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

CITY COUNCIL OF PRETORIA

FIFTY-THIRD

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

YEAR ENDING 31/12/56

W.P.—27516—17/9/57

CITY COUNCIL OF PRETORIA

FIFTY-THIRD

ANNUAL REPORT

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FOR THE

YEAR ENDING 31.12.56

For record purposes, the half-yearly "interim" report, for the period 1st July to 31st December 1955, drawn up and submitted in accordance with the request from the Union Health Department, will now be numbered as the "Fifty Second" report of the Medical Officer of Health. This six monthly report was issued in order to make future reports over the period January 1st to December 31st of each year. Previous reports covered the period July 1st to June 30th of the following year.

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Introductory Letter.

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

I have the honour to present the Fifty-third Annual Health Report of the City of Pretoria.

As pointed out elsewhere we were requested by the Union Health Department to submit future Annual Reports for periods from the 1st January to the end of December. Up till now our Annual Reports have coincided with the Municipal year, that is from the 1st July to the 30th June. This request from the Union Health Department has been made so that we should fall in line with international procedure. For this reason a special and purely statistical report was drawn up for the period 1st July to 31st December 1955, so that we could commence with the new twelve month period as from the beginning of 1956. The six-monthly report has been numbered the "Fifty-second report."

Once again I am pleased to say that health conditions have been satisfactory throughout the year.

The City of Pretoria celebrated its 100th Birthday during 1955. This is the first Annual Report (apart from the interim report mentioned before which was merely statistical) since we celebrated our Centenary and it is therefore appropriate to glance back over the years. We have no correct vital statistics for the last 100 years, but we have some reasonably correct and interesting figures for the last 50 years.

Pretoria is growing steadily in size. This can be seen from the following population figures for the past 50 years:—

Year	*European*	*Native*	*Eurafrican*	*Asiatic*	*Total*
1905—1906.....	23,000	17, 000			40,000
1910—1911.....	24,149	16,856			41,005
1915—1916.....	30,000	19,000			49,000
1920—1921.....	34,898	19,361	1,675	1,825	57,759
1925—1926.....	40,000	19,500	1,675	1,825	63,000
1930—1931.....	45,000	25,700	2,000	2,300	75,000
1935—1936.....	67,300	34,200	2,900	2,700	107,100
1940—1941.....	78,800	34,660	3,040	3,000	119,500
1945—1946.....	103,697	52,872	2,964	4,236	163,769
1950—1951.....	129,218	88,187	4,711	5,236	227,352
1951—1952.....	133,500	90,300	5,700	5,700	234,600
1952—1953.....	136,100	91,300	5,300	5,800	238,500
1953—1954.....	139,300	92,300	5,300	6,200	243,100
1954—1955.....	142,000	96,100	5,500	6,300	249,900
1956.....	145,500	132,200	5,800	6,500	290,000

This year shows an increase of 36,000 in the native population, over the figure for the year 1954—1955. The reason for this is because of the establishment of the new native location, Vlakfontein, which is about 12 miles from the centre of the City. This location has been established in accordance with the Group Areas Act, whereby areas have been set aside as native townships. Because of this, most of the natives living in the peri-urban areas outside Pretoria are now accommodated in this new location, which, in accordance with the ruling of the Union Health Department, must be regarded for vital statistical purposes, as belonging to the City. This is only right, because the entire administration of this new area, including the provision of health services, is the responsibility of the City Council of Pretoria.

The already existing location, Atteridgeville, which is situated within the Municipal boundaries, is for the same reason also expanding towards and into Saulsville which is contiguous to it. This has also caused an increase in the native population.

With the continuance of the policy to accommodate all natives of the peri-urban areas of Pretoria in either Vlakfontein or Saulsville, an abnormally high rise in the native population can be expected to continue for the next few years, until the move is completed.

The gathering together of such a mixed population from areas scattered around Pretoria will probably lead to an increase in the infantile mortality rates and certain illnesses, like gastro-intestinal infections and tuberculosis, because these natives come from areas where health control is not as good as in our locations. Furthermore, in our old established locations the natives have come to know of all our clinic and health services, and they are making good use of them. The newcomers will have to be educated up to the value of these services. The City Council of Pretoria, with the support of the Union Health and Native Affairs Departments, is keen on providing really good health services; out-patient, child welfare, ante- and post-natal, Tuberculosis and venereal diseases clinics and health visiting and district maternity services have already been established in all the new areas. Provision has also been made for free maternity services inside and outside institutions. At Vlakfontein a 38 bedded native maternity home has been built by the Vroue Sending Bond, with the support of the City Council. There is also a 100 bedded native maternity home at the Lady Selborne Location, conducted by the Holy Cross Mission, with financial support from the City Council. The Pretoria General Hospital also has 12 native maternity beds.

It is also intended to increase our health inspectorial staff and extend these services in the native locations.

The Council is providing good although austere and small houses at a very low rental. Details of this appears in the section dealing with native housing.

The setting aside of these areas and the provision of all these services, if properly carried out, should lead to much better health conditions amongst our natives.

EUROPEAN AND NATIVE BIRTH RATES OVER THE PAST 50 YEARS:

Year	European	Native	
1905—1906	36·8		Not available up to 1930—1931
1910—1911	34·2		
1915—1916	25·2		
1920—1921	26·51		
1925—1926	22·55		
1930—1931	24·07		
1935—1936	22·95	7·48	
1940—1941	29·39	8·05	
1945—1946	27·78	9·93	
1950—1951	26·97	28·07	
1951—1952	25·00	30·34	
1952—1953	27·16	31·43	
1953—1954	27·44	31·73	
1954—1955	27·30	33·26	
1956	25·80	28·52	

(*Asiatic and Eurafrican Birth Rates are not discussed because the numbers are very small, and of no statistical value*).

These figures show a steady trend for both European and Natives. The first available figures are from 1935 to 1946. These show very low rates, which are incorrect because of the non-registration of native births, as I explain under the heading dealing with Infantile Mortality Rates. Since then, because of special efforts we have been able to come much nearer the correct rates, although I think it is still somewhat higher than the recorded rates.

DEATH RATES OVER THE PAST 50 YEARS:

Year	European	Native
1904—1906	11·7	—
1910—1911	10·6	—
1915—1916	7·8	—
1920—1921	8·80	15·084
1925—1926	7·72	14·46
1930—1931	8·34	11·52
1935—1936	9·88	14·24
1940—1941	9·44	10·82
1945—1946	6·81	7·36
1950—1951	6·08	11·67
1951—1952	6·46	13·21
1952—1953	6·18	10·00
1953—1954	6·84	10·73
1954—1955	6·62	10·56
1956	6·43	8·09

(*Eurafrican and Asiatic rates are not quoted here, as the numbers are too small for statistical purposes*).

Here again the steady downward trend is noticeable in both European and Natives. The Death Rate figure for natives this year is the *lowest ever recorded*.

INFANTILE MORTALITY RATES:

Year	European	Native
1905—1906	140	—
1910—1911	104	—
1915—1916	91·3	371
1920—1921	70·73	530·97
1925—1926	50·99	483·05
1930—1931	68·33	573·68
1935—1936	77·67	585·94
1940—1941	62·60	376·34
1945—1946	34·02	215·24
1950—1951	28·98	151·51
1951—1952	30·26	136·86
1952—1953	28·14	113·94
1953—1954	35·57	125·98
1954—1955	26·67	121·09
1956	21·31	112·97

(*Eurafrican and Asiatic rates are not quoted here, as the numbers are too small for statistical purposes*).

Our European infantile mortality rate of 21·31 is the *lowest which has ever been recorded* in the history of Pretoria. This is a remarkable achievement when we see that only twenty years ago in 1935—1936 this figure was as high as 77. I believe that our health services contributed to a very large extent to this great reduction.

The following table showing European Infantile Mortality Rates for various countries gives some indication of how we compare with other places:—

	1928—1938	1951	1952	1953	
New Zealand	32	23	22	20	
Netherlands	44	25	22	22	
Australia	41	25	24	23	
Denmark.....	71	29	29	27	
United States	58	29	29	28	
Pretoria	61·76	28·98	30·26	28·14	
Union of South Africa ..	62·28	33·52	32·76	32·67	
Canada		38	38	36	
France	75	46	41	38	
Ireland.....	68	45	41	39	
Spain	113	62	54	54	
Italy	106	67	64	59	
PRETORIA 1956					21·31

It is admitted that it is not quite correct to compare the infantile mortality rate of a City to that of a country as a whole, but our figures are only submitted to show that we can be satisfied that Pretoria has a low infantile mortality rate. If we compare our figure this year with those of other countries up to 1953 (later figures are not available) we can see that for Europeans we have one of the lowest infantile mortality rates in the world.

For natives too, this year we have the *lowest ever recorded infantile mortality rate* of 112.97. This also is a great achievement although it is admitted that previous figures were most inaccurate for reasons given in my report for the year 1945—1946, most important of which is the non-registration of births.

We have made every attempt to get more accurate registration and there is a very great improvement, but there are still many births which are not registered.

The correct infantile mortality rate figure is for this reason actually still lower than the one recorded.

In spite of all this, however, the actual native rate is still much higher than the European rate, because of the socio-economic conditions of the natives. They are the poorer and less educated section of the community, and like amongst such groups anywhere in the world, the infantile mortality rates are higher. I am sure that if separate figures were taken out for similar socio-economic groups of white people, in even the most advanced countries, they would come near our native rates. As it is our native rates are not much higher than the total figure for white communities of some of the more advanced countries.

In this introductory letter I have touched on only some of our activities. The section dealing with European and non-European housing also indicate the great advances which have been made. The whole report shows a general increase in all our work, and I think that the quality of the work done was very satisfactory. This again must be attributed to the loyal, efficient and enthusiastic manner in which the work was tackled throughout the year by practically the entire staff.

I have to thank Your Worship and Members of the City Council for the assistance extended to me, and in particular I wish to express my appreciation of the support given to me by the Chairman, Councillor L. R. Bester, and members of the Health Committee.

I am also grateful for the assistance rendered by the public, Heads and Sub-heads of other Departments in this Municipality. I wish to record my personal appreciation of the wholehearted co-operation received from the Press at all times. They gave publicity to all important health measures in the City and have in no small way helped to establish a good relationship between the Department and the public as well as to bring to the notice of the public many important health matters.

H. NELSON,
Medical Officer of Health.

PUBLIC HEALTH COMMITTEE.

Councillor L. R. Bester (Chairman).
Councillor L. J. v.d. Berg (Vice-Chairman).
Councillor C. E. Acton.
Councillor Mrs. M. M. Curson, M.P.C.
Councillor J. H. Roodt.
Councillor P. D. Brink.
Councillor J. J. de Jong.

STAFF OF THE PUBLIC HEALTH DEPARTMENT AS AT 31st DECEMBER 1956.

MEDICAL OFFICERS.

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. LOTTER, 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 Diseases 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 BUHRMANN, M. B., Ch.B., D.P.H.	Medical Officer (Child and Maternal Health).
R. BUCHAN, M.B., Ch.B., D.P.H.	Medical Officer.
D. B. LEWIS, Ch.B. B.A., M.B., Ch.B.	Medical Officer.
R. P. FOURIE, M.B. Ch.B.	Medical Officer.
A. A. E. DE KLERK, M.B. Ch.B.	Medical Officer (Child and Maternal Health).
E. H. WELSH, M.B., Ch.B.	Medical Officer.

VETERINARY SURGEONS.

W. J. WHEELER, B.V.Sc.	Veterinary Officer (Manager Abattoir).
P. L. UYS, B.V.Sc.	Veterinary Officer.

CHEMISTS AND ANALYSTS.

H. M. DE VAAL, B.Sc. (Appl. & Ind. Chem.) M.S.A., Chem. 1, M.Inst. S.P.	Chief Chemist and Analyst.
N. P. LE M. NICOLLE, B.Sc., M.S.A., Chem. 1, A.M. Inst. S.P.	Assistant Chief Chemist and Analyst.
H. M. MURRAY, B.Sc. (Appl. & Ind. Chem.), M.S.A. Chem. 1	Chemist.
H. P. OOSTHUIZEN, B.Sc.	Chemist.

LABORATORY ASSISTANTS.

W. J. ENGELBRECHT	Lab. Asst. Grade I.
H. J. VAN DER WESTHUIZEN	Lab. Asst. Grade II.
J. A. BEZUIDENHOUT	Lab. Asst.

HEALTH INSPECTORIAL STAFF.

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 & Other Foods.	Assistant Chief Health Inspector (Abattoir).

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.
O. A. BERGMAN, Cert. R.S.I., Meat and Other Foods, Trop. Hyg., Adv. Know.

SENIOR HEALTH INSPECTORS

D. S. VAN COLLER, Cert. R.S.I., Meat and Other Foods, Trop. Hyg.
M. J. C. 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.
T. J. VAN DER HEEVER, Cert. R.S.I., Trop. Hyg. Meat and Other Foods.
P. R. VAN HEERDEN, Cert. R.S.I., Meat and Other Foods, Trop. Hyg.
C. M. TALJAARD, (Abattoir) B.Sc. Hygiene, R.S.I., Meat and Other Foods.

HEALTH INSPECTORS

S. M. SCOTT, Cert. R.S.I., Meat and Other Foods.
J. C. THERON, Cert. R.S.I., Meat and Other Foods.
A. J. COETZEE, Cert. R.S.I., Meat and Other Foods.
J. KRUGER, Cert. R.S.I., Meat and Other Foods, Trop. Hyg.
E. C. KUNITZ, Cert. R.S.I., Meat and Other Foods, Trop. Hyg.
A. C. ENGELBRECHT, Cert. R.S.I., Trop. Hyg., Meat and Other Foods.
F. K. VERDOORN, Cert. R.S.I., Meat and Other Foods, Trop. Hyg.
C. J. SMITH, Cert. R.S.I., Meat and Other Foods.
F. J. DU TOIT, Cert. R.S.I., Meat and Other Foods.
L. G. HECHTER, Cert. R.S.I., Meat and Other Foods, Trop. Hyg., San. Science.
G. I. STEYN, Cert. R.S.I., Meat and Other Foods, Trop. Hyg.
A. N. BORNMAN, R.S.I., Meat and Other Foods.
M. T. LEUVENNINK, R.S.I., Meat and Other Foods.
J. T. GORDON, R.S.I., Meat and Other Foods, Trop. Hyg.

CLERICAL STAFF

Administrative Officer.

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

Chief Clerk.

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

Senior Clerk.

J. A. CHANDLER.

Junior Clerks.

J. C. MYBURGH, J. A. GREYLING, A. P. CONRADIE.

Records Clerk

Mrs. G. M. BASSON.

Typists

D. R. DIEMEER, G. H. VLIELAND, M. J. TOERIEN, B. J. BRINK, M. G. MEY.

EUROPEAN HOUSING

Chief Housing Manager

E. J. JAMMINE, B.A. (Soc. Sc.) Royal Society of Health, Health Inspectors Cert., Tropical Hygiene, Meat and Other Foods and Advanced Knowledged Certificates.

Senior Housing Manager

MISS M. M. SMIT, B.Sc., Royal Society of Health, Health Inspectors Cert. Diploma of Competency in Housing Management (Octavia Hill).

Asst. Housing Manager

MR. W. W. ANDERSON, B.A. (Soc.Sc).
MRS. E. MYBURGH, B.A. (Soc.Sc.).
MRS. S. VAN STADEN, B.A. (Soc. Sc).
MRS. I. B. WEYERS, B.A. (Soc. Sc).
MR. P. D. FOX, B.A.

Housing Assistant

MRS. J. M. LANGENHOVEN, B.A.

Typist/Clerk

MRS. E. M. ROUX.

Woman Clerk

MRS. I. IMMELMAN.

Caretaker/Fumigators:

Senior: MR. S. F. HOLDER.
MR. C. F. G. DIEDERICKS.
MR. C. F. E. COETZER.

Disinfecting Officer and Clinic Assistant

C. J. DREYER.

Rodent and Mosquito Eradicators

J. P. SCHOLTZ, A. J. VLOK, W. B. v. RENSBURG, J. B. VAN WEZEL, L. J. DE LANGE. Together with 27 non-Europeans.

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. VOLSCHENK, Cert. S.A. Medical Council (Gen.), Cert. R.S.I. Health Visitor and School Nurse.
C. E. VAN NIEKERK, Cert. S.A. Medical Council (Gen. & Midwif.), Cert. R.S.I. Health Visitor and School Nurse, Mothercraft.
V. J. LOYNES, Cert. S.A. Medical Council (Gen. & Midwif.) Cert. R.S.I. Health Visitor and School Nurse, Mothercraft.
S. J. DE VILLIERS, Cert. S.A. Medical Council (Gen. & Midwif.), Mothercraft, R.S.I. Health Visitor and School Nurse.
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 Visitor and School Nurse, Mothercraft.
H. M. ROBBERTZE, S.A. Medical Council (Gen. & Midwif.).
H. E. FOURIE, S.A. Medical Council (Gen.) Cert.
M. J. C. J. VAN RENSBURG, S.A. Medical Council (Gen. & Midwif.) Cert. R.S.I. Health Visitor and School Nurse.
J. E. TURNER, S.A. Medical Council (Gen. & Midwif.) Health Visitors' and School Nurses, R.S.I.

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 SESOKO, S.A. Medical Council (Gen. & Midwif.) R.S.I.
FLORINAH MANAMELA, Cert. Midwife.
MARY MOHOHLO, Cert. Midwife.
FLORENCE MOTHLE, S.A. Medical Council (Gen. & Midwif.).
VIOLET MONARE, Cert. Midwife.
AGNES RAMAHLO, S.A. Medical Council (Gen. & Midwif.) Cert. R.S.I. Health Visitor and School Nurse.

HILDA TSUENE, S.A. Medical Council (Gen.).
EMILY MOHAPI, Cert. Midwife.
FRANCIS MATHAPO, S.A. Medical Council (Gen. & Midwif.).
ELAINE PUOANE, S.A. Medical Council (Gen. & Midwif.).
ALICE NKOSI.
GRACE MALEBYE, S.A. Medical Council (Gen. & Midwif.).
ISABEL PUOANE, Cert. Midwife.
MARY MONTOEDI, Cert. Midwife.
PRISCILLA MAZIBUKO, S.A. Medical Council (Gen. & Midwif.).
MAGGIE MOLOPE, S.A. Medical Council (Gen. & Midwif.).
MABEL LEDWABA, Cert. Midwife.
MARGARET MOTSEPE, Cert. Midwife.

NON-EUROPEAN CLINIC ORDERLIES

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

PUBLIC CONVENIENCE ATTENDANTS

EIGHT EUROPEANS
FOUR NON-EUROPEANS

POUNDMASTERS

L. J. BOTHA
C. W. SHORT

CARETAKER

P. J. YZEL

CITY COUNCIL OF PRETORIA

FIFTY-THIRD 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)				*Mean Relative Humidity at:*			
	Mean Max. °C	Mean Min. °C	Highest Reading of Max. °C	Lowest Reading of Min. °C	8 a.m. %	2 p.m. %	*RAINFALL* Inches	Days
1956:								
January	27·4	14·1	30·4	11·3	70	43	75·2 mm. / 2·96 inch	9
February	26·5	16·2	32·4	13·2	78	55	127·4 mm. / 5.02 inch	14
March	26·0	14·9	29·2	10·7	79	52	60·5 mm. / 2·38 inch	11
April	25·4	10·4	29·1	6·5	73	37	0·0	0
May	20·3	6·7	26·8	1·6	81	41	118·0 mm. / 4·65 inch	10
June	19·0	3·7	23·5..	—0·5	80	33	0·9 mm. / 0·04 inch	1
July	19·7	4·3	24·5	0·2	73	32	0·7 mm. / 0·03 inch	1
August	23·1	5·6	28·1	0·8	56	20	0·0	0
September	22·9	8·3	29·9	1·9	60	31	66·7 mm. / 2·63 inch	9
October	27·5	13·2	31·6	7·3	63	34	93·4 mm. / 3·68 inch	10
November	26·1	13·6	31·5	7·9	65	42	72·6 mm. / 2·86 inch	12
December	26·2	14·2	31·9	7·9	70	47	61·8 mm. / 2·43 inch	10

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 31st DECEMBER 1956

Land	£ 41,411,485
Buildings	78,473,327
	£119,884,812

The value of unrateable land and buildings were £11,408,570 and £17,831,544 respectively

The total values therefore were:—

Land	£52,820,055
Buildings	£ 96,304,871
	£149,124,926

For the year under review the rates imposed were 3½d. from 1-1-1956 — 30-6-1956 and 3d. for the period 1-7-1956 — 31-12-1956 per £ on land and 1¼d. per £ on buildings.

POPULATION

European	145,500
Native	132,200
Asiatic	6,500
Eurafrican	5,800

The population figures, with the exception of that for natives, are an estimate as at 31st December 1956, 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 native population is estimated at 132,200, and for the first time includes the residents of the new native location, Vlakfontein. This location, although not within the Municipal area, is wholly under the jurisdiction and control of the Pretoria City Council. All the figures and vital statistics for natives shown in this report, include Vlakfontein, which, in accordance with advice received from the Union Health Department, should be regarded as though it formed part and parcel of the Municipal area of the City of Pretoria.

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

	European	*Native*	*Asiatic*	*Eurafrican*	*Total Non-European*	*All Races*
Population	145,500	132,200	6,500	5,800	144,500	290,000
Birth Rates	25·80	28·52	35·23	22·59	28·59	27·19
Death Rates	6·43	8·09	5·38	11·90	8·12	7·28
Infantile Mortality per 1,000 live births	21·31	112·97	61·14	175·57	112·08	68·86
Percentage of illegitimate to live births	0·56	29·75	1·75	16·03	27·77	14·81
Death Rate from Tuberculosis (Pulmonary) per 1,000 population	0·04	0·31	—	—	0·28	0·16
Death rate from Tuberculosis, all forms, per 1,000 population	0·04	0·33	—	—	0·30	0·17

BIRTHS.

The following births were registered in Pretoria during the year (figures for 1954-1955 in brackets):—

	European	*Native*	*Asiatic*	*Eurafrican*	*Total Non-European*	*All Races*
Local births	3,754 (3,876)	3,771 (3,196)	229 (258)	131 (225)	4,131 (3,679)	7,885 (7,555)
Births where mothers not residents of Pretoria	1,415 (1,256)	—	—	—	806 (1,446)	2,221 (2,702)
Illegitimate births (included in local births)	21 (24)	1,122 (1,168)	4 (—)	21 (53)	1,147 (1,221)	1,168 (1,245)
Stillbirths	47 (45)	—	—	—	110 (126)	171 (157)

BIRTH RATES.

European	25·80 (27·30)
Native	28·52 (33·26)
Asiatic	35·23 (40·95)
Eurafrican	22·59 (40·91)
All non-European	28·59 (34·10)
All Races	27·19 (30·23)

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

European	19·37 (20·68)
Asiatic	29·85 (31·60)
Eurafrican	10·69 (27·27)

DEATHS.

(Figures for 1954-1955 in brackets)

	European	*Native*	*Asiatic*	*Eurafrican*	*Total Non-European*	*All Races*
Local Deaths (all ages)	936 (940)	1,070 (1,015)	35 (59)	69 (75)	1,174 (1,149)	2,110 (2,089)
Deaths of persons not being local residents	499 (437)	—	—	—	901 (1,154)	1,400 (1,591)

The "non-local" deaths occurred at:—

	Pretoria and other Hospitals	*Mental Hospital*	*Leper Institution*	*Prison*	*Visitors*
European	444 (389)	32 (33)	1 (2)	3 (2)	19 (11)
Non-European	811 (1,040)	24 (39)	4 (13)	57 (42)	7 (20)

DEATH RATES.

European	6·43 (6·62)
Native	8·09 (10·56)
Asiatic	5·38 (9.37)
Eurafrican	11·90 (13·64)
All non-European	8·12 (10·65)
Total All Races	7·28 (8·36)

INFANTILE MORTALITY.

(Figures for 1954-1955 in brackets)

	European	*Native*	*Asiatic*	*Eurafrican*	*Total Non-European*	*All Races*
Local Deaths	80 (115)	426 (387)	14 (18)	23 (21)	463 (426)	543 (541)
Deaths of infants whose mothers had come to the City for confinement or infants who were brought in suffering from the illness which caused death	66 (47)	—	—	—	222 (306)	288 (353)
	146 (162)	426 (387)	14 (18)	23 (21)	685 (732)	831 (894)

INFANTILE MORTALITY RATES.

European	21·31 (29·67)
Native	112·97 (121·09)
Asiatic	61·14 (69·77)
Eurafrican	175·57 (93·33)
All non-European	112·08 (115·79)
All Races	68·86 (71·61)

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
1956	21·31	112·97	61·14	175·57	112·08	68·86

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

	1956	1954-1955
Malnutrition	2 (Rate 0.53)	—
Congenital Causes	6 (Rate 1·60)	21 (Rate 5·42)
Diarrhoeal diseases	8 (Rate 2·13)	11 (Rate 2·84)
Bronchitis and pneumonia	8 (Rate 2·13)	11 (Rate 2·84)
Infectious Diseases	1 (Rate 0·27)	5 (Rate 1·29)
Other causes	9 (Rate 2·40)	17 (Rate 4·39)
Prematurity	33 (Rate 8·79)	42 (Rate 10·83)
Injury at birth	5 (Rate 1·33)	8 (Rate 2·01)
Atelectasis	8 (Rate 2·13)	—
Total European Infant Deaths	80	115

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

	1956	1954-1955
Congenital causes	11	22
Diarrhoeal Diseases	216	138
Bronchitis and Pneumonia	150	107
Infectious Diseases	10	17
Tuberculosis (Pulmonary)	4	1
Other causes	111	41
Prematurity	135	77
Injury at birth	14	11
Malnutrition	18	12
Atelectasis	10	—
Total Non-European Infant Deaths	679	426

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:

Vlakfontein Location		*Bantule Location*		*Atteridgeville Location*		*Hercules Area*		*TOWN*	
Births	*Deaths*	*Births*	*Deaths*	*Births*	*Deaths*	*Births*	*Deaths*	*Births*	*Deaths*
836	216	149	37	778	82	1,649	252	359	55

Asiatic:

Asiatic Location		Hercules Area		TOWN	
Births	Deaths	Births	Deaths	Births	Deaths
129	6	49	5	51	3

Eurafrican:

Cape Location		Hercules Area		TOWN	
Births	Deaths	Births	Deaths	Births	Deaths
73	8	55	14	3	1

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

Europeans:

Thirty-one deaths were recorded under this age group.

Diphtheria	2
Broncho Pneumonia	8
Accidental—Motor	2
Unknown or unspecified cause	2
Whooping Cough	1
Accidental—Gas	1
Tumour of undetermined nature	1
Accidental—Drowning	1
Diseases of the heart	2
Poliomyelitis	3
Diseases of the blood	1
Meningitis (non-Meningococcal)	2
Diseases of respiratory (not Tuberculosis)	1
Diseases of intestines	1
Peritonitis without stated cause	1
Disease of Urinary system	1
Disease peculiar to the first year of life	1
	31

Natives:

Three hundred and forty-nine deaths were recorded under this age group.

Diphtheria	1
Whooping Cough	3
Tuberculosis (Pulmonary)	8
Tuberculosis (Vertebral Column)	1
Encephalitis non-epidemic other forms	3
Measles	3
Malnutrition	39
Haemorrhage of Lungs	1
Broncho Pneumonia	86
Diarrhoea and Enteritis	146
Accidents—motor	2
Accidents—other	5
Unknown and unspecified cause	42
Poliomyelitis	1
Disease of the blood	5
Myocarditis (Rheumatic)	1
Pleurisy	1
Maternal Toxaemia	1
	349

Asiatics:

No deaths were recorded in this age group.

Eurafricans:

Fifteen deaths were recorded in this age group.

