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UNION OF SOUTH AFRICA

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DEPARTMENT OF EDUCATION

REPORT

OF THE

Committee on the Question of the Provision of
Additional Facilities for the Training of Dentists in
the Union of South Africa

Published by Authority

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REPORT OF THE COMMITTEE ON THE QUESTION OF THE PROVISION OF THE ADDITIONAL FACILITIES FOR THE TRAINING OF DENTISTS IN THE UNION OF SOUTH AFRICA.

TO THE RIGHT HONOURABLE THE MINISTER OF EDUCATION:

1. Your Committee was appointed in terms of Government Notice No. 1757 of the 23rd August, 1946, to enquire into the question of the provision of additional facilities for the training of dentists in the Union of South Africa.

2. The Committee held its first meeting in Pretoria on the 6th August, 1946, and decided that as a first step the latest population figures be obtained from the Department of Census and Statistics and that these be compared with the number of dentists on the Register so that some idea could be formed of the distribution of dentists throughout the country. A detailed statement reflecting the position as at the 30th September, 1946, is given in the Annexure to this report.

3. The appointment of the Committee was fully announced in the Press and in the *Government Gazette* and all interested persons and organizations invited to submit their views to the Committee in writing. In addition, letters were addressed to the Universities of the Witwatersrand, Pretoria and Cape Town, Natal University College, the four Provincial Administrations, the Departments of Health and of Native Affairs, the S.A. Institute of Race Relations and the South African Dental Association to enquire whether these bodies were desirous of giving oral evidence before the Committee in addition to submitting memoranda.

4. The Committee visited Johannesburg, Cape Town, Durban and Pretoria and heard oral evidence from the following bodies and individuals:—

- The University of Cape Town.
- The University of Pretoria.
- The University of Stellenbosch.
- The University of Witwatersrand.
- The Natal University College.
- The Department of Health.
- The Department of Native Affairs.
- The Dental Association of South Africa.
- The South African Society of Full-time Dentists.
- Dr. E. H. Brookes in his capacity as a Representative of Natives in Parliament.
- Dr. S. Winer, Dental Officer of the City Health Department, Cape Town, in his private capacity.

Memoranda were also received from the Cape Hospital Board, the Cape Provincial Administration, the Rotary Club (Pretoria and Johannesburg) and the South African Institute of Race Relations.

5. The Committee wishes to record its indebtedness to all those who assisted so willingly by furnishing suggestions and information to the Committee. It places on record its very sincere appreciation of the outstanding services rendered by the Secretary, Mr Strydom. At all times he carried out his duties in a most efficient, most courteous and most helpful manner.

6. The Committee trust that the brevity of the report will not be taken as implying either a superficial scrutiny of the facts or a hastily formed judgment of the requirements. The problems which the Committee was called upon to solve have been given most careful consideration. They have not been easy to solve. Nevertheless it is now possible to set out shortly a number of important conclusions.

7. A large part of the time of the Committee was devoted to securing an understanding of the *demand*, as distinct from the *need*, for dentists and dental treatment. It is felt therefore that the following brief comment on that subject will assist the Rt. Hon. the Minister to recognise the significance of the Committee's recommendations.

The great majority of the people, European and non-European, need dental treatment and do not receive it. According to evidence presented to the Committee by responsible and well-informed witnesses, over 11,000 dentists would be required to cope with the need for dental treatment. The following is an extract from a memorandum submitted to the Committee in this connection by the University of the Witwatersrand:—

“An ideal service in a community would require one dentist to not more than every 1,000 of population but it is recognised that to-day such an ideal is beyond possibility in South Africa. It would require a maximum of 11,259 dentists. A service of *tolerable adequacy* for those who would present themselves for treatment under present circumstances could, however be rendered by—

1 dentist to every 2,000 Europeans.

1 dentist to every 5,000 Cape Coloureds, Malays and Indians.

1 dentist to every 25,000 Natives.

If one dentist can meet the needs of every 2,500 members of the European population, 934 dentists are required for the existing European population. If, as has been suggested, one dentist can cope with only 2,000 Europeans, 1,168 dentists are required for Europeans. If the European, Asiatic and Coloured peoples are combined (total 3,523,049) and one dentist is provided for every 2,500, 1,409 dentists are required. If the Asiatic and Coloured people are considered separately from the Europeans and one dentist is provided for every 5,000 Coloureds and Asiatics, 237 dentists are required for these people. Assuming one dentist can cater for the numbers presenting themselves amongst 25,000 Natives, 309 dentists are required for this group.

