

A. REPORT ON VITAL STATISTICS FOR THE YEAR 1961.

The Statistics are reflected in the attached tables I, II and III.

W H I T E S(i) Births and birth-rate: -

There was a slight decrease in the number of live births registered as compared with those registered during 1960, the figures being 952 and 966 respectively.

The birth rate during 1961 was 22.94 as compared with 23.56 during the year 1960.

Seven still births and no illegitimate births were recorded. During 1960 the figures were 6 and 1 respectively.

(ii) Infant mortality: -

There were ten deaths of infants under the age of one year, representing an infant mortality rate of 10.50 per thousand live births, the figures for 1960 being 8 infants deaths and a rate of 8.28.

Two infants died from broncho-pneumonia, 4 from premature birth and the others from various causes.

There was a slight decrease in the number of attendances at the infant welfare clinics conducted at six centres in the area, the figures being 8333 during 1961 and 8370 during 1960.

(iii) Deaths and death rate: -

The total number of deaths registered during the year under review was 214, representing a death rate of 5.17 per thousand population, an increase as compared with the figure of 4.58 for 1960; when 188 deaths were registered.

Sixty-four deaths occurred before the age of 51 had been reached. Of the 150 deaths which occurred in persons over 50 years of age, 83 were in respect of persons over the age of 70 years.

The chief causes of death were : -

Neoplasms (cancer) - 25 deaths, diseases of the circulatory system - 100 deaths, diseases of the nervous system - 19 deaths, the pneumonias 12 deaths and violent and accidental deaths resulted in 22 deaths, of which 7 were due to motor accidents and 4 were suicides.

COLOURED(i) Births and birth rate: -

There were 60 live registered births being an increase of 5 over the past year. The birth rate being 34.28 per thousand population as compared with 31.94 last year.

Two still births and 8 illegitimate births were recorded.

(ii) Infant mortality rate: -

There were 2 deaths of children under the age of one year representing an infant mortality rate of 33.33 per thousand live births as compared with 36.36 last year.

One of the neo-natal deaths was due to broncho pneumonia and the other to premature birth.

(iii) Deaths and death rate: -

Twenty-two deaths were registered during the year, the death rate being 12.57 per thousand population.

The chief causes being diseases of the circulatory system - 6 deaths, the pneumonias - 5 deaths and violent and accidental causes - 5 deaths.

ASIATICS

(i) Births and birth rate: -

There was a decrease in the number of live births registered as compared with last year, namely 28 as against 36. This represents a birth rate of 23.33 per thousand population as compared with 30.59 during 1960. One still birth occurred during 1961.

(ii) Infantile mortality: -

There were no infant deaths as compared with one death last year.

(iii) Deaths and death rate: -

Only two deaths were registered as compared with 4 during 1960. The death rate for this section of the community was 1.66 per thousand population. During 1960 this figure was 3.40.

The causes of death were acute myocarditis 1 death and lobar pneumonia - 1 death.

BANTU (MINE)

Deaths and death rate: - (The figures for 1960 are reflected in brackets)

There were 103 deaths registered during 1961 giving a death rate of 4.09 per thousand mine bantu. During 1960 the statistics were 110 deaths registered with a death rate of 4.26.

The chief causes of death were: -

(62)

Violent and accidental causes - 45 deaths of which 32(42) were due to mine accidents, 8(6) to homicide and 5(12) to motor vehicle accidents.

The pneumonias accounted for 18(4) deaths, diseases of the circulatory system - 10(11) deaths, cerebral haemorrhage 7(4) deaths and the neoplasms - 7(9) deaths of which 6(7) were due to malignant disease of the liver.

BANTU (OTHER THAN MINE)

(i) Births and birth rate: -

A total of 1074 live births were registered as compared with 1013 during 1960.

The registration of bantu births by the bantu nurses in the two locations has resulted in a further increase in the number of births registered.

As regards the 'town' births the majority are taking place in the non-european maternity section of the Discoverers' Hospital. 638 births took place at this venue.

/3 The birth

The birth rate has increased from 35.85 in 1959 to 39.04 in 1961.

Twenty-five still births were registered and of the 1074 births registered a total of 644 or 59% were recorded as illegitimate, and of the latter figure 267 were reported from Dobsonville or Roodepoort locations.

(ii) Infant mortality rate: -

There were 115 deaths of children under one year of age as compared with 132 last year. The infantile mortality rates being 107.08 and 133.26 respectively.