Malnutrition	1
Diarrhoea and Enteritis	7
Broncho Pneumonia	4
Diphtheria	1
Meningitis—Cerebro spinal	1
Unknown or unspecified cause	1
	15

PRINCIPAL CAUSES OF DEATH IN PERSONS FIVE YEARS AND OVER

The principal causes of death were:—

	Europeans		*Non-Europeans*	
	1956	Yearly Average for 5 years	1956	Yearly Average for 5 years
Cancer	113	124·4	32	32·2
Heart Disease	256	222·4	97	65·2
Bronchitis and Pneumonia (all forms)	69	66·4	116	102·6
Influenza	—	1·0	—	0·6
Typhoid Fever	—	0·2	4	5·4
Tuberculosis (Pulmonary)	6	8·0	31	52·4
Tuberculosis (Miliary)	—	—	1	0·2
Diabetes	7	10·0	6	3·2
Apoplexy	52	62·6	13	17·2
Disease of Kidneys	67	32·0	20	18·0
Disease of Arteries	17	20·4	13	15·6
Disease of Liver and Gallbladder	17	14·8	7	6·4
Diseases of Pregnancy and the Puerperal state	1	1·4	3	4·8
Old Age	15	12·2	15	10·0
Suicide	20	12·2	7	5·2
Accidents	66	43·6	71	47·8
Other Infectious Diseases	3	6·4	4	21·2
Other Causes	116	136·4	155	120·8

DETAILS OF CAUSES OF DEATHS — FIVE YEARS AND OVER

(In all the following tables the figures for 1954-1955 are shown in brackets.)

1. CANCER:

Europeans: 113. Death rate 0.78 per 1,000 population.

Site of disease:—

Buccal cavity and pharynx	4	(—)
Digestive organs and Peritoneum	52	(63)
Respiratory tract	22	(17)
Uterus	1	(7)
Other female genital organs	4	(—)
Breast	6	(11)
Male Genital Organs	1	(11)
Male and female urinary organs	14	(6)
Brain and other parts of the nervous system	2	(3)
Skin	5	(2)
Bones	1	(—)
Other and unspecified organs	1	(3)
Total	113	(123)

Death Age:

Under:- 40 years	40—50	50—60	60—70	70—80	Over 80	Total
3 (5)	9 (8)	24 (25)	34 (39)	30 (27)	13 (19)	113 (123)

Non-Europeans:

Site of disease:—

Native:

Buccal cavity and pharynx	1	(1)
Digestive organs and Peritoneum	15	(11)
Respiratory tract	1	(3)
Uterus	2	(2)
Breast	1	(—)
Other male genital organs	—	(3)
Male and female urinary organs	2	(1)
Bones	1	(—)
Other and unspecified organs	—	(—)
Tumours of brain and other parts of nervous system	5	(—)

Asiatic:

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

Eurafrican:

Bones	1	(—)
Digestive Organs and Peritoneum	—	(4)
Respiratory tract	1	(1)
TOTAL	32	(32)

2. DISEASES OF THE HEART:

Death rate per 1,000 European population: 1·76 (1·82).
European 256 (258).
Non-Europeans 97 (68).
Natives 84 (53), Asiatics 7 (9), Eurafricans 6 (6).

3. BRONCHITIS AND PNEUMONIA:

Europeans 69 (66).
Non-Europeans 116 (97).
Natives 107 (89), Asiatics 4 (2), Eurafricans 5 (6).

4. INFLUENZA:

Europeans — (1).

5. TYPHOID FEVER:

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

6. TUBERCULOSIS (PULMONARY):

Europeans 6 (3).
Non-Europeans 31 (40).
Natives 31 (35), Eurafricans — (3), Asiatics — (2).

7. DIABETES:

Europeans 7 (11).
Non-Europeans 6 (2).
Native 4 (1), Asiatics 1 (1), Eurafricans 1 (—).

8. APOPLEXY:

European 52 (71).
Non-Europeans 13 (20).
Natives 12 (11), Asiatics — (3), Eurafricans 1 (6).

9. DISEASES OF THE KIDNEYS:

Europeans 67 (22).
Non-Europeans 20 (19).
Natives 15 (13), Asiatics 2 (3), Eurafricans 3 (3).

10. DISEASES OF ARTERIES:

Europeans 17 (22).
Non-Europeans 13 (12).
Natives 12 (9), Asiatics — (1), Eurafricans 1 (2).

11. DISEASES OF THE LIVER AND GALL BLADDER:

Europeans 17 (17).
Non-Europeans 7 (6).
Natives 6 (4), Eurafrican 1 (1), Asiatic — (1).

12. DISEASES OF PREGNANCY AND THE PUERPERAL STATE:

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

13. OLD AGE:

Europeans 15 (13).
Non-Europeans 15 (6).
Natives 15 (6).

14. SUICIDE:

Europeans 20 (11).
Non-Europeans 7 (3).
Natives 6 (1), Asiatics 1 (1), Eurafricans — (1).

15. HOMICIDE:

	Europeans	*Natives*	*Asiatics*	*Eurafricans*
By Firearms	— (—)	1 (1)	— (—)	— (—)
,, Cutting or piercing instruments	— (—)	3 (6)	— (—)	1 (—)
,, Other unspecified means	2 (1)	2 (2)	— (—)	1 (—)

16. ACCIDENTS:

Europeans 66 (32).
Non-Europeans 72 (42).

	Europeans	*Natives*	*Asiatics*	*Eurafricans*
On Railways	2 (1)	2 (1)	— (—)	— (—)
By Motor, road vehicles (excluding motor cycles)	35 (18)	49 (16)	— (2)	1 (—)
,, Motor cycles	5 (2)	2 (—)	— (—)	— (—)
,, Air Transport	2 (—)	— (—)	— (—)	— (—)
,, Pedal Cycles	— (—)	— (4)	— (—)	— (—)
,, Road transport (not motor)	1 (1)	4 (3)	— (—)	— (—)
,, Burns (not conflagration)	2 (1)	— (4)	— (—)	— (—)
,, Mechanical suffocation	1 (—)	— (1)	— (—)	— (—)
,, Drowning	1 (1)	— (—)	— (—)	— (—)
,, Fall	5 (6)	2 (4)	— (—)	— (—)
,, Conflagration	3 (—)	1 (—)	— (—)	— (—)
,, Anaesthetic	1 (—)	1 (1)	— (—)	— (—)
,, Poisonous gases	— (1)	— (1)	— (—)	— (—)
,, Cutting or piercing instruments	— (—)	7 (—)	— (—)	— (—)
,, Poisoning (not by gas)	— (1)	3 (1)	— (—)	— (—)
,, Machinery	1 (—)	— (2)	— (—)	— (—)
,, Firearms	3 (—)	— (—)	— (—)	— (—)
Accidents due to electric currents	4 (—)	— (—)	— (—)	— (—)
Other and unspecified accidents	— (—)	— (2)	— (—)	— (—)
	66 (32)	71 (40)	— (2)	1 (—)

DETAILS OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR

Note

All figures for the year 1st January to 31st December 1955 are shown in brackets. For tables showing district distribution, age incidence and seasonal distribution, see end of report. Figures for Vlakfontein, the Municipal controlled location situated approximately 10 miles East of the Municipal Boundary, although included in the general local and imported cases, for purposes of comparison are given separately. It must, however, be mentioned that during 1955 all cases for Vlakfontein Location were regarded as imported cases. The Secretary for Health, however, at the end of 1956 instructed that Vlakfontein Location for statistical purposes, should be classed as falling within the Pretoria Municipal Boundaries. This report should be read in conjunction with the section dealing with the Isolation Hospital.

Typhoid Fever

	Europeans	*Non-Europeans*	*Total*
Local cases	18 (17)	58 (37)	76 (54)
Imported cases	24 (51)	100 (158)	124 (209)
Deaths in local cases	—	6	6
Vlakfontein local cases	—	15	15
Vlakfontein Imported cases	—	1	1

Local cases

Of the 58 non-Europeans notified, 3 were Eurafricans and 55 were Bantus. Four died (all Bantus).

Seventy four (18 Europeans and 56 Bantus) were removed to hospital and 2 Bantus were treated at home. No Secondary infections were recorded. There were no milk-borne outbreaks.

In tracing the sources of infection 112 suspects were tested for the possible carrier state.

The reports of blood specimens of 16 were Vi (+). On further stool examinations 10 proved to be intestinal carriers.

Two interesting investigations are worthy of mention:—

1. On the 4th September 1956, a case of Typhoid Fever in a European boy aged 4 months was admitted to the Isolation Wards. His blood on examination gave a positive Bacteriophage Type A. On investigation it was found that the mother of this child had been treated in hospital 3½ years previously for Typhoid Fever. Her blood was weakly Vi postitive and on bacterial culture of her stools and urine, Typhoid organisms, Bacteriophage Type A, were isolated from the stools.
   On the 11th October 1956, a European girl aged 6 years, and on the 5th November 1956, a European boy aged 13 years, were reported to be suffering from Typhoid Fever. Both children were from the same family, a niece and nephew of the above carrier. The two families were resident in houses situated approximately 200 yards from one another. These two children frequently visited their aunt's house and often had food there. In both instances Typhoid Organisms Bacteriophage Type A were isolated from the blood of these two children.
   It is almost certain that this woman had infected her own child as well as her niece and nephew. She is still being kept under observation.
   Immunization against Typhoid Fever was offered to these two families. In the case of the family with the carrier, the children received their first inoculation but refused the second. All the children of the second family were fully immunized.
2. On the 27th and 29th November 1956, two non-European female adults from a Government Mental Institution were reported to be suffering from Typhoid Fever, with onsets dating 13th and 25th November 1956 respectively. On the 5th December 1956 a further case also a non-European female adult from the same section of the Institution was reported with an onset on the 29th November 1956.
   All foodhandlers in this section of the Institution totalling 100, were tested for the possible carrier state. The bloods of 14 were Vi (+). Further stool and urine examinations showed that of the 14, eight were intestinal carriers of Typhoid bacilli. These carriers were immediately excluded from the handling of foodstuffs and replaced with staff who were Vi negative.
   All inmates of this section were given booster doses of Anti-Typhoid vaccine. No further cases were reported from this Institution. One of the patients unfortunately died after admission to hospital.

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	112	16	10
Prospective Employees at Dairies	492	55	2
Other Food Handlers	113	11	—

Typhoid Carrier Camp

During 1934 a "Typhoid Carrier Camp" was established. This camp consists of six huts with the necessary ablution and cooking facilities, and is situated to the rear of and adjoining the Municipal Compound Clinic. The Department regularly examines non-European dairy employees, employees at the Municipal Water works, other non-Europeans employed in handling foodstuffs and persons connected with a case of Typhoid Fever, for the possible typhoid carrier state. Positive Vi reactors are immediately employed by the Council and housed in this Camp, during which time further stool and urine examinations are made.

Number of inmates on 1st January 1956	11
Number admitted during the year	28
	39
Number discharged during the year	17
Still in the camp on 31st December 1956	22

Imported cases

Of the imported cases, six (3 Europeans and 3 Bantus) were Pretoria residents who contracted the disease outside the Pretoria Municipal area. The balance, 21 Europeans and 97 Bantus, were patients admitted direct to hospital from outside the Municipal area.

TUBERCULOSIS

	Europeans	*Non-Europeans*	*Total*
Local cases	26 (27)	325 (254)	351 (281)
Imported cases	19 (24)	201 (267)	220 (291)
Vlakfontein local cases	—	65	65
Vlakfontein imported cases	—	68	68

Of the 325 local non-Europeans, 310 were Bantus, 11 Eurafricans and 4 Asiatics.

Local cases

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

	Pulmonary	*Primary Complex*	*Meningitic*	*Glandular*	*Bone and Joint*	*Miliary*	*Intestinal*	*Total*
Europeans	21	—	1	1	1	—	2	26
Non-Europeans..	235	45	11	9	21	3	1	325
	256	45	12	10	22	3	3	351

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

Asiatic Bazaar	6
Atteridgeville Location	49
Bantule Location	14
Cape Location	9
Lady Selborne	128
Marabastad	2
Vlakfontein Location	65
Various Compounds	3
Elsewhere	49

Deaths

Of the 351 local cases, 41 (4 Europeans and 37 non-Europeans) died during the year. In addition 26 cases (7 Europeans and 19 non-Europeans) who were notified prior to 1956, also died during the year.

Two Europeans and 17 non-Europeans were only discovered and notified at death. Two Europeans and 18 non-Europeans died within 3 months, one non-European within 6 months, and one non-European within 12 months of notification.

Four Europeans and 46 non-Europeans gave histories of Tuberculosis in their families. Seventeen non-Europeans gave histories of being contacts of known cases. Three non-Europeans gave histories of Tuberculosis in their families as well as being contacts of known cases.

Sanatorium Treatment

During the year 172 cases (28 Europeans and 144 non-Europeans) were admitted to Sanatoria outside Pretoria and 67 were admitted to the South African National Tuberculosis Association Settlement at Atteridgeville.

Although the bed position in Sanatoria has improved over the year, accommodation for non-Europeans is still inadequate.

For purposes of comparison, figures of local cases admitted to Sanatoria for the previous 5 years are listed below:—

	European	*Non-European*	*Total*
1951-1952	7	4	11
1952-1953	4	25	29
1953-1954	15	13	28
1954-1955	26	117	143
1956 (January to December)	28	211	239

Imported Cases

(*a*) Imported infections, that is persons who were infected before coming to Pretoria, numbered 120 — 19 Europeans, 1 Asiatic, 4 Eurafricans and 96 Bantus. Of these, 13 Bantus have since died.

(*b*) Government Institutions:—
Voortrekkerhoogte — 2 Bantus.

(*c*) Vlakfontein Municipal Location — 68 Bantus.

(*d*) Cases from outside the Municipal area who came to the Pretoria General Hospital for other reasons and were diagnosed there after admission as sufiering from Tuberculosis: 1 European, 1 Eurafrican and 28 Bantus.

POLIOMYELITIS

	Europeans	*Non-Europeans*	*Total*
Local cases	69 (32)	14 (3)	83 (35)
Imported cases	104 (40)	29 (5)	133 (45)
Deaths in local cases	4 (3)	— (—)	4 (3)
Vlakfontein: Local cases		6	6
Imported cases		—	—

Local cases

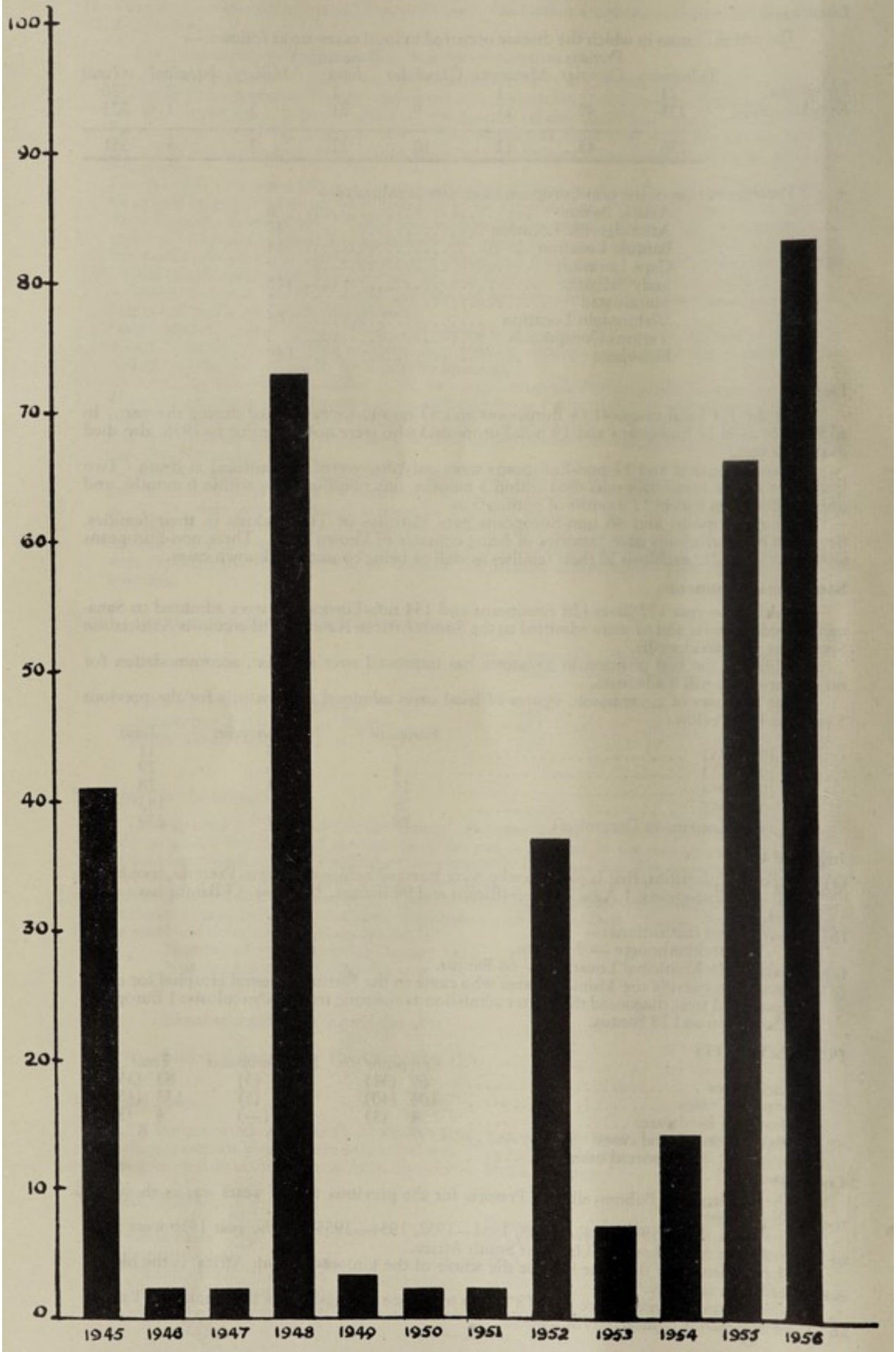
The incidence of Poliomyelitis in Pretoria for the previous twelve years was as shown in the graph on page 20.

The years 1944—1945, 1947—1948, 1951—1952, 1954—1955 and the year 1956 were years of high incidence throughout the Union of South Africa.

The incidence for this year like for the whole of the Union of South Africa, is the highest ever recorded in the City.

Like in previous years there is still a higher incidence amongst males than females, 51 males and 32 females having contracted the disease.

POLIOMYELITIS = PRETORIA = 1945 - 1956



Seven of the cases were adults, 28 were scholars and 48 were children of pre-school age. The age incidence was as follows:—

	0 *up to* 1 1 *year*	1 *to* 5 *years*	6 *to* 10 *years*	11 *to* 15 *years*	16 *to* 20 *years*	21 *years and over*	*Total*
Males	3 (1)	24 (20)	11 (9)	9 (9)	2 (2)	2 (1)	51 (42)
Females	3 (—)	18 (17)	5 (8)	3 (2)	— (1)	3 (—)	32 (28)
TOTAL	6 (1)	42 (37)	16 (17)	12 (11)	2 (3)	5 (1)	83 (70)

There has been a noticeable increase in the attack rate of the 0 to 5 years and 21 years and over age groups.

There has also been a notable increase of the disease amongst non-Europeans.

Four of the patients unfortunately died. Two were European females aged 31 and 2½ years, and two were European males aged 4 years and 3 months and 2½ years.

Sixty nine of the cases (59 Europeans and 10 non-Europeans) were treated in the Isolation Wards, six, all Europeans, were admitted to the Military Hospital at Voortrekkerhoogte, and 8 (4 Europeans and 4 non-Europeans) were treated at home. There were no secondary infections.

Of the 83 cases, 30 had varying degrees of paralysis and 15 had paresis (weakening of the muscles) only. Thirty eight of the cases had no paralysis or paresis at all. Three of the cases, all Bantus, who developed severe paralysis of both arms and legs have since died of other causes.

Of the total number of cases it is anticipated that only 15 (8 Europeans and 7 non-Europeans) will be left with some degree of paralysis.

In one both legs are affected, in 2 one foot, in 3 one arm, in 6 one leg, in 1 the side of the face and one leg, in 1 one arm and one leg, and in 1 the side of the face only.

In all these paralysed cases there is still some hope of further improvement. Some will benefit by orthopaedic surgery.

Special investigations of three cases, two of which occurred in children in a nursery school, were conducted. The three patients were:—

(1) C.K., a European male of 4 years, who received his first inoculation against Poliomyelitis on 3rd September 1956 became ill on the 19th September 1956. He was a scholar at H. nursery school.

(2) S.B., a European female of 3 years and 9 months, received her first inoculation against Poliomyelitis on 18th September 1956, and became ill on the 27th September 1956. She also was a scholar at H. nursery school.

(3) L.J., a European female of 9 years, who received her first inoculation against Poliomyelitis on 24th September 1956, became ill on the 1st October 1956. She was a scholar at the A. Primary School.

Type 1 Polio virus was isolated from the stools of all three patients.

In the cases of C.K., S.B., and L.J., the commencement of the illness followed the injections within the possible normal incubation period of the disease.

The first child who became ill in this nursery school was C.K. on the 19th September 1956. The second case which occurred at the same school was S.B. on the 27th September 1956. It is unlikely that this child was infected by C.K. who was away from school since the 13th September 1956, that is, six days before he took ill, as it is most unlikely that he would have been excreting the virus so early before the onset of the illness.

The third case, L.J., who became ill on the 1st October 1956, can be connected with H. nursery school because her sister M. J. ran a temperature and was feeling ill on the 25th and 26th September 1956, but was quite well again on the 27th September 1956. Polio virus Type 1 was subsequently isolated from her stool. M. J. was also inoculated against Poliomyelitis, but only one day before her illness started. M.J. was a close contact of L.F. who was a pupil of H. nursery school, and from whose stool Polio virus Type 1 was isolated. It is therefore possible that M.J. was infected by L.F., that she developed abortive Poliomyelitis, and that M.J. subsequently infected her sister, L.J., who became ill on the 1st October 1956 and developed a mild Bulbar infection from which she subsequently recovered.

Because of these three or possibly four cases, if we include M.J. we took 44 stool specimens of the children at this nursery school and sent them to the Poliomyelitis Research Foundation for examination. (There were 56 children attending the school at the time but for various reasons we were only able to get stool specimens from 44). The results were as follows:—

Polio virus found in 21 stools, fifteen were typed and found to be type 1. The remaining 23 stools were negative.

L.F. may have been infected by some other child at H. nursery School, or he may have been the original cause of spreading the infection to the other children at the school.

This result shows how highly infectious Poliomyelitis is.

For the sake of comparing we took random stool specimens of children attending another nursery school where there had been no case of Poliomyelitis. Eighteen such specimens were taken and all gave negative results for Poliomyelitis virus.

SCARLET FEVER

	European	*Non-European*	*Total*
Local Cases	140 (129)	1 (1)	141 (130)
Imported Cases	25 (11)	— (—)	25 (11)

Local Cases

Three of the cases, were adults, 84 were scholars, and 54 were children of pre-school age. Twenty two were removed to the Isolation Wards, 2 to the Military Hospital at Voortrekkerhoogte, and 117 were treated at home. There were 12 secondary cases. All the secondary cases occurred in dwellings from which a recent previous case had been reported.

DIPHTHERIA

	European	*Non-European*	*Total*
Local Cases	26 (46)	57 (49)	83 (95)
Imported Cases	20 (46)	46 (70)	66 (116)
Deaths in Local Cases	—	5	5
Vlakfontein Local Cases	—	13	13
Vlakfontein Imported Cases	—	—	—

Local Cases

The non-European cases were 4 Eurafricans, 1 Asiatic and 52 Bantus. Five of the cases, all Bantus, died. They had never been immunized. Twelve of the cases were adults. 21 were scholars and 50 were children of pre-school age. Seventy two of the cases were removed to the Isolation Wards and 11 were isolated and treated at home. There was 1 secondary case. Four of the cases were treated for the Diphtheria Carrier State, one for Nasal Diphtheria, and one for Diphtheria of the ear.

Sixty eight of the cases had never been immunized, but 15 had been immunized previously, and these fifteen had very mild attacks. It is nevertheless considered to be a high attack rate amongst the immunized.

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

There has been a considerable decrease in the number of European cases during the year, but an increase in non-European cases was recorded.

The following table shows the number of persons inoculated against Diphtheria over the last six years as compared with the number of cases occurring during the same period:—

	Europeans		*Non-Europeans*	
	Immunized	*No. of cases*	*Immunized*	*No. of cases*
1952 ..	604	32	1,291	14
1953 ..	972	27	316	23
1954 ..	3,216	98	590	26
1955 ..	431	52	280	38
1956 ..	989	26	3,345	57

From the above table it will be seen that during 1956, 3,345 non-European children were immunized against Diphtheria, and that over the same period we also had the highest incidence amongst non-Europeans for the past six years. The reason for this is because this years figure for the first time also include the inhabitants of the newly established Vlakfontein native location, about which we have written in detail elsewhere.

Altogether there were 3,345 non-European children immunized in the native locations, distributed as follows:—

Vlakfontein Schools	2,482
Vlakfontein Clinic	234
Atteridgeville Clinic	325
Bantule Clinic	177
Compound Clinic	127

Although we have been carrying on intensive immunisation campaigns in Vlakfontein and 2,482 school children were immunized here during the year, there is still a very large number of uninoculated children, particularly in the pre-school age group, as the whole of this population have come from places outside Pretoria within the last few years where hardly any children had been immunized.

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

	Adults	*Scholars*	*Pre-school*	*Total*
Atteridgeville	1	3	3	7
Bantule	—	—	—	—
Cape Location / Asiatic Bazaar / Marabastad	—	—	3	3
Vlakfontein	1	1	11	13
Town	2	1	—	3
Lady Selborne	5	7	19	31
				57

There is a rather high incidence of Diphtheria in Lady Selborne, but I am not in a position to comment on this as all the immunization and child welfare work is done here by the Union Health Department's Health Centre.

The incidence of Diphtheria is still far too high amongst both Europeans and non-Europeans. In spite of continual appeals to parents the immunization state is still very unsatisfactory. The repeated Polio scare may be responsible for this to some extent, at least amongst Europeans. We are however trying to impress upon parents the grave responsibility they take upon themselves if they neglect to have their children immunized, and we will continue to do so.

MENINGOCOCCAL MENINGITIS

	Europeans	*Non-Europeans*	*Total*
Local Cases	8 (8)	3 (5)	11 (13)
Imported Cases	6 (1)	8 (9)	14 (10)

The Non-European local cases were 1 Eurafrican and 2 Bantus. Two of the cases (1 European and 1 Eurafrican) died. All the cases were removed to hospital for treatment.

OTHER INFECTIOUS DISEASES NOTIFIED

	Local		*Imported*	
	European	*Non-European*	*European*	*Non-European*
Erysipelas	3	—	4	1
Encephalitis.....	7	—	3	3
Malta Fever	1	—	1	—

INFECTIOUS DISEASES HOSPITAL

This hospital, the property of the City Council of Pretoria, is situated in the grounds, of the Pretoria General Hospital.

Originally a seventy bed institution, its capacity has recently been increased to 90 beds, by the addition of two ten-bedded Non-European wards designed mainly for the reception of cases of Typhoid Fever. Judicious allocation of space and type of case can increase the accommodation to over one-hundred beds.

The European Pavilions, entirely separate from the Non-European Pavilions, have 50 beds, the Non-Europeans 40. There is no separate accommodation for Asiatics or Coloureds, but when possible they are nursed in private single or double-bedded side wards. The Non-European section is staffed entirely by Bantu nurses, with an occasional Eurafrican nurse taking her training at the Pretoria General Hospital.

FINANCIAL ARRANGEMENTS

The Pretoria Hospital Board supplies all nursing staff, dispensing requirements, X-ray facilities, rations, linen and laundry, steam, light and water, together with maintenance of buildings and equipment. The City Council in return pays a fixed sum per patient per day for those patients for which it assumes financial responsibility. This sum is revised at intervals by arrangement when rising costs warrant it.

