

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

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CITY COUNCIL OF PRETORIA

FIFTY-FOURTH

ANNUAL REPORT

OF THE

Medical Officer of Health

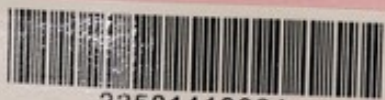
FOR THE

YEAR ENDING 31/12/57

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of the
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Stadsgesondheidshoof*



CITY COUNCIL OF PRETORIA

FIFTY-FOURTH

ANNUAL REPORT

OF THE

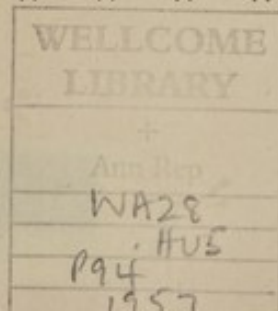
Medical Officer of Health

FOR THE

YEAR ENDING 31/12/57

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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-fourth Annual Health Report of the City of Pretoria.

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

There is very little change in the birth rates amongst Europeans. The birth rate figure of 26.10 is somewhat higher than that of last year which was 25.80. Native birth rates however have increased considerably but, as I have mentioned before, the figure is not correct because of the inaccuracy of native birth registrations. These registrations are however becoming more and more accurate every year. It is still not felt justifiable to include the natural increase rate of natives in the table reflecting these figures, until the birth notifications become more accurate.

There is also very little change in death rates amongst all sections of the population.

Amongst Europeans the incidence of heart disease as a cause of death, is increasing year by year. Coronary Thrombosis is the most important cause for this increase. This illness is becoming increasingly frequent throughout the whole world, particularly amongst the higher socio-economic groups, and is receiving world-wide attention. Two special research groups into Coronary Thrombosis have been established in South Africa. Some authorities blame dietary habits and others stress and strain of modern life. The true cause is not yet proven, but incorrect diet, stress and strain, and inadequate relaxation and exercise must have a great deal to do with it. If we could impress upon the people, the dangers of over-eating and "high-pressure" life we would do much to prevent this increasing incidence. However, it is most difficult to change dietary habits and modes of living. Most intelligent people are aware of the harmfulness of these excesses, but find it very difficult to change their habits. It is almost impossible in this highly competitive age to get successful professional or business people to ease up, in spite of the fact that they are aware of the dangers. They say to ease up is to slip back.

This line of thought is easily understandable because it is the enthusiasm and the mental makeup of successful people which drive them on, sometimes to the limits of their capacities, and it is almost impossible to change these inherent factors.

Cancer amongst Europeans was the next highest cause of death.

Amongst non-Europeans the highest cause of death was respiratory diseases, heart diseases taking second place and cancer third.

Deaths as a result of motor accidents are still on the increase and out of a total of 142 deaths in Pretoria due to accidents, no less than 92 were due to road and motor vehicles. Motor accidents are mostly due to driving at high speed. Most of these deaths could be prevented, if there was just a little less selfishness, and a little more thought, courtesy and care on the roads. Very often careful and innocent people are killed because of carelessness of others. South Africa has an unenviable high record for road accidents, and there is a great deal of room for improvement in road behaviour amongst motorists.

The ~~European~~ infantile mortality rate for Europeans (27.56) is somewhat higher this year than last year (21.31). The figure for natives however is considerably lower. This figure of 116.51 as compared with 117.25 for last year, is the second lowest ever recorded, the lowest being 113.94 in 1952-1953. It is gratifying to note that this rate has been steadily decreasing from year to year. The recorded figure is still high. Because of the inaccurate notification of births however the correct figure would actually be somewhat lower. As I pointed out last year, the rate is still much higher than that for Europeans because of the socio-economic conditions of natives, but although these figures are high, I am sure that if separate figures were taken out for similar socio-economic groups of Europeans even in any country, they would come near to our actual native rates.

I have this year deleted infantile mortality rates for Asiatics and Eurafricans because of the smallness of the Asiatic and Eurafrican populations. Amongst such small populations, where there are very small numbers of births and infantile deaths, there can be great fluctuations in "rates" which do not reflect the true position.

In Tuberculosis there was an increase of from 45 to 59 cases notified amongst Europeans during the year. This does not constitute a serious problem. Amongst non-Europeans however, it is the most serious infectious disease problem. Last year there was a total number of 659 cases notified, and this year there were 751 cases. These are cases which have come to our notice, but there are many hundreds undetected and unnotified. We are hoping to acquire a mobile X-ray unit soon, when more vigorous attempts will be made to search for cases.

The table under the heading of Tuberculosis shows how notifications have increased since 1922.

For the year under review Pretoria, like the rest of the Union of South Africa, has the highest ever recorded number of cases of Poliomyelitis. What is most disturbing is the much higher incidence amongst natives, where it formerly was very low even during epidemic times. The attack rate amongst adults also increased considerably. Full details are given under the relevant section.

Last year I mentioned that the general housing position had improved throughout the City. This improvement has, however, not been maintained and the position appears to be deteriorating again because of the rapidly increasing population. There is a great need for houses, particularly for the larger family groups which require three bed-roomed houses at rentals of about £8 per month. However, the Council is carrying on with its housing programme and the new schemes which are envisaged should do much to alleviate the position.

Amongst natives great progress has been made in the provision of houses in the areas which have recently been set aside as native townships. Over the past few years over 6,000 houses have been built at Vlakfontein West Location, as well as a large number of shops, a poly-clinic, a pavilion and a sports-stadium. At Atteridgeville Location 496 houses have been completed. There is an elaborate existing poly-clinic. New additions in this native township are two schools (10 classrooms each) a recreation hall and twelve shops. At Saulsville Location which adjoins Atteridgeville, 666 new houses, one school, 14 shops and accommodation for some 6,384 single men in a single quarters hostel have been erected.

Housing conditions amongst Asiatics and Coloureds remain unaltered and are still as unsatisfactory as described in my previous annual reports. I am sure, however, that when the decision of the Group Areas Board in regard to the areas in which these races will ultimately settle is made, the Council will tackle this serious problem vigorously.

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. I wish to record my appreciation of the whole-hearted 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.

I am deeply grateful to the members of my own staff, who have worked with me so loyally and with such enthusiasm.

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 H. Janse van Vuuren

STAFF OF THE PUBLIC HEALTH DEPARTMENT AS AT 31st DECEMBER, 1957.

MEDICAL OFFICERS

H. NELSON, M.A., M.D., Ch.B., B.A.O., D.P.H., D.T.M., F.R.S.H.	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.
R. BUCHAN, M.B., Ch.B., D.P.H., D.T.M. & H.	Medical Officer.
D. B. LEWIS, B.A., M.B., Ch.B.	Medical Officer.
H. C. DE KLERK, 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.
E. F. COETZER, M.B., Ch.B., D.P.H.	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.
J. H. DE LANGE, 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 and 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, B.Sc. Hygiene, R.S.I., Meat and Other Foods.
 J. T. GORDON, R.S.I., Meat and Other Foods, Trop. Hyg. (Abattoir).

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, Trop. Hyg.
 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, Trop. Hyg.
 F. J. DU TOIT, Cert. R.S.I., Meat and Other Foods, Trop. Hyg.
 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.
 M. T. LEUVENNINK, R.S.I., Meat and Other Foods.
 F. H. BOOYSEN, R.S.I., Meat and Other Foods.
 J. C. MYBURGH, R.S.I., Meat and Other Foods, Trop. Hygiene.
 G. VAN LOGGERENBERG, R.S.I., Meat and Other Foods, Trop. Hygiene.
 H. O. M. BOUWER, R.S.I., Meat and Other Foods.
 M. M. LAUPP, R.S.I., Trop. Hygiene.
 A. P. J. DIQUE, R.S.I., Meat and Other Foods, Trop. Hygiene.
 P. T. FURSTENBURG, Cert. R.S.I., Meat and Other Foods, Adv. Know. (Abattoir).

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:

R. J. R. DREYER.
 J. A. A. WESSELS.

Records Clerk:

Mrs. G. M. BASSON.

Typists:

D. R. DIEMEER, G. H. VLIELAND, B. J. BRINK, A. M. BENTLEY.

Typist/Clerk:

E. D. MARAIS.

Woman Clerk:

I. SCHOLTZ.

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 Knowledge Certificates.

Senior Housing Manager:

MISS M. M. SMIT, B.Sc., Royal Society of Health, Health Inspectors Cert., Tropical Hygiene, 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.).
 MRS. A. M. KLOPPER, B.A. (Soc.Sc.).

Housing Assistant:

MRS. M. D. KEVAN, B.A.
 MRS. L. ROUX, B.A. (Honours).

Typist/Clerk:

MRS. E. M. ROUX.

Woman Clerk:MRS. I. IMMELMAN.
MRS. S. P. NEL.**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.
 W. J. VOLSCHENK, Cert. S.A. Medical Council (Gen.), Cert. R.S.I. Health Visitor and School Nurse.
 V. J. LOYNES, Cert. S.A. Medical Council (Gen. & Midwif.) Cert. R.S.I. Health Visitor and School Nurse, Mothercraft.
 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.
 M. DE BEER, S.A. Medical Council (Gen. & Midwif.) Health Visitors and School Nurses, R.S.I.
 S. M. STOLTZ, S.A. Medical Council (Gen. & Midwif.) Health Visitors and School Nurses, R.S.I. and Mothercraft.

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 MOHOLO, 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 MONTIEDI, Cert. Midwife.
 PRISCILLA MAZIBUKO, S.A. Medical Council (Gen. & Midwif.).
 MAGGIE MOLOPE, S.A. Medical Council (Gen. & Midwif.).
 MABEL LEDWABA, Cert. Midwife.
 F. MAPHALLA, S.A. Medical Council (Gen.).
 W. SOKO, S.A. Medical Council (Gen. & Midwif.).
 A. N. N. MATLHOKO, Cert. Midwife.
 REBECCA SETLOGO, S.A. Medical Council (Gen. & Midwif.).

NON-EUROPEAN CLINIC ORDERLIES

JACOB MOHOLO
 JOSEPH MONTIEDI
 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-FOURTH 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:		RAINFALL Inches m.m.	Days
	Mean Max. °C	Mean Min. °C	Highest Reading of Max. °C	Lowest Reading of Min. °C	8 a.m. %	2 p.m. %		
1957:								
January	28.8	16.4	33.5	11.8	71	45	(92.1 mm. 3.63 inches	11
February	27.9	16.0	31.8	11.9	75	48	(132.0 mm. 5.20 inches	13
March	25.9	14.8	29.2	18.4	80	52	(62.1 mm. 2.44 inches	12
April	25.0	11.0	27.9	7.0	73	38	(26.5 mm. 1.04 inches	6
May	22.4	5.7	26.7	0.6	69	29	(15.0 mm. 0.59 inches	5
June	16.8	3.2	22.2	-3.6	77	37	(49.2 mm. 1.94 inches	5
July	19.2	5.4	22.8	2.1	77	38	(108.3 mm. 4.26 inches	6
August	20.6	5.9	25.6	-1.4	67	33	(37.2 mm. 1.46 inches	3
September	23.4	11.2	30.0	5.7	71	44	(116.1 mm. 4.57 inches	12
October	25.5	13.0	29.9	5.6	68	45	(80.8 mm. 3.18 inches	10
November	29.2	15.9	33.0	11.0	64	36	(38.1 mm. 1.50 inches	8
December	28.9	15.5	35.2	10.7	66	43	(33.6 mm. 1.32 inches	6

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 1957

Land	£ 36,895,152
Buildings	80,186,957
	<u>£117,082,109</u>

The value of unrateable land and buildings were £19,780,030 and £15,413,780 respectively. The total values therefore were:—

Land	£ 56,675,182
Buildings	95,600,737
	<u>£152,275,919</u>

For the year under review the rates imposed were 3d. in the £1 on land and $\frac{1}{4}$ ths d. in the £1 on buildings.

Note.—In my report for the year ending 31st December 1956, there were certain errors in connection with Native and total non-European infantile deaths and rates and total non-European deaths and death rates. This error arose through including the figures for the newly established native township of Vlakfontein in regard to infantile deaths and total deaths, but omitting to take these numbers into consideration in the total deaths of the non-Europeans throughout.

The errors have now been rectified as appears in the relevant figures for last year given in brackets hereunder. Please make these corrections in the relevant report.

POPULATION

European	148,700
Native	150,800
Asiatic	6,700
Eurafrican	6,000

The population figures, with the exception of that for natives, are an estimate as at 31st December 1957, 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 150,800 and 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	148,700	150,800	6,700	6,000	163,500	312,200
Birth Rates	26.10	40.92	32.84	24.33	39.98	33.37
Death Rates	6.77	11.66	5.07	6.17	11.19	9.08
Infantile Mortality per 1,000 live births	27.56	116.51	36.36	54.79	112.44	80.81
Percentage of illegitimate to live births	1.24	36.78	1.82	11.64	35.05	22.45
Death Rate from Tubercu- losis (Pulmonary) per 1,000 population	0.03	0.27	0.15	0.33	0.30	0.15
Death rate from Tubercu- losis, all forms, per 1,000 population	0.03	0.27	0.15	0.33	0.30	0.15

BIRTHS

The following births were registered in Pretoria during the year (figures for 1956 in brackets):—

	European	Native	Asiatic	Eurafrican	Total Non- European	All Races
Local births	3,882 (3,754)	6,171 (3,771)	220 (229)	146 (131)	6,537 (4,131)	10,419 (7,885)
Births where mothers not residents of Pretoria	1585 (1,415)	1112 (776)	13 (10)	17 (20)	1142 (806)	2727 (2,221)
Illegitimate births (included in local births)	48 (21)	2,270 (1,122)	4 (4)	17 (21)	2,291 (1,147)	2,339 (1,168)
Stillbirths	42 (47)	254 (103)	5 (3)	1 (4)	260 (110)	302 (171)

BIRTH RATES

European	26.10 (25.80)
Native	40.92 (28.52)
Asiatic	32.84 (35.23)
Eurafrican	24.33 (22.59)
All Non-European	39.98 (28.59)
All Races	33.37 (27.19)

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

European	19.33 (19.37)
Asiatic	26.28 (29.85)
Eurafrican	16.50 (10.69)

Rates for Natives are not given because of the inaccurate notification of Native births.

DEATHS

(Figures for 1956 in brackets)

	European	Native	Asiatic	Eurafrican	Total Non- European	All Races
Local Deaths (all ages)	1,006 (936)	1,759 (1,534)	44 (35)	47 (69)	1,850 (1,638)	2,856 (2,574)
Deaths of persons not being local residents	535 (499)	1,011 (860)	2 (2)	19 (39)	1,032 (901)	1,567 (1,400)

The "non-local" deaths occurred at:—

	Pretoria and other Hospitals	Mental Hospital	Leper Institution	Prison	Visitors
European.....	482 (444)	37 (32)	— (1)	5 (3)	9 (19)
Non-European ..	845 (811)	57 (24)	12 (4)	85 (57)	33 (7)

DEATH RATES

European	6.77 (6.43)
Native	11.66 (11.60)
Asiatic	6.56 (5.38)
Eurafrican	7.83 (11.90)
All non-Europeans	11.31 (11.34)
Total All Races	9.15 (8.88)

INFANTILE MORTALITY

(Figures for 1956 in brackets)

	European	Native	Asiatic	Eurafrican	Total Non- European	All Races
Local Deaths	107 (80)	719 (642)	8 (14)	8 (23)	735 (679)	842 (759)
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	69 (66)	225 (219)	1 (—)	4 (3)	230 (222)	299 (288)
	176 (146)	944 (861)	9 (14)	12 (26)	965 (901)	1,141 (1,047)

INFANTILE MORTALITY RATES

European	27.56 (21.31)
Native	116.51 (170.25)
All non-Europeans	112.44 (164.37)
All Races	80.81 (96.37)

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

Year	European	Native	All Non-European	Total All Races
1926-1927 ..	48.48	385.51	315.31	137.49
1927-1928 ..	61.30	483.51	256.04	153.79
1928-1929 ..	57.85	451.12	328.88	143.86
1929-1930 ..	51.77	422.48	297.92	126.94
1930-1931 ..	68.33	573.68	362.07	148.42
1931-1932 ..	59.41	794.87	459.80	153.48
1932-1933 ..	68.44	742.42	429.27	157.99
1933-1934 ..	68.13	621.40	415.93	152.60
1934-1935 ..	51.26	347.00	222.00	95.91
1935-1936 ..	77.67	585.94	374.49	149.53
1936-1937 ..	52.66	450.24	269.49	99.42
1937-1938 ..	63.57	457.14	303.35	116.21
1938-1939 ..	50.95	348.53	230.24	93.94
1939-1940 ..	43.84	349.67	255.39	88.92
1940-1941 ..	62.60	376.34	245.32	96.84
1941-1942 ..	53.30	353.84	253.06	96.10
1942-1943 ..	47.34	329.48	223.30	80.07
1943-1944 ..	47.94	304.99	216.64	77.80
1944-1945 ..	33.98	289.69	206.45	63.50
1945-1946 ..	34.02	215.24	159.35	61.17
1946-1947 ..	25.90	235.16	178.27	53.78
1947-1948 ..	33.16	138.78	127.30	52.78
1948-1949 ..	33.65	203.06	170.77	60.97
1949-1950 ..	32.34	181.97	165.83	92.97
1950-1951 ..	28.98	151.51	136.93	77.94
1951-1952 ..	30.26	136.86	133.91	80.53
1952-1953 ..	28.14	113.94	108.70	66.21
1953-1954 ..	35.57	129.98	124.07	76.92
1954-1955 ..	29.67	121.09	115.79	71.61
1956 ..	21.31	170.25	164.37	96.37
1957 ..	27.56	116.51	112.44	80.81

Rates for Asiatics and Eurafricans are not given as the numbers are too small for rate calculation to be of any value.

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

	1957	1956
Malnutrition	2 (Rate 0.52)	2 (Rate 0.53)
Congenital Causes	19 (Rate 4.89)	6 (Rate 1.60)
Diarrhoeal diseases	7 (Rate 1.80)	8 (Rate 2.13)
Bronchitis and pneumonia	9 (Rate 2.32)	8 (Rate 2.13)
Infectious Diseases	— (—)	1 (Rate 0.27)
Other causes	15 (Rate 3.86)	9 (Rate 2.40)
Prematurity	39 (Rate 10.05)	33 (Rate 8.79)
Injury at birth	11 (Rate 2.83)	5 (Rate 1.33)
Atelectasis	5 (Rate 1.29)	8 (Rate 2.13)
Total European Infant Deaths ..	<u>107</u>	<u>80</u>

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

	1957	1956
Congenital causes	17	11
Diarrhoeal Diseases	225	216
Bronchitis and Pneumonia	142	150
Infectious Diseases	12	10
Tuberculosis (Pulmonary).....	3	4
Other causes	172	111
Prematurity	108	135
Injury at birth.....	30	14
Malnutrition	22	18
Atelectasis	4	10
	<u>735</u>	<u>679</u>

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
1,853	265	211	26	927	120	2,730	259	450	49

Asiatics:

Asiatic Location		Hercules Area		TOWN	
Births	Deaths	Births	Deaths	Births	Deaths
137	5	45	1	38	2

Eurafricans:

Cape Location		Hercules Area		TOWN	
Births	Deaths	Births	Deaths	Births	Deaths
82	3	59	5	5	—

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

Europeans:

Eleven deaths were recorded under this age group.

Broncho Pneumonia	2
Unknown or unspecified cause	1
Accidental—Gas	1
Drowning	1
Poliomyelitis	2
Meningitis (non-Meningococcal)	1
Diarrhoea and Enteritis	2
Congenital malformations	1
	<hr/>
	11

Natives:

Three hundred and seventy-four deaths were recorded under this age group.

Typhoid Fever	1
Diphtheria	4
Tuberculosis (Pulmonary)	6
Measles	2
Malnutrition	39
Pyelitis	1
Broncho Pneumonia	73
Diarrhoea and Enteritis	128
Accidents—Poisoning	3
Other	2
Burns	7
Unknown and unspecified cause	91
Poliomyelitis	1
Disease of the skin	2
Myocarditis (Rheumatic)	1
Myocarditis (not Rheumatic)	3
Congenital Malformation	2
Maternal Toxaemia	—
Dysentery	1
Influenza	2
Pellagra	1
Meningitis Other forms	1
Epilepsy	2
Diseases of ear	1
	<hr/>
	374

Asiatics:

Two deaths were recorded in this age group.

Broncho Pneumonia	1
Motor accidents	1
	<hr/>
	2

Eurafricans:

Two deaths were recorded in this age group.

Malnutrition	1
Diarrhoea and Enteritis	1
	<u>2</u>

PRINCIPAL CAUSES OF DEATH IN PERSONS FIVE YEARS AND OVER

The Principal causes of death were:

	<i>Europeans</i>		<i>Non-Europeans</i>	
	1957	Yearly average for 5 years	1957	Yearly average for 5 Years
Cancer	128	124.8	49	35.2
Heart Disease	286	238.6	97	73.8
Bronchitis and Pneumonia (all forms)	90	72.2	114	100.8
Influenza	1	0.6	5	1.2
Typhoid Fever	—	0.2	8	6.4
Tuberculosis (Pulmonary)	4	6.2	43	38.8
Tuberculosis (Miliary)	—	—	—	0.4
Diabetes	6	9.4	7	3.8
Apoplexy	65	62.8	37	20.8
Disease of Kidneys	53	38.0	11	16.4
Disease of Arteries	33	24.0	17	17.6
Disease of Liver and Gallbladder	11	13.8	8	6.6
Diseases of Pregnancy and the Puerperal state	1	1.4	4	4.4
Old Age	22	15.6	13	10.2
Suicide	11	12.4	3	4.0
Accidents	48	46.4	94	55.8
Other Infectious Diseases	5	5.4	6	13.6
Other Causes	124	132.2	150	122.8

DETAILS OF CAUSES OF DEATHS—FIVE YEARS AND OVER

(In all the following tables the figures for 1956 are shown in brackets)

1. CANCER:

Europeans: 128. Death rate 0.86 per 1,000 population.

Site of disease:—

Buccal cavity and pharynx	5	(4)
Other Digestive organs and Peritoneum	7	(52)
Respiratory tract	18	(22)
Uterus	7	(1)
Other female genital organs	—	(4)
Breast	17	(6)
Male genital organs	—	(1)
Male and female urinary organs	6	(14)
Brain and other parts of the nervous system	5	(2)
Skin	—	(5)
Bones	3	(1)
Other and unspecified organs	13	(1)
Oesophagus	2	(—)
Stomach and duodenum	16	(—)
Liver	13	(—)
Pancreas	7	(—)
Larynx	1	(—)
Prostrate	5	(—)
Ovaries	3	(—)
	<u>128</u>	<u>(113)</u>

Death Age:

Under:—

40 years	40—50	50—60	60—70	70—80	Over 80	Total
11 (3)	13 (9)	18 (24)	38 (34)	31 (30)	17 (13)	128 (113)

Non-Europeans:

Site of disease:—

Native:

Buccal cavity and pharynx	2	(1)
Other digestive organs and Peritoneum	1	(15)
Lung	5	(1)
Uterus	1	(2)
Breast	1	(1)
Stomach and Duodenum	5	(—)
Male and female urinary organs	1	(2)
Bones	1	(1)
Other and unspecified organs	3	(—)
Tumours of brain and other parts of nervous system	3	(5)
Oesophagus	1	(—)
Rectum	2	(—)
Liver	9	(—)
Prostrate	5	(—)

Asiatics:

Buccal Cavity	1	(—)
Digestive organs and Peritoneum	—	(1)
Respiratory tract	—	(1)
Stomach and Duodenum	2	(—)
Prostrate	1	(—)

Eurafrican:

Bones	—	(1)
Uterus	2	(—)
Respiratory tract	—	(1)
Stomach and Duodenum	1	(—)
Pancreas	1	(—)
Other and unspecified organs	1	(—)
Total	<u>49</u>	<u>(32)</u>

2. DISEASES OF THE HEART:

Death rate per 1,000 European population: 1.92 (1.76).

