

Table 11. (Continued)

Name	Principal Sources (with approximate Activity * I.U. or MGM. per 100 Grams.)
Vitamin B ₆ - -	Fish muscle ..
	Cereals ..
	Molasses ..
Riboflavin	Yeast ..
	Kidney ..
	Liver ..
	Egg White ..
	Milk ..
Vitamin C - -	Black currants 200 mgm.
	Paprika 200 mgm.
	Orange-Juice 50-70
	Lemon-juice 40-60
	Cabbage 30-60
	Spinach 30-60
	Tomato-juice 20-30

* Activities vary considerably from specimen to specimen, and these figures should be taken merely as representative of an average range of values. Individual samples may be considerably higher or lower - see Fixsen and Roscoe (1938).

1. Masisi Ngemane: N/F. 4 yrs. 42-4th Ave. Notified by Dr D.T.K. Keshanjee (Baragwanath Hospital). Nursed in hospital. Bona fide resident. Source unknown. Six (6) contacts inoculated. Premises disinfected.

TRACHOMA:

1. Samuel Hlongwana: N/M. 9 months. 27-11th Ave. Notified by Dr M.K. Hart (Alexandra Health Centre & University Clinic). Bona fide resident. Source unknown. Patient and family left for Hammanskraal.

CONTROL MEASURES:

Twenty-nine (29) Diphtheria contacts were immunized. Seven (7) premises were disinfected.

DIPHTHERIA AND ENTERIC FEVER IMMUNISATION: (Pre-School Children)

1st Injections	:	21
2nd "	:	26
3rd "	:	<u>6</u>
TOTAL	:	<u>53</u>

Schools:

1st Injections	:	666
2nd "	:	<u>546</u>
TOTAL	:	<u>1212</u>

SMALLPOX VACCINATION:

Three (3) children were vaccinated.

E. L. Nyamende
E.L. NYAMENDE
INFECTIOUS DISEASES INSPECTOR.

Notes

Thos. Kumbel ✓

Number	Name	Residential Address	Age	Sex	Race	Disease or Abnormal Condition	General Remarks
676922	Steven Pelose	? Modderfontein	15 yrs.	M	N	Cardiac	Clinically this case is fairly well and does not complain of any ill-health.
676929	Norman Simelane	68, 3rd Ave.	12 yrs.	M	N	Filling in of Cardiac Waistline	Clinically this case is fairly well and does not complain of any ill-health.
677109	Dorah Hlabathi	45, 5th Ave.	13 yrs.	F	N	Primary Complex Left	<p>1. This case has normal weight does not cough and appetite is fairly good. (She is still attending school).</p> <p>2. <u>Condition of house occupied</u>: Two raw-brick rooms, one of an area 10'x10' and the other 12'x12', both with very poor light and ventilation.</p> <p>3. <u>Contacts</u>: (a) Jacob Hlabathi 40 yrs. N/M. (b) Anna Hlabathi 32 yrs. N/F. (c) George Kumalo 17 yrs. N/M. (d) Thuli Hlabathi 13 yrs. N/F. (e) Aletha Hlabathi, 9 yrs. N/F. (f) Treggie Hlabathi, 3 yrs. N/F. (All contacts are "well").</p> <p style="text-align: center;">- 4. -</p>

Number	Name	Age	Sex	Race	Residential Address	Disease or Abnormal Condition	General Remarks
677107	(Continued)						4. <u>Source of Infection:</u> Local because this case has been in Alexandra for the last ten years.
677199	Richard Madonsela	14 yrs.	M	N	84, 15th Ave.	Lung Abscess	This case does not complain of any ill-health although he is emaciated and has poor appetite.
677211	Lydia Mngoma	15 yrs.	F	N	162, 8th Ave.	Enlarged Right Root	This case could not be traced at the given address.
677243	Josephine Kgame	12 yrs.	F	N	81, 13th Ave.	Cardiac	Clinically this case is fairly well and does not complain of any ill-health.
677490	Mary Kjarametsa	34 yrs.	F	N	54, 4th Ave.	TB. Right Apex	<p>1. This case was first notified on 19/4/53 by Dr G.H. Soni and investigated by our TB. Department.</p> <p>2. <u>Hospitalization:</u> This case is treated at home by the Clinic.</p> <p>3. <u>House occupied:</u> One burnt brick room of an area of 14'x 15' with good light and ventilation.</p> <p>4. <u>Contacts:</u> (a) Hoffman Ramala, 41 yrs. N/M.</p>

Number	Name	Age	Sex	Race	Residential Address	Disease or Abnormal Condition	General Remarks
677490	(Continued)						<p>4.(b) Elizabeth Ramala, 10 yrs N/F. (c) Absolom Ramala, 7 yrs. N/M. (d) Eunice Ramala, 3 yrs. N/F. 5. <u>Source of Infection:</u> Outside Alexandra. Onset --January, 1952. This case came to Alexandra at the beginning of April, 1952. (This case came from <u>Rustenburg</u>)</p>
677497	Frederick Onverwacht	58 yrs.	M	C	36, 2nd Ave.	Aneurysm of Aorta	This case could not be traced at the given address.
677498	D. Terblanche	43 yrs.	M	C	47, Pollack Ave. Newclare, Jhb.	Cardiac	This case is not in Alexandra.
677501	Rosie Ndlovu	27 yrs.	F	N	162, 4th Ave.	Extensive Bilateral TB. with cavitation.	This is an old TB. case which is treated by the Clinic at home. (Please note that this case has been investigated by our TB. Department on 7/5/53.) This case is badly bedridden.