In addition, by mutual agreement, the specialist staff of the General Hospital is available for consultation at the Infectious Diseases Hospital, while the City Council's Medical Officers provide a twenty-four hour infectious diseases consultation service which is particularly used and appreciated by the staff of the Casualty and Admissions sections of the General Hospital. The arrangement works very successfully to the mutual benefit of both institutions.

AREAS SERVED

Include Pretoria Municipal area, its Peri-Urban areas, and the Northern Transvaal, but patients are also accepted from Western and Southern Transvaal and the Reef Municipalities during epidemics when their accommodation is severely strained.

AMBULANCE ARRANGEMENTS

Pretoria City Council provides its own infectious diseases ambulance service. The Peri Urban Areas Health Board does the same, while other local authorities send their patients in by rail taxi or ambulance as the occasion demands.

INFECTIOUS DISEASES — HOSPITAL STATISTICS

N.B. Comparison figures which are given in brackets for the previous year, relate to the 12 months period July 1st 1954 to June 30th, 1955.

TOTAL ADMISSIONS

Seven hundred and eighty-seven (617) patients of which 482 (405) were Europeans and 305 (212) Non-Europeans were admitted.

The area distribution was:—

PRETORIA MUNICIPAL AREA		*OTHER AREAS*	
Europeans	*Non-Europeans*	*Europeans*	*Non-Europeans*
250 (209)	161 (82)	232 (196)	144 (130)

ACUTE ANTERIOR POLIOMYELITIS

For the first time in its history the hospital admitted far more cases of "polio" than of any other infectious disease, the total being 205.

Of the 205 (125) sufferers, 167 (110) were Europeans and 38 (15) were Non-Europeans.

Distribution

Pretoria — 62 Europeans and 13 Non-Europeans. Other areas — 105 Europeans and 25 Non-Europeans.

In Pretoria itself the highest incidence occurred in the less exclusive residential areas, namely Pretoria West and the Northern Suburbs, including Hercules. Density of population and the law of averages are important factors which must be taken into consideration here.

FINAL RESULTS

European: Of the 167 patients, 102 were discharged from hospital completely recovered. This group included seven cases of polio-encephalitis and some remarkable instances of complete restoration to health were witnessed.

Oxygen tents and postural drainage combined with suction and nasal feeding were found to be life saving in selected cases, while tank respirators were responsible for the recovering of two others.

Of the remaining 65 patients, eleven died, and the rest were transferred to the Orthopaedic Hospital for further treatment. Deaths were due to rapidly ascending paralysis of the bulbar type with final respiratory and cardiac failure.

Non-European: Of the 38 Non-Europeans, no less than 29 required further orthopaedic treatment for residual paralyses; three others died and only six were able to be discharged after the three weeks period of quarantine. The high incidence of *paralytic* polio among the natives is ascribed to the fact that Non-European mothers brought their children to hospital only after they became paralysed and that non-paralytic cases often remained at home undiagnosed and recovered by themselves.

CASE FATALITY RATES

	Pretoria	*Other Areas*
European	8·06%	5·7%
Non-European ..	7·6%	8%

DIPHTHERIA

One hundred and twenty-eight (209) patients were admitted during the year of whom forty one were Europeans and eighty seven Non-Europeans.

PRETORIA		*OTHER AREAS*	
Europeans	*Non-Europeans*	*Europeans*	*Non-Europeans*
23 (52)	49 (38)	18 (52)	38 (67)

Sixty one percent of all the patients were children under five years of age.

Of the cases which were admitted from outside areas, none, as far as could be ascertained, had previously been immunized. Of the local cases, some of which were home treated, 68 had not been immunized and 15 had.

Total European deaths amounted to three, one of which was a tracheotomy case.

Eight tracheotomies on Europeans were performed, seven of whom recovered.

Non-European deaths were much higher. Twenty one children died out of a total of 87. Most children died following severe toxaemic myocarditis due to bull-neck Diphtheria, and prolonged respiratory embarrassment prior to admission to hospital caused cardiac failure in a number of tracheotomy cases.

As in previous years a marked difference was noticed in case fatality rates of Europeans according to whether the patients came from Pretoria or outside the area, and also between Europeans and Non-Europeans.

In Pretoria itself the incidence of Diphtheria was confined almost entirely to the Western and Northern Suburbs in the case of Europeans.

Lady Selborne provided more than half of the Non-European patients, with Vlakfontein next, and Atteridgeville fewest of all.

CASE FATALITY RATES

	PRETORIA	*OTHER AREAS*
European	4·34% (7·7%)	11·1% (7·7%)
Non-European	12·24% (18·4%)	39·4% (31·3%)

TYPHOID FEVER

The total number of cases treated was 153 (110) of which 32 (55) were Europeans and 121 (55) were Non-Europeans.

There were no deaths among the 32 European patients, two of whose infections were proved to be due to B. Paratyphosis C.

Distribution

PRETORIA		OTHER AREAS	
Europeans	*Non-Europeans*	*Europeans*	*Non-Europeans*
16	62	16	59

DEATHS:

	European	*Non-European*
Pretoria	0	4
Other Areas	0	10

Most Non-European local cases came from Vlakfontein and Lady Selborne locations, but a little group of related family cases was admitted from Atteridgeville.

CASE FATALITY RATES

	Pretoria	*Other Areas*
European	Nil	Nil
Non-European	6·45%	16·9%

Again the death rate for Non-European cases from outside areas is appallingly high. They come in at such a late stage that very little can be done for them, while those who do recover have a very long period of convalescence before being fit for discharge.

SCARLET FEVER

Twenty six cases, all Europeans were admitted.

Distribution

Pretoria 16 (13). Other Areas 10 (1).

Three children suffered complications. One, a child who was being treated at home, developed a severe nephritis necessitating admission to hospital. Another contracted pneumonia, while a third had an osteomyelitis of the tibia but recovered after operation.

There were no deaths.

PULMONARY TUBERCULOSIS

Cases of Pulmonary Tuberculosis are not as a rule admitted to an acute infectious diseases hospital, but special circumstances rendered the admission of 11 Europeans and 5 Non-Europeans necessary.

Five were moribund on admission, the others included a patient in diabetic coma, a European patient in the last stages of pregnancy, and another with a large abscess of the buttock requiring drainage.

Distribution:

PRETORIA		OTHER AREAS	
European	*Non-European*	*European*	*Non-European*
9	5	2	0

Two European and three Non-European patients died.

MEASLES:

Twenty-eight (15) Europeans and 19 (14) Non-Europeans were admitted.

Distribution:

PRETORIA		OTHER AREAS	
European	*Non-European*	*European*	*Non-European*
20	14	8	5

Most of the cases were complicated by broncho-pneumonia, and three suffered from tracheo-bronchitis.

There were no European deaths, although twenty five of the patients were under three years of age. Two native babies died, both of complicating broncho-pneumonia.

Case Fatality Rates

Europeans	*Nil*
Non-Europeans	10·5%

GERMAN MEASLES

Two (3) Europeans, both from Pretoria, were admitted. One was a nurse, and the other a student from a hostel. There were no complications.

WHOOPING COUGH

Sixteen (8) Europeans and 8 (2) Non-Europeans were admitted, the youngest European infant being only seven weeks old. All suffered from Broncho-pneumonia.

Distribution:

PRETORIA		OTHER AREAS	
European	*Non-European*	*European*	*Non-European*
10	5	6	3

There was one European death and one Non-European death.

Case Fatality Rates:

Europeans ..... 6·2%
Non-Europeans ..... 12·5%

EPIDEMIC PAROTITIS (MUMPS):

Twenty-four (7) Europeans and 5 (0) Non-Europeans were admitted.

Distribution:

PRETORIA		OTHER AREAS	
European	*Non-European*	*European*	*Non-European*
21	3	3	2

Five patients had epididymo-orchitis and two encephalitis. There were no deaths.

MENINGITIS — VARIOUS TYPES

This comprised an interesting group of cases, fourteen in number, and all Europeans. They included 9 cases of meningococcal meningitis, two due to Haemophilis Influenzal, two cases of tuberculous meningitis, and one whose spinal fluid gave a pure culture of slaphylococci. All recovered.

Distribution:

PRETORIA	OTHER AREAS
7	7

CHICKEN POX:

Twelve (4) Europeans and one (0) Non-European were admitted.

Distribution:

EUROPEAN		NON-EUROPEAN	
Pretoria	*Other Areas*	*Pretoria*	*Other Areas*
10	2	0	1

There were only minor complications and no deaths.

ERYSIPELAS:

Seven (3) Europeans and one (0) Non-European were admitted.

Distribution:

PRETORIA		OTHER AREAS	
European	*Non-European*	*European*	*Non-European*
3	0	4	1

There were no deaths.

VENEREAL DISEASE

One European female from Pretoria with secondary Syphilis, and one native male from an outside area, also with Syphilis, were admitted.

OTHER ADMISSIONS

Included Leprosy 5, Virus Encephalitis 2, Glandular Fever 1, P.U.O. 1, Stevens-Johnson Syndrome 1, Relapsing Fever 1.

The lepers all required major surgical operations, and were admitted for that reason. Operative procedures included Perniotomy, Calsonean Section, Appendicectomy and Orchidectomy.

Distribution

PRETORIA		OTHER AREAS	
European	*Non-European*	*European*	*Non-European*
1	0	6	4

OBSERVATION CASES

Ninety four Europeans and 16 Non-Europeans sent in for observation were found not to be suffering from an infectious disease.

About 60% of the patients were suspected of having polio, and most of the remainder were Tonsillitis or Quinsy sufferers sent in as possible Diphtheria cases.

Corrected diagnoses for Polio were mainly gastro-enteritis, pneumonia, tonsillitis, typhoid, with two cases of sub-arachnoid haemorrhage.

Distribution

EUROPEAN		*NON-EUROPEAN*	
Pretoria	*Other Areas*	*Pretoria*	*Other Areas*
49	45	10	6

There were no deaths in this group. Most were discharged the following day, the rest either transferred to the General Hospital or treated in Isolation. The group included nine cases of tracheo-bronchitis, two of which had successful tracheotomies performed, and recovered.

The following table summarises the number of cases treated, their race and distribution:—

DISEASE	*Europeans*		*Non-Europeans*	
	Pretoria	*Other Areas*	*Pretoria*	*Other Areas*
Acute Anterior Poliomyelitis	62 (56)	105 (54)	13 (8)	25 (7)
Diphtheria	23 (52)	18 (52)	49 (38)	38 (67)
Typhoid Fever	16 (17)	16 (38)	62 (28)	59 (27)
Scarlet Fever	16 (13)	10 (1)	0 (0)	0 (0)
Pulmonary Tuberculosis	9 (5)	2 (0)	5 (2)	0 (1)
Measles	20 (9)	8 (6)	14 (3)	5 (11)
German Measles	2 (3)	0 (0)	0 (0)	0 (0)
Whooping Cough	10 (5)	6 (3)	5 (1)	3 (1)
Mumps	21 (6)	3 (1)	3 (0)	2 (0)
Meningitis all types	7	7	0	0
Chicken Pox	10 (4)	2 (0)	0 (0)	1 (0)
Erysipelas	3 (2)	4 (1)	0 (0)	1 (0)
Venereal Disease	1 (2)	0 (0)	0 (0)	0 (1)
Other Admissions	1 (3)	6 (6)	0 (1)	4 (6)
Observation Cases	49 (28)	45 (33)	10 (1)	6 (8)
	250 (209)	232 (196)	161 (82)	144 (130)

It will be noticed that 170 more cases were admitted during the twelve-month period than for 1954—1955, the most marked increase being in Pretoria Non-European admission which were almost doubled.

TUBERCULOSIS

In the past work done by the Tuberculosis section has been confined to the following:—

(*a*) The treatment and examination of cases at clinics as out-patients.
(*b*) The admission of suitable cases to Sanatoria and hospitals.
(*c*) The examination and observation of suspect cases. These include:—

1. Patients referred by private practitioners.
2. Patients referred by the Out-patient Department of the General Hospital.
3. Patients in hospitals who are diagnosed as Tuberculotics.
4. Patients who come to the clinics of their own accord.
5. Non-Europeans sent to the clinics by their employers for routine examination.

(*d*) The frequent examination of contacts.

To date we have not made use of mass miniature radiography to find cases in Pretoria, and we have no idea of what percentage of the population will be found to be positive.

It is however, an accepted fact that Tuberculosis is more prevalent in communities where natural immunity is low, where there is undernourishment, malnutrition, bad housing and over-crowding. Such conditions exist among our non-Europeans. Consequently when an attempt at case finding will be made with mass miniature radiography, the urgent problem of hospitalisation may arise. It is advisable that an attempt should be made to examine every person in each location as frequently as possible. As our survey goes on we will get to know more about how frequently this should be repeated.

We are at present busy negotiating the purchase of a mobile unit which, it is hoped, will become available within the next few months.

This machine will also be used to conduct surveys in the urban areas of Pretoria.

EXISTING FACILITIES FOR THE TREATMENT OF TUBERCULOTIC PATIENTS

A. CLINICS

1. **Non-European Clinics**

These are conducted on the following days:—

(*a*)	Monday:	Vlakfontein Location.
(*b*)	Tuesday:	At the Special Diseases Clinic, General Hospital.
(*c*)	Wednesday:	Atteridgeville Location.
(*d*)	Thursday:	a.m. Municipal Compound.
		p.m. Lady Selborne Location.
(*e*)	Friday:	a.m. Bantule Location.

2. **European Clinic**

This is held on Friday afternoons in the Special Diseases Clinic, General Hospital.

NON-EUROPEAN CLINICS

All clinics are conducted by the Medical Officer in charge of Tuberculosis.
Each clinic has a European Sister in charge aided by two non-European staff nurses.
Cases, suspects and contacts are examined at the clinics and Out-patients are treated twice or three times weekly.
Milk is supplied daily to the patients and rations are collected from the clinics once weekly. The South African National Tuberculosis Association (SANTA) also supplies rations to many of our Out-patients and their families.
A social worker is on duty at each clinic and the patients apply through him for Pensions and invalidity grants to the Department of Social Welfare. He also assists them in keeping their registration papers in order.
Patients living in municipal houses in the locations are exempt from paying rent while they are unable to work.

EUROPEAN CLINIC

This Clinic is also conducted by the Medical Officer in charge of Tuberculosis. He is assisted here by a European Sister and a Clerk.
The same routine applies as in the Non-European clinics.

HOME VISITS

Patients are visited at their homes frequently by the Sisters or the Staff Nurses. Depending on circumstances, many patients receive their treatment at home. The Medical Officer also visits patients at their homes when required to do so.

B. FACILITIES FOR HOSPITALIZATION

European patients are admitted to King George V Hospital in Durban, Oaktree Chest Hospital Krugersdorp, Springkell Sanatorium near Johannesburg or Nelspoort Sanatorium in the Cape Province.
Occasionally a patient is admitted to the Pretoria Municipal Isolation Hospital.
Non-European patients are usually admitted to Sanatoria on the Witwatersrand.
We also have available for Non-Europeans 60 beds in the South African National Tuberculosis Association's Settlement near Atteridgeville Location. Usually only convalescent or ambulant patients are admitted to the Settlement.
A large non-European Chest Hospital is being opened shortly by the Union Health Department at Cullinan, which is about 30 miles East of Pretoria. It is understood that about 500 more beds will then become available for non-European patients.

STATISTICAL INFORMATION CONCERNING THE VARIOUS CLINICS

NON-EUROPEANS

The following tables represent the number of cases, contacts, primary complexes, surgical Tuberculosis and cases with positive sputa from each location. They do not represent attendances at clinics for the year 1956.

VLAKFONTEIN LOCATION

Population as at December 31st 1956: 35,000.

This clinic is held on Monday afternoons, usually between 40—60 patients are seen per session.

Number of cases of Pulmonary Tuberculosis	179
Number of cases Primary Complex	60
Number of cases Surgical Tuberculosis	18
Number of cases with positive sputum	37
Number of contacts	729
Number of contacts X-rayed	277
Deaths in 1956	6

The following represent new notifications for the year under review:—

(*a*) Pulmonary Tuberculosis	95
(*b*) Primary Complex	32
(*c*) Surgical Tuberculosis	12

CENTRAL CLINIC: Non-European Section

This is a very small clinic as it only caters for patients who are already doing light work in the central area of Pretoria and who attend the clinic for Streptomycin injections and monthly examinations.

Any new case attending the clinic is either admitted to hospital or is referred to the clinic in the location in which the patient resides.

Number of cases of Pulmonary Tuberculosis	24
Number of cases of Primary Complex	10
Number of cases of Surgical Tuberculosis	4
Number of cases with positive sputum	—
Number of contacts	97
Number of contacts X-rayed	64
Deaths in 1956	—

New notifications for 1956 amounted to 20.

ATTERIDGEVILLE LOCATION

This clinic is held on Wednesday afternoons. Usually 40 patients are examined per session. Population 21,000.

Number of cases of Pulmonary Tuberculosis	144
Number of cases of Primary Complex	69
Number of cases of Surgical Tuberculosis	28
Number of cases of positive sputum	15
Number of contacts	603
Number of contacts X-rayed	187
Deaths in 1956	6

New notifications for the year 1956 amounted to 38.

COMPOUND CLINIC

This clinic caters chiefly for Eurafricans and Asiatics.

Number of cases of Pulmonary Tuberculosis	66
Number of cases of Primary Complex	15
Number of cases of surgical Tuberculosis	7
Number of cases with positive sputum	9
Number of contacts	185
Number of contacts X-rayed	38
Deaths in 1956	3

New notifications for 1956 amounted to 15.

LADY SELBORNE LOCATION

This is the largest location with a population of 48,000. Usually 40—50 patients are examined per session.

Number of cases of Pulmonary Tuberculosis	275
Number of cases of Primary Complex	67
Number of cases surgical Tuberculosis	23
Number of cases with positive sputum	20
Number of contacts	1,375
Number of contacts X-rayed	262
Deaths in 1956	8

New notifications for 1956 amounted to 93.

BANTULE LOCATION

Population about 6,000. This is a relatively small location.
Usually 10—20 patients are examined per session.

Number of cases of Pulmonary Tuberculosis	36
Number of cases of Primary Complex	12
Number of cases of surgical Tuberculosis	3
Number of cases with positive sputum	0
Number of contacts	388
Number of contacts X-rayed	135
Deaths in 1956	3

New notifications for 1956 amounted to 9.

TOTAL NUMBER NON-EUROPEAN CASES

Total number Pulmonary Tuberculosis	724
Total number Primary Complex	233
Total number surgical Tuberculosis	83
Total number with positive sputum	81

EUROPEAN CLINIC

This clinic caters for the total European population living within the Municipality of Pretoria

Number of cases of Pulmonary Tuberculosis	161
Number of cases of Primary Complex	9
Number of cases of surgical Tuberculosis	0
Number of cases with positive sputum	9
Number of contacts	295
Number of contacts X-rayed	244
Deaths in 1956	5

New notifications for 1956 amounted to 39.

The above statistical data shows the picture of Tuberculosis in the City of Pretoria and in the various non-European locations as it is known to-day. Again it must be stressed that as yet no attempt at case finding has been made with mass miniature radiography or by any other means. This can now be tackled much more vigorously for various reasons.

VENEREAL DISEASES

The clinics for venereal diseases in Pretoria are held in the Special Diseases Clinic Building situated in the grounds of the Pretoria General Hospital.

The building is a double-storied one, the upper storey being a duplicate of the ground floor. Approached by an outside staircase, the first floor is used solely for Non-European clinics. When venereal diseases sessions are not held, the clinic buildings are used as a Tuberculosis centre.

EUROPEAN SERVICES

Four sessions a week are provided, two for females and two for males including a session for males in the late afternoon after working hours.

The staff, which is all part-time, consists of a medical officer, sister, and a male clinic clerk. All European sessions are conducted by the Medical Officer in charge of the Infectious Diseases Hospital.

During the year under review no follow up measures were necessary, all patients having co-operated admirably. Reminders had to be sent out to a few patients to return for their S.T.S. Checks, and they responded immediately.

Contacts

Six contacts, all in Pretoria, were traced and treated. The others in which infection followed holiday seaside friendships at coastal resorts or hotel lounge acquaintances in various towns were untraceable.

As far as could be ascertained no infections were due to contact with prostitutes.

The following table shows the number of patients attending during the year:—

DIAGNOSIS	*New Cases*		*New and Old Cases Combined*	
	Male	*Female*	*Male*	*Female*
Sero-negative primary Syphilis	2	0	5	0
Secondary Syphilis	2	1	2	1
Tertiary Syphilis	3	1	6	1
Endosyphilis (latent)	2	0	6	0
TOTAL SYPHILIS	9	2	19	2
Gonorrhoea	20	2	50	5
G.C. Vulvo-vaginitis		3		3
TOTAL G.C. INFECTIONS	20	5	50	8
GRAND TOTAL	29	7	69	10

	Male	*Female*
Number of cases suffering from two or more venereal diseases	0	0
Number of cases suspected of venereal disease which proved non-venereal	66	382
Number of cases discharged on probation	2	0
Number of cases discharged as finally cured	7	2

The large number of female suspects (382) which were proved non-venereal is due to the fact that all new admissions to Places of Safety and orphanages are routinely examined and submitted to serological tests. In addition patients in a home for unmarried mothers in Pretoria receive the same tests.

Of the male suspects (66) quite a number were those who had exposed themselves to the possibility of infection and rather gratifyingly five young men, came for a routine check-up before getting married.

Serological tests are performed on all cases at Ante-Natal clinics. Details will be found in the section embodying the Ante-Natal and Child Welfare Section in this report.

The average number of attendances made at the clinic by each person suffering from Syphilis is six — this figure is based on records.

NON-EUROPEAN SERVICES

The clinics for Non-Europeans in Pretoria are held at various places. The Central clinics are conducted as previously explained in the Special Diseases Clinic in the Pretoria Hospital grounds.

A session is also held at the Atteridgeville Polyclinic and at Vlakfontein location in temporary premises there. The Bantule clinic has been discontinued because of the very few patients, but the medical officer there and at the Proes Street Compound polyclinic sees any stray cases that may present themselves and either treats them or refers them to the appropriate centres.

The staff at the Central Clinic is the same staff as for Europeans with the addition of two part-time non-European orderlies. The post of clinic assistant has been abolished.

The Medical Officer in charge of the Isolation Hospital conducts all four sessions at the Central Clinic, assisted at one of them (the late Wednesday afternoon clinic) by another of the Council's Medical Officers. Clinics at other centres are held by the Deputy Medical Officer of Health or the Assistant Medical Officer of Health.

There is thus a total of six sessions per week for Non-Europeans in Pretoria and two other centres at which patients may present themselves daily where they will either be treated or directed where to present themselves for further treatment.

Sessions last approximately an hour and a half, while the early evening sessions at the Central Clinic for males only lasts two hours.

Tracing of contacts amongst Non-Europeans is extremely difficult, because of the casualness of the association, the number of exposures with numerous partners, and the impossibility of obtaining any sort of an address whatsoever.

Where the association is a little more permanent the native is asked to bring his reputed wife or partner along to the clinic and he invariably does.

Experience has also shown that the native is only too willing, with modern methods of treatment, to continue attending until cured. As a matter of fact, it is often difficult to discharge some of the male patients suffering from gonorrhoea. After being discharged cured they come back at the next session pleading for just one more injection!

If a native stops attending the clinic before completing treatment, it is because he just could not attend. When he does present himself again it is found that he had to leave Pretoria either for farm duties or some domestic trouble at home, or he has spent a short term in jail.

The average number of attendances of syphilitic patients at the clinics is four for females and three for males. This figure is based on records.

The following table shows the number of patients attending the clinics during the year under review:—

DIAGNOSIS	*New Cases*		*New and Old Cases Combined*	
	Male	*Female*	*Male*	*Female*
Sero-negative Primary Syphilis	100	2	183	2
Sero-positive Primary Syphilis	106	9	252	22
Secondary Syphilis	51	85	115	252
Tertiary Syphilis	35	10	150	47
Endo (latent) Syphilis	126	227	322	757
Neuro-syphilis	1	2	14	9
Congenital Syphilis under one year	1	25	1	57
Congenital Syphilis over one year	1	17	3	68
TOTAL SYPHILIS	421	377	1,040	1,214
Gonorrhoea	761	45	1,547	101
Gonococcal Vulvo-vaginitis	—	2	—	2
TOTAL G.C. INFECTIONS	761	47	1,547	103
Granuloma Venereum		1		1
Venereal Warts	29	5	59	9
GRAND TOTAL	1,211	430	2,646	1,327

	Male	*Female*
Number of cases seen suffering from two or more Venereal Diseases	215	16
Number of cases suspected of Venereal Disease which proved non-venereal	628	197
Number of cases discharged on probation	914	207
Number of cases discharged as finally cured	545	193

From the above it would appear that in Pretoria at least, compared with the previous year, the number of Non-European patients treated for venereal diseases remains about the same. Also evident is that gonococcal infection is becoming more common, while syphilitic infection is declining so that this year the number of patients treated for either disease is about equal.

HEALTH PROPAGANDA

A large number of talks were given to the public during the past year. Some of these talks were given outside Pretoria. On one occasion, a member of the staff took part in a Radio Discussion Group.

Filmlets were regularly shown in the Cinemas; posters, pertaining to public health were displayed on large poster-boards in the City.

At the Industrial Exhibition held in September, this Department had a stall where various posters and specimens of insects and animals spreading diseases, were displayed, and public health propaganda and advice was disseminated. It was gratifying to see the large number of persons who were interested in health matters.

INSPECTION OF NURSING HOMES, CONVALESCENT HOMES, HOSPITALS AND CHRONIC SICK HOMES

Nursing Homes, Convalescent Homes, Hospitals and Chronic Sick Homes, which are not under the jurisdiction of the Provincial Administration, were again inspected regularly by us on behalf of the Union Health Department. The Pretoria General Hospital and the Andrew McColm Hospital fall under the jurisdiction of the Provincial Administration and we exercise no control over these institutions.

One non-European Maternity Home at Vlakfontein Location was established during the year.

The general supervision and management of these institutions are on the whole satisfactory. Detailed reports regarding all Institutions were submitted to the Union Health Department during the year.

INSTITUTIONS FOR EUROPEAN MATERNITY CASES

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

INSTITUTIONS FOR NON-EUROPEAN MATERNITY CASES

There are twelve beds in the maternity section of the Pretoria General Hospital, one hundred beds in the Holy Cross Nursing Home which is situated in the Lady Selborne Location and 38 beds in the Vlakfontein maternity home which is situated on the Western Boundary of Vlakfontein location.

All maternity cases admitted to the Holy Cross Nursing Home are treated free of charge. The City Council of Pretoria pays a fixed annual grant towards the running cost of this Nursing Home.

The Vlakfontein Maternity Home was erected during the year out of funds raised by the "Vroue Sendeling Vereniging". The Provincial Administration and the City Council of Pretoria have made donations towards the cost of the building and the equipment.

This Home is a great help but with only thirty eight beds it is far short of what is required for the population of Vlakfontein which is 35,000 at present.

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

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

CHRONIC SICK HOMES

All Chronic Sick Homes within the Municipal Area of Pretoria are supervised by the Municipal Health Department.

There are four homes for European patients only which have been adapted for the purpose and have 15, 15, 12 and 20 beds respectively. There is a great need for such homes for Europeans and non-Europeans, because whilst there are facilities for those needing constant medical attention, here are very few places in Pretoria for the many lonely old people who are sick, but not sick enough o require constant medical attention and who are still capable of looking after themselves.

CHILD WELFARE ACTIVITIES

STAFF

The European Health Visiting staff has been increased by one and the total number, at the moment, is 20. At the end of the year, one post was vacant. Two of these posts are filled by "clinic nurses", because of the shortage of fully qualified Health Visitors.

The non-European staff has also been increased. This was due to the development of Vlakfontein and to the increase in the Atteridgeville population. These developments are the result of the re-settlement of natives from the unhygienic Peri-Urban areas to the two main locations. We now employ 25 nurses (one post is vacant), this is double the number we had at the end of 1954. Fifteen are Child Welfare nurses, seven are midwives and four are T.B. nurses. The work at the Compound and Bantule Clinics is decreasing gradually, as the population is being re-settled elsewhere. The new appointments made are for Vlakfontein and Atteridgeville. In spite of these increases, the present staff is still not enough to cope with the work in the way we would like it to be done.