Of the 115 infant deaths the principal causes were: -

The pneumonias 31(40) deaths; gastro enteritis 21(27) and premature birth 36(40).

The figures for 1960 are shown in brackets.

(iii) Deaths and death rate: -

During the year under review 319 deaths were registered, giving a death rate of 11.60 per thousand population as compared with 12.83 last year, when 348 deaths were registered.

As regards this section of the community 292 deaths, of which 115 were infant deaths occurred before the age of 51 had been reached. There were thus only 27 bantu deaths over the age of 50 years.

The chief causes of death were: -

the pneumonias 80(40); violent or accidental deaths - 43(40) of which 13(17) were due to motor vehicle accidents, and 13(13) to homicide; gastro enteritis 21(40) deaths; 44(37) to diseases of the circulatory system, 7(11) cerebral haemorrhage and 10(7) to cancer.

Last year's figures are reflected in brackets.

B. REPORT ON NOTIFIABLE AND INFECTIOUS DISEASES AND OTHER RELEVANT INFORMATION.

A table showing the number of notifiable and infectious diseases reported during 1961 in attached - see table IV.

During the year 474 cases (65 white, 10 coloured, 2 asiatic, 237 mine bantu and 160 town bantu) were reported as compared with 448 cases (97 white, 3 coloured, 1 asiatic, 209 mine bantu and 138 town bantu cases during 1960.

There was a marked decrease in the number of white cases, but an increase in the town bantu and mine bantu cases notified.

In the case of the white population the decrease was due to a decline in the incidence of scarlet fever cases, namely 39 as compared with 61 during 1960.

As regards town bantu cases the increase is mainly due to the number of Pulmonary T.B. cases increasing from 102 in 1960 to that of 128 in 1961.

The increase in mine bantu cases is mainly as a result of the number of Pulmonary T.B. cases reported during 1961 having increased by 47.

TUBERCULOSIS.

The following table reflects the number of pulmonary tuberculosis and other forms of tuberculosis notified during the past five years: -

Year	White		Coloured		Asiatic		Town bantu		Mine bantu	
	Pulm.	Other	Pulm.	Other.	Pulm.	Other	Pulm.	Other.	Pulm.	Other
1957	7	4	5	1	1	-	71	5	59	10
1958	12	8	6	1	-	-	89	8	79	21
1959	17	7	2	1	1	-	97	9	121	19
1960	10	3	2	-	1	-	102	9	146	12
1961	9	1	9	1	1	-	128	12	193	17

The incidence of Pulmonary Tuberculosis is increasing yearly amongst the bantu community.

For the year under review the incidence of Pulmonary Tuberculosis per 100,000 population for the various sections of the community is as follows: -

The 1960 statistics are reflected in brackets.

White	22 (24)
Coloured	514(116)
Asiatic	83 (85)
Town bantu	465(376)
Mine bantu	766(575)

The following is a resumé of the steps taken by the department to control the spread of Pulmonary Tuberculosis. The figures for 1960 are shown in brackets.

During the year under review 8(11) white cases were treated in tuberculosis institutes etc. and of these 7(6) were admitted during the year.

The total number of hospital days was 374(1376).

The number of non-white cases treated in hospitals or Tuberculosis Institutes was 176(163) and of these 120 (116) were actually admitted during the year.

The number of hospital days amounted to 19035 (19403). Of the non-white cases hospitalised 7(1) cases were in respect of coloureds, the rest being bantus.

During the year 1961, 177 (173) patients spent a total number 19419(20779) days in hospital.

In addition to the above an average of 9(11) white cases and 90(102) non-white cases were given domicillary treatment during the year under review. There were 886(934) attendances by the white domicillary cases and 10324 (8379) attendances by non-whites.

During the year under review a domicillary feeding scheme was run by the department for those cases attending the Tuberculosis clinics.

During the year an average number of 85 patients received the following foodstuffs (white and non-white) at a total cost of R5300.93

/5 Dried beans

Dried beans	2560 lbs.
Bread	6637 lbs.
Fresh fruit	1637 lbs.
Mealie meal	9303 lbs.
Fresh meat	8016 lbs.
Margarine	1481 lbs.
Fresh vegetables	12124 lbs.
Sugar	3319 lbs..
Fresh milk	3126 gallons.
Salt	129 lbs.

ENTERIC FEVER.

Five cases (1 white, 1 town bantu and 3 mine bantu) were reported during 1961.

There were no deaths from enteric fever.

