	38
Diseases of Digestive System	—	—	—	—	—	—	—	—	—	—	3	1	9	1	3	5	2	3	7	3	3	2	27	15
Non-Venereal Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of Urinary and Genital Systems	—	—	—	—	—	—	—	1	—	—	1	2	1	2	1	1	3	1	5	4	5	1	16	12
Diseases of Pregnancy and Childbirth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of the Bones ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	1	2
Senility	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	3	5	1	8
Suicide	—	—	—	—	—	—	—	—	3	—	5	2	3	—	—	—	1	—	—	—	—	—	12	2
Homicide	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Accidents	2	2	—	—	2	—	3	—	4	—	2	2	4	1	1	2	3	1	1	—	1	1	23	9
Unknown or unspecified Causes	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	3	1	2	—	7	1
Legal Executions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Open Verdict	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	3	6	6	1	4	—	8	3	7	1	24	11	43	25	95	50	96	70	114	94	76	73	475	334

Table No. 5.
DEATHS OF NATIVES, FIVE YEARS OF AGE AND OVER, WITHIN THE MUNICIPAL AREA FOR THE YEAR ENDED 30th JUNE, 1955.

	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	4	—	5	1	2	15	3	10	3	6	2	5	—	2	—	2	—	44	21
Cancer and Other Tumours	—	—	—	—	—	—	1	1	—	—	3	3	4	2	5	—	1	—	2	—	—	1	16	7
Diseases of Nutrition, Endocrine Glands ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	3	—	—	—	—	—	4	1
Diseases of Blood and Blood-forming Organs	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	1	—	—	—	—	2	2
Diseases of Nervous System and Sense Organs	—	1	1	—	—	—	—	—	—	1	1	2	—	—	1	3	3	1	2	2	—	—	8	10
Diseases of Circulatory System	—	—	—	—	1	1	—	1	2	4	6	5	5	—	9	6	4	4	3	7	3	1	33	29
Diseases of Respiratory System	5	2	—	1	2	2	2	2	4	3	6	5	13	9	12	8	7	1	9	3	2	4	62	40
Diseases of Digestive System	1	2	—	—	1	1	—	—	2	1	2	1	3	1	5	3	1	2	2	3	3	2	20	16
Congenital Malformations	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Non-Venereal Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of Urinary and Genital Systems	—	—	—	—	1	1	—	—	—	—	1	1	1	1	2	—	1	—	1	1	2	—	9	4
Diseases of Pregnancy and Childbirth	—	—	—	—	—	—	—	1	—	2	—	1	—	—	—	—	—	—	—	—	—	—	4	4
Senility	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Suicide	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	1	2	2	4
Homicide	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Accidents	1	—	—	—	2	—	2	—	1	—	3	1	2	—	—	—	—	—	—	—	—	—	8	1
Legal Executions	—	—	—	—	—	—	—	—	10	1	11	1	5	—	5	—	2	—	—	—	—	—	38	2
Unknown or unspecified Causes	—	1	—	—	—	—	—	—	—	—	3	2	4	2	3	—	3	—	1	—	—	1	13	7
TOTALS	9	9	2	1	7	9	8	10	21	14	52	25	47	18	49	24	30	11	22	18	13	11	260	150

Table No. 6.

INFANTILE MORTALITY EUROPEAN: CAUSE OF DEATH AND MORTALITY RATES FOR YEAR ENDED 30th JUNE, 1955.

	Atelectasis		Infectious Diseases		Diarrhoeal Disease		Bronchitis and 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	M	F	
Central Area	—	—	—	1	—	1	2	1	1	—	—	—	3	1	1	—	7	4	204	188	34.31	21.28	28.06
Pretoria West	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leper and Mental Hospitals and Defence ...	—	2	—	1	1	1	1	1	1	2	2	2	11	4	—	—	16	13	337	299	47.48	43.48	45.60
Salvokop	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	7	—	—	—
Roberts Heights	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15	20	—	—	—
Eastern Suburbs	1	—	1	—	2	—	—	—	2	2	—	—	7	3	2	—	15	5	460	455	32.61	10.99	21.86
Northern Suburbs	—	—	—	1	2	1	1	3	8	1	—	2	4	2	2	1	17	11	626	588	27.14	18.71	23.06
Hercules	3	1	—	1	3	—	—	2	3	1	2	2	3	4	1	1	15	12	305	277	49.18	43.32	46.39
TOTAL	4	3	1	4	8	3	4	7	15	6	4	6	28	14	6	2	70	45	1,999	1,877	35.02	23.97	29.67

Table No. 8.