On account of the very big clinic attendances, Child Welfare nurses are now employed to a large extent on work in the Clinics and they have less time to do essential health educational visiting at home.

PREMISES

The work of the European community is still adversely affected by the lack of decent clinic facilities. The clinic building at van der Walt Street is completely inadequate and the congestion is at times extreme. One of the rooms in this section is used for three purposes, namely, as a major administrative office, as a Child therapy room and for relaxation exercises once per week.

An effort was made to buy a property in Villieria so as to give Innesdale all the clinic facilities it is entitled to. This deal, however, fell through and we are still faced with the situation that we can only tender limited services in unsatisfactory premises.

The old Municipal offices at Hercules were altered and renovated and it has made a big difference to the work there.

For the rest, Child Welfare and Immunization clinics are still being conducted in unsuitable Church Halls and class rooms. We are however, grateful for the persons in charge of these premises and for their willing co-operation during the years.

At Booysens in Hercules a clinic with a big attendance is conducted in two rooms in a private house. This house is for sale, and it is unlikely that the new owners will provide us with similar facilities. The urgency for a clinic in this area, where during the past year 1160 children were seen, must be stressed. Up to the present, our efforts at getting permission from the authorities to erect a clinic here have been unsuccessful.

GENERAL

Although much of the routine work has remained the same as in the previous year, some new features were introduced. These are largely due to the fact that Mental Hygiene principals have been applied on broad lines in all directions. The Mental Hygiene work will be reported on in detail later. The main emphasis of the general Mental Hygiene approach was primarily education and re-orientation of the European staff. This was done by fairly regular fortnightly clinical discussions. An effort was made to increase the awareness for problems in the homes. This led to an alteration in the home visiting pattern and less stress was laid on the number of visits and more on the quality. For example, it is now common for a Health Visitor to spend an hour or more at a single visit with an individual mother and her difficulties.

An effort was also made to increase the self-confidence of the mothers and to decrease their dependance on external advice. This was associated with fewer home visits, because the mother was given the feeling that she could cope with many minor problems which previously raised her anxiety to an acute pitch.

On the non-European side, an effort was also made to decrease the passive "spoonfeeding" methods and where the staff felt that they dealt with a capable mother and healthy baby, such a mother was discouraged from weekly attendances.

The "Doll Scheme" previously reported on, was dropped. This experience again showed how important individual enterprise and interest is. At the moment there is no staff member who is particularly interested in this scheme and it was felt that unless it could be undertaken with enthusiasm it would serve no good purpose.

YOUTH CLUB

The Department of Social Studies at the University has taken over the activities of the Club which is still conducted once a week on the clinic premises.

EUROPEAN STATISTICS

HOME VISITS BY HEALTH VISITORS

(Figures for 1955 in brackets).

	First visits	*Subsequent visits*	*Number of sick children visited*	*Total visits*
1956 ..	3,624 (3,652)	6,137 (8,374)	937 (1,090)	10,854 (13,116)

Fewer births than last year occurred and first visits show a proportionate decrease. As usual, the number of re-visits are about double those of the first visits. As already explained, the new approach may have some bearing on these figures. It must also be pointed out that during the year extensive immunization against polio was undertaken and to assist at these clinics, some of the Health Visitors had to give up time normally spent on visiting. Members of the European staff also had to assist at the Atteridgeville clinic with the non-European work as the staff there could not cope with the increased volume of work.

DETAILED CLINIC ATTENDANCES:

(Figures for 1955 in brackets.)

	First Attendances		*Re-Attendances*		*Total Attendances*		*Seen by Doctor*	
Central (Tuesday)	108	(84)	1,205	(1,074)	1,198	(1,158)	859	(725)
Central (Wednesday)	92	(92)	886	(733)	978	(825)		
Central (Friday)	103	(106)	914	(848)	1,008	(954)		
Bloed Street	61	(72)	882	(959)	913	(1,035)		
West End	131	(61)	1,525	(1,271)	1,539	(1,332)	173	(162)
Proclamation Hill	42	(42)	695	(662)	737	(704)	88	(89)
Iscor	47	(62)	603	(725)	650	(787)		
Gezina	82	(73)	788	(934)	870	(1,007)		
Villieria, 24th Avenue	94	(98)	791	(898)	885	(996)	143	(166)
Villieria, 30th Avenue	72	(101)	612	(673)	684	(774)		
Wonderboom South	77	(98)	849	(972)	926	(1,070)	113	(172)
Mayville	105	(99)	683	(701)	783	(800)		
Capital Park	74	(74)	648	(664)	722	(738)		
Hatfield	111	(70)	1,177	(991)	1,288	(1,061)		
New Muckleneuk	83	(90)	1,077	(1,127)	1,160	(1,217)		
Sunnyside (Tuesday)	117	(83)	1,564	(1,207)	1,581	(1,290)		
Sunnyside (Wednesday)	94	(104)	1,459	(1,473)	1,462	(1,577)		
Riviera	51	(62)	724	(690)	675	(752)	61	(85)
Salvokop	4	(11)	206	(537)	210	(548)		
Danville	53	(76)	841	(1,069)	824	(1,145)	326	(589)
Defence Reserve	3	(3)	199	(199)	97	(97)		
Armstrong Berning	4	(11)	25	(82)	29	(93)		
Creche	—		—		—		5	(—)
Arcadia	93	(78)	913	(744)	1,056	(823)		
Showgrounds	23	(8)	395	(358)	418	(366)		
Hercules	169	(212)	3,165	(3,801)	3,313	(4,013)	976	(957)
Booysens	61	(59)	1,160	(1,078)	1,221	(1,137)		
Mountain View	123	(98)	1,616	(869)	1,739	(967)		
Pretoria Gardens	89	(88)	1,230	(640)	1,318	(728)		
Rietfontein North	64	(48)	432	(549)	496	(595)		
Voortrekker Road	37	(44)	300	(329)	337	(373)		
	2,267	(2,237)	27,514	(26,752)	29,256	(28,959)	2,748	(2,947)

The number of cases seen by the doctors at the Clinic shows very little change, but it does not correctly reflect the number of children actually seen by the doctors. Added to this figure, there should be those cases seen at the Mental Hygiene Section, where a total of 884 hourly sessions were held.

EUROPEAN ANTE-NATAL CLINICS:

(Figures for 1955 in brackets.)

	Central		*Hercules*		*Danville*		*Total*	
Number of new cases	330	(452)	135	(190)	55	(82)	520	(724)
Total attendances	1,887	(1,800)	800	(790)	424	(615)	3,111	(4,640)

DENTAL CLINIC:

Number of cases attended Dental Clinic .... 74 (121).

Prejudice against Dental treatment during pregnancy remains unaltered.

IMMUNIZATION:

(Figures for 1955 in brackets.)

Number of cases fully immunized against Diphtheria	989	(431)
Number of cases fully immunized against Whooping cough	877	(53)

The number of cases immunized at the European Immunization clinic has shown a considerable increase. During the first part of the year, the effect of the poliomyelitis epidemic caused small attendances at the Clinics, but during the last few months there has been a noticeable increase.

During August 1955 the first injections against poliomyelitis were given. It was then interrupted for a full year and it was only since September 1956 that more or less regular mass immunizations could be undertaken.

First injections	4,705
Second injections	504

MIDWIFERY SUPERVISION

(Figures for 1955 in brackets).

No. of midwifery bags inspected	88 (81)
Special visits to midwives	52 (27)
Visits to midwifery cases	3 (3)
Visits to maternity homes	64 (30)

Six years ago a start was made with the investigation of all stillbirths in an effort to arrive at some of the important causes. During the past year a preliminary analysis of these figures was made. This report was discussed with the "Society of Obstreticians and Gynaecologists". It is hoped that in the future, the closest co-operation will exist between that group and this Department, in an effort to reduce the incidence of stillbirths and neo-natal deaths.

NURSERY SCHOOLS

Three Nursery Schools and one Creche are still regularly inspected by a Medical Officer. Several of the Nursery Schools in Pretoria make use of the services of private doctors. It is however becoming more difficult for Nursery Schools to get this kind of help from private practitioners.

The development of privately run Creches, Kindergartens, Day Nurseries, which are being conducted for gain by private enterprise, is causing the authorities some concern. The combined efforts of the Department of Social Welfare and the Local Authorities to set standards, to inspect, register and control such places, are not as successful as was hoped at one stage. At the moment several nationally organised bodies are working on standards which they hope will be accepted and incorporated in the Children's Act. If this could be done, it will be possible to avoid some of the harm which Institutions of this nature can do to the growth and development of children.

MATERNAL AND CHILD GUIDANCE SERVICES

Towards the end of 1955 a beginning was made with the introduction of Mental Health into the Maternal and Child Welfare section. During the course of 1956 the services were developed as fully as it was possible under present circumstances. A Medical Officer with psychiatric training was in charge of this work.

It can be divided under the following headings:

1) Training of personnel dealing with the mother and the young child.
(2) Diagnostic work.
(3) Therapy.

STAFF TRAINING

The training was done by having regular discussions on clinical material at staff meetings. Attendance at these discussions was not compulsory and the staff was free not to attend unless they so desired. It is considered important to allow doctors and Health visitors this free choice. Psychological knowledge and Mental Hygiene principles cannot be forced on any person. They must be eager and ready to absorb such knowledge. This point was stressed with the staff because it is also the basis of our approach to the public. No parent was expected to accept psychological treatment unless he or she felt that it might be the answer to some of their difficulties.

Apart from the group discussions, more intensive and individual training of a few Health Visitors was carried out. In such instances, individual cases were discussed with them, so as to give them an insight into the dynamics of human emotions and human relationships.

As they gained some insight, they gained in confidence, and a natural result of this was that they could deal with certain situations and certain problems which mothers brought to them. The most obvious result of this training was however the awareness which they developed for psychological problems and tensions in the homes where they paid visits. They developed the ability to recognise that certain so-called physical complaints were not organically determined, but were psychological in nature.

DIAGNOSTIC WORK

The diagnostic work consisted of those cases referred by members of the staff and also by cases referred from outside agencies and colleagues.

Fifty-two cases were referred by outside agencies and colleagues and they were disposed of as follows:—

(*a*)	Accepted for treatment at this clinic	14
(*b*)	Referred to the School Psychologist and private psychiatrist	12
(*c*)	Counselled	21
(*d*)	No further action	5

THERAPY

The therapeutic work can conveniently be divided under two groups:—

(*a*) Long-term analytical treatment of individual children. Ten such cases have been treated. They were taken for hourly sessions once per week.

(*b*) Combined treatment of the mother and the young child. One hundred and thirty one cases were treated in this way. These cases were diagnosed at the ordinary Child Welfare Clinics, where the mother usually consulted us because she had difficulties about the feeding or because the child slept badly, cried so much or was restless during the day or night. After organic causes had been excluded and the mother was considered suitable to be taken into treatment, and she was willing to co-operate, psychological treatment was undertaken. The number of interviews required to help such a mother and baby varied from one to fourteen, the average being about five.

This part of the work was considered to be the most rewarding and seems to be the part which rightly belongs in a Health Department. At least 75 per cent satisfactory results were obtained. To what extent this treatment would lead to the avoidance of problems in the future can naturally not be predicted at this stage. In our follow-up work, it seems however that quite a number of these mothers have been helped to the extent that they can now cope with this particular child.

This year of trial has shown the advantage of introducing child psychiatry into the Infant Welfare Clinics of the City Health Department.

The training of Health visiting personnel for this presents many difficulties, but it is essential for the success of the work that they should be well trained. Much of the success of this year was due to the fact that the doctor with psychiatric knowledge was not introduced from outside, but also attended and conducted the ordinary Infant Welfare Clinics. It was relatively easy therefore for the mother or the parents to accept a psychiatric approach. It had however to be done cautiously and with tact and in the beginning several cases were lost on account of faulty technique.

It is clear that the prejudice against psychological and psychiatric knowledge is still marked and can only gradually be overcome. One of the ways of overcoming this prejudice is by making psychiatric services an integral part of the Child Welfare Services and not to have to refer these mothers to special buildings, a special clinic or to what seems to them special staff.

The analytical work which was done with the older children who already had serious personality deviations and some of them even with neuroses, do not really belong to a Municipal Health Department. Such cases can and should be referred to special clinics. One of the obvious disadvantages of treating them in a Health Department is that they are so time-consuming, and that they tie the psychiatric doctor to a programme which is too rigid. It is important that the psychiatric help in the Infant and Child Welfare section should be fluid and flexible. An acutely distressed mother with a crying baby cannot be put on a waiting list, but must be helped as soon as possible, and to achieve that, the programme of the psychiatrist should not be filled up with appointments weeks ahead. This work is very much in the nature of first aid work where help must be given promptly.

NON-EUROPEAN CHILD WELFARE

Non-European clinics are now conducted at Atteridgeville, Bantule, Compound and Vlakfontein.

The work at Atteridgeville has increased considerably as a result of the rehousing of natives from the Peri-Urban areas.

on the 31st December 1955 there were 2,238 houses.
on the 31st December 1956 there were 3,474 houses.

It is not only that the residents have increased, but the problems which these patients who have come from outside present to the Clinic have altered. Many of these patients are suffering from malnutrition, and related illnesses which are commonly found associated with their previous bad housing and living conditions.

Authority has been granted for the erection of a clinic at Saulsville. This will ease the situation at the present Atteridgeville Polyclinic.

At Bantule the work is decreasing because no new houses are being built and the residents are gradually being rehoused under more satisfactory conditions in Atteridgeville.

At the Compound this decrease in urban Bantu work is even more marked. The Coloured and Indian clinics have remained unaltered, but the attendance at the Native clinics consists almost exclusively of people from the Peri-Urban areas. At the Ante-Natal Clinic, the attendance of patients from the Peri-Urban area is much higher than from the city.

The Vlakfontein location has developed very rapidly and so has the work at the Clinic. The Clinic is still conducted in temporary premises consisting of two houses. The working conditions have been difficult but in spite of that the attendance has increased and the nature of the work rendered to the residents is considered to be of a high standard. In some way, the work at Vlakfontein varies considerably from other locations, because no routine home visits are being done by the European or non-European staff. This was decided on by way of an experiment, to see how the residents would respond if they are not visited at home and not urged to attend the clinic. The limited accommodation also enforced limitation of staff and this was the only practicable way of doing it. The only investigations done are those of deaths and stillbirths. It is hoped to do a comparative investigation in the various mortality rates as an indication of the effectivity of the health measures.

HOME VISITS

(Figures for 1955 in brackets)

	Natives	*Compound Asiatics*	*Eurafricans*	*Atteridgeville Natives*	*Bantule Natives*
First visits to newly born infants	6 (136)	190 (346)	110 (147)	1,197 (886)	266 (504)
Subsequent visits	71 (648)	2,684(2,090)	2,522 (1,524)	4,733(5,953*)	6794(7,821)
Visits to sick children	— (8)	64 (84)	140 (83)	191 (342)	242 (410)
Number of sick children visited	— (7)	29 (59)	34 (26)	123 (104)	133 (26)

The home visits to the newly born infants is an indication of the shift of the population. The marked decrease and the revisits at Atteridgeville is partly due to the fact that our staff is occupied to a greater extent in the clinic and has less time for visiting.

CHILD WELFARE CLINIC ATTENDANCES:

(Figures for 1955 in brackets.)

	Natives	*Compound Asiatic*	*Eurafricans*	*Atteridgeville Natives*	*Bantule Natives*	*Vlakfontein Natives*
First attendances	563(1,272)	243 (320)	167 (241)	924(1,129)	329 (413)	2,734 (256)
Re-attendances	1,511(3,138)	2,547(3,833)	1,919 (1839)	13,969(11,735)*	6,939(8,350)	10,625 (704)
Seen by doctor	440 (871)	385 (331)*	393 (442)	5,419 (5,392)	726 (1,095)	4,574 (411)

The attendance at the Compound native clinic is almost exclusively from the Peri-Urban residents.

The three figures above marked with an asterik, are not the same as were given in last year's report. They were wrong and have since been corrected.

The re-attendances at Atteridgeville have also been affected by the fact that we have discouraged mothers with healthy breast fed babies from weekly attendances.

ANTE-NATAL CLINICS:

(Figures for 1955 in brackets.)

	Compound Natives	*Compound Eurafricans and Asiatics*	*Atteridgeville Natives*	*Bantule Natives*	*Vlakfontein Natives*	*Total Natives*
No. of new cases reporting at Clinics	1,596 (2,437)	175 (249)	892 (740)	200 (353)	1,247 (177)	4,110 (4,133)
No. of attendances	5,392 (8,372)	1,297 (665)	6,549 (5,642)	1,376 (1,868)	6,709 (476)	21,323(16,499)

CONFINEMENTS BY MIDWIVES:

Bantule	*Vlakfontein*	*Atteridgeville*
33 (29)	46 (16)	403 (225)

The number of confinements at Atteridgeville has shown a marked rise on account of the expansion.

At Vlakfontein a new Maternity home was opened during the past year, which can cater for 38 patients. This fills a great need. In contrast to Atteridgeville, home deliveries are less popular.

IMMUNIZATION CLINICS:

(Figures for 1955 in brackets.)

Number of cases immunized against Diphtheria	3,345 (280)
Number of cases immunized against Whooping cough	812 (18)

FEEDING SCHEMES:

The Feeding Scheme at Bantule is the only one still in existence. With the cessation of School feeding, the Feeding Scheme at Atteridgeville has been closed down. The available money is being used to feed the children attending the Atteridgeville Creche.

PRETORIA DENTAL CLINIC

FOR THE PERIOD APRIL 1955 TO MARCH 1956

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

£700 of the City Council's grant-in-aid of £3,100 per annum was specifically granted for the treatment of non-Europeans.
The Union Health Department grants £3,100 per annum for all services excepting for indigent children attending the Transvaal Provincial Schools. The Provincial Administration has increased its annual grant from £6,900 to £9,600, and is for the treatment of school children.

3. DENTAL SURGEONS

The establishment of Dental Surgeons has increased by one, bringing the number of surgeons employed to seven.
One dental officer is employed in a part-time capacity and is in charge of the Orthodontic Department. The remaining six render services to school children. Two of these go out to the non-European centres, whilst one devotes some time during the mornings to the care of pre-school and non Government school children, and also to Ante-and Post Natal cases.

4. SCHOOL SERVICES

School inspections were resumed this year after having been suspended during the past year owing to the outbreak of Poliomyelitis.

No. of Schools at which inspections were held	64
No. of children on school registers	33,851
No. of children examined	32,165
No. of children requiring treatment	16,221
No. of indigent children according to Principals	14,827
No. of indigent children requiring treatment	10,666
No. of indigent children requiring no treatment	4,161

Although inspections were held at the undermentioned schools they were not considered for inclusion in the above figures owing to various difficulties experienced by the principals in assessing indigency etc.

Afrikaans Seuns Hoër
Clapham High School
Boys' High School
Girls' High School

The inspection which was scheduled to be held at the Afrikaans Meisies Hoër School was cancelled due to inconvenience occasioned by building operations.

5. MORNING CLINICS

These are extraction services rendered at the Pretoria Dental Clinic.

No. of sessions held	20
No. of children treated	764
No. of teeth extracted	1,005

6. TREATMENT OF SCHOOL CHILDREN COMPARATIVE TABLE

Period	Number of Children Examined	Number of New Patients Treated	Number of Re-visits	Number of Discharged Treatment Completed	Number of Casuals Discharged Treatment Completed	Number of Fillings	Number of Extractions	Total Operations
November, 1948 .. October, 1949	2,969	7,158	5,310	1,310	484	8,778	6,788	19,929
November, 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	6,846	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
March, 1955 ..... April, 1956	39,748	7,913	11,559	4,544	1,341	16,572	8,840	34,161

Examinations done at school inspections are included in the above figures.

7. GOLD INLAYS AND PROSTHETICS

90 Gold Inlays were completed.
36 Partial dentures were supplied.

8. MOBILE UNIT SERVICES

The Mobile Unit was used for the following services:

Sub-Clinics: These consist of extraction services rendered at the various schools.

No. of schools visited	9
No. of sessions held	17
No. of children treated	690
No. of teeth extracted	936

Meerhof Chronic Sick Home:

No. of visits	3
No. of children treated	111
No. of fillings completed	63
No. of teeth extracted	12

9. CONSERVATIVE TREATMENT

Conservative treatment was rendered at Rachel de Beer and Voortrekker Eeufees schools.

No. of children who received treatment	3,092
No. of children examined	1,265
No. of fillings completed	2,591
No. of teeth extracted	905

10. ORTHODONTIC SERVICES

The dental surgeon in charge of this section was assisted by one dental surgeon and a dental nurse.
With the increasing demand for this treatment it will soon be impossible to cope with the work during the one morning session as at present, and a further time will have to be set aside for this work.

11. PRE-SCHOOL CHILDREN

Although the number of children eligible for this service has apparently diminished, the ratio of conservative treatment in comparison with extractions shows a most encouraging figure.

12. PRIVATE SCHOOLS

This section has not been subject to any noticeable changes.

13. ANTE- AND POST-NATAL PATIENTS

As in the above instance there has been no apparent change in conditions in this department during the past year.

14. NON-EUROPEAN SERVICES

As in the past, only a limited number of patients are interested in conservative treatment; the majority prefer to have their teeth extracted.

MEDICAL EXAMINATION CONDUCTED BY MEDICAL OFFICERS IN THE HEALTH DEPARTMENT

A total of 876 such Medical examinations were conducted. This figure includes Medical examinations of persons entering the Municipal Service, special Medical examinations under the Workmen's Compensation Act or for Pension Fund or other purposes.

ABATTOIR

STAFF

The establishment is a s 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	Mr. C. M. Taljaard.
Meat Inspectors	Four.
Supt. By-Products and Refrigeration Plant	Mr. J. A. Matthee.
Fitter and Turner	One.
Workshop Assistant	One.
Machine Attendants	Seven.
Caretaker/Yard Foreman	One.
Cleaner Checkers	Two.
Cleaner Handyman	One.
Cleaners	Five.
Watchman	One.
Natives	Fifty-five.

During the year there was only a short while in which the full complement of Meat Inspectors could be mustered when no call on the District Health Inspectors had to be made. Repeated advertisements elicited only one application for the post of Meat Inspector. At present one vacancy exists while one post is filled by a pensioner. With very few Meat Inspectors training and Health Inspectors generally being unwilling to work at Abattoirs, there is a serious shortage of Meat Inspectors.

The post of Assistant Veterinary Officer remained vacant during the year so that the Veterinary Officer often could not relieve at the Abattoir when required to do so.

The Manager, By-Products and Refrigeration Plant, was injured on duty during 1948 and has been off duty or unable to carry full responsibility for long periods. With the condition of the plant leaving much to be desired, the absence of this employee has been severely felt.

MEAT SUPPLIES

The following is taken from the Annual (1955/56) Report of the Livestock and Meat Industries Control Board:—

> "On the 16th January, 1956, after a period of almost 12 years, quota and price control over the marketing of cattle and calves were abolished and a system of auctioneering on the hook with a guaranteed minimum price to producers was introduced in the nine large urban areas in the Union. In the case of sheep, lambs and goats a similar scheme has been in operation since as far back as 1st November 1951. Quota and price control in respect of pigs have still been retained in the nine controlled areas.
>
> This change was effected after a recommendation by the Beef Marketing Investigation Committee which was appointed by the Board in 1954 to go thoroughly into the marketing aspect, and in a press statement issued by the Minister of Agriculture the reasons for the changing of the marketing system were given as follows:—
>
> > 'When the Meat Board had recommended the change in the marketing system last year (1955), the Government had already realized that the partial control of the existing rigid wartime scheme made that scheme unsuitable for a permanent peace-time instrument. At that stage, however, circumstances had not been favourable for the introduction of such a radical change. In the meantime the prospects for larger supplies of slaughter stock have improved, while the country has had an opportunity of discussing and considering the Meat Board's proposals. There is at present general support on the part of producers, consumers and the trade for auctioning on the hook. The Government is introducing this change in the cattle marketing system in the firm belief that it is essential in the interests of both producers and consumers. The new system will afford the necessary encouragement for the production of more beef, which will also benefit the consumer. The Government is confident that the free competition which will now come into play and the selectivity which will be enjoyed by the trade and the consumer alike will give greater satisfaction to consumers and will also keep prices within reasonable limits.
> >
> > The practical effect of the change is that the carcases of all cattle, calves and sheep at present marketed in controlled areas are sold by public auction, while there is no limit imposed on the price at which the trade may sell the meat. Where the prices offered by the buyers for the carcases are lower than the guaranteed minimum price, the carcases are bought in by the Board at the guaranteed floor price. In the case of pigs the carcases are, as in the past, bought in by the Board at fixed prices and distributed among the trade on a quota basis.' "

Pretoria Abattoir was not equipped for sale on the hook and the Minister was prepared to proceed with the new scheme to the exclusion of Pretoria. However, through temporary measures sufficient hanging space was created so that sales could be held daily except Saturdays and Sundays. Hygienic conditions, however, are far from satisfactory but the Council has, at the request of the Meat Control Board, undertaken to build additional hanging hall accommodation to provide cooler and cleaner hanging and expedite removal of carcases after sales.

The new scheme has brought with it new problems of control but it seems to have brought the supply position back to what can be considered as normal. As will be seen from the figures given, the number of cattle received, increased greatly with the usual decline in the number of other species slaughtered.

The indications are that the present system of sale on the hook will continue. The greatest difficulty, that is, a better control of supplies, is being investigated. The local prices obtained tend to be the same as those at Johannesburg.

The one butcher slaughtering equines is finding it increasingly difficult to obtain these animals.

DISEASES ENCOUNTERED

Condemnation for cysticercosis (measles) again headed the list in cattle and pigs. With the Northern Transvaal cattle once more reaching this Abattoir in considerable numbers the percentage of infection again reached 6% showing that this area remains heavily infected.

Pigs with this disease come mainly from Native Areas.

A marked improvement was noticed in the amount of beef condemned for bruising. This is probably due to care in transportation both by rail and road. The high incidence of Globidiasis is probably due to the farmers getting rid of visibly infected animals in the hope of clearing their farms of the disease.

In sheep the infection with Caseous Lymphadenitis among Merinos is still high.

Random infection with Tuberculosis in cattle and pigs followed the usual pattern. Any marked rise in cases encountered will probably only occur after the inception of a national eradication scheme with slaughter of reactors.

BY-PRODUCTS MANUFACTURE

Through a fairly even distribution of slaughter stock, the processing of condemned material could be satisfactorily accomplished despite the inadequacy of the plant.

The demand especially for bone- and carcasemeal still far outstrips production especially with the increase in the price of fish meal and the fact that most bones go to glue factories.

The by-products sold approximated £28,000. It appears that some expensive plant will have to be replaced in the near future.

REFRIGERATION

Despite a few breakdowns no great inconvenience occured to users. A commencement has now been made with the installation of additional plant to enable the old plant to be reconditioned.

Demand for space is far greater than what is available.

ERECTION OF NEW ABATTOIR

Now that the Meat Control Scheme seems to be approaching stability, and supplies of slaughter stock fairly certain, planning of the new abattoir can be proceeded with. Already some work has been completed on the von Wielligh Street site that will house the new market as well as the new abattoir. It is hoped that no further delay will occur as conditions at the present abattoir are far from satisfactory.

GENERAL

Amendments to the Local Government Ordinance published on 31st August 1955 prohibited the levying of inspection fees on beef and mutton carcases slaughtered at approved abattoirs outside the borders of a Local Authority and introduced to such Local Authority within 24 hours of slaughter. Following on various protests against this legislation, the Administrator has appointed a Committee of Enquiry to hear objections.

Proposed amendments to the Abattoir By-laws have been drafted and submitted to the legal advisers. These provide for the compulsory slaughter of equines, poultry and rabbits within Pretoria, at the abattoirs.