During the course of the year blood was taken from 64 food handlers, mostly bantus, for vi-testing.

PARA-TYPHOID FEVER.

No cases of para-typhoid fever were reported during the year.

During 1960, 27 cases were reported amongst mine bantus.

SCARLET FEVER.

Once again there was a marked decrease in the incidence of this disease. A total of 39 cases, all whites were reported as compared with 64 cases (61 white and 3 non-white) during the previous year.

The incidence of this disease over the past 5 years is as follows: -

1957	98 cases
1958	161 "
1959	122 "
1960	64 "
1961	39 "

No deaths have been attributed to scarlet fever for the past 16 years.

DIPHTHERIA.

It is pleasing to note that there was a big decrease in the number of cases notified, the total being 14 (1 white, 1 asiatic and 12 bantu).

Previous statistics in this regard are: -

1956	20 cases	(14 white and 6 bantu)
1957	18 cases	(8 white and 10 bantu)
1958	17 cases	(5 white and 12 bantu)
1959	22 cases	(9 white and 13 bantu)
1960	24 cases	(4 white, 1 coloured and 19 bantu)
1961	14 cases	(1 white, 1 asiatic, and 12 bantu)

No deaths have been registered as a result of this disease for the past 4 years. The number of white children submitted for immunisation against diphtheria (first injections) was 772 as against 742 last year. As regards non-whites the figures were 785 and 696 respectively.

/6 During

During the year under review 713 white children and 1835 non-white children received a complete course of injections against diphtheria.

In addition 117 white children received booster doses. In toto 4156 injections were given.

CEREBRO SPINAL MENINGITIS.

Twenty-nine cases (5 white and 1 town bantu and 23 mine bantu) were notified during 1961, as compared with twenty-two cases (4 white and 18 mine bantu) during 1960.

There were 1 white; 1 town bantu and 2 mine bantu deaths from this disease.

POLIOMYELITIS.

During the year under review 5 cases (3 white and 2 town bantu) were reported. Last year there were 11 cases (10 white and 1 town bantu) notified.

During the past 4 years there have been no deaths as a result of this disease.

The total number of injections given against poliomyelitis since the campaign was initiated in 1955 is 25,229.

The total number of persons who have received three injections at municipal clinics since the inception of the campaign amounts to 7619.

In addition white children received oral polio vaccinations viz. (21,312) first, 17693 second and 15104 final).

As regards non-whites a total of 10681 oral polio vaccinations were given viz. 5532 first, 3025 second and 2124 final.

Children are now given this oral polio vaccine at the routine clinics.

SMALLPOX.

It is again pleasing to report that there were no cases of smallpox notified during 1961. Ten years have now elapsed since this disease was last met with in this municipal area.

During 1961 971 white and 658 non-white primary vaccinations were done.

On the 3rd July, 1961 a bantu suspected case of smallpox, seen at the local hospital, was admitted to Rietfontein Hospital for treatment. The case was eventually proved to be not suffering from smallpox.

An anti-smallpox campaign was immediately organised and a total of ± 20,000, of which 2856 were whites were vaccinated.

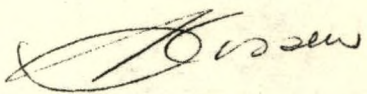
EUROPEAN ISOLATION HOSPITAL : DISCOVERY -
ACTIVITIES.

During the year under review 76 cases were admitted. They were comprised as follows: -

D I S E A S E	Confirmed cases		Suspected cases (not confirmed)	
	Municipal area	Other areas	Municipal area	Other areas
Scarlet fever	23	1	-	-
C.S. Meningitis	4	6	7	2
Virus encephalitis	6	4	4	2
Poliomyelitis	3	3	2	-
Diphtheria	-	1	1	1
Whooping cough	2	-	-	-
Typhoid fever	1	1	-	-
Measles/broncho pneumonia	1	-	-	-
Chicken pox with complica- tions	-	-	-	1
	40	16	14	6

The total number of patient days was 784½, which included patients carried forward from the previous year, the total costs was R5151.74.

ROODEPOORT.
March, 1962.
GH/ET.


I. Kossev.
MEDICAL OFFICER OF HEALTH.

MUNICIPALITY OF ROODEPOORT-MARAISBURG

TABLE I.

PUBLIC HEALTH DEPARTMENT

VITAL STATISTICS 1961.