DEATHS IN INSTITUTIONS OF PERSONS NOT RESIDENT IN PRETORIA FOR THE YEAR ENDED 30th JUNE, 1955.

	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	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Non-European	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	17	29	11	7	4	2	8	4	16	17	175	99	231	158	—	—
	152	150	116	99	21	17	30	20	108	78	191	58	—	—	618	422
MENTAL HOSPITAL.																
European	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Non-European	...	...	...	...	...	...	...	1	7	2	17	12	—	—	24	15
LEPER ASYLUM.																
European	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Non-European	...	...	...	...	...	...	...	...	3	1	6	2	—	—	10	3
PRISONS.																
European	...	...	...	...	...	...	...	...	1	—	—	1	1	1	—	—
Non-European	...	...	...	...	...	...	3	—	32	—	7	—	—	—	42	—
VISITORS.																
European	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Non-European	...	...	...	...	...	...	...	...	6	1	4	3	—	—	12	8
TOTAL: EUROPEAN																
	18	29	11	7	4	3	8	4	17	17	193	126	251	186	—	—
NON-EUROPEAN																
	155	151	116	102	21	17	33	21	156	82	225	75	—	—	706	448

Table No. 9.

NOTIFICATION OF INFECTIOUS DISEASES: LOCAL CASES: ALL RACES: FOR THE YEAR ENDED 30th JUNE, 1955.

EUROPEANS.

	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
Typhoid Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Infective Encephalitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	1	1	23	12	5	1	4	1	1	1	1	1	15	2
	1	1	12	10	6	29	1	7	1	2	—	—	52	51
	4	1	10	7	13	10	4	7	1	3	1	1	24	32
	2	1	—	3	—	9	8	5	4	—	1	—	40	22
	—	—	—	—	—	2	1	—	6	8	9	2	18	16
	—	—	—	—	—	—	—	—	—	—	—	3	—	3
	—	—	—	—	—	1	1	—	—	—	—	1	2	3
	—	—	1	—	—	—	—	—	—	—	—	—	1	1

NON-EUROPEANS.

Typhoid Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leprosy ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	—	—	1	4	1	4	5	2	10	3	4	3	21	16
	—	—	7	11	5	6	2	—	—	2	—	—	14	19
	—	—	—	4	—	—	—	—	—	—	—	—	—	4
	3	3	18	17	6	3	6	14	54	52	53	16	140	105
	—	—	—	—	1	—	—	—	—	—	—	—	—	—
	—	1	—	1	—	—	—	1	1	—	—	—	1	3
	—	—	—	—	—	1	—	—	—	—	—	—	—	1

Table No. 11.

DISTRICT DISTRIBUTION OF NOTIFIED INFECTIOUS DISEASES FOR THE YEAR ENDED 30th JUNE, 1955.

DISTRICT.	Race.	Infective Encephalitis		Cerebro-Spinal Meningitis		Tuberculosis		Leprosy		Typhoid Fever		Diphtheria		Scarlet Fever		Erysipelas		Polio-myelitis	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Central ...	European	—	—	—	—	6	2	—	—	2	—	2	4	3	3	—	1	4	2
	Non-European	—	—	—	—	3	—	—	—	—	—	1	—	—	—	—	—	—	1
Pretoria West ...	European	1	—	1	—	1	1	—	—	3	1	4	4	9	2	—	—	6	1
	Non-European	—	—	—	—	6	1	—	—	3	—	—	—	—	—	—	—	—	—
Leper Inst., Prison & Defence Reserve ...	European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Roberts Heights ...	European	1	—	—	—	—	—	—	—	1	—	1	—	—	1	—	—	3	—
	Non-European	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Eastern Suburbs ...	European	—	1	—	—	4	4	—	—	—	1	5	6	26	20	—	1	10	5
	Non-European	—	—	—	—	6	5	—	—	3	—	—	—	—	—	—	—	—	—
Railway Reserve ...	European	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
	Non-European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Northern Suburbs ...	European	—	2	—	—	6	4	—	—	6	2	10	8	11	14	—	1	13	12
	Non-European	—	—	—	—	4	2	—	—	2	—	—	—	—	—	—	—	—	—
Hercules ...	European	—	—	—	1	1	5	—	—	3	—	2	10	3	10	—	—	3	2
	Non-European	—	—	1	2	72	66	—	—	9	6	5	12	—	1	—	—	—	2
Marabastad ...	European	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—
	Non-European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bantule ...	European	—	—	—	—	9	7	—	—	—	—	—	—	—	—	—	—	—	—
	Non-European	—	—	—	—	—	—	—	—	—	1	3	3	—	—	—	—	—	—
Atteridgeville ...	European	—	—	—	—	24	12	—	—	1	3	2	1	—	—	—	—	—	—
	Non-European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Asiatic Bazaar ...	European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-European	—	—	1	—	7	3	—	—	—	—	1	2	—	—	—	—	—	1
Cape Location ...	European	—	—	—	—	7	8	—	—	2	4	2	1	—	—	—	—	—	—
	Non-European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Table No. 12.