Summarising these figures it is seen that—

Dentists required for Europeans on the basis 1 to 2,000	1,168
Dentists required for Asiatics and Coloureds on a basis 1 to 5,000	237
Dentists required for Natives on the basis of 1 to 25,000	309
TOTAL	1,714
Add 5 per cent. for Adjacent Territories	86
GRAND TOTAL	1,800

It is apparent, therefore, that there should be in South Africa to-day a minimum total of 1,800 and a maximum of 11,259 dentists in active practice, as compared with the total of 670* (i.e. one-third of the desirable minimum) available at the present time.

The demand for dental treatment is, however, very markedly less than the need. There are two reasons for this, namely (1) lack of appreciation of dental health and (2) lack of means to pay for dental treatment. The latter is probably the more important.

In a few of the larger cities in the Union, institutional dental practice has been established and in some country towns and districts poor people can secure limited dental treatment from Government or Provincial Medical or Dental Officers. For the most part, however, adequate and satisfactory dental treatment in the Union is provided by private dental practitioners only and, it has been estimated, less than 25 per cent. of Europeans and markedly less than 1 per cent. of non-Europeans seek treatment from such private practitioners. In other

* A subsequent analysis made by the Committee disclosed that there were 801 dentists on the Dental Register as at the 30th September, 1946. It cannot be said, however, that this number was actually engaged in active practice at that time.

words, for one or both of the reasons stated above 75 per cent. of the European and almost 100 per cent. of the non-European peoples do not demand and consequently do not receive adequate dental treatment.

Before the war, according to the evidence given to us, there were sufficient dentists, over the country as a whole, to meet the actual demand for dental treatment. To-day the position is slightly different but the difference appears to be due almost entirely to the fact that during the war years increase in the number of dentists did not keep pace with the increase of the population. No evidence was presented to the Committee to show that the people of to-day are more appreciative of dental health or are better able to pay for dental treatment than they were in pre-war days. Nevertheless, the Committee believes that it is probable that there has been some slight improvement in both these respects and that this is a contributing factor to the present shortage of dentists. The future outlook, however, is alarming. This is due almost entirely to the fact that the dental profession of to-day is hopelessly out of balance in its age distribution. It has been estimated that over half of the existing number of active dentists (say 350) will have ceased to be engaged in practice in from 10-15 years from now. To maintain the *status quo* (and allowing for increase in population) it is estimated that 500 new entrants to the profession are essential during the next 10 years, i.e. 50 new entrants per annum. It must be stressed, however, that this figure is based on the existing demand for dental treatment. If the demand rises in the future to anywhere near equality with the real need for treatment, then 50 additional entrants per annum would be totally inadequate to meet the demand. So far as the Committee can judge the demand will not rise to anywhere near equality with the real need for many years to come. The Committee is in fact satisfied that the demand will show no marked increase until the State takes steps to educate the public concerning the importance of dental health and simultaneously takes steps to establish an *adequate and satisfactory* National Dental Health Service. The recommendations which follow are, therefore, made on the assumption that for a number of years to come the demand for dental treatment will not differ very markedly from the existing demand and will, as at present, be met almost entirely by private dental practitioners. At the same time the recommendations suggest how any increased demand which may arise in the future from the establishment of adequate national dental health services may be met.

8. The Committee finds itself unable to make a statement in regard to the question of what would constitute an adequate national dental health service, as this falls outside its terms of reference. Moreover, such a statement would need to be of considerable length and would of necessity require thorough investigation by a committee of experts. The Committee therefore is strongly of opinion that the immediate appointment by the appropriate department of a specialist committee to consider the subject of national dental health services and how such services can best be correlated with the proposed medical health services, would serve a very useful purpose.

9. The Committee recommends:—

(a) That the facilities for dental training be increased as soon as possible by the extension of the existing facilities in the Faculty of Dentistry and Dental Hospital at the University of the Witwatersrand.

(b) That by means of financial and such other assistance as may be required it be made possible for the University of the Witwatersrand to graduate fifty (50) dentists per annum.

NOTE.—(1) It is considered probable that 50 graduates per annum will cope with the demand from those members of the community who seek dental

treatment in private dental practices or in existing dental services.