	WHITES		COLOUREDS		ASIATICS		BANTU		TOTAL NON-WHITES		TOTAL ALL RACES	
		x		x		x	MINE	OTHER		x		x
Estimated population	41,500	(41,009)	1750	(1722)	1200	(1177)	25,200	(27,130)	27,500	(55,620)	55,650	(96,629)
Births	952	(966)	60	(55)	28	(36)	-	(1,074)	1,074	(1,104)	2,114	(2,070)
Deaths	214	(188)	22	(15)	2	(4)	103	(319)	319	(477)	660	(665)
Deaths (under 1 year)	10	(8)	2	(2)	-	(1)	-	(115)	115	(135)	127	(143)
Deaths (1 - 5 years)	4	(3)	-	(-)	-	(-)	-	(57)	57	(81)	61	(84)
Birth rate	22.24	(23.56)	34.28	(31.94)	23.33	(30.59)	-	(39.04)	38.16	(36.75)	29.38 ^φ	(29.14)
Death rate	5.17	(4.58)	12.57	(8.71)	1.66	(3.40)	4.09	(11.60)	8.01	(8.57)	6.73	(6.88)
Infant mortality rate	10.50	(8.28)	33.33	(36.36)	-	(27.77)	-	(107.08)	106.88	(122.28)	60.08	(69.08)

x Census September 1960

φ The mine bantu population is not included in arriving at this crude birth rate
The statistics for the year 1960 are reflected in brackets

ROODEPOORT-MARAISBURG MUNICIPALITY : PUBLIC HEALTH DEPARTMENT.
VITAL STATISTICS (SPECIAL DISEASES) YEAR 1961.

TABLE 11.

DISEASES ETC.	WHITE		COLOURED		ASIATIC		BANTU		TOTAL NON-WHITES		TOTAL ALL RACES			
							MINE	OTHER						
<u>ENTERIC FEVER.</u>														
No. of cases notified	1	(1)	-	(-)	-	(-)	3	(6)	1	(1)	4	(7)	5	(8)
No. of deaths	-	(-)	-	(-)	-	(-)	-	(-)	-	(-)	-	(-)	-	(-)
Incidence per 1000 persons	0.02	(0.02)	-	(-)	-	(-)	0.12	(0.23)	0.04	(0.04)	0.07	(0.13)	0.05	(0.08)
Death rate per 100 0	-	(-)	-	(-)	-	(-)	-	(-)	-	(-)	-	(-)	-	(-)
<u>PARA-TYPHOID FEVER:</u>														
No. of cases notified	-	(-)	-	(-)	-	(-)	-	(27)	-	(-)	-	(27)	-	(27)
No. of deaths	-	(-)	-	(-)	-	(-)	-	(-)	-	(-)	-	(-)	-	(-)
Death rate	-	(-)	-	(-)	-	(-)	-	(-)	-	(-)	-	(-)	-	(-)
<u>PULMONARY TUBERCULOSIS:</u>														
No. of cases notified	9	(10)	9	(2)	1	(1)	193	(146)	128	(102)	331	(251)	340	(261)
No. of deaths	-	(1)	-	(-)	-	(-)	1	(3)	-	(7)	1	(10)	1	(11)
Death rate	-	(0.02)	-	(-)	-	(-)	0.04	(0.12)	-	(0.26)	0.02	(0.18)	0.01	(0.11)
<u>TUBERCULOSIS (ALL FORMS): x</u>														
No. of cases notified	10	(13)	10	(2)	1	(1)	210	(158)	140	(111)	361	(272)	371	(285)
No. of deaths	-	(1)	-	(-)	-	(-)	3	(5)	4	(7)	7	(12)	7	(13)
Death rate	-	(0.02)	-	(-)	-	(-)	0.12	(0.19)	0.15	(0.26)	0.13	(0.22)	0.07	(0.13)
<u>CARDIO VASCULAR DISEASES:</u>														
No. of deaths	86	(61)	5	(8)	1	(1)	10	(10)	43	(33)	59	(52)	145	(113)
Death rate	2.07	(1.49)	2.86	(4.65)	0.83	(0.85)	0.40	(0.39)	1.56	(1.22)	1.06	(0.93)	1.49	(1.17)
<u>CANCER (ALL FORMS):</u>														
No. of deaths	25	(31)	-	(1)	-	(-)	6	(9)	10	(7)	16	(17)	41	(48)
Death rate	0.60	(0.76)	-	(0.58)	-	(-)	0.24	(0.35)	0.36	(0.26)	0.29	(0.31)	0.42	(0.50)
<u>PNEUMONIA (ALL FORMS): δ</u>														
No. of deaths	12	(11)	6	(2)	1	(1)	18	(4)	80	(94)	105	(101)	117	(112)
Death Rate	0.29	(0.27)	3.43	(1.16)	0.83	(0.85)	0.71	(0.16)	2.91	(3.46)	1.89	(1.82)	1.20	(1.16)

x Includes miners Phthisis combined with Tuberculosis as well as Pulmonary Tuberculosis

δ Does not include Influenzal Pneumonia

The statistics for the year 1960 are shown in brackets

TABLE III.