European 286 (256).

Non-Europeans 97 (97).

Natives 75 (84), Asiatics 13 (7), Eurafricans 9 (6).

3. BRONCHITIS AND PNEUMONIA:

Europeans 90 (69).

Non-Europeans 114 (116).

Natives 107 (107), Asiatics 4 (4), Eurafricans 3 (5).

4. INFLUENZA:

Europeans 1 (—).

Natives 5 (—).

5. TYPHOID FEVER:

Non-Europeans 8 (4).

Natives 8 (4).

6. TUBERCULOSIS (PULMONARY):

Europeans 4 (6).

Non-Europeans 43 (31).

Natives 40 (31), Eurafricans 2 (—), Asiatics 1 (—).

7. DIABETES:

Europeans 6 (7).

Non-Europeans 7 (6).

Natives 7 (4), Asiatics — (1), Eurafricans — (1).

8. APOPLEXY:

Europeans 65 (52).

Non-Europeans 37 (13).

Natives 34 (12), Asiatics 2 (—), Eurafricans 1 (1).

9. DISEASES OF THE KIDNEYS:

Europeans 53 (67).

Non-Europeans 11 (20).

Natives 8 (15), Asiatics 2 (2), Eurafricans 1 (3).

10. DISEASES OF ARTERIES:

Europeans 33 (17).

Non-Europeans 17 (13).

Natives 9 (12), Asiatics 3 (—), Eurafricans 5 (1).

11. DISEASES OF THE LIVER AND GALL BLADDER:

Europeans 11 (17).

Non-Europeans 8 (7).

Natives 8 (6), Eurafricans — (1).

12. DISEASES OF PREGNANCY AND THE PUERPERAL STATE:

Europeans 1 (1).

Non-Europeans 4 (3).

Natives 3 (3), Eurafrican 1 (—).

13. OLD AGE:

Europeans 22 (15).

Non-Europeans 13 (15).

Natives 9 (15), Asiatic 1 (—), Eurafricans 3 (—).

14. SUICIDE:

Europeans 11 (20).

Non-Europeans 3 (7).

Natives 3 (6), Asiatics — (1).

15. HOMICIDE:

	Europeans	Natives	Asiatics	Eurafricans
By Firearms	— (—)	— (1)	— (—)	— (—)
„ cutting or piercing instruments	— (—)	11 (3)	— (—)	— (1)
„ Other specified means	3 (2)	3 (2)	— (—)	— (1)

16. ACCIDENTS:

Europeans 48 (66).

Non-Europeans 94 (72).

	Europeans	Natives	Asiatics	Eurafricans
On Railways	— (2)	6 (2)	— (—)	— (—)
By Motor, road vehicles (excluding motor cycles)	40 (35)	51 (49)	— (—)	1 (1)
„ Motor cycles	1 (5)	— (2)	— (—)	— (—)
„ Air Transport	— (2)	— (—)	— (—)	— (—)
„ Pedal cycles	1 (—)	— (—)	— (—)	— (—)
„ Road transport (not motor)	— (1)	— (4)	— (—)	— (—)
„ Burns (not conflagration)	— (2)	4 (—)	— (—)	— (—)
„ Mechanical suffocation	— (1)	4 (—)	— (—)	— (—)
„ Drowning	— (1)	3 (—)	— (—)	— (—)
„ Fall	1 (5)	6 (2)	— (—)	— (—)
„ Conflagration	— (3)	— (1)	— (—)	— (—)
„ Anaesthetic	— (1)	3 (1)	— (—)	— (—)
„ Poisonous gases	— (—)	4 (—)	— (—)	— (—)
„ Cutting or piercing instruments	— (—)	2 (7)	— (—)	— (—)
„ Poisoning (not by gas)	— (—)	5 (3)	— (—)	— (—)
„ Machinery	— (1)	— (—)	— (—)	— (—)
„ Firearms	1 (3)	1 (—)	— (—)	— (—)
Accidents due to electric currents	3 (4)	1 (—)	— (—)	— (—)
Other and unspecified accidents	1 (—)	3 (—)	— (—)	— (—)
	48 (66)	93 (71)	— (—)	1 (1)

DETAILS OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR

All figures for last year (1st January to 31st December 1956) 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 ten miles East of the Municipal Boundary, although included in the general local and imported cases, are for the purposes of comparison also given separately.

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

Typhoid Fever:

	Europeans	Non-Europeans	Total
Local cases	11 (18)	58 (58)	69 (76)
Imported cases	38 (24)	108 (100)	146 (124)
Deaths in local cases	—	6 (6)	6 (6)
Vlakfontein: Local cases	—	17 (15)	17 (15)
Imported cases	—	(1)	(1)

Local Cases:

Of the 58 non-Europeans notified, 1 was an Eurafrican, 2 Asiatics, and 55 were Bantus. Six died (all Bantus).

Sixty-six (11 European, 2 Asiatics, 2 Eurafricans and 51 Bantus) of the cases, were removed to hospital, and 3 (all Bantus) were treated at home. No secondary infections were recorded. There were no milk-borne outbreaks.

In tracing the sources of infection 10 suspects were tested for the possible carrier state.

The reports of blood specimens of two were Vi(+). On further stool and urine examinations none was proved to be a carrier of the disease.

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	10	2	—
Prospective employees at dairies ..	275	30	—
Other food handlers	78	3	—

Typhoid Carrier Camp:

The Department regularly examines non-European Dairy employees, at the Municipal Water Works, other non-Europeans employed in the handling of foodstuffs, and persons connected with a case of Typhoid Fever, for the possible typhoid carrier state. Positive male Vi reactors are immediately employed by the Council and housed in the Typhoid fever carrier camp, which consists of six huts with the necessary cooking and ablution facilities. Here they undergo further stool and urine examinations.

Number of inmates in Typhoid Carrier Camp on 1st January, 1957 ..	19
Number admitted during the year	18
	37
Number discharged during the year	30
	7
Still in camp on 31st December 1957	7

Imported cases:

Of the imported cases, 10 (9 Europeans and 1 Bantu) were Pretoria residents who contracted the disease outside Pretoria Municipal area. The balance, 29 Europeans and 10/ Bantus were patients admitted direct to hospital from outside the Municipal area.

TUBERCULOSIS:

	Europeans	Non-Europeans	Total
Local cases	23 (26)	424 (325)	447 (351)
Imported cases	36 (19)	164 (201)	200 (220)
Vlakfontein: Local cases	—	130 (65)	130 (65)
Imported cases ..	—	33 (68)	33 (68)

Of the 424 local non-Europeans, 396 were Bantus, 23 were Eurafricans and 5 Asiatics.

Local Cases:

While the number of European cases during the year has declined, there has been an abnormally high increase in notifications amongst non-Europeans.

The greater proportion of cases are discovered by the hospital authorities and referred to the Municipal Clinics. Many cases are also discovered during the routine examination of contacts.

The following table gives an idea of how the number of cases notified since 1922 has steadily risen. Although diagnostic methods in the past may not have been what they are to-day, the present rate at which cases of Tuberculosis are notified is certainly disturbing.

Year	Europeans		Non-Europeans	
	Population	No. of Cases	Population	No of Cases
1922	35,350	6	22,975	4
1927	41,500	8	23,000	13
1932	54,000	22	31,500	46
1937	68,200	13	39,100	50
1942	99,700	21	42,300	69
1947	106,986	14	59,792	91
1952	133,500	30	101,100	193
1953	136,100	36	102,400	209
1954	139,300	36	103,800	238
1955	142,000	27	107,900	254
1956	145,500	26	144,500	325
1957	148,700	23	163,500	424

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

	Pul- monary	Primary Complex	Menin- gitic	Glan- dular	Bone and Joint	Miliary	Intes- tinal	Genito Urinary	Peri cardial	TOTAL
Europeans ..	20	1	—	1	—	—	—	1	—	23
Non-Europeans	329	47	9	19	5	13	—	—	2	424
Total.....	349	48	9	20	5	13	—	1	2	447

Respiratory Tuberculosis	349 (256)
Other forms	98 (95)

A further disturbing factor is that the entire increase in cases as compared with that of 1956, was due to pulmonary disease.

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

		Population
Asiatic Bazaar.....	4 (8)	3,500
Atteridgeville Location	80 (49)	28,000
Bantule Location	21 (14)	3,600
Cape Location	16 (9)	3,000
Lady Selborne	119 (128)	48,000
Vlakfontein Location	130 (65)	39,170
Various compounds	13 (3)	8,700
Elsewhere	41 (49)	23,300

DEATHS

Of the 447 local cases, 50 (2 Europeans, 4 Eurafricans, 1 Asiatic and 43 Bantus) died during the year. In addition 28 cases (7 Europeans, 2 Eurafricans and 19 Bantus) who were notified prior to 1957, also died during the year. One European and 23 non-Europeans were only discovered and notified at death and one European and 25 non-Europeans died within three months of notification.

SANATORIUM TREATMENT

During the year 257 cases (21 Europeans and 236 non-Europeans) were admitted to Sanatoria outside Pretoria and 70 were admitted to the South African National Tuberculosis Association Centre at Atteridgeville.

A few years ago all non-European patients were admitted to Rietfontein Hospital near Johannesburg but from 1955 beds were made available to Pretoria cases in Sanatoria on the Reef. Pretoria cases were then sent to whichever of these hospitals had accommodation available. But during October 1957, a further hospital for non-European males was opened at Zonderwater, Cullinan, approximately 22 miles East of Pretoria; as a result of this the authorities made a re-allocation of beds for the various areas served by these hospitals.

Under the present arrangements all non-European males are sent to Zonderwater Hospital and females and children to Rietfontein Hospital. This arrangement is reasonably satisfactory.

The bed position in Sanatoria is improving and only occasionally are patients kept waiting for beds. Provision is, however made for urgent cases and they are accommodated immediately on application.

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

	Europeans	Non-Europeans	Total
1951-1952	7	4	11
1952-1953	4	25	29
1953-1954	15	13	28
1954-1955	26	117	143
1956 (January-December) ..	28	211	239
1957 (January-December) ..	21	306	327

The following table shows the disposal of cases to the various Sanatoria

Europeans:

King George V	8
Oak Tree	1
Springkell	1
Lilleshall Rosetta	2
Hamlet	7
City Hospital, Cape Town	1
Westlake Hospital, Cape Town	1
Total	21

Non-Europeans:

Hospitals	Various Com- pounds	Valk- font- tein Loca- tion	Atter- idge- ville Loca- tion	Lady Sel- borne Loca- tion	Ban- tule Loca- tion	Asia- tic Ba- zaar	Cape Loca- tion	Euro- pean sub- urbs	TOTAL
Knights Chest Hospital	—	4	6	7	1	—	—	—	18
Rose Chest Hospital	3	13	10	17	4	—	3	2	52
Rietfontein Hospital	—	25	12	12	2	2	4	5	62
East Rand Chest Hospital	3	10	10	20	3	—	3	3	52
East Rand S.A.N.T.A. Centre ..	2	5	2	7	2	—	—	3	21
Santa Centre, Atteridgeville	4	15	12	20	2	—	—	17	70
Zonderwater Hospital	1	15	4	7	1	—	2	—	30
Alexandra T.B. Centre	—	—	—	—	—	—	1	—	1
Total	13	87	56	90	15	2	13	30	306

Familial and House Histories:

Three Europeans and 70 non-Europeans gave histories of Tuberculosis in their families. One European and 10 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.

It is evident that much infection is spread in non-European families where a case already exists. This is due to overcrowding and, in many cases to an almost total disregard of preventive measures. This, in spite of the fact that all new cases are instructed, both by Clinic staff and Health Inspectors, in regard to precautions to be taken for prevention of spread of the disease to their families and fellowmen.

GENERAL

There has been a great improvement over the last few years in the availability of beds for patients suffering from Tuberculosis. In the year 1951/1952 only 11 cases of Tuberculosis could be admitted to Sanatoria or hospitals; for the year under review no less than 327 cases were admitted. In spite of this, the accommodation is not yet adequate enough and for this reason we have not been as active as we should have been in our case finding efforts.

There is also a great need for a local preventorium or creche for children of Tuberculosis mothers who are willing to submit themselves to treatment. These unfortunate women have great difficulty in finding shelter for their young children.

If legislation could be enacted to force patients suspected to be suffering from Tuberculosis, to submit themselves for treatment, it would greatly assist in our campaign to control this disease. It appears that at present legal action can only be taken after obtaining absolute positive evidence that a person is suffering from Tuberculosis in a communicable form. Unco-operative cases are most difficult to deal with under these circumstances.

Naturally such legislation will have to be most sympathetically applied. There are many genuine cases who, rather than see their families starve on an inadequate invalidity grant, sacrifice their health in an effort to maintain the family budget. Such legislation is, however more intended for the control of patients who just get "sick and tired" of presenting themselves for treatment, or the "bad types" who for no reason simply will not co-operate and continue with treatment.

The argument that this kind of legislation would drive the disease "underground" need not be true if it were sympathetically administered, and if the inadequate invalidity grants were to be re-adjusted, especially so as to bear the size of the affected family in mind.

Imported Cases:

Non-Europeans.—Imported cases can be divided into two categories, namely:—

- (a) Patients admitted to the General Hospital for some or other ailment who while in hospital are discovered to be suffering from Tuberculosis; or
- (b) patients who take ill at their home in native reserves and outlying districts, and who come to Pretoria for medical treatment.

Persons falling into category (a) above usually return to their homes when discharged from hospital, whereas those under (b) above, often reside with friends or relatives in Pretoria for lengthy periods.

From the figures given below, it will be noticed that 112 of the 164 non-European imported cases were patients who may be classed under (b) above. As the treatment in most cases is lengthy, their period of residence here becomes almost permanent. Unfortunately very little can be done to prevent the importing of infection into the city in this way.

The following are the number of cases falling into categories (a) and (b) defined above:—

- (a) Cases from outside the Municipal area who came to the Pretoria General Hospital for other reasons and were diagnosed there, after admission, as suffering from Tuberculosis: 1 European, 2 Eurafricans and 38 Bantus.
- (b) Imported infections, that is persons who were infected before coming to Pretoria, numbered 147 (35 Europeans, 5 Eurafricans and 107 Bantus).

In addition to this 12 Bantus, all inmates of the Government Mental Hospital in Pretoria, were notified as cases of Tuberculosis.

Poliomyelitis:

	European	Non-European	Total
Local Cases.....	75 (69)	15 (14)	90 (83)
Imported Cases	86 (104)	45 (29)	131 (133)
Deaths in local cases	4 (4)	— (—)	4 (4)
Vlakfontein: Local cases	—	3 (6)	3 (6)
Imported cases	—	— (—)	— (—)

Local Cases:

The incidence of Poliomyelitis for Pretoria this year, like for the whole of the Union of South Africa, is the highest ever recorded. The greater portion of the cases was an overflow from the epidemic occurring in the summer months of 1956-1957. But it is pleasing to note that a marked decline in the incidence occurred during the last few months of 1957, as can be seen from the graph on page 21.

The following table shows the number of children who have received one, two or all three inoculations against the disease. These figures may not be quite correct, but are reasonably accurate.

Administered by	One inoculation only	Two Inoculations only	All three inoculations	Total
Medical Officers of Cith Health Department.....	615	4,530	3,547	20,416
Iscor Full-time Medical Practitioners	150	250	800	3,050
Iscor Part-time Medical Practitioners	50	100	1,100	3,550
Private Practitioners	802	4,000	5,314	24,744

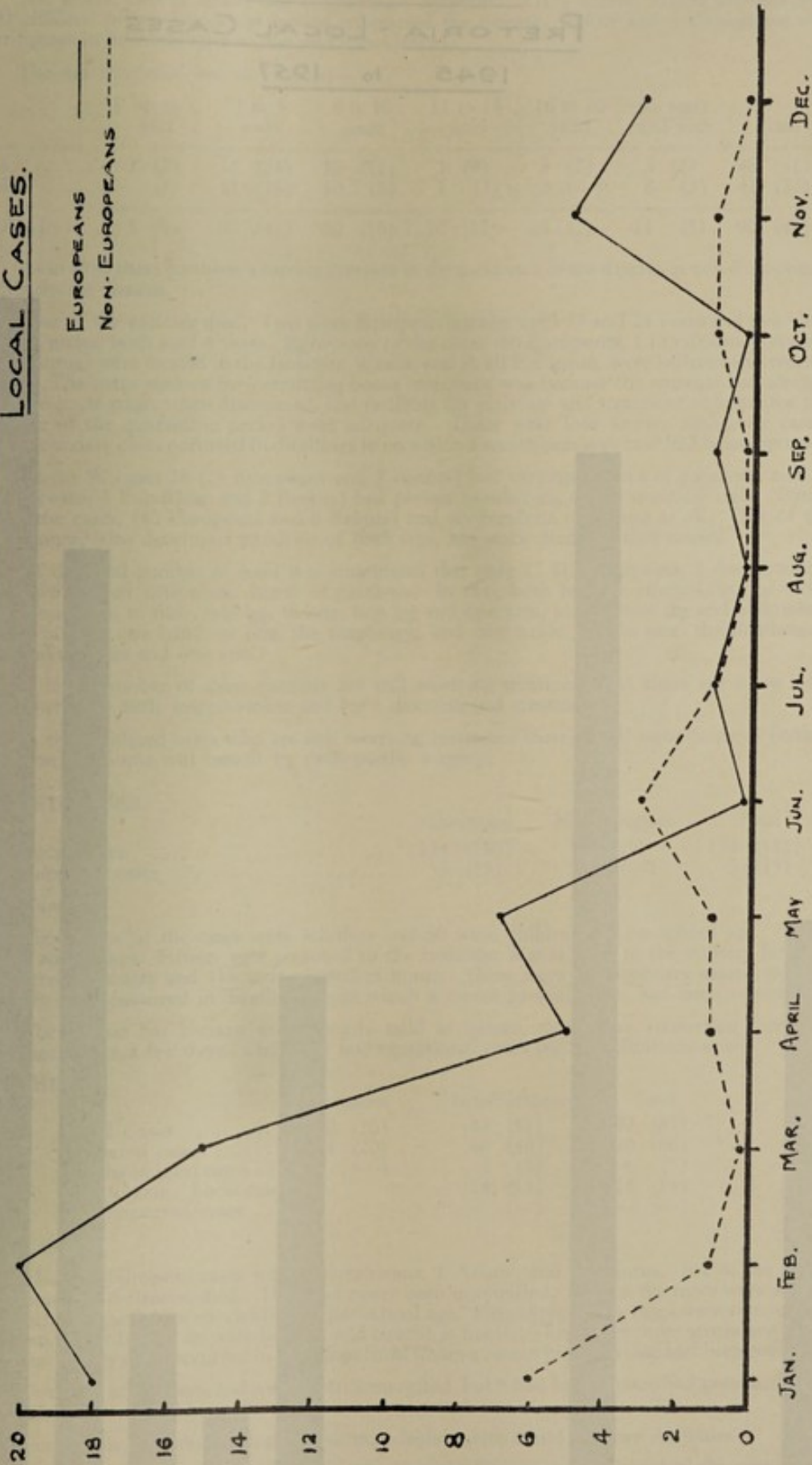
Total number of inoculations issued to Pretoria since 1956: 51,760.

It is not possible to say whether the recent decline in the incidence has any bearing on the number of cases inoculated. The evaluation of the effect of inoculations will take many years.

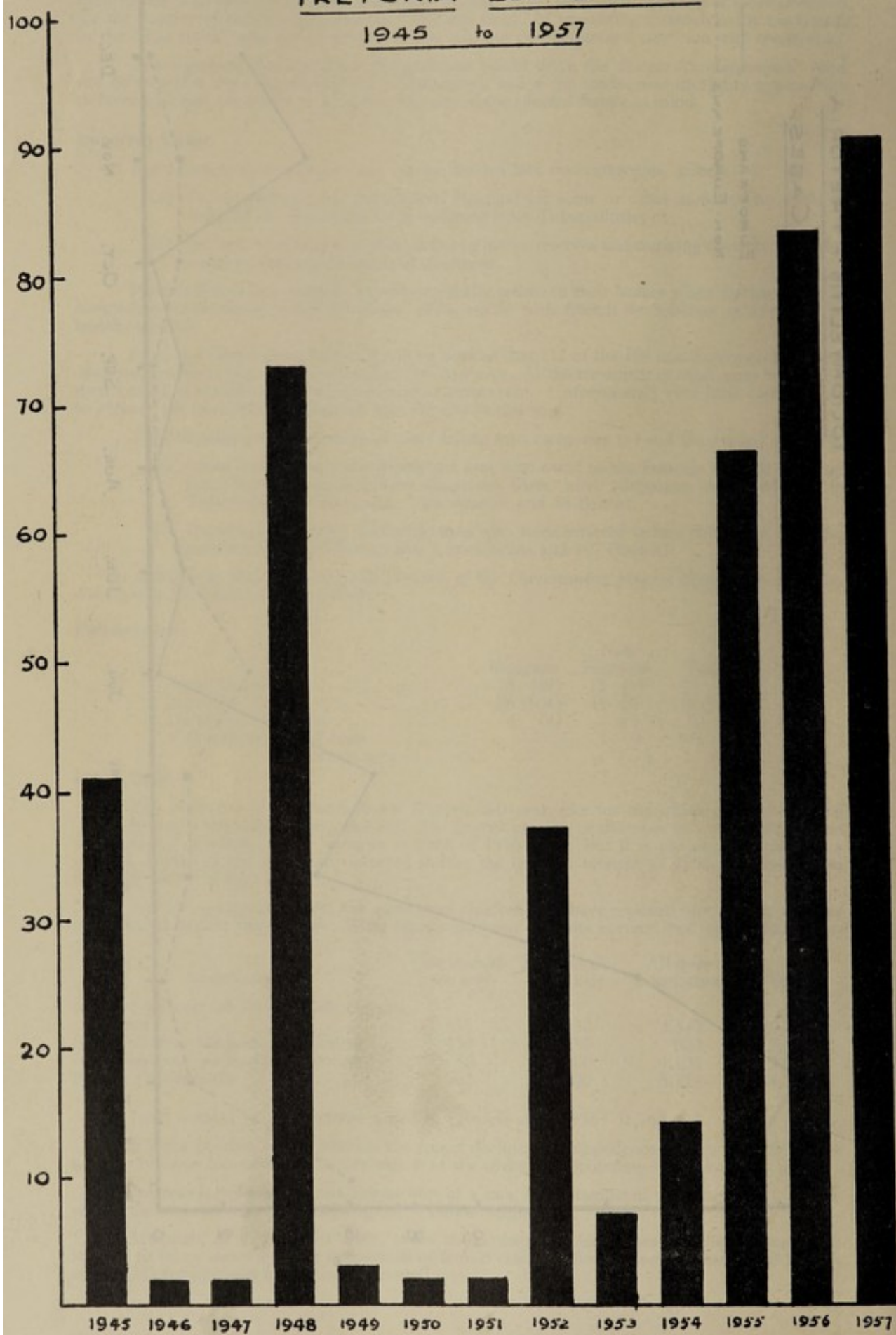
Progress is reported on the production of a safe, live, attenuated vaccine which I believe will be the ultimate answer to the control of Poliomyelitis.

Although, as in previous years, more males than females contracted the disease, there appears to be an increase in the proportion of female cases notified during the year; 48(51) male and 42(32) female cases having been reported.

POLIOMYELITIS - PRETORIA LOCAL CASES.



POLIOMYELITIS
PRETORIA - LOCAL CASES
1945 to 1957



The attack rate in adults has considerably increased, 23(7) adults, 31(28) scholars and 36(48) children of pre-school age having contracted the disease. (Note again, throughout this report figures in brackets refer to last year's incidence).