(2) The University of the Witwatersrand Dental and Oral Hospital was designed to train 20 students in the final year of study.

(3) The Railway Administration has given notice of its intention to expropriate the existing Dental Hospital of the University of the Witwatersrand.

If an alternate site is made available steps will be taken to erect a new dental hospital as soon as possible. Thus an opportunity arises which may never recur to build a new hospital with adjoining teaching and administrative buildings which would enable the hospital and school to be planned to play its full part in meeting the needs of the country.

To be able to produce 50 graduates per annum it is estimated that the size of the successive years of study will be approximately as follows:—

1st year	90
2nd year	75
3rd year	65
4th year	60
5th year	55

On the basis of the present arrangements, i.e., doing all first-year courses, except Dental Mechanics, at Milner Park, and the second and third years, with the exception of Dental Metallurgy and Dental Mechanics of the second year and Dental Mechanics, Phantom Head Course and Preliminary Operative and Prosthetic Dentistry of the third year, at the Medical School, and the fourth and fifth years at the Dental School and Hospital, the cost of a new Dental School and Hospital (exclusive of site value) designed to produce 50 graduates per annum is estimated at £250,000. This figure, however, is based on current costs and with building costs still rising, might be exceeded even if building operations were to start within the next year.

The increase in the number of second-year dental students will, however, cause such serious overcrowding in the Medical School that it is considered necessary to provide additional accommodation for these students on the premises of the new Dental School and Hospital. The cost of providing for the additional accommodation is estimated at £45,000. It is also considered that no building of this magnitude should be erected in Johannesburg without providing for garage accommodation and this is estimated to cost £7,500.

The total cost of the new buildings is therefore estimated at £302,500.

Additional equipment will have to be provided for the new hospital, and allowing for the transfer from the existing hospital of all suitable equipment the cost of providing adequate additional equipment is estimated at approximately £32,000.

(c) That the establishment of a second faculty of dentistry and dental hospital in South Africa be *not* undertaken until the State establishes a national health service which will employ a considerable number of dentists under conditions of employment which are likely to attract entrants to the dental profession and then to such health service.

(d) That if and when a second faculty of dentistry and dental hospital are established it be arranged that they cater specifically for the Afrikaans-speaking people and, if at all possible, are situated in the southern part of the country.

NOTE.—In its evidence before the Committee the University of Pretoria expressed its willingness to start an Afrikaans dental faculty in Pretoria in the event of it being decided to establish a second dental school. The Committee feels, however, that it would be undesirable to have a second faculty in the north in

such close proximity to the existing one in Johannesburg, hence its recommendation that the second dental school, if established, should be in the southern part of the country.

As it is not the policy of the University of Cape Town to give tuition entirely through the medium of Afrikaans, the establishment of a dental faculty at the University of Stellenbosch is the only alternative if the recommendation of the Committee in regard to the establishment of a second faculty in the Cape is accepted by the Government.

While the provision of the first three years of study at the University of Stellenbosch should not present any serious difficulty (the main problem would be to provide instruction in Anatomy, General Pathology and Bacteriology) it is obvious that Stellenbosch has not the population to provide adequate clinical material for the two clinical years and will not be able to establish a dental faculty without making use of the clinical facilities at Cape Town. The Committee is of the opinion that a practicable scheme could be devised whereby provision for the first three years of study could be made at Stellenbosch University and for the two clinical years at the University of Cape Town. If, as a result of the extension of Government National Health Services it becomes necessary to establish a second dental school, the Committee recommends that the Universities of Stellenbosch and Cape Town be asked to consider the possibility of co-operating on the lines indicated above. The Committee is of opinion that a second dental school if established should be designed to graduate 25 dentists annually, and must draw attention to the fact that even if it were decided to proceed with the establishment of a second dental school immediately it will take at least seven and probably eight to nine years to graduate the first qualified dentists from such new school.

It must be emphasized, however, that no university can under present circumstances finance a faculty of dentistry out of its own resources. The present formula on which grants-in-aid to university institutions is based is such that it is quite impossible for any university to shoulder the financial responsibility of establishing a new dental school and hospital without substantial assistance from the Government. According to figures submitted to the Committee a new dental school and hospital designed to produce 25 dentists annually will cost approximately £215,000. This estimate is based on current building costs and is subject to further fluctuations in the cost of building materials.