Number	Name	Age	Sex	Race	Residential Address	Disease or Abnormal Condition	General Remarks
677502	Selina Molefe	70 yrs.	F	N	29, 5th Ave.	Extensive Bilateral Tuberculosis	<p>1. This is an old TB. case which was notified by Dr M.A. Cormack on the 24/9/51 and was investigated by our TB. Department.</p> <p>2. The case is badly bedridden. She is not isolated. The Clinic is treating her at home.</p> <p>3. <u>House occupied:</u> Three-roomed house of two burnt brick rooms of 10'x10' each and one burnt brick room of 6'x10'. All the rooms are provided with good light and ventilation.</p> <p>4. <u>Contacts:</u> (a) Jennie Molefe, 28 yrs. N/F. (b) Thomas Molefe, 43 yrs. N/M. (c) Margaret Molefe, 12 yrs. N/F.</p> <p>5. <u>Source of Infection:</u> Local because this case has been in Alexandra for the last ten years.</p>
677510	Maria Phiri	25 yrs.	F	N	93, 8th Ave.	Bilateral Apical TB.	<p>1. This is an old TB. case which was notified by Dr M.A. Cormack on the 18/8/51. This case is also badly bedridden and treated at home by the Clinic.</p> <p>2. <u>House occupied:</u> One wood and iron room of about 10'x10'. Light and ventilation very poor.</p>

Number	Name	Age	Sex	Race	Residential Address	Disease or Abnormal Condition	General Remarks
677510	Maria Phiri	25 yrs.	F	N	93, 8th Ave.	Bilateral Apical TB.	3. <u>Contacts:</u> (a) Simon Phiri, 39 yrs. M/N. (b) Sarah Phiri, 3 yrs. N/F. (The latter is now a notified TB. case probably infected by the mother - Maria Phiri.) 4. <u>Source of Infection:</u> Local because this case has been in Alexandra for the last 2 years.
677531	Rev. P. Mlotywa	53 yrs.	M	N	Methodist Mission, Stirtonville.	Aneurysm	This case is not in Alexandra.

Please note that all the above cases including contacts are subject to further medical examination.

surgeon of Bizana to examine the 2252 children."

The results were that 4.5% had Tuberculosis and 3.9% of the number examined had Pulmonary Tuberculosis.

In order for you with me to appreciate the significance of the medico-socio-economic aspect of disease and especially Tuberculosis, I shall bring before you facts and figures from other countries. First I would like to show that there is a decided difference in the incidence and death rate from Tuberculosis among the people of the population of the same city. Poverty stricken sections which are usually overcrowded, poorly housed, scantily clad and poorly fed, show an excessive death rate e.g.

CITY OF EDINBURGH 1921

Poor Wards

Better Class Wards.

	<u>per 100,000</u>		<u>per 100,000</u>
Conongate	128	Morningside	70
St. Gile's	152	Newinton	28
St. Leonard's	127	Haymarket	44

(Guy)

The incidence of tuberculosis is influenced by many factors as the following quotation from Prof. Major Greenwood, in his "Epidemics and Crowd Diseases" says .. "Tuberculosis is not an epidemic. Its incidence in time does not vary abruptly under some circumstances, for instance when uncivilised races are brought into intimate contact with the white races, or when particular populations are subjected to very abnormal conditions of life, tuberculosis may behave in this way. It is not very artificial use of language to say that in the last years of the war tuberculosis was seriously epidemic in the mental hospitals of England and Wales. Table 61 shows how the mortality rose to almost four times its normal rate and how rapidly it again declined.

Phthisis 1914 13.9 1915 17.5 1916 19.6 1917 32.1
1918 45.6 1919 27.5 1920 13.8 per 1000. (p.342)

There is no doubt as to how this epidemic was generated; it was an unintentional illustration ~~xxx~~ of the fact that a principal determinant of mortality from tuberculosis is nutrition. The mortality statistics of the whole of Prussia gave a large scale demonstration of the same law. (see Table 62) p.342.

Rate per 1000) 1913 13.7 1914 13.9 1915 14.6 1916 15.8
Population) 1917 20.5 1918 23.0 1919 21.9 1920 15.8
1921 13.5 1922 14.3 1928 8.9 1929 8.9 (p.344)

1914-1918 was a period of limited food supply. Food was scarce and dear. In other words, war conditions which meant rationing and starvation for many classes of the belligerent countries favoured the increase of the incidence of Tuberculosis.

It is gratifying to record that the State through the Union Department of Public Health is doing much to stem the tide by making beds available for tuberculosis cases where previously there were none. The supply is far from enough judging from long waiting lists for Rietfontein in the Johannesburg area alone. There are 47 beds at Rietfontein for the whole Transvaal.

However, little or nothing has been done for the dependants and the after-care of the victim. Little is done to improve the economic standards of these people by increasing their wages to meet the high or increasing cost of living. Sanatorium treatment is of little value when the victim has to return to the same conditions.

Housing schemes and the nutritional surveys are steps in the right direction. If they are followed by serious attempts to improve social and economic conditions of the people.

When dealing with this problem it must always be realised that incidence of tuberculosis is highest where there are such factors (or combination of them) as poverty, overcrowding, bad housing, ignorance or poor knowledge of personal hygiene and malnutrition or semi-starvation. In South Africa, the African enjoys the effects of them all.

VENEREAL DISEASES.

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