ANIMALS AND POULTRY SLAUGHTERED AT THE ABATTOIRS

	January—December 1956	*January—December* 1955
Bulls	445	225
Cows	9,484	4,908
Oxen	50,121	30,929
	60,050	36,062
Calves	2,621	1,602
Sheep	108,311	136,141
Goats	766	3,799
Pigs	23,527	30,774
	135,225	172,316
Donkeys	2,077	2,597
Horses	654	676
Mules	15	3
	2,746	3,276
Bantams	3	—
Chickens	602	314
Ducks	2,589	1,943
Fowls	40,034	38,971
Geese	27	32
Pigeons	36	9
Turkeys	1,043	1,708
	44,334	42,977
Rabbits	544	427

IMPORTED MEAT INSPECTED

Beef Carcases	39½	14,388
Beef Quarters	—	97
Mutton Carcases	162	2,755
Pork Carcases	732½	24

BOVINE AND PORK CARCASES AND ORGANS CONDEMNED

	Cattle	Calves	Sheep and Goats	Pigs
Carcases	1,418	204	293	406
Heads	2,936	—	—	20
Hearts	57	—	—	—
Intestines	2,845	—	28,521	455
Kidneys	403	—	—	—
Livers	9,830	—	45,155	—
Lungs	3,438	—	3,233	—
Plucks	517	—	4,581	455
Quarters	78	—	370	—
Tails	221	—	—	—
Tongues	207	—	—	20
Tripes	2,889	—	—	455
Udders	784	—	—	—
Viscera	1,461	204	450	—
Spleens	2,888	—	—	455

TOTAL CONDEMNATIONS

	January—December 1956	July—December 1955
Beef	2·361%	2·026%
Veal	7·784%	17·143%
Mutton	0·269%	0·833%
Pork	1·726%	2·914%

WEIGHT OF CONDEMNED CARCASES AND PORTIONS THEREOF IN TONS

	January—December 1956	July—December 1955
Beef	362·947	87·957
Veal	4·414	2·566
Mutton	6·936	9·670
Pork	22·156	28·032
Horse Meat	0·936	0·252
Donkey Meat	0·134	0·075
	397·523	128·552

CYSTICERCOSIS (Measles)

	Number affected	Number condemned	Number detained for Cold Storage Treatment
Beef	3,616 or 6·021%	880 or 1·465%	2,736 or 4·556%
Pork	303 or 1·288%	254 or 1·08 %	49 or 0·208%
July—December 1955			
Beef	903 or 5·227%	189 or 1·094%	714 or 4·133%
Pork	498 or 2·769%	408 or 2·269%	90 or 0·5%

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

Hearts	Livers	Tails	Tongues
2,668	2,386	2,727	2,726

TUBERCULOSIS

	Number Affected	Number Generalised	Number Localised
Beef	57 or 0·094%	28 or 0·046%	29 or 0·048%
Pork	32 or 0·136%	15 or 0·064%	17 or 0·072%
July—December 1955			
Beef	9 or 0·052%	3 or 0·017%	6 or 0·035%
Pork	65 or 0·361%	20 or 0·111%	45 or 0·25 %

ANIMALS FOUND DEAD OR IN DYING CONDITION IN WAITING PENS

Cattle	Pigs	Sheep	Horses
8	5	119	1

DEAD ANIMALS RECEIVED AT THE BY-PRODUCT PLANT

Cattle	Pigs	Sheep	Horses	Mules
20	1	8	4	1

During the year microscopical examination of 170 blood smears were carried out.

IMPORTED MEAT CONDEMNED

	Beef	*Mutton*	*Pork*
Soiled	2	—	—
Decomposition	—	1	1

CARCASES, OWNED BY BUTCHERS IN PERI-URBAN AREAS, TREATED IN COLD STORAGE FOR MEASLES AND HANDED BACK TO OWNER

Beef 11¾

EQUINES CONDEMNED

Donkeys	*Horses*
2	7 and 1 Quarter

POULTRY CONDEMNED

Fowls	*Turkeys*
114	1

DISEASES FOR WHICH CARCASES ETC. WERE CONDEMNED

Diseases	*Beef C/S*	*Beef Qrts.*	*Veal*	*Mutton C/S*	*Mutton Qrts.*	*Goat*	*Pork*	*Horse*	*Donkey*
Abscesses	66	31	2	4	—	—	23	—	—
Actinomycosis	—	Heads 78	—	—	—	—	1	—	—
Cas. Lymphadenitis	—	—	—	114	(Aff.13019) 370	—	—	—	—
Cysticercosis (measles)	880	—	—	—	—	—	254	—	—
Carcinoma	4	—	—	—	—	—	2	1	—
Def. Bleeding	2	—	—	2	—	—	—	—	—
Emaciation	33	—	59	73	—	3	12	2	2
Emphysema	14	17	—	—	—	—	—	—	—
Enteritis	—	—	2	—	—	—	1	—	—
Ext. Bruising	79	12	Qrts. 2	13	—	—	14	Qrt. 1	—
Ext. Bruising (lbs.)	—	45,236	—	—	48	—	79	—	—
Fevered	1	—	—	—	—	—	—	—	—
Gangrene	53	18	—	6	—	—	11	1	—
Globidiosis	89	—	—	—	—	—	—	—	—
Immaturity	—	—	95	—	—	—	—	—	—
Jaundice	4	—	2	55	—	—	1	—	—
Joint Ill	—	—	—	—	—	—	—	1	—
Lumpy Skin	3	—	—	—	—	—	—	—	—
Malignant Tumors	2	—	—	—	—	—	—	—	—
Mastits Septic	7	—	—	—	—	—	—	—	—
Metritis Septic	19	—	—	3	—	—	—	—	—
Moribund	2	—	—	8	—	—	1	—	—
Mult. Haemorrhages	—	—	—	—	—	—	34	—	—
Navil-ill	—	—	37	—	—	—	—	—	—
New Growths	1	—	—	—	—	—	1	—	—
Nephritis	—	—	3	1	—	—	1	—	—
Nodular Worm	—	—	—	1	—	—	—	—	—
Orchitis Septic	—	—	—	—	—	—	8	—	—
Pericarditis	3	—	—	—	—	—	—	—	—
Peritonitis	21	—	2	1	—	—	12	—	—
Pleurisy	3	—	—	—	—	—	1	—	—
Pleurisy and Peritonitis	68	—	—	—	—	—	—	—	—
Pneumonia Septic	20	—	1	8	—	—	11	2	—
Sarcosporidiosis	3	—	—	—	—	—	—	—	—
Soiled	—	—	—	1	—	—	—	—	—
Red Water	13	—	1	—	—	—	—	—	—
Rickets	—	—	—	—	—	—	2	—	—
Tuberculosis	28	—	—	—	—	—	15	—	—
Urticarea	—	—	—	—	—	—	1	—	—
	1,418	78	204	290	370	3	406	7	2

DISEASES FOR WHICH POULTRY WERE CONDEMNED

	Fowls	*Turkeys*
Abscesses	5	—
Bruising	2	1
Carcinoma	11	—
Dead	20	—
Emaciation	5	—
Gangrene	10	—
Leukaemia	2	—
New Growths	24	—
Nodular Worm	6	—
Peritonitis	29	—
	114	1

BY-PRODUCTS SOLD FOR YEAR ENDED 31st DECEMBER, 1956

	Tons	*lbs.*
Hide Pieces	—	435,672
Lard	18	172
Bone Meal	164	1,536
Carcase Meal	357	736¾
Blood Meal	274	407½
Feathers	—	3,613
Tallow	73	1,461
Hogs hair	—	3,600

RECORD OF THE WORK OF THE HEALTH INSPECTORS

Owing to the serious shortage of Health Inspectors throughout the period under review it has been most difficult to maintain the desired standard of hygiene throughout the City. In the succeeding pages a more detailed review is given of the work of the various sections, but it is in the field of the ordinary hygiene of premises where it has been difficult to keep up with the work, because of lack of adequate staff.

This lack of staff meant that each District Health Inspector had to control two and sometimes three districts with the inevitable result that the desired systematic detailed survey of each area was not possible. As always, the policy of giving immediate attention to complaints, licensing and other important matters has been maintained throughout the year, and received preferential attention.

The Department planned and conducted a Health stall at the Industrial Exhibition over the period 31st August to 8th September 1956. The stall was divided into two sections, one displaying the Child Welfare Clinics, and where actual clinics were being conducted, and the other section displayed specimens of unsound foodstuffs, including meat and canned foods, various insects and rodents involved in the transmission of communicable diseases, a working model of a water purification plant, and other interesting Health items. At all times members of the staff were on duty conducting the public through the stall whilst explaining the exhibits and their meaning and their uses at the same time. In all 17,022 persons passed through the stall and 7,778 persons were given advice.

AIR POLLUTION

The Department has for some time had in mind the preparation of legislation for the control of air pollution, but has stayed action until such time as the National Air Pollution Committee has issued a guide as to how the problem can be best tackled. In addition, suitable enabling legislation will have to be promulgated before by-laws for the control of air pollution can be introduced.

So far we have prevented and abated many smoke nuisances through the installation of proper plants and the public has been most co-operative.

During recent years "smog" has become increasingly evident in Pretoria, but it is difficult to state to what extent an actual "health" nuisance exists. During the winter months the "visible smog" follows more or less the same pattern daily, i.e. there is usually a certain amount of "smog" detectable from the late afternoon extending into the evening when a gradual dispersal takes place, commencing again in the early morning when the populace is astir; this usually disperses at about 9 a.m. Visibility, especially during the early morning period has decreased considerably over the last ten years. This condition has not reached such density as to affect buildings and there is no evidence that it has in any way seriously affected health. Complaints in regard to nuisances being caused by smoke have from time to time been lodged with the Municipal Health Department but in every case the complaint has been against a specific chimney, or natives burning coal in braziers or against neighbours burning garden refuse. There has been no specific complaint against "atmospheric pullution".

Most of Pretoria lies in a valley between two ranges of hills so situated as to be conducive towards the retention of "smog" under certain atmospheric conditions. Numerous blocks of flats, hotels, residences, restaurants and other types of premises consuming smoke producing fuels are situated in the low lying areas. The great increase in their numbers and Pretoria's industrial expansion has progressively increased the amount of "smog" during recent years. This has caused us some anxiety. Pretoria is at present collaborating with the S.A. Council for Scientific and Industrial Research in an investigation into the extent and nature of atmospheric pollution in the City. Six atmospheric testing stations have been established and when the results of these experiments become available it may be necessary to pursue the matter further.

Native locations immediately outside and inside our cities contribute largely to our smog problem because of the burning of braziers. In the winter time these locations are blanketed with smoke. Such an atmosphere may be conducive to respiratory and perhaps other illnesses. We do not know enough about it in this country, and it requires investigation. Under present conditions it is hard to find a solution.

Apart from the pall of smoke over the locations themselves this polluted atmosphere may be wafted into the adjoining European areas when prevailing winds are in that direction.

During the Eighth Annual Congress of the Health Officials Association of Southern Africa held in Johannesburg during September 1950, a symposium on "Industrial Hygiene as it affects the General Public" was held during the morning of the 7th September. Two of the four papers read were devoted to atmospheric pollution and its control. There was a large attendance and the two papers evoked considerable discussion. At the conclusion of the Congress the following resolution proposed by Dr. H. Nelson, Medical Officer of Health, Pretoria, seconded by Mr. Eric Squires, Chief Health Inspector, Vereeniging, was carried unanimously:—

> "That the South African Council for Scientific and Industrial Research be requested to appoint a Committee to study the causes and prevention of atmospheric pollution, and that steps be taken as soon as possible to promulgate legislation to prevent this nuisance before it gets out of hand."

Such a Committee has now been established.

South Africa has become aware of its "smog" problem — it is now being realised that something has to be done about it, and that the time for action is now. It is admittedly not an easy problem because there are many factors involved, and so little research work under South African conditions has been undertaken. It cannot be too strongly stressed that the longer we wait the worse it will become, and the more difficult will it be to tackle.

LICENSED PREMISES

The following is a list of premises and the number of each which were licensed during the year. These premises were all inspected at regular intervals and where necessary appropriate action was taken to remedy any unsatisfactory conditions:—

	European	*Non-European*
Bakers and Confectioners	29	5
Billiard Saloons	5	2
Bio Operators	26	7
Bioscope Tea Rooms	1	—
Boarding and Lodging Houses	258	—
Brickburners	2	—
Butchers	134	37
Cobblers	66	30
Cycle Dealers	99	46
Dairies and Distributors	95	8
Fellmongers	1	—
Fishfriers	3	—
Fishmongers	21	1
Fresh Produce Dealers	422	173
Fumigators	2	—
Hairdressers	110	20
Hawkers and Pedlars	42	293
Hotels	27	—
Ice Cream Factories	2	—
Launderers	11	6
Market Stalls	14	36
Milk Producers	300	—
Milk Shops	155	13
Millers	3	—
Mineral Water Dealers	103	11
Mineral Water Factories	4	1
Native Eating Houses	6	18
Offal Dealers	1	—
Pawnbrokers	1	—
Poulterers	38	—
Provision Dealers	365	251
Provision Factories	7	—
Public Entertainers	1	—
Public Halls	21	1
Quarries	1	—
Restaurants and Tea Rooms	268	81
Secondhand Dealers	55	2
Tanneries	1	—
Theatres (including 1 Drive-In)	14	3
Turkish Baths	1	—
Undertakers	5	1
Vehicle Attendants	20	—
Wood Sawyers	5	—
Workshops	300	6

BUILDING PLANS:

The following table summarises the plans examined:—

Month	*No. of Plans First Submissions*	*No. of Plans Resubmission*	*Preliminary Plans*	*Plans submitted by Architects*	*Plans for Vlakfontein*	*Total*
January	126	24	3	2	11	166
February	161	56	1	—	32	250
March	137	40	1	—	29	207
April	119	30	—	—	33	182
May	171	45	3	2	32	253
June	123	21	—	4	24	172
July	107	23	1	—	33	164
August	169	43	—	5	47	264
September ..	145	34	—	3	42	224
October	131	35	3	—	37	206
November ..	137	36	—	1	20	194
December ..	83	16	—	—	5	104
Total	1,609	403	12	17	345	2,386

EARLY MORNING AND EVENING INSPECTIONS:

The figures in the following table include the inspections conducted by the food section.

The District Health Inspectors are required to carry out early morning inspections at least once per month, and, in addition, inspections are carried out during the evening or at night as and when required.

It is part of the normal function of Inspectors in the food section in particular to carry out inspections during lunch periods, early evenings, and during the night.

The following table indicates the types of premises inspected and the number of "extra-hour" inspections carried out during the year:—

Type of Inspection	*Total Number of Inspections*	*Satisfactory*	*Not Satisfactory Intimation or notices served*	*Night Inspections*
Food Deliveries	296	228	68	
Butcher Shops	387	274	113	
Native Eating Houses	23	13	10	
Milk Depots	106	90	16	
Restaurants and Tearooms	174	110	64	
Complaints Investigated	11	6	5	
Hotels and Boarding Houses ..	113	91	22	
Bakeries	34	19	15	
Miscellaneous	66	49	17	
Fish Mongers	6	5	1	
Food Section:				
Various premises	397	335	62	
Total	1,613	1,220	393	29

PEST CONTROL REPORT:

The following is a summary of the work in regard to rodent, mosquito and fly control:—

Inspection by District Inspectors

RODENTS:

1. Complaints investigated	309
2. Premises inspected and advice given	2,331
3. Notices and intimations to use traps or poison	816
4. Notices served requiring rodent proofing of premises	104
5. Notices served under 3 and 4 above, complied with	113
6. Existing buildings made rodentproof	120
7. New Rodentproof buildings completed	116
8. Prosecutions for failure to comply with regulations	1
9. Accumulations of rubbish or lumber likely to harbour rodents cleaned up or removed	651
10. Number of rodents seen killed or reported killed	1,960
11. Ratproof animal food bins provided	58
12. Matters referred to Pest Control	19
13. Matters concerning rodent control referred to other Departments	7

MOSQUITOS:

1. Complaints investigated	149
2. Inspections made	958
3. Notices and intimations given	301
4. Notices served under 3 above complied with	27
5. Prosecutions for failure to comply with regulations	—
6. Breeding places eliminated	255
7. Advice given re mosquito control	360

FLIES:

1. Complaints investigated	94
2. Inspections made	645
3. Notices and intimations given	236
4. Notices served under 3 above complied with	43
5. Prosecutions for failure to comply with regulations	—
6. Breeding places eliminated	124
7. Advice given re fly control	339

In all the District Health Inspectors carried out 40,821 inspections and issued 13,445 verbal and written warnings during the year.

FOOD SECTION:

This section is responsible for ensuring the hygienic production, handling or distribution of foodstuffs throughout the City and frequently visit all types of premises engaged in the food trade. Regular samples are taken of public water supplies both at their sources and at different points throughout the reticulation system. In addition the water in the seven swimming baths and paddling pools is regularly sampled and tested to ensure the efficient functioning of the purification plants. The appended tables clearly indicate the types of food samples taken for bacterial and/or chemical analysis during the year. Where any sample is found to be below standard, a warning or a prosecution follows. Large quantities of foodstuffs, details of which are given hereunder, were surrendered to the Department or were seized as being unfit for human consumption and were condemned and destroyed. A Health Inspector is in daily attendance at the early morning market where large quantities of foodstuffs were seized and condemned. Generally the excellent spirit of co-operation between the Department and food vendors was maintained and many requests for inspections and advice on various foodstuffs were received and advice was given.

This section was understaffed for the whole year, but every effort was made to maintain the supervision necessary in ensuring cleanliness in food establishments.

Some two years ago the inspection of hotels, restaurants, boarding houses and similar establishments during the breakfast period, lunch hour and in the evenings was inaugurated. At the start the licensees evinced some surprise but there has been a noticeable tightening up of methods of handling and the general hygienic conditions pertaining to the kitchens, sculleries, food stores and diningrooms. There is also a marked improvement in the protection of unwrapped foodstuffs in restaurants during these "rush" periods.

A new system of fresh fish distribution has been inaugurated. The fish is now supplied from the coast in a special truck direct to Pretoria. The fish is packed in separate metal containers for each retailer and delivered in a well constructed enclosed motor vehicle. The abolition of the large offensive smelling wooden packing case is a great improvement and has reduced wastages considerably. In 1954/55 3,453 lbs. of fish was destroyed whereas during the year under review only 270 lbs. was condemned and destroyed. There is less handling than before and the fish arrives in better condition.

On the whole the preparation, handling and storage of foodstuffs is satisfactory, but as always there is room for improvement. It demands constant vigilance.

A total of 126 consignments of foodstuffs were seized or surrendered and the following were condemned as unfit for human consumption and were destroyed:—

Jam	2,238 lbs.
Meat) Fruit) Vegetables) Fish) Milk)	15,562 tins
Mayonnaise) Pickles) Sandwich Spreads)	1,796 jars
Fish	270 lbs.
Fowls	138 lbs.
Meat (Fresh)	53 lbs.
Ham and Polonies	526 lbs.
Sausages	1,805 lbs.
Cheese (packets)	199
Cereals (packets)	1,433
Sugar	200 lbs.
Lard	50 lbs.
Confectionery	349 lbs.
Dried Fruit	45 lbs.
Cream	5 gallons
Bananas	27 crates
Cheese	245 lbs.

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

CHEMICAL:

Nature of Article	*No. of Samples*	*Satisfactory*	*Unsatisfactory*
Ice Cream	175	166	9
Boerwors	78	71	7
Minced Meat	51	51	—
Sugar	4	4	—
Dried fruit	31	30	1
Flour	1	1	—
Mealie Meal	1	1	—
Coffee and coffee mixtures	3	3	—
Mealie Rice	1	1	—
Cocoanut	2	2	—
Rice	2	2	—
Spices	23	23	—
Cheese	39	39	—
Malt	1	1	—
Soda Water	8	8	—
Vinegar	8	7	1
	428	410	18

BACTERIOLOGICAL:

Nature of Article	*No. of Samples*	*Satisfactory*	*Unsatisfactory*
Ice Cream	173	141	32
Pepsi-cola	1	1	—
Suckers	3	3	—
Fudgicles	1	1	—
Icicles	3	1	2
Choconillas	1	—	1
Creamsicles	1	1	—
Popsicles	1	1	—
	184	149	35

Written warnings were issued in respect of all unsatisfactory ice-cream samples, there being no legal standard laid down for the remaining articles. The manufacturers were merely advised that steps must be taken to prevent a recurrence.

WATER:

MUNICIPAL SUPPLIES:—

	Satisfactory	*Unsatisfactory*	*Total*
Rietvlei Waterworks:			
(*a*) After filtration but before chlorination	19	11	30
Fountains:			
(*a*) Upper Springs (before chlorination)	28	5	33
(*b*) Lower Springs (before chlorination)	21	11	32
(*c*) Mixed Water (after chlorination—includes water from fountains, Rietvlei and Grootfontein)	32	—	32
The springs at Fountains yield nearly 6,000,000 gallons of water per day and the water is chlorinated as a routine measure.			
Taps in City:			
In various parts of City.....	25	7	32
The slightly unsatisfactory results led to special investigations. In every instance a repeat sample proved the water to be sterile after the reticulation system had been flushed.			
Other Municipal Supplies:			
(*a*) Vlakfontein storage tanks	10	—	10
(*b*) Vlakfontein borehole	1	5	6
This borehole is at the Superintendent's dwelling, Vlakfontein East. This series of samples was taken because there were complaints of a smell. Tests proved the water to be unsatisfactory. The use of the borehole for domestic purposes was discontinued.			
(*c*) Municipal baths	48	4	52
(*d*) Municipal Paddling Pools	18	1	19
The water at the Municipal swimming baths and paddling pools is bacteriologically sampled at regular intervals as a routine measure to check the efficiency of the purification systems. Repeat samples, after the detection of unsatisfactory samples with resulting adjustments to the purification system, have proved satisfactory.			
(*e*) Municipal Quarry (Bon Accord)	6	6	12
This water was derived from two boreholes and the matter of the unsatisfactory samples was referred to the City Engineer with a view to improving the storage reservoir and chlorination systems.			
ON PRIVATE PREMISES:—			
(*a*) Boreholes	1	5	6
(*b*) Wells	1	3	4
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.			
SEWAGE WORKS (EFFLUENT PUMPED TO POWER STATION DAM:—			
(*a*) After filtration and chlorination at Sewage Works	7	10	17
(*b*) After filtration and chlorination at Power Station	3	14	17
This water is sewage effluent which is filtered and chlorinated and pumped to the Power Station and Pretoria West Golf Course for cooling and irrigation purposes. It is not used at all for swimming or domestic purposes.			
TOTALS	220	82	302

MUNICIPAL MARKET:

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

FRUIT AND VEGETABLES:

Boxes	7,827	Punnets	1,333
Bundles	63	Sugar Bags	1,170
Crates	652	Trays	236
Lots	41	Grain Bags	508
Pockets	10,014	Watermelons	262

EGGS ..... 105¾ doz.

DRESSED POULTRY:

Number examined	1,730
Number condemned	19
Percentage condemned	1·09%

GAME (ANTELOPE):

Number examined	597
Number condemned	37
Percentage condemned	6·19%

GAME (BIRDS):

Number examined	365
Number condemned	43
Percentage condemned	11·78%

LIVE POULTRY:

Number examined	64,593
Number condemned	46
Percentage condemned	·071%

RABBITS:

Number examined	73
Number condemned	Nil

PIGEONS:

Number examined	59
Number condemned	Nil

This section carried out 7,554 inspections and issued 1,913 written and verbal warnings during the year.

PEST CONTROL SECTION

Anti-Mosquito Control Measures

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

The drainage of a swampy area along the spruit between 28th and 30th Avenue, Villieria, has been very successful. This area is now completely dry excepting for a trickle of water along the series of seepage furrows which have been dug. The furrows are sprayed at weekly intervals and mosquito breeding has been eliminated.

Mosquito control measures in Modderspruit, which runs through Lady Selborne and Mountain View and in Skinnerspruit from Westfort Road to the Municipal Forestry, have been carried out during the past five years and are showing very good results. Mosquito breeding in these spruits are now well controlled.

During the year the City Engineer's Department canalised the portion of the Aapies River between Jacob Mare Street and Esselen Street, which was the only uncanalised portion of the river from Willow Road to Dr. Savage Road. This section of the river was in close proximity to several large blocks of flats. Numerous complaints were received each season from residents in these flats and despite regularly spraying, mosquito breeding was never entirely eliminated, but since the river has been canalised complete control has been achieved.

Anti-larval spraying in all the spruits, irrigation dams and furrows was carried out from January to the end of April and was continued after the winter months from mid September to the end of December. In all 300 gallons of D.D.T. emulsion was used as a larvicide during the year.

Market gardeners within the Municipal area co-operated with the Department in its anti-Malaria control work and mosquito breeding in the irrigation dams and furrows was well controlled.

Seventy-one holes and depressions which were actual or potential mosquito breeding places were filled in and levelled.

One-hundred and ninety-one complaints in regard to mosquito nuisance were investigated and resulted in the elimination of 255 breeding places, the more common of these were vacuum tanks, tins, bottles, disused motor tyres, fish ponds and french drains.

Rodent Control

The two European Rodent Eradicators were fully engaged in anti-rodent control measures in Municipal Buildings, parks, sports grounds, workshops, sewage disposal works and all other Municipal premises. It is known that 1840 rodents were destroyed in Municipal premises, but the figure would probably be much higher if it were possible to recover all the carcases of destroyed rodents. For various reasons this is not possible.

Inspectors of the Pest Control Section and the District Health Inspectors jointly investigated 351 complaints in regard to rodent infestations, which resulted in 864 written and verbal warnings being issued requiring measures to be taken for the eradication of rodents on private premises.

Most of these warning notices were complied with and only in one instance was it necessary to prosecute for failure to comply with the regulations.

Plans for new business premises are endorsed to the effect that premises have to be made rodentproof in accordance with the relevant regulations. In addition to this measure 104 notices requiring rodentproofing of existing buildings were issued.

Nine thousand nine-hundred and seventy-five (9,975) poison baits were set in Municipal buildings and townlands, of which 6,119 were taken. The total quantity of bait used was 346 lbs. (mealie meal mixed with warfarin).

One-hundred and twenty-two certificates were issued certifying that premises about to be demolished were rodent free.

Flybreeding

All Municipal parks, nurseries, sportsgrounds and compost pits were visited regularly and with the co-operation of the staff of the Parks and Recreation Department fly-breeding on Municipal premises was kept well under control by spraying with a solution of D.D.T. and B.H.C. or dusting with a B.H.C. powder.

Ninety-four complaints in regard to fly nuisance were investigated which resulted in 645 inspections being carried out.

Two-hundred and thirty six (236) written and verbal warnings were issued and one-hundred and twenty-four (124) breeding places were eliminated.

Cockroach Control

Cockroach control measures were applied to Municipal premises where necessary and spraying with a combination of D.D.T. and B.H.C. in solution gave effective and lasting results.

Complaints in regard to cockroach infestation were investigated and advice given in the methods of eradication.

GENERAL

Numerous complaints in regard to flea infestations in private premises were received; these were investigated and the necessary advice regarding their eradication was given. Dusting the floors, carpets, upholstery or furniture and mattresses with 10% D.D.T. powder or B.H.C. dusting powder again proved effective for the destruction of fleas.