(e) That the training of non-European dentists be not regarded as a matter of urgency since, for some years to come, very few non-Europeans are likely to present themselves for training and consequently

it will be necessary, and probably best, that the dental health of the non-European community be catered for through the medium of European dentists.

NOTE.—At the existing Dental Hospital of the University of the Witwatersrand facilities are available for limited dental treatment for non-European patients. The Committee visualises that by developing non-European treatment centres, under the control of European dental hospitals but situated in adjoining native townships, clinical facilities for the training of non-European dentists will eventually be brought about. When that time arrives, the subject of the establishment of a separate non-European Training Dental Hospital will be a practical proposition and can be considered.

(f) That a Dental Advisory Committee be appointed immediately by the appropriate Government Department to consider further the subject of national dental health services and how such services can best be correlated with the proposed National Health Services. (See paragraph 8.)

10. Attention must be drawn to the fact that there has not been any organised dental service on the lines of the district surgeon service and municipal health service. It is essential to know if such a service is contemplated and the extent of such service. At the present time district surgeons can extract teeth for the relief of pain and dentures can be provided from funds voted for surgical aid and appliances for indigents. There are many persons who cannot be classed as indigents, but who cannot afford the necessary services of a dentist. The expansion of dental services is, therefore, largely governed by the policy of the State. The need for increased dental services is stressed on all sides, but up to the present there have been very few appointments open to dental surgeons who might prefer a paid appointment to private practice. Such paid appointments should be carefully considered on conditions of service and emoluments made sufficiently attractive to obtain suitable applicants. It is considered that the conditions offered under the proposed National Health Service are not sufficiently attractive.

(Signed):

A. A. ROBERTS,
Chairman.

J. C. MIDDLETON SHAW,
J. J. DU PLESSIS,
PETER ALLAN,
Members.

P. L. STRYDOM,
Secretary.

Cape Town, 10th May, 1947.

ANNEXURE.

TABLE 1.

To show the number of dentists and the proportion of dentists at 30th September, 1946, to the total population, i.e., European and Non-European.

	Total Population (Preliminary Figures) 1946.	Dentists as at 30.9.46.	Proportion.
Johannesburg.....	727,943	197	1 : 3,695
Cape Town.....	454,052	112	1 : 4,054
Durban.....	357,304	64	1 : 5,583
Pretoria.....	236,367	56	1 : 4,221
Port Elizabeth.....	146,231	24	1 : 6,330
Germiston.....	128,971	7	1 : 18,424
East London.....	78,530	18	1 : 4,363
Bloemfontein.....	82,322	11	1 : 7,484
Pietermaritzburg.....	63,162	22	1 : 2,871
Brakpan.....	83,242	6	1 : 13,874
Springs.....	106,016	11	1 : 9,638
Benoni.....	74,123	10	1 : 7,412
Krugersdorp.....	71,631	5	1 : 14,326
Roodepoort.....	72,034	2	1 : 36,017
Boksburg.....	53,419	5	1 : 10,684
Kimberley.....	55,545	8	1 : 6,943
Potchefstroom.....	26,936	7	1 : 3,848
Vereeniging.....	42,093	3	1 : 14,031
Uitenhage.....	26,267	5	1 : 5,253
Paarl.....	26,593	6	1 : 4,432
Randfontein.....	32,323	2	1 : 16,162
Grahamstown.....	22,836	9	1 : 2,537
Queenstown.....	23,538	6	1 : 3,923
Kroonstad.....	21,027	3	1 : 7,009
Nigel.....	30,275	2	1 : 15,138
Witwatersrand.....	1,379,977	247	1 : 5,587
UNION.....	11,258,858	780	1 : 14,434

TABLE 2.

To show the number of dentists and the proportion of dentists at 30th September, 1946, to the European Population only.