The age incidence was as follows:—

	0 up to 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 (3)	21 (24)	10 (11)	3 (9)	8 (2)	3 (2)	48 (51)
Females	— (3)	11 (18)	10 (5)	7 (3)	6 (—)	8 (3)	42 (32)
TOTAL	3 (6)	32 (42)	20 (16)	10 (12)	14 (2)	11 (5)	90 (83)

As in 1956 there has been a further increase in the incidence of the disease in non-Europeans, particularly the Bantus.

Four of the patients died. Two were European females aged 35 and 24 years and two were European males, both aged 4 years. Eighty-one of the cases (66 Europeans, 1 Eurafrican, 1 Asiatic and 13 Bantus) were treated in the Isolation Wards, and 9, all European, were isolated and treated at home. The main reasons for permitting home treatment was because the patients had already passed the acute stage, when discovered, and facilities for isolation and treatment at home for the remainder of the quarantine period were adequate. There were four known secondary cases. All the secondary cases occurred in dwellings from which a recent previous case had been reported.

Of the 90 cases 28 (25 Europeans and 3 Bantus) had varying degrees of paralysis, and 14 (11 Europeans, 1 Eurafrican and 2 Bantus) had paresis (weakening of the muscles) only. Forty-eight of the cases, (40 Europeans and 8 Bantus) had no paralysis or paresis at all. One of the cases a Bantu, who developed paralysis of both legs, has since died of other causes.

Of the total number of cases it is anticipated that only 17 (12 Europeans, 1 Asiatic and 4 Bantus) will be left with some degree of paralysis. In two, both legs are affected, in one, both legs and one arm, in nine, one leg, in one, one leg and one arm, in one, one leg and abdominal muscles, in one, one hand, in one, the diaphragm and one ankle, and in one, the diaphragm, abdominal muscles and one arm.

A large number of these patients are still receiving treatment, but there are a few who have shown very little improvement and have discontinued treatment.

In the paralysed cases who are still receiving treatment there is still some hope of further improvement. Some will benefit by orthopaedic surgery.

SCARLET FEVER

	European	Non-European	Total
Local cases	134 (140)	— (1)	134 (141)
Imported cases	5 (25)	— (—)	5 (25)

Local Cases

Eighty-four of the cases were scholars and 50 were children, of pre-school age. There were no adult cases. Fifteen were removed to the Isolation Wards, four to the military hospital at Voortrekkerhoogte and 115 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.

The disease has become exceptionally mild in nature, most cases recovering from the acute stage within a few days. Only in a few exceptional cases did complications arise.

DIPHThERIA

	European	Non-European	Total
Local Cases	10 (26)	49 (57)	59 (83)
Imported cases	24 (20)	46 (46)	70 (66)
Deaths in local cases	1 (—)	5 (5)	6 (5)
Vlakfontein: Local cases		14 (13)	14 (13)
Imported cases		— (—)	— (—)

Local Cases

The non-European cases were 5 Eurafricans, 1 Asiatic, and 43 Bantus. Six of the cases, 1 European and 5 Bantus, died. They had never been immunized. Five of the cases were adults, 9 were scholars, and 45 were children of pre-school age. Fifty-three of the cases were removed to the Isolation wards, and six were isolated and treated at home. There were three secondary cases. All the secondary cases occurred in dwellings from which a recent previous case had been reported.

Fifty-one of the cases had never been immunized, but 8 had been immunized previously and these eight had very mild attacks.

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

It is pleasing to note that a further considerable decrease has occurred in the number of European cases as well as a slight decrease in the non-European cases.

The following table shows the number of persons inoculated against Diphtheria over the last seven 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
1957	..	1,062	10	1,023	49

NOTE: The large number of European children immunized during 1954 was a result of the increased incidence of Diphtheria in Europeans during the year and with resultant response to our propaganda for immunization made at that time. The large number of non-Europeans immunized during 1956 was a result of an intensive immunization campaign carried out in the Vlaktefontein Location.

MENINGOCOCCAL MENINGITIS

	Europeans		Non-Europeans		Total
Local cases	5	(8)	4	(3)	9 (11)
Imported cases	4	(6)	10	(8)	14 (14)

The non-European local cases were all Bantus. Two of the cases, both Bantus, died. Eight of the cases were removed to hospital. One of the cases was only discovered and notified on death.

OTHER INFECTIOUS DISEASES NOTIFIED

	Local		Imported	
	European	Non-European	European	Non-European
Encephalitis.....	3	—	3	1
Puerperal Fever	—	2	—	—
Erysipelas	1	—	—	—
Malta Fever	—	—	1	1
Leprosy	—	1	—	1
Malaria	1	—	3	2

ASIAN INFLUENZA

This disease was not made notifiable with the result that no accurate statistics are available.

This Department called together various interested bodies and individuals, to form a committee to deal with any severe epidemic should it arise and arrangements were made for the provision of additional emergency hospitals, feeding schemes and assistance in home nursing where whole families were affected. The bodies represented on this Committee were as follows:

St. John Ambulance Association and Brigade.	Die Suid-Afrikaanse Noodhulp Liga.
Boys Scouts Association.	Voortrekkers Vereniging.
Girls Guide Association.	S.A. Nursing Association.
Pharmaceutical Society of S.A. (Pretoria Branch).	Medical Association of S.A. (N. Tvl. Branch)
Dept. of Defence (Surgeon General).	The Superintendent, Pretoria General Hospital.
Iscor.	Chamber of Commerce.
Chamber of Industries.	District Surgeon.
Chief Medical Inspector of Schools	City Health Department.
Manager, City non-European Affairs Department.	

Although all the arrangements were made, and although a large percentage of the population was affected, the disease was mild and of short duration.

EUROPEANS

The disease became apparent amongst Europeans from approximately the 8th August 1957 when schools reported increased absenteeism.

The highest number of absentees, from schools which kept this Department informed, was on the 23rd August 1957. Thereafter there was a decrease and attendances reverted to normal.

NON-EUROPEANS

The non-European community were the first to be affected, the disease appearing in the Hercules Location Area first about the 2nd August. By the 5th a very large number were affected and treated at the clinics. By the 7th the disease had reached its peak and from then it decreased until the 22nd when conditions were normal again.

The total number of cases treated at various non-European clinics throughout the City from the 5th to the 22nd August 1957, are as follows (excluding Saturdays and Sundays):—

5th	741	14th	285
6th	679	15th	244
7th	942	16th	180
8th	703	19th	156
9th	780	20th	125
12th	447	21st	121
13th	492	22nd	52

VACCINATION AGAINST SMALLPOX

We do not normally keep a record of the number of persons vaccinated by members of this Department. Facilities for vaccination however, exist at all our clinics, both European and non-European, at least once weekly.

Through the courtesy of the Chief Regional Health Officer, Johannesburg, the services of a non-European layvaccinator were made available to this Department for several months during 1957. While this vaccinator was here he vaccinated 30,793 non-Europeans of which 14,611 were primary vaccinations and the rest re-vaccinations.

The following table shows where these vaccinations were carried out:—

Location	Primary Vaccinations	Re- vaccinations	Total
Atteridgeville	4,181	7,051	11,232
Lady Selborne	373	691	1,064
Bantule	939	1,410	2,349
Vlakfontein	9,118	7,030	16,148

INFECTIOUS DISEASES HOSPITAL

This Hospital, an institution of 90 beds, is the property of the City Council of Pretoria and is situated in the grounds of the Pretoria General Hospital.

The European Pavilions, which are entirely separate from the non-European Section, can accommodate 50 patients, while the non-European Pavilions have 40 beds. There is no separate accommodation for Asiatic or Coloured patients but when possible they are nursed in private single or double-bedded wards.

The non-European Section is staffed entirely by Bantu nurses, with an occasional Eurafican 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 laundering, 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 accepts 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 used and appreciated particularly by the staff of the Casualty and Admissions Section of the General Hospital. The arrangement works to the mutual benefit of both institutions.

AREAS SERVED—

These include the Pretoria Municipal area, its Peri-Urban areas and the Northern Transvaal, but patients are accepted from any other area which happens to be having difficulty in accommodating its own patients during for example an epidemic period.

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 are given in brackets and relate to the 12 month period January 1st 1956 to December 31st 1956.

TOTAL ADMISSIONS

Seven hundred and sixty (787) patients of which 364 (482) were Europeans and 396 (305) non-Europeans were admitted.

The area distribution was:

PRETORIA MUNICIPAL AREAS		OTHER AREAS	
Europeans	non-Europeans	Europeans	non-Europeans
191 (250)	170 (161)	173 (232)	226 (144)

ACUTE ANTERIOR POLIOMYELITIS

For the second year in succession the hospital admitted more cases of "polio" than of any other infectious disease, the total being 216 (205).

Of the 216 sufferers 152 (167) were Europeans and 64 (38) were non-Europeans.

Distribution

	PRETORIA	OTHER AREAS
Europeans	69	83
non-Europeans	18	46

As in the previous year most of the cases in Pretoria came from the Northern Suburbs (including Hercules), Pretoria West and Sunnyside.

FINAL RESULTS

Europeans: Of the 152 patients 93 were discharged from hospital completely recovered. Of the remaining 59, six died and the others were transferred to the Orthopaedic Hospital for further treatment. Five patients recovered after being treated in tank respirators, four of whom still are receiving physio-therapy. The patient who spent the longest time in a tank respirator—seven weeks—was a little boy of nine years.

non-Europeans: Of the total of 64 patients 28 were discharged cured, five died, and the remaining 31 were transferred for further orthopaedic treatment.

CASE FATALITY RATES

	Pretoria	Other Areas
Europeans	2.6% (8.06%)	4.8% (5.7%)
non-Europeans	5.5% (7.6%)	6.5% (8%)

DIPHTHERIA

One hundred and twenty-five (128) patients were admitted during the year, of whom 55 were Europeans and 70 non-Europeans.

	Pretoria	Other Areas
Europeans	11 (23)	23 (18)
non-Europeans	44 (49)	47 (38)

Seventy-three per cent. of the patients were children of five years of age or under.

Only one European child died of bull-neck diphtheria. Three tracheotomies on Europeans were performed, all of whom recovered. Non-European tracheotomies were 4, two of whom died. Non-European deaths were much higher; six out of 44 local cases, and 14 out of 47 outside cases.

A marked difference in case fatality rates is noticed between Europeans and non-Europeans, and also between non-Europeans according to whether they were Pretoria natives or from outside the Municipal area.

Of the non-European distribution in Pretoria itself, Lady Selborne provided 18 cases, Vlaktefontein 12, Atteridgeville 11, Cape Location 2, Gezina 1.

Case Fatality Rates

	Pretoria	Other Areas
European	9.09% (4.34%)	Nil (11.1%)
non-European	13.6% (12.24%)	29.8% (31.3%)

TYPHOID FEVER

The total number of cases treated was 183(153) of which 43 (32) were Europeans and 140 (121) were non-Europeans.

There were no deaths among the European patients.

Distribution:

	Pretoria	Other Areas
Europeans	21 (16)	22 (16)
non-Europeans	49 (62)	91 (59)

Deaths

	Pretoria	Other Areas
Europeans	0	0
non-European	4	10

Of the non-European local cases, 24 came from Lady Selborne, 13 from Vlakfontein, two from Atteridgeville, and the rest scattered throughout the city.

Case Fatality Rates:

	Pretoria	Other Areas
European	Nil	Nil
non-European	8.5% (6.45%)	10.98% (16.9%)

There were three cases of perforation, one of whom recovered.

Again a marked difference between European and non-European fatality rates is noted. The Pretoria non-European rate is not quite as bad as reflected statistically, as two of the four patients who died suffered from Pulmonary Tuberculosis and Chronic Nephritis respectively.

SCARLET FEVER

Twenty cases, all Europeans, were admitted.

Distribution

	Pretoria	Other Areas
	14 (16)	6 (10)

One case was of surgical Scarlet Fever following burns; another child who was being home treated developed severe nephritis necessitating admission to hospital. A third child had whooping cough concurrently with its attack of scarlet fever.

There were no deaths.

PULMONARY TUBERCULOSIS

Eight Europeans and eleven non-Europeans were admitted to hospital as special emergency cases. A European died following a severe haemoptysis and three Natives who were moribund died within a few hours of admission.

Distribution

	Pretoria	Other Areas
European	8 (9)	0 (1)
non-European	4 (5)	7 (0)

NOTE:—For hospitalisation of Tuberculosis cases, see Section under Tuberculosis. We do not usually accommodate Tuberculosis cases at our Isolation Hospital.

MEASLES

Twenty-two (28) Europeans and 14 (19) non-Europeans were admitted.

Distribution

	Pretoria	Other Areas
European	16 (20)	5 (8)
non-European	6 (14)	9 (5)

Most of the cases were complicated by bronchopneumonia. The youngest patient was a European baby only 20 days old. There were no European deaths, but two native babies died of Broncho-pneumonia.

Case Fatality Rates

Europeans	Nil
non-European	14.2% (10.5%).

GERMAN MEASLES

One uncomplicated case in a European nurse was admitted for isolation reasons.

WHOOPIING COUGH

Nine (16) European and 15 (8) non-European babies were admitted, the youngest being only thirty-four days old. All had broncho-pneumonia in addition and one suffered from convulsions.

Five non-European babies died.

Distribution

	Pretoria	Other Areas
European	4 (10)	5 (6)
non-European	9 (5)	6 (5)

Case Fatality Rates

Europeans	Nil.
non-Europeans	33.33%

EPIDEMIC PAROTITIS (MUMPS)

Nine (24) Europeans and 1 (5) non-Europeans were admitted.

Distribution

	Pretoria	Other Areas
European	8 (21)	1 (3)
non-European	0 (3)	1 (2)

One European patient also had pneumonia. There was only one death in a non-European patient who had mumps encephalitis.

MENINGITIS—VARIOUS TYPES

There were ten admissions in this group, which included 7 cases of meningococcal infection and three infections due to *H. influenzae*. One patient, a European baby 2½ months old was presented as a case of Waterhouse-Friedrichsson Syndrome and died two hours after admission. This was the only death.

Distribution

	Pretoria	Other Areas
European	6	3
non-European	0	1

CHICKEN POX

Nine (12) Europeans and 2 (1) non-Europeans were admitted.

Distribution

	Pretoria	Other Areas
European	6 (10)	2 (2)
non-European	3 (0)	0 (1)

There were no complications or deaths.

EKYSIPELAS

One European nurse from Pretoria was admitted with Erysipelas of the face.

VENEREAL DISEASE

Four non-European patients were suffering from venereal disease in such a stage as to require admission. They included 2 cases of Secondary Syphilis, one Local case of Gonococcal epididymo-orchitis and one case of Granuloma Venereum.

OTHER ADMISSIONS

Included Leprotics (one European and six natives) Glandular fever 2; Septic Abortions 2; Retained placenta with gasgangrene 1; Salmonellosis 1; Virus Encephalitis 1; P.U.O. 1.

Operative procedures on the leper patients included Gastrectomy, hysterectomy, herniotomy and appendectomy.

Distribution

	Pretoria	Other Areas
European	3	1
non-European	2	8

VIRUS INFLUENZA

Twenty-seven patients were admitted, twenty-five being non-European nurses.

OBSERVATION CASES

Forty-five Europeans and 14 non-Europeans sent in for observation, were found not to be suffering from an infectious disease.

There were two deaths in European children, both of whom were sent in as possible sufferers from Laryngeal Diphtheria, dying of Broncho-pneumonia. Most of the cases were sent in as possible Poliomyelitis patients. Interesting amongst the corrected diagnoses for Poliomyelitis were 2 cases of Sub-Arachnoid Haemorrhage; an achalasia of the cardia; an acute femoral osteomyelitis and a case of generalised tetanus.

Distribution

	Pretoria	Other Areas
European	23 (49)	22 (45)
non-European	7 (10)	7 (6)

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	69 (62)	83 (105)	18 (13)	46 (25)
Diphtheria	11 (23)	23 (18)	44 (49)	47 (38)
Typhoid Fever	21 (16)	22 (16)	49 (62)	91 (59)
Scarlet Fever	14 (19)	6 (10)	0 (0)	0 (0)
Pulmonary Tuberculosis	8 (9)	0 (2)	4 (5)	7 (0)
Measles	16 (20)	5 (8)	6 (14)	9 (5)
German Measles	1 (2)	0 (0)	0 (0)	0 (0)
Whooping Cough	4 (10)	5 (6)	9 (5)	6 (3)
Mumps	8 (21)	1 (3)	0 (3)	1 (2)
Meningitis—all types	6 (7)	3 (7)	0 (0)	1 (0)
Chicken Pox	6 (10)	2 (2)	3 (0)	0 (1)
Erysipelas	1 (3)	0 (4)	0 (0)	0 (1)
Venereal Disease	0 (1)	0 (0)	1 (0)	3 (0)
Other Admissions	3 (1)	1 (6)	2 (0)	8 (4)
Virus Influenza	0 (0)	0 (0)	27 (0)	0 (0)
Observation cases	23 (49)	22 (45)	7 (10)	7 (6)
	191 (250)	173 (232)	170 (161)	226 (144)

The table shows a marked drop in European admissions and a corresponding increase in the number of non-Europeans admitted particularly from areas outside the Pretoria Municipal Area.

TUBERCULOSIS SECTION

There were no major changes in the work done by the Tuberculosis section during 1957, and the activities followed the pattern of previous years, namely:

1. The examination and treatment of cases at clinics as outpatients.
2. The admission of suitable cases to Sanatoria and hospitals.
3. The examination and observation of suspect cases. These include
 - (a) Patients referred by private practitioners.
 - (b) Patients referred by the Out-Patient Department of the General Hospital.
 - (c) Patients in hospitals who are diagnosed as Tuberculous.
 - (d) Patients who come to the clinics of their own accord.
 - (e) Non-Europeans sent to the clinics by their employers for routine examination.
4. The frequent examination of contacts.

Case finding by means of mass miniature radiography has not yet been undertaken, but a mobile unit will come into operation early next year. Surveys conducted with this unit in the locations and urban areas will result ultimately in a fairly accurate determination of the infection rate of our population.

FACILITIES FOR THE TREATMENT OF TUBERCULOTIC PATIENTS

A. CLINICS

1. Non-European Clinics

These are conducted on the following days

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

2. European Clinic

This weekly clinic is held on Friday afternoons at the Special Diseases Clinic at the 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 who is assisted by two non-European Staff Nurses. Patients receive treatment at the clinics twice or three times weekly and are examined at regular intervals generally not exceeding three months or more often if progress is not satisfactory. Patients are also sent for control X-Ray examinations at regular intervals. Attendances, both for treatment and examination, are generally good. The few patients who stop coming to the clinic once their symptoms improve usually attend regularly again when persuaded to do so.

Suspects and contacts are also examined at the clinics.

Rations are issued to patients once weekly and milk is supplied daily. The South African National Tuberculosis Association (SANTA) also supplies rations to many of our Out-patients and their families.

Each clinic also has the services of a social worker through whom application can be made for pensions and invalidity grants to the Department of Social Welfare. He also assists patients in keeping their registration papers in order. Patients who occupy municipal houses in the locations do so rent free 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 procedure is followed as in the non-European Clinics.

HOME VISIT

The majority of European patients and a number of non-European patients who attend our clinics receive domiciliary treatment, but apart from purposes of treatment patients are frequently visited at their homes by the Sisters and Staff Nurses. Valuable information is gained as to the home conditions, the facilities for isolation and the condition of the patient. Suspects and cases who are too ill to attend the clinics are visited at their homes by the Medical Officer prior to admission to a hospital or Sanatorium.

B. FACILITIES FOR HOSPITALIZATION

Where the extent of the lesions warrants admission all new cases of pulmonary tuberculosis are advised to undergo treatment in hospital. European patients are admitted to King George V Hospital in Durban; Oaktree Chest Hospital, Krugersdorp; Springkell Sanatorium, Johannesburg; Hamlet Chest Hospital, Johannesburg or Nelspoort Sanatorium in the Cape Province. When necessary a patient may be admitted to the Pretoria Municipal Isolation Hospital. Most of our non-European male patients are admitted to Zonderwater Hospital, while female cases are admitted to various Sanatoria on the Witwatersrand. Convalescent or Ambulant patients and cases with minimal lesions are admitted to the South African National Tuberculosis Association's Centre near Atteridgeville Location. 60 beds are available at this centre for Pretoria Municipal cases.

STATISTICAL INFORMATION CONCERNING THE VARIOUS CLINICS

NON-EUROPEANS

The following tables represent the number of cases, primary complexes, surgical Tuberculosis, contacts and cases with positive sputa from each Location. These figures do not represent the total number of attendances by the cases, which would naturally be very much higher. The figures for 1956 are given in brackets.

VLAKFONTEIN LOCATION

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

Number of cases of Pulmonary Tuberculosis	224 (179)
Number of cases of Primary Complex	86 (60)
Number of cases of Surgical Tuberculosis	20 (18)
Number of cases with positive sputum	14 (37)
Number of contacts	914 (729)
Number of contacts X-Rayed	427 (277)
Deaths in 1957	12 (6)
New notifications for 1957 amounted to	127 (139)

CENTRAL CLINIC: Non-European Section

This remains a small clinic where rehabilitated patients already doing light work in the central area of Pretoria, attend for Streptomycin injections and monthly examinations.

Any new cases attending the clinic are either admitted to hospital or referred to the appropriate clinics in the Locations.

Number of cases of Pulmonary Tuberculosis	28	(24)
Number of cases of Primary Complex	4	(10)
Number of cases of Surgical Tuberculosis	2	(4)
Number of cases with Positive Sputum	0	(0)
Number of Contacts	80	(97)
Number of contacts X-Rayed	55	(64)
Deaths in 1957	0	(0)
New notifications for 1957 amounted to	18	(20)

ATTERIDGEVILLE LOCATION

This clinic is held on Wednesday afternoons. Between 40 and 50 patients are examined per session.

Number of cases of Pulmonary Tuberculosis	223	(144)
Number of cases of Primary Complex	92	(69)
Number of cases of Surgical Tuberculosis	34	(28)
Number of cases of Positive Sputum	7	(15)
Number of contacts	1,104	(603)
Number of contacts X-Rayed	297	(187)
Deaths in 1957	4	(6)
New notifications for 1957 amounted to	102	(38)

COMPOUND CLINIC

This clinic which is held on Thursday mornings, caters chiefly for Eurafricans and Asiatics and also for suspects from the Municipal Compound.

Number of cases of Pulmonary Tuberculosis	72	(66)
Number of cases of Primary Complex	14	(15)
Number of cases of Surgical Tuberculosis	6	(7)
Number of cases with Positive Sputum	8	(9)
Number of contacts	160	(185)
Number of contacts X-Rayed	61	(38)
Deaths in 1957	0	(3)
New notifications for 1957 amounted to	23	(15)

LADY SELBORNE LOCATION

Usually 40—50 patients are examined per session.

Number of cases of Pulmonary Tuberculosis	371	(275)
Number of cases of Primary Complex	76	(67)
Number of cases of Surgical Tuberculosis	38	(23)
Number of cases with Positive Sputum	13	(20)
Number of contacts	1,910	(1,375)
Number of contacts X-Rayed	340	(262)
Deaths in 1957	4	(8)
New notifications for 1957 amounted to	120	(93)

BANTULE LOCATION

As a result of the resettlement of its inhabitants in other locations this location is steadily becoming smaller. Usually 10—15 patients are examined per session.