RODENT ERADICATION

Contraventions dealt with	60
Contraventions abated	83
Intimations given	83
Premises re-inspected	126
Complaints dealt with and advice given	236
Accumulations of rubbish or lumber likely to harbour rats cleaned up and removed	107
Miscellaneous inspections	1,344
Poison baits set on Townlands	9,975
Number of baits taken	6,119
Number of rodents destroyed on Municipal premises	1,840
TOTAL INSPECTIONS FOR THE YEAR	1,813

MOSQUITO CONTROL

Contraventions dealt with	28
Contraventions abated	48
Intimations given	48
Premises re-inspected	28
Complaints dealt with and advice given	42
Check up of dams cleared of weeds	1,000
Check up of dams sprayed	717
Check up on irrigation furrows cleared	3,063
Check up on irrigation furrows sprayed	2,156
Check up on drainage of swampy areas	144
Check up on spraying of swampy areas	65
Holes and depressions filled in	71
Miscellaneous Inspections	824
TOTAL INSPECTIONS FOR THE YEAR	8,110

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

Total inspections made	67,646
Nuisances dealt with	16,478
Nuisances abated (including unabated nuisances carried over from the previous year)	16,127
Complaints dealt with	2,903
Licences approved	3,446
Licences refused	130
Samples of water taken	302
Samples of foodstuffs taken (not including milk)	612
Visits of enquiry reinfectious diseases	3,556

MATTERS REFERRED TO OTHER DEPARTMENTS

City Engineer	132
Director of Parks	31
Chief Licence Officer	42
Non-European Affairs Department	56
City Electrical Engineer	11
Chief Housing Manager	1
Chief Traffic Officer	3
Town Clerk	2

ABATTOIR, DAIRIES AND INFECTIOUS DISEASES SECTIONS

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

PROSECUTIONS

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

Nature of Offence	*Total number of prosecutions*	*Number found guilty*	*Number found not guilty*	*Paid Admission of guilt*	*Number withdrawn*	*Number cautioned and discharged*	*Fines Imposed*
Failing to comply with notice	6	1	—	3	2	—	£13
Added water to milk	11	6	—	5	—	—	£42
Milk deficient in Fat	2	1	—	1	—	—	£5
Introducing milk without a licence	1	—	—	1	—	—	£2
Failing to comply with notice issued under Rodent regulations	1	—	—	—	1	—	—
Transferring milk in street	1	—	—	1	—	—	£3
Keeping of animals on premises not approved of	1	1	—	—	—	—	£5
Keeping fowls without permit	1	—	1	—	—	—	—
TOTALS	24	9	1	11	3	—	£70

Of the cases withdrawn two of the accused complied with the Department's requirements after proceedings were instituted but before summons was actually served. In the other case the property concerned was transferred and the nuisance abated before the case was heard.

SLUM CLEARANCE

General

As a result of the rapid expansion of the City and increased housing activities undertaken by the Council over the past few years, it was found necesssary during 1955 to separate the Slums Section in the Department from the Housing and Slums Section.

The Slums Section is headed by a Supervising Health Inspector. A close liaison is maintained between the Slums Section and the Housing Section in connection with insanitary dwellings and rehousing of the occupants.

During the Second World War, and for several years after, it was not possible to embark on major slum clearance work. A modified slum clearance scheme had to be resorted to. This was restricted to the number of sub-economic and economic municipal houses available at the time.

The general easing of the housing shortage during the past few years, however, has resulted in more active slum elimination being undertaken.

The owners of major slum properties were warned of the Department's intention to take action in terms of the Slums Act, if dwellings were still occupied after a specified time. In each case the owners were afforded sufficient time to permit tenants to find other suitable accommodation. Where possible, tenants were assisted into Municipal houses by the Housing Section. One-hundred-and-twenty-two occupied slum dwellings and outbuildings were dealt with in this manner.

A remarkable response on the part of owners resulted in applications being received to demolish 74 of these properties. The majority of slum outbuildings were vacated.

In view of the co-operation on the part of owners, it has not been found necessary in a single instance to resort to Court action under the Slums Act or the Municipal Slums Regulations.

Insanitary housing conditions arising from overcrowding, inadequate bathing or cooking facilities or from miner structural defects were remedied in the majority of instances after warning notices were served.

Slum Surveys

Staff shortage has prevented the Department from carrying out detailed slum surveys of the entire City. Slum clearance had to be confined to the centre City and some of the older suburbs

There are no large European slum areas in Pretoria, but due to the expansion of the City's business areas in suburbs previously used solely for residential purposes, there is an obvious trend for slums to develop in confined areas zoned for the erection of flats, light industries and general business premises.

Reasonably sound dwellings are permitted to deteriorate into slums because owners are reluctant to execute timely repairs. Many of these dwellings are eventually let at a reduced rental to poorer families on condition that the tenants themselves carry out renovations. Such renovations, however, are seldom done.

Overcrowding of the cheaper types of lodging houses is still a source of concern. Vast improvements have been effected, however, and several establishments have closed down. The matter is well in hand and renewals of licences are not recommended in cases where licencees fail to co-operate in conducting premises along hygienic lines.

Housing Shortage

With the establishment of new suburbs and townships in close proximity to the City, adequate housing for the upper and middle income groups of the City's population is being well catered for. Such houses are built with private capital or with the assistance of Building Societies, National Housing and other loans.

The same, however, cannot be said of persons in the lower income group, and particularly those with large families. An acute shortage of accommodation exists for such families requiring three- and four-bedroomed houses.

SLUM CLEARANCE STATISTICS

A. **Details Slum Clearance work undertaken**

Contraventions dealt with	471
Notices served:—	
Prohibiting re-occupation	122
Overcrowding	27
Structural repairs	30
Bathing and cooking facilities	7
Notices complied with	171
Intimations given	285
Intimations complied with	223
Letters sent	139
Inspectorial duties performed:—	
Hotels and lodging houses	77
Dwellings	623
Occupied outbuildings	162
Investigations rehousing:—	
Applications	178
Housing Surveys	384
Complaints investigated	235
Interviews	255
Miscellaneous inspections	295
Non-European housing	1
Demolition of buildings	521
Conversion of dwellings	24
Early morning inspections	5
Re-inspections	913
Matters referred to other Departments	54
TOTAL NUMBER OF INSPECTIONS & INVESTIGATIONS	3,727

B. **Demolitions and Conversions of Residential Premises**

An exceptionally large number of applications to demolish dwellings or to convert them into businesses were dealt with during the year under review.

The main reasons for the number of applications were as follows:—

(*a*) Owners found it uneconomical to let dwellings situated on business or flat sites with high Municipal valuations.
Applications for demolitions or conversions were therefore made in order to erect blocks of flats, offices and other commercial buildings.

(*b*) The high cost of renovations and repairs resulted in the demolition of old structures which were replaced by modern houses.

(*c*) The Provincial Administration embarked on an extensive school building scheme and acquired a large number of dwellings adjoining existing schools in practically all suburbs. These were demolished so as to provide extensions to classrooms and additional recreation facilities.

(*d*) Departmental action resulted in a large number of applications to demolish slum properties.

The following figures indicate the number of applications for reasons stated above:—

(*a*)	For re-construction of flats, offices, etc.	89
(*b*)	Rebuilding new houses	10
(*c*)	Extensions to schools	42
(*d*)	Resulting from action by this Department	74
	TOTAL	215

APPLICATIONS REFERRED TO THE NATIONAL HOUSING AND PLANNING COMMISSION FOR CONSIDERATION

	Number of dwellings	*Number of living rooms involved*	*Permits approved*	*Permits refused*	*Permits pending*
Demolitions ..	160	579	157	Nil	3
Conversions ..	22	57	22	Nil	Nil
Totals	182	636	179	Nil	3

APPLICATIONS REFERRED TO THE CITY COUNCIL FOR CONSIDERATION IN TERMS OF THE HOUSING ACT, 1920

	Number of dwellings	*Number of living rooms involved*	*Permits approved*	*Permits refused*	*Permits pending*
Demolitions ..	22	265	20	Nil	2
Conversions ..	1	8	1	Nil	Nil
Total	23	273	21	Nil	2

Dwellings actually demolished	140
Dwellings actually converted	23
Business premises demolished	7

The above figures include the demolition of two large hotels and several large boarding house establishments, the sites of which were used for the erection of new commercial buildings.

EUROPEAN HOUSING AND REHABILITATION

The general housing position in the City has improved within the past two years for most income groups.

There is, however, still a shortage of accommodation for large families who require three or four-bedroomed houses at a reasonably low rental of say about £8.0.0. per month. Other than in the Council's sub-economic or converted economic housing schemes, the accommodation available for them in the City is in substandard, unhealthy or slum dwellings or in the residential areas just outside the Municipal boundaries where rents are generally lower. The advantage of lower rents is however discounted by the higher cost of transportation for the longer distances to be travelled to and from places of employment.

We are experiencing great difficulty in accommodating these families. Many requests from different Social Welfare organisations to help families in desperate need of accommodation have had to be refused. In a few instances children have had to be accommodated away from their parents in places of safety or institutions.

The Council proposes however, to build 100 ultra low-cost economic houses to the West of the existing Danville township on a selling/letting basis. These houses will sell for about £1,250.0.0. at monthly repayments of about £10.0.0.

During 1956, 57 economic houses were built in Hercules and 50 in Danville. These houses were sold for approximately £2,100.0.0. each to families with an income of approximately £55.0.0. to £75.0.0. per month.

The houses in Danville sold fairly easily and well, but the sale of many of the houses in certain parts of Hercules was not so easy.

Various reasons were responsible for this, and when economic houses are built again the following facts should be borne in mind when schemes are being planned:—

The houses should be:—

(*a*) Near bus-routes or train services.

(*b*) Near shopping centres and schools.

(*c*) In an area where the surrounding houses are not unsightly as these detract from the value of the newer buildings.

(*d*) Away from non-European areas.

Although the economic houses which we built were carefully planned and designed beforehand to cater for varying tastes and needs one important factor came to light: very often people who buy these houses prefer a large kitchen, even though this might mean having to dispense with a dining-room, or having to reduce the sizes of the bedrooms and lounge. The kitchen is in many families used as a dining room and family sitting room. It is often the social "focal point" of the family.

Another factor which appeared to influence the choice of houses was the shape and design of the roof. The modern "gable-end" type of roof is not popular; the older and better known pitch or diamond-shaped roof is preferred.

The Council has endeavoured to encourage "home-ownership". In terms of the Housing Act a purchaser of an economic house is required to pay a minimum deposit equivalent to 5% of the total purchase price. As the lower-income groups are usually unable to pay even this small deposit the Council advances as a separate loan the prescribed 5% deposit as well as the Transfer Duty, repayable in monthly instalments varying from 3 years to 10 years, at a prevailing rate of 6% interest. In this way the need for a purchaser to have immediate capital available is dispensed with.

This generous facility has unfortunately not always met with the success envisaged by the Council. The monthly repayments, which also include the repayment of the deposit and Transfer Duty Loan, are much lower than rentals normally charged for similar accommodation outside of our subsidised housing-schemes. Having nothing to lose some of the "purchasers" vacate the houses after a short period of time. It is usually families lacking security or stability who vacate the houses in this way. The responsibility attached to possessing a house appears to be far too heavy a burden for such people to carry. The constant changing of homes and occupations to which they have become so used, is probably the principal reason for the ease in which they summarily give up their homes.

The monthly instalments on houses purchased in this way are usually lower than the economic rental payable for the same house when occupied on a letting basis. As the Transfer fee is paid by the Council on behalf of the purchaser the early cancellation of Deeds of Sale may result in a certain loss. In order to minimise this loss and also to reduce the number of cancellations the Council decided to review the conditions under which these houses are sold. A purchaser must now pay a monthly instalment equal at least to the economic rental for the same house until such time as the deposit and transfer duty is paid off. The effect of this change of policy has been to eliminate at the very start purchasers who are not genuine, and who would probably have occupied their homes for a short period only. Another effect has been the greater interest shown by recent purchasers in the development, improvement and upkeep of their homes. This is particularly evident in the last group of fifty economic houses built at Danville and sold on the new basis. With this new system we seem to be getting a more solid and genuine type of buyer.

Quite apart from the sale of economic houses specifically built for this purpose, the Council converted a further 47 sub-economic houses into an economic selling scheme in order to cater for those families who had become economic and could as a result no longer continue to occupy sub-economic houses. Out of an original total of 825 sub-economic houses the Council has now converted 465 into an economic scheme. So far this scheme has proved a success even though the hire-purchase instalments or rents payable are much higher than the previous sub-economic rentals for the same houses. If however, there were to be a reduction of earnings, many of the families may find it difficult to afford the existing payments. To my mind we should not convert any more sub-economic houses to economic houses, because we do not know what the future holds, and the total number of sub-economic houses is already inadequate for our needs.

The sale of economic houses has caused a considerable increase in the administrative work of the Housing Section, and has resulted in a very noticeable reduction of social welfare and rehabilitation work previously undertaken by the staff. The effects of this are already being noticed, and quite a few social problems have arisen which could, with help, have been avoided. The erection of a Community Centre has now become more necessary and should no longer be delayed.

Although a scheme to build 42 economic houses at Villieria has not yet been approved by the Administrator, the Department has received numerous enquiries and applications for these houses, which will be sold for approximately £2,500 each. It is anticipated that this scheme will be proceeded with and completed during the next year. From the number of applications received it is evident that there is a need for accommodation for the middle-income groups, who find it difficult to build their own homes without subsidy.

The following is a brief resume of all the schemes being controlled and administered by the Department:—

A. SCHEME I:

The first of the Council's Sub-economic houses were built during 1933-1935. Twenty-five houses were built, and this scheme is known as Scheme I.

SCHEME I.

25 Sub-Economic Houses:

Pretoria West	14
New Muckleneuk	11
	25

Of these 4 were converted into an Economic Scheme with effect from 1st January, 1955, and two with effect from 1st January, 1956, viz.:—

Pretoria West	3
New Muckleneuk	3
	6

Sub-Economic Rents:

Two-bedroomed (semi-detached type)	£2/ 5/0
Two-bedroomed (single)	£2/15/0

Economic Rents:

	Sub-Economic Houses	*Sub-Economic houses converted to Economic houses*
Two-bedroomed (semi-detached)	£5/13/0	£8/6/3
Two-bedroomed (single)	£6/ 0/0	

Sub-economic Income Limit of £30/0/0 per month.

B. SCHEME II:

The following scheme, comprising 100 Sub-Economic houses, was undertaken by the Council during 1937. This Scheme is known as Scheme II.

100 Sub-Economic Houses:

Rietfontein	6
Wonderboom South and Villieria	21
Mayville	8
New Muckleneuk	15
Proclamation Hill	50
	100

Of these 50 were converted into an Economic Scheme with effect from the 1st January, 1955, and 9 with effect from the 1st January, 1956, viz.:—

Mayville	1
Rietfontein	4
Wonderboom South and Villieria	18
New Muckleneuk	9
Proclamation Hill	27
	59

Sub-Economic Rents:

One-bedroomed	£2/18/6
Two-bedroomed	£3 /4/6
Three-bedroomed	£3 /9/6

Economic Rents:

	On *Sub-economic houses*	*Sub-economic houses converted to Economic houses*
One-bedroomed	£6/8/0	—
Two-bedroomed	£8/0/0	£7/12/0
Three-bedroomed	£9/0/0	£8 /5/9

Sub-economic Income Limit of £30 per month.

C. SCHEME III:

The following scheme, comprising 200 Sub-economic houses was undertaken during 1937-1938, upon completion of Scheme II, and is known as Scheme III.

200 Sub-Economic Houses:

Rietfontein	14
Wonderboom South	6
Villieria	10
New Muckleneuk	20
Proclamation Hill	150
	200

Of these 64 were converted into an Economic Scheme with effect from the 1st January, 1955, and 36 with effect from the 1st January, 1956, viz.:—

Rietfontein	5
Wonderboom South	2
Villieria	6
New Muckleneuk	11
Proclamation Hill	76
	100

Sub-Economic Rents:

One-bedroomed	£2/18/6
Two-bedroomed	£3/ 4/6
Three-bedroomed	£3/ 9/6

Economic Rents:

	On Sub-economic houses	*Sub-economic houses converted to Economic houses*
One-bedroomed	£6/0/0	£6/17/9
Two-bedroomed	£7/0/0	£7/12/6
Three-bedroomed	£8/0/0	£8/ 6/0

Sub-economic Income Limit of £30 per month.

D. DANVILLE SUB-ECONOMIC HOUSING SCHEMES:

During 1944-1945 the Council proposed building 1,000 Sub-economic houses at the newly proclaimed township of Danville.

During 1945-1947, 500 Sub-economic houses were built and the building of the remaining 500 houses was discontinued. Of the original 500 Sub-economic houses in this township:

200 were converted into an Economic Scheme with effect from 1st January, 1953, and 100 converted into an Economic Scheme with effect from 1st January, 1955.

Sub-Economic Rentals: (Differential rental scheme)

Ranged from 15/- per month to £4/17/6 per month irrespective of size of house, but depending upon income and size of family, i.e. rebates of 5/- per month are given to children under 16 years when incomes are less than £19/10/0 per month.

In December, 1951, sub-economic rentals were raised and now range from £1/6/0 to £6/10/0 per month depending upon income and size of family, as above.

Economic Rents:

	On Sub-economic houses	*On converted Economic houses*
One-bedroomed	£6/16/6	£8/16/0
Two-bedroomed	£7/15/9	£9/14/0
Three-bedroomed	£8/ 4/6	£10/ 5/0
Four-bedroomed	£9/14/6	£11/14/0

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.

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 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 (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 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 washhand 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 AND OTHER PROPERTIES:

Dwellings, flats and shops purchased by the Council for developmental purposes, e.g. widening of roads, provision of parks, clinics, etc.
At present there are approximately 75 houses, 31 flats (4 blocks), 12 shops, and one hotel.
During the year five houses and one blacksmith shop were demolished.

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. These houses were completed and sold during the year. Houses sold for approximately £2,150, repayments approximately £14/5/0 per month.

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 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):

One hundred houses completed and sold during 1956.

These houses are a little more expensive due to improved design, than the original low-cost houses.

The selling price of these houses is approximately £2,150. The first 50 were sold on the basis of repayment of deposit and transfer duty loan being repaid over a period of 10 years. Monthly repayments were approximately £14/10/0 per month.

The second 50 houses were sold on the revised basis of "hire with option to purchase after three years" i.e. payment of an economic rental of approximately £18/10/0 per month until the amount of the deposit and transfer duty is paid off through credit allowed in respect of the provision made in the rental for bad debts reserve, administration and maintenance costs.

BANTU (NATIVE) HOUSING

In view of the now different approach to the Bantu housing problem, that is, a departure from the old system of providing sub-economic housing to one where the emphasis is laid on providing housing on an economic basis, it is proposed to deal with the "old" and "new" schemes separately.

OLD SCHEMES

(1) **Atteridgeville:**

475 Morgen in extent and regarded as one of the best native locations in the Union, Atteridgeville, the Pretoria Municipal Location situated about 8 miles west of Church Square, was established in 1939; £409,682 was spent on the erection of 1,532 dwellings and £247,089 on development of the area and services.
The 1,532 houses are, of course, inadequate to meet the requirements of the City's native population, but it has, to a great extent, served to fulfill the object for which it was primarily established, namely, to accommodate residents of the old Marabastad location which was most unsatisfactory and was practically completely demolished.
There are six schools catering for approximately 2,500 children. One, the Hofmeyr High School, is named after the former Chairman of the City Council's Non-European Affairs Committee who was also, for many years, Principal of the welknown Pretoria Boys High School. This school in Atteridgeville caters for all those who wish to continue up to matriculation.
Apart from Municipal grants, bursaries totalling £670 are awarded annually to deserving students of high school and primary school children.
Ensuring adequate educational facilities is not the only sphere in which the City Council plays a leading role, but health is a major consideration. Apart from such services as water borne sewerage and rubbish removal, this Department has regular Clinics conducted by qualified doctors and trained nurses. There is a first class out-patient service, and serious cases are taken to the Pretoria General Hospital. Native women are learning that considerable benefits can be derived regularly attending pre-natal and post-natal clinics. Trained midwives and, if necessary, a doctor are always available for confinement cases. Tuberculosis patients and those suffering from venereal diseases are regularly treated at the clinic. There is also a dental clinic which renders excellent service. All these services are rendered at the large spacious and well constructed Municipal Poly clinic. The attendance figures appear elsewhere in this report.
Atteridgeville residents have excellent sports facilities. There are two soccer fields, a rugby field, two tennis courts, two baseball fields and athletic track and a pavilion.
There is a European physical culture officer and a number of bantu sports organisers who are fulltime Municipal officials.
The S.A. Bantu Athletic Championships have been held in Atteridgeville on several occasions.
There are two, three, four and five-roomed houses all with bathrooms and W.C.'s. These have, under the new policy, been either sold or let to the occupiers on an economic basis.
Atteridgeville is served by the City's piped water supply.

(2) **Bantule and Hovesground:**

Bantule Location is also a sub-economic Municipal housing scheme with approximately 4,000 inhabitants. Immediately adjoining it is Hovesground native village where 134 houses have been erected by the occupiers themselves. Approximately 3,000 people live in this township. It is expected that the residents of Hovesground will shortly be moved to four-roomed houses erected in Atteridgeville.
The area is unsewered and a good deal of overcrowding exists. The Hovesground portion consists almost entirely of totally defective wood and iron dwellings. There is no satisfactory means for the disposal of wastewater. The removal of the population of this location and demolition of all structures, and the clearing of the site has become an urgent necessity.

(3) **Lady Selborne:**

This is a freehold native township, which the Council has incorporated with the former Hercules Municipality. The area was laid out in 1903 or 1905 as a native township and the title to the land was always freehold tenure. It was, therefore, possible for natives, Europeans and Coloureds, to buy land in this area. In 1936 the township was set aside as a residential area for natives, but with certain restrictions.

As a result of the development and expansion of Pretoria, the 800 erven originally laid out have been sub-divided to such an extent that today we have approximately 1,800 land owners with a population of about 48,000. The lodgers in this area will within the next five years or so be transferred to either Atteridgeville or Vlakfontein. The question as to what is to happen to the rest of the location is at present being considered.

This area is unsewered and there is a great deal of overcrowding. There are a number of very good, well constructed dwellings interspersed among a large number of quite unsatisfactory wood and iron structures. It is impossible to take action with a view to the elimination of overcrowding and the removal of slums until the policy in regard to this location has been determined and alternate housing has been made available.

Lady Selborne is served by the City's piped water supply.

"NEW SCHEMES"

For many years (1942—1952) Pretoria did very little about its Bantu Housing Shortage. Out of a total native population (excluding Lady Selborne), of approximately 92,000 ,only 18,000 were accommodated in Bantule and Atteridgeville. The Council was itself divided over the question as to which area would be the most suitable for native residential purposes.

This state of affairs prevailed until the present Minister of Native Affairs convened a Conference of all interested bodies on the 4th December 1951 to discuss the question of allocating areas to the various racial groups resident in Pretoria, and arising out of this it was made possible for the Minister to indicate where he would approve of areas being proclaimed for native occupation in terms of the Native (Urban Areas) Consolidation Act. During 1952 two such areas, namely Vlakfontein in the East and Saulsville in the West were duly proclaimed, resulting in the Council being given the right-of-way to carry on with its housing schemes.

One of the first steps taken by the Council to launch its schemes was to appoint a small Technical Committee under Chairmanship of the Medical Officer of Health. The Committee worked with great enthusiasm and energy, numerous obstacles were soon overcome and a full report, together with recommendations, were submitted to the Council for consideration.

Some of the recommendations made by this Committee were:—

(1) That all future housing schemes should be on an economic basis only.

(2) That leasehold rights should be granted. Such a leasehold to be on a 30 year basis, which would give a fair degree of permanency and could be made subject to the behaviour of the owner and his family.

(3) That provision should be made for letting schemes with a fair degree of permanent tenancy.

The Council was also asked to make available the sum of £2,400 in order to prove that a four-roomed house could be erected for not more than £200. The Council accepted this recommendation and 12 houses at an average cost of about £180 were erected.

This was really the final step and the only further proof that was needed to pave the way for the erection of houses on a large scale. Apart from the necessary application for the allocations of funds and the laying out of the area, a small Native Housebuilding Committee with full power to act was constituted. At the outset the Committee consisted of His Worship the Mayor and the Chairman of Finance, non-European Affairs and General Purposes Committees. The appointment of this Committee contributed largely to the success which has since been achieved.

Under the direction of Mr. H. Kux, who was originally loaned to the Council by the Transvaal Education Department, building operations were commenced on the 29th December 1952 in respect of the first 250 houses. (Mr. Kux was subsequently appointed by the Council in a full-time capacity).

By Thursday, the 8th January 1953, the following work had been carried out:— the preparation of store and campsite, the levelling of roads, the laying of 3,500 feet of waterpiping from the existing tanks to the building site, the completion of the brickwork of the Administration Building (1,200 sq. ft.), the erection of storage huts (each 1,000 sq. ft.) the construction of a platform (600 sq. ft. of ashcrete), the sinking of 6 boreholes and pit latrines for labourers, the pegging out of the foundations of 60 houses, the excavation for 48 foundations, ready for casting, the dumping of 270 tons of ash, 60,000 bricks and 100 cubic yards of sand on the site, the making of about 120 wooden moulds for precast parts and 210 door frames. Labour was engaged as required but at that time consisted of ten native artisans (carpenters and bricklayers) one native storeman, one native clerk and 46 labourers.

The layout plan is based on the horseshoe (lapa) pattern and should, later on, when the Bantu Authorities Act is made applicable to urban centres, facilitate the administration of that Act.

From the sociological and other aspects, this layout has several advantages. No main roads traverse the area, each block of houses form a self-contained unit, with its own business centre, school, church etc.

The type of house erected is based on one of the National Housing and Planning Commission plans (51/6). The total area of floor space is 514 sq. ft. exclusive of an outside latrine. The house consists of four rooms of approximately equal size (12' × 12'). The outside walls are of 9" brick and the inner wall of 4" brick. A cement floor in the kitchen only is provided. The size of a building plot is (40' × 80'). Each plot will be fenced.

Up to the 15th October 1953, 500 houses had been completed and a further 612 were in various stages of construction.

At the end of May 1953 the cost per house was approximately £186.0.0. or 7/4 per square foot. As the scheme developed the price came down to about £160 per house. In view of this low cost, it was possible to provide additional facilities such as fencing, steel door frames and doors and we could still keep the figure down to approximately £180 per house.

At the end of March 1954 a further cost analysis was carried out by officials of the City Treasurer's Department and a comprehensive investigation made by them showed the following costs.

1,344 houses completed at £163/3/4 per house	£220,376	16 0
38 houses with roofs but other as yet incomplete at £122/18/1 per house	4,670	7 0
59 houses wall plate height at £78/14/6 per house	4,644	9 8
15 houses window-sill height at £42/0/11 per house	630	13 9
37 houses foundations laid at £13/17/9 per house	513	16 9
12 excavations for foundations at £1/10/7 per house	18	7 0
	£230,854	10 4

If the total value of the houses in the various stages of completion was calculated on the basis of completed units, then it could be assumed that a total of 1,408 houses had been completed at a cost of about £164 per house. This excluded the cost of fencing.

DETAILS REGARDING COSTS TO 31st MARCH, 1954:

Preliminary Expenses:	*Total Expenditure* £ s. d.	*Cost of Construction* £ s. d.
Planning and Survey—		
(*a*) 830 plots (actual amount paid)	1,730 0 0	
(*b*) 551 plots (balance to be allocated)	1,149 0 0	
Deposit to S.A. Railways (Refundable)	436 19 9	
	£3,315 19 9	£2,879 0 0
Administration:		
Salaries and wages	6,535 17 5	
Sundry Disbursements	114 6 8	
	£6,650 4 1	£6,650 4 1
Construction:		
Materials (stock on hand £11,675)	161,779 10 0	150,104 10 0
Labour	66,118 7 9	66,118 7 9
Plant and Equipment (including vehicles)	18,768 7 11	
Depreciation of P. & E. (Calculated over 7 years)		2,681 3 11
Running costs of vehicles	2,960 4 7	2,960 4 7
	£249,626 10 3	£221,864 6 3
Total expenditure to 31–3–54	£259,478 7 5	£231,393 10 4
Less: Proportion value of administrative buildings (total value £3,773 included in wages and materials)		539 0 0
	NETT COST	£230,854 10 4

Included in the cost per house is the survey costs amounting to over £2 per plot and the provision of steel doors and frames and steel windows.