	European Population, 1946.	Dentists : 30.9.46.	Proportion.
Johannesburg.....	324,304	197	1 : 1,646
Cape Town.....	214,201	112	1 : 1,913
Durban.....	124,792	64	1 : 1,935
Pretoria.....	124,542	56	1 : 2,224
Port Elizabeth.....	64,745	24	1 : 2,698
Germiston.....	51,744	7	1 : 7,392
East London.....	39,646	18	1 : 2,203
Bloemfontein.....	37,750	11	1 : 3,432
Pietermaritzburg.....	27,555	22	1 : 1,253
Brakpan.....	27,351	6	1 : 4,559
Springs.....	25,355	11	1 : 2,305
Benoni.....	24,303	10	1 : 2,430
Krugersdorp.....	23,441	5	1 : 4,688
Roodepoort.....	22,950	2	1 : 11,475
Boksburg.....	20,512	5	1 : 4,102
Kimberley.....	18,915	8	1 : 2,364
Potchefstroom.....	13,558	7	1 : 1,937
Vereeniging.....	12,145	3	1 : 4,048
Uitenhage.....	11,015	5	1 : 2,203
Paarl.....	10,935	6	1 : 1,823
Randfontein.....	10,424	2	1 : 5,212
Grahamstown.....	8,900	9	1 : 989
Queenstown.....	8,136	6	1 : 1,356
Kroonstad.....	7,670	3	1 : 2,557
Nigel.....	6,053	2	1 : 3,027
Witwatersrand.....	536,437	247	1 : 2,172
UNION.....	2,335,460	780	1 : 2,994

TABLE 3.

Total number of dentists in each Province of the Union as at 30th September, 1946.

Transvaal.....	362
Cape Province.....	276
Natal.....	103
Orange Free State.....	39
TOTAL.....	780
South West Africa.....	8
Southern Rhodesia.....	8
Northern Rhodesia.....	4
Basutoland.....	1
Total dentists on register as at 30.9.46.....	801†

† Since the 30th September, 1946, there have been 35 additions and 17 deletions from the Register of Dentists. The total number of dentists on the Register as at the 30th April, 1947, was therefore 819.

TABLE 4.

Total Number of Dentists in 9 Principal Towns in the Union as at 30th September, 1946.

Johannesburg.....	197	} 254
Pretoria.....	57	
Cape Town.....	112	} 162
Port Elizabeth.....	24	
East London.....	18	} 86
Kimberley.....	8	
Durban.....	64	} 86
Pietermaritzburg.....	22	
Bloemfontein.....	11	

TABLE 5.

Year of Qualification of Dentists on Register as at 30th September, 1946.

1946.....	1	1913.....	13
1945.....	5	1912.....	7
1944.....	21	1911.....	7
1943.....	7	1910.....	7
1942.....	7	1909.....	3
1941.....	15	1908.....	6
1940.....	14	1907.....	4
1939.....	13	1906.....	5
1938.....	12	1905.....	2
1937.....	13	1904.....	5
1936.....	13	1903.....	2
1935.....	10	1902.....	4
1934.....	17	1901.....	2
1933.....	8	1900.....	3
1932.....	10	1899.....	2
1931.....	10	1898.....	3
1930.....	14	1897.....	3
1929.....	14	1896.....	0
1928.....	22	1895.....	2
1927.....	29	1894.....	2
1926.....	51	1893.....	1
1925.....	39	1892.....	0
1924.....	54	1891.....	0
1923.....	70	1890.....	0
1922.....	53	1889.....	1
1921.....	35	1888.....	0
1920.....	11	1887.....	0
1919.....	21	1886.....	0
1918.....	14	1885.....	0
1917.....	18	1884.....	0
1916.....	14	1883.....	0
1915.....	18	1882.....	0
1914.....	7	1881.....	1

"Registered" Dentists..... 745

TOTAL..... 801

TABLE 6.

Grounds on which 56 "Registered" Practitioners were admitted to the Register.

Registered under section 36 of Act No. 13 of 1928.....	30
In practice prior to Act, 1899, Natal.....	8
In practice in Transvaal prior to 1902.....	7
Approbation als Zahnarzt (1920, 1921, 1929).....	3
In practice in South West Africa prior to 1920.....	2
In practice prior to English Act of 1878.....	2
Passed Transvaal Medical Council Examination.....	1
Registered in Province of Zululand in 1919 (Act No. 21 of 1919)	1
In practice in Transvaal prior to 1904.....	1
In practice in Cape prior to 1891.....	1
Total	56

TABLE 7.

Year of Registration of Dentists on Register at 30th September, 1946.