Number of cases of Pulmonary Tuberculosis	40	(36)
Number of cases of Primary Complex	11	(12)
Number of cases of Surgical Tuberculosis	3	(3)
Number of cases with Positive Sputum	4	(0)
Number of contacts	234	(388)
Number of contacts X-Rayed	191	(135)
Deaths in 1957	1	(3)
New notifications for 1957 amounted to	13	(9)

TOTAL NUMBER OF NON-EUROPEAN CASES

Total number Pulmonary Tuberculosis	958	(724)
Total number Primary Complex	283	(233)
Total number Surgical Tuberculosis	103	(83)
Total number with Positive Sputum	46	(81)

EUROPEAN CLINIC

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

Number of cases of Pulmonary Tuberculosis	197 (161)
Number of cases of Primary Complex	10 (9)
Number of cases of Surgical Tuberculosis	0 (0)
Number of cases with Positive Sputum	5 (9)
Number of contacts	377 (295)
Number of contacts X-Rayed	250 (244)
Deaths in 1957	5 (5)
New notifications for 1957 amounted to	41 (39)

As can be seen in the statistics given above the number of cases of Pulmonary Tuberculosis has increased considerably. The results of treatment in the majority of cases, however, continue to be gratifying and a large number have been successfully rehabilitated.

VENEREAL DISEASES

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

The building is double-storied, the first floor being a duplicate of the groundfloor. Approached by an outside staircase, the first floor is used solely for non-European clinics. When venereal diseases sessions are not being 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, who also carry out other duties, 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.

Four contacts, all in Pretoria were treated. The others in which infection followed holiday friendships or casual acquaintances in other towns were untraceable.

No patient admitted any contact with a prostitute and five patients denied steadfastly any possibility of a sexual source of infection.

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	—	4	—
Secondary Syphilis	—	—	—	—
Tertiary Syphilis	—	1	6	2
Endosyphilis (latent)	—	1	—	2
Congenital syphilis over 1 yr.	—	1	—	3
TOTAL SYPHILIS	2	3	10	7
Gonorrhoea	31	1	64	2
G. C. Vulvo-vaginitis	—	1	—	1
TOTAL G. C. INFECTIONS	31	2	64	3
GRAND TOTAL	33	5	74	10

	Male	Female
Number of cases suffering from two or more Venereal diseases	—	—
Number of cases suspected of venereal disease which proved non-Venereal	23	224
Number of cases discharged on probation	4	3
Number of cases discharged as finally cured	25	3

The large number of female suspects (224) 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 (23) all had exposed themselves to the possibility of infection and came for a routine checkup.

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 Sections in this report. The average number of attendances made at the Clinic by each person suffering from Syphilis is 5.9—this figure is based on records.

NON-EUROPEAN SERVICES

The clinics for non-Europeans in Pretoria are held at various places. The Central Clinics, by far the largest 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 the newly opened Polyclinic at Vlaktefontein location.

Cases presenting themselves at Bantule clinic or Proes Street Compound Clinic are seen by the Medical Officers in charge there who either treat them or refer them to the appropriate centres.

The staff at the Central clinic is the same as for Europeans with the addition of two part-time non-European orderlies and a non-European nurse.

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 the Assistant Medical Officer of Health. The clinics at the other centres are conducted by the Deputy Medical Officer of Health or the Assistant Medical Officer of Health.

There is thus a total of six sessions for non-Europeans a week 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 last two hours.

Tracing of contacts amongst non-Europeans is often virtually impossible because of the casual nature of the association, the number of exposures with various partners, and the difficulty of obtaining any sort of address. Nevertheless a number of women do present themselves with clinic numbers written down on pieces of paper which have obviously been given to them by male patients.

Where the association between couples is of a more lasting nature, the native is asked to bring his wife or reputed wife to the clinic, and he invariably does so.

Absenteeism or interruption of a course of treatment is not a real problem. The native, with modern methods of treatment, is only too willing to report until cured. His main reasons for staying away are from duties, domestic trouble (usually financial) or a short jail sentence.

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

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

DIAGNOSIS	New Cases		Old and New Cases Combined	
	Male	Female	Male	Female
Sero-negative primary syphilis	60	5	149	12
Sero-positive primary syphilis	109	3	213	8
Secondary syphilis	48	82	85	168
Tertiary Syphilis	21	10	99	24
Endo-syphilis (latent)	86	143	184	410
Neurosyphilis	—	—	1	8
Congenital Syphilis under 1 year	2	14	6	54
Congenital Syphilis over 1 year	2	6	7	21
TOTAL SYPHILIS	328	263	744	705
GONORRHOEA	632	36	1,252	69
Granuloma Venereum	1	—	1	—
Venereal Warts	12	1	31	5
TOTAL OF ALL INFECTIONS	973	300	2,028	779
			Male	Female
Number of cases seen suffering from two or more Venereal Diseases			228	4
Number of cases suspected of Venereal disease which proved non-Venereal			316	83
Number of cases discharged on probation			98	38
Number of cases discharged as finally cured			709	108

In addition to the above, sixteen native males who had not previously received treatment, were suffering either from non-specific or virus urethritis, their urethral smears showing either mixed organisms with no gonococci, or pus cells only.

The total number of cases treated, both of syphilis and gonorrhoea has declined since last year—the reason for this is not known.

HEALTH PROPAGANDA

Numerous talks were given to the public on Public Health matters during the year.

Large poster boards with Health Propaganda pictures and appropriate slogans painted on them, were displayed at vantage points in the City.

Filmlets were regularly shown in the cinemas. The Department had a health stall at the Industrial Exhibition held in August/September, of which mention has been made elsewhere in this report.

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

During the year all Hospitals, Nursing Homes, Convalescent Homes 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 McCollm Hospitals fall under the jurisdiction of the Provincial Administration and we therefore exercise no control over these institutions.

One European Hospital for medical and surgical cases was established in the Groenkloof area during the year. Detailed reports regarding all institutions were submitted to the Union Health Department in September, 1957. The general supervision and management of these institutions are, on the whole, satisfactory.

INSTITUTIONS FOR EUROPEAN MEDICAL AND SURGICAL CASES

There are two hospitals and one nursing home for European medical and surgical cases, with 84, 56 and 31 beds respectively.

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 Vlaktefontein Maternity Home, for non-European maternity cases.

Only complicated labour cases and women who are confined for the first time are admitted to the maternity section of the Pretoria General Hospital.

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 City Council also donated towards the cost of the building and the equipment of the Vlaktefontein Nursing Home which was erected in 1957. With only 38 beds in this Home for the population of Vlaktefontein, which is already 39,000 and will grow to double its present size, only the most needy patients and cases from badly overcrowded homes can be considered for admission.

The need for additional accommodation for non-European midwifery cases, becomes greater every year. Many cases can not be accommodated in institutions and confinements have to be conducted in overcrowded homes and under adverse conditions.

The persons in charge of these institutions, as in previous years, have been most co-operative and willing to bring about alterations and improvements which were considered essential.

INSTITUTIONS FOR THE CHRONIC SICK

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. These are old residences which have been adapted for the purpose and have 15, 15, 12 and 20 beds respectively.

The need for such Homes for Europeans and non-Europeans is becoming greater every year judging from the number of enquiries received by us.

The general management and supervision of these homes are satisfactory.

CHILD WELFARE ACTIVITIES

STAFF

As in the past two Medical Officers devoted all their time to Ante-Natal/Child Welfare Activities. The increase of the work at Vlakfontein has necessitated the appointment of a part-time Doctor to assist at the Ante-Natal Clinics at three hour sessions per week.

The European Health Visiting staff are all fully qualified General and Midwifery Nurses and totals 19 at present with one vacant post. All 15 of these nurses also hold the Health Visitors and School Nurses Certificates and/or the Mothercraft Certificates. Of the three nurses who do not hold these additional qualifications, one is a Clinic Sister and two are doing T.B. work. As we could not get suitable applicants who hold the additional qualifications, we had from time to time to fill vacancies with nurses who only hold General and Midwifery Certificates. Some of these have undertaken to take the additional qualifications.

The Non-European staff has been increased by 3 and now totals 28 in all. This is due to the development at Vlakfontein and increases in the Atteridgeville and Saulsville population. Thirteen of these nurses are employed as Child Welfare Nurses, eight as Midwives and seven as T.B. and V.D. Nurses.

Like last year, we still have the difficulty that many of our Child Welfare Nurses are so occupied with Clinic work that they cannot find sufficient time to do essential home visiting.

At Atteridgeville the staff, both Child Welfare and Midwifery, are finding it difficult to cope with all the work, not only because of the influx from Peri Urban areas and the additional new houses, but because of the difficult circumstances under which they have to do home visiting. The area for each nurse has greatly expanded and the streets are in many instances so rough that it is not easy to travel by bicycle. However, these are new areas and it is hoped that the streets will soon be improved.

Death investigations indicate that some deaths could possibly have been prevented with more adequate home visiting.

The work at Bantule has decreased appreciably during the last few months of this year, due to the resettlement of the population elsewhere. It is estimated that by the end of next year this location will have been entirely vacated.

PREMISES

There is little change in the clinic facilities for Europeans. Congestion at the Central Clinic building in v.d. Walt Street is still very acute. With the developing popularity of immunization against Polio, the congestion here has become unbearable at times. New commodious and up to date Clinic facilities are incorporated in the new Blackwood Villa Municipal building project, but this will take several years to complete.

During the latter part of this year, the Child Welfare and Immunization Clinics, which were conducted under unfavourable circumstances in a Church Hall in 24th Avenue, Villieria, have been transferred to a newly erected Community Centre in 29th Avenue. Two rooms which are let to us by the S.A. Vroue Federasie, greatly facilitate the work and improve the atmosphere. The Child Welfare Clinic from 30th Avenue, which used to be conducted in a School Building has also been transferred here. Because of these improved facilities we hope to introduce Ante-Natal Clinics for this area in the near future.

For the rest, Child Welfare Clinics are still conducted in unsuitable classrooms. The Clinics at Booyssens and Hercules where there has been for years very large attendances, are conducted in one room in a private house. It is hoped that this will be rectified as soon as possible.

The new feature dealing with Mental Health, which was introduced and described last year, had unfortunately to be discontinued because of the resignation of the Medical Officer with psychiatric training. This is a great loss. There is special need for the teaching and practice of these principles in Child Welfare Clinics. It can only be hoped that the re-establishment of such a service in this Department will be possible in the not too distant future.

The alteration which was brought about in the pattern of the Home Visiting Scheme, as a result of the re-orientation of the staff, is still evident. More time is spent with the individual mother and her problems and less stress is laid on the number of visits.

YOUTH CLUB

The Department of Social Studies at the University is still continuing the activities of the Club.

EUROPEAN STATISTICS

HOME VISITS BY HEALTH VISITORS

Figures in brackets for 1956.

	First visits	Subsequent visits	Number of sick children visited	Total visits
1957 ..	3,727 (3624)	6,411 (6,137)	767 (937)	10,905 (10,854)

The increase in the number of births accounts for the rise in the number of first visits. Subsequent visits, like in previous years, show a proportionate increase of nearly twice the number of first visits.

There is a marked decline in the number of sick children visited. The reason is not evident.

DETAILS OF CLINIC ATTENDANCES

(Figures for 1956 in brackets).

	1st attend.	Re-attend.	Seen by Dr.
Central, Tuesday	80 (108)	934 (1,092)	736 (836)
Central, Wednesday	122 (91)	848 (901)	
Central, Friday	116 (112)	912 (912)	
Bloed Street	49 (57)	610 (836)	
West End.	118 (125)	1,518 (1,523)	161 (127)
Proc. Hill	43 (52)	494 (714)	27 (83)
Iscor	52 (44)	463 (616)	
Gezina	66 (80)	580 (790)	
Villieria, 24th Ave.	96 (95)	1,150 (809)	183 (146)
Villieria, 30th Ave.	78 (73)	679 (608)	
Wonderboom South	56 (79)	514 (830)	— (103)
Mayville	96 (114)	760 (639)	
Capital Park	85 (65)	737 (589)	
Hatfield	71 (119)	768 (1,180)	
New Muckleneuk	87 (87)	1,085 (1,046)	
Sunnyside (Tuesday)	110 (116)	1,424 (1,467)	
Sunnyside (Wednesday)	105 (93)	1,408 (1,364)	
Riviera	65 (52)	548 (632)	83 (61)
Salvokop	10 (5)	263 (211)	
Danville	69 (60)	847 (844)	377 (310)
Defence Reserve	2 (4)	188 (203)	
Armstrong Berning	1 (—)	6 (16)	
Creche	1 (—)	6 (—)	
Arcadia	107 (91)	987 (921)	
Showgrounds	26 (23)	546 (388)	
Hercules	160 (164)	2,898 (3,152)	821 (945)
Booysens	59 (60)	1,016 (1,131)	
Mountain View	103 (126)	1,883 (1,532)	
Pretoria Gardens	121 (89)	1,492 (1,239)	
Rietfontein North	46 (60)	430 (437)	
Voortrekker Road	30 (40)	213 (310)	
Pierneef Street	32 (—)	144 (—)	
Brooklyn	46 (19)	624 (46)	
	2,308 (2,302)	26,975 (26,978)	2,388 (2,611)

Not much change is reflected for this year. New Child Welfare Clinics were opened in Pierneef Street, Villieria and in Murray Street, Brooklyn. Both these are conducted in classrooms and attendances show that the establishment of these Clinics was necessary.

The number of cases seen by Doctor at the Wonderboom South Clinic shows a Nil return, because this service has been discontinued.

EUROPEAN ANTE-NATAL CLINICS:-

(Figures for 1956 in brackets).

	Central	Hercules	Danville	Total
No. of new cases	332 (330)	137 (135)	58 (55)	527 (510)
Total attendances	2,008 (1,887)	844 (800)	421 (424)	3,273 (2,111)

DENTAL CLINIC

(Figures for 1956 in brackets).

No. of cases who attendated Dental Clinic..... 81 (74)

Little change is reflected. In spite of propaganda and personal advice at our Ante-Natal Clinics, the prejudice against Dental treatment during pregnancy still seems difficult to overcome.

IMMUNIZATION

(Figures for 1956 in brackets).

No of cases fully immunized against Diphtheria	1,062 (989)
No of cases fully immunized against Whooping Cough	842 (877)

POLIO INJECTIONS

1st Injections	2nd Injections	3rd Injections
3,547 (2513)	4,530 (172)	615 (—)

Immunization against Polio show a rise and it was possible this year to give 3rd injections. The public is anxious to have their children fully immunized and we can now meet all their needs because vaccine is readily available.

MIDWIFERY SUPERVISION

(Figures for 1956 in brackets).

No. of Midwifery bags inspected.....	84 (88)
Special visits to Midwives	27 (52)
Visits to Midwifery cases	6 (3)
Visits to Maternity Homes	85 (64)
Visits to Old Age Homes	18
Visits to lying-in cases	2

This year a start was made with the inspection of Old Age Homes and the number inspected was 18.

The investigation of Stillbirths is still being done. It is hoped, in collaboration with the Society of "Obstetricians and Gynaecologists" to initiate further efforts to reduce the incidence of Stillbirths and Neonatal Deaths.

NURSERY SCHOOLS

Two Nursery Schools and one Creche are regularly inspected by a Medical Officer and supervised by a Health Visitor.

The problem of privately run Creches, Kindergartens and Day Nurseries which are conducted for gain by private enterprise, is still causing concern. The Standards which have been evolved by several Organising Bodies have not come into effect yet because it has not been incorporated in the Children's Act.

As we do not yet know which Authority will be responsible for the control of these Institutions, supervision is inadequate and difficult.

NON-EUROPEAN CHILD WELFARE

Non-European Clinics are conducted at Atteridgeville, Bantule, the Compound Clinic and Vlakfontein.

In December, Atteridgeville had a population of 24,277 with 3,990 houses. These increases are due to resettlement of the population from Bantule and other Peri Urban areas. This influx brought with it many difficulties for our staff, particularly the Midwives, as each Midwife must at present cope with approximately 800 houses, whereas in the past we considered 500 houses to be a reasonable number. This is responsible for the reduction in the number of re-attendances at our Ante-Natal Clinics, because we have not been able to devote sufficient time to Home Visiting.

The building of the Clinic at Saulsville is under construction and it is hoped that this will be completed in the near future.

At Bantule work is decreasing as a result of rehousing of residents in Atteridgeville.

At the compound Clinic, the attendance at the Native Clinics has increased in spite of the fact that many of these natives have been rehoused either at Atteridgeville or Vlakfontein. The reason for this is because patients come from Peri Urban areas. This is evident both at the Child Welfare and the Ante-Natal Clinics.

At Vlakfontein we have moved into the newly erected Clinic building. This has relieved the tension and adverse conditions under which the work had to be carried out in the past. Because of more space it is now possible to employ a part-time Medical Officer to assist at the Ante-Natal Clinics. It is also possible to assist the Health Visitor with Child Welfare work by allowing extra help.

With increased nursing staff it is hoped that we will start with Home Visiting in the New Year. At present only deaths and Stillbirths are investigated.

HOME VISITS

(Figures for 1956 in brackets).

	Natives	COMPOUND Asiaties	Eurafrican	Atteridgeville Natives	Bantule Natives
First visits to newly born infants	10 (6)	178 (190)	117 (110)	1,239 (1,197)	239 (266)
Subsequent visits	44 (47)	2,225 (2,684)	1,817 (2,522)	3,785 (4,733)	4,203 (6,794)
Visits to sick children	— (—)	74 (64)	— (140)	141 (191)	149 (242)
No. of sick children visited	— (—)	47 (29)	41 (29)	123 (123)	59 (133)

At the Compound, the smaller numbers of first and subsequent visits, like in the past year, are due to shift of population. For the Asiatics and Euraficans the first and subsequent visits are little altered.

The decrease in figures at Bantule is also because of the shift of the population.

At Atteridgeville in spite of the increase in numbers of first visits, the subsequent as well as the visits to sick children show a decrease. This is mainly because our staff is so occupied at the Clinics that there is less time for visiting.

CHILD WELFARE CLINIC ATTENDANCES

(Figures for 1956 in brackets).

	Natives	COMPOUND Asiatics	Euraficans	Atteridge- ville Natives	Bantule Natives	Vlak- fontein Natives
First attendances	818 (563)	152 (243)	182 (167)	1,014 (924)	262 (329)	2,664 (2,734)
Re-attendances	1,683 (1,511)	1,408 (2,547)	1,629 (1,919)	14,840 (13,969)	4,349 (6,939)	12,315 (10,625)
Seen by Dr.	473 (440)	274 (385)	252 (393)	3,932 (5,419)	510 (726)	4,195 (4,574)

The rise at the Compound Clinic for natives is due to Peri Urban attendances.

At Atteridgeville there is an increase in the first visits as well as re-attendances, but a marked decline in the number of cases seen by the Doctor. This is because we have succeeded in educating both mothers and staff not to have babies seen at the Clinics weekly unless they are really ill, and the staff have been encouraged not to allow every child to see the Doctor.

Another reason for this decline is also because of shortage of medical personnel. The present staff could not cope with the numbers and an endeavour was made to eliminate those cases who really were not in need of medical examination. The result is that fewer patients were seen by the Doctor, but each patient could get more careful attention than was the case when the Doctors were working at such high pressure.

The decrease in the figures for Bantule is due to the shift of population.

There is a decrease in the number of first attendances at the Vlakfontein Clinic, which cannot be explained. The decrease in the numbers of patients seen by a Doctor is because previously all children sent through to the Doctor were classified as Child Welfare attendances. This year a new system was followed and only pre-school children were classed as Child Welfare Clinic attendances; the older children were referred to the Outpatient Section for attention.

ANTE-NATAL CLINICS

(Figures for 1956 in brackets).

	Natives	Compound Euraf. & Asiatics	Atteridgeville Natives	Bantule Natives	Vlakfontein Natives	Total Natives
No of new cases re- porting at Clinics . .	1,669 (1,596)	141 (175)	1,020 (892)	207 (200)	1,986 (1,247)	4,998 (4,110)
No of attendances . .	5,689 (5,392)	883 (1,297)	6,374 (6,549)	1,284 (1,376)	8,031 (6,709)	21,979 (21,323)

There is a reduction in the number of total attendances for Atteridgeville. This can be explained as follows:—

- As previously mentioned, each Midwife must now cope with 300 houses more, plus a larger area which in many parts is not easily accessible by bicycle because of the condition in the streets. This necessarily brings about inadequate home visiting and a subsequent fall in re-attendances.
- Many of these women have recently come from an unenlightened population and are unco-operative as they are still unaware of the value of Ante-Natal care, and attention. Unless they are visited regularly they do not attend as often as they should.
- Many of these patients are working mothers and therefore have not the time to attend regularly.

CONFINEMENTS BY MIDWIVES

(Figures for 1956 in brackets).

Bantule	Vlakfontein	Atteridgeville
21 (33)	95 (46)	336 (403)

IMMUNIZATION CLINICS

(Figures for 1956 in brackets).

No. of cases immunized against Diphtheria	1,023 (3,345)
No. of cases immunized against Whooping Cough	1,023 (812)
The fall in the number of cases immunised against Diphtheria cannot be explained.	

FEEDING SCHEME

Only a very limited Feeding Scheme at Bantule is still in existence.

ANNUAL REPORT OF THE NURSERY SCHOOL ASSOCIATION OF PRETORIA IN CONNECTION WITH LOCAL NURSERY SCHOOLS

This report was kindly submitted by Prof. J. J. du Toit who is the Chairman of the Nursery School Association of Pretoria.

In Pretoria there are at present ten registered Nursery Schools and two Nursery Schools for physically handicapped children. Altogether 660 children attend these schools. Seven of these schools receive an annual subsidy from the Pretoria City Council, and details regarding these are as follows:—

Name of School	Hours	% working mothers	No. of Children	PERSONNEL				Municipal Health services
				Nursery School Training	Other Training	Domestic School	Nil	
1. E. Hauptfleisch	8—5	95%	100	2	—	1	4	Municipal Health services
2. Oostelike Voorstede ..	8—2	40%	100	2	2	1	1 sek.	Own arrangements
3. Goeie Hoop.....	8—2	50%	55	1	1	1	1	Municipal Health services
4. Clare Pentz	8—2	40%	47	1	—	1	1	" " "
5. Sunnyside	8—1	66%	54	—	1	1	1	" " "
6. Saamstaan	8—1	45%	78	1	1	1	1	" " "
7. Riviera Rietondale	8—12.30	41%	35	1	—	—	1	Own arrangements

The first four schools provide midday meals. The E. Hauptfleisch school is open the whole day. On Saturdays and school holidays it takes in children from working mothers.

The primary function of a Nursery School is to provide, under trained guidance, ideal play surroundings which will help the child in his developmental requirements.

We think our Nursery Schools fulfil these requirements. The work done is of a high standard.

The schools also provide a socio economic need, as it makes provision for the children of working mothers.

Financial difficulties are, as always, present. In spite of subsidies and a small amount of school fees received, it is necessary to find additional money through fund raising activities of the School Committee and other willing helpers.

Without the help which is received from the Municipality and the Transvaal Provincial Administration it would be impossible to carry on.

As can be seen from the schedule there is still a very serious shortage of trained Nursery School teachers.

The management of the Nursery Schools as well as the Nursery School Association of Pretoria wish to express their grateful appreciation to the Pretoria City Council Municipal Health Department for the help which they have given us at all times.

PRETORIA DENTAL CLINICS

For the period April 1956—March 1957.

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. GRANT-IN-AID

£3,100 per annum was granted by the City Council. The Union Health Department grants £3,100 per annum for all services, except for indigent children attending Transvaal Provincial Schools. The Provincial Administration renewed its grant of £9,600 per annum.

3. DENTAL SURGEONS

A Superintendent, five full-time and one part-time Dental Surgeons are at present employed at the clinic. One Dental Surgeon is in charge of the departments of Post- and Ante-Natal cases, pre-school children and non-Government School Children.

The non-European patients are being attended to by two other Dental surgeons, along with the share these two have in the treatment of European School children.

The part-time Dental Surgeon deals with Orthodontic cases exclusively.

4. SCHOOL SERVICES

Until 31st March 1957, one non-European and fifty-seven European schools were inspected. The total number of children examined was 21,709.