The houses are being sold to the applicants and all capital charges are based on a loan of 30 years' duration. The average monthly charges are as follows:—

	£ s. d.	£ s. d.
A. Capital Charges:		
1. Interest and redemption charges on house costing £200 at 4½% over 30 years (*Less* £10 deposit on purchase price)		19 6
2. Interest and redemption charges on development costs based on £56 per plot at 4½% over 30 years	5 11	
3. Renewals and maintenance on development work, i.e. 2½% on £56 per plot	2 4	
4. Interest on cost of ground 4% on £15 per plot	1 0	9 3
B. Service Charges:		
Sports facilities	6	
Street lighting	1 0	
Health services	1 0	
Rubbish and Nightsoil (by contract)	8 0	
Water	2 0	
Administration charges	4 0	16 6
TOTAL MONTHLY RECURRING CHARGES		£2 5 3
Plus 2/- for erection of schools		2 0
		£2 7 3

The Vlakfontein West scheme was completed in June 1956 when 6,005 completed houses were handed over. In addition the following buildings were erected: 8 schools, 20 shops, Community Centre, Beerhall, Post Office, Administration block, 8 churches and a maternity home. A clinic and Police Station will be completed before the end of 1957. Twenty morgen of land has also been set aside for a Provincial General Hospital.

Sports grounds have been laid out and a pavilion is in the course of erection. The inner-circle road has been tarred as well as others roads. A new tarred road from the City to Vlakfontein will be constructed shortly, shortening the present route by about two miles.

It is also anticipated that electricity will be made available during 1957.

VLAKFONTEIN EAST

A site-and-service scheme at Vlakfontein East was started two years ago. Not much progress can be reported mainly due to the fact that the bus fare to this area is excessive. The single fare being 1/- for week days and 1/3 for week-ends. The present position is as follows:—

354 Bantus have erected their own homes. Of the 522, two-roomed houses erected by contract 171 are occupied. Authority to complete the two-roomed houses is awaited.

One school with ten classrooms is available and about ten shops have been let to Bantu traders. A connecting road bridge between Vlakfontein East and West is under construction.

ATTERIDGEVILLE

A further 2,000 four-roomed houses have been completed and handed over. Waterborne sewerage is provided and the water is metered. 372 Families were taken from Mooiplaas, which is an area outside the City's boundaries, and housed in two-roomed houses in Atteridgeville. These houses will be completed this year. £20,000 is being spent on stormwater and roads this year and four additional schools are in the course of erection. About 20 shops have been built and will be allocated to Bantu traders, within the next month or two. Street lighting is being extended throughout the area.

SAULSVILLE — An area just west of Atteridgeville:

4,000 sites have been laid out and services such as water- and sewerage are available. The first 100 families from the Mooiplaas squatter area will be moved to the Saulsville Site-and-Service Scheme by the end of this month. By June 1957, 1,000 sites should be occupied.

SINGLE QUARTERS

In order to implement the policy of housing as far as possible, all natives employed in the City, accommodation in the native areas for 6,400 single employees will be available in May 1957. The complete scheme provides for a total of 12,800 beds.

GENERAL

The Government has voted £3½ million for the provision of rail facilities to the Pretoria native areas. These lines will be doubled and electrified and it is hoped that this will solve the transport problem. The new scheme should come into operation within the next year.

ASIATIC AND COLOURED HOUSING

Slum clearance in non-European residential areas within the City has not been undertaken due to the acute shortage in alternate accommodation.

Asiatic and Coloured families are living under apalling conditions and there is not likely to be any improvement until such time as areas have been allocated to these races under the provisions of the Group Areas Act.

DAIRY SECTION

The report is classified as follows:—

1. Details of Licences dealt with:

	New	Transferred	Dis-continued	Refused	Increase or Decrease
Producers	72	24	52	1	+ 20
Producer-Distributors	5	1	3	—	+ 2
Distributors	6	6	2	1	+ 4
Milk Shops	41	10	1	—	+40
	124	41	58	2	+66

It will be noticed that during the period under review the dairy premises and milkshops increased by 66.

2. Situation of Premises:

There are 579 dairy premises situated as follows:—

	In Mun. Area	With-in 10 miles	11-25 miles	26-50 miles	51-75 miles	76-100 miles	101-150 miles	151-200 miles	Over 200 miles	Total
Producers	—	30	74	29	27	23	67	46	1	297
Producer-Distributors	4	7	3	1	—	—	—	—	—	15
Distributors	98	—	—	—	—	—	—	—	—	98
Milk Shops	169	—	—	—	—	—	—	—	—	169
	271	37	77	30	27	23	67	46	1	579

3. Milk Supplies:

Number of premises where milk is produced	312
Approximate number of cows kept (in milk)	12,130
Approximate number of cows kept (dry)	6,350
Approximate number of Gallons Produced Daily	23,162

4. Estimated Total Daily Gallonage consumed as at 31st December, 1956:

From Producers	22,075
From Producer-Distributors	1,087
Imported	290
	23,452

Of the above daily total the consumption is as follows:—

Raw milk	4,552 gallons	(19·5%)
Pasteurised milk	18,900 gallons	(80·5%)

Where it has been found necessary occasionally to permit the introduction of industrial milk, all such milk was pasteurised before consumption.

5. Daily Distribution of Milk:

By Producer-Distributors	1,087 gallons
By Distributors	20,505 ,,
By Milk Shops, Schools, etc.	1,860 ,,
	,,
Total	23,452 ,,

6. Personnel Employed in the Milk Trade:

	Europeans	*Natives*	*Total*
Producers	313	1,375	1,688
Producer-Distributors	16	67	83
Distributors	220	525	745
	549	1,967	2,516

7. Typhoid Testing of Dairy Employees:

	No. Vi Tested	*Positive*	*Negative*
European..	27	Nil	27
Natives....	465	55	410

From the number of positive cases amongst non-European employees who were tested an idea can be formed as to what the general position is, and how necessary pasteurisation is. Many dairy farmers are still ignorant about the danger of typhoid being transmitted by milk.

8. Dairy Inspections:

Regular inspections of premises and herds of producers and producer-distributors, and premises of distributors were carried out by the Veterinary Officer and Dairy Inspectors. Assistance was also given, where and when necessary, by the District Inspectors, in connection with inspections of milk shops in the City.

The production, distribution and handling of all milk entering the Municipal area, is well controlled and supervised. A small amount of milk is possibly being introduced illegally, but the amount is so small that it is practically of no importance.

The aim and object of inspections is to assist, advise and educate dairy farmers in the production of a clean, wholesome palatable and safe milk. In order to carry out this policy advice is given in regard to:—

(*a*) Animal diseases.
(*b*) Feeding and care of dairy animals.
(*c*) Building and erection of dairy premises.
(*d*) Cleaning and sterilisation of dairy utensils.
(*e*) Cooling and transportation of milk.
(*f*) Chemical analysis of milk.
(*g*) Dairy bacteriology.
(*h*) Milk and nutrition.

Particulars of inspections carried out:

A. *Inspection of Dairies:*

(*a*) During day milking	155
(*b*) Early morning milking	54
(*c*) At other periods	1,742
Contraventions dealt with	533

B. *Inspection of Milk Depots:*

(*a*) During day	601
(*b*) Early morning	75
Contraventions dealt with	179

C. *Distribution, Street, etc. Inspections:*

(*a*) During day	258
(*b*) Early morning	59
Contraventions dealt with	33
D. Other Inspections or Enquiries	204
E. Complaints dealt with	66
F. Written notices served	131
G. Written notices complied with	86

H. *Herd Inspections by Veterinary Officer:*

These inspections are usually carried out during actual milking periods in the presence of the farmer or other responsible person. The aim and object is to recognize any animal disease, or conditions which may adversely affect the herd and milk supply or render the milk unfit or dangerous for human consumption. The farmer is advised on the control, eradication, prevention and treatment of any such diseases as well as on other matters pertaining to dairying.

The most common clinical conditions encountered are the following:—

(*a*) Mastitis.
(*b*) Contagious abortion.
(*c*) Infertility.
(*d*) Malnutrition.
(*e*) Internal parasitis.
(*f*) Certain endemic diseases.

Approximately 80 herds were inspected involving about 2,500 animals. In addition serological and microscopical tests of milk samples were performed in the laboratory.

9. Milk Sampling:

(*a*) *Plate Counts*:

Taken under the Dairy By-laws which lay down a standard of not more than 200,000 micro-organisms per cc. and no B. coli in 0.01 cc. of milk.

Number of samples taken	256
Conforming to legal standards	196
Containing excess micro-organisms: warnings issued	18
Containing excess micro-organisms: prosecuted	Nil
Containing excess B. coli: warnings issued	16
Containing excess B. coli: prosecuted	Nil
Containing excess B. coli and micro-organisms: warnings issued	26
Containing excess B. coli and micro-organisms: prosecuted	Nil
Total number of warnings issued	60
Total number of prosecutions	Nil

(*b*) *Breed Smear Counts*:

Number of samples examined	10,679
Number very good	7,369
Number good	812
Number fair	89
Number unsatisfactory (bad)	2,409

(*c*) *Presumptive Coliform Tests on Pasteurised Milk*:

Number of Samples examined	2,548
Number of Samples Positive	549
Number of Samples Negative	1,999

Positive B. coli results of pasteurised milk still constitute one of our major problems. The main source of infection seems to be the filling and capping machines. Steps are being taken to prevent this.

(*d*) *Mastitis Tests*:

No routine tests were performed, but results of clinical examinations and positive results obtained during routine Breed-counts indicate that the incidence of this disease is still very high. Farmers are slowly becoming aware of the dangers of and the great economic losses caused by this disease and are taking steps for its prevention and control.

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

A. Number of samples taken and analysed	551
Number of samples satisfactory	241
Number of samples unsatisfactory (warnings)	150
(i) Deficient in Milk Fat	15
(ii) Deficient in Milk-solids-not-fat	131
(iii) Number containing added water	14

B. *Prosecutions*:

(i) Deficient in Milk Fat	2
(ii) Deficient in Milk-solids-not-fat	Nil
(iii) Adulteration (added water)	14

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, because of many different predisposing factors. Nearly all cases of adulteration (added water) were found to be due to unscrupulous native employees. In two instances the added water was accidentally caused by leaking watercoolers.

11. Disc Sediment Test for Visible dirt:

Number of samples tested	780
Number of samples satisfactory	617
Number of samples not quite satisfactory (warnings)	158
Final Warnings	5
Prosecuted	Nil

12. Phosphatase Test for Pasteurised Milk:

Number of samples tested	2,783
(i) Number efficiently pasteurised	2,776
(ii) Number slightly under pasteurised	7
(iii) Number grossly under pasteurised	Nil

13. Biological Tests:

No tests performed.

14. Serological Tests:

(*a*) *Tuberculosis*:

In collaboration with the Field Section of the Division of Veterinary Services, 36 herds were subjected to the intradermal P.P.D.-Tuberculin test. The results are tabulated hereunder:—

Number of herds tested	*Total Number of animals*	*Negative*	*Positive*	*Suspicious*
36	2,977	2,710	126	141

The incidence of infection in these herds can be described as "average" except in one herd where the infection was very high. All the reactors from this herd were slaughtered. Those from the other herds were dealt with according to regulations under the Stock Diseases Act.

(*b*) *Contagious Abortion*:

One hundred and ninety-five samples of milk were subjected to the "ringtest" with the following results:—

Number of samples tested	195
Number of samples positive	37
Number of samples negative	132
Number of samples suspicious.....	26

Although these tests cannot be regarded as reflecting the general incidence of Contagious Abortion in dairy herds, it is nevertheless a guide. Steps are being taken by the division of Veterinary Services for the eradication of this disease by means of preventive inoculation with strain-19 vaccine.

15. General Remarks:

Approval has been obtained from the Transvaal Provincial Administration for the promulgation of amendments to the dairy by-laws which will make the pasteurisation of all milk entering into the Municipal area (excepting "certified milk") compulsory. These by-laws will only take effect four years after the date of promulgation in order to give dairymen a chance to make the necessary arrangements.

An additional dairy inspector should be appointed, as the amount of work and the area to be covered is becoming too much for the present staff.

We have not been able to fill the vacant post of Assistant Veterinary Officer.

MUNICIPAL POUNDS

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

Number Impounded	*Horses*	*Mules*	*Donkeys*	*Cattle*	*Dogs*	*Other Animals*	*Pound fees collected*	*Pound sales collected*
West End	131	139	24	80	50	Nil	£91/10/4	£39/18/1
Hercules	400	247	40	104	Nil	Nil	£181/17/9	£10/17/9
	531	386	64	184	50	Nil	£273/8/1	£50/15/10

Most of the impounded animals belong to natives residing on the outskirts of the municipal boundaries.

WATER SUPPLIES

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

1929 – 1930 ..	4·2 mgd.	1949 – 1950 ..	15·963 mgd.
1934 – 1935 ..	7·4 mgd.	1950 – 1951 ..	16·973 mgd.
1939 – 1940 ..	8·78 mgd.	1951 – 1952 ..	17·766 mgd.
1945 – 1946 ..	13·8 mgd.	1952 – 1953 ..	17·921 mgd.
1946 – 1947 ..	14·2 mgd.	1953 – 1954 ..	18·065 mgd.
1947 – 1948 ..	14·52 mgd.	1954 – 1955 ..	18·689 mgd.
1948 – 1949 ..	15·254 mgd.	1955 – 1956 ..	20·821 mgd.

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:—

	1956
Rand Water Board	2,861·100
Springs (Fountains)	1,990·323
Sterkfontein Springs	574·600
Rietvlei/Erasmus Springs	799·210
Rietvlei Filters	1,376·124

SANITARY AND RUBBISH REMOVAL SERVICES

The following quantities of refuse, etc., have been removed:—

	January–December, 1956
Bin Services	224,715 cu. yds.
Special and Coupon Services	23,426 cu. yds.
Sanitary pail service	5,696,900 cu. yds.
Vacuum Tanks	20,569,830 cu. yds.

REPORT ON SEWAGE PURIFICATION WORKS AND CHEMICAL LABORATORIES, 1956

SEWAGE FLOW:

Following are the monthly sewage flow and rainfall figures for the period July, 1955, to December, 1956:—

	Sewage Flow Daily Average Gallons	*Rainfall at Sewage Works Millimetres*
1955:		
July	6,895,000	Nil
August	8,079,000	0·3
September	7,488,000	Nil
October	7,398,000	107·9
November	8,085,000	144·9
December	8,574,000	169·2
1956:		
January	8,537,000	76·7
February	9,128,000	166·0
March	8,178,000	45·7
April	7,606,000	Nil
May	8,710,000	119·2
June	7,989,000	0·01
July	7,424,000	0·6
August	7,715,000	Nil
September	7,934,000	95·2
October	8,434,000	99·0
November	8,636,000	101·1
December	8,273,000	69·0
Year 1956	8,214,000	1,194·81

The daily average for the year 1956, *viz.* 8,214,000 gallons per day, represents an overload of 37 per cent on the existing plant which was designed for a flow of six million gallons per day.

Effluent to Power Station:

The volume of sand filtered and chlorinated effluent pumped to the Power Station for use as cooling water increased from 1·8 million gallons daily in 1955 to 2·1 million gallons daily for the year 1956.

Full particulars of the operation of the rapid gravity sand filters are given in Tables I and II.

Digested Sludge:

The extensions to the sludge drying beds providing 45,600 square feet of additional drying bed area, were completed in June, 1956, at a cost of £13,600.

During 1956, a total of 7,500 cubic yards of digested sludge were removed from the drying beds.

New Works—Rooiwal:

Construction of the new works at Rooiwal commenced in October, 1956. Two units, each designed to treat 1½ million gallons of sewage per day, are being built under the present contract.

Laboratory Services:

A total of 4,137 samples were analysed for various municipal departments during the year.

Sewage Purification: Analytical Results:

The existing purification plant consists of nine units employing various biological processes. Regular chemical analyses are done on representative samples from all these units in order to keep a check on performance and efficiency. The results for the past year are satisfactory, the final effluent having a high standard of purity.

TABLE I: SAND FILTRATION — EFFLUENT TO POWER STATION, 1955.

		Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Year Total
Volume of Effluent Filtered — millions of gallons		40·96	8·44	53·84	47·31	71·76	70·05	79·30	65·92	70·51	68·87	66·99	55·93	699·88
Volume Pumped to Power Station — millions of gallons		39·04	8·15	50·95	44·01	67·77	65·88	74·59	59·53	63·32	61·81	61·10	50·39	646·54
Rate of Filtration — gallons/sq. ft./hour		119	128	130	114	146	169	194	187	175	169	174	172	156
Gallons filtered per sq. ft. per run		1,636	3,087	1,618	1,308	1,603	1,503	1,356	1,091	1,037	1,073	1,260	1,138	1,476
% Backwash of Volume Pumped		4·9	3·6	5·7	7·5	5·8	6·3	6·3	10·7	11·4	11·4	9·7	11·0	7·9
Suspended Solids by Weight p.p.m.	Unfiltered	15·8	—	13·1	16·6	15·0	19·7	22·3	30·0	21·3	18·9	15·8	12·0	18·2
	Filtered	4·7	4·8	6·4	4·5	5·2	7·8	8·9	9·6	8·8	7·7	5·7	3·8	6·5
Chlorine	Added	3·5	3·8	2·9	3·9	2·9	3·1	2·8	2·4	2·5	3·3	3·1	3·2	3·1
p.p.m.	Residual after approx. one hr.	1·2	1·2	1·5	0·6	0·5	0·3	0·4	0·6	0·3	0·6	0·3	0·4	0·7

TABLE II: SAND FILTRATION: EFFLUENT TO POWER STATION 1956.

		Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Year
Volume of Effluent Filtered — Millions of gallons		69·73	66·90	73·99	75·06	76·84	67·73	74·94	72·69	66·89	66·38	67·43	63·25	841·83
Volume pumped to Power Station — Millions of gallons		64·34	60·14	67·83	69·86	71·08	61·76	69·07	69·23	63·12	62·80	63·85	60·15	783·23
Rate of Filtration — Gallons/sq. ft./hr.		160	153	168	152	151	138	156	177	170	165	172	174	161
Gallons filtered per sq. ft. per run		1,279	1,040	1,122	1,496	1,378	1,126	1,239	1,708	1,501	1,179	1,329	2,160	1,380
%Backwash of Volume pumped		8·4	11·2	9·1	7·5	8·1	9·7	8·5	5·0	6·0	5·7	5·6	5·2	7·5
Suspended Solids by weight p.p.m.	Unfiltered	14·5	13·5	14·4	15·4	13·6	18·5	19·9	21·4	20·7	20·8	24·7	16·3	17·8
	Filtered	5·5	5·1	5·0	4·7	5·3	7·3	8·9	9·3	8·5	7·4	8·6	6·6	6·9
Chlorine p.p.m.	Added	3·1	2·6	3·0	3·1	3·1	2·9	2·7	3·0	3·1	3·3	4·1	4·2	3·2
	Residual after approx. 1 hr.	0·6	0·4	0·7	0·6	0·6	0·8	0·7	0·8	0·6	0·6	0·5	0·5	0·6

NON-EUROPEAN MEDICAL SERVICES

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

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

(i) Urban Services.

(ii) Peri-urban Services.

A. CLINIC SERVICES:

The following table shows the number and types of clinics per week conducted exclusively for non-Europeans at various centres in the City:—

	Atteridge-ville Clinic	*Compound Clinic*	*Vlak-fontein Clinic*	*Bantule Clinic*	*Special Dis-eases clinic Pretoria Hospital*	*Lady Selborne Clinic*
Child Welfare Clinics	2	2	2	2	—	—
Venereal Diseases Clinics..	1	—	1	1	4	—
Ante- and Post-Natal Clinics	1	2	1	1	—	—
Tuberculosis Clinics	1	1	1	1	1	1
General Out-patient Clinics	3	2	2	2	—	—

Further details regarding Child Welfare, Venereal Diseases, Tuberculosis and Ante-Natal and Post-Natal Clinics appear elsewhere in this report.

OUT-PATIENT CLINIC RETURNS FOR THE YEAR 1st JANUARY, 1956, to 31st DECEMBER, 1956.

	Compound	*Atteridge-ville*	*Bantule*	*Total* 1956	*Total* 1954–1955
1. No. of new cases seen	1,122	4,508	924	6,554	4,936
2. No. of repeat attendances	339	1,403	305	2,047	1,604
3. No. of serum tests for Syphilis	35	122	29	186	193
4. No. of positive tests for Syphilis ..	12	21	12	45	47
5. No. of eye smears taken	—	3	—	3	10
6. No. of eye smears revealing gonococci	—	—	—	—	1
7. No. of urethral and cervical smears taken	—	9	—	9	8
8. No. of urethral and cervical smears revealing gonococci	—	—	—	—	—
9. No. of cases dressed at clinics	590	6,819	10,280	17,689	14,609
10. No. of dressings done	2,506	11,988	15,701	30,195	25,999
11. No. of cases referred to Ante-Natal Clinics	27	36	14	77	61
12. No. of cases referred to Dental Clinics	63	127	50	240	215
13. No. of cases referred to Venereal Diseases Clinics	13	40	17	70	60
14. No. of cases referred for X-ray examination	10	74	12	96	67
15. No. of cases referred to Tuberculosis Clinics	7	20	2	29	25
16. No. of cases referred to hospital Out-patient clinics	48	131	56	235	158
17. No. of cases referred to casualty (Hospital)	18	64	8	90	89
18. No. of cases admitted to hospital ..	9	24	3	36	31
19. No. of throat swabs taken ..	—	35	5	40	10
20. No. of throat swabs positive to Diphtheria	—	—	—	—	2

Out-patient clinics for non-European Municipal employees held on each working day at the Municipal Compound Clinic, Proes Street West, show the following for the period 1st January, 1956, to 31st December, 1956:—

	1956	1954–1955	1953–1954
1. No. injured on duty and treated at the Compound Clinic..	1,312	996	984
2. No. injured on duty and referred to the General Hospital or private practitioners	174	98	96
3. No. injured off duty and treated at the Compound Clinic ..	1,764	1,006	998
4. No. injured off duty and treated at the General Hospital ..	290	156	164
5. No. of sick employees treated at the Compound Clinic	5,596	4,097	3,841
6. No. of sick employees referred to the General Hospital	289	228	231
7. Total number medically examined at the Compound Clinic	9,425	6,510	6,423
8. Total number of attendances at the Compound Clinic	27,998	19,741	18,299

B. NATIVE INFLUX CONTROL:

All Bantu males seeking employment or re-employment within the area controlled by the City Council are medically examined before being employed.

(i) Urban Services:

	1956	1954–1955
I. Number of Natives examined	48,123	52,449
(*a*) New Cases	3,767	5,893
(*b*) Return Cases	44,356	46,556
II. Number vaccinated	572	358
III. Number infested with lice	1,505	1,018
(*a*) Head and Body Lice	171	13
(*b*) Crab Lice	1,334	1,005
IV. Number temporarily unfit for work because of:—		
1. Suspected Venereal Diseases	200	318
(*a*) Gonorrhoea	110	155
(*b*) Syphilis	89	163
(i) Primary Syphilis	35	44
(ii) Secondary Syphilis	27	32
(iii) Tertiary Syphilis	27	87
(*c*) Lympho-Granuloma Inguinale	1	—
2. Dental Decay	351	334
3. Scabies	22	24
4. Tapeworm	20	14
5. Chickenpox	1	2
6. Suspected Pulmonary Tuberculosis	1	5
7. Bilharzia	105	—
8. Impetigo	2	—
9. Minor ailments	70	29
V. Number permanently unfit for hard work but fit for domestic or light work only because of:—		
1. Senility with or without minor ailments	85	161
2. Skeletal and muscular conditions	70	63
3. Epilepsy	5	5
4. Defective Vision	5	2
5. Asthma and Bronchitis	5	3
6. Obesity	8	13
7. Unclassified ailments	18	2

(ii) Peri-Urban Services

Note.—These figures cover the period May to December 1956 only.