1946.....	32	1913.....	12
1945.....	9	1912.....	8
1944.....	18	1911.....	10
1943.....	6	1910.....	2
1942.....	9	1909.....	5
1941.....	12	1908.....	2
1940.....	16	1907.....	6
1939.....	15	1906.....	1
1938.....	13	1905.....	13
1937.....	19	1904.....	1
1936.....	14	1903.....	5
1935.....	18	1902.....	1
1934.....	8	1901.....	5
1933.....	9	1900.....	5
1932.....	14	1899.....	1
1931.....	9	1898.....	1
1930.....	20	1897.....	3
1929.....	41	1896.....	1
1928.....	27	1895.....	0
1927.....	35	1894.....	1
1926.....	35	1893.....	0
1925.....	47	1892.....	2
1924.....	55	1891.....	0
1923.....	59	1890.....	0
1922.....	48	1889.....	1
1921.....	21	1888.....	0
1920.....	25	1887.....	0
1919.....	28	1886.....	0
1918.....	9	1885.....	0
1917.....	13	1884.....	0
1916.....	16	1883.....	0
1915.....	7	1882.....	0
1914.....	7	1881.....	1
TOTAL.....	801		

TABLE 8.

DISTRIBUTION OF DENTISTS IN THE UNION AS AT 30.9.46.

CAPE PROVINCE.

<i>Magisterial Districts.</i>	<i>Magisterial Districts.</i>		<i>Magisterial Districts.</i>	
Aberdeen.....	—	Fort Beaufort.....	1	
Adelaide.....	1	Fraserburg.....	—	
Alexandria.....	1	George.....	4	
Aliwal North.....	1	Graaff-Reinet.....	5	
Barkly East.....	2	Grahamstown.....	9	
Barkly West.....	—	Griquatown.....	—	
Beaufort West.....	1	Hanover.....	—	
Bedford.....	—	Heidelberg (Cape).....	—	
Bredasdorp.....	1	Hermanus.....	1	
Britstown.....	—	Hofmeyr (Dist. Maraisburg).....	—	
Burghersdorp.....	1	Hopefield.....	—	
Butterworth.....	1	Hopetown.....	—	
Caledon.....	2	Humansdorp.....	2	
Calitzdorp.....	—	Indwe.....	—	
Calvinia.....	1	Jansenville.....	—	
Cape Town.....	112	Kenhardt.....	—	
Carnarvon.....	1	Kimberley.....	8	
Cathcart.....	—	Kingwilliamstown.....	4	
Ceres.....	2	Knysna.....	1	
Clanwilliam.....	—	Komgha.....	—	
Colesberg.....	—	Kokstad.....	2	
Cradock.....	2	Kuruman.....	—	
De Aar.....	2	Ladismith (Cape).....	—	
Dordrecht.....	1	Lady Grey.....	1	
Douglas.....	—	Laingsburg.....	—	
East London.....	18	Maclear.....	—	
Elliot.....	—			

TABLE 8. (Continued.)

CAPE PROVINCE. (Continued.)

<i>Magisterial Districts.</i>		<i>Magisterial Districts.</i>	
Mafeking.....	2	Somerset West.....	2
Malmesbury.....	2	Springbok.....	1
Matatiele.....	1	Stellenbosch.....	4
Middelburg (Cape).....	1	Sterkstroom.....	—
Molteno.....	1	Steynsburg.....	—
Montagu.....	1	Steytlerville.....	—
Moorreesburg.....	1	Strand.....	3
Mossel Bay.....	2	Stutterheim.....	1
Murraysburg.....	—	Sutherland.....	—
Naauwpoort.....	—	Swellendam.....	1
Oudtshoorn.....	3	Tarkastad.....	—
Paarl.....	6	Tulbagh.....	1
Pearston.....	—	Uitenhage.....	5
Philipstown.....	—	Umtata.....	2
Piketberg.....	—	Uniondale.....	—
Port Alfred.....	—	Upington.....	2
Port Elizabeth.....	24	Vanrhynsdorp.....	—
Porterville.....	1	Venterstad.....	—
Prieska.....	—	Victoria West.....	—
Prince Albert.....	—	Vredendal.....	1
Queenstown.....	6	Vryburg.....	2
Richmond (Cape).....	—	Wellington.....	2
Riversdale.....	2	Williston.....	—
Robertson.....	2	Willowmore.....	—
Seymour.....	—	Worcester.....	4
Somerset East.....	3		

Number of Dentists : 276.

Population : Total..... 4,016,801

European..... 859,611

Proportion : Total..... 1 : 14,554

European..... 1 : 3,115

TRANSCVAAL.