5. MORNING CLINICS

These are extraction services rendered only at the clinic:

No. of schools	10
No. of sessions held	11
No. of children treated	453
No. of teeth extracted	660

Many schools did not have a sufficient quota of extractions to warrant a special morning clinic as there is a marked improvement in the general oral condition of the pupils.

6. TREATMENT OF SCHOOL CHILDREN COMPARATIVE TABLE

Period	Number of Children Examined	Number of New Patients Treated	Number of Re-visits	Number Discharged - Treatment Completed	Number of Casuals Discharged - Treatment Completed	Number of Fillings	Number of Extractions	Total Operations
April, 1950	23,637	6,087	5,834	1,453	437	8,663	7,155	20,785
March, 1951								
April, 1951	24,363	6,847	7,137	1,300	540	9,976	8,385	22,888
March, 1952								
April, 1952	26,844	9,181	7,875	1,581	441	11,692	10,639	27,827
March, 1953								
April, 1953	33,745	8,631	9,624	2,740	1,056	14,068	9,000	30,170
March, 1954								
April, 1954	6,688	7,074	9,732	2,873	1,301	14,618	6,095	28,475
March, 1955								
April, 1955	39,748	7,913	11,559	4,544	1,341	16,572	8,840	34,161
March, 1956								
April, 1956	8,286	8,025	11,389	3,060	1,047	17,092	7,512	35,080
March, 1957								

Examinations done at school inspections are not included in the above figures.

7. GOLD INLAYS AND PROSTHETICS

110 Gold Inlays were completed.
1 Acolite Inlay was completed.
64 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	14
No. of Sessions held	19
No. of children treated	747
No. of teeth extracted	1,017

MEERHOF-CHRONIC SICK HOME

No. of visits	4
No. of children treated	80
No. of fillings completed	76
No. of teeth extracted	11

9. CONSERVATIVE TREATMENT AND EXTRACTIONS APART FROM TREATMENT RENDERED AT THE CLINIC

Conservative treatment and extraction services were rendered at Rachel de Beer, Voortrekker Eeufees and Danie Malan Schools.

No. of children who received treatment	1,020
No. of children examined	510
No. of fillings completed	1,730
No. of teeth extracted	594

10. ORTHODONTIC SERVICES

92 Appliances were supplied or repaired. These services have been extended to include another morning session.

Notwithstanding the extra facilities there is still a considerable back-log to contend with.

11. PRE-SCHOOL CHILDREN

There has recently been an increase in the number of attendances by pre-school children.

12. NON-GOVERNMENT SCHOOLS

This section has shown some increase in comparison with previous years.

13. ANTE-AND POST-NATAL PATIENTS

This section is at approximately the same level as in previous years.

14. NON-EUROPEAN SERVICES

The need for conservative treatment is gradually becoming more recognised and the outlook is therefore more promising.

NON-EUROPEAN: COMPARATIVE TABLE: (INCLUDING SCHOOL CHILDREN).

Period	No. of new patients treated	No. of Re-visits	No. of Fillings	No. of Extractions.	No. of Total Operations
April 50.....	4,786	106	274	6,643	7,154
March 51.....					
April 51.....	6,811	1,014	299	9,802	10,813
March 52.....					
April 52.....					
March 53.....	7,085	986	323	11,339	11,662
April 53.....					
March 54.....	5,256	1,111	179	10,659	10,838
April 54.....					
March 55.....	6,679	2,240	232	10,496	11,668
April 55.....					
March 56.....	6,719	1,349	141	11,315	11,874
April 56.....					
March 57.....	8,037	1,769	211	11,817	13,279

NON-EUROPEANS: SCHOOL CHILDREN: COMPARATIVE TABLE

Period	No. of new patients treated	No. of Re-visits	No. of fillings	No. of Extractions	No. of total Operations
April 51.....					
March 52.....	1,344	151	152	1,493	1,822
April 52.....					
March 53.....	1,072	67	46	1,209	1,993
April 53.....					
March 54.....	1,888	195	81	1,140	3,842
April 54.....					
March 55.....	955	274	102	1,121	1,564
April 55.....					
March 56.....	860	232	104	1,171	1,392
April 56.....					
March 57.....	1,719	272	173	1,733	2,565

MEDICAL EXAMINATION CONDUCTED BY MEDICAL OFFICERS IN THE HEALTH DEPARTMENT

A total of 1,156 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.

ABATTOIRS

STAFF

The establishment is as follows:

Director: The Medical Officer of Health, Dr. H. Nelson.
 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. J. T. Gordon.
 Meat Inspectors: Four.
 Supt. By-Products & Refrigeration Plant: Mr. J. A. Mathee.
 Fitter & Turner: One.
 Workshop Assistant: One.
 Machine Attendants: Seven.
 Caretaker/Yard Foreman: One.
 Cleaner Checkers: Two.
 Cleaner Handyman: One.
 Cleaners: Five.
 Watchman: One
 Natives: Forty-nine.

The Supt. By-Products & Refrigeration is still absent from duty as the result of an injury sustained on duty in 1948. The finalising of this position is becoming more imperative daily.

The chronic shortage of Meat Inspectors persists and has to be supplemented by the use of District Inspectors. Despite the use of one pensioner there is a shortage of two Meat Inspectors.

The post of Asst. Veterinary Officer is still vacant and should be filled as soon as possible. Not only has the vacancy caused a deterioration of the organisation built up, but may affect the future position when trained personnel is required.

In order to reduce the number of Native Labourers, the cleaning of the kraals has been taken over by Parks Department and so retaining the use of the manure.

MEAT SUPPLIES

As will be seen, the supplies of most species increased during the year, despite the fact that certain areas from which cattle usually are received were quarantined on account of Foot & Mouth Disease for a few months.

Sale on the hook was persisted with in the case of cattle, sheep and goats. Although prices fluctuated greatly, they were still well above those guaranteed by the Meat Control Board. Pork carcasses are still issued direct at fixed prices to butchers but the fixing of retail prices has been abandoned. Despite this measure there is still a surplus of pork which apparently will have to be exported.

Although the number of cattle slaughtered increased somewhat, the increase occurred mainly in the figure for cows. Among the cows were many sterile animals, many were aged or carried spoiled udders. The general quality of cattle slaughtered left much to be desired.

There is a fair amount of traffic in meat between the Rand and Pretoria.

Equines were still difficult to obtain.

ALTERATIONS TO BUILDINGS AND PLANT

Additional refrigeration plant is now functioning and overhaul of the old plant can be undertaken.

Tenders for the erection of a new steam boiler to replace the three obsolete ones in use, have been accepted.

The extension of the hanging hall to improve facilities for the selling of carcasses as well as facilitate removal thereof, should be completed by the end of March 1958. This should greatly alleviate the unsatisfactory conditions prevailing.

In order to satisfy the requirements of the Factories Act, certain alterations were made and ablation facilities extended. The offal handling section was also slightly improved, but is still inadequate.

It has now been found that, despite improvements to the supply of electricity, the installations in the by-products factory have become dangerous while the wiring of the rest of the abattoirs will have to be renewed.

These alterations will cost a large sum of money, adding to the ever mounting costs of retaining the use of an antiquated institution.

BY-PRODUCTS MANUFACTURE

This could be satisfactorily maintained due to regular supplies of stock.

The demand for our products still far outstrips production. By-products excepting fats, were sold at the same fixed prices; fats were sold by tender.

ERECTION OF NEW ABATTOIR

No further steps were taken in this matter due to other projects receiving priority.

DISEASES ENCOUNTERED

A large number of quarantine animals were received during the year from the Foot and Mouth areas. However, no dangerous diseases were encountered.

Condemnation for cysticercosis infestation (measles) was more or less to the same extent as previously in cattle and pigs. It is likely to remain the greatest source of condemnations until the hygienic standards of the Natives are greatly improved.

Several consignments of cattle from South West Africa were extensively bruised and in quite a few animals gangrene had already set in by the time they were slaughtered. Injuries caused by horned animals are still far too common.

The Tuberculosis picture remained unaltered. Quite a number of cattle showing lesions were submitted for slaughter after having reacted to the tuberculin test.

The large number of cases of pleurisy and peritonitis encountered in cattle finds its origin in uterine infections in the majority of cases.

As will be seen, a large number of cattle were again condemned for Globidiosis infection (elephant hide) and it would seem that this disease is on the increase.

A fair percentage of pig lungs show lesions of virus pneumonia. Lesions are not marked excepting in weaker animals where secondary invaders often cause consolidation and adhesions.

In sheep, especially Merinos, caseous lymphadenitis occurred to a marked extent in particular batches. Quite a number of cattle spleens were found to show enlargement, some to a marked degree. Attempts at transmission to various laboratory animals at Onderstepoort were unsuccessful.

GENERAL

By-Laws were promulgated during the year prohibiting the slaughter of equines, poultry and rabbits within the municipality excepting at the Abattoirs. At the same time the abattoir fees for sheep goats and pigs were raised to cover the expenses occasioned by the hanging halls extension.

ANIMALS AND POULTRY SLAUGHTERED

	January—December	January—December
	1957	1956
Bulls	625	445
Cows	14,237	9,484
Oxen	51,765	50,121
Total beef	<u>66,627</u>	<u>60,050</u>
Calves	3,175	2,621
Sheep	126,223	108,311
Goats	515	766
Pigs	27,029	23,527
Total	<u>223,569</u>	<u>195,275</u>
Donkeys	1,526	2,077
Horses	634	654
Mules	20	15
	<u>2,180</u>	<u>2,746</u>

Bantams	3	3
Chickens	822	602
Ducks	2,851	2,589
Fowls	46,916	40,034
Geese	26	27
Pigeons	24	36
Turkeys	1,520	1,043
	<u>52,162</u>	<u>44,334</u>

IMPORTED MEAT INSPECTED

Beef Carcases	—	39½
Mutton Carcases	—	162
Pork Carcases	1,191½	732½

BOVINE AND PORK CARCASSES AND ORGANS CONDEMNED

	Beef	Veal	Mutton & Goats	Pork
Carcases	1,279	152	258	307
Heads	3,498	—	—	20
Hearts	84	—	—	—
Intestines	3,679	—	74,427	—
Kidneys	574	—	—	—
Livers	9,304	—	39,298	—
Lungs	3,613	—	3,914	—
Plucks	332	—	5,224	—
Quarters	74	—	346	—
Spleens	3,409	—	—	—
Tails	157	—	—	—
Tongues	180	—	—	20
Tripes	3,504	—	—	—
Udders	1,810	—	—	—
Viscerae	1,311	152	421	362

TOTAL CONDEMNATIONS

	January—December 1957	January—December 1956
Beef	1.93%	2.361%
Veal	4.787%	7.784%
Mutton	2.204%	0.269%
Pork	1.136%	1.726%

WEIGHT OF CONDEMNED CARCASSES AND PORTIONS THEREOF IN TONS

	January—December 1957	January—December 1956
Beef	330.03	362.947
Veal	3.276	4.414
Mutton	5.522	6.936
Pork	17.128	22.156
Horse Meat	0.342	0.936
Donkey Meat	0.085	0.134
	<u>356.383</u>	<u>397.523</u>

CYSTICERCOSIS (Measles)

	Number affected	Number Condemned	Number Detained for Cold Storage treatment
Beef	4,169 or 6.257%	860 or 1.291%	3,309 or 4.966%
Veal	1 or 0.031%	—	1 or 0.031%
Pork	240 or 0.888%	206 or 0.762%	34 or 0.126%
	<u>1956</u>		
Beef	3,616 or 6.021%	189 or 1.094%	2,736 or 4.556%
Pork	303 or 1.288%	254 or 1.08%	49 or 0.208%

Organs of beef carcasses affected with cysticercosis (measles) detained for Cold Storage Treatment.

Hearts	Livers	Tails	Tongues
3,301	2,808	3,307	3,308

TUBERCULOSIS

	Number affected	Number Generalised	Number Localised
Beef	73 or 0.109%	25 or 0.037%	48 or 0.072%
Pork	40 or 0.148%	12 or 0.044%	28 or 0.104%
1956			
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%

IMPORTED MEAT

One pork carcase detained for Cold Storage Treatment.

ANIMALS FOUND DEAD OR IN DYING CONDITION IN WAITING PENS

Cattle	Sheep	Pigs
22	133	6

DEAD ANIMALS RECEIVED AT BY-PRODUCTS PLANT

Cattle	Sheep	Pigs	Horses
25	10	4	4

During the year microscopical examination of 236 blood smears were carried out.

EQUINES CONDEMNED

Donkeys	Horses
1	2

POULTRY CONDEMNED

Fowls	Turkeys	Rabbits
109	3	2

DISEASES FOR WHICH CARCASES ETC. WERE CONDEMNED

Diseases	Beef C/S	Beef Qrts.	Veal	Mutton C/S	Mutton Qrts.	Goat	Pork	Horse	Donkey
Abnormal Odour	2	—	—	—	—	—	—	—	—
Abscesses	50	27	4	10	—	—	16	—	—
Actinomycosis	—	Loc. 84	—	—	—	—	—	—	—
Cas. Lymphadenitis	—	—	—	98	346	—	—	—	—
Cas. Lymphadenitis	—	—	—	—	Aff. 21608	—	—	—	—
Carcinoma	3	—	—	—	—	—	—	—	—
Cysticercosis (Measles)	860	—	—	—	—	—	206	—	—
Defective Bleeding	1	—	—	4	—	—	2	—	—
Emaciation	22	—	20	77	—	2	13	1	1
Emphysema	8	6	—	—	—	—	—	—	—
Extensive Bruising	46	16	—	3	—	—	17	—	—
Extensive Bruising (lb.)	—	46,512	14	—	145	—	801	122	—
Fevered	1	—	—	—	—	—	—	—	—
Gangrene	59	25	—	5	—	—	5	—	—
Globidiosis	103	—	—	—	—	—	—	—	—
Hydated Cysts.	—	—	—	1	—	—	1	—	—
Immaturity	—	—	77	—	—	—	—	—	—
Jaundice	—	—	2	16	—	—	—	—	—
Joint Ill.	—	—	1	—	—	—	—	—	—
Lumpy Skin	3	—	—	—	—	—	—	—	—
Malignant Tumours	1	—	—	1	—	—	—	—	—
Mastitis Septic	3	—	—	—	—	—	—	—	—
Metritis Septic	14	—	—	8	—	—	—	—	—
Moribund	2	—	—	8	—	—	—	—	—
Mult. Haemorrhages	2	—	—	—	—	—	14	—	—
Navel-Ill.	—	—	39	—	—	—	—	—	—
Nephritis Septic	—	—	3	—	—	—	2	—	—
Oedema	1	—	—	—	—	—	—	—	—
Peritonitis	12	—	—	—	—	—	7	—	—
Pleurisy	5	—	—	2	—	—	2	—	—
Pleurisy and Peritonitis	42	—	—	—	—	—	1	—	—
Pneumonia Septic	5	—	5	22	—	—	7	1	—
Pigmentation	—	—	—	—	—	—	1	—	—
Sarcosporidiosis	5	—	—	—	—	—	1	—	—
Red Water	3	—	—	—	—	—	—	—	—
Tuberculosis	25	—	—	—	—	—	12	—	—
Umbilical Pyaemia	—	—	1	—	—	—	—	—	—
Uræmia	1	—	—	1	—	—	—	—	—
	1,279	74	152	256	346	2	307	2	1

DISEASES FOR WHICH POULTRY WERE CONDEMNED

	Rabbits	Fowls	Turkeys
Abscesses	—	4	—
Carcinoma	—	17	—
Dead	—	21	—
Dermatitis	—	1	—
Emaciation	2	4	1
Gangrene	—	6	2
New Growths	—	14	—
Peritonitis	—	42	—
	<u>2</u>	<u>109</u>	<u>3</u>

BY-PRODUCTS SOLD FOR YEAR ENDED 31/12/1957

	Tons	lbs.
Hide Pieces	—	592,787
Lard	4	525
Bone Meal	150	899½
Carcase Meal	331	477
Blood Meal	274	1,377
Tallow	83	669
Hogs hair	—	20
Feathers	—	6,137

RECORD OF THE WORK OF THE HEALTH INSPECTORS

Notwithstanding the continued serious shortage of health inspectors, it has been possible to maintain a high standard of hygiene throughout the City during the year under review. Complaints, licensing and other important matters were given immediate attention and whenever possible house-to-house inspections were carried out on a rather limited scale. It is hoped that this important branch of an inspectors work will receive more attention as additional personnel become available.

It has been necessary continually to second one and sometimes two district health inspectors to the Abattoir because of the shortage of meat inspectors.

The Department planned and conducted a Health stall at the Industrial Exhibition over the period 30th August 1957, to 7th September 1957. The stall featured sound and unsound foodstuffs with particular emphasis on diseases directly transmissible from meat to man. Fresh specimens were obtained from the Abattoir daily, and health inspectors were on duty at all hours for the purpose of explaining the exhibits and advising the public. An additional feature was the projection of silent and sound health propaganda films, filmlets, slides and cartoons. The silent versions were accompanied by tape-recorded commentaries. This form of propaganda attracted a great deal of attention, the crowd often being so big as to block the public pathways.

The catering, refreshment and sanitary facilities at the Exhibition were under almost constant supervision. The work of the Department facilitated considerably by the ready co-operation of the licensees and the Exhibition Management. Attention will, however, soon have to be given to the improvement of certain buildings used for catering and to the provision of additional well-distributed sanitary blocks. The Department has in fact made a preliminary approach towards this end.

The sewerage of the Innesdale area is now well in hand—some premises, including a few large structures have already connected up, thus dispensing with sullage tanks which have for some years required much supervision to avoid a nuisance arising. It cannot be too strongly stressed that the suburb of Hercules has already reached a stage of development which will justify a waterborne sewerage scheme. The township of Lady Selborne is essentially non-European, densely populated and built on ground which is unsuitable for the disposal of waste water by means of french drains. This disposal of waste water in the absence of sewerage is becoming a difficult problem.

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	28	5
Billiard Saloons	6	2
Bioscope (Cinema) Tearooms	1	—
Boarding and Lodging Houses	239	—
Brickburners	2	—

Butchers	141	44
Cobblers	70	33
Cycle Dealers	107	52
Dairies and Distributors	100	14
Fellmongers	1	—
Fishfriers	3	—
Fishmongers	30	21
Fresh Produce Dealers	433	181
Fumigators	2	—
Hairdressers	112	23
Hawkers and Pedlars	60	312
Hotels	27	—
Ice Cream Factories	2	—
Laundries	12	6
Market Stalls	15	36
Milk Producers	343	—
Milk Shops	176	19
Millers	3	—
Mineral Water Dealers	115	20
Mineral Water Factories	5	1
Native Eating Houses	6	24
Pawnbrokers	1	—
Poulterers	37	—
Provision Dealers	377	264
Provision Factories	7	—
Public Entertainers	2	—
Public Halls	22	1
Quarries	1	—
Restaurants and Tearooms	281	93
Secondhand Dealers	59	1
Tanneries	1	—
Theatres (including one Drive-In)	14	3
Turkish Baths	1	—
Undertakers	5	3
Woodsawyers	5	—
Workshops	322	5

BUILDING PLANS

The following table summarises the plans examined:

Month	No. of Plans First Submission	No. of Plans Re-submission	Preliminary Plans	Plans sub- mitted by Architects	Plans for Locations	Total
1957						
January	158	38	—	—	24	220
February	158	37	—	3	—	198
March	168	45	—	1	9	223
April	134	20	—	—	1	155
May	189	25	—	2	13	229
June	139	29	—	7	13	188
July	176	32	—	—	12	220
August	146	38	1	2	10	197
September ..	140	48	1	3	15	207
October	193	39	—	—	10	242
November ..	118	40	—	—	8	166
December ..	90	11	—	—	4	105
* TOTALS	1,809	402	2	18	119	2,350

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 No. of inspections	Satisfactory	Not Satisfactory Intimations or notices served	Night Inspections
Food Deliveries	119	98	21	—
Butcher Shops	601	441	160	—
Native Eating Houses	20	12	8	—
Milk Depots	77	70	7	—
Restaurants and Tearooms	183	128	55	—
Hotels and Boarding Houses ..	101	78	23	—
Bakeries	26	14	12	—
Fishmongers	12	4	8	—
Miscellaneous	64	38	26	—
Fresh Produce Dealers	38	26	12	—
Night Inspections	—	—	—	4
Food Section (various food premises)				
Night Inspections	—	131	39	170
Early Morning Inspections	29	24	5	—
Lunch Hour Inspections	497	369	128	—
TOTALS	1,767	1,433	504	174

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	373
2. Premises inspected and advice given	1,562
3. Notices and intimations to use traps or poison	871
4. Notices served requiring rodent proofing of premises	207
5. Notices served under 3 & 4 above, complied with	293
6. Existing buildings made rodentproof	175
7. New rodentproof buildings completed	122
8. Prosecutions for failure to comply with regulations	4
9. Accumulations of rubbish or lumber likely to harbour rodents cleaned up or removed	764
10. No. of rodents seen killed or reported killed	2,222
11. Ratproof animal food bins provided	135
12. Matters referred to Pest Control	27
13. Matters concerning rodent control referred to other departments	26

MOSQUITOS

1. Complaints investigated	207
2. Inspections made	1,357
3. Notices and intimations given	496
4. Notices served under (3) above complied with	116
5. Prosecutions for failure to comply with regulations	—
6. Breeding places eliminated	368
7. Advice given re mosquito control	685
8. Types of mosquitos found	—

FLIES

1. Complaints investigated	214
2. Inspections made	1,155
3. Notices and intimations given	451
4. Notices served under (3) above complied with	109
5. Prosecutions for failure to comply with regulations	4
6. Breeding places eliminated	277
7. Advice given re fly control	550

In all the District Health Inspectors carried out 35,518 inspections and issued 14,043 verbal and written warnings during the year.

FOOD SECTION

This section kept constant watch over all "health" aspects of the food trade, and advised numerous businesses in regard to storing, handling and distribution problems. Action was taken against a few licensees who, after warnings, failed to comply with health requirements. Excellent co-operation between food vendors and the Department was maintained throughout the year.

Jam		4,500 lbs.
Meat	}	
Fruit		
Vegetables ..		
Fish		14,201 tins.
Milk		
Miscellaneous tinned foods		
Mayonnaise	}	
Pickles		
Sandwich spreads		1,391 Jars
Extracts		
Poultry		120 lbs.

Meat (fresh)	417 lbs.
Sausages	82 lbs.
Cheese	386 lbs.
Cereals (packets)	601
Mealie Meal	300 lbs.
Eggs	11 doz.
Confectionery	2,395 lbs.
Dried fruit	184 lbs.
Sheep heads	14
Cream	5 gal.
Fresh Vegetables	8 bags & 1 crate.
Fresh Fruit	108 trays & 4 crates.
Fresh fish	187 lbs.
Salt	71 lbs.
Biltong	155 lbs.

In all 34 warnings were issued in respect of infringements of statutes and regulations dealing with foodstuffs.

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

CHEMICAL

Nature of Article	No. of Samples		
	Satisfactory	Unsatisfactory	
Ice Cream	180	170	10
Boerwors	124	113	11
Minced Meat	32	30	2
Dried Fruit	16	16	—
Coffee & Coffee Mixtures	1	1	—
Spices	17	17	—
Cheese	61	61	—

BACTERIOLOGICAL

Ice Cream	180	167	13
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MUNICIPAL WATER SUPPLIES

Rietvlei Waterworks:	Satisfactory	Unsatisfactory	Total
(a) After Filtration but before chlorination ..	10	9	19

Fountains:

(a) Upper Springs (before chlorination)	16	3	19
(b) Lower Springs (before chlorination)	10	9	19
(c) Mixed water (after chlorination) includes water from Fountains, Rietvlei and Grootfontein	19	—	19

The springs at Fountains yield nearly 6,000,000 gallons a day and the water is chlorinated as a routine measure.