1. Number of natives examined	2,072
(*a*) New Cases	44
(*b*) Return Cases	2,028
2. Number vaccinated	68
3. Number infested with—	
(*a*) Head and body lice	1
(*b*) Crab lice	9
4. Number referred to the Dental Clinic	37
5. Number found unfit for immediate employment because of—	
(i) Venereal Diseases:—	
(*a*) Gonorrhoea	9
(*b*) Primary Syphilis	3
(*c*) Secondary Syphilis	1
(*d*) Tertiary Syphilis	0
(ii) Tuberculosis	3
(iii) Von Recklinghausen's Disease	1
(iv) Pellagra	1

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:—

	Atteridge-ville Clinic	*Atteridge ville School Clinic*	*Compound Clinic*	*Bantule Clinic*
1. Respiratory Diseases	646	664	465	343
2. Skin Diseaes	195	210	159	110
3. Eye infections	152	166	78	90
4. Ear, nose and throat infections	403	634	286	239
5. Gastro-intestinal ailments	377	264	310	216
6. Injuries	122	131	145	63
7. Bone diseases	3	2	2	1
8. Deficiency disorders	140	141	69	78
9. Nervous disorders	41	18	26	21
10. Heart Diseases	19	5	12	13
11. Joint and Muscular disorders	174	80	120	98
12. Dental Caries	60	47	63	39
13. Acute infectious fevers	61	69	16	12
14. Abscesses and boils	62	44	36	33
15. General Debility	44	28	30	22
16. Venereal Disease	28	12	18	20
17. Congenital abnormalities	4	3	2	3
18. Urinary disorders	61	31	38	31
19. Menstrual Disorders	152	43	136	84
20. Diseases of Genital Organs	118	16	105	62
21. Mastitis	16	2	8	7
22. Acute and Chronic Lymphadenitis	40	32	20	24
23. Non-pulmonary Tuberculosis	0	0	0	0
24. Tumours	9	10	4	11
25. Urticaria	25	26	14	11
26. Diabetes	3	0	6	2
27. Haemorrhoids	6	1	2	1
28. Diseases of blood vessels	10	2	20	7
29. Blood deficiency disorders	15	14	12	9
30. Diseases of liver, spleen and gall bladder	7	5	5	2
31. Diseases of ductless glands including diabetes	6	2	8	4
32. Hernia	4	0	1	1
33. Alcoholism	12	0	6	6

BIRTHS (ALL RACES) FOR THE YEAR ENDED 31st DECEMBER, 1956

	EUROPEAN				NATIVE				ASIATIC				EURAFRICAN			
	Legitimate		Illegitimate		Legitimate		Illegitimate		Legitimate		Illegitimate		Legitimate		Illegitimate	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
January	169	138	—	1	41	33	32	31	10	9	—	1	8	5	—	—
February	136	125	1	—	29	45	13	6	8	16	1	1	6	1	—	1
March	157	178	—	1	20	15	14	7	10	13	—	—	6	3	—	—
April	121	122	—	2	20	11	15	10	7	4	—	—	1	2	2	1
May	186	170	—	2	25	22	25	26	13	3	1	—	2	7	2	—
June	189	155	—	—	133	134	95	84	10	11	—	—	10	6	1	—
July	156	141	—	1	97	104	68	58	10	11	—	—	1	2	—	1
August	164	174	2	1	99	111	82	62	9	9	—	—	6	3	—	—
September	175	172	—	—	96	81	56	45	16	7	—	—	6	8	1	2
October	175	156	3	1	120	131	78	57	9	10	—	—	6	8	2	—
November	152	139	1	2	119	115	67	68	5	3	—	—	5	2	2	3
December	166	117	2	1	91	121	66	57	8	14	—	—	2	4	2	1
TOTALS	1,946	1,787	9	12	890	923	611	511	115	110	2	2	59	51	12	9

	STILL BIRTHS (LOCAL RESIDENTS)				BIRTHS TO NON-RESIDENTS			
	EUROPEAN		NON-EUROPEAN		EUROPEAN		NON-EUROPEAN	
	Male	Female	Male	Female	Male	Female	Male	Female
January	2	1	5	3	58	70	16	18
February	3	1	3	5	45	56	10	23
March	2	2	12	3	61	69	8	12
April	—	—	7	3	43	57	13	10
May	3	6	8	2	63	55	19	17
June	3	1	6	2	57	56	64	64
July	3	1	7	6	56	58	44	40
August	3	—	5	6	54	57	46	43
September	3	1	5	9	58	63	42	23
October	2	7	2	2	77	54	48	39
November	—	1	3	13	49	60	63	47
December	2	1	8	2	78	61	43	54
TOTALS	26	22	71	56	699	716	416	390

Table No. 2

DEATHS OF EUROPEAN CHILDREN UNDER 5 YEARS OF AGE FOR THE YEAR ENDED 31st DECEMBER, 1956

	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	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	—
Influenza	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	—	2	1
Tumor of the Brain	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Malnutrition	—	—	—	—	—	—	—	—	1	—	1	—	2	—	—	—	—	—	—	—	—	—	2	—
Disease of the Blood	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Meningitis—Other Forms	—	—	—	—	—	—	—	—	—	1	1	—	1	1	—	1	—	—	—	—	—	1	1	3
Disease of the Heart	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	1	—	—	—	—	1	—	2	1
Disease of the Larynx	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Pneumonia—Broncho	—	—	—	—	—	—	1	—	3	1	2	1	6	2	2	3	1	2	—	—	—	—	9	7
Diarrhoea and Enteritis	—	—	—	—	—	1	1	—	—	1	2	2	3	4	—	—	—	—	—	—	—	—	3	4
Diseases of the Intestines	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	1	—	2	—
Peritonitis	—		—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Pyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Congenital Malformation of Heart	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Monstrosities	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Congenital Debility	—	—	3	—	1	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	4	—
Premature Birth	6	9	6	5	4	—	1	1	1	—	—	—	18	15	—	—	—	—	—	—	—	—	18	15
Injury at Birth	—	—	1	2	—	—	1	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—	2	2
Atelectasis	3	3	—	—	2	—	—	—	—	1	—	—	5	4	—	—	—	—	—	—	—	—	5	4
Other Diseases, First Year of Life	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	2
Accidents—Motor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	1
Accidents—Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Accidents—Drowning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Other Deaths, Unknown Causes	1	—	1	1	1	—	—	—	—	—	—	1	3	2	—	1	1	—	—	—	—	—	4	3
TOTAL	10	13	12	9	8	1	4	1	7	5	6	4	47	33	5	10	5	5	2	—	3	1	62	49

Table No. 3

DEATHS OF NON-EUROPEAN CHILDREN UNDER 5 YEARS OF AGE FOR THE YEAR ENDED 31st DECEMBER, 1956

NATIVES	24 hours and under		Over 24 hours to 1 week		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	—	—	—	—	—	—	—	—	—	—	1	2	1	2	1	1	1	—	—	—	—	—	3	3
Diphtheria	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	1	1
Tuberculosis—Pulmonary	—	—	—	—	—	—	—	—	—	—	4	—	4	—	1	3	—	—	1	—	1	—	7	3
Vertebral Column	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Septicaemia	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Congenital Syphilitis	—	—	1	—	1	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	—
Measles	—	—	—	—	—	—	—	—	—	—	—	2	—	2	2	—	—	—	—	1	—	—	2	3
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Tetanus	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Brain Tumour	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Malnutrition	—	—	—	—	—	—	3	2	3	—	4	5	10	7	14	15	4	3	1	2	—	—	29	27
Diseases of the Blood	—	—	—	—	—	—	—	—	—	1	—	1	—	2	1	—	1	2	—	—	—	—	2	5
Encephalitis—Non-Epidemic	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	—	—	—	—	—	2	—
Non-Meningococcal	—	—	—	—	—	1	—	—	—	—	1	1	1	2	—	—	—	—	1	—	1	—	3	2
Diseases of the Heart	—	—	—	—	—	—	—	—	2	—	—	—	2	—	—	—	—	—	—	1	—	—	2	1
Bronchitis—Acute	—	—	—	—	—	—	—	—	—	—	2	1	2	1	—	2	—	—	—	—	—	—	2	3
Chronic	—	—	—	—	—	1	—	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	1	1
Broncho Pneumonia	—	—	3	6	7	4	11	11	21	19	21	29	63	69	33	22	8	8	4	4	—	2	108	105
Lobar Pneumonia	—	—	—	—	—	—	—	—	1	2	2	1	3	3	1	2	—	—	—	—	—	—	4	5
Pleurisy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Congestion of the Lungs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Diseases of the Teeth and Gums	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—
Diarrhoea Enteritis	—	—	—	—	5	1	23	16	38	27	46	48	112	92	65	56	9	14	1	1	—	2	187	165
Intestinal Obstruction	—	—	—	—	—	—	1	—	1	—	—	—	2	—	—	—	—	—	—	—	—	—	2	—
Diseases of the Bones	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Congenital Malformations	—	—	—	3	—	1	—	1	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	5
Congenital Debility	1	1	1	2	1	—	—	—	—	—	—	—	3	3	—	—	—	—	—	—	—	—	3	3
Premature Births	20	14	37	29	9	9	1	3	1	1	—	—	68	56	—	—	—	—	—	—	—	—	68	56
Injury at Birth	—	1	7	3	—	—	—	—	—	—	—	—	7	4	—	—	—	—	—	—	—	—	7	4
Asphyxia during or after Birth	2	1	3	2	—	—	—	—	—	—	—	—	5	3	—	—	—	—	—	—	—	—	5	3
Other Specified Diseases	1	—	3	—	—	—	—	—	—	—	—	—	4	—	1	—	—	—	—	—	—	—	5	—
Other Accidents	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	—	—	—	1	—	2	1
Accidental Burns	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	—	—	1	—	—	—	2	1
Accidental Drowning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—
Accidental Fall	—	—	—	—	—	—	1	—	—	—	—	1	1	1	—	—	—	—	—	1	—	—	1	2
Other Deaths—Unknown Causes	2	5	4	2	6	—	12	4	8	12	15	19	47	42	16	14	5	3	—	1	2	1	70	61
TOTALS	26	22	60	48	30	19	52	37	76	62	99	111	343	299	139	118	30	30	9	12	5	6	526	465

Table No. 3—*Continued*—DEATHS OF NON-EUROPEAN CHILDREN UNDER 5 YEARS OF AGE FOR THE YEAR ENDED 31st DECEMBER, 1956

ASIATICS	24 hours and under		Over 24 hours to 1 week		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
Malnutrition	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1
Broncho Pneumonia	—	—	—	—	—	1	—	—	1	—	—	1	1	2	—	—	—	—	—	—	—	—	1	2
Diarrhoea and Enteritis	1	—	—	—	—	—	—	1	—	1	—	—	1	2	—	—	—	—	—	—	—	—	1	2
Premature Birth	2	—	1	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	3	—
Injury at Birth	1	—	1	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	—
Asphyxia during or after Birth	1	—	1	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	—
TOTALS	5	—	3	—	—	1	—	1	1	1	—	2	9	5			—	—	—	—	—	—	9	5
EURAFRICANS																								
Cerebrospinal Meningococcal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Malnutrition	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Broncho Pneumonia	—	—	—	—	1	—	—	1	—	1	—	1	1	3	3	1	—	—	—	—	—	—	4	4
Diarrhoea and Enteritis	—	—	—	—	1	—	—	2	1	—	2	3	4	5	3	3	—	—	1	—	—	—	8	8
Premature Birth	3	—	—	2	2	1	—	—	—	—	—	—	5	3	—	—	—	—	—	—	—	—	5	3
Birth Injuries	1	—	1	—	—		—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	—
Total	4	—	1	2	4	1	—	3	1	1	2	4	12	11	7	5	—	2	1	—	—	—	20	18

Table No. 4

DEATHS OF EUROPEANS FIVE YEARS OF AGE AND OVER WITHIN THE MUNICIPAL AREA FOR THE YEAR ENDED 31st DECEMBER, 1956

	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 Disease	—	—	—	—	—	—	—	—	—	—	—	2	—	1	2	1	2	—	1	—	—	—	5	4
Cancer and Other Tumours	—	—	—	—	—	—	—	—	—	1	1	2	5	6	15	10	19	16	19	11	10	3	69	49
Diseases of Nutrition and Endocrine Glands	—	—	—	—	1	2	—	1	—	—	—	—	—	1	—	—	—	1	2	3	—	—	3	8
Diseases of the Blood-forming Organs	—	—	—	—	—	2	—	—	—	—	—	1	1	—	—	—	2	1	2	—	1	—	6	4
Diseases of Nervous System and Sense Organs	—	1	1	1	—	—	—	—	1	1	1	1	5	3	5	5	6	13	13	13	8	10	40	48
Diseases of Circulatory System	—	—	1	1	2	—	3	1	2	—	4	2	16	3	25	13	41	21	47	26	34	31	175	98
Diseases of Respiratory System	1	—	—	—	1	—	2	—	—	—	3	2	4	2	6	3	13	9	12	13	10	12	52	41
Diseases of Digestive System	2	—	—	—	—	1	—	—	—	—	3	3	—	2	5	2	1	2	4	4	1	3	16	17
Diseases of Urinary and Genital System	1	—	—	—	1	—	1	1	—	1	—	1	3	1	7	2	10	4	9	4	5	17	37	31
Diseases of Pregnancy and Childbirth	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Diseases of the Bones	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—		—	1
Senility	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	2	4	6	7	8
Suicide	—	—	—	—	2	2	2	—	5	—	4	—	—	1	2	—	1	1	—	—	—	—	16	4
Homicide	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	2	—
Accidents	1	2	1	1	8	2	8	2	6	1	6	2	13	—	5	1	2	—	1	1	1	3	52	15
Unknown or Unspecified Causes	1	—	—	—	—	—	—	—	—	—	—	—	1	1	3	1	2	2	2	—	2	1	11	5
TOTALS	6	3	3	3	15	9	16	5	14	4	23	15	48	21	76	38	99	70	115	78	76	88	491	334

Table No. 5

DEATHS OF NATIVES, FIVE YEARS OF AGE AND OVER WITHIN THE MUNICIPAL AREA FOR THE YEAR ENDED 31st DECEMBER, 1956

	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	3	3	—	1	2	—	1	4	—	1	5	1	5	—	7	—	4	2	1	—	—	—	28	12
Cancer and Other Tumours	—	—	—	—	—	—	—	—	1	—	5	3	8	3	4	—	1	—	1	1	1	—	21	7
Diseases of Nutrition and Endocrine Glands	1	—	1	—	—	—	—	—	1	2	—	—	2	—	1	—	—	—	—	—	—	—	6	2
Diseases of Blood and Blood-forming Organs	—	—	—	—	—	—	1	1	—	—	3	—	—	1	—	—	—	—	—	1	—	—	4	3
Diseases of Nervous System and Sense Organs	1	1	1	—	—	—	—	1	1	—	2	2	4	4	3	3	1	1	—	—	—	—	13	12
Diseases of Circulatory System	2	—	—	1	1	2	2	3	2	9	3	4	14	5	14	9	8	2	4	7	3	1	53	43
Diseases of Respiratory System	5	2	3	—	1	2	4	4	4	3	11	5	6	11	18	3	10	7	4	7	3	6	69	50
Diseases of Digestive System	1	1	—	2	—	—	—	—	2	—	1	2	3	4	7	2	1	1	2	1	—	—	17	13
Non-Venereal Diseases of the Urinary and Genital Systems	1	—	—	—	—	—	—	—	—	—	—	—	5	1	3	—	2	—	1	—	2	—	14	1
Diseases of Pregnancy and Childbirth	—	—	—	—	—	—	—	2	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	4
Senility	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	1	5	3	2	1	8	7
Suicide	—	—	—	—	1	—	—	—	1	1	1	—	2	—	—	—	—	—	—	—	—	—	5	1
Homicide	—	—	—	—	2	—	—	—	2	—	1	—	—	—	—	—	1	—	—	—	—	—	6	—
Accidents	3	1	—	—	3	—	11	1	13	—	17	3	12	1	4	—	2	1	—	—	—	—	65	7
Legal Executions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Open Verdict	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unknown or Unspecified Causes	—	2	1	—	3	2	—	3	2	—	7	4	5	4	8	2	1	6	11	2	4	5	42	30
TOTALS	17	10	6	4	13	6	19	19	29	16	56	25	66	34	69	22	32	21	29	22	15	13	351	192

Table No. 6

INFANTILE MORTALITY EUROPEAN CAUSE OF DEATH AND MORTALITY RATES FOR YEAR ENDED 31st DECEMBER, 1956.

	Atelectasis		Infectious Diseases		Diarrhoeal Disease		Bronchitis and Pneumonia		Congenital Causes		Other Causes		Injury at Birth		Prematurity		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	—	2	—	—	—	1	2	—	1	—	2	—	1	—	3	1	9	4	204	193	44.12	20.73	32.75
Pretoria West	—	1	—	—	1	—	1	—	1	—	2	—	—	—	1	—	6	1	279	296	21.51	3.38	12.17
Leper and Mental Hospitals and Defence	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	8	—	—	—
Salvokop	1	—	—	—	—	—	1	—	—	—	—	1	—	—	1	—	3	1	14	13	214.29	76.92	148.11
Roberts Heights	1	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	3	—	46	31	65.22	—	65.22
Eastern Suburbs	—	—	—	—	—	—	—	—	2	—	1	—	—	1	4	5	7	6	488	472	14.34	12.71	13.54
Northern Suburbs	1	1	—	1	—	1	—	—	—	—	1	1	2	—	7	3	11	7	616	514	17.85	13.62	15.93
Hercules	1	—	—	—	2	3	1	2	1	1	2	1	—	1	1	6	8	14	300	272	26.67	51.47	38.46
TOTAL	4	4	—	1	3	5	6	2	5	1	8	3	3	2	18	15	47	33	1,955	1,799	24.04	18.34	21.31

Table No. 7

INFANTILE MORTALITY: ALL NON-EUROPEAN RACES: DISTRICT INCIDENCE FOR THE YEAR ENDED 31st DECEMBER, 1956

	Atelectasis		Infectious Diseases		Diarrhoeal Diseases		Bronchitis and Pneumonia		Congenital Causes		Other Causes		Prematurity		Injury at Birth		Malnutrition		Total Deaths		Total Births		Mortality Rate per 1,000 Live Births		TOTAL RATES
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
NATIVE:																									
Vlakfontein	1	1	1	2	33	41	19	25	—	—	35	30	13	9	1	—	2	3	105	111	416	420	252.40	264.29	258.37
Bantule	—	—	1	—	10	6	3	2	—	—	—	6	4	2	1	—	1	1	20	17	82	67	243.90	253.73	248.32
Atteridgeville	1	2	2	—	18	9	15	4	—	2	7	4	7	8	—	1	1	1	51	31	424	354	120.28	87.57	105.40
Hercules	3	—	4	4	48	35	30	40	3	6	11	9	23	21	5	3	5	2	132	120	810	839	162.96	143.03	152.82
Town	—	—	—	—	3	1	2	3	—	—	8	—	21	16	—	—	1	—	35	20	185	174	189.19	114.94	153.20
TOTAL	5	3	8	6	112	92	69	74	3	8	61	49	68	56	7	4	10	7	343	299	1,917	1,854	178.93	161.27	170.25
ASIATIC:																									
Location	2	—	—	—	1	—	1	2	—	—	—	—	—	—	—	—	—	—	4	2	65	64	61.54	31.25	46.51
Hercules	—	—	—	—	—	2	—	—	—	—	—	—	2	—	1	—	—	—	3	2	27	22	111.11	90.91	102.04
Town	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	2	1	25	26	80.00	38.46	58.82
TOTAL	2	—	—	—	1	2	1	2	—	—	—	—	3	—	2	—	—	1	9	5	117	112	76.92	44.64	61.14
EURAFRICAN:																									
Location	—	—	—	—	—	2	—	2	—	—	1	—	2	1	—	—	—	—	3	5	40	33	75.00	151.52	109.59
Hercules	—	—	—	—	4	3	1	1	—	—	—	—	3	2	—	—	—	—	8	6	30	25	266.67	204.00	254.55
Town	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	2	1,000.00	—	333.33
TOTAL	—	—	—	—	4	5	1	3	—	—	1	—	5	3	1	—	—	—	12	11	71	60	169.01	183.33	175.57
ALL NON-EUROPEANS:																									
Location	4	3	4	2	62	58	38	35	—	2	43	40	26	20	2	1	4	5	183	166	1,027	938	178.19	176.97	177.61
Hercules	3	—	4	4	52	40	31	41	3	6	11	9	28	23	6	3	5	2	143	128	867	886	164.94	144.44	154.59
Town	—	—	—	—	3	1	2	3	—	—	8	—	22	16	2	—	1	1	38	21	211	202	132.70	103.96	118.64
TOTAL	7	3	8	6	117	99	71	79	3	8	62	49	76	59	10	4	10	8	364	315	2,105	2,026	172.92	155.47	164.37

Table No

DEATHS IN INSTITUTIONS OF PERSONS NOT RESIDENT IN PRETORIA FOR THE YEAR ENDED 31st DECEMBER, 1956

	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	28	37	16	4	5	6	7	5	26	17	190	103	272	172		
Non-European	127	94	81	87	11	13	25	14	110	46	143	60			497	314
MENTAL HOSPITAL																
European	—	—	—	—	—	—	—	—	1	—	19	12	20	12		
Non-European	—	—	—	—	—	—	—	—	3	4	11	6			14	10
LEPER ASYLUM																
European	—	—	—	—	—	—	—	—	—	—	1	—	1	—		
Non-European	—	1	—	—	—	—	—	—	2	—	—	1			2	2
PRISONS																
European	—	—	—	—	—	—	—	—	1	—	2	—	3	—		
Non-European	—	—	—	—	—	—	6	2	39	1	8	1			53	4
VISITORS																
European	—	—	—	—	—	—	—	—	4	—	13	2	17	2		
Non-European	—	—	—	1	—	—	—	—	—	1	1	4			1	6
TOTAL: EUROPEAN	28	37	16	4	5	6	7	5	32	17	225	117	313	186	—	—
NON-EUROPEAN	127	95	81	88	11	13	31	16	154	52	163	72	—	—	567	336

Table No. 9

NOTIFICATION OF INFECTIOUS DISEASES: LOCAL CASES: ALL RACES: FOR THE YEAR ENDED 31st DECEMBER, 1956

	0—1 Years		1—5 Years		5—10 Years		10—20 Years		20—40 Years		Over 40 Years		TOTALS	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
EUROPEANS														
Typhoid Fever	1	—	—	2	1	—	2	6	3	—	—	3	7	11
Malta Fever	—	—	—	—	—	—	—	—	—	—	1	—	1	—
Scarlet Fever	1	1	21	25	26	41	8	16	—	1	—	—	56	84
Diphtheria	—	1	6	6	3	5	—	2	1	—	—	2	10	16
Erysipelas	1	—	—	—	—	—	—	—	—	1	1	—	2	1
Poliomyelitis	2	2	14	16	12	5	11	4	—	2	1	—	40	29
Infective Encephalitis	—	—	—	—	1	2	1	—	2	—	1	—	5	2
Mening Meningitis	1	1	—	1	—	1	1	1	2	—	—	—	4	4
Tuberculosis	—	—	1	1	—	1	—	—	1	7	11	4	13	13
NON-EUROPEANS														
Typhoid Fever	—	—	3	3	6	3	8	10	12	7	4	2	33	25
Scarlet Fever	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Diphtheria	—	3	15	12	4	9	—	6	—	5	—	3	19	38
Poliomyelitis	—	1	10	1	—	—	—	—	1	1	—	—	11	3
Mening Meningitis	—	—	—	1	1		—	—	1	—	—	—	2	1
Tuberculosis	12	5	24	27	10	15	12	18	80	53	56	13	194	131
Infective Encephalitis	—	—	—	—	—	1	—	—	—	—	—	—	—	1

Table No. 10

NOTIFICATION OF INFECTIOUS DISEASE: IMPORTED CASES: ALL RACES: FOR THE YEAR ENDED 31st DECEMBER, 1956

	0—1 Years		1—5 Years		5—10 Years		10—20 Years		20—40 Years		Over 40 Years		TOTALS	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
EUROPEANS														
Typhoid Fever	—	—	1	1	2	3	12	—	3	1	—	1	18	6
Malta Fever	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Scarlet Fever	1	1	2	—	5	7	7	—	2	—	—	—	17	8
Diphtheria	—	—	5	4	3	4	1	2	—	—	1	—	10	10
Poliomyelitis	4	2	23	18	16	12	8	7	2	2	—	—	63	41
Cerebro-spinal Meningitis	1	—	—	—	2	2	—	—	—	—	—	1	3	3
Tuberculosis	—	—	1	1	1	—	—	1	2	6	5	2	9	10
Erysipelas	—	—	—	—	—	1	—	1	—	—	—	2	—	4
Infective Encephalitis	—	—	—	1	—	2	—	—	—	—	—	—	—	3
NON-EUROPEANS														
Typhoid Fever	—	—	2	3	13	4	19	18	22	9	6	4	62	38
Diphtheria	2	1	16	7	3	10	3	2	2	—	—	—	26	20
Infective Encephalitis	—	—	—	—	1	—	—	—	—	1	—	—	1	1
Erysipelas	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Poliomyelitis	3	1	9	8	2	2	1	1	—	—	1	1	16	13
Cerebro-Spinal Meningitis	2	—	1	—	—	—	2	1	1	—	1	—	7	1
Tuberculosis	1	1	21	11	15	13	11	22	32	38	25	11	105	96

DISTRICT DISTRIBUTION OF NOTIFIED INFECTIOUS DISEASES FOR THE YEAR ENDED 31st DECEMBER, 1956

Table No. 11

DISTRICT	Race	Infective Encephalitis		Cerebro-Spinal Meningitis		Tuberculosis		Trachoma		Ophthalmia Neonatorum		Puerperal Fever		Leprosy		Typhoid Fever		Malaria		Diphtheria		Malta Fever		Scarlet Fever		Erysipelas		Poliomyelitis	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Central Area	European	1	—	—	2	3	6	—	—	—	—	—	—	—	—	1	2	—	—	2	3	—	—	5	8	—	—	2	2
	Non-European	—	—	—	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Pretoria West	European	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	2	—	—	1	2	—	—	8	16	—	—	7	4
	Non-European	—	—	—	—	6	3	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—
Leper, Inst., Mental, Hosp., Prison, & Defence Res.	European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	4	—	—	—	—
	Non-European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—
Roberts Heights	European	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	—	5	6	—	—	3	1
	Non-European	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Eastern Suburbs	European	1	—	1	—	6	2	—	—	—	—	—	—	—	—	1	1	—	—	1	1	—	—	16	21	—	—	11	9
	Non-European	—	—	—	—	10	5	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	1
Railway Reserve	European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	1	—	—	—	—
	Non-European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Northern Suburbs	European	1	—	—	2	3	3	—	—	—	—	—	—	—	—	2	2	—	—	5	6	1	—	15	26	1	1	12	11
	Non-European	—	—	—	—	8	4	—	—	—	—	—	—	—	—	4	—	—	—	—	1	—	—	—	—	—	—	1	—
Vlakfontein	European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-European	—	1	—	—	36	32	—	—	—	—	—	—	—	—	7	8	—	—	5	8	—	—	—	—	—	—	5	—
Bantule	European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-European	—	—	—	—	12	4	—	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	1	—
Atteridgeville	European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-European	—	—	—	—	29	20	—	—	—	—	—	—	—	—	7	3	—	—	3	4	—	—	—	—	—	—	1	—
Asiatic Bazaar	European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-European	—	—	—	—	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—
Cape Location	European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-European	—	—	—	1	6	3	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	—	—	—	—	—	—	—
Hercules	European	—	—	3	—	—	1	—	—	—	—	—	—	—	—	3	2	—	—	—	2	—	—	3	2	1	—	5	2
	Non-European	—	—	2	—	77	54	—	—	—	—	—	—	—	—	11	8	—	—	10	21	—	—	—	—	—	—	2	2

Table No. 12

INCIDENCE OF INFECTIOUS DISEASES FOR THE YEAR ENDED 31st DECEMBER, 1956

1956		Typhoid Fever	Malaria Fever	Scarlet Fever	Diphtheria	Leprosy	Erysipelas	Poliomyelitis	Infective Encephalitis	Cerebro-Spinal Meningitis	Tuberculosis	Puerperal Fever	Malta Fever
January—													
European	Resident	6	—	6	1	—	—	7	—	2	1	—	1
	Imported	2	—	—	2	—	—	3	1	—	1	—	—
Non-European ..	Resident	3	—	—	8	—	—	1	—	—	26	—	—
	Imported	14	—	—	6	—	—	2	—	1	15	—	—
February—													
European	Resident	3	—	10	2	—	—	2	—	2	3	—	—
	Imported	4	—	2	2	—	1	10	—	—	2	—	—
Non-European ..	Resident	7	—	—	7	—	—	1	—	2	31	—	—
	Imported	15	—	—	3	—	—	3	—	1	21	—	—
March—													
European	Resident	1	—	8	3	—	—	4	4	—	1	—	—
	Imported	4	—	2	—	—	1	11	—	—	—	—	—
Non-European ..	Resident	8	—	—	6	—	—	—	—	1	24	—	—
	Imported	10	—	—	6	—	—	—	—	—	18	—	—
April—													
European	Resident	2	—	20	4	—	—	5	—	—	5	—	—
	Imported	2	—	—	5	—	—	8	—	—	6	—	—
Non-European ..	Resident	8	—	—	8	—	—	2	—	—	23	—	—
	Imported	9	—	—	9	—	—	3	—	1	16	—	—
May—													
European	Resident	—	—	19	3	—	1	1	—	—	1	—	—
	Imported	3	—	3	2	—	1	5	1	—	1	—	—
Non-European ..	Resident	9	—	1	3	—	—	1	—	—	18	—	—
	Imported	10	—	—	2	—	—	—	—	1	22	—	—
June—													
European	Resident	1	—	16	4	—	2	5	1	—	4	—	—
	Imported	—	—	5	2	—	—	4	—	—	1	—	—
Non-European ..	Resident	6	—	—	3	—	—	—	—	—	29	—	—
	Imported	8	—	—	3	—	—	2	—	1	20	—	—
July—													
European	Resident	—	—	8	1	—	—	—	—	1	3	—	—
	Imported	—	—	3	2	—	—	6	1	3	2	—	—
Non-European ..	Resident	—	—	—	6	—	—	—	—	—	23	—	—
	Imported	—	—	—	2	—	—	1	—	1	16	—	—
August—													
European	Resident	1	—	20	3	—	—	3	—	1	4	—	—
	Imported	1	—	2	—	—	—	4	—	1	1	—	—
Non-European ..	Resident	1	—	—	4	—	—	1	—	—	31	—	—
	Imported	6	—	—	4	—	—	—	—	—	15	—	—
September—													
European	Resident	1	—	11	1	—	—	6	—	2	1	—	—
	Imported	—	—	3	—	—	—	5	—	1	1	—	—
Non-European ..	Resident	1	—	—	—	—	—	—	1	—	28	—	—
	Imported	3	—	—	3	—	—	—	—	1	14	—	—
October—													
European	Resident	1	—	6	1	—	—	5	—	—	1	—	—
	Imported	4	—	3	—	—	—	8		—	2	—	—
Non-European ..	Resident	4	—	—	4	—	—	3	—	—	23	—	—
	Imported	6	—	—	1	—	1	2	—	—	13	—	—
November													
European	Resident	1	—	12	1	—	—	14	2	—	1	—	—
	Imported	2	—	1	2	—	—	17	—	—	2	—	—
Non-European	Resident	9	—	—	3	—	—	3	—	—	35	—	—
	Imported	9	—	—	3	—	—	5	1	2	20	—	—
December—													
European	Resident	1	—	4	2	—	—	17	—	—	1	—	—
	Imported	2	—	—	3	—	1	23	—	1	—	—	1
Non-European	Resident	2	—	—	5	—	—	2	—	—	34	—	—
	Imported	10	—	—	4	—	—	11	1	—	11	—	—