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

1954			Malaria	Scarlet Fever	Diphtheria	Leprosy	Erysipelis	Pollomyelitis	Infective Encephalitis	Cerebrospinal Meningitis	Tuberculosis	Puerperal Fever	Trachoma	Typhoid Fever
July—														
European ...	Resident		—	3	5	—	1	1	1	—	2	—	—	1
	Imported		—	2	3	—	—	1	—	—	3	—	—	5
Non-European	Resident		—	—	1	—	—	—	—	1	17	—	—	1
	Imported		—	—	4	—	—	—	—	2	20	—	—	8
August—														
European ...	Resident		—	6	1	—	1	—	—	1	6	—	—	2
	Imported		—	—	1	—	—	1	—	—	4	—	—	2
Non-European	Resident		—	—	—	—	—	—	—	—	19	—	—	—
	Imported		—	—	6	—	—	—	—	—	17	—	—	6
September—														
European ...	Resident		—	9	3	—	—	—	1	—	4	—	—	1
	Imported		—	—	3	—	—	1	—	—	3	—	—	2
Non-European	Resident		—	—	1	—	—	—	—	—	20	—	—	—
	Imported		—	—	4	—	—	—	—	—	18	—	—	3
October—														
European ...	Resident		—	9	1	—	1	3	—	—	1	—	—	—
	Imported		—	—	2	—	1	2	—	—	1	—	—	1
Non-European	Resident		—	—	1	—	—	—	—	—	22	—	—	2
	Imported		—	—	11	—	—	—	—	—	8	—	—	12
November—														
European ...	Resident		—	4	1	—	—	20	—	—	4	—	—	2
	Imported		—	—	9	—	—	9	—	2	—	—	—	7
Non-European	Resident		—	—	7	—	—	1	—	1	27	—	—	3
	Imported		1	—	4	—	—	3	—	3	39	1	—	9
December—														
European ...	Resident		—	7	9	—	—	12	—	—	3	—	—	2
	Imported		—	1	6	—	—	14	—	—	2	—	—	4
Non-European	Resident		—	—	—	—	—	1	—	—	17	—	—	3
	Imported		—	—	10	—	—	1	—	—	28	1	—	22
January—														
European ...	Resident		—	7	—	—	—	12	—	1	5	—	—	1
	Imported		1	3	8	—	—	14	—	—	1	1	—	11
Non-European	Resident		—	—	3	—	—	—	—	1	27	—	—	8
	Imported		—	—	12	1	—	1	—	1	38	2	1	21
February—														
European ...	Resident		—	4	3	—	—	7	—	—	—	—	—	1
	Imported		—	—	3	—	—	7	—	—	2	—	—	4
Non-European	Resident		—	—	6	—	—	1	—	—	13	—	—	4
	Imported		—	—	3	1	—	—	—	—	29	1	—	26
March—														
European ...	Resident		—	11	13	—	—	4	—	—	1	—	—	2
	Imported		—	—	5	—	—	4	—	—	3	—	—	6
Non-European	Resident		—	—	6	1	—	1	—	—	20	—	—	7
	Imported		—	—	12	—	—	1	1	1	31	—	—	28
April—														
European ...	Resident		—	15	7	—	—	1	1	—	3	—	—	3
	Imported		2	—	7	—	1	6	—	—	3	—	—	6
Non-European	Resident		—	—	3	—	—	—	—	—	20	—	—	4
	Imported		—	—	8	—	—	1	—	1	23	—	—	22
May—														
European ...	Resident		—	19	8	—	—	—	—	—	2	—	—	1
	Imported		1	1	4	—	—	1	—	—	1	—	—	1
Non-European	Resident		—	—	2	—	—	—	—	—	24	—	—	3
	Imported		—	—	6	—	—	—	—	—	22	—	—	16
June—														
European ...	Resident		—	9	5	—	—	2	2	—	3	—	—	1
	Imported		—	—	2	—	—	1	—	—	6	1	—	3
Non-European	Resident		—	1	3	—	—	—	—	1	19	—	—	2
	Imported		—	—	8	—	—	—	—	1	33	1	—	10