Taps in City:

In various parts of city	19	—	19
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Other Municipal Supplies:

(a) Vlakfontein Storage Tanks	9	1	10
(b) Vlakfontein Boreholes	4	6	10
(c) Municipal baths	58	2	60
(d) Municipal Paddling Pools	22	2	24
(e) Municipal quarry (Bon Accord)	4	3	7

On Private Premises:

(a) Boreholes	11	13	24
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The owners were informed of the unsatisfactory reports and were instructed to cease using their boreholes for domestic purposes and to connect to the town supply.

SEWAGE EFFLUENT PUMPED TO POWER STATION DAM

(a) After filtration and chlorination at Sewage works	3	11	14
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(b) After filtration and chlorination at Power Station

6

8

14

This water is sewage effluent which is filtered and chlorinated and pumped to the Power Station for cooling purposes and Pretoria West Golf Course for irrigation. It is not used at all for swimming or domestic purposes.

MUNICIPAL MARKET:

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

FRUIT AND VEGETABLES:

Boxes (large)	6,139	Punnets	1,755
Large Bundles	112	Sugarbags	398½
Crates	438	Trays	523
Small Lots	83	Grainbags	180
Pockets	11,903½		

EGGS 72½ dozen

DRESSED POULTRY:

Number examined	3,536
Number condemned	28
Percentage condemned	0.79%

GAME ANTELOPE:

Number examined	630
Number condemned	17
Percentage condemned	2.71%

GAME (Birds:)

Number examined	1,874
Number condemned	214
Percentage condemned	1.14%

LIVE POULTRY:

Number examined	61,037
Number condemned	80
Percentage condemned13%

TURKEYS:

Number examined	2,624
Number condemned	1

DUCKS:

Number examined	3,663
Number condemned	1

GEESE:

Number examined	731
Number condemned	Nil

The following table details the number and types of inspections carried out by this section during the year:

Contraventions dealt with	2,956
Contraventions abated	2,941
Notices Served	88
Intimations given	2,868
Re-inspected	73
Complaints dealt with and advice given	30
Licence applications dealt with	6
Inspection of Butcher Shops	933
Inspection of Fishmongers	136
Inspection of Bakehouses	153
Inspection of Confectioners	157
Inspection of Restaurants and Tearooms	2,459
Inspection of Native Eating Houses	235
Inspection of Fruit and Vegetable Stores	2,695
Inspection of milk and milk depots	49
Inspection of other Food stores	1,379
Inspection of Mineral Water Factories	9
Inspection of Other Food Factories	92
Inspection of Morning Market	326
Miscellaneous Inspections	564
Night Inspections	170
Early morning Inspections	29
Samples taken	917
Lunch hour inspections	497
Stalls on Morning Market	439
TOTAL	11,348

PEST CONTROL SECTION:

Anti-Mosquito Control Measures:

The main work carried out by the Pest Control Section during the year consisted of the clearing of vegetation from water courses, irrigation furrows and dams, straightening and grading furrows and filling-in and levelling of depressions which were actual or potential mosquito breeding places.

In all 95 such holes and depressions were filled in and levelled.

Weekly anti-larval spraying in all spruets, irrigation furrows and dams, seepage furrows and swampy areas was carried out during the period January to the end of April and was resumed after the winter months from the first week in September until the end of the year.

D.D.T. Emulsion was again used as a larvicide. The effect of this larvicide in field work was closely observed and there was no indication that mosquitos had become resistant to D.D.T.

The Department had the full co-operation of market gardeners within the Municipal area and it was therefore possible to control mosquito breeding on the farms with ease.

The piping of a number of stormwater furrows in Rietfontein has permanently eliminated some mosquito breeding places which were difficult to control.

Due to lack of funds and a consequent reduction in non-European labour it has not been possible to carry out anti mosquito control measures in the non-European area of Vlakkfontein.

RODENT CONTROL:

Rodent control measures were carried out in all Municipal properties including workshops, parks, sportsgrounds, sewage disposal works and rubbish dumps. One-thousand-seven-hundred and seventy-seven rodents are known to have been destroyed in Municipal premises. This figure would be much higher were it possible to recover all carcasses.

Six-hundred and eleven complaints in regard to rodent infestations were investigated by Inspectors of the Pest Control Section and/or District Health Inspectors. Nine-hundred-and-thirty written and verbal warnings were issued requiring measures to be taken for the eradication of rodents on private premises.

Poison baits (Warfarin mixed with mealie meal) set in Municipal premises totalled 13,426 of which 10,688 were "taken". The total amount of bait used was 390 lbs.

Advice in regard to rodent eradication measures was constantly sought by members of the public and all such enquiries were investigated and the necessary advice given. In all instances where persons were unsuccessful in their efforts to eradicate rodents the Pest Control Section gave assistance by supervising the setting of baits and following up the case.

In most of these instances it was found that the anti-rodent measures were not being applied correctly and hence the failure of the measures taken.

One-hundred and thirty-five certificates were issued certifying that premises were rodent free prior to the demolition of buildings.

FLYBREEDING:

Regular and frequent visits were made to all Municipal parks, sportsgrounds and compost pits and with the co-operation of the staff of Parks and Recreation Department it was possible to control flybreeding in all Municipal premises. The use of D.D.T. and B.H.C. solution and B.H.C. powder for the destruction of flies and fly larvae proved effective.

Two-hundred-and-fourteen complaints against the prevalence of flies were received. The investigations resulted in 1,155 inspections being made and 451 verbal or written warnings were issued. In all 277 breeding places were eliminated.

COCKROACH CONTROL:

Complaints about cockroach infestations were not numerous. Those received were investigated and the necessary advice given. D.D.T. and B.H.C. in solution continued to prove effective in the destruction of these insects.

The eradication of cockroaches on Municipal premises was undertaken by the Pest Control Section.

RODENT ERADICATION:

Contraventions dealt with	28
Contraventions abated	59
Intimations given	59
Premises re-inspected	210
Complaints dealt with and advice given	238
New impervious floors laid in grain, flour, forage and other stores	2
Floors repaired or walls or roofs made rodentproof in flour, grain or forage stores	2
Non-rodentproof grain, forage or other stores demolished	2
Accumulations of rubbish or lumber likely to harbour rats cleaned up and removed	154
Miscellaneous inspections	786
Night inspections	—
Poison baits set on Townlands	13,426
Number of baits taken	10,688
Number of rodents destroyed on Municipal premises	1,777
TOTAL INSPECTIONS FOR THE YEAR	1,540

MOSQUITO CONTROL:

Contraventions dealt with	16
Contraventions abated	29
Intimations given	29
Premises re-inspected	75
Complaints dealt with and advice given	34
Check up of dams cleared of weeds	572
Check up of dams sprayed	432
Check up on irrigation furrows cleared	1,537
Check up on irrigation furrows sprayed	1,161
Check up on drainage of swampy areas	120
Check up on spraying of swampy areas	82
Holes and depressions filled in	95
Miscellaneous Inspections	845
TOTAL INSPECTIONS FOR YEAR	4,953

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	66,723
Nuisances dealt with	19,638
Nuisances abated (including unabated nuisances carried over from the previous year)	19,490
Complaints dealt with	3,254
Licences refused	115
Licences approved	3,437
Samples of water taken	258
Samples of foodstuffs taken (not including milk)	611
Visits of enquiry re infectious diseases	2,993

MATTERS REFERRED TO OTHER DEPARTMENTS:

City Engineer	130
Director of Parks and Recreation	44
Non-European Affairs Department	56
Licence Department	33
Chief Housing Manager	8
Chief Fire Master	1
Chief Electrical Engineer	11
Chief Traffic Officer	3

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 No. of Prosecutions	No. guilty	No. found not guilty	No. withdrawn	No. cau- tioned and discharged	Fines imposed		
						£	s.	d.
Failing to comply with notice under the Public Health Bylaws	9	8	—	1	2	29	0	0
Added Water to Milk	14	14	—	—	2	84	10	0
Ice-cream deficient in fat	1	1	—	—	—	5	0	0
Ice-cream containing excess organisms ..	1	1	—	—	—	3	0	0
Failing to comply with notice under Slums Regulations.....	5	4	—	1	—	22	0	0
Failing to provide builders' latrines	6	5	—	1	—	18	0	0
Excess preservatives in meat products ..	2	2	—	—	—	8	0	0
Permitting fly breeding	2	2	—	—	—	4	0	0
Keeping animals without a permit	1	1	—	—	—	1	0	0
Dirty condition of bakery	1	1	—	—	—	10	0	0
Dirty condition of butcher shop.....	1	1	—	—	—	3	0	0
TOTALS	43	40	—	3	4	187	10	0

Of the prosecutions withdrawn, one was wrongly done because an "individual" was summoned instead of a "company"; one because the property was registered in new owners name after summons was issued and one because the accused was found to be aged and bedridden, but complied with the notice after the summons was issued.

SLUM CLEARANCE:

General

The elimination of slums and the provision of adequate housing for the various racial groups, still remain a major source of concern to many Local Authorities.

Major slum clearance schemes cannot be embarked upon unless provision has first been made to accommodate displaced persons. The financial implications involved in any scheme are therefore very great. Racial, financial, socio-economical and even psychological criteria of individuals or groups further complicate matters.

Housing schemes have not yet found favour with private enterprise unless associated with a good return on invested capital, such as the erection of blocks of flats. High construction costs, result in rents which are far above the means of the average family requiring assistance. The result is that local authorities are called upon to provide housing for the less privileged.

A steady increase in the number of new houses and flats has greatly improved accommodation for the higher and middle income groups of the European section. The granting of 100% housing loans to Public Servants and loans made readily available by Building Societies, have done much to ensure adequate accommodation for the aforementioned two groups, although saturation point has by no means been reached.

HOUSING AND SLUM SURVEYS:

An urgent need exists for a scheme to assist the lower income group of the City's European population, especially for those with large families and for young married couples who find it difficult to get accommodation within their means except at third grade boarding- or lodging establishments.

The increase in the number of occupied outbuildings, garages and rooms, and the occupation of ordinary two- and three-roomed houses by more than one family, are ample proof that this group requires assistance.

There are no large slum areas in the City, but slum conditions arising from overcrowding, improper segregation of sexes and lack of adequate ablution, washing and cooking facilities, are spreading to suburbs where such conditions have hitherto been unknown.

Some of the old dwellings in the centre of the city and in suburbs such as Sunnyside and Old Arcadia are being demolished to make way for shops, offices, service industrial buildings and flats. The occupants of these dwellings are mostly families in the lower income groups. The rents for these dwellings were within reach of this group and transport expenses to and from their places of employment were low. These displaced families have to find accommodation elsewhere and in the absence of other suitable accommodation, they move into outbuildings, garages and slum dwellings, or live in with families in other suburbs thereby creating overcrowded conditions.

A great deal has been done by the Council's Housing Section to assist them. Unfortunately, the incomes of the majority are below economic standards and in the absence of a sub-economic housing scheme, they cannot be easily assisted.

The present basis upon which loans are made available to local authorities for sub-economic housing is assessed on gross incomes which are far below sub-economic standard, and the majority of the sub-economic group of families can therefore not be assisted.

Although applications for permission to demolish and to convert dwellings into businesses receive careful consideration before the necessary recommendations are submitted to the National Housing Office, it is very difficult not to recommend such applications.

In most instances dwellings are already vacant on receipt of applications for demolition permits. In many instances the dwellings, although fit for human habitation, are situated on very valuable business sites in areas zoned exclusively for business purposes.

The Provincial Administration acquired many habitable dwellings near schools for the specific purpose of extending school buildings for recreation facilities.

Providing the owners comply with the requirements of the Rents Act, the Department has therefore no option but to allow demolitions or conversions so as not to retard the City's development.

In very many cases old dwelling houses have been demolished to make way for elegant blocks of flats.

SLUM CLEARANCE:

Keeping in mind all factors associated with slum clearance and housing, the Department has had to continue its modified form of slum clearance and rehousing work, by obtaining the co-operation of owners of slum properties rather than by resorting to drastic action in accordance with the provisions of the Slums Act. This has worked very well indeed. A large number of slum dwellings were demolished as a direct result of warning notices served by the Department under the Slums Act and Municipal Slums Regulations.

Increased municipal valuations of properties in the centre city has resulted in a large number of applications for permission to convert dwellings into businesses, as owners find it uneconomical because of high rates to let old dwellings situated in business zones, for residential purposes. Many slum dwellings were vacated in this way, but on the other hand, we have been faced with the problem of assisting many of these families who have moved into undesirable quarters.

In spite of all these difficulties steady progress has been made, and many houses have been built. The building of a number of low cost houses has been under consideration for some time and if proceeded with, will greatly assist the large sub-economic group of families who cannot be assisted in the Council's present housing schemes.

SLUMS COURT PROCEEDINGS:

For a number of years now it has not been found necessary to institute proceedings in terms of the Slums Act, in dealing with insanitary dwellings. All slum properties were dealt with individually and in the majority of cases the owners complied with the requirements on receipt of a warning notice. A second and final warning to owners invariably resulted in the elimination of slums.

In five instances we had to resort to court proceedings under the Municipal Slums Regulations, for the occupation of slum or unsatisfactory outbuildings. Nominal fines were imposed by the Court and the unsatisfactory outbuildings were vacated.

SLUM CLEARANCE STATISTICS:

A. Details of Slum Clearance Work undertaken:

Contraventions dealt with	592
Notices served:	
Prohibiting re-occupation	99
Overcrowding	36
Structural repairs	91
Bathing and cooking facilities	8
Notices complied with	172
Intimations and advice given	358
Intimations complied with	313
Letters sent	176
Inspectorial duties performed:	
Hotels and lodging houses	200
Dwellings	829
Outbuildings	271
Complaints investigated	248
Interviews	350
Miscellaneous inspections	411
Non-European Housing	7
Demolition of dwellings	696
Conversion of dwellings	31
Early morning inspections	—
Re-inspections	1,493
Housing surveys	287
Housing Application Investigations	30
Matters referred to other departments	49
TOTAL NUMBER OF INSPECTIONS AND INVESTIGATIONS	4,902

B. Demolitions and Conversions of Residential Premises:

A large number of applications for permission to demolish dwellings or to convert dwellings into business use, has again been dealt with in terms of the Housing Act No. 10 of 1957.

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

For re-construction, flats, offices, etc.	67
Building new houses	25
Extensions to schools	14
Resulting from action by this Department	66
TOTAL	172

Applications referred to the National Housing Office for consideration.

	No. of Dwellings	No. of living- rooms involved	Permits Approved	Permits Refused	Permits Pending
Demolitions ..	151	680	150	—	1
Conversions ..	9	33	8	1	—
TOTAL	160	713	158	1	1

APPLICATIONS REFERRED TO THE CITY COUNCIL FOR CONSIDERATION:

	No. of Dwellings	No. of living- rooms involved	Authority given	Authority refused	Authority Pending
Demolitions ..	21	199	20	—	1
Conversions ..	1	7	1	—	—
TOTAL	22	206	21	—	1

Dwellings actually demolished	173
Dwellings actually converted	10
Business premises demolished	35

EUROPEAN HOUSING AND REHABILITATION

1. GENERAL HOUSING POSITION:

In my last annual report I mentioned that the general housing position in the City had improved for most income groups. This improvement, however, has not been maintained and the position appears to be deteriorating again.

This is borne out by the number of applications, namely 820, which were received by the Housing Section during the year, and by our normal observations during investigations of these applications for accommodation. Many more houses now appear to accommodate more than one family. There is a great need for houses, particularly for larger families, who require at least three bedroomed-houses at rentals of about £8. 0. 0. per month.

It is almost impossible for such families to acquire satisfactory and healthy accommodation at rentals which they can afford other than in the Council's housing schemes. The lack of such houses frequently forces families into houses at rentals which they cannot afford. As a result of this they are compelled to move from one house to another as soon as they fall into arrears with their rents. The effect of this "wandering" prevents the development of a stable family unit. The children suffer most through this and it frequently means that upon maturity they themselves cannot settle down to a "stable life". This is an important causative factor in juvenile delinquency and the development of the new ducktail and "teddy boy" types.

Sometimes, even when such families are eventually accommodated in our housing schemes, at rentals which they can afford, it is with the greatest difficulty that some of them are able to settle down again, or adjust themselves to an atmosphere of security of tenure. Not infrequently as a result of our efforts to assist in their rehabilitation, such restless families have to be transferred from one scheme to another until they finally show they are able to get on with their neighbours and settle down.

In these rehabilitation efforts we are often assisted by various social welfare organisations, who in turn seek our aid in providing accommodation for some of their needy families.

The Housing Section also co-operates fully with our Slum Clearance Section by placing families in healthy homes after removal from slum premises. The observations of the Slum Clearance Section, which appear elsewhere in this report, confirm the general impression that the housing position has deteriorated during the year.

2. PROPOSED SCHEMES:

Owing to delays in having the site cleared of trees and in proclaiming it as a township the Council has as yet been unable to embark upon its proposed scheme to build at least 100 three and four-bedroomed extra-low cost economic houses to the West of the existing Danville township. It is planned to build and sell these houses for about £1,250. The monthly instalment or rental will be about £10, and the scheme will cater for the larger family with an income of about £45 per month, for whom there is a most pressing need, and many of whom are at present accommodated in sub-standard dwellings or outbuildings, or are sharing inferior accommodation with other families in similar plights.

In order to avoid monotony of appearance in this scheme, we are planning suitable double-storeyed houses to be sited at random amongst the usual single-storeyed houses. Although double-storeyed houses have their disadvantages and limitations we think they will be preferred by many people. All our previous observations in regard to popular features in our existing schemes will be borne in mind in planning these new houses.

3. ASSISTED HOUSING (HOME-OWNERSHIP) SCHEMES:

The Council has continued to encourage its "home-ownership" schemes, and although there have been many cancellations by mutual consent or as a result of tenants suddenly "flitting", we have suffered no financial losses, because when a house becomes vacant, it is immediately resold at the original price. We have been further protected against losses by the latest policy of the Council to sell houses on a "hire with option to purchase" basis.

Under this scheme the amount of the 5% deposit and transfer duty, which is normally payable, is recovered over a period of approximately three years, being included in the economic rental which has to be paid by the prospective purchaser for the first three years. The provision normally made in the economic rental for Bad Debts Reserve, Administration Expenses, and Repairs and maintenance, is set aside monthly until the total thereof is equal to the minimum deposit and transfer duty normally payable. As soon as this stage is reached, a Deed of Sale is entered into. This takes about 3 years. Naturally where a purchaser can pay his deposit and transfer duty straight away, a Deed of Sale is entered into immediately.

The effect of this system is that in the event of an intending purchaser vacating the premises within the first three years, no losses (other than through irrecoverable arrear payments) can be incurred as a full economic rental will have been paid. The scheme is also advantageous for the tenant as it is a forced form of saving of the deposit and transfer duty, and results in a greatly reduced monthly instalment as soon as this has been saved. A further advantage to the Council is that the non-genuine buyer is eliminated at the outset because the economic rental is higher than the monthly instalment would be if the deposit and transfer duty is paid immediately on purchase.

In actual practice we have found, as a result of this scheme, that there are not so many tenants who summarily cancel Deeds of Sale. There has also been a noticeable improvement in the development of gardens and in the general upkeep of houses purchased under this system.

The Council may in terms of the Deed of Sale retain all monies paid in when a cancellation is effected. This offers the Council fairly good protection in regard to cancellations due to tenants flitting or not paying the monthly instalments, but in genuine cases of transfer of purchasers to other centres or to other houses because of the smallness of a house for a particular family, it may mean a hardship to the purchaser who, through no fault of his own, is compelled to give up his house. In order to assist such purchasers the Council has agreed to a system of permitting them to cede their rights and obligations under the Deeds of Sale to other approved prospective purchasers, whereunder they can be compensated directly therefor by the new purchasers without any money being paid to or by the Council. In this manner an outgoing purchaser may be paid out for improvements made by him, and he may be able to recover the amount by which his housing loan has been reduced.

4. EXISTING SCHEMES:

The Council has 772 economic houses in its various selling schemes. Amongst these there have been 44 cancellations and resales and 15 cessions of rights and obligations during the year. Viewed purely from a statistical point of view this represents a 7.7% changeover of purchasers, which is fairly satisfactory.

Despite the Council's efforts in recent years to convert the greater portion of its sub-economic houses into economic selling schemes, it still has 417 sub-economic houses available. There is still a heavy demand for sub-economic houses, especially for the three and four-bedroomed types. Because of this and also because we do not know what the future holds, I am of the opinion that no more of these houses should be converted into economic schemes at this stage.

The Council envisaged the building of a further group of 43 economic houses in Hercules in addition to the 57 already completed there, and also a group of 42 economic houses in Villieria. These houses would have sold for approximately £2,100 and £2,500 respectively.

These expensive schemes have however, been abandoned in favour of the extra-lowcost houses already referred to, because of the more urgent need for the latter type. We are also embarking upon a new type of scheme for Hercules. In this scheme intending purchasers of economic houses will be allocated a piece of ground and a housing loan to build a house of their own choice. They may even themselves participate actively in the building of these houses in order to keep the cost of erection as low as possible. This scheme will probably come into operation during the next financial year.

Apart from the economic and sub-economic houses already referred to the Department also has 12 cottages and 30 flats for the aged. They are very popular and serve to provide accommodation for the aged without the restrictions and regimentation which may be associated with institutions.

5. DIVERSE:

During the year we also took over control and administration of 135 economic houses from the City Treasurer's Department, as well as 8 dwellings, 9 flats and 15 shops which were purchased by the Council in connection with various proposed municipal developmental projects, the principal of which is the building of the future Inner Ring Road along the Apies River. From amongst these a large dilapidated dwelling and adjoining rooms were converted into 7 self-contained flats, as this portion of the property would not be affected by the project for which the property was originally purchased.

The Council has in principle agreed to the erection of a Community Centre in the western area of the city to cater primarily for people living in the housing schemes of Danville, Proclamation Hill and West Park.

The administrative work of the Housing Section has increased considerably, and although an effort is being made to manage with the existing personnel it may be necessary to apply for additional staff. An additional woman clerk was appointed early in the year.

During the year 203 families were provided with accommodation, and 83 tenants were transferred within our various housing schemes. There are 240 approved applicants and 500 other applicants on our waiting lists.

The following is a brief résumé of all the housing schemes and other properties 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
	<u>25</u>

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
	<u>6</u>

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 1947. 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
	<u>100</u>

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
	<u>59</u>

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
	<u>200</u>

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

Rietfontein	5
Wonderboom South	2
Villieria	6
New Muckleneuk	11
Proclamation Hill	76
	<u>100</u>

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 99 houses, 34 flats (4 blocks), 18 shops, and one hotel. During the year five houses were demolished.

L. ECONOMIC HOUSING SCHEME: HERCULES:

Although it was originally proposed to build 100 of these houses, only 57 were built during 1955.

These houses sold for approximately £2,150, repayments being approximately £14/5/0 per month.

The remaining 43 sites have been set aside for a homeassisted scheme in which purchasers will be permitted to participate in the actual building of their houses in order to keep the cost of erection as low as possible.

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.

P. SUNDRY ECONOMIC PROPERTIES:

The control and administration of 135 economic houses erected in various parts of the city were taken over from the City Treasurer's Department.

Of these the entire housing loan was paid off in 15 cases during the year, thus leaving a total of 120 still under control of this Department.

NON-EUROPEAN HOUSING:**DURING THE YEAR UNDER REVIEW THE FOLLOWING CHANGES WERE EFFECTED AND/OR ADDITIONAL FACILITIES PROVIDED****OLD SCHEMES****HOVE'S GROUND:**

Approximately 500 families from this densely overcrowded area were moved to new four-roomed houses erected in Atteridgeville and Saulsville. Two sworn appraisers, one representing the Native Advisory Board and one appointed by the Council, valued the improvements erected on the sites. The average valuation of the two appraisers were accepted by the Advisory Board and the authorities concerned as reflecting the true value of the amount to be paid out as compensation in each case. Free transport to the new areas was provided in all cases.