The number of deaths in the various age groups is reflected in the following table: -

AGE GROUPS	WHITES			COLOUREDS			ASIATICS				BANTU		
	M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	TOWN F.	P.	MINE M.
Under 1 year	7	3	10	1	1	2	-	-	-	61	54	115	-
1 - 2 years	1	2	3	-	-	-	-	-	-	17	29	46	-
3 - 5 years	1	-	1	-	-	-	-	-	-	5	6	11	-
6 - 15 years	1	1	2	-	-	-	-	-	-	2	2	4	-
16 - 25 years	7	2	9	-	-	-	-	-	-	12	6	18	23
26 - 30 years	2	-	2	-	-	-	-	-	-	10	3	13	25
31 - 40 years	13	4	17	1	-	1	-	-	-	29	8	37	25
41 - 50 years	10	10	20	5	3	8	-	-	-	14	6	20	21
51 - 60 years	20	10	30	3	-	3	1	-	1	13	15	28	7
61 - 70 years	17	20	37	3	-	3	-	-	-	7	10	17	2
71 - 80 years	18	26	44	-	1	1	1	-	1	-	2	2	-
Over 80 years	16	23	39	1	3	4	-	-	-	5	3	8	-
	113	101	214	14	8	22	2	-	2	175	144	319	103

TABLE IV.

NOTIFIABLE AND INFECTIOUS DISEASES NOTIFIED : YEAR 1961.

Code No.	Disease	White		Coloured		Asiatic		Bantu				
		M.	F.	M.	F.	M.	F.	M.	F.	M.		
001	Pul. T.B. with silicosis	-	-	-	-	-	-	-	-	-	-	11
002	Pulmonary T.B.	5	4	5	4	1	-	84	44	193		
010	T.B. Meningitis	-	-	-	-	-	-	1	1	-		
011	T.B. Peritonitis	-	-	-	-	-	-	-	2	1		
012	T.B. Bones	-	-	-	-	-	-	-	1	3		
015	T.B. Glands	-	1	1	-	-	-	1	4	2		
019	Miliary T.B.	-	-	-	-	-	-	1	1	-		
040	Typhoid Fever	-	1	-	-	-	-	-	1	3		
050	Scarlet Fever	16	23	-	-	-	-	-	-	-		
055	Diphtheria	1	-	-	-	-	1	5	7	-		
057	C.S. Meningitis	3	2	-	-	-	-	1	-	23		
080	Polio	1	2	-	-	-	-	2	-	-		
082	Virus Encephalitis	4	2	-	-	-	-	-	-	-		
116x	Malaria	-	-	-	-	-	-	-	2	-		
121x	Trypanosomiasis	-	-	-	-	-	-	-	-	1		
681	Puerperal sepsis	-	-	-	-	-	-	-	1	-		
765	Oph Neonatorum	-	-	-	-	-	-	1	-	-		
		30	35	6	4	1	1	96	64	237		

x Imported cases

Stamped together 10/2/21
EM/FS.

1943

19.4.5

REPORT ON THE EPILEPSY AMONG COLOURED FAMILIES WHO HAVE APPLIED FOR PUBLIC ASSISTANCE.

These investigations have not been made with the specific idea of finding out about the prevalence of epilepsy among the Coloured people in Johannesburg. It is probable, therefore, even in the families on whom reports have been made for public assistance, there are people suffering from a mild form of epilepsy of whom no mention has been made.

I am not well enough acquainted with the different forms of epilepsy to classify those suffering from this disease.

C.203. Emma is now 28 years old and unmarried. Since the age of 10 years, she has been an epileptic. Her mother tells me that she passed her Std. VI examinations. Her father died when she was a young child and her mother had to earn her living in Johannesburg. Emma was brought up by an uncle in Port Elizabeth who died a year or so ago. Her step-brother used to help support her. Since his marriage last year, however, he has been unable to give his mother and sister regular support. Emma is now living in Johannesburg but as her mother is suffering badly from her heart she cannot look after Emma. The girl is therefore living with a Native woman, a distant relative by marriage, who is caring for her and taking her to the hospital once a week. She says that Emma gets fits almost every day, but that hospital treatment is doing her some good.