<i>Magisterial Districts.</i>		<i>Magisterial Districts.</i>	
Amersfoort.....	—	Middelburg (Tvl.).....	3
Barberton.....	1	Nelspruit.....	2
Belfast.....	—	Nigel.....	2
Benoni.....	10	Nylstroom.....	1
Bethal.....	1	Pietersburg.....	3
Bloemhof.....	—	Piet Retief.....	2
Boksburg.....	5	Potchefstroom.....	7
Brakpan.....	6	Potgietersrust.....	—
Brits.....	2	Pretoria.....	57
Bronkhorstspuit.....	—	Randfontein.....	2
Carolina.....	1	Rodepoort.....	2
Christiana.....	1	Rustenburg.....	3
Devon.....	1	Pilgrim's Rest.....	—
Ermelo.....	3	Schweizer Reneke.....	—
Germiston.....	7	Springs.....	11
Groblersdal.....	—	Standerton.....	2
Heidelberg (Tvl.).....	3	Tzaneen.....	—
Irene.....	1	Ventersdorp.....	2
Johannesburg.....	197	Vereeniging.....	3
Klerksdorp.....	4	Volksrust.....	2
Krugersdorp.....	5	Wakkerstroom.....	—
Lichtenburg.....	1	Witbank.....	4
Louis Trichardt.....	2	Wolmaransstad.....	—
Lydenburg.....	2	Zeerust.....	1

Number of Dentists : 362.

Population : Total..... 4,183,779

European..... 1,041,835

Proportion : Total..... 1 : 11,557

European..... 1 : 2,878

TABLE 8. (Continued.)
ORANGE FREE STATE.

Magisterial Districts.		Magisterial Districts.	
Bethlehem.....	4	Memel.....	—
Bethulie.....	—	Odendaalsrust.....	—
Bloemfontein.....	11	Parys.....	1
Boshof.....	—	Paul Roux.....	—
Bothaville.....	—	Petrusburg.....	—
Brandfort.....	—	Petrus Steyn.....	—
Clocolan.....	1	Philippolis.....	—
Dewetsdorp.....	1	Reddersburg.....	—
Edenburg.....	1	Reitz.....	1
Fauresmith.....	—	Rouxville.....	—
Ficksburg.....	1	Senekal.....	2
Fouriesburg.....	—	Smithfield.....	1
Frankfort.....	1	Springfontein.....	—
Harrismith.....	1	Steynsrus.....	—
Heilbron.....	1	Thaba 'Nchu.....	—
Hoopstad.....	—	Theunissen.....	—
Jacobsdal.....	—	Trompsburg.....	—
Jagersfontein.....	—	Ventersburg.....	—
Koffiefontein.....	—	Vinies Siding (Dist. Lady- brand).....	1
Koppies.....	—	Vrede.....	2
Kroonstad.....	3	Vredefort.....	—
Ladybrand.....	2	Wepener.....	1
Lindley.....	—	Winburg.....	2
Marquard.....	—	Zastron.....	1

Number of Dentists : 39.

Population : Total.....	875,545
European.....	201,091
Proportion : Total..... 1 :	22,450
European..... 1 :	5,156

TABLE 8. (Continued.)
NATAL.

Magisterial Districts.		Magisterial Districts.	
Babanango.....	—	Louwsburg.....	—
Bergville.....	—	Moorivier.....	2
Bulwer (Dist. Polela).....	—	Mpendle.....	—
Camperdown.....	—	Mthunzini.....	—
Dundee.....	3	Newcastle.....	2
Durban.....	64	New Hanover.....	—
Empangeni.....	—	Paulpietersburg.....	—
Eshowe.....	1	Pietermaritzburg.....	22
Estcourt.....	1	Pinetown.....	—
Greytown.....	—	Port Shepstone.....	2
Harding.....	—	Richmond.....	—
Helpmekaar.....	—	Stanger.....	—
Himeville.....	—	Umkomaas.....	1
Howick.....	—	Umzinto.....	—
Ixopo.....	—	Utrecht.....	—
Kranskop.....	—	Verulam.....	—
Ladysmith.....	2	Vryheid.....	3
		Weenen.....	—

Number of Dentists : 103.

Population : Total.....	2,182,733
European.....	232,923
Proportion..... 1 :	21,192
European..... 1 :	2,261

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