BANTULE:

Funds were made available by the National Housing Commission to provide housing for these residents in Atteridgeville. The first batch of houses will become available for allocation by the end of March 1958.

LADY SELBORNE:

No official decision as to the future of this township has as yet been received. The sanitary conditions in this area are unchanged from those mentioned in my previous reports. Main items of expenditure were £6,000 on street maintenance, about £16,500 on health services, £12,000 on rubbish and sanitary charges, £3,000 on scavenging of streets and £2,000 on sports grounds.

Bursaries totalling £305 were made available to promising scholars. A modern and well equipped Maternity Home, which is run by the Roman Catholic Church serves this huge area. Improvements effected were 1 recreation hall and a Creche.

Population: About 50,000.

NEW SCHEMES

VLAKFONTEIN WEST:

The final cost of the 6,005 four-roomed houses amounted to £1,110,000 plus £13,753/7/3 in respect of interest which became due whilst the scheme was under construction and which has since been capitalised. The cost per house is £176/16/11 plus fencing at £10/6/6d. = £187/3/5d.

Additional Facilities provided:

12 Large and 10 small shops, a poly-clinic, a carpenter's shop, a Pavilion at the sports stadium, a cemetery office and a Police Station.

A connecting bridge between Vlakfontein West and Vlakfontein East was constructed at a cost of approximately £28,000. £21,000 was spent on roads and stormwater drainage.

The Population is at present about 35,000.

VLAKFONTEIN EAST:

Authority to complete the 522 two-roomed houses is still awaited. Six further shops were erected. £3,360 was spent on water reticulation and on a tarred main road.

The Population—4,056.

ATTERIDGEVILLE:

A further 192 four-roomed houses and 304 two-roomed houses were completed.

Two schools with 10 classrooms each, as well as a recreation hall and 12 shops were completed.

£3,990 was spent on sewerage reticulation and electricity extensions amounted to £38,340. Roads and stormwater drainage cost £22,180.

Population: 23,547.

SAULSVILLE:

666 Houses were erected and 1,260 latrines were built on sites on which houses are to be built. One school and 14 shops were also completed. 787 site and service erven were occupied. £31,840 was spent on sewerage reticulation, £610 on roads and £10,300 on water reticulation.

Population: 3,779.

SINGLE QUARTERS (HOSTEL), SAULSVILLE:

Accommodation for 6,384 men is available. Due to lack of transport facilities, inmates were limited during the year to approximately 1,000.

£31,303 was spent on electricity reticulation.

GENERAL:

Good progress was made with construction and electrification of the rail facilities to these Native Townships.

According to the latest available information a train service to Saulsville will be inaugurated on the 1st November 1958.

ASIATIC AND COLOURED HOUSING:

The position remains unaltered and still as unsatisfactory as described in previous annual reports. The decision of the Group Areas Board in regard to the areas in which these races will be settled, is still awaited.

DAIRY SECTION

The report is classified as follows:—

1. Details of Licences dealt with:

	New.	Transferred	Discontinued	Refused	Increase or decrease
Producers	64	10	49	1	+15
Producer-Distributors	6	—	1	—	+ 5
Distributors	8	5	4	1	+ 4
Milk Shops	31	10	—	—	+31
	109	25	54	2	+55

During the period under review the dairy premises increased by 55.

2. Situation of Premises:

On 31st December 1957, there were 634 dairy premises situated as follows:—

	In Mun. Area	Within 10 miles	11-25 miles	26-50 miles	51-75 miles	76-100 miles	101-150 miles	150-200 miles	Total
Producers	—	25	82	39	26	28	80	32	312
Producers Distributors	5	8	6	1	—	—	—	—	20
Distributors	102	—	—	—	—	—	—	—	102
Milk Shops	200	—	—	—	—	—	—	—	200
	307	33	88	40	26	28	80	32	634

3. Milk Supplies:

(a) Number of premises where milk is produced	332
(b) Approximate number of cows kept (in milk)	13,233
(c) Approximate number of cows kept (dry)	6,436
(d) Approximate number of gallons produced daily	22,622

4. Estimated total daily gallonage consumed as at 31st December 1957:

(a) From producers	21,360
(b) From Producer-Distributors	1,262
(c) Imported (during shortage)	100
	<u>22,722</u>

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

(a) Pasteurised milk consumed	17,645 gallons or 77.8%
(b) Raw milk consumed	5,077 gallons or 22.2%

All industrial milk was pasteurised before consumption.

5. Daily Distribution of Milk:

(a) By Producer-Distributors	1,262 gallons.
(b) By Distributors, Tearooms etc.	21,460 gallons.
	<u>22,722 TOTAL</u>

6. Personnel Employed in the Milk Trade:

	Europeans	Natives	Total
Producers	315	1,471	1,786
Producers-Distributors	20	68	88
Distributors	217	595	812
TOTAL	552	2,134	2,686

7. Typhoid Testing of Dairy Employees:

	Total	Positive	Negative
Europeans	17	1	16
Non-Europeans	258	29	229
	<u>275</u>	<u>30</u>	<u>245</u>

It is regrettable that the total number of employees presented for Typhoid testing constitutes only a small percentage (1.2%) of the total number of persons employed in the milk trade. Those who were examined were mostly employees of producer-distributors and distributors. Producers (on outside farms) very rarely submit their employees for testing.

All positive reactors are debarred from employment in dairies, milkshops, waterworks or any food handling trade.

8. Dairy Inspections:

Regular inspections of all premises and dairy herds were carried out by the Veterinary Officer and Dairy Inspectorate staff. Assistance was also given where necessary by the District Inspectors, particularly with the inspection of milkshops in the City. The production, distribution and handling of all milk entering the Municipal area, is very well controlled and supervised. Small amounts of milk may be introduced illegally, but the amount is so small that it is of no practical importance.

The primary aim and object of inspections are to assist, advise and educate dairy farmers in regard to the production of a clean, wholesome, palatable and safe milk. The most important matters discussed with farmers and receiving our attention are:—

- (a) Animal diseases.
- (b) Feeding and care of 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 are as follows:

A. Inspection of Dairies

(a) During day milking	123
(b) Early morning milking	52
(c) At other periods	1,606
Contraventions dealt with	505

B. Inspections of Milk depots:

(a) During day	503
(b) Early morning	59
Contraventions dealt with	91

C. Distribution, Street etc. Inspections

(a) During day	569
(b) Early morning	197
Contraventions dealt with	40

D. Other Inspections or Enquiries 238

E. Complaints dealt with 56

F. Written notices served 43

G. Written notices complied with 31

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. Cows are particularly examined for diseases 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. The most common conditions encountered are the following:

- (a) Mastitis.
- (b) Contagious Abortion.
- (c) Infertility.
- (d) Malnutrition.
- (e) Internal parasites.
- (f) Certain endemic diseases.

Sixty-six herds were inspected during the year, involving approximately 3,300 cows. In addition, serological and microscopical tests on milk samples were performed in the laboratory the results of which are tabulated in this report.

9. Milk Sampling:

(a) Plate Counts:

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

Number of samples taken	332
Conforming to legal standards	203
Containing excess micro-organisms: warnings issued	54
Prosecutions	NIL
Containing excess B-coli: warnings issued	31
Prosecutions	NIL
Containing excess B-coli and micro-organisms: warnings issued	44
Prosecutions	NIL
Total number of warnings issued	129
Total number of prosecutions	NIL

(b) Direct microscopical counts:

No. of samples examined	8,713
No. very good	5,349
No. good	296
No. fair	6
No. unsatisfactory	3,062

(c) *Resazurin Tests:*

No. of samples tested	3,104
No. excellent	183
No. very good	10
No. good	1,268
No. fair	622
No. poor	470
No. bad	542
No. very bad	9

(d) *Presumptive Coli-form Tests (on Pasteurised Milk):*

No. of samples examined	2,114
No. of samples positive	712
No. of samples negative	1,402

Although generally speaking phosphatase tests show that pasteurisation has been efficiently carried out, we still get far too many positive *B. coli* tests in pasteurised milk. Various possible sources of infection at different parts of the pasteurising apparatus have been located and rectified. Positive results however still occur. This is now being investigated in collaboration with the South African Bureau of Standards, and it is hoped that a solution will be found.

(e) *Mastitis Tests:*

No. routine tests were performed, but results of clinical examinations and positive results obtained during direct microscopic tests on milk samples in the laboratory show that the incidence of this disease is still very high. Out of 8,713 samples subjected to the direct microscopic test, 355 (or 4.2%) contained what appeared to be *streptococcus Agalactia*.

Farmers are slowly becoming aware of the dangers and economic losses caused by this disease and are consequently taking more active steps towards its prevention, treatment and control.

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

(a) Number of samples taken and analysed	398
Number of samples satisfactory	278
Number of samples unsatisfactory (warnings)	106
(i) Deficient in Milk Fat	6
(ii) Deficient in Milk-Solids-Not-Fat	100
(iii) Number containing added water	14

(b) *Prosecutions:*

(i) Deficient in Milk Fat	NIL
Final warning	6
(ii) Deficient in Milk-Solids-Not-Fat	NIL
(iii) 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 and maintained in this part of the Union of South Africa. Regarding the high incidence of adulteration (added water) a note of explanation is necessary. In nearly all cases it was found that non-European employees had stolen milk from milk cans awaiting transportation, and had added a similar quantity of water to the milk.

11. **Disc Sediment Test for Visible Dirt:**

No. of samples tested	1,058
No. of samples satisfactory	776
No. of samples not quite satisfactory—warnings	265
Final warnings	17
Prosecuted	NIL

12. **Phosphatase Test for Pasteurised Milk:**

No. of samples tested	2,271
(i) No. efficiently pasteurised	2,260
(ii) No. slightly under pasteurised	8
(iii) No. grossly under pasteurised	3

13. **Biological Tests:** No tests performed.14. **Serological Tests:**(a) *Tuberculosis:*

The following figures reflect tests performed by the Field Section of the Division of Veterinary Services on herds supplying milk to the City of Pretoria.

No. of herds tested	Total No. of animals	Negative	Positive	Suspicious
8	367	348	11	8

All the reactors from these herds were dealt with according to regulations under the Stock Diseases Act. It is not known whether any of these reactors secreted viable organisms in their milk.

(b) *Contagious Abortion:*

During the period under review 1,973 samples of milk were subjected to the "ring test" with the following results:—

No. of samples tested	1,973
Positive	210
Negative	1,374
Suspicious	389

Although it is not claimed that these results reflect the true incidence of contagious abortion in herds supplying milk to the City of Pretoria, it is an indication of the general incidence of the disease. We think the actual incidence is somewhat higher. Farmers are making more and more use of preventive inoculation with strain 19 vaccine.

15. *Animal Pounds:*

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

Impounded	Horses	Mules	Donkeys	Cattle	Dogs	Other Animals	Pound fees collected	Pound sales collected
West End	146	183	35	26	2	21	£117/6/6	£-/17/0
Hercules	385	301	57	66	—	1	£241/15/0	£35/11/9
	531	484	92	92	2	22	£359/1/6	£36/8/9

16. *General Remarks:*

1. The promulgation of the Council's amendments to the Dairy By-laws for the compulsory pasteurisation of milk has not yet been finalised. A complete revision of the Dairy By-laws has been undertaken and will be forwarded for promulgation, together with the amendments for compulsory pasteurisation in the near future.

2. Amendments to the Dairy By-laws were also promulgated for:—

- (a) Prohibiting the keeping of dairy cows for the production of milk within the Municipal boundaries.
- (b) Prohibiting the sale of milk by producers and producer-distributors except to licensed dairies, milk shops or milk purveyors, situated within 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.
1934—1935	7.4	mgd.
1939—1940	8.78	mgd.
1945—1946	13.8	mgd.
1946—1947	14.2	mgd.
1947—1948	14.52	mgd.
1948—1949	15.254	mgd.
1949—1950	15.963	mgd.
1950—1951	16.973	mgd.
1951—1952	17.766	mgd.
1952—1953	17.921	mgd.
1953—1954	18.065	mgd.
1954—1955	18.689	mgd.
1955—1956	20.821	mgd.
1956—1957	21.533	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:—

	1957	
Rand Water Board	3405.620	million gals.
Springs (Fountains)	1869.242	" "
Sterkfontein Springs	565.260	" "
Rietvlei/Erasmus Springs	784.940	" "
Rietvlei Filters	1363.092	" "

SANITARY AND RUBBISH REMOVAL SERVICES

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

January–December, 1957

Bin Services	240,740 c. yds.
Special and Coupon Services	21,863 c. yds.
Sanitary Pail Services	6,031,100 gallons
Vacuum Tanks	19,965,700 gallons

REPORT ON SEWAGE PURIFICATION WORKS AND CHEMICAL LABORATORIES

SEWAGE FLOW:

The monthly sewage flow and rainfall figures for the year are as follows:

1957	Sewage Flow, Daspoort Sewage Works: Daily Average Gallons	Rainfall at Daspoort Sewage Works: Millimetres
January	8,276,000	85.5
February	8,356,000	137.7
March	8,283,000	67.5
April	7,895,000	31.2
May	7,792,000	10.7
June	7,557,000	54.4
July	8,502,000	87.0
August	7,293,000	46.9
September	8,212,000	102.3
October	6,785,000	65.7
November	7,044,000	35.6
December	6,260,000	38.7
Year, 1957	7,688,000	763.2

During June, 1957, the new main outfall sewer to Rooiwal was put into commission. Between 1 and 2 million gallons per day of raw sewage was by-passed from the existing Daspoort sewage works to Rooiwal. Until such time as the new works at Rooiwal have been constructed, this raw sewage flow, together with that from new connections in the Moot area, is being disposed of by broad irrigation on ploughed lands on the farm.

EFFLUENT TO POWER STATION:

An average of 2.3 million gallons of sand filtered and chlorinated effluent was pumped daily to the Power Station for use as cooling water. Full particulars of the operation of the rapid gravity sand filters during 1957 are given in Table I.

Digested Sludge:

3,838 cubic yards of digested sludge were removed from the East drying beds and 3,400 cubic yards from the West beds, making a total of 7,238 cubic yards for the year.

New Works—Rooiwal:

The construction of two treatment units, each with a capacity of $1\frac{1}{2}$ million gallons of sewage per day, is continuing at Rooiwal.

Laboratory Services:

The number of samples analysed for various municipal departments during the year amounted to 4,208.

Sewage Analyses:

Regular chemical analyses were done on representative samples of sewage and sludge from the nine treatment units comprising the existing Daspoort sewage works. The results of these analyses were satisfactory.

TABLE 1: SAND FILTRATION—EFFLUENT TO POWER STATION, 1957

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Year
Volume of Effluent Filtered—millions of gallons	66.92	57.15	69.59	69.04	73.48	64.97	83.22	86.09	86.36	88.60	74.98	61.58	881.98
Volume Pumped to Power Station—millions of gallons	62.29	53.28	64.60	64.43	69.24	60.50	79.19	82.24	82.85	84.60	71.70	57.69	832.61
Rate of Filtration—gallons/sq. ft./hour	172	165	173	177	180	165	204	174	178	173	152	155	172
Gallons Filtered per sq. ft. per run	1,550	1,607	1,460	1,570	1,812	1,437	2,220	2,360	2,715	2,390	2,480	1,773	1,948
% Backwash of Volume Pumped	7.4	7.3	7.7	7.2	6.1	7.4	5.1	4.7	4.2	4.7	4.6	6.7	5.9
Suspended Solids by Weight p.p.m.													
Unfiltered	16.5	12.3	10.3	14.0	14.7	19.1	15.7	15.6	19.3	12.3	12.2	12.9	14.6
Filtered	6.1	6.7	5.5	7.5	6.4	8.0	6.5	7.3	9.9	7.1	7.3	5.7	7.0
Chlorine—parts per million													
Added	3.6	4.3	4.2	4.3	4.0	4.3	3.5	3.4	2.8	2.9	3.6	3.9	3.8
Residual after approx. 1 hour	0.7	1.3	0.9	0.8	0.9	1.0	1.2	1.5	0.6	0.5	0.4	1.1	0.9

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 Di- seases Clinic Pretoria Hospital	Lady Selborne Clinic
Child Welfare Clinics	2	2	2	2	—	—
Venereal Diseases Clinics	1	—	1	1	4	—
Ante- and Post-Natal Cli- nics	1	2	1	1	—	—
Tuberculosis Clinics	1	1	1	1	1	1
General Out-patient Cli- nics	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, 1957,
TO 31st DECEMBER, 1957

	Compound	Atteridge- ville	Bantule	TOTAL 1957	1956
1. No. of new cases seen	835	4,291	837	5,963	6,554
2. No. of repeat attendances	330	1,086	232	1,648	2,047
3. No. of serum tests for Syphilis	15	53	38	106	186
4. No. of positive serum tests for Syphilis	5	17	11	33	45
5. No. of eye smears taken	0	4	0	4	3
6. No. of smears revealing Gonococci	0	0	0	0	0
7. No. of urethral and cervical smears taken	0	7	0	7	9
8. No. of urethral and cervical smears re- vealing Gonococci	0	0	0	0	0
9. No. of cases dressed at clinics	320	7,478	1,795	9,593	17,689
10. No. of dressings done	840	12,121	6,084	19,045	30,195
11. No. of cases referred to ante-natal Clinics	28	42	12	82	77
12. No. of cases referred to dental clinics	40	126	44	210	240
13. No. of cases referred to venereal diseases clinics	10	35	14	59	70
14. No. of cases referred for X-ray examina- tion	8	24	12	44	96
15. No. of cases referred to Tuberculosis Clinics	6	19	5	30	29
16. No. of cases referred to hospital out- patients' department	28	82	37	147	235
17. No. of cases referred to casualty	24	54	10	88	90
18. No. of cases admitted to hospital	10	19	3	32	36
19. No. of throat swabs taken	0	7	16	23	40
20. No. of throat swabs positive to Diph- theria	0	0	0	0	0

Out-patient clinics for non-European Municipal employees held (except Sundays and Public Holidays) at the Municipal Compound Clinic, Proes Street West, show the following for the period 1st January, 1957, to 31st December, 1957:—

	1957	1956	1954-1955
1. No. injured on duty and treated at the Compound Clinic	1,226	1,312	996
2. No. injured on duty and referred to General Hospital or private practitioner	121	174	98
3. No. injured off duty and treated at the Compound Clinic	1,936	1,764	1,006
4. No. injured off duty and treated at the General Hospital	236	290	156
5. No. of sick employees treated at the Compound Clinic . .	4,586	5,596	4,097
6. No. of sick employees referred to the General Hospital . .	204	289	228
7. Total number medically examined at the Compound Clinic	8,546	9,425	6,510

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:

	1957	1956
I. Number of natives examined	47,088	48,123
(a) New cases	3,445	3,767
(b) Return cases	43,643	44,356
II. Number vaccinated	1,281	572
III. Number infested with Lice	1,261	1,505
(a) Head and Body Lice	239	171
(b) Crab-Lice	1,022	1,334
IV. Number temporarily unfit for work because of:—		
1. Suspected Venereal Diseases	159	200
(a) Gonorrhoea	96	110
(b) Syphilis	63	89
(i) Primary Syphilis	33	35
(ii) Secondary Syphilis	10	27
(iii) Tertiary Syphilis	20	27
(c) Lymphogranulama Inguinale	0	1
2. Dental decay	509	351
3. Scabies	13	22
4. Tapeworm	20	20
5. Chickenpox	0	1
6. Suspected Pulmonary Tuberculosis	3	1
7. Bilharzia	151	105
8. Impetigo	1	2
9. Other ailments	76	70
V. Number permanently unfit for hard work but fit for domestic or light work only, because of:—		
1. Senility with or without minor ailments	110	85
2. Skeletal and muscular conditions	62	70
3. Epilepsy	6	5
4. Defective vision	3	5
5. Obesity	15	8
6. Arrested Pulmonary Tuberculosis	9	3
7. Unclassified ailments	29	18

(ii) Peri-Urban Services:

I. Number of Natives examined	3,828
(a) New Natives examined	29
(b) Return Natives examined	3,799
II. Number vaccinated	81
III. Number infected with Lice	9
(a) Head and Body-lice	2
(b) Crab-lice	7
IV. Number requiring medical attention for:—	
1. Dental Decay	41
2. Venereal Diseases	16
(a) Gonorrhoea	12
(b) Syphilis	4
(i) Primary Syphilis	1
(ii) Secondary Syphilis	2
(iii) Tertiary Syphilis	1
3. Pains in chest	1
4. Scabies	1
5. Tapeworm	1

V. Number of other conditions found not affecting work capacity:—

1. Inguinal Hernia	7
2. Double Inguinal Hernia	1
3. Umbilical Hernia	2
4. Hydrocele	1
5. Varicocele	1
6. External haemorrhoids	1
7. Warts	2
8. Warts in nostril	1
9. Blind in one eye	1
10. Loss of one eye	1
11. Corneal opacity	1
12. Old Syphilis	1
13. Pyorrhoea	1
14. Tonsillitis	1
15. Small lacerated wound of right thumb	1
16. Cardiac Lesions	2
17. Deformity of leg	1

Comparative figures for year 1956 are not available here, but should be found in the annual report of the Medical Officer of Health for 1956.