C.73. Cecil is now 17 years old. He has had no schooling owing to his suffering from epilepsy. He is one of the eldest of a large Coloured family and helps his mother with the washing that she takes in.

C.96. Louisa is now 28 years old. She gets fits every week or two. She is married and has three children. She usually has to have someone living with her to nurse her when she is ill. There is little likelihood of her ever being able to look after her home properly but considerable likelihood that she will continue producing children who may be epileptics.

C.30. Dorothy is Louisa's sister. She is now about 38 years old and is a widow with five children. All her life she appears to have lived in dire-poverty. Although she does not get fits often, the Non-European Hospital reports that she is an epileptic.

C.15. Willie fought during the 1914-1918 war and says that he has suffered from epilepsy since that time. He has been unable to support his family properly. His family life has been of the worst. There has been very little discipline and control in the home and the older children who should be working are loafers. Willie's wife has left him every now and then and goes to live with other men. As epileptics are fit for some type of work at times it has been impossible to apply for a maintenance grant for his younger children. In April this year, Willie Wilson died. I understand that one of his children aged 11 is also suffering slightly from epilepsy. One cannot help feeling that had some adequate provision been made for the treatment of epileptics the members of this family would not have sunk to such an inferior level.

C.62. In this case a man of 40 years is living with his old widowed mother. He has been an epileptic since birth. She is receiving an old age pension and is unable to work. There are no relations who are well enough off to help this man to any considerable extent. In March this year, the Non-European Hospital asked me whether something could not be done for a woman who was suffering from epilepsy and undergoing mental deterioration. She was however not sufficiently violent to be certified under the Mental Disorders Act.

In the Transvaal, the mental homes are so over-crowded that there is no possibility of obtaining admission for any patient who is not certifiable. It is therefore often extremely difficult to help those people who are suffering from mental disorders, but who are not so violent that they are a danger to the public. In one case I watched a man getting worse and worse until eventually he was removed to Fort Beaufort Mental Home.

I consider that there is need for a Mental Home for Coloureds who are suffering from the less dangerous forms of mental disorders. Coloured epileptics are in need of a home where they can receive suitable treatment and supervision. In some cases it is also extremely necessary for the family to receive a State Grant.

Eudore Meyer.

NEED FOR A CHRONIC SICK AND CONVALESCENT HOME FOR
COLOURED PEOPLE IN JOHANNESBURG.

During the past six months, I have dealt with approximately 180 cases who have been in need of help in the way of rent, food or clothing. In seven families there are members who are bedridden due to rheumatics, tuberculosis, heart-trouble and deformity. In one case, a 60 year old woman is lying in bed in a room which is already overcrowded, as her son, daughter and six children are living there. Another woman is suffering so badly from tuberculosis that the Rietfontein Hospital is not anxious to admit her as they know she is incurable. They would rather use their beds for trying to cure those for whom there is still some hope. A young woman in Johannesburg is anxious to support herself by going into employment, but she has a baby of a year old who is extremely abnormal and requires special care. There seems little hope of the child ever becoming normal, but in the meantime there is no place where he can receive the care that he needs.

Besides these, there are at least nine patients who are suffering badly from heart trouble and bronchitis, but who are not completely bed-ridden. In several instances these people have nowhere suitable to go as they are diseased and therefore the Eur-African Home for Aged Coloured People cannot be expected to accommodate them. Seven epileptics and eight mentally deficient men, women and children are living in homes where it is difficult to give them the attention they need.

I know of about sixteen families where there are people, bread-winners or children who will be unfit for a long period due to ill-health, but for whom there is some hope of recovery. (Two men are suffering from internal ulcers; ten men and women from chest-trouble, not tuberculosis, and four from heart diseases). As they are in need of special diets, special medical care and rest, so often it is impossible for them to make a complete recovery due to the lack of these necessities.

In most of the cases mentioned, the people concerned are a great burden on those with whom they stay. I could mention other instances where it would be a blessing to place people in Chronic Sick or Convalescent Homes, but where the necessity is not so great.

Ludore Meyer.

PUBLIC ASSISTANCE OFFICER (COLOUREDS).

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