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	689	693	304	321
2. Skin Diseases	218	249	215	131
3. Eye Infections	162	173	84	85
4. Ear, Nose and Throat Infections	624	390	264	244
5. Gastro Intestinal Ailments	281	396	220	169
6. Injuries	154	180	175	80
7. Bone Diseases	2	3	1	2
8. Deficiency Diseases	136	142	60	63
9. Nervous Disorders	12	43	21	12
10. Heart Diseases	5	19	8	10
11. Joint and Muscular Disorders	85	172	107	108
12. Marked Dental Caries	58	68	40	44
13. Acute Infectious Fevers	65	63	12	14
14. Abscesses and Boils	41	54	38	35
15. General Debility	34	46	17	20
16. Venereal Diseases	10	25	16	19
17. Congenital Abnormalities	1	3	—	2
18. Urinary Disorders	28	67	33	27
19. Menstrual Disorders	56	159	128	45
20. Diseases of Genital Organs	18	124	116	70
21. Mastitis	3	14	6	8
22. Acute and Chronic Lymphadenitis	36	—	19	26
23. Non-Pulmonary Tuberculosis	—	—	—	—
24. Tumours	7	10	6	4
25. Urticaria	19	35	12	14
26. Diseases of Ductles Glands	2	4	1	2
27. Haemorrhoids	—	8	3	3
28. Diseases of Blood Vessels	2	14	17	7
29. Blood Deficiency Disorders	19	16	14	10
30. Diseases of Liver, Spleen and Gall Bladder ..	6	8	4	2
31. Hernia	—	4	2	2
32. Alcoholism	—	13	10	7
33. Thrush	8	7	8	5
34. Herpes	24	18	20	12
35. Fistula	—	—	—	2

BIRTHS (ALL RACES) FOR THE YEAR ENDED 31st DECEMBER, 1957

Table No. 1

	EUROPEAN				NATIVE				ASIATIC				EURAFRICAN			
	Legitimate	Illegitimate	Male	Female	Legitimate	Illegitimate	Male	Female	Legitimate	Illegitimate	Male	Female	Legitimate	Illegitimate	Male	Female
January	179	139	179	186	101	96	10	4	10	1	7	11	7	—	—	—
February	158	166	117	116	54	57	8	11	8	—	2	3	2	1	1	1
March	150	162	147	168	79	75	6	8	6	—	6	4	6	3	1	3
April	156	170	222	208	122	136	7	6	7	—	5	5	5	3	—	3
May	158	156	80	99	48	40	10	9	10	—	3	3	3	—	—	—
June	142	142	286	264	166	175	8	10	4	—	4	7	4	—	—	—
July	180	198	69	69	43	54	18	10	10	—	7	5	7	—	—	—
August	168	185	136	125	71	75	12	13	13	—	3	9	3	—	2	—
September	149	149	214	196	93	100	4	10	4	—	4	2	4	—	—	—
October	144	138	107	116	58	67	12	14	10	1	4	4	4	1	1	1
November	178	158	123	120	143	147	6	4	6	—	9	10	9	2	—	2
December	154	152	280	274	160	110	6	10	10	—	5	7	5	—	—	—
TOTALS ..	1,919	1,915	1,960	1,941	1,138	1,132	107	109	2	2	59	70	59	7	7	10

BIRTHS TO NON-RESIDENTS

STILL BIRTHS (LOCAL RESIDENTS)

	EUROPEAN				NON-EUROPEAN				EUROPEAN				NON-EUROPEAN			
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
January	4	5	19	10	66	65	61	69	66	65	61	69	66	65	61	69
February	—	2	18	4	60	64	29	26	60	64	29	26	60	64	29	26
March	—	1	12	3	53	56	33	31	53	56	33	31	53	56	33	31
April	1	—	7	8	54	67	61	51	54	67	61	51	54	67	61	51
May	1	1	8	5	70	72	32	27	70	72	32	27	70	72	32	27
June	3	2	20	11	70	57	70	69	70	57	70	69	70	57	70	69
July	4	1	—	—	84	63	40	22	84	63	40	22	84	63	40	22
August	2	2	11	3	78	81	34	37	78	81	34	37	78	81	34	37
September	2	1	26	26	65	57	66	48	65	57	66	48	65	57	66	48
October	1	—	21	8	63	69	55	45	63	69	55	45	63	69	55	45
November	3	2	11	12	66	73	48	54	66	73	48	54	66	73	48	54
December	3	1	7	9	71	61	68	64	71	61	68	64	71	61	68	64
TOTALS ..	24	18	160	99	800	785	597	543	800	785	597	543	800	785	597	543

Table No. 2

DEATHS OF EUROPEAN CHILDREN UNDER 5 YEARS OF AGE FOR THE YEAR ENDED 31st DECEMBER, 1957

	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
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Malnutrition	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis (other forms)	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	2
Pneumonia—Broncho	—	—	—	—	—	—	—	—	—	—	—	—	4	5	1	1	—	—	—	—	—	—	5	6
Diarrhoea and Enteritis	—	—	—	—	—	—	—	—	—	—	—	—	4	3	—	—	—	—	—	—	—	—	4	5
Intestinal Obstruction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disease of Liver (other)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hydrocephalus Congenital	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	1	2
Malformation of Heart, Congenital	1	—	—	—	—	—	—	—	—	—	—	—	2	3	—	—	—	—	—	—	—	—	2	3
Monstrosities	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pyloric Stenosis, Congenital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Congenital Malformations	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Debility, Congenital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Premature Birth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Injury at Birth	9	8	11	7	2	—	—	—	—	—	—	—	4	2	—	—	—	—	—	—	—	—	4	2
Arelectasis	—	2	3	3	1	—	—	—	—	—	—	—	23	16	—	—	—	—	—	—	—	—	23	16
Other Diseases (First Year)	—	—	—	—	—	—	—	—	—	—	—	—	6	5	—	—	—	—	—	—	—	—	6	5
Accidents—Drowning	—	—	—	—	—	—	—	—	—	—	—	—	3	2	—	—	—	—	—	—	—	—	3	2
Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poison Gas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Deaths (unknown causes)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	11	12	23	19	6	3	4	7	7	5	2	8	53	54	3	3	1	1	2	—	—	—	59	59

Table No. 3—Continued—DEATHS OF NON-EUROPEAN CHILDREN UNDER 5 YEARS OF AGE FOR THE YEAR ENDED 31st DECEMBER, 1957

NATIVES	24 hours and under		Over 1 hour 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		Over 2 years to 3 years		Over 3 years to 4 years		Over 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
Congenital Hydrocephalus	—	—	—	1	—	1	—	—	1	1	—	—	1	3	—	—	—	—	—	—	—	—	1	3
Spina Bifida and Meningocele	—	1	—	—	—	—	1	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	2	1
Malformation of Heart	1	—	1	1	—	—	—	—	—	—	—	—	3	1	—	—	1	—	—	—	—	—	4	2
Monstrosities	—	—	—	—	—	—	—	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	1	1
Pyloric stenosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital Debility	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—
Premature Birth	15	22	28	13	11	15	—	2	—	—	—	—	54	52	—	—	—	—	—	—	—	—	54	52
Birth Injuries	4	1	11	7	1	1	—	—	—	—	—	—	16	8	—	—	—	—	—	—	—	—	16	8
Atelectosis	—	—	—	—	—	2	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—	2	2
Intoxication due to Maternal Toxaemia	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Other Specified Diseases (First Year)	—	—	—	—	—	2	—	1	—	—	—	—	3	—	—	—	—	—	—	—	—	—	3	—
Homicide (Infanticide)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Homicide (unspecified)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poisonous Gas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Accidental Burns	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Unspecified Deaths	3	1	15	2	9	4	—	23	20	12	29	39	76	81	26	31	8	7	1	1	—	—	2	6
TOTALS	23	25	60	32	51	34	36	62	83	63	123	127	376	343	138	124	35	30	13	12	10	12	572	521
ASIATICS																								
Malnutrition	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—
Broncho Pneumonia	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
Diarrhoea and Enteritis	—	—	—	—	—	—	—	—	—	2	—	—	2	—	—	—	—	—	—	—	—	—	—	2
Prematurity	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Birth Injuries	—	2	—	1	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	3
Other Motor Car Accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
TOTALS	—	2	—	1	1	1	—	—	—	2	1	—	2	6	—	—	—	—	1	—	1	—	4	6
EUROPEANS																								
Malnutrition	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Broncho Pneumonia	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea and Enteritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Prematurity	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Birth Injury	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Unspecified Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	—	1	1	2	—	—	—	—	—	—	1	1	3	5	—	2	—	—	—	—	—	—	3	7

Table No. 4

DEATHS OF EUROPEANS FIVE YEARS AND OVER WITHIN THE MUNICIPAL AREA FOR THE YEAR ENDED 31st DECEMBER, 1957

	5-10		10-15		15-20		20-25		25-30		30-40		40-50		50-60		60-70		70-80		Over 80		Total		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Infectious and Parasitic Diseases	1	—	—	—	—	—	—	—	1	—	2	—	—	—	1	—	1	1	1	—	—	1	6	3	
Cancer and other Tumours	1	—	—	—	—	—	—	—	—	—	5	4	2	11	8	10	19	19	14	18	12	5	61	67	
Diseases of Nutrition and Endocrine Glands	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	7	
Diseases of Blood and Blood-forming Organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	9	
Diseases of Nervous System and Sense Organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	36	45	
Diseases of Circulatory System	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	193	130	
Diseases of Respiratory System	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	66	57	
Diseases of Digestive System	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	20	17	
Non-Veneral Diseases of the Urinary and Genital Systems	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	30	24	
Diseases of Pregnancy and Childbirth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Senility	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	12
Suicide	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	2
Homicide	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—
Accidents	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	43	5
Legal Executions	1	1	1	—	7	—	5	—	3	—	9	—	4	1	5	2	2	—	3	1	3	—	—	—	—
Open Verdict	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unknown or Unspecified Causes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of the Skin	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	6	3	2	2	10	5	10	7	8	5	35	21	35	39	81	46	122	81	100	95	89	86	498	390	

Table No. 5
DEATHS OF NATIVES FIVE YEARS OF AGE AND OVER WITHIN THE MUNICIPAL AREA FOR THE YEAR ENDED 31st DECEMBER, 1957

	5-10		10-15		15-20		20-25		25-30		30-40		40-50		50-60		60-70		70-80		Over 80		Total	
	Y	F	Y	F	Y	F	Y	F	Y	F	Y	F	Y	F	Y	F	Y	F	Y	F	Y	F	M	F
Infectious and Parasitic Diseases	3	4	1	—	1	2	1	2	3	2	4	2	11	5	6	2	5	1	3	—	—	—	38	20
Cancer and other Tumours	—	—	—	—	1	2	2	—	2	1	1	1	10	2	6	2	8	2	—	—	—	—	31	10
Diseases of Nutrition and Endocrine Glands	1	1	—	—	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	10	8
Diseases of Blood and Blood-forming Organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of Nervous System and Sense Organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	1
Diseases of Circulatory System	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	27	13
Diseases of Respiratory System	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	55	44
Diseases of Digestive System	3	1	—	—	2	3	1	8	5	—	7	4	10	4	11	8	11	11	7	7	1	3	73	43
Non-Veneral Diseases of the Urinary and Genital Systems	4	6	2	2	—	—	—	—	—	—	2	3	2	4	2	2	3	2	2	—	—	—	19	20
Diseases of Pregnancy and Childbirth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	2
Senility	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	5
Suicide	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	1
Homicide	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—
Accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	2
Legal Executions	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	76	16
Open Verdict	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unknown or Unspecified Causes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	17	15	4	4	16	16	22	21	31	16	82	25	71	34	67	35	53	35	32	21	19	20	414	252

Table No. 6

INFANTILE MORTALITY EUROPEAN: CAUSE OF DEATH AND MORTALITY RATES FOR YEAR ENDED 31st DECEMBER, 1957

	Mal-nutrition		Atelectasis		Diar-rhoeal Diseases		Bron-chitis and Pneu-monia		Congeni-tal Causes		Other Causes		Prema-turity		Injury at Birth		Total Deaths		Total Births		Mortality Rates per 1,000 Live Births		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Central Area	—	2	—	—	—	1	—	1	1	2	1	2	3	3	—	2	5	13	214	187	23.36	69.52	44.89
Pretoria West	—	—	—	—	1	1	2	—	2	2	—	3	2	4	3	1	10	11	311	306	32.15	35.95	34.04
Lepaar and Mental Hospitals and Defence	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	8	—	—	—
Salvokop	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18	19	—	—	—
Roberts Heights	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18	12	—	—	—
Eastern Suburbs	—	—	—	1	—	—	—	—	2	—	—	1	5	3	1	2	8	7	481	534	16.63	13.11	14.68
Northern Suburbs	—	—	3	1	3	1	—	2	4	2	1	2	10	3	1	—	22	11	590	589	37.29	18.67	27.99
Hercules	—	—	—	—	—	—	2	2	—	4	2	3	3	3	1	—	8	12	304	285	26.32	42.11	33.96
TOTALS	M		2	3	4	3	4	5	9	10	4	11	23	16	6	5	53	54	1,942	1,940	27.29	27.84	27.56
	F		—	2	3	—	4	5	5	10	4	11	16	16	5	5	54	54	1,940	1,940	27.84	27.56	

Table No. 7

INFANTILE MORTALITY: ALL NON-EUROPEAN RACES: DISTRICT INCIDENCE FOR THE YEAR ENDED 31st DECEMBER, 1957

	Atelectasis		Infectious Diseases		Diar- rhoeal Diseases		Bron- chitis and Pneu- monia		Con- genital Causes		Other Causes		Prema- turity		Injury at Birth		Malnu- trition		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	3	1	33	20	11	24	3	3	71	66	8	10	4	1	4	2	137	128	944	909	145.13	140.81	143.01	
Banrulle	1	—	—	—	6	2	5	4	—	—	—	—	2	3	—	1	2	—	16	10	108	103	148.15	97.09	142.18	
Art'Ville	—	—	4	—	25	25	10	18	2	1	7	10	6	5	3	2	1	1	58	62	473	454	122.62	136.56	129.45	
Hercules	—	1	3	4	55	47	30	32	4	2	9	3	23	24	9	3	8	2	141	118	1,358	1,372	103.83	86.01	94.87	
Town	1	—	—	—	5	3	1	4	2	—	1	4	15	10	—	2	—	1	25	24	215	235	116.28	102.13	108.89	
TOTAL	2	2	10	5	124	97	57	82	11	6	88	83	54	52	16	9	15	6	377	342	3,098	3,073	121.69	111.13	116.51	
ASIATIC																										
Location	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	2	—	—	1	4	64	73	15.63	54.79	36.50	
Hercules	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	24	21	41.67	—	22.22	
Town	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	21	17	—	117.65	52.63	
TOTAL	—	—	—	—	—	—	2	1	—	—	—	—	—	—	1	—	3	1	—	2	6	109	111	18.35	54.05	36.36
EURAFRICAN																										
Location	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	—	—	—	2	1	40	42	50.00	23.81	36.59	
Hercules	—	—	—	—	—	—	—	1	1	—	—	—	—	1	—	1	—	—	1	4	25	34	80.00	117.65	84.75	
Town	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4	—	—	—	
TOTAL	—	—	—	—	—	1	1	1	1	—	—	—	1	—	1	1	—	—	3	5	66	80	45.45	62.50	54.79	
ALL NON-EUROPEANS																										
Location	1	1	7	1	65	50	27	46	5	4	78	76	16	18	8	6	7	3	214	205	1,629	1,581	131.37	129.66	130.53	
Hercules	—	1	3	4	55	47	31	33	4	2	9	4	23	25	9	4	9	2	143	122	1,407	1,427	101.63	85.49	93.51	
Town	1	—	—	—	5	3	1	4	2	—	1	4	15	11	—	3	—	1	25	26	237	356	105.49	73.03	86.00	
TOTAL	2	2	10	5	125	100	59	83	11	6	88	84	54	54	17	13	16	6	382	353	3,273	3,264	116.71	108.15	112.44	

Table No. 8

DEATHS IN INSTITUTIONS OF PERSONS NOT RESIDENT IN PRETORIA FOR THE YEAR ENDED 31st DECEMBER, 1957

	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	36	33	7	5	3	4	11	6	25	13	204	135	286	196	—	—
Non-European	132	98	62	56	7	9	30	24	130	51	181	65	—	—	542	303
MENTAL HOSPITAL																
European	—	—	—	—	—	—	—	—	—	—	1	—	19	17	20	17
Non-European	—	—	—	—	—	—	5	1	12	2	36	6	—	—	53	9
LEPAR ASYLUM																
European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
PRISONS																
European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
VISITORS																
European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-European	4	1	2	6	2	—	—	—	—	—	1	5	2	5	4	—
TOTAL: EUROPEAN	36	33	7	5	3	4	11	6	29	14	230	154	316	217	—	—
TOTAL: NON-EUROPEAN	136	100	65	62	9	9	41	27	199	60	251	78	—	—	701	336

Table No. 9

NOTIFICATION OF INFECTIOUS DISEASES: LOCAL CASES: ALL RACES: FOR THE YEAR ENDED 31st DECEMBER, 1957

	0-1 Year		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	—	—	—	—	2	1	4	—	1	1	1	—	8	3
Scarlet Fever	—	—	19	22	24	44	5	19	—	—	—	—	48	85
Diphtheria	—	—	2	1	4	1	—	1	—	—	—	—	6	4
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio-myelitis	3	—	14	5	8	8	12	9	3	1	—	—	41	34
Lethargic Encephalitis	—	1	1	—	—	—	—	—	—	—	—	—	2	1
Meningococcal Meningitis	—	—	2	—	—	1	1	1	—	—	—	—	3	2
Tuberculosis	—	—	2	—	—	1	2	1	3	—	1	—	17	6
Malaria	—	—	—	—	—	—	1	—	—	—	—	—	1	—
NON-EUROPEANS														
Typhoid Fever	—	—	—	5	5	12	12	8	7	—	—	—	27	31
Diphtheria	1	—	20	9	7	6	1	2	1	3	—	—	30	19
Polio-myelitis	—	—	6	3	1	3	—	—	—	—	—	—	8	7
Leprosy	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Meningitis	—	1	1	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis	10	2	26	36	16	17	15	20	92	65	105	20	2	160
Puerperal Fever	—	—	—	—	—	—	—	1	—	—	—	—	—	2

NOTIFICATION OF INFECTIOUS DISEASES: IMPORTED CASES: ALL RACES: FOR THE YEAR ENDED 31st DECEMBER, 1957

	0-1 Year		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	4	2	14	5	3	4	4	—	26	12
Malaria Fever	—	—	—	—	—	—	1	—	1	—	1	—	3	—
Scarlet Fever	1	1	1	2	1	—	1	—	—	—	—	—	3	3
Diphtheria Fever	1	1	8	4	2	5	—	2	—	—	—	—	11	13
Polio-myelitis Fever	1	—	19	17	13	5	15	7	4	5	—	—	51	35
Cerebro-spinal Meningitis	—	—	2	—	—	—	—	—	—	—	—	—	2	2
Tuberculosis	—	—	1	—	1	2	2	1	7	10	9	3	20	16
Lethargic Encephalitis	—	—	1	—	—	—	—	—	—	1	—	1	1	2
NON-EUROPEANS														
Typhoid Fever	—	—	4	5	7	4	31	12	15	9	16	5	73	35
Malaria Fever	—	—	—	—	—	—	1	—	1	—	—	—	2	—
Diphtheria	—	2	16	14	3	7	1	—	1	1	—	—	21	25
Leprosy	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malta Fever	—	—	—	—	—	—	—	—	—	—	1	—	1	—
Polio-myelitis	1	1	14	11	4	5	3	—	—	—	—	—	24	21
Cerebro-spinal Meningitis	1	—	1	1	1	—	1	—	1	—	1	—	2	2
Tuberculosis	2	—	10	11	8	8	10	8	27	37	29	14	86	78
Lethargic Encephalitis	—	—	—	—	—	—	—	1	—	—	—	—	—	1

Table No. 11

DISTRICT DISTRIBUTION OF NOTIFIED INFECTIOUS DISEASES FOR THE YEAR ENDED 31st DECEMBER, 1957

DISTRICT	Race	Infective Encephalitis		Cerebro-Spinal Meningitis		Tubercu-losis		Puerperal Fever		Leprosy		Typhoid Fever		Malaria		Diphtheria		Scarlet Fever		Erysipelas		Polio-myelitis	
		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	1	—	2	2	—	—	—	—	—	1	—	—	1	2	8	12	—	—	3	6
.....	Non-European	—	—	—	—	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pretoria West	European	—	—	—	—	4	1	—	—	—	—	3	—	—	—	1	1	4	8	—	—	10	8
.....	Non-European	—	—	1	1	27	4	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—
Leper, Inst., Mental, Hospital, Prison and Defence Res.	European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
.....	Non-European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Roberts Heights	European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
.....	Non-European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Eastern Suburbs	European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
.....	Non-European	2	—	1	—	5	1	—	—	—	—	1	2	—	—	—	—	1	20	25	—	—	—
Railway Reserve	European	—	—	—	—	9	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
.....	Non-European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Northern Suburbs	European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
.....	Non-European	—	—	1	—	5	2	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
Vlakfontein	European	—	—	—	—	3	3	—	—	—	—	2	—	—	—	3	—	13	34	—	—	9	9
.....	Non-European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bantule	European	—	—	—	—	84	47	—	—	—	—	11	7	—	—	8	6	—	—	—	—	—	3
.....	Non-European	—	—	—	—	13	9	—	—	—	—	4	3	—	—	—	—	—	—	—	—	—	—
Atteridgeville	European	—	—	—	—	36	42	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
.....	Non-European	—	—	—	—	—	—	2	—	—	—	—	—	—	—	6	5	—	—	—	—	—	—
Asiatic Bazaar	European	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
.....	Non-European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cape Location	European	—	—	—	—	14	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
.....	Non-European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hercules	European	—	—	2	—	1	—	—	—	—	—	3	1	—	—	1	1	—	—	—	—	1	—
.....	Non-European	—	—	1	—	73	44	—	—	—	—	7	16	—	—	14	7	—	—	—	—	5	3

Table No. 12

INCIDENCE OF INFECTIOUS DISEASES FOR THE YEAR ENDED 31st DECEMBER, 1957

		Typhoid Fever	Malaria Fever	Scarlet Fever	Diphtheria Fever	Leprosy Fever	Erysipelas Fever	Poliomyelitis	Infective Encephalitis	Cerebro-Spinal Meningitis	Tuberculosis	Puerperal Fever	Malta Fever
January—													
European	Resident	1	—	9	2	—	—	18	—	—	2	—	—
	Imported	9	1	—	3	—	—	20	—	—	5	—	—
Non-European	Resident	11	—	—	5	—	—	6	—	1	43	—	—
	Imported	18	1	—	1	—	—	12	—	—	13	—	—
February—													
European	Resident	3	—	8	1	—	—	20	—	1	4	—	—
	Imported	—	2	—	2	—	—	13	—	—	3	—	1
Non-European	Resident	17	—	—	4	—	—	1	—	—	29	—	—
	Imported	11	—	—	6	1	—	6	—	1	10	—	—
March—													
European	Resident	—	—	16	—	—	—	15	—	1	1	—	—
	Imported	3	—	—	2	—	—	25	—	—	2	—	—
Non-European	Resident	7	—	—	4	—	—	4	—	2	30	—	—
	Imported	4	—	—	5	—	—	—	1	—	18	—	—
April—													
European	Resident	2	—	6	1	—	—	5	—	—	2	—	—
	Imported	6	—	—	1	—	—	10	—	—	1	—	—
Non-European	Resident	3	—	—	5	—	—	1	—	—	35	1	—
	Imported	12	—	—	10	—	—	7	—	1	13	—	—
May—													
European	Resident	—	—	17	2	—	—	7	—	1	1	—	—
	Imported	1	—	3	1	—	—	4	—	—	4	—	—
Non-European	Resident	5	—	—	2	—	—	1	—	—	31	—	—
	Imported	6	—	—	5	—	—	4	—	—	9	—	—
June—													
European	Resident	—	1	15	1	—	—	—	—	—	—	—	—
	Imported	2	—	—	2	—	—	3	1	1	2	—	—
Non-European	Resident	1	—	—	3	—	—	3	—	1	27	—	—
	Imported	1	—	—	3	—	—	1	—	—	11	—	—
July—													
European	Imported	2	—	—	2	—	—	2	—	—	1	—	—
	Resident	—	—	8	1	—	—	1	1	—	3	—	—
Non-European	Resident	2	—	—	1	—	—	1	—	—	31	—	—
	Imported	2	—	—	—	—	—	1	—	1	14	—	—
August—													
European	Resident	—	—	9	—	—	1	—	—	1	—	—	—
	Imported	2	—	3	—	—	—	—	1	1	8	—	—
Non-European	Resident	1	—	—	7	1	—	—	—	—	33	—	—
	Imported	7	1	—	2	—	—	—	—	2	16	—	—
September—													
European	Resident	2	—	18	—	—	—	1	—	—	2	—	—
	Imported	2	—	—	3	—	—	—	—	2	2	—	—
Non-European	Resident	1	—	—	2	—	—	—	—	—	43	—	—
	Imported	7	—	—	3	—	—	1	—	3	14	—	—
October—													
European	Resident	1	—	5	—	—	—	—	1	—	—	—	—
	Imported	6	—	—	1	—	—	2	—	—	2	—	—
Non-European	Resident	—	—	—	2	—	—	1	—	—	52	—	—
	Imported	8	—	—	—	—	—	3	—	1	18	—	—
November—													
European	Resident	—	—	13	—	—	—	5	—	1	3	—	—
	Imported	2	—	—	2	—	—	5	—	—	3	—	—
Non-European	Resident	4	—	—	7	—	—	1	—	—	37	—	—
	Imported	11	—	—	2	—	—	4	—	—	14	—	—
December—													
European	Resident	2	—	9	2	—	—	3	1	—	5	1	—
	Imported	3	—	—	5	—	—	2	1	—	3	—	—
Non-European	Resident	6	—	—	7	—	—	—	—	—	33	—	—
	Imported	15	—	—	9	—	—	2	—	1	14	